

# Council of Governors

Thu 05 February 2026, 13:45 - 16:00

Seminar Room 1, Education Centre

## Agenda

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### 13:45 - 13:45 1. Chair's Appraisal Preparation

0 min

00. CoG Agenda 05.02.26.pdf (2 pages)

### 13:45 - 13:45 2. Chair's welcome and Notes of Apologies

0 min

### 13:45 - 13:45 3. Declarations of Interests

0 min

### 13:45 - 13:45 4. Minutes of the previous meeting

0 min

Part 1 CoG Notes 05 December 2026.pdf (8 pages)

### 13:45 - 13:45 5. Matters Arising and Action Log

0 min

### 13:45 - 13:45 6. Chair's Update

0 min

### 13:45 - 13:45 7. Chief Executive Report

0 min

007. CEO Report - January 2026 - FINAL.pdf (7 pages)

### 13:45 - 13:45 8. Governor Feedback

0 min

### 13:45 - 13:45 9. Board Committee Chair's Reports

0 min

008. Chairs Reports FS.pdf (2 pages)  
008.1 Charitable Funds Committee Chair's Report.pdf (3 pages)  
008.2 FI Chair's report.pdf (3 pages)  
008.3 People Committee AAA report - 20th of January 2026 - approved.pdf (3 pages)  
008.4 QAC January 2026 Chair Report.pdf (3 pages)

### 13:45 - 13:45 10. Charitable Funds Committee Annual Report

0 min

009. CFC A Report FS.pdf (2 pages)  
009.1 DOC-ForvisMazarsLetter-Oct2025-v2.pdf (4 pages)  
009.2 Our Bolton NHS Charity Final Accounts 2025 - signed.pdf (29 pages)

### 13:45 - 13:45 11. Any other business

0 min

# AGENDA – COUNCIL OF GOVERNORS

To be held at 1.45pm on Thursday 05 February 2026  
 Seminar Room 1, Education Centre

Ref No.	Agenda Item	Process	Lead	Time
<b>PART 2</b>				
<b>Proposed resolution:</b> 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.				
CG001/26	<b>Chair's Appraisal Preparation</b>	Discussion	Chair/SID	<b>13:45</b> (30 mins)
<i>Purpose: To receive the Chair Appraisal Preparation</i>				
<b>Refreshments 14:15 (15 mins)</b>				
CG002/26	<b>Chair's welcome and note of apologies</b>	Verbal	Chair	
<i>Purpose: To record apologies for absence and confirm the meeting is quorate.</i>				
CG003/26	<b>Declaration of Interests concerning agenda items</b>	Verbal	Chair	
<i>Purpose: To record any Declarations of Interest relating to items on the agenda.</i>				
CG004/26	<b>Minutes of the previous meeting</b>	Report	Chair	<b>14:30</b> (10 mins)
a) 11 December 2025  <i>Purpose: To receive the minutes of the previous meeting</i>				
CG005/26	<b>Matters Arising and Action Logs</b>	Report	Chair	
<i>Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and approve completed actions.</i>				
<b>CORE BUSINESS</b>				
CG006/26	<b>Chair's Update</b>	Presentation	Chair	<b>14:40</b> (10 mins)
<ul style="list-style-type: none"> <li>• <b>Our Improvement Plan Summary</b></li> </ul>				
<i>Purpose: To receive the Chair's Update</i>				

<b>CG007/26</b>	<b>Chief Executive Report</b>	<i>Purpose: To receive the Chief Executive Report</i>	<i>Report/ Presentation</i>	CEO	<b>14:50</b> (10 mins)
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## GOVERNOR INVOLVEMENT AND ENGAGEMENT

<b>CG008/26</b>	<b>Governor Feedback</b>	<i>Purpose: To receive feedback from Governors.</i>	<i>Verbal</i>	All	<b>15:00</b> (10 mins)
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## ASSURANCE AND ACCOUNTABILITY

<b>CG009/26</b>	<b>Board Committee Chairs' Reports</b>	<i>Report &amp; Presentation</i>	NEDS	<b>15:10</b> (30 mins)
<ul style="list-style-type: none"> <li>• Charitable Funds 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>CG010/26</b>	<b>Charitable Funds Committee Annual Report</b>	<i>Purpose: To receive the Charitable Funds Committee Annual Report</i>	<i>Report &amp; Presentation</i>	MN	<b>15:40</b> (10 mins)
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## CONCLUDING BUSINESS

<b>CG011/26</b>	<b>Any Other Business</b>	<i>Verbal</i>	Chair	<b>15:50</b> (10 mins)
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*Purpose: To receive any urgent business not included on the agenda*

**Date and time of next meeting:**

11 June 2026 at 2.30pm in Seminar Room 1, Education Centre

**16:00  
close**

**Chair: Dr Niruban Ratnarajah**

## Draft Minutes of the Council of Governors Meeting

Held in Boardroom/Microsoft Teams

Thursday 11 December 2025 at 14:00

(Subject to approval at the meeting to be held on 05 February 2026)

### Present

Name	Initials	Title
Niruban Ratnarajah	NR	Chair
Andrea Taylor-Burke	ATB	Appointed Governor
Ann Schenk	ASc	Appointed Governor
Cara Burns	CB	Staff Governor
Catherine Binns	CBi	Staff 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
Grace Hopps	GH	Public Elected Governor
Isa Patel	IP	Public Elected Governor
Jack Ramsay	JR	Public Elected Governor
Jean Cummings	JC	Staff Governor
Joe Santoro	JS	Public Elected Governor
Kayonda Ngamba	KN	Public Elected Governor
Lisa Brownlow	LB	Staff Governor
Malcolm Bristow	MB	Public Elected Governor
Melanie Rushton	MR	Appointed Governor
Naheem Khan	NK	Public Elected Governor
Oboh Achiroyamen	OA	Public Elected Governor
Thomas Hardman	TH	Staff Governor

**In Attendance**

Fiona Noden	FN	Chief Executive
Fracis Andrews	FA	Medical Director
Rebecca Ganz	RG	Non-Executive Director
Sean Harriss	SH	Non-Executive Director
Martin North	MN	Non-Executive Director/Deputy Chair
Tyrone Roberts	TR	Chief Nursing Officer
Alan Stuttard	AS	Non-Executive Director
Fiona Taylor	FLT	Non-Executive Director
Rae Wheatcroft	RW	Chief Operating Officer
Seth Crofts	SC	Non-Executive Director
Sharon Katema	SK	Director of Corporate Governance
Sharon White	SW	Chief of Strategy and Partnerships
Victoria Crompton	VC	Corporate Governance Manager

**Apologies**

Annette Walker	AW	Chief Finance Officer
Gary Burke	GB	Public Elected Governor
Geoffrey Minshull	GM	Public Elected Governor
James Mawrey	JM	Chief of People/Deputy Chief Executive
Dave Thomas	DT	Public Elected Governor
Pauline Lee	PL	Public Elected Governor
Rachel Carter	RC	Associate Director of Communications and Engagement

AGENDA ITEM	DESCRIPTION	Action Lead
<b>CG059/25</b>	<b>Chair's Welcome and Note of Apologies</b>	
	The Chair welcomed all attendees to the meeting. Apologies for absence were noted as detailed above.	
<b>GG060/25</b>	<b>Declaration of Interests concerning agenda items</b>	
	There were no declarations of interests in relation to the agenda items.	

**CG061/25 Minutes of the previous meetings**

The notes from the meeting held on 14 August 2025 were acknowledged; however, as the meeting was not quorate, formal approval was not required.

**CG062/26 Matters Arising and Action Logs**

There were no matters arising to consider.

**PART 1****CORE BUSINESS****CG065/25 Chair's Update**

The Chair provided an update regarding changes to the Board membership advising that this meeting marked the final meeting for Dr Francis Andrews who would be retiring in January from his role as, Medical Director. The Chair expressed the Council of Governor's appreciation for his significant contribution to the organisation.

The Chair further advised that this meeting would also be the final Council of Governors meeting for Non-Executive Directors Alan Stuttard and Rebecca Ganz who had both been part of the Board since 2019. The Chair extended thanks to both Alan and Rebecca for their contributions and the role they had both played in chairing the Committees and in presentations to the CoG.

With regards to the November Board of Directors meeting, the Chair advised that the Board had discussed a range of topics including the Infection Prevention and Control Annual Report, the Safeguarding Annual Report, and the Chief Executive's Report, which detailed significant achievements and ongoing projects across the Trust.

The Board had also received the Board Assurance Framework, the 2026 Board Workplan, and the Integrated Performance Report, which provided insights into community and urgent care performance, quality and safety, and financial status.

**RESOLVED:**

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

**CG066/25 Governor Quality Committee**

Grace Hopps reported that the Governor Quality Committee convened on 13 November 2025. The committee received updates on the following matters:

- Martha's Rule

- Ensuring Consistent Delivery of Compassionate and Fundamental Patient Care Across all Settings

The Governor Quality Committee approved updates to the Terms of Reference and the 2026 workplan. Additionally, a Governor Quality Committee effectiveness survey was scheduled for early 2026. The next meeting was scheduled for Thursday 12 March 2026.

Governors were invited to propose topics for future meetings. Additionally, it was noted that Grace's term as a Governor would conclude in September 2026, and volunteers for the role of Deputy Chair of the committee were requested.

GH advised that further to queries raised regarding the involvement of governors in the BoSCA assessments as governors had found these useful, TR had advised that a new process was being implemented which would ensure continued governor participation. Additionally, a training session would be arranged in the new year.

**RESOLVED:**

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

**CG067/25 Governor Strategy Committee**

The Chair advised that the Governor Strategy Committee convened on 16 September 2025, chaired by Lindiwe Mashangombe. The committee received updates on the following matters:

- Long Term Plan and our Strategy
- Medium Term Planning Framework

The next meeting was scheduled for Tuesday, 12 May 2026.

The Chair advised that Lindiwe's term as a Governor had concluded and requested expressions of interest for the position of Chair of the Committee to be sent to VC.

**RESOLVED:**

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

**CG068/25 Governor Feedback**

DB reported that he attended a Quality Improvement (QI) event at the Trust, which he found to be both interesting and informative.

**RESOLVED:**

The Council of Governors **received** the Governor Feedback.

## CG069/25 Board Committee Chair's Report's

### Audit and Risk Committee

Alan Stuttard provided a summary of recent activity from the Audit and Risk Committee held on 03 December 2025. Items discussed by the committee included internal audit progress, governance reviews and risk management alignment.

### Charitable Funds Committee

The Charitable Funds Committee was held on Monday 23 October 2025 and Chaired by Martin North. The key highlights from the meeting were:

- The winter 2025 fundraising programme was outlined which set out the lessons learnt from winter 2024, and fundraising plans and opportunities going forward.
- The Committee received a presentation on the Dream 10 initiative to identify and engage ten local businesses aligned with the charity's values and vision.
- The Annual Report and Accounts were approved, which had been subject to independent review by appointed auditors, Mazars.

CBi inquired about the provision of presents for patients who would be inpatients over the Christmas period. SW advised that, previously, wards and departments had been allocated resources to purchase gifts for inpatients during Christmas. However, this practice had been revised to focus on patients who were vulnerable or would have no visitors over the festive period.

