Bolton
NHS Foundation Trust

Annual Report and Accounts 2018/19

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Bolton NHS Foundation Trust
Annual Report and Accounts 2018/19

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

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Foreword

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Foreword

History and Statutory Background

Bolton NHS Foundation Trust is an integrated care organisation providing care and support in the community at over 20 health centres and clinics as well as services such as district nursing and health visiting. We also provide intermediate care in the community and a wide range of services at the Royal Bolton Hospital.

The Trust was authorised as a foundation trust in October 2008 and became an integrated care organisation in July 2011 following the transfer of services from the provider arm of NHS Bolton.

The Trust has a wholly owned subsidiary Integrated Facilities Management Bolton (iFM Bolton - company number 10278178) which was formally established in July 2016 and became operational on 1st January 2017. iFM Bolton provide a full range of estates and facilities services to the Trust including cleaning and portering services that were previously provided by a private subsidiary.

2018/2019 in numbers

119,769 A&E attendances **30,340** arrived by ambulance

£325million operating expenses

18,562 patients had an operation

389,829 outpatient attendances

NHS Bolton NHS Foundation Trust

5986 staff

5,805 babies born including **87** sets of twins and **3** sets of triplets

671,778 community contacts

86,098 inpatient spells

Foreword

Preparation of Accounts and adoption of going concern

The annual report and accounts have been prepared in accordance with the direction issued by NHSI under the National Health Service Act 2006.

This report is intended to be self-standing and comprehensive in its scope. However where further information is available, this will be cross-referenced within the report.

For regular updates on our performance and any matters affecting the Trust please refer to our website www.boltonft.nhs.uk

Going concern

After making enquiries, the directors have a reasonable expectation that Bolton NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future.

This judgement was based on the following factors:

Fundamentally all NHS bodies are financially backed by the government in the form of the Secretary of State for Health so it is not possible for Foundation Trusts to become insolvent in the way that a private company might. To ensure this, the Department of Health (DoH) operates a system to provide cash support funding to Trusts in financial distress. Bolton NHS Foundation Trust received funding under this system in 2012/13 and 2013/14 when it was in breach of licence; but has not required any such funding since then or since having the breach removed.

The DoH operates a formal system to deal with Trusts that are designated as being financially unsustainable. Trusts in this position continue to receive cash support from the DoH and they themselves continue to prepare accounts on a going concern basis.

If the Trust was formally considering a merger then this would have to be taken into account when preparing the accounts, but the accounts would still be prepared on a going concern basis.

The arrangements in regard of distress funding described above have not been changed by the Greater Manchester Health and Social Care Partnership.

In addition to the above, the Audit Committee can be assured that the accounts should be on a going concern basis because of the following:

- Successful delivery of the 2018/19 control total before PSF.
- The Trust has a strong cash position of £19.1m at year end.
- A detailed operational financial plan has been prepared to support the delivery of the planned £9.8m surplus for 2019/20.
- The surplus of £9.8m includes recurring (transfer to tariff) PSF of £5.4m and non-recurring PSF of £6m.

The Trust is part of the NHS risk pooling scheme, the contributions for this are already fixed. Any risks as a result of litigation will not impact on the Trust's solvency position in 2019/20.

Overview of Performance

Chief Executive Statement

Each year the Annual Report provides an opportunity to look back and reflect on the achievements and challenges we have faced and to consider the opportunities and risks ahead of us.

Like every trust in the UK, we face the pressures of an ageing population, rising demand, staff shortages and limited funds but we have made considerable progress despite these challenges. We have maintained and improved patient care, recruited more staff and managed our budgets effectively for the fifth year in a row.

Our National Staff Survey was the best we've ever had with improvements in response to most questions with our staff rating us the best Acute and Community Trust in Greater Manchester for staff engagement (for more information on our staff survey results please see page 53)

Last, but definitely not least, we received a very impressive report following the Care Quality Commission inspection in December 2018 which showed that we had improved in all inspected services with an overall GOOD and areas of OUTSTANDING practice particularly in the "care" domain. We were delighted to hear that we were accredited as OUTSTANDING as a Trust overall for the Well led domain. All of this is testament to our hard working and committed teams and leaders.

Bolton's A&E department remains the busiest in Great Manchester and attendances have risen yet further this last year. We recognize the very real distress caused when patients cannot be treated within the four- hour target and so we have been working very hard with our partners to develop alternative pathways of care. We have also invested significantly in the department both in terms of staff and estate. As a result, we now have the best ambulance turnaround times in Greater Manchester meaning crews can get away much faster to attend other patients in need of them. We have also increased our resuscitation and minor's facilities which has provided a much better environment for our patients and staff. During our recent inspection by the Care Quality Commission there was absolute recognition of the huge improvements in Urgent and Emergency Care since the last inspection in 2016, and they agreed that we truly have a service and teams to be proud of.

We have made great improvements on the work done by our community teams who work hard to support people at home or support alternatives to admission to hospital where safe to do so. As a result of this the growth in A&E attendances of older people has been much less than in previous years. We will continue to build on our collaborative links with our Commissioners, GPs and Local Authority in order to find further sustainable solutions to the pressures we all now face. We all recognize in Bolton that together we are stronger and it is strong partnership working that will be a major priority for us in 2019/20 as we establish Bolton's Integrated Care Partnership. The establishment of true partnership working will bring integrated seamless care to the people of Bolton and is something we are passionate about delivering on behalf of our population.

Despite the pressure of demand for urgent care we have continued to provide overall good and timely access to planned care be that operations, diagnostics or out-patient appointments. We have struggled to keep to the national out-patient waiting times this year more than in years gone by but we will continue to work hard on improving this and have, in fact, met the targets on controlling waiting list growth. Our commitment to patients with

suspected or diagnosed cancer has remained very strong and we have been one of the best performing Trusts in the country for both patient experience and timeliness of interventions.

We have also seen the culmination of our ambitious capital programme this year which included opening a new and expanded Endoscopy unit, a new and expanded Breast Unit, a refresh of our IT systems and the opening of our new restaurant facilities in addition to the expansion of our A&E department. Our plans for this forthcoming year are a refurbishment programme for our maternity wards and the introduction of an Electronic Patient Record.

None of this would be possible without the continued work and support of our amazing staff, and while we were able to recognise individuals and teams in our annual and monthly staff awards I would like to take this opportunity to thank all staff for their valued contribution to the work of our Trust. Our successes outlined are a huge testimony to the resilience and determination of everyone involved.

I would also like to take this opportunity to record the great thanks the Trust extended to our outgoing Chairman David Wakefield who left us this year after almost seven years. These were years of enormous challenge for the Trust and the progress that we have made is a sure testimony to his strength of leadership. We wish him well in his future endeavors.

Finally, it is a great pleasure to welcome our new Chair Donna Hall who joins us having recently retired from many years as a Local Authority Chief Executive. Her knowledge and leadership will be a great asset to the Trust as we move forward in a new chapter of collaboration and integration of health and care.

I can confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy

Jackie Bene

Chief Executive Bolton NHS FT May 2019

Looking ahead – our plans for 2019/20

- Launch Trust wide EPR.
- Exciting plans underway for Bolton College of Medical Sciences at Royal Bolton Hospital site.
- Implementation of new five-year strategy.
- Transformation project in outpatients.
- Working more closely together with partners in the Bolton Health & Care Partnership to develop the neighbourhoods model.

Approach View from Minerva Road

Performance Analysis

Purpose and activities

Bolton NHS Foundation Trust is an integrated care organisation providing care and support in health centres and clinics, including the prestigious Bolton One complex in the town centre, as well as domiciliary and ill-health prevention services. We also provide intermediate care in the community and a wide range of services at the Royal Bolton Hospital.

Our vision is to be an excellent integrated care provider within Bolton and beyond delivering patient centred, efficient and safe service.

We believe in:

High quality care centred on individual needs rather than the needs of professionals and organisations.

- Integration across health and social care.
- Accessible, convenient and responsive services 24/7.
- Local wherever possible, centralised where necessary.
- Empowering clients and patients to manage their own care and self-care with information.

Values

The Bolton VOICE is the values that we expect each of our staff to demonstrate. As an organisation we aim to live these values and provide "better care together" to our local population.

VISION	OPENNESS	INTEGRITY	COMPASSION	EXCELLENCE
We have a plan that will deliver excellent health and care for future generations, working with partners to ensure our services are sustainable	We communicate clearly to our patients, families and our staff, with transparency and honesty	We demonstrate fairness, respect and empathy in our interactions with people	We take a person-centred approach in all our interactions with patients, families and our staff	We put quality and safety at the heart of all our services and processes
We make decisions that are best for long-term health and social care outcomes for our communities	We encourage feedback from everyone to help drive innovation and improvements	We take responsibility for our actions, speaking out and learning from any mistakes	We provide compassionate care and demonstrate understanding to everyone	We continuously improve our standards of healthcare with the patient in mind

HIGHLIGHTS OF 2018/2019

Fantastic CQC inspection:

- Maintained our 'GOOD' rating
- Became 'OUTSTANDING' for well-led across the whole organisation
- Received 'OUTSTANDING' for caring in our medical services

Improving care:

- One of top 5 trusts in the country in ensuring patients with cancer are treated within 62 days.
- Significantly reduced wait times for ambulance turnaround, one of only two units in the country to have sustained this through winter.
- Significantly reduced long waiters in ED (over 12 hours).
- Performance against the 4 hour standard has seen quarter on quarter improvement on previous year since the end of quarter one.
- Nationally we have moved from bottom 20% to top 50% on average in terms of performance against 92% standard in ED, our best performance in 3 years - despite increasing number of attendances.
- Reduced list size for 18 week standard for referral to treatment time compared to March 2018 - one of few trusts in the country to do so.
- Won back the contract to provide services for children aged 0 -19.

Becoming a digital leader:

- Successfully rolled out eObs across the Trust.
- Commenced roll out of community system, Malinko to support staff in scheduling and records.
- Successfully implemented Ophthalmic EPR.
- Won the contract to provide GP IT systems.
- Our digital reputation has seen us chosen by five international companies to be an exemplar site.
- The only Trust in UK to have achieved tap on/off at scale in country to all our devices.

AWARDS FOR OUR STAFF

- Trish Armstrong-Child received an MBE for services to nursing
- Phillipa Winter won Chief Information Officer of the Year at the Digital Health Awards
- Eveline Mujungwa received an 'Outstanding Contribution to Equality, Diversity and Inclusion in Health and Social Care' award by the Royal College of Nursing
- Denise Leck from Theatre Recovery awarded Pain Link Nurse of the Year
- Dr Dan Hindley won Epilepsy Health Hero Award at the Epilepsy Action Awards
- Gemma Faulkner won Investigator of the Year at the GM Clinical Research Awards

INVESTING IN OUR WORKFORCE

- best NHS National Survey Results in GM
- We got the highest score in the country for responses to 'I am enthusiastic about my jo
- We received equal or above average scores in key areas; Equality, Diversity & Inclusion, Health & Wellbeing, Morale, Safety Culture and Staff Engagement.
- Quality of Care and Staff Morale received the highest score against our peers in the Greater Manchester area.
- We saw a significant improvement on both recommending the Trust as a place of work and for friends and family to receive treatment.
- Staff feeling that their role makes a difference to patients and that they are able to deliver the care they aspire to, also achieved the highest score against our comparators.
- Launched Go Engage to build upon this and get real time feedback from our staff.

INVESTING IN OUR INFRASTRUCTURE

- £9m spent on A&E over last two years adding increased capacity across the unit
- £4m spent on a purpose built unit for Urology
- £125k for Breast Unit to open the Evergreen suite, providing more space and better facilities
- £4m spent on the new Endoscopy Unit increasing capacity and improving the environment
- We opened Ingleside Birth & Community Centre, the only freestanding maternity unit of its kind in Greater Manchester.

Performance Analysis

Principal Risks

The Board has ultimate responsibility for the effective risk management of the Trust's strategic objectives. We have an established risk management process to identify the principal risks that we face. This process relies on our judgement of the risk likelihood and impact and also developing and monitoring appropriate controls. The Board Assurance Framework is used to monitor the key risks to the achievement of our strategic objectives, and ensure appropriate mitigating actions are implemented.

The Board has considered and approved the risk management strategy. The Audit Committee receives regular reports from management and internal and external auditors, detailing the risks that are relevant to our activity, the effectiveness of our internal controls in dealing with these risks and any required remedial actions along with an update on their implementation.

The Audit Committee reports to the Board on the effectiveness of the risk management process, ensuring any issues raised in internal audit reports are escalated for action and if necessary further assurance. The day-to-day risk management is the responsibility of senior management as part of their everyday business processes.

Further detail on the governance processes supporting our risk management can be found in our Annual Governance Statement on page 73 of this report.

The following table sets out our key risks, and examples of relevant controls and mitigating factors. The Board considers these to be the most significant risks that may impact the achievement of our objectives. They do not comprise all of the risks associated with the Trust and are not set out in priority order.

Performance Analysis

Principal Risks 2018/19

Risk	Controls and mitigation
A failure to provide a timely and appropriate response to the deteriorating patient may lead to an adverse impact on mortality and length of stay	• Root cause analysis and incident reporting. • Year on year reduction in avoidable cardiac arrests • Educational initiatives for all staff on first responder rota • PatientTrack electronic call system implemented and will be used to audit response
Failure to reduce the number of hospital acquired infections as a result of poor compliance with policies and/or poor operational control.	• Infection Prevention and Control policies • Oversight through the infection control committee • Audit of key practices such as hand hygiene • Quality Assurance Committee
Failure to meet minimum staffing levels because of vacancies and sickness could compromise patient safety and experience	• Continued programme of recruitment, including international recruitment • Recruitment of additional health care assistants to provide support. • Actions to reduce staff sickness absence • Temporary staffing solutions used to ensure safe staffing levels in clinical areas. Further information in the staffing section– page 46
Failure to improve system resilience and to enable timely and appropriate flow could lead to an increased length of stay and impact on our A&E performance	• Urgent care programme plan overseen by the Urgent Care Programme Board • During 2018/19 we continued to invest to increase capacity within the A&E department • Continued engagement with the CCG and the local authority to develop a shared solution through the Bolton Locality Plan • Further information provided within the performance report on page 10
Failure to deliver the financial plan could reduce the funds available for investment in the Trust and could ultimately result in regulatory intervention	• Financial performance overseen by the Finance and Investment Committee with regular reports to the Board. • For further detail on financial performance see page 149 of this report
There is a risk that commissioner and local authority led reconfiguration may reduce control of the Trust's future scope of services	• Development of the Trust's Clinical Service Strategy and engagement with local and GM partners through Greater Manchester Health and Social Care. • During 2018/19, the Trust appointed a Director of Strategic Transformation to support the CEO in representing the Trust in engagement with stakeholders and partners.

