Board of Directors

Thu 26 January 2023, 09:00 - 12:30

Agenda

09:00 - 09:00
0 min

1. Chair welcome and note of apologies

Verbal *Donna Hall*

001. Board Agenda - 26 Jan 23 (Part 1).pdf (4 pages)

09:00 - 09:00
0 min

2. Patient and Staff Story

Verbal

09:00 - 09:00
0 min

3. Declarations of Interest

Verbal *Donna Hall*

003. Board of Directors Register of Interests January 2023.pdf (5 pages)

09:00 - 09:00
0 min

4. Minutes of the meeting held on 24 November 2022

Minutes *Donna Hall*

004. Minutes of previous meeting 24.11.2022.pdf (12 pages)

09:00 - 09:00
0 min

5. Matters Arising and Action Logs

Action Sheet *Donna Hall*

005. Board actions November 2022 following meeting.pdf (1 pages)

09:00 - 09:00
0 min

6. Chair Update

Verbal *Donna Hall*

09:00 - 09:00
0 min

7. Chief Executive Report

Report *Fiona Noden*

007. CEO Report with front cover - January.pdf (4 pages)

09:00 - 09:00
0 min

8. Strategy and Operations Committee Chair Report

Report *Rebecca Ganz*

008. SOC Front Sheet.pdf (1 pages)
008.1 SOC chair report 21.11.22.pdf (5 pages)

008.2 SOC chair report 19.12.22 Final.pdf (4 pages)
008.3 SOC Jan Front Sheet 23.1.23.pdf (1 pages)
008.4 SOC chair report 23.01.23.pdf (5 pages)

09:00 - 09:00
0 min

9. Operational Update

Verbal *Rae Wheatcroft*

09:00 - 09:00
0 min

10. Bolton Locality Plan Update

Report *Delivery Director*

010. Locality Plan Cover Sheet Jan 2023.pdf (2 pages)
010.1 Locality Update inc. Plan.pdf (7 pages)

09:00 - 09:00
0 min

11. 2023/24 Operational Planning Guidance

Report *Sharon White*

011. 2023.24 Operational Planning Guidance.pdf (8 pages)

09:00 - 09:00
0 min

12. Integrated Performance Report

Report *Executives*

012. Integrated Performance Report M9.pdf (55 pages)

09:00 - 09:00
0 min

13. Quality Assurance Committee Chair Report

Report *Malcolm Brown*

013. QAC Chair Report Front Sheet.pdf (1 pages)
013.1 Chair Report QAC - 21 December 2022 v1.pdf (8 pages)
013.2 Chair Report QAC - 18th January 2023.pdf (6 pages)

09:00 - 09:00
0 min

14. Mortality Report

Report *Francis Andrews*

014. Mortality Board Report January 2023 LS SKC.pdf (23 pages)

09:00 - 09:00
0 min

15. CNST Maternity Update

Report *Janet Cotton*

015. CNST report - January 2023.pdf (29 pages)
015.1 CNST Board of Directors - 26 January 2023.pdf (6 pages)

09:00 - 09:00
0 min

16. Finance and Investment Committee Chair Report

Report *Jackie Njoroge*

016. Finance and Investment Committe cover sheet.pdf (1 pages)

016.1 FI Chair's Report - November 2022.pdf (5 pages)

09:00 - 09:00
0 min

17. Charitable Funds Committee Chair Report

Report *Martin North*

017. CFC Chair Report CoverSheet.pdf (2 pages)
017.1 Charitable Funds Chair Report.pdf (3 pages)

09:00 - 09:00
0 min

18. Audit Committee Chair Report

Report *Alan Stuttard*

018. Audit Committe cover sheet.pdf (1 pages)
018.1 Audit Committee Chair Report Dec 22.pdf (4 pages)

09:00 - 09:00
0 min

19. Our Bolton NHS Charity Annual Report and Accounts

Report *Sharon White*

019. Bolton NHS Charity Annual Report Cover Sheet.pdf (2 pages)
019.1 Bolton NHS Charity AnnualReportandAccountsFullSet-202122-FINAL.pdf (40 pages)

09:00 - 09:00
0 min

20. People Committee Chair Report

Report *Bilkis Ismail*

020. People Committee Chair Report front cover.pdf (1 pages)
020.1 People Committee Chair Report December 2022.pdf (3 pages)
020.2 People Committee Chair Report January 2023.pdf (5 pages)

09:00 - 09:00
0 min

21. Board Annual Workplan

Report *Sharon Katema*

021. Board Annual Workplan FS.pdf (3 pages)
021. 1 Board Annual Workplan 2023.pdf (1 pages)

09:00 - 09:00
0 min

22. Feedback from Board Walkabouts

Verbal

09:00 - 09:00
0 min

23. Board Anti-slavery Statement

Report *Sharon Katema*

023. Anti-Slavery Statement 2022-23.pdf (4 pages)

09:00 - 09:00
0 min

24. NHS Charities Together: 'Two Years' On' Impact Report

Report *Sharon White*

024 NHS Charities Impact Report Cover Sheet Jan 23.pdf (2 pages)

024.1 REP-NHSCTStage1-ImpactReportFINAL-September2022.pdf (15 pages)

09:00 - 09:00
0 min

25. Questions to Board

Verbal

09:00 - 09:00
0 min

26. Messages from Board

Verbal

09:00 - 09:00
0 min

27. Any other business

Verbal

BOARD OF DIRECTORS' MEETING
AGENDA - MEETING HELD IN PUBLIC

To be held at 0900 on 26 January 2023
On Microsoft Teams (MEETING LINK)

Ref No.	Agenda Item	Process	Lead	Time
PRELIMINARY BUSINESS				
TB001/23	**Chair's welcome and note of apologies** *Purpose: To record apologies for absence and confirm meeting quoracy*	*Verbal*	Chair	09.00
TB002/23	**Patient and Staff Story** *Purpose: To **receive** the patient and staff story*	*Presentation*	CN + DoP	09.05
TB003/23	**Declaration of Interests** *Purpose: To record any Declarations of Interest relating to items on the agenda.*	*Report + Verbal*	Chair	
TB004/23	**Minutes of the previous meeting held on 24 November 22** *Purpose: To **approve** the minutes of the previous meetings*	*Report*	Chair	09.20
TB005/23	**Matters Arising and Action Logs** *Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and **approve** completed actions.*	*Report*	Chair	
TB006/23	**Chair's Update** *Purpose: To note the update from the Chair.*	*Verbal*	**Chair**	09.25
TB007/23	**Chief Executive's Report** *Purpose: To receive the Chief Executive's Report*	*Report*	**CEO**	09.30

STRATEGY AND PERFORMANCE				
TB008/23	**Strategy and Operations Committee Chair's Report** *Purpose: To **receive** assurance on work delegated to the Committee*	*Report*	*SoC Chair*	*09.40*
TB009/23	**Operational Update** *Purpose: To **receive** the Operational Update*	*Presentation*	*COO*	09.50
TB010/23	**Bolton Locality Plan Update** *Purpose: To **receive** the Locality Plan Update*	*Report*	*Delivery Director*	*10.05*
TB011/23	**2023/24 Operational Planning Guidance** *Purpose: To **receive** the Operational Plan Update*	*Report*	*DSDT*	10.15
TB012/23	**Integrated Performance Report** a) Operational Performance b) Quality and Safety c) Workforce d) Finance *Purpose: To **receive** the Integrated Performance Report*	*Report*	*DCEO*	10:30
COMFORT BREAK				10.40
QUALITY AND SAFETY				
TB013/23	**Quality Assurance Committee Chair Reports** *Purpose: To **receive** assurance on work delegated to the Committee*	*Report*	*QAC Chair*	10.50
TB014/23	**Mortality Report** *Purpose: To **receive** the Mortality Report*	*Report*	*MD*	11.00
TB015/23	**CNST Maternity Update** *Purpose: To **receive** the CNST Report and presentation*	*Report*	*DOM*	11.10

FINANCE				
TB016/23	**Finance and Investment Committee Chair Report** *Purpose: To **receive** assurance on work delegated to the Committee*	*Report*	*F&I Chair*	11.25
TB017/23	**Charitable Funds Committee Chair Report** *Purpose: To **receive** assurance on work delegated to the Committee*	*Report*	*CFC Chair*	11.30
TB018/23	**Audit Committee Chair Report** *Purpose: To **receive** assurance on work delegated to the Committee*	*Report*	*AC Chair*	11:35
TB019/23	**Our Bolton NHS Charity Annual Report and Accounts** *Purpose: To **approve** the Bolton NHS Charity Annual Reports and Accounts*	*Report*	*DSDT*	11.40
WORKFORCE				
TB020/23	**People Committee Chair Reports** *Purpose: To **receive** assurance on work delegated to the Committee*	*Report*	*PC Chair*	11.45
RISK AND GOVERNANCE				
TB021/23	**Board Annual Workplan** *Purpose: To **receive and approve** the Board's Annual Workplan.*	*Report*	*DCG*	11.55
TB022/23	**Feedback from Board Walkabouts** *Purpose: to **note** the feedback following the Non-Executive Walkabouts*	*Verbal*	*NEDs*	12:00
CONSENT AGENDA				
TB023/23	**Board Anti-Slavery Statement**	*Report*	*DCG*	

	*Purpose: To **approve** the Board Anti-Slavery Statement Declaration*			
TB024/23	**NHS Charities Together: 'Two Years' On' impact report** *Purpose: To **note** the NHS Charities Together: Two Years' On' Impact report*	*Report*	*DSDT*	
CONCLUDING BUSINESS				
TB025/23	**Questions to the Board** *Purpose: To discuss and respond to any questions received from the members of the public*	*Verbal*	*Chair*	*12.20*
TB026/23	**Messages from the Board** *Purpose: To agree messages from the Board to be shared with all staff*	*Verbal*	*Chair*	
TB027/23	**Any Other Business** *Purpose: To **receive** any urgent business not included on the agenda*	*Report*	*Chair*	
	Date and time of next meeting: • 09.00 on Thursday 31 March 2023			***12.30 close***

Chair: Prof Donna Hall

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
Zada Ali Shah	Non-Executive Director	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:	**24 November 2022**
Time:	**09:00-12.30**
Venue:	**Microsoft Teams**

PRESENT:

Donna Hall	Chair	DH
Fiona Noden	Chief Executive	FN
Annette Walker	Chief Finance Officer	AW
Francis Andrews	Medical Director	FA
Rae Wheatcroft	Chief Operating Officer	RW
Sharon Martin	Director of Strategy, Digital and Transformation	SM
Tyrone Roberts	Chief Nurse (for items 1 – 19)	TR
Alan Stuttard	Non-Executive Director	AS
Bilkis Ismail	Non-Executive Director	BI
Jackie Njoroge	Non-Executive Director	JN
Malcolm Brown	Non-Executive Director	MB
Martin North	Non-Executive Director	MN
Rebecca Ganz	Non-Executive Director	RG

IN ATTENDANCE:

Amy Blackburn	Head of Communications	AB
Angela Hansen	Deputy Chief Nurse (on behalf of Tyrone Roberts)	AH
Brett Walmsley	Director of Digital	BW
Carol Sheard	Deputy Director of People (on behalf of James Mawrey)	CS
Jake Mairs	Associate Director of Organisational Development	JM
Jennie Tickle	Infection Control Nurse (item 2 only)	JT
Lynn Donkin	Director of Public Health	LD
Maddie Szekely	Deputy Director of Digital	MS
Niruban Ratnarajah	Interim Locality Clinical Director, NHS Greater Manchester	NR
Rachel Carter	Associate Director of Communications and Engagement	RC
Rachel Tanner	Managing Director – Bolton Integrated Care Partnership	RT
Sharon Katema	Director of Corporate Governance	SK
Tracey Joynson	Patient Experience Manager (item 2 only)	TJ
Victoria Crompton	Corporate Governance Manager	VC

There were also four observers who attended this meeting.

1. Welcome and Apologies for Absence

The Chair welcomed everyone to the meeting and noted apologies from James Mawrey. There were no apologies for absence received from Zada Ali Shah.

2. Patient and Staff Story

The Chief Nurse introduced the Patient Story relating to Barry who shared his experience of the help and care he received following recurrent Clostridium Difficile (C Diff) infections. Barry outlined that he had been supported by Dr Salil Singh and shared how impressed he

was with the explanations provided regarding the infections and the advice he received regarding available options after the medication had failed to work. Barry highlighted that he was offered a Faecal Microbiota Transplantation (FMT) which he accepted and was successful.

Following the procedure, Barry received a follow up call from both the team and Dr Singh and expressed gratitude that during his treatment, the communication with the team and Dr Singh had made something that is so horrible to talk about, so simple to understand.

Staff Story

Board members heard the story of Jennie Tickle, Infection Prevention and Control Nurse who provided her perspective on caring for patients with C Diff infections. JT explained that Bolton was the only Trust within the North West that offers FMT for repeat C.Diff infections adding that this was a life changing treatment that has so far been 90% effective.

FMT treatment was used for C.Diff infections that were either recurring or unresponsive to standard treatments. It involved the transfer of healthy bacteria in a mixture of prepared processed stool from a healthy donor to the intestine of the patient with a view of restoring a healthy balance of bacteria in the gut.

JT added that C.Diff remains a debilitating illness and the Infection Prevention and Control Team see the impact this has on patients' lives. Recurring infections also mean some patients are unable to progress with treatment they may need for other illnesses, so FMT can make a big difference.

The Chief Nurse outlined that FMT was an alternative to antibiotic treatment, and had been approved by the National Institute for Health and Care Excellence (NICE) for patients who have had two or more C.Diff infections. It was confirmed all donors were screened and tested prior to donation.

In response to Jackie Njoroge's query regarding opportunities for further skills development for students through shadowing the procedure, the Chief Nurse confirmed students do observe provided the patient gives their consent.

The Chair asked whether anything could be done differently to further improve the service. JT advised that work was already being completed to improve the referral system, but more publicity would be required to ensure staff were aware of the service and the overall benefit and improvement to patient outcome.

Resolved: The Board **received** the Patient and Staff Experience Stories.

3. Declarations of Interest

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

4. Minutes of last meeting

The minutes of the meeting held on 29 September were approved as a correct record.

5. Matters arising and Action Log

There were no matters arising to report.

6. Chair's Update

The Chair welcomed Board members and attendees to the meeting advising that a CQC inspection was currently taking place within the organisation. Therefore, the

agenda would be reordered slightly to allow executives to participate in the inspection.

7. Chief Executive Report

The Chief Executive presented her report, and highlighted the following key points which were not included in the report:

- An awareness session was held with staff on Islamophobia which was well attended.
- Initial feedback from the Bowel Screening Programme assessment is positive.
- There is expected to be further scrutiny on four hour waits in urgent care and 12-hour trolley waits.

Bilkis Ismail, raised the reprioritising of patients using the Care Co-ordination Solution (CCS) also known as Foundry asking how assured the organisation is around the system in place. The Chief Executive confirmed this was included in the health inequalities work.

Following a query from Rebecca Ganz, the Chief Executive advised that the Locality Board had recently approved the governance arrangements for Bolton Locality which has been submitted to Greater Manchester Integrated Care System (GM) for approval.

Resolved: *The* Board **received** the Chief Executive's Report.

8. Board Assurance Framework

The Director of Corporate Governance presented the Board Assurance Framework (BAF) which provided a structure and process for the Board to review its principal objectives. It was noted that the BAF reflected the existing Trust Strategy and whilst it had been subject to review, it would continue to progressively develop through a series of engagements and consultations with the Board including discussion at the Board Strategy Session.

The Director of Corporate Governance advised going forward the BAF will be presented at Board quarterly, prior to which it will be presented to the committees following reviews by the respective Executive Director Leads.

In response to a query from Rebecca Ganz regarding the review of the risk appetite for the different ambitions, the Director of Corporate Governance confirmed that the risk appetite would be reviewed at the Board strategy session.

Alan Stuttard, proposed a review of the strapline relating to Ambition One so it read increased harm rather than increased mortality. It was agreed that the scheduled Board Strategy session would be looking at the Strategy and as such any amendments to the Ambitions would be considered at the session.

Resolved: *The* Board **received** the Board Assurance Framework

9. Committee Terms of Reference

The Director of Corporate Governance presented the Terms of Reference (ToR) for the Quality Assurance Committee and Strategy and Operations Committee, both of which are formal committees of the Board of Directors. She highlighted that a full refresh of the ToR including templates had been undertaken with both sets of ToRs having been approved by the respective committees.

Resolved: The Board **ratified** the QAC and SOC Terms of Reference.

10. Strategy and Operations Committee Chair Report

Rebecca Ganz presented the Chair's Report for the Strategy and Operations Committee which detailed proceedings the meeting held in September and October meetings. It was noted that spotlight for the November meeting had focussed on Urgent Care. The Divisional Director had delivered a presentation which provided an overview on issues relating to SDEC, UTC, Ambulance Handovers, Virtual Wards, Early Supported Discharge, Performance, Measuring Urgent Care Differently, Challenges, Digital and Priorities. In particular, it had been noted that:

- The Accident and Emergency Department is experiencing 50,000 more attendances per annum than the department was designed for. If work to triage patients away from the department is successful it would bring the figures down to a manageable amount.
- Emergency Preparedness, Resilience and Response (EPRR) assurance statement of compliance 2022/23 scored 94% for compliance.

Due to the timing of the meeting, the Chair's report from November would be included in the January boardpack**.**

Resolved: The Board received the Strategy and Operations Committee Chair Reports.

11. Operational Update

The Chief Operating Officer provided an operational update with a focus on the elective care recovery programme. The following key points were highlighted:

- October was challenging for urgent care culminating in the declaration of a critical incident (or OPEL 4) on 24 October. However, due to a true system response this was de-escalated within around 48 hours.
- In November, acute trusts in England were invited to a winter collaborative event focussing on improvement work. Three main themes arose, and Bolton has chosen to focus on streaming away from the Emergency Department. The team have started by developing four pathways to stream direct to same day emergency care (SDEC).
- 12 hour waits have deteriorated slightly in relation to other GM providers. However, No Criteria to Reside (NCTR) numbers remained static despite a reduction in the average days delayed.
- Potential industrial action and winter challenges were likely to impact on progress with the waiting list as there were currently 39,000 patients on the elective waiting list. This is reflective of the picture across GM.
- 25 specialities were using Patient Initiated Follow Ups (PIFU) with over 1000 patients able to access a follow up appointment if they chose to. There are plans to continue to increase the use of PIFU to reduce DNAs.
- The Trust is working with primary care colleagues to offer advice and guidance if GPs are unsure about referring a patient. This can also help to ensure a patient is referred to the right pathway first time.
- Bolton is one of the first 20 trusts that will be implementing a new national tool, to help improve elective waiting list management and assist with theatre scheduling. The system, called Care Co-ordination Solution (CCS), also known as Foundry, enables staff to view waiting lists, re-prioritise patients awaiting treatment, and to optimise theatre utilisation.
- The Trust was on track to deliver zero 78 week waits by the end of March with 1287 patients who currently require treatment by that date.
- Cancer performance remains a challenge with 37 patients waiting more than 62 days for treatment. This represents 4% of the overall waiting list,

and that is in comparison to the GM position at 11.9% and the North West position of 13.5%.

The Chair queried the reasons for GM being an outlier for elective recovery. The Chief Operating Officer commented this could be due to the levels of deprivation throughout the region.

The Chief Executive advised that she was also the Deputy Chair of the GM Elective Recovery Group, and confirmed that deprivation is a concern along with the impact of Covid in the area. The main concern though is around the number of patients in larger organisations, but pathways are being considered collectively to ensure patients receive treatment in a more opportune way. Bolton is also considering how to work more effectively with neighbouring trusts.

Resolved: The Board received the operational update.

12. Integrated Performance Report

The executive team presented the Integrated Performance Report for October 2022, and the following key points were highlighted:

- 27 pressure ulcers were reported within the hospital in October, and 26 within community. Tissue Viability continued to provide education and training programmes.
- Year to date performance for falls stood at 4.27 falls per 1000 bed days. This means the organisation remained under the local target of 5.3 falls per 1000 bed days.
- In October 2022, Patient Safety Alert compliance was 87% against a target of 100%.
- C.Diff cases in October remained over objective, but numbers had reduced month-on-month for the previous four months.
- HSMR in month figure was within control limits, but above average for the time frame and SHMI in month figure was above target, but in line with the average for the time frame.
- The two-week cancer wait performance had reduced to 92.6%, the organisation continued to focus on the delivery of national best practice milestones and reducing delays at the start of cancer pathways.
- Staff sickness showed an increased position, and the Trust continued to benchmark well against peers.
- Overall compliance with mandatory training was 87.7% which was above the corporate target of 85%.
- There is a year to date deficit of £9.1m compared with a planned deficit of £3m, a financial recovery plan was being produced.

Bilkis Ismail, queried if community nurses were aware of how to escalate equipment needs for pressure ulcers. The Deputy Chief Nurse confirmed that training on equipment choices had been held with the district nursing teams who in addition to sharing records, also worked closely with occupational therapists.

Following brief discussions on clinical correspondence and the interventions to improve the figures, the Medical Director confirmed that work was being completed to understand the issues and drive improvement across the Trust. He cited Maternity as a recent success adding that work to replicate this progress across divisions was ongoing as the current figures were not acceptable.

With regards to the concern raised on the agency spend target and the corresponding graph, the Chief Finance Officer explained the difficulty of trajectories within finance and provided reassurance that this information was reviewed at the Finance and Investment Committee.

Resolved: Board members noted the Integrated Performance Report

13. Digital Strategy

The Director of Strategy, Digital and Transformation (DoSDT) presented the Digital Strategy which had been reviewed and approved by the Strategy and Operations Committee. She highlighted that the Digital Strategy sets out the digital aims of the trust in its bid to become a digital trust that would consider the role technology has in improving the lives of both patients and staff.

Following discussions and concerns around the levels of digital poverty in Bolton, it was noted the majority of people accessed the internet through their mobile devices, and therefore it was important to ensure the Trust considered a mobile first approach. The DoSDT indicated the concerns around digital poverty were valid and work would be done with partners to establish how the Trust could access those within these areas of deprivation. At the recent Health Inequalities Workshop stakeholders discussed how first contacts with patients should be used to tailor their own individual needs and pathways.

In response to a query from Bilkis Ismail regarding the roll out of digital screens across the Trust, the DoSDT confirmed that further large digital screens were being installed across the organisation.

Alan Stuttard, queried whether the strategy would ensure the organisation reached digital maturity by 2025, the Deputy Director of Digital confirmed the strategy would support this, and would be under constant review.

Resolved: The Board **received** the Digital Strategy and **approved** the proposed approach and development of the supporting resource plan.

14. People Committee Chair Report

Alan Stuttard and Bilkis Ismail presented the October and November Chair's Report respectively. The following key points were noted:

- Detailed information on turnover broken down by staffing groups and divisions was received. The trust benchmarks well in most staff groups, and slightly above in midwifery.
- The recruitment pipeline remains positive, including additional funding secured for the international nurses programme, and the Committee were sighted on the projected numbers entering the organisation.
- The Committee welcomed the innovative idea for the Trust to create a Urology CESR training programme across GM.
- Agency expenditure was tracking more than the forecast submitted to NHSE, and considerably more than the stretch target set at £16.5 million. Whilst agency spend showed a downwards trajectory, pressures continue.

It was noted that work to improve compliance rates for Mandatory and Statutory training was progressing with options such as virtual training now also include within the training provision. However, whilst operational winter pressure were adversely impacting on compliance, the trust was on par with other organisations.

Resolved: Board members noted the People Committee Chair Reports.

15.a Bi-annual Staffing Update

The Chief Nurse presented the report which outlined the findings of the bi-annual staffing review for the period January to June 2022. The report triangulated workforce information with safety, patient experience and clinical effectiveness indicators and provided assurance of safe staffing levels for the reporting period.

The report also highlighted work underway in respect of specialist areas such as Neonates, Theatres, A&E and also Community nursing, and work underway with regard to the Allied Health Professional workforce.

Finally, an overview of additional transformational work-streams was outlined with a focus on the contribution of Nurse associates, and also the potential inclusion of digital technology.

The report had previously been considered by the People Committee and Board members were asked to note the assurance provided on staffing for the period January to June 2022.

Resolved: The Board **received** the Bi-annual staffing report and **noted** the next steps and ongoing transformation work to further develop the nursing workforce and safe staffing.

15.b Midwifery Staffing Report

The Chief Nurse presented the maternity staffing report which set out the findings of the maternity bi-annual review for the period January to June 2022. It was noted that the report detailed the actions being undertaken to mitigate risks within the service to ensure professional training metrics and key staffing related metrics were detailed on the integrated performance dashboard for ongoing Board oversight and scrutiny.

It was highlighted that the funded registered midwifery staffing establishment met the requirements of the Birth Rate plus assessment undertaken in 2020, and a further formal assessment was in progress. A detailed reconciliation of the staffing establishment would be undertaken following publication of the revised report.

Maternity dashboard indicators reflected a challenged service. Attainment of 100% compliance with supernumerary status of the delivery Suite Co-ordinator and one to one care in labour rates remained below the required standard, and remained an area of ongoing focus. Training metrics also highlighted poor compliance with the Trust standard and reflected the registered midwifery staff pressures within the maternity service during the period of review.

Martin North thanked the Chief Nurse for the report commenting it provided a comprehensive historical review, but indicated it would be beneficial to have a forward view provided through the People Committee.

Forward view on maternity staffing to be provided through People Committee **FT/22/22 CS**

Jackie Njoroge, queried if trusts across GM were working collaboratively with regard to staffing vacancies. The Deputy Director of People confirmed similar pressures were being experienced across GM, so organisations were working closely on this issue. It was noted that the Greater Manchester and East Cheshire Maternity Programme Group - Local Maternity and Neonatal System (LMNS) were also focussing on increasing the number of midwifery student places available whilst internally, work was underway to increase the number of student placement, and to retain these students when they qualify.

The Chief Nurse advised the biggest issue was the inability to retain third year students, and a project is being considered to re-employ retired midwives to coach and mentor newly qualified staff. The idea has been tested with some midwives who were very supportive.

Resolved: The Board **received** the Midwifery Staffing Report for the period January to June 2022

16. Workforce Updates

16.a Staff Health and Wellbeing Report

The Director of People presented the report which provided an update on the enhanced staff health and wellbeing offering and associated actions to support colleagues. It was noted that staff wellness updates are periodically presented at the People Committee where it had been noted that not as many colleagues were accessing the trust's staff wellness offer as expected and/or were not being released to participate in self-care interventions. This, together with the added staffing and workload pressures and the impact of the cost of living crisis, were all contributing to a highly pressurised work environment and challenging winter months for colleagues. The Trust is therefore overlaying the work which has already been undertaken to further enhance its staff health and wellbeing offering at such a critical time.

The Chief Executive commented the Trust was working with Urban Outreach and the Local Authority to ensure we support people across communities, it is also important that an exit strategy is developed so that people do not become reliant on the support put in place.

Resolved: The Board **received** the Staff Health and Wellbeing report.

16.b Industrial Action Update

The Director of People presented the Industrial Action Update which detailed the position of the recognised Trade Unions, along with the measures that were being considered to address this. It was noted that the Royal College of Nursing (RCN) had announced that nursing staff across the UK had voted to take industrial action over pay levels and patient safety concerns. However, as the 50% turnout threshold was not met in Bolton (47%) then there was no mandate for strike action by the RCN at this time in Bolton. This is despite the fact that 93% of those staff who voted did vote for strike action.

A number of other trade unions had indicated their intention to consult their members on taking industrial action in response to the 2022 pay award which is determined nationally.

Resolved: The Board **received** the Industrial Action Update

17. Quality Assurance Committee Chair Report

Malcolm Brown presented the reports which provided an overview of the Quality Assurance Committee meeting held in October and November 2022. He drew attention to the following key points:

- The first pressure ulcer collaborative had been launched and was expected to be rolled out over 12 to 18 months, with regular updates being provided to the Quality Assurance Committee.
- Compliance with Serious Incidents being completed, and with families within 60 working days was at 80%.
- C-Diff had increased by 19% nationally post covid-19, although the Chief Nurse asserted this should not defend away the rates in the organisation as the baseline was already higher than GM organisations.
- Third and fourth degree tears in maternity had improved. The Trust was working to make sure data collected is reflective of the East Cheshire Trust dashboard to ensure accurate reporting.
- Progress continued to be made on SHMI/HSMR and both were within the range needed. Improvements were being made to the Sepsis workstream.
- An update was received on Quality Account Priority Two – Rheumatology.

- The Infection Control Annual Report was received and noted.
- An update was provided on the BCG baby vaccination service which resumed on 15 November 2022. The trajectory indicated that the Trust should be back on track by 15 December 2022.

The Chair raised the issues impacting clinical correspondence and the Medical Director advised a route cause analysis was being conducted, the results of which would be presented at the Quality Assurance Committee.

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

18. Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Q2 Update

The Chief Nurse presented the report which provided an update on progress towards the achievement of the 10 safety actions contained within the CNST Maternity Incentive Scheme (MIS). It was noted that following the comprehensive review of Ockenden in Q1, a detailed review of CNST evidence had been undertaken. Strategy and Operations Committee Chair Report had highlighted significant concerns with delivery of year four. The position was also shared at the November Quality Assurance Committee.

The Trust had recorded full compliance with the MIS in the previous three years of the scheme which then entitled the Trust to an annual rebate. The assessment of compliance against the 10 standards indicated that four safety actions remained at risk of non-attainment and a further three safety actions had breached the required timeframes for completion.

It was highlighted that whilst actions were being undertaken to mitigate the risk, the Trust was unlikely to report compliance with all 10 safety actions which would affect the c£1m rebate. However, significant improvements were expected on the compliance position before the final submission date of 02 February 2023.

Alan Stuttard queried whether there may be a retrospective review, and the Chief Nurse indicated the issue is around submitting information in a timely manner, the issue is not clinical but due to those timeframes being missed. A process was being developed to ensure future timeframes were met.

The Board expressed gratitude to the Chief Nurse and the Family Care Division for the openness and transparency. In response to a query on whether the organisation had budgeted for the rebate, the Chief Finance Officer confirmed that this was not included in budget. However, work was on-going to maximise the level of achievement.

Resolved: The Board **received** the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Q2 Update.

19. NHS England Report of Independent Investigation following East Kent

The Chief Nurse delivered a presentation on the impact of the NHS England Report of Independent Investigation following East Kent on Bolton.

Rebecca Ganz queried how the helpline for service users was communicated. The Chief Nurse advised posters were displayed in all areas, and in the previous four months only one call had been received.

Jackie Njoroge queried how feedback was obtained from less engaged individuals. Bilkis Ismail followed this by querying whether the department still held “Big Conversation” events and if there was a system for staff to raise anonymous concerns.

The Chief Nurse explained that triangulation of information from staff and service users and whether this is supported by the data remained key. He highlighted that all anonymous concerns were taken seriously with the inevitable difficulty of not being able to provide feedback.

With regards to concerns around senior manager visibility on nights and weekends, the Chief Nurse advised that it was important to ensure senior managers were visible at all times, and that staff were comfortable sharing their experiences and concerns knowing they would be acted on appropriately. In addition to the resumption of Board walkabouts, governors would also be involved in BoSCA assessments.

It was noted that social media platforms were a useful tool and any issues raised through this route, would be taken through the appropriate channels. It is important that this approach applies across the whole trust, not just within maternity.

Malcolm Brown thanked the Chief Nurse and his team adding that the QAC was assured of the work being progressed.

Resolved: The Board **received** the NHSE Report of Independent Investigation following East Kent presentation outlining the impact for Bolton.

20. Finance and Investment Committee Chair Report

Jackie Njoroge presented the Finance and Investment Committee Chair's Report for October and provided a verbal update on the November meeting. The following key points were noted:

- Month seven finance report was received noting a year to date deficit of £9.1m compared with a planned deficit of £3.0m. Worse case deficit of £26.4m to an optimistic forecast of £12.1m deficit. It was noted the original planned deficit of £7.2m was only possible with further additional income.
- Capital spend was £9m year to date of which £4.4m relates to Theatres.
- NHSE approved the CDC business case with the Trust receiving £14.7m over the current and next financial year. Theatres TIF bid decision to be announced on the 9 December 2022.
- Maternity Theatres Workforce Business Case had been approved
- The Trust had established a detailed benefits realisation process which focuses on how to ensure and drive benefits from capital and revenue investments.

Resolved: The Board **received** the F&I Committee Chair's Report

21. Consent Agenda

21.a Standing Financial Instructions (SFI) and Financial Scheme of Delegation

The Board received the Standing Financial Instructions (SFI) and Financial Scheme of Delegation which are the financial rules and regulations by which the organisation is governed in order to ensure compliance with the law, probity, transparency and value for money.

The FSOD sets out the powers and financial levels of authority of the Board, its Committees and the Executive.

The SFIs and FSOD combine to form part of the Standing Orders of the organisation and are reviewed periodically. The last sets of SFIs and FSOD were updated and formally approved by Board in November 2020.

Resolved: The Board **approved** the SFIs and FSOD.

21.b Standing Orders

The Board received the Standing Orders which together with the Trust's Constitution; the Standing Financial Instructions and the Scheme of Delegation provide a

regulatory framework for the business conduct of the Trust. They fulfil the dual role of protecting the Trust's interests and protecting staff from possible accusation that they have acted less than properly.

Resolved: The Board **approved** the Standing Orders and their inclusion in the Trust Constitution.

22. Annual Reports

22.a Emergency Preparedness, Resilience and Response (EPRR)

The Board received the Emergency Preparedness, Resilience and Response (EPRR) Annual Report. It was noted that all health organisations participating in the 2022 EPRR Core Standards self-assessment process were required to ensure their Boards or governing bodies were sighted on the level of compliance achieved and the action plan for the forthcoming period.

Bolton Foundation Trust achieved 94% compliance, which is an assurance rating of 'Substantial'.

An action plan was in place regarding the four domains that the Trust was not fully compliant in.

Resolved: The EPRR Self-Assessment and Action Plan was **noted**.

22.b Infection Control

The Board received the Infection Prevention and Control Report in line with the Health and Social Care Act 2008 (Department of Health, 2010). The report detailed the approach to Infection Prevention and Control from April 2021 to March 2022, outlined key achievements and provided an assessment of performance against national targets for the year.

It was noted that the past year, as in the previous one, had been dominated by the COVID-19 pandemic. Infection prevention had never been of such importance in patients to whom the Trust are responsible or for the population more widely. As such, the delivery of clean, safe care has been the utmost priority for the Trust.

There was a stated commitment to preventing all Healthcare Acquired Infections (HCAI) and a zero tolerance to all avoidable infections and the Trust has achieved this objective on most points.

Resolved: The Infection Prevention and Control Annual Report for 2021/22 was **noted** and **approved** for publication.

22.c Safeguarding Annual Report

The Board received the 2021/22 Safeguarding Annual Report which provided an update on the activity undertaken by the Safeguarding team and set out the link to the objectives set out by Bolton Safeguarding Children's Partnership and Bolton Safeguarding Adults Board. Overall, the report demonstrated how in working across the local community the Trust was able to better serve and safeguard our vulnerable patients and service users.

It was noted that there were no changes to statutory requirements for safeguarding adults and children. However, the Domestic Abuse Act was published in 2021, and the report provided an overview of the key requirements. Bolton has seen an increased number of referrals and causes for concern since the start of COVID-19 with lockdowns considerably contributing to the rise in cases.

The report provided narrative surrounding the increase in the number of referrals to the service which are in turn causing some challenges with regard to capacity, particularly within the safeguarding adult team.

Resolved: The Safeguarding Report was **noted**.

22.d National Adult Inpatient Survey Summary

The Board received the National Adult Inpatient Survey Report which detailed the findings from the survey of patients undertaken between January and May 2022. It was noted that results had been embargoed until the release of national CQC data.

The findings had been considered by both the Clinical Governance and Quality Committee and the Quality Assurance Committee. In addition, the patient experience sub-group was reviewing the progress to date of previously identified actions and is also focussing on the establishment of 'real-time' surveys across all in-patient areas and those residents being cared for in their own homes, on a long-term caseload.

Resolved: The 2021 National Adult Inpatient Survey was **noted.**

23. Message from the Board

The following key messages from the Board were agreed:

- Cost of living crisis/staff welfare and support available
- Thank you to staff for their hard work
- CQC
- Lead Governor appointment
- Digital Strategy
- Financial pressures

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

24. Any other business

None.

25. Questions from the public

There were no questions received from members of the public.

26. Next meeting

The next Board meeting will take place on the 26 January 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/22/13	28/07/2022	Staff Story	Invite LS to a Board of Directors meeting in six months to provide an update	SK	Jan-23	Lauren Searle invited to attend March 2023 Board meeting.
FT/22/20	29/09/2022	WRES/WDES	Updates from the BAME and Disability and Health Conditions Forums back in six months.	SK	Mar-23	
FT/22/21	29/09/2022	Any other business	Chief Finance Officer to present the Estates Plan at a future Board Development Session.	AW	Mar-23	
FT/22/22	24/11/2022	Midwifery Staffing Report	Forward view on maternity staffing to be provided through People Committee	CS	Mar-23	

Key

complete	agenda item	due	overdue	not due

Report Title:	Chief Executive's Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	26th January 2023		Discussion	
Exec Sponsor	Fiona Noden		Decision	

Purpose	To outline key activity.

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:	
☐ Strategy and Operations Committee	☐ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	☐ People Committee
☐ Charitable Funds Committee	☐ Audit Committee

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

Our staff and teams continue to do everything they possibly can to look after our patients during what has been a period of intense pressure. We have been working with our local media contacts and using social media to share messages with the public about accessing our Emergency Department and offering advice about an increase in flu cases. Our teams also featured on a national BBC news report, which gave an honest account of the pressures we are facing across the Bolton system, and how they are reflective of what is happening across the country. This provoked a positive response from our local communities who subsequently shared their positive experiences of our care and appreciation for our staff, who they can see are operating in difficult circumstances.

Towards the end of 2022, we reflected on the difference our services have made to the people of Bolton throughout the year. Activity included making 484,636 visits to patients in community settings, testing 9.1 million samples in our laboratories, carrying out 18,222 breast screening appointments and 118,780 MRIs and x-rays. Our colleagues at iFM, the trust's wholly owned subsidiary, made a huge contribution washing more than 1.8m items of linen and sterilising more than 80,000 trays of surgical theatre instruments.

This year all patients, who are smokers, that are admitted to Royal Bolton Hospital will be offered support, with free nicotine replacement and expert behavioural support from a team of specialist nurses. For those who aren't quite ready to stop smoking completely, the CURE team will help them make the most of nicotine replacement to make their hospital stay more comfortable as smoking or vaping is not permitted anywhere on the hospital grounds. The CURE project is supported by the Greater Manchester Integrated Care Partnership as part of a whole system approach, which aims to significantly reduce smoking rates in Greater Manchester.

Our Neonatal Unit at Royal Bolton Hospital has received nearly a dozen new skin-to-skin chairs that are designed to support the development of babies and the bond they have with their parents. The chairs help to ensure parents are comfortable when they are spending quality time with their baby for skin-to-skin contact or to feed them. Thanks to the incredible generosity of fundraisers in Bolton who have donated to Our Bolton NHS Charity, an estimated 650 babies and families will benefit each year from the £18,000 investment.

A report is due to be published this month following an assessment of our bowel cancer-screening programme, completed by The NHS Screening Quality Assurance Service (SQAS). The assessment looked at how health workers are improving bowel cancer screening and making it easier for eligible people to access a high-quality service. The initial feedback received has indicated an incredible service for our patients.

Ambition 2
To be a great place to work

I cannot thank our staff enough for their resilience and determination to keep going and provide the very best care possible during incredibly difficult times. We will continue to provide support and advice to staff who are impacted by the current pressures including external factors such as the cost of living crisis. The support on offer includes access to financial advice including a Financial Wellbeing webinar Hosted by Auriga Services,

breakfast packs available in the Trust's Chaplaincy Office or at collection points in the community, and a cost of living support kit including mental health support. A new updated version of the Flexible Working Policy has also been launched to actively promote a positive work/life balance for all employees, and reduce the staffing pressures we face.

One of our nurses, who joined the Trust's ophthalmology theatre team in August 2022, is leading the way for other international nurses after successfully progressing to become a Clinical Practice Coordinator. Abubakar joined us from Nigeria, and is one of 150 international nurses who have been recruited since 2021 by the Trust's international recruitment team. Abubakar has had a positive experience of the support he has had and is hoping to inspire and motivate other internationally trained nurses to join us here for a long and successful career in Bolton.

Ambition 3
To use our resources wisely

We have been successful with our bid for £19.6 million funding to significantly increase our theatre capacity. The funding will be used to build four modular theatres, as well as the creation of a bespoke day case paediatrics theatre hub by refurbishing the hospital's existing day case theatres. The theatres will provide enhanced capacity for both Bolton and Greater Manchester and help in reducing the number of patients' waiting for treatment in the region. Work has already begun on two of the new modular theatres and integrated ward, with the two additional day case theatres to be built on top of these.

As a Trust, we are committed to reducing our carbon footprint. To achieve this goal, we have been encouraging everyone to make small everyday changes to become more sustainable and to adapt to more environmentally friendly practices. This includes simple things like making sure that lights are switched off when a room is not in use and forms part of our Green Plan which aims to deliver more sustainable healthcare; improving the quality of care while enhancing our resilience, sustainability and wellbeing in preparation for future pressures and challenges.

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

A brand new Garden of Reflection created to remember all those who have given the gift of life through organ donation, is now open for people to visit at Royal Bolton Hospital. Situated opposite the hospital's Emergency Department, the garden aims to provide a tranquil space for families to visit and pay their respects. The space aims to recognise the efforts of patients, their families and staff to transform lives by encouraging conversation about organ donation. Since 2015, the Trust has referred more than 150 suitable donors for organ donation resulting in 46 organs being donated, saving 51 lives.

Our wholly owned subsidiary iFM is trailing a new cleaning process using UV technology. The UV-C light is highly effective in killing bacteria and the process is much faster than using the hydrogen peroxide vapour (also known as HPV or fogging). HPV decontamination will only be used following confirmed or suspected Clostridium difficile or Norovirus cases.

Ambition 5
To integrate care

Naomi Ledwith is now in post as Delivery Director for the Greater Manchester Integrated Care Board (GM ICB) to support in delivering our single locality plan for Bolton. The plan will ensure that we have services that meet the needs of our local population and that we work together across organisational boundaries to improve outcomes and ultimately the health and wellbeing of our Bolton people.

On 23 December 2022, NHS England (NHSE) released its 2023/24 priorities and operational planning guidance, outlining three priority areas:

- Prioritise recovering core services and productivity
- Return to delivering the key ambitions in the NHS Long Term Plan (LTP)
- Continue transforming the NHS for the future

The guidance promotes a partnership approach between systems, with a greater emphasis on outcomes and less prescription on how to achieve them. This presents an opportunity for us to strengthen the work we do at a Greater Manchester and locality level in Bolton. Further information on the approach we are taking will be shared with the Board of Directors as the work we do to understand and implement the guidance progresses.

Ambition 6
To develop partnerships

We held our Annual Members' Meeting last month, which provided our public members, Governors and staff the opportunity to hear a review of our achievements and challenges during 2021-2022. During the meeting, the Executive Team and their deputies also provided an overview of our future plans which include working in partnership with our public members to understand their needs and help shape our services.

A couple who wanted to give something back to our staff raised more than £1,500 for the Evergreen Suite at Royal Bolton Hospital. The patient was so overwhelmed by the care and treatment she received for breast cancer that she decided to raise money as part of her husband's 80th birthday celebrations. The couple has requested that the money raised is used to buy post-op bras for patients.

During Disability History Month we invited the charity Mencap to come and see some of the initiatives we have been working on to reduce health inequalities by improving access to healthcare for patients with learning disabilities. The work includes the introduction of a new pathway for people who require investigations but are worried because of the fears and barriers they experience, making it easier to diagnose conditions and provide appropriate treatments much sooner.

Report Title:	Strategy and Operations Committee Chairs Report

Meeting:	Board of Directors	**Purpose**	Assurance	x
Date:	26.01.23		Discussion	
Exec Sponsor	Sharon White & Rae Wheatcroft		Decision	

Purpose	To provide assurance on work delegated to the Committee.

Summary:	Attached are the Strategy and Operations Committee Chairs Reports from the meetings held on 21 November and 19 December 2022.

Previously considered by:	
✓ Strategy and Operations Committee	☐ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	☐ People Committee
☐ Charitable Funds Committee	☐ Audit Committee

Proposed Resolution	The Board of Directors Committee is asked to **receive** assurance from the Strategy and Operations Chair's Reports.

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:	Sharon White & Rae Wheatcroft	**Presented by:**	Rebecca Ganz Non-Executive Director

Strategy and Operations Committee Chairs Report

Name of Committee/Group:	Strategy and Operations Committee	Report to:	Board of Directors
Date of Meeting:	21 November 2022	Date of next meeting:	24 November 2022
Chair:	Rebecca Ganz, Non-Executive Director	Parent Committee:	Board of Directors
Members Present:	Francis Andrews, Andy Chilton, Sharon Katema, Sharon Martin, James Mawrey, Martin North, Alan Stuttard, Rae Wheatcroft. In attendance: Sam Ball, Rachel Carter, Rayaz Chel, Jake Mairs, Claire McPeake, Rachel Noble, Julie Ryan, Jo Street, Brett Walmsley, Judith Richardson (minutes)	Quorate (Yes/No):	Yes
		Key Members not present:	Tyrone Roberts, Rachel Tanner.

Key Agenda Items:	Lead	Key Points	Action/decision
Urgent Care 'Spotlight'	C McPeake	Updates presented on SDEC, UTC, Ambulance Handovers, Virtual Wards, Early Supported Discharge, Performance, Measuring Urgent Care Differently, Challenges, Digital and Priorities. • Patients self-streaming to UTC will be the biggest win and a proposal will be developed on how urgent care fits together. Evaluation of the UTC mixed staffing model pilot will inform a UTC being co-located within ED or offsite. • 22 GP's now signed up to the early supported discharges initiative • Moral injury - 'staff are feeling that they are unable to do what is right'. Division working with OD team, Emma Wheatley, Kath Williams on programme to support and promote culture of support to staff, will be reported through People Committee • 'See and Treat' model of triage for minor injuries and Plan Do Study Act (PDSA) cycles to test out changes for management of longer term conditions to reduce the 40% of patients attending A&E who require no further treatment • Noted that with 47% of Ambulance attendances discharged same day, 41% of attendances discharged with no follow up and 76% of attendance from 0-49 year olds. Effective progress continuing to optimise 'pre A&E' service delivery with the goal to bring A&E back into line serving up to 90K attendances per annum versus the 140K current annual attendances recognising 'Amazon generation' consumption culture when designing access to services.	• Presentation received as an excellent, comprehensive update • UTC pilot will be fully evaluated by end of February 2023 and business case will come to this Committee in March 2023 in the context of wider 'pre A&E' service delivery initiatives such as SDEC and Early discharge • Virtual Wards target will be more closely tracked with Paediatrics and Respiratory pathways as a quick win and will be the focus of some targeted improvement work over the next 8-12 weeks. Update on improvement will go to Performance and Transformation Board in February 2023

	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

Month 7 Operational IPM	J Street	**Access:** • RTT position - 18 week performance at 60.4%; 52 week waits at 2209; total waiting lists up to 38,354. • 78 week waits continuing to reduce and will be on target to meet the national deadline of zero waiting patients by end of March 2023 • DM01 position improved by 4.1% in October, final position at 34.4%. Challenges with physiological measurements 62.4% of patients treated outside of 6 weeks in echocardiography, paediatric audiology and urodynamic pathways. **Productivity:** • Full update on NCTR to come to December meeting. **Cancer:** • 2 week wait performance dipped below standard but on improving trajectory. • Failed the 62-day standard for September **Community** • Met the plan for ED Deflections and Intermediate Tier LoS.	• Improvement on assurance regarding discharges expected by end of March 2023 • Update on timeframe for recovery of Cancer 62-day standard will come to December Committee after the meeting with ASS DDO and COO • DM01 wait times update will come to December meeting. National planning guidance is to get to 5% by March 2025 and this will be reflected in reports as appropriate to assist with benchmarking against targets.
Performance and Transformation Board Chairs Report	S Martin	• **Maternity Transformation Group:** • CNST risks reported through QAC with paper going to November BoD meeting. Additional transformation and managerial support will be provided to the FC Division. Update at Board should reflect the recent report on stillbirths which portrayed the Trust in a positive light. • **Health Inequalities Enabling Group**: • No Chairs report as replaced with planning for the Health Inequalities Enabling Group Away Day on 10.11.22. A further update will be provided to a future meeting of this Committee. • **Community Reactive Care Oversight Group:** • More oversight on the neighbourhood work requested and update will be provided to a future meeting of this Committee.	Reviewed simultaneously with the Month 7 Operational IPM above
Trust Management Committee – feedback from outcomes session	R Noble	Update received on the feedback following an exercise at the most recent Trust Management Committee to define the Trust's 5 strategic priorities, by focusing on outcomes and the following key points were highlighted: • Key strategic priorities: Children and Young People Services, Digital and Data, Operational Plan and Recovery Programmes, People and System Transformation • Inputs, outputs and outcomes presented as an analogy to 'baking a cake' with the focus on delivering outcomes	• A workplan aligned to the 5 strategic priorities, triangulating with the July BoD paper, will come to this Committee in December

	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

EPRR (Emergency Preparedness Resilience Response) Statement of Compliance	J Street	Report provided to meeting in line with the NHS England requirement for all health organisations participating in the 2022 EPRR Core Standards self-assessment process to ensure that Board members are sighted on the level of compliance achieved and the action plan for the forth-coming period. Will be submitted annually to this meeting going forwards. It was noted that the Trust has achieved 94% compliance, which results in an assurance rating of 'Substantial'. There are 4 domains where the Trust is not fully compliant and an action plan is in place to address this. Query raised regarding how Evacuation Planning is tested as it is not part of mandatory training to ensure that it can be enacted effectively.	• Formal congratulations given on the level of compliance achieved and confirmation requested on timeframe for action plan to be provided to the meeting • Confirmation also requested of where the assurance on the physical testing of these protocols is reported to. • Noted that there is only one member of EPRR staff which accounts for the protracted timescales on the action plan and work on-going to increase the team as this is an organisational risk.
Digital Performance and Transformation Board Chairs Report	R Wheatcroft	**Clinical Design Committee Chair Report** • Issues raised regarding quoracy and lack of clinical representation. Refreshed Terms of Reference for Clinical Design Committee and Digital Programme Group will come to the meeting in December to recognise the interdependencies along with a review of the wider governance structure, which should resolve the issues with quoracy **GM ICB Model for delivery and key risks to Bolton FT (Digital/IG/BI):** • Potential risk for Digital with regards to the ambitions around having an integrated care place-based model • Mapping exercise currently being carried out to mitigate any risks arising from the centralisation of a BI function across GM, which provides support to GM System Boards and ICB programmes of work, all of which will require dedicated analytical support. The Director of Strategy, Digital and Transformation assured the Non-Executive Directors that a lot of work is on-going but this remains a significant risk to the Trust.	• This item was reviewed with the Digital Strategy and EPR jigsaw simultaneously • Noted that a structure for BI and IG will need to be developed that is a resilient placed based model within the wider GM ICS showing how the functions will be staffed going forwards. • The GM function model is expected imminently and an update will be provided to the next Digital Performance and Transformation meeting in December.

	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

Digital Strategy	B Walmsley	The EPR programme of work will be core to the 4 priority areas of Digital Integration, Digital Care, Digital Workforce and Digital Infrastructure and Estate and will provide the platform to grow every area of the digital service. The major area of concern relates to resourcing. Next steps will involve further work on resource and the governance. Benchmarking has been carried out across GM and this has shown a disparity of around 30-40 staff. Query regarding how the ambition to be digitally enabled is also applied to those patients in the most deprived areas of Bolton. The Bolton Borough-wide Digital Partnership meeting with the Council is working to reduce digital exclusion to support patients with access to technology. However, we need to recognise that there will be some people who are not able to use technology and a back-up plan is required for this.	• An update on resourcing will be provided to the Digital Performance and Transformation Board meeting in January 2023 • A high level of in-year key milestones tracking to provide visibility to staff and Board members was requested in the context of a 3 year strategy. • Patient Access to be discussed as a future 'Spotlight' item to this Committee.
EPR Jigsaw and High Level Risks	S Martin	• The original EPR procurement and implementation was agreed over a two-phase programme. • Contract for the 0-19 services secured during Phase 1 and this implementation was accommodated within the programme plan. Paediatric services are often multifaceted areas of EPR implementation and best practise encourages on-boarding these types of areas at a later stage of the deployment when the EPR is more mature. The full scoping and development stage of this roll out was undertaken at a high pace to meet the contract timelines, which led to some elements of the configuration being sub-optimal. • Currently in a position where there is demand from the areas deployed in Phase 1 to develop the solution and functionality along with demand from the areas in Phase 2 who are yet to be deployed. • Key areas of risk relate to the resource to carry out future deployment and a reset of the business cases for the next set of implementation and resourcing will take place to ensure that optimisation can occur at the same time as delivery	• The Committee reviewed the Digital Performance and Transformation Board Chair's Report, Digital Strategy and EPR jigsaw with high level risks in tandem • A request for high level understanding of benefits realisation from EPR to feedback to SOC and F&I.
Clinical Strategy: Chairs report and Update	F Andrews	• Challenges relating to a lot of Teams who are stuck post-Covid with the here and now issues and do not have the 'mind space' to explore big picture strategic opportunities until these 'now issues' are resolved. • Key risks are around timescales to complete the project and timescales will be extended. A final proposal will be submitted to the March Board of Directors meeting.	• The Medical Director highlighted that staff are experiencing total exhaustion due to staffing shortages • The Committee supported the time extension to March 2023 from Dec 2022.

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Board Assurance Framework	S Katema	Going forwards this will be presented quarterly ahead of the Board of Directors meeting and reflects the current Trust Strategy ambitions relating to 1.2, 5 and 6.	• The Chair challenged the Mature risk appetite for ambition 5 and suggested that this is updated to Seek

Items to escalate to the Board:

- Risk reduction on A&E capacity due to traction on 'pre A&E' service delivery
- Discharges – no assurance at this time
- DM01 wait times – despite improvement, a significant way to go
- Failure of 62 day standard for Cancer
- Maternity, regarding CNST compliance
- Key areas of risk relating to the resource to carry out future deployment of EPR and deliver the Digital Strategy
- GM ICB Model for delivery and key risks to Bolton FT (Digital/IG/BI)
- EPRR substantial assurance at 94% v EPRR Core Standards self-assessment

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

Strategy and Operations Committee Chairs Report

Name of Committee/Group:	Strategy and Operations Committee	Report to:	Board of Directors
Date of Meeting:	19 December 2022	Date of next meeting:	23 January 2023
Chair:	Rebecca Ganz, Non-Executive Director	Parent Committee:	Board of Directors
Members Present:	Sharon Katema, Sharon White, James Mawrey, Martin North, Alan Stuttard, Rae Wheatcroft. In attendance: Michelle Cox, Michaela Toms, Andy Chilton, Sam Ball, Rachel Carter, Rayaz Chel, Jake Mairs, Rachel Noble, Julie Ryan, Brett Walmsley, Michelle McConvey (minutes)	Quorate (Yes/No):	Yes
		Key Members not present:	Francis Andrews, Tyrone Roberts, Rachel Tanner, Jo Street.

Key Agenda Items:	Lead	Key Points	Action/decision
Workplan	R Ganz	The Chair provided an update on the reviewed Workplan, confirming the following amendments: • Patient Access has been added as a spotlight • Winter Plan to be brought twice a year – once for review of last year & once as preparation for next winter. • Urgent Treatment Care Business Case for March 2023. • Virtual wards Improvement has also been included. • EPRR Statement of Compliance to be a standing item 1 per year. • Health Inequalities update for the Committee to have feedback as a core part of tailoring service provision by neighbourhood. • Digital Strategy to come back 4 times yearly. • The Committee agreed for the EPR update to be reviewed 6 monthly. • A quarterly review of objectives and milestones to be included within the strategy section. • The Annual Business Plan means the Operational Plan of the Trust. • The Board Assurance Framework to be quarterly.	• The Committee noted the update to the workplan

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

Neighbourhoods 'Spotlight'	M Toms	A spotlight on Neighbourhoods was presented including; Our Partnership Outcomes and Priorities, Delivery Theme 2022-23, Bolton's Neighbourhood Model, Reminder: Who's involved, What have we delivered so far, Connecting the Districts, Wider connecting events, No Wrong Door: A different conversation, Current barriers and opportunities, Neighbourhoods – what next: Action points from event, and Next steps. • MT noted that the neighbourhoods current status is largely reactive with a need to embed the required risk appetite and permission to achieve its potential • The Associate Director of OD assured the Committee that the work has already started on getting the HR and OD Teams across the locality to work closely together as 'One Team' • There is time set aside in January 2023 to look at the leadership model within the neighbourhoods. The Team is hopeful to be able to demonstrate the proposal in 3-4 months' time. • There is one telephone number for the Health and Care Hub at Castle Hill which operates 7 days a week. Patients known to the service are able to re-refer themselves. • The GM Care Record is where the anticipatory plans and other work are stored. Bolton is one of the highest uptakes of the GM Record. • Public health has also mapped to schools within the neighbourhoods and have invited the Family Care Division to discuss the neighbourhood challenges. • Neighbourhood Teams need to start to target Health Inequality in deprived populations. The Team is looking at a maturity matrix within each of the neighbourhoods to tailor service delivery.	• The Director of Strategy, Digital and Transformation confirmed the reduction to 6 neighbourhoods has been agreed by Execs today and will go to the Locality Board for sign off this week. • Neighbourhood leadership is to be clarified in January and brought back to Committee in March including how to incentivise 'One Team' behaviours. • The Associate Director of OD will bring an update in 3 months incorporating understanding workforce needs and gaps within the neighbourhoods together with a broader workforce roadmap for the neighbourhoods in March. • Neighbourhoods will bring a 6 monthly 'spotlight' to Committee highlighting the 'before and after' from a service user point of view focused on significant / milestone changes.

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EPR Overview	M Szekely	Updates were presented on; What makes up an EPR, Where are we now, Timescales, and Risks. • Maternity use a different supplier to the main EPR due to Altera (US based) not being designed for use with the UK base maternity model. • The Trust has digitised 'paperwork,' order communications and standard Electronic Prescribing and Medicines Administration. Hence optimising available functionality such as use of Robotic Process Automation alongside wider implementation are priorities • Next EPR implementation priorities are confirming timeline for Maternity EPR and progressing EDMS (circa June 2023) and Outpatients (circa Dec 23)	• 6-monthly report back to SOC on progress against the EPR Roadmap
Month 8 – Operational IPM	M Cox	Updates were presented on; Urgent care performance, Elective care performance, and Community care performance. • The Trust has just declared it is at OPEL 4 with mutual aid ongoing across GM • 4 and 12 hour waits have declined in line with GM due to winter pressures • Average NWAS handover had improved to circa 48 minutes v a 15-minute target • 2 week cancer wait failed and the 62 day performance for October and the quarter failed • NWAS Industrial Action - There has been a huge amount of work in preparation for the Industrial Action taking place this week. • 19M has been approved for expansion on theatre capacity • NC2R performance – actions to reduce delays delayed have included the bridging service, to support packages of care for Pathway 1 patients. The Team have also been focusing on the very long lengths of stay, and preparing for discharge so as to be ready immediately for those with a criteria to reside.	• The Committee noted the extreme pressures the Trust is dealing with and the performance recovery plan in place for cancer • The work done to secure 19M approval for theatre expansion was commended. • It was highlighted that 'days occupied' had reduced in month by 17.2% providing early indications of positive impact of NCTR reduction strategies • In context of winter pressures and industrial action, this improvement is not expected to continue in the short term
Performance and Transformation Board Chairs Report	R Wheatcroft	An update was provided from the last meeting, drawing attention to: • The Finance and Intelligence Group is focussing on theatre productivity • There is work going on between the older persons Assessment Unit and the Admission Avoidance Team (AAT) to enable patients to be discharged home through Virtual Ward Activity. The Admission Avoidance Team joining the MDT meeting is having a positive impact • The Children's Integration programme is preparing for a forthcoming SEND inspection which is a multi-agency inspection • Virtual activity has been underperforming with a need for ongoing clinical engagement to support successful take up. Rheumatology has been chosen for an initial re-focus for increase uptake of virtual activity following ongoing clinical engagement.	• The Chair requested an update on the progress of the rheumatology virtual activity.

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Clinical Strategy: Chairs report and Update	R Chel	• All the Engagement Services work will have been completed by the end of this week. There are scheduled meetings with Divisions in January to provide a sense check and feedback on the services. In the background there is work ongoing with the services checking the notes to ensure everything has been picked up. The plan is for this to come back to Committee in February 2023 and then to the Board of Directors for sign off in March 2023. • As part of this work, once engagement is completed the Trust will then include Support Services and link in with Digital, Estates, and Workforce • The Senior Colleagues within the Divisions have sight of everything coming through and they look at it from a strategic perspective for services that have not been picked up on to support completeness.	• The Committee noted the progress made and that despite the operational pressures staff have been responsive to having time to consider the 3/5/10 year future profile for services.
Corporate Strategy – Process	R Noble	• A Board Strategy Session was held last week and discussions was had around the focus on the ambitions. We are working with similar timescales to the Clinical Strategy refresh and will bring updates to this Committee in January 2023 and February 2023 with a view to take an update to Board March 2023 alongside the People Plan.	• The Committee noted the update and looked forward to receiving the updates in January and February
Quarterly review	R Ganz	• The Committee would be receiving a quarterly review of achievements/milestones together with forward focused quarterly targets/milestones for major transformation priorities to March 2023, in January.	• The Committee requested a focus on outcomes and not processes / inputs for the quarterly review.

Items to escalate to the Board:

- The Trust has declared OPEL 4 and has done comprehensive preparations to mitigate industrial action
- 2 week cancer wait failed and the 62 day performance for October and the quarter failed and in response there is a Trust wide recovery programme in place
- Subject to Locality Board approval, there will be 6 rather than 9 neighbourhoods across Bolton to manage and deliver services
- Days occupied reduced by 17.2% in month due to a range of strategies
- 19M funding has been approved for Theatre expansion
- Awaiting confirmation of neighbourhood leadership model by March as a key success factor for working as a 'One Team' in each neighbourhood
- Timeline for delivery of Maternity EPR is yet to be confirmed in 2023 and is under review
- Rheumatology as a test bed for increasing uptake in virtual activity by clinicians and service users due to sustained clinical engagement

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

Report Title:	Strategy and Operations Committee Chairs Report

Meeting:	Board of Directors	**Purpose**	Assurance	x
Date:	26 January 2023		Discussion	
Exec Sponsor	Sharon White & Rae Wheatcroft		Decision	

Purpose	To provide assurance for the Board

Summary:	Attached is the Strategy and Operations Committee Chairs Report from the meeting held on 23rd January 2023.

Previously considered by:	
☐ Strategy and Operations Committee	☐ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	☐ People Committee
☐ Charitable Funds Committee	☐ Audit Committee

Proposed Resolution	The Board of Directors is asked to receive assurance from the Strategy and Operations Chairs Report

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:	Sharon White & Rae Wheatcroft	**Presented by:**	Rebecca Ganz Non-Executive Director

Strategy and Operations Committee Chairs Report

Name of Committee/Group:	Strategy and Operations Committee	Report to:	Board of Directors
Date of Meeting:	23rd January 2023	Date of next meeting:	26th January 2023
Chair:	Rebecca Ganz, Non-Executive Director	Parent Committee:	Board of Directors
Members Present:	Francis Andrews, Sharon Katema, James Mawrey, Martin North, Alan Stuttard, Rae Wheatcroft. In attendance: Sam Ball, Rachel Carter, Rayaz Chel, Andy Chilton, Rachel Noble, Lisa Rigby, Julie Ryan, Jo Street, Brett Walmsley, Judith Richardson (minutes)	Quorate (Yes/No):	Yes
		Key Members not present:	Jake Mairs, Tyrone Roberts, Maddie Szekely, Rachel Tanner, Sharon White.

