BOARD OF DIRECTORS' AGENDA

MEETING HELD IN PUBLIC

To be held at 13:00 on Thursday 25 July 2024
In the Boardroom, Royal Bolton Hospital, Minerva Road

Ref No.	Agenda Item	Process	Lead	Time
PRELIMINARY BUSINESS				
TB084/24	**Chair's welcome and note of apologies** *Purpose: To record apologies for absence and confirm quorum*	*Verbal*	Chair	**13:00**
TB085/24	**Patient and Staff Story** *Purpose: To **receive** the patient and staff story*	*Presentation*	CN + DoP	
CORE BUSINESS				
TB086/24	**Declaration of Interests** *Purpose: To record interests relating to items on the agenda.*	*Report + Verbal*	Chair	**13:15** (05 mins)
TB087/24	**Minutes of the previous meeting** *Purpose: To **approve** the minutes of the previous meeting held on 30 May 2024.*	*Report*	Chair	
TB088/24	**Matters Arising and Action Logs** *Purpose: To consider matters arising not included on agenda, review outstanding and **approve** completed actions.*	*Report*	Chair	
TB089/24	**Chair's Update** *Purpose: To **receive** the update from the Chair*	*Verbal*	Chair	**13:20** (5 mins)
TB090/24	**Chief Executive's Report** *Purpose: To **receive** the Chief Executive's Report*	*Report*	CEO	**13:25** (10 mins)
STRATEGY AND PERFORMANCE				
TB091/24	**Operational Update (including dashboard)** *Purpose: To **receive** the Operational Update*	*Presentation*	COO	**13:35** (20 mins)

TB092/24	**Strategy and Operations Committee Chair's Report** *Purpose: To **receive** assurance on work delegated to the Committee*	*Report*	SoC Chair	**13:55** (05 mins)
QUALITY AND SAFETY				
TB093/24	**Quality Assurance Committee Chair's Report** *Purpose: To **receive** assurance on work delegated to the Committee*	*Verbal*	QAC Chair	**14:00** (05 mins)
TB094/24	**Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme** *Purpose: To **receive** the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme*	*Report*	Chief Nurse	**14:05** (10 mins)
TB095/24	**Learning from Deaths' Report** *Purpose: To **receive** the Learning from Deaths' Report*	*Report*	Medical Director	**14:15** (10 mins)
TB096/24	**Mortality Quarterly Report** *Purpose: To **receive** the Mortality Quarterly Report*	*Report*	Medical Director	**14:25** (10 mins)
	COMFORT BREAK			**14:35**
WORKFORCE				
TB097/24	**People Committee Chair's Report** *Purpose: To **receive** assurance on work delegated to the Committee*	*Report*	PC Chair	**14:50** (05 mins)
TB098/24	**Freedom to Speak Up Annual Report** *Purpose: To **receive** the Freedom to Speak Up Annual Report*	*Report*	DoP	**14:55** (10 mins)
FINANCE				
TB099/24	**Finance and Investment Committee Chair's Report**	*Report*	F&I Chair	**15:05** (05 mins)

*Purpose: To **receive** assurance on work delegated to the Committee*

GOVERNANCE AND RISK

TB100/24	**Audit and Risk Committee Chair's Report** *Purpose: **To receive** assurance on work delegated to the Committee*	Report	Audit Chair	**15:10** (05 mins)
TB101/24	**Audit and Risk Committee Annual Report** *Purpose: To **receive** the Audit Committee Annual Report*	Report	Audit Chair	**15:15** (05 mins)
TB102/24	**Feedback from Board Walkabouts** *Purpose: to **note** the feedback following the Non-Executive Walkabouts*	*Verbal*	*All*	**15:20** (10 mins)

CONCLUDING BUSINESS

TB103/24	**Questions to the Board** *Purpose: To discuss and respond to any questions received from the members of the public*	*Verbal*	*Chair*	**15:30** (02 mins)
TB104/24	**Messages from the Board** *Purpose: To agree messages from the Board to be shared with all staff*	*Verbal*	*Chair*	**15:32** (03 mins)
TB105/24	**Any Other Business** *Purpose: To **receive** any urgent business not included on the agenda*	*Report*	*Chair*	**15:35** (05 mins)
	Date and time of next meeting: Thursday 26 September 2024			**15:45** **Close**

Chair: Niruban Ratnarajah

Name:	Position:	Interest Declared	Type of 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
Seth **Crofts**	Associate Non-Executive Director	External Academic, Appointed Representative, The Open University, Academic Quality and Governance Committee	Non-Financial Professional interest
Tosca **Fairchild**	Non-Executive Director	Chief of Staff – South East London Integrated Care Board	Financial Interest
		Trustee – South East London ICB Charity	Non-Financial Professional Interest
		Client Executive (Consultancy) – Bale Crocker Associates	Financial Interest
		Partner is Consultant in Emergency Care / Deputy Medical Director – University Hospitals of Derby NHS Foundation Trust	Non-Financial 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
		Director BerDor Limited	Financial Interest
Sean **Harriss**	Non-Executive Director	Trustee at Age Exchange	Non-Financial Professional Interest
		Senior Adviser, Private Public Limited	Financial Interest
		Director, Harriss Interim and Advisory	Financial Interest
		Family member works for Astra Zeneca	Non-Financial Personal Interest

Name:	Position:	Interest Declared	Type of Interest
		Non-Executive Director Borough Care	Financial Interest
Sharon **Katema**	Director of Corporate Governance	Nil Declaration	
James **Mawrey**	Chief People Officer / Deputy CEO	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
Fiona **Noden**	Chief Executive	Trustee Bolton Community and Voluntary Services	Non-Financial Professional Interest
		Trustee Bolton Octagon	Non-Financial Personal Interest
		Bolton Locality Place Based Lead	Non-Financial Professional Interest
		Judge on She Inspires Awards	Non-Financial Professional Interest
		Chair of Greater Manchester Maternity and Neonatal System Board GMEC Local Maternity & Neonatal System (LMNS).	Non-Financial Professional Interest
Martin **North**	Non-Executive Director	Spouse is a Director of Aspire POD Ltd	Indirect Interest
		Company Secretary Aspire POD Ltd	Financial Interest
		Director MIRL Group Ltd	Financial Interest
		Egerton Pre School Committee Chair	Non-Financial Personal Interest

Name:	Position:	Interest Declared	Type of Interest
Niruban **Ratnarajah**	Chair	GP Partner: Stonehill Medical Centre	Financial Interest
		Director: Ratnarajah Medical Services Limited (also T/A Extracellular, Private GP and Lifestyle Medicine)	Financial Interest
Tyrone **Roberts**	Chief Nurse	Personal Trainer	Non-Financial Personal Interest
Alan **Stuttard**	Non-Executive Director	Nothing to declare	
Fiona **Taylor**	Non-Executive Director	Chair of Governors St Georges CE Primary & Nursery School	Non-Financial Personal Interest
		Trustee St Ann's Hospice	Non-Financial Personal Interest
		Trustee Women for Well Women	Non-Financial Personal Interest
Annette **Walker**	Chief Finance Officer	Chief Finance Officer of both Bolton Foundation Trusts and GM ICP Bolton	Non-Financial Professional Interest
Rae **Wheatcroft**	Chief Operating Officer	Nothing to declare	
Sharon **White**	Director of Strategy	Trustee at Fort Alice Bolton	Non-Financial Professional Interest
		Trustee George House Trust	Non-Financial Professional Interest
		Judge on She Inspire Awards	Non-Financial Professional Interest
		Board Member of Bolton College	Non-Financial Professional Interest

Also available on Bolton FT website

Name:	Position:	Interest Declared	Type of Interest
		Partner employed by Trust	Non-Financial Personal Interest

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.

***Draft* Board of Directors Minutes of the Meeting**
Held in the Boardroom
Thursday 30 May 2024
(Subject to the approval of the Board of Directors on 25 July 2024)

Present

Name	Initials	Title
Jackie Njoroge	JN	Deputy Chair /Non-Executive Director (Chair)
Annette Walker	AW	Chief Finance Officer
Fiona Noden	FN	Chief Executive
Fiona Taylor	FLT	Non-Executive Director
Francis Andrews	FA	Medical Director
James Mawrey	JM	Director of People and Deputy CEO
Rae Wheatcroft	RW	Chief Operating Officer
Rebecca Ganz	RG	Non-Executive Director
Seth Crofts	SC	Associate Non-Executive Director
Sean Harriss	SH	Non-Executive Director
Sharon Katema	SK	Director of Corporate Governance
Sharon White	SW	Director of Strategy, Digital and Transformation
Tyrone Roberts	TR	Chief Nursing Officer

In Attendance

Name	Initials	Title
Rachel Carter	RC	Associate Director of Communications and Engagement
Jamie Fletcher	JF	Advanced Clinical Practitioner (for item 060)
Brett Walmsley	BW	Director of Digital (for item 069)
Janet Cotton	JC	Director of Midwifery (for item 072 – 074)

There were nine observers in attendance.

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		

TB059/24 **Chair's Welcome and Note of Apologies**

The Chair welcomed everyone to the meeting of the Board and noted apologies from Niruban Ratnarajah, Martin North, Alan Stuttard and Tosca Fairchild.

TB060/24 **Patient and Staff Story**

The Board of Directors heard the story of Roy who was diagnosed with Advanced Lewy Body Dementia. Roy lived at home with his wife, who served as his primary caregiver. A morning care package was established to assist Roy with his daily care needs, but due to concerns around escalating confusion and frequent falls the Admissions Avoidance Team were contacted for guidance.

Upon assessment, it became evident that Roy's wife was also unwell, rendering her unable to maintain the customary level of care for her husband. The situation posed a genuine risk. Roy and his wife expressed a deep appreciation for the team's attentiveness and their adeptness in directing the family towards previously unknown services. The team demonstrated a comprehensive approach to Roy's care and contributed to a sense of reassurance and confidence in the care provided.

Staff Story

Jamie Fletcher attended to present his staff story as an Advanced Clinical Practitioner (ACP), he commenced his MSc in ACP at The University of Bolton in 2017, whilst working in General Practice. In 2020, he moved to the Trust and was involved with a number of initiatives and projects. Additionally, he had a valuable Health Education England (HEE) Secondment as a Community ACP Advisor.

Jamie commented that the training of ACPs in Bolton required enhancement and there was a need for clearer career pathways and training opportunities for progression this was required to meet the four pillars of Advanced Practice. It also emphasised the importance of bridging the gap between community and secondary care, establishing an appraisal programme and portfolio for ACPs, and showcasing the work that ACPs do across the Trust.

RB queried how ACP's could expand the impact of admission avoidance and what the support network is. JF commented that increased communication was required to expand the ACP forum network to support staff.

The Board of directors thanked JF for presenting the staff story.

RESOLVED:

The Board of Directors ***received*** the patient and staff story.

TB061/24 Declarations of Interest

The Chief Executive Officer declared that she was Chair of the Greater Manchester Maternity and Neonatal System Board GMEC Local Maternity & Neonatal System (LMNS).

There were no other declarations of interest relating to agenda items.

TB062/24 Minutes of the previous meetings

The Board of Directors reviewed the minutes of the meeting held on 28 March 2024 and approved them as a correct and accurate record of proceedings.

RESOLVED:

The Board of Directors ***approved*** the minutes from the meeting held 28 March 2024.

TB063/23 **Matters Arising and Action Logs**

The meeting considered updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions.

RESOLVED:

The Board ***approved*** the action log

CORE BUSINESS

TB064/24 **Chair's Update**

The Chair advised the Equality and Health Inequality Impact Assessment Process (EIA) process was included on the consent agenda and had been discussed and approved at People Committee, the discussions were reflected within the Chair Report.

RESOLVED:

The Board of Directors ***received*** the Chair's Update.

TB065/24 **Chief Executive Report**

The Chief Executive presented her report, which summarised activities, awards and achievements since the last Board meeting. The following key points were noted:

- The Urgent Care Improvement Group continued to monitor and manage the delivery of the recommendations made by the clinically led national NHS Emergency Care Improvement Support Team (ECIST) following their review of the Trust services.
- A new initiative had helped to reduce the number of days patients needed to stay in hospital after knee and hip replacements. Since January 2024, the length of stay had reduced to one day from three to four days previously.
- The Our Voice Change Programme continued to gather momentum with all five change teams on their way to achieving three key objectives.
- The specialist Homeless and Vulnerable Adults and Diabetes Team were shortlisted for two awards at the Diabetes Nursing Awards 2024. The team made incredible improvements for homeless people with diabetes in Bolton.
- Along with other NHS organisations within Greater Manchester (GM) the Trust continued to operate in a period of financial recovery and improvement to address the significant deficit across the region.

- Construction of the University of Bolton's new £40m Institute of Medical Sciences (IMS) facility on the hospital site had been completed in May.

RESOLVED:

The Board of Directors ***received*** the Chief Executive's Report.

TB066/24 Operational Update (including Integrated Performance Report)

The Chief Operating Officer reported on the Trust's operational performance during April and drew attention to the following issues:

- Urgent and Emergency Care services continued to operate under intense pressure, and an Urgent Care Improvement Group had been established to respond to the actions in response to the (ECIST) recommendations.
- There had been a significant increase in ambulance handovers with 2,315 arrivals in April 2024 compared with 1,844 in April 2023, an increase of 25.5%.
- Four hour performance in April was at 60.4% which was below the national standard of 78%.
- Discharge performance remained within a normal variation.
- The Trust was placed in tier two for elective recovery performance and would receive additional support from the regional team.
- The Trust continued with good cancer performance, achieving the 28-day faster diagnosis standard. It continued to be amongst the best in the North West. The Trust also continued to achieve the 28-day faster diagnosis standard and the 62-day performance standard in March.

Quality and Safety

The Chief Nurse and Medical Director provided an update on Quality and Safety advising that:

- National guidance advised that unstageable pressure ulcers should be recorded as category 3; the Trust had adopted this change.
- To address the issue of the Trust being an outlier for CDiff prevalence due to a failure to isolate in a timely manner a multidisciplinary event was held with colleagues from Acute Adult and a task and Finish Group had been established to address the competing priorities.
- There was a reduction in the induction of labour delays from 54 in February to 16 in April; delays were increasing, and the team would monitor.
- Mortality improvements around Standardised Mortality Measures (HSMR) and Summary Hospital level Mortality Indicator (SHMI) which provided assurance in terms of the expected deaths based on the population.

In response to an observation regarding the bridge plan, RW advised that ECIST had provided the Trust with recommendations, and ongoing work was being completed to implement these actions. ECIST would continue to support the improvement plan. The bridge was put in place until the end of March; however, sustainable change was required for the long term.

Financial Performance

The Chief Finance Officer provided an overview of the Trust's Financial Performance advising that the Trust ended the month slightly off track with a deficit of £2.1m.

Workforce

The Director of People provided a workforce update advising that the sickness absence rate had reduced, and the variable pay rate for the agenda for change staff had decreased. However, agency spending for medical staff had increased due to hard-to-fill posts. Training figures had reduced slightly due to changes in compulsory training metrics.

RESOLVED:

The Board of Directors ***received*** the Operational Update (including the Integrated Performance Report).

TB067/24 **Patient Flow Presentation**

The Chief Operating Officer provided the Patient Flow presentation highlighting that the key driver of attendances within the Emergency Department was the size of the area which the Trust served, the aging population and the levels of deprivation within the borough.

It was noted that Bolton GP's registered population had increased by over 10% in the last ten years and over a third of the GP-registered population attended the Emergency Department, a quarter being from the highest quintile of deprivation. 45% of Bolton's population belonged to 20% of the most deprived areas nationally.

RW advised the improvement plan which had been created would address the actions to improve flow by offering alternatives to the Emergency Department and improving flow throughout the organisation.

In response to a query from FLT around step-ups and step-downs, RW advised that the Integrated Community Services Division had commenced work with 'home from hospital'. This provided them with the ability to assess patients within their own homes, and if successful, wrap-around services could be introduced.

FA advised that patients who attended primary care services with chest pains and head injuries would be directed to the Emergency Department.

FT/24/04	**ACTION:** RW to provide a further update on Patient Flow in six months	**RW**

RESOLVED:

The Board of Directors ***received*** the Patient Flow Presentation

TB068/24 Corporate Strategy

The Director of Strategy, Digital and Transformation presented the final version of the Trust strategy document and associated Key Performance Indicators (KPI's), which had been presented to the various committees for approval prior to Board of Directors

RG queried what the process was after the various committees had provided their input on the KPIs. SW advised that feedback would be provided back through the committees and the annual plan.

RESOLVED:

The Board of Directors ***approved*** the Corporate Strategy.

TB069/24 Digital Strategy Update

The Director of Strategy, Digital and Transformation presented the Digital Strategy update which highlighted the delivery of the strategy to date, the outstanding actions and any risks to delivery. The Digital Strategy was approved in 2022 and the aim was not to be all encompassing, but to set the direction of travel with a view that it would be refreshed regularly.

The digital objectives included in the strategy were based on the Bolton locality level ambitions, as well as national and regional priorities. The plans were also structured around four strategic objectives, these were:

- Digital Integration
- Digital Care
- Digital Workforce
- Digital Infrastructure and Estate

A series of work plans were developed against each of the strategic objectives with key deliverables and associated timescales.

BW provided the update detailing the work which had been completed in the last 18 months:

TR thanked the digital team for embracing change following the CQC visit and asked if the division could improve the metrics to ensure staff perception.

SH advised had recently attended the Digital Department and was impressed by the technological capabilities and the focus on patient and staff users.

RG commended the presentation but advised it would benefit from some stories at a superficial level for staff perception.

FLT advised there was an opportunity for more quality work around the impact on staff and patient care. Customer satisfaction was above and beyond with Digital colleagues providing a good source of support to staff. She queried whether any changes nationally could assist in improving patient care within the Trust. BW advised that all changes were on hold due to the General Election, and the robotic process was a national programme that the Trust would be kept under review.

RESOLVED:

The Board of Directors ***received*** the Digital Strategy Update.

TB070/24 **Strategy and Operations Committee Chair Report**

Rebecca Ganz presented her Chair's report detailing proceedings from the meetings held on 25 March and 20 May 2024, the key points highlighted were:

- Neighbourhoods: the outcomes measurements would be available in quarter two.
- An Artificial Intelligence (AI) Working Group had been developed.
- Work continued to revise the Terms of Reference taking into account the changes to the Strategy and Operations Committee.
- The Trust Annual Plan was under review for 2024/25.

RESOLVED:

The Board of Directors ***received*** the Strategy and Operations Committee Chair's Report.

TB071/24 **Quality Assurance Committee Chair's Report**

Fiona Taylor presented her Chair's report detailing proceedings of the Quality Assurance Committee, which was held on 27 March and 22 May 2024. Thekey points highlighted were:

- Integrated Performance Report – concern raised regarding C Difficile rates and the continued upward trend observed. The committee was provided with some reassurance and would continue to monitor.
- The committee approved the Medical Examiner Service Level Agreement which had previously been discussed and approved by the Executive Director.

RESOLVED:

The Board of Directors ***received*** the Quality Assurance Committee Chair's Report.

TB072/24 **Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme**

The Chief Nurse presented the report which provided an overview of the safety and quality programmes of work within the Maternity and Neonatal Services and ongoing work with regard to the NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS).

The CNST year 6 scheme was launched, and ongoing monitoring of the safety actions had commenced. The assurance report had been received following the LMNS visit in February 2024, and a detailed action plan had been collated in response.

RG queried the decision to pause the digital progression and when it was likely to recommence. JC advised that this work had been paused due to the identification of Reinforced Autoclaved Aerated Concrete (RAAC) had been detected, work was completed on fitting the digital arms on M2 ward, it was then decided to relocate the ward and so the digital progression was paused. The Trust was awaiting a timeframe for the RAAC work to be completed.

TR commented that the focus of CNST had resulted in an array of improvements over the last year which would ensure patients were kept safe. FLT commended JC and her team on the work carried out by maternity and particular the tenacity of the leadership.

RESOLVED:

The Board of Directors ***received*** the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme

TB073/24 People Committee Chair's Report

Fiona Taylor presented the Chair's Report detailing proceedings from the People Committee meetings held on 20 February and 19 March 2024. The following key points were highlighted:

- The Freedom to Speak Up (FTSU) Quarter four report was received which stated that 58 cases had been reported via the FTSU route during the quarter.
- The Resourcing and Retention update had been received and highlighted that temporary staffing had increased in March as a result of both additional capacity being opened and annual leave cover.
- The committee reviewed the refreshed EIA process and toolkit and recommended it to Board for approval.

There were no matters to Alert the Board of Directors on.

RESOLVED:

The Board of Directors ***received*** the People Committee Chair's Report

TB074/24 Nursing and Midwifery Staffing Reports

Nursing Staffing Report

The Chief Nurse presented the bi- annual Nurse Staffing Report which provided an overview of available data to provide assurance to the Board of Directors of safe staffing levels. The report triangulated workforce information with patient safety measures to ensure that staffing was balanced in line with patient acuity. The report followed the guidance as set out by the National Quality Board (NQB) to meet the three expectations, right staff, right skills, right place and time.

TR proposed bringing a nursing update to the People Committee and Quality Assurance Committee in July for a more comprehensive discussion.

Midwifery Staffing Report

The Chief Nurse presented the bi-annual Maternity Staffing Report which provided an overview of available data to provide assurance to the Board of Directors of safe staffing levels. The report triangulated workforce information with patient safety measures to ensure that staffing was balanced in line with patient acuity.

The report followed the guidance as set out by the National Quality Board to meet the three expectations right staff, right skills and right place and time.

The report highlighted the ongoing maternity workforce challenges and detailed the actions taken to mitigate risk to clinical safety and improve training compliance in

order to provide assurance of a safe maternity service. Safe staffing levels were maintained during the period, in part mitigated by the ongoing closure of the Beehive and Ingleside birthing options and the reallocation of staff to alternative clinical areas to supplement staffing levels.

Board members thanked TR for the comprehensive staffing reports.

RESOLVED:

The Board of Directors ***approved*** the Nursing and Midwifery Staffing Reports

TB075/24 Staff Survey Results 2023

The Director of People presented the Staff Survey Results 2023 which provided a valuable insight into the experiences, perceptions, and opinions of the organisations' workforce. The People Committee had supported the actionable recommendation made in the report to enhance staff satisfaction and organisational performance.

FLT commented that the Staff Survey results had been received and discussed at the People Committee.

RESOLVED:

The Board of Directors ***received*** the Staff Survey Results

TB076/24 Finance and Investment Committee Chair Report

Jackie Njoroge presented her Chair's report from the Finance and Investment Committee held on 27 March and 24 April 2024, and provided a verbal update on the key points from the meeting held on 22 May 2024, which included:

FN acknowledged the challenges for the year ahead and the associated risks.

RESOLVED:

The Board of Directors ***received*** the Finance and Investment Committee Chair Report.

TB077/24 Register of Interests

The Director of Corporate Governance presented the report which sought to provide assurance that declaration of interests were appropriately published and accessible to the public, where relevant, to maintain transparency and public confidence.

RESOLVED:

The Board of Directors ***received*** the Register of Interests.

TB078/24 Compliance with NHS Provider Licence Self-Certification

The Director of Corporate Governance presented the Compliance with NHS Provider Licence Self-Certification which provided contextual information and sources of assurance with regards to the Annual Trust Self-Certification against the NHS Provider Licence, Annual Self-Certification. As part of its annual reporting process, the Board was required to self-certify on its compliance with the following conditions of the NHS Provider Licence:

1. General Condition 6 (3): The provider has taken all precautions to comply with the licence, NHS Acts and NHS Constitution.
2. Condition FT4 (8): The provider has complied with all required governance standards and objectives.
3. Continuity of service (CoS7): The provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of statement.
4. Section 151(5) of the Health and Social Care Act 2012 Training of Governors: Providers must review whether their governors have received enough training and guidance to carry out their roles. It is up to providers how they do this.

RESOLVED:

The Board of Directors ***approved*** the Compliance with NHS Provider Licence Self-Certification

TB079/24 Feedback from Board Walkabouts

The Chair invited members who had undertaken walkabout since the last meeting of the Board to provide an update following the visits.

- FLT visited the Diabetes Centre where staff commented the environment had significantly improved following redecoration. Colleagues within the area showed passion and enthusiasm and positive teamwork was evident.

- SC had visited B3 Complex Care Unit which provided care for patients with additional care needs. He stated that the Ward Manager was inspirational and the ward had a positive atmosphere. There were some challenges concerning social care and discharge pathways.

- SC had also visited D1 Ward where the Ward Manager was strong and positive. The ward was positive in managing governance, medication response times and medication error prevention. SC also advised that he

had visited A&E which was a busy department with some challenges getting access to medical specialists and addressing long waits.

- RG had visited the Central Delivery Suite which had incredible staff who were extremely busy an always adapting to change. Concerns were raised regarding bet shortages, unplanned bookings and some aging equipment.

- RG had visited Home in the Community which had achieved numerous BoSCA gold awards. Concern was raised in relation to EPR referrals, being sent to the night team instead of the day team

RESOLVED:

The Board of Directors ***received*** the Feedback from Board walkabouts.

TB080/24 **Equality and Health Inequality Impact Assessment Process (EIA) Report**

The Equality and Health Inequality Impact Assessment Process (EIA) Report was received following approval at the People Committee.

RESOLVED:

The Board of Directors ***received*** the EIA Process Report.

CONCLUDING BUSINESS

TB081/24 **Questions to the Board**

There were no questions to the Board of Directors received.

TB082/24 **Messages from the Board**

The following key messages from the Board were agreed:

- Operational pressures
- Financial plan

TB083/24 **Any Other Business**

There being no other business, the Chair thanked all for attending and brought the meeting to a close at 15:30.

The next Board of Directors meeting will be held on Thursday 25 July 2024.

Meeting Attendance 2024						
Members	Jan	March	May	July	Sept	Nov
Niruban Ratnarajah	✓	✓	A			
Fiona Noden	✓	✓	✓			
Francis Andrews	✓	✓	✓			
James Mawrey	✓	✓	✓			
Tyrone Roberts	✓	✓	✓			
Annette Walker	✓	✓	✓			
Rae Wheatcroft	✓	✓	✓			
Sharon White	✓	✓	✓			
Rebecca Ganz	✓	✓	✓			
Jackie Njoroge	✓	✓	✓			
Martin North	✓	✓	A			
Alan Stuttard	✓	✓	A			
Sean Harriss	✓	✓	✓			
Fiona Taylor	A	✓	✓			
Seth Crofts	✓	✓	✓			
Tosca Fairchild	✓	✓	A			
Sharon Katema	✓	✓	✓			
✓ = In attendance		A = Apologies				

May 2024 Actions

Code	Date	Context	Action	Who	Due	Comments
FT/24/04	30.05.24	Patient Flow Presentation	RW to provide an further update on patient flow in sis months	RW	Nov-24	

Key

complete	agenda item	due	overdue	not due

Report Title:	Chief Executive's Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	25 July 2024		Discussion	
Exec Sponsor	Fiona Noden		Decision	

Purpose	The purpose of this report is to provide an update on key internal and current local issues since the last meeting in line with the Trust's strategic ambitions

Summary:	This Chief Executive's report provides an update to the Board of Directors on key activity that has taken place since the last public Board meeting including any internal developments and external relations.

Previously considered by:
N/A

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: Improving care, transforming lives

A member of the iFM catering team was presented with a North West Healthcare Association Catering award for the work he has led to implement an electronic meal ordering system, and improve mealtimes for patients at Royal Bolton Hospital. Karl Price won in the **Junior Manager of the Year** category and has also been responsible for working with hospital teams to introduce a new finger food menu for patients who have dementia, and working with dietitians to improve standards and develop a vegan menu.

The Journal of Diabetes Nursing has highlighted the work of our Homeless and Vulnerable Adults Team, for the progress they have made in improving diabetes care for the homeless population in Bolton. The work has now inspired a yearlong project, funded by the Queens Nurse Institute Burdett Trust for Nursing, that has seen nursing workshops, patient interviews, a survey and improvement projects take place to better understand what can be achieved nationally to better support those who are homeless manage their condition more effectively.

We have started to provide noise-cancelling headphones to support patients who have learning disabilities in hospital. For people with a learning disability, especially those who experience noise sensitivity, hospitals can be an overwhelming experience, which can lead to some patients avoiding receiving healthcare. Our Bolton NHS Charity has funded ten pairs of the headphones, which anyone can request by speaking to a member of staff or the hospital's Learning Disability Nurses.

Our teams have been shortlisted for three Nursing Times Awards for the work they are doing to improve care for local communities:

- The Homeless and Vulnerable Adults team and Diabetes Specialist Nurse, Lynne Wooff, have been shortlisted in the Dame Elizabeth Anionwu Award for Inclusivity in Nursing and Midwifery category.
- The Trust's Admission Avoidance Team has been at the forefront of driving the introduction of virtual wards in Bolton, in order to support more people to receive the care they need at home and relieve pressure on hospital beds.
- An initiative is underway in our Surgical Assessment Unit (SAU) to provide effective pain medication to patients experiencing painful conditions as soon as possible. This work has now made the Theatre and Surgical Nursing Award category after senior ward staff completed the Non-Medical Prescribing Course to enable them to assess patients and prescribe medication, with the support of the Acute Pain Team (APT).

Our Healthy Families Team is addressing inequalities in oral health with the delivery of a supervised tooth brushing programme to nearly 6,000 children across more than 110 nurseries and schools in areas with the greatest need. The latest oral health survey of five-year-old children in 2022 found that 42.8% of children aged five in Bolton had tooth decay, compared with 23.7% in England. Throughout

Smile Month (13 May – 13 June), the Healthy Families Team visited local libraries to promote advice for good oral health.

We are one of 143 hospital sites to test and roll out a major new NHS initiative to improve patient safety. Martha's Rule aims to provide a consistent and understandable way for patients and families to seek an urgent review if their or their loved one's condition deteriorates and they are concerned that this is not being responded to.

NHS England is working closely with the parents of Martha Mills, who died from sepsis aged 13 in 2021, having been treated at King's College Hospital, London, due to a failure to escalate her to intensive care and after her family's concerns about her deteriorating condition were not responded to. Martha's parents are helping to develop materials to publicise and explain the initiative in hospitals across the country, to ensure it is something that all patients, staff, and their families can recognise. More information about Martha's Rule can be found on NHS England's website.

Ambition 2: A great place to work

The Our Voice Change Programme teams continue to progress the improvements that will make a meaningful difference for our workforce. Recent updates include the development of a flexible working guide by the flexible working team, an assessment of where we could have additional rest facilities by our working environments team, and bespoke digital drop in clinics for all staff hosted by the digital team.

Our annual FABB Awards (For A Better Bolton) have launched for staff to nominate their colleagues in 12 different categories that have been aligned to our new strategic ambitions and outcomes. Once again we have opened nomination up to the public in a category dedicated to health and care workers who have gone above and beyond to make a difference by providing outstanding care. People can submit nominations in the 'People's Choice Award' category until 4th August, which recognise the hard work and dedication of staff. This award is open to patients, relatives and carers who would like to recognise a team or individual who has made a difference to their lives.

We have been shortlisted for the Staff Wellbeing Initiative of the Year in the HSJ Patient Safety Awards for launching a scheme that aims to reduce staff fatigue. The working group of staff from across the organisation came together to create and implement a fatigue working group called '***All Heroes Need Sleep'***, focusing on education, culture and facilities to enhance staff knowledge, awareness and to embed the principles and importance of rest.

Our first occupational health and wellbeing day for staff took place earlier this month, with a range of guests, stalls and promotional activity to raise awareness of our health and wellbeing offer for colleagues. This included financial planning advice, coaching and signposting to our mental and emotional health offers.

Volunteers at Royal Bolton Hospital shared what it means to them to give up their time for the NHS, as part of celebrations for Volunteers' Week 2024. More than 200 volunteers at the hospital have already collectively given more than 2,000 hours this year to support staff and provide comfort to patients. There are a wide range of volunteering roles, including hospital guides, ward support and dining companion. Anyone over the age of sixteen can apply to help at the hospital. All volunteering opportunities are advertised on Bolton NHS Foundation Trust's vacancies page.

Operational leaders across the organisation attended our second Proud2bOps @BoltonFT conference, a national network which connects and develops operational leaders across health and care. This is our second conference since we became the first NHS organisation to launch its own Proud2B network, and our staff enjoyed a day of leadership development, reflecting on the role they will play in delivering our new trust strategy.

Ambition 3:
A high performing, productive organisation

There is a huge amount of work happening across our services to make lasting improvements in our Emergency Department (ED). Our teams have continued to implement the recommendations made by the clinically led national NHS Emergency Care Improvement Support Team (ECIST), following their review of our services.

Key progress to date has included:

- a review of alternatives to the ED to identify any gaps in the provision of urgent and emergency services.
- trialing a new clinical model at the hospital front door called rapid assessment triage (RAT) which involves patients being seen by a doctor upon arrival for a prompt decision on the most appropriate place for their treatment
- reconfiguring our ED to deliver an Urgent Treatment Centre model for Type 3 patients who do not require emergency, life-saving treatment.

Consistent application of the changes we are making will be key to delivering sustainable performance and some of this will take time to embed to achieve the full benefits.

A series of brand new 'Emergency Department Patient Forums' will provide a space for people to talk about what their care, or care of a loved one, was like and to identify what worked well and what could be improved. The first session will take place on Thursday 25 July focusing on care provided on the corridor. The feedback and lived experience of our patients and their families will be used to improve care and make changes to the things that matter most.

We are also teaming up with Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust's critical care team to to host a relatives support and social group event to support those who

have experienced critical care, either directly or through a relative, to process their experience and seek support from others in similar situations.

Greater Manchester has been highlighted as one of nine integrated care systems assessed by NHS England as being at high risk of overspending this financial year, given our current financial position as reported for month two.

Each of the nine Integrated Care Systems (ICS) in question have received an overarching request from NHS England that we engage external support to urgently review our financial positions and focus on what action we can take to immediately reduce the rate of expenditure and ensure the financial plan for the year is delivered. In Greater Manchester – because of our Enforcement Undertakings – we are already progressing this through our single improvement plan. Therefore, we will be using this external support as an opportunity to do a deep-dive diagnostic check into some of our known issues to strengthen our single improvement plan further.

As a system we are clear we need to make changes to what we do and how we do it. The improvement plan outlines how we work together as an integrated care system to make further and faster progress to get us there.

Ambition 4:
An organisation that's fit for the future

Our new trust strategy for 2024-29 has now been published and sets out our plans for the coming years, and how we plan to address the challenges we face whilst improving care, and transforming the lives of those we care for. It has been shaped based on what is important to our patients, communities and staff.

To be able to achieve our strategy and consistently provide the high quality care our communities deserve, we know that we need to push boundaries by embracing technology, research and innovation to transform health and care. This will only be possible by creating the right conditions for our staff to be able to learn, develop and have long and fulfilling careers with us – all of which form part of our plans.

Construction of the University of Bolton's new £40m Institute of Medical Sciences (IMS) facility on the hospital site is now complete, and some initial tours of the facility have been taking place, ahead of the facility opening in September. IMS is set to deliver training to approximately 3,000 learners per year and provide continuing professional development opportunities for existing NHS staff in Bolton and other local healthcare providers in subjects including physiotherapy, nursing and midwifery.

Our iFM team has been implementing a new waste system to minimise our environmental impact, in line with our Green Plan. Every year, NHS providers across the country produce approximately 156,000

tonnes of clinical waste that is either sent to high temperature incineration (HTI) or for alternative treatment (AT), which is equivalent to over 400 loaded jumbo jets of waste.

Tiger striped waste bags have been introduced for waste from non-infectious patients for items including dressings, PPE and sanitary products. The waste uses a less energy-intensive process compared to orange bag waste when incinerated, and recycles the heat generated into energy that is fed directly into our heating infrastructure, reducing utilities usage and in turn our carbon emissions.

The team is also exploring further opportunities to review the materials we use and to find ways of re-using, remanufacturing, or recycling them into valuable resources for future use.

Ambition 5: A positive partner

Our Haematology Day Unit at Royal Bolton Hospital has received a generous donation for £20,000 from the Bank Street Chapel Dissolution Council.

It follows the sale of the disused Bank Street Chapel in Bolton, with the Dissolution Council choosing Our Bolton NHS Charity and the Haematology Day Unit as one of twenty recipients for donations from the proceeds. The wife of one council member was treated at the unit for five years, and they wanted to show their thanks for care they received through the donation.

Bolton Maternity Voices Partnership carried out a '15 Steps For Maternity' tour of our maternity unit, which involved a team of service users, staff and voluntary organisations making suggestions for improvement in maternity areas. They suggested creating a more welcoming and inviting space to the Delivery Suite and Maternity Triage waiting area, including improved seating and decorations as well as birth balls for people to use. We have acted on that feedback, with funding from Our Bolton NHS Charity, to make a difference to women and their families accessing maternity services.

Royal Bolton Hospital has thanked a team of volunteers who helped hundreds of staff celebrate Ramadan. Throughout the Islamic holy month, Hospital Iftars gave up their time to deliver 1,000 delicious hot and cold free meals to support those breaking their daily fast. They also provided food for an open iftar event, which saw people of all faiths, and no faith, come together to celebrate Ramadan together.

A couple are raising thousands of pounds for our Neonatal Intensive Care Unit (NICU) to say thank you to the neonatal nurses who provided life-saving care for their little boy. Wrexham AFC player, James Jones, and his partner, Chloe, set up the fundraiser after their son, Jude, was born 15 weeks prematurely in November 2022 and spent 122 days in hospital. The Go Fund Me has received a generous £10,000 boost from Hollywood star and Wrexham AFC owner, Ryan Reynolds, and his co-owner, Rob McElhenney.

This month our services for children and young people with special educational needs and/or disabilities (SEND) were inspected. The inspection was carried out jointly by Ofsted and the Care Quality Commission (CQC) and saw inspectors who specialise in education, health and social care will working together as a single team.

Our Bolton team comprising Local Authority, Trust, Integrated Care Board and primary care colleagues all went above and beyond to represent our services at their very best, despite the ongoing challeges we face, and to demonstrate Bolton's ongoing commitment to support all children and young people. Initial feedback has been positive and details of the formal report which is still in draft will be shared in due course.

Report Title:	Integrated Performance Report

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	25 July 2024		Discussion	
Exec Sponsor	Director of Operations		Decision	

Purpose	To present the Month 3 Integrated Performance Report

Summary:	The Integrated Performance Report provides an over of the Trust's performance against the reported metrics in June 2024. The narrative describes issues that are affecting performance and any mitigating actions to improve performance.

Previously considered by:
The report was previously discussed at Integrated Performance Meetings (IPMs) and at July Committees

Proposed Resolution	The Board of Directors is asked to ***receive*** the Integrated Performance 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:	Emma Cunliffe (BI)	**Presented by:**	James Mawrey, Deputy Chief Executive/Director of People

Bolton NHS Foundation Trust

Integrated Performance Report

June 2024

Guide to Statistical Process Control

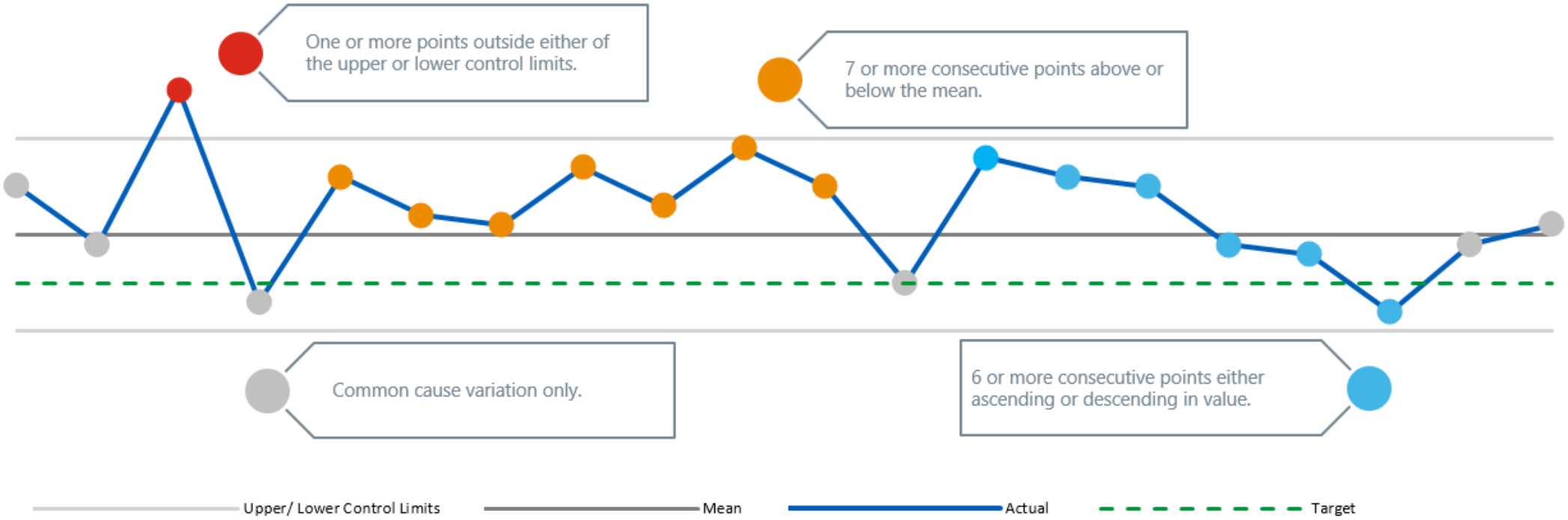
NHS Bolton NHS Foundation Trust

Statistical process control (SPC) is an analytical technique 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. There are other resources on the NHS Improvement page that you may find useful **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.

Whilst the SPC charts in this report display data from the last four financial years, the SPC rules and control limits are calculated using data from as far back as 5 years where available. The report then uses the SPC icons developed by NHS Improvement to summarise the messages from SPC charts - an explanation of these icons can be found on the Executive Summary page of the report.

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



Executive Summary

NHS Bolton NHS Foundation Trust

Trust Objective	Variation					Assurance		
		H	L	H	L	P	F	?
Quality and Safety								
Harm Free Care	11	4	4	1	1	1	3	12
Infection Prevention and Control	8	0	0	2	0	0	0	7
Mortality	7	0	0	0	0	0	0	3
Patient Experience	13	3	0	0	0	2	0	14
Maternity	7	0	1	0	1	1	0	8
Operational Performance								
Urgent Care	5	0	1	3	2	2	5	4
Elective Care	8	0	2	3	2	2	6	4
Cancer	1	0	0	0	0	0	0	1
Community Care	5	1	0	0	1	0	2	5
Workforce								
Sickness, Vacancy and Turnover	3	0	1	0	0	0	2	1
Organisational Development	1	2	0	0	3	1	2	3
Agency	1	0	2	0	0	0	1	2
Finance								
Finance	2	0	0	0	1	1	0	2
Appendices								
Heat Maps								

Variation

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

Assurance

P	We can be confident in consistantly meeting the required level of performance for this KPI.
F	Indicates that we should not expect to achieve the required level of performance for this KPI.
?	We cannot be confident in consistently achieving the required level of performance as the target is within the range of common cause variation.

Performance

6/6	Indicates how many times we have achieved the required level of performance across the last 6 data points.

Quality and Safety - Harm Free Care

NHS Bolton NHS Foundation Trust

Pressure Ulcers

It should be noted that following agreement at Clinical Governance and Quality, that Bolton NHS Foundation Trust would follow new guidance issues by the National Wound Care Strategy programme (NHS England) to stop using the pressure ulcer category "unstageable" and categorise these same presenting pressure ulcers as a minimum Category 3. This will therefore demonstrate on the reports shared as a deteriorating picture in relation to Category 3 pressure ulcers. The figure used to determine the overall picture and identify any cause for concern from April 2024, are the previous years reported unstageable pressure ulcers against the now reported Category 3 pressure ulcers.

In relation to category 3 pressure ulcers, there were 6 reported category 3 pressure ulcers in the hospital in Month 3, and 0 Category 4 pressure ulcers. 4 of these pressure ulcers developed in Acute Adult Care Division and 2 in Anaesthetics and Surgery Division. The 2 pressure ulcers within ASSD developed under a medical device (specifically POP), SWARM Huddles determined the learning associated with risk assessment, recording of process to reduce risk on application of POP and patient information for discharge. Of the 4 within AACD, 2 of these were to the feet of one patient with some arterial impairment where offloading options were limited due to positioning. The other 2 were to patients sacral areas. It should be recognised all of these would have been categorised as Unstageable prior to April 2024. The divisions continue to lead on learning and actions from these themes.

In the community, there were 4 category 3 pressure ulcers and 1 category 4 pressure ulcer in Month 3. The most common anatomical location was the foot (heel). There were no concerns relating to the care provided for these patients.

**To note: Pressure Ulcer data remains unvalidated for 60 days from date of reporting whilst patient safety incident response framework review underway. **

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
6 - Compliance with preventative measure for VTE	>= 95%	96.9%	Jun-24	H	>= 95%	97.0%	May-24	>= 95%	96.9%	?
9 - Never Events	= 0	0	Jun-24	L	= 0	0	May-24	= 0	0	?
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	3.07	Jun-24	L	<= 5.30	4.08	May-24	<= 5.30	3.63	?
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	1	Jun-24		<= 1.6	1	May-24	<= 4.8	2	?
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	11.0	Jun-24		<= 6.0	14.0	May-24	<= 18.0	37.0	?
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	6.0	Jun-24	H	<= 0.5	5.0	May-24	<= 1.5	14.0	?
17 - Acute Inpatients acquiring pressure damage (category 4)	= 0.0	0.0	Jun-24	L	= 0.0	0.0	May-24	= 0.0	0.0	?

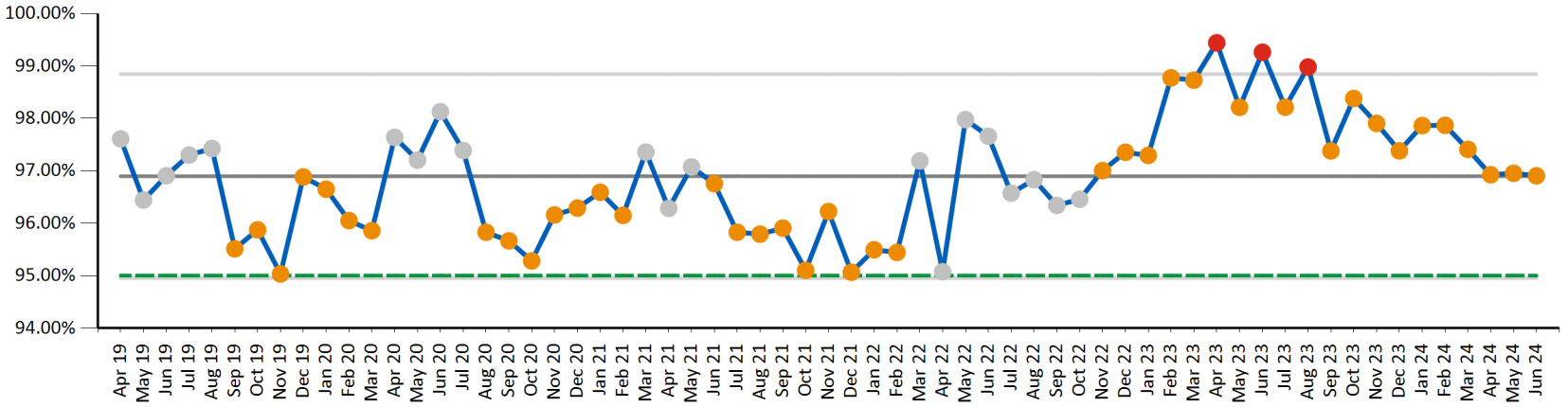
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
515 - Acute Inpatients acquiring pressure damage (unstagable)		0	Jun-24			0	May-24		0	
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	6.0	Jun-24		<= 7.0	8.0	May-24	<= 21.0	25.0	
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	4.0	Jun-24		<= 4.0	7.0	May-24	<= 12.0	17.0	
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	1.0	Jun-24		<= 1.0	0.0	May-24	<= 3.0	1.0	
516 - Community patients acquiring pressure damage (unstagable)		0	Jun-24			0	May-24		0	
535 - Community patients acquiring pressure damage - significant learning category 2		0	Jun-24			0	May-24		0	
536 - Community patients acquiring pressure damage - significant learning category 3		0	Jun-24			0	May-24		0	
537 - Community patients acquiring pressure damage - significant learning category 4		0	Jun-24			0	May-24		0	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 95%	81.9%	Jun-24		>= 95%	79.8%	May-24	>= 95%	79.2%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 95.0%	65.5%	Jun-24		>= 95.0%	77.6%	May-24	>= 95.0%	71.7%	
86 - Patient Safety Alerts - Trust position	= 100%	100.0%	Jun-24		= 100%	100.0%	May-24	= 100%	100.0%	
88 - Nursing KPI Audits	>= 85%	94.8%	Jun-24		>= 85%	94.1%	May-24	>= 85%	94.7%	
91 - Patient Safety Incident Investigation turnaround performance by agreed deadline	= 100%	100.0%	Jun-24		= 100%	0.0%	May-24	= 100%	20.0%	
8 - Same sex accommodation breaches	= 0	19	Jun-24		= 0	17	May-24	= 0	46	

6 - Compliance with preventative measure for VTE

Special cause variation with improving performance

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
>= 95%	96.9%	Jun-24

Previous

Plan	Actual	Period
>= 95%	97.0%	May-24

Year to Date

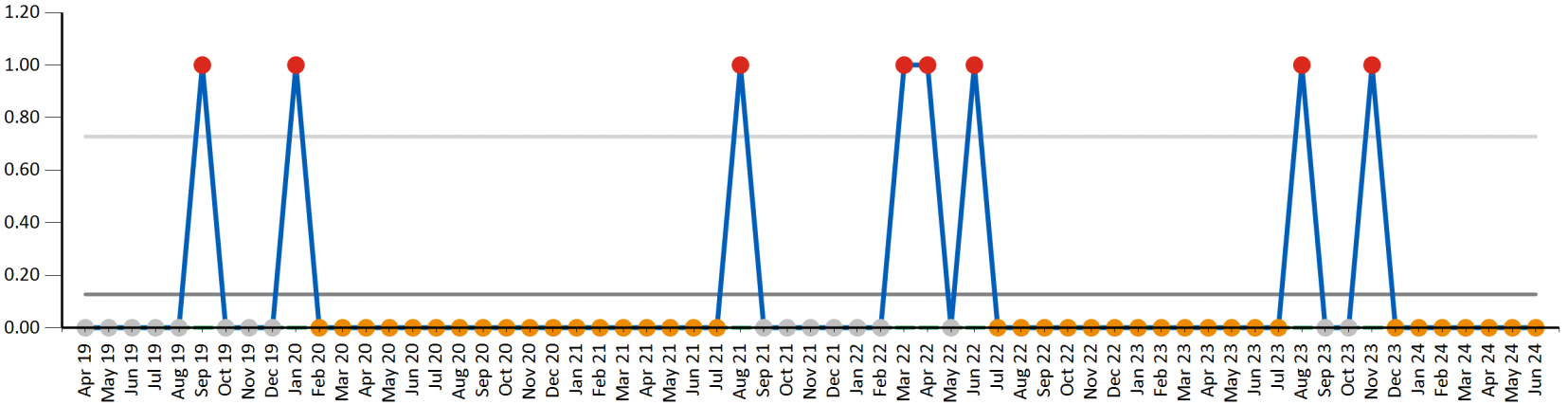
Plan	Actual
>= 95%	96.9%

9 - Never Events

Special cause variation with improving performance

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
= 0	0	Jun-24

Previous

Plan	Actual	Period
= 0	0	May-24

Year to Date

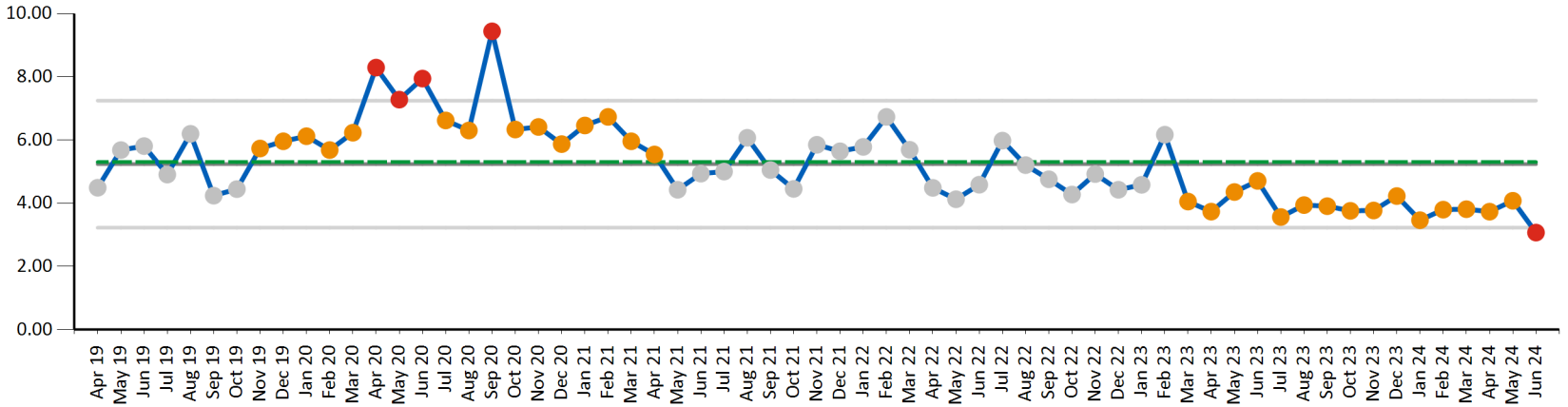
Plan	Actual
= 0	0

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

Special cause variation with improving performance

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
<= 5.30	3.07	Jun-24

Previous

Plan	Actual	Period
<= 5.30	4.08	May-24

Year to Date

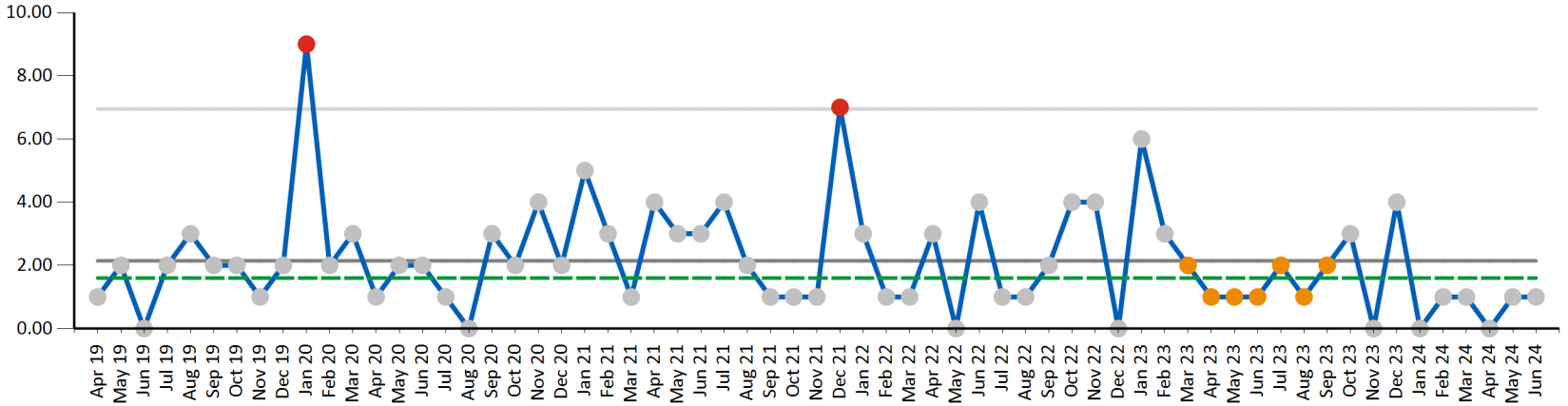
Plan	Actual
<= 5.30	3.63

14 - Inpatient falls resulting in Harm (Moderate +)

Common cause variation.

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
<= 1.6	1	Jun-24

Previous

Plan	Actual	Period
<= 1.6	1	May-24

Year to Date

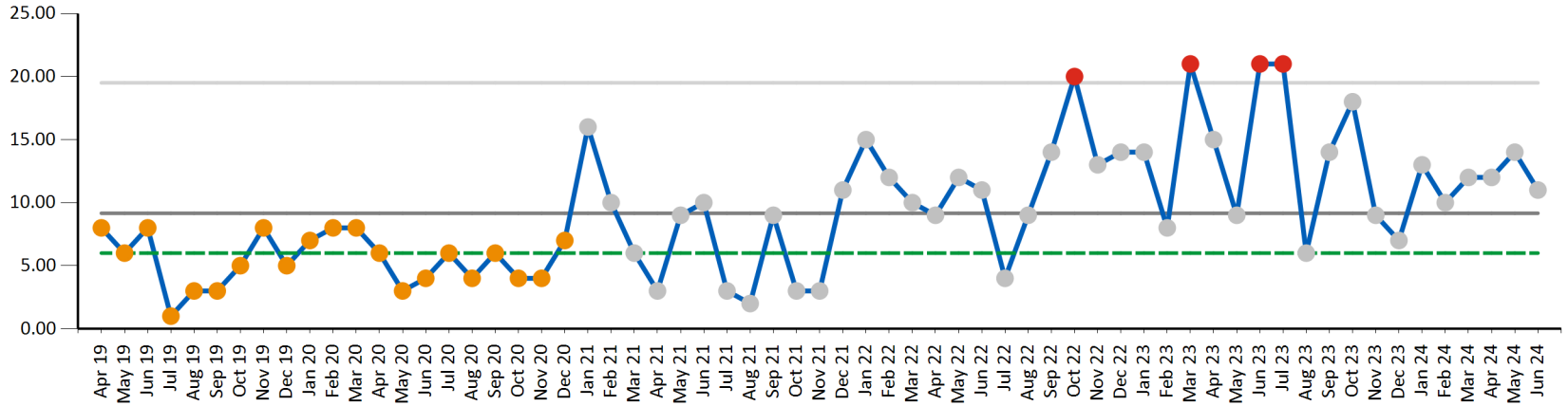
Plan	Actual
<= 4.8	2

15 - Acute Inpatients acquiring pressure damage (category 2)

Common cause variation.

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
<= 6.0	11.0	Jun-24

Previous

Plan	Actual	Period
<= 6.0	14.0	May-24

Year to Date

Plan	Actual
<= 18.0	37.0

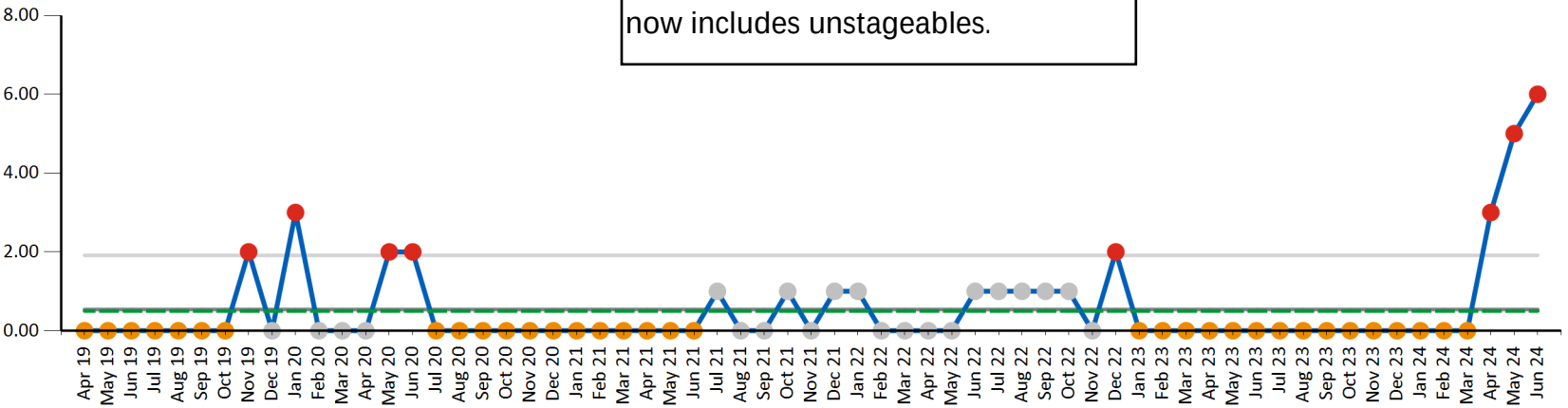
16 - Acute Inpatients acquiring pressure damage (category 3)

Special cause variation with deteriorating performance

We will not regularly meet the target due to normal variation.

3/6

Please note from April 24 this figure now includes unstageables.



Latest

Plan	Actual	Period
<= 0.5	6.0	Jun-24

Previous

Plan	Actual	Period
<= 0.5	5.0	May-24

Year to Date

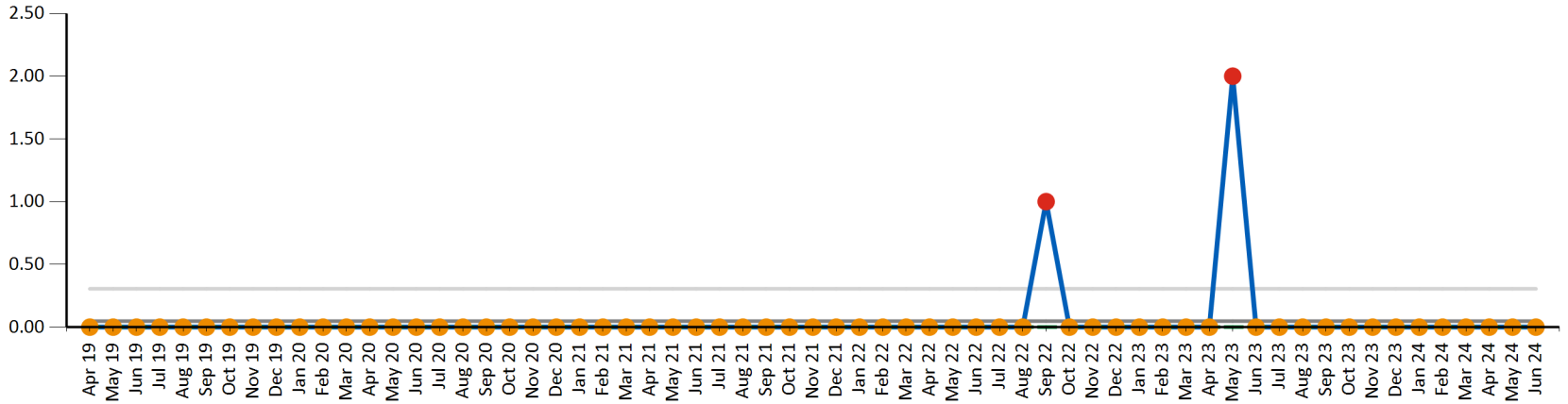
Plan	Actual
<= 1.5	14.0

17 - Acute Inpatients acquiring pressure damage (category 4)

Special cause variation with improving performance

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
= 0.0	0.0	Jun-24

Previous

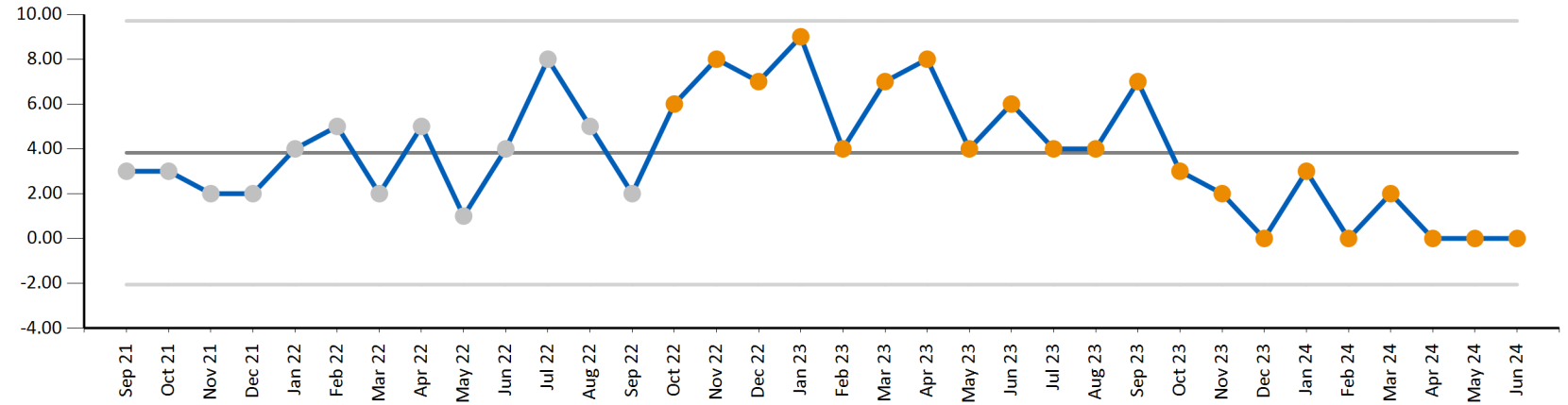
Plan	Actual	Period
= 0.0	0.0	May-24

Year to Date

Plan	Actual
= 0.0	0.0

515 - Acute Inpatients acquiring pressure damage (unstagable)

Special cause variation with deteriorating performance



Latest

Plan	Actual	Period
	0	Jun-24

Previous

Plan	Actual	Period
	0	May-24

Year to Date

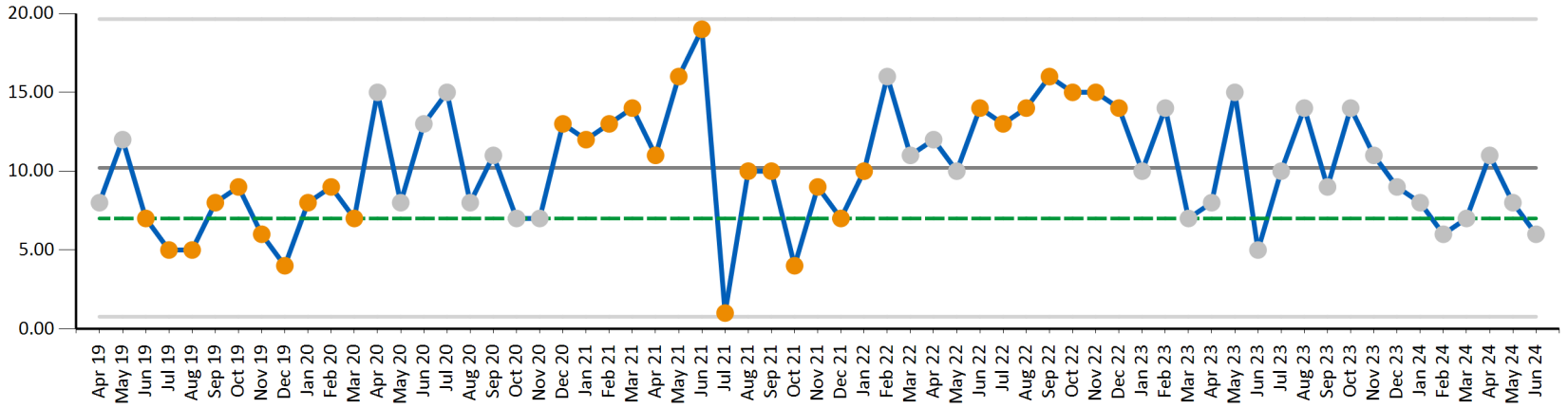
Plan	Actual
	0

18 - Community patients acquiring pressure damage (category 2)

Common cause variation.

