AGENDA – ANNUAL MEMBERS MEETING

To be held at 10am on Wednesday 11 November 2026
In the Lecture Theatre, Education Centre, Royal Bolton Hospital, Farnworth, Bolton, BL4 0JR

09:30 – 10:00	Refreshments to be served in the Lounge, Education Centre			
Ref No.	**Agenda Item**	**Process**	**Lead**	**Time**
PRELIMINARY BUSINESS				
AM001/26	**Chair's welcome and note of apologies** *Purpose: To record apologies for absence and confirm the meeting is quorate.*	*Verbal*	**Chair**	
AM002/26	**Declaration of Interests concerning agenda items** *Purpose: To record any Declarations of Interest relating to items on the agenda.*	*Verbal*	**Chair**	
AM003/26	**Minutes of the previous meeting** a) Meeting held on 15 October 2025 *Purpose: To **approve** the minutes of the previous meeting*	*Report*	**Chair**	**10:00** (10 mins)
AM004/26	**Matters Arising** *Purpose: To consider any matters arising not included elsewhere on the agenda.*	*Verbal*	**Chair**	
CORE BUSINESS				
AM005/26	**Changes to the Board of Directors** *Purpose: To receive an update on changes to the Board of Directors.*	*Presentation*	*Chair*	**10:10** (05 mins)
AM006/26	**Review of the Year** • **Improving Care, Transforming Lives** • **A great place to work** • **A high performing, productive organisation** • **An organisation that is fit for the future** • **A positive partner** *Purpose: To **receive** the Review of the Year*	*Presentation*	*Execs*	**10:15** (35 mins)

BREAK - 10:50 to 11:10				**10:50** (20 mins)
11.00am – Act of Remembrance - Main Entrance **Council of Governors will pause to enable members to join the Trust's Act of Remembrance and observe the two-minute silence**				
AM007/26	**Look Back** • *Thank you video* *Purpose: To **receive** the Look Back.*	*Presentation*	*CEO*	**11:10** (20 mins)
AM008/26	**Sustainability Plan** *Purpose: To **receive** the Sustainability Plan.*	*Presentation*	*CEO*	**11:30** (20 mins)
ANNUAL REPORT				
AM009/26	**Annual Report and Accounts 2025/26** *Purpose: To **receive** the Annual Report and Accounts 2025/26.* Our Annual Reports – Bolton NHS Foundation Trust	*Report*	*CFO*	**11:50** (10 mins)
AM010/26	**Report of the Independent Auditor** *Purpose: To **receive** the Report of the Independent Auditor.*	*Presentation*	*Daniel Watson*	**12:00** (10 mins)
MEMBERSHIP UPDATE				
AM011/26	**2026 Governor Election Result and Membership Update** *Purpose: To **receive** the 2026 Governor Election Result and Membership Update.*	*Presentation*	*DCG*	**12:10** (10 mins)
QUESTIONS				
CONCLUDING BUSINESS				
AM012/26	**Closing Statement** *Purpose: To provide closing remarks and formally close the meeting.*	*Verbal*	*Chair*	**12:20** (05 mins)
AM013/26	**Any Other Business** *Purpose: To **receive** any urgent business not included on the agenda*	*Report*	*Chair*	**12:25** (05 mins)
	Date and time of next meeting: • Thursday 03 December 2026			***12:30*** ***close***

Chair: Niruban Ratnarajah

Draft Minutes of the Annual Members Meeting

Held in the Lecture Theatre, Bolton School of Medicine, Minerva Road, Farnworth, Bolton
Wednesday 15 October 2025 at 1pm

Subject to the approval of the Annual Members Meeting on Wednesday 11 November 2026