Key Agenda Items:	Lead	Key Points	Action/decision
Committee Cycle of Business	R Ganz	Amendments and additions to the Cycle of Business: • Quarterly spotlight on Neighbourhood transformation • A spotlight on strategic transformation is scheduled to align with publication of the clinical strategy • An update on Health Inequalities will be provided to the March meeting • Quarterly update on the Digital Strategy pillars. • 6-monthly update on the EPR jigsaw • Strategic priorities/golden threads are linked to the quarterly look back/look forward, and that a review of our strategic risks is conducted alongside the quarterly review.	• The Committee approved the updates to the Cycle of Business which will enable regular visibility of key areas ongoing.
Service Spotlight	R Ganz	No service spotlight had been scheduled for this meeting to allow sufficient time to carry out the new format of a quarterly look back/look forward milestone review.	NA

Month 9 Operational IPM	J Street	**Access:** • December was a particularly challenging month in Emergency Care with regards to 4 hour performance and ambulance handovers mainly due to a peak in Covid, flu and childhood infections. There has been a slight improvement in January to date allowing recovery of some is key operational aspects in Urgent Care And the team has given themselves a stretch target to recover performance to a minimum of 70% by the end of Quarter 4 • 78 week waiting patients continues to reduce and we remain on target to meet the national deadline of zero 78 week waiting patients by the end of March 2023 whilst also being in a position to offer mutual aid to some specialties across GM with the biggest risk in corneal grafts • The DM01 position for the Trust improved by 3.1% in December, with the final position standing at 25.2%. The number of breached patients decreased by 129 (771 breaches in total). **Productivity:** • Full update on NCTR provided to the meeting. Pressures continue in relation to reducing the number of patients at any one time with NCTR and in M8 NCTR had reduced and is below the upper control limit for the fourth month in a row. **Cancer:** • The 2 week wait performance for November remained slightly below target at 91.37% and is predicted to further deteriorate for December due to capacity in Breast services. • The Trust failed the 62-day standard for November. With regards to the overall Cancer recovery milestone, we are currently on track to meet and slightly ahead of the March 2023 62-day backlog recovery trajectory to the same level as it was in 2020. Work is on-going to mitigate reduced Breast capacity as much as possible through service and pathway efficiencies, demand management approaches and sourcing extra radiology capacity **Community** • The Trust remains within plan for both ED Deflections and Intermediate Tier LoS metrics.	• The Committee noted the report and commended the green shoots of improvement despite the significant Winter pressures. • Further, a Non Exec visit witnessed the methodical, calm and admirable behaviour of UC staff while under extreme pressure. • Productivity and efficiency queries relating to A&E, SDEC and UTC highlighted there are further efficiency gains to be pursued such as streaming management to SDEC and UTC • Achievement of the 78 week target was caveated with ensuring comms cover any legitimate reasons that a patient hasn't been treated in the required timeframe
Performance and Transformation Board Chairs Report	R Wheatcroft	The Performance and Transformation Board Chair's Report and the Month 9 IPM are ordinarily reviewed in tandem. However, it was noted that the Performance and Transformation Board meeting had been stepped down in January 2023 due to operational pressures.	NA

Strategy and Operations Committee Chairs Report

NCTR	J Street	• NCTR categorisation introduced in 2020 as a response to the Covid pandemic with 4 distinct national pathways 0-3 for discharge. Our largest percentage falls under Pathway 0, those requiring no further support once discharged. Smallest percentage fall under Pathways 1-3, those who require on-going support once discharged • The average numbers of patients with NCTR reducing but remains above the target of 60 set by the Trust • Additional metric introduced for the average days occupied by patients with NCTR which demonstrates the number of days delayed awaiting discharge and an important patient experience indicator for the average number of days away from home that a patient has after no longer needing to be in acute hospital care • Home first model key priority for the Bolton locality underpinned by an improvement programme to create long-term solutions to issues that are not confined to Winter months but now presenting throughout the year and fall into the 3 categories of admissions prevention; improved internal processes and partnership working • The two short term projects of a Bridging Scheme to release bed capacity earlier by providing short-term care until a package of care is commissioned and the Discharge to Assess Model that allows an early supportive discharge having a positive impact • The Community Reactive Care Oversight Group (CROG) provides overview and scrutiny of the improvement schemes and reports into the Performance and Transformation Board and then up to the Strategy and Operations Committee	• The Committee commended the analysis of NCTR and the progress being made. • Priority noted on those improvement schemes that have the biggest impact in terms of speed or length of days delayed i.e. pathway 1 and dementia high needs beds • It was noted that the day of the week you are declared as having a NCTR does impact on discharge with NCTR numbers going down at the weekend and back up on Mondays and Tuesday with 7 day service availability being a whole of organisation challenge beyond discharge needs • Interim bridging services confirmed as effective but due to requiring 3 handovers are not a scalable solution, with further work to be done to design such a solution. • The Committee to a receive a quarterly update on NCTR • Update well received by the Committee requested consideration by the Chief Operating Officer as to whether the report is to be submitted to the Board of Directors meeting
Digital Performance and Transformation Update	B Walmsley	• The Digital Performance and Transformation Board meeting had been stepped down in January 2023 due to operational pressures. • The Trust had been successful in the front line digitalisation bid and now have an MOU from NHS England that will bring £1.29m of funding for equipment.	NA

Q3 Milestone Review and Q4 Forward View Milestones	R Noble	• The purpose of the review was to provide the granularity around how we report on major areas of strategy and transformation and the associated operational links up to the Board of Directors, with a particular focus on the impact on service users and staff. • 5 priorities set which are aligned to our strategic ambitions: – **Children & Young People** Q3 look back - Maternity CQC inspection, Outputs of 600 Voices project Together, BCG vaccinations Q4 forward look - Maternity Improvement Group, SEND inspection, 0-19 contract renewal process – **Data and Digital** Q3 look back - A&E EPR & Maternity IT kit roll out & EPR update, Pharmacy robot, Community WiFi and ORMIS lone working – 700 devices rolled out Q4 forward look - K2 (Maternity System) contract negotiations, Ward assessment kit audits, Community WiFi and frontline digital monies will be spent – **Performance and Recovery** Q3 look back - UTC pilot went live, PIFU, Frailty model - Older Persons Assessment Unit Q4 forward look - Delivery of 78 week milestone, UEC – Reset urgent care footprint (UTC and SDEC), PIFU, 62 week backlog recovered to pre-pandemic levels, Review of community bed base model – **Recruitment and Retention** Q3 look back - Wellbeing and cost of living support, Apprenticeship target achieved, OD Programmes in Divisions Q4 forward look - Equality, Diversity & Inclusion, NHS Survey, People Plan – **System Transformation** Q3 look back - Defining the 6 neighbourhoods, Locality Governance Established, “Stepping up to the place” self-assessment integration tool has commenced working across the locality. Q4 forward look - Completion of Neighbourhood profiles, Outcome actions of Neighbourhood Maturity matrix, Stepping up to the place" self-assessment integration tool	• The Committee noted the report which was well received as a focussed yet comprehensive update on the ‘majors’ with quality data and information • Significant risk noted pertaining to not securing the 0-19 service contract to be reflected in the BAF • Understanding of how much health screening/monitoring is being carried out through Primary Care via the Neighbourhoods as part of improving population healthto be provided via the health inequalities update at Feb SOC . • A focus on continued improvements in apprenticeships is being maintained with a paper going to People Committee in March 2023 to get to the root cause of the challenges • Request to receive evidence of the impact of PIFU activity including reduction in follow ups and how freed up time is being utilised. This will form part of the benefits realisation work and at a high level the productivity gains from not doing follow ups will be seen in the achievement of the key milestones • Chair requested a one of session with Exec on the approach to quarterly reviews.

Strategy and Operations Committee Chairs Report

Quarterly Review of BAF against Milestone Review	S Katema	• In light of the Q3/Q4 look back/look forward milestone review, this was a light touch review of the BAF against the key milestones relating to ambitions 1.2, 5 and 6.	• The Chair further challenged the Mature risk appetite for Ambition 5 to be Seek • Assurances for the first, second and third lines of defence for Ambition 6 will be in the updated iteration to this meeting in March • Risk pertaining to not securing the 0-19 service contract requested to be explicitly added to the BAF.
Operational Plan 2023-24 Q4 Milestone Review	R Noble	• Operational planning guidance for 2023/24 and 3 key priorities noted along with the approach and anticipated timescales for the delivery of the planning return. • Now required to provide a system response to the GM operational plan rather than an individual plan. Huge amount of preparatory work carried out with Divisions/departments which provides confidence internally in answering the challenges of the operational plan. • Other Board Committees will have sight of the draft operational plan with a final draft submitted to this Committee in February prior to the final version going to the March Board of Directors meeting.	• The Committee noted the update and the positive engagement from 'specialist pods' as part of the planning cycle
Clinical Strategy: Chairs report and Update	F Andrews	• Challenges relating to a lot of Teams who are stuck post-Covid with the here and now issues and do not have the 'mind space' to explore big picture strategic opportunities until these 'now issues' are resolved. The Project Board have fed this back to Archus so they can adapt to Blue Sky thinking versus their original thinking • Key risks to delivery of the strategy are timescales to completion; scope expansion; access to clinical teams and confirmation of Phase 1 funding. The Project Board had therefore taken the decision to defer the strategy for 3 months until June 2023 due to the difficulties in getting the information from Teams.	• The Chair requested that Archus confirm how they will work differently to deliver a fit for purpose, ambitious clinical strategy • The Committee approved the request from the Clinical Strategy Project Board for a 3 months extension to the work prior to final approval by the Board of Directors • The Strategy will be presented through to Trust Management Committee on 9th February.

Items to escalate to the Board:

- Very challenging month in Urgent Care, however improvements observed in January
- Diagnostic wait times – despite improvement of 3.1% in month, a significant way to go
- 2 week wait performance for Cancer expected to further deteriorate for December with work being done on capacity issues to mitigate this.
- Failure of 62 day standard for Cancer - currently on track to meet and slightly ahead of the March 2023 62-day backlog recovery trajectory to 2020 levels
- Risk of not securing the 0-19 service contract requested to be added added to BAF
- Successful focus on major quarterly priorities to aid transformation approach
- 3 month extension approved for Clinical Strategy delivery

Report Title:	Bolton Locality Update

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	26 January 2023		Discussion	x
Exec Sponsor	Fiona Noden		Decision	

Purpose	This paper updates the Bolton FT Board on the development of Integrated Care Systems (ICS) and the approach to implementation for Greater Manchester and Bolton Locality. It also includes an update on the Locality Plan for Bolton
Summary:	Following the successful passing of legislation through parliament, Integrated Care Systems (ICS) were established in England from 1st July 2022. ICS have four aims: - • Improve outcomes in population health and healthcare; • Tackle inequalities in outcomes, experience and access; • Enhance productivity and value for money; • Help the NHS support broader social and economic development. The GM ICS NHS Body has put necessary governance arrangements in place, including single board (ICB), committees and is working through a scheme of delegation, and the delegation of functions to • **Place based partnerships** between NHS, local councils, VCSE, residents, patients and carers. • **Provider collaborative**, bringing NHS providers together across one or more ICSs to secure benefits of working at scale. As a minimum these will cover acute physical and acute mental health services. In response to the national guidance and changes in legislation described above, Bolton's Local Authority and NHS leaders have all contributed to the developing GM ICS and ICB arrangements and worked to develop locality arrangements for Bolton. Most important to Bolton, as a locality is integration at place with a focus on working with our population and our clinical and professional leadership to create one plan that we all work on together to tackle the wider determinants of health and reduce inequalities, improving the health and wellbeing of the population and the ability of statutory services to meet the needs. We will be undertaking a fundamental refresh, of the 2016 Locality plan with wider stakeholder engagement in Quarter 1&2 2023/2024. In tandem to the refresh of the Locality Plan we will be embedding our delivery governance working with all partners and the public through the Strategy, Planning and Delivery Group to agree a shared commitment to planning, designing and delivering a key set of priorities where partners from across the system (blurring the boundaries between commissioning and providing) can make the most difference in terms of outcomes for the people of Bolton.

Previously considered by:	
☐ Strategy and Operations Committee ☐ Finance & Investment Committee ☐ Remuneration & Nominations Committee ☐ Charitable Funds Committee	☐ Executive Committee ☐ Quality & Safety Committee ☐ People Committee ☐ Audit Committee

Proposed Resolution	The Board of Directors are asked to receive this report

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:	Naomi Ledwith, Delivery Director GM ICB (Bolton)	**Presented by:**	Naomi Ledwith, Delivery Director GM ICB (Bolton)

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

(ICS)	Integrated Care Systems
(ICB),	Integrated Care Board

1. National context

Following the successful passing of legislation through parliament, Integrated Care Systems (ICS) were established in England from 1st July 2022.

ICS have four aims: -

- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience and access;
- Enhance productivity and value for money;
- Help the NHS support broader social and economic development.

National guidance sets out the core building blocks of an ICS including: -

- An ICS Partnership, convened between the ICS Board and Local Authorities as a broad strategic alliance;
- An ICS NHS Body, as a statutory NHS organisation, which will deliver the following functions: -
  - Developing a plan to meet the health needs of the population and to ensure NHS services and performance are restored;
  - Allocating resources;
  - Establishing governance arrangements;
  - Arranging for the provision of health services;
  - Leading system implementation of the people plan;
  - Leading system-wide action on data and digital;
  - Working with Councils to invest in local community organisations and infrastructure;
  - Joint work on estates, procurement, supply chain and commercial strategies;
  - Planning for, responding to, and leading recovery from incidents;
  - Primary care and appropriate specialised services, will be devolved from NHSE/I

The GM ICS NHS Body has put necessary governance arrangements in place, including single board (ICB), committees and is working through a scheme of delegation, and the delegation of functions to

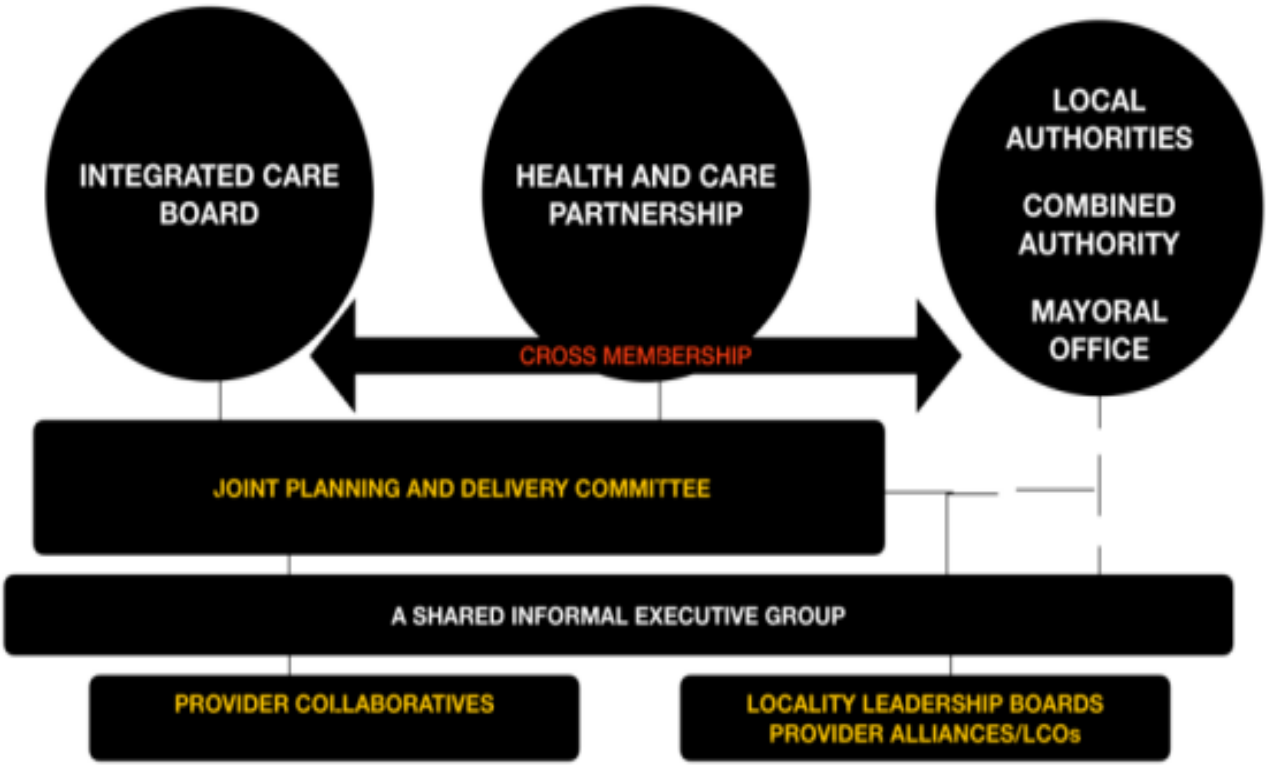
- **Place based partnerships** between NHS, local councils, VCSE, residents, patients and carers.

- **Provider collaborative**, bringing NHS providers together across one or more ICSs to secure benefits of working at scale. As a minimum these will cover acute physical and acute mental health services.

2. Greater Manchester context

In Greater Manchester this meant a shift from the Greater Manchester Health & Social Care Partnership (GMHSCP) arrangements to the new Greater Manchester ICS and ICB, with 10 localities. As shown in Figure 1 below.

Fig 1



The Greater Manchester operating model, is focussed on five 'integrating processes', which we are currently part way through implementing

- Creation of a simple narrative as to how the new system will work
- ICB and ICP governance and priority setting
- Agreeing financial flows and responsibilities
- Signing off locality leadership arrangements
- Agreeing running cost allocations and deploying staff within the national HR framework

As a locality we have taken the GM Operating Model into consideration as our own arrangements develop.

3. Bolton Locality Arrangements

In response to the national guidance and changes in legislation described above, Bolton's Local Authority and NHS leaders have all contributed to the developing GM ICS and ICB arrangements and worked to develop locality arrangements for Bolton.

Most important to Bolton, as a locality is integration at place with a focus on working with our population and our clinical and professional leadership to create one plan that

we all work on together to tackle the wider determinants of health and reduce inequalities, improving the health and wellbeing of the population and the ability of statutory services to meet the needs.

The Bolton Locality Board acts as the Locality Leadership Board, as described in the GM governance model (Fig 1 above) and developing operating model. The Locality Board is the strategic interface between the NHS and wider public sector strategy in the Locality, and Provider Trust Boards.

The Locality Board is underpinned by the governance shown in Fig 2 below.

Fig 2

Locality Governance Structure

Bolton HEALTH AND CARE PARTNERSHIP
Building a brighter future with you in mind

GM ICP/ICB

Bolton ACP — Address Inequalities

Bolton Locality Board – Organisational representation from Bolton FT/ Local Authority/GMMH/VCSE/Health Watch/ Bolton Integrated Partnership/GP Board — Address Inequalities

Bolton HOSC
Overview/scrutiny of health/social care services

Quality Committee

Address Inequalities

Assure the locality on the quality and safety of all health and care interventions – setting strategic direction and reviewing performance and improvement.

Would link to
- GM QSG
- Local Safeguarding Boards
- Local Safeguarding Intelligence group
- Individual Patient Requests and CHC
- System Quality
- Child Death Panel

Primary Care Committee

Address Inequalities

Accountable for oversight of core Contract

Make collective decisions on the on the review, planning and procurement of primary care services in the place under delegated authority from NHS England.

- Quality of PC services
- Core GP Contract
- National pharmacy/ dental/optical contracts

Bolton Health & Care Partnership Strategy, Planning & Delivery Committee

Address Inequalities

Responsible for decisions on the development of the locality strategy, and supporting plans to deliver and overall delivery of and improvement of health and care services including responsibility for joint commissioning
- Locality Plan
- Public Health
- Social Care
- Wider Primary Care GP Contract
- Community Health
- Children Health Social Care
- Mental Health
- Voluntary Sector
- Triple Aim
- Contractual Approval
- Investment / Disinvestment

Work Groups
- Children and Young People
- Mental Health
- Elective Care
- Urgent Care
- Learning Disability and Autism
- Neighbourhood and Communities
- Carers Partnership
- Performance and Outcomes

Enabler Groups
- Digital
- Workforce and Academic partnership
- Brain- Intelligence and research
- Strategic Estates
- Communications
- Voice of the Public

Finance and Assurance Committee

Address Inequalities

Oversight and delivery of finance and operational performance, productivity and efficiency across the system
- System Performance
- Oversight of Bolton £
- Pooled Budgets
- Open Book
- Aligned / In view budgets
- Fee setting
- Locality Finance Plan
- Assurance Framework

Place Based Lead

Address Inequalities

Place Based Leadership Team

Partnership of place based leaders supporting the PBL to deliver the locality plan and locality boards vision across health and social care

Professional and Clinical Reference Group - Multi-professional group who provide oversight and scrutiny on pathways / transformation and help assess impact — Address Inequalities

System Support Functions — Address Inequalities

Comms and Engagement public involvement | Workforce and Academic Partnership | BRAIN Intelligence and Research | Digital

As the senior leadership forum for health and care within Bolton, the Locality Board will oversee:

- the creation and delivery of the Bolton locality health and wellbeing plan
- any delegated responsibilities by GM ICB

4. Locality Plan

The Bolton Locality Plan was written 2016 and refreshed 2019. The plan aims to transform the way we deliver health and care including:

- Shifting care closer to home where possible
- Making better connections between existing services
- Building on community assets

With an initial focus on

- Developing an effective workforce that works with individuals to create better health outcomes
- Creating a single Strategic Commissioning Function (SCF) bringing together our health and care commissioning teams and the commissioning budgets of Bolton Council and Bolton CCG.
- Establishing an Integrated Care Partnership (ICP) which brings together our community health services, mental health, social care and GP services alongside the community voluntary sector and wider services including housing and policing.

With the ambition to break down divides between planning and delivery ensuring that as a locality we work as one team and establishing the “Bolton Way.”

In Bolton we are developing a new way of working with our communities which recognises the aspirations, resources and capabilities which can be mobilised to improve the wellbeing of Bolton people. We are calling this “the Bolton Way” - a reciprocal deal between public services and Bolton people.

This is about emphasising the role and knowledge of our communities and co-producing solutions with them.

- empowering people to take care of themselves and others making sure we provide early intervention when people need it.
- identify and work with personal and community strengths and opportunities rather than focusing on needs and deficits.

The Locality Plan states our joint aims as

- Our children get the best start in life, so that they have every chance to succeed and be happy.
- The health and wellbeing of our residents is improved, so that they can live healthy, fulfilling lives for longer

- People in Bolton stay healthier for longer, and feel more connected with their communities
- Businesses and investment are attracted to the Borough, matching our workforce's skills with modern opportunities and employment
- Our environment is protected and improved, so that more people enjoy it, care for it and are active in it
- Stronger, cohesive, more confident communities in which people feel safe, welcome and connected

The main priorities within the plan are:

- Prevention and Early Intervention
- Mental Wellbeing
- Our Communities: Doing things differently in Bolton
- Workforce development and culture
- Digital First

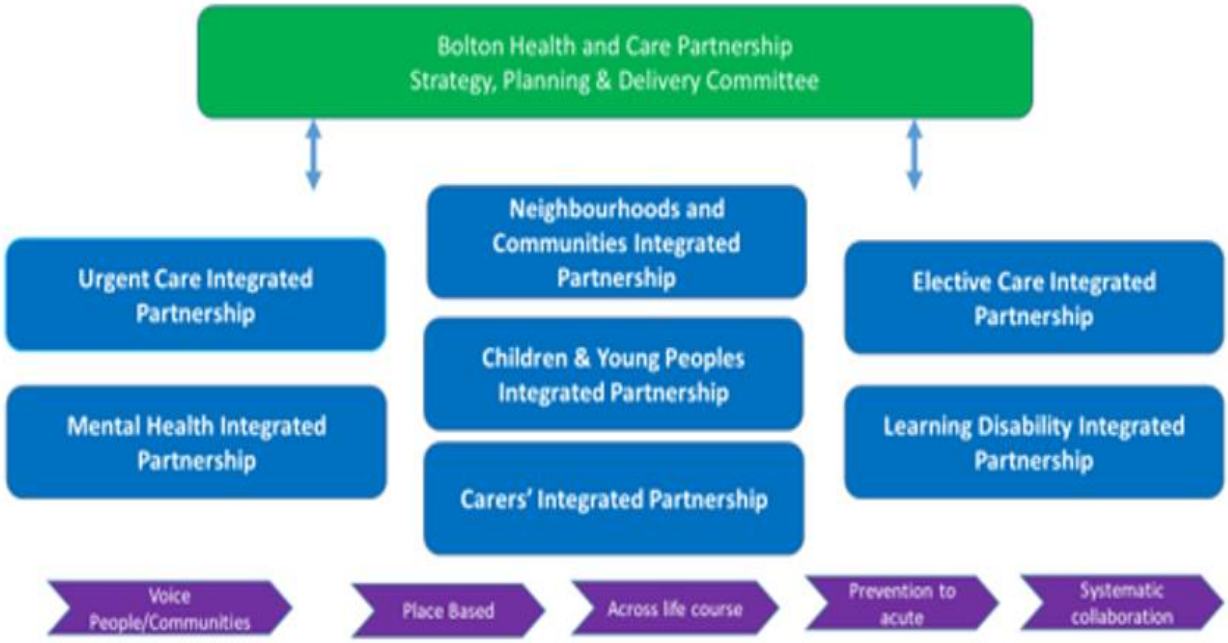
Turning the Locality Plan into delivery was, however, interrupted by the advent of the COVID-19 pandemic and the latest refresh of Locality Plan was produced at a time of unprecedented change, recognising that we don't yet know or understand the full impact that this has had on the health and wellbeing of our people. This refresh did not have significant engagement as it was undertaken quickly during the Covid period in order to give some direction to the recovery phase for Bolton.

Therefore through the Locality Board we will be undertaking a fundamental refresh, with wider stakeholder engagement in Quarter1 & 2 2023/2024 The refresh will reaffirm the localities ambition to: create a population health approach improving health and care outcomes for the people of Bolton, whilst recognising that our plans for the future will need to continue to evolve and respond to those changing needs, within a new governance structure. Like previous refreshes of the strategy, it will not change the overall direction but reflect the evolution of our arrangements, the progress made and the shift in context due to the impact of the Covid pandemic.

5. Delivery Governance

In tandem to the refresh of the Locality Plan we will be embedding our delivery governance working with all partners and the public through the Strategy, Planning and Delivery Group to agree a shared commitment to planning, designing and delivering a key set of priorities where partners from across the system (blurring the boundaries between commissioning and providing) can make the most difference in terms of outcomes for the people of Bolton, within themes described in Fig 3 overleaf.

Fig 3



We have great foundations in Bolton with regards to integrated planning, designing and delivery. We will further enhance this by:

- Ensuring we have an organisational development plan for the place based leadership group to embed positive collaboratively ways of working
- A single coordination approach to support the creation and delivery of a single locality plan
- A clinical and practitioner forum so we can blend clinical and wellbeing models
- A voice of the public engagement approach so we can shape our plans to be effective
- A set of process measures to understand how that we are making a difference for the population.

6. Recommendation

The Board of Directors are asked to receive this paper.

Report Title:	2023/24 Operational Planning Guidance

Meeting:	Board of Directors	**Purpose**	Assurance	x
Date:	26/01/2023		Discussion	
Exec Sponsor	Sharon White		Decision	

Purpose	To inform Board of Directors of the 2023/24 planning guidance publication and Trust response.

Summary:	On 23 December 2022, NHS England (NHSE) released its 2023/24 priorities and operational planning guidance: (https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-december-2022.pdf) This report summarises the key priorities outlined in the guidance, and approach and anticipated timescales for delivery of the planning return.

Previously considered by:	
Strategy and Operations Committee	Executive Committee

Proposed Resolution	The Board of Directors is asked to note the 2023/24 Operational Planning Guidance report.

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:	Francesca Dean Head of Strategy and Planning	**Presented by:**	Sharon White Director of Strategy, Digital and Transformation

1. KEY POINTS

Operational Plan

On 23 December 2022, NHS England (NHSE) released its 2023/24 priorities and operational planning guidance, outlining three priority areas:

1) Prioritise recovering core services and productivity
2) Return to delivering the key ambitions in the NHS Long Term Plan (LTP)
3) Continue transforming the NHS for the future

Against the first two priories, this year's guidance includes 12 national priority areas and 31 objectives. They will form the basis for how NHSE assess the performance of the NHS alongside the local priorities set by systems. - *it should be noted that the technical guidance was subsequently released on 13th January 2023 and details the formal planning targets (KPIs); these will form the basis of our actual planning return.*

The supporting guidance annex sets out the key evidence-based actions to help deliver the objectives, and the resources being made available to support this. All systems are asked to develop plans to implement these which will be led at GM level.

As in previous rounds, Bolton's planning return will be triangulated across activity, workforce and finance with sign off at the Trust Board. However, as with the last few years, we expect a level of scrutiny, oversight and co-ordination of returns from GM. We are currently awaiting formal timescales and requirements for plan submission from both NHS England and GM.

Funding and Planning Assumptions

- The Autumn Statement announced an extra £3.3bn in both 2023/24 and 24/25
- NHSE is issuing two-year revenue-allocations for 2023/24 and 24/25. At national level, total ICB allocations – including COVID-19 and ERF – are flat in real terms, with additional funding available to expand capacity
- Core ICB capital allocations for 2023-25 have already been published. Capital allocations will be topped-up by £300m nationally, with this funding prioritised for systems that deliver agreed budgets in 2022/23
- The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first appointments but not follow-ups) will be to pay unit prices for activity delivered. System and provider activity targets will be agreed through planning as part of allocating ERF on a fair shares basis to systems. NHS England will cover additional costs where systems exceed agreed activity levels.
- ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners. Further details will be set out in the revenue finance and contracting guidance for 2023/24.

2. OPERATIONAL PLAN PRIORITIES

The guidance appears to promote genuine partnership between systems and the centre, with a greater emphasis on outcomes and less prescription on how to achieve them. There is more flexible funding for systems to deliver on local priorities and that the focus on productivity sits alongside continued investment.

The planning guidance acknowledges that prevention and the effective management of long-term conditions are key to improving population health and curbing the ever-increasing demand for healthcare services. This is at the core of integrated care systems' (ICSs') mission but will require split-screen thinking to deliver this longer-term change at the same time as addressing immediate operational pressures.

Digital and workforce, not surprising, feature strongly. Alongside the importance of improving whole system flow, recovering services and keeping a focus on health inequalities throughout.

The guidance is notably shorter with fewer targets and feels more consolidated with 12 national priority areas and 31 supporting objectives. This list, alongside the supporting annex, covers the following areas:

Recovering core service areas:

- Urgent and emergency care
- Community health services
- Primary care
- Elective care
- Cancer
- Diagnostics
- Maternity and neonatal services
- Use of resources

Delivering the key LTP ambitions and transforming the NHS

- Mental health
- People with a learning disability and autistic people
- Embedding measures to improve health and reduce inequalities
- Investing in our workforce
- Digital
- System working

Further details of what is included against these 3 priorities can be found in appendix two and are mostly reflected in the 31 objectives; which can be found in appendix 2.

In addition to operational targets, the key financial arrangements detailed include a 2.2 per cent efficiency target for 2023/24. This includes:

- reduce agency spending across the NHS to 3.7 per cent of the total pay bill in 2023/24

- reduce corporate running costs with a focus on consolidation, standardisation and automation to deliver services at scale across ICS footprints.
- ICB and provider plans should include systematic approaches to understand where productivity has been lost and actions needed to restore underlying productivity including, but not be limited to, measures to:
- support a productive workforce taking advantage of opportunities to deploy staff more flexibly – systems should review workforce growth by staff group and identify expected productivity increases in line with the growth seen
- increase theatre productivity using the Model Hospital System theatre dashboard and associated GIRFT training and guidance, and other pathway and service specific opportunities.

Workforce - no specific workforce targets have been indicated, other than to improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise (https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/). Work already underway as part of the speciality pod reviews and the finance budget setting process will ensure this is triangulated for the operational plan return.

A detailed summary analysis of the guidance priorities, concerns and considerations, provided by the NHS Confederation, can be found here: 2023/24 NHS priorities and operational planning guidance | NHS Confederation

3. PLANNING RETURN – DEVELOPMENT AND OVERSIGHT

The GM planning group commenced its first meeting on 13/01/2022. Final GM arrangements/expectations have yet to be agreed and will be incorporated once known.

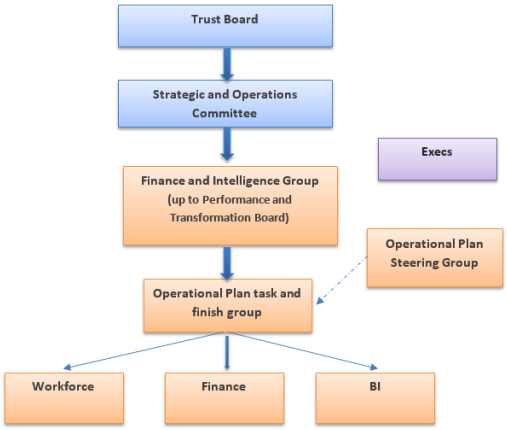
Due to the interdependencies of the planning round with the Locality and GM ICP, we will also work closely with the Bolton Delivery Director in the development and delivery of the wider plan.

Internally the focus for governance will be on Trust Board sign off, with flexible supporting structures to ensure suitable delivery and oversight; given the very tight timescales.

Diagram one provides the governance flow. The meetings highlighted in blue will provide oversight and sign off, with those in orange responsible for the development and delivery of the final planning return.

A highlight report will also go through Execs on overall progress and is a point of escalation outside of formal structures; ensuring we are able to react and respond to the fast changing landscape that often accompanies the planning round.

Diagram One – Planning return governance gateways



A high level summary of the responsibility of each group is detailed below:

- The Director of Strategy, Digital and Transformation will chair a weekly steering group, attended by key Trust leads and Bolton's Delivery Director, to ensure an integrated approach with system partners in development and delivery of the wider plan
- The Head of Strategy & Planning will chair a fortnightly task and finish group with reps from BI, Finance and Workforce to oversee the triangulated development of the Trust planning return
- Each lead area (BI, Finance and Workforce) will be responsible for managing and communicating their individual governance, timescales and sign off requirements
- A monthly highlight report will go through Finance & Intelligence (F&I) Group; where updates will subsequently go through to PTB. This group will provide rigor and support to the development of the planning return
- A senior sign off meeting will sign off the planning return and provide recommendations up to SOC; who will subsequently approve up to Trust Board
- Updates to DDOs, Team brief and other areas will be undertaken as required

Although the development and delivery of the planning return will be closely managed and work flexibility to respond to the requirements, an anticipated timeline for approval can be found in table one.

As we have yet to receive timescales from both GM and the National Teams, this is an estimation of key dates and actions and will need to be updated, however, the timescales are already notably tight.

Table One - Timeline for approval

Key Tasks	Estimated Completion date:
2023/24 National operational planning guidance issued	23/12/22

Operational Technical guidance issued	13/01/2023
SOC launch update	23/01/2023
Board launch update	26/01/2023
Triangulated senior sign off and recommendations	Early Feb 23
SOC - draft plan sign off	20/02/2023
Trust Board – update/draft plan sign off	23/03/2023
Draft Finance, Activity and Workforce Submissions to GM	w/c 06/03/2023
Finance, Activity and Workforce Submissions to NHSI	31/03/2023

4. RECOMMENDATIONS

The Board of Directors is asked to note the update and approach to the 2023/24 operational planning return.

APPENDIX ONE – Priorities content summary

1 To improve patient safety, outcomes and experience it is imperitive that we..

- Improve ambulance response and A&E waiting times
- Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- Make it easier for people to access primary care services, particularly general practice
- **Recovering productivity and improving whole system flow are critical to achieving these objectives. Essential actions include:**
- Reducing ambulance handover times/delays
- Bed occupancy and outpatient follow-ups relative to first appointments
- Increasing day case rates and theatre utilisation
- Moving to self-referral for many community services where GP intervention is not clinically necessary
- Increasing use of community pharmacies
- Increase capacity in beds, intermediate care, diagnostics, ambulance services and the permanent workforce (these actions are supported by specific investment, including those jointly with local authorities to improve discharge)
- **Our people are the key to delivering these objectives** and our immediate collective challenge is to improve staff retention and attendance through a systematic focus on all elements of the NHS People Promise. NHS England is leading the development of a Long Term Workforce Plan which will be published next spring
- **We must continue to narrow health inequalities in access, outcomes and experience**, including across services for children and young people. And we must maintain quality and safety in our services, particularly in maternity services.The NHS has an important role in supporting the wider economy and our actions to support the physical and mental wellbeing of people will support more people return to work.

2 & 3 We need to create stronger foundations for the future, with the goals of the NHS Long Term Plan our 'north star'.

- **Core commitments to improve mental health services and services for people with a learning disability and autistic people**
- **Prevention and the effective management of long-term conditions are key** to improving population health and curbing the ever increasing demand for healthcare services. *NHS England will work with integrated care systems (ICSs) to support delivery of the primary and secondary prevention priorities set out in the NHS Long Term Plan.*
- **Put the workforce on a sustainable footing for the long term**. *NHS England is leading the development of a NHS Long Term Workforce Plan and government has committed to its publication next spring.*
- **The long-term sustainability of health and social care depends on having the right digital foundations.** *NHS England will continue to work with systems to level up digital infrastructure and drive greater connectivity – this includes development of a 'digital first' option for the public and further development of and integration with the NHS App to help patients identify their needs, manage their health, and get the right care in the right setting."*
- **Transformation needs to be accompanied by continuous improvement**. Successful improvement approaches are abundant across the NHS but they are far from universal. *NHS England will develop the national improvement offer to complementlocal work, using what we have learned from engaging with over 1,000 clinical and operational leaders in the summer.*

APPENDIX TWO – National Priorities

	Area	Objective
Recovering our core services and improving productivity	**Urgent and emergency care***	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system- specific activity target (agreed through the operational planning process)
	Cancer	Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
		Increase the number of adults and older adults accessing IAPT treatment
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
		Work towards eliminating inappropriate adult acute out of area placements
		Recover the dementia diagnosis rate to 66.7%
		Improve access to perinatal mental health services
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
		Continue to address health inequalities and deliver on the Core20PLUS5 approach

**ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;*

Title:	Integrated Performance Report

Meeting:	Board of Directors	**Purpose**	Assurance	X
Date:	26/01/2023		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	**Presented by:**	James Mawrey

Bolton NHS Foundation Trust

Integrated Performance Report

December 2022

Guide to Statistical Process Control

Bolton NHS Foundation Trust

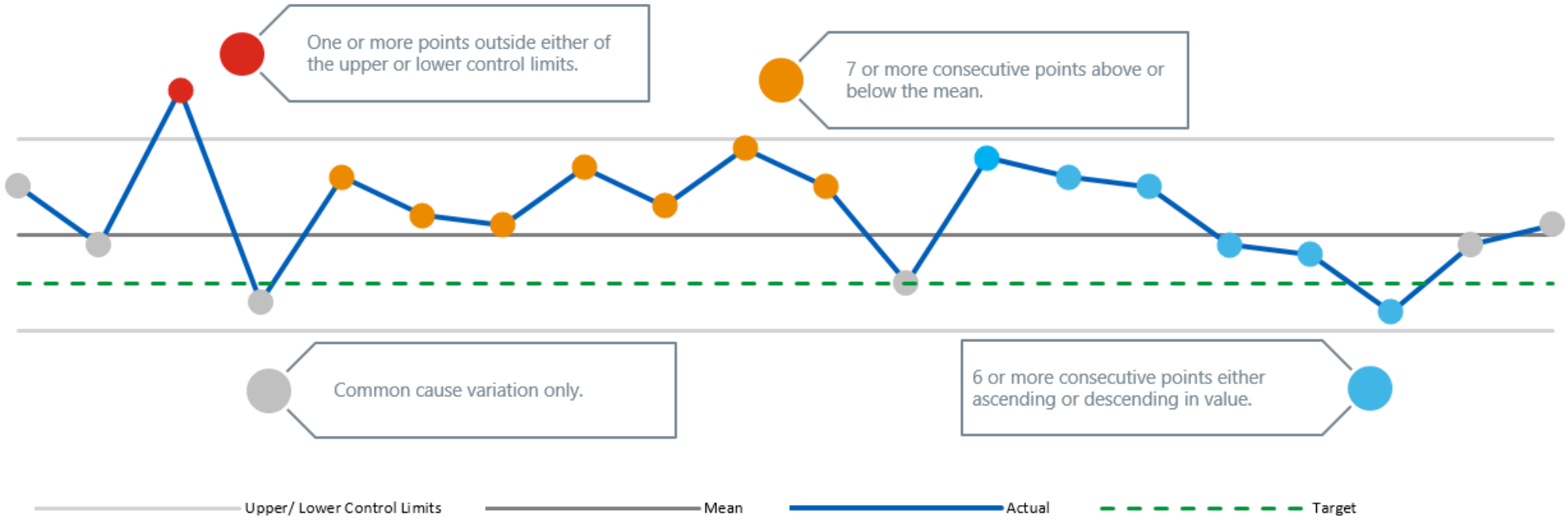
Statistical process control (SPC) is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. Understanding how to react to data is the most important thing, not the detail 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		
								
Quality and Safety								
Harm Free Care	12	1	1	2	1	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	10	1	0	0	5	2	0	14
Maternity	8	0	0	0	1	1	0	8
Operational Performance								
Access	4	0	0	4	3	0	8	3
Productivity	9	0	1	4	1	3	4	7
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	1	0	1	1	0	3	0	0
Finance								
Finance	0	1	0	0	2	0	0	3
Appendices								
Heat Maps								

Variation

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

Assurance

	Indicates that we are consistently meeting the target for the indicator in question.
	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.

Quality and Safety

Harm Free Care

Hospital
Twenty –three pressure Ulcers were reported in December. 14 of these were graded as category 2; this demonstrated common cause variation and two of these were graded as category 3, which demonstrated special cause variation. Also included was 7 x unstageable.
Tissue viability continue to deliver education and training to improve recognition and management of patients at risk. Bespoke training for hospital matrons was well received on 31st January. Purpose T training has now been delivered Trust wide and is embedded in practice. The Quality Improvement Pressure Ulcer Prevention Collaborative commenced October 2022, the next meeting is scheduled for March 2023 with monthly expert panel meetings taking place. Pressure Ulcers is an identified work stream as part of the monthly Quality Forum.

Community
Twenty-three Pressure Ulcers were reported in December. 14 of these were category 2; this demonstrated special cause variation and one of these was category 3, which demonstrated special cause variation. Also included was 8 x unstageable.
The new risk assessment tool, Purpose T has been embedded in community, intermediate care and the admissions avoidance team. Tissue viability service continue to deliver education and training to improve recognition and management of patients at risk.. Community are also participating in the Quality Improvement pressure ulcer collaborative and are members of the expert panel.

Pressure Ulcer Collaborative
A learning session one took place on 19th October 2022 with representatives from all ward based areas, community and district nursing teams; and nursing/care homes within the Bolton locality. Learning session two is scheduled to take place on 15th March 2023. Save the dates/invites have been issued to those who attended the first session on 19th October to provide the appropriate notice period. Attendance will be co-ordinated by divisions to ensure appropriate representation. Content of the session is in development through the Pressure Ulcer Expert Panel, but will include hearing back from teams with their driver diagrams and then the focus shall be on the development of tests of changes. It's already been identified that focus will include moisture lesions and suspected deep tissue injuries (SDTI) as these are often the early warning signs for pressure ulcers and may become category 2s or worse.

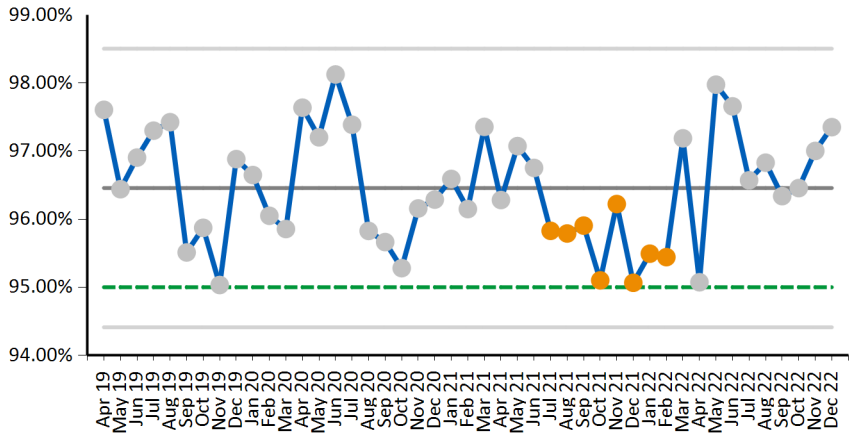
Pressure Ulcer Incident reporting
Incident reporting increased during December 2022. We received 589, (November 2022 541) At present we have received 410 incident reports regarding pressure ulcers for the month of January. In December, we had 41 Deep Tissue Injuries reported in the Hospital site and 12 in Community. These have the potential to evolve to become a true pressure ulcer or resolve. January figures could potentially see a further increase in pressure ulcer numbers specifically on the Hospital site.

Falls
Our YTD performance is currently at 4.74 falls per 1000 bed days. This means we continue to remain under our local target, which is 5.3 falls per 1000 bed days and is an improvement on November's position of 4.92. Falls with harm were zero in December. Falls prevention QI initiatives utilising falls sensors and visual displays of falls risk (yellow) are due to commence on the 23rd of January 2023. From w/c 19th December 2022 we have implemented a practice review process in conjunction with ECAST. Ramblegard training for the Enhanced Care Team and Laburnum Lodge staff has been completed in January 2023. Ramblegard will then be re-introduced as prescribed care for patients identified by the Enhanced Care Team and therapists in laburnum lodge.

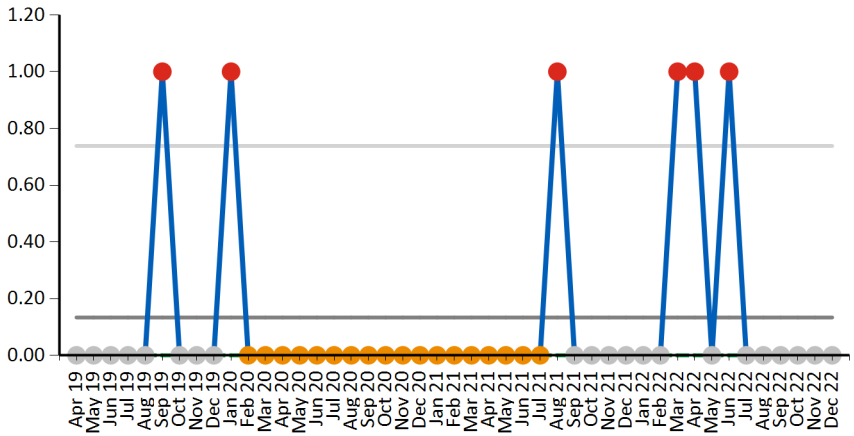
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
6 - Compliance with preventative measure for VTE	>= 95%	97.4%	Dec-22		>= 95%	97.0%	Nov-22	>= 95%	96.8%	
9 - Never Events	= 0	0	Dec-22		= 0	0	Nov-22	= 0	2	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	4.42	Dec-22		<= 5.30	4.92	Nov-22	<= 5.30	4.74	
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	0	Dec-22		<= 1.6	4	Nov-22	<= 14.4	19	
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	14.0	Dec-22		<= 6.0	13.0	Nov-22	<= 54.0	106.0	
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	2.0	Dec-22	H	<= 0.5	0.0	Nov-22	<= 4.5	7.0	
17 - Acute Inpatients acquiring pressure damage (category 4)	= 0.0	0.0	Dec-22		= 0.0	0.0	Nov-22	= 0.0	1.0	
515 - Acute Inpatients acquiring pressure damage (unstagable)		7	Dec-22			8	Nov-22		46	
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	16.0	Dec-22	H	<= 7.0	15.0	Nov-22	<= 63.0	124.0	
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	1.0	Dec-22	L	<= 4.0	2.0	Nov-22	<= 36.0	6.0	
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	0.0	Dec-22		<= 1.0	2.0	Nov-22	<= 9.0	4.0	
516 - Community patients acquiring pressure damage (unstagable)		10	Dec-22			5	Nov-22		49	
28 - Emergency patients - screened for Sepsis (quarterly)	>= 90%	95.0%	Q3 2022/23		>= 90%	76.4%	Q2 2022/23	>= 90%	86.8%	
29 - Emergency patients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	100.0%	Q3 2022/23		>= 90%		Q2 2022/23	>= 90%	100.0%	
513 - Inpatients - screened for Sepsis (quarterly)	>= 90%	24.0%	Q3 2022/23		>= 90%	22.0%	Q2 2022/23	>= 90%	28.0%	
514 - Inpatients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	100.0%	Q3 2022/23		>= 90%	100.0%	Q2 2022/23	>= 90%	100.0%	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
30 - Clinical Correspondence - Inpatients %<1 working day	>= 95%	71.1%	Dec-22		>= 95%	75.0%	Nov-22	>= 95%	75.7%	F
31 - Clinical Correspondence - Outpatients %<5 working days	>= 95.0%	64.6%	Dec-22		>= 95.0%	67.8%	Nov-22	>= 95.0%	64.2%	F
86 - Patient Safety Alerts	= 100%	0.0%	Dec-22	L	= 100%	0.0%	Nov-22	= 100%	55.6%	?
88 - Nursing KPI Audits	>= 85%	94.2%	Dec-22	H	>= 85%	94.9%	Nov-22	>= 85%	93.3%	P
91 - Report to patient/family within 60 working days of incident declaration	= 100%	100.0%	Dec-22		= 100%	0.0%	Nov-22	= 100%	26.7%	?

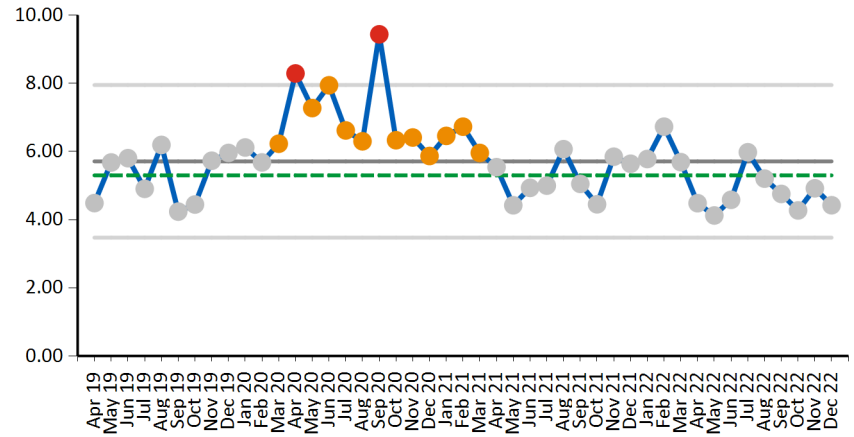
6 - Compliance with preventative measure for VTE



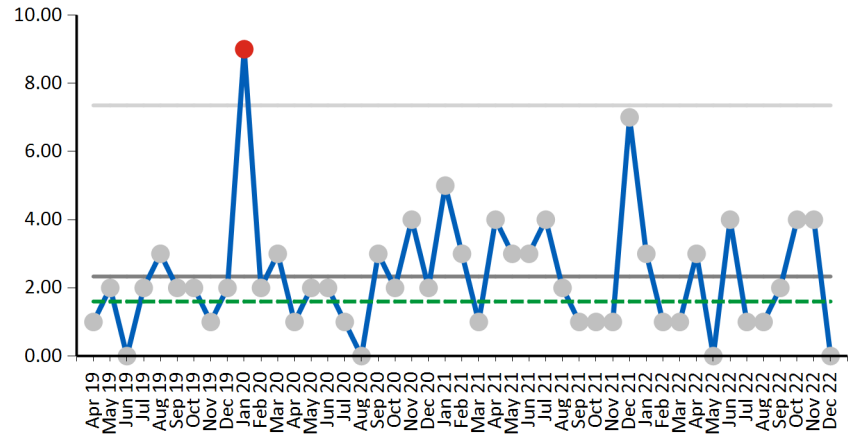
9 - Never Events



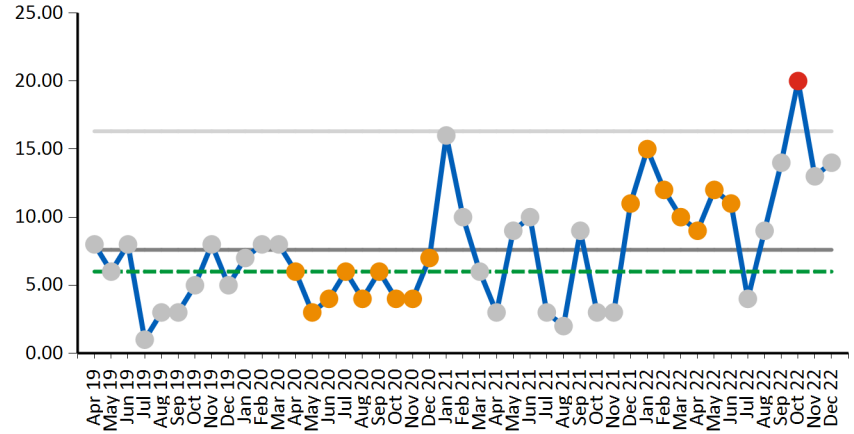
13 - All Inpatient Falls (Safeguard Per 1000 bed days)



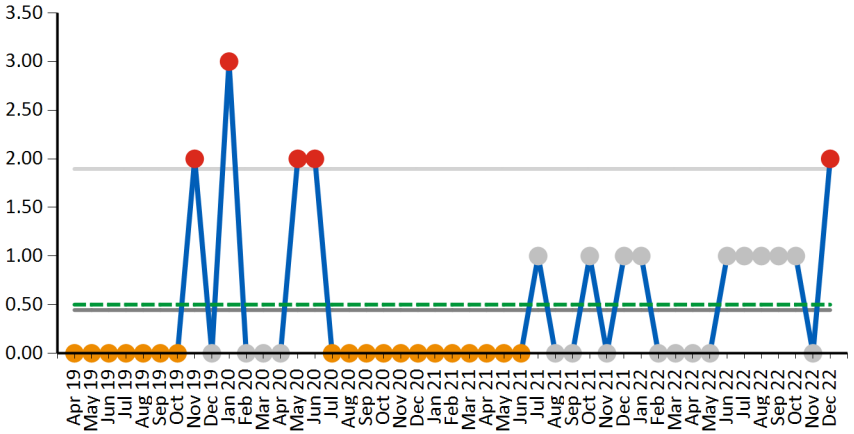
14 - Inpatient falls resulting in Harm (Moderate +)



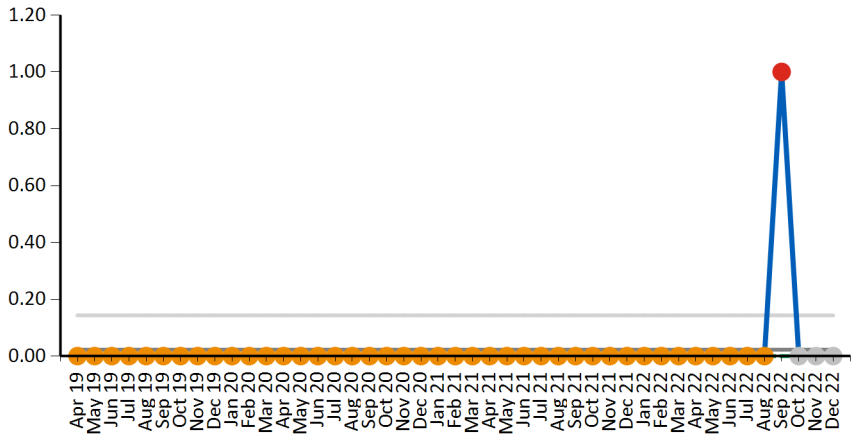
15 - Acute Inpatients acquiring pressure damage (category 2)



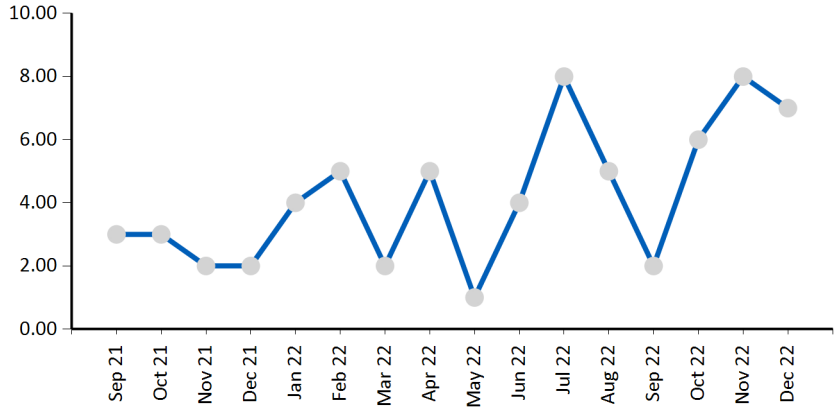
16 - Acute Inpatients acquiring pressure damage (category 3)



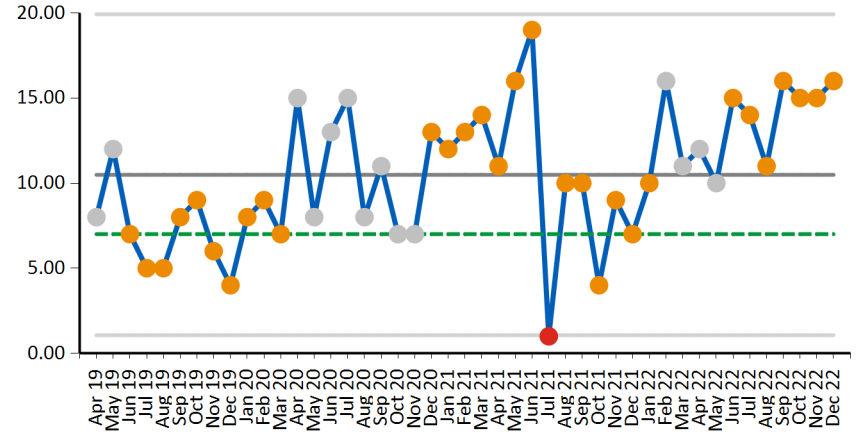
17 - Acute Inpatients acquiring pressure damage (category 4)



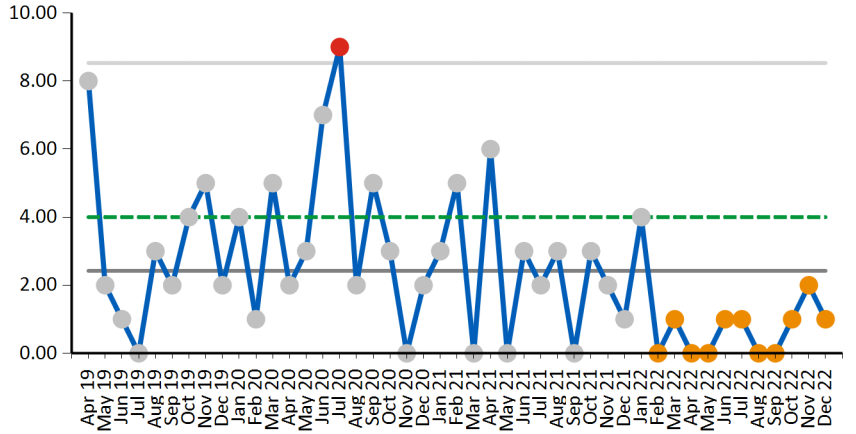
515 - Acute Inpatients acquiring pressure damage (unstagable) - SPC data available after 20 data points



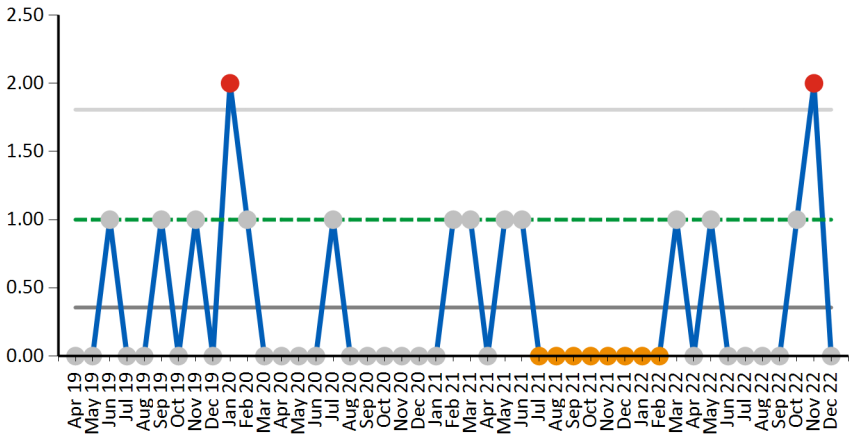
18 - Community patients acquiring pressure damage (category 2)



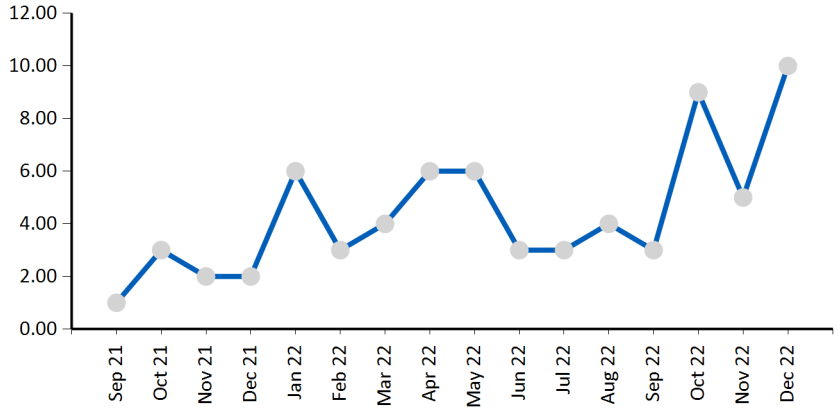
19 - Community patients acquiring pressure damage (category 3)



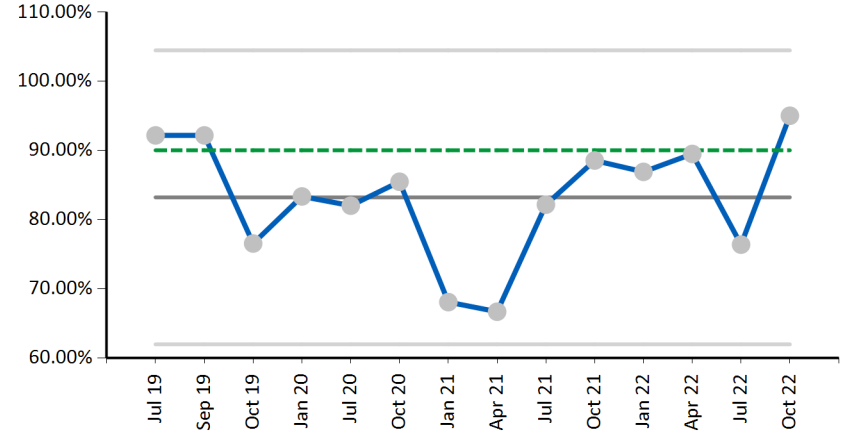
20 - Community patients acquiring pressure damage (category 4)



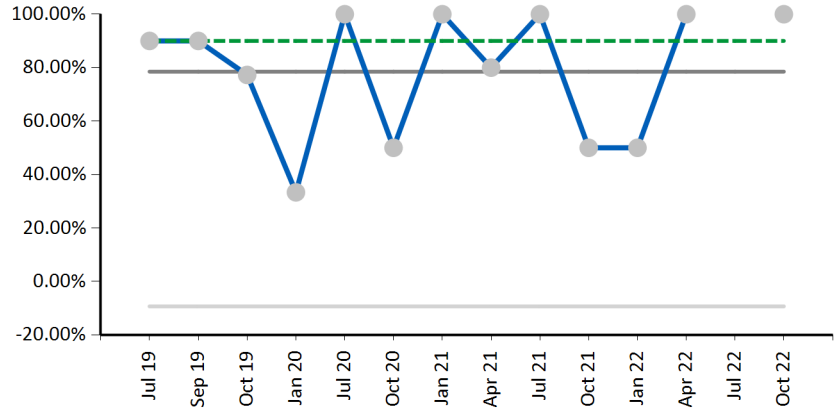
516 - Community patients acquiring pressure damage (unstagable) - SPC data available after 20 data points



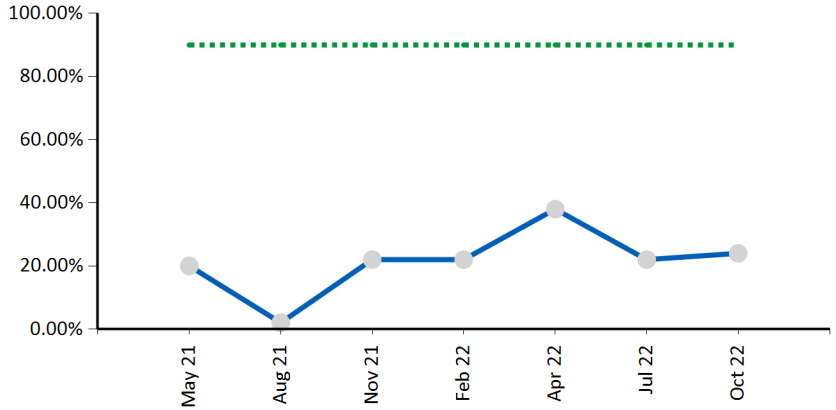
28 - Emergency patients - screened for Sepsis (quarterly)



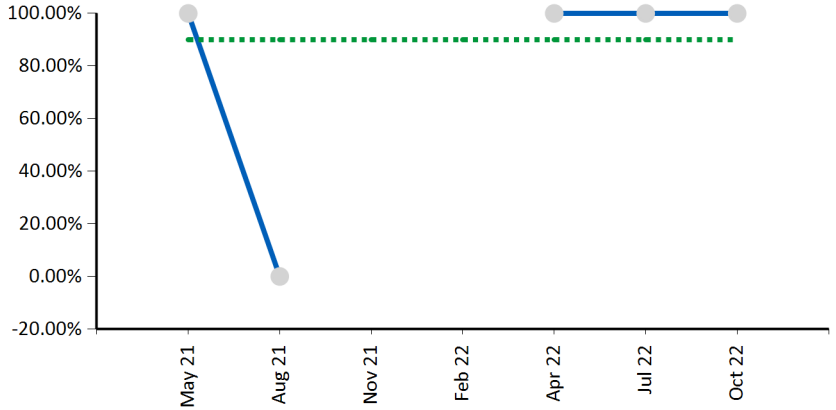
29 - Emergency patients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)



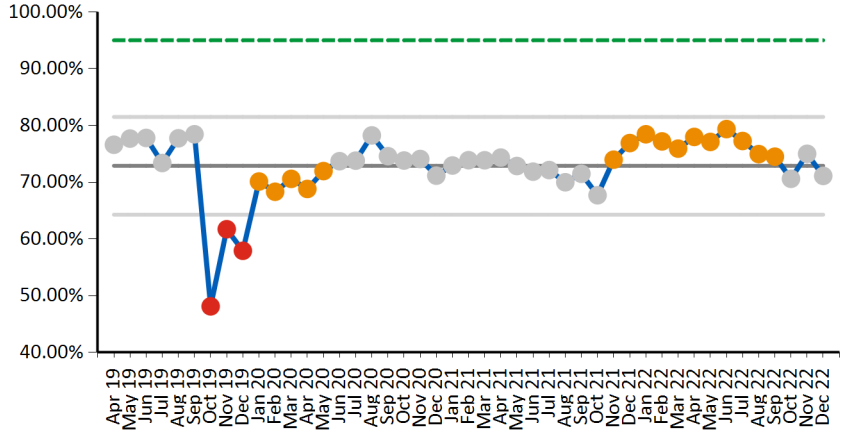
513 - Inpatients - screened for Sepsis (quarterly) - SPC data available after 20 data points



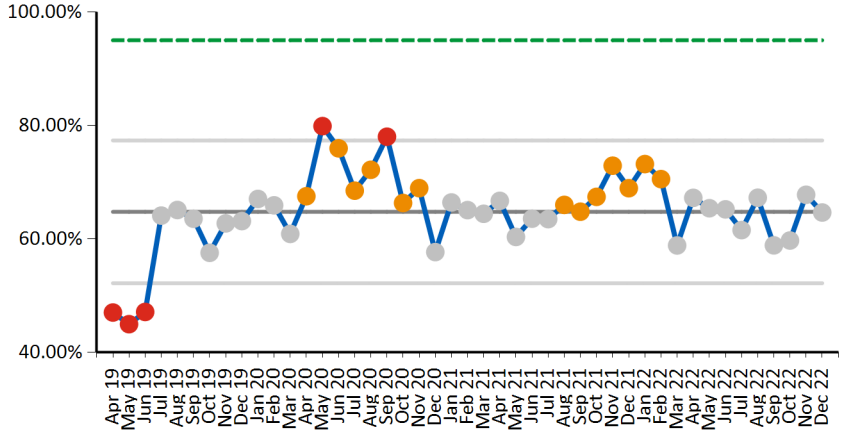
514 - Inpatients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly) - SPC data available after 20 data points



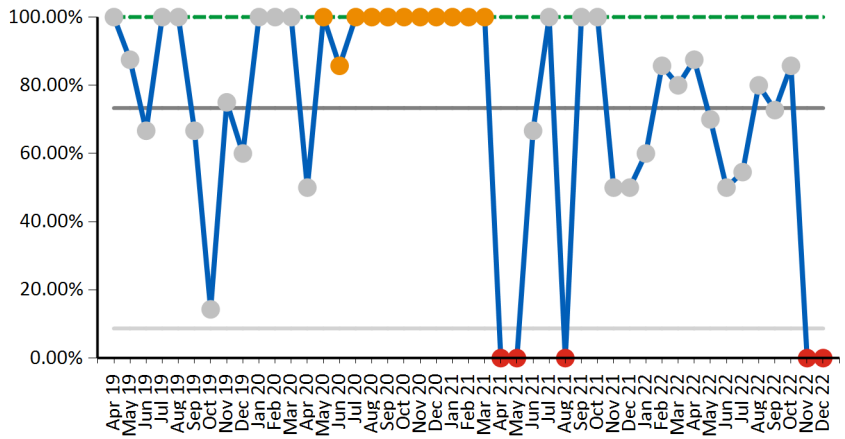
30 - Clinical Correspondence - Inpatients %<1 working day



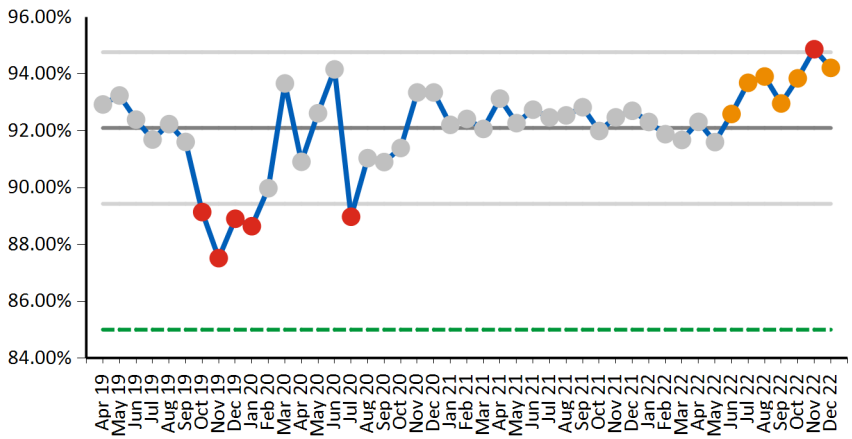
31 - Clinical Correspondence - Outpatients %<5 working days



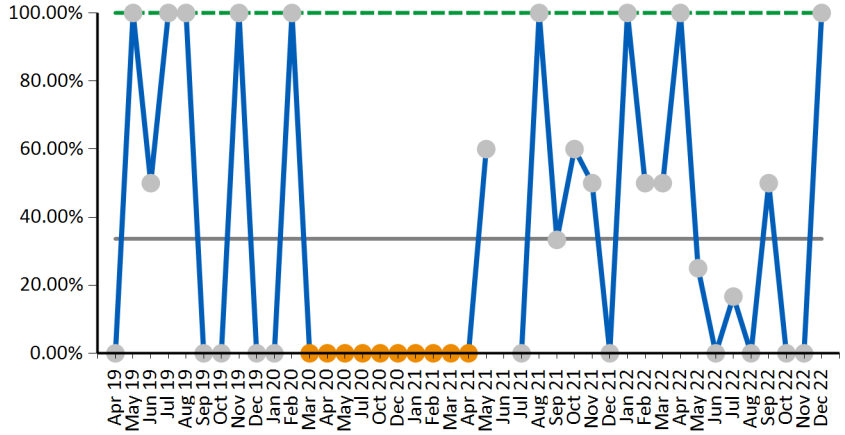
86 - Patient Safety Alerts



88 - Nursing KPI Audits



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



Infection Prevention and Control

There has been a general improvement in the incidence of Clostridium difficile infections although not statistically relevant yet and still above the monthly objective. Changes have been made to the antibiotic prescribing in the Electronic Prescribing and Management and Administration system (EPMA) so that a prescriber selects the indication for treatment first and is offered options in line with the prescribing formulary as per the Acute Adult Care Division Quality Account for 2022/23. Over time this will improve the reliability of prescribing in line with the formulary as new staff trained in the system will be taught this as the primary route for prescribing. There are still issues with the principles of SIGHT (Suspect infection, Isolate, Gloves and aprons, Hand WASHING, Test) for patients with loose stools. In order to understand this in more detail, audits of the application of this – in particular of suspecting infection, isolating and sending a sample for testing – have been started in January by the IPC team and will commence reporting into IPC Committee from February.

