Bolton NHS Foundation Trust – Board Meeting 25th April 2019

Location: Boardroom Royal Bolton Hospital **Time: 0900**

Time		*Topic*	*Lead*	*Process*	*Expected Outcome*
09:00		Patient Story		Verbal	For the Board to hear a recent patient story to bring the patient into the room (Press and public may be excluded to preserve confidentiality)
09:20	1.	Welcome and Introductions	Chairman	verbal	
	2.	Apologies for Absence	Trust Sec.	Verbal	Apologies noted
	3.	Declarations of Interest	Chair	Verbal	To note any declarations of interest in relation to items on the agenda
09:25	4.	Minutes of meeting held 29th March 2019	Chair	Minutes	To approve the previous minutes
	5.	Action sheet	Chair	Action log	To note progress on agreed actions
	6.	Matters arising	Chair	Verbal	To address any matters arising not covered on the agenda
09:35	7.	Chair's Report	Chair	Verbal	To receive a report on current issues
09:40	8.	CEO Report including reportable issues	CEO	Report	To receive a report on any reportable issues including but not limited to SUIs, never events, coroner reports and serious complaints
Safety Quality and Effectiveness					
09.50	9.	Quality Assurance Committee – Chair Report 17th April 2019	QA Chair	Report	QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board
	10.	Finance and Investment Committee – Chair Report 23rd April 2019	FC – Chair	Report	FC Chair to provide a summary of assurance from the F&I Committee and to escalate any items of concern to the Board
	11.	Urgent Care Delivery Board - Chair Report 9th April 2019	CEO	Report	To receive a report on the Urgent Care Delivery Board
	12.	Charitable Fund Committee – Chair Report 13th March 2019	CFC – Chair	Report	CFC Chair to provide a summary of assurance from the CFC Committee and to escalate any items of concern to the Board
10.30	13.	Cancer performance update	COO	Verbal	To receive an update on cancer performance

Time		*Topic*	*Lead*	*Process*	*Expected Outcome*
10.40	14	CQC Report	DoN	Report	To note
10.50	15.	Performance Report	All	Report	To discuss the metrics on the integrated performance report

Coffee

Safety Quality and Effectiveness					
11.30	16.	Go Engage		Presentation	
Reports from Sub-Committees (for information)					
	17.	Any other business			
Questions from Members of the Public					
	18.	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					
12.00	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				

Lunch and visits to wards and departments

Meeting	Board of Directors Meeting – Part One
Time	09.00
Date	29th March 2019
Venue	Boardroom RBH

Present:-

Mr D Wakefield	Chairman	DW
Dr J Bene	Chief Executive	JB
Mrs T Armstrong-Child	Director of Nursing/Deputy Chief Executive	TAC
Mr A Thornton	Non-Executive Director	AT
Dr F Andrews	Medical Director	FA
Mr A Ennis	Chief Operating Officer	AE
Ms B Ismail	Non-Executive Director	BI
Mrs S Martin	Director of Strategic Transformation	SM
Mr J Mawrey	Director of Workforce	JM
Mr M North	Non-Executive Director	MN
Mr A Stuttard	Non-Executive Director	AS
Mrs A Walker	Director of Finance	AW
Mrs J Njoroge	Non-Executive Director	JN

In attendance:-

Mrs E Steel	Trust Secretary	ES

Three observers in attendance

Apologies

Dr M Brown

Declarations of Interest

Mrs E Steel Company Secretary iFM Bolton

1. Patient Story

Mrs RW attended to share her story of treatment for breast cancer diagnosed following a mammogram in April 2012. Mrs RW took accepted an offer to participate in a trial extending routine mammograms to women under the age of 50 (she was 47 when she had the mammogram). Abnormalities were identified and RW was treated for breast cancer with a lumpectomy with clear margins and follow up of chemotherapy, radiotherapy and hormone treatment – treatment was completed in December 2013 and she was given the all clear.

In 2017 she identified that something wasn't right and on investigation it was apparent that the cancer had returned, this time she opted for a mastectomy and reconstruction. Treatment was successful with good aftercare including chemotherapy which she opted to have by tablet in Bolton rather than IV at the Christie – RW made this decision on the basis that she preferred to spend her energy on recovering rather than travel which she had found an issue during her previous treatment.

Reconstruction surgery was scheduled for July 2018 but was cancelled on the morning of the operation and rescheduled for September 18, the final step in the procedure of nipple tattoo will be undertaken at North Manchester as this service is not provided in Bolton.

Mrs RW advised that all aspects of her treatment had been exceptional and could not be faulted.

Resolved: Board members thanked Mrs RW for her story illustrating the importance of screening, the impact of travel on patients and the importance of being able to access care in a local hospital.

After Mrs RW left the meeting Board members discussed the importance of patient choice and the impact of travel. Actions were agreed to understand why nipple tattooing is not currently offered in Bolton and to provide a briefing on the different forms of chemotherapy.

FT/19/17	AE to pick up re provision of nipple tattoo as part of breast reconstruction
FT/19/18	FA to follow up on comparison of different chemo treatments – update through QA committee

4. Minutes of The Board Of Directors Meetings held 28th February 2019

The minutes of the meetings held on 28th February 2019 were approved as a true and accurate reflection of the meeting.

5. Action Sheet

The action sheet was updated to reflect progress made to discharge the agreed actions.

6. Matters Arising

There were no matters arising.

7. Chairman's Report

Mr Wakefield used his last Chairman's update as an opportunity to reflect on the differences between his first and last Board meetings as Chairman of Bolton NHS

FT and the progress the Trust has made with investment to improve infrastructure including A&E, urology and endoscopy, good harm free care metrics and CQC rating of good and five years of strong financial performance.

8. Chief Executive report

The Chief Executive presented the CEO report providing a summary of reportable incidents, awards, recognition and media interest.

In response to a question about the replacement of the memorial garden sculpture, the Trust Secretary advised that the Trust had received a number of donations and had set up a "Just Giving" page in response to public offers of support.

A GM response will be provided to the national consultation on legislative changes – the response will be shared with Board members

The Board Assurance Framework was not included in the written CEO report as this is currently being updated alongside the new operational plan.

Resolved: the board noted the CEO update.

FT/19/19	GM response to consultation on legislative changes proposals to be shared	JB

9. Quality Assurance Committee Chair Report

In the absence of Dr Brown who had chaired the March meeting of the QA committee, The Chief Executive presented a summary of the meeting held on 20th March 2019. Key points for the Board to note were as follows:

- The Medical Director with support from Dr Donaldson provided a report on the pneumonia mortality audit undertaken in response to a CHKS outlier alert. The review provided assurance that there are no concerns with regard to the quality of care or coding however some further work is required particularly with regard to community advance care planning to avoid unnecessary admission and provide appropriate palliation.
- The Committee approved the Quality Account priorities for 2019/20 – these will be Diabetes, Pneumonia and Hydration – the management of sepsis will remain a high priority and the sepsis working group will continue to meet to monitor actions.
- The Risk Management Committee escalated concerns with regard to security at community premises within the town centre, the Committee were assured that staff concerns are being heard and action is being taken to ensure staff feel safe. The Chief Operating Officer advised that the issue has also been raised with the police who have responded with increased patrols.
- The IT Committee escalated the risk of a delay to EPR – this is being monitored through the Digital Transformation Board.

Resolved: The Board noted the report from the Chair of the Quality Assurance Committee.

10. Finance and Investment Committee Chair Report

The NED Chair of the Finance and Investment presented his report from the meeting held on 21st March 2019.

The committee received the month 11 report and discussed the projected position for year end and plans for 19/20.

Trust is forecasting to achieve the £1.6m control total and will therefore receive PSF allocation which will improve the Trust's cash position and support the capital programme. The Use of Resources rating remains as 2.

The Chairman reminded Board members of the national context with 95 acute trusts in deficit including their PSF monies making this an excellent achievement.

The plan for 2019/20 will be considered in the part two Board meeting.

Resolved: The Board noted the report from the Finance and Investment Committee

11. Workforce Assurance Committee Chair Report

The Chief Executive presented the chair's report from the Workforce Assurance Committee and highlighted the following areas:

Sickness absence remains a challenge however the Acute Adult division have achieved a significant reduction, a deeper analysis to learn from this is being undertaken and will be reported to the April meeting of the Committee.

Progress has been made on reducing agency expenditure but this remains above target

The workforce inclusion report highlighted that while there are some good ideas and intent robust action is required to ensure the Trust is truly inclusive.

The Committee felt that the report from the Guardian of Safeworking did not provide sufficient information for members to be assured; further engagement is required with the clinical body to improve knowledge of the role and understanding of the issue. The Medical Director advised that he was confident that the required data would be provided and that he would work with the workforce team to develop the role and the report.

Resolved: the board noted the Workforce Assurance Committee Chair report

12 Mortality Update

The Medical Director presented an update on mortality data including the background to the metrics commonly used and an overview of the Trusts results against each of the mortality metrics.

The Medical Director guided Board members to focus on the SHMI metric which has increased from 111 to 114 and is higher than expected. As reported in the QA Committee Chair report a detailed review of pneumonia mortality was undertaken, the information team also modelled the impact of removing ambulatory care patients from the metric – the previous medical director had flagged that this could result in an increase in HSMR and this change to reporting coupled with a high number of pneumonia cases has had an impact on the

HSMR metric.

Board members spent some time discussing the statistical basis for the results and the impact of removing ACU data – the Chief Executive confirmed that there had not been a national directive with regard to counting ACU data and the majority of Trusts had continued to record within the figures.

Board members discussed the sources of assurance including the pneumonia audit as reported in the QA chair report and from mortality reviews and while accepting that coding within the Trust was good noted that the change to EPR would improve clinician recording, particularly for depth of coding and co-morbidities.

Resolved: the Board noted the update on mortality.

13. Staff Survey

The Director of Workforce presented the results of the 2018 staff survey, 44.1% of the 1250 staff surveyed responded – an increase compared to 2017 and higher than average for acute and community trusts. The Trust achieved a very positive set of results across all themes with the Trust rated the highest in GM for staff engagement and the highest in the UK for two of the indicators relating to quality of care and staff morale. An update on Go Engage is planned for the April Board meeting.

Board members welcomed the results achieved alongside good quality of care and sound financial performance.

In response to a question about staff learning from incidents, the Director of Nursing advised that learning from incidents is shared on a regular basis, staff are also asked about incidents and learning from incidents as part the BOSCA assessment which Board members recognised as being a strong tool for engagement and pivotal to the strength of the organisation.

Resolved: Board members noted the results of the staff survey and the proposed publicity to be undertaken in relation to these results.

14. Integrated Performance Report

Board members reviewed the Integrated Performance Report considering the metrics within the report and focusing on areas in response to questions and as directed by the executive team.

Resolved: the Board noted the integrated performance report

19. Any other business

None

20. Questions from members of the public

No questions submitted

Date and Time of Next Meeting

25 April 2019

March 2019 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/19/11	28/02/2019	Performance Report	Briefing note to be provided by email to explain the increase in emergency readmissions	AE	Mar-19	email
FT/19/03	31/01/2019	Storage	update on actions to address storage challenge	AE	Apr-19	verbal update
FT/19/17	29/03/2019	Patient Story	AE to pick up re provision of nipple tattoo as part of breast reconstruction	AE	Apr-19	verbal update
FT/19/06	31/01/2019	Cancer performance	update on performance following changes to breach allocation	AE	Apr-19	cancer performance update
FT/19/20	29/03/2019	Financial Plan	Update on ICIP risk and trajectory to April Board	AW	Apr-19	agenda item
FT/19/18	29/03/2019	Patient Story	FA to follow up on comparison of different chemo treatments	FA	May-19	follow up through QA Committee
FT/19/05	31/01/2019	Emergent organisms	Board development session from microbiology team	TAC	May-19	
FT/18/105	29/11/2018	SI report knife to skin	Provide assurance through the QA Committee with regard to theatre safety and assurance with regard to locum competencies	FA	May-19	
FT/19/15	28/02/2019	Ward visits	update on practice educators and protected time through Workforce Assurance Committee	TAC	May-19	
FT/19/19	29/03/2019	CEO report	GM response to consultation on legislative changes proposals to be shared	JB	May-19	
FT/19/01	31/01/2019	Patient Story	February PEIP meeting to focus on provision of support for patients with hearing impairments - present back to Board in July 2019	TAC	Jul-19	
FT/19/12	28/02/2019	Gender pay gap	include update on actions within Workforce and OD strategy to Board in September	JM	Sep-19	

Key

complete	agenda item	due	overdue	not due

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Agenda Item No 8

Meeting	Board of Directors

Date	25 April 2019

Title	Chief Executive Update

Executive Summary	The Chief Executive update includes a summary of key issues since the previous Board meeting, including but not limited to:
	• NHS Improvement update
	• Stakeholder update
	• Reportable issues log
	  ○ Coroner communications
	  ○ Never events
	  ○ SIs
	  ○ Red complaints

Previously considered by	

Next steps/future actions	To note			
	Discuss		Receive	
	Approve		Note	✓
	For Information	✓	Confidential y/n	n

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience	✓	To be well governed	✓
Valued Provider	✓	To be financially viable and sustainable	✓
Great place to work	✓	To be fit for the future	✓

Prepared by	Esther Steel Trust Secretary	Presented by	Dr J Bene Chief Executive

All information provided in this written report was correct at the close of play 16/04/19 a verbal update will be provided during the meeting if required

1. Awards and recognition

Internal

Employee of the Month – Joanne Grimes podiatrist for her openness and integrity in reporting an error she had made and using this as a learning tool to change practice in the department.

Team of the Month – The Nursing team in symptomatic breast services for their work to support the opening of the new breast clinic, this included fundraising and an open afternoon for patients and staff.

Our **Rainbow Badge campaign** has been nominated for the **Bolton Pride Diversity Awards** 2019

Work led by Bolton FT has been shortlisted in two categories of the HSJ patient safety awards. This is about raising awareness of the need for early diagnosis and treatment of cauda equine syndrome which affects the nerves of the spine and includes a video by Medical Illustration which has been viewed on YouTube 23,000 times.

RCNi Nurse Awards – shortlisted Commitment to Carers Award for the I-Care project

After a meeting with local carers to discuss their experiences and pull together a shared concept of what 'good' would look like, the I-Care project set out to deliver that vision. It issued carers with identity tags and arranged open visiting, free car parking, a central role in care planning and the opportunity to offer important information about their loved one.

As a result, carers say their experience has improved significantly. They report better mental and physical health as well as lower stress, and feel they are able to play an integral part in care delivery.

Nursing Times student awards 2019 – shortlisted

Mentor of the Year - Victoria Fletcher-Simm

Nursing associate trainee of the year -- Angelika Dereszkiewicz, and Kimberly Kelly

2. Stakeholders

2.1 CQC

As you will all know, the latest review of our services rated the Trust as good overall. We have also been found to have some key areas of outstanding practice, and we were rated as outstanding for being well led at every level.

Overall rating for this trust	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive?	Good ●
Are services well-led?	Outstanding ☆

The CQC's full report is included within the meeting pack for today's meeting

2.2 North West Sector

We continue to discuss areas where we can collaborate for mutual benefit

2.3 National

Amy Overend, sister in NICU has been appointed as one of the 50 NHS professionals on the new NHS Assembly. The NHS Assembly will bring together health professionals from around the country to get their input on how to shape the NHS and carry out the 'Long Term Plan' which was unveiled this year.

Amy is one of only two members selected from Greater Manchester. The other is Dr Carolyn Wilkins, Chief Executive of Oldham Council and accountable officer of NHS Oldham CCG.

The first meeting of the new NHS Assembly is this month. It will be co-chaired by leading GP Dr Claire Gerada, and former head of the King's Fund think tank, Professor Sir Chris Ham.

Reportable Issues Log

Issues occurring between 21/03/19 and 17/04/19

3.1 Serious Incidents and Never events

We reported one SI during the above reporting period – this was in relation to a wrong site surgery when surgery to repair a fractured hip was initiated on the wrong side. This is therefore also classed as a never event

3.2 Red Complaints

We have received one red rated complaint – this was in relation to a delay in diagnosis

3.3 Regulation 28 Reports

No regulation 28 reports

3.4 Whistleblowing

No concerns to escalate to board

3.5 Media Interest

There have been a number of media items relating to the Trust – the majority positive, these include:

4 Board Assurance Framework

The Board Assurance Framework is currently being reviewed to align with the new five year strategy. As an interim the 2018 – 2020 BAF has been reviewed and updated.

The scores against the objectives in the 2018 two year operational plan have been reviewed and as previously discussed within Board the Executive team have proposed that risks scoring 12 and lower are removed from the BAF – the associated risks will continue to be managed through the Corporate, Divisional and Directorate risk registers.

	Objective	I	L	Apr-19	Nov-18	Oct-18	Aug-18	Feb-18	lead
1.1	Reduce healthcare acquired infections	4	2	8	12	16	16	16	DON
1.2	Patients receive safe effective care (pressure ulcers)	4	2	8	8	10	10	20	DON
1.2	Patients receive safe effective care (falls)	4	2	8	12	15	15	20	DON
1.2	Patients receive safe effective care (mortality reduction)	4	4	16	16	16	16	16	MD
1.4	Staff and staff levels are supported	4	4	16	20	20	20	20	DoW
2.1	To deliver the NHS constitution, achieve NHSI and contractual targets	4	5	20	20	20	20	20	COO
4.1	Service and financial sustainability	4	4	16	16	20	20	20	DOF
4.4	NHSI agency rules (covered in 4.1)	4	4		16	16	16	16	DOF
5.4	Achieving sustainable services though collaboration within the NW Sector of Manchester	4	4	16	20	20	20	20	D Strat
5.5	Supporting the urgent care system - to be merged with 2.1)	4	4		16	16	16	20	COO

	Trust Wide Objective	Lead	I	L		April 2019	Jan 2019	Nov 2018	Sept 2018	Aug 2018	Key Risks/issues	Key actions	Oversight
1.2.2	For our patients to receive safe and effective care (mortality reduction)	MD	4	4	-	16	16	16	16	16	Escalation of ill patients, Increase in HSMR/RAMI	Roll out mortality review process Drive further improvement in ward observation KPI's Ensure Patient Track Oversight Group delivers on action plan Deliver on Quality Account 2017/18 sepsis actions (March 2019)	Mortality reduction
1.4	Staff and staff levels are supported	DoW	4	5	-	16	20	20	20	20	Recruitment, limited pool of staff Staffing for escalation areas Sickness rates esp within AACD	Recruitment workplan in place overseen through Workforce Assurance Committee Targeted actions to reduce sickness absence New Workforce Strategy approved by the Board in September 2018	IPM Workforce Workforce committee
2.1	To deliver the NHS constitution, achieve Monitor standards and contractual targets	COO	4	5	-	20	20	20	20	20	Urgent Care pressure and increased demand on Diagnostic and Elective work Late decisions in A/E Beds coming up late Lower discharges at weekends Staffing in key departments	Urgent Care programme plan SAFER ECIP support Enhanced pathways as part of the new streaming model	Urgent care prog board System Sustainability Board
4.1	Service and Financial Sustainability – delivery of control total surplus	DOF	4	4		16	16	16	20	20	Delivery of ICIPs In year cost pressures Agency cost pressures (links to workforce) Income/contracting risk Commissioning decisions Transformation funding Cash flow iFM performance	PMO and ICIP escalation IPM Integrated Care partnership development Actions to address agency pressures PBR review Develop links with specialist commissioners Development of joint budgets within local system Review of costs and income iFM development including strategy and business plan	F&I committee Board IPM Transformation Board ICIP escalation
5.4	Achieving sustainable services through collaboration within the NW sector	Dir Strat.	4	4		16	16	20	20	20	Estates and IT challenges Healthier Together/GM devolution	Ongoing discussions with WWL Involvement in theme three work Development of local care partnership	Board F&I

All information provided in this written report was correct at the close of play 18.04.19 a verbal update will be provided during the meeting if required

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	17 April 2019	Date of next meeting:	15 May 2019
Chair:	A Thornton	Parent Committee:	Board of Directors
Members present/attendees:	M Brown, J Njoroge, J Bene, A Ennis, F Andrews. Representation from the four clinical divisions	Quorate (Yes/No):	No
		Key Members not present:	Seven attendees sent apologies, meeting was quorate

Key Agenda Items:	RAG	Key Points	Action/decision
Patient Story – Family Care Division		The division shared a story on the support provided by health visitors and nursery to a mother and child in a situation with a background of domestic abuse	Noted as a good example of health visitors working with other agencies to provide support around the family
Clinical Governance and Quality Committee Chair Report		Action agreed in response to the NICE exception report to allow the CG committee to take informed decisions in the case of non-compliance. Progress made on understanding and embedding the CQC insight report Draft Quality Account approved	Report noted, no significant risks escalated Follow up report to QA committee on CQC insight report Quality Account agenda item for QA Committee and Board
BOSCA – six month update		Update on BOSCA accreditation scheme – QA Committee commended progress and engagement – recognised as being a key factor in CQC success	Report noted, discussed how to maintain continual improvement and next steps after platinum
Theatre safety – assurance following SI		Verbal update on actions taken following Board request for assurance – the Medical Director confirmed that the locum involved in the incident has now made contact and actions have been taken to enhance communication in theatres	Update noted
Reduction in medication errors – quality account priority		All actions achieved – full Quality Account on agenda – good progress made	

	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

Bowel screening recovery plan/Bowel scope mitigation plan		Report updated on actions being taken and trajectory to reduce waiting times – detailed explanation of the challenges of managing capacity and demand.	Committee reassured that actions should close the gap – update in three months to provide assurance
Stroke and TIA Quality Report		Report provided assurance of continued improvement made by the stroke unit – now SSNAP rating of A and BOSCA gold. Improvement achieved despite some pressures within the network and a challenging winter. PDSA trial of nurse led process for initial TIA review to ensure patients have had all investigations and information and have an appointment to see a consultant within seven days	Committee commended progress and noted actions for TIA
Draft Quality Account			Approved for submission to Board
SI Report 131468 – Fall with harm		Report discussed – focus on actions for postural hypotension	Report approved subject to an amendment to the action plan to reflect educational actions for postural hypotension
SI report 112106		Report discussed – some concern that not enough actions taken to see patients who do not attend follow up appointments. Also requirement for system actions with regard to radiology reports from private sector providers	Findings noted but further actions requested to prevent recurrence
Patient Experience, Inclusion and Partnership Committee		No risks escalated, discussed options to increase response rate to questionnaire sent out after a complaint response.	Report noted
Mortality Committee		Key metrics in mortality Board report as per March Board report Data submission discrepancies for national bowel cancer audit	Report noted
Risk Management Committee		Increased level of confidence in Health and Safety and iFM Risk Management arrangements. Concerns remain with regard to dermatology follow up	Report and escalated items 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

		and capacity – further follow up report requested. Bowel cope/screening paper as per QA Committee paper Waiting list management – further piece of work requested by speciality and for non-consultant waiting lists	
Strategy and Transformation Board		Newly formed forum to provide focus on strategy and transformation – initial meeting in March to establish followed by meeting in April where updates were provided on ongoing QI projects schemes and recommendations	Report noted
Comments			
Risks Escalated – Bowel scope/screening capacity and demand			

	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

(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Urgent & Emergency Care Board	Report to:	Board of Directors
Date of Meeting:	9th April 2019	Date of next meeting:	7th May 2019
Chair:	Jackie Bene	Parent Committee:	Board of Directors
Members Present:	All System representatives present	Quorate (Yes/No):	Yes
		Key Members not present:	