Present

Name		Initials	Title
Ratnarajah	Niruban	NR	Chair
Bagley	Dave	DB	CVS Governor
Binns	Catherine	CB	Staff Governor
Bristow	Malcolm	MB	Public Governor
Brownlow	Lisa	LB	Staff Governor
Burke	Gary	GB	Public Governor
Burns	Cara	CB	AHP and Scientist Staff Governor
Fawell	David	DF	Public Governor
Hardman	Thomas	TH	Staff Governor
Hopps	Grace	GH	Public Governor
Khan	Naheem	NK	Public Governor
Lee	Pauline	PL	Public Governor
Minshull	Geoffrey	GM	Public Governor
Ngamaba	Kayonda	KN	Public Governor
Patel	Isa	IP	Public Governor
Taylor-Burke	Andrea	ATB	Bolton Council Governor
Thomas	Dave	DT	Public Governor
Thompson	Dalton	DT	Public Governor

In Attendance

Andrews	Francis	FA	Medical Director
Atcha	Ahmed	AA	Business Administration Apprentice
Caffrey	Nicola	NC	Corporate Business Manager for the Medical Director
Carter	Rachel	RC	Associate Director of Communications and Engagement
Crofts	Seth	SC	Non Executive Director and Senior Independent Director
Crompton	Victoria	VC	Corporate Governance Manager
Houghton	Charlotte	CH	Sustainability Manager, iFM
Katema	Sharon	SK	Director of Corporate Governance
Kehow	Thomas	TK	General Management Trainee
Kimber Craig	Sophie	SKG	Associate Medical Director
Markham	Neville	NM	Head Chaplain
Mawrey	James	JM	Chief People Officer and Deputy Chief Executive
Munshi	Rauf	RM	Associate Medical Director
Noden	Fiona	FN	Chief Executive
North	Martin	MN	Non Executive Director and Deputy Chair

Stuttard	Alan	AS	Non Executive Director
Walker	Annette	AW	Chief Finance Officer
Volleamere	Angela	AV	Consultant
Watson	Daniel	DW	External Audit
Wheatcroft	Rae	RW	Chief Operating Officer
White	Sharon	SW	Chief of Strategy and Partnerships

Apologies

Abubakar	Murtala	MA	Public Governor
Barnes	David	DB	Public Governor
Cummings	Jean	JC	Staff Governor
Ganz	Rebecca	RG	Non – Executive Director (Staff)
Harriss	Sean	SH	Non Executive Director (Staff)
Powell	Michelle	MP	Appointed Governor
Ramsay	Jack	JR	Public Governor
Rushton	Melanie	MR	Appointed Governor
Santoro	Joe	JS	Public Governor
Schenk	Ann	AS	Appointed Governor
Taylor	Fiona	FLT	Non Executive Director (Staff)
Yates-Obe	Dawn	DYO	Appointed Governor

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		

AM001/25 Chair's Welcome and Note of Apologies

The Chair extended a warm welcome to all attendees and provided an overview of the day's agenda. Apologies for absence were noted as detailed above.

AM002/25 Declaration of interests

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

AM003/25 Minutes of the Previous meetings

The Annual Members Meeting reviewed the minutes of the meeting held on 14 October 2024, and approved them as a correct and accurate record of proceedings.

RESOLVED:
The Annual Members Meeting ***approved*** the minutes from the meeting held on 14 October 2024.

AM004/25 Matters Arising

The Chair advised that the vision remained steadfast: improving care, transforming lives for a better Bolton. He extended gratitude to all attendees for attending the Annual Members Meeting as the Trust reflected on its achievements and looked ahead to future endeavours.

The Chair extended a special thank you to Jackie Njoroge, the Trust's longest-serving Non-Executive Director and Vice Chair, whose tenure concluded in August and Tosca Fairchild, who stepped down from her role as Non-Executive Director at the end of March. Their expertise and insight had been invaluable, and the Trust was grateful for their contributions during their tenures.

CORE BUSINESS

AM005/25 Review of the Year

The Chief Executive welcomed all attendees and provided a summary of the Trust's performance over the year, including key statistics and developments across neighbourhoods.