### Finance and Investment Committee

The Finance and Investment Committee was held on Wednesday 26 November 2025 and Chaired by Becks Ganz. The key highlights from the meeting were:

- In month 7 the Trust had an accounts deficit of £1.7m. This was £1.9m adverse to plan, driven mainly by under-delivery of CIP. Cumulatively the adjusted deficit was £13.7m, which was adverse to plan by £6.2m.
- The underlying cash position was overdrawn by £15.8m, and cash support had been approved and paid in November; further applications were planned for future months.
- Capital spend in month was £2.6m which was £1.6m below plan. Cumulative capital spend to date was £9.6m less than planned.

### People Committee

The People Committee was held on Tuesday 18 November 2025 and Chaired by Sean Harriss. The key highlights from the meeting were:

- Resourcing and Workforce Retention – the committee received an update noting that despite the progress made further work was required to meet the financial challenge.
- An update was received on the NHS Staff Survey response rates which were lower than in previous years attributed to time pressures and increased workload.
- An update was received on the Equality Diversity and Inclusion plan, Workforce Race Quality Standard (WRQS) and Workforce Disability Equality Standard (WDES) reports for 2025.

### **Quality Assurance Committee**

The Quality Assurance Committee was held on Wednesday 26 November 2025 and Chaired by Fiona Taylor. The key highlights from the meeting were:

- ESR Drop Off Report: Measures implemented to prevent patient harm from e-Referral System (e-RS) 'drop-off' incidents, with significant risk reduction through automation and governance.
- The Trust's Patient Safety Incident Response Framework (PSIRF) had been developed which guides responses to patient safety incidents, identifying five local priorities to be addressed through investigations and quality improvement processes.
- Maternity Incentive Scheme Year 7 Progress Update (CNST Update): Eight recommendations remained outstanding, with non-compliance declared under Safety Action 7 due to MNVP Lead infrastructure issues.
- The Trust's EPRR Core Standards Report 2025 self-assessment was rated Substantially Compliant, with an action plan developed to address areas assessed as Partially Compliant.
- Clinical Correspondence EPR: The national standard required clinical correspondence to be submitted to primary care within 24 hours for inpatients and within five working days for outpatients, but divisions had struggled to consistently meet these targets

### **RESOLVED:**

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

### **CG070/25 Council of Governors Standing Orders**

The Corporate Governance Manager, presented an overview of the Standing Orders, which were the formal rules governing the Council's business.

The Standing Orders safeguard the integrity of decisions, promote accountability and transparency, protect governors from acting outside their authority, and maintain public trust and organisational effectiveness.

The changes to the Standing Orders were highlighted, including the scheduling of meetings per year, and an amendment to the quorum requirements. The new quorum was set at a third of the Council of Governors or no fewer than ten members, of which seven must be public, two staff, and one appointed.

**RESOLVED:**

The Council of Governors **approved** the Council of Governors Standing Orders

#### **CG071/25 Director of Corporate Governance Report**

##### **Election Results**

The Corporate Governance Manager, presented an overview of the 2025 Governor election results, expressing gratitude to the Governors whose terms concluded in 2025 and extending a warm welcome to the newly elected Governors.

##### **Committee Terms of Reference and Council of Governors Annual Workplan**

The Corporate Governance Manager presented the Terms of Reference for the Governor Quality, Governor Strategy, and Nomination and Remuneration Committees, noting that only minor formatting amendments had been made. Additionally, the annual workplan was presented.

The Terms of Reference and Annual Workplan were approved.

**RESOLVED:**

The Council of Governors **approved** the Director of Corporate Governance Report.

#### **CONCLUDING BUSINESS**

#### **CG058/25 Any Other Business**

The next Council of Governors meeting would be held on **Thursday 05 February 2026 at 14:00 – 16:00**.

Name	Role	April	June	August	AMM	December	February
<b>Present</b>							
Niruban Ratnarajah	Chair	✓	✓	✓	✓	✓	
Murtala Abubakar	Public Governor				A	A	
Oboh Achioyamen	Public Governor	DNA	DNA	✓	DNA	✓	
Imteyaz Ali	Public Governor	A	DNA	✓			
Dave Bagley	Appointed Governor	✓	A	A	✓	✓	
David Barnes	Public Governor	✓	✓	✓	A	✓	
Catherine Binns	Staff Governor	✓	✓	✓	✓	✓	
Malcolm Bristow	Public Governor	A	A	✓	✓	✓	
Lisa Brownlow	Staff Governor				✓	✓	
Gary Burke	Public Governor	A	✓	✓	✓	A	
Cara Burns	Staff Governor	✓	✓	A	✓	✓	
Martyn Cox	Appointed Governor	DNA	DNA	DNA			
Jean Cummings	Staff Governor	✓	DNA	✓	A	✓	
Sumirna Cusick	Public Governor	A	A	A			
David Fawell	Public Governor	A	✓	✓	✓	✓	
Thomas Hardman	Staff Governor				✓	✓	
Grace Hopps	Public Governor	✓	✓	✓	✓	✓	
Naheem Khan	Public Governor				✓	✓	
Pauline Lee	Public Governor	A	✓	✓	✓	A	
Lindiwe Mashangombe	Staff Governor	A	A	A			
Geoffrey Minshull	Public Governor	✓	DNA	A	✓	A	
Champak Mistry	Public Governor	DNA	DNA	A			
Samir Naseef	Appointed Governor	DNA	DNA	DNA	DNA	DNA	
Kayonda Hubert Ngamaba	Public Governor	DNA	A	DNA	✓	✓	
Deborah Parker	Public Governor	A					
Isa Patel	Public Governor				✓	✓	
Michelle Powell	Appointed Governor	A	A	A	A	A	
Jack Ramsay	Public Governor	A	DNA	✓	A	✓	
Melanie Rushton	Appointed Governor	A	DNA	A	A	✓	
Joe Santoro	Public Governor				A	✓	
Ann Schenk	Appointed Governor	✓	✓	✓	A	✓	
Andrea Taylor-Burke	Appointed Governor				✓	✓	
David Thomas	Public Governor	A	✓	A	✓	A	
Dalton Thompson	Public Governor	DNA	DNA	DNA	✓	✓	
Dawn Yates-Obe	Appointed Governor	A	✓	A	A	✓	

<b>Report Title:</b>	Chief Executive's Report		
<b>Meeting:</b>	Council of Governors	<b>Action Required</b>	Assurance <input checked="" type="checkbox"/>
<b>Date:</b>	05 February 2026		Discussion <input type="checkbox"/>
<b>Executive Sponsor</b>	Chief Executive		Decision <input type="checkbox"/>

<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 meeting, in line with the Trust's strategic ambitions.
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<b>Previously considered by:</b>	Not Applicable.
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<b>Executive Summary</b>	This Chief Executive's report provides an update on key activity that has taken place since the last public Board meeting including any internal developments and external relations.
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<b>Proposed Resolution</b>	The Council of Governors are asked to receive the Chief Executive's Report.
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<b>Strategic Ambition(s) this report relates to</b>				
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
✓	✓	✓	✓	✓

<b>Summary of key elements / Implications</b>		
<b>Implications</b>	<b>Yes / No</b>	<b>If Yes, State Impact/Implications and Mitigation</b>
Finance	No	
Legal/ Regulatory	Yes	
Health Inequalities	Yes	
Equality, Diversity and Inclusion	Yes	
Is a Quality Impact Assessment required	No	

Prepared by:	<b>Fiona Noden, Chief Executive</b>	Presented by:	<b>Fiona Noden, Chief Executive</b>
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## Ambition 1: Improving care, transforming lives

As 2025 drew to a close, [we looked back at what all our staff have achieved for our patients over the last twelve months](#) reflecting our strategy to improve care and transform the lives of our local population. Achievements included being the first hospital in Greater Manchester to introduce digital autopsies, working with Digital Autopsy UK. We were amongst the first hospitals in the world to use the Genedrive System, a ground-breaking gene test that helps prevent lifelong hearing loss in babies. And we introduced AI technology to speed up skin cancer diagnosis by fast-tracking urgent cases, reducing unnecessary appointments, and improving outcomes for thousands of patients in Bolton.

Our staff have gone above and beyond to make sure the festive period has been as special as possible for our patients and their loved ones. Examples include Lydia Hill, a play specialist, who [spent Christmas Day supporting children on](#) our Children's Ward at Royal Bolton Hospital. Play specialists provide cover all year round, but December can be their busiest and most meaningful time. Working closely with clinical teams to reduce anxiety and support children's treatment, they help ensure that only children who truly need hospital care are on the ward on Christmas Day.

Our maternity teams supported families as they [welcomed some very special babies into the world](#) on both Christmas Day and New Year's Day. It's a real privilege for us to be able to support families in Bolton and our surrounding areas, and to be part of memories that our communities will treasure forever.

The annual Christmas light switch-on took place outside the main entrance of Royal Bolton Hospital. Thanks to the support of our iFM team and partners. Robertson Construction, who are currently working on the £38 million redevelopment of the Maternity and Women's Health Unit, who kindly sponsored the trees through their ongoing support of Our Bolton NHS Charity. Refreshments were provided by Carrs Pasties, courtesy of [Geoffrey Robinson](#), and there was also a special visit from Father Christmas thanks to [EFT Construction](#).

We [highlighted the significant impact of our screening programme for blood borne viruses to mark World AIDS Day](#), a global movement to unite people in the fight against HIV and AIDS. The initiative aims to routinely test people aged 16 and over who are having a blood test in the hospital's Emergency Department for HIV, Hepatitis B (HBV) and Hepatitis C (HCV). We have carried out nearly 20,000 tests for HIV so far in a major step to improve detection and support people with their care and treatment.

Bolton Family Hubs have been awarded a [Certificate of Commitment in its first step towards gaining recognition from UNICEF UK's Baby Friendly Initiative](#). The Hubs are delivered by Bolton NHS Foundation Trust and Bolton Council and offer a range of activities and integrated support services to help with parenting, so children get the best possible start in life. The Baby Friendly Initiative is a global programme which aims to transform healthcare for babies, their mothers and families as part of a wider global partnership between UNICEF and the World Health Organization (WHO).

Our teams have achieved a world first by using Artificial Intelligence to improve the accuracy of a test that identifies if a baby has a high chance of being born with Down's syndrome. The AI technology aims to improve how the data collected during the testing stage is read to increase accuracy and improve detection to make sure only the mothers of babies with the highest chance of being born with Down's

syndrome are sent for more tests. The journal, 'A novel machine-learning algorithm to screen for trisomy 21 in first-trimester singleton pregnancies', is available to [read in full on the Taylor and Francis website](#).

## Ambition 2: A great place to work

Dr Francis Andrews has now retired from his roles as Medical Director and Consultant in Emergency Medicine. Over a remarkable career spanning 36 years, Francis has led with quiet strength, clinical excellence, and an unwavering commitment to doing the right thing - for our patients, our staff, and for the future of healthcare. His belief in compassionate, high-quality care has been a constant source of inspiration to us all and we thank him for his incredible service. His legacy will continue through all those who have had the privilege of working alongside him.