Performance Analysis

Performance analysis

Last year was a particularly challenging one for the NHS with all Trusts expected to provide the highest standards of care while achieving demanding efficiency savings. Despite a significant rise in demand for our services, the continued tough financial climate and one of the worst winters in terms of pressure on the NHS, we are very pleased to report that Bolton NHS Foundation Trust has continued to perform well.

Measurement of performance

The Trust has introduced an integrated performance dash board which the Board uses to monitor the performance of the organisation. The dash board contains contextual information and promotes a service line view of the organisation with equal visibility of key services.

There is a monthly integrated performance meeting (IPM) between the Executive and the Division, chaired by the Deputy Chief Executive. At the meeting the Division present for each performance dimension

- Progress against any previously agreed actions
- Proposed mitigations against any newly identified performance risks or issues
- Other assurances as required by the Executive

Information from the IPM informs the assurance the Executive team provide to the Board.

In 2018/19, the Trust continued to work towards the goals agreed in the 2013 – 2018 strategy.

During the latter half of 2018/19 we started the work to develop our new five year strategy, we are aiming to publish this in July 2019 and once published it will be available on our website

Performance Analysis

Goal 1 – Quality of Care

A detailed review of performance against our quality priorities is included with our quality report starting on page 84 of this document.

Goal 2 – Operational Performance

Operational Performance

18 week Referral to Treatment (RTT)

The national referral to treatment target for elective procedures remains at 92% but nationally, it was acknowledged, urgent care pressures have had an adverse effect on capacity and the expectation was set nationally that waiting lists should not be above March 2018 levels.

Supported by extra funding from the CCG, Bolton is the only Trust in Greater Manchester to have seen a reduction in the overall size of the waiting list and performance at 87% is better than England overall .

Cancer Performance Targets

Despite the significant increase in cancer referrals, the pressure on elective referrals and urgent care, Bolton remains one of the best performing Trusts in England against the headline standard of 85% of patients being diagnosed and treated in 62 days. By the end of the most recent published data, 92.8% of patients were treated in time compared to 76.2% nationally.

Urgent Care

Although Bolton, like many has struggled to achieve the four hour urgent care standard, there has been a sustained improvement. Overall performance was 84.5% for the year compared to the standard of 92%. The Trust has seen a Quarter on Quarter improvement for the last three quarters compared to the same period last year. Over 100,000 patients were treated in four hours, the best performance since 2016. We expect to continue this improvement following a £9 million investment programme in the Accident and Emergency Department, this has included new resuscitation, minors, majors and ambulance capacity. We have also worked with our partners and in particular the CCG to develop improved pathways in the community to look after patients safely in their own home this work will support further improvement in the years to come.

Goal 3 –Leadership and Improvement

The aims for 2018/19 related to maximising capacity and capability through a workforce that feel fully engaged in their work, are well recognised and fairly rewarded.

A detailed analysis of our annual staff survey results are provided within this report. Our positive staff engagement levels have been sustained with all key finding scores greater than the average for our comparator Trusts.

Appraisal and mandatory training compliance has been good and work is taking place to further improve appraisal rates and strengthen the link to development, for all staff groups, both patient facing and in support roles.

Managing sickness absence levels and supporting staff health and well- being remains a key priority.

Recruitment timescales have been consistently achieved and we continue to attract newly qualified nurses. The development of new and extended roles including Nursing Associates, Advanced Clinical Practitioners and the Physicians Associate are increasingly being identified through workforce planning to support role redesign and maximise available clinical capacity.

Performance Analysis

Investing in Staff Welfare and Satisfaction

The quality of our patient care depends so much on the quality of our staff – and not just front line staff. I take pride both in the hospital and in the community in recognizing some of the outstanding work taking place and also have been very pleased to see increased support for staff in order for them to give of their best.

As well as traditional health and wellbeing support we now offer staff free financial advice via the web based hub Neyber and Vivup. The portals encompass all areas of physical, mental and financial wellbeing.

It is very important to us as a Trust that we are an inclusive organisation and so we are keen to support the development of all our staff, including giving targeted opportunities to groups who are under-represented. This has included the formation of a BAME (Black, Asian and Minority Ethnic) network, listening lunches and tailored campaigns on LGBT+ History Month, PRIDE and bullying and harassment.

If anything gives our staff that "feel good factor" it is being rewarded for their contributions to the work the Trust undertakes on behalf of our patients. Our Employee and Team of the Month awards do just that, as do our divisional awards and our Trust Staff Awards. This year we had a record number of nominations in the latter and the best attended ceremony we have ever had.

Our in-house ward and department quality accreditation scheme continues to go from strength to strength, with the majority of our areas now rated silver and above, with some maintaining a double platinum status.

There are, however, times when things don't go the way they should. We want our staff to feel safe in letting us know and so we have given an experienced matron the additional role of Speak Up Guardian, supported by a number of champions, ensuring that staff can speak confidentially about their concerns.

Further detail on our staffing metrics are included from page 46 of this report.

Goal 4 - to be financially viable and sustainable

Income and expenditure overview

The Trust planned to maintain strong performance by delivering a surplus of £12.7m in 2018/19. As can be seen from the summary statement of comprehensive income below this target has been achieved with the Trust delivering a surplus of £17.8m after excluding impairments.

This fifth year of surplus since the Trust's significant deficits in the period 2010/11 to 2013/14 maintains the sustained financial recovery seen in previous years.

The Trust Board agreed the 2019/20 financial plan at its March 2018 meeting. This plan identifies how the Trust can deliver a surplus of £9.7m in 2019/20.

Performance Analysis

Statement of Comprehensive Income	Actual 2015/16	Actual 2016/17	Actual 2017/18	Actual 2018/19	Plan 2019/20
Revenue	**£,000**	**£,000**	**£,000**	**£,000**	**£,000**
Operating revenue from continuing operations (patient care)	271,537	285,485	300,302	309,660	321,241
Other operating revenue	21,004	34,474	34,425	41,091	29,583
Operating expenses	-287,918	-318,192	-326,267	-341,377	-337,037
Operating surplus (deficit)	**4,623**	**1,767**	**8,460**	**9,374**	**13,787**
Finance costs:					
Finance Income	35	28	34	109	30
Finance costs	-642	-702	-797	-864	-1,175
Finance expense - unwinding of discount on provisions	-12	-6	-6	-19	0
Public dividend capital dividends payable	-2,152	-2,059	-2,065	-2,271	-2,739
Corporation Tax					-240
Net Finance Costs	**-2,771**	**-2,739**	**-2,834**	**-3,045**	**-4,124**
Gains / Losses on disposal of assets		-16	-3	-3	
Surplus/(Deficit)	**1,852**	**-988**	**5,623**	**6,326**	**9,663**
Add Back:					
Impairment of fixed assets		-16,565	-6,259	-11,488	
Underlying Trading Surplus/(Deficit)	**1,852**	**15,577**	**11,882**	**17,814**	**9,663**

Income analysis

The table below sets out the income trend in the period:

Income	Actual 2015/16	Actual 2016/17	Actual 2017/18	Actual 2018/19	Plan 2019/20
	£,000	**£,000**	**£,000**	**£,000**	**£,000**
CCGs and NHS England	254,672	271,040	286,424	294,066	306,157
Local Authorities	10,450	12,082	11,311	10,278	12,852
Other	6,415	2,363	2,567	5,771	2,232
Income from activities	**271,537**	**285,485**	**300,302**	**310,115**	**321,241**
Other operating revenue	21,004	34,474	34,425	40,636	29,583
Total Revenue	**292,541**	**319,959**	**334,727**	**350,751**	**350,824**

There has been an increase of income between 2017/18 and 2018/19 of £16m. This can be explained by the following factors:

- NHS Tariff inflation
- Quality and performance investments funded by Bolton CCG
- RTT backlog clearance funded by Bolton CCG
- Transformation funding £4m
- Pay Award Funding £3.5m
- Increased PSF £6.6m

The planned income for 2019/20 is in line with the income achieved in 2018/19. There are changes within the income plan for the following services:

- 0-19 services tender won
- Ophthalmology service growth and development
- NHS England reductions for Neonatal cot numbers and devices on the zero cost model

- Reduction in planned transformation funding

Expenditure analysis

The table below sets out the expenditure trend in the period:

Expenditure Trend	Actual 2015/16 £,000	Actual 2016/17 £,000	Actual 2017/18 £,000	Actual 2018/19 £,000	Plan 2019/20 £,000
Employee expenses	205,073	214,365	227,560	236,762	244,559
Drugs	20,556	21,435	23,997	23,266	22,815
Clinical Supplies	20,588	20,920	20,544	23,770	21,243
Non Clinical Supplies	32,258	36,889	38,828	37,544	36,785
Depreciation and amortisation	5,539	3,610	4,638	5,100	6,240
Impairments of property, plant and equipment	0	16,565	6,259	11,488	0
Redundancy	0	28	0	0	0
Misc other operating Expenses	3,904	4,380	4,440	3,447	5,396
Total	**287,918**	**318,192**	**326,266**	**341,377**	**337,037**
Less impairments	0	(16,565)	(6,259)	(11,488)	0
Underlying expenditure trend	**287,918**	**301,627**	**320,007**	**329,889**	**337,037**

Impairments are excluded from this analysis as they do not count against the Use of Resources risk rating that is used by NHS Improvement to assess NHS Foundation Trusts' financial performance.

There has been an increase in expenditure of £9.9m between 2017/18 and 2018/19. There is a planned increase in expenditure of £7.1m in 2019/20.

The net increase of £9.9m in expenditure between 2017/18 and 2018/19 can be explained by the following factors:

- Pay awards, increments, apprentice levy local CEAs and non pay inflation
- Increased charges for Clinical Negligence Scheme
- Savings delivered as part of the Trust's income and cost improvement programme
- Investments in staffing to ensure quality and safety
- Delivery of the waiting times target (Referral to treatment - RTT)
- Quality and performance investments funded by Bolton CCG
- Revenue consequences of capital investments in Estates and IT

The planned increase in expenditure in 2019/20 can be explained by similar factors, including the winning of the 0-19 service tender. This is offset by the planned greater level of cost improvement relative to investments and other cost pressures.

Income and cost improvements

	Actual 2015/16 £,000	Actual 2016/17 £,000	Actual 2017/18 £,000	Actual 2018/19 £,000	Plan 2019/20 £,000
Income and cost improvement	14,400	15,600	20,645	12,471	15,572
As % of income	5.0%	5.4%	6.2%	3.6%	4.4%

Over the last four years the Trust has delivered £63.1m of income and cost improvements, much higher than the national average.

Performance Analysis

Delivery in 2018/19 was below the plan of £15.5m.

The Trust is planning for a 4.4% income and cost improvement programme in 2019/20 when the national efficiency assumption is 1.1%. This is as a result of continuing investments which the Trust is planning to make in order to deliver the IT Strategy and Estates Strategy in addition to higher than average forecast cost pressures along with the 2018/19 under delivery.

Capital spending

The Trust has drawn down £13,906k in loans (non-commercial) and £2,204k to support the capital program in 2018/19.

Capital	Actual 2015/16 £,000	Actual 2016/17 £,000	Actual 2017/18 £,000	Actual 2018/19 £,000	Plan 2019/20 £,000
Ongoing replacements	6,815	7,421	11,554	8,972	14,975
Estates Strategy	108	7,909	5,230	10,782	0
IT Strategy	2,390	819	2,173	813	0
Total	**9,313**	**16,149**	**18,957**	**20,567**	**14,975**

Cash

The cash balance increased in 2018/19 to £19,134k due to the large surplus and as a result of the national sustainability and transformation fund.

Cash	Actual 2015/16 £,000	Actual 2016/17 £,000	Actual 2017/18 £,000	Actual 2018/19 £,000	Plan 2019/20 £,000
Total	**1,470**	**7,025**	**8,070**	**19,134**	**18,514**

Goal 5 - to be fit for the future

Our objective to be fit for the future sets out the things we will do, many in collaboration with stakeholders and partners, to ensure the future provision of health and care services to the people of Bolton and the surrounding area.

A strong partnership between Bolton Council, NHS Bolton Clinical Commissioning Group, and Bolton NHS Foundation Trust with other providers and the voluntary sector will enable us, through integration, to join up our planning and delivery of services. We want to support the increasing numbers of people who need both the NHS, social care and voluntary and community sector services, and harness the support of other services which help people thrive in their communities like housing, education and employment. Our shared view of the future for Bolton in the Bolton Locality Plan – this is available online at: www.boltonccg.nhs.uk/media/3027/bolton-locality-plan.pdf

Our good relationship with the Local Authority, CCG, Greater Manchester Mental Health, Primary Care and the Voluntary Sector in Bolton has allowed us to make good progress towards an Integrated Care Partnership. The Integrated Care Partnership will enable us to truly deliver a fully integrated health and care system in Bolton.

We also continued our work with other Trusts in the North West Sector of Manchester and in particular with Wrightington, Wigan and Leigh NHSFT with whom we have close collaborative links in order to improve the resilience of the workforce and therefore sustain services for local people.

The Trust also plays a full and important part in the wider Greater Manchester Health and Social Care partnership to develop the best possible services for the populations we serve. Further information can be found at http://www.gmhsc.org.uk/our-plans/

The Digital Trust

This year saw further progression of our ambitious plans for IT, building on the strong foundations developed over the past few years. Work on the electronic patient record (EPR) project has seen engagement with stakeholder groups and system suppliers to build the system so that it meets our requirements. Phase one will see the majority of inpatient documentation being recorded electronically, transforming the way we admit, treat and discharge our patients, and improving referral management.

The Trust was granted £1,020,000 as part of nationwide funding to support the implementation of electronic prescribing and medicines administration (ePMA). This is part of the new EPR and is not only known to reduce medication errors, but also frees up time for staff by moving away from paper-based systems. The electronic patient observations project has been successfully implemented across the majority of inpatient areas, with the potential to reduce mortality and improve flow. The system's reports and audits provide oversight that we have not had previously, and this information will help support further quality and safety improvements.

