

# AGENDA – COUNCIL OF GOVERNORS

To be held at 2pm on Thursday 06 February 2025  
 Seminar Room 1, Education Centre, Royal Bolton Hospital

Ref N <sup>o</sup> .	Agenda Item	Process	Lead	Time
PRELIMINARY BUSINESS				
CG001/25	Chair’s welcome and note of apologies	Verbal	Chair	
	Purpose: To record apologies for absence and confirm the meeting is quorate.			
CG002/25	Declaration of Interests concerning agenda items	Verbal	Chair	
	Purpose: To record any Declarations of Interest relating to items on the agenda.			
CG003/25	Minutes of the previous meeting a) 05 December 2024	Report	Chair	14:00 (10 mins)
	Purpose: To <b>approve</b> the minutes of the previous meeting			
CG004/25	Matters Arising and Action Logs	Report	Chair	
	Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and <b>approve</b> completed actions.			
CORE BUSINESS				
CG005/25	Chair’s Update	Verbal	Chair	14:10 (10 mins)
	Purpose: To <b>receive</b> the Chair’s Report			
CG006/25	Chief Executive’s Report	Report/ Presentation	Chief Exec	14:20 (10 mins)
	Purpose: To <b>receive</b> the Chief Executive’s Report			
GOVERNOR INVOLVEMENT AND ENGAGEMENT				
CG007/25	Governor Strategy Committee Update	Minutes & Verbal	L Mashang ombe	14:30 (10 mins)
	Purpose: To <b>receive</b> the Governor Strategy Committee Chair’s report and minutes.			

<b>CG008/25</b>	<b>Governor Feedback</b>	Verbal	All	<b>14:40</b> (10 mins)
-----------------	--------------------------	--------	-----	---------------------------

*Purpose: To **receive** feedback from Governors.*

## ASSURANCE AND ACCOUNTABILITY

<b>CG009/25</b>	<b>Board Committee Chairs' Reports</b>	Report and Presentation	NEDS	<b>14:50</b> (25 mins)
	<ul style="list-style-type: none"> <li>Audit and Risk Committee</li> <li>Finance and Investment Committee</li> <li>People Committee</li> <li>Quality Assurance Committee</li> </ul>			

*Purpose: To **receive** the Board Committee Chairs' Reports*

<b>CG010/25</b>	<b>Charitable Funds Annual Report</b>	Report and Presentation	Chair CFC	<b>15:15</b> (10 mins)
-----------------	---------------------------------------	----------------------------	--------------	---------------------------

*Purpose: To **receive** the Charitable Funds Annual Report.*

<b>CG011/25</b>	<b>Operational Plan</b>	Presentation	CSP	<b>15:25</b> (10 mins)
-----------------	-------------------------	--------------	-----	---------------------------

*Purpose: To **receive** the Operational Plan.*

<b>CG012/25</b>	<b>National Change NHS Consultation Update</b>	Report	CSP	<b>15:35</b> (10 mins)
-----------------	--	--------	-----	---------------------------

*Purpose: To **receive** the National Change NHS Consultation Update*

<b>CG013/25</b>	<b>iFM Annual Report</b>	Report / Presentation	CFO	<b>15:45</b> (10 mins)
-----------------	--------------------------	--------------------------	-----	---------------------------

*Purpose: To **receive** the iFM Annual Report.*

## CONCLUDING BUSINESS

<b>CG014/25</b>	<b>Any Other Business</b>	Report	Chair	<b>15:55</b> (05 mins)
-----------------	---------------------------	--------	-------	---------------------------

*Purpose: To **receive** any urgent business not included on the agenda*

**Date and time of next meeting:** **16:00**  
03 April 2025 at 2pm in Seminar Room 1, Education Centre **close**

**Chair: Dr Niruban Ratnarajah**

## **Draft Minutes of the Council of Governors Meeting**

**Held in BICS Rooms 1&2, Musgrave House**

**Thursday 05 December 2024 at 14:00**

*Subject to the approval of the Council of Governors on 06 February 2025*

### **Present**

<b>Name</b>	<b>Initials</b>	<b>Title</b>
Niruban Ratnarajah	NR	Chair
Cara Burns	CB	Staff Governor
Catherine Binns	CBi	Staff Governor
Champak Mistry	CM	Public Elected Governor
Dalton Thompson	DT	Public Elected Governor
Dave Bagley	DbA	Appointed Governor
David Barnes	DB	Public Elected Governor
David Fawell	DF	Public Elected 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
Jean Cummings	JC	Staff Governor
Kayonda Ngamaba	KN	Public Elected Governor
Malcolm Bristow	MB	Public Elected Governor
Melanie Rushton	MR	Appointed Governor
Pauline Lee	PL	Public Elected Governor
Samm Cusick	SC	Public Elected Governor

### **In Attendance**

Alan Stuttard	AS	Non-Executive Director
Brett Walmsley	BW	Director of Digital (for item CG064/24)
Deiler Carrillo	DC	Data Protection Officer/Head of Information Governance (for item CG064/24)
Harni Bharaj	HB	Deputy Medical Director
Fiona Noden	FN	Chief Executive
Fiona Taylor	FLT	Non-Executive Director
James Mawrey	JM	Director of People
Martin North	MN	Non-Executive Director

Rachel Noble	RN	Deputy Director of Strategy
Rebecca Bradley	RB	Deputy Chief Nurse
Sean Harriss	SH	Non-Executive Director
Seth Crofts	SC	Non-Executive Director
Sharon Katema	SK	Director of Corporate Governance
Victoria Crompton	VC	Corporate Governance Manager

### Apologies

Annette Walker	AW	Chief Finance Officer
Francis Andrews	FA	Medical Director
Jack Ramsay	JR	Public Elected Governor
Lindiwe Mashangombe	LM	Staff Governor
Martyn Cox	MC	Appointed Governor
Rae Wheatcroft	RW	Chief Operating Officer
Sharon White	SW	Director of Strategy Transformation and Digital
Tosca Fairchild	TF	Non-Executive Director
Tyrone Roberts	TR	Chief Nurse

AGENDA ITEM PART 1	DESCRIPTION	Action Lead
--------------------------	-------------	----------------

#### CG053/24 Chair's Welcome and Note of Apologies

The Chair welcomed all to the meeting and apologies for absence were noted as detailed above.

#### GG054/24 Declaration of Interests

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

#### CG055/24 Minutes of the previous meetings

The Council of Governors reviewed the minutes of the meeting held on 01 August 2024, and approved them as a correct and accurate record of proceedings.

#### RESOLVED:

The Council of Governors **approved** the minutes from the meeting held on 01 August 2024.



**G056/24 Matters Arising**

There were no matters arising to consider.

**CORE BUSINESS****CG057/24 Chair's Report**

The Chair presented the report which provided an overview of the organisation's governance arrangements and included a proposed revision to the Board and Committee arrangements. Appended to the report were:

- The Board's annual workplan which remains an essential document for the Board of Directors as it determines the flow and reporting of information in a timely manner. The workplan detailed items to be presented throughout the calendar year to ensure the Trust meets its regulatory, statutory duties.
- A summary report on the Non-Executive Director (NED) champion roles in accordance with NHS England Guidance.
- An overview of the revised organisational structure and the distribution of committee memberships between NEDs and Executive Directors.

**RESOLVED:**

The Council of Governors **received** the proposed approach to Board and Committee meetings and **noted** the NED Champion roles.

**CG058/24 Chief Executive Report**

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

- The Trust had set out a commitment to being an anti-racist organisation. Racial inequalities existed in Bolton and had a profound impact on the experiences and outcomes of staff, patients and the community.
- The Trust's Finance Team was a finalist at the Public Finance Awards 2024 in the Finance Team of the Year – Frontline Services category for their work to deliver high quality services for the NHS in Bolton.
- The Proud2bOps network won two awards at the first ever Proud2bOps Awards. The Trust won the Trust Network of the Year award and the Director of Operations, Michelle Cox, was announced and received the award for Operational Role Model of the Year.

**RESOLVED:**

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

#### **CG059/24 Governor Quality Committee Chair's Update**

The Governor Quality Committee was held on Thursday 07 November 2024 and was Chaired by Grace Hopps. The agenda items included:

- Emergency Department Performance Update
- Governor Quality Committee 2025 Work plan

The next meeting would be held on Thursday 06 March 2025.

#### **RESOLVED:**

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

#### **CG060/24 Governor Strategy Committee Chair's Update**

The Governor Strategy Committee was held on Tuesday 17 September 2024 and was Chaired by Lindiwe Mashangombe. The agenda items included:

- Strategy Video
- Annual Plan
- Locality Plan

The next meeting would be held on Tuesday 21 January 2025

#### **RESOLVED:**

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

#### **CG061/24 Governor Feedback**

##### **BoSCA**

GH advised she had undertaken a BoSCA assessment in Endoscopy which was a fantastic department with excellent services. Patient feedback which was received about the department was also very positive.

#### **RESOLVED:**

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

#### **CG062/24 Director of Corporate Governance Report**

The Director of Corporate presented the results of the 2024 Governor elections congratulating the newly elected and re-elected Governors. Those Governors who

ended their terms in 2024 were thanked for their continued support during their terms of office.

SK also presented the Director of Corporate Governance Report which included the following documents for consideration and approval:

- Council of Governors Annual Workplan
- Governor Quality Committee Terms of Reference
- Governor Strategy Committee Terms of Reference
- Governor Nomination and Remuneration Committee Terms of Reference

The Council of Governors Annual Workplan detailed items to be presented throughout the calendar and would be used to inform the work plans of the committees. All governors were encouraged to identify matters that they would wish to have included in both committee and Council of Governor meetings.

Governors raised concern around the Governor vacancies being carried in the Doctors/Dentists and Nurses and Midwives staffing constituencies, and queried what support was in place for staff members who wished to stand as a Governor. SK advised there had been some interest from within these staffing groups over the last couple of years, but sadly this had not led to a nomination. Consideration would be given in advance of the 2025 Governor elections as to how the organisation could raise awareness of the Staff Governor role and provide additional support to those who were interested in the role. It was agreed this would also be highlighted to those staff members who were participating on the Our Leaders programme currently being run at the Trust.

**RESOLVED:**

The Council of Governors **received** the 2024 Governor Election Result and **approved** the 2025 Workplan and Committee Terms of Reference.

**CG063/24 Committee Chair's Reports**

**Audit and Risk Committee**

Alan Stuttard, Audit and Risk Committee Chair presented the Chair Report from the Audit and Risk Committee which took place in September 2024, and provided a verbal update from the meeting held on 05 December 2024. The Trust's External Auditors, Forvis Mazars were in the planning phase in respect of the 2024/25 financial statements and the 2024/25 value for money arrangements. It had been confirmed that Forvis Mazars had been engaged as the Auditors for iFM Bolton for

2024/25 onwards and they had also been engaged to carry out the independent examination of Our Bolton NHS Charity for 2023/24 and onwards.

DB raised concern around the level of scrutiny on iFM Bolton considering the substantial budget it held. AS confirmed there were a number of levels of scrutiny on iFM Bolton from the Finance and Investment Committee and Internal Audit, and External Audits were also completed by Forvis Mazars. SK advised the iFM Annual Report was included on the Council of Governors workplan and would be presented in February 2025.

### **Charitable Funds Committee**

Martin North, Charitable Funds Committee Chair provided an update from the Charitable Funds Committee advising that the charities fund balance totaled £1,078k at 01 April 2024. For the five months to the 31 August there had been a net decrease in funds of £25k and the charity had a call on funds (commitments) of £254k leaving an available balance of 799k.

DYO queried whether any Charitable Funds monies were directed into local communities. RN advised the charities governance stipulated that the spending of funds had to be for the enhancement of services for either staff or patients. RB added that going forward a member of the Charitable Funds Committee would be joining the Patient Experience Group for further oversight.

### **Finance and Investment Committee**

Rebecca Ganz, Finance and Investment Committee Chair provided an update from the meeting held on 27 November 2024, the following key points were highlighted:

- The Trust had a revised deficit plan for the year of £0.6m.
- Cost Improvement Programmes (CIP) of £14.9m had been delivered compared to a plan of £11m.
- Capital spend for month 7 year to date was £3.0m owned, £0.7m leased.
- The iFM Annual Performance Report was presented as both a shareholder and a customer. The Chair of the Committee passed their thanks for the iFM team for their achievements.

CBI raised concern around the doors within the Outpatients Department which were heavy and therefore difficult for disabled people to use, and queried whether when staff were consulted during estates works. This was supported by MB who advised he had attended J Block and had difficulty navigating in his motorised wheelchair as the doors were not automated. He had raised the issue with staff and was advised

this would be passed onto contractor, but on a recent visit the doors were still non-automated and instead were propped open by a wedge which then raises the question around fire safety.

**Action:**

RG to speak to AW on feasibility of making doors automated.

**People Committee**

Alan Stuttard, Non-Executive Director provided an update from the People Committee held on 19 November 2024 advising that the Nursing and AHP and Maternity Staffing Reports were presented which provided assurance on safe staffing levels within the organisation. The EDI Annual Report and Freedom to Speak Up (FTSU) Q2 Report were also presented.

SC queried whether FTSU Champions were being utilised and AS confirmed the People Committee received quarterly updates and 38 concerns were raised in Quarter 2. The report highlights the importance of FTSU and he advised that the Champions provided staff with someone to speak with should they have any concerns. ALL FTSU Champions received appropriate training.

PL raised concern that the number of staff completing the NHS Staff Survey had not increased in recent years. AS advised in 2022/23 42% of staff had completed the survey and this rose to 48% in 2023/24 with the Trust having the second highest participation rate within Greater Manchester. This was a national issue with many NHS staff feeding back that they felt over-surveyed. JM advised a number of actions were underway to try and improve participation rates in 2024/25. AS also added that iFM staff were not classed as NHS staff so were not included, but the Trust completed a survey in parallel for iFM staff.

**Quality Assurance Committee**

Fiona Taylor, Quality Assurance Committee Chair provided an update on the discussion held at the recent Quality Assurance Committee, the following key points were highlighted:

- SHMI methodology had been updated and now included all COVID deaths. The Trust had previously reviewed the quality of care which had not been found to be substandard. An action plan on SHMI would be included in next Mortality Report.
- An update was received on the work to improve outcomes associated with clinical correspondence across the Trust. Challenges were noted in Paediatrics and Outpatients, and it was noted a digital solution was required to address the

delays in Outpatients, but this had been deferred until June 2025 in order to safeguard the delivery of the Maternity EPR.

- Maternity Incentive Scheme Year 6 Progress Update (CNST) - the service was progressing well with all ten safety actions and had attained 25 of the 94 recommendations.

### **Strategy and Operations Committee**

Sean Harriss, Chair of the Strategy and Operations Committee provided an update from the meeting held on 28 November 2024, advising that the Winter Plan had been recommended to the Board of Directors for approval. The likely scenario was 29 beds would be needed and worst scenario 57 beds.

#### **RESOLVED:**

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

### **CG064/24 Information Governance (IG) Update**

The Data Protection Officer/Head of Information Governance provided a presentation highlighting the importance of IG and the challenges on IG within the NHS. To ensure that Governors are compliant with Trust policies all Governors must have a Trust e-mail account as this secure e-mail facility meets Government standards. E-mails are considered one of the main gateways to access the Trust network and could be a prime target for cybercriminals seeking to gain unauthorised access to the network.

#### **RESOLVED:**

The Council of Governors **received** the Information Governance Update.

### **Meeting held in Private:**

**The Council of Governors resolved that:**

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

### **CONCLUDING BUSINESS**

#### **CG052/24 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 02 February 2025 at 14:00 – 17:00.**

Name	Role	Oct	Dec	Feb	April	June	August	AMM	December
<b>Present</b>									
Niruban Ratnarajah	Chair	✓	✓	✓	✓	A	✓	✓	✓
Oboh Achioyamen	Public Governor	✓	✓	DNA	DNA	✓	DNA	DNA	DNA
Imteyaz Ali	Public Governor	DNA	DNA	DNA	✓	✓	✓	DNA	DNA
Abdul Atcha	Appointed Governor	DNA	DNA	DNA					
Dave Bagley	Appointed Governor	✓	✓	A	✓	A	DNA	DNA	✓
David Barnes	Public Governor	✓	✓	✓	✓	✓	✓	✓	✓
Catherine Binns	Staff Governor	✓	A	A	✓	✓	✓	✓	✓
Malcolm Bristow	Public Governor	✓	✓	✓	A	A	✓	✓	✓
Cara Burns	Staff Governor	✓	✓	✓	✓	A	✓	DNA	✓
Elaine Catterall	Public Governor	A	A	✓	A	✓	A		
Samantha Connor	Appointed Governor	DNA	DNA	DNA					
Martyn Cox	Appointed Governor							✓	A
Jean Cummings	Staff Governor	A	✓	✓	✓	✓	DNA	DNA	✓
Sumirna Cusick	Public Governor	A	A	✓	✓	✓	DNA	A	✓
Gary Burke	Public Governor	✓	✓	✓	✓	✓	✓	DNA	DNA
David Fawell	Public Governor							✓	✓
Edward Gorman	Public Governor	A	A	DNA	DNA	DNA	DNA		
Grace Hopps	Public Governor	✓	✓	✓	✓	✓	✓	A	✓
Dorothy Kenworthy	Public Governor	DNA	A	A	DNA	A	DNA		
Pauline Lee	Public Governor	A	✓	✓	✓	✓	✓	A	✓
Lindiwe Mashangombe	Staff Governor	✓	A	✓	✓	✓	✓	DNA	A
Geoffrey Minshull	Public Governor							✓	✓
Champak Mistry	Public Governor	✓	A	A	A	DNA	✓	✓	✓
Susan Moss	Staff Governor	✓	A	A					
Samir Naseef	Appointed Governor	A	A	A	A	A	A	A	A
Kayonda Hubert Ngamaba	Public Governor	✓	✓	DNA	✓	✓	DNA	DNA	✓
Adele Nightingale	Appointed Governor	A	✓	✓	✓	A	A		
Deborah Parker	Public Governor	✓	A	✓	A	✓	✓	✓	✓
Jack Ramsay	Public Governor	A	✓	✓	✓	A	✓	A	A
Melanie Rushton	Appointed Governor	A	✓	✓	A	A	DNA	✓	✓
Ann Schenk	Public Governor	✓	A	✓	✓	A	✓	DNA	DNA
David Thomas	Public Governor	✓	DNA	A	✓	✓	DNA	DNA	DNA
Dalton Thompson	Public Governor	✓	A	✓	A	✓	✓	DNA	✓
Alan Yates	Public Governor	A	A	DNA	DNA	DNA	DNA		
Dawn Yates-Obe	Appointed Governor	A	A	✓	✓	✓	✓	A	✓
<b>In Attendance</b>									
Francis Andrews	Medical Director	*	✓	✓	✓	A	✓	✓	A
Malcom Brown	NED	*							
Seth Crofts	Associate NED		✓	✓	✓	✓	✓	✓	✓

Victoria Crompton	Corporate Governance Manager	✓	✓	✓	✓	✓	A	✓	✓
Tosca Fairchild	NED		A	✓	✓	A	✓	A	A
Rebecca Ganz	NED	*	✓	A	✓	A	A	✓	✓
Sean Harriss	NED		✓	A	✓	✓	✓	✓	✓
Sharon Katema	Director of Corporate Governance	✓	✓	✓	✓	✓	✓	✓	✓
James Mawrey	Deputy CEO / Director of People	*	✓	✓	A	✓	✓	✓	✓
Jackie Njoroge	NED / Deputy Chair	*	✓	A	✓	✓			
Fiona Noden	Chief Executive	*	✓	✓	A	A	✓	✓	✓
Martin North	NED	*	✓	✓	✓	✓	✓	✓	✓
Alan Stuttard	NED	*	✓	✓	✓	A	✓	✓	✓
Tyrone Roberts	Chief Nurse	*	✓	✓	A	✓	✓	✓	A
Fiona Taylor	NED		✓	A	✓	✓	✓	✓	✓
Annette Walker	Chief Finance Officer	*	✓	✓	✓	✓	✓	✓	A
Rae Wheatcroft	Chief Operating Officer	*	✓	A	A	✓	✓	✓	A
Sharon White	Director of Strategy, Digital and Transformation	*	✓	A	✓	✓	✓	✓	A



<b>Report Title:</b>	Chief Executive's Report			
<b>Meeting:</b>	Council of Governors	<b>Action Required</b>	Assurance	✓
<b>Date:</b>	06 February 2025		Discussion	
<b>Executive Sponsor</b>	Chief Executive		Decision	

<b>Purpose of the report</b>	To update the Council of Governors on key internal and external activity that has taken place since the last Council of Governors meeting, in line with the Trust's strategic ambitions.
------------------------------	--

<b>Previously considered by:</b>	N/A.
----------------------------------	------

<b>Executive Summary</b>	This Chief Executive's report provides an update on key activity that has taken place since the last Council of Governors meeting including any internal developments and external relations.
--------------------------	---

<b>Proposed Resolution</b>	The Council of Governors are asked to receive the Chief Executive's Report.
----------------------------	---

Strategic Ambition(s) this report relates to				
<b>Improving care, transforming lives</b>	<b>A great place to work</b>	<b>A high performing productive organisation</b>	<b>An organisation that's fit for the future</b>	<b>A Positive partner</b>
✓	✓	✓	✓	✓

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

Health Inequalities	No	
Equality, Diversity and Inclusion	No	

Prepared by:	Fiona Noden, Chief Executive	Presented by:	Fiona Noden, Chief Executive
--------------	---------------------------------	---------------	---------------------------------

## Ambition 1: Improving care, transforming lives

A reflective look back on 2024 revealed that despite another busy and challenging year with increasing demand, our service teams have continued to have an incredible impact on our communities.

8.6 million tests have been carried out to help diagnose a wide-range of conditions, more than 5,000 babies were born in Royal Bolton Hospital's maternity department, and approximately 7,000 children have received support from the 0-19's public health team each month this year. The figures also revealed the Trust supported more than 80,000 inpatient and day case attendances and 548,732 outpatient attendances. The full analysis [can be found on our website](#).