Francis' successor [Dr Rauf Munshi](#) has now commenced in post as our Medical Director, bringing a deep commitment to inclusivity and tackling health inequalities, and championing quality, compassion, dignity and respect. As a result of Rauf's promotion, Dr Arun Kallat has been appointed substantively as Divisional Medical Director for our Medicine Division.

Our Non-Executive Directors (NEDs) provide independent oversight and constructive challenge as part of our unitary Board of Directors, bringing an external perspective that helps ensure the Trust acts in the best interests of our patients, staff and wider community. Two of our long-standing NEDs, Alan Stuttard and Becks Ganz, have completed their tenures with the Trust, and we are grateful for the significant contribution they have made during their time with us.

As a result, and following another NED vacancy due to Tosca Fairchild's departure last year, we have appointed three new NEDs - Tony Alan, Janat Hulston and Ian Williamson - along with two new Associate NEDs, Gita Bhutani and Tiri Mutambasere. Each brings valuable experience and diverse perspectives that will strengthen our Board. They will join us over the coming months, and we look forward to the insight and expertise they will bring.

We continue to champion and lead through equality, diversity and inclusion, and that has included a number of different initiatives. Within the Our Leaders training programme, four hours of face-to-face reflection and learning are dedicated to the 'We Belong' module, which focuses on Workforce Race Equality Standard (WRES) awareness, anti-racism, inclusive recruitment, unconscious bias and active bystander approaches. We continue to aspire to create a culture of belonging where everyone feels respected, valued, and able to thrive.

The programme also enables leaders to extend their growth in this area with self-serve embed activities, such as Blended Learning Bundles on a range of EDI topics including race equality and health inequalities. The programme is intended to build leadership skills, confidence, and the ability to influence change. It also aims to address barriers within the talent pipeline, while strengthening confidence, capacity, and influence.

Our Equality, Diversity and Inclusion Team has also developed a digital inclusion calendar which provides a clear, year-round framework for recognising and celebrating the diverse cultures, identities, and lived experiences within our workforce and communities. It highlights key awareness days, religious observances, heritage months, and equality-related milestones, supporting teams to plan inclusive communications, events, and staff engagement activities. More importantly, it acts as a practical tool for

fostering belonging - helping managers anticipate the needs of staff around significant dates, encouraging thoughtful scheduling, and prompting conversations that continue to develop cultural awareness. By embedding the calendar into organisational planning, our teams can create more responsive, respectful, and equitable environments where everyone feels seen, supported, and valued.

Our teams were [highly commended at the HPMA Excellence in People Awards 2025](#), after being shortlisted for their work to support neurodivergent colleagues. Our approach to celebrating diversity in the workplace includes a widely adopted Neurodiversity in Our Workplace toolkit, which is now used by other NHS Trusts and local organisations. Neurodiversity Awareness Training, has been co-delivered with lived experiences experts and specialists, reaching more than 200 colleagues across the Trust and partner organisations. These initiatives have driven culture change in line with the Trust's values, improved employee engagement, and influenced organisational processes including a Reasonable Adjustments process and digital accessibility. This year's awards attracted over 250 entries nationwide, making shortlisting a significant achievement.

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

Flu and respiratory infections have been extremely high across the country, and we have seen [increased numbers of patients with flu](#) in our Emergency Department and on our wards. As a temporary measure, we have been advising patients and visitors to wear face masks in our Emergency Department where possible, and have encouraged uptake of the flu [vaccination across our patients and communities](#).

Our resident doctors participated in [another round of strikes from 7am on Wednesday 17 December until 7am on Monday 22 December](#). Robust plans were put in place to minimise the impact on our patients and their relatives. Throughout this challenging period, we reminded the public that our urgent and emergency services are still here to help those who need them, but if their condition is not an emergency or life or limb threatening, asked them to consider using a different service for their care.

NHS England's Medium Term Planning Framework sets out a three-year roadmap to improve performance, reduce waiting times, strengthen prevention, and accelerate the transition to more sustainable, digitally enabled models of care. It replaces the previous annual planning cycle with a three-year planning round, which provides greater clarity on national targets and expectations over the coming years. In response, we are developing an affordable, credible and deliverable plan for our organisation, which will be submitted to NHS England in February.

A further iteration of the NHS Oversight Framework was published in December, which in essence is the league table for trusts in terms of how we are performing against several nationally set metrics. The metrics for Quarter 2 show that our position was 55 out of 134, an improvement from Quarter 1 where we were in position 59. We remain in segment 3 but are proud to be making progress against a backdrop of significant challenges.

Louise Shepherd CBE (North West Regional Director for NHS England), Jo Stringer (Chief of Staff), and Andrew Furber OBE (Regional Director of Public Health), visited our organisation to better understand our performance and impact. They spent time with our colleagues and teams in elective, maternity, urgent and emergency, and laboratory medicine. The regional team fed back to say they enjoyed seeing firsthand the innovation, tenacity, and compassionate care that define our organisation. It was great to see such enthusiasm from our staff who gave insight into their areas of work.

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

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

In line with the 10 Year Health Plan for England, a huge amount of work is already underway to shift care from our hospital to community and the places people call home. As part of this work, we celebrated [a day in the life of our Admission Avoidance team](#) to highlight the incredible work they do to support Bolton residents to avoid a trip to hospital. The team consistently help 400 people every month avoid a trip to the Emergency Department. The team is made up of a wide-range of roles, including Advanced Clinical Practitioners, Social Workers, Consultants and Nurses, who can carry out assessments, order tests, diagnose and so much more. Patients are referred to the team from care homes, General Practice (GP), 999 and 111, social care, and Royal Bolton Hospital.

We have launched [digital check-in kiosks across our outpatient departments](#), as part of our commitment to modernising services and making sure that they are fit for the future. The new kiosks allow patients to check in quickly and securely upon arrival, without the need to queue at reception. This innovation is designed to make visits smoother, reduce congestion in waiting areas, and give patients more control over their appointment process. As well as being able to confirm their arrival in the department in seconds, patients can also download the InTouch Appointment Manager app before appointments and check in on their mobile device. In the near future, the kiosks will go live across the majority of outpatient departments, both at the hospital and community health centres across Bolton.

A new vision for [Health Innovation Bolton, a strategic partnership between ourselves, Bolton Council, Peel Land, the University of Greater Manchester and Bradford Estates](#), has been unveiled following an event showcasing the NorthFold growth location. Health Innovation Bolton (HIB) is a place-based growth initiative aimed at improving health and wellbeing while driving economic regeneration and better social outcomes. It is one of the most exciting and innovative schemes in the North West. Whilst in its early stages, the development is set to tackle health inequalities and improve health outcomes for our Bolton communities and beyond.

## Ambition 5: A positive partner

Fiona Noden, [our Chief Executive has been appointed as an honorary professor by the University of Salford](#) and is looking forward to working in partnership with Salford University to inspire fellow allied health professionals to embrace the full potential of their careers. A radiographer by background, and as well as being the Trust's Chief Executive, serves as the Place Based Lead for Bolton, overseeing the integration of health and social care for the borough on behalf of Greater Manchester Integrated Care.

The University of Greater Manchester has [officially opened its state-of-the-art medical training building on our Royal Bolton Hospital site](#). University Chancellor, Earl of St Andrews, welcomed guests to the £40m Institute of Medical Sciences (ISM) for the special ceremony. The year 2025 also marks a pivotal chapter in Bolton's healthcare journey, as the University of Greater Manchester welcomes its first cohort of medical students to the Institute of Medical Sciences, right here in the grounds of our Royal Bolton Hospital.

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

The partnerships we foster across Bolton are invaluable, and we continue to be truly grateful for the overwhelming support shown through Our Bolton NHS Charity.

Thanks to the [generous support of a local family](#), who chose to channel their heartbreak loss into something positive, other patients can now benefit from dedicated bereavement rooms within our hospital. These quiet, comfortable spaces are thoughtfully designed to give parents a peaceful environment to spend time with their baby, away from the main unit. The family organised a series of fundraising activities, including a charity football match at Winton Social Club, raising more than £5,000 for several charities, including Our Bolton NHS Charity.

Their donations have enabled us to provide items that make these rooms feel more homely and supportive, such as comfortable bedding, lamps with USB ports, white noise machines, and equipment for making hot drinks. They have also funded five privacy prams through the 4Louis Charity, offering a discreet and dignified way to move babies within the hospital.

This festive season, the Bolton Wanderers team and management staff helped bring joy to our patients in hospital. Players from the first team, manager Steven Schumacher, and club mascot Lofty the Lion generously gave their time to visit patients on wards including Complex Care and the Children's Ward E5, spreading Christmas cheer to staff, patients and visitors.

Students at [Eccles Sixth Form College have made a meaningful difference through their heart-warming Christmas box initiative](#), created to support patients who may feel isolated over the festive period. Developed through the Trust's Volunteering Programme and the strong partnership between the Trust and the college, the project gives students a valuable opportunity to support their local community.

Christmas came early for children and young people in our hospital thanks to [BRIT Award winner and I'm A Celebrity campmate Aitch, who delivered gifts ahead of the big day](#). 'Santa Aitch' joined Porsche Centre Bolton for their annual gift appeal, helping to bring festive magic to those spending Christmas in hospital while receiving care.

Our patients will now benefit from extra comfort and distraction thanks to the [donation of bespoke 'twiddle muffs' and lap blankets from Emmaus Bolton](#). An amazing team of sewing volunteers from the social community and social enterprise charity converted scrap and redundant textiles into the twiddle muffs and blankets, which provide sensory stimulation and distraction. The muffs and blankets will be shared with patients on the hospital's acute adult wards and Emergency Department. The designs feature a range of different colours and textiles with the aim of keeping people's hands active and busy.

<b>Report Title:</b>	Committee Chair's Reports		
<b>Meeting:</b>	Council of Governors	<b>Action Required</b>	Assurance <input checked="" type="checkbox"/>
<b>Date:</b>	05 February 2026		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.
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<b>Previously considered by:</b>	Board committees and Board of Directors
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<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.
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<b>Proposed Resolution</b>	The Council of Governors are asked to <b>receive</b> the Committee Chair's Reports.			
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Strategic Ambition(s) this report relates to				
Improving care, transforming lives	A great place to work	A high performing productive organisation	An organisation that's fit for the future	A Positive partner
✓		✓	✓	

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

Prepared by:	Non-Executive Directors	Presented by:	Non-Executive Directors
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<b>ALERT   ADVISE   ASSURE (AAA)</b> <b>Key Issues Highlight Report</b>					
<b>Name of Committee /Group:</b>	Charitable Funds Committee	<b>Reports to:</b>	Board of Directors		
<b>Date of Meeting:</b>	22 January 2026	<b>Date of next meeting:</b>	03 March 2026		
<b>Chair</b>	Seth Crofts, Non-Executive Director	<b>Meeting Quoracy</b>	Yes		
<b>AGENDA ITEMS DISCUSSED AT THE MEETING</b>					
<ul style="list-style-type: none"> <li>• An introduction to Our Bolton NHS Charity</li> <li>• Q3 highlight report</li> <li>• Dream 10 update</li> <li>• Work programme for Q4 and 2026/27</li> </ul>		<ul style="list-style-type: none"> <li>• Finance report</li> <li>• Applications for charitable funds</li> <li>• Terms of reference</li> <li>• Committee effectiveness survey</li> </ul>			
<b>ALERT</b>					
<u>Agenda items</u>		<u>Action Required</u>			
N/A					
<b>ADVISE</b>					
N/A					
<b>ASSURE</b>					
<b>An introduction to Our Bolton NHS Charity</b> The Committee received an introduction to Our Bolton NHS Charity, outlining the charity's role, governance structure, relationship with the NHS Trust, impact, and position within the NHS charity sector. The Committee also received an overview of the Charity's principles of expenditure and scheme of delegation for funding decisions, and key resources to support further reading.					
<b>Q3 highlight report</b> The Committee received and noted the Q3 highlight report, summarising recent and ongoing fundraising activity, examples of charity-funded projects, and an update on the NHS charity sector, including the evolving role of NHS Charities Together.					
<b>Dream 10 update</b> The Committee received and noted an update regarding the Dream 10 initiative, which prioritises strategic relationships with Dream 10 partners over immediate fundraising. 'Test drives' will be led by Executive and Non-Executive Directors with progress tracked through quarterly reporting to the Charitable Funds Committee.					