We will not regularly meet the target due to normal variation.

3/6



Latest

Plan	Actual	Period
<= 7.0	6.0	Jun-24

Previous

Plan	Actual	Period
<= 7.0	8.0	May-24

Year to Date

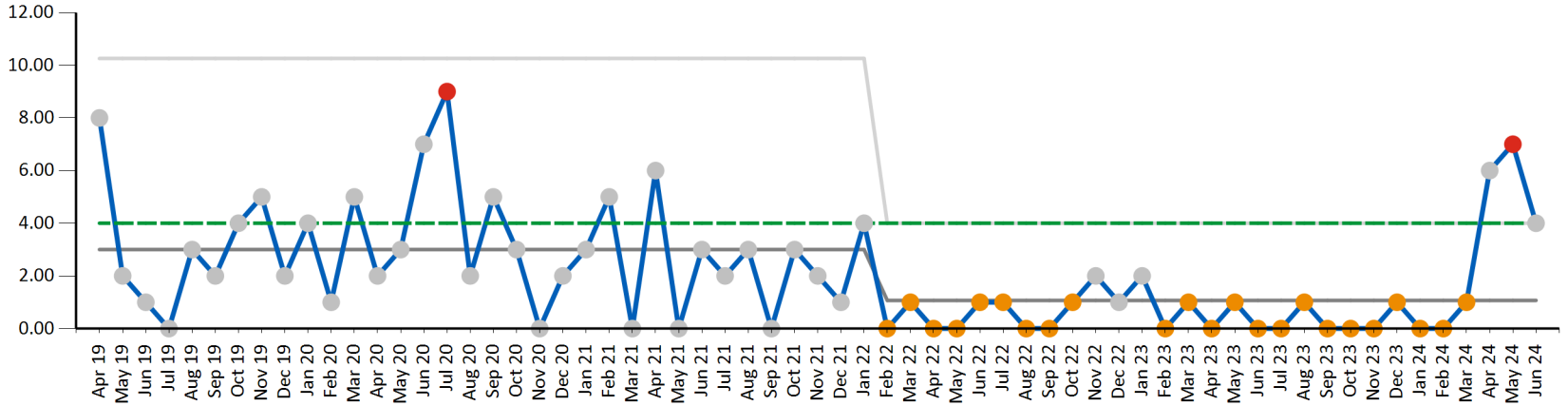
Plan	Actual
<= 21.0	25.0

19 - Community patients acquiring pressure damage (category 3)

Common cause variation.

We will not regularly meet the target due to normal variation.

4/6



Latest

Plan	Actual	Period
<= 4.0	4.0	Jun-24

Previous

Plan	Actual	Period
<= 4.0	7.0	May-24

Year to Date

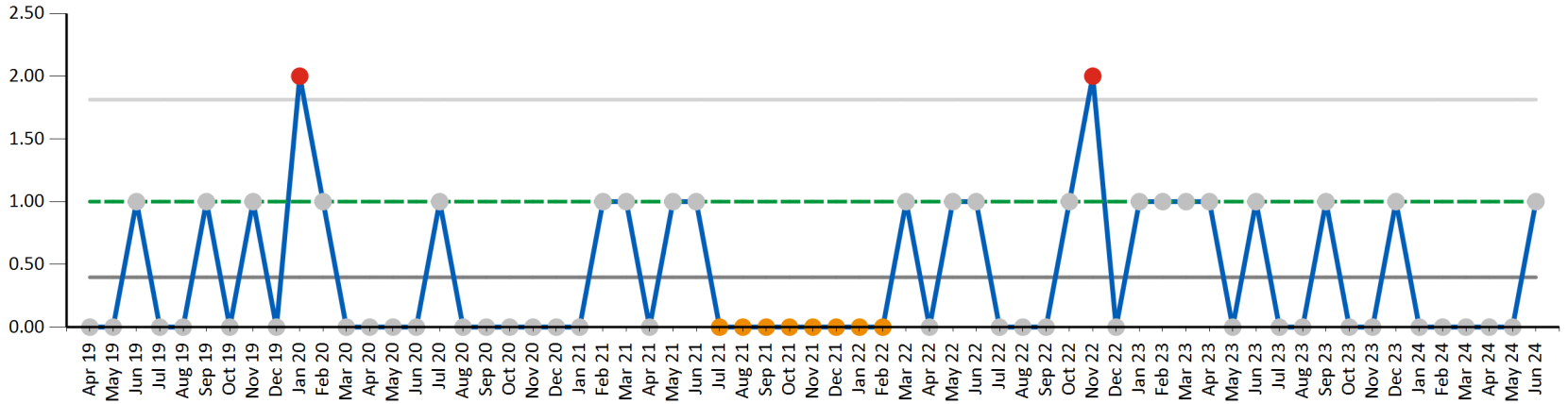
Plan	Actual
<= 12.0	17.0

20 - Community patients acquiring pressure damage (category 4)

Common cause variation.

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
<= 1.0	1.0	Jun-24

Previous

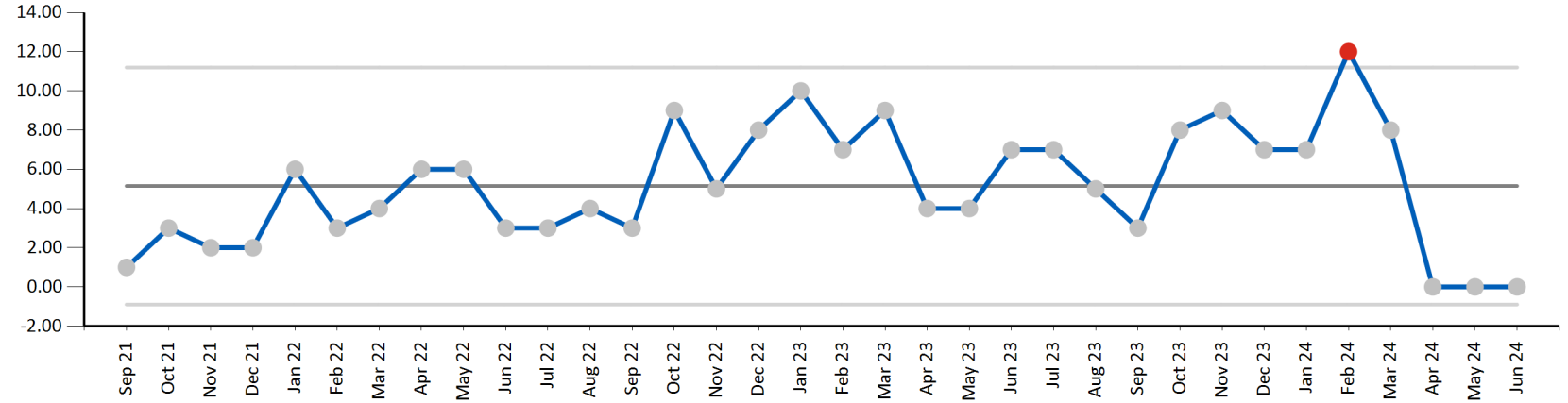
Plan	Actual	Period
<= 1.0	0.0	May-24

Year to Date

Plan	Actual
<= 3.0	1.0

516 - Community patients acquiring pressure damage (unstagable)

Common cause variation.



Latest

Plan	Actual	Period
	0	Jun-24

Previous

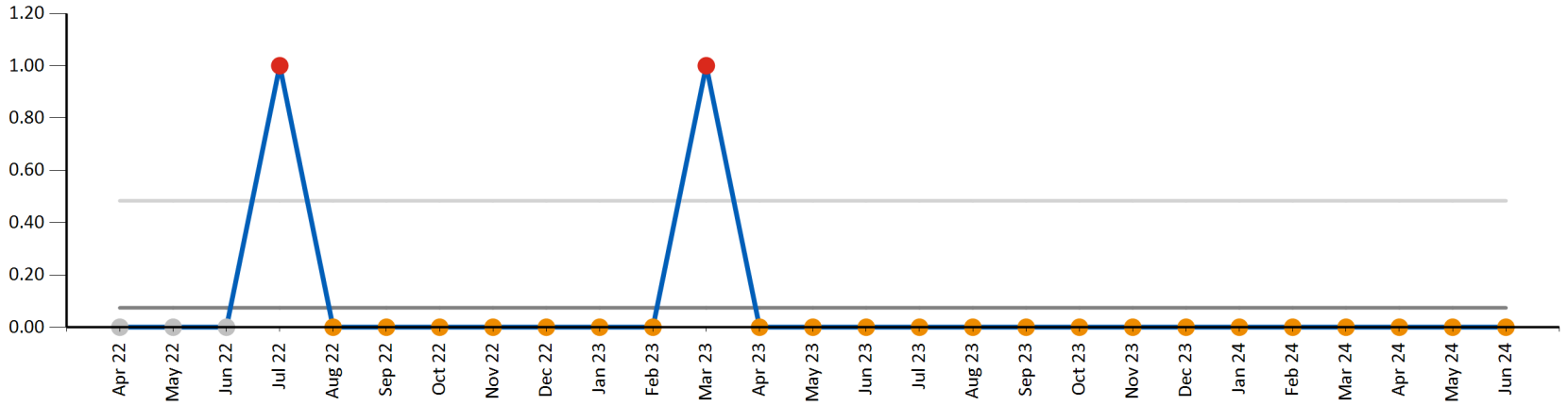
Plan	Actual	Period
	0	May-24

Year to Date

Plan	Actual
	0

535 - Community patients acquiring pressure damage - significant learning category 2

Special cause variation with improving performance



Latest

Plan	Actual	Period
	0	Jun-24

Previous

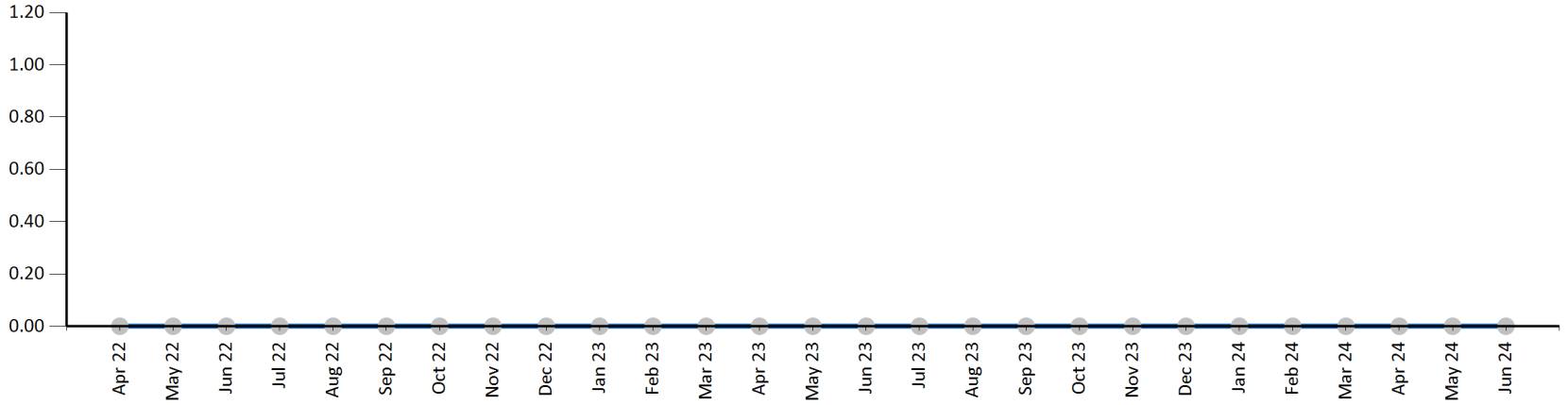
Plan	Actual	Period
	0	May-24

Year to Date

Plan	Actual
	0

536 - Community patients acquiring pressure damage - significant learning category 3

Common cause variation.



Latest

Plan	Actual	Period
	0	Jun-24

Previous

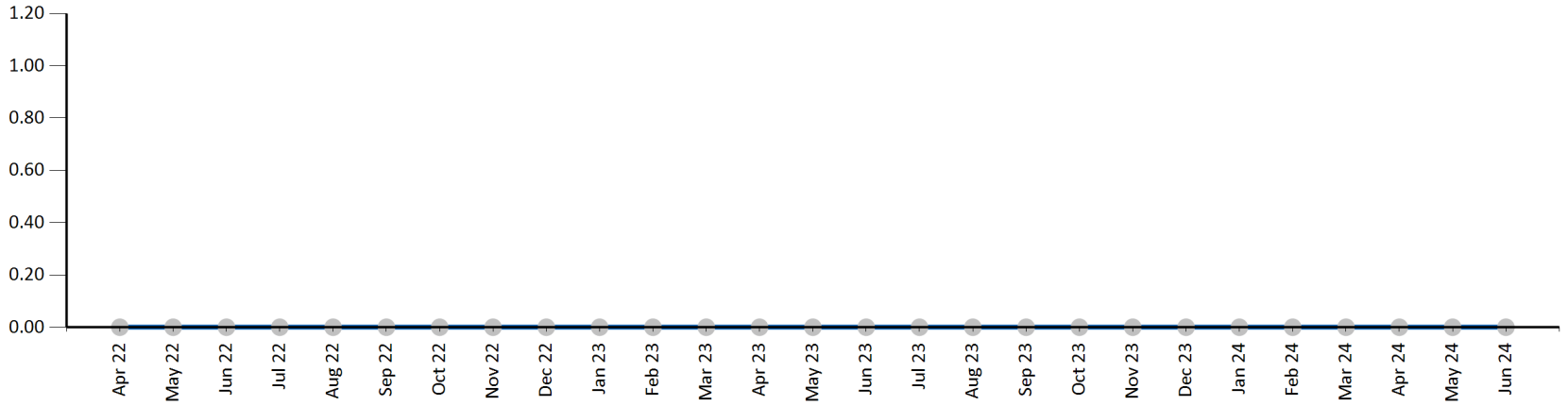
Plan	Actual	Period
	0	May-24

Year to Date

Plan	Actual
	0

537 - Community patients acquiring pressure damage - significant learning category 4

Common cause variation.



Latest

Plan	Actual	Period
	0	Jun-24

Previous

Plan	Actual	Period
	0	May-24

Year to Date

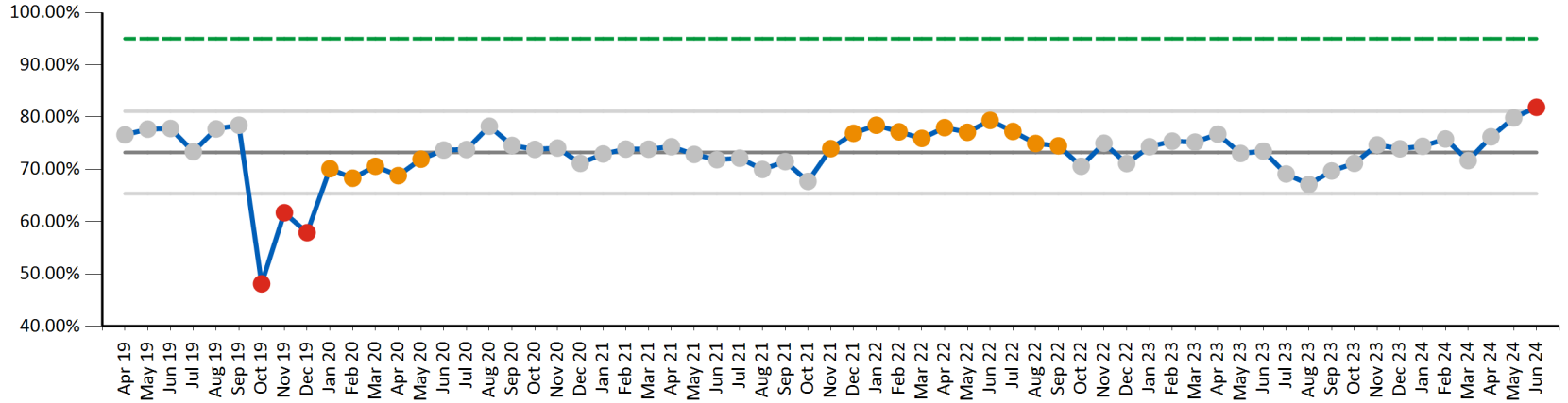
Plan	Actual
	0

30 - Clinical Correspondence - Inpatients %<1 working day

Special cause variation with improving performance

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
>= 95%	81.9%	Jun-24

Previous

Plan	Actual	Period
>= 95%	79.8%	May-24

Year to Date

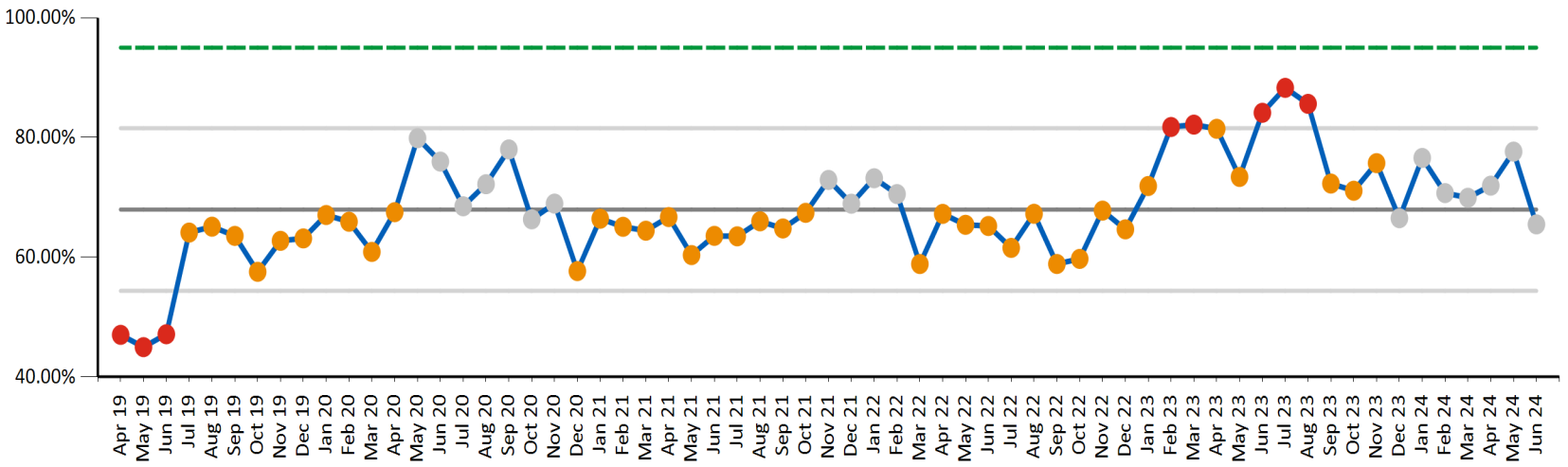
Plan	Actual
>= 95%	79.2%

31 - Clinical Correspondence - Outpatients %<5 working days

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
>= 95.0%	65.5%	Jun-24

Previous

Plan	Actual	Period
>= 95.0%	77.6%	May-24

Year to Date

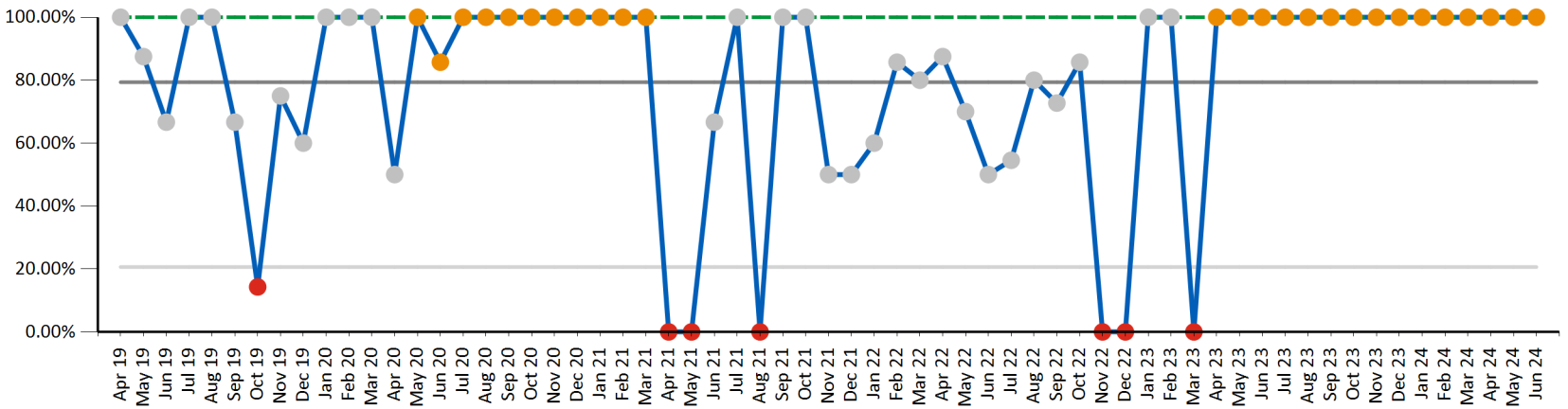
Plan	Actual
>= 95.0%	71.7%

86 - Patient Safety Alerts - Trust position

Special cause variation with improving performance

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
= 100%	100.0%	Jun-24

Previous

Plan	Actual	Period
= 100%	100.0%	May-24

Year to Date

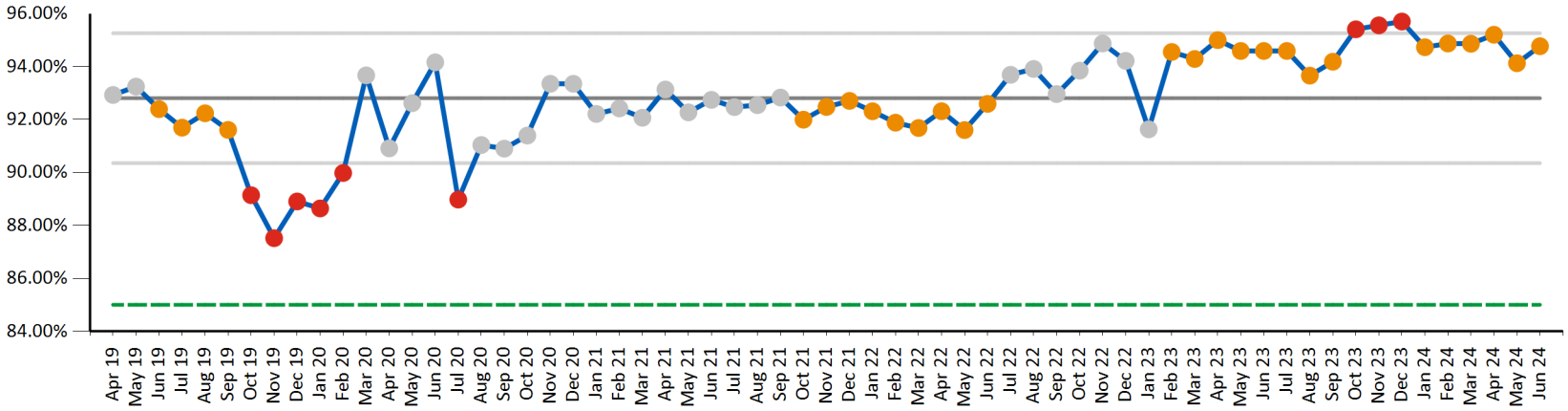
Plan	Actual
= 100%	100.0%

88 - Nursing KPI Audits

Special cause variation with improving performance

Target will be regularly met.

6/6



Latest

Plan	Actual	Period
>= 85%	94.8%	Jun-24

Previous

Plan	Actual	Period
>= 85%	94.1%	May-24

Year to Date

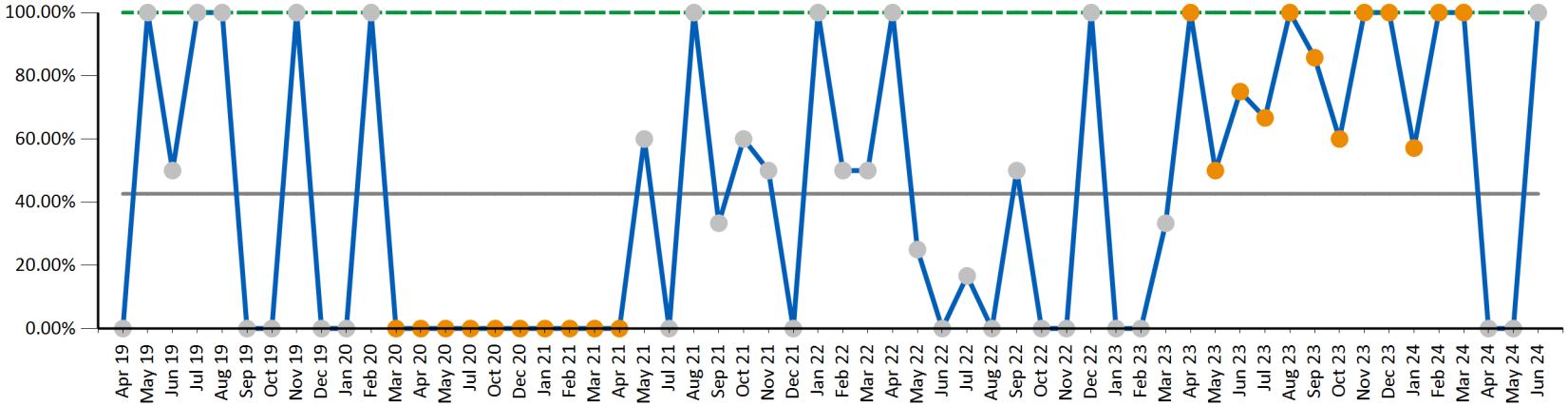
Plan	Actual
>= 85%	94.7%

91 - Patient Safety Incident Investigation turnaround performance by agreed deadline

Common cause variation.

We will not regularly meet the target due to normal variation.

3/6



Latest

Plan	Actual	Period
= 100%	100.0%	Jun-24

Previous

Plan	Actual	Period
= 100%	0.0%	May-24

Year to Date

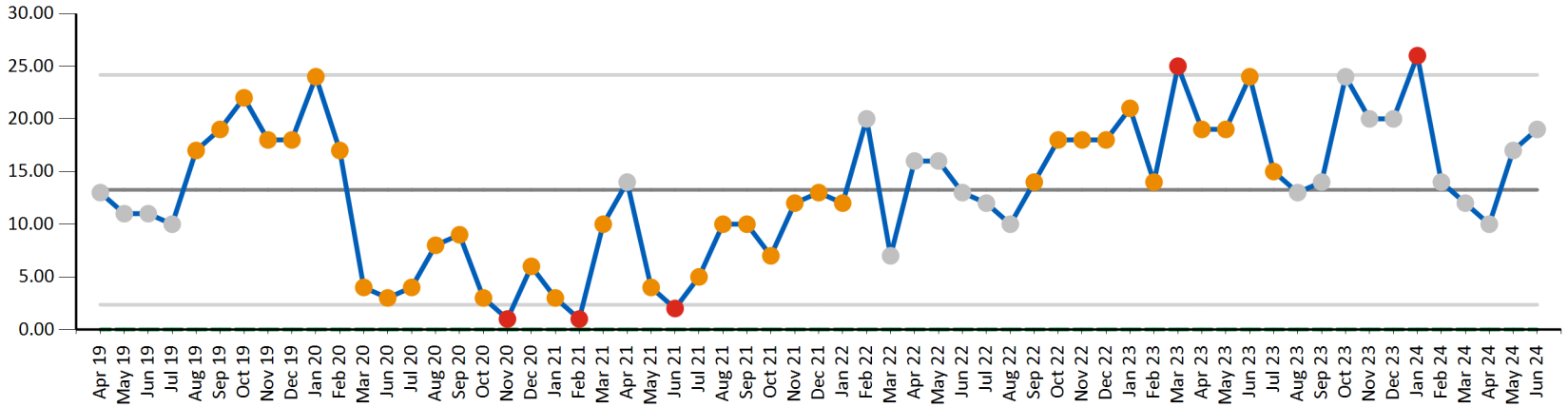
Plan	Actual
= 100%	20.0%

8 - Same sex accommodation breaches

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
= 0	19	Jun-24

Previous

Plan	Actual	Period
= 0	17	May-24

Year to Date

Plan	Actual
= 0	46

Quality and Safety - Infection Prevention and Control

NHS Bolton NHS Foundation Trust

The healthcare associated C. diff cases remain elevated and continues to show special cause variation deterioration from June 2023. Since the 'sprint' event reported in June, there has been no noticeable change in the number of cases and the same priorities remain:

1. Prompt escalation and subsequent prompt patient isolation when symptoms start – the tests of change of protecting a small number of side rooms have not been successful because of demand for beds meaning that the ringfenced beds have been used to accommodate patients. As agreed, AACD with the IPC service are reviewing the use of a cohort ward for C. diff positive patients.
2. Antimicrobial stewardship including compliance with prescribing guidelines; it has been agreed that there will be monthly audit and reporting of compliance with the following standards from August 2024:
   - Appropriate use of antibiotics and consumption of antibiotics
   - Evidence of 48/72 hour antibiotic review
   - Compliance with the switch from Intravenous (IV) to oral antibiotics

There is now weekly reporting of peer assessed hand hygiene practice for staff in clinical practice and patients before meals. Outcomes are shared across the divisions for action.

IPCC now gets additional assurance related to cleaning efficacy in relation to national standards i.e. oversight on the duties of domestic staff on how they clean as well as how well they clean. iFM are also now providing simple weekly cleaning audit reports.

The outcome of these interventions is intended to reduce the incidence of C. diff infection by prudent antibiotic use and reduced cross-transmission due to delayed isolation or failure of practices.

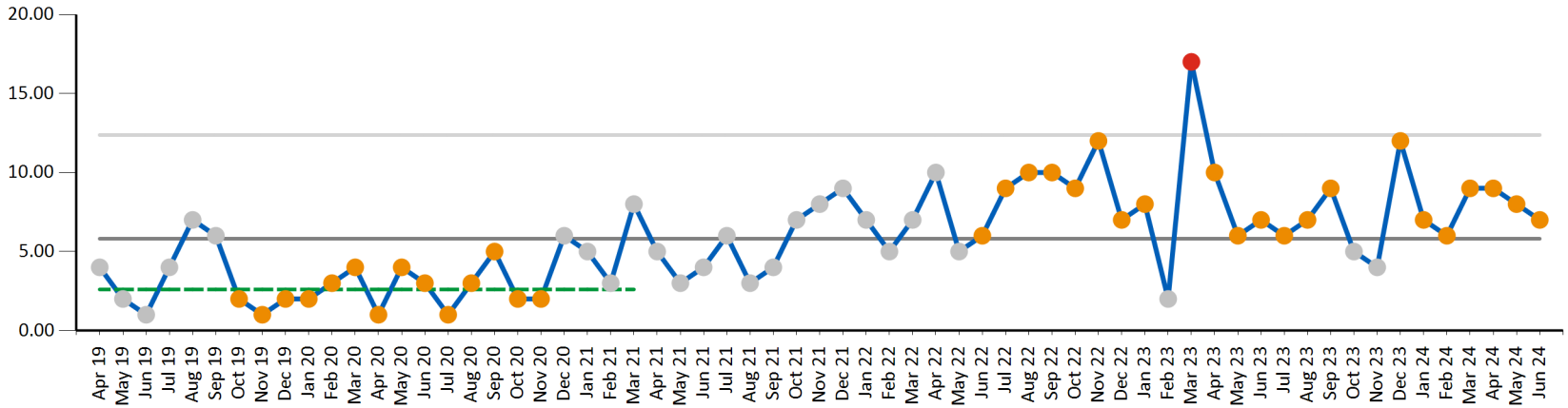
MRSA – no new cases identified in month, and to the end of June, 85 days since the last hospital-onset case
MSSA – one case in month. Below the internal trajectory for < 15 cases in 24/25
E. coli – four cases in month. In line with the internal trajectory of < 50 cases in 24/25
Klebsiella spp. – one case. Over the internal trajectory of < 10 cases in 24/25
Pseudomonas aeruginosa – no cases in month and one for the year more than 75 days ago to the end of June

	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	Jun-24			8	May-24		24	
346 - Total Community Onset Hospital Associated C.diff infections		7	Jun-24			5	May-24		19	
347 - Total C.diff infections contributing to objective	<= 7	14	Jun-24		<= 7	13	May-24	<= 20	43	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Jun-24		= 0	0	May-24	= 0	1	
218 - Total Trust apportioned E. coli BSI (HOHA + COHA)	<= 4	4	Jun-24		<= 4	2	May-24	<= 12	11	
219 - Blood Culture Contaminants (rate)	<= 3%	3.4%	May-24		<= 3%	2.9%	Apr-24	<= 3%	3.1%	
304 - Total Trust apportioned MSSA BSIs	<= 1.0	1.0	Jun-24		<= 1.0	2.0	May-24	<= 3.0	4.0	
305 - Total Trust apportioned Klebsiella spp. BSIs (HOHA + COHA)	<= 1	1	Jun-24		<= 1	0	May-24	<= 2	4	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs (HOHA + COHA)	= 0	0	Jun-24		= 0	0	May-24	= 0	1	
491 - Nosocomial COVID-19 cases		19	Jun-24			37	May-24		79	

215 - Total Hospital Onset C.diff infections

Special cause variation with deteriorating performance



Latest

Plan	Actual	Period
	7	Jun-24

Previous

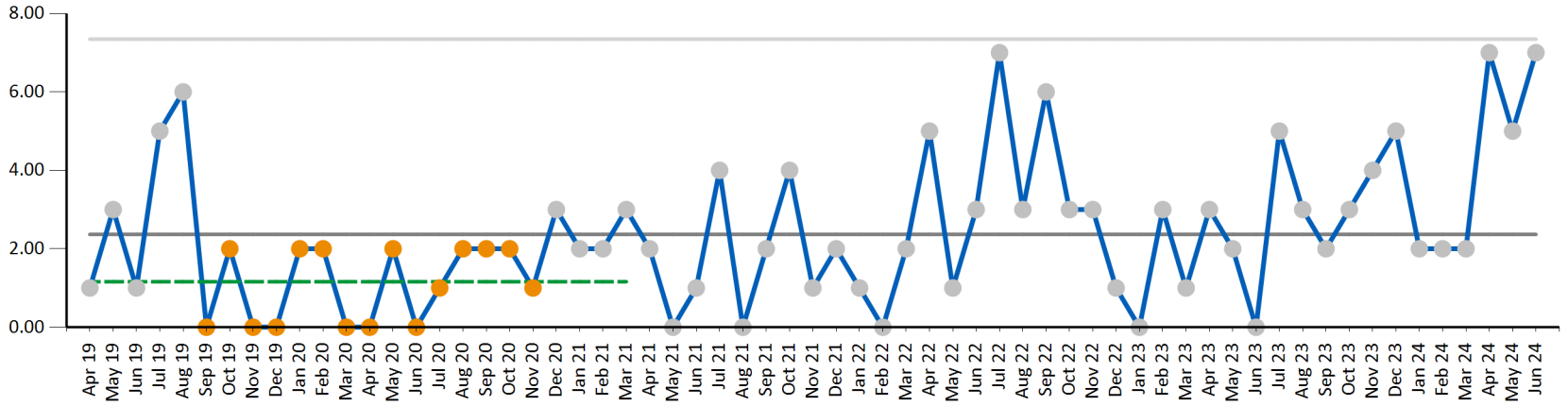
Plan	Actual	Period
	8	May-24

Year to Date

Plan	Actual
	24

346 - Total Community Onset Hospital Associated C.diff infections

Common cause variation.



Latest

Plan	Actual	Period
	7	Jun-24

Previous

Plan	Actual	Period
	5	May-24

Year to Date

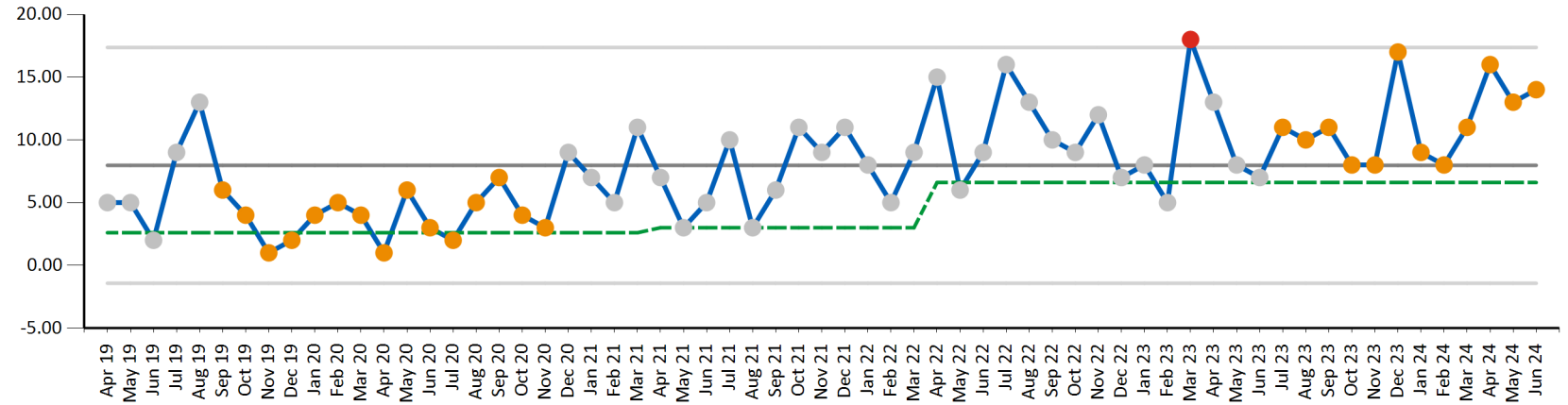
Plan	Actual
	19

347 - Total C.diff infections contributing to objective

Special cause variation with deteriorating performance

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
<= 7	14	Jun-24

Previous

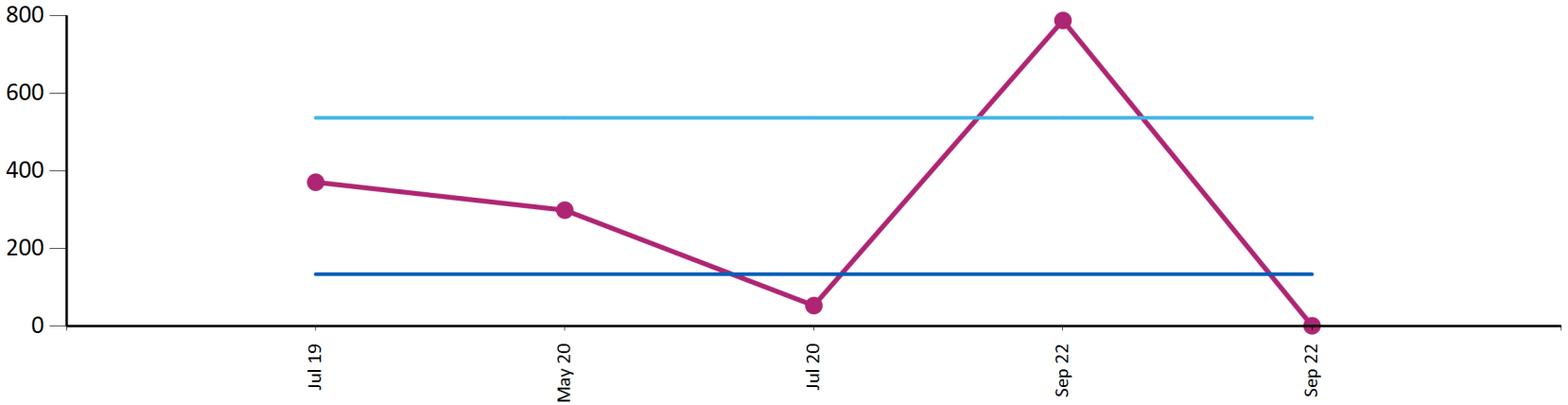
Plan	Actual	Period
<= 7	13	May-24

Year to Date

Plan	Actual
<= 20	43

217 - Total Hospital-Onset MRSA BSIs

0/6



Latest

Plan	Actual	Period
	0	Jun-24

Previous

Plan	Actual	Period
	0	May-24

Year to Date

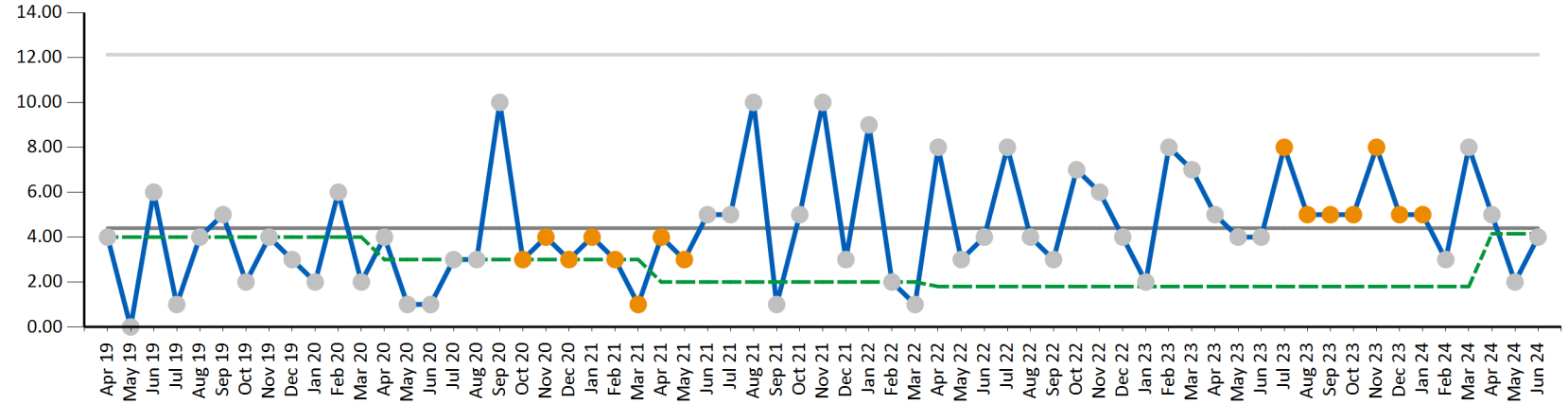
Plan	Actual

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

Common cause variation.

We will not regularly meet the target due to normal variation.

2/6



Latest

Plan	Actual	Period
<= 4	4	Jun-24

Previous

Plan	Actual	Period
<= 4	2	May-24

Year to Date

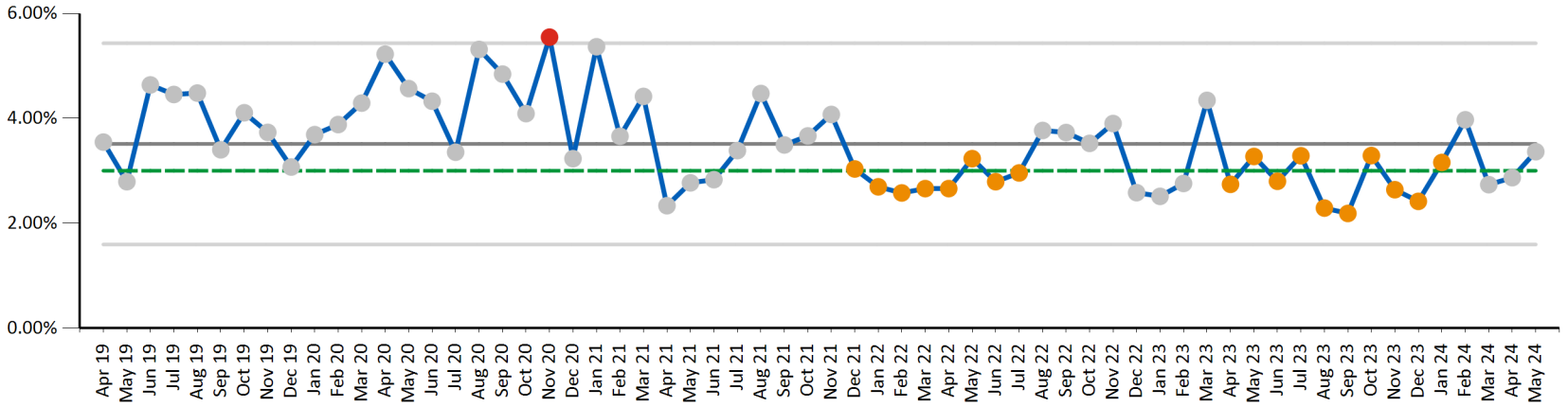
Plan	Actual
<= 12	11

219 - Blood Culture Contaminants (rate)

Common cause variation.

We will not regularly meet the target due to normal variation.

3/6



Latest

Plan	Actual	Period
<= 3%	3.4%	May-24

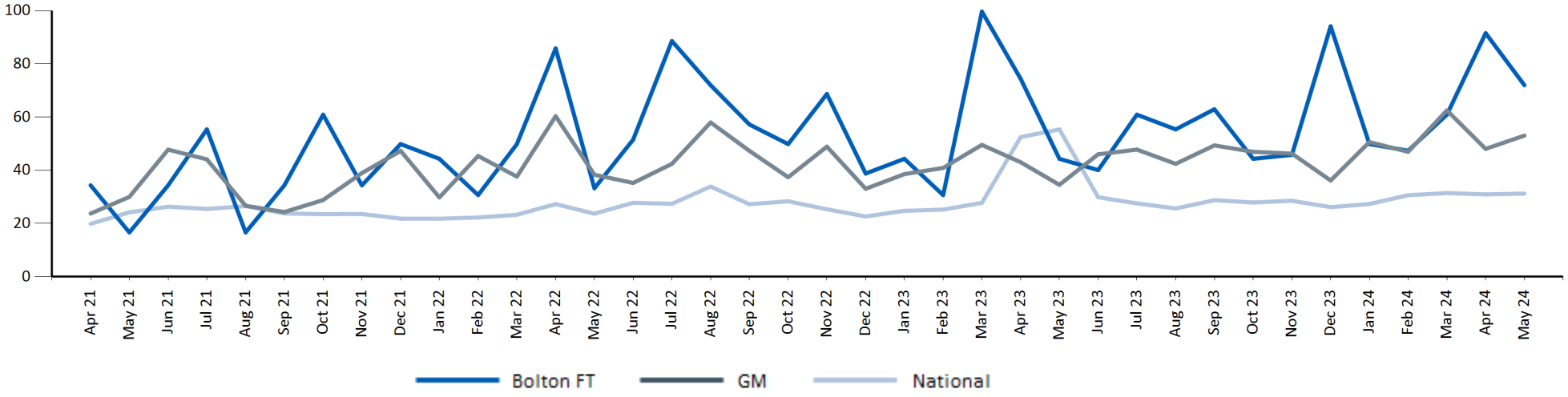
Previous

Plan	Actual	Period
<= 3%	2.9%	Apr-24

Year to Date

Plan	Actual
<= 3%	3.1%

549 - C Diff Rate Comparison

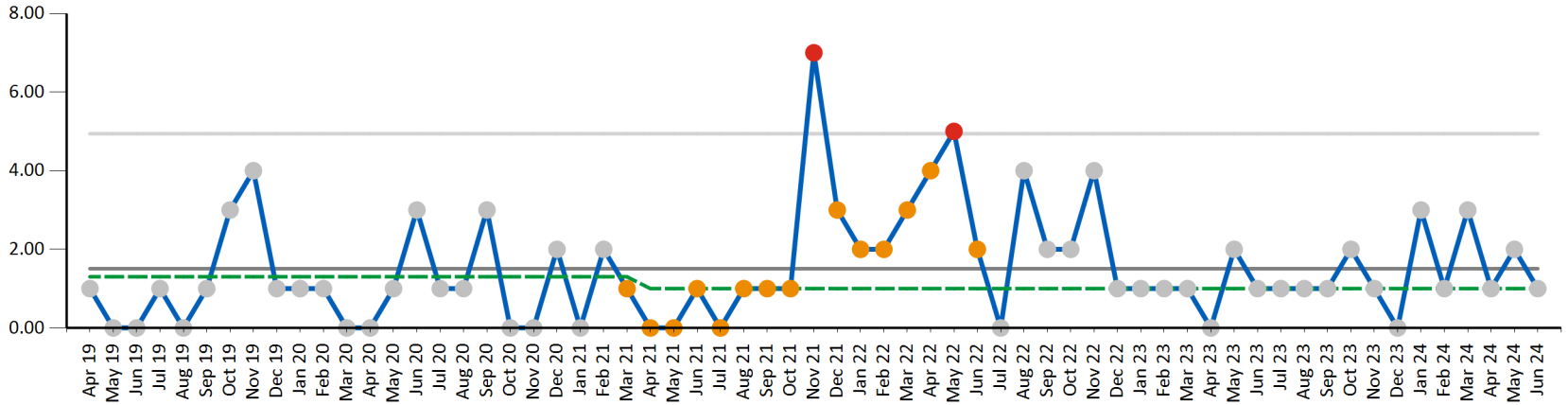


304 - Total Trust apportioned MSSA BSIs

Common cause variation.

We will not regularly meet the target due to normal variation.

3/6



Latest

Plan	Actual	Period
<= 1.0	1.0	Jun-24

Previous

Plan	Actual	Period
<= 1.0	2.0	May-24

Year to Date

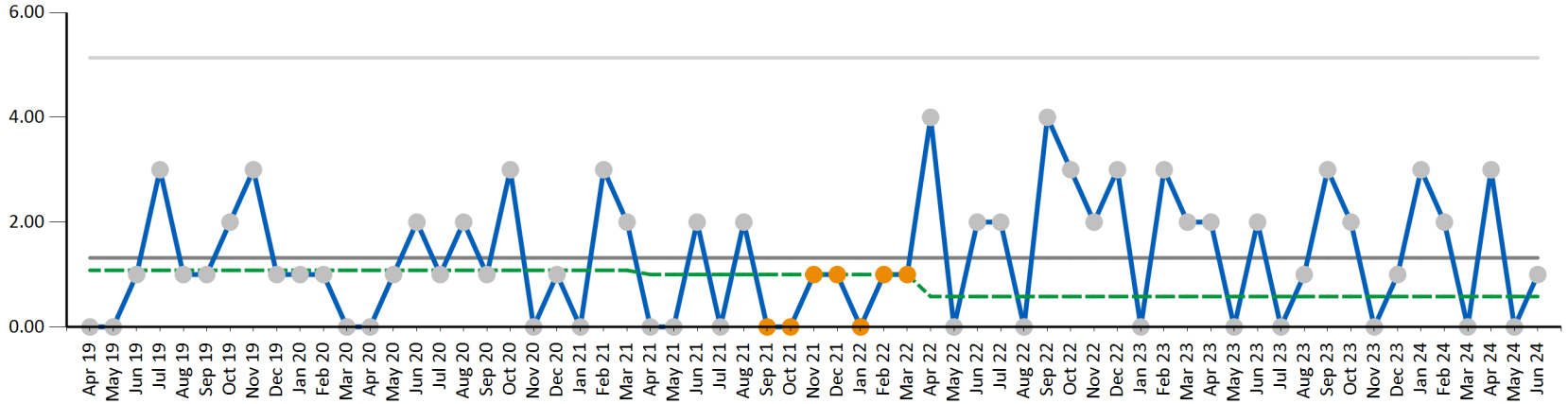
Plan	Actual
<= 3.0	4.0

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

Common cause variation.

We will not regularly meet the target due to normal variation.

2/6



Latest

Plan	Actual	Period
<= 1	1	Jun-24

Previous

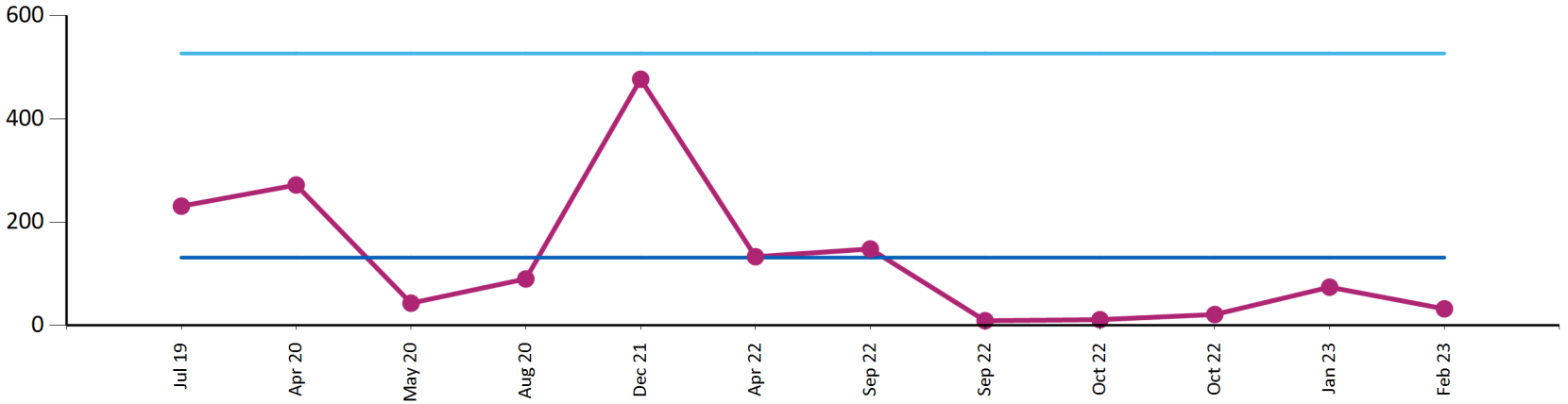
Plan	Actual	Period
<= 1	0	May-24

Year to Date

Plan	Actual
<= 2	4

306 - Total Trust apportioned Pseudomonas aeruginosa BSIs (HOHA + COHA)

0/6



Latest

Plan	Actual	Period
	0	Jun-24

Previous

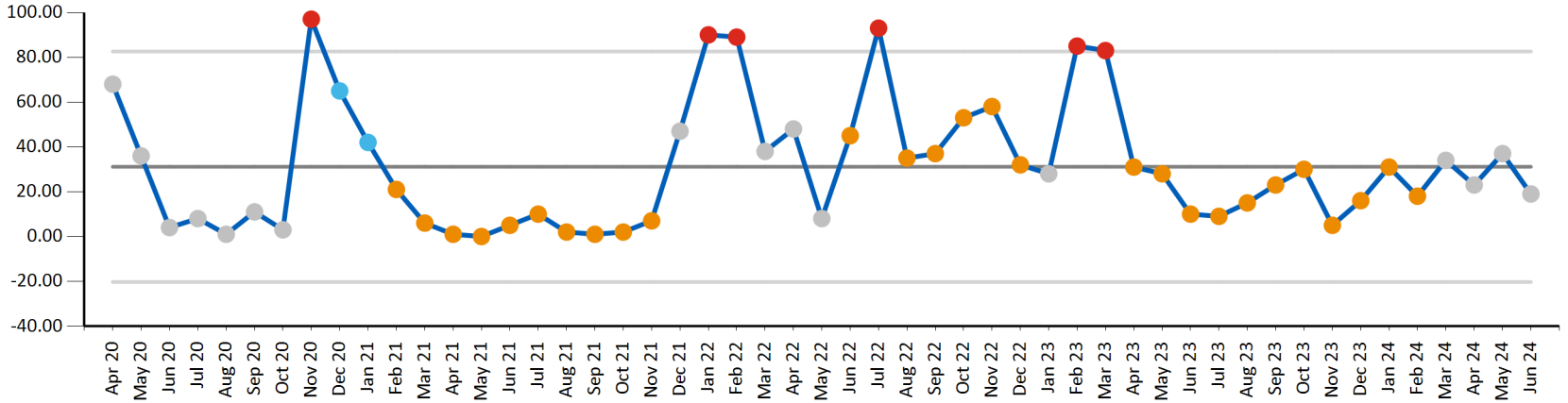
Plan	Actual	Period
	0	May-24

Year to Date

Plan	Actual

491 - Nosocomial COVID-19 cases

Common cause variation.



Latest

Plan	Actual	Period
	19	Jun-24

Previous

Plan	Actual	Period
	37	May-24

Year to Date

Plan	Actual
	79

Quality and Safety - Mortality

Bolton NHS Foundation Trust

Crude – in month rate is below Trust target and average for the timeframe. It has now remained in control for more than 3 years.

HSMR – in month figure is below average for the period and remains in control. The 12 month rolling average to March 2024 is 106.81 which is an 'Amber' alert when compared to other Trusts.

SHMI – In month figure is above average for the time period and remains in control. The published rolling average for the period March 2023 to February 2024 is 112.7 which is 'higher than expected'. The methodology behind the calculation has changed at national level causing an increase in Bolton's SHMI due to the inclusion of any patient with a diagnosis of covid who were previously excluded.

The proportion of Charlson comorbidities and depth of recording remain in control and have been since April 2022. Both are still lower when benchmarked against the England average of all Acute Trusts.

The proportion of coded records at the time of the snapshot remains within range.

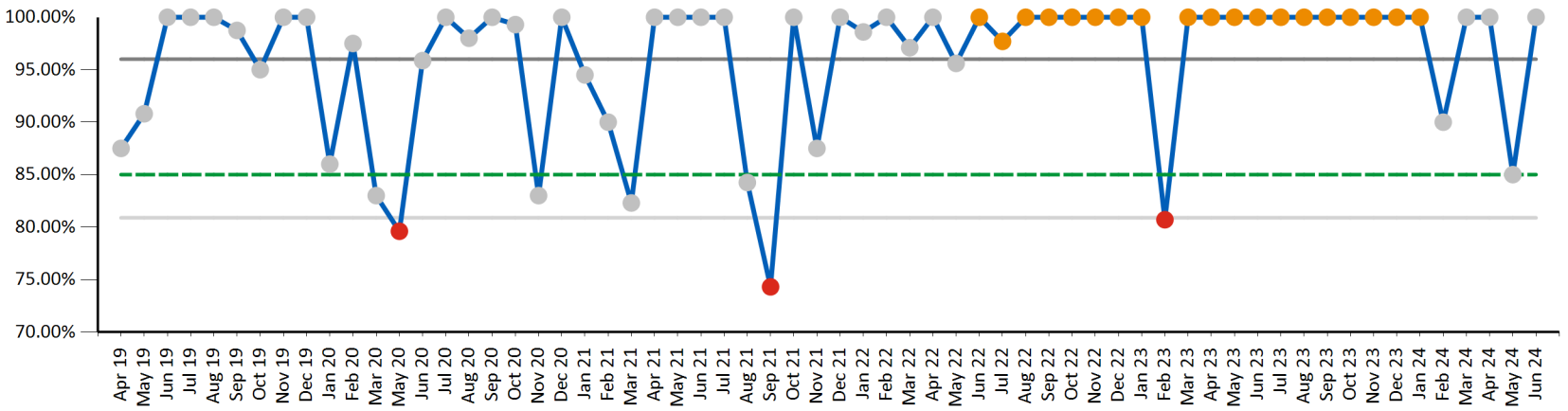
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
3 - National Early Warning Scores to Gold standard	>= 85%	100.0%	Jun-24		>= 85%	85.0%	May-24	>= 85%	95.0%	
495 - HSMR		102.36	Feb-24			131.29	Jan-24			
11 - Summary Hospital-level Mortality Indicator (SHMI)	<= 100.00	132.95	Jan-24		<= 100.00	116.15	Dec-23	<= 100.00		
12 - Crude Mortality %	<= 2.9%	2.2%	Jun-24		<= 2.9%	2.3%	May-24	<= 2.9%	2.2%	
519 - Average Charlson comorbidity Score (First episode of care)		4	Feb-24			4	Jan-24			
520 - Depth of recording (First episode of care)		6	Feb-24			6	Jan-24			
521 - Proportion of fully coded records (Inpatients)		96.4%	Apr-24			98.3%	Mar-24		96.4%	

3 - National Early Warning Scores to Gold standard

Common cause variation.

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
>= 85%	100.0%	Jun-24

Previous

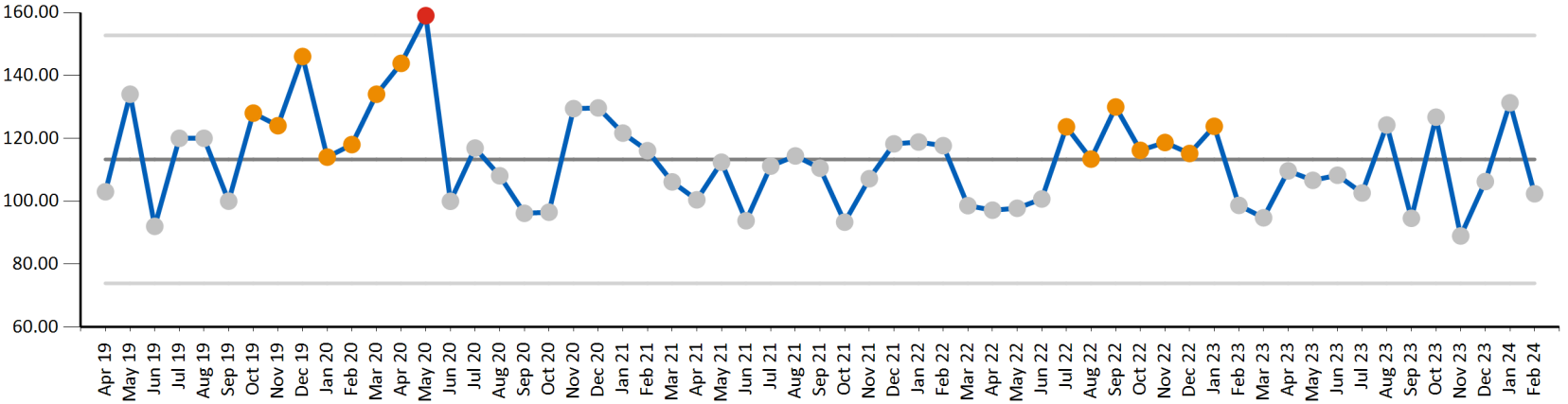
Plan	Actual	Period
>= 85%	85.0%	May-24

Year to Date

Plan	Actual
>= 85%	95.0%

495 - HSMR

Common cause variation.



Latest

Plan	Actual	Period
	102.36	Feb-24

Previous

Plan	Actual	Period
	131.29	Jan-24

Year to Date

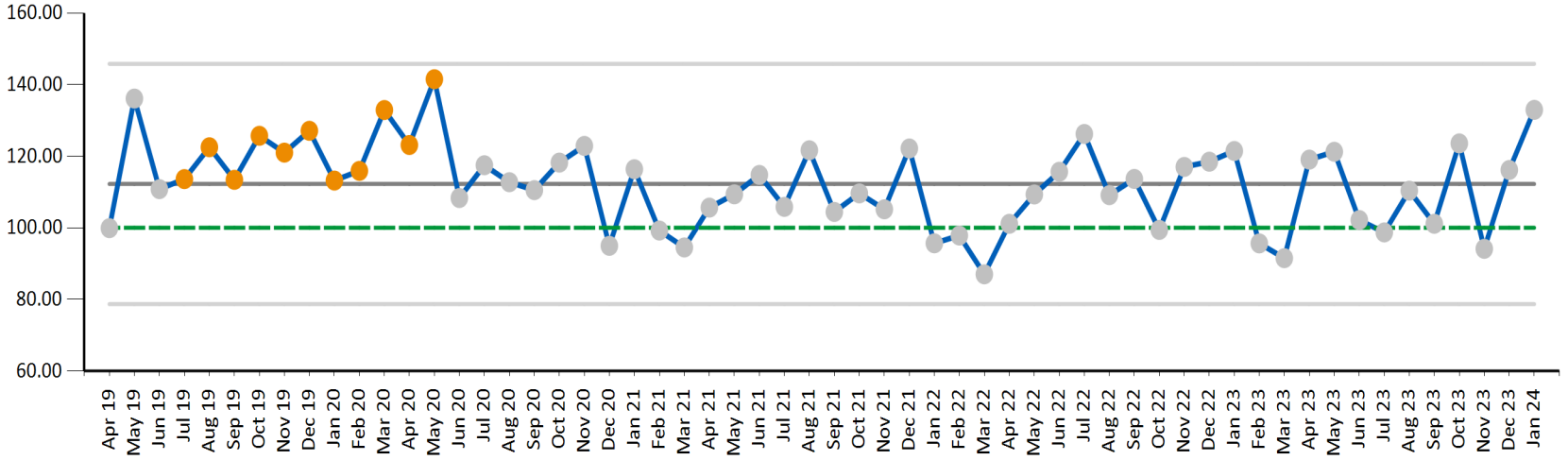
Plan	Actual
	102.36

11 - Summary Hospital-level Mortality Indicator (SHMI)

Common cause variation.

We will not regularly meet the target due to normal variation.

1/6



Latest

Plan	Actual	Period
<= 100.00	132.95	Jan-24

Previous

Plan	Actual	Period
<= 100.00	116.15	Dec-23

Year to Date

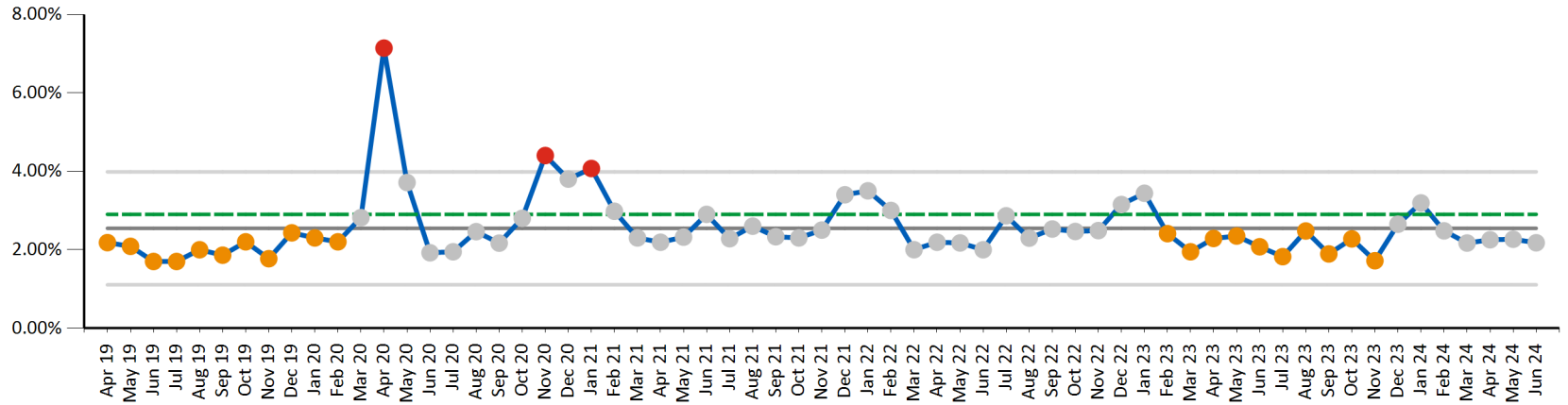
Plan	Actual
<= 100.00	132.95

12 - Crude Mortality %

Common cause variation.

We will not regularly meet the target due to normal variation.