In addition to the Trust's existing data centre, which houses our computer systems and data storage, a new modular data centre has been installed, which is state of the art technology. We are one of only two NHS trusts to have a modular data centre, and this, along with significant investment made to upgrade the Trust's IT network, is crucial for our business continuity and increases our levels of IT security and resilience.

We have worked with teams and partners to understand how self-help apps can be introduced across the organisation to promote health and wellbeing and help patients to monitor and manage their long term conditions.

New software is being implemented across our integrated community services division which will potentially free-up clinical capacity so that staff can see more patients and spend more time with them.

Replacement of the Trust's analogue telephone system is underway, with the introduction of a unified communications system where phones are connected to the IT system. It has additional communication tools and will also bring together the community sites, hospital and GP practices in Bolton onto a single system, making it easier to share information with people, regardless of where they are based. From 1st April 2019, the Trust will be the IT provider for Bolton CCG and GP practices, preparing us for digital transformation across the locality.

The Estate, Education and Employment

It has also been a great year for making improvements to the estate which in turn bring improvements for patient care. A £1.7m new endoscopy unit opened, meaning that hundreds more patients a year can receive timely diagnostic testing for bowel and other gastrointestinal cancers. A second breast unit – the Evergreen Suite – was created to provide more capacity, and there has been a major building project extending our Emergency Department.

One of the first cohorts of nursing associates in the country qualified in Bolton after completing a two year jointly run course. They have all been given posts with the Trust.

Performance Analysis

Environmental impact

The Trust's energy and utility services are managed by iFM Bolton Ltd – the Trust's wholly owned facilities provider.

Significant capital investment has enabled iFM Bolton Ltd to deliver energy efficient services and carbon reduction measures on behalf of the Trust, these include:

- The successful abstraction of water from 100 meters below the hospital site has reduced the water demand on our town's infrastructure and resources by over 700,000 litres each month. This water is treated to drinking water quality standards for use across the Hospital.
- Demand on the local electricity network was reduced over peak periods this past winter by generating our own electricity on site to feed the hospital's requirements when the national grid is at its peak generation capacity. By reducing demand in this way, the UK can eliminate its reliance on higher carbon emissions associated to coal power station requirements in the winter.
- New energy efficient building services such as LED lighting and high efficient pumps and fans have been installed across new builds and refurbishments within the Trust's capital works projects; this has reduced the site electrical demand lowered emissions.
- 2018 also saw the second year of combined heat and power on the hospital site. Generating electricity to feed directly into the hospitals high voltage infrastructure and utilising heat connected to the hospitals energy centre, the plant used gas to generate 7,920 Mega Watts of power. This electricity was generated more efficiently than Grid electricity with lower carbon use and was therefore better for the environment.

	2018/19			2017/18	
Utility	Cost £	Consumption	Utility	Cost £	Consumption
Gas	833 k	38,501,716 KWh	Gas	499 K	20,743,567 KWh
Electricity from CHP	100 k	7,920,000 KWh	Electricity from CHP	50 K	1,845,411 KWh
Grid Electricity	767 k	6,786,137 KWh	Grid Electricity	1,070 K	11,750,518 KWh
Water	552 K	121,583 m^3	Water	599 K	229,754 m^3
Abstracted Water	20 k	88,033 m^3	Abstracted Water	0	0

Performance Analysis

Social, community and human rights issues

We recognise the need to forge strong links with the communities we serves so that we are responsive to feedback and can develop our services to meet current healthcare needs.

We are committed to meeting our obligations in respect of the human rights of our staff and patients, which is closely aligned both to the NHS constitution and our values. NHS trusts are public bodies, and so it is unlawful to act in any way incompatible with the European Convention on Human Rights unless required by primary legislation.

All Trust policies include a monitoring section detailing how and where the application and effectiveness of each policy is overseen. For example, the Audit Committee have oversight of policies relating to anti bribery and corruption and the Workforce Assurance and Workforce Operational Committees play a key role in ensuring the Trust act as a fair and equitable employer. Trust policies are reviewed on a regular basis and all are subject to an equality impact assessment.

Modern Slavery Act 2015 – Statutory Statement

The Trust is fully aware of the responsibilities it bears towards patients, employees and the local community and as such, we have a strict set of ethical values that we use as guidance with regard to our commercial activities. We therefore expect that all suppliers to the Trust adhere to the same ethical principles.

The Trust does not have any overseas operations

This performance report was approved by the Board of Directors on 23rd May 2019

Signed on behalf of the Board

Jackie Bene
23rd May 2019

The Following Accountability Report of this annual report comprising the following sections:

- Director's Report
- Remuneration Report
- Staff Report
- Code of Governance Disclosures
- NHSI Single Oversight Framework
- Statement of Accounting Officer's Responsibilities
- Annual Governance Statement

Was approved by the Board on 23rd May 2019

Dr Jackie Bene

Chief Executive Bolton NHS foundation Trust

23rd May 2019

Directors' Report

Our Board of Directors

Our Directors

David Wakefield – Chairman August 2012 – March 2019

David is a qualified accountant and, in addition to his finance roles, has held senior posts in sales, operations and project management. He worked in the furniture trade for 12 years and with Royal Mail for 27 years. He joined the NHS as a non-executive director in Milton Keynes and later became non-executive Chairman of Milton Keynes Community Health Services and, subsequently, Chairman of Milton Keynes Hospital NHS Foundation Trust.

David is a Non-Executive Director of Crown Commercial Services; he also acts as a member of the Board of Ofqual and is the Chair of Leverhulme Academy Trust in Bolton. These appointments were undertaken with the approval of the Council of Governors.

In April 2018 David took on a new role as Chair of University Hospitals North Midlands, David's tenure in Bolton ended on 31st March 2019.

Executive Directors

Dr Jackie Bene - Chief Executive

Jackie was appointed to the Board as Medical Director in 2008 having worked at the Trust as a Consultant Physician as well as holding a number of clinical lead roles since 1998. She took up the role of Acting CEO in June 2013 and was appointed substantively to the role in January 2014. Her priorities throughout her career have been quality improvement and patient safety but she has recently led on the governance and strategic agendas for the Trust. Jackie still undertakes clinical practice for one session per week in Acute Medicine which she values enormously in keeping her close to our patient and staff experience.

Trish Armstrong-Child - Director of Nursing/Deputy Chief Executive appointed May 2013

Trish is a Registered General Nurse who has worked within the NHS since 1989. She has a vast wealth of experience within both nursing and operational management roles and has Executive leadership and professional responsibility for quality and patient safety. Her focus and primary aim is to ensure that excellent standards of care are received by patients and their carers and that they have a positive experience of care both within hospital and community settings, including care at home.

Trish became the Deputy Chief Executive in June 2017.

Andy Ennis - Chief Operating Officer

Andy started his working life as a nurse, specialising in paediatrics and specifically intensive care. After various roles in nursing including Charge Nurse of B1 Children's Ward at Bolton Royal he moved into operational management of services gaining experience in several other North West Trusts before returning to Bolton as Chief Operating Officer.

Andy's primary role on the Board is to ensure the Trust delivers operational targets such as waiting times and that the infrastructure (Estates and IT) is fit for purpose.

Annette Walker – Director of Finance

Annette was appointed as Director of Finance in 2017.

Annette has worked in the NHS since 1993 after graduating from Liverpool University with a degree in economics. She started her NHS career as a finance trainee and qualified as a chartered public finance accountant in 1997. She has held various NHS finance roles within Greater Manchester and Lancashire and has worked in Bolton since 2008, having been the Director of Finance of Bolton PCT and latterly the Chief Finance officer of Bolton Clinical Commissioning Group

James Mawrey – Director of Workforce

James was appointed as Director of Workforce in February 2018

James has worked in the NHS since 2000 after graduating from Strathclyde Business School with a Master's degree in Business & Management. James is a qualified member of the Chartered Institute of Personal & Development and has held Senior HR roles in North Wales, Cheshire & Merseyside and on the Greater Manchester footprint. James has a passion for developing people and teams and provides Executive leadership for Workforce & Organisational Development.

Francis Andrews – Medical Director

Francis commenced in post as Medical Director at Bolton NHS Foundation Trust in August 2018.

Francis graduated from Leeds University in 1990 and after junior doctor rotations and further training in emergency medicine and intensive care medicine; he worked as a consultant in critical care and emergency medicine at St Helens & Knowsley Teaching Hospitals NHS Trust as well as being appointed as their Assistant Medical Director.

He is passionate about developing and promoting clinical leadership to enhance patient care and is a strong advocate for working with patients on care pathways, organ donation, information technology and human factors as applied to patient safety

Sharon Martin – Director of Strategic Transformation

Sharon has worked in the NHS for over 30 years. She started her career as a student nurse at Bolton Hospitals NHS Trust and went on to hold a number of clinical posts in the Trust.

Prior to returning to Bolton, Sharon was the Deputy Chief Officer for Bury Clinical Commissioning Group and the Director of Performance and Delivery for East Lancashire Clinical Commissioning Group where she was responsible for the commissioning of healthcare across all providers. Whilst working in East Lancashire CCG, Sharon was the Senior Responsible Officer for the development of Learning Disability and Autism Pathways across Lancashire and for the development of Integrated Care Pathways across Pennine Lancashire.

Sharon is committed to ensuring that the experience of patients and clinical staff are central to the development of the Trusts Strategy and Transformation plans.

Steve Hodgson - Medical Director March 2014 – July 2018

Steve was appointed Medical Director in March 2014, he had previously held a number of leadership roles in the trust including clinical lead, Associate Medical Director and Head of Elective Care Division. Steve continues to work for the Trust as a consultant orthopaedic surgeon with an upper limb interest a role he has undertaken in Bolton since 1993.

Non-Executive Directors

Andrew Thornton – Vice Chair

Andrew joined the Board as an interim Non-Executive in August 2014 and was reappointed in August 2017. Andrew Initially started his career in the health service as a podiatrist and has remained within health and social care serving in a variety of senior leadership posts within both the public and private sector.

Andrew has a strong ethos of quality in all aspects of service delivery and brings his experience of developing clinical and operational improvements to the Trust. Andrew uses this experience and ethos to Chair the Trust's Quality Assurance Committee.

Jackie Njoroge – Chair of Audit Committee appointed September 2016.

Jackie describes herself as a data geek and is therefore ideally suited to her role with us as Chair of our Audit Committee. She manages this alongside her full time role as Director of Strategy at Salford University. Jackie started her career in finance on a national graduate traineeship with British Steel; she spent seven years working in finance in the steel industry before moving to the education sector, initially in the North East and more recently in Manchester and Salford.

Bilkis Ismail – appointed September 2017

Bilkis is dual qualified as a barrister and chartered tax adviser with experience of working in the private sector (both nationally and internationally), central government and local government.

Bilkis is keen to use her professional legal and tax experience combined with her commercial awareness and strategic business planning for the benefit of the Trust.

Bilkis is a Councillor for the Crompton ward of Bolton she is also a community governor at Valley Community School and a governor of Bolton Sixth Form College.

Martin North – appointed June 2018

Martin is an accomplished senior executive with experience operating at Board level in a variety of roles in several complex, regulated organisations within the telecommunications and IT sector. He has an established track record of leading organisational and digital transformational change that has delivered outstanding performance and turnaround.

Martin is keen to bring his experience of technology transformation and operational leadership for the benefit of the trust.

Malcolm Brown – appointed September 2018

Malcolm is a qualified GP and completed his training at Bolton General Hospital and was a partner at a GP Practice in Westhoughton for over 30 years until 2017. He has also been a GP endoscopist for 18 years and Medical Officer at St Ann's Hospice in Little Hulton for 25 years.

Malcolm has always had an interest in medical education and after being a GP educator, he became GP Programme Director for Bolton. He was also the Director of Medical Education here at the Trust for ten years after which he became the Associate Dean for the NW Deanery (now Health Education England North West).

Alan Stuttard – appointed January 2019

Alan joined the NHS Financial Management Scheme in 1975 and qualified as a Member of the Chartered Institute of Public Finance and Accountancy (CIPFA) in 1980. The majority of his working career has been in the NHS although he also has experience of working in local government and the private sector.

Alan has been a Board Director for over 25 years, mainly as a Finance Director, which has included the Countess of Chester Hospital , Preston Acute Hospitals and Lancashire Teaching Hospitals NHS Trust. Most recently he was the Finance Director and Deputy Chief Executive of the North West Ambulance Service NHS Trust.

The Directors below ended their term of office during 2018/19

Allan Duckworth - January 2013 – December 2018

A Chartered Management Accountant, Allan brings 24 years board level experience in high profile, consumer facing businesses, including fourteen years as Chief Executive of Burnden Leisure PLC, the parent company of Bolton Wanderers FC and De Vere Whites Hotel. Prior to this role he spent ten years as a finance director at Umbro International Ltd, Lo-Cost Stores Ltd (Safeway Group PLC) and Vernons Organisation Ltd (Ladbroke Group PLC).

Alan is Chair of the Finance and Investment Committee and a member of the Charitable Funds Committee.

Ann Gavin Daley August 2015 – August 2018

Ann joined the Board in 2015. She has a clinical background in nursing and quality and a passion for high quality patient focused care gained over 30 years nursing in acute and integrated community and mental health trusts in the North West.

Her previous experience includes significant strategic management as an NHS Executive Director and Trust Board member with involvement in developing and managing innovative acute and community services at operational and strategic level in teaching and non-teaching NHS organisations.

Disclosures

Statement of register of interests

The Trust Secretary maintains a register of other significant interests held by Directors and Governors which may conflict with their responsibilities. The register is available on our website within the declarations section (updated every six months); access to the register can also be obtained on request from the Trust Secretary.

Political donations

The Trust does not make any political donations and has no political allegiance

Overseas Operations

The Trust does not have any overseas operations

Pension disclosure

The accounting policies for pensions and other retirement benefits are set out in note 1.9 to the accounts and details of senior employees' remuneration can be found in the remuneration report on page 39.

Income disclosure required by section 43 (2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012)

The Trust meets the requirement for income from the provision of goods and services for the purposes of the Health Service in England to be greater than its income from the provision of goods and services for any other purposes.

The small amount of other income received by the Trust helps support the provision of NHS care. The Trust will continue to meet the requirement for its prime business to be the provision of goods and services for the purpose of the health service in England

The income from car parking is £1,502k and the costs associated with this income is £1,500k

Better payment practice code

The Trust is expected to pay 95% of all creditor invoices within 30 days of goods being received or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier. The table below shows performance against this target in 2017/18and 2018/19.