## Work programme for Q4 and 2026/27

The Committee received and noted the Q4 work programme update. Management responsibility will move to the Communications Team following the Charity Manager's successful MARS application. Priority-setting for the next 12 months will focus on clinical engagement, investment in equipment and initiatives that enhance patient experience and staff wellbeing, and alignment with the Trust's medium-term plan. The Committee also noted plans to increase fund balance visibility with divisions, support ward-led fundraising to ensure compliance and staff advocacy and continue brand development.

## Finance report

The Committee received and noted the finance report for the nine months to December 2025. During this period, the Charity recorded a net decrease in funds of £29K, with income of £192K, primarily from legacies (£106K, including £90K for cardiology) and donations (£78K), and expenditure of £221K. The largest expenditure was £149K on the management fee, with £42K spent on medical and surgical equipment. Fund balances stood at £872K in December 2025.

## Applications for charitable funds

### Cardiology: Sonosite ST Ultrasound System - £21k (excluding VAT)

The Committee received a request for investment in two portable echocardiography machines, with a total cost of £107.5K (excluding VAT), to support both inpatient and outpatient cardiology services. The Committee noted that the principles of expenditure had been met and approved the use of charitable funds, subject to approval at CRIG.

### Cardiology: Portable ECHO machines GE Vivid S70 – £107.5k (excluding VAT)

The Committee received a request for investment in a Sonosite ultrasound machine for cardiology, at a cost of £21K (excluding VAT). The Committee noted that the principles of expenditure had been met and approved the use of charitable funds, subject to approval at CRIG.

## Terms of reference

The Committee considered the terms of reference for approval, noting minor updates including formatting and job titles. The Committee approved the terms of reference subject to clarification that deputies can attend and vote on behalf of absent Execs and NEDs, to ensure alignment with other Board committees.

## Committee effectiveness survey

The Committee noted the results of the annual committee effectiveness survey, conducted to assess assurance against its terms of reference. Overall effectiveness was rated 98%, with strengths identified in understanding roles and responsibilities and alignment with charitable objectives. Areas for development include enhancing stakeholder engagement and strengthening corporate partnerships, which feature in the Q4 work programme and Dream 10 work. The Committee noted that the survey will be repeated in November 2026.

**New Risks identified at the meeting: N/A**

**Review of the Risk Register:**

Risks have now been transferred to the Safeguard system and will be reviewed quarterly and presented to Risk Management Committee as part of the 'Communications and Strategy' risk portfolio.

<b>ALERT   ADVISE   ASSURE (AAA)</b> <b>Key Issues Highlight Report</b>			
<b>Name of Committee /Group:</b>	Finance and Investment Committee	<b>Reports to:</b>	Board of Directors
<b>Date of Meeting:</b>	28 January 2026	<b>Date of next meeting:</b>	25 February 2026
<b>Chair</b>	Sean Harriss, Non-Executive Director	<b>Meeting Quoracy</b>	Yes
<b>AGENDA ITEMS DISCUSSED AT THE MEETING</b>			
<ul style="list-style-type: none"> <li>Month 9 Finance Report</li> <li>Medium Term Planning</li> <li>Review of Finance Risk Register</li> <li>National Cost Collection</li> </ul>	<ul style="list-style-type: none"> <li>Managed Equipment Service Contract Retender</li> <li>Community Business Case and Benefits</li> <li>Monthly Digital Update</li> <li>Main Entrance Business Case</li> </ul>		
<b>ALERT</b>			
<u>Agenda items</u>	<u>Action Required</u>		
<b>Month 9 Finance Report</b> <ul style="list-style-type: none"> <li>Cumulatively the adjusted deficit is £17.4m at month 9 which is adverse to plan by £10.4m.</li> <li>The forecast outturn mid case was £14.4m which requires a £2.9m surplus in the remaining months of the year posing a risk.</li> <li>Under delivery of CIP is driving a £1.9m adverse variance in month, £10.1m cumulatively partly mitigated by income inflation not yet being spent, the impact of which will be progressive through the year.</li> <li>Planned Care Variable Income (previously known as 'ERF') performance is estimated to be below-plan for April to December this will be calculated again in arrears once all activity is fully priced, although payment relies on funding being available within the ICB.</li> <li>The underlying cash position is overdrawn by £12.7m. In January £3.9m cash support was approved out of a £5.5m application. The February cash application has been rejected. An application for March is to be submitted.</li> <li>Capital spend in month was £3.7m which is £2.2m below plan. Cumulative capital spend to date is £14.7m less than planned</li> </ul>	The Trust is to formally notify the ICB of not achieving plan and will discuss the required documents with the Chair of the Committee.		
<b>Medium Term Planning</b> <p>The Chief Finance Officer advised the Committee how the financial plan is to be delivered over a 3-year time frame to achieve break even.</p> <p>In year 1, this requires a run rate improvement of 5% which is £26m, resulting in a year end deficit of £14.1m. The associated required WWTE reductions have been modelled and partially included in the plan pending further detailed work on the development of CIP.</p>	To be discussed further at the Board of Directors meeting on 29 January 2026.		

CIP plans are significantly behind the expected timescales which is to have all plans ready for implementation by mid-March.

## ADVISE

### **Monthly Digital Update**

The Committee were provided with a digital update. Attention was drawn to the Maternity EPR scheme currently on red which has been a large undertaking initially due to go live in February 2026. A detailed report was provided to articulate the reasons this has been rescheduled following discussions with the Executive Directors. The focus is now on the redesign of the system before rolling it back out for user testing following lessons learnt. An update will be brought back to the Committee in March.

### **Review of Finance Risk Register**

The report covered the period 01/10/25 – 31/12/25. The division had 10 risks on the risk register, 7 of which scored above 12. The Committee were given assurance that risks within the division are managed proactively and effectively with regular reviews of mitigations and controls put in place.

### **National Cost Collection Index**

The Associate Director of Finance provided a high-level summary of the published information from the 2024/25 National Cost Collection. The 2024/25 National Cost Collection Index (NCCI) for Bolton is 91 unadjusted and 93 after adjustment for Market Forces Factor (MFF). The NCCI for Bolton is indicative of operating slightly efficiently and is in line with previous years. It is one of the lower NCCI values within Greater Manchester. Deep Dives have begun on loss making specialties to understand the drivers of the costs and support the identification of areas of potential efficiency. Community data will be a prime focus over the next year. Drivers of the deficit are included in the papers for the Board of Directors meeting on the 29 January 2026.

## ASSURE

### **Managed Equipment Service Contract Retender**

The Committee were advised that this was being brought to the Committee due to requiring Board approval and will be brought back following premarket engagement. The Committee recommended the MES Contract Retender process for approval by the Board of Directors.

### **Community Business Case and Benefits**

The Chief Operating Officer explained that there had been an ask from the Board of Directors in September to bring back the benefits realisation of this case to this Committee and the Quality Assurance Committee. However, it was too early to provide benefits realisation at this point due to being in the implementation phase. The report will be brought back in 6 months' time.

### **Main Entrance Business Case**

In November a business case was presented for the redevelopment of the main entrance that will provide 558sqm of retail with five outlets and a new reception area, changing facilities and a dedicated staff wellness lounge. Since then, discussions have taken place with other Trusts who have had new entrances built. Discussions are underway with the Trust's Auditors in relation to IFRS9, IFR16, and IFRS17 and to confirm that this is an off balance sheet transaction. The case is to be presented to the Board of Directors on 29 January for approval.

**New Risks identified at the meeting: N/A**

**Review of the Risk Register: N/A**

## ALERT | ADVISE | ASSURE (AAA)

### Key Issues Highlight Report

Name of Committee /Group:	People Committee	Reports to:	Board of Directors
Date of Meeting:	20 January 2026	Date of next meeting:	17 March 2026
Chair	Martin North, Non-Executive Director	Meeting Quoracy	Yes

#### AGENDA ITEMS DISCUSSED AT THE MEETING

- Chair's Update on recent developments
- Board and People Committee Workplan
- Workforce Planning Delivery
- OD & Cultural Update including our leaders update and Genera Pay Gap Report
- Freedom to Speak Up (FTSU) Q2&3 update
- Guardian of Safe Working Q3 update
- Job Evaluation Data
- 10 Point plan to improve Resident Doctor's working lives
- Artificial Intelligence Update
- iFM Monthly People and Culture Report
- Steering Group Chair Reports
- Divisional People Committee Chair Reports

#### ALERT

##### Workforce Planning Delivery

Some key workforce metrics, such as sickness absence, appraisal completion and engagement, were noted to be worsening. While partly seasonal, this reflected growing pressure on staff.

The Committee also discussed reductions in Worked WTE for 2025/26 and modelling for 2026/27, noting that planned workforce reductions are not yet sufficient to meet the financial challenge.

##### Action

A Health and Wellbeing report to be presented in March to address the concerns related to absence levels.

A discussion to take place at Board of Directors around further required reductions in WWTE and how this can be achieved.

#### ADVISE

##### Chair's Update on Recent Developments

The Chief People Officer noted the organisational pressures, thanked staff for their continued hard work, and highlighted that the Trust had recently been on OPEL 4. A further round of industrial action had taken place, with no new dates announced, though national negotiations remain unresolved.

#### ASSURE

- The 2025 workplans had been reviewed and amended to confirm alignment with critical workforce priorities.
- The culture update confirmed that workforce cultural themes remain consistent with previous reporting and were reinforced by early 2025 staff survey findings, which indicated a decline in staff engagement amid a short-term organisational focus on financial challenges.
- The Committee received an update on the leadership programme noting that over 665 leaders had attended the programme. The focus of the programme was on values, behaviours and inclusivity. Discussion took place on the Our Future Programme which had been specifically designed to assist staff manage and lead through change.