5/6



Latest

Plan	Actual	Period
<= 2.9%	2.2%	Jun-24

Previous

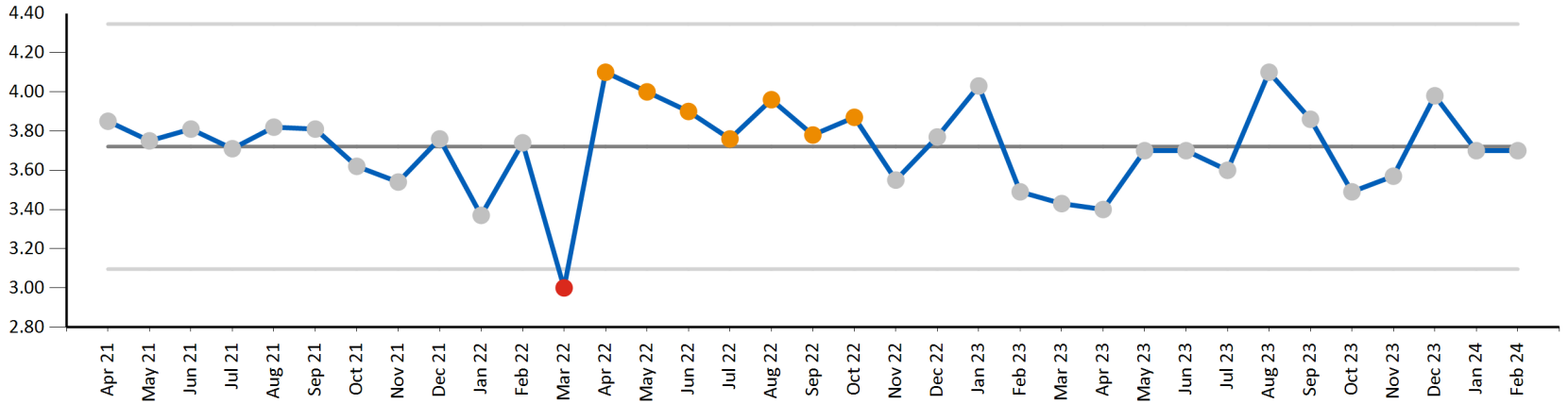
Plan	Actual	Period
<= 2.9%	2.3%	May-24

Year to Date

Plan	Actual
<= 2.9%	2.2%

519 - Average Charlson comorbidity Score (First episode of care)

Common cause variation.



Latest

Plan	Actual	Period
	4	Feb-24

Previous

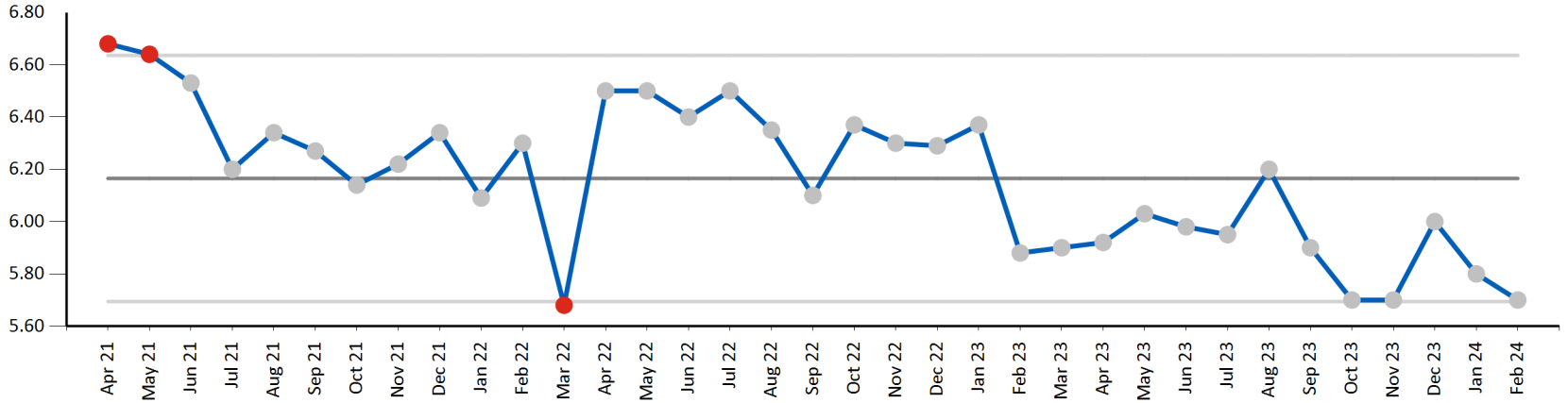
Plan	Actual	Period
	4	Jan-24

Year to Date

Plan	Actual
	41

520 - Depth of recording (First episode of care)

Common cause variation.



Latest

Plan	Actual	Period
	6	Feb-24

Previous

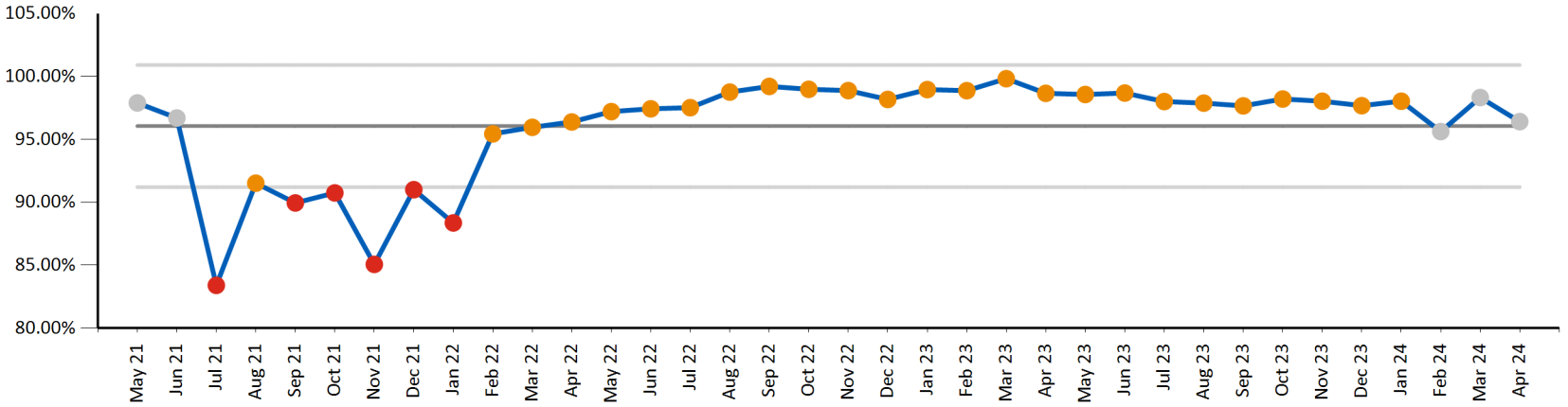
Plan	Actual	Period
	6	Jan-24

Year to Date

Plan	Actual
	65

521 - Proportion of fully coded records (Inpatients)

Common cause variation.



Latest

Plan	Actual	Period
	96.4%	Apr-24

Previous

Plan	Actual	Period
	98.3%	Mar-24

Year to Date

Plan	Actual
	96.4%

Quality and Safety - Patient Experience

NHS Bolton NHS Foundation Trust

FFT Response and Satisfaction Rates
Accident and Emergency Department response and satisfaction rates remain below target however are within common cause variation. A number of patient experience Volunteers have been recruited and are to commence week commencing 22nd July 2024 to support Paediatric ED with their collection of feedback.

Complaint Response Rates
Compliance rates remain within common cause variation, however below the mean.
In June there were 21 complaints due a response. 1 is ongoing. 18 were provided within timeframe; 5 ahead of target in May.
An increase in the number of complaint meetings has had a positive impact on response rates and continues to be encouraged as best practice for early resolution.
Complaint training sessions continue to be provided via the Practice Educators with individual training offered to staff at all levels as requested and where possible. A training programme is also being developed with the Learning and Development team.

	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%	14.6%	Jun-24		>= 20%	14.8%	May-24	>= 20%	14.9%	?
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	83.2%	Jun-24		>= 90%	83.9%	May-24	>= 90%	84.1%	?
80 - Inpatient Friends and Family Response Rate	>= 30%	29.4%	Jun-24		>= 30%	30.0%	May-24	>= 30%	29.5%	?
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	95.6%	Jun-24		>= 90%	96.5%	May-24	>= 90%	95.7%	P
81 - Maternity Friends and Family Response Rate	>= 15%	27.4%	Jun-24		>= 15%	28.6%	May-24	>= 15%	26.5%	?
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	93.3%	Jun-24		>= 90%	89.0%	May-24	>= 90%	91.2%	?
82 - Antenatal - Friends and Family Response Rate	>= 15%	12.1%	Jun-24		>= 15%	22.1%	May-24	>= 15%	12.8%	?
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	94.5%	Jun-24		>= 90%	91.9%	May-24	>= 90%	93.6%	?
83 - Birth - Friends and Family Response Rate	>= 15%	39.5%	Jun-24	H	>= 15%	34.7%	May-24	>= 15%	38.7%	P

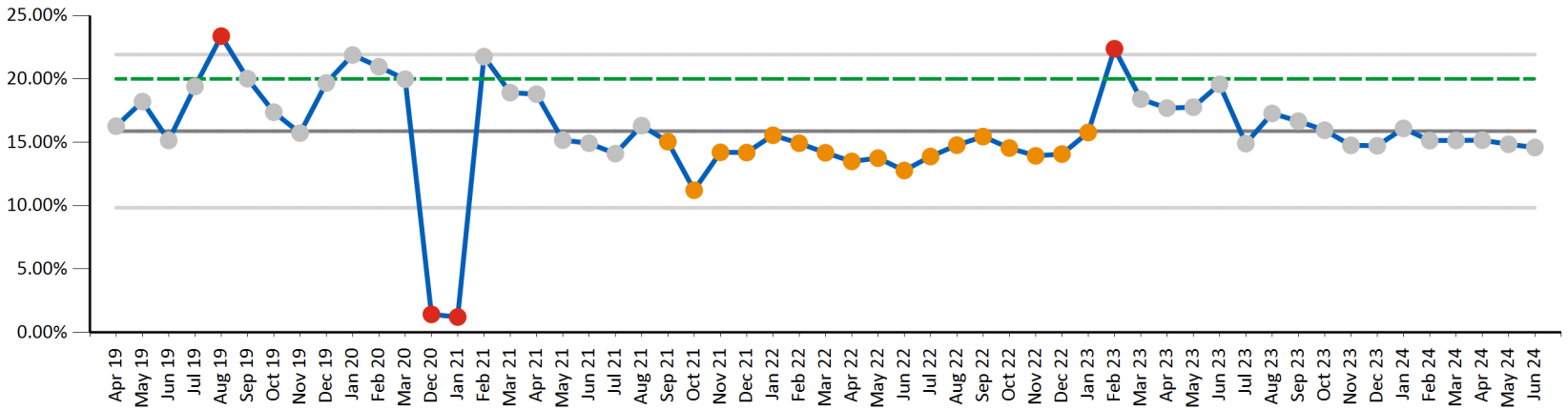
Outcome Measure	Latest Plan	Latest Actual	Latest Period	Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	92.2%	Jun-24		>= 90%	84.1%	May-24	>= 90%	89.3%	
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	32.5%	Jun-24		>= 15%	29.4%	May-24	>= 15%	36.1%	
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	94.3%	Jun-24	H	>= 90%	87.2%	May-24	>= 90%	92.3%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	28.5%	Jun-24		>= 15%	29.4%	May-24	>= 15%	23.2%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	93.4%	Jun-24		>= 90%	85.6%	May-24	>= 90%	88.6%	
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Jun-24	H	= 100%	100.0%	May-24	= 100%	100.0%	
90 - Complaints responded to within the period	>= 95%	85.7%	Jun-24		>= 95%	84.6%	May-24	>= 95%	80.3%	

200 - A&E Friends and Family Response Rate

Common cause variation.

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
>= 20%	14.6%	Jun-24

Previous

Plan	Actual	Period
>= 20%	14.8%	May-24

Year to Date

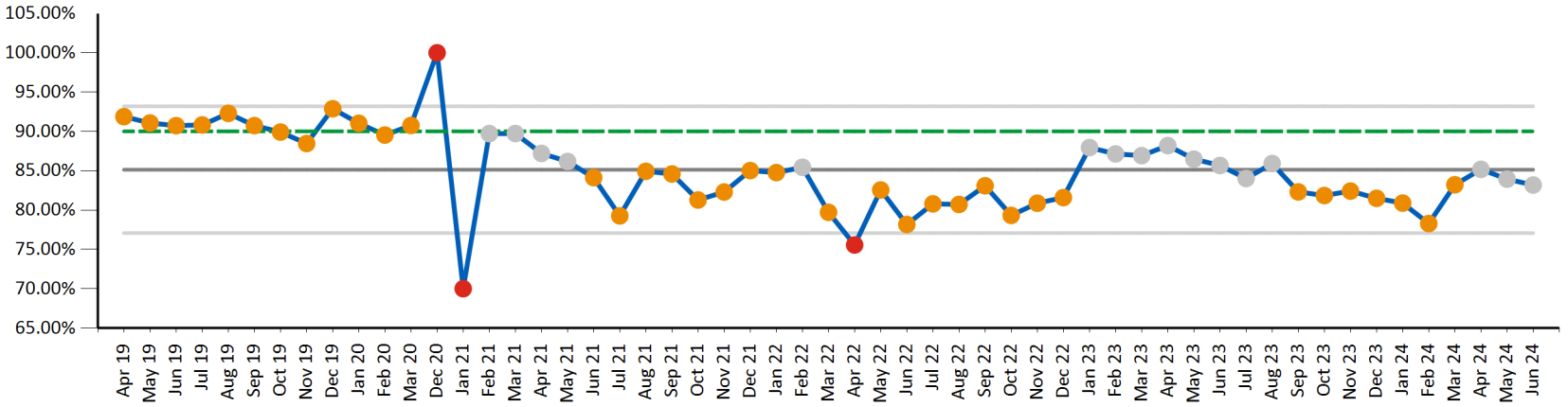
Plan	Actual
>= 20%	14.9%

294 - A&E Friends and Family Satisfaction Rates %

Common cause variation.

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
>= 90%	83.2%	Jun-24

Previous

Plan	Actual	Period
>= 90%	83.9%	May-24

Year to Date

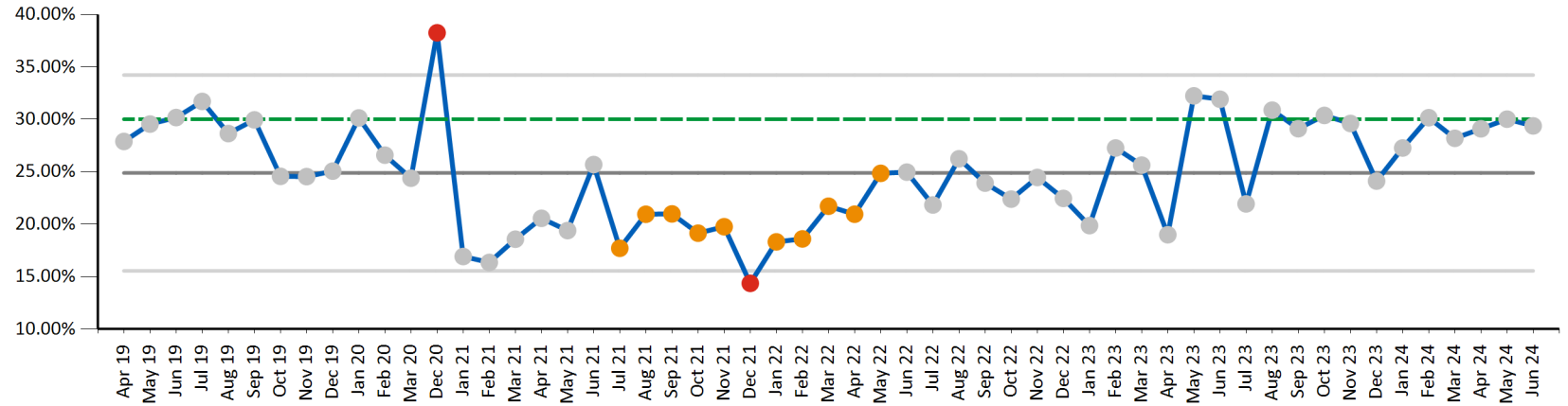
Plan	Actual
>= 90%	84.1%

80 - Inpatient Friends and Family Response Rate

Common cause variation.

We will not regularly meet the target due to normal variation.

2/6



Latest

Plan	Actual	Period
>= 30%	29.4%	Jun-24

Previous

Plan	Actual	Period
>= 30%	30.0%	May-24

Year to Date

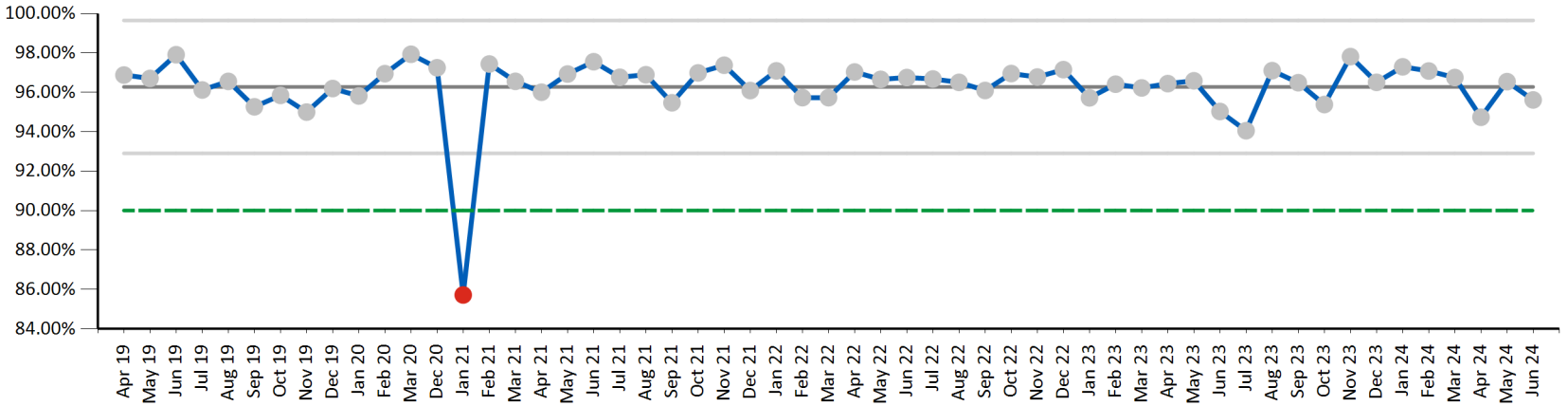
Plan	Actual
>= 30%	29.5%

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

Common cause variation.

Target will be regularly met.

6/6



Latest

Plan	Actual	Period
>= 90%	95.6%	Jun-24

Previous

Plan	Actual	Period
>= 90%	96.5%	May-24

Year to Date

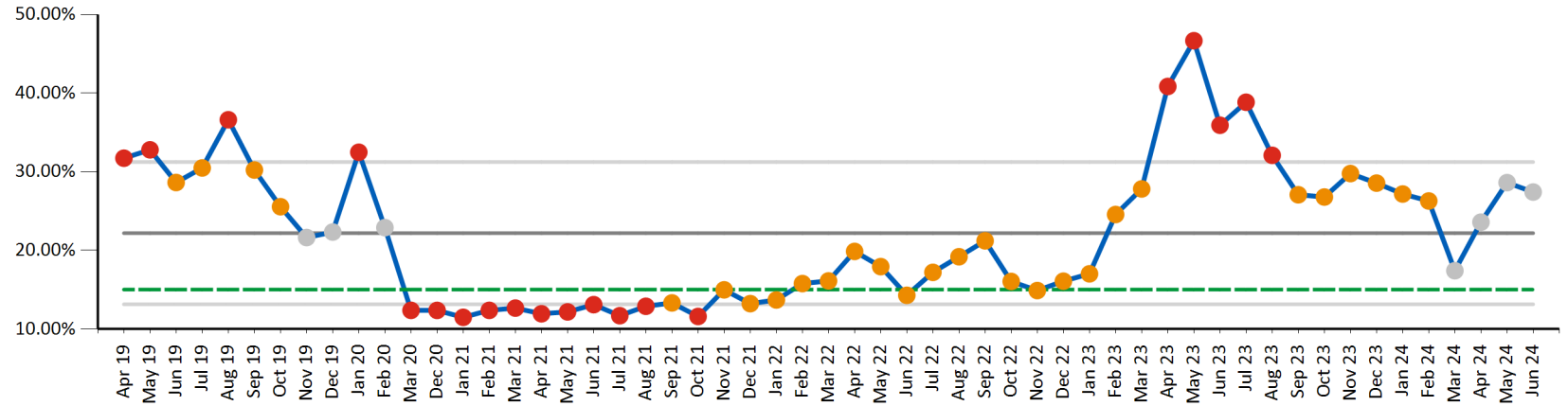
Plan	Actual
>= 90%	95.7%

81 - Maternity Friends and Family Response Rate

Common cause variation.

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
>= 15%	27.4%	Jun-24

Previous

Plan	Actual	Period
>= 15%	28.6%	May-24

Year to Date

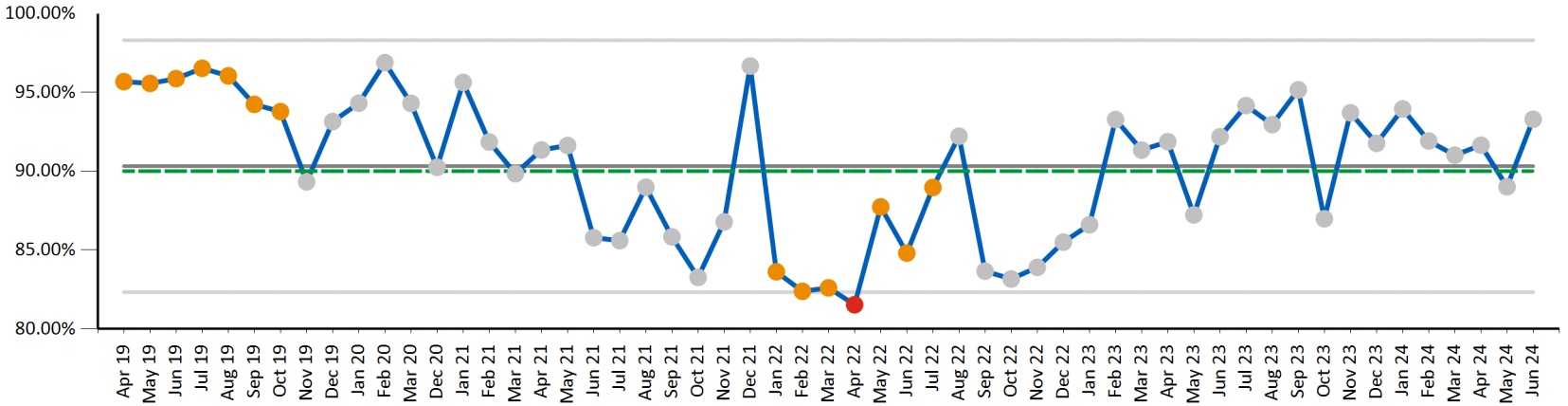
Plan	Actual
>= 15%	26.5%

241 - Maternity Friends and Family Test - Satisfaction %

Common cause variation.

We will not regularly meet the target due to normal variation.

5/6



Latest

Plan	Actual	Period
>= 90%	93.3%	Jun-24

Previous

Plan	Actual	Period
>= 90%	89.0%	May-24

Year to Date

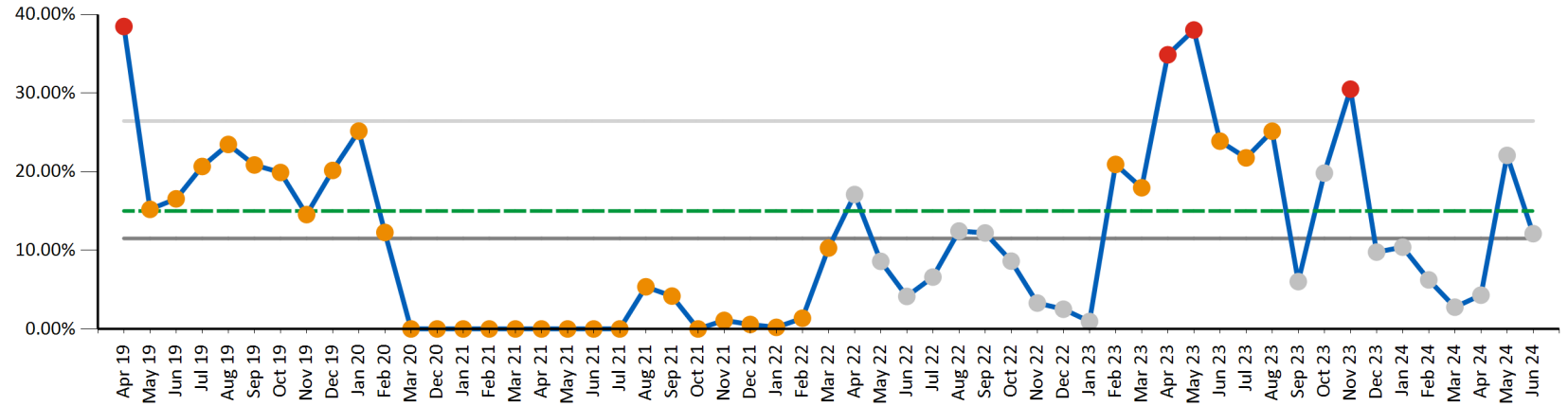
Plan	Actual
>= 90%	91.2%

82 - Antenatal - Friends and Family Response Rate

Common cause variation.

We will not regularly meet the target due to normal variation.

1/6



Latest

Plan	Actual	Period
>= 15%	12.1%	Jun-24

Previous

Plan	Actual	Period
>= 15%	22.1%	May-24

Year to Date

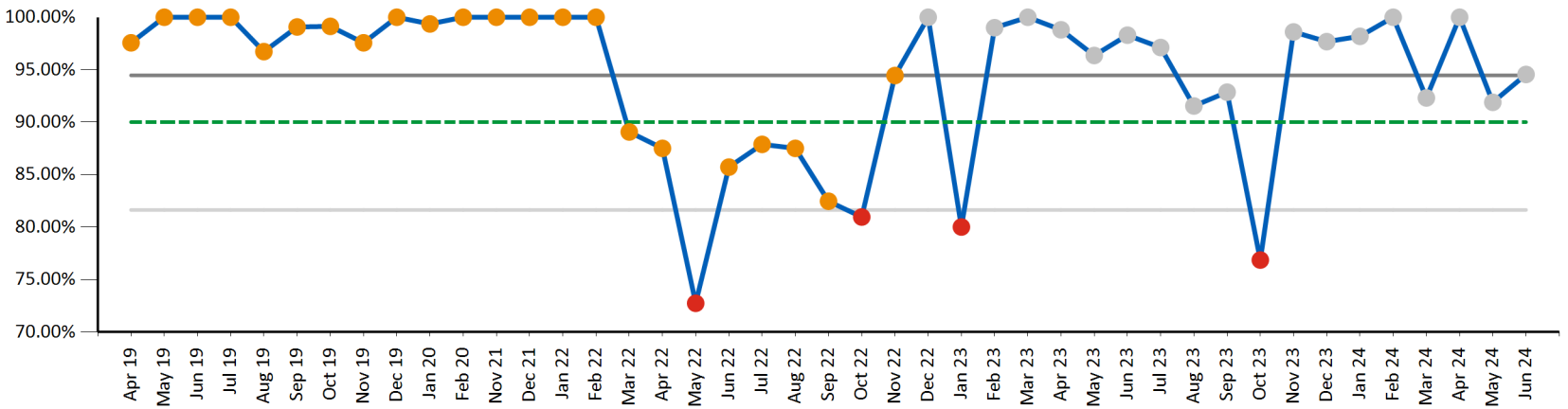
Plan	Actual
>= 15%	12.8%

242 - Antenatal Friends and Family Test - Satisfaction %

Common cause variation.

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
>= 90%	94.5%	Jun-24

Previous

Plan	Actual	Period
>= 90%	91.9%	May-24

Year to Date

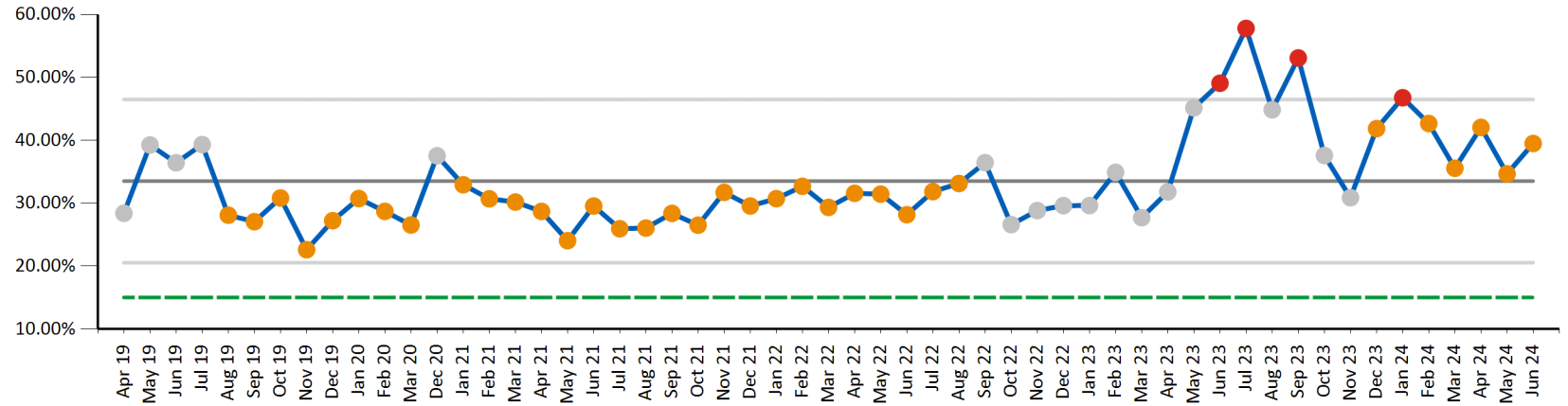
Plan	Actual
>= 90%	93.6%

83 - Birth - Friends and Family Response Rate

Special cause variation with improving performance

Target will be regularly met.

6/6



Latest

Plan	Actual	Period
>= 15%	39.5%	Jun-24

Previous

Plan	Actual	Period
>= 15%	34.7%	May-24

Year to Date

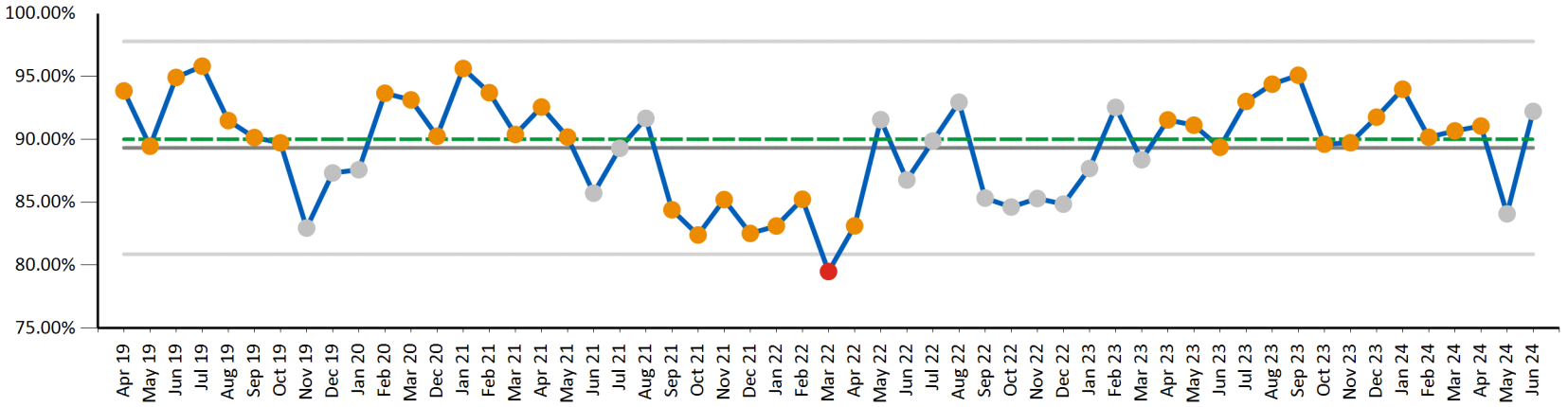
Plan	Actual
>= 15%	38.7%

243 - Birth Friends and Family Test - Satisfaction %

Common cause variation.

We will not regularly meet the target due to normal variation.

5/6



Latest

Plan	Actual	Period
>= 90%	92.2%	Jun-24

Previous

Plan	Actual	Period
>= 90%	84.1%	May-24

Year to Date

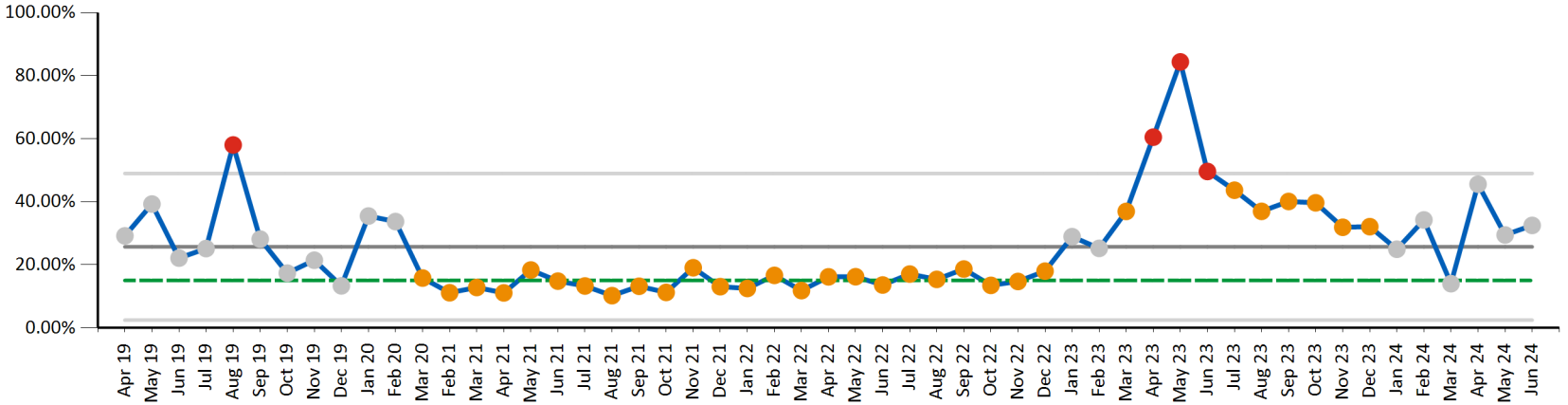
Plan	Actual
>= 90%	89.3%

84 - Hospital Postnatal - Friends and Family Response Rate

Common cause variation.

We will not regularly meet the target due to normal variation.

5/6



Latest

Plan	Actual	Period
>= 15%	32.5%	Jun-24

Previous

Plan	Actual	Period
>= 15%	29.4%	May-24

Year to Date

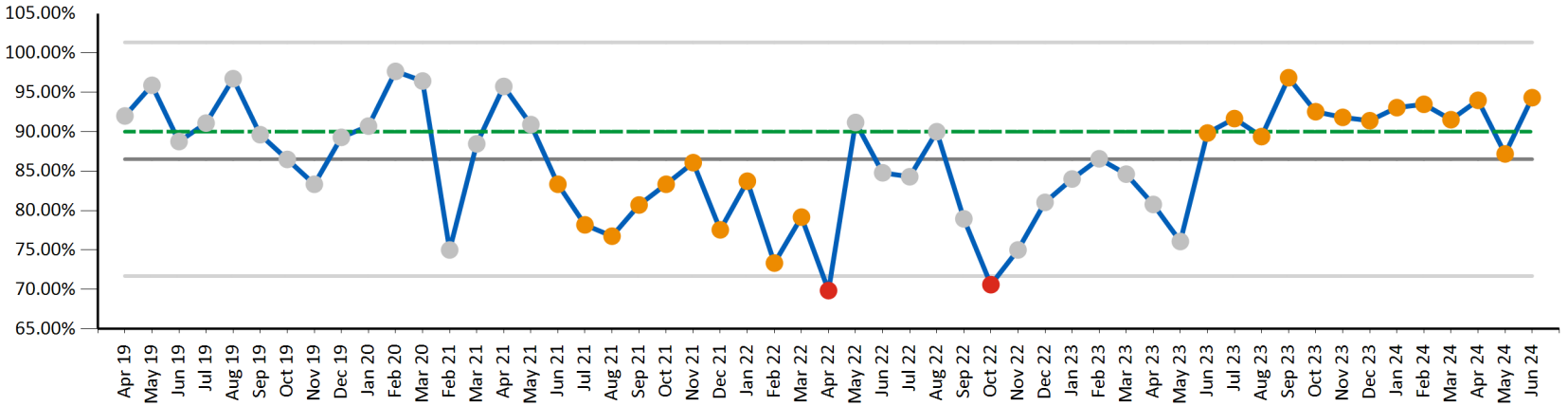
Plan	Actual
>= 15%	36.1%

244 - Hospital Postnatal Friends and Family Test - Satisfaction %

Special cause variation with improving performance

We will not regularly meet the target due to normal variation.

5/6



Latest

Plan	Actual	Period
>= 90%	94.3%	Jun-24

Previous

Plan	Actual	Period
>= 90%	87.2%	May-24

Year to Date

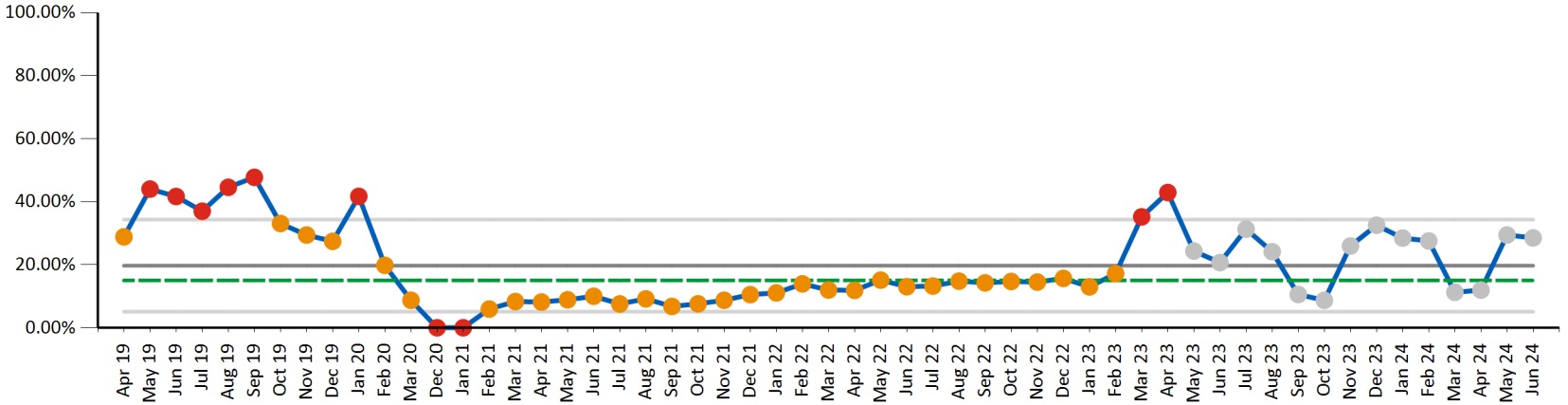
Plan	Actual
>= 90%	92.3%

85 - Community Postnatal - Friend and Family Response Rate

Common cause variation.

We will not regularly meet the target due to normal variation.

4/6



Latest

Plan	Actual	Period
>= 15%	28.5%	Jun-24

Previous

Plan	Actual	Period
>= 15%	29.4%	May-24

Year to Date

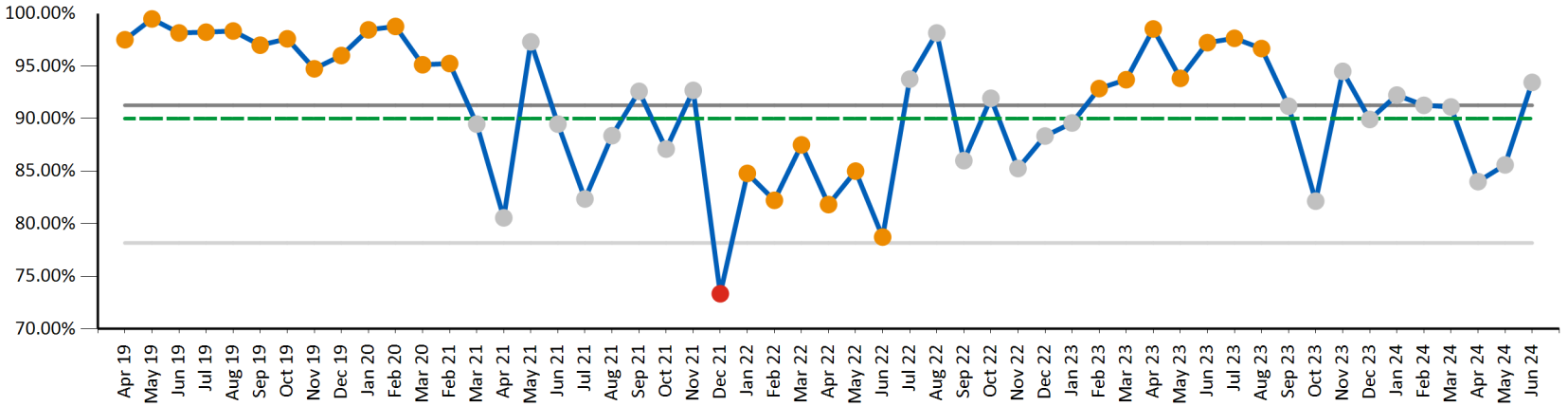
Plan	Actual
>= 15%	23.2%

245 - Community Postnatal Friends and Family Test - Satisfaction %

Common cause variation.

We will not regularly meet the target due to normal variation.

4/6



Latest

Plan	Actual	Period
>= 90%	93.4%	Jun-24

Previous

Plan	Actual	Period
>= 90%	85.6%	May-24

Year to Date

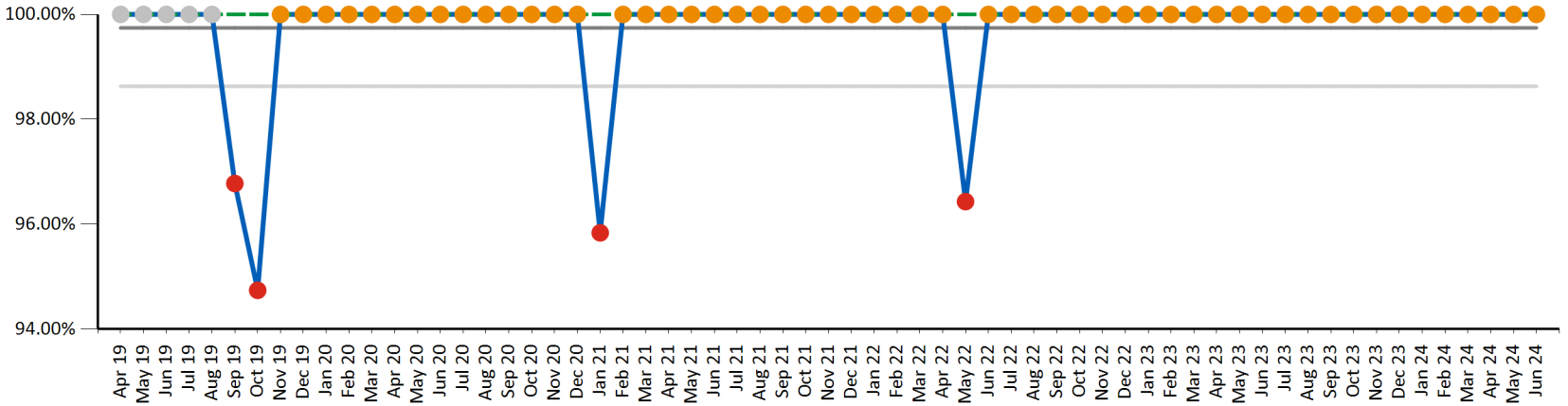
Plan	Actual
>= 90%	88.6%

89 - Formal complaints acknowledged within 3 working days

Special cause variation with improving performance

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
= 100%	100.0%	Jun-24

Previous

Plan	Actual	Period
= 100%	100.0%	May-24

Year to Date

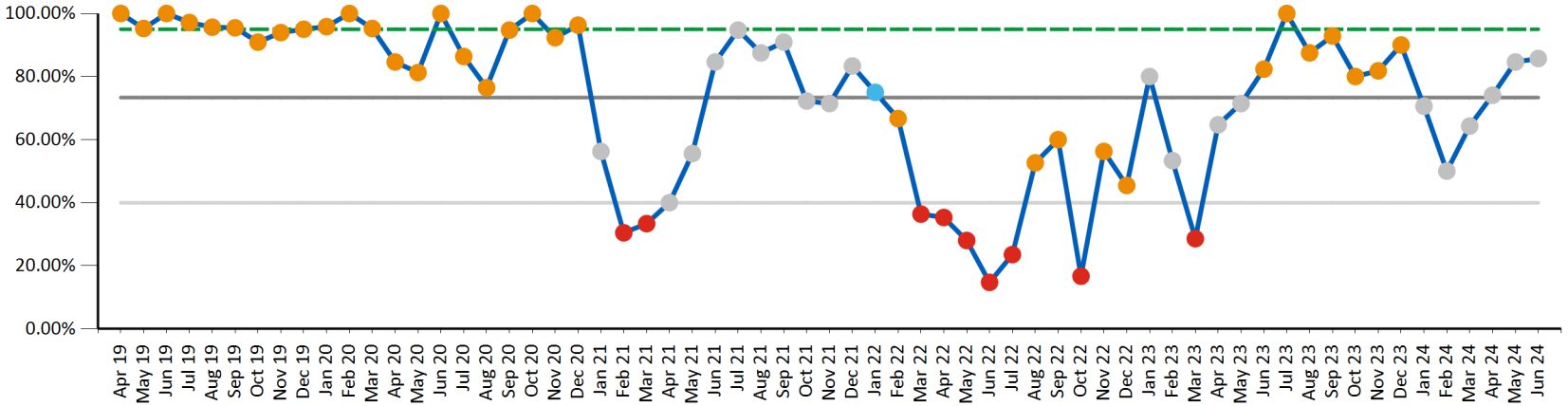
Plan	Actual
= 100%	100.0%

90 - Complaints responded to within the period

Common cause variation.

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
>= 95%	85.7%	Jun-24

Previous

Plan	Actual	Period
>= 95%	84.6%	May-24

Year to Date

Plan	Actual
>= 95%	80.3%

Quality and Safety - Maternity

NHS Bolton NHS Foundation Trust

81 - Friends and Family Response Rate – Sustained recovery in the overall maternity friends and family response rate to 27.4%. QR codes received and poster template requested from communications. Issue relates to delay in inputting paper format returns in a timely manner – transition to QR code inputting required.

23 – ¾ degree tears – Common cause variation in incidence this month (3.3%). Year to date incidence 3.38% slightly higher than rolling 12 month Greater Manchester and Eastern Cheshire (GMEC) comparator average of 2.69%. Trust presented at LMNS shared learning event and further improvement suggestions identified ie: Implementation of the RCOG operative birth simulation training for medical staff (ROBuST) and support for newly qualified staff to undertake episiotomies to be introduced.

322 – Maternity Stillbirth Rate (excluding termination of pregnancy (TOPS) – Incidence 4.94/1000 births. New oversight table developed to aid review of data and additional data verification check now undertaken each month. Trust 2024 rolling GMEC average rate 4.16 /per1000 slightly lower than GMEC rolling 12 months rate 4.370 range of gestation. Revision of IPM datasets in progress to align with GMEC/MBRRACE.

202 - 1:1 care in labour – Slight variation in incidence in Trust rate noted (98.6%) within month. Trust incidence 89.70% lower than the rolling 12 month Greater Manchester and East Cheshire (GMEC) average rate of 97.53% and peer average in similar sized providers (ie Oldham).

203 – Booked by 12+6 – Sustained increase in booking performance noted in month to 88.0%. Action plan in place. Digital request made to support a digital referral form on the Trust website to improve booking process. Update awaited.

586 – Booked by 10 weeks (new standard)– Target reflects bookings by 10+0 as per national standard which removes the impact of ultrasound booking scan date changes made and associated impact upon compliance rate. Operational focus ongoing to address the issues identified with booking of the initial appointment. Trust performance 52.1% below GMEC median of 58.80%. Process mapping of existing early referral process awaited to improve pathway.

204 – Inductions of labour – 31.7% of induction of labour cases by 24 hours were delayed in June 2024 (23 cases), such cases can be associated with poor outcomes for mother and baby. Decrease in number of cases reported noted following introduction of discharge lounge on G4. Quality improvement work required prior to submission of options appraisal paper.

210 – Breastfeeding initiation – Sustained improvement in performance noted in month to 69.15%. Trust year to date incidence 69.85% slightly higher than GMEC 12 months average of 64.51%.

320 – Preterm birth – 6.8% incidence within month reported. Trust incidence lower than GM average 8.73%.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
322 - Maternity - Stillbirths per 1000 births (excludes termination of pregnance)	<= 3.50	4.94	Jun-24		<= 3.50	9.24	May-24	<= 3.50	4.72	

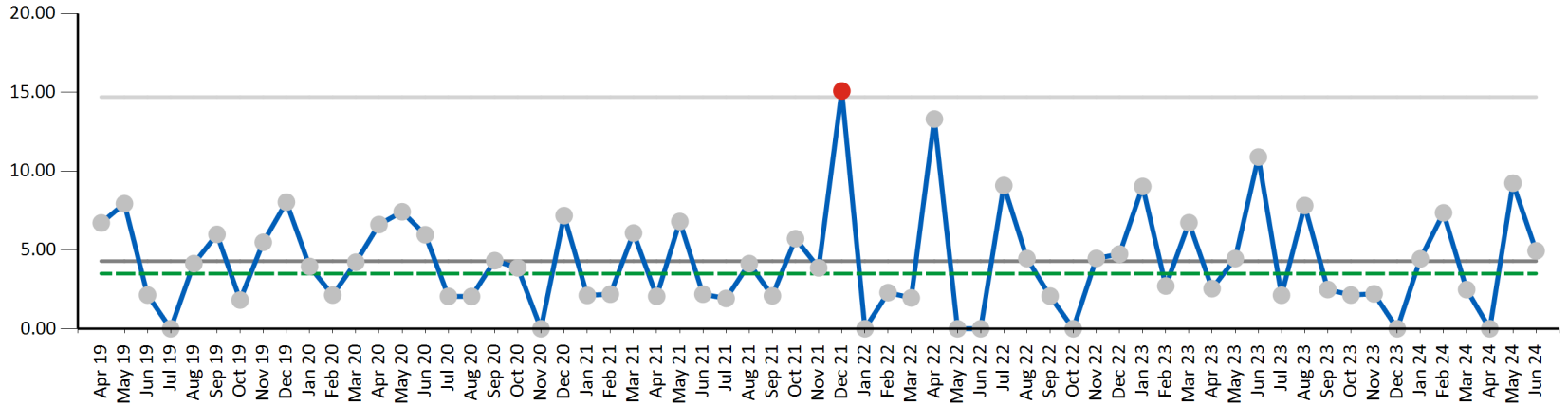
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
23 - Maternity -3rd/4th degree tears	<= 3.5%	3.3%	Jun-24		<= 3.5%	2.8%	May-24	<= 3.5%	2.4%	
202 - 1:1 Midwifery care in labour	>= 95.0%	98.6%	Jun-24		>= 95.0%	97.9%	May-24	>= 95.0%	98.4%	
203 - Booked 12+6	>= 90.0%	88.0%	Jun-24		>= 90.0%	87.9%	May-24	>= 90.0%	85.8%	
586 - Booked 10+0		52.1%	Jun-24			49.8%	May-24		47.3%	
204 - Inductions of labour - over 24 hours	<= 40%	31.7%	Jun-24		<= 40%	32.1%	May-24	<= 40%	31.0%	
210 - Initiation breast feeding	>= 65%	69.15%	Jun-24		>= 65%	67.84%	May-24	>= 65%	69.93%	
213 - Maternity complaints	<= 5	3	May-24		<= 5	3	Apr-24	<= 10	6	
319 - Maternal deaths (direct)	= 0	0	Jun-24		= 0	0	May-24	= 0	0	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	6.8%	Jun-24		<= 6%	7.8%	May-24	<= 6%	7.9%	

322 - Maternity - Stillbirths per 1000 births (excludes termination of pregnance)

Common cause variation.

We will not regularly meet the target due to normal variation.

2/6



Latest

Plan	Actual	Period
<= 3.50	4.94	Jun-24

Previous

Plan	Actual	Period
<= 3.50	9.24	May-24

Year to Date

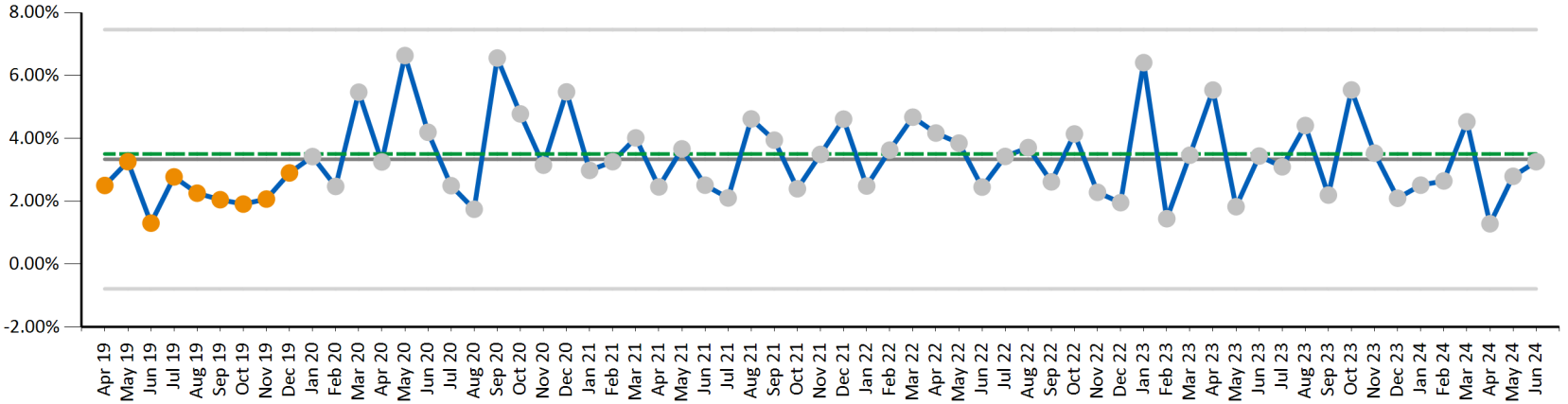
Plan	Actual
<= 3.50	4.72

23 - Maternity -3rd/4th degree tears

Common cause variation.

We will not regularly meet the target due to normal variation.

5/6



Latest

Plan	Actual	Period
<= 3.5%	3.3%	Jun-24

Previous

Plan	Actual	Period
<= 3.5%	2.8%	May-24

Year to Date

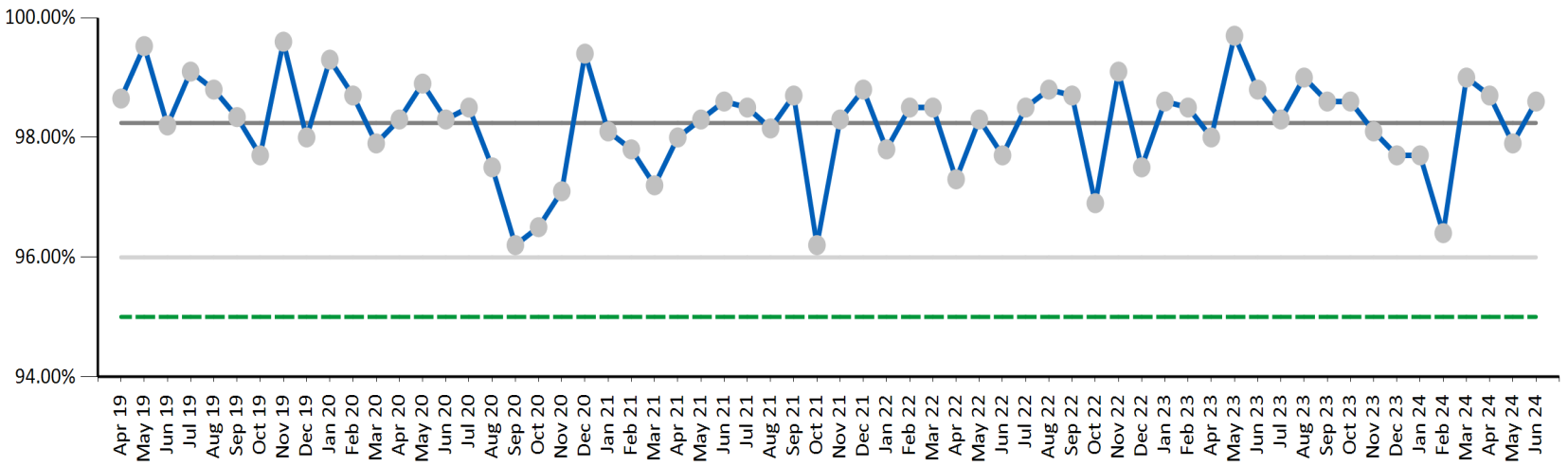
Plan	Actual
<= 3.5%	2.4%

202 - 1:1 Midwifery care in labour

Common cause variation.

Target will be regularly met.

6/6



Latest

Plan	Actual	Period
> = 95.0%	98.6%	Jun-24

Previous

Plan	Actual	Period
> = 95.0%	97.9%	May-24

Year to Date

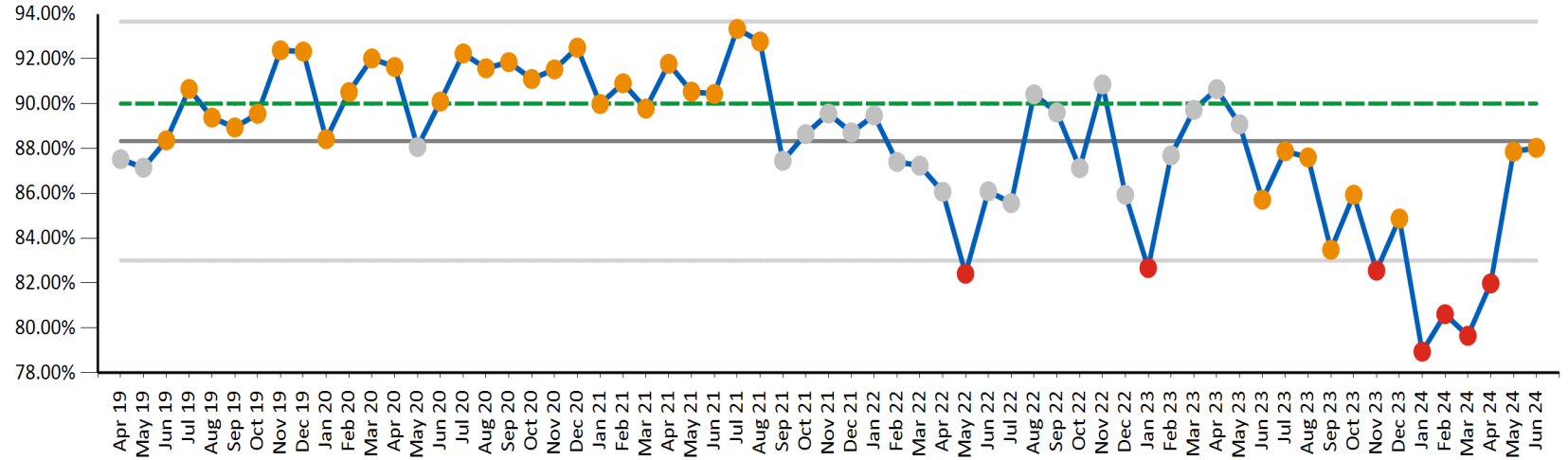
Plan	Actual
> = 95.0%	98.4%

203 - Booked 12+6

Special cause variation with deteriorating performance

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
> = 90.0%	88.0%	Jun-24

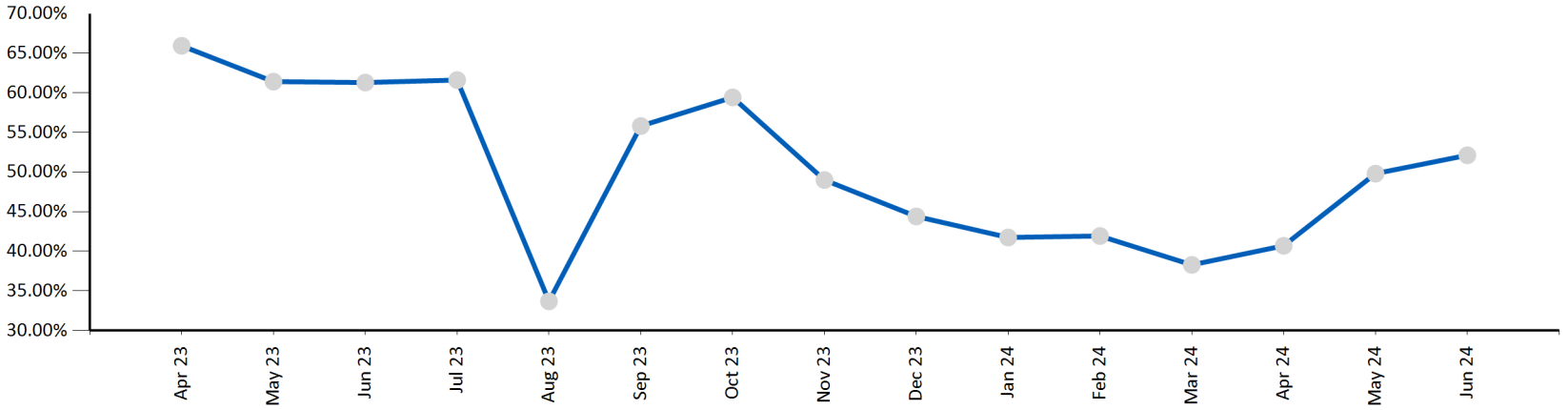
Previous

Plan	Actual	Period
> = 90.0%	87.9%	May-24

Year to Date

Plan	Actual
> = 90.0%	85.8%

586 - Booked 10+0 - SPC data available after 20 data points



Latest

Plan	Actual	Period
	52.1%	Jun-24

Previous

Plan	Actual	Period
	49.8%	May-24

Year to Date

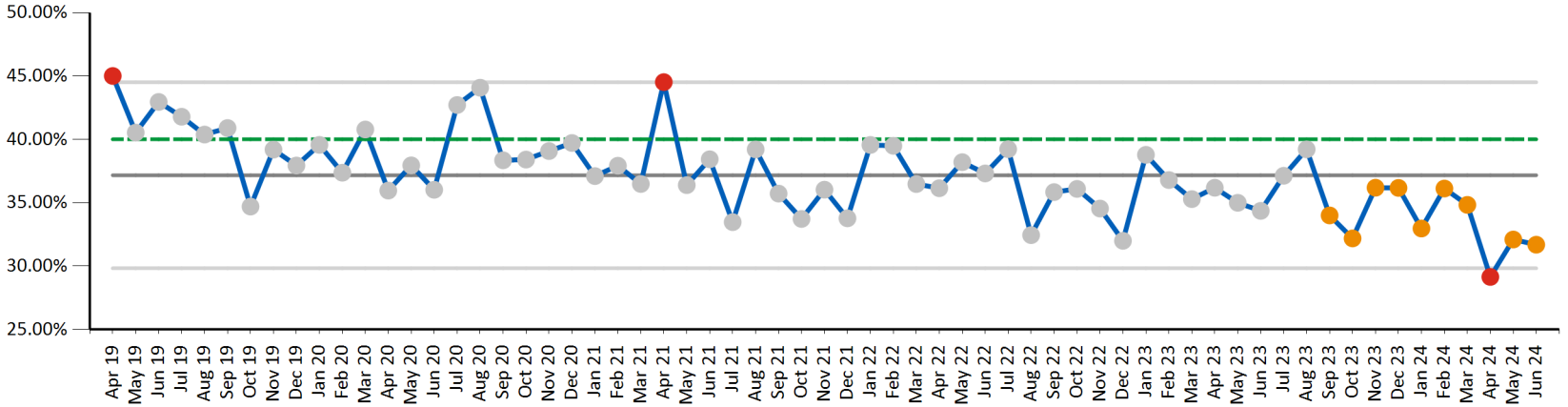
Plan	Actual
	47.3%

204 - Inductions of labour - over 24 hours

Special cause variation with improving performance

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
<= 40%	31.7%	Jun-24

Previous

Plan	Actual	Period
<= 40%	32.1%	May-24

Year to Date

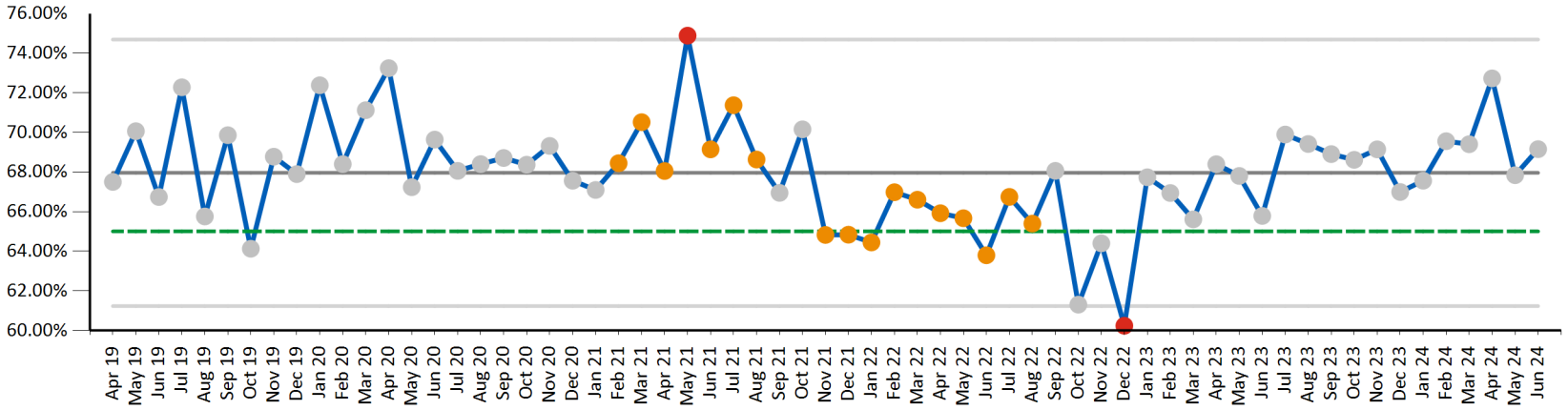
Plan	Actual
<= 40%	31.0%

210 - Initiation breast feeding

Common cause variation.