Cases of flu infection have been unusually high so far in line with the concerns of UK Health Security Agency (UKHSA) in the summer resulting in a 'twindemic' – a surge of flu and COVID-19 cases. Flu has created more of a pressure than COVID-19 and there have notably been more severe infections caused by flu cases than ordinarily seen. The number of cases in week commencing 02/01/23 were 40 compared with 201 cases at the peak (week commencing 12/12/22) and flu cases may have peaked. Local flu vaccine provision has now been re-started as staff who chose not to have the vaccine earlier in the year have now seen the impact of flu infections.

Improvements have been seen in most of the other HCAI metrics in December (E. coli, Pseudomonas aeruginosa and MSSA bloodstream infections as well as blood culture contaminants). The exception is no noted improvement in the cases of Klebsiella spp. bloodstream infections.

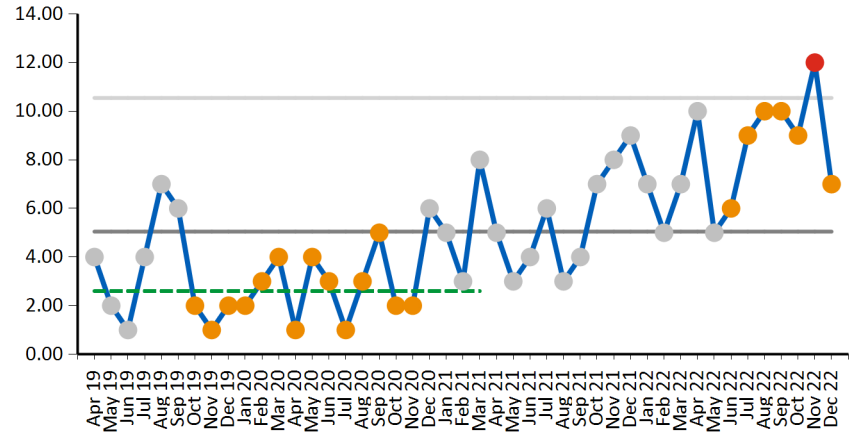
To note:
The measures for 215 and 346 are combined for measure 347 for which there is a plan based on the last published objectives from NHS England for 2019/20.

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.

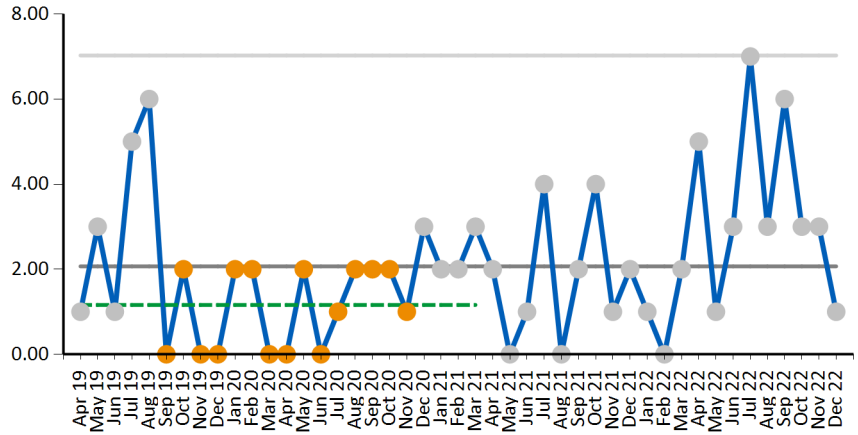
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
215 - Total Hospital Onset C.diff infections		7	Dec-22			12	Nov-22		78	
346 - Total Community Onset Hospital Associated C.diff infections		1	Dec-22			3	Nov-22		32	
347 - Total C.diff infections contributing to objective	<= 3	7	Dec-22		<= 3	12	Nov-22	<= 23	97	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Dec-22		= 0	0	Nov-22	= 0	21	
218 - Total Trust apportioned E. coli BSI (HOHA + COHA)	<= 2	4	Dec-22		<= 2	6	Nov-22	<= 16	47	
219 - Blood Culture Contaminants (rate)	<= 3%	2.6%	Dec-22		<= 3%	3.9%	Nov-22	<= 3%	3.3%	
199 - Compliance with antibiotic prescribing standards	>= 95%	73.4%	Q1 2022/23		>= 95%	74.8%	Q2 2021/22	>= 95%	73.4%	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
304 - Total Trust apportioned MSSA BSIs	<= 1.0	1.0	Dec-22		<= 1.0	4.0	Nov-22	<= 9.0	24.0	
305 - Total Trust apportioned Klebsiella spp. BSIs (HOHA + COHA)	<= 1	3	Dec-22		<= 1	2	Nov-22	<= 5	20	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs (HOHA + COHA)	= 0	0	Dec-22		= 0	0	Nov-22	= 0	5	
491 - Nosocomial COVID-19 cases		32	Dec-22			58	Nov-22		409	

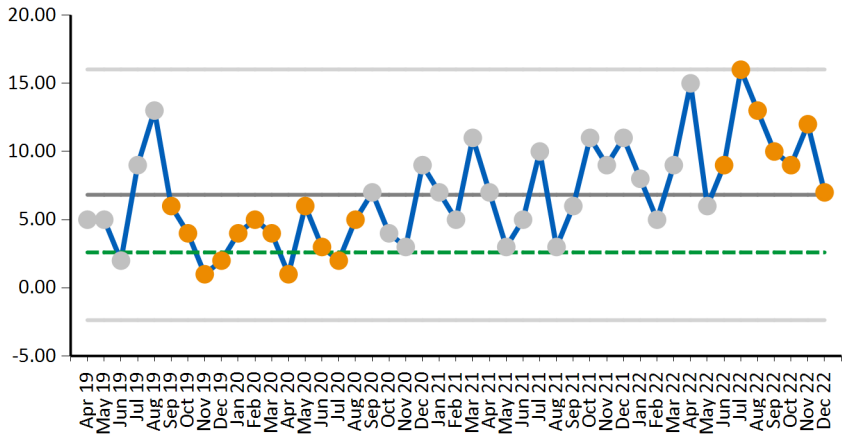
215 - Total Hospital Onset C.diff infections



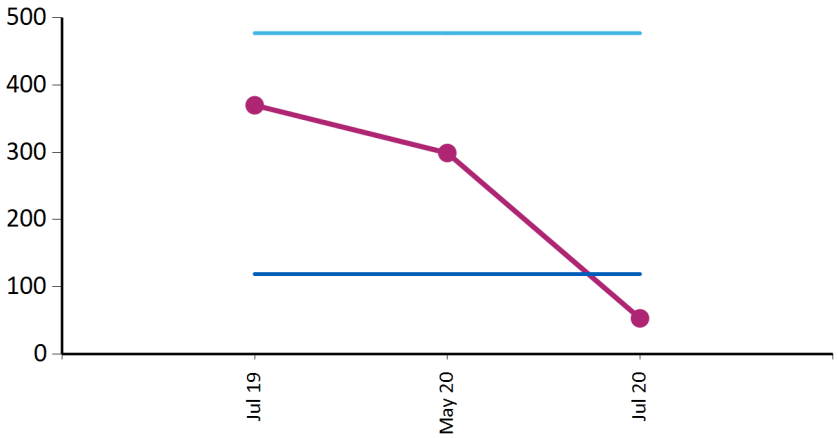
346 - Total Community Onset Hospital Associated C.diff infections



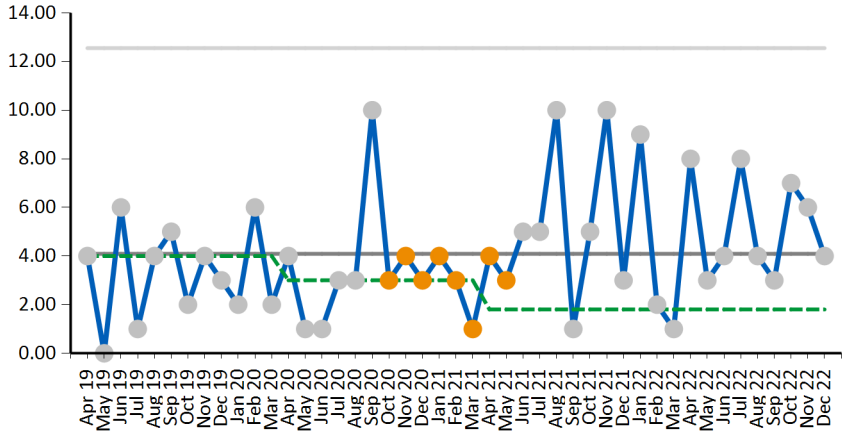
347 - Total C.diff infections contributing to objective



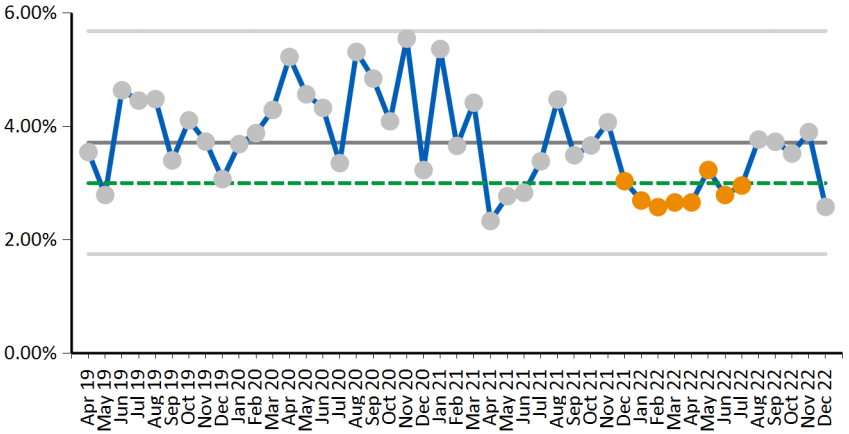
217 - Total Hospital-Onset MRSA BSIs - G Chart (Days Between Cases)



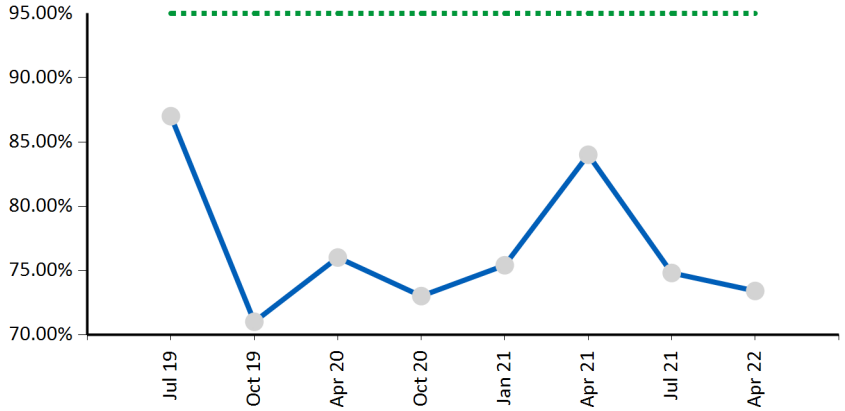
218 - Total Trust apportioned E. coli BSI (HOHA + COHA)



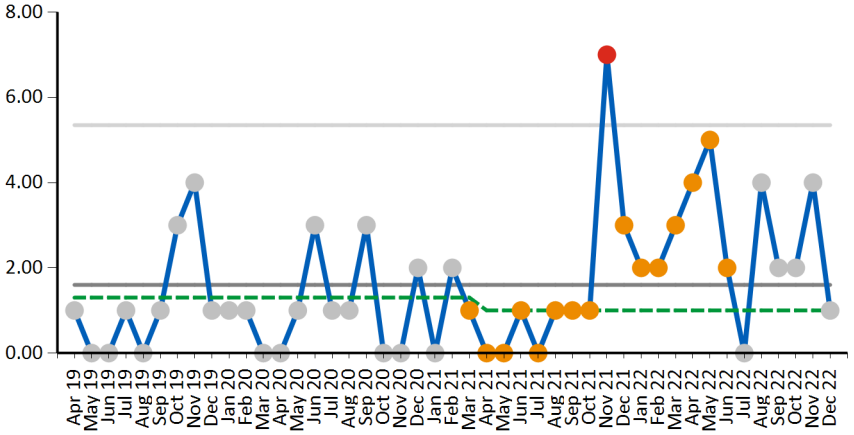
219 - Blood Culture Contaminants (rate)



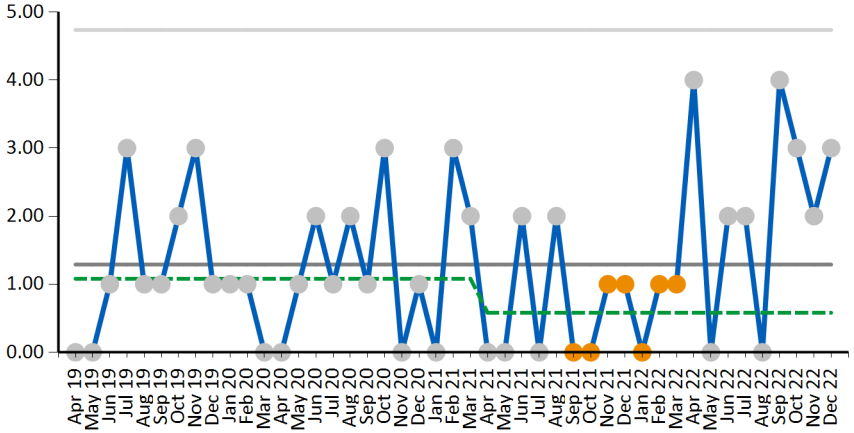
199 - Compliance with antibiotic prescribing standards - SPC data available after 20 data points



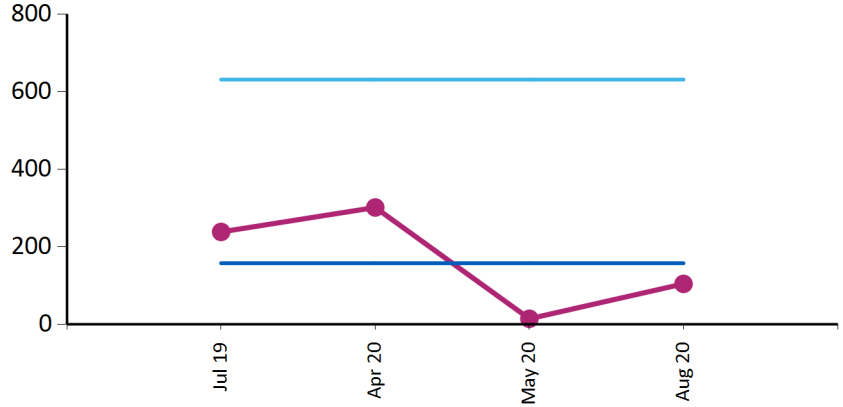
304 - Total Trust apportioned MSSA BSIs



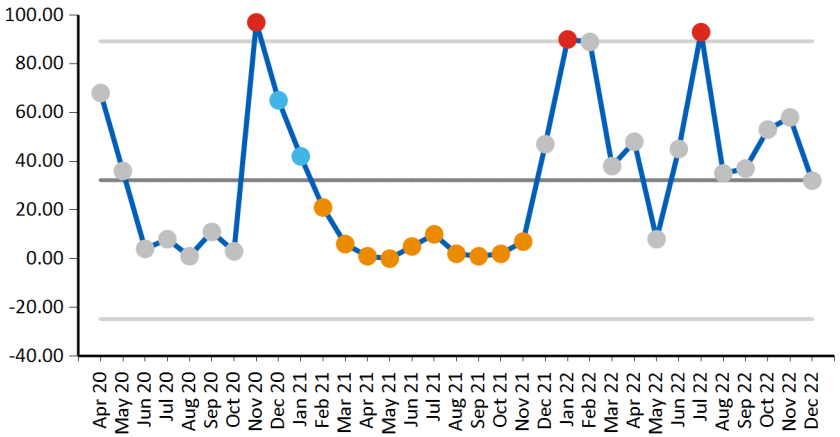
305 - Total Trust apportioned Klebsiella spp. BSIs (HOHA + COHA)



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



491 - Nosocomial COVID-19 cases



Mortality

Crude – in month is slightly above Trust target and average for the period. The rate has remained 'in control' for the previous two years.

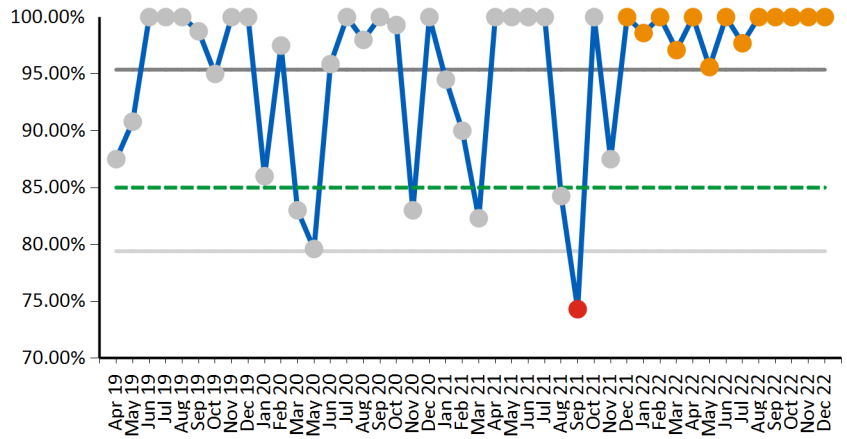
HSMR – in month figure is within control limits but above average for the time frame. The 12 month average to September 2022 is 111.72, this has just tipped over into a 'Red' alert.

SHMI – In month figure is above target and the average for the time period but has remained 'in control' for the previous 25 months. The published rolling average for the period September 2021 to August 2022 is 106.63 'as expected'.

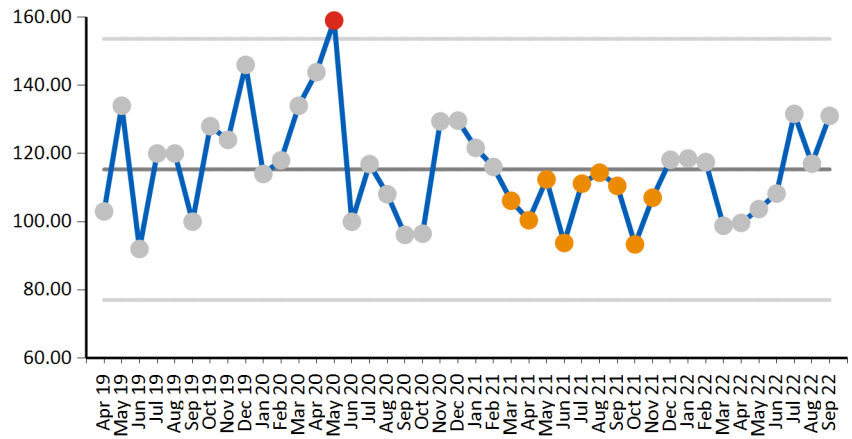
The proportion of coded records at time of the snapshot download is above the target. The proportion of Charlson comorbidities and the Depth of Recording remain similar to previous months.

	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%	Dec-22		>= 85%	100.0%	Nov-22	>= 85%	99.3%	
495 - HSMR		131.04	Sep-22			117.02	Aug-22		131.04	
11 - Summary Hospital-level Mortality Indicator (SHMI)	<= 100.00	128.92	Jul-22		<= 100.00	117.33	Jun-22	<= 100.00	128.92	
12 - Crude Mortality %	<= 2.9%	3.0%	Dec-22		<= 2.9%	2.5%	Nov-22	<= 2.9%	2.4%	
519 - Average Charlson comorbidity Score (First episode of care)		4	Sep-22			4	Aug-22		22	
520 - Depth of recording (First episode of care)		6	Sep-22			6	Aug-22		38	
521 - Proportion of fully coded records (Inpatients)		99.2%	Sep-22			98.8%	Aug-22		97.7%	

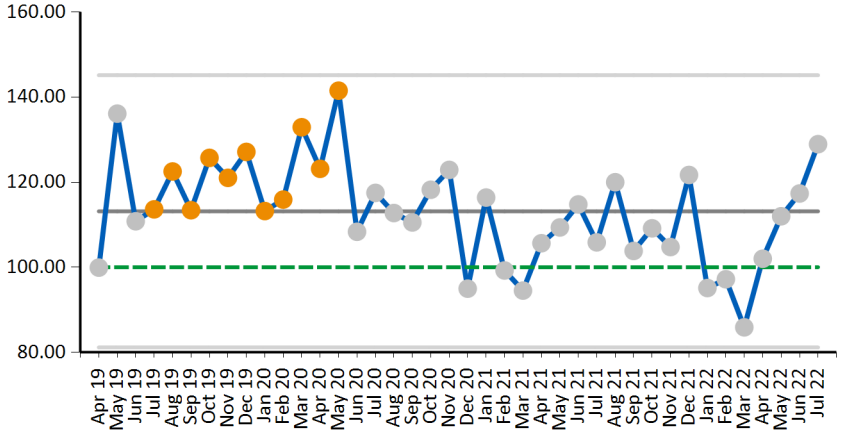
3 - National Early Warning Scores to Gold standard



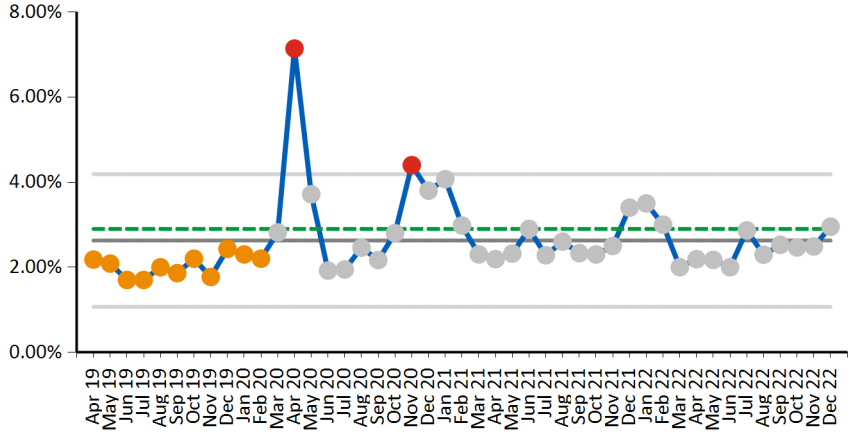
495 - HSMR



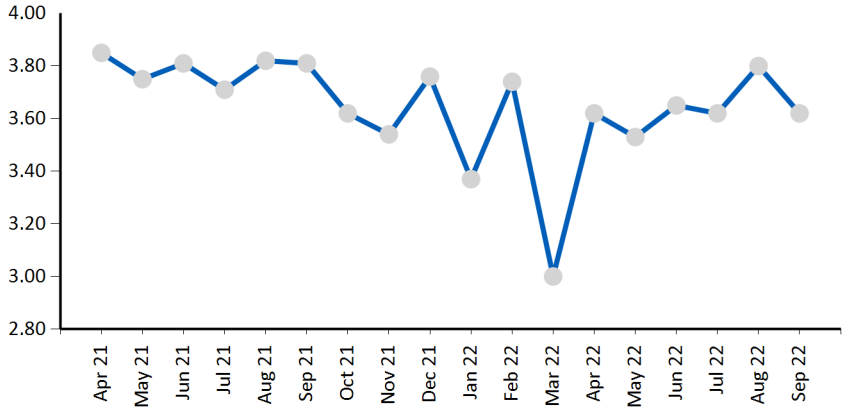
11 - Summary Hospital-level Mortality Indicator (SHMI)



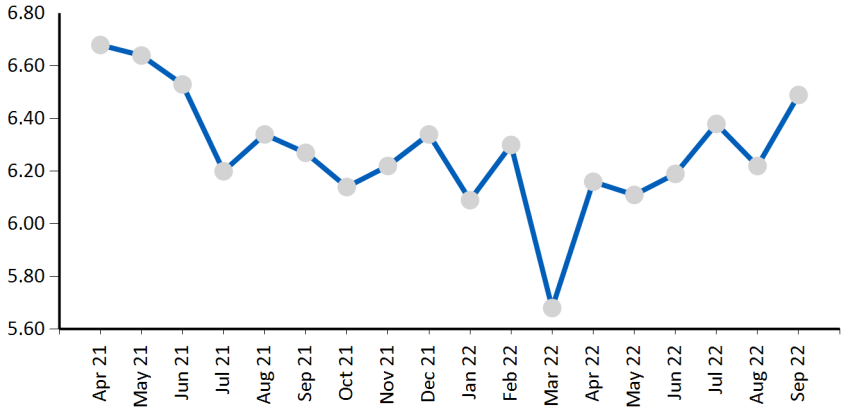
12 - Crude Mortality %



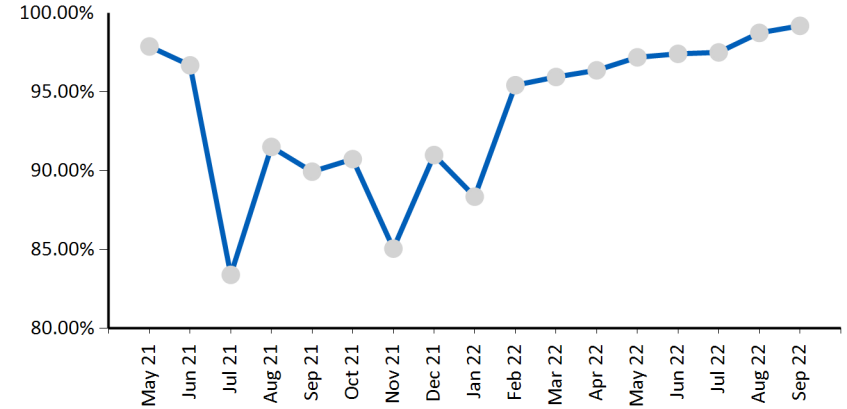
519 - Average Charlson comorbidity Score (First episode of care) - SPC data available after 20 data points



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 45.5% of complaints responded to within timescales against a target of 95%. December 2022 response fell despite an improvement on previous months although remains within process limits however at the lower limit. In December 22 complaints were due to be responded to, of those 10 were sent within timescales, seven were responded to outside of timeframe with five are at the quality checking stages in readiness for sign off.

Focused work has been undertaken to reduce the overall number 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. Internal KPIs have been identified for each stage of the complaints process to identify any stage where issues arise. From January 2023, complaints have started to be risk assessed at the outset with differing response timeframes for more complex complaints in line with other organisations.

FFT
Response rates for ED, antenatal, hospital postnatal and community postnatal are indicating a special cause variation concern however all are within process limits.

The Patient Experience Team are working with those areas to encourage staff to seek feedback and identify alternative means for patients to provide feedback. Where recommendation rates fell below 90%, Divisional leads are working on the narrative provided with the feedback to identify learning outcomes. All ward managers have access to the database to enable self-serve to take place with training packages provided. Further training is being organised with the provider.

A thematic analysis of FFT has been undertaken across the divisions and has highlighted the following:
Positive themes:
• Kind, Caring and compassionate staff
• Listening to patients and providing relevant information to patients and carers.
• Efficient and reliable services
• Professional, friendly, knowledgeable staff
• High standard and quality of care
• Hotel services, such as quality of food and cleanliness

Negative themes:
• Noise at night
• Waiting times in clinics and for theatre.
• Care pathways not always explained fully
• Delays in treatment, medication, discharges, induction of labour and accessing investigation results.
• General environmental themes particularly in women's health and maternity areas.
• Long waits on the corridors in ED.
Themes from FFT are reviewed in the Patient Experience Forum and will be utilised to develop action plans for improvement. These will be monitored via that forum and will report into Professional Forum and Quality Assurance Committee.

Report to patient/family within 60 working days of incident declaration
In December 2022 there were no SI investigation reports due to be with Patients/families. There is no special cause variation noted however control limits ranged between 0 -100% and as such does not provide assurance in this respect.

Past performance has been variable. Process and practices have been strengthened to support improvement in this area.

Patient Safety Alerts
In December 2022 compliance was at 0% against a target of 100%. There was one alert due for closure in December that remains open; the alert is concerning a Health and Safety notice for the requirement of a Dangerous Goods Safety Advisor. This was not a Patient Safety Alert issued by NHS England / Improvement. The alert relates to a new post/role. The post will sit within iFM and confirmation awaited how this role will be undertaken in the future.

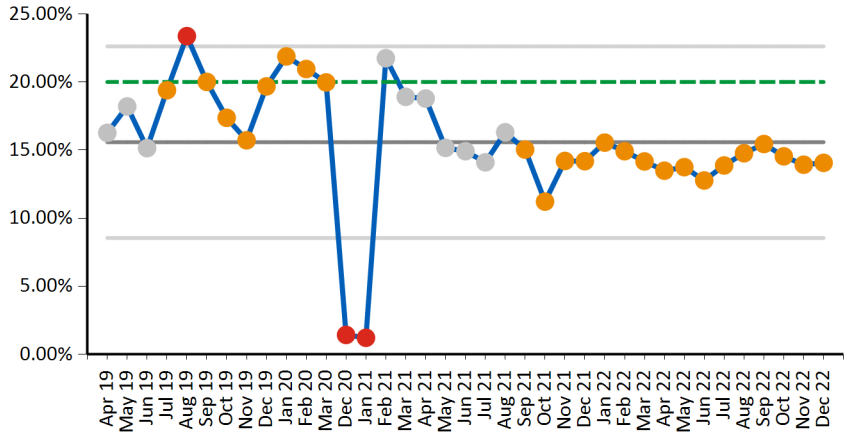
The complaints management process has recently been reviewed with governance leads. The policy in relation to Patient Safety Alerts is also currently under review. It is to be

proposed that a quarterly alerts report is be submitted to Clinical Governance and Quality Committee for oversight of all alerts from 2023/24.

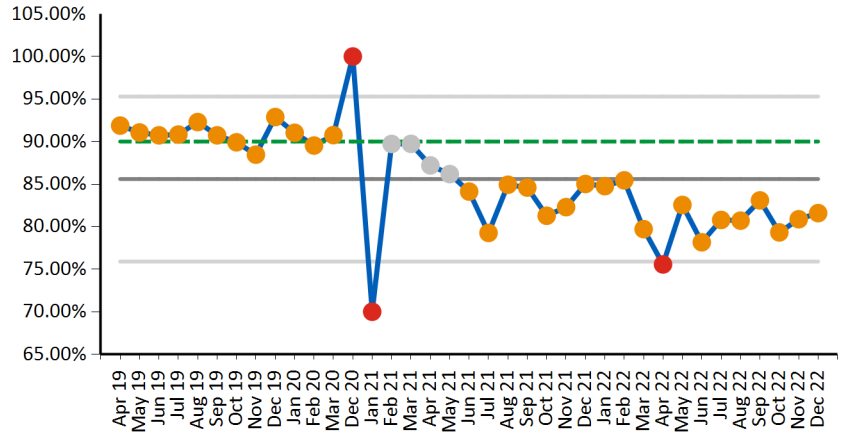
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
200 - A&E Friends and Family Response Rate	>= 20%	14.1%	Dec-22	L	>= 20%	13.9%	Nov-22	>= 20%	14.0%	?
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	81.6%	Dec-22	L	>= 90%	80.9%	Nov-22	>= 90%	80.4%	?
80 - Inpatient Friends and Family Response Rate	>= 30%	22.5%	Dec-22		>= 30%	24.4%	Nov-22	>= 30%	23.6%	?
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	97.2%	Dec-22		>= 90%	96.8%	Nov-22	>= 90%	96.7%	P
81 - Maternity Friends and Family Response Rate	>= 15%	16.1%	Dec-22		>= 15%	14.9%	Nov-22	>= 15%	17.4%	?
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	85.5%	Dec-22		>= 90%	83.9%	Nov-22	>= 90%	85.8%	?
82 - Antenatal - Friends and Family Response Rate	>= 15%	2.5%	Dec-22		>= 15%	3.3%	Nov-22	>= 15%	8.3%	?
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	100.0%	Dec-22		>= 90%	94.4%	Nov-22	>= 90%	84.9%	?
83 - Birth - Friends and Family Response Rate	>= 15%	29.6%	Dec-22		>= 15%	28.8%	Nov-22	>= 15%	30.9%	P
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	84.8%	Dec-22		>= 90%	85.3%	Nov-22	>= 90%	87.2%	?
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	18.0%	Dec-22	L	>= 15%	14.7%	Nov-22	>= 15%	15.9%	?
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	81.0%	Dec-22		>= 90%	75.0%	Nov-22	>= 90%	80.9%	?
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	15.7%	Dec-22	L	>= 15%	14.5%	Nov-22	>= 15%	14.2%	?
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	88.3%	Dec-22		>= 90%	85.2%	Nov-22	>= 90%	87.9%	?
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Dec-22	H	= 100%	100.0%	Nov-22	= 100%	99.5%	?

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
90 - Complaints responded to within the period	>= 95%	45.5%	Dec-22		>= 95%	56.3%	Nov-22	>= 95%	35.0%	

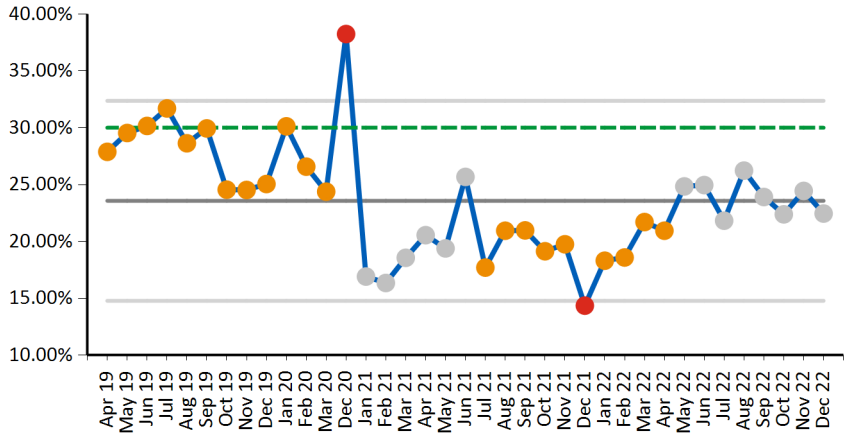
200 - A&E Friends and Family Response Rate



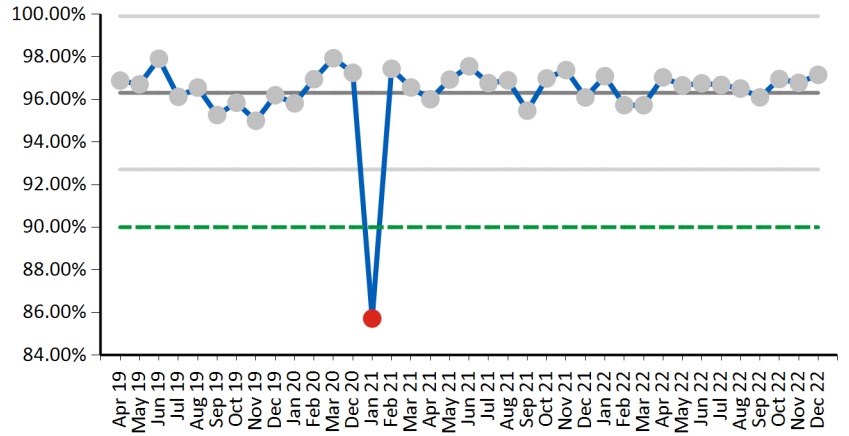
294 - A&E Friends and Family Satisfaction Rates %



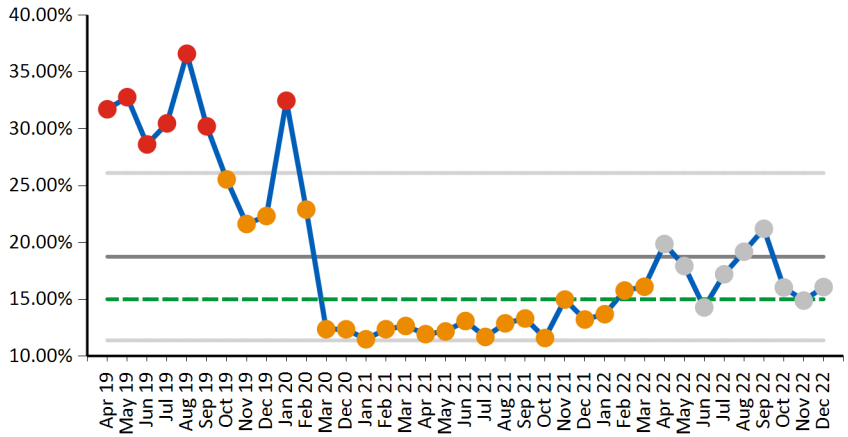
80 - Inpatient Friends and Family Response Rate



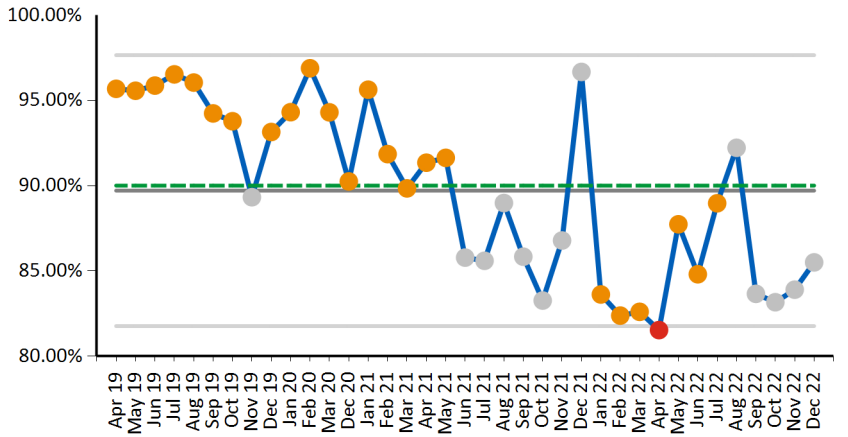
240 - Friends and Family Test (Inpatients) - Satisfaction %



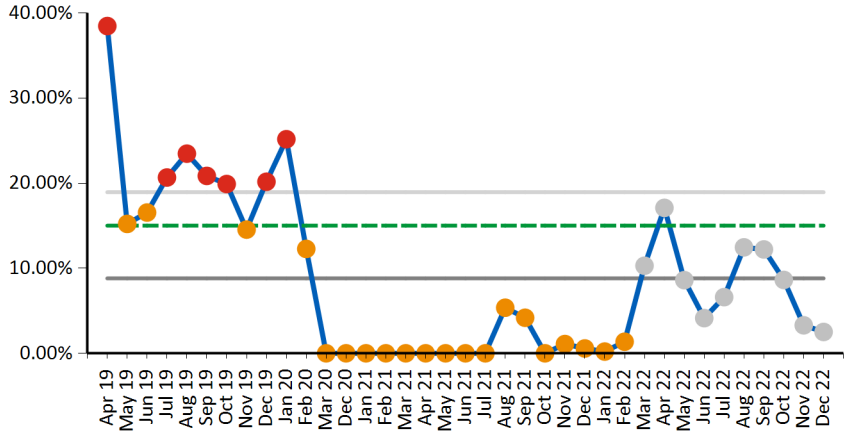
81 - Maternity Friends and Family Response Rate



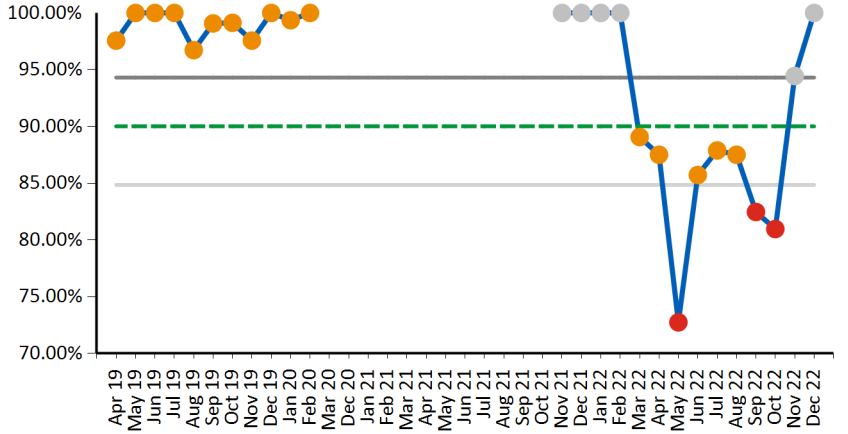
241 - Maternity Friends and Family Test - Satisfaction %



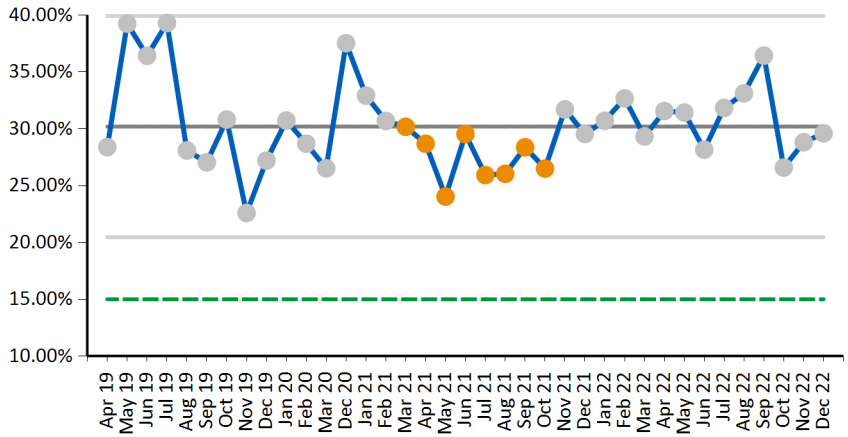
82 - Antenatal - Friends and Family Response Rate



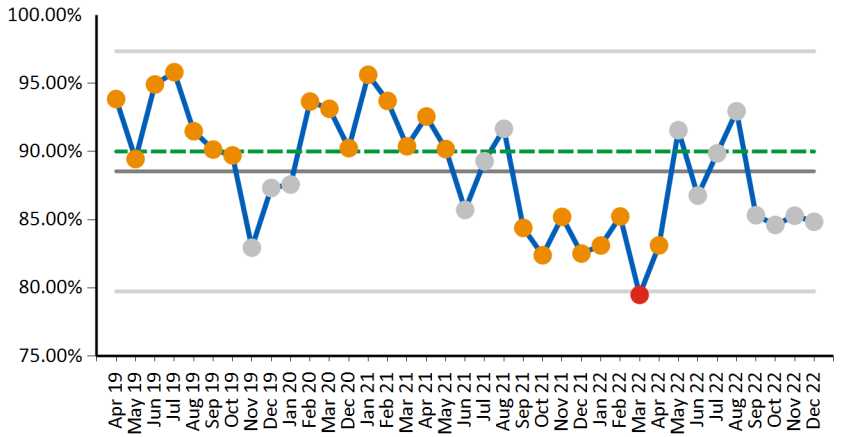
242 - Antenatal Friends and Family Test - Satisfaction %



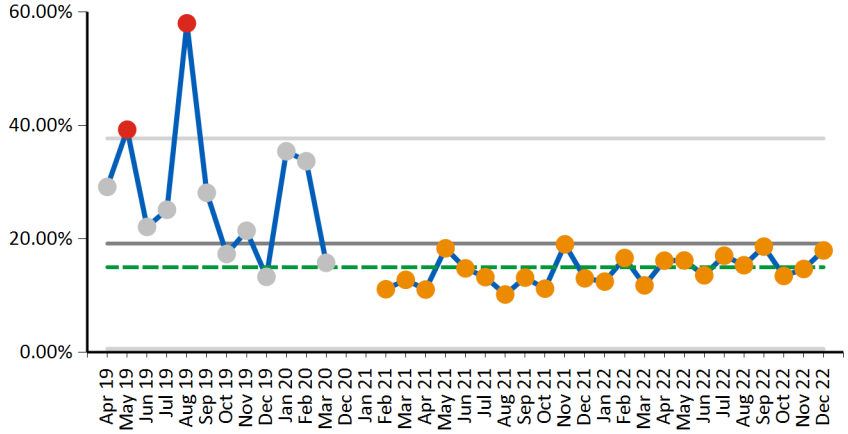
83 - Birth - Friends and Family Response Rate



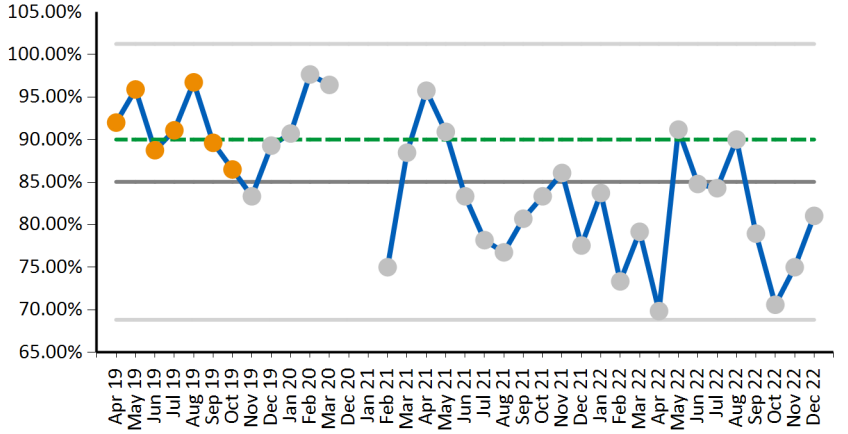
243 - Birth Friends and Family Test - Satisfaction %



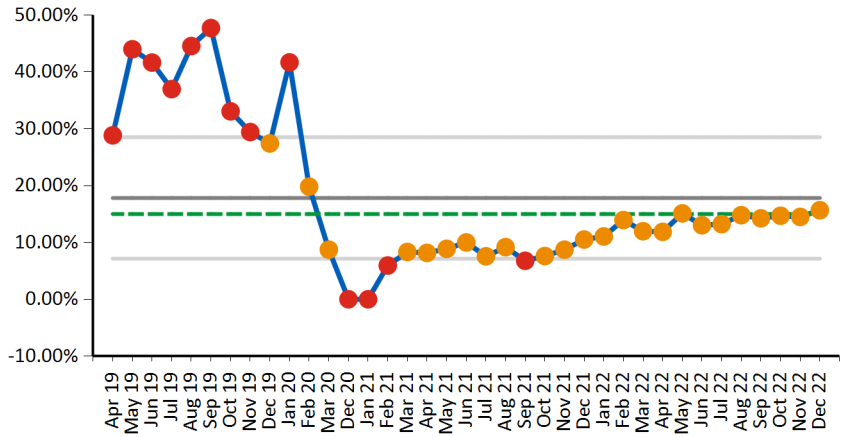
84 - Hospital Postnatal - Friends and Family Response Rate



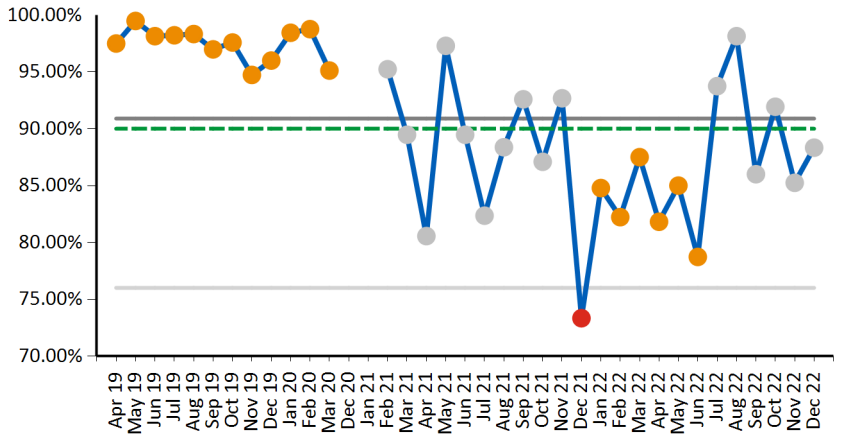
244 - Hospital Postnatal Friends and Family Test - Satisfaction %



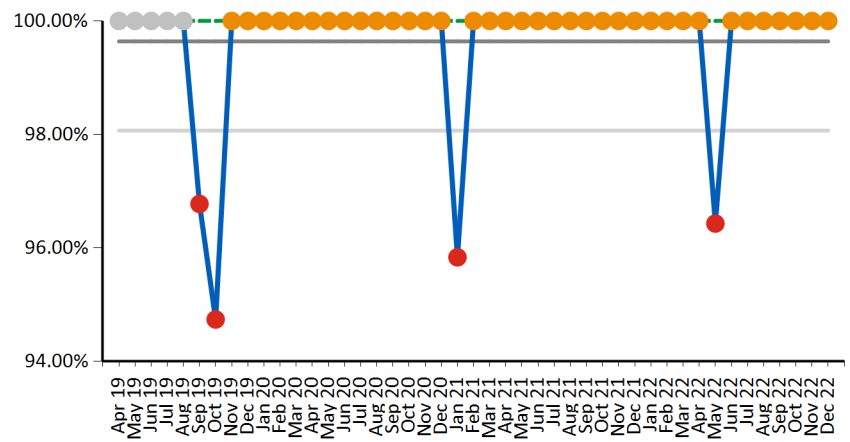
85 - Community Postnatal - Friend and Family Response Rate



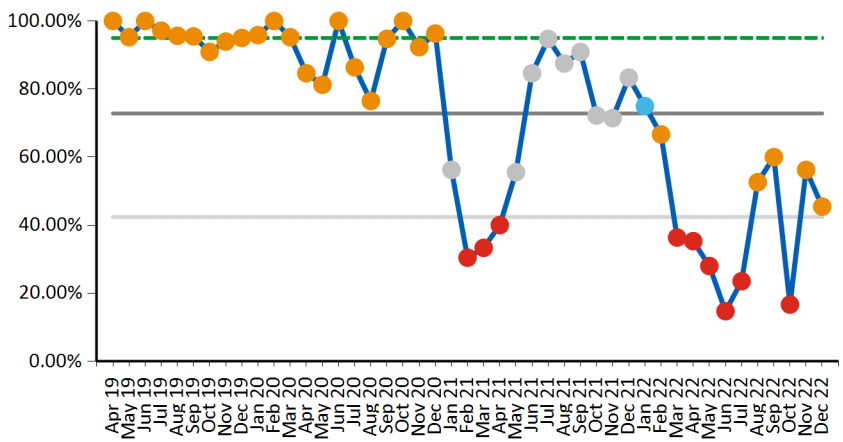
245 - Community Postnatal Friends and Family Test - Satisfaction %



89 - Formal complaints acknowledged within 3 working days



90 - Complaints responded to within the period



Maternity

82 Friends and Family Response Rate – Inconsistent trend in response rate. Slight improvement noted when QR codes introduced but overall performance inconsistent in antenatal setting. Support to be requested with alternative methods of data collection such as electronic fixed device to ascertain feedback in clinic setting used in other Trusts with colour coded /simple method of feedback ie colours and faces. To be added as a performance KPI to Team Leaders appraisal and progress to be monitored.

85 - Community Friends and Family Response Rate – Steadily improving since December 2020. To be added as a performance KPI to Team Leaders appraisal and progress to be monitored.

202 - 1:1 care in labour. Overall rate remains below 100% threshold required for the Clinical Negligence Scheme for Trusts. Mean year to date 89.83% is lower than the Greater Manchester and East Cheshire mean of 94.02%. Non - compliance with rate influenced by ongoing staffing deficit of 45.75wte (23.70% of overall Band 5/6 staffing deficit). Ongoing recruitment continues to address deficit and second Delivery Suite Co-ordinator appointed to provide additional leadership support at times of staffing pressure.

203 – Booked by 12+6 – Inconsistent performance with peaks of elevated compliance noted in November 2022 yet not sustained in December 2022. Community midwifery staffing remains challenging with Registered Midwife vacancy of 13.92wte within teams. Deficit impacting upon teams ability to flex availability and offer weekend/evening clinics for booking that positively influence the 12+6 compliance. Trust mean 87.68% aligns with GMEC median of 87.68%.

210 – Breastfeeding initiation – Decreased compliance noted in December 2022. Infant feeding team have had reduced capacity as team members have been working clinically to maintain safe staffing levels in service. Tongue tie clinics have been restricted to two per week to increase support that can be provided. Authorisation given for additional infant feeding support workers to be recruited to increase support being provided on wards. Trust mean in 2022 65.95% slightly higher than GMEC mean 58.70%.

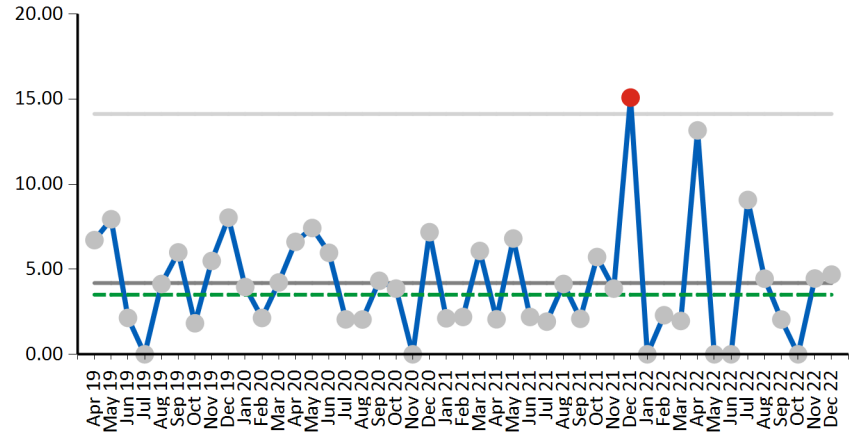
322 – Maternity Stillbirth Rate – No further peaks in activity to be noted. Downward trend noted on GMEC dashboard since July 2022. Review of outlier incidence peaks Dec 21, April 22 and July 22 completed.