- Gender Pay Gap – the 2025 data showed a predominantly female workforce (84%) with a gender pay gap mainly driven by men occupying senior medical roles. The mean gap was 26.8% and the median 12.68%, reducing to 5.1% and 1.5% when medical and dental staff were excluded. Bolton's position aligned with other Greater Manchester (GM) acute trusts. Closing the gap remained a long-term priority, with actions focused on inclusive recruitment, developing female leadership pipelines and improving access to senior flexible roles.
- FTSU Q2 & 3 update – the FTSU service remained a key, trusted route for staff to raise concerns, supported by two part-time Guardians and 89 Champions, with further training planned to increase visibility and diversity. Strong governance and regular senior-level engagement continued to ensure themes and issues were addressed promptly while maintaining confidentiality.
- Guardian of Safe Working Q3 update – in Q3, 117 exception reports were submitted, over twice the number from the same period in 2024, with 93% relating to additional hours. Most were actioned through payment or time off, and no safety concerns, rota reviews, fines or work schedule reviews were triggered. The GOSW continued to work closely with Medical Education to support timely responses.
- Exception report themes highlight ongoing workforce pressures in some specialties, particularly ENT, where reduced staffing and limited cover continue to raise concerns around training and patient safety. These issues have been escalated and remain under active review by the Medical Director.
- Job Evaluation (JE) data - national changes to the NHS JE Scheme, including new nursing and midwifery profiles published in June 2025, required Trusts to provide board-level assurance of fair and lawful JE processes. The Trust had appointed a Senior Responsible Officer, delegated to the Deputy Chief Nurse, and established a multidisciplinary working group. A review of nursing and midwifery job descriptions and JE history was underway, prioritising higher-risk roles and assessing local JE capacity, training needs and associated risks.
- 10-Point Plan to Improve Resident Doctors' Working Lives - NHS England's August 2025 national 10-point plan aims to address long-standing issues affecting resident doctors by improving wellbeing, ensuring fair and transparent rotas and leave, reducing administrative and payroll errors, and strengthening leadership accountability and peer representation. All NHS organisations must act across all ten areas, report progress to their boards, explain any unmet actions and embed delivery within their Board Assurance Framework and annual reporting.
- The Trust has committed to implementing the full 10-point plan and developed an issue-to-action matrix outlining local measures and accountable leads. Oversight will be provided by the Deputy Medical Director, supported by a Resident Doctor Peer Lead. Progress will be reported to the People Committee every six months until embedded into business-as-usual and the Guardian of Safe Working annual report.
- Work was underway to develop an HR Chatbot to improve staff access to timely, consistent HR information on areas such as pay, leave, policies, recruitment and employee lifecycle queries. The chatbot supported self-service, aims to enhance staff experience, improve consistency of advice and reduce HR workload, with ongoing assurance and learning guiding its safe implementation.
- iFM Monthly People and Culture Report – the iFM report showed a deterioration in key workforce indicators: sickness absence rose to 8.33%, mandatory training compliance fell to 86.90%, and appraisal completion remained low at 69.02%. The rise in absence was consistent with last winter and linked to increased flu cases. Bank hours had been incorporated to give a clearer picture of workforce usage, and iFM continued to work with the Trust to streamline systems, improve data accuracy and strengthen workforce planning and reporting.

- The Committee received the Chair reports from the Steering Group meetings which have taken place since the last People Committee. There was nothing to note.
- Divisional People Committee Chair Reports - The Committee received the Chair reports from the Divisional meetings which have taken place since the last People Committee. There was nothing to note.

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

**Review of the Risk Register: None**

### Meeting Attendance 2026

Members	Jan	Mar	May	Jul	Sep	Nov
Seth Crofts	✓					
Sharon Katema	✓					
Sean Harriss	✓					
James Mawrey	✓					
Tyrone Roberts	✓					
Fiona Taylor	✓					
Sharon White	✓					
Annette Walker	✓					
Rauf Munshi	✓					
Martin North	✓					
Fiona Noden	✓					
Ian Williamson	✓					
Janat Hulston	✓					
✓ = In attendance      A = Apologies      NA = No longer a member						

<b>ALERT   ADVISE   ASSURE (AAA)</b> <b>Key Issues Highlight Report</b>								
<b>Name of Committee /Group:</b>	Quality Assurance Committee	<b>Reports to:</b>	Board of Directors					
<b>Date of Meeting:</b>	28 January 2026	<b>Date of next meeting:</b>	29 January 2026					
<b>Chair</b>	Fiona Taylor	<b>Meeting Quoracy</b>	Yes					
<b>AGENDA ITEMS DISCUSSED AT THE MEETING:</b>								
<ul style="list-style-type: none"> <li>Trust Heatmap</li> <li>Maternity Incentive Scheme Year 7 Progress Update (CNST Update)</li> <li>Quality Account Priorities/QI Plan Update</li> <li>Mortality &amp; Learning From Deaths Report</li> <li>Coding and Risks follow up Report</li> <li>Audiology Update Report</li> <li>Clinical Correspondence</li> </ul>		<ul style="list-style-type: none"> <li>MIAA Cancer Follow Up Quality Spot Check Report Operational Plan (Medium Term Plan) Update</li> <li>Thematic Review – Total Laparoscopic Hysterectomy Injuries from August 2024 to November 2024</li> <li>Community Business Case Benefits Realization</li> <li>Serious Incident Reports x 5Clinical Governance and Quality Committee Chair's Report</li> <li>Performance and Transformation Board Chair's Report</li> </ul>						
<b>ALERT</b>								
<u>Agenda items</u>	<u>Action Required</u>							
No items of Alert.								
<b>ADVISE</b>								
<p>Maternity Incentive Scheme Year 7 Progress Update (CNST Update) - The service continues to perform strongly, meeting all LMNS checkpoint requirements and fully complying with CNST Year 7. Action plans remain under active oversight, with no external reports contradicting the declaration. The final position has been shared with commissioners. The Trust is also progressing toward full implementation of quarterly reporting under the perinatal quality oversight model, with updated measures aligned to the national maternity and neonatal delivery plan.</p> <p>Quality Account Priorities/QI Plan – progress continues across the 2025/26 Quality Account priorities. Work on recognising and responding to the deteriorating patient is progressing, and Phase 1 of Releasing Time to Care is underway. Patient communication improvements are advancing through feedback testing and the BoSCA platinum assessment. QI activity remains strong, with 209 projects registered and 55 completed, alongside ongoing capability building and wider learning-organisation work supported through regional collaboration, NHS IMPACT, patient involvement initiatives and communication-focused workstreams.</p> <p>Mortality &amp; Learning From Deaths Report – mortality indicators continue to improve, with SHMI now within the expected range and HSMR no longer an outlier. Data quality is strengthening through improved EPR</p>								

recording and staff training, though uncoded episodes remain affected by Virtual Ward data issues being addressed with NHSE. Coding changes for “Well babies” should prevent further alerts. Sepsis remains an outlier and under review. The Learning from Deaths programme shows further progress with improved SJR completion, new reviewers and strengthened QA, and actions include updated radiology contrast guidance.

The Clinical Coding Team continues to deliver timely, high-quality coding, with improved performance across both “Freeze” and “Flex” positions. Backlogs have reduced, though pressures remain from recruitment challenges and rising activity. The SLA with GMMH provides essential income and coding breadth, and ending it would carry financial and reputational risks. The recommendation is to retain the current approach, explore AI options, and review again in six months.

Audiology Update Report – the service continues to face pressure from diagnostic and follow-up backlogs, workforce shortages and estate limitations. DM01 performance has improved significantly (57.9% in July 2025 to 7.8% in November 2025), though breach levels are expected to rise when review patients are included from April 2026. Workforce fragility remains a key risk, particularly in senior adult and paediatric roles. Recovery plans focus on expanding LLP-supported capacity, pathway redesign, additional weekend clinics and reducing the community backlog, with further actions including enhanced ENT collaboration, staff upskilling, capital investment and waiting-list validation.

MIAA Cancer Follow Up Quality Spot Check report – a review commissioned to examine cancer follow-up processes was found to be invalid, as it assessed an unintended patient group. A new follow-up group, reporting to the Patient Safety Group, is proposed to ensure the original assurance requirements are met.

Operational Plan (Medium Term Plan) – the draft 2026/27–2028/29 plan outlines key risks including a £26m CIP requirement, activity triangulation gaps, workforce pressures and outstanding governance actions. Progress has been made through specialty reviews, productivity work, capital planning and QEIA development. Early QEIA findings highlight cross-cutting risks to safety, experience and sustainability, with mitigations focused on strengthened governance, safe staffing and benefits-led oversight. The Board is asked to note the current position, the draft QEIA shared with clinical leads, and that further work is required ahead of final submission on 10 February 2026.

Thematic Review – total Laparoscopic Hysterectomy Injuries August 2024 to November 2024 - four TLH complications prompted a review, identifying the need for improved documentation, training and planning, and concentrating activity within a more experienced team. The service was paused in August 2025, with an external review, training and further workforce and consent work underway.

Community Business Case Benefits Realisation – progress continues across the four community business cases approved in September 2025, with most schemes still in development. This update focuses on the reporting framework and baseline measures, with benefits expected to emerge from February 2026 following recruitment and planned training. The benefits approach includes defined success measures with

SPC monitoring, baseline data collection to support tracking, and ongoing qualitative feedback from patients, staff and stakeholders.

**Serious Incident Investigation Reports** - There are five serious Investigation Reports submitted for information and awareness at the Quality Assurance Committee:

### ASSURE

**Trust Heatmap** - The heatmap illustrates Month 8 workforce data specific to staffing and workforce metrics. All areas are subject to detailed review and are narrated within the six-monthly Safe Staffing reports to Board of Directors, as well as within individual performance reports.

**Clinical Correspondence** – The Trust continues to face challenges meeting national timeframes for issuing clinical correspondence. An audit of reported incidents found numbers had increased in 2025 but remained low, with no clear evidence of patient harm. Further monitoring will continue as part of the wider improvement work, and staff are being encouraged to report incidents to support accurate oversight.

**Clinical Governance and Quality Committee Chair's Report** – The Chair's Report from the Clinical Governance and Quality Committee meetings which were held in December and January were received.

**Performance and Transformation Group Chair's Report** – The 02 December 2025 report was received. CDC remains the key escalation, with a year-to-date deficit and performance below required levels. Recovery work continues, focusing on strengthening the delivery team, optimising activity and staffing, and managing financial and productivity risks.

