

AGENDA – COUNCIL OF GOVERNORS

To be held at 2pm on Thursday 14 August 2025
Lecture Theatre, Bolton College of Medical Sciences

Ref N°.	Agenda Item	Process	Lead	Time
PRELIMINARY BUSINESS				
CG042/25	Chair's welcome and note of apologies <i>Purpose: To record apologies for absence and confirm the meeting is quorate.</i>	Verbal	Chair	
CG043/25	Declaration of Interests concerning agenda items <i>Purpose: To record any Declarations of Interest relating to items on the agenda.</i>	Verbal	Chair	
CG044/25	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)
CG045/25	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	
Proposed resolution : Representatives of the press and other members of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted.				
PART 2				
CG046/25	NED Succession Plan <i>Purpose: To receive and approve the NED Succession Plan.</i>	Report/ Presentation	Chair	14:10 (15 mins)
CG047/25	NED Fit and Proper Report <i>Purpose: To receive the NED Fit and Proper Report.</i>	Report	Chair	14:25 (10 mins)
CG048/25	Chair's appraisal <i>Purpose: To receive and approve the Chair Appraisal.</i>	Report	SID	14:35 (15 mins)

Networking and refreshments 14:50 (20 mins)

CG049/25	Chair's Update <i>Purpose: To receive the Chair's Update</i>	<i>Presentation</i>	Chair	15:10 (5 mins)
CG050/25	Chief Executive's Report <i>Purpose: To receive the Chief Executive's Report</i>	<i>Report/ Presentation</i>	Chief Exec	15:15 (5 mins)

GOVERNOR INVOLVEMENT AND ENGAGEMENT

CG051/25	Governor Quality Committee <i>Purpose: To receive the Governor Quality Committee Chair's report and minutes.</i>	<i>Presentation</i>	G Hopps	15:20 (05 mins)
CG052/25	Governor Feedback <i>Purpose: To receive feedback from Governors.</i>	<i>Verbal</i>	All	15:25 (10 mins)

ASSURANCE AND ACCOUNTABILITY

CG053/25	Audit and Risk Committee Annual Report <i>Purpose: To receive feedback from Governors.</i>	<i>Report</i>	Chair ARC	15:35 (10 mins)
CG054/25	Board Committee Chairs' Reports <ul style="list-style-type: none"> Audit and Risk Committee Charitable Funds Committee Finance and Investment Committee People Committee Quality Assurance Committee <i>Purpose: To receive the Board Committee Chairs' Reports</i>	<i>Report & Presentation</i>	NEDS	15:40 (20 mins)
CG055/25	2025/26 Quality Account <i>Purpose: To receive the 2025/26 Quality Account</i>	<i>Presentation</i>	DoN	16:00 (10 mins)
CG056/25	Green Plan <i>Purpose: To receive the Green Plan</i>	<i>Report & Presentation</i>	CFO	16:10 (10 mins)
CG057/25	2025 Governor Election Update <i>Purpose: To receive the 2025 Governor Election Update.</i>	<i>Presentation</i>	DoCG	16:20 (05 mins)

CONCLUDING BUSINESS

CG058/25	Any Other Business			16:25
	<i>Purpose: To receive any urgent business not included on the agenda</i>	<i>Verbal</i>	<i>Chair</i>	(05 mins)
	Date and time of next meeting:			16:30
	04 December 2025 at 2pm in Seminar Room 1, Education Centre			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 Strategy 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	✓	✓

Name	Role	April	June	August	AMM	December	February
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	✓

Draft Minutes of the Council of Governors Meeting

Held in Seminar Room 1, Education Centre

Thursday 05 June 2025 at 14:00

(Notes to be shared for information as meeting not quorate)

Present

Name	Initials	Title
Niruban Ratnarajah	NR	Chair
Ann Schenk	AS	Appointed Governor
Cara Burns	CB	Staff Governor
Catherine Binns	CB	Staff Governor
David Barnes	DB	Public Elected Governor
David Fawell	DF	Public Elected Governor
Dave Thomas	DT	Public Elected Governor
Dawn Yates-Obe	DYO	Appointed Governor
Gary Burke	GB	Public Elected Governor
Grace Hopps	GH	Public Elected Governor
Pauline Lee	PL	Public Elected Governor

In Attendance

Alan Stuttard	AS	Non-Executive Director
Fiona Taylor	FLT	Non-Executive Director
James Mawrey	JM	Chief of People/Deputy Chief Executive
Martin North	MN	Non-Executive Director/Deputy Chair
Rachel Noble	RN	Deputy Director of Strategy
Rae Wheatcroft	RW	Chief Operating Officer
Rebecca Ganz	RG	Non-Executive Director
Seth Crofts	SC	Non-Executive Director
Tyrone Roberts	TR	Chief Nursing Officer
Annette Walker	AW	Chief Finance Officer
Victoria Crompton	VC	Corporate Governance Manager

Apologies

Dave Bagley	DbA	Appointed Governor
Fiona Noden	FN	Chief Executive
Francis Andrews	FA	Medical Director
Kayonda Ngamaba	KN	Public Elected Governor

Lindiwe Mashangombe	LM	Staff Governor
Malcolm Bristow	MB	Public Elected Governor
Michelle Powell	MP	Appointed Governor
Samm Cusick	SC	Public Elected Governor
Sean Harriss	SH	Non-Executive Director
Sharon Katema	SK	Director of Corporate Governance
Sharon White	SW	Chief of Strategy and Partnerships

AGENDA ITEM PART 1	DESCRIPTION	Action Lead
CG028/25	Chair’s Welcome and Note of Apologies The Chair welcomed all to the meeting and apologies for absence were noted as detailed above.	
GG029/25	Declaration of Interests concerning agenda items There were no declarations of interests in relation to the agenda items.	
CG030/25	Minutes of the previous meetings The approval of the minutes of the meeting held on 06 February 2025 would be deferred to the meeting scheduled for 14 August 2025. The notes of the meeting held on 03 April 2025 were noted as the meeting was not quorate. RESOLVED: The Council of Governors received the notes of the meeting held on 03 April 2025.	
G031/26	Matters Arising and Action Logs There were no matters arising to consider.	

CORE BUSINESS		
CG034/25	Chair’s Update The Chair reported that Jim Mackie, Chief Executive of NHS England, had recently visited the Trust. The visit was conducted in an open and transparent manner, with staff providing feedback. Mr. Mackie noted he was impressed by the passion demonstrated by the staff.	

NR highlighted the importance of Governor support in communicating the Trust's messages during local discussions regarding changes in care delivery due to the current challenges.

It was noted that the Emergency Care Improvement Support Team (ECIST) would be returning to the Trust to observe its services once again, and recognized the significant improvements and achievements made within the Emergency Department.

The Chair highlighted that it was Volunteer Week and expressed heartfelt appreciation to the Governors for their ongoing commitment and support, which are vital to the Trust's success, strategic decision-making, and improvement of patient care. The Chair thanked them for their time, effort, and dedication to the Trust.

RESOLVED:

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

CG035//25 Chief Executive's Report

James Mawrey, Chief People Officer/Deputy Chief Executive presented the report, which summarised activities, awards and achievements since the last Board meeting. The following key points were noted:

- The Endoscopy service was recognised for providing high quality consistent care to patients. The Joint Advisory Group (JAG) completed an annual assessment and awarded accreditation until April 2026.
- Artificial Intelligence (AI) technology was deployed to speed up the diagnosis of skin cancer and free up capacity within the Dermatology Service. The benefits of the technology included reduced caseloads for dermatologists and fast-tracking patients with suspected malignant or premalignant lesions.
- The Intravenous (IV) Therapy Team were finalists in the Green Initiative of the Year category for their work to provide care to some patients in their own home environment using elastomeric devices. The devices allowed nurses to only visit patients once a day, instead of three to four times per day.

DT asked about the extent to which the Cost Improvement Programmes (CIPs) were owned by medical staff. JM responded that focused a session had been specifically held with clinicians. AW added that divisional triumvirate leads, which included medical staff, were leading various projects. Many projects were ongoing, each with distinct themes, and considerable focus was being applied across all initiatives.

RG noted that the Finance and Investment Committee had oversight of the programmes, and all committees were aligning and triangulating performance, quality, and finance metrics.

NR added that all stakeholders were committed to ensuring the long-term sustainability of the organisation.

AS asked about the current feeling within the workforce. JM responded that staff were being actively engaged. GH sought feedback from the Staff Governors regarding this and it was noted that there were some concerns within the workforce. JM added that the Trust was working diligently to improve communications.

DBarnes queried the specific Cost Improvement Programme for iFM. JM clarified that iFM had the same savings targets as other divisions and were not treated differently. They had been asked to submit their CIP.

PL asked about the structure for moving care into the community. RW explained that the Trust's strategy includes expanding the role of neighbourhood teams, and efforts were underway to increase the amount of care delivered through these teams. On 18 June 2025, the Trust would launch the Outpatients and Community Electronic Patient Record (EPR) system as part of this initiative.

RESOLVED:

The Council of Governors **received** the Chief Executives Report Update.

CG036/25 Governor Feedback

GH reported that she had visited the Outpatients Department, and received positive feedback regarding the care provided to patients. However, she noted that the department lacked child-friendly activities, such as books or toys, despite a significant number of children visiting the area.

GH also visited the Ophthalmology Department, which she found to be clean; however, she observed that Covid-related signage, such as stickers, were still displayed.

DBarnes informed the meeting that he had attended the Quality and Patient Experience Forum (QPEF), which he found to be highly effective, with strong leadership evident throughout the session.

RESOLVED:

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

CG037/25 Board Committee Chair's Reports

Audit and Risk Committee

The Audit and Risk Committee was held on 07 May 2025, and Chaired by Alan Stuttard. The key highlights from the meeting were:

- The Committee received the draft Audit and Risk Committee Annual Report and noted the final version would be produced for the next meeting.
- The Committee received the draft Annual Accounts for 2024/25. The accounts showed the Trust had a year-end deficit of £8,947k which after adjustments for impairments, capital donations and centrally procured inventories was an operational deficit of £5,900k. The Trust had a year-end cash balance of £10,646k and capital expenditure of £16,703k. The External Auditors were undertaking the audit of the accounts.
- The Committee received the draft Annual Report and Annual Governance Statement for 2024/25 and noted that the final reports would be presented at the next meeting.

Charitable Funds Committee

The Charitable Funds Committee was held on Monday 02 June 2025, and Chaired by Martin North. The key highlights from the meeting were:

- Highlight Report – the committee received the report which provided a comprehensive overview of activity, highlights and learning insights from quarter 1, across multiple income streams and team functions.
- Finance Report – the charity had a net decrease in funds of £140k for the 12 months to 31 March 2025. Comprising of income of £191k and expenditure of £331k.

Finance and Investment Committee

The Finance and Investment Committee was held on Wednesday 28 May and Chaired by Becks Ganz. The key highlights from the meeting were:

- Month 1 Finance Report - the Trust had a deficit in Month 1 of £2.4m partly due to CIP performance. External support has been requested to provide scrutiny and support in triangulating the finance position and benchmarking against other providers.
- EPR update for Maternity, Out-Patient and Community EPR Deployment - status improved with some amber risks and the direct printing process in red which is expected to move to amber by tomorrow. Training underway in Outpatients and Community with a go-live date of 18 June 2025. Maternity go live date had not yet been agreed but likely to be January/February 2026.

People Committee

The People Committee was held on Tuesday 20 May and Chaired by Alan Stuttard. The key highlights from the meeting were:

- Following a visit from NHS England to showcase the Our Voice Programme, the Trust was asked to present at the North Network Event as a good practice example of how cultural improvement supports approaches to reduce absence and support wellbeing. Over 150 delegates attended and we received positive feedback.
- The Committee received a presentation that outlined key resourcing metrics, highlighting both strong performance areas and ongoing challenges.
- The Committee received the update report on staffing matters relating to iFM. The report provides oversight of the performance of workforce metrics and key people projects in line with the iFM People Plan.