No interest was paid under the late payment of commercial debts act

	Year ended 31 March 2019		Year ended 31 March 2018	
	Number	£'000	Number	£'000
Total non-NHS trade invoices paid within the target	56,220	124,619	36,340	101,159
Total non-NHS trade invoices paid in the period	63,990	138,614	63,776	144,028
Percentage of non-NHS trade invoices paid within the target	**87.86%**	**89.90%**	57%	70.2%
Total NHS trade invoices paid within the target	1,479	20,589	998	12,177
Total NHS trade invoices paid in the period	2,421	33,306	2,715	30,095
Percentage of NHS trade invoices paid within the target	**61.09%**	**61.82%**	36.8%	40.5%

Statement of Emergency Preparedness Resilience and Response (EPRR) Performance:

The Trust continues meet its statutory commitment to emergency preparedness resilience and response. (EPRR) and in 2018/19 achieved SUBSTANTIAL compliance level in the annual NHS England EPRR Core Standards.

The EPRR department demonstrates continued co-operation and liaison with partner organisations across Greater Manchester. We work closely with the Ambulance Service to provide Decision Loggist training to all disciplines across Greater Manchester and delivered two Multi Agency Civil Contingency courses open to all responders.

Acting independently and using our EPRR procedures the trust activated business continuity arrangements to maintain patient care during periods of severe weather, a smoke plume and chemical incident and industrial action.

In addition to attendance at all multi-agency forums the EPRR department also maintains an annual work plan of testing and exercising. This involves the delivery of training that ranges from individual and local departmental sessions to larger multi-agency events such as:

- Exercise STARLIGHT – Communications Cascade - June 2018
- Exercise SOCRATES 2 - Mass Casualty Exercise - September 2018
- Get Ready for Winter Multi-Agency Event - October 2018.
- Exercise WHISPER – Major Incident Communication cascade - Oct / Nov / Dec
- Exercise LONDON BRIDGE – October 2018
- Exercise TROOPER – COMAH Exercise Sherwin Williams – November 2018
- EU Exit Business Continuity planning group convened. - December 2018

Over the last 12 months training efforts have been prioritised in two key areas:

To provide additional assurance in the event of a ward evacuation a table-top style evacuation exercise was undertaken across all in-patient ward areas and action cards produced for staff to use as a response to this, additional emergency equipment and supplies have been made available.

In response to the nerve agent incident in Salisbury training for front line Emergency Department staff was prioritised to ensure that were prepared in the most recent techniques to safely manage patients presenting from these types of incident.

Learning from incidents, output from EPRR training, testing and exercising and national guidance is constantly reviewed and used to inform, update and improve future trust response.

Statement as to disclosure to Auditors

Each of the Directors at the date of approval of this report confirms that:

So far as the Director is aware, there is no relevant audit information of which the NHS Foundation Trust's Auditor is unaware; and

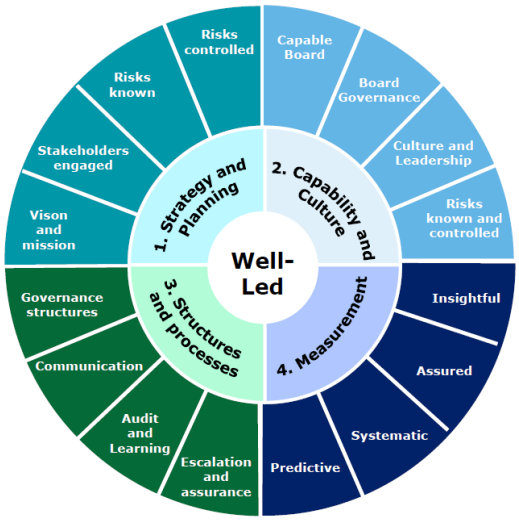
The Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

Statement of accounts preparation

The accounts have been prepared under direction issued by Monitor, the independent regulator for Foundation Trusts, as required by paragraphs 24 and 25 of Schedule 7 to the National Health Service Act and in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

Quality Governance



The Quality Governance Framework was developed by Monitor as an assessment tool for Trusts to use to benchmark their arrangements for effective quality governance in four categories.

In January 2017, the Board commissioned an external review using the "Well Led" Framework; this assessment covers the categories identified in the Quality Governance Framework. Deloitte LLP conducted the review – a summary of their findings is provided below.

It is recognised as good practice to undertake regular external review of board effectiveness/governance at least once every three years. We are planning to commission a review in the second half of 2018/19.

The main recommendations arising from the Well Led review were with regard to ensuring a robust process for Workforce Assurance. The Trust responded to the review by establishing a new Workforce Assurance Committee.

For further details on Quality Governance please refer to the Quality Report and to the Annual Governance Statement.

There are no material inconsistencies between the Annual governance Statement, the Corporate Governance Statement, the Quality Report and the Annual Report.

In 2017 the CQC updated their methodology and introduced an annual Well Led review which alongside the Use of Resources review undertaken by NHSI include all aspects of the Quality Governance Framework.

The CQC undertook a "Well Led Review" in January 2019 and issued a rating of **outstanding** based on the following findings

Strategy

- 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.

Culture

- 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.

- 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.

Measurement

- 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.

Structures and Processes

- 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.
- Service improvements were driven by clinicians and actively encouraged. The ward accreditation scheme was also driving improvement through healthy competition, innovation and ambition.

Patient Care

Further information on the quality of services provided by the Trust can be found in our Quality Report which is included in this report from page 84.

Stakeholder Relations

The NHS organisations and Local Authorities in Greater Manchester have integrated plans to improving the health and wellbeing of our populations by:

- Helping people to better manage their own health
- Providing more joined-up care near where people live
- Working together, across hospitals and practices, to share skills and specialist treatment
- Doing things more efficiently and to the same high standards across all boroughs

The Greater Manchester Health and Social Care Partnership's five-year strategic plan – *Taking Charge of our Health and Social Care in Greater Manchester* – is built up from individual locality plans developed by the 10 local authorities and NHS organisations across the city region.

Taking Charge outlines five key themes of work:

- Theme 1, population health prevention;
- Theme 2, transforming community based care and support;
- Theme 3, integrating specialist care;
- Theme 4, standardising clinical support and back office services
- Theme 5, enabling better care.

Greater Manchester Integrating Specialist Care Programme is the creation of single shared specialist services to deliver improvements in patient outcomes and productivity. The programme is overseen by an Executive made up from partners across GM and representatives from Bolton have been fully engaged at this executive level and in the clinical working groups that report up to it.

Bolton FT work with other Trusts in the North West Sector of Manchester and in particular with Wrightington, Wigan and Leigh NHSFT with whom we have close collaborative links in order to improve the resilience of the workforce and therefore sustain services for local people.

Involvement in local initiatives

In addition to working with other hospitals in the North West sector of Greater Manchester, we are also working with colleagues in primary care, the CCG and social care to ensure we deliver the best possible services for the future health of the people of Bolton. Locally we have a strong partnership between Bolton Council, NHS Bolton Clinical Commissioning Group, and Bolton NHS Foundation Trust with other providers and the voluntary sector and we set out our response to the Greater Manchester Plan and shared view of the future for Bolton in the Bolton Locality Plan www.boltonccg.nhs.uk/media/3027/bolton-locality-plan.pdf

Consultation with local groups and organisations

We are members of the Bolton Partnership Board which oversees the development of our system wide plans to deliver the Bolton Locality Plan. We also work with HealthWatch and the Overview and Scrutiny Committee to share our plans for future services and to provide updates on challenges facing the Trust and the wider health economy.

Board The Trusts CEO has also been the Senior Responsible Officer for establishing the Bolton Integrated Care Partnership

Public and patient involvement activities

As a Foundation Trust with public members, part of our public and patient involvement is through our membership. We recognise the importance of involving our patients and the wider public in the development of services and we have undertaken a significant amount public and Patient engagement through a number of forums. Some examples are outlined below:

- Detailed sessions with the trust Governors on the proposed vision and ambitions for our strategy
- A staff-facing electronic survey to gather views on the proposed vision and ambitions for our strategy
- Full campaign on the intranet, public website and social media channels encouraging staff and the public to have their say in our strategy
- 20,000 four-page leaflets designed, printed and distributed to key locations to seek feedback from staff, patients and the public alike
- Discussion with and feedback from patient, carer and public groups on our strategy
- The Ingleside midwife-led birth centre participated in a wide range of engagement with key partners and local communities to develop its services.
- Development of a Lived Experience Panel by the Trust to support with redesign of services

During the next 12 months we will be developing a public facing Engagement and Involvement Strategy.

Remuneration Report

Remuneration Report

The remuneration report has been prepared in compliance with the relevant elements of sections 420 to 422 of the Companies Act 2006, Regulation 11 and Schedule 8 of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2001, parts 2 and 4 of Schedule 8 of the Regulations as adopted by Monitor for the purposes of the Annual Report Manual and elements of the NHS Foundation Trust Code of Governance.

Annual Statement on Remuneration

I am pleased to present the remuneration report for 2018/19. As Chair of the Trust, I chair the two Committees charged with responsibility for Nomination and Remuneration:

- a Board Nomination and Remuneration Committee with formal delegated responsibility for the nomination and remuneration of Executive Directors and
- a Governor Nomination and Remuneration Committee - this second committee acts in an advisory and supporting capacity for the full Council of Governors but does not have formally delegated powers**.**

The exception to this arrangement is when my own performance or remuneration is being discussed. In these circumstances the Vice-Chair of the Trust will chair the Governor Nomination and Remuneration Committee.

Donna Hall

Trust Chair

May 2019

Remuneration Report

Board Nomination and Remuneration committee

The Board Nomination and Remuneration Committee met twice during the reporting period to consider the appointment, performance and remuneration of the Executive Directors. The Chief Executive and the Trust Secretary attended meetings other than when matters being discussed would have meant a conflict of interest. Minutes of meetings were recorded by the Trust Secretary. Attendance is shown in the table below.

Nomination and Remuneration Committee Attendance	
David Wakefield (Chair)	2/2
Allan Duckworth	1/1
Malcolm Brown	2/2
Jackie Njoroge	1/2
Andrew Thornton	2/2
Bilkis Ismail	1/2
Martin North	1/1
Dr Jackie Bene	2/2
Esther Steel (in attendance)	2/2

Executive Remuneration

Two new executive directors were appointed during 2018/19, Dr Francis Andrews was appointed to replace Steve Hodgson as Medical Director and Sharon Martin was appointed as Director of Strategic Transformation. The Nomination and Remuneration Committee also approved the appointment of a new Executive Chair to the Board of iFM Bolton. The Trust used the services of Finegreen to support the appointment of the iFM Executive Chair.

Benchmarking has been used to agree and establish salary scales for executive directors, these scales are described within the remuneration policy section of this report. During 2018/19 and in line with NHSI guidance, the executive directors were awarded a flat rate uplift of £2,075, this award was agreed in January 2019 and was backdated to 1 April 2018

In all debates and discussions pertaining to salaries for senior managers the Nomination and Remuneration Committee have ensured that the policies applied reflect those applicable to our staff on Agenda for Change contracts.

The Committee has a duty to ensure the Trust can recruit and retain and motivate the senior managers with the appropriate skills and values to lead the organisation. At the same time, the Committee recognises that this must be within the confines of public acceptability and affordability.

The Chief Executive is paid more than £150,000 per annum, the Committee reflected on benchmark salary information for comparative jobs within the NHS and concluded that the remuneration agreed was appropriate and reasonable for the current post holder.

Remuneration Report

Governor Nomination and Remuneration Committee

2018/19 was a busy year for Governor involvement in the appointment of Non-Executives, representatives of the Council of Governors met on 12 occasions during the year to undertake the following matters:

- To receive the outcomes of NED appraisals.
- To appoint three new Non-Executive Directors (Martin North, Malcolm Brown and Alan Stuttard)
- To appoint a new Chair – an initial appointment was made in October 2018 however the identified candidate was not appointed and a new search and appointment was undertaken in January/February 2019

Non-Executive Director Appointments

The Council of Governors appointed three new Non-Executive Directors and a new Chair during 2018/19

The appointment of Martin North was supported by Finegreen and the appointment of a Donna Hall as a new Chair was supported by Gatenby Sanderson. The appointments of Malcom Brown and Alan Stuttard were undertaken without external advice using the social media and networks to promote and target the opportunities.

Performance Evaluation

As reported earlier in this report, the performance of the Board as a whole and the Board committees was reviewed by Deloitte LLP as part of the Well Led Review in 2017/18.

The Chairman reviewed the performance of the Chief Executive and each of the Non-Executives through the Trust appraisal process, the Chief Executive reviewed the performance of the Executive Directors and the Senior Independent Director reviewed the performance of the Chairman.

Within iFM Bolton, the Executive Chair reviews the performance of the Non-Executives and the MD who in turn reviews the performance of the senior team. The performance of the iFM Executive Chair is reviewed by the Chair and CEO of the FT.

Future policy table

Element	Link to strategy	Operation	Maximum	Changes
Base salary	To set a level of reward for performing the core role	The aim is to offer benchmarked salary which the committee consider appropriate for experience and performance.	For each role there is an agreed salary scale. When reviewing salaries, the Committee take account of personal and organisational performance and any national award offered to the wider employee population	No
Taxable benefits	The current remuneration policy of the Trust does not make provision for taxable benefits or performance related bonuses			
Annual performance related bonuses				
Long term performance bonuses				
Pension related benefits	To provide pensions in line with NHS policy	Directors are automatically enrolled in the NHS final salary pension scheme on the same basis as all other colleagues within the NHS	Pension arrangements for the Chief Executive and all Executive Directors are in accordance with the NHS Pension Scheme. The accounting policies for pensions and other relevant benefits are set out in Note 1.9 to the accounts.	No

For the purpose of the accounts and remuneration report the Chief Executive has agreed the definition of a "senior manager" to be Directors only.

Senior manager pay progression

At appointment, a Director is placed at the appropriate point on the salary scale as determined by the Remuneration Committee having considered previous experience.

The Remuneration Committee is firm in the view that progression through the salary ranges should not be automatic or linked to length of service but should be a true reflection of performance in the role as assessed through an effective appraisal system.

For Directors other than the Chief Executive, the Chief Executive provides the Remuneration Committee with a report on each Director summarising the achievement of specific objectives within the wider frame of the performance for the whole organisation. The award may also be constrained by affordability.

Remuneration Report

The senior pay policy makes provision for sums paid to be withheld or recovered if required.