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

**Review of the Risk Register: N/A**

### Meeting Attendance 2026

Members	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Fiona Taylor	✓											
Martin North												
Seth Crofts												
Becks Ganz												
Francis Andrews												
Tyrone Roberts												
Rae Wheatcroft												
Sharon Katema												

✓ = In attendance

A = Apologies

<b>Report Title:</b>	Our Bolton NHS Charity's Annual Report and Accounts for Year Ending 31 March 2025		
<b>Meeting:</b>	Council of Governors	<b>Action Required</b>	Assurance <input checked="" type="checkbox"/>
<b>Date:</b>	05 February 2026		Discussion <input checked="" type="checkbox"/>
<b>Executive Sponsor</b>	Chief of Strategy and Partnerships		Decision <input checked="" type="checkbox"/>

<b>Purpose of the report</b>	To provide the Council of Governors with a copy of Our Bolton NHS Charity's independently examined annual report and accounts and the signed letter of representation.
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<b>Previously considered by:</b>	Charitable Funds Committee
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<b>Executive Summary</b>	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 2025/26 and set out the financial position for the year ending 31 March 2025.  The annual report and accounts will be submitted to the Charity Commission by the deadline of 31 January 2026.
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<b>Proposed Resolution</b>	The Council of Governors is asked to receive Our Bolton NHS Charity's annual report and accounts for year ending 31 March 2025.
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<b>Strategic Ambition(s) this report relates to</b>				
<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>
✓	✓	✓	✓	✓

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

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 March 2025
Legal/ Regulatory	Yes	The annual report and accounts are a key part of charity governance
Health Inequalities	Yes	Our Bolton NHS Charity remains committed to playing an active role in tackling health and care inequalities as a positive partner and funder.
Equality, Diversity and Inclusion	Yes	Our Bolton NHS Charity remains committed to playing an active role in supporting equality, diversity and inclusion as a positive partner and funder.
Is a Quality Impact Assessment required		

Prepared by:	Sarah Skinner, Charity Manager and Karen Sharples, Finance Manager	Presented by:	Sharon White, Chief of Strategy and Partnerships Annette Walker, Chief Finance Officer
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#### Glossary – definitions for technical terms and acronyms used within this document

<b>ED</b>	Emergency Department
<b>FRS</b>	Financial Reporting Standard
<b>RBS</b>	Royal Bank of Scotland
<b>SORP</b>	Statement of Recommended Practice

Forvis Mazars LLP  
Two Chamberlain Square  
Birmingham  
B3 3AX

23 October 2025

Dear Sirs/Madams,

**Our Bolton NHS Charity – independent examination of the financial statements for the year ended 31<sup>st</sup> March 2025**

This representation letter is provided in connection with your Independent Examination of the financial statements of the Charity for the year ended 31<sup>st</sup> March 2025.

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.

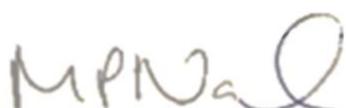
**Audit requirement**

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,



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

Date 23 October 2025



Registered as a charity number: 1050488

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

Year ending 31st March 2025

The annual report and financial statements have been subject to independent examination as the income for 2024/25 does not meet the £1m legal threshold for a full audit. A requirement of an independent examination is to clearly state that the accounts are unaudited.

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## 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, and beyond. Our mission is to invest in the latest technology; 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 and service-users, and their families.

It is my pleasure to present Our Bolton NHS Charity's annual report and financial statements (complete with independent examiner's report) for the year ending 31<sup>st</sup> March 2025.

2024/25 has been a challenging year for much of the NHS charity sector with:

- The cost of living crisis translating to a cost of giving crisis – as predicted – with the number of people donating falling to its lowest level since the Charities Aid Foundation began its research in 2016
- A deteriorating financial picture for many NHS Trusts and Health Boards meaning demands on NHS charities have increased, particularly in terms of supporting staff wellbeing and funding pilot initiatives to test a theory of change before long-term investment
- NHS Charities Together moving away from allocative funding to competitive grant rounds that – due to the diverse membership – don't always align with individual charity priorities and the resources available to support an application and project delivery

Amidst the challenges, there are always highlights and learnings, and one particular fundraising highlight came from the extraordinary determination and stamina of Fintan O'Malley who raised thousands of pounds in memory of his daughter – Millie – who was born prematurely, weighing just 486g. Millie was expertly cared for by the Neonatal team at Royal Bolton Hospital but her condition deteriorated and she sadly died 33 days later.

On what would have been Millie's second birthday, Fintan embarked on a 330km ultramarathon across the West Pennine Moors. The 330km distance was deeply meaningful with the 33 representing the number of days Millie fought to stay alive and the 0 symbolising Fintan and Becca's infinite love for their little girl. Fintan tackled gruelling weather conditions, sleep deprivation and a total elevation equivalent to Mount Everest and – with the support of his family and an army of supporters – raised over £27,000. Funds raised have contributed to a video laryngoscope, which improves respiratory care and health outcomes for premature babies, creating a lasting legacy for Millie.



Thanks to the support of people like Fintan (and those you'll read about from page 10 onwards), we received £149,000 in voluntary donations, £3,000 in legacies and £8,000 as gifts in kind, 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 2024/25, we invested £247,000 in a range of schemes designed to improve health outcomes for patients and service-users, support staff wellbeing and enhance 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 from a charity development perspective – and thanks to support from NHS Charities Together – is our investment in a paid partnership with MuchLoved and contactless payment devices to support our digital fundraising efforts.

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.



As ever, we have ambitious plans for 2025/26, but we cannot deliver them on our own. Search for Our Bolton NHS Charity to find out how you can get involved, how funds raised make a difference to the communities of Bolton, and scan the QR code to understand what your support means to us and those we care for.

With best wishes,

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 2025 have been prepared by the Corporate Trustee in accordance with the Charities Act 2011 and Statement of Recommended Practice (SORP): Accounting and Reporting by Charities published in 2015. The Charity's accounts include all the separately established funds for which the Bolton NHS Foundation Trust is the sole beneficiary.

The 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, Chief of Strategy & Partnerships
- 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, 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 2025, 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 a TBS Reserve Account.

## 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.

## Financial review

Following income of £191k (2024: £271k) and expenditure of £331k (2024: £595k), reserves in the year decreased by £140k. At the year end, there are unrestricted funds of £681k (2024: £803k), restricted funds of £221k (2024: £239k) and £42k (2024: £42k) of endowment funds.

# 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
- Purchasing new medical and sensory equipment
- Providing additional services
- Enhanced staff training and development
- Supporting staff wellbeing

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 2024/25, the Charity received £149,000 from donations, £3,000 from legacies, £14,000 from grants and £8,000 from gifts in kind.

# The year in review

Expert analysis at the start of the financial year suggested that:

- Tough economic times were set to continue
- Legacy income would remain resilient despite economic challenges
- An election year would bring uncertainty but could also bring opportunity
- Collaboration with local communities and voluntary and community organisations would be essential
- Charities should embrace innovation and flexibility in fundraising
- Income diversity would remain a key priority for financial sustainability

## Charity representation at Investment Assurance Group

Since August 2024, we have been part of the Investment Assurance Group (IAG) to screen and intercept all business cases that meet Our Bolton NHS Charity's principles of expenditure (enhancement, patient benefit and public perception). By pulling eligible business cases out of the Trust's capital pipeline, into the charity's governance processes and funding through the charity, not only are we helping to safeguard Exchequer funds, we're improving the NHS experience for patients and families, and creating impact that inspires others to get involved.

## Work to increase the visibility of Our Bolton NHS Charity through contactless donation terminals and Our Bolton stories



Thanks to the NHS Charities Together development grant, we have invested in two contactless donation terminals to help raise awareness of Our Bolton NHS Charity through enhanced visibility and increase charitable income through digital fundraising. Careful consideration has been given to locations taking account of high footfall, positive patient and visitor experience driving propensity to donate and minimised risk of jeopardising future fundraising potential. Enabling work is required to complete installation; however the terminals will be live in Q1 2025/26.

We have developed a series of Our Bolton stories, which depict the experiences of our fundraisers and beneficiaries to capture the eyes, minds and hearts of patients, service-users and prospective supporters. These stories explain how the care, kindness and compassion of our staff have inspired patients and their families to give back by supporting Our Bolton NHS Charity, and what the support of our donors and fundraisers means to those we care for. The emotive stories have been produced in a range of formats including digital assets to create visibility across the Trust and charity's social media platforms, the Trust's website and estate, and within the locality footprint.



# Income analysis

The total income for 2024/25 was £191,000 compared with £250,000 in 2023/24. Donations (which include one-off donations, 'in aid of' fundraising and in-memory donations) increased by 30.7% in 2024/25, which is encouraging given the challenging economic climate. All other funding streams, however – legacies in particular – were down when compared with 2023/24.

## Fundraising highlights

From ultra-marathons to skydives, from Bolton to Hollywood, we've been humbled by the determination, courage and energy of our supporters, and the distances they have travelled to raise funds for Our Bolton NHS Charity in 2024/25. Whatever the method or motivation, our supporters help us invest in state-of-the-art medical equipment to improve health outcomes for patients and service-users, facilities that enhance the NHS experience for patients and their families, and the small things that make a meaningful difference, when it matters most.

### Fundraising by staff



Thanks to support from Bolton Wanderers in the Community and Bolton Wanderers Remembrance Group, Our Bolton NHS Charity benefitted from four free places in the inaugural Bolton Community 10k. These free places were offered out to Bolton NHS Foundation Trust employees and a further three colleagues pledged their support to Our Bolton NHS Charity. As a collective, they raised £2,354 for Radiology, Paediatrics and Stroke specialty funds and Sarah Hudak (pictured centre) was overall female winner.

### Fundraising by former patients and their families

The 'Welcome to Wrexham' docuseries highlighted the experience of former Wrexham AFC midfielder, James Jones and his wife, when their son – Jude – was born prematurely. The episode coincided with the launch of a fundraising appeal for Our Bolton NHS Charity, CHERISH and Spoons charity, which raised £20,129, including a £10k donation from Ryan Reynolds and Rob McElhenney. We were delighted to invite the family back to Royal Bolton Hospital and reunite them with the neonatal team who provided round-the-clock care for Jude. It was a lovely opportunity to say thank you the £10,228 donation, which benefitted Bolton Neonatal Unit and Critical Care.





Following the sale of the disused Bank Street Chapel in Bolton, the Dissolution Council chose Our Bolton NHS Charity (specifically the Haematology specialty fund) as one of twenty recipients to benefit from the proceeds. We invited representatives of the Dissolution Council to Royal Bolton Hospital where they proudly presented Haematology colleagues with a cheque for £20,000. The donation acknowledges the care and compassion received by the wife of a council member during her treatment, and will support the enhancement of the Haematology Unit for current and future patients.

### Fundraising by the local faith communities

During Ramadan, the Bolton Masjid Chanda Committee invited members of the local Muslim community to support of Our Bolton NHS Charity. Worshippers from 11 Mosques raised £16,900 for the 'general purposes fund', which gives the charity the flexibility to direct funds where they are needed most and will have the greatest impact. The support of Bolton Masjid Chanda Committee is far reaching and – in the past five years alone – members of the local Muslim community have raised over £75,000 for Our Bolton NHS Charity. Funds that improve patient care through the provision of new equipment and enhancements to clinical services, and funds that make a profound contribution to supporting the wellbeing of our staff.



### Fundraising through events

The three hand-held card readers (funded by the NHS Charities Together development grant) made their debut at the FABB Awards 2024, which is the Trust's annual staff recognition and celebration evening. Historically, we have only been able to accept cash at events, which creates financial risk; however, the 'pockets' offer a cashless alternative for guests to pay for raffle tickets or make a donation via credit/debit card and mobile phone. Of the £1,701.70 raised through the FABB Awards 2024 raffle, £1,421.70 came in as cashless payments/donations, which equates to a 74.6% return on investment after just one event. The pockets are also available (with training) for staff to use as part of their fundraising efforts in aid of Our Bolton NHS Charity.