Quality Assurance Committee

The Quality Assurance Committee was held on Wednesday 28 May 2025, and Chaired by Fiona Taylor. The key highlights from the meeting were:

- Safeguarding Update - Significant improvements in safeguarding training compliance with introduction of new eLearning modules, collaboration on NICE guidance updates, and ongoing efforts to enhance documentation.
- Mortality and Learning from Deaths Report – slight increase in SHMI driven by methodology changes actions plans in place. 313 deaths between November 2024 and January 2025, with 79 flagged for primary review; key learning themes include response to deteriorating patient, DNACPR, communication and advanced care planning.

GH queried the criteria under which the charity might decline to support a request. MN responded that requests would be declined if the budget was not available or they did not align with the defined purpose of the charity. RN added that both she and the Charity Manager attend the Capital Revenue Investment Group (CRIG) meeting to assess whether the charity could assist with funding any specific initiatives. It was also highlighted that no significant requests had been rejected.

RESOLVED:

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

CG038/25 Freedom to Speak Up (FTSU) Annual Report

The Chief People Officer/Deputy Chief Executive presented the report, which highlighted that during 2024/25, a total of 172 FTSU cases had been reported, representing a slight increase from the previous year. The key themes identified were related to leadership and support, as well as inappropriate behaviour. The key learning from the report included:

- The need for greater cultural awareness and inclusion initiatives.
- Enhanced support for workers with disabilities, SAS Doctors, and rotational AHPs.
- BAME Concerns: 44 concerns were raised by employees identifying as BAME.

The actions taken to address these issues included the launch of the Our Leaders Programme and the Our Way behaviour framework and a focus on increasing staff confidence to speak up and ensuring that action was taken in response to concerns raised.

The next steps outlined were to collaborate with FTSU Champions to cultivate a positive and responsive speak-up culture.

RG noted that iFM had been included in the Freedom to Speak Up initiative and had several champions actively involved.

NR emphasised the importance of triangulating information from multiple sources to ensure that no underlying issues were confined to any single area.

DFawell inquired whether the Trust requested feedback from individuals who raised concerns to determine if they were satisfied with the outcomes. AS confirmed that this feedback was captured.

RESOLVED:

The Council of Governors **received** the Freedom to Speak up Annual Report.

CG039/25 2025 Governor Election Update

The Corporate Governance Manager advised that elections would be held in 2025 for the following constituencies:

- Bolton North East – one seat
- Bolton South East – five seats
- Rest of England – one seat
- Nurses and Midwives – one seat

- Doctors and Dentists – one seat
- All Other Staff – two seats

Nominations for these elections would open on Tuesday 17 June, and close on Tuesday 15 July 2025. The election results were scheduled to be declared on Tuesday 02 September 2025.

RESOLVED:

The Council of Governors **received** Governor Election Update.

CG040/25 Membership Engagement Update

The Corporate Governance Manager informed the meeting that, since the last update, a Staff Governor stand had been held during the Staff Wellbeing Day, and a new edition of the Membership Matters newsletter had been distributed. The next edition of the newsletter was scheduled for distribution in Summer 2025.

RESOLVED:

The Council of Governors **received** the Membership Engagement Update.

CONCLUDING BUSINESS

CG041/25 Any Other Business

The next Council of Governors meeting would be held on **Thursday 14 August 2025 at 14:00 – 16:00.**

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

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

Report Title:	Chief Executive's Report			
Meeting:	Council of Governors	Action Required	Assurance	✓
Date:	14 August 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:	Not Applicable.
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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 receive 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

We launched an [opt-out scheme](#) earlier in the year which routinely tests people aged 16 and over who are having a blood test in our Emergency Department. The initiative is helping to diagnose HIV, Hepatitis B (HBV) and Hepatitis C (HCV), making sure even more people are being informed about undiagnosed conditions and are being offered support and treatment, which can ultimately save lives.

During the first three months, our teams have conducted 7,604 HIV tests, 7,621 Hepatitis B tests and 7,591 Hepatitis C tests, significantly increasing the number of tests being carried out. As a result of those tests; 14 people were newly diagnosed with Hepatitis B, 8 with Hepatitis C and 3 with HIV. The approach aims to normalise testing, reduce stigma and ensure those who are unaware of their status are able to receive timely care.

Earlier this year, our Resuscitation Team and consultants carried out [Basic Life Support training in Bolton's communities](#), working with local mosques, places of worship and community centres. This training has helped to save the life of a woman who experienced a heart attack and was in cardiac arrest. Following the training, a member of the community suffered a cardiac arrest and her relatives quickly jumped into action to start cardiopulmonary resuscitation (CPR) and called for an ambulance. The relatives say they were able to act thanks to the recent training they had received at a local mosque. Training sessions have been delivered at two mosques in Bolton so far, with plans for two more sessions in the coming months.

Our Endoscopy Service has been asking people to [share their experiences of their admissions journey through the Endoscopy unit](#). The patient forum took place this month and enabled people to sit down with staff in a safe environment to provide feedback about what went well and what could be better. The aim of the session was to make sure staff are able to deliver the best care possible to patients and understand what improvements can be made for endoscopy patients.

Children visiting or staying at Royal Bolton Hospital are to be offered the chance to see behind the scenes and step into the world of the hospital's testing laboratories. Young patients will be [invited to have a tour of the labs to help them and their families feel more at ease](#) by meeting the hospital's biomedical science staff who analyse hundreds of daily tests to help diagnose illnesses.

The initiative is known as 'Harvey's Lab Tours', started by a biomedical scientist in blood transfusion, Malcom Robinson, who was asked to give a tour of his laboratory to Harvey Baldwin, a 7-year-old boy who was undergoing treatment for leukaemia at Worthing Hospital. Harvey's Lab Tours aim to help young patients to understand the importance of their blood tests and other samples, meet the biomedical scientists who work behind the scenes and feel more confident and in control of their healthcare journey.

The [number of people catching measles is rising in Greater Manchester](#). One in five people with measles will go to hospital and in very rare cases people can die from the disease. People in certain at-risk groups including babies and young children, pregnant women, and people with weakened immunity, are at increased risk of complications from measles. Having the MMR (measles, mumps and rubella) vaccine is the best way to prevent it. Parents who are unsure if their child is up to date with all of their routine immunisations should check their child's Red Book (personal child health record), check the NHS app, or contact their GP practice. Adults who are unsure of their own vaccination status can speak to their GP

who will arrange for a catch up immunisation if necessary – this is also free of charge. Anyone who is unable to touch pork products can request a non-porcine version (Priorix) of the vaccination from their GP.

Ambition 2: A great place to work

In line with national requirements, we have now completed a number of nurse staffing reviews using the Safer Nursing Care Tool (SNCT). These reviews help us understand staffing needs across our wards and departments, and mean that some changes to staffing levels and shift patterns are needed to better meet patient needs. We are working with our ward leadership teams to agree updated staffing models, which will be reviewed and approved by senior leadership. Any changes will be supported by impact assessments. We have also introduced a new escalation process alongside this, for nurses to raise concerns about staffing in real time, and continue to monitor patient care quality and daily staffing pressures closely.

We are bringing together our assessment processes, to ensure that any change to a process or pathway does not compromise on the six aspects of quality, or disadvantage any particular group or community unfairly. Our quality impact assessment (QIA) and equality impact assessment (EIA) processes will merge, to help our teams ensure holistic oversight of any impact our decisions could have. This will ensure that the wider implications of a change of process are factored into our thinking.

Last week, resident doctors took part in industrial action, following a renewed mandate for strikes from the British Medical Association (BMA). Industrial action has a significant impact on our ability to deliver services, due to the volume of staff expected not to be in work, and the length of time it can continue. As ever, we applied our contingency plans so that we were as prepared as possible, and put additional information in place to support the public, particularly around accessing urgent and emergency care.

This month we launched one of our new change teams, part of Our Voice change programme. The new team, **Our Care**, will help us understand why some colleagues may or may not recommend the Trust as a place to receive care or treatment. The team will run alongside existing teams addressing challenges in digital, and working environments, and new team working our way, which will look at the behaviours and values expected of each other. The teams are an opportunity to learn from experiences, and work together to ensure that everyone has a positive experience of our care.

The Trust has been awarded a [Silver accreditation in the Defence Employer Recognition Scheme \(ERS\)](#), which is designed to encourage employers to support defence and inspire other organisations to do the same. The silver award recognises that we are an organisation that is forces-friendly and open to employing reservists and veterans including the wider armed forces community (cadet instructors and military spouses/partners). We actively ensure our workforce is aware of our positive policies towards defence people issues and that we support mobilisations and training of reservist colleagues.

Elections for people to join our Council of Governors' have now closed. This year, there are seven public seats available in Bolton North East (1), Bolton South East (5) and Rest of England (1). The elections were also open to staff members in the following groups - Nurses and Midwives (1) Doctors/Dentists (1) All other staff (2). Governors act as both a voice and a listening ear for members, ensuring their perspectives are heard and considered. They play a key role in influencing the Board's decisions on the

future delivery and development of services. The Notice of Poll will be published on 5th August, and the election will formally close on 1st September with result published shortly after.

We marked National Estates and Facilities Day 2025 on 18th June, [celebrating the amazing efforts of the 567 people that work in facility services](#) at Royal Bolton Hospital and across the community health centres of Bolton. iFM manage and employ the facilities staff covering a wide range of roles, including plumbers, joiners, electricians, decorators, grounds and gardens, domestics, catering, portering and many, many more. In the past year, iFM Bolton logged completed jobs through the Portering system, 13,855 estates requests were completed and an incredible 500,118 lunches and suppers were served to the hospital's inpatients.

Staff who have dedicated decades of their lives to providing care to Bolton's communities have been celebrated at our Long Service Awards 2025. The [Long Service Awards](#) honours Bolton NHS staff who have completed an incredible 25 and 40 years. Between those receiving their long service awards this year, staff have completed a remarkable 1,300 years between them and we are grateful to have them on the Bolton team.

Nominations for our annual FABB Awards have now closed. The [People's Choice award and Charity Supporter of the Year award](#) were open to the public and we received an incredible 669 nominations, with 44 of these coming from members of the public.

People have shared their heartfelt thanks to recognise the dedication, compassion and commitment of NHS staff and health and care workers, and for the first time will be celebrating those who have made a difference for Our Bolton NHS Charity. Thanks to the generous contributions from our sponsors, the awards ceremony will take place on 10th October at the Toughsheet Stadium in Horwich.

To mark [Volunteers' Week \(2-8 June\)](#), we took a moment to celebrate the contributions of volunteers and thank them for their invaluable efforts. The Trust has 394 volunteers who give up their time to take part in a huge range of roles that suit all types of interests and skills.

These roles include providing a warm welcome and offering helpful directions, being a dining companion or providing support on the hospital wards. Volunteers have contributed more than 13,000 hours to support staff and patients at Royal Bolton Hospital in the past year.

Ambition 3: A high performing, productive organisation

On 30th June, we reconfigured the leadership of our clinical divisions, moving from five to four. Our clinical divisions are the structural units that organise and manage the various medical services that we provide. These clinical divisions group together related specialties and departments, allowing for focused management and delivery of patient care.

The new senior leadership teams for community services, families and diagnostics, medicine and surgery are now officially in place. The five former divisions had a great opportunity to present the amazing work that they have done by sharing their achievements and challenges of the last twelve months with the Board

of Directors at the recent service review day. We are looking forward to seeing what our teams achieve as four clinical divisions over the next twelve months and beyond.

We continue to work hard to reduce overall spend to deliver the financial control total needed as part of the Greater Manchester system. We have already identified £37m of cost improvement savings through a number of schemes, including introducing a stock management system to help avoid waste, digitalising some of our administration processes and reconfiguring parts of our estate. We have engaged the support of PWC to help us to understand if there are any missed opportunities within our current plans, and will be bringing their findings through future Board meetings.