Our [Neonatal Unit has introduced a new app](#) that will keep parents updated and involved in their baby's care. [vCreate](#) NICU Diaries enables the hospital's nursing teams to reassure parents with positive video and photo updates that capture precious milestone moments to keep forever. Parents and families are able to view updates through the vCreate app whenever they are unable to be on the unit, and they can also ask questions and get important updates about their baby's progress. The app provides a multi-language feature and auto-translates messages to and from families to improve communication and improve access to care.

Royal Bolton Hospital has become the [first location in Greater Manchester to carry out digital autopsies](#) that reduce the need for invasive post mortems and release bodies to families and loved ones sooner. In partnership with Digital Autopsy UK and Manchester West Coronial Service, the CT scanning suite from Digital Autopsy UK allows organs and tissues to be assessed using radiology, which can highlight causes of death for the deceased without the need for invasive procedures. Using advancements in technology, digital autopsies aim to reduce traditional invasive post mortems, in which a pathologist would use specialist tools to investigate a cause of death, by three quarters (75%). The facility, which will support families living in Bolton, Salford and Wigan, was officially opened on Thursday 9<sup>th</sup> January by the Mayor of Greater Manchester, Andy Burnham.

We experienced an increase in flu cases and as a result, [introduced face masks in our in-patient areas](#) to prevent the spread of viruses and infection. We saw a high number of flu cases in recent weeks, with 42 patients being admitted into the hospital with flu on Thursday 2<sup>nd</sup> January, up from an average of seven cases in September. To address this, all staff, patients and visitors were asked to wear fluid repellent surgical face masks in inpatient areas from Monday 6<sup>th</sup> January. Dr Francis Andrews our medical director, and Nicola Kirlew, our D4 respiratory ward manager, were interviewed by ITV Granada Reports to raise awareness of why we were taking these increased steps. Following a reduction in flu cases, this has now been stepped down to discretionary use.

As the world celebrated the start of 2025, our midwives were [helping families in Bolton to welcome the first babies of the new year](#). In 2024, the maternity department at Bolton NHS Foundation Trust delivered more than 5,000 babies.

Our organisation has become the [highest recruiting site in the North West for an important study that's looking at how to help babies breathe](#) if they are born a few weeks early. At the start of December, our Neonatal Unit reached a major milestone after recruiting their 50<sup>th</sup> baby to the SurfON study. SurfON

is aiming to find out how to best treat babies who are born two to six weeks early and admitted to the Neonatal Unit with breathing problems.

The Royal Bolton Hospital site is now completely smokefree, with visitors instead being directed to a designated vape zone away from the main entrance should they wish to use it. As part of the programme, we will be offering additional support to staff and patients who wish to quit or who need nicotine replacement whilst an inpatient, through our occupational health and CURE teams respectively.

## Ambition 2: A great place to work

One of our dedicated volunteers who regularly gives her time up to support staff and patients in the Churchill Unit [celebrated a milestone birthday](#), turning 90 years old earlier this month. Before joining Bolton NHS Foundation Trust as a volunteer, Edna was previously a volunteer with the Women's Royal Voluntary Services, supporting the hospital's main reception, on the wards and in the thoracic department.

Three of our [community nurses have been recognised by the Queen's Nursing Institute](#) for their commitment to ongoing learning, leadership and excellence in healthcare. Gillian Finnigan, Joanne Simpson and Rachel Taylor have all been awarded the prestigious title of a Queen's Nurse. 587 nurses working in the community, in primary care and social care received the title of Queen's Nurse in 2024. The total number of Queen's Nurses in England, Wales and Northern Ireland is now around 3,000.

Our very own [Our Voice Choir has won a special award from Manchester's prestigious orchestra, The Hallé](#). The choir, made up of NHS staff from across the Trust, won the Hallé Workplace Choir Competition, which invites businesses and organisations from across the North to compete for the chance to perform on stage with the Hallé at The Bridgewater Hall on Friday 13<sup>th</sup> December.

The Trust is celebrating receiving a [gold level award for its commitment to patient safety](#). The Trust successfully completed a national data quality audit programme, which is monitored by the National Joint Registry (NJR) for the performance of hip, knee, ankle, elbow and shoulder joint replacement procedures to support work to improve the clinical outcomes for the benefit of patients. The programme also provides feedback on surgical performance to orthopaedic clinicians and joint replacement implant manufacturers. The registry collects high quality orthopaedic data in order to support patient safety, standards in quality of care, and overall value in joint replacement surgery.

Our thoughts remain with our fellow NHS colleague in Oldham who was attacked whilst at work this month, and we wish her and her family well as she continues to recover from the experience. We know that this had a personal impact on many of our staff, and we reminded our colleagues of the measures in place across the Trust to protect and support them. We will continue to review our processes to make sure we are doing absolutely everything we can to keep our colleagues as safe as possible at work.

We have received the first draft of the early findings from the NHS Staff Survey 2024, which are currently under embargo until March. Until the official report is published in the coming weeks we will be working to understand what our colleagues have shared about working here in Bolton, and if the [actions taken since last year's survey](#) have had a positive impact on their experience of work.

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

We have joined a Greater Manchester campaign called '[Your Medicines Matter](#)' to remind patients to bring their medicines with them when they come into hospital for an appointment, are admitted or need to attend the Emergency Department. Greater Manchester's hospitals are making the 'Your Medicines Matter' plea to improve safety and provide a better experience for patients. It is important that patients bring in medicines from home because this will help hospital staff decide on the best and safest treatments, reduce waste and help reduce delays when patients are going home.

We are now using [new AI \(artificial intelligence\) technology that will help doctors to detect diseases, including lung cancer](#), quicker. It will see an AI-powered chest X-ray decision-support system used to read chest X-rays, with the tool able to detect up to 124 findings on chest radiographs. The new technology is being rolled out at seven NHS Trusts across Greater Manchester as part of a partnership between Greater Manchester Cancer Alliance, Greater Manchester Imaging Network and global health tech firm Annalise.ai.

The work of our urgent care improvement programme continues to have a positive impact on patient flow and experience in our emergency department and across the organisation. The launch of our acute medical model is already having a significant impact on pressures within the department, with 58% of patients being treated and discharged in the same day that could have otherwise been waiting lengthy times in the ED. We have also seen significant improvements in the number of delayed days, that is the amount of days our patients could have been at home with their families instead of in hospital, reducing the figure by around 500 throughout 2024.

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

Our [Elective Care Centre](#) celebrated one year since the doors to the state-of-the-art complex first opened to patients. The centre has four theatres which have been used to help with waiting lists and treat thousands of patients each year. All departments have worked together to overcome any early teething problems, in order to make sure that patient safety and care is of the highest standard.

Our 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. The [multi-million pound transformation project](#) will start shortly, and include refurbished maternity wards for women during and after pregnancy, creating new, modern and spacious environments. The hospital's birthing suite will also be fully refurbished to create four brand new, modern birthing rooms with pools, there will be a new seven-bed triage area alongside the maternity unit, and the ability to adapt the

spaces between antenatal and postnatal ward areas to manage demand. Our women's health services will also have a welcome upgrade, with both the gynaecology and early pregnancy assessment areas being fully refurbished as part of the development.

Teams and individuals presented their improvement projects at the [Quality Improvement Project Showcase Event](#), organised by the Quality Improvement (QI) team, who support health professionals to find ways of improving services that will lead to better patient outcomes, system performance and professional development. One of the projects showcased was work to improve access to care and prevent delays for patients who are suspected to have gynaecological cancers. Until this year, gynaecology patients with a suspected cancer needed to travel to different clinics for blood tests. Clinical Nurse Specialists have now been trained to perform blood tests in outpatient clinics, reducing the need to travel and speeding up access to treatments.

Another QI project has seen a dedicated, nurse-led, telephone service set up to for head and neck patients that have a negative cancer diagnosis so that they are informed about their outcome much sooner.

Key goals for quality improvement at Bolton NHS Foundation Trust between 2024 and 2028 have also been outlined in a dedicated [Quality Improvement Plan](#), putting the provision of safe and high quality care at the heart of the organisation to secure the best outcomes for patients and staff.

### Ambition 5: A positive partner

We continue to work with our partners at The University of Greater Manchester, (formerly the University of Bolton) to help develop their training offer, and explore opportunities for our clinical colleagues to expand their portfolio with educator roles at the new Institute of Medical Sciences. We are actively promoting engagement events and encouraging colleagues to take a tour of the site and learn more about what is on offer.

A huge amount of work has happened to [fully establish our six neighbourhood teams](#), and we heard all about this from Jo Dorsman and Martin Ashton at this month's Locality Board. It has taken a while to get where we are today but we are starting to see the results of a cultural shift and the impact we can have on our communities, which was made clear with some of the people stories they shared.

We are extremely grateful to some of our incredible partners who have generously donated to Our Bolton NHS Charity to help spread festive cheer to people who are staying in hospital over Christmas. Hundreds of presents, ranging from children's toys to pamper products for some of the hospital's older patients, have been dropped off at and distributed across our services throughout December.

Local businesses, communities and individuals have supported Santa and his elves by raising money and collecting gifts to lift the spirits of those unable to spend Christmas at home. Go North West donated presents for some of the hospital's adult patients on the Complex Care wards, and also sponsored seven Christmas trees that have been installed across the hospital site.

Players, management and Lofty the Lion from Bolton Wanderers Football Club and Bolton Wanderers in the Community also visited the hospital, dropping off gifts across the wards, including the children's ward, the children's Emergency Department and the neonatal unit. A full list of contributors including Jaguar Land Rover Bolton, Ladybridge High School and Leverhulme Academy Trust [can be found on the Trust's website](#).

## Draft Minutes of the Governor Strategy Committee Meeting

Held on Microsoft Teams

Tuesday 21 January 2025

Subject to the approval of the Governor Strategy Committee on 20 May 2025

### Present

Name	Initials	Title
Mashangombe Lindiwe	LM	Staff Governor – Chair
Achioyamen Oboh	OA	Public Elected Governor
Barnes David	DB	Public Elected Governor
Burke Gary	GC	Public Elected Governor
Fawell David	DF	Public Elected Governor
Hopps Grace	GH	Public Elected Governor
Schenk Ann	AS	Public Elected Governor

### In Attendance

Crofts Seth	SC	Non-Executive Director
Crompton Victoria	VC	Corporate Governance Manager
Fairchild Tosca	TF	Non-Executive Director
Ganz Rebecca	RG	Non-Executive Director
Harriss Sean	SH	Non-Executive Director
Katema Sharon	SK	Director of Corporate Governance
Noble Rachel	RN	Deputy Director of Strategy
North Martin	MN	Non-Executive Director and Deputy Chair
Stuttard Alan	AS	Non-Executive Director
White Sharon	SW	Chief of Strategy and Partnerships

### Apologies

Bristow Malcolm	MB	Public Elected Governor
Lee Pauline	PL	Public Elected Governor
Parker Deborah	DP	Public Elected Governor

AGENDA ITEM	DESCRIPTION	Action Lead
<b>PRELIMINARY BUSINESS</b>		

#### GS001/25 Chair's Welcome and Note of Apologies

The Chair welcomed all to the meeting.

Apologies for absence were noted as detailed above.



**GS002/25 Declaration of interests concerning agenda items**

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

**GS003/25 Minutes of the previous meetings**

The Governor Strategy Committee reviewed the minutes of the meeting held on 17 September 2024, and approved them as a correct and accurate record of proceedings.

**RESOLVED:**

The Governor Strategy Committee **approved** the minutes from the meeting held 17 September 2024.

**GS004/25 Matters Arising**

None.

**CORE BUSINESS**

**GS005/25 Operational Plan Update and Reforming Elective Care for Patients National Report**

The Deputy Director of Strategy provided an update on the Operational Plan advising that national guidance had not yet been released. The Operational Plan outlined the key standards and targets for the NHS, and set the financial envelope for delivering those targets. In the absence of the national guidance Greater Manchester had assumed a set of targets which was based on reasonable expectations and focussed on key performance metrics. The Trust was working towards meeting these assumed targets, and the projected performance looked positive, but there was still work to be done, particularly in areas such as the 18-week referral to treatment target.

The planning process was ongoing and regular meetings and discussions were being held at Greater Manchester system level to ensure readiness for the planning round, despite the lack of national guidance. Once the national guidance had been released this would be shared with Governors.

RN also presented the Briefing on the National Reforming Elective Care Report which articulated the national ambition to reform elective care. It set out a number of targets the organisation expected to be reflected in the 2025/26 operational planning guidance, including:

- By March 2026 the percentage of patients waiting less than 18 weeks for elective treatment would be 65% nationally
- Every Trust would need to deliver a minimum five percentage point improvement by March 2026
- It then expected sufficient increases annually (exact figures to be confirmed in the planning guidance) to reach 92% in 2029.
- Progress would also be expected in meeting cancer waiting time standards

As part of the preparation for the national operational planning round, the Trust was working on the implications of the report with clinical and corporate divisions. It was expected that confirmation of approach to funding and targets would be confirmed when national operational planning guidance was published.

GH queried the impact of the new elective care unit, and RN explained the unit had allowed for increased productivity and modern service delivery. The unit had helped to reduce waiting times, but there were still challenges due to capacity constraints, including the need to manage resources effectively and the impact of the Reinforced Autoclaved Aerated Concrete (RAAC) issues on operational capacity. The unit had contributed to reducing waiting times for elective procedures advising that patients were now able to be discharged 24 hours after a hip replacement which demonstrated the efficiency of the facility.

SW mentioned the need for mutual aid from other trusts to manage waiting lists and ensure that patients receive timely care, highlighting the collaborative efforts within the Greater Manchester system.

DB expressed concern regarding the lack of comparative data with Greater Manchester, and SK added they could include the data in future updates to the Council of Governors.

**RESOLVED:**

The Governor Strategy Committee **received** the Operational Plan Update

**GS006/25    Independent Investigation into the NHS and Bolton NHS Foundations Trust's Response to the National Change NHS Consultation**

The Deputy Director of Strategy presented the report advising the recent report by Lord Darzi had made recommendations for the future of the NHS, focusing on the importance of a resilient workforce, proper resource allocation, and a shift towards preventive care.

The national consultation exercise on the "Change NHS" initiative focused on three key shifts: moving from acute to community settings, shifting from sickness to prevention, and transitioning from analogue to digital systems.

RN emphasised the need for proper funding and integration across health and social care to achieve the proposed shifts, and highlighted the importance of addressing wider determinants of health such as housing, employment, and education.

The consultation response, had been shared with the local MP for further discussion and to ensure the views and needs of the local population were represented in the national policy-making process.

RN advised the Trust would continue to engage in the consultation process and provide further input as required, ensuring the organisation's views were represented in the final report and the new 10-year plan for the NHS.

DB expressed concern that governors had not been asked prior to the NHS consultation response being submitted. SK advised that the consultation had been shared widely via Trust e-mail from the Communications Department and on the organisations social media channels, but the Trust would ensure future consultations would include governor input, emphasising the importance of Governor involvement in shaping the response to national consultations.

#### **RESOLVED:**

The Governor Strategy Committee **received** the Independent Investigation into the NHS and Bolton NHS FT's Response to the National Change NHS Consultation.

#### **GS007/25 Governor Strategy Committee Workplan**

The Director of Corporate Governance presented the Governor Strategy Committee Terms of Reference and workplan seeking feedback on the objectives and membership of the committee. It was also noted that LM had been Chairing the committee, but there was a need for a Deputy Chair and any expressions of interest should be sent to VC.

Governors agreed the membership should be kept open to any Governor who wished to attend. It was also suggested that Rae Wheatcroft, Chief Operating Officer be invited to attend the meeting to support the operational elements of the workplan.

RN suggested it may be beneficial to review the meeting schedule and frequency to ensure the committee could effectively fulfil its objectives, particularly in relation

to the annual plan and operational updates. It was proposed to consider a March meeting to align with the planning process.

**Resolved:** The Governor Strategy Committee ***approved*** the Governor Strategy Committee Workplan.

## CONCLUDING BUSINESS

### GS008/25 Items for Escalation to Council of Governors

The Governor Strategy Committee escalated the

### GS009/25 Any Other Business

There being no other business, the Chair thanked all for attending and brought the meeting to a close at 18:00.

The next Governor Strategy Committee would be held on Tuesday 20 May 2025.

<b>Report Title:</b>	Committee Chair's Reports			
<b>Meeting:</b>	Council of Governors	<b>Action Required</b>	Assurance	✓
<b>Date:</b>	06 February 2025		Discussion	
<b>Executive Sponsor</b>	Director of Corporate Governance		Decision	

<b>Purpose of the report</b>	The purpose of this report is to provide an update and assurance to the Council of Governors on the work delegated to the Board committees.
------------------------------	---

<b>Previously considered by:</b>	Board committees and Board of Directors
----------------------------------	---

<b>Executive Summary</b>	The attached Chair's reports provide an overview of matters discussed at recent committee meetings. The reports also set out the assurance received by the Committee and identifies the specific concerns that required the attention of the Board of Directors.
--------------------------	--

<b>Proposed Resolution</b>	The Council of Governors are asked to <b>receive</b> the Committee Chair's Reports.
----------------------------	---

Strategic Ambition(s) this report relates to				
Improving care, transforming lives	A great place to work	A high performing productive organisation	An organisation that's fit for the future	A Positive partner
✓		✓	✓	

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

Prepared by:	Non-Executive Directors	Presented by:	Non-Executive Directors
--------------	-------------------------	---------------	-------------------------

ALERT   ADVISE   ASSURE (AAA) Key Issues Highlight Report			
Name of Committee /Group:	Audit and Risk Committee	Reports to:	Board of Directors
Date of Meeting:	04 December 2024	Date of next meeting:	12 February 2025
Chair	Alan Stuttard	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none"><li>• Audit Committee Effectiveness</li><li>• Review of Audit Committee Terms of Reference and Annual Work Plan</li><li>• Internal Audit Reports</li><li>• External Audit Progress Report</li><li>• Local Counter Fraud Specialist Progress Report</li><li>• Updated Standing Financial Instructions and Scheme of Delegation</li></ul>		<ul style="list-style-type: none"><li>• IFM Bolton Statutory Accounts Year ended 31 March 2024</li><li>• Standing Orders and Matters referred to the Board</li><li>• Board Assurance Framework</li><li>• Corporate Risk Register</li><li>• Fraud Corruption Bribery Policy and Response Plan</li><li>• Risk Management Chair’s Report</li></ul>	
ALERT			
N/A			
ADVISE			
<u>Audit Committee Effectiveness</u> The Audit and Risk Committee considered the Annual Effectiveness Report and noted that the results were generally positive and indicated that the Committee has continued to build on its effectiveness since the last report in November 2023. The Committee discussed two areas where there were slightly different approaches to those recommended from the HFMA handbook but the Committee agreed with the approach that Bolton had adopted.			
<u>Review of Terms of Reference and Work plan</u> The Audit and Risk Committee reviewed the Terms of Reference and noted they have been updated to include the new areas of Risk and Information Governance. A few minor changes were also made to the Terms of Reference. The Terms of Reference were recommended for approval to the Board of Directors. The Committee also approved the Annual Work plan.			
ASSURE			
<u>Internal Audit Reports</u> The Internal Auditors, Mersey Internal Audit Agency (MIAA) presented their progress report. They advised that the final outstanding report from 2023/24 had now been completed and would be presented to the next Audit and Risk Committee. There were 2 final reports form the 2024/25 plan; Divisional Quality Governance (substantial assurance) and Bank and Agency Staff Controls (substantial assurance). The Committee discussed the two reports and recommended that these be referred back to the respective Committees from the point of view of the positive nature of these reports and to thank the staff involved in these areas of work. The Committee also considered the follow up report on recommendations from previous reports. The follow up was extremely positive with 4 recommendations completed and 16 not yet due which was recognised as very good practice.			
<u>External Audit Progress Report</u> The External Auditors, Forvis Mazars presented their progress report. In respect of the 2024/25 financial statements and the 2024/25 value for money arrangements these were in the planning phase. It was confirmed that Forvis Mazars had been engaged as the Auditors for IFM Bolton for 2024/25 onwards. It was also confirmed that Forvis Mazars had been engaged to carry out the independent examination of Our Bolton NHS Charity for 2023/24 and			

onwards.

#### **Local Counter Fraud Specialist Progress Report**

The Local Counter Fraud Specialist presented the progress report for the period September to November 2024. It was pleasing to note the positive reporting by staff of concerns. It was noted that for one particular case involving the Crown Prosecution Service a decision on the outcome was expected shortly.

#### **IFM Bolton Statutory Accounts Year ended 31 March 2024**

The Associate Director of Finance presented the IFM Bolton Statutory Accounts for year ended 31<sup>st</sup> March 2024. The accounts showed a small loss of £43k but with a strong cash balance of £4m. The aim was to submit the accounts before the end of the calendar year. The Committee thanked the Associate Director of Finance and the team for their work in completing the accounts in a timely manner. It was noted that this would be the final set of accounts undertaken by KPMG, the previous External Auditors.

#### **Updated Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD)**

The Committee received the updated SFIs and SoD. These had previously been approved by the Board and the Audit and Risk Committee confirmed their agreement to the updates

#### **Standing Orders and Matters Referred to the Board**

The Committee received the Standing Orders and Matters Referred to the Board which had previously been approved by Board of Directors. The Audit and Risk Committee confirmed their agreement of the reports as assurance of compliance.

#### **Board Assurance Framework**

The Director of Corporate Governance presented the Board Assurance Framework setting out the assurance on the five Strategic ambitions for the Trust. The BAF provides assurance that the principle risks to achieving the Trust's ambitions are identified, regularly reviewed and systematically managed. The Committee commended the comprehensive work which had been undertaken in constructing the BAF. The Committee noted that the BAF had also been presented to the Board of Directors.

#### **Corporate Risk Register**

The Chief Finance Officer presented the Corporate Risk Register. It was noted that there were 32 risks which scored at 15 and above. The Committee made 2 recommendations to strengthen the link between the Corporate Risk Register and the Board Assurance Framework. These related to identifying which of the five ambitions each risk referred to and identifying the Committee responsible for overseeing each of the risks. The intention being to create a golden thread from the original identification of risk at the Divisions/Corporate Services through to the Board Assurance Framework for the Board of Directors.