Additional Information – Total caesarean section rate – Awaiting outcome of discussion held at GMEC Special Interest Group on 6.1.23 re robson score implementation. GMEC dashboard highlights that rate of caesarean section higher in Tier 3 units ie Manchester Foundation Trust, Bolton and Oldham due to higher acuity casemix. Bolton mean to date 37.60% - GMEC median 37.98%

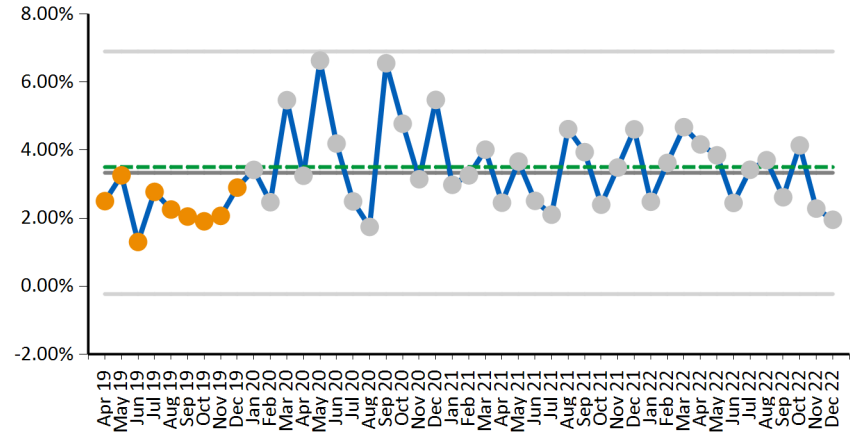
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
322 - Maternity - Stillbirths per 1000 births	<= 3.50	4.68	Dec-22		<= 3.50	4.45	Nov-22	<= 3.50	4.14	
23 - Maternity -3rd/4th degree tears	<= 3.5%	2.0%	Dec-22		<= 3.5%	2.3%	Nov-22	<= 3.5%	3.2%	
202 - 1:1 Midwifery care in labour	>= 95.0%	97.5%	Dec-22		>= 95.0%	99.1%	Nov-22	>= 95.0%	98.1%	
203 - Booked 12+6	>= 90.0%	85.9%	Dec-22		>= 90.0%	90.9%	Nov-22	>= 90.0%	87.1%	
204 - Inductions of labour	<= 40%	32.0%	Dec-22		<= 40%	34.5%	Nov-22	<= 40%	35.8%	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
210 - Initiation breast feeding	>= 65%	60.24%	Dec-22		>= 65%	64.40%	Nov-22	>= 65%	64.65%	
213 - Maternity complaints	<= 5	0	Dec-22		<= 5	0	Nov-22	<= 45	33	
319 - Maternal deaths (direct)	= 0	0	Dec-22		= 0	0	Nov-22	= 0	0	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	12.9%	Dec-22		<= 6%	9.6%	Nov-22	<= 6%	9.3%	

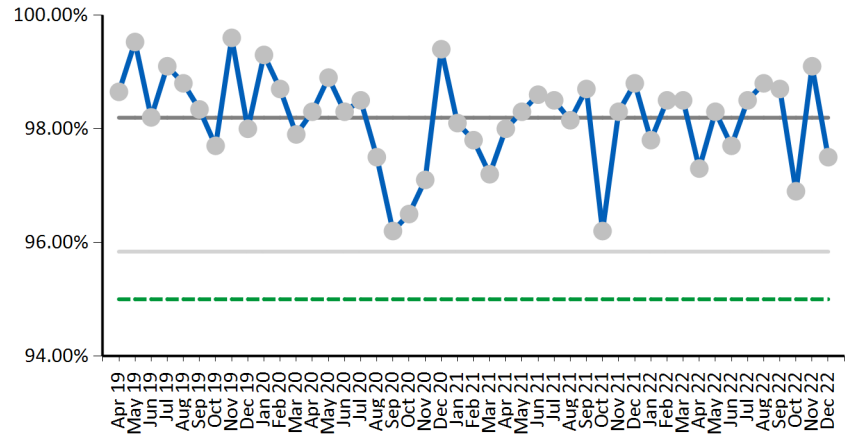
322 - Maternity - Stillbirths per 1000 births



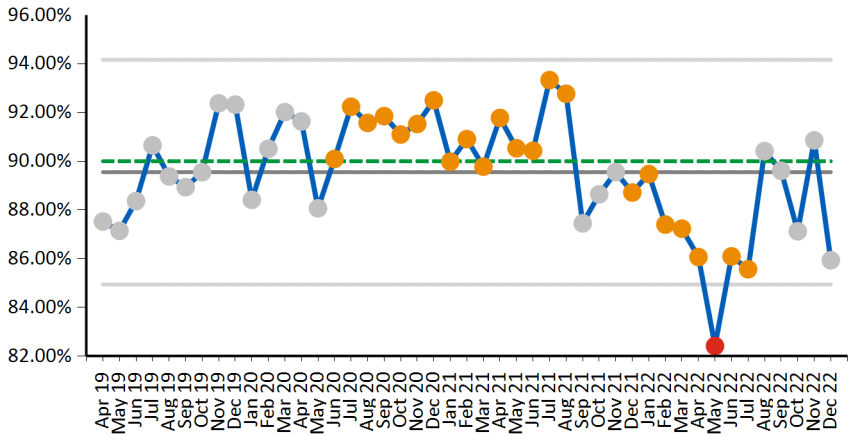
23 - Maternity -3rd/4th degree tears



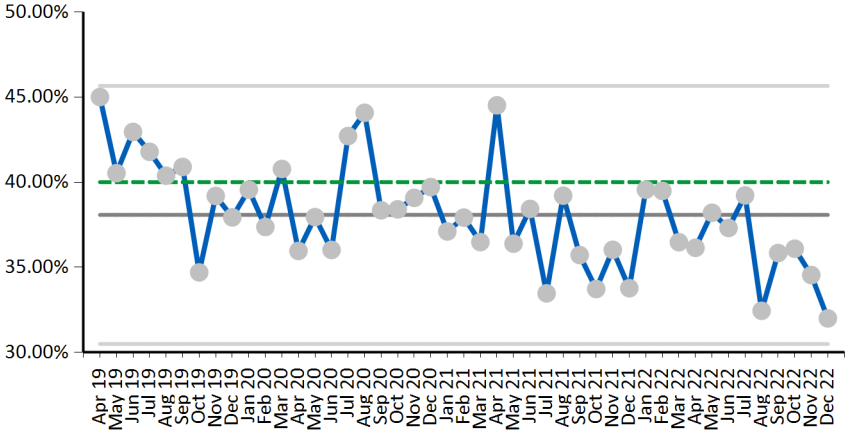
202 - 1:1 Midwifery care in labour



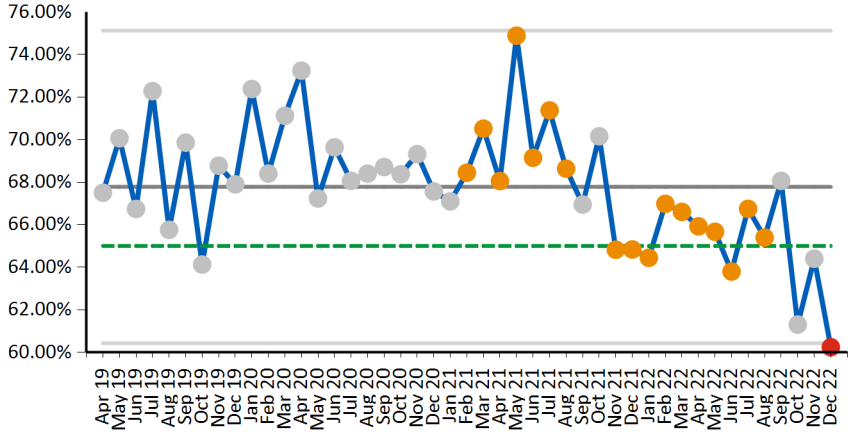
203 - Booked 12+6



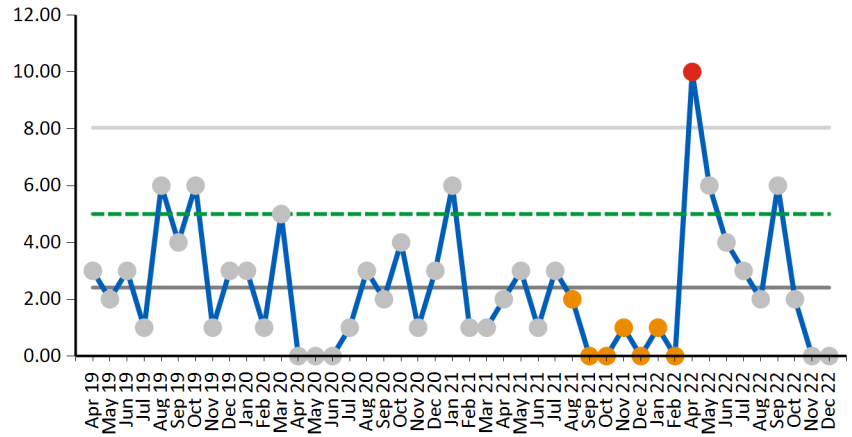
204 - Inductions of labour



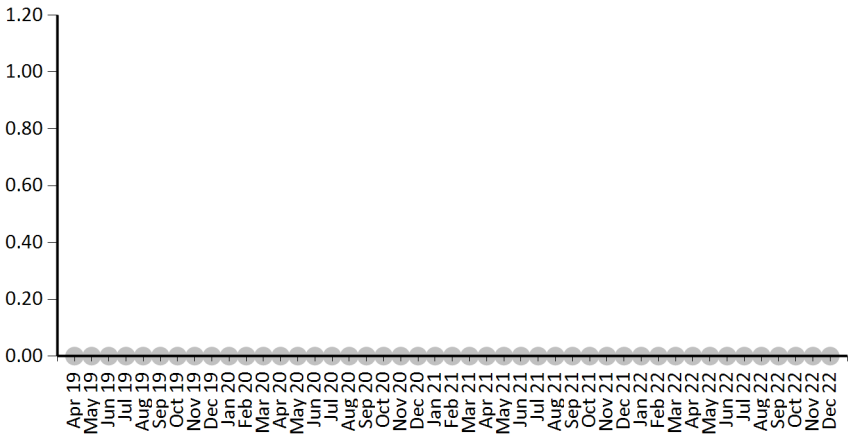
210 - Initiation breast feeding



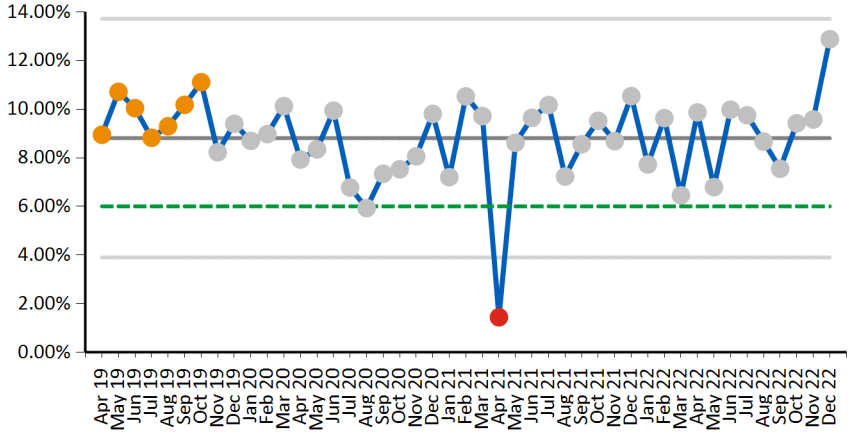
213 - Maternity complaints



319 - Maternal deaths (direct)



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



Operational Performance

Access

Emergency Department and Ambulance Handover
Ambulance handovers over 60 mins, and 4 hour performance remain significantly below the expected standard. This is mainly due to overcrowding in the ED department as a result of challenges with flow out of the department for those patients awaiting admission.
Actions have been put in place to manage the risk of overcrowding in the department:

- Close monitoring against the escalation process which was agreed with NWAS with additional staff supporting the management of patients on our ED corridor
- Full capacity protocol with winter ward and escalation capacity fully open
- Expansion to include an additional seven patient pathways which allows patients to be streamed from ED to Same Day Emergency Care (SDEC) – this is successfully continuing with work ongoing to expand the clinical pathways that can be supported through SDEC
- Urgent Treatment Centre (UTC) pilot extended which started in September to increase the number of patients streamed out of ED.
- The launch of an Older Persons Assessment Unit managed by Geriatricians, which is now also supported by virtual ward team with early supported discharge in place
- Joint working with our community teams to reduce the number of patients in hospital who don't meet the criteria to reside, by escalation meetings to review individual patient discharge plans.

RTT
We continue to be on target to meet the national deadline of zero 78 week waiting patients by 1st April 2023. Our trajectory currently assumes that there is availability of corneal graft material for 5 patients waiting for corneal transplant. There is however a high degree of risk around whether this will be the case. There is a national prioritisation programme in place to support this the sourcing and allocation of corneal grafts.
To support elective recovery we are putting on additional Urology and Gynaecology theatre lists and continuing to innovate services where possible.

Diagnostics
The DM01 position for the Trust improved by 3.1% with the final position for the month standing at 25.2%. The number of breached patients decreased by 129(771 breaches in total).
•Endoscopy total 6.3%
- Majority of breaches occurred with cystoscopy referrals. Continued increase in 2ww referrals has had an impact on routine capacity in month. Additional weekend lists have been scheduled to facilitate additional capacity to recover position and this is ongoing.

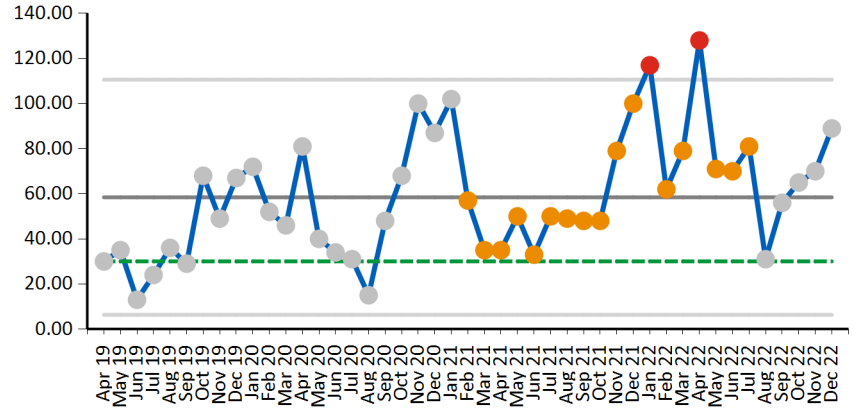
•Imaging total 0.0%
- All Imaging modalities are now complaint to the national target at 0% which is the first time in a number of years.
- Significant progress has been made in ultrasound regarding tackling the backlog, with a much smaller waiting list size.

•Physiological Measurements total 49.4%
- Continued improvements in Cardiology with Echo now at 25.7%
- Paediatric Audiological services have produced a forecasted recovery plan which will bring the service within target by the end of March 23.

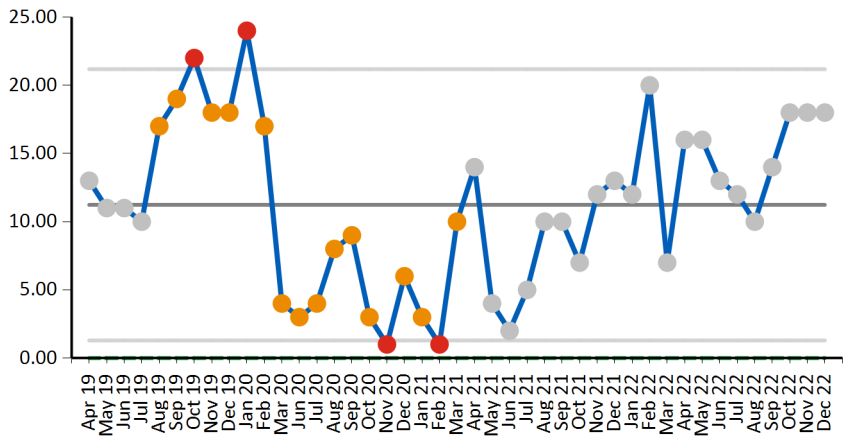
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	<= 30	89	Dec-22		<= 30	70	Nov-22	<= 270	661	
8 - Same sex accommodation breaches	= 0	18	Dec-22		= 0	18	Nov-22	= 0	135	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	38.8%	Dec-22		>= 75%	38.6%	Nov-22	>= 75%	47.0%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	58.9%	Dec-22		>= 92%	60.8%	Nov-22	>= 92%	62.3%	
42 - RTT 52 week waits (incomplete pathways)	= 0	1,968	Dec-22		= 0	2,117	Nov-22	= 0	17,763	
314 - RTT 18 week waiting list	<= 25,530	37,722	Dec-22		<= 25,530	38,386	Nov-22	<= 25,530	37,722	
53 - A&E 4 hour target	>= 95%	49.1%	Dec-22		>= 95%	49.4%	Nov-22	>= 95%	57.8%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0.0%	19.1%	Dec-22		= 0.0%	19.4%	Nov-22	= 0.0%	16.2%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	21.33%	Dec-22		= 0.00%	13.77%	Nov-22	= 0.00%	15.70%	
72 - Diagnostic Waits >6 weeks %	<= 1%	25.2%	Dec-22		<= 1%	28.3%	Nov-22	<= 1%	32.7%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	100.0%	Dec-22		= 100%	85.7%	Nov-22	= 100%	84.1%	

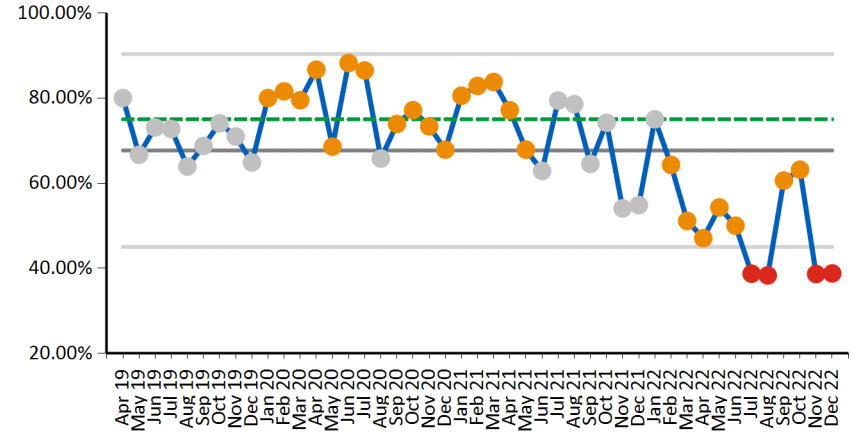
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)



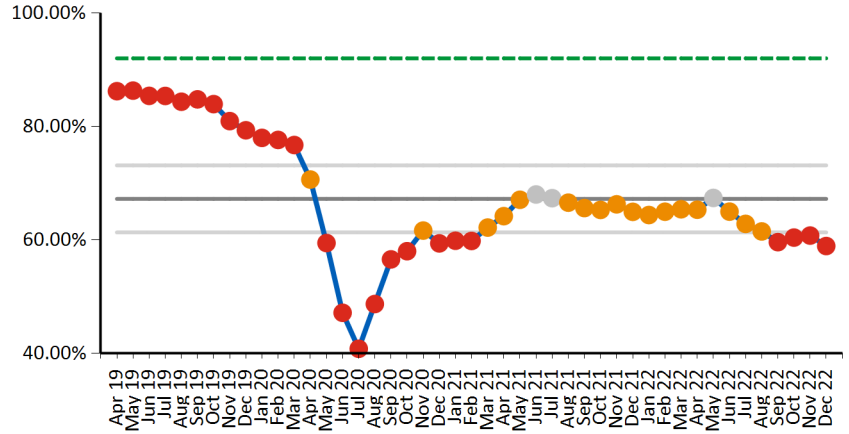
8 - Same sex accommodation breaches



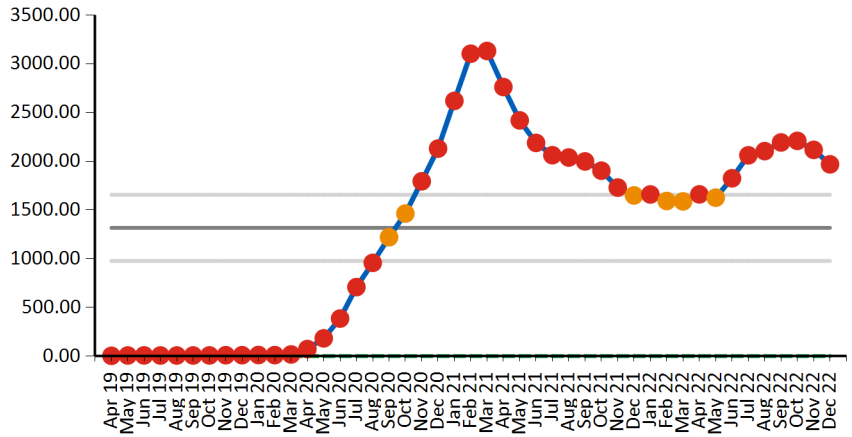
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur



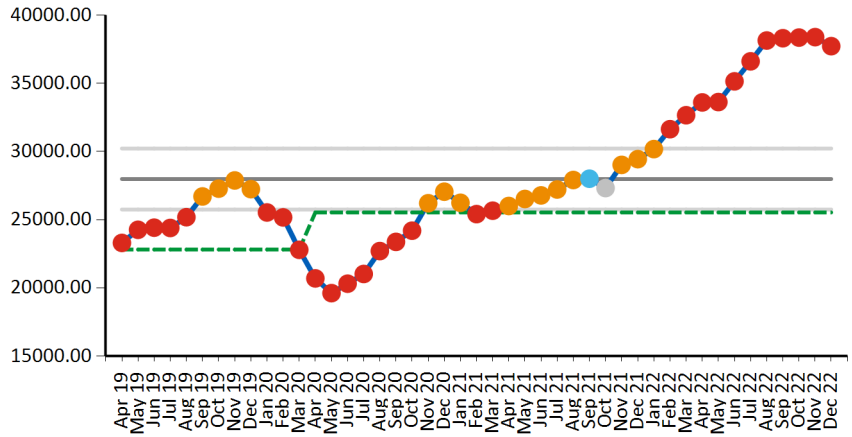
41 - RTT Incomplete pathways within 18 weeks %



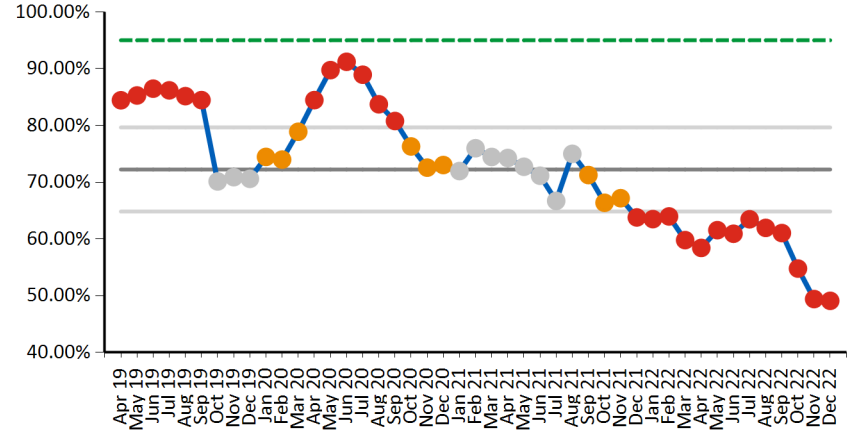
42 - RTT 52 week waits (incomplete pathways)



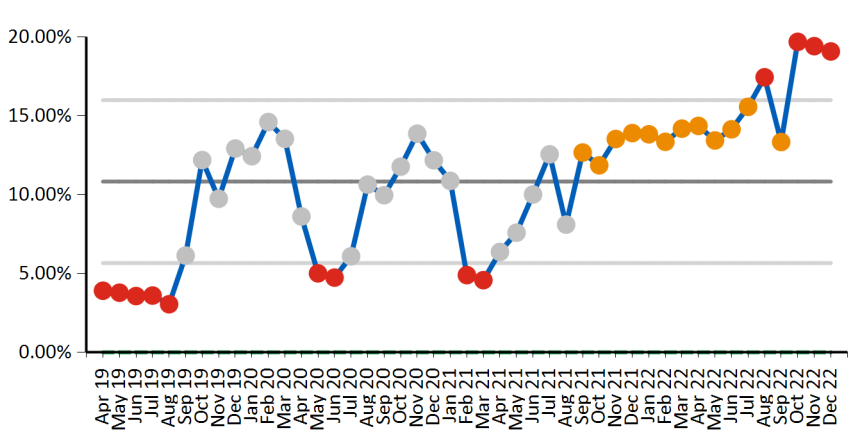
314 - RTT 18 week waiting list



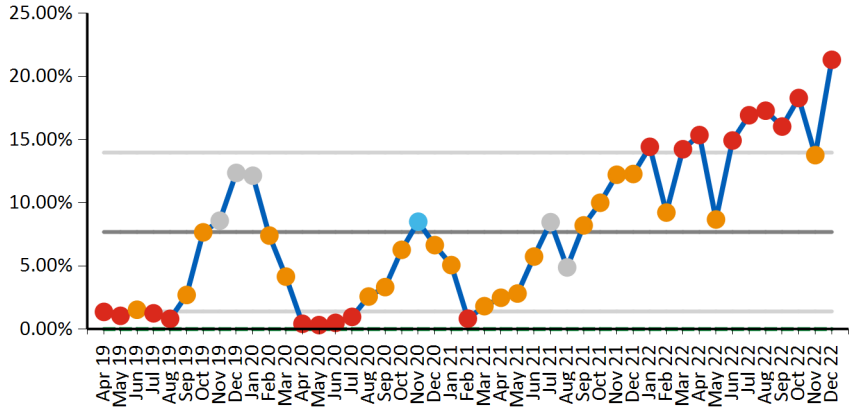
53 - A&E 4 hour target



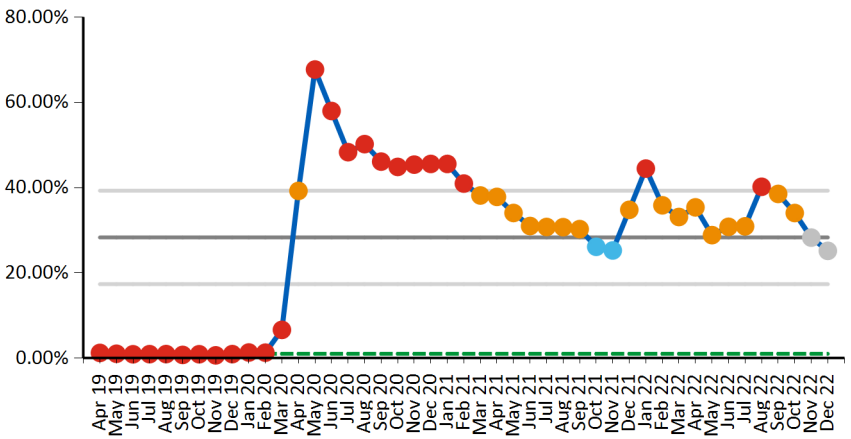
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)



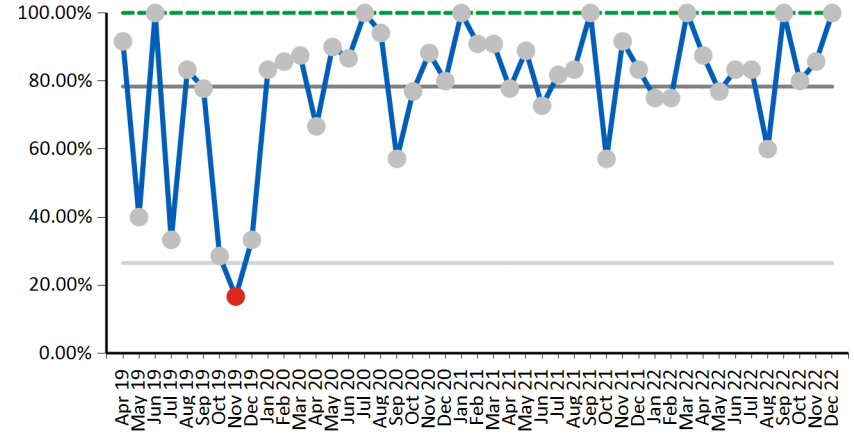
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)



72 - Diagnostic Waits >6 weeks %



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



Productivity

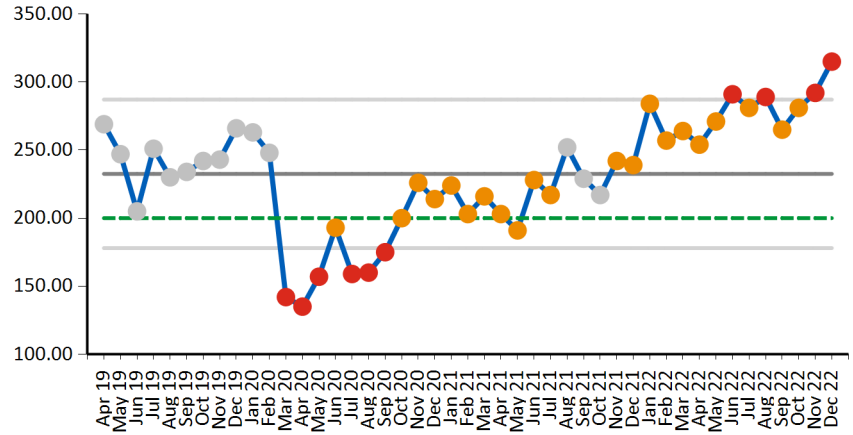
Stroke
The percentage of patients that spend 90% of their time on a stroke unit has not been consistently achieved since 2019, however we have seen 2 consecutive months of improvement following a review of the stroke improvement plan. This plan is monitored through the Urgent Care Transformation Board.

No Criteria to Reside
We continue to experience pressure in relation to reducing the number of patients at any one time with no Criteria to Reside (NCTR); in M8 NCTR has reduced and is below the upper control limit for the 4th month in a row. There has also been a continued decrease in occupied bed days with a significant reduction when comparing to the peak at the start of 2022. We continue to work with system partners to support the improvement of this indicator and there is currently specific focus on pathway 1 patients with NCTR in order to support early discharge and also system escalation of those patients who have had NCTR for more than 10 days.

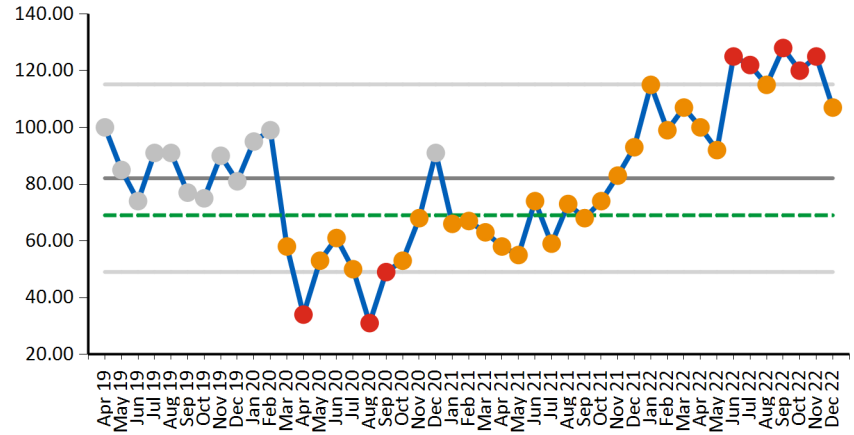
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
56 - Stranded patients	<= 200	315	Dec-22	H	<= 200	292	Nov-22	<= 200	315	?
307 - Stranded Patients - LOS 21 days and over	<= 69	107	Dec-22	H	<= 69	125	Nov-22	<= 69	107	?
57 - Discharges by Midday	>= 30%	19.2%	Dec-22		>= 30%	23.8%	Nov-22	>= 30%	22.0%	F
58 - Discharges by 4pm	>= 70%	53.3%	Dec-22	L	>= 70%	60.5%	Nov-22	>= 70%	57.6%	F
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	8.3%	Nov-22	L	<= 13.5%	8.7%	Oct-22	<= 13.5%	9.3%	P
489 - Daycase Rates	>= 80%	92.3%	Dec-22		>= 80%	88.6%	Nov-22	>= 80%	89.2%	P
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	1.6%	Dec-22		<= 1%	2.3%	Nov-22	<= 1%	1.9%	?
62 - Cancelled operations re-booked within 28 days	= 100%	67.6%	Dec-22		= 100%	88.1%	Nov-22	= 100%	17.4%	?
65 - Elective Length of Stay (Discharges in month)	<= 2.00	3.52	Dec-22	H	<= 2.00	3.01	Nov-22	<= 2.00	3.00	?
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.45	Dec-22		<= 3.70	4.12	Nov-22	<= 3.70	4.33	?
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	76.5%	Oct-22		>= 80%	73.9%	Sep-22	>= 80%	71.4%	?
492 - Average Number of Patients: Criteria to Reside number 7+ Days Post Decision	= 0	28	Dec-22		= 0	36	Nov-22	= 0	377	F

	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	<= 35	100	Dec-22	H	<= 35	107	Nov-22	<= 405	1,011	F
494 - Average Occupied Days - for no Criteria to Reside		655	Dec-22			795	Nov-22		8,586	
496 - Average bed days since patients with LOS >14 days moved onto NCTR list	>= 110	598	Dec-22		>= 110	747	Nov-22	>= 1,380	8,025	P

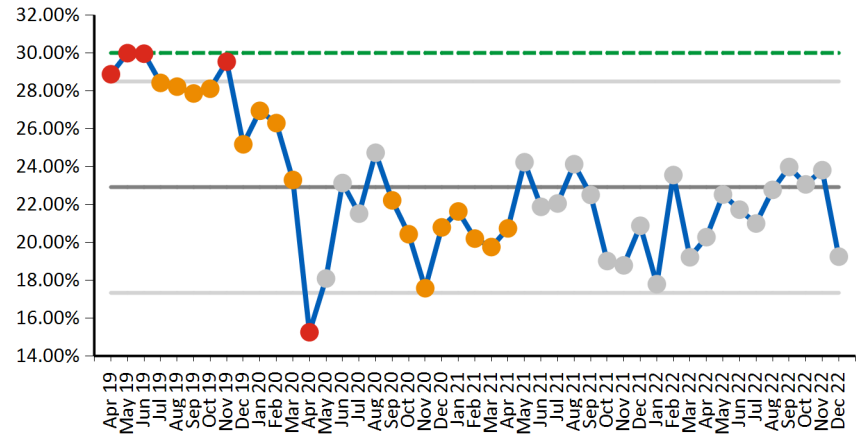
56 - Stranded patients



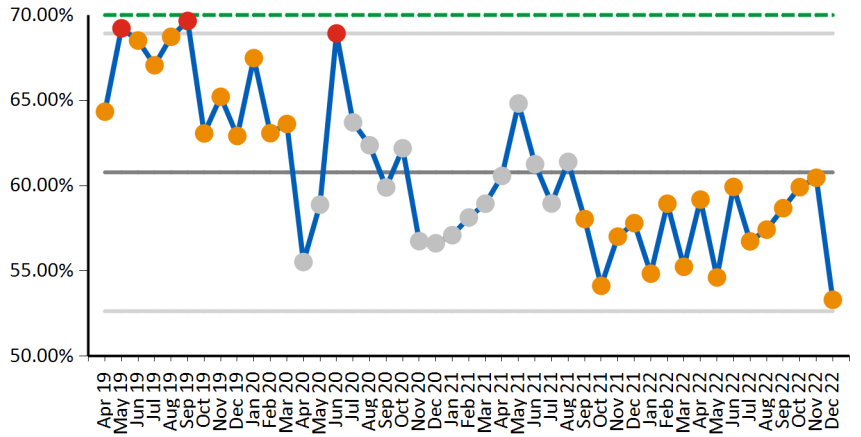
307 - Stranded Patients - LOS 21 days and over



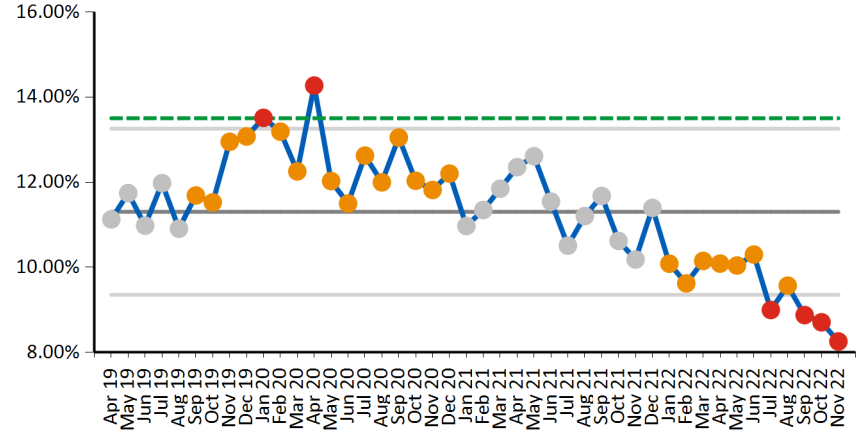
57 - Discharges by Midday



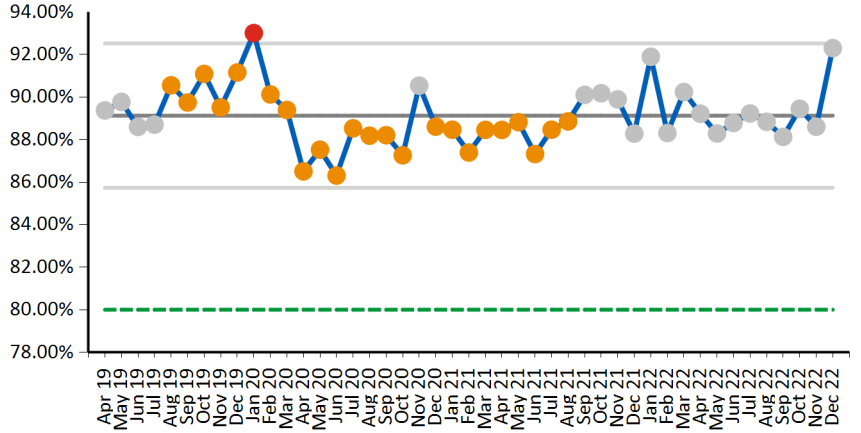
58 - Discharges by 4pm



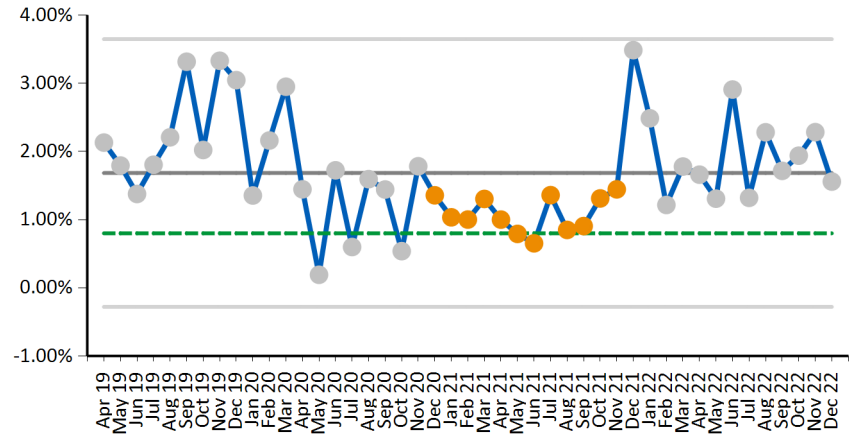
59 - Re-admission within 30 days of discharge (1 mth in arrears)



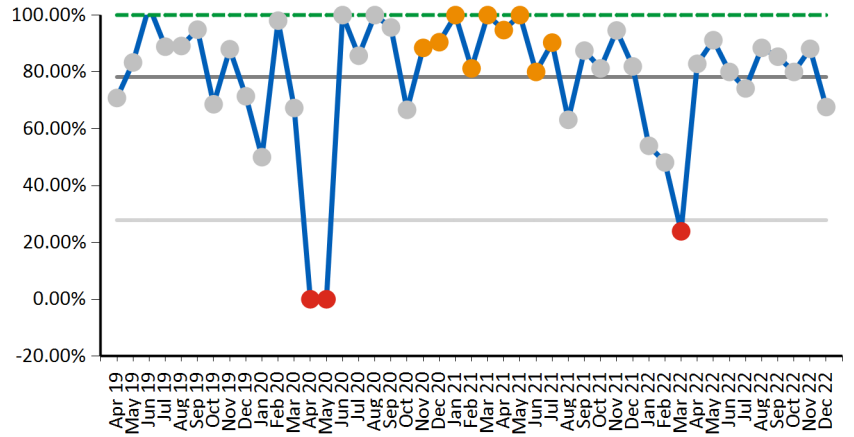
489 - Daycase Rates



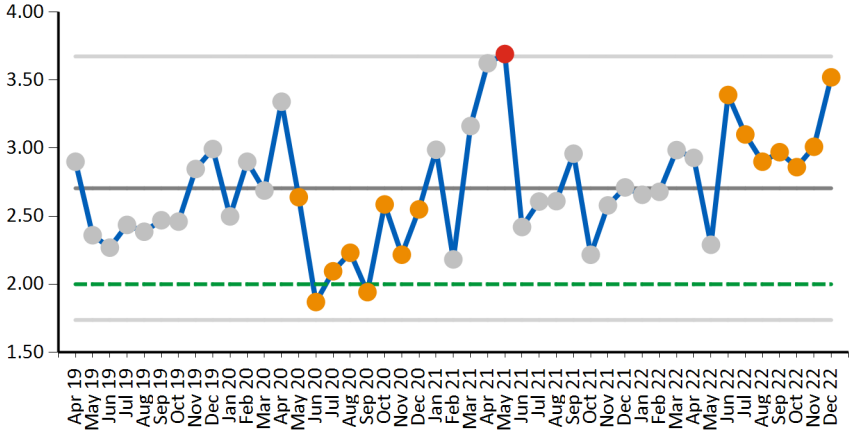
61 - Operations cancelled on the day for non-clinical reasons



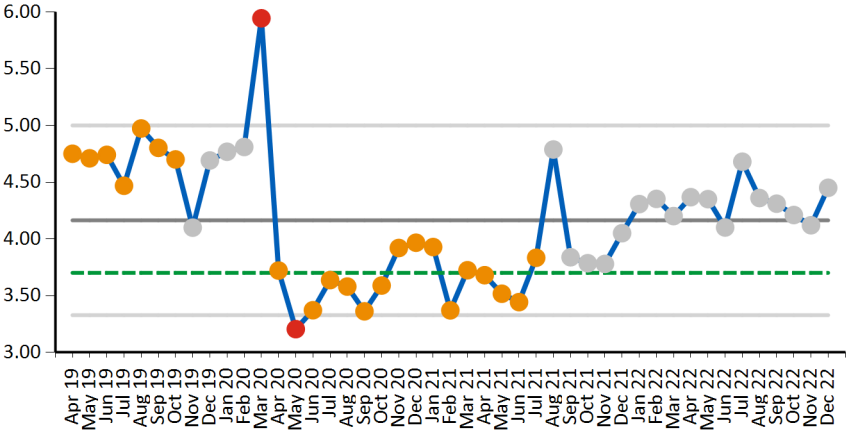
62 - Cancelled operations re-booked within 28 days



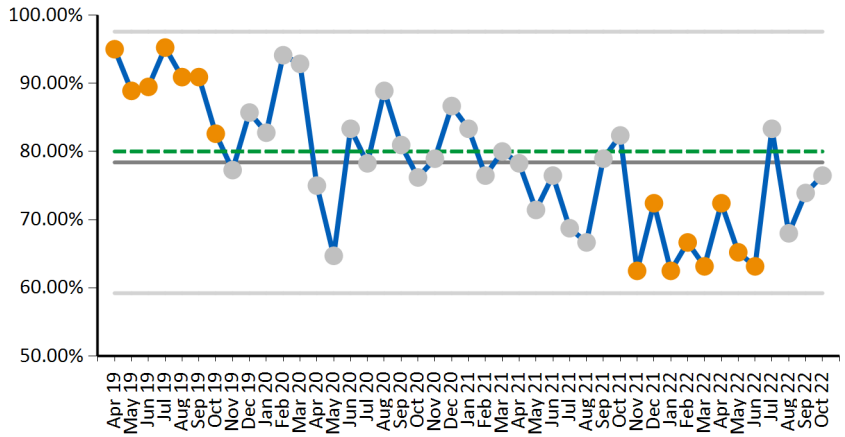
65 - Elective Length of Stay (Discharges in month)



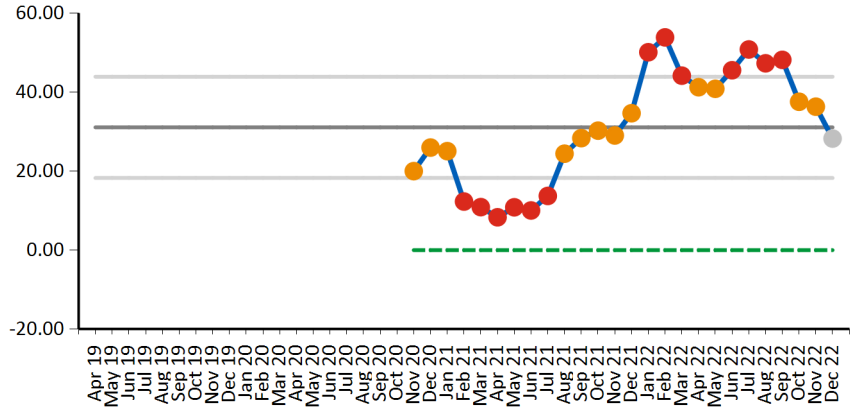
66 - Non Elective Length of Stay (Discharges in month)



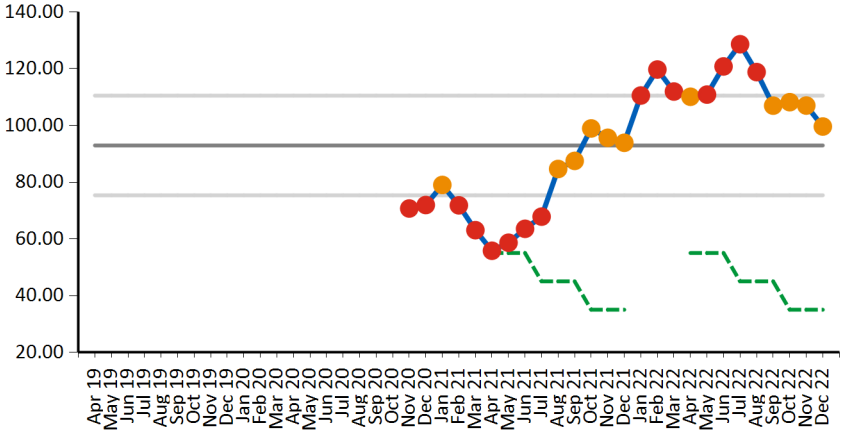
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears



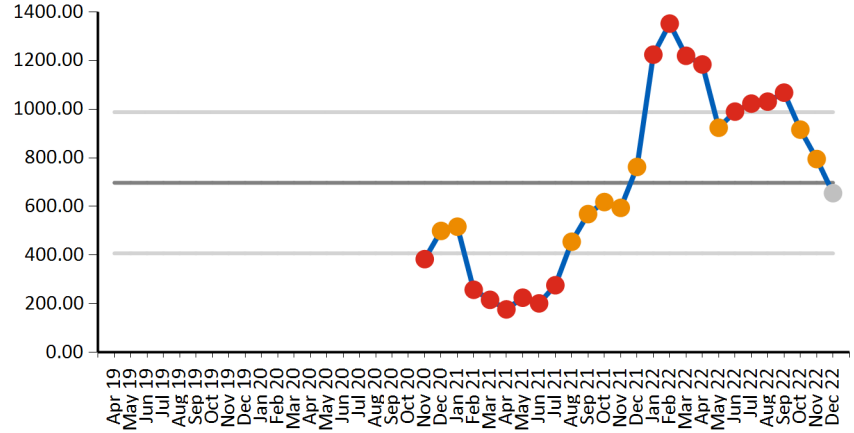
492 - Average Number of Patients: Criteria to Reside number 7+ Days Post Decision



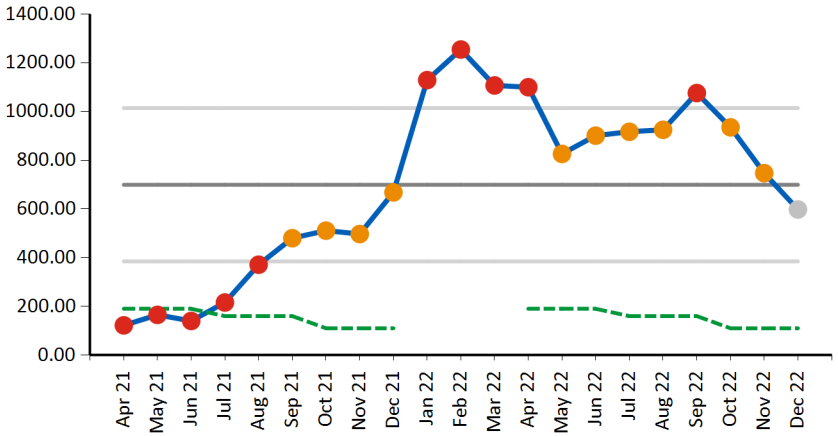
493 - Average Number of Patients: with no Criteria to Reside



494 - Average Occupied Days - for no Criteria to Reside



496 - Average bed days since patients with LOS >14 days moved onto NCTR list



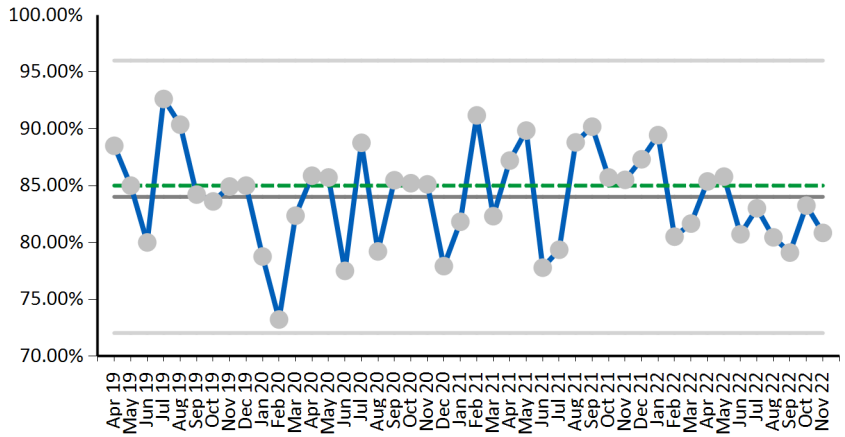
Cancer

Our 2 week wait performance for November remains slightly below target at 91.37% and is predicted to further deteriorate for December due to Radiology capacity in Breast services. We are working to mitigate reduced Breast Radiology capacity as much as possible through service and pathway efficiencies, demand management approaches and sourcing extra radiology capacity.
We did not meet the standard for 62 day performance for November, a trust-wide cancer recovery plan remains underway, with areas of focus being Gynaecology, Lung and Urology tumour sites. We did achieve the screening standard at 92.2%.We are currently working to meet (and are slightly ahead of) our March 2023 62 day backlog recovery trajectory.

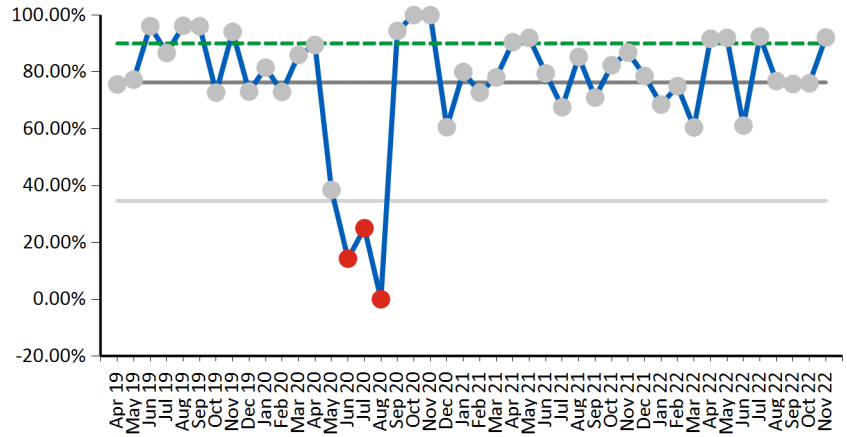
We achieved 83.0% for the Faster Diagnosis standard against a target of 75%.

	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%	80.8%	Nov-22		>= 85%	83.2%	Oct-22	>= 85%	82.4%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	92.2%	Nov-22		>= 90%	76.0%	Oct-22	>= 90%	82.0%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	97.8%	Nov-22		>= 96%	99.3%	Oct-22	>= 96%	98.9%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	60.0%	Nov-22		>= 94%	100.0%	Oct-22	>= 94%	84.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%		Nov-22		>= 98%	100.0%	Oct-22	>= 98%	100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	91.4%	Nov-22		>= 93%	84.8%	Oct-22	>= 93%	90.6%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	46.6%	Nov-22		>= 93%	28.5%	Oct-22	>= 93%	35.9%	

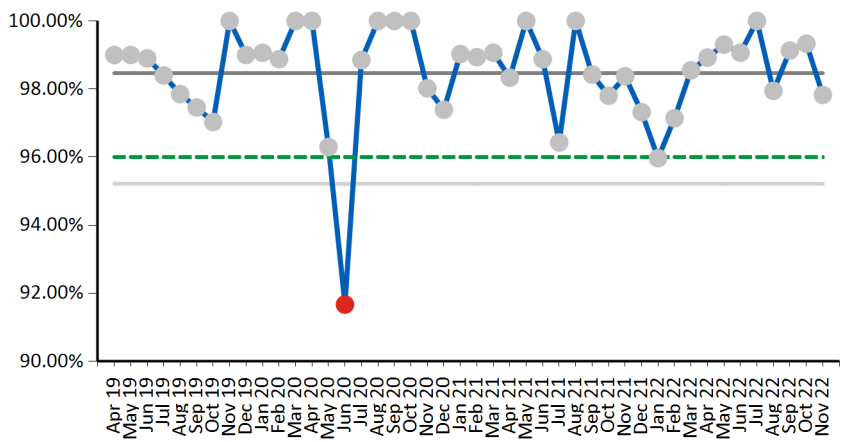
46 - 62 day standard % (1 mth in arrears)



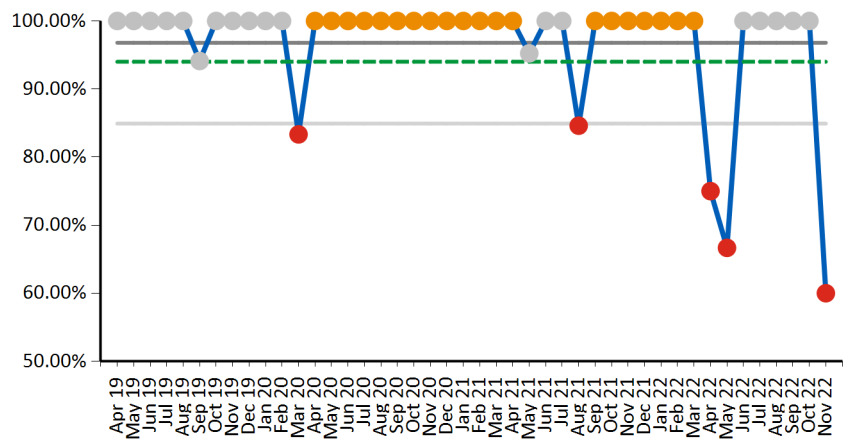
47 - 62 day screening % (1 mth in arrears)



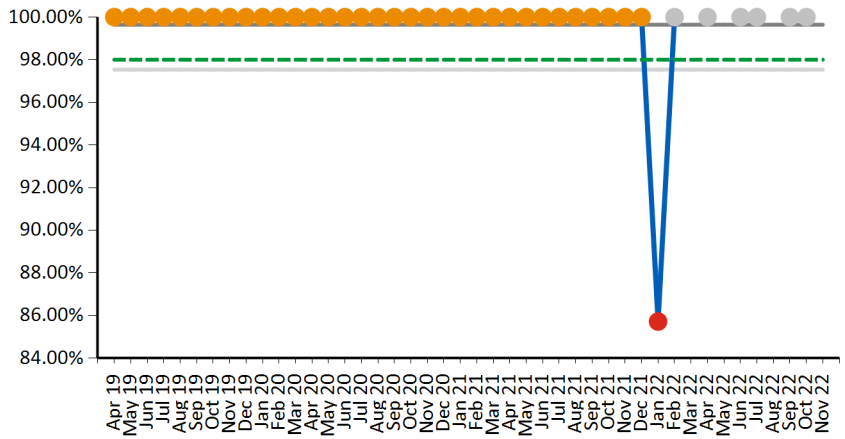
48 - 31 days to first treatment % (1 mth in arrears)



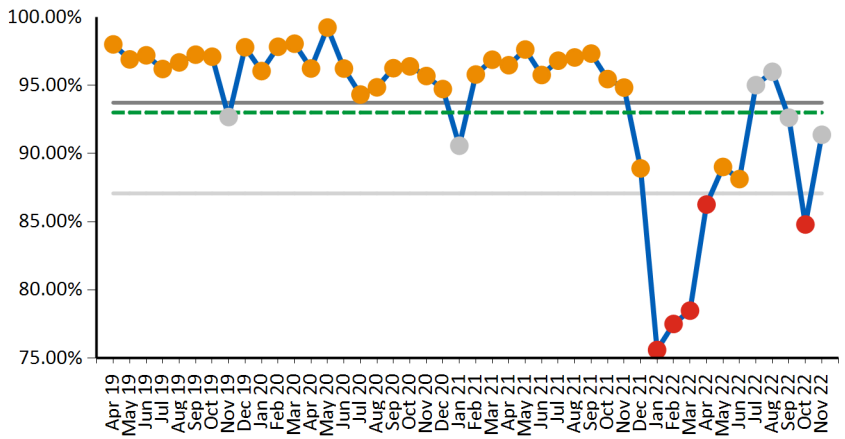
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)



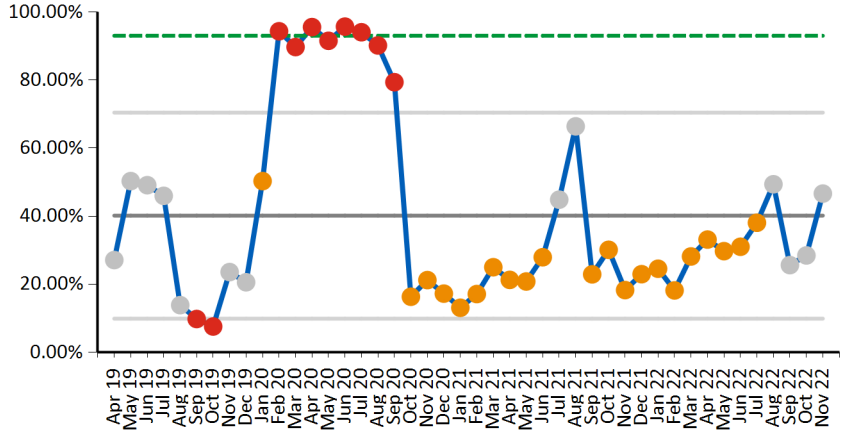
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)



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



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



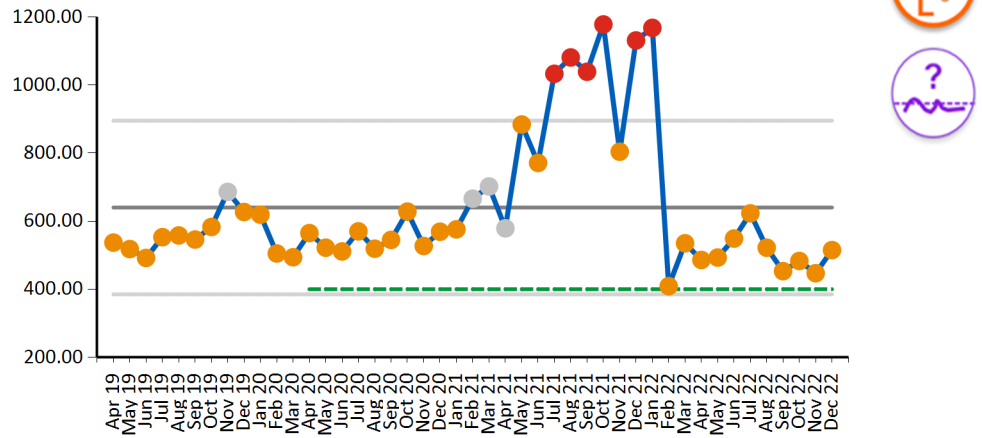
Community

We remain above the agreed threshold for ED deflections in month 9.

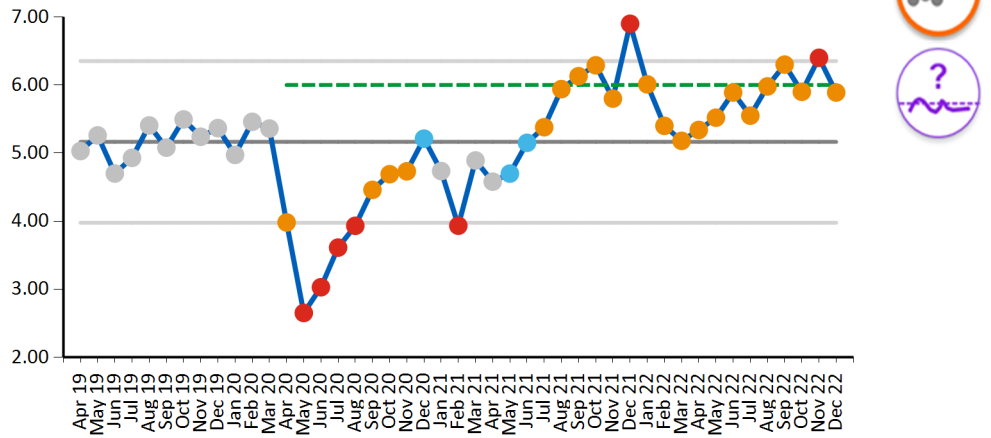
Length of stay in the Intermediate Tier is below the 6 week threshold at 5.9 weeks.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
334 - Total Deflections from ED	>= 400	515	Dec-22	L	>= 400	447	Nov-22	>= 3,600	4,571	?
335 - Total Intermediate Tier LOS (weeks)	<= 6.00	5.89	Dec-22	H	<= 6.00	6.40	Nov-22	<= 6.00	5.89	?

334 - Total Deflections from ED



335 - Total Intermediate Tier LOS (weeks)



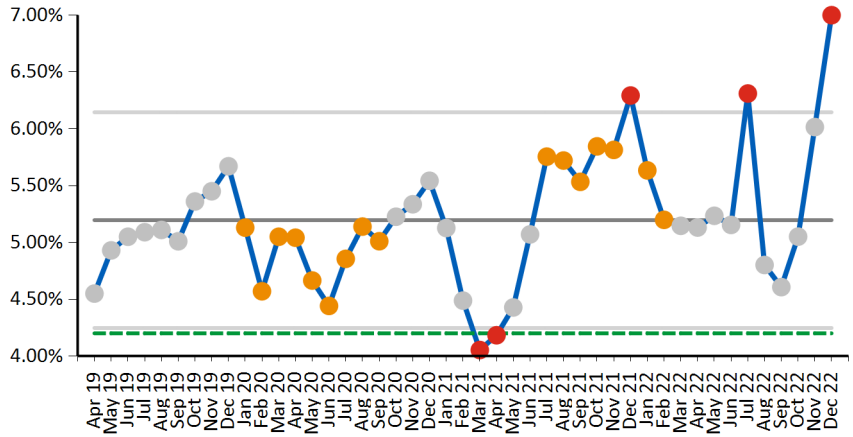
Workforce

Sickness, Vacancy and Turnover

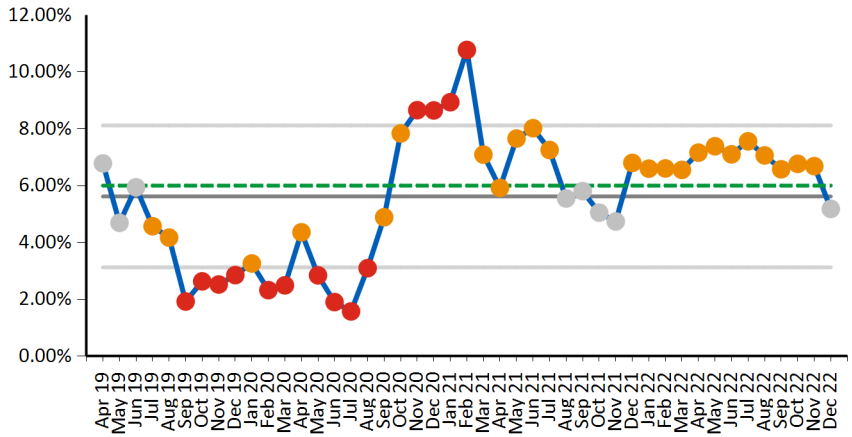
Unsurprisingly sickness shows a seasonal increase in December 2022 to 7% . This compares to 6.3% in December 2021. Interestingly though colds/ flu account for 18% of total absence this Dec. compared to 7% of total absence at the same time in 2021. Updated benchmarking sickness data by reason is being collated across GM and will reported via People Committee. Support at individual, service and Divisional level continues with close working across the Divisions. Vacancy rates have reduced from last month and People Committee continue to provide a strong focus on turnover by both Division and staff group.