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Operational Plans for Easter Bank Holiday	Amber		• GP opening hours 8 to 6pm every day except Bank Holidays • GMMH and NWAS – increased staffing in place • Bolton Council – additional reablement and packages ramping up now to full capacity • Bolton FT – escalation areas now winding down to provide capacity by opening fully during the holiday weekend	• Public communications underway
Integrated Urgent care Pilot Update	Amber		• Pilot involving diverted referrals from 11 to alternative NWAS pathways shows promise but needs longer in order to say whether effective	• Report noted
GM UEC Demand and Capacity Review	Amber		• Our system has chosen to focus on community capacity as we feel it is out of kilter with current demand.	• Paper noted
Comments System is well prepared for Easter 2019 and predicts to remain above 85% in performance terms				
Risks escalated Community capacity including care home placements especially EMI				

	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

(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Charitable Fund Committee	Report to:	Board of Directors
Date of Meeting:	13th March 2019	Date of next meeting:	To be arranged
Chair:	Martin North	Parent Committee:	Board of Directors
Members Present:	Malcolm Brown, Sharon Martin, James Mawrey, Annette Walker, Esther Steel	Quorate (Yes/No):	Yes
		Key Members not present:	Bilkis Ismail, Alan Stuttard

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Ethiopia Fund		SH	Agreed to proceed with spending of Ethiopia fund on identified clinical areas. Preliminary conversations with Gondar commenced.	ES to consider governance, SH to identify lead.
Fund Balance		ES	Charity fund balance is £1.1m, but many funds are restricted and general difficulties getting access to funds – due to unclear documentation/restrictions or unclear process.	Committee to look to release funds as part of wider strategy.
Annual Nursing Conference		L Robinson	Committee agreed to release funds to support annual nursing conference.	
Volunteer Funding		MF	Committee agreed to release funds to support volunteer programmes, including DBS checks. Further assurance via CRIG committee required for mobility scooters.	MF to take scooter business case to CRIG.
Digital IT		P Winter	Committee agreed to release funds to support Digital content for 12 months' licence.	
PALS		ES	Agreed to support refurbishment of PALS.	ES/CH to also look at proposal for main entrance.
Strategy		ES	Committee agreed to refresh overall charity strategy, and to appoint external strategic advisor covering both raising and spending. Also look to fund dedicated charity resource as part of strategy.	ES to approach interested advisors and recommend approach.
Comments N/A				
Risks escalated N/A				

	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

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Agenda Item No	

Meeting	Board of Directors

Date	25th April 2019

Title	CQC Report

Executive Summary	The CQC inspected the Trust in December 2018 – unannounced inspection and in January 2019 – Well Led inspection. The results of their inspection were announced on the 11th April with the publication of the attached report. The Trust was rated as Outstanding in the Well Led inspection and Good in the core services with outstanding care in Medicine and Older Peoples services. An action plan will be developed to address the recommendations within the report

Previously considered by	

Next steps/future actions	To note			
	Discuss		Receive	
	Approve		Note	
	For Information		Confidential y/n	

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience		To be well governed	
Valued Provider		To be financially viable and sustainable	
Great place to work		To be fit for the future	

Prepared by		Presented by	Trish Armstrong Child Director of Nursing

Bolton NHS Foundation Trust

Inspection report

Minerva Road
Farnworth
Bolton
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust	Good
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Outstanding** ☆

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Bolton NHS Foundation Trust provides a range of hospital and community health services in the North West Sector of Greater Manchester, delivering services from the Royal Bolton Hospital (RBH) site in Farnworth, in the South West of Bolton, close to the boundaries of Salford, Wigan and Bury; as well as providing a wide range of community services from locations within Bolton.

The Royal Bolton hospital provides a full range of acute and a number of specialist services including urgent and emergency care, general and specialist medicine, general and specialist surgery and full consultant led obstetric and paediatric service for women, children and babies.

For services, in particular patients requiring non elective treatment, it is estimated to have a catchment population of 310-320,000, compared with a resident Bolton population of 270,000.

The Integrated Community Services Division consists of domiciliary, clinic and bed based services across the Bolton footprint to a GP registered population. Most services are commissioned via Bolton Clinical Commissioning Group. The trust works in partnership with Bolton Council, Greater Manchester West, North West Ambulance Service and with the voluntary sector such as Age Concern and Urban Outreach.

The trust is also registered to provide maternity and midwifery services at Fairfield General Hospital, Salford Royal Hospital and Ingleside Birth and Community Centre.

In 2017/18 there were 115,929 A&E attendances of which 32,535 arrived by ambulance. There were 86,229 inpatient admissions and 32,5117 outpatient attendances. There were 5,831 babies delivered, 16,354 patients had an operation and there were 74,9214 community contacts.

Bolton NHS Foundation Trust was last inspected in March 2016 (report published August 2016) where it received an overall trust rating of good.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good ➔➔

What this trust does

Bolton NHS Foundation Trust provides acute services at the Royal Bolton Hospital (RBH) site in Farnworth, in the South West of Bolton, close to the boundaries of Salford, Wigan and Bury; as well as providing a wide range of community services from locations within Bolton.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

Summary of findings

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected urgent and emergency care, medicine and maternity services of the acute services provided by this trust as part of our continual checks on the safety and quality of healthcare services.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led?

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated safe, effective, caring and responsive as good.
- We rated all of the trust's eight acute services as good. In rating the trust, we took into account the current ratings of the five acute, Bolton One and community services not inspected this time.
- We rated well-led for the trust as outstanding.
- The trust had taken the appropriate actions relating to the requirements of the previous inspection.
- The trust was inspected for its use of resources and rated good which gives a combined rating of good.

At the Royal Bolton Hospital;

- We inspected urgent and emergency care services during this inspection to check if improvement had been made since our last inspection in 2016. The ratings for safe, effective and responsive improved from requires improvement to good. This improved the overall rating for this service to good.
- We inspected medical care (including older people's care) and found that there had been improvement since our last inspection in 2016. The rating for safe improved from requires improvement to good and caring improved to outstanding.
- We inspected maternity services and rated the service as good across all domains.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RMC/reports.

Are services safe?

Our rating of safe improved. We took into account the current ratings of services not inspected this time. We rated it as good because:

- All core services we inspected were rated as good for safe.
- The rating for safe in the urgent and emergency care services at Royal Bolton Hospital improved from requires improvement to good. They had addressed all the concerns raised from the previous inspection. Environmentally the service was much improved and there were sufficient staff.
- The rating for safe in the medicine services at Royal Bolton Hospital improved from requires improvement to good. They had addressed the concerns raised from the previous inspection particularly in the areas of patient moves at night and timely discharges which had improved.

Summary of findings

- The overall rating for safe at Royal Bolton Hospital improved from requires improvement to good.

Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The rating for the effective domain in the urgent and emergency care service improved from requires improvement to good. National audit results were acted upon and training compliance had improved, and uptake of appraisal rates met the trust target.
- The other two core services were rated as good in effective which was unchanged from the previous inspection.

Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- All core services we inspected were rated as good for the caring domain.
- Caring in the medical care service were rated as outstanding.
- There were examples of outstanding practice, patients were at the heart of decision making and family and carers were fully involved.
- Trust wide there was a culture of improving patient experience.

Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The rating for the responsive domain in the urgent and emergency care service improved from requires improvement to good. Facilities and the premises had been refurbished to better meet people's needs, with more spacious facilities to allow for streamlined services and a more positive environment generally. There was an improving picture on waiting times and flow was being managed proactively.
- The other two core services we inspected were rated as good for the responsive domain.

Are services well-led?

Our rating of well-led stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- All three core services we inspected maintained their well-led rating of good.
- The services had leaders at all levels with the right skills and abilities.
- Staff were positive about the leadership of the services.
- Leaders promoted a positive culture that supported and valued staff and created a sense of common purpose based on shared values.
- The services were committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The services had effective systems for identifying risks, planning to eliminate or reduce them, and coping with the expected and unexpected.

Summary of findings

- There was widespread engagement with people who used the services and their families.

Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services, and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in urgent and emergency care, medicine and maternity services at Royal Bolton Hospital.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement however there were no breaches of legal requirements that the trust must put right. We found 23 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found examples of outstanding practice in all the areas we inspected at Royal Bolton Hospital.

Trust-wide

- The inspired shared purpose and drive to deliver and motivate staff was consistently displayed resulting in a strong and unified quality and safety culture.
- Public and patient experience had a high focus at the trust and there were multiple examples of how patient involvement had improved services.

Urgent and emergency care

- By introducing the ‘fit to sit’ section into the majors’ area, staff could increase capacity without using additional bays.

Medicine

- The enhanced care team provided daily activities for patients with complex needs which provided distraction therapy for patients. We observed patients engaging in craft activities and socialising with other patients and relatives.
- The service had introduced an I-care initiative which meant that patients relatives or carers could be an active partner in their care during their hospital stay. The service provided accommodation to carers in pleasantly decorated relatives rooms.

Summary of findings

Maternity

- The Ingleside midwife-led birth centre participated in a wide range of engagement with key partners and local communities to develop its services, celebrating international midwife day with an event attended by the head of the Royal College of Midwives.
- The service achieved compliance with the ten safety criteria for the NHS maternity safety strategy clinical negligence scheme and was allocated a rebate on this basis.
- Five advanced midwifery practitioners were available across the service to support staff in different areas of specialism. These staff also provided teaching for student midwives in local universities.
- The safeguarding named midwife had organised a multi-agency study day on female genital mutilation, attended by professionals from different organisations
- Maternity services provided by Bolton Foundation Trust contributed to the North West Sector Maternity Pioneer, being only one of seven sites identified for this.

Areas for improvement

Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

We told the trust that it should take action either because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

Trust-wide

- The trust should ensure that the process for learning from deaths is developed to meet national expected standards as per the trust plans. (Regulation 17)
- The trust should complete the workforce race equality standards action plan.
- The trust should improve reporting timescales for incidents to the National Reporting and Learning System (NRLS).
-

Urgent and emergency care

- The service should improve compliance with checks of items stored in equipment trays for expiry dates and that staff are aware of the importance of checking expiry dates when recording that checks are complete.
- The service should continue to work to improve patient waiting times, reduce delays and meet national targets.
- The service should review how records are made when no safeguarding concerns are identified.
- The service should improve consistency of staff checks of ambient room temperatures and fridge temperature monitoring.
- The service should improve compliance of staff closing lids on bins containing used needles and other sharp instruments, in between each use.
- The service should review the storage of intravenous fluid storage in the paediatric emergency department.
- The service should review the decoration in the relatives' room.

Summary of findings

- The service should consider alternative solutions to the glass screens for both visitors and reception staff to enhance communication and reduce the issues associated with staff leaning forwards to communicate.
- The service should review toilet facilities used by mental health patients to ensure they are ligature free.

Medicine

- The service should improve the medical staff compliance rates for safeguarding training in-line with requirements for their role and the compliance targets set out by the trust.
- The service should continue to focus on the recruitment and retention of nursing and medical staff to increase the established workforce and reduce bank and agency usage.
- The service should make sure that the layout of ward areas are accessible to all patients and meet the needs of the patients being treated.
- The service should improve the consistency of the approach to the monitoring of room and fridge temperatures in areas where medication is stored.
- The service should improve staff's understanding of their roles and responsibilities when assessing patients' capacity to consent for do not attempted cardiopulmonary resuscitation including regular review.
- The service should continue to work towards improving waiting times for endoscopic investigations in line with national requirements.
- The service should introduce regular team meetings for staff to improve effective communication.
- The service should continue to review and complete actions on the risk register within the identified timescales.

Maternity

- The service should ensure enough staff are available with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. (Regulation 18)
- The service should regularly review and update any policies which are out of date.
- The service should review arrangements for provision of surgical evacuation following early pregnancy loss.
- The service should review access, flow and facilities in antenatal day services and ensure any delays are appropriately communicated to women waiting to be seen.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as outstanding because:

- The leadership team actively shaped the culture of the organisation. The culture was open, encouraging and enabling. There was a culture of collective responsibility for patient safety throughout the organisation which was palpable. There was also a level of humility also demonstrated which masked the outstanding areas of practice as they were thought of as just doing the best for the people of Bolton.

Summary of findings

- There was a clear vision for the future within the Vision Partnership which had been developed through regular engagement with external stakeholders and commissioners.
- The vision and values were driven by quality, safety and sustainability in a changing landscape and was being translated into a credible strategy. There were clear intentions to involve the trust staff in the development.
- Strategic objectives filtered through the organisation and could be seen connected to staff appraisals which had been completed to a high level.
- Staff understood the direction of travel of the organisation although the structured planning process was still underway.
- The board and other levels of governance functioned effectively, and interactions ensured quality and performance were addressed in harmony.
- The trust had instigated investment in the information technology within the organisation. They had a structured plan to develop further the infrastructure. Information utilised for assurance was accurate, reliable, timely and credible.
- There was an effective and comprehensive system in place to identify, understand, monitor and address current and future risks. Performance issues were escalated appropriately. Clinical and internal audit processes functioned well and had a positive impact in relation to quality governance.
- There was a good history of financial management.
- There was a cohesive and competent leadership team who were knowledgeable about quality issues and priorities. They had appropriate skills and experience and there were succession plans throughout the organisation.
- Candour, openness, honesty and transparency were the norm.
- Active engagement with staff was being strengthened as it had been recognised and the trust was clear on their priorities when it came to driving improvement for black and minority ethnic staff through the workforce race equality standard.
- Service improvements were driven by clinicians and actively encouraged. The ward accreditation scheme was also driving improvement through healthy competition, innovation and ambition.

However;

- The strategy for the trust after March 2019 was still in final development. The vision was underpinned by clear values that were demonstrated across the organisation.
- The learning from deaths process did not meet the national guidance and required improvement but this had been recognised by the trust and plans were being developed at the time of our inspection.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Apr 2019	Good ➔➔ Apr 2019	Good ➔➔ Apr 2019	Good ➔➔ Apr 2019	Outstanding ↑ Apr 2019	Good ➔➔ Apr 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Bolton Hospital	Good ↑ Apr 2019	Good ➔➔ Apr 2019	Good ➔➔ Apr 2019	Good ➔➔ Apr 2019	Good ➔➔ Apr 2019	Good ➔➔ Apr 2019
Bolton One	Good ➔➔ Aug 2016	Good ➔➔ Aug 2016	Good ➔➔ Aug 2016	Good ➔➔ Aug 2016	Good ➔➔ Aug 2016	Good ➔➔ Aug 2016
Overall trust	Good ↑ Apr 2019	Good ➔➔ Apr 2019	Good ➔➔ Apr 2019	Good ➔➔ Apr 2019	Good ➔➔ Apr 2019	Good ➔➔ Apr 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Royal Bolton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Apr 2019	Good ↑ Apr 2019	Good →← Apr 2019	Good ↑ Apr 2019	Good →← Apr 2019	Good ↑ Apr 2019
Medical care (including older people's care)	Good ↑ Apr 2019	Good →← Apr 2019	Outstanding ↑ Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019
Surgery	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Critical care	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Maternity	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Services for children and young people	Requires improvement →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
End of life care	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Outpatients	Good →← Aug 2016	N/A	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Overall*	Good ↑ Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Community health services for children and young people	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Community health inpatient services	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Overall*	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Royal Bolton Hospital

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Key facts and figures

Royal Bolton Hospital provides acute care to the populations of Bolton, Salford and Ashton, Wigan and Leigh. They provide Critical care, Diagnostic imaging, End of life care, Gynaecology, Maternity, Medical care, Outpatients, Services for children and young people, Surgery and Urgent and emergency care services.

At this inspection we inspected urgent and emergency care, medical and maternity services. The ratings from the previous inspection in August 2016 remain.

Summary of services at Royal Bolton Hospital

Good ➔➔

Our rating of services stayed the same. We rated it them as good because:

- We rated safe, effective, caring and well led as good.
- All services were rated as good overall.
- The only rating of requires improvement is in children and young people's services for safe which we did not inspect at this inspection.
- The caring domain in medicine was rated as outstanding.

Urgent and emergency services

Good ↑

Key facts and figures

The trust provides urgent and emergency services to adults and children in and around the North West area of Greater Manchester. The service is managed by the Emergency Medicine Business Unit; one of four units which sit under the Acute Adult Division.

Services include audio and visually separated adult and paediatric emergency areas. The adult areas include admission and assessment facilities, two triage bays, a minor's area with seven cubicles, a majors area with 17 cubicles and four chairs for ambulatory patients and a resuscitation area with four bays and a mental health assessment room. The paediatric area has two triage bays, five assessment rooms, two cubicles and a resuscitation area with two bays. Approximately 324 patients attend the service each day.

The service is jointly led by a business manager and matron and overseen by a clinical and divisional director.

As part of our inspection we spoke with five patients and 25 staff including nurses, doctors, consultants, managers, and support staff. We also reviewed 10 patients' records and observed a daily performance meeting.

We last inspected urgent and emergency services in March 2016 and rated the service as requires improvement.

Summary of this service

Our rating of this service improved. We rated it as good because:

- We rated all five domains (safe, effective, caring, responsive and well led) as good.
- The service had made improvements following our previous inspection.
- The infrastructure had been expanded to increase capacity in the department which increased flow and reduced the issues we identified with privacy and dignity.
- The department better met the needs of individual patients, with areas now specifically designed for adolescents and those living with dementia. There was now a room assigned for mental health patients which met national quality standards.
- Risk assessments were now being routinely completed for mental health patients.
- The service had enough staff with the right qualifications, skills, training and experience to keep people free from avoidable harm and provide the right care and treatment. Where previously we had concerns that consultants were having to backfill shortfalls in middle grade medical staffing numbers, this was no longer an issue.
- The service measured patient outcomes through audits and acted to improve practice and re audit to measure change. A consultant was now in charge of audits in the department.
- Computer terminals had been added and staff confirmed they had enough of these to provide timely care to patients.
- Training records now provided assurance that compliance levels for life support training were good.
- Staff appraisal rates were now in line with the trust target.
- Whilst access and flow remained challenging, the department had taken steps to improve this and results were proving successful when compared to the previous inspection.

Urgent and emergency services

- The culture was positive and supportive with a strong emphasis on training each other using collective skills and taking a team approach to making the department as effective as possible for patients and staff.

However:

- Issues we identified with paediatric entry and exit doors were only just being rectified with controlled access being fitted the week after our inspection.
- We were not assured that room temperatures in areas where medicines were being stored, were checked as often as they should be.

Is the service safe?

Good 

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff kept equipment and premises clean.
- The service had suitable premises and equipment and looked after them.
- Staff monitored risks for patients and acted to mitigate these when necessary. They used tools to identify risks and acted to manage them.
- The service had enough nursing and medical staff with right qualifications, skills, training and experience to keep people free from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents and used safety monitoring results well.

Is the service effective?

Good 

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Following the previous inspection, managers placed much greater emphasis on monitoring the effectiveness of care and treatment and using findings to improve them.

Urgent and emergency services

- The service made sure staff were competent in their roles. Managers appraised staff's work performance and held supervision meetings with the to provide support and monitor effectiveness.
- Staff of different kinds worked together as a team to benefit patients.
- Services were available for patients to access whenever they were needed.
- Staff worked to promote the health of patients in the long term, engaging with national agendas.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.

However:

- Medical staff training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was below the trust target (55.6%).

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Carers were included in care and decision making and staff used distractive techniques to entertain children.

Is the service responsive?

Good 

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- Facilities and the premises were appropriate for the services being delivered but were being further refurbished to better meet people's needs, with more spacious facilities to allow for streamlined services and a more positive environment generally.
- The service took account of patients' individual needs.
- People could access the service. Whilst the service was still not meeting national targets there was an improving picture when compared with the previous inspection. Flow was being managed more proactively within the trust which reduced the blockages on wards and enabled the department to admit patients to wards that required a bed.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Urgent and emergency services

Is the service well-led?

Good ➔➔

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels had the right skills and abilities to run the service and provide high quality sustainable care.
- The service had a futuristic vision for what it wanted to achieve and workable plans to turn it into action.
- Managers promoted a positive culture that supported and valued staff, and created a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve service quality and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff and the public to plan and manage appropriate services and collaborate with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Medical care (including older people's care)

Good

Key facts and figures

Royal Bolton Hospital has 306 medical inpatient beds located across 13 wards and units. There are also four other wards and units without inpatient beds:

Ward/unit	Speciality or description	Inpatient beds
Discharge lounge	**General medicine**	-
Endoscopy	**Diagnostic and therapeutic service, including bowel screening**	-
Coronary care unit	**Cardiology**	**10**
Ward A4	**Complex discharge**	**22**
Ward B1	**Acute frailty unit**	**23**
Ward B2	**Bedded escalation area**	-
Ward B3	**Complex care**	**21**
Ward B4	**Bedded escalation area**	-
Ward C1	**Cardiology**	**25**
Ward C2	**Haematology/complex care**	**26**
Ward C3	**Gastroenterology**	**26**
Ward C4	**Diabetes**	**27**
Ward D1	**Medical assessment**	**26**
Ward D2	**Medical assessment**	**22**
Ward D3	**Respiratory medicine**	**27**
Ward D4	**Respiratory medicine**	**27**
Ward H3	**Stroke medicine**	**24**

Medical specialties provided at Royal Bolton Hospital include cardiology, diabetes, elderly care, gastroenterology, haematology, respiratory medicine and stroke services.

(Sources: Routine Provider Information Request (RPIR) Sites tab)

The trust had 25,500 medical admissions from July 2017 to June 2018. Emergency admissions accounted for 17,193 (67.4%), 565 (2.2%) were elective, and the remaining 7,742 (30.4%) were day case.

Medical care (including older people's care)

Admissions for the top three medical specialities were:

- General medicine: 13,044
- Gastroenterology: 5,454
- Geriatric medicine: 3,130

(Source: Hospital Episode Statistics)

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected on 4 to the 5 December 2018. We visited wards D1, D2, B1, B3, H3, CCU, A4, AMU, CDU, D3, C3, Discharge Lounge and Endoscopy unit.

We spoke with 33 nursing staff of varying grades, four Health Care Assistants, six student nurses, six medical staff, 11 allied health professionals and four service leads.

We spoke with 13 patients and their relatives to get to the heart of the patient experience. We checked 18 patient records and 12 prescription charts.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service ensured that there were enough staff in the right areas to keep people safe. Staff had received mandatory training, knew what to do to protect patients from abuse and how to report an incident if things went wrong.
- The service had suitable premises and equipment and looked after them well. Wards were visibly clean and tidy and staff had access to equipment they needed.
- Staff completed and updated risk assessments for patients and kept clear records of their care. Records were stored securely which was an improvement since the last inspection.
- The service managed medicines well and adhered to antimicrobial prescribing policies. We saw that oxygen storage was secure and had improved.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service had seen an increase in the sentinel stroke national audit programme results.
- The service assessed and monitored patients' nutritional and pain needs effectively.
- Staff of different kinds worked together as a team to benefit patients. We saw good examples of multidisciplinary and cross sector working.
- The culture within the service supported and encouraged staff to provide the best care for patients. All staff had a strong patient centred approach to patients and cared for them with compassion. Patients spoke highly of the care they received.
- Staff provided emotional support to patients to minimise their distress and recognised that their emotional needs were as important as their physical needs. They involved patients and those close to them in decisions about their care and treatment and encouraged them to become active partners in their care.
- The service planned and provided services in a way that met the needs of local people and took account of patients' individual needs.

Medical care (including older people's care)

- People could access the service when they needed it. Referral to treatment times were good and better than the England average.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. There was a vision for what it wanted to achieve and workable plans to turn it into action with a focus on staff development.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud to work for the service.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Staff felt empowered to develop, influence change and be involved in improvement projects.