FN highlighted some of the year in numbers advising that the Trust achieved a 90% performance standard for two-hour Urgent Community Response. Additionally, 84% of cancer patients were diagnosed and commenced treatment within 62 days, which was a marked improvement from the reported performance of 80.15% in March 2023. There were nearly 139,000 visits to A&E during 2024-25. The Trust also carried out 175,963 X-Rays and MRI scans. FN extended congratulations to the families who had welcomed the 5,047 babies delivered at the hospital during 2024-25.

FN also thanked the 6,900 staff for coming to work everyday to try and deliver the best care for patients. The Trust achieved an NHS Staff Engagement Score of 6.91.

It continued to be challenging year for the Trust. Although annual turnover was £530m, compared with £478m in 2024, ensuring the effective use of resources remained a priority.

Ambition 1 Improving Care, Transforming Lives

The Chief Nursing Officer, Chief of Strategy and Partnerships, and Medical Director reported progress against Ambition 1 Improving Care, Transforming Lives. Developments included the Martha's Rule and 'Call Before Convey' pilots, urgent care improvement with the Emergency Care Improvement Support Team (ECIST), same-day arthroplasty, the Deteriorating Patient Collaborative, AI skin analytics and digital post-mortem imaging.

The Trust had procured a surgical robot and progressed AI-powered chest X-rays, cancer diagnosis and ulcerative colitis research, and a virtual frailty ward. Research recruited 6,462 participants across 26 clinical specialties, alongside partnership development with the University of Greater Manchester Medical School.

Emergency Department (ED) blood-borne virus opt-out testing had launched. Crude mortality remained below the national average throughout the reporting period, and the Summary Hospital-level Mortality Indicator had returned within range. The Trust participated in all applicable national audits and the Genes and Health study for people of Pakistani and Bangladeshi heritage, with 307 local clinical audits registered across all divisions.

Falls per 1,000 bed days and falls resulting in harm remained within common cause variation for over 11 months. Completed pressure ulcer and C. difficile collaboratives had embedded learning, with the pressure ulcer change package implemented across all areas and reductions reported in all pressure ulcer categories and C. difficile cases.

The Quality Patient Experience Forum had been reviewed and re-established, and the Bolton Scheme of Accreditation (BoSCA) extended to theatres, outpatients and community settings. Oliver McGowan training had been introduced and complaint response quality and timeliness improved. Friends and Family Test (FFT) leaflets were available in Bolton's ten most commonly used languages; reporting included equality and diversity data where available to identify inequalities.

Quality improvement remained the Trust's standard improvement approach. The NHS IMPACT and NHS England research readiness self-assessments and research implementation plan were complete. AQuA had been commissioned to support Board development towards a Quality Management System.

The Quality Governance Framework and Patient Safety Incident Response Framework approach were embedded, all Care Quality Commission recommendations had been addressed and CNST Year 6 standards had been achieved. The Quality Improvement Plan 2024–2029 had been published and the deteriorating patient collaborative commenced.

Workforce developments included delivery of Safer Nursing Care Tool outcomes, recruitment to all statutory safeguarding posts, and new Assistant Practitioner roles in Neighbourhood Therapy Teams. Lead ACP and Lead HCS roles had been introduced, the Matron job description aligned with the Matron Handbook and allied health professional

leadership reviewed for consistency. Recurrent cost improvement requirements had been exceeded.

Ambition 2 – A great place to work

The Chief People Officer/Deputy Chief Executive presented an update on culture and staffing during 2024/25 in support of the ambition to make the Trust a great place to work highlighting that the staff survey results demonstrated the Trust's position as the best place to work among acute providers in Greater Manchester (GM). Work continued through the Our Voice programme to address areas where staff engagement remained lower. More than 500 people had attended the Our Leaders programme, which focused on culture and values. The Trust had also introduced a new behaviour framework and revised its appraisal process to strengthen the focus on culture and values.

The Trust reported progress in most areas of the Workforce Race Equality Standard and Workforce Disability Equality Standard. More than 20% of staff were from Global Majority backgrounds. Further work continued to address areas of comparatively poorer performance. Staff sickness levels remained an indicator of the significant demands staff experienced in their day-to-day roles.