While Our Bolton NHS Charity continues to support the Trust navigate winter pressures through direct expenditure that enhances the patient experience and supports staff wellbeing, we recognise that fundraising can be an effective part of the organisation's staff wellbeing strategy. On Monday 2 December, we hosted our first winter market to raise funds while providing a much needed boost to staff wellbeing. We received over 100 expressions of interest in five days from small, local businesses; raised £550 for the general purposes fund and collected valuable feedback from stall-holders and staff.



## Fundraising through Trusts and Foundations

We were awarded £3,402 to purchase three 'overnight sleeper chairs' for parents/carers residing in hospital with a poorly child. The chairs can be positioned upright as an armchair and converted into a bed for optimum comfort. Parents and carers will directly benefit from these chairs; however, there will be an indirect benefit to young patients as their parents/carers enjoy better quality sleep and therefore have the physical and emotional resilience to advocate for their child while in hospital. We will continue to pursue funding opportunities with other Trusts and Foundations and increase the number of overnight sleeper chairs from three to 14.

ShareGift is a unique grant-making charity that specialises in accepting donations of shares, particularly small holdings of shares that are not worth selling on their own. These shares can be transferred to ShareGift at no cost to the shareholder, aggregated and then sold to benefit a range of registered charities. The result is a significant funding stream for the charitable sector that would otherwise not exist, along with substantial savings for companies in administrative costs. Since the charity was set up in 1996, over £55 million has been donated to over 3,900 charities. We were delighted to see Our Bolton NHS Charity added to the list of benefitting charities after we received a £10k grant for the benefit of patients and families on the Neonatal Unit.

## Support through gifts in kind



We were once again overwhelmed by the generosity and support from the Bolton community on the run up to faith events and celebrations, including Eid, Diwali and Christmas. The charity received gifts valued at over £6,500 from businesses, faith groups, charities and schools, including Shree Kutch Satsang Swaminarayan Temple (pictured). Gifts were distributed to patients on the Neonatal Unit, Paediatric ED and the Children and Young People's Unit, as well as elderly patients and those living with dementia who require additional support during their hospital stay.

## Expenditure analysis

Of the £331,000 total expenditure (£595,000 in 2023/24), £247,000 (£510,000 in 2023/24) was on direct charitable activities across a range of programmes, for the benefit of patients, service-users and the local health community. The remaining £84,000 is attributed to gifts in kind (£8,000) for the benefit of patients, and governance costs (£76,000), which relate to statutory independent review and staffing costs. Staffing costs relate to recharges from Bolton NHS Foundation Trust in their support of the activities of Our Bolton NHS Charity. No staff members are employed by the Charity.

### Charity-funded schemes and expenditure highlights

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

Bolton NHS Foundation Trust and IFM Bolton secured funding from Sophie's Legacy to take part in the 'NHSE Food Provision Support Programme', helping parents and carers access free meals while staying a poorly child in hospital. Sophie's Legacy is a charity, established in memory of ten-year old Sophie Fairall who wanted to create a legacy of change for children and their families in hospital before her death in 2021.



Our Bolton NHS Charity funded a fridge-freezer and stewarded the support of Team 1C who donated cutlery and crockery, a dining table and chairs and a new TV for the parent kitchen so funds from Sophie's Legacy could be used exclusively on food provision. In response to positive feedback from parents and carers, Our Bolton NHS Charity approved £5,000 in match-funding to extend the programme for a further six months. Sophie's Legacy continues to work with NHSE to determine the future sustainability of the project.

#### Purchasing new equipment to improve health outcomes

Glaucoma is a complicated condition that results in optic nerve damage. The optic nerve transfers visual information from the eye to the brain and if it's damaged, can result in sight loss and even blindness. Currently patients who are newly diagnosed with ocular hypertension and primary open angle glaucoma (POAG) are given first-line treatment in the form of strong eye drops, which can be toxic and cause side effects, such as dry-eyes. Patients are required to use the drops every 24 hours as a lifelong medication. Thanks to gifts left in wills, we have funded a Direct Selective Laser Trabeculoplasty (DSLT) machine to help treat glaucoma patients much earlier in the disease, meaning the majority of patients can be discharged and referred back to their community optometrist for monitoring and will no longer require eye drops.

#### Supporting staff wellbeing, training and development

In May 2024 – thanks to the fundraising efforts of a family who passionately believe in organ donation as a final act of kindness – Our Bolton NHS Charity funded a staff study day to raise awareness of organ and tissue donation. Very few people die in circumstances that make them suitable for organ donation so every potential donor is precious. The purpose of the training was to equip staff with the knowledge and skills to confidently

manage difficult but essential conversations with relatives, understand and convey the potential impact of organ donation, and make appropriate referrals to NHS Blood and Transplant.

Staff who participated (including those from Critical Care and the Emergency Department) said they learned something valuable during the study day and felt more confident in having those deeply emotive conversations with bereaved families. Staff also felt inspired to have conversations with their own family members to make their wishes about organ donation known and also understand the wishes of others so they can advocate with confidence. Since the study day, learning has been sustained through the production of learning materials and monthly awareness training.

### Championing equality, diversity and inclusion

#### Improving the NHS experience for neuro-diverse patients

Over 800 children with autistic spectrum conditions and learning difficulties are treated in the plaster room every year and it can be a noisy, intimidating and overwhelming experience. KP Financial Wellbeing invited Our Bolton NHS Charity to apply for a local area allowance from St. James's Place Charitable Foundation, which is the charitable arm of St. James's Wealth Management. We were awarded £1,000 towards the supply and installation of four LED ceiling screens that have transformed the plaster room into a calming space with relaxing and engaging themes including drifting clouds, spring blossom and under the sea. A colour-changing bubble wall panel has also been installed, which can be adjusted to create the desired atmosphere for patients and offers an intriguing focus to the room



#### Minimising the impact of a hospital stay during religious festivals and observances

Story-telling is an important part of Diwali celebrations and fosters a sense of belonging and community. Our Bolton NHS Charity funded a range of children's books for babies and children to enjoy with their parents/carers while in hospital over Diwali when they would rather be celebrating with friends and family at home. Adult patients who celebrate also received a Lakshmi shadow light diya and LED candle as in previous years.



Once again, Our Bolton NHS Charity funded Christmas presents for all in-patients at Royal Bolton Hospital and in intermediate care, as well as festive refreshments for those awaiting transport from the Discharge Lounge to the place they call home.

We also received an urgent plea from the elves in the North Pole and jumped at the chance to fund a brand new suit for Santa to ensure he looked smart during his visits to maternity, neonatal and children's wards at Royal Bolton Hospital.

Our Bolton NHS Charity funded Ramadan packs for Muslim patients in hospital and intermediate care. Each pack contains a bottle of Zamzam water, organic dates, a small jar of honey, prayer beads, a prayer book and a Mizwak stick (a natural, tree-grown tooth brush). Our Bolton NHS Charity also funded gifts for babies and children to enjoy while in hospital over Eid when they would rather be celebrating with friends and family at home.

# Looking ahead to 2025/26

Our Bolton NHS Charity exists to enhance the care, experience, and wellbeing of patients, families, and staff within Bolton NHS Foundation Trust. As we enter the 2025/26 financial year, we recognise the need to grow our income in a sustainable and strategic manner, ensuring we maximise our impact across all areas of the Trust and continue to be able to give back.

## Working with Bright Spot Fundraising to identify priorities with limited resources

As a small team, we recognise the challenges of delivering against multiple income streams, so we will be working with Bright Spot Fundraising to find the most valuable areas of growth. With a focus on inspiring donor journeys, meaningful stewardship and demonstrating impact through the power of story-telling, we aim to grow and sustain relationships with our most valuable donors, partners and prospects.

## The work around increasing the charity's visibility and digital fundraising capability continues

Building on the work we've done with the contactless donation terminals, we will continue to promote the charity by creating a strong visual identity across the Trust's estate. We will create designated "donation corridors" that will guide people through a journey of awareness, emotional connection and action, culminating in a donation terminal or prominent QR code that inspires those who have a good experience of Bolton NHS Foundation Trust to make a donation.

## Legacy fundraising

Over the years, we have invested in a number of worthwhile projects, such as the faith facilities and state of the art medical equipment in Ophthalmology and Cardiology; however, we rarely shout about the impact of leaving a gift in your will to Our Bolton NHS Charity. In 2025/26, we will:

- Craft compelling impact stories to demonstrate what difference a gift in your will could make to those receiving care or treatment at Royal Bolton Hospital and in the community
- Launch a long-term initiative to encourage supporters to leave gifts in their wills, supported by legal and financial partnerships

## Grant funding opportunities with NHS Charities Together and other grant-making organisations



We will continue our paid membership with NHS Charities Together for another 12 months, in recognition of the benefits to Our Bolton NHS Charity, including (but not limited to) access to peer support and exclusive grant-funding opportunities, including the eagerly anticipated Workforce Wellbeing grant in partnership with NHS England.

We will continue to nurture relationships with known funders, including St James's Place Charitable Foundation, Westfield Health Foundation and MedEquip4Kids and continue to explore other funding opportunities with Trusts and Foundations.

**Working closely with our operational colleagues within Bolton NHS Foundation Trust to understand priorities for investment**

Building on the success of charity representation at Investment Assurance Group, 2025/26 will see us taking a more proactive role in reviewing capital prioritisation to determine what Our Bolton NHS Charity can fund with available funds or support in terms of a fundraising appeal. This mitigates the risk of charitable funds being approved on a first come, first served basis and allows us to reinforce our position as a strategic partner and key enabler of Bolton NHS Foundation Trust.

## 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 2022, those statements of accounts comply with the requirements of regulations under that provision.

