

AGENDA – COUNCIL OF GOVERNORS

To be held at 2pm on Thursday 03 April 2025
Seminar Room 1, Education Centre, Royal Bolton Hospital

Ref N ^o .	Agenda Item	Process	Lead	Time
PRELIMINARY BUSINESS				
CG015/25	Chair's welcome and note of apologies <i>Purpose: To record apologies for absence and confirm the meeting is quorate.</i>	Verbal	Chair	
CG016/25	Declaration of Interests concerning agenda items <i>Purpose: To record any Declarations of Interest relating to items on the agenda.</i>	Verbal	Chair	
CG017/25	Minutes of the previous meeting a) 06 February 2025 <i>Purpose: To approve the minutes of the previous meeting</i>	Report	Chair	14:00 (10 mins)
CG018/25	Matters Arising and Action Logs <i>Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and approve completed actions.</i>	Report	Chair	
CORE BUSINESS				
CG019/25	Chair's Update <i>Purpose: To receive the Chair's Update</i>	Verbal	Chair	14:10 (10 mins)
CG020/25	Chief Executive's Report <i>Purpose: To receive the Chief Executive's Report</i>	Report/ Presentation	Chief Exec	14:20 (10 mins)
GOVERNOR INVOLVEMENT AND ENGAGEMENT				
CG021/25	Governor Quality Committee Update <i>Purpose: To receive the Governor Quality Committee Chair's report and minutes.</i>	Minutes & Verbal	G Hopps	14:30 (05 mins)

CG022/25 Governor Feedback

Verbal

All

14:35
(05 mins)*Purpose: To **receive** feedback from Governors.***ASSURANCE AND ACCOUNTABILITY****CG023/25 Board Committee Chairs' Reports**Report and
Presentation

NEDS

14:40
(20 mins)

- Audit and Risk Committee
- Charitable Funds Committee
- Finance and Investment Committee
- People Committee
- Quality Assurance Committee

*Purpose: To **receive** the Board Committee Chairs' Reports***CG024/25 Operational Planning 2025/26**

Presentation

Execs

15:00
(20 mins)*Purpose: To receive the Operational Plan 2025/26***CG025/25 Staff Survey Results**

Presentation

CoP

15:20
(20 mins)*Purpose: To **receive** the Staff Survey Results.***CG026/25 Quality Account**

Presentation

CNO

15:40
(15 mins)*Purpose: To **receive** the Quality Account.***CONCLUDING BUSINESS****CG027/25 Any Other Business**

Verbal

Chair

15:55
(05 mins)*Purpose: To **receive** any urgent business not included on the agenda***Date and time of next meeting:**

05 June 2025 at 2pm in Seminar Room 1, Education Centre

16:00
close**Chair: Dr Niruban Ratnarajah**

Draft Minutes of the Council of Governors Meeting

Held in Seminar Room 1, Education Centre

Thursday 06 February 2025 at 14:00

Subject to the approval of the Council of Governors on 03 April 2025

Present

Name	Initials	Title
Niruban Ratnarajah	NR	Chair
Cara Burns	CB	Staff Governor
Dalton Thompson	DT	Public Elected Governor
Dave Bagley	DbA	Appointed Governor
Dawn Yates-Obe	DYO	Appointed Governor
Deborah Parker	DP	Public Elected Governor
Geoffrey Minshull	GM	Public Elected Governor
Grace Hopps	GH	Public Elected Governor
Imteyaz Ali	IA	Public Elected Governor
Jean Cummings	JC	Staff Governor
Kayonda Ngamaba	KN	Public Elected Governor
Melanie Rushton	MR	Appointed Governor
Oboh Achioyamen	OA	Public Elected Governor
Pauline Lee	PL	Public Elected Governor
Samm Cusick	SC	Public Elected Governor

In Attendance

Fiona Noden	FN	Chief Executive
Annette Walker	AW	Chief Finance Officer
Francis Andrews	FA	Medical Director
James Mawrey	JM	Chief of People/Deputy Chief Executive
Martin North	MN	Non-Executive Director
Michelle Cox	MC	Director of Operations
Rachel Carter	RC	Associate Director of Communications and Engagement
Rachel Noble	RN	Deputy Director of Strategy
Seth Crofts	SC	Non-Executive Director
Sharon Katema	SK	Director of Corporate Governance
Sharon White	SW	Chief of Strategy and Partnerships
Tosca Fairchild	TF	Non-Executive Director

Victoria Crompton	VC	Corporate Governance Manager
Apologies		
Alan Stuttard	AS	Non-Executive Director
Catherine Binns	CB	Staff Governor
David Barnes	DB	Public Elected Governor
David Fawell	DF	Public Elected Governor
Fiona Taylor	FLT	Non-Executive Director
Jack Ramsay	JR	Public Elected Governor
Lindiwe Mashangombe	LM	Staff Governor
Malcolm Bristow	MB	Public Elected Governor
Michelle Powell	MP	Appointed Governor
Rae Wheatcroft	RW	Chief Operating Officer
Rebecca Ganz	RG	Non-Executive Director
Sean Harriss	SH	Non-Executive Director
Tyrone Roberts	TR	Chief Nurse

AGENDA ITEM	DESCRIPTION	Action Lead
PART 1		
CG001/25	Chair’s Welcome and Note of Apologies The Chair welcomed all to the meeting and apologies for absence were noted as detailed above.	
GG002/25	Declaration of Interests concerning agenda items There were no declarations of interests in relation to the agenda items.	
CG003/25	Minutes of the previous meetings The Council of Governors reviewed the minutes of the meeting held on 05 December 2024, and approved them as a correct and accurate record of proceedings. RESOLVED: The Council of Governors <i>approved</i> the minutes from the meeting held on 05 December 2024.	
G004/26	Matters Arising There were no matters arising to consider.	

CORE BUSINESS

CG005/25 Chair's Report

The Chair provided an update on the Trust's Emergency Department (ED) performance improvements advising that the Emergency Care Improvement Support Team (ECIST) had reviewed urgent care pathways and offered recommendations. Working with ECIST and system partners, the Trust had launched an improvement programme, which had led to a 10% year-on-year performance improvement by January 2025.

NR had met with Emergency Care Improvement Specialist Team (ECIST) who fed back the on the positive leadership within the organisation and how colleagues had embraced the improvement work.

RESOLVED:

The Council of Governors **received** the Chair's Update.

CG006/25 Chief Executive Report

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

- The Neonatal Unit had introduced a new app to keep parents updated and involved in their baby's care.
- Three community nurses had been recognised by the Queen's Nursing Institute for their commitment to ongoing learning, leadership and excellence in healthcare.
- The Trust was using AI (Artificial Intelligence) technology to help doctors to detect diseases, including lung cancer, quicker.
- The Princess Anne Maternity Unit will undergo a major redevelopment to create a new space that is fit for families and the future, removing the (Reinforced Autoclaved Aerated Concrete) RAAC.

FN provided an update on a recent inquest, noting the organisation had reflected on the findings to identify any lessons learnt. Additionally, a recent incident had occurred, which would be investigated in accordance with established processes, with all involved receiving the necessary support.

RESOLVED:

The Council of Governors **received** the Chief Executive Report.

CG007/25 Governor Strategy Committee Chair's Update

The Governor Quality Committee was held on Tuesday 21 January 2025 and was Chaired by Lindiwe Mashangombe. The agenda items included:

- Operational Plan Update
- Independent Investigation into the NHS and Bolton NHS FT's Response to the National Change NHS Consultation
- Governor Strategy Committee Workplan

The next meeting would be held on Tuesday 20 May 2025.

RESOLVED:

The Council of Governors **received** the Governor Quality Committee Update.