A number of our teams continue to be recognised for the contributions they make to improve patient care and to transform our organisation. We were proud to have members of [our staff recognised at the Greater Manchester Health and Care Champion Awards](#).

A massive well done to the IV Therapy Team, winning the *Green Initiative of the Year Award*, by introducing elastomeric devices to administer antibiotics at patients' homes - cutting single-use plastics and CO₂ emissions significantly.

Congratulations goes to Tyrone Roberts, Chief Nursing Officer, winner of the *Wellbeing Champion Award*. Tyrone has gone above and beyond to boost staff wellbeing. As a qualified fitness instructor and personal trainer, he launched and personally leads a free fitness and nutrition programme tailored for colleagues working all shift patterns. Sabana Bhikha, our Practice Educator and Neonatal Nurse was shortlisted for her passion for wellbeing, and ensuring everyone's mental health is prioritised.

The winner for the *Learner of the Year* went to student nurse, Nat Mulley. Through education at Salford University and training here at Bolton, Nat is improving the quality of nursing practise and patient care for those who are deaf or hard of hearing.

Oluchi Okoroafor, a Student Nurse on clinical placement at our hospital has been awarded the [Health Support Worker of the Year Award at the Black Healthcare Awards 2025](#). Now in its second year, the awards shine a spotlight on individuals and teams who are making a real difference, through leadership, innovation, advocacy, and compassionate care.

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

The Government's [10 Year Health Plan](#) for England has been launched, setting out a bold, ambitious and necessary new course for the NHS. The plan fundamentally reinvents our approach to healthcare so that we can guarantee the NHS will be there for all who need it for generations to come. It has been shaped by the experiences and expectations of members of the public, patients, our partners and the health and care workforce across the country, reflecting the changes that people wanted to see.

Through the 'three shifts' – from hospital to community, from analogue to digital, and from treatment to prevention – we will personalise care, give more power to patients, and ensure that the best of the NHS is available to all. We are in the process of reviewing [our current Trust strategy](#) to understand the synergies with the 10 Year Health Plan, and any further work we need to do to work towards it.

[We were delighted to welcome Sir Jim Mackay, NHS England's Chief Executive](#) in June, to showcase some of the Trust's significant improvements to services and major estate developments. Sir Jim visited the Elective Care Centre, Urgent Care and stepped behind the scenes to see the work the hospital's Laboratories.

Whilst in the Elective Care Centre, which opened in January 2024, Sir Jim heard about the investment to create a new and modern theatre suite and the creation of on-site pre-assessment clinics, which aim to introduce patients to the environment and meet staff before they have their operation.

The tour included a brief visit through the multimillion pound redevelopment of maternity and women's health care, following the identification of reinforced autoclaved aerated concrete (RAAC) in 2023.

In Urgent Care, Sir Jim spoke to clinical and operational teams about a programme of transformation to improve performance and the timeliness and quality of care patients receive, which recently resulted in the Trust being named the third most improved in the country for 12-hour performance.

The visit concluded in Laboratories, with a focus on some the hospital's aging estate, where capacity is limited and further RAAC exists. Despite these challenges, Bolton has been named first in the country for the accuracy of tests in breast screening and its antenatal screening lab is the highest performing in England.

Sir Jim Mackey was able to spend time with staff throughout the tour, including Gareth Adedeji from the Trust's estates partner, iFM Bolton, who spoke about taking part in the weekend's Bolton IRONMAN 70.3 event.

Ambition 5: A positive partner

At the Bolton Vision Board the borough's 2040 plan was launched, which aligns seamlessly with our organisational strategy, the Greater Manchester plan, and the wider NHS 10 Year Health Plan. In recent years, cost-of-living pressures, growing health inequalities, and limited access to skills and employment have negatively impacted many of our residents, both in the short and long term. By 2040 we want Bolton to be a thriving borough, where people want to live, work, study, invest and visit.

NHS Greater Manchester has made significant strides, working more closely with NHS England to deliver a set of formalised agreed actions under one Single Improvement Plan (SIP) to enhance care for people across our region. In March this year, NHS GM reported compliance with 28 of the 36 undertakings, and we were making progress against the remaining eight.

This month NHS GM achieved compliance in two more undertakings – leadership and governance, and financial planning. Good progress has been noted on two undertakings related to 'quality' with an expectation that compliance will be approved this month (July). These relate to providers such as hospital

Trusts across GM meeting requirements set out in NHS GM's Quality Improvement Plan, and NHS GM demonstrating good quality governance assurance and oversight mechanisms.

NHS England has accepted GM Integrated Care Partnership's financial plan submission for 2025/26, which has achieved £335m of savings reducing the overspend to £200m - a much-improved position thanks to everybody's efforts. This demonstrates the efforts of our colleagues right across the GM health and care system.

A further review will be carried out regarding progress against the remaining undertakings in September. The focus across our region now will be on the remaining four undertakings:

- Delivering the 2025/26 NHS Greater Manchester financial plan
- Developing the medium-term financial plan with the aim of ensuring NHS GM enters 2026/27 in a "break-even" position
- Continuing to resolve outstanding historical commissioning arrangements
- Sustaining improvements in patient wait times (4 hours, 12 hours, and 14 days)

A member of our staff, [Trish Lindley lifted the Dance Floor Heroes glitter ball trophy](#) after taking part in the annual fundraising spectacular in Blackpool's Winter Gardens Empress Ballroom raising vital funds for Dance Floor Heroes and Tia's Crown mental health charity. Thousands of people from all over the country applied and auditioned to take part the Strictly-style experience, which sees people being partnered up with a professional dancer to learn a routine and perform in front of judges and an audience of 3,000 people.

Our Enhanced Care Team is running low on stationery supplies and an appeal has launched with the public to enable therapeutic activities that help distract and support vulnerable adult patients at risk of harm due to new confusion, cognitive decline, falls, or challenging behaviours. One of the easiest ways to make a difference is through Our Bolton NHS Charity's [Amazon Wishlists](#), where we share a curated list of essential items needed by our teams to enhance patient care.

Brand [new contactless donation devices have been installed at Royal Bolton Hospital](#) to make it easier for people to support Our Bolton NHS Charity. Located at the hospital's Main Entrance and the Community Diagnostic Centre in J Block, the terminals allow people to tap and donate either £3, £5 or £10 using their contactless card or phone via Google Pay or Apple Pay. Funds raised will contribute towards projects that make a lasting and meaningful difference to the tens of thousands of people who use NHS services at Royal Bolton Hospital and in the community every year.

Parents and babies will now be able to stay closer together whilst staying in hospital following the [introduction of new hot cots on Royal Bolton Hospital's post-natal ward](#). Funded by Our Bolton NHS Charity, the hot cots will support babies on the post-natal ward to maintain their body temperature and treat cases of hypothermia, with the aim of reducing admissions to the Neonatal Unit. Hot cots use a heated mattress to allow parents and care givers to have full contact with their baby by removing the physical barrier of an incubator.

Report Title:	Audit and Risk Committee Annual Report 2024/25			
Meeting:	Council of Governors	Action Required	Assurance	✓
Date:	14 August 2025		Discussion	
Executive Sponsor	Director of Corporate Governance		Decision	

Purpose of the report	This report provides a summary of the activities of the Audit and Risk Committee and sets out how the Committee met its terms of reference and key priorities in 2024/25.
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Previously considered by:	Audit and Risk Committee and Board of Directors.
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Executive Summary	<p>This Audit and Risk Annual Report provides an overview and summary of the following key points:</p> <ul style="list-style-type: none">• Membership, frequency and effectiveness of meetings• Governance arrangements to support the committee• The work and performance of the committee during the financial year including work supported by internal audit, external audit, and counter fraud.• The Committee’s role with regards to internal systems of control and receiving assurance on information governance, risk management, financial management and corporate governance.• The role of the committee in reviewing and approving the Trust’s Annual Report and Annual Accounts. <p>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 2024/25.</p>
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Proposed Resolution	The Council of Governors is asked to receive the Audit and Risk Committee Annual 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	No	
Health Inequalities	No	
Equality, Diversity and Inclusion	No	

Prepared by:	Victoria Crompton, Corporate Governance Manager	Presented by:	Sharon Katema, Director of Corporate Governance
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Audit and Risk Committee Annual Report 2024 - 25

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1. Purpose

The production of an Audit and Risk Committee Annual Report represents good governance practice and ensures compliance with the Healthcare Financial Management Association (HFMA) NHS Audit Committee Handbook. This Annual report covers the financial year 2024/25.

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.

Following presentation at Board, the Annual Report will be received and considered by the Council of Governors as a means of providing assurance on how the Non-Executive Directors supported by internal and external auditors, have effectively scrutinised internal control systems, promoting good governance and accountability. This report also provides the Council of Governors with an outline of the work carried out by the external auditors, Forvis Mazars, whom they appoint.

2. Introduction

The Audit and Risk Committee (Committee) is a formal Committee of the Board established under Board delegation with approved terms of reference aligned with the HFMA NHS Audit Committee Handbook.

The Committee provides an independent and objective review of the Trust's internal controls and seeks assurance on the effectiveness of the Trust's governance, risk management and systems of internal control. The Committee has responsibility for ensuring that independence is maintained for any non-audit work undertaken by the Trust's external auditors, Forvis Mazars.

There was no non-audit work carried out during the reporting period.

3. Committee Membership and attendance at meetings

The Chair and members are appointed by the Board of Directors from amongst the Non-Executive Directors of the Trust. The membership of the Committee is made up of four Non-Executive Directors. To ensure that Committee members have the skills required to carry out their role, all members have the opportunity to attend training courses including those provided by MIAA which cover topics that are relevant specifically to members of NHS Audit Committees.

The Chair of the Trust is not a substantive member of the Committee but may be invited to attend one meeting during the financial year.

The Chief Executive, in her role as Accounting Officer of the Trust, is invited to attend at least one meeting a year to present the Annual Governance Statement.

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.

Attendance at the Committee is shown in the table below.

	Meeting Dates				
	08/05/24	26/06/24	18/09/24	04/12/24	12/02/25
Alan Stuttard (Chair)	✓	✓	✓	✓	Apologies
Martin North	✓	✓	✓	Apologies	
Fiona Taylor	✓	✓	✓	✓	✓
Tosca Fairchild	Apologies	✓	Apologies	Apologies	✓
Sean Harriss					Apologies

During the 2024-25 financial year, meetings of the Committee were attended on a regular basis by

- Chief Financial Officer
- Director for Corporate Governance
- Associate Director of Finance - Financial Services,
- Mersey Internal Audit Agency (MIAA)
- External audit representation was provided by Forvis Mazars
- Local Counter Fraud Specialist

Invitations were extended to members of the executive team who attended meetings to present and make assurances on Limited Assurance Opinion internal audit reviews.

The Committee is assured that its members and regular attendees, have sufficient knowledge of the organisation’s business to identify key risks.

4. Terms of Reference and Committee Workplan

The Chair and members of the Audit and Risk Committee confirm that the Committee has fulfilled its role as the primary governance and assurance committee in accordance with its Terms of Reference.

The Terms of Reference of the Audit and Risk Committee are reviewed annually and were last reviewed in December 2024 and are attached at Appendix 1 for information. The committee were advised of the change in name of the Audit Committee to the Audit and Risk Committee and that risk management and information governance are now included in the Terms of Reference, all of which were approved by the

Board of Directors in January 2024.

The Audit and Risk Committee members met in private with both the Internal and External Auditors during the reporting period.

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 governance, financial management, risk management and information governance.

5. Reports to the Board Of Directors

The Chair of the Audit and Risk Committee provides a summary report of the Committee's activities to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee, and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

The Committee Chair has also made recommendations for items that needed to be considered by the Quality Assurance Committee of the Board.

6. Work of the Committee during 2024-25

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, which includes the Head of Internal Audit Opinion. The Committee also has a key role in reviewing the reports of the External and Internal Auditors and their findings for the Trust.