	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%	7.00%	Dec-22		<= 4.20%	6.02%	Nov-22	<= 4.20%	5.48%	
120 - Vacancy level - Trust	<= 6%	5.18%	Dec-22		<= 6%	6.68%	Nov-22	<= 6%	6.83%	
121 - Turnover	<= 9.90%	13.91%	Dec-22		<= 9.90%	13.82%	Nov-22	<= 9.90%	14.24%	
366 - Ongoing formal investigation cases over 8 weeks		0	Dec-22			0	Nov-22		15	

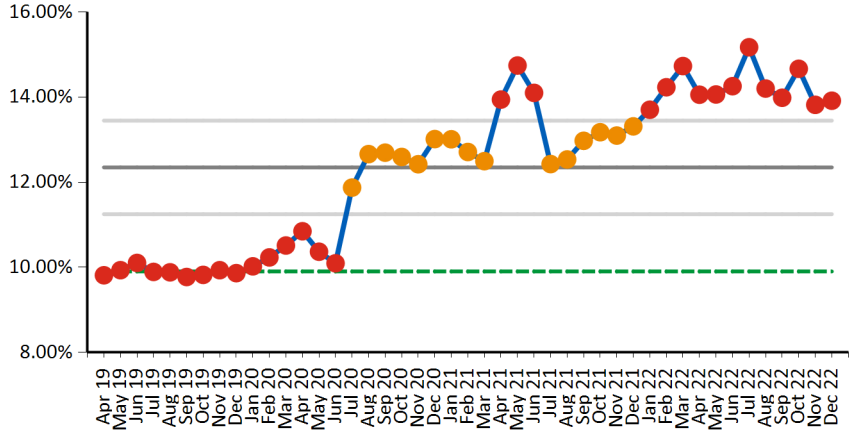
117 - Sickness absence level - Trust



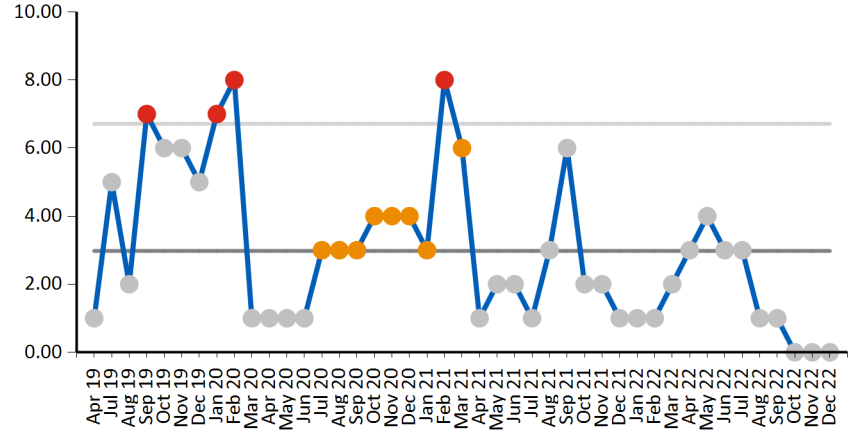
120 - Vacancy level - Trust



121 - Turnover



366 - Ongoing formal investigation cases over 8 weeks

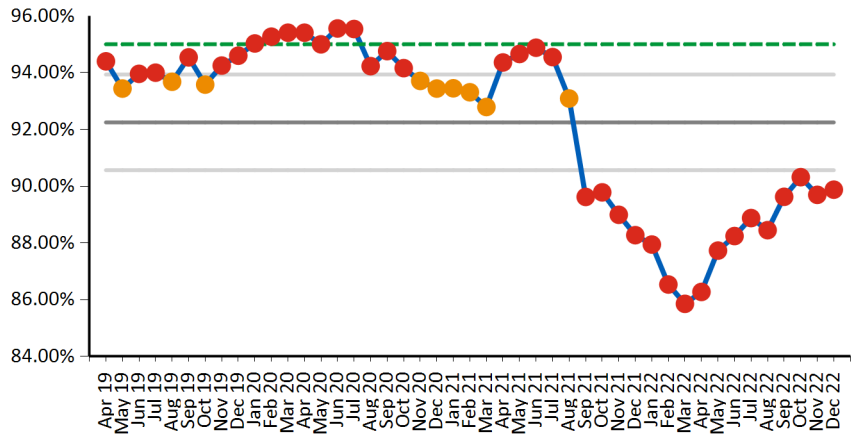


Organisational Development

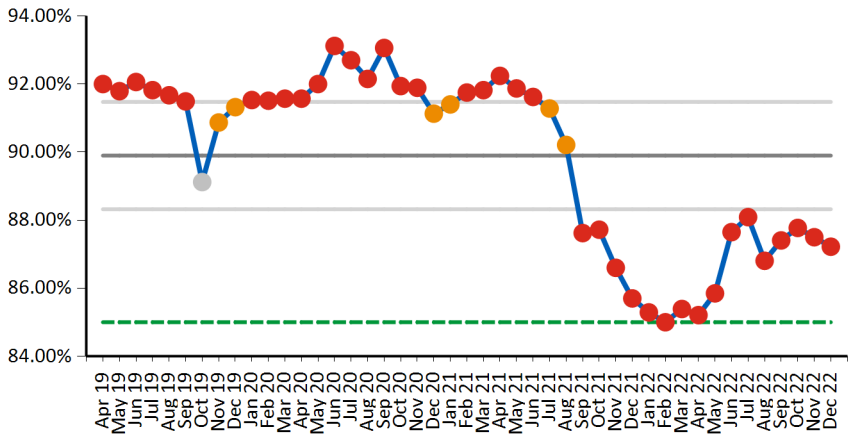
The Trust's overall compliance level for mandatory training was 87.2% (2.2% above our corporate target of 85%) and statutory training was 89.9% (5.1% below our corporate target of 95%). We continue to place great focus on completion and there are agreed targets in place per division; being monitored through the People Development Steering Group. Appraisal compliance has seen a minor decrease this month which represents the time of year as we had increases in the three consecutive months prior to this.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
37 - Staff completing Statutory Training	>= 95%	89.9%	Dec-22		>= 95%	89.7%	Nov-22	>= 95%	88.8%	
38 - Staff completing Mandatory Training	>= 85%	87.2%	Dec-22		>= 85%	87.5%	Nov-22	>= 85%	87.1%	
39 - Staff completing Safeguarding Training	>= 95%	90.99%	Dec-22		>= 95%	90.79%	Nov-22	>= 95%	90.07%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	82.3%	Dec-22		>= 85%	83.3%	Nov-22	>= 85%	80.6%	
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%		

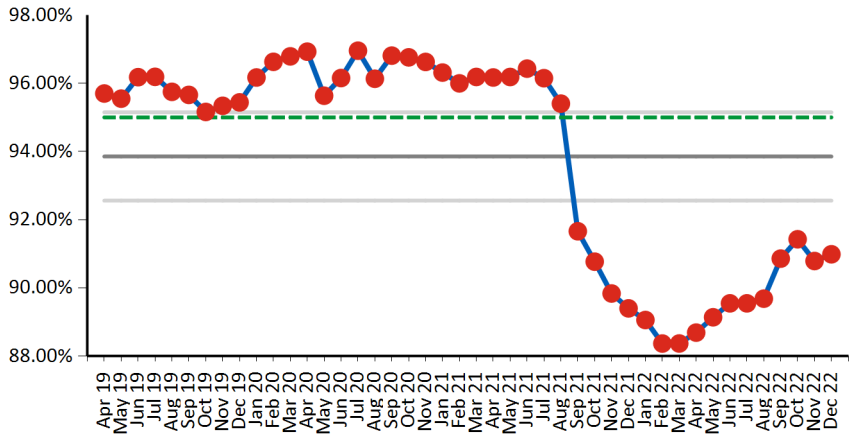
37 - Staff completing Statutory Training



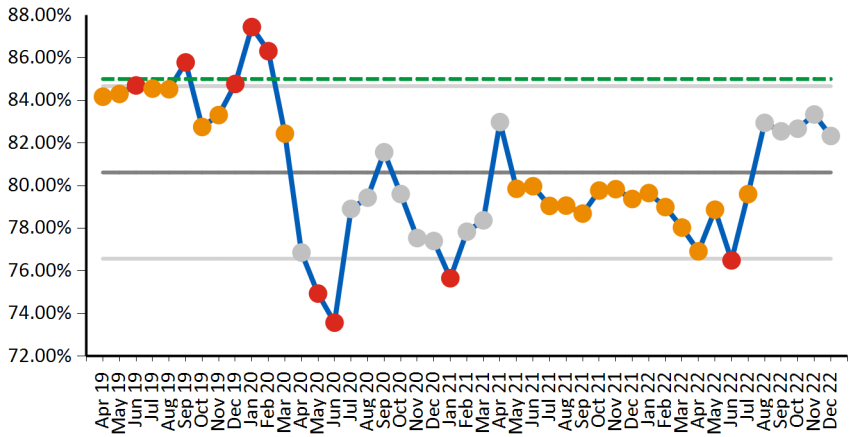
38 - Staff completing Mandatory Training



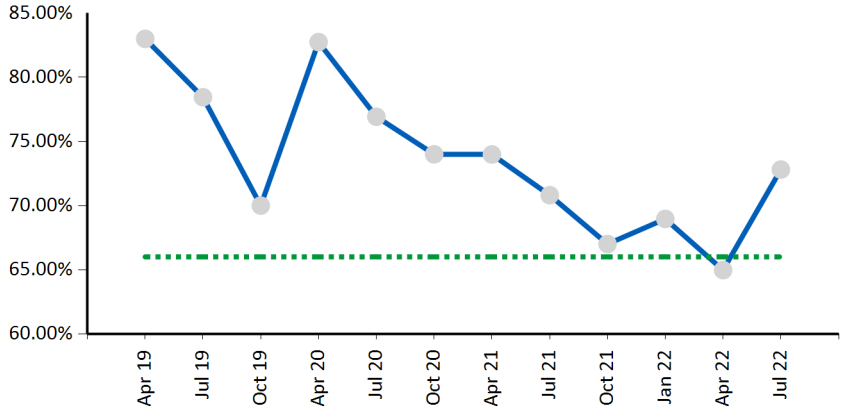
39 - Staff completing Safeguarding Training



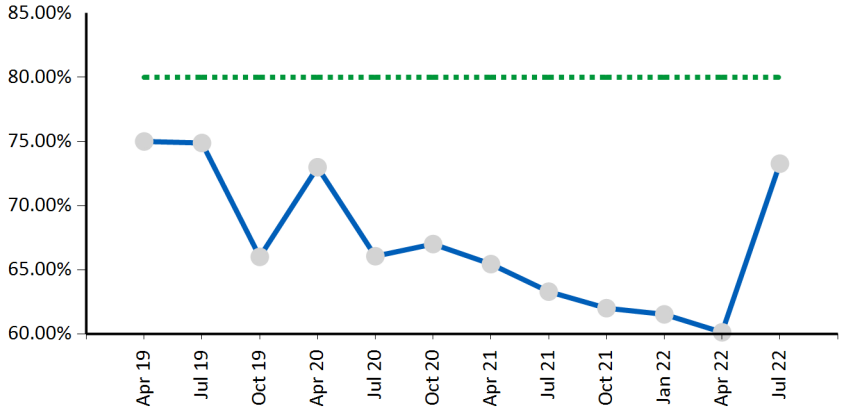
101 - Increased numbers of staff undertaking an appraisal



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



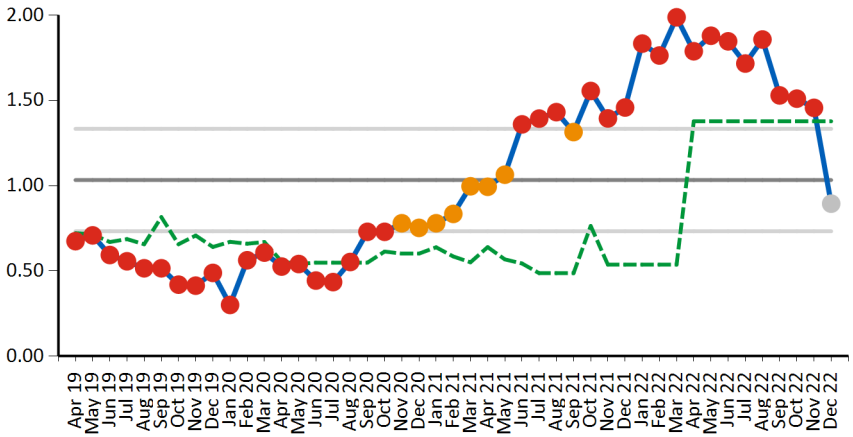
Agency

Agency spend in December reduced in month with Nursing showing a marginal decrease (£3k) and Medical a reduction of £389k in month. Other agency has reduced by £170k including reduction in A&C spend of £50k.

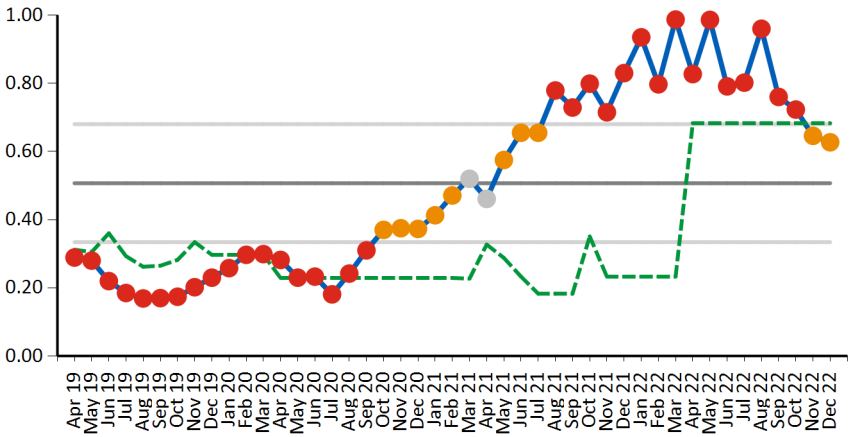
NB the overall agency spend for Dec 2022 includes accruals of £513k. There was discussion at People Committee about how accruals can be accurately reflected across the year.

	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	0.89	Dec-22		<= 1.38	1.46	Nov-22	<= 12.39	14.48	P
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.68	0.63	Dec-22	H	<= 0.68	0.65	Nov-22	<= 6.15	7.12	P
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.62	0.11	Dec-22	L	<= 0.62	0.50	Nov-22	<= 5.54	5.44	P

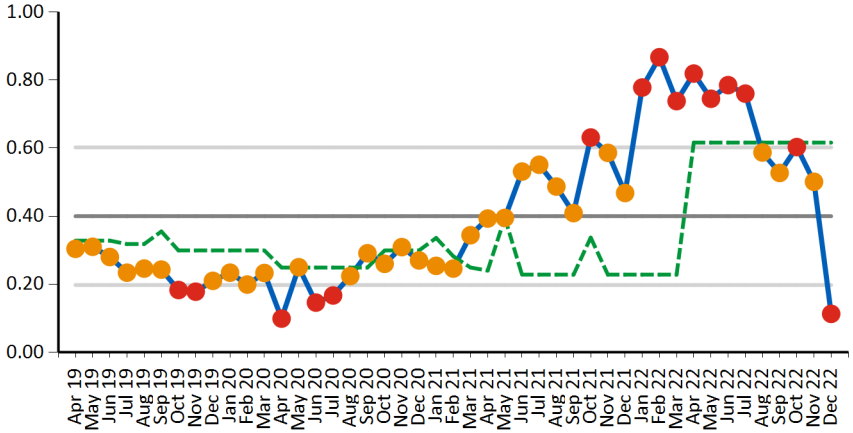
198 - Trust Annual ceiling for agency spend (£m)



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 £10.3m compared with a planned deficit of £4.4m. The in-month position was a £0.5m deficit
• Financial Recovery actions including a weekly pay and discretionary non pay review panel have been implemented

Revenue Forecast Outturn
• The forecast scenarios range from a deficit of £16.1m to achieving the planned deficit of £7.2m, with a likely deficit of £12.1m.
• Forecast Outturn is currently rated red.

Cost Improvement
• The current trackers indicate that £15.2m of savings have been delivered against a target of £15.9m.
• £4.9m of recurrent full year effect savings have been delivered against a target of £12.4m

Variable Pay
• We spent £3m on variable pay in month 9 and have now spent £36.3m YTD.
• In Month 9, £1m of accruals were released relating to variable pay meaning the adjusted in month spend was £4m which is £0.1m lower than average

Capital Spend
• Year to date spend is £10.9m; of which £4.8m is on Theatres.
• NHSE have approved the CDC business case and BFT will receive £14.7m over current and next financial year
• An additional £3.1m of funding for CDC preliminary works has been funded, awaiting MOU sign off
• UTF/FLD funding of £1.3m has been agreed and awarded to the Trust for digital Capital schemes such as EPR
• Theatres TIF has been approved for the full £19.6m business case
• Further discussions continue with NHSI and GM around the 22/23 plan.
• Capital is rated amber for the risk associated with the plan.

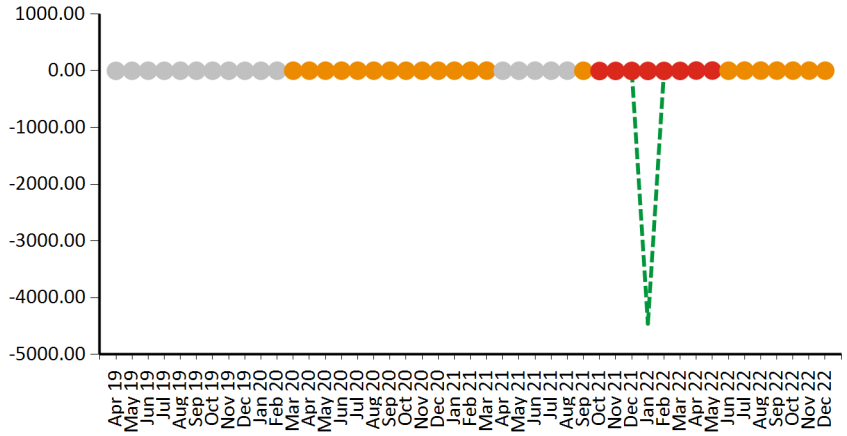
Cash Position
• We had cash of £17.0m at the end of the month.
• Cash is significantly lower than planned. The finance team are reviewing all aged debt and introducing more regular cash flow monitoring

Better Payment Practices Code
• Year to date we have paid 86.8% of our invoices within 30 days.
• Non-NHS performance is 92.7% YTD with 96.3% in month.
• Action to improve performance is underway and showing results

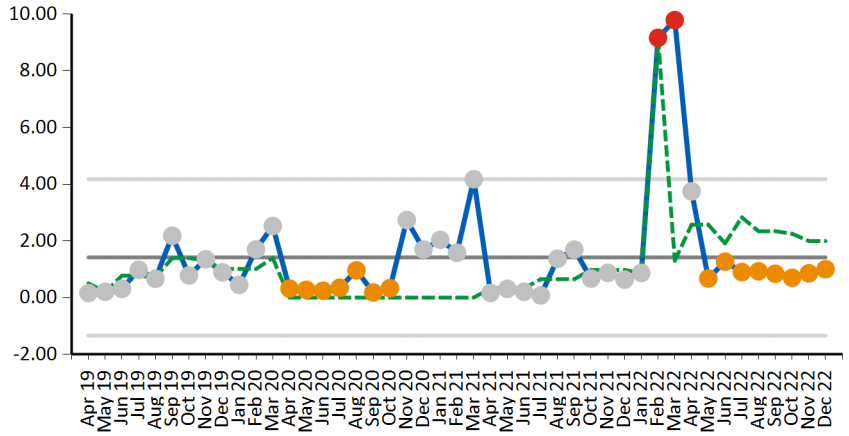
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
220 - Control Total (£ millions)	>= 0.7	0.5	Dec-22		>= 0.7	0.6	Nov-22	>= 4.3	10.2	
222 - Capital (£ millions)	>= 2.0	1.0	Dec-22		>= 2.0	0.9	Nov-22	>= 20.8	10.9	

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
223 - Cash (£ millions)	>= 38.1	17.0	Dec-22	L	>= 37.5	18.6	Nov-22	>= 38.1	17.0	?

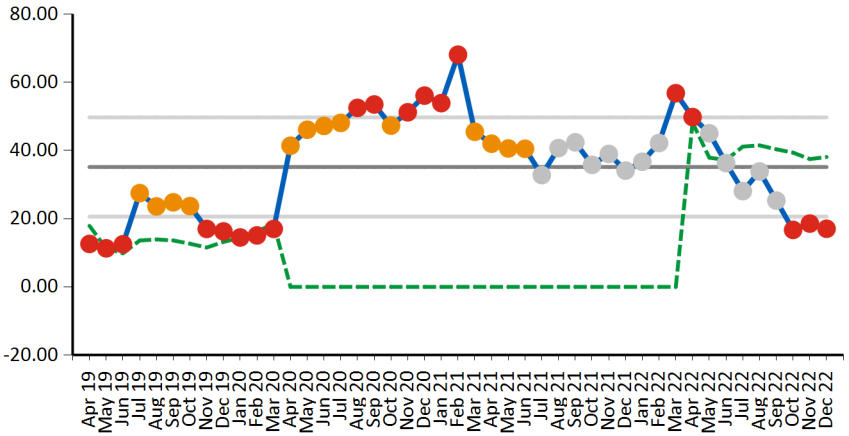
220 - Control Total (£ millions)



222 - Capital (£ millions)



223 - Cash (£ millions)



oard Assurance Heat Map - Hospital

	Indicator	Target	Council	Acute Division																						Families Division												
			Lab Lodge	AED-Adults	AED-Paeds	A4	B1 (Frailty Unit)	B2	B3	B4	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	23	24	22	21	26	25	26	27	25	10	13	25	22	24	28	12	5	24	18	25	17	25	25	26	16	26	26	11	9	4	15	38	9	4	26	5	22	22	17	38	838
Infection Prevention Control	Hand Washing Compliance %	*Target = 100%*	100.0%	90.0%	N/R	100.0%	90.0%	N/R	100.0%	80.0%	95.0%	85.0%	95.0%	100.0%	100.0%	100.0%	90.0%	100.0%	N/R	100.0%	100.0%	100.0%	100.0%	75.0%	65.0%	100.0%	95.0%	100.0%	35.0%	100.0%	85.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	90.0%	95.3%
	IC - Diff	*Target = 0*				0	1	0	0	0	0	0	2	0	0	1	0	0	0	0		0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0		0	0	0	0	6
	MSSA BSIs	*Target = 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	0	0	1
	E.Coli BSIs	*Target = 0*				0	0	0	0	0	0	0	1	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	0		0	0	0	0	3
	MRSA acquisitions	*Target = 0*				0	0	0	0	0	1	0	0	0	0	0	0	0	0	0		0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	2
Harm Free Care	All Inpatient Falls (Safeguard)	*Target = 0*	3	2	0	1	5	10	5	0	1	8	7	5	2	1	0	4	5	6	1	0	5	3	0	2	0	4	4	1	1	3	0	0	0	0	0	0	0	0		0	0	1	0	90
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	VTE Assessment Compliance	*Target = 95%*				56.8%	77.3%	33.3%	85.7%	61.5%	100.0%	86.4%	100.0%	75.0%	100.0%	100.0%	98.1%	96.8%	96.8%	94.8%		99.8%	96.0%	96.7%	99.8%	100.0%	99.3%	98.2%	94.9%	100.0%	100.0%	100.0%	94.0%	100.0%	100.0%	96.6%			N/R	99.0%	N/R	97.6%	94.9%	96.6%	100.0%	97.4%
	New pressure Ulcers (Grade 2)	*Target = 0*	0	2	0	0	3	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	3	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0		0	0	0	0	12
	New pressure Ulcers (Grade 3)	*Target = 0*	0	1	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	2
	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
	New pressure Ulcers (unstageable)	*Target = 0*	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	7
Audit	Monthly KPI Audit %	*Target = 95%*	99.6%	88.9%	N/R	96.7%	85.1%	N/R	90.1%	94.5%	94.0%	79.7%	89.7%	81.1%	97.8%	91.4%	93.6%	95.5%	91.9%	87.0%	N/R	100.0%	97.1%	96.2%	95.3%	93.1%	92.1%	95.5%	97.3%	97.0%	90.3%	93.0%	100.0%	97.3%	100.0%	98.3%	94.1%	94.1%	100.0%	98.3%	N/R	N/R	N/R	94.2%	97.2%	94.0%
	BoSCA Overall Score %	*w=<55,b>55, s*	73.7%				60.5%	54.7%	84.9%	64.3%	76.8%	63.4%	72.7%	71.7%	84.2%	73.9%	67.7%	78.5%	79.9%	77.3%			75.3%	86.3%		71.0%	76.5%	81.1%	71.4%	75.5%	75.1%	67.0%								61.7%		62.5%	52.9%			71.4%
	BoSCA Rating		bronze				bronze	white	silver	bronze	silver	bronze	bronze	bronze	silver	bronze	bronze	silver	silver	silver			silver	silver		bronze	silver	silver	bronze	silver	silver	bronze							bronze		bronze	white			Bronze
Patient Experience	FFT Response Rate	*Target = 30%*		20.3%	0.4%	25.9%	45.0%	25.0%	95.0%	28.9%	43.1%	55.6%	46.8%	20.0%	37.8%	23.0%	0.0%	0.0%	54.0%	57.9%		28.3%	0.0%	26.9%	36.9%	0.0%	5.2%	25.2%	72.3%	31.6%	43.5%	33.3%	22.8%	100.0%	24.0%		14.8%	1.6%		2.5%	29.6%	18.0%	15.7%	1.5%	41.9%	22.5%
	FFT Recommended Rate	*Target = 97%*		80.9%	70.0%	100.0%	100.0%	100.0%	100.0%	92.3%	96.0%	100.0%	100.0%	100.0%	100.0%	100.0%			94.1%	93.2%		94.2%		100.0%	97.7%		100.0%	97.4%	96.3%	96.0%	100.0%	100.0%	85.1%	100.0%	100.0%		97.7%	100.0%		100.0%	84.8%	81.0%	88.3%	100.0%	100.0%	97.2%
	Number of complaints received	*Target = 0*	0	2	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	1	0	0	0	0		0	0	0	0	4
Governance	Serious Incidents in Month	*Target = 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	1	0	0	0	0		0	0	0	0	2
	Incidents > 14 days, not yet signed off	*Target = 0*	0	114	16	0	18	6	0	1	1	2	2	5	1	1	3	3	2	21	0	0	2	1	0	3	7	4	3	1	14	3	1	0	0	13	1	2	0	2	0	9	0	6	15	283
	Harm related to Incident (Moderate+)	*Target = 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	1	0	0	1	0	0	0	0		0	0	0	0	2
Staff Development	Appraisals	*Target = 85%*		85.63%			71.4%	64.7%	76.6%	92.3%	79.5%	55.3%	81.0%	38.3%	88.0%	89.5%	84.8%	89.1%	76.3%	94.9%	71.4%	70.7%	51.3%	94.3%	91.3%	94.9%	89.3%	76.3%	88.5%	81.0%	62.5%	93.2%	58.8%		95.0%	70.1%	94.9%		83.3%	83.3%		73.1%	73.1%		77.8%	79.1%
	Statutory Training	*Target = 95%*		80.16%			78.06%	76.56%	89.24%	96.37%	79.28%	76.60%	88.63%	81.11%	91.48%	85.48%	89.56%	81.93%	81.93%	87.04%	82.14%	90.36%	68.08%	93.06%	93.12%	84.20%	86.72%	89.94%	91.09%	81.82%	83.49%	81.12%	84.06%		100.00%	73.4%	93.1%		57.1%	84.5%		71.9%	77.3%		82.77%	83.8%
	Mandatory Training	*Target = 85%*		81.03%			77.6%	76.9%	85.2%	95.0%	73.8%	66.7%	82.8%	78.4%	92.1%	86.4%	86.5%	80.3%	77.0%	90.7%	87.2%	90.6%	54.9%	93.3%	91.7%	78.7%	80.4%	88.3%	82.8%	82.1%	85.4%	75.3%	85.6%		98.1%	77.4%	86.8%		50.0%	87.9%		81.3%	76.0%		89.5%	82.0%
Staffing & Workforce	% Qualified Staff (Day)					95.3%	95.6%	49.2%	100.1%	96.8%	97.3%	91.0%	96.4%	97.8%	95.9%	-	-	-	99.1%	98.3%	-	-	97.7%	79.1%	-	102.9%	93.9%	-	100.5%	95.2%	100.8%	100.1%	-	-	-	91.8%	89.6%	-	-	91.6%	-	92.2%	47.6%	-	96.6%	92.0%
	% Qualified Staff (Night)					101.6%	100.1%	66.2%	103.2%	103.3%	98.4%	102.0%	137.5%	103.6%	100.0%	-	-	-	99.6%	94.7%	-	-	103.2%	77.3%	-	96.7%	113.5%	-	100.2%	104.8%	97.9%	96.4%	-	-	-	75.1%	93.8%	-	-	90.3%	-	87.7%	58.2%	-	97.8%	96.3%
	% un-Qualified Staff (Day)					100.8%	101.0%	60.2%	95.4%	94.4%	91.2%	101.7%	88.3%	95.9%	104.8%	-	-	-	83.1%	87.3%	-	-	95.5%	105.0%	-	98.7%	78.2%	-	114.0%	78.2%	102.2%	95.9%	-	-	-	100.7%	94.9%	-	-	97.5%	-	53.1%	26.8%	-	94.5%	90.0%
	% un-Qualified Staff (Night)					96.2%	160.2%	86.8%	124.4%	100.5%	97.6%	124.7%	94.4%	124.8%	112.9%	-	-	-	102.3%	114.0%	-	-	109.7%	77.3%	-	126.1%	83.4%	-	121.5%	-	117.0%	112.9%	-	-	-	89.9%	159.8%	-	-	73.9%	-	46.6%	22.8%	-	113.8%	103.7%
	Sickness (%)	*Target < 4.2%*		11.16%	11.16%		7.13%	3.56%	2.62%	2.88%	11.92%	10.53%	4.12%	5.86%	2.77%	8.09%	10.01%	6.06%	13.16%	11.43%	0.00%	10.53%	12.53%	7.81%	10.13%	7.38%	20.82%	3.17%	6.49%	10.43%	7.59%	11.59%	8.00%		5.59%	7.75%	5.86%		10.97%	13.58%		8.46%	14.97%		10.37%	8.55%

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		Overall
			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	
Infection Control & Harm Free	Hand Washing Compliance %	*Target = 100%*	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	N/R	N/R	0.00%
	Monthly New pressure Ulcers (Grade 2)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	4	1	1	1	0	0	6	0	0		15
	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	1	0	0	0	0	0	0	0		1
	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	1	3	2	2	1	0	1	0	0	0		10
Audit	Monthly KPI Audit %	*Target = 95%*	97.4%			N/R	98.8%	99.7%		100.0%		97.6%	98.7%		N/R		99.2%	98.3%	98.7%	98.8%	98.3%	N/R	98.8%	N/R	98.4%	97.9%	98.6%	97.6%	98.1%	98.00%
	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%*	85.0%		62.5%	100.0%	60.0%	55.0%	5.0%	50.0%	60.0%	25.0%	0.0%	0.0%	15.0%		28.6%	22.3%										100.0%		38.50%
	Friends and Family Recommended Rate %	*Target = 97%*	94.1%		100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%			100.0%		100.0%	100.0%										100.0%		98.90%
	Number of Complaints received	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										0		0
Staff Development	Sickness (%)	*Target is < 4.2%*	8.3%	2.5%	6.1%	8.45%	0.0%	21.3%	3.0%	1.93%	13.6%	11.6%	5.3%	2.7%	9.2%	7.8%	0.0%	7.6%	11.3%	6.3%	4.0%	8.9%	10.4%	3.4%	12.0%	4.5%	4.0%	6.1%		6.88%
	Substantive Staff Turnover Headcount (rolling average 12 months)	*Target is < 10%*	10.6%	23.8%	22.2%	0.0%	25.0%	22.2%	6.9%	38.1%	5.5%	16.4%	12.0%	10.3%	5.6%	12.1%	0.0%	62.1%	6.3%	0.0%	9.5%	14.3%	7.7%	23.1%	7.7%	28.6%	6.3%	7.1%		14.20%
	12 month Appraisal	*Target = 85%*	93.9%	81.6%	100.0%	88.9%	75.0%	63.6%	95.5%	81.3%	87.1%	90.0%	100.0%	94.1%	75.0%	90.6%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	81.8%	84.6%	100.0%	77.8%	96.9%	96.3%		90.69%
	12 month Statutory Training	*Target = 95%*	95.6%	95.2%	100.0%	100.0%	100.0%	100.0%	96.3%	98.3%	97.1%	97.5%	96.8%	97.2%	100.0%	95.5%	98.3%	100.0%	93.3%	99.3%	96.9%	97.3%	94.3%	98.1%	95.5%	97.2%	99.2%	98.4%		97.65%
	12 month Mandatory Training	*Target = 85%*	95.4%	94.5%	100.0%	100.0%	94.7%	98.1%	85.9%	97.2%	94.6%	95.5%	93.9%	95.7%	87.9%	93.4%	91.3%	96.6%	93.5%	97.3%	94.1%	92.6%	87.9%	96.0%	90.3%	96.2%	98.9%	99.4%		94.98%

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

Report Title:	Quality Assurance Committee Chairs Report

Meeting:	Board of Directors	**Purpose**	Assurance	x
Date:	26 January 2023		Discussion	
Exec Sponsor	Francis Andrews		Decision	

Purpose	To provide assurance for the Board

Summary:	Attached are the Quality Assurance Committee Chairs Reports from the meetings held on 21 December 2022 and 18 January 2023.

Previously considered by:	
☐ Strategy and Operations Committee	☐ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	☐ People Committee
☐ Charitable Funds Committee	☐ Audit Committee

Proposed Resolution	The Board of Directors Committee is asked to seek assurance from the Strategy and Operations Chairs Report

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:	Michelle McConvey	**Presented by:**	Malcolm Brown Non-Executive Director

Committee/Group Chair's Report

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	21 December 2022	Date of next meeting:	18 January 2023
Chair:	Malcolm Brown, NED	Parent Committee:	N/A
Members Present:	Jackie N, Martin N, Sharon K, Harni B, Rachel N, Carol S, Gina R, Angie H and Nicola C.	Quorate (Yes/No):	Yes
		Key Members not present:	Fiona N, Francis A, Tyrone R, Lianne R, Sophie KC, Stuart B, Diane S, Michelle C, Sharon W, James M, Rebecca L and Gareth H.

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Integrated Performance Report (IPR)		Deputy Chief Nurse / Deputy Medical Director	The Deputy Chief Nurse and Deputy Medical Director provided an overview of the IPR and drew attention to the following: • A reduction in Pressure ulcers was noted due to the higher awareness from the PU collaborative and departmental training. Community special cause variation was noted by the Committee. • Falls performance remains positive as the Trust recording achieving 4.9 falls per 1000 bed days against the target of 5.3. Falls with harm has maintained the same position as October and November due largely to initiatives being put in place. • C-diff infections rose for the first time in three months for November with three of the 12 cases being repeat cases. • There were 63 patients admitted with confirmed influenza. • Complaints have improved on month and despite the new process being labour intensive the quality has improved.	• The Committee received and noted the report.

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

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

Committee/Group Chair's Report

Clinical Governance and Quality Committee (CGQC) Chair Report		Deputy Chief Nurse	The Deputy Chief Nurse presented the chairs report, noting the following key items: • BoSCA has been ongoing for the last 16 months and while some white wards have been identified and are on the way to seeing some platinum wards too. Next step is working with HR and looking at ways to reward and recognise those achievements particularly if there are two consecutive white wards. • Quality dashboards from the Divisions were noted as green overall but not everything report was green. • Overdue SI Actions – This was discussed as there are a number still outstanding and an update was requested for the next meeting. • All other items on the report were amber but there were no concerns to be escalated. • The Assistant Director of Clinical Governance later confirmed that there were 163 outstanding SI actions relating to 17 SI's and that the detail and divisional breakdown of these actions will be included in the next chairs report.	The Committee received and noted the report with the divisional breakdown of SI reports to be included on the next report.
Quality Account Priority One – Q2 – Antibiotic Prescribing Standards		Deputy Medical Director	The Deputy Medical Director presented the report and highlighted the following: • Driving standards one, two and four are currently on track for completion. • Driving standard three is off track but there is still chance for this to be recovered. There is a drop down menu which is being embedded into EPR to enable clinicians to select a diagnosis and then prescribe antibiotics appropriately and this is being monitored by a working group which has been established.	The Committee received and noted the report.

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Committee/Group Chair's Report

BoSCA Update – Quarter 2		Deputy Chief Nurse	The Deputy Chief Nurse presented the update and drew attention to the following; • Since the programme was refreshed in June 2021 there have been 33 areas assessed. The areas identified in the previous quarter were detailed in the report. • Five wards had been assessed in the previous quarter as 'bronze' but had moved up to 'silver', the others remained at 'bronze' and three new areas were assessed which were 'silver'. • B2 has been an escalation ward since February and was identified as a 'white' ward and so there is a need to determine what the next steps will be if the ward is still 'white' at the next assessment. Regardless of being an escalation ward there still needs to be the same standard of care adhered to.	The Committee received and noted the report.
Annual Complaints Report		Assistant Director Clinical Governance	The Assistant Director of Clinical Governance presented the Annual Complaints and highlighted that: • The report was for 2021-22 so that data is out of date but is being shared within the appropriate timeframe. • There was a review of process which has changed and continues to change and going forward. • A review to the Complaint management process had been completed and the new system was now in place. There were early shoots of quality improvement as the Trust was compliant with the six-month regulatory target, but have breached the internal targets and these targets are going to be reviewed. • The team are looking at potentially less complex complaints to be done within a shorter time frame and the complex ones will remain within the 60-day window for major complaints. • The Assistant Director of Clinical Governance advised that there has been an increase in PALs and having the verbal resolution does tend to help and prevent them from developing into formal complaints. • They are also looking into digital solutions to complaints as opposed to issuing a letter.	The Committee received and noted the report.

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Committee/Group Chair's Report

Internal Quality Assessments		Assistant Director Clinical Governance	The Assistant Director of Clinical Governance presented the Internal Quality Assessment report and highlighted that: • Assessments took place in September and it was to identify any significant gaps to make improvements for patient care, safety and experience. • They were undertaken by senior staff within the organisation and volunteers came forward so that it could take place over three days. • The areas assessed were Acute Adult, Anaesthetics & Surgery and Family Care with a particular focus on Maternity. Those who carried out the assessments were multi-professional including medics, nurses and AHPs. • It was acknowledged that since the assessments were carried out, the Trust has also had CQC announced and unannounced visits and that the initial feedback from the CQC felt that they recognised the good work. • There are plans to do an annual internal assessment in line with the new CQC inspection regime, which is more involves using data intelligence and BoSCA would definitely be involved in that as well as the performance and governance data. • The Assistant Director of Clinical Governance advised that informal feedback was received from staff on the day of the visits and this can be incorporated into the next report.	The Committee received and noted the report.

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Committee/Group Chair's Report

Trust Learning from Experience Report		Assistant Director Clinical Governance	The Assistant Director of Clinical Governance presented the report informing the Committee of the following; • This is the first report seen which brings together a variety of sources of information triangulated from lots of different data including formal/ informal learning incidents, SI's, BoSCA, Freedom to Speak Up, inquests and claims. • The key themes outlined in the report as well as the learning and the actions that are needed to be addressed. These themes included; pressure ulcers, communication, documentation, falls and leadership behaviours. • There is an obvious reliability on systems and processes and it shows that they aren't always as clear and succinct as they could be because staff are interpreting them in their own way not following it as they should.	The Committee received and noted the report.

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Committee/Group Chair's Report

Maternity Incentive Scheme (CNST) 4 Year Progress Update		Deputy Chief Nurse	The Deputy Chief Nurse presented the update to the Committee and noted the below key points: • In the report presented to the Committee last month out of the 10 safety actions at that point there were three green, three red and four amber. • In order to achieve compliance with each of these safety actions, each indicator within the safety action needs to be met. So at the time of report writing, this meant that the team had to demonstrate that each of the 44 indicators sit underneath this and this equated to 143 pieces of evidence. • Though significant work had been undertaken as a result, • The number of amber rated actions have reduced from four to one due to the significant work undertaken. A black rating has been introduced for services that cannot be recovered. However, the team was continuing to work at addressing the remaining actions. • Deputy Chief Nurse confirmed that there are training sessions being held but there were 42 vacancies and with last minute staff sickness she was unable to give a definitive answer.	The Committee received and noted the report.

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Committee/Group Chair's Report

Clinical Correspondence Update		Corporate Business Manager	The Corporate Business Manager presented the Clinical Correspondence Update which detailed the following; • Divisional teams were reviewing options to help improve on current performance and ensure their teams met the 95% standards for inpatient and outpatient correspondence. Additionally, the would be looking to articulate why they remain off track and how they will to recover that. • Whilst the paper includes a lot of charts and information it was noted that the Medical Director team are also going to be working with the divisions to bring together an appropriate action plan with trajectories of recovery as well. • There is a notable difference between discharge summaries and clinical correspondence and the issues that sit differently in those areas and so whilst this is good information it doesn't provide the assurance around recovery. • Discussed the 95% target that was set a long time ago and meetings are underway to review this. • Chief Nurse Informatics Officer is looking at developing vice recognition software for EPR. **Discharge Summaries** • An additional report was provided in relation to discharge summaries as this is one of the aspects of clinical correspondence which needs to be addressed. • A multidisciplinary team had been pulled together to look at the discharge summaries in particular relating to where the delays sit. • The MD team were working alongside BI colleagues and the aim is to provide high quality and timely discharge summaries which provide accurate meaningful information to GP colleagues. • Furthermore, meetings with GP colleagues were continuing with a view of gaining an understanding on what they required.	It was agreed that the Clinical Correspondence and Discharge Summaries report would be presented to the Committee in three months' time. The Committee received and noted the reports shared.

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Committee/Group Chair's Report

Risk Management Committee Chair's Report		Deputy Chief Nurse	The Deputy Chief Nurse presented the Chair's Report and highlighted that there were no further escalations to bring to the Committees attention.	The Committee received and noted the chairs report.
Group Health & Safety Committee Chair Report		Assistant Director of Clinical Governance	The Assistant Director of Clinical Governance presented the Chair's Report. The Committee expressed concern regarding the escalations around Fire Safety and Action Plan for FP3 Resilience and asked that these were addressed in the chairs report at the next meeting for the Committee assurance.	The Committee received and noted the chairs report with an ask for further information regarding the Action Plan for FP3 and Fire Safety.
Mortality Reduction Group Chair's Report		Deputy Medical Director	The Deputy Medical Director presented the Chair's Report taking the items as read and noting that the only item for escalation was that the Acute Kidney Injury report was not received and will be deferred to the next meeting.	The Committee received and noted the chairs report.

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Committee/Group Chair's Report

(Version 4.0 October 2021, Review: October 2022)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Parent Committee:	Board of Directors
Date of Meeting:	18 January 2023	Date of Next Meeting	15 February 2023
Chair	Malcolm Brown (NED)	Quorate (Yes/No)	Yes
Members present	Jackie N, Francis A, Sharon K, Rae W, Fiona N, Tyrone R, Martin N, Harni B, Lianne R, Nicola C, Sophie KC, Jackie S, Stuart B. All Clinical Divisions in attendance	Key Members not present:	Malcolm B, Angie H, Annette W, Sharon W, Zed A, James M, Donna H.

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Integrated Performance Report		Medical Director/ Chief Nurse	The Chief Nurse and Medical Director provided an overview of the IPR and drew attention to the following: • There is a slight delay on the Pressure Ulcer Collaborative second learning session which is now set for March 2023. This is due to the immense pressures over the Christmas period for staff to deliver care at the front door, and at times the demand outstretched capacity • Overall Special cause and astronomical point (both positively) with Nurse KPI performance • There is concern within the Nursing key performance indicators on the Nutritional KPIs which is being litigated through a trust-wide project led by DND Williams • C2 is the lowest scoring with KPIs and is very challenging due to the number of vacancies – interventions have been put in place with movement of substantive staff	Points of accuracy or concerns on the data to be raised at Quality Governance before the report is received at Quality Assurance Committee. Quality Governance to have oversight of other healthcare professionals within the MDT including their staffing levels and impact of how we deliver our care. TR to discuss with FA/HB The Committee received and noted the report.

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

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

			• C Diff stays in normal variation. R Catlin is leading on this and will share data through the IPC Committee – in order to increase assurance, monitoring will commence on the two identified key process measures of isolation and reliable detection of c-dif • A review has been completed on Patient experience complaints. The quality has improved and shows a reduced number of dissatisfied respondents. A paper will be shared at a future committee. There is no specific concern with Maternity other than staffing deterioration. C Section rates discussion is ongoing with Greater Manchester and Cheshire. In relation to query raised by MN regarding reduced B2 staffing fill rates on the heatmap, TR confirmed B2 is now back open as a winter escalation ward and staff have been brought in from other areas, and hence the heat map ESR data is incorrect as ledger changes not yet finalised. The Heat Map does not represent the staffing levels that are currently in place TR will review the process for heat-map review and discussion in order to ensure narrative can be provided against exceptions • Screen for Sepsis has increased in October and hoping this has been sustained. This is being reviewed to verify patient triggers. • Clinical correspondence, there will be more timelines with future data. The Mortality figures are delayed. The in-month figures are always higher than the rolling figures. SHMI figures remain as expected. Crude is where we expected this to be and Charlson comorbidities remain the same.	

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Committee/Group Chair's Report

Quality Account – Priority 3 Q2 – Improving Information to Patients		Families	J Kundodyiwa presented the report and highlighted the following: • Paediatrics have provided another 100% positive response. Maternity have shown some improvement from Q1 but remain around 70%. Patient's families and relatives' views to be included in this process which may help to drive the next set of improvement standards. The next set of questionnaires are aimed at more ethnic minorities with the use of different languages.	The Committee received and noted the report.
Quality Account – Priority 5 Q2 – Accessible Information Standards		DSSD	J Smith presented the report and highlighted the following: • The Division have incorporated the fundamental Accessible Information Standards (AIS) in relation to text reminders and digital letters for outpatient and Elective Care appointments. • Multiple written and audio translation options have been implemented via the digital letter service and working closely with translation services. • There has been limited progress with IT due to changes in Leads. Communication needs to be added to LE2 once these have been identified to ensure all patients needs are being recorded.	The Committee received and noted the report.

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Committee/Group Chair's Report

Quarterly Trust Mortality Report		Medical Director	S Kimber-Craig presented the report and highlighted the following: • In future the comorbidities recording will be presented as an extra C Chart. • They are working on producing a mandatory field within EPR that will help with comorbidity recording. Repeated admissions will stay with the patient. This will be rolled out in February. SKC confirmed they have considered integrating the recording progress to share information to the Community and the Hospital. Regarding the mortality data, SKC confirmed the HMSR is designed to adjust populations to give comparators. Bolton potentially have a higher Crude Mortality rate but if it is okay then our observed deaths should also be ok and backed up by the comorbidity recording. We need to keep an eye on what BI report. HB added that patients do have access to a lot of their data through the NHS App and it is not worth replicating something on a national level.	The Committee received and noted the report.

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

Committee/Group Chair's Report

CNST Scheme Update		Head of Midwifery	The Chief Nurse presented the final submission and highlighted the following: • Concerns were highlighted with meeting the 10 standards back in September 2022. Since then there have been additional exercises in place to ensure we are exhausting all potential areas for retrieval of information. • Out of the 10 standards, sub standards add up to 141, we have achieved 118 (83.6%) • The 3 key themes in respect of non-delivery relate to; training, inability to accurately give assurance that we have 100% supernumerary status of the delivery suite coordinator, and a sub-optimal reporting workplan. All aspects have now been remedied and going forward there is a clear cycle of work. • An action plan will be submitted for all standards that have not been met. RW queried how we benchmarking with other organisations. TR is aware there are others across GM that have not met their full standards and will probably be lower in the pack across GM	The Committee received and noted the report with an ask to check the Safety Champions Dashboard format is mandated and data is aligned to ensure consistency.
Risk Management Committee Chair Report		Chief Nurse	S Bates presented the Chair's Report and highlighted the Committee had requested a further update from iFM regarding the fire within the organisation and a paper will be represented next month. An update on the Board Assurance Framework will be represented next month by S White. Assurance has been received on the risks and these are being monitored within the corporate teams.	The Committee received and noted the report.

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

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

Mortality Reduction Group Chair Report		Associate Medical Director	S Kimber-Craig presented the Chair's Report and noted both Reducing Mortality in Non Elective & Elective General Surgery and Reducing Mortality in Non Elective & Elective Orthopaedic Surgery have been deferred due to new attendees that have joined the Group. Workshops are arranged to understand the data.	The Committee received and noted the report.
Safeguarding Committee Chair Report		Deputy Chief Nurse	The Deputy Chief Nurse presented the Chair's Report and highlighted that there are a number of areas highlighted amber as they are unable to provide full assurance. The Safeguarding Committee will be taken from a quarterly to a monthly meeting. There are a low number of DoLS applications granted by the Local Authority and there is a lack of understanding across the Trust of the application of MCA and DoLS.	The Committee received and noted the report.
For Escalation:				

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

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

Report Title:	Mortality Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	26 January 2023		Discussion	✓
Exec Sponsor	Francis Andrews		Decision	

Purpose	This report seeks to provide assurance to the Board of Directors on the mortality metrics, actions and priorities.

Summary:	This quarterly report provides an update on recent mortality metrics and provides details of key actions and priorities for improving these metrics.
	
	Key indices
	• SHMI (NHS Digital published figures, not HED) show Bolton in month figure is above target and the average for the time period, but has remained 'in control' for the previous 2 years. The published rolling average for the period September 2021 to August 2022 is 106.63, which falls within the 'as expected' range.
	• The HSMR ratio is 111.72 for the 12 months to September 2022; this has just tipped over into a 'Red' alert. The in month figure is within control limits but above average for the time frame.
	• In hospital crude mortality in month is slightly above Trust target and average for the period. The rate has remained 'in control' for the previous two years.
	
	Key challenges and achievements
	
	• Improving our comorbidity and diagnosis recording
	  ○ Mandatory fields with autopopulation have been added to the EPR; these are in the testing phase and are set to go live in February 2023
	  ○ A new training package on uploading Health Issues correctly has been launched (with an explanatory video on the clinical need)
	• Maintaining clinical coding completeness
	  ○ The Clinical Coding Team continue to achieve the >98% coding completeness at the data freeze point
	• Clinical scrutiny of mortality data
	  ○ New MRG TOR and work plan implemented
	  ○ AKI, neonatal, maternity sepsis reviews undertaken
	Orthopaedic and General Surgery reviews in progress

Previously considered by:	
☐ Strategy and Operations Committee ☐ Finance & Investment Committee ☐ Remuneration & Nominations Committee ☐ Charitable Funds Committee	☐ Executive Committee ☐ Quality & Safety Committee ☐ People Committee ☐ Audit Committee

Proposed Resolution	The Board of Directors are asked to receive the Mortality Report

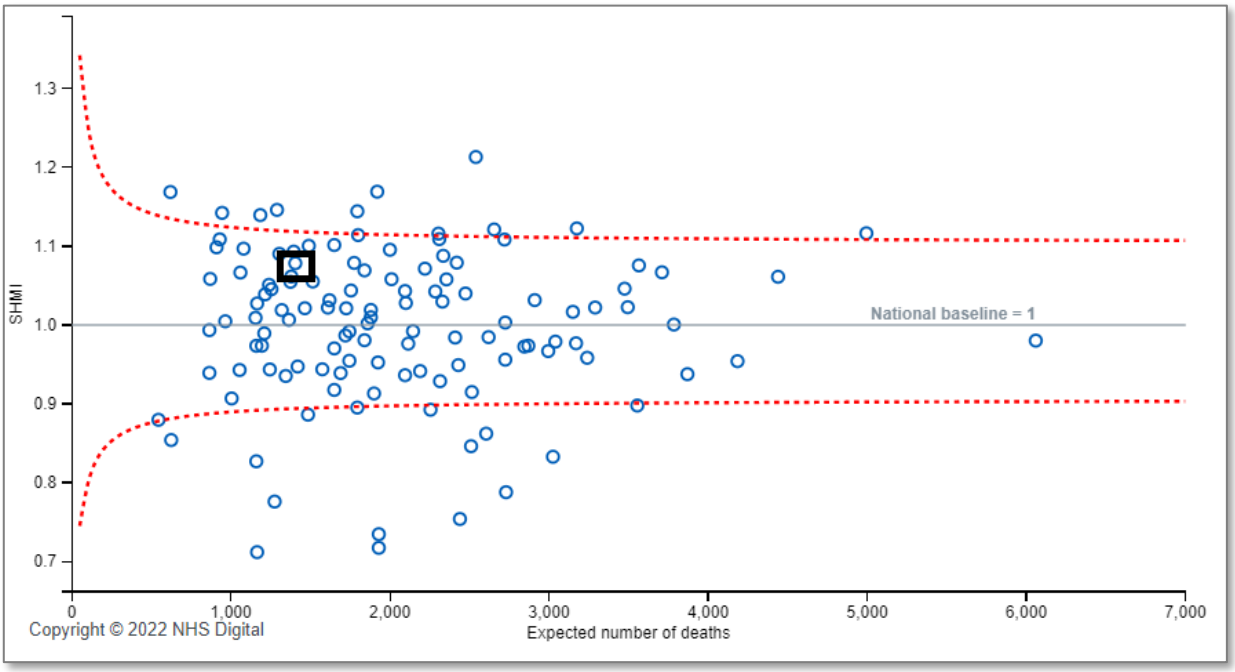
This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	
*To be a great place to work, where all **staff** 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:	Liza Scanlon (BI) and Sophie Kimber Craig (AMD)	**Presented by:**	Francis Andrews, Medical Director

1. Current key mortality metrics for Bolton

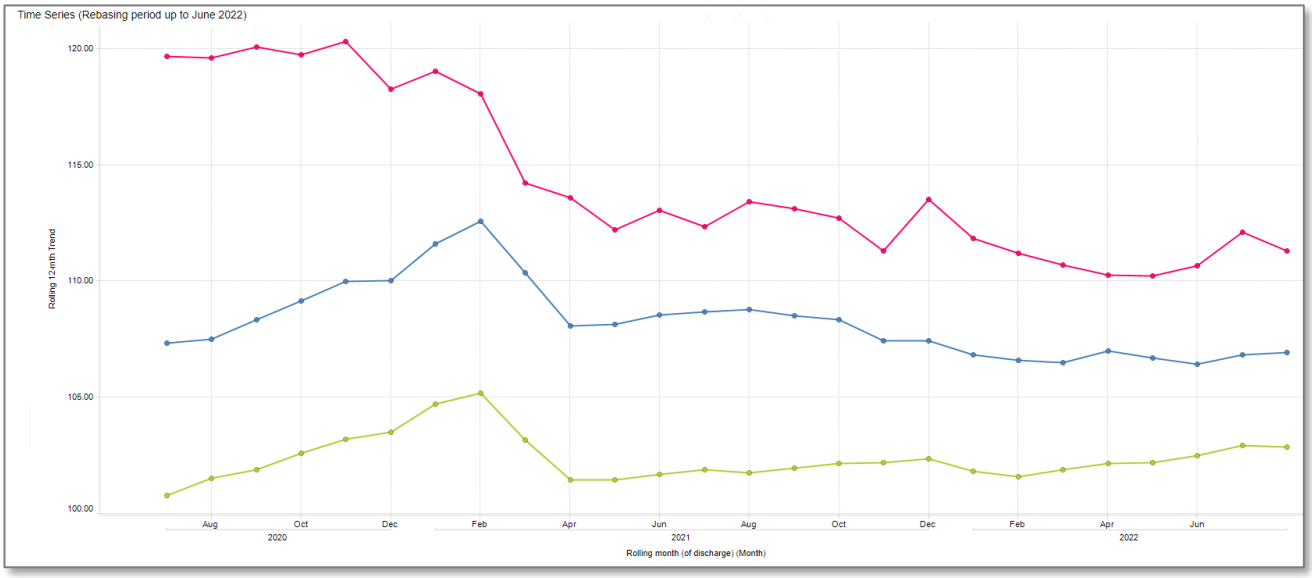
1.1 Summary Hospital-level Mortality indicator – SHMI

NHS Digital data for SHMI (August 2021 to July 2022) shows Bolton at 107.84, which is in the 'Expected' range, and is in a static position from the data presented in the last report of 107.47[1]



Time series to May 2022[2]

The rolling average for Bolton (pink) has stabilised over the previous eight months, but is still higher than the average compared to mortality peers (blue) and all acute trusts (green).[3]



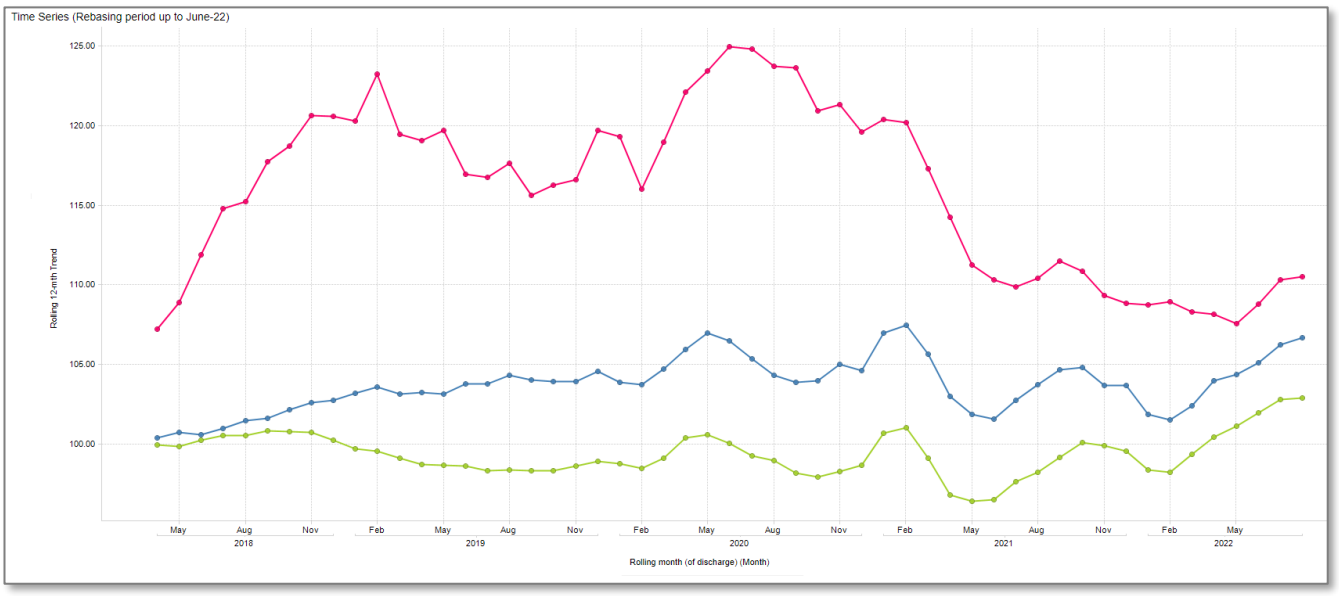
[1] Patients with Covid are excluded from the SHMI calculation (ie the spell is removed in its entirity regardless of whether the patient died or not).

[2] The rest of the report uses the SHMI figures as calculated using HES and ONS linked datasets via the HED system and is therefore more up to date than NHS Digital published figures to give an earlier indication of the indicator.

[3] Data excludes any patients who have 'opted out' of their data being shared for research purposes. As this data is calculated ahead of the published data (where they are included) this is causing the rolling average to be inflated when compared to the published data. The average opt out rate nationally is around 5%, Bolton is currently at 6.4% so causes a substantial shift in the data.

1.2 Hospital Standardised Mortality Ratio (HSMR)

The HSMR ratio is 110.5 for the 12 months to August 2022 (shown as a 12 month rolling average in the graph); Bolton (pink) is higher than the average of mortality peers (blue), but the rate has stabilised in the previous 12 months but still higher than the England average and mortality peers.[4] All acute trusts are indicated in green.



The trend in HSMR appears to have stabilised in recent months and Bolton is showing as an 'Amber' alert after tipping over the confidence limit and is one of the highest when compared

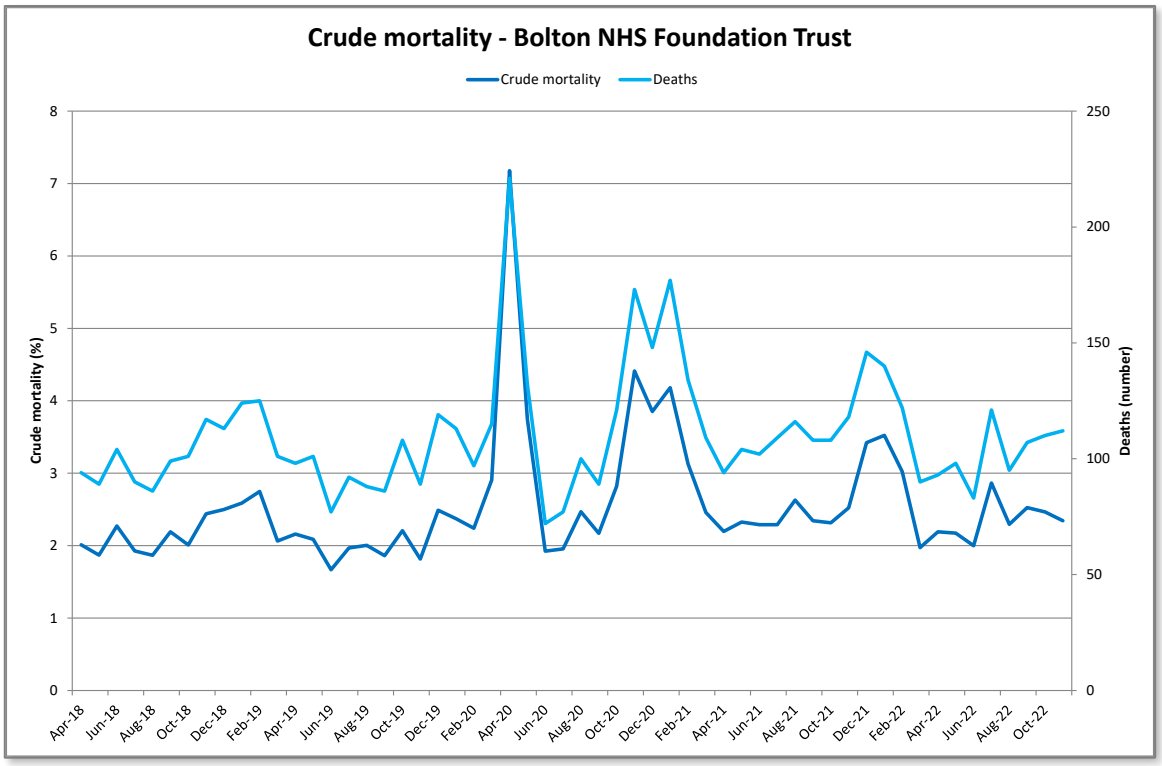
[4] HSMR calculations exclude patients with a primary diagnosis of Covid. HSMR is adjusted for Covid according to the following: *Patients with a primary diagnosis of Covid-19 (in the first episode or second episode if the first contains a primary diagnosis of a sign or symptom) are placed in CCS group '259 - Residual codes unclassified' and will therefore be excluded from the HSMR. If the Covid-19 coding appears elsewhere in the spell or in subsidiary diagnoses the patient may be included in the HSMR.*

against all mortality peers (mortality peer group indicated by triangles; all other trusts as circles).

1.3 Crude mortality (excluding day case patients)

In hospital crude mortality has shown a similar level to the same period last year. There was a slight spike in July due to an increased number of in month deaths, but this is not out of any control limits when analysed via statistical process control (SPC).

The crude rate is not adjusted for Covid mortality or spell activity, which is seen with spikes coinciding with the pandemic waves (in April and November 2020 and again in January 2021). The normal cyclical winter increasing pattern occurred over winter 2021/22, worsened by the Covid spike. Nationally, crude mortality fell in Summer 2020 (following the impact of Covid on the death rates before then). We now need to be mindful of the mortality rate and the causes of death we see at times where Covid is not peaking, as it may be that we will see the impact of the pause on other work during the pandemic and its effects on patients' outcomes.



2. Dashboard views

2.1 Mortality Indicators

The HED dashboard is shown this includes the NHS Digital published information and a more up to date externally calculated SHMI using HES and ONS data.[5] [6]

Indicator	Current	Previous	Change	Peer	National	Position
SHMI - NHS Digital (12 mth rolling) NHS Digital SHMI Dataset (Nov 2022)	106.94 (Jul 2021 - Jun 2022)	106.65 (Jun 2021 - May 2022)	0.29 ↑	102.20	100.00	Within expected range
SHMI (12 mth rolling) HES Inpatients, HES-ONS Linked Mortality Datasets (Nov 2022)	111.28 (Sep 2021 - Aug 2022)	112.10 (Aug 2021 - Jul 2022)	-0.82 ↓	104.42	103.17	Within expected range

3. Outlier CQC alerts

The Trust composite is a pilot indicator created from 12 specific indicators within *CQC Insight for Acute NHS Trusts* (September 2022).[7] The composite indicator score helps to assess a trust's overall performance, but it is neither a rating nor a judgement. It should be used alongside other intelligence to monitor Trust performance.

Indicator	National average	Performance			National comparison
		Previous	Latest	Change	

[5] Important note: HSMR has not been included in the dashboard as this is created using the 'Flex' position of SUS data. This is not viable to use for Bolton until the coding is completed at the 'Freeze' position as it bases the HSMR on incomplete records which skews the indicator.

[6] Please note there is a time lag in the data compared to the rest of this report

[7] Please note the time lag in publications used.

Hospital Standardised Mortality Ratio (HSMR) Dr Foster - Dr Foster - HSMR (28 Jul 2021)	100.0	121.3 Jan 19 - Dec 19	120.5 Jan 20 - Dec 20	→	MW
Hospital Standardised Mortality Ratio (Weekday) Dr Foster - Dr Foster - HSMR (28 Jul 2021)	100.0	115.7 Jan 19 - Dec 19	121.6 Jan 20 - Dec 20	→	MW
Summary Hospital-level Mortality Indicator (SHMI) NHS Digital - SHMI (28 Jul 2021)	1.00	1.16 Jan 19 - Dec 19	1.15 Jan 20 - Dec 20	→	MW

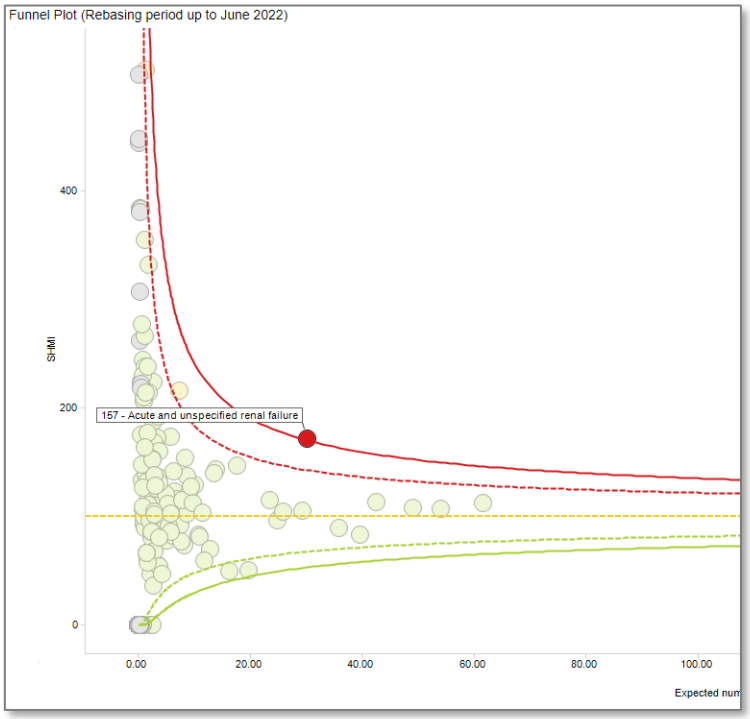
4. Diagnostic groups

4.1 SHMI red alerts by diagnosis group (12 months to August 2022)

SHMI can be split by CCS diagnosis group. Outlying diagnostic groups falling outside of the 99.8% control limits for SHMI are indicated as 'red' alerts.

Acute renal failure

Acute and unspecified renal failure is now flagging as a red alert for the 12 months to August 2022 (see below), where it had previously been only an amber alert.