CG008/25 Governor Feedback

BoSCA

GH reported that she had conducted a BoSCA assessment on C4, noting some limitations regarding space. However, staff were performing effectively within the available environment. She highlighted a positive initiative by the Ward Clerk, who independently implemented a clear sign indicating which Consultant was on duty for the day. Additionally, positive feedback had been received regarding the catering services.

RESOLVED:

The Council of Governors **received** feedback from Governors.

CG009/25 Committee Chair's Reports

Audit and Risk Committee

The Audit and Risk Committee was held on Wednesday 04 December 2024 and Chaired by Alan Stuttard. Key highlights from the meeting were:

- Terms of Reference and Workplan – the Terms of Reference had been updated to include the new areas of Risk and Information Governance and were recommended for approval. The Committee also approved the Annual Work plan.
- The Internal Auditors presented their progress report and advised the final outstanding report from 2023/24 had been completed and would be presented to the next Committee.

Finance and Investment Committee

The Finance and Investment Committee was held on Wednesday 22 January 2025 and Chaired by Becks Ganz. The key highlights from the meeting were:

- The likely variance to plan for 2024/25 was £3.6m which included the impact of the unfunded pay award. There were further developments which would affect the forecast and these were being considered, but Trust was still aiming to achieve plan.
- The assumed Cost Improvement Target (CIP) for 2025/26 was 3% which left a deficit of £32m which would be the subject of further discussion with the Integrated Care Board (ICB).
- There was a risk associated with the Maternity Electronic Patient Record (EPR) go live date.

People Committee

Tosca Fairchild presented her Chair's Report from the People Committee held on Tuesday 21 January 2025. The key highlights from the meeting were:

- Gender Pay Gap/EDS2022 – the Committee commended the report to the Board of Directors for approval.
- EDS2022 2024 – the committee were advised of the progress made in the last 12 months and the need for increased focus on patient equity and health inequalities. The Trust had introduced an EDI Assurance Group to ensure continued momentum.
- Freedom to Speak Up (FTSU) - 39 concerns were raised in Q3; Good response to Octobers National Speak Up Month; Common themes in Q3 were Leadership/ Management and behaviour.

Quality Assurance Committee

The Quality Assurance Committee was held on Wednesday 22 January 2025, and Chaired by Fiona Taylor. The key highlights from the meeting were:

- Mortality and Learning from Deaths – the mortality rate was above expected due to the inclusion of covid-19 cases in the calculations and other changes in the methodology. Improved documentation and coding practices would support the accuracy of mortality data. An action plan had been developed.
- Still-birth Review – during the review period 21 stillbirths occurred. A thematic analysis of the data had been undertaken using the defined elements of the Saving Babies Lives bundle. An update would be received in six-months.

In response to a query from AS, FA explained that the Summary Hospital-level Mortality Indicator (SHMI) served as a comparator for all organisations across England. Each Trust received a score, indicating whether their performance was within the expected range, above expected, or below expected. The Trust also takes into account the quality of care, and following a review of Pneumonia cases, no fundamental issues with care quality were identified.

FA further clarified that crude mortality data now included all Covid-19 deaths, and given the significant impact of Covid-19 on the Bolton locality, the data aligned with expectations. FA also noted that whilst the Trust historically faced mortality challenges, substantial work had been undertaken to address this. Additionally, the National Medical Examiners review deaths and would raise any concerns if necessary.

AS queried whether a review was conducted following all stillbirths. FA responded that the Trust had recently received the Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries (MBRRACE) Report, which indicated that the Trust's performance was in line with expectations. Janet Cotton, Director of Midwifery, and Nadia Ali-Ross, Clinical Director for Obstetrics, were leading the Saving Babies' Lives and CNST initiatives, under which all stillbirths and neonatal deaths were thoroughly reviewed.

In response to a query from OA, FA advised that an initiative had been launched that when a woman had protected characteristics she would receive an additional review at around the fifth month of pregnancy.

DYO asked whether the Trust had direct communication with the family hubs and FN advised the staff working within the hubs were either Bolton NHS FT staff or were colleagues from partner organisations.

OA queried the number of FTSU concerns raised by BAME staff. TF responded that all themes were reviewed, and appropriate actions taken and various sources of information were examined to identify recurring themes. There was a high level of awareness regarding FTSU within the organisation, and FTSU Champions were available to provide guidance and signposting as required. A diverse group of Champions ensured inclusivity. TF assured that all concerns were thoroughly investigated, with none had been escalated through NHSE or other sources. JM added that the FTSU Annual Report was scheduled for presentation at the Council of Governors in June.

SK highlighted that Jack Ramsay, Public Elected Governor, also served as a FTSU Champion within the organisation and FTSU was one of several channels available for staff to raise concerns. The People Committee received a wide range of information, enabling them to identify any emerging issues.

RESOLVED:

The Council of Governors **received** the Committee Chair's Reports.

CG010/25 Charitable Funds Annual Report

Martin North, Chair of the Charitable Funds Committee presented the report advising the annual report and financial statements described the structure, governance and management of the Charity; provided a breakdown of income and expenditure; outlined some of the key priorities for 2024/25 and set out the financial position for the year ending 31 March 2024.

The annual report and accounts would be submitted to the Charity Commission by the deadline of 31 January 2025.

RESOLVED:

The Council of Governors **received** the Charitable Funds Annual Report.

CG011/25 Operational Planning 2025/26

The Deputy Director of Strategy presented the 2025/26 Operational Planning update, highlighting the following key points:

- Neighbourhoods: A focus on reform through neighbourhood health services to prevent admissions and improve access to care. Systems are also tasked with improving productivity, balancing budgets, and enhancing the quality and safety of services, particularly in maternity and neonatal care.
- National Priorities: The number of headline targets had decreased to 18, down from 31 last year and 133 in 2022/23, providing clearer focus. More decision-making and funding was now devolved to local systems, with lifted ring-fences allowing for innovation and more efficient use of resources. NHS England and the Government would support local leaders in making tough decisions, including reducing lower-value activities.
- Finance: Financial pressures remained significant, with a 4% spending increase which translated to a 2% real-terms rise for most systems after cost pressures. Providers were expected to make 4% efficiency savings, nearly double last year's target. Tough decisions on service provision and closing lower-value services would be necessary to balance the books.

- Reform and Recovery: The guidance emphasised recovery, but achieving long-term sustainability would require more radical reform and transformation. The ten-year health plan would need to address both recovery and reform simultaneously.

To produce the plan there will be input from across the organisation through a weekly task and finish group, under the oversight of the Executives. The Board would review progress in February, with final review and approval scheduled for March. The full plan would be submitted by 27 March 2025.

RESOLVED:

The Council of Governors **received** the Operational Plan.

CG012/25 National Change NHS Constitution Update

The Deputy Director of Strategy presented the National Change NHS Constitution Update advising that in December 2024, the Department of Health and Social Care invited responses to its national consultation on the future of the NHS, with the specific intent of seeking views on what should be included in the new 10 year plan for the NHS. The three main themes were:

- Sickness to prevention
- Hospital to community
- Analogue to digital

The Trust submitted a response in December 2024, but there was still an opportunity for Governors to be involved and responses could be submitted via the portal.

FA highlighted that health inequalities would be a key driver going forward and emphasised that as an organisation who manages its own community services, there was significant potential for the Trust to take actions forward. Finally, SW emphasised that a cultural shift would be required regarding community services, which would be undertaken as a collective effort by the organisation.

RESOLVED:

The Council of Governors **received** the National Change NHS Constitution Update.

CG013/25 iFM Annual Report

Fiona McDonnell, Managing Director, iFM Bolton presented the iFM Annual Performance Report which provided an overarching review of the performance of iFM, including the key achievements and challenges for the period April 2023 to March 2024.