The Annual Governance Statement describes the system of internal control that supports the achievement of the Trust's policies, aims and key priorities. The Audit and Risk Committee reviewed the draft Annual Governance Statement for the period 01 April 2024 to 31 March 2025 at its meeting on 25 June 2025.

The Audit and Risk Committee considered all audit reports and findings in respect of IFM Ltd, the wholly owned subsidiary of the Trust and the Trust Charity.

The Audit and Risk Committee agendas in the reporting period covered the following:-

Board Assurance Framework

The Audit and Risk Committee received the Board Assurance Framework at meetings held in May 2024 and December 2024. The Committee was assured on both the content and the process on both occasions and did not recommend any amendments to the content.

Risk Management

The Committee received AAA Key Issues Reports from the Risk Management Committee which is chaired by the Chief Nursing Officer.

Registers and Declarations of Interest process:

The Committee reviewed the Declaration of Interest Register which includes Gifts and Hospitality Register and Sponsorship Register to ensure appropriateness and completeness of the content. The Committee approved a change to the Managing Conflict of Interests Policy to incorporate a change to the definition of decision makers from Agenda For Change (AFC) Band 8C to band 8D.

The Committee reviewed the Register of Interests for 2024/25 noting the 86.7% rate for declarations from identified decision makers. The compliance rate lower than the previously report rate of 88% in 2023.

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 and IFM Ltd. There were no areas of concern noted with these payments.

Tenders Waived

The Audit and Risk Committee received a summary of all tenders waived by both the Trust and IFM Ltd above a £50k value at each meeting. The Committee reviewed 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.

Information Governance Annual Report

In line with the change to the Terms of Reference, the Committee received the Information Governance Annual Report which provided assurance on the information governance and security activity for the period 01 July 2023 to 30 June 2024. The report set out objectives for the forthcoming year and highlighted areas including the Data Security and Protection Toolkit, Freedom of Information requests, Subject Access requests, data protection incidents and ensuring data security. The Audit Committee received the Information Governance Annual Report.

7. Counter Fraud

Counter Fraud services are 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 Audit and Risk Committee received Local Counter-Fraud Progress Reports and details of investigations carried out at each of its regularly scheduled meetings throughout the year. These updated the Committee on the major findings and any lessons learnt from individual cases on counter-fraud. Assurances were received about the processes in place to tackle fraud and bribery.

The Committee approved the 2024/2025 Counter Fraud Work Plan which is designed to help manage fraud, bribery and corruption risks across the Trust ensuring compliance 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.

The Chair and Chief Financial Officer signed off the annual return to the NHS Counter Fraud Authority during the financial year.

8. External Audit

The Audit and Risk Committee received and approved the External Audit Plan for 2025/26. The Plan identified significant inherent audit risks related to:

- Management override of controls
- Fraud in revenue recognition
- Fraud in expenditure recognition
- Valuation of land and buildings revalued in year

The Committee received the 2024/25 External Audit Report (including the ISA 260 Report) at its meeting held on 25 June 2025. 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.

As part of their Audit work the External Auditors also undertook the Value for Money risk assessment for the year ended 31 March 2025 as required by the Code of Audit practice the auditors reported that "we have completed our work in respect of the Trust's arrangements for the year ended 31 March 2025 and have identified one significant weakness in arrangements and have made associated recommendations".

Following the Committee meetings in June 2025, the Committee made recommendations to the Board of Directors to approve the Audited Accounts, Annual Report and Annual Governance Statement for 2024/25.

In addition to reviewing the Accounts for the Trust the External Auditors also undertake the External Audit for IFM Ltd and conduct the Independent Review of the Charitable Fund Accounts, Forvis Mazars provided regular progress reports and technical updates to the Audit and Risk Committee.

9. Internal Audit

The Internal Auditors, MIAA were in attendance at all Committee meetings and presented findings of internal audit reviews 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.

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.

The Committee also referred some reports to the other Board Committees for consideration where concerns had been raised or to support the work of the other Committees in the provision of assurance to the Board of Directors.

The Head of Internal Audit Opinion for 2024/25 presented to the Audit and Risk Committee stated that Moderate Assurance, can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation’s objectives at risk.

The following Internal Audit Reports were received by the Audit and Risk Committee during the reporting period:

Audit Title (Final Reports)	Report classification	Critical	High	Medium	Low	Total
		Number of findings				
Assurance Framework	N/A	N/A	N/A	N/A	N/A	5
Risk Management Core Controls	Substantial	N/A	N/A	1	N/A	1
Finance Systems Deep Dive – Fixed Assets	Substantial	N/A	N/A	3	1	4
Divisional Quality Governance	Substantial	N/A	N/A	3	2	5
Bank and Agency Staff Controls	Substantial	N/A	N/A	4	N/A	4
Job Evaluation Process	Moderate	N/A	1	6	N/A	7
Digital Asset Controls	Limited	N/A	2	2	1	5

Critical Application Review (LIMS)	Limited	N/A	3	1	N/A	4
Data Security and Protection Toolkit 23/24 Phase II	Substantial/ Moderate	N/A	N/A	2	16	18
Escalation of a Deteriorating Patient (2023/24) Review)	Moderate	N/A	1	2	1	4
Patient Safety Incident Response Framework (PSIRF)	Substantial	N/A	N/A	3	3	6
Key Financial Transactional Processing Controls	Moderate	N/A	1	1	4	6
Quality Spot Checks (Draft)	Limited	N/A	3	N/A	N/A	3
Theatre Productivity (Draft)	Substantial	N/A	N/A	3	0	3
Health and Wellbeing	Sustantial	N/A	N/A	2	1	3
TOTAL		0	11	33	29	78

Action tracking:

The Committee received regular reports in respect of progress with the implementation by managers of agreed audit recommendations and sought assurance on progress of outstanding actions.

10. Financial Reporting

During and in respect of the financial year, the Committee reviewed the Annual Accounts for IFM Ltd for the year ended 31 March 2024 and the Charitable Fund Accounts for the year ended December 2024.

The Committee received, gained assurance and actioned the following:

- Approved the Annual Report & Quality Account 2025/26 timetables for production.
- Confirmed that the Accounts for 2024/25 be prepared on a going concern basis.
- Recommended approval of the 2024/25 Annual Report and Annual Accounts to the Board of Directors following completion of the External Audit in June 2025.
- Reviewed the Draft Annual Accounts for 2024/25 prior to submission to the External Auditors.
- 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 2024/25 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.

11. Effectiveness of the Audit and Risk Committee

In November 2024, 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 with no Strongly Disagree responses. Compared to the 2023 Committee survey, seven out of 33 questions had shown an improvement. There had been a decrease in responses and some areas were identified for further development. The Committee will review how the overall effectiveness can be improved.

12. 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 Ltd.

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 Services team who provide us with all the administrative support.

LERT ADVISE ASSURE (AAA) Key Issues Highlight Report			
Name of Committee /Group:	Audit and Risk Committee	Reports to:	Board of Directors
Date of Meeting:	25 June 2025	Date of next meeting:	17 September 2025
Chair	Alan Stuttard	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none">Audit and Risk Committee Annual Report 2024/25Audited Annual Accounts 2024/25Annual Governance Statement 2024/25Annual Report 2024/25Forvis Mazars Audit Completion Report 2024/25Letter of Representation		<ul style="list-style-type: none">MIAA Internal Audit ReportsTrust Banking ArrangementsSalary Overpayment ReportCompliance with the FT Code of GovernanceRisk Management Committee Chair’s Reports	
ALERT			
Agenda Items		Action Required	
ADVISE			
<p><u>Audited Annual Accounts 2024/25</u></p> <p>The Chief Finance Officer introduced the Audited Annual Accounts, highlighting the year-end deficit of £8.9m on the face of the accounts, but an actual financial performance deficit of £0.6 million. The Chair thanked the Assistant Director of Finance and the team for their work on the accounts.</p> <p>The Audit and Risk Committee approved the Audited Annual Accounts for 2024/25 and recommended approval by the Board of Directors.</p> <p><u>Forvis Mazars Audit Completion Report 2024/25</u></p> <p>The committee received the External Audit Completion Report, stating that the Trust's financial statements showed a true and fair view. The report identified no significant issues in the completion of the financial statements, and the auditors plan to issue an unqualified opinion on the financial statements. Under Section 8 of the Report, relating to Value for Money, Forvis Mazars had identified a significant weakness relating to Financial Sustainability in respect of the Cost Improvement Programme, the use of non-recurrent deficit support and the potential need for cash support in 2025/26. The Chair noted that these matters were fully consistent with the financial position reported to the Board by the Chief Finance Officer.</p> <p><u>Letter of Representation</u></p> <p>The Audit and Risk Committee approved the Letter of Representation.</p> <p><u>Trust Banking Arrangements</u></p> <p>The Associate Director of Finance presented the Trust Banking Arrangements report, which had previously been reviewed by the Finance & Investment Committee. The report confirmed that the Trust's Banking Arrangements were in order and the Committee approved.</p>			

Salary Overpayment Report

For the period 01 April 24 to 31 March 25, the Trust had incurred 78 salary overpayments. The largest group of these overpayments related to late notifications from managers. A further 597 adjustments (£400) had been made to employee records to adjust for overpayments to staff in post. It was highlighted that this was 0.75% of all payslips processed and overall a very good result. The Audit and Risk Committee approved the Salary Overpayment Report.

ASSURE**Audit and Risk Committee Annual Report 2024/25**

The Director of Corporate Governance presented the Audit and Risk Committee Annual Report, summarising the Committee's activities and providing assurance that the terms of reference were achieved. The final report would be presented to the Board of Directors in July and the Council of Governors in August. The Chair thanked the DCoG for the work completed. The Audit and Risk Committee approved the Audit and Risk Committee Annual Report 2024/25.

MIAA Internal Audit Reports:**Final Head of Internal Audit Opinion and Annual Report 2024/25**

The Head of Internal Audit Opinion for 2024-25 was one of Moderate Assurance. The Chief Finance Officer added the Trust would naturally follow up and improve. The Chair advised the Internal Audit Plan was based on a risk assessment and some areas had been identified knowing that there were likely to be some areas of weakness. The Internal Audit Reports should be seen in a positive light of looking to improve on the controls and systems.

Final Internal Audit Plan 2025/26

The Regional Assurance Director for MIAA advised that no changes had been made other than including narratives and additional columns.

Internal Audit Progress Report and Final Assignment Reports

Six Internal Audit reports had been finalised including the Assurance Framework Review, Key Financial Controls Review, Patient Safety Incident Response Framework (PSIRF) Review, Job Evaluation Process Review, Digital Asset Control Review, and Health and Well-being Review. Two reports were in draft awaiting management response. The Data Security and Protection Toolkit audit was now complete and the Procurement review had been deferred by one month.

Annual Governance Statement 2024/25

The Chief Executive presented the Annual Governance Statement, outlining the Trust's governance, risk management, and internal control processes. The statement highlighted key areas such as workforce and culture, quality and CQC compliance, information governance and data quality, sustainability and social responsibility, and principal risks.

The AGS confirmed the Trust had all controls in place and the CEO thanked the Director of Corporate Governance and the Associate Director of Finance for preparing the report. The Audit and Risk Committee approved the Annual Governance Statement and recommended approval by the Board of Directors.

Annual Report 2024/25

The Director of Corporate Governance presented the Annual Report for 2024-2025, detailing the Trust's performance, governance, financial position, and adherence to the NHS net zero plans. The DCoG added that an additional amend is to be made to the final version before being submitted to the Auditors.

The Chair and Chief Executive acknowledged the comprehensive nature of the report and thanked the DCoG and the team for their work. The Audit and Risk Committee approved the Annual Report 2024/25 and recommended approval by the Board of Directors Board of Directors.

Compliance with the FT Code of Governance

The Director of Corporate Governance presented the FT Code of Governance Compliance report, confirming that the Trust was compliant with all provisions except one mandatory provision related to an externally facilitated Board review.