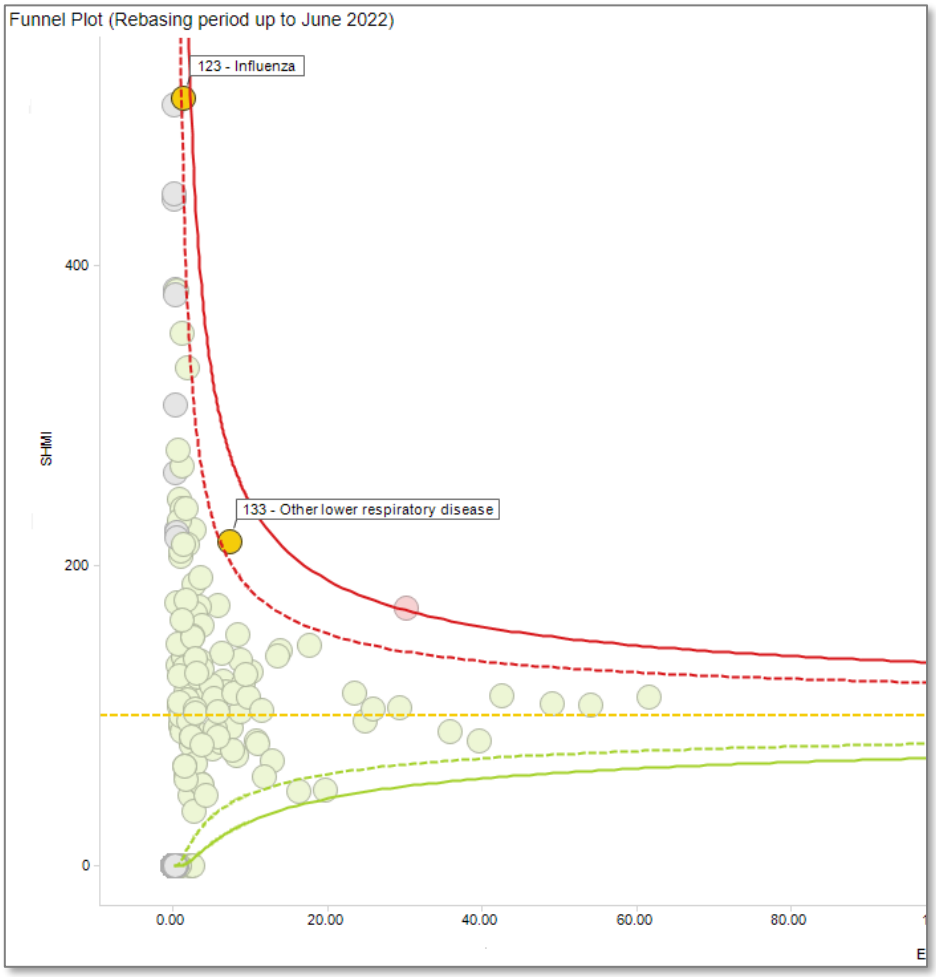
In a deep dive of patients included in SHMI for the 12 months to July 2022, undertaken by colleagues working in the Acute Kidney Injury Group, there were 68 deaths in this diagnostic group, but only one patient had renal failure actually recorded on the death certificate. All but two patients had some form of Charlson comorbidity recorded. There were a further 265 discharges in the 12 months to July 2022 and 37 of these (ranging in age from 3 years to 90 years old) had *no Charlson score* applied. The expected rate (denominator) for this diagnostic group is low compared to the number of mortalities. For example, in December 2021 there were 9 deaths within 30 days of discharge with an expected rate of 2.62 giving an in month SHMI of 343.5. This means that the risk adjustments are not being recorded and applied appropriately, particularly for patients who have been discharged. It is important to note that any small change to either the numerator or denominator in this group will substantially shift SHMI as the numbers are so low, causing fluctuations in the data. The team also noted that Acute Kindey Injury (AKI) is often

recorded as the main condition being treated, but it is in fact usually secondary to another condition, such as sepsis (this is due to existing coding rules that determine at which level a diagnosis must be coded).

Despite this understanding around data quality issues, work is being done to ensure the quality of our care for patients with acute renal failure is as we would expect. There is targeted educational work about ensuring appropriate documentation of fluid management and balance and that the AKI EPR documentation is being completed as expected.

4.2 SHMI Amber alerts by diagnosis group (12 months to August 2022)

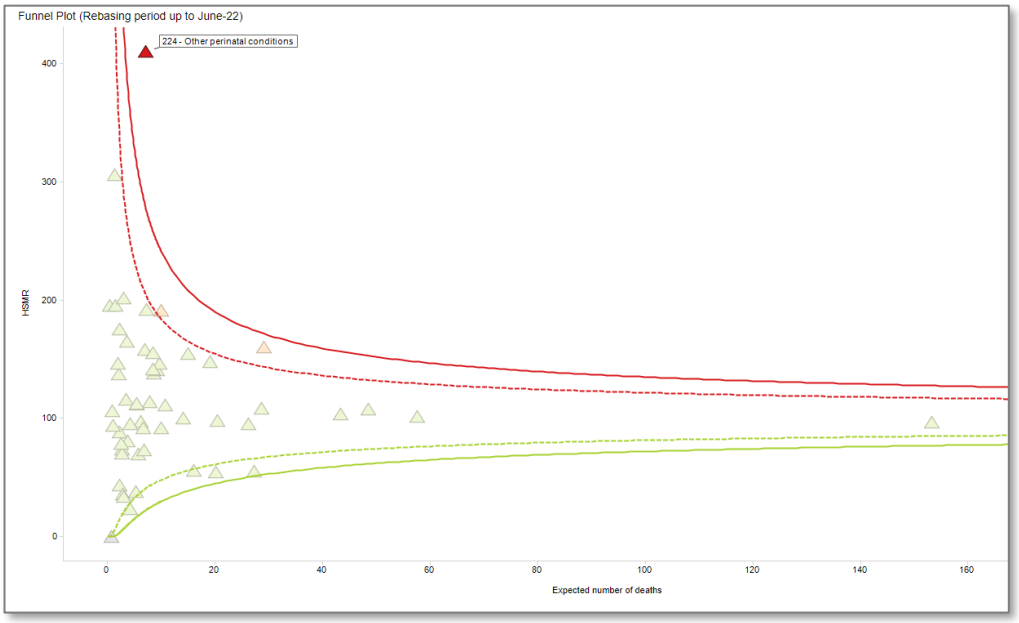
Any CCS diagnostic groups that sit outside the 95% control limits, but within the 99.8% limits are classed as an Amber alert. Influenza and other lower respiratory diseases are flagging as an Amber alert in the 12 months to August 2022



Influenza and other lower respiratory diseases show small numbers of deaths over the 12-month period so any slight change can cause an alert. The two groups have been investigated at patient level by BI and coding and we submit data as a Trust to AQuA for our pneumonia patients; an updated report on the outcomes of this is expected at MRG in this quarter.

4.3 HSMR Red alerts by diagnosis group (12 months to August 2022)

For HSMR, *Other perinatal conditions* is alerting red for the 12 months to August 2022.



Part of this is known to be due to the incorrect data entry around some stillbirths, which were incorrectly identified in the discharge method which is affecting the risk score. Data was presented at MRG by the Families Division after a deep dive into the stillbirth cases, which provided assurance that the care at Bolton benchmarks well with the region, but with quality issues around ADT data. Training has been provided for Ward Clerks to address this.

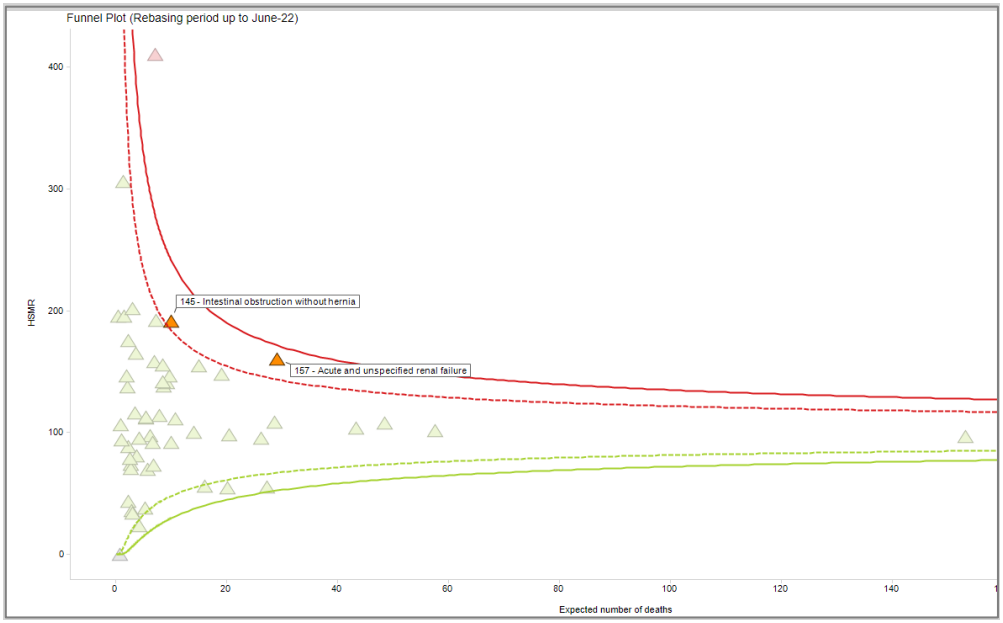
A working group has also been established with BI, the coding team and neonatal consultants reviewing patient level detail of both discharges and patients who have died. There were inaccuracies in some recording, which are being addressed through better use of our digitial systems, and discussion with the coders to ensure that the most appropriate diagnoses are being coded for in the correct order. The babies being admitted to our Transitional Care Unit were also often being coded as "Well babies," which means we were missing key diagnoses from their admissions.

Once again, it is important to note, that any slight change in the number of deaths would shift this group out of alerting – which from the patients that were reviewed is to likely to be the case. However, the legacy coding and 12 month rolling average will cause this to continue to alert for some time. Only data from April 2022 will be picked up in the annual refresh but some deaths occurred prior to this date.

4.4 HSMR Amber alerts by diagnosis group (12 months to August 2022)

Acute and unspecified renal failure is flagging as an "amber" alert for HSMR in this time period, but as already highlighted, work in ongoing to analyse the reasons for this by the AKI team. Intestinal obstruction without hernia will be looked at in conjuction with coding and BI, but it is

important to note that there are a small number of deaths and discharges in this diagnostic group so any small change in either will trigger an alert.



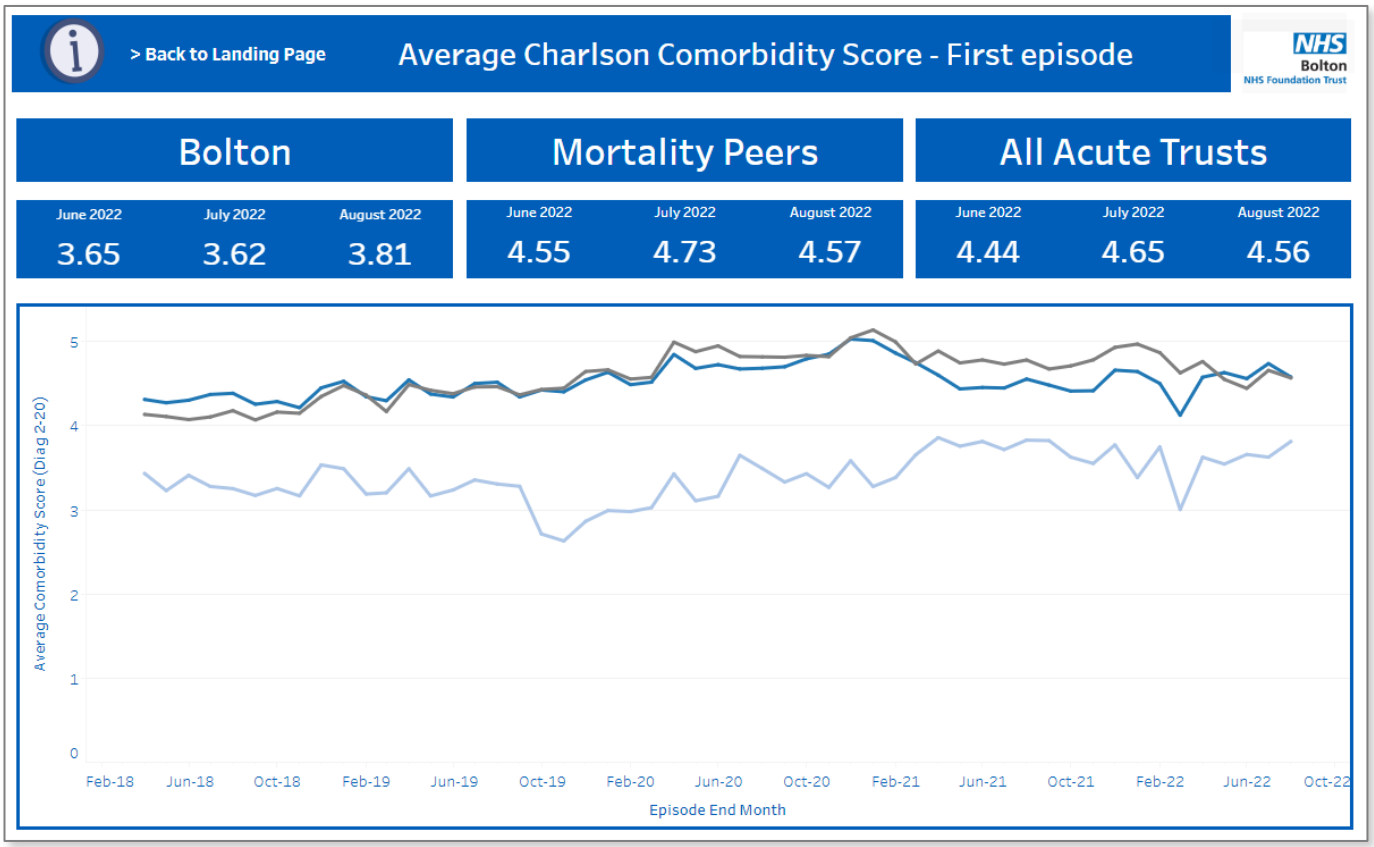
5. Key KPIs

The key KPIs for tracking progress in improving the mortality data are improved Charlson comorbidity scoring (in line at least with national average), overall depth of recording and final coding completeness. These are associated with a more accurate prediction of the number of expected deaths and, in Bolton Hospital NHS Foundation Trust's case, a reduced SHMI and HSMR.

5.1 Average Charlson score

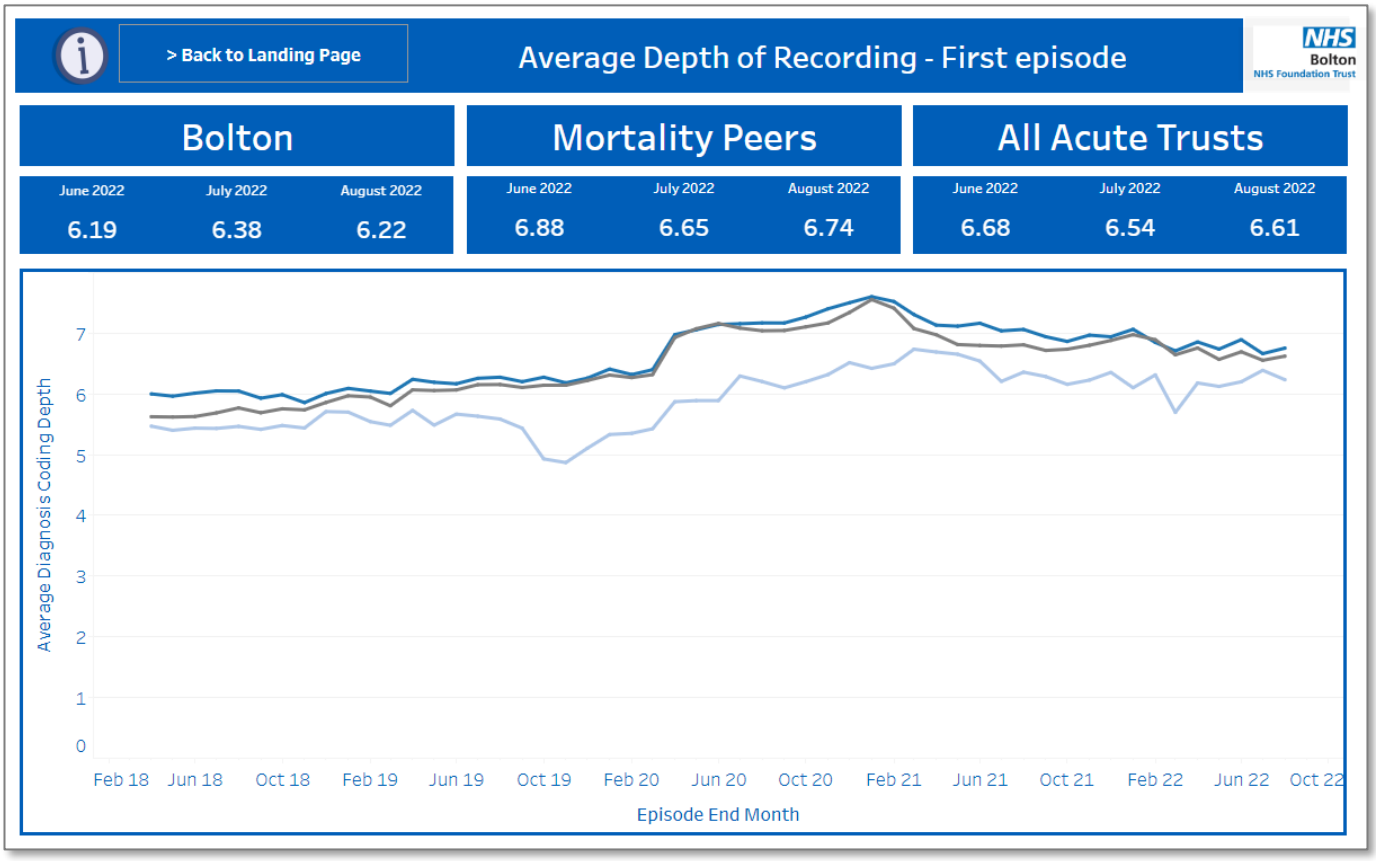
On average, Bolton patients have a recorded Charlson average score around 1 lower than peers and the national average: this has slowly improved but is still far short of the national average and peer group. This suggests our patients are *healthier* than those in the rest of the country, which does not equate with what we know about our patient population and the deprivation in the local area.

It is too early to say whether we have an ongoing trend upwards in terms of our average comorbidity score, but the successful inclusion of mandatory comorbidity recording with autopopulation of the Health Issues section of our EPR should result in an improvement in this metric in the coming months.



5.2 Average depth of recording

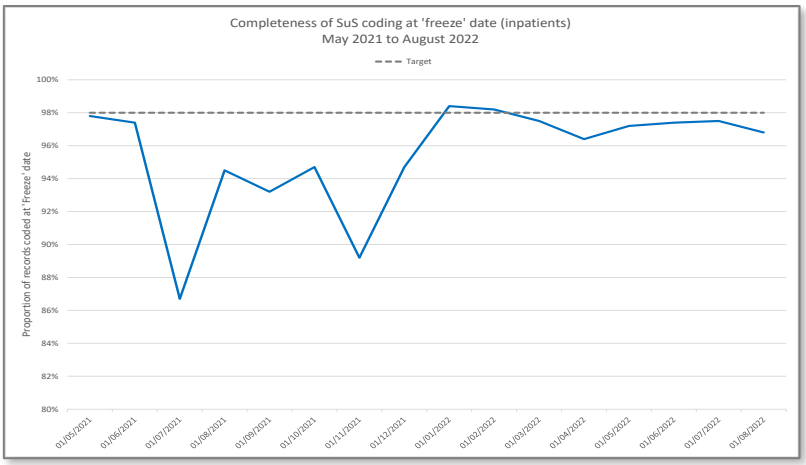
Depth of recording indicates the extent of the patients' health issues; this again currently suggests that compared to average, people in Bolton are healthier. This position appears to be slowly recovering and the gap to England improved since 2021



Although lower that other organisations, the trends at Bolton map those of elsewhere. The actions taken to improve automation within the EPR should also help with this, as data will be carried through between admissions, which we know does not happen consistently at this time.

5.3 Completeness of coding at 'Freeze' date (12 months to March 2022)

The Trust target is 98% of inpatient records to be fully coded at SUS 'Freeze' date. Recent improvements have been made in the Clinical Coding team establishment, which have resulted in improvement in completeness and impacted positively on the refreshed SHMI and HSMR.



6. Narrative on the metrics

We are 'within expected range' for SHMI and alerting 'Red' for HSMR, but our crude mortality is in range and is, in fact, less than the national average. While crude mortality never tells the whole story, this is an important finding. Given that our patient population is in a high deprivation area, it would be reasonable to expect our crude mortality would be high. This is not the case and suggests that we are not observing unexpected deaths. As both SHMI and HSMR are measures of the *observed* deaths over those that are *expected*, any drift outside of normal range suggests that it is primarily a problem with our prediction of the *expected* deaths, which is down fundamentally to our data quality around diagnostic recording and comorbidity scoring. The action plan is designed to address this with improvement in the key KPIs.

Work across the organisation continues to be done on ensuring high quality of care and we have robust systems now in place to review clinical cases when they alert on our metrics, such as with acute kidney failure.

7. Ongoing work to improve the mortality indices

7.1 Comorbidity recording

We continue to not consistently record all patients' comorbidities comprehensively and with enough specificity to indicate severity. The aim is to ensure staff identify the key Charlson Comorbidities that are used to build the risk prediction for mortality metrics, in addition to understanding all the health issues affecting patients we care for. To achieve this, improvements have already been made to the EPR to make it easier for clinicians to not miss key comorbidities.

Since the last report:

- Significant progress has been made by the Mortality, Coding and EPR Teams, who have created a mandatory tick box section for staff to complete that will transfer comorbidities automatically into the Health Issues section of the record, ensuring they are transferred between inpatient stays. This will improve Charlson scoring and depth of coding.
- The Best Practice Guide for clinicians needs final ratification for sharing with clinicians to improve their understanding of how best to articulate patient diagnoses and medical issues.

Of importance, is the much improved engagement from clinical divisional staff with the Coding and BI teams with regards to the existing data. Neonatal, Maternity, General surgical, orthopaedic, medical and microbiology teams have all worked collaboratively to understand and improve our data and, where appropriate, practice; we are grateful for their support during such a busy clinical time.

7.2 Clinical coding

Improvements to the Clinical Coding Team's establishment had a significant positive impact on our mortality metrics when they underwent the final end of year refresh. We are aware that there is a risk to maintaining that establishment due to some staff leaving and others going on maternity leave, but that is being actively managed. A new Clinical Coding Team Manager has been appointed. Our CIALs having planned meetings across the trust with various teams, which helps both teams understand the processes around ensuring data quality.

7.3 Assurance on our quality of care

The mechanisms for reviewing and ensuring high quality of care are reported in many ways across the organisation and are scrutinised in various forums, which include:

- Via IPM and Clinical Governance and Quality Assurance Group
- Delivery of divisional and trust wide Quality Accounts
- Reporting to GIRFT and AQuA and internal audit
- Serious Incident reports and recommendations
- Structured Judgement Reviews via the Learning from Deaths Committee
- Reports to Mortality Reduction Group (MRG)

Given the crude mortality, in combination with the IPM reports, we can be assured that our care is safe, but must recognise that there are always opportunities for improvement.

This report highlights diagnostic groups that are and have alerted, which do vary between months, but where a trigger is persistent, clinical validation is undertaken.

Since the last report:

- The lead for AKI has undertaken a preliminary deep dive into the data, as outlined, with plans for further investigation with the Coding Team.
- We are pleased to note that we now have new leads in place for mortality in General Surgery and Orthopaedics, who are due to present data on elective and emergency surgery in these specialities to the MRG in the next quarter.
- We have received reports from the maternity team at MRG which reviewed data on stillbirths, providing the MRG that our care is in line with expected standards and benchmark reasonably; where there are lessons to be learned, there are clear actions in place to achieve and track this. Changes are being made as to how we record cases appropriately (as stillbirths or neonatal deaths, for example). The appropriate placing of babies into the *transitional care unit* or *well babies* category is also being addressed, as this affects the denominator data.

We also recognise that there are other indicators outside of the SHMI and HSMR datasets that indicate a potential risk to our mortality data and deaths within the hospital, which include Serious

Investigation reports and our Structured Judgement Reviews. With these in mind, work is ongoing to make improvements in:

- Recognition and treatment of sepsis
- Recognition and response to deterioration in patients (including appropriate escalation to senior colleagues and/or critical care)
- Advanced care planning and discussions around the provision of end of life care

Progress since last report:

- Training sessions delivered for junior staff and at the Grand Round on recognition of deterioration
- Plans to improve the training offer via AIMS course to JDs and SAS doctors are being agreed
- Changes to the EPR sepsis screeing protocols and policy to ensure that we improve appropriate compliance with the need to recognise inpatients deteriorating from or developing sepsis (i.e. to ensure that staff respond appropriately to changes, but are not overburdened with repeated need to complete screens that have already been done recently or in whom the patient is already being treated for sepsis)
- Updates to the MOEWS and NEWS policies to improve compliance and to ensure patients are on the appropriate scoring systems.

7.4 **Education and training**

Since the last report:

- Training sessions delivered as listed above, with plans to roll out AIMS more widely to doctors.
- A new training package has been developed for staff on uploading data to the Health Issues, including information on the clinical relevance and importance; this has launched this week.

8. Actions summary

Specific actions to address the issues in the Clinical Coding team are presented to Board by our Chief Data Officer and will not be repeated here.

8.1. Improve comorbidity recording

Issue: On average, Bolton Hospital NHS Foundation Trust's patients have 3 less comorbidities recorded per patient compared to other acute trusts, suggesting a high level of general health in our patients which is not consistent with what we know about the impact deprivation has on our community

Aim: To accurately represent the complexity and severity of patients, both those that die and that survive to discharge (and for 30 days afterwards) to ensure accurate numerator and denominator data for calculation of SHMI and HSMR;

To improve clinical understanding of the coding processes to ensure interventions will have the desired effect on mortality indices

	Action	Recent progress	Status
4	Amend EPR to automatically transfer high risk conditions (Charlson Comorbidities) into Health Issues section of record Request for work submitted and IT team understand need – Delay due to upgrade of EPR software (due for completion July 2022) (Sophie Kimber Craig, Simon Irving, Dawn Devine)	– Into testing phase; go live date set for February 2023.	
5	Work with Coding team to improve local Standard Operating Procedures to ensure data not missed when coding records, including implementation of permanent codes (Sophie Kimber Craig, Liza Scanlon, Kim Fearnley, Jonathan Benn, Janet Wilkinson)	– CIALs working on collating the various SOPs and local rules for coding – New Manager due to commence in 2023, who has experience of implementing a system to manage these SOPs	
7	Improved access to IT equipment on wards for clinical staff to ensure timely and easier input of data – Kit purchased and being distributed to wards in June (Corporate and IT teams)	See separate paper submitted by MS to Digital Transformation Board	Ongoing – IT action

8	Improve input of comorbidities for elective care patients by training non-medical teams to enter key Health Issues – Breast nurses collaborating with team to learn how to upload data gleaned during preoperative assessment (Sophie Kimber Craig, Annette Trengove)	Breast pre-operative nurses now inputting into Health Issues (Impact to be audited)	31/12/22
9	Work with clinicians to improve recording of information and recognition of severity and complexity at the earliest opportunity in their admission – Survey of current practice amongst consultants – Documentation at the Post-Take Ward Round to be done by consultant – Work with consultant colleagues to highlight need for specificity about severity (e.g. document "pneumonia requiring oxygen therapy", not just pneumonia) (Sophie Kimber Craig, Simon Irving + divisional teams)	Ongoing work now, with formal reporting route via MRG with new TOR and workplan. – Working with DMDs to understand divisional data and to allow continuous clinical validation of this information in future. – Specific work being done on understanding recent alerting conditions (AKI, electrolyte disturbances) and change to using procedure codes to pull data for surgical teams (rather than treated condition).	31/10/22

8.2. Improve training and education

Issue: Clinical staff continue to record information in free text form in the EPR and not use the Health Issues section

Aim: Improve understanding amongst staff of importance and methods for recording morbidities accurately and in an extractable way

Responsibility: Sophie Kimber Craig

	Action	**Recent progress**	**Status / due date**
1	Reminder sent to all Junior Doctors on need for uploading information to Health Issues	Recent reminder sent by CCIO to clinical teams (September 2022) Further sessions to be arranged with JDs in educational programme (new action)	31/10/22
2	Educational sessions for staff of all grades in departments across Trust to explain mortality indices and need for accurate data	Ongoing programme across Trust, including KYP learning week and planned sessions with clinical teams	
4	Additional ESR training packages in development, including video to explain clinical need for this data	Training package and video complete – for uploading onto ESR system	

5	Undertake a second Know Your Patient learning week	Undertaken in September 2022 with learning to be acted upon by team	

Issue: Serious Incident reports and SJRs highlight that we do not always recognise or respond appropriately to patients with sepsis and/or who are deteriorating; this may impact on the observed number of deaths seen in the Trust

Aim: Improve recognition of and response to sepsis and those that are deteriorating, to ensure early clinical intervention and reduced mortality

Note that the responsibility for completion of many of these actions, while monitored via the mortality working party and MRG and presented here for completeness, lie with other groups, such as the Sepsis Forum or the Deteriorating Patient Group.

	Action	**Recent progress**	**Status / due date**
1	Introduce the RR-SAFER programme across the organisation – Improve the early response to deterioration of patients on the wards by nursing staff – Implementation of a clear way of documenting and communicating concern about deterioration (Anne Gerrard)	In progress – tracked at Sepsis Forum and Deteriorating Patient Group.	Tracked on alternative action plans
2	Improve the educational offer for the JDs and SAS doctors in the Trust – Undertake a review of current provision (which includes the current Foundation Simulation Programme) – Review available options (such as AIMS course) – Implement a mandatory training programme (Sophie Kimber Craig, Simon Irving, Carl Oakden)	Link with AASD QA work on NEWS – developing offer of AIMS for JDs and SAS doctors.	Tracked on alternative action plans
3	Explore submission of our sepsis data by AQuA for review – Done previously but funding withdrawn (Sophie Kimber Craig, Debbie Redfern, Michelle Parry)	Sepsis data for ED admissions now being submitted to AQuA for review	
4	Implement the use of the Sepsis Screening Tool via the EPR (Divisional teams)	In progress – tracked at Sepsis Forum.	Tracked on alternative action plans

9. Appendix – Glossary

CCS and SHMI groupings available from (see SHMI specification):

https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current/shmi-data

See below for mortality rates explanation and comparison table.

'As Expected' mortality: This is usually expressed as a funnel chart, using confidence intervals. Using the 'official' SHMI definitions, 'as expected' mortality is explained within the 95% confidence intervals. Outside of the 'as expected' grouping means an organisation is either an outlier in terms of mortality performance.

Common Cause Variation: is fluctuation caused by unknown factors resulting in a steady but random distribution of output around the average of the data. It is a measure of the process potential, or how well the process can perform when **special cause variation** removed. A common characteristic is to be stable and "in control". We can make predictions about the future behaviour of the process within limits. When a system is stable, displaying only common cause variation, only a change in the system will have an impact.

Control Limits: indicate the range of plausible variation within a process. They provide an additional tool for detecting special cause variation. A stable process will operate within the range set by the upper and lower control limits which are determined mathematically (three standard deviations above and below the mean).

Crude Mortality Rate: The crude mortality rate is based on actual numbers. It is calculated by the number of deaths divided by the number of discharges (not including day cases, still births and well born babies). A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in a specific time period and then compares that against the amount of people admitted for care in that hospital for the same time period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted. It tells you how a Trust's mortality rate changes over time; however, it cannot be used to compare or contrast between hospitals. This differs from SHMI, which features adjustment based on population demographics and related mortality expectations.

CUSUM: CUSUM statistical process control techniques are commonly applied to mortality monitoring to detect changes in mortality rates over time. The CUSUM value increases when patients die and decreases when they survive. They are calibrated with a 'trigger' value, and if a CUSUM exceeds its trigger, it should be investigated. A CUSUM chart is 'reset' after each trigger and continues monitoring. A trigger value of 5.48 is used for all of the 56 disease groups within the aggregated CUSUM and has been confirmed by CQC. The chart will rest to zero after a trigger. When the CUSUM drops it is showing less deaths than the previous month compared to expected.

HED: Healthcare Evaluation Data is an online benchmarking tool, designed to deliver intelligence to enable healthcare organisations to drive clinical performance improvement and financial savings. It allows the organisation to utilise analytics which harness HES (Hospital Episode Statistics), national inpatient and outpatient and ONS (Office of National Statistics) Mortality data sets.

Hospital Standardised Mortality Rate (HSMR): The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for all diagnostic (CCS) groups in a specified patient group. The expected deaths are calculated from logistic regression models with a case-mix of: age band, sex, deprivation, interaction between age band and co-morbidities, month of admission, admission method, source of admission, the presence of palliative care, number of previous emergency admissions and financial year of discharge. The HSMR is a method of comparing mortality levels in different years, or between different hospitals. Thus, if mortality levels are higher in the population being studied than would be

expected, the HSMR will be greater than 100. This methodology allows comparison between outcomes achieved in different trusts, and facilitates benchmarking

HSMR methodology: Collated via Healthcare Evaluation Data (HED), HSMR information is calculated using the 'lagged' model. This ensures a more stable rate despite the model being calculated on the 10 years to three months behind the most recent in HED. This removes any skewing caused by inconsistencies or incomplete data at SUS 'Flex' deadline.

Rolling average: The most recent months' performance with the previous 11 months included thus providing an annual average. This is an effective way of presenting monthly performance data in a way that reduces some of the expected variation in the system i.e. seasonal factors providing a much smoother view of performance allowing trends to be more easily discerned.

National Peer Group: All other UK NHS acute Trusts (i.e. not including specialist, community or mental health trusts), enabling the Trust to benchmark itself against all other UK hospitals.

Peer group: The comparison peer group identifying the most similar (overall) Trusts to Bolton. The activity with other trusts has been compared and those identifying as most similar using the distribution of activity by HRGs are as below:

- Airedale NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- East Suffolk and North Essex NHS Foundation Trust
- Mid Yorkshire Hospitals NHS Trust
- Pennine Acute Hospitals NHS Trust
- Rotherham NHS Foundation Trust
- Stockport NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Wye Valley NHS Trust

Summary Hospital-Level Mortality Indicator (SHMI): The nationally developed mortality ratio designed to be used to allow comparison between NHS organisations. This indicator also includes mortality within 30 days of discharge, so represents in hospital and out of hospital (within 30 days) mortality. The SHMI is the NHS 'Official' marker of mortality and is Glossary Directorate of Performance Assurance, published on a quarterly basis. Because of its inclusion of mortality data within 30 days of hospital discharge, when published, the most recent information available is quite historic, sometimes up to 6 months behind present day.

Sigma: A sigma value is a description of how far a sample or point of data is away from its mean, expressed in standard deviations. A data point with a higher sigma value will have a higher standard deviation, meaning it is further away from the mean.

Special Cause Variation: the pattern of variation is due to irregular or unnatural causes. Unexpected or unplanned events (such as extreme weather recently experienced) can result in special cause variation. Systems which display special cause variation are said to be unstable and unpredictable. When systems display special cause variation, the process needs sorting out to stabilise it. There are usually two types of special cause variation, trends and outliers. If a trend, the process has changed in some way and we need to understand and adopt if the change is beneficial or act if the change is deterioration. The outlier is a one-off condition which should not result in a process change. These must be understood and dealt with on their own (i.e. response to a major incident).

Standard Deviation: Standard deviation is a widely used measurement of variability or diversity used in statistics and probability theory. It shows how much variation or "dispersion" there is from the "average" (mean, or expected

value). A low standard deviation indicates that the data points tend to be very close to the mean, whereas high standard deviation indicates that the data are spread out over a large range of values.

Understanding Mortality Rates – CRUDE, HSMR and SHMI

	Crude	SHMI	HSMR
Numerator	Actual number of deaths	Total number of observed deaths in hospital and within 30 days of discharge from the hospital	All spells culminating in death at the end of the patient pathway, defined by specific diagnosis codes for the primary diagnosis of the spell: uses 56 diagnosis groups which contribute to approx. 80% of in hospital deaths in England
Denominator	Number of discharges	Expected number of deaths	Expected number of deaths
Adjustments		• Sex • Age group • Admission method • Co-morbidities based on Charlson score • Year index • Diagnosis group No adjustment is made for palliative care. Details of the categories above can be referenced from the methodology specification document at http://www.ic.nhs.uk/services/summar y-hospital-level-mortality-indictorshmi	• Sex • Age in bands of five up to 90+ • Admission method • Source of admission • History of previous emergency admissions in last 12 months • Month of admission • Socio economic deprivation quintile (using Carstairs) • Primary diagnosis based on the clinical classification system • Diagnosis sub-group • Co-morbidities based on Charlson score • Palliative care • Year of discharge
Exclusions	Excludes day cases, still births and well born babies.	Excludes specialist, community, mental health and independent sector hospitals; Stillbirths, Day cases, regular day and night attenders. Palliative care patients not excluded.	Excludes day cases and regular attendees. Palliative care patients not excluded
Whose data is included		All England non-specialist acute trusts except mental health, community and independent sector hospitals via SUS/HES and linked to ONS data for out of hospital deaths. Deaths that occur within 30 days are allocated to the last hospital the patient was discharged from.	England provider trusts via SUS/HES

Report Title:	Clinical Negligence Scheme for Trusts Maternity Incentive Scheme Update

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	26 January 2023		Discussion	
Exec Sponsor	Tyrone Roberts		Decision	

Purpose	The report is to confirm the final compliance position with regard to attainment of the ten safety actions detailed within the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Year 4 Scheme (MIS), prior to formal submission of the declaration to NHS Resolution on 2 February 2023.

Summary:	The Trust has met the required standard of three of the safety actions within the CNST year 4 scheme and has not met the required standard for seven of the safety actions. There are currently 141 evidential sub-requirements to be attained within the ten safety actions • The service can evidence compliance with 118 of the 141 requirements of the year 4 scheme (83.6%). • PROMPT, newborn life support and fetal monitoring training compliance metrics have not met the required 90% threshold of compliance for all defined groups. As of 11 January 2023 overall PROMPT compliance is 90.46 % with 18 members of staff within medical and support worker groups overdue training. Newborn life support compliance is 74.21% and fetal monitoring training compliance aligned with the core competency standards is 76.38%. Monthly training sessions continue to recover the current position. • The service is unable to evidence 100% supernumerary status of the Delivery Suite Co-ordinator due to current acuity and staffing levels despite the funded establishment meeting the required Birth Rate Plus standard. An additional manual audit of compliance has been undertaken to verify the position as compliance could not be evidenced using the Birth Rate Plus acuity tool report. • The cycle of business for maternity specific reports to be presented to the Board of Directors has been revised in anticipation of future CNST schemes. • Price Waterhouse Cooper (PWC) internal audit agency have been commissioned to undertake a review of the governance arrangements relating to management of the year 4 scheme in order to identify areas of future improvement prior to commencement of the year 5 scheme. Verification of the evidence used to inform the current position was undertaken by the Director of Midwifery and Director of Clinical Governance on 11 January 2023. The declared position assumes that all evidence submitted to the Local Maternity and Neonatal System (LMNS) within the defined timeframes will be presented to the relevant integrated care system quality surveillance committees on behalf of the Trust. Failure to submit evidence for the approval of Board or a delegated committee was a key theme within 7 of the 23 safety recommendations not attained. This concern has been addressed by the revision of the Board reporting schedule to include the quarterly submission of reports. Non-

	attainment of required training levels of compliance was the second theme. In response improvements have been made to the administration of training compliance and governance oversight of key metrics to prevent recurrence of this theme in future schemes. In summary, evidence is available to substantiate compliance with three of the maternity safety actions during the year 4 period. Action plans for the remaining seven safety actions are being compiled in preparation for presentation to Board prior to the formal submission to NHS Resolution on the 2 February 2023.

Previously considered by:	
☐ Strategy and Operations Committee ☐ Finance & Investment Committee ☐ Remuneration & Nominations Committee ☐ Charitable Funds Committee	✓Executive Committee ✓Quality & Safety Committee ☐ People Committee ☐ Audit Committee

Proposed Resolution	The Board of Directors are asked to: *i. Note the current CNST MIS position and ongoing recovery actions* *ii. Approve signing of the declaration by the Chief Executive prior to submission to NHS Resolution*

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:	J Cotton, Director of Midwifery/Divisional Nurse Director	**Presented by:**	T Roberts, Chief Nurse J Cotton, Director of Midwifery/ Divisional Nurse Director

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

ATAIN	Avoiding Term Admissions into Neonatal Units
CNST	Clinical Negligence Scheme for Trusts
LMNS	Local Maternity and Neonatal System
MIS	Maternity Incentive Scheme
MSDS	Maternity Services Dataset
NWNODN	North West Neonatal Operational Delivery Network
PMRT	Perinatal Mortality Review Tool
PMO	Project Management Office
PROMPT	Practical Obstetric Multi-Professional Training

1. Introduction

1.1 The purpose of this report is to confirm the final compliance position with regard to attainment of the ten CNST maternity safety actions included in year four of the NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS).

1.2 Current MIS compliance has been re-assessed with regard to the revised guidance issued in October 2022 and safety action updates issued on the 1 December 2022.

2. Background

2.1 The CNST MIS year 4 scheme was re-launched on the 6 May 2022 to support the delivery of safer maternity care. The scheme rewards Trusts that meet 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services. The MIS further incentivises in the fourth year, the 10 maternity safety actions from the previous year with some further refinement.

2.2 Each of the 10 safety actions comprises of a number of indicators. Each indicator is required to be met individually in order to achieve the related standard overall. There are currently 141 evidential sub-requirements of compliance to be attained within the ten safety actions.

2.3 This report confirms the compliance position as of the 11 January 2023 prior to submission of the declaration to NHS Resolution on the 2 February 2023.

2.4 The financial rebate to the trust is currently at risk based on the submission below.

3. Progress Tracker

3.1 A summary of progress to date with regard to the attainment of all MIS ten safety actions is summarised in table 1 below.

Table 1: Brief Overview of safety action attainment.

	Total	Red Not met or evidence not found	Amber Seeking evidence	Green Fully met	Black Non recoverable
Safety Actions	10	0	0	3	7
Requirements	141	0	0	118	23

3.2 Table 2 provides current attainment in more detail against each standard. Detailed narrative relating to the actions being undertaken to improve attainment is detailed in section 4 below.

Table 2: Progress tracker with detail of attainment per action

Summary Overview CNST Safety Standard Achievement - January 2023							
Action No.	Maternity Safety Action	Current RAG	Number of Indicators	Red Not met or evidence not found	Amber Seeking evidence	Green Fully met	Black Non recoverable
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?		10	0	0	8	2
2	Are you submitting data to the Maternity Services Data Set to the required standard?		12	0	0	12	0
3	Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?		19	0	0	15	4
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?		9	0	0	8	1
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?		5	0	0	5	0

6	Can you demonstrate compliance with all four elements of the Saving Babies' Lives V2 ?		28	0	0	26	2
7	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?		7	0	0	7	0
8	Can you evidence that the maternity unit staff groups have attended as a minimum an half day 'in-house' multi-professional maternity emergencies training session, which can be provided digitally or remotely, since the launch of MIS year three in December 2019?		18	0	0	5	13
9	Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues?		25	0	0	24	1
10	Have you reported 100% of qualifying incidents under NHS Resolution's Early Notification scheme? a) Reporting of all outstanding qualifying cases to NHS Resolution EN scheme for 2019/2020 b) Reporting of all qualifying cases to Healthcare Safety Investigation Branch (HSIB) for 2020/21		8	0	0	8	0
Total	141			0	0	118	23

4.0 Detailed Narrative on Improvement Actions

4.1 An update is provided below on all safety actions that have not been attained. Narrative details the ongoing work undertaken in response to the requirement.

5.0 Safety Action 1: Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard? BLACK

5.1 The service has met 8 of the 10 elements for this safety action.

5.2 The service is unable to evidence quarterly Board reporting of required metrics in Q1 that included the sharing of details of all deaths reviewed and consequent PMRT action plans to the Board and with safety champions. As late presentation of the evidence is not permitted recovery of this element is not possible. The detail for Q3 is therefore detailed within Appendix 1.

5.3 A retrospective report detailing all cases since commencement of the scheme was submitted to Trust Board on the 24 November 2022 and was shared with Safety Champions in December 2022. Whilst this report will not fulfil the requirements of the year 4 scheme the cycle of business for the Trust Board has been updated to receive quarterly maternity service update reports during 2023.

6.0 Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal Units programme? BLACK

6.1 The service offers a transitional care provision on the postnatal ward and is able to extract data from the Badgernet data system for reporting purposes if required. The North West Neonatal Operational Delivery Networks collates and benchmarks the minimising separation data within all North West providers for all babies who are admitted greater than 34 weeks.

6.2 Audits of the transitional care service are undertaken quarterly and findings are shared with the maternity safety champions and the LMNS. The Q2 report provided full assurance that the babies cared for in the transitional care service met the criteria for admission and were cared for by an appropriate multidisciplinary team.

6.3 The Q2 ATAIN audit has been completed and will be shared with Maternity Safety Champions at the March 2023 meeting. There is an acknowledged delay in the collation and sharing of the quarterly reports in order to ensure due governance process is followed.

6.4 Safety action 3 requires evidence of an Avoiding Term Admissions to Neonatal Unit (ATAIN) action plan to be agreed with the maternity and neonatal safety champions, Board level champion and signed off by the Board by 29 July 2022. As late presentation of the evidence is not permitted and there is no evidence Board level sign off of the action plan by 29 July 2022 this element is not

recoverable. The last ATAIN action plan dated April 2021 was submitted as part of the year three MIS evidence.

6.5 Prior to Q2 2022/2023 there is no evidence that progress with the action plan has been shared with the neonatal, maternity safety champion, and Board level champion each quarter. The current ATAIN action plan was therefore included in the 24 November 2022 Trust Board report and was shared with maternity safety champions at the scheduled meeting on the 13 December 2022.

6.6 As per updated cycle of business for the Trust Board the ATAIN action plan will be shared in future maternity quarterly reports. The current action plan detailed in Appendix 2 will be shared with Maternity Safety Champions in March 2023 prior to submission to the local maternity and neonatal system.

7.0 Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard? BLACK

7.1 All requirements for this safety action can be evidenced with the exception of:

7.2 Obstetric medical workforce

7.3 The service is currently unable to evidence written commitment to the Royal College of Obstetricians and Gynaecologist workforce document 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service' prior to the 16 June 2022 as required within the specific safety action evidential requirements detailed in the incentive scheme guidance. The obstetric team have demonstrated commitment to the principles in retrospect and the relevant policy relating for attendance in defined clinical situation has been updated to reflect this.

7.4 The service has undertaken an audit of all attendance prior to 29 July 2022 and has integrated the data collection into the handover process. Compliance with the attendance requirement is detailed in Table 3 below.

Table 3: Compliance with the attendance requirement

Indicator	Goal	Red Flag	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22
Critical Safety Indicators											
RCOG benchmarking compliance	Information only					60%	90%	100%	100%		

7.5 Neonatal medical staffing

7.6 An assessment of compliance with regard to compliance in relation to the British Association of Perinatal Medicine (BAPM) national standards. Currently the service is not compliant with the Tier 3 recommendation that requires 12 hour Consultant presence. The North West Neonatal Operational Delivery Network (NWODN) ongoing action plan has been updated to address the deficiencies (Appendix 3). The action plan was included in the December 2022 Quality Assurance report for sign off on behalf of the Board.

7.7 Neonatal nurse staffing

7.8 A Trust nursing workforce analysis was undertaken in December 2021 and a further neonatal clinical reference group review was undertaken using the workforce calculator in June 2022 to meet the MIS scheme requirements. At the time of the assessment the service did not fully meet the requirements of the standard due to ongoing recruitment to funded vacancies and therefore the detailed action plan was included in the December 2022 Quality Assurance Committee report.

8.0 Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard? BLACK

8.1 The bi-annual report presented to Board in November 2022 highlighted that 100% supernumerary status of the Delivery Suite Co-ordinator could not be evidenced due to acuity and staffing levels and thus the required standard was not met. The service currently has a deficit against funded establishment of circa 42.8WTE (due to funded vacancy) and thus the staffing position remains challenged. The year 4 scheme requires evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status. The relevant time frame to demonstrate compliance for the submission is between 6 May 2022 until 5 December 2022**.**

8.2 Amended CNST guidance issued on the 1 December advised Trusts to apply professional judgement in challenging and unpredictable situations when considering if the coordinator in charge of labour ward has maintained supernumerary status. A retrospective audit of all cases of non-compliance was undertaken in response and 100% compliance with the supernumerary status of the coordinator could not be evidenced via manual audit or using the Birth Rate Plus acuity report.

9.0 Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives (SBL) care bundle version two? BLACK

9.1 The Saving Babies Lives dashboard is detailed in Appendix 4.

9.2 Element 1: In November 2022 a manual audit of 60 cases was undertaken that demonstrated 80% compliance with carbon monoxide testing at booking and 36 weeks.

9.3 Element 2: The service has not undertaken a quarterly review of 10 cases of babies that were born <3rd centile >37+6 weeks gestation and identified the themes that contribute to the detection of fetal growth restriction during the year 4 period.

9.4 Element 4: 90% training compliance needs to be demonstrated for the defined metrics such as fetal monitoring, prompt and newborn life support all of which require face to face training. As of 11 January 2023 PROMPT compliance is 90.46% with 18 overdue training. The deadline for compliance assessment was 5 January 2023.

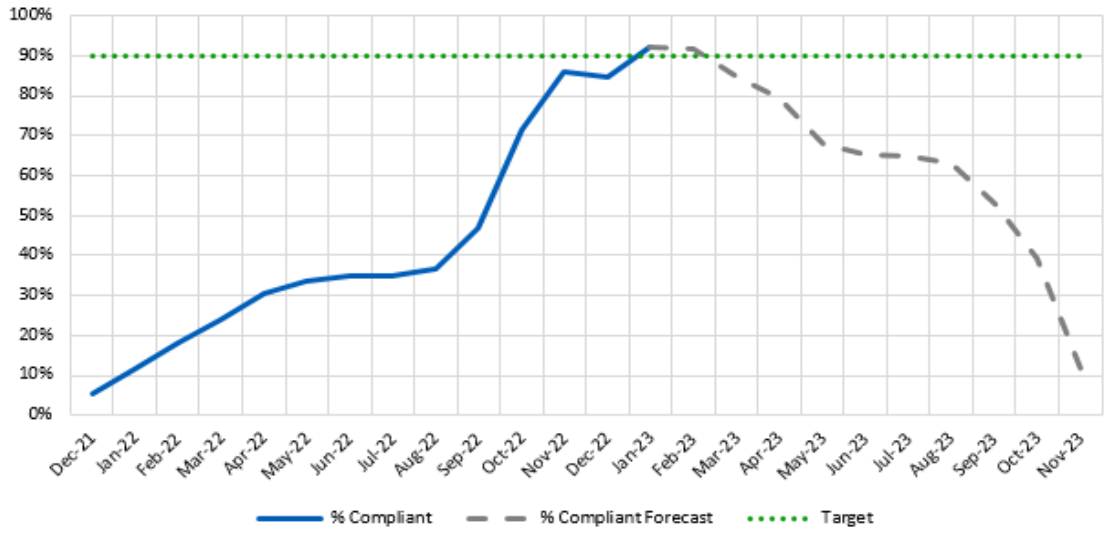
9.5 18 staff are currently non-compliant for PROMPT training (6 obstetric medical doctors and 12 support workers. The trajectory for PROMPT training is detailed in table 4.

9.6 The revised CNST guidance issued on the 1 December advises that Trusts may include December 2022 training figures with the cut off period being 5 January 2023, as part of their evidence for this MIS submission. The service trained 48 staff members during this extended period. The extension provided additional training capacity to be delivered in December that had previously not been possible due to the ongoing staffing deficit of circa 42WTE within the service.

Table 4 – Profession training compliance matrix

Course	Overall Compliance	Compliance required
PROMPT	90.46%	90%
Fetal Monitoring - Core Competency Standards	76.38%	90%
Neonatal Life Support	74.21%	90%

Table 4a – PROMPT training trajectory December 2021 – December 2022



10.0 Safety action 8: Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of the Maternity Information System (MIS) year 4?

In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support, starting from the launch of MIS year 4? BLACK

10.1 A detailed profession specific training compliance report has been introduced and will be added to the future maternity speciality integrated performance management programme dashboard to ensure oversight is retained. Alignment of the current training offer with the required core competency standards has been undertaken and is detailed within a revised training needs analysis. The service is also currently in the process of transferring the datasets from a locally held excel database previously onto on the Electronic Staff Record (ESR) system to enhance future data extraction and oversight.

10.2 Overall compliance is detailed within narrative for Safety action 7 and detailed in Table 4.

11.0 Safety action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues? BLACK

11.1 The service can evidence effective engagement of Board members being undertaken by the Chief Nurse, Safety Champions and members of the Board. The Executive team frequently visit the clinical areas meeting with staff and also seek ideas for service development. Progress with the addressing of concerns can be evidenced using the presentations circulated following the listening events.

11.2 There is no evidence that Board level safety champions have presented a locally agreed dashboard to the Trust Board quarterly prior to Q2 2022. This requirement was an expansion of an action in the year 3 scheme and thus has not been required in previous years. The dashboard needed to include the number of incidents reported as serious harm, themes identified and actions being taken to address any issues to date and staff feedback from frontline champions and engagement sessions, minimum staffing in maternity services and training compliance prior to 16 June 2022 as required. In response to the MIS requirement the service introduced the dashboard in the November 2022 Trust Board report and will continue to include in future quarterly update reports. The dashboard for Q3 is detailed in table 5.

Table 5 – Safety Champions Dashboard

Indicator	Goal	Red Flag	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22
Quality & Safety										
CNST attainment	Information only									
Critical Safety Indicators										
Births	Information only		456	471	461	441	450	490	466	449
Maternal deaths direct	0	1	0	0	0	0	0	0	0	0
Still Births			6	0	0	4	2	1	0	2
Still Birth rate (12 month rolling)per thousand	3.5	≥4.3	4.9	4.3	4.2	4.7	4.8	4.8	4.3	4.3
HIE Grades 2&3 (Bolton Babies only)	0	1	0	0	0	0	0	0	0	
HIE (2&3) rate (12 month rolling)	<2	2.5	0.7	0.7	0.7	0.4	0.4	0.2	0.2	
Early Neonatal Deaths (Bolton Births only)	Information only		2	0	2	1	0	4	3	1

END rate in month	Information only		4.4	0.0	4.3	2.3	0.0	8.2	6.4	2.2
END rate (12 month rolling)	2.4	>3.1	1.9	1.7	1.9	1.6	1.6	2.3	2.8	2.9
Late Neonatal deaths	Information only		0	0	0	0	0	0	1	1
Perinatal Mortality rate (12 month rolling)	7.5	8	7.7	6.9	6.7	7.0	6.9	7.6	7.8	7.8
Serious Untoward Incidents (New only)	0	2	0	0	2	0	0	0	0	1
HSIB referrals			1	1	1	0	1	0	0	1
Coroner Regulation 28 orders	Information only		0	0	0	0	0	0	0	0
Workforce										
1:1 Midwifery Care in Labour	95%	<90%	97.3%	98.3%	97.7%	98.5%	98.8%	98.7%	96.9%	99.1%
The Co-ordinator is the named person providing 1:1 care		<100%	5	4	1	5	0	2	3	1
Fetal monitoring training compliance (overall)										
PROMPT training compliance (overall)	<90%	>90%								
Midwife /birth ratio (rolling) actual worked Inc. bank	Information only		1:29.5	1:30.5	1:28.6	1:31.4	1:30.3	1:31.5	1:31.2	1:29.3
RCOG benchmarking compliance	Information only					60%	90%	100%	100%	
Proportion of MWs who would recommend the Trust as a place to work or receive treatment	Annual									
Proportion of speciality trainees in obs and gynae who responded excellent or good on the rating of clinical supervision out of hours	Annual									

11.3 Evidence that the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level safety champions at a Trust level (board or directorate) quality meeting each quarter is not evident prior to quarter 2 of 2022/2023. This was a new addition for CNST 4. The initial report was presented to Clinical Governance and Quality Committee in December 2022 and is due to be presented at Divisional Governance Forum in January 2023.

11.4 The Trust Board received a detailed Midwifery Continuity of Carer detailed position paper and action plan in July 2022.

11.5 Board level and maternity incentive champions continue to actively support capacity and capability building for staff involved in the Maternity and Neonatal Safety Improvement programme. The neonatal safety champion has attended multiple Mat Neo SIP events during the course of the year 4 programme.

13.0 Summary

Table 6 – Overall summary of compliance with safety actions

		Safety actions Requirements met
Q1 NPMRT		No
Q2 MSDS		Yes
Q3 Transitional care		No
Q4 Clinical workforce planning		No
Q5 Midwifery workforce planning		No
Q6 SBL care bundle		No
Q7 Patient feedback		Yes
Q8 In-house training		No
Q9 Safety Champions		No
Q10 EN scheme		Yes

13.1 Evidence is available to substantiate compliance with three of the maternity safety actions during the year 4 period. All evidence has been verified by the Director of Midwifery and Director of Clinical Governance to verify compliance with 118 of the 141 requirements of the year 4 scheme (83.6%) that inform the overall compliance rating.

13.2 Price Waterhouse Cooper (PWC) internal audit agency have been commissioned to undertake a review of the governance arrangements relating to management of the year 4 scheme in order to identify areas of future improvement prior to commencement of the year 5 scheme.

13.3 Detailed action plans are being collated for submission with the final NHS resolution verification submission to optimise the subsequent rebate awarded by NHS Resolution to the Trust. The declaration form will be presented to the Board of Directors on 26 January 2023 as per scheme requirements.

13.4 Short term project management support and additional capacity has been deployed to optimise the year 4 submission in addition to a CNST recovery group.

13.5 The report details progress with regard to attainment of the ten maternity safety actions detailed in the year 4 maternity incentive scheme that commenced on the 6 May 2022 following publication of revised guidance in October 2022 and includes revised updates for safety actions 5 and 8 received on the 1 December 2022.

13.6 The declared position assumes that all evidence submitted to the Local Maternity and Neonatal System (LMNS) within the defined timeframes will be presented to the relevant integrated care system quality surveillance committees on behalf of the Trust.

13.7 Failure to submit evidence for the approval of Board or a delegated committee within a defined timeframe was a key theme within 7 of the 21 safety recommendations not attained. This concern has been addressed by the revision of the Board reporting schedule to include the quarterly submission of reports. Non-attainment of required training levels of compliance was the second theme. In response improvements have been made to the

administration of training compliance and governance oversight of key metrics to prevent recurrence of this theme in future schemes.

14.0 Recommendations

It is recommended that the Board of Directors:

i. Note the current CNST MIS position and ongoing recovery actions

ii. Approve signing of the declaration by the Chief Executive prior to submission to NHS Resolution

Appendix 1 – PMRT Database – 6 May 2022 until 11 January 2023.

Case ID no	SB/NND/ TOP/LATE FETAL LOSS	Gestation	DOB/ Death	Reported within 7 days	1 month surveillance	PMRT started 2 months 100% factual questions	Date parents informed/concerns questions	Report to draft 4 months	Report published 6 months
81998	NND	23+1	13.6.22	0	5.8.22	13.8.22	28.9.22	13.10.22	13.12.22
81998	NND	23+1	18.6.22		5.8.22	18.8.22	28.9.22	3.11.22	3.11.22
82258	NND	27+1	27.6.22	1	6.7.22	7.7.22	7.7.22 & 18.7.22	29.9.22	29.9.22
82271	LFL	23+1	28.6.22	1	5.7.22	5.7.22	16.7.22 & 19.8.22	6.10.22	28.12.22
82355	LFL	23+5	28.6.22	7	6.7.22	6.7.22	7.7.22	6.10.22	6.10.22
82374	SB	26+3	4.7.22	2	6.7.22	12.7.22	8.7.22 & 22.7.22	6.10.22	6.10.22
82721	SB	27+5	26.7.22	1	28.7.22	27.7.22	27.7.22	3.11.22	1.12.22
82752	LFL	23+1	29.7.22	1	30.7.22	30.7.22	30.7.22 & 12.8.22	3.11.22	3.11.22
82813	SB	37+3	31.7.22	2	2.8.22	2.8.22	1.8.22 & 23.8.22	30.11.22	31.1.23
81756	NND	25+6	26.5.22	N/A	N/A	N/A	N/A	N/A	N/A
83051	LFL	23+1	12.8.22	4	16.8.22	16.8.22	12.8.22 & 19.8.22	12.12.22	12.2.23
83045	SB	25+6	14.8.22	2	16.8.22	16.8.22	12.8.22 & 19.8.22	14.12.22	14.2.23
83224	SB	35	25.8.22	1	29.8.22	31.8.22	26.8.22 & 10.9.22	25.12.22	25.2.23
83552	SB	38+5	15.9.22	1	16.9.22	16.9.22	15.9.22 & 19.9.22	10.1.23	15.3.23
83726	NND	25	27.9.22	1	7.10.22	7.10.22	14.10.22	27.1.23	27.3.23
84197	NND	22+4	23.10.22	2	25.10.22	25.10.22	24.10.22	23.2.23	23.4.22
84344	LFL/SB	24+0 / (23+0 IUD)	1.11.22	2	3.11.22	9.11.22	2.11.22 & 12.11.22	1.3.23	1.5.23
84716	SB	26+4	27.11.22	1	28.11.22	28.11.22	28.11.22	27.3.23	27.5.23
84737	SB	37	29.11.22	1	30.11.22	2.12.22	30.11.22 & 2.12.22	29.3.23	29.5.23
85004	SB	29+6	15.12.22	1	16.12.22	15.2.23		15.4.23	15.6.23
85162	SB	28+5	26.12.22	1	27.12.22	26.2.23		26.4.23	26.6.23
85296	NND	32+3	2.1.23	1	2.2.23	2.3.23		2.5.23	2.7.23
85331	NND	37+2	4.1.23	0	4.2.23	4.3.23		4.5.23	4.7.23
85362	NND	26+4	6.1.23	0	6.2.23	6.3.23		6.5.23	6.7.23
	SB	34+6	9.1.23		9.2.23	9.3.23		9.5.23	9.7.23

Appendix 2 - ATAIN action plan

Ref	Standard	Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1.	ATAIN Collect data for future reporting to meet requirements of CNST 4 safety action 3(e)	Review current ATAIN spreadsheet	Governance Lead			
		Work with data analyst to create graphs to display data for future quarterly reports	Governance Lead	January 2023		
2.	ATAIN	Develop ATAIN Dashboard to demonstrate performance and actions to be undertaken	Governance Lead	January 2023		
3.	ATAIN Quarterly review of the reasons for full term babies being admitted to neonatal unit including all neonatal unit transfers or admission. To include all admissions that would have met criteria but were transferred to NNU due	Complete a high-level review of the primary reasons for all admissions to neonatal unit	Governance Lead	January 2023	12.12.23 Themes extracted in quarterly audits.	
		Focus on the main reason(s) for admission through a deep dive to determine relevant themes to be addressed.	Governance Lead	March 2023		

	to staffing issues and NG tube feeding.					
		Ensure audit findings are shared with all safety champions	Director of Midwifery		12.12.22 Added onto agenda for Maternity Safety Champions meetings From October 2022	
		Ensure audit findings are shared with LMNS and quality surveillance team	Director of Midwifery		12.12.22 Audits shared with LMNS as per reporting schedule.	
4.	ATAIN Ensure weekly review of the reasons for full term babies being admitted to neonatal unit	Log ATAIN reviews ongoing with actions and lessons learnt.	Governanc e Lead	Decembe r 2022	12.12.22 Data review undertaken. Evidence of sharing of lessons learnt awaited.	
5.	Transitional Care (TC) Ensure relevant staff aware of: Importance of keeping mother and baby together both by avoiding admission to NNU and by stepping baby down as soon as possible Criteria for admission to TC particularly that term babies can meet criteria for TC and that babies do not necessarily need	Review and update the Transitional care guideline to ensure that it is benchmarked against and details operating processes for admission and timely stepdown from NNU care and required BAPM criteria.	Matron NNU	Decembe r 2022	12.12.22 Guideline updated – awaiting ratification at guideline group.	
		Share information at neonatal ops meeting system wide	Governanc e Lead	Decembe r 2022	12.12.22	

	admission to NNU for NGT feeing alone					
6.	Transitional Care (TC) Ensure full and transparent understanding of TC staffing	Ensure TC policy includes staffing model	Postnatal Ward Lead	December 2022	12.12.22 Staffing detailed in policy.	
		Review neonatal nurse option to supplement TC staffing model using existing establishment	Director of Midwifery	December 2022	12.12.22 Neonatal staff recruitment ongoing via Pulse Agency.	
7.	Transitional Care (TC) Maintain oversight of operations of TC service	Commence TC Operational Group Meetings	Postnatal Ward Lead Business Manager Complex Care Matron	March 2023		
8.	Transitional Care (TC) Quarterly review of the findings from the transitional care data collection and audit of the pathway	Share and review audit findings and discuss improvement for future provision	Postnatal Ward Lead Business Manager Complex Care Matron	December 2022	13.01.23 Audit compiled – evidence of wider sharing received.	
9.	A data recording process for capturing existing transitional care activity, (regardless of place - which could be a Transitional Care (TC), postnatal ward, virtual outreach pathway etc.) has	Ability to undertake analysis and review of NTC activity	Business Manager	December 2022	12.12.22 Confirmation received data extracted from Badgernet system and submitted to network as attached.	

	been embedded.					