The report also included the iFM Outlook Priorities for the year 2024/25 and the closing thoughts on the financial year 2023/24.

CB queried the Reinforced Autoclaved Aerated Concrete (RAAC) Feasibility Study to eradicate RAAC in Microbiology Laboratories and FM confirmed the Trust had been working closely with the national team and expected a response in mid/late summer. AS added that £38m of funding had been secured from the national team to redevelop M Block, to make it fit for families and staff, now and in the future.

NR added that a recent highlight from iFM was how the Security team successfully responded to the riots in which took place in 2024, and also the recent incident that occurred at Oldham.

RESOLVED:

The Council of Governors **received** the iFM Annual Report.

CONCLUDING BUSINESS

CG014/25 Any Other Business

There being no other business, the Chair thanked all for attending and brought the meeting to a close at 16:30.

The next Council of Governors meeting would be held on **Thursday 03 April 2025 at 14:00 – 17:00.**

Name	Role	April	June	August	AMM	December	February
Present							
Niruban Ratnarajah	Chair	✓	A	✓	✓	✓	✓
Oboh Achioyamen	Public Governor	DNA	✓	DNA	DNA	DNA	✓
Imteyaz Ali	Public Governor	✓	✓	✓	DNA	DNA	✓
Dave Bagley	Appointed Governor	✓	A	DNA	DNA	✓	✓
David Barnes	Public Governor	✓	✓	✓	✓	✓	A
Catherine Binns	Staff Governor	✓	✓	✓	✓	✓	A
Malcolm Bristow	Public Governor	A	A	✓	✓	✓	A
Gary Burke	Public Governor	✓	✓	✓	DNA	DNA	DNA
Cara Burns	Staff Governor	✓	A	✓	DNA	✓	✓
Martyn Cox	Appointed Governor				✓	A	DNA
Jean Cummings	Staff Governor	✓	✓	DNA	DNA	✓	✓
Sumirna Cusick	Public Governor	✓	✓	DNA	A	✓	✓
David Fawell	Public Governor				✓	✓	A
Grace Hopps	Public Governor	✓	✓	✓	A	✓	✓
Pauline Lee	Public Governor	✓	✓	✓	A	✓	✓

Lindiwe Mashangombe	Staff Governor	✓	✓	✓	DNA	A	A
Geoffrey Minshull	Public Governor				✓	✓	✓
Champak Mistry	Public Governor	A	DNA	✓	✓	✓	DNA
Samir Naseef	Appointed Governor	A	A	A	A	A	A
Kayonda Hubert Ngamaba	Public Governor	✓	✓	DNA	DNA	✓	✓
Deborah Parker	Public Governor	A	✓	✓	✓	✓	✓
Michelle Powell	Appointed Governor						A
Jack Ramsay	Public Governor	✓	A	✓	A	A	A
Melanie Rushton	Appointed Governor	A	A	DNA	✓	✓	✓
Ann Schenk	Public Governor	✓	A	✓	DNA	DNA	DNA
David Thomas	Public Governor	✓	✓	DNA	DNA	DNA	DNA
Dalton Thompson	Public Governor	A	✓	✓	DNA	✓	✓
Dawn Yates-Obe	Appointed Governor	✓	✓	✓	A	✓	✓
In Attendance							
Francis Andrews	Medical Director	✓	A	✓	✓	A	✓
Seth Crofts	Associate NED	✓	✓	✓	✓	✓	✓
Victoria Crompton	Corporate Governance Manager	✓	✓	A	✓	✓	✓
Tosca Fairchild	NED	✓	A	✓	A	A	✓
Rebecca Ganz	NED	✓	A	A	✓	✓	A
Sean Harriss	NED	✓	✓	✓	✓	✓	A
Sharon Katema	Director of Corporate Governance	✓	✓	✓	✓	✓	✓
James Mawrey	Deputy CEO / Chief People Officer	A	✓	✓	✓	✓	✓
Fiona Noden	Chief Executive	A	A	✓	✓	✓	✓
Martin North	NED	✓	✓	✓	✓	✓	✓
Alan Stuttard	NED	✓	A	✓	✓	✓	A
Tyrone Roberts	Chief Nurse	A	✓	✓	✓	A	A
Fiona Taylor	NED	✓	✓	✓	✓	✓	A
Annette Walker	Chief Finance Officer	✓	✓	✓	✓	A	✓
Rae Wheatcroft	Chief Operating Officer	A	✓	✓	✓	A	A
Sharon White	Chief of Strategy and Partnership	✓	✓	✓	✓	A	✓

Report Title:	Chief Executive's Report			
Meeting:	Council of Governors	Action Required	Assurance	✓
Date:	03 April 2025		Discussion	
Executive Sponsor	Chief Executive		Decision	

Purpose of the report	To update the Council of Governors on key internal and external activity that has taken place since the last public Board meeting, in line with the Trust's strategic ambitions.
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Previously considered by:	Board of Directors
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Executive Summary	This Chief Executive's report provides an update on key activity that has taken place since the last public Board meeting including any internal developments and external relations.
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Proposed Resolution	The Council of Governors is asked to note the Chief Executive's Report.
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Strategic Ambition(s) this report relates to				
Improving care, transforming lives	A great place to work	A high performing productive organisation	An organisation that's fit for the future	A Positive partner
✓	✓	✓	✓	✓

Summary of key elements / Implications		
Implications	Yes / No	If Yes, State Impact/Implications and Mitigation
Finance	No	
Legal/Regulatory	Yes	

Health Inequalities	Yes	
Equality, Diversity and Inclusion	Yes	

Prepared by:	Fiona Noden, Chief Executive	Presented by:	Fiona Noden, Chief Executive
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Ambition 1: Improving care, transforming lives

Patients have shared their positive experiences after receiving a [new, innovative procedure at Royal Bolton Hospital](#). Eight patients have received Thumb Carpometacarpal Joint (CMCJ) replacement, a relatively new procedure in the UK which aims to reduce pain in the hand and improve movement and grip. The operation is typically used for people experiencing arthritis in the base of the thumb by replacing the joint with an artificial joint. Eight people in Bolton have received the revolutionary thumb replacement since the procedure was first carried out in March last year.

A potentially life-saving blood borne virus (BBV) opt-out testing programme is underway in our Emergency Department to help diagnose HIV, Hepatitis B (HBV), and Hepatitis C (HCV) and make sure even more people are offered support and treatment, which can ultimately save lives. The approach is aiming to normalise testing, reduce stigma and ensure those who are unaware of their status receive timely care. Since the programme launched in Greater Manchester in December 2021, over 300,000 people have been tested. More than 120 people have been newly diagnosed with HIV, 320 with HCV and 140 with HBV. Frequently Asked Questions and links for support are available on [our website](#).

Bolton's [Bowel Cancer Screening Programme has celebrated 18 years of screening](#) people in Bolton, Salford and Wigan to help detect bowel cancer as early as possible. The programme launched on 12 February 2007 and since then has invited more than **one million people** to take part in screening. The aim is to detect bowel cancer at early stages in patients with no symptoms and prevent the disease by identifying and removing small growths on the bowel wall called polyps to reduce the risk of them developing into bowel cancer.

The time it takes to get patients out of hospital and back to the comfort of the place they call home has halved thanks to significant improvements that have taken place. Our Integrated Discharge Teams have increased their capacity to support the timely discharge of patients who are medically fit. This work has resulted in [the number of delayed days falling from 1,100 in February 2024 to 516](#) in December 2024, meaning 500 days of people being in the place they call home, instead of our hospital.

