BOARD OF DIRECTORS MEETING

Date: 31 March 2022
Time: 09.00-13.00
Venue: Zoom

NHS
Bolton
NHS Foundation Trust

AGENDA - PART 1

TIME	SUBJECT	LEAD	PROCESS	EXPECTED OUTCOME
09.00	1. Welcome and Introductions	Chair	Verbal	To note
09.05	2. Patient Story		Verbal	To note
09.15	3. Apologies for Absence	DCG	Verbal	Apologies noted
	4. Declarations of Interest	Chair	Verbal	To note declarations of interest in relation to items on the agenda
09.20	5. Minutes of meeting held on 27th January 2022	Chair	Minutes	To approve the previous minutes
	6. Action Log	Chair	Action log	To note progress on agreed actions
	7. Matters arising	Chair	Verbal	To address any matters arising not covered on the agenda
	8. Chair's update	Chair	Verbal	To receive a report on current issues
Safety Quality and Effectiveness				
09.30	9. Chief Executive's Report	CEO	Report	To receive and note
09.40	10. Operational Update	COO	Presentation	To receive and note
09.50	11. Quality Assurance Committee Chair's Report	QAC Chair	Report	To provide assurance on work delegated to the Committee
10:00	12. Ockenden Update	Director of Midwifery	Report	To receive and note
10:10	13. Mortality Report	MD	Report	To receive and note

10:20	14.	Staff Story	DoP	Verbal	To note
10:30	15.	People Committee Chair's Report	People Chair	Report	To provide assurance on work delegated to the Committee
10:40	16.	EDI annual report scheduling.	DoP	Report	To receive for assurance
1050		**BREAK**			
Strategy					
11:00	17.	Community Diagnostic Centre update	DoST	Report	To receive and note
11:15	18.	Review of performance against 2019-24 Strategy	DoST	Report	To receive and note
13:40	19.	Bolton Health and Social Care Locality Model	DoST	Report	To receive and note
Governance					
11:40	20.	Audit Committee Chair Report	Audit Chair	Report	To receive for assurance
11:50	21.	Finance and Investment Committee Chair Report	F&I Chair	Report	To receive for assurance
11:55	22.	Trust Transformation Committee Chair Report	DoST/TTC Chair	Report	To receive for assurance
12:00	23.	Integrated Performance Report	Exec team	Report	To receive for assurance
12:15	24.	Any Other Business	Chair	Verbal	To note
Questions from Members of the Public					
	25.	To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting			
Resolution to Exclude the Press and Public					
12.30		To consider a resolution to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted			

Date of next meeting: 26th May 2022

Meeting:	**Board of Directors (Part 1)**	
Date:	**Thursday 27th January 2022**	
Time:	**09:00-12:30**	
Venue:	**Via Zoom**	

PRESENT:

Donna Hall	Chair	DH
Fiona Noden	Chief Executive	FN
Francis Andrews	Medical Director	FA
Sharon Martin	Director of Strategy and Transformation	SM
James Mawrey	Director of People	JM
Annette Walker	Director of Finance	AW
Karen Meadowcroft	Chief Nurse	KM
Rae Wheatcroft	Chief Operating Officer	RW
Malcolm Brown	Non-Executive Director	MB
Rebecca Ganz	Non-Executive Director	RG
Martin North	Non-Executive Director	MN
Alan Stuttard	Non-Executive Director	AS
Andrew Thornton	Non-Executive Director	AT
Bilkis Ismail	Non-Executive Director	BI
Jackie Njoroge	Non-Executive Director	JN
Zed Ali	Non-Executive Director	ZA

IN ATTENDANCE:

Esther Steel	Director of Corporate Governance	ES
Victoria Crompton	Corporate Governance Manager	VC
Lianne Robinson	Divisional Director of Operations, Anaesthetics and Surgical Division	LR
Lisa Gammack	Deputy Director of Occupational Development	LG
Tracey Joynson	Patient Experience Manager (attended to present patient story)	TJ
Amy Blackburn	Head of Communications	AB
Rachel Carter	Associate Director of Communications and Engagement	RC
Vicky Fletcher-Simm	Clinical Recruitment Lead (for item 10 Staff Story)	VFS

There were also four observers who attended this meeting

1. Welcome

The Chair welcomed everyone to the meeting and gave a special welcome to Zed Ali, Non-Executive Director who was attending her first meeting and who has a background in Health and Social Care.

2. Patient Story

This patient story relates to a man (K) who caught Covid in June 2021. K was put on the Oximetry pathway and told if his oxygen dropped below a certain level then he was to attend A&E, though thankfully this did not occur.

During one of his routine appointments the nurse noticed that K's partner was having difficulty breathing, she therefore examined her and advised her to see

a GP as soon as possible. Due to this intervention the lady received medical attention and was diagnosed with a heart condition, she has undergone an operation for this and is now recovering well at home.

K was very happy with his treatment and thankful to the organisation for the systems that are in place to monitor patients.

Resolved: The Board of Directors thanked R for sharing this patient story.

3.   Apologies for Absence

None

4.   Declarations of Interest

Esther Steel – Company Secretary/Director of Corporate Governance, Blackpool Teaching Hospital NHS FT.

5.   Minutes of last meeting

The minutes of the meeting held 25th November 2021 were approved as a correct record.

6.   Action log

The action sheet was updated to reflect actions taken since the previous meeting.

7.   Matters arising

There were no matters arising to report.

8.   Chair's Update

The Chair thanked staff for their continued work during the recent Omicron wave of the Covid pandemic.

A special thank you was given to three members of the Board who were attending their last Board meeting. Andrew Thornton who was stepping down from his role as Non-Executive Director, Karen Meadowcroft, Chief Nurse who is retiring in March and Esther Steel, Director of Corporate Governance who is leaving to take up a role at Blackpool Teaching Hospital NHS FT.

It was confirmed that Chief Nurse interviews will be taking place next week.

Resolved: The Board of Directors thanked the Chair for this update.

9.   Chief Executive Report

The Chief Executive presented the report highlighting the following key points:

- The hard work and dedication of staff during the recent Covid pandemic wave was acknowledged. In order to redeploy staff due to the pressures elective activity was paused and this now needs to recommence.

- Concerns have been raised via the Freedom to Speak Up Guardian concerning the reduction in staffing during the Omicron wave and this will be picked up through the People Committee.

- The Trust finished the first half of the financial year in a break even position. Plans are in place for our capital expenditure.

- Greater Manchester Integrated Care Board – a meeting is taking place next week with Sir Richard Leese and Sarah Price and other Bolton stakeholders to present the Bolton Locality Plan.

- 30 representatives from the Royal Navy and Army have joined the Trust in order to support the recovery programme. They will be here until February and are working with portering, fit testing and catering.

- Plan B restrictions are being lifted nationally, but restrictions will remain within the Trust.

- Staff are being supported with regard to the mandatory vaccination programme.

In response to a query it was confirmed that visiting will be trialled in certain areas before it recommences across the whole Trust. Non-Executive colleagues will be informed when this begins.

Non-executives queried the findings from the Emergency Care Improvement Team (ECIST) and it was advised that initial feedback has suggested there should be a focus on going back to basics.

Board members discussed how the Trust is assured that a staff has received their Covid vaccination, it was confirmed evidence of vaccinations is required if not received in the Trust and PMO support is in place for this work.

Resolved: The Board of Directors thanked the Chief Executive for this update.

10. **Covid Update**

The Chief Operating Officer shared the Covid update slides and the following key points were highlighted:

- Omicron has been the harshest wave due to the impact of staff unavailability, the Trust had planned for this and was prepared. The Command and Control structure was reinstated in December to give clear oversight.

- A rise in Covid admissions started in December with a sharp increase occurring at the beginning of January. Currently there are 131 Covid positive inpatients of which three are in Critical Care.

- The Trust has started to scale back Covid capacity and for a couple of days last week there were no Covid positive patients on Critical Care.

- Due to pressure across the system, all GM providers paused their non-urgent elective programme. We enacted our business continuity plans to ensure we could cover all essential services and keep patients safe. The Trust has now de-escalated and restarted the elective programme.

- Modelling shows London and the NW are past the peak of this wave.

- The oximetry at home pathway has played a vital role in helping to care for as many patients as possible outside of hospital. There are still high numbers on the caseload which means the model of delivery has had to be changed to ensure the most clinically vulnerable receive monitoring. The pathway is likely to be one of our key indicators for identifying any future waves as we will not necessarily be able to rely on community testing as the national guidance has changed meaning PCR test are no longer required.

Board members acknowledged it has been a considerably difficult time for staff recently, and without their hard work and dedication the Trust would not be in the positon it is in now and able to restart the elective programme.

It was queried whether there were other conditions which could be monitored at home similar to the oximetry pathway in order to move care out into the community. It was confirmed the Acute Adult Division are currently considering this as part of their transformation programme.

It was noted that close working with the Integrated Care Partnership has been very beneficial during the pandemic and will be built upon going forward as part of the Trust's transformation work.

The Chief Executive thanked the Chief Operating Officer on behalf of the organisation for her calm approach to managing the national, regional and local requirements during the latest wave.

Board members were given an update from the Provider Federation Board where CEOs meet weekly. It was noted that there has been a shift from an operational to a strategic approach to understanding how communities can be supported in a more agile way. It is important that organisations collaborate as members of the public may speak to multiple people on a daily basis often both NHS or Local Authority staff.

Bolton is well into the journey of NHS and Local Authority staff working together and as we move into the next phase of the ICP work the acute trust and council will work more collectively.

Resolved: The Board of Directors thanked the Chief Operating Officer for the detailed Covid update.

11. **Quality Assurance Committee Chair Reports**

The Quality Assurance Committee has met twice since the last Board meeting. Mr Brown, NED Vice Chair of the committee provided an update from the 15th December 2021 meeting and Mr Thornton, NED Chair presented his report from the meeting held on 19th January 2022.

Committee members received a comprehensive update on the current pressures at both meetings.

At the December meeting the pressures in A&E were highlighted as amber, and it was highlighted that this was likely to become more of a challenge over the coming weeks.

Four SI reports were approved at the December meeting including three which were previously presented at the November meeting, but had required amendments. One further SI report was presented but required some revisions.

At the January meeting two SI reports were approved and one HSIB report was received by the committee and actions were agreed.

Concern was raised by Board members regarding the low response rate of 18% for the Children and Young Persons survey and low response rates for the maternity survey. It was noted the Children and Young Person's survey was undertaken during a difficult period for the Paediatric Department due to the Covid restrictions which were in place at the time. Children reported positive experiences, however adults (their parents) reported less positive results.

Both surveys were conducted during the first wave of the pandemic, at a time when in paediatrics only one parent was allowed to visit and in maternity the patients partner was only allowed to stay during the labour. The response rates are a reflection of the circumstances at the time and all survey responses during this period were low.

Resolved: The Board of Directors were assured by these chair reports.

12. **Learning from Deaths**

The Medical Director presented the report highlighting that there is a backlog of learning from deaths reviews which is due to the pressures of the recent wave of the Covid pandemic. Progress is now being made and there has been an increase in the number of trained reviewers. It was acknowledged that there

has also been an increase in the number of reviews being requested due to the work being completed by the Medical Examiners, but this is a welcome development.

Phase one of the nosocomial deaths reviews has now been completed and phase two is currently underway. Phase two is a review of patients who died with a diagnosis of Covid, but not as a result of Covid. Phase three will be a review of patients who survived but caught Covid whilst an in-patient.

In response to a query it was confirmed that staff who undertaken the learning from death reviews are allocated formal time to undertake this role. Reviews are required to be completed within four weeks and staff are sent reminders. Some reviews can be delayed due to the amount of time receiving information, but recently the main reason for delays is due to the impact of Covid.

Discussion took place as to whether there could be an increase in medical negligence claims due to the reviews being completed and it was confirmed that it is expected there will be a rise in cases, but this work is the right thing to do for patients and their families and to ensure the Trust is transparent. There is an excellent legal department within the organisation who are fully capable of dealing with any claims which are pursued. It was noted that it may take some time to identify whether there has been an increase in litigation claims as there is a time lag between the event, the claim and the settlement.

Resolved: The Board of Directors noted this update.

13. **Staff Story International Recruitment**

Board members heard the story of Mary, a nurse who was recruited by the Trust from Kenya in March 2021. The recruitment process took a number of months and Mary arrived in London in August 2021, she was then required to quarantine before travelling to Crewe for a month long training course, before arriving in Bolton in September.

Once in Bolton Mary was welcomed and received an induction and then commenced preceptorship classes. Mary stated Bolton is very different to Kenya, but she is very happy and is looking forward to her future in Bolton.

Board members asked whether any aspect of the process could have been improved and Mary advised the train journey from London to Crewe with all of her belongings, in an unfamiliar country was very difficult and stressful. Also the preceptorship classes when in Bolton were a 40-minute walk away from her accommodation and she had to walk there and back each day.

It was advised that since Mary's arrival and feedback improvements have been made to this process. VFS advised that Mary's journey was quite unique, the process is usually quicker and we are now recruiting nurses in groups so they arrive together. Last week 11 nurses were interviewed and yesterday 22 recruits were shortlisted. The majority are interested in coming to Bolton due to feedback from previous recruits.

Discussion took place regarding the preceptorship training Mary received once she arrived in Bolton, and it was queried whether this could be delivered in house. Mary was required to walk 40 minutes to these classes each day and it was felt this was not ideal for recruits. Assurance was provided that the training is provided to a very high standard by GTEC who generally achieves a 100% pass rate. Due to the numbers now being recruited it would be a challenge to facilitate this training in-house.

It was agreed to complete an options appraisal to consider the options for this training. This will be taken through the People Committee and included in the Chair Report.

Board members were assured that the organisation works with all recruits to ascertain what is important to them to ensure they are integrated into the community appropriately, for example, Mary was introduced to a local Church and hairdresser as these things were important to her.

A member of staff supports each recruit until they commence their role on the ward, and the first weeks after they arrive involves an introduction to the local community, not their area of work. Recruits also receive 12 weeks' free gym membership so they can access the on-site facilities and build relationships with other members of staff.

The Chief Nurse advised she had met Mary when she commenced in post and is very proud that Bolton is committed to the international recruitment programme and ensuring it is completed properly to ensure that other recruits follow in Mary's footsteps.

Mary thanked the organisation for its support during the recruitment process and when she commenced in her role.

Board members thanked Mary for her story.

Resolved: the staff story was noted

14. **Impact of covid-19 Omicron Variant on Nursing and Midwifery Staffing Levels and Care Provision**

The Chief Nurse presented the report and highlighted the difficulties faced by the Trust in recent weeks. Board members were informed there has been no national guidance for staffing levels during this wave. There is an expectation, however, that organisations complete risk assessments and that Boards are made aware of any issues, and incidents are reported.

Board members acknowledged the Trust has been severely challenged from a staffing perspective over the last eight weeks and has done all that it can to deliver care to patients and to mitigate any risks. The Trust is aware however, that when organisations fall below recommended staffing figures this will have an impact on key performance indicators such as pressures ulcers, falls and complaints.

The Chief Nurse has been working closely with other Chief Nurse colleagues across GM who have all faced similar issues.

The staffing issues have been added to the Risk Register and Quality Impact Assessment Tools have been used. Divisional Nurse Directors have got a log of all the decisions which have been made. Other mitigations that were put in place were outlined to Board members including the use of other areas for an increase in the bed base.

The Chief Nurse thanked staff for their hard work during this period including all nursing, midwifery and AHP teams and the Enhanced Care Team who have completed a pilot on giving 1:1 support in problem areas and providing underpinning support.

The organisation has also developed an additional winter plan in order to increase the bed base across GM which has also been a concern for staff, but is the right thing to do for the region.

It was noted that the report has previously been presented at Quality Assurance Committee and People Committee.

Board members commented that although concerned they felt reassured by the report and from the recent People Committee minutes which indicated that as of 20th January none of the wards had operated below the minimum threshold.

It was confirmed that mitigations have included the use of bank and agency staff and internal education staff. Training including mandatory training and non-essential meetings was also cancelled. The Quality Committee will be monitoring the implication of this through incident reporting and risks on risk register. Difficult decisions had to be made but they were made in best interests of staff and patients.

It was reiterated that the report had been presented at People Committee and decisions and actions are recorded and have been evidenced in the event of future reviews and enquiries.

The Board felt assured that the decisions made put staff and the care of patients at the forefront.

Resolved: the report was noted.

15. **People Committee Chair Report**

The People Committee has met twice since the last Board meeting. Mr Brown, NED Chair of the committee provided an update from the 16th December 2021 meeting and Mr Stuttard, NED Vice Chair presented his report from the meeting held on 20th January 2022.

The main cause for concern to note was around the preparations that are being taken to ensure all staff have received a Covid vaccine by 1st April (as per national guidance). Approximately 200 staff have not received the vaccine, with a number of these (circa 50-60) indicating they do not intend to receive this.

There is a fairly even distribution of staff across the Trust who do not wish to receive the vaccine and contingency plans are being developed by divisions which will be signed off by Executives. Areas of concern are currently Theatres and Midwifery, but it is not anticipated there will be a Trust wide issue.

With regards to iFM Bolton it was confirmed 38 of their staff and 50 of their bank staff are unvaccinated.

Staff are being contacted by the Medical Director to discuss their concerns and have all received a letter outlining the next steps. It was confirmed the Trust has similar rates of unvaccinated staff to other local organisations.

Board members also discussed the impact of the vaccination requirements on the student pipeline and it was confirmed that universities across GM are currently working to ensure all of their students are vaccinated, but this is not an easy process.

Robust work has been completed identifying which staff members are in scope for the vaccination mandate and it was confirmed that Non-Executives are also considered to be in scope, and there is also debate as to whether this will apply to Governors as well. It was confirmed the staff who have advised that they will not be receiving their vaccines are in scope which are patient facing roles.

Board members thanked the Medical Director for the work he has done contacting staff to discuss their vaccinations.

It was suggested that the People Committee should receive a system update similar to the one at Finance and Investment Committee due to the issues that are being seen which will only be resolved as a region. BI who will be

commencing as the Chair of the People Committee from February confirmed she is currently reviewing the Terms of Reference.

Discussion took place about the apprenticeship programme with Board members expressing concern that only 90 colleagues are projected to commence an apprenticeship programme by the end of the year. This is below the target of 138, and there is further nervousness that the figure of 90 will actually be achieved. It was confirmed this is a national issue and is again due to the impact of Covid.

Resolved: The Board of Directors noted the People Committee chairs reports.

16. **Operational Plan**

The Director of Strategic Transformation provided a presentation to Board members outlining a summary of the 2022/23 operational planning guidance and describing the internal and system approach to plan development and submission. This year's plan is fundamentally transformational for organisations and systems. The main priorities were outlined along with the specific targets the Trust is expected to achieve.

The Director of Finance confirmed that whilst we have received a three-year allocation for capital and revenue, only a one-year revenue allocation has been announced, at this stage.

It is important to not underestimate the financial challenges, as it is expected that services will begin taking out some of the additional costs which were put in for Covid. There will also be issues around the enduring costs of the pandemic.

There is a lot of work being done regarding capital in order to support the restart of the elective programme, but it was indicated the capital position is much more constrained than it has been over the last couple of years.

Board members were advised that Trusts will start to see convergence adjustments which is a potential risk. It is reported that the NHS is over consuming on allocations of 4.4% and organisations are on a glide path to get to their allocation. The key is to ensuring financial balance as a GM system.

Board members queried the strategic targets asking what the organisation can realistically achieve. It was advised we have to strive to achieve the operating plan and achieve the targets set out within it.

Many of the targets are within our control particularly due to the close working relationship with Social Care. The controls are strengthened through things like the Provider Federation Board at GM level where all hospitals are working together looking at how work together including NWAS and GM Mental Health to develop strategies together and manage capacity together. The things that are outside of our control are Primary Care and the financial allocation and the way this is managed.

The targets are only realistic if the organisations within GM work together. Trusts will have to consider the capacity available across GM and how that can be best used.

It was noted that from a diagnostic perspective the organisation is working on the Community Diagnostic Hub programme and a bid will be submitted for this. The hub will help significantly to meet targets, but there will be a challenge around staffing.

Non-Executives queried how prepared the organisation is for this scale of transformation as there will be a significant amount of risk. It was advised the Trust is primed for this.

Transformation work needs to start in communities and how we work with individuals in their local neighbourhoods.

The Chief Operating Officer has been working with divisions to commence their recovery and how we get services back up and running. Is right thing to do for Bolton need to get those people in most need back into services.

Board members were informed that the Director of People and the Director of Strategic Transformation are meeting with the Chair to discuss community working. They will bring an update to Executive Directors and the People Committee and also bring a presentation to Board of Directors.

Presentation to Board regarding piece of work being completed on changes to community working	**JM/SM** **FT/22/02**

In response to a query it was confirmed the re-start of the elective programme will be a priority and patients who need treatment the fastest will be prioritised.

Concerns were raised about the workforce being rundown and tired following the pandemic and how this may affect the transformation work now required. It was advised the Health and Wellbeing Team work with divisions to ensure staff are well looked after and supported from a wellbeing perspective.

Board members queried how patients with long Covid are being supported and it was confirmed there is a Long Covid clinic in Bolton which does fantastic work and has been recognised nationally.

Resolved: The Board of Directors noted the operational plan.

17. **Integrated Performance Report**

Board members received a presentation outlining the key points from the Integrated Performance Report.

In response to a query it was confirmed the FFT is reported in numbers but there is the opportunity for patients to add their comments in the survey and these can be fedback to departments.

Board members queried how the complaints experience is evaluated and it was confirmed that it is a positive measure to have more PALs enquiries than formal complaints as this shows that concerns are being dealt with at a lower level before there is a need for them to be formalised. The Trust should be aiming to address issues at the bedside before they are escalated.

It was agreed there is work to do to measure the quality of the complaint process and the responses. Surveys are sent after a complaint has been resolved, but these are not sent to every complainant.

It was agreed to bring an update back to a future meeting on this work.

Update regarding complaint experience surveys to be brought back to future meeting.	**KM** **FT/22/03**

In response to a question concerning pressure ulcers, Board members were informed that NHSI have changed their guidance and organisations are no longer required to report lapses in case. The Trust does consider themes and learning from instances.

Board members queried whether funding for no criteria to reside has an effect on discharge times and it was noted that there is a lot of information around this but it is not mapped against funding.

Concern was raised about the increase in the number of stillbirths. Board members were informed that there were seven within the reporting period, but three of those were patients who had been diagnosed with a foetal abnormality and had decided to continue with the pregnancy. These patients were diagnosed within a timely manner and the ladies were supported.

It was agreed that the commentary in the report should have been clearer as it appeared that the unusually high number has not been acknowledged.

Discussion took place regarding the increase in the SHMI and it was advised this was due to being unable to code as many patients as normal which has affected the level of expected deaths.

Resolved: The Board of Directors noted the Integrated Performance Report.

18.   **Lead Roles**

The Director of Corporate Governance presented the report which was noted and approved by the Board of Directors.

Resolved: the report was approved

19.   **Anti-Slavery Statement**

The Director of Corporate Governance presented the report which was approved by the Board of Directors.

Resolved: the report was approved.

20.   **Finance and Investment Committee Chair Report**

The Director of Finance provided the following update:

Jackie Njoroge, NED Chair of the committee presented the chair report from the meeting which was held on 23rd November 2021. It was noted that the January Finance and Investment Committee had taken place the day before the Board meeting, the overall ratings from the January meeting were similar to those reported in the November meeting.

Board members queried the £49m deficit for H2 reported in the report and it was confirmed this will be checked and updated.

AW to check £49m figure for H2 in chair report	**AW** **FT/22/04**

Resolved: The Board of Directors noted this report.

21.   **Audit Committee Chair Report**

Mr Stuttard, NED Chair of the Audit Committee presented the report from the meeting which took place on 7th December 2021.

There were no matters to be escalated to the Board of Directors.

Resolved: The Board of Directors noted this report.

22.   **Any other business**

These was no other business discussed at this meeting.

23. Next meeting

The next Board meeting will take place on the 31st March 2022.

Resolution to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

January 2022 actions

Code	Date	Context	Action	Who	Due	Comments
FT/21/29	29/07/2021	Patient Story	KM to revisit MT's patient story in six months time to check if the actions put in place are continuing to be carried out to improve patient care and provide an update through QA Committee to Board.	KM	Feb-22	Chief Nurse met with patient post Board to provide additional support. An update has been through the End of Life Committee and will be reviewed as part of the annual review of patient stories.
FT/21/51	30/09/2021	Mortality	An update will be provided, via the next Mortality report, around review of mortality cases (red and amber).	FA	Mar-22	Mortality Report - agenda item
FT/21/54	30/09/2021	A&E waiting times	Study on impact of A&E waits to QA Committee.	AE	Mar-22	QA Chair Report - agenda item
FT/21/61	30/09/2021	ICP Business Plan	ICP Business Plan update.	RT	Mar-22	
FT/22/04	27/01/2022	F&I Chair Report	AW to check £49m figure for H2 in chair report	AW	Mar-22	
FT/22/05	27/01/2022	Financial Forecast	Formally invite Sue Johnson, Deputy CEO at Bolton Council to Board of Directors to provide a presentation on the	AW	Mar-22	Complete
FT/22/06	27/01/2022	Board Workplan	FN to bring update on locality plan arrangements going forward.	FN	Mar-22	Complete
FT/22/01	27/01/2022	Staff Story	Options appraisal to be completed around how preceptorship training for recruits is delivered and options to be taken through the People Committee.	KM/TR	May-22	
FT/22/02	27/01/2022	Operational Plan Update	Presentation to Board regarding piece of work being completed on changes to community working	JM/SM	May-22	
FT/22/03	27/01/2022	Integrated Performance Report	Update regarding complaint experience surveys to be brought back to future meeting.	KM	May-22	Full Task and Finish Group in place for future use of patient stories including how actions are managed and followed up and a proposal for an annual review.

Key

complete	agenda item	due	overdue	not due

Title:	Chief Executive's Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	31st March 2022		Discussion	
Exec Sponsor	Fiona Noden		Decision	

Summary:	The Chief Executive's report provides an update about key activity that has taken place since the last meeting, in line with our strategic ambitions.

Previously considered by:	Prepared in consultation with the Executive Team.

Proposed Resolution	To note the update.

This issue impacts on the following Trust ambitions			
To provide safe, high quality and compassionate **care** to every person every time	✓	Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing	✓
To be a great place to work, where all **staff** feel valued and can reach their full potential	✓	To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton	✓
To continue to use our **resources** wisely so that we can invest in and improve our services	✓	To develop **partnerships** that will improve services and support education, research and innovation	✓

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

Ambition 1
Provide safe, high quality care

23rd March, 2022 marked two years since the UK entered into the first national lockdown – our staff took part in the National Day of Reflection by observing a minute's silence at midday to reflect and show support to everyone who has been affected by COVID-19.

We continue to learn to live with COVID-19 and are currently taking steps to return to 'normal' across our sites. A continued reduction in community infection rates has resulted in us being able to cautiously re-start visiting on some of our hospital wards (H3, C1, and the Coronary Care Unit) operating a booking system to ensure that visitor numbers are kept to a safe level, and that all family members can get fair access to seeing their loved ones.

Visitors are being asked to follow simple infection prevention and control measures when on site and we will continue to monitor the situation and adjust the measures where necessary to keep everyone safe. At present, we have had to pause visiting on two wards due to outbreaks but will continue to allow visiting when it is safe to do so.

I have written to the families whose loved ones died whilst in our care during the pandemic, with COVID-19 but not as a result of it. All families have been given the opportunity to ask any questions they may have, and we have offered specialist support to anyone who needs it. We have continued to meet with the families who have requested to do so to discuss their loved one's care and learn from anything we could have done differently.

This month, we reported a never event after an agency nurse administered a medication that was prescribed to be given orally, by injection into a subcutaneous port. The patient did not come to any harm and usual escalation processes and duty of candor have been followed. A full update will be reported back to the Board in due course, including any learning identified and steps put in place to prevent this from happening in the future.

Ambition 2
To be a great place to work

This month, there have been some key changes to our workforce and new appointments made. We said goodbye to our Chief Nurse Karen Meadowcroft and Esther Steel, our Director of Corporate Governance and Trust Secretary.

We formally welcomed Sharon Katema, to the trust as our Interim Director of Corporate Governance and Trust Secretary and she is already using her experience of health, public and voluntary sectors to ensure that the trust continues to comply with all of our statutory and regulatory requirements.

Following a competitive recruitment process, Tyrone Roberts was appointed to join the Board of Directors as Chief Nurse and he will start with us on 19th April, 2022. Tyrone will join us from his position as Director of Nursing and Chief Officer at Bury Care Organisation, part of the Northern Care Alliance Group and has a wealth of experience of providing professional and clinical leadership to nurses, midwives and allied health professionals.

On 3rd May, 2022 we will be welcoming Stuart Bates to the trust as our new Director of Quality Governance where he will be responsible for leading our quality governance, risk and patient safety activities, helping to support the delivery of high quality clinical care. Stuart joins us from University Hospitals of Morecambe Bay NHS Foundation Trust where he currently works as Deputy Director of Clinical Governance.

Annette Walker is now operating as Director of Finance for both the Foundation Trust and NHS Bolton Clinical Commissioning Group until 30th June, 2022. This arrangement will ensure stability and enable both organisations to continue to work together seamlessly.

In January this year, the Secretary of State for Health and Social Care announced to the House of Commons that it was no longer proportionate to require COVID-19 vaccination as a condition of deployment for NHS workers. On 1st March 2022, the government published the response to the consultation. In light of the scientific evidence, alongside a strong preference for revocation, the response confirmed that the vaccination as a condition of deployment policy would be revoked.

We have continued to support our workforce throughout the process and remain clear that vaccination still remains one of the most effective ways to protect ourselves and each other. On Friday 11th March, a decision was taken to close our hospital Vaccination Centre due to a significant drop in demand but there are a number of vaccination clinics being held across Bolton that can be accessed in the meantime.

Equality, diversity and inclusion remain a top priority and work continues to ensure that our staff feel safe to be who they are, have room to share their stories and are treated equally. To mark LGBTQ+ history month, two members of our staff hosted an online session open to all, to share history and start a conversation about what we can all do to be more inclusive. The session was a great success and future sessions will be held for anyone else who would like to host a session themselves to share their experience or help us all to learn.

We will be holding a special Schwartz Round session next month on facing discrimination at work to explore how discrimination can impact colleagues both inside and outside of work.

Ambition 3
To use our resources wisely

Cost Improvement Sprint Workshops have been running across all divisions to help identify savings for the next financial year. A total of 77 schemes have been identified to date with a combined value in excess of £4 million. Work is ongoing to identify further schemes and monitoring will commence from April to track progress and identify any gaps in the achievement of cost improvement targets.

We have donated equipment and supplies from our hospital to Ukraine to help provide urgent medical aid. A procurement process determined the equipment stock that is extremely unlikely to be used in our hospital, but will be helpful for those in need in Ukraine. The supplies have now been collected by Medical Aid Ukraine North West, before travelling nearly 1,500 miles across Europe to Ukraine where they will then be distributed.

Ambition 4
To develop an estate that is fit for the future

Work is now underway to improve two of our existing theatres, and build two new modular theatres at Royal Bolton Hospital. The new theatres are crucial in our recovery and response to the past two years and will enable us to reduce waiting lists brought on by the COVID-19 pandemic.

Nicholson car park is now permanently closed as a result of the building work and although alternative parking is available at Bridge visitor's car park, this is likely to cause a short term inconvenience for our staff. With this in mind, we will be hosting an online session for all staff to enable them to ask any questions and access the latest information.

Plans are progressing with the Bolton College of Medical Sciences (BCMS) project and we are hoping that work will commence on our hospital site in May, 2022, subject to the final arrangements coming back to the Board for full approval. Through partnership working between the trust, the University of Bolton, Bolton Council, and Bolton College, we will be training and developing our existing and future workforce right here on our hospital site.

Ambition 5
To integrate care

This month, leaders from across the Integrated Care Partnership (ICP) came together to discuss the future of health and care in Bolton and to begin pulling together areas of focus for the updated 2022/23 ICP business plan. Key areas of focus included the importance of co-design and working with Bolton people, empowering people to make the right decisions for their care and developing a more person-centred health and care system.

Before the pandemic hit, we were collectively working together on integrating health and care in Bolton and had made great progress with the development of the Integrated Care Partnership (ICP) and the Strategic Commissioning Function (SCF), along with refreshing the borough's Locality Plan.

In spite of the wider impact of Covid, our ambition to create a truly integrated approach to the planning and delivery of health and care services has not disappeared. In fact, it has continued throughout this period and is stronger than ever – the importance of preventative, proactive and person-centred services has been highlighted even more as a result.

In the coming months we will take our bold plans further and will be in a position to share our plans to continue to put the needs of local residents at the heart of our work, provide better services that will improve their health and wellbeing, while spending the money allocated to Bolton in the best way possible.

Ambition 6
To develop partnerships

Work to understand whether the [Bolton Vision 2030](#), and our plans for the future as a locality are still appropriate has highlighted that while the pandemic has changed the way we view and do so many things, and our vision for the town is no different. We will continue to work across the Bolton system and the Integrated Care Partnership to ensure that our collective vision for Bolton reflects what our people need so that Bolton is a great place to work and live.

Across Greater Manchester, elective recovery remains a top priority. This month, I discussed the collective work being undertaken across Greater Manchester to address the backlog of patients and plans we have in place to ensure that recovery is sustained with Sir James Mackey, Chief Executive of Northumbria Healthcare NHS Foundation Trust in his capacity as adviser on new ways to address the elective backlog nationally. The challenges we have faced in the north west throughout the pandemic are recognised, along with the resultant impact this has had on the number of patients who are waiting for treatment.

Committee/Group Chair's Report

NHS
Bolton
NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Parent Committee:	Board of Directors
Date of Meeting:	16 February 2022	Date of Next Meeting	16th March 2022
Chair	Malcolm Brown (NED)	Quorate (Yes/No)	Yes
Members present	Malcolm Brown, Fiona Noden, Francis Andrews, Jackie Njoroge, James Mawrey, Karen Meadowcroft, Esther Steel, Sharon Martin, Rae Wheatcroft all Clinical Divisions in attendance	Key Members not present:	none

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Patient Story – Family Care Division		Bridget Thomas	Bridget Thomas presented the Patient Story that highlighted challenges faced by looked after young person under the care of the adolescent health care team. The story highlighted the importance of listening to an individual to understand the things in life that can make a difference and by using trauma based intervention can result in a positive outcome. The Committee was pleased with the learning and outcome from this story as it had resulted in a positive experience for the individual.	
Chief Nurse/Medical Director updates			• Issues with blood transfusion traceability. • No electronic system to track the progress of blood product • New staff unaware of processes • EPR system is unable to provide an electronic solution • Business case that has been successful - led by the diagnostics division. • Improvements on this previously, MHRA visiting 17/02 to observe in-house processes. • The ask of the committee is to make sure clinicians are aware of processes surrounding blood traceability – Rick Catlin to lead.	Paper to be brought back in March 2022 for approval (patient Safety Panel)

🟥	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
🟧	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
🟩	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Clinical Governance and Quality Committee		Director of Quality Governance	• At present showing amber, however by March should be back on target and the amber papers will be ready.	Report noted. No issues to escalate.
Operational update		Deputy Chief Operating Officer	• Focus to restart the elective programme for surgical/ orthopaedics to reduce waiting times.	Chief Operating Officer update
Divisional Quality Report – Family Care Division		Divisional Medical Director	• Incident reporting and risk reviews ongoing. • Responsive training compliance good in particular safeguarding. • Cancer targets maintained throughout Covid period. • Scanning capacity to be reviewed around lack of ultrasound sonographers.	
Maternity transformation update		Director of Midwifery	• Maternity Transformation Programme was established to coordinate and accelerate the many maternity improvement initiatives. • Initiatives take onboard the national drivers and safety actions such as the Ockenden review. • Steering group – chaired by Natasha MacDonald, Ops and Business Partners and Medics. • Highlights report and outcomes dashboard to track progress • Programme has improved visibility of external funding made available which has been successfully bid for. • Close links to non-executive and executive safety champions. • Going Digital Project has been successful – awarded £548,000 for end-to-end digital maternity record.	

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Committee/Group Chair's Report

Ockenden one year on		Director of Midwifery	• Essential and urgent actions were released in December 2020 • Currently non-compliant with 2 actions: - Auditing 100% of cases that are referred to NHS resolution - Mapping spend for training • Recruitment and retention fund – achieved £138,000 to attract employees to come to Bolton • Ockenden reported to Board of Committee / QAC four times in 2021 • CNST reported twice • Anticipated that a follow up report, Ockenden 2 would be published in March 2022 with an ask to present to board in March with . Strategic plan to wrap everything in with the transformation plan and report once a year at the point just before the CNST needs to be signed off. Improvement in how staff feel about working at Bolton Hospital to be determined using feedback from staff survey.
Maternity Continuity of Care		Director of Midwifery	• Statement that birth rate plus was not established is incorrect due to miscalculation. • NHS England and NHS Improvement requires that all maternity services submit an action plan to demonstrate how services bring in wholescale continuity as the default for maternity care. • Investment is required in terms of staff education and training.
Quality Accounts Update – Diabetes		Integrated Care Division	• Deferred to 16ᵗʰ March 2022

(red)	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
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Committee/Group Chair's Report

Topic		Role	Discussion	Outcome
Diabetes update		Consultant in Diabetes and Medicine	• Currently waiting for pathway to be approved from the Manchester Vascular side, looking to provide surgical intervention for patients. • Royal Bolton Hospital Orthopedics and General Surgery OBMs have put together a SOP regarding the gaps in services. • Lack of engagement – ASSD have connected with MFT to progress on this issue – confident that by the end of this quality account, communication issues with MFT will be resolved.	SOP to be progressed as a matter of urgency , bring back April 2022 – member of podiatry services to present.
SI Reports		Medical Director	There were three SI reports discussed at this meeting and the following outcome was agreed • SI Report 185254 and supporting action plan was approved. • SI Report 185602 approved, supporting action plan was deferred to Mar-22 • SI Report 186577 and supporting action plan was approved	The SI reports were approved.
Integrated Performance Report		Chief Operating Officer	• Board report has been corrected but not followed through due to numerous versions of the QAC report – this has been amended surrounding the spike in SI. • IPC perspective monitoring through IPC committee – taken advice to push through the antimicrobial group. • Analysis surrounding the Omicron – more patients admitted with negative tests that translated to positive tests – from 3.5% increased to 8.8%. • Grade 3 and 4 pressure sores in the community need to be monitored – plan in place. • Maternity – 3/4 degree tears to be monitored.	The report was noted.
Risk Management Committee Chair Report		Director of People	There were no issues to escalate	The report was noted.

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Committee/Group Chair's Report

Safeguarding Committee Chair Report		Chief Nurse	Named nurse now recruited and starts with the Trust on 1 May 2022.	The report was noted.
For Escalation:				

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Parent Committee:	Board of Directors
Date of Meeting:	16 March 2022	Date of Next Meeting	20 April 2022
Chair	Malcolm Brown (NED)	Quorate (Yes/No)	Yes
Members present	Malcolm Brown, Jackie Njoroge, James Mawrey, Francis Andrews, Angie Hansen, Sharon Katema all Clinical Divisions in attendance	Key Members not present:	Fiona Noden, Rae Wheatcroft, Sharon Martin, Annette Walker

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Patient Story – Anaesthetic and Surgery Division	🟩	Clare Williams	Clare Williams presented the Patient Story that highlighted challenges faced by a patient during their admission. The story highlighted the importance of listening to patients and engagement with the family as a critical friend. The Committee was pleased with the learning and outcome from this story as it had resulted in a positive experience for the patient.	
Update on current work pressures	🟩	Deputy Chief Operating Officer	• Focus to restart the elective programme to reduce waiting times. Action plan in place to clear 104 week waits by the 30 June 2022. • Urgent Care – need to reduce extended handovers from Ambulatory to ED. • Pathways for 'criteria to reside' need to be improved	
Clinical Governance and Quality Committee	🟩	Corporate Director of Nursing	• NICE Exception Report was received. A full action plan was in place and would be subject to ongoing reporting and monitoring through the Group. • Progress was noted on the Anti- Coagulant task and finish group update. • Infection Prevention and Control Committee Chair's Report to be presented in April.	Report noted. No issues to escalate.

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Report		Role	Key Points	Actions
Divisional Quality Report – Anaesthetics & Surgical Services Division	 	Divisional Medical Director	- No Never Events reported. 3 Serious incidents finalised in Q.3 - Steady increase in appraisal compliance across the quarter. - Mandatory and Statutory training percentages, although below target, have been maintained despite significant workforce and capacity pressures. - Hand Hygiene audit continues to be predominantly above 90% in all areas with excellent compliance with reporting. - The team was considering focussed recruitment of anaesthetic practitioners. ODP's and/or anaesthetic nurses.	
Divisional Quality Report – Diagnostics & Support Services Division	 	Divisional Medical Director	- The Covid Vaccine Team won the Health Business Award for Covid Response. This has been a great team effort for all involved. - The division still remains in Trust targets for mandatory and statutory training. - The opening of a CDC CT scanner opened in partnership with InHealth has provided additional capacity for the trust. - The appraisal rate increased by 0.92% from Q2 to 82.46%. - Monthly reminders of the importance of hand hygiene and posters in all key areas of the department are in place to remind staff of the correct principles.	
Mortality Board Report	 	Assistant Medical Director	- SHMI (NHS Digital) – NHS Digital published figures (not via HED) show Bolton at 113.38 for October 2020 to September 2021. - HSMR – ratio is 118.97 for the 12 months to November 2021. - In hospital crude mortality fell to 3.1% in February 2022 from 3.5% in January 2022, which is in line with the seasonal cyclical pattern over the winter months.	The report would be reviewed and updated prior to circulation at Board.

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Patient Safety Plan - Response to the National Patient Safety Strategy		Medical Director	The Medical Director presented the revised Patient Safety Plan which incorporated amendments outlined at QAC in December 2021. Key points: • Discussions have commenced with staff/stakeholders relating to patient safety, which included a Governance Human Factors Plan overseen by patient safety manager. • Quarterly Implementation Strategy/ patient safety - plan in place including the option to raise additional issues to the committee. • Concerns raised by GP's around the abolition of the CCG - end of June 2022 Trust to work in partnership to	The report was noted.
Quality Accounts Update – Q2 Priority One – National Early Warning Score (NEWS) Improving the response to escalation		Chief Operating Officer	• Incident report meetings weekly are now embedded to show shared learning across the division. • Thematic reviews undertaken across Urology and General surgery with correlation across complaints/incidents and SI reviews. MDT improvement plans collated from each specialty in response to themes. • Induction hand book for locums in General surgery piloted and now shared with trust lead for wide usage across the trust.	The report was noted.
Radiology Quality Account – 2021-2022 Q.3 Improving Radiology Reporting Times		DSSD Divisional Rep	There has been good progress on the Radiology Quality Account with areas of notable improvement including: • Increasing activity for x-ray since March 2021 returning to pre-COVID levels of activity. • Improving percentage compliance turnaround times for Hot Reporting • Creation of A&E dashboard in Tableau to improve visibility of data and allow improved management of services • Automated daily update on A&E and Inpatient turnaround times and compliance with target created and distributed to service managers each morning which creates improved visibility and monitoring of performance.	The report was noted.

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

SI Reports		Medical Director / Chief Nurse	There were two SI reports discussed at this meeting and the following outcome was agreed • SI Report 186222 and supporting action plan was approved. • SI Report 184941 and supporting action plan was approved. • SI Report 185602 and supporting action plan was approved • The HSIB report for MI 004089 was approved by the Committee. • The HSIB report for MI 004135 was approved by the Committee	The SI reports were approved.
Integrated Performance Report - Quality		Chief Operating Officer	There were no issues to report.	The report was noted.
Risk Management Committee Chair		Chief Operating Officer	There were no issues to escalate	The report was noted.
Safeguarding Committee Chair Report		Corporate DoN	Named nurse now recruited and starts with the Trust on 1 May 2022.	The report was noted.
Mortality Reduction Group Chair Report		Associate Medical Director	There were no issues to report	The report was noted.
For Escalation:				

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Title:	Ockenden review of maternity services – one year on

Meeting:	Board of Directors	**Purpose**	Assurance	X
Date:	31st March 2022		Discussion	X
Exec Sponsor	Chief Nurse		Decision	

Summary:	• Following The Ockenden Report, NHS England and Improvement required providers of maternity services to assess against 7 Immediate and Essential Actions. • With support from their Local Maternity System, all maternity services were asked to submit evidence in support of this assessment by 30th June 2021. • Providers have now been asked to undertake a 'One Year On' assessment with their Trust Boards by the end of March 2022.

Previously considered by:	Quality Assurance Committee

Proposed Resolution	To update on the current Trust position and outstanding actions

This issue impacts on the following Trust ambitions

To provide safe, high quality and compassionate **care** to every person every time	✓	Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing	
To be a great place to work, where all **staff** feel valued and can reach their full potential		To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton	
To continue to use our **resources** wisely so that we can invest in and improve our services		To develop **partnerships** that will improve services and support education, research and innovation	

Prepared by:	Debora Tinsley Natasha MacDonald	Presented by:	Natasha MacDonald Director of Midwifery

1. Introduction

Following the publication of the initial findings of the Ockenden Report (December 2020), all providers of maternity services were required to use the Assurance and Assessment Tool to benchmark themselves against the Immediate and Essential Actions (IEAs) and provide evidence in support of the assessment.

One year on from the initial report, all providers have been asked to discuss progress at their Trust Public Board by the end of March 2022.

These discussions are expected to include:

- Progress with implementation of the 7 IEAs outlined in the Ockenden Report and the plan to ensure full compliance
- Maternity services workforce plans.

2. Background

Providers were asked to use the publication of the Ockenden Report as an opportunity to objectively review their evidence and outcome measures and consider whether they had assurance that the 10 safety actions (CNST) and 7 IEAs (Ockenden Report) were being met.

We were also required to undertake a maternity workforce gap analysis and set out plans to meet Birthrate Plus (BR+) standards.

It was strongly recommended that maternity safety champions and Non-Executive and Executive leads for Maternity were involved in the self-assessment process and that input was sought from the Maternity Voices Partnership Chair to reflect the requirements.

Providers were later asked to submit evidence in support of this assessment to a national portal. Some guidance on suitable evidence was provided by the Local Maternity System. This entailed the collating of 300 pieces of evidence in response to 122 individual questions within the 41 categories of the 7 IEAs and was completed by June 30th 2021.

3. **Update on progress with the Immediate and Essential Actions**

Our evidence submission was reviewed by an external body and, following a further review from the Regional Midwife and team, was reported on as follows (table 1):

Table 1: Summary of external evidence assessment

Immediate and Essential Action	Number of Categories	Based on evidence assessment from national portal June '21		
		Full evidence to support	Partial evidence to support	Evidence does not support
IEA1	7	4	2	1
Enhanced Safety				
IEA2	5	5	0	0
Listening to Women				
IEA3	6	2	3	1
Staff Working and Training Together				
IEA4	6	6	0	0
Managing Complex Pregnancy				
IEA5	3	2	1	0
Risk Assessment at Each Contact				
IEA6	4	2	2	0
Monitroing Fetal Well-Being				
IEA7	5	2	3	0
Informed Consent				
Workforce planning	5	5	0	0
Total	41	28	11	2

Additional detail is provided as appendix 1*.

*please note that in this additional detail, the categories are numbered up to 49, not 41. This is because some of them were a national ask and so we were not required to submit evidence against them.

Following this report, a plan was developed to action improvements identified by the external assessment of our evidence.

Table 2 provides an update on progress with this plan and our current assessment as to compliance with the recommendations.

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Table 2 Immediate and Essential Actions Plan

Category	Question Number	RAG on assessment of evidence	Actions Required following assessment	Current RAG position Feb 2022	Planned completion date
Q1	Maternity Dashboard to LMS every 3 months		This is in place. Have evidence.	(green)	
Q2	External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death	(amber)	New clinical lead for PMRT working through process and reviewing Burnley's for shared learning	(amber)	01/10/2022
Q6	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	(red)	This is in place. Added to audit schedule for evidence	(green)	
Q17	Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.	(amber)	Now have regional schedule	(green)	
Q19	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	(red)	Implement tracking audit of all monies received for training and equipment	(amber)	31/03/2022
Q21	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	(amber)	Gap was on quarterly regional assessment of training records.Now have regional schedule	(green)	
Q23	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place	(amber)	Gap was on quarterly regional assessment of training records.Now have regional schedule	(green)	
Q31	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	(amber)	SOP for referrals to birth options clinics to guideline group in March	(amber)	31/03/2022
Q34	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring	(amber)	Formalise in job plans and rotas	(amber)	31/03/2022
Q35	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health	(amber)	Gap was on evidence of expert training. Certificates and competency assessments are avaialble.	(green)	
Q39	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery	(amber)	Gap was on involving MVP chair which was in place. Website assessment was completed by the MVP Chair as required and submitted.	(green)	
Q41	Women must be enabled to participate equally in all decision-making processes	(amber)	Gap was on plan in response to National Maternity Survey. This is now in place.	(green)	
Q44	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	(amber)	Gap was on involving MVP chair which was in place. Website assessment was completed by the MVP Chair as required and submitted.	(green)	

As a result of these actions, our current assessment against the evidence criteria is as follows:

Table 3: Updated evidence assessment as a result of action plan

Immediate and Essential Action	Number of Categories	Assessment as at Feb 2022		
		Full evidence to support	Partial evidence to support	Evidence does not support
IEA1 Enganced Safety	7	6	1	0
IEA2 Listening to Women	5	5	0	0
IEA3 Staff Working and Taining Together	6	5	1	0
IEA4 Managing Complex Pregnancy	6	6	0	0
IEA5 Risk Assessment at Each Contact	3	2	1	0
IEA6 Monitoring Fetal Well-Being	4	3	1	0
IEA7 Informed Consent	5	5	0	0
Workforce planning	5	5	0	0
Total	41	37	4	0

4. Update on Workforce Planning

As table 4 below shows, our submitted evidence was assessed as demonstrating full compliance with the workforce recommendations.

Table 4: Workforce extract from Ockenden Report evidence submission

IEA	Category	Question Number	All Evidence Submitted
WF	Q45	Demonstrate an effective system of clinical workforce planning to the required standard	1
WF	Q46	Demonstrate an effective system of midwifery workforce planning to the required standard?	1
WF	Q47	Director/Head of Midwifery is responsible and accountable to an executive director	1
WF	Q48	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:	1
WF	Q49	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.	1

As part of the recommendations, providers were asked to identify staffing gaps that would benefit from additional funding.
Bolton was successful in a bid for 4.6 wte midwives and 0.4 obstetric pa.

This has been invested to improve the service:

Staffing investment	
Midwives	4.6 wte
Diabetes clinic	0.6
Increase to screening midwives	0.8
M4 and M5	2
Community	1
Obstetrician	0.4 pa
Increase to fetal well-being	0.4

In addition to this, Maternity has also requested 10 international midwives as part of the latest round of recruitment, though unfortunately has only been allocated 1.

Recruitment and retention is of paramount importance to the service. A recent successful bid for £138,000 is allowing us to work more creatively alongside the Communications Team to attract more applicants, support the development of the midwife support worker role and allow all staff to develop additional skills such as quality improvement techniques.

5. Update on governance recommendations

A key finding and recommendation of the Ockenden Report is the absolute need for Trust Boards to be aware and updated on performance, issues, risks and improvements within their maternity services.

Bolton's Maternity Service, Safety Champions and Boards are proactive in a transparent governance process and the following is an example of what has been considered by the Board of Directors and Quality Assurance Committee:

- **Progress updates specific to the Ockenden Report**
  - January 21
  - March 21
  - July 21
  - February 22
- **Progress updates specific to the Maternity Incentive Scheme (CNST)**
  - March 21
  - May 21
- **Update on Maternity Improvement and Transformation**
  - November 21
- **Staffing update**
  - March 21
  - November 22

In addition, updates on improvement and transformation work are presented to the Trust Transformation and Digital Board.

6. <u>Next Steps</u>

It is anticipated that a new evidence submission will be requested and the service continues with its actions to ensure it is meeting the recommendations for the safety of its women and babies.

IEA	Category	Question Number	All Evidence Submitted	Partial evidence to support	Evidence does not support	Actions Required following assessment	Current RAG position	Planned completion date
IEA1	Q1	Maternity Dashboard to LMS every 3 months				This is in place. Have evidence.		
IEA1	Q2	External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death				New clinical lead for PMRT working through process and reviewing Burnley's for shared learning		01/10/2022
IEA1	Q3	Maternity SI's to Trust Board & LMS every 3 months	1					
IEA1	Q4	Using the National Perinatal Mortality Review Tool to review perinatal deaths	1					
IEA1	Q5	Submitting data to the Maternity Services Dataset to the required standard	1					
IEA1	Q6	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme				This is in place. Added to audit schedule for evidence		
IEA1	Q7	Plan to implement the Perinatal Clinical Quality Surveillance Model	1					
IEA2	Q11	Non-executive director who has oversight of maternity services	1					
IEA2	Q13	Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services	1					
IEA2	Q14	Trust safety champions meeting bimonthly with Board level champions	1					
IEA2	Q15	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	1					
IEA2	Q16	Non-executive director support the Board maternity safety champion	1					
IEA3	Q17	Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.				Gap was on quarterly regional assessment of training records.Now have regional schedule		
IEA3	Q18	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	1					
IEA3	Q19	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only				Implement tracking audit of all monies received for training and equipment		31/03/2022
IEA3	Q21	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session				Gap was on quarterly regional assessment of training records.Now have regional schedule		
IEA3	Q22	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	1					
IEA3	Q23	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place				Gap was on quarterly regional assessment of training records.Now have regional schedule		
IEA4	Q24	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre	1					
IEA4	Q25	Women with complex pregnancies must have a named consultant lead	1					
IEA4	Q26	Complex pregnancies have early specialist involvement and management plans agreed	1					
IEA4	Q27	Compliance with all five elements of the Saving Babies' Lives care bundle Version 2						
IEA4	Q28	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.	1					
IEA4	Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	1					
IEA5	Q30	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional	1					
IEA5	Q31	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.				SOP for referrals to birth options clinics to guideline group in March		31/03/2022
IEA5	Q33	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	1					
IEA6	Q34	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring				Formalise in job plans and rotas		31/03/2022
IEA6	Q35	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health				Gap was on evidence of expert training. Certificates and competency assessments are avaialable.		
IEA6	Q36	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	1					
IEA6	Q37	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	1					
IEA7	Q39	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery				Gap was on involving MVP chair which was in place. Website assessment was completed by the MVP Chair as required and submitted.		
IEA7	Q41	Women must be enabled to participate equally in all decision-making processes				Gap was on plan in response to National Maternity Survey. This is now in place.		
IEA7	Q42	Women's choices following a shared and informed decision-making process must be respected	1					

IEA7	Q43	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	1					
IEA7	Q44	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.				Gap was on involving MVP chair which was in place. Website assessment was completed by the MVP Chair as required and submitted.		
WF	Q45	Demonstrate an effective system of clinical workforce planning to the required standard	1					
WF	Q46	Demonstrate an effective system of midwifery workforce planning to the required standard?	1					
WF	Q47	Director/Head of Midwifery is responsible and accountable to an executive director	1					
WF	Q48	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:	1					
WF	Q49	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.	1					

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Agenda Item
13

Title:	Mortality Report

Meeting:	Executive Board	**Purpose**	Assurance	x
Date:	March 2022		Discussion	x
Exec Sponsor	Dr Francis Andrews		Decision	

Summary:	This quarterly mortality report seeks to provide an update on the most recent mortality metrics available to the and to provide details of key actions and priorities for improving these metrics. **Key indices** • SHMI (NHS Digital) – NHS Digital published figures (not via HED) show Bolton's 12 month rolling average at 113.87 for November 2020 to October 2021. This is 'Higher than Expected' • HSMR is a rolling average of 118.97 for the 12 months to November 2021. Bolton is the highest amongst mortality peers • In hospital crude mortality fell to 3.1% in February 2022 from 3.5% in January 2022, which is in line with the seasonal cyclical pattern over the winter months **Key challenges** • Reduced Coding team establishment resulting in reduced coding completeness and access for vital clinical engagement • The need to improve the number of Charlson co-morbidities recorded per patient

Previously considered by:	Previous version at QAC – updated for Board with most recent data

Proposed Resolution:	N/A – report provided for information and assurance.

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓

Prepared by:	Liza Scanlon (BI), Sophie Kimber Craig (AMD), Francis Andrews (MD)	Presented by:	Dr Francis Andrews

1. Current key mortality metrics for Bolton

A glossary and explanation of methodology for calculating these metrics is in the appendix.

1.1 Summary Hospital-level Mortality indicator – SHMI

NHS Digital data for SHMI (November 2020 to October 2021) shows Bolton at 113.87, which is now in the 'Higher than Expected' range, and is an increase on previous data presented in the last report of 112.61. Those patients with Covid are excluded from the SHMI calculation.[1]
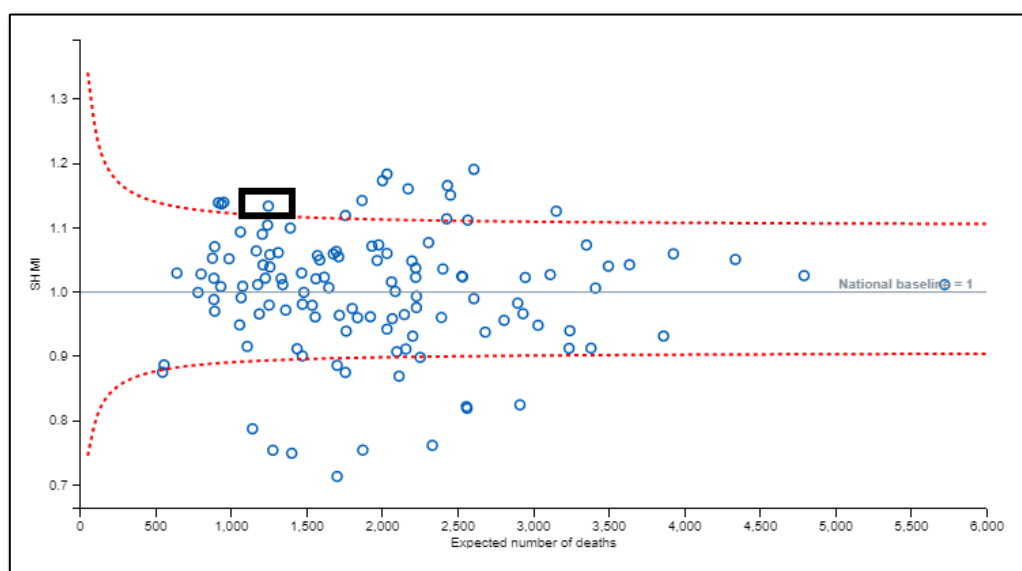
Time series to November 2021[2]

This chart shows the rolling average for Bolton (pink), the peer group (blue) and all acute trusts (green). The impact of the previous mortality recovery plan is seen for the first 6 months of 2021.
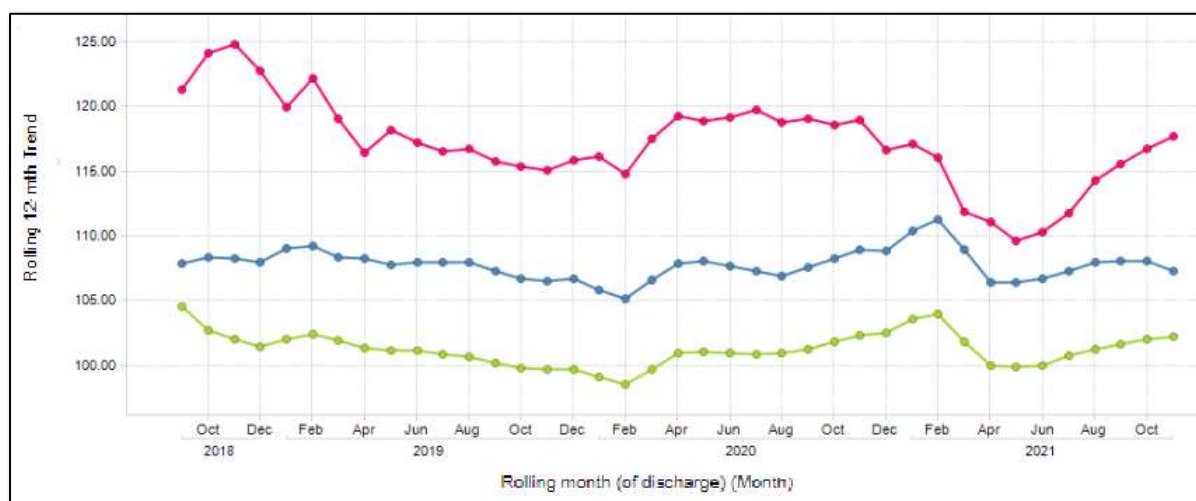
Note that the start of the chart is a *cumulative* position until 12 months when it becomes the *rolling average* for the previous 12 months.

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[1] Any covid activity is completely adjusted fom SHMI (ie the spell is removed in its entirity regardless of whether the patient died or not).

[2] The rest of the report uses the SHMI figures as calculated using HES and ONS linked datasets via the HED system and is therefore more up to date than NHS Digital published figures to give an earlier indication of the indicators.

1.2 Hospital Standardised Mortality Ratio (HSMR)

The HSMR ratio is 118.97 for the 12 months to November 2021 (shown as a 12 month rolling average in the graph); Bolton is the highest amongst mortality peers. HSMR calculations exclude patients with a primary diagnosis of Covid.[3]
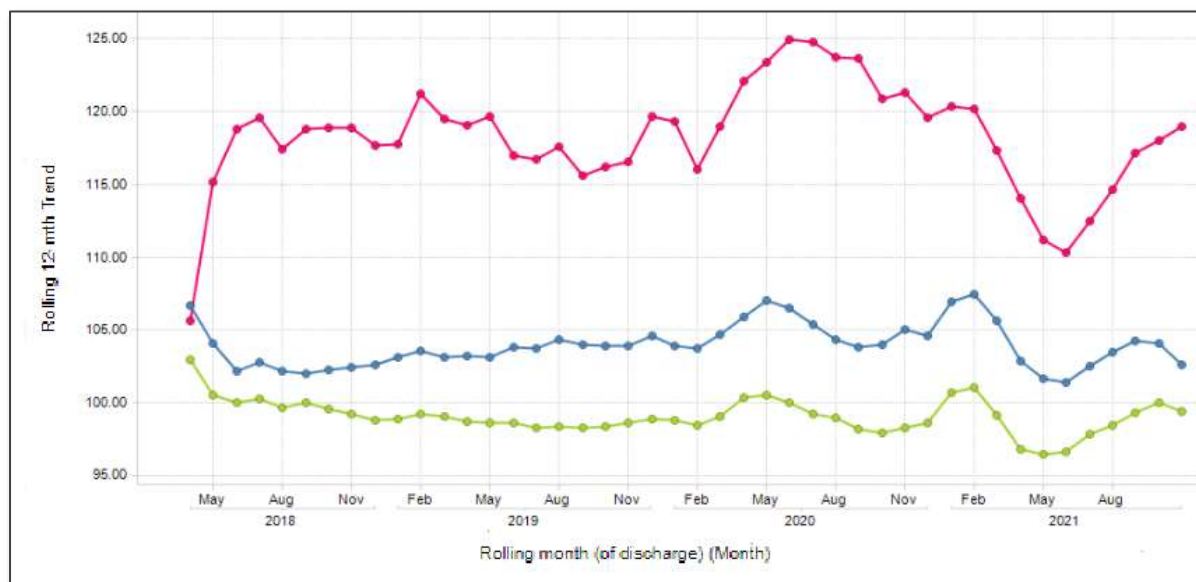
As with SHMI, the start of the chart is a cumulative position until 12 months when it becomes the rolling average for the previous 12 months. Bolton (pink), the peer group (blue) and all acute trusts (green).