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
>= 65%	69.15%	Jun-24

Previous

Plan	Actual	Period
>= 65%	67.84%	May-24

Year to Date

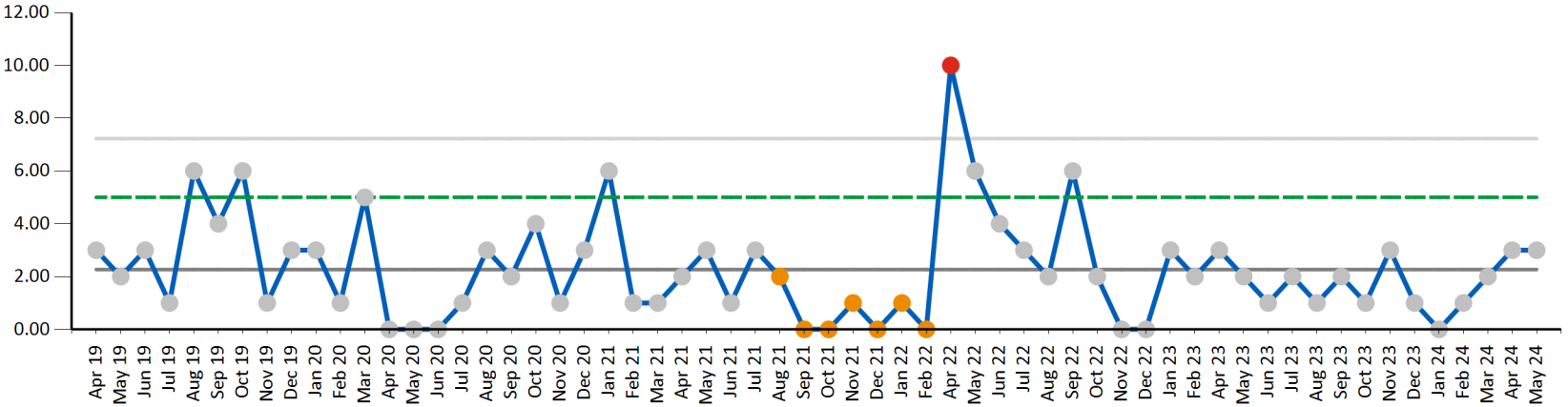
Plan	Actual
>= 65%	69.93%

213 - Maternity complaints

Common cause variation.

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
<= 5	3	May-24

Previous

Plan	Actual	Period
<= 5	3	Apr-24

Year to Date

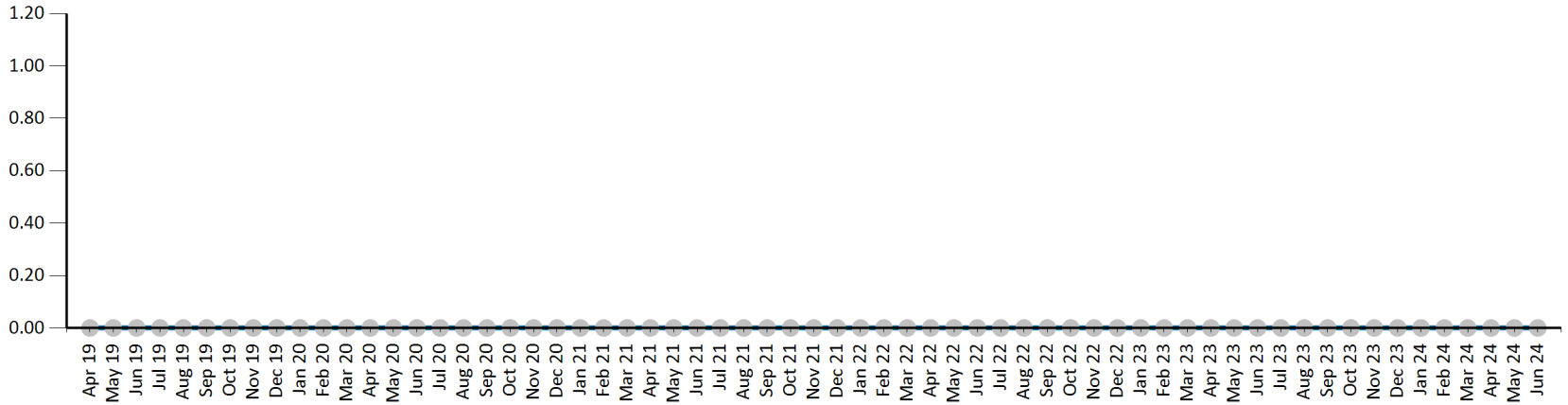
Plan	Actual
<= 10	6

319 - Maternal deaths (direct)

Common cause variation.

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
= 0	0	Jun-24

Previous

Plan	Actual	Period
= 0	0	May-24

Year to Date

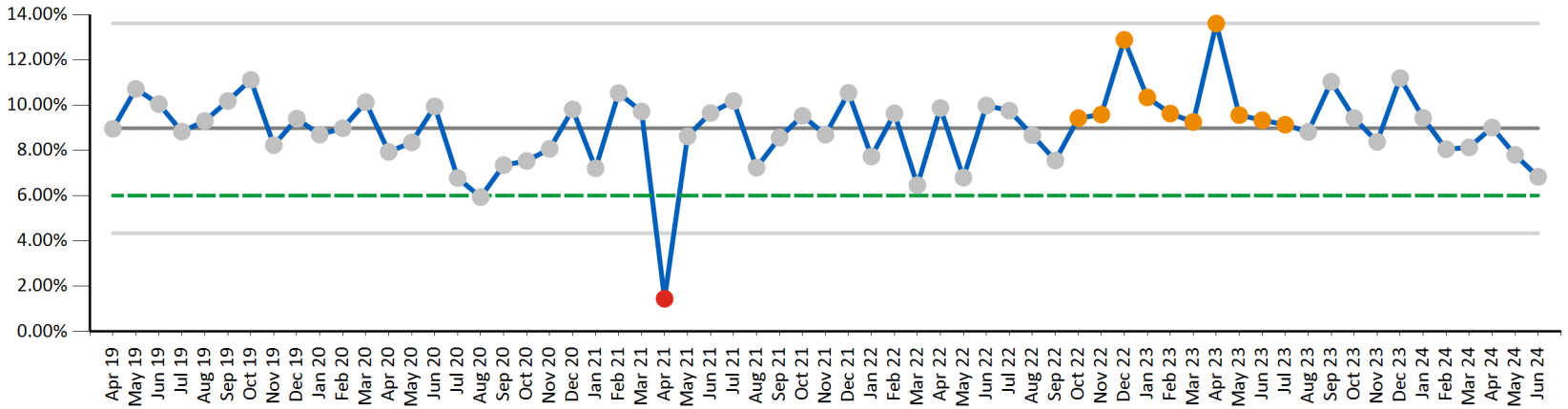
Plan	Actual
= 0	0

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

Common cause variation.

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
<= 6%	6.8%	Jun-24

Previous

Plan	Actual	Period
<= 6%	7.8%	May-24

Year to Date

Plan	Actual
<= 6%	7.9%

Operational Performance - Urgent Care

NHS Bolton NHS Foundation Trust

Urgent Care

Performance against the 4-hour standard was 61.9%, which was an increase of 0.5% on May 2024, however was below the planned trajectory of 68%. UTC performance (Type 3) was 91.5%, which was an improvement on the previous month's position. Attendances fell back to normal parameters in June in relation to both walk in and ambulance arrivals. Ambulance handover within 15 mins improved to 50.9% and there was an associated reduction in the number of delayed admissions into the emergency department by ambulance patients, which continues to improve.

ECIST have developed a programme of work to support further improvements in ambulance handover and this will be jointly developed with colleagues from NWAS. The Trust has also been successful in securing capital funding to redesign the urgent care estate to support some of schemes developed jointly with ECIST, particularly Rapid Assessment and Treatment, which launched in early July.

Plans continue to be monitored through our weekly executive urgent care improvement group. Particular projects of note include the introduction of Rapid Assessment and Treatment and improvements around the ambulance handover process.

NOF

For May, our fractured neck of femur performance deteriorated to 21.6%, with 8 of the eligible 37 patients getting to theatre within the 36 hour window.

The majority of breaches continue to relate to challenges with theatre capacity (22), with other breaches relating to further optimisation (4) and delays on the ward / in making a decision regarding treatment plan (3). June's performance was also hampered by the close interval of patients with fractured neck of femur being admitted; for example 9 over the first weekend in June. We are working to improve our escalation processes for trauma and recruitment is ongoing for assistant practitioners to extend the trauma coordination team to 7-days, this is anticipated to improve trauma theatre utilisation over weekends. We continue to facilitate the separation of elective and non-elective capacity, and are working to balance the high levels of trauma demand with our ambition to achieve zero patients waiting longer than 65-weeks by the end of September. Our time to operation remains below the national average, and our mortality rate remains largely static. We continue to monitor this closely.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
53 - A&E 4 hour target	>= 68%	61.9%	Jun-24	L	>= 67%	61.2%	May-24	>= 68%	61.2%	?
538 - Percentage of Ambulance handovers - Proportion of patients handed over within 15 minutes	>= 65.0%	50.9%	Jun-24		>= 65.0%	42.4%	May-24	>= 65.0%	46.2%	F
70 - Percentage of Ambulance handovers - Proportion of patients handed over within 30 mins	>= 95.0%	81.3%	Jun-24		>= 95.0%	74.7%	May-24	>= 95.0%	76.5%	F
71 - Percentage of Ambulance handovers - Proportion of patients handed over within 60 minutes	= 100%	92.56%	Jun-24		= 100%	88.09%	May-24	= 100%	89.52%	F
539 - A&E 12 hour waits	= 0	1,208	Jun-24		= 0	1,318	May-24	= 0	3,829	F
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	21.6%	Jun-24	L	>= 75%	27.8%	May-24	>= 75%	33.0%	?

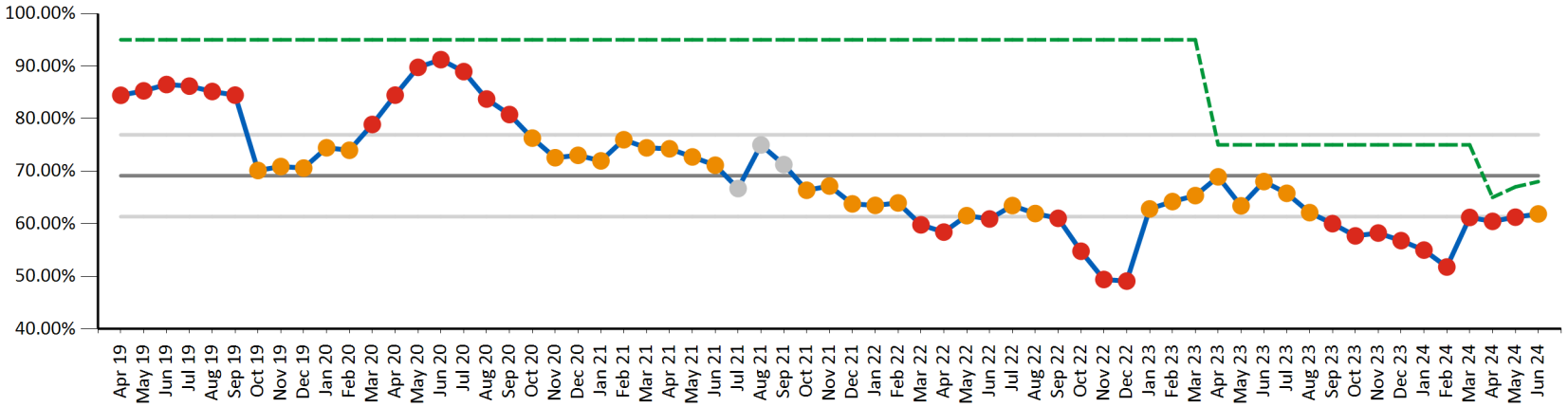
Outcome Measure	Latest Plan	Latest Actual	Latest Period	Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
56 - Stranded patients - over 7 days	<= 200	277	Jun-24	H	<= 200	285	May-24	<= 200	277	?
307 - Stranded Patients - LOS 21 days and over	<= 69	108	Jun-24	H	<= 69	107	May-24	<= 69	108	?
541 - Adult G&A bed occupancy	<= 92.0%	88.7%	Jun-24	H	<= 92.0%	88.1%	May-24	<= 92.0%	88.7%	P
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	5.73	Jun-24		<= 3.70	5.58	May-24	<= 3.70	6.18	F
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	9.3%	May-24	L	<= 13.5%	8.5%	Apr-24	<= 13.5%	8.9%	P

53 - A&E 4 hour target

L — Special cause variation with deteriorating performance

? — We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
>= 68%	61.9%	Jun-24

Previous

Plan	Actual	Period
>= 67%	61.2%	May-24

Year to Date

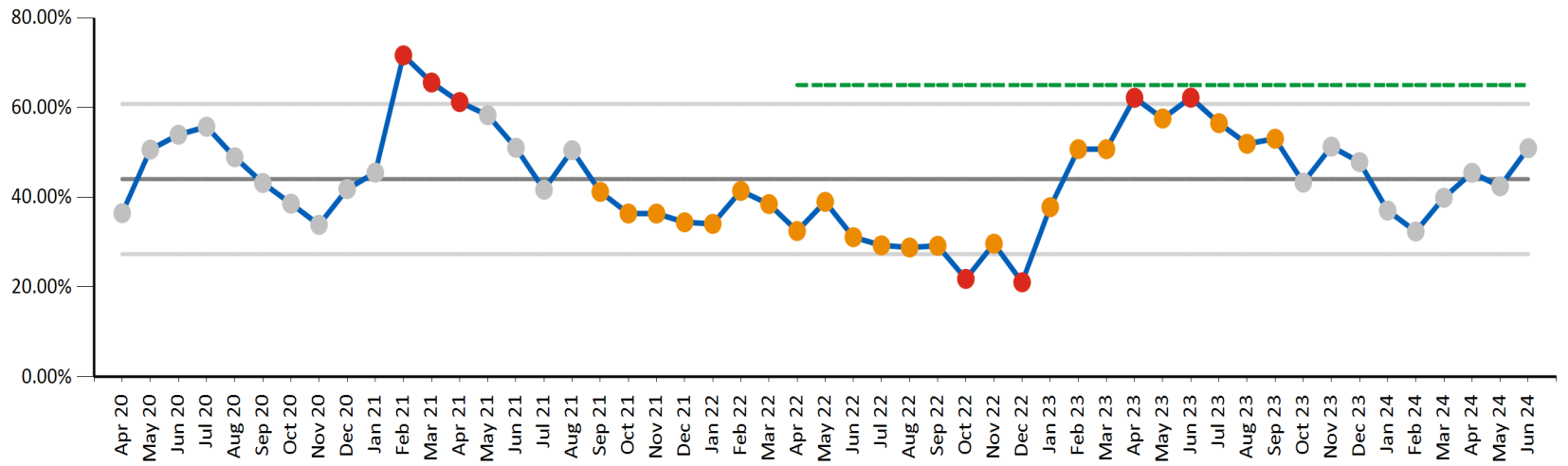
Plan	Actual
>= 68%	61.2%

538 - Percentage of Ambulance handovers - Proportion of patients handed over within 15 minutes

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
>= 65.0%	50.9%	Jun-24

Previous

Plan	Actual	Period
>= 65.0%	42.4%	May-24

Year to Date

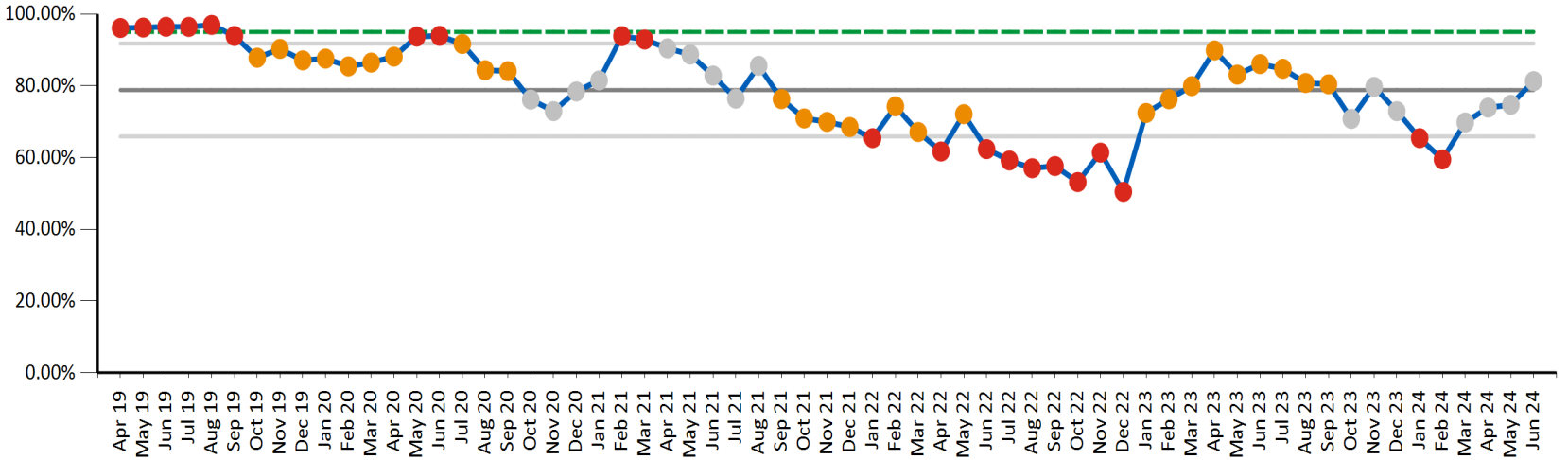
Plan	Actual
>= 65.0%	46.2%

70 - Percentage of Ambulance handovers - Proportion of patients handed over within 30 mins

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
>= 95.0%	81.3%	Jun-24

Previous

Plan	Actual	Period
>= 95.0%	74.7%	May-24

Year to Date

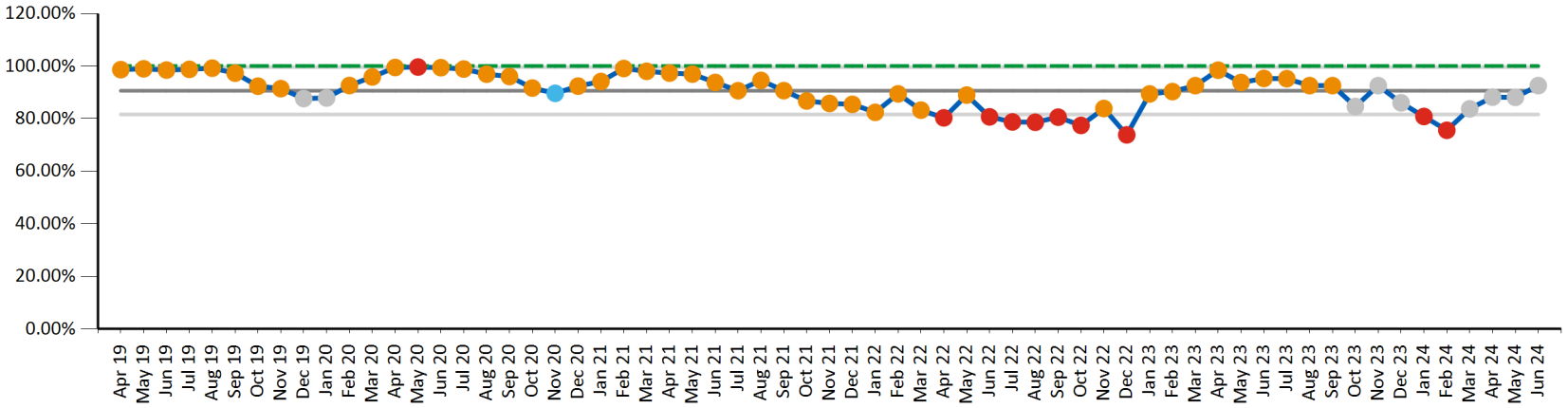
Plan	Actual
>= 95.0%	76.5%

71 - Percentage of Ambulance handovers - Proportion of patients handed over within 60 minutes

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
= 100%	92.56%	Jun-24

Previous

Plan	Actual	Period
= 100%	88.09%	May-24

Year to Date

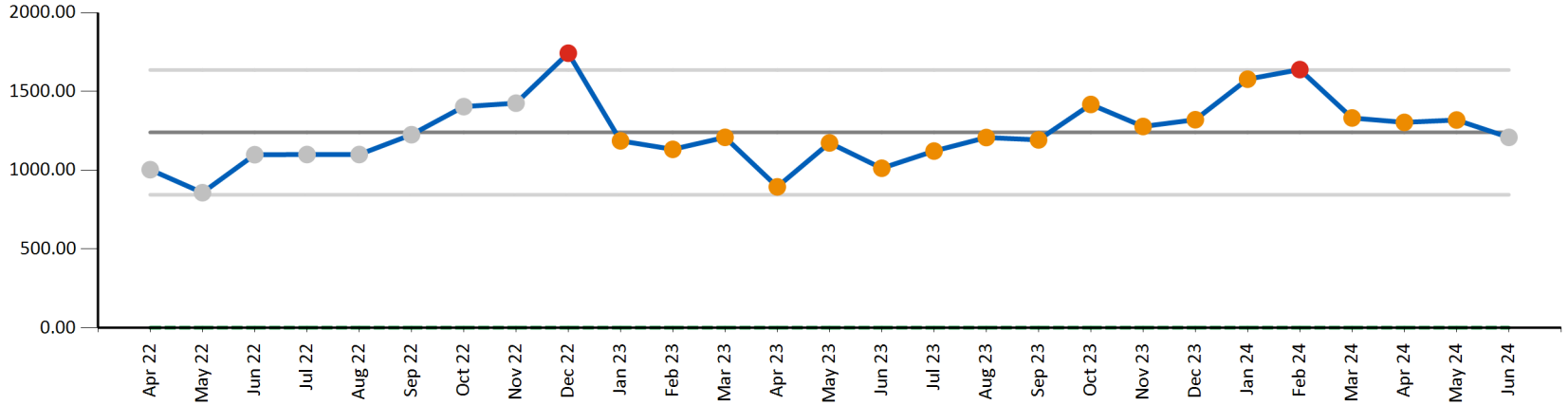
Plan	Actual
= 100%	89.52%

539 - A&E 12 hour waits

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
= 0	1,208	Jun-24

Previous

Plan	Actual	Period
= 0	1,318	May-24

Year to Date

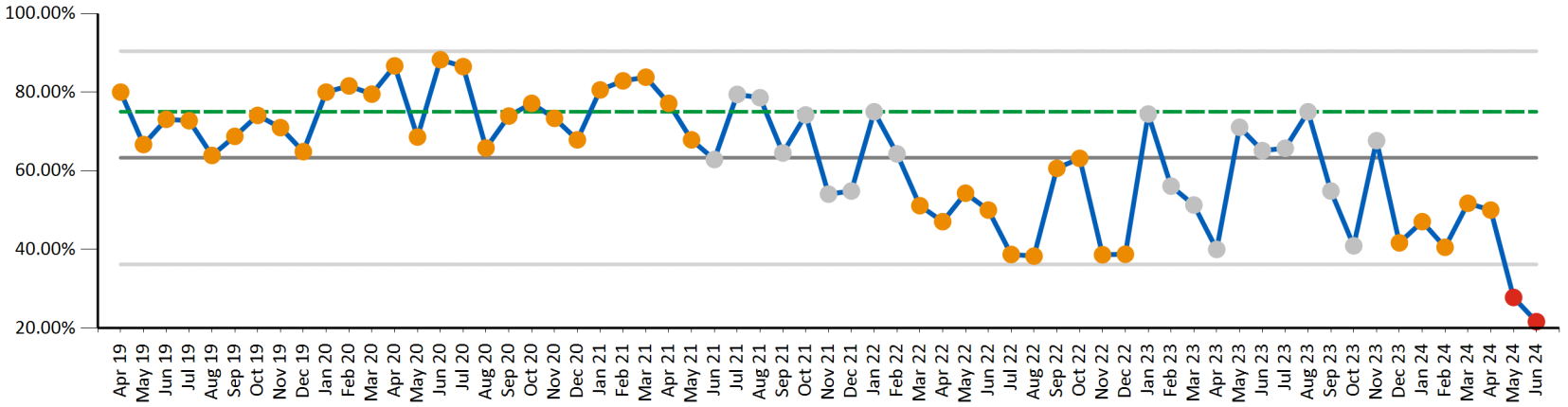
Plan	Actual
= 0	3,829

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

Special cause variation with deteriorating performance

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
>= 75%	21.6%	Jun-24

Previous

Plan	Actual	Period
>= 75%	27.8%	May-24

Year to Date

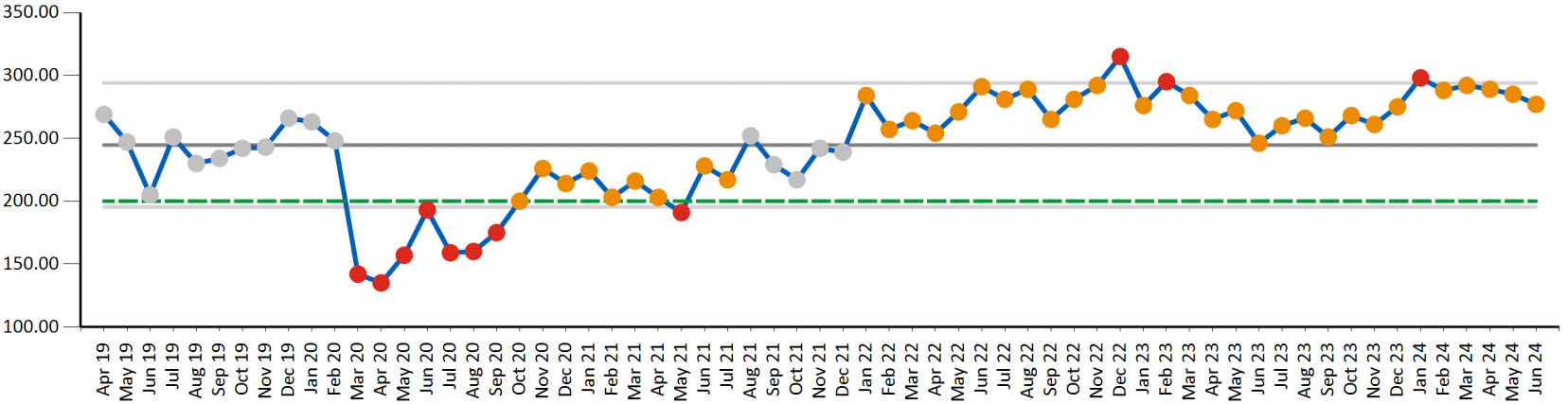
Plan	Actual
>= 75%	33.0%

56 - Stranded patients - over 7 days

Special cause variation with deteriorating performance

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
<= 200	277	Jun-24

Previous

Plan	Actual	Period
<= 200	285	May-24

Year to Date

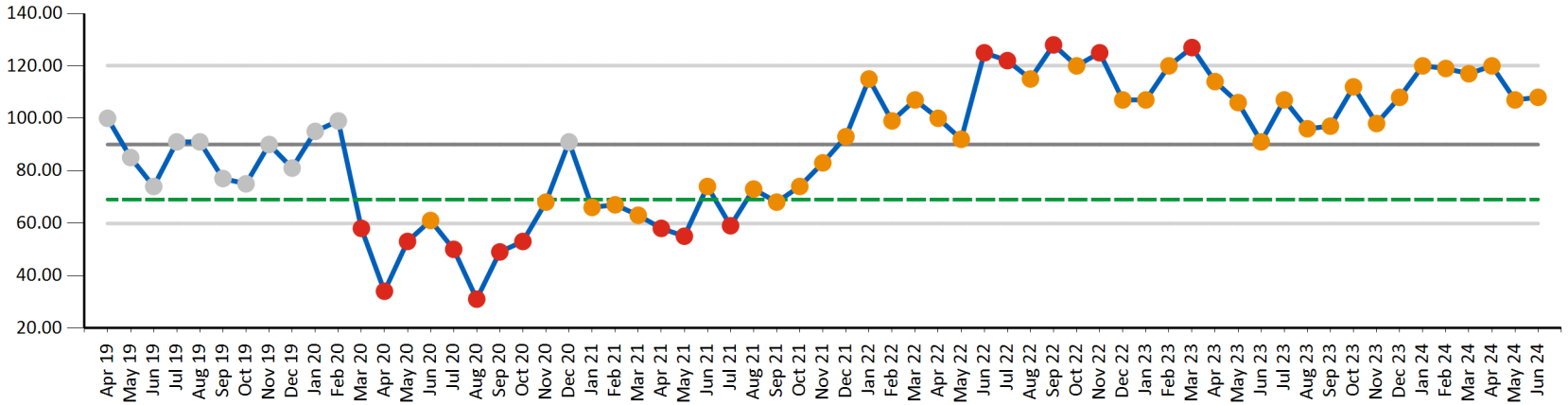
Plan	Actual
<= 200	277

307 - Stranded Patients - LOS 21 days and over

Special cause variation with deteriorating performance

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
<= 69	108	Jun-24

Previous

Plan	Actual	Period
<= 69	107	May-24

Year to Date

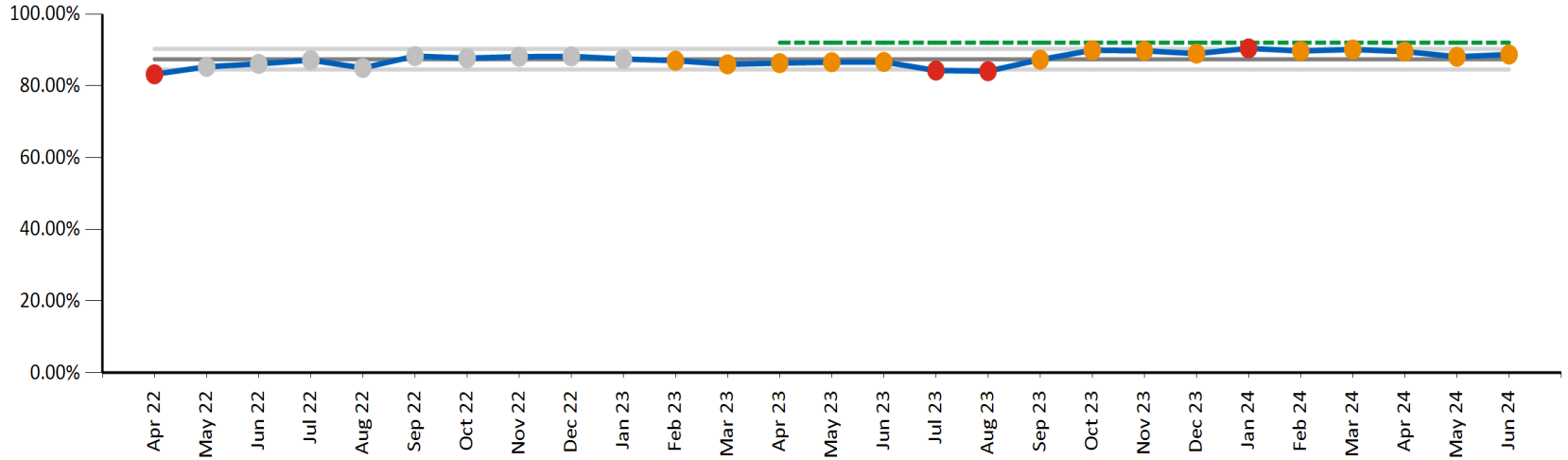
Plan	Actual
<= 69	108

541 - Adult G&A bed occupancy

Special cause variation with deteriorating performance

Target will be regularly met.

6/6



Latest

Plan	Actual	Period
<= 92.0%	88.7%	Jun-24

Previous

Plan	Actual	Period
<= 92.0%	88.1%	May-24

Year to Date

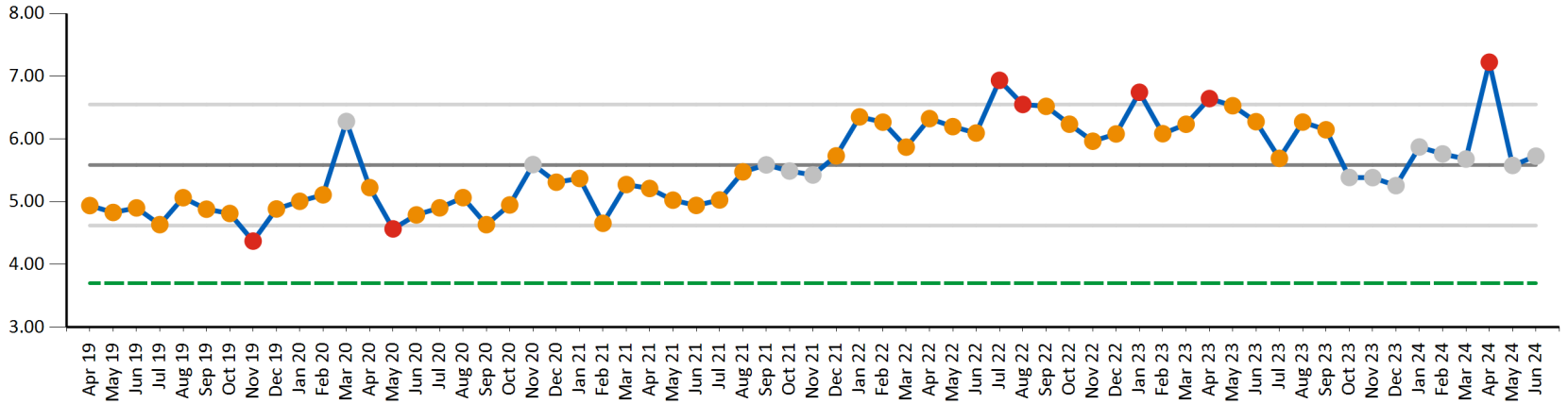
Plan	Actual
<= 92.0%	88.7%

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

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
<= 3.70	5.73	Jun-24

Previous

Plan	Actual	Period
<= 3.70	5.58	May-24

Year to Date

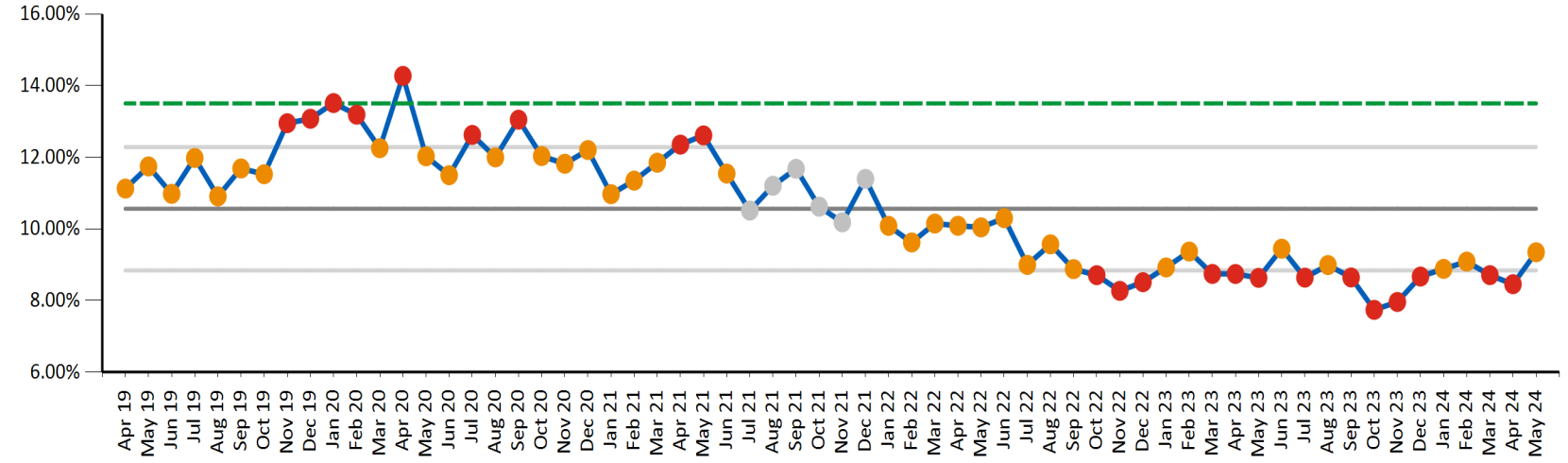
Plan	Actual
<= 3.70	6.18

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

Special cause variation with improving performance

Target will be regularly met.

6/6



Latest

Plan	Actual	Period
<= 13.5%	9.3%	May-24

Previous

Plan	Actual	Period
<= 13.5%	8.5%	Apr-24

Year to Date

Plan	Actual
<= 13.5%	8.9%

Operational Performance - Elective Care

NHS Bolton NHS Foundation Trust

RTT

We finished June with 13 patients having waited longer than 78-weeks for their treatment; 2 were due to patient choice, 0 were due to capacity issues, 1 was due to patient complexity, and 10 were patients awaiting corneal graft material. We had no patients waiting longer than 104-weeks at the end of June. We continue to work towards eliminating 78-week breaches (excluding graft patients) as soon as possible and maintaining that position. Progress continues to be made towards achieving zero 65-week waits by the end of September and to sustain that position. Mutual aid has been received for ENT and Plastic Surgery, plus additional capacity has been identified for ENT, Urology, Gynaecology, General Surgery, and Trauma & Orthopaedics. The focus for June has been to significantly reduce the number of patients awaiting their first appointments in our key specialties; this work will continue into July.

DM01

The Trust position has moved away from target by 3.7% this month, however progress has been made by reducing the number of patients waiting for a diagnostic procedure. The final position is 13.3%, with an overall decrease of 114 fewer patients waiting for a diagnostic test which has been the continued focus of plans this month. Cardiology and Audiology have seen their performance decrease due to capacity being compromised by clinician availability this month, however, additional clinics and alternative capacity has been sourced to ensure recovery by September. Overall, work against the recovery trajectory continues and the plans in place to bring the Trust in line with the National target to 5% by February 2025.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	50.3%	Jun-24	L	>= 92%	51.2%	May-24	>= 92%	50.4%	F
314 - RTT 18 week waiting list	<= 28,964	45,133	Jun-24	H	<= 29,114	44,435	May-24	<= 28,964	45,133	F
42 - RTT 52 week waits (incomplete pathways)		3,674	Jun-24	H		3,542	May-24		10,575	
540 - RTT 65 week waits (incomplete pathways)	<= 922	963	Jun-24	H	<= 936	747	May-24	<= 2,807	2,388	P
526 - RTT 78 week waits (incomplete pathways)	= 0	13	Jun-24	L	= 0	29	May-24	= 0	65	F
527 - RTT 104 week waits (incomplete pathways)	= 0	0	Jun-24	L	= 0	1	May-24	= 0	1	F
72 - Diagnostic Waits >6 weeks %	>= 5%	13.3%	Jun-24	L	>= 5%	9.6%	May-24	>= 5%	10.2%	P
489 - Daycase Rates	>= 85%	81.9%	Jun-24		>= 85%	82.5%	May-24	>= 85%	82.5%	?

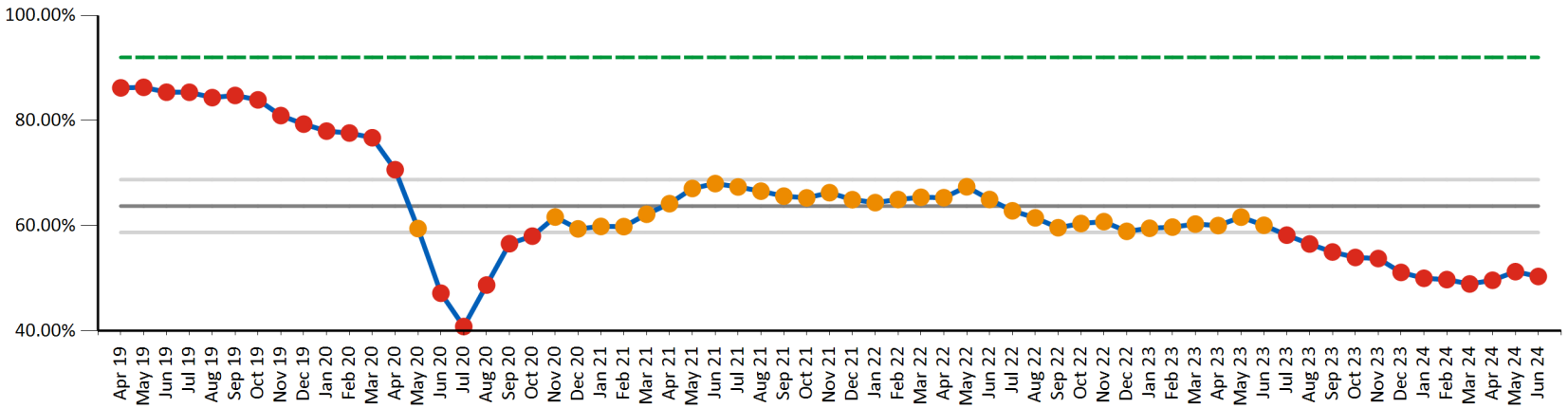
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
582 - Theatre Utilisation - Capped		73.6%	Jun-24			75.6%	May-24		75.5%	
583 - Theatre Utilisation - Uncapped		77.8%	Jun-24			79.7%	May-24		79.8%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	0.8%	Jun-24		<= 1%	1.3%	May-24	<= 1%	1.1%	?
62 - Cancelled operations re-booked within 28 days	= 100%	82.4%	May-24		= 100%	77.4%	Apr-24	= 100%	20.0%	?
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.70	Jun-24		<= 2.00	3.23	May-24	<= 2.00	2.94	?
309 - DNA Rate - New	<= 6.3%	10.0%	Jun-24		<= 6.3%	9.9%	May-24	<= 6.3%	9.9%	F
310 - DNA Rate - Follow up	<= 5.0%	9.1%	Jun-24		<= 5.0%	9.1%	May-24	<= 5.0%	9.0%	F

41 - RTT Incomplete pathways within 18 weeks %

L Special cause variation with deteriorating performance

F We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
>= 92%	50.3%	Jun-24

Previous

Plan	Actual	Period
>= 92%	51.2%	May-24

Year to Date

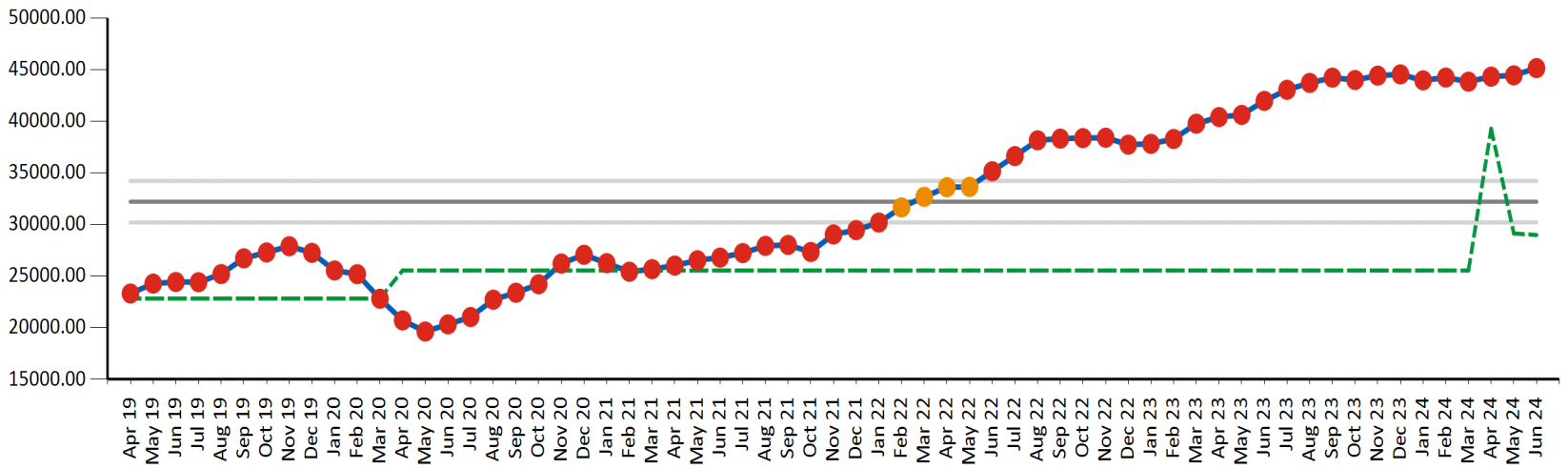
Plan	Actual
>= 92%	50.4%

314 - RTT 18 week waiting list

Special cause variation with deteriorating performance

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
<= 28,964	45,133	Jun-24

Previous

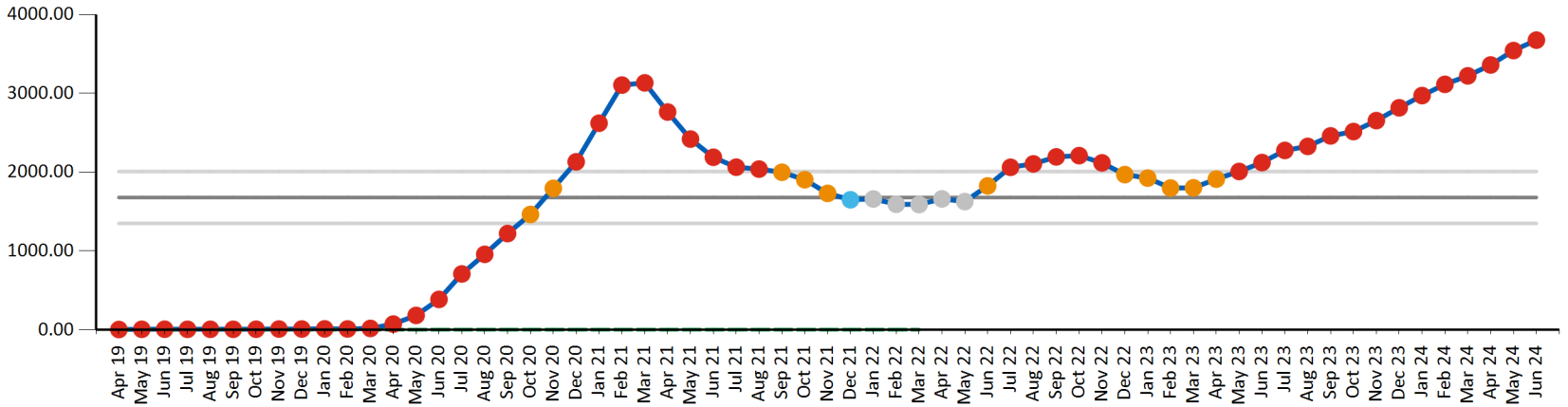
Plan	Actual	Period
<= 29,114	44,435	May-24

Year to Date

Plan	Actual
<= 28,964	45,133

42 - RTT 52 week waits (incomplete pathways)

Special cause variation with deteriorating performance



Latest

Plan	Actual	Period
	3,674	Jun-24

Previous

Plan	Actual	Period
	3,542	May-24

Year to Date

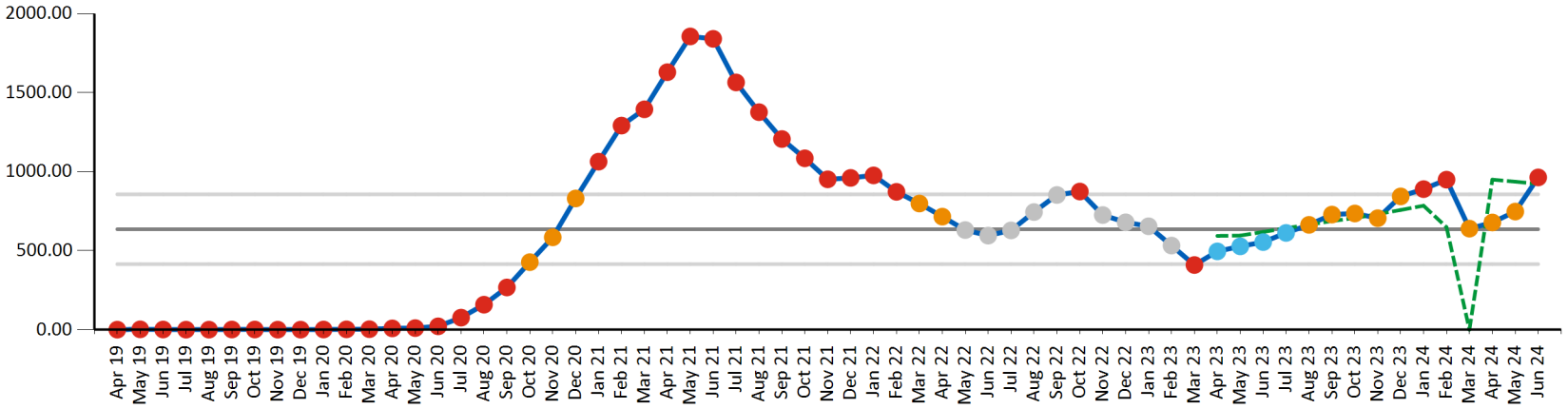
Plan	Actual
	10,575

540 - RTT 65 week waits (incomplete pathways)

Special cause variation with deteriorating performance

Target will be regularly met.

2/6



Latest

Plan	Actual	Period
<= 922	963	Jun-24

Previous

Plan	Actual	Period
<= 936	747	May-24

Year to Date

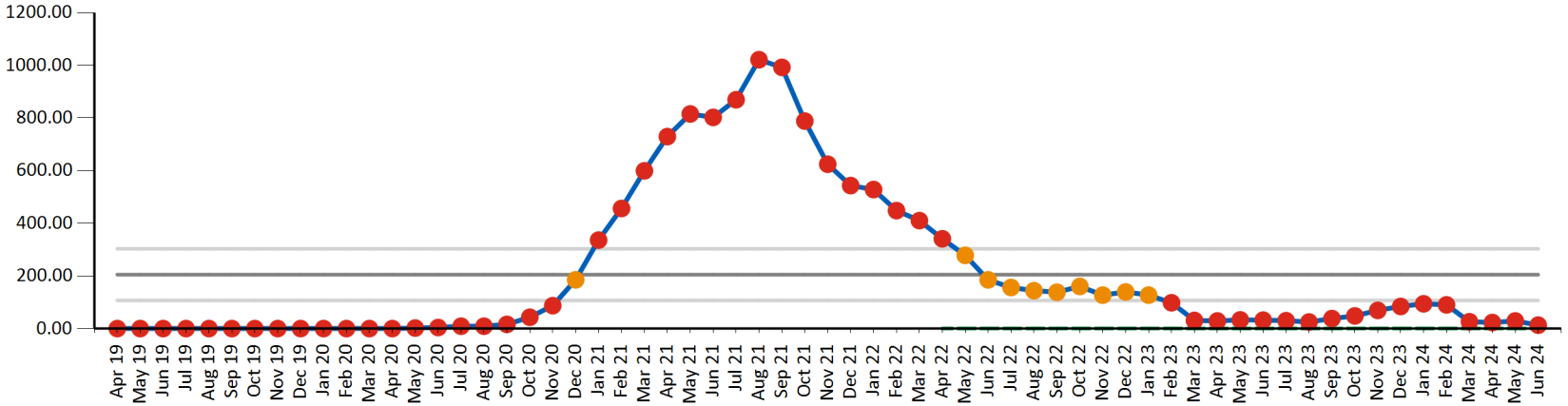
Plan	Actual
<= 2,807	2,388

526 - RTT 78 week waits (incomplete pathways)

Special cause variation with improving performance

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
= 0	13	Jun-24

Previous

Plan	Actual	Period
= 0	29	May-24

Year to Date

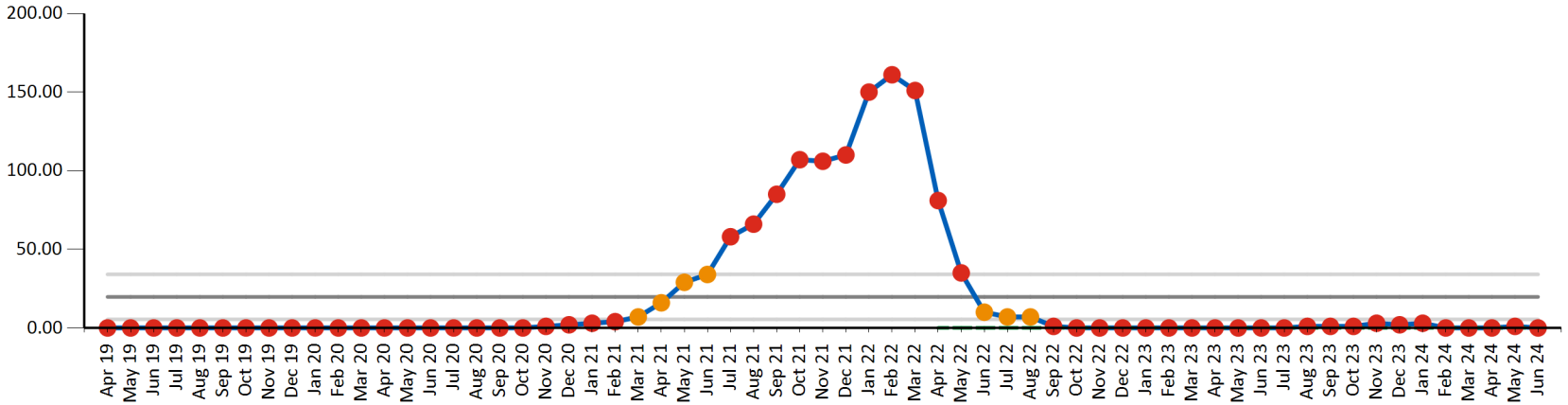
Plan	Actual
= 0	65

527 - RTT 104 week waits (incomplete pathways)

Special cause variation with improving performance

We will regularly fail to meet the target.

4/6



Latest

Plan	Actual	Period
= 0	0	Jun-24

Previous

Plan	Actual	Period
= 0	1	May-24

Year to Date

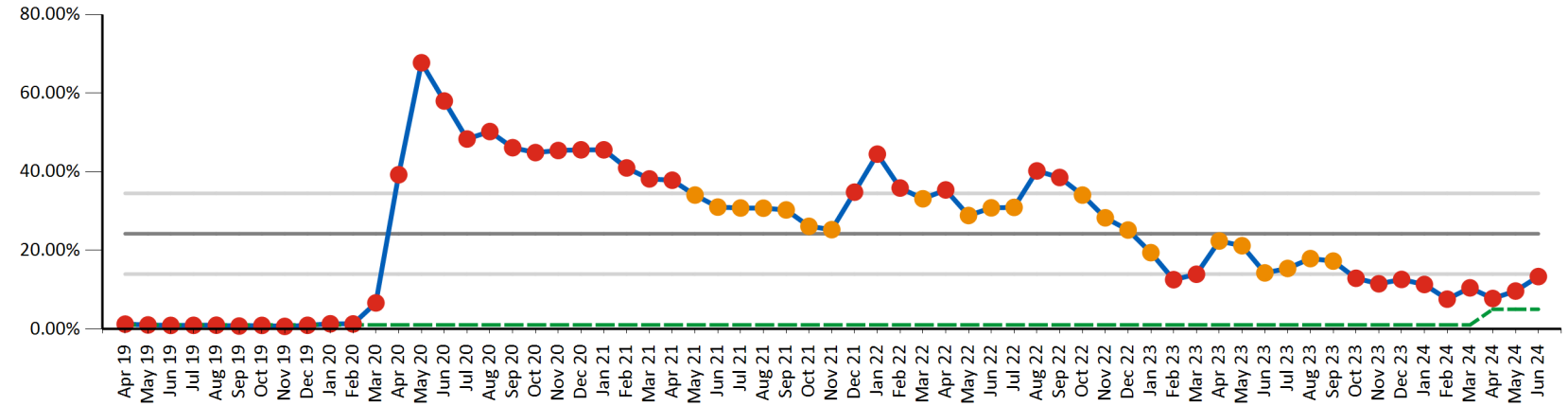
Plan	Actual
= 0	1

72 - Diagnostic Waits >6 weeks %

Special cause variation with deteriorating performance

Target will be regularly met.

6/6



Latest

Plan	Actual	Period
>= 5%	13.3%	Jun-24

Previous

Plan	Actual	Period
>= 5%	9.6%	May-24

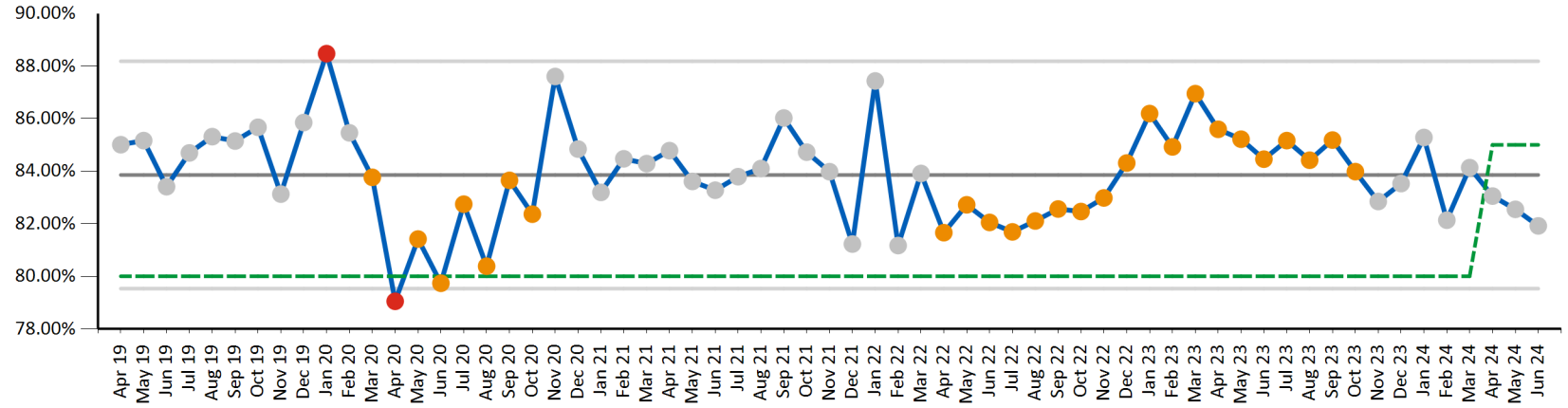
Year to Date

Plan	Actual
>= 5%	10.2%

489 - Daycase Rates

Common cause variation.

We will not regularly meet the target due to normal variation. 3/6



Latest

Plan	Actual	Period
>= 85%	81.9%	Jun-24

Previous

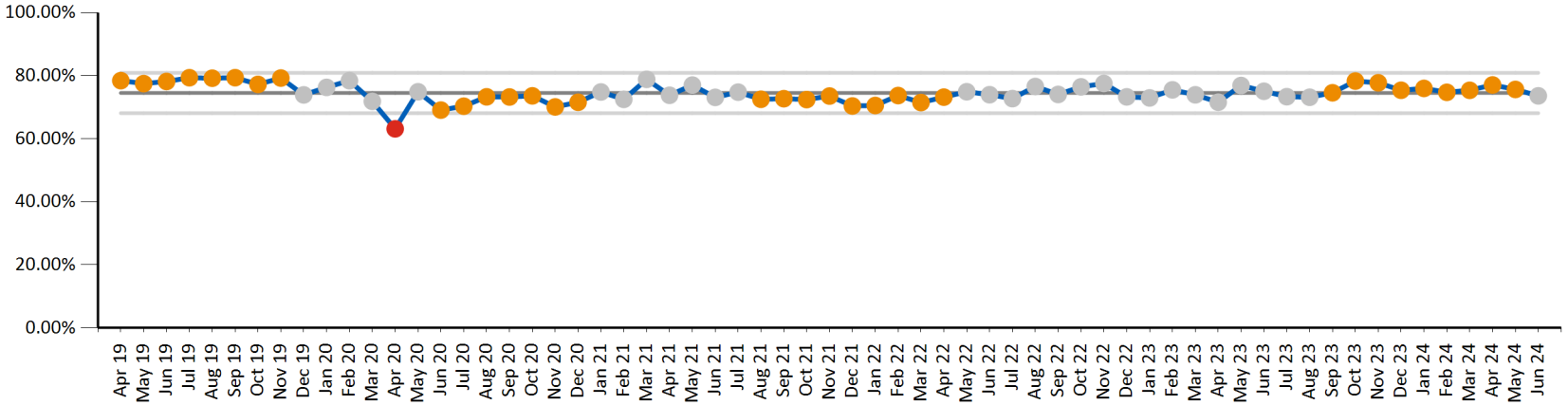
Plan	Actual	Period
>= 85%	82.5%	May-24

Year to Date

Plan	Actual
>= 85%	82.5%

582 - Theatre Utilisation - Capped

Common cause variation.



Latest

Plan	Actual	Period
	73.6%	Jun-24

Previous

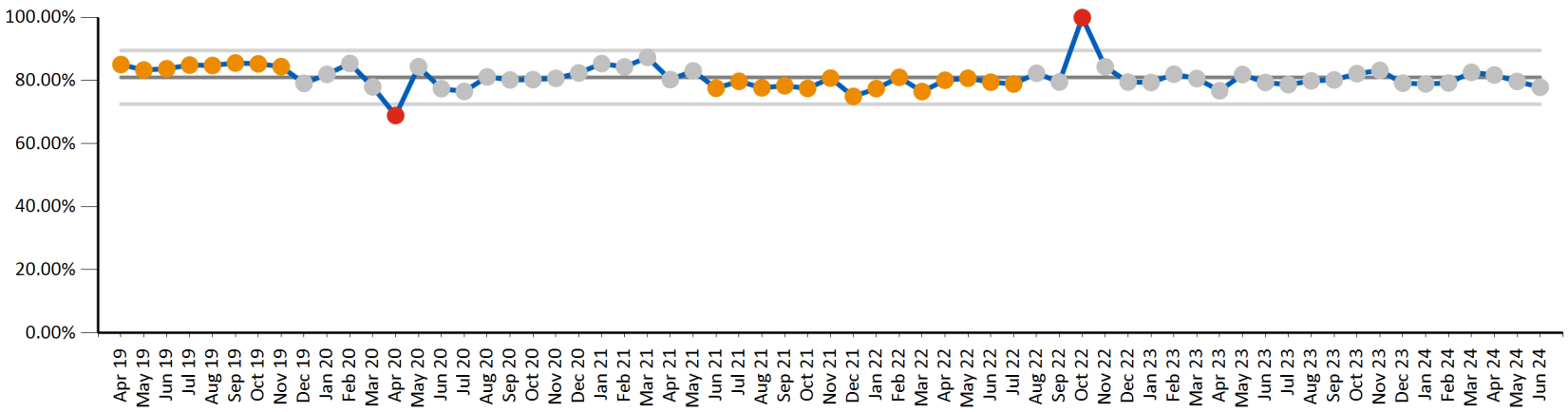
Plan	Actual	Period
	75.6%	May-24

Year to Date

Plan	Actual
	75.5%

583 - Theatre Utilisation - Uncapped

Common cause variation.



Latest

Plan	Actual	Period
	77.8%	Jun-24

Previous

Plan	Actual	Period
	79.7%	May-24

Year to Date

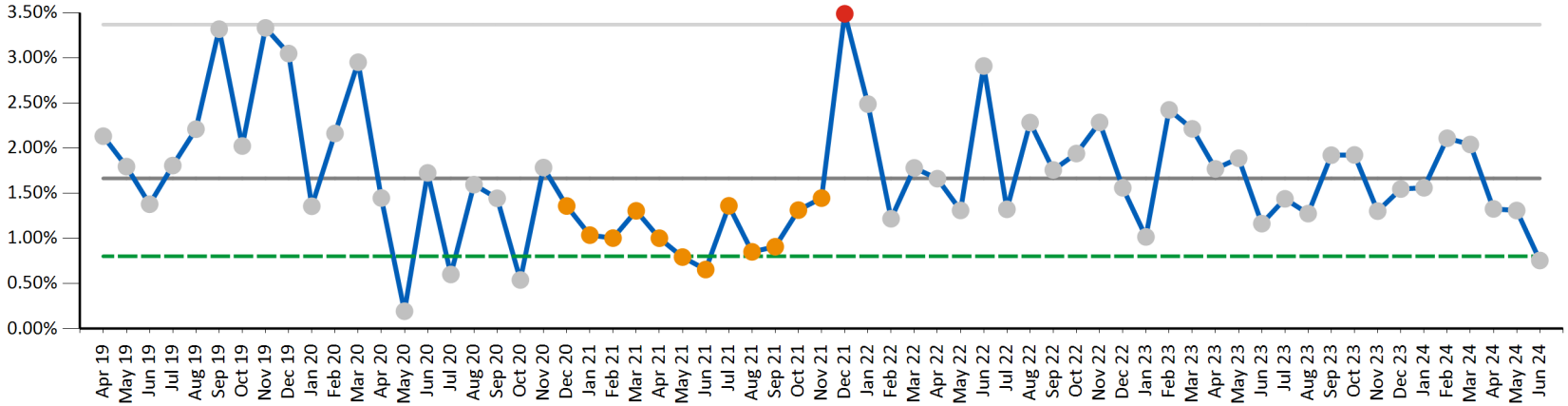
Plan	Actual
	79.8%

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

Common cause variation.

We will not regularly meet the target due to normal variation.

1/6



Latest

Plan	Actual	Period
<= 1%	0.8%	Jun-24

Previous

Plan	Actual	Period
<= 1%	1.3%	May-24

Year to Date

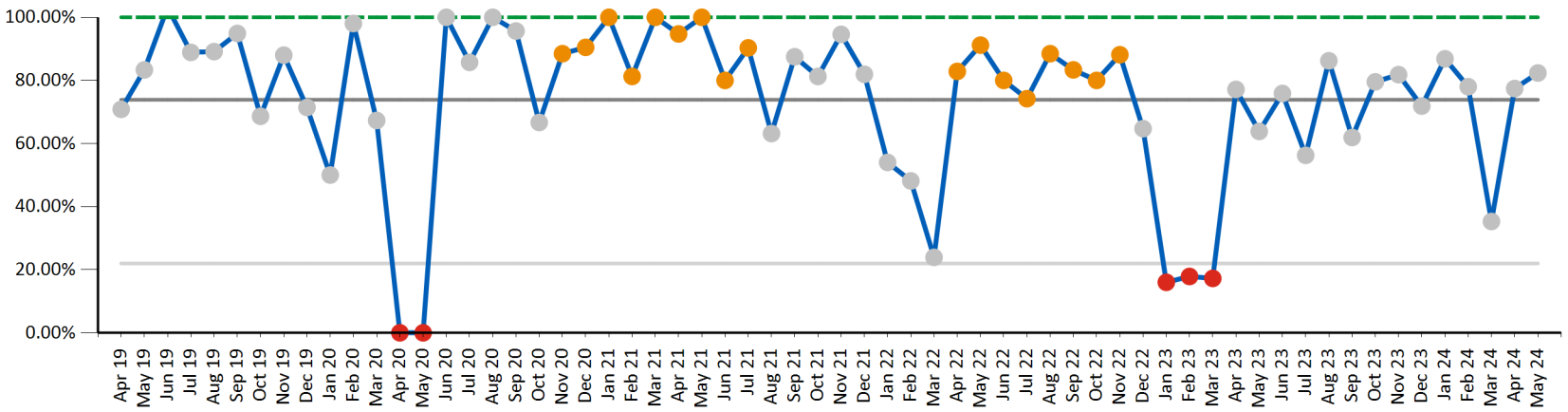
Plan	Actual
<= 1%	1.1%

62 - Cancelled operations re-booked within 28 days

Common cause variation.