#### **Fraud Corruption Bribery Policy and Response Plan**

The Local Counter Fraud Specialist presented the updated Fraud Corruption Bribery Policy and Response Plan which was approved by the Audit and Risk Committee.

#### **Risk Management Chairs' Reports**

The Chief Finance Officer presented the Risk Management Chairs' reports for September, October and November. It was noted that this was the first time the Committee had received the BAF, Corporate Risk Register and Risk Management Chairs' Reports together which provided a high level of assurance. It was also noted that Audit and Risk Committee Chair had observed a recent Risk Management Committee meeting and was pleased to see the high level of discussion and debate.

#### **New Risks identified at the meeting:**

N/A

#### **Review of the Risk Register:**

N/A



Meeting Attendance 2024/25												
Members	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Alan Stuttard		✓			✓	✓			✓			✓
Martin North		✓			✓	✓			✓			A
Tosca Fairchild		✓			A	✓			A			A
Fiona Taylor		A			✓	✓			✓			✓
In Attendance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Annette Walker		✓			✓	✓			✓			✓
Sharon Katema		✓			✓	✓			✓			✓
✓ = In attendance      A = Apologies												

ALERT   ADVISE   ASSURE (AAA) Key Issues Highlight Report			
Name of Committee /Group:	Finance & Investment Committee Meeting	Reports to:	Board of Directors
Date of Meeting:	22 January 2025	Date of next meeting:	26 February 2025
Chair	Rebecca Ganz	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none"><li>Cost Improvement Programme 2025/26</li><li>Month 9 Finance Update</li><li>Planning Update 2025/26</li><li>GM/National System Update</li><li>National Cost Collection 2023/24</li></ul>		<ul style="list-style-type: none"><li>Green Plan Update</li><li>MES Contract Extension</li><li>EPR update for Maternity, Out-Patient and Community EPR Deployment</li><li>Digital Performance and Transformation Board Chair's Report</li></ul>	
ALERT			
<p><b><u>2024/25</u></b></p> <p>The likely variance to plan for 2024/25 is £3.6m including the impact of the unfunded pay award. There have been further developments which will affect the forecast and these are being worked through currently. The Trust is still aiming to achieve plan.</p> <p><b><u>2025/26</u></b></p> <p>The assumed CIP target for 2025/26 is 3% which leaves a deficit of £32m which will be the subject of further discussion with the ICB. A number of other Trusts are aiming for higher levels of CIP.</p> <p><b><u>Digital</u></b></p> <p>Risk associated with the Maternity EPR go live date.</p>			
ADVISE			
<p><b><u>Cost Improvement Programme 2025/26</u></b></p> <ul style="list-style-type: none"><li>£26.8m CIP has been identified in year against the target of £24.3m of which £21.2m is recurrent.</li><li>A number of high risk schemes are included in the overall identified value giving a risk rated position totalling £25m in year and £16.8m recurrent. £19.2M has been delivered YTD with a recurrent impact of £6M. The impact on the run rate may be lower due to the misalignment between budgets. This will be corrected for 2025/26, once budgets have been rebased to outturn.</li></ul> <p><b><u>Month 9 Finance Report</u></b></p> <ul style="list-style-type: none"><li>The Trust is £1.2m behind plan year to date.</li><li>The adverse variance is driven by the unfunded pay award pressure of £1.6m which has subsequently been revised and is now £1.1m.</li><li>The unfunded pay award pressure is due to not receiving funds from the Local Authority for the 2023/24 and 2024/25 pay awards. GM have advised that the funding has been given to the Local Authorities. Following guidance received the Chief Finance Officer has highlighted this to the Treasurer.</li><li>ERF over performance of £2.8m has been included YTD at Month 9.</li></ul>			

- Agency spend is at 2.1% of the pay bill which is better than the internal target of 2.2% and NHS target of 3.2%
- The Trust had £1.7m less cash than planned at Month 9. Due to cash timing issues it is unlikely cash support will be required in quarter 4.

#### **Planning Update 2025/26**

The Operational Director of Finance updated that it is not clear if the GM system will hit the 2024/25 plan and that this is still under discussion.

In terms of 2025/26 guidance has not yet been issued and is expected next week. The final plan submission deadline is the 27<sup>th</sup> of March with a draft provided prior which was acknowledged as being tight deadlines. High level planning for 2025/26 suggests a target of 3% CIP which would leave a £32m deficit. The Chief Finance Officer highlighted that we need to build a path to financial recovery.

#### **Contract Extension**

A two year extension to a contract within laboratory medicine was recommended for approval by the Board.

#### **EPR update for Maternity, Out-Patient and Community EPR Deployment**

The Chief of Strategy updated the Committee on the EPR Programme. There are risks but the plan for Maternity EPR is still to go live on the 1<sup>st</sup> of April. The principle risks are around the data set and build. Patients would like the red books which are given to women to be hand held and a business case is going to Executive Directors next week around this. A further update will be provided at the Board of Directors on the 30<sup>th</sup> of January 2025. Community and OutPatient EPR are on track for go live on 18<sup>th</sup> June.

#### **Digital Performance and Transformation Board Chair's Report**

The Chief of Strategy highlighted the risk around digital resource and advised a piece of work is being undertaken with Wigan on what work can be shared. A report is expected to be completed by the end of March.

### **ASSURE**

#### **National Cost Collection 2023/24**

The Associate Director of Finance presented the National Cost Collection submission for 2023/24 highlighting the Trust's NCC index of 93 indicating above average levels of efficiency. The data needs to be validated with the divisions and the costing team will release information on a quarterly basis and work on a plan to improve cost information aiming to identify areas for potential efficiency improvements supporting the Cost Improvement Programme.

#### **Green Plan Update**

The revised NHS Green Plan guidance for 2025/2030 was expected in 2024 but has not yet been published nor has it been confirmed when the guidance will be finalised, it is however anticipated to be June 2025. The original target date was the end of January 2025 for the revised draft Green plan. It is proposed to have a target date of June 2025 for board approval for the new Bolton FT green plan which the Committee supported. IFM Bolton Ltd reported the Trust is on track for meeting the 2032 net zero targets.

#### **New Risks identified at the meeting:**

*None identified.*

#### **Review of the Risk Register: NA**

ALERT   ADVISE   ASSURE (AAA) Key Issues Highlight Report			
Name of Committee /Group:	People Committee	Reports to:	Board of Directors
Date of Meeting:	21 January 2025	Date of next meeting:	18 March 2025
Chair	Tosca Fairchild	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none"><li>NHSP Update</li><li>Resourcing &amp; Retention/Volunteer Update</li><li>Organisational Development &amp; EDI Update<ul style="list-style-type: none"><li>Our Way Update</li><li>EDS2022</li><li>Gender Pay Gap Report</li></ul></li></ul>		<ul style="list-style-type: none"><li>Freedom to Speak Up Q3 Update</li><li>Guardian of Safe Working Q3 Update</li><li>IFM Monthly People Report</li><li>MIAA Bank &amp; Agency Staff Controls Review</li><li>Steering Group Chair Reports</li><li>Divisional People Committee Chair Reports</li></ul>	
ALERT			
Agenda items		Action Required	
ADVISE			
<p><b>Gender Pay Gap/EDS2022</b> – The Committee commended the report to the Board of Directors for approval. The discussions that took place on this item are considered in the Board papers.</p> <p><b>EDS2022 2024.</b> This is an annual report and the committee were advised of the progress made in the last 12 months and highlights the need for increased focus on patient equity and health inequalities to improve each domain score next year. As a reminder the Trust has recently introduced an enhanced EDI assurance Group to ensure continued momentum in this key area.</p> <p><b>Freedom to Speak Up Q3 Update</b> - The report highlighted that 39 Concerns raised in Q3 via FTSU Route; Good response to Octobers National Speak Up Month; Common themes in Q3 are Leadership/ Management and behaviour. It was noted that the Our Leaders Programme and Our Way behaviour framework (mentioned above) are intended to support changes required. The Committee thanked the FTSU Guardians for this independent report and for all their work. It was requested that it would be helpful for the Employee Relations report to come at the same time as this report to ease with triangulation for Committee members. All members committed to completing their FTSU training (Level 2 or 3 dependent on role) withing this calender year.</p> <p><b>Guardian of Safe Working Q3 Update</b> - Within the reporting period there were 51 exception reports submitted. This is compared to 34 exception reports submitted during the same period in 2023. 46 related to doctor hours of working; 2 related to the pattern of work; 3 related to the service support available to the doctor. Of these two related to patient safety issues it was agreed that these matters should be reported to the Quality &amp; Safty Committee. No levy was issued by THE GOSW in this quarter. The Medical Director confirmed that he is working with the Surgery Division regarding issues being raised in this area and will report back to the Committee.</p> <p><b>Volunteer Services</b> - The report also provided the Committee members with an annual report on the usage of</p>			

volunteers across the Trust. Colleagues noted the positive numbers of active volunteers, and the breadth of volunteer roles being used. It was highlighted that we recently celebrated the 90<sup>th</sup> birthday of one of our volunteers.

**Improving Culture** – The Committee welcomed the update on all the cultural work that is taking place across the organisation and particularly how this is horizontally and vertically aligned. The Our Way and the Our Leaders update both received detailed discussion. It was noted that 1500 leaders to attend a programme is a considerable ask but all commented on the importance of this to ensure ‘buy in’ across the organisation. It was considered that a Team Cultural Assessment tool is in development that will be used by teams to support them with their cultural journey.

**NHSP Update** – The People Committee received an update on the financial impact on moving to NHSP. This paper focused on the workforce, operational and quality implications. As a reminder NHS Professionals (NHSP) were engaged by the Trust to provide temporary staffing services (bank and agency) for all agenda for change staffing groups. The contract with NHSP commenced in September 2023 and our contract with them is currently on a rolling basis (with a notice period of 90 days). The majority of GM providers use NHSP so this decision also brought the Trust in line with others and gave us access to rate/trend information from across GM as part of a data-sharing agreement.

Committee members noted a relatively strong overall fill rate for temporary staffing requests (comparable to Trust internal services used prior to NHSP engagement) with a continued shift from agency usage to internal banks (albeit that some of that shift was as a result of historic and new Trust instructions as well as NHSP regional insight and action). Availability of management performance information provided by NHSP has been impressive, but some focussed work has been needed between Trust and NHSP teams to ensure that external reporting on performance has been accurate. Further work is underway to ensure we are utilising this information to continue to improve our management of temporary staffing.

It was discussed at the Committee that we do have a shortage of bank staff for AHP, HCS, and Clerical roles and the actions being taken were discussed.

The Committee noted that NHSP delivery will remain under review by the CPO and CFO and updates will be provided to the respective Committees.

**Resourcing & Retention Update** – This is a standing agenda item for the People Committee. The presentation focusses on key resourcing indicators, areas of good performance, and areas of concern. The Committee heard of the positive performance on variable pay spend with agency running at 2% of paybill against an NHSE target of 3.2%. Bank spend remains under review as operational pressures are having an impact on spend. It was also noted that recruitment performance remains strong. The Committee were advised that whilst performance in recruitment has been positive this has not been supporting the overall financial impact.

## ASSURE

**MIAA Bank and Agency Staff Controls Review** - This report received substantial assurance from our auditors. The Committee thanked Paul, his team and the wider organisation for all their hard work in this area .

**BAF** – There have been no changes since the last meeting. However, a full review of the BAF is planned ahead of the presentation of the next iteration and will reflect the updates following the Risk Appetite Development Session and the feedback from the recent discussions at the Board of Directors and Audit Committee.

**New Risks identified at the meeting: None**

**Review of the Risk Register: None**

ALERT   ADVISE   ASSURE (AAA) Key Issues Highlight Report			
Name of Committee /Group:	Quality Assurance Committee	Reports to:	Board of Directors
Date of Meeting:	22 January 2025	Date of next meeting:	19 March 2025
Chair	Fiona Taylor	Meeting Quoracy	Yes
AGENDA ITEMS DISCUSSED AT THE MEETING			
<ul style="list-style-type: none"><li>Integrated Performance Report</li><li>Mortality and Learning from Deaths Report</li><li>Fractured Neck of Femur</li><li>Maternity Incentive Scheme Year 6 Progress (CNST)</li><li>Annual Stillbirth Report</li></ul>		<ul style="list-style-type: none"><li>National In-patient Survey Report</li><li>Internal Audit of Divisional Governance Assignment Report 2024/25</li><li>Clinical Governance and Quality Chair Report</li><li>Performance and Transformation Board Chair Report</li></ul>	
ALERT			
Agenda items			Action Required
ADVISE			
<ul style="list-style-type: none"><li>Mortality and Learning from Deaths – the report highlighted that the mortality rate was above expected, this was due to the inclusion of covid-19 cases in the calculations and other changes in the methodology relating to the first consultant episode. It was noted there was a requirement for improved documentation and coding practices to support the accuracy of mortality data. An action plan had been developed to address issues identified in the report.</li><li>Still-birth Review – the review covered the period April 2023 to March 2024 during which 21 stillbirths occurred. A thematic analysis of the data was undertaken using the defined elements of the Saving Babies Lives bundle. The demographic analysis confirmed 60% of the 20 cases reviewed were of Black Asian and Minority Ethnic groups and the local incidence of stillbirth occurred in the highest areas of deprivation in Bolton, which aligned with national findings. The review highlighted areas for service improvement to reduce risk relating to the detection of sepsis, monitoring of foetal growth, care of multigravida women and improving the uptake of an early booking appointment. The report also highlighted the need for targeted interventions in areas of high deprivation. The Director of Midwifery was scoping opportunities to move initial contact points earlier in pregnancy aligned to the still birth review suggestive of finding that higher percentage of stillbirths occurred at 24-27 weeks. Current pathways are in line with national guidance, however to ensure the organisation reduces any avoidable inequalities in care outcomes there is a need to consider re-aligning pathways to maximise impact. An update would be brought to the committee in six-months.</li></ul>			

## ASSURE

- Integrated Performance Report – the quality elements of the performance report were received and the key points were highlighted. The Chief Operating Officer provided a verbal update on the key operational highlights from December advising:
  - Overall Type 4 hour performance was 61.6% which showed a decline compared to November's performance. However, January to date, performance had improved.
  - There had been a statistical improvement in performance across a wide range of metrics on the Operational Safety Wall.
  - The Trust was slightly over trajectory for 65 week wait patients, however, the number of patients waiting 52 weeks had halved in the last six months. Efforts would continue to reduce this.
  - Diagnostic performance was at 18.5% there was an improvement trajectory project and plans were in place to address this.

The committee discussed Audiology and agreed a deep dive into the Audiology waiting list would be completed and an update brought to the next meeting.

- Fractured Neck of Femur - performance over recent months against the 36 hour standard for these patients had deteriorated, with a marked deterioration over the course of the last year. This was as a result of increased demand, increased acuity, and changes to the theatre timetable. The Division would continue to work through the action plan outlined to bring about sustained improvement to performance and ultimately an improvement to patient safety and experience. It was expected that an improvement in performance would be seen by Q4 2025. The Medical Director would provide an update to the committee in six months.
- Maternity Incentive Scheme Year 6 Progress (CNST) – the organisation was in a position to be able to declare compliance with the CNST year scheme. However, it was noted that there would continue to be ongoing monitoring and focus on the training and digital requirements.
- National In-Patient Survey Report – the report highlighted that the Trust was in-line with other organisations. Areas for improvement were highlighted which included the length of time for receiving a bed and the quality of food.
- Internal Audit of Divisional Governance Assignment Report 2024/25 – the internal audit report provided substantial assurance on the trust's governance processes. All actions from the audit had been completed.

### **New Risks identified at the meeting:**

No new risks.

### **Review of the Risk Register:**

N/A



<b>Report Title:</b>	Our Bolton NHS Charity's annual report and accounts for year ending 31 March 2024			
<b>Meeting:</b>	Council of Governors	<b>Action Required</b>	Assurance	✓
<b>Date:</b>	06 February 2025		Discussion	✓
<b>Executive Sponsor</b>	Chief of Strategy and Partnerships		Decision	

<b>Purpose of the report</b>	To provide the Council of Governors with a copy of Our Bolton NHS Charity's annual report and accounts, which have been independently examined by and the signed letter of representation.
------------------------------	--

<b>Previously considered by:</b>	Charitable Funds Committee and Board of Directors
----------------------------------	---

<b>Executive Summary</b>	<p>The annual report and financial statements describe the structure, governance and management of the Charity; provide a breakdown of income and expenditure; outline some of our key priorities for 2024/25 and set out the financial position for the year ending 31 March 2024.</p> <p>The annual report and accounts will be submitted to the Charity Commission by the deadline of 31 January 2025.</p>
--------------------------	---

<b>Proposed Resolution</b>	The Council of Governors is asked to <b>receive</b> Our Bolton NHS Charity's annual report and accounts for year ending 31 March 2024
----------------------------	---

Strategic Ambition(s) this report relates to				
<b>Improving care, transforming lives</b>	<b>A great place to work</b>	<b>A high performing productive organisation</b>	<b>An organisation that's fit for the future</b>	<b>A positive partner</b>
✓	✓	✓	✓	✓



Summary of key elements / Implications		
Implications	Yes / No	If Yes, State Impact/Implications and Mitigation
Finance	Yes	The report sets out the financial statements up to 31 <sup>st</sup> March 2024
Legal/ Regulatory	Yes	The annual report and accounts are a key part of charity governance
Health Inequalities	No	
Equality, Diversity and Inclusion	No	

<b>Prepared by:</b>	Sarah Skinner, Charity Manager and Karen Sharples, Finance Manager	<b>Presented by:</b>	Martin North, Chair of Charitable Funds Committee
---------------------	--	----------------------	---

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

<b>BMCC</b>	Bolton Masjids Chanda Committee
<b>ECG</b>	Electrocardiogram
<b>FABB</b>	For A Better Bolton
<b>FiCare</b>	Family Integrated Care
<b>FRS</b>	Financial Reporting Standard
<b>ISA</b>	International Standard on Auditing
<b>NICU</b>	Neonatal Intensive Care Unit
<b>RBH</b>	Royal Bolton Hospital
<b>RBS</b>	Royal Bank of Scotland
<b>SIBA</b>	Specialist Interest Bearing Account
<b>SORP</b>	Statement of Recommended Practice
<b>UK GAAP</b>	UK Generally Accepted Accounting Practice
<b>VAT</b>	Value-Added Tax
<b>VCSE</b>	Voluntary, Community and Social Enterprise



Registered as a charity number: 1050488

**Annual Report, Unaudited Financial  
Statements and Independent  
Examiner's Report**

Year ending 31st March 2024

# Contents

Chair’s statement ..... 3

Reference and administrative details ..... 5

Structure, governance and management..... 7

Our objectives and activities..... 8

Income analysis..... 11

Expenditure analysis ..... 13

Looking ahead to 2024/25..... 16

Statement of the Corporate Trustee’s responsibilities ..... 17

Statement of financial activities for the year ended 31<sup>st</sup> March 2024..... 18

Balance sheet for the year ended 31<sup>st</sup> March 2024 ..... 19

Statement of cash flow for the year ended 31<sup>st</sup> March 2024..... 20

Notes on the accounts..... 21

Independent examiner's report..... 30

## Chair's statement



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

It is my pleasure to present the annual report and audited financial statements for Our Bolton NHS Charity for the year ending 31<sup>st</sup> March 2024

Throughout 2023/24, we continued to receive valued support from the local community, including the Mayor of Bolton. At his inauguration on Wednesday 17 May 2023, Councillor Mohammed Ayub announced Our Bolton NHS Charity as his one of his three chosen charities/good causes. In August 2023, we were delighted to welcome the Mayor of Bolton to Royal Bolton Hospital and give him a tour of charity-funded schemes and projects, including the new faith facilities and those captured in the expenditure highlights on page 14 of this report.



We also received £114,000 in voluntary donations, £81,000 in legacies and £25,000 as gifts in kind, and we continue to be humbled by the reasons our supporters donate and fundraise in aid of Our Bolton NHS Charity.



Acting on behalf of the Corporate Trustee, we have a legal duty to ensure that money received is used appropriately and responsibly. In 2023/24, we invested £510,000 in a range of schemes designed to improve staff wellbeing and the patient experience at Bolton NHS Foundation Trust. A full breakdown of direct charitable expenditure can be found on page 13 but a particular highlight is the production of the charity's first official video, which was funded through the NHS Charities Together development grant. Please scan the QR code to watch the video and learn what the support of our donors and fundraisers means to us and those we care for.

In terms of impact, it has been absolutely wonderful to see the new faith facilities in full use (and growing in popularity) during 2023/24, and to hear how staff, patients and communities are continuing to benefit from the Mosque, Temple and Community Hub.

"The original prayer rooms were no longer adequately serving the needs of hospital staff and patients, so the new facilities have been transformational. Everyone is just so pleased to have the space they always wanted. Colleagues consistently tell us the quality of the faith facilities conveys a powerful message about how the Trust values and cares for them, and that positivity ripples back into the care and services they provide to patients, families and communities."

**Reverend Neville Markham, Head Chaplain, Bolton NHS Foundation Trust**

On behalf of the Charitable Funds Committee, I would like to take this opportunity to thank our incredible supporters, without whom, none of the above would have been possible. We have exciting and ambitious plans for 2024/25, but we cannot deliver them on our own so please get involved and help us make a lasting and meaningful difference to the people of Bolton, and beyond.

A handwritten signature in grey ink, appearing to read 'M North', is positioned above the printed name.

Martin North  
Chair of the Charitable Funds Committee

## Reference and administrative details

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

The Charity's annual accounts for the year ended 31<sup>st</sup> March 2024 have been prepared by the Corporate Trustee in accordance with the Charities Act 2011 and Statement of Recommended Practice (SORP): Accounting and Reporting by Charities. The Charity's accounts include all the separately established funds for which the Bolton NHS Foundation Trust is the sole beneficiary.

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

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

The principal office for the Charity is:

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

Principal staff (employed by Bolton NHS Foundation Trust):

- Sharon White, Director of Strategy, Digital and Transformation
- Rachel Noble, Deputy Director of Strategy
- Sarah Skinner, Charity Manager
- Karen Sharples, Finance Manager
- Abdul Goni, Charity Engagement Coordinator

The following services were retained by the Charity during 2023/24:

**Bankers**

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

**Solicitors**

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

**Independent examiner**

David Hoose, FCA  
Forvis Mazars LLP,  
30 Old Bailey,  
London,  
EC4M 7AU

# Structure, governance and management

## Structure of funds

The Charity currently has three special purpose trusts/funds.