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[3] HSMR is adjusted for Covid according to the following: *Patients with a primary diagnosis of Covid-19 (in the first episode or second episode if the first contains a primary diagnosis of a sign or symptom) are placed in CCS group '259 - Residual codes unclassified' and will therefore be excluded from the HSMR. If the Covid-19 coding appears elsewhere in the spell or in subsidiary diagnoses the patient may be included in the HSMR.*

The positive impact of the Trust mortality plan again is seen duing the first half of 2021 but our data is trending upwards in recent months and we now compare poorly against our comparators and acute trusts; Bolton is the highest amongst its selected peer group and is the only Trust in this group outside the control limits, all others are alerting amber or within the expected range. (For comparison, University College Hospitals NHS Foundation Trust's HSMR is 68.54.).

(Rebasing period up to August-21)

RMC - BOLTON NHS FOUNDATION TRUST
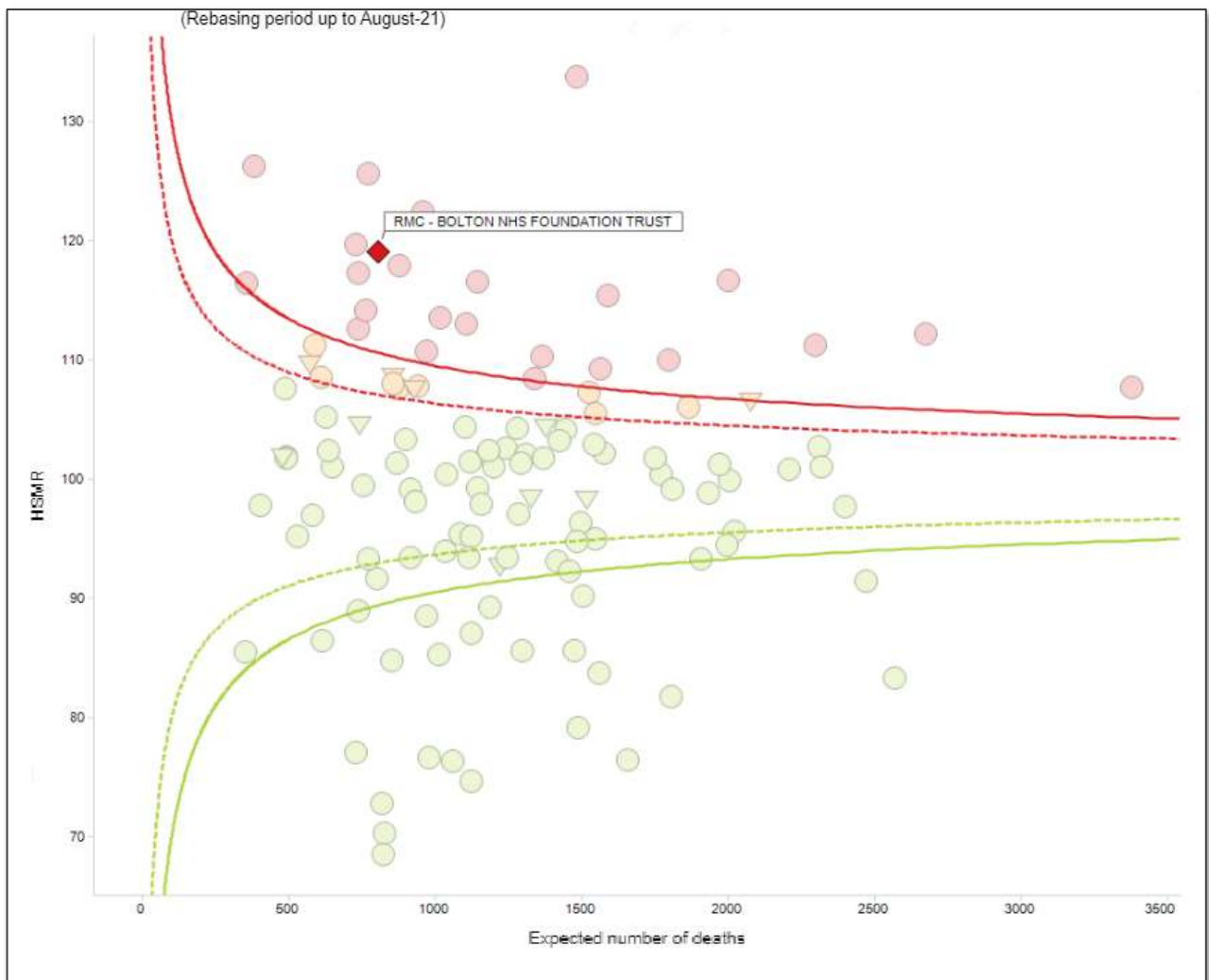
Our selected mortality peer group are indicated on the chart below by a triangle, all other Trusts are indicated by a circle

1.3 Crude mortality – Day Cases excluded

In hospital crude mortality fell to 3.1% in February 2022 from 3.5% in January 2022, which is in line with the seasonal cyclical pattern over the winter months.

The crude rate is not adjusted for Covid mortality or spell activity. The rate peaks in April 2020 due to the first wave of the COVID pandemic with a subsequent second wave peak to November 2020 and rising again into January 2021. Nationally, crude mortality fell in Summer 2020 (following the impact of Covid on the death rates before then). We now need to be mindful of the mortality rate and the causes of death we see at times where Covid is not peaking, as it may be that we will see the impact of the pause on other work during the pandemic and its effects on patients' outcomes.
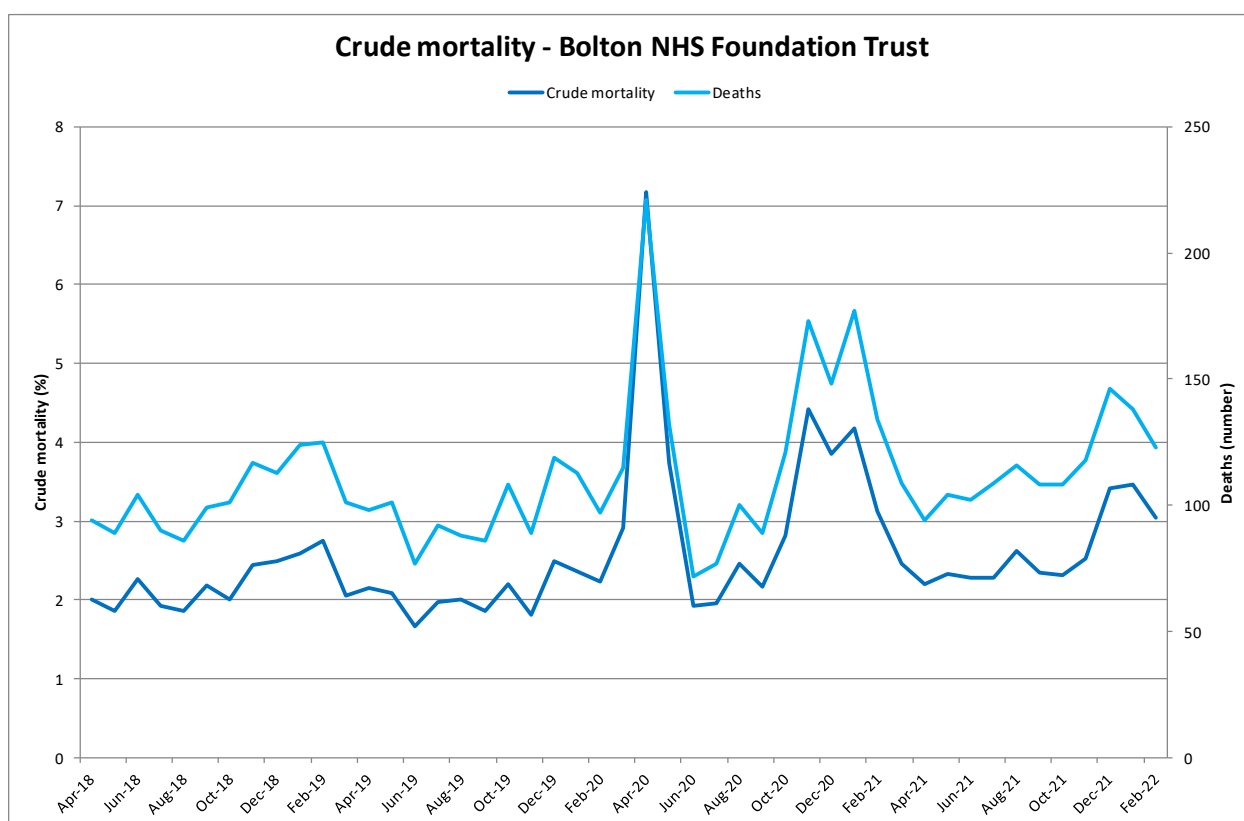
2. Dashboard views

2.1 Mortality Indicators

The HED dashboard is shown:[4]

Custom Indicator Set: Mortality MRG	Trust Performance			Benchmarking ⓘ			
Indicator	Current	Previous	Change	Peer	National	Position ⓘ	👁
SHMI - NHS Digital (12 mth rolling) ⓘ NHS Digital SHMI Dataset (Feb 2022)	112.61 (Sep 2020 - Aug 2021)	110.36 (Aug 2020 - Jul 2021)	2.25 ↑ 📈	105.91	100.00	High (>95%)	
SHMI (12 mth rolling) ⓘ HES Inpatients, HES-ONS Linked Mortality Datasets (Feb 2022)	117.70 (Dec 2020 - Nov 2021)	116.71 (Nov 2020 - Oct 2021)	0.99 ↑ 📈	107.12	102.69	High (>95%)	

2.2 Mortality Indicators by Division[5]

SHMI (Rebased August 2021)   HSMR (Lagged model August 2021)

Rolling average (Discharge month)	Acute Adult		ASSD	
Mar-21	113.81	↓	101.71	↓
Apr-21	114.14	↑	95.32	↓
May-21	113.1	↓	93.3	↓
Jun-21	113.45	↑	95.03	↑
Jul-21	114.79	↑	96.51	↑
Aug-21	117.03	↑	100.77	↑
Sep 21	117.37	↑	106.14	↑
Oct 21	117.65	↑	111.55	↑
Nov 21	118.97	↑	109.27	↓

Rolling average (Discharge month)	Acute Adult		ASSD	
Mar-21	118.81	↓	96.66	↑
Apr-21	115.01	↓	98.35	↑
May-21	113.46	↓	91.18	↓
Jun-21	111.82	↓	94.34	↑
Jul-21	113.64	↑	97.14	↑
Aug-21	115.59	↑	98.39	↑
Sep-21	117.43	↑	107	↑
Oct 21	117.51	↑	111.14	↑
Nov 21	118.44	↑	111.94	↑

We can see an upward trend in both ASSD and Acute Adult Care Division in both the SHMI and HSMR, with AACD higher than ASSD, as it always tends to be. This is a disappointing increase, as in the main, it follows a period of improvement in the indices in both divisions.

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[4] Important note: HSMR for the period December 2020 to November 2021 has not been included in the dashboard as this is created using the 'Flex' position of SUS data. This is not viable to use for Bolton until the coding is completed at the 'Freeze' position as it bases the HSMR on incomplete records which skews the indicator.

[5] SHMI figures included here are those calculated using HES and ONS linked datasets via the HED system and is therefore more up to date than NHS Digital published figures.

2.3   Mortality indicators by diagnosis

The SHMI is made up of 42 different diagnosis groups and these are aggregated to calculate the overall SHMI. For a subset of diagnosis groups, a SHMI value and banding is also calculated. This subset comprises pneumonia, sepsis, lung cancer, myocardial infarction, fractured neck or femur, urinary tract infection, secondary malignancies, fluid and electrolyte disorders, gastrointestinal haemorrhage, and acute bronchitis. For Bolton FT, the SHMI for all these conditions is 'as expected'.

3. Outlier CQC alerts

The trust composite is a pilot indicator created from 12 specific indicators within insight. The composite indicator score helps to assess a trusts overall performance but it is neither a rating nor a judgement. The composite should be used alongside other evidence in monitoring Trusts. This is taken from the *CQC Insight for Acute NHS Trust, September 2021* release.

KLOE	Indicator	National average	Performance		Change	National comparison
			Previous	Latest		
	Hospital Standardised Mortality Ratio (HSMR) Dr Foster - Dr Foster - HSMR (28 Jul 2021)	100.0	121.3 Jan 19 - Dec 19	120.5 Jan 20 - Dec 20	➡	MW
	Hospital Standardised Mortality Ratio (Weekday) Dr Foster - Dr Foster - HSMR (28 Jul 2021)	100.0	115.7 Jan 19 - Dec 19	121.6 Jan 20 - Dec 20	➡	MW
	Summary Hospital-level Mortality Indicator (SHMI) NHS Digital - SHMI (28 Jul 2021)	1.00	1.16 Jan 19 - Dec 19	1.15 Jan 20 - Dec 20	➡	MW

4. Diagnostic groups

4.1 SHMI Red alerts by diagnosis group (12 months to November 2021)

SHMI can be split by CCS diagnosis group. Outlying diagnostic groups falling outside of the 99.8% control limits for SHMI are indicated as 'Red' Alerts. Alcohol related mental disorders will be subjected to clinical review. Perinatal cases have been examined by the Families Division for quality of care using the National Perinatal Mortality Review tool and concerns over quality of care have not been demonstrated but continues to be monitored closely.

These are the CCS diagnostic groups alerting as Amber for this period; this equates to them being outside the 95% control limits (but within the 99.8% limits).
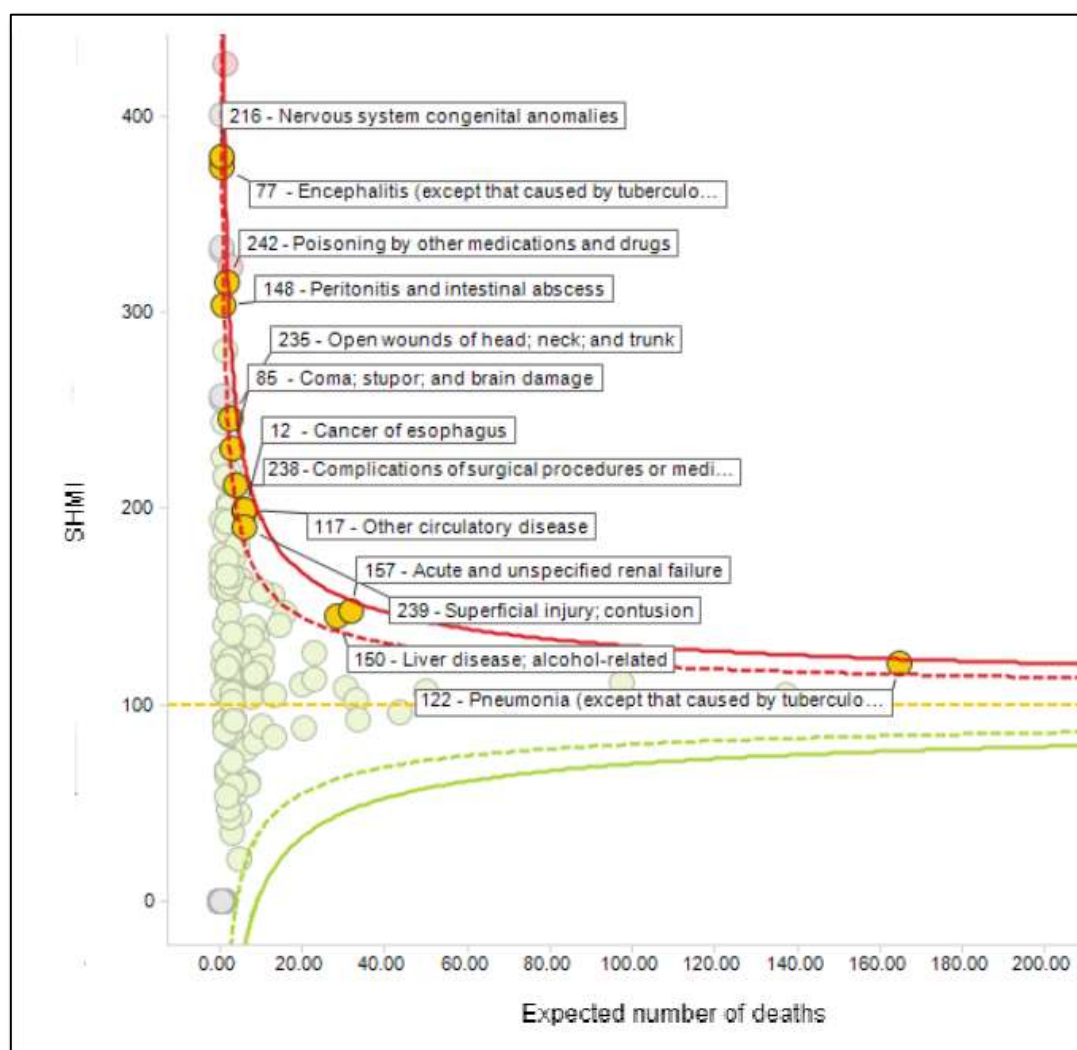
In this quarter, we see many *new* different diagnostic groups alerting compared to previous quarters. This is likely to be a product of incomplete coding data being submitted, due to issues in the Coding team establishment over the previous 6 months. Business Intelligence are investigating these CCS groups in terms of data quality (e.g. encephalitis; superficial injury, contusion) as these are unusual groups to appear in this dataset. To confirm it is not an issue with patient care, patient level audits will be completed.

It is important to note that some of these diagnostic groups flag regularly and these (such as pneumonia) have already been used to drive comprehensive clinical review and quality improvement activity, providing reassurance about the provision of care with the Trust for patients with this diagnosis. In addition, extensive reviews of 'amber' alerting cases completed last year showed most cases to have good quality of care.

4.3 HSMR Red alerts by diagnosis group (12 months to November 2021)

For HSMR, different diagnostic groups trigger as outliers compared with SHMI, due to the variation in how they are calculated.
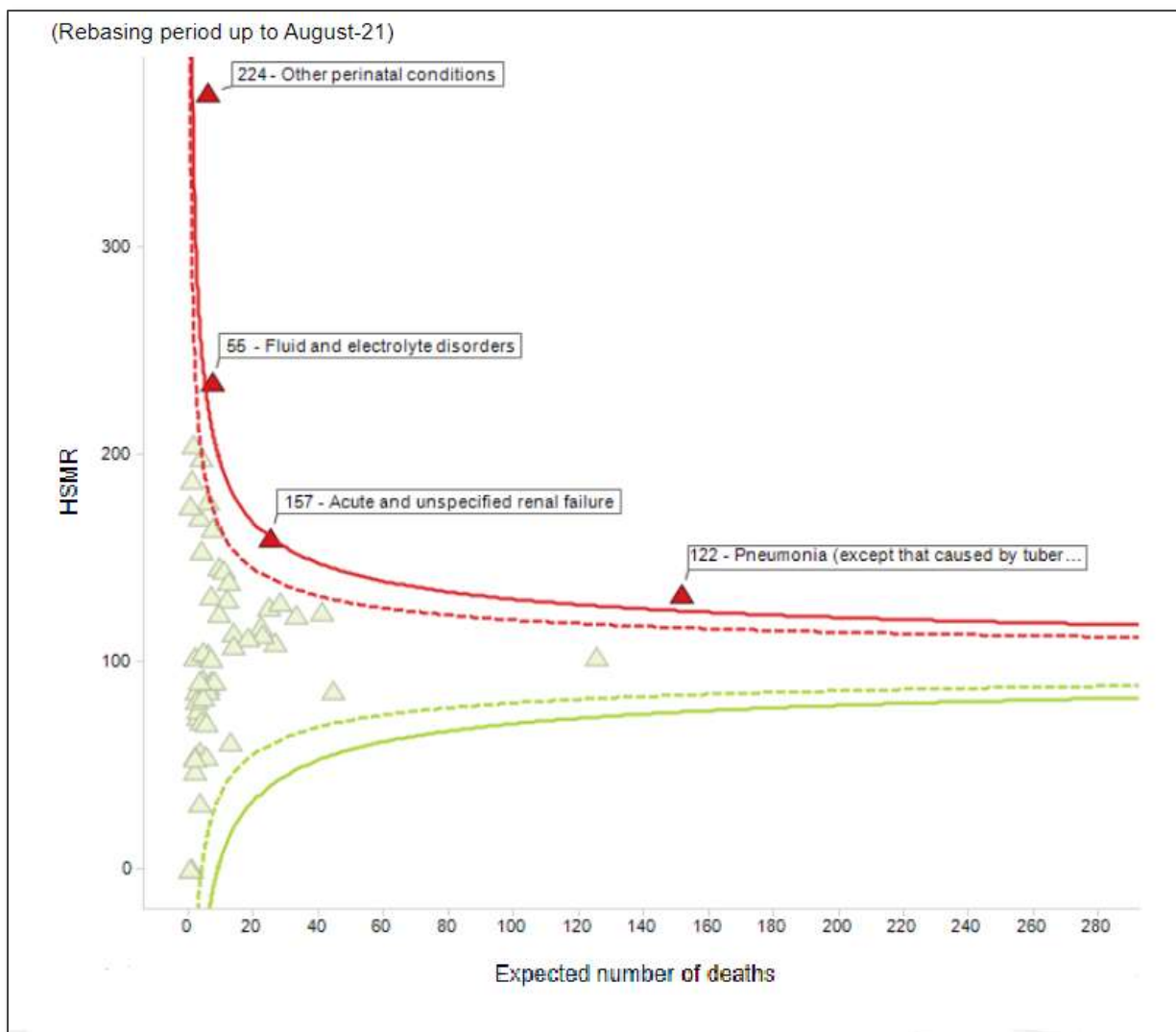
As with those groups alerting for SHMI (see section 4.1 and 4.2), work to understand the full impact of data quality issues and to ensure the provision of care is as expected will be completed.

4.4 HSMR Amber alerts by diagnosis group (12 months to November 2021)

There were no alerting Amber diagnosis groups.

5. Narrative on the metrics

5.1 Previous Mortality work

Summary of position

- The SHMI is now outside 'expected limits'.

- A previous mortality plan, developed in early 2021, resulted in a reduction in SHMI (but not HSMR), meaning that from March 2020 to February 2021 onwards the SHMI changed from 'higher than expected' to 'within expected limits'. For a few months after this, the SHMI did start to decrease further relative to the upper limit.

- This improvement is likely to be due to:
  - An agreement with the CCG to include ambulatory care cases in our data submissions in mid-2019 – external experts highlighted that we were the only Trust excluding them from mortality calculations, having major impact on our metrics
  - The development of an organisational mortality plan to sustain improvements in mortality, which includes:
    - Training and education
    - Coding review
    - Clinical review
    - Business case for palliative care expansion (to improve HSMR[6])
    - Coding review
    - EPR optimisation

- Initial good progress was made; depth of coding did increase transiently to start approaching levels for other providers.

- However, decreased availability of coders and the Covid-19 pandemic have until recently impacted on implementation of the plan, so some elements are still in progress.

In this following section, the current understanding of the key factors impacting on our metrics is outlined, with the actions already taken to improve them and ongoing work that is required, both in the short and longer term.

6. Factors impacting on the mortality indices

6.1 Current understanding of the issues impacting on our mortality indices

Depth of coding

- Data shows that, on average, patients admitted to the hospital have less comorbidities recorded than in other organisations, both regionally and nationally. This is not consistent with what we know about our patients, particularly with our understanding of deprivation on health.

- This effect of this lower depth of coding is more significant in non-elective cases, as this is our largest patient group and it impacts both denominator and numerator data. The following

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[6] HSMR, but not SHMI,

graph illustrates our depth of coding compared with Royal Salford FT and WWL (Aug 2020-Sep 2021).

Non Elective - average comorbidity score (Diagnosis 2-20)

RM3 - SALFORD NHS FOUNDATION TRUST
RMC - BOLTON NHS FOUNDATION TRUST
RRF - WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

Elective - average comorbidity score (Diagnosis 2-20)

RM3 - SALFORD NHS FOUNDATION TRUST
RMC - BOLTON NHS FOUNDATION TRUST
RRF - WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST
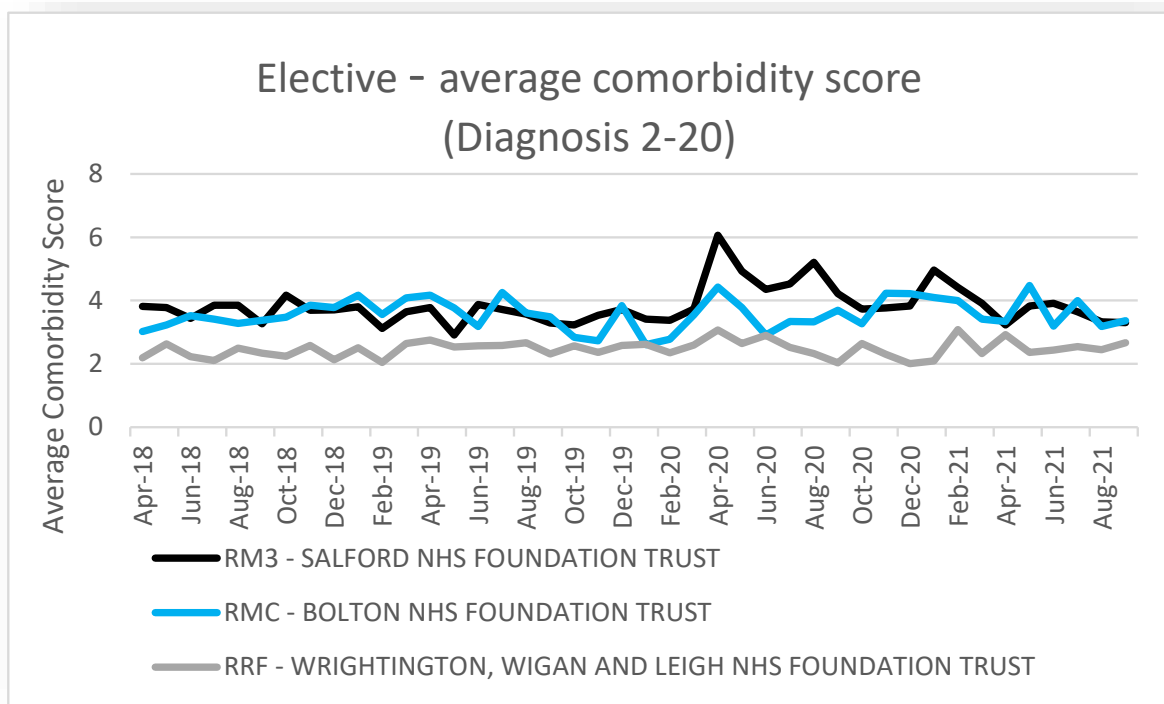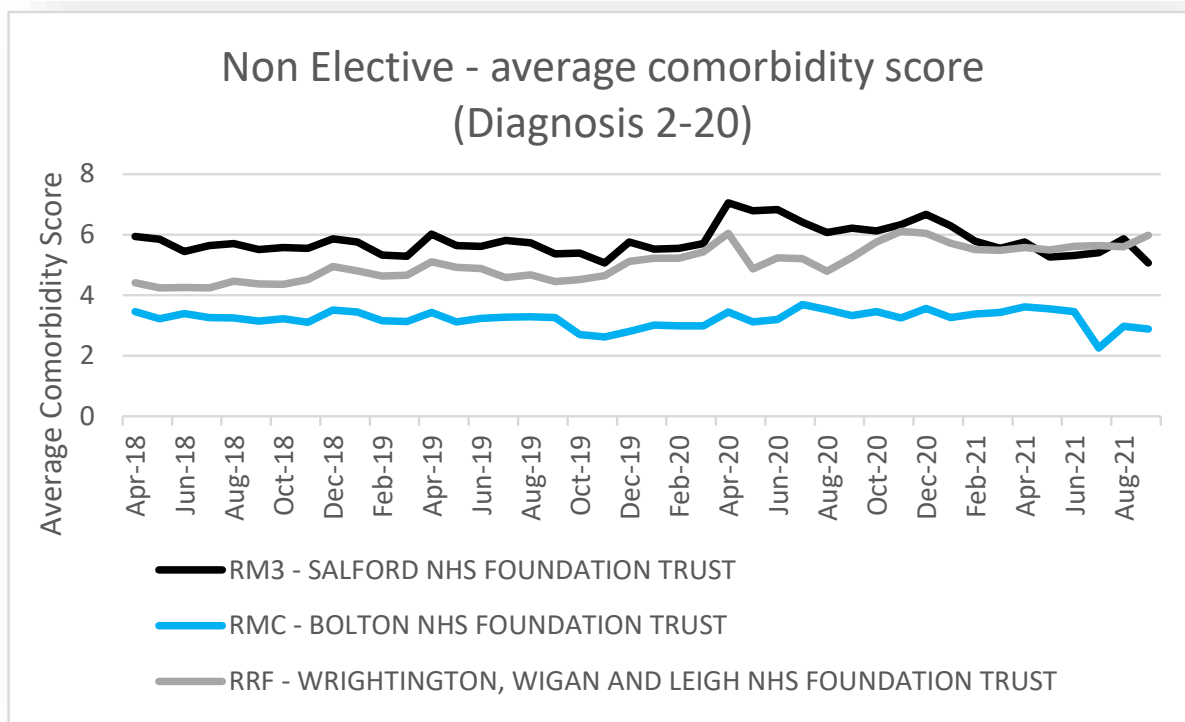
- The table below shows the number of spells recorded for Bolton Hospital NHS Foundation Trust, Salford Royal Foundation Trust and Wrightington, Wigan & Leigh NHS Foundation Trust for the same period as above:

	Bolton NHS Foundation Trust	**Wrightington, Wigan & Leigh NHS Foundation Trust**	**Salford Royal NHS Foundation Trust**
SHMI	112.63	103.45	99.65
Spells	53505	38275	41225
Observed deaths	1385	1285	1535
Expected deaths	1230	1240	1540

- For the Charlson comorbidities[7] recorded across the three trusts, we see that:

  o The numbers of patients with peptic ulcers for Bolton is higher than Salford and WWL
  o Bolton reports more (severe) liver disease and diabetes than WWL
  o For every other comorbidity, Bolton are lowest

- This results in the prediction of the number of expected deaths being much lower than the other organisations, despite more activity by spell.

The impact of recording on coding of comorbidities

- Comorbidity recording and coding is dependent on the following variables:

  o Conditions recorded by clinicians in the 'clerking in' document in the EPR
  o Completeness of information provided by patients, relatives and carers to clinicians
  o Information held on the Greater Manchester Care Record and its accessibility
  o The episode of care within which the comorbidities are recorded, as only information contained in the first completed episode (FCE) is included in mortality metrics calculations
  o Terminology used by clinicians to record diagnoses and comorbidities to ensure it is codable
  o Locally-agreed protocols on comorbidity recording that adhere to national coding rules but improve recognition of conditions

- We must enhance our systems to make this easier for staff to do and to continue to educate staff about how to do this efficiently. This is outlined in the Action Plan.

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[7] These are the key comorbidities (such as dementia, heart failure, (metastatic) cancer) that influence the mortality indices calculations

Coding

- Our Coding team are dedicated to ensuring extremely high levels of coding completeness and usually achieve above 98% of all patients at the point of data extraction for SHMI.

- There have been significant changes in staffing in the Coding team in the last year which have impacted on their capabilities to maintain this high standard:

  o 3 staff have been promoted within the department (for improved clinical liaison and audit)
  o Several substantive coders left the department
  o 6 trainees were recruited (one has left) – more than half the team are now newly appointed
  o Training takes 2 years to complete
  o Trainees are limited in what they can code, meaning increased pressure on existing staff to complete monthly returns

- This has resulted in:

  o A reduction in the coding completeness with concomitant impact on the mortality indices
  o Reduced Coding staff availability for vital clinical liaison

- Un-coded records are classified as R69x for SHMI purposes (a type of 'bucket code'), which effectively gives those patients the lowest prediction for death for SHMI and HSMR – despite what their real predicted risk of death would be from their comorbidities if they had been coded. These patients are included in the data extraction for SHMI and HSMR but their risk prediction is totally inaccurate. The graph below illustrates the impact of these changes:

Proportion of R69x records in SHMI (all activity)
December 2020 to November 2021
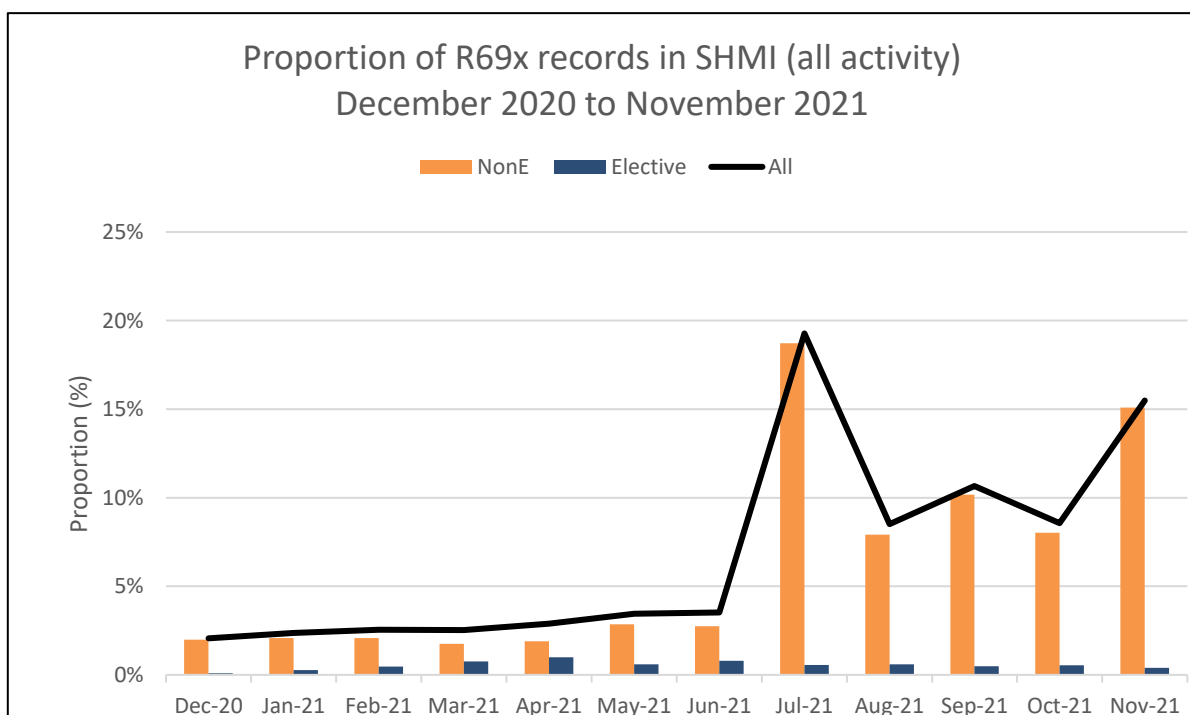
- Coders do eventually achieve >98% completeness of coding for all patients, but that is currently done beyond the freeze point (deadline) for mortality metric calculations.

- Recent data shows a positive trajectory of recovery and the proportion of R69x records is now at approximately 6% (equivalent to 94% of patients being coded in time for SHMI).

7. Completed actions

7.1 Assurance on our quality of care

- As our mortality indices sit outside the 'expected limits', we must be assured that this is a product of the data collection, not the quality of care. This is scrutinised in many ways across the organisation, including:

  - Via IPM and Clinical Governance and Quality Assurance Group
  - Delivery of divisional and trust wide Quality Accounts
  - Reporting to GIRFT and AQuA and internal audit
  - Serious Incident reports and recommendations
  - Structured Judgement Reviews via the Learning from Deaths Committee
  - Reports to Mortality Reduction Group

- Through these forums we are assured that our care delivery is good and this continues to be primarily a data quality issue.

Clinical examples of assurance on quality of care

- Some data sub-sets (as outlined in section 4.1) have given us cause for concern, but we are assured that we are actually performing very well clinically in comparison to local comparators.

- Specific examples include:

  - Pneumonia - judged by AQUA data to be performing well against quality indicators and with a SHMI 'within expected range' for those with a clinically confirmed diagnosis
  - Heart failure – where new service developments have bene implemented and the SHMI is 'within expected range' for that sub-set of patients
  - Improvements in sepsis screening in the Emergency Department

- Our SHMI for the top ten conditions are all 'within expected limits' which is another important assurer of care.[8]

7.2 Data quality improvements

ADT data quality improvements

- The following have been done to improve ADT data quality:
  - Recognition of the need to improve ward clerk staffing levels (which is being supported corporately and divisionally)
  - The production of a mandatory training package for ward clerks
  - Identification of common errors influencing our coding capabilities (e.g. transfer of care between consultants, rather than wards, creating erroneously short FCEs), which have been addressed by BI and through training for individual staff
  - Agreement that patients transferred directly to the Discharge Lounge to await patient transport services from ED will not be included in our submissions

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[8] See Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, November 2020 - October 2021 - NHS Digital

Coding

- To ensure our coding standards continue on the trajectory back to the expected standards:
    - Staff availability to code has been increased by:
        - Managers and newly promoted Clinical Information Assurance Leads reverted to clinically coding
        - Reduced attendance at meetings
        - Overtime and additional hours for LTFT workers
    - Changes have been made to data processing:
        - The extraction date for the data to be sent centrally has been pushed back as late as possible
        - Automated daily reports produced with focused episodes to work through
        - Prioritisation of deaths and electives cases (due to the Elective Recovery) as the extraction date approaches

7.3 Education and training

- The following have been done to improve education and training:
    - Know your Patient learning week
    - Sessions for clinical departments across the organisation on data quality issues
    - Teaching session for junior doctors
    - Ongoing educational resources provided in the education centre and on induction of new staff
    - Addition of Data Quality information slides to Corporate and Medical Induction slide deck

8. Ongoing actions

8.1 Coding actions

- Consideration of IT systems that may support the coders is being reviewed and fast track training for the new trainees on certain specialities is being implemented, to allow more experienced staff to be freed up for the more complex work.

8.2 Ongoing work to improve understanding and data quality

- The action plan is included in the following section.

- To ensure these actions are effective and remain on track, KPIs for mortality will be developed and formally agreed – these will include:
    - % red alert CCS diagnostic group cases that have had a clinical and coding review within 1 month of alerting
    - Average comorbidities recorded for patients and comparison against national and peer group averages
    - Coding completeness, with a view to seeing a return to previous standards of >98% of submissions being complete (with a reduction of R69x codes)

- The expected trajectory for these KPIs and mortality indices to improve is the next 12 months (this trajectory will be confirmed along with the KPIs).

- An audit of all cases admitted over a 2-week period is proposed to review the coding and clinical data correlation in real-time. This will require resourcing from a staffing point of view, as it is a large, but valuable, piece of work.

- Clinicians will work with coders and BI staff to gain deeper understanding of the data to inform future actions.

9. Actions summary

In view of this understanding of the data the following key actions are being undertaken.

Specific actions to address the coding issues have been outlined above and will be presented to Board in a paper from Julie Ryan next month. KPIs will also be agreed as stated.

9.1 Improve comorbidity recording through our systems

Issue: On average, Bolton Hospital NHS Foundation Trust's patients have 3 less comorbidities recorded per patient compared to other acute trusts, suggesting a high level of general health in our patients which is not consistent with what we know about the impact deprivation has on our community

Aim: To accurately represent the complexity and severity of patients, both those that die and that survive to discharge (and for 30 days afterwards) to ensure accurate numerator and denominator data for calculation of SHMI and HSMR;

To improve clinical understanding of the coding processes to ensure interventions will have the desired effect on mortality indices

1	Meet with team from North Tees (previously worst in country for SHMI) to discuss improvement steps (Sophie Kimber Craig and Liza Scanlon)	
2	Clinical, Coding and Business Intelligence staff to collaborate to identify practice that influences this difference (Sara Booth, Julie Ryan and Liza Scanlon)	21/03/22
3	Amend EPR to mandate input of high risk conditions (Charlson Comorbidities) on admission and automatic transfer of this information into Health Issues section of record (to ensure transfer between records) – Request for work submitted and IT team understand need – Delay due to upgrade of EPR software (due at financial year end) (Sophie Kimber Craig, Simon Irving, Sara Booth)	31/05/22
4	Work with Coding team to improve local Standard Operating Procedures to ensure data not missed when coding records, including implementation of permanent codes (Sophie Kimber Craig, Liza Scanlon, Kim Fearnley, Janet Wilkinson)	30/06/22
5	In collaboration with GMCR team, improve visibility of the key Charlson Comorbidities with the GMCR to improve communication between community and acute care teams, with concomitant improvement in SHMI and HSMR (Sophie Kimber Craig, Simon Irving, Sara Booth, Barbara Hart)	30/06/22
6	Improved access to IT equipment on wards for clinical staff to ensure timely and easier input of data – Kit purchased and being distributed to wards in June (Corporate and IT teams)	30/06/22
7	Improve input of comorbidities for elective care patients by training non-medical teams to enter key Health Issues – Breast nurses collaborating with team to learn how to upload data gleaned during preoperative assessment (Sophie Kimber Craig, Annette Trengove)	31/05/22
8	Work with clinicians to improve recording of information and recognition of severity and complexity at the earliest opportunity in their admission	31/07/22

	- Survey of current practice amongst consultants - Documentation at the Post-Take Ward Round to be done by consultant - Work with consultant colleagues to highlight need for specificity about severity (e.g. document "pneumonia requiring oxygen therapy", not just pneumonia) (Sophie Kimber Craig, Simon Irving + divisional teams)	

9.2 Improve training and education to improve comorbidity recording

Issue: Clinical staff continue to record information in free text form in the EPR and not use the Health Issues section

Aim: Improve understanding amongst staff of importance and methods for recording morbidities accurately and in an extractable way

Responsibility: Sophie Kimber Craig

1	Reminder sent to all Junior Doctors on need for uploading information to Health Issues	
2	Educational sessions for staff of all grades in departments across Trust to explain mortality indices and need for accurate data	
3	Add slides to the corporate and medical induction packages about data quality and (where appropriate) the clinical need for this information to be held in our EPR	
4	Additional ESR training packages in development, including video to explain clinical need for this data	30/04/22
5	Undertake a second Know Your Patient learning week	15/09/22
6	Uploading of comorbidities to Health Issues after admission by Know Your Patient team - Remote access has been provided to staff to improve the productivity of this team	Ongoing

9.3 Maintain high quality care

Issue: Serious Incident reports and SJRs highlight that we can make improvement in how we recognise and/or respond appropriately to patients with sepsis and/or who are deteriorating

Aim: Improve recognition of and response to sepsis and those that are deteriorating, to ensure early clinical intervention and reduced mortality

(Note that the responsibility for completion of many of these actions, while monitored via the mortality working party and MRG, lie with other groups, such as the Sepsis Forum or the Deteriorating Patient Group)

1	Introduce the RR-SAFER programme across the organisation - Improve the early response to deterioration of patients on the wards by nursing staff - Implementation of a clear way of documenting and communicating concern about deterioration (Anne Gerrard)	31/03/22
2	Improve the educational offer for the JDs and SAS doctors in the Trust - Undertake a review of current provision (which includes the current Foundation Simulation Programme)	31/07/22

	- Review available options (such as AIMS course) - Implement a mandatory training programme (Sophie Kimber Craig, Simon Irving, Carl Oakden)	
3	Explore submission of our sepsis data by AQuA for review - Done previously but funding withdrawn (Sophie Kimber Craig, Debbie Redfern, Michelle Parry)	30/04/22
4	Implement the use of the Sepsis Screening Tool via the EPR (Divisional teams)	30/06/22

9. Appendix – Glossary

CCS and SHMI groupings available from (see SHMI specification):

https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current/shmi-data

See below for mortality rates explanation and comparison table.

'As Expected' mortality: This is usually expressed as a funnel chart, using confidence intervals. Using the 'official' SHMI definitions, 'as expected' mortality is explained within the 95% confidence intervals. Outside of the 'as expected' grouping means an organisation is either an outlier in terms of mortality performance.

Common Cause Variation: is fluctuation caused by unknown factors resulting in a steady but random distribution of output around the average of the data. It is a measure of the process potential, or how well the process can perform when **special cause variation** removed. A common characteristic is to be stable and "in control". We can make predictions about the future behaviour of the process within limits. When a system is stable, displaying only common cause variation, only a change in the system will have an impact.

Control Limits: indicate the range of plausible variation within a process. They provide an additional tool for detecting special cause variation. A stable process will operate within the range set by the upper and lower control limits which are determined mathematically (three standard deviations above and below the mean).

Crude Mortality Rate: The crude mortality rate is based on actual numbers. It is calculated by the number of deaths divided by the number of discharges (not including day cases, still births and well born babies). A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in a specific time period and then compares that against the amount of people admitted for care in that hospital for the same time period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted. It tells you how a Trust's mortality rate changes over time; however, it cannot be used to compare or contrast between hospitals. This differs from SHMI, which features adjustment based on population demographics and related mortality expectations.

CUSUM: CUSUM statistical process control techniques are commonly applied to mortality monitoring to detect changes in mortality rates over time. The CUSUM value increases when patients die and decreases when they survive. They are calibrated with a 'trigger' value, and if a CUSUM exceeds its trigger, it should be investigated. A CUSUM chart is 'reset' after each trigger and continues monitoring. A trigger value of 5.48 is used for all of the 56 disease groups within the aggregated CUSUM and has been confirmed by CQC. The chart will rest to zero after a trigger. When the CUSUM drops it is showing less deaths than the previous month compared to expected.

HED: Healthcare Evaluation Data is an online benchmarking tool, designed to deliver intelligence to enable healthcare organisations to drive clinical performance improvement and financial savings. It allows the organisation to utilise analytics which harness HES (Hospital Episode Statistics), national inpatient and outpatient and ONS (Office of National Statistics) Mortality data sets.

Hospital Standardised Mortality Rate (HSMR): The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for all diagnostic (CCS) groups in a specified patient group. The expected deaths are calculated from logistic regression models with a case-mix of: age band, sex, deprivation, interaction between age band and co-morbidities, month of admission, admission method, source of admission, the presence of palliative care, number of previous emergency admissions and financial year of discharge. The HSMR is a method of comparing mortality levels in different years, or between different hospitals. Thus, if mortality levels are higher in the population being studied than would be expected, the HSMR will be greater than 100. This methodology allows comparison between outcomes achieved in different trusts, and facilitates benchmarking

HSMR methodology: Collated via Healthcare Evaluation Data (HED), HSMR information is calculated using the 'lagged' model. This ensures a more stable rate despite the model being calculated on the 10 years to three months behind the most recent in HED. This removes any skewing caused by inconsistencies or incomplete data at SUS 'Flex' deadline.

Rolling average: The most recent months' performance with the previous 11 months included thus providing an annual average. This is an effective way of presenting monthly performance data in a way that reduces some of the expected variation in the system i.e. seasonal factors providing a much smoother view of performance allowing trends to be more easily discerned.

National Peer Group: All other UK NHS acute Trusts (i.e. not including specialist, community or mental health trusts), enabling the Trust to benchmark itself against all other UK hospitals.

Peer group: The comparison peer group identifying the most similar (overall) Trusts to Bolton. The activity with other trusts has been compared and those identifying as most similar using the distribution of activity by HRGs are as below:

- Airedale NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- East Suffolk and North Essex NHS Foundation Trust
- Mid Yorkshire Hospitals NHS Trust
- Pennine Acute Hospitals NHS Trust
- Rotherham NHS Foundation Trust
- Stockport NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Wye Valley NHS Trust

Summary Hospital-Level Mortality Indicator (SHMI): The nationally developed mortality ratio designed to be used to allow comparison between NHS organisations. This indicator also includes mortality within 30 days of discharge, so represents in hospital and out of hospital (within 30 days) mortality. The SHMI is the NHS 'Official' marker of mortality and is Glossary Directorate of Performance Assurance, published on a quarterly basis. Because of its inclusion of mortality data within 30 days of hospital discharge, when published, the most recent information available is quite historic, sometimes up to 6 months behind present day.

Sigma: A sigma value is a description of how far a sample or point of data is away from its mean, expressed in standard deviations. A data point with a higher sigma value will have a higher standard deviation, meaning it is further away from the mean.

Special Cause Variation: the pattern of variation is due to irregular or unnatural causes. Unexpected or unplanned events (such as extreme weather recently experienced) can result in special cause variation. Systems which display special cause variation are said to be unstable and unpredictable. When systems display special cause variation, the process needs sorting out to stabilise it. There are usually two types of special cause variation, trends and outliers. If a trend, the process has changed in some way and we need to understand and adopt if the change is beneficial or act if the change is deterioration. The outlier is a one-off condition which should not result in a process change. These must be understood and dealt with on their own (i.e. response to a major incident).

Standard Deviation: Standard deviation is a widely used measurement of variability or diversity used in statistics and probability theory. It shows how much variation or "dispersion" there is from the "average" (mean, or expected value). A low standard deviation indicates that the data points tend to be very close to the mean, whereas high standard deviation indicates that the data are spread out over a large range of values.

Understanding Mortality Rates – CRUDE, HSMR and SHMI

	Crude	SHMI	HSMR
Numerator	Actual number of deaths	Total number of observed deaths in hospital and within 30 days of discharge from the hospital	All spells culminating in death at the end of the patient pathway, defined by specific diagnosis codes for the primary diagnosis of the spell: uses 56 diagnosis groups which contribute to approx. 80% of in hospital deaths in England
Denominator	Number of discharges	Expected number of deaths	Expected number of deaths
Adjustments		• Sex • Age group • Admission method • Co-morbidities based on Charlson score • Year index • Diagnosis group No adjustment is made for palliative care. Details of the categories above can be referenced from the methodology specification document at http://www.ic.nhs.uk/services/summar y-hospital-level-mortality-indictorshmi	• Sex • Age in bands of five up to 90+ • Admission method • Source of admission • History of previous emergency admissions in last 12 months • Month of admission • Socio economic deprivation quintile (using Carstairs) • Primary diagnosis based on the clinical classification system • Diagnosis sub-group • Co-morbidities based on Charlson score • Palliative care • Year of discharge
Exclusions	Excludes day cases, still births and well born babies.	Excludes specialist, community, mental health and independent sector hospitals; Stillbirths, Day cases, regular day and night attenders. Palliative care patients not excluded.	Excludes day cases and regular attendees. Palliative care patients not excluded
Whose data is included		All England non-specialist acute trusts except mental health, community and independent sector hospitals via SUS/HES and linked to ONS data for out of hospital deaths. Deaths that occur within 30 days are allocated to the last hospital the patient was discharged from.	England provider trusts via SUS/HES

Title:	People Committee Chairs' Reports February/March 2022		

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	31st March 2022		Discussion	
Exec Sponsor	James Mawrey		Decision	

Summary:	This report provides an update on the People Committee.

Previously considered by:	n/a

Proposed Resolution	The Board is requested to note and be assured that all appropriate measures are being taken.

This issue impacts on the following Trust ambitions			
To provide safe, high quality and compassionate **care** to every person every time	✓	Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing	✓
To be a great place to work, where all **staff** feel valued and can reach their full potential	✓	To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton	✓
To continue to use our **resources** wisely so that we can invest in and improve our services	✓	To develop **partnerships** that will improve services and support education, research and innovation	✓

Prepared by:	James Mawrey, Director of People	Presented by:	Bilkis Ismail, Non-Executive Director

Committee/Group Chair's Report

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	17th February 2022	Date of next meeting:	17th March 2022
Chair:	Bilkis Ismail	Parent Committee:	Trust Board
Members present/attendees:	B Ismail, J Mawrey, F Noden, S Martin, M Brown, A Stuttard, L Gammack, C Williams, B Thomas, E Steel, R Carter, A Hansen, M Toms, K Stott, L Smoult, S Lowe, P Henry, S Carney, N McDonald, D Mulligan, A Lucas, A Yunus-Usmani	Quorate (Yes/No):	Yes
		Key Members not present:	A Walker, S Ball, F Andrews, S Kimber-Craig, R Calderbank, R Wheatcroft, K Meadowcroft, C Sheard

Key Agenda Items:	RAG	Key Points	Action/decision
Resourcing		• Updates where provided on the plethora of recruitment actions that are taking place throughout the organisation. Including updates in International recruitment (Nursing) and hard to fill posts (all). Our recruitment KPI's continue to benchmark positively, albeit staffing remains an acute issue given the extra operational pressures. • International recruitment was discussed. The Committee heard that the Trust had received circa £300k to support in this work programme and we have set aspirational targets of 72 International Nurses being recruited (20 already in place). • Mandatory vaccination - Despite the extensive work undertaken by the organisation, it was noted that the government had paused the compulsory mandatory vaccination for all staff. Committee heard that there are circa 244 frontline staff who have not had both vaccinations. • It was noted that HCSW remain a priority and central funding has also been awarded to support in this work programme. It was requested that a fuller update be provided in the next meeting on the establishment vrs actuals along with the projected talent pipeline.	• The paper was noted. Monthly updates to remain in place. • Deeper update on HCSW talent pipeline for the next meeting.
Agency		• The Committee received an update on the Agency performance (Medical and Non-Medical).	• The paper was noted. Monthly updates to remain in place.

■	No assurance – could have a significant impact on quality, operational or financial performance;	Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust
■	Moderate assurance – potential moderate impact on quality, operational or financial performance	
■	Assured – no or minor impact on quality, operational or financial performance	

	🟧	🟥	• It was noted that whilst the fill rate had dropped in line with trajectory (positive) the costs have not. The reason for this is due to 'legacy / catch up' costs that were paid this month. • Given the extreme operational pressures then Agency remains a concern. The actions being taken to mitigate costs have been previously discussed with BoD members and it was evidenced in the meeting how these actions had helped to reduce the spend that would have occurred without these actions.	
Mortuary Services	🟩	🟧	• The Division provided an update paper on the steps that have been taken to comply with an official letter from NHS England requesting that all organisations with a mortuary review their practices and security in line with existing Human Tissue Authority. • This paper has been discussed at the Quality & Safety Committee as well as the People Committee. • Strong assurance was provided however; it was noted that more work was required with DBS checking for all staff. Committee requested that an update be provided to the Committee in two months via the Resourcing paper.	• The report was noted • An update be provided to the Committee in two months via the Resourcing paper.
Bolton Locality Workforce Transformation	🟩	🟩	• Director of Strategy / Transformation and Director of People provided an update on the work being taken within our community to ensure our workforce shape reflects our populations' needs. Non exhaustive actions include a workforce focussed on Neighbourhood delivery; Generic Roles and review of roles to ensure no duplication; Move to Strengths based conversation • It was noted that the Executive Team have agreed the funding for a Workforce Transformation team to oversee this work programme.	• The presentation was welcomed and it was agreed that quarterly updates would be provided.

🟥 No assurance – could have a significant impact on quality, operational or financial performance;	Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust
🟧 Moderate assurance – potential moderate impact on quality, operational or financial performance	
🟩 Assured – no or minor impact on quality, operational or financial performance	

Committee/Group Chair's Report

		• An update on this work is being provided directly to BoD members directly.	
2021 NHS National Staff Survey Results		• To avoid repetition a full paper is coming to the BoD in March.	• The report findings are commended to the Trust Board of Directors.
Coaching & Mentoring Plan		• To avoid repetition a full paper on Leadership is coming to the BoD in March. This includes details of the Coaching and Mentoring Plan.	• The report are commended to the Trust Board of Directors.
Leadership & Management Development Plan		• To avoid repetition a full paper on Leadership is coming to the BoD in March. This includes details of the Leadership and development Plan.	• The report are commended to the Trust Board of Directors.
EDI Annual Report		• To avoid repetition a full paper on the EDI Annual report is coming to the BoD in March.	• The report are commended to the Trust Board of Directors.
Guardian of Safe Working Update – Quarter 3 report		• There were 48 exception reports submitted (103 this time last quarter) and the majority related to breaks not being taken (41). All of these reports have been actioned by the GOSW. No fines have been levied by the GOSW this quarter. • This was the GOSW last meeting as she has been in post for her 3 year tenure. The Committee Chair and Executive Directors thanked her for her input and noted how this work programme had shown real development in her time.	• The report was noted.
Integrated Workforce Report		• The report triangulated the key workforce data at a Trust and Divisional level.	• The report was noted.

🟥	No assurance – could have a significant impact on quality, operational or financial performance;	Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust
🟧	Moderate assurance – potential moderate impact on quality, operational or financial performance	
🟩	Assured – no or minor impact on quality, operational or financial performance	

Committee/Group Chair's Report

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	17th March 2022	Date of next meeting:	21st April 2022
Chair:	Bilkis ismail	Parent Committee:	
Members present/attendees:	James Mawrey, Fiona Noden, Sharon Martin, Malcolm Brown, Francis Andrews, Martin North, Lisa Gammack, Carol Sheard, Clare Williams, Bridget Thomas, Sharon Katema, Rachel Carter, Angela Hansen, Michaela Toms, Rachel Hemingway, Dawn Murray, Paul Settle, Phillip Henry, Nicola Caffrey, Lianne Robinson, Joanne Street, Andrew Chilton, Bethany Speakman	Quorate (Yes/No):	Yes
		Key Members not present:	Annette Walker, Alan Stuttard

Key Agenda Items:	RAG	Key Points	Action/decision
Resourcing		• The Committee heard off the excellent work that had been taking place with regard to HCSW appointments. Three corporate HCSW interviews were taking place over three days in March with over 100 HCSW having applied. In addition to HCSW interview there were corporate Registered Nurse interviews taking place in March. An update will be provided at the next meeting on the number of posts that were filled. • Noting that the Trust has sent aspirational targets of 72 International Nurses & Midwives being recruited (20 already in place). It was discussed whether this could be scaled up further. Whilst the meeting considered the skill mix/pastoral care/educational implications it was felt a deeper analysis would be helpful for the next meeting. • Updates were provided on emerging new roles, such as the Medical Support Worker roles, along with the progress being made on the hard to fill posts (all). The Divisions were requested to set out in more detail the actions that were being taken to recruit these posts and potential fill dates.	• The paper was noted. Monthly updates to remain in place. • Divisional updates to be provided to the May Committee on hard to fill posts and their workforce planning assumptions. • Update at next meeting on International recruitment
Agency		• An update was provided on the 'legacy / catch up' costs that were paid this month (£143k). It was noted that the number	• The paper was noted. Monthly updates to remain in place. This should be incorporated within the above paper given the links to resourcing actions being taken.

■	No assurance – could have a significant impact on quality, operational or financial performance;
■	Moderate assurance – potential moderate impact on quality, operational or financial performance
■	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

		• of nursing shifts filled this month had dropped (14.73% decrease), whilst medical had increased (11.52% increase). Adult Acute account for 59.36% of spend and Anaesthetics and Surgery for 40.03%. • An update on all the actions being taken to mitigate costs (discussed with BoD members) was discussed. Along with how these actions had helped to reduce the spend that would have occurred without these actions.	• Progress of Direct Engagement utilisation to be included in all updates.
2021 NHS National Staff Survey Results		• To avoid repetition a full paper is coming to the BoD in March.	• The report findings are commended to the Trust Board of Directors.
People Development Update		• An update was received on the array of People Development programmes within the Trust. The following is a non-exhaustive overview: Leadership Masterclasses, Coaching & mentoring programmes, Medical Leadership programme, Nurse development, Operational Business Management Development, BAME Leadership Development, Equality & Diversity training. Discussion took place regarding the short/medium and longer term evaluation of these programmes and how these feed into workforce planning programmes. • Concerns were raised about slight drops in Mandatory & Statutory training and it was request that a full paper be provided to the next meeting.	• The report was noted and it was agreed a quarterly update would remain in place. • Update on Mandatory and Statutory training at the next meeting.
Staff Wellness Update		• An update was received on the plethora of Staff wellness programmes within the Trust. The following is a non-exhaustive overview: Trauma Risk Management, Schwartz Rounds, Stop Smoking Support, Menopause support, Shinymind, Occupational Health activities – along with focused work taken by our Staff Health & Wellbeing	• The report was noted and it was agreed a quarterly update would remain in place.

🟥	No assurance – could have a significant impact on quality, operational or financial performance;	Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust
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🟩	Assured – no or minor impact on quality, operational or financial performance	

		Champions at Divisional level. Future programmes include Project Wingman and Sleep well initiatives. • With regard to impact it was noted that absence levels continue to benchmark positively in Greater Manchester.	
People Strategy Development		• The Committee supported the presentation which described the proposed approach to the development of the People & Culture Strategy, which will replace our previous Workforce & OD Strategy. This approach aligns with the development of our revised corporate strategy and follows the diagnostic format of determining where we are now, describing where was want to be and the actions we will take to get there	• It was agreed that an update on the development of the People & Culture Strategy would come to the May Committee.
Integrated Workforce Report		• The report triangulated the key workforce data at a Trust and Divisional level.	• The report was noted.
Assurance reporting Groups		• Workforce Partnership Group • People Development Steering Group • Staff Experience Group • EDI Steering Group • Workforce Digital Group • All Divisional People Committees	• All reports were noted and any risks being managed within the People Committee. • A full update from the Staffside Chair at the next meeting on Partnership Working within the Trust.

No assurance – could have a significant impact on quality, operational or financial performance;	Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust
Moderate assurance – potential moderate impact on quality, operational or financial performance	
Assured – no or minor impact on quality, operational or financial performance	

Agenda Item: 16

Title:	Annual EDI Assurance Report 2020-21			
Meeting:	Board of Directors	**Purpose:**	Assurance	x
Date:	31 March 2022		Discussion	
Exec Sponsor:	James Mawrey, Director of People		Decision	x

Summary:	This report seeks final approval to publish the Trust's draft Annual EDI Assurance Report 2020-21.
	The annual report provides an overview of the key milestones the Trust has achieved during the period from 1 April 2020 to 31 March 2021. In response to feedback, this year's report is condensed compared to previous years' reports.
	Our Trust is legally bound to publish its' annual report to provide assurance to our commissioners, patients and the general public on our EDI approach.

Previously considered by:	EDI Steering Group on 9 December 2021 and People Committee on 17 February 2022.

Proposed Resolution:	Note and approve the publication of the Trust's Annual EDI Assurance Report 2020-21.

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	

Prepared by:	Rahila Ahmed, EDI Lead and Lisa Gammack, Deputy Director – OD	**Presented by:**	Lisa Gammack, Deputy Director – OD

1. Background

1.1 The annual Equality, Diversity and Inclusion (EDI) Assurance Report for 2020-21 which is attached at **appendix one** provides assurance to the Trust Board that our organisation is compliant against the general equality duty as outlined in the Equality Act 2010.

1.2 The annual report highlights key milestones and achievements our Trust has obtained and progress made on all aspects of our EDI agenda.

1.3 The annual report is a legal requirement under the specific equality duties and highlights progress related to the wider specific legal and contractual duties outlined as follows:

- Progress in conducting equality impact assessments / analysis
- Equality Delivery System 2 (staff and patients and service users)
- Workforce Race Equality Standard (staff)
- Workforce Disability Equality Standard (staff)
- Accessible Information Standard (patients and service users)
- Patient experience
- Gender Pay Gap (staff)
- Equality Network (staff)

1.4 The data contained within the annual report has been obtained from the Trust's Business Intelligence Team and Workforce and OD Directorate, as well as numerous key documents and reports.