In relation to staffing, the update confirmed that the Trust had maintained safe staffing levels and undertaken focused work on hard-to-fill and clinically essential posts. The Trust had reduced reliance on agency staffing and variable pay expenditure, alongside work to move towards a more substantive workforce.

Ambition 3 - A high-performing productive organisation

The Chief Operating Officer provided an update on operational performance during 2024/25 advising that Emergency Department (ED) waiting times had reduced, although performance remained below the 76% access standard, with four-hour performance of 71.8% in March 2025. Diagnostic performance had recovered to 95% against the six-week access standard.

The Trust had implemented a sustainable model for the Urgent Treatment Centre and introduced a 'call before you convey' model. It had secured national funding to eradicate reinforced autoclaved aerated concrete (RAAC), redesign the ED and establish an on-site Intermediate Care Unit. The Trust had also commenced use of the Da Vinci surgical robot.

There had been strong cancer performance. Supporting figures for February showed faster diagnosis performance of 90.22% against a target of 75% and 31-day performance of 97.67% against a target of 96%. Performance against the 62-day standard stood at 81.52% against a plan of 85%, with recovery anticipated in March 2025.

The Chief Finance Officer, provided a financial update advising that the Trust had ended the year with a deficit of £0.6m. The year-end cash balance was £10.6m, compared with a forecast of £7.0m. Capital expenditure totalled £16.7m against a plan of £16.8m, including IFRS 16 and RAAC works in Maternity.

The Trust continued to manage financial pressures associated with inflation, energy and pay. It delivered cost improvements of £25.7m against a requirement of £24.3m, of which £8.7m was recurrent. Performance against the Better Payment Practice Code exceeded the 95% target, reaching 97.3% by value and 95.

Ambition 4 – An organisation that is fit for the future

The Chief Finance Officer reported progress towards becoming an organisation fit for the future. A revised estates master plan aligned with the Clinical Strategy remained in development, alongside a review of opportunities to reduce the Trust's footprint and support agile working.

Completed infrastructure improvements included steam repairs and installation of a new building management system.

Following approval of the respective business cases, Maternity RAAC removal works had commenced and Laboratory Medicine designs were underway, with completion scheduled for June 2027 and December 2026 respectively.

Ward Pyxis cabinet installation continued, with completion scheduled for December 2025. Emergency Department refurbishment had reached partial handover, with full completion scheduled for November 2025. These dates reflected the position presented.

The digital update covered final preparations for electronic patient record (EPR) rollout, robotic process automation for booking, the MIYA flow system and continued delivery of the digital strategy.

Ambition 5 – A positive partner

The Chief of Strategy and Partnerships outlined progress against the Trust's ambition to be a positive partner, supporting the integration of care and development of partnerships. The Trust had published its organisational strategy and clinical strategy for 2024-2029. Working with locality partners, it had implemented an Outcomes Framework for Bolton, with a focus on the Joint Strategic Needs Assessment and reducing health inequalities. The Trust had also contributed to the GM Health Inequalities Accelerator and embedded health inequalities priorities within the organisation.

Partnership activity included work on system solutions to longstanding challenges, particularly discharge and patient flow between providers. The Trust had developed a

Bolton-wide workforce plan to support staff in acquiring the skills required to drive improvement.

The Trust had led the Bolton borough-wide digital partnership and continued to prioritise the development and implementation of the neighbourhood care model. It remained an active partner in the GM Trust Provider Collaborative and had worked with the University of GM on the development of its medical school on the Trust site.

RESOLVED:
The Annual Members Meeting ***received*** the Review of the Year.

ANNUAL REPORT

AM006/25 Annual Report and Accounts 2024/25

The Chief Finance Office advised that the Annual Report and Accounts had been laid before Parliament. The full document was available on the Trust website and printed summary Annual Reports were also available.

RESOLVED:
The Annual Members Meeting ***received*** the Annual Report and Accounts.

AM007/25 Report of the Independent Auditor

Daniel Watson, Forvis Mazars presented the external audit update for the year ended 31 March 2025, covering the financial statements, value for money arrangements and wider reporting responsibilities.