Our teams work closely with Bolton Council, community organisations and patients' relatives to understand where the best place is for people who are well enough to leave hospital care and continue their rest and recovery at home. People who stay longer in hospital are at a high risk of harm and infection, and by recovering in a place they feel comfortable and familiar with we can reduce their risk of deconditioning, which can impact their ability to do daily activities of living.

Staff working in our Neonatal Unit (NNU) have received [Green status reaccreditation](#) for FiCare. [FiCare](#) is a model that integrates families as partners in the NICU care team, and provides a structure that supports the implementation of family-centred care. All our NNU staff attend a yearly FiCare update as part of their mandatory training and to date 85% of all neonatal and medical staff have been trained in FiCare. On admission each family receive an admission passport pack explaining FiCare and how to become involved in the family centred care of their baby, reducing parental anxiety, stress and encourages bonding, giving parents unrestricted access to their baby. The model reduces instances of infection, length of stay on the unit and has been proven to have a positive effect on weight gain, breast feeding rates and long term neuro-development.

A baby receiving care in our Neonatal Unit has become the [first to benefit from a ground-breaking gene test](#) which aims to prevent lifelong hearing loss. Our hospital was one of the first to go live with the cutting edge Genedrive System, which uses a cheek swab to rapidly detect potential genetic mutations which can cause permanent hearing loss in babies when they are given aminoglycoside antibiotics. The system means babies admitted to the Neonatal Intensive Care Unit with sepsis are rapidly tested and given an alternative antibiotic if they are positive, avoiding a lifetime of deafness. The Genedrive System, funded as a pilot study by [Health Innovation Manchester](#), was developed in partnership with [Manchester University NHS Foundation Trust](#).

The [relaxed restrictions on visiting during mealtimes](#) on our wards have been greatly received and are set to improve emotional health and wellbeing support for patients and families. The changes were made following a wide review of evidence by our Library and Knowledge Team, in which systematic reviews found no demonstrable benefit to excluding family, friends and carers during mealtimes. Evidence around patient mealtimes did also highlight the importance of support, patient positioning, leadership of registered nurses and the area leader, availability of menu information and ease of opening food products.

Ambition 2: A great place to work

Our NHS Staff Survey results for 2024 have been published. The annual survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. This year it was great to see our response rate increase to **48%** which means that our results are representative of a broader range of experiences.

We are extremely grateful for all those who took the time to tell us about their experiences at work and will use what our staff shared to guide what we do next. Our ambition to make our organisation one where every single person has a good experience remains, and we are really pleased to see that improvements have been made in all of the [NHS People Promise](#) areas.

We are particularly pleased to see from our results that morale has noticeably improved, and that we have an engaged workforce who are supported by their line managers – all of which are interlinked. Some of the results confirm to us that we have more work to do when it comes to making sure everyone has adequate materials to be able to fulfil their roles and that discrimination is eliminated across our Trust.

We are also concerned to see a slight decrease in the number of people who would be happy with the standard of care provided by our organisation for their friends and relatives. This is indicating the need for us to do further work to truly understand the reasons for that, so we can take action wherever it's possible. The feedback will inform the next wave of the Our Voice Change Programme which has been highlighted as good practice nationally as part of the [People Promise Exemplar programme](#).

[Overseas NHS Workers' Day](#) gave us an opportunity to recognise the contributions of our frontline and support staff from around the world. From Nigeria to Poland, Ireland to Spain, our Trust is proud to have **67** different nationalities working across the organisation to provide the best care possible for our Bolton's communities. We have an international clinical recruitment team who walk alongside our new

staff and provide a wide range of support both as they arrive in Bolton, including finding good quality affordable accommodation, arranging social shares, registering with GPs, opening bank accounts and registering children in school.

Healthcare Science Week gave us the opportunity to celebrate and raise awareness of healthcare science and its vital contribution to the NHS and patient care. One of our Healthcare Scientists has been recognised for dedicating more than twenty years of her career to improving patient care and healthcare standards. [Carolyn Williams, Head of Department for Biochemistry and Clinical Lead for Laboratory Medicine, received a Lifetime Achievement Award](#) at the North West Healthcare Science Awards 2025, which aim to spotlight individuals and teams who have made a profound impact in their field.

One of our Apprentice Student Nursing Associates is a [finalist at the Student Nursing Times Awards 2025](#). Maxine Brennan, who works for SHINE, the Trust's sexual and reproductive health service, has been shortlisted in the Student Nursing Associate of the Year category. In the nomination, Maxine was praised for being a dedicated student nursing associate who goes above the beyond to provide an exceptional contribution to the team. The winners will be announced on Friday 2 May 2025 in a ceremony at the Grosvenor House Hotel in London.

As part of National Apprenticeship Week we highlighted the **150** different apprenticeship courses on offer to both staff working at the Trust and people looking to start a career in healthcare. During the week we announced that we are one of the few NHS trusts in England who will be helping to kick start the careers of the next generation of theatre nurses and practitioners, after [launching a brand new theatre support worker apprenticeship](#).

The Theatre Support Worker apprenticeship includes clinical on the job training and dedicated learning time at Bolton College. Our new apprentices will be given the opportunity to work in the busy Operating Theatre Department at Royal Bolton Hospital, providing support by transferring patients between clinical areas, preparing clinical areas before procedures and supporting clinical teams during an operation.

Our Trust is [one of the first in the country to endorse #SASsix](#), a campaign founded by the SAS Collective to improve the career development and retention of specialist, associate specialist and specialty (SAS) doctors across the UK. SAS and locally employed doctors (LEDs) make up [around 30%](#) of the medical workforce, playing a vital role in the NHS. Most SAS doctors work in senior roles in the NHS, treating and caring for thousands of patients every day, many running their own clinics and working autonomously. As patient care grows ever more complex, with new technologies and treatments, the NHS needs highly skilled, specialist doctors who can care for an ageing population with multiple chronic conditions.

Ambition 3: **A high performing, productive organisation**

The Prime Minister announced recently that NHS England will be brought back into democratic control within the Department for Health and Social Care (DHSC). A transformation team will be established to enact the process, containing two clinical directors – one covering primary care and another covering secondary care.

Integrated Care Boards (ICBs) are also expected to make significant efficiencies, with ICBs asked to make 50% reductions in their running costs by Q3 2025/26.

Given the challenging financial context, it is right that we all do everything we can to ensure that the maximum possible amount of taxpayers' money goes to where it can deliver the biggest impact. Our role in that will be to relentlessly focus on cost improvement and productivity so that we can deliver efficiencies, whilst ensuring all those who need us get the high-quality support and care they deserve, as soon as possible.

Our focus will always remain on doing what's right for our patients and communities but the scale of the challenge is significant. It will not be possible to get where we need to be without making some difficult decisions. We are clear that the decisions we make cannot come at the expense of patient safety and must not compromise our performance against national standards and targets.

As part of the plans, Trusts are expected to reduce their corporate services budgets back to pre-pandemic levels and a programme of work is underway, through our Financial Improvement Group. A rapid action team has also been established to consider further opportunities for cost improvement, transformation and operational performance to ensure the delivery of our operational plan.

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

Earlier this year we reiterated our pledge to be a Smokefree hospital site, along with other hospitals in Greater Manchester. To support this we have introduced a vape zone across from the Emergency Department and away from our main entrance.

This No Smoking Day, we took the opportunity to remind our Bolton communities that [help is available to support them to stop](#) through Smokefree Bolton which supports local smokers, aged 12 years and above with free personalised support and tobacco replacement therapies. We know that people are three times more likely to succeed with specialist help. Patients who are admitted to hospital and smoke, will be encouraged to access a specialist team on site from **The CURE Project**, who will work with them to provide nicotine replacement, and follow up support for once they leave hospital.