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
= 100%	82.4%	May-24

Previous

Plan	Actual	Period
= 100%	77.4%	Apr-24

Year to Date

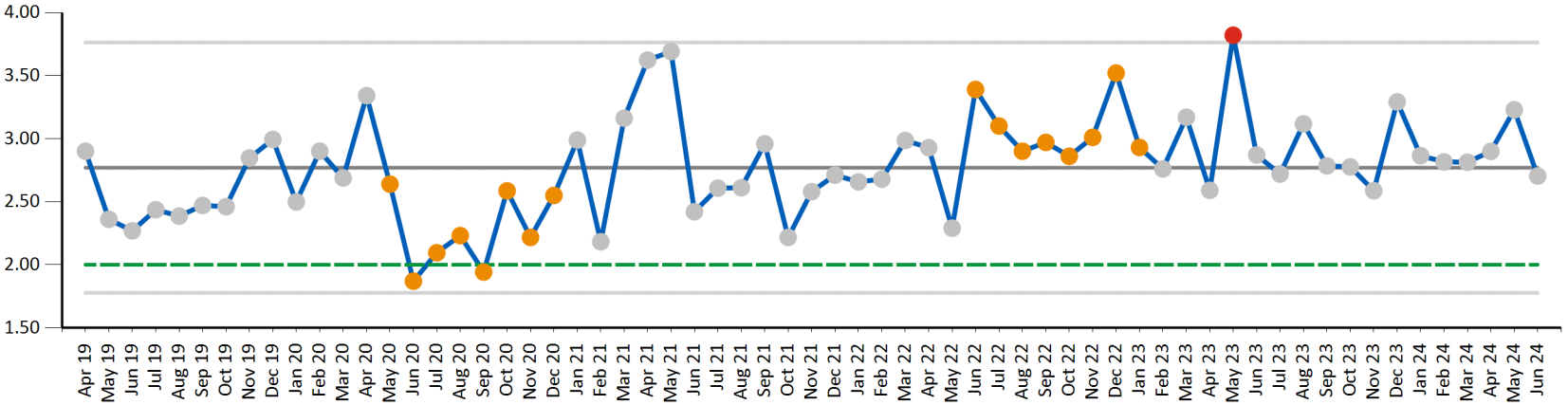
Plan	Actual
= 100%	20.0%

65 - Elective Length of Stay (Discharges in month)

Common cause variation.

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
<= 2.00	2.70	Jun-24

Previous

Plan	Actual	Period
<= 2.00	3.23	May-24

Year to Date

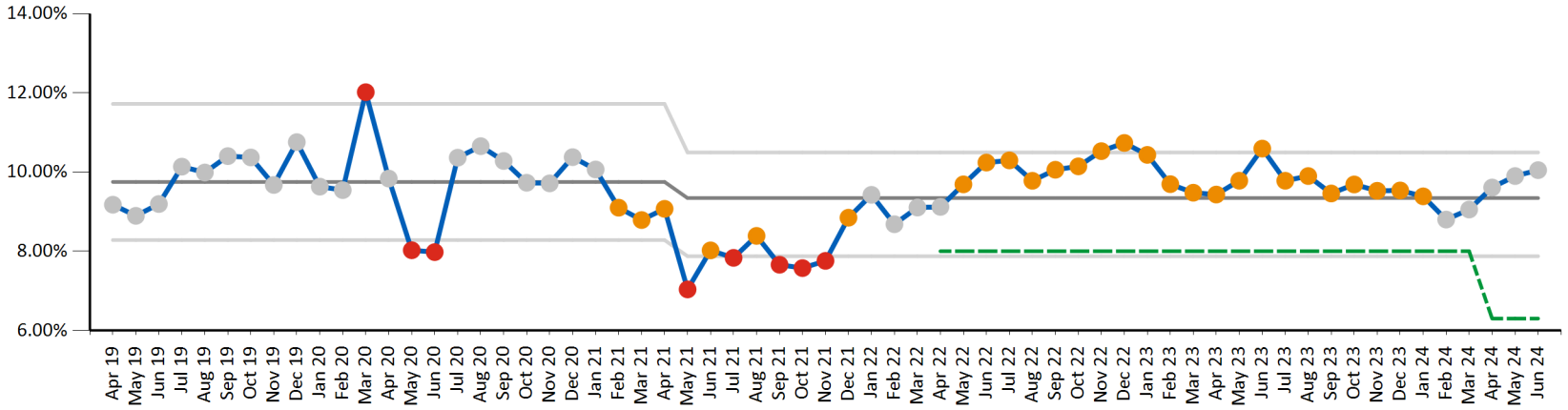
Plan	Actual
<= 2.00	2.94

309 - DNA Rate - New

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
<= 6.3%	10.0%	Jun-24

Previous

Plan	Actual	Period
<= 6.3%	9.9%	May-24

Year to Date

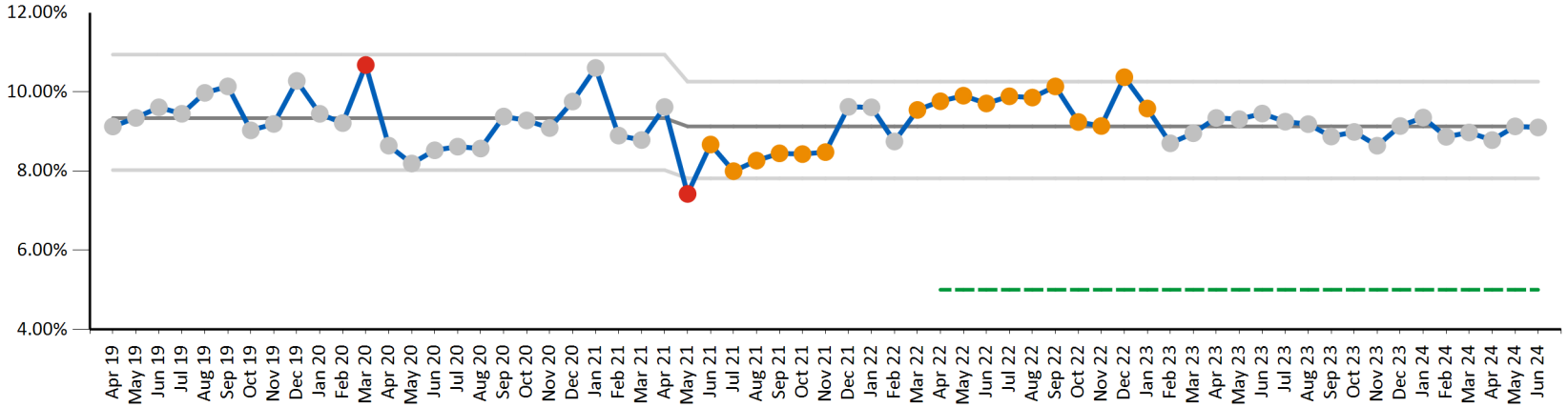
Plan	Actual
<= 6.3%	9.9%

310 - DNA Rate - Follow up

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
<= 5.0%	9.1%	Jun-24

Previous

Plan	Actual	Period
<= 5.0%	9.1%	May-24

Year to Date

Plan	Actual
<= 5.0%	9.0%

Operational Performance - Cancer

Bolton NHS Foundation Trust

For May, we achieved the faster diagnosis standard, and the 31-day treatment standard.
We did not achieve performance against the 62-day standard, and it is not expected that we will achieve performance for June. Key areas of underperformance for May were Breast, Lung, and Colorectal. All specialties have recovery actions in place to return to sustained performance, with a view to recovery on the 62-day performance from September onwards.

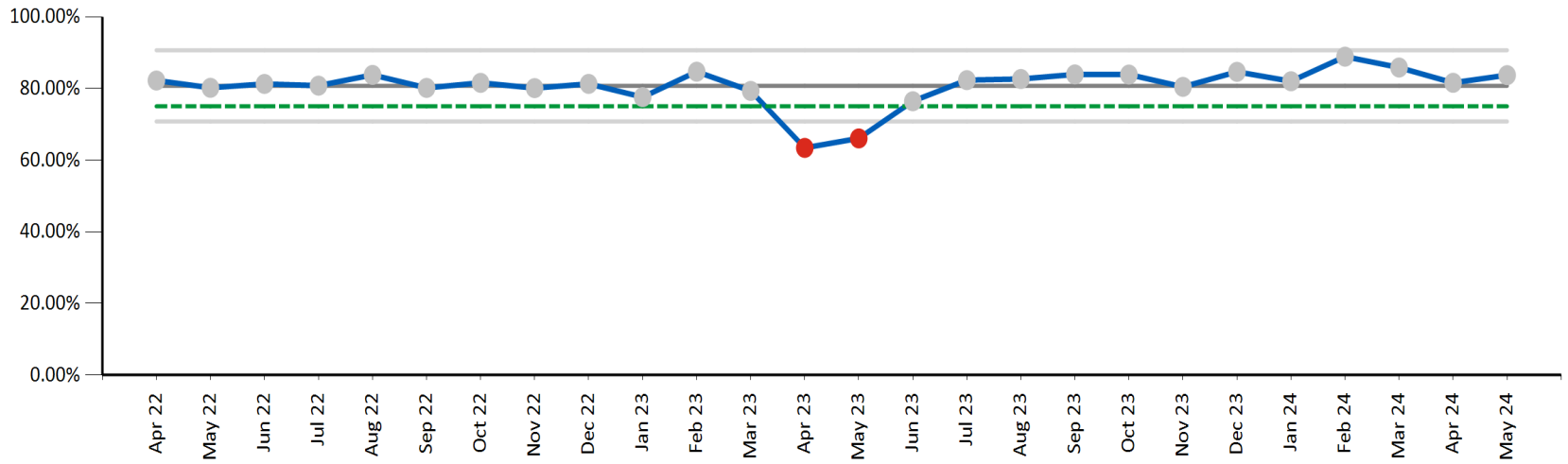
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
542 - Cancer: 28 day faster diagnosis	>= 75.0%	83.7%	May-24		>= 75.0%	81.6%	Apr-24	>= 75.0%	82.6%	
584 - 31 Day General Treatment Standard	>= 96%	100.0%	May-24		>= 96%	98.2%	Apr-24	>= 96%	99.1%	
585 - 62 Day General Standard	>= 85%	77.5%	May-24		>= 85%	78.0%	Apr-24	>= 85%	77.8%	

542 - Cancer: 28 day faster diagnosis

Common cause variation.

We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
>= 75.0%	83.7%	May-24

Previous

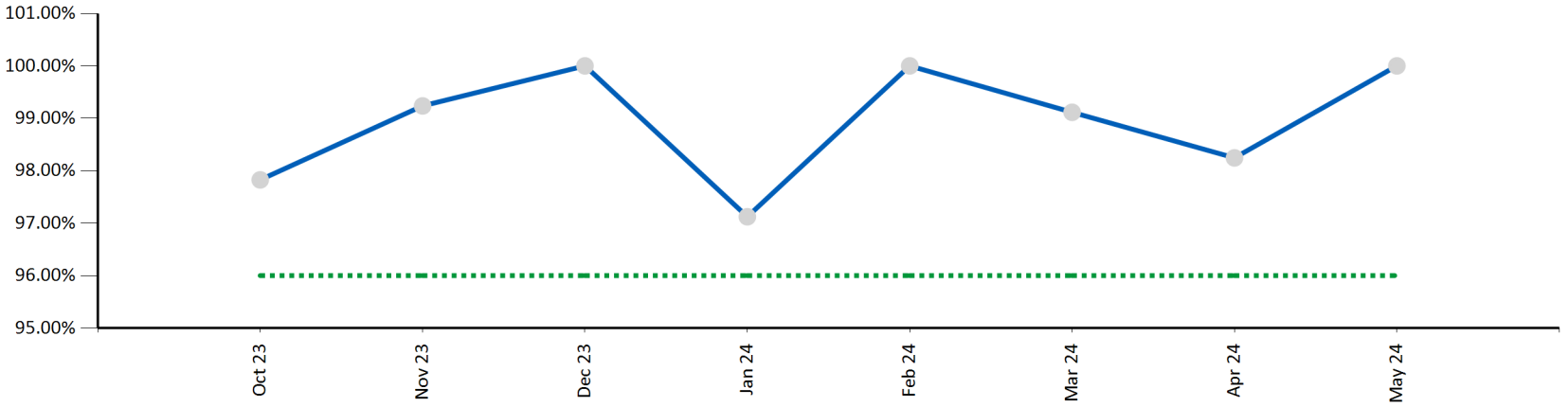
Plan	Actual	Period
>= 75.0%	81.6%	Apr-24

Year to Date

Plan	Actual
>= 75.0%	82.6%

584 - 31 Day General Treatment Standard - SPC data available after 20 data points

6/6



Latest

Plan	Actual	Period
>= 96%	100.0%	May-24

Previous

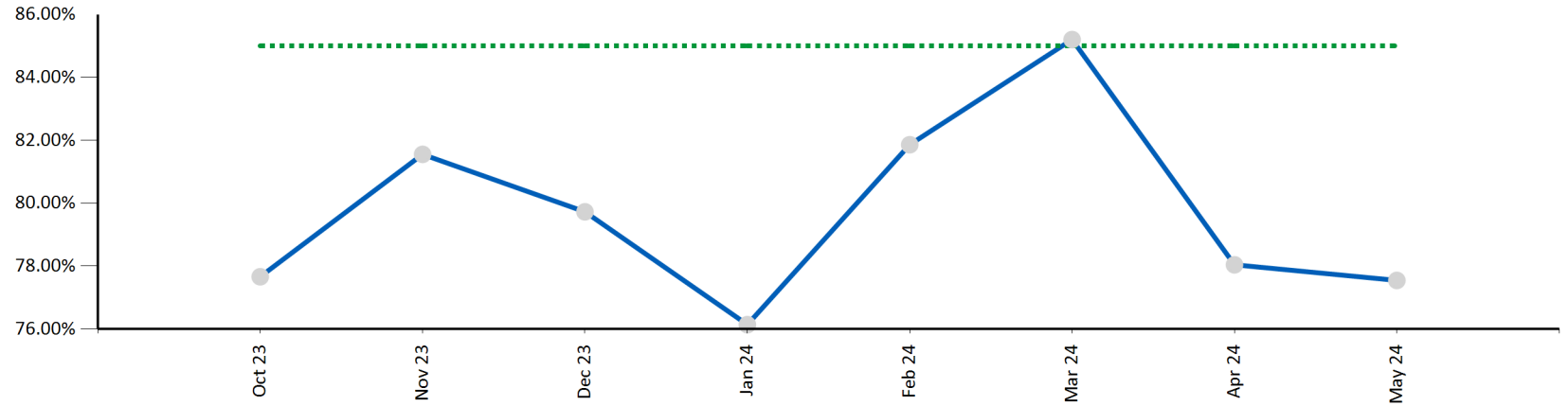
Plan	Actual	Period
>= 96%	98.2%	Apr-24

Year to Date

Plan	Actual
0.96	99.1%

585 - 62 Day General Standard - SPC data available after 20 data points

1/6



Latest

Plan	Actual	Period
>= 85%	77.5%	May-24

Previous

Plan	Actual	Period
>= 85%	78.0%	Apr-24

Year to Date

Plan	Actual
0.85	77.8%

Operational Performance - Community Care

NHS Bolton NHS Foundation Trust

ED deflections

ED deflections for Month 3 have increased to 595, which remains above the plan of 400. The number of deflections has continued to remain above 500 and this demonstrates the impact of the continued work by AAT in relation to promotion of the 2 hour Urgent Community Response pathways into the service from NWAS, Primary Care and Care Homes. Work is ongoing to support ED deflections, including use of the AAT 30 day readmission pathway and a wider focus on the top ten care homes with high attendances to ED and NWAS callouts.

NCTR

The number of patients with No Criteria to Reside has remained stable in month, above our operating plan at an average of 99. Additions to the NCTR list were in line with usual variation however there is a continued backlog which has resulted in challenges in reducing NCTR to operating plan of 90.

Occupied bed days has reduced to 754, in month 3 which is a decrease from 912 in M2. This has been a result of progress with implementation of the NCTR urgent care improvement actions. This is an improving position but average lost bed days continued to be above plan of 400. The main reasons for being off trajectory are; a backlog from the June industrial action, social work capacity within IDT, and delays with out of area discharges.

0-5 Years Mandated Contacts

The performance for 0-5 Years Mandated Contacts has remained relatively stable (increase in month from 69% to 74%) although remains off target. Underperformance can be attributed to staffing challenges within the 0-19 service, in particular due to a shortage of Health Visitors (nationally). News of the extended 0-19 contract has been well received by staff and the service have experienced some positive recruitment to Health Visitor vacancies over the last 4-6 weeks. However, despite the positive recruitment, health visitor vacancies are still causing pressures and this has been recorded on the divisional risk register (risk 6036).

EHCP compliance

As forecasted by the service, EHCP compliance has significantly improved this month from 64% in May to 88% in June 2024. The service are still experiencing staffing challenges however mitigations have been put in place to maintain turnaround times.

Looked after Children

Performance continues to be very strong across our Looked After Children (LAC) pathways. Initial reviews and special school reviews are both well above target with 100% compliance (no breaches). Review health assessments remain at the 90% target despite pressures within month.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
334 - Total Deflections from ED	>= 400	595	Jun-24		>= 400	548	May-24	>= 1,200	1,708	
493 - Average Number of Patients: with no Criteria to Reside	<= 91	99	Jun-24		<= 90	98	May-24	<= 91	99	
494 - Average Occupied Days - for no Criteria to Reside	<= 360	754	Jun-24		<= 360	912	May-24	<= 1,080	2,578	

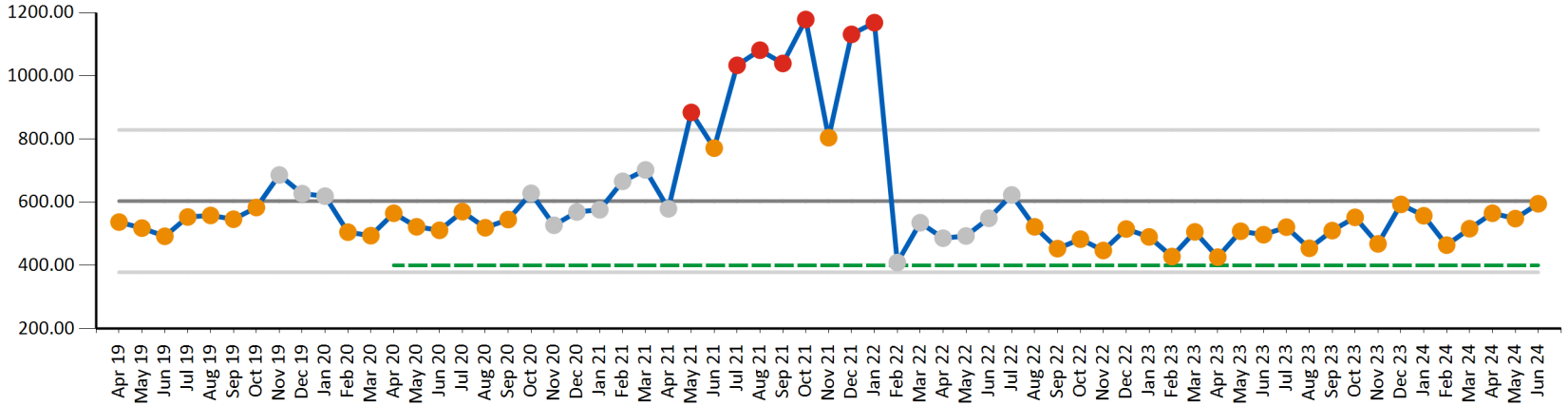
Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
267 - 0-5 Health Visitor mandated contacts	>= 95%	74%	Jun-24		>= 95%	69%	May-24	>= 95%	71%	F
269 - Education, health and care plan (EHC) compliance	>= 95%	88%	Jun-24		>= 95%	64%	May-24	>= 95%	72%	?
550 - Percentage of Looked After Children Review Health Assessments completed within timescale by Health Visitor & School Nurse	>= 90.0%	90.0%	Jun-24	H	>= 90.0%	98.0%	May-24	>= 90.0%		?
551 - Looked After Children Initial Health Assessments completed within 4 weeks statutory timescales	>= 90.0%	100.0%	Jun-24		>= 90.0%	88.0%	May-24	>= 90.0%		?
552 - Looked After Children Review Health Assessments completed by within expected timescale over 5s in Special Schools	>= 90.0%	100.0%	Jun-24		>= 90.0%	100.0%	May-24	>= 90.0%		

334 - Total Deflections from ED

L — Special cause variation with deteriorating performance

? — We will not regularly meet the target due to normal variation.

6/6



Latest

Plan	Actual	Period
>= 400	595	Jun-24

Previous

Plan	Actual	Period
>= 400	548	May-24

Year to Date

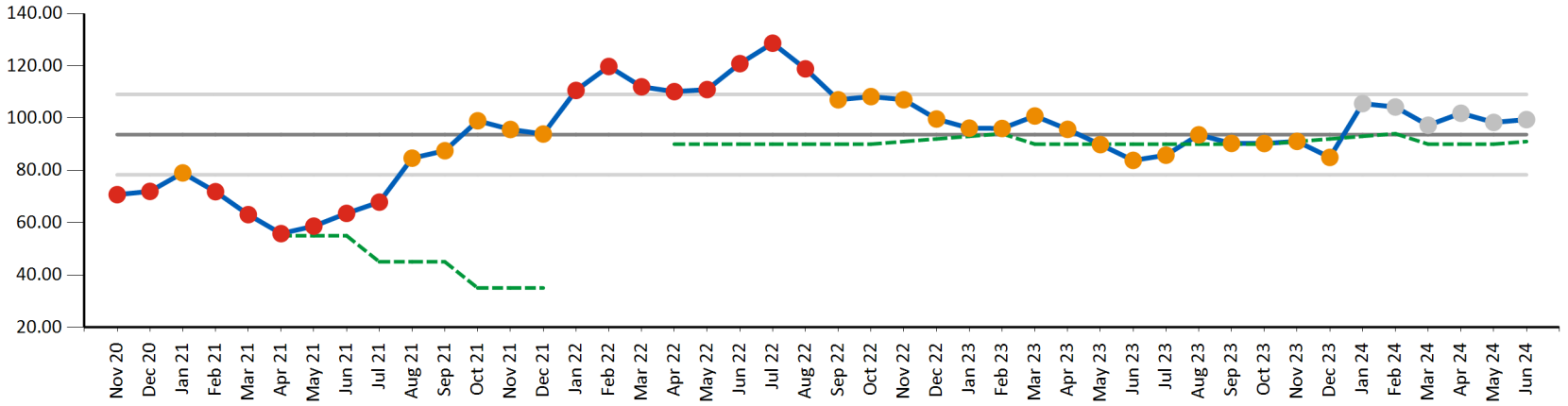
Plan	Actual
>= 1,200	1,708

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

Common cause variation.

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
<= 91	99	Jun-24

Previous

Plan	Actual	Period
<= 90	98	May-24

Year to Date

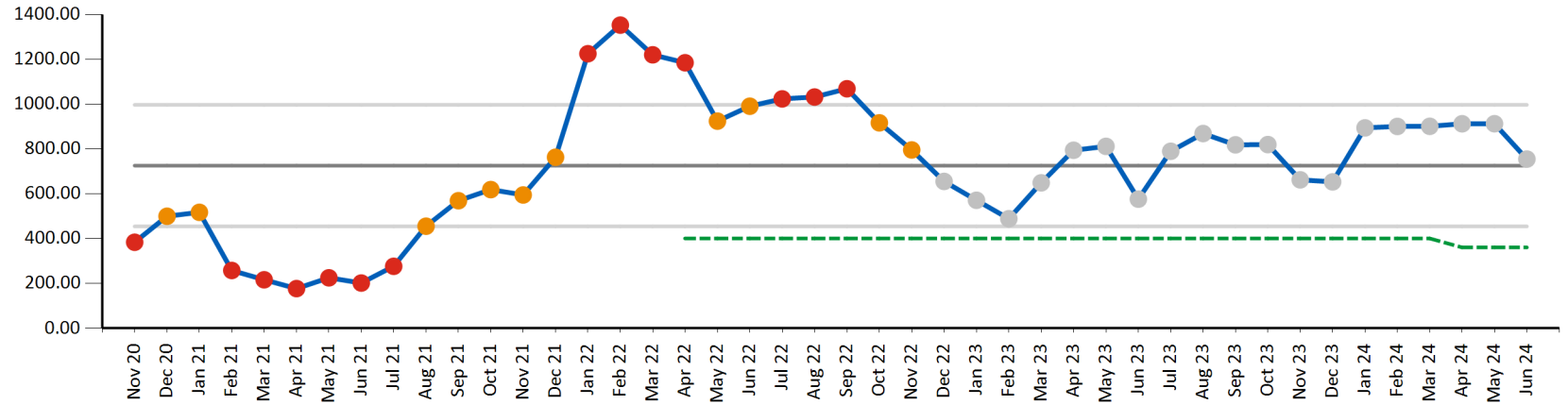
Plan	Actual
<= 91	99

494 - Average Occupied Days - for no Criteria to Reside

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
<= 360	754	Jun-24

Previous

Plan	Actual	Period
<= 360	912	May-24

Year to Date

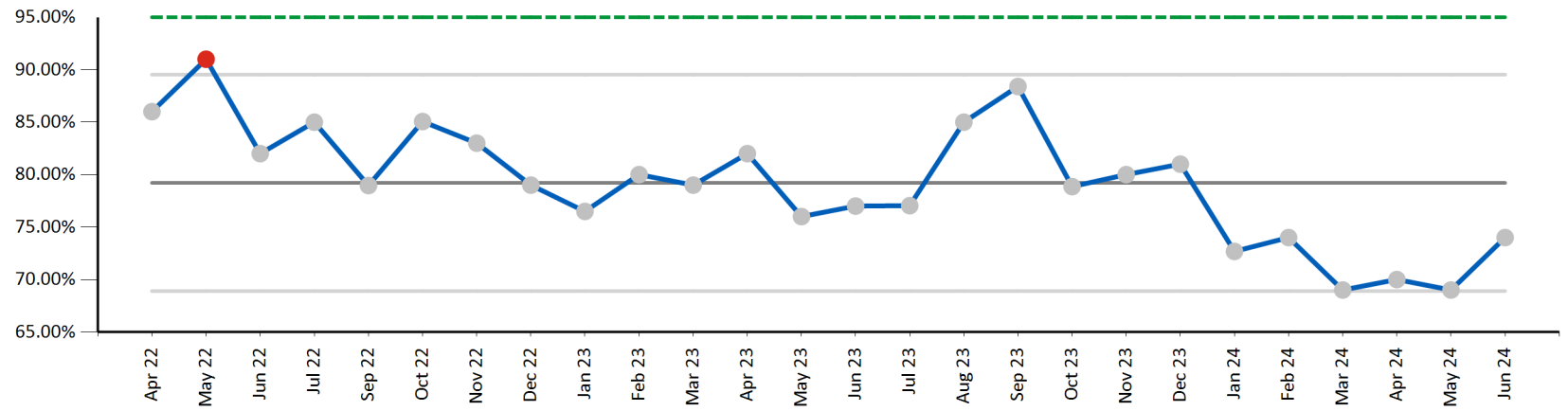
Plan	Actual
<= 1,080	2,578

267 - 0-5 Health Visitor mandated contacts

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
>= 95%	74%	Jun-24

Previous

Plan	Actual	Period
>= 95%	69%	May-24

Year to Date

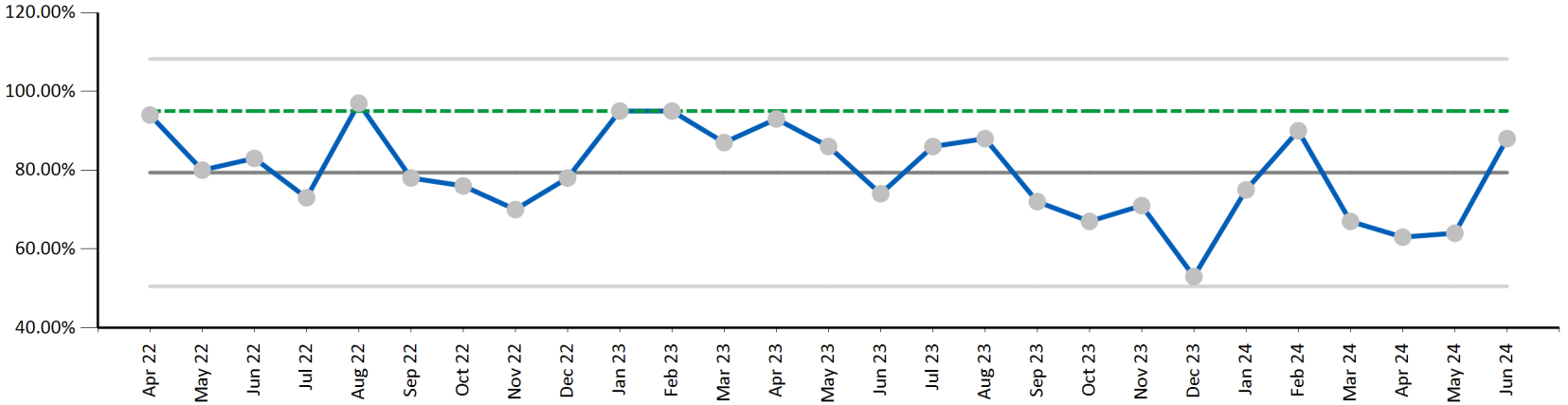
Plan	Actual
>= 95%	71%

269 - Education, health and care plan (EHC) compliance

Common cause variation.

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
>= 95%	88%	Jun-24

Previous

Plan	Actual	Period
>= 95%	64%	May-24

Year to Date

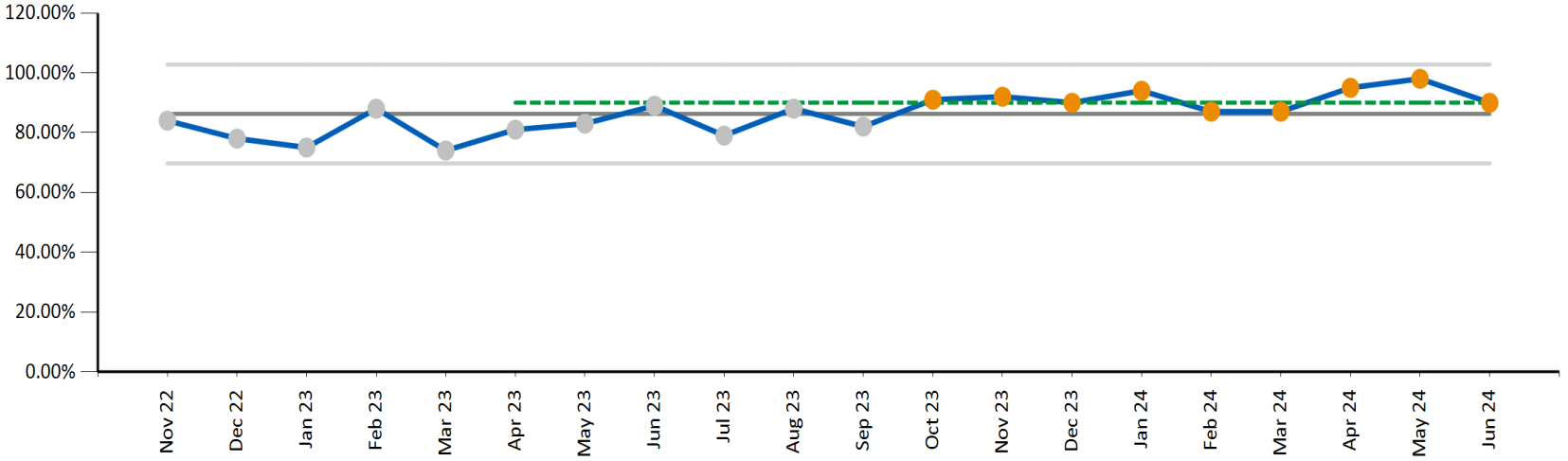
Plan	Actual
>= 95%	72%

550 - Percentage of Looked After Children Review Health Assessments completed within timescale by Health Visitor & School Nurse

Special cause variation with improving performance

We will not regularly meet the target due to normal variation.

4/6



Latest

Plan	Actual	Period
> = 90.0%	90.0%	Jun-24

Previous

Plan	Actual	Period
> = 90.0%	98.0%	May-24

Year to Date

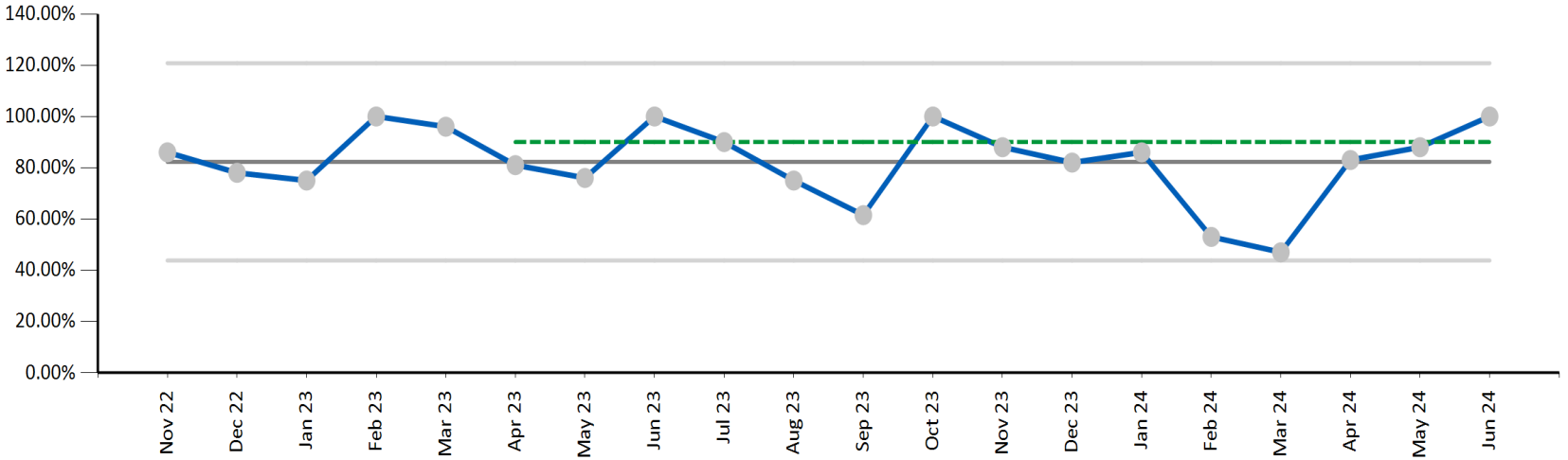
Plan	Actual
> = 90.0%	

551 - Looked After Children Initial Health Assessments completed within 4 weeks statutory timescales

Common cause variation.

We will not regularly meet the target due to normal variation.

1/6



Latest

Plan	Actual	Period
> = 90.0%	100.0%	Jun-24

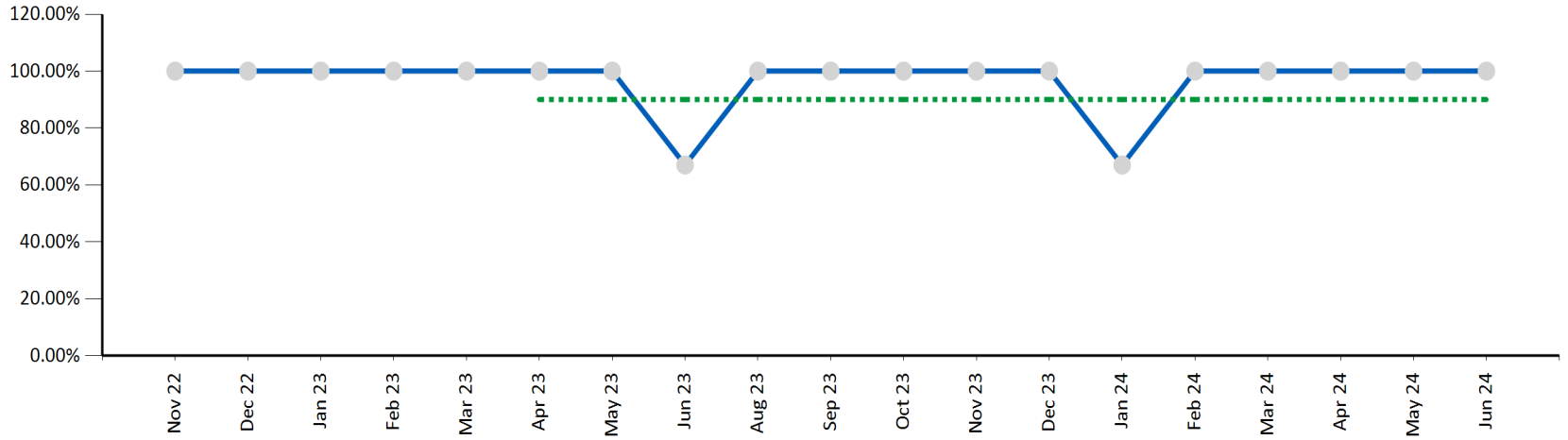
Previous

Plan	Actual	Period
> = 90.0%	88.0%	May-24

Year to Date

Plan	Actual
> = 90.0%	

552 - Looked After Children Review Health Assessments completed by within expected timescale over 5s in Special Schools - SPC data available after 20 data points



Latest

Plan	Actual	Period
> = 90.0%	100.0%	Jun-24

Previous

Plan	Actual	Period
> = 90.0%	100.0%	May-24

Year to Date

Plan	Actual
0.9	

Workforce - Sickness, Vacancy and Turnover

Bolton NHS Foundation Trust

Sickness:
Sickness increased slightly in month from 4.82% to 4.93% in June 2024 and following a slight increase in sickness during month 2. There has been some fluctuation in the Divisional absence rates with an increase in sickness within DSSD following consecutive months of compliance with the sickness target. The ICSD division have seen a notable reduction in month, that whilst remaining above target, their absence rates have reduced by 1.03%. The Divisional and Workforce teams continue to work together to closely monitor sickness, and provide a range of health and well-being support to our staff.

Turnover:
June 2024 turnover performance was at 11.50% at overall Trust level which was unchanged from the May 2024 position (11.51%). Performance in the year 2024/25 to date has mirrored our forecasting which suggested that we would see a fairly static trend following a two year period of peaks and troughs.

Vacancy:
Vacancy rates increased to 6.18% in-month, the first time since June 2023 where vacancy levels have been above the Trust KPI target (6%). Clinical staffing group vacancy levels remain positive.

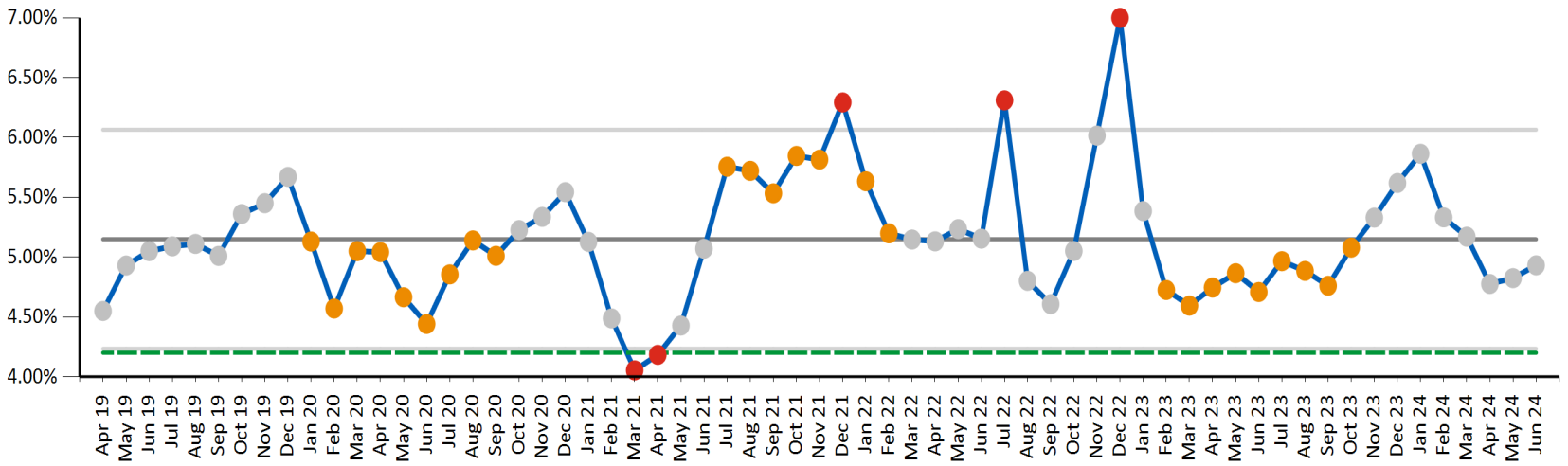
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
117 - Sickness absence level - Trust	<= 4.20%	4.93%	Jun-24		<= 4.20%	4.82%	May-24	<= 4.20%	4.84%	F
120 - Vacancy level - Trust	<= 6%	6.18%	Jun-24		<= 6%	5.41%	May-24	<= 6%	5.56%	?
121 - Turnover	<= 9.90%	11.50%	Jun-24	L	<= 9.90%	11.51%	May-24	<= 9.90%	11.48%	F
366 - Ongoing formal investigation cases over 8 weeks		0	Jun-24			0	May-24		0	

117 - Sickness absence level - Trust

Common cause variation.

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
<= 4.20%	4.93%	Jun-24

Previous

Plan	Actual	Period
<= 4.20%	4.82%	May-24

Year to Date

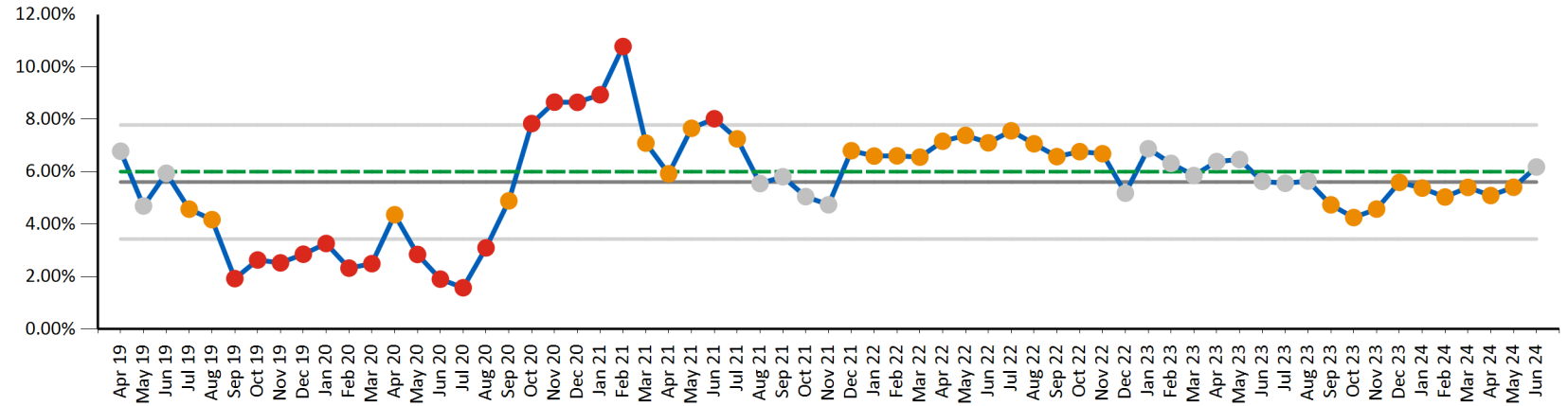
Plan	Actual
<= 4.20%	4.84%

120 - Vacancy level - Trust

Common cause variation.

We will not regularly meet the target due to normal variation.

5/6



Latest

Plan	Actual	Period
<= 6%	6.18%	Jun-24

Previous

Plan	Actual	Period
<= 6%	5.41%	May-24

Year to Date

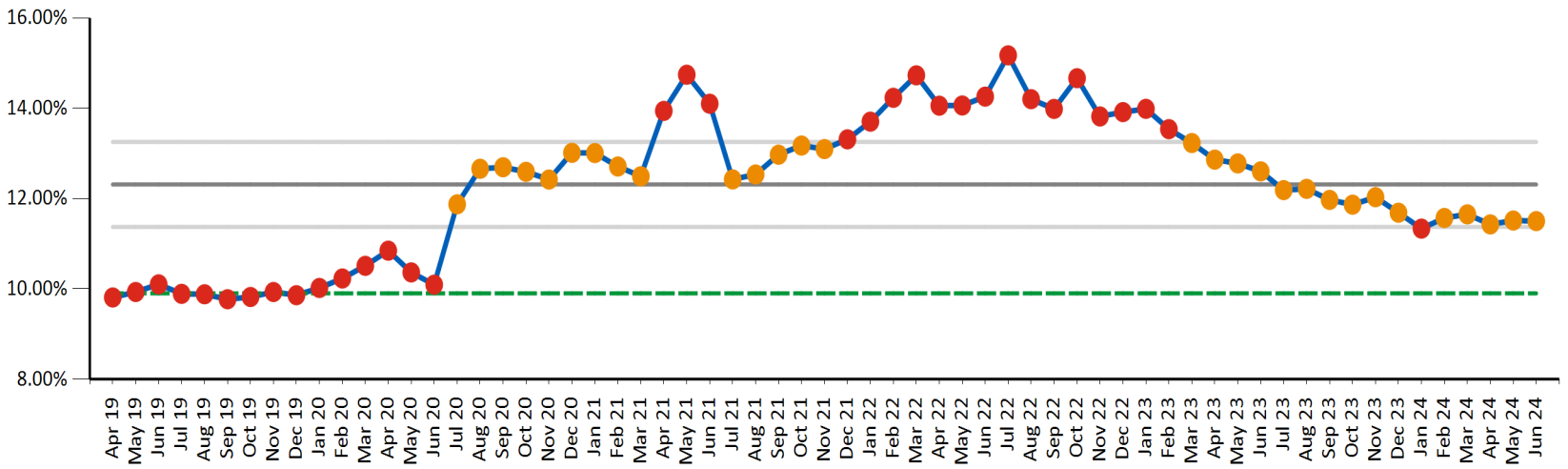
Plan	Actual
<= 6%	5.56%

121 - Turnover

Special cause variation with improving performance

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
<= 9.90%	11.50%	Jun-24

Previous

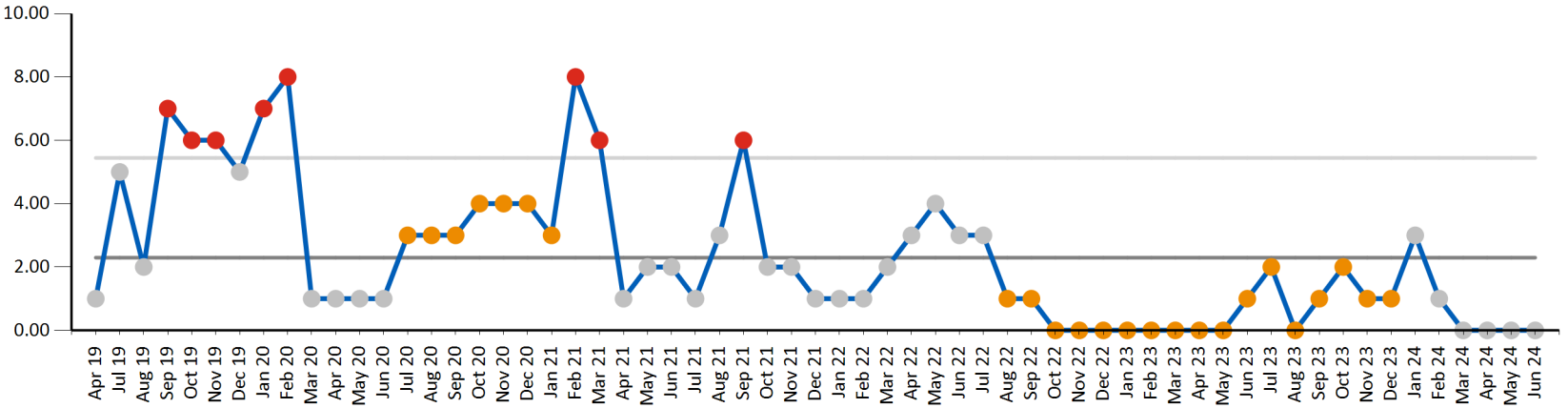
Plan	Actual	Period
<= 9.90%	11.51%	May-24

Year to Date

Plan	Actual
<= 9.90%	11.48%

366 - Ongoing formal investigation cases over 8 weeks

Common cause variation.



Latest

Plan	Actual	Period
	0	Jun-24

Previous

Plan	Actual	Period
	0	May-24

Year to Date

Plan	Actual
	0

Workforce - Organisational Development

Bolton NHS Foundation Trust

Compulsory training (target 95%)
A slight improvement from 92 .6% to 92.82% in month. Moving and handling (83.25%) and Basic Life Support (84.65%) remain the two challenged subjects but it is pleasing to note they have both seen an improvement in month

Trust Mandated Training
Trust performance has improved to 90.04% with all subjects meeting the 85% target with the exception of Oliver McGowan on Learning Disability/ Autism (recently added)

Appraisal
There has been an overall Trust improvement of 1.61% in month bringing the total to 85.46% against the target of 85%

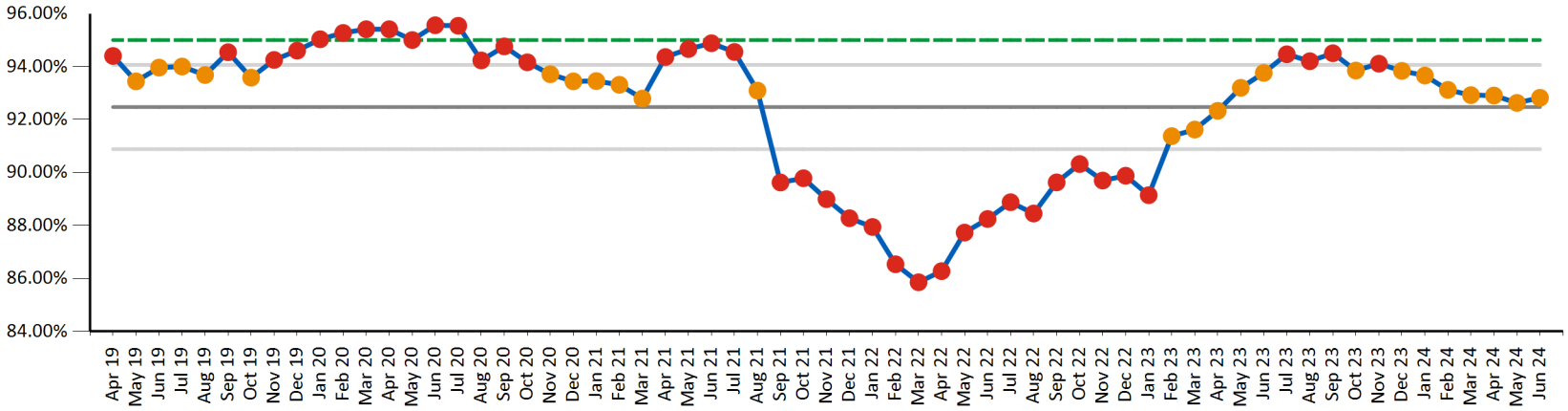
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
37 - Staff completing Compulsory Training	>= 95%	92.8%	Jun-24		>= 95%	92.6%	May-24	>= 95%	92.8%	
38 - Staff completing Trust Mandated Training	>= 85%	90.0%	Jun-24		>= 85%	89.2%	May-24	>= 85%	89.5%	
39 - Staff completing Safeguarding Training	>= 95%	90.95%	Jun-24		>= 95%	91.99%	May-24	>= 95%	91.62%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	85.5%	Jun-24		>= 85%	83.9%	May-24	>= 85%	84.4%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	43.0%	Q1 2024/25		>= 66%	43.6%	Q4 2023/24	>= 66%		
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	50.5%	Q1 2024/25		>= 80%	47.7%	Q4 2023/24	>= 80%		

37 - Staff completing Compulsory Training

Special cause variation with improving performance

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
>= 95%	92.8%	Jun-24

Previous

Plan	Actual	Period
>= 95%	92.6%	May-24

Year to Date

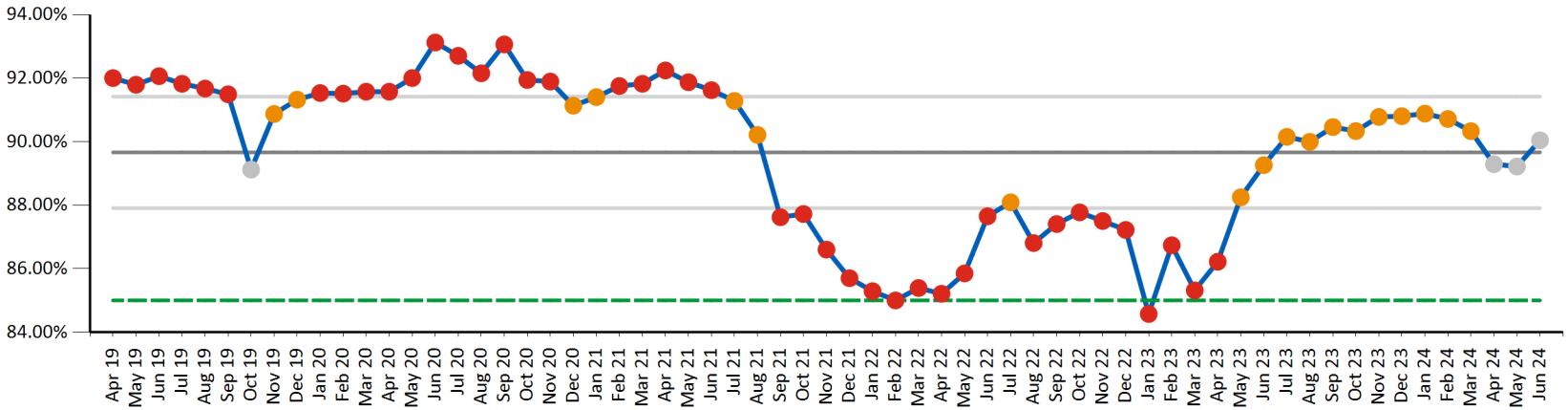
Plan	Actual
>= 95%	92.8%

38 - Staff completing Trust Mandated Training

Common cause variation.

Target will be regularly met.

6/6



Latest

Plan	Actual	Period
>= 85%	90.0%	Jun-24

Previous

Plan	Actual	Period
>= 85%	89.2%	May-24

Year to Date

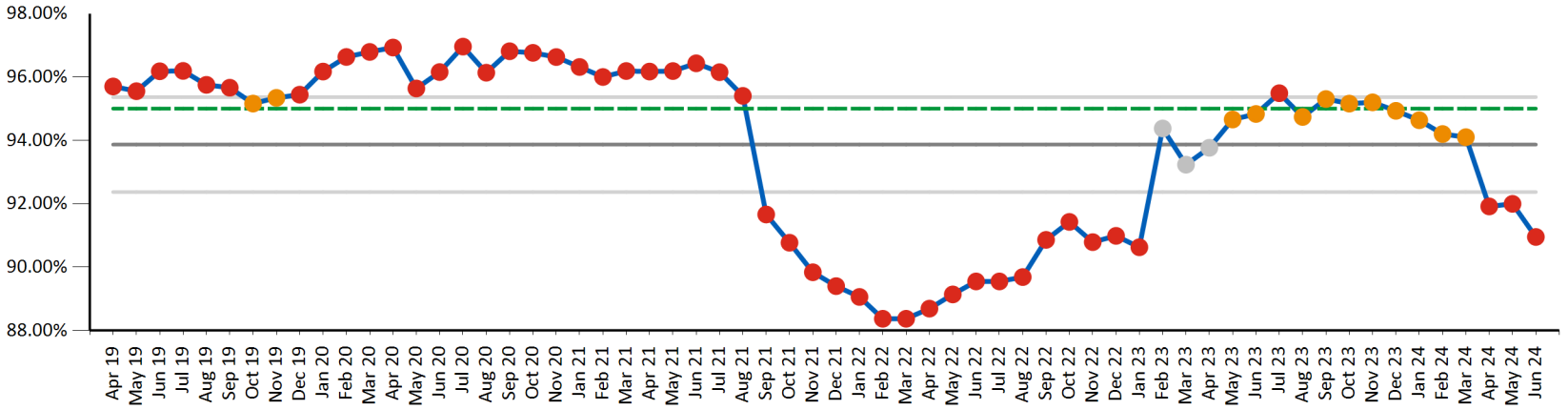
Plan	Actual
>= 85%	89.5%

39 - Staff completing Safeguarding Training

Special cause variation with deteriorating performance

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
>= 95%	90.95%	Jun-24

Previous

Plan	Actual	Period
>= 95%	91.99%	May-24

Year to Date

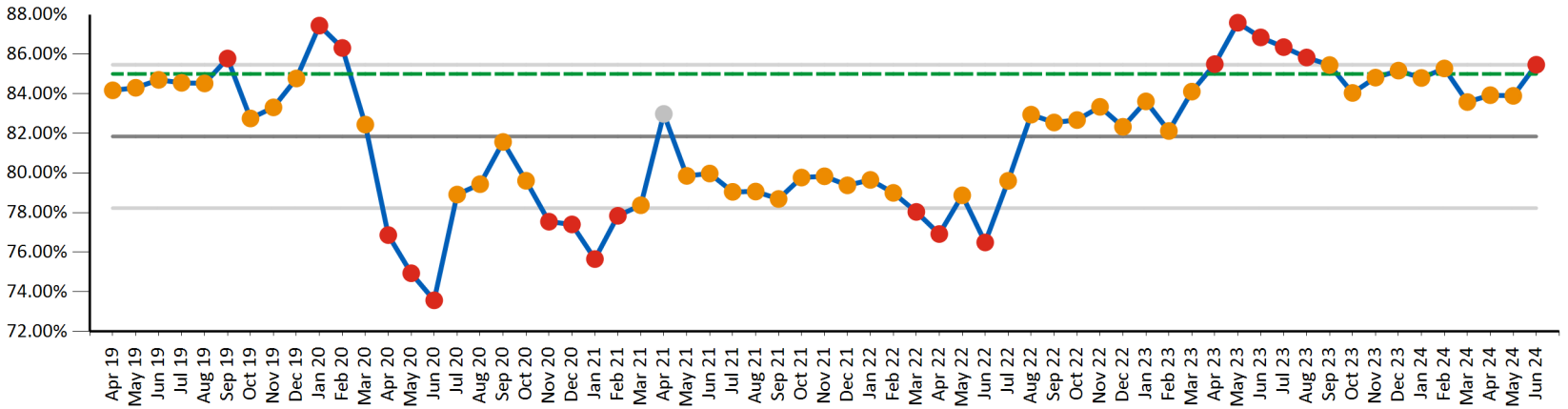
Plan	Actual
>= 95%	91.62%

101 - Increased numbers of staff undertaking an appraisal

Special cause variation with improving performance

We will not regularly meet the target due to normal variation.

2/6



Latest

Plan	Actual	Period
>= 85%	85.5%	Jun-24

Previous

Plan	Actual	Period
>= 85%	83.9%	May-24

Year to Date

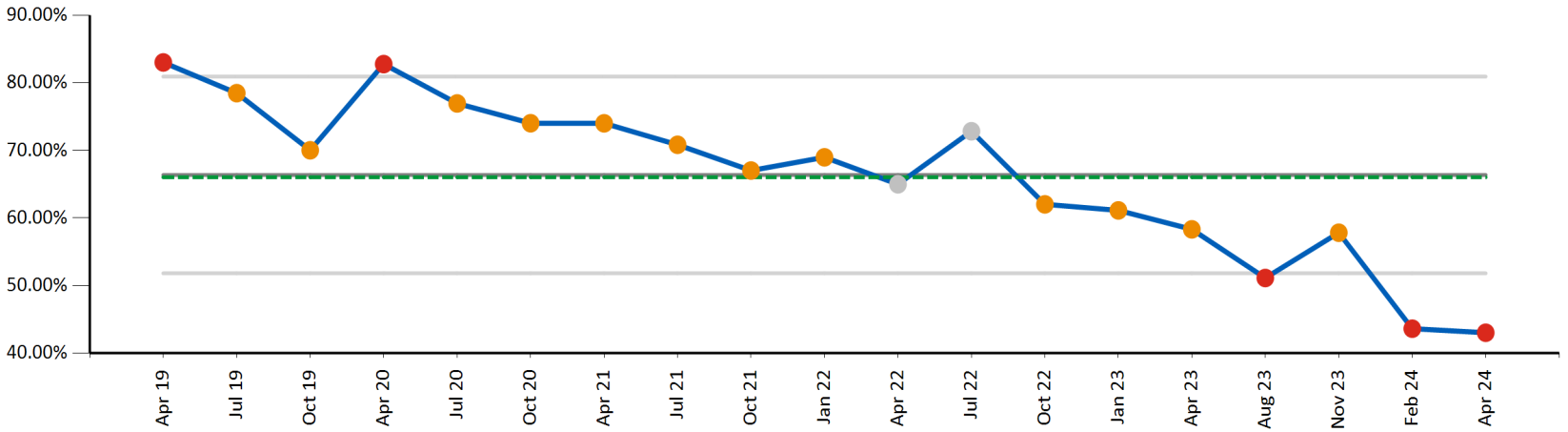
Plan	Actual
>= 85%	84.4%

78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)

Special cause variation with deteriorating performance

We will not regularly meet the target due to normal variation.

0/6



Latest

Plan	Actual	Period
>= 66%	43.0%	Q1 2024/25

Previous

Plan	Actual	Period
>= 66%	43.6%	Q4 2023/24

Year to Date

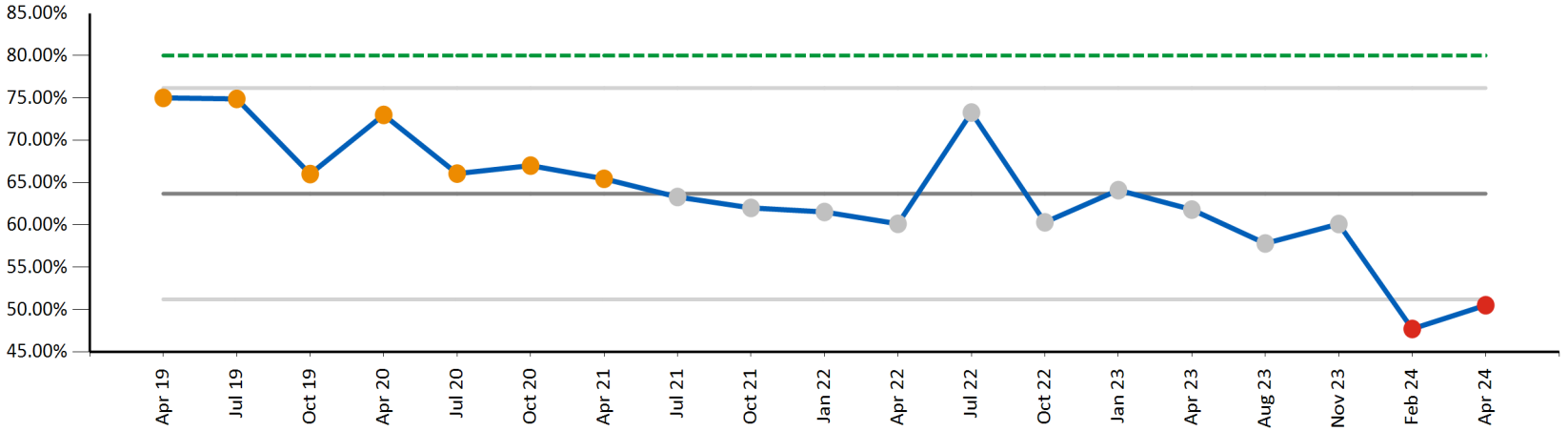
Plan	Actual
>= 66%	

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

Special cause variation with deteriorating performance

We will regularly fail to meet the target.

0/6



Latest

Plan	Actual	Period
>= 80%	50.5%	Q1 2024/25

Previous

Plan	Actual	Period
>= 80%	47.7%	Q4 2023/24

Year to Date

Plan	Actual
>= 80%	

Workforce - Agency

Bolton NHS Foundation Trust

Agency spend increased by £176k in June 2024. The majority of this of the increase was driven by the Medical staff group – most medical agency spending relates to vacant roles (either true vacancies or covering sickness or maternity leave). Despite this increase the Trust is under our target for agency expenditure and continues to be under the NHSE target of agency being no more than 3.7% of total pay bill (June 2024 performance was at 2.5%, and YTD is running at 2.4%).

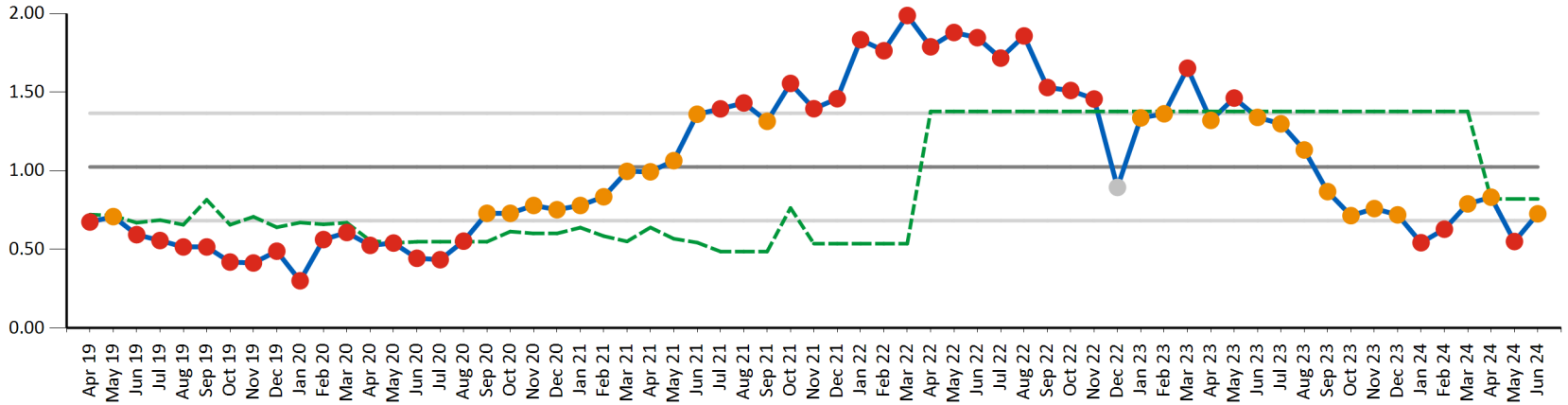
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
198 - Trust Annual ceiling for agency spend (£m)	<= 0.82	0.73	Jun-24	L	<= 0.82	0.55	May-24	<= 2.46	2.11	?
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.09	0.06	Jun-24	L	<= 0.09	0.04	May-24	<= 0.27	0.17	F
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.62	0.57	Jun-24		<= 0.62	0.37	May-24	<= 1.86	1.65	?

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

L – Special cause variation with improving performance

? – We will not regularly meet the target due to normal variation.