DW outlined the external audits responsibilities under the applicable legislation and the National Audit Office's Code of Audit Practice, including providing reasonable assurance that the financial statements were free from material error. Its assessment of value for money arrangements covered financial sustainability, governance and arrangements for improving economy, efficiency and effectiveness.

The auditor reported routinely to the Audit and Risk Committee and provided an annual summary to the Council of Governors. No matters had required direct reporting to the Board of Directors during the year.

The auditor had completed its work ahead of the NHS submission deadline of 30 June 2025 and issued an unqualified opinion on the Trust's financial statements on 26 June 2025. The auditor commended the quality of the draft accounts and the support provided by the Trust's leadership and finance teams throughout the audit.

The audit identified two non-material misstatements through sample testing of income transactions and accruals. Management accepted the findings but elected not to amend the accounts because the misstatements were immaterial in aggregate.
The auditor raised one internal control recommendation concerning the need to fully document change management procedures for the Trust's financial systems. Management accepted the recommendation, and the auditor would follow up implementation during the 2025/26 audit.

The Auditor's Annual Report had been issued on 26 June 2025 and reported one new significant weakness relating to the Trust's arrangements for achieving financial sustainability.

The Trust had achieved a deficit outturn of £0.6m in 2024/25 after receiving £9.7m of non-recurrent funding. Although efficiency delivery exceeded the annual target, approximately two-thirds of the efficiencies were non-recurrent. The 2025/26 financial plan included a challenging efficiency target and identified a potential requirement for cash support.

The auditor would follow up the financial sustainability recommendation in 2025/26 and assess further progress as the Trust's funding and cost position evolved.

The auditor had not exercised its additional reporting powers during 2024/25 and had identified no issues concerning the form or content of the Trust's Annual Governance Statement.

RESOLVED:
The Annual Members Meeting **received** the Report of the Independent Auditor.

AM008/25 Forward Look

The Chief Executive presented the Operational Plan for 2025/26, which set out the priorities for improving operational performance, including an elective care target of 65% of patients receiving treatment within 18 weeks. Cancer priorities included achieving 75% against the 62-day treatment standard and 80% against the 28-day faster diagnosis standard. For urgent and emergency care, the plan specified performance of at least 78% against the four-hour standard.

The financial priorities reflected the requirement for integrated care boards to operate within their financial allocations and for trusts to deliver against their integrated care board's financial priorities. The plan also required trusts to improve productivity, deliver a 5% cost

improvement target and reduce agency costs. Reducing waste, inefficiency and activity that did not add value formed part of these expectations.

The strategic priorities included the development of neighbourhood health services and a community-first approach to care, supported by digital transformation. The plan maintained a focus on reducing inequalities and strengthening prevention, alongside continued oversight of quality and safety.

RESOLVED:
The Annual Members Meeting **received** the Forward Look Report.

AM009/25 2025 Governor Election Result and Membership Update

The Director of Corporate Governance presented the 2025 Election results:

Area	Elected
Bolton North East	Joe Santoro
Bolton South East	Murtala Abubakar Naheem Khan Gary Burke Kayonda Ngamaba Isa Patel
Rest of England	*No valid nominations received*
Nurses and Midwives	Thomas Hardman
All other staff	Catherine Binns Lisa Brownlow
Doctor/Dentist	*No valid nominations received*

The Trust thanked the Governors who had completed their term of office in 2025.

Council of Governors activity and priorities

The review of 2024/25 highlighted work on Non-Executive Director succession planning, the Chair's appraisal and the Non-Executive Director Compliance and Appraisal Report. The Council of Governors had approved the external auditor appointment in June 2024.

Priorities for 2025/26 included recruitment of three Non-Executive Directors, appraisal of the Chair and Non-Executive Directors, and the Non-Executive Director Fit and Proper Report.

Membership and engagement

The membership figures presented showed a reduction in public membership from 4,949 at 01 April 2023 to 4,870 at 31 March 2024. Over the same period, staff membership had increased from 6,367 to 6,671. The Trust continued to circulate the Membership Matters newsletter twice yearly and was considering opportunities for Governors to engage more closely with members during the coming year.