The Chief Executive and the Chair agreed that the Trust was fully compliant, given the CQC review in 2023 and the planned review in 2025. The DCoG would draft a one page document to explain this as it is already in the public domain.

Risk Management Committee Chair's Reports

The Chief Finance Officer presented the Risk Management Committee Chair's Report, noting that there were 25 risks currently scored at 15 or above. A question was raised over why there were no risks scored at 20 and 25 relating to Finance and the Estate which was down to the closure of some risks for 2024/25 but they had not been reassessed for 2025/26. The Director of Corporate Governance advised that the corporate risk register would be presented to the Board of Directors in July.

New Risks identified at the meeting: None

Review of the Risk Register: Not required

Meeting Attendance 2025/26					
Members	May	June	Sept	Dec	Feb
Alan Stuttard	✓	✓			
Sean Harris	✓	✓			
Fiona Taylor	✓	✓			
In Attendance	May	June	Sept	Dec	Feb
Annette Walker	✓	✓			
Sharon Katema	✓	✓			
✓ = 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:	02 June 2025	Date of next meeting:	08 September 2025
Chair	Martin North	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none"> • Purchase of the surgical robot table • Highlight report • Finance report and Centros update • Application for charitable funds: ORA technology for Ophthalmology 		<ul style="list-style-type: none"> • Outlook report • CFC workshop background and agenda • Workforce wellbeing grant application 	
ALERT			
<u>Agenda items</u>		<u>Action Required</u>	
ADVISE			
Matters arising – purchase of the surgical robot table <p>The Committee received an update on the purchase of the surgical robot table (£100k), which was previously discussed by the Committee and supported in principle. Due to end of year Capital Departmental Expenditure Limits (CDEL), the table was purchased by the Trust (together with the surgical robot) rather than the Charity. The Committee discussed whether a retrospective grant should be made to the Trust (given there was a record of support in principle) or whether charitable funds should be prioritised elsewhere.</p> <p>Prioritisation of charitable funds</p> <p>The Committee discussed prioritisation of available funds, and agreed a formal process was required to ensure funds were prioritised in line with Trust need (as well as the Charity's principles of expenditure), rather than on a first come, first served basis. The Charity team to work with Deputy Divisional Directors to support forward planning.</p>			
ASSURE			
Highlight Report <p>The Committee received the highlight report for Q1, including activity updates and learning insights across different income streams and wider team functions.</p>			

Finance report and Centros update

The Committee received the finance report, which outlined the financial position up to 31 March 2025.

There was a net decrease in funds of £140k, compared with a £324k decrease last year. Expenditure fell to £288k from £595k the prior year, and income was £165k, (down from £271k), mainly from general donations. Legacy income was particularly low at £3k (previous years: £81k and £556k). Fund balances stand at £807k, with a call on funds of £137k (down from £167k), and £125k has been spent on charitable purposes.

Charity operations fully transitioned to Centros from 01 April 2025, improving automation from requisition to invoice payment. Ongoing work includes setting up requisitioners individually and developing budget statements and e-forms for better visibility and efficiency.

Application for charitable funds: Ocular Response Analyser (ORA) technology for Ophthalmology

The Committee received an application for charitable funds for £47,000 for the purchase of the new ocular pressure measurement ORA technology machines for Ophthalmology. Funding for this purchase comes from a £15k legacy to Ophthalmology and donations to the general purposes fund.

The Committee approved the application.

Outlook report

The Committee received the Outlook report, which provides:

- A state of the sector update, highlighting key issues, risks and opportunities, informed by the National Council for Voluntary Organisations (NCVO) 'The Road Ahead' 2025
- Forthcoming changes in legislation and governance/accounting practice that will impact the charity
- A horizon scan of known and potential funding opportunities

The Committee noted the report, acknowledging the new rules under the Data (Use and Access) Bill may present greater flexibility and opportunities for the charity in terms of donor acquisitions and stewardship.

CFC workshop background and agenda

The Committee received an update on the forthcoming CFC workshop and proposed agenda. The Committee discussed the need for the workshop content to reflect governance and strategic roles, not just operational involvement to ensure maximum strategic value.

The Committee supported the agenda points discussed and look forward to the workshop.

Workforce Wellbeing – Local Grants Fund for England

The Committee received a presentation outlining the detail of the Charity's bid for £250,000 as part of the Workforce Wellbeing - Local Grants Fund for England from NHS Charities Together in partnership with

NHS England. The deadline for applications is 06 June and applicants will be notified of the outcome in mid-August.

New Risks identified at the meeting:

N/A

Review of the Risk Register:

Risks have now been transferred to the Safeguard system and will be reviewed quarterly and presented to Risk Management Committee as part of the 'Communications and 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:	23 July 2025	Date of next meeting:	24 September 2025
Chair	Rebecca Ganz	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none">• CIP update• Month 3 Finance Report• Managed Equipment Service Contract Retender Process• EPR Update		<ul style="list-style-type: none">• Finance & Investment Committee Annual Report• High Value Supplier Register• Board Assurance Framework• Ventilation System for Ophthalmology Theatres 1 and 2	
ALERT			
Agenda items		Action Required	
<u>CIP update</u> <ul style="list-style-type: none">• The Trust has a CIP target of £36.9m, of which all opportunities have now been identified and has achieved the set milestones for Q1 in that 100% schemes identified and 66% of schemes are implemented for fully developed.• The risk rated profile of the opportunities is £27.5m, of which £24.4m are fully developed or delivered.• GM has a CIP target of £655m, of which £608m of opportunities have been identified; the risk adjusted delivery is currently £406m. Of the opportunities identified, the £364m of schemes are implemented or fully developed. Bolton’s positive on CIP identification has improved to being mid Provider peers.		<u>Action</u> <ul style="list-style-type: none">• CIP under delivery to be discussed at Board of Directors on 31 July 2025.	
<u>Month 3 Finance Report</u> <ul style="list-style-type: none">• The Trust had a revenue deficit in Month 3 of £1.4m with a YTD deficit of £6.1M with a £1.8M variance to plan largely due to under delivery of CIP and income inflation.• Cash was above plan by £8.0m. The underlying cash position is overdrawn by £4.4m and cash support will be needed from Month 5.• Capital spend in month was £0.5m which is slightly below plan.• Cumulative capital spend is £0.4m less than planned.• Forecast scenarios show a best case of hitting plan, a likely case of a £21.6m deficit, and a worst case of £35m deficit.		<u>Action</u> <ul style="list-style-type: none">• Approval from the Board required for NHSE cash support, based on a short-term advance from the ICB being pursued for August.• A clear Board decision required on the acceptable level of financial risk and associated cash support.	

- | | |
|---|--|
| <ul style="list-style-type: none"> Analysis has been undertaken the WTe profile for these scenarios. Initially the plan was to reduce head count by 250 in 25/26 which needs further review given the levels seen in months 1-3. | <ul style="list-style-type: none"> A detailed analysis of the WTE profile to be understand in this context. |
|---|--|

ADVISE

EPR Update

Maternity Services EPR is on track with user acceptance testing taking place. The go live date recommended by the Maternity EPR Board in June, is 24 Feb 2026.

EPR went live on the 18th of June in Out-Patients and Community Services. The project board continues to monitor outstanding services and deliverables. Issues arising following 'go live' were fewer than expected based on experience and are on track to be resolved to support the effective roll out.

Resourcing of the digital team continues to be 'red RAG rated' and is being monitored closely.

Board Assurance Framework

The BAF was revised and is aligned to the Trust's new Strategic Ambitions and now incorporates updated Risk Appetite Statements agreed by the Board in December. The updated version includes a new strategic risk on CO10a Resilience against Cyber Threats and it is proposed that CO12 be expanded to reflect the Trust's ambition to become a net zero healthcare provider, in line with the NHS Net Zero Plan. The Committee advised further discussion take place on cyber risk, the Trust's estate being 'fit for the future' and financial sustainability at the Board of Directors meeting.

ASSURE

Managed Equipment Service Contract Retender Process

The Finance and Investment Committee noted the retendering process and timeline for the MES contract and it was agreed a six monthly update will be presented to the Committee.

Finance & Investment Committee Annual Report

The Committee received the Finance & Investment Committee Annual Report which provided a review of the activities of the Committee relating to the objectives set out in the Terms of Reference and in the context of the annual work plan. The Director of Corporate Governance to look iexplore whether all Board reporting Committees should provide an annual report in addition to the committee effectiveness survey.

High Value Supplier Register

The following revisions were made to the 2024/25 register were:

- Five suppliers have been added to the high value payments register.
- Increases in expenditure of £41.5m for 7 high value supplier payments.

The forecast High Value Supplier Payments register for 2025/26 includes 38 suppliers.

The High Value Supplier Register will be taken to the Board of Directors in July for approval.

Ventilation System for Ophthalmology Theatres 1 and 2

The Finance & Investment Committee approved the business case for the replacement ventilation system for Ophthalmology theatres 1 & 2.

New Risks identified at the meeting: <i>None identified.</i>
Review of the Risk Register: N/A

Meeting Attendance 2025/26											
Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Jan	Feb	March
Rebecca Ganz	✓	✓	✓	✓							
Annette Walker	A	✓	A	✓							
Rae Wheatcroft	✓	✓	✓	✓							
Sharon Katema	✓	✓	✓	✓							
James Mawrey	A	✓	A	A							
Sharon White	✓	✓	A	✓							
Sean Harriss	✓	A	✓	✓							
Martin North	✓	✓	A	✓							
In Attendance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
✓ = In attendance A = Apologies											

ALERT ADVISE ASSURE (AAA) Key Issues Highlight Report			
Name of Committee	People Committee	Reports to:	Board of Directors
Date of Meeting:	15 July 2025	Date of next meeting:	16 September 2025
Chair	Sean Harriss	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none">Board Assurance FrameworkResource and Retention UpdateOD, Leadership and EDI UpdateJob Planning Update		<ul style="list-style-type: none">Locality Workforce TransformationIFM Monthly People ReportSteering Group Chair ReportsDivisional People Committee Chairs reports	
ALERT			
<u>Agenda Items</u>		<u>Action Required</u>	
ADVISE			
<u>Board Assurance Framework</u> The Director of Corporate Governance presented the latest presentation of the BAF which had been reviewed by the Chief People Officer, and updated to reflect the new Trust Strategy and was based on ambition 2, to be a great place to work. The Committee received and discussed the content and in particular the controls and assurances in place to achieve the Ambition.			
<u>Resource and Retention Update</u> <ul style="list-style-type: none">The WTE had seen an increase in trend since November 2024. June 2025 did reduce but the Trust was still over plan.Bank reduced by 18 in May 2025 but remained over plan.. Agency was a more positive picture.Further discussions would take place at the Financial Improvement Group and Executive Directors on 18 July 2025 regarding potentially revising the workforce plan in order to meet the financial challenges facing the organisation.			
ASSURE			
<u>OD, Leadership and EDI Update</u> This item would be discussed at the Board of Directors therefore a full narrative was not included. Of note the work taking place was fully debated and endorsed by the People Committee.			
<u>Job Planning Update</u> NHSE expected 95% of medical staff to have a job plan signed off in the preceding 12 months by October 2025. 66% of the medical workforce meet that standard. 23% of job plans were currently sitting in the sign off process and therefore could be rapidly progressed to being approved. Work was being undertaken within departments and divisions to progress all other plans to completion.			
<u>Locality Workforce Transformation</u> The Assistant Director of Organisational Development provided an update on the Locality workforce group, known as the People and Culture Group. Three key priorities identified; locality workforce data, leadership,			

culture. It was noted that the work taking place was helpful and remained critical to achieving the Bolton locality focus.

- **IFM Monthly People Report**

The Committee received the iFM update which noted performance against many workforce metrics. Members noted that the sickness rate continued to reduce and was 5.38%. The iFM staff survey would run in parallel with the Trust Staff Survey in quarter 3.