1.5 The EDI Steering Group provided feedback on the draft annual report which has been reflected in the version included in this report. Below is a summary of their feedback:

- Include more recent population estimates under each of the protected characteristics and deprivation and disease related statistics.

- Revisit the ethnicity terms used within the report.

- Include under our achievements the developments and progress we have made utilising NHS Charities Together funding.

It should be noted that the annual report still references 2011 census information as that is most recent data set available from the Office for National Statistics. The 2021 census data has not been released.

1.6 The People Committee supported and approved the draft annual report on 17 February 2022. The committee acknowledged the positive progress that has been on our EDI journey and that we still have a long way to go to achieve our strategic EDI ambitions.

2. Key Highlights 2020-21

2.1 The annual report outlines a number of key highlights and achievements on the Trust's EDI journey, including (but this list is not exhaustive):

- A series of developments in response to the outbreak of COVID-19 and ensuring patients have their communication and religious needs met in light of visitor and chaplaincy support restrictions.

- Black and Minority Ethnic Staff (BAME) network continues to play an active role in shaping a better future. The network continues to advise senior managers on matters and co-designing and reviewing strategies policies and procedures.

- Progress in meeting the Accessible Information Standard requirements with a focus on updating electronic data collection systems.

- Review of the PALS and Complaints Service to highlight improvements required.

- Strengthening of the interpretation and translation complaints handling process leading to speedier response timeframes and reporting.

- Participation in a variety of national and local events to affirm the Trust's commitment to inclusion including Bolton LGBT Pride, Black History Month, Equality Diversity and Human Rights Week and LGBT History Month.

- The creation of an EDI calendar highlighting the key dates for the main seven religions and their impacts on inpatients, outpatients and staff.

3. Key Areas of Focus for 2021-22

3.1   During the current financial year the EDI Team have been focusing on a number of key areas the following key areas, including (but this list is not exhaustive):

- Developing and publishing the Trust's new 4-year EDI Plan along with a robust delivery programme.

- Holding online listening sessions for our disabled staff and launching the new Disability and Health Conditions Staff Network.

- Holding online listening sessions for our LGBT+ staff and launching the LGBT+ Staff Network.

- Establishing and supporting our Transgender Equality Task and Finish Group to make improvements for our transgender patients and staff.

- Refocusing the Accessible Information Standard Task and Finish Group and updating their action plan.

- Conducting an interpretation and translation scoping exercise and working with divisions to identify key issues that will be incorporated into a review of the service provision currently in place.

- Aligning the Trust's Equality Impact Assessment process and documentation with that being utilised by the Greater Manchester Health and Social Care Partnership.

- In collaboration with the People Development Team, designing and developing the new Be Inclusive Development Programme.

- In collaboration with the Workforce Information Team, creating our WRES, WDES and GPG divisional quarterly highlight reports and ensuring effective monitoring and evaluation arrangements are in place.

4. Publication

4.1   We aim to publish our Annual EDI Assurance Reports in the Autumn each year for the previous annual reporting period. However, due to staff shortages, the COVID-19 pandemic and significant operational pressures which has led to the stepping down of some key meetings we have been unable to meet the Autumn deadline this year.

4.2   Moving forward, the Trust's Annual EDI Assurance Reports will follow the timetable shown below:

Reporting Period	Divisions provide EDI information & data collection	Compile Report	Draft report presented to the EDI Steering Group	Draft report presented to the People Committee	Final draft presented to Trust Board	Publication
2021-22	May 2022	May & Jun 2022	Jul 2022	Aug/Sept 2022	Sept 2022	Oct 2022

5. Next Steps

5.1   Subject to final approval the report will be published on the Trust's internet in April 2022.

6. Recommendation

6.1   It is recommended that the Trust Board:

- Note and approve the publication of the Trust's Annual EDI Assurance Report 2020-21.

NHS

Bolton
NHS Foundation Trust

Equality Information Monitoring Report
2020-2021

…for a better Bolton

Contents

Introduction

Bolton NHS Foundation Trust is committed to eliminating discrimination, promoting equality of opportunity, fostering good relations, reducing health inequalities and providing an environment which is inclusive for patients, carers, visitors and staff.

Our aim is to ensure staff are consciously inclusive in their day to day practice and interactions with our diverse patients and within teams, responding to their individual needs. The Trust dedicates effort to ensuring a culture of respect by applying fair and inclusive working practices to ultimately deliver the highest standards of care. We recognise having a supportive staff culture leads to high levels of staff motivation and impacts positively on patient experiences and health outcomes. This way we can ensure the Trusts vision is achieved to deliver high quality, patient centred, accessible services and as an employer to provide a positive workplace culture free from bullying and harassment and discrimination and be the employer of choice.

The purpose of this report is to demonstrate how Bolton NHS Foundation Trust adheres to the Equality Act 2020 and complies with the general duty. It provides an overview of our workforce composition and patient access, celebrates our achievements and highlights any differential outcomes for patients and employees with protected characteristics. Collecting and using this equality information helps to inform the Trusts decision making and to monitor the equality impact of our activities on patients and staff. The report identifies future areas of improvement which will be aligned to the action plan associated with the equality objectives set out in the Equality, Diversity & Inclusion (EDI) plan.

Various sources of data are used within the report to demonstrate the level of progress. This includes the most recent census 2011 data. Patient data reports are based on the single visit/admission of a patient as opposed to number of times a patient has used our services.

2. Who are we

Bolton NHS Foundation Trust is a provider of hospital and community health services in the North West sector of Greater Manchester.

Bolton population currently stands at **287, 550**

0   250k   500k

Bolton is richly diverse with over one fith of the population from a Black, Asian or Minority Ethnic (BAME) background.

65+ The borough has a higher proportion of older people (65 years plus) than what is observed at Greater Manchester

1/5 As with many local authorities in the north of England, the health of people in Bolton is generally worse than the average for England

The most common BAME groups are of **Indian** and **Pakistani** backgrounds

19.8% of adults declared a long term illness, health problem or disability (Census 2011)

1/2 Around half of Bolton's residents are aged under 40

20% Bolton is one of the 20% most deprived districts/ unitary authorities in England

12,120 of children live in low income families

6% Approximately 6% of Greater Manchester's community identify as Lesbian, Gay or Bisexual

4% The Bolton population forms 4% of the population of the North West region as a whole

10% and 10% of the Greater Manchester population.

Deprivation & Disease Prevalence [i]

- When compared with the Greater Manchester region, Bolton ranks third highest for levels of deprivation.

- The health of people in Bolton is generally worse than the England average.

- Bolton is amongst the 20% most deprived local authorities in the country, ranking 46th out of the 317 English local authorities.

- 25% (14,900) of children live in low income families.

- Males have an average life expectancy of 82 years whilst females have a higher life expectancy at 78 years. These are lower than both the regional and national average at 83 and 80 years respectively. There are also inequalities in life expectancy dependent upon location. It is 11.3 years lower for men and 8.9 years lower for women in the most deprived areas of Bolton compared to the least deprived. The reasons for this are varied and include social factors such as poverty, high unemployment and poor housing and lifestyle factors.

- Bolton sees higher than average levels of alcohol related harm, smoking related deaths, and hip fractures in older people, more deaths from drug misuse and more hospitalisation for self-harm.

Disease Prevalence

- **Cardiovascular diseases (CVD)** - death rates from CVD amongst the under 75s remain worse in Bolton than the England average an estimated 12.5% of people are living with these conditions. It is also the leading cause of health inequalities in Bolton.

- **Cancers** - Bolton residents experience a higher rate of lung cancer than England whilst rates of breast and prostate cancer are lower in Bolton than average. Death rates from cancer amongst the under 75s are worse in Bolton than the England average.

- **Respiratory diseases** - Rates are higher than average in Bolton including for COPD and asthma. Just over 6% of adults registered with general practitioners in Bolton suffer from asthma and 2% with COPD

- **Diabetes** - There are more than 20,000 adults with a diagnosis of diabetes in Bolton. This equates to 8.4% of adults registered with general practitioners in Bolton and is higher than the England and North West average. It There are striking ethnic inequalities in diabetes prevalence, with South Asian ethnic groups more likely to develop diabetes.

- **Mental health** - 10% of adults registered with general practitioners in Boltonsuffer from depression and this is similar to England as a whole and across Greater Manchester.

Further population demographic data broken down by protected characteristics can be found in section 4.

(Extracted from the Bolton Public health report 2019-2020)

2.1 Equality Objectives

The Trust has developed its refreshed EDI Plan. It sets out the Trust's vision for EDI and its approach to creating an inclusive culture over the next four years in line with the Equality Act 2010. Each ojective links to our statutory, regulatory and contractual requirements as well the Trusts strategic aims and priorities. It focuses on the system redesign, community and staff engagement, co-designing workplace and patient experience improvements.

Ambition 1

Understand the needs of our community and provide services which meet those needs.

Ambition 2

Create a working environment in which all staff can reach their full potential.

Ambition 3

Recruit and cultivate a workforce that represents Bolton's diversity.

Ambition 4

Act on patient, staff and community feedback on how we can improve our approach to EDI.

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3. Our Achievements

The Trust has taken forward significant pieces of work to develop EDI across our services and workforce. The following are some examples of our achievements and successes across the protected characteristic groups.

Disability

- In response to Covid 19 hospital visitor restrictions and to address communication difficulties resulting from staff wearing face masks and Personal Protective Equipment (PPE), an online BSL interpreter service and other accessible apps were rolled out on iPads to ensure effective communication particularly for people with hearing difficulties. Working closely with the Bolton Deaf Society, good practice guidance in communicating with deaf patients was produced, along with the development of easy read Covid specific resources.

- Relaunch of our Accessible Information Standard (AIS) working group. The Trust has made progress in ensuring that the move away from patient records to electronic systems takes account of the need to record people's information and communication needs.

- Wheelchair and Hearing loop initial audit conducted, findings of which will be incorporated into an improvement plan. We will be working with the estates management department to review accessibility including wheelchairs and hearing loops.

- The Trusts Admiral Nurse and Learning Disability Teams continue to provide specialist support to patients and carers.

- Awarded level 2 Disability Confident demonstrating progress in achieving equality for staff with disabilities and long-term health conditions. Actions have included rolling out a number of health and wellbeing initiatives and the launch of the reasonable adjustment passport.

- The Shiny minds app was launched to provide staff with interactive tools to support their mental health and wellbeing with thanks to NHS charities together for their financial support with this and other similar projects.

Gender reassignment

- Established a Transgender Equality Working Group to support improvements for transgender patients and staff. The group includes a range of people with lived experiences.

- Development of new ID badges allowing people to have their chosen pronoun on their badge.

Pregnancy and maternity

- Close working relations with the Trust's Specialist Cultural Liaison Midwife who is undertaking innovative, pioneering work, the very first of its kind within the UK.

- Delivery of cultural understanding and engagement training.

Race

- Strengthening the Trust's interpretation and translation complaints handling process leading to speedier response timeframes and reporting via regular monitoring and assurance meeting and detailed reports. The Trusts link workers also continue to identify issues and educate staff.

- In response to Covid, the Trust:

  ○ Worked collaboratively with local partner organisations to ensure effective key messages were disseminated within ethnic communities.

  ○ Covid risk assessments were carried out with staff at high risk including those from BAME communities and with disabilities to ensure appropriate support could be put in place to ensure their safety.

  ○ Ensured interpretation facilities were made available within online consultation platforms including British Sign Language (BSL) and Foreign language interpretation via our Link workers, as patients were no longer able to come into hospitals and clinics.

- Our Black, Asian & Minority Ethnic (BAME) staff network continues to play an active role in shaping a better future. The network has recently appointed a new Chair and Deputy Chair. The network is also advising senior management on matters, co-designing and reviewing strategies policies and procedures and creating a BAME safe space for BAME employees to discuss challenges and barriers. Membership of the forum includes both BAME colleagues and allies to ensure meaningful conversations and discussions. Colleagues who currently attend include staff from across the organisation.

- Delivering an innovative Bolton Accelerator Management Experience Programme. A leadership development programme for aspiring BAME colleagues, designed by the Trust which if successful then further cohorts will be funded and commissioned

- Launching the phase one of the reciprocal mentoring programme which has initially involved BAME employee mentoring Executive Directors/senior managers.

- Review of the Trust's recruitment and disciplinary processes leading to changes to ensure increased objectivity with this the disciplinary process and the development of recruitment managers guide.

Religion or belief

- The chaplaincy service in collaboration with the Staff Experience and Inclusion Team and the Bolton Community of Mosques (BCOM), work is underway to invest in new mosque facilities for staff and patients.

- The creation of an EDI calendar highlighting the key dates for the main seven religions and their impacts on inpatients, outpatients and staff.

- In response to the impact of COVID-19, limited visitor restriction and face to face chaplaincy support, a number of initiatives were put in place to ensure peoples emotional, communication and spiritual needs were met.

  a) Promotion of Covid-19 Translated materials in 40+ languages within communities

  b) The Trusts hospital link workers were deployed to work closely with the Covid-19 communication team to act as conduits between families and patients and adapted to provide a remote service.

  c) Factsheets were disseminated reminding staff of the end of life care needs of patients from specific religions.

  d) 50 'Quran' cubes and 5 Hindu devotional 'bhajan' cubes were secured and allocated to wards to provide comfort to

patients. Other religious items were also made available to patients.

  e) The Trust worked jointly with the Bolton Council of Mosques to recruit volunteers to provide support to Muslim inpatients and improve communication.

  f) Distributed Ramadhan packs to inpatients made up of key religious items.

Sexual orientation

- Participation in a variety of national and local events to affirm the Trusts commitment to inclusion including Bolton LGBT+ Pride, Black History Month, Equality Diversity and Human Rights Week and LGBT+ History Month.

- We held a series of listening session for our LGBQT+ employees to talk confidentially about their experience of working at the Trust and any concerns they may have. This is with a view to developing a LGBT+ Staff Forum in a way that meets the needs of our LGBT+ workforce.

- Roll out of the Rainbow Badge campaign strengthening the Trusts commitment to LGBT equality.

4. Our Patients and Employees

We are committed to ensuring that we operate fairly and equitably in all aspects of service delivery and employment.
In order to put this commitment into practice, it is essential that we understand our patients and employees and their needs so that we can respond appropriately and effectively. Equality monitoring helps the Trust to determine how inclusive we are and whether we are offering equality of opportunity, access and treatment to all groups in the provision of services and employment. Any areas for improvement will be highlighted and taken forward within the Trusts EDI action plan.

A large selection of more recent estimate population demographic data used within this section has been extracted from a variety of key local reports as listed below. This will also allow a greater appreciation of the changes taken place in the Bolton community. However, the 2020/2021 patient and workforce profiles are compared with the Census 2011 data which provide the most recent official data sets available.

The key reference documents used to extract recent population changes post 2011 census are:

- Bolton 2030 Vision delivery Plan 2019-2021

- Director of Public Health Annual report 2019-20

- Bolton Council Market Position Report 2017

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4.1 Our Patients

An analysis of the Trusts patient profile is offered below benchmarked against the local Bolton resident population, where applicable.

2020 population estimates suggest Bolton has a resident population of 287,550, whereas the GP registered population is higher at 312,8733. The Bolton population forms 4% of the population of the North West region as a whole, and 10% of the Greater

Manchester population. The total population of Bolton on Census day 2011 was estimated to be 276,800.

Between 1 April 2020 and 31 March 2021, 178,633 patients accessed Trust services, some of which accessed Trust services on more than one occasion amounting to 283,151 contacts in total. The types of activity patients accessed are shown in this table. Outpatient appointments were accessed most frequently.

Total number of unique patients broken down by Trust activity
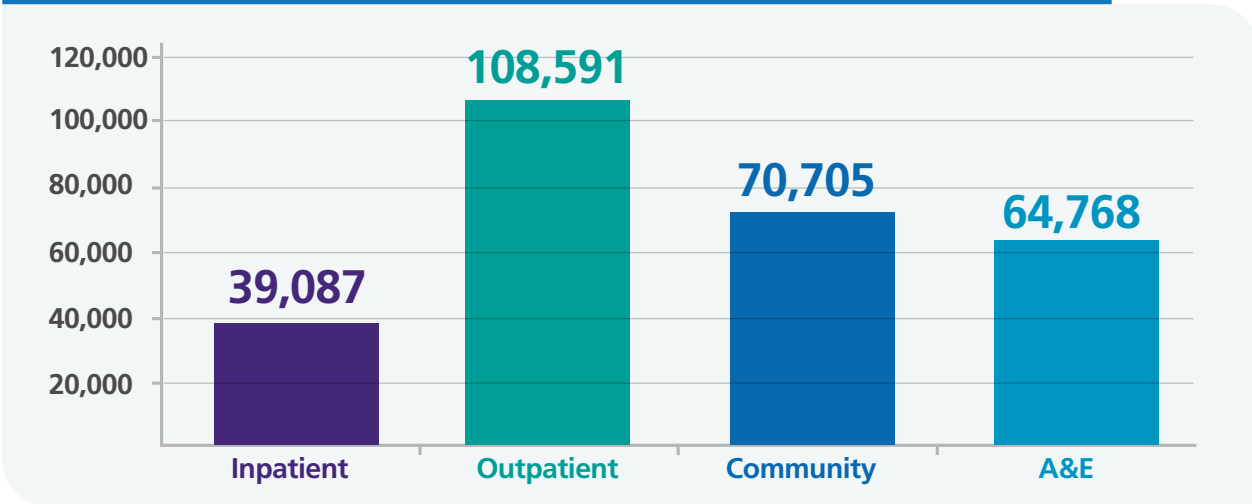
4.1.1 Age Profile

- 2020 ONS data shows the average age of the population in Bolton is slightly younger than England and the North West averages (38.9, 40.0 and 40.3 years respectively).

- Just over 1 in 5 of the population in Bolton is a dependent child (aged 0-15), and slightly just over 1 in 6 is of pensionable age (aged 65+).

- The population aged 65+ is expected to grow by almost 20% to around 57,300 people in 2025.

- People of all ages are using Trust services.

- Patients aged under 15 years have the highest usage of Trust services (21.9%) followed by patients aged over 71 years (17.1%).

- In comparison patients aged between 16 to 20 have the lowest usage of services. Health deteriorates with age thus these figures are expected.

- Patients aged 21-30 continue to havethe highest rates of missed appointments (20.9%) whilst patients aged over 70 years of age are least likely to miss appointments (16.1%).

Age profile of patients
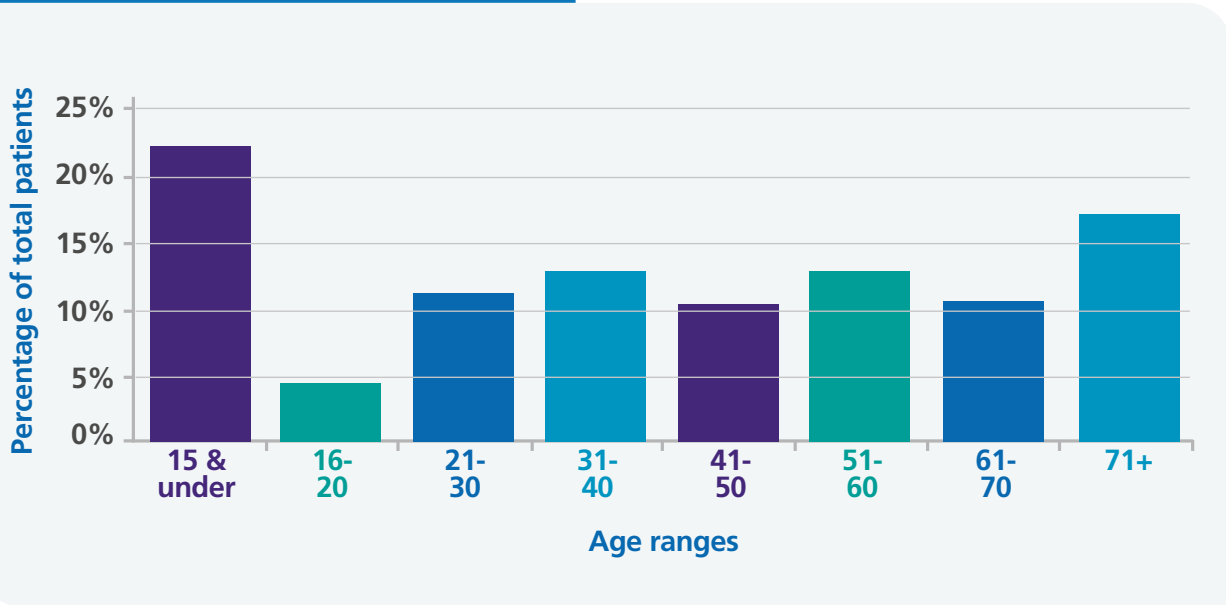
4.1.2 Gender profile

In mid-2018 Bolton was home to approximately 285,400 people, with 143,800 females and 141,600 males

- There continues to be an almost equal 50/50 split between men and women residing in Bolton. However, the Trusts patients profile indicates slightly more women access services (56%) compared to the local resident population (51%).

- Nine patients do have that their gender recorded.

- Almost equal numbers of female (17 %) and male (16.6%) patients missed appointments.

Gender profile of patients compared to residents
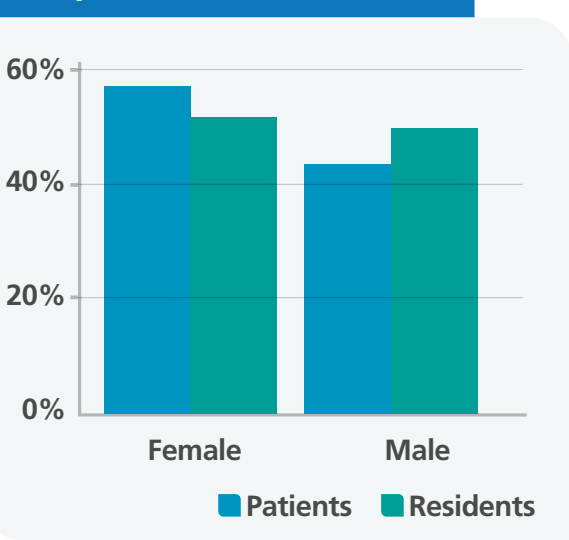
4.1.3. Ethnicity Profile

Bolton has a rich cultural diversity recent migration has seen changes to the makeup of the local community as Bolton is an asylum dispersal area and is part of the Refugee Gateway Programme. New African and Asian communities places such as Somalia, Oromo, Eritrea and Kurdistan have settled here. Alongside Eastern European communities, a significant number migrating from South Asia. The interpretation and translation services highlighted in the next section evidences this diversity. The census 2011 data used to compile this report, does not take account of this change in demographic therefore our community engagement approach will be bespoke to cater for specific needs. Recent estimates suggest 20.59% are from ethnic minority backgrounds, which is just over one

fifth of the resident population. This is an increase from 18.8% taken from the latest 2011 census. Children and young people under the age of 20 years make up 26% of the population of Bolton. 34.9% of school children are from a minority ethnic group.

According to the 2011 census 87% of people living in Bolton were born in England. 18.8% of residents are from Black, Asian and Minority Ethnic Backgrounds. The largest minority ethnic group in Bolton is Indian making up 8% of the population. This was almost four times larger than the national average at 2.5%.

Pakistani was the second largest ethnic minority group, making up 4% of the population.
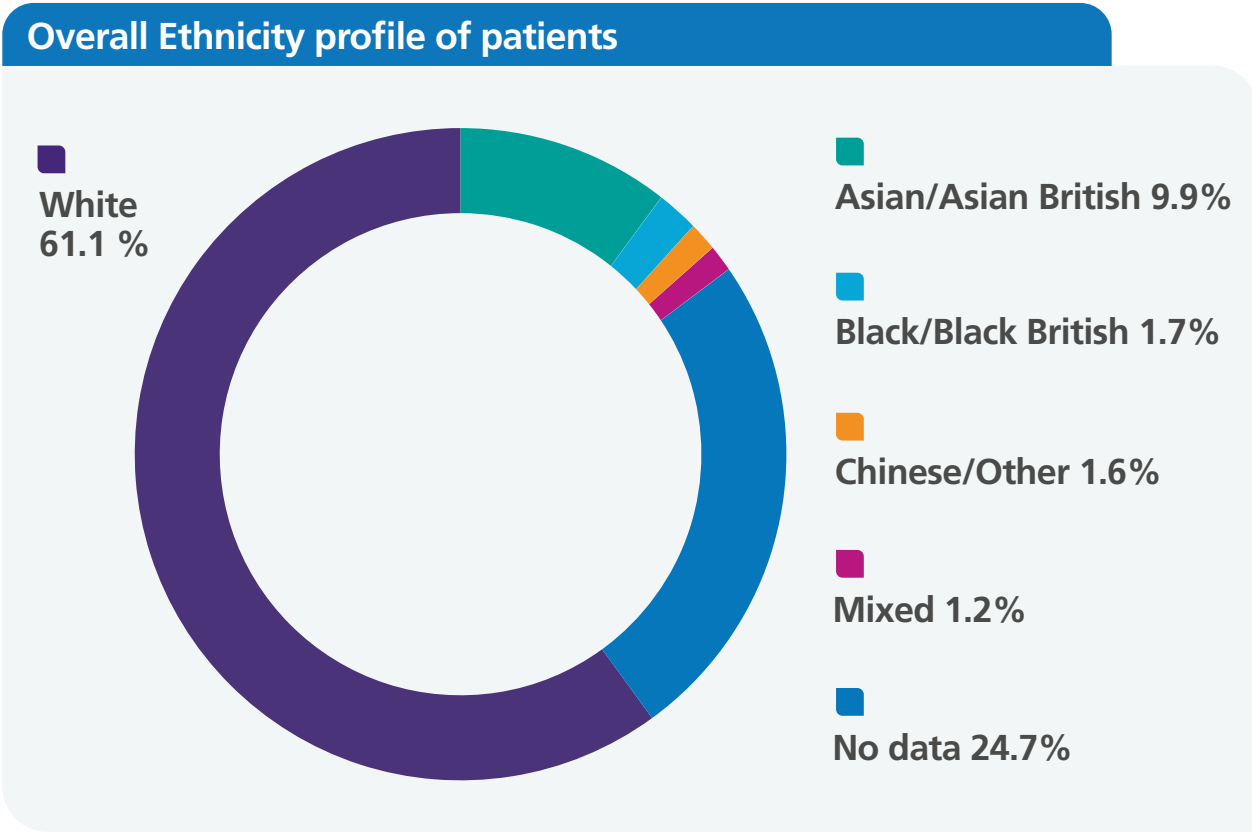
- People from all ethnic groups are accessing Trust services.
- The vast majority of patients are White (61%) although a much higher percentage 82% make up the local resident population indicating lower usage.
- A higher 14.4% of patients are from BAME backgrounds, compared to 13% the previous year
- Patients who identify as Asian or Asian British continue to make up the largest ethnic minority group (10% compared to 9% the previous year).
- 24% of ethnicity data is not captured of which 17.6% stated they did not wish to disclose this data.
- The proportion of Asian/ Asian British patients and mixed groups is lower than the resident population
- 'Chinese and other ethnic groups' and 'Black/Black British' communities have higher usage. This could be

explained by the lack of recent official census data available to offer an up to date comparison.

- A detailed breakdown of ethnicity group data indicates there are visible differences in usage of Trust services when comparing with local population. However, it is important to note again the diversity of Bolton has changed since the Census 2011 was conducted and being used for this analysis.
- 'White Irish" and 'White other' communities, 'African' 'Other ethnic group', 'Other mixed background' and 'Other Black background' groups have a higher usage of Trust services when compared to the local population figures.
- Indian, Caribbean, White and Asian Mixed, White & Black Caribbean (Mixed) and Pakistani have a lower usage of Trust services when compared to the local population.

Overall Ethnicity profile of patients

White 61.1 %

Asian/Asian British 9.9%

Black/Black British 1.7%

Chinese/Other 1.6%

Mixed 1.2%

No data 24.7%

Ethnicity profile of patients compared to local population

Residents | Patients
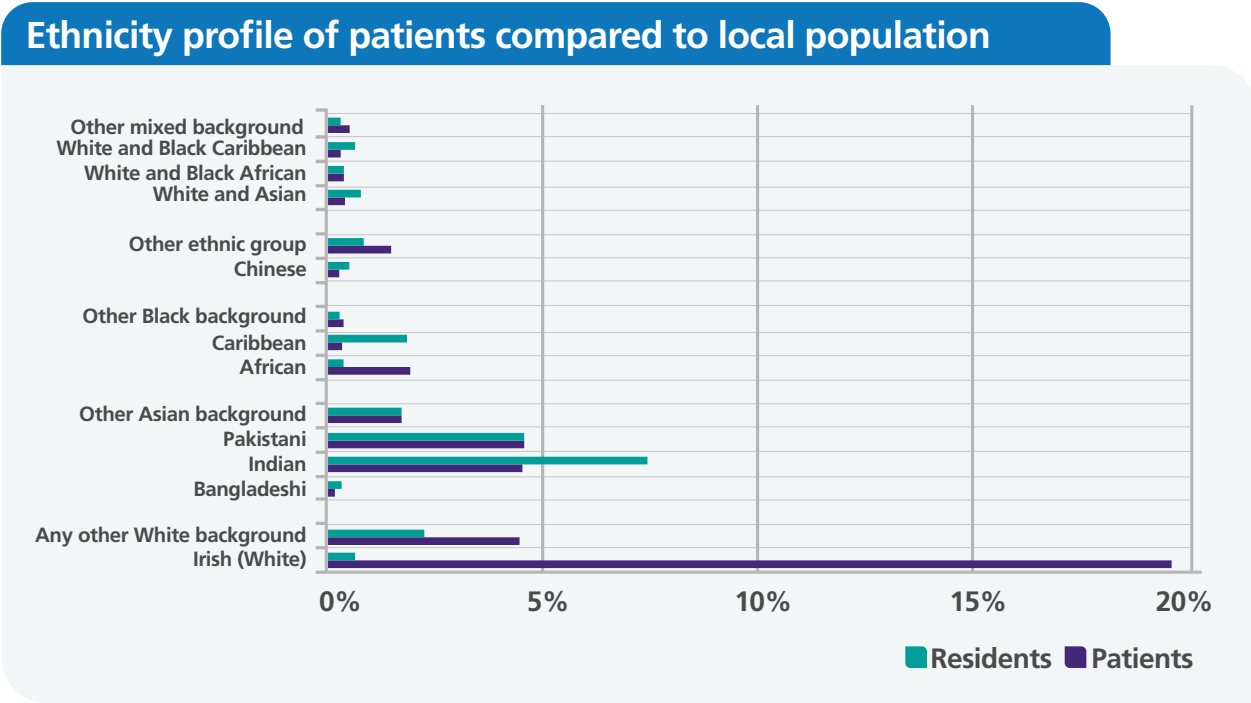
Total % of missed appointments broken down by ethnicity
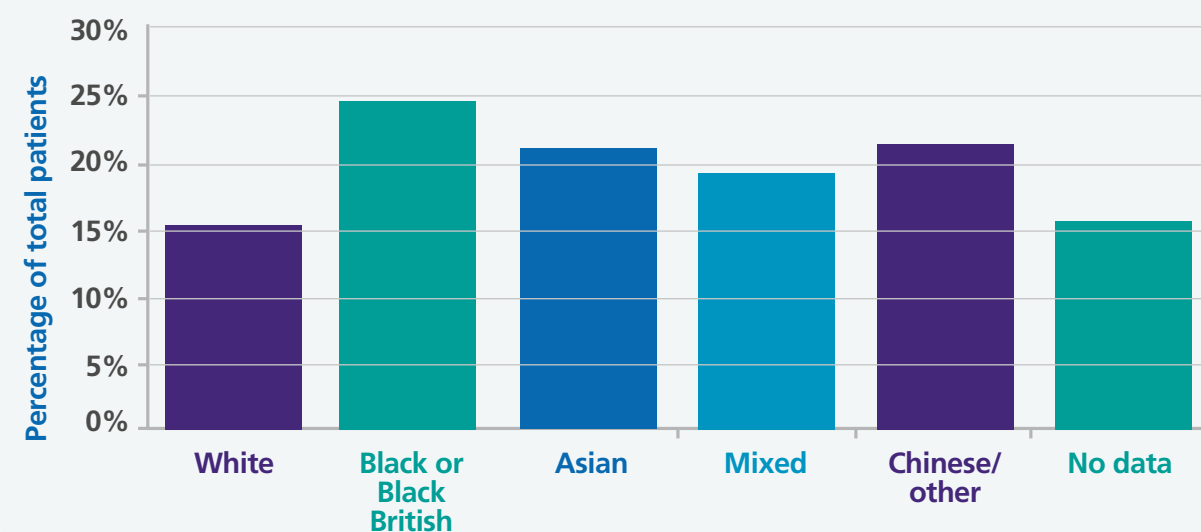
- Black/Black British communities are more likely to miss appointments followed by Chinese and other ethnic groups.

- Within this broader groups 'Other Ethnic groups' and 'Other Black Ethnic Groups' have the highest rates.

4.1.4 Religion and Belief profile

Religion & belief patient profile compared to local population
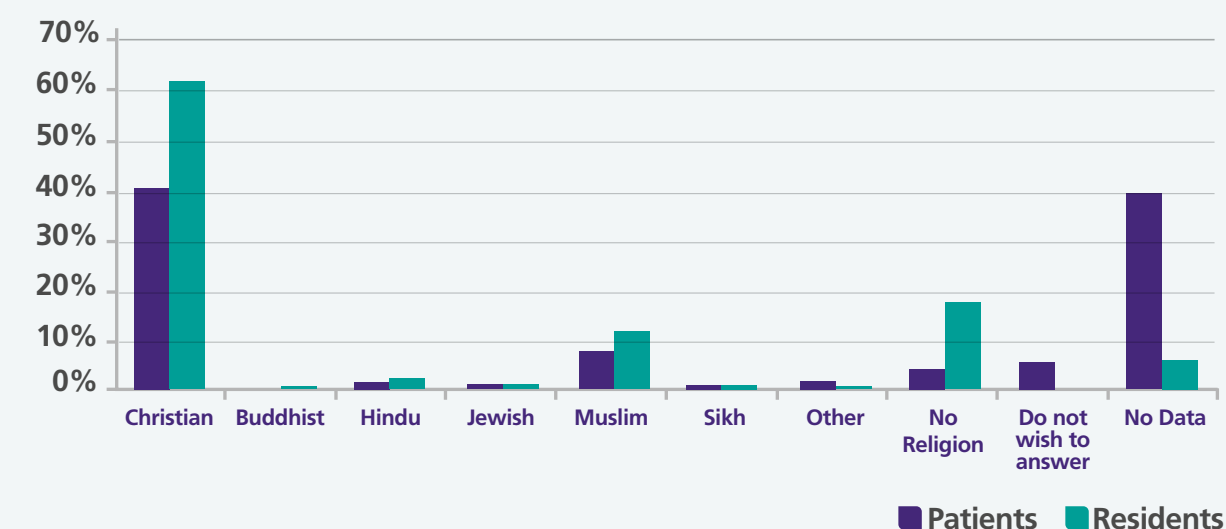
- Muslims make up the second largest religious group to access services (7.7%) which is reflective of the local population (11.7%). This lower usage may in part be due to the presence of new and emerging communities many of which have migrated for work purposes, are of a younger age group and healthy and fit to work with less reliance on health services.

- 39.8% of patients have no data recorded.

- Christians are more likely to miss appointment (40.8%) followed by patients with no data recorded (39.8%)

4.1.5 Interpretation and Translation

All services have access to interpreting and translation services to ensure the communication and information needs of patients are met. Patient information is readily available in different languages and formats upon request. Formal contracts are in place with various service providers who can cater for over 200 languages and British Sign Language (BSL). The service is reviewed on a regular basis through the EDI Steering Group to ensure it continues to meet the needs of patients and staff. The Trust also employs two Link workers who, in the main, provide language interpretation in Urdu, Punjabi, Gujarati and Hindi.

The Trusts patient recording system capture details of patients' needs such as interpretation and translation needs.

- 14,502 language interpretation requests were completed by our providers - an increase of 2,025 sessions compared to 2019/2020.

- 22% were on the telephone and 78 % face to face

- These figures do not include interpretation appointments provided by the Trusts two link workers

Top 10 Language Requests 2020 - 2021
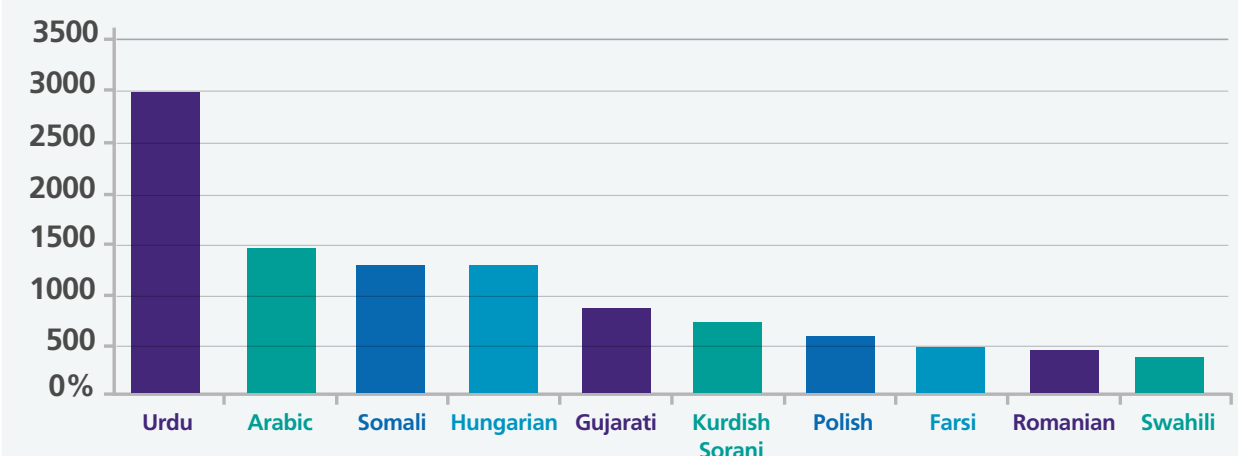
A total of 65 foreign languages and dialects were catered for.

- The top 10 languages listed above continue to show Urdu is the most requested language.

- Overall the top 10 languages requested last year remain unchanged. However, Arabic has replaced Hungarian as the second most requested languages based on last year's figures and the demand for Kurdish Sorani has slightly

reduced from taking 9th position to 12th position.

A full list of languages and the total number of face to face and telephone interpretation appointments provided by our external provider are available in Appendix 3

BSL Interpreting

In 2020 to 2021 our external providers fulfilled 215 British Sign Language requests.

4.1.6 Disability profile

Trust patient profiling data is currently unavailable due to limitations with the data collection systems. Patient's communication needs are identified within case records however.

- In the 2011 census, 19.8% of adults declared a long term illness, health problem or disability which is higher than the national average at 16.2%. This equates to around 55,000 people. Recent estimates show an increase to 61,000 people.

- The 2011 Census shows that 10% of the Bolton population have a long

term health condition or disability which limits their day to day activities 'a lot', this includes 20% of Bolton's population aged 65 years and over (13,642 people) rising to 56% of those aged 85 and over.

- The number of people broken down by type of disability are shown in the table below

- 30,649 (11%) people in Bolton stated they had caring responsibilities according to the 2011 census. Approximately 6,000 of these carers are aged over 65.

Type of disability	No. of residents
Physical/mobility impairment	16,160
Long standing illness or health condition	24,462
Hearing impairment	10,938
Visual impairment	5,613
Mental health issue	9,733

Type of disability	No. of residents
Learning disability/difficulty	2,494
Long standing illness or health condition	24,462
Older Age-related illness or disability	4,841
Other	12,627

Hearing loss

- In 2014, approximately 4,100 adults (3% of the adult population) have a sensory impairment that limits their day to day activities.

- 16.3% of total population nationally have measurable hearing loss. That works out at around 1 person in 6

- More than 40% of people over 50 years old have hearing loss, rising to 71% of people over the age of 70.

- 2 million people wear hearing aids but only 1.4 million use them regularly. Around 6.7 million people could benefit from hearing correction.

Sight impairments

- 2 million people live with sight loss nationally. Every day 250 people start to lose their sight in the UK

- In 2014, approximately 4,100 adults in Bolton reported they have a sensory impairment that limits their day to day activities.

- One in five people aged 75 and over are living with sight loss; one in two people aged 90 and over are living with sight loss nationally

- For those people age over 75 with

a visual impairment, half of them are serious enough to be registered as blind or partially sighted.

- Nearly two-thirds of people living with sight loss are women.

- People from BAME communities are at greater risk of some of the leading causes of sight loss such as diabetes.

- Adults with learning disabilities are 10 times more likely to be blind or partially sighted than the general population.

Other disabilities

- Over 3000 residents are estimated to have dementia.

- At any given time 24,000 people are registered with depression. Depression is more common in the most deprived 20% of the local population, in the Pakistani population, and in the disabled and LGB populations.

- There are approximately 2.6% (5,586) adults with learning disabilities in Bolton. As at 31st March 2016 there were 626 adults with a learning disability accessing a long term service. Of these 17% are from an ethnic minority background with 8% Indian and 4% Pakistani.

4.1.7 Sexual Orientation and Gender Reassignment Profile

- 94.6% of the population in the UK aged 16 years and over identify as heterosexual or straight. In 2018 2.2% of the UK population identified as lesbian, gay or bisexual (LGB)

- It is estimated that the LGB community make up 6% of the population in Greater Manchester. Estimates of sexual identity at local authority level for Bolton are considered unreliable for practical purposes.

- It is estimated that 1 in 15 people living in Great Britain identify as LGB+1.3% live with a partner of the same sex.

- The Trust does not record sexual orientation data in its entirety to allow a meaningful analysis to take place and nor is local data available.

- There are no estimates for the number of people in Bolton who identify as transgender or as gender identities other than male or female.

- There are estimated to be around 900 transgender adults within the Greater Manchester region in 2009. The actual figure however is considered to be much higher as the above figure only includes those who are seeking, intend to and have physically undergone gender reassignment surgery.

4.2 Equality in Complaints and Concerns

The Patient Advice & Liaison Service (PALS) offers help, support and advice to patients, relatives or carers, if they wish to make enquires, compliments or raise concerns in relation to the hospital. The Complaints department deal with official complaints raised by patients and carers if they are not satisfied with the Trusts attempts to resolve the concern in the first instance.

The PALS and complaints department routinely collect diversity monitoring data on age, gender and ethnicity. Patient information is available in different formats and opportunities are utilised to promote the service at community events. Patients and carers with language barriers are supported to raise concerns with the use of interpreting services and other accessible methods.

2019/2020	2020/2021
Complaints 331	Complaints 206
PALS 1304	PALS 1142

This shows a reduction of 12% in PALS and of 38% in complaints when compared with 2019/2020

1 in every 472 patients who utilised our services accessed our PALS and complaints service
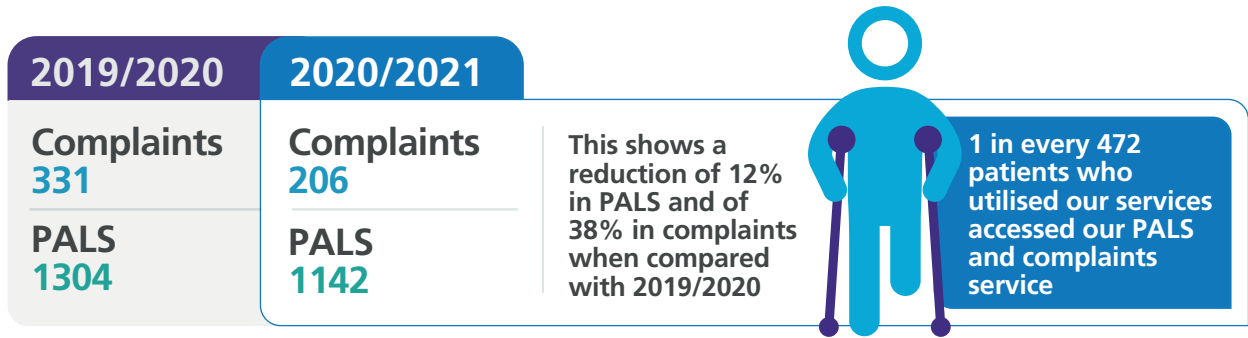
Equality monitoring

The Trust takes seriously that all members of the public should feel comfortable in accessing the PALS and complaints service and as such captures information on the patient's age, gender and ethnicity to support this. A summary of this data is provided which has been measured against patient profile activity.

Gender

PALS

62% Female   48% Male

A higher proportion of female patients contacted PALS for support which is above the Trust profile of female patients accessing our services (53%)

Complaints

66% Female   34% Male

As with PALS, more of our female patients are accessing the complaints process with a higher percentage than those accessing our services (53%).

Age of patient

PALS - There is a good representation across all age groups

The majority of patients were 71+ which is expected as they are the largest group accessing services (42%) with 40 – 69 age group second (32%).

40% of the 71+ age group were the patient themselves with the remainder being from a relative or carer advocating for them. As most PALS are related to appointments this is to be expected.

COMPLAINTS - There is a good representation across all age groups

As with PALS, the majority of patients were 71+. The data also shows that patients in the age groups of 16-20 and 41-50 are less likely to complain

Interesting, only 16% of the 71+ age group were the patient themselves. The remainder were from someone advocating for them patient which is to be expected in this age group particularly for in-patients

Ethnicity of patient

PALS (7% data missing)

The majority of concerns are raised by White British communities (78%) which is higher than the profile of patients accessing our services (69%)

COMPLAINTS (9% data missing)

The majority of complaints are raised by White British communities (79%) followed by Indian and Pakistani communities which are the largest ethnic groups accessing Trust services (3% and 3% retrospectively)

Please note that 18% of patients did not provide

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- Further, improve equality monitoring data collection via LE2.2 and develop local monitoring at each patient's contact

- Review exiting publicity materials ensuring diverse images are used. Ensure inclusivity statements are added in different languages and formats

- Develop a folder with information in the most common languages and pictorial representation. To be placed across key locations across the Trust e.g outpatient, BoltonOne

- Consult with diverse community groups including those for younger persons to raise awareness, identify barriers and improve access to the PALS and complaints service

- Review access to services for people with a disability

- Review and report on themes of concerns and complaints ensuring those that relate to equality, diversity and inclusion can easily be identified for collaborative working with the EDI team

4.3 Our Workforce

4.3.1 Workforce age profile

Headcount

Age	Headcount
<20	31
21-25	401
26-30	657
31-35	655
36-40	683
41-45	625
46-50	783
51-55	793
56-60	618
61-65	330
66+	77
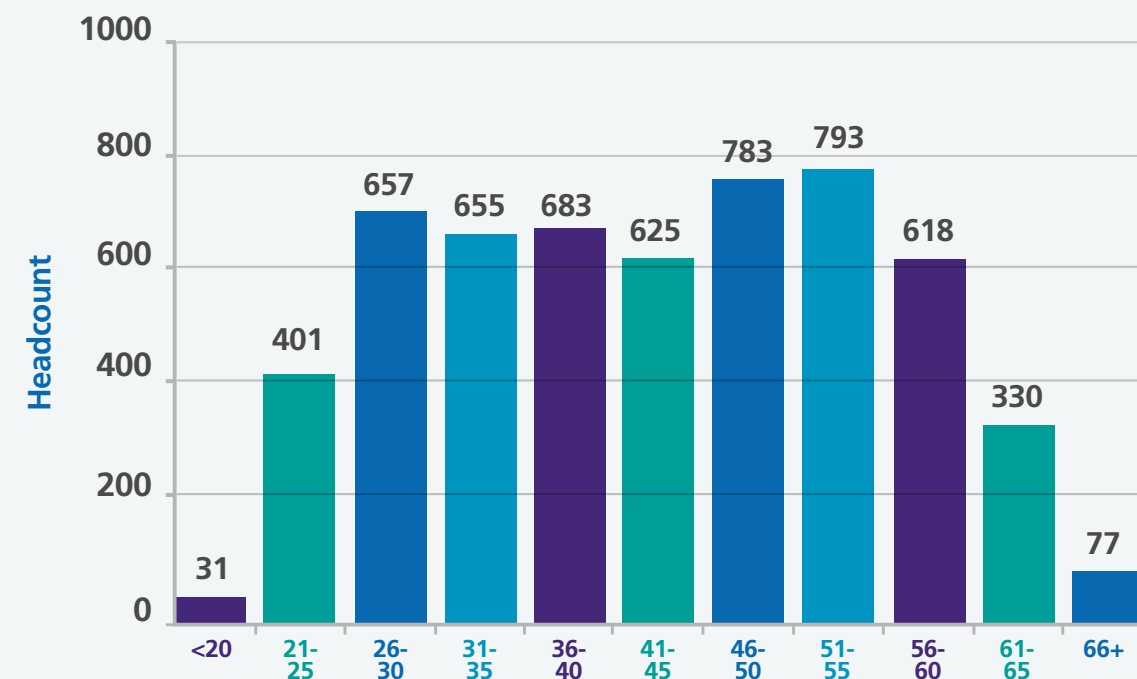
2020/21 the Trust employed 5797 staff, 144 more than the previous year (5653) from a variety of diverse backgrounds. The profile of staff has been broken down below by protected characteristics, highlighting representation by profession, staff group, pay bands and success rates at interview and turnover, where applicable. Any notable differences and comparisons to the previous year are reported within.

- The Trust has an ageing workforce with 56% of its staff aged over the age of 40 years. An older workforce requires the continuing development of health and wellbeing initiatives and a consideration of flexible working to support caring responsibilities.

- There is good representation of people of all ages in all pay bands and occupations with the exception of:
  - Staff aged under 20 who are only to be found in administration and additional clinical services roles
  - Staff aged under the age of 35 are only found in band 8b and below posts However, considering experience and skills required to fulfil the requirements of more senior posts increases with age this is expected.

4.3.2 Disability profile

- The proportion of staff with a disability (3%) has slightly increased from the previous year at 2.5%. However, this figure is still lower when compared to the local population (19.8%) .

- The level of non-disclosure within the Trust has improved from 26% the previous year to 24 % in 2020/21.

- Applicants with a disability have a 20% success rate at interview compared to 22% for those without.

However, the highest success rate is for those that have not answered the question of which some may well have a disability of long term health condition.

- The Workforce Disability Equality Standard (WDES) report provides further data of the experiences of staff with a disability at the Trust. Please see: https://www.boltonft. nhs.uk/about-us/trust-publications-and-declarations/equality-and-diversity/

Workforce disability profile

Not Declared, 24% (1412)

Yes, 3% (168)

No 73% (4217)
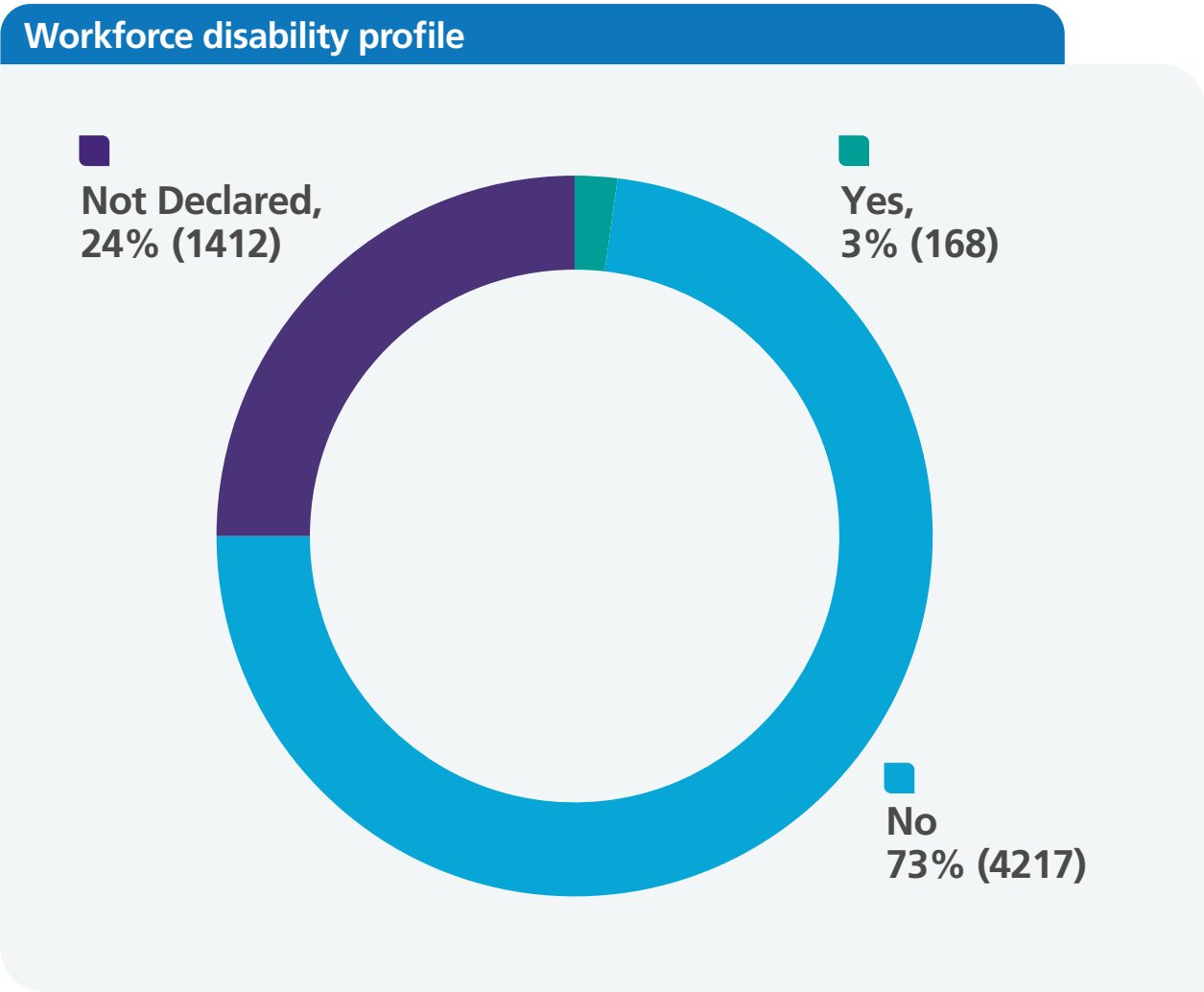
4.3.3. Ethnicity profile

- The majority of staff are White British and almost mirrors the 82% local population profile.

- 18% of the local population identify as Black, Asian and Minority Ethnic (BAME) compared with a 1% increase of BAME staff based on the previous year from 723 employees to 821 in March 2021, now making up 14% of the workforce.

- The local demographic has a large variation in BAME representation but a further breakdown of main ethnic groups is not available to identify any under representation

within groups but should be considered in future reports.

- Nursing and Midwifery posts has the largest number of BAME staff (32%), followed by Dentistry and Medical (20%). This is in line with other Trusts.

The Workforce Race Equality Standard (WRES) report provides further data of the experiences of staff from a Black, Asian and Minority Ethnic background at the Trust. Please see: https://www.boltonft.nhs.uk/about-us/trust-publications-and-declarations/equality-and-diversity/

Workforce ethnicity profile

White 81% (4667)

Not stated, 5% (309)

BAME 14% (821)
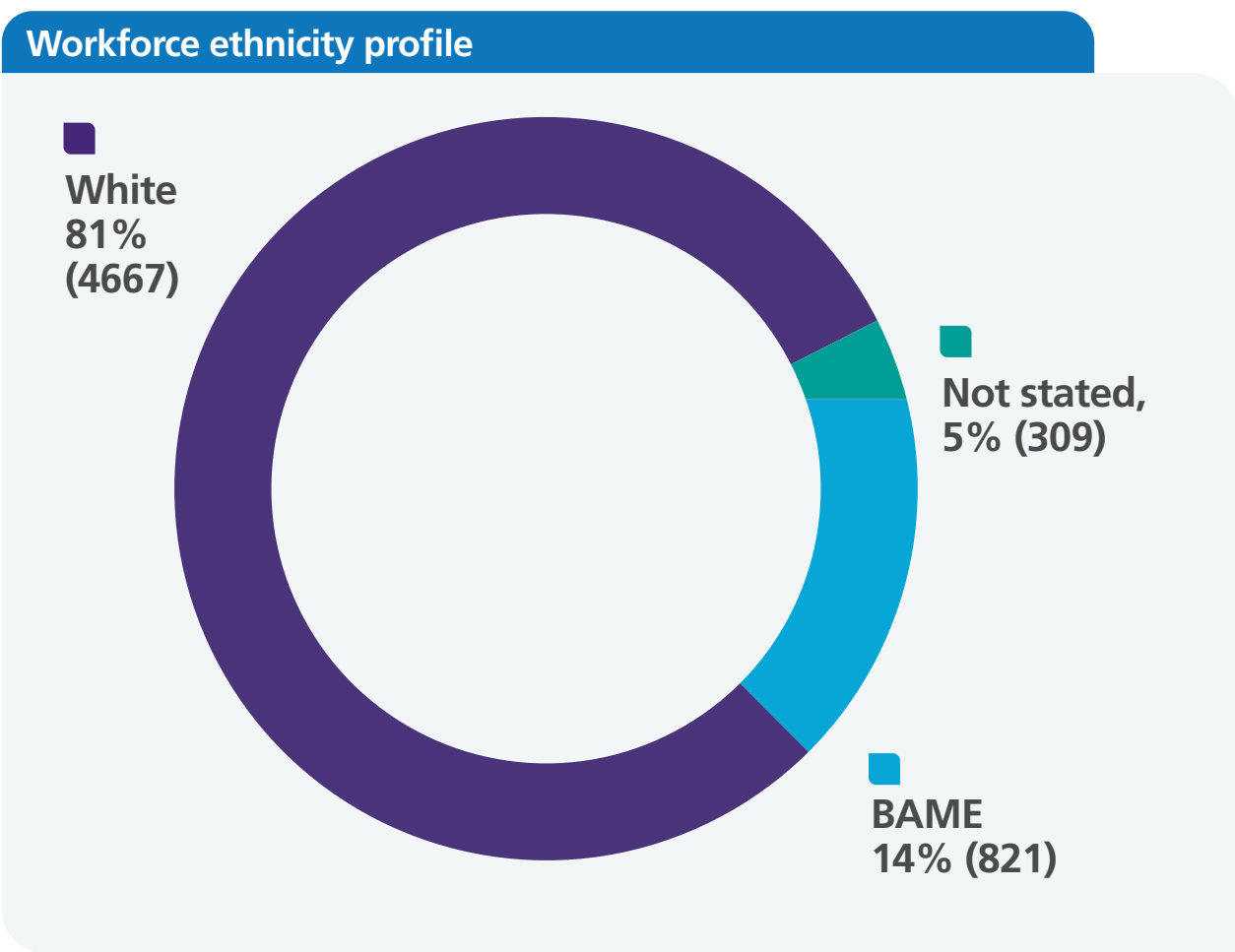
4.3.4. Gender profile

- The gender profile of staff continues to remain as predominantly female (87%) and is much higher than the local population rate at 49%. The national NHS workforce data indicates that this figure is the norm and that 77% of the national workforce is female. The Trusts figures are higher in comparison.

- Medical and Dentistry continue to employ a higher proportion of males (54%) whilst the other occupations have a higher representation of a female workforce in particular Nursing and Midwifery (94%) and Additional Clinical Services (91%) making these the least diverse in terms of gender mix.

Workforce gender profile

■ Female
87%
(5027)

■ Male
13% (770)
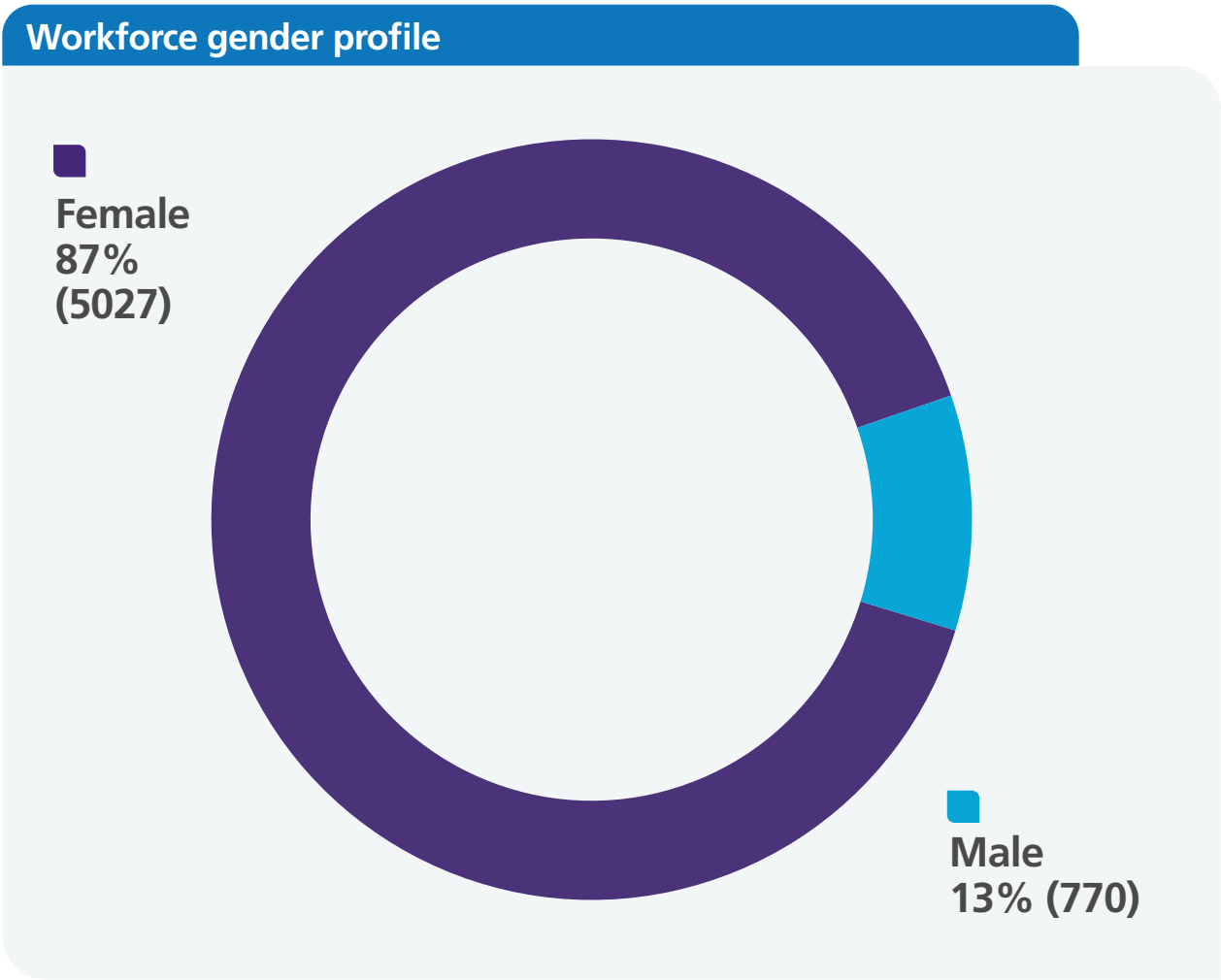
4.3.5 Gender Reassignment profile

The Trust does not record the number of staff who identify as Trans.