5/6



Latest

Plan	Actual	Period
<= 0.82	0.73	Jun-24

Previous

Plan	Actual	Period
<= 0.82	0.55	May-24

Year to Date

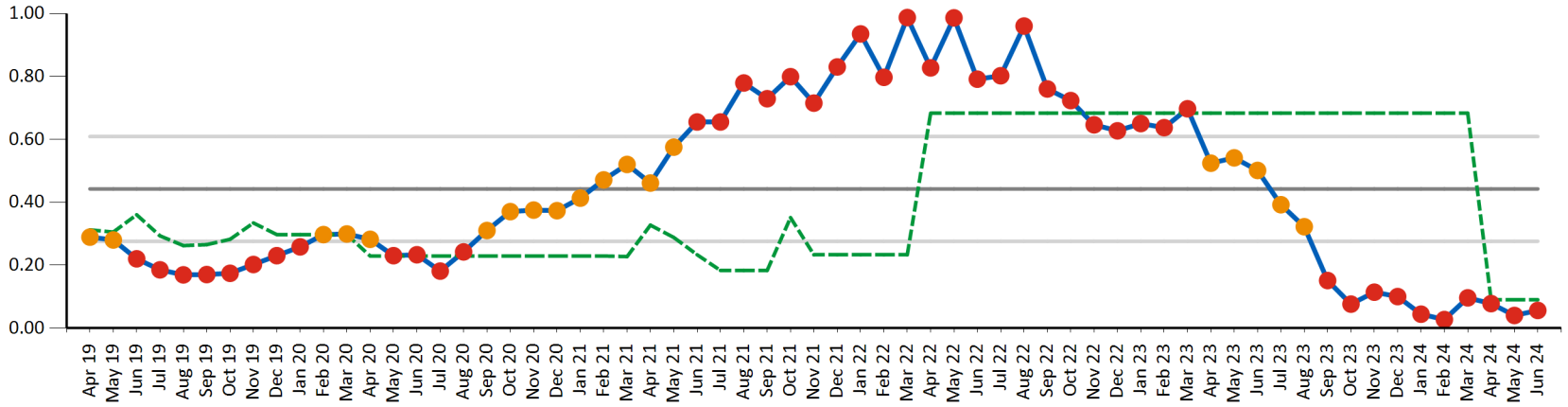
Plan	Actual
<= 2.46	2.11

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

Special cause variation with improving performance

We will regularly fail to meet the target.

6/6



Latest

Plan	Actual	Period
<= 0.09	0.06	Jun-24

Previous

Plan	Actual	Period
<= 0.09	0.04	May-24

Year to Date

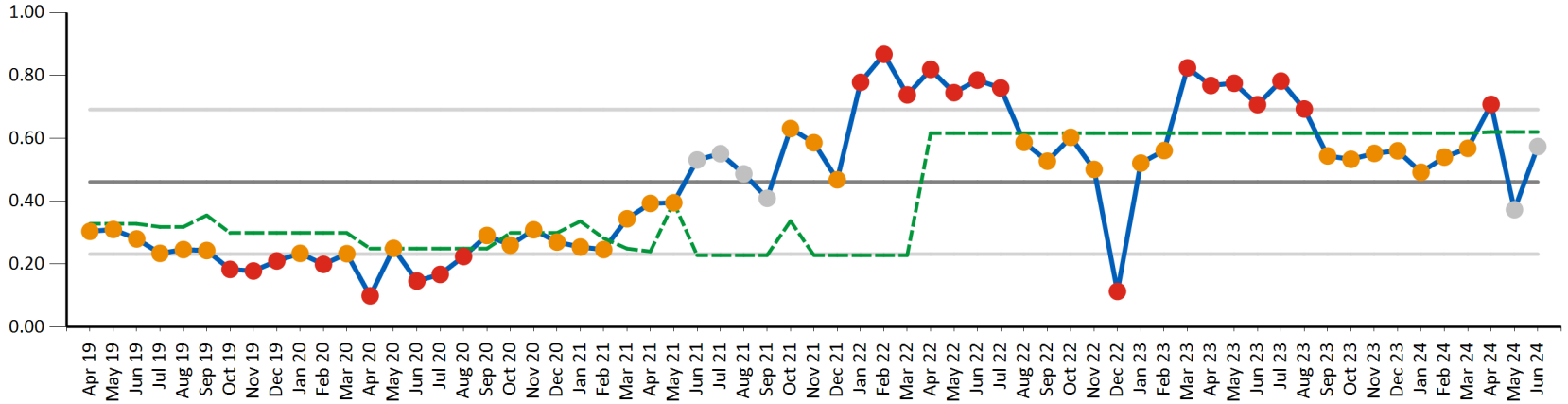
Plan	Actual
<= 0.27	0.17

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

Common cause variation.

We will not regularly meet the target due to normal variation.

5/6



Latest

Plan	Actual	Period
<= 0.62	0.57	Jun-24

Previous

Plan	Actual	Period
<= 0.62	0.37	May-24

Year to Date

Plan	Actual
<= 1.86	1.65

Finance - Finance

Bolton NHS Foundation Trust

Revenue YTD - Deficit of £4.5m, better than plan by £0.5m
Revenue forecast - High-level forecast, assuming current run rate, suggests deficit of £25.5m compared to plan of £10.2m before mitigations/delivery of CIP.
Cost improvement - Year to date delivery £1.2m ahead of plan
Variable pay - Agency spending 2.4% of pay costs compared to NHSE target of 3.2% and a plan of 2.2%.
Capital - Continued pressure on forecast.
Balance Sheet - Decrease on total assets employed due to deficit.
Cash Position - Current Cash of £5.4m vs plan of £8.1m. Forecast £3.4m overdrawn before support, based on delivering plan. Planned cash support of £5m from Q3.
BPPC - 95.5% YTD v target of 95% (by volume)

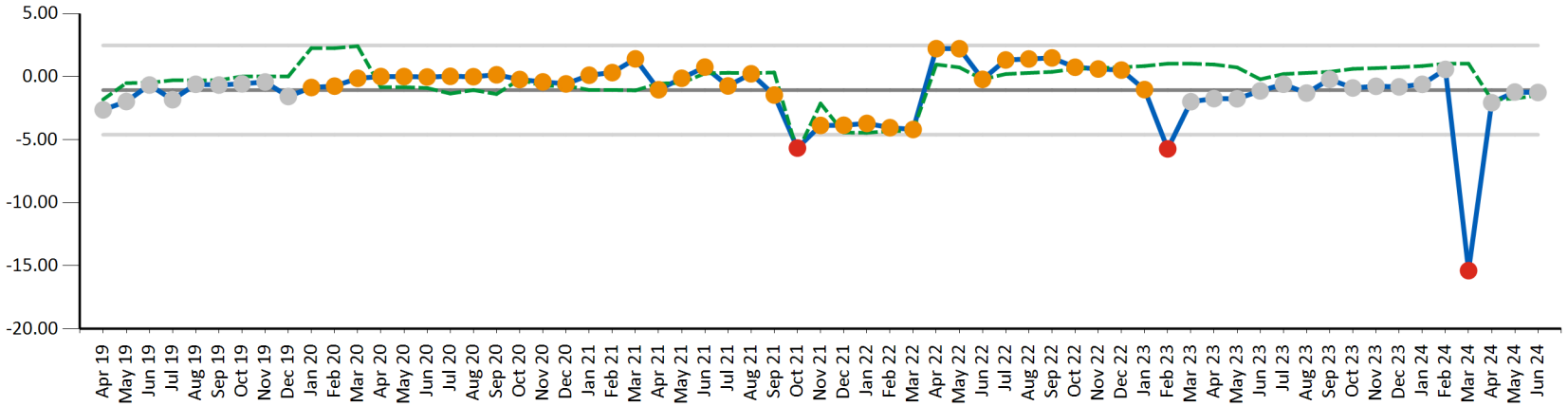
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
220 - Control Total (£ millions)	>= -1.5	-1.3	Jun-24		>= -1.7	-1.2	May-24	>= -5.1	-4.6	
222 - Capital (£ millions)	>= 1.0	0.4	Jun-24		>= 0.9	0.0	May-24	>= 2.7	0.6	
223 - Cash (£ millions)	>= 8.1	5.4	Jun-24		>= 9.5	8.8	May-24	>= 8.1	5.4	

220 - Control Total (£ millions)

Common cause variation.

We will not regularly meet the target due to normal variation.

2/6



Latest

Plan	Actual	Period
>= -1.5	-1.3	Jun-24

Previous

Plan	Actual	Period
>= -1.7	-1.2	May-24

Year to Date

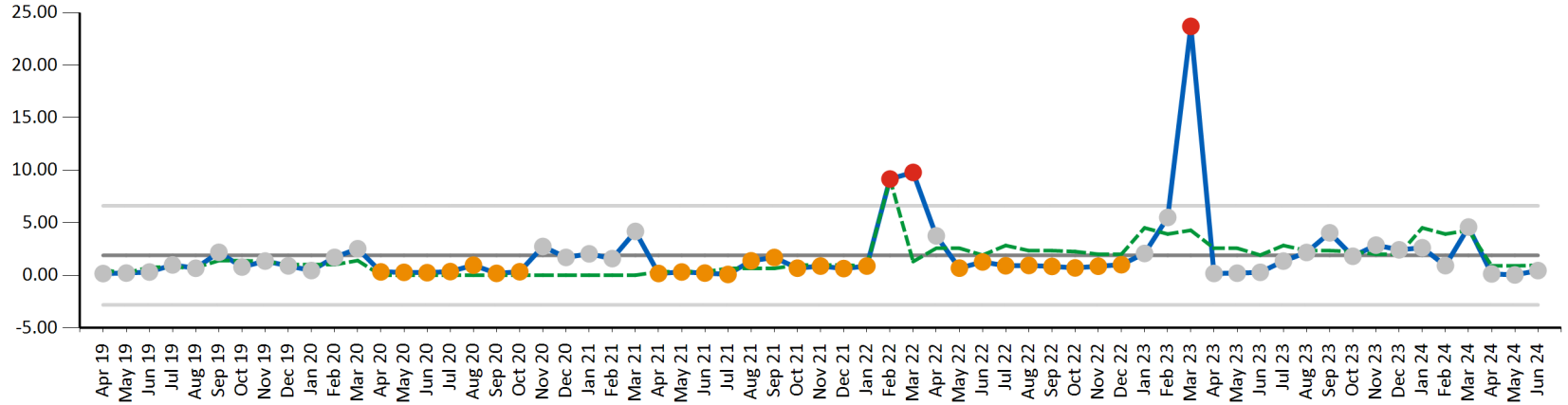
Plan	Actual
>= -5.1	-4.6

222 - Capital (£ millions)

Common cause variation.

We will not regularly meet the target due to normal variation.

1/6



Latest

Plan	Actual	Period
>= 1.0	0.4	Jun-24

Previous

Plan	Actual	Period
>= 0.9	0.0	May-24

Year to Date

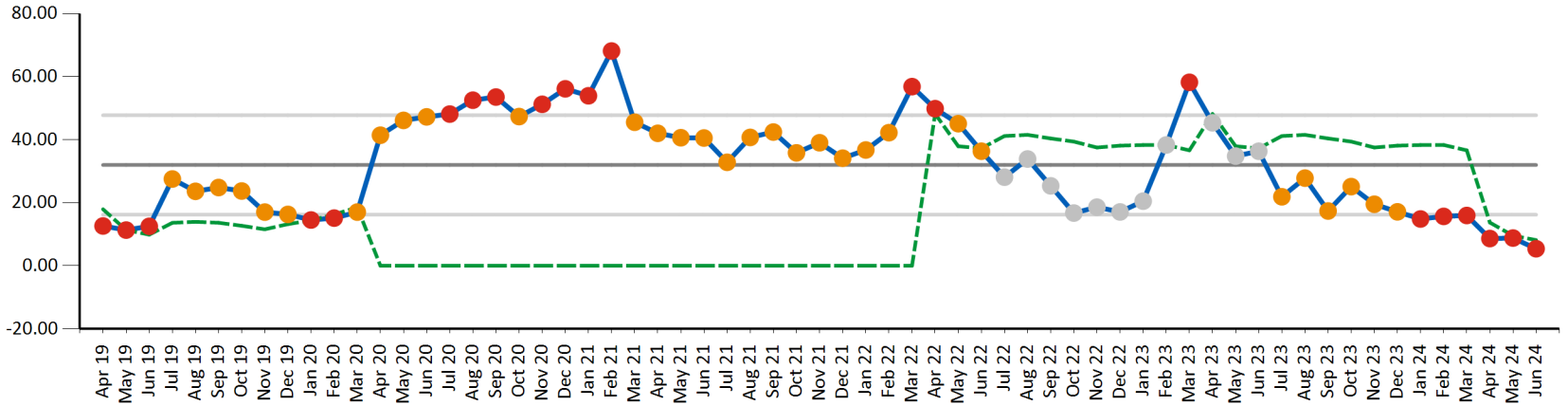
Plan	Actual
>= 2.7	0.6

223 - Cash (£ millions)

Special cause variation with deteriorating performance

Target will be regularly met.

0/6



Latest

Plan	Actual	Period
>= 8.1	5.4	Jun-24

Previous

Plan	Actual	Period
>= 9.5	8.8	May-24

Year to Date

Plan	Actual
>= 8.1	5.4

Report Title:	Strategy and Operations Committee Chairs Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	25 July 2024		Discussion	
Exec Sponsor	Sharon White and Rae Wheatcroft		Decision	

Purpose	The purpose of the report is to provide an update and assurance to the Board of Directors on the work delegated to the Strategy and Operations Committee.

Summary:	The attached report from the Chair of the Strategy and Operations Committee provides an overview of matters discussed at the meeting held on 20 May 2024. The report also set out the assurances received by the Committee and identifies the specific concerns that require attention of the Board of Directors. Due to the timing of the July meeting of the Strategy and Operations Committee, a verbal update will be provided to the Board with a written report presented to the subsequent meeting.

Previously considered by:
The matters included in the Chair's report were discussed and agreed at the Strategy and Operations Committee meetings held in May.

Proposed Resolution	The Board of Directors is asked to ***receive*** the Strategy and Operations Committee Chair's 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:	Rebecca Ganz Non-Executive Director	**Presented by:**	Rebecca Ganz Non-Executive Director

ALERT | ADVISE | ASSURE (AAA) Key Issues Highlight Report			
Name of Committee:	Strategy and Operations Committee	Report to:	Board of Directors
Date of Meeting:	20 May 2024	Date of next meeting:	22 July 2024
Chair	Rebecca Ganz, Non-Executive Director	Meeting Quoracy	Yes

AGENDA ITEMS DISCUSSED AT THE MEETING

- CQC Action Plan, for Strategy, Performance and Digital
- DM01 Update
- Neighbourhoods Update
- Month 12 Operational IPM
- Digital Performance and Transformation Group Chairs Report
- EPR Update
- Maternity EPR Update
- Trust Annual Plan
- Operating Plan Bolton FT and System Response
- New Trust Strategy KPIs
- Bolton Strategy, Planning and Delivery Committee Minutes
- Performance and Transformation Board Chairs Report

ALERT

Urgent Care continues in Tier 1 oversight and **Elective Care** in Tier 2. Implications are likely more regional (rather than national) oversight. Based on the numbers of clock starts versus clock stops the Trust will not achieve its predicted target. Additional capacity has been put in to bridge the gap between clock starts and stops.	Action required

ADVISE

Neighbourhoods update – Six neighbourhood leaders (three LA and three FT) making good progress. Outcomes measurement will be tailored to each Neighbourhood. KPIs identified by the start of Quarter 2 and an update on the unified IT systems to next meeting. Noted in this context that Community EPR rolling out this year. Children are not currently included but the teams are linking with the family hubs to strengthen those connections on children's neighbourhood profiles from an early stage. Accountability clarified as being via partnerships and reports to the Strategy, Delivery & Planning Group and Locality Board.

NCTR - The number of patients with No Criteria to Reside has increased in month, above our operating plan, at an average of 102 (target 90). Additions to NCTR were in line with usual variation however it has been impacted by significant issues with out of area patients which has also impacted on Lost Bed Days (912 up from 900). Social work resource on site aiding performance and widening that approach to include Bury and Salford.

Digital Performance and Transformation Group Chairs Report - Exploratory work has commenced on utilising Artificial Intelligence within RTT Validation, to prioritise pathways for validation. An AI Working Group has been set up and the governance route for reporting through to Board is being explored.

Maternity EPR - The Digital Team are working closely with the Division to re-profile the timelines for Maternity EPR and review the challenges with the product and the supplier with June 24 for a revised plan.

E3 Magentus is currently being run as it continues to collect all information needed to remain compliant with CNST.
New Trust Strategy KPIs - challenges received on whether the ambitions and associated objectives describe the priorities for the organisation over the next five years including if bold enough, the innovation golden thread should be more salient & making children and neighbourhoods more prominent. The Deputy Director of Strategy will work on the translation of the KPIs and distil into a more manageable document ahead of submission to the Board of Directors. There will be an annual plan that sits underneath the five year strategy which will also triangulate with the operational plan. There is absolute determination to deliver the strategy and get the organisation where it needs to be with simplicity of measurement of progress being a vital success factor.
Revised TORs – the Committee agreed to a single item agenda in June to deliver revised TORS for Board approval recognising core strategy oversight sitting at Board.
ASSURE
CQC Action Plan, for Strategy, Performance and Digital – assurance received that the two Should Do and one Must Do actions continue to progress (Amber rated).
DM01 - Over a two year period the Trust overall performance has improved significantly from 35.4%, to currently reporting 8.7%. Recovery for the total DM01 position is expected by February 2025, a month ahead of the national target. FT working with an LLP to create capacity for cystoscopy via a framework to manage COI risk.
Urgent Care - Type 3 Urgent Treatment Centre performance was 90.9%, which represents a 12.4% increase since February. A&E 4 hour target worsened since previous month to 60.4% (plan >75%) as Type 1 challenges around flow impact overall performance. Recently begun focus on non-admitted Type 1 patients to aid this.
Cancer – on track to sustained recovery of 62 day standard in May 2024.
EPR update – Outpatients rollout on track. Community EPR process mapping underway, Miya 'go live' (bed management) to integrate with EPR across admission, discharge and transfer on plan to aid flow. Timeframe likely Q2.
Trust Annual Plan - The development of the Annual Plan for 2024-25 will support the delivery of the new Trust Strategy. Currently there is complexity in the current draft but the intention is to pull out a very clear simplified version that people can connect identify and engage with.
Operating Plan Bolton FT and System Response – review of the 32 operational planning objectives has been carried out to ensure that we understand where responsibility for all the planning objectives sits, a joint response has been developed between the FT and Locality.
New Risks identified at the meeting: • None
Review of the Risk Register: • As above

Report Title:	Clinical Negligence Scheme for Trusts (CNST) Update

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	25 July 2024		Discussion	✓
Exec Sponsor	Tyrone Roberts, Chief Nurse		Decision	

Purpose	The purpose of this report is to provide an overview of the safety and quality programmes of work within the maternity and neonatal services and ongoing work with regard to CNST Maternity Incentive Scheme (MIS).

Summary:	Key highlights: • Formal receipt by the Trust of the payment from the CNST year 5 scheme • The CNST year 6 scheme guidance was launched on the 02 April 2024 with an associated benchmarking tool. • The service is progressing well with all ten safety actions and has fully attained three of the 84 recommendations to date. Work is progressing with the remaining 81 recommendations. • Further work is required to meet the required 90% standard for relevant staff groups with regard to multi-professional training. • The dashboard highlights an increased incidence of stillbirth during the month of May 2024. In summary, the CNST year 6 scheme has been launched and ongoing monitoring of the safety actions has commenced with rigorous monitoring and oversight of compliance.

Previously considered by:
This report will be presented to the Quality Assurance Committee on 24 July 2024

Proposed Resolution	The Board of Directors are asked to: • **receive** the report and **approve** the action plans within this report. • **approve** the sharing of this report within the local maternity and neonatal system and at the regional level quality surveillance meeting, with subsequent submissions to committees as required.

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

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

ATAIN	Avoiding Term Admissions into Neonatal Units
CNST	Clinical Negligence Scheme for Trusts
MIS	Maternity Incentive Scheme
NIPE	Newborn and Infant Physical Examination
PMRT	Perinatal Mortality Review Tool
PROMPT	Practical Obstetric Multi-Professional Training
LMNS	Local maternity and neonatal system
GMEC	Greater Manchester and East Cheshire
MBRRACE	Mothers and babies; reducing risk through audit and confidential enquiries

1. Introduction

The purpose of this report is to provide an overview of the safety and quality programmes of work within the maternity and neonatal services and ongoing work with regard to the NHS Resolution Clinical Negligence Scheme for Trusts (CNST) year 6 Maternity Incentive Scheme (MIS) launched on the 2 April 2024.

The incentive scheme continues to support safer maternity and perinatal care by driving compliance with ten safety actions, which support the national maternity ambition to reduce the number of stillbirths, neonatal and maternal deaths, and brain injuries from the 2010 rate by 50% before the end of 2025.

2. CNST year 6 update

The CNST year 6-scheme guidance was launched on the 2 April 2024 with an associated NHS Resolution benchmarking tool.

Oversight of the year scheme compliance will continue to be monitored using the NHS Resolution benchmarking table that is updated following population of the NHSR tool.

Table 1 – CNST year 6 progress update

Safety Action Requirements:

Safety Action	Red	Amber	Green	Blue	Total Requirements
1	4	2	0	0	6
2	2	0	0	0	2
3	4	0	0	0	4
4	20	0	0	0	20
5	0	5	0	0	5
6	4	2	0	0	6
7	3	2	2	0	7
8	18	0	0	0	18
9	2	5	1	0	8
10	8	0	0	0	8
Total	65	16	3	0	84

Key:

Red	Not compliant
Amber	Partial compliance - work underway
Green	Full compliance - evidence not yet reviewed
Blue	Full compliance - final evidence reviewed

3. Mandatory updates

Safety action 1: Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths from 8 December 2023 to 30 November 2024 to the required standard?

The Trust Board is required to receive a report each quarter that includes details of all deaths reviewed from the 08 December 2024.

The cases that have occurred during the period up to the 18 June 2024 are detailed with Appendix 1 and confirm the required standards have been met for all cases.

Issues highlighted by the reviews as relevant to the deaths reviewed during the period from the 8 December 2023 until the 18 June 2024 are detailed in Appendix 1a. Ongoing action plans will be published in subsequent reports following review of the cases.

Going forward monitoring with regard to SA1 will continue on an annual on-going basis.

Safety action 3: Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?

Progress has been made with regard to the transitional care action plan (Appendix 2) approved at Board in November 2023 to implement pathways of care into transitional care (TC) which includes babies between 34+0 and 36+6 in alignment with the BAPM Transitional Care Framework for Practice. Progress since the CNST year 5 period is detailed within the action plan.

The service now has an appointed transitional care lead and a recent audit of compliance with the transitional care standard operating procedure highlighted an overall compliance rate of 93% with the current guidance.

Additional mattress warming equipment is being procured using charitable funding and the pathway relating to normothermia will be the focus of an upcoming quality improvement initiative within this cohort.

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

The bi-annual maternity staffing report presented to the Board in May 2024 included a detailed action plan to improve the 1:1 care in labour rate as the service is not able to evidence 100% compliance as per required standard to date. The action plan is included within this report for approval to fulfil the year 6 CNST requirements (Appendix 3). The next bi-annual maternity staffing report is due in November 2024.

In line with midwifery staffing recommendations from Ockenden, Trust Boards must provide evidence (documented in Board minutes) of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations. Assurance can be provided that the business case seeking uplift to meet the 2023 Birth Rate Plus recommendations was approved at CRIG on the 7 May 2024 and Trust Finance and Investment Committee on the 26 June 2024.

Monitoring of the supernumerary status of the Delivery Suite Co-ordinator will continue to be undertaken in Table 3 with 100% compliance reported to date.

Safety action 6: Can you demonstrate that you are on track to achieve compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?

A quarterly assurance update was held on 24 June 2024 attended by the LMNS / ICB (as commissioner) and the Trust. The discussion included a review of progress to date, monitoring of progress against local plans and reviewing of themes and trends with regard to each of the six elements of the care bundle.

The service is on track for full implementation of all elements of the care bundle.

Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

Further work is required to meet the required 90% standard for relevant staff groups with regard to multi-professional training as highlighted in Table 2. In response the service has scheduled additional training sessions to accommodate the upcoming demand and leads are utilising trajectories of performance to forecast the improvement.

Table 2: CNST professional training matrix.

Course	Target	Advanced Neonatal Practitioners	Consultant Obstetricians	Obstetric Medical Doctors	MSW/HCA	Midwives	Neonatal Consultants	Neonatal Doctors
PROMPT	90%	NA	94.12%	83.33%	73.53%	79.38%	NA	NA
Fetal Monitoring Core Competency Stds.	90%	NA	88.24%	76.67%	NA	84.82%	NA	NA
Neonatal Life Support	90%	85.71%	NA	NA	NA	72.66%	80.00%	81.82%

On the 24 June 2024 the Trust was notified by NHS Resolution that a minimum of 90% of paediatric/neonatal medical staff who attend neonatal resuscitations unsupervised should have been trained and assessed in line with The British Association of Perinatal Medicine Neonatal Airway Safety Standard Framework for Practice (April 2024).

Trusts that cannot demonstrate this for MIS year 6 should develop a formal plan demonstrating how they will achieve this for a minimum of 90% of their neonatal and paediatric medical staff who attend neonatal resuscitations unsupervised by year 7 of MIS and ongoing. A review of the current position is underway and an action plan will be shared in a future report as required.

Safety action 9: Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?

The recent SCORE cultural survey was published in May 2024 upon completion of the perinatal quadrumvirate cultural leadership programme. The survey is currently being shared with relevant staff groups and then an action plan will be developed for ongoing monitoring.

The board safety champions and perinatal leadership team continue to meet bi-monthly and have continued the ongoing engagement sessions with staff as per year 5 of the scheme. Information gathered is collated and shared in a 'You Said – We Did' simple format and displayed in clinical areas (Appendix 5). The feedback highlights the support provided by the Board and the ongoing bed capacity challenges related to the relocation of the clinical areas following the discovery of Reinforced Aerated Autoclaved Concrete (RAAC) in December 2023. At the May 2024 walk around session staff were briefed on the submission of the RAAC business case to NHS England and the interim actions taken to reduce the ongoing pressure such as the provision of an extra doctor at weekends and a Newborn and Infant Physical Examination (NIPE) Midwife to support activity.

Safety action 10: Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?

An audit to ascertain compliance with the reporting of qualifying cases for HSIB*/ NHS Resolutions Early Notification scheme has been undertaken for the period from 8th December 2023 to the 30th of April 2024.

The audit demonstrated that 100% of criteria was met relating to the reporting of the cases, administration of duty of candour and provision of information to the families.

As Trust Board sight of evidence of compliance with the statutory duty of candour.is required NHS Resolution have confirmed anonymised copies of the duty of candour letter are to be included in Board reports (Appendix 4).

3. Ongoing monitoring

The requirement for maternity services to ensure a consistent and methodical service oversight was defined in the Ockenden report published in 2020 recommendations and the 'Implementing a revised perinatal quality surveillance model' guidance published in 2020.

In response Board level safety champions have presented a locally agreed dashboard to the Trust Board quarterly since November 2022 as detailed in table 3. The dashboard fulfils part of the requirements of the perinatal surveillance reporting guidance. Additional required datasets from staff / service user feedback sessions are displayed in Appendix 5.

A revision of the dashboard metrics has been undertaken to align with the GMEC reporting requirements. The revised stillbirth metric now excludes cases of termination of pregnancy and thus is more reflective of cases in which learning can be identified.

The dashboard will be used in conjunction with monthly integrated performance management reports to evidence that a monthly review of maternity and neonatal quality and safety is undertaken by the Trust Board (or an appropriate Trust committee with delegated responsibility) using a minimum data set. The dashboard will continue to be presented by a member of the perinatal leadership team to provide supporting context.

Ongoing monitoring of the metrics will be undertaken at bi-monthly safety champion meetings with the perinatal quadrumvirate leadership team where any additional support required of the Board can be identified an escalated. The last bimonthly meeting was undertaken on the 11 July 2024.

Table 3 – Safety Champions locally agreed dashboard

CQC rating	Overall	Safe	Effective	Caring	Well -Led	Responsive
Regional Support Programme	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good

Indicator	Goal	Red Flag	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24

CNST attainment	Information only			**100%**				
Critical Safety Indicators								
Births	Information only		419	451	408	403	432	433
Maternal deaths direct	0	1	0	0	0	0	0	0
Still Births			0	2	3	1	0	4
Still Birth rate per thousand	3.5	≥4.3	0.0	4.4	7.4	2.5	0.0	9.2
HIE Grades 2&3 (Bolton Babies only)	0	1	0	0	0	1	1	1
HIE (2&3) rate (12 month rolling)	<2	2.5	1.9	1.6	1.5	1.6	1.7	1.7
Early Neonatal Deaths (Bolton Births only)	Information only		1	2	1	3	1	1
END rate in month	Information only		2.4	4.4	2.5	7.4	2.3	2.3
Late Neonatal deaths	Information only		0	0	0	0	0	0
Serious Untoward Incidents (New only)	0	2	0	1	0	0	0	0
HSIB referrals			0	0	0	0	0	2
Coroner Regulation 28 orders	Information only		0	0	0	0	0	0
Moderate harm events			0	0	0	0	0	2
1:1 Midwifery Care in Labour (Euroking data)	95%	<90%	97.7%	97.7%	96.4%	99.%	98.7	97.9
The Co-ordinator is the named person providing 1:1 care (Br+)	0	1	0	0	0	0	0	0
BAPM compliance (neonatal unit)	>99%	<79%	98.5%	97.9%	97.0%	87.0%	87.0%	92.0%
Fetal monitoring training compliance (overall)	<80%	>80%	86.00%	91.95%	93.33%	95.82%	91.0%	88.00%
PROMPT training compliance (overall)	<80%	>80%	88.60%	95.76%	94.00%	95.31%	84.00%	81.00%
Midwife /birth ratio (rolling) actual worked Inc. bank	Information only		1:23.4	1:23.2	1:22.9	1:22.8	1:22.6	1:22.6
RCOG benchmarking compliance	Information only		100%	100%	100%	92%	NA	NA
Compensatory rest breaches			0	0	0	0	0	0
Proportion of MWs who would recommend the Trust as a place to work or receive treatment	Annual			59.4%				
Proportion of speciality trainees in obs and gynae who responded excellent or good on the rating of clinical supervision out of hours	Annual							

The dashboard highlights an elevated incidence of stillbirth (9.2/1000) during the month of May 2024. This related to four cases in total of which one mother declined care, two of the cases related to fetal abnormality and one case related to the management of raised blood pressure that is still under review.

The RCOG benchmarking compliance reflecting clinical attendance illustrated on the dashboard indicates a 92% compliance rate in March 2024. One breach occurred during the reporting period and this related the failure to ensure consultant presence for the caesarean section delivery of a 28 week gestation baby. This was performed at 02.09 hours (out of usual working hours) for a pathological fetal heart trace and antepartum haemorrhage; and the consultant was involved in the decision-making process and thus care was appropriate.

In line with recommendations, episodes where attendance has not been possible are reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.

The service continues to evidence compliance with all the immediate and essential requirements of the initial Ockenden report with the exception of emergency skills training as detailed in safety action eight. In response, the service has scheduled additional training sessions and leads will continue to monitor compliance until the 90% standard is attained.

4. Summary

This report provides an overview of the safety and quality programmes of work within the maternity and neonatal services and ongoing work with regard to the NHS Resolution CNST Maternity Incentive Scheme (MIS). The report provides assurance of ongoing monitoring of the CNST year 6 scheme requirements.

5. Recommendations

It is recommended that the Board of Directors:

i. Receive the contents of the report.

ii. Approve the action plans within this report.

iii. Approve the sharing of this report within the local maternity and neonatal system and at the regional level quality surveillance meeting, with subsequent submissions to committees as required

Appendix 1 – Perinatal mortality review tool cases as from 8 December 2023

Case ID no	SB/NND/ TOP/LATE FETAL LOSS	Gestation	DOB/ Death	Reported within 7 days	PMRT Started 2 Months Deadline Date 100% factual questions	Date parents informed/concerns questions	Report published Deadline Date 6 months
90970	Postnatal NND 28 days	24	20.12.23	0	20.2.23 done 2.1.24	20.12.23	20.6.23 Done 30.5.24
90993	ENND	22	21.12.23	0	Assigned to MFT 21.02.24	21.12.23	21.6.24
91162	SB	25+2	03.01.24	0	03.03.24 done 03.01.24	03.01.24	03.07.24
91589	ENND	35+3	29.1.24	0	29.3.24 done 29.1.24	29.1.24	29.7.24
91686	ENND	38+0	4.2.24	0	4.4.24 done 6.2.24	4.2.24 6.2.24	4.8.24
91814	SB	25+3	9.2.24	0	9.4.24 done 9.02.24	10.02.24	9.8.24
91853	SB	26+3	11.02.24	1	11.04.24 done 11.02.24	11.02.24	11.08.24
91945	Post NND > 29 DAYS OLD	30	18.1.24 17.2.24	0	17.4.24 Assigned to Blackpool	20.2.24	17.8.24
91972	SB	40+0	19.2.24	0	19.4.24 Done 19.2.24	19.2.24	19.8.24
91991	ENND	26+1	18.2.24 20.2.24	0	20.4.24 Assigned to MFT (NMGH)	24.2.24	20.8.24
92299	SB T2	27+ DIAG/36+ BIRTH	11.03.24	0	11.05.24 done 7.6.24 out of CNST Year 6	10.03.24	11.09.24
92395	NND	34	7.2.24 29.2.24	Maternity service not notified within 7 days / Community Death	29.4.24 done 19.3.24	05.06.24	29.8.24
92646	MISC	22+3	2.4.24	0	2.6.24 done 2.4.24	05.04.2024	2.10.24
92923	NND	24+	14.04.24 20.04.24	0	20.06.2024 done 21.04.24	22.04.2024	22.10.24
93126	SB	38+1	01.05.24	0	01.07.24 done 3.5.24	02.05.24	01.11.24

93150	SB	29	02.05.24	0	02.07.24 done 03.05.24	20.05.24	02.11.24
93167	SB	40	05.05.2024	0	05.07.2024 done 06.05.24	06.05.2024	05.11.2024
93360	ENND	22+1	16.05.2024	2	16.07.2024 done 18.5.24	18.05.2024	16.11.2024
93394	SB	25	19.05.2024	1	19.07.2024 done 20.05.24	21.05.2024	19.11.2024
93618	SB	24+6	03.06.2024	0	03.08.2024 done 04.06.24	15.6.24	03.12.2024
93712	SB	39+2	09.06.2024	1	09.08.2024 done 10.06.24	10.06.2024	09.12.2024

Appendix 1a – Issues highlighted by the reviews as relevant to the deaths reviewed during the period from the 8 December 2023 until the 18 June 2024.

Issues raised which were identified as relevant to the deaths	Number of deaths	Actions planned
No bereavement care since death of baby	1	To escalate to Neonatal Matron/ Neonatal PMRT Lead and governance lead.

*Note - depending upon the circumstances in individual cases the same issue can be raised as relevant to the deaths reviewed and also not relevant to the deaths reviewed.

Appendix 2 - Safety Action 3 - Expansion of transitional care action plan to include preterm infants from 34+4 weeks

Status Key	
1	Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided
2	Actions partly or mostly achieved / timescales not met by 3- 6 months / some evidence outstanding
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

Version	Date
1	*03/10/23*
2	*09/10/23*
3	*19/06/24*

Ref	Standard	Key Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1	Transitional Care Lead	Appoint a Transitional Care Lead	Complex Care Matron	03/01/2024	03.10.23 Transitional care lead appointed – awaiting start date. 29.01.2024 TC lead commenced post.	
2	Workforce Funding	Seek additional funding for staffing to ensure 24/7 cover	Director of Midwifery / Operational Business Manager	03/10/2024	21.06.24 Business case to uplift to BR+ standards awaiting approval.	
3	Training	Ensure all staff are appropriately trained to provide safe and effective care to neonates from 34 weeks gestation requiring nasogastric tube feeding.	Practice Education Team, TC Lead	31/10/2024	10.06.2024 Staff competencies for NG feeds developed and shared with neonatal consultants for agreed patient criteria, awaiting outcome decision. 19.06.2024 Awaiting neonatal consultant meeting to present first draft of NG guideline.	
4	Clinical Governance	Ensure accessible and evidence based guidance to underpin clinical practice and a robust audit cycle	TC Lead/Complex Care Matron	30/06/2024	02.05.2024 Q4 TC SOP audit completed	

Appendix 3 – Action plan to improve 1:1 care in labour compliance.

Status Key	
1	Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided
2	Actions partly or mostly achieved / timescales not met by 3- 6 months / some evidence outstanding
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

Ref	Standard	Key Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1	**Ensure service is recruited to funded establishment**	Continue regular recruitment events to recruit to full establishment	Recruitment and Retention Lead	October 2024	15.03.24 Recruitment ongoing vacancy deficit 16WTE. Recruitment event planned for 18 May 2024. Automatic offer of posts to student midwives continues. 18.06.24 Ongoing recruitment successful. Recruited over establishment to address maternity leave backfill. Awaiting start date for appointed staff.	
		Increase post registration student places within service	Director of Midwifery	March 2024	18.06.24 Post reg student numbers confirmed with University.	

Appendix 4 – Safety Action 10 Anonymised duty of candour letter

Telephone: 01204 390390 Ext 5611
Email: familycaregovernance@boltonft.nhs.uk
Our ref: 245513

1st May 2024

Bolton NHS Foundation Trust
Minerva Road
Farnworth
Bolton
BL4 0JR

PRIVATE & CONFIDENTIAL

Incident 245513

Dear XXXXXXX

Thank you for speaking with me on the 29th of April 2024 on ward G4. On behalf of Bolton NHS Foundation Trust, may I once again offer my sincere apologies for the incident which occurred on the 28th of April 2024 when your son was born and admitted to the Neonatal Unit for therapeutic cooling.

As discussed, we will be undertaking a review of your care and treatment that you received whilst in the care of our organisation and identify if there were any opportunities for us to have done things differently. We will also refer your case to the Maternity and Neonatal Newborn Investigations (MNSI) who will decide to investigate your care if certain criteria are met. An investigation by MNSI will only be undertaken if this is something that you agree to, you can find more information in the leaflets that you were given. Your case will also be referred to the NHS Early Notification Scheme as discussed with you when we met.

When we met you had no concerns about your care but this may change, please do not hesitate to contact me if you have any questions. I will endeavour to update you at regular intervals but please feel free to contact me directly if you need to by phone or email, 01204 487503 Samantha.whelan@boltonft.nhs.uk

The Trust is committed to being open and honest when something has gone wrong and to providing a full explanation and apology to you. It is important to us that we communicate our findings with you and we will contact you once the investigation is complete in order to do so.

Yours sincerely,

Clinical Governance Midwifery Matron

Appendix 5 – Staff and patient feedback from the safety walkarounds.

You Said	We did
March 2024 Feedback from staff and service users indicated that the restricted visiting arrangements in place on the maternity wards did not support the religious requirements of Ramadan.	Urgent review of visiting arrangements undertaken and visiting timescales extended from 0900 - 2100hrs in all ward areas with unrestricted access for two persons and restricted visiting times for persons under that age of 16yrs. Open visiting arrangements continued in intrapartum areas.
May 2024 Lack of bed capacity remains an ongoing concern for staff.	Staff briefed on the submission of the RAAC business case to NHS England and the interim actions taken to reduce the ongoing pressure such as the provision of an extra doctor at weekends and a NIPE Midwife to support activity. Options appraisal in progress to consider short to medium term actions to be taken until all works completed.
Battery pack needed in baby resuscitation units to ensure heating can be provided during transfer to other areas.	Battery packs ordered.
July 2024 Additional ward equipment required	Request made for additional equipment to be provided namely: - CTG machines on G3 - Additional computer G4 - Medicine trolley for G4 - Examination of the newborn equipment.

Report Title:	Learning from Deaths Quarterly Report - Q4 2023/24

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	25 July 2024		Discussion	
Exec Sponsor	Medical Director		Decision	

Summary:	During this quarter, 39 cases were reviewed. Three cases that underwent secondary review were discussed at the Committee meeting, where it was determined that any issues with care did not contribute to their deaths. All of these cases were of patients from the care system. The Committee learned that patients from Mental Health and/or social care facilities are admitted despite them having comorbidities or diagnoses that indicate them being at the end of their lives – which suggests we have an opportunity to enhance advance care planning processes and work with community colleagues to reduce the admission of patients to hospital during this phase of their lives. Further analysis of data presented in the previous quarter shows that although overall numbers of cases reviewed have fallen, we have not seen any significant variation in the overall rating of cases. In fact, there has been a slight increase in those rated good or excellent over the course of this year. The case completion rate remains lower than required and this needs to be reviewed.

Previously considered by:
This report will be presented at the Quality Assurance Committee on 24 July 2024.

Proposed Resolution	The Board of Directors are asked to ***receive*** 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:	Michelle Parry, Clinical Effectiveness Manager Francis Andrews, Medical Director	**Presented by:**	Francis Andrews Medical Director

1. Background

A glossary of terms used in the paper is included in Appendix 1. The SJR process is outlined in detail in Appendix 2.

A summary of data from the adult inpatient learning from deaths process can be found in Appendix 3. Business Intelligence supply Clinical Effectiveness details of the adult inpatient deaths one month in arrears. SJR reviewers have four weeks for completion; after this, if not completed, an escalation process is followed.

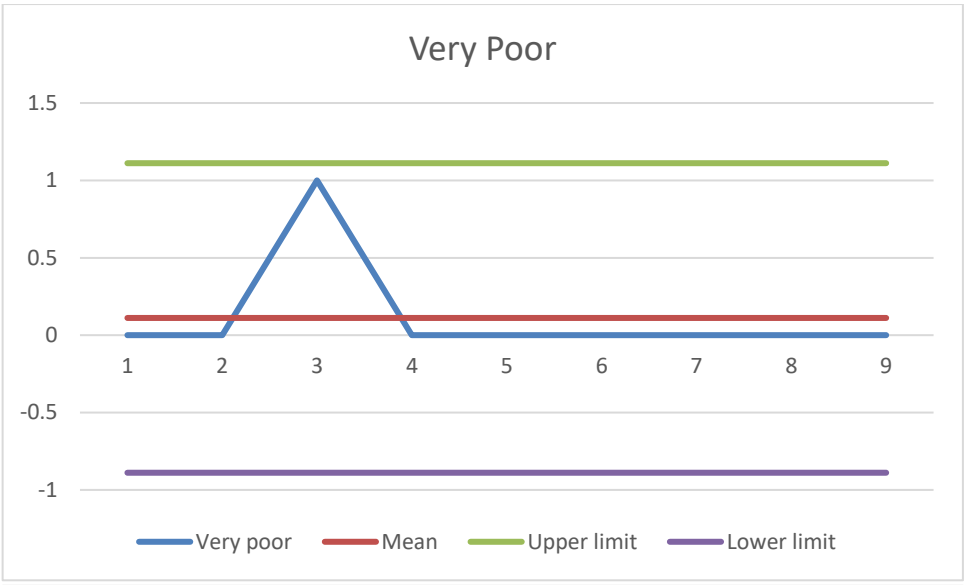
2. Summary of progress in Q4 (January to March 2024):

Case reviews

- 39 SJRs have been completed in this quarter; 5 have been referred for secondary review – consistent with previous quarters' data.
- Of the three cases reviewed at the one committee meeting held during the quarter, none were escalated for further evaluation as it was determined that any issues with care did not contribute to their death. One case was highlighted for excellence.

Update on last quarter's report

- Data was presented in the previous quarterly report (provided in Appendix 4 for ease) describing the ratings for overall care compared since the inception of the SJR process. This graphical representation did suggest there might be falling numbers of cases being rated as adequate, good or excellent, but actually, this reflects a reduction in the number of case reviews.
- Further analysis has been done to show the data for this year to date (up to the end of Q3 as that is the most complete data set at the time of the report). This shows that we have actually seen more cases rated as good or excellent in this timeframe, with a concomitant fall in those rated poor. Very poor cases remain consistently at only one, if any at all, per month. This is shown in the charts below.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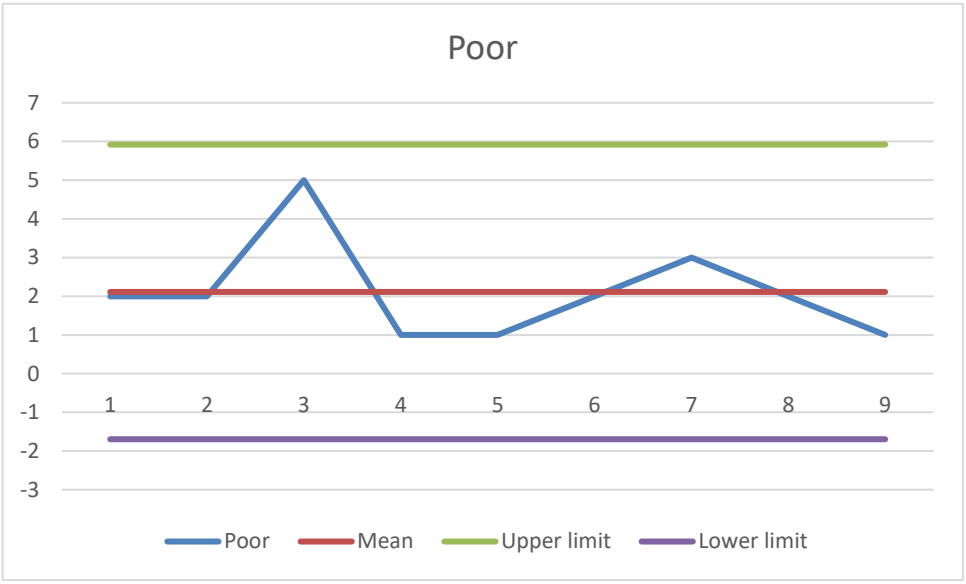
Lower limit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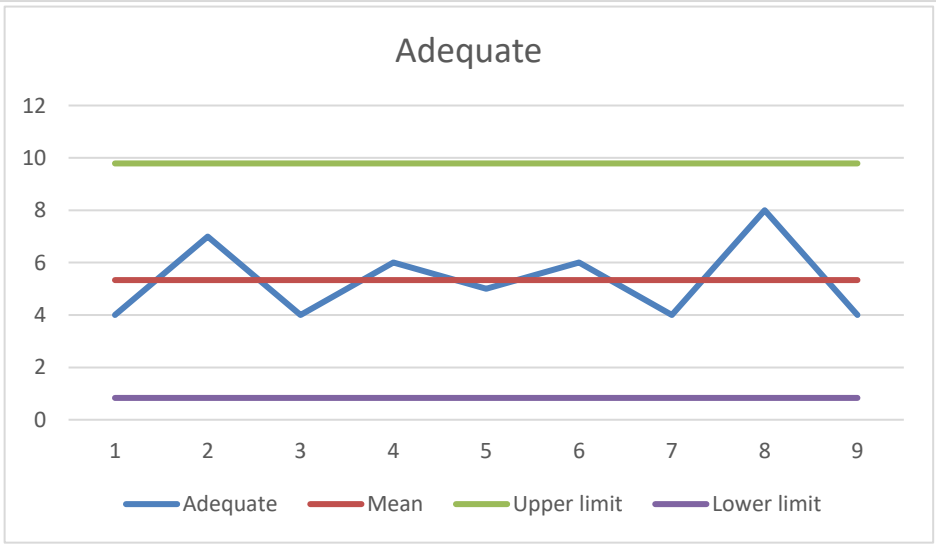
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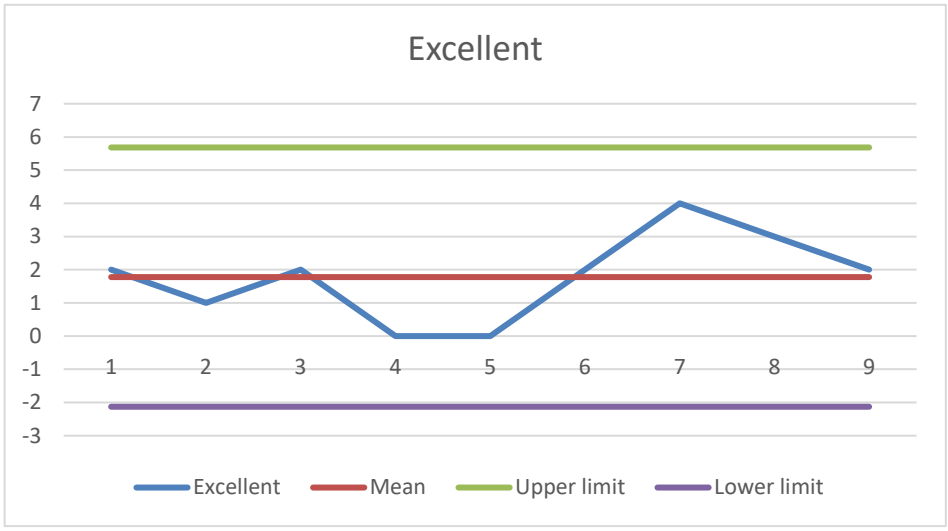


- To better track this, data will be presented as formal SPC charts in future iterations of this report.
- Data on the deaths by day of the week benchmarked against peers will also be provided once this has been obtained, but from previous analysis, there was no obvious pattern to this.

Completion rate

- The completion rate for reviews undertaken in Q3 has been reassessed since the last report due to ongoing completion of reviews. It was at 39% when the report was presented, but is now at 52%. That does obviously show an improved completion rate with time, but is lower than national average. This is consistent with our backlog of cases for review.
- There are 15 outstanding secondary reviews. There is ongoing effort to reduce those waiting a long time for this review.
- Overall, for the 12 months up to the end of March, the overall completion rate of sampled cases stands at 51.7%.

3. Committee Activity in Q4

No cases were escalated as Serious Incidents in this quarter. Cases were shared with departmental and/or divisional teams for local learning, where applicable.

From the secondary reviews, the committee learned:

- Patients are being admitted from community care facilities (those with MH and/or social needs) when at the end of their lives, sometimes with Advance Care Plans in place, when care could have been provided without the need for transfer.
- Pragmatic and compassionate decision-making regarding the appropriateness of their transfer to hospital and then their admission to an acute bed hasbeen identified. This has previously been investigated by the Trust MD and presented to partners at the ICB Clinical and Professional Leads Meeting
- The poor utilisation and visibility of Advance Care Planning and the EPACCS system in the GMCR has been escalated to the End of Life Steering Group.
- Attendance at the committee has decreased during Q3 and Q4.

Excellence reports

One case of excellence was presented at committee in this quarter. Staff were commended for their early recognition and management of sepsis.

Thematic reviews

A national report into the management of sepsis in children (https://www.ncmd.info/wp-content/uploads/2023/12/Infection-related-deaths-of-children-and-young-people-in-England.pdf) was reviewed by the committee for information.

This report contains high-level recommendations for public bodies and national organisations in the main; the one local action applicable to the Trust requires us to:

"Listen to and act on parental concerns about their baby's or child's health as per the NICE guideline NG194. Ensure appropriate escalation to a timely senior review."

This is already embedded practice at Bolton Hospital NHS Foundation Trust, and will be further augmented when Martha's rule is implemented later this year in the Trust.

4. Themes identified in LFD case reviews and actions taken

Since the last report, we have identified and escalated/acted upon concerns around:

- **End of life care, recognition of dying and DNACPR decision-making** – Cases where care at the end of life could have been better are often seen at the LFD committee, and this quarter was not unusual in that. This learning is escalated to the EOL steering group via the Palliative Care team members that attend the committee meetings. A plan to provide a thematic review on this phase of care for the EOL group is underway, for completion by end Q1 2024-2025. Positive feedback has been provided from that group as to progress around some of the key issues, including an agreed DNACPR policy and new TOR for the Resuscitation Committee, which is supporting improvement work.
- **Critical medicines reconciliation** – The LFD Chair has linked with the team at Manchester University and wider digital teams to work on how we build better processes about ensuring the visibility of all prescribed medications to any admitting team, including those prescribed by other secondary or tertiary services.
- **Consistent process for reviewing cases and sharing learning** – In addition to the LFD newsletter,[1] the team has been working on ways to share learning across the Trust and to feedback to reviewers and departments. A year-end report for each department will be provided to departmental governance teams by end of Q1 2024-2025 to ensure they have oversight of all the cases that have undergone SJR in this year. This will allow them to review those cases of excellence, as well as those where concerns were raised.
- **Bereavement team, Regulation 28 and Medical Examiner reports** – The committee will receive the Bereavement Team report at the next meeting in Q1 2024-2025.

[1] BoB - Learning-from-Deaths-Newsletter.pdf - All Documents (sharepoint.com)

5. Conclusion

- The vast majority of cases reviewed demonstrate that care is rated at least adequate.
- Major recurring themes are around the appropriateness of transfer of dying patients to the Trust, and also identification and decision making around end of life care
- The number of cases reviewed remains at lower levels than required. The interim associate medical director has been asked to undertake a review of the LfD committee including reasons for poor attendance and low rates of completion and report back with findings and actions by end of September 2024.

6. Recommendation

The Board is asked to receive the content of the report for assurance purposes.

Appendix 1 – Glossary of terms

LFD	Learning from Deaths
SJR	Structured Judgement Review
LeDeR	Learning Disabilities Mortality Review Programme
RCP	Royal College of Physicians
NQB	National Quality Board
LFDC	Learning from Deaths Committee
QAC	Quality Assurance Committee
NCDRP	Nosocomial Covid Deaths review panel
GMMH	Greater Manchester Mental Health Trust

Appendix 2 – Learning from Deaths methodology (adult inpatient only)

The process involves using a validated 'Structured Judgement Review' tool to assess the quality of care from a sample of adult inpatient deaths, in addition to mandated categories of deaths, which are those with a learning disability, mental health issue or where a family concern has been raised. The trust can also designate particular alert diagnostic groups for investigation (e.g. nosocomial Covid-19 cases) and the Medical Examiners can refer for a review. The aim is to provide tangible evidence of learning from deaths.

A trained reviewer conducts initial (primary) reviews; individual components of care are scored on a 5-point scale and an overall score is determined. For any patient who is scored as 1 or 2 (very poor or poor) overall, the LFDC members collectively undertake a secondary review to determine whether the primary reviewer's scores, especially the overall score, are justified. Each case is also reviewed to determine whether, on balance, the death was more likely than not to have resulted from problems in care, and if so, it is referred for scoping as a Serious Incident. If after the secondary review, the overall score is 1 (very poor) or 2 (poor) then the case is referred for further investigation via corporate and/or divisional governance teams.

Cases deemed to be uniformly excellent are also reviewed at LFDC and any actions and learning points are captured are shared.

The benefits realised by this approach include:

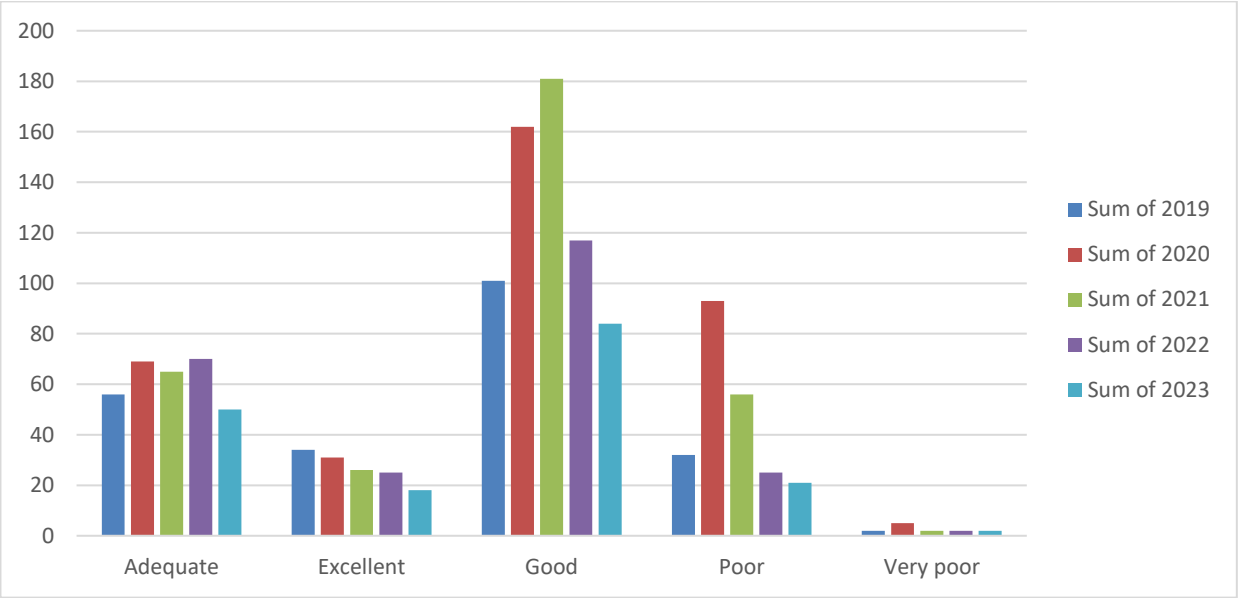
- Targeting of reviews to areas of mortality concern to improve patient care e.g. Pneumonia, COVID-19
- Use of a validated judgement tool
- Mutual support for reviewers
- Use of an electronic form that can be stored on a new database with easy retrieval for audit purposes
- Learning from good practice in care as well as learning from practice where things could have been better

Appendix 3 - Learning from Deaths Adult inpatients for 12 months April 2023-March 2024

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of In-patient Deaths	90	105	90	77	105	78	112	83	115	142	109	105
Number Cases (Sample)	31	32	33	25	23	35	42	41	40	36	35	37
COMPLETED	17	19	16	11	12	23	27	25	23	16	13	10
Outstanding Cases												
Not Yet Received - Within Deadline	0	0	0	0	0	0	0	0	0	0	0	25
Outstanding -Supassed Deadline	14	13	17	15	11	11	15	15	21	18	18	0
Missing notes unable to find	0	0	0	0	0	0	0	0	0	0	0	0
Cases requiring reallocation	1	0	1	2	2	1	3	1	2	2	2	2
%	55	59	48	44	52	66	64	57	52.5	33.3	37.1	27.0
Source												
Mandated Death (Alert Diagnosis)	3	5	3	0	1	2	2	2	2	0	1	0
LD Death	0	0	3	1	0	0	2	1	2	1	0	1
Mental Health Death / In-Patient MH	26	26	26	25	22	18	35	3	7	1	2	3
sample	2	0	0	0	0	15	4	33	23	32	32	33
Requested by cons/matron/Other	0	1	0	0	0	0	0	0	0	1	0	1
Diabetes Death	0	0	0	0	0	0	0	0	0	0	0	0
NELA Death	0	0	0	0	0	0	0	0	0	0	0	0
Medical Examiner	0	0	1	0	0	1	0	3	7	1	0	1
30 Days PEG Mortality	0	0	0	0	0	0	0	0	0	0	0	0
BAME + COVID Death	0	0	0	0	0	0	0	0	0	0	0	0
	31	32	33	25	23	35	42	41	40	36	35	37
Overall Score												
1 (Very Poor)	0	0	1	0	0	0	0	0	0	0	0	0
2 (Poor)	2	2	5	1	1	2	3	2	2	2	1	2
3 (Adequate)	4	7	4	6	5	6	4	9	5	7	6	1
4 (Good)	9	9	4	4	6	12	16	11	13	5	3	7
5 Excellent	2	1	2	0	0	3	5	3	3	2	3	0
	17	19	16	11	12	23	28	25	23	16	13	10

Appendix 4 – Rating comparison by year (January to December)

1st overall rating	2019	2019 % of total	2020	2020 % of total	2021	2021 % of total	2022	2022 % of total	2023	2023 % of total
Very poor	2	1%	5	1%	2	1%	2	1%	2	1%
Poor	32	14%	93	26%	56	17%	25	10%	21	12%
Adequate	56	25%	69	19%	65	20%	70	29%	50	29%
Good	101	45%	162	45%	181	55%	117	49%	84	48%
Excellent	34	15%	31	9%	26	8%	25	10%	18	10%
Total cases	225		360		330		239		175	



Title:	Trust Mortality Quarterly Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	25 July 2024		Discussion	
Exec Sponsor	Francis Andrews		Decision	

Purpose	This report provides an update on recent mortality metrics and details of key actions and priorities for improving these metrics.

Summary:	**Key Indices**
	• SHMI (NHS Digital published figures, not HED) shows Bolton at 111.45, which is in the 'Expected' range.
	• The trend in HSMR has worsened slightly to an 'amber' alert at 107.46
	• The crude rate has remained at a similar level as compared to last year.
	
	Key Challenges
	• There has been a change in the methodology used to calculate SHMI, this now includes all patient stays with a covid diagnosis (these were all previously excluded)
	• Clinical scrutiny of mortality data
	  ○ Covid-19 is alerting 'red' following the methodology change and will undergo a full clinical and coding review
	  ○ Assurance has been provided for diverticulosis/diverticulitis and pneumonia

Previously considered by:
This report will be presented to the Quality Assurance Committee on 24 July 2024.

Proposed Resolution	The Board of Directors is asked to ***receive*** the Mortality Report.

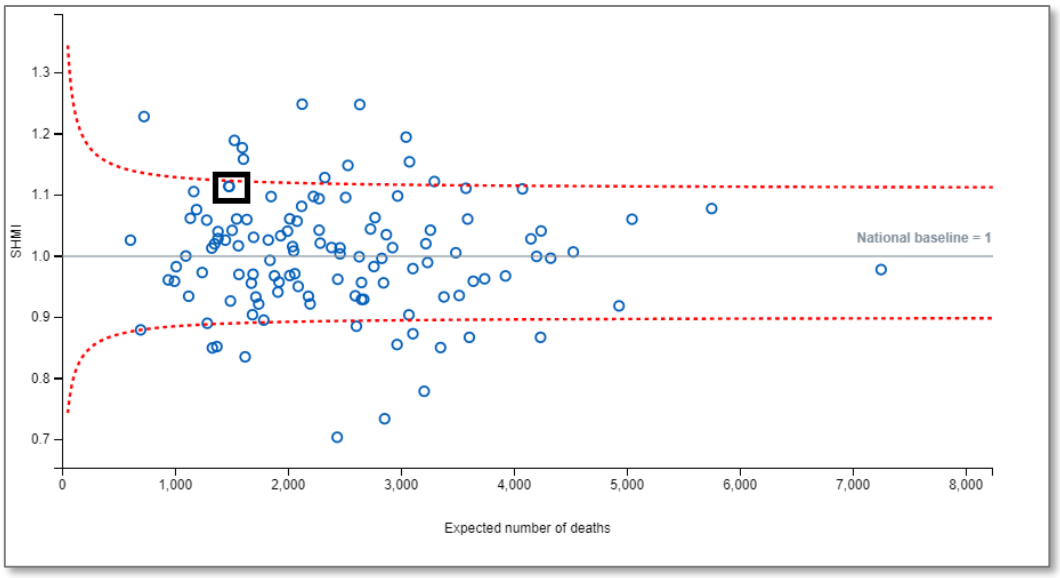
This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	
*To be a great place to work, where all **staff** 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, Business Intelligence	**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 (February 2023 to January 2024) shows Bolton at 111.45, which is in the 'Expected' range. This rate has remained stable since the last reported figure of 109.43 although has shown a rise which is mainly due to a change in the methodology from NHS Digital[1].



This change in methodology has caused a slight rise in SHMI for a number of reasons the main one being the inclusion of Covid-19 where the discharge date was after September 2021. Previously any patient stay with a diagnosis of Covid-19 was excluded in its entirety even if the diagnosis was a secondary condition and diagnosed later on in the patient stay. This means that there are a significant number of deaths and discharges now included that were once excluded which has slightly worsened the position in Bolton.

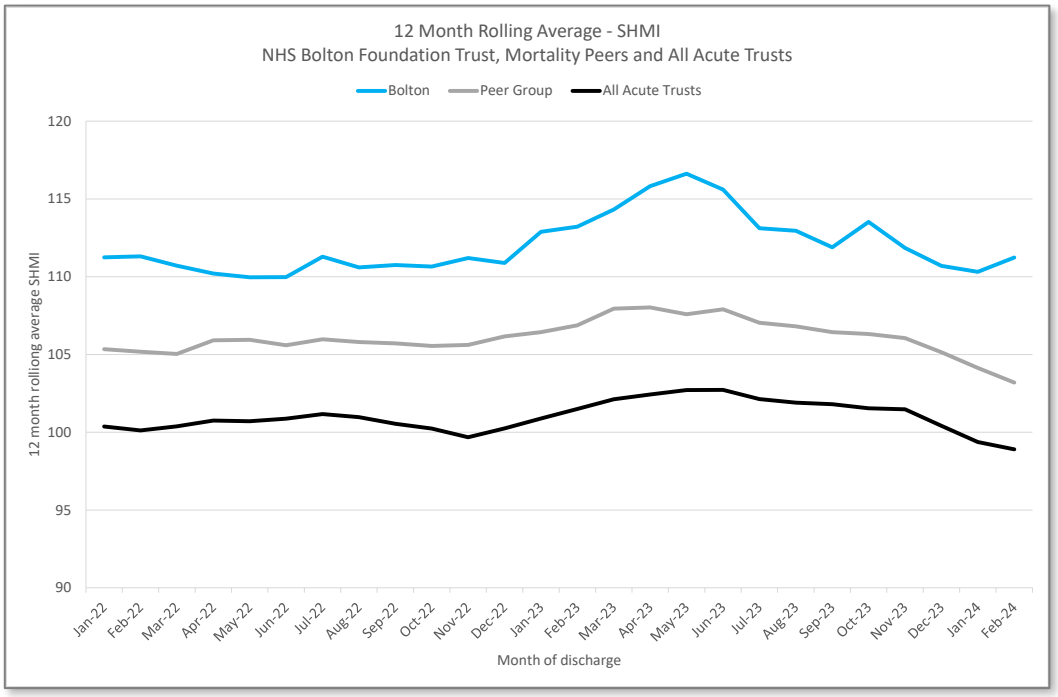
Time series to February 2024[2]

The rolling average for Bolton (light blue) has shown a rise in January 2023 increasing the gap between Bolton and peers but has since fallen again with a slight peak in autumn 2023. It remains higher than the average compared to mortality peers (grey) and all acute trusts (black). The position below reflects the change in methodology for the entire timeframe[3]

[1] Patients with Covid are now included in SHMI if the discharge date is from September 2021. This is following a change in the methodology from NHS Digital

[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.