NED remuneration policy

The fees payable to the Chair and Non-Executives are determined by the Council of Governors. These fees were reviewed in 2017/18 and Governors approved a 1% uplift in line with the offer to Agenda for Change staff. Governors also approved the award of an additional payment to the Chairs of the Finance and Investment and Quality Assurance Committees to recognise the additional time requirements to fulfil these key roles.

Non-Executive Directors are appointed for a three year term of office. They must be considered independent at the time of appointment. A Non-Executive Director's term of office may be terminated by the Council of Governors if the NED no longer meets the criteria for appointment as a NED. The Governors agreed that remuneration rates for NEDs should be updated in 2019/20 following the appointment of a new Chair who started in post on 1 April 2019

Service Contract obligations

Senior managers' service contracts do not include obligations on the Foundation Trust which could give rise to or impact on remuneration payments or payments for loss of office.

Policy on payment for loss of office

Senior managers' service contracts include a six month notice period. In the event of a contract being terminated the payment for loss of office will be determined by the Nomination and Remuneration Committee. Payment will be based on contractual obligations. Payment for loss of office will not be made in cases where the dismissal was for one of the five "fair" reasons for dismissal.

Statement of consideration of employment conditions elsewhere in the Trust

In setting the remuneration policy for senior managers, consideration was given to the pay and conditions of employees on Agenda for Change. The 2017/18 salary scales for Executive Directors were agreed following a review of salary data provided by the NHS Providers with the uplift applies in line with NHSI guidance.

Expenses paid to governors and directors

The majority of the expenses claimed by Directors were for travel costs including travel to London for national meetings.

	Directors		Governors	
	18/19	17/18	18/19	17/18
Total number of Directors/Governors in office	24	20	32	37
Number of Directors/Governors receiving expenses	14	14	14	14
Aggregate sum of expenses	£10,806.27	£10,012.48	£0	£0

Remuneration

The following tables provide information which is subject to audit review about the salaries, allowances and pension and pension entitlements of employees and appointees.

Jackie Bene

Chief Executive, 23rd May 2019.

Remuneration Report

Name	Post	Tenure	2018/19						2017/18					
			A	B	C	D	E	Total (bands of £5k)	A	B	C	D	E	Total (bands of £5k)
David Wakefield	Trust Chairman	08/08/12 – 31/03/19	30 - 35	-	-	-	-	30 - 35	60 - 65	-	-	-	-	60 - 65
Jackie Bene	Chief Executive and Medical Consultant	From 22/06/13	205 - 210	-	-	-	47.5 - 50	255 - 260	205 - 210	-	-	-	140.0 - 142.5	345 - 350
Francis Andrews	Medical Director	From 13/08/2018	115 - 120	-	-	-	57.5 - 60	170 - 175	-	-	-	-	-	-
Trish Armstrong-Child	Director of Nursing & Deputy Chief Executive	From 13/05/13	145 -150	-	-	-	105 - 107.5	250 - 255	135 - 140	-	-	-	172.5 - 175.0	310 - 315
Andy Ennis	Chief Operating Officer	From 01/01/14	125 - 130	-	-	-	92.5 - 95.0	220 - 225	115 - 120	-	-	-	145.0 - 147.5	260 - 265
Sharon Martin	Director of Strategy	From 03/09/2018	60 - 65	-	-	-	25 - 27.5	85 - 90	-	-	-	-	-	-
James Mawrey	Workforce Director	From 05/02/18	115 - 120	-	-	-	140 - 142.5	255 - 260	15 - 20	-	-	-	20.0 - 22.5	35 - 40
Annette Walker	Director of Finance	From 17/07/17	130 - 135	-	-	-	190 - 192.5	325 - 330	90 - 95	-	-	-	140.0 - 142.5	230 - 235
Steve Hodgson	Medical Director	01/09/13 - 03/08/2018	60 -65	-	-	-	-40 - -42.5	15 - 20	175 - 180	-	-	-	35.0 - 37.5	215 - 220
Mark Wilkinson	on secondment to GM team from 02/07/17	04/08/14 - 18/11/2018	-	-	-	-	75 - 77.5	75 - 80	30 - 35	-	-	-	47.5 - 50.0	75 - 80
Simon Worthington	Director of Finance	Ended 30/06/2017	-	-	-	-	-	-	40 - 45	-	-	-	65.0 - 67.5	105 - 110
Non Executive Directors														
Malcolm Brown	Non-Executive Director	From 01/09/18	5 - 10	-	-	-	-	5 - 10	-	-	-	-	-	-
Bilkis Ismail	Non Executive Director	From 01/09/17	10 - 15	-	-	-	-	10 - 15	5 - 10	-	-	-	-	5 - 10
Jackie Njoroge	Non Executive Director	From 01/09/16	10 - 15	-	-	-	-	10 - 15	10 - 15	-	-	-	-	10 - 15
Martin North	Non-Executive Director	From 01/07/18	5 - 10	-	-	-	-	5 - 10	-	-	-	-	-	-
Alan Stuttard	Non-Executive Director	From 01/01/19	0 - 5	-	-	-	-	0 - 5	-	-	-	-	-	-
Andrew Thornton	Non Executive Director	From 01/10/14	10 - 15	-	-	-	-	10 - 15	10 - 15	-	-	-	-	10 - 15
Mark Harrison	Non Executive Director Bolton NHS FT & Chair iFM Bolton	01/04/12 – 31/03/18	-	-	-	-	-	-	10 - 15	-	-	-	-	10 - 15
Neal Chamberlin	Non-Executive Director	01/10/14 - 30/09/2017	-	-	-	-	-	-	5 - 10	-	-	-	-	5 - 10
Allan Duckworth	Non Executive Director	01/01/2013 - 31/12/2018	10 - 15	-	-	-	-	10 - 15	10 - 15	-	-	-	-	10 - 15
Ann Gavin-Daley	Non Executive Director	01/09/15 - 31/08/2018	5 - 10	-	-	-	-	5 - 10	10 - 15	-	-	-	-	10 - 15

A	Salary and Fees	D	Long term performance bonuses
B	Taxable benefits	E	Pension related benefits
C	Annual performance related bonuses		

Total Pension Entitlement

Name and title	Date commenced Snr Manager post	Date ceased Snr Manager post	No of days (if in year start)	Real increase in pension sum at pension age	Real increase in lump sum at pension age at 31 March 2019	Total accrued pension at pension age at 31 March 2019	Lump sum at age 60 related to accrued pension at 31 March 2019	Cash Equivalent Transfer Value at 1 April 2019	Real Increase in Cash Equivalent Transfer Value funded by Employer	Cash Equivalent Transfer Value at 31 March 2019	Employers Contribution to Stakeholder Pension
				(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	
Jacqueline Bene	22/06/13			2.5 - 5	0	80 - 85	210 - 215	1,472	164	1,710	
Francis Andrews	13/08/2018		231	0 - 2.5	0 - 2.5	55 -60	135 - 140	932	82	1,110	
Patricia Armstrong-Child	13/05/13			5 - 7.5	5 - 7.5	55 - 60	145 -150	814	167	1,026	
Andrew Ennis	01/01/14			2.5 - 5	10 - 12.5	55 - 60	175 - 180	1,093	189	1,334	
Sharon Martin	03/09/2018		210	0 - 2.5	0 - 2.5	35 - 40	90 - 95	565	49	681	
James Mawrey	05/02/18			5 - 7.5	7.5 - 10	25 - 30	60 - 65	281	117	422	
Annette Walker	17/07/17			7.5 - 10	17.5 - 20	45 - 50	105 - 110	541	205	782	
Stephen Hodgson	01/09/13	02/08/2018	123	0	0	55 - 60	170 - 175	1,311	(461)	0	
Mark Wilkinson	01/08/14	18/11/2018	231	0 - 2.5	0 - 2.5	55 - 60	140 - 145	914	90	1,101	

Pension arrangements for the Chief Executive and all Executive Directors are in accordance with the NHS Pension Scheme. The accounting policies for pensions and other relevant benefits are set out in note 1.8 to the accounts.

Staff Report

Introduction

An organisation can only ever be as good as the people who work in it. Our goal for Bolton is to be a great place to work, where our people can thrive and reach their full potential.

To help deliver this goal the Trust Board recently approved the Workforce & Organisational Development Strategy, which identifies the Trust's Workforce priorities for the next three years. The Strategy focuses on the following four priorities for action:- Health organisational culture, Sustainable Workforce, Capable workforce, Effective leadership and managers. The Workforce Assurance Committee is the sub-board Committee that is charged with overseeing implementation of the Strategy with updates being provided to the Trust Board. Furthermore the Workforce Assurance Committee ratifies the Trust's Workforce Plans on an annual basis (agreed by both the Director of Nursing and Medical Director). These workforce plans are critical in helping to ensure the alignment of the Trust clinical workforce with the delivery of care, based on both demand/flow and demographics/acuity. The Board is sighted on a monthly basis the Trust's performance against key Workforce metrics (including staffing levels).

The Trust recognises that a continued focus on enhancing the wellbeing of our workforce is required as the level of staff sickness remains high (albeit progress has been made in 18/19). In line with the Health & Wellbeing plan the Trust's flu vaccination rate for front line staff continued to improve and over 80% of our frontline staff received the vaccination in 2018/2019. The Trust's vacancy rate is reported to the Board Committees and our rates remain low when compared to peer NHS organisations.

The main anticipated changes to the shape of the Workforce are as follows:

- Medical staffing levels has increased over recent years, specifically within the consultant level positions. Whilst this increase has slowed, it is anticipated that consultant numbers will be maintained. Generally the Trust does not have significant problems in recruiting into senior positions although for a few 'hard to fill' areas bespoke plans are in place. The Trust has a range of measures in place in order to mitigate the anticipated reduction in Junior Doctors in this time period
- The nurse vacancy rate remains low when compared to peer organisations. Recruitment of nurses has not traditionally been a problem for the Trust and a comprehensive recruitment and retention plan is in place.
- Non-medical staffing is projected to reduce with reductions in administrative staff as systems and efficiencies become leaner and more streamlined, taking advantage of enabling technologies

A sharper focus on delivering the Health and Wellbeing Plan is required as staff sickness remains high against a tolerance level of 4.2%. The chart below shows the percentage of FTE days lost to sickness during 2018/2019.

The Trust remains committed to ensuring staff are regularly appraised and receive all of the required training to ensure they continue to be safe and effective in their roles. The Trust sets a stretch appraisal target of 85% and the Trust performs well in this area. Mandatory training compliance levels are high at over 90%.

Staff Report

Staff costs

	Total £000
Salaries and wages	190,935
Social security costs	17,880
Apprenticeship Levy	883
Pension costs	21,160
Termination benefits	144
Temporary staff - agency/contract staff	8,525
TOTAL GROSS STAFF COSTS	**239,527**
Less Costs capitalised as part of assets	2,621
TOTAL STAFF COSTS	**236,906**

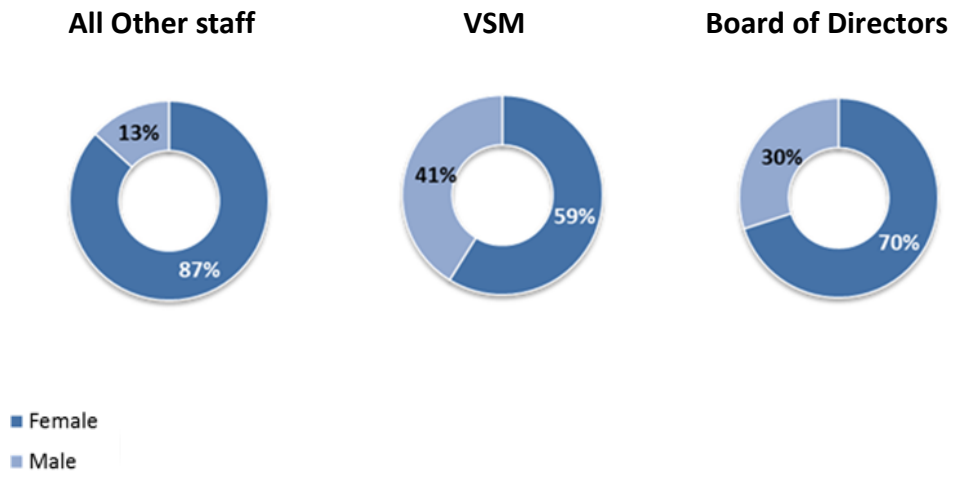
Staff numbers – by professional group (average full time equivalent)

	2018/19			2017/18		
	Total	Permanent	Other	Total	Permanent	Other
Medical and dental	**363**	257	106	**520***	491	29
Ambulance staff	**0**	0	0	**0**	0	0
Administration and estates	**1079**	1,015	64	**1,253**	1,182	71
Healthcare assistants and other support staff	**1270**	1229	41	**1,065**	933	132
Nursing, midwifery and health visiting staff	**2008**	1,985	23	**1,784**	1,687	97
Scientific, therapeutic and technical staff	**739**	719	20	**811**	787	24
Total average numbers	**5,459**	5,205	254	**5,433**	5,080	353

Number of employees (WTE) engaged on capital projects	**72**	72	0	**54**	54	0off payrollo

(*figures for Medical and Dental last year included Deanery doctors. Comparison for 17/18 is 354)

Staff groups by gender 2018/2019



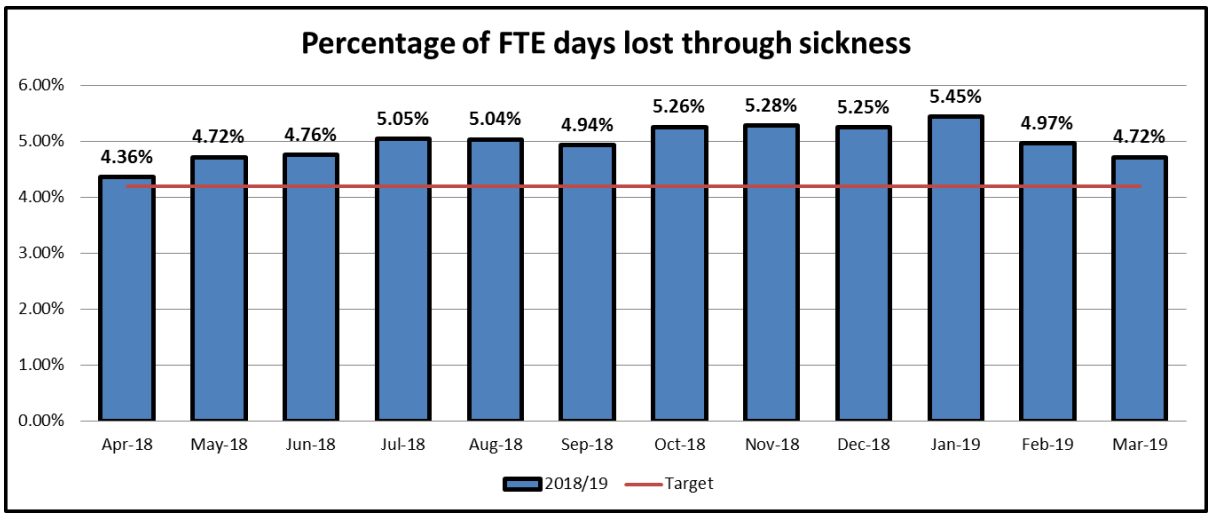
Staff Report

Sickness absence data

We work hard to ensure our staff are healthy and enjoy work and to see a year-on-year improvement in attendance. We have a comprehensive attendance management policy and encourage staff to seek professional medical support through our extensive occupational health and well-being services if needed.