However, the Trust has supported a number of employees through transition.

4.3.6. Maternity, Adoption and Other Leave profile

- Staff are taking up Maternity and Adoption leave. Paternity requests are not currently reportable.

Workforce Maternity and Adoption profile

■ All other
98%
(5661)

■ Maternity & Adoption
2% (136)
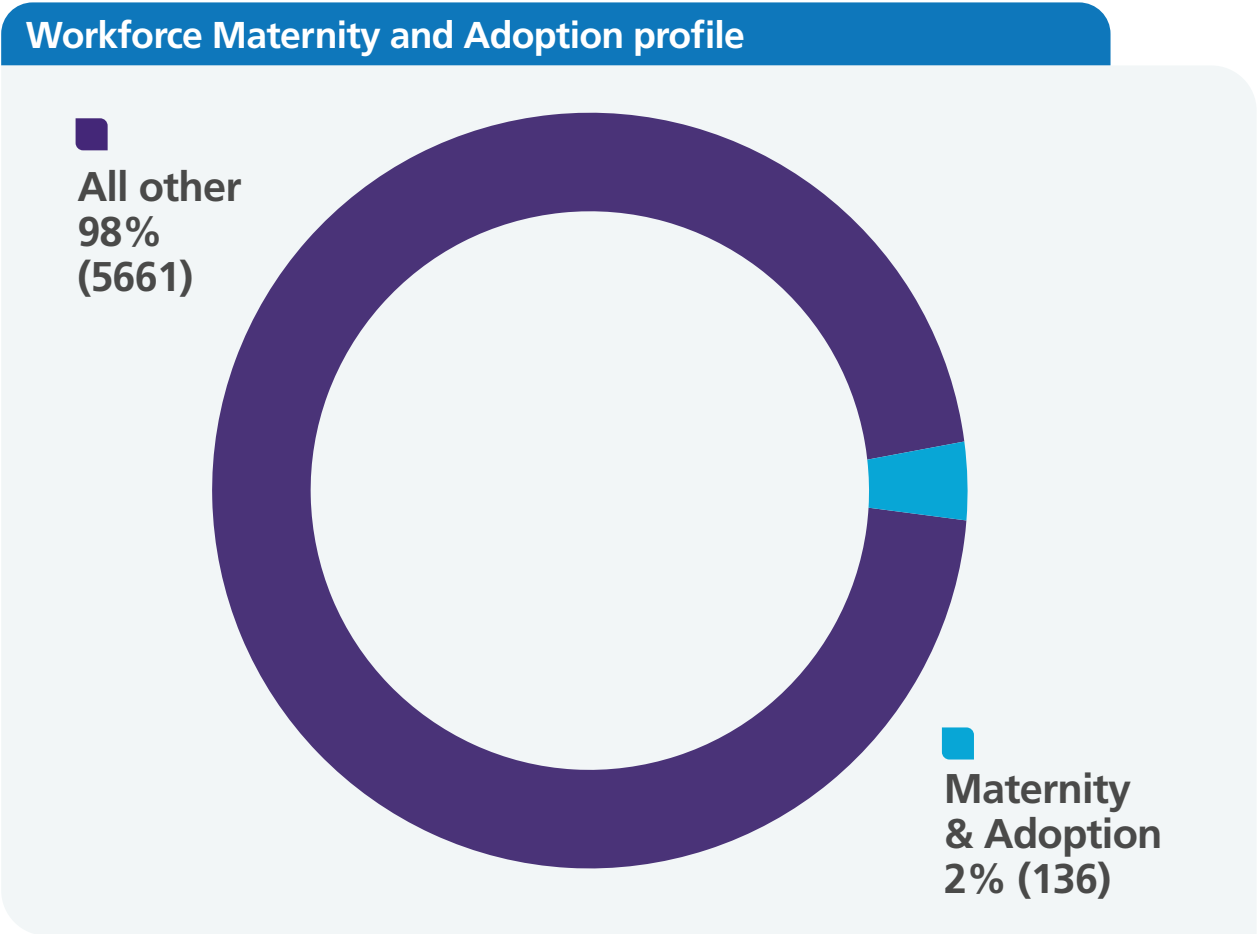
4.3.7 Religion and Belief profile

- Staff who identify as Christians (49%) compared to the local population (62%) and Muslim staff at and 5%, compared to 12% of the local population, makeup the largest workforce and residential religious group.

- There has been an increase in the number of staff reporting their religion and belief with a rise of 3% from the previous year but still leaving a 26% gap in data as staff have not disclosed which religion or belief, if any, they follow.

Christianity remains the dominant religion of employees in all professions apart from Medical and Dentistry where 20% are Christian compared to 47% from other religious groups, although 32%of data is not declared.

- Applicants who identify with other non-Christian religions have a slightly lower likelihood of being appointed (20%) compared to Christian staff (23 %) although 28% of data is not recorded.

Workforce Religion and Belief profile
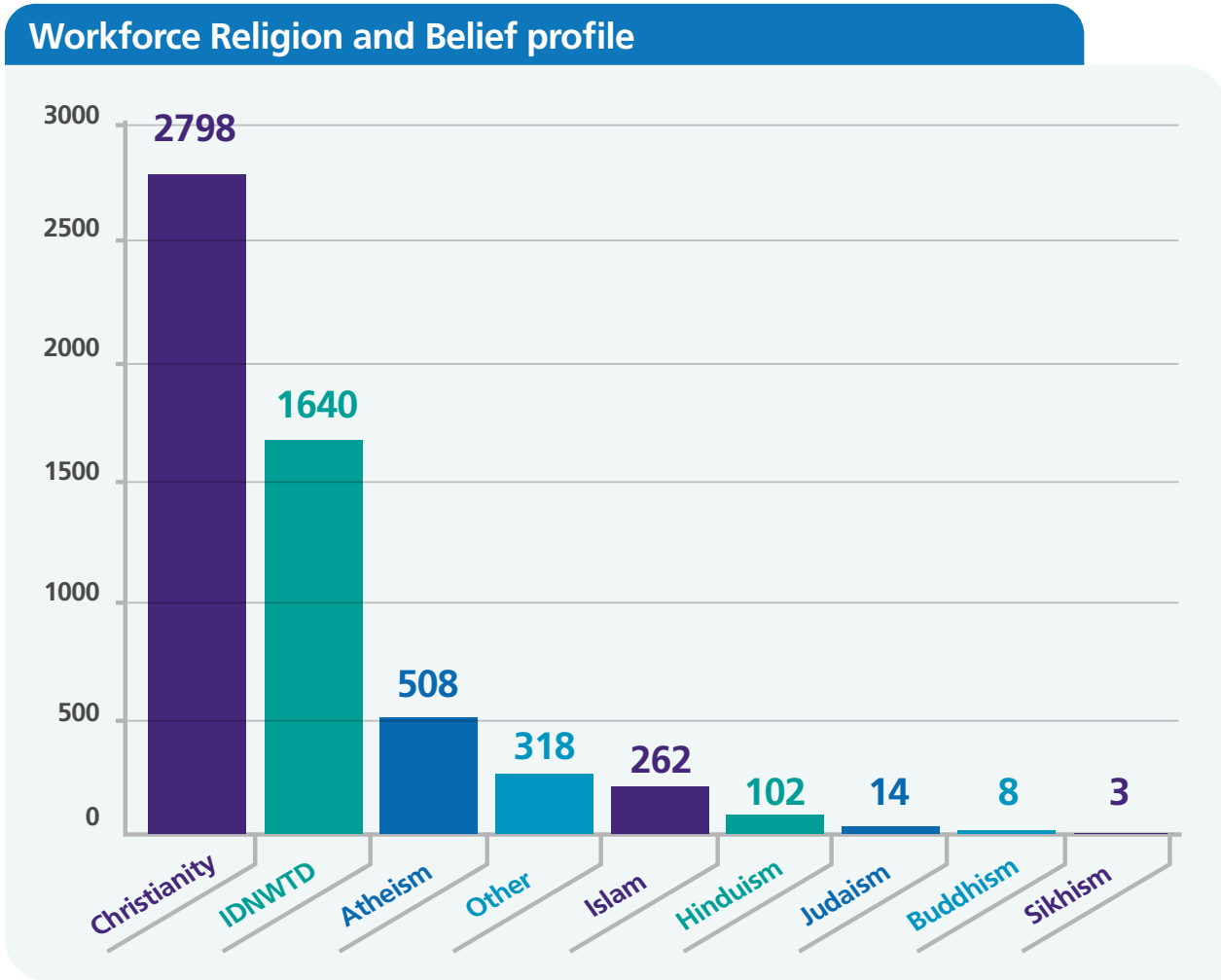
4.3.8 Sexual Orientation profile

Staff now have a larger variety of sexual orientation fields to select from in the Electronic Staff Record (ESR) data recording system. The data shows heterosexuals make up the majority of the workforce (73%) whilst 2 % of staff identify as Lesbian, Gay or Bisexual (LGB). This is lower than the regional estimate between 5 to 7%.

Workforce Sexual Orientation profile

Hetrosexual 72.6% (4210)

LGB 1.8% (103)

Other 0% (1)

Undecided 0.1% (3)

Not stated 25.5% (1480)

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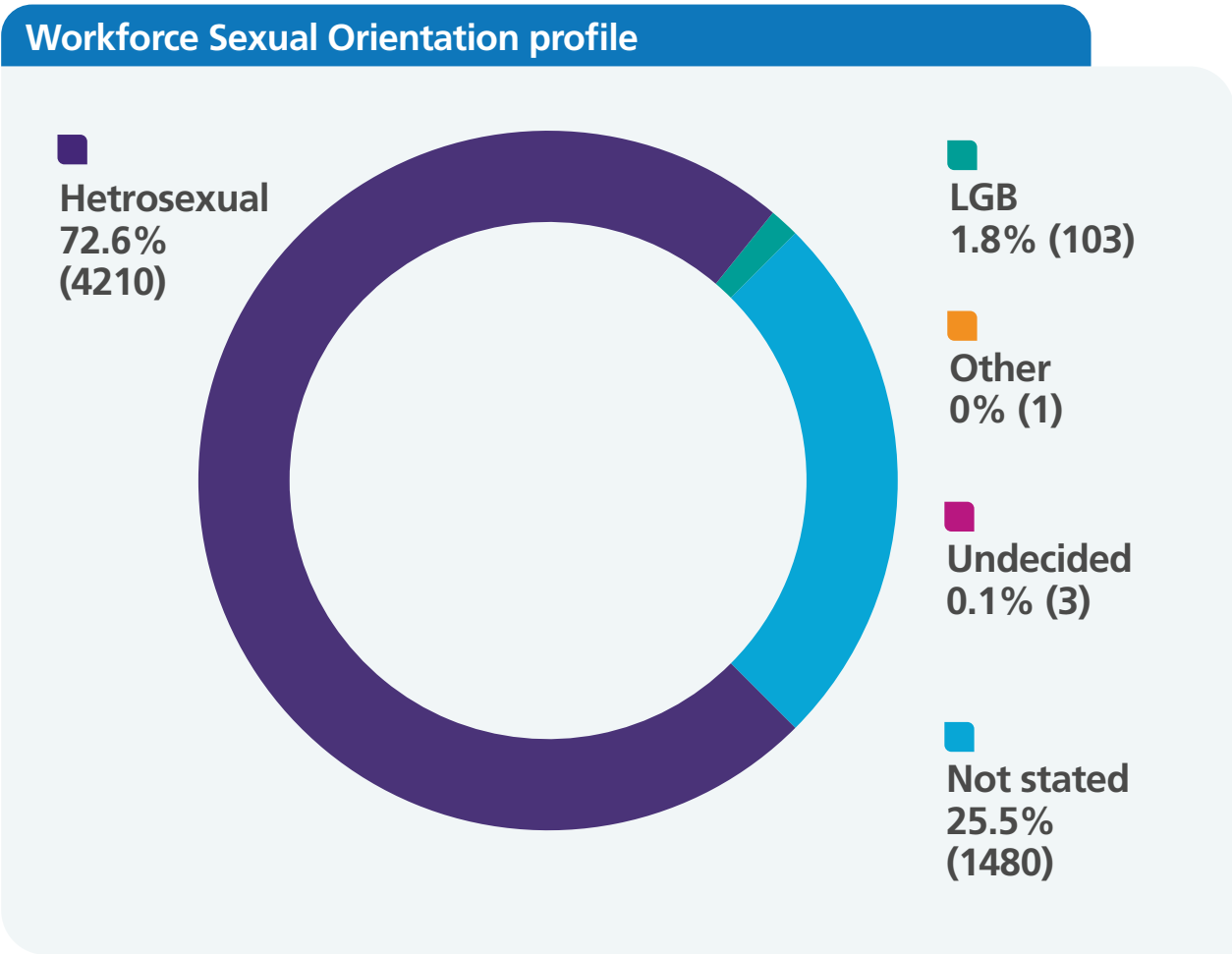
5. Recommendations

On a four yearly basis the Trust is required to refresh its equality objectives making use of the key equality data highlighted in the annual compliance reports.

The following key recommendations to improve patient and workforce experience, and outcomes, are based on the data analysis within the report and are aligned to the EDI plan and EDI Team Work Programme.

Recommendations:

1. Launch new EDI plan with updated four yearly objectives.

2. Work with our Business Intelligence Team to review data collection activity and implement a robust process for recording equality data across the Trust.

3. Implement the sexual orientation monitoring standard within patient data recording systems.

4. Launch a new EIA template and toolkit alongside training programme.

5. Implement the Accessible Information Standard to identify, record, flag, share and meet the information and communication support needs of patients, service users, carers and parents with a disability impairment or sensory loss.

6. Engage, involve and empower the diverse communities in Bolton to help redesign our systems in line with the EDI plan.

7. Work with the Disability & Health Conditions Staff Network to contribute to changing policy and practice to improve the lived experiences of our workforce, patients and service users. Actions will be rolled out as per the Workforce Disability Equality Standard (WDES) action plan.

8. Promote the Covid 19 EIA across the Trust to address health inequalities and remove barriers to accessing appropriate services for our communities and improved lived experiences for our workforce.

9. Work with the Trust's People Development Team to launch an accessible, bold and challenging EDI training programme to ensure the Trust delivers on its ambitions of being a diverse and inclusive employer

10. Improve staff declaration of protected characteristics within ESR and ensure categories are inclusive, in collaboration with the Workforce Deployment Team.

11. Conduct staff listening events and launch staff networks with LGBTQ+ staff and those with a disability and long term health condition to identify good practice and areas for improvement.

12. Improve the recruitment, workplace experience and career progression of BME staff through implementation of the WRES action plan.

13. Reduce the gender pay gap through implementation of the action plan.

Appendix 1: Patient Profile Data

1. Overall number of unique patients broken down by gender (Unique patients).

Gender	Sum	%
Female	160,428	56.7%
Male	122,712	43.3%
Not Known	1	0.0%
Not Specified	10	0.0%
Total	283,151	100%

2. Gender of unique patients who DNA-ed compared to total number profile of patients.

Gender	Total (Unique Patients)				
	DNAs	%	Patients	%	% DNA of Unique Pts
Female	16,540	56.7%	97,314	56.0%	17.0%
Male	12,652	43.3%	76,365	44.0%	16.6%
Not Known	0	0.0%	0	0.0%	0.0%
Not Specified	0	0.0%	0	0.0%	0.0%
Total	29,192	100%	173,688	100%	16.8%

3. Patient profile broken down by age across Trust activity (unique patients).

Age group	Total Unique Patients	%
15 & under	38,048	21.9%
16 - 20	6,995	4.0%
21 - 30	19,882	11.4%
31 - 40	21,734	12.5%
41 - 50	17,974	10.3%
51 - 60	20,546	11.8%
61 - 70	18,730	10.8%
71 +	29,778	17.1%
Total	173,687	100%

4. Rate of DNA across Community and Outpatients Services and compared against overall Trust activity

Age group	Total (Unique Patients)				
	DNAs	%	Patients	%	% DNA of Unique Pts
15 & under	5,633	19.3%	38,048	21.9%	14.8%
16 - 20	1,281	4.4%	6,995	4.0%	18.3%
21 - 30	4,160	14.3%	19,882	11.4%	20.9%
31 - 40	4,410	15.1%	21,734	12.5%	20.3%
41 - 50	3,379	11.6%	17,974	10.3%	18.8%
51 - 60	3,553	12.2%	20,546	11.8%	17.3%
61 - 70	2,683	9.2%	18,730	10.8%	14.3%
71 +	4,092	14.0%	29,778	17.1%	13.7%
Total	29,191	100%	173,687	100%	16.8%

6. Total number of patients broken down by ethnicity and type of activity (unique patients).

Ethnicity	Unique Patients	%
Asian or Asian British		
Bangladeshi	229	0.1%
Indian	7,407	4.3%
Pakistani	7,401	4.3%
Any other Asian background	2,088	1.2%
Total	**17,125**	**9.9%**
Black or Black British		
African	2,249	1.3%
Caribbean	268	0.2%
Any other Black background	384	0.2%
Total	**2,901**	**1.7%**
Chinese/Other Ethnic Groups		
Chinese	287	0.2%
Any other ethnic group	2,508	1.4%
Total	**2,795**	**1.6%**
Mixed		
White and Asian	589	0.3%
White and Black African	337	0.2%
White and Black Caribbean	432	0.2%
Any other mixed background	709	0.4%
Total	**2,067**	**1.2%**
White		
British	102,901	59.2%
Irish	608	0.4%
Any other White background	2,558	1.5%
Total	**106,067**	**61.1%**
Not Stated	**29,505**	**17.0%**
Unknown	**13,227**	**7.6%**
Grand Total	**173,687**	**100.0%**

7. DNA Rate % of patients by comparison of numbers attending the Trust and broken down by ethnicity (unique patients).

Age group	Total (Unique Patients)				
	DNAs	%	Patients	% DNA of Unique Pts	%
Asian or Asian British					
Bangladeshi	50	0.2%	229	21.8%	
Indian	1,385	4.7%	7,407	18.7%	
Pakistani	1,898	6.5%	7,401	25.6%	
Any other Asian background	463	1.6%	2,088	22.2%	
Total	**3,796**	**13.0%**	**17,125**	**22.2%**	
African	540	1.8%	2,249	24.0%	
Caribbean	68	0.2%	268	25.4%	
Any other Black background	96	0.3%	384	25.0%	
Total	**704**	**2.4%**	**2,901**	**24.3%**	
Chinese / Other Ethnic Groups					
Chinese	37	0.1%	287	12.9%	
Any other ethnic group	597	2.0%	2,508	23.8%	
Total	**634**	**2.2%**	**2,795**	**22.7%**	
Mixed					
White and Asian	112	0.4%	589	19.0%	
White and Black African	69	0.2%	337	20.5%	
White and Black Caribbean	92	0.3%	432	21.3%	
Any other mixed background	125	0.4%	709	17.6%	
Total	**398**	**1.4%**	**2,067**	**19.3%**	
White					
British	16,626	57.0%	102,901	16.2%	
Irish	103	0.4%	608	16.9%	
Any other White background	543	1.9%	2,558	21.2%	
Total	**17,272**	**59.2%**	**106,067**	**16.3%**	
Not Stated	**4,341**	**14.9%**	**29,505**	**14.7%**	
Unknown	**2,046**	**7.0%**	**13,227**	**15.5%**	
Grand Total	**29,191**	**100%**		**16.8%**	

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8. Patient profile broken down by Religion and Belief Group (unique patients).

Religion and belief	Total Unique Patients	%
Buddhist	53	0.0%
Christian	70,914	40.8%
Hindu	1,909	1.1%
Jew	83	0.0%
Muslim	13,348	7.7%
Sikh	32	0.0%
Do not wish to answer	8,795	5.1%
None	7,043	4.1%
Unknown/Not Specified	69,194	39.8%
Other	2,316	1.3%
Total	173,687	100%

9. DNA Rate % of patients by comparison of numbers attending the Trust and broken down by Religion and Belief Group (unique patients).

Age group	Total (Unique Patients)			
	Age group	%	Patients	% DNA of Unique Pts
Buddhist	9	0.0%	53	0.0%
Christian	11,931	40.9%	70,914	40.8%
Hindu	329	1.1%	1,909	1.1%
Jew	15	0.1%	83	0.0%
Muslim	3,396	11.6%	13,348	7.7%
Sikh	3	0.0%	32	0.0%
Do not wish to answer	1,717	5.9%	8,795	5.1%
None	1,429	4.9%	7,043	4.1%
Unknown/Not Specified	9,944	34.1%	69,194	39.8%
Other	418	1.4%	2,316	1.3%
29,191	29,191	100.0%	173,687	100.0%

Appendix 2: Workforce Profile Data

Overall staff profile

BME	Total	%
BME	821	14.2%
White	4667	80.5%
Not Stated	309	5.3%
Grand Total	5797	100%

Disability	Total	%
Yes	168	2.9%
No	4217	72.7%
Not Declared	1412	24.4%
Grand Total	5797	100%

Religious Belief	Total	%
Atheism	583	10.1%
Buddhism	8	0.1%
Christianity	2915	50.3%
Hinduism	111	1.9%
Islam	310	5.3%
Jainism	2	0.0%
Judaism	16	0.3%
Other	346	6.0%
Sikhism	4	0.1%
IDNWTD	1502	25.9%
Grand Total	5797	100%

Religious Belief	Total	%
All Other Religions	1380	23.8%
IDNWTD	1502	25.9%
Christianity	2915	50.3%
Grand Total	5797	100%

Age Band	Total	%
<=20 Years	33	0.6%
21-25	427	7.4%
26-30	675	11.6%
31-35	696	12.0%
36-40	697	12.0%
41-45	658	11.4%
46-50	768	13.2%
51-55	756	13.0%
56-60	679	11.7%
61-65	332	5.7%
66+	76	1.3%
Grand Total	5797	100%

SO	Total	%
Heterosexual	4210	72.6%
LGB	103	1.8%
Other SO not listed	1	0.0%
Undecided	3	0.1%
IDNWTD	1480	25.5%
Grand Total	5797	100%

Employee category	Total	%
Full Time	3078	53.1%
Part Time	2719	46.9%
Grand Total	5797	100%

Maternity	Total	%
All other Assignment Status'	5661	97.7%
Maternity & Adoption	136	2.3%
Grand Total	5797	100%

Gender	Total	%
Female	5027	86.7%
Male	770	13.3%
Grand Total	5797	100%

Age Band	Total	%
< Band 1	11	0.2%
Band 1	1	0.0%
Band 2	957	16.5%
Band 3	660	11.4%
Band 4	530	9.1%
Band 5	1222	21.1%
Band 6	1133	19.5%
Band 7	538	9.3%
Band 8a	220	3.8%
Band 8b	73	1.3%
Band 8c	12	0.2%
Band 8d	11	0.2%
Band 9	15	0.3%
Medical	400	6.9%
VSM	14	0.2%
Grand Total	5797	100%

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Staff groups

BME	BME	White	Not Stated	Grand Total
Add Prof, Sci & Tech	44	121	8	173
Add Clin Services	128	1153	80	1361
Admin	103	1002	38	1143
AHP	83	395	22	500
Estates	1	3	-	4
HCS	32	75	15	122
Med & Den	167	185	48	400
Reg Nur & Mid	262	1727	98	2087
Students	1	6	-	7
29,191	29,191	100.0%	173,687	100.0%

Gender	Female	Male	Grand Total
Add Prof, Sci & Tech	133	40	173
Add Clin Services	1245	116	1361
Admin	985	158	1143
AHP	412	88	500
Estates	2	2	4
HCS	92	30	122
Med & Den	183	217	400
Reg Nur & Mid	1968	119	2087
Students	7		7
Grand Total	5027	770	5797

Sexual Orientation	LGB	Heterosexual	Other SO not listed	Undecided	IDNWTD	Grand Total
Add Prof, Sci & Tech	4	129			40	173
Add Clin Services	23	989		1	348	1361
Admin	17	844			282	1143
AHP	11	384			105	500
Estates	0	3			1	4
HCS	3	76			43	122
Med & Den	10	266			124	400
Reg Nur & Mid	35	1513	1	2	536	2087
Students	0	6			1	7
Grand Total	103	4210	1	3	1480	5797

Disability	No	Yes	Not Declared	Grand Total
Add Prof, Sci & Tech	130	6	37	173
Add Clin Services	1015	34	312	1361
Admin	863	37	243	1143
AHP	394	19	87	500
Estates	4			4
HCS	82	1	39	122
Med & Den	223	4	173	400
Reg Nur & Mid	1499	67	521	2087
Students	7			7
Grand Total	4217	168	1412	5797

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Religious Belief	Christianity	All other religions	IDNWTD	Grand Total
Add Prof, Sci & Tech	69	62	42	173
Add Clin Services	710	295	356	1361
Admin	589	257	297	1143
AHP	238	156	106	500
Estates	3	0	1	4
HCS	44	32	46	122
Med & Den	81	191	128	400
Reg Nur & Mid	1176	386	525	2087
Students	5	1	1	7
Grand Total	2915	1380	1502	5797

Staff Groups	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+	Grand Total
Add Prof, Sci & Tech		11	22	35	23	21	21	16	12	8	4	173
Add Clin Services	16	93	185	155	159	130	162	177	182	79	23	1361
Admin	17	81	82	108	109	105	162	182	177	98	22	1143
AHP		40	77	82	80	61	68	47	29	16		500
Estates							1	1	2			4
HCS		9	13	17	19	21	14	9	13	5	2	122
Med & Den		42	38	34	48	64	57	48	39	24	6	400
Reg Nur & Mid		151	258	265	257	253	281	276	225	102	19	2087
Students					2	3	2					7
Grand Total	33	427	675	696	697	658	768	756	679	332	76	5797

Recruitment and selection

Ethnic Origin	White	BME	Not stated	IDNWTD
No. of shortlisted applicants	2392	779	25	36
No. appointed from shortlisting	471	110	12	5
Relative likelihood of shortlisting/appointed	19.69%	14.12%	48.00%	13.89%

Gender	Female	Male	IDNWTD
No. of shortlisted applicants	2125	506	3
No. appointed from shortlisting	482	116	0
Relative likelihood of shortlisting/appointed	22.68%	22.92%	0.00%

Religion	All other Religions	Christianity	IDNWTD
No. of shortlisted applicants	1029	1346	258
No. appointed from shortlisting	206	318	73
Relative likelihood of shortlisting/appointed	20.02%	23.63%	28.29%

Age	No. of shortlisted applicants	No. appointed from shortlisting	Relative likelihood of shortlisting/appointed
Under 20	62	27	43.55%
20 - 24	369	89	24.12%
25 - 29	495	103	20.81%
30 - 34	407	94	23.10%
35 - 39	352	73	20.74%
40 - 44	266	50	18.80%
45 - 49	251	58	23.11%
50 - 54	210	56	26.67%
55 - 59	146	31	21.23%
60 - 64	62	14	22.58%
65+	14	3	21.43%
Not stated	-	-	-

Sexual Orientation	Heterosexual	LGB	IDNWTD	Undecided
No. of shortlisted applicants	2440	107	84	3
No. appointed from shortlisting	555	91	27	0
Relative likelihood of shortlisting/appointed	22.75%	85.05%	32.14%	0.00%

Disability	No	Yes	IDNWTD
No. of shortlisted applicants	2482	100	52
No. appointed from shortlisting	561	20	17
Relative likelihood of shortlisting/appointed	22.60%	20.00%	32.69%

Transgender	No	Yes	IDNWTD
No. of shortlisted applicants	65	0	2569
No. appointed from shortlisting	35	0	563
Relative likelihood of shortlisting/appointed	53.85%	-	21.92%

Pay band

BME	BME	BME %	Not Stated	Not Stated %	White	White %	Grand Total	Grand Total %
< Band 1	2	0.2%	1	0.3%	8	0.2%	11	0.2%
Band 1	1	0.1%		0.0%		0.0%	1	0.0%
Band 2	99	12.1%	42	13.6%	816	17.5%	957	16.5%
Band 3	51	6.2%	23	7.4%	586	12.6%	660	11.4%
Band 4	48	5.8%	41	13.3%	441	9.4%	530	9.1%
Band 5	260	31.7%	63	20.4%	899	19.3%	1222	21.1%
Band 6	116	14.1%	57	18.4%	960	20.6%	1133	19.5%
Band 7	52	6.3%	21	6.8%	465	10.0%	538	9.3%
Band 8a	15	1.8%	8	2.6%	197	4.2%	220	3.8%
Band 8b	7	0.9%	3	1.0%	63	1.3%	73	1.3%
Band 8c		0.0%	1	0.3%	11	0.2%	12	0.2%
Band 8d	1	0.1%		0.0%	10	0.2%	11	0.2%
Band 9	1	0.1%	1	0.3%	13	0.3%	15	0.3%
Medical	167	20.3%	48	15.5%	185	4.0%	400	6.9%
VSM	1	0.1%		0.0%	13	0.3%	14	0.2%
Grand Total %	821	100.0%	309	100.0%	4667	100.0%	5797	100.0%

Disability	No	No %	Not Declared	Not Declared %	Yes	Yes %	Grand Total	Grand Total %
< Band 1	5	0.12%	5	0.35%	1	0.60%	11	0.2%
Band 1	1	0.02%		0.00%		0.00%	1	0.0%
Band 2	721	17.10%	215	15.23%	21	12.50%	957	16.5%
Band 3	501	11.88%	142	10.06%	17	10.12%	660	11.4%
Band 4	380	9.01%	129	9.14%	21	12.50%	530	9.1%
Band 5	909	21.56%	265	18.77%	48	28.57%	1222	21.1%
Band 6	828	19.63%	276	19.55%	29	17.26%	1133	19.5%
Band 7	395	9.37%	128	9.07%	15	8.93%	538	9.3%
Band 8a	162	3.84%	49	3.47%	9	5.36%	220	3.8%
Band 8b	59	1.40%	12	0.85%	2	1.19%	73	1.3%
Band 8c	9	0.21%	3	0.21%		0.00%	12	0.2%
Band 8d	9	0.21%	2	0.14%		0.00%	11	0.2%
Band 9	12	0.28%	2	0.14%	1	0.60%	15	0.3%
Medical	223	5.29%	173	12.25%	4	2.38%	400	6.9%
VSM	3	0.07%	11	0.78%		0.00%	14	0.2%
Grand Total %	4217	100.0%	1412	100.0%	168	100.0%	5797	100.0%

Sexual Orientation	Heterosexual or Straight	Heterosexual or Straight %	LGB	LGB %	IDNWTD	IDNWTD %	Other SO not listed
< Band 1	6	0.1%	1	1.0%	4	0.3%	
Band 1	1	0.0%	0	0.0%		0.0%	
Band 2	707	16.8%	19	18.4%	231	15.6%	
Band 3	488	11.6%	7	6.8%	165	11.1%	
Band 4	367	8.7%	6	5.8%	156	10.5%	
Band 5	926	22.0%	21	20.4%	273	18.4%	1
Band 6	816	19.4%	15	14.6%	301	20.3%	
Band 7	394	9.4%	11	10.7%	133	9.0%	
Band 8a	151	3.6%	7	6.8%	62	4.2%	
Band 8b	54	1.3%	5	4.9%	14	0.9%	
Band 8c	9	0.2%	1	1.0%	2	0.1%	
Band 8d	9	0.2%	0	0.0%	2	0.1%	
Band 9	12	0.3%	0	0.0%	3	0.2%	
Medical	266	6.3%	10	9.7%	124	8.4%	
VSM	4	0.1%	0	0.0%	10	0.7%	
Grand Total %	4210	100.0%	103	100.0%	1480	100.0%	1

Religious belief	Christianity	Christianity %	All Other Religions	All Other Religions %	IDNWTD	IDNWTD %	Grand Total	Grand Total %
< Band 1	2	0.03%	6	0.43%	3	0.20%	11	0.2%
Band 1	1	17.29%	0	0.00%		0.00%	1	0.0%
Band 2	504	11.90%	207	15.00%	246	16.38%	957	16.5%
Band 3	347	9.09%	143	10.36%	170	11.32%	660	11.4%
Band 4	265	21.85%	112	8.12%	153	10.19%	530	9.1%
Band 5	637	20.14%	313	22.68%	272	18.11%	1222	21.1%
Band 6	587	10.98%	248	17.97%	298	19.84%	1133	19.5%
Band 7	320	3.84%	91	6.59%	127	8.46%	538	9.3%
Band 8a	112	1.34%	42	3.04%	66	4.39%	220	3.8%
Band 8b	39	0.21%	18	1.30%	16	1.07%	73	1.3%
Band 8c	6	0.14%	2	0.14%	4	0.27%	12	0.2%
Band 8d	4	0.24%	3	0.22%	4	0.27%	11	0.2%
Band 9	7	2.78%	4	0.29%	4	0.27%	15	0.3%
Medical	81	0.10%	191	13.84%	128	8.52%	400	6.9%
VSM	3		0	0.00%	11	0.73%	14	0.2%
Grand Total %	4217	100.0%	1412	100.0%	168	100.0%	5797	100.0%

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Staff groups	<=20 Years	<=20 Years %	21-25	21-25 %	26-30	26-30 %	31-35	31-35 %	36-40	36-40 %	41-45	41-45 %	46-50	46-50 %	51-55	51-55 %	56-60	56-60 %	61-65	61-65 %	66+	66+ %	Grand Total	Grand Total %
< Band 1	8	24.2%	2	0.5%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	11	0.2%
Band 1		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Band 2	16	48.5%	75	17.6%	100	14.8%	95	13.6%	106	15.2%	79	12.0%	102	13.3%	135	17.9%	155	22.8%	67	20.2%	27	35.5%	957	16.5%
Band 3	7	21.2%	42	9.8%	74	11.0%	77	11.1%	62	8.9%	59	9.0%	80	10.4%	99	13.1%	90	13.3%	59	17.8%	11	14.5%	660	11.4%
Band 4	2	6.1%	48	11.2%	70	10.4%	44	6.3%	53	7.6%	41	6.2%	79	10.3%	77	10.2%	76	11.2%	35	10.5%	5	6.6%	530	9.1%
Band 5		0.0%	182	42.6%	214	31.7%	169	24.3%	133	19.1%	128	19.5%	135	17.6%	95	12.6%	93	13.7%	61	18.4%	12	15.8%	1222	21.1%
Band 6		0.0%	33	7.7%	145	21.5%	170	24.4%	171	24.5%	144	21.9%	146	19.0%	144	19.0%	119	17.5%	50	15.1%	11	14.5%	1133	19.5%
Band 7		0.0%	3	0.7%	21	3.1%	68	9.8%	83	11.9%	79	12.0%	103	13.4%	86	11.4%	66	9.7%	27	8.1%	2	2.6%	538	9.3%
Band 8a		0.0%		0.0%	5	0.7%	27	3.9%	31	4.4%	40	6.1%	40	5.2%	41	5.4%	30	4.4%	5	1.5%	1	1.3%	220	3.8%
Band 8b		0.0%		0.0%	6	0.9%	10	1.4%	7	1.0%	14	2.1%	11	1.4%	16	2.1%	7	1.0%	1	0.3%	1	1.3%	73	1.3%
Band 8c		0.0%		0.0%	1	0.1%	2	0.3%		0.0%	1	0.2%	2	0.3%	4	0.5%	1	0.1%	1	0.3%		0.0%	12	0.2%
Band 8d		0.0%		0.0%		0.0%		0.0%	2	0.3%	3	0.5%	3	0.4%	3	0.4%		0.0%		0.0%		0.0%	11	0.2%
Band 9		0.0%		0.0%		0.0%		0.0%	1	0.1%	5	0.8%	4	0.5%	5	0.7%		0.0%		0.0%		0.0%	15	0.3%
Medical		0.0%	42	9.8%	38	5.6%	34	4.9%	48	6.9%	64	9.7%	57	7.4%	48	6.3%	39	5.7%	24	7.2%	6	7.9%	400	6.9%
VSM		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.2%	5	0.7%	3	0.4%	3	0.4%	2	0.6%		0.0%	14	0.2%
Grand Total %	33	100.0%	427	100.0%	675	100.0%	696	100.0%	697	100.0%	658	100.0%	768	100.0%	756	100.0%	679	100.0%	332	100.0%	76	100.0%	5797	100.0%

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	Atheism	Atheism %	Buddhism	Buddhism %	Christianity	Christianity %	Hinduism	Hinduism %	Islam	Islam %	Jainism	Jainism %	Judaism	Judaism %	Other	Other %	Sikhism	Sikhism %	IDNWTD	IDNWTD %	Grand Total	Grand Total %
< Band 1	5	0.9%		0.0%	2	0.1%		0.0%	1	0.3%		0.0%		0.0%		0.0%		0.0%	3	0.2%	11	0.2%
Band 1		0.0%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Band 2	71	12.2%	2	25.0%	504	17.3%	12	10.8%	38	12.3%	1	50.0%	2	12.5%	81	23.4%		0.0%	246	16.4%	957	16.5%
Band 3	55	9.4%		0.0%	347	11.9%	8	7.2%	27	8.7%		0.0%		0.0%	53	15.3%		0.0%	170	11.3%	660	11.4%
Band 4	48	8.2%		0.0%	265	9.1%	13	11.7%	20	6.5%	1	50.0%		0.0%	30	8.7%		0.0%	153	10.2%	530	9.1%
Band 5	155	26.6%	2	25.0%	637	21.9%	7	6.3%	90	29.0%		0.0%	2	12.5%	57	16.5%		0.0%	272	18.1%	1222	21.1%
Band 6	122	20.9%	1	12.5%	587	20.1%	10	9.0%	44	14.2%		0.0%	6	37.5%	65	18.8%		0.0%	298	19.8%	1133	19.5%
Band 7	35	6.0%		0.0%	320	11.0%	7	6.3%	25	8.1%		0.0%	1	6.3%	23	6.6%		0.0%	127	8.5%	538	9.3%
Band 8a	19	3.3%	1	12.5%	112	3.8%	1	0.9%	6	1.9%		0.0%	1	6.3%	14	4.0%		0.0%	66	4.4%	220	3.8%
Band 8b	10	1.7%		0.0%	39	1.3%	1	0.9%	4	1.3%		0.0%		0.0%	3	0.9%		0.0%	16	1.1%	73	1.3%
Band 8c	1	0.2%		0.0%	6	0.2%		0.0%		0.0%		0.0%		0.0%	1	0.3%		0.0%	4	0.3%	12	0.2%
Band 8d	1	0.2%		0.0%	4	0.1%		0.0%	1	0.3%		0.0%		0.0%	1	0.3%		0.0%	4	0.3%	11	0.2%
Band 9	2	0.3%		0.0%	7	0.2%		0.0%	1	0.3%		0.0%		0.0%	1	0.3%		0.0%	4	0.3%	15	0.3%
Medical	59	10.1%	2	25.0%	81	2.8%	52	46.8%	53	17.1%		0.0%	4	25.0%	17	4.9%	4	100.0%	128	8.5%	400	6.9%
VSM		0.0%		0.0%	3	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	11	0.7%	14	0.2%
Grand Total %	583	100.0%	8	100.0%	2915	100.0%	111	100.0%	310	100.0%	2	100.0%	16	100.0%	346	100.0%	4	100.0%	1502	100.0%	5797	100.0%

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Sexual Orientation	Heterosexual or Straight	LGB	IDNWTD	Other SO not listed	Undecided	Grand Total
< Band 1	6	1	4			11
Band 1	1	0				1
Band 2	707	19	231			957
Band 3	488	7	165			660
Band 4	367	6	156		1	530
Band 5	926	21	273	1	1	1222
Band 6	816	15	301		1	1133
Band 7	394	11	133			538
Band 8a	151	7	62			220
Band 8b	54	5	14			73
Band 8c	9	1	2			12
Band 8d	9	0	2			11
Band 9	12	0	3			15
Medical	266	10	124			400
VSM	4	0	10			14
Grand Total %	4210	103	1480	1	3	5797

Disability	No	Not Declared	Yes	Grand Total
< Band 1	5	5	1	11
Band 1	1			1
Band 2	721	215	21	957
Band 3	501	142	17	660
Band 4	380	129	21	530
Band 5	909	265	48	1222
Band 6	828	276	29	1133
Band 7	395	128	15	538
Band 8a	162	49	9	220
Band 8b	59	12	2	73
Band 8c	9	3		12
Band 8d	9	2		11
Band 9	12	2	1	15
Medical	223	173	4	400
VSM	3	11		14
Grand Total %	4217	1412	168	5797

Gender	Female	Male	Grand Total
< Band 1	10	1	11
Band 1	1		1
Band 2	879	78	957
Band 3	598	62	660
Band 4	488	42	530
Band 5	1108	114	1222
Band 6	1025	108	1133
Band 7	480	58	538
Band 8a	166	54	220
Band 8b	52	21	73
Band 8c	11	1	12
Band 8d	7	4	11
Band 9	11	4	15
Medical	183	217	400
VSM	8	6	14
Grand Total %	5027	770	5797

Religious belief	Christianity	All Other Religions	IDNWTD	Grand Total
< Band 1	2	6	3	11
Band 1	1	0		1
Band 2	504	207	246	957
Band 3	347	143	170	660
Band 4	265	112	153	530
Band 5	637	313	272	1222
Band 6	587	248	298	1133
Band 7	320	91	127	538
Band 8a	112	42	66	220
Band 8b	39	18	16	73
Band 8c	6	2	4	12
Band 8d	4	3	4	11
Band 9	7	4	4	15
Medical	81	191	128	400
VSM	3	0	11	14
Grand Total %	2915	1380	1502	5797

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	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Other	Sikhism	IDNWTD	Grand Total
< Band 1	5		2		1					3	11
Band 1			1								1
Band 2	71	2	504	12	38	1	2	81		246	957
Band 3	55		347	8	27			53		170	660
Band 4	48		265	13	20	1		30		153	530
Band 5	155	2	637	7	90		2	57		272	1222
Band 6	122	1	587	10	44		6	65		298	1133
Band 7	35		320	7	25		1	23		127	538
Band 8a	19	1	112	1	6		1	14		66	220
Band 8b	10		39	1	4			3		16	73
Band 8c	1		6					1		4	12
Band 8d	1		4		1			1		4	11
Band 9	2		7		1			1		4	15
Medical	59	2	81	52	53		4	17	4	128	400
VSM			3							11	14
Grand Total	583	8	2915	111	310	2	16	346	4	1502	5797

Staff Groups	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+	Grand Total
< Band 1	8	2	1								5	11
Band 1						1						1
Band 2	16	75	100	95	106	79	102	135	155	67	27	957
Band 3	7	42	74	77	62	59	80	99	90	59	11	660
Band 4	2	48	70	44	53	41	79	77	76	35	5	530
Band 5		182	214	169	133	128	135	95	93	61	12	1222
Band 6		33	145	170	171	144	146	144	119	50	11	1133
Band 7		3	21	68	83	79	103	86	66	27	2	538
Band 8a			5	27	31	40	40	41	30	5	1	220
Band 8b			6	10	7	14	11	16	7	1	1	73
Band 8c			1	2		1	2	4	1	1		12
Band 8d				2	3	3	3					11
Band 9				1	5	4	5					15
Medical		42	38	34	48	64	57	48	39	24	6	400
VSM				1	5	3	3	2				14
Grand Total	33	427	675	696	697	658	768	756	679	332	76	5797

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Appendix 3: Interpretation language requests

A full list of languages and the total number of face to face and telephone interpretation appointments provided by our external provider are listed in the table below.

Language	Count		Language	Count
• Urdu	3002		• Sudanese Arabic	21
• Arabic	1440		• Tamil	19
• Somali	1351		• Sylheti	15
• Hungarian	1338		• Greek	12
• Gujarati	895		• Kinyarwanda	12
• Kurdish Sorani	778		• Bosnian	11
• Polish	625		• Dutch	10
• Farsi	502		• Nepali	10
• Romanian	489		• Yoruba	10
• Swahili	429		• Portuguese br.	9
• Punjabi	354		• Ukrainian	9
• Oromo	323		• Kurmanji	8
• Portuguese	315		• Hebrew	6
• Czech	279		• Burmese	4
• Slovak	262		• German	4
• Pashto	257		• Moroccan Arabic	4
• Spanish	230		• Thai	4
• Bengali	222		• Lingala	3
• Tigrinya	215		• Haitian creole	2
• Mandarin	130		• Latvian	2
• Albanian	120		• Malayalam	2
• Turkish	109		• Mandingo	2
• Amharic	95		• Akan	1
• Cantonese	95		• Croatian	1
• Italian	94		• Korean	1
• French	89		• Maay	1
• Russian	67		• Moldovan	1
• Lithuanian	62		• Mongolian	1
• Vietnamese	56		• Rundi	1
• Hindi	54		• Soninke	1
• Dari	29		• T1agalog	
• Bulgarian	28		• Telugu	
• Behdini	22			

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NHS
Bolton
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Agenda: 17

Title:	Bolton Community Diagnostic Centre Proposal

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	31st March 2022		Discussion	
Exec Sponsor	Sharon Martin		Decision	X

Summary:	The purpose of this paper is to provide Trust Board with an overview of; • the National intention for Community Diagnostic Centres • the proposed local model of delivery • the proposed Bolton location • the proposed financial model In addition, to seek approval to progress with the national business case process.

Previously considered by:	Trust Executive

Proposed Resolution	Approval to progress through the national business case process.

This issue impacts on the following Trust ambitions				
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓	
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓	
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓	

Prepared by:	Samantha Ball	Presented by:	Sharon Martin

1. Purpose

The purpose of this paper is to provide Trust Board with an overview of;
- the National intention for Community Diagnostic Centres
- the proposed local model of delivery
- the proposed location
- the proposed financial model

And to seek approval to progress with the national business case process.

2. Background and Context

2.1 Professor Sir Mike Richards' independent review of NHS diagnostic services published in October 2020, <u>Diagnostics: Recovery and Renewal</u>, and sets out the case for increasing diagnostic capacity in England and for a new model of diagnostic service provision. One of the key recommendations of the report is for the rapid establishment of Community Diagnostic Hubs (CDHs). Therefore, the trust is part of the Greater Manchester CDC steering group and has developed a proposal and business case to deliver CDC services in Bolton.

2.2 The principles and intentions of a Community Diagnostic Centre are as follows;

- To **improve population health outcomes** by reaching earlier, faster and more accurate diagnoses of health conditions.
- To **increase diagnostic capacity** by investing in new facilities, equipment and training new and existing staff, contributing to recovery from COVID-19 and reducing pressure on acute sites.
- To **improve productivity and efficiency** of diagnostic activity by streaming provision of acute and elective diagnostic services where it makes sense to do so; redesigning clinical pathways to reduce unnecessary steps, tests or duplication.
- To **contribute to reducing health inequalities** driven by unwarranted variation in referral, access, uptake, experience and outcomes of diagnostic provision.
- To **deliver a better and more personalised diagnostic experience** for patients by providing a single point of access to a range of safe, quality diagnostic services in the community.
- To **support integration of care** across primary, community and secondary care and the wider diagnostics transformation programme.

3. Bolton Community Diagnostic Centre

3.1 Year 1 (2021/22)

The year 1 model, which has been previously approved and successfully mobilised, is additional provision of CT and MRI working in partnership with an independent sector provider to deliver a mobile service from the hospital site.

3.2 Year 2 and onwards (2022/23 - 2024/25)

The year 2 and onwards model will be a continuation of the mobile solution in the first instance for the period of April 2022 to March 2023, and this will enable delivery of the additional capacity whilst the permanent CDC model is developed and fitted to be operational from April 2023 (build time-dependant).

The permanent CDC model will be an integrated model working with primary care and voluntary sector to include the following;

- MRI
- CT
- Fibro scanning
- X-ray
- Phlebotomy
- Ultra sound
- Point of care testing
- Integration with primary care clinical pathways
- Outreach health checks (working with voluntary sector)

If successful, at business case evaluation there will be an additional modular build CT and MRI purchased in Q4 of 2023/24 to be operationalised in 2024.

4. CDC Location

4.1 The proposed location for the CDC is on the hospital site on the ground floor of J block and this will result in the relocation of outpatient services to the first floor.

4.2 In order to determine the proposed location, a comprehensive options appraisal has been carried out and presented to Trust Executive for approval. This process considered floor space available, accessibility, car parking and being in an area of social deprivation.

4.3 Initially the national direction was that Community Diagnostic Centres should be situated out in the community and away from the hospital site. However, new guidance following a significant reduction in available capital funding is that trusts consider existing estate refurbishment and onsite is now in scope.

5. Financial Model

5.1 During an early review, it has been confirmed that the Greater Manchester capital allocation is sufficient to cover what each GM trust intends to submit in bids. However, the source of recurrent revenue funding remains unclear.

5.2 The table below presents the proposed value of capital, revenue and workforce requirements for the Bolton business case.

Capital Required (£m)				Revenue Required (£m)			
22-23	23-24	24-25	Total	22-23	23-24	24-25	Total
£7.55	£2.50	£0.00	**£10.05**	£4.2000	£7.3000	£9.7400	**£21.24**

5.3 The capital value is subject to change following more detailed costing for the refurbishment of J block once architectural drawings have been completed.

5.4 The revenue value is based on planned operational hours which include enhanced hours (weekend and evenings), which differ for some modalities dependant on demand, and show an increase in activity on year. However, this is subject to change as the workforce planning group determine the phasing of recruitment and training and therefore likely to require re profiling for the operational hours.

6. Risks and Mitigating Circumstances

6.1 Recurrent revenue funding remains a risk. It is likely that ongoing funding will become the responsibility of the Integrated Care System (ICS), this is visible at the GM CDC Steering Group, GM Directors of Strategy and GM Directors of Finance and we await further clarity and guidance from the national team.

6.2 Recruitment remains a risk with national challenges around workforce for radiology. There is a GM CDC Steering Group and Workforce Sub Group where this is being discussed and addressed.

7. Recommendation/Decision

The Trust Board is asked to approve the following;

7.1 The proposed operational model and services to be included

7.2 The location being the refurbishment of J block

And note;

7.3 The current financial plan which once final will be submitted to Finance and Investment Committee

7.4 Final business case will be presented back to Trust Board on submission date is confirmed

Title:	Review of 2019-24 Strategy objectives		

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	31st March 2022		Discussion	✓
Exec Sponsor	Sharon Martin		Decision	

| Summary: | Our Strategy…for a better Bolton is being refreshed in line with the NHS system architecture changes, which will see the closure of CCGs in July and the move to a more integrated approach to commissioning, with the FT assuming enhanced responsibilities.

In order to support the strategy development process, a final review of progress against the 2019-24 strategy has been completed, which has been reviewed and agreed by Trust Management Committee (TMC).

Outstanding/incomplete actions and programmes of work will be discussed in the coming weeks and months to determine whether any revisions are required and to update timescales.

The Board is asked to note and endorse this review and provide any comments. |
|---|---|

Previously considered by:	Trust Management Committee

Proposed Resolution	The Board is asked to note the review and provide any comments.

This issue impacts on the following Trust ambitions				
To provide safe, high quality and compassionate **care** to every person every time	✓	Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing	✓
To be a great place to work, where all **staff** feel valued and can reach their full potential	✓	To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton	✓
To continue to use our **resources** wisely so that we can invest in and improve our services	✓	To develop **partnerships** that will improve services and support education, research and innovation	✓

Prepared by:	Rachel Noble, Deputy Director of Strategy	**Presented by:**	Sharon Martin, Director of Strategy, Transformation & Digital

Introduction

In our *2019-24 strategy…for a better Bolton*, we committed to conducting an annual review of progress against our six strategic ambitions and objectives, and as we prepare to draft a new strategy, this exercise is especially important. This review enables us:

- To ensure that our ambitions remain the right areas of focus
- To check our progress against our strategic objectives
- To make any necessary changes to the strategy
- To account for progress to the Board

Our five-year strategy describes our collective vision and ambitions for Bolton NHS FT and is the roadmap to achieving our aspirations. As we all play a part in achieving our priorities, it is essential that we make time to review our approach, assess our progress and inform our future direction.

As we prepare for changes to the NHS system architecture, we are beginning the process of engagement on a new corporate strategy that will define our new responsibilities and revised corporate ambitions. This strategy will be published in July, and detailed engagement with staff, stakeholder and members of the public on our ambitions, objectives and priorities will begin in April.

Prior to that, it is important that we take time to reflect on progress against our previous objectives and determine how well we performed against them. This not only helps us to celebrate what has been achieved, but enables us to identify where we may have struggled to make progress against an important issue, where we set ourselves the wrong challenge, or identify where an area of work may have not had the right resource to deliver.

Review of our progress

The *Strategy into Action* below lists all of our objectives from the 2019-24 strategy and an assessment of progress against them. Much has been achieved and should be celebrated, whilst a number of important programmes of work have been impacted by the pandemic or superseded by new targets. Each objectives has therefore been coded to denote whether it is on track, delayed, on hold, completed, or where the objective or its deadline for delivery has been amended from the original wording of the strategy[1]. The ticked columns describe when work took place/is expected to take place.

In addition to what is described below, there are many highlights of the past two years that are not captured in our actions. These will be incorporated into the narrative for the new strategy to describe where we are and what has been achieved as we launch our new strategy.

Action and recommendation

Following review by Trust Management Committee, the Board is asked to review the table below and highlight any corrections required in order that we can give the Board a complete picture of our performance against the targets we set ourselves.

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[1] These changes were made as part of the 2020 strategy review

Timescales and next steps

This review will be used to underpin and inform the engagement for the development of the new strategy which will commence in April. Outstanding actions and objectives will be discussed with staff, stakeholders and the public and those remaining as priorities will be incorporated into the reformulated strategy.

Strategy into Action

The *Strategy into Action* describes our strategic objectives and their timescales for delivery which will support the achievement of each of our six ambitions. It builds on the version published in our 2019-24 strategy and describes progress, changes made and the outcomes we expect to achieve.

Ambition	Programme	Year 1 (2019/20)	Year 2 (2020/21)	Year 3 (2021/22)	Year 4 (2022/23)	Year 5 (2023/24)	KPI achieved by 2024
Ambition 1 **To provide safe, high quality care**	**ON TRACK:** Develop, implement and deliver the plan for Outpatient Transformation programme with the aspiration of reducing outpatient appointments by 33% by 2024	✓	✓	✓	✓	✓	Outpatient appointments reduced by 33%
	ON TRACK: Establish and deliver a Reset programme which supports the Trust's recovery from the impacts of COVID-19		✓	✓	✓	✓	Restoration of services in line with or exceeding national targets
	DELAYED: Develop and implement programmes of continuous quality improvement focused on: • Improving mortality • Preventing harm • Enhancing patient/carer experience	✓	✓	✓	✓	✓	BFT rated 'outstanding' by CQC for safe care In top 10% of Trusts for safety and patient experience We will be one of the top 10% of hospitals for

Task						Outcome
						mortality and avoidable harm
DELAYED: Select and train divisional quality improvement experts	✓	✓				All staff are trained in QI techniques
DELAYED: All new staff to receive QI training as part of the induction programme		✓	✓	✓	✓	
DELAYED: QI training rolled out to all staff			✓	✓	✓	
ON TRACK: Getting it Right First Time (GIRFT) plans in place for all relevant specialties and included in regular performance reporting	✓	✓	✓	✓	✓	All GIRFT-reviewed specialties have implemented all appropriate GIRFT recommendations
COMPLETED: Launch phase 1 of the Electronic Patient Record	✓	✓	✓	✓	✓	All patient records are available electronically by 2024
ON TRACK: Review and transformation of clinical pathways			✓	✓	✓	All specialties have a five year vision and an action plan for transformation
DELAYED: Full implementation of 'Making Every Contact Count' (MECC)				✓		All specialties receive training in the delivery of MECC

Ambition	Action						Target
	DELAYED: Enable patient and carer access to health records			✓	✓	✓	100% of patients and carers have access to records
	ON TRACK: Review and implement technologies to support patients in self-management (in line with the Outpatient Transformation Programme). **NEW:** Introduction of ORCHA		✓	✓	✓	✓	100% patients receive advice on technologies that can support them in management of their condition
	ON TRACK: Implement all recommendations from Better Births			✓	✓		Bolton FT is fully compliant with Better Births recommendations
	AMENDED: Implement the Long Term Plan recommendations for Urgent Care and Cancer and participate in GM recovery actions regarding the delivery of cancer services	✓	✓	✓	✓	✓	Bolton FT delivering LTP recommendations for Urgent Care and Cancer, and delivering equity of access to services across GM
Ambition 2 **To be a great place to work**	**ON TRACK:** Support the delivery of the NHS People Plan by implementing local recommendations		✓	✓	✓		Maintain our 'outstanding' rating for 'Well led' services from CQC To be in the top 20% of NHS organisations for staff engagement
	COMPLETED: Launch BAME Leadership programme		✓				
	ON TRACK: Establish Agile Working programme		✓	✓	✓		
	COMPLETED: Review Trust values and introduce a new set of behaviours to support the appraisal process		✓	✓			

Ambition	Action						Notes
	NEW DEADLINE: Develop a talent and succession planning programme to identify future leaders			✓	✓		as measured by the NHS staff survey
	AMENDED: Implement health and wellbeing measures to and ensure that we support staff to stay healthy and well and that sickness levels are below 4.2% by 2024		✓	✓	✓	✓	
	ON TRACK: Continue to achieve the Workforce Racial Equality Standard	✓	✓	✓	✓	✓	
	ON TRACK: Continue to achieve the Workforce Disability Equality Standard	✓	✓	✓	✓	✓	
	NEW DEADLINE: Extend the use of job plans to all staff who manage patient caseloads				✓	✓	
	NEW DEADLINE: Provide a suite of multi-disciplinary clinical skills training				✓		
	NEW DEADLINE: Expand and develop the apprentice workforce	✓	✓	✓	✓	✓	
	ON TRACK: Maintain and improve the quality and compliance levels of appraisal, mandatory and statutory training	✓	✓	✓	✓	✓	
Ambition 3 **To use our resources wisely**	**ONGOING:** Deliver a financial break even position	✓	✓				Trust break even delivered in 2020-21
	DELAYED: Annual divisional 'strategy into action' dashboards introduced and agreed **ON TRACK:** Divisional transformation plans in place				✓	✓	To be rated 'outstanding' by CQC for use of resources

	DELAYED: Publish the Commercial Strategy and pursue identified commercial opportunities	✓	✓				BFT generating annual revenue from sale of Digital Services
	NEW DEADLINE: Review of clerical pathways			✓	✓	✓	New technologies in place to support the delivery of clerical services
	ON HOLD: Annual review of service level agreements	✓	✓	✓	✓	✓	100% of SLAs will be reviewed and refreshed as required
	NEW DEADLINE: Capital Plan fully aligned to Estates Master Plan				✓	✓	Capital Plan is informed by the plan for the development of BFT's estate
	NEW DEADLINE: Review of job plans			✓	✓	✓	100% of medical workforce have received a review of the job plan
	ON TRACK: Ongoing review and implementation of Model Hospital opportunities	✓	✓	✓	✓	✓	BFT to enter the top 20% of Trusts for total costs per weighted average unit of activity on the Model Hospital portal
	NEW DEADLINE: New business case process agreed and implemented				✓		All new business cases to follow the new process

	NEW: Explore opportunities to invest in new technologies to support transformation and deliver efficiencies			✓			Implementation of Attend Anywhere and development of virtual hubs
	AMENDED: ~~Negotiation and agreement on gain share with the CCG~~ Contribute to the development of a revised financial regime for GM			✓			To support the delivery of system financial changes
	AMENDED: ~~Length of stay programme to commence~~ Reduction of patients with no criteria to reside			✓	✓	✓	NCTR to reduce to no more than 50 patients
	NEW: Undertake a programme to identify and realise benefits outlined in past high-value business cases		✓	✓	✓		Financial and productivity benefits realised and reported on
Ambition 4 **Sustainable estate**	**NEW DEADLINE:** Board to approve the Estates Master Plan for Bolton FT				✓		Master Plan published and development programme in place
	NEW DEADLINE: Bolton College of Medical Sciences development			✓	✓	✓	College open
	COMPLETED: Complete estates work on: Critical Care/HDU: enhanced side room capacity; delivery of Same Day Emergency Care; installation of new vacuum insulated evaporator (VIE) for bulk oxygen storage		✓				Our estate will support the safe and resilient delivery of services
	COMPLETED: Develop a visionary bid for funding from the national Hospital Investment Programme with our partners across Bolton		✓	✓			

	Description						Outcome
	COMPLETED: Undertake a health planning exercise to define future requirements for our women & children's estate	✓	✓				To provide a hospital estate that is fit for the future
	COMPLETED: Undertake a health planning exercise to improve estates utilisation in response to COVID-19, focusing on outpatients, ophthalmology, community, and virtual appointment hubs		✓				
Ambition 5 **To integrate care**	**ON TRACK:** Technologies for community services fully rolled-out. Technologies will also be refined and developed, and reviewed annually to ensure their impact		✓	✓	✓		All our community services have access to developed technologies
	NEW: To improve connectivity across our community and hospital estate			✓	✓	✓	Improved network availability to support the delivery of virtual consultations
	ON TRACK: Roll-out of EPR/shared care record to local health communities			✓	✓	✓	All local providers able to share patient records
	COMPLETED: Full roll-out of streaming and 'home first' model in A&E	✓	✓				All patients to be streamed in A&E
	DELAYED: Publish the Digital Strategy				✓		Document published
	DELAYED: Publish the Communications and Engagement Strategy				✓		Document published
	ON TRACK: Neighbourhood model and public sector reforms fully aligned.	✓	✓	✓	✓	✓	Development and implementation of

Ambition	Objective						Measure
	Vertical integration for the development of services						a new clinical model
	NEW OBJECTIVE: Develop proposals to support delivery of the Integration and Innovation White Paper			✓			Develop and implement proposals for Local Care Trust
Ambition 6 **To develop partnerships to improve services**	**ON HOLD:** Implement the recommendations of the Greater Manchester Improving Specialist Care programme	✓	✓				BFT delivering specialist services as determined by Greater Manchester
	AMENDED: Work with our health partners across GM to provide resilient services and equity of access to care	✓	✓	✓	✓	✓	BFT contributes to the equitable delivery of services across GM
	NOT ACHIEVED: Research and development strategy to be published					✓	Document published
	NEW: To identify opportunities to partner with local Trusts to improve service delivery		✓	✓	✓	✓	

Title:	Bolton Health And Social Care Locality Model

Meeting:	Bolton NHS FT Board of Directors	**Purpose**	Assurance	
Date:	31st March 2022		Discussion	
Exec Sponsor	Sharon Martin		Decision	✓

Executive Summary:	On 6 July 2021, the Health and Care Bill was published, setting out key legislative proposals to reform the delivery and organisation of health services in England, to promote more joined-up services and to ensure more of a focus on improving health rather than simply providing health care services. The purpose of the Bill is to establish a legislative framework that supports collaboration rather than competition and many of its proposals have been informed by the NHS's recommendations. Central to the proposed changes is to establish Integrated Care Systems (ICSs), with Integrated Care Boards (ICB's), taking on the NHS statutory functions of CCGs. In Greater Manchester the ICB will discharge the functions, governance and legal requirements of a statutory ICS whilst being consistent with the existing devolved GM structure and process. This includes building on the key delivery vehicles of Locality Boards in the 10 places, working through their constituent neighbourhoods and Provider Collaboratives taking responsibility for programmes requiring a wider GM footprint to achieve their objectives Each locality will operate a model which meets their specific local needs however, it is expected at a minimum that the following common features will exist in each of the 10 GM ICS localities: - A "**place based health and care lead**" whose role will include convening the place-based partnership, representing the partnership in wider GM ICS governance and taking on responsibility for functions delegated by the ICS. - A **Locality Board** that sets the strategic direction for the health and care system and includes civic, clinical, care professional, provider and VCSE partners as an integral element of the governance. - A mechanism for the **priorities to be decided together** in the locality and a process for determining consequent financial flows to providers or provider alliances. - **A place based provider collaborative building on existing arrangements and supporting a neighbourhood approach** with integrated working, connecting to PCNs and to communities and the full range of local partners.