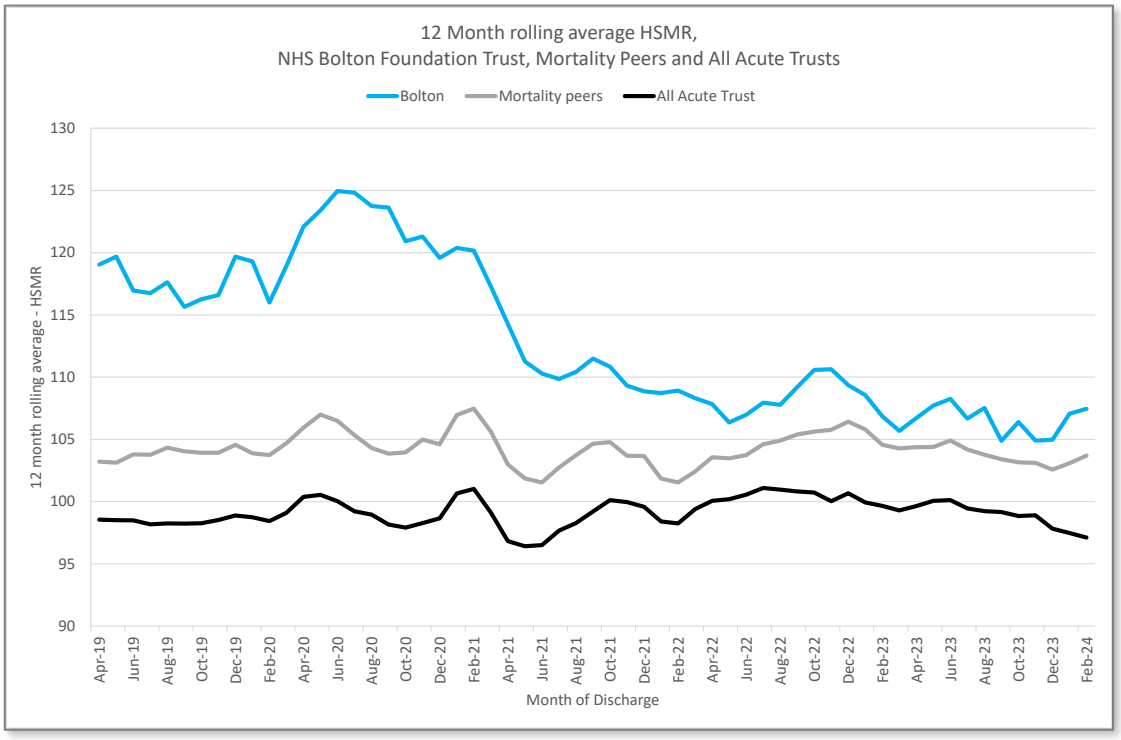
[3] Data excludes any patients who have 'opted out' of their data being shared for research purposes. As this data is calculated ahead of the published data (where they are included) this is causing the rolling average to be inflated when compared to the published data. The average opt out rate nationally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



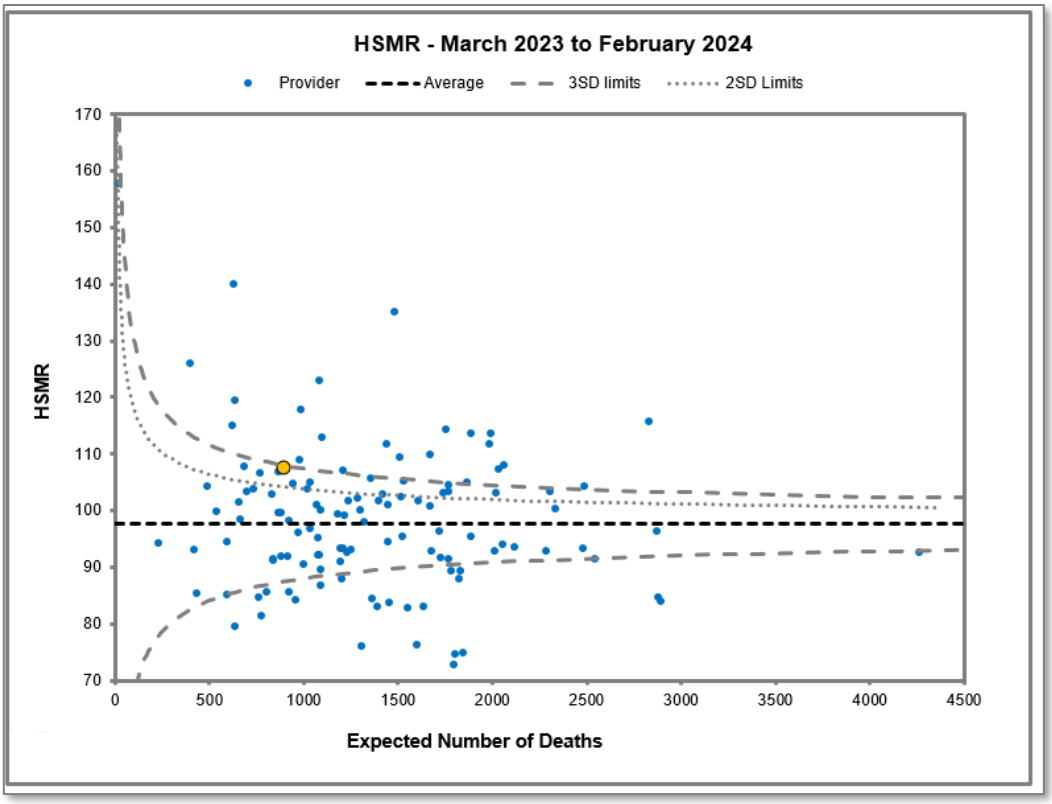
1.2 Hospital Standardised Mortality Ratio (HSMR)

The HSMR ratio is 107.46 for the 12 months to February 2024 (shown as a 12 month rolling average in the graph); Bolton (light blue) is higher than the average of mortality peers (grey) and all Acute Trusts (black). However, the gap has significantly reduced from the earlier part of the timeframe and remains slightly above mortality peers for the 12 months to February 2024.[4]

[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.*

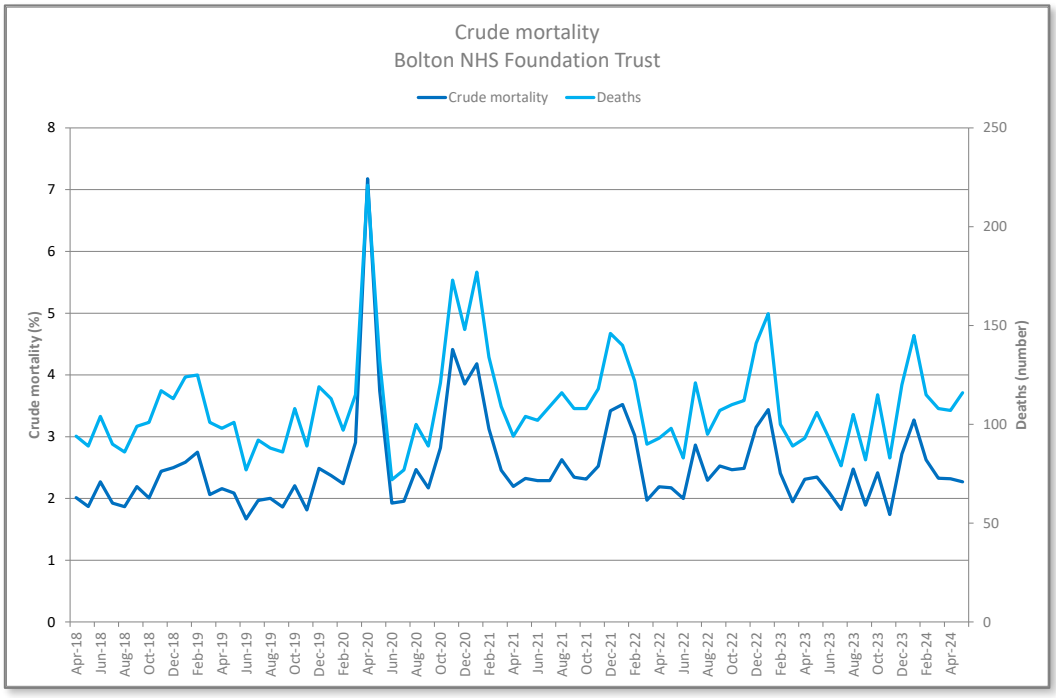


Despite being only slightly above peers the Trust HSMR has started to alert 'Amber' after remaining 'Green' when compared to other Trusts for some time.



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 over winter 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 has occurred over all winter periods, worsened by the Covid spike in winter 2021/22 and 2022/23. 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.



1.4 Comment on mortality indices

SHMI has remained consistently within range and HSMR worsening to an 'Amber' alert in the most recent rolling period. Our crude mortality rate sits below national average, which provides some reassurance about our care too, as with the higher levels of deprivation and poorer health locally, one might expect a higher number of observed deaths. It is worth considering the differences between the two main risk-adjusted metrics; a table showing the different data included in the calculations in shown on the last page of this report.[5] The recording of Charlson comorbidities is expected to improve as EPR changes have been implemented, which may further firm up the position of those metrics. Due to the time lag in data, any improvement will only be seen in the Autumn of 2024.

[5] Further information can also be found at: CHKS_Mortality measures compared_Dec2018.pdf

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. HSMR has also been included which rolls back one month from the most recent data available which accounts for the data calculated at freeze position.[6] [7]

Indicator	Current	Previous	Change	Peer	National	Position
SHMI - NHS Digital (12 mth rolling) NHS Digital SHMI Dataset (May 2024)	110.83 (Jan 2023 - Dec 2023)	111.76 (Dec 2022 - Nov 2023)	-0.93 ↓	102.34	100.00	Within expected range
SHMI (12 mth rolling) HES Inpatients, HES-ONS Linked Mortality Datasets (Apr 2024)	111.24 (Mar 2023 - Feb 2024)	110.31 (Feb 2023 - Jan 2024)	0.93 ↑	99.95	99.25	Within expected range
HSMR: rolled back one month (12 mth rolling) HES Inpatients (May 2024)	109.34 (Mar 2023 - Feb 2024)	108.47 (Feb 2023 - Jan 2024)	0.87 ↑	90.55	99.36	High (>95%)

3. Diagnostic Groups

3.1 SHMI red alerts by diagnosis group (12 months to February 2024)

There are no groups alerting 'Red' (those falling outside 99.8% control limits) by diagnostic group for SHMI when observing deaths and the risk adjustments within Trust discharges only. When analysing disease groups in comparison to other Trusts then pneumonia and Covid-19 are alerting red.

3.2 SHMI Amber alerts by diagnosis group (12 months to February 2024)

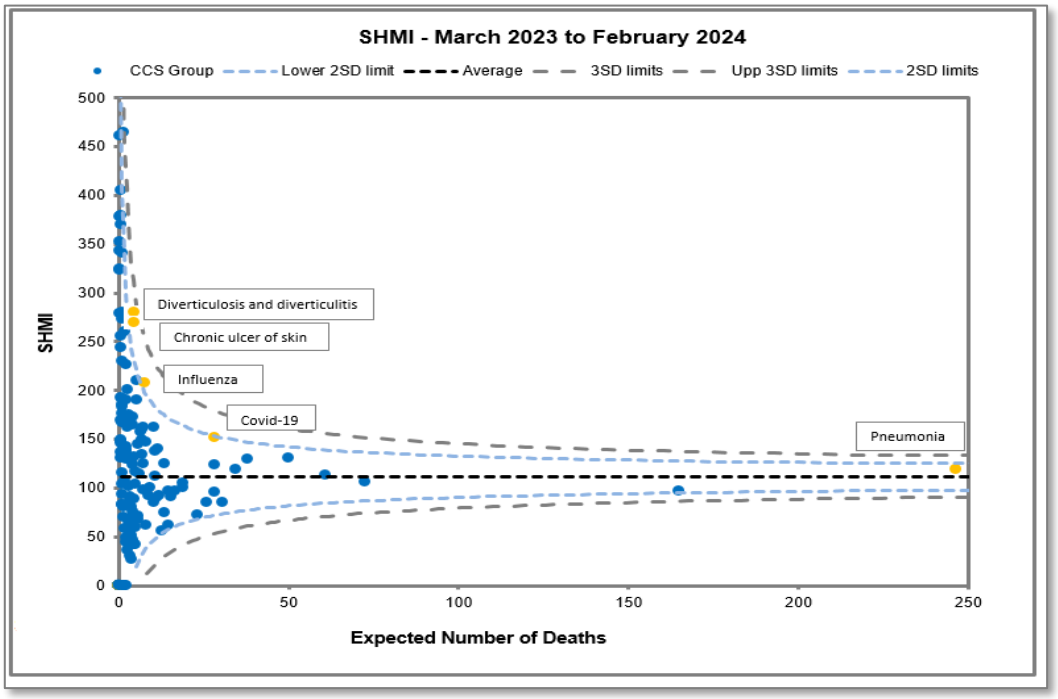
Any CCS diagnostic groups that sit outside the 95% control limits, but within the 99.8% limits are classed as an Amber alert.

There are no Amber alerts when comparing to other Trusts.

Diverticulosis and diverticulitis; Influenza; chronic ulcer of skin; pneumonia and Covid-19 are alerting 'Amber' for the period March 2023 to February 2024 when looking at Trust discharges only. Looking at the diagnosis groups within the Trust makes the threshold slightly lower therefore picks up more diagnosis groups alerting. This will trigger investigations both clinically and within coding resulting in greater assurance for the Trust.

[6] Important note: HSMR most recent month available is not 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. The indicator 'HSMR rolled back one month' accounts for and accommodates the freeze position of data.

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



Influenza

This has begun to alert following 16 observed deaths, 12 of which falling into January and February 2024 hence the alert for the 12 months to February 2024. A review will be conducted via MRG for this alerting group.

Pneumonia

This group has alerted previously and is generally the case that not enough Charlson comorbidities have been recorded to effectively increase the risk adjustments. In addition to this, the clinicians have reviewed the quality of care using other measures, one being our clinical data reported to AQuA for review. This was assessed to ensure we were safe; a further update is expected at MRG in the near future as per the workplan.

Covid-19

Due to the changes in the methodology in the calculation of SHMI these discharges are now included in the calculations. A new diagnosis group specifically for Covid-19 has also been generated. This is flagging as 'red' when calculated against all Trusts and 'amber' when calculated against Trust discharges only. A full clinical and coding review will be established to investigate why this group is high when compared to other Trusts and also within Trust discharges.

Diverticulosis and diverticulitis

The patients have been reviewed via MRG and a comprehensive coding and clinical review completed. There were no clinical concerns and there were some cases that would benefit from clinician and coding engagement that would ensure accurate coding and understanding.

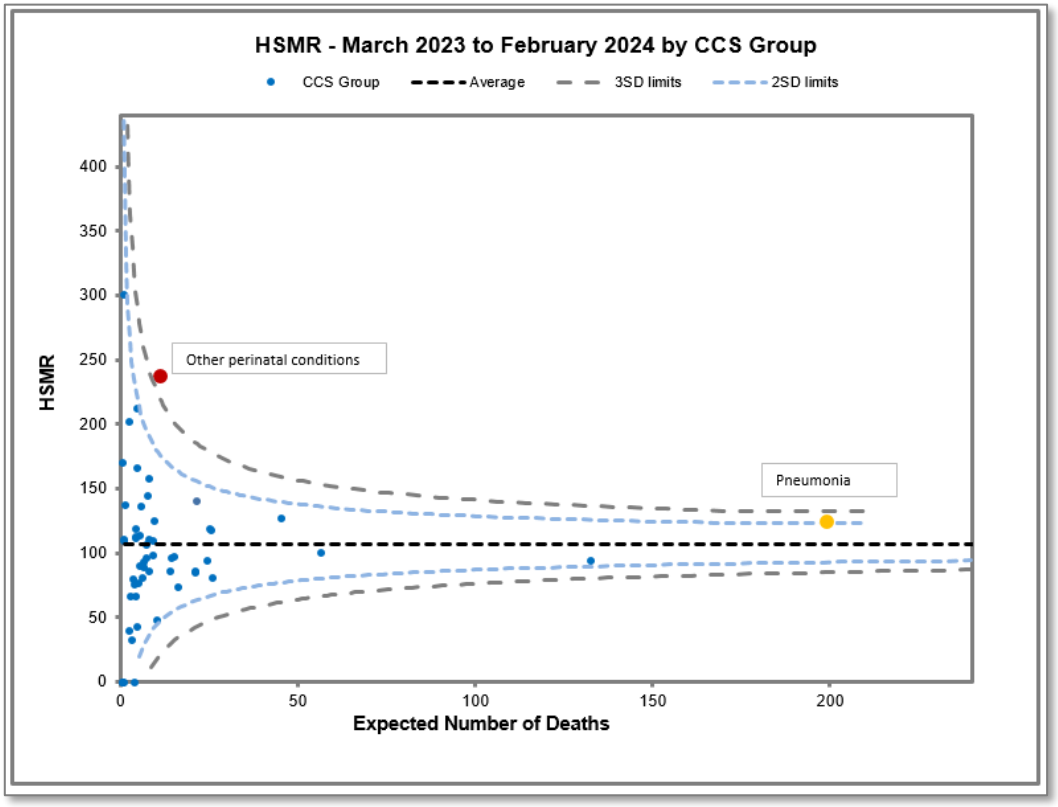
Chronic ulcer of skin

The numbers of deaths in this group are low so is open to wide fluctuation and any slight change in number would stop this group from alerting. This group will be reviewed by clinically and by coding team to ensure accuracy and for assurance.

3.3 HSMR Red alerts by diagnosis group (12 months to February 2024)

Other perinatal conditions is flagging as a red alert, as shown in the next graph.

3.4 HSMR Amber alerts by diagnosis group (12 months to February 2024)



Other perinatal conditions

There are significant data quality issues around how we record data locally with regards to stillbirths, live births, neonatal deaths and terminations of pregnancy. There are also different ways in which external bodies measure these, which provides challenges with regards to us being able to use particular metrics to benchmark ourselves against.

This has been extensively investigated, both from a data perspective and around the processes for assessing the quality of our care, and a comprehensive report into the findings has been presented at CGQ.

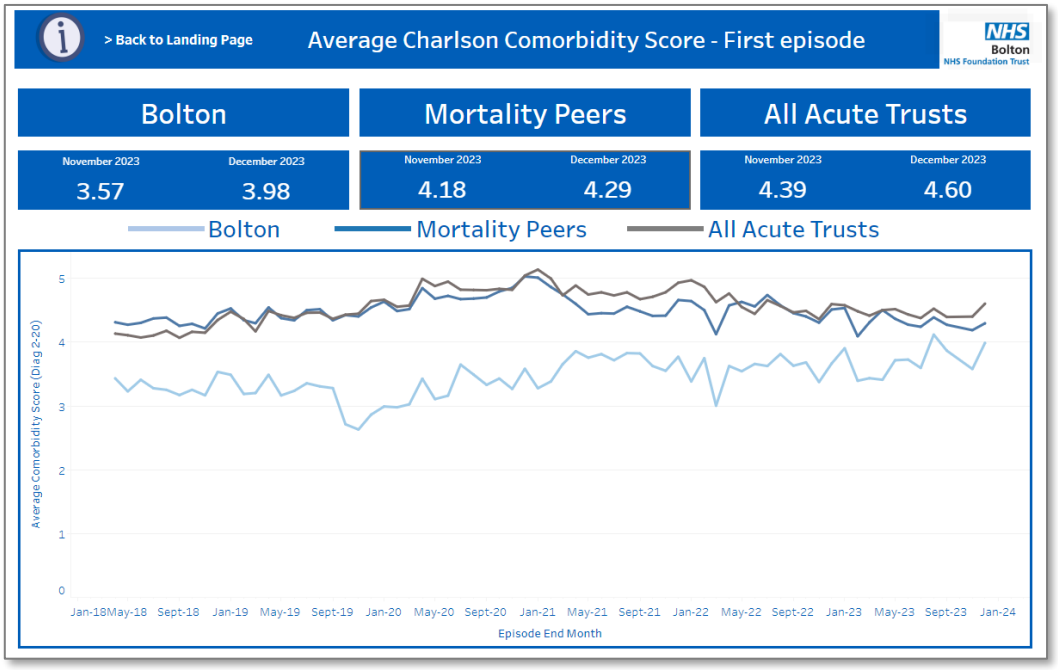
4. Key KPIs

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.

4.1 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 with the gap between peers and the national average reducing. 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.

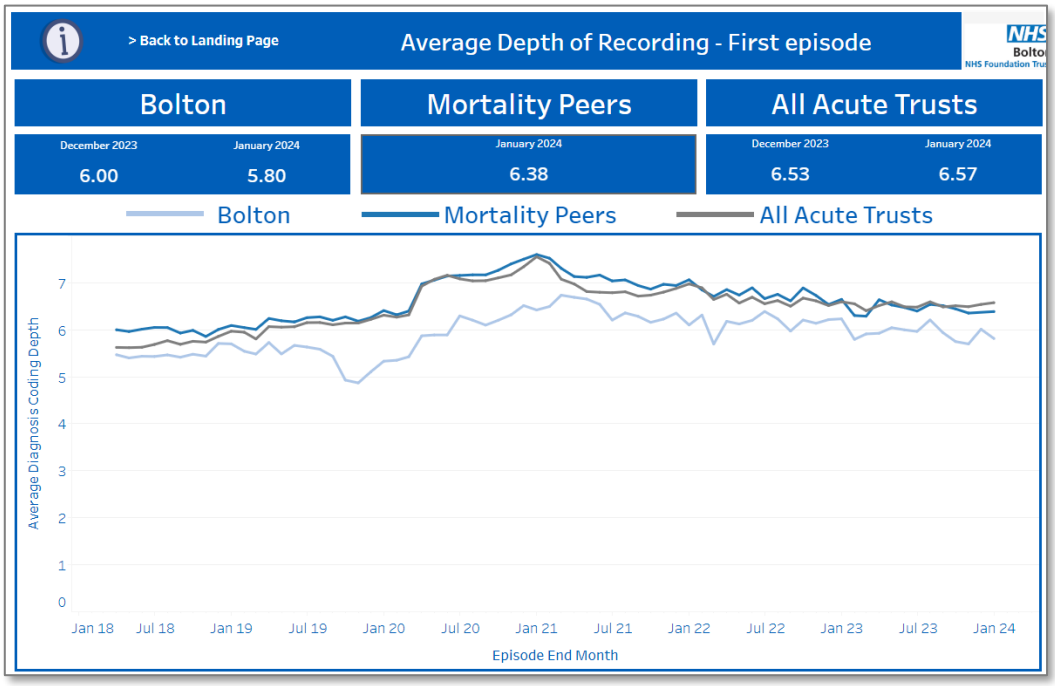
Despite improvements in the recording there remains a gap to Mortality Peers and All Acute Trusts. The successful inclusion of mandatory comorbidity recording with autopopulation of the Health Issues section of our EPR should result in an improvement in this metric in the coming months.



4.2 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. The gap between peers and the national average has reduced but has stagnated for the last couple of years.

This risk adjustment creates less impact on the expected level of deaths than the amount of Charlson comorbidity recording. The Charlson scoring has improved slightly over time which caused the reduction in both SHMI and HSMR and has offset any slight reduction in depth of recording.



Although lower than 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.

4.3 Completeness of coding at 'Freeze' date (up to January 2024)

The Clinical Coding team are consistently meeting the Trust target of >98% of inpatient records to be fully coded at SUS 'Freeze' date, which has impacted positively on SHMI and HSMR. There have been significant capacity issues in the coding team in recent months due to a lower establishment and the impact of this will be tracked carefully.

Our data undergoes a refresh in May to ensure it is as complete as it can be for the year; this often results in an improvement in our metrics further, but we will have to await the impact this year to understand its effects. This is expected in the early autumn.

5. Narrative on the mortality data

We continue to remain 'within expected range' for SHMI with HSMR only beginning to alert 'amber' in the most recent rolling average to February 2024. This is due to the increased recording of secondary diagnoses by clinicians, fully coded information at the deadline dates and improved data quality within certain specialties. Work continues across the organisation to improve our comorbidity recording to further enhance these metrics.

Assurance regarding ensuring we deliver high quality of care are being improved through work around improving our reporting metrics (such as NEWS) and with changes to our governance processes. We also now have robust systems in place to review clinical cases when they alert

on our metrics and are reporting on a multitude of metrics (e.g. deaths by ward) via the mortality dashboard to ensure we identify any outlyling issues promptly to allow us to respond.

6. Ongoing work to maintain and improve the mortality indices

6.1 Comorbidity recording

Planned amendments are being made to the EPR to automate the recording of key comorbidities:

- The new feature for the EPR that allows the clinician to record comorbidity directly into the coded Health Issues part of the system has gone live.
- The impact of this will be audited via the Mortality Action Plan with BI support, but anecdotally it has alrady resulted in an improvement to our consistency of recording comorbidities.

6.2 Assurance on our quality of care

There is now clear clinical engagement with the mortality data for divisions and departments and are able to much better understand our metrics. Teams are also working collaboratively with the BI team to triangulate SHMI and HSMR data against other care metrics that explain the quality of the care we deliver and how we benchmark both regionally and nationally.

Work on recognition of deterioration, NEWS and sepsis is being addressed through the newly formed group combining various previous forums to ensure we respond appropriately to patients when they deteriorate. This work will be fed back to the Mortality Reduction Group and CGQ committee.

Feedback from the End of Life Steering Group and Palliative Care Team has provided reassurance that progress is being made on our provision of end of life care. Where we provide specialist palliative care or support patients who are nearing the end of their lives to avoid admission, this will impact on our mortality metrics, as we see patients in hospital or who die within 30 days of discharge who would have been better served by being kept at home or admitted to a place that can support them better as they die. This work will also impact on the Urgent and Emergency Care Improvement work as we are often seeing patients nearing end of life, who would be better served being cared for in the community, being brought to hospital. This highlights how having an understanding of these mortality metric can help provide drivers for promoting clinical change.

6.3 Clinical coding

Our Clinical Coding Team now have access to the GMCR which should further see an improvement in our comorbidity recording as a Trust. They continue to work with clinicians to formulate SOPs that support more efficient coding. They perform well against local and national auditing.

6.4 Education and training

There is still an ongoing programme of clinical engagement with BI to determine understanding around all mortality indicators with clinical staff. This understanding is fundamental to improvements in recording which directly impacts the risk adjustments for SHMI and HSMR.

7. Recommendation

The committee is asked to note the contents of this report for assurance.

8. 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:	People Committee Chair Report July 2024

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	25 July 2024		Discussion	
Exec Sponsor	James Mawrey		Decision	

Purpose	The purpose of this Chair's report is to provide an update and assurance to the Board on the work delegated to the People Committee.

Summary:	The attached report from the Chair of the People Committee provides an overview of matters discussed at the meeting held on 16 July 2024. The report also sets out the assurances received by the committee and identifies the specific concerns that require the attention of the Board of Directors.

Previously considered by:
The matters included in the Chair's report were discussed and agreed at the People Committee.

Proposed Resolution	The Board of Directors is asked to ***receive*** the People Committee Chair's 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:	James Mawrey, Director of People	**Presented by:**	Tosca Fairchild, Non-Executive Director

ALERT | ADVISE | ASSURE (AAA) Key Issues Highlight Report			
Name of Committee:	People Committee	**Report to:**	Board of Directors
Date of Meeting:	16 July 2024	**Date of next meeting:**	17 September 2024
Chair	Tosca Fairchild	**Meeting Quoracy (Yes / No)**	Yes

AGENDA ITEMS DISCUSSED AT THE MEETING

- Freedom to Speak Up Annual Report
- Guardian of Safe Working Annual Report
- Our Voice Change Programme Update
- Leadership Programme Update
- Employee Relations Update
- Locality Workforce Transformation Update
- EDI Six Monthly Update
- Nursing & Midwifery Staffing Update Resource & Retention Update
- Cultural Dashboard
- Staff Survey Update

ALERT

ADVISE

Our Voice Update – The Committee welcomed this update and noted the critical importance to ensure we are tackling issues that matter most to the majority of colleagues. The Programme is constantly evolving to ensure that the Trust takes on board on-going feedback received to shape plans for the delivery of the Programme, whilst remaining focused on action and delivering the improvements which matter the most to colleagues. The importance of 'you said we did' and the wider communication plans was welcomed. The Our Voice Programme will be a key enabler in delivering the Trust's ambition of a 'Great Place to Work' and ensure that all workforce feel *they are heard & have a voice that counts.*

Leadership Programme Update – It was noted that the OUR LEADERS programme is part of a wider organisational culture change programme, with the aim to provide everyone in leadership and management positions with the confidence, skills and abilities to deliver on the Trust's ambitions and improve staff and patient experience. The details of the programme were discussed and the launch events are being held over the summer months and a further update will be brought back to People Committee in September. It was requested that IFM be included in this programme from the inception given the critical role our IFM colleagues play to delivering staff and patient care,

Employee Relations Update – The report provided an update on the current employee relations activity being undertaken between January and March 2024. It was noted that the staff organisations (trade unions) continue to work closely with the organisation and no local issues of concern were raised at the meeting. Within this update it was noted that the Trust has signed up to the NHS England Sexual Safety charter and an implementation group is being established to implement the 10 key actions associated with the charter. It was requested that the Staff-side Chair attend this meeting on a bi-annual basis and support in the presentation of these findings.

Locality Workforce Transformation Update – The Committee received an update on the Bolton locality People & Culture Group. Membership includes LA, VCSE, GP Networks, Bolton College and Bolton University. The main

areas of focus for this group were noted as:- Developing our work on Neighborhood Footprints; Growing and attracting the Health & Social Care workforce; Further developing shared learning across Team Bolton and Improving locality workforce data. The Committee noted how important this work is and supported that focused attention needs to be given in this area by all anchor organisations within the Bolton locality.

ASSURE

Freedom to Speak Up Annual Report - The report provided an annual update on Freedom to Speak Up (FTSU) activity within the Trust during the period from 1st April 2023 to 31st March 2024. The report was commended to the Trust Board and is contained within the Trust Board papers.

EDI Update - The Committee noted the actions that had been taken on the equality, diversity and inclusion (EDI) work programme in the last six months. It was noted that the WRES & WDES would be coming to the next Committee and this would help us to understand whether these actions were impactful. Specific note was given to the work of the EDI Lead on the recently approved refreshed Equality Impact Assessment.

Anti-Racism Framework - The People Committee fully supported the framework, which outlines the actions to change racial inequality in the workplace, services and organisational cultures. It is a step-by-step plan to review current status, assess inequalities, celebrate success and encourage continuous improvement. All NHS Trusts and ICB's in the region are expected to adopt the framework by March 2025. Currently the Trust is able to demonstrate achievement of some deliverables in each of the three Bronze, Silver and Gold awards, but must have met all deliverables in the individual category in order to progress to the next level. The People Committee supported that the Trust should make a submission for Bronze status in April 2025 and moving forward to then progress to Silver and Gold status. The proposed action plan to deliver was included within the report.

Nursing & Midwifery Staffing – The Chief Nurse presented a comprehensive overview of the Trust's approach to maintaining safer staffing levels in line with national guidelines. The People Committee supported the recommended next steps in implementing and utilising the Safe Care Nursing Tool to support in providing this assurance. To note the Safe Nursing care tool (SNCT) is a NICE accredited evidence-based tool, and forms part of a comprehensive approach to meet National Quality Board (NQB) guidelines and NHS England Workforce statutory Safeguards.

Resourcing & Retention Update - The key point to note is that the Trust saw an overall increase of 'worked WTE' (WWTE) of 6 in May 24. There was a further WWTE increase in June 24 of 4. Despite this we have been under our workforce WWTE 'plan' for the entirety of 2024/25 (cumulatively under than plan by 55 WWTE at the end of June 2024). With regards to temporary staffing we saw a relatively stable WWTE position for both bank and agency, in Months 2 and 3. Agency expenditure reduced by £282k in May 24 (helped in part by accrual adjustments of £120k), and increased by £176k in June 24. For the 2024/25 YTD Trust spend on agency (as a % of all pay) is 2.4% which is considerably under the NHSE expectation of 3.2%. Bank expenditure reduced by £252k in May 24; and was fairly static in June 2024 (small increase of £33k). Vacancy rates continue to be low (under Trust target since June 2023).
Turnover rates have been static in the 2024/25 YTD, which was expected.

Cultural Dashboard – The Committee welcomed the dashboard report provided and looks further to deeper analysis as the data set is established.

New Risks identified at the meeting: None

Review of the Risk Register: None

Report Title:	Freedom to Speak Up Annual Report 2023-24

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	25 July 2024		Discussion	
Exec Sponsor	James Mawrey		Decision	

Purpose	This report provides an annual update on Freedom to Speak Up (FTSU) activity within the Trust during the period from 01 April 2023 to 31 March 2024.

Summary:	Effective speaking up arrangements help to improve patient safety, staff experience and continuous improvement. The Trust's FTSU approach continues to be embedded to support the organisation to develop an inclusive and transparent culture. During the period from 01 April 2023 to 31 March 2024, 201 cases were reported through the FTSU route in comparison to 186 the previous year. The Guardians feel this increase is important as it demonstrates that staff have not been deterred from using the FTSU process despite some concerns raised about speaking up processes in the media. The FTSU Guardians welcome the support provided by the organisation on this important matter. Regular meetings continue to take place with the Divisional leads and also the meetings with the CEO/ Deputy CEO and NEDS are helpful in identifying any blockages in resolution. The People Committee noted the importance of using this information in a triangulated manner to ensure that our staff are receiving all possible support and advice. Moving forward future reports would include actions taken/ lessons learned whilst being mindful of the need for anonymity/ confidentiality.

Previously considered by:
This report was discussed in detail at the People Committee and is commended to the Board of Directors.

Proposed Resolution	The Board is asked to receive the FTSU 2023-24 Annual Report and support the continuation of the FTSU approach.

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:	Tracey Garde, FTSUG	**Presented by:**	Tracey Garde, FTSUG

1. Introduction

1.1 We want to make Bolton NHS Foundation Trust, the best place to work and the safest place for our patients to receive care. We want everyone that works within Bolton NHS Foundation Trust to feel valued and respected at work and to know that their views are welcomed. By meeting their needs, we also enable them to deliver the best possible care. To do that, we need to provide the best possible working environment – one where speaking up is not only welcomed, but also valued as an opportunity to learn and improve. Our workers are the eyes and ears of our organisation. Their views, improvement ideas and concerns can act as a valuable early warning tool that a policy, process or decision is not playing out as anticipated or could be improved.

A speaking-up culture also benefits staff satisfaction and performance. When workers feel that their opinions matter and are valued and acted on, they become more committed – and performance and retention improve as a result. When workers feel that speaking up about poor behaviour or performance is welcomed and encouraged, and that it will be addressed at an early stage, organisations become less entrenched in formal employee relations processes. These can be costly and damage relationships. Therefore, workers voices play a vital role in informing and driving improvement.

However, speaking up is not always easy – especially in organisations where leaders may not always welcome challenge or change. That is why putting in place effective, person-centred speaking-up processes will support workers to speak up and protect them in doing so. That way, more workers should feel able to do so – to the benefit of our organisation, our workers and our patients.

1.2 Bolton NHS Foundation Trust currently has 2 FTSU Guardians each working 0.6WTE. Tracey Garde has been in post since 2019 and Louise Cartin is currently in a temporary position since October 2023, which has been extended to December 2024.

We also currently have an expanding and diverse network of FTSU Champions across the Trust and this increased from 55 in Quarter 1 to 76 in Quarter 4. The FTSU Champions all expressed an interest in this important, voluntary role and were interviewed individually to ensure they had the necessary skills and attributes to listen and support their colleagues.

These Champions, who come from a variety of roles and backgrounds and reflect the diversity of our organisation, have received formal training by the Guardians and make themselves available to support and encourage fellow workers to speak up and raise their concerns. The Guardians host regular meetings with the FTSU Champions to share quarterly reports as well as national data and information. The Guardians are available to the Champions for advice and support whenever required. From April 2022, in accordance with guidance from the National Guardian Office, FTSU champions are no longer permitted to formally manage speak up cases. Their role will focus solely on supporting workers, encouraging workers to speak up and signposting them to the Guardian or other appropriate colleagues such as HR, union reps etc.

Appendix one shows the current list of FTSU Champions. The Guardians are continuing to look to recruit from areas where there are currently no champions.

1.3 The Guardians continue to be available to support all workers working within the Trust and IFM including temporary staff, NEDs, volunteers, students and contractors. Although in Quarter 1 and Quarter 2 there was a reduction in the availability of FTSU Guardian hours due to long-term sickness, a second temporary Guardian was appointed who commenced in the role at the start of Quarter 3.

1.4 The FTSU approach continues to be promoted via the Trust's normal internal communication channels, Trust induction sessions, presentations, and workplace visits and often features as part of the CEO bulletin, Fiona's Friday. The Guardians also regularly present on preceptorship programmes, care certificate training and other training sessions to ensure the message of speaking up is communicated widely across the organisation. Over 500 of our workers received face-to-face training about speaking up in the last 12 months. The Guardians also use the various social media platforms to share important messages about speaking up. A FTSU video was produced with the support of a few of our Champions. The video demonstrated how speaking up is in line with our trust values of Vision, Openness, Integrity, Compassion and Excellence. The video is currently shown at induction to new starters joining the organisation although this will be reviewed in the near future. The Comms Team are also supporting the development of the FTSU page on BOB as well as new FTSU posters. The posters will include a QR code to further support staff to speak up via the FTSU route particularly those with limited or no access to computers. It will also enable workers to speak up anonymously if they choose to do so. The Guardians are also looking at other ways to promote speaking up and are in talks with our NEDs to do some open sessions and walkabouts.

1.5 The Guardians continue to meet monthly with the Chief Executive, Director of People/ Deputy Chief Executive and Non-Executive Leads for the FTSU approach. During these meetings, the Guardians provide a confidential overview of the new cases reported, the themes identified and actions taken. All open/ ongoing cases are also discussed with an update to ensure timely action. The aim of these meetings is to allow the Chief Executive and Director of People to ensure that policies and procedures are being effectively implemented, help unblock any barriers that enable swift action to be taken to resolve cases and ensure that good practice and learning is shared across the organisation. The Guardians meet regularly with the Head of HR to discuss any issues that arise regarding policies or that HR need to be involved in resolving. The Guardians also meet regularly with the senior leaders in each Division to discuss cases to ensure appropriate escalation and resolution.

1.6 The Guardians remain fully engaged with the National Guardian's Office and the North West FTSU Guardians Network to learn and share best practice. The NW Guardians meet virtually on a monthly basis to share practice, discuss any issues and provide peer support. Tracey Garde, Lead Guardian, was appointed Co- Chair of the North West FTSU Guardian Network in 2023. This commitment at a regional level raises the profile of Bolton NHS Foundation Trust further. Both Bolton Guardians attended the 2023 North West conference hosted by Mersey Care NHS Trust in October. Bolton's FTSU Lead Guardian is also taking on a key role in helping to organise and facilitate the 2024 North West conference.

1.7 The National Guardian Office provides a FTSU E-learning package for all healthcare workers called 'Speak Up, Listen Up, Follow Up'. It has been developed in association with Health Education England and is divided into three modules to explain what speaking up is and how it can improve patient care and staff experience. The training is aimed at anyone who works in healthcare, including volunteers and students. The first module, 'Speak Up', was launched in October 2020 as part of the National Speak Up Month and all staff are expected to complete as an introduction to speaking up. The second module 'Listen up' is aimed at line managers and is also available on ESR. All line managers are encouraged to complete the training. The third module 'Follow up' is aimed at senior managers and executives and was launched in 2022. This is key to ensure lessons are learned and that speaking up becomes business as usual. The Guardians are working to ensure all workers across the organisation have the necessary training in speaking up, listening and following up. An option appraisal has been developed which looks at how we can use the e-learning package as well as the face-to-face training as evidence of compliance and avoid duplication. We are aiming to carry out a phased implementation of ensuring all staff carry out the necessary training.

2. FTSU Cases

2.1 During the period from 1st April 2023 to 31st March 2024, 201 cases were reported through the FTSU route in comparison to 186 the previous year. The Guardians feel this increase is important as it demonstrates that staff have not been deterred from using the FTSU process despite some concerns raised about speaking up processes in the media.

2.2 The graphs below shows the number of cases during 2023-24 in Bolton compared to the number of cases reported since April 2018 (Figure 1 and 2).

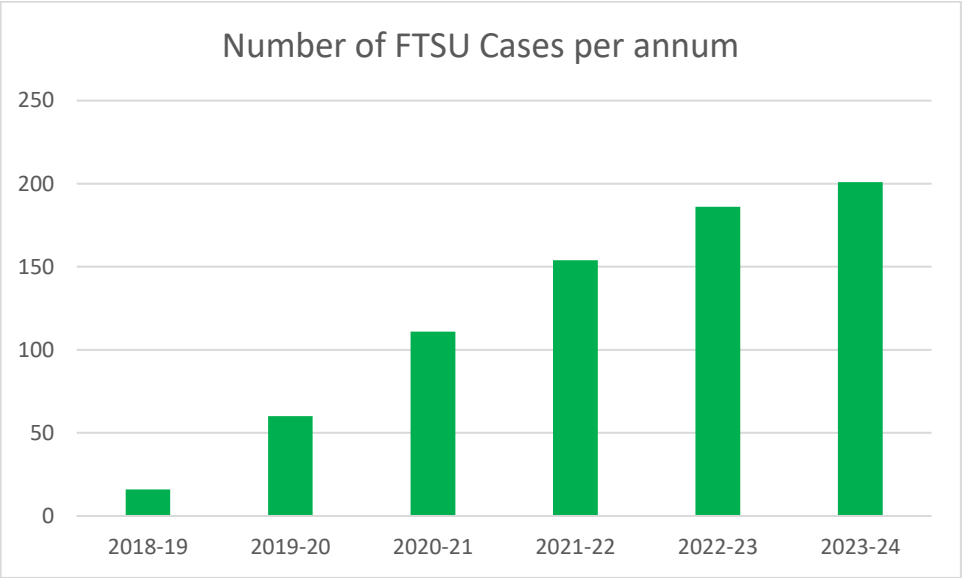


Figure 1: Number of FTSU cases within Bolton FT per annum

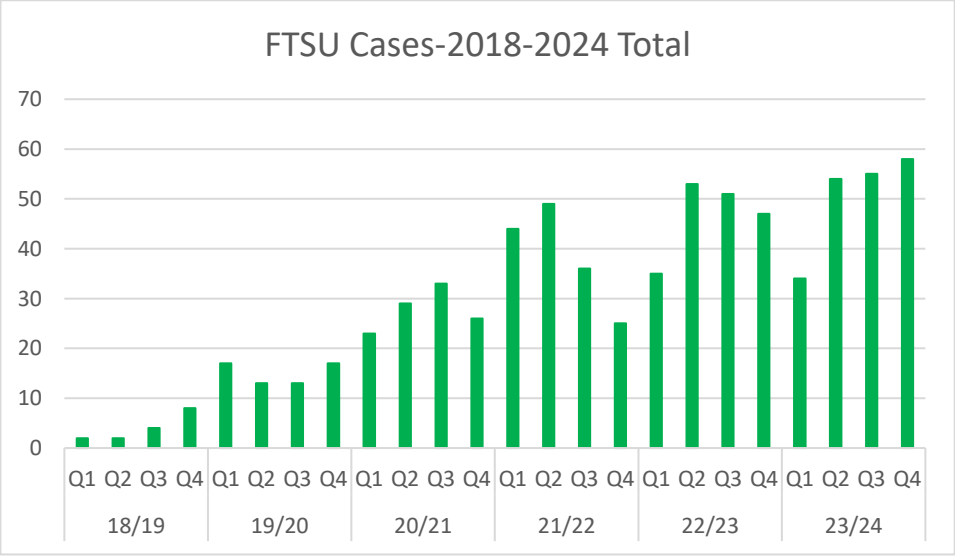


Figure 2: Number of FTSU cases within Bolton FT per Quarter

2.3 The Guardians formally report the number of cases and themes for each quarterly period to the National Guardian Office. The Guardians have taken appropriate steps to ensure that the workers are being fully supported and their concerns are being addressed appropriately and swiftly.

2.4 The graph below shows a breakdown of the 201 cases raised in 2023/2024 by Division or organisation in the case of IFM. (Figure 3).

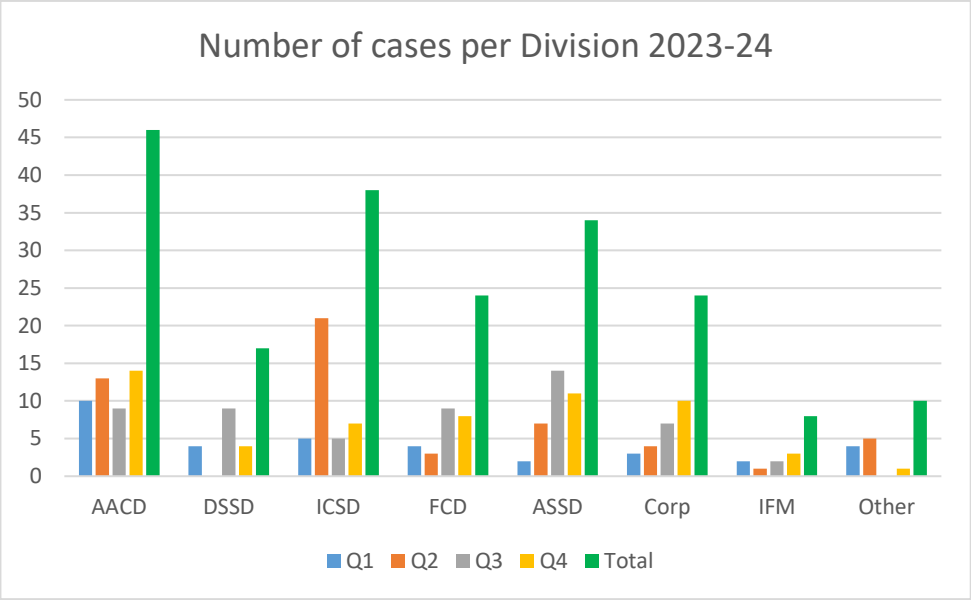


Figure 3: Breakdown of the number of concerns raised by Division/ Organisation

2.5 The graph below (Figure 4) provides a breakdown of the themes of concerns raised across the organisation during 2023-24. Some concerns raised had more than one theme.

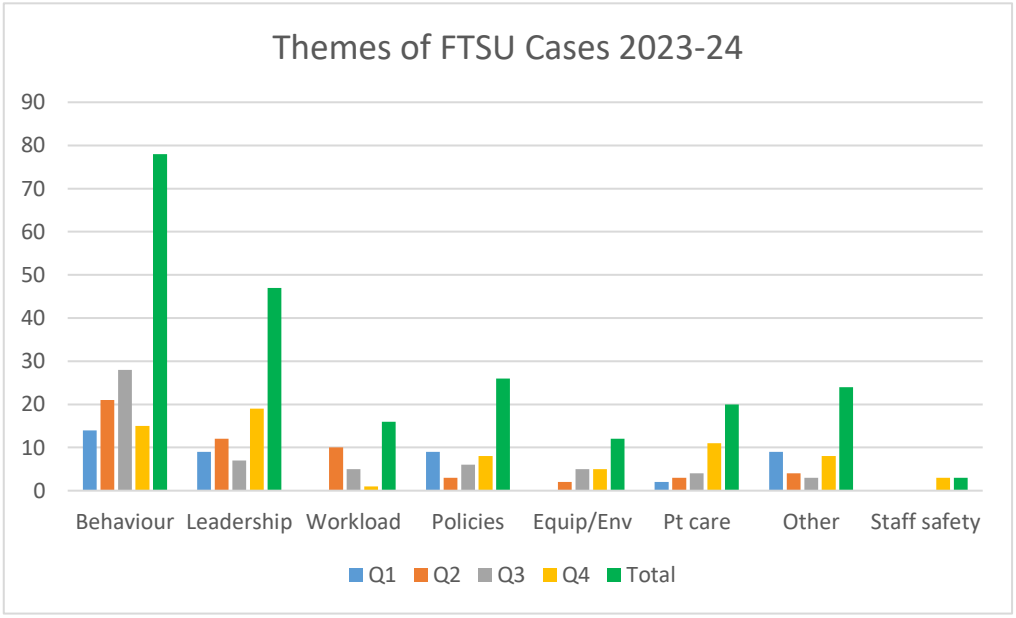


Figure 4: Breakdown of themes across the organisation

2.6 Figures 5-8 show the breakdowns of themes per Division per quarter, which clearly demonstrates that the themes are variable across all areas. Figure 9 shows the total themes per Division across the year.

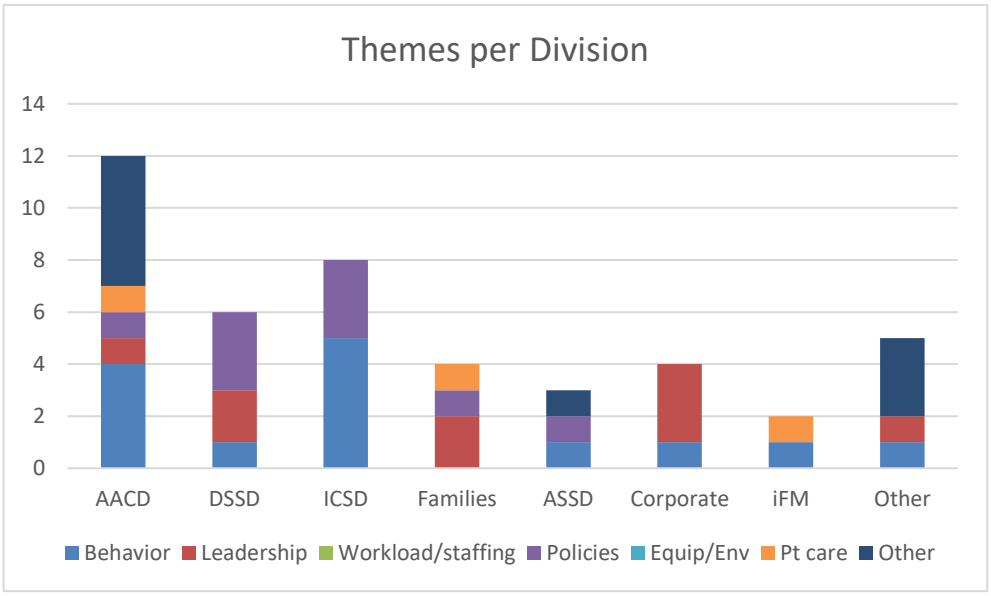


Figure 5: Themes per Division in Q1

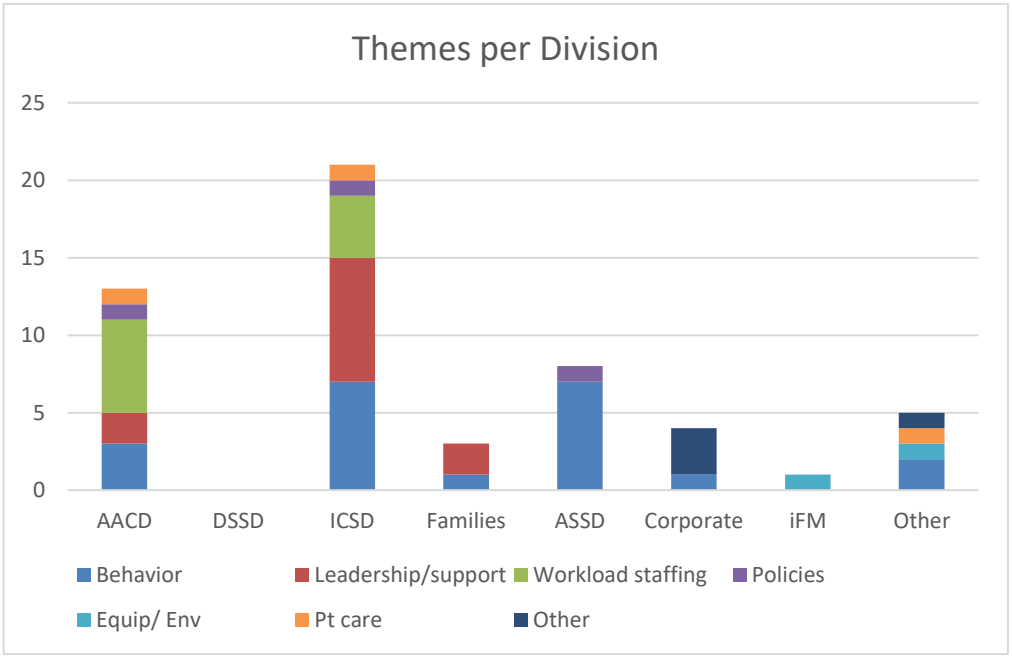


Figure 6: Themes per Division in Q2

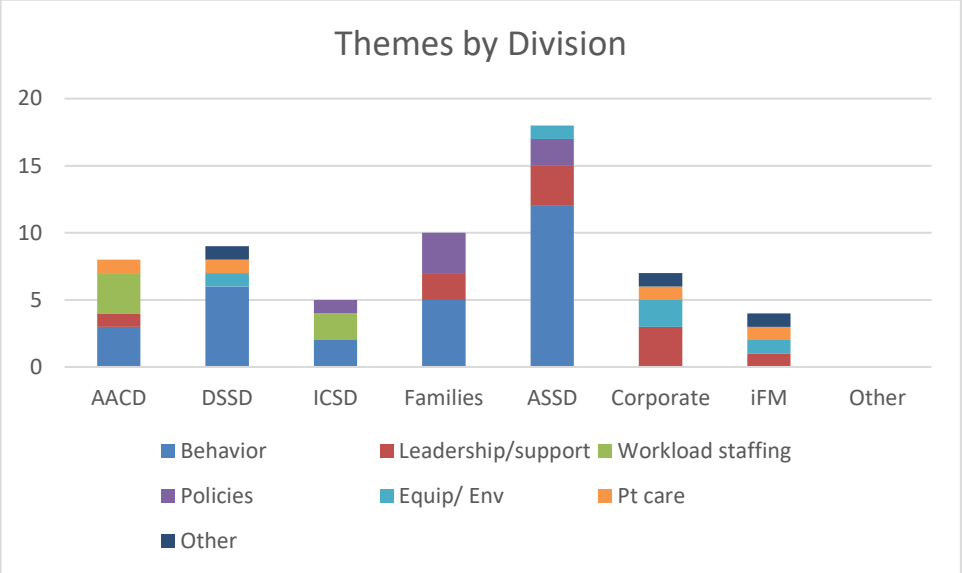


Figure 7: Themes per Division in Q3

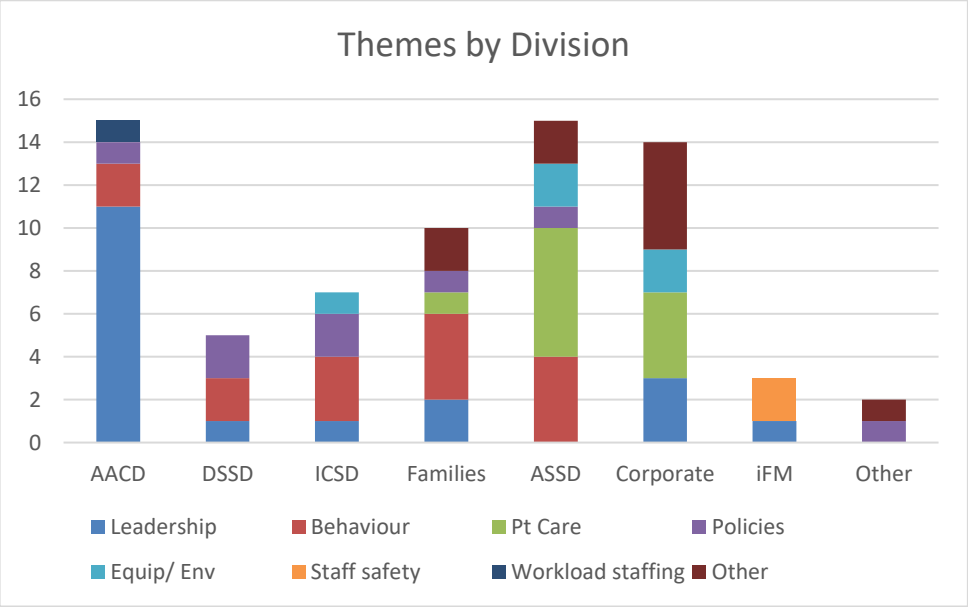


Figure 8: Themes per Division in Q4

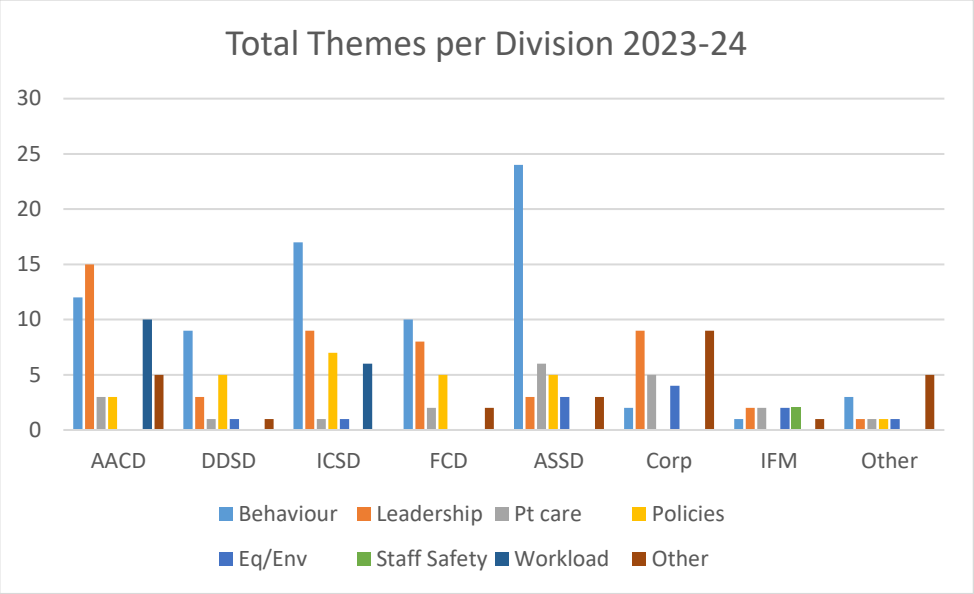


Figure 9: Total themes per Division 2023-24

2.6 The graph below (Figure 10) provides a breakdown of the concerns raised in 2023-24 by staff group. The largest group of staff that raised their concerns was Registered Nurses/ Midwives, which is our largest staff group and this is also reflected in other NHS organisations. Registered Nurses and Midwives make up 36.3% of our staff. The second largest staff group was HCA/ Clinical Support Staff who make up 21.99% of our workforce. In effect, staff groups that reflect 58% of the workforce raised 53% of the cases.

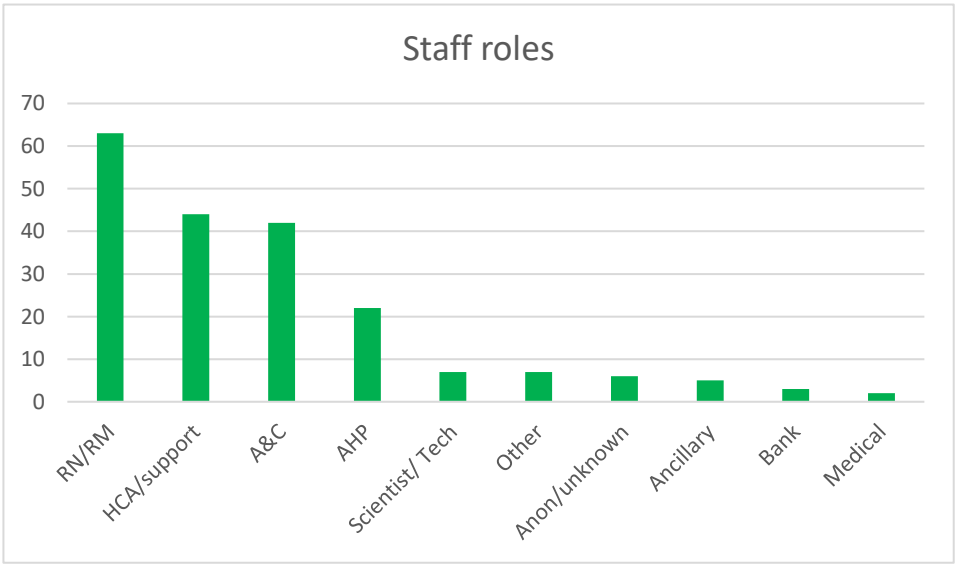


Figure 10: Breakdown of roles utilising FTSU approach

2.7 During 2023/24, 43 concerns (21.3%) were raised by workers from a Black, Asian or Minority Ethnic background (BAME). This is an increase compared to the previous year of 3.6%. The Guardians and Champions continue to ensure that BAME staff are aware of the FTSU approach to ensure that they feel safe to speak up as research shows that workers from a BAME background are less likely to speak up. Currently 12 of the 75 FTSU champions (16%) are from a BAME background and more are looking to join. The FTSU Guardians regularly attend the BAME Staff Network, work closely with the EDI Team and attend the EDI/ People Development Steering Group. The Guardians also spent time working with the new Internationally Educated Nurse (IEN) recruits and the Clinical Education Teams to ensure that all our IEN recruits are aware of FTSU and the support available to speak up. .Figure 11 below demonstrates the proportion of staff from a BAME background that have spoken up via the FTSU approach in 2023/24.

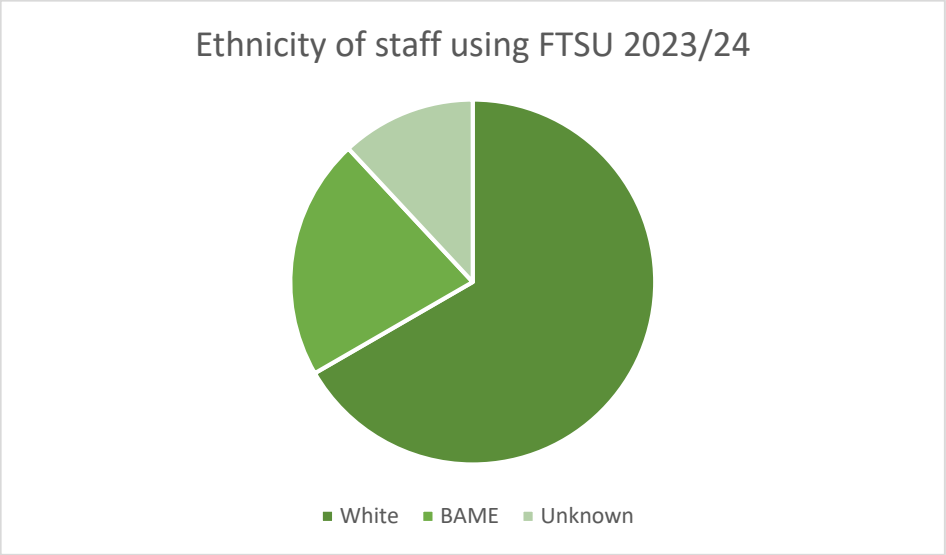


Figure 11: Proportion of BAME staff speaking up

2.8 Speaking up takes courage and it is important that the Guardian and Champions respond to individuals in a timely manner. In 2020 a local set of KPIs were developed to measure the efficacy of the FTSU approach. One of the KPIs was that workers would receive an initial acknowledgement of their concern within 48 hours. In 2023 /2024, 79.25% of workers received an initial acknowledgment within 1 hour of reaching out to speak up, which is an improvement of 9.25%. 91% of staff received an initial acknowledgement within 4 hours of reaching out using the FTSU approach which is a 4.5% improvement and 99.25% of workers received an initial response within 48 hours which is a 4.65% improvement. This swift response has shown to workers that their concerns matter and are taken seriously.

The time that a concern takes to resolve is largely dependent on the nature of the concern itself and the actions that need to be taken and although the Guardians try to ensure resolution, it is not always within their gift. However, the monthly meetings with the Divisional leads and also the meetings with the CEO/ Deputy CEO and NEDS are helpful in identifying any blockages in resolution.

3. Measuring Impact

3.1 In Quarter 1 2023 the Trust became aware of concerns raised by a number of workers to the CQC, NHSE and HSJ. Every worker has the option of speaking up to whoever they wish and whoever they feel is appropriate and if that is to our external partners then that is absolutely acceptable. However, we do need to try to understand why workers may feel the need to bypass internal speaking up routes and if there is an issue with our internal processes. Some of the concerns raised externally had already been raised to the Guardians internally and the Guardians were told that this was also being raised externally because of the nature and seriousness of the issues. The Trust however, invited a further internal audit of the FTSU process, which had previously been carried out in 2020/2021 to ensure our speaking up processes were robust.

The Internal Audit provided an independent appraisal of the effectiveness of the Trust's FTSU processes, management, internal controls and governance to management, the Audit Committee and to the Board. Overall, the audit was extremely positive but did highlight 4 areas of actions required. These related to FTSU mandatory training, timely closure of cases, staff satisfaction of a speak up culture and fear of detriment. A follow-up exercise was undertaken in 2024 to evaluate progress made in respect of issues raised. This was by obtaining documentary evidence to demonstrate that actions agreed as part of this review have been implemented.

In light of the concerns raised externally, but also, as an inspection was due, we welcomed the CQC into the organisation for a well-led review. The FTSU Guardian was interviewed as part of this process along with the executive team and other senior leaders. Multiple focus groups were also held with workers from across the organisation. The ability and capacity to speak up was a major focus of the well led review

One of the concerns raised in the focus groups was related to confidentiality and whether the speak up process was truly confidential. Confidentiality and impartiality is extremely important to FTSU Guardians and underpins the whole ethos of the Freedom to Speak Up Guardian role. However, the Guardians recognise the fear that some workers may have in speaking up to an individual from the same organisation. To support workers, going forward, the organisation secured the support of the FTSU Guardian from the Greater Manchester Integrated Care Board who is available to speak to any worker who would prefer to speak to a Guardian from outside the organisation and this will be a reciprocal agreement. It is hoped that this will provide a further opportunity for workers to feel confident to speak up. The external FTSU Guardian can be contacted via email Luzani.moyo1@nhs.net

3.2 The Bolton FTSU approach is to help to create an open and honest culture within the organisation and supports individuals to 'Be Honest' one of the Trust's VOICE behaviours which is underpinned by one of the Trust values- Integrity. Behaviour again continues to be the top theme that workers raise concerns about using the FTSU route and this is reflected nationally. In Q1 2023 one of the FTSU Guardians completed the Active Bystander Train the Trainer Course and is looking to support the wider roll out Trust wide.

An active bystander is someone who takes action to intervene and prevent harm or wrongdoing when they witness a situation where someone is being mistreated, harassed, or abused. Instead of remaining passive or turning a blind eye to the situation, an active bystander recognizes the potential harm and takes steps to de-escalate the situation or provide support to the victim. Active bystander intervention can take many forms, depending on the situation and the individual's comfort level and abilities. Examples of active bystander intervention include speaking up to challenge inappropriate behaviour, checking in with the person who is being targeted, distracting the perpetrator, seeking help from others or authorities, or documenting the incident for later reporting.

Active bystander intervention is an important tool for creating a safer and supportive workplace. It can also help to prevent situations from escalating into more serious harm, and can send a message that mistreatment or abuse will not be tolerated.

As an organisation we also need to look at behaviours at all levels from the most senior leaders to our workers in our wards and departments. Leadership behaviour can greatly influence the success of an organization or team as well as the satisfaction and motivation of its workers. Poor leadership behaviours can include but are not limited to micromanagement, bullying, lack of transparency, blame shifting, favouritism, lack of empathy and lack of accountability.

These behaviours can have serious negative consequences for both individuals, teams and the organization as a whole. This can include increased sickness/ absence, increased staff turnover and reputational damage as well as the damaging effects to our patients.