It is responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities. These financial statements were approved by the Corporate Trustee on 27 November 2025 and were signed on its behalf by:



Martin North  
Chair of the Charitable Funds  
Committee



Annette Walker  
Chief Finance Officer



Sharon White  
Chief of Strategy and  
Partnerships

# Statement of financial activities for the year ended 31<sup>st</sup> March 2025

Note	Restricted Funds		Unrestricted Funds		Unrestricted Funds		Total	
	2025 £000	2024 £000	2025 £000	2024 £000	2025 £000	2024 £000		
<b>Incoming Resources:</b>								
<b>Incoming resources from generated funds:</b>								
Voluntary income:	3							
Donations		2	28	147	86	-	149 114	
Legacies		-	-	3	81	-	3 81	
Gift In Kind		-	-	8	25	-	8 25	
Grants		14	30	0	0	-	14 30	
<b>Sub total voluntary income</b>		16	58	158	192	0	174 250	
<b>Activities for generating funds:</b>								
Investment income	4	1	1	16	20	-	17 21	
<b>Total incoming resources</b>		17	1	174	20	0	191 271	
<b>Resources Expended</b>								
<b>Costs of generating funds:</b>								
Charitable activities:	5							
Purchase of new equipment		8	32	117	114	-	125 145	
New building, refurbishment & care		1	117	20	92	-	21 209	
Staff education & welfare		5	4	11	27	-	16 31	
Patient welfare & amenities		7	7	63	97	-	69 104	
Other		2	17	14	3	-	15 20	
<b>Sub total direct charitable expenditure</b>		22	177	225	333	-	247 510	
<b>Other resources expended</b>								
Gift In Kind	5	-	-	8	25	-	8 25	
Governance Costs	6	13	4	63	56	-	76 60	
<b>Total resources expended</b>		35	181	296	414	-	331 595	
Net incoming/(outgoing) resources before transfers	8	(18)	(121)	(122)	(203)	-	(140) (324)	
Gross transfer between funds		-	-	-	-	-	-	
<b>Net incoming/(outgoing) resources before other recognised gains and losses</b>		(18)	(121)	(122)	(203)	-	(140) (324)	
<b>Net movement in funds</b>		(18)	(121)	(122)	(203)	-	(140) (324)	
<b>Reconciliation of Funds</b>								
Total Funds brought forward	15	239	454	803	912	42	42 1,084 1,408	
Adjustment to funds brought forward			(93)		93			
<b>Total Funds carried forward</b>		221	239	681	803	42	42 944 1,084	

# Balance sheet for the year ended 31<sup>st</sup> March 2025

	Note	Restricted Funds		Un-Restricted Funds		Endowment Funds		Total Funds	
		2025 £000	2024 £000	2025 £000	2024 £000	2025 £000	2024 £000	2025 £000	2024 £000
<b>Current assets:</b>	10								
Debtors		-	-	1	-	-	-	1	-
Cash and Cash Equivalents		222	336	682	732	42	42	946	1,110
<b>Total current assets</b>		<b>222</b>	<b>336</b>	<b>683</b>	<b>732</b>	<b>42</b>	<b>42</b>	<b>947</b>	<b>1,110</b>
<b>Liabilities</b>	11								
Creditors falling due within one year		(1)	(4)	(2)	(22)	0	0	(3)	(26)
<b>Net current assets or liabilities</b>		<b>221</b>	<b>332</b>	<b>681</b>	<b>710</b>	<b>42</b>	<b>42</b>	<b>944</b>	<b>1,084</b>
<b>Total assets less current liabilities</b>		<b>221</b>	<b>332</b>	<b>681</b>	<b>710</b>	<b>42</b>	<b>42</b>	<b>944</b>	<b>1,084</b>
<b>Net assets or liabilities</b>		<b>221</b>	<b>332</b>	<b>681</b>	<b>710</b>	<b>42</b>	<b>42</b>	<b>944</b>	<b>1,084</b>
<b>The funds of the charity:</b>									
Endowment funds		-	-	-	-	42	42	42	42
Restricted Income Funds		221	332	-	-	-	-	221	332
Un-Restricted income funds		-	-	681	710	-	-	681	710
<b>Total charity funds</b>		<b>221</b>	<b>332</b>	<b>681</b>	<b>710</b>	<b>42</b>	<b>42</b>	<b>944</b>	<b>1,084</b>

The notes at pages 21 to 27 form part of these accounts.

Signed:



Name: Annette Walker

Date: 4<sup>th</sup> November 2025

## Statement of cash flow for the year ended 31<sup>st</sup> March 2025

	2025 £000	2024 £000
<b>Net movement in funds for the reporting period (as per the statement of financial activities)</b>	<b>(140)</b>	<b>(324)</b>
<b>Adjustments for:</b>		
(Increase)/decrease in debtors	(1)	6
Increase/(decrease) in creditors	(23)	(24)
<b>Net Cash provided by (used in) operating activities</b>	<b>(164)</b>	<b>(342)</b>
<b>Cash Flows from investing activities:</b>		
Dividends, interest and rents from investments	-	-
<b>Net cash provided by (used in) investing activities</b>	<b>-</b>	<b>-</b>
 <b>Change in Cash and cash equivalents in the reporting period</b>	<b>(164)</b>	<b>(342)</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>	<b>1,110</b>	<b>1,452</b>
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>946</b>	<b>1,110</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 independent examination together with an apportionment of overhead and support costs.

**Note 2. Related party transactions**

The Bolton NHS Foundation Trust receives grants from Our Bolton NHS Charity, the Foundation Trust is the Corporate Trustee of the Charity (note 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, Director of Nursing/Chief Nurse  
Seth Crofts, Associate Non-Executive Director  
Tosca Fairchild, 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

None of the above have received honoraria, emoluments or expenses from the Charity for the year ended 31st March 2025.

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

### 3. Analysis of voluntary income

	Restricted Funds		Un-Restricted Funds		Total Funds	
	2025	2024	2025	2024	2025	2024
	£000	£000	£000	£000	£000	£000
<u>Donations</u>						
Breast Fund	-	-	1	8	1	8
Neonatal & Paediatric Services Fund	-	10	64	21	64	31
General Purposes Fund	-	-	39	43	39	43
Cancer Services	-	-	3	3	3	3
Critical Care Fund	-	-	3	4	3	4
Special Care for Special Babies	-	-	-	-	-	-
Other Funds (55)	2	18	37	7	39	25
<b>Sub total</b>	<b>2</b>	<b>28</b>	<b>147</b>	<b>86</b>	<b>149</b>	<b>114</b>
<u>Gift In Kind</u>						
General Purpose Fund	-	-	8	25	8	25
<b>Sub total</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>25</b>	<b>8</b>	<b>25</b>
<u>Legacies</u>						
Cardiology	-	-	3	11	3	11
General Purpose Fund	-	-	-	68	-	68
Ophthalmology	-	-	-	1	-	1
Neonatal & Paediatric Services Fund	-	-	-	1	-	1
<b>Sub total</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>81</b>	<b>3</b>	<b>81</b>
<u>Grants</u>						
General Purpose Fund	14	30	-	-	14	30
	<b>14</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>30</b>
<b>Total</b>	<b>16</b>	<b>58</b>	<b>158</b>	<b>192</b>	<b>174</b>	<b>250</b>

### 4. Analysis of Investment income

Gross income earned from:	Restricted Funds		Un-Restricted Funds		Held in UK	
	2025	2024	2025	2024	2025	2024
	£000	£000	£000	£000	£000	£000
Interest from Bank Account	1	1	16	20	17	21
<b>Total</b>	<b>1</b>	<b>1</b>	<b>16</b>	<b>20</b>	<b>17</b>	<b>21</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	2025 Total £'000	2024 Total £'000
Purchase of new equipment	125	-	-	37	162	162
New building, refurbishment & care	12	9	0	6	27	232
Staff education & welfare	16	-	-	5	21	35
Patient welfare & amenities	70	-	8	23	101	144
Other	15	-	-	5	20	22
<b>Total</b>	<b>238</b>	<b>9</b>	<b>8</b>	<b>76</b>	<b>331</b>	<b>595</b>

## 6. Allocation of support costs and overheads

Allocation and apportionment to Governance Costs	Allocated to Governance £'000	Residual for Apportionment £'000	2025 Total £'000	2024 Total	Basis of Apportionment
Salaries & related costs*	74	118	192	194	Fixed and transactional Governance
Independent Audit Examination (inc VAT)	2	-	2	2	
<b>Total</b>	<b>76</b>	<b>118</b>	<b>194</b>	<b>196</b>	

\* Staff costs relate to recharges from Bolton NHS Foundation Trust in their support of the activities of the Charity. No staff members are employed by the Charity.

## 7. Analysis of grants

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

## 8. Transfers between funds

There were no transfers from unrestricted to restricted 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		Un-Restricted Funds		Total	
	2025 £000	2024 £000	2025 £000	2024 £000	2025 £000	2024 £000
Accrued Income and Aged Debt	-	-	1	-	1	-
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>-</b>

Analysis of cash and deposits	Restricted Funds		Un-Restricted Funds		Endowment Funds		Total Funds	
	2025 £000	2024 £000	2025 £000	2024 £000	2025 £000	2024 £000	2025 £000	2024 £000
R.B.S. Reserve Account	222	336	672	722	42	42	936	1,100
R.B.S. Current Account	0	-	10	10	-	-	10	10
<b>Total</b>	<b>222</b>	<b>336</b>	<b>682</b>	<b>732</b>	<b>42</b>	<b>42</b>	<b>946</b>	<b>1,110</b>
<b>Total Current Assets</b>	<b>222</b>	<b>336</b>	<b>682</b>	<b>732</b>	<b>42</b>	<b>42</b>	<b>947</b>	<b>1,110</b>

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

Creditors under 1 year	Restricted Funds		Un-Restricted Funds		Total	
	2025 £000	2024 £000	2025 £000	2024 £000	2025 £000	2024 £000
Other creditors	1	3	2	13	3	16
Accruals	-	1	-	9	-	10
<b>Total</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>22</b>	<b>3</b>	<b>26</b>

## 12. Contingencies

The Charity has no contingent liabilities or assets.

## 13. Commitments

The Corporate Trustee recognises that it has commitments for goods or services that have yet to be received for £136,488.03

## 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	333	54	(161)	-	226
Cancer Services	34	4	(7)	-	31
Cardiology	241	7	(42)	-	206
Special Care for Special Babies	18	-	(3)	-	15
Community Funds	84	1	(15)	-	70
Breast Unit	55	4	(17)	-	42
Eye Unit	35	2	(6)	-	31
Bolton Rectal Fund	21	0	(4)	-	17
NeoNatal & Paediatrics	48	79	(18)	-	109
Haematology	12	24	(10)	-	26
Staff Wellbeing & Development	41	1	(8)	-	34
Other Funds	120	15	(40)	-	95
<b>Total</b>	<b>1,042</b>	<b>191</b>	<b>(331)</b>	<b>-</b>	<b>902</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 general donations from grateful patients. The General purpose fund has funded an aquatherm warming mattress and 15 electric hospital armchairs for the benefit of 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.

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 exercise equipment for the benefit of patients

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.

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 enhanced the lighting around external areas.

The Bolton Rectal fund receives donations from grateful patients, funds are mainly used to purchase equipment for the department

The Neonatal & Paediatric funds receives many donations from grateful patients and also from legacies, funds are mainly used to purchase equipment. This year the department has activity sets for children and duvet covers

The Haematology department receives many donations from grateful patients and also from legacies, funds are mainly used for the purchase of equipment

#### **15. Prior year adjustment**

The comparative figures of Our Bolton NHS Charity have been restated to reflect the following adjustment:

##### Restatement of restricted and unrestricted funds

Upon review it was identified that included within funds an amount of £93,000 had been erroneously classified in the year ended 31st March 2021. This amount was expenditure in relation to grant money from NHS Charities Together, which was correctly classified as restricted income. The corresponding expenditure had been classified in error as unrestricted expenditure. This therefore necessitated a prior year adjustment to the years ended 31st March 2022, 2023 and 2024, to reduce restricted funds by £93,000, being the restricted expenditure against the grant income, and to increase unrestricted funds by the same amount. There has been no impact to the net assets, solely to the fund classification.

#### **16. 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<sup>st</sup> March 2025, which are set out on pages 18 to 27.

## 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

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.

DRH

David Hoose (Nov 13, 2025 13:12:54 GMT)

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

Date: 13/11/2025