- Appropriate **accountability agreements** between partners in the locality and clear **delegations** to enable place based delivery.
- Current **CCG staff will transfer** their employment to GM ICB, when it is established, with the majority remaining deployed locally.
- **Financial flows** and contracting arrangements are still to be agreed, although some NHS funding will flow directly from GM ICB to providers.

Our model builds on our existing integrated arrangements, but is ambitious driving a shared understanding, vision and action plan for the whole system. At the heart of this is the focus on much greater collaboration and creating simpler, leaner structures. To enable this change the Bolton system will:-

- Establish a Locality Board to provide oversight and assurance on the development, delivery and redesign of health and social care across Bolton with a focus on driving investment in prevention. The Locality Board will have interim responsibility for the Bolton locality budgets as delegated from GM ICB as well as those pooled through the Section 75 arrangement between the ICB and Council
- Appoint with the ICB a Place Based lead. The Place Based Health and Care Lead will-
  - Lead the establishment of a Bolton Health and Care Partnership Foundation Trust which will be fundamental to driving the transformation required in Bolton.
  - Ensure the Integrated Care partnership flourishes as Bolton's Provider Collaborative.

- The development of an Integrated Health & Social Care Directorate in the Trust through the safe incremental transition of adult social care, with detailed transition plans to be developed with underpinning legal agreements as set out in the report.

- Under the new GM ICS arrangements, GMMH will become a Mental Health Care Trust bringing the planning and delivery of mental health services together.

This paper outlines the approach to the above changes in more detail.

Proposed Resolution

Bolton NHS Foundation Trust Board of Directors is asked to:-

(i) Approve the nomination of Bolton NHS Foundation Trust (Bolton Health and Care Partnership Foundation Trust) Chief Executive as Place Based Lead and that this is submitted to NHS GM Integrated Care for ratification by 22 April 2022.
(ii) Approve Bolton's outline Locality Model as set out in the report including:-

	a. The formal establishment of a Locality Board as set out in the report and Chaired by the Executive Member for Adults and the Chief Executive of the Council. b. Supporting the creation of Bolton Health and Care Partnership Foundation Trust including the further development of the Integrated Health & Social Care Directorate in the Trust, through the safe incremental transition of adult social care. (iii) Authorise the Chief Executive Officers of the Council, Bolton Foundation Trust, Greater Manchester Mental Health Foundation Trust and Clinical Commissioning Group to further progress transition arrangements including the model's responsibility and accountability arrangements

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓

Prepared by:	Bolton NHS FT Bolton Council Greater Manchester Mental health Bolton CCG	**Presented by:**	Sharon Martin Director of Strategy and Transformation

Bolton Health and Social Care Locality Model, 2022

1. Introduction

2. Operating Context

3. Locality Model

4. Summary

5. Recommendations

MARCH, 2022

1.   Introduction

In Bolton our shared vision is to work together to improve the health and wellbeing of all our people. We want Bolton people involved in their own health and wellbeing and enabled to stay well for as long as possible. To achieve this and therefore tackle the significant inequalities across our communities, we need to work across public, community and voluntary services and with local people to design and deliver a very different approach to health and care making tangible improvements for all people.

This document proposes how we will build on the current track record of integration by delivering on a new model addressing the ambitions set out in our Locality Plan. It shares the different component parts of the model:

- Locality Board
- Place Based Lead
- Bolton Health and Care Partnership Foundation Trust
- ICP and our neighbourhood based approach
- Integrated mental health and wellbeing

It sets out how each of these core elements will work together with a particular focus on how we bring the planning, design and delivery of services affecting health and wellbeing together to meet the triple aim, and to enable closer joint working with communities and across organisations.

These proposals will act as a key enabler for Bolton to address the health inequalities exacerbated by the Covid 19 pandemic and pressures on NHS and Local Authority budgets.

Bolton's proposed locality model, including its Place Based Lead proposal, is a result of sustained engagement with partners from across the system with support secured from Political Leaders, Chairs, CEOs and (outlined in section 3cii of the report). We believe that the overall model and, specifically, the Place Based Lead arrangement meets requirements regarding accountable relationships for both the NHS and local government and the requirements set out, to date, by the GM ICB. Formal agreement on the proposed Locality model including formal establishment of a Locality Board and nomination of the Bolton NHS Foundation Trust (Bolton Health and Care Partnership Foundation Trust) Chief Executive as Place Based Lead are sought in this document to support the realisation of the long term ambition for integrated care.

2.   Locality Context

2a. Local challenges in health inequalities, demand and budgets

Bolton partners are extremely concerned about the impact of the pandemic and the future implications across our population. In particular, the uneven toll the virus has already taken on Bolton's communities, which already had enduring inequalities across its population affecting people's life chances, wellbeing and ultimately their life expectancy. Prior to the pandemic, there was a compelling case for change to create a more financially sustainable system and to address inequalities. However, this is now a critical concern where partners will need to draw on the lessons learnt from the pandemic to work together differently to tackle these complex issues.

Alongside this health inequality challenge, Bolton faces significant financial challenges, in common with all health and social care economies. Despite each organisation delivering sizeable cost improvement and efficiency programmes over recent years, the pressures Bolton health and social care partners are facing in the future outstrip the funding received. The scale of financial challenges cannot be addressed by the current way of working and will require joined up decision making on every Bolton pound spent. We therefore recognise that structural changes to the way we work in partnership including with our communities; operate our organisations and plan and deliver services are needed to tackle these challenges.

Working closely with GM ICS, our locality structure is designed to work in closer partnership, not just between health and care services, but across all partners in Bolton, particularly the community and voluntary sector and organisations concerned with housing services and education and skills. By doing this, we hope to address some of our most intractable inequalities; make the best use of resources and improve people's experiences of services when they need them. A strong focus on prevention will be important to both improve the life chances of Bolton people but also, in the long term, to move towards a sustainable health and care economy.

2b. Current integrated arrangements

In February 2020, recognising the significant health challenges Bolton faced and the increased demands on our services, Bolton Council, CCG and Bolton Foundation Trust committed to change the way we deliver services. A Strategic Commissioning Function between the Council and CCG was established bringing together commissioning teams and budgets. An Integrated Care Partnership (ICP) was created to bring together our community health services, mental health, social care and GP services, alongside the community and voluntary sector and wider services including housing and policing to coordinate care closer to home focussed on what matters to people and reducing duplication in service delivery.

The following key milestones were achieved:
- Repurposed Active, Connected and Prosperous Board (Health and Wellbeing Board) with a clear focus on priority issues for Bolton including tackling inequalities.

4

- A place-based Single Outcomes Framework implemented aligned to Bolton's JSNA

Integrated Care Partnership (ICP):
- Health & Care Hub established with co-location of multiple services. This enabled coordinated care with a 'no wrong front door' route into social care and community health services during the pandemic and enabled us to meet hospital discharge requirements.
- Designed the integrated operating model for the co-located district teams which are due to go live in February 2022.
- Agreed approach to integrated IT to support district teams to operate together in neighbourhoods.
- Neighbourhood MDT approach established with a clear process in place led by the ICP and working closely with primary care for neighbourhoods and care homes. In addition, and as part of testing and developing our approach to place based approaches, an MDT approach has been put in place between health and care and housing providers. We already know this is reaping immediate benefits for people by ensuring people received coordinated support across multiple agencies whilst also enhancing the skills and knowledge of services and their pathways for the practitioners involved.
- Established pulse oximetry at home service - monitoring and supporting people with Covid 19, ultimately saving lives. Our Bolton model reduced pressure across primary and secondary care due to its referral mechanism directly from CTAS (test and trace).
- Continued resilience support to care homes - including a coordinated and consistent response to care home visiting and end of life training
- Voluntary, Community and Social Enterprise (VCSE) leadership programme - helped shape implementation of the Neighbourhood Model as well as the design of 'Different Conversations' OD programme, a strengths based programme for staff working in our neighbourhoods which is now underway.

Strategic Commissioning Function

- £160 million pooled budget between Bolton Council and CCG.
- Joint decision making, bringing together clinical and political decision making via a Joint Commissioning Committee.
- Needs analysis and market development work completed. An in-depth understanding of needs analysis for older people, children and young people with complex needs and people with complex mental health needs and learning disabilities. This is enabling work with providers to develop the local market and bring services together to deliver improved outcomes for individuals and make the best use of Bolton financial investments.

- Underpinning strategic commissioning programmes aligned across health and care with a focus on population health and wellbeing through prevention and early intervention at all levels.
- Comprehensive contract database in place with functionality to undertake strategic and performance focused contract reviews.
- Worked closely with providers on all aspects of support to care homes during the pandemic including ongoing advice and guidance.

The pandemic has had a significant impact on our communities, and it is therefore now a very different operating context delivering services. At a boroughwide level, we are responding to this by reviewing and resetting our priorities through the Active, Connected and Prosperous Board focussed on how we deliver in partnership across the public private and community and voluntary sector on some of our most complex and enduring issues.

The locality model proposed in this document builds on the learning from our existing integrated arrangements and the joint response to the Covid-19 pandemic. However, it recognises the scale of the challenges affecting our communities and public services and how globally, regionally and locally the environment has changed and continues to significantly evolve as a result of the pandemic, recovery and further anticipated reforms. Therefore, this model is bold in its ambitions to change our services to ensure the planning, decision making and delivery of services is done together reducing duplication and fragmentation of delivery. There is also a clear ambition to move to an all age model ensuring we bring together the twin tracks of transformation and integration between children and adults' services.

A completely new approach to public service delivery.
Breaking down the silos between public services, collaborating on prevention rather than individually picking up the pieces.
Promoting a model of public service delivery that is truly preventative, proactive and person-centred.

A single programme of transformation and reform across all disciplines

Further devolution, policy change, new regulatory environment

Supported by place-based pooled budget

Directed by **one public service leadership team**

Universal services, like schools and GPs, are **cornerstones of public services** in their communities and are connected with other public services through integrated neighbourhood functions

A **single commissioning function** for the locality

Integrated specialist/acute services for the most complex and costly

A **single function** for triage, assessment, tasking and coordination across all cohorts

One integrated neighbourhood function for each geographic footprint (30-50k). Frontline practitioners pulling on specialist support.

- Care coordinators/navigators
- Community safety advisors
- CRC workers
- District nurses
- Early years workers
- Employment and skills officers
- Environmental health officers
- Family support workers
- Focused care workers
- Health visitors
- Housing officers
- Key workers/early help workers
- Mental health practitioners
- Neighbourhood beat officers
- Neighbourhood/community safety officers
- Pharmacists, Optometrists & Dentists
- Police community support officers
- Social workers
- Substance misuse workers
- VCSE sector workers and volunteers

Information is shared between agencies safely to support effective delivery and identifying those most at risk

Working as **one public service workforce**, with redesigned roles and shared Job Descriptions across organisations

The **VCSE sector** are part of the fabric of public services. Public services are delivered with local citizens, communities, businesses

3. Our Locality Model

3a. National and GM context

National and Greater Manchester developments have informed the framework of these proposals and support our intention in Bolton to increase the momentum towards further integration to drive improvements for local people and communities.

There is a clear move to drive the integration of services at a local and neighbourhood level as set out in the government's NHS Long Term Plan and more recently, the Health and Care Bill, which is progressing through Parliament, and regionally in the Greater Manchester Unified Model of Public Services.

Central to the proposed changes is to establish Integrated Care Systems (ICSs), with an Integrated Care Board at Greater Manchester level taking on the NHS statutory functions of CCGs. Within each ICS 'provider collaboratives' will work at scale across 'places' to improve the resilience of services and reduce unwarranted variation, whilst place based partnerships co-ordinate the planning and delivery of integrated services within localities and communities.

At a GM level it is anticipated that the following key features will be in place:

- Capability at GM level to discharge the functions, governance and legal requirements of a statutory ICS (as constituted in the forthcoming legislation) whilst being consistent with the existing devolved GM structure and process.
- Building on the key delivery vehicles of Locality Boards in the 10 places, working through their constituent neighbourhoods and Provider Collaboratives taking responsibility for programmes requiring a wider GM footprint to achieve their objectives

While each locality will operate a model which meets their specific local needs, it is expected at a minimum that the following common features will exist in each of the 10 GM ICS localities:

- A "**place based health and care lead**" whose role will include convening the place-based partnership, representing the partnership in wider GM ICS governance and taking on responsibility for functions delegated by the ICS.
- A **Locality Board** that sets the strategic direction for the health and care system and includes civic, clinical, care professional, provider and VCSE partners as an integral element of the governance.
- A mechanism for the **priorities to be decided together** in the locality and a process for determining consequent financial flows to providers or provider alliances.
- **A place based provider collaborative building on existing arrangements and supporting a neighbourhood approach** with integrated working, connecting to PCNs and to communities and the full range of local partners.
- Appropriate **accountability agreements** between partners in the locality and clear **delegations** to enable place based delivery.
- Current **CCG staff will transfer** their employment to GM ICB, when it is established, with the majority remaining deployed locally.
- **Financial flows** and contracting arrangements are still to be agreed, although some NHS funding will flow directly from GM ICB to providers.

As part of Greater Manchester Public Service Reform (PSR) agenda and the GM Unified Model of Public Services, GM has been working with localities on coalescing the twin tracks of health and care development and wider reform of services, such as employment, criminal justice, and housing. To deliver a comprehensive population health, system which joins up planning and delivery of all public services. It is underpinned by an ethos of 'doing with' people rather than 'doing to' and sees people and communities' inherent strengths and resources instead of their deficits. In Bolton, at both a strategic and operational level we have been aligning PSR and health and social care integration whilst collaborating on key projects. Our proposed model intends to build on these foundations.

3b. Principles

Our Locality model has been designed working with the emerging GM ICS, local partners and informed by the national requirements. The following design principles have been used to create the right structure for Bolton and are intended to include staff resource and appointments, finance and working arrangement:

- Ensuring we put people at the heart of everything we do
- Primacy of place and neighbourhoods in everything we do
- Bring planning and delivery of services together
- Ensure closer all age health and social care integration
- Effective partnerships at strategic planning and delivery level
- Ensure clinical and political input
- A coherent, joined up approach to working differently with people and communities
- Stronger focus on prevention
- Utilising skills, experience and talents of our workforce
- A simpler local system to work within and for others to navigate
- Work with GM to transform and put Bolton first

This is with the ultimate aim of creating a structure which enables and accelerates the transformation required to improve health and wellbeing locally, as set out in our Locality Plan.

3c. Overview of our model

Core to Bolton's locality model is the philosophy of health, care and wider public services working together to promote and support independence, utilising statutory, voluntary and community assets, and where appropriate, independent sector services to deliver the right care, in the right place at the right time. Our ambition is to move to an all age, prevention focussed model of care which operates on the principles of putting people at the heart of what we do, supporting them to be in control of their own care and recognising that what makes people well often spans beyond health and care services and includes factors such as education, housing and community connectedness. We therefore are committed to shifting from a medical model of tackling inequalities and illness towards a model of care which recognises and draws on the impact of people's environment and their own resources.

Our model builds on our existing integrated arrangements, but is ambitious driving a shared understanding, vision and action plan for the whole system. At the heart of this is the focus on much greater collaboration and creating simpler, leaner structures. Clinical and professional leadership will be embedded at every level of the new structure to ensure the planning, design and delivery of services including new models of care is shaped by clinicians. Arrangements are currently being agreed with

clinicians and professionals however the commitment is to ensure there is input within the Bolton Foundation Trust (Bolton Health and Care Partnership Foundation Trust), Locality Board and within the Integrated Care Partnership including at neighbourhood level. Recognising the critical contribution of the VCSE sector we are also committed to the sector having a key role in shaping our approach and decision making across all aspects of our health and care structures to ensure our planning and delivery is shaped around what matters to people.

This section explores the functions of the model as a whole and their interdependencies.

3c i. Locality Board

Bolton has been operating a Health and Care Partnership Board since 2018 to oversee integrated arrangements for health and social care reporting into Bolton's Active, Connected and Prosperous Board (Health and Wellbeing Board). Under the new Health and Care Bill requirements, Bolton will develop a Locality Board aligned to the national and GM requirements. Currently it is meeting in shadow form and managing the transition process to the new locality model. From July 2022, and as an interim step, it will ensure accountability for key decisions and budgets at place level as a formal joint committee with GM ICB.

The Board is Chaired by the Executive Cabinet Member for Adults and the Chief Executive to ensure balance across the system and to drive a place based approach. The Board's primary role will be overseeing and collectively supporting integrated arrangements (Bolton Foundation Trust and ICP) to ensure they materially improve the health and wellbeing of the whole population. Specifically, this will mean driving a focus on prevention and addressing health inequalities through the wider determinants of health across the system including shifting investment into proactive prevention.

The core functions of Bolton's Locality Board will be to:

- Provide oversight and assurance on the development, delivery and redesign of health and social care across Bolton with a focus on driving investment in prevention.
- The Locality Board will have interim responsibility for the Bolton locality budgets as delegated from GM ICB as well as those pooled through the Section 75 arrangement between the ICB and Council
- Linked to the Active, Connected & Prosperous Board, its primary role will be to ensure the integrated arrangements of the Bolton Foundation Trust (Bolton Health and Care Partnership Foundation Trust) locally including deployment of the resources it is responsible for to materially improve the health and wellbeing of the population.
- Oversight for the delivery of the mental health provision and investment.

- Ensure the voice of Bolton people and particularly those with lived experience is a key part of the planning and delivery of services
- Set strategic direction for future strategic developments and strategic investments based on qualitative and quantitative data and needs analysis.
- Communicate with one voice to the equivalent GM Board and coordinate emerging actions /direction of travel from GM into Bolton.

To fulfil the Board's responsibilities, it will have recourse to the following documents:

- Greater Manchester ICS (GMMH&SCP) Business Plan
  - ICB Business Plan
- The Bolton Foundation Trust (BHCPFT) business Plan
  - ICP Business Plan (including primary care)
  - Acute Business Plan
- GMMH Business Plan
- Relevant Section 75 agreements intended to support integration objectives
- Schedule of Bolton Foundation Trust (BHCPFT) services
- Outcome metrics and performance measure reports
- JSNA
- Annual report of the Director of Public Health
- Any other reports or commissioned work

Bolton has a strong record of joint political and clinical input and decision making. Recognising the value of and ensuring robust political, clinical and professional input across the governance of our new model has been key to our design principles. The Locality Board will be integral to place based decision making enabling collaboration and transcending organisational boundaries to drive improved outcomes. As set out in the national guidance, membership will include political, clinical and professional leadership and senior Council, Bolton Foundation Trust (BHCPFT), Greater Manchester Mental Health Foundation Trust (GMMH), Primary Care and VCSE representatives.

The Locality Board will drive integrated arrangements ensuring accountability from the Bolton Foundation Trust (BHCPFT) for delivery against the required outcomes as set out in the business plan, whilst also enabling maximum autonomy for the Trust to plan and deliver services. The powers of the respective partners including responsibility and accountability arrangements will be reflected in a responsibility agreement to be completed once the final GM ICB structure is clear. Key to these local arrangements will be the redirection of an agreed amount of funding to investment in prevention activity whilst also ensuring ring fencing of funding into other priority areas including adult social care.

Up to July 2022 and beyond, the Board will have a critical role in overseeing the transition process and key gateways which will ensure safe and effective transition process. In the first year and during this transition period, it is proposed that joint locality decision making is taken via the Locality Board, acting as an interim joint committee with the GM ICB and local partners, with the appropriate delegations,

processes and membership. This means that the Board will be responsible for Bolton locality budgets as delegated from GM ICB as well as those pooled through the Section 75 arrangement between the ICB and Council. The governance process will build on established Bolton joint decision making forums including Joint Commissioning Committee. It is expected over time and allowing for the maturity of the Locality model and Bolton Health and Care Partnership Foundation Trust, that there will be a transition of the Locality ICB budgets into the BHCPT. A clear plan will be put in place to support this transition working with governance leads to ensure safe, democratic and transparent processes. This will also need to be agreed with the GM ICB as part of the scheme of delegation.

3cii. Place Based Health and Care Lead

Bolton is committed to developing a place based health and care system focussed on responding to the specific profile and needs of our local population. Achieving place based leadership across organisations and sectors is a critical part of our structure to help us realise our ambitions for Bolton.

Under the new Locality structure, it is proposed that the Bolton Foundation Trust (BFT) Chief Executive will become the Place Based Health and Care Lead. The Lead will work in close tripartite partnership with the Chief Executive of Bolton Council and the Chief Executive of GMMH as leaders of key anchor organisations driving improved outcomes for the whole population and ensuring coordinated leadership across reform agendas. Underpinning this arrangement would be a contract with the GM ICB and a clear accountability framework back to the Local Authority.

GM Place Based accountability framework has been agreed further to a consultation exercise undertaken in February. The Place-Based Integrated Care Lead will be accountable for:

- Convening place-based partnerships, and facilitate priority-setting, strategic alignment and decision-making between organisations across multiple sectors.
- Being the accountable officer for delegations from GM NHS Integrated Care to the place-based partnership.
- The place-based lead will be a member of the wider system leadership team, and therefore have influence over NHS financial resource allocation across Greater Manchester and specifically within the place they lead.
- Leading the local GM NHS IC employed team, and work with partner organisations to develop and support a "one team" approach including purposeful arrangements for effective clinical and professional care leadership across the place.
- Listening to the voice of our communities - Ensuring our place-based partnerships are developed by listening to the voice and lived experience of

our communities. In Bolton we want to ensure that we act on this in the planning and delivery of services

- Being responsible for the management and deployment of people who are allocated from both GM NHS Integrated care and wider partners to form the place based integrated care team.
- Ensuring that partners work together to deliver on required outcomes and agreed ambitions.
- The role will work closely with the statutory officers in NHS Trusts, Adults and Children's Social Care and Public Health to support the full range of contributions to integrated care and population health. The statutory accountabilities of those individuals and their organisations are not affected by the creation of this role.

Bolton's Place Based Lead nomination of the CEO of Bolton Foundation Trust (Bolton Health and Care Partnership Foundation Trust) will not only help drive improved outcomes for local people but ensure streamlined and more effective accountability processes while meeting the GM Framework's requirements. Through appointing the Chief Executive of an NHS Trust, we believe that this will truly drive an efficient approach to performance and accountability in which the Place Based Lead will be accountable to the ICB and Locality Board for health and social care performance sitting within a single organisation and moving away from multiple 'accountability' roles and reporting layers which often cause confusion and delays to driving system wide change. While this role is critical, it will be part a wider place based system leadership in which the Council, BHCPFT and GMMH work closely together to understand and improve performance across the Bolton system with the shared vision of improving health and wellbeing.

The Bolton model and specifically the Place Based Lead nomination has been developed over the last eighteen months with our local partners. Engagement has included development sessions with the previous Bolton Health and Care Partnership Board and Shadow Locality Board; Integrated Care Partnership Board (our provider collaboration); GP Board; housing and VCSE forums for further discussion as well as engagement with leadership teams, elected members, governors and trade unions. We have strong partnership arrangements at all levels of the system in Bolton and we want to build on this through our leadership and model. The Place Based Lead will have a key role brokering and developing relationships include supporting PCNs, wider primary care and neighbourhoods through the ICP.

GM is clear that the Place Based Lead arrangements for each locality need to demonstrate wide support from partners and stakeholders and be the subject of a formal agreement between the ICB and the Council. These will be established across each of the ten place-based localities from 1st July 2022 and for the duration of 2022/23, the transition year.

Bolton believes that our Place based Lead appropriately meets the expectation of local partners with support secured from political leaders, Chairs and CEOs. It also meets requirements regarding accountable relationships with both the NHS and local government and the profile set out in the GM Framework.

3c iii. Bolton Health and Care Partnership Foundation Trust (working title)

The Place Based Health and Care Lead will lead the establishment of a Bolton Health and Care Partnership Foundation Trust which will be fundamental to driving the transformation required in Bolton. Our ambition is to use Bolton NHS Foundation Trust statutory organisation as the basis for developing an integrated organisation in Bolton for health and care - with changed governance and ways of working. Recognising the changes required to transform the Trust's current structures, a plan is currently in development to ensure a safe and effective transition.

Bolton has a unique opportunity to design and deliver a very different approach to health and care through a Bolton Health and Care Partnership Foundation Trust. Working with the Council, it will focus on improvements to whole population outcomes going beyond integration of care services for people to drive improved health and wellbeing of all Bolton people. The vision for the BHCPFT is ambitious and there will be a clear transition process from the current NHS Bolton Foundation Trust status to the BHCPFT and gateways or checkpoints agreed over the coming months and years to provide the assurance required.

The BHCPFT will:

- Act as an anchor organisation driving a resilient health and social care system focused on whole population outcomes.
- A place level statutory NHS body that both commissions and provides healthcare and works into the wider system.
- Provide a statutory NHS route for delegations of resources and responsibilities from GM ICB.
- To integrate social care and ensure it is valued equally with health services to provide a seamless service to Bolton people.
- Provide leadership for health and social care planning and transformation, working to one plan with Bolton Council and GMMH.
- Help people to be in control of their own health and health data, shaped by clinical, professional and community based input.
- Continue to support and host Bolton ICP as a collaboration of health, social care and wellbeing providers helping it to thrive as the delivery partnership for Bolton.
- Maintain strong relationships and communications between primary and secondary care.
- Primary Care will be at the heart of this new approach recognising their close connection to communities and significant role in prevention, they will play a

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significant part through Primary Care Networks, as partners in the ICP. In addition to ensuring governance arrangements are in place for GP engagement in the BHCPFT at all levels.

- Will prioritise best use of the Bolton health and social care funding, through appropriate agreements. This will include working with partners to support sustainable investment in the VCSE sector. It will redirect resources as needed across the health and care system with accountability back to the Locality Board ensuring political and clinical leadership input.
- Develop a single Health and Social Care Strategy and Annual Plan to meet population outcomes set by the Locality Board and GM ICS requirements, within budget. This will include any other supporting plan such as developing a system wide People Plan for health and care.
- Be responsible to the Locality Board and accountable into GM ICS.

The intention is to begin now to transform the current Bolton Foundation Trust's structures including leadership, governance, infrastructure, values, behaviours and ways of working to form the BHCPFT as a new anchor institution for Bolton. Its revised structure will broaden its focus from that of the current Bolton Foundation Trust to account for its new function of planning services. It also proposed that this brings the social care delegated functions into an Integrated Community & Social Care Directorate with FT community services ensuring that its governance and structures give a stronger voice to a diverse range of stakeholders from social care to primary care and mental health. This will be undertaken and developed with the engagement of staff at a pace that is safe and sustainable. We will ensure that the appropriate governance and assurances are clearly defined recognising the significant impact of the pandemic, recovery and anticipated social care reforms.

To be able to deliver the triple aim and be a truly community focused, prevention led, care organisation the BHCPFT will need to look, feel and work differently from the current Bolton NHS Foundation Trust. The Trust already has a strong focus of addressing inequalities within our workforce and our patient groups who have differential outcomes and this focus will intensified and broadened to focus on a whole population approach to addressing health and wellbeing outcomes. The Trust will be different in its leadership and cognisant that the current Trust Board will need to evolve, reviewing roles and responsibilities of Board members to ensure they incorporate the wider responsibilities of clinical commissioning and ensure parity of esteem for social care and a truly whole population approach. To aid this transition the BHCPFT propose to create partner Board level roles for the Director of Public Health and the Director of Adult Social Care (DASS), as well as clinical commissioning expertise.

The BHCPFT accountabilities for social care will be formalised using a Section 75 Agreement with Bolton Council.

The BHCPFT will set out a range of strategic priorities against the following strategic objectives:

- Improved care and outcomes
  - *Working to improve population health outcomes with wider partners*
  - *Improved clinical outcome for patients*
  - *Improved patient experience*
  - *Better integrated care*
  - *Safer care across patient pathways, in hospital and community*
- To be financially strong
- To be well governed
- To be a great place to work
- To be fit for the future

Similarly for mental health, an integrated planning and delivery team approach under the direction of the CEO of GMMH is proposed. It is expected that GMMH will work closely with Bolton's BHCPFT to ensure a 'one team' approach to planning and delivery of services.

3c iii. i. Sub Structure of the BHCPFT

The BHCPFT will develop to be structured as follows:
- Acute & Family Care Directorate
- Integrated Health & Social Care Directorate
- Strategic function

The Bolton Foundation Trust's existing Family Care, Acute Care, Anaesthetic & Surgery and Diagnostics Divisions will deliver services as part of the Acute & Family Care Directorate. The Directorate will drive a single vision and delivery plan working as one delivery vehicle linked to the BHCPFT's single strategic plan for the system.

The Integrated Health & Social Care Directorate will bring together the existing Bolton Foundation Trust's Community Services Division and the Council's Adult Social Care function into one new Directorate hosted by the BHCPFT.

With regards to Council staff operating within the Integrated Community & Social Care Directorate, a workforce protocol between the Council and BFT (BHCPFT) will be developed to ensure that day to day workforce operations and any necessary workforce changes are achieved/facilitated. It will also ensure that staff remain employees of their respective organisations on their current Terms and Conditions of service and ensure services provided by the Council for Council staff will remain (e.g.. HR functions). Where there are opportunities for aligned or harmonised workforce polices between the Council and BHCPFT health and care staff these will be explored. The MD for the Integrated Health and Social Care Directorate will retain the statutory duty for social care (DASS) delivery and commissioning and will continue to provide assurance back to the Council for its delegated functions. The assurance process for

the safe, effective and efficient delivery of services including governance and reporting structure will be set out in the Section 75 agreement. The implementation of the Section 75 Agreement will be undertaken at the appropriate time in the transition arrangements with the engagement of staff and Trade Unions. This will support a safe and timely transition in recognition of the pressures and risks arising from social care reforms.

The Strategic function will be developed over time. Initially, CCG staff will transfer to the GM ICB on the 1st July 2022 and most will be deployed back into the Bolton locality.

Current CCG functions will be needed locally to support the BHCPFT during its development and also support the Locality Board in the following areas:

- o Outcome setting & measurement
- o Focus on prevention with system pathway redesign
- o System collaboration & partnership
- o Primary care development
- o Personalisation & choice
- o Strategic financial planning & contracting
- o Resource allocation
- o System wide data
- o System quality & safety
- o Support for new care models

In many of these functions, virtual teams have operated through Covid-19, supporting the Bolton system to work together to meet the challenges of the pandemic. These teams will be needed locally to support the BHCPFT and the Locality Board as we develop towards our eventual full model of care.

Discussions are ongoing within GM to determine the future of all functions and all Bolton partners will continue to work with GM colleagues on this. The eventual BHCPFT is expected to develop to incorporate all of these functions.

BHCPFT and Council Joint functions

The BHCPFT and Council are also exploring joint / shared functions and ways of working specifically on:
- Aligned NHS / Social Care and Public Health Commissioning
- Research and Intelligence Network (BRAIN)
- Communications and Engagement

Work with the Director of Public Health on shaping the creation of Bolton's Research and Intelligence Network (BRAIN) for the Borough ensuring a system approach across health and care and beyond to data and intelligence has begun. This will provide the means to draw on a range of intelligence, expertise and specialist knowledge providing

a system intelligence function. It will have a key role in supporting the planning and delivery of services and informing the business of the Locality board.

In addition, work to develop a virtual commissioning hub, building on the learning from the Strategic Commissioning function is also underway. This will bring together skills across organisations to serve;

- Locality Board

- GM ICB

- Council

- GMMH

- Bolton Health and care Partnership including the Integrated Care Partnership

The intention is that this function will recognise and support accountabilities and requirements from GM ICB also such as assurance, performance, KPIs and standard contracts. This will also further support planning and delivery which is person centred, evidence based and clinically/professionally led. Further work to develop the virtual hub will take place in the coming months.

3c iv. Financial Flows

Bolton has utilised pooled budgets for some time now which has supported service improvement through joining up services and identifying gaps in provision. The current Section 75 arrangement is commissioner based and is a pooled budget between Bolton CCG and Bolton Council. The pooled budget does not require a physical transaction of cash between organisations and each organisation manages its financial position with a consolidated position against budget reported. It is anticipated that this will continue between the GM ICB and Council in the future. The accountability for this arrangement will sit at the Locality Board ensuring that integration of health and social care is planned, managed and delivered in an integrated way.

Our long term aim is for the BHCPFT to provide the platform and framework to transform both the planning and delivery of services across community and acute services driving integration and efficiencies. This would see the majority of NHS spend flowing into the BHCPFT. However, in the interim and from July 2022 we anticipate that joint decision making will be undertaken via the Locality Board which will take decisions on locality spending. Under these arrangements, the existing pooled budget between the Council and CCG, will novate to GM ICB and it is proposed that the existing Section 75 agreement remains in place between the Council and GM ICB but kept under regular review in the transition year. The Locality Board will be responsible for the Bolton locality budgets as delegated from GM ICB as well as those pooled through the Section 75 arrangement between the ICB and Council. As the model

begins to embed, it is proposed that there is a clear transition plan to support a move to the BHCPFT receiving delegation of resources and responsibilities for the majority of NHS funding from GM ICB.

The Place Based Lead for Heath and Care will be accountable to the Locality Board for delivery against the BHCPFT business plan making best use of resources through redesign. This integration of the Place Based Lead for Health and Care with the BHCPFT CEO role supports streamlined and clear accountability arrangements for management of the Bolton finances and enabling an agreed approach to the redirection of resources to prevention.

Options to support delegation of responsibilities for primary care are being worked up to maximise opportunity for local decision making.

3c v. Place Based Collaborative: Integrated Care Partnership

The ICP will continue to be the vehicle for bringing together providers of health, social care and wellbeing services. The role of this partnership will become essential to delivering a different way of working in our communities focused on what matters to people. A strong and vibrant partnership will be enabled by the BHCPFT as its infrastructure host.

The ICP is a collaboration of providers from across Bolton who are the vehicle to deliver Bolton's vision for improved health and wellbeing through joined up health and care for people in our borough.

The ICP aims to work in partnership with communities and people by enabling a strengths based approach to practice and engagement. Empowering place based, joined up health and care services, delivered closer to people's homes, focussed on what matters to people:

The ICPs core role is to:

- A single vision and delivery plan, working as one in neighbourhoods with residents to improve outcomes for people.

- Drive a spirit of collaboration and shared accountability in the planning and delivery, prioritising people and place over purely organisational drivers

- Ensuring transparent and mutually beneficial partnership arrangements and commitment to work together as a single partnership

- Demonstrate impact and the difference we are making to people's health and wellbeing

The ICP has a strong record of coordinating delivery across multiple and diverse services. This is aligned to Public Service Reform principles with place based partners,

such as housing and VCSE, working closely as part of the ICP to provide wrap around support to individuals which reaches beyond traditional health and care interventions.

This has included implementing a neighbourhood model of care with a focus on risk stratification and targeted support to vulnerable groups within our communities as well as providing a partnership led winter pressures plan focussed on keeping people well at home and supporting safe discharges. As this work further develops, the BHCPFT and ICP will work closely with the Council and wider partners to develop a phased approach to delegating decision making to neighbourhoods building on the clinical and political leadership already being developed across the system and the engagement and codesign principles the ICP are undertaking with communities.

The BHCPFT will continue to be responsible for hosting the ICP under the evolving structure providing infrastructure and support to ensure the partnership thrives and realises its collective delivery plan into neighbourhoods.

3c vi. Integrated Mental Health and Wellbeing

In Bolton we want to achieve good mental health and emotional wellbeing for all, enabling all who live and work in Bolton to thrive and flourish, and be resilient when facing life's challenges. Our ambition is to work collaboratively to embed mental health and wellbeing across the system, and to achieve measurable improvements.

Under the new GM ICS arrangements, GMMH will become a Mental Health Care Trust bringing the planning and delivery of mental health services together. GMMH will expand the existing responsibilities taken on in October, 2021 of NHSE commissioning specialist mental health services, to take on a wider strategic planning function for mental health making any necessary adaptation to governance and processes. Whilst operating across GM, they will be a key organisation operating in the Bolton system and there is a strong commitment from GMMH to ensure there are clear place based leads across all levels. From a place and system leadership level GMMH will have a key role as part of Locality Board driving health and wellbeing outcomes including include oversight for the delivery of the mental health provision and investment.

It will be critical that the planning and delivery of services is undertaken as a 'one team' approach ensuring there is no fragmentation or duplication of services. From a planning perspective, this will mean the strategic function of the BHCPFT working closely with the Council and GMMH to ensure a single place based approach to strategic planning working to one population health focussed plan. From a design and delivery perspective, it is likely that this will continue in the main through the ICP agreeing a model of care into communities with wider providers as part of the annual business planning process.

4. Summary

The Council, CCG and NHS Trusts (Bolton FT and GMMH FT) have worked closely to develop this new locality model. This is a shared vision and plan for how we will work more closely across services, planning and delivery and in partnership with clinicians and politicians to improve outcomes and address our most intractable inequalities. We continue to work closely with our wider health and care partners on these proposals including primary care and with our place partners including housing and the VCSE.

We want to change our system, putting people, communities and neighbourhoods at the heart of everything we do. A simpler local structure which brings services closer together will enable us to focus our efforts on one plan to improve outcomes and reduce inequalities.

Our long term ambition is to bring commissioning and provision together within a Bolton Health and Care Partnership Foundation Trust, to deliver the triple aim of improved population health, better services and best use of the Bolton pound.

The Locality Board will support robust transition arrangements and long term oversight of new arrangements ensuring a strong focus on outcomes and making best use of resources with clinical and political leadership.

5.   Recommendations

(i)   **Approve the nomination of Bolton NHS Foundation Trust (Bolton Health and Care Partnership Foundation Trust) Chief Executive as Place Based Lead and that this is submitted to NHS GM Integrated Care for ratification by 22 April 2022.**

(ii)   **Approve Bolton's outline Locality Model as set out in the report including:-**
   a. **The formal establishment of a Locality Board as set out in the report and Chaired by the Executive Member for Adults and the Chief Executive of the Council.**
   b. **Supporting the creation of Bolton Health and Care Partnership Foundation Trust including the further development of the Integrated Health & Social Care Directorate in the Trust, through the safe incremental transition of adult social care.**

(iii)   **Authorise the Chief Executive Officers of the Council, Bolton Foundation Trust, Greater Manchester Mental Health Foundation Trust and Clinical Commissioning Group to further progress transition arrangements including the model's responsibility and accountability arrangements.**

Greater Manchester ICB

Bolton Active, Connected and Prosperous Board

Locality Board

Bolton HCPFT | Bolton Council | Bolton CCG (until July 2022) | GMMH | GP Board (primary care)

Integrated Care Partnership

Integrated HSC Directorate
Provider Collaborative - Delivery vehicle for realising integrated place based services Enabled to take & enact decisions with accountability framework to parent

Acute & Family Directorate
Provider Collaborative - Delivery vehicle for realising integrated acute services at a Bolton and GM level Enabled to take & enact decisions with accountability framework to parent

GM ICB
Mandated Representatives of the ICB plus Locality Representative from the LCT

ACP
Delivery of Bolton 2030 place vision and Health and Wellbeing

Council
Place Leader
Funding flow continues from central government
Allocates Adult Social Care and housing to ICP directly with section 75 accountability framework. Commissioning & QA Team align & work in an integrated way within the ICP

Bolton Locality Board
Oversight of health and care outcomes and integration.
Sets strategic direction
Oversight of Bolton £ - all partners commit to open book, transparent finances
Representation from Council, LCT, ICP GMMH, CVS, GP, BCH.
Supported by joint virtual planning and intelligence function across Council and LCT
Political, clinical and professional leadership

BHCPFT / GMMH / Primary Care

Receives GM NHS funding
Works with Bolton System Board to maximise £ by 'open book' approach
Accountable to GM ICS for the NHS responsibilities.

Bolton Integrated Care Partnership
Responsible for delivery, finance, workforce & performance- includes Redesign, transformation & new models
Commissioning capabilities required to ensure control/influence on decisions
Aligned delivery model with PCNs and Acute Care Partnership
Aligned and connected to Public Service Reform. Community Engagement and Empowerment

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MARCH, 2022

23

MARCH, 2022

Title:	Audit Committee Chair Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	31st March 2022		Discussion	
Exec Sponsor:	Director of Finance		Decision	

Summary:	Chair's Report for Audit Committee which took place on 2nd of March 2022
Previously considered by:	N/A
Proposed Resolution	To note the updates from Chairs' reports.

This issue impacts on the following Trust ambitions			
To provide safe, high quality and compassionate **care** to every person every time	✓	Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing	✓
To be a great place to work, where all **staff** feel valued and can reach their full potential	✓	To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton	✓
To continue to use our **resources** wisely so that we can invest in and improve our services	✓	To develop **partnerships** that will improve services and support education, research and innovation	✓

Prepared by:	A Walker Director of Finance	**Presented by:**	A Walker Director of Finance

Committee/Group Chair's Report

Name of Committee/Group:	Audit Committee	Report to:	Board of Directors
Date of Meeting:	2nd March 2022	Date of next meeting:	4th of May 15.00-17.00
Chair:	Alan Stuttard, Non-Executive Director	Parent Committee:	Board of Directors
Members Present:	Alan Stuttard, Martin North, Malcolm Brown, Annette Walker, Sharon Katema, Lesley Wallace, Othmane Rezgui, Karen Finlayson, Tim Cutler, Imogen Milner, Catherine Hulme, Collette Ryan, Luke Houghton	Quorate (Yes/No):	Yes
		Key Members not present:	Bilkis Ismail

Key Agenda Items:	RAG	Key Points	Action/decision
Terms of Reference		The Committee considered the Terms of Reference for the Audit Committee. There was one significant change which was agreed and that related to Clinical Audit which would now come under the remit of the Quality Assurance Committee. In addition there were one or two minor amendments to the Terms of Reference. The Audit Committee recommended approval of the Terms of Reference to the Board of Directors.	Approved.
External Audit		The Committee received details of the Health Technical Update and the External Audit Plan from KPMG, the External Auditors. The external audit plan set out the details of the audit work to be undertaken in relation to the annual accounts covering the Group Financial Position, the Trust and iFM. The plan set out the details of the key risks, materiality, audit implications of Covid19 and value for money requirements, together with the timetable for completion.	Noted.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Internal Audit		The Committee received details of 4 reports that had been completed since the previous meeting. These were;	Noted.
		Governance/Commitment Effectiveness – low risk	
		Cost Improvement Plans – low risk	
		Workforce, HR &OD – medium risk	
		Capital Projects – medium risk	
		Each of the reports had been accepted by management with an agreed action plan. The Committee discussed the workforce review in respect of apprenticeships and asked that this be referred to the People Committee.	
		The Internal Auditors advised that they were on track to complete all the audit reviews included in the plan for 2021/22	
Local Counter Fraud Specialist Progress Report		The Local Counter Fraud Specialist (LCFS) presented the Fraud Corruption and Bribery Policy and Response Plan which sets out the responsibilities of the Trust in relation to reducing the level of fraud, corruption and bribery within the NHS to an absolute minimum.	Noted.
		The Committee noted that the Trust Fraud Champion is Paul Henshaw, Head of Resourcing.	
		The Committee received a progress report from the LCFS relating to fraud matters and a number of cases under review. It was noted that the LCFS and Director of Finance would be meeting with the new head of the National Counter Fraud Service the following week.	
		The Committee considered the issue of cyber security. The LCFS advised that the Trust was using a product in relation to cyber security matters. This approach had been picked up by the NHS digitisation team as an area of good practice.	

No assurance – could have a significant impact on quality, operational or financial performance;	Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust
Moderate assurance – potential moderate impact on quality, operational or financial performance	
Assured – no or minor impact on quality, operational or financial performance	

Committee/Group Chair's Report

		A member of the Committee highlighted the impact that a cyber-attack could have on the organisation and the Committee considered the option of how this could be tested. This would be looked at as part of the Internal Audit Plan for 2022/23	
Account Update		The Head of Financial Services presented an update on the accounting policies for the Trust. The HOFS identified that changes were proposed to the policy regarding the depreciation of assets and also that a review was being undertaken of Asset Lives. With regards to Asset Lives it was agreed proposals would be brought back to the next Committee in May.	Noted.
Trust Annual Report		The Director of Corporate Governance presented details of the arrangements for the Trust's Annual Report. The Audit Committee considered the proposals and recommended them for approval by the Board of Directors.	Recommended for approval by the Board of Directors.
Audit Committee Annual Report		The Director of Corporate Governance presented the Audit Committee Annual report. It was noted that the reporting period was the 1st Jan 2021 – 31st Dec 21. The Committee considered the report but agreed that the reporting period should be changed to the 1st of April 2021 to the 31st March 2022 to correspond with the financial year. An updated report will be brought back to the Committee in due course prior to submission to the Board of Directors.	The Committee agreed to change the reporting period.
			Noted.

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🟧	Moderate assurance – potential moderate impact on quality, operational or financial performance
🟩	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Register of Interests, Gifts and Hospitality		The Director of Corporate Governance presented the paper on the Register of Gifts and Hospitality. Details were included of the declarations by members of the Board of Directors up to 31st December 2021. It was noted that some of these had since changed. In addition there was a comprehensive list of declarations by members of staff of gifts and hospitality.	
Compliance with the NHS FT Code of Governance		The Director of Corporate Governance presented the paper. It was noted that the paper set out the list of disclosures required in the Annual Report and the requirement for a declaration that the Trust is compliant with the provisions of the code. It was noted that the Trust has deferred an external review of board effectiveness but that consideration should be given to commissioning an external review within the next financial year. Although this was not a contravention of the Code it should be referred to in the Annual Report.	Recommended for approval by the Board of Directors.
Register of Sealings		The Director of Corporate Governance reported on the Register of Sealings for the period February 2021 to February 2022. There was only one use of the Seal to be reported in relation to the change of name for the Charity Fund.	Noted.
Bolton FT and iFM register of Waivers		The Director of Finance reported on the waivers for the period Nov 21 to Jan 22. The Committee were pleased to see the openness and transparency on the reporting and requested further information in respect of some of the waivers.	Noted.

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Moderate assurance – potential moderate impact on quality, operational or financial performance	
Assured – no or minor impact on quality, operational or financial performance	

Committee/Group Chair's Report

Bolton FT and iFM Losses and Special Payments Report		The Head of Financial Services presented the losses and special payments report for the period 1st April 2021 to 31st January 2022. It was noted that the overall position was lower than previous years, however the exercise to consider any right off of any debts was still to be undertaken and this would be done as part of the year end processes.	Noted.
Standing Financial Instructions Breach Report		The Director of Finance advised that there were no breaches to report.	Noted
Internal Audit Contract		Following the conclusion of the main meeting and the exclusion of those in attendance, The Audit Committee together with the Director of Finance and Director of Corporate Governance considered the extension of the internal audit contract for a further year. The contract was originally let as a two year contract with options for a further two, one year extensions. This would be the second year of the options. The Committee agreed to extend the contract with PWC for a further year from 1st of April 2022 – 31st March 2023. However, it was noted that a full tender exercise would be required during 2022/2023 for a new contract to be in place from 1st of April 2023 and the Audit Committee approved the contract extension.	Noted
Risks Escalated			
There were no matters to be escalated to the Board of Directors.			

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Assured – no or minor impact on quality, operational or financial performance	

Agenda Item 21	

Title:	Finance and Investment Committee Chair Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	31ˢᵗ March 2022		Discussion	
Exec Sponsor:	Director of Finance		Decision	

Summary:	Chair's Report for F & I Committee which took place on 23ʳᵈ of February 2022
Previously considered by:	N/A
Proposed Resolution	To note the updates from Chairs' reports.

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓

Prepared by:	A Walker Director of Finance	**Presented by:**	A Walker Director of Finance

Committee/Group Chair's Report

NHS
Bolton
NHS Foundation Trust

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	23rd of February 2022	Date of next meeting:	23rd of March 2022
Chair:	Jackie Njoroge	Parent Committee:	Board of Directors
Members Present:	Rebecca Ganz, Bilkis Ismail, Fiona Noden, Rae Wheatcroft, Andrew Chilton, Lesley Wallace, Mathew Greene, Rachel Noble, Catherine Hulme	Quorate (Yes/No):	Yes
		Key Members not present:	Annette Walker, James Mawrey, Sharon Martin

Key Agenda Items:	RAG	Lead	Key Points	Action/decision

■	No assurance – could have a significant impact on quality, operational or financial performance;
■	Moderate assurance – potential moderate impact on quality, operational or financial performance
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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

| Annual Plan 2022/23 Submission | | Deputy Director of Finance | The committee received an update on the Annual Plan Submission for 2022/23. Key points were noted as follows:
• High level proposal submitted to GM 21st of February, awaiting feedback before GM detailed submission by 4th of March 2022.
• This is the draft phase with initial GM review and scrutiny.
• Plan is based around 3 key areas:

Workforce - Accelerate transformation and growth of the workforce, improving retention and wellbeing. Small shift away from Agency to Bank.

Activity - RN Reported on the key activity assumptions and the overachievement in some areas of activity. AC reported high end of delivery within GM.

Finance - MG reported on the key elements of the finance section of the draft plan:

• Starting point of H2 plan x 2. Plan to deliver a sustainable break even position.
• 22/23 in year deficit before any CIP is £45m
• GM expectation is to assume:
2% Non-recurrent CIP = £8m
3% Recurrent CIP = £12m
Total CIP = £20m
• Even with £20m CIP, 22/23 deficit is £25m
• Key changes for 22/23 were explained in detail.
• National assumption for CNST is reducing by 0.01% for other Trusts which is the opposite for Bolton paying £1.3m more in CNST tariffs.
• Net inflation problem of £3.6m.
• £8m new cost pressures identified which are being reviewed | • **Noted** |

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Month 10 Finance Report		Deputy Director of Finance	The committee received an update on the financial position as at month 10. Key points were noted as follows: • In month deficit of £0.5m after receipt of top up funds of £3.2m. • NHSI performance deficit of £4.1m after receipt of Elective Recovery Fund income of £3k and top up funds of £36.1m • Capital of £6.9m spent year to date. • Current cash position of £36.7m • The Trust is forecasting a break even financial positon for 21/22 • Will deliver CIP through non recurrent means with the focus being on identifying and delivering recurrent CIP	• Noted with associated risk
Capital/Digital Update		Head of Financial Services	The committee received an update on 2021/22 and 2022/23 Capital Programmes. Key points were noted: • Since the paper was written it was today agreed in GM by the Directors of Finance that everybody would draw down all PDC allocated in order not to lose it from the system and bring forward schemes were possible. For Bolton, £14.3m MOU's have been received, signed off and agreed to draw down. • £27.4m revised capital plan (£13.1m CDEL and £14.3m PDC) of which £6.9m has been spent. • Delivery of Capital is challenging and rated as red. Weekly meetings with Finance and IT taking place. Liaising with divisions including procurement on progress. Options to bring forward Capital expenditure planned to spend in 2022/23. Full details shown in Appendix C. • IT schemes potentially to be brought forward. • 2 Theatre schemes to be brought forward + 2 additional theatre schemes. • Pressure from next year may be reduced due to these schemes being brought forward • Further details for 2022/23 will be brought to the next Committee	• Noted

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Committee/Group Chair's Report

Financial Scheme of Delegation	🟩	Head of Financial Services	The committee received an update on the Financial Scheme of Delegation proposed changes for approval to the Board: • Removal of "Approval of budget increase/virement over £50k" for the Director of Finance. • Inclusion of "Approval of changes to Directorate/Division control total" for Executive Directors, DDO's and Deputy Director of Finance • Inclusion of "Approval of capital business cases within the capital plan of up to £200k" • Inclusion of "virement within exiting pay budget" for Departmental Managers. • Addition of approval of timesheets not including overtime or internal bank hours and scheduling of annual leave.	• Noted and Approved
Chair's Reports	🟧	Director of Finance	The committee noted the Chair's Reports from the following meetings: • CRIG – 2nd February 2022 • Contract and Performance Review Group – 7th February 2022	• Noted with associated risk
Tender Update – Outcome of Adult Hearing Tender	🟩	Deputy Director of Strategy	The committee received information on a successfully pre-approved bid in the extension of our contract to provide Adult Hearing Services. Key points were noted as follows: • Outcome of scoring in certain areas was disappointing. The workings around these scores are to be clarified with the decision makers to understand what is behind the scoring.	• Noted
Comments				
Risks escalated				
None				

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Title:	Trust Transformation Board Chair Report

Meeting:	Board of Directors	**Purpose**	Assurance	x
Date:	31st March 2022		Discussion	
Exec Sponsor	Sharon Martin		Decision	

Summary:	Attached is the Trust Transformation Board Chair Report from the meeting held on 14th February 2022

Previously considered by:	N/A.

Proposed Resolution	For noting and assurance.

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓

Prepared by:	Sharon Martin Director of Strategy and Transformation	Presented by:	Sharon Martin Director of Strategy and Transformation

Trust Transformation Board Chair Report

Name of Committee/Group:	Trust Transformation Board	Report to:	Board of Directors
Date of Meeting:	14th February 2022	Date of next meeting:	31st March 2022
Chair:	Sharon Martin (Vice Chair) Director of Strategy & Transformation	Parent Committee:	Board of Directors
Members Present:	Francis Andrews, Sara Booth, Ryan Calderbank, Sam Carney, Rachel Carter, Alex Cottrell, Lisa Gammack, Angela Hansen, Linda Martin, Rachel Noble, Fiona Noden, Phil Scott, Annette Walker, Rae Wheatcroft In attendance: Francesca Dean, Natasha Macdonald, Isobel McGregor (Graduate Management Trainee), Judith Richardson (minute taker),	Quorate (Yes/No):	Yes
		Key Members not present:	Martin North, Sam Ball, Rayaz Chel, Michelle Cox, James Logue, Claire McPeake, Lianne Robinson, Esther Steel, Joanne Street, Karen Meadowcroft

For 2021-22, Trust Transformation and Digital Board has identified five standing themes which form the basis of agenda and drive all activity within the Board's remit.

1. **Service improvement and transformation:** Innovations, improvements and transformation led and undertaken by Bolton NHS FT i.e. outpatient transformation, urgent care transformation and improvements driven by Model Hospital and GIRFT data
2. **Infrastructure and corporate transformation:** Transformation and innovation relating to ways of working and space i.e. agile working, space utilisation
3. **System transformation and partnership working:** System-led transformation projects and programmes which have an impact on BFT i.e. Improving Specialist Care
4. **Digital strategy and transformation:** Digital strategy development and all digital transformation projects i.e. Microsoft 365
5. **Informatics operations and governance:** All Informatics governance and operational committees report as part of this theme i.e. Clinical Design Committee, Informatics Ops Board

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Trust Transformation Board Chair Report

Transformation pillars	RAG	Lead	Key Points	Action/decision
1. Service improvement and transformation				
Theatres Transformation Project Update		Francesca Dean	• The two main aims of the programme are to improve productivity and efficiency by using our available capacity more effectively and to transform how we meet demand by testing new ways of working and expanding the service we offer. • Covid-19, workforce, estates, independent sector, partnerships GM, and interdependencies will all have an impact on the delivery of the programme over the next 6 months. • In particular, there are currently several local data sources and therefore validating the data would be a priority in moving the programme forward.	• The Trust Transformation Board received assurance on the background, purpose and progress of the programme; review of the data and next steps. • The Board recognised the significant achievements along the surgery patient pathway in delivering the Theatre reset during the pandemic
Diagnostic Transformation Update		Ryan Calderbank	• The transformation schemes currently being progressed in collaboration with the PMO Team includes: – A high volume of IT and workforce focussed schemes in Centralised Services; Robotic Process Automation (RPA); implementation of text reminders and digital letters; workforce reviews and amalgamations alongside agile working plans – New testing methods and updated guidance in Laboratory Medicine; EPR; specific pathway improvements – Improving patient flow and community services in Pharmacy – Enhancing and increasing activity delivery in Radiology.	• The Trust Transformation Board noted that a detailed plan, including some recently identified schemes and AI innovations, will be provided to the April meeting. • Communications and Divisions will work together to consider how best to communicate the good news stories

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Moderate assurance – potential moderate impact on quality, operational or financial performance	to identify the level of assurance/risk to the Trust
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Trust Transformation Board Chair Report

Maternity Transformation Update		Natasha MacDonald	• Maternity Transformation Programme had been established to co-ordinate and accelerate the multiple initiatives, national assessments and quality improvement projects within the service and aligns with the Trust's strategy to be a Centre of Excellence for Women's and Children's services
			• Current key projects:
			  – Going digital in Maternity - successful bid to receive £548,000 of funding to implement an end to end digital maternity record along with additional funding for equipment in the community which will bring key benefits to the service
			  – 3rd/4th degree tears
			  – Perinatal mortality
			  – The Tommy's Clinical Decision Tool – one of only 5 units asked to participate in the first designing wave of this new risk assessment. The aim of the pathway is to capture those women assessed as low risk under the current system and de-escalate women classed as high risk.
			  – Hypoxic Ischaemic Encephalopathy
			  – Antenatal clinic – improve efficiency and patient and staff experience.
				• The Trust Transformation Board acknowledged the achievements to date by N MacDonald and the Team to transform maternity services.

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Trust Transformation Board Chair Report

2. Informatics operations and governance				
Informatics Update		Sara Booth Phil Scott	Key activity includes: • Numerous business cases to support Trust initiatives • Senior leadership team currently working on the challenges to recruit to the technical teams and project management posts • Have been successful in recruiting to clinical positions which give provides the opportunity to proactively broaden the reach into clinical areas and allows the optimisation of projects and digital innovations • EPR is continuing to progress across all workstreams with significant clinical system upgrade to PAS (IPM) ORMIS theatres and Migration • Mobile Telephony and Lone Worker Project business case approved and work now underway to procure the devices and confirming project support • Model now defined for virtual consultations which will integrate with MS 365 • Greater Manchester Care Record – users can now see GP clinical letters which is a first across the country and GM and the locality has been shortlisted for a 'Supporting Integrated Care System HTM Now' award • Radiology GM PACS – the December completion date was stepped back due to delays at GM level; LIMS progressing; successful Unified Tech Fund bid will enable new single Maternity EPR system. • Phase 2 funding secured for Wi-Fi • Working with Bolton College and University on Health Informatics students	• The Trust Transformation Board acknowledged the extensive integrated IT activity currently being carried out by the IT team. • The Chair highlighted the dip in Information Governance training rates and requested Divisions to work with their teams to improve this going forwards. Meetings have taken place with Simon Irving and J Mawrey and an analysis will be carried out along with a meeting with L Robinson and H Bharaj to further understand the issues. • F Andrews highlighted the need to address the full functionality of ESR as IG training does not work on ESR and this presents a potential impact on compliance rates. The analysis with Simon Irving will hopefully resolve these issues

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Assured – no or minor impact on quality, operational or financial performance	

Trust Transformation Board Chair Report

Comments: S Martin advised that from April 2022 the Contract and Performance Review Group and the Trust Transformation Board will be merged to become one meeting - Performance and Transformation Board and will be chaired by Rae Wheatcroft with Sharon Martin as Deputy Chair. A separate Digital Transformation Group will also be set up from April 2022.

This reconfiguration will create less duplication for Divisions around reporting of the transformation agenda. This will not supersede IPM reporting but will focus on the constitutional targets around performance and how we use transformation to deliver this in the organisation.

The Terms of Reference for all the above meetings are currently being worked through for review by the Executive Team.

Risks escalated

- Dip in Information Governance training rates

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NHS
Bolton
NHS Foundation Trust

Title:	Trust Transformation Board Chair Report

Meeting:	Board of Directors	**Purpose**	Assurance	x
Date:	31ˢᵗ March 2022		Discussion	
Exec Sponsor	Sharon Martin		Decision	

Summary:	Attached is the Trust Transformation Board Chair Report from the meeting held on 14ᵗʰ March 2022

Previously considered by:	N/A.

Proposed Resolution	For noting and assurance.

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓

Prepared by:	Sharon Martin Director of Strategy and Transformation	**Presented by:**	Martin North Non-Executive Director and Trust Transformation Board Chair

Trust Transformation Board Chair Report

Name of Committee/Group:	Trust Transformation Board	Report to:	Board of Directors
Date of Meeting:	14th March 2022	Date of next meeting:	31st March 2022
Chair:	Martin North Non-Executive Director	Parent Committee:	Board of Directors
Members Present:	Michelle Cox, Andy Ennis, Angela Hansen, James Logue, Claire McPeake, Rachel Noble, Fiona Noden, Lianne Robinson, Richard Sachs, Phil Scott, Esther Steel, Joanne Street, Annette Walker *In attendance:* Sara Booth, Ryan Calderbank, Rachel Carter, Rayaz Chel, Kate Forrest, Linda Martin, James Mawrey, Debbie Redfern, Judith Richardson (minute taker), Amanda Shaw, Rae Wheatcroft	Quorate (Yes/No):	Yes
		Key Members not present:	Martin North, Francis Andrews, Lisa Gammack, Sharon Martin, Karen Meadowcroft, Samantha Ball

For 2021-22, Trust Transformation and Digital Board has identified five standing themes which form the basis of the agenda and drive all activity within the Board's remit.

1. **Service improvement and transformation:** Innovations, improvements and transformation led and undertaken by Bolton NHS FT i.e. outpatient transformation, urgent care transformation and improvements driven by Model Hospital and GIRFT data
2. **Infrastructure and corporate transformation:** Transformation and innovation relating to ways of working and space i.e. agile working, space utilisation
3. **System transformation and partnership working:** System-led transformation projects and programmes which have an impact on BFT i.e. Improving Specialist Care
4. **Digital strategy and transformation:** Digital strategy development and all digital transformation projects i.e. Microsoft 365
5. **Informatics operations and governance:** All Informatics governance and operational committees report as part of this theme i.e. Clinical Design Committee, Informatics Ops Board

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Trust Transformation Board Chair Report

Transformation pillars	RAG	Lead	Key Points	Action/decision
1. Service improvement and transformation				
0-19 Service Update – Bolton Together Sub-Contract	🟩	B Thomas L McDade	• L McDade, Strategic Lead for Bolton Together, has been working in partnership with the Family Care Division on the delivery of the 0-19 service through Bolton Together and is an excellent example of bringing the voluntary care sector into the pathways of care that Bolton FT delivers.	• Case studies will be shared internally along with sharing of best practice to support the voluntary sector with understanding how they can work with the Trust and to enable the Divisions to understand where the voluntary sector might fit within their pathways and transformation of services • L McDade presenting Patient Story to the Board of Directors on 26th May
Urgent Care Improvement Update	🟥	C McPeake	• The opportunity had been taken to refresh the Terms of Reference and focus on transformation rather than performance and will pull together all the different transformation aspects of Urgent Care. • The rag rating and narrative on the chair report did not provide the required assurance and needs expanding. This will be picked up at the next meeting and an update provided to the Performance and Transformation Board.	• The Urgent Care Transformation Group will report to the Performance and Transformation Board from April 2022
Getting It Right First Time (GIRFT) Update	🟩	F Dean	• The GIRFT lead has now refreshed all speciality statuses and an action plan has been created to follow up on outstanding speciality deep dive plans and national recommendations implementation plans. Next speciality deep dive is for Emergency Medicine on 20/04/2021. • A successful GIRFT day surgery visit took place on 7th December 2021 with good internal attendance and showed Bolton to be in a good position overall. Some specific areas of opportunities were identified and will be followed up while we await the final outcome/report from the GM team. • A separate piece of work will begin this quarter with Model Hospital as several areas have now been updated with GIRFT specific metrics and HVLC (high volume low complexity) data.	