Work on our maternity and women's health development will begin in earnest this month, with the first stage of the development being the work to maternity theatres. Once underway, this stage is expected to be completed towards the end of the summer. The whole development is expected to be completed late 2026 early 2027.

We continue to work hard to make improvements to our car parks across the hospital site. Work is planned in a number of smaller staff car parks to improve the surfaces and introduce space marking. Ongoing works on-site will also mean that more spaces will gradually be introduced upon completion, which will support the spaces temporarily being lost to works on bigger developments such as the Maternity block works.

The [latest PLACE report](#) (patient-led assessment of the care environment) has unfortunately shown a reduction in our scores for food at Royal Bolton Hospital. We are working hard to improve this, including diversifying our menu to support patients with complex needs more appropriately, and rolling out an electronic meal ordering service to allow greater flexibility for our patients.

Ambition 5: A positive partner

We continue to work closely with our partners at the [University of Greater Manchester](#) to shape plans for the opening of the Medical School to students in September. We have introduced processes for colleagues who wish to develop and expand their portfolios with either clinical or academic positions at the Medical School and will continue to support this and the development of the new School.

It's important that we understand the views of our public, and earlier this month we supported one of our six neighbourhood teams to work with partners from Bolton's Voluntary, Community and Social Enterprise (VSCE) sector and NHS Greater Manchester to hold an [NHS Fit for the Future event](#). The event, held in the Central North neighbourhood, was an opportunity for community members to come together and also take part in the conversation about the biggest challenges facing Greater Manchester's health and care system. Further work will begin to theme and respond to the feedback, once events have taken place in each neighbourhood.

Last month we relaunched our Pennies from Pay scheme, in support of Our Bolton NHS Charity. The salary micro-giving scheme allows colleagues to round up the pennies from their pay and donate to the charity each month, with all funds allocated to the staff wellbeing fund. The charity has funded over £700k in projects since 2020 that support staff wellbeing including (but not limited to) the new faith facilities and community hub, reclining chairs, white goods and equipment for staff rooms and an annual contribution to the For a Better Bolton (FABB) awards.

Our Bolton NHS Charity Ramadan has funded gift packs a for our patients who are observing Ramadan which contain honey, a tasbeeh (prayer beads), Safawi dates, a bottle of Zam Zam water and a prayer book. Throughout Ramadan, reasonable and flexible adjustments are in place to help staff observe their religious obligations, feel comfortable embracing their identity in the workplace and enable them to bring their whole selves to work.

We are also extremely grateful to our [colleagues at Bolton Council of Mosques \(BCoM\) who have donated packs of dates and water for staff and patients](#) to enjoy whilst breaking the fast in the hospital's Mosque and Faith Hub. We hope that this small gesture will provide some comfort to families whilst they visit their loved ones in hospital during the month of Ramadan.

Draft Minutes of the Governor Quality Committee Meeting

Held on Microsoft Teams

Thursday 06 March 2025 at 5pm

Subject to the approval of the Governor Quality Committee on 03 June 2025

Present

Name	Initials	Title
Hopps Grace	GH	Public Elected Governor (Chair)
Burke Gary	GB	Public Elected Governor
Fawell David	DF	Public Elected Governor
Lee Pauline	PL	Public Elected Governor
Powell Michelle	MP	Appointed Governor

In Attendance

Bates Stuart	SB	Director of Quality Governance
Bradley Rebecca	RB	Deputy Chief Nurse
Cotton Janet	JC	Director of Midwifery (for item 006)
Crofts Seth	SC	Non-Executive Director
Crompton Victoria	VC	Corporate Governance Manager
Farnworth Fiona	FF	Named Nurse for Safeguarding Children (for item 005)
Plimley Nicola	NP	Safeguarding Nurse (for item 005)
Taylor Fiona	FLT	Non-Executive Director

Apologies

Ratnarajah Niruban	NR	Chair
Barnes David	DB	Public Elected Governor
Fairchild Tosca	TF	Non-Executive Director
Katema Sharon	SK	Director of Corporate Governance
Minshull Geoffrey	GM	Public Elected Governor
Ramsay Jack	JR	Public Elected Governor
Roberts Tyrone	TR	Chief Nursing Officer
Schenk Ann	AS	Appointed Governor

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		

GQ001/25 Chair's Welcome and Note of Apologies

The Chair welcomed all to the meeting.

Apologies for absence were noted as detailed above.

GQ002/25 Declaration of interests

There were no declarations of interests in relation to the agenda items.

GQ003/25 Minutes of the previous meetings

The Governor Quality Committee reviewed the minutes of the meeting held on 07 November 2024 and approved them as a correct and accurate record of proceedings.

RESOLVED:

The Governor Quality Committee **approved** the minutes from the meeting held 07 November 2024.

GQ004/25 Matters Arising and Action Logs

GH queried the area for mental health assessments in the Emergency Department. RB advised that a plan had been submitted to reconfigure the flow of the department.

CORE BUSINESS**GQ005/25 Annual Safeguarding Report**

The Deputy Chief Nurse presented the report, advising that the Trust had upheld its statutory safeguarding obligations for children, young people, and adults at risk throughout 2023-2024. Under the Chief Nurse's leadership, comprehensive systems were aligned with key legislation and guidelines. The Trust approved additional safeguarding resources, creating roles such as MCA/DoLs Lead and Named Nurse for Looked After Children. Contractual standards improved, with red-rated areas eliminated and management plans implemented for amber areas.

Going forward, the Trust would implement a comprehensive policy review process and fill new safeguarding roles. Participation in the Bolton Safeguarding Children Partnership would address gaps in updated legislation. Development of Adult Safeguarding referrals dashboards would enhance data analysis and the Trust would monitor care and support statutory guidance reviews, adjusting practices to maintain compliance. Embedding the 'Making Safeguarding Personal' approach remained a priority, ensuring person-centred safeguarding. These actions reinforced the Trust's commitment to protecting vulnerable individuals and maintaining effective safeguarding measures.

GH queried the cause of the increase in safeguarding referrals, and FF advised that this was due to a number of factors including an increase in staff knowledge and skills.

FLT commented that the Quality Assurance Committee and Board of Directors received the Annual Safeguarding Report and were assured and impressed by the collaboration and professionalism of the team.

GB asked how the Trust compared to Greater Manchester (GM). FF advised that the Trust worked closely with other organisations; however, it was difficult to complete a comparison with other Trusts. The themes and trends across GM were similar, and organisations did share good practice.

In response to a query from DF, RB advised that a quarterly report was presented at organisational committees, and the information from those reports was amalgamated into one report for the Annual Report. It required a substantial amount of work, but was a necessity.

MP queried why compliance with Level 3 safeguarding training had reduced in comparison with other levels. RB advised this was due to a new requirement, and the safeguarding team has put on additional capacity to train and is developing an e-learning package to assist.

GH queried the number of looked after children in Bolton from out of area. NP advised that other areas also looked after children from the Bolton area; this could be due to the risks and children needing to be looked after outside of their usual home area.

RESOLVED:

The Governor Quality Committee **received** the Annual Safeguarding Report.

GQ006/25 Maternity Survey Presentation

The Director of Midwifery provided a presentation on the CQC Maternity Survey, which considered the experiences of 18,951 women across 120 trusts who gave birth in February 2024. Questionnaires were circulated between May and August 2024, and responses were received from 137 people at Bolton NHS Foundation Trust, representing a 35% response rate.

The Trust received a rating of 'about the same' as other providers for all metrics, with no positive or negative outliers. At the question level, when compared to other

organisations, 12 scores were in the top 20% range, 39 scores (60%) were in the intermediate range, and five were in the bottom range. The 2024 results highlighted a significant improvement in the experience reported by service users compared to the 2023 survey findings, when only four of the scores were in the top range and 22 of the results were in the bottom range.