Steering Group Chair's Reports

Medical Education Board Chairs report June - In relation to patient safety concerns highlighted via the GMC free test feedback, the Trust's Medical Director had reviewed them and changes had been made.

Divisional People Committee Chairs' reports

AACD Chairs report June - Further to a rise in sexual misconduct cases being highlighted in AACD, these had been addressed formally through HR. The Trust had signed up to the Sexual Charter and a new policy was ready to be signed off.

New Risks identified at the meeting: None identified.

Review of the Risk Register: None

Meeting Attendance 2025/26						
Members	May	Jul	Sep	Nov	Jan	March
Sean Harriss (Chair)	✓	✓				
Alan Stuttard	✓	✓				
Annette Walker	✓	✓				
Fiona Taylor	✓	✓				
Francis Andrews	✓	✓				
James Mawrey	✓	✓				
Rebecca Ganz	✓	A				
Seth Crofts	✓	✓				
Sharon Katema	✓	✓				
Sharon White	✓	✓				
Tyrone Roberts	✓	A				
✓ = In attendance A = Apologies						

Report Title:	Green Plan			
Meeting:	Council of Governors	Action Required	Assurance	
Date:	14 August 2025		Discussion	
Executive Sponsor	Chief Finance Officer		Decision	✓

Purpose of the report	The purpose of this report is to provide the final draft of the 2025-30 Bolton Foundation Trust Green Plan.
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Previously considered by:	Greater Manchester Integrated Care Board, Our Green Group, iFM Executive Board, Finance and Investment Committee, Strategic Estates Group and Board of Directors.
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Executive Summary	<p>A Green Plan for Bolton NHS Foundation Trust 2025-2030 was drafted after internal and external stakeholder engagement. The draft has been reviewed by the Greater Manchester Integrated Care Board, Our Green Group, and the iFM Executive Board, Finance and Investment Committee and Strategic Estates Group and updated accordingly.</p> <p>The Green Plan is supported by an internal action plan, which details the steps required to achieve the Green Plan actions. A relaunch plan is being drafted to ensure the Green Plan is communicated throughout the hospital, and community.</p>
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Proposed Resolution	The Council of Governors is asked to receive the Green Plan.
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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	Yes	To achieve our targets there are financial requirements for investment of our estate and service infrastructures to achieve our Net Zero Goals
Legal/Regulatory	Yes	Non-compliance with sustainability regulations can lead to legal repercussions and fines, making it essential for businesses to stay informed about the latest regulations.
Health Inequalities	Yes	Have an opportunity to intentionally manage our land and buildings in a way that has a positive social, economic and environmental impact.
Equality, Diversity and Inclusion	Yes	We will deliver high quality, patient centered accessible services and as an employer provide a positive, inclusive and fair workplace culture free from discrimination.

Prepared by:	Charlotte Houghton, Energy and Sustainability Manager	Presented by:	Charlotte Houghton, Energy and Sustainability Manager
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Our Green Plan

2025-2030

Improving care,
transforming lives...for a **better** Bolton



Our Green Plan

2025-2030



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Foreword

At Bolton NHS Foundation Trust, we are committed to delivering continuously improving, sustainable healthcare. My senior leadership colleagues and I are fully behind our Green Plan and to the work involved in the NHS becoming carbon net zero.

We have already made great progress during the last Green Plan, and the Trust and our staff continue to make small everyday changes to become more sustainable, and through our new Green Plan we will continue to adapt to more environmentally sound practices.

As a large Trust that touches many areas across Bolton, we have a significant environmental impact, and it is important that we address this now rather than later.

Annette Walker

Chief Finance Officer
Net Zero Board Lead



About us

Bolton NHS Foundation Trust provides a range of health and wellbeing services to the people of Bolton, delivering care at Royal Bolton Hospital, in a range of community venues and in people's own homes.

Bolton NHS Foundation Trust is one of the North West's busiest acute NHS foundation trusts, serving people across Bolton and other parts of Greater Manchester and the surrounding area.

We aim to:



A positive partner

A great place to work

Improving care, transforming lives

A high performing, productive organisation

An organisation that's fit for the future

Bolton NHS Foundation Trust has over 6,000 substantive staff, working across 25 sites in Bolton and providing clinics for various specialities in neighbouring areas.

Executive summary

The UK has committed to reaching net zero carbon by 2050, and the NHS has a legal duty to act on the emissions from its activities.

Climate change is already impacting the health of the UK population, with the most vulnerable being the most affected. The NHS contributes approximately 4% of the UK emissions, and ambitious strategies are needed to reduce these emissions, and limit the effect of climate change.

This is the second Bolton NHS FT Green Plan, spanning 2025-30. A 5-year Green Plan aligns more closely with both the Bolton NHS FT Strategy and the Bolton Locality Plan. The 71 actions detailed in the Green Plan for 2022-25 have been reviewed with internal and external stakeholders, considering the new thematic areas and guidance provided by NHS England. The actions have either been completed, consolidated, or superseded. The priority actions for 2025-30 are outlined in Appendix 1, and there is a detailed internal programme plan to support these actions.

Significant financial investment will be required to complete all the actions detailed for 2025-30. There is currently no fully costed plan, but further work will be undertaken to understand the investment needed. All risks and challenges have been identified and will be monitored throughout the Green Plan. Progress against the plan will be reviewed yearly in the Trust annual report, along with a carbon emission analysis and narrative on environmental sustainability projects undertaken.

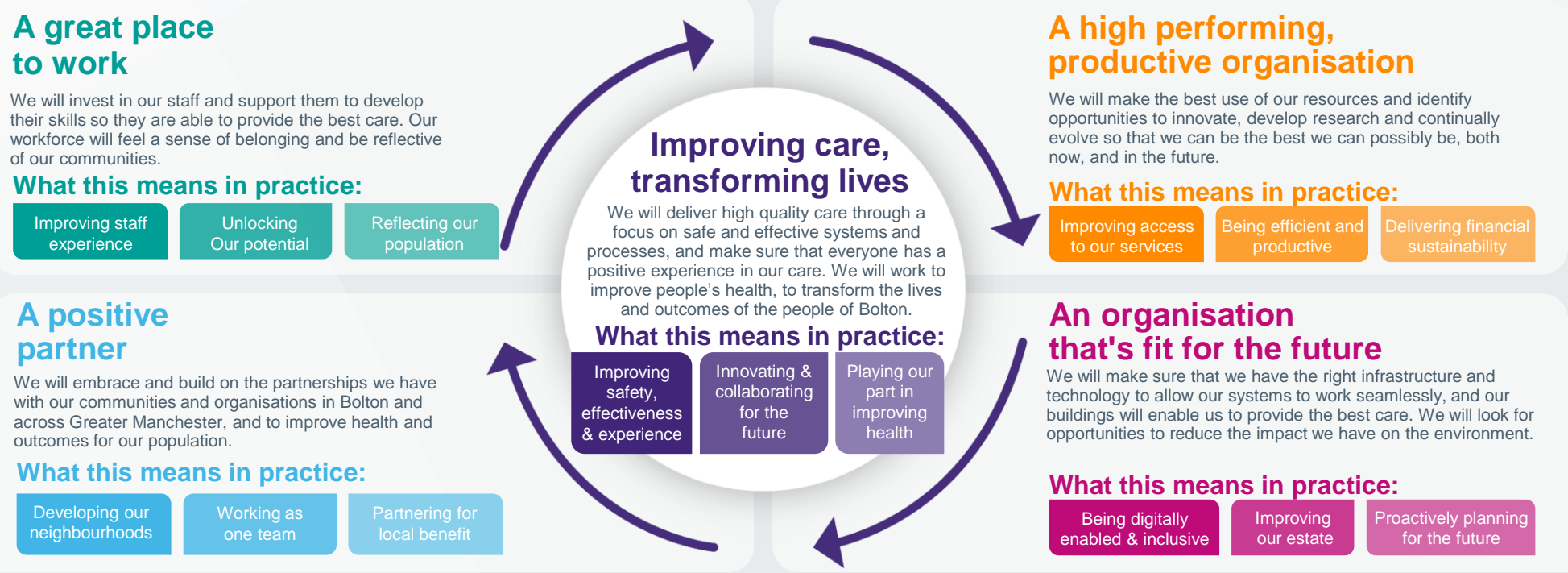
Our vision and ambitions

Our Vision Our five core ambitions

To deliver exceptional care to improve the health and wellbeing of our communities.

Our Values

- Vision**
Be Positive
- Openness**
Be Inclusive
- Integrity**
Be Honest
- Compassion**
Be Kind
- Excellence**
Be Bold





NHS Greater Manchester Integrated Care Board

The Bolton NHS Foundation Trust Green Plan supports the second Green Plan for Greater Manchester by aligning both with the thematic areas, but with the priority actions and annual work programme.

The partnership with the Integrated Care Board is vital to the success of the Green Plan, and collaboration with other Greater Manchester Trusts will allow us to achieve more over the time frames detailed.



Our partnerships



Bolton Council

"Bolton Council has a Climate Change strategy with the aim of getting to Net Zero as soon as possible as a Borough and which encourages all partners to work together to reduce carbon emissions. I therefore applaud and support the objectives of the Foundation Trust's Green Plan'."

Councillor Richard Silvester

Executive Cabinet Member for Climate Change and Environment

"Bolton NHS Foundation Trust is one of the largest partners in the Bolton Family and this ambitious Green Plan makes a significant contribution to meeting our shared target."

"We have a good, established relationship with The Trust to work on delivering better health outcomes for our residents, and it is a demonstration of the strength of this relationship that our partnership working extends to improving our environment and working to prevent global heating."

Councillor Sean Fielding

Executive Cabinet Member for Adult Social Care & Housing

Our partnerships

iFM Bolton Ltd

Integrated Facilities Management (iFM)

Integrated Facilities Management (iFM) Bolton Ltd is a wholly owned subsidiary of Bolton NHS Foundation Trust. iFM provide a range of services across the Trusts sites, including engineering and equipment maintenance, capital project management, procurement, transport and courier services, and catering among many others.

iFM work closely with the Trust, ensuring that patients are receiving high quality and safe services. It is through this close working relationship that the iFM Bolton team will strive to incorporate sustainability into the everyday running of Bolton NHS Foundation Trust.



Drivers for change

International	National	Local
<ul style="list-style-type: none"> • 17 UN Sustainable Development Goals • World Health Organisation • Intergovernmental Panel on Climate Change • 2015 Paris Agreement • The United Nations Framework Convention on Climate Change 	<ul style="list-style-type: none"> • Climate Change Act 2008 • Environment Act 2021 • Health and Care Act 2022 • UK Government Net Zero Strategy • Powering Up Britain: The Net Zero Growth plan • Delivering a 'Net Zero' National Health Service • NHS Long Term Plan • NHS Standard Contract Service Conditions • NHS England national strategies <ul style="list-style-type: none"> ○ Clinical waste ○ Travel and transport ○ NHS Estates new zero carbon delivery plan ○ Net Zero Building standard 	<ul style="list-style-type: none"> • The Greater Manchester Strategy • Bolton Council Strategy • GM level strategies <ul style="list-style-type: none"> ○ GM Transport strategy 2040 ○ Manchester climate change framework 2020-2025 ○ The NHS ICB Green Plan



Trust carbon emissions

As a large and busy acute hospital with ageing buildings and infrastructure, Bolton NHS Foundation Trust consumes a significant quantity of energy through utilities and resources through the supply chain. 2019/20 is the baseline year as defined in the Delivering a Net Zero NHS report, and NHS England provided an estimated contribution of each trust towards the overall NHS carbon emissions for that year to be used as a baseline. This is based on ERIC (Estates Return Information Collection) data and is annually reported.