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Trust Transformation Board Chair Report

2.	Informatics operations and governance				

Informatics Update			S Booth P Scott	• The Executive Team have approved a number business cases for each of the programmes where funding has been allocated in order to proceed to the procurement route. • There are daily calls with senior finance colleagues to review the status of the capital digital programme to highlight any slippage. • Finance colleagues have asked that a number of capital projects proposed to GM for use of the elective recovery and unified technical funds ae brought forward and work is on-going to progress this • Good progress across all of the 5 EPR workstreams • The contract for the Maternity EPR has now been awarded and work is underway with procurement to agree and sign off the SLA • Looking at a feed from GM maternity systems into the GM Care Record to support mothers who move around the area	• Dip in Information Governance training rates and senior Divisional leaders to work with their teams to improve this going forwards.

Comments: S Martin advised that from April 2022 the Contract and Performance Review Group and the Trust Transformation Board will be merged to become one meeting - Performance and Transformation Board and will be chaired by Rae Wheatcroft with Sharon Martin as Deputy Chair. A separate Digital Transformation Group will also be set up from April 2022.

Risks escalated
• None

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	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Title:	Integrated Performance Report			

Meeting:	Board of Directors	**Purpose**	Assurance	X
Date:	31/03/2022		Discussion	X
Exec Sponsor	James Mawrey		Decision	

Summary:	Integrated Performance Report detailing high level metrics and their performance across the Trust

Previously considered by:	Divisional IPMs

Proposed Resolution	The Board are requested to note and be assured that all appropriate actions are being taken.

This issue impacts on the following Trust ambitions				
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*		✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*		✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*		✓

Prepared by:	Emma Cunliffe (BI)	Presented by:	James Mawrey

NHS

Bolton NHS Foundation Trust

Integrated Performance Report

February 2022

Statistical process control (SPC) is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. Understanding how to react to data is the most important thing, not the detail of the statistical rules that underpin SPC.

There are two excellent presentations available on the NHS Improvement Making Data count webpage (link below) that explain why Statistical Process Control is so valuable to Healthcare and how to understand SPC charts. We strongly recommend you view these to help you get the most out of this report. There are also other useful resources on the NHS Improvement page that you may find useful so it is definitely worth visiting **http://www.improvement.nhs.uk/resources/making-data-count**

The SPC charts in this report are time series line charts with three reference lines that will hopefully help you appreciate variation in the data. The centre reference line **(dark grey)** is the mean, and the two light grey lines are the upper and lower control limits. The aim of these charts is to distinguish special cause variation from common cause variation. There are a number of tests applied to the data to identify special cause variation which is then highlighted on the charts by colouring the corresponding data point markers. The tests applied in this report and the corresponding colours of the data point markers where special cause variation is found are outlined in the example chart below.

The report then uses the SPC icons developed by NHS Improvement to summarise the messages from SPC charts - an explanation of these icons can be found on the Executive Summary page of the report.

One or more points outside either of the upper or lower control limits.

6 or more consecutive points above or below the mean.

Common cause variation only.

6 or more consecutive points either ascending or descending in value.

Upper/ Lower Control Limit   Mean   Actual   Target

Trust Objective	Variation					Assurance		
	(common)	(H)	(L)	(H)	(L)	(P)	(F)	(?)
Quality and Safety								
Harm Free Care	12	0	2	0	1	1	2	12
Infection Prevention and Control	6	1	3	0	0	0	0	7
Mortality	4	0	0	0	0	0	0	3
Patient Experience	4	1	0	0	11	3	0	13
Maternity	8	0	2	0	0	1	0	9
Operational Performance								
Access	3	0	0	6	2	0	5	6
Productivity	8	3	1	0	2	2	0	10
Cancer	5	0	0	0	2	1	1	5
Community	0	0	0	1	1	1	0	1
Workforce								
Sickness, Vacancy and Turnover	2	0	0	2	0	0	2	1
Organisational Development	0	0	0	0	4	1	0	3
Agency	0	0	0	3	0	0	2	1
Finance								
Finance	0	2	0	0	1	2	1	0
Appendices								
Heat Maps								

Variation

(common cause)	Common cause variation.
(H, orange)	Indicates that special cause variation has occurred that is a cause for concern due to higher values in relation to the target.
(L, orange)	Indicates that special cause variation has occurred that is a cause for concern due to lower values in relation to the target.
(H, blue)	Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to higher values.
(L, blue)	Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to lower values.

Assurance

(P)	Indicates that we are consistently meeting the target for the indicator in question.
(F)	Indicates that we are consistently falling short of the target for the indicator in question.
(?)	Indicates that we will not consistently meet the target for this indicator as the target is within the range of common cause variation.

Quality and Safety

Harm Free Care

Pressure Ulcers
There has been a slight decrease in the number of hospital acquired category 2 pressure ulcers in the acute hospital setting, however this number still remains above the set Trust trajectory. There were no category 3 or category 4 pressure ulcers in February in the acute hospital setting. This month's report lists the number of Unstageable pressure ulcers that occurred in month, these are pressure ulcers that the accurate category cannot be determined at the time of reporting due to an overlying cover of devitalised tissue. It should be noted that these pressure ulcers are at least category 2 pressure ulcers, and will be added to the accurate category in the month the pressure ulcer developed when the wound bed is visible allowing accurate categorisation.
In the community there has been a slight increase in the number of category 2 pressure ulcers this month in comparison to the previous month, and this remains above the monthly local trajectory. There were no category 3 or category 4 pressure ulcers in February. There were 3 unstageable pressure ulcers, and it should be noted these are at least a category 2 pressure ulcer and will be added to the accurate figures when they can be categorised.

Falls
There has been a slight increase in the number of falls per 1,000 bed days, which remains above the monthly plan, however this remains within common cause variation. The number of falls with harm in February was 1, which is a reduction from the previous month and remains below the monthly trajectory.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
6 - Compliance with preventative measure for VTE	>= 95%	95.4%	Feb-22	L	>= 95%	95.5%	Jan-22	>= 95%	95.9%	?
9 - Never Events	= 0	0	Feb-22	L	= 0	0	Jan-22	= 0	1	?
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	6.73	Feb-22		<= 5.30	5.78	Jan-22	<= 5.30	5.40	?
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	1	Feb-22		<= 1.6	3	Jan-22	<= 17.6	30	?
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	12.0	Feb-22		<= 6.0	15.0	Jan-22	<= 66.0	80.0	?
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	0.0	Feb-22		<= 0.5	1.0	Jan-22	<= 5.5	4.0	?
17 - Acute Inpatients acquiring pressure damage (category 4)	= 0.0	0.0	Feb-22		= 0.0	0.0	Jan-22	= 0.0	0.0	?

| Outcome Measure | Latest | | | | Previous | | | Year to Date | | Target |
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
515 - Acute Inpatients acquiring pressure damage (unstagable)		5	Feb-22			4	Jan-22		19	
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	16.0	Feb-22	(variation icon)	<= 7.0	10.0	Jan-22	<= 77.0	113.0	(? icon)
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	0.0	Feb-22	(variation icon)	<= 4.0	4.0	Jan-22	<= 44.0	24.0	(? icon)
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	0.0	Feb-22	(L icon)	<= 1.0	0.0	Jan-22	<= 11.0	2.0	(? icon)
516 - Community patients acquiring pressure damage (unstagable)		3	Feb-22			6	Jan-22		17	
28 - Emergency patients - screened for Sepsis (quarterly)	>= 90%	88.5%	Q3 2021/22		>= 90%	82.1%	Q2 2021/22	>= 90%	79.3%	
29 - Emergency patients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	50.0%	Q3 2021/22		>= 90%	100.0%	Q2 2021/22	>= 90%	83.3%	
513 - Inpatients - screened for Sepsis (quarterly)	>= 90%	22.0%	Q3 2021/22		>= 90%	2.0%	Q2 2021/22	>= 90%	14.7%	
514 - Inpatients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%		Q3 2021/22		>= 90%	0.0%	Q2 2021/22	>= 90%	50.0%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 95%	77.2%	Feb-22	(variation icon)	>= 95%	78.4%	Jan-22	>= 95%	73.1%	(F icon)
31 - Clinical Correspondence - Outpatients %<5 working days	>= 95.0%	70.5%	Feb-22	(variation icon)	>= 95.0%	73.2%	Jan-22	>= 95.0%	67.1%	(F icon)
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	85.7%	Feb-22	(variation icon)	= 100%	60.0%	Jan-22	= 100%	55.7%	(? icon)
88 - Nursing KPI Audits	>= 85%	91.9%	Feb-22	(variation icon)	>= 85%	92.3%	Jan-22	>= 85%	92.5%	(P icon)
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days	= 100%	50.0%	Feb-22	(variation icon)	= 100%	100.0%	Jan-22	= 100%	66.7%	(? icon)

6 - Compliance with preventative measure for VTE
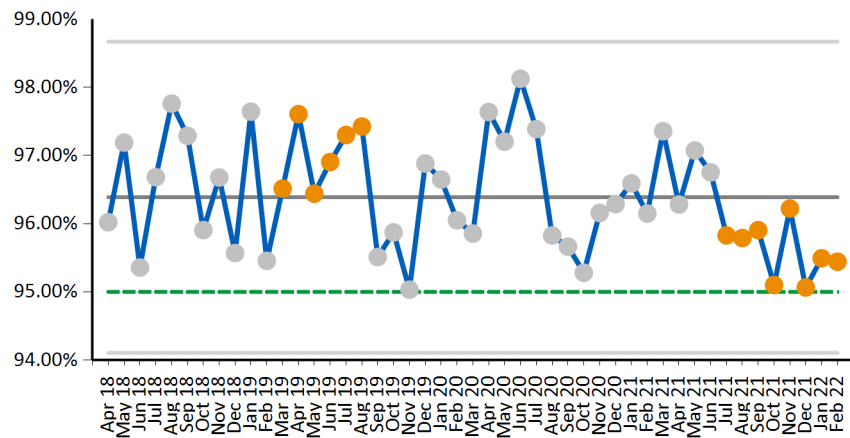
9 - Never Events
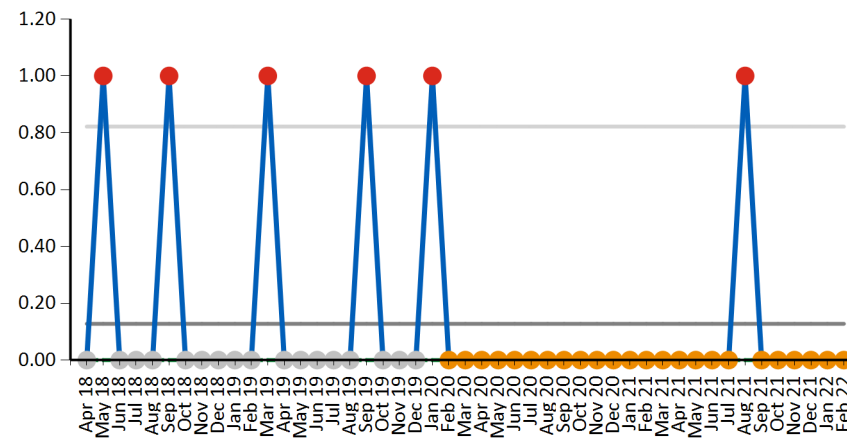
13 - All Inpatient Falls (Safeguard Per 1000 bed days)
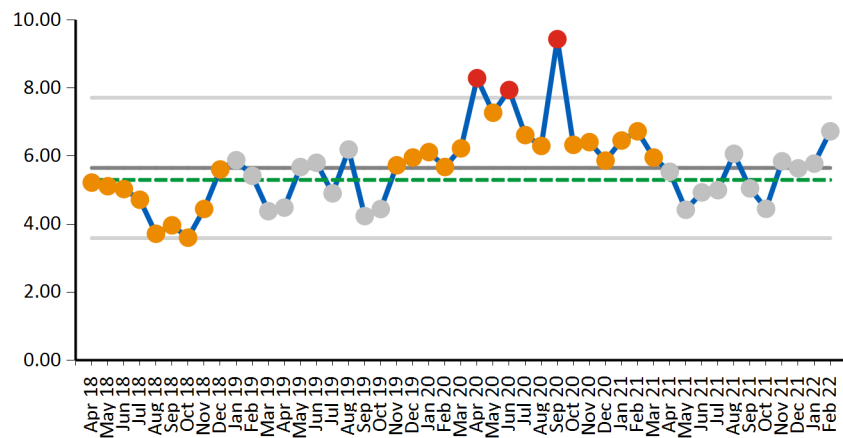
14 - Inpatient falls resulting in Harm (Moderate +)
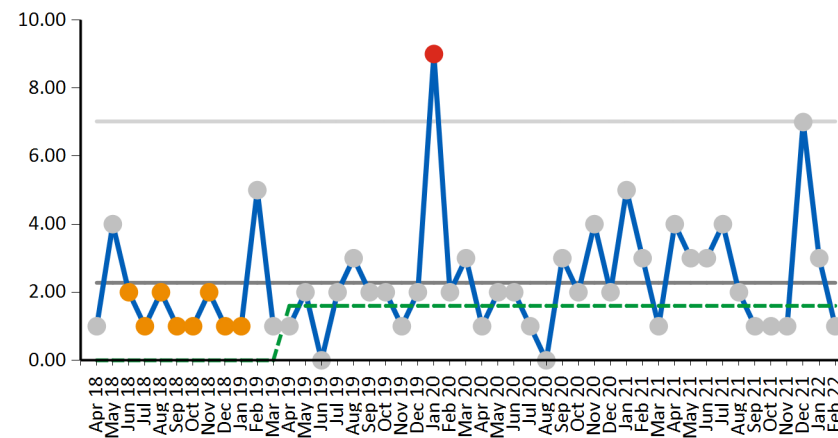
15 - Acute Inpatients acquiring pressure damage (category 2)
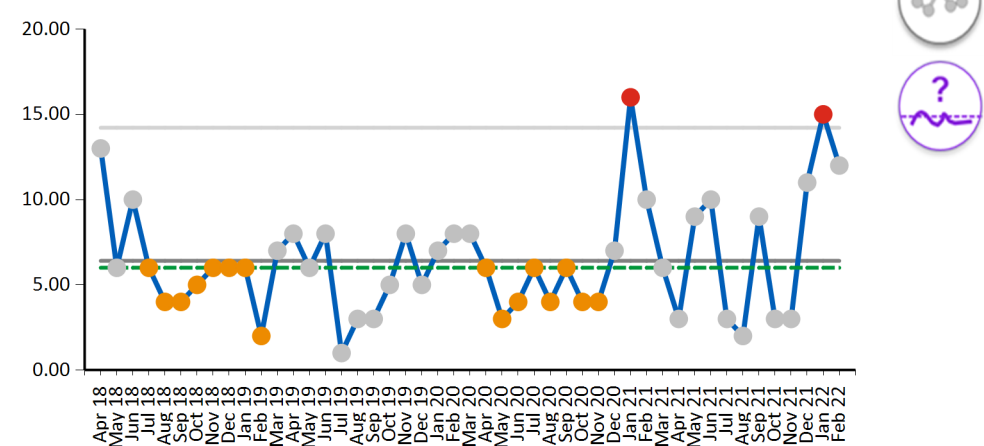
16 - Acute Inpatients acquiring pressure damage (category 3)
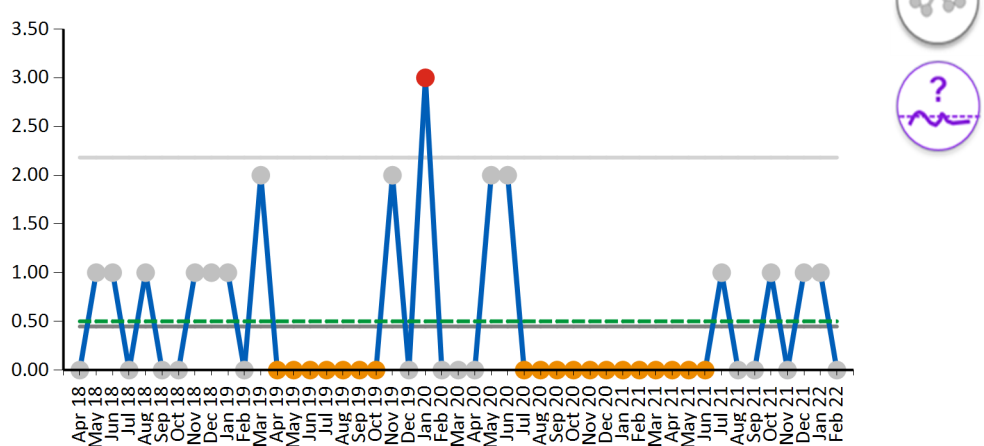
17 - Acute Inpatients acquiring pressure damage (category 4)
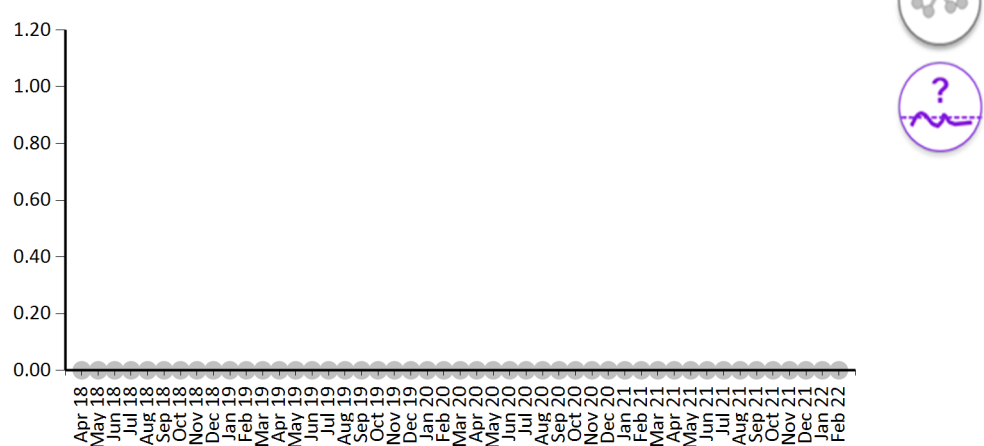
515 - Acute Inpatients acquiring pressure damage (unstagable) - SPC data available after 20 data points
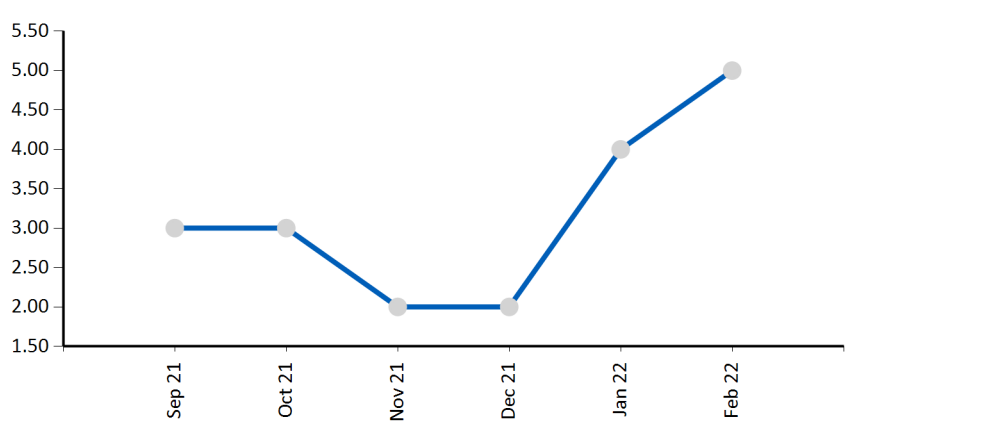
18 - Community patients acquiring pressure damage (category 2)
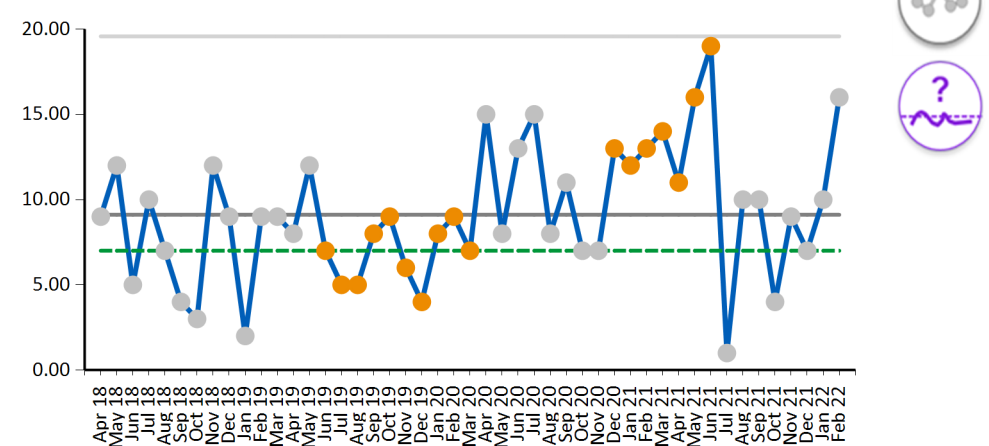
19 - Community patients acquiring pressure damage (category 3)
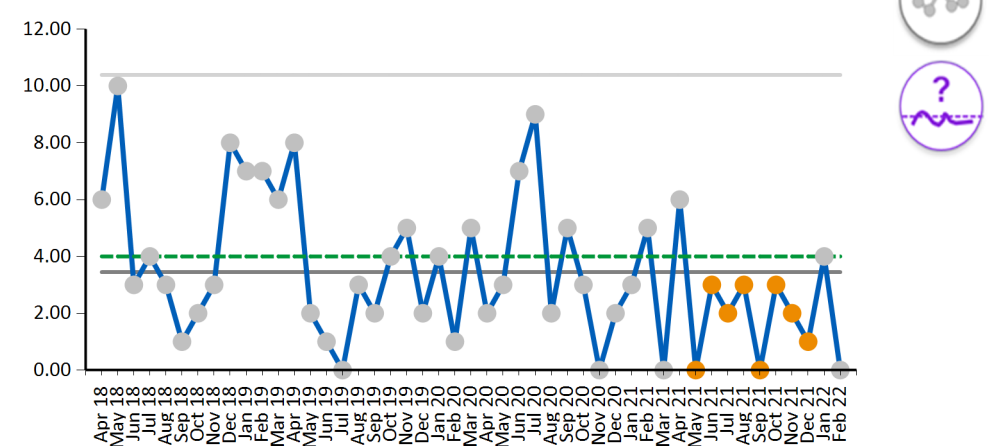
20 - Community patients acquiring pressure damage (category 4)
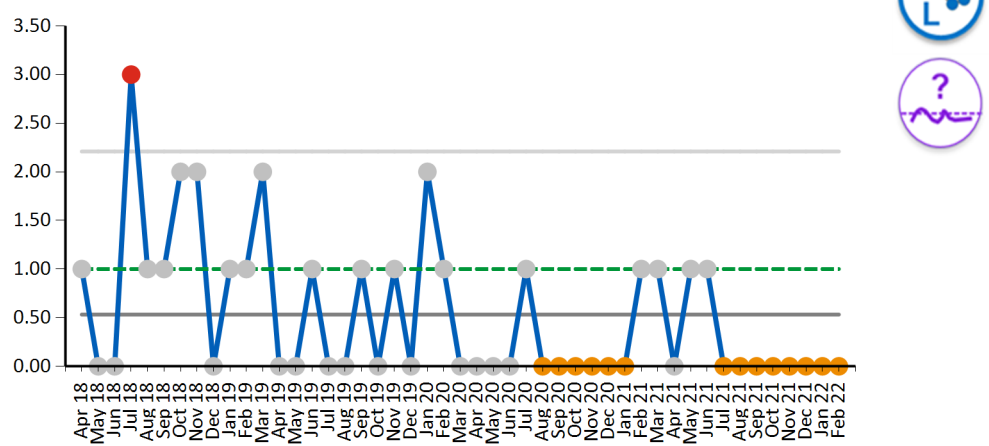
516 - Community patients acquiring pressure damage (unstagable) - SPC data available after 20 data points
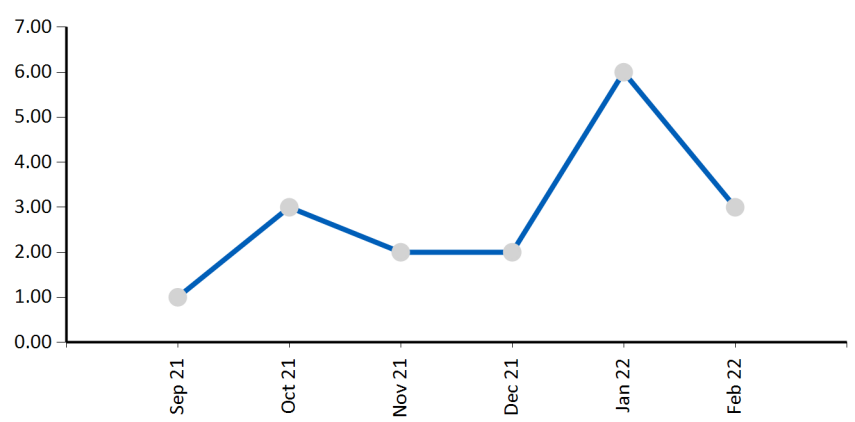
28 - Emergency patients - screened for Sepsis (quarterly) - SPC data available after 20 data points
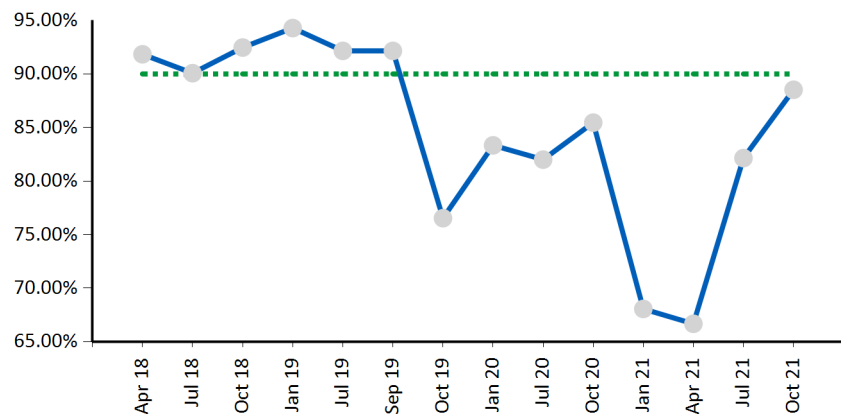
29 - Emergency patients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly) - SPC data available after 20 data points
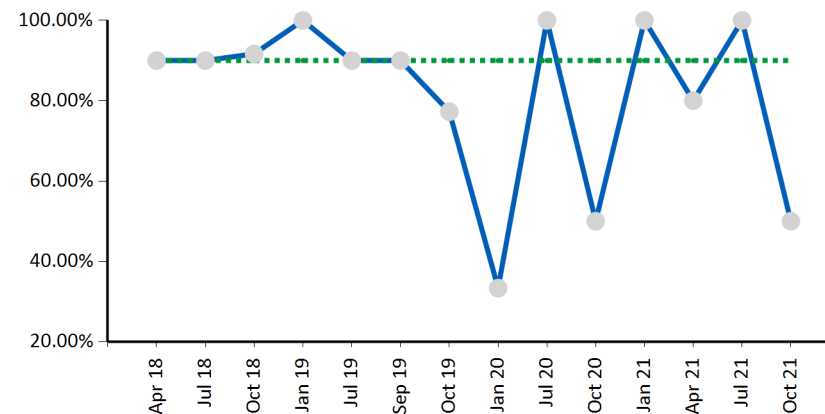
513 - Inpatients - screened for Sepsis (quarterly) - SPC data available after 20 data points
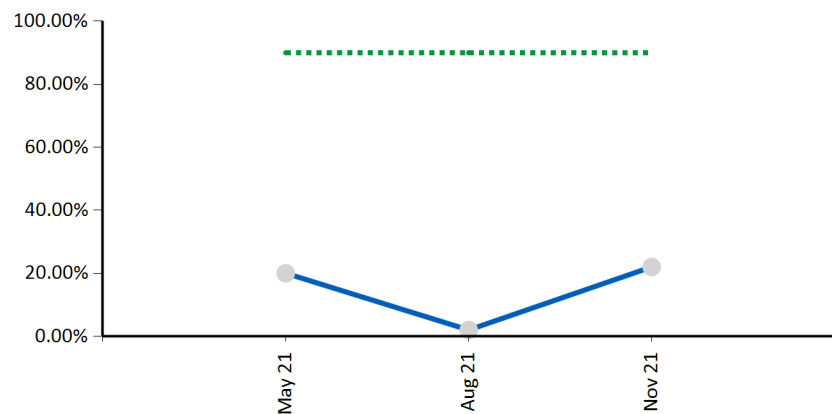
514 - Inpatients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly) - SPC data available after 20 data points
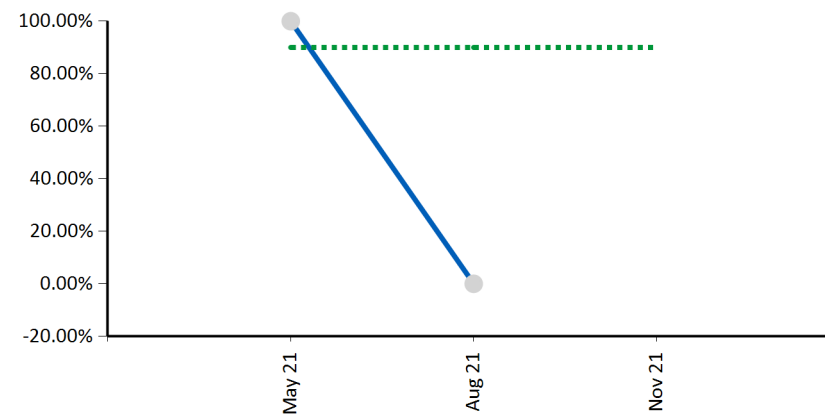
30 - Clinical Correspondence - Inpatients   %<1 working day
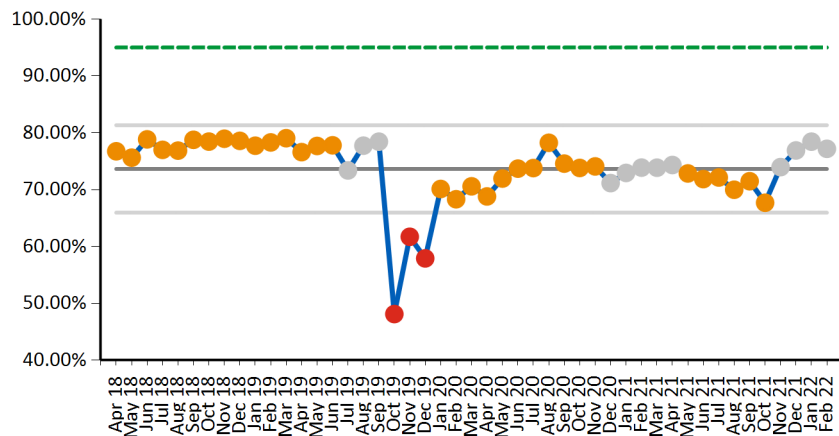
31 - Clinical Correspondence - Outpatients   %<5 working days
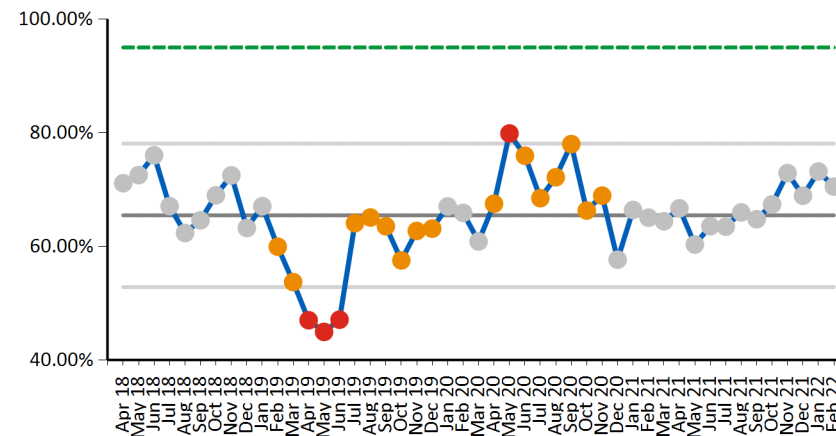
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance
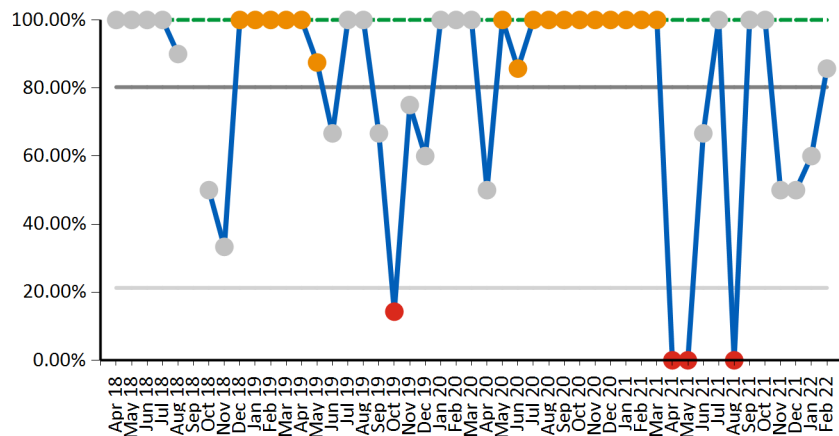
88 - Nursing KPI Audits
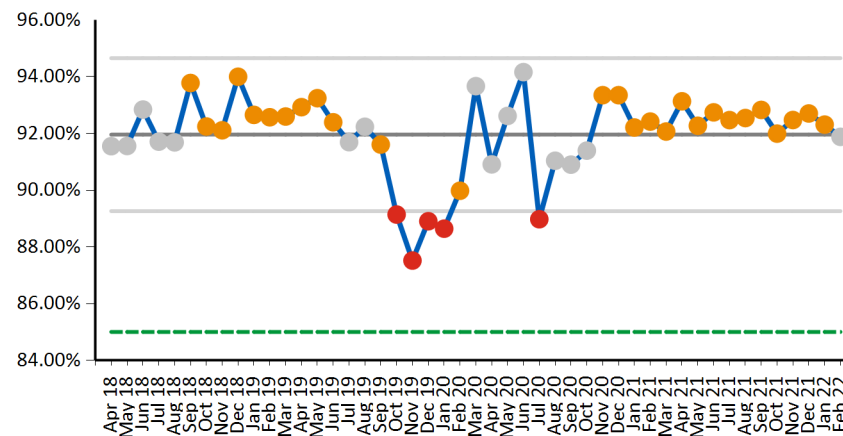
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days
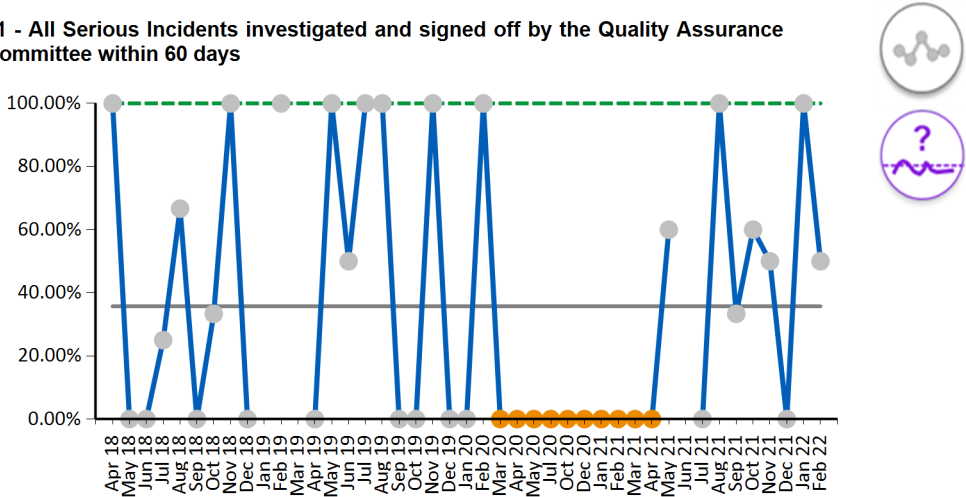
Infection Prevention and Control

Two pieces of practical work have now commenced regarding Clostridium difficile infections (CDI): review and rationalisation of the antibiotic guidance for common infections and concentrating on Standard 5 of the antibiotic prescribing audits. Acute Adult Division has selected antibiotic stewardship as their Quality Account for 2022/23 and will be supporting QI based work across the Trust in driving the safe and effective use of antibiotics. Cases have stabilised in month but remain high generally. The IPC service has now been commissioned for Primary Care and will now be coordinating joined up case reviews of all CDI cases across Bolton from April.

Nosocomial COVID-19 case rates remain high following the emergence of the Omicron variant although these are dropping. Generally COVID-19 cases are on the increase again in line with the same picture seen across the region.

To note:
The measures for 215 and 346 are combined for measure 347 for which there is a plan based on the last published objectives from NHS England for 2019/20.

Chart 217 and 306 - These are SPC G Charts. These are time series charts that plot the time intervals between infrequent events such as MRSA bacteraemias. This chart demonstrates that the Trust is seeing progressively longer gaps between hospital onset MRSA bacteraemias.

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
215 - Total Hospital Onset C.diff infections		5	Feb-22	⚬⚬		7	Jan-22		61	
346 - Total Community Onset Hospital Associated C.diff infections		0	Feb-22	⚬⚬		1	Jan-22		17	
347 - Total C.diff infections contributing to objective	<= 3	5	Feb-22	⚬⚬	<= 3	8	Jan-22	<= 29	78	?
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Feb-22	(L)	= 0	0	Jan-22	= 0	0	?
218 - Total Trust apportioned E. coli BSI (HOHA + COHA)	<= 2	2	Feb-22	⚬⚬	<= 2	9	Jan-22	<= 20	57	?
219 - Blood Culture Contaminants (rate)	<= 3%	2.6%	Feb-22	(L)	<= 3%	2.7%	Jan-22	<= 3%	3.3%	?
199 - Compliance with antibiotic prescribing standards	>= 95%	74.8%	Q2 2021/22		>= 95%	84.0%	Q1 2021/22	>= 95%	79.4%	
304 - Total Trust apportioned MSSA BSIs	<= 1.0	2.0	Feb-22	⚬⚬	<= 1.0	2.0	Jan-22	<= 11.0	18.0	?
305 - Total Trust apportioned Klebsiella spp. BSIs (HOHA + COHA)	<= 1	1	Feb-22	(L)	<= 1	0	Jan-22	<= 6	7	?
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs (HOHA + COHA)	= 0	0	Feb-22	⚬⚬	= 0	0	Jan-22	= 0	2	?

| Outcome Measure | Latest | | | | Previous | | | Year to Date | | Target |
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
491 - Nosocomial COVID-19 cases		89	Feb-22	H		90	Jan-22		254	

215 - Total Hospital Onset C.diff infections
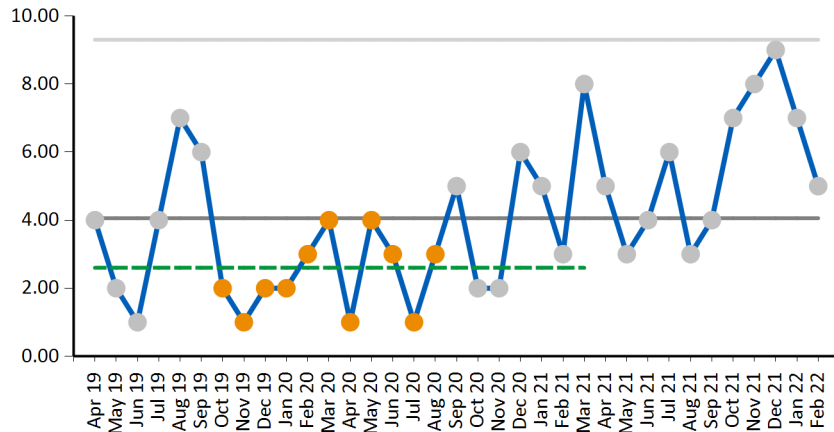
346 - Total Community Onset Hospital Associated C.diff infections
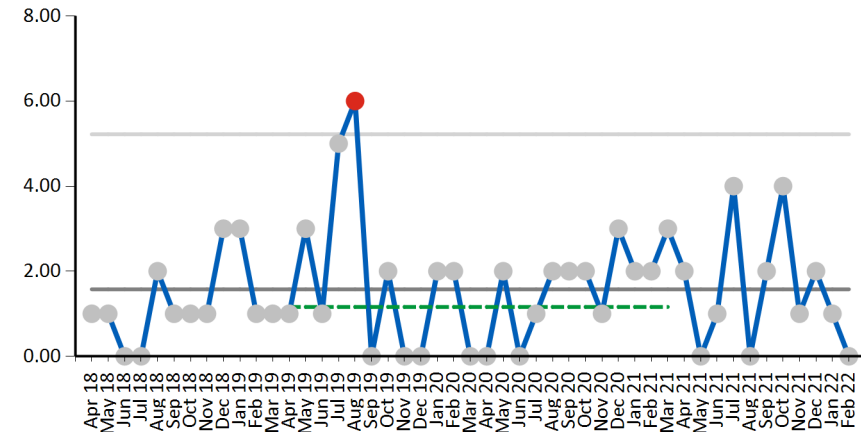
347 - Total C.diff infections contributing to objective
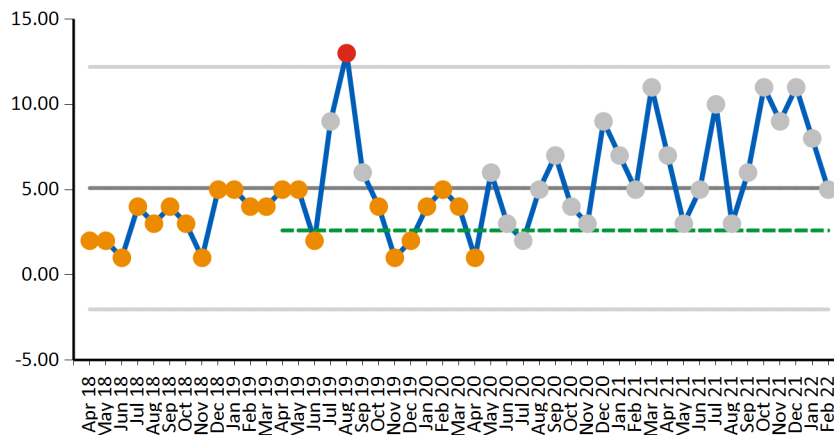
217 - Total Hospital-Onset MRSA BSIs - G Chart (Days Between Cases)
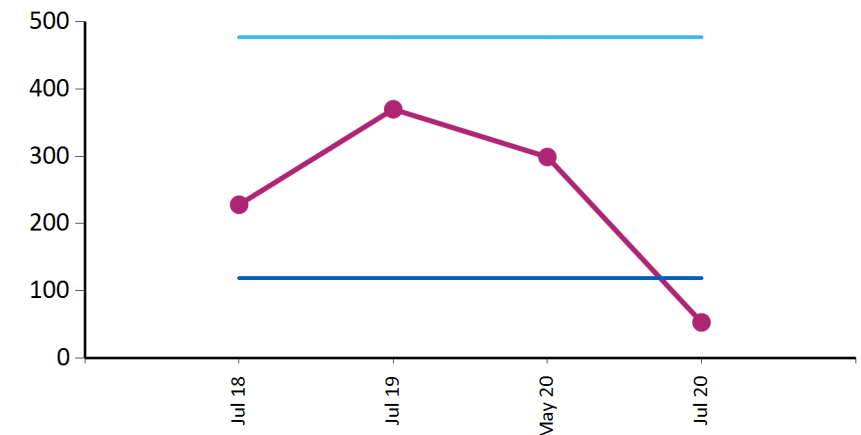
218 - Total Trust apportioned E. coli BSI (HOHA + COHA)
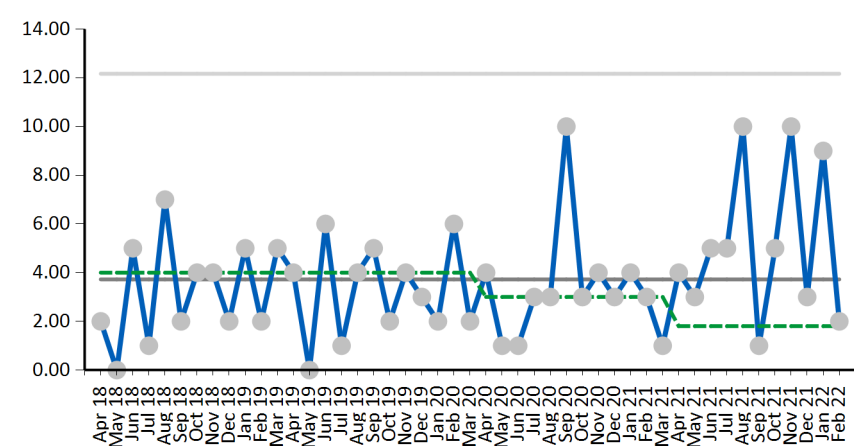
219 - Blood Culture Contaminants (rate)
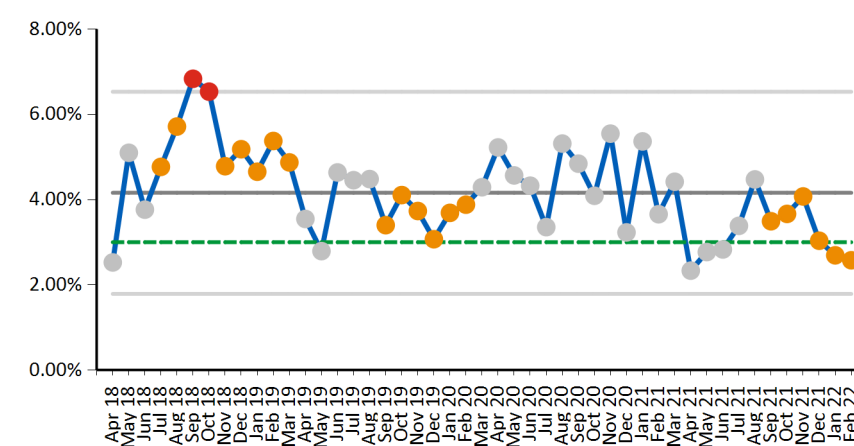
199 - Compliance with antibiotic prescribing standards - SPC data available after 20 data points
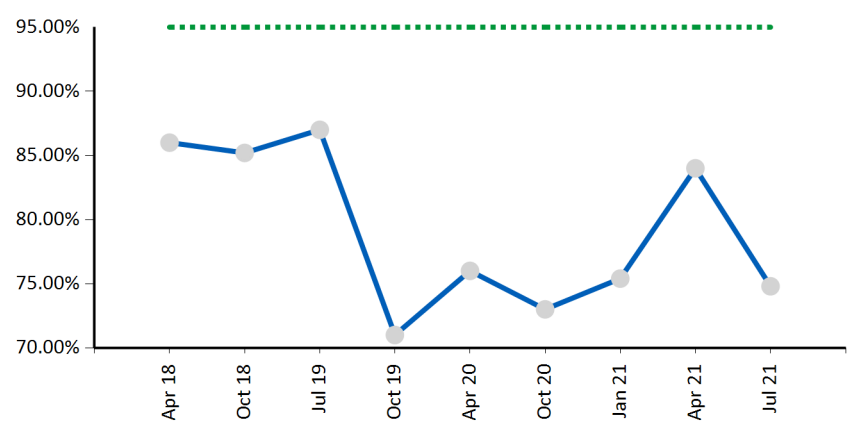
304 - Total Trust apportioned MSSA BSIs
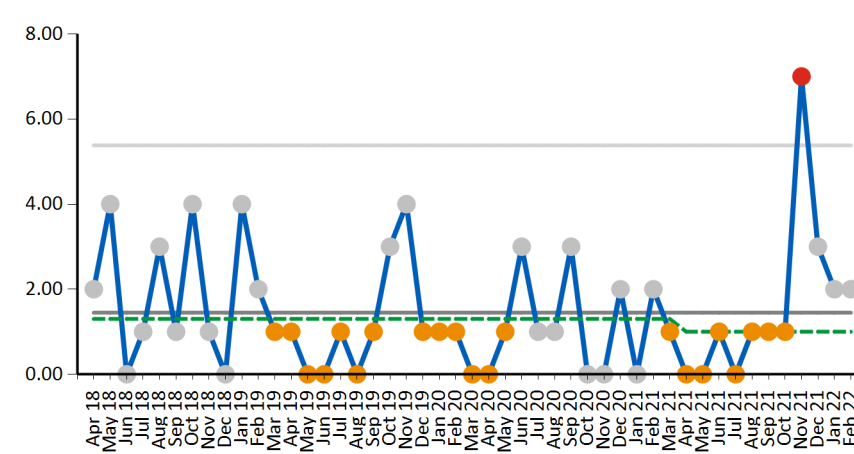
305 - Total Trust apportioned Klebsiella spp. BSIs (HOHA + COHA)
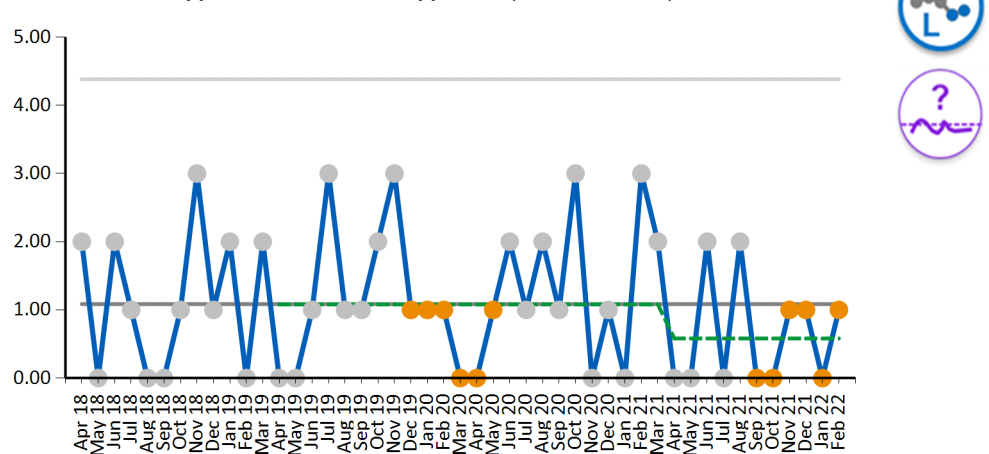
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs (HOHA + COHA) - G Chart (Days Between Cases)
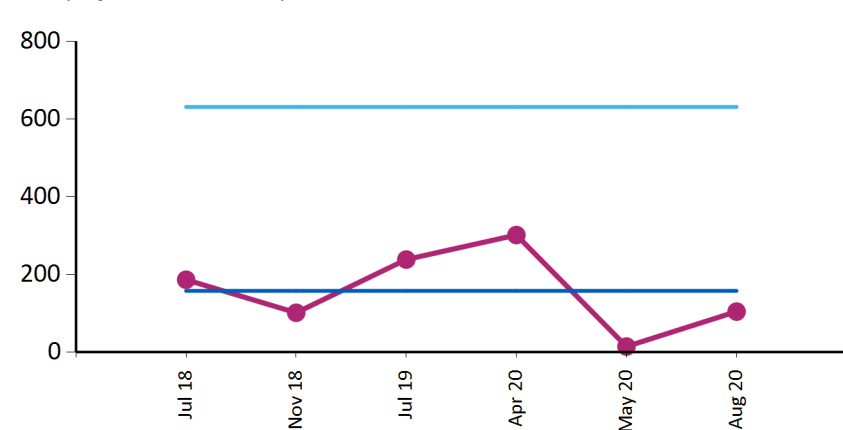
491 - Nosocomial COVID-19 cases
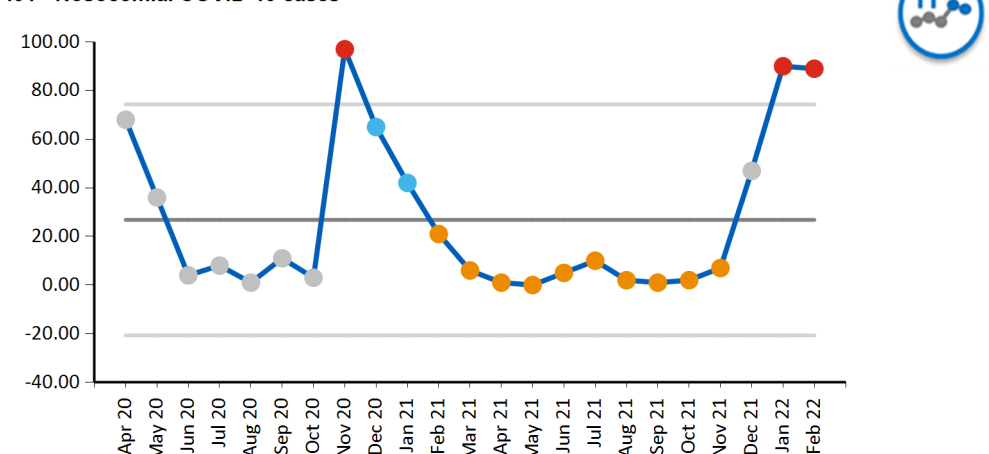
Mortality

SHMI – in month position is within expected range. 12-month average (November 2020 to October 2021) is 113.87 and is 'higher than expected'.

HSMR – in month position is within expected range. 12-month average (December 2020 to November 2021) is 118.97 is a red alert and is highest amongst peers. Comparatively, against other trusts, the recording of comorbidities is lower which impacts upon the risk adjusted scores and reducing the overall HSMR (and SHMI). Awareness raising continues throughout the Trust to improve this, resource issues within clinical coding team are also being addressed.

Crude – in month position is above target and above average for the time frame but remains within range.

Outcome Measure	Plan (Latest)	Actual (Latest)	Period (Latest)	Variation	Plan (Previous)	Actual (Previous)	Period (Previous)	Plan (Year to Date)	Actual (Year to Date)	Assurance (Target)
3 - National Early Warning Scores to Gold standard	>= 85%	100.0%	Feb-22		>= 85%	98.6%	Jan-22	>= 85%	95.0%	?
495 - HSMR		145.07	Nov-21			108.21	Oct-21		145.07	
11 - Summary Hospital-level Mortality Indicator (SHMI)	<= 100.00	125.33	Oct-21		<= 100.00	121.18	Sep-21	<= 100.00	125.33	?
12 - Crude Mortality %	<= 2.9%	3.0%	Feb-22		<= 2.9%	3.5%	Jan-22	<= 2.9%	2.7%	?

3 - National Early Warning Scores to Gold standard
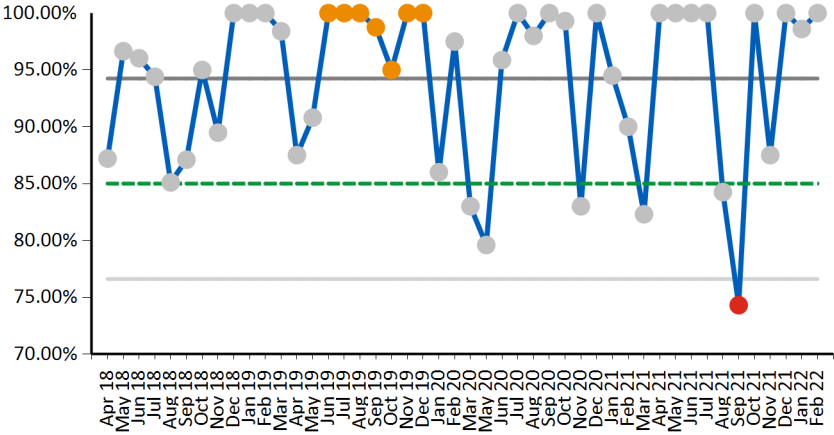
495 - HSMR
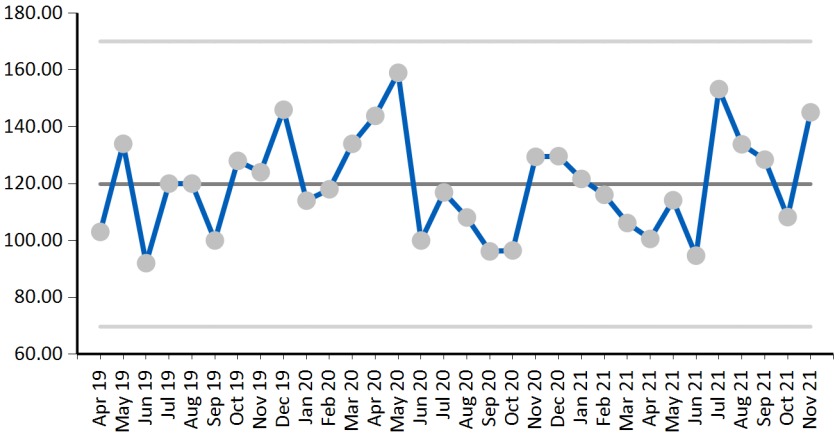
11 - Summary Hospital-level Mortality Indicator (SHMI)
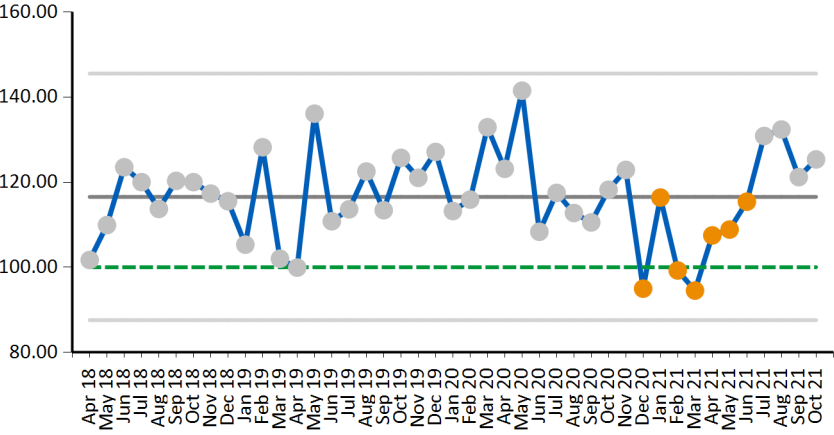
12 - Crude Mortality %
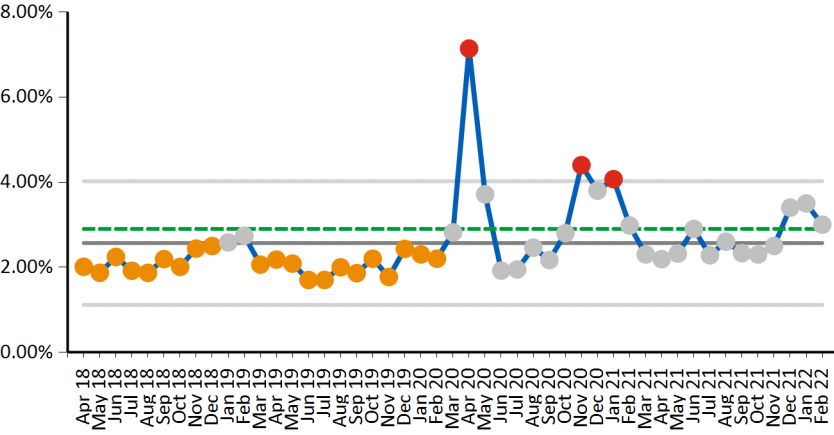
Patient Experience

FFT
NHSE continue to publish FFT data on their website and all areas within the Trust have improved their collection methods as safely as possible using QR codes and available devices.   The response rates remain varied.

All areas who traditionally collect FFT by paper have access to QR codes. There have been challenges with this due to some areas having poor internet connection resulting in paper collection. Despite this, this remains the default method. We are rolling the use of QR codes out to as many of our community areas and for access codes on handheld devices in place where possible to avoid the need to use paper.

The Patient Experience Team are working with all Divisions to review their collection methods and to identify good practice and work with those areas where improvement is needed. All Divisions have been asked to focus on their recommendation rates as some areas have fallen below 90%. This is monitored in their Divisional Quality Patient Experience Group.

Complaints
The Trust rate for acknowledging complaints during February was 100%.   The numbers received for the past 2 months have reached the pre-pandemic numbers. Our performance was 66.7% with 6 out of 18 cases breaching. As with all breaches, a review has been undertaken to establish the cause and whether these could have been avoided. The management of complaints is under constant review with collaborative work with the PE team and Divisions.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
200 - A&E Friends and Family Response Rate	>= 20%	14.9%	Feb-22	L	>= 20%	15.6%	Jan-22	>= 20%	15.0%	?
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	85.4%	Feb-22	L	>= 90%	84.8%	Jan-22	>= 90%	84.2%	?
80 - Inpatient Friends and Family Response Rate	>= 30%	18.6%	Feb-22	L	>= 30%	18.3%	Jan-22	>= 30%	19.5%	?
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	95.7%	Feb-22		>= 90%	97.1%	Jan-22	>= 90%	96.7%	P
81 - Maternity Friends and Family Response Rate	>= 15%	15.8%	Feb-22	L	>= 15%	13.7%	Jan-22	>= 15%	13.1%	?
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	82.4%	Feb-22	L	>= 90%	83.6%	Jan-22	>= 90%	87.4%	?
82 - Antenatal - Friends and Family Response Rate	>= 15%	1.4%	Feb-22	L	>= 15%	0.2%	Jan-22	>= 15%	1.1%	?
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	100.0%	Feb-22		>= 90%	100.0%	Jan-22	>= 90%	100.0%	P
83 - Birth - Friends and Family Response Rate	>= 15%	32.7%	Feb-22		>= 15%	30.7%	Jan-22	>= 15%	28.5%	P

| Outcome Measure | Latest | | | | Previous | | | Year to Date | | Target |
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	85.2%	Feb-22	(L)	>= 90%	83.1%	Jan-22	>= 90%	86.4%	(?)
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	16.6%	Feb-22	(L)	>= 15%	12.5%	Jan-22	>= 15%	13.8%	(?)
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	73.3%	Feb-22	(L)	>= 90%	83.7%	Jan-22	>= 90%	82.9%	(?)
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	13.9%	Feb-22	(L)	>= 15%	11.1%	Jan-22	>= 15%	9.2%	(?)
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	82.2%	Feb-22	(L)	>= 90%	84.8%	Jan-22	>= 90%	86.1%	(?)
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Feb-22	(H)	= 100%	100.0%	Jan-22	= 100%	100.0%	(?)
90 - Complaints responded to within the period	>= 95%	66.7%	Feb-22	(○)	>= 95%	75.0%	Jan-22	>= 95%	76.6%	(?)