However

- Medical staff had a low compliance rate for safeguarding training, against the trust target of 95%
- There was a high use of bank and agency staff for nursing and medical roles, the service acknowledged shortages in the workforce and this was recorded on the divisional risk register.
- The service had an inconsistent approach to the temperature monitoring of stored medication.
- Staff sometimes recorded lack of capacity as the reason for not discussing do not resuscitate decisions with the patient. In these cases, staff did not always document a formal capacity assessment or review of capacity.
- The service had actions on the risk register that were breaching their completion date which was identified as a concern at the last inspection. However, there was a focus to improve this.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure staff completed it. Nursing staff had an overall completion rate of 90.1% and medical staff completion was at 88.1% this was close to the trusts target of 95%
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had access to training on how to recognise and report abuse and they knew how to apply it. Staff were aware of how to make a referral and could provide examples of referrals they had made.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Staff adhered to bare below the elbow guidelines and we observed regular handwashing.
- The service had suitable premises and equipment and looked after them well. We saw that equipment was maintained and available to staff.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Staff knew how to identify and escalate patients who had deteriorating health.

Medical care (including older people's care)

- Whilst the service did not always have enough nursing staff, staffing was monitored and reviewed to mitigate the risk to patients. Nurses had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staffing was monitored regularly and rosters were planned in advance.
- Whilst the service did not always have enough medical staff, staffing was monitored and reviewed to mitigate risk to patients. Medical staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service recognised national shortages with some medical roles and were looking at how staffing skill mix could be used differently and how they could upskill the workforce.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Patient records were paper based and stored securely in locked cabinets in ward areas, which was an improvement since the last inspection.
- The service followed best practice when prescribing, giving and recording medicines. Patients received the right medication at the right dose at the right time. Oxygen storage was secure and had improved since the last inspection.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. There was a positive incident reporting culture and staff were aware of learning as a result.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. The service was committed to improving safety performance and we saw that in the main safety performance had improved over the last twelve months.

However

- Medical staff had an overall compliance rate for safeguarding training of 66.7%, this was low against the trust target of 95%.
- There was a high use of bank and agency staff for nursing and medical roles, the service acknowledged shortages in the workforce and this was recorded on the divisional risk register.
- The design and layout of some wards meant that patients were not always visible to nursing staff.
- Ward D1 had two bays which were not accessible to patients on bariatric beds. This had been identified as a risk on the divisional risk register.
- The service had an inconsistent approach to the temperature monitoring of stored medication.

Is the service effective?

Good ➔➔

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Patients we spoke with said they had a choice of food and that the food 'was smashing'.

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The service had positive results in the society for acute medicine benchmarking audit, the myocardial ischemia national audit and there had been an improvement in the sentinel stroke national audit programme moving up a grade from C to B overall.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them, to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Ward H3 received an award from the trust for multidisciplinary team working in June 2018.
- The service audited the impact of the seven-day consultant led service. The audit showed a decrease in mortality, length of stay and increase in discharge rates.
- The service had established a support group for patients with airway diseases that met monthly. The group planned to plant oak trees to promote healthy living.
- Staff knew how to support patients experiencing mental ill health to make decisions about their care. Staff showed us a flowchart with who to contact for patients detained under the Mental Health Act 1983.

However:

- Staff sometimes recorded lack of capacity as the reason for not discussing do not resuscitate decisions with the patient. In these cases, staff did not always document a formal capacity assessment or review of capacity.
- The national audit of inpatient falls fell below the national aspirational standard. The trust had acknowledged this and had a number of multidisciplinary strategies in place to prevent inpatient falls such as electronic falls mats and promotion of wearing shoes and own clothes.
-

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- The culture within the service supported and encouraged staff to provide the best care for patients. All staff had a strong patient centred approach to patients and cared for them with compassion. Feedback from patients and those close to them was continually positive. Patients spoke highly of the care they received.
- Staff were motivated to provide patient centred care and provided examples of how they had gone the extra mile for patients in their care. Examples of this included making arrangements for a long-term patient to be visited by their dogs and how they had made arrangements for a couple who were both admitted to the hospital to spend the last few days of their lives together in a side room.
- The friends and family test response rate and results were consistently very good. The response rate was consistently above the national average and the annual average recommendation rate for the service was 94.5%. The monthly results were consistently good across all wards and between April and July 2018 ranged from 85 to100%.

Medical care (including older people's care)

- Staff provided emotional support to patients to minimise their distress and recognised that their emotional needs were as important as their physical needs. The service provided patients with access to a pet as a therapy dog once a week and recognised the improvement to their mood.
- Staff involved patients and those close to them in decisions about their care and treatment and encouraged them to become active partners in their care. Staff were committed to working in partnership with patients and their families and carers. The service had implemented an I-care initiative which enabled carers to be a part of the patients care during their hospital treatment. The service had accommodation for family and carers on the wards and provided private rooms with refreshments and toiletries.
- Staff recognised that patients and their carers needed to have access to support networks within the community. The service had a number of support groups available to patients and their carers which were held on a regular basis. Staff encouraged patients to attend the support groups to manage their conditions.

Is the service responsive?

Good ➔➔

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided services in a way that met the needs of local people. The service worked with internal and external agencies to reduce the length of stay in hospital and improve patient experience. The average length of stay for medical elective patients at Royal Bolton Hospital was five days, which was shorter than the England average.
- The service took account of patients' individual needs. There was a focus on patients who had enhanced care needs, the enhanced care team provided activities and equipment to meet patient's needs.
- The service had a focus on patient flow through the hospital. Discharge planning was initiated at the beginning of a patients stay. Whilst we saw that discharge planning was a priority for the teams we saw that staff were not prepared to prioritise a patient discharge over patient safety. The service had introduced the home first team and the integrated discharge team to assist with patient flow.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. Referral to treatment times were good and better than the England average.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Complaints were monitored at divisional level and discussed with staff in team meetings.

However

- Waiting times for some endoscopy investigations did not meet the national standards for the six-week target and the two-week target for endoscopic retrograde cholangiopancreatography. The service had identified this as a risk on the divisional risk register and appropriate action was being taken. Information provided by the trust after the inspection demonstrated an improvement in waiting times from September to November 2018.

Is the service well-led?

Good ➔➔

Medical care (including older people's care)

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. There was a focus on leadership and development, there were opportunities for leaders and aspiring leaders to develop.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Staff were aware of the vision for the service and we saw that they demonstrated the trust values during their interactions with patients and their relatives.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud to work for the service and in particular, proud of the teamwork and patient focussed care.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- There was a clear governance structure in place. The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were recorded on the local, divisional and corporate risk register. Risks were reviewed monthly in divisional meetings and discussed as part of staff meetings and safety huddles.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Patient records were primarily paper based and were used effectively for reporting audit and performance data.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The service was using technology and social media platforms to engage with staff and the wider public.
- The service was committed to improving by learning from when things went well and when they went wrong, promoting training, research and innovation. Staff felt empowered to influence change and be involved in improvement projects.

However:

- Some of the teams did not have regular team meetings and in other areas this had been recently introduced and was not yet an embedded practice. Staff had mixed feedback about the effectiveness of communication.
- The service had actions on the risk register that were breaching their completion date, however there was a focus to improve this with the introduction of six weekly risk clinics. Evidence provided by the trust following the inspection demonstrated an improvement in reducing the number of action breaches.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Maternity

Good

Key facts and figures

Maternity services are provided by Bolton NHS Foundation trust for the populations of Bolton, Wigan, Bury and Salford, with 108 inpatient beds across two sites. Of these, 104 beds are located within seven wards and units at Royal Bolton Hospital. This includes a five bedded antenatal day unit; a five room midwife led birth suite; central delivery suite with 15 beds; a three bed maternity triage assessment area; a 22 bed ward for high-risk ante natal inpatients; a 44 bed postnatal ward; and an early pregnancy unit with six side rooms.

The trust also provides the Ingleside Birth and Community Centre in Salford, a free-standing maternity unit for low risk pregnancies, with four ensuite pool rooms. This centre also carries out antenatal checks.

The trust provides 11 community antenatal clinics and ten combined antenatal and postnatal clinics.

The trust's five community midwifery teams provide a 24-hour service covering Bolton, Salford and Bury. The teams provide care at all stages of pregnancy.

From April 2017 to March 2018 there were 5,636 deliveries at the trust.

We inspected the maternity department as part of an unannounced inspection between 4 and 6 December 2018. We visited all maternity areas within the hospital maternity department including obstetric theatres. As part of the inspection we reviewed information provided by the trust such as staffing, training and monitoring of performance.

During the inspection we spoke to 35 members of staff including administrative support staff, maternity support workers, health care assistants, student midwives, junior and senior midwives, lead midwives, midwifery matrons, the head of midwifery, obstetricians of varying grades, anaesthetists of varying grades, operating department practitioners. We spoke with 12 staff in a focus group, eight women who were using the service and two relatives.

We reviewed 15 prescription charts and three women's maternity records.

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings. We rated it as good because:

- The trust provided mandatory training for staff and managers ensured staff completed this.
- Staff were aware of safeguarding issues, following trust procedures when these were identified.
- The service controlled infection risk well**.** Staff kept themselves, equipment and the premises clean and implemented control measures to prevent the spread of infection.
- Managers monitored staffing levels to ensure sufficient midwives were available to keep women safe and provide the right care.
- Staff kept appropriate records of care and treatment.
- Clinical staff followed systems for medicines management appropriately.
- Staff reported incidents when these arose and there were established systems for managers to share any learning with staff.

Maternity

- Managers made sure staff were competent for their roles and completed staff appraisals.
- The service used audits to benchmark against other services and identify improvements.
- Staff worked well together in a multidisciplinary team approach.
- Midwives were automatically focussed on the needs of women and provided holistic care.
- Women and their partners were supported to be fully involved in decisions about their treatment and care.
- The service received positive feedback; complaints were responded to and information used to improve the service.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Managers had access to data to monitor performance and identify improvements.
- Managers had the skills and abilities to deliver services providing high-quality sustainable care.
- Staff had a positive outlook in the service and the culture was open and supportive.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The Ingleside midwife led birth centre participated in wide community engagement.

However:

- The service did not always have enough staff available with the right qualifications, skills, training and experience although there were processes in place and staff worked together effectively to ensure women received safe care and treatment.
- Some policies and guidelines we reviewed were not in date.

Is the service safe?

Good

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as good because:

- The hospital provided mandatory training for staff and managers ensured this was completed. Local records we reviewed of mandatory training showed staff were up to date with high compliance for this.
- Staff completed level three safeguarding children training and followed trust procedures for managing safeguarding concerns. A lead midwife for safeguarding was available to provide additional guidance and support staff when this was required.
- The service controlled infection risk well and had low rates of infection**.** Staff implemented control measures to prevent the spread of infection and to keep themselves, equipment and the premises clean.
- The service had suitable premises and equipment and looked after them well.
- We saw evidence that potential risks to patients during caesarean section births were minimised by following World Health Organisations Five Steps to Safer Surgery.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

Maternity

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff were aware of the types of incident which could occur and reported these if they occurred. Important safety information was shared in daily safety huddles. Managers investigated more serious patient safety incidents and shared this learning with staff. When things went wrong, staff apologised and gave patients honest information and suitable support
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- The service did not always have enough staff available with the right qualifications, skills, training and experience although there were processes in place and staff worked together effectively to ensure women received safe care and treatment. Divisional leaders were aware of the staffing issues and mitigating actions were in place, with active recruitment at the time of inspection.

Is the service effective?

Good

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed policies based on this guidance.
- The service monitored the effectiveness of care and treatment and completed regular audits. Audit results were used to benchmark performance, identify areas for improvement and ensure compliance and effectiveness of the care provided.
- Staff ensured women had enough food and drink to meet their needs and improve their health. Staff monitored women's hydration and food intake during their pregnancy, labour and admission, and following delivery.
- Staff monitored and managed women's pain levels, providing analgesia promptly for this.
- The service achieved good outcomes for women and babies. The staff offered support and guidance to assist women with breastfeeding.
- The service made sure staff were competent for their roles and completion of appraisals rates for midwifery and support staff met trust targets.
- Staff worked well together with in the multidisciplinary team and care was co-ordinated to provide the right support for women in pregnancy and following delivery. Midwives, obstetricians and other healthcare professionals supported each other to provide good care.
- Link midwives were available to provide expertise and specialist advice for their colleagues in different areas of maternity services.

Maternity

- Staff had good understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Maternity services were available 24 hours per day, seven days per week. Midwifery, obstetric and anaesthetic cover was provided outside of normal working hours and midwifery staff said they felt supported during these periods.
- The service promoted the health and wellbeing of mother and baby at various opportunities throughout the pregnancy and supported women leading healthier lifestyles.

However:

- We saw during inspection that some policies and guidelines were out of date.
- Bereavement midwives were not available at weekends to provide specialist support if this was needed. The perinatal mental health team was also not available at weekends.

Is the service caring?

Good

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as good because:

- Staff cared for women with kindness and compassion, attentive to the needs of women, their partners, carers and families.
- Staff routinely focussed on the needs of individual women in their approach to providing care.
- Staff were thorough and took time to communicate with women in ways they could understand. They adapted their communication to support each individual person.
- Staff provided emotional support for women and their partners when providing care. We observed staff reassuring women when they were anxious about treatment or needed any help.
- Staff listened to and supported women appropriately to be involved in decisions about their care.
- Women spoke appreciatively about the care they had received, and the service consistently received positive feedback.

Is the service responsive?

Good

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as good because:

- Services were planned to meet the needs of women and their partners and were provided in appropriate environments, including home visits.

Maternity

- Women and their partners were supported and encouraged to communicate their views.
- Women could access the service when they needed and wanted to.
- The service treated complaints seriously, responding to concerns at an early stage and investigating any issues raised. Learning was shared from this to identify improvements.
- The service took account of people's individual needs. The service provided additional support and services to women including pregnant teenagers and those with mental health needs.

However:

- Capacity in the antenatal day unit was limited and we saw during inspection waiting rooms were full and there were high numbers of patients waiting to be seen.
- There were a limited number of appointment times available for surgical evacuation procedures following early pregnancy loss.
- There was limited signposting to bereavement services for women following early pregnancy loss.

Is the service well-led?

Good

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as good because:

- The service had leaders at all levels with the right skills and abilities to run a maternity service that provides high-quality sustainable care.
- Staff were positive about the leadership of the service, particularly acknowledging the head of midwifery and the developments that had been introduced in the service.
- All staff we spoke with during inspection felt supported by the leadership team to deliver improvements in the care provided.
- The service had a vision for what it wanted to achieve and workable plans to turn this into action, developed with involvement from staff, women and key groups representing the local community.
- The strategy and supporting plans were challenging whilst remaining achievable. Arrangements for reviewing progress in delivery of the strategic objectives were integrated and robust.
- Leaders across the department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud of their achievements and the services they worked in.
- Leadership at ward level was strong and effective; every member of staff we spoke with was clear about their role and positive about support from managers.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. All staff were actively encouraged to speak up and raise concerns and all policies and procedures positively supported this process.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Maternity

- The service engaged widely with women and their partners, staff and other organisations in the local health economy, working collaboratively to improve health outcomes in maternity services.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Our inspection team

Nicholas Smith, Head of Hospital North led this inspection. An executive reviewer, Rosamond Tolcher, Chief Executive Officer, Harrogate and District NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included an inspection manager, four inspectors, an assistant inspector and six specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.

Integrated Summary Dashboard - March 2019

Bolton
NHS Foundation Trust

Executive Summary

Trust Objective	RAG Distribution	Total
Quality and Safety		
Harm Free Care		19
Infection Prevention and Control		9
Mortality		4
Patient Experience		16
Maternity		11
Operational Performance		
Access		11
Productivity		12
Cancer		7
Community		6
Workforce		
Sickness, Vacancy and Turnover		3
Organisational Development		6
Agency		4
Finance		
Finance		5

Understanding the Report

This summary report shows the latest and previous position of selected indicators, as well as a year to date position, and a sparkline showing the trend over the last 12 months.

RAG Status

	Indicator is underperforming against the plan for the relevant period (latest, previous, year to date)
	Indicator is performing against the plan (including equal to the plan) for the relevant period (latest, previous, year to date)

Trend

	The direction of travel of the indicator value between the previous and latest period is downwards, and this is undesirable with respect to the plan
	The direction of travel of the indicator value between the previous and latest period is upwards, and this is undesirable with respect to the plan
	The indicator value has not changed between the previous and latest period
	The direction of travel of the indicator value between the previous and latest period is downwards, and this is desirable with respect to the plan
	The direction of travel of the indicator value between the previous and latest period is upwards, and this is desirable with respect to the plan

Bolton NHS Foundation Trust

Quality and Safety

Harm Free Care

Pressure Ulcers:
There were two lapses in care (one community, one hospital) noted in March, however, two pressure ulcers outcomes remain pending. The current position of total number of pressure ulcers resulting in lapses in care remains green.

Falls:
There has been one unpreventable fall resulting in severe harm reported and heard at Harm Free Care panel in March. Further detailed report on improvement work to date will be presented at Quality Assurance Committee in May.

Never Event:
The one Never Event in March relates to wrong site surgery. An investigation of the facts is being undertaken in line with the serious incidents policy.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
6 - Compliance with preventative measure for VTE	>= 95%	96.5%	Mar-19			>= 95%	95.5%	Feb-19		>= 95%	96.5%		95.4 - 97.8%	
9 - Never Events	= 0	1	Mar-19			= 0	0	Feb-19		= 0	3		0 - 1	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	4.38	Mar-19			<= 5.30	5.42	Feb-19		<= 5.30	4.76		3.60 - 5.88	
14 - Inpatient falls resulting in Harm (Moderate +)	= 0	1	Mar-19			= 0	5	Feb-19		= 0	22		0 - 5	
15 - Acute Inpatients acquiring pressure damage (grd 2)	<= 6.0	7.0	Mar-19			<= 6.0	2.0	Feb-19		<= 72.0	75.0		2.0 - 13.0	
16 - Acute Inpatients acquiring pressure damage (grd 3)	<= 0.5	2.0	Mar-19			<= 0.5	0.0	Feb-19		<= 6.0	8.0		0.0 - 2.0	
17 - Acute Inpatients acquiring pressure damage (grd 4)	= 0.0	0.0	Mar-19			= 0.0	0.0	Feb-19		= 0.0	0.0		0.0 - 0.0	
18 - Community patients acquiring pressure damage (grd 2)	<= 7.0	9.0	Mar-19			<= 7.0	9.0	Feb-19		<= 84.0	91.0		2.0 - 12.0	
19 - Community patients acquiring pressure damage (grd 3)	<= 4.0	6.0	Mar-19			<= 4.0	7.0	Feb-19		<= 48.0	60.0		1.0 - 10.0	
20 - Community patients acquiring pressure damage (grd 4)	<= 1.0	2.0	Mar-19			<= 1.0	1.0	Feb-19		<= 12.0	14.0		0.0 - 3.0	

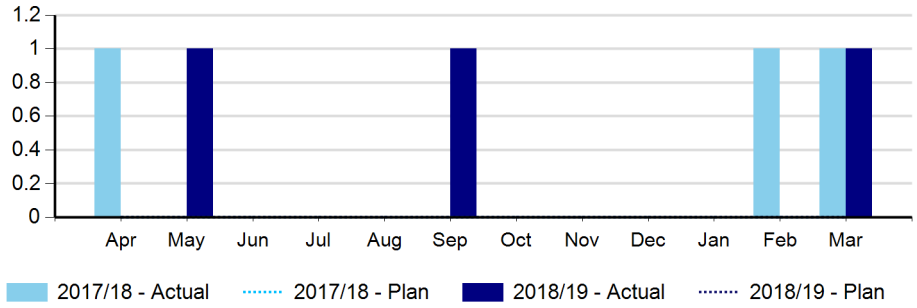
Integrated Summary Dashboard - March 2019

NHS Bolton NHS Foundation Trust

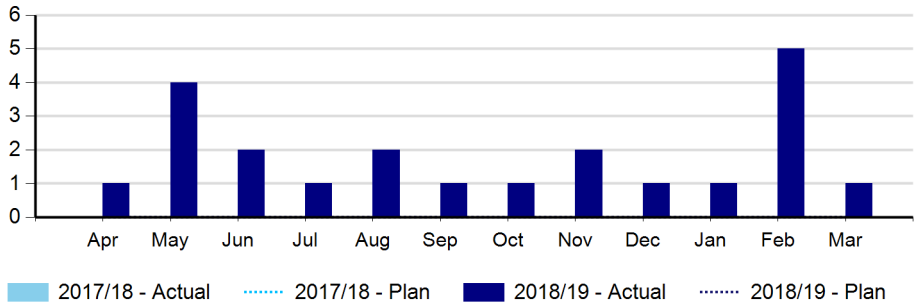
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
21 - Total Pressure Damage due to lapses in care	<= 6	2	Mar-19			<= 6	2	Feb-19		<= 67	61		2 - 9	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	92.5%	Q3 2018/19			>= 90%	90.1%	Q2 2018/19		>= 90%	91.5%		90.1 - 92.5%	
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	91.7%	Q3 2018/19			>= 90%	90.0%	Q2 2018/19		>= 90%	90.6%		90.0 - 91.7%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 80%	80.9%	Mar-19			>= 80%	80.9%	Feb-19		>= 80%	79.3%		76.7 - 80.9%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 72.5%	58.7%	Mar-19			>= 72.5%	65.3%	Feb-19		>= 72.5%	74.8%		58.7 - 87.3%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Mar-19			= 100%	100.0%	Feb-19		= 100%	88.5%		33.3 - 100.0%	
88 - KPI Audits linked to Bolton System of Accreditation (BOSCA)	>= 85%	92.6%	Mar-19			>= 85%	92.6%	Feb-19		>= 85%	92.4%		91.6 - 94.0%	
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days	= 100%	N/A	Mar-19			= 100%	100.0%	Feb-19		= 100%	33.3%		0.0 - 100.0%	
312 - All Serious Incidents investigated and signed off by the Quality Assurance Committees within 60 days but within an agreed extension period	= 100%	N/A	Mar-19			= 100%	100.0%	Feb-19		= 100%	96.6%		50.0 - 100.0%	

Exceptions

9 - Never Events



14 - Inpatient falls resulting in Harm (Moderate +)

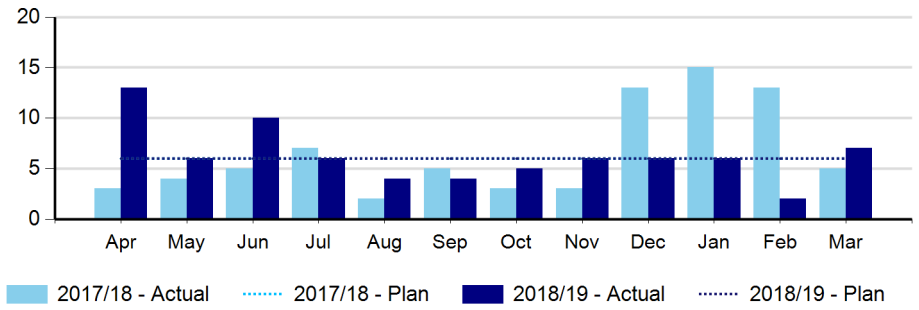


Bolton NHS Foundation Trust

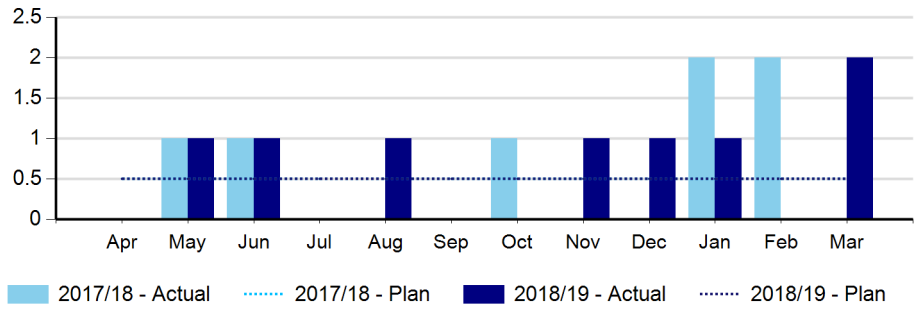
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1	0	0	0	0	0	0	0	0	0	1	1
18/19	0	1	0	0	0	1	0	0	0	0	0	1