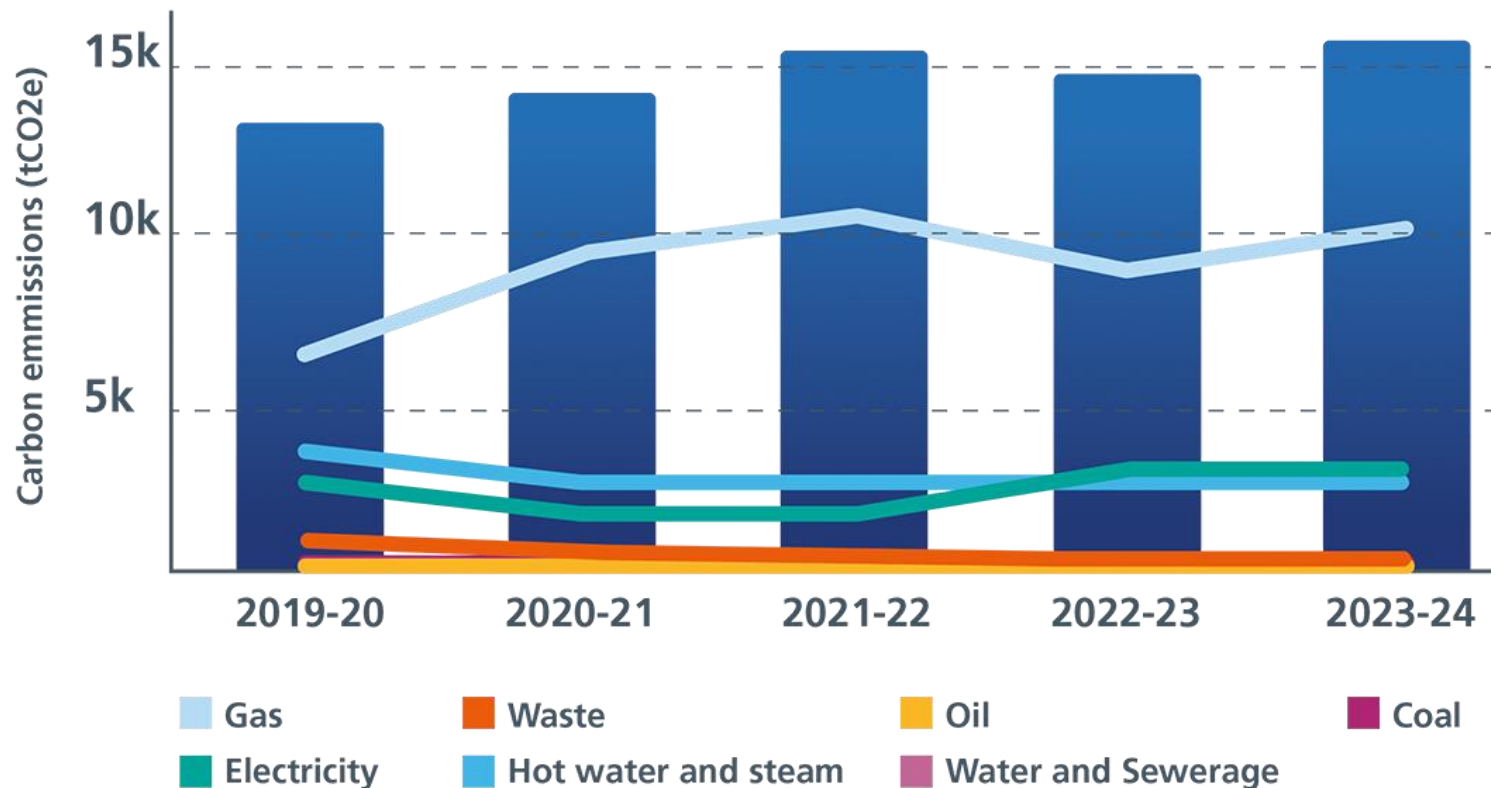


Figure 1 – Bolton NHS Foundation Trust emissions since the baseline as reported by ERIC.

Trust carbon emissions

Bolton NHS Foundation Trust recognises that to meet the NHS England set targets of net zero for the NHS carbon footprint by 2040 and Net Zero for the NHS carbon footprint plus by 2045 (Figure 2), we need to align our carbon emission reporting with the NHS Carbon Footprint Plus, and provide a yearly narrative on the emissions changes.

This Green Plan aims to address this by prioritising robust governance, and data and reporting standards going forward.

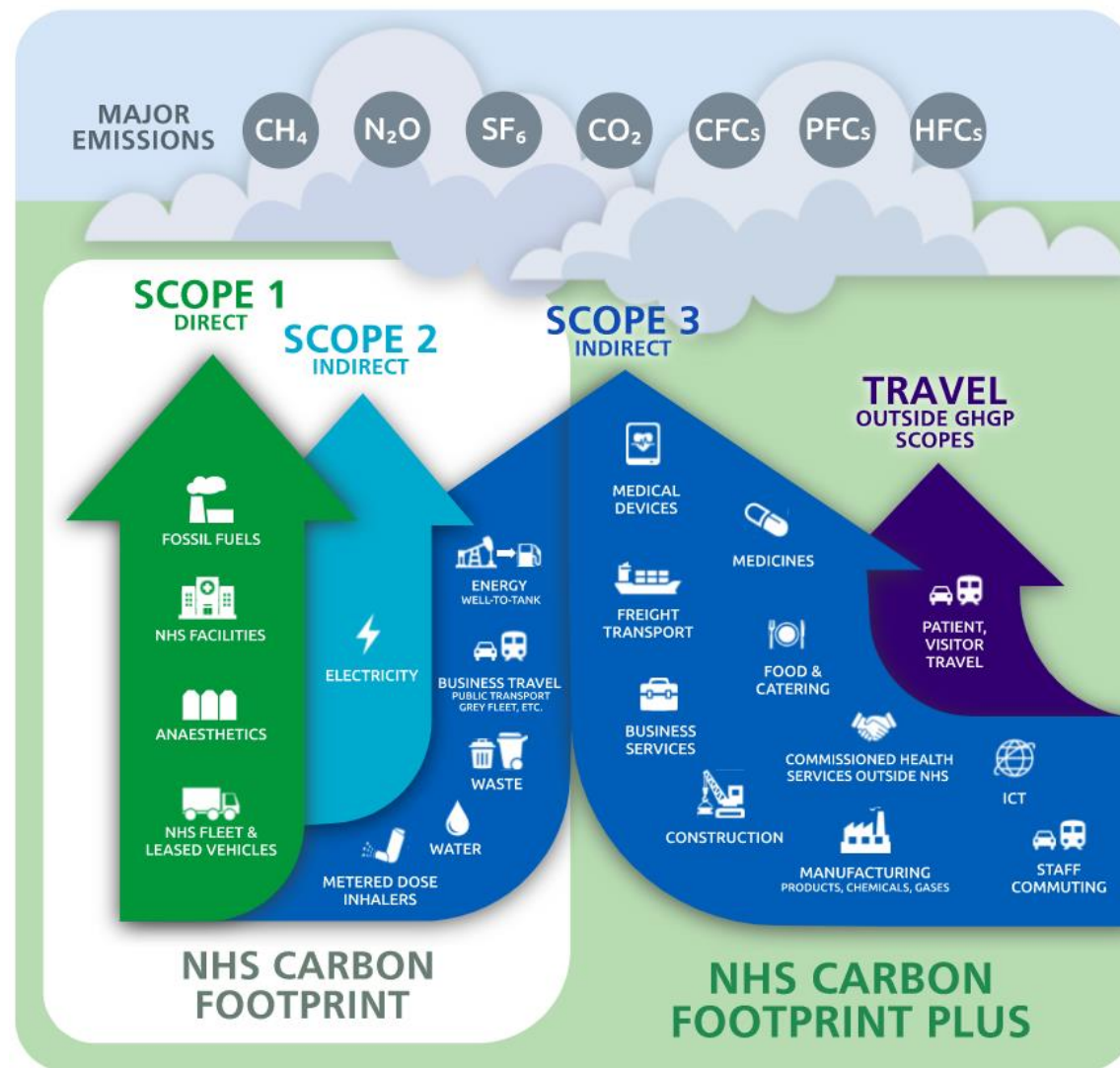


Figure 2 – NHS Carbon Footprint and NHS Carbon Footprint Plus

Key achievements to date

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transforming lives...for a **better** Bolton



Key achievements to date

The previous Green Plan included 71 actions across 10 different areas of focus. Out of those 71 actions, 93% (66 actions) had progress against them, with 23% (16 actions) being completed between 2022 and 2025.

All the actions that were progressing but not yet completed were either superseded by new actions or consolidated into the new areas of focus provided by NHS England. This decision was made on an action-by-action basis throughout the stakeholder engagement progress for refreshing the Green Plan.



93% (66 actions) had progress against them

70% (50 actions) were on track

23% (16 actions) fully completed

Key achievements to date

10%

weighted scoring embedded into tenders for sustainability and social value.



All food waste now sent for anaerobic digestion which produces biogas for electricity generation.



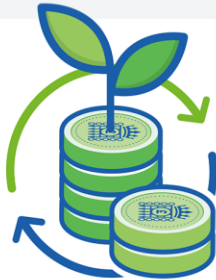
All single-use plastic crockery and cutlery removed.



Plant menu introduced to catering.



Investment in new anaesthetic machines which allow digital dosing.



Removed the volatile anaesthetic agent desflurane in line with national guidance.



x2

Two nitrous oxide manifolds fully decommissioned.



250

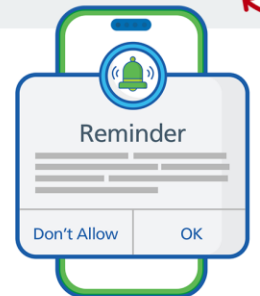
Planted over 250 trees across site.



Switched to **100%** recycled content paper for all office-based functions.



Introduction of the text reminder service.



Areas of focus

Improving care,
transforming lives...for a **better** Bolton



Areas of focus

Workforce and leadership

Many actions towards a sustainable future rely on ensuring staff are engaged with the Green Plan and have the resources and capabilities to be a part of the solution. NHS staff show strong support for a greener future with 9 in 10 staff supporting the NHS net zero ambition (YouGov, 2023).

Priority actions:

- 1.1 Develop a communication and engagement scheme related to Sustainability.
 - 1.2 Assess workforce capacity and skill requirements for delivering the green plan and investigate training possibilities for sustainability upskilling.
-

Net Zero clinical transformation

All the services at Bolton NHS Foundation Trust aim to deliver the best quality of care within the resources available. Transforming clinical care to ensure they are as low carbon as possible but remain a patient centred approach that prioritises health will propel the NHS towards its net zero goals.

Priority actions:

- 2.1 Identify a clinical lead with formal links into board-level leadership and governance.
- 2.2 Establish a multidisciplinary working group responsible for reducing emissions in clinical areas.
- 2.3 Complete quality improvement project(s) in the clinical area(s) that focus on a measurable reduction in emissions, with co-benefits for outcomes and quality of care, efficiency and reducing healthcare inequalities.

Areas of focus

Digital transformation

The commitment to deliver a Net Zero NHS must recognise the value of digital transformation to improve the access and quality of care. The NHS England's 'what looks good' framework should be used to find the balance between the increase in digital services and a reduction in carbon emissions.

Priority actions:

- 3.1 Continue the move towards a paperless, technology focused hospital.
 - 3.2 Complete the Digital Maturity Assessment to embed sustainability into all digital services.
-

Medicines

Medicines account for around 25% of NHS emissions, with a small number of medicines accounting for most of these emissions. For example anaesthetic gases (2%) and inhalers (3%). As well as focusing on reducing these specific emissions, wider actions to optimise prescription, use and disposal also require consideration.