Over the past twelve months, significant work had been undertaken within the service. The recommended areas of focus included:

- Antenatal Care: Review why some patients said they did not receive sufficient support for their mental health during their pregnancy.
- Labour and Birth: Examine the reasons why some patients felt they received insufficient support with pain management during labour and birth, and review the process of dealing with patient concerns as some patients did not feel the concerns they raised during labour and birth were taken seriously.

FLT advised that she was the Non-Executive Director Maternity Champion and that the department had been under a lot of scrutiny, but the leadership of the Director of Midwifery was exemplary and it had been good to see the positive progress, but there was still work to be done.

PL commented on the staffing challenges, and JC advised that the leadership team had focused on improving the structure and stability within the department. The benefits of this culture change could now be felt. The roles within the department were stressful, so staff were offered access to Occupational Health and support from management.

RESOLVED:

The Governor Quality Committee **received** the Maternity Survey Presentation.

GQ007/25 In-Patient Survey Presentation

The Director of Quality Governance provided a presentation outlining the 2023 Inpatient Survey results. The scores for the Trust were mostly in line with sector scores and remained stable year on year. In relation to the survey and benchmarking undertaken when compared to other sector organisations, 15 scores were in the top 20% range, 33 scores were in the intermediate 60% range, and one score was in the bottom 20%.

Based on national benchmarking, the Trust was “about the same” when compared to other trusts for 44 questions, “somewhat better than expected” for one question, and “better than expected” for four questions. The Trust was not “worse,”

“somewhat worse,” or “much worse” than expected for any questions. One question from national benchmarking was noted to have “significantly” deteriorated since the 2022 Inpatient Survey: “How clean was the hospital room or ward that you were in?” (Score reduced from 9.1 to 8.8).

Actions had been agreed and would be monitored at the Trust, Quality and Patient Experience Forum. Recommendation one, relating to long stays, was being focused on by a separate Urgent Care workstream. Recommendation two, relating to cleanliness, was being monitored by the Infection Prevention and Control Committee and as part of the Clostridium Difficile Quality Improvement Collaborative.

Recommendation five, which related to food, was measured as part of the Patient-Led Assessments of the Care Environment (PLACE) inspections. This took place on 06 November 2024. As such, the Quality Patient Experience Forum (QPEF) recommended that iFM produced a formal report with a special focus on the quality and quantity of food and agreed on the expectations for the forum to oversee improvements.

Two remaining recommendations were being reviewed by Divisional teams to understand and explore how they could make improvements in medication discharge information and the provision of personal hygiene for patients.

FLT advised that the Quality Assurance Committee received feedback on cleanliness and iFM were held accountable for the delivery of that service.

MP queried the response rate, and SB advised that there was a 33% response rate, which was consistent year on year.

GH raised concern that cleanliness had been highlighted as an issue in previous years. SB confirmed that cleanliness was monitored through the PLACE inspections and a deep dive is completed on the results. This information was now being presented through the Patient Experience Forum so that issues could be identified earlier.

PL queried what the issues were related to personal hygiene. SB indicated this question was around assistance from staff with washing. RB added that solutions were offered to patients who were not mobile.

RESOLVED:

The Governor Quality Committee **received** the In-Patient Survey Presentation.

CONCLUDING BUSINESS

GQ023/24 **Items for Escalation to the Council of Governors**

- Commend the Safeguarding Annual Report
- Commend the Maternity Survey
- Commend the In-patient survey but note concerns around issues on cleanliness.

GQ024/24 **Any Other Business**

There being no other business, the Chair thanked all for attending and brought the meeting to a close at 18:15.

The next Governor Quality Committee meeting would be held on **03 July 2025**.

Report Title:	Committee Chair's Reports			
Meeting:	Council of Governors	Action Required	Assurance	✓
Date:	03 April 2025		Discussion	
Executive Sponsor	Director of Corporate Governance		Decision	

Purpose of the report	The purpose of this report is to provide an update and assurance to the Council of Governors on the work delegated to the Board committees.
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Previously considered by:	Board committees and Board of Directors
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Executive Summary	The attached Chair's reports provide an overview of matters discussed at recent committee meetings. The reports also set out the assurance received by the Committee and identifies the specific concerns that required the attention of the Board of Directors.
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Proposed Resolution	The Council of Governors are asked to receive the Committee Chair's Reports.
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Strategic Ambition(s) this report relates to				
Improving care, transforming lives	A great place to work	A high performing productive organisation	An organisation that's fit for the future	A Positive partner
✓		✓	✓	

Summary of Key Elements / Implications		
Implications	Yes/No	If Yes, State Impact/Implications and Mitigation
Finance	No	
Legal/ Regulatory	No	
Health Inequalities	No	
Equality, Diversity and Inclusion	No	

Prepared by:	Non-Executive Directors	Presented by:	Non-Executive Directors
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ALERT ADVISE ASSURE (AAA) Key Issues Highlight Report			
Name of Committee /Group:	Audit and Risk Committee	Reports to:	Board of Directors
Date of Meeting:	12 February 2025	Date of next meeting:	07 May 2025
Chair	Fiona Taylor	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none">Internal Audit ReportsExternal Audit PlanLocal Counter Fraud Progress reportArrangements for the Annual Report 2024/25Register of Interests, Gifts and HospitalityRegister of Waivers for Bolton FT and IFM		<ul style="list-style-type: none">Account UpdateLosses and Special Payments Report Bolton FT and IFMStanding Financial Instructions Breach Report Bolton FT and IFMRisk Management Chair's Report	
ALERT			
None			
ADVISE			
None			
ASSURE			
<u>Internal Audit Reports</u> The Internal Auditors Presented 3 reports: Internal Audit Progress Report This summarised the progress against remaining audits from the 2023/24 Internal Audit Plan and the progress being made in delivery of the 2024/25 Internal Audit Plan. One review has been finalised and three reviews are at draft report stage. The remaining 2024/25 reviews are at fieldwork and planning stages. It was agreed the UEC and Elective Recovery Audit would be deferred to this time next year which would not affect the Internal Audit Opinion. Escalation of a Deteriorating Patient This report summarised findings following the review commissioned in 2023/24. The review provided an overall assurance opinion of moderate and raised 4 recommendations. This report has been referred to the Quality Assurance Committee for further discussion and updates particularly to ensure that the high and medium risk recommendations were being addressed and implemented. Follow Up Report Q4 2024/25 The paper summarised the follow up work on the status of the implementation of previously agreed internal audit recommendations. Of the 25 recommendations in scope, 4 have been fully implemented, 5 partially implemented and 1 not yet implemented. 15 recommendations are not yet due. The Internal Auditors are to conduct awareness sessions with divisions to improve understanding and practical implementation of audit recommendations.			

External Audit Reports

The Director of Forvis Mazars (DW) set out the plan for the Audit for the year ending 31 March 2025 outlining the materiality levels, significant risks and value for money work with the aim to complete the fieldwork by the end of May and report back in June.

Local Counter Fraud Progress report

The Counter Fraud Specialist provided an update on counter fraud activities including ongoing investigations, an increase in referrals and the creation of a task and finish group for salary overpayments, though the current approach is proving successful in recovering overpayments.

Arrangements for the Annual Report 2024/25

The Director of Corporate Governance outlined the process for preparing the Annual Report, highlighting the new requirement to share a draft report with External Auditors by 30 April. The final report will be presented at the Audit and Risk Committee meeting in June.

Register of Interests, Gifts and Hospitality

The Director of Corporate Governance highlighted the changes to the 2017 guidance documented in the report. The main change is redefining the banding of decision makers from Band 8C to band 8D. The revised policy will be brought to the Committee in its entirety at a later date.