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												0
18/19	1	4	2	1	2	1	1	2	1	1	5	1

15 - Acute Inpatients acquiring pressure damage (grd 2)



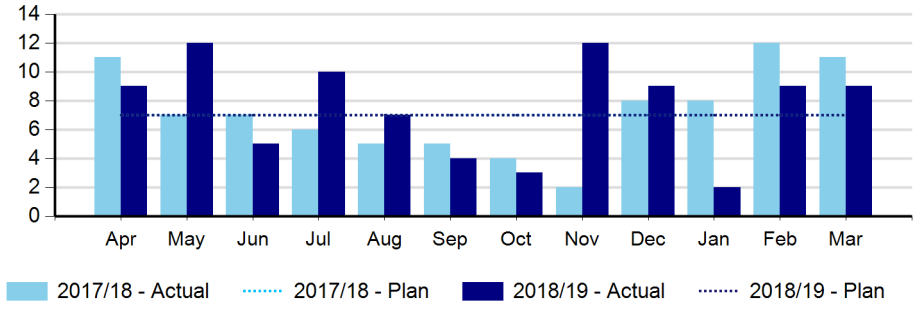
16 - Acute Inpatients acquiring pressure damage (grd 3)



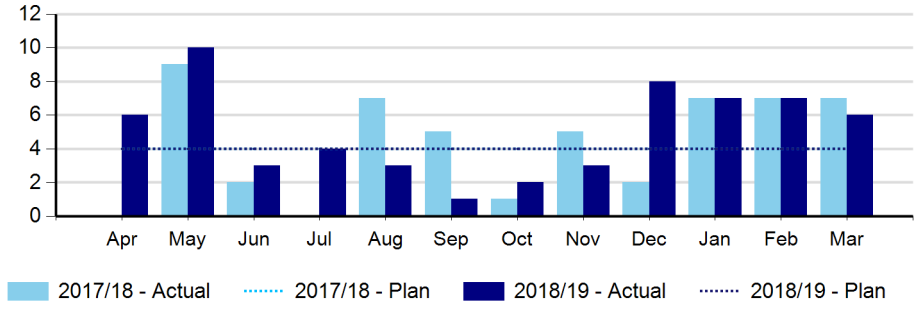
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	3.0	4.0	5.0	7.0	2.0	5.0	3.0	3.0	13.0	15.0	13.0	5.0
18/19	13.0	6.0	10.0	6.0	4.0	4.0	5.0	6.0	6.0	6.0	2.0	7.0

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0	1.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	2.0	2.0	0.0
18/19	0.0	1.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0	1.0	0.0	2.0

18 - Community patients acquiring pressure damage (grd 2)



19 - Community patients acquiring pressure damage (grd 3)

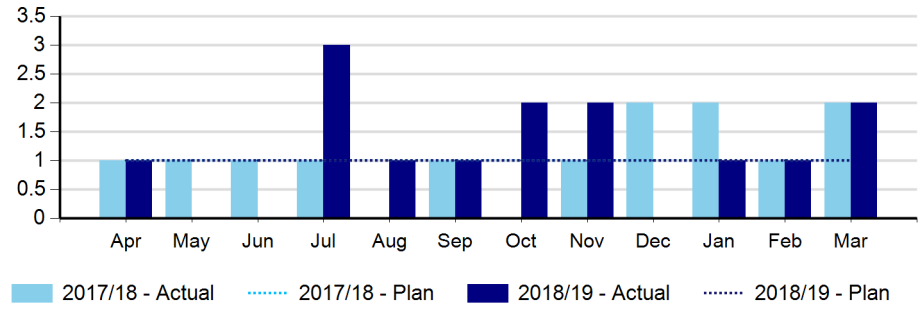


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	11.0	7.0	7.0	6.0	5.0	5.0	4.0	2.0	8.0	8.0	12.0	11.0
18/19	9.0	12.0	5.0	10.0	7.0	4.0	3.0	12.0	9.0	2.0	9.0	9.0

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0	9.0	2.0	0.0	7.0	5.0	1.0	5.0	2.0	7.0	7.0	7.0
18/19	6.0	10.0	3.0	4.0	3.0	1.0	2.0	3.0	8.0	7.0	7.0	6.0

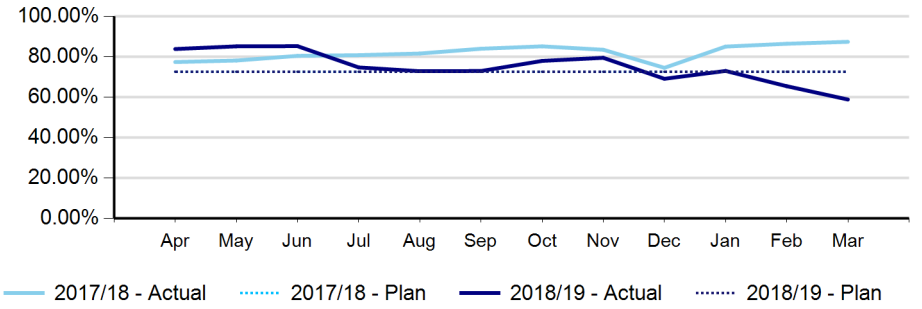
Bolton NHS Foundation Trust

20 - Community patients acquiring pressure damage (grd 4)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.0	1.0	1.0	1.0	0.0	1.0	0.0	1.0	2.0	2.0	1.0	2.0
18/19	1.0	0.0	0.0	3.0	1.0	1.0	2.0	2.0	0.0	1.0	1.0	2.0

31 - Clinical Correspondence - Outpatients %<5 working days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	77.3%	78.0%	80.3%	80.7%	81.5%	83.9%	85.0%	83.4%	74.4%	84.9%	86.3%	87.3%
18/19	83.7%	85.0%	85.1%	74.6%	72.7%	72.8%	77.8%	79.4%	69.0%	72.9%	65.3%	58.7%

Bolton NHS Foundation Trust

Infection Prevention and Control

The Trust ended the year with 20 hospital onset C. difficile cases against an objective of no more than 18 cases. This is a 33% reduction in the 30 cases from 2017/18. There was also a further 11% reduction in E. coli infections from 2017/18 to 2018/19.

There will be changes in the way that C. diff cases will be calculated and the subsequent objectives. The threshold at which cases will be considered hospital associated has been reduced by 24 hours – from three days to two days – in line with the methodology for the mandatory bloodstream infections. The objective for 2019/20 will also include community cases with an inpatient admission at Bolton FT in the preceding 28 days.

The objective for the Trust for 2019/20 is no more than 32 cases (hospital onset cases and community cases with an admission in the preceding 28 days).

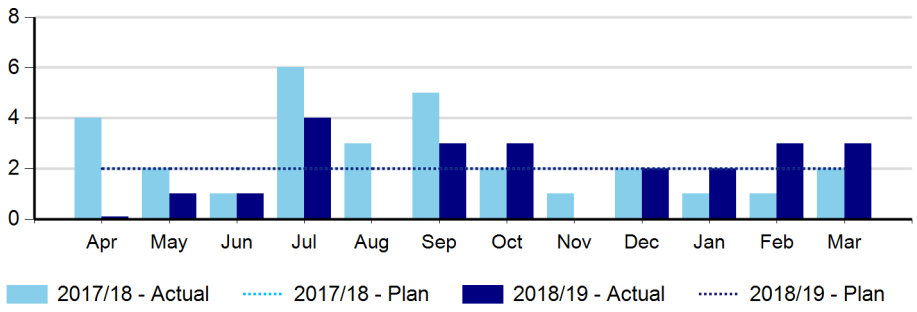
There have been no new CPE cases related to ward B3 since 21/03/19. The ward has had an extended round of environmental screens which were all negative for CPE producing organisms after which the ward was decanted, cleaned and treated with Hydrogen Peroxide Vapour.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
215 - Total Trust apportioned C. diff infections	<= 2	3	Mar-19			<= 2	3	Feb-19		<= 24	22		0 - 4	
216 - Total performance C. diff infections	<= 2	0	Mar-19			<= 2	0	Feb-19		<= 24	13		0 - 4	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Mar-19			= 0	0	Feb-19		= 0	1		0 - 1	
218 - Total Trust apportioned E. coli BSI	<= 4	5	Mar-19			<= 3	2	Feb-19		<= 39	39		0 - 7	
219 - Blood Culture Contaminants (rate)	<= 3%	4.9%	Mar-19			<= 3%	5.4%	Feb-19		<= 3%	5.0%		2.5 - 6.8%	
199 - Compliance with antibiotic prescribing standards	>= 95%	85.2%	Q3 2018/19			>= 95%	86.0%	Q1 2018/19		>= 95%	85.6%		85.2 - 86.0%	
304 - Total Trust apportioned MSSA BSIs	<= 1.3	1.0	Mar-19			<= 1.3	2.0	Feb-19		<= 15.6	23.0		0.0 - 4.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	<= 2	2	Mar-19			= 0	0	Feb-19		<= 9	14		0 - 3	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Mar-19			= 0	0	Feb-19		<= 2	2		0 - 1	

Bolton
NHS Foundation Trust

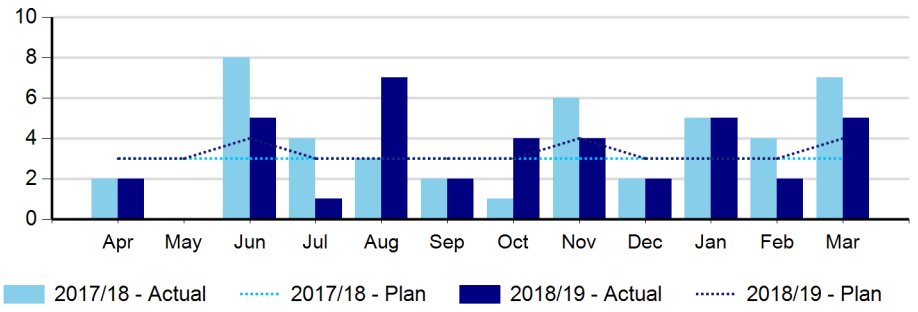
Exceptions

215 - Total Trust apportioned C. diff infections



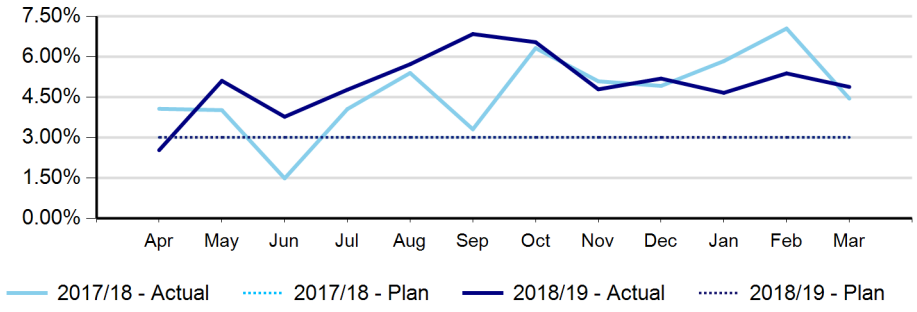
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4	2	1	6	3	5	2	1	2	1	1	2
18/19	0	1	1	4	0	3	3	0	2	2	3	3

218 - Total Trust apportioned E. coli BSI



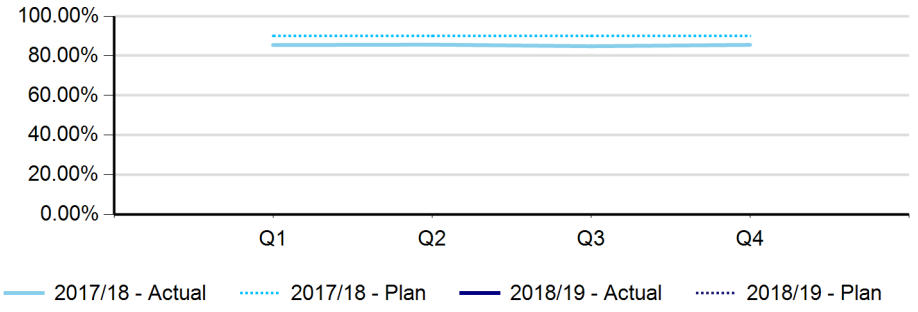
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2	0	8	4	3	2	1	6	2	5	4	7
18/19	2	0	5	1	7	2	4	4	2	5	2	5

219 - Blood Culture Contaminants (rate)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.1%	4.0%	1.5%	4.1%	5.4%	3.3%	6.3%	5.1%	4.9%	5.8%	7.0%	4.4%
18/19	2.5%	5.1%	3.8%	4.8%	5.7%	6.8%	6.5%	4.8%	5.2%	4.7%	5.4%	4.9%

199 - Compliance with antibiotic prescribing standards



	Q1	Q2	Q3	Q4
17/18	85.4%	85.6%	84.8%	85.5%
18/19	86.0%		85.2%	

Bolton NHS Foundation Trust

Mortality

Crude Mortality has fallen in March 2019 to 2.1% (previously at 2.7% in February 2019).

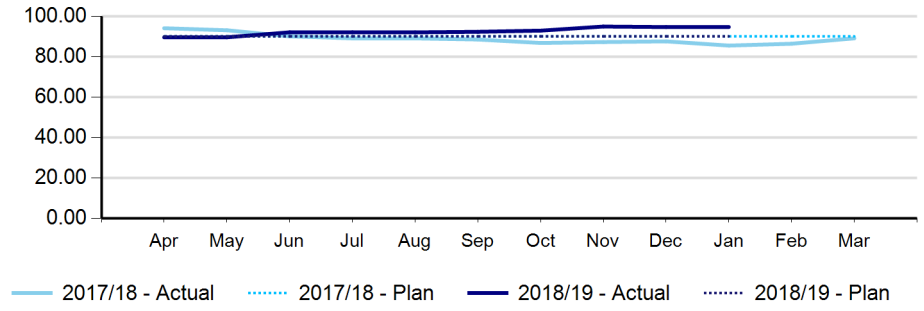
Risk Adjusted Mortality (ratio) has remained constant at 94.6.

Standardised Hospital Mortality ratio is updated quarterly in arrears.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
3 - National Early Warning Scores to Gold standard	>= 85%	98.4%	Mar-19		↓	>= 85%	100.0%	Feb-19		>= 85%	94.1%		85.1 - 100.0%	
10 - Risk adjusted Mortality (ratio) (2 mths in arrears)	<= 90	94.6	Jan-19		↑	<= 90	94.6	Dec-18		<= 90	94.6		89.0 - 94.9	
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 100.00	113.85	Q2 2018/19		↑	<= 100.00	111.16	Q1 2018/19		<= 100.00	113.85		111.16 - 113.85	
12 - Crude Mortality %	<= 2.9%	2.1%	Mar-19		↓	<= 2.9%	2.7%	Feb-19		<= 2.9%	2.2%		1.9 - 2.9%	

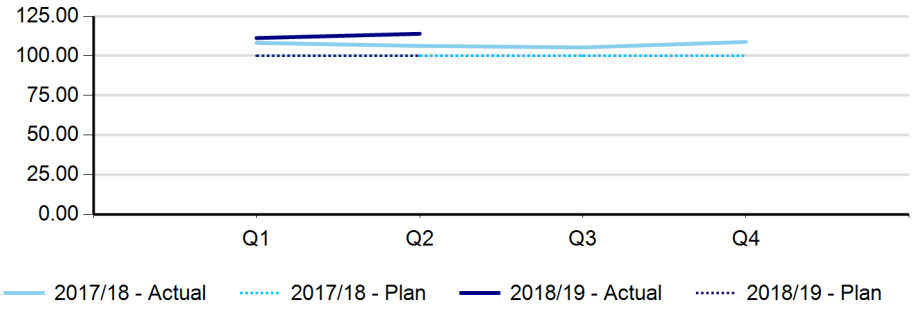
Exceptions

10 - Risk adjusted Mortality (ratio) (2 mths in arrears)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	94.0	93.0	90.0	89.0	89.0	88.4	86.7	87.2	87.5	85.4	86.3	89.0
18/19	89.5	89.5	92.0	92.0	92.0	92.2	92.8	94.9	94.6	94.6		

11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)



	Q1	Q2	Q3	Q4
17/18	108.10	106.20	105.22	108.70
18/19	111.16	113.85		

Integrated Summary Dashboard - March 2019

NHS Bolton NHS Foundation Trust

Patient Experience

There was a strong performance in March across the majority of indicators. The response rate for A&E and inpatients, although below the plan set by the Trust, is higher than the national reported averages of 12.2% for A&E and 24.6% for Inpatients (February 2019).

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
200 - A&E Friends and Family Response Rate	>= 20%	15.2%	Mar-19			>= 20%	16.7%	Feb-19		>= 20%	17.4%		13.3 - 20.6%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	91.4%	Mar-19			>= 90%	90.7%	Feb-19		>= 90%	89.5%		84.2 - 91.4%	
80 - Inpatient Friends and Family Response Rate	>= 30%	28.1%	Mar-19			>= 30%	29.3%	Feb-19		>= 30%	31.5%		25.7 - 37.5%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	96.3%	Mar-19			>= 90%	96.4%	Feb-19		>= 90%	96.5%		95.8 - 97.4%	
81 - Maternity Friends and Family Response Rate	>= 15%	26.3%	Mar-19			>= 15%	34.5%	Feb-19		>= 15%	30.3%		19.0 - 43.6%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	94.4%	Mar-19			>= 90%	94.2%	Feb-19		>= 90%	95.6%		92.4 - 97.9%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	10.6%	Mar-19			>= 15%	43.4%	Feb-19		>= 15%	17.2%		1.7 - 43.4%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	96.5%	Mar-19			>= 90%	96.6%	Feb-19		>= 90%	97.2%		88.9 - 100.0%	
83 - Birth - Friends and Family Response Rate	>= 15%	26.1%	Mar-19			>= 15%	31.3%	Feb-19		>= 15%	33.2%		24.9 - 50.2%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	93.3%	Mar-19			>= 90%	92.6%	Feb-19		>= 90%	94.1%		88.5 - 97.8%	
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	35.4%	Mar-19			>= 15%	20.8%	Feb-19		>= 15%	27.5%		17.7 - 44.5%	
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	92.2%	Mar-19			>= 90%	93.2%	Feb-19		>= 90%	93.6%		88.1 - 98.1%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	39.5%	Mar-19			>= 15%	40.7%	Feb-19		>= 15%	45.8%		28.9 - 75.1%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	96.6%	Mar-19			>= 90%	93.2%	Feb-19		>= 90%	97.4%		93.2 - 99.5%	

Integrated Summary Dashboard - March 2019

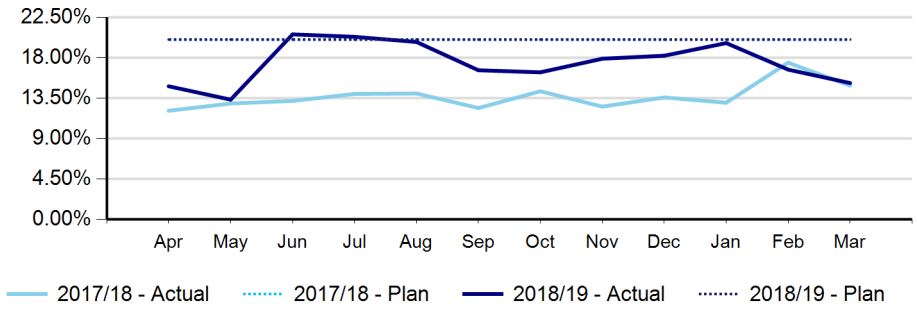
Bolton NHS Foundation Trust

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Mar-19			= 100%	100.0%	Feb-19		= 100%	99.7%		96.6 - 100.0%	
90 - Complaints responded to within the period	>= 95%	100.0%	Mar-19			>= 95%	90.0%	Feb-19		>= 95%	95.9%		88.5 - 100.0%	

Bolton
NHS Foundation Trust

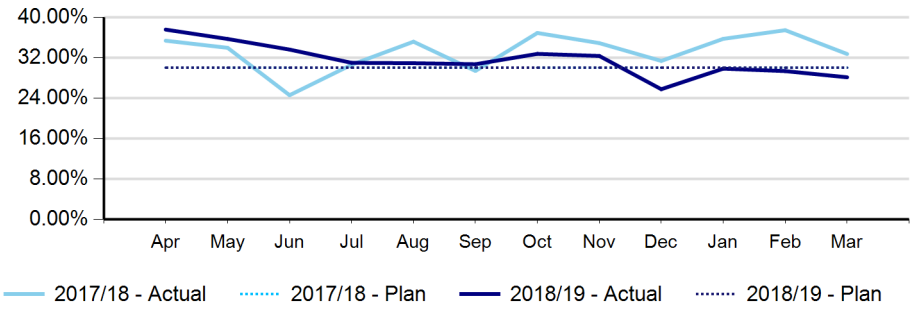
Exceptions

200 - A&E Friends and Family Response Rate



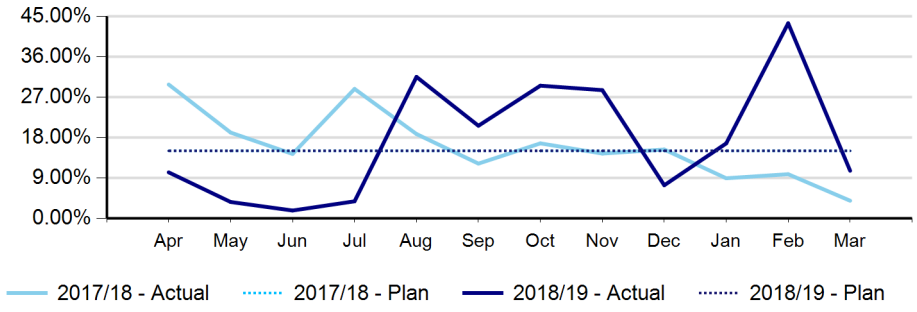
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12.1%	12.9%	13.2%	13.9%	14.0%	12.4%	14.2%	12.5%	13.6%	13.0%	17.4%	14.9%
18/19	14.8%	13.3%	20.6%	20.3%	19.7%	16.6%	16.4%	17.9%	18.2%	19.6%	16.7%	15.2%

80 - Inpatient Friends and Family Response Rate



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	35.3%	33.9%	24.5%	30.6%	35.1%	29.3%	36.9%	34.9%	31.3%	35.7%	37.4%	32.7%
18/19	37.5%	35.7%	33.6%	31.0%	30.9%	30.7%	32.7%	32.3%	25.7%	29.8%	29.3%	28.1%

82 - Antenatal - Friends and Family Response Rate



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	29.8%	19.1%	14.3%	28.8%	18.8%	12.2%	16.7%	14.4%	15.3%	8.9%	9.8%	3.9%
18/19	10.2%	3.6%	1.7%	3.8%	31.5%	20.6%	29.5%	28.5%	7.3%	16.7%	43.4%	10.6%

NHS Bolton NHS Foundation Trust

Maternity

There were three stillbirths in month; one which is subject to the new Healthcare Safety Investigation Branch (H-SIB) process.