As at March 2024, the Trust had 61 individual funds relating to individual wards and departments. Ward Managers and Heads of Department manage funds at a local level and all expenditure is authorised in accordance with the Trust's standing financial instructions, standing orders and charitable fund procedures.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds the Corporate Trustee respects the wishes of the donors.

## Charitable Funds Committee

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

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

## Risk management

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

## Investment policy

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

## Reserves policy

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



## Our objectives and activities

### Objective

We work in strategic partnership with Bolton NHS Foundation Trust, using charitable funding to enhance NHS provision, but not substitute it. The objective of the charity is 'for any charitable purpose or purposes relating to the National Health Service'.

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

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

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

### Mission statement

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

### Activities

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

### Where our funds came from

In 2023/24, the Charity received £114,000 from donations, £81,000 from legacies, £30,000 from grants and £25,000 from gifts in kind.

## The year in review

The period of stability we were hoping to see post-Covid sadly didn't materialise and instead the NHS charity sector has faced a number of challenges:

- Rising costs/inflation meaning charitable funds don't stretch as far as they used to
- A cost of living crisis resulting in a reduction in people's financial capacity to donate to charity
- Heavily oversubscribed grant programmes, including a move to competitive grants rounds for NHS Charities Together

Despite a challenging landscape and a decline in voluntary donations, 2023/24 has been a positive year in terms of foundational work, building relationships through networking with the local business community, and raising the profile of Our Bolton NHS Charity both on a local and national platform.

### NHS Charities Together development grant

The NHS Charities Together development grant programme was designed to empower the NHS charity sector to be high performing, effective and impactful, and we were delighted to receive a one-off grant of £30,000 in June 2023. Use of the grant has been prioritised around three core themes (fundraising, influencing and operations) and has supported our efforts to grow and raise the profile of the charity within the local community and the wider NHS charity sector. To date, the development grant has supported investment in leadership coaching and professional training with the Chartered Institute of Fundraising, and the production of Our Bolton NHS Charity's promotional video.

### The power of networking



The Ladies Empowerment Circle™ is a 'dynamic networking and support group designed exclusively for women across the North West of England'. Since April 2023, Our Bolton NHS Charity has been one of the Ladies Empowerment Circle's chosen charities and has benefitted from a number of fundraising events, including the Christmas lunch and shopping event in November 2023 and the International Women's Day event in March 2024. Based on these events, and subsequent events organised by members of the Ladies Empowerment Circle, Our Bolton NHS Charity has received over £4,000, and there are exciting fundraising plans for 2024/25, including a Spring charity lunch and sky dive.

### Our Contribution to NHS Charities Together

Our Bolton NHS Charity continues to be an active and valued member of NHS Charities Together. Over the past 12 months, the team has offered support and insight in order to influence policy and strategy, shape future grant funding opportunities and advocate for smaller NHS charities at a national level:

- Members of the Senior Leadership Team were involved in a strategy engagement session with the Director of Strategy & Impact at NHS Charities Together
- The Charity Manager attended a breakfast meeting with the Chief Executive of NHS Charities Together and the Chief Strategy Officer for NHS England to promote the new faith facilities at Royal Bolton Hospital and highlight the role of faith and spiritual wellbeing in enhancing the experience of patients, communities and the NHS workforce
- Members of the Senior Leadership Team presented at the Charity Leaders Engagement Event about the power of Trust and Health Boards working strategically with their respective NHS charities
- The Charity Manager continues to co-chair the Sole Fundraisers Special Interest Group

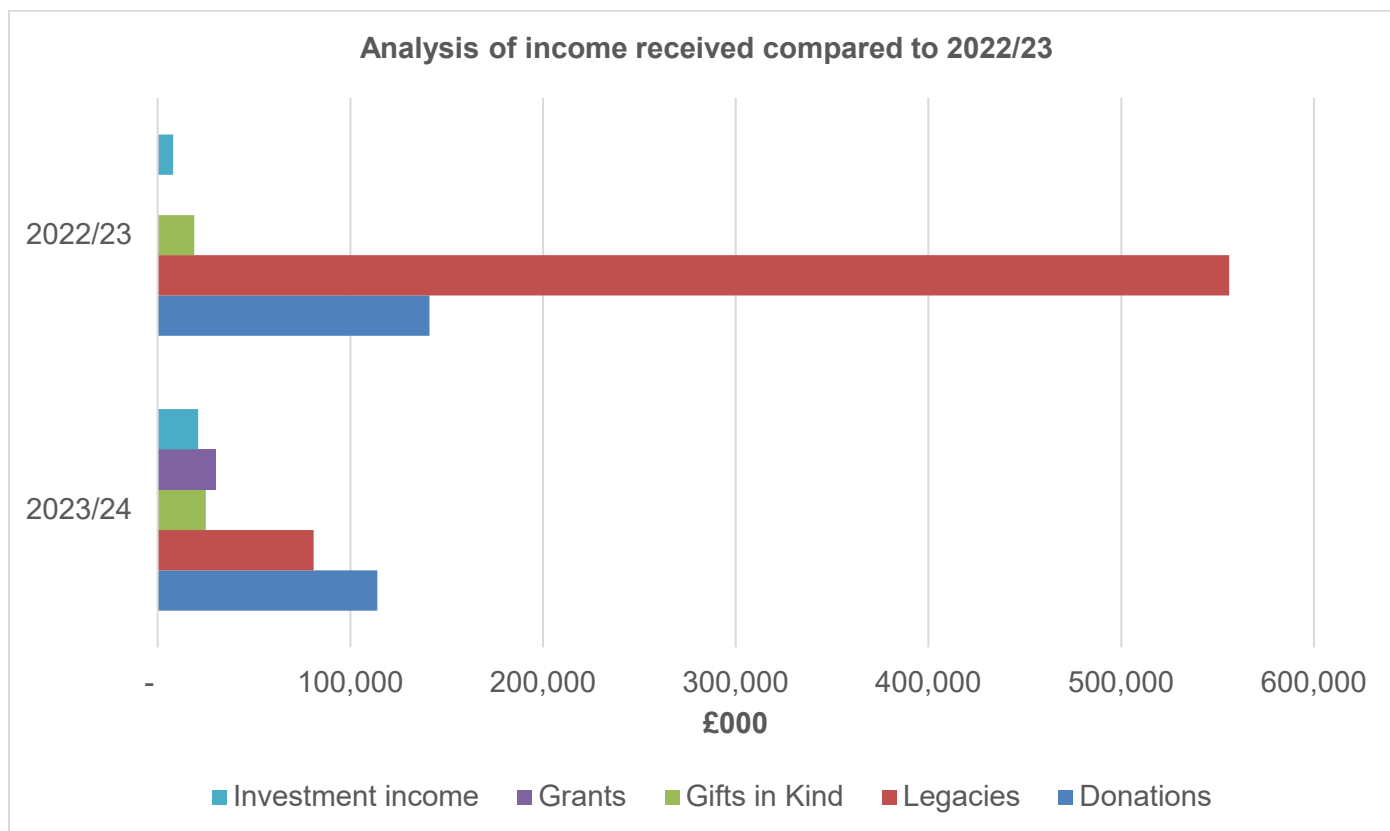
### **Bolton NHS Foundation Trust 'For a Better Bolton' Awards**



The charity-funded faith facilities at the Royal Bolton Hospital have had a profound impact on staff, patients and visitors. The facilities demonstrate the role of spirituality in improving health outcomes for patients; supporting staff health and wellbeing, and providing bereavement support for grieving families. In recognition of their collective efforts, the Faith Facilities Project Team (comprising of Charity, Chaplaincy and Estates teams) was nominated and won the 'collaboration' award at the Bolton NHS Foundation Trust FABB Awards in November 2023.

## Income analysis

The total income for 2023/24 was £250,000 compared with £716,000 in 2022/23. The majority of income came from donations (including funds raised through 'in aid of' events) and legacies; however there was a respective decrease of 19.1% and 85.4% when compared with 2022/23.

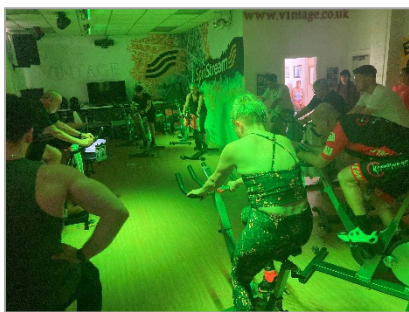


## Fundraising highlights

From ultra-marathons to music composition, from Lands' End to John O'Groats, we've been humbled by the determination, creativity and energy of our supporters, and the distances they will travel to raise funds for Our Bolton NHS Charity in 2023/24.

Whatever the method or motivation, our supporters help us to invest in advanced medical equipment, comfortable and modern patient/staff facilities, and the small things that have a big impact. Quite simply, our supporters allow us to make a lasting and meaningful difference to the people of Bolton and beyond.

## Fundraising by Bolton NHS Foundation Trust employees and the Integrated Care System



On 9 September 2023, five teams from Bolton NHS Foundation Trust and the wider Integrated Care System, took part in a six-hour spinathon. The event was organised and hosted by Gareth Price, owner of Bolton Spin Studio and long-standing supporter of Our Bolton NHS Charity. Despite temperatures nearing 30 degrees, our teams kept the wheels turning and their energy levels up for the full six hours and raised more than £3,600 for Our Bolton NHS Charity. Funds raised were allocated to the general purposes fund, which gives us maximum flexibility to direct funds where they are needed most.

## Fundraising by former patients and their families

The Real family organised their fourth charity ball in honour of World Prematurity Day and raised £22,000, which was split equally between Our Bolton NHS Charity (specifically the Paediatric and Neonatal specialty fund), Ronald McDonald House Charity and SANDS Charity. Our Bolton NHS Charity was awarded a share of the funds in recognition of the care the family's three-year-old twins received from when they were born prematurely at the Royal Bolton Hospital in 2019. The family has already registered their fifth charity ball and hope to raise a further £25,000.



## Fundraising by the local faith communities

The Bolton Masjid Chanda Committee – which represents 11 mosques in Bolton – invited donations from its worshippers during Ramadan, which ran from 22 March to 20 April 2023. Representatives from the 11 mosques were invited to a charity presentation and tour of the new faith facilities in August 2023 where Chair of Bolton Masjid Chanda Committee presented Our Bolton NHS Charity with a cheque for £18,000. This donation was allocated to the 'general purposes fund', which gives the charity the flexibility to direct funds where they are needed most and will have the greatest impact.

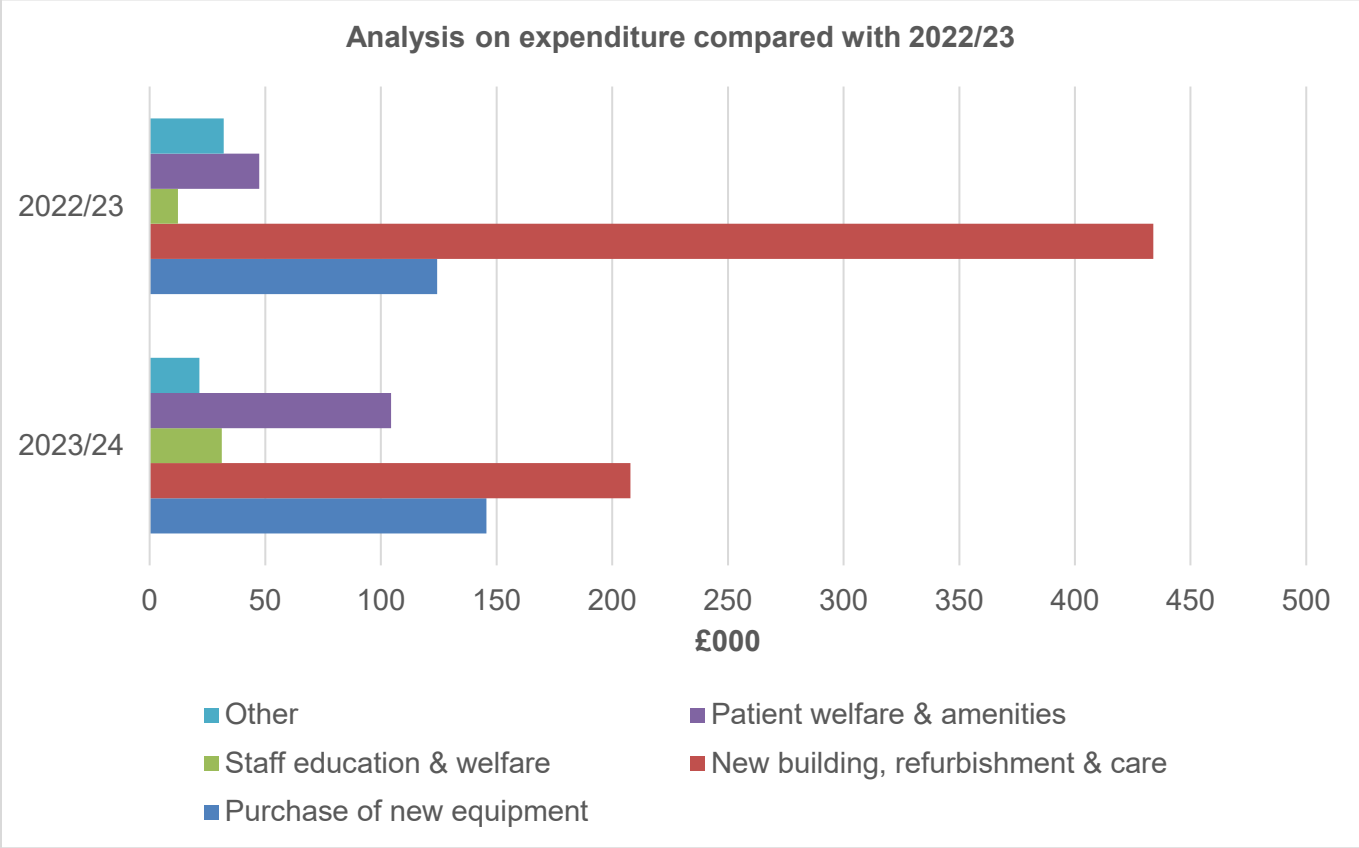
## Fundraising through the arts



Healing Tales is a collaborative music piece – composed by Professor Alan Williams – which tells the stories of eight Bolton NHS Foundation Trust employees, and their experience of working through the Covid-19 pandemic. The composition took five months to develop and involved a series of individual interviews and group workshops to plan the story and shape the score. Healing Tales was performed at the New Adelphi Theatre on 20 July 2023 by the Latitude Ensemble, along with live drawing and dance, and raised £621 through ticket sales for Our Bolton NHS Charity.

## Expenditure analysis

Of the £595,000 total expenditure (£753,000 in 2022/23), £510,000 (£650,000 in 2022/23) was on direct charitable activities across a range of programmes, for the benefit of patients, service-users and the local health community. The remaining £85,000 is attributed to gifts in kind (£25,000) for the benefit of patients, and governance costs (£60,000), which relate to independent examination (2024), statutory external audit (2023) and staffing costs.



## Charity-funded schemes and expenditure highlights

**Supporting the development of the charity through the NHS Charities Together development grant**

### Charity video

Thanks to the NHS Charities Together development grant, we funded our first official charity video. The video harnesses the power of story-telling to demonstrate how we use funds to make a difference to patients and their families, when it matters most. The premiere of the video took place at the annual staff awards evening, in front of 300 Bolton NHS Foundation Trust employees, and now features in the fortnightly corporate induction for all new Trust employees. In addition, the video is playing on digital screens across the Trust footprint and on digital screens in Bolton Town Centre and in GP surgeries across Bolton.



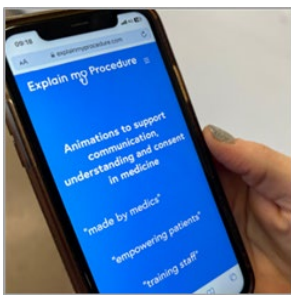
## Improvements to facilities and services for patients and their families

### Furniture for the parents' sitting area on the Neonatal Unit

We have funded furniture for the parents' sitting area thanks to historical donations to the Special Care for Special Babies appeal. The furniture has helped to create a welcoming space where parents can take time out away from the cot-side. Recent charitable expenditure, which includes reclining chairs and a twin cot, has supported the Neonatal Unit in achieving full FiCare accreditation. FiCare is a model, which empowers parents to become confident, knowledgeable and independent primary caregivers, and is shown to improve neonatal outcomes.



### Patient information videos for breast cancer patients and their families



Our Bolton NHS Charity has funded a 12-month pilot with Explain my Procedure, which specialises in patient information videos about common procedures, including (but not limited to) undergoing a general anaesthetic, mastectomy with axillary node clearance, and wide local incision with sentinel node biopsy. The videos – supported by animations – help to explain procedures in a simple and accessible way, which improves patient (and relative) understanding and shared decision-making. Use of these videos in other trusts has resulted in a significant reduction in complaints and serious incidents due to failure to inform.

## Purchasing new equipment to improve health outcomes and improve the NHS experience

### 20 Portable ECG machines for the Cardiology department

Thanks to a legacy left to the Cardiology speciality fund, Our Bolton NHS Charity has funded 20 portable ECG machines for the Cardiology department. The additional devices will provide a minimum of 20 additional appointments per week, resulting in shorter wait times and earlier diagnosis and treatments for patients.

### Royal Bolton Hospital's first medical gaming cart

Thanks to the phenomenal fundraising efforts of local secondary school children, Our Bolton NHS Charity was able to fund Royal Bolton Hospital's first medical gaming cart for the children's ward. The gaming cart includes an Xbox Series S gaming console and is pre-loaded with the latest age-appropriate games, including (but not limited to) FIFA 22, Paw Patrol, Minecraft and Lego Star Wars. The medical gaming cart helps to reduce anxiety in children and young people and – on average – will benefit more than 2,000 young patients each year.



## Supporting staff wellbeing, training and development

We're proud to invest in projects that support staff wellbeing, and subsequently have an indirect, yet tangible benefit to patients.

### Reclining chairs as part of the 'All Heroes Need Sleep'

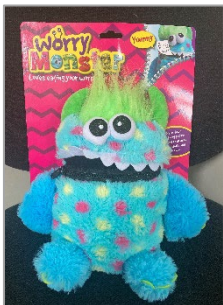


Studies show there is positive correlation between night-shift working and reduced accuracy and confidence in clinical decision-making, which can lead to poorer health outcomes for patients. The 'All Heroes Need Sleep' campaign was designed to raise awareness of the impact of fatigue and change the culture around rest/sleep during shifts. To support this work, Our Bolton NHS Charity funded 21 reclining chairs, which are located at various sites around the hospital. Staff are encouraged to use the reclining chairs during a night-shift and/or before travelling home. This work has been shortlisted in the HSJ Patient Safety awards.

## The small things that make a big difference

### Worry monsters for children who are bereaved

Losing a loved one can be a confusing and scary time for a child, and can often lead to an increase in stress and anxiety. Thanks to donations from supporters, Our Bolton NHS Charity has funded a supply of worry monsters to support children affected by bereavement.



- The worry monster will be sent home with a child whose relative has died at the Royal Bolton Hospital
- The child can write or draw a picture of anything that worries them and place it in the worry monster's mouth
- The parent/guardian can remove the worry whilst the child is sleeping
- The child will wake to discover the worry monster has eaten the worry
- The parent/guardian can discuss the worry with the child in a sensitive and appropriate way

The worry monsters are the latest addition to charity-funded bereavement support and compliment the memory boxes, fingerprint keyrings and information booklets, already funded by Our Bolton NHS Charity.

## Free extended TV access for patients to watch the coronation

Our Bolton NHS Charity partnered with WiFi SPARK and switched all 588 Hospedia bedside units at Royal Bolton Hospital to 'free-to-use' from Friday 5 to Monday 8 May so patients had the opportunity to watch the coronation of their Majesties King Charles III and Queen Camilla at Westminster Abbey and many other programmes/events including the Coronation Concert, live from Windsor Castle.



## Looking ahead to 2024/25

### **Use of the development grant to invest in digital technology and increased visibility**

Thanks to the NHS Charities Together development grant, we plan to invest in and install three contactless donation terminals at locations across the Royal Bolton Hospital site. In addition, we will purchase contactless card-readers that can be used to accept donations by card and mobile at engagement and fundraising events, including (but not limited to) the annual FABB awards, the Wave of Light event and Festive Friday.

At present, the charity has very little visibility across the Trust footprint so we plan to utilise the development grant to design and print a series of 'Our Bolton' stories. These assets will harness high-impact imagery and the power of story-telling to inform staff, patients, service-users and visitors how supporting Our Bolton NHS Charity makes a difference. We have a range of spaces to explore, including (but not limited to) lift doors, digital screens, doors and external signage.

### **NHS Charities Together**

We will continue our paid membership with NHS Charities Together, in recognition of the benefits to Our Bolton NHS Charity, including (but not limited to) access to training and development, peer support and exclusive grant-funding opportunities.

### **Working in collaboration with other charities and grant-making organisations**

We've seen from NHS Charities Together grant-intentions for 2024 that there is greater emphasis on partnership working with VCSE sector organisations and we know our reach and impact are greater when we collaborate with organisations with similar aims and objectives. With the cost of living crisis set to get worse before it gets better and fierce competition for resources, we will continue to build relationships with other charities and grant-making organisations and explore working in partnership to make a lasting and meaningful difference, together.