Appendix 3 - North West Neonatal Operational Delivery Network plan – November 2022-2023.

	Aims/ Targets/ Objectives	How this will be achieved	What expected outcome will be	What evidence will support this	Lead	Timescales	Monitoring/ Update
1	Achievement of National Neonatal Nursing Standards: NHSI (2018); NHSE Neonatal Service Specification e08 (2015); DH (2009); BAPM (2010); NICE (2010)	a) Accurate data collection using: - National Nurse Workforce Tool (NNWT) for direct Patient/Cot side Care - NWNODN Quality Nursing Roles Calculator (QNRC)- For Quality Roles b)Ongoing discussion with appropriate Organisational leads e.g. Service & Finance Leads c) Ensure Neonatal Safety Champion is aware of ongoing challenges	a) Identification of total nursing gap/deficit against cot base, activity & quality roles b) Organisational awareness of nurse staffing position, Generation of Action Plan for achievement of national standards c) Any challenges are escalated to Trust Board for information/ action	a) National Nurse Workforce Tool Oct 22 b) NWNODN Quality Nursing Role Calculator based on 700 admission and WTE 120 staff C) challenges escalated through Divisional Governance board meetings and Speciality Quality Forum	Cath Bainbridge	Review Quarterly	Monitor quarterly. Updates /challenges to be fed back through divisional processes

		/risks due nurse staffing shortages					
2	Share Nurse staffing information, workforce strategy and action plans with NWNODN as stated in Neonatal Critical Care Review and CNST	a) Work with NWNODN team to complete NNWT and QNRC b) Workforce Strategy & Action Plan shared with NWNODN	a) Completed tools to be held locally and by NWNODN b) NWNODN will use data, W/F Strategy and Action Plans to: **- Identify gaps for NCCR funding** - Inform ODN W/F and Education Strategy	National Neonatal Workforce Tool (NNWT) and Quality Nursing Roles Calculator (QNRC)	Cath Bainbridge	Review yearly	Monitor quarterly. Updates /challenges to be fed back through divisional processes
3	Recruitment of registered nurses in line with BAPM recommendations with regards to safe staffing levels against patient ratios	a)Current on-going recruitment campaign to recruit to establishments b)Ensuring applications shortlisted in timely way and assessment panels and interview panels set up in advance and to keep to weekly	a) Staffing levels to reflect these required for acuity.	a) Reflected in compliance recorded by local system	Cath Bainbridge	Ongoing	Monthly Budget meeting to monitor vacancies

		timetable schedule					
4	Monitoring of Staffing levels to ensure levels are in line with acuity	a)Weekly review	a) Clear review of staffing on a weekly basis. b) Report of staffing to workforce group. c) Weekly monitoring of data on the Clevermed nursing data.	a) Monthly Reports b) Safe care staffing data c) Flow data D)activity sheet E) escalation policy	Cath Bainbridge	Ongoing	Weekly review. Feedback challenges to SLT via Daily flow chart/activity sheet. Follow local Escalation policy
5	Review of Exit Interview process and understanding of why staff stay	a)Review of current Exit Process and Leavers Policy b)Review to be conducted and recommendations on how returns can be improved c)Action plan to ensure feedback is acted on.	a)Improved positive feedback from staff through exit interviews, questionnaires and staff survey.	a) All staff complete exit interview b) Themes of positive and negative experiences collated quarterly	Designated band 7	Ongoing	Quarterly review of exit questionnaire feedback - feedback via Specialty Quality Forum/ Divisional Governance board and Band 7 meeting to address issues raised and improve retention

6	Retention Rate	a)To listen to staff and understand the key drivers that retain staff and how staff would value being recognized. b)Improvement in staff engagement scores and staff reporting positive experiences at work	a) Improved retention .	A) Staff survey b) retention rates	Cath Bainbridge	Ongoing	a) review of yearly exit questionnaires feedback. B) review of actions to address retention issues c) review of following year retention rates d) feedback via specialty Governance meetings
7	Training and development opportunities are taken up and positively evaluated by all staff	a)To promote ascending and aspiring Talent b) Review funding for continuing education. c) Ensure all staff are facilitated to maintain mandatory competencies and monitor	a) Yearly Training Needs analysis completed and training delivered.	a) Service specification of 70% staff QIS maintained. b)compliance maintained across all areas of mandatory training c) utilisation of CPD monies allocated d) database of development opportunities provided	Emma Hamer	Ongoing	a) monthly review of statutory/mandatory training figures-feedback through monthly dashboard meetings, team meetings and divisional governance

		compliance.					meetings. Maintain database of development opportunities provided
8	Attendance to be monitored and in line with Trust target	a)Weekly absence monitoring meetings.	a) Absence below the target	a) Absence levels below target	Cath Bainbridge/HR/Band 7's	Ongoing	a) follow trust attendance management policy and record attendance figures on specialty dashboard and escalate any issues via divisional governance processes
9	Robust and effective roster approval process	a) Review of current process against targets	a) Roster standards Met	a)Roster produced in correct time frame. b) Roster meet all Trust Standards	Cath Bainbridge/Rosie Connor	Monthly	Attendance/feedback from monthly roster meetings
10	Strengthen, simplify and unify processes throughout the pathway of	a) Reduce use of temporary staffing to improve standards and	a) reduced temporary staff	a) monthly budget evidencing reduction in vacancies	Cath Bainbridge	Ongoing	Monthly review and feedback via divisional

	authorising and approving temporary staff	reduce cost					processes
11	Achievement of Medical staffing standards: Optimal arrangement for Neonatal Intensive Care unit in the UK BAPM (2021)	a) Review of current staffing against Optial arrangement for Neonatal Intensive Care Unit in the UK BAPM (2021) b) Submission of business case to Division / Organisation for gap in WTE to meeting optimal BAPM levels c) Recruitment to amount of successful business case (requirement to phase this is likely given the financial envelope).	Staffing levels to reflect the Optimum for NICU BAPM 2021)	Hitting 12-hour consultant presence target.	Rosie Connor / Archana Mishra	1 - 3 Years given investment required.	Recruitment process
12	Achievement of recommended staffing levels from Professional bodies :	a) Introduction of New roles b) Review of AHP services and how these	a) Implementation of new roles and associated competencies.	Use of AHP monies received from NCCR monies to partially fill AHP recognised vacancies	Cath Bainbridge	Ongoing	Recruitment process

	a) British Dietetic Association B) Chartered society of Physiotherapy C) Royal College of Speech & Language D) Royal College of Occupational Therapist D) Neonatal & Paediatric Pharmacist Group E) BRitish Psychological society	support the nursing workforce.					

Appendix 4 – Saving Babies Lives Dashboard.

Element	Indicator	% compliance	Target	Action plan required
Element 1 **Reducing smoking in pregnancy**				
	A. Percentage of women where Carbon Monoxide (CO) measurement at booking is recorded	**100%**	**80%**	Action plan in place
	B. Percentage of women where CO measurement at 36 weeks is recorded	**80%**	**80%**	Action plan in place
Element 2 **Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)**	Process indicator: A. Percentage of pregnancies where a risk status for fetal growth restriction (FGR) is identified and recorded using a risk assessment pathway at booking and at the 20 week scan	97.5%	80%	Not required

	Women with a BMI>35 kg/m2 are offered ultrasound assessment of growth from 32 weeks' gestation onwards	Compliant		
	In pregnancies identified as high risk at booking uterine artery Doppler flow velocimetry is performed by 24 completed weeks gestation	Compliant		
	There is a quarterly audit of the percentage of babies born <3rd centile >37+6 weeks' gestation.	71.9%		Not required
	The Trust have generated and reviewed the percentage of perinatal mortality cases for 2021 where the identification and management of FGR was a relevant issue (using the PMRT).	Compliant		
	The risk assessment and management of growth disorders in multiple pregnancy complies with NICE guidance or a variant has been agreed with local commissioners (CCGs) following advice from the Clinical Network.	Compliant		

Element 3 **Raising awareness of reduced fetal movement (RFM)**	Percentage of women booked for antenatal care who had received reduced fetal movements leaflet/information by 28+0 weeks of pregnancy.	95%		Not required
	Percentage of women who attend with RFM who have a computerised CTG (a computerised system that as a minimum provides assessment of short term variation).	100%		Not required
Element 4 **Effective fetal monitoring during labour**	There should be Trust board sign off that staff training on using their local CTG machines, as well as fetal monitoring in labour are conducted annually.	Compliant		
	The Trust board should specifically confirm that within their organisation: - 90% of eligible staff (see Safety Action 8) have attended local multi-professional fetal monitoring training annually as above.	76.38%	90%	Not required
	A dedicated Lead Midwife (0.4 WTE) and Lead Obstetrician (0.1 WTE) per consultant led unit have been appointed by the end of 2021 at the latest.	Compliant		
Element 5 **Reducing preterm birth**	A. Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids,	**54%**	**80%**	Action plan in place

	within seven days of birth.			
	B. Percentage of singleton live births occurring more than seven days after completion of their first course of antenatal corticosteroids.	11%		Not required
	C. Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior birth.	**85% Q2**	**80%**	Action plan in place
	D. Percentage of women who give birth in an appropriate care setting for gestation (in accordance with local ODN guidance).	**94%**	**80%**	Not required
	• They have a dedicated Lead Consultant Obstetrician with demonstrated experience to focus on and champion best practice in preterm birth prevention.	Compliant		
	• Women at high risk of preterm birth have access to a specialist preterm birth clinic where transvaginal ultrasound to assess cervical length is provided	Compliant		
	• An audit of 40 consecutive cases of women booking for antenatal care has been completed to measure the percentage of women that are	100%		Not required

	assessed at booking for the risk of preterm birth and stratified to low, intermediate and high risk pathways, and the percentage of those assessed to be at increased risk that are referred to the appropriate preterm birth clinic and pathway			
	• Their risk assessment and management in multiple pregnancy complies with NICE guidance or a variant that has been agreed with local commissioners (CCGs) following advice from the provider's clinical network	Compliant		

NHS
Bolton
NHS Foundation Trust

Board of Directors

CNST Year 4 Progress Update

26 January 2023

Summary

	Safety actions	Action plan	Funds requested	
Q1 NPMRT	No	Yes		74,000
Q2 MSDS	Yes			-
Q3 Transitional care	No	Yes		36,000
Q4 Clinical workforce planning	No	Yes		51,000
Q5 Midwifery workforce planning	No	Yes		-
Q6 SBL care bundle	No	Yes		-
Q7 Patient feedback	Yes			-
Q8 In-house training	No	Yes		60,000
Q9 Safety Champions	No	Yes		-
Q10 EN scheme	Yes			-
Total safety actions	**3**	**7**		
Total sum requested				**221,000**

Highlights

- ✓ 3 safety actions achieved
- ✓ 118 of the 141 sub- requirements (83.6%) achieved and 23 not achieved
- ✓ Action plans completed for all actions not met
- ✓ Papers submitted to Quality Assurance Committee & Executive Directors
- ✓ Additional resource requirements identified for submission with declaration

Detailed position

Action No.	Maternity safety action	Action met? (Y/N)	Met	Not Met
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	No	8	2
2	Are you submitting data to the Maternity Services Data Set to the required standard?	Yes	12	0
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	No	15	4
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	No	8	1
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	No	5	0
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle V2?	No	26	2
7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?	Yes	7	0
8	Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support, starting from the launch of MIS year 4?	No	5	13
9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	No	24	1
10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme from 1 April 2021 to 5 December 2022?	Yes	8	0

Themes and Actions

- **Failure to submit evidence for approval of Board or Committee**
  - 8 sub-requirements not fulfilled
  - Board cycle of business revised
  - Governance capacity reviewed – additional resource required
  - Detailed standard operating procedures to be collated with defined accountabilities and actions
- **Training & education**
  - 14 sub-requirements not fulfilled
  - Training database revised with trajectories of improvement
  - Practice Education capacity reviewed – additional resource required
  - Smaller training sessions to be planned if increased capacity funded
- **Audit compliance**
  - 2 sub requirements not fulfilled
  - Attainment of 2 defined standards not met
  - Audit capacity reviewed – additional resource required

Next Steps

- Board presentation and presentation of declaration due 26 January 2023
- Final CEO sign off and submission of declaration form by 2 February 2023
- Submission of completed form to the Accountable Officer for the Integrated Care Board

Report Title:	Finance and Investment Committee Chair Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	26 January 2023		Discussion	
Exec Sponsor	Annette Walker		Decision	
Purpose	To provide information and assurance.			
Summary:	Chair's Report completed following the Finance and Investment Committee Meeting held via MS Teams on the 23 November 2022.			

Previously considered by:	
☐ Strategy and Operations Committee	☐ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	☐ People Committee
☐ Charitable Funds Committee	☐ Audit Committee

Proposed Resolution	The Board of Directors is asked to note the Finance and Investment Chair's Report from the 23 November 2022.

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:	Jackie Njoroge	**Presented by:**	Jackie Njoroge

Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	23 November 2022	Date of next meeting:	25 January 2023
Chair:	Jackie Njoroge	Parent Committee:	Board of Directors
Members Present:	Annette Walker, Fiona Noden, Rebecca Ganz, Rae Wheatcroft, Sharon Katema, Lesley Wallace, Rachel Noble, Catherine Hulme, James Mawrey, Andrew Chilton, Bilkis Ismail, Paul Henshaw, Adele Morton	Quorate (Yes/No):	Yes
		Key Members not present:	Matthew Greene

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Board Assurance Framework		S Katema	The Director of Corporate Governance presented to the Committee the Board Assurance Framework, Ambitions 3 and 4 for which responsibility falls to the Finance & Investment Committee for review and comment. The BAF provides a structure and process which enables the Board to review its principal objectives, the extent to which the Trust has appropriate and robust controls in place to manage strategic risks, and the level and effectiveness of assurance provided by and through those controls.	Going to Board 24th November for approval. Following discussion around other elements being added or moved, further discussion will take place on the 15th of December at the Board Strategy Session.

	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

Protocol for changes to revenue financial forecast		A Walker	The Chief Finance Officer presented the paper to the Committee. This protocol was launched on the 7th of November providing guidance to ICBs and NHS providers where they need to show a deteriorating forecast against plan. The guidance specifies that forecasts can only be deteriorated after a number of conditions have been met. These are: • A financial recovery plan with actions identified must have been initiated. • Difficult decisions must be demonstrated to have been taken. • Submission to independent review of the financial positon and whole board sign off and scrutiny of the revised forecast. The consequences of deteriorating the forecast is that any revenue investments above £50k-£100k will need sign off by the ICB, the regional team and nationally depending on the organisation involved.	Noted.
GM System Financial Recovery Plan		A Walker	The Chief Finance Officer updated the Committee on a letter received from Mark Fisher, GM ICB Chair and Karen James, GM PFB Chair which was sent to all GM Provider Chief Executives on 15 November 2022. The letter outlines the current financial position across GM and requests a range of actions to be undertaken by 30 November with the aim of bringing the GM system back into financial balance. The finance team in conjunction with the PMO is working to ensure all these requirements are met by the 30 November. A full submission will be made with an accompanying letter stating assumptions on which our forecast outturn is based. It is proposed that this letter is signed by the Chair and Chief Executive following a full Board discussion.	The Committee thanked the team for the work completed and are supportive of the stance taken with level of risk.

	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

Month 7 Finance Report		A Chilton	Key point noted: • Year to date deficit of £9.1m compared with a planned deficit of £3.0m. • Worse case deficit of £26.4m to an optimistic forecast of £12.1m deficit. At this stage the original planned deficit of £7.2m is only possible with further additional income. • Variable pay improved with a spend of £3.5m compared to £4.4m in month 6 which does include a release of an accrual from previous years of £0.6m. • Capital spend is £9m year to date of which £4.4m relates to Theatres. • NHSE have approved the CDC business case with the Trust receiving £14.7m over the current and next financial year. Theatres TIF bid decision to be announced on the 9th of December 2022. • Huge uncertainty around capital funding. • Cash at the end of the month was £16.5m, significantly lower than planned cash levels and with the forecast deficit is now a cause for concern. • BBPC performance year to date is now 88.3% and improving overall. A number of actions are underway to improve and maintain this performance. • Financial risks, mitigations and recovery actions have been identified.	Noted with associated risks.

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	Assured – no or minor impact on quality, operational or financial performance

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

Maternity Theatres Workforce Business Case		R Wheatcroft	This case proposes the opening of a second emergency maternity theatre to be staffed 24/7, 365 days per year at a cost of £1.2m per annum. The case has been in development for a number of years due to the increasing caesarean section and intervention rates in response to the requirements of Saving Babies Lives and Ockenden. The case requires a recurrent revenue investment of £1.2m and discussions are underway with the ICB on funding sources. The case has been supported by the Executive and CRIG on the basis that this is required to ensure basic safety of the people and babies using this service and to ensure compliance with national standards.	Approved.
Benefits Realisation Timetable		S Ball	The Trust has now established a detailed benefits realisation process which focuses on how to ensure and drive benefits from capital and revenue investments. The process ensures that all potential benefits are considered to include; patient safety; quality of care; patient experience; return on investment; cost improvement; performance; productivity and staff experience.	Noted.
NHSI Checklists		S Ball	Completing the NHSI Checklists has shown that many of the recommendations and best practices are in place, however, with a number of actions still to be progressed. Financial Self-Assessment Checklists been completed on: • The Agency Self-Assessment • The NHSI Financial Grip and Control • NHS Efficiency Map	The overall assessment presented 280 potential checklist actions identified: 171 blue, 3 red, 27 amber and 79 green.

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Committee/Group Chair's Report

Procurement Quarterly Update		L Wallace	In collaboration with GM and SCCL savings of £2.98m (FYE) have been identified to quarter 2 of 2022/23 with further work underway. A strong pipeline of 286 projects are being worked through of which 26% are complete and 28% on track to deliver. Cost avoidance and inflation form a major part of the work undertaken which has contributed to £1.84m of identified savings. Collaboration with GM and the National Procurement Team is also a major focus.	Noted.
Chairs' Reports		A Walker	The Committee noted the Chair's Reports from the following meetings**:** • CRIG – 2nd of November • Placed Based Finance & Assurance Committee – 15th of November (minutes)	Noted.
Comments				
Risks escalated No items escalated				

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

Report Title:	Charitable Funds Committee Chair's Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	26 January 2023		Discussion	
Exec Sponsor	Sharon White		Decision	

Purpose	To provide the Board of Directors with a copy of Chair report from the Charitable Funds Committee meeting which was held on 5 December 2022.

Summary:	Copy of the Chair's report with key discussion points covering: • Our Bolton NHS Charity Q3 2022/23 highlight report • Charity strategy and implementation plan • Amazon Wish Lists • NHS Charities Together update • Finance report • Annual report and accounts update • Audit review: terms of reference There are no risks to escalate to the Board of Directors

Previously considered by:	
☐ Strategy and Operations Committee	☐ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	☐ People Committee
✓ Charitable Funds Committee	☐ Audit Committee

Proposed Resolution	The Board of Directors is asked to note the report.

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:**	Martin North, Chair of the Charitable Funds Committee

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

CFC	Charitable Funds Committee
IPC	Infection Prevention and Control
KPI	Key Performance Indicators

Committee/Group Chair's Report
(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Charitable Fund Committee	Report to:	Board of Directors
Date of Meeting:	5th December 2022	Date of next meeting:	6th March 2023
Chair:	Martin North	Parent Committee:	Board of Directors
Members Present:	Sharon White, Alan Stuttard, Sharon Katema, Rachel Noble, Catherine Hulme, Rachel Carter, Sarah Skinner and Abdul Goni In attendance: Sophie Kimber Craig (deputising for Francis Andrews)	Quorate (Yes/No):	Yes (with deputies in attendance)
		Key Members not present:	Voting members: Francis Andrews, Annette Walker and Zed Ali

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Our Bolton NHS Charity Q3 2022/23 Highlight Report		SS	The Q3 2022/23 highlight report was shared with the CFC to provide an overview of activity against key themes: • Fundraising and grants • Christmas fundraising and experiences for colleagues and patients • Communications, marketing and media • Charity-funded schemes • Risks	Members of the CFC: • Noted the highlight report • Approved the proposal to report risk by exception on the agreement the complete risk log would be presented at one CFC meeting per year • Agreed to support Our Bolton NHS Charity with fundraising opportunities and events as set out in the highlight report
Charity Strategy and Implementation Plan		RN	The Deputy Director of Strategy confirmed the charity strategy had been approved at the last meeting and presented the new strategy implementation plan for comment. Performance will be monitored against agreed KPIs and reported via a performance dashboard, which will be presented to the CFC each quarter. A condensed version of the charity strategy is currently in design, which will be used to engage with local businesses and prospective supporters.	Members of the CFC noted the plan and look forward to receiving progress updates.

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

Committee/Group Chair's Report

Amazon Wish Lists		SS	The Charity Manager presented a paper seeking approval from the CFC to the restarting of the pilot of Amazon Wish Lists as a way of effectively managing and recording gifts in kind. The proposal considers the risks and benefits and has been reviewed and signed off by colleagues in Procurement, IPC, Health and Safety and Information Governance. While the ability to steward supporters is limited, Amazon wish lists present another easy and accessible opportunity for the local community to support the charity.	Members of the CFC: • Approved the restarting of the pilot of Amazon Wish Lists with the children's ward and paediatric A&E • Noted the planned promotional activity to ensure maximum uptake The Charitable Funds Committee will receive an evaluation report before the expansion of the scheme to other wards/teams.
NHS Charities Together update a) Stage one b) Development grant		SS RN	The Charity Manager gave an update on the NHS Charities Together stage one grant funding, specifically the 'Two Years On – Impact Report' and the approved adaption request to use the £36k underspend on staff rest facilities given the plans for a staff well-being hub are no longer feasible. The Deputy Director of Strategy provided an update on the NHS Charities Together Development Grant and shared the KPIs and outcomes that would underpin the application (due 30th December 2022).	Members of the CFC noted the reports. **Action:** Present the impact report at the Board of Directors so the organisation can see the value of the partnership between Our Bolton NHS Charity and NHS Charities Together. **Action:** Produce some external communications to publicly thank members of the local community who supported the NHS Charities Together Covid-19 appeal, without whom these improvements would not have been possible.
Finance Report		CH	The Associate Director of Financial Services presented the finance report to the CFC noting a net increase in funds of £337k for the 7 months to 31 October 2022. The Charity has received £395k in legacies this year with just 4 legacies outstanding (for £2.6k). Work continues on streamlining the call on funds, which now stands at £740k. The charity's fund balances totalled £1,034k at 31 October 2022.	Members of the CFC noted the report and acknowledged all the work that had been done to streamline the call on funds.

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Committee/Group Chair's Report

Annual report and accounts update		CH	The Associate Director of Financial Services advised the annual report and accounts had been updated to incorporate feedback from the CFC and the auditor. The auditor has produced a draft audit report with no further recommendations and – once the accounts are signed by the Chair, Director of Finance and Director of Strategy, Digital and Transformation – will provide the letter of opinion. The Director of Corporate Governance advised the annual report and accounts will need to go to the Board of Directors in January before the submission deadline of 31st January 2023.	Members of the CFC confirmed they had fully discharged their duties in relation to the preparation of the annual report and accounts, and approved the document for signing by the Chair and relevant Executive Directors outside of the meeting. **Action:** Arrange for e-signatures to be applied to the annual report and accounts as above. **Action:** Submit to the Board of Directors in January and upload to the Charity Commission portal by 31st January 2023.
Audit review: terms of reference		SW	The Director of Strategy, Digital and Transformation presented the terms of reference for a forthcoming review of charitable funds, focusing on governance and oversight, and fundraising collection and deposit procedures. The report will be shared with the CFC when the audit is complete.	Members of the CFC noted the terms of reference and await the findings from the audit report.
Comments				
Risks escalated There are no risks to be escalated to the Board of Directors.				

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Report Title:	Audit Committee Meeting Chair's Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	26 January 2023		Discussion	
Exec Sponsor	Annette Walker		Decision	
Purpose	To provide information and assurance.			
Summary:	Chair's Report completed following the Audit Committee Meeting held via MS Teams on the 7th of December.			

Previously considered by:	
☐ Strategy and Operations Committee	☐ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	☐ People Committee
☐ Charitable Funds Committee	☐ Audit Committee

Proposed Resolution	The Board of Directors is asked to note the Audit Committee Chair's Report from the 7th of December 2022.

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:	Alan Stuttard	**Presented by:**	Alan Stuttard

Committee/Group Chair's Report

Name of Committee/Group:	Audit Committee	Report to:	Board of Directors
Date of Meeting:	7 December 2022	Date of next meeting:	15 February 2023
Chair:	Alan Stuttard, Non-Executive Director	Parent Committee:	Board of Directors
Members Present:	Alan Stuttard, Malcolm Brown, Annette Walker, Sharon Katema, Othmane Rezgui, Karen Finlayson, Imogen Milner, Collette Ryan, Martin North, Tyrone Roberts.	Quorate (Yes/No):	Yes
		Key Members not present:	Catherine Hulme, Lesley Wallace, Deborah Chamberlain.

Key Agenda Items:	RAG	Key Points	Action/decision
Quarter 2 Provider Finance Return (PFR) Benchmarking Report		The External Auditors (KPMG) presented the quarter 2 PFR Benchmarking report. The report compares 42 Trusts which the External Auditors benchmark. Overall the figures for Bolton show the Trust to be in the pack with one or two areas as an outlier. These were discussed by the Committee and the outliers were mainly related to timing issues and overall the report was welcomed by the Committee.	Noted.
Internal Audit Reports		The Internal Auditors (PWC) presented their report covering the Audits which have been completed and the planned Audits for the next quarter. The completed Audits were: **Adult Safeguarding** (high risk) For this report the Chief Nurse, Tyrone Roberts joined the meeting. It was noted that this report had been specifically requested by the Trust due to some concerns being raised. The Audit review highlighted 2 high risk findings and 2 medium risk findings, with some areas of good practice. The Chief Nurse set out an action plan to deal with the items which mainly related to competency levels and training compliance and documentation with the Local Authority. The Chief Nurse advised that the report had been considered by the Quality Assurance Committee and the Safeguarding Committee and the action plan would be taken forward by these Committees.	Referred to the Board Development Session for consideration for inclusion on the BAF. Follow up action to be undertaking by QAC and Safeguarding Committees.

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Committee/Group Chair's Report

		The Audit Committee discussed the level of assurance and whether this should be included on the Board Assurance Framework. The general view was that it should and will be discussed at the Board Development Session on the 15 December. The Audit Committee further asked whether the same concerns were present in Children's safeguarding. The Chief Nurse advised that he felt the arrangements were a lot stronger with Children's safeguarding and did not have the same concerns.	
Internal Audit Reports		**Financial Sustainability** (medium risk) PWC reported on the financial sustainability review. This was a mandated review by NHSE and covered a self-assessment checklist of 72 criteria. The Internal Auditors were required to undertake a detailed assessment of 12 of the criteria. The Auditors reported that they were provided with evidence to substantiate all 12 of the self-assessment ratings. The Chief Finance Officer reported that the self-assessment had been signed by the Chief Executive and submitted to NHSE. No feedback had been received so far.	Noted.
Internal Audit Reports		**Green Plan – Net Zero (**medium risk) PWC reported on the Trust Green Plan. There were 3 medium, 2 low and 1 advisory finding. The Audit Committee queried one of the time scales for the action plan. The Audit Committee discussed the most appropriate Governance arrangements to ensure the reporting of the Green Plan and this was referred back to the Executive team for consideration.	Noted.
Local Counter Fraud Specialist Progress Report		The Local Counter Fraud Specialist presented the update on counter fraud matters. The LCFS reported that a number of investigations had now been closed and the Committee acknowledged the action that had been taken in each case. An update was also provided on recent training sessions which had been very well received. Overall the Audit Committee were very pleased to see the proactive nature of the Counter Fraud work.	Noted.

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Committee/Group Chair's Report

Updated Standing Financial Instructions and Scheme of Delegation		The Chief Finance officer updated the Audit Committee on the changes that had been made to the Standing Financial Instructions and the Scheme of Delegation previously approved by the Trust Board. The Audit Committee noted the changes.	Noted.
Standing Orders and Matter Reserved for the Board		The Director of Corporate Governance updated the Audit Committee on the changes that had been made to the Standing Orders previously approved by the Trust Board. The Audit Committee noted the changes.	Noted.
Board Assurance Framework		The Director of Corporate Governance presented the updated Board Assurance Framework. This followed a comprehensive review by the DoCG and it was noted that the BAF would also be considered at a Development Session of the Trust Board on the 15 December. The Audit Committee made a couple of suggestions in relation to digital and noted that there were not many entries in the gaps in assurance section although there were a number of actions to improve the controls/assurance.	Noted.
iFM Bolton Statutory Accounts Year Ended 31 March 2022		The Chief Finance Officer presented the iFM Bolton Accounts for year ended 31 March 2022. It was noted that the Accounts were currently in draft and were due for approval by the iFM Board and submission to Companies House by 31 December 2022. As the overall Group Accounts had been previously considered by the Audit Committee and approved by the Board, the Accounts were not presented to the Audit Committee for approval. However, the Audit Committee made a number of suggestions in relation to the Accounts which would be fed back to iFM for consideration. The External Auditors (KPMG) were on track to complete the Audit in time for submission.	Noted.

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Committee/Group Chair's Report

Appointment of Internal and External Auditors		The Chief Finance Officer presented the paper on behalf of the Head of Financial Services setting out the options and timetable for the tendering of Internal and External Audit Services. With regard to Internal Audit the Audit Committee agreed that this should be put out to open full tender process with a time scale to be completed by the 31 March 2022. This was due to the current contract coming to a conclusion at the end of the 2022/23 financial year. With regard to External Audit, this was the responsibility of the Council of Governors. It was agreed that the Council of Governors would be advised at their meeting on the 12 December that a paper setting out the options would be considered at their meeting in February. I have deleted the final sentence.	Noted.
Risks Escalated : There were no risks to be escalated to the Board of Directors			

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Report Title:	Our Bolton NHS Charity's annual report and accounts for year ending 31st March 2022

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	26th January 2023		Discussion	
Exec Sponsor	Sharon White		Decision	

Purpose	To provide the Board of Directors with a copy of Our Bolton NHS Charity's annual report and accounts, the signed letter of representation and the signed ISA 260 report from KPMG.

Summary:	The annual report and financial statements describe the structure, governance and management of the Charity; provide a breakdown of income and expenditure; outline some of our key priorities for 2022/23 and set out the financial position for the year ending 31st March 2022. The annual report and accounts will be submitted to the Charity Commission by the deadline of 31st January 2023.

Previously considered by:	
☐ Strategy and Operations Committee	☐ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	☐ People Committee
✓ Charitable Funds Committee	☐ Audit Committee

Proposed Resolution	The Board is asked to ratify Our Bolton NHS Charity's annual report and accounts to 31st March 2022

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 and Karen Sharples, Finance Manager	**Presented by:**	Sharon White, Director of Strategy, Digital and Transformation Annette Walker, Director of Finance

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

BMCC	Bolton Masjids Chanda Committee
FICare	Family Integrated Care
FRS	Financial Reporting Standard
ISA	International Standard on Auditing
NICU	Neonatal Intensive Care Unit
PPE	Personal Protective Equipment
RBH	Royal Bolton Hospital
RBS	Royal Bank of Scotland
SIBA	Specialist Interest Bearing Account
SORP	Statement of Recommended Practice
UK GAAP	UK Generally Accepted Accounting Practice
VAT	Value-Added Tax

Annual Report and Financial Statements

Year ending 31st March 2022

Contents

Chair's statement

It is my pleasure to present the annual report and audited financial statements for Our Bolton NHS Charity for the year ending 31st March 2022.

As the official NHS charity partner of Bolton NHS Foundation Trust, we go over and above what the NHS is expected to provide to make a lasting and meaningful difference to the people of Bolton. Our mission is to invest in the latest technology and research; make improvements to the care environment and experience so patients feel comfortable and at ease, and fund specialist training and wellbeing support so our staff provide the highest standard of care to our patients.

2021/22 proved to be another challenging year for the NHS, thanks to the Covid-19 pandemic and growing pressure on NHS Trusts to tackle the backlog of elective care, and the profile of charitable income changed considerably. There was no additional grant-funding from NHS Charities Together; however, we continued to receive valued support from the local Bolton community with £94,000 in voluntary donations and £244,000 in legacy donations.

In spite of the challenges, it's important to acknowledge our progress in raising the profile of Our Bolton NHS Charity both with internal and external stakeholders. Some of that was achieved through our winter appeal: The Small Things – a particular highlight of 2021/22 – inspired by the small and meaningful acts of kindness that many of us experienced during the pandemic.

Thanks to the generosity and support of local businesses, including (but not limited to) the Octagon Theatre, Russell WBHO and Workforce People Solutions, the appeal raised over £10,000 and has already funded:

- Presents for over 900 patients in hospital over Christmas
- Refreshments for patients in the discharge lounge awaiting transport home
- Bolton Neonatal Unit's first twin cot

Acting on behalf of the Corporate Trustee, we have a legal duty to ensure that money received is used appropriately and responsibly. I am delighted to report that in 2021/22, we invested £387,000 in a range of schemes designed to improve staff wellbeing and the patient experience at Bolton NHS Foundation Trust. A full breakdown of direct charitable expenditure can be found on pages 13 and 14 of the report.

On behalf of the Charitable Funds Committee, I would like to thank our incredible donors, fundraisers and supporters for their loyalty, generosity and kindness throughout 2021/22, especially those who have had to rearrange events multiple times or deliver them virtually – in line with Government guidance – to ensure the safety of those involved.

Looking ahead to 2022/23, we are well-positioned to build on our progress with the launch of our three-year strategy and plans for investment in Our Bolton NHS Charity thanks to further grant-funding from NHS Charities Together. However, with the projected cost of living 'squeeze' and increasing demand for NHS services, we will

have to strike a sensitive balance to ensure we are well-placed to support Bolton NHS Foundation Trust in making the NHS go further for the people of Bolton.

As ever, we cannot do this on our own and as The Small Things appeal demonstrates, every pound helps to make a difference. Please join us and be become part of the team making a real difference to the thousands of patients we treat every year, for a better Bolton.

Martin North
Chair of the Charitable Funds Committee

Reference and administrative details

Our Bolton NHS Charity, registered charity number 1050488, is administered and managed by the corporate trustee – Bolton NHS Foundation Trust. The NHS Foundation Trust Board of Directors has delegated responsibility for the on-going management of funds to the Charitable Funds Committee, which administers the funds on behalf of the corporate trustee.

The Charity's annual accounts for the year ended 31st March 2022 have been prepared by the Corporate Trustee in accordance with the Charities Act 2011 and Statement of Recommended Practice (SORP): Accounting and Reporting by Charities published in 2015. The Charity's accounts include all the separately established funds for which the Bolton NHS Foundation Trust is the sole beneficiary.

The charity was entered on the central register of charities on 20th October 1995, as Bolton Hospitals NHS Trust Endowment Fund and renamed by supplemental deeds on 5th October 2005, 5th June 2009, 13th September 2011. The charity was most recently renamed from Bolton NHS Charitable Fund to Our Bolton NHS Charity by supplemental deeds on 27th July 2021.

Charitable funds received by the Charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990 and these funds are held on trust by the corporate body.

The principal office for the Charity is:

Bolton NHS Foundation Trust,
Trust Headquarters,
Royal Bolton Hospital,
Minerva Road,
Farnworth,
Bolton,
BL4 0JR

Principal staff (employed by Bolton NHS Foundation Trust):

- Sharon Martin, Director of Strategy and Transformation
- Rachel Noble, Deputy Director of Strategy
- Sarah Skinner, Charity Manager
- Karen Sharples, Finance Manager
- Abdul Goni, Charity Engagement Coordinator (from July 2021)

The following services were retained by the Charity during 2020/21:

Bankers
Royal Bank of Scotland,
Bolton Central Branch,
46-48 Deansgate,
Bolton,
BL1 1BH

Solicitors
Hempsons Solicitors
City Tower,
Piccadilly Plaza,
Manchester,
M1 4BT

External Auditor
KPMG
One St Peter's Square
Manchester
M2 3AE

Structure, governance and management

Structure of funds

The Charity currently has three special purpose trusts/funds.

As at March 2022, the Trust had 61 individual funds relating to individual wards and departments. Ward Managers and Heads of Department manage funds at a local level and all expenditure is authorised in accordance with the Trust's standing financial instructions, standing orders and charitable fund procedures.

Charitable Funds Committee

The Charitable Funds Committee acts on behalf of the Corporate Trustee and is responsible for the overall management of the Charity. Key duties of the Charitable Funds Committee include:

- Controlling, managing and monitoring the use of funds
- Providing support, guidance and encouragement for fundraising activities
- Ensuring that 'best practice' is followed in the conduct of all is affairs
- Providing updates to the Board of Directors on the activity, performance and risks of the charity

Risk management

The major risks to which the Charity is exposed have been identified and considered. Internal audit reviews will continue to take place on a cyclical basis to ensure controls are appropriate. The Corporate Trustee is satisfied that systems are in place to mitigate exposure to identified risks and will review on an annual basis as per the Charitable Funds Committee terms of reference.

Investment policy

The majority of funds are held in the Specialist Interest Bearing Account (SIBA).

Reserves policy

The policy of the Corporate Trustee is to apply, wherever possible and without delay, all funds to charitable purposes within the Trust. Expenditure is approved only where sufficient funds are available.

Our objectives and activities

Objective

Our objective is not to fund patient care, but to enhance and improve it, providing funding for projects that are over and above those served by NHS funding.

We aim to increase both income and expenditure of funds for the primary purpose of enhancing the patient experience within the Trust, which includes:

- Improvements to the internal and external environments
- Providing additional services
- Enhanced staff training and development
- Purchasing new equipment
- Research and development

In setting the objectives and activities of the Charity, the Corporate Trustee has given due consideration to the Charity Commission's published guidance on public benefit.

Mission statement

Through the receipt of donations, legacies, fundraising activities and appeals, Our Bolton NHS Charity will further improve the provision of high quality patient care, specialist training and education for staff and the provision of amenities for both patients and staff, which are not fully covered or supported by central NHS funds.

Activities

We continue to be supported by individuals, community groups, charities and institutions. A range of individuals and groups have held events to raise funds for their chosen cause.

Where our funds came from

In 2021/22, the Charity received £94,000 from donations, £244,000 from legacies, and £15,000 from fundraising events.

The ongoing impact of the Covid-19 pandemic

Throughout quarter 1, the UK was subject to legal limits on social contact as we navigated through the government's four-step roadmap out of lockdown. However, when all limits were lifted in June 2021, visitor restrictions remained in place at Bolton NHS Foundation Trust to keep vulnerable patients safe and ensure that care, treatment and services could continue safely and effectively.

In quarters 2 and 3, the Trust saw record numbers of patients coming through the doors of the Emergency Department and was forced to open winter wards in the summer (as well as Covid wards) to cope with demand. This was a clear indicator that winter 2021 would be extremely challenging but that was further compounded by the acceleration of the vaccine programme and the emergence of the Omicron variant in November 2021.

In quarter 4, NHS England published the elective recovery plan and staff at Bolton have worked diligently to address the backlog of routine care, while managing high levels of staff-absence due to Covid-19.

According to the Charities Aid Foundation UK Giving Report 2022, the decline in the number of people giving to charities (since 2016) stalled during the initial stages of the pandemic; however, donations have since continued their downward trajectory to an all-time low. For example, in 2016, 22% of people surveyed had supported a hospital or hospice in the last four weeks, compared with just 18% in 2021. Coincidentally, the general consensus amongst NHS member charities is that – after the initial wave of support in the first lockdown of 2020 – appetite to support the NHS drastically reduced resulting in a decline in fundraising income.

The year in review

Charity growth, development and awareness

In May 2021, the Charitable Funds Committee approved the rebranding of the charity and in July 2021, the Charity Commission signed off our 'name change' application. We fully adopted the name 'Our Bolton NHS Charity' in November 2021, using the launch of The Small Things appeal as the vehicle to promote our new name and identity.

In July 2021, the role of Charity Manager was made permanent and the team expanded with the appointment of the Charity Engagement Coordinator to focus on donor acquisition, stewardship and retention; alternative ways to support the charity (with a focus on digital/cashless donations); and social media management.

In November 2021, we launched our dedicated social media channels (Facebook, Twitter and LinkedIn) to provide insight into the support we offer patients and staff at Bolton NHS Foundation Trust and demonstrate the impact of donations. Our plans to grow our digital presence will form part of our future strategy.

The Small Things appeal

The Covid-19 pandemic has brought fear, loneliness and loss to the Bolton community; however, research suggests it has also rekindled an appreciation for the simple pleasures in life and the small, meaningful gestures that have a big impact. It is this, that served as the inspiration for our winter appeal: The Small Things.

In recognition of our diverse communities here in Bolton and in anticipation of a particularly challenging winter, our Bolton NHS Charity deliberately moved away from a traditional Christmas appeal and sought the support of the local Bolton community to help us do the small things that make a big difference to patients and colleagues this winter and beyond.

The appeal which launched on 1st November 2021 had three distinct objectives:

1. To raise money to fund The Small Things that make a big difference to our patients and staff this winter
2. To raise the profile of Our Bolton NHS Charity and expand our supporter base
3. To build connection and spread kindness within our teams, organisation and local communities

We were humbled by the support from local businesses including (but not limited to) the Octagon Theatre through their bucket collections (see page 12); Russell WBHO who made a donation in lieu of sending company Christmas cards, and the team at Workforce People Solutions who sported their best Christmas attire in aid of Festive Friday and ran a half marathon for good measure.

Since its launch on 1st November, the appeal has raised over £10,000 and funded presents for over 900 patients in hospital over Christmas; refreshments for patients in the discharge lounge awaiting transport home, and Bolton Neonatal Unit's first twin cot. Feedback from colleagues across the organisation (and the wider health and care

system) suggests that support from Our Bolton NHS Charity and the local community has really helped to raise spirits during a period of sustained stress, uncertainty and isolation.

Working with NHS Charities Together

NHS Charities Together is the national, independent charity, working with a network of over 230 NHS charities (including Our Bolton NHS Charity) representing hospitals, ambulance trusts, mental health trusts and community health services across the UK.

As a proud member of NHS Charities Together, we benefit from access to training and development, peer support, media opportunities and grant-funding that Bolton NHS Foundation Trust could not otherwise access. This collaboration drives us to be the best we can be so we can help the NHS go further for the people of Bolton.

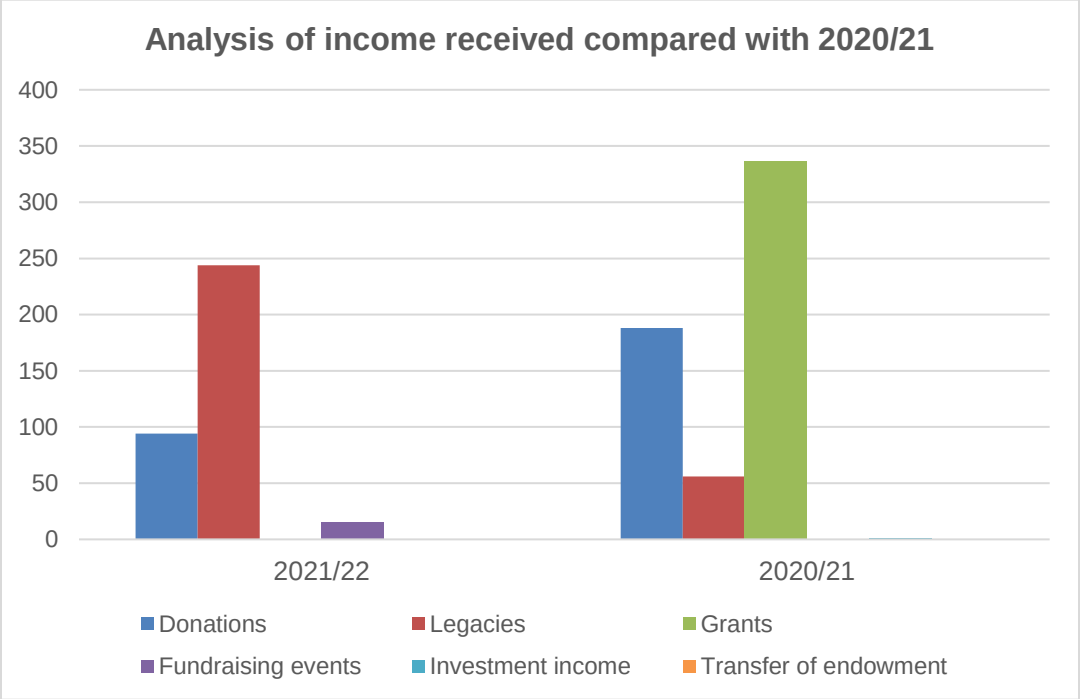
Throughout 2021/22, we continued to work with NHS Charities Together to demonstrate how funding received through its Covid-19 urgent support and recovery grant programmes has been utilised and highlight the impact of the pandemic on the mental well-being of NHS staff.

In March 2022, Ben Mee (Captain of Burnley Football Club) visited the Royal Bolton Hospital to see how funds raised through the #PlayersTogether initiative have made a difference to staff and volunteers. Ben enjoyed a tour of the recently-refurbished staff rest facilities and spoke to colleagues about their experience of working through the pandemic and how fundraising for local NHS charities is still crucial.

Ben said: “It’s clear to see that for staff, the pandemic has been relentless, and they continue to work under high levels of pressure whilst only just beginning to process the trauma they’ve been through. We have to care for them like they care for us and continue to support them for the long term.”

Income analysis

The total income for 2021/22 was £353,000 (£582,000 in 2020/21). We saw donations and grant funding decrease by 50% and 100% respectively; however, legacy income increased by 435.7% compared with the previous year.



Fundraising highlights

It is important to remind ourselves that during quarter 1 and quarter 2, the UK was subject to the government's four-step roadmap out of lockdown. Similarly, the 'Coronavirus (COVID-19): supporting safe and responsible fundraising' guidance – produced by the Fundraising Regulator and the Chartered Institute of Fundraising – remained in place until February 2022 to support charities to fundraise safely and responsibly.

Spring: Ramadan collections

Bolton Masjids Chanda Committee (BMCC) invited donations from the local Muslim community during Ramadan 2021 and raised £18,000, which will be used towards the relocation and refurbishment of faith facilities at the Royal Bolton Hospital. The aim of this project is to increase the footprint and capacity of the existing Mosque and Temple so they better meet the needs of our Muslim and Hindu colleagues, volunteers and patients, as well as providing a multi-functional community space that can be used for bereavement support as well as meetings, conferences and events.

Summer: NHS Big Tea 2021

The NHS Big Tea 2021 was a national outpouring of love and gratitude for NHS employees and volunteers across the UK and provided an opportunity for local NHS member charities, including Our Bolton NHS Charity to raise vital funds. Thanks to support from local businesses including (but not limited to) Morrisons, Warburtons, Asda, Boo Coaching and Consulting and Purely Wellbeing, our dedicated NHS colleagues were invited to pause and enjoy a well-deserved tea break. We received over £1,000 in donations/proceeds from fundraising events and over £2,000 in donated goods and gifts/services in kind. This event created the foundations that allowed us to secure the support of local businesses later in the year.

Autumn: World Prematurity Day ball

A mother of twins who were cared for on Bolton Neonatal Unit back in 2019, organised a charity ball to mark World Prematurity Day on 17th November and raised over £5,500. Funds raised will be used to help Bolton Neonatal Unit implement Family Integrated Care (FICare) and support parents to become empowered and confident in caring for their baby through staff education and support; parent education, NICU environment and psychosocial support.

Winter: bucket collections at the Octagon's Christmas production, Peter Pan

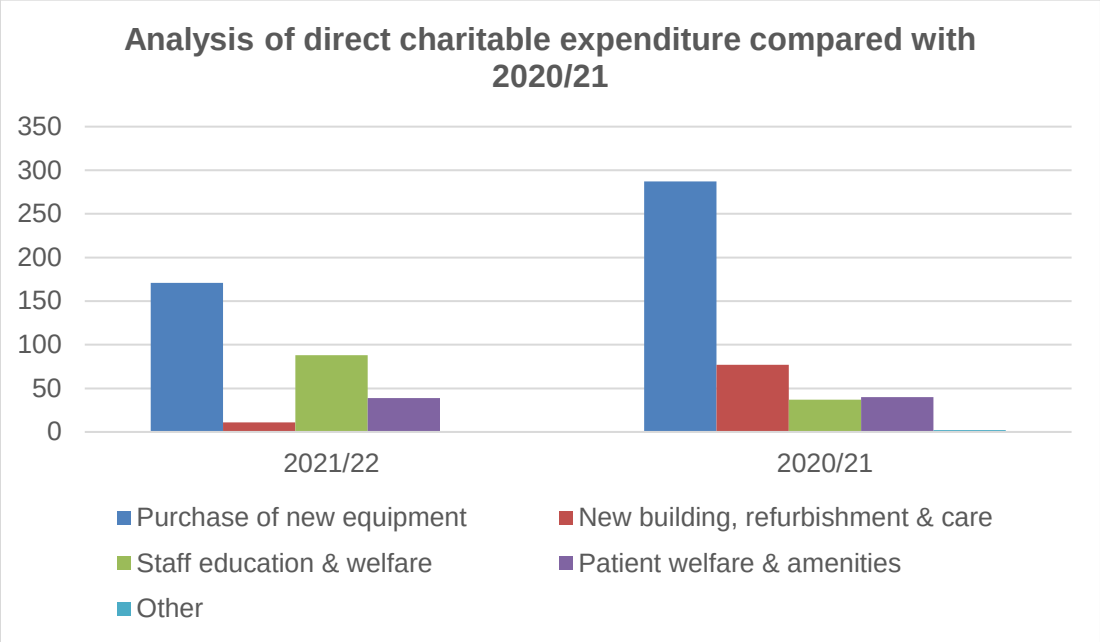
[1]

Having seen the launch of the Small Things appeal on social media, colleagues from the Octagon Theatre contacted Our Bolton NHS Charity and offered their support through bucket collections following each performance of Peter Pan. Despite several cancelled shows due to Covid-19, the Octagon Theatre raised over £2,100, which contributed towards the Small Things appeal and helped to fund Christmas presents for patients and refreshments for those awaiting transport home in time for Christmas.

[1] Photo credit: Jonathan Keenan

Expenditure analysis

Of the total expenditure of £387,000 (£517,000 in 2020/21), £310,000 (£443,000 in 2020/21) was on direct charitable activities across a range of programmes for patient benefit. The remaining £76,000 was attributed to governance costs, which relate to statutory external audit and staffing costs.



Charity-funded schemes and expenditure highlights

Mastectomy bras and prostheses for breast cancer patients

We are proud to fund an ongoing supply of mastectomy bras and prostheses for breast cancer patients undergoing treatment at the Royal Bolton Hospital. Bolton NHS Foundation Trust is currently the only Trust in Greater Manchester to provide the mastectomy bras and prostheses free of charge and this is only possible thanks to staff fundraising and donations from former patients and their families. Claire Garnsey, Consultant Oncoplastic Breast Surgeon said: “Being able to provide these [bras] for free ensures that all of our patients have the right underwear and a prosthesis that can be used immediately after surgery. It is one less thing for our patients to worry about at an extremely difficult time in their lives.”

Philips ST80i Stress Test System for patients undergoing cardiology assessment

We funded the Philips ST80i Stress Test System to improve the experience of patients undergoing assessment with the Cardiology Diagnostics team. The wireless design protects modesty as patient clothing does not have to be removed while nodes are connected, and increases comfort and mobility during assessment, thus reducing the risk of a patient tripping over or disconnecting wires. The equipment also provides sophisticated support tools

to assist the Cardiology Diagnostics team with clinical evaluation and is compatible with other NHS systems so patient notes can be updated automatically.

Bolton Neonatal Unit's first twin cot

The Bolton Neonatal Unit is one of three centres of excellence within Greater Manchester providing specialist care to sick and preterm infants. In response to the shared, lived experience of parents who spent three months on the neonatal unit with their twin boys, we were delighted to fund the Royal Bolton Hospital's first twin cot. The cot (pictured left) will allow twins to continue bonding after birth and enable both staff and parents to care for them together, in line with Family Integrated Care (FICare) principles. Preliminary research suggests that FICare decreases parent stress, improves infant growth and improves patient safety.

Staff rest facilities

We recognise the impact the pandemic continues to have on our Bolton NHS Foundation Trust colleagues and understand that patient safety, experience and outcomes are all greatly improved when staff members feel valued and supported in the workplace. Thanks to grant funding from NHS Charities Together, we have invested in a refurbishment programme of existing staff rest areas (worth over £100k). Ruth Adamson, Deputy Operational Business Manager for Anaesthetics and Critcal Care said: "It was extremely tough for all staff during the pandemic, but having a bright and modern kitchen/coffee room to come and relax in, after wearing full PPE for long periods of time and caring for extremely poorly patients, made all the difference. Today is changeover of our junior doctors, and we have some who have been on rotation here previously and have commented how much nicer the coffee room is now."

Secure cycle storage facilities

While Covid-19 is indiscriminate in nature, heart disease, high blood pressure, and obesity are all well-documented risk factors that increase the likelihood of hospitalisation and poorer health outcomes. While cycling is known to improve cardiovascular health and lower blood pressure, it can also reduce stress and anxiety; increase concentration, and contribute to healthy sleep patterns, all of which are important for staff well-being. Thanks to NHS Charities Together grant funding we installed cycle storage facilities for 76 bikes at the Royal Bolton Hospital to support the VivUp 'cycle to work' scheme available to staff.

‘For A Better Bolton’ staff awards

Bolton NHS Foundation Trust’s ‘For a Better Bolton’ staff awards were held virtually on Friday 25th June 2021 to celebrate colleagues who had exemplified the Trust’s values (vision, openness, integrity, compassion and excellence) and gone over and above to care for patients during a particularly challenging year. To acknowledge the indisputable link between staff who feel valued and supported, and high standards of care, we were delighted to fund the trophies that were awarded to each of the 13 category winners.

Looking ahead to 2022/23

2022/23 will be an important year for Bolton NHS Foundation Trust as it will see the development of a refreshed corporate strategy and a new clinical strategy. We know the Trust 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. As the Trust broadens its focus to improve health and outcomes across Bolton, Our Bolton NHS Charity will be a key partner in delivery of the Trust's vision.

Launch of Our Bolton NHS Charity's three-year strategy

Over the past two years, we have 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 Bolton NHS Foundation Trust, across our community, and nationally with our charity partners.

2022/23 is the time to take the next steps in our journey through the development of our three-year strategy, which will set out three overarching ambitions:

- To make a lasting and meaningful difference to the people of Bolton
- To raise our profile and become the charity of choice for the people of Bolton
- To increase our charitable income and make the best use of our resources

We believe that working towards these three strategic ambitions will create a solid foundation for Our Bolton NHS Charity, which in turn will enable us to better support Bolton NHS Foundation Trust in the achievement of its strategic aims and ambitions. Together, we have the opportunity to bring our vision for a better Bolton to life for the benefit of our local health population.

Relocation and refurbishment of multi-faith facilities at the Royal Bolton Hospital

There are ambitious plans to relocate the existing Muslim and Hindu prayer rooms from the main spine of the hospital to the existing sports and social club in order to create a multi-faith facility complete with Mosque, Temple and communal space, suitable for meetings, events and Chaplaincy support.

The proposals will enhance the faith facilities in recognition of the diverse communities Bolton NHS Foundation Trust cares for and the workforce it employs now and in the future. The enhanced facilities will allow the Trust to better meet the religious, spiritual and pastoral needs of patients, which is understood to positively impact well-being and improve health outcomes. Similarly, access to and the quality of staff rest facilities (including faith and prayer rooms) is a strong contributor to employee health and well-being, which is undeniably linked to the provision of high-quality patient care.

As a result, Our Bolton NHS Charity will explore funding this work, at least in part, if not in entirety through a grant from NHS Charities Together and donations from the local faith communities. Subject to sufficient funds being secured, it is hoped the new facilities will be open in March 2023.

NHS Charities Together development grant

A one-off grant of up to £30,000 per NHS member charity is available through NHS Charities Together development grants programme. The objective of the development grant programme is to empower the NHS charity sector to be high performing, effective and impactful and grants awarded must:

- Be used on the charity itself, not the wider NHS Trust
- Build capacity, not fund existing resources
- Demonstrate impact, sustainability and value for money

Through the Bayes Business School assessment tool, Our Bolton NHS Charity will identify its three weakest areas against eight key themes (including fundraising, operations and governance) and work up an application to the value of £30k. The application will be submitted before 31st December 2022 and – subject to approval – we will receive the grant before the end of the financial year.

The assessment tool and three-year strategy will be used to inform our work programme to ensure we are delivering against our strategic ambitions and demonstrating continuous improvement for the benefit of our patients.

Statement of the Corporate Trustee's responsibilities

Under the Trust deed of the charity and charity law, the Corporate Trustee is responsible for preparing a Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. The Corporate Trustee is required to prepare the financial statements in accordance with UK Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources for that period.

In preparing these financial statements, generally accepted accounting practice entails that the trustees: select suitable accounting policies and then apply them consistently:

- make judgements and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards and the Statement of Recommended Practice have been followed, subject to any material departures disclosed and explained in the financial statements
- state whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements
- assess the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern
- use the going concern basis of accounting unless they either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so

The Corporate Trustee is required to act in accordance with the trust deed of the charity, within the framework of trust law. It is responsible for keeping accounting records which are sufficient to show and explain the charity's transactions and disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the Corporate Trustee to ensure that, where any statements of accounts are prepared by them under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision.

It is responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities. These financial statements were approved by the Corporate Trustee on Tuesday 3rd January 2023 and were signed on its behalf by:

Martin North
Chair of the Charitable Funds Committee

Annette Walker
Director of Finance

Sharon Martin
Director of Strategy, Digital and Transformation

Statement of financial activities for the year ended 31st March 2022

	Note	Restricted Funds £000	Un-Restricted Funds £000	Endowment Funds £000	Total Funds 2022 £000	Total Funds 2021 £000
Incoming Resources:						
Incoming resources from generated funds:						
Voluntary income:	3					
Donations		0	94	0	94	188
Legacies		0	244	0	244	56
Grants		0	0	0	0	337
Sub total voluntary income		**0**	**338**	**0**	**338**	**581**
Activities for generating funds:						
Fundraising Events	9	0	15	0	15	0
Investment income	4	0	0	0	0	1
Total incoming resources		**0**	**353**	**0**	**353**	**582**
Resources Expended						
Costs of generating funds:						
Fundraising Cost	9	0	1	0	1	0
Sub total cost of generating funds		**0**	**1**	**0**	**1**	**0**
Charitable activities:	5					
Purchase of new equipment		38	133	0	171	287
New building, refurbishment & care		1	10	0	11	77
Staff education & welfare		3	85	0	88	37
Patient welfare & amenities		4	35	0	39	40
Other		0	1	0	1	2
Sub total direct charitable expenditure		**46**	**264**	**0**	**310**	**443**
Other resources expended						
Governance Costs	6	11	65	0	76	74
Total resources expended		**57**	**330**	**0**	**387**	**517**
Net incoming/(outgoing) resources before transfers		(57)	23	0	(34)	65
Net incoming/(outgoing) resources before other recognised gains and losses		**(57)**	**23**	**0**	**(34)**	**65**
Net movement in funds		**(57)**	**23**	**0**	**(34)**	**65**
Reconciliation of Funds						
Total Funds brought forward		667	762	42	1,471	1,406
Total Funds carried forward		**610**	**785**	**42**	**1,437**	**1,471**

Balance sheet for the year ended 31st March 2022

	Note	Restricted Funds £000	Un-Restricted Funds	Endowment Funds £000	Total Funds 2022 £000	Total Funds 2021 £000
Current assets:	10					
Debtors		1	7	0	8	4
Cash and Cash Equivalents		612	810	42	1,464	1,500
Total current assets		**613**	**817**	**42**	**1,472**	**1,504**
Liabilities	11					
Creditors falling due within one year		(3)	(32)	0	(35)	(33)
Net current assets or liabilities		**610**	**785**	**42**	**1,437**	**1,471**
Total assets less current liabilities		610	785	42	1,437	1,471
Net assets or liabilities		**610**	**785**	**42**	**1,437**	**1,471**
The funds of the charity:						
Endowment funds		0	0	42	42	42
Restricted Income Funds		610	0	0	610	667
Un-Restricted income funds		0	785	0	785	762
Total charity funds		**610**	**785**	**42**	**1,437**	**1,471**

The notes at pages 23 to 31 form part of these accounts

Signed: 

Name: Annette Walker

Date: 4th January 2023

Statement of cash flow for the year ended 31st March 2022

	2022 £000	2021 £000
Net movement in funds for the reporting period (as per the statement of financial activities)	**(34)**	**65**
Adjustments for:		
Dividends, interest and rents from investments	0	(1)
(Increase)/decrease in debtors	(4)	(2)
Increase/(decrease) in creditors	2	(30)
Net Cash provided by (used in) operating activities	**(36)**	**32**
Cash Flows from investing activities:		
Dividends, interest and rents from investments	0	1
Net cash provided by (used in) investing activities	**0**	**1**
Change in Cash and cash equivalents in the reporting period	**(36)**	**33**
Cash and cash equivalents at the beginning of the reporting period	**1,500**	**1,467**
Cash and cash equivalents at the end of the reporting period	**1,464**	**1,500**

Notes on the accounts

1. Accounting Policies

(a) **Basis of preparation**

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value. The financial statements have been prepared in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The trust constitutes a public benefit entity as defined by FRS 102.

Going Concern
The financial statements have been prepared on a going concern basis which the Corporate Trustee considers to be appropriate for the following reasons. The business model of the charity is such that its charitable activities are limited to those which it has sufficient funds to support from the excess of funding received over the cost of administering the charity. The charity therefore has no specific commitments and no committed costs beyond its fixed costs of operation which are detailed in note 6. The Corporate Trustee has reviewed the cash flow forecasts for a period of 12 months from the date of approval of these financial statements which indicate that the charity will have sufficient funds to meet its liabilities as they fall due for that period.

(b) **Income and Endowments**

All income is recognised once the charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Donations, are recognised when the Charity has been notified in writing of both the amount and settlement date. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period. Gifts in kind are valued at estimated fair market value at the time of receipt.

Legacy gifts are recognised on a case by case basis following the granting of probate when the administrator/executor for the estate has communicated in writing both the amount and settlement date. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title to the asset having been transferred to the charity.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank. Dividends are recognised once the dividend has been declared and notification has been received of the dividend due. This is normally upon notification by our investment advisor of the dividend yield of the investment portfolio.

(c) **Expenditure Recognition**

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated or apportioned to the applicable expenditure headings. For more information on this attribution refer to note (e) below.

Grants payable are payments made to third parties in the furtherance of the charitable objects of the Charity. In the case of an unconditional grant offer this is accrued once the recipient has been notified of the grant award. The notification gives the recipient a reasonable expectation that they will receive the one-year or multi-year grant. Grants awards that are subject to the recipient fulfilling performance conditions are only accrued when the recipient has been notified of the grant and any remaining unfulfilled condition attaching to that grant is outside of the control of the Charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty as to the timing of the grant or the amount of grant payable.

The provision for a multi-year grant is recognised at its present value where settlement is due over more than one year from the date of the award, there are no unfulfilled performance conditions under the control of the Charity that would permit the Charity to avoid making the future payment(s), settlement is probable and the effect of discounting is material. The discount rate used is the average rate of investment yield in the year in which the grant award is made. This discount rate is regarded by the trustees as providing the most current available estimate of the opportunity cost of money reflecting the time value of money to the Charity.

Grants are only made to related or third party NHS bodies and non NHS bodies in furtherance of the charitable objects of the funds. A liability for such grants is recognised when approval has been given by the Trustee. The NHS Foundation Trust has full knowledge of the plans of the Trustee, therefore a grant approval is taken to constitute a firm intention of payment which has been communicated to the NHS Foundation Trust, and so a liability is recognised.

(d) **Allocation of overhead, support and governance costs**

Overhead and support costs have been allocated as a direct cost or apportioned on an appropriate basis (see note 6) between Charitable Activities and Governance Costs. Once allocation and/or apportionment of overhead and support costs has been made the remainder is apportioned to funds on a transactional basis.

Governance costs comprise of all costs incurred in the governance of the Charity. These costs include costs related to statutory audit together with an apportionment of overhead and support costs.

(e) **Expenditure on raising funds**

The costs of raising funds are those costs attributable to generating income for the Charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the Charity's objects. The expenditure on raising funds represent fundraising costs together with investment management fees. Fundraising costs include expenses for events and the costs for the fundraiser's salary, this is recharged to the Charity by the Foundation Trust.

(f) **Expenditure on Charitable Activities**

Costs of charitable activities include grants made, governance costs and an apportionment of overhead and support costs as shown in note 7.