3.3 We know that historically, junior medical staff are less likely to speak up than other healthcare workers due to their movement around the healthcare system and a lack of feeling that they 'belong' within an organisation and this is reflected in the low numbers we see speaking up. In Q1 The FTSU Guardian was therefore privileged to be asked to be a guest speaker at The Spring Educators 2023: Supporting and Developing Our Educators Conference. The topic was "How to Encourage Trainee Medical staff to raise concerns" and was attended by Directors of Medical Education (DMEs), Heads of School (HoS), Training Programme Directors (TPDs), Medical Education Managers, Associate Deans, NHSE NW Training Programme Management, associated deputies and senior educators. Work is ongoing across the North West to support junior doctors to speak up and receive support when they do so. We were therefore pleased to see 2 junior doctors join the FTSU Champion Network to support our doctors in training and encourage them to speak up about anything they are concerned about.

3.4 Maternity services across the NHS are often in the news and sadly,not always for the right reasons. It is often when parents of new babies speak up about substandard care. According to the CQC half of all NHS maternity services that have been inspected have been rated as substandard. The CQC inspected Bolton's Maternity services in 2023 and although improvements are still needed in some areas, overall there were many positives. Only a few years ago, Bolton midwives were speaking up within their areas but felt they were not being heard. It was due to one of our FTSU Champions who is also a midwife who helped to escalate those concerns to the Guardian and to the executive team and ensure that the staff were listened to and improvements began. Speaking to midwives and maternity staff in 2023/24 they now feel much more empowered and listened to and many improvements have been made despite staffing remaining a challenge along with capacity issues due to RAAC. A FTSU Guardian Group has been set up across Greater Manchester to look at maternity care and Bolton is being looked at as an area of good practice where workers feel listened to and valued. We are also fortunate to have a practicing Midwife join as an interim FTSU Guardian.

3.5 In 2023 we also finally saw the results of the Lucy Letby trial. Dr Jayne Chidgey-Clark, National Guardian for the NHS, said:

"My thoughts are with everyone whose lives have been affected by the actions of the nurse found guilty of murdering seven babies – both families and colleagues. These terrible events, though rare, underline why it is so vital that everybody feels safe to speak up about anything which gets in the way of delivering great care. I welcome the Secretary of State's

announcement of an independent inquiry, as it is vital that improvements are made so that this never happens again.Confidence to speak up comes from knowing that when you speak up, what you raise will be actioned appropriately. It is vital that leaders listen to concerns raised to them. If actions are not taken, workers may remain silent, and that silence can be dangerous."

The 6th National Guardian Office Annual Report was laid before Parliament in November 2023. In her foreword to the report, the Parliamentary Under Secretary of State for Mental Health and Women's Health Strategy, Maria Caulfield MP, said:

"The events surrounding the terrible crimes of Lucy Letby are an important reminder of how vital it is for organisations to have a culture in which workers feel safe to speak up about anything that gets in the way of delivering safe and high-quality care. Managers and senior leaders must be welcoming of speaking up and be ready to listen and act on what they hear. Freedom to Speak Up must be at the heart of our efforts to improve the culture, leadership and wellbeing of our healthcare workers."

Dr Jayne Chidgey-Clark, National Guardian for the NHS, said:

"This year we have had stark reminders of why all efforts to improve the Speak Up culture in health, including the Freedom to Speak up Guardian route, are so essential for patient safety. It is chilling to think of the harm that might have been prevented and lives, which might have been saved if colleagues felt able to raise concerns, or had been listened to and appropriate action taken swiftly when they did. This report shares some of our learning. Freedom to Speak Up is more than an 'initiative', it is a social movement."

On speaking with our Chief Nurse the Guardians feel reassured of the measures that are now in place in Bolton and although nobody could say that an event like this could ever happen again, there are mechanisms now in place such as regular mortality reviews, PSIRF, CNST, FTSU etc that would pick these sort of serious incidents up swiftly. However we await the outcome of the Thirlwall Inquiry for further guidance.

3.6 The sixth Annual National Speak Up Month took place in October 2023. The theme was "Breaking Barriers" to focus and to look at ways of reducing the many barriers there are to speaking up. All the Champions were tasked with promoting speaking up within their workplace and they used a variety of ways to do this including quizzes, displays, posters etc. The organisation held its Wear Green Wednesday on Wednesday 11 October and encouraged colleagues to promote speaking up by wearing green to work. A FTSU Champion away day was also held on Friday 6 October 2023 at Bolton Whites. The day was extremely well received and feedback from Champions who attended was really positive.Although the Guardians and Champions are promoting speaking up throughout the year, National Speak Up Month allows us to channel the energy into ramping up awareness raising.

3.7 NHS England released its first ever charter on sexual safety at work in 2023/24, with ten pledges for organisations to follow to safeguard staff. The new charter asks employers to commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. The FTSU Guardians will be working alongside senior colleagues from across the organisation to support our workers to speak up about any form of unwanted, inappropriate and/ or harmful sexual behaviours in the workplace.

3.8 In December 2023 2 nurses from Blackpool Teaching Hospitals NHS Trust were jailed for ill treating patients by giving them sedatives to 'keep them quiet'. They were found to have

grossly abused their position and the trust that patients and their families put in them. The actions of these 2 nurses became known because a student nurse spoke up when asked to give the unprescribed drug to a patient. Students are a pair of fresh eyes in our clinical settings and should always be encouraged to speak up if they see anything they are concerned about. We know that students do often find it difficult to speak up due to fear of not being accepted or fear for their future employment. As FTSU Guardians, we routinely meet with Student Nurses/ Midwives at induction and during their training to reiterate that we are available to speak to in confidence with any concerns they may have and we have a good working relationship with the pre-registration education team who will flag up concerns with us.

3.9 The Annual NHS Staff Survey is an essential tool for assessing the experiences and opinions of NHS workers and it provides a valuable insight into various aspects of working conditions, organisational culture and overall job satisfaction. One crucial area it focuses on is the voice of workers in line with the People Promise: we each have a voice that counts. The staff survey is a valuable resource for understanding the speak up culture in the organisation and how it feels to speak up. It is also seen as another tool that allows staff to speak up anonymously to the organisation.

The Staff Survey results were shared in March 2024 and it was disappointing to see both locally and nationally that confidence in speaking up had dropped. As an organisation, we have to rebuild confidence in speaking up and address the 2 main barriers to speaking up- fear of what will happen if they speak up and futility/ what is the point as nothing will change.

The number (%) of workers who feel secure raising concerns about unsafe clinical practice has dropped from 76.27 in 2022 to 72.96 in 2023 and although it is still above the peer average is a concern.

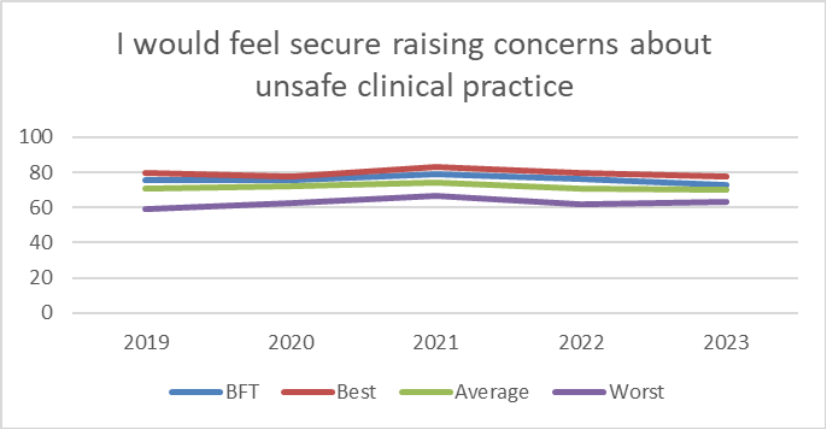


Figure 12: Number of workers feeling safe to raise concerns about unsafe clinical practice

The number (%) of workers who are confident that the organisation would address their concern has dropped from 61.56 in 2022 to 56.65 in 2023

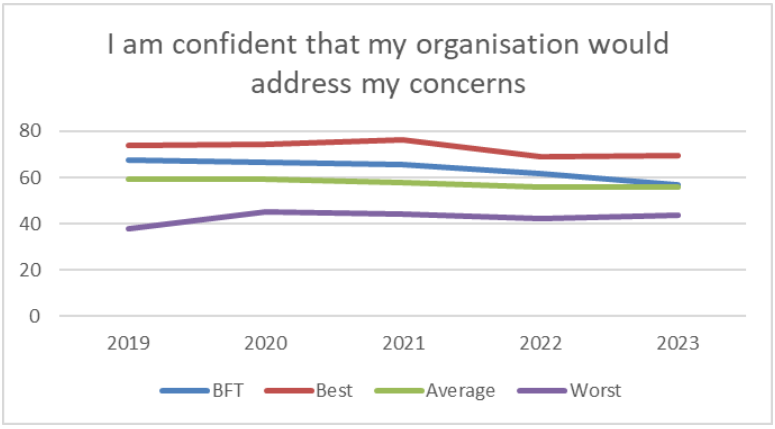


Figure 13: Number of workers who are confident the organisation would address their concerns

The number (%) of workers who feel safe to speak up about anything that concerns them in the organisation has dropped from 66.28 in 2022 to 61.47 in 2023.

Figure 14: Number of workers who feel safe to speak up about anything

The number (%) of workers who feel if they spoke up about something they were concerned about and how confident they were that the organisation would address their concern dropped from 53.1 in 2022 to 48.05 in 2023.

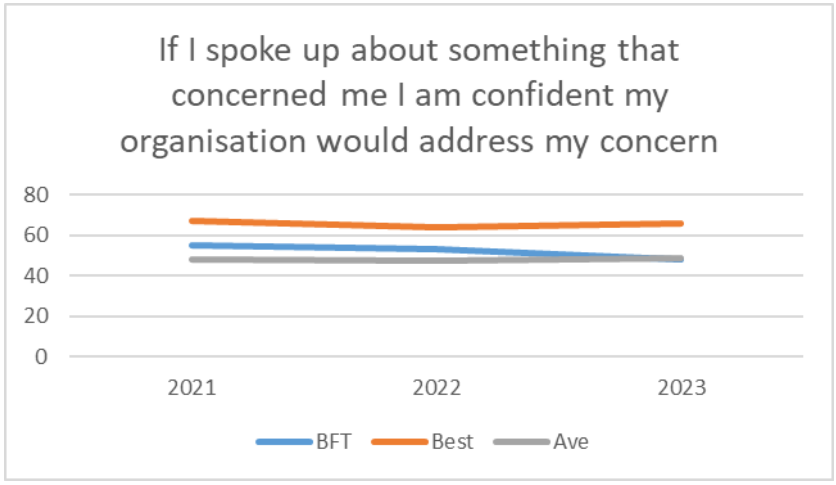


Figure 15: Number of workers who feel confident the organisation would address their concern

4. Enhancing our Approach

4.1 Following the disappointing staff survey results we need to understand how we can improve the confidence of staff to speak up using all the various ways available, not just the FTSU Guardian route. The Guardians are going to explore a number of ways to improve confidence in speaking up / raising concerns:

- Walkabouts and Drop in sessions by Guardians and FTSU NED
- Roll out of E Learning Speak Up, Listen Up, Follow Up
- Revisit the FTSU Reflection and Planning Tool with the Executive Team, NEDs and Chair
- Sharing positive stories (whilst maintaining anonymity) where speaking up (using all routes) has led to positive change
- Continue to develop and expand the FTSU Champion Network and ensure all Champions get the necessary support to carry out their role.
- Promote all the various channels available to workers to speak up using infographic Figure 16 at induction and during any teaching opportunities.
- Share feedback results of staff who have utilised FTSU route. Figure 17- 24

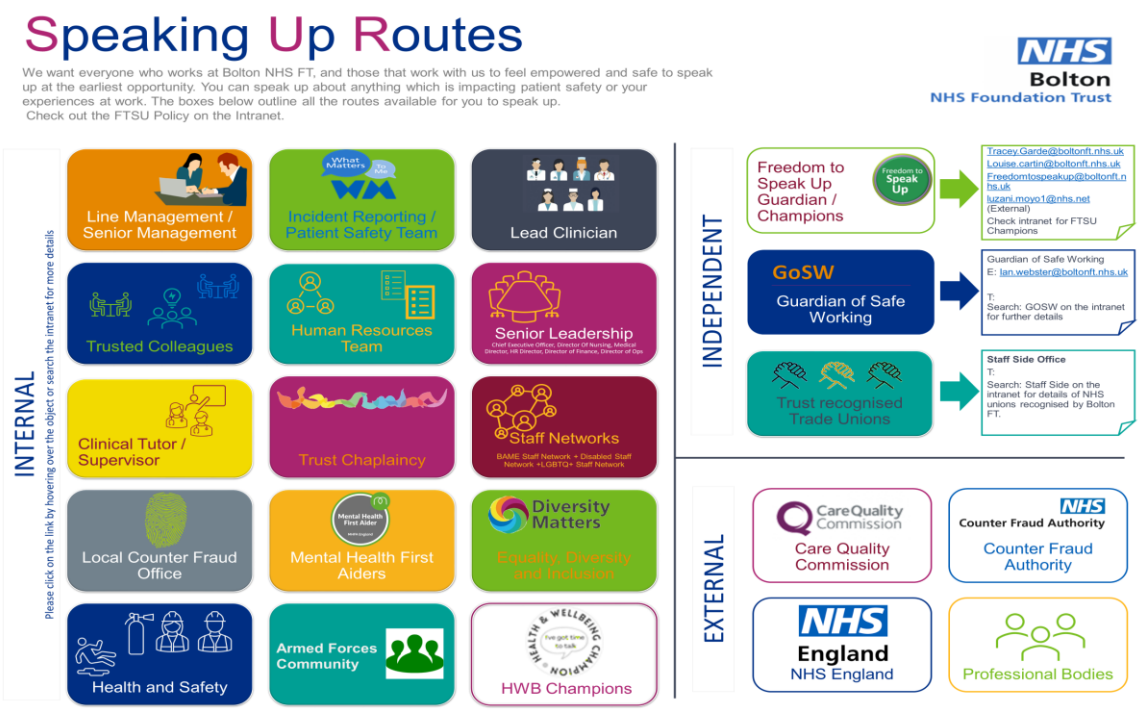


Figure 16: Infographic to promote routes available to speak up

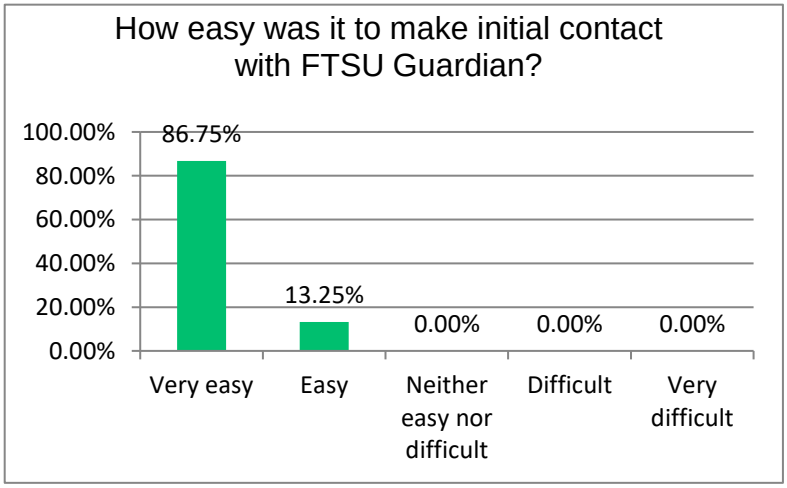


Figure 17: Feedback

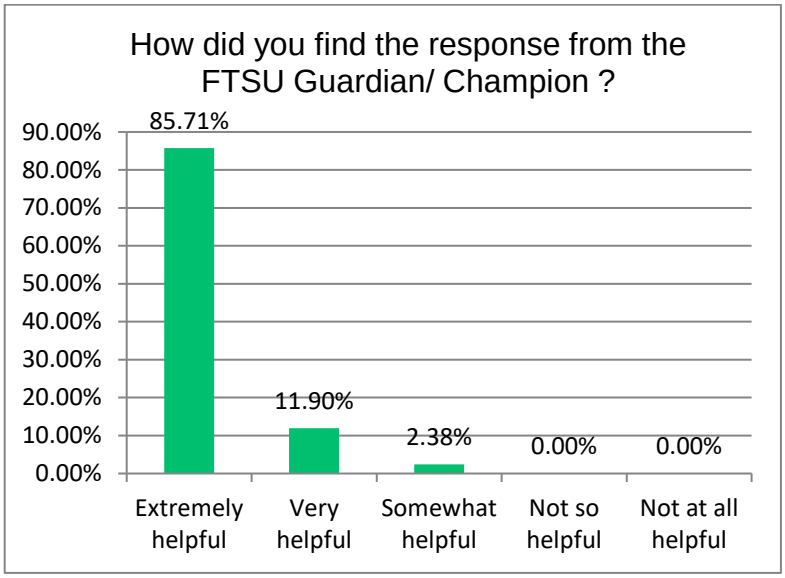


Figure 18: Feedback

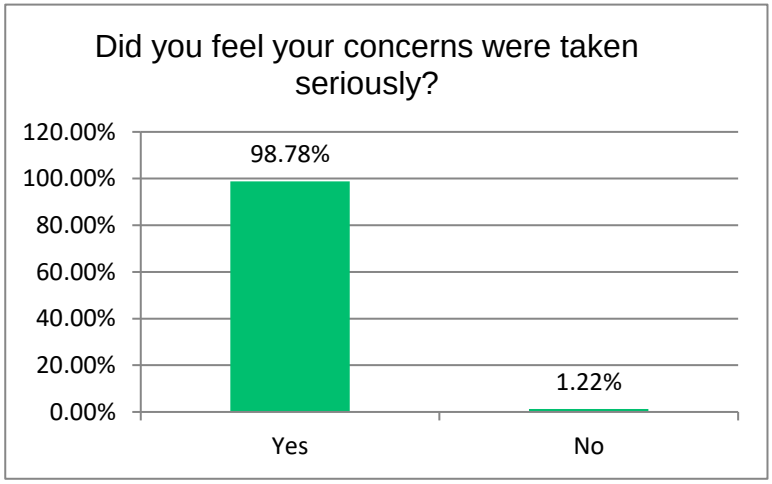


Figure 19: Feedback

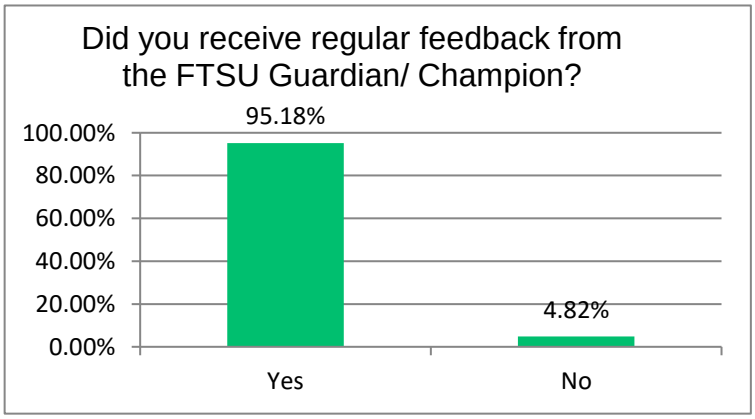


Figure 20: Feedback

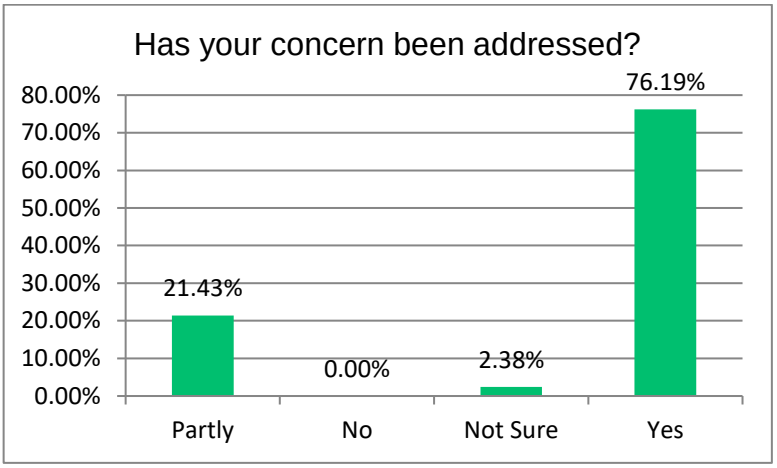


Figure 21: Feedback

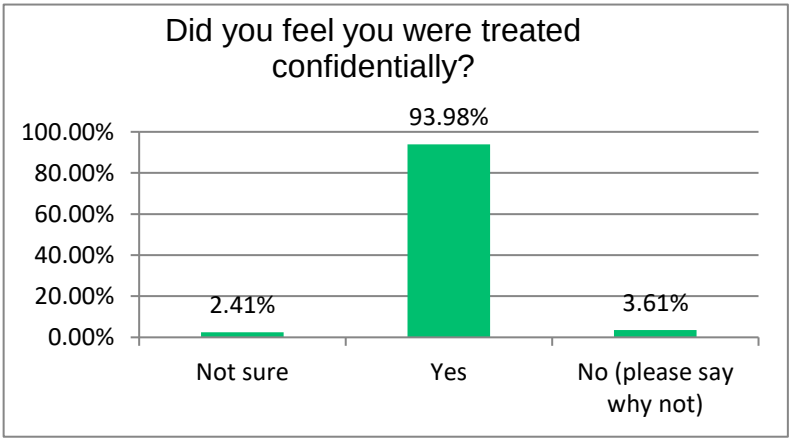


Figure 22: Feedback

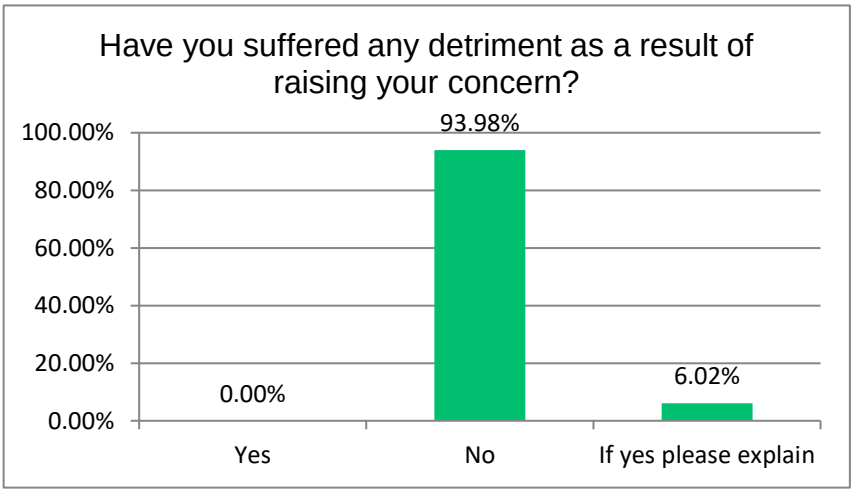


Figure 23: Feedback

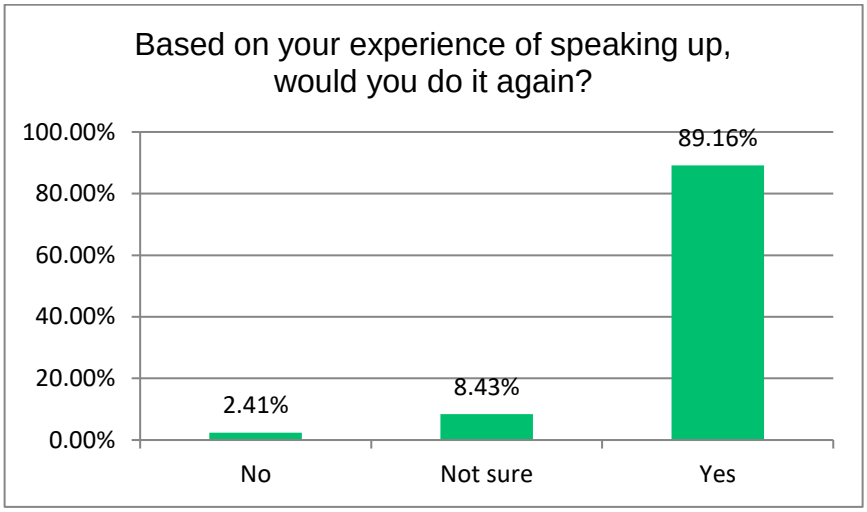


Figure 24: Feedback

Comments made by staff within the survey include:

"My concern was handled professionally and carefully from start to finish, and I felt confident in the outcome. Thank you!"

"Louise was fantastic, I felt like my concerns were dealt with fantastically, I was very nervous but I was made to feel like I had done the right thing."

"Tracey was kind; she listened and allowed me time to explain. I felt better instantly. Thank you."

"Thank you for your swift action and making me feel like the Trust has put its arms around me and making me feel supported and part of the Trust family."

"In the past I have had several disappointing results when I have raised concerns and grievance to high management. I was reluctant in contacting Tracey at first; I thought she was just another one of them protecting people in question. Well done Tracey & thank you. Great outcome and great to know we have people like you in the Trust."

"Thank you very much Tracey for dealing with my concerns so quickly and with genuine compassion."

"I have been praised and thanked by my other team members for speaking out so glad I did it."

"Since raising concerns things have improved within our office and I feel I did the right thing speaking up."

"The whole experience of being able to talk to the Guardian has been very beneficial to me. I feel much happier in my approach to work and have the confidence to express my thoughts / concerns Thank you Tracey."

There were a couple of constructive comments made:

"Concerns were taken seriously by the Guardian but the trust did not respond appropriately and failed to follow its own policies."

"We should be told of all action taken against the person complaint is about and outcome. I don't know what happened after complaining."

Following these comments, the Guardians are now very clear about the expectations regarding the feedback we can give being mindful about confidentiality for other individuals.

4.2 Leadership/ management behaviour can greatly influence the success of an organization or team, as well as the satisfaction and motivation of its workers. Poor leadership behaviours can include but are not limited to micromanagement, bullying, lack of transparency, blame shifting, favouritism, lack of empathy and lack of accountability. All these behaviours will result in a reduction of psychological safety of workers, which in turn will reduce their confidence in speaking up.

One of the 5 work streams of the 'Our Voice Change Programme', which were themes that our workers said they were concerned about most, is 'Living our values'. One of the Guardians is acting as a subject matter expert on this work stream to share the themes around incivility and negative behaviours that workers describe. The work stream group are planning to revisit and review the behaviour framework to ensure it continues to meets the needs of the organisation.

The new Leadership Training offer- 'Our Leaders' will support the Bolton Way of leadership and encourage a compassionate, coaching style of leadership, which promotes psychological safety and a just culture. Leaders are best placed to support their teams and workers when they do speak up and understand their concerns to enable a satisfactory outcome or change.

5. Conclusion

5.1 Senior leaders must always lead by example on what constitutes an open, fair and inclusive culture making sure that all staff feel able to speak up, be supported and be heard. The fear of detriment such as being excluded, victimised, bullied or undermined as a consequence of speaking up are recognised barriers that stop workers speaking up. When workers witness this happening to others it re-enforces the fear and stops them coming forward. The organisation needs to maintain a culture of trust and transparency and to encourage and embrace challenge.

As seen in Yoshida's Iceberg of Ignorance (Fig 25), it is crucial that the people at the top of an organisation listen to what the workers are telling them and that workers feel that leaders will listen and act on the information given. This illustration is used to demonstrate that in any organisation, not just in the NHS, senior leaders cannot know everything and they rely heavily on information being fed up the ladder as well as down. This also epitomises the work of the Our Voice Change Programme where staff from the shop floor have been asked about what impacts them at work and getting them involved in making changes with support from senior leadership.

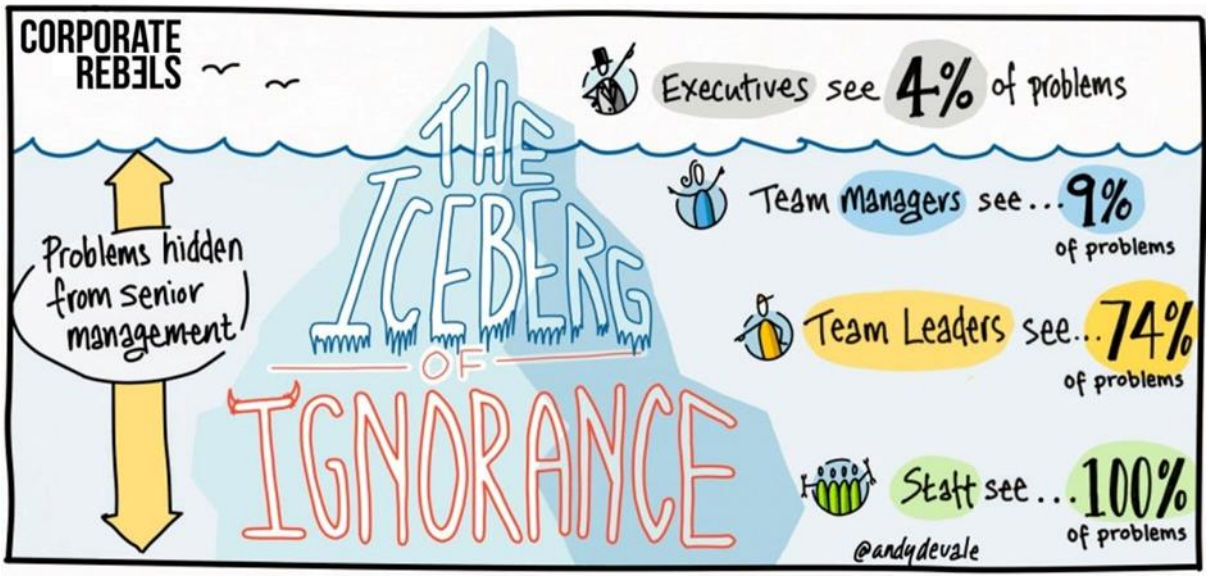


Figure 25: The Iceberg of Ignorance Yoshida 1989

6. Recommendations

6.1 The Board is asked to:

- Reflect and comment on the FTSU 2023-24 annual report.
- Continue to support the FTSU approach and enable the Guardian and Champions to carry out their important roles.

Appendix 1: Current FTSU Champions Network

Kirsty Buckley	Haematology Specialist Nurse	Adult Acute Division
Dr Natalie Walker	Acute Physician	Adult Acute Division
Karen Keighley	Divisional Governance Lead	Adult Acute Division
Shauna Barnes	Practice Development Lead Nurse	Adult Acute Division
Alistair Soutar	Senior Charge Nurse A&E	Adult Acute Division
Angela Hughes	Bed Management	Adult Acute Division
Sonia Edwards	HCA B3 Ward	Adult Acute Division
Jess Shields	Ward Manager C2 Ward	Adult Acute Division
Dr Haider Abbas	Doctor in Training	Adult Acute Division
Emma Lewin	ACP A&E	Adult Acute Division
Julie Pilkington	Assistant Divisional Nurse Director	Anaesthetics & Surgical Division
Ruth Tyrer	Anaesthetics/Ops Support Manager	Anaesthetics & Surgical Division
Dr Emma Wheatley	Consultant Anaesthetics/ Critical Care	Anaesthetics & Surgical Division
Corinne Houghton	Health Care Assistant Recovery	Anaesthetics & Surgical Division
Lisa Haughton	Health Care Assistant Critical Care	Anaesthetics & Surgical Division
Jenny Ruddlesdin	Consultant Orthopaedics/ Elderly Med	Anaesthetics & Surgical Division
Annetta George (Leaving Trust June 2024)	RN G4 Ward	Anaesthetics & Surgical Division
Vicky Jolley	RN Breast Unit	Anaesthetics & Surgical Division
Janet Roberts	Acute Pain Nurse Specialist	Anaesthetics & Surgical Division
Dr Adam Creissen	Core Surgical Trainee	Anaesthetics & Surgical Division
Georgina Withington	Registered Nurse Ophthalmology	Anaesthetics & Surgical Division
Laly Joseph	RN Critical Care	Anaesthetics & Surgical Division
Declan Haydock	RN Critical Care	Anaesthetics & Surgical Division
Karen Roberts	RN Critical Care	Anaesthetics & Surgical Division
Lauren Mayoh	Sister Critical Care	Anaesthetics & Surgical Division
Cath Smith	Ward Clerk F6	Anaesthetics & Surgical Division
Rahila Ahmed	Equality, Diversity & Inclusion Lead	Corporate Services Division
Neville Markham	Chaplain	Corporate Services Division
Sharon Lythgoe	EPR Project Manager	Corporate Services Division
Gina Riley	Associate Director of Governance/ Pt Safety Lead	Corporate Services Division
Nicola Caffrey	Corporate Business Manager for Medical Director	Corporate Services Division
Robin Davis	TNA	Corporate Services Division
Lisa Grognet (Stepping down June 2024)	Core skills trainer	Corporate Services Division
Cherechi Ochemba	IT IGO	Corporate Services Division
Nannette Gallagher-Ball	Senior Nurse Educator	Corporate Services Division
Dawn Grundy	People Promise Manager	Corporate Services Division
Lynne Doherty	Staff Engagement Practitioner	Corporate Services Division
Rizvana Aftab	Temporary Staffing Co-ordinator	Corporate Services Division
Toni Anderton	Senior Practitioner ECIST	Corporate Services Division
Sylwia Desantis	Senior Management Accountant	Corporate Services Division
Jonathan Benn	Clinical Information Assurance Lead	Corporate Services Division
Jack Ramsay	Public Governor	Corporate Services Division

Micha Roberts	TNA	Corporate Services Division
Rachel Davidson (Leaving Trust June 2024)	Senior Radiographer	Diagnostic and Support Services
Louise Quigley	Health Records Reception Coordinator	Diagnostic and Support Services
Suzanne Lomax	Clinical Service Lead –Bereavement Services	Diagnostic and Support Services
Dr Katy Edwards	Consultant Microbiologist	Diagnostic and Support Services
Caroline Burke	Senior Clinical Pharmacist,	Diagnostic and Support Services
Samim Patel (Stepping down July 2024)	Senior Clinical Pharmacist,	Diagnostic and Support Services
Jodie Hughes	Administrator/ Personal Assistant Pharmacy	Diagnostic and Support Services
Louise Smith	Admin Lab Services	Diagnostic and Support Services
Jeanette Fielding	Midwife	Family Care Division
Vicky O'Dowd	Midwife	Family Care Division
Dr Bim Williams	Obstetrics & Gynaecology Consultant	Family Care Division
Maria Lawton	Pelvic Health Physiotherapist	Family Care Division
Firyal Atcha	Paediatric SALT	Family Care Division
Anne-Marie Price	Medical Secretary	Family Care Division
Louise Cartin (Currently Acting FTSU Guardian)	Enhanced Midwife	Family Care Division
Sharon Foster	Neonatal Nurse	Family Care Division
Sumera Motala	Ward Clerk E5/F5	Family Care Division
Simon Crozier (Leaving the Trust July 2024)	Principle Service Lead / Advanced Physio- Stroke	Integrated Community Services
Jenni Makin	Specialist Physiotherapist Community Learning Disabilities Team	Integrated Community Services
Robbie McEneaney	MSK Physio	Integrated Community Services
Sarah Moore-Whitfield	Shared Team Lead / Occupational Therapist	Integrated Community Services
Alison Brennan	DNs Evening/Night Service	Integrated Community Services
Meredith Barnet	SALT	Integrated Community Services
Eleanor Speak	OT	Integrated Community Services
Gareth Valentine	Registered Nurse	Integrated Community Services
James Foster	Physiotherapist	Integrated Community Services
Rachel Taylor	Matron	Integrated Community Services
Keeley Barlow	Switchboard/ Uniforms Department	IFM
Michelle Barber	Personal Secretary	IFM
David Waite	Materials Management Assistant	IFM
Lorraine Makinson	Recruitment/ Training Officer	IFM
Kirstie Barlow Hart	Domestic Supervisor	IFM
Charlotte Green	Catering Assistant	IFM

Report Title:	Finance & Investment Committee Chairs' Reports

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	25 July 2024		Discussion	
Exec Sponsor	Annette Walker		Decision	

Purpose	To provide an update from the Finance & Investment Committee meetings held since the last Board of Directors meeting.

Summary:	The attached reports from the Chair of the Finance and Investment Committee provides an overview of matters discussed at the meetings held on 22 of May and 26 June 2024. The reports also set out the assurances received by the committee and identifies the specific concerns that require the attention of the Board of Directors. Due to the timing of the July meeting of the Finance and Investment Committee, a verbal update will be provided to the Board with a written report presented to the subsequent Board meeting.

Previously considered by:
The matters included in the Chair's reports were discussed and agreed at the Finance and Investment Committees held in May and June.

Proposed Resolution	The Board of Directors are asked to ***receive*** the Finance & Investment Committee Chair's 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:	Annette Walker Chief Finance Officer	**Presented by:**	Annette Walker Chief Finance Officer

ALERT | ADVISE | ASSURE (AAA) Key Issues Highlight Report			
Name of Committee:	Finance & Investment Committee	**Report to:**	Board of Directors
Date of Meeting:	22 May 2024	**Date of next meeting:**	26 June 2024
Chair	Jackie Njoroge	**Meeting Quoracy**	Yes

AGENDA ITEMS DISCUSSED AT THE MEETING

- Confirmation of Finance Plan 2024/25
- Cost Improvement update
- Month 1 Finance Report
- Cash Support
- Strategy 2024-29

ALERT

Cost Improvement Update

The Cost Improvement Programme Manager gave an update on the Cost Improvement Plan for 2024/25. The main concern is the current CIP short fall and the amount of schemes on red, although recurrent CIP is looking healthier. The PMO team are continuing to support divisions and directorates to accelerate existing schemes and identify new ones. Deep dives are taking place in divisions and there is a deep dive big ticket session planned for the 19th of June. The Committee noted the associated risk. It was agreed the admin review is a key scheme which needs to be progressed requested information come to the next meeting. AW informed the Committee of changes within the PMO Team with Sam Ball moving into a temporary role to support urgent care.

Month 1 Finance Report

The Operational Director of Finance updated the Committee on the Month 1 financial positon. Key points highlighted included:

- The Trust has a deficit plan for the year of £11.0m.
- At month 1, the Trust has a deficit of £2.1m compared with a plan of £1.8m.
- CIP of £1.2m has been delivered compared to a plan of £1.1m.
- Capital spend for month 1 24/25 is £0.2m. The agreed Capital allocation for 2024/25 is £7.1m.
- Closing cash position of £8.6m, a decrease of £7.3m from Month 12.

Request for Cash Support

The recent annual plan submitted to NHSE indicates that the Trust will require £5m of cash revenue support in 2024/25, with the support commencing in November 2024. Based on the anticipated NHSE timelines the revenue support will require both Finance and Investment Committee and Board approval in July/August to submit the revenue support request in early September. The Committee were advised that if a request for cash support is required approval from the Committee will be obtained by email due to their being no F & I or Board in August.

ADVISE

Confirmation of the Finance Plan 2024/25

The Operational Director of Finance presented confirmation of the Financial Plan for 2024/25. Key points highlighted included:

- Revenue deficit plan of £11.0m submitted to GM ICB/NHSE
- CIP of £24.3m (5%)
- CIP associated WTE reduction of 87
- Total revenue risk of £16.9m identified including £10.5m for CIP under delivery
- Capital plan of £7.1m with significant associated risk.
- Cash support of £5m needed from November 2024.

The total deficit position across GM is currently £197m and GM is being asked to reduce this to £175m. This may result in an amended plan but this will be based on additional measures being identified across GM.

ASSURANCE

Strategy 2024-29: final draft and KPIs/measures of success

A final draft of the Strategy and associated KPIs/measures of success were brought to the Committee for approval. The Committee was asked to review and confirm that these KPIs represent the right indicators to support achievement of our ambitions and objective. The following key points were raised:

- CIP should be amended to 'recurrent CIP'.
- Consider alternatives for the words 'financial sustainability'.
- It was felt creative solutions and innovation have not been included, such as the new Theatres and CDC.

The Deputy Director of Strategy noted these and concluded that this year and the next 5 years are about delivering by design and updates will be reported back to the Committee regularly.

New Risks identified at the meeting:

No new risks identified.

Review of the Risk Register:

There were no risks reviewed.

ALERT | ADVISE | ASSURE (AAA) Key Issues Highlight Report			
Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	26 June 2024	Date of next meeting:	24 July 2024
Chair	Jackie Njoroge	Meeting Quoracy (Yes / No)	Yes
Attendees	Jackie Njoroge, Rebecca Ganz, Sean Harriss, Seth Crofts, Tosca Fairchild, Annette Walker, Sharon Katema, Rae Wheatcroft, Sharon White, James Mawrey, Andrew Chilton, Lesley Wallace, Matt Greene, Amanda Weatherstone	Apologies received from	Fiona Noden

AGENDA ITEMS DISCUSSED AT THE MEETING

- Month 2 Finance Report
- Cost Improvement Update
- National Costing Collection 2023/24
- Procurement Update
- RAAC Business Case
- Birth Rate Plus Business Case

ALERT

The Trust forecast outturn is currently off track by approximately £8m and a recovery plan setting out actions is under development. Cash support will most likley be required in Q3.

ADVISE

Cost Improvement Update

The Trust has identified £21.6m CIP in year and identified £24.9m recurrent CIP. Risk rated in year CIP has improved to £15.9m leaving a gap of approximately £8m. A CIP Sprint is taking place next week to help convert and progress schemes.

The Head of PMO updated the Committee on the Admin Modernisation Project which requires the appointment of external support previously supported at FIG and confirmed as one additional person. Following discussion it was agreed a further conversation was required around the risk associated with the delivery and achievement of the admin review at the Board Development Session tomorrow.

ASSURANCE

Month 2 Finance Report

The Trust has a deficit plan for the year of £11.2m, and a deficit of £3.3m in Month 2 compared with a plan of £3.6m. After mitigations, the FOT needs to improve by £8.3m to hit plan. £2.8m CIP has been delivered compared to a plan of £2.4m. Capital spend for month 2 is £0.2m. The agreed Capital allocation for 2024/25 is £7.1m. We had a closing cash position of £8.8m and we are still hopeful there will be a share of £175m from GM which would result in approximately £9m for Bolton negating the need for cash support.

The current GM/National position is a deficit of £78m in month 2 and a £19.2m year to date variance off track though BFT are ahead of plan. The Chief Finance Officer advised of a meeting with Julian Kelly being arranged soon in relation to the GM position.

It was confirmed the increase in spend on Bank in month 12 was due to increased annual leave usage and Easter falling into March. The Director of People advised there is more work to be done around rostering and levelling annual leave.

National Costing Collection 2023/24

The NCC 2022/23 for Bolton FT was submitted on 12/01/2024. Bolton FT has a plan to submit the NCC 2023/24 submission week commencing 22/07/2024.

Procurement Update

The Procurement department achieved savings of £7.03m for 2023/24 which was an increase of £1.2m on prior year. The savings were delivered through cost avoidance £3.81m, inflation avoidance £1.32m and cash releasing savings of £1.9m. The savings target for 2024/25 is £4.0m with £1.57m delivered to the end of May though the ambition is to achieve the same as 2023/24. The Procurement team are leading on a number of projects within GM which will contribute to the overall saving.

RAAC Business Case

The Committee approved the business case for PDC funding of up to £47.97m which will eradicate RAAC in maternity plus the refurbishment of medical records and H1 to create a decant facility.

Birth Rate Plus Staffing Business Case.

The Committee approved the business case for an investment of £1m recurrent funding in maternity staffing which is required to be compliant in running safe services.

New Risks identified at the meeting:

No new risks identified.

Review of the Risk Register:

There were no risks reviewed.

Report Title:	Audit Committee Chairs' Reports

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	25 July 2024		Discussion	
Exec Sponsor	Chief Finance Officer		Decision	

Purpose	The purpose of this report is to provide an update and assurance to the Board on the work delegated the Audit Committee.

Summary:	The attached reports from the Chair of the Audit and Risk Committee provides an overview of matters discussed at the meeting held on the 08 May and 25 June 2024. This report also sets out the assurances received by the committee and identifies the specific concerns that require the attention of the Board of Directors.

Previously considered by:
The matters included in the Chairs' reports were discussed and agreed at the Audit and Risk Committee held in May and June.

Proposed Resolution	The Board of Directors are asked to **receive** the Audit Committee Chair's 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:	Annette Walker Chief Finance Officer	**Presented by:**	Alan Stuttard, Chair Audit and Risk Committee

ALERT | ADVISE | ASSURE (AAA) Key Issues Highlight Report			
Name of Committee:	Audit and Risk committee	**Report to:**	Board of Directors
Date of Meeting:	08 May 2024	**Date of next meeting:**	26 June 2024
Chair	Alan Stuttard	**Meeting Quoracy**	Yes

AGENDA ITEMS DISCUSSED AT THE MEETING

The Committee received the following reports as part of the year end processes for assurance:

- Modern Anti-Slavery Statement
- Use of Trust Seal
- Draft Audit and Risk Committee Annual Report 2023/24
- Going Concern Statement
- Draft Annual Accounts 2023/24
- Draft Annual Report with Annual Governance Statement 2023/24
- External Audit VFM Risk Assessment 2023/24
- Draft Head of Internal Audit Annual Opinion
- Internal Audit Charter

The Committee received the following reports in line with its workplan:

- Draft Internal Audit Plan
- Counter Fraud Work Plan 2024/25
- Counter Fraud Annual Report 2023/24
- Board Assurance Framework
- Compliance with Fit and Proper Person's Test
- Risk Management Committee Chairs' Report
- Health Technical Update
- Internal Audit Reports
-

ALERT

None

ADVISE

Draft Annual Accounts 2023/24

The Associate Director of Finance updated the Committee on the key points from the annual accounts which included:

- The Trust had a reported year end deficit of £24,833k.
- The adjusted financial performance after removing impairments, capital donations and centrally procured inventories was a deficit of £13,469k.
- Yearend cash balance of £15,930k.
- Capital expenditure of £23,576k including donated and grant funded assets.

The Committee noted the Draft Accounts and that these were still subject to External Audit. The final version will be presented to the next meeting of the Audit and Risk Committee prior to approval by Board.

Draft Head of Internal Audit Annual Opinion

The Internal Auditors presented the Draft Internal Audit Opinion for 2023/24. The overall opinion provides substantial assurance that there is a good system of internal control designed to meet the organisations objections and that controls are generally being applied consistently.

Draft Internal Audit Plan
The Committee approved the Internal Audit Plan for 2024/25 which contained a list of core and mandated assurance reviews as well as a list of risk based assurance reviews.

Counter Fraud Work plan
The Committee approved the 2024/2025 Counter Fraud Work Plan designed to help manage fraud, bribery and corruption risks across the organisation and ensure the Trust is compliant with the NHS Counter Fraud Authority (NHS CFA) requirements and the expectations detailed in the Government's Functional Standards (GovS 013), relating to Fraud, Bribery and Corruption.

ASSURE

Going Concern Statement
The Audit and Risk Committee confirmed that the accounts are prepared on a Going Concern Basis.

External Audit VFM Risk Assessment 2023/24
The External Audits presented the value for money risk assessment findings for the financial year 2023/24. They explained that the report covered three areas of:

- Financial sustainability
- Governance
- Improving economy, efficiency and effectiveness

The Auditors reported that their review concluded that for each of the three areas there were no significant risks identified and they did not raise any performance improvement observations as a result of their work.

Internal Audit Reports
The Internal Audit Report summarised the progress against the 2023/24 Audit Plan. Three reviews had been finalised and the remainder are in progress.

Counter Fraud Annual Report
The report requested that the Annual Report is shared with the Board.

Risk Management Committee Chair's Report
The Committee received the Risk Management Committee Chairs' Reports for February and March 2024

New Risks identified at the meeting:
There were no new risks identified at the meeting.

Review of the Risk Register:
There were no changes made to the risk register.

ALERT | ADVISE | ASSURE (AAA) Key Issues Highlight Report			
Name of committee/Group:	Audit and Risk committee	Report to:	Board of Directors
Date of Meeting:	26 June 2024	Date of next meeting:	18 September 2024
Chair	Alan Stuttard	Meeting Quoracy (Yes / No)	Yes
Attendees	Annette Walker, Fiona Taylor, Tosca Fairchild, Martin North, Sharon Katema, Catherine Hulme, Chris Paisley, Darrell Davies, Patrick Clark.	Apologies received from	Stuart Bates

AGENDA ITEMS DISCUSSED AT THE MEETING

- Audit and Risk Committee Annual Report 2023/24
- Head of Internal Audit Opinion & Annual Report 2023/24 (HOIAO)
- Final Internal Audit Plan 2024/25
- Internal Audit Progress Reports
- Year End Report 2023/24
- Auditor's Annual Report 2023/24
- Letter of Representation
- Annual Governance Statement 2023/24
- Annual Report 2023/24
- Audited Annual Accounts
- Salary Overpayment
- Compliance with the FT Code of Governance
- Compliance with the NHS Provider Licence
- Risk Management Chairs' Reports

ALERT

There were no items to Alert.

ADVISE

There were no items to Advise.

ASSURANCE

Audit and Risk Committee Annual Report 2023/24
The Committee approved the Annual Report which will be presented to the Board of Directors as part of the audit assurance arrangements for the Trust.

Head of Internal Audit Opinion & Annual Report 2023/24 (HOIAO)
The Internal Auditors presented the HOIAO for 2023/24. The opinion was one of substantial assurance that there is a good system of internal control designed to meet the organisations objectives and that controls are being applied consistently.

Final Internal Audit Plan 2024/25
The Committee considered the Internal Audit Plan for 2024/25. The Auditors advised that this had been considered by the Executive Team and that the list of audit reviews also reflected an analysis of risk from the Board Assurance Framework. The Committee approved the Internal Audit Plan for 2024/25 noting that there was contingency in the event that any new areas of risk arose that could be built into the plan. In addition the Committee agreed to undertake a review of the plan on a regular basis.

Internal Audit Progress Reports 2023/24
The Internal Auditors presented their progress reports for 2023/24. The majority of reports have been completed and the final two are in the draft report or fieldwork stage. It was pleasing to note that the majority of recommendations

over the course of the year had now been implemented and updates have been provided on those that were not yet due. The Committee thanked the Internal Auditors for their work during the first year of their contract.

Year End Report 2023/24 (ISA260)
The External Auditors presented the ISA260 for 2023/24. The report summarises the key issues identified during their audit of the year ending 31st March 2024. There were no major items to report in respect of any significant weaknesses. In respect of valuation of land and buildings, fraud risk – expenditure recognition, and management override of controls, the Auditors had not identified any issues of significant risk. In addition the Auditors did not identify any significant weaknesses in the Trust's arrangements in achieving value for money.

Auditor's Annual Report 2023/24
The External Auditors presented their summary of findings and key issues for the 2023/24 Audit of the Trust's Accounts. The Auditors advised that they had issued an unqualified opinion on the Trust Accounts and confirmed that the Governance statement had been prepared in line with the Department of Health and Social Care requirements and did not identify any matters that indicated that the Trust did not have sufficient arrangements to achieve value for money. The Auditors also confirmed that they had reviewed the Annual Report for the Trust.

Letter of Representation
The External Auditors have prepared and agreed with the Chief finance Officer the Management Representation letter and this will be signed at the same time the financial statements are signed. The Letter of Representation confirms the Trust's compliance with the accounts and auditing standards.

The Committee thanked the External Auditors for completion of the Audit of the Accounts in a timely manner.

Annual Governance Statement 2023/24
The Chief Executive presented the Annual Governance Statement for 2023/24. The report concludes that throughout the last year our Board and Key Assurance Committees have continued to meet to provide oversight and assurance, escalating and delegating items as required within their scope and terms of reference.

The Board and the Audit and Risk Committee are assured that Bolton NHS Foundation Trust has sound systems of internal control with no significant control issues being identified. The Committee approved the Annual Governance Statement for 2023/24.

Annual Report 2023/24
The Director of Corporate Governance presented the Trust's Annual Report for 2023/24. This report provides an overview of Bolton NHS Foundation Trust's performance including achievements and areas of improvement. It provides detail and assurance on how the Trust has met and achieved compliance with its statutory and regulatory obligations during 2023/24.

The Annual Report has been prepared in accordance with the guidance in the Foundation Trust's reporting manual. After approval the report will be submitted to NHSE prior to being laid before Parliament. Once the report has been laid before Parliament, it will be published on the Foundation Trust website and shared with Foundation Trust members and Governors at the Annual Members meeting.

The Committee approved the Annual Report for 2023/24. Both the Annual Governance Statement and Annual Report will be presented to the Board of Directors for final approval.

Audited Annual Accounts
The Chief Finance Officer presented the Trust Accounts for 2023/24. The key points to note from the accounts were:

- The Trust had a year-end deficit of £24.8m.
- The Trust had a year-end adjusted financial performance of £13.5m deficit.

- The Trust had a gross capital expenditure of £29.7m.
- The Trust had a closing cash balance of £15.9m.

The Committee reviewed the Annual Accounts and recommended them to the Board for approval. The Committee thanked the finance team for their work in producing the annual accounts.

Salary Overpayment Report
The Associate Director of Finance presented the report on Salary Overpayments for 2023/24. In total there were 76 overpayments totalling £83k for staff that had left the trust and 566 adjustments, totalling £464k for staff in post. In context the total of overpayments represented 0.55% of the total payroll transactions of circa 116,000 during the course of the year. It was confirmed that the majority of the overpayments had been recovered and the payroll team were thanked for their efforts with regards to the overpayments.

Compliance with the FT Code of Governance
The Director of Corporate Governance presented the report on the Trust's compliance with the FT Code of Governance for Provider Trusts for 2023/24. It was noted that whilst the Trust is compliant against all mandatory provisions listed in appendix C there remains a caveat regarding the need for an external review of Board effectiveness and as such this has been marked as partially compliant as an external review is scheduled for 2024. The Committee endorsed the declaration of compliance.

Compliance with NHS Provider Licence
The Director of Corporate Governance presented the report the purpose of which is to provide assurance that the Trust is compliant with the conditions of its NHS provider licence. The Committee received assurance on the Trust's compliance.

The Committee thanked the Director of Corporate Governance and her team for the production of the Annual Report and Assurance Reports for this meeting of the Audit and Risk Committee.

Risk Management Committee Chair's reports
The Committee received the update from the Risk Management Committee (RMC). It was noted that the two risks which had been referred back to the RMC had been considered and actioned. There were no major issues to report to the Audit and Risk Committee.

New Risks identified at the meeting:
There were no new risks identified at the meeting.

Review of the Risk Register:
There were no changes made to the risk register.

Report Title:	Audit and Risk Committee Annual Report 2023/24

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	25 July 2024		Discussion	
Exec Sponsor	Sharon Katema		Decision	

Purpose	This report provides a summary of the activities of the Audit and Risk Committee and sets out how it met its terms of reference and key priorities in 2023/24.

Summary:	The accompanying Annual Report provides an overview and summary of the following key points: • Membership, frequency and effectiveness of meetings • Governance arrangements to support the committee • The work and performance of the committee during the financial year including clinical audit, internal audit, external audit, and counter fraud • The role of the committee in approving the Trust's Annual Report and Annual Accounts and the Quality Account. In preparing the report, the Chair of the Audit and Risk Committee is of the view the Committee has taken appropriate steps to perform its duties as delegated by the Board of Directors and it has no cause to raise any issues of significant concern with the Board arising from its work during 2023-24.

Previously considered by:
This report was discussed and approved by the Audit and Risk Committee

Proposed Resolution	The Board of Directors are asked to *receive* the Audit and Risk Committee Annual 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:	Victoria Crompton, Corporate Governance Manager	**Presented by:**	Sharon Katema, Director of Corporate Governance

Bolton
NHS Foundation Trust

Audit and Risk Committee Annual Report

2023/24

1. Introduction

1.1. The Audit and Risk Committee is a formal Committee of the Board established under Board delegation with approved terms of reference aligned with the NHS Audit Committee Handbook, published by the Healthcare Financial Management Association (HFMA).

1.2. The Committee met on five occasions in the period covered by this report to discharge its responsibilities for scrutinising the risks and controls which affect all aspects of the organisation's business.

1.3. The Chair and members are appointed by the Board of Directors from amongst the Non-Executive Directors of the Trust. The Chair of the Trust and the Chair of the Finance Committee are specifically excluded from membership.

1.4. The Chair of the Audit and Risk Committee is Alan Stuttard, Non-Executive Director and at the commencement of 2023/24 the two Non-Executive Director members were Malcolm Brown and Martin North. Malcolm Brown ended his term as Non-Executive Director in November 2023. Attendance at the committee is shown in the table below.

	Meeting Date				
	03/05/23	28/06/23	13/09/23	06/12/23	14/02/24
Alan Stuttard (Chair)	✓	✓	✓	✓	✓
Malcolm Brown	✓	✓	Apologies		
Martin North	✓	✓	✓	✓	✓
Fiona Taylor				✓	Apologies
Tosca Fairchild				Apologies	✓

1.5. A number of officers are in regular attendance. These include:

- Chief Finance Officer,
- Associate Director of Finance - Financial Services
- Director of Corporate Governance
- Internal and External Auditors
- Fraud Specialist Manager
- Other directors and managers attend at the request of the Committee.

1.6. The Committee's work predominantly focusses on the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives. The Committee had a pivotal role to play in reviewing the disclosure statements from the organisation's assurance processes; in particular, the Annual Governance Statement, included in the Annual Report and Accounts. The Committee also has a key role in reviewing the reports of the External and Internal Auditors and their findings for the Trust.

1.7. In addition to the Trust the Audit and Risk Committee also considers all audit reports and findings in respect of IFM Ltd, the wholly owned subsidiary of the Trust.

1.8. The Committee Chair provides a summary report of the Committee's activities to the next meeting of the Board of Directors. The Committee is assured that its members and regular attendees, have sufficient knowledge of the organisation's business to identify key risks.

2. Purpose of the Report

This Annual Report has been prepared for the attention of the Board of Directors and reviews the work and performance of the Audit and Risk Committee in satisfying its Terms of Reference.

The production of an Audit and Risk Committee Annual Report represents good governance practice and ensures compliance with the HFMA NHS Audit Committee Handbook, the principles of integrated governance and the NHSI Compliance Framework. The report covers the financial year 2023/24.

2.1. Terms of Reference

The Terms of Reference of the Audit and Risk Committee are reviewed annually and were last reviewed by the Audit Committee in December 2023 (Appendix A). The Committee complied with its Terms of Reference and can confirm:

- All meetings were quorate (quorum is defined in the terms of reference as two Non-Executive Directors).
- A Chair's report from the Audit and Risk Committee is submitted to the next meeting of the Board of Directors.
- The Audit and Risk Committee members have the option to meet in private with the Internal and External Auditors if required although in this reporting period this option was not taken up.
- The Chief Finance Officer, Deputy Director of Finance, Director of Corporate Governance, Head of Internal Audit and Internal Audit Manager, representatives of External Audit and the Local Counter Fraud Specialist have been in attendance.
- Executive Directors, Corporate Directors and other members of staff have been requested to attend the Audit and Risk Committee as required.
- In line with best practice, the Terms of Reference were updated in December 2023 to reflect the change in Committee name to Audit and Risk Committee and now includes Risk Management and Information Governance within its remit.

2.2. Work and Performance of the Committee

The Audit and Risk Committee agenda is formulated from the Annual Workplan and is constructed in order to provide assurance to the Board of Directors across a range of activities including corporate, financial, clinical, and risk governance and management.

The Audit and Risk Committee agendas in the reporting period covered the following:-

- Review of the Board Assurance Framework
- External Audit reports
- Internal Audit reports
- Anti-Fraud reports
- Losses and special payments reports
- Tenders waived reports
- Declarations of interests
- Register of sealings

The Audit and Risk Committee also reviewed the draft Annual Governance Statement for the period 01 April 2023 to 31 March 2024 at its meetings held in May and June 2024. The Annual Governance Statement describes the system of internal control that supports the achievement of the Trust's policies, aims and key priorities.

3. Financial Reporting

3.1 During and in respect of the year, the Committee received, gained assurance and actioned the following:

- Recommended approval of the 2022/23 Annual Report and Annual Accounts to the Board of Directors following completion of the External Audit in June 2023.
- Approved the Annual Report & Quality Account 2023/24 timetables for production.
- *Reviewed the Draft Annual Accounts for 2023/24 prior to submission to the External Auditors*
- *Confirmed that the Accounts for 2023/24 be prepared on a going concern basis*
- *To review the Annual Accounts following completion of the audit by the External Auditors and recommended the Accounts for approval by the Board of Directors*
- *Reviewed the Letter of Representation 2023/24 for approval by the Board of Directors and signing by the Accountable Officer*
- *Reviewed the Annual Report and recommended the Report for approval by the Board of Directors*

The Committee also reviewed the Annual Accounts for IFM Ltd for the year ended 31 March 2023. The External Auditors had raised an issue where they had changed their view on an accounting matter. In 2019/20 the Auditors had approved the accounting treatment but changed their view in 2022/23 which the Trust disagreed with. This did result in a delay in the submission of the Accounts and missed the deadline for submission. The matter was eventually resolved.

4 Changes to auditors

4.1 PWC concluded their contract as the organisations' Internal Auditors in May 2023, and the Trust expressed their appreciation of all the work undertaken during the term of their contract. The Trust welcomed Mersey Internal Audit Agency (MIAA) following a tendering process and looked forward to working with them going forward.

4.2 In February 2023, the Council of Governors approved a short-term extension to the current External Auditors Contract with KPMG.

4.3 In April 2024, an auditor panel was convened, and a tendering process of External Auditors took place. The recommendations from the panel were considered and approved at the Council of Governors meeting held on 12 June 2023. Following which the winning organisation will be announced at the end of June 2024.

5 External Audit

5.1 The Audit and Risk Committee received and approved the External Audit Plan for 2023/24 in February 2023. The Plan identified significant inherent audit risks related to:

- Valuation of Land and Buildings
- Fraudulent Expenditure Recognition Completeness
- Fraud risk from management override of controls
- Going Concern basis (Non-significant risk)

The Plan identified key audit judgements relating to:

- Valuation of land and buildings
- IFRS 16 Leases

5.2 KPMG provided regular progress reports and technical updates to the Audit and Risk Committee.

5.3 The Committee received the 2023/24 External Audit Report (including the ISA 260 Report) at its meeting held on 26 June 2024. The report confirmed that no significant audit issues had arisen in respect of the significant inherent audit risks and key audit judgements listed above. The report further confirmed that no audit adjustments or disclosure deficiencies had been identified. An Unqualified audit opinion was given on the Trust's accounts for 2023/24.

5.4 *As part of their Audit work the External Auditors also undertook the Value for Money risk assessment for the year ended 31 March 2024 as required by the Code of Audit practice the auditors reported that 'we have not identified any significant risks that there are significant weaknesses in your arrangements'*.

5.5 **Following the Committee meetings in June 2024, the Committee made recommendations to the Board of Directors to approve the Audited Accounts, Annual Report and Annual Governance Statement for 2023/24.**

6 Internal Audit

6.1 The following Internal Audit Reports were received by the Audit Committee during the reporting period:

Audit Title (Final Reports)	Report classification	Critical	High	Medium	Low
		Number of findings			
Assurance Framework	N/A	N/A	N/A	N/A	N/A
Key Financial Transactional Processing Controls	Moderate	0	0	4	3
Disciplinary process	Substantial	0	0	4	0
Recruitment and Retention	Substantial	0	0	1	2
Patient Safety and Incident Response Framework (PSIRF)	Substantial	0	0	4	0
Digital Plan (Readiness)	Moderate	0	1	3	0
Freedom to Speak Up	Substantial	0	1	2	1
Grip and Control Urgent Actions Review	Substantial	0	0	1	0
ESR HR Payroll Controls	High	0	0	0	3
DSPT (Phase 1)	N/A	N/A	N/A	N/A	N/A
Critical Application Review	Limited (Draft)	0	2	2	0
Risk Management Core Controls	Substantial	0	0	0	4
Legal Services	Substantial	0	0	2	1
Stakeholder Engagement (Draft)	High	0	0	0	0

Waiting List Management (Draft)	Substantial	0	0	3	0

6.2 The committee worked with MIAA to consider the major findings of internal audit reports and the associated management responses and monitored the implementation of recommendations through regular progress reports. The conclusions, as well as the findings and recommendations, of all Internal Audit reports finalised during the year were shared with the Audit and Risk Committee

6.3 The Committee challenged Internal Audit on assurances provided and, where appropriate, requested additional information, clarification and follow-up work if considered necessary. Progress towards the implementation of agreed recommendations was also reported (including full details of all outstanding recommendations) to the Executive Management Team. The Audit and Risk Committee reviewed and was satisfied by the progress reports.

6.4 The Head of Internal Audit Opinion for 2023/24 presented to the Audit and Risk Committee stated that Substantial Assurance, can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

6. Counter-Fraud

Counter Fraud services have been provided through a Service Level Agreement with Wrightington, Wigan and Leigh NHS Foundation Trust. A nominated Local Counter Fraud Specialist (LCFS) works with the Trust and regularly attends Audit and Risk Committee meetings.

The Committee received regular progress reports and details of investigations carried out during the year and approved the following reports:

- Counter Fraud Annual Report 2023/24
- Counter Fraud Work Plan 2024/25

During the reporting period the organisation undertook anti-fraud work as per the "Standard for Providers" document this is set out in four sections and covers corporate responsibilities and the three key principles for action. These are:

- Strategic governance
- Inform and involve
- Prevent and deter
- Hold to Account

The Committee acknowledged the pro-active work undertaken by the LCFS in providing training to staff and sending out anti-fraud awareness notices.

The Committee was pleased to see the openness and transparency with which staff are prepared to report on matters of potential fraud even though following investigation there may be no case to answer.

7. Losses and Special Payments

The Audit and Risk Committee was provided with regular information regarding the levels and values of losses and special payments within the Trust. There were no areas of concern noted with these payments.

8. Corporate Registers

a) Register of Tenders Waived

A summary of all tenders waived above a £50k value was presented at each meeting of the

Audit and Risk Committee. The key aspect here is for the Committee to review the explanations given for the waivers to ensure that there is effective control over the financial and procurement process with the overall aim of reducing the number of waivers.

b) Register of Interests

The Audit and Risk Committee monitors compliance with the Trust's policy on Managing Conflicts of Interests. The Committee received the Register of Interests, Gifts and Hospitality at its meeting in February and received assurance of decision maker compliance with annual declarations.

c) Register of Sealing

As part of its role in providing assurance to the Board, the Committee received the annual report detailing the use of the Trust Seal during the financial year.

9. Effectiveness of the Audit and Risk Committee

In November 2023, the Committee undertook a self-assessment of its effectiveness. This involved a range of questions covering different elements of the work of the Committee. This follows good governance practice in accordance with the NHS Audit Committee Handbook.

The results were generally positive and indicated the Committee had continued to build on its effectiveness since the last review in February 2023. However, given the increase in Strongly Disagree/Disagree responses, we will review and scope ideas on how we can improve the overall effectiveness of the committee within the individual themes that have not scored highly throughout the next year.

10. Conclusion

The Audit and Risk Committee has an important role in delivering good governance, providing challenge and oversight and in advising senior management on the effectiveness of risk management processes.

Committee members recognise that although progress has been made the Trust must not be complacent and must build on recent successes to embed strong and sustainable governance arrangements throughout the Trust.

The Audit and Risk Committee has an important role to play in ensuring appropriate governance and control arrangements are also in place for iFM Bolton.

As Chair of the Audit and Risk Committee I would like to take this opportunity to thank the members of the Committee for their support and input to the work of the Committee and also to thank all those who attend the Committee along with the Corporate Governance team who provide us with all the administrative support.

Alan Stuttard
Chair of Audit Committee
26 June 2024