## Statement of the Corporate Trustee's responsibilities

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

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

In preparing these financial statements, generally accepted accounting practice entails that the trustees:

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

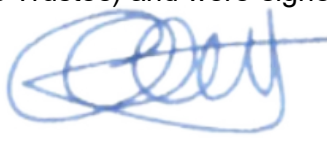
The Corporate Trustee is required to act in accordance with the trust deed of the charity, within the framework of trust law. It is responsible for keeping accounting records which are sufficient to show and explain the charity's transactions and disclose at any time, with reasonable accuracy, the financial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

It is responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

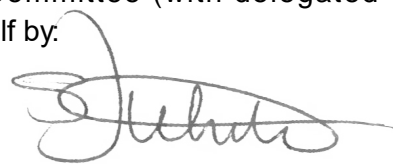
These financial statements were approved by the Charitable Funds Committee (with delegated responsibility from the Corporate Trustee) and were signed on its behalf by:



Martin North  
Chair of the Charitable Funds  
Committee



Annette Walker  
Director of Finance



Sharon White  
Chief of Strategy and  
Partnerships

# Statement of financial activities for the year ended 31<sup>st</sup> March 2024

	Note	Restricted Funds	Un-Restricted Funds	Endowment Funds	Total Funds 2024	Total Funds 2023
		£000	£000	£000	£000	£000
<b>Incoming Resources:</b>						
<b>Incoming resources from generated funds:</b>						
Voluntary income:	3					
Donations		28	86	0	114	141
Legacies		0	81	0	81	556
Gift In Kind		0	25	0	25	19
Grants		30	0	0	30	0
<b>Sub total voluntary income</b>		<b>58</b>	<b>192</b>	<b>0</b>	<b>250</b>	<b>716</b>
<b>Activities for generating funds:</b>						
Investment income	4	1	20	0	21	8
<b>Total incoming resources</b>		<b>59</b>	<b>212</b>	<b>0</b>	<b>271</b>	<b>724</b>
<b>Resources Expended</b>						
<b>Costs of generating funds:</b>						
<b>Charitable activities:</b>						
	5					
Purchase of new equipment		32	114	0	145	124
New building, refurbishment & care		117	92	0	209	434
Staff education & welfare		4	27	0	31	12
Patient welfare & amenities		7	97	0	104	47
Other		17	3	0	20	32
<b>Sub total direct charitable expenditure</b>		<b>177</b>	<b>333</b>	<b>0</b>	<b>510</b>	<b>650</b>
<b>Other resources expended</b>						
Gift In Kind	5	0	25	0	25	19
Governance Costs	6	4	56	0	60	84
<b>Total resources expended</b>		<b>181</b>	<b>414</b>	<b>0</b>	<b>595</b>	<b>753</b>
Net incoming/(outgoing) resources before transfers		(121)	(203)	0	(324)	(29)
<b>Net incoming/(outgoing) resources before other recognised gains and losses</b>		<b>(121)</b>	<b>(203)</b>	<b>0</b>	<b>(324)</b>	<b>(29)</b>
<b>Net movement in funds</b>		<b>(121)</b>	<b>(203)</b>	<b>0</b>	<b>(324)</b>	<b>(29)</b>
Reconciliation of Funds						
Total Funds brought forward		454	912	42	1,408	1,437
<b>Total Funds carried forward</b>		<b>332</b>	<b>710</b>	<b>42</b>	<b>1,084</b>	<b>1,408</b>

## Balance sheet for the year ended 31<sup>st</sup> March 2024

	Note	Restricted Funds	Un-Restricted Funds	Endowment Funds	Total Funds 2024	Total Funds 2023
		£000		£000	£000	£000
<b>Current assets:</b>	10					
Debtors		0	0	0	0	6
Cash and Cash Equivalents		336	732	42	1,110	1,452
<b>Total current assets</b>		<b>336</b>	<b>732</b>	<b>42</b>	<b>1,110</b>	<b>1,458</b>
<b>Liabilities</b>	11					
Creditors falling due within one year		(4)	(22)	0	(26)	(50)
<b>Net current assets or liabilities</b>		<b>332</b>	<b>710</b>	<b>42</b>	<b>1,084</b>	<b>1,408</b>
<b>Total assets less current liabilities</b>		332	710	42	1,084	1,408
<b>Net assets or liabilities</b>		<b>332</b>	<b>710</b>	<b>42</b>	<b>1,084</b>	<b>1,437</b>
<b>The funds of the charity:</b>						
Endowment funds		0	0	42	42	42
Restricted Income Funds		332	0	0	332	455
Un-Restricted income funds		0	710	0	710	911
<b>Total charity funds</b>		<b>332</b>	<b>710</b>	<b>42</b>	<b>1,084</b>	<b>1,408</b>

The notes at pages 21 to 29 form part of these accounts.

Signed:

Name: Annette Walker

Date: 23rd January 2025

## Statement of cash flow for the year ended 31<sup>st</sup> March 2024

	2024 £000	2023 £000
<b>Net movement in funds for the reporting period (as per the statement of financial activities)</b>	<b>(324)</b>	<b>(29)</b>
<b>Adjustments for:</b>		
(Increase)/decrease in debtors	6	2
Increase/(decrease) in creditors	(24)	15
<b>Net Cash provided by (used in) operating activities</b>	<b>(342)</b>	<b>(12)</b>
<b>Cash Flows from investing activities:</b>		
Dividends, interest and rents from investments	0	0
<b>Net cash provided by (used in) investing activities</b>	<b>0</b>	<b>0</b>
 <b>Change in Cash and cash equivalents in the reporting period</b>	 <b>(342)</b>	 <b>(12)</b>
 <b>Cash and cash equivalents at the beginning of the reporting period</b>	 <b>1,452</b>	 <b>1,464</b>
 <b>Cash and cash equivalents at the end of the reporting period</b>	 <b>1,110</b>	 <b>1,452</b>

# Notes on the accounts

## 1. Accounting Policies

### (a) Basis of preparation

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

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

### Going Concern

The financial statements have been prepared on a going concern basis which the Corporate Trustee considers to be appropriate for the following reasons. The business model of the charity is such that its charitable activities are limited to those which it has sufficient funds to support from the excess of funding received over the cost of administering the charity. The charity therefore has no specific commitments and no committed costs beyond its fixed costs of operation which are detailed in note 6.

The Corporate Trustee has reviewed the cash flow forecasts for a period of 12 months from the date of approval of these financial statements which indicate that the charity will have sufficient funds to meet its liabilities as they fall due for that period.

### (b) Income and Endowments

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

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

Gifts in kind are valued at estimated fair market value at the time of receipt.

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

accuracy and the title to the asset having been transferred to the charity.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due. This is normally upon notification by our investment advisor of the dividend yield of the investment portfolio.

### **(c) Expenditure Recognition**

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

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

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

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

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

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

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

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

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

**(e) Expenditure on raising funds**

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

**(f) Expenditure on Charitable Activities**

Costs of charitable activities include grants made, governance costs and an apportionment of overhead and support costs as shown in note 6.

**(g) Irrecoverable VAT**

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

**(h) Funds structure**

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified as an endowment fund, where the donor has expressly provided that only the income of the fund may be applied, or as a restricted income fund where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The major funds held within these categories are disclosed in note 14.

**(i) Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or purchase date if later). Realised and unrealised gains and losses are combined in the Statement of Financial Activities.



**(j) Going Concern**

In preparing these accounts the Corporate Trustee has considered the future activities of the Charity and consider it to be a going concern.

**(k) Transfer of Funds from NHS Bodies**

There have been no transfers in 23/24 from NHS bodies.

**2. Related party transactions**

Bolton NHS Foundation Trust receives grants from Our Bolton NHS Charity, the Foundation Trust is the Corporate Trustee of the Charity (note 7). During the year the following were members of the Foundation Trust Board of Directors:

- Fiona Noden, Chief Executive
- Annette Walker, Chief Finance Officer
- Rae Wheatcroft, Chief Operating Officer
- Francis Andrews, Medical Director
- Sharon White, Chief of Strategy and Partnerships
- James Mawrey, Chief People Officer/Deputy CEO
- Niruban Ratnarajah, Chair of Bolton NHS Foundation Trust
- Tyrone Roberts, Chief Nursing Officer
- Seth Crofts, Associate Non-Executive Director
- Tosca Fairchild, Non-Executive Director
- Jackie Njoroge, Non-Executive Director
- Martin North, Non-Executive Director
- Alan Stuttard, Non-Executive Director
- Sean Harris, Non-Executive Director
- Rebecca Ganz, Non-Executive Director
- Fiona Taylor, Non-Executive Director
- Sharon Katema, Director of Corporate Governance/Trust Secretary

None of the above have received honoraria, emoluments or expenses from the Charity for the year ended 31st March 2024.

During the year no member of the key management staff or parties related to them has undertaken any material transactions with Our Bolton NHS Charity.

### 3. Analysis of voluntary income

	Restricted Funds	Un- Restricted Funds	Total Funds 2024 £000	Total Funds 2023 £000
	£000	£000	£000	£000
<u>Donations</u>				
Breast Fund	0	8	8	18
Neonatal & Paediatric Services Fund	10	21	31	28
General Purposes Fund	0	43	43	66
Cancer Services	0	3	3	3
Critical Care Fund	0	4	4	4
Special Care for Special Babies	0	0	0	1
Other Funds (55)	18	7	25	21
<b>Sub total</b>	<b>28</b>	<b>86</b>	<b>114</b>	<b>141</b>
<u>Gift In Kind</u>				
General Purpose Fund	0	25	25	19
<b>Sub total</b>	<b>0</b>	<b>25</b>	<b>25</b>	<b>19</b>
<u>Legacies</u>				
General Purpose Fund	0	68	68	258
Cardiology	0	11	11	283
Ophthalmology	0	1	1	14
Neonatal & Paediatric Services Fund	0	1	1	1
<b>Sub total</b>	<b>0</b>	<b>81</b>	<b>81</b>	<b>556</b>
<u>Grants</u>				
General Purpose Fund	30	0	30	0
	<b>30</b>	<b>0</b>	<b>30</b>	<b>0</b>
<b>Total</b>	<b>58</b>	<b>192</b>	<b>250</b>	<b>716</b>

#### 4. Analysis of investment income

Gross income earned from:	Restricted Funds £000	Un-Restricted Funds £000	2024 Held in UK £000	2023 Held in UK £000
Interest from Bank Account	1	20	21	8
<b>Total</b>	<b>1</b>	<b>20</b>	<b>21</b>	<b>8</b>

#### 5. Analysis of charitable expenditure

The charity undertook direct charitable activities and made available grant support to the Bolton Hospital NHS Foundation Trust in support of physical and cash donated assets.

	Activities undertaken directly £'000	Grant Funded activity £'000	Gift In Kind £'000	Support Costs £'000	2024 Total £'000	2023 Total £'000
Purchase of new equipment	146	0	0	16	162	140
New building, refurbishment & care	11	197	0	24	232	488
Staff education & welfare	31	0	0	4	35	13
Patient welfare & amenities	104	0	25	15	144	75
Other	21	0	0	1	22	36
<b>Total</b>	<b>313</b>	<b>197</b>	<b>25</b>	<b>60</b>	<b>595</b>	<b>753</b>

#### 6. Allocation of support costs and overheads

Allocation and apportionment to Governance Costs	Allocated to Governance £'000	Residual for Apportionment £'000	2024 Total £'000	2023 Total	Basis of Apportionment
Salaries & related costs	58	136	194	183	Fixed and transactional
Independent Examination (inc VAT)	2	0	2	0	Governance
Statutory External Audit (inc VAT)	0	0	0	7	Governance
<b>Total</b>	<b>60</b>	<b>136</b>	<b>196</b>	<b>190</b>	

## 7. Analysis of grants

The Charity does not make grants to individuals. All grants are made to Bolton NHS Foundation Trust in the form of donated assets.

## 8. Transfers between funds

There have been no transfer between funds during the year.

## 9. Analysis of fundraising events

There have been no fundraising events during the year.

## 10. Analysis of current assets

Debtors under 1 year	Restricted Funds £000	Un-Restricted Funds £000	2024 Total £000	2023 Total £000
Accrued Income and Aged Debt	0	0	0	6
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>

Analysis of cash and deposits	Restricted Funds £000	Un-Restricted Funds £000	Endowment Funds £000	2024 Total £000	2023 Total £000
R.B.S. Special Interest Bearing Account	336	722	42	1,100	1,442
R.B.S. Current Account	0	10	0	10	10
<b>Total</b>	<b>336</b>	<b>732</b>	<b>42</b>	<b>1,110</b>	<b>1,452</b>
<b>Total Current Assets</b>	<b>336</b>	<b>732</b>	<b>42</b>	<b>1,110</b>	<b>1,458</b>

## 11. Analysis of current liabilities and long term creditors

Creditors under 1 year	Restricted Funds £000	Un-Restricted Funds £000	2024 Total £000	2023 Total £000
Other creditors	3	13	16	19
Accruals	1	9	10	31
<b>Total</b>	<b>4</b>	<b>22</b>	<b>26</b>	<b>50</b>

## 12. Contingencies

The Charity has no contingent liabilities or assets.

## 13. Commitments

The Corporate Trustee acknowledges that it has commitments for goods or services that have yet to be received for £72,041.76.

## 14. Analysis of charitable funds

Material Funds	Balance b/fwd £000	Income £000	Resources Expended £000	Gains & Losses £000	Fund c/fwd £000
RBH General Purposes	484	174	(325)	0	333
Cancer Services	76	4	(46)	0	34
Cardiology	309	17	(85)	0	241
Elderly Medicine	11	1	(2)	0	10
Special Care for Special Babies	44	0	(27)	0	17
Community Funds	86	11	(13)	0	84
Breast Unit	64	9	(17)	0	56
Eye Unit	39	2	(6)	0	35
Other Funds	253	53	(74)	0	232
<b>Total</b>	<b>1,366</b>	<b>271</b>	<b>(595)</b>	<b>0</b>	<b>1,042</b>

The General Purposes Fund receives donations from donors who have not expressed a preference as to how the funds should be spent, these funds are used by the Corporate Trustee for any charitable purpose(s) related to Bolton Hospital.

During the year the General Purposes Fund has received donations in the form of a legacies and general donations. The General purpose fund has funded a Garden of Reflection for the benefit of both staff and patients and chairs for patients.

The Cancer Services Department receives many donations from grateful patients, funds are mainly used to purchase equipment for the department and to enhance patient areas. During the year the department funded the refurbishment of the main entrance

The Cardiology Department receives many donations from grateful patients and also from legacies, funds are mainly used to purchase equipment for the department. This year the department has purchased 20 ECG event recorders.

The Elderly Medicine Department receives many donations from grateful patients and also from legacies, funds are mainly used to purchase equipment for the department.

The Special Care for Special Babies campaign was launched in 2017 and the funds are being used to create a spacious and calm environment for families to be with their babies. This year the department has purchased furniture for the neonatal unit to ensure patients can visit and care for their baby in optimum comfort.

The Community Services Department receives many donations from grateful patients and also from legacies, funds are mainly used to purchase medical equipment for community services.

The Breast Unit receives many donations from grateful patients and also from legacies, funds are mainly used to purchase equipment for the department. Funds are used mainly used to purchase medical equipment and post op kits. This year the department has purchased LED headlight system and invested in animations to explain various breast procedures.

The Eye Unit receives many donations from grateful patients and also from legacies, funds are mainly used to purchase medical equipment for the unit.

#### **15. Post balance sheet events**

There have been no post balance sheet events that require disclosure.

# Independent Examiner's Report to the Trustees of Our Bolton NHS Charity

I report on the financial statements of Our Bolton NHS Charity for the year ended 31 March 2024, which are set out on pages 18 to 29.

## Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the financial statements. The charity's trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the financial statements under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- state whether particular matters have come to my attention.

This report, including my statement, has been prepared for and only for the charity's trustees as a body. My work has been undertaken so that I might state to the charity's trustees those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body for my examination work, for this report, or for the statements I have made.

## Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the financial statements presented with those records. It also includes consideration of any unusual items or disclosures in the financial statements, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the financial statements present a 'true and fair view' and the report is limited to those matters set out in the statement below.

## Independent examiner's statement

Since the charity's gross income exceeded £250,000, your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination by being a qualified member of the Institute of Chartered Accountants in England and Wales which is one of the listed bodies.

In connection with my examination, which is complete, no matters have come to my attention which give me reasonable cause to believe that in any material respect:

- accounting records were not kept in respect of Our Bolton NHS Charity in accordance with section 130 of the 2011 Act; or
- the financial statements do not accord with those records; or
- the financial statements do not comply with the applicable requirements concerning the form and content of financial statements set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the financial statements give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.

David Hoose FCA,  
Forvis Mazars LLP,  
30 Old Bailey,  
London,  
EC4M 7AU

Date:



Our Bolton NHS Charity,  
Dowling House,  
Royal Bolton Hospital,  
Minerva Road,  
Farnworth,  
BL4 0JR

23 January 2025

Forvis Mazars LLP,  
Two Chamberlain Square,  
Birmingham,  
B3 3AX

Dear Sirs/Madams,

**Our Bolton NHS Charity – independent examination of the financial statements for the year ended 31st March 2024.**

This representation letter is provided in connection with your Independent Examination of the financial statements of the Charity for the year ended 31st March 2024.

We confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy ourselves that we can properly make each of the following representations to you.

**Our responsibility for the financial statements and accounting information**

We believe that we have fulfilled our responsibilities for the true and fair presentation and preparation of the financial statements in accordance with applicable law and the applicable Financial Reporting Framework.

**Our responsibility to provide and disclose relevant information**

We have provided you with:

- Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- Additional information that you have requested from us for the purpose of the Independent Examination; and

- Unrestricted access to individuals within the charity you determined it was necessary to contact in order to obtain Independent Examination evidence.

We confirm as trustees that we have taken all the necessary steps to make us aware, as trustees, of any relevant Independent Examination information and to establish that you, as examiners, are aware of this information.

As far as we are aware there is no relevant information of which you, as examiners, are unaware.

### **Accounting records**

We confirm that all transactions undertaken by the charity have been properly recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all management and trustee meetings, have been made available to you.

### **Accounting policies**

We confirm that we have reviewed the accounting policies applied during the year in accordance with the requirements of applicable law and applicable Financial Report Framework and consider them appropriate for the year.

### **Accounting estimates, including those measured at fair value**

We confirm that any significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

### **Contingencies**

There are no material contingent losses including pending or potential litigation that should be accrued where:

- Information presently available indicates that it is probable that an asset has been impaired or a liability had been incurred at the balance sheet date; and
- The amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the charity have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with applicable law and applicable Financial Reporting Framework.

## **Laws and regulations**

We confirm that we have disclosed to you all those events of which we are aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

We have complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

## **Fraud and error**

We acknowledge our responsibility as trustees of the charity, for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

We have disclosed to you:

- All the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- All knowledge of fraud or suspected fraud affecting the entity involving:
- Management and those charged with governance;
- Employees who have significant roles in internal control; and
- Others where fraud could have a material effect on the financial statements.

We have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.

## **Related party transactions**

We confirm that all related party relationships, transactions and balances, (including sales, purchases, loans, transfers, leasing arrangements and guarantees) have been appropriately accounted for and disclosed in accordance with the requirements of applicable law and the applicable Financial Reporting Framework.

We have disclosed to you the identity of the charity's related parties and all related party relationships and transactions of which we are aware.

### **Impairment review**

To the best of our knowledge, there is nothing to indicate that there is a permanent reduction in the recoverable amount of the fixed assets below their carrying value at the balance sheet date. An impairment review is therefore not considered necessary.

### **Charges on assets**

All the charity's assets are free from any charges exercisable by third parties except as disclosed within the financial statements.

### **Future commitments**

We have no plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.

### **Subsequent events**

We confirm all events subsequent to the date of the financial statements and for which the applicable law and applicable Financial Reporting Framework require adjustment or disclosure have been adjusted or disclosed.

Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, we will advise you accordingly.

### **Audit requirement**

We confirm that there are no specific requirements for an audit to be carried out in the governing document of the charity, in any special trusts associated with the charity or as a condition of any grants made to the charity.

### **Restricted funds**

We confirm that we have provided all information to enable the appropriate disclosure of funds in the relevant and previous financial years.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'M North', is positioned above the printed name and title.

Martin North,  
Chair of the Charitable Funds Committee, on behalf of the Corporate Trustee

<b>Report Title:</b>	Bolton NHS FT response to national <i>Change NHS</i> consultation			
<b>Meeting:</b>	Council of Governors	<b>Action Required</b>	Assurance	✓
<b>Date:</b>	06 February 2025		Discussion	✓
<b>Executive Sponsor</b>	Chief of Strategy and Partnerships		Decision	

<b>Purpose of the report</b>	This document was prepared in response to the Department of Health and Social Care's national consultation on the future of the NHS
------------------------------	---

<b>Previously considered by:</b>	Executive Directors and Trust Management Committee
----------------------------------	--

<b>Executive Summary</b>	<p>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 (see previous paper on Lord Darzi's independent investigation into the NHS in England).</p> <p>The Strategy team sought views from staff across the organisation and produced the attached document which was submitted to the Department in December.</p>
--------------------------	--

<b>Proposed Resolution</b>	The Council of Governors is asked to <b>receive</b> the response to the <i>Change NHS</i> consultation exercise.
----------------------------	--

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
✓	✓	✓	✓	✓

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

Bolton NHS Foundation Trust is an integrated acute and community provider based in Greater Manchester. We have developed our response with input from our staff, senior leadership team and our Board, and we are pleased to submit our views for consideration as part of this consultation exercise.

## **Q1. What does your organisation want to see included in the 10-Year Health Plan and why?**

We would like to see the following themes covered in the plan:

### **Pragmatism and realism**

As a provider that serves one of the country's most deprived populations, we need a pragmatic, actionable plan that acknowledges the complexity of improving health outcomes and delivering a sustainable healthcare system. This requires a focus on health inequalities, a clear understanding of what can realistically be achieved within current resources, and is supported by the investment necessary to expand capacity where it is needed most.

### **A whole-system perspective**

The plan must adopt a holistic view of the NHS, social care, and public health, clearly outlining the interdependencies between these sectors. It should clarify the roles and responsibilities of Integrated Care Systems (ICSs), Integrated Care Boards (ICBs), providers and other stakeholders, while empowering them to deliver shared goals. Removing barriers to progress and modernising outdated models of provision is essential to achieving meaningful integration across providers and commissioners, with clarity of role to reduce duplication and fragmentation.

### **Ownership and transparency**

Describing the NHS as 'broken' is unhelpful for the public, organisations, and the dedicated staff who serve their communities every day. The new plan must take ownership of the fundamental challenges and pressures facing the NHS, including the increasing burden of ill health, inadequate funding, the fragmentation of health and social care, and the flaws in the capital allocation system. These issues require ownership and action, with a commitment to addressing the barriers to change. We urge the Department of Health and Social Care (DHSC) to reframe the narrative and emphasise the value of the NHS, encouraging people to take greater accountability for their health.