Register of Waivers for Bolton FT and IFM

The Associate Director of Finance reported on the volume, value and reasons for waivers raised across the group against the Standing Financial Instructions. Overall there has been a decrease in the number and value of waivers for the Trust, but an increase in value for IFM. Procurement are working with the Operational Business Managers to reduce the amount of waivers and it was agreed to add a column to the report to demonstrate the level of value for money achieved where a waiver has been used.

Accounting Update

The Associate Director of Finance provided an update on the preparation for the 2024/25 Annual Accounts including the revaluation of the estate and the implementation of a new finance ledger. All processes are on track.

Losses and Special Payments Report for Bolton FT and IFM

At of 31 December 2024, the Trust had incurred costs of £392k for losses and special payments. IFM Bolton incurred no losses or special payments in 2024/25. This includes £5.5k for litigation payments and £65.8k in losses and ex-gratia payments.

Standing Financial Instructions Breach Report for Bolton FT and IFM

The Standing Financial Instructions are the financial rules and regulations by which the organisation is governed in order to ensure compliance with the law, probity, transparency and value for money. No major breaches have occurred during the last 12 months.

Risk Management Chair's Report

There was nothing to alert or escalate to the Audit and Risk Committee from RMC.

New Risks identified at the meeting:
None

Review of the Risk Register:
None

Meeting Attendance 2025/26												
Members	Feb	May	June	Sept	Dec	Feb	May	June	Sept	Dec		
Alan Stuttard	A											
Sean Harris	A											
Tosca Fairchild	✓											
Fiona Taylor	✓											
In Attendance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct		
Annette Walker	✓											
Sharon Katema	✓											
Collette Ryan	✓											
Darrell Davies	A											
Patrick Clarke	✓											
Catherine Hulme	✓											
Ian Gilroy	A											
Daniel Watson	✓											
Catherine Watts												
✓ = In attendance A = Apologies												

ALERT ADVISE ASSURE (AAA) Key Issues Highlight Report			
Name of Committee /Group:	Charitable Funds Committee	Reports to:	Board of Directors
Date of Meeting:	10 March 2025	Date of next meeting:	02 June 2025
Chair	Martin North	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none">Highlight ReportFinance ReportYear in Review 2024/25Outlook Report		<ul style="list-style-type: none">Outlook ReportOur Bolton NHS Charity 2025/26 PlanTransfer of charity bank account to Government Banking Service	
ALERT			
<u>Agenda items</u>			<u>Action Required</u>
<ul style="list-style-type: none">N/A			
ADVISE			
Transfer of charity bank account to Government Banking Service			
<p>The Committee received an update regarding the transfer of the charity’s bank account from Royal Bank of Scotland to the Government Banking Service. Based on current assets and a 4.64% interest rate, the charity would raise an additional £28k in interest per year. Funds are immediately accessible and the interest rate is variable so will be subject to change.</p>			
ASSURE			
Highlight report			
<p>The Committee received the highlight report for Q3 and Q4, including activity updates and learning insights across different income streams and wider team functions.</p> <p>The Committee noted the report.</p>			
Finance report			
<p>The Committee received the finance report. As of 1 April 2024, the charity had fund balances of £1,084k. The charity had a net decrease in funds of £123k for the 10 months to 31 January 2025 comprising of income of £165k and expenditure of £288k. The charity’s fund balances total £794k at 31 January 2025.</p> <p>The Committee noted the report.</p>			

Year in review 2024/25

The Committee received the Year in Review 2024/25 report, which provides an account of achievements, challenges and valuable learning insights from 2024/25 and sets out the charity's areas of focus and growth for 2025/26.

The Committee noted the report.

Outlook report

The Committee received the Outlook report, which set out:

- Forthcoming changes in legislation and governance/accounting practice
- An indication of the management fee for 2025/26
- An overview of our plans to drive staff advocacy and support during Q1 2025/26
- A brief horizon-scan of potential funding opportunities through NHS Charities Together

The Committee noted the report.

Outlook report (management fee)

Work is underway to review the annual management fee for 2025/26. Time commitments are under review and the final fee will be brought to the CFC meeting in June 2025.

New Risks identified at the meeting:

None identified

Review of the Risk Register:

Risks have now been transferred to the Safeguard system and form part of the Communications & Strategy risk portfolio.

ALERT ADVISE ASSURE (AAA) Key Issues Highlight Report			
Name of Committee /Group:	Finance & Investment Committee Meeting	Reports to:	Board of Directors
Date of Meeting:	26 th March 2025	Date of next meeting:	23 rd April 2025
Chair	Rebecca Ganz	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none"> • Operational Plan • Month 11 Finance Report • Accounts Going Concern Assumptions • Estates Strategy Planning and Building Closures/Moves Update • Board Assurance Framework Ambition 3 • Board Assurance Framework Ambition 4 – changes to digital risk • EPR Update for Maternity, Out-patient and Community EPR Deployment • Contract Award Recommendation for the Management and Supply of Water Services • Contract Award Recommendation for the Maintenance and Support Services of Flexible Scopes 			
ALERT			
<u>Operational Plan</u> <ul style="list-style-type: none"> • Initial submission of £13.4m deficit decreased to £6.7m due to additional income and support. • Even with a 5.7% CIP target and a headcount reduction of 176, risks remain. • Assurance statements have been provided, not all of which can be affirmed currently. Finance are reviewing additional assurance lines. • Schemes totalling £24.5m are on the tracker, expected to reach £37M next week. • Reaching £6.5m impacts waiting lists and weekend work. • Analysis has shown that the impact of stopping weekend work would be greater than the impact of Covid with increased waiting lists and worsened 18-week waits. • Mark Fisher has asked that the Trust reach a deficit of £6.5m with no compromise on performance. • The Committee agreed that all three asks are not possible to achieve; control total, performance, assurance statements with the submission plan is to be discussed and agreed at Board tomorrow. • Potential cash shortages by Q2; careful management needed. • High NHS Resolution Premium to be investigated to see if this can be driven down. 			
ADVISE			
<u>Month 11 Finance Report</u> <ul style="list-style-type: none"> • The Trust is on plan with a deficit of £2.7m year to date. This improvement in the position is due to raising a disputed invoice to Bolton Council for the impact of the AFC Pay Award. • It is possible the ICB could clawback CDC income of £1.7m which could result in being off plan by £1.6m. • ERF over performance of £3.3m has been included YTD at Month 11. • Pay overspend is driven by a combination of additional expenditure driving the elective income over performance and the variation in type of delivered CIP versus the planned delivery. 			

- On non pay the Trust is incurring additional cost with various insourcing / outsourcing providers which has supported additional elective income offset by the variation in type of delivered CIP versus the planned delivery.
- Interest received has been higher than planned. It is anticipated that interest will reduce throughout the year as cash balances reduce.
- Cash was above plan by £0.1m Month 11. Due to PDC funding cash received the Trust is unlikely to require revenue support for 2024/25.
- The Trust has released significant non recurrent benefit to support in year delivery of plan. FYE of recurrent schemes is £19.3m un risk rated (c£16.4m RAG - 68% of REC).

ASSURE

Accounts Going Concern Assumptions

The Finance & Investment Committee approved the annual accounts being prepared on a going concern basis.

Estates Strategy Planning and Building Closures/Moves Update

The Chief Finance Officer presented the planned building relocations and closures across acute and community sites some of which have been implemented. These plans aim to create a fit-for-purpose estate and drive savings.

Board Assurance Framework Ambition 3

The Board Assurance Framework (BAF) Ambition 3 was brought to the Committee for review and comment. Following the last presentation of the BAF it has been reviewed by the Director of People and updated to reflect the new Trust Strategy. The Committee agreed there is a need to refresh the BAF.