Sickness absence rate is calculated by dividing the sum total sickness absence days (including non-working days) by the sum total days available per month for each member of staff).

The chart below shows the percentage of days lost to sickness during 2018/19.



Staff policies and actions

Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities:

We actively encourage applications from disabled individuals in accordance with the Equality Act 2010. As an organisation we are committed to employ, keep and develop the abilities of disabled staff and this is reflected in our Recruitment and Selection policy. During the recruitment process, we are committed to making adjustments where necessary. Candidates who have declared a disability need only to meet the essential criteria to be guaranteed an interview. The Resourcing Team ensure that any direct or indirect reference to discrimination is removed from all application forms and that equality and diversity information is removed from the shortlisting process.

Policies applied during the financial year for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period

The Trust is committed to supporting staff to remain in work and have a Supporting Staff with Disabilities policy which is used for both newly recruited employees with a disability who make their needs known at the recruitment stage and those staff who are currently employed by the Trust who become disabled whilst in employment. The policy ensures that NHS guidance, advice and necessary training is provided to managers.

Policies applied during the financial year for the training, career development and promotion of disabled employees

All policies are subject to an Equality Impact Assessment. In relation to disabled employees the HR team give expert advice on the need for reasonable adjustments to be made to ensure that there is equal access to training and development and promotion opportunities.

Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees

Communication with our staff continues to take many forms: we have a weekly bulletin, a monthly staff newsletter ('Our VOICE') and a monthly face to face team brief, alongside team meetings that cover a variety of practice-based topics. The Trust has implemented a range of innovative programmes as part of the Board's commitment to 'listen and act', including the Chief Executive's 'Listening lunches', divisional road shows and engagement meetings with staff. These meetings have proved extremely popular with staff as a means of both raising issues and keeping up to date with relevant information. To complement this Executive Directors undertake regular visits to different wards and departments across hospital and community teams to gain feedback from staff working at the front line.

Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests

During periods of transition, communication with staff is seen as a priority to ensure that all staff are fully informed at each step of the development, as well as being part of the on-going consultation process. The Trust will continue to engage, consult and work positively with staff side to foster true partnership working and ensure that the Trust and its employees are able to move forward and meet the challenges ahead.

The Trust has a number of formal vehicles where management and staff side meet to deal with employee relations issues, namely:

1. The Joint Negotiation and Consultative Committee (JNCC), which meets monthly.
2. The divisions have collaborative meetings which meet monthly and deal with pressing local issues within the divisions that can be dealt with quickly to enable good working relationships.
3. The Local Negotiating Committee (LNC), which meets quarterly with local and regional medical representatives to discuss the strategic overview for the medical workforce, policies, workloads, clinical excellence awards, rotas, recruitment and junior doctors.

Facility Time

Facility time is time off from an individual's job, granted by the employer, to enable a rep to carry out their trade union role. In some cases, this can mean that the rep is fully seconded from their regular job, enabling them to work full time on trade union tasks.

Facility time covers duties carried out for the trade union or as a union learning representative, for example, accompanying an employee to disciplinary or grievance hearing. It also covers training received and duties carried out under the Health and Safety at Work Act 1974

In accordance with The Trade Union (Facility Time Publication Requirements) Regulations 2017 which took effect on 1 April 2017 the tables below which have been approved by our chair of Staffside provide information on facility time within the Trust.

Number of employees who were relevant union officials during 2018/19

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
6	3.8

Percentage of time spent on facility time

Percentage of time	Number of employees
0%	0
1-50%	5
51%-99%	0
100%	1

Percentage of pay bill spent on facility time

	Figures
total cost of facility time	£137,995
total pay bill	£236,701,704
percentage of the total pay bill spent on facility time	0.06%

The Trust supports funded seconded release for staff representatives and therefore trade union activities are included in the facility time above and not differentiated.

Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance

As a Trust, we actively encourage the involvement of our employees at all levels in all aspects of performance. Activities during 2018/19 include:

- Involvement of clinical & non-clinical staff in improvement activities including "perfect week"
- Involvement of our staff in fundraising and health promotional activities including our Summer Fair to celebrate NHS 70
- Use of our Staff friends and family survey data in local sessions with teams to strengthen engagement and improve the staff experience
- Listening lunches with the Chief Executive Officer. Executive Buddy programme

Occupational Health

We are part of joint venture commercial collaborative Occupational Health service, set up in 2014. The service is hosted by Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) and is managed jointly between WWL, Bolton and Lancashire Teaching Hospitals NHS

Foundation Trust (LTH). The service is called Wellbeing Partners and provides Occupational Health services to a number of public and private sector organisations across Lancashire, including large service provision contracts with Edge Hill University, Bridgewater Community NHS Foundation Trust and Lancashire Care NHS Foundation Trust.

The service vision is to develop a sustainable, clinician-led occupational health service for both public sector and private sector organisations in North Manchester and Lancashire that delivers excellent results and value for money for NHS organisations and for a broad client base.

The service provided by Wellbeing Partners provides all our occupational health requirements, including, support on pre-employment health checks, health referrals, flu inoculations and proactive health interventions such as fast track physiotherapy referrals and mental health drop in sessions.

Health and Safety

Health and Safety is governed through the Trust's Health and Safety Committee - an operational group which meets monthly to identify actions and plan progress against Trust requirements. Regular reports on performance for both health and safety and occupational health are discussed regularly at Committee meetings

During 2018/19 the Health and Safety Executive (HSE) wrote to the Trust to inform the organisation that it would be conducting a visit on the 16th and 17th January 2019. Their visit would focus on RIDDOR incidents and meeting with key leaders from Health & Safety (Trust and iFM), Occupational Health (Wellbeing Partners), Risk Management (Trust), Infection Control (Trust) and Sharps Prevention (Trust). The HSE wrote to the Trust following their visit on the 24th January 2019 to confirm further actions to be taken by the organisation and its partners by the 14th May 2019. These actions have been monitored under the auspices of the Group Health & Safety Committee which reports to the Trust Risk Management Committee chaired by the Chief Executive. The Trust incurred a fee for the HSE intervention under the Health and Safety at Work Act 1974 of £2709.

Measures to avoid fraud and corruption

The Trust has a Counter Fraud and Corruption Policy in place. A counter fraud work plan is agreed with the Director of Finance and approved by the Audit Committee. The local counter fraud specialist is a regular attendee at Audit Committee meetings to report on any investigatory work into reported and suspected incidents of fraud and to provide an update on the on-going programme of proactive work to prevent potential fraud.

Staff Survey Results

The Trust takes part in the annual NHS National Staff Survey. The Trust surveyed a random sample of 1,250 substantive staff (the advised minimum sample size for an organisation of this size). The survey was conducted between late September and late November 2018 and the overall response rate was 44.1%, which is a 1% increase on last year's response rate. Across the Divisions, response rates varied from 33% to 57.6%. The average response rate for acute and community trusts this year was 40.8%.

Approach to Staff Engagement

The Trust has achieved a very positive set of results across all the themes of the survey. Our overall engagement score is 7.34 compared to 7.13 in last year's survey. The scoring system used for the national survey has changed this year. In previous years scores were based on a scale of 1 to 5. This year the scale is 0 to 10. Under the old scoring system our overall staff engagement score has increased from 3.86 to 3.94. In two themes – Quality of Care and Morale – the Trust has achieved scores that has put us in the best performing group across the UK for combined NHS Trusts.

Over the last 12 months the Divisions have implemented a range of improvements and interventions with the aim of improving staff experience. Below are some examples that have contributed to the Trust's strong performance in this year's national staff survey.

- Bespoke team building interventions at different levels across the organisation, for example, Acute Adult Division, Elective Care Division, Integrated Community Services and Procurement Team.
- Personal Resilience Programme for staff employed in Urgent Care, Acute Adult Care Division (run from Sept to Nov 2018).
- Team Appraisals to improve the quality of appraisals and help staff feel more valued.
- Promoted the leadership and management offer particularly to staff that are not directly involved in patient care.
- Implemented a refreshed approach to the Freedom to Speak Up Guardian role and the introduced locally based champions to support staff in raising concerns.
- Introduced the Attendance Matters Service and enhanced the staff health and wellbeing offer to help improve staff wellbeing and reduce sickness absence e.g. Neyber, Vivup etc.
- Promoted our apprenticeship offer and maximised the apprenticeship levy to upskills our existing workforce.
- Introduced and supported Trainee Nursing Associate roles across the Trust.
- Formally recognising the contributions of employees and teams through the employee and team of the month award scheme, ABC awards and the annual Trust and Divisional award ceremonies.
- Introduced innovative approaches to engagement e.g. the arrival of Sydney, Bolton's Pets as Therapy dog who has brought cheer to both patients and staff.

Future Priorities for Staff Engagement

To ensure continued improvement in this are the Go Engage Programme will be implemented in April 2019. Go Engage will provide an evidence-based, validated structure and survey tool

which will help us analyse engagement levels in all its constituent parts, customise improvement plans and visibly see the cause and effect of our staff engagement work.

The staff engagement work is being led by the Workforce and Organisational Development Directorate, but will necessitate the full involvement, leadership and commitment of all senior managers. Implementation and progress will be monitored via the Workforce Assurance Committee.

Staff Survey findings

The table below provides a high level overview of the key findings related to the organisation. Included within this breakdown is our GM position:-

Trust	Type	Quality of Care	Staff Morale	Staff Engagement
Salford Royal	Acute	7.3	6.1	7.1
Bolton	Acute	7.9	6.5	7.3
Tameside	Acute	7.6	6.1	7.1
Stockport	Acute	7.2	6.0	6.9
Pennine Acute	Acute	7.4	6.0	6.8
Wrightington, Wigan & Leigh	Acute	7.8	6.2	7.0
Manchester University Hospitals	Acute	7.5	6.2	7.1
Bridgewater Community	Community	7.4	6.1	7.1
Greater Manchester Mental Health	Mental Health	7.1	6.0	6.9
Pennine Care	Mental Health	7.4	6.3	7.1
The Christie	Specialist	7.9	6.6	7.6
North West Boroughs	Mental Health	7.4	6.1	7.0

Staff Report

The table below shows the areas that have significantly improved compared to 2017. It is clear from the table that the Trust has made more rapid progress than the sector average in most areas.

Question	Trust Results 2017	Trust Results 2018	Variance	Comparator 2017	Comparator 2018	Variance
I am able to deliver the care I aspire to?	71%	79%	+ 8%	70%	70%	0%
Care of patients / service users is my organisation's top priority?	77%	83%	+ 6%	77%	79%	+ 2%
I would recommend my organisation as a place to work?	62%	70%	+ 8%	62%	65%	+ 3%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation?	66%	75%	+ 9%	71%	75%	+ 4%
In the last 12 months, have you had an appraisal?	92%	95%	+ 3%	86%	89%	+ 3%
Were the values of your organisation discussed as part of the appraisal process?	87%	91%	+ 4%	79%	80%	+ 1%
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	52%	53%	+ 1%	48%	46%	-2%

Staff Report

The table below shows the staff survey results for the last three years

National Staff Survey Results						
	Scores					
	2016		2017		2018	
	Trust	Benchmark	Trust	Benchmark	Trust	Benchmark
Equality, Diversity & Inclusion	9.3	9.3	9.3	9.2	9.2	9.2
Health and Wellbeing	6.2	6.1	6.3	6	6.3	5.9
Immediate Managers	6.8	6.8	6.9	6.8	7.1	6.8
Morale	NA	NA	NA	NA	6.5	6.2
Quality of appraisals	5.5	5.4	5.7	5.3	5.7	5.4
Quality of care	7.7	7.5	7.7	7.5	7.9	7.4
Safe environment (Bullying & Harassment)	8.1	8.2	8.3	8.1	8.2	8.1
Safe environment (Violence)	9.4	9.5	9.4	9.5	9.4	9.5
Safety Culture	7.1	6.7	7	6.7	7	6.7
Staff Engagement	7.2	7	7.1	7	7.3	7
Response Rate	36.60%	40.70%	42.80%	42.40%	44.10%	40.60%

Expenditure on consultancy

Expenditure on Consultancy related spend was £96,000 in 2018/19

Off payroll engagements

Statement on off payroll arrangements

Our policy for off payroll arrangements is in line with the guidance provided by Monitor and based on HM Treasury guidance that:

- board members and senior officials with significant financial responsibility should be on the organisation's payroll, unless there are exceptional circumstances – in which case the Accounting Officer should approve the arrangements – and such exceptions should exist for no longer than six months;
- engagements of more than six months in duration, for more than a daily rate of £220, should include contractual provisions that allow the department to seek assurance regarding the income tax and NICS obligations of the engagee – and to terminate the contract if that assurance is not provided;

We have established processes in place by which the need for employees can be assessed and the appropriate individuals recruited. While our preference is to employ our own staff,

The need may arise from time to time to cover areas of work which are specialist and outside our current areas of expertise and/or; particular circumstances dictate that someone outside the Trust should be engaged (e.g. certain investigations).