### **Cross-governmental leadership**

The NHS cannot tackle the nation's health challenges alone. The plan must demand cross-departmental action to address the social determinants of health - housing, education, employment, and environmental factors - and advocate for legislative measures that have a proven positive impact on health outcomes.

### **The right supporting plans and enablers**

To be successful, the plan needs the right funding, workforce and capacity to deliver its objectives, so we would like the plan to be clear about the mechanisms for delivery. We want to see the NHS put back onto a stronger footing, and one of the most important steps therefore is a collective focus on making the NHS an attractive



employer. We need to retain and attract a workforce that is committed and able to deliver the plan's ambitions.

### **Outcomes-focused approach**

Most importantly, the plan must clearly articulate its goals and outcomes. By setting measurable objectives, it will enable accountability and ensure that resources are aligned to the delivery of tangible improvements in population health and service quality.

## **Q2. What does your organisation see as the biggest challenges and enablers to moving more care from hospitals to communities?**

As a provider of acute and community services that works closely with its partners and population within our six neighbourhoods, we understand the complexities of moving and delivering care closer to home. Whilst we have a clear focus on neighbourhood delivery and a mantra of thinking 'home-first', the scale of the shift from hospital to community care cannot be underestimated. Here are our reflections on the challenges and enablers.

### **Challenges**

The shift from hospital to community services requires different organisations to be aligned and enabled to deliver a shared set of goals, and current funding structures across health and social care means that this is challenging to achieve. Without funding to 'double run' services – i.e. maintaining hospital capacity while scaling up community-based care - patients risk falling through the gaps during the transition. Acute hospitals already face significant resource pressures, acting as a safety net for the system's failures elsewhere, such as inadequate social care capacity.

Fragmentation across financial and operational frameworks creates further obstacles. Payment models often reward activity in acute settings while failing to incentivise prevention or integration. Additionally, workforce shortages across both acute and community sectors hinder progress. We need to fully implement the NHS workforce plan to increase the pipeline of clinical posts, review the Agenda for Change payment structure and consider separate payment mechanisms for administrative and clinical staff.

The cultural perception of the NHS as hospital-focused further complicates the shift. Reallocating resources away from acute care risks public and political resistance unless the value of community care is communicated effectively.

### **Enablers**

Success requires simultaneous investment in acute and community services. The transition must prioritise double running services to safeguard patient safety and service continuity. Integrated planning, led by ICBs, is essential to allocate resources equitably and align incentives with shared goals.

Workforce development is a critical enabler. Training programmes must embed community placements across disciplines, and national workforce strategies must address gaps in both sectors. Furthermore, infrastructure investments, including diagnostic hubs and interoperable digital systems, will equip community services to

absorb demand effectively. We must make the NHS an attractive employer if we are to be sustainable over the next ten years, and concerted effort needs to be made to retain and attract the best people.

Engaging patients and communities in co-designing services will foster trust and align changes with public priorities. Celebrating and scaling successful local initiatives that demonstrate the benefits of integration can also accelerate progress.

### **Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?**

Technology has the potential to transform healthcare by improving efficiency, enhancing patient outcomes, and enabling more personalised care. However, there are significant barriers to overcome if this potential is to be fully realised.

#### **Challenges**

One of the biggest challenges is the fragmentation of systems across health and social care. Many of these systems are not designed to communicate with one another, which prevents the seamless sharing of data between providers. This lack of interoperability creates inefficiencies and makes it harder to provide joined-up care across health and social care. This not only affects the quality of care but also places unnecessary pressure on staff and resources.

There is also a need for stronger leadership and coordination around artificial intelligence (AI). At present, there is no clear national strategy for how AI should be adopted and used across the NHS. Providers face challenges in identifying where AI can deliver value, and there are ongoing concerns about data security, algorithmic bias, and ethical considerations. Without a unified approach, the adoption of AI is likely to remain inconsistent, limiting its ability to deliver meaningful improvements and risking providers duplicating effort as they seek to solve common challenges.

Staff readiness to embrace digital technology is another significant issue. Many healthcare professionals feel unprepared to use digital tools confidently and effectively, and there is a lack of accessible training to address this. Without adequate support, even the most innovative technologies risk being underutilised.

Digital exclusion presents a further challenge. While digital health tools offer many benefits, they are not accessible to everyone. Groups such as older people, those with disabilities, or individuals living in deprived areas may face barriers to accessing or using these technologies. If not addressed, this could widen health inequalities and leave the most vulnerable patients behind.

Finally, the pace of innovation in the NHS is often hampered by limited investment and a lack of streamlined processes for adopting new technologies. Complex procurement systems and siloed decision-making slow the ability to test, scale, and implement promising innovations. This lack of agility prevents the NHS from keeping up with advances in technology and leaves providers without the tools they need to deliver modern, efficient care.

## **Enablers**

National leadership is essential for driving the effective use of technology in healthcare. DHSC and NHS England must work together to develop a single national strategy for artificial intelligence and digital innovation. This strategy should include clear guidance on how AI can add value, as well as robust standards for safety, ethics and data security. A coordinated approach would help ensure that investments are aligned with system-wide priorities and that providers have the confidence to adopt new tools. A central repository of approved technologies and case studies could further support this by providing examples of what works and encouraging wider adoption, and single, nationally-led procurement exercises could save money for the NHS.

Interoperability is another critical enabler. Defining national standards for interoperability would allow systems across health and social care to share data securely and effectively, though this is clearly a longer-term ambition. While recognising that health and social care operate differently, integrated digital systems would make it easier for providers to deliver joined-up care, improve efficiency, and reduce the risk of errors. DHSC must not force change too quickly, nor mandate changes at provider level as this would increase inefficiency and cost.

Developing digital skills across the workforce is key to ensuring new and existing staff can use technology effectively. Comprehensive training programmes must be embedded into healthcare staff training programmes, with opportunities for ongoing education for existing staff on emerging technologies like AI. DHSC and NHS England should themselves adopt a more digitally-focused approach. The use of easily-accessible video seminar series, bulletins and training for providers and their staff would help people to access standardised information in simple, convenient ways, and would avoid the need for providers to 'reinvent the wheel' on topics that could be covered once and distributed.

Efforts to improve digital inclusion must sit alongside these initiatives. Public health campaigns can help educate people on how to use digital health tools, while targeted support should be offered to those at risk of digital exclusion. This might include providing devices or training to patients, as well as ensuring that non-digital alternatives remain available for key services. These steps will ensure that no one is left behind and that technology works for everyone.

Innovation in healthcare can be accelerated by simplifying funding and procurement processes. DHSC and NHS England should widen access to national innovation programmes to support pilot projects and reward successful initiatives that deliver measurable benefits. Sharing these successes across the NHS would encourage others to adopt proven tools and practices. Coordinated investment in digital infrastructure is equally important. This includes upgrading systems to meet interoperability standards, expanding broadband access in underserved areas, and ensuring all providers have the tools and platforms they need to support digital transformation.

Building public trust in technology is vital to its success. The public needs clear and transparent information about how their data is used, stored and protected. DHSC and NHS England should lead national campaigns to highlight the benefits of digital

health tools, while addressing common concerns around privacy and fairness. By fostering confidence, these campaigns can encourage greater engagement with digital healthcare.

By addressing these challenges and building on these enablers, the NHS can harness the full potential of technology to improve care, reduce inequalities and create a more efficient system. National leadership, coordinated investment and a commitment to inclusion and education will be essential to achieving this vision.

#### **Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?**

Preventive care is fundamental to the sustainability of the NHS. However, achieving this requires a system-wide commitment to addressing the social determinants of health and upstream drivers of demand.

##### **Challenges**

First and foremost, it must be accepted that the public's health is influenced by a range of factors that are beyond the NHS's control, including food and lifestyle, education, employment, environment, and housing. Tackling the causes of ill health is therefore fundamentally a cross-departmental issue. The 10-Year Plan must be developed with input and commitments from all Government departments to drive and deliver the changes needed to improve population health. DHSC lacks the remit and ability to address the wider determinants of health alone; therefore, every Government department must take ownership and accountability for the improvements and transformation that they can and should enable. Each department should have an explicit objective to address the preventable causes of ill health, supported by bold legislation to deliver improvements in the nation's health. Without a whole-Government commitment, this shift cannot be made.

The NHS's role in the early detection of illness relies on appropriate investment in capacity, workforce, technology and infrastructure across the health service and pathways of care to meet public need. The public must also have access to information and education about the signs of illness that they should act on, supported by accessible primary care to investigate those symptoms. In parallel, the plan needs to articulate a deliverable approach to scaling up screening and health check programmes to identify disease and ill health at a treatable stage. Achieving this will require a fundamental review of the way primary care is provided and contracted and sufficient downstream capacity in secondary care to treat people in a timely manner.

Fragmentation of public health responsibilities further undermines preventive efforts. Currently delivered by local authorities, public health services often lack the funding and autonomy needed to implement large-scale interventions. Insufficient integration between health, social care and public health creates additional barriers, particularly in data sharing, which hampers efforts to proactively identify and address risks within populations. In areas of deprivation, high streets are often populated with vape shops, fast food restaurants and off licenses with a concurrent lack of green space, making it harder for people to make positive health choices. A radical approach to

transforming the built environment to support health and wellbeing is needed, and again, requires cross-departmental commitment.

### **Enablers**

The NHS can be an effective enabler of preventive care, but national policy must legislate for measures beyond the NHS's direct control. These measures include public health campaigns, taxation and regulation of the food industry, and environmental interventions. Embedding lessons from behavioural initiatives led by the Nudge Unit can support behaviour change at a societal level. Additionally, the use of genomics presents opportunities for more personalised, preventive care in the future.

The social determinants of health, as defined by Sir Michael Marmot, describe the root causes of ill health and health inequalities. Effective prevention requires upstream investment in addressing these determinants, such as housing, education, and employment, and creating a vision for healthy communities that extends to the shops and amenities available to people. Public health cannot thrive under local authority control without sufficient funding, autonomy, and the agility to respond to drivers of demand across primary, secondary, community, and social care. Tackling inequalities requires properly weighted funding models that account for disparities in need and are clear on the outcomes to be delivered and by when.

Collaborative partnerships with local councils, voluntary organisations, and private sector stakeholders can enhance the reach and impact of preventive efforts. National policies must provide clarity on roles, responsibilities, and funding to ensure these partnerships are effective and scalable. Moreover, the plan must focus on aligning incentives across sectors and creating measurable goals to ensure accountability and progress.

By addressing these challenges and leveraging these enablers, we can deliver earlier detection and tackle the causes of ill health in a way that ensures long-term sustainability and equity, but it must be acknowledged that this requires effort and energy from across Government.

## **Q5. What policy changes would your organisation like to see?**

To support the transformation of the NHS and the improvement of the health of our population, we recommend the following policy changes:

### **1. Legislation for upstream prevention**

The Government must legislate for measures that address the root causes of ill health, including taxation on unhealthy products, regulation of the food and beverage industry, and stricter environmental protections. Policies should also mandate investment in housing standards, education reform and employment initiatives to tackle the social determinants of health.

### **2. Integrated planning across systems**

National policy frameworks must align health, social care and public health strategies to create a unified system that facilitates collaboration. This includes streamlining governance processes and creating shared accountability for population health outcomes.

3. **Capital investment reform**

The current capital allocation system must be overhauled to prioritise infrastructure development for both acute and community care. Funding mechanisms should focus on modernising facilities and enabling the integration of care pathways.

4. **Workforce strategy and investment**

A comprehensive national workforce strategy is essential. This must address both clinical and non-clinical roles, ensuring adequate recruitment, retention, and career development opportunities. Investment in staff wellbeing and training is also critical, as is a review of payment structures in the NHS.

5. **Enabling system-wide collaboration**

Policies must enable and reward collaboration across the entire health and care system, rather than creating competition between organisations. This includes blended payment models and performance metrics that prioritise shared outcomes over individual achievements. Alongside this, a fundamental review of health and care contracting is required to ensure that capacity and funding are structured around need, not based on historic arrangements.

6. **Commitments to health equity**

Funding models and policy initiatives must focus explicitly on reducing health inequalities. This includes targeting resources to the most deprived populations and setting clear, measurable objectives for improving equity.

7. **Public accountability for private sector activity**

There must be tighter oversight of private sector activity within the NHS. Clear expectations and accountability measures should be in place to ensure private providers contribute to system-wide goals without driving up unnecessary activity.

By enacting these policy changes, the Government can create a sustainable, equitable, and effective healthcare system that meets the needs of current and future generations.

<b>Report Title:</b>	iFM Annual Performance Report – April 2023 to March 2024			
<b>Meeting:</b>	Council of Governors	<b>Action Required</b>	Assurance	✓
<b>Date:</b>	06 February 2025		Discussion	✓
<b>Executive Sponsor</b>	Chief Finance Officer		Decision	

<b>Purpose of the report</b>	To provide an overarching review of the Annual Performance of iFM for FY 23/24
------------------------------	--

<b>Previously considered by:</b>	iFM Bolton Board, Trust Executives, Finance and Investment Committee and Board of Directors.
----------------------------------	--

<b>Executive Summary</b>	<p>The purpose of the iFM Annual Performance Report is to provide an overarching review of the performance of iFM, including the key achievements and challenges for the period April 2023 to March 2024.</p> <p>The Key areas / updates included in this report are:-</p> <ul style="list-style-type: none"> <li>• Executive overview</li> <li>• Health Safety &amp; Sustainability</li> <li>• Overview of FM Estates and Facilities challenges</li> <li>• RAAC update</li> <li>• Operations &amp; Special services update</li> <li>• Strategy and Transformation update</li> <li>• Procurement update</li> <li>• People report</li> </ul> <p>The report also includes the iFM Outlook Priorities for 2024/25 and closing thoughts on the financial year 2023/24.</p>
--------------------------	--

<b>Proposed Resolution</b>	The Council of Governors is asked to <b>receive</b> the iFM Annual Performance Report April 2023 to March 2024.
----------------------------	---

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		
Legal/Regulatory		
Health Inequalities		
Equality, Diversity and Inclusion		

<b>Prepared by:</b>	Fiona McDonnell, MD iFM	<b>Presented by:</b>	Annette Walker, Chief Finance Officer
---------------------	-------------------------	----------------------	---------------------------------------



Respectful | Trustworthy | Proud | Fair | Reliable

# Annual Operating Summary Report

April 2023 to March 2024

... for a **better** Bolton

# Contents

1. Executive Overview	P4
○ Fast Facts	P5
○ Positive Recognition	P6
○ Continuous Improvement	P7
2. Quality, Safety, Health & Environment	P8
3. Operations (incl Estates, Facilities, Capital)	P13
4. Strategy & Transformation	P24
5. Procurement	P27
6. People	P30
7. Closing Thoughts	P33
8. 24/25 Outlook / Our Priorities	P34



# Section One

## Executive Overview

April 2023 to  
March 2024



# Executive Overview

## FY23/24 Full Year Report -

### Welcome to the Annual Operating Report for Bolton, for the financial year 2023/24.

Through this report our aim is to present all of the achievements, challenges and risks that have been part of day-to-day life for IFM in 2023/24.

Delivering Estates & Facilities activities on behalf of Bolton Foundation Trust is an absolute privilege, and the duty we have to the people of Bolton to ensure their experience of Bolton FT is a positive one, remains the overarching priority for IFM. We practically achieve this by linking our strategic plans and operational activities to the 5 Trust ambitions, and we have ensured that all of the achievements within this report are linked to those ambitions.

We also understand that to remain effective in the delivery of our services in a challenging health environment, we need to remain agile whilst ensuring governance is both established and adhered to. Within our Half Year Report we spoke of the Governance Model we have developed, and that model continues to underpin the safe delivery of services, along with ensuring effective collaborative effort with the Trust in relation to health, safety and compliance.

There have been countless key achievements delivered in 2023/24, some of our proudest include;

- Our **response to the identification of RAAC** at Royal Bolton Hospital, which culminated in the successful allocation of £975k initial funding from the National RAAC Programme to support surveys and RAAC mitigation works
- On time and within budget delivery of key Capital schemes, including the **Modular Theatres** and **Community Diagnostic Centre**
- Procurement support which **delivered savings valued at £7.03m FYE**, £1.24m over the recorded savings for 2022/23
- Delivered efficiencies as part of the wider Trust CIP, that totalled **£419k of recurrent savings**
- Leading and delivering key Trust strategic programmes such as the '**Estates Utilisation & Building Closures**' programme, including a full review of the Trusts bookable space system.
- Supporting the delivery of objectives contained within the Trusts '**Green Plan**'
- Continued focus of our Estates & Facilities teams, who provide a safe delivery model and enhance the Patient Experience in challenging circumstances
- Developing our leadership & transforming our workforce

We are incredibly proud of our team and their achievements in 2023/24, and we hope you enjoy the content of this report.

Respectable | Trustworthy | Proud | Fair | Reliable

**iFM Bolton**  
Clean, Safe and Sustainable  
A wholly owned subsidiary of Bolton NHS Foundation Trust **NHS**

## Our year in numbers 2023/24



**54,431**

Number of jobs logged on Portertrac



**21**

Total number of sites



**17,020**

Number of estates requests completed



**528**

Number of iFM staff



**92%**

Patient satisfaction score



**18,109**

Number of Helpdesk requests



**296**

Number of minor works requests



**11 secs**

Response time to helpdesk requests



**£32.6m**

Capital investments 2022/2023



**3167**

PPMs in 2023-24  
5,121 PPMs 2022-23



**565,344**

Lunch and supper excluding call backs and unplanned meals



**21,135**

Sandwiches served in ED



**13,756**

Hot meals served in ED

**£20.4m**

Expected Capital 2023/2024





# Positive Recognition

## IHEEM Award Nominations

During Q3, our team attended the prestigious IHEEM Gala Awards following the shortlisting of within two categories:

- **Estates & Facilities Team of the Year**
- **Diversity & Inclusion Award – Multi-faith Centre**

The IHEEM judges shared that the standard of entries was a record high, with fierce competition in each of the 12 categories. Although we were unsuccessful on the night, it was a fantastic achievement for all who played a part.



Members of the team at the IHEEM award ceremony

## Memorial Garden Improvements

Keely Barlow, our Customer Services Lead, helped drive improvements to the baby memorial garden in 23/24.

Gaining £27k in material donations from local suppliers, and pulling together Estates resources and volunteers in delivering the improvements, IFM were instrumental in this important initiative.



Keely Barlow, pictured far left, with Trust colleagues at the opening of the much improved Baby Memorial Garden

## EMBE – FABB Award Winner

Led by Karen Stanton, our EBME team, attended the annual FABB Awards Ceremony and won 'Divisional Diamonds of the Year' Award.

This was for our support to the Bolton Wheelchair Service.



Karen Stanton, pictured 3<sup>rd</sup> from left, with members of the award winning EBME team

# Continuous Improvement

## Our Voice Change Programme



IFM are a key and active participant in the Our Voice Change Programme sessions that have occurred in 2024.

Providing input to the 'Your Working Environment' and 'Car Parking' working groups, alongside the Trust we have listened to the concerns of colleagues, and taken subsequent steps to support the Trust with resolutions on some of the issues.

### Your Working Environment

Key discussion points include;

#### Smoking

- We have supported the group by installing tannoy's which give a 'no smoking message' in problem areas at the hospital
- We have helped to erect new smoking signage
- We have enhanced the external cleaning activities to remove unsightly smoking debris

#### Catering/Break Facilities & Spaces

- We are considering new hot vending machines
- We have procured additional catering options
- We will lead with creating new spaces for breaks

#### Toilet Facilities

- Restroom facility audit undertaken, with action plan being created to resolve any defects and problems within them

### Car Parking

Key discussion points include;

- We are supporting with ensuring some patient disabled bays are left free for patients
- We are reviewing the staff v patient car park allocation
- We are exploring access improvements to J Block from the nearby car park
- We have provided key car parking data from ParkingEye, which informs the group on who is using patient car parks
- We are exploring and provided quotes for new car park lighting
- We have received and passed on proposals for the creation of a one-way system around the site
- We have secured proposals and costs for a multi-storey car park, along with proposals and costs to increase car parking capacity through other solutions
- We have provided additional car park paying machines

# Section Two

## Quality, Safety, Health & Environment (QSHE)

April 2023 to  
March 2024





# Quality, Safety, Health & Environment (QSHE)

## Key Achievements for FY23/24

Safety is a core value at IFM, and our key achievements in 23/24 demonstrate the progress we have made to manage risks and strengthen governance.

### Ambition 1

To provide safe, high quality and compassionate care to every person, every time



**Strengthened Governance Routes & Structure** - Working collaboratively with the Trust to achieve our key ambitions through the continued development of working groups and committees. This ensures we are providing assurance through collective responsibility for delivery of services. In summary we have strengthened our working relations to ensure decisions are agreed and actioned.

**Premises Assurance Model (PAM)** - In summary, the key change when comparing year on year (YOY) for the domains within PAM is the increase overall of 'Good' responses. 2021 – 2023 summary for the consolidated responses demonstrate progression of 108 responses, which highlights improvement and increased compliance for key safety areas of our estate.

**RIDDOR Reportable incidents** – A 75% reduction in injuries, ill-health and dangerous occurrences. Having 1 RIDDOR is too many, but observing a reduced number is a positive trend.

**Fire Compartmentation** – 100% completion of fire compartmentation surveys and remedial works identified. 10% of the identified remedial works have been completed, with the remaining 90% tracked through Clinical Operation & Estates Liaison Meeting (COEL). A plan to complete the remaining remedial actions will be devised through that Group.

### Ambition 4

Our estate will be sustainable and developed in a way that supports staff and community health and wellbeing



**Risk Management** – Continually manage risks associated with the estates and facilities at Royal Bolton Hospital. We continue to promote a clear governance structure to ensure we manage, mitigate and reduce risk to a tolerable level. We have observed an increase in the number of risks, however that is largely due to a lack of funding to permanently mitigate the risk.