For the third month in a row the Trust achieved the GM target of <85% of eligible women being given magnesium sulphate for neuro protection of the premature baby. In the last two months the Trust has achieved 100%.

Induction of labour is 44.1% in month. New GM guidelines have been issued together with a new national guideline on managing reduced fetal movements launched in March. This is part of Saving Babies Lives 2 care bundle which advises when it is safe not to intervene in induction of labour.

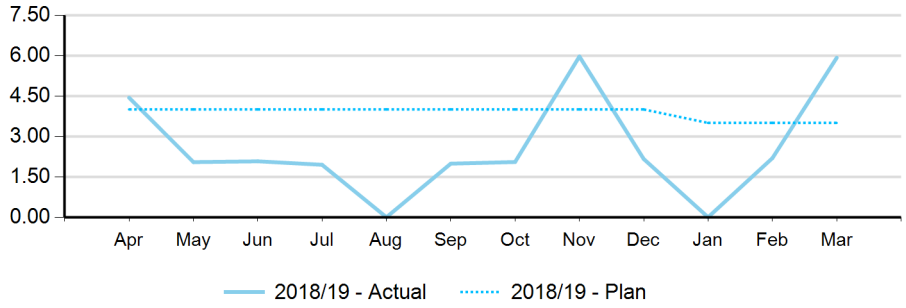
The Midwife Led Unit was 7.21% of total births, however, this is still below target of between 13%-15%. This is the highest number of births since October 2018, and is due to the new continuity of care model launched.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
322 - Maternity - Stillbirths per 1000 births	<= 3.50	5.92	Mar-19			<= 3.50	2.19	Feb-19		<= 3.50	2.58		0.00 - 5.96	
23 - Maternity -3rd/4th degree tears	<= 3.5%	1.6%	Mar-19			<= 3.5%	1.6%	Feb-19		<= 3.5%	2.3%		1.6 - 3.2%	
202 - 1:1 Midwifery care in labour	>= 97.0%	97.8%	Mar-19			>= 97.0%	98.4%	Feb-19		>= 97.0%	98.7%		97.8 - 99.8%	
203 - Booked 12+6	>= 90.0%	88.1%	Mar-19			>= 90.0%	86.8%	Feb-19		>= 90.0%	80.9%		82.5 - 89.4%	
204 - Inductions of labour	<= 40%	44.2%	Mar-19			<= 40%	39.1%	Feb-19		<= 40%	40.4%		36.3 - 44.2%	
205 - Normal deliveries	>= 50.0%	60.0%	Mar-19			>= 50.0%	59.2%	Feb-19		>= 50.0%	58.2%		54.1 - 61.9%	
208 - Total C section	<= 33.0%	28.5%	Mar-19			<= 33.0%	28.4%	Feb-19		<= 33.0%	28.8%		25.7 - 31.4%	
210 - Initiation breast feeding	>= 65%	69.49%	Mar-19			>= 65%	65.03%	Feb-19		>= 65%	68.18%		63.30 - 72.60%	
213 - Maternity complaints	<= 5	3	Mar-19			<= 5	2	Feb-19		<= 60	37		0 - 8	
319 - Maternal deaths (direct)	= 0	0	Mar-19			= 0	0	Feb-19		= 0	1		0 - 1	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 8%	10.4%	Mar-19			<= 8%	8.0%	Feb-19		<= 8%	9.5%		7.8 - 11.2%	

Bolton NHS Foundation Trust

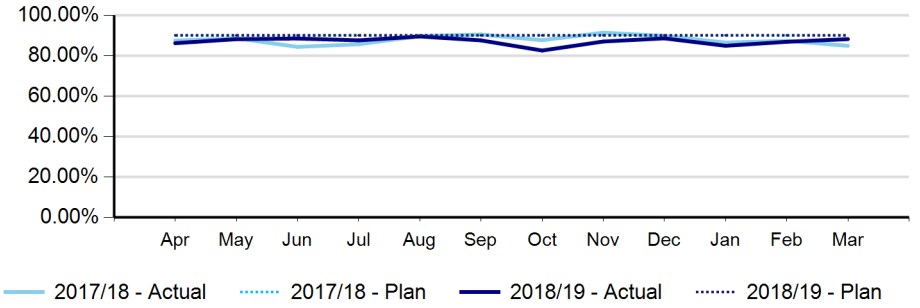
Exceptions

322 - Maternity - Stillbirths per 1000 births



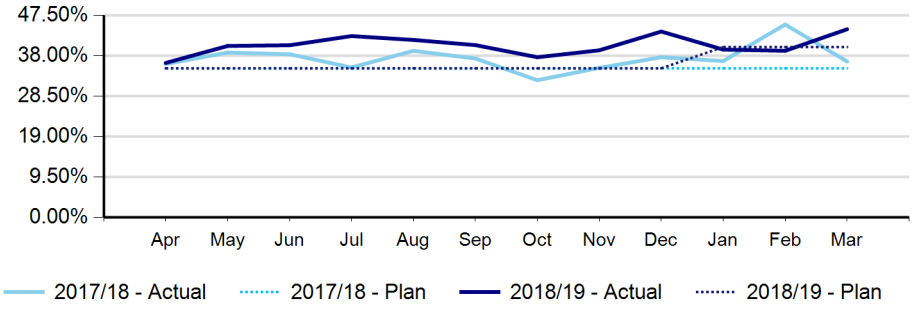
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	4.43	2.04	2.07	1.95	0.00	1.99	2.05	5.96	2.16	0.00	2.19	5.92

203 - Booked 12+6



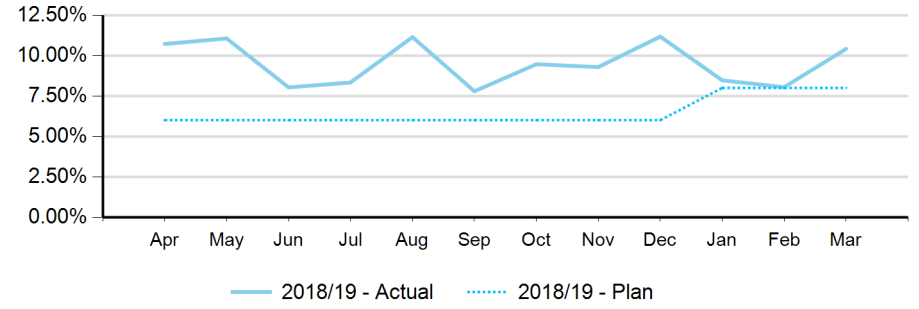
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	87.4%	88.5%	84.3%	85.6%	89.6%	90.4%	87.6%	91.3%	89.7%	86.4%	87.3%	84.8%
18/19	86.1%	88.1%	88.4%	87.5%	89.4%	87.5%	82.5%	86.9%	88.5%	84.8%	86.8%	88.1%

204 - Inductions of labour



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	36.0%	38.7%	38.3%	35.2%	39.1%	37.3%	32.2%	35.1%	37.6%	36.7%	45.3%	36.6%
18/19	36.3%	40.3%	40.4%	42.6%	41.7%	40.4%	37.6%	39.2%	43.6%	39.4%	39.1%	44.2%

320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	10.7%	11.1%	8.0%	8.3%	11.1%	7.8%	9.5%	9.3%	11.2%	8.5%	8.0%	10.4%

NHS Bolton NHS Foundation Trust

Operational Performance

Access

Late transfers rose significantly in the month, Divisions are reviewing why this has happened and what actions needed to reduce the number of patients moved at night.

Although the RTT standard was not achieved, this was in line with plan. The Trust is the only organisation in GM to maintain the waiting list at or below March 2018 numbers. There remains an issue with 52 week breaches and although reduced continue to be carefully monitored. The Trust has agreed a draft trajectory to achieve the RTT standard for 2019/20 subject to CCG support.

The Trust has now agreed a new TIA pathway which should see a significant improvement in performance. Stroke performance continues to improve and the latest SSNAP DATA (National stroke monitoring) identifies the Trust as the best performing non stroke centre site in GM and in the upper decile in England.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	= 0	40	Mar-19		↑	= 0	29	Feb-19		= 0	334		15 - 42	
8 - Same sex accommodation breaches	= 0	20	Mar-19		↑	= 0	13	Feb-19		= 0	137		2 - 20	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	78.4%	Mar-19		↑	>= 75%	78.1%	Feb-19		>= 75%	68.6%		55.6 - 90.6%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	87.1%	Mar-19		↓	>= 92%	87.7%	Feb-19		>= 92%	89.0%		87.1 - 90.3%	
42 - RTT 52 week waits (incomplete pathways)	= 0	1	Mar-19		↓	= 0	5	Feb-19		= 0	69		0 - 10	
314 - RTT 18 week waiting list	<= 22,812	22,554	Mar-19		↓	<= 22,812	22,949	Feb-19		<= 22,812	22,554		22,344 - 23,052	
53 - A&E 4 hour target	>= 95%	85.0%	Mar-19		↑	>= 95%	78.9%	Feb-19		>= 95%	84.6%		78.9 - 91.3%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0%	5%	Mar-19		↓	= 0%	6%	Feb-19		= 0%	7%		4 - 14%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	0.98%	Mar-19		↓	= 0.00%	3.50%	Feb-19		= 0.00%	1.80%		0.35 - 6.98%	
72 - Diagnostic Waits >6 weeks %	<= 1%	0.6%	Mar-19		↑	<= 1%	0.4%	Feb-19		<= 1%	1.0%		0.3 - 3.2%	

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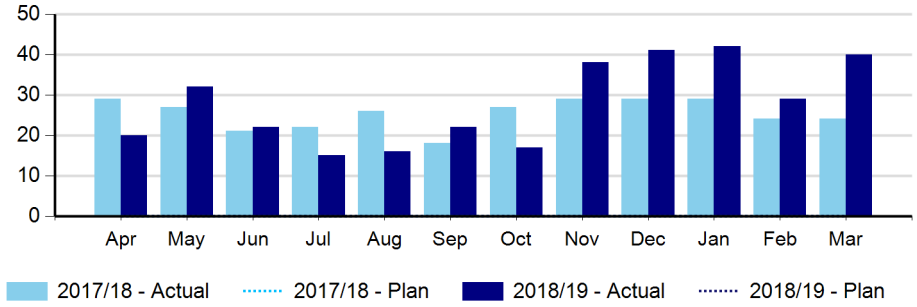
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	0.0%	Mar-19			= 100%	13.3%	Feb-19		= 100%	15.5%		0.0 - 83.3%	

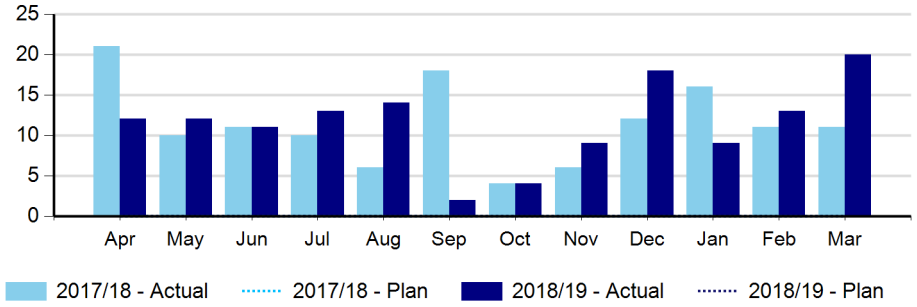
Exceptions

7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	29	27	21	22	26	18	27	29	29	29	24	24
18/19	20	32	22	15	16	22	17	38	41	42	29	40

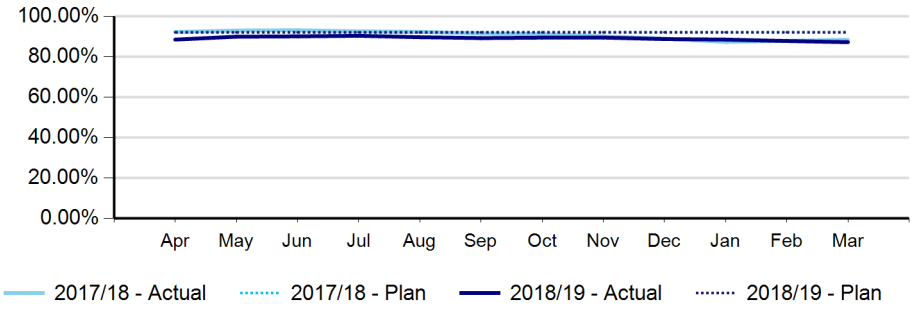
8 - Same sex accommodation breaches



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	21	10	11	10	6	18	4	6	12	16	11	11
18/19	12	12	11	13	14	2	4	9	18	9	13	20

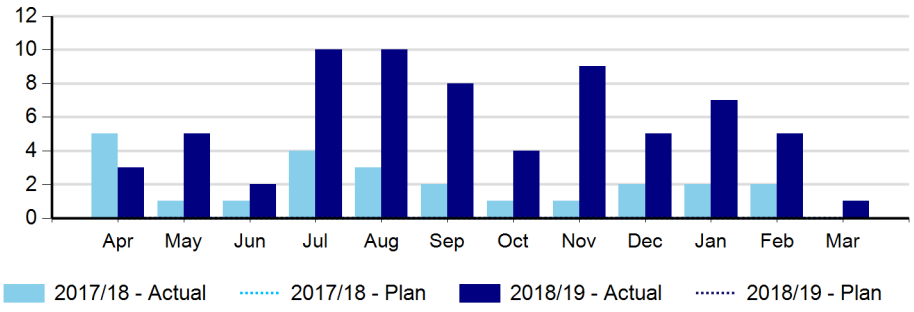
Bolton NHS Foundation Trust

41 - RTT Incomplete pathways within 18 weeks %



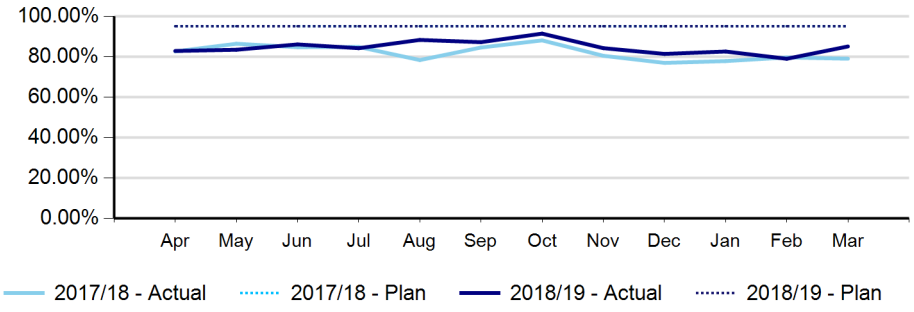
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.1%	92.9%	93.0%	92.5%	92.2%	91.4%	91.1%	90.0%	88.8%	87.2%	87.8%	88.3%
18/19	88.4%	89.8%	90.0%	90.3%	89.6%	89.1%	89.4%	89.4%	88.7%	88.4%	87.7%	87.1%

42 - RTT 52 week waits (incomplete pathways)



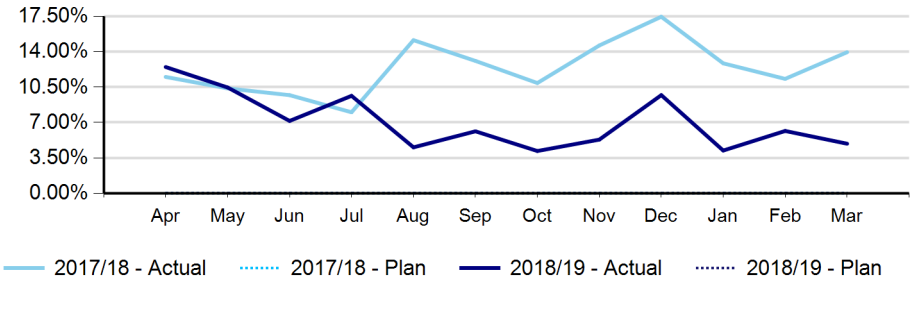
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5	1	1	4	3	2	1	1	2	2	2	0
18/19	3	5	2	10	10	8	4	9	5	7	5	1

53 - A&E 4 hour target



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	82.5%	86.3%	84.6%	84.7%	78.3%	84.5%	88.0%	80.4%	76.9%	77.8%	79.5%	78.9%
18/19	82.7%	83.4%	86.0%	84.1%	88.2%	87.1%	91.3%	84.2%	81.3%	82.5%	78.9%	85.0%

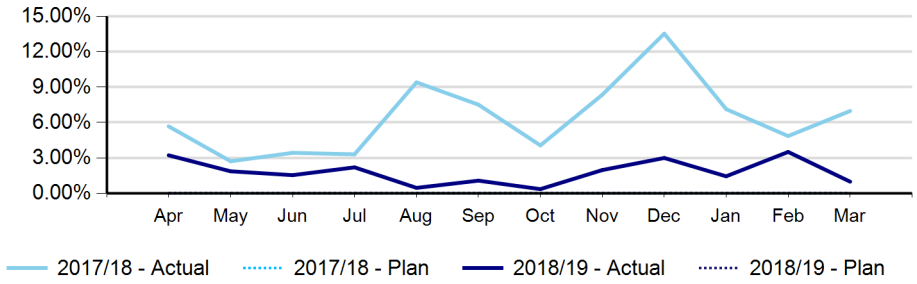
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12%	10%	10%	8%	15%	13%	11%	15%	17%	13%	11%	14%
18/19	12%	10%	7%	10%	5%	6%	4%	5%	10%	4%	6%	5%

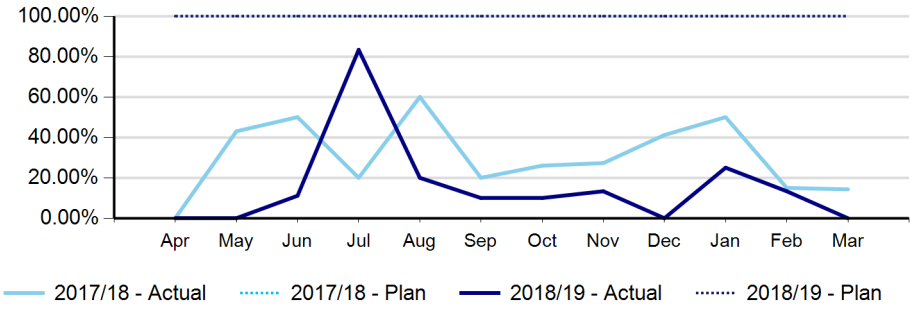
Bolton
NHS Foundation Trust

71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5.67%	2.71%	3.43%	3.30%	9.40%	7.51%	4.06%	8.36%	13.54%	7.13%	4.85%	6.98%
18/19	3.22%	1.86%	1.53%	2.19%	0.45%	1.07%	0.35%	1.97%	2.99%	1.44%	3.50%	0.98%

27 - TIA (Transient Ischaemic attack) patients seen <24hrs



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0%	43.0%	50.0%	20.0%	60.0%	20.0%	26.0%	27.3%	41.2%	50.0%	15.0%	14.3%
18/19	0.0%	0.0%	11.1%	83.3%	20.0%	10.0%	10.0%	13.3%	0.0%	25.0%	13.3%	0.0%

NHS Bolton NHS Foundation Trust

Productivity

Stranded patients - the Trust continues to focus on reducing the number of patients with a length of stay of more than 7 days. The Trust has and is running events such as Spring into Action and the 100% challenge to support improvement in pathways.

Operations cancelled - the Trust continues to have relatively high cancellation levels. The key issues are trauma capacity, and process issues in patient pathways. The Trust has engaged an organisation to support a review of the pathways to reduce the risks of cancellation. Work has started but impact will not be seen till the next quarter.

Cancelled operations re booked within 28 days – the deterioration was due to sickness in endoscopy.