Priority actions:

- 4.1 Reduce nitrous oxide waste from medical gas pipeline systems (MGPS) by progressing the actions outlined in the updated nitrous oxide waste mitigation toolkit.
- 4.2 Support patients to choose the most appropriate inhaler(s) in alignment with clinical guidelines, reducing the use of pressurised inhalers and moving towards powdered inhalers where clinically appropriate.
- 4.3 Complete the Greener pharmacy toolkit

Areas of focus

Travel and transport

The carbon emissions from the fleet and business travel form part of the NHS Carbon Footprint and are under the direct control of Bolton NHS Foundation Trust. A robust travel and transport strategy will provide a roadmap to decarbonise the Bolton NHS fleet and business travel, provide active travel options to staff and patients, while also providing cost-savings and health benefits.

Priority actions:

- 5.1 Prepare and publish a travel policy prepared in line with the other Greater Manchester Trust's by the end of 2026.
 - 5.2 Investigate converting the NHS on site fleet to electric by end of 2027.
-

Estates and facilities

Bolton Royal Hospital and the associated community centres consume significant amounts of energy and resources every year, which presents a significant expenditure, and are a significant proportion of the yearly carbon emissions. By embedding sustainability into the existing and future estate, Bolton NHS Foundation Trust will improve resilience and patient care as well as improve operational efficiency while driving down costs.

Priority actions:

- 6.1 Develop a road map to net zero for the Royal Bolton Hospital site and Trust community centres.
- 6.2 Create policies and procedures for all new builds and refurbishments to comply with the NHS zero carbon standards for buildings.

Areas of focus

Supply chain and procurement

Supply chain and procurement make up a large part of the NHS Carbon Footprint Plus. The NHS will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039 for these not direct but influenceable emissions. The NHS net zero supplier roadmap outlines steps suppliers must follow to align with the NHS net zero ambition between now and 2030.

Priority actions:

- 7.1 Explore reliance of single-use products in clinical and non-clinical settings with a view to reduce the purchased volume.
 - 7.2 Align all relevant procurement activities to the NHS net zero supplier roadmap, Carbon Reduction Plan and Net Zero Commitment.
 - 7.3 Ensure suppliers go beyond minimum requirements by engaging with the Evergreen Supplier Assessment.
 - 7.4 Improve the operation of walking aid recycling schemes across the community.
-

Food and nutrition

It is estimated that food and catering services in the NHS account for approximately 6% of the NHS's Carbon Footprint Plus. Bolton Foundation Trust provide almost 700,000 patient meals per year. Healthier, locally sourced food can improve wellbeing while cutting emissions across the supply chain for the NHS.

Priority actions:

- 8.1 Trial innovative ways to reduce food waste across the site in line with the KPI's already in place.
- 8.2 Ensure the digital meal ordering system for patients is available across all wards.
- 8.3 Investigate increasing menu reviews from yearly to quarterly to add seasonal, lower carbon options.

Areas of focus

Biodiversity and greenspace

Having access to greenspace has a positive impact on mental health, as well as illness prevention and illness recovery. Bolton Foundation Trust has a significant area of greenspace across the estate; this must be protected and enhanced for the benefit of staff, patients, and visitors.

Priority actions:

- 9.1 Prepare a biodiversity and greenspace strategy for the estate.
 - 9.2 Enhance the green space across the site to encourage employee wellbeing alongside increasing the environmental benefits.
-

Adaptation

Climate change will adversely affect the world around us and impact on the NHS's ability to care for its patients and staff. Adapting Bolton Foundation Trust's services to be resilient in the context of a changing global climate requires resilience and adaptation to be built into business continuity and longer-term planning to avoid climate-related service disruptions.

Priority actions:

- 10.1 Develop and publish a long-term climate change adaptation plan, which has robust governance and reporting procedures.
- 10.2 Develop guidelines for Estates and Capital teams to factor in the effects of climate change when making infrastructure decisions and designing new facilities.

Green Plan Governance

For Bolton NHS Foundation Trust to successfully deliver this Green Plan, it is essential that all executives, directors, staff and stakeholders across the organisation are committed to delivering the Green Plan by aligning policies, procedures and processes to reflect the sustainability vision and associated targets.

The delivery of the Green Plan is facilitated through working groups and overseen by the Green Group, which is chaired by the Bolton NHS Foundation Trust net zero board lead, which then reports into other committees as detailed here.

Priority actions:

11.1 Document the Green Plan governance and embed into the Trust governance process, including an annual review to ensure updates are given regularly to all stakeholders.



Tracking and reporting progress

Bolton NHS Foundation Trust will report on the progress against the Green Plan in line with national reporting requirements, including an annual summary of progress that will be presented to the board and published in the annual report. This summary will include a narrative on progress, the key achievements and milestones reached, any risks to future delivery and any quantitative progress data against the defined targets. The Task Force on Climate-related Financial Disclosures (TCFD) guidelines will also be followed in the annual reports. Quantitative progress data will be provided via the Greener NHS dashboard quarterly.

Alongside the national reporting requirements, an internal performance report will be prepared and presented to the board. This will highlight achievements, risks and challenges monthly. This report alongside an AAA (Alert, Advise, and Assure) report and KPIs (Key performance indicators) for the Green Plan will ensure that all stakeholders are updated as it will be escalated as required.

Priority actions:

12.1 Adhere to the national reporting requirements, both quarterly and annually.

12.2 Prepare monthly performance reports and AAA reports, alongside updating the relevant KPI's.



Finance, risks and challenges

Bolton NHS Foundation Trust aims to achieve financial sustainability alongside providing world class health and social care across our communities. Achieving this Green Plan will require significant investment, and although the actions detailed in this Green Plan have not been fully costed further work will be undertaken to understand the financial investment required.

External funding opportunities will be identified for any large capital expenditure required. Low-cost projects that have a return on investment due to the efficiencies achieved will be prioritised to reduce energy and procurement costs.

Bolton NHS Foundation Trust will continue to improve its overall economy, efficiency and effectiveness of its current resources while striving towards the NHS England net zero targets through the priority actions detailed in this Green Plan.

Risks and challenges of achieving this plan, and the priority actions, have been identified and will be monitored through the 5-year cycle to ensure that progress is being made and risks are mitigated where possible. A full risk assessment of the plan is required and will be prepared alongside key stakeholders.

Priority actions:

13.1 Prepare a risk assessment for the Green Plan.



Green plan priority actions

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transforming lives...for a **better** Bolton



Appendix 1: Green plan priority actions

Area of focus	Reference	Action	Reporting Measures	Trust ambition alignment
Workforce and leadership	1.1	Develop a Trust level communication and engagement scheme related to Sustainability	Published communication and engagement scheme	A great place to work
Workforce and leadership	1.2	Assess workforce capacity and skill requirements for delivering the green plan and investigate training possibilities for sustainability upskilling	ESR training records	A great place to work
Net Zero clinical transformation	2.1	Identify a clinical lead with formal links into board-level leadership and governance.	Clinical lead in place	Improving care, transforming lives
Net Zero clinical transformation	2.2	Establish a multidisciplinary working group responsible for reducing emissions in clinical areas.	Working group created	Improving care, transforming lives
Net Zero clinical transformation	2.3	Complete quality improvement project(s) in the clinical area(s) that focus on a measurable reduction in emissions, with co-benefits for outcomes and quality of care, efficiency and reducing healthcare inequalities.	Successful projects implemented	Improving care, transforming lives

Appendix 1: Green plan priority actions

Area of focus	Reference	Action	Reporting Measures	Trust ambition alignment
Digital transformation	3.1	Continue the move towards a paperless, technology focused hospital	Reduction in paper usage	An organisation that's fit for the future
Digital transformation	3.2	Complete the Digital Maturity Assessment to embed sustainability into all digital services	Successful projects implemented	An organisation that's fit for the future
Medicines	4.1	Reduce nitrous oxide waste from medical gas pipeline systems (MGPS) by progressing the actions outlined in the updated nitrous oxide waste mitigation toolkit	Greener NHS dashboard	An organisation that's fit for the future
Medicines	4.2	Support patients to choose the most appropriate inhaler(s) in alignment with clinical guidelines, reducing the use of pressurised inhalers and moving towards powdered inhalers where clinically appropriate	Greener NHS dashboard (from Q1 25/26)	Improving care, transforming lives
Medicines	4.3	Complete the Greener pharmacy toolkit	Completed toolkit	Improving care, transforming lives

Appendix 1: Green plan priority actions

Area of focus	Reference	Action	Reporting Measures	Trust ambition alignment
Travel and transport	5.1	Prepare and publish a travel policy prepared in line with the other Greater Manchester Trust's by the end of 2026	Published travel plan	A positive partner
Travel and transport	5.2	Investigate converting the NHS on site fleet to electric by end of 2027	Greener NHS dashboard	An organisation that's fit for the future
Estates and facilities	6.1	Develop a road map to net zero for the Royal Bolton Hospital site and Trust community centres	Published road map Estates Return Information Collection Greener NHS dashboard (from Q4 24/25)	An organisation that's fit for the future
Estates and facilities	6.2	Create policies and procedures for all new builds and refurbishments to comply with the NHS zero carbon standards for buildings	Published policies and procedures	An organisation that's fit for the future
Estates and facilities	6.3	Implement and deliver the NHS waste strategy targets	Estates Return Information Collection	A high performing, productive organisation

Appendix 1: Green plan priority actions

Area of focus	Reference	Action	Reporting Measures	Trust ambition alignment
Supply chain and procurement	7.1	Explore reliance of single-use products in clinical and non-clinical settings with a view to reduce the purchased volume	Reduction in single use products purchased	An organisation that's fit for the future
Supply chain and procurement	7.2	Align all relevant procurement activities to the NHS net zero supplier roadmap, Carbon Reduction Plan and Net Zero Commitment	Greener NHS dashboard	A positive partner
Supply chain and procurement	7.3	Ensure suppliers go beyond minimum requirements by engaging with the Evergreen Supplier Assessment	Evergreen introduced to all supplier on boarding	A positive partner
Supply chain and procurement	7.4	Improve the operation of walking aid recycling schemes across the community	Greener NHS dashboard	A positive partner
Food and nutrition	8.1	Trial innovative ways to reduce food waste across the site in line with the KPI's already in place	Estates Return Information Collection	An organisation that's fit for the future
Food and nutrition	8.2	Ensure the digital meal ordering system for patients is available across all wards	Digital meal ordering in place	A high performing, productive organisation

Appendix 1: Green plan priority actions

Area of focus	Reference	Action	Reporting Measures	Trust ambition alignment
Food and nutrition	8.3	Investigate increasing menu reviews from yearly to quarterly to add seasonal, lower carbon options	Quarterly reviews in place	An organisation that's fit for the future
Biodiversity and greenspace	9.1	Prepare a biodiversity and greenspace strategy for the estate	Published biodiversity strategy	An organisation that's fit for the future
Biodiversity and greenspace	9.2	Enhance the green space across the site to encourage employee wellbeing alongside increasing the environmental benefits.	Successful projects implemented	A great place to work
Climate adaptation	10.1	Develop and publish a long-term climate change adaptation plan, which has robust governance and reporting procedures.	Published climate change adaptation plan	An organisation that's fit for the future
Climate adaptation	10.2	Develop guidelines for Estates and Capital teams to factor in the effects of climate change when making infrastructure decisions and designing new facilities	Published guidelines to factor in climate change	A high performing, productive organisation

Appendix 1: Green plan priority actions

Area of focus	Reference	Action	Reporting Measures	Trust ambition alignment
Green Plan governance	11.1	Document the Green Plan governance and embed into the Trust governance process, including an annual review to ensure updates are given regularly to all stakeholders	Published Green Plan governance	A high performing, productive organisation
Tracking and reporting progress	12.1	Adhere to the national reporting requirements, both quarterly and annually	All national and quarterly reports completed	A high performing, productive organisation
Tracking and reporting progress	12.2	Prepare monthly performance reports and AAA reports, alongside updating the relevant KPI's	Monthly reports completed	A high performing, productive organisation
Finance, risks and challenges	13.1	Prepare a risk assessment for the Green Plan	Risk assessment prepared	A high performing, productive organisation



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