RESOLVED:
The Annual Members Meeting ***received*** the 2025 Governor Election result and Membership Update.

QUESTIONS

GB queried arrangements to replace Brenda Mason as BoSCA lead. TR advised that alternative options had been considered and that the Trust was exploring procurement of a digital solution to provide real-time reporting without manual input, whilst retaining a format similar to BoSCA.

GB sought assurance regarding use of the Da Vinci surgical robot and safeguards in the event of a power failure. He also queried the impact of artificial intelligence (AI) on energy costs. FA confirmed that the robot had been in use for several months and remained under the surgeon's full control, rather than operating independently. Backup batteries and emergency power arrangements were in place, and surgeons could assume direct control should the system fail. FA advised that he was not aware of any significant increase in energy consumption attributable to the AI systems currently in use.

KN raised concerns regarding the comfort of ED seating and asked whether charitable funding could support improvements. RW advised that the seating had to meet infection prevention and control, cleaning and stability requirements.

DB queried the potential to establish an internal staffing agency and the proportion of ED attendances that could be managed elsewhere. SW advised that, despite increased availability of GP appointments locally, some patients continued to attend ED. Work was underway to understand their reasons for attending and improve awareness of alternative services. JM advised that an internal nurse staffing system was in place and that steps were taken to avoid using external agencies.

DB asked whether AI would result in job losses. FA advised that AI was not resulting in staff redundancies and highlighted continuing medical workforce shortages in dermatology and radiology.

GH asked whether opportunities for Governor participation in BoSCA would continue. TR confirmed that Governors would remain involved, particularly in the first impressions element of accreditation. BoSCA standards were being revised to align with Care Quality Commission (CQC) requirements.

DT acknowledged the financial and operational achievements and sought assurance that the fundamentals of care were consistently delivered and sustained for every patient. TR acknowledged that absolute assurance could not be provided for every patient on every occasion. Two additional questions had been incorporated into the Friends and Family Test (FFT), with year one focused on capturing feedback from all patients and year two on responding to the findings. Assurance on clinical care was informed by reported indicators and regular clinical practice undertaken by TR and FA. TR highlighted examples of good care across the Trust and emphasised the importance of responding appropriately to concerns and complaints. FA added that leadership accountability for fundamental care was supported by walkrounds and direct engagement with patients, staff and visitors.

Further assurance mechanisms included prompt escalation and response to concerns, Martha's Rule, values-based clinical recruitment and improvement collaboratives, including the Deteriorating Patient Collaborative. Supporting data was subject to regular audit.

SC provided further assurance regarding Board oversight, including walkabouts and scrutiny of performance data, feedback and heatmaps to identify patterns and concerns. Patient and staff stories were considered by both the Quality Assurance Committee and the Board.

NK raised concerns regarding communication between Same Day Emergency Care (SDEC) and the ED. RW confirmed that work was underway to improve communication between the two teams.

CB queried face-to-face Oliver McGowan training for patient-facing staff. TR advised that delivery was constrained by the availability of trainers with lived experience. Face-to-face provision was being prioritised on a risk basis, with an aspiration to establish internal delivery capacity.

CB queried whether the cancellation of Trauma Risk Management (TRIM) training was attributable to financial restrictions. TR advised that training cancelled for financial reasons

was limited to that requiring travel and/or accommodation; the reported cancellation could therefore have been for another reason.

MB raised concerns regarding wheelchair accessibility in J Block, reported that fire doors had been propped open during a recent visit and queried the installation of automatic doors. AW confirmed that no large-scale installation programme was planned. Accessibility feedback would inform consideration of future works and new buildings, subject to financial constraints.

CONCLUDING BUSINESS

AM010/25 Closing Statement

The Chair thanked all those in attendance including the newly elected Governors and the members of the public.

AM011/25 Any Other Business

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

The next Council of Governors Meeting would be held on 04 December 2025.