200 - A&E Friends and Family Response Rate
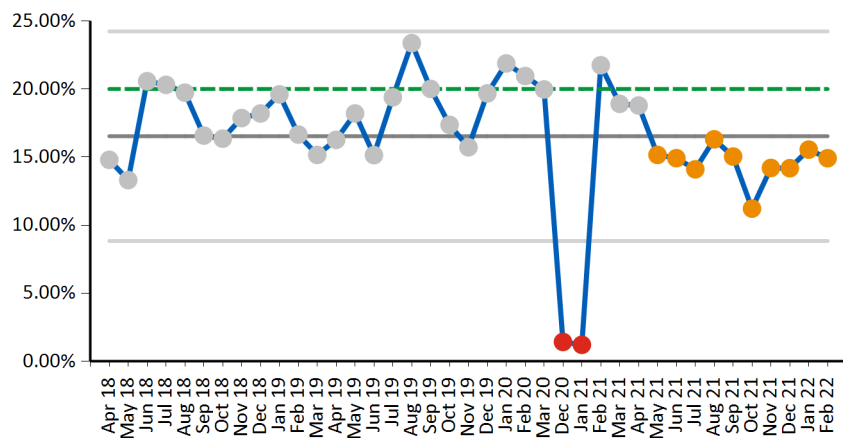
294 - A&E Friends and Family Satisfaction Rates %
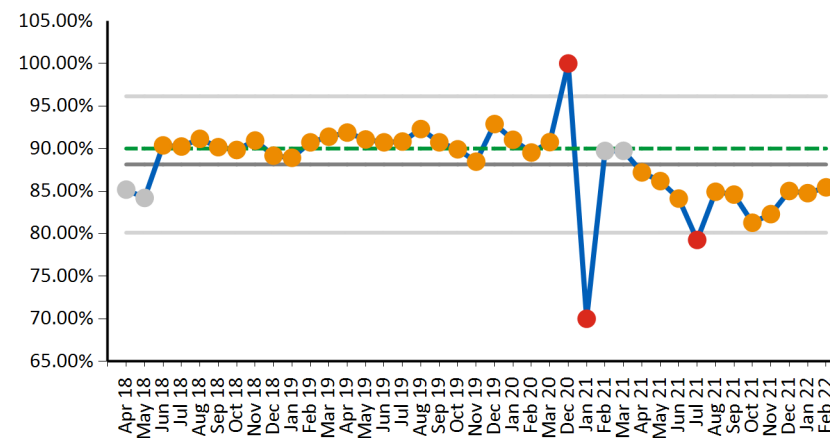
80 - Inpatient Friends and Family Response Rate
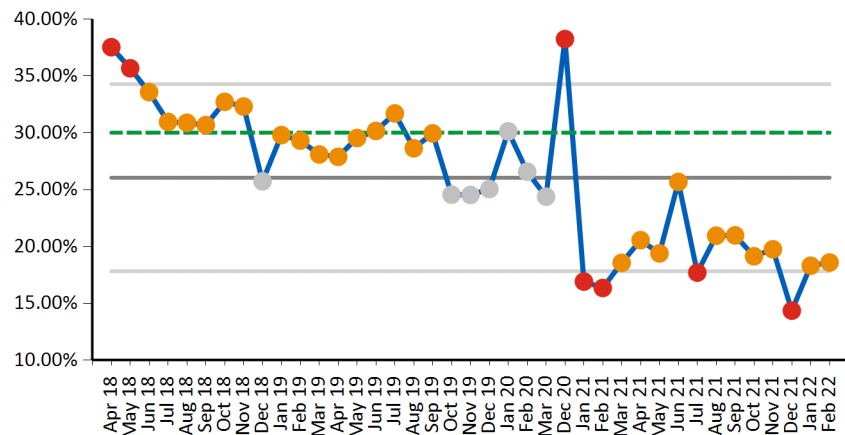
240 - Friends and Family Test (Inpatients) - Satisfaction %
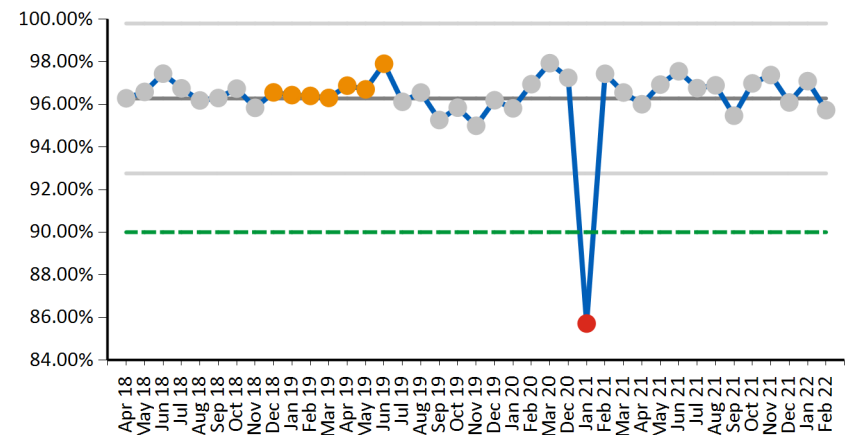
81 - Maternity Friends and Family Response Rate
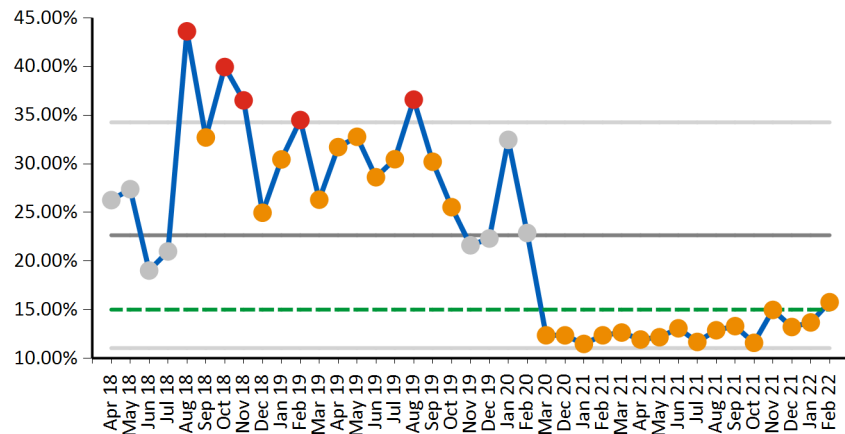
241 - Maternity Friends and Family Test - Satisfaction %
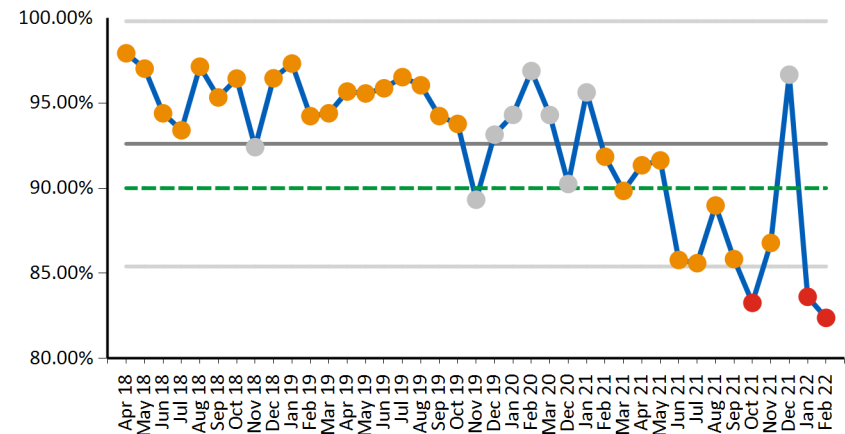
82 - Antenatal - Friends and Family Response Rate
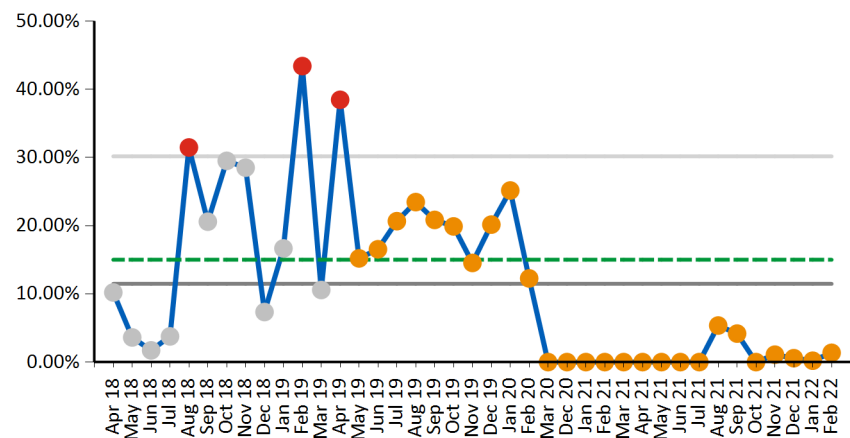
242 - Antenatal Friends and Family Test - Satisfaction %
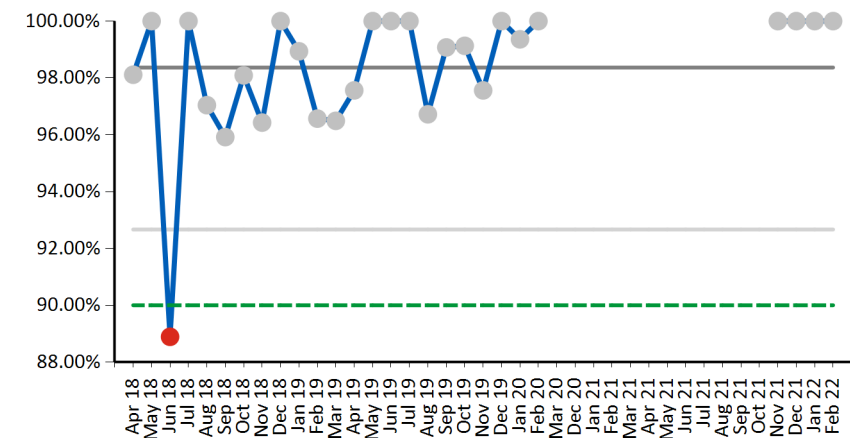
83 - Birth - Friends and Family Response Rate
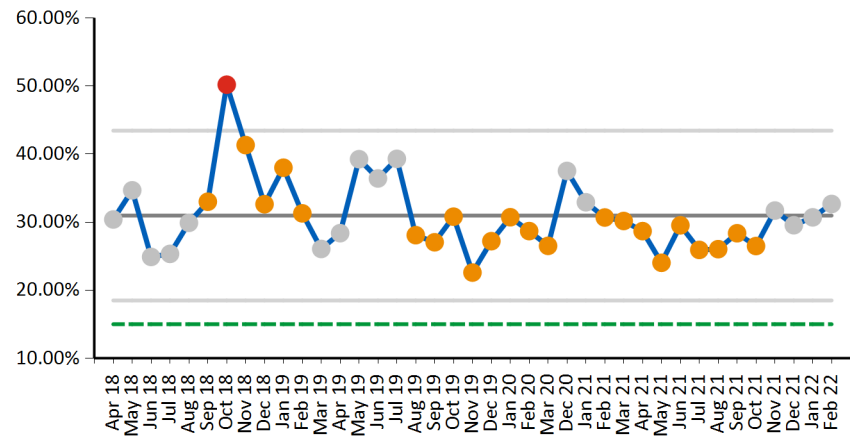
243 - Birth Friends and Family Test - Satisfaction %
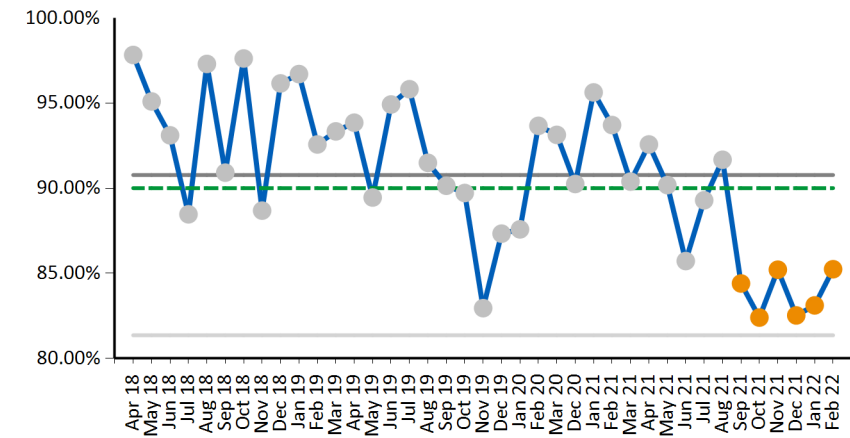
84 - Hospital Postnatal - Friends and Family Response Rate
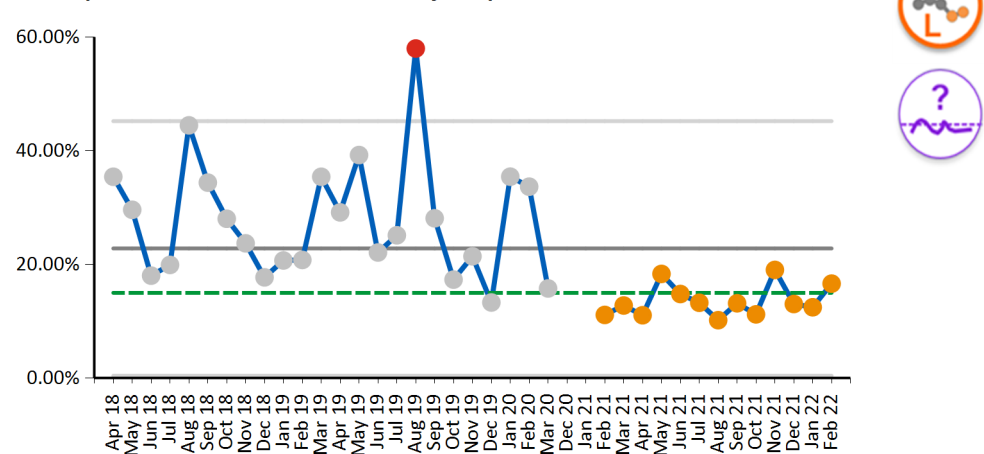
244 - Hospital Postnatal Friends and Family Test - Satisfaction %
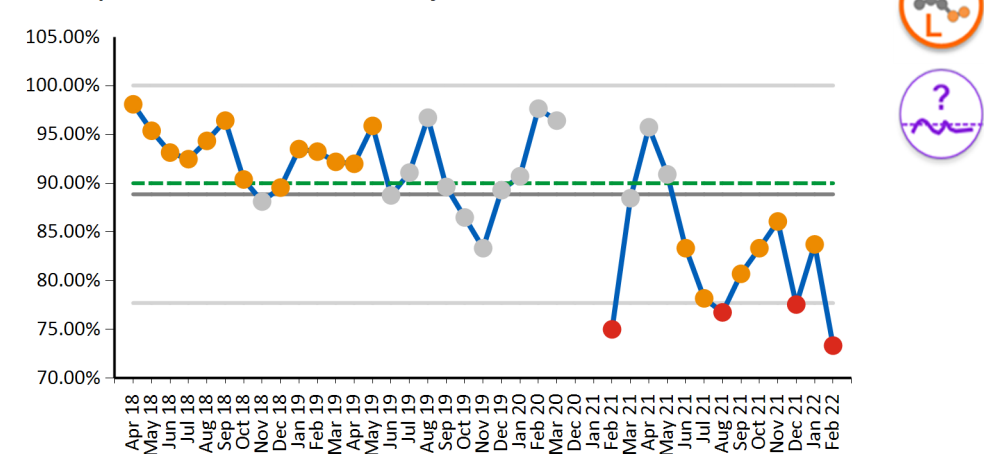
85 - Community Postnatal - Friend and Family Response Rate
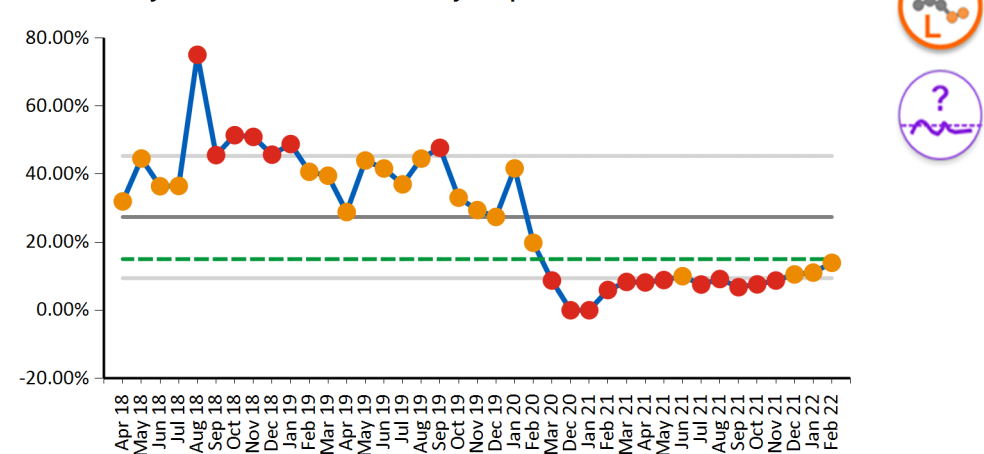
245 - Community Postnatal Friends and Family Test - Satisfaction %
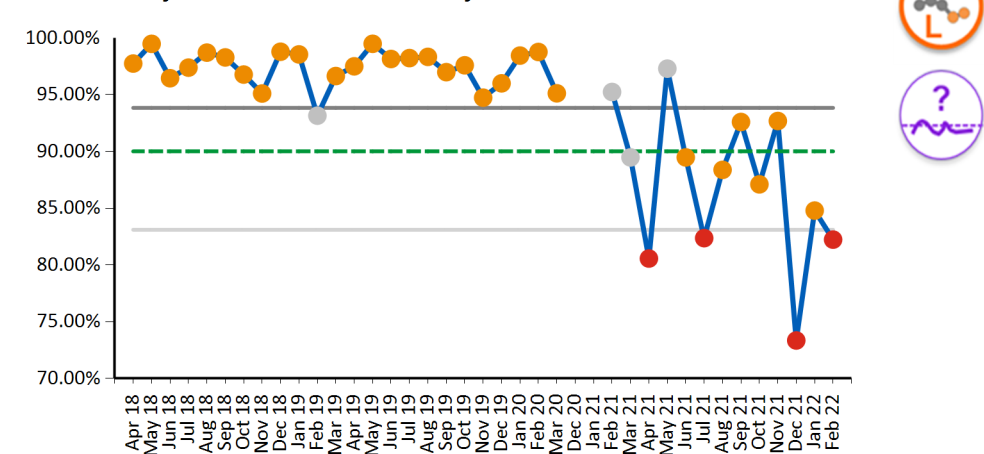
89 - Formal complaints acknowledged within 3 working days
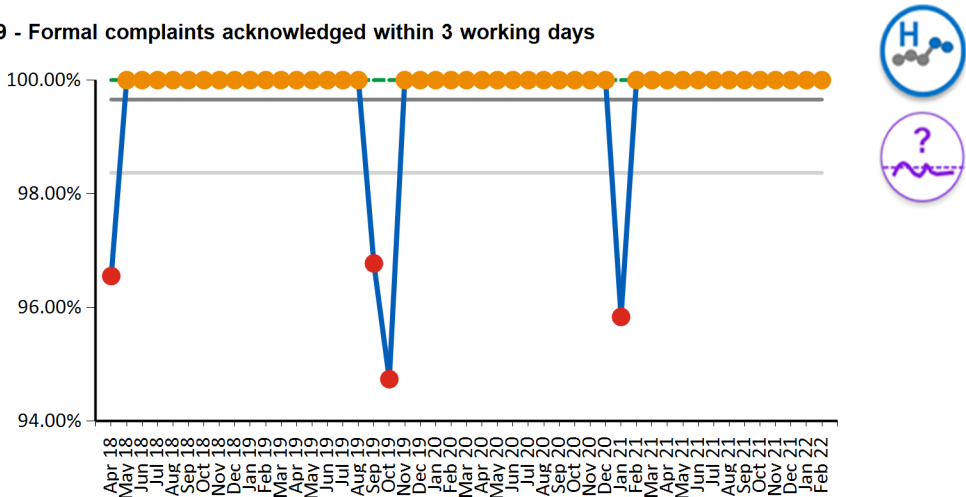
90 - Complaints responded to within the period
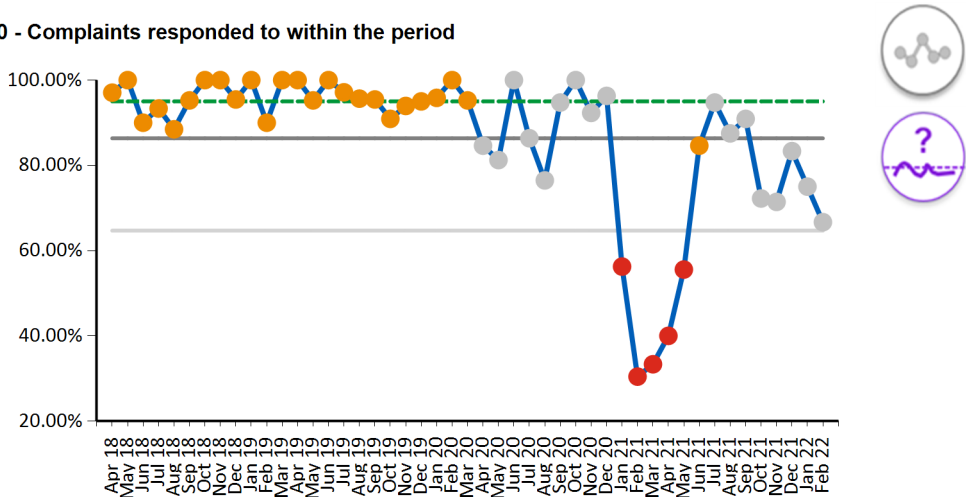
Maternity

Stillbirths
The stillbirth rate for Feb 2022 was 2.29/1000 births which was lower than plan (3.5/1000). This was attributable to known fetal abnormality.   A significant increase in still birth rate was observed in December 2021 (n=7) - 4 of the still births were as a result of 1 x concealed pregnancy, 2 x fetal abnormality and 1 x prematurity, and 3 still births occurred after 36 weeks and were associated with risk factors including diabetes, cholestasis and eclampsia. A review of all stillbirths were undertaken, with two undergoing SI process. The spike in December 2021 has impacted on our overall year to date position (4.41/1000). However we are comparable with other units in the GMEC region. All cases of stillbirth are subject to robust review following governance processes to provide assurance that any themes or lessons learned are identified and shared.

Maternity 3rd and 4th Degree Tears
The rates of 3rd and 4th degree tears sustained during spontaneous vaginal birth and instrumental birth remain high, with an increased rate observed in February 2022 (3.6%) compared to 2.5% in January 2022.   Ongoing work led by Midwifery and obstetric leads continue in this area in order to continue to reduce the rate of anal sphincter injury (OASI). Bolton has been successful in being involved in a national OASI 2 trial which includes training, education and support regarding the prevention of OASI. Maternity units that have implemented OASI 1 have seen significant reduction in OASI in both spontaneous vaginal births and instrumental births. A continuous audit of all 3rd and 4th degree tears is ongoing in order to identify practice issues and themes. An action plan is in place which is monitored through Divisional Governance and reported to Quality Assurance Committee.   3 Practice Educators have been appointed and will commence in April 2022 to provide leadership, education and training in the clinical area.

Midwifery 1:1 care in labour
Is being achieved above target despite significant staffing challenges.

12+6 Bookings
A drop in compliance below plan was observed in February 2022. A review was undertaken by the midwifery matron which identified that only 1 delay was avoidable due to ultrasound scanning capacity, resulting in an appointment being changed resulting in a delay.   This has been communicated to the relevant department. Issues with data recording is ongoing which has resulted in inaccurate figures. Whilst the process is under review, assurance is provided by monthly manual review of any non-compliance.

Induction of Labour
Remains high regionally and nationally. Our current rate and year to date rate is below target. We currently have a local induction of labour work stream to continue to reduce the induction rate, improve women's experiences, and ensure inductions are clinically indicated. The work stream feeds into the GMEC regional task and finish group led by the Consultant Midwife.   We have also commenced a trial on the use of dialopam to support outpatient induction, and reduce length of stay associated with inpatient induction.

Total Caesarean section
Remains higher than plan. Ongoing audit to investigate reasons for emergency caesarean section. National recommendations that caesarean sections are not subject to target.

Initiation of breastfeeding
Higher than target. Action plan in place to continue to increase skin to skin in theatre following caesarean section and instrumental birth in theatre to increase initiation rates in line with Baby Friendly initiative action plan. Team working in collaboration with theatre teams to embed practice and new way of working.

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
322 - Maternity - Stillbirths per 1000 births	<= 3.50	2.29	Feb-22		<= 3.50	0.00	Jan-22	<= 3.50	4.18	?
23 - Maternity -3rd/4th degree tears	<= 3.5%	3.6%	Feb-22		<= 3.5%	2.5%	Jan-22	<= 3.5%	3.3%	?

Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
202 - 1:1 Midwifery care in labour	>= 95.0%	98.5%	Feb-22		>= 95.0%	97.8%	Jan-22	>= 95.0%	98.2%	
203 - Booked 12+6	>= 90.0%	87.4%	Feb-22		>= 90.0%	89.5%	Jan-22	>= 90.0%	90.0%	
204 - Inductions of labour	<= 40%	39.5%	Feb-22		<= 40%	39.6%	Jan-22	<= 40%	37.2%	
208 - Total C section	<= 33.0%	35.5%	Feb-22		<= 33.0%	37.3%	Jan-22	<= 33.0%	34.9%	
210 - Initiation breast feeding	>= 65%	66.98%	Feb-22		>= 65%	64.44%	Jan-22	>= 65%	68.21%	
213 - Maternity complaints	<= 5	0	Feb-22		<= 5	1	Jan-22	<= 55	13	
319 - Maternal deaths (direct)	= 0	0	Feb-22		= 0	0	Jan-22	= 0	0	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	9.6%	Feb-22		<= 6%	7.7%	Jan-22	<= 6%	8.3%	

322 - Maternity - Stillbirths per 1000 births
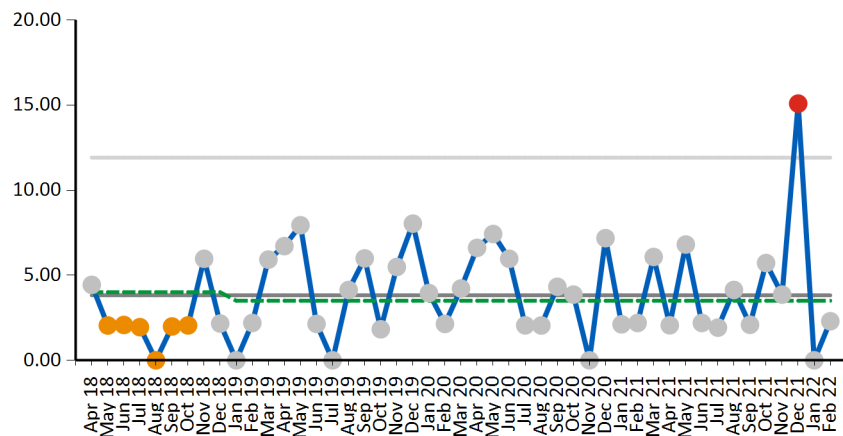
23 - Maternity -3rd/4th degree tears
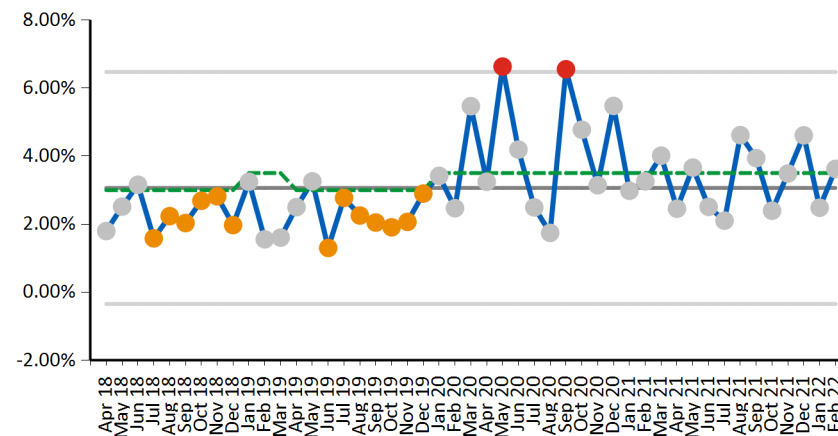
202 - 1:1 Midwifery care in labour
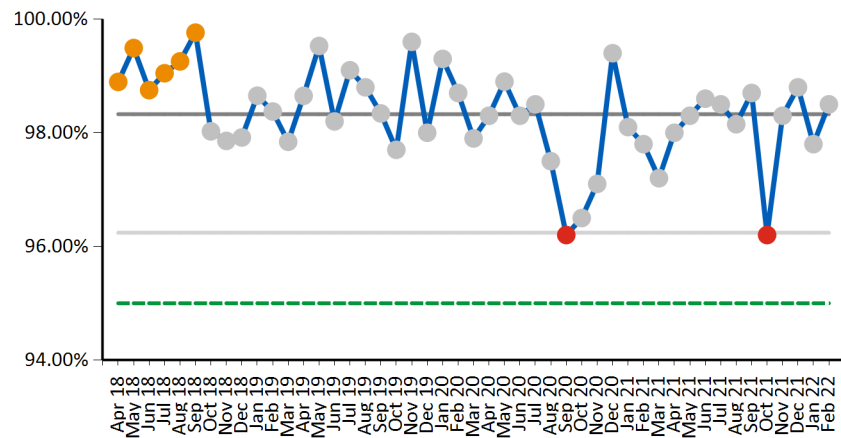
203 - Booked 12+6
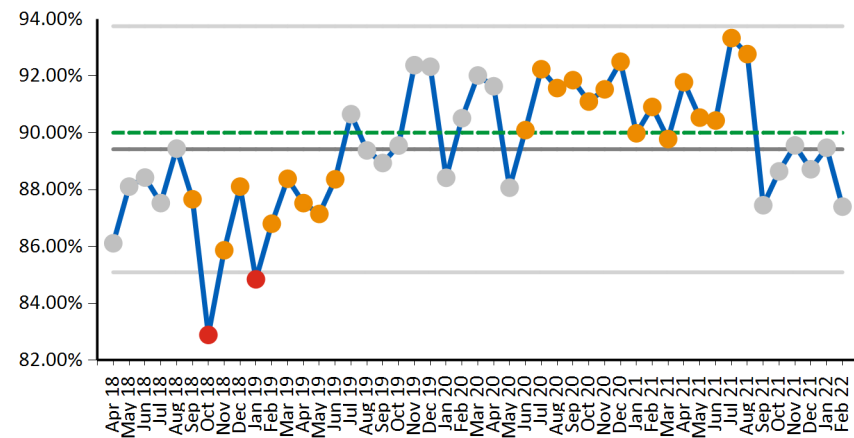
204 - Inductions of labour
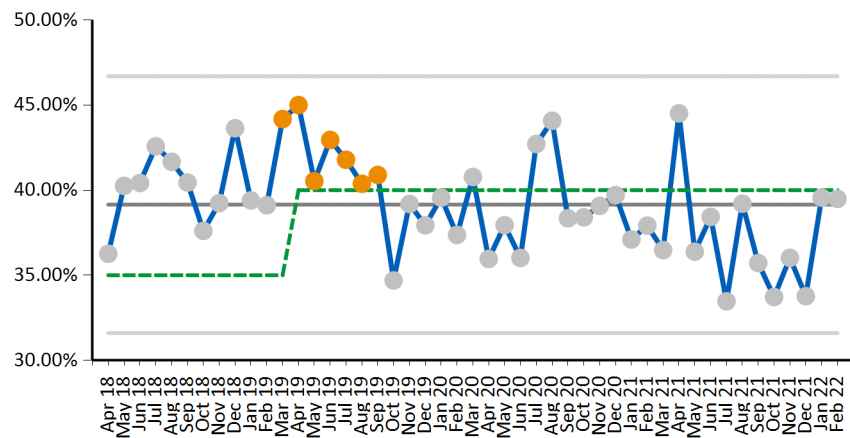
208 - Total C section
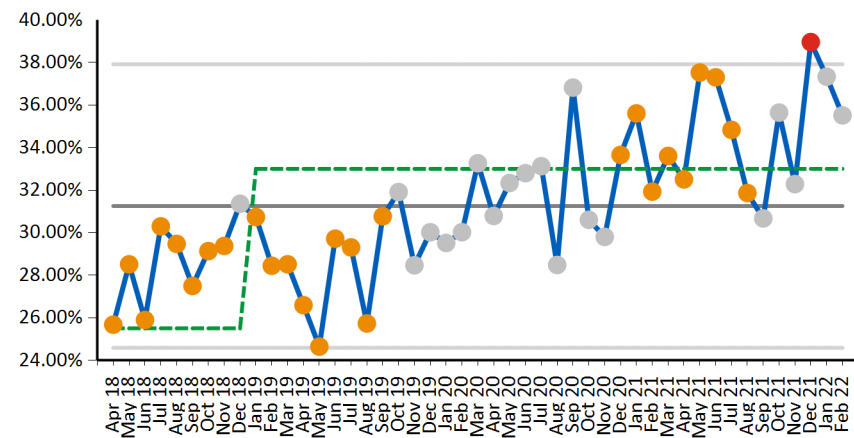
210 - Initiation breast feeding
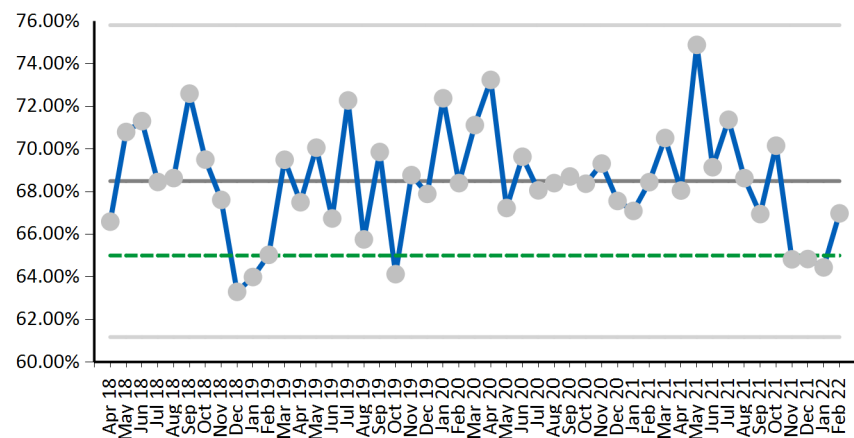
213 - Maternity complaints
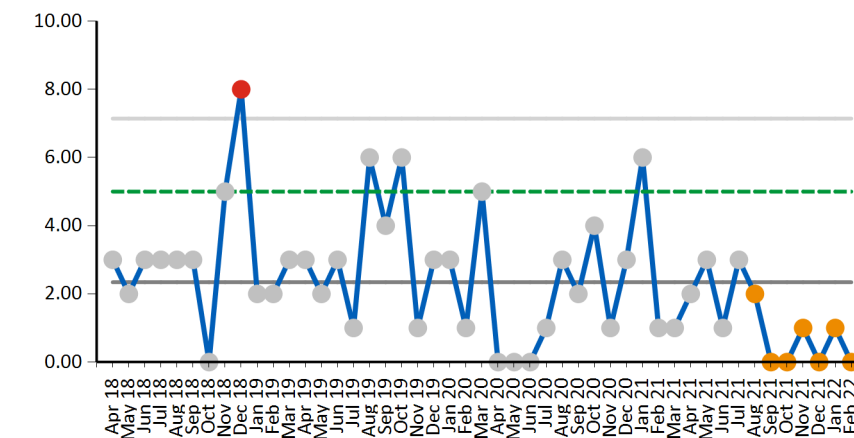
319 - Maternal deaths (direct)
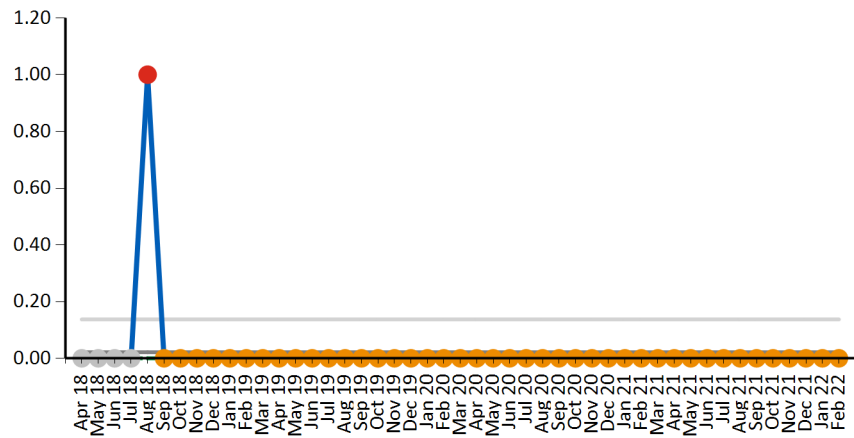
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)
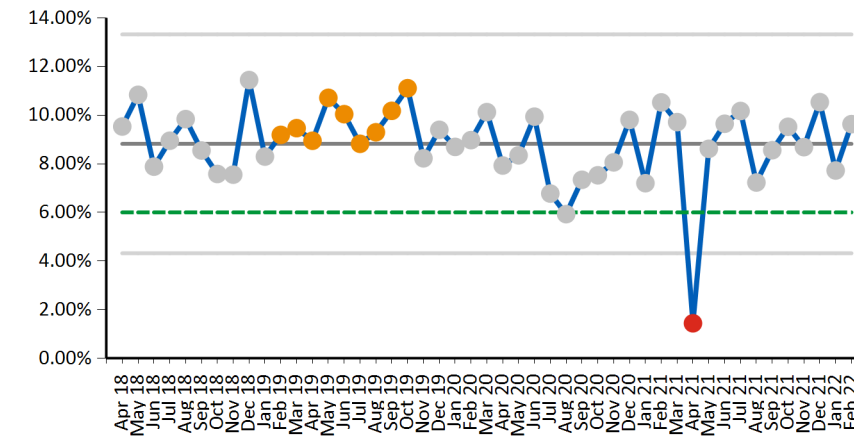
Operational Performance

Access

Ambulance Handovers
Performance for ambulance handover remains variable but with some slight improvement when comparing January with February. New processes are being implemented within the ED to use the NWAS escalation checklist and when safe to release NWAS crews.

RTT
We are working to ensure that we have no patients waiting longer than 104 weeks by the end of June 2022. The specialities with high volumes of 104+ week breaches are Oral Surgery and General Surgery. All of these patients are Clinical Priority 4. To support this, plans are in place to deliver additional activity at Wigan Wrightington and Leigh FT for Oral and Orthopaedic Surgery.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	<= 30	62	Feb-22	H	<= 30	117	Jan-22	<= 330	671	?
8 - Same sex accommodation breaches	= 0	20	Feb-22		= 0	12	Jan-22	= 0	109	?
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	64.3%	Feb-22		>= 75%	75.0%	Jan-22	>= 75%	68.4%	?
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	65.0%	Feb-22	L	>= 92%	64.4%	Jan-22	>= 92%	65.8%	F
42 - RTT 52 week waits (incomplete pathways)	= 0	1,592	Feb-22	H	= 0	1,659	Jan-22	= 0	22,000	F
314 - RTT 18 week waiting list	<= 25,530	31,635	Feb-22	H	<= 25,530	30,177	Jan-22	<= 25,530	31,635	?
53 - A&E 4 hour target	>= 95%	63.9%	Feb-22	L	>= 95%	63.5%	Jan-22	>= 95%	68.8%	F
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0.0%	13.4%	Feb-22	H	= 0.0%	13.8%	Jan-22	= 0.0%	11.1%	F
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	9.23%	Feb-22	H	= 0.00%	14.43%	Jan-22	= 0.00%	7.97%	?
72 - Diagnostic Waits >6 weeks %	<= 1%	35.8%	Feb-22	H	<= 1%	44.5%	Jan-22	<= 1%	32.7%	F
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	75.0%	Feb-22		= 100%	75.0%	Jan-22	= 100%	80.6%	?

7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)
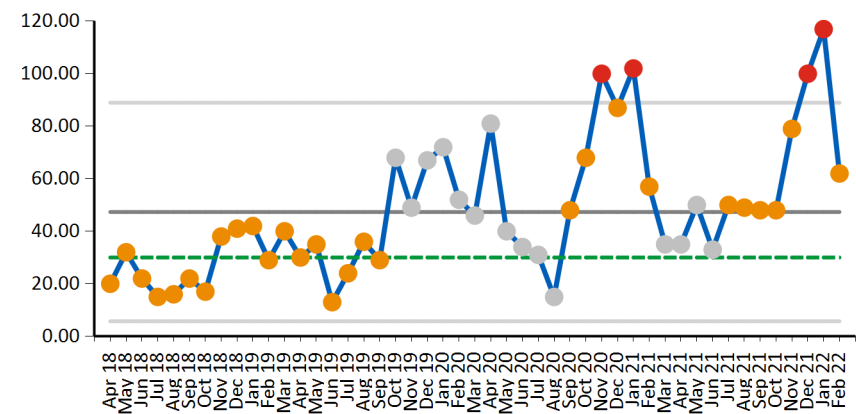
8 - Same sex accommodation breaches
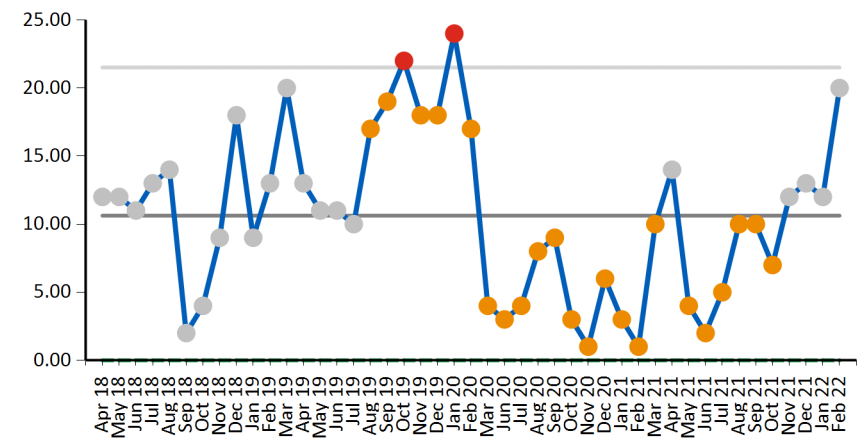
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur
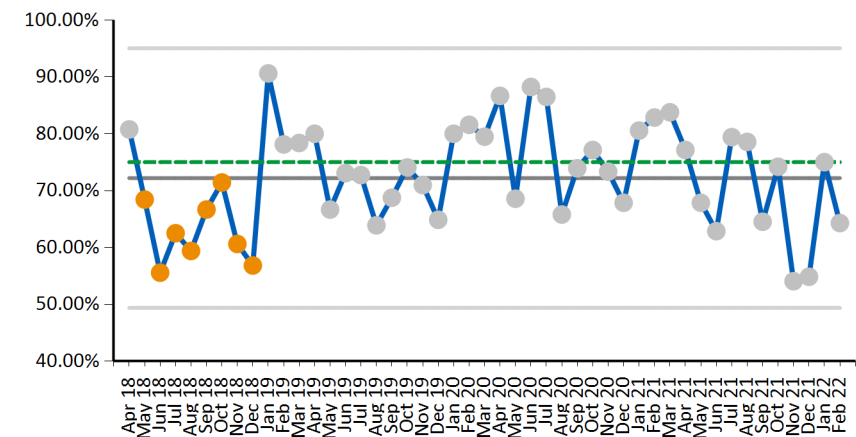
41 - RTT Incomplete pathways within 18 weeks %
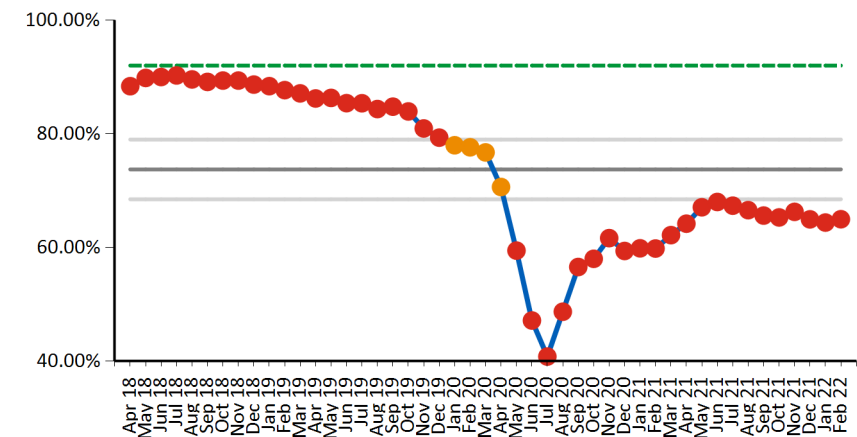
42 - RTT 52 week waits (incomplete pathways)
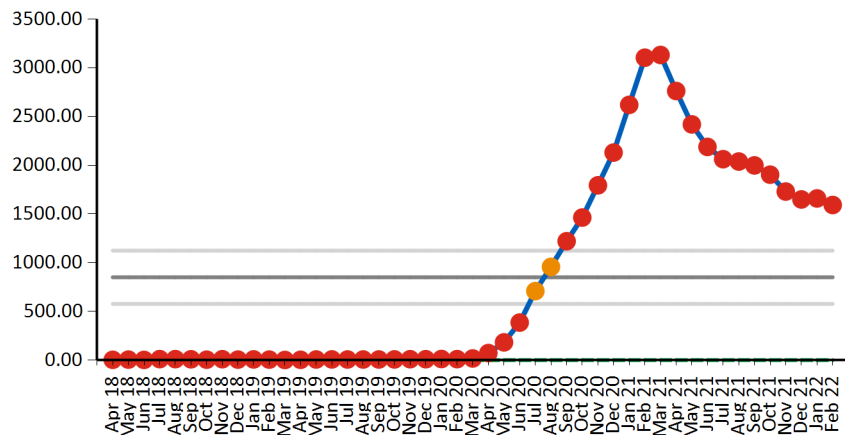
314 - RTT 18 week waiting list
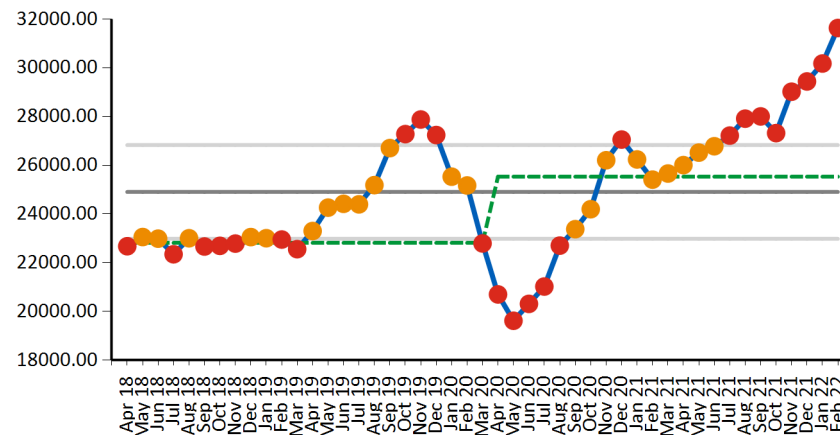
53 - A&E 4 hour target
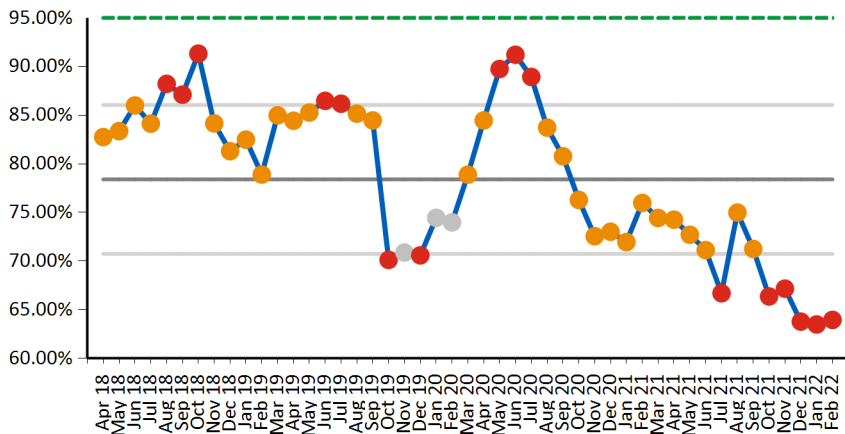
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)
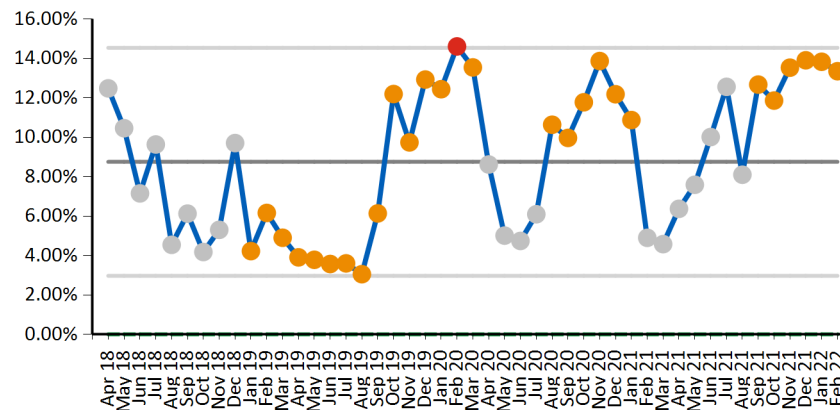
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)
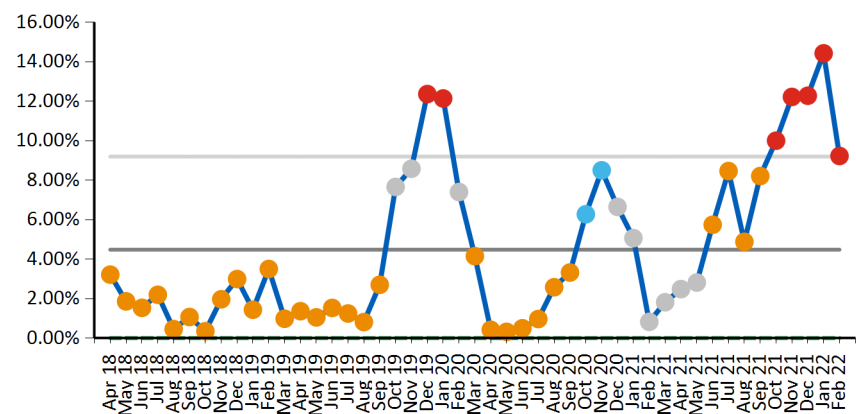
72 - Diagnostic Waits >6 weeks %
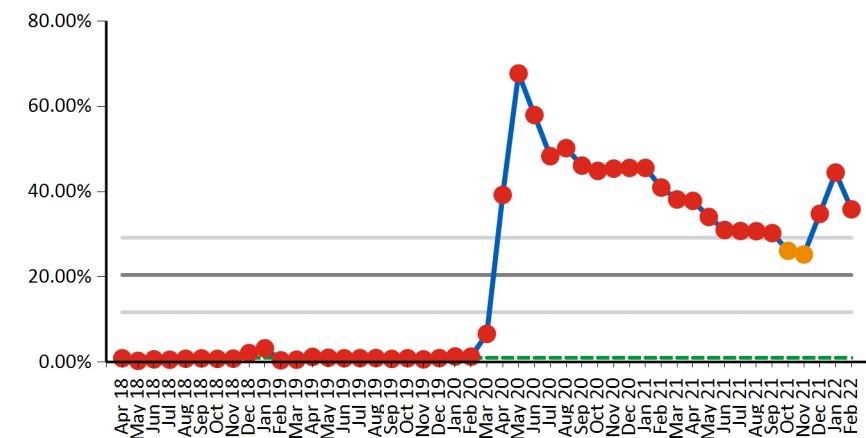
27 - TIA (Transient Ischaemic attack) patients seen <24hrs
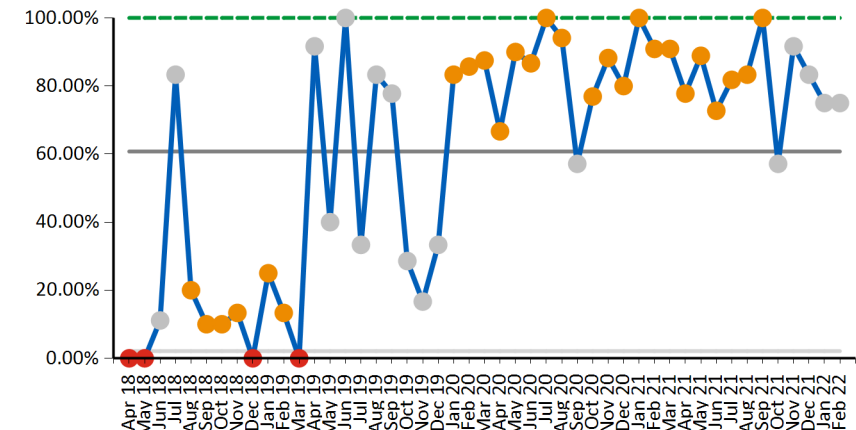
Productivity

Discharges by Midday
This month there is a focused piece of work on early Discharges, with each ward having support from a member of the Senior leadership team to ensure all delays are appropriately escalated and that the principles of SAFER are in place.

No Criteria to Reside
We continue to experience very high numbers of patients at any one time with no Criteria to Reside (NCTR), and the length of time these patients remain in hospital. We are working with system partners to support the improvement of this indicator, including reviewing which winter resilience schemes should be maintained. We are also implementing a number of recommendations from the Emergency Care Improvement Support Team (ECIST), with further support from them planned.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
56 - Stranded patients	<= 200	257	Feb-22		<= 200	284	Jan-22	<= 200	257	?
307 - Stranded Patients - LOS 21 days and over	<= 69	99	Feb-22		<= 69	115	Jan-22	<= 69	99	?
57 - Discharges by Midday	>= 30%	23.6%	Feb-22	L	>= 30%	17.8%	Jan-22	>= 30%	21.5%	?
58 - Discharges by 4pm	>= 70%	58.9%	Feb-22	L	>= 70%	54.8%	Jan-22	>= 70%	59.0%	?
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	10.8%	Jan-22	L	<= 13.5%	11.4%	Dec-21	<= 13.5%	11.3%	?
489 - Daycase Rates	>= 80%	88.6%	Feb-22		>= 80%	91.9%	Jan-22	>= 80%	89.2%	P
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	1.3%	Feb-22		<= 1%	2.5%	Jan-22	<= 1%	1.4%	?
62 - Cancelled operations re-booked within 28 days	= 100%	46.4%	Feb-22		= 100%	54.0%	Jan-22	= 100%	22.7%	?
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.68	Feb-22		<= 2.00	2.66	Jan-22	<= 2.00	2.80	?
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.35	Feb-22		<= 3.70	4.31	Jan-22	<= 3.70	3.94	?
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	72.4%	Dec-21		>= 80%	62.5%	Nov-21	>= 80%	73.1%	?
492 - Average Number of Patients: Criteria to Reside number 7+ Days Post Decision	= 0	54	Feb-22	H	= 0	50	Jan-22	= 0	294	P

| Outcome Measure | Latest | | | | Previous | | | Year to Date | | Target |
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
493 - Average Number of Patients: with no Criteria to Reside		120	Feb-22	(H)		111	Jan-22	>= 405	937	
494 - Average Occupied Days - for no Criteria to Reside		1,352	Feb-22	(H)		1,224	Jan-22		6,453	
496 - Average number of excess bed days incurred since patients with a LoS of 14 days+ were declared as no longer meeting the reasons to reaside criteria (ready for dicharge/medically fit)		1,255	Feb-22			1,129	Jan-22	>= 1,380	5,553	