Board Assurance Framework Ambition 4 – changes to digital risk

The Board Assurance Framework Ambition 4 was brought to the Committee for comment and approval of the revised Digital Board Assurance Framework Risks. The Committee agreed there is a need to refresh the BAF

EPR Update for Maternity, Out-patient and Community EPR Deployment

The Chief of Strategy and Partnerships updated the Committee on the current status of the EPR programme, encompassing Maternity, Outpatients and Community (OC) deployments. It was highlighted that the OC scheme is currently in red as we approach 18th June due to the very tight deadlines around resources and interfaces. A lot of progress has been made within maternity with risks being reduced though there is work to do. It is believed that this OC scheme would not be in red after next week and an EPR update including the OC scheme will be provided at the next Finance & Investment Committee meeting.

Contract Award Recommendation for the Management and Supply of Water Services

The total estimated value of the contract is £2.46m exc Vat for the initial three year term. The Committee recommended the Contract Award of Water Supply to Waterplus for approval by the Board of Directors.

Contract Award Recommendation for the Maintenance and Support Services of Flexible Scopes

The total value of the contract is £2.65m (exc VAT as recoverable) for the 5 year term. The Committee recommended the Contract Award of the Maintenance and Support Services of Flexible Scopes, associated Stack Systems and Electro-Medical equipment for approval by the Board of Directors.

Any Other Business

The Chief Finance Officer updated the Committee on the recent Level 3 re accreditation from which feedback has been positive and the Trust has been recommended for approval of the Level 3 accreditation.

The new ledger system Centros will be in use from the 5th of April.

The Chair advised of planning a visit to the Finance Department with the Chair of the Audit Committee to thank them for all that has been achieved.

New Risks identified at the meeting:

None identified.

Review of the Risk Register: NA

ALERT ADVISE ASSURE (AAA) Key Issues Highlight Report			
Name of Committee /Group:	People Committee	Reports to:	Board of Directors
Date of Meeting:	18 March 2025	Date of next meeting:	20 May 2025
Chair	Alan Stuttard	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none">NHS Staff Survey ResultsCompulsory and Trust Mandated Training UpdateResourcing & Retention UpdateHealth & Wellbeing UpdateMedical School Update		<ul style="list-style-type: none">Operational Plan UpdateBAFIFM Monthly People ReportSteering Group Chair ReportsDivisional PC Chair Reports	
ALERT			
ADVISE			
<p>Resourcing & Retention Update</p> <p><u>Staffing summary:</u> Total WWTE increased in January 2025 by 87 WWTE (mainly due to increased bank working).</p> <p><u>Agency summary:</u> Agency spend increased in January 2025 by £119k. Despite this we are under internal agency plan in-month and for the YTD.</p> <p>The Trust continues to be under the NHSE target of agency being no more than 3.2% of total pay bill (January 2025 performance was at 2.3%, and YTD is running at 2.1%).</p> <p><u>Bank summary:</u> Bank spend significantly increased in January 2025 when compared to the previous month. As noted above</p> <p><u>Vacancy Rate 2024/25:</u> Vacancy rates reduced slightly to 5.7% which is still under Trust KPI and will support staffing during winter.</p> <p><u>Turnover 2024/25:</u> Turnover is mirroring our expectations for the year, remaining relatively static and under 12% for January 2025.</p> <ul style="list-style-type: none">The Director of Operations noted that the increase in bank/agency spend in January was due to both unplanned Urgent Care and planned Elective Care activities.The Chief People Officer noted changes to bank rates from April 1st, moving from the top of the band to the mid-point. Changes to the Medical Staff Bank Rate are currently under consultation and will be implemented GM wide.			

- The Chief Finance Officer and Chief People Officer emphasised the need for triangulation between Workforce and Finance.

Health & Wellbeing Update

The Deputy Director of People presented the Health and Well Being update and set the wider context in relation to the intrinsic link to how staff are treated, supported to be their whole self at work and the financial position both locally and more broadly in the NHS. The Chair added that the broader context of welfare reforms was also relevant. Fiona Taylor, Non-Executive Director, welcomed the report and noted the Trust coaching offer can also be seen as a component of the well-being offer. Well-being provision in IFM was queried and this will be included in future IFM updates. The opportunity provided by the Trust Occupational Health and Well Being service as part of an anchor institution to the local community was also highlighted.

Medical School Update

The presentation provides an update on development of the Medical School including next steps. Following the approval of the SLA in 2024, the presentation includes updated Governance and reporting arrangements and also separates core projects to support the Trust to deliver Medical School placements from the estate, library and venue booking projects.

It was agreed that there are huge benefits and opportunities for the Trust with the relationship with the University going from strength to strength. It was noted that the Board will sign off any contractual/financial agreements. Engagement with clinical staff regarding how they can be involved is ongoing.

Operational Plan

The People Committee discussed the workforce implications of the Operational Plan 2025/26. As this will be discussed at Board no further information is necessary.

IFM Monthly People Update

IFM Workforce KPIs - Data as at 31st January 2025

- Absence rate - decreased to 5.60%
- Mandatory Training - steady increase to 86.6%
- Appraisal rates - non-compliant at a rate of 62.8%

Bank Worker Programme

Project initiated to consider the reliance on bank workers and the impact this has on our services and the workforce.

Staff Survey

Being developed to enable benchmarking with Trust survey results. Temperature checks being undertaken until wider survey developed.

ASSURE

NHS Staff Survey Results

- The Trust achieved an overall response rate of 48.1% which was 6% higher than last year's response rate (41.5%). As the 2024 response rate was 6% higher than 2023, the results provide a more representative view of our workforce.
- Overall, our survey results have seen a positive improvement, and we have significantly outperformed our sector comparator group in the theme of morale and in six of the seven People Promise elements

(Appendix 1- Slide 4). Additionally, when comparing 2023 to 2024 survey results we have significantly improved for 'We are Safe & Healthy' and 'We Work Flexibly and Morale'.

- A full survey response will be provided for Board in May 2025 which will also include the next phase of the Our Voice Change Programme.

Compulsory and Trust Mandated Training (CaTM) Update

- An overview of CaTM compliance over the past 6 months, against the current targets of 95% (compulsory training) and 85% for (trust mandated training) was provided and confirmed we have now met the Trust Mandated target for over 12 months and are close to reaching the compulsory target.
- Further work is taking place to review DNA rates.
- Assurance was provided on the progress being made by the Trust towards alignment with emerging national CaTM recommendations being led by NHS England. The next steps are to consider impact for Bolton and provide options on how we take the recommendations forward.
- A discussion took place about a wider review and fresh look at CaTM requirements and content.

Board Assurance Framework

The Board Assurance Framework (BAF) offers a systematic approach that allows the Board to assess its key goals, evaluate whether the Trust has established adequate and solid mechanisms to control strategic risks, and determine the effectiveness of the assurance that those mechanisms provide. Following the last presentation of the BAF it has been reviewed by the Chief of People and updated to reflect the new Trust Strategy.

Taking account of the Operational Plan, the BAF for Ambition 2 will need to reflect the challenges and risks in terms of delivery in terms of the assurance process. The accompanying BAF is based on Ambition 2 To be a great place to work.

New Risks identified at the meeting: None

Review of the Risk Register: None

Members	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Tosca Fairchild (Chair)		✓		✓		A					
Fiona Taylor		✓		✓		✓					
Alan Stuttard		✓		✓		✓ chair					
James Mawrey		✓		✓		✓					
Tyrone Roberts		✓		A		✓					
Sharon White		✓		✓		A					
Sharon Katema		✓		✓		A					

Annette Walker				✓		✓					
Sean Harriss		✓		✓		✓					
Francis Andrews						A					
Seth Crofts		A		✓		✓					