**Safety Audits** – 27 audits completed have identified best practice and areas for improvement. The purpose of safety audits is to ultimately prevent accidents, prevent injuries, improve employee morale and reduce costs. This is reflective in our safety statistics which details a reduction in slips, trips and falls, claims and RIDDOR reportable incidents in comparison to the previous year.

**Monitor and Reduce Personal Injury Claims** – 46% of claims have resulted in successful outcomes for IFM. Long term this should help to reduce insurance premiums. We continue to work with our insurance brokers to reduce claims.

**Fire Risk Assessment (FRA) Compliance** – There has been a 19% increase in FRA compliance from FY 22/23. There has largely been a continual monthly improvement for clinical, non-clinical and community premises presented to the Fire Safety Committee. There have been 58 FRA's undertaken in this reporting period.

## Fast Facts

Working Groups/  
Committees

18

FRA compliance  
increase

>19%

Slips, Trips &  
Falls reduction

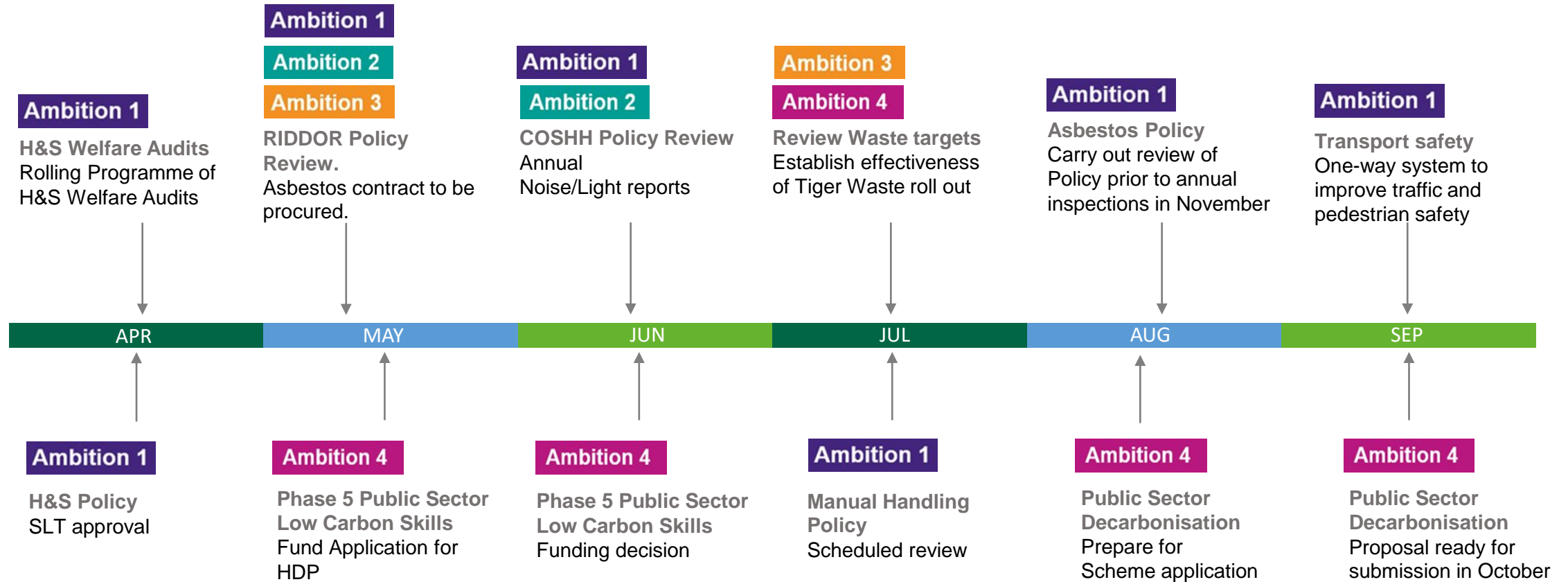
<24%

Fire  
Compartmentation  
Surveys Completed

100%

# Quality, Safety, Health & Environment (QSHE)

## 24/25 Outlook for Half 1



# Quality, Safety, Health & Environment (QSHE)

## Green Plan Overview

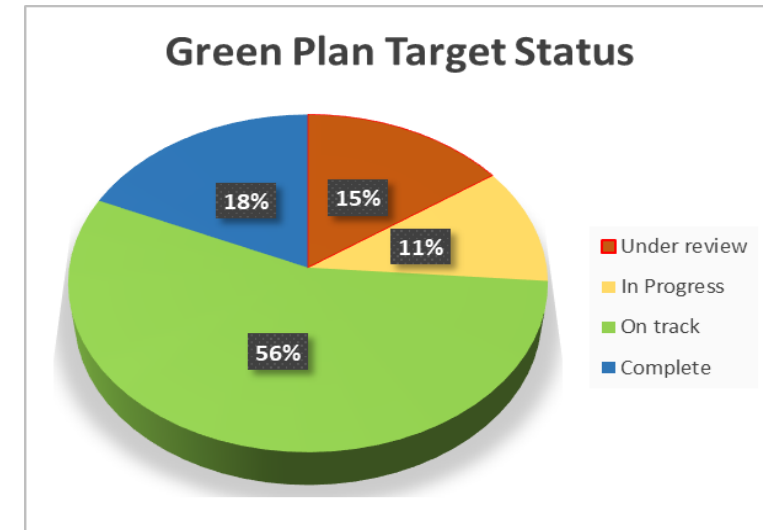
IFM oversee and support The Green Plan which aims to address greener NHS aspirations for a sustainable healthcare system. The Green Plan has 12 categories with 71 actions, and the plan is published and available to the public on the Bolton NHS website. The breakdown of targets by category are shown in Fig.1 below.

In terms of progress of targets, 52 of the 71 are either complete or on track for completion, with only 8 (11%) currently in progress pending review by the RBH Green Group.

*'The Trust strives to deliver brilliant care outcomes through brilliant people and be a leading partner within an integrated system of health and social care, providing a patient experience without boundaries'.*

Fig 1

Categories	Total No. Targets	No. Targets In Progress	No. Targets On Track	No. Targets Complete
Corporate	8	1	5	1
Estates & Facilities	10	4	1	0
Travel & Transport	5	0	2	1
Supply Chain & Procurement	6	1	1	4
Food & Nutrition	5	0	3	2
Medicines	4	0	3	1
Sustainable Models of Care	6	0	6	0
Digital Transformation	4	0	3	1
Workforce & Leadership	6	0	5	1
Greenspace & Biodiversity	6	0	4	1
Use of Natural Resource	6	0	4	1
Climate Adaption	5	2	1	1
<b>TOTALS</b>	<b>71</b>	<b>8</b>	<b>38</b>	<b>14</b>



### Ambition 4

Our estate will be sustainable and developed in a way that supports staff and community health and wellbeing



# Quality, Safety, Health & Environment (QSHE)

## Green Plan Key Milestones

To support the Green Plan, a full Heat Decarbonisation Plan (HDP) has been drafted and we have engaged with multiple specialists to identify and map the current infrastructure, with an objective of identifying the technical data relating to the carbon impact of our heating and cooling systems. The benefits of the HDP are:

- A roadmap to a carbon net-zero heating/cooling system for the Estate
- A major component of the Estates strategy, as the initiatives will include reduction measures on energy demand (double glazing, insulation etc), energy production (renewable energy assets) and electrification of the heating systems (fossil fuel to electric).
- Removing our gas usage will reduce our carbon emissions by upwards of 80% and remove our UK ETS requirements (£0-5k in management fees and £150k+ in certain civil penalties annually)

**Corporate - Established Green Champions network** - introduction of 19 Green Group Champions and monthly working group.

- A means of promoting sustainability (efficiencies and cost savings) throughout the Trust
- Improved networking through the Trust e.g. the Sustainability Manager is closely working with the clinical leads and the Green Champions network, promoting working between the medical gases lead and community nursing

**Corporate - Support the Bolton £ to ensure locality spend and investment within small business**

- Free access (ICS funded) to an external verifier for our Travel Plan, leading to a focused Travel Plan that has been externally verified (Modeshift STARS)
- Currently running a pilot scheme with funding from Transport for Greater Manchester (TfGM) to provide selected car park permit holders from Bolton Hospital NHS Foundation Trust with a free monthly bus pass
- Our longer term aim is to reduce the demand on the car park, reduce congestion on the local roads, reduce our carbon emissions and promote staff to use public transport as their main means of commuting

**Workforce & Leadership - Develop and implement a sustainability communications strategy**

- COP – 28 Week, promotion of waste management, including general waste streams and water usage with a linked media article
- Sustainability awareness communication – Electrical usage, waste streams and water usage campaigns
- Tree planting – 250 trees received to plant on our estate(Provided by NHS Forest)

### Ambition 4

Our estate will be sustainable and developed in a way that supports staff and community health and wellbeing



# Section Three

## Operations

Incl Estates, Facilities,  
Capital & Specialist  
Services

April 2023 to  
March 2024



## Key Achievements for FY23/24

We have an incredibly passionate and dedicated Estates Team, with a vision that is closely aligned to our Ambitions. We collectively operate on the guiding principle that without a safe building we have no Hospital. Striving to deliver a safe building and enhancing the patient experience has been at the centre of everything our Estates Team have delivered so far.

**Ambition 1**  
To provide safe, high quality and compassionate care to every person, every time



**Management of Risk** – Greater focus on risk management and several key risks entered with business cases written to mitigate

**Water Safety** – Increased governance and assurance presented to the Water Safety Group regarding regulatory compliance

**Contractor Management** – New contractor management dashboard with KPIs, contractor management policy and RESET assurance Portal

**Authorised Engineer (AE) Appointments** - Ensured key posts and disciplines were fulfilled with suitably qualified personnel

**Ventilation Safety** – Improved assurance presented to the Ventilation Safety Group regarding HTM adherence

**Ambition 4**

Our estate will be sustainable and developed in a way that supports staff and community health and wellbeing



**Estates Team Leadership & Restructure** – New leadership with Chartered Engineer expertise along with redefined roles in the team

**Low Voltage (LV) Program** – Development and delivery for LV infrastructure across the site

**Improved KPI Tracker Implemented** – Enhanced visibility of performance to ensure service delivery improves

**3-year Capital Backlog Plan Developed** – Outlines the investment required to safely maintain/replace Trust assets

**Capital funding** – Capital funding for lift upgrades, Chamber 2 and 3 redesign and Sub-station 4 and 6

### Fast Facts

#### Planned Preventative Maintenance (PPM)

Our PPM routines have now been migrated to a new CAFM planning system. This will greatly improve our compliance assurance, create task allocation efficiencies and removed large amounts of paper from the system.

#### Reactive Works Monitoring

Our team have the ability to monitor our response to reactive Tasks in real-time, ensuring resources are deployed to the most urgent and appropriate task via Helpdesk. This provides the team with real time data to update customers and manage the team affectively

#### Reactive Works Volume

Our team responded to a total of 16,871 tasks in 2023/24 which is an increase from 2022/23 of 3,786. This increase can be attributed to an aging estate and the migration over the new helpdesk in early 2023.

#### Reactive Works Performance

We were able to respond to 89% of all reactive tasks raised in the allocated SLA time.



## Backlog Maintenance Overview

### Position Summary

In 2022, a six-facet survey was conducted across Royal Bolton Hospital which highlighted a number of high and significant risks in relation to old, non-compliant and/or obsolete equipment.

The present aim is to gain support to secure vital funds to upgrade the estates infrastructure, ensuring that clinical services can operate within normal parameters and without significant disruption. Without investment to rectify the infrastructure of the hospital in the next 10 years, the current estimate of £150.3m (as shown in Fig.1) which is an increase of £71m. The increase is due to RAAC remedial costs in Maternity and Pathology plus 10% for inflation. This cost does not include any hospital/clinical downtime that could result through unplanned and forced outages due to defective infrastructure.

### Mitigation

In the absence of the full funding required to address the whole Estates Backlog, controls have been put in place to mitigate the overarching risk, as far as reasonably practicable.

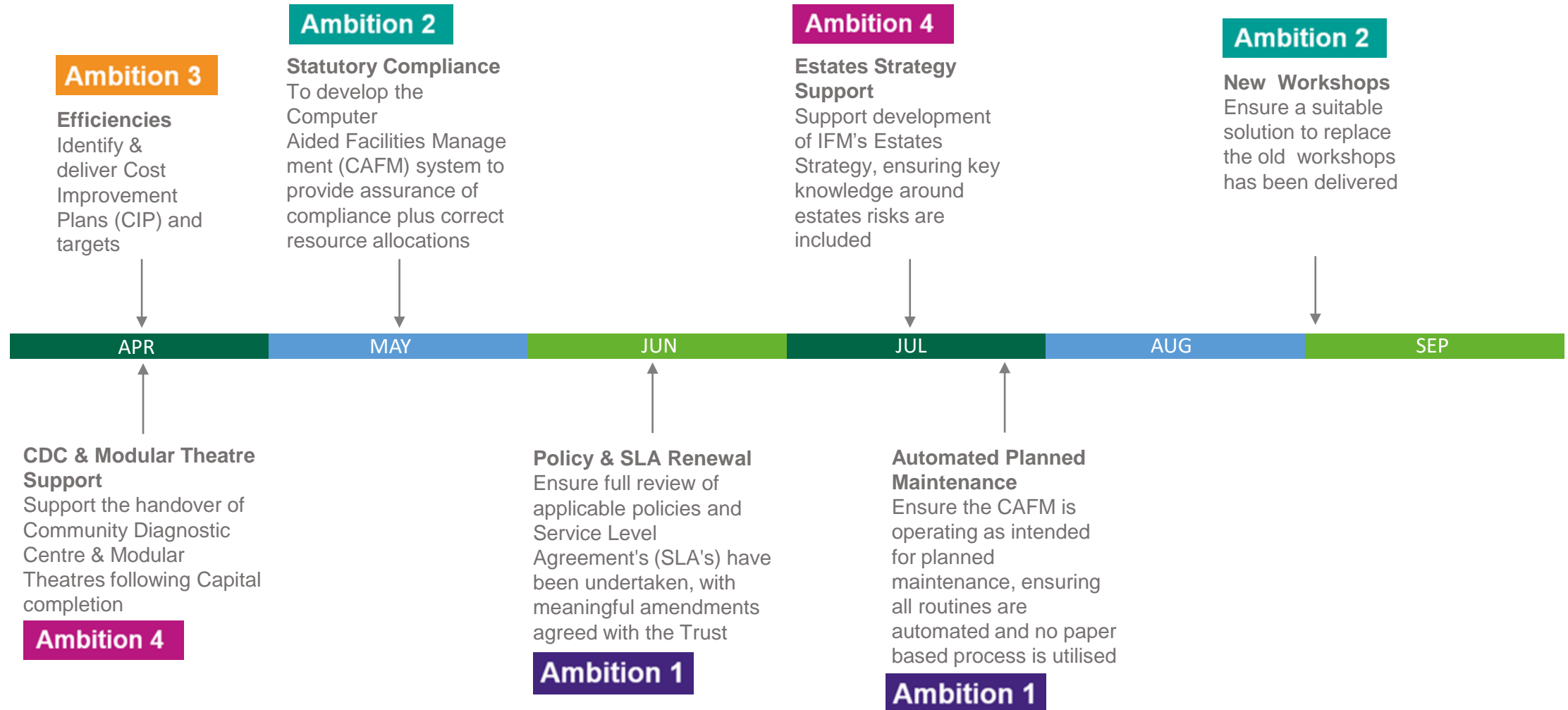
- Trained and competent estates staff, including Authorised Person and Authorised Engineers
- Specialist contracts in place and managed
- Regular Trust committee meetings for specialist services
- Business continuity plans are in place for critical services
- Development of a Capital Estates Backlog Program

**Fig.1 - Estates Backlog Breakdown by Risk**

Risk Rating	Investment required (£M)
High risk Backlog	10,171
Significant Backlog	13,341
Moderate Backlog	91,542
Low backlog	32,278
Total	150,333

# Estates

## 24/25 Outlook for Half 1





## Key Achievements for FY23/24

Our Facilities Team is made up of over 450 dedicated individuals. Working across the Trust Estate 24hrs a day, 365 days a year, they are the life-blood of our organisation. Often interacting with patients on a daily basis, they are the proud face of iFM Bolton. This last year has seen our fantastic Catering Team win a North West Hospital Caterers Association (HCA) award. This industry recognition demonstrates the high level of service they offer, built on the foundations of a 5-star Hygiene Rating awarded earlier in 2023.

**Cost Saving Initiatives** – we have been working with Procurement to ensure all contracts are awarded through NHS Frameworks, giving us the most competitive prices and a quality service throughout. We have also removed various agency contracts and lack of value for money contracts

**Catering Innovations** – A huge amount of work has been undertaken in progressing some key Catering innovations, which would deliver improvements to the patient experience, whilst reducing food waste through, such as MenuMate and Steamplicity, which remain on our outlook for 2024/25.

**Additional Portering and Domestic Support** – Additional Porters have been deployed to support the Flow Office with extra moves across the hospital, and we've supplied new staff to both our recently opened CDC and Elective Care Unit to keep the flow of patients moving. The Domestic team have also played a key part by providing extra deep cleans and heavy duty cleans. With Catering supporting A&E during the strikes, serving food to patients in A&E

**Additional Pop-up Catering Options** – Carrs Pasties & Joe's Coffee introduced to site which enhances lunchtime options for patients and staff and generates revenue for the Trust to re-invest. This has now been extended to weekend trading and with a plan to introduce a third food van on site near to the new CDC

**Ward Deep Clean Programme** – Leading the program plan for the teams to coordinate estates/fire compartmentation and cleaning. This has had a huge impact and allowed us to work closely with our Trust colleagues to make areas brighter, cleaner and safer

**Ambition 1**  
To provide safe, high quality and compassionate care to every person, every time



**Ambition 2**  
To be a great place to work, where all staff feel valued and can reach their full potential



**Ambition 3**  
To continue to use resources wisely so that we can invest in and improve our services



**Ambition 4**  
Our estate will be sustainable and developed in a way that supports staff and community health and wellbeing



### Fast Facts

Average Food waste generated each month

**7.88%**

Total number of Security patrols over the last 12 months

**7,385**

Total No. of Deep Cleans undertaken in the last 12 months

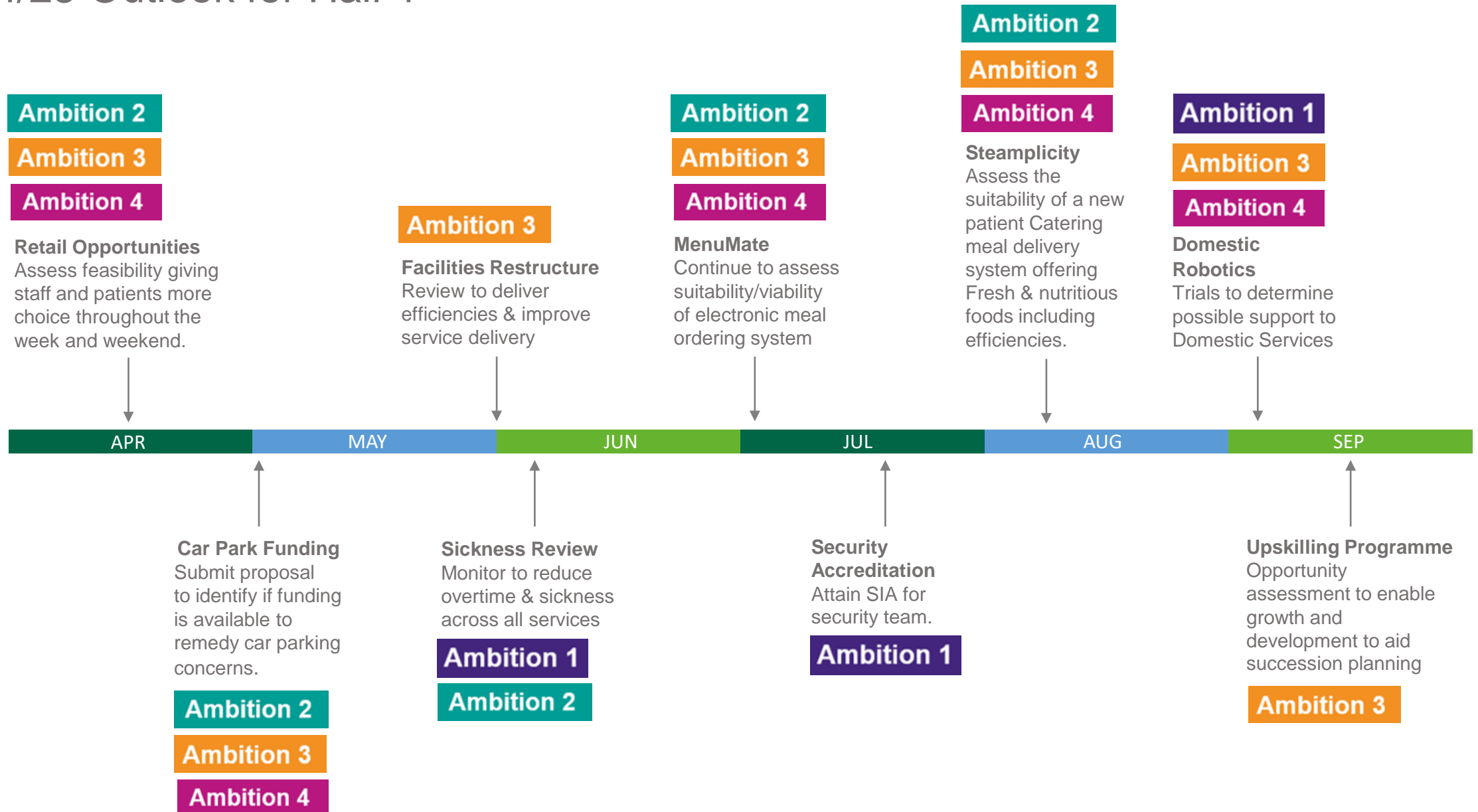
**7,995**

Total Portering Calls taken in last 12 Months

**76,128**

# Facilities

## 24/25 Outlook for Half 1



## Key Scheme Delivered - New Modular Theatres

Start Date: March 2022

Completion Date: 12/12/2023

Value: £19 Million (Budget Achieved)

### Scheme Overview

Two-storey modular theatre complex comprising of 4 new state of the art operating theatres, a 16 bedded Day Care on the ground floor and 16 bedded elective Orthopaedic ward on the first floor.