56 - Stranded patients
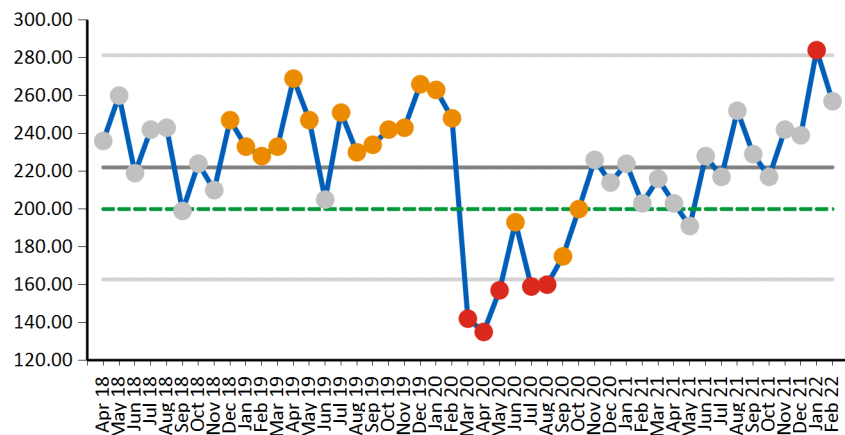
307 - Stranded Patients - LOS 21 days and over
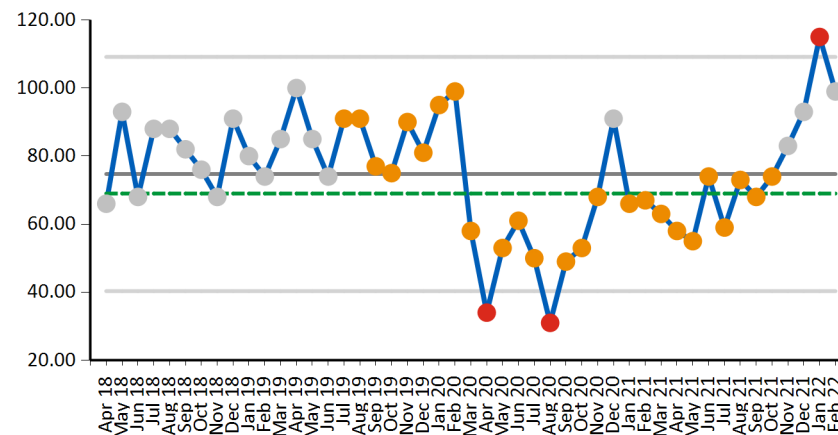
57 - Discharges by Midday
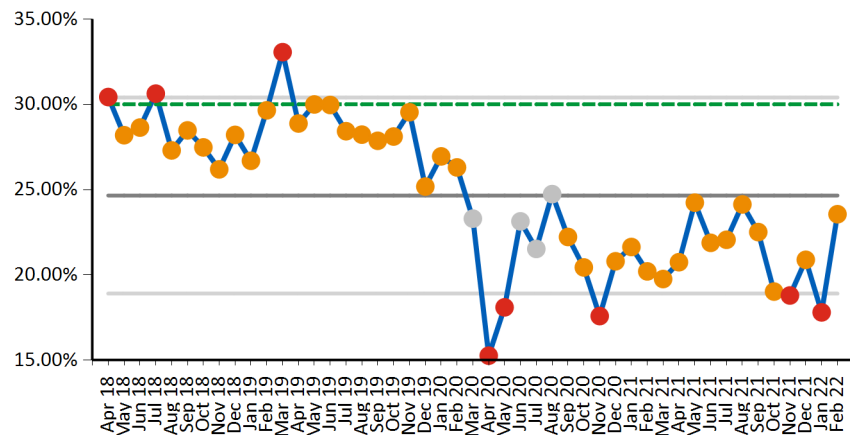
58 - Discharges by 4pm
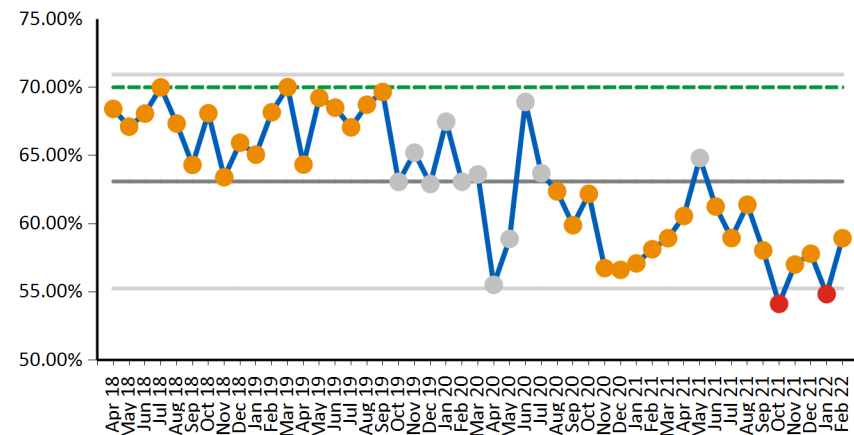
59 - Re-admission within 30 days of discharge (1 mth in arrears)
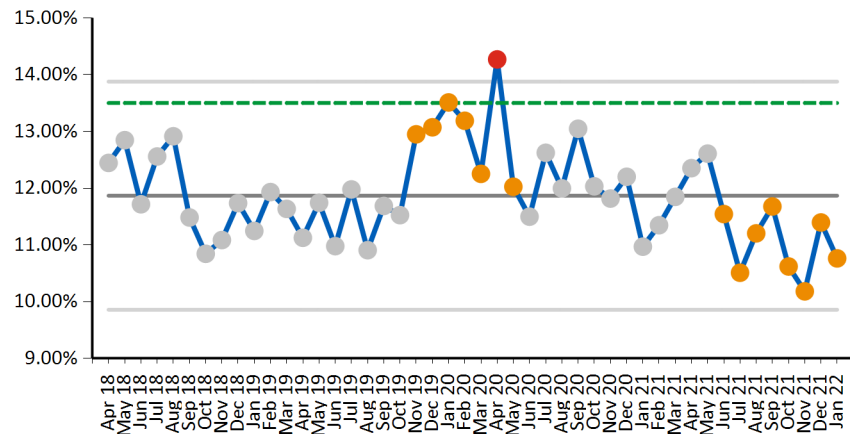
489 - Daycase Rates
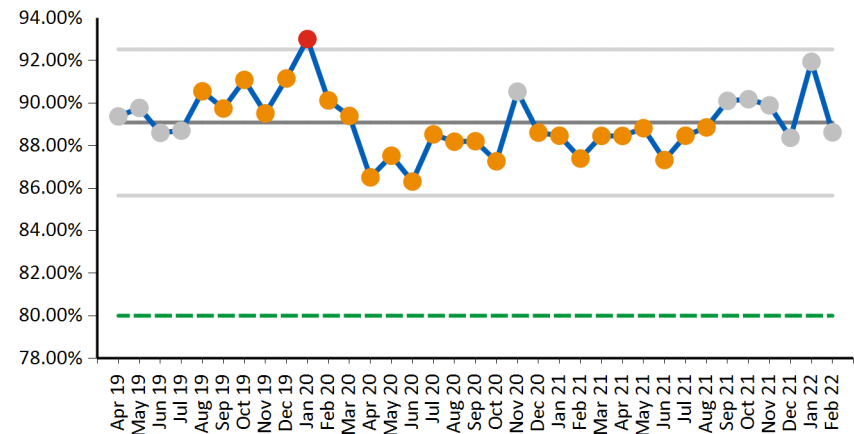
61 - Operations cancelled on the day for non-clinical reasons
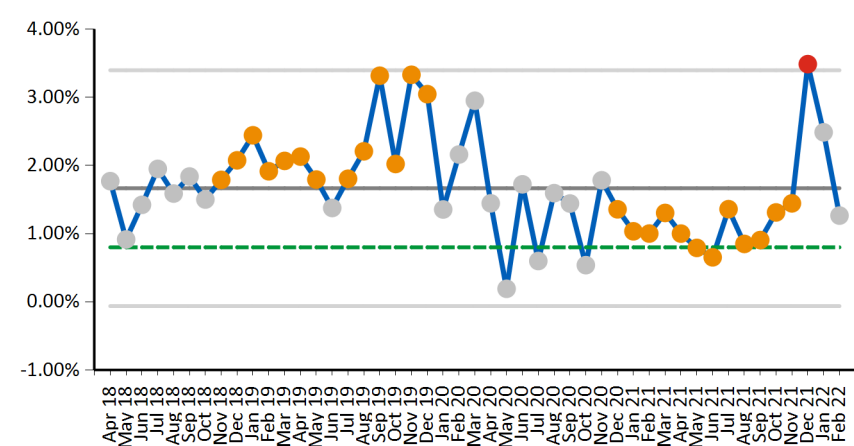
62 - Cancelled operations re-booked within 28 days
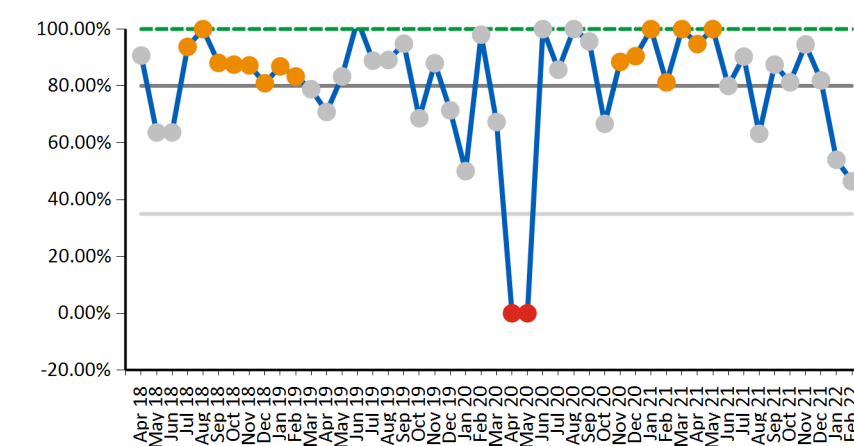
65 - Elective Length of Stay (Discharges in month)
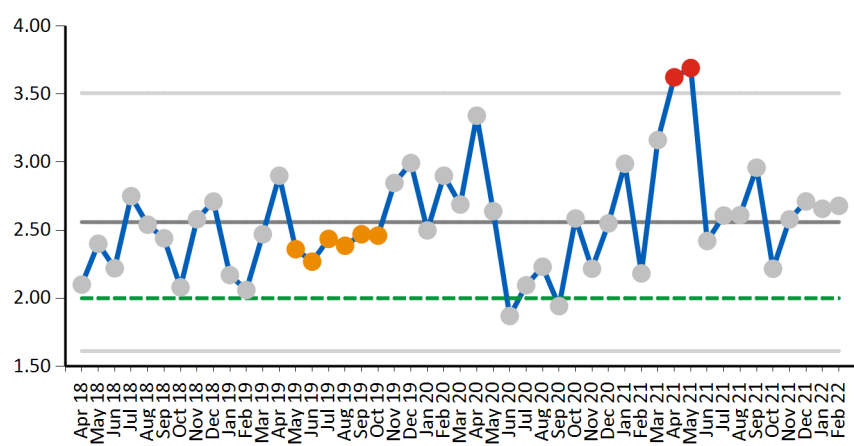
66 - Non Elective Length of Stay (Discharges in month)
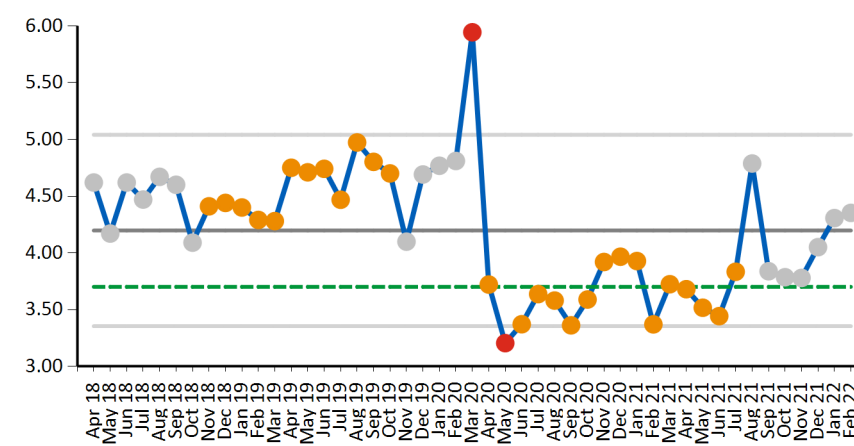
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears
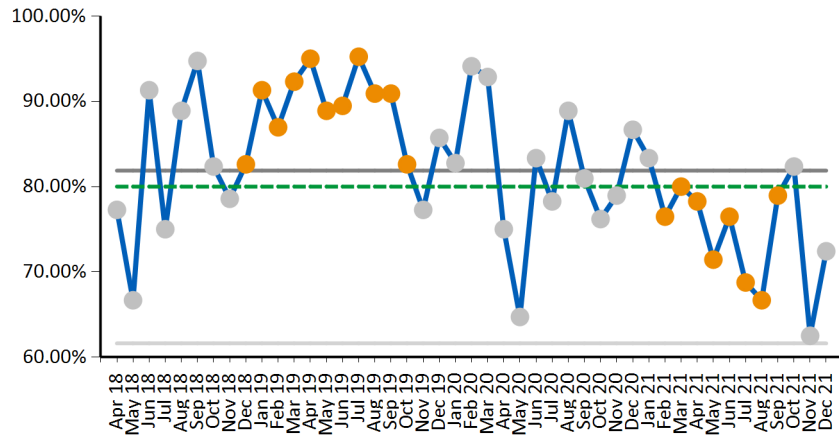
492 - Average Number of Patients: Criteria to Reside number 7+ Days Post Decision
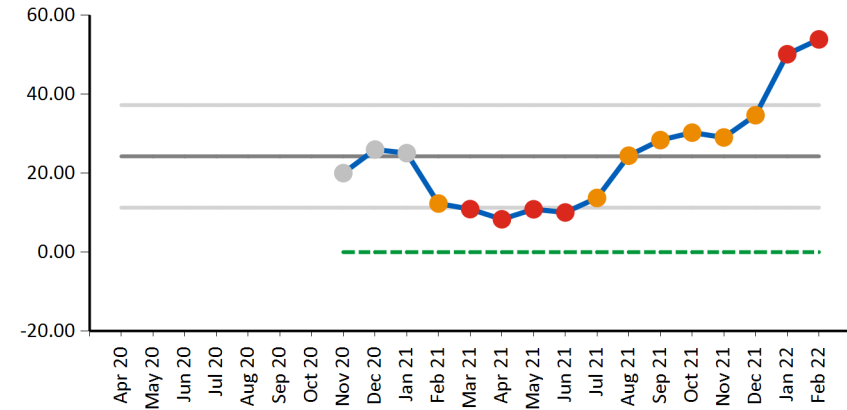
493 - Average Number of Patients: with no Criteria to Reside
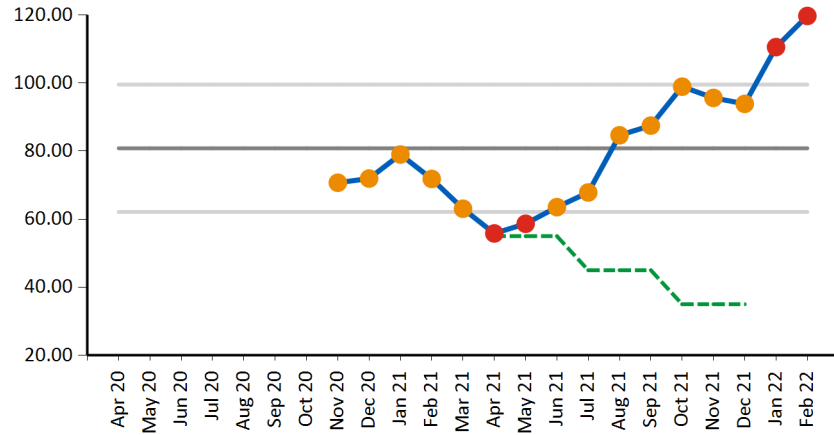
494 - Average Occupied Days - for no Criteria to Reside
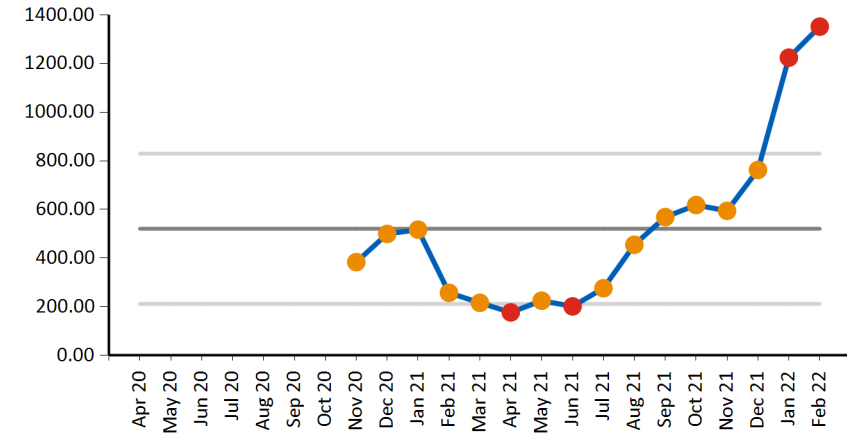
496 - Average number of excess bed days incurred since patients with a LoS of 14 days+ were declared as no longer meeting the reasons to reaside criteria (ready for dicharge/medically fit) - SPC data available after 20 data points
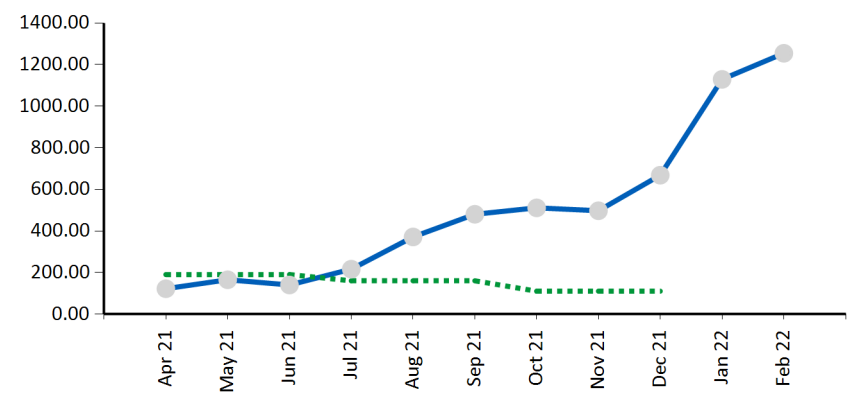
Cancer

2 week wait
Our performance continues to be impacted by high referral volume in breast services. A local action plan is in place focusing on reduction in demand, delivery of assessment through alternative clinical pathways and increasing the Breast Radiology workforce.
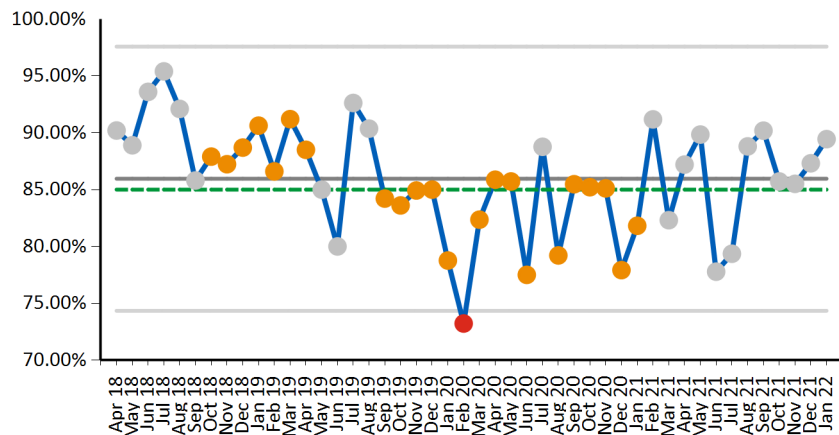
62 Day
We have achieved the 62-day performance target for January at 89.44%, but February and Q4 are at significant risk due to challenges in the breast pathway and also in lung.

Screening
We have failed the screening target at 68.52% for January and is predicted to fail for February. The main reasons for breaches are capacity for Colonoscopy due to consultant availability within Endoscopy and capacity within Breast Surgery. The wait to Colonoscopy has significantly improved to within 14 days over the past 6 weeks and the impact of this will be reflected in Q1 performance.

| Outcome Measure | Latest | | | | Previous | | | Year to Date | | Target |
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
46 - 62 day standard % (1 mth in arrears)	>= 85%	89.4%	Jan-22		>= 85%	87.3%	Dec-21	>= 85%	86.2%	?
47 - 62 day screening % (1 mth in arrears)	>= 90%	68.5%	Jan-22		>= 90%	78.6%	Dec-21	>= 90%	79.6%	?
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	96.0%	Jan-22		>= 96%	97.3%	Dec-21	>= 96%	98.1%	?
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Jan-22		>= 94%	100.0%	Dec-21	>= 94%	96.7%	?
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	85.7%	Jan-22	L	>= 98%	100.0%	Dec-21	>= 98%	98.7%	P
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	75.6%	Jan-22	L	>= 93%	88.9%	Dec-21	>= 93%	93.8%	?
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	24.6%	Jan-22		>= 93%	23.0%	Dec-21	>= 93%	28.6%	F

46 - 62 day standard % (1 mth in arrears)

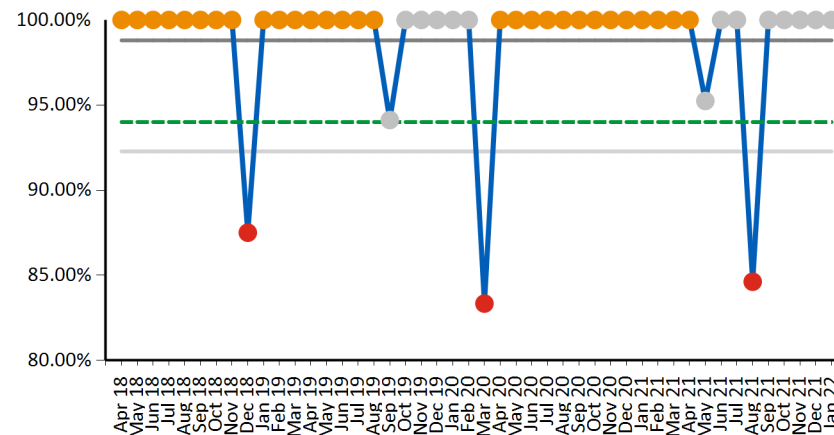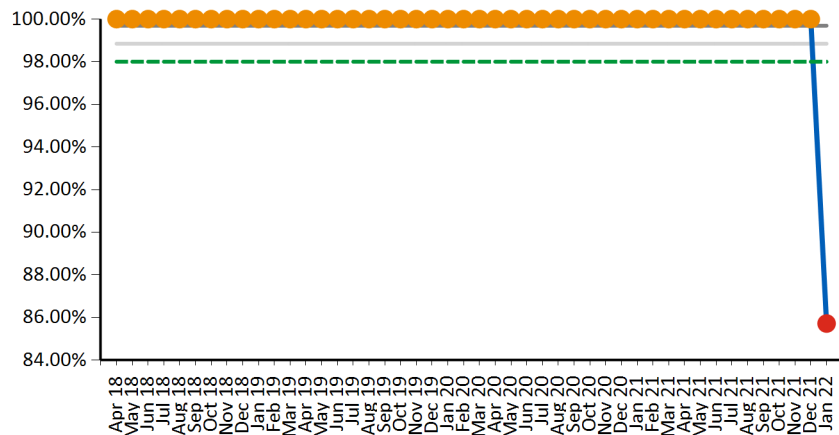**47 - 62 day screening % (1 mth in arrears)**
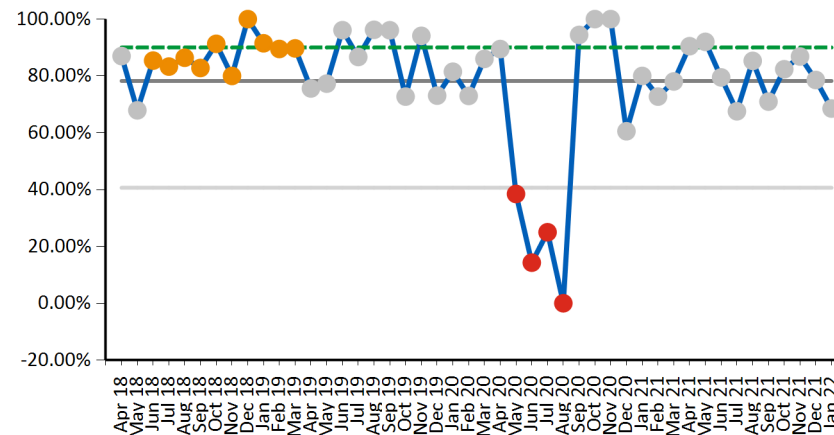
48 - 31 days to first treatment % (1 mth in arrears)
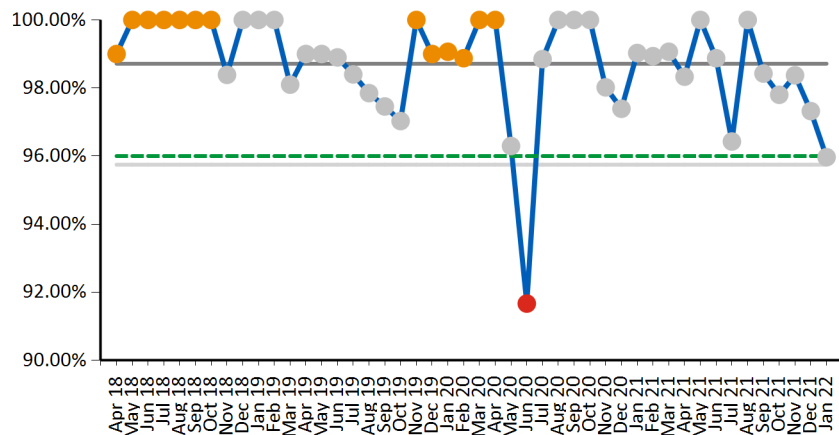
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)

50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)

51 - Patients 2 week wait (all cancers) % (1 mth in arrears)

52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)

Community

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
334 - Total Deflections from ED	>= 400	373	Feb-22	L	>= 400	1,168	Jan-22	>= 4,400	10,041	P
335 - Total Intermediate Tier LOS (weeks)	<= 6.00	5.40	Feb-22	H	<= 6.00	6.01	Jan-22	<= 6.00	5.40	?

334 - Total Deflections from ED

335 - Total Intermediate Tier LOS (weeks)

Workforce
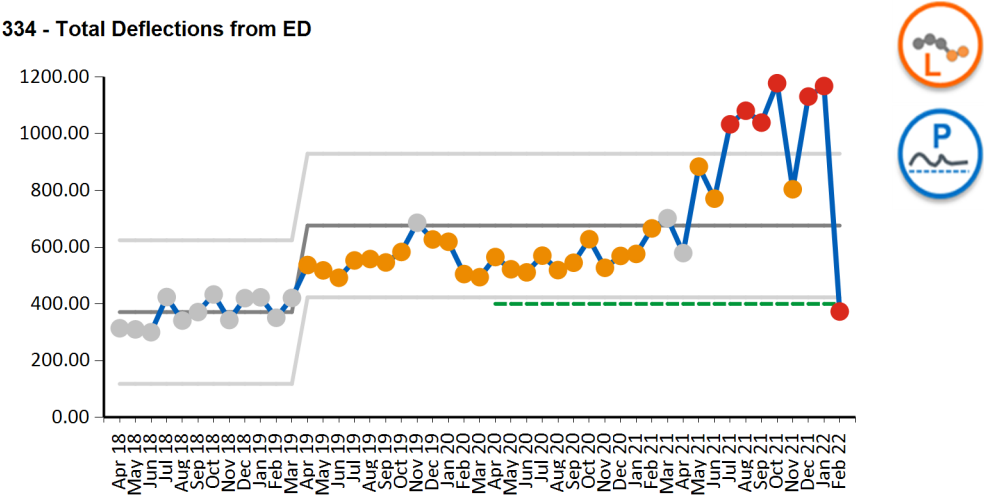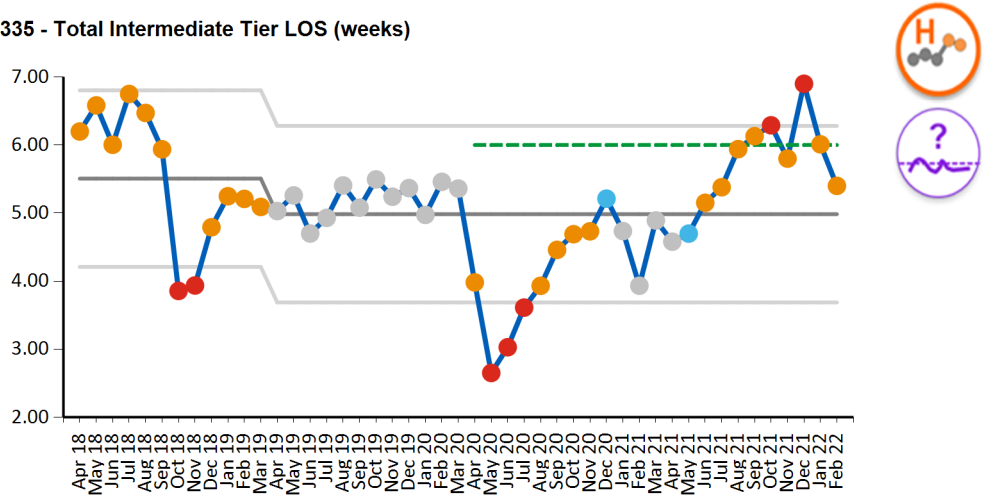
Sickness, Vacancy and Turnover

Board members will note that sickness has decreased again to 5.2%. Bolton continues to benchmark well against comparator Trusts in GM. Close support is in place by the Divisions and the Covid Attendance Team.

Staff shortages remain a concern and People Committee are sighted on the range of activities underway, including current international recruitment to fill clinical gaps as well as pro-active recruitment to attract new qualified registrants as well as unregistered staff.

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
117 - Sickness absence level - Trust	<= 4.20%	5.20%	Feb-22	H	<= 4.20%	5.63%	Jan-22	<= 4.20%	5.41%	F
120 - Vacancy level - Trust	<= 6%	6.60%	Feb-22		<= 6%	6.60%	Jan-22	<= 6%	6.36%	?
121 - Turnover	<= 9.90%	14.23%	Feb-22	H	<= 9.90%	13.70%	Jan-22	<= 9.90%	13.47%	F
366 - Ongoing formal investigation cases over 8 weeks		1	Feb-22			1	Jan-22		22	

117 - Sickness absence level - Trust
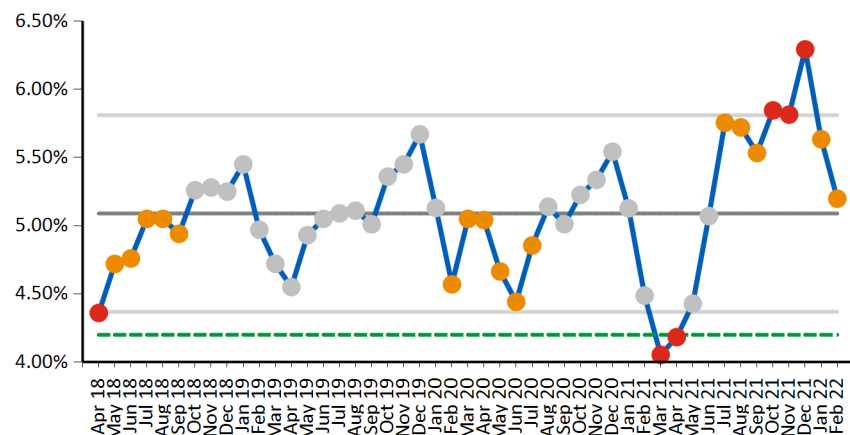
120 - Vacancy level - Trust
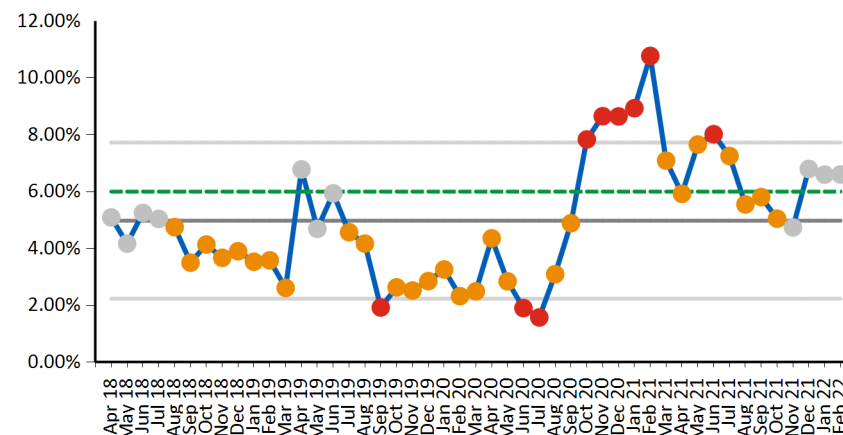
121 - Turnover
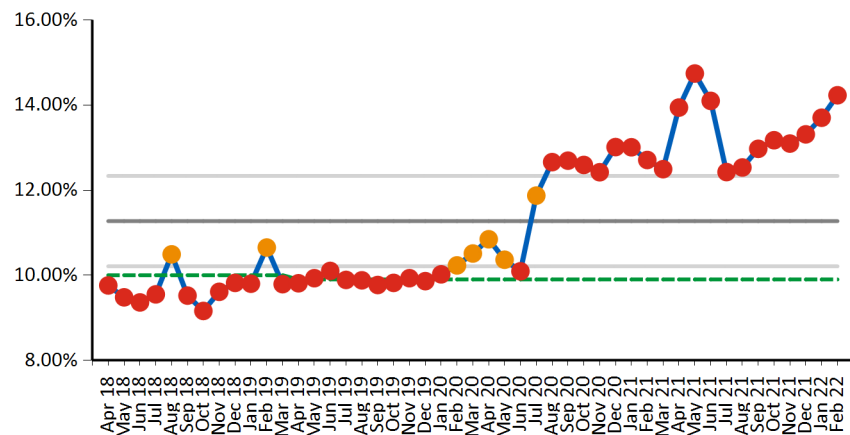
366 - Ongoing formal investigation cases over 8 weeks
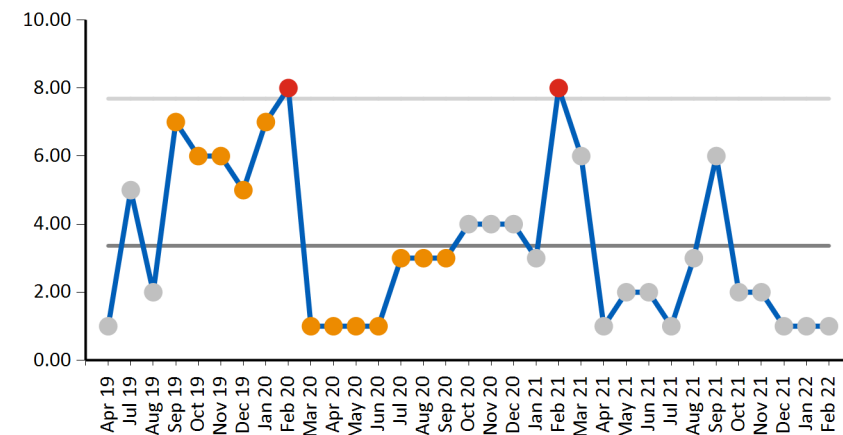
Organisational Development

Releasing clinical staff to complete statutory and mandatory training remains a challenge within the context of significant operational pressures and high staff absence. Also we are continuing to hold face-to-face mandatory clinical training updates off-site due to the lack of suitable space on the RBH site. Training compliance remains an area of constant focus and scrutiny by the People Development Steering Group. A comprehensive recovery plan has been implemented which includes:

• delivering bespoke BLS and moving and handling sessions within clinical areas where space is available;
• providing detailed analysis at divisional level to understand training non-compliance;
• establishing a task & finish group to understand issues linked to ESR and the OLM system which may have made it more difficult for staff to complete their on-line training;
• moving BLS training to online delivery followed by a 10-minute face-to-face competency assessment;
• developing a new and more sustainable training delivery model; and
• exploring ways we can increase the accessibility to training.

The People Committee will receive the full recovery plan and forecasted compliance levels at their meeting in April 2022.

Appraisal compliance levels are also continuing to decline. Detailed analysis and targeted actions are being supported by HR Business Managers and the People Development Team.
FABB briefing sessions for managers continue to be delivered bi-weekly and bespoke briefings are taking place to help increase completion rates. The FABB conversation toolkit will be refreshed by May 2022 and further work will be carried out to ensure that all line managers are using the right approach and tools. In addition to the provision of employee and manager guides on the FABB conversation tools, a short video illustrating the approach is in development and will be launched.

| Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
37 - Staff completing Statutory Training	>= 95%	86.5%	Feb-22	L	>= 95%	87.9%	Jan-22	>= 95%	91.2%	?
38 - Staff completing Mandatory Training	>= 85%	85.0%	Feb-22	L	>= 85%	85.3%	Jan-22	>= 85%	88.7%	P
39 - Staff completing Safeguarding Training	>= 95%	88.37%	Feb-22	L	>= 95%	89.06%	Jan-22	>= 95%	92.68%	?
101 - Increased numbers of staff undertaking an appraisal	>= 85%	79.0%	Feb-22	L	>= 85%	79.6%	Jan-22	>= 85%	79.7%	?
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	69.0%	Q4 2021/22		>= 66%	70.8%	Q2 2021/22	>= 66%		
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	61.5%	Q4 2021/22		>= 80%	63.3%	Q2 2021/22	>= 80%		

37 - Staff completing Statutory Training
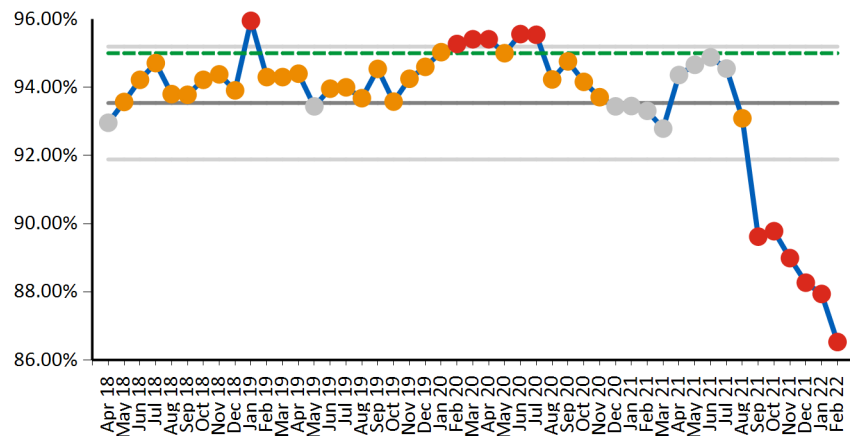
38 - Staff completing Mandatory Training
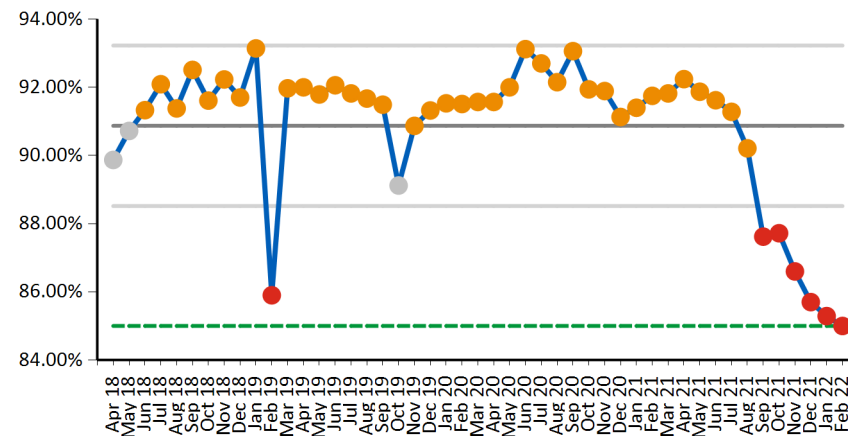
39 - Staff completing Safeguarding Training
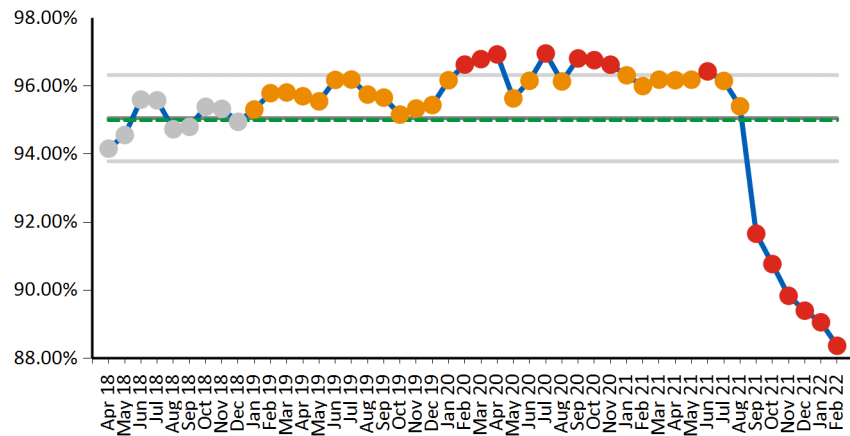
101 - Increased numbers of staff undertaking an appraisal
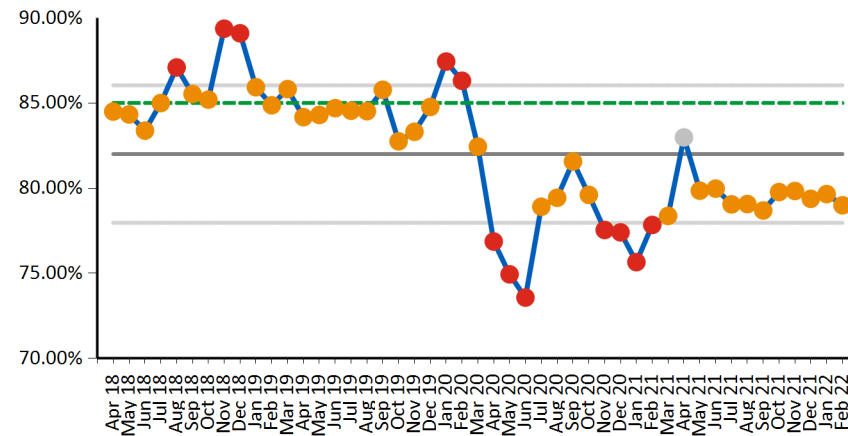
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears) - SPC data available after 20 data points
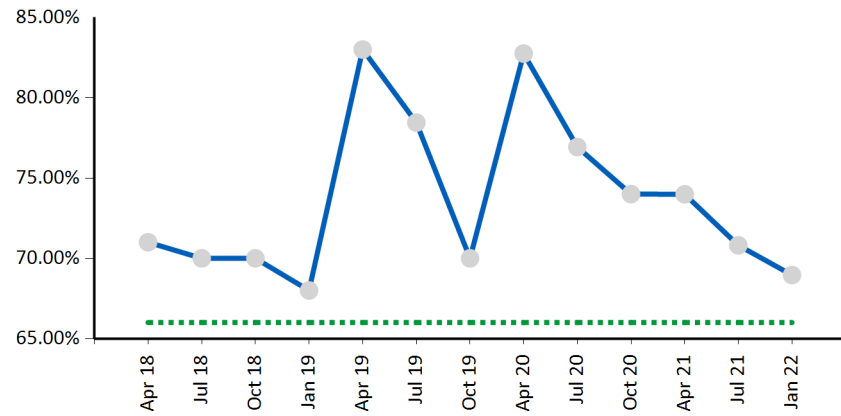
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears) - SPC data available after 20 data points
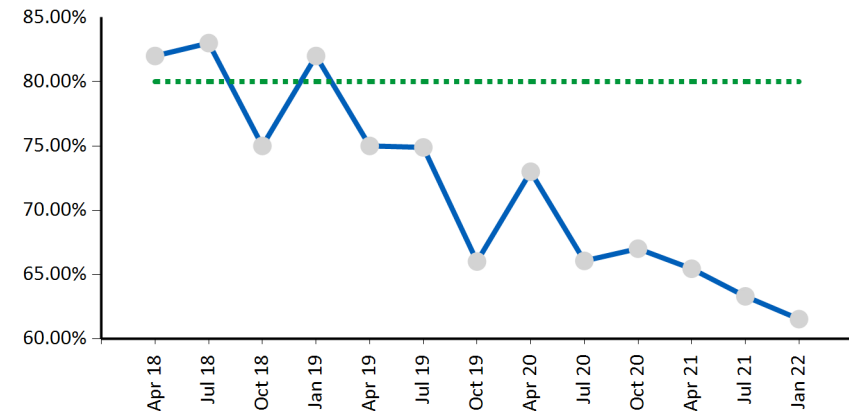
Agency

Agency usage and spend are regularly reported to People Committee as well as the actions in place to support, including escalation controls, market management and more competitive bank rates. Nursing agency spend has reduced in month by £700k+ and whilst Medical locum spend has increased this is mainly attributable to Consultant locum cover.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
198 - Trust Annual ceiling for agency spend (£m)	<= 0.54	1.76	Feb-22	(H)	<= 0.54	1.83	Jan-22	<= 6.11	15.56	(F)
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.23	0.80	Feb-22	(H)	<= 0.23	0.94	Jan-22	<= 2.68	7.93	(F)
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.23	0.87	Feb-22	(H)	<= 0.23	0.78	Jan-22	<= 2.80	6.10	(?)

198 - Trust Annual ceiling for agency spend (£m)
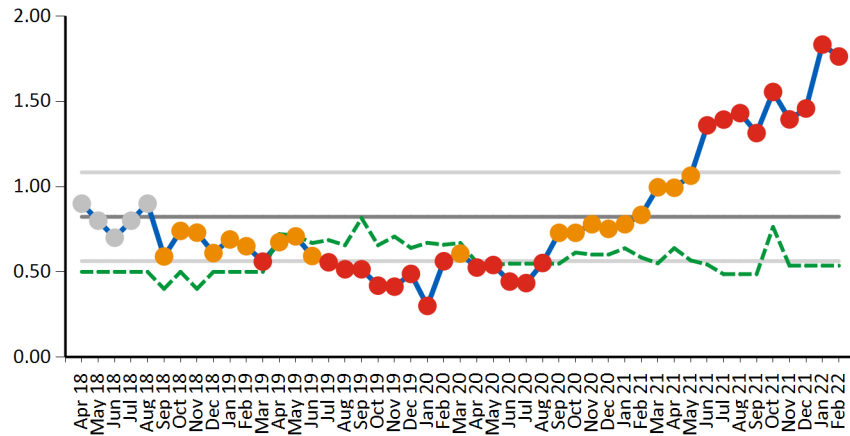
111 - Annual ceiling for Nursing Staff agency spend (£m)
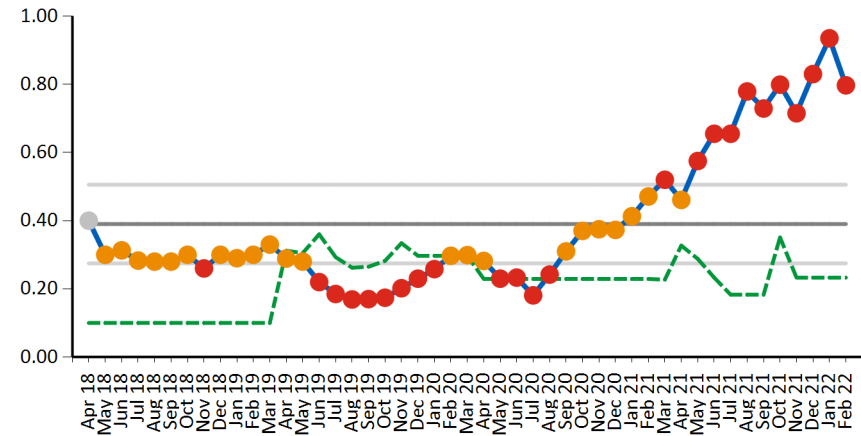
112 - Annual ceiling for Medical Staff agency spend (£m)
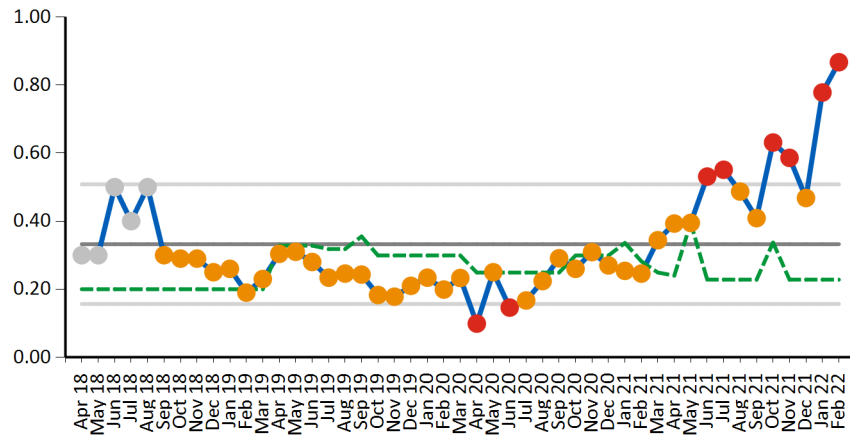
Finance

Finance

Revenue Performance Year to Date
• We have a year to date deficit of £0.1m
• An additional £6m of non-recurrent funding has been provided by GM. £5m of this funding has been recognised in Month 11.
• Revenue performance is currently rated green
• Action to increase CIP delivery and improve controls on variable pay

Revenue Performance Forecast Outturn
• The Trust is currently forecasting a break even financial position for 21/22
• Forecast outturn is currently rated green

Cost Improvement
• The current trackers indicate that savings of £3.7m has been delivered YTD against a target of £9.5m
• An additional £5.7m of non-recurrent savings has been delivered YTD leaving a shortfall of £0.1m against the YTD Target
• CIP is rated amber as there is a significant reliance on non-recurrent schemes.
• Action to focus on identifying and delivering recurrent CIP

Variable Pay
• We spent £3.1m on variable pay in month 11 which was in line with expenditure in Month 10
• Variable pay is rated red as spend is significantly above plan.
• Action to improve controls and staff availability

Capital Spend
• Year to date spend is £16.0m.
• Forecast capital spend for 2021/2022 of £23.9m.
• MOU's totalling £14.3m have been received and funds drawn down.
• Capital is rated as amber as a result of the associated risks.

Cash Position
• We had cash of £42.2m at the end of the month.
• Cash is rated green as there are no concerns around cash flow this year.

Loans and PDC
• We have loans of £39.6m.
• Rated green as there are no concerns in this area.

Better Payment Practices Code
• Year to date we have paid 89.0% of our invoices within 30 days. This is below the target of 95%, hence rated amber.
• Action to review and improve performance is underway

Use of Resources Rating
• This is not being reported following the suspension of normal financial reporting arrangements due to Covid.

Outcome Measure	Latest					Previous			Year to Date		Target
	Plan	Actual	Period	Variation		Plan	Actual	Period	Plan	Actual	Assurance
220 - Control Total (£ millions)	>= -4.3	-4.1	Feb-22			>= -4,462.0	-3.7	Jan-22	>= -4,478.8	-23.6	
222 - Capital (£ millions)	>= 9.2	9.2	Feb-22			>= 0.9	0.9	Jan-22	>= 15.9	16.0	
223 - Cash (£ millions)	= 0.0	42.2	Feb-22			= 0.0	36.7	Jan-22	= 0.0	42.2	

220 - Control Total (£ millions)
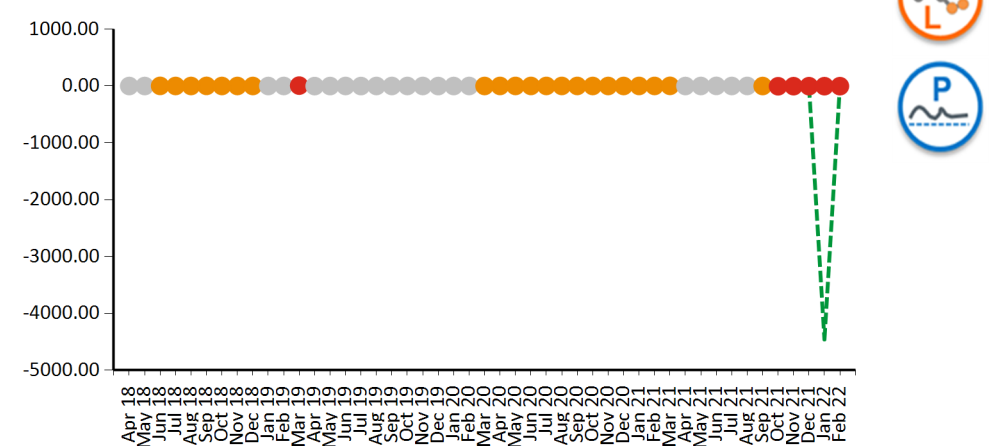
222 - Capital (£ millions)

223 - Cash (£ millions)

Indicator	Target	Council Lab Ledger	AED-Adults	AED-Paeds	A4	ACU	B1 (Frailty Unit)	B2	B3	B4	BCAU	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	DL	EU (daycare)	H3 (Stroke Unit)	Critical Care	DCU (daycare)	E3	E4	F3	F4	F6	G3/TSU	G4/TSU	H2 (daycare)	R1	UU (daycare)	Overall	CDS	E5	F5	Ingleside	M2 (AN)	M3 (Birth)	M4 (PN)	M5 (PN)	M6	NICU
Average Beds Available per day	N/a	32	0	0	22	10	22	26	21	24	19	25	26	25	22	10	13	25	22	22	27	12	5	22	18	25	25	25	24		24	25	11	9	4	823	15	38	8	4	26	5	22	22	17	38	
Hand Washing Compliance %	Target = 100%	100.0%	N/R	100.0%	90.0%	95.0%	95.0%	90.0%	100.0%	90.0%	N/R	100.0%	75.0%	N/R	95.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	65.0%	100.0%	100.0%	100.0%	100.0%	N/R	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	95.0%		
IPC Rapid Improvement Tool % (Gen)	Target = 95%		77.8%	86.7%			100.0%	65.0%	89.5%	88.9%		100.0%	79.0%	89.5%	65.0%	89.5%	94.7%	100.0%	95.0%	100.0%	100.0%	100.0%	88.9%	73.7%	100.0%	100.0%	84.2%	100.0%	89.5%	100.0%	80.0%	94.7%		100.0%	94.7%	92.4%	100.0%	95.0%	100.0%	95.0%	95.0%	100.0%	94.1%	
IPC Rapid Improvement Tool % (Med)	Target = 95%		65.0%	94.7%			100.0%	90.5%	100.0%	95.8%		100.0%	87.0%	95.2%	65.2%	95.5%	94.4%	95.8%	100.0%	100.0%	100.0%	100.0%	93.3%	87.5%	95.2%	100.0%	95.7%	100.0%	100.0%	91.7%	95.8%	91.3%	87.0%		88.9%	93.1%	100.0%	80.0%	100.0%	95.2%	90.0%	95.5%	95.5%	100.0%	89.5%	
Mattress Audit Compliance %	Target = 100%	100.0%			100.0%		100.0%	100.0%	100.0%	100.0%		100.0%	100.0%			100.0%		100.0%	100.0%	100.0%	100.0%		100.0%	96.5%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.9%	100.0%	100.0%	100.0%		100.0%	98.7%	100.0%			
C - Diff	Target = 0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	5	0	0	0	0	0	0	0	0	
MSSA BSIs	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	1	
E.Coli BSIs	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
MRSA acquisitions	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
All Inpatient Falls (Safeguard)	Target = 0	5	7	0	4	0	15	10	5	4	5	2	5	12	7	0	4	7	5	1	1	0	0	6	0	0	1	1	2	2	3	1	0	0	0	117	0	2	0	0	0	0	0	0	
Harms related to falls (moderate+)	Target = 1.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
VTE Assessment Compliance	Target = 95%	100.0%	91.8%		0.0%	0.0%	25.0%	0.0%	93.4%	100.0%		100.0%	96.2%	56.0%	86.4%	94.3%	96.1%	97.1%	91.4%	100.0%		99.8%	77.8%		100.0%	99.1%	100.0%	98.1%	100.0%	95.8%	100.0%	100.0%	99.6%	100.0%	97.7%	95.8%	91.5%		99.1%	90.0%	100.0%	92.6%	92.6%		
New pressure Ulcers (Grade 2)	Target = 0	0	2	0	1	0	1	0	0	0	0	0	1	0	0	1	0	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	12	0	0	0	0	0	0	0	0	
New pressure Ulcers (Grade 3)	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
New pressure Ulcers (Grade 4)	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
New pressure Ulcers (unstageable)	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	
Monthly KPI Audit %	Target = 95%	97.8%	85.7%	93.0%	N/R	N/R	83.6%	75.1%	90.6%	89.5%	N/R	83.1%	88.2%	93.4%	67.0%	94.5%	93.8%	92.9%	81.5%	91.3%	91.3%	100.0%	100.0%	90.8%	N/R	100.0%	90.7%	87.4%	96.6%	89.7%	87.3%	93.8%	80.4%	91.3%	N/R	99.0%	83.6%	98.0%	100.0%	100.0%		97.8%	98.3%	97.7%	92.3%	92.5%	
BoSCA Overall Score %	s<=55,b>55, b>75,g>90		75.3%	75.3%			69.0%	59.4%	56.8%			81.6%	75.6%	72.7%	71.7%	84.3%	76.4%	61.2%	73.7%	92.9%	73.5%	71.8%	86.3%	75.3%	85.3%		86.8%	72.8%	91.8%	67.1%		75.1%	67.0%		88.2%	90.3%	90.1%	71.4%	71.4%	80.3%	90.3%	82.5%	
BoSCA Rating	b>75,g>90		silver	silver			bronze	bronze	bronze			silver	silver	bronze	bronze	silver	silver	bronze	bronze	platinum	bronze	bronze	silver	silver	silver		silver	bronze	platinum	bronze		silver	bronze		silver	gold	platinum	platinum		platinum	gold	bronze	bronze	silver	gold	Silver
FFT Response Rate	Target = 30%	19.4%	2.6%		0.0%	0.0%	11.1%	0.0%	3.1%	72.7%	11.3%	80.6%	0.0%	18.2%	8.8%	61.1%	70.7%	100.0%	30.6%	37.9%		29.1%	0.0%	0.0%	29.4%	7.3%	1.8%	18.1%	8.8%	16.5%	34.7%	21.7%	29.2%	46.5%	19.5%	32.7%	9.1%	0.0%	16.7%	16.6%	100.0%	116.1%	19.5%	
FFT Recommended Rate	Target = 97%	33.3%	84.9%	96.2%			100.0%		100.0%	93.8%	83.3%	94.0%		100.0%	33.3%	100.0%	94.8%	100.0%	90.9%	96.0%		94.8%			95.9%	33.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.2%	95.0%	95.9%	85.2%	100.0%		85.2%	100.0%	85.2%	73.3%	73.3%	100.0%	100.0%	95.9%	
Number of complaints received	Target = 0	4	0	0	0	0	1	1	0	1	0	0	0	2	0	0	0	1	1	0	0	0	0	0	0	1	2	0	0	0	0	0	0	1	0	18	0	0	0	0	0	0	0	0	
Serious Incidents in Month	Target = 0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
Incidents ≥ 20 days, not yet signed off	Target = 0	1	92	5	6	1	0	2	6	0	0	2	18	7	11	0	2	1	6	5	0	0	0	1	0	0	2	0	2	3	0	3	4	1	0	1	281	89	0	0	0	4	0	0	4	2	
Harm related to Incident (Moderate+)	Target = 0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	4	
Appraisals	Target = 85%		86.2%		88.1%	80.0%	77.1%	50.0%	47.5%	76.9%	70.6%	70.6%	75.6%	81.0%	86.0%	74.1%	80.0%	79.6%	77.5%	86.5%	88.1%	83.3%	73.7%	62.5%	86.7%	69.2%	88.2%	70.4%	84.1%	76.2%	89.5%	97.8%	83.8%	90.0%		100.0%	74.0%	78.1%	90.8%		0.0%	54.2%	40.0%	71.9%	30.0%	64.4%	
Statutory Training	Target = 95%		79.06%		87.63%	93.01%	78.42%	54.17%	60.96%	73.91%	82.6%	73.51%	81.94%	78.34%	72.57%	87.55%	86.81%	83.30%	84.36%	91.79%	82.82%	81.25%	92.63%	74.44%	90.55%	93.89%	82.57%	89.96%	89.82%	75.86%	88.20%	81.91%	84.50%	89.74%		98.44%	81.6%	77.6%	87.4%		56.3%	80.8%	77.8%	81.8%	73.6%	80.71%	
Mandatory Training	Target = 85%		82.72%		92.5%	84.5%	76.7%	67.3%	69.5%	71.2%	79.1%	74.1%	80.7%	77.7%	75.5%	87.7%	87.9%	84.2%	84.4%	92.3%	85.2%	84.6%	91.4%	74.8%	92.9%	93.8%	88.0%	86.2%	93.2%	73.5%	84.9%	85.9%	91.9%		100.0%	82.4%	88.7%	86.7%	100.0%	45.5%	94.0%		93.6%	79.5%	72.9%	83.1%	
% Qualified Staff (Day)							91.1%	89.8%	90.8%	92.7%		91.9%	89.5%	93.8%	92.6%			88.9%	97.3%			91.4%	83.8%		94.9%		110.2%	107.0%		97.7%												
% Qualified Staff (Night)							107.5%	134.5%	103.6%	103.7%		100.0%	104.1%	126.7%	110.7%			102.4%	112.4%			98.8%	82.8%		151.8%		108.1%	176.8%		101.2%								74.9%	87.7%	100.0%		76.5%	78.4%	100.0%		
% un-Qualified Staff (Day)							84.1%	127.6%	79.4%	67.6%		100.5%	78.9%	80.0%	64.2%			93.7%	103.5%			99.2%	116.4%		87.2%		100.5%	88.6%		100.6%								74.5%	71.8%	100.0%		44.6%	46.7%	47.5%		
% un-Qualified Staff (Night)							126.5%	216.5%	96.0%	91.0%		104.7%	100.0%	87.4%	95.5%			100.0%	130.6%			103.6%	104.8%		95.1%		128.6%	135.7%		102.7%								89.1%	85.6%	100.0%		96.4%	38.5%	58.1%		
Budgeted Nurse: Bed Ratio (WTE)	1.52		12.21	-7.91	-7.91	1.58	0.00	-1.53	4.24	0.00	3.53	0.00	19.02	1.61	3.44	4.32	10.25	3.37	2.12	-0.04	3.11	-0.29	0.00	0.33	-0.78	5.77	-3.12	4.88	15.10	-3.90	9.24	0.94	6.25	11.50	0.00	0.00	-1.94	114.75	-4.28	1.05	1.05	8.61	1.71	12.48	-2.68	-1.52	5.72	9.44
Current Budgeted WTE (Ledger)			50.34	73.28	73.28	43.34		38.03	60.08	0.00	26.93		45.05	33.71	41.23	42.69	60.93	19.97	50.82	40.30	40.01	39.97		40.70	36.15	113.81	32.75	35.52	41.23	37.79	30.21	18.07	44.50	44.49			16.01	1745.21	86.31	33.42	33.42	66.93	22.00	22.12	26.34	26.34	51.47	105.69
Actual WTE In-Post (Ledger)			38.13	81.19	81.19	41.76		39.56	55.84	0.00	23.40		26.03	32.10	37.79	38.37	50.68	16.60	48.70	40.34	36.90	40.26		40.37	36.93	108.04	35.87	30.64	26.13	41.69	20.97	17.13	38.25	32.99			17.95	1618.25	90.59	32.37	32.37	58.32	20.29	9.64	29.02	27.86	45.75	96.25
Actual Worked (Ledger)			51.08	101.17	101.17	66.73		50.57	56.54	0.22	23.94		48.58	43.71	45.20	47.67	54.76	26.11	59.25	49.82	42.21	49.82		49.35	41.78	120.81	35.20	44.64	31.96	48.72	43.74	23.93	52.06	51.77			19.72	1971.29	98.49	36.10	36.10	61.27	21.50	8.04	34.82	36.15	51.33	105.27
Sickness (%)	Target < 4.2%		5.21%		3.95%	9.07%	14.31%	13.95%	9.50%	14.91%	13.08%	12.96%	8.25%	6.65%	11.40%	5.26%	0.00%	3.95%	4.71%	4.73%	6.01%	21.63%	6.71%	7.91%	5.92%	8.93%	12.21%	9.61%	4.79%	13.06%	3.91%	9.27%	10.73%	2.81%		5.72%	7.96%	9.45%	7.60%		2.04%	3.30%	2.95%	7.53%	7.30%		
Current Budgeted Vacancies		-12.95		-19.98	-19.98	-24.97	0.00	-11.01	-0.70	-0.22	-0.54	0.00	-22.55	-11.61	-7.41	-9.30	-4.08	-9.51	-10.55	-9.48	-5.31	-9.56	0.00	-8.98	-4.85	-12.77	0.67	-14.00	-5.83	-7.03	-22.77	-6.80	-13.81	-18.78	0.00	0.00	-1.77	126.96	-7.90	-3.73	-3.73	-2.95	-1.21	1.60	-5.80	-8.29	-5.58	-9.02
Pending Appointment																																								0.00								
Substantive Staff Turnover	Target < 10%		7.4%		13.2%	0.0%	13.0%	44.4%	5.2%	33.3%	28.6%	29.7%	18.0%	14.3%	17.3%	0.0%	5.6%	17.7%	25.6%	23.3%	17.8%	12.5%	16.1%	4.8%	10.7%	7.1%	22.5%	19.4%	10.4%	59.3%	6.7%	12.5%	20.8%	14.9%		11.4%	17.60%	11.0%	6.9%		50.0%	14.9%	43.2%	12.5%	9.2%	11.7%	7.96%

Data Legend

No data returned	N/R
No Eligible patients	

WTE data is for Nursing staff only. The figures do not
include Admin, Therapists or Doctors.

BOSCA Colours - white, bronze, silver, gold, platinum

Indicator	Target	Admission Avoidance	Acute Therapies	Anti-coagulant Team	Asylum & Refugee/Homeless & Vunerable	Bladder & Bowel Service	Community IV Therapy	Diabetes & Endo	Dietetics	Falls	Neurology & LTC	Podiatry	Rheum-atology	SLT	Stroke	Wheel-chair Service	Avondale	Breightmet & Little Lever	Crompton	Farnworth	Great Lever	Horwich	Pikes Lane	Waters Meeting	West-houghton	Evening Service	North	South	Overall
Hand Washing Compliance %	Target = 100%	N/R		N/R	N/R	N/R	100.0%				N/R		100.0%				100.0%	N/R			100.0%	N/R	N/R	N/R	N/R	N/R	N/R	N/R	100.00%
Monthly New pressure Ulcers (Grade 2)	Target = 0	1	0	0	0	0	0		0	0	0	1	0	0	0	0	2	2	0	1	1	2	2	0	3	0		1	16
Monthly New pressure Ulcers (Grade 3)	Target = 0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
Monthly New pressure Ulcers (Grade 4)	Target = 0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
Monthly New pressure Ulcers (Unstageable)	Target = 0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		0	1
Monthly KPI Audit %	Target = 95%	96.9%			97.5%	98.3%	98.8%					100.0%		92.1%		97.8%	98.8%	98.7%	97.4%	96.1%	94.7%	98.8%	98.6%	97.3%	95.4%	98.8%	96.4%	94.79%	96.00%
BoSCA Overall Score %	w=<55%, B>55%, S>75%, G>90%																94.74%	91.01%	94.22%	85.51%	93.60%	94.33%	97.23%	83.06%	97.11%	94.79%	95.60%	89.86%	93%
BoSCA Rating																	platinum	platinum	platinum	silver	platinum	platinum	platinum	silver	platinum	platinum	gold	silver	platinum
Friends and Family Response Rate %	Target = 30%	5.0%		0.0%	0.0%	30.0%	0.0%	2.8%	2.1%	100.0%	0.9%	4.1%	7.0%	0.0%	15.4%	0.0%					17.3%						0.0%		3.80%
Friends and Family Recommended Rate %	Target = 97%	100.0%			100.0%			83.3%	87.5%	100.0%	0.0%	97.3%	83.8%		100.0%						97.4%								52.30%
Number of Complaints received	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0		1
Sickness (%)	Target is < 4.2%	11.5%	4.4%	9.8%	14.21%	0.0%	2.5%	4.4%	0.45%	5.1%	4.0%	2.3%	7.5%	0.2%	9.4%	0.0%	1.1%	7.8%	2.8%	6.8%	1.1%	14.2%	0.0%	2.0%	3.3%	0.4%	10.4%		4.36%
Total WTE with 19.81% Headroom (Sickness, Training etc)																													
Substantive Staff Turnover Headcount (rolling average 12 months)	Target is < 10%	10.3%	10.1%	31.6%	0.0%	0.0%	14.8%	17.2%	29.2%	7.6%	27.7%	10.0%	19.5%	5.4%	12.1%	23.5%	12.1%	17.6%	0.0%	0.0%	16.7%	0.0%	16.0%	13.3%	0.0%	9.1%	10.9%		11.74%
12 month Appraisal	Target = 85%	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	81.0%	100.0%	60.9%	71.4%	97.3%	94.4%	88.2%	89.3%	100.0%	82.4%	93.8%	100.0%	100.0%	75.0%	83.3%	88.9%	90.9%	92.3%	90.3%	95.8%		82.79%
12 month Statutory Training	Target = 95%	93.3%	94.7%	93.9%	84.0%	94.3%	94.5%	87.0%	94.8%	92.3%	92.4%	95.5%	94.7%	92.4%	92.3%	98.3%	81.6%	90.8%	94.4%	89.5%	89.6%	87.5%	86.1%	84.1%	93.3%	95.2%	94.2%		83.98%
12 month Mandatory Training	Target = 85%	93.4%	91.0%	92.1%	87.8%	79.3%	91.7%	88.5%	95.4%	91.2%	94.4%	92.0%	91.4%	92.6%	91.2%	90.9%	82.3%	91.3%	92.6%	88.5%	88.8%	89.2%	93.4%	84.0%	94.4%	95.2%	97.6%		92.58%

Data Legend

No data returned	N/R
No Eligible patients	

WTE data is for Nursing staff only. The figures do not include Admin, Therapists, Relief Team or Doctors & so will not marry up with the community performance report.

Home visits on this report excludes Groups so will not marry up with the community performance report.

BOSCA Colours - white, bronze, silver, gold, platinum