In such cases a determination is made as to which method of resourcing is most appropriate

Our preferred order of consideration would generally be

- Employment
- Agency
- Self-Employed Contractor (off-payroll)

The tables below provide detail of off-payroll engagements of more than £245 per day lasting for longer than six months

Existing off-payroll engagements as of 31 March 2019

No. of existing engagements as of 31 March 2019.	0
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

New off-payroll engagements and those that reached six months in duration between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	0
Of which...	0
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust and are on the Trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements.	17

Fair Pay multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce

	2018/19	2017/18
Highest paid director salary - (J Bene – includes consultant post and CEA	209,521	206,928
Median Salary	29,608	28,746
Median Salary Ratio	7.01	7.20
Employees receiving remuneration in excess of the highest paid director.	0	0
Remuneration range	8 - 210	8 - 207

The median salary ratio reduced after the NHS pay award

Total remuneration does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions."

Exit Packages

Exit package cost band	Number of compulsory redundancies			Number of other departures agreed			Total number of exit packages			Total cost £000		
	18/19	17/18	16/17	18/19	17/18	16/17	18/19	17/18	16/17	18/19	17/18	16/17
<£10,000				29	15	16	29	15	16	94	35	61
£10,001 - £25,000						3			3			40
£25,001 - 50,000			1	1			1		1	50		28
£50,001 - £100,000												
£100,001 - £150,000												
£150,001 - £200,000												
>£200,000												
Total	**0**	**0**	**1**	**30**	**15**	**19**	**30**	**15**	**20**	**144**	**30**	**129**

Exit packages: non-compulsory departure payments

Exit packages: other (non-compulsory) departure payments - 2015/16	Number of Payments agreed			Total value of agreements £000		
	18/19	17/18	16/17	18/19	17/18	16/17
Voluntary redundancies including early retirement contractual costs	5	3	7	69	9	28
Mutually agreed resignations (MARS) contractual costs			2			26
Early retirements in the efficiency of the service contractual costs						
Contractual payments in lieu of notice	25	12	10	75	26	46
Exit payments following employment tribunals or court orders						
Non-contractual payments requiring HMT approval						
Total	**30**	**15**	**19**	**144**	**35**	**101**
of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary						

Payments for loss of office and to past senior managers

No payments have been made for loss of office or to past senior managers during the reporting year 2018/19.

Code of Governance Disclosures

Statement of Compliance with the Code

Bolton NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS foundation Trust code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012

The Trust Secretary reviews our compliance with the NHS Foundation Trust Code of Governance and prepares a report for the Audit Committee. The Audit Committee considered this report at its meeting on February 14th 2019 and agreed that with two exceptions as explained below, Bolton NHS Foundation Trust complied with the main and supporting principles of the Code of Governance.

During 2018/19, the Trust agreed to be non-compliant with B.3.1 and B.7.1 relating to the length of service and independence of the Chairman. During this time our Chairman stayed beyond the recommended six year term and was also the Chairman of University of North Midlands NHS Trust. With the appointment of a new Chair this has now been addressed and as of 1st April 2019 we were fully compliant with all elements of The Code.

The Code is implemented through key governance documents, policies and procedures of the Trust, including but not limited to:

- The Constitution
- Standing Orders
- Standing Financial Instructions
- Scheme of Delegation
- Schedule of Matters Reserved for the Board
- Code of Conduct (for Directors, for Governors and for Senior Managers)
- Staff Handbook
- Governor Handbook.

Summary Schedule of Matters Reserved for the Board

The Schedule of Matters reserved for the Board details the decisions and responsibilities reserved to the Council of Governors, the Board of Directors and those delegated to the agreed committees of the Board of Directors.

In the event of any unresolved dispute between the Council of Governors and the Board of Directors, the Chair or the Secretary may arrange for independent professional advice to be obtained for the Foundation Trust. The Chair may also initiate an independent review to investigate and make recommendations in respect of how the dispute may be resolved.

The overall responsibility for running an NHS foundation trust lies with the board of directors. The Council of Governors is the collective body through which the directors explain and justify their actions; the council should not seek to become involved in the running of the trust.

Directors are responsible and accountable for the performance of the foundation trust; governors do not take on this responsibility or accountability. This is reflected in the fact that directors are paid while governors are volunteers.

Code of Governance Disclosures

The Council of Governors

As set out in the constitution, the Council of Governors consists of 23 publicly elected Governors, six staff Governors and nine appointed partner Governors.

The Council of Governors meets formally in public every two months

The role of the governor is to:

- hold the Non-Executive Directors individually and collectively to account for the performance of the board of directors
- to represent the interests of NHS foundation trust members and of the public
- Set the terms and conditions of Non-Executive Directors
- Approve the appointment of future Chief Executives
- Appoint or remove the Trust's external auditor
- Consider the annual accounts, annual report and auditor's report
- Be consulted by the Board of Directors on the forward plans for the Trust.
- Approve changes to the constitution of the Trust
- Take decisions on significant transactions
- Take decisions on non NHS income.

The Board of Directors and the Council of Governors enjoy a strong working relationship. The Trust Chairman chairs both and acts as a link between the two. Each is kept advised of the other's progress through a number of systems, including informal updates via the Chairman, ad hoc briefings, exchange of meeting minutes and attendance of the Board of Directors at the Council of Governors and by individual Directors at Council of Governors sub-committees.

The Governors have not had cause to exercise their power to require one or more of the directors to attend a governors' meeting. The Executive and Non-Executive Directors attend the majority of Governor meetings to provide information about the performance of the Trust and to develop the relationship between the two bodies. A rolling bi-monthly programme is in place for Governors to meet with each Executive Director for informal discussions on areas relevant to individual portfolios.

Governors have a responsibility to canvass the opinions of the Trust's members and the wider public with regard to their views on the forward plans of the Trust. Governors are able to attend local area forums to meet with members within their own areas of the public constituency. Governors also took the opportunity to network informally with members prior to the Annual Members' Meeting and prior to Medicine for Members events.

Code of Governance Disclosures

Public Governors

Name	Area	Date Elected	End of period of office	Meeting attendance
Anne Bain	Bolton North East	October 2013	September 2019	2/5
Bhagvati Parmar	Bolton South East	October 2016	September 2019	1/5
Bill Crook	Bolton South East	October 2018	September 2021	3/3
Carol Burrows	Bolton South East	October 2016	September 2019	0/5
Champak Mistry	Bolton South East	October 2013	September 2019	4/5
Grace Hopps	Bolton West	October 2017	September 2020	3/5
Janet Whitehouse	Bolton West	October 2014	September 2020	5/5
Janice Drake	Bolton West	October 2017	September 2020	4/5
Kantilal Khimani	Bolton South East	October 2016	September 2019	1/5
Kemi Abidogun	Bolton West	October 2018	September 2019	1/5
Ken Hahlo	Bolton West	October 2015	September 2018	2/2
Laila Dawson	Bolton West	October 2018	September 2021	3/3
Leela Joseph	Bolton West	October 2017	May 2018	1/1
Margaret Parrish	Bolton North East	October 2016	September 2019	4/5
Mohammed Iqbal Essa	Bolton North East	October 2017	September 2020	4/5
Naveed Riaz	Rest of England	October 2017	June 2018	1/1
Oboh Achioyamen	Bolton North East	October 2017	September 2020	2/5
Pat Groocock	Bolton North East	October 2017	September 2020	2/5
Pauline Lee	Bolton West	October 2018	September 2021	3/3
Rosie Adamson-Clark	Bolton North East	October 2017	September 2020	1/5
Sorie Sesay	Bolton South East	October 2013	September 2019	5/5

Staff Governors

Name	Area	Date Elected	End of Period of Office	Meeting Attendance
Dipak Fatania	All other staff	October 2013	September 2019	2/5
Tracey Holliday	Nurses and Midwives	October 2014	September 2020	3/5
Sarah Hulme	All other staff	October 2015	September 2018	0/2
Janet Roberts ★	Nurses and Midwives	October 2013	September 2019	3/5
Martin Anderson	AHPs and Scientists	October 2017	September 2020	1/5
Dawn Fletcher-Wilde	All other staff	October 2018	September 2021	1/3
Abhijit Sinha	Doctors and Dentists	October 2018	September 2021	2/3

★ Chair of a sub-committee and one of the two lead governors.

Code of Governance Disclosures

Appointed Governors

Name	Representing	Date Appointed	Meeting Attendance
Jim Sherrington ★	Bolton Healthwatch	October 2017	5/5
Jane Howarth	Bolton University	July 2014	0/5
Dawn Hennefer	Salford University	September 2014	2/5
Susan Howarth	Bolton Metropolitan Borough Council	April 2014	1/5
Liam Irving	Bolton Metropolitan Borough Council	October 2018	2/3
Samir Naseef	Bolton Local Medical Committee	November 2012	0/5
Darren Knight	Bolton Local Council for Voluntary Services	May 2016	3/5
Leigh Vallance	Bolton Local Council for Voluntary Services	July 2014	2/5

Elections to the Council of Governors were held according to the constitution in September 2018. Results were as reported below.

Seat	Turnout	Governor Elected
Bolton South East	17.6%	Bill Crook
Bolton West	21.5%	Pauline Lee Laila Dawson Kemi Abidogun

The following seats were uncontested in the 2018/19 elections:

- All other staff – elected Dawn Fletcher-Wilde
- Doctors and Dentists – elected Abhijit Sinha
- Rest of England – two vacancies remain

Code of Governance Disclosures

Lead Governor

In consultation with the Chairman and the Trust Secretary, the Council of Governors decided to nominate the two chairs of the sub-committees to jointly act as lead governor. The lead governor role is undertaken in accordance with Monitor guidance as the point of contact between Monitor and the Council of Governors with no additional responsibilities. In 2018/19, the two Governors fulfilling these roles were Janet Roberts and Jim Sherrington.

Directors' and Governors' Register of Interests

A register is kept of Directors' and Governors' interests. In accordance with guidance this register is published on the Trust Website and is available on request.

In accordance with the disclosure requirements the Chairman advised the Council of Governors of his appointments with UHNM, Ofqual, Crown commercial Services and the Leverhulme Academy.

Developing understanding

The Board of Directors has taken steps to ensure that members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and members about their NHS Foundation Trust.

The Trust Chair chairs both the Board of Directors and the Council of Governors and with the assistance of the Trust Secretary is the link between the two bodies. The full Council of Governors meets a minimum of six times a year and these meetings are attended by representatives of the Executive Directors, the Senior Independent Director and the Non-Executive Directors. The Governors' meetings provide the opportunity for the Governors to express their views and raise any issues so that the Executive Directors can respond. Minutes of the meeting are shared with the Board of Directors so they can pick up and respond to any issues raised. In 2014 at the request of the Governors, the part two section of the Board of Directors was opened up for Governors to attend and observe. Governors have provided feedback in support of this change which has allowed them to gain a greater degree of the understanding of the work of the Board.

The Governors have two formal sub-committees dealing with Auditor appointment, and nomination and remuneration. These are attended by the Chair of Audit and Director of Finance (Auditor appointment) and by the Senior Independent Director (nomination and remuneration).

The Governors also have two sub-groups, each chaired by a Governor nominated by the group. These groups are attended by the Trust Secretary and other members of Trust staff as required.

Regular training sessions are provided for Governors to ensure they gain a full understanding of the role.

The Trust recognises the importance of being accessible to members. Council of Governors meetings are held in public and publicised on the Trust website, member newsletters and notices around the Trust. The Governors representing the electoral wards of Bolton are able to attend the local area forums run by Bolton Council to meet individual FT members and members of the public and hear their views.

Code of Governance Disclosures

Board of Directors

The Board of Directors comprises the Chairman, Chief Executive, Senior Independent Director, five other independent Non-Executive Directors and six Executive Directors. The Board meet monthly in public. Papers for the meeting including the minutes of the previous meeting are available on the Trust website.

The Directors have collective responsibility for setting strategic direction and providing leadership and governance.

The Scheme of Delegation which is included in the Trust's standing orders, sets out the decisions which are the responsibility of the Board of Directors and those which have been delegated to a sub-committee of the Board.

The Executive Directors of the Trust meet weekly to consider the operational management and the day to day business of the Trust. These meetings are supported by the control system described within our Annual Governance Statement on page 73.

Attendance at Board of Director Meetings	
David Wakefield	9/12
Trish Armstrong-Child	12/12
Francis Andrews	7/8
Jackie Bene	11/12
Malcolm Brown	6/7
Allan Duckworth	7/9
Andy Ennis	11/12
Rebecca Ganz	3/3
Ann Gavin-Daley	5/5
Mark Harrison	1/1
Steve Hodgson	1/3
Bilkis Ismail	11/12
Sharon Martin	7/7
James Mawrey	11/12
Jackie Njoroge	11/12
Martin North	10/10
Alan Suttard	3/3
Andrew Thornton	10/12
Annette Walker	10/12
Esther Steel	12/12

Balance, Completeness and Appropriateness

There is a clear separation of the roles of the Chairman and the Chief Executive, which has been set out in writing and agreed by the Board. The Chairman has responsibility for the running of the Board, setting the agenda for the Trust and for ensuring that all Directors are fully informed of matters relevant to their roles. The Chief Executive has responsibility for implementing the strategies agreed by the Board and for managing the day to day business of the Trust.

Code of Governance Disclosures

The Board of Directors has continued to assess the independence of its Non-Executive Directors further to the requirements of the Code of Governance, and considers that each Non-Executive Director is independent in character and judgement.

The Board considers that the Non-Executive Directors bring a wide range of business, commercial, financial and other knowledge required for the successful direction of the Trust.

All Directors are subject to an annual review of their performance and contribution to the management and leadership of the Trust.

As referred to elsewhere in this report, Deloitte LLP undertook a "Well Led" review of the Trust in 2017.

The external advisors used during 2018/19 have no other connections to the Trust.

Audit Committee

The Audit Committee is constituted as a Group Audit Committee to provide oversight with regard to both the FT and its wholly owned subsidiary iFM Bolton. The Committee met on five occasions during the period April 1st 2018 and March 31st 2019.