Discharges by 12 and 4 were both above threshold in March for the first time since July 2018.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
56 - Stranded patients	<= 200	233	Mar-19			<= 200	228	Feb-19		<= 200	233		199 - 260	
307 - Stranded Patients - LOS 21 days and over	<= 69	85	Mar-19			<= 69	74	Feb-19		<= 69	85		66 - 93	
57 - Discharges by Midday	>= 30%	33.1%	Mar-19			>= 30%	29.7%	Feb-19		>= 30%	28.7%		26.2 - 33.1%	
58 - Discharges by 4pm	>= 70%	70.0%	Mar-19			>= 70%	68.2%	Feb-19		>= 70%	67.2%		63.4 - 70.0%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	12.0%	Feb-19			<= 13.5%	11.2%	Jan-19		<= 13.5%	11.9%		10.8 - 12.9%	
60 - Daycase Rates	>= 80%	90.4%	Mar-19			>= 80%	88.4%	Feb-19		>= 80%	89.0%		82.4 - 90.6%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	2.1%	Mar-19			<= 1%	1.9%	Feb-19		<= 1%	1.8%		0.9 - 2.4%	
62 - Cancelled operations re-booked within 28 days	= 100%	78.8%	Mar-19			= 100%	83.3%	Feb-19		= 100%	84.9%		63.6 - 100.0%	
318 - Delayed Transfers Of Care (Trust Total) - GM Methodology (% occupied bed days delayed - phased reduction)	<= 3.3%	2.6%	Mar-19			<= 3.3%	2.1%	Feb-19		<= 3.3%	2.2%		1.1 - 3.0%	
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.47	Mar-19			<= 2.00	2.06	Feb-19		<= 2.00	2.38		2.06 - 2.75	

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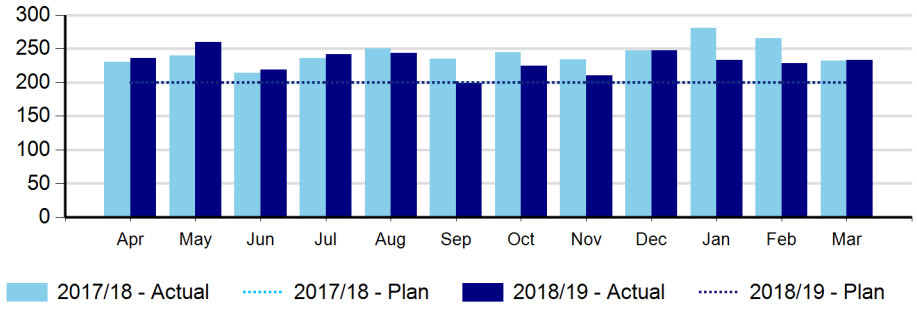
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.28	Mar-19			<= 3.70	4.29	Feb-19		<= 3.70	4.42		4.00 - 4.67	
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	87.0%	Feb-19			>= 80%	91.3%	Jan-19		>= 80%	82.6%		65.4 - 94.7%	

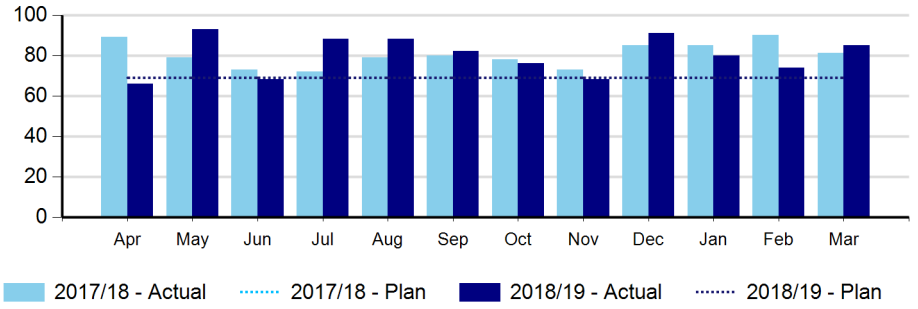
Exceptions

56 - Stranded patients



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	230	240	214	236	250	235	244	234	247	281	265	232
18/19	236	260	219	242	243	199	224	210	247	233	228	233

307 - Stranded Patients - LOS 21 days and over



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89	79	73	72	79	80	78	73	85	85	90	81
18/19	66	93	68	88	88	82	76	68	91	80	74	85

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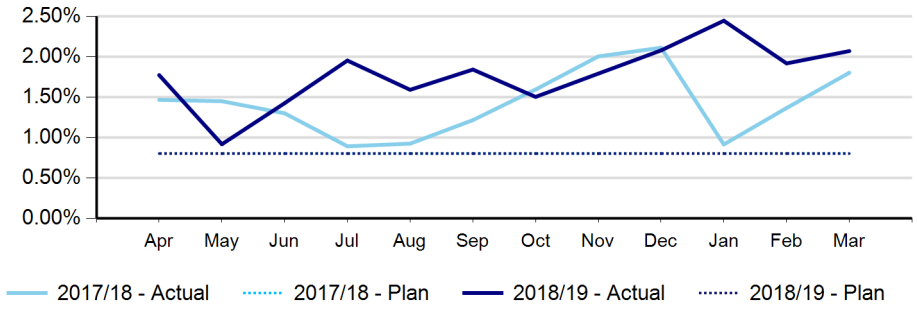
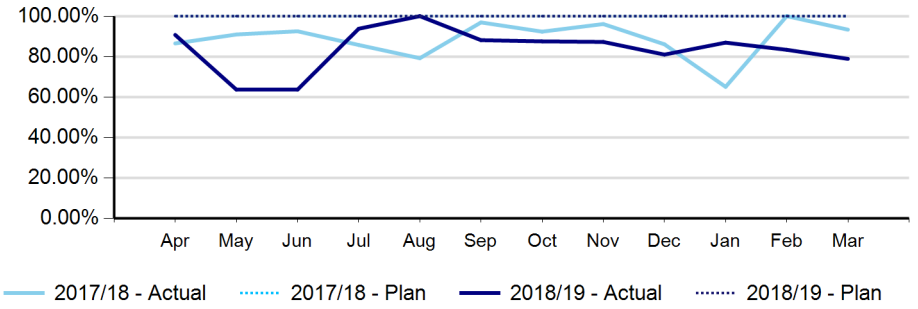
61 - Operations cancelled on the day for non-clinical reasons



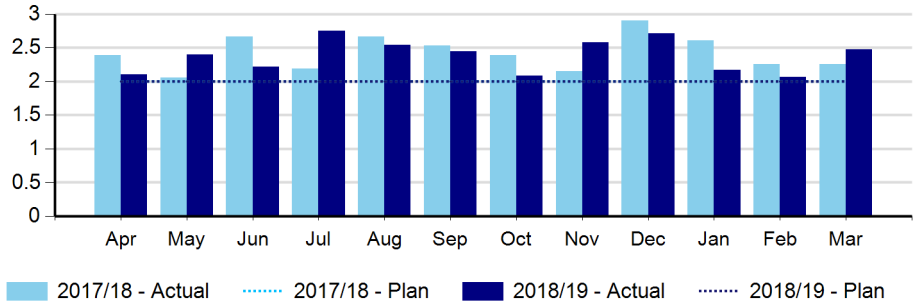
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.5%	1.4%	1.3%	0.9%	0.9%	1.2%	1.6%	2.0%	2.1%	0.9%	1.4%	1.8%
18/19	1.8%	0.9%	1.4%	2.0%	1.6%	1.8%	1.5%	1.8%	2.1%	2.4%	1.9%	2.1%

62 - Cancelled operations re-booked within 28 days



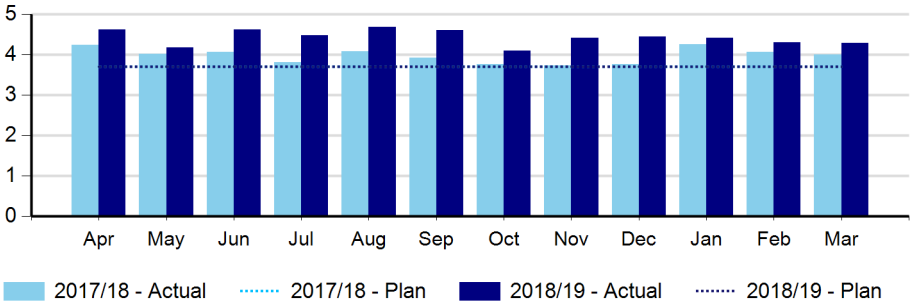
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	86.5%	90.9%	92.5%	85.7%	79.2%	96.9%	92.3%	96.1%	86.0%	65.0%	100.0%	93.3%
18/19	90.7%	63.6%	63.6%	93.8%	100.0%	88.1%	87.5%	87.2%	81.0%	86.9%	83.3%	78.8%

65 - Elective Length of Stay (Discharges in month)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2.39	2.05	2.66	2.18	2.66	2.53	2.39	2.15	2.90	2.60	2.25	2.26
18/19	2.10	2.40	2.22	2.75	2.54	2.44	2.08	2.58	2.71	2.17	2.06	2.47

66 - Non Elective Length of Stay (Discharges in month)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.23	4.02	4.05	3.80	4.07	3.91	3.76	3.72	3.75	4.25	4.06	4.00
18/19	4.62	4.17	4.62	4.47	4.67	4.60	4.09	4.41	4.44	4.40	4.29	4.28

Bolton NHS Foundation Trust

Cancer

The Trust remains one of the best performing in England against most national standards, the exception is Breast two week waits which is a result of over 20% increase in referrals. There is a business case from the Breast Team in development to increase capacity, a review has been carried out and the waiting list is being risk managed carefully.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
46 - 62 day standard % (1 mth in arrears)	>= 85%	86.6%	Feb-19			>= 85%	90.6%	Jan-19		>= 85%	89.9%		85.8 - 95.4%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	89.5%	Feb-19			>= 90%	91.5%	Jan-19		>= 90%	85.1%		67.9 - 100.0%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	100.0%	Feb-19			>= 96%	100.0%	Jan-19		>= 96%	99.8%		98.4 - 100.0%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Feb-19			>= 94%	100.0%	Jan-19		>= 94%	98.5%		87.5 - 100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Feb-19			>= 98%	100.0%	Jan-19		>= 98%	100.0%		100.0 - 100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	97.8%	Feb-19			>= 93%	93.8%	Jan-19		>= 93%	96.3%		93.6 - 97.9%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	56.7%	Feb-19			>= 93%	67.7%	Jan-19		>= 93%	74.2%		35.5 - 95.0%	

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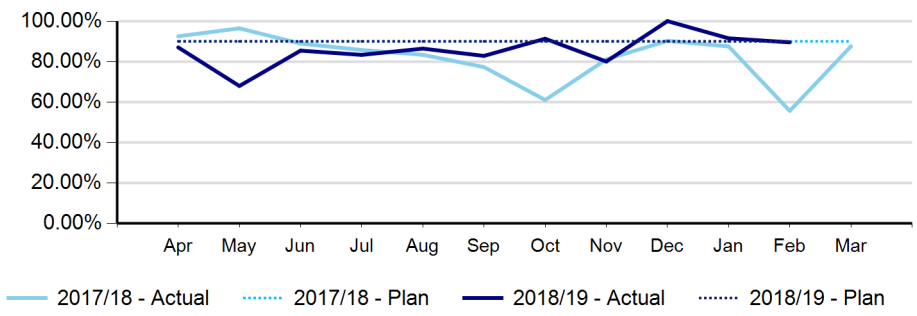
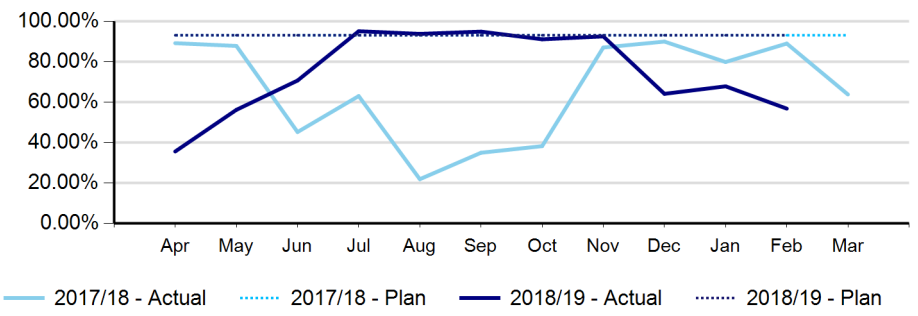
Exceptions

47 - 62 day screening % (1 mth in arrears)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.5%	96.4%	88.9%	85.7%	83.3%	77.3%	61.0%	81.1%	90.2%	87.5%	55.6%	87.5%
18/19	87.0%	67.9%	85.4%	83.3%	86.4%	82.8%	91.3%	80.0%	100.0%	91.5%	89.5%	

52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89.1%	87.7%	45.1%	62.9%	21.8%	34.9%	38.1%	86.9%	89.9%	79.8%	88.9%	63.7%
18/19	35.5%	56.1%	70.6%	95.0%	93.7%	94.8%	91.0%	92.4%	64.0%	67.7%	56.7%	

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Bolton NHS Foundation Trust

Community

Delayed Transfers of Care (DToC) have risen just above the national target of 3.3% to 3.4% of occupied bed days for the first time since September 2018. This is due to an increase in delays experienced in Darley Court in month.

The number of patients who are medically optimised remains above the set target. Spring into Action improvement week focused on medically optimised patients via the discharge market place. A number of sustainable improvements have been identified from this and a trajectory for improvement is being developed.
The DToC and medically optimised list is being monitored, although not a national mandate, concerns have been raised with partners over delays to find patients in Intermediate Care (IMC) long term care.

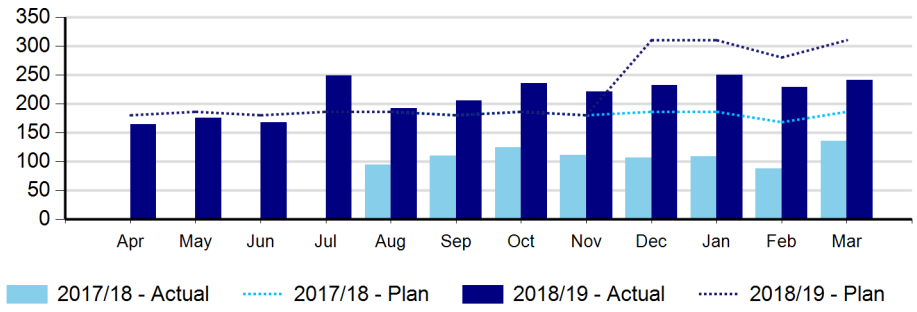
Deflection from admission for patients seen by Home First in the Emergency Department remain above the set target. Work continues within the team and on wider system pathways, including the acute frailty pathway, which will improve this position. The first half of April has seen an increase in the number of deflections from admission.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
225 - Admission Avoidance	>= 166	182	Mar-19			>= 166	227	Feb-19		>= 1,992	2,071		0 - 262	
226 - Home First Deflections	>= 310	241	Mar-19			>= 280	229	Feb-19		>= 2,674	2,559		135 - 250	
227 - Length of Stay - Darley Court	<= 28.0	28.0	Mar-19			<= 28.0	28.3	Feb-19		<= 336.0	330.1		22.5 - 35.2	
228 - DTOC Numbers	<= 15	18	Mar-19			<= 15	15	Feb-19		<= 15	18		11 - 28	
230 - Medically Optimised Numbers	<= 50	80	Mar-19			<= 50	82	Feb-19		<= 600	835		52 - 86	
231 - Medically Optimised Days	<= 209	591	Mar-19			<= 209	425	Feb-19		<= 2,508	5,728		344 - 790	

Bolton NHS Foundation Trust

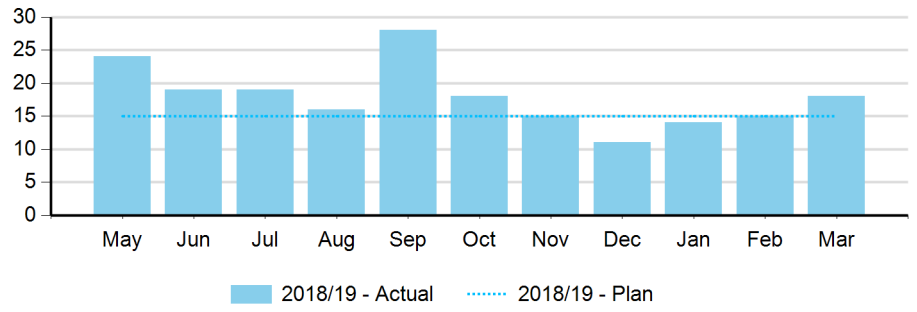
Exceptions

226 - Home First Deflections



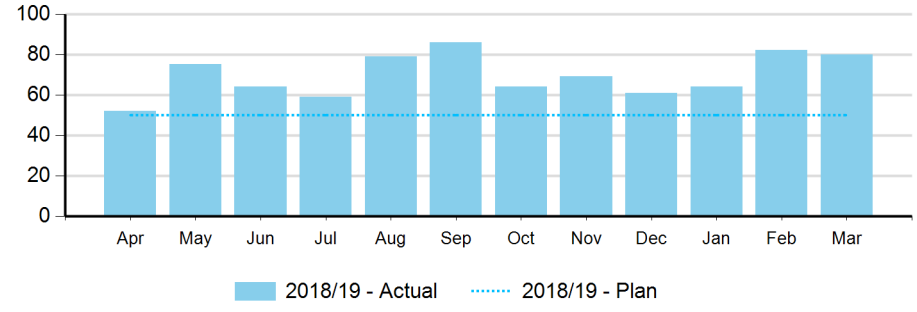
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18					94	110	124	111	106	108	87	135
18/19	164	175	167	248	192	205	235	221	232	250	229	241

228 - DTOC Numbers



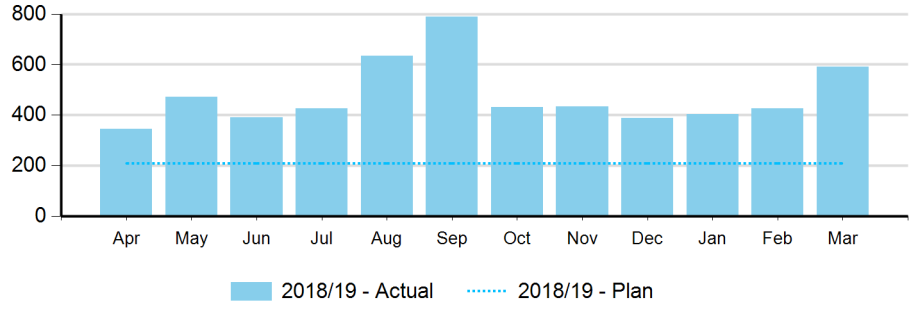
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	24	19	19	16	28	18	15	11	14	15	18

230 - Medically Optimised Numbers



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	52	75	64	59	79	86	64	69	61	64	82	80

231 - Medically Optimised Days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	344	472	391	426	634	790	430	434	388	403	425	591

NHS Bolton NHS Foundation Trust

Workforce

Sickness, Vacancy and Turnover

The sickness rate in March 2019 was 4.72%; whilst this is higher than target it is significantly lower than the same period last year (5.15% March 2018) and also lower than last month (4.97%). The Adult Acute division has sustained the dramatic reduction that was reported last month and their sickness rate is currently 5.12% (over 7% in January 2019). Other divisions have also seen a decrease in month with the exception of Elective Care which has seen an increase.

Since the last update:- Attendance Matters has been rolled out within the Families division; additional investment has been put into the Counselling service; the Health and Wellbeing group has been established to help further drive the pro-active offering to our staff. The Workforce Committee continues to receive updates on the plethora of actions being taken to drive down sickness at Trust/divisional and staffing group level.

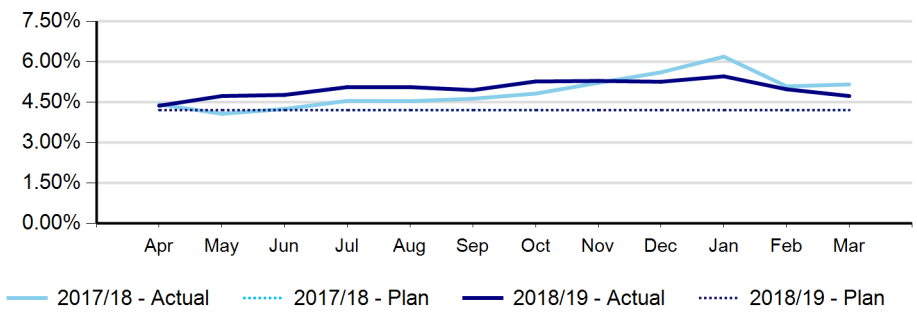
Performance on the recruitment and retention metrics remains strong. Colleagues will note that the turnover rate has dropped since last month. The reason for the slight spike last month being the planned movement of the rotational doctors.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
117 - Sickness absence level - Trust	<= 4.20%	4.72%	Mar-19			<= 4.20%	4.97%	Feb-19		<= 4.20%	4.98%		4.36 - 5.45%	
120 - Vacancy level - Trust	<= 6%	2.61%	Mar-19			<= 6%	3.58%	Feb-19		<= 6%	4.10%		0.14 - 5.25%	
121 - Turnover	8 - 10%	9.8%	Mar-19			8 - 10%	10.7%	Feb-19		8 - 10%	9.7%		9.2 - 10.7%	

Bolton
NHS Foundation Trust

Exceptions

117 - Sickness absence level - Trust



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.41%	4.06%	4.24%	4.54%	4.53%	4.62%	4.81%	5.21%	5.60%	6.18%	5.08%	5.15%
18/19	4.36%	4.72%	4.76%	5.05%	5.05%	4.94%	5.26%	5.28%	5.25%	5.45%	4.97%	4.72%

NHS Bolton NHS Foundation Trust

Organisational Development

A full update on the findings of the NHS Staff Survey was presented at the last meeting. Board members will note from their papers that the Trust will be launching the GoEngage programme in April which will further develop on the good work that has been developed.

Committee members have been briefed on the plethora of Leadership and Talent Management programmes underway. Of note, the Shadow Board will launch in May 2019 and the first of the 'Leadership Masterclasses' will take place in June 2019. Colleagues will note that the Organisational Development KPI's remain strong.

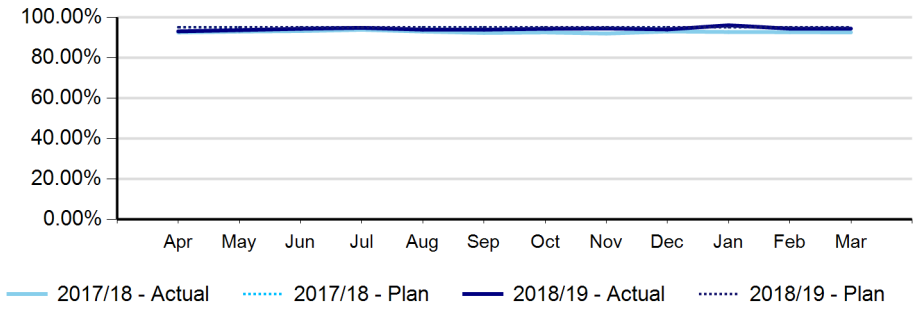
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
37 - Staff completing Statutory Training	>= 95%	94.3%	Mar-19			>= 95%	94.3%	Feb-19		>= 95%	94.2%		92.5 - 96.0%	
38 - Staff completing Mandatory Training	>= 85%	92.0%	Mar-19			>= 85%	85.9%	Feb-19		>= 85%	91.2%		85.9 - 93.1%	
39 - Staff completing Safeguarding Training	>= 95%	95.81%	Mar-19			>= 95%	95.79%	Feb-19		>= 95%	95.17%		94.16 - 95.81%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	85.8%	Mar-19			>= 85%	84.9%	Feb-19		>= 85%	85.8%		82.7 - 89.4%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	70.0%	Q3 2018/19			>= 66%	70.0%	Q2 2018/19		>= 66%			70.0 - 71.0%	
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	75.0%	Q3 2018/19			>= 80%	83.0%	Q2 2018/19		>= 80%			75.0 - 83.0%	

Integrated Summary Dashboard - March 2019

Bolton
NHS Foundation Trust

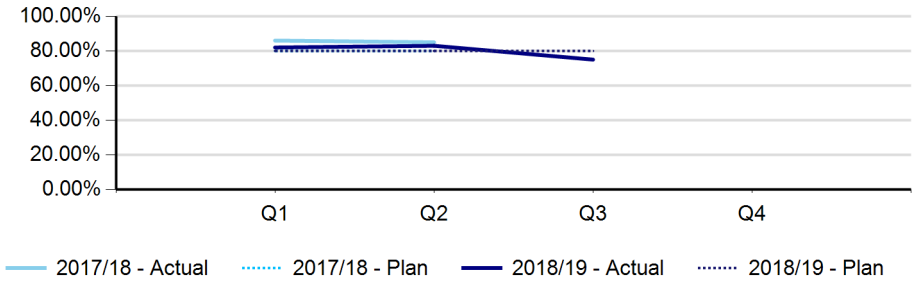
Exceptions

37 - Staff completing Statutory Training



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.4%	92.8%	93.1%	93.8%	92.9%	92.2%	92.4%	91.9%	92.9%	92.6%	92.6%	92.5%
18/19	93.0%	93.6%	94.2%	94.7%	93.8%	93.8%	94.2%	94.4%	93.9%	96.0%	94.3%	94.3%

79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)



	Q1	Q2	Q3	Q4
17/18	86.0%	85.0%		83.0%
18/19	82.0%	83.0%	75.0%	

Bolton NHS Foundation Trust

Agency

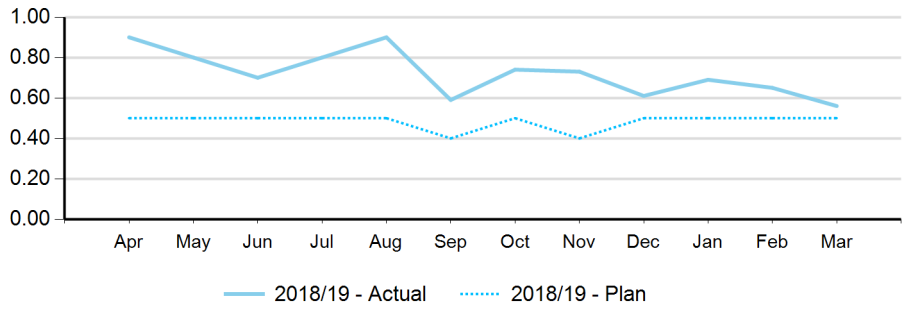
Colleagues will note the £8.5m year end position for agency spend. Whilst this is above plan it is a £1.7 million reduction from last year. Forecasting has taken place and the Trust has set a maximum threshold of £7.8 million for agency spend in 2019/2020. The Workforce Assurance Committee will be receiving a report at the next meeting which further considers the reasons for this dramatic reduction and in so doing further consider what additional measures can be taken.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
198 - Trust Annual ceiling for agency spend (£m)	<= 0.50	0.56	Mar-19			<= 0.50	0.65	Feb-19		<= 5.80	8.67		0.56 - 0.90	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.10	0.33	Mar-19			<= 0.10	0.30	Feb-19		<= 1.20	3.64		0.26 - 0.40	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.20	0.23	Mar-19			<= 0.20	0.19	Feb-19		<= 2.40	3.81		0.19 - 0.50	
311 - Revised agency forecast plan (£m)	<= 0.62	0.56	Mar-19			<= 0.63	0.65	Feb-19		<= 7.98	8.68		0.56 - 0.90	

Bolton
NHS Foundation Trust

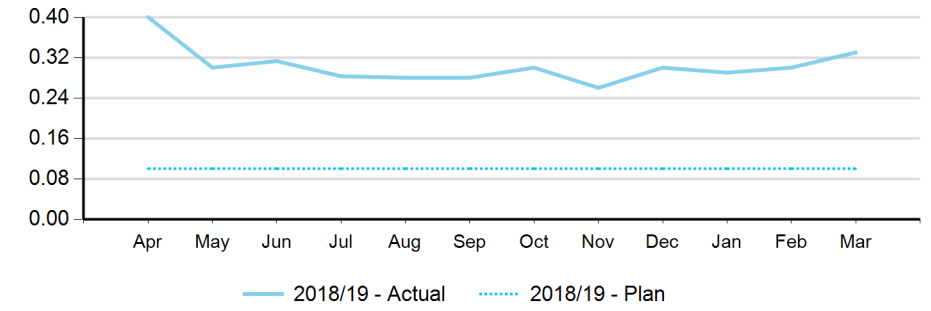
Exceptions

198 - Trust Annual ceiling for agency spend (£m)



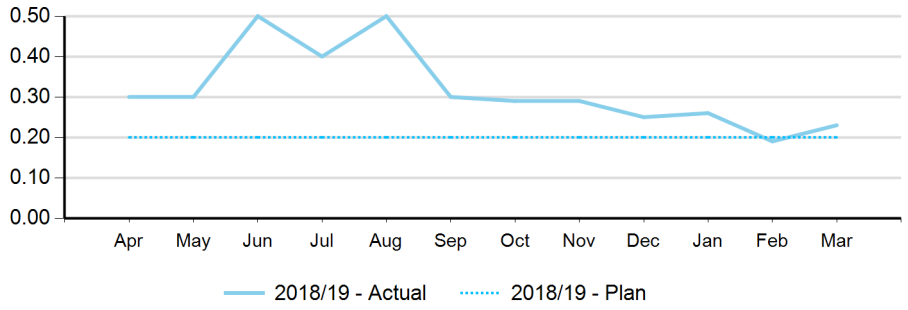
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	0.90	0.80	0.70	0.80	0.90	0.59	0.74	0.73	0.61	0.69	0.65	0.56

111 - Annual ceiling for Nursing Staff agency spend (£m)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	0.40	0.30	0.31	0.28	0.28	0.28	0.30	0.26	0.30	0.29	0.30	0.33

112 - Annual ceiling for Medical Staff agency spend (£m)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	0.30	0.30	0.50	0.40	0.50	0.30	0.29	0.29	0.25	0.26	0.19	0.23

NHS Bolton NHS Foundation Trust

Finance

Finance

The year to date surplus at the end of month 12 was £1.7m (excluding PSF and impairments) which is better than the annual plan.