### Completion Photos





## Key Scheme Delivered - Community Diagnostic Centre (CDC)

Start Date: June 2023

Completion Date: 14/03/2024

Value: £11.3 Million (Budget Achieved)

### Scheme Overview

A ground, first and second floor extensive refurbishment which will act as new Diagnostic Centre for clinical care, a newly refurbished Out-Patients Department and a generic clinical space on the second floor.

The multi million pound centre is fitted out with the latest technology in MRI, CT, X-ray and ultrasound to provide accurate and potentially life-saving diagnostic tests and scans for people across Greater Manchester.

### Completion Photos



Trust & Leadership at the opening of the CDC



Project team accepting delivery of a new MRI scanner

# Capital - 24/25 Outlook for Half 1

## Ambition 1

## Ambition 2

## Ambition 3

### Processes & Projects

To encompass all Trust schemes (of any value) relating to updating/changing & creating a new estate. Ongoing through Q1 and Q2

## Ambition 3

### Regular Capital position updates via Sharepoint

To ensure share point is representative of the capital position along with current / future plans Ongoing through Q1 and Q2

## Ambition 4

### Partnership working with estates teams

To continue to develop & deliver critical capital plans with colleagues. Ongoing through Q1 and Q2

APR

MAY

JUN

JUL

AUG

SEP

### Review Capital Team Structure

To secure a workforce that is sustainable and provides a multitude of skill sets in support of the Capital and Estates strategy.

## Ambition 2

### Review contractors and frameworks with procurement

To ensure compliance and value for money, protecting the Bolton pound and spending wisely.

## Ambition 3

### Review of RAAC process

Business Case submitted to RAAC national team  
Submission of monthly updates to RAAC national team  
On boarding of John Murphy – Project Manager  
Set up RAAC ToR and Governance

### Establish plans for continuation of Pediatric Hub

To continue with Bolton's Pediatric Hub, supporting children in the locality and across Greater Manchester.

## Ambition 1

## Ambition 3

## Ambition 4

# Specialist Services – EBME / HSDU / Telecomms

## Key Achievements for FY23/24

### EBME

**Capital Projects** - Facilitated the ordering, delivery and commissioning of all the medical devices for the New Modular Theatre and Community Diagnostic Centre ensuring a smooth transfer of all devices into clinical service

**Efficiencies** - We transferred our remaining services onto the CAFM database, including our Loan Stores, which means all requests are logged centrally and we can now track all 500+ monthly device loans.

#### Fast Facts

Total No. of Assets  
Managed

**15,838**

### HSDU

**New Key Equipment Installation** - The installation and commissioning of the 4 new RapidAER endoscope washer disinfectors and the Reverse Osmosis Treatment Plant. Replacement of 3 obsolete ISIS endoscope washer disinfectors which is now fully operational.

**New Modular Theatre Support** - The volume of instrument trays and equipment being requested for new theatres, main theatre and DCU is at an all time high and demand continues to increase.

#### Fast Facts

Total No. Of  
Trays Processed

**89,436**

Total No. Of  
Endoscopes Processed

**12,765**

### Telecomms

**Switchboard Team** – Calls responded to within 40 seconds are exceeding the 75% KPI significantly, and were between 87% & 91% FY 23/24

**Response Time to Emergency 2222 Calls** – Switchboard have continued to meet the demand of emergency 2222 calls maintaining an average of 4 seconds.

#### Fast Facts

Total Switchboard  
Calls

**555,611**

Total 2222  
Emergency Calls

**4,931**



# Section Four

## Strategy & Transformation

April 2023 to  
March 2024



# Strategy & Transformation

## Key Achievements for FY23/24

There have been various changes to the Strategy & Transformation function in the 2nd half of 2023/24, including personnel changes and arising priorities which have resulted in some key projects not having progressed as much as originally anticipated.

The identification of RAAC in November 2023, and the immediate response to that up until March 2024, was a heavy focus for the Strategy & Transformation function. Our focus in 2024/25, is to push ahead with our other key strategic projects, and ensure meaningful progress is made.

**New Bolton Operational Estates Group** - The re-establishment of a Bolton FT specific estates forum following a lengthy absence happened in the 2nd half of 2023/24. This offered a cross-functional team to come together to discuss key and strategic estates related issues.

**RAAC Support** – The function led the immediate response to the discovery of RAAC at Royal Bolton Hospital and were instrumental in securing funding for 23/24 RAAC works, and set the governance up for ongoing management of the situation by others.

**Service Strategy Away Day** – Our SLT were joined by Service Leads to discuss various aspects of current service delivery. Service Strategy Action Plans were subsequently developed which are reviewed on a routine basis by the Service Lead and SLT driving efficiencies in process and cost

**Community Building Closures & Improved Space Utilisation** – A large amount of input was offered to a project to close community buildings and reorganise the manner in which various services/departments utilise space at Royal Bolton Hospital. Work continues and is expected to be closed out in half 2 of 24/25

**New Performance Reporting Framework** – A new performance reporting framework was created and introduced within IFM, to ensure all service leads are measuring and presenting back to senior leadership, and specific key performance data developed in relation to their respective services.

### Ambition 3

To continue to use resources wisely so that we can invest in an improve our services



### Ambition 4

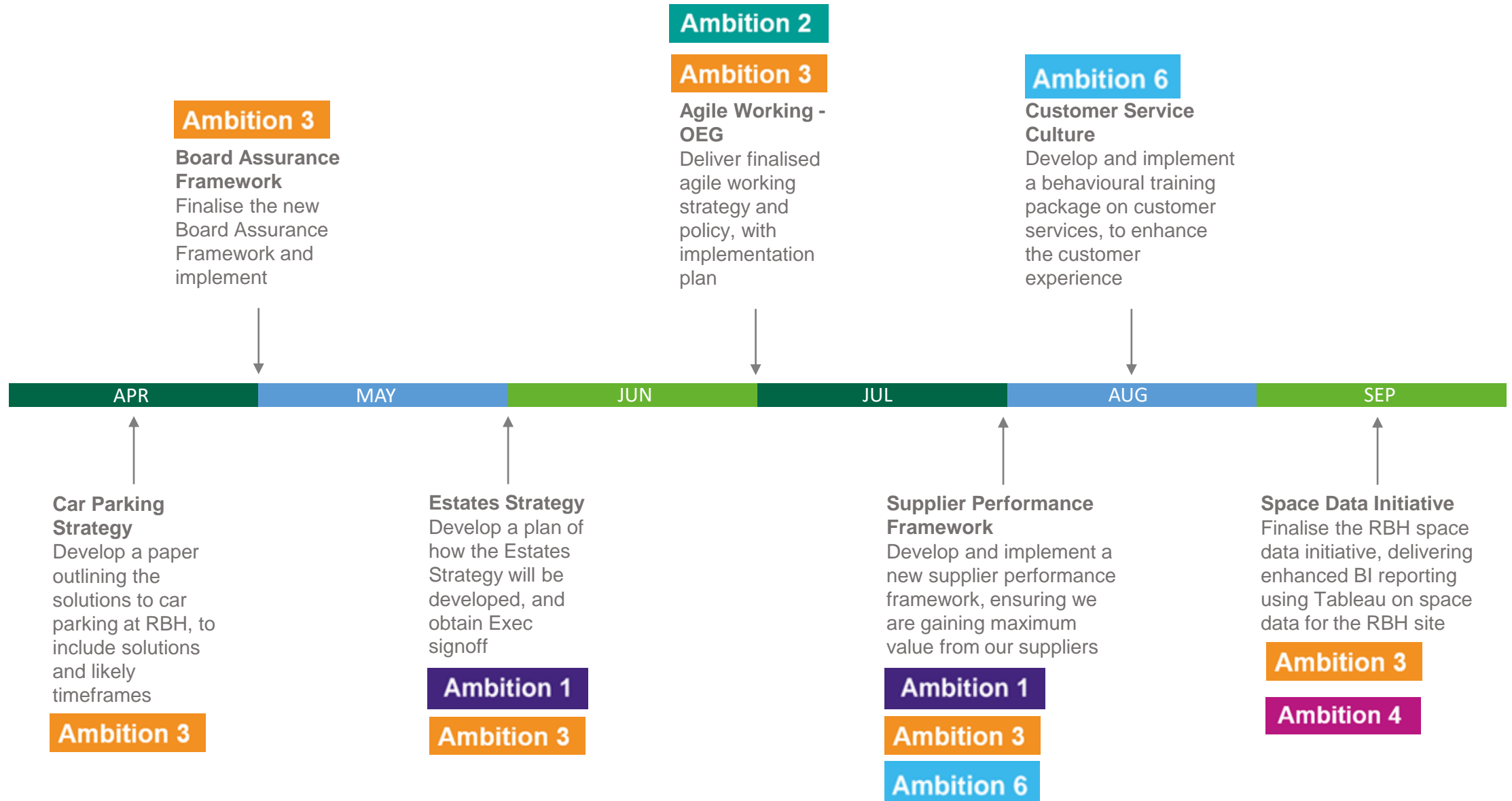
Our estate will be sustainable and developed in a way that supports staff and community health and wellbeing





# Strategy & Transformation

## 24/25 Outlook for Half 1



# Section Five

## Procurement

April 2023 to  
March 2024



# Procurement

## Key Achievements for FY23/24

Procurement are **committed to the pursuit of value for money, robust contracting and compliance with Group Standing Financial Instructions**. The Procurement team is made up of 14 members of staff looking after strategic tendering and contracting, transactional processing of purchase orders as well as Inventory management. Engagement with stakeholders is critical to ensure fit for purpose goods and services are procured with Divisional Procurement Partners facilitating this. Savings figures for 23/24 demonstrate the department continues to achieve and positively contribute to the Group position.

**Savings** - £7.03m FYE Ratified Savings recorded

**GM ICS Collaboration** - Bolton recorded the largest savings figure across the ICS due to high levels of participation in collaborative projects.

**Divisional Engagement** - The introduction of divisional procurement partners is actively increasing engagement, enhancing relationships and improving procurement compliance within divisions.  
Contract compliance – 93% of PO value and 72% of PO lines processed

**Procurement System** – Implementation of Atamis the end-to-end Procurement Portal and the further development work using the data to plan projects, report spend, calculate savings as well as record contract management activity and IG compliance.

**Inventory Management** – Procurement are championing the benefits of efficient and electronic stock management with further expansion into clinical areas supported by the transformation team along with business case development for a new/more advanced system aligned with GM Trusts.

### Ambition 2

To be a great place to work, where all staff feel valued and can reach their full potential



### Ambition 6

To develop partnerships that will improve services and support education, research and innovation



## Fast Facts

Direct - Purchase  
Order Lines  
Processed

67,620

Direct - Total Value of  
Purchase Orders

£152.4m

No. NHS Supply Chain  
Order lines Processed

188,642

Value of NHS Supply Chain  
Order lines Processed

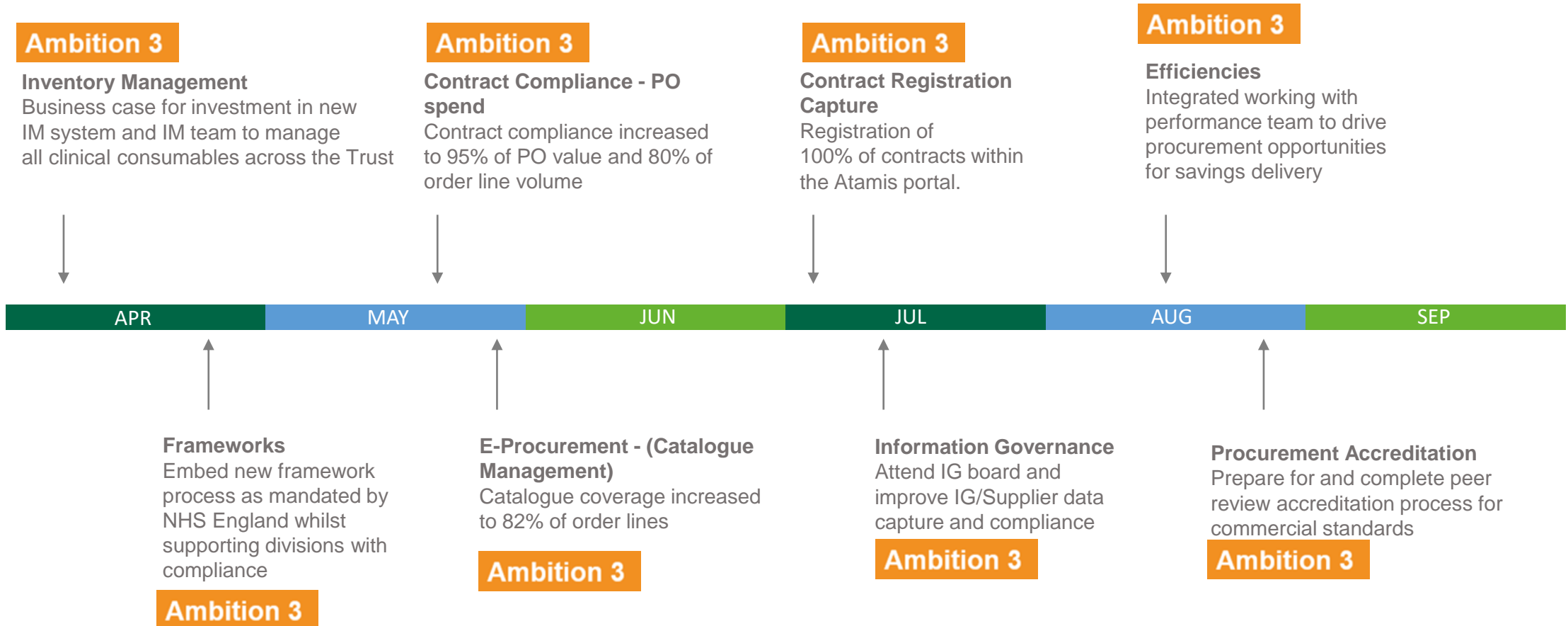
£13.4m

Ratified Savings

£7.03M

# Procurement

## 24/25 Outlook for Half 1



# Section Six

## People

April 2023 to  
March 2024



## Key Achievements for FY23/24

Our IFM People Plan has been aligned to the Trust People Plan, ensuring consistency in language used. Our Key People Ambitions are therefore:

- **Attracting** - The best people will want to join the IFM Bolton team, because they know working here is more than just a job
- **Developing & Leading** - Our people will be encouraged to grow and feel inspired to be the best they can be
- **Sustaining & Retaining** - People will have long and happy careers at IFM Bolton and will not want to work anywhere else
- **Including** - Making IFM Bolton a place where we all feel we belong

### Attracting

- A redesign of our recruitment processes has reduced the time taken to recruit by 25%
- Implementation of a new Recruitment system, to enable processes to be automated
- Standardisation of our advertisements, job descriptions and recruitment communication to ensure a professional and engaging message to applicants
- Successful implementation of the Government KickStart program supporting the vision of Bolton Jobs for Bolton People
- Working with local partners such as Team Bolton and Bolton Council to promote Bolton as an employer

### Developing & leading

- Developed and implemented a Leadership Development Programme for our 10 Service Managers
- Implementation of HR Business Manager Model, where HRBMs are aligned to our SLT structure, providing dedicated support
- Absence Management Audits undertaken, to understand compliance with the Attendance Management policy
- Redesign of our Appraisal System, linked to our newly implemented Organisational Objectives. Appraisal completion rates increased by 30%.
- Offering Technical & Management Apprenticeship / Pre-Apprenticeship programmes

### Sustaining & retaining

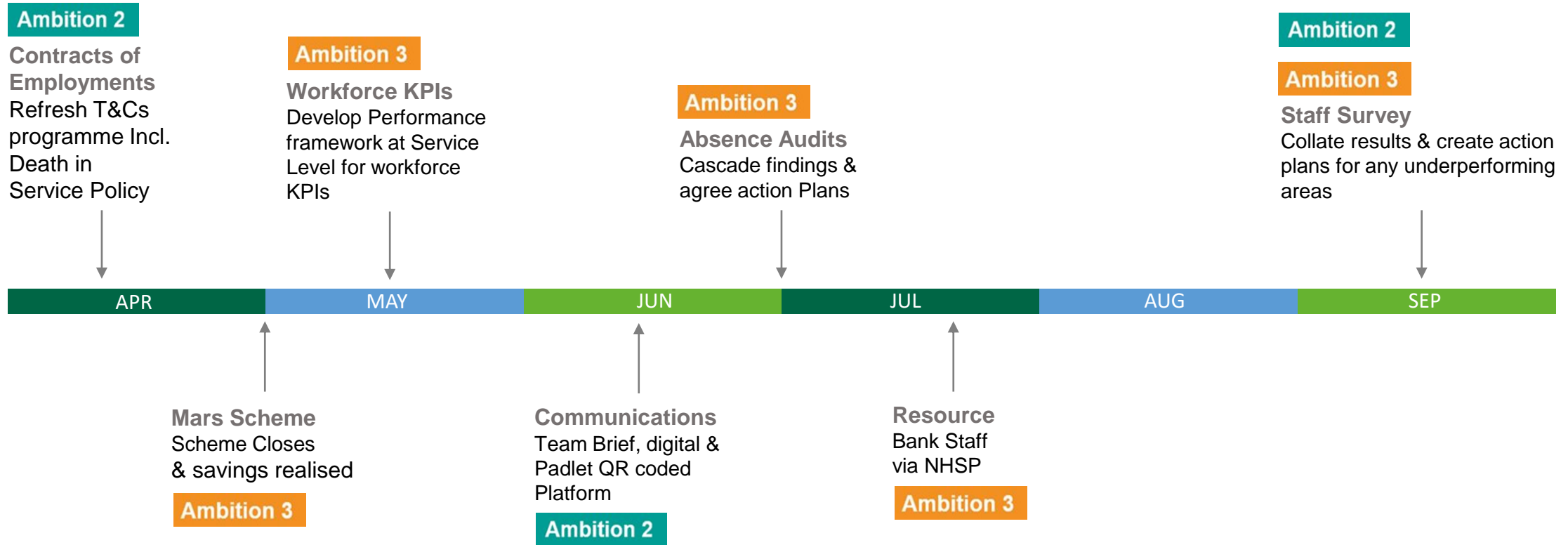
- Looking after the health and wellbeing of our workforce by embracing flexible working, continuing to really listen to feedback about the things that mean the most to our people, and encouraging people to speak up when something isn't quite right
- Delivery of a fit for purpose Corporate Induction
- Updated contracts of employment have been provided to staff who have been assimilated to NHS Pay scales
- Promotion of colleague recognition, from peers and service users, through mechanisms such as World FM Day, FABB Awards & Long Service Awards

### Including

- New cascade Team Brief process launched January, with process developed to collate metrics on staff who have received face to face Team Brief
- Mental Health Awareness communication and training: dedicated communications for Stress Awareness Month in April 2024 and Mental Health Awareness week commencing 13 May 2024
- Review of digital communications plan and how this can be progressed with system to be launched in 24/25

# People

## 24/25 Outlook for Half 1





# Section Seven

## Closing Thoughts





# Closing Thoughts

## Summary

As we close out 2023/24, we celebrate the achievements that our team have delivered. Without the commitment, dedication and hard work of our people, we clearly would not have achieved all that we have. Our people are our most important asset, and we will continue to invest in the development and training of our people to both benefit the individual, and benefit the people of Bolton through the services our people deliver.

Whilst we celebrate success, our continuous improvement culture also ensures that we identify areas for improvement and act upon them. This includes receiving and acting upon customer feedback, along with the management of risk process, which predominantly links to risks presented by the Trust Estate. It's clear that whilst some fantastic Capital schemes have been delivered which ultimately improve the quality of the Estate and consequently improve the quality of services being delivered to the people of Bolton, the wider Estate is in need of significant investment. A continued lack of funding to remedy these wider Estates issues could result in the risks we manage in relation to the Estate growing in volume in 2024/25. We will continue to manage risk in collaboration with the Trust, and utilise the business case process to support funding requirements.

The discovery and subsequent management of RAAC from Nov 2023 is testament to the agile way in which IFM can operate, and the future strategy development we are currently working through in collaboration with the Trust will be an absolute priority for 2024/25. We anticipate this to be a challenge that extends beyond 2024/25, and we are wholeheartedly committed to deliver solutions to this problem with guidance and input from the Trust.

We must acknowledge our financial result for 2023/24. We must also acknowledge however, that the detailed OHF review very much highlights that IFM is a financially sustainable business, and we feel confident that once the contract variations are addressed 2024/25 will offer a very different financial result. This will be underpinned by robust financial reviews with each service, each month, along with greater focus and delivery of efficiencies.

We are proud of our team and we are proud of their achievements, We strive to deliver excellence and embrace change when things don't go quite right. We are a committed Estates & Facilities team that put the people of Bolton and colleagues at Bolton FT first. We pledge that unwavering support to Bolton FT in 2024/25, and we are confident that we will close out next year with an even more positive result than 2023/24.

# Section Seven

## 24/25 Outlook Our priorities



# Outlook

## Our Priorities for 2024/25



### Priority 1 Business Critical & Urgent

Deliver the Estates Strategy including a resolution for RAAC at Royal Bolton Hospital

Fulfil Green Plan actions and apply for funding for our Heat Decarbonisation Plan

Delivery of iFM Efficiency Programme

Meet Estates Statutory & Legislative requirements & NHS / IPC Cleaning Standards

Deliver Zero Harm to people and the environment

### Priority 2 Business Critical & Non-urgent

Deliver the Facilities Restructure

Enhance the patient and staff experience for car parking

Inventory Management optimisation through best in class Procurement service

Finalise the MAR Scheme and release any related savings

Ensure smooth, safe and on-budget delivery of Capital schemes

### Priority 3 Important & Non-urgent

Progress Agile Working agenda and develop a strategy

Deliver the Staff Survey and create actions to make iFM a great place to be

Progress and deliver approved Catering improvements around MenuMate & Steamplicity

Undertake a full business wide Policy Review

Supply Chain review to ensure best-value and innovation