(g) **Irrecoverable VAT**

Irrecoverable VAT is charged against the category of resources expended for which it is incurred.

(h) **Funds structure**

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified as an endowment fund, where the donor has expressly provided that only the income of the fund may be applied, or as a restricted income fund where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The major funds held within these categories are disclosed in note 15.

(i) **Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or purchase date if later). Realised and unrealised gains and losses are combined in the Statement of Financial Activities.

(j) **Going Concern**

In preparing these accounts the Corporate Trustee has considered the future activities of the Charity and consider it to be a going concern.

(k)**Transfer of Funds from NHS Bodies**

There have been no transfers in 21/22 from NHS bodies.

Note 2. Related party transactions

The Bolton NHS Foundation Trust receives grants from Our Bolton NHS Charity, the Foundation Trust is the Corporate Trustee of the Charity (note 8). During the year the following were members of the Foundation Trust Board of Directors:

Fiona Noden, Chief Executive
Annette Walker, Director of Finance
Rae Wheatcroft, Chief Operating Officer
Francis Andrews, Medical Director
Sharon Martin, Director of Strategy, Digital and Transformation
James Mawrey, Director of Workforce and OD
Donna Hall, Chair of Bolton NHS Foundation Trust
Malcolm Brown, Non-Executive Director
Bilkis Ismail, Non-Executive Director
Jackie Njoroge, Non-Executive Director
Martin North, Non-Executive Director
Alan Stuttard, Non-Executive Director
Zieda Ali Non-Executive Director
Rebecca Ganz, Non-Executive Director
Sharon Katema, Interim Director of Corporate Governance

None of the above have received honoraria, emoluments or expenses from the Charity for the year ended 31st March 2022.

During the year no member of the key management staff or parties related to them has undertaken any material transactions with Our Bolton NHS Charity.

3. **Analysis of voluntary income**

	Restricted Funds £000	Un-Restricted Funds £000	Total Funds 2022 £000	Total Funds 2021 £000
Donations				
Breast Fund	0	10	10	6
Neonatal & Paediatric Services Fund	0	15	15	10
General Purposes Fund	0	39	39	66
Cancer Services	0	4	4	49
Critical Care Fund	0	4	4	14
Special Care for Special Babies	0	0	0	4
Other Funds (55)	0	22	22	39
Sub total	**0**	**94**	**94**	**188**
Legacies				
RBH General Purposes	0	242	242	11
Cardiology	0	1	1	5
Ophthalmology	0	1	1	30
Critical Care	0	0	0	5
Stroke	0	0	0	5
Sub total	**0**	**244**	**244**	**56**
Grants				
RBH General Purposes	0	0	0	328
Community Funds	0	0	0	9
	0	0	0	337
Total	**0**	**338**	**338**	**581**

4. **Analysis of Investment income**

Gross income earned from:	2022 Held in UK £000	2021 Held in UK £000
Interest from Bank Account	0	1
Total	**0**	**1**

5. **Analysis of charitable expenditure**

The charity undertook direct charitable activities and made available grant support to the Bolton Hospital NHS Foundation Trust in support of donated assets.

	Activities undertaken directly £'000	Grant Funded activity £'000	Support Costs £'000	2022 Total £'000	2021 Total £'000
Purchase of new equipment	54	117	41	212	335
New building, refurbishment & care	11	0	4	15	90
Staff education & welfare	88	0	22	110	43
Patient welfare & amenities	39	0	9	48	47
Other	2	0	0	2	2
Total	**194**	**117**	**76**	**387**	**517**

6. **Allocation of support costs and overheads**

Allocation and apportionment to Governance Costs	Allocated to Governance £'000	Residual for Apportionment £'000	2022 Total £'000	2021 Total	Basis of Apportionment
Salaries & related costs	69	89	158	127	Fixed and transactional
Statutory External Audit	7	0	7	7	Governance
Total	**76**	**89**	**165**	**134**	

7. **Analysis of grants**

The Charity does not make grants to individuals. All grants are made to the Bolton NHS Foundation Trust in the form of donated assets.

8. **Transfers between funds**

There have been no transfer between funds during the year.

9. **Analysis of fundraising events**

The Charity has held four fundraising events. The Small Things Fundraising appeal in aid of raising funds for the small things that enhance patient care, Captain Tom 100, 5k May, and NHS Big Tea are for the general purpose of the Charity.

	Incoming resources £000	Resources Expended £000	Total of Fundraising Activities £000
The Small Things	11	1	10
Captain Tom 100	3	0	3
NHS Big Tea	1	0	1
	15	**1**	**14**

10. **Analysis of current assets**

Debtors under 1 year	2022 Total £000	2021 Total £000
Accrued Income and Aged Debt	8	4
Total	**8**	**4**

Analysis of cash and deposits	2022 Total £000	2021 Total £000
R.B.S. Special Interest Bearing Account	1,454	1,490
R.B.S. Current Account	10	10
Total	**1,464**	**1,500**
Total Current Assets	**1,472**	**1,504**

11. **Analysis of current liabilities and long term creditors**

Creditors under 1 year	2022 Total £000	2021 Total £000
Other creditors	15	11
Accruals	20	22
Total	**35**	**33**

12. **Contingencies**

The Trust has no contingent liabilities or assets.

13. **Commitments**

The Corporate Trustee recognises that it has commitments for goods or services that have yet to be received for £488,612.11

14. **Analysis of charitable funds**

Material Funds	Balance b/fwd £000	Income £000	Resources Expended £000	Gains & Losses £000	Fund c/fwd £000
RBH General Purposes	653	296	(253)	0	696
Cancer Services	83	4	(9)	0	78
Cardiology	137	3	(39)	0	101
Elderly Medicine	17	4	(8)	0	13
Special Care for Special Babies	112	1	(47)	0	66
Community Funds	111	0	(14)	0	97
Breast Unit	52	10	(10)	0	52
Other Funds	264	35	(7)	0	292
Total	**1,429**	**353**	**(387)**	**0**	**1,395**

The General Purposes Fund receives donations from donors who have not expressed a preference as to how the funds should be spent, these funds are used by the Corporate Trustee for any charitable purpose(s) related to Bolton Hospital During the year the General Purposes Fund has received donations in the form of a legacy. The General purpose fund has purchased cycle lockers and funded the sector leads programme for the benefit of staff and patients.

The Cancer Services Department receives many donations from grateful patients, funds are mainly used to purchase equipment for the department.

The Cardiology Department receives many donations from grateful patients and also from legacies, funds are mainly used to purchase equipment for the department. This year the department has purchased a patient monitor.

The Elderly Medicine Department receives many donations from grateful patients and also from legacies, funds are mainly used to purchase equipment for the department.

The Special Care for Special Babies campaign was launched in 2017 and the funds will be used to create a spacious and calm environment for families to be with their babies. This year the department has funded the refurbishment of the parental accommodation.

The Community Services Department receives many donations from grateful patients and also from legacies, funds are mainly used to purchase medical equipment for community services.

The Breast Unit receives many donations from grateful patients and also from legacies, funds are mainly used to purchase equipment for the department. This year the department has purchased replacement flooring to enhance patient areas and post op kits.

15. **Post balance sheet events**

There have been no post balance sheet events that require disclosure.

KPMG LLP
1 St Peter's Square
Manchester
M2 3AE

Wednesday 4th January 2023

Dear Sirs,

This representation letter is provided in connection with your audit of the financial statements of Our Bolton NHS Charity ("the Charity"), for the year ended 31 March 2022, for the purpose of expressing an opinion:

i. as to whether these financial statements give a true and fair view of the state of the Charity's affairs as at 31 March 2022 and of its surplus or deficit for the financial year then ended;
ii. whether the financial statements have been properly prepared in accordance with UK Generally Accepted Accounting Practice (including Charities SORP FRS 102: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)); and
iii. whether the financial statements have been prepared in accordance with the Charities Act 2011.

These financial statements comprise the Balance Sheet, the Statement of Financial Activities, the Statement of Cash Flow and notes, comprising a summary of significant accounting policies and other explanatory notes.

The Corporate Trustee confirms that the Charity is exempt from the requirement to also prepare consolidated financial statements.

The Corporate Trustee confirms that the representations they make in this letter are in accordance with the definitions set out in the Appendix to this letter.

The Corporate Trustee confirms that, to the best of their knowledge and belief, having made such inquiries as it considered necessary for the purpose of appropriately informing themselves:

Financial statements

1. The Corporate Trustee has fulfilled their responsibilities, as set out in the terms of the audit engagement dated 15 March 2022, for the preparation of financial statements that:

    i. give a true and fair view of the state of the Charity's affairs as at the end of its financial year and of its surplus or deficit for that financial year;
    ii. have been properly prepared in accordance with UK Generally Accepted Accounting Practice ("UK GAAP") (including Charities SORP FRS 102: Statement of Recommended Practice applicable to

charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)); and

iii. have been prepared in accordance with the Charities Act 2011.

The financial statements have been prepared on a going concern basis.

2. The methods, the data and the significant assumptions used in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

3. All events subsequent to the date of the financial statements and for which section 32 of FRS 102 requires adjustment or disclosure have been adjusted or disclosed.

Information provided

4. The Corporate Trustee has provided you with:

- access to all information of which they are aware, that is relevant to the preparation of the financial statements, such as records, documentation and other matters;
- additional information that you have requested from the Trustees for the purpose of the audit; and
- unrestricted access to persons within the Charity from whom you determined it necessary to obtain audit evidence.

5. All transactions have been recorded in the accounting records and are reflected in the financial statements.

6. The Corporate Trustee confirms the following:

i) The Corporate Trustee has disclosed to you the results of their assessment of the risk that the financial statements may be materially misstated as a result of fraud.

Included in the Appendix to this letter are the definitions of fraud, including misstatements arising from fraudulent financial reporting and from misappropriation of assets.

ii) The Corporate Trustee has disclosed to you all information in relation to:

a) Fraud or suspected fraud that it is aware of and that affects the Charity and involves:
   - management;
   - employees who have significant roles in internal control; or
   - others where the fraud could have a material effect on the financial statements; and

b) allegations of fraud, or suspected fraud, affecting the Charity's financial statements communicated by employees, former employees, analysts, regulators or others.

In respect of the above, the Corporate Trustee acknowledges its responsibility for such internal control as it determines necessary for the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In particular, the Corporate Trustee acknowledges its responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

7. The Corporate Trustee has disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

8. The Corporate Trustee has disclosed to you and has appropriately accounted for and/or disclosed in the financial statements, in accordance with section 21 of FRS 102 all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

9. The Corporate Trustee has disclosed to you the identity of the Charity's related parties and all the related party relationships and transactions of which it is aware. All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with section 33 of FRS 102.

   Included in the Appendix to this letter are the definitions of both a related party and a related party transaction as we understand them and as defined in FRS 102.

10. The Corporate Trustee confirms that:

    a) The financial statements disclose all of the key risk factors, assumptions made and uncertainties surrounding the charity's ability to continue as a going concern as required to provide a true and fair view and to comply with FRS 102.
    b) No events or circumstances exist that may cast significant doubt on the ability of the Charity to continue as a going concern.

This letter was shared with the Charitable Funds Committee (on behalf of the Corporate Trustee) on Wednesday 4th January 2023.

Yours faithfully,

Martin North
Chair of Charitable Funds Committee

Appendix to the Trustees' Representation Letter of Our Bolton NHS Charity: Definitions

Financial Statements

A complete set of financial statements (before taking advantage of any of the FRS 102 exemptions) comprises:

- a Balance Sheet as at the end of the period;
- a Statement of Financial Activities for the period;
- a Statement of Cash Flow for the period; and
- notes, comprising a summary of significant accounting policies and other explanatory information.

Material Matters

Certain representations in this letter are described as being limited to matters that are material.

FRS 102 states that:

Omissions or misstatements of items are material if they could, individually or collectively, influence the economic decisions of users taken on the basis of the financial statements. Materiality depends on the size and nature of the omission or misstatement judged in the surrounding circumstances. The size or nature of the item, or combination of both, could be the determining factor.

Fraud

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity's assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorisation.

Error

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.

Prior period errors are omissions from, and misstatements in, the entity's financial statements for one or more prior periods arising from a failure to use, or misuse of, reliable information that:

a) was available when financial statements for those periods were authorised for issue; and
b) could reasonably be expected to have been obtained and taken into account in the preparation and presentation of those financial statements.

Such errors include the effects of mathematical mistakes, mistakes in applying accounting policies, oversights or misinterpretations of facts, and fraud.

Management

For the purposes of this letter, references to “management” should be read as “management and, where appropriate, those charged with governance”.

Qualifying Entity

A member of a group where the parent of that group prepares publicly available consolidated financial statements which are intended to give a true and fair view (of the assets, liabilities, financial position and profit or loss) and that member is included in the consolidation by means of full consolidation.

Related Party and Related Party Transaction

Related party:

A related party is a person or entity that is related to the entity that is preparing its financial statements (referred to in FRS 102 as the “reporting entity”).

a) A person or a close member of that person’s family is related to a reporting entity if that person:
    i. has control or joint control over the reporting entity;
    ii. has significant influence over the reporting entity; or
    iii. is a member of the key management personnel of the reporting entity or of a parent of the reporting entity.
b) An entity is related to a reporting entity if any of the following conditions apply:
    i. The entity and the reporting entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others).
    ii. One entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member).
    iii. Both entities are joint ventures of the same third party.
    iv. One entity is a joint venture of a third entity and the other entity is an associate of the third entity.
    v. The entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity.
    vi. The entity is controlled, or jointly controlled by a person identified in (a).
    vii. A person identified in (a)(i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).
    viii. The entity, or any member of a group of which is a part, provides key management personnel services to the reporting entity or to the parent of the reporting entity.

Related party transaction:

A transfer of resources, services or obligations between a reporting entity and a related party, regardless of whether a price is charged.

Independent auditor's report to the Trustees of Our Bolton NHS Charity

Opinion

We have audited the financial statements of Our Bolton NHS Charity ("the charity") for the year ended 31 March 2022 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cashflow and related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2022 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with UK accounting standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 149 of the Charities Act 2011 (or its predecessors) and report in accordance with regulations made under section 154 of that Act.

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the charity in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The trustees have prepared the financial statements on the going concern basis as they do not intend to liquidate the charity or to cease its operations, and as they have concluded that the charity's financial position means that this is realistic. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the trustees' conclusions, we considered the inherent risks to the charity's business model and analysed how those risks might affect the charity's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the trustees' assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the charity will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management as to the Charity's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Charity's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Charitable Funds Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we perform procedures to address the risk of management override of controls, in particular the risk that Charity's management may be in a position to make inappropriate accounting entries. On this audit we do not believe there is a fraud risk related to revenue recognition due to the simple nature of the Charity's revenue streams.

We did not identify any additional fraud risks.

We performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included those posted to rarely used accounts.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general commercial and sector experience, and through discussion with the directors (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Charity is subject to laws and regulations that directly affect the financial statements including financial reporting legislation and we assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Charity is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events

and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information

The trustees are responsible for the other information, which comprises the Trustees' Annual Report. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. We are required to report to you if:

- based solely on that work, we have identified material misstatements in the other information; or
- in our opinion, the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements.

We have nothing to report in these respects.

Matters on which we are required to report by exception

Under the Charities Act 2011 we are required to report to you if, in our opinion:

- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in these respects.

Trustees' responsibilities

As explained more fully in their statement set out on page 19, the trustees are responsible for: the preparation of financial statements which give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the charity's trustees as a body, in accordance with section 149 of the Charities Act 2011 (or its predecessors) and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its trustees, as a body, for our audit work, for this report, or for the opinions we have formed.

Timothy Cutler
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
KPMG LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

1 St Peter's Square
Manchester
M2 3AE

12 January 2023

Report Title:	People Committee Chair Reports – December 2022 and January 2023

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	26th January 2023		Discussion	
Exec Sponsor	James Mawrey, Director of People		Decision	

Purpose	The Chair Reports provide an update and assurance to the Board.

Summary:	Chairs reports completed following the December 2022 and January 2023 People Committee meetings.

Previously considered by:	
☐ Strategy and Operations Committee	☐ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	✓ People Committee
☐ Charitable Funds Committee	☐ Audit Committee

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	**Presented by:**	Bilkis Ismail, Non-Executive Director

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	20th December 2022	Date of next meeting:	17th January 2023
Chair:	Bilkis Ismail	Parent Committee:	Board of Directors
Members present/attendees:	Alan Stuttard, Malcolm Brown, Fiona Noden, James Mawrey, Sharon White, Andrew Chilton, Jake Mairs, Paul Henshaw, Sharon Katema, Rachel Carter	Quorate (Yes/No):	Yes
		Key Members not present:	Francis Andrews, Carol Sheard

Key Agenda Items:	RAG	Key Points	Action/decision
Resourcing		The Committee was provided with an update on: (i) recruitment, including detail on pipeline activity, current work being undertaken, and future works; (ii) the number of vacancies (by staffing group/ Trust/Departmental), set alongside dates of staff commencing in post; (iii) international recruitment (a) nurses - funding received for 129 international nurses of whom 71 are in post, plus additional funding secured for a further 35 nurses; (b) midwifery; and (c) AHPs. Progress on the recruitment of midwives and AHPs has been disappointing and the Trust is exploring options to increase further recruitment; (iv) newly qualified nurses due to qualify in June 2023 - interviews took place on 19th November 2022. This was very well attended and 19 individuals were appointed; (v) RAG rating being introduced for all Hard to Fill posts within the Trust. This supports future workforce planning, as well as reducing ongoing dependency on agency costs; and (vi) Colleagues were advised that an update on retention activities will be provided on a quarterly basis as monthly movement doesn't show the full impact of the work being undertaken.	• Report was noted. • February report to include: (i) an update on the Establishment Control review including further detail on vacancies, leavers, new starters and agency spend to enable further cross triangulation and enhanced workforce planning; (ii) information on turnover rates and whether they relate to leavers or transfers within the Trust; and (iii) information on disciplinary cases for all staffing groups.
Agency Update		The Committee was advised that: (i) Overall agency spending reduced again in-month and a reducing trend overall has been seen for the last 3 months; (ii) A reducing spend trend was seen for nursing, and medical	• Report was noted. • Deeper analysis on 'Other' agency spend for the next meeting.

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

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

		staff groups. Unfortunately, this was mitigated by an increase in the 'other' staff group in-month. Whilst it was noted that the 'other' may be a result of accruals a deeper analysis was requested for the next meeting. (iii) with the move to Workforce Alliance, agency rates should become more standardised. The Committee welcomed the correlation work between the recruitment RAG rating and forecasted Agency spend.	• February report to include detailed information on variable spend on maximum, median and lowest rates for agency and banking staff. • Noted that the Finance Committee asked to be sighted on the details of this report.
Freedom to Speak Up – Self-Reflection Tool		The Committee was advised that all NHS organisations are asked to complete the self-reflection tool every 2 years. The tool is designed to help trusts to identify strengths in the senior lead for Freedom To Speak Up, the broader Trust leadership team and the operation of FTSU within the organisation overall – and identify any gaps that need further work. The one area highlighted by the review was for FTSU training becoming mandatory training. It was agreed that this would continue to be explored, including the operational and financial impact, and escalation up to the Committee via the Professional Development Group (subject matter experts). The Committee endorsed the self-assessment undertaken with minor changes and the Chair agreed to confirming minor amendments to the self-assessment out-with the meeting.	• The details of the Self-Assessment were supported with minor changes included. • Update on FTSU Mandatory training to be discussed at the Professional Development Group and reported back in three months' time and/or via the FTSU Guardian reports.
Mandatory & Statutory Training – Reporting Proposal		The Committee received a report noting that many NHS organisations had moved away from separating out Statutory and Mandatory training and instead having one reporting arrangement – with this being based on the Core Skills Training Framework (CSTF) – known as 'compulsory' training Benchmarking activities were presented on those trusts who are aligned to CSTF. It was noted that for organisations who had	• Report was noted with proposals not being approved. • Deeper analysis on 'CSTF reporting at February Committee.

	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

		moved to CSTF they reported a compliance level of 90%, BFT report has a compliance level of 85% for statutory and 95% for mandatory. Consideration was given as to whether we should move to CSTF and if so whether we should report at 90% or 95%. The Committee requested further work be undertaken before any changes were made.	
Guardian of Safe Working Update		The GOSW advised that: (i) Within the reporting period, there were 106 exception reports submitted, as compared to 84 exception reports submitted during the same period in 2021. This was not considered a cause for concern by the GOSW. (ii) He has continued to attend local and regional meetings. (iii) He chaired a very well attended Junior Doctor Forum and has taken comments and concerns to department leads. An extra JDF meeting was organised for November to feed back to the doctors. (iv) The Medical Education team continue to support the GOSW with the process of chasing up supervisors, to respond to exception reports in a timely manner, and thus improve response times. (v) No fines were issued or work schedules reviewed during the reporting period. The Committee did ask whether it would be he a helpful enabler if a fine was issued.	• Report was approved.
Steering Group Chair Reports		• Staff Experience & EDI Steering Group • Resource & Talent Planning Steering Group	• Reports were noted.
Divisional People Committee Chair Reports		• Anaesthetics & Surgical Division • Diagnostics & Support Services Division • Integrated Care Services Division	• Reports were noted and it was requested that Inclusion be a standing item on all Divisional People Committees – as per discussion at the CoG.

Items for escalation to the Board: none.

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

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

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	17th January 2023	Date of next meeting:	17th February 2023
Chair:	Bilkis Ismail	Parent Committee:	Board of Directors
Members present/attendees:	James Mawrey, Fiona Noden, Sharon Katema, Tyrone Roberts, Alan Stuttard, Sharon White, Joanne Street, Carol Sheard, Andrew Chilton, Jake Mairs, Paul Henshaw, Chris Whittam, Lianne Robinson, Lisa Rigby, Rachel Carter, Tracey Garde	Quorate (Yes/No):	Yes
		Key Members not present:	Malcolm Brown

Key Agenda Items:	RAG	Key Points	Action/decision
NHS Professionals		The Committee was advised that: (i) the Executive team had carefully considered a proposal, subject to F&I Committee approval, to move to NHSP for the deployment of our flexible workforce (Bank and Agency) for all staffing groups; (ii) NHSP is used throughout Greater Manchester already and some Executive Directors (DoP, CN) had already had experience of working with NHS; and (iii) the Trust expected positive implications, both operational and financial, as a result of this move. Given the financial aspects involved in this move, a full business case will be considered at the next F&I Committee.	• NHSP Business Case to be shared with all People Committee NEDs.
Resourcing		The Committee was provided with an update on: (i) turnover rates by both Division and staffing groups, which have begun falling; (ii) benchmark information for turnover, which confirmed that in all staffing groups Bolton turnover rate was similar or below the national average, with the exception of midwifery which was the outlier; (iii) the plethora of actions that are being taken with regard to Maternity services;	• Paper was noted. • A&E Business Case to be shared with all People Committee NEDs.

	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

		(iv) recruitment within the Trust, which remains in a strong position when compared to the regional and national position; and (v) the plethora of actions being taken to sustain the recruitment position. The Chief Nurse informed the Committee of the Business case that will be presented to the F&I Committee on the requirements to increase establishment in A&E. It was noted that this largely involved re-aligning budget from non-core spend to core spend.	
Agency Update		The Committee was advised that: (i) overall agency spending reduced in-month and a reducing trend overall has been seen for the last 4 months; and (ii) all agency staff groups saw a reduction in spending in December 2022 but the main driver to the significant overall spend reduction in December 2022, when compared to November 2022, (£1.4m spend in November compared to £894k in December) was because of a number of accrual adjustments made in-month - these accruals totaled £513k and without them agency spend would have remained static in December 2022 when compared to the previous month; and (iii) the Trust is projected to deliver on the NHSI Agency cap at the year end position.	• Further work to be undertaken to ensure that accruals are reduced so that monthly figures are more accurate. Update to be provided on this at the next meeting. • SPC chart to be included in future reports on agency, to enable the Committee to track agency spend as against the NHSI Agency cap and the internal stretch target.
Freedom to Speak Up Q4 Update		The Committee was advised that: (i) during the period from 1st October 2022 to 31st December 2022, a total of 51 cases were reported through the FTSU route - this is a slight decrease compared to 53 the previous quarter; (ii) staff in the Family Care Division reported the most concerns (17 in total), and the Guardians have spent time supporting the teams within the FCD by targeted introductions,	• The report was 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

		delivering FTSU education sessions alongside building relationships, and getting to know the new senior management team; (iii) concerns relating to poor behaviour again are the biggest cause for concern and it was noted that these related to mild to moderate incivility; and (iv) there are now 45 FTSU Champions that support this critical agenda. The Committee welcomed the news that Tracey Garde has been appointed as Deputy Chair for the FTSU North West network.	
EDI Update		The report presented the 2023 Equality, Diversity and Inclusion action plan and description of high level actions that the Trust will achieve within the year. It brings all the Trust's EDI Plan ambitions, legal, contractual and regulatory responsibilities and associated action plans into one place. A visual roadmap of delivery is also available to support monitoring and delivery of actions. Discussion took place regarding the scale of ambition (very high), set against a small team in place to deliver. The Associate Director confirmed that the scale of ambition was required and he has already been working with the organisation to mainstream activities throughout the OD team and wider organisation. The more focused attention on patient inclusion agenda was welcomed. Colleagues noted the positive Community Voices Forum that recently took place with Community leaders.	• The report was noted and quarterly updates to remain in place.
Apprenticeship Programme Update		The Committee was advised that: (i) the Trust continues to meet its apprenticeship target with 138 apprenticeships being undertaken in the Trust for the	• The report was noted. • The Committee supported the approach being taken to transfer unutilised Levy funds.

	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

		period from April to November 2022, as compared to 46 for FY 2021/2022 and 60 for FY 2020/2021; (ii) the changes to the apprenticeship strategy have been well received and have shown demonstrable improvements; (iii) links that have been established throughout Bolton with both Higher Education providers and local businesses; (iv) the Trust has previously transferred levy funding on an ad hoc basis and there is significant scope to transfer amounts to utilise this otherwise unspent money for the benefit of Bolton residents; and (v) National Apprenticeship Week takes place 6-12 February 2023.	
Volunteer Update		The Committee was advised that: (i) Since the last report (July 2022) we have been working very closely with our existing volunteer pool and divisional colleagues to introduce volunteers back onto our wards following the lifting of most pandemic restrictions and the response has been very positive, with wards happy to welcome back any support that the volunteers can provide; (ii) we have volunteers supporting, inter alia, the following services within the Trust:- Meet and Greet services, Emergency Department, Maternity, Outpatients, Wards, Diabetic services, Chaplin services and Breastfeeding services; and (iii) we held 2 recruitment drives since the last update to increase our pool of volunteers. This generated 105 applications and, following interviews, 92 offers were made. More recruitment drives will follow in 2023.	• The report was noted. • Six monthly updates to remain in place.
Steering Group Chair Reports		• Meetings stood down in January.	
Divisional People Committee Chair Reports		• Meetings stood down in January with the exception of FCD. ICSD circulated papers virtually.	

	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

Matters for escalation to the Board: none.

	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

Report Title:	2023 Board Arrangements and Workplan

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	26 January 2023		Discussion	
Exec Sponsor	Director of Corporate Governance		Decision	✓

Purpose	This report seeks to set out the arrangements for Board of Directors meetings during 2023 and the Cycle of Business for approval.

Summary:	It is essential that the Board of Directors has an annual workplan to determine the flow and reporting of information in a timely way and in accordance with the Board's cycle of meetings. This Workplan details items to be presented throughout the calendar year to ensure that the Trust meets all its regulatory, statutory duties. It is intended that this Workplan will be used to inform the work plans of the committees. The Board workplan has been produced for consideration and approval by the Board. It provides a structured and streamlined approach when setting the Board agendas which ensures that the governance and strategic aspect of Board business is covered. The Board agenda will be drawn from the Workplan and will be reflective of changes in the national and local issues from a strategic, quality, performance and assurance perspective. The draft agenda is routinely reviewed by the executive team and as part of agenda setting meetings with the Chair and Chief Executive prior to issue.

Previously considered by:	Executive Directors

Proposed Resolution	The Board is asked to **receive** the Board Arrangement for 2023 and **approve** the Annual Workplan.

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:	Sharon Katema	**Presented by:**	Sharon Katema

1. Introduction

1.1. The Board of Directors sets the strategic direction for the Trust, takes corporate responsibility for all Trust activity, and monitors performance across the organisation. These duties are discharged in the Board of Director's meetings.

1.2. The Board of Director's Meetings are held on the last Thursday of each alternate month. It is proposed that this this schedule of bi-monthly meeting will continue during 2023/24

1.3. In line with its regulatory duties, meetings of the Board of Directors are held in public with members of the public encouraged to attend and or submit questions to the Board before each meeting. The majority of the Trust's business is conducted in these meetings.

1.4. In addition to these meetings, closed sessions known as Part 2, are held at the conclusion of the formal board meetings. Items discussed in closed sessions are restricted to matters, which are commercial in confidence or matters that would otherwise be inappropriate to discuss with members of the public present. The presumption is that business will be discussed in public unless there is a good reason why it should not be.

1.5. In those months where a Board meeting is not scheduled, discrete sessions focussing on Strategy or Board development are usually held. For 2023, it is proposed that these sessions will be held as follows:

- 26 February Strategy Session
- 27 April Strategy Session
- 29 June Annual Service Review Day
- 24 August Strategy Session
- 26 October Strategy Session
- 21 December Strategy Session

2. Annual Workplan

2.1. The Board maintains an Annual Workplan which details items to be presented throughout the calendar year to ensure that the Trust meets its duties. It is essential that the Board of Directors has an annual workplan to determine the flow and reporting of information in a timely way and in accordance with the Board's cycle of meetings.

2.2. The workplan enables a structured and streamlined approach when setting the Board agendas and ensures that all the statutory and regulatory business is submitted to the meetings in a timely manner. The workplan also ensures the governance and strategic aspect of Board business is covered.

2.3. The following will be standing agenda items at all formal meetings of the Board of Directors:

- Declarations of Interest
- Patient Story and or a staff story
- Minutes of the previous meeting
- Actions and matters arising
- Integrated Performance Report
- Chair reports from the Board Committees

2.4. To avoid duplication, the committees will conduct an in-depth review of the relevant elements of the performance reports and escalate as required. It is intended that this Workplan, included in **Appendix A**, will be used to inform the work plans of the committees.

3. Board Development Programme and Strategy Sessions for 2023/24

3.1. All Board members are provided with opportunities to attend externally facilitated seminars and networking sessions such as those held through NHS Providers or Greater Manchester Non-Executive Director forum.

3.2. During 2022, an external facilitated Board Development Session held in October. It is proposed that a similar session is also held this year.

4. Board Effectiveness

4.1. Effective boards depend on having the right information at the right time. Information needs to be focused on the right issues, pitched at the right level of detail and presented clearly.

4.2. The annual board effectiveness review will be conducted during January and February with a report presented at the March meeting. The Workplan could be amended as a result of the responses received or in light of any new statutory or regulatory requirements.

4.3. To support good governance across the Trust, a Meeting Administration Standard Operating Procedure (SOP) which includes a suite of templates necessary for the effective management of meetings. It is intended that this standardisation of templates will ensure there is consistency across the Trust in how meetings are managed. Additionally, Board agenda setting meeting reviews are held with the Chair and Chief Executive before each meeting.

Board of Director's Annual Workplan 2022/23

	Agenda Item/Report	Purpose		Mar	May	July	Sep	Nov	Jan
STANDING AGENDA ITEMS									
Chief Nurse	Patient Story	To Receive							
Director of People	Staff Story	To Receive							
All	Board Visits / Walkabouts	To Receive							
Chair	Chair's Report / Update	To Note							
CEO	Chief Executive's Report	To Note							
All Executives	Integrated Performance Report	To Receive	All Committees						
Committee Chairs	Committee Chairs' Reports	To Receive	All Committees						
QUALITY AND SAFETY		**Purpose**	**Committee**	**Mar**	**May**	**July**	**Sep**	**Nov**	**Jan**
Chief Nurse	Quality Account Objectives	To Receive	QAC						
	Nurse, AHP and Midwifery Staffing Reports	To Approve	People Cttee						
	Health and Safety Annual Report	To Receive	QAC						
	2022/23 Quality Account	To Approve	QAC						
	Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (Quarterly)	To Receive	QAC						
	In Patient Survey	To Receive	QAC						
	Patient Experience/ Engagement Report	To Receive	QAC						
	Infection Prevention and Control Annual Report	To Receive	QAC						
	Safeguarding Annual Report	To Receive	QAC						
Medical Director	Quality Declaration	To Receive	QAC						
	Quality Account Objectives	To Receive	QAC						
	Guardian of Safe Working Hours Annual Report	To Receive	People Committee						
	Learning from Deaths / Mortality Report	To Receive	QAC						
	Revalidation Report	To Approve	People Committee						
STRATEGY AND OPERATIONAL PERFORMANCE		**Purpose**	**Committee**	**Mar**	**May**	**July**	**Sep**	**Nov**	**Jan**
Chief Operating Officer	Operational Plan	To Receive	Strategy & Ops						
	SIRO / IG Report	To Receive	Strategy & Ops						
	Winter Planning	To Receive	Strategy & Ops						
	EPRR Core Standards Report	To Receive	Strategy & Ops						
Director of Strategy Digital and Transformation	Operational Plan	To Receive	Strategy & Ops						
	Strategy Review and Update	To Receive	Strategy & Ops						
	Digital Strategy	To Receive	Strategy & Ops						
	Charity Annual Report	To Receive	Strategy & Ops						
FINANCE AND WORKFORCE		**Purpose**	**Committee**	**Mar**	**May**	**July**	**Sep**	**Nov**	**Jan**
Chief Finance Officer	Financial Plan	To Receive	F&I Committee						
	Annual Accounts	To Receive	F&I Committee						
	Review of Financial Position	To Receive	F&I Committee						
	Green Plan	To Receive	F&I Committee						
	Month 9 Financial Report	To Receive	F&I Committee						
	Approval of High Value Contracts	To Receive	F&I Committee						
	Estates Plan	To Receive	F&I Committee						
	SFIs and SOD	To Approve	F&I Committee						
Director of People	Staff Survey Report	To Receive	People Committee						
	Staff engagement	To Receive	People Committee						
	Freedom to Speak Up Annual Report	To Receive	People Committee						
	Staff health and wellbeing	To Receive	People Committee						
	Gender pay gap report	To Receive	People Committee						
	Workforce Race Equality Standard and Workforce Disability Equality Standard Reports	To Approve	People Committee						
	EDI Plan and Annual Report	To Receive	People Committee						
GOVERNANCE AND RISK		**Purpose**	**Committee**	**Mar**	**May**	**July**	**Sep**	**Nov**	**Jan**
Director of Corporate Governance	Register of Interests	To Receive	Audit Committee						
	Fit and Proper person declaration	To Approve	Audit Committee						
	Board Assurance Framework	To Approve	**All Committees**						
	Annual Report	To Approve	Audit Committee						
	Annual Governance declarations	To Approve	Audit Committee						
	Constitution review	To Approve	Audit Committee						
	Board evaluation/Well Led review	To Receive	Audit Committee						
	Standing Orders	To Approve	Audit Committee						
	Anti-Slavery statement	To Approve	Audit Committee						
	Board workplan	To Approve	Audit Committee						

Report Title:	Modern Anti-Slavery Statement

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	26 January 2023		Discussion	
Exec Sponsor	Sharon Katema		Decision	✓

Purpose	To present the Trust's Anti-Slavery and Human Trafficking Statement for 2022/23 to the Board for approval, in line with requirements of the Modern Slavery Act 2015

Summary:	From October 2015, there has been a requirement for all UK businesses with a turnover of £36m or more to complete a slavery and trafficking statement for each financial year. The attached statement is published in our annual report on an annual basis and will also be published on our website. The Board of Directors is asked to confirm that every member has considered and approves this statement and will continue to support the requirements of the legislation.

Previously considered by:	
☐ Strategy and Operations Committee	☐ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	☐ People Committee
☐ Charitable Funds Committee	☐ Audit Committee

Proposed Resolution	The Board is asked to approve the Anti-Slavery Statement

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:	Sharon Katema	**Presented by:**	Sharon Katema

1. Introduction

1.1. In line with requirements of the Modern Slavery Act 2015, this paper sets out Bolton NHS FT's Anti-Slavery and Human Trafficking Statement for 2022/23 to the Board for approval.

1.2. All organisations carrying on business in the UK with turnover of £36m or more must from October 2015 complete a slavery and human trafficking statement for each financial year.

1.3. The Modern Slavery Act consolidates offences relating to trafficking and slavery (both in the UK and overseas). It includes a provision for large businesses to publicly state each year the actions they are taking to ensure their supply chains are slavery free.

1.4. The 'slavery and human trafficking statement' must include either an account of the steps being taken by the organisation during the financial year to ensure that slavery and human trafficking is not taking place in any part of its business or its supply chains. Or a statement that the organisation is not taking any such steps (although this is permitted under the Act, it is likely to have public relations repercussions).

1.5. The statement must be formally approved by the organisation, and must be published on its website. Failure to do so may lead to enforcement proceedings being taken by the Secretary of State by way of civil proceedings in the High Court.

2. Modern Slavery and Human Trafficking Act 2015 Annual Statement 2022/23

2.1. Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps it has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

3. Aim of this Statement

3.1. The aim of this statement is to demonstrate that the Trust follows good practice and all reasonable steps are taken to prevent slavery and human trafficking. All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking, with the Procurement Department taking the lead responsibility for compliance in the supply chain.

4. About Us

4.1. Bolton NHS Foundation Trust is a major provider of hospital and community health services in the North West Sector of Greater Manchester, delivering services from the Royal Bolton Hospital and also providing a wide range of community services from locations across Bolton. The Royal Bolton Hospital is a major hub within Greater Manchester for women's and children's services and is the second busiest ambulance- receiving site in Greater Manchester. We employ approximately 6000 staff and in 2021/22 had a turnover of over £400m.

5. Organisational policies in relation to slavery and human trafficking.

5.1. All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking. All staff are required to undertake level one adult safeguarding training which includes an awareness of the risks of modern slavery and human trafficking.

5.2. The Trust is fully aware of the responsibilities it bears towards patients, employees and the local community and as such, we have a strict set of ethical values that we use as guidance with regard to our commercial activities. We therefore expect that all suppliers to the Trust adhere to the same ethical principles.

5.3. We have internal policies in place, to protect those that we, and our delivery partners, work with from modern day slavery and human trafficking.

- Staff are expected to report concerns about slavery and human trafficking and management will act upon them in accordance with our policies and procedures.
- All clinical and non-clinical staff have a responsibility to consider issues regarding modern slavery and incorporate their understanding of these into their day-to-day practices.
- We operate a Freedom to Speak up Policy to enable all employees to raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisal.
- Advice and training about slavery and human trafficking is available to staff through the Safeguarding Team.

6. Organisational Structure and Supply Chains

6.1. The Trust policies, procedures, governance, and legal arrangements are robust, ensuring that proper checks and due diligence are applied in employment procedures to ensure compliance with this legislation. We also conform to the NHS employment check standards within our workforce recruitment and selection practices, including through our subsidiary organisation iFM Bolton and through any managed service provider contract arrangements.

6.2. The Trust employs solely within the UK and how we treat our employees is managed consistently across the Trust by the Human Resources Directorate. The Trust pays above the national living wage i.e. the minimum wage set by the Government.

6.3. To play our part in eradicating modern slavery and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain we:

- Apply NHS Terms and Conditions for procuring goods and services (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation.

- Comply with the Public Contracts Regulations 2015, use reputable frameworks where appropriate and for any procurement processes the Trust uses the mandatory Crown Commercial Services (CCS) Standard Selection Questionnaire. Bidders are always required to confirm their compliance with the Modern Slavery Act.
- Ask our awarded suppliers to, sign up to the NHS Terms and Conditions for procuring goods and services which contain a provision around Good Industry Practice to ensure each supplier's commitment to anti-slavery and human trafficking in their supply chains.
- In addition, an increasing number of NHS suppliers are implementing the Labour Standards Assurance System (LSAS) as a condition of contract for tenders within high risk sectors and product categories, as referenced in the Government's Modern Slavery Strategy.

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ended 31 March 2023

Signed

26 January 2023

Report Title:	NHS Charities Together Stage One Grant Funding: Impact Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	26th January 2023		Discussion	
Exec Sponsor	Sharon White		Decision	

Purpose	To provide the Board of Directors with a copy of the NHS Charities Together Stage One Grant Funding: Impact Report, which was submitted in September 2022, in line with the grant terms and conditions.

Summary:	Copy of the impact report and case study that were submitted to NHS Charities Together in relation to the stage one grant, which was made up as follows: • **£35,000** to all members • Grant allocation based on £7 per employee within each corresponding Trust or Health Board, resulting in a further **£45,500** • **£50,000** for additional urgent need, with a particular focus on groups disproportionately affected by Covid • **£50,000** to all members

Previously considered by:	
☐ Strategy and Operations Committee	✓ Executive Committee
☐ Finance & Investment Committee	☐ Quality & Safety Committee
☐ Remuneration & Nominations Committee	☐ People Committee
✓ Charitable Funds Committee	☐ Audit Committee

Proposed Resolution	The Board is asked to note the content of the report, specifically the impact of the grant funding and the value of the partnership between Our Bolton NHS Charity and NHS Charities Together

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:**	Sharon White, Director of Strategy, Digital and Transformation

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

BAME	Black, Asian and Minority Ethnic
CFY	Caring for Yourself
CFYT	Caring for your Teams
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
ORCHA	Organisation for the Review of Care and Health Applications
PTSD	Post-Traumatic Stress Disorder

NHS Charities Together

Two Years On – Stage 1 Impact Report

Introduction

As the global pandemic unfolded, NHS Charities Together allocated nearly £42 million to member charities through Stage 1: Urgent Relief Grants. This was distributed in two 'waves'. Stage One, Wave One involved three distributions. Details of the funding provided can be seen below.

Wave One

- 1.1: £35,000 to all members (deducted by £3k in lieu of 2 years membership to NHS Charities Together for newly joined members)
- 1.2: Grant award calculation based on the number of NHS Employees (head count at £7 per head) within each corresponding Trust or Health Board
- 1.3: £50,000 for additional urgent need, with a particular focus on groups disproportionately affected by Covid

Wave Two

- £50,000 to all members

Stage 1.1

£35,000 to all members (deducted by £3k in lieu of 2 years membership to NHS Charities Together for newly joined members).

Stage 1.1 Criteria: To be spent on enhancing the well-being of NHS Staff, volunteers and patients impacted by COVID-19, as part of your Trust's or Health Board's COVID-19 response; such as:

- Funding well-being packs/gifts for staff and volunteers on wards/departments (this could include food/meal deliveries and refreshments, wash kits, overnight stay kits, furniture for rest rooms, etc.)
- Supporting patients mental health through isolation with electronic communication devices so they can talk to family and friends
- Benevolence
- Other items as identified by members and their NHS bodies that enhance the well-being of NHS staff, volunteers and patients impacted by COVID-19

1. **How many projects were funded as part of 1.1?**

   Two

2. **Please tick below to indicate the nature of the projects funded under 1.1.**

- Digital Resource
- Education or Training
- Equipment
- Programme or Service
- Social Prescribing
- Space
- Other (please specify)

3. What did the Stage 1.1 funding enable you to do?

The stage 1.1 grant was used to fund the 'Looking after Yourself' programme, designed to empower members of staff to look after themselves while they continue to deliver high-quality services and provide safe and compassionate care to our patients during the pandemic.

In addition, we commissioned a new wellbeing programme called 'Caring for your Teams', designed to coach line managers to strengthen their own resilience; create mentally-healthy workplaces where members of staff can thrive, and recognise the signs of colleagues in crisis so they can seek additional support.

4. Primary Project Theme

Please indicate which of the below is the main theme of your Stage 1.1 project(s).

- Improving mental health and wellbeing
- Improving equity, equality, diversity and inclusion
- Improving access to/awareness of/engagement with services
- Improving quality of life for those with long term health conditions
- Preventing admissions through early intervention
- Reducing digital exclusion and/or improving digital literacy
- Other (please specify)

5. Secondary Project Themes

Please indicate any secondary themes that apply to your project(s). You may select more than one option or skip this question if not applicable.

- Improving mental health and wellbeing
- Improving equity, equality, diversity and inclusion
- Improving access to/awareness of/engagement with services
- Improving quality of life for those with long term health conditions
- Preventing admissions through early intervention
- Reducing digital exclusion and/or improving digital literacy
- Other (please specify)

6. What went well, and why? Did this change as things progressed?

Accessibility
Both the 'Caring for Yourself' and 'Caring for your Team' programmes were available face to face (as a socially-distanced one-day training session), remotely via live webinar (as individual modules for bite-size learning) and on-demand through the staff intranet.

Feedback from NHS colleagues
Neal Ashurst, an Operating Department Practitioner from Bolton NHS Foundation Trust has featured in media interviews and newspaper articles, documenting how the principles of the Caring for Yourself programme helped with his return to work, following a period of absence due to PTSD caused by supporting patients on Critical Care during the Covid-19 pandemic.

https://metro.co.uk/2022/05/28/ive-been-left-with-ptsd-after-working-in-critical-care-16661140/

Other colleagues said:

“A really good event with much food for thought and resources for self-care and to share with others.”

“Fantastic day, brilliant and knowledgeable staff, really helpful.”

“This was one of the best training days I've been to. I really think it should be mandatory for anyone that works in the healthcare sector.”

Sustainability
The resources from these programmes have been made available on the Trust’s intranet pages for those who weren’t able to attend to further support colleagues,

Charity advocacy
Boo Coaching and Consulting has since become a strong and valued ambassador of Our Bolton NHS Charity and the work we do to support patients, staff and volunteers at Bolton NHS Foundation Trust.

7. Were there challenges and barriers, and what impact did they have? Were you able to overcome these difficulties?

N/A

8. Did any of the projects funded through 1.1 require extensions or adaptions?

- Yes
- No
- Don’t Know

9. [IF YES] Please provide detail.

NHSCT stage 1.1 funding was also earmarked to enhance the sports and social club to create a staff wellness hub where staff can exercise; participate in Covid-secure training and well-being programmes, and access counselling and support services. The Grants team at NHS Charities Together were made aware (through interim reports and correspondence) that this work was on hold while the space was used for essential staff changing facilities.

10. [IF YES] Please state the end date for your grant that was agreed as part of the extension and adaption process.

31st March 2023

11. Please confirm how much funding you have spent of the funds awarded for Stage 1.1.

£17,751.12

12. Have you spent the full amount of funds awarded?

- Yes
- No

13. [IF NO] Please give an overview as to what is outstanding and why.

Circa £17k remains outstanding. The Sports and Social Club was used for temporary changing rooms during the pandemic so the space was not available for the refurbishment to take place. Since then, plans have been reviewed in the light of rising costs and it is felt that these funds would be better spent on continuing the work to enhance and refurbish individual staff rest facilities to maximise benefit and usage. We acknowledge the £36k underspend will need to be spent no later than 31st March 2023.

Stage 1.2

Grant award calculation based on the number of NHS Employees (head count at £7 per head) within each corresponding Trust or Health Board.

Stage 1.2 Criteria: To be spent on enhancing the well-being of NHS Staff, volunteers and patients impacted by COVID-19, as part of your Trust's or Health Board's COVID-19 response. Dependant on local priorities (and in consultation with clinical and senior managers within corresponding Trusts and Health Boards), charities/charitable fund committees are encouraged to use some of the funding for early interventions in support of Stage 2 and 3 activity, as required.

14. Did the project(s) funded under Stage 1.2 build on Stage 1.1?

- Yes
- No
- N/A – I did not receive funding for 1.1

15. How many projects were funded as part of 1.2?

Two

16. Please tick below to indicate the nature of the projects funded under 1.2.

You can select more than one option.

- Digital Resource
- Education or Training
- Equipment
- Programme or Service
- Social Prescribing
- Space
- Other

17. What did the Stage 1.2 funding enable you to do?

Bolton NHS Foundation Trust has partnered with ORCHA (the Organisation for the Review of Care and Health Applications) to develop the Bolton Digital App Library, a hub of health and care related apps that have all undergone a rigorous review process. Accessing apps through the Bolton Digital App Library gives users the confidence that their data is secure and the app they download is clinically accurate and approved by healthcare providers.

19. Primary Project Theme

Please indicate which of the below is the main theme of your Stage 1.2 project(s).

- Improving mental health and wellbeing
- Improving equity, equality, diversity and inclusion
- Improving access to/awareness of/engagement with services
- Improving quality of life for those with long term health conditions
- Preventing admissions through early intervention
- Reducing digital exclusion and/or improving digital literacy
- Other (please specify)

20. Secondary Project Themes

Please indicate any secondary themes that apply to your project(s). You may select more than one option or skip this question if not applicable.

- Improving mental health and wellbeing
- Improving equity, equality, diversity and inclusion
- Improving access to/awareness of/engagement with services
- Improving quality of life for those with long term health conditions
- Preventing admissions through early intervention
- Reducing digital exclusion and/or improving digital literacy
- Other (please specify)

21. What went well, and why? Did this change as things progressed?

Clinical Interest and Engagement
More recently – thanks to dedicated project management resource – we have secured interest from clinical teams and now have four services using ORCHA and a further six services lined up. ORCHA is supporting elective recovery and waiting well, which is designed to help patients prepare for appointments/surgery, including how to make a plan for care and treatment alongside healthcare professionals.

Communications
Training materials and promotional resources are live and currently being developed further by the Trust Communications and Engagement team to tie into health campaigns and events, such as hydration week, Stoptober and Dry January. A link to the landing page is included on all digital outpatient appointment letters and also on the 7 day text reminder service.

22. Were there challenges and barriers, and what impact did they have? Were you able to overcome these difficulties?

Capacity to support implementation
The pandemic created significant operational pressures and clinicians did not have the capacity to consider the potential of the digital resource and implement. Up until recently there has been no dedicated project management to support the implementation and roll out.

Wider acceptance and appetite to use
Using apps to support traditional health care methods is a relatively new idea and so work is needed to promote the benefits with both clinicians and the general public to show how the two methods can work together.

23. Did any of the projects funded through 1.2 require extensions or adaptions?

- Yes
- No
- Don't Know

24. [IF YES] Please provide detail.

NHSCT stage 1.2 funding was also earmarked to enhance the sports and social club to create a staff wellness hub where staff can exercise; participate in Covid-secure training and well-being programmes, and access counselling and support services. The Grants teams at NHS Charities Together were made aware (through interim reports and correspondence) that this work was on hold while the space was used for essential staff changing facilities.

25. [IF YES] Please state the end date for your grant that was agreed as part of the extension and adaption process.

31st March 2023

26. Please confirm how much funding you have spent of the funds awarded for Stage 1.2.

£26,790

27. Have you spent the full amount of funds awarded?

- Yes
- No

28. [IF NO] Please give an overview as to what is outstanding and why.

Circa £19k remains outstanding. The Sports and Social Club was used for temporary changing rooms during the pandemic so the space was not available for the refurbishment to take place. Since then, plans have been reviewed in the light of rising costs and it is felt that these funds would be better spent on continuing the work to enhance individual staff rest facilities to maximise benefit and usage. We acknowledge the £36k underspend will need to be spent no later than 31st March 2023.

Your Grants Officer will be in touch to discuss further.

Stage 1.3

£50,000 for additional urgent need, with a particular focus on groups disproportionately affected by Covid.

Stage 1.3 Criteria: To be spent on supporting communities disproptionately impacted by Covid-19, in particular patients and staff from racially minoritised communities.

29. Did the project(s) funded under Stage 1.3 build on previous stages?

- Yes
- No
- N/A – I did not receive funding for 1.1 or 1.2

30. How many projects were funded as part of 1.3?

Two

31. Please tick below to indicate the nature of the projects funded under 1.3.

You can select more than one option.

- Digital Resource
- Education or Training
- Equipment
- Programme or Service
- Social Prescribing
- Space
- Other

32. What did the Stage 1.3. funding enable you to do?

While Covid-19 is indiscriminate in nature, heart disease, high blood pressure, and obesity are all well-documented risk factors that increase the likelihood of hospitalisation and poorer health outcomes. Cycling is known to improve cardiovascular health and lower blood pressure, and can also reduce stress and anxiety; increase concentration, and contribute to healthy sleep patterns, all of which are important for staff well-being. Stage 1.3 grant funding was used to install secure cycle storage facilities for 76 bikes at the Royal Bolton Hospital and contribute towards the refurbishment of male and female changing rooms and showers.

33. Primary Project Theme

Please indicate which of the below is the main theme of your Stage 1.3 project(s).

- Improving mental health and wellbeing
- Improving equity, equality, diversity and inclusion
- Improving access to/awareness of/engagement with services
- Improving quality of life for those with long term health conditions
- Preventing admissions through early intervention
- Reducing digital exclusion and/or improving digital literacy
- Other (please specify)

34. Secondary Project Themes

Please indicate any secondary themes that apply to your project(s). You may select more than one option or skip this question if not applicable.

- Improving mental health and wellbeing

- Improving equity, equality, diversity and inclusion
- Improving access to/awareness of/engagement with services
- Improving quality of life for those with long term health conditions
- Preventing admissions through early intervention
- Reducing digital exclusion and/or improving digital literacy
- Other (please specify)

35. What went well, and why? Did this change as things progressed?

The handover of the cycle storage facilities coincided with a further period of national and local restrictions, owing to the Alpha and Delta variants in England. Subsequently, people were told to stay at home, with the exception of key workers and those unable to work remotely. The use of face masks on public transport was mandated to minimise the risk of transmission; however the Government encouraged the use of alternative means of transport, where possible. The secure cycle-store provision at the hospital site subsequently offered more employees (and patients) a safer commute to work and hospital appointments respectively.

36. Were there challenges and barriers, and what impact did they have? Were you able to overcome these difficulties?

Work to install the cycle storage facilities was delayed due to urgent refurbishment works in clinical areas, including Critical Care; however, the facilities were installed and handed over for staff to use in February 2021.

Further work is needed to enhance the security of the cycle storage facilities to encourage those with high-value bikes to use them. There are also calls from colleagues to increase the provision of showers, changing facilities, lockers and drying facilities so those who cycle into work can get changed and store/dry kit before commuting home.

37. Did any of the projects funded through 1.3 require extensions or adaptions?

- Yes
- No
- Don't Know

38. [IF YES] Please provide detail.

39. [IF YES] Please state the end date for your grant that was agreed as part of the extension and adaption process.

40. Please confirm how much funding you have spent of the funds awarded for Stage 1.3.

£50,000

41. Have you spent the full amount of funds awarded?

- Yes
- No

42. [IF NO] Please give an overview as to what is outstanding and why.

Your Grants Officer will be in touch to discuss further.

Second Wave

£50,000 to all members.

Second Wave Criteria: To be spent on supporting the health and wellbeing of staff, volunteers and patients affected by the second wave of Covid-19, including the following:

- Funding posts such as patient hub coordinators, clinical psychologists, staff and volunteer guardians
- Providing training to staff to develop a team of Mental Health First Aider's
- Developing wellbeing hubs, safe places for network meetings – sometimes with a focus on BAME & LGBTQ staff
- Improving indoor/ outdoor spaces for relaxation and reflection to improve staff wellbeing
- Increasing physical wellbeing through providing exercise classes, equine therapy, surf therapy, yoga, walking groups, choirs or bicycle schemes
- Increasing bereavement support for patient relatives and staff
- Staff/patient mental health support e.g. Mindfulness sessions

43. Did the project(s) funded under Second Wave build on previous stages?

- Yes
- No
- N/A – I did not receive funding for 1.1, 1.2 or 1.3

44. How many projects were funded as part of Second Wave?

One

48. Please tick below to indicate the nature of the projects funded under Second Wave.

You can select more than one option.

- Digital Resource
- Education or Training
- Equipment
- Programme or Service
- Social Prescribing
- Space
- Other (please specify)

45. What did the Second Wave funding enable you to do?

Refurbish staff rest facilities and install benches and planters across the Royal Bolton Hospital site so colleagues can take a break in comfortable and relaxing spaces.

46. Primary Project Theme

Please indicate which of the below is the main theme of your Second Wave project(s).

- Improving mental health and wellbeing
- Improving equity, equality, diversity and inclusion
- Improving access to/awareness of/engagement with services
- Improving quality of life for those with long term health conditions
- Preventing admissions through early intervention
- Reducing digital exclusion and/or improving digital literacy
- Other (please specify)

47. Secondary Project Themes

Please indicate any secondary themes that apply to your project(s). You may select more than one option or skip this question if not applicable.

- Improving mental health and wellbeing
- Improving equity, equality, diversity and inclusion
- Improving access to/awareness of/engagement with services
- Improving quality of life for those with long term health conditions
- Preventing admissions through early intervention
- Reducing digital exclusion and/or improving digital literacy
- Other (please specify)

48. What went well, and why? Did this change as things progressed?

Breadth of impact
We received applications from all clinical divisions and corporate services and – where possible – these have been factored into the wider programme of works. Since the first round of applications was opened back in late 2020, there has been significant interest from colleagues in other services, hence our request to use the underspend from stage 1.1 and 1.2 to continue this impactful work to improve staff rest facilities across the Trust footprint.

Feedback from NHS colleagues
The feedback from colleagues in relation to the wider programme to improve staff rest facilities has been impressive.

“Having a nice bright, clean, modern kitchen/coffee room to relax in, watch television and chat, or just sit and reflect has helped to improve staff morale and mental health. It is a far nicer space to sit in and one the department can be proud of.”

“Our new calm room ensures colleagues have a safe space to pause and reflect during difficult shifts. We also utilise this safe space for sessions with our psychologist.”

“To have our staff areas looking fresh and updated has lifted staff mood and morale significantly.”

“Staff are extremely grateful for the improvements to the staff rest areas and the refurbished spaces are being well used and looked after.”

Media opportunities

Staff members from Bolton NHS Foundation Trust have featured in media interviews and newspaper articles, documenting how the how the refurbishment of staff rest facilities has made a difference to their mental health and wellbeing.

https://www.boltonft.nhs.uk/news/2022/04/ill-never-forget-what-they-did-for-our-family/

https://www.youtube.com/watch?v=2_5caB6PYKo

Ben Mee interview: 'The premature birth of my daughter was scary, but the NHS staff were incredible'

49. Were there challenges and barriers, and what impact did they have? Were you able to overcome these difficulties?

Capacity for our estates team and contractors to deliver the wider staff rest facilities programme was limited due to other estate priorities within the Trust; however, work in excess of £115k (including £50k in second wave funding) has now been completed.

50. Did any of the projects funded through Second Wave require extensions or adaptions?

- Yes
- No
- Don't Know

51. [IF YES] Please provide detail.

It was agreed that second wave funding could be used as part of a wider programme to fund the refurbishment of staff rest facilities across the the Trust footprint.

52. [IF YES] Please state the end date for your grant that was agreed as part of the extension and adaption process.

31st March 2023

53. Please confirm how much funding you have spent of the funds awarded for Second Wave.

£50,000

54. Have you spent the full amount of funds awarded?

- Yes
- No

55. [IF NO] Please give an overview as to what is outstanding and why.

Your Grants Officer will be in touch to discuss further.

Impact of Stage 1 Funding

In this section, we want you to consider the impact of all the projects funded through all distributions of the Stage 1 funding.

56. In your own words, please describe the impact that the Stage 1 funding had at the time in your setting.

During the first wave of the pandemic, the immediate needs of both staff and patients were adequately met by the Bolton NHS Foundation Trust and the local Bolton community, in the form of meal deliveries, staff well-being kits and electronic devices to facilitate patient contact with relatives. As a result, Our Bolton NHS Charity was able to take a longer-term view of the stage 1 grant-funding and – with input from key stakeholders – design a diverse programme of support to ensure staff were well-equipped to look after their own physical health and mental well-being while continuing to provide the best possible care to patients during the pandemic, and beyond. This was achieved through coaching, digital health services and physical spaces. Please see below.

57. Please describe whether you feel there has been a lasting impact from the Stage 1 funding, two years on.

Stage 1 funding has had a lasting impact on the staff and volunteers at Bolton NHS Foundation Trust and has helped to raise the profile of Our Bolton NHS Charity with colleagues and the local community. The urgent response grants programme – made possible thanks to the fundraising efforts of millions of people during the pandemic – has created a lasting legacy. The refurbished staff rest facilities will serve as a poignant reminder of how the nation came together in support of our beloved NHS during the greatest challenge in its 74 year history. Thank you to NHS Charities Together for this support, which also helped to bolster funds at a time when in-person events were prohibited.

58. Have any projects funded as part of Stage 1 continued (either in full or in part) beyond the funding period?

- Yes
- No
- Don't Know

59. [IF YES] Please tell us more.

Stage 3 recovery grant funding is also being used to refurbish staff rest facilities due to the impact the refurbishment programme has had on colleagues to date. As stated above, we would also like to use the underspend from stage 1.1 and 1.2 to continue this impactful work to improve staff rest facilities across the Trust footprint. We acknowledge the £36k underspend will need to be spent no later than 31st March 2023.

60. Did you capture any outcomes data as part of any of your Stage 1 projects?

- Yes
- No
- Don't Know

61. [IF YES] Please tell us about the data you've got on outcomes.

A survey was compiled to capture feedback pertaining to the Caring for Yourself and Caring for your Teams programmes:

- Of the 31 CFY face-to-face participants who completed a course evaluation form, 90.3% said they were either likely or very likely to implement the tools presented in the session and 93.5% said they would recommend the programme to a colleague
- Of the 11 CFY and CFYT virtual participants who completed a course evaluation form, 100% said they were either likely over very likely to implement the tools presented in the session and 93.5% said they would recommend the programme to a colleague

A survey was compiled to capture feedback pertaining to the cycle storage facilities:

- Of the 30 respondents, 82.14% did not use the old facilities but would consider cycling to work now the new facilities are in place
- In March 2021 54 employees were registered with the VivUp 'cycle to work' scheme, compared with 44 in March 2020; however, this has now decreased significantly to 24

62. Please can you confirm how many NHS staff (if any) activity funded through Stage 1 has directly reached in total?

650

63. Please can you confirm how many patients (if any) activity funded through Stage 1 has directly reached in total?

1,500

64. Please can you confirm how many volunteers (if any) activity funded through Stage 1 directly reached in total?

50

65. Please can you confirm how many people in the community (if any) activity funded through Stage 1 directly reached in total?

0

66. Did the activity funded through Stage 1 directly reach any other group(s)?

- Yes
- No

67. [IF YES] Please can you confirm what other beneficiary group(s) activity has directly reached?

68. [IF YES] Please can you confirm the approximate number of individuals that are within this group?

70. We want to identify some of the key areas where Stage 1 has made a difference. Please read the following statements and select the option which best applies.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A
Stage 1 has had a positive impact on the health and wellbeing of NHS staff, patients, volunteers or other beneficiary groups.						
Stage 1 has given us the opportunity to test, evaluate and learn in order to better support NHS staff, patients, volunteers or other beneficiary groups.						
Stage 1 has contributed to the prevention of ill health and/or the improvement of long- term health conditions.						
Stage 1 has generated insights that will enable us to demonstrate the value of NHS charities and the difference charitable giving can make.						
Stage 1 has been responsive to the needs of NHS staff, patients, volunteers or other beneficiary groups.						
Stage 1 has enabled us to implement strategies related to improving equity, equality, diversity and inclusion.						
Stage 1 has had a positive impact on reducing health inequalities.						
Stage 1 has had a positive impact on volunteering to support the NHS.						
Stage 1 has encouraged us to work collaboratively with partners, which has had a positive impact on NHS staff, patients, volunteers or other beneficiary groups.						
Stage 1 has had a positive impact on those disproportionately affected by COVID-19.						
Stage 1 has had a positive impact on reducing pressure/demand on NHS services.						
Stage 1 has enabled the NHS to go above and beyond what it would otherwise be capable of.						

72. Stories help bring projects to life. Please use the space below to provide a case study, should you wish to.

A case study was provided for the Wall of Achievements, as part of the inaugural NHS Charities Together annual conference. Please see the PDF appended to this report.

73. This story may be made publicly available and used in various places for marketing purposes for up to two years. Please confirm whether you consent to this.

- Yes
- No
- N/A – No case study provided

74. NHS Charities Together has an internal communications team, and is keen to give members the opportunity to showcase their projects through our communications channels and media coverage. Would you be happy for us to contact you for any opportunities related to proactive communications?

- Yes
- No

Confirmation

75. I confirm that:

- I have the authorisation of my organisation to provide the information included in this form.
- To the best of my knowledge, all the information I have provided in this form is correct.
- I fully understand that NHS Charities Together will seek to recover funds in the instance of misuse of funds.

NHS Charities Together utilise information provided in reports as part of our due diligence to monitor progress of grant funding to release payments and identify if additional support is required. We encourage sharing of learning across our membership and where possible will share common trends or useful insights. NHS Charities Together will also use data relating to an organisation, including details about a funded project, to produce impact reporting and promotional materials for its own purposes. This data will anonymise information relating to individuals, but may specify the name of the organisation and the regional location of the funded project. Our Communications Team will liaise directly with you if they would like to use one of your projects to demonstrate the impact of the funding to our supporters. Equally if you are planning to do any press or media, the team are here to help, please do get in touch.

76. I confirm that:

I give my consent for NHS Charities Together to use data relating to my organisation's application and funded project as set out above.

Thank You