PSF of £7.8m has been earned compared to a plan of £11.1m. The shortfall of £3.3m is due to the non achievement of the A&E target for the full year.

The Trust capital plan for the year was £20.7m. Following a request from NHSI the Trust slipped £0.3m of capital expenditure into 2019/20; the revised capital control total was £20.4m which was achieved.

In March there was a net cash inflow of £11.6m with a closing cash balance of £19.1m. Cash was above plan at the end of March by £9.1m, relating to £6m of Estates strategy loan draw down brought forward from 2019/20 and £1m of PDC for electronic prescribing.

The Trust overall risk rating for Use of Resources was a 2 in March compared to a plan of 1.

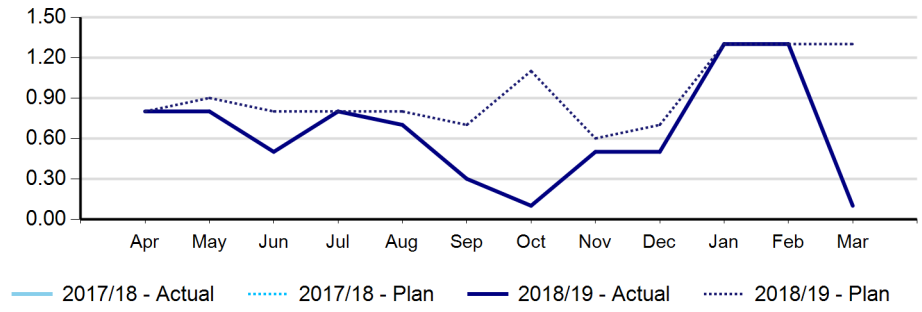
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
220 - Control Total (£ millions)	>= 2.0	5.6	Mar-19			>= 0.9	-0.6	Feb-19		>= 1.6	1.7		-1.1 - 5.6	
221 - Provider Sustainability Fund (£ millions)	>= 1.3	0.1	Mar-19			>= 1.3	1.3	Feb-19		>= 11.1	7.7		0.1 - 1.3	
222 - Capital (£ millions)	>= 2.8	2.0	Mar-19			>= 2.8	1.2	Feb-19		>= 20.8	20.5		0.5 - 4.2	
223 - Cash (£ millions)	>= 10.0	19.1	Mar-19			>= 8.7	7.5	Feb-19		>= 10.0	19.1		6.0 - 19.1	
224 - Use of Resources	>= 1	2	Mar-19			>= 1	2	Feb-19		>= 1	2		2 - 4	

Integrated Summary Dashboard - March 2019

Bolton
NHS Foundation Trust

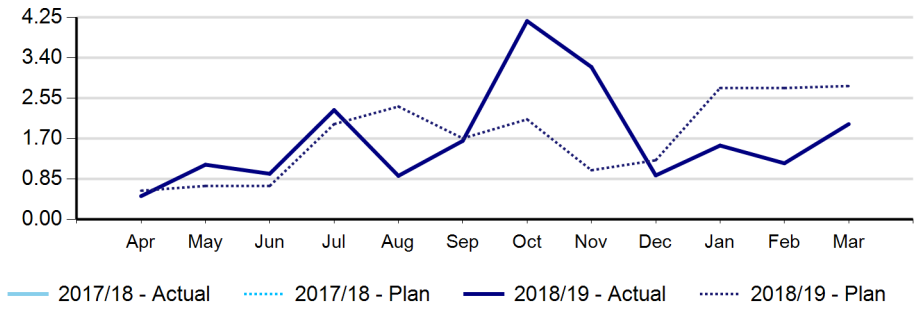
Exceptions

221 - Provider Sustainability Fund (£ millions)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												0.6
18/19	0.8	0.8	0.5	0.8	0.7	0.3	0.1	0.5	0.5	1.3	1.3	0.1

222 - Capital (£ millions)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												2.9
18/19	0.5	1.1	1.0	2.3	0.9	1.6	4.2	3.2	0.9	1.5	1.2	2.0

Bolton NHS Foundation Trust

Use of Resources

Clinical Services

The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager would meet to review in quarter three 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
175 - Pre-procedure non-elective bed days	<= 0.78	1.40	Q3 2018/19			<= 0.78	1.34	Q2 2018/19		1.34 - 1.40	
176 - Pre-procedure elective bed days	<= 0.133	0.140	Q3 2018/19			<= 0.133	0.120	Q2 2018/19		0.110 - 0.140	
177 - Emergency readmissions (30 days)	<= 7%	8.2%	Q3 2018/19			<= 7%	10.0%	Q2 2018/19		8.2 - 10.0%	
178 - Did not attend (DNA) rate	<= 7%	10.3%	Q4 2018/19			<= 7%	9.2%	Q3 2018/19		8.7 - 10.3%	

Bolton NHS Foundation Trust

People

The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager would meet to review in quarter three 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
179 - Staff retention rate		87.2%	Nov-18		↓	>= 85.80%	87.6%	Oct-18		87.2 - 90.0%	
180 - Sickness absence rate		5.53%	Oct-18		↑	<= 4.00%	5.40%	Sep-18		4.96 - 5.53%	
181 - Pay cost per weighted activity unit (WAU) - £	<= 2,180	2,434	Mar-18		↑	<= 2,157	2,348	Mar-17		2,434 - 2,434	
182 - Doctors cost per WAU - £	<= 533	411	Mar-18		↓	<= 526	424	Mar-17		411 - 411	
183 - Nurses cost per WAU - £	<= 710	967	Mar-18		↑	<= 718	961	Mar-17		967 - 967	
184 - Allied health professionals cost per WAU (community adjusted) - £	<= 114	129	Mar-18		↑	<= 89	106	Mar-17		129 - 129	

Bolton NHS Foundation Trust

Clinical Support Services

The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager would meet to review in quarter three 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
185 - Top 10 medicines – percentage delivery of savings target	= 100.0%	72.6%	Nov-17			= 100.0%	83.0%	Oct-17			
186 - Overall cost per test	<= 1.96	1.65	Mar-17			<= 2.12	2.48	Mar-16			

NHS Bolton NHS Foundation Trust

Corporate Services, Procurement, Estates & Facilities

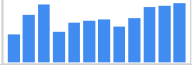
The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager would meet to review in quarter three 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
187 - Non-pay cost per WAU	<= £1,307	£1,058	Mar-18			<= £1,301	£1,139	Mar-17		£1,058 - £1,058	
188 - Finance cost per £100 million turnover	<= £676,480	£741,214	Mar-18			<= £670,512	£578,035	Mar-17		£741,214 - £741,214	
189 - Human resources cost per £100 million turnover	<= £898,020	£827,230	Mar-18			<= £874,010	£790,403	Mar-17		£827,230 - £827,230	
190 - Procurement Process Efficiency and Price Performance		49.00	Q4 2017/18			<= 56.55	72.90	Q4 2016/17		49.00 - 49.00	
191 - Estates cost per square metre	<= £342	£292	Mar-18			<= £327	£273	Mar-17		£292 - £292	

Bolton
NHS Foundation Trust

Finance

The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager would meet to review in quarter three 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
192 - Capital service capacity		2.31	Feb-19				2.19	Jan-19		1.19 - 2.31	
193 - Liquidity (days)		-4.85	Feb-19				-4.90	Jan-19		-8.82 - -2.50	
194 - Income and expenditure margin		1.20%	Feb-19				1.10%	Jan-19		-0.30 - 1.20%	
195 - Distance from financial plan		-1.90%	Feb-19				-1.50%	Jan-19		-1.90 - -0.50%	
196 - Distance from agency spend		47.50%	Feb-19				48.26%	Jan-19		30.84 - 50.13%	

Board Assurance Heat Map - Hospital - March 2019

	INDICATOR	Target	Darley Court	AED-Adults	AED-Paeds	B1 (Frailty Unit)	A4	B2	B3	B4	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	H3 (Stroke Unit)
	Acute Division																				
Beds	Total Beds		30			23	22	10	8	0	25	26	26	27	10	14	26	21	27	27	24
Infection Prevention Control	Hand Washing Compliance % (Self Assessed)	G>=100%, A>80% <99.9%, R = <80%=R,	100.0%	85.0%	100.0%	95.0%	100.0%	95.0%	95.0%		100.0%	100.0%	100.0%	85.0%	100.0%	95.0%	100.0%	100.0%	95.0%	100.0%	95.0%
	Environment Audit Compliance %	>80% <94.9%=A >95	100.0%	82.0%		91.0%	79.0%	88.0%	91.0%		96.0%	100.0%	83.0%	92.0%	96.0%	62.0%	100.0%	96.0%	92.0%	83.0%	88.0%
	Mattress Audit Compliance %	Yes=G, No Return=White	100.0%			100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%
	C - Diff	0	0	0	0	1	0	0	0		0	0	0	1	0	0	0	0	0	1	0
	New MSSA BSIs	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	1	0	0
	MRSA acquisitions	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
Harm Free Care	Safety Express Programme Harm Free Care (%)	95%	100.0%			87.0%	100.0%	100.0%	71.4%		95.2%	100.0%	92.3%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	All Inpatient Falls (Safeguard)	0	6	0	0	6	4	4	4		6	8	5	3	0	1	5	4	2	3	2
	Harms related to falls (moderate and above)		0	0	0	1	0	0	0		0	0	0	0	0	0	0	0	0	0	0
	VTE Assessment Compliance	95%				20.0%	100.0%	60.0%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%	99.4%	96.2%	98.4%	100.0%	84.0%	76.0%
	Monthly New pressure Ulcers (Grade 2)	0	0	0	0	0	0	1	1		0	0	2	0	0	0	1	0	0	0	1
	Monthly New pressure Ulcers (Grade 3)	0	0	0	0	1	0	0	0		0	0	0	0	0	0	0	0	0	0	0
	Monthly New pressure Ulcers (Grade 4)	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
	PU due to lapses in care	0	0	0	0	Pending	0	0	1		0	0	0	0	0	0	0	0	0	0	0
Audit	Monthly KPI Audit %	R=<80%,A>80%<94.9%,G>=95%	97.6%	89.0%	non return	83.8%	95.1%	89.0%	92.4%		90.3%	88.6%	84.8%	88.8%	97.3%	86.0%	92.8%	90.6%	91.5%	87.0%	92.7%
	Bolton System of Care Accreditation (BoSCA)	R=<60%,A=>60%<74.9%,S=>75%<89.9%,G=>90%	93.4%			80.5%	90.1%	58.3%	83.4%		77.0%	79.4%	75.6%	74.2%	87.4%	81.2%	80.3%	81.9%	93.6%	86.8%	90.7%
Patient Experience	Friends and Family Response Rate	**30%**	100.0%	16.4%	7.6%	20.4%	84.6%	8.9%	17.9%		54.2%	43.2%	19.4%	3.1%	50.0%	28.3%	35.4%	39.0%	30.9%	83.3%	39.3%
	Friends and Family Recommended Rate	**97%**	95.8%	90.3%	92.6%	100.0%	100.0%	100.0%	100.0%		87.5%	100.0%	94.4%	100.0%	100.0%	98.1%	93.5%	95.8%	90.0%	98.5%	100.0%
	Number of complaints received	**0**	0	1	0	0	0	1	0		2	0	0	0	0	0	1	0	0	0	0
Governance	SIs in Month	**0**	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
	Total Incidents	**0**	15	35	8	17	12	37	26		18	30	25	27	2	26	63	57	14	19	9
	Harms related to Incidents (Moderate and above)	**0**	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Staff Development	Appraisals	85%	91.4%	80.3%		72.7%	82.4%		93.0%		86.7%	95.1%	83.8%	86.7%	93.3%	78.9%	76.5%	73.5%	97.4%	78.0%	78.9%
	Statutory Training	95%	94.22%	92.88%		87.61%	89.30%		93.1%		90.50%	92.99%	89.92%	92.96%	95.67%	81.82%	84.42%	91.60%	92.86%	80.03%	96.28%
	Mandatory Training	85%	91.4%	77.11%		73.6%	80.0%		79.6%		79.7%	81.0%	80.7%	82.0%	80.5%	70.9%	74.4%	79.7%	79.4%	74.1%	83.9%
Staffing & Workforce	% Qualified Staff (Day)					85.0%	101.3%				89.0%	94.9%	78.0%	88.4%	96.6%	101.0%	90.3%	95.7%	96.9%	111.1%	91.2%
	% Qualified Staff (Night)					98.4%	108.6%		104.0%		97.9%	98.2%	97.0%	100.0%	100.0%	101.8%	98.7%	94.1%	100.1%	99.1%	100.0%
	% un-Qualified Staff (Day)					77.5%	103.6%		92.8%		91.1%	99.9%	102.9%	101.6%	122.5%	94.2%	104.5%	98.4%	99.8%	104.8%	99.3%
	% un-Qualified Staff (Night)					77.5%	105.3%		103.6%		94.1%	128.2%	111.4%	91.7%	98.3%	103.2%	109.0%	99.6%	75.9%	98.8%	103.6%
	Budgeted Nurse: Bed Ratio (WTE)		5.10	-3.08	-	-2.18	1.49	8.50	-0.42		2.55	-1.95	-5.33	1.50	1.18	-0.59	-4.76	0.14	-3.73	0.80	3.13
	Current Budgeted WTE (From Ledger)		43.38	139.12	-	38.03	32.83	40.69	43.34		33.71	41.23	42.69	40.69	26.93	19.97	50.82	40.30	40.01	39.97	36.15
	Actual WTE In-Post (From Ledger)		38.28	137.20	-	34.41	30.34	32.19	37.92		31.16	38.57	38.02	32.19	25.75	19.56	44.58	36.16	33.74	36.17	32.02
	Actual Worked (From Ledger)		44.81	144.03	-	39.43	36.48	43.06	45.24		38.35	43.82	45.77	43.06	25.39	21.94	51.32	44.33	41.02	44.96	37.16
	Sickness (%) (February)	R = >4.75, A = 4.2 - 4.75, G = <4.2	6.42%	3.42%		13.13%	7.52%		12.06%		16.89%	7.15%	6.65%	7.35%	4.83%	1.35%	6.66%	4.99%	7.95%	4.79%	1.29%
	Current Budgeted Vacancies (WTE) - (Budgeted wte -actual wte in post -Pending appt)		5.10	-3.08	-	-2.18	1.49	8.50	-0.42		2.55	-1.95	-5.33	1.50	1.18	-0.59	-4.76	0.14	-3.73	0.80	3.13
	Pending Appointment		0	5		6	1	0	5.84		0	4.61	10	7	0	1	11	4	10	3	1
	Substantive Staff Turnover Headcount (rolling average 12 months)	10%	16.4%	8.6%		17.8%	13.6%		5.9%		13.0%	13.3%	18.0%	22.7%	0.0%	31.4%	3.8%	18.4%	19.6%	4.8%	17.3%

	INDICATOR	HDU	ICU	E3	E4	F3	F4	G3/TSU	G4/TSU	G5	DCU (daycare)	EU (daycare)	H2 (daycare)	UU (daycare)	E5 (Paed HDU and Obs)	F5	M1 and Assessment	EPU	M2	CDS	M3 (Birth Suite)	Ingleside	M4/M5	NICU	Total
	Elective Division														**Families Division**									
Beds	Total Beds	10	8	25	25	25	24	7	24	16	25	9	11	4	10	7	17	6	26	15	5	4	44	38	731
Infection Prevention Control	Hand Washing Compliance % (Self Assessed)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.0%	100.0%	100.0%	Non Return	100.0%		90.0%		100.0%	100.0%	Non Return		100.0%	100.0%	98.1%
	Environment Audit Compliance %	100.0%	100.0%	92.0%	96.0%	91.0%	83.0%	96.0%	91.0%	96.0%	100.0%	100.0%	100.0%		100.0%		91.0%		100.0%	83.0%	95.0%		92.0%	100.0%	92.7%
	Mattress Audit Compliance %	100%	100%	100%	100%		100%	100%	100%	100%					100%		100%		100%	100%			100%	100%	99.9%
	C - Diff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	3
	New MSSA BSIs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	1
	MRSA acquisitions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0
Harm Free Care	Safety Express Programme Harm Free Care (%)	100.0%	100.0%	88.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%				100.0%	100.0%	100.0%		100.0%	100.0%	97.3%
	All Inpatient Falls (Safeguard)	1	0	3	2	1	1	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	77
	Harms related to falls (moderate and above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VTE Assessment Compliance	100.0%	100.0%	97.1%	95.7%	89.1%	89.2%	98.4%	95.52%	92.8%	98.3%	99.5%	98.6%	97.0%			88.5%	99.5%	99.2%	100.0%	89.7%	25.0%	96.0%		96.5%
	Monthly New pressure Ulcers (Grade 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	1		0		0	0	0		0	0	7
	Monthly New pressure Ulcers (Grade 3)	0	0	1	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0		0	0	2
	Monthly New pressure Ulcers (Grade 4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0		0	0	0
	PU due to lapses in care	0	0	0	0	0	0	0	0	0	0	0	0	0	Pending		0		0	0	0		0	0	1
Audit	Monthly KPI Audit %	100.0%	100.0%	96.1%	100.0%	97.4%	97.1%	95.4%	non return	99.1%	96.0%	100.0%	89.3%	99.6%	99.1%		92.5%		99.6%	97.8%	100.0%		97.7%	non return	94.1%
	Bolton System of Care Accreditation (BoSCA)	90.7%	93.9%	75.1%	90.4%	90.9%	82.8%	90.8%	91.0%	93.7%				90.4%	90.1%		75.3%		91.9%	88.0%	83.4%		90.4%	85.9%	85.1%
Patient Experience	Friends and Family Response Rate	81.3%	70.0%	17.7%	49.3%	40.0%	13.3%	50.8%	13.6%	63.2%	26.2%	25.9%	29.0%	17.2%	33.6%	1.8%	30.6%		10.6%	17.8%	26.1%		35.4%	54.8%	28.1%
	Friends and Family Recommended Rate	100.0%	100.0%	85.0%	95.9%	98.9%	89.3%	96.7%	100.0%	100.0%	94.8%	95.0%	97.6%	100.0%	100.0%	100.0%	93.1%		96.5%	95.6%	93.3%		92.2%	100.0%	96.3%
	Number of complaints received	0	0	0	0	0	0	0	1	0	0	0	0	0	0		1	0	0	3	0		1	0	11
Governance	SIs in Month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Incidents	16	18	20	16	23	22	47	19	13	14	8	7	1	24	2	10	1	22	54	4	7	19	52	859
	Harms related to Incidents (Moderate and above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3
Staff Development	Appraisals	95.5%	92.4%	90.3%	82.9%	94.6%	83.9%	87.0%	100.0%	95.0%	72.7%	91.4%	70.0%	94.4%	91.5%		84.6%		83.0%				83.0%		86.1%
	Statutory Training	99.00%	97.61%	87.78%	94.32%	97.65%	92.38%	89.60%	90.46%	97.90%	90.91%	94.12%	94.59%	98.50%	97.3%		92.11%		86.0%				96.24%		92.2%
	Mandatory Training	83.6%	82.2%	75.6%	79.7%	92.0%	80.5%	79.3%	81.4%	80.7%	79.0%	94.0%	80.9%	97.3%	97.7%		75.7%		67.9%				94.2%		81.5%
Staffing & Workforce	% Qualified Staff (Day)	93.2%	94.9%	91.5%	95.6%	84.2%	97.9%	80.7%	91.1%	77.1%					83.8%		88.1%		91.3%	79.0%	59.1%		85.5%	97.7%	90.0%
	% Qualified Staff (Night)	96.5%	95.0%	99.1%	100.0%	95.5%	105.4%	100.4%	91.4%	100.4%					80.9%		101.9%		91.1%	82.9%	39.2%		81.4%	99.4%	95.3%
	% un-Qualified Staff (Day)	70.8%	99.6%	98.3%	83.8%	94.5%	88.3%	84.1%	51.8%	109.5%					87.3%		86.7%		67.9%	78.0%	80.9%		95.6%		92.1%
	% un-Qualified Staff (Night)	42.0%	39.3%	105.8%	89.5%	103.3%	132.1%	65.4%	100.0%	108.8%					103.6%		139.6%		91.0%	85.6%	76.7%		95.2%		95.8%
	Budgeted Nurse: Bed Ratio (WTE)	1.01	-1.66	4.96	-0.65	-1.14	-3.07	-7.50	-0.12	4.19	-1.58	3.94	-1.98	1.10	-3.05		-	-	-	-	-		-	-	-10.3%
	Current Budgeted WTE (From Ledger)	39.58	55.02	35.52	30.21	37.79	30.21	44.49	44.49	18.07	27.45	52.39	46.30	15.88	67.65		25.72							106.59	1,427.22
	Actual WTE In-Post (From Ledger)	37.57	56.68	28.56	30.86	34.09	29.28	46.99	35.61	13.88	29.03	46.45	44.28	14.78	70.70		22.81							100.51	1320.34
	Actual Worked (From Ledger)	35.85	54.93	35.48	35.62	40.28	35.91	53.92	44.89	15.51	29.43	49.91	43.59	14.97	70.67		26.25							99.60	1476.98
	Sickness (%) (February)	0.78%	3.74%	6.84%	8.96%	3.87%	16.45%	7.81%	6.78%	3.38%	7.09%	5.40%	7.57%	7.39%	5.76%		11.86%							4.72%	6.90%
	Current Budgeted Vacancies (WTE) - (Budgeted wte -actual wte in post -Pending appt)	1.01	-1.66	4.96	-0.65	-1.14	-3.07	-7.50	-0.12	4.19	-1.58	3.94	-1.98	1.10	-3.05		2.91							2.08	1.79
	Pending Appointment	1.0	0.0	2	0	4.84	4	5	9	0	0	2	4	0	0		0							4	105.09
	Substantive Staff Turnover Headcount (rolling average 12 months)	0.0%	9.1%	2.9%	16.7%	12.4%	3.1%	5.9%	16.3%	9.7%	570.0%	11.0%	3.8%	0.0%	8.1%		10.7%							9.7%	28.0%

Board Assurance Heat Map - District Nursing Domiciliary - March 2019

INDICATORS	Avondale and Chorley old Road	Breightmet & Little Lever	Crompton merged with Egerton & Dunscar	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	Westhoughton	Evening Service	Total
Safety Express Programme Harm Free Care (%)	95.24%	100.00%	97.22%	97.30%	100.00%	97.18%	95.00%	92.86%	94.55%	95.12%	96.71%	96.50%
Total Monthly New pressure Ulcers (Grade 2+)(Lapse in Care + No Lapse in Care)	1	0	4	4	0	3	0	4	1	0		17
Total Monthly New pressure Ulcers (Grade 2+) *(No Lapse in Care only)*	1	0	3	4	0	3	0	4	1	0		16
High Dependency Patients (40 Minutes >)	327	322	466	539	283	445		357	622	213		3574
Medium Dependency Patients (21 Mins >)	1091	1368	1403	1434	455	1103		1031	1057	807		9749
Low Dependency Patients (< 20 mins)	305	582	652	482	482	724		1468	276	370		5341
Number of Home Visits (from Lorenzo) **	36	12	90	58	175	219	147	195	91	109	1820	2952
Monthly KPI Audit % (Revised Buddy Assessed Audit)	98.25%	97.95%	95.26%	98.39%	98.31%	97.79%	96.80%	97.99%	92.71%	96.68%	91.67%	96.53%
BoSCA - Bolton Safe Care Accreditation	95.74%	97.52%	94.17%	85.67%	98.18%	91.42%	81.87%	81.87%	91.74%	91.62%	84.43%	90.38%
Current Budgeted WTE	11.64	12.92	24.13	18.24	7.11	13.15	17.13		9.13	11.09	19.96	144.50
Actual WTE In-Post	11.24	16.60	15.23	17.60	8.11	13.00	16.53		12.81	10.80	18.44	140.36
Actual WTE Worked	11.30	16.66	15.93	17.74	8.26	13.15	16.96		14.29	10.10	19.50	143.89
Pending Appointment			1							1		2.00
Current Budgeted Vacancies (WTE)			2.00						0.60			2.60
Sickness (%) February 2019	6.59%	4.78%	0.76%	3.89%	0.00%	7.69%	0.00%		7.43%	4.99%	0.58%	3.40%
Substantive Staff Turnover Headcount (rolling average 12 months)	7.79%	5.36%	12.31%	10.34%	0.00%	0.00%	4.58%		20.43%	21.05%	9.30%	9.27%
12 month Appraisal	100.0%	89.5%	70.6%	70.0%	88.9%	87.5%	94.4%		93.3%	63.6%	93.90%	85.4%
12 month Statutory Training	100.00%	96.49%	92.98%	91.67%	100.00%	98.96%	94.44%		96.70%	100.00%	97.14%	96.38%
Number of complaints received	1	0	0	0	0	0	0	0	0	0	0	1
Total Incidents reported on Safeguard (see end total column)	8	0	0	57	14	21	11	10	0	5	5	131

NHS
Bolton
NHS Foundation Trust

Agenda Item No	

Meeting	Trust Board

Date	25th April 2019

Title	Go Engage Programme

Executive Summary	This report provides an overview of the Trust's new Go Engage Programme. Building on the Trust's excellent NHS national staff survey results, the Go Engage Programme will help develop a self-sufficient and sustainable approach to driving staff engagement within the Trust. This report will be supplemented with a presentation at the Trust Board meeting on 25th April 2019.
Previously considered by *Name of Committee/working group and any recommendation relating to the report*	The full details of the programme, including the implementation arrangements, have previously been considered by the Workforce Assurance Committee.
Next steps/future actions	• Plans are in place to promote the Go Engage Programme and maximise the pulse check survey results to help attract, engage and retain staff.

Discuss	√	Receive	
Approve		Note	√
For Information		Confidential y/n	N

This report covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience	√	To be well governed	√
Valued Provider	√	To be financially viable and sustainable	√
Great place to work	√	To be fit for the future	√

Prepared by	Lisa Gammack, Head of Organisational Development	**Presented by**	James Mawrey, Executive Director – Workforce and OD

1. Executive Summary

1.1 This paper provides an overview of the Trust's new Go Engage Programme. The programme will build on the Trust's excellent NHS national staff survey results and help develop a self-sufficient and sustainable approach to driving staff engagement within the Trust.

2. Background / Context

2.1 Building an engaged and resilient workforce is a key priority within the Trust's Workforce and Organisational Development Strategy 2018-2021. Evidence shows that high levels of staff engagement lead to better patient outcomes and better use of resources.

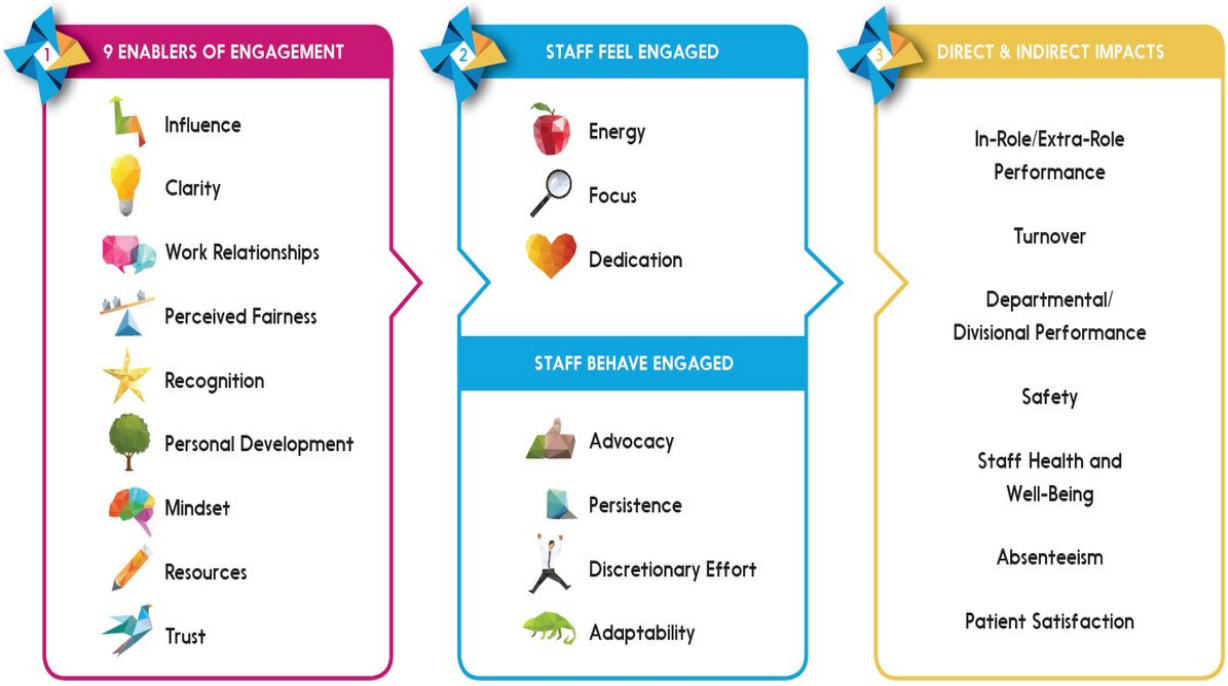
2.2 To help assess staff engagement levels feedback tools are regularly used to gain a better understanding of what is working well, current issues and areas for action. The Trust has a long history of utilising the NHS staff friends and family test and NHS national staff survey to provide qualitative and quantitative data on staff's views and experiences. These survey results are regularly analysed and actions are put in place to remedy areas of concern.

2.3 To enable us to have a more robust strategy for enhancing staff engagement we need to improve our ability to explore staff engagement more deeply and use new tools to respond in a tailored way to our staff engagement needs. The Workforce Assurance Committee have previously supported plans to implement the Go Engage Programme; an evidence-based, validated structure and diagnostic tool which will enable us to analyse employee engagement levels in all its constituent parts, customise improvement plans and visibly see the cause and effect of our staff engagement work.

2.4 The tools and approaches for engagement within the Go Engage Programme are scalable at both team and organisational level. Different teams have different needs and so the Go Engage toolkit will provide a choice of solutions for us to apply so we engage in our own way.

3. Go Engage Model

3.1 The programme is based on the Go Engage Model, an engagement pathway framework that measures nine enablers of engagement and identifies the feelings and behaviours that underpin what engagement is. The model is shown below.



3.2 The model is underpinned by research and theory such as the Job-Demands-Resources Model (Bakker & Demerouti 2008), Utrecht Work Engagement Scale (Scahufeli et al 2006) and research by West and Dawson (2012).

4. Survey Tool

4.1 The Go Engage Programme includes a confidential organisation-wide staff survey. This is based on the NHS national staff survey questions which sit alongside a number of exploratory questions. An example of the survey form is attached at **appendix one**. The form will be tailored in line with our Trust's branding. The Trust also has the option of including up to 10 additional questions on each quarterly survey.

4.2 A quarter of our workforce (approx 1375 staff), selected at random, will be surveyed on a quarterly basis to assess morale and engagement. All employees will be asked to participate in the survey process once a year.

4.3 Both paper and online surveys will be used. The survey takes on average 10 minutes to complete and line managers are required to provide protected time to staff to take part in the survey.

4.4 The survey incorporates the NHS staff friends and family test (FFT) therefore the timing of the quarterly surveys has been aligned with the staff FFT data submission deadlines. Below is a table showing the Trust's Go Engage survey timeline.

Year 1	**Survey Window**
Quarter 1 pulse survey	23rd April to 19th May 2019
Quarter 2 pulse survey	15th July to 11th August 2019
Quarter 3 pulse survey	7th October to 3rd November 2019
Quarter 4 pulse survey	13th January to 9th February 2020
Year 2	
Quarter 1 pulse survey	1st to 30th April 2020
Quarter 2 pulse survey	1st to 31st July 2020
Quarter 3 pulse survey	1st to 31st October 2020
Quarter 4 pulse survey	11th January to 7th February 2021

4.5 In addition to the quarterly pulse surveys the Trust is mandated to administer and co-ordinate the NHS national staff survey on an annual basis. The national survey opens in late September and remains open until early November. The Organisational Development (OD) Team will ensure that employees do not receive both the national survey and the Go Engage pulse check survey in the same period to avoid survey fatigue and confusion.

4.6 To encourage more staff to participate in the Go Engage surveys the Trust will be contributing £1 to the Staff Lottery Fund for every completed survey returned. This will help achieve high response rates and give staff the sense of giving something back through having their say which is a strong enabler of mental wellbeing and engagement.

5. Survey Results

5.1 Results will be available within two weeks of a quarterly pulse check survey closing. We will receive detailed reports, prepared by a Go Engage Organisational Psychologist. They will screen comments to ensure anonymity is not compromised and assign them to the Go Engage model enablers.

5.2 Members of the Go Engage Team will present the findings of our first quarterly report to the Trust's Executive Team in early June 2019.

5.3 All results will be available on an interactive dashboard (XOPA) which the OD Team and selected managers will have access to.

5.4 We can filter our staff survey results up to five levels (e.g. division, directorate, pay band, job role, etc.) and via protected characteristics. We will not receive any scores for teams that have less than 10 responses to protect anonymity.

5.5 All results will be reported to the Executive Team, Workforce Operations Committee and Workforce Assurance Committee on a quarterly basis. The Trust Board will receive quarterly updates via the performance dashboards and Workforce Assurance Chair Report as well as a detailed annual report.

5.6 In addition the results will be shared with our workforce and we will showcase through our internal communications how staff feedback has contributed to improved results.

5.7 The OD Team will support divisions and teams with utilising their results and designing and implementing interventions that will address areas of concern. The Executive Director for Workforce and OD will work with colleagues to ensure that sufficient resources are put in place to effectively support divisions.

6. Survey Benefits

6.1 The Go Engage survey tool will provide the Trust with real time information on a regular basis and because of the regular cycle of listening, analysing and responding, this will help improve staff and patient satisfaction scores.

6.2 The additional benefits of using the Go Engage survey tool are:

- 50% of the measures contained within the Go Engage survey are taken from the NHS national staff survey to enable some level of comparison and predictability.
- The NHS national staff survey indicates the symptoms of culture (e.g. working extra time, bullying etc.), rather than the cultural levers/what can be done to improve the culture.
- The NHS national staff survey does not include any measures of mindset which has been found to be the strongest predictor of staff engagement.
- The NHS national staff survey results are only received months after completion, so often things will have moved along or changed. With Go Engage we will receive results quickly and be able to take immediate action.

7. Pioneer Teams Programme

7.1 The Go Engage Programme also includes an innovative Pioneer Teams Programme; a 26-week initiative that facilitates the measurement of engagement levels within teams via the Go Engage Model. This helps individual teams to identify their own specific needs, and understand the degree their levels of engagement differ to the Trust norm.

7.2 Pioneer Teams are equipped with specific tools from the Go Engage toolkit to help them to systematically address and improve their engagement. The programme creates a culture in which teams feel empowered to engage in, and offer up, service improvements through their own initiative.

7.3 The Pioneer Teams Programme includes:

- a two day training course delivered by the OD Team;
- conducting a team survey at the start of the programme;
- teams taking positive action to implement the tools and knowledge provided to them;
- series of action learning sets;
- conducting a team survey at the end of programme to assess whether engagement levels have increased; and
- a celebration / ‘pass it on’ event.

7.4 Teams that are keen to increase their levels of engagement will be encouraged to join the programme. Teams will be invited to join the programme after the results of the first pulse survey have been published in June 2019. A set of criteria for selecting teams for the programme is currently being developed.

7.5 The Pioneer Teams Programme will run in two cohorts, with up to 10 teams on each cohort, during the first year of the Go Engage Programme. The timing of the cohorts will be as follows:

- Cohort 1: June to December 2019
- Cohort 2: January to July 2020

7.6 Each Pioneer Team will be sponsored by a member of the Executive Team.

8. Increasing Participation

8.1 The Go Engage Programme will regularly be promoted via our normal internal communications channels. A full communications plan has been implemented which includes posters, pull up banners, intranet articles, Team brief etc.

8.2 Staff side representatives have been briefed on the details of the programme and are very positive and supportive of the new approach. Staff side representatives have given their commitment to encouraging their members to participate in the pulse check surveys and the Pioneer Teams Programme.

9. Conclusion

9.1 A refreshed approach to measuring and enhancing staff engagement will lead to sustainable benefits including:

- improvements in performance
- increased productivity and innovation
- higher patient satisfaction levels
- greater levels of staff wellbeing
- reduction in sickness levels
- lower staff turnover

9.2 The Go Engage Programme will provide the structure to explore staff engagement more deeply and respond in a tailored way to our staff engagement needs. With limited resources we need to ensure that we are focusing our efforts on the things that will make the biggest difference and that we can visibly see the cause and effect of our staff engagement work.

9.3 Staff engagement remains a top priority for the Trust and every manager and team leader has an important part to play in creating the conditions for every staff member to thrive and reach their full potential.

10. Recommendations

10.1 This report will be supplemented with a presentation at the Trust Board meeting on 25th April 2019.

10.2 It is recommended that the Trust Board:

- Supports the implementation of the Go Engage Programme.

Report A Problem

Quarterly Survey

Enter the text you wish to appear when the survey is opened.

Your Information

Department:

- ☐ Doctor
- ☐ Nurse
- ☐ Administrator
- ☐ AHP
- ☐ Estates

Service / Directorate:

- ☐ Elm Site
- ☐ Birch Site
- ☐ Oak Site
- ☐ Yew Site
- ☐ Other Site

CMG / Corporate:

- ☐ Surgery
- ☐ Medicine
- ☐ Community
- ☐ Diagnostic
- ☐ Corporate
- ☐ Estates

Clarity

Understanding clearly what is expected of you, and what is going on in the Trust

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I always know what my work responsibilities are.	○	○	○	○	○
I have clear, planned goals and objectives for my job.	○	○	○	○	○
My manager gives me clear feedback on my work.	○	○	○	○	○
The Trust communicates clearly with staff about what it is trying to achieve.	○	○	○	○	○
I am well informed by my line manager about what is going on in our Trust.	○	○	○	○	○
I feel I understand the connection between my role and the wider vision of the Trust.	○	○	○	○	○

Influence

Being listened to and involved in wider decisions and changes.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My manager involves me in deciding on changes introduced that affect my work area/team/department.	○	○	○	○	○
I feel safe to speak my mind about how things can be improved.	○	○	○	○	○
The Trust encourages staff to suggest new ideas for improving services.	○	○	○	○	○
The Trust acts on staff feedback.	○	○	○	○	○

Mindset

Thinking positively and having confidence in your work and the future.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My manager helps me to develop confidence in my ability to do my job well.	○	○	○	○	○
I feel positive about working in my work area/team/department.	○	○	○	○	○
I feel confident in the future of the Trust.	○	○	○	○	○
I feel able to achieve my work objectives.	○	○	○	○	○
I feel able to overcome challenges and set backs at work.	○	○	○	○	○

Perceived Fairness

Your perceptions of fairness at work

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall the Trust is fair in the way it treats and rewards its staff.	○	○	○	○	○
Decisions about people are made using fair procedures.	○	○	○	○	○
My immediate manager treats me fairly.	○	○	○	○	○

Personal Development

Having the opportunity to make the most of your strengths, and grow your personal development.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the opportunities I have at work to learn and professionally develop.	○	○	○	○	○
I am satisfied with the opportunities I have to use my skills and abilities.	○	○	○	○	○

Recognition

Feeling recognised and valued for the work you do.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel satisfied with the extent the organisation values my work.	○	○	○	○	○
I am satisfied with the recognition or praise I get from my manager for good work.	○	○	○	○	○

Resources

Having the necessary tools, training and equipment required to do your work.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have adequate materials, supplies and equipment to do my work.	○	○	○	○	○
I have received the right level of training to do my job effectively.	○	○	○	○	○

Trust

Having the freedom to work in your own way.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am trusted to do my job.	○	○	○	○	○
I am satisfied with the level of freedom to choose my own method of working.	○	○	○	○	○
I feel satisfied that I have the right amount of responsibility	○	○	○	○	○

Work Relationships

How supportive your relationships are with immediate managers and colleagues.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the support I get from my immediate manager.	○	○	○	○	○
My manager encourages those of us who work for him/her to work as a team.	○	○	○	○	○
I am satisfied with the level of support I get from my work colleagues.	○	○	○	○	○
The people I work with cooperate to get the job done.	○	○	○	○	○

Adaptability

Responding and adapting to changes positively.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I tend to respond positively to changes that occur in my role or the Trust.	○	○	○	○	○
I find it easy to adapt to changes that occur in my role or the Trust.	○	○	○	○	○

Advocacy

Your view of the Trust, and willingness to recommend the Trust to others. We would like you to think about your recent experience of working in Test Organisation 1

	Extremely Unlikely	Unlikely	Neither Likely nor Unlikely	Likely	Extremely Likely	Don't know
How likely are you to recommend the Trust to friends and family if they needed care or treatment?	○	○	○	○	○	○
What is the main reason for the answer you have chosen? (may be used in report)						
How likely are you to recommend the Trust to friends and family as a place to work?	○	○	○	○	○	○
What is the main reason for the answer you have chosen? (may be used in report)						

Dedication

Feeling committed to your work and a sense of pride and purpose about the work that you do.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am enthusiastic about my job.	○	○	○	○	○
I find the work that I do full of meaning and purpose.	○	○	○	○	○
I feel proud to work for this area/team/department.	○	○	○	○	○

Discretionary Effort

Stepping outside of your role to help others and more generally the Trust

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I go beyond my role responsibilities to help my colleagues when required.	○	○	○	○	○
I often get involved in activity outside of my immediate role, that supports the Trust.	○	○	○	○	○
I always act upon opportunities to show initiative in my role.	○	○	○	○	○

Energy

Feeling able to invest energy into your work.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I look forward to going to work.	○	○	○	○	○
At work I feel full of energy.	○	○	○	○	○

Focus

Feeling fully engrossed in your work.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Time passes quickly when I am working.	○	○	○	○	○
I feel happy when immersed in my work.	○	○	○	○	○

Persistence

Demonstrating effort over time and perseverance through challenges.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can continue working for very long periods of time.	○	○	○	○	○
At my job I always persevere, even when things do not go well.	○	○	○	○	○

Additional Information

Which age group do you belong to?

- [ ] < 30
- [ ] 30 - 49
- [ ] 50 +

What is your gender?

- [ ] Male
- [ ] Female
- [ ] Rather not say

Do you consider yourself to have a disability?

- [ ] Yes
- [ ] No
- [ ] Rather not say

Ethnicity?

- [ ] Bangladeshi
- [ ] Indian
- [ ] Pakistani
- [ ] Any other Asian background
- [ ] Black or Black British
- [ ] African
- [ ] Caribbean
- [ ] Any other black background
- [ ] White and Asian
- [ ] White and black African
- [ ] White and black Caribbean
- [ ] Any other mixed background
- [ ] White British
- [ ] White Irish
- [ ] Any other white background
- [ ] Chinese
- [ ] Any other ethnic group

Sexual orientation?

- [ ] Bisexual
- [ ] Gay
- [ ] Heterosexual
- [ ] Lesbian
- [ ] Rather not say

Religion

- [ ] Buddhist
- [ ] Catholic
- [ ] Christian
- [ ] Hindu
- [ ] Jewish
- [ ] Muslim
- [ ] No religion
- [ ] Other
- [ ] Prefer not to say
- [ ] Sikh

Additional Comments (may be included in report)

Useful Contacts and Reference Points
Your contact details.

Thank you for taking the time to complete this survey. Your feedback is appreciated