Audit Committee Attendance	
Members	
Jackie Njoroge	5/5
Ann Gavin Daley	2/2
Bilkis Ismail	4/5
Malcolm Brown	2/3
Martin North	2/2
Rebecca Ganz (iFM NED)	1/1
Attendee	
Annette Walker	5/5
Esther Steel	5/5

The purpose of the Audit Committee is to provide independent assurance to the Board that there are effective systems of governance, risk management and internal control for all matters relating to corporate and financial governance and risk management within the FT and iFM Bolton

A key aspect of the Audit Committee's work is to consider significant issues in relation to financial statements and compliance. As part of the preparation for the audit of financial statements, our external auditor KPMG undertook a risk assessment and identified risks as laid out in the table below:

Issues	**Mitigation**
Valuation of land and buildings	Review of revaluation basis Work to understand the basis upon which impairments to land and buildings have been calculated Assessment of the independence and

	objectivity of the surveyors and their terms of engagement
Recognition of NHS and Non NHS income and associated fraud risk	Testing of the completeness, existence and accuracy of the balances recorded within the financial statements Investigation of a sample of contract variations Participation in the Agreement of Balances exercise with other NHS organisations
Fraud risk from management override of controls	Testing of entries that are outside the Trust's normal course of business or are otherwise unusual Audit testing of controls External Audit review of register of interests and disclosure of any related party transactions Local Counter Fraud support

In addition to the review of financial statements, other key activities during the period April 1st 2018 and March 31st 2019 were:

- Consideration of the Going Concern report prior to approval by the Board of Directors.
- Providing oversight of the financial governance improvement plan - the Audit Committee provided regular oversight of the financial governance improvement plan developed to address weaknesses identified in external and internal reviews of financial governance.
- Reviewing the Board Assurance Framework and Risk Register - in addition to receiving the Board Assurance Framework the committee workplan scheduled a detailed focus on specific areas of the BAF, with the lead director required to attend the meeting to provide additional assurance that the risks to the Trust's strategic objectives are managed with mitigations in place.
- Receiving reports from the internal and external auditors and providing oversight to ensure agreed recommendations are addressed.
- Receiving regular reports from the local counter fraud specialist to provide assurance of the on-going development of an anti-fraud culture and specific actions taken in relation to concerns raised both internally and through national fraud awareness initiatives.
- Reviewing compliance with the Code of Governance.
- Receiving and providing oversight of regular reports on losses, waivers and variations.

Code of Governance Disclosures

Chair of the Audit Committee

In September 2016, the Council of Governors appointed Jackie Njoroge to chair the Audit Committee.

The Chair of the Audit Committee presented the Annual Report of the Audit Committee to the Board of Directors in February 2019.

Auditor Appointment

External Auditor

The appointment of KPMG as auditors was made by the Council of Governors in accordance with Monitor guidance. The value of external audit services (excluding the review of the charitable funds accounts) is £73,125 excluding VAT.

On occasion the Trust may decide to request additional services from the external auditor. The Council of Governors delegated specific authority for commissioning additional services to the Trust's Audit Committee, subject to an overall policy cap on directly attributable fees which should not exceed 50% in aggregate of the approved annual statutory audit fee in any twelve month period. This would be on the understanding that the Audit Committee takes responsibility for agreeing any specific areas of additional work to be undertaken and, in doing so, considers whether the external auditor or any other organisation is best placed to provide the service i.e. based on relevant experience, expertise in that particular area and value for money.

The Trust did not commission any non-audit services from its external auditor during 2018/19.

Internal Audit

Internal Audit services are provided by Price Waterhouse Cooper (PwC)

The Audit committee receive and approve the internal audit plan and through the course of the financial year receive regular reports on progress against the plan, accompanied by detailed reports providing the findings, recommendations and actions agreed following the audits agreed in the plan. The plan provides evidence to support the Head of Internal Audit's opinion which in turn informs the Annual Governance Statement (page 73)

In 2019, PwC were reappointed for a three year term with the option for a one year rollover period.

Code of Governance Disclosures

Membership

Membership strategy

We are committed to building a membership that is representative of and reflects the local communities we serve in terms of disability, age, gender, socio-economics, sexuality, ethnic background and faith. Through our members, we can really get to know what the public wants and, more importantly, act on that as our services evolve.

Public members

Membership of the Trust is open to anyone who resides in England although we would expect the majority of our members to reside in Bolton and the surrounding areas of Salford, Wigan, Bury and South Lancashire. There is a lower age limit of 14 but no upper age limit. There are no limits on the number of people who can register as members.

Public members are placed in constituencies based on the three Bolton Parliamentary constituencies with a forth area of the constituency for "out of area" members.

Staff members

We have an opt out arrangement in respect of staff membership. Under this arrangement, staff will automatically be registered as a member of the Trust unless they have completed an opt out The form which was circulated with payslips prior to authorisation as a Foundation Trust is available to new staff members at induction or from the Membership Office.

Staff membership is open to everyone who is employed by the Trust full or part time. Staff working for the Trust's subsidiary company iFM Bolton are also eligible for staff membership. Staff membership ceases at the point that the member leaves the service of the Trust, but individuals can then choose to become a public member.

Benefits of membership

Although there are no financial benefits to FT membership, there are also no costs. There is, however, much satisfaction in being in a position which can help local people and local services. There are no benefits to members in terms of access to services.

We will use our members as a valuable resource calling on those who have expressed a willingness to participate in surveys and focus groups to gain a snapshot view of the user's perspective.

Membership recruitment

We aim to continue recruiting new members and are using a variety of methods to ensure we reach as many people as possible. People wishing to join can do so by registering online at www.boltonft.nhs.uk or by calling 01204 390654. Alternatively application forms are available throughout the hospital.

Contact procedures for members that wish to communicate with Governors and/or Directors

Members who wish to communicate with Governors may do so by email to Governor@boltonft.nhs.uk or by post c/o the Trust Secretary. To communicate with Directors contact angela.barber@boltonft.nhs.uk

Code of Governance Disclosures

Membership Statistics

Public Constituency	
At year start (1 April 2018)	4535
At year end (31 March 2019)	4555
Staff Constituency	
At year start (1 April 2018)	5870
At year end (31 March 2019)	5986

Analysis of current public membership

Public Constituency	Number of members	Eligible membership
Age		
0 - 16	1	4,721
17- 22	133	16,884
22+	4174	204,106
Not known	247	
Ethnicity		
White	3116	226,645
Mixed	34	4,892
Asian or Asian British	595	38,749
Black or Black British	89	4,652
Other	83	1,848
Not known	638	
Socio-economic group		
ABC1	1074	15,166
C2	995	25,822
D	987	18,471
E	1186	27,966
Not known	25	
Gender		
Male	1639	141,678
Female	2846	143,390
Not known	70	
Socio-economic groupings:		
AB	1,074	15,166
C1	1,262	25,822
C2	995	18,471
DE	1,194	27,966

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place.

Segmentation

Bolton NHS Foundation has been assessed as **segment 2**

This segmentation information is the trust's position as at 13th April 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	**Metric**	**2018/19**							
		Q4	**Q3**	**Q2**	**Q1**	**Q4**	**Q3**	**Q2**	**Q1**
Financial sustainability	Capital service capacity	1	2	3	4	2	3	4	4
	Liquidity	1	2	2	2	2	4	3	3
Financial efficiency	I & E Margin	1	1	2	3	1	2	3	3
Financial controls	Distance from financial plan	1	2	2	2	2	2	2	1
	Agency spend	3	3	3	3	4	4	4	2
Overall score		1	2	2	3	4	3	3	4

Statement of Accounting Officer's Responsibilities

The National Health Service Act 2006 (NHS Act 2006) states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Bolton NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Bolton NHS Foundation Trust and of its income and expenditure, items of other comprehensive income and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Reporting Manual and the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- Prepare the Group financial statements on a going concern basis

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The accounting officer is also responsible for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed

Jackie Bene

Chief Executive, Date…23rd May 2019

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Bolton NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Bolton NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership

As Accounting Officer I Chair the Risk Management Committee and have overall accountability for internal control. To support this role there are clear systems of accountability within the organisation with each Executive Director having specific areas of responsibility

The **Risk Management Policy** sets out details of the risk management structure and key risk manager roles. The role of the Board and Standing Committees is detailed, together with the individual responsibilities of the Chief Executive, Executive Directors and all staff in managing risk.

The Trust has an established committee structure that provides the mechanisms for managing and monitoring clinical, operational, financial and information governance risks throughout the Trust. This committee structure extends to our wholly owned subsidiary iFM Bolton which has reporting lines into key Trust committees.

The Audit Committee oversees the systems of internal control and overall assurance process associated with managing risk.

The Executive team is supported by a divisional management structure consisting of four clinical divisions. Each division is led by a triumvirate team consisting of a Divisional Director of Operations, a Divisional Medical Director and a Divisional Director of Nursing. Each of the Clinical Divisions provides a detailed quarterly report to the Quality Assurance Committee.

Performance monitoring

The integrated performance report provides comprehensive information to the Board and its sub-committees and to the divisions. The report includes a ward to board heat map to provide ward level information. Operational focus on the performance report is conducted through the monthly integrated performance meetings between the Divisions and the Executive team. The structure and content of the Board performance report was reviewed and after extensive consultation with users of the report including Board members and operational managers a new format report was introduced in 2018.

The Quality Assurance (QA) Committee monitors the performance dashboard to provide assurance to the Board. Where concerns are identified using the heat map the QA Committee may seek further assurance that the issues are being managed and may at the discretion of the Chair escalate any concerns to the Board to ensure that the Board as a whole are appraised of and have the opportunity to challenge the planned actions.

Training

To ensure the successful implementation of the Risk Management Policy, all staff are provided with appropriate training opportunities in carrying out risk assessments and the reporting of incidents. The on-going programme of training within the Trust includes: Health and Safety, risk register training, fire safety training, manual handling, safeguarding training, major incident training and conflict resolution training.

Medicine management training is delivered at doctors' induction programmes and during educational and developmental sessions. Support and advice on medicine management is also provided at ward and departmental level by the Chief Pharmacist and link pharmacists.

Risks and safety in respect of clinical equipment and devices are discussed and disseminated by the Medical Devices and Equipment Management Committee. All divisions are represented on this committee which also has a training sub group and each ward has a link nurse.

General awareness raising on risk management issues is achieved through staff briefings, team brief, safety bulletins, induction and the intranet.

The Executive Team and the Board of Directors monitor management capability, (leadership, knowledgeable and skilled staff, adequate financial and physical resources), to ensure the processes and internal controls work effectively.

The risk and control framework

Principal Risks

The significant risks in relation to the Trust's strategic objectives are described in the Board Assurance Framework. During 2018/19, the most significant risks included:

- Maintaining workforce capacity and capability and supporting the processes to deliver safe and effective care to our patients
- Delivery of the financial plan, including compliance with the agency cap
- Supporting the Urgent Care System

During the year, the Board was updated on the national expectations on Trusts related to the United Kingdom leaving the European Union. The Trust has complied with all relevant national requirements. The Board has reviewed the potential risks, and has concluded that this is not a significant strategic risk for the organisation given the matters being dealt with directly by NHS central bodies and HM Government.

The Trust has put in place controls and action plans to mitigate these risks and these are described in the Board Assurance Framework.

In the latter part of 2018/19 we started a programme of work to develop a new five year strategy, a new Board Assurance Framework will be developed alongside this to maintain the link with the Trust strategic objectives

Risk management in the trust

Risk management is recognised as a fundamental part of the Trust's culture, and an integral part of good practice. It is integrated into the Trust's philosophy, practices and business plans. Risk management is the business of everyone in the organisation.

The Trust's **risk assessment** process, investigating incidents, complaints and claims procedures are the principal sources of risk identification. The risk assessment process identifies the

criteria for risk scoring both likelihood and consequence on a scale of 1 to 5, with the highest risk being accorded a score of 25 (5x5). The risk assessment process also requires an appropriate risk management plan.
The risk assessment process clearly states the escalation process for monitoring, management and mitigation of risk according to overall likelihood and consequence. The risk assessment process is applied to all types of risk, clinical, financial, operational, capital, and strategic.
The Trust **Risk Register** procedure requires divisions to maintain and monitor their own Risk Registers. All risks with a score rating of 15 or above are reviewed by the Risk Management Committee. Risk Register "clinics" are available to support managers in the development and management of risk registers.
All business cases have to be supported with a risk assessment. The scored risk rating strongly influences priorities within the Trust Capital Programme. All projects aimed at improving efficiency are accompanied by a quality impact assessment (QIA) this is overseen by the Director of Nursing and the Medical Director as a safeguard to ensure that savings are not achieved at the cost of safety or quality
A **Board assurance framework (BAF)** was in place for the period 1st April 2018 – 31st March 2019
The BAF includes a description of risk appetite for each risk to the achievement of operational objectives and additional background information including links to associated risks on the risk register and tracking the score of the risk over time.
The Board receive a monthly update on the BAF within the Chief Executive's report. This update highlights any changes to risks and ensures a continued focus on the risks to the achievement of the overall strategy.
The Assurance Framework identifies Bolton NHS Foundation Trust's principal objectives and their associated principal risks and is developed in consultation with the Executive Team. The control systems which are used to manage these risks are identified together with the evidence for assurance that these are effective. Lead Directors are identified to deal with gaps in control and assurance and are responsible for developing action plans to address the gaps.
The Board ensures effective communication and consultation at all levels within the organisation and with external stakeholders. We engage with our main commissioner (Bolton CCG) in contract review meetings and through Joint Leadership meetings. A representative of Bolton CCG Group also has a seat on our Quality Assurance Committee. We engage with other key stakeholders at various forums including but not limited to, Council of Governor Meetings, Overview and Scrutiny Committee and Healthwatch. These meetings provide an opportunity for risk related issues to be raised and discussed.

Risk Appetite
When approving the Board Assurance Framework the Board agree their risk appetite for each of the strategic goals of the organisation

- Risk averse to risks that affect the quality of care and the experience of every person accessing our services
- We will not knowingly take decisions to reduce safety or ignore safety issues
- We will not tolerate failure in basic standards of compliance which could compromise licence conditions
- We have an appetite for developing partnerships but will not enter into partnerships that convene our statutory duty as an NHS Foundation Trust.

Well Led Framework

Annual Governance Statement

The Well Led Framework was developed as an assessment tool for Trusts to use to benchmark their arrangements for effective leadership and quality governance in four categories:

- Strategy and planning
- Capabilities and culture
- Structure and processes
- Measurement

In 2017, we commissioned an external review using the Well Led Framework, this provided assurance that a strong framework is in place.

In January 2019, the Care Quality Commission (CQC) assessed the Trust as "outstanding" with regard to providing services that are well led.

Strategy and planning - Quality is embedded in the Trust's overall strategy, the safety and effectiveness of care and the experience of patients are at the heart of all that we do. During 2018/19 we commenced a programme of work to review our five year strategy; this was initiated at a Board workshop and has included engagement with internal and external stakeholders to agree the vision and ambition for the Trust for 2019 -2024

Capabilities and Culture - The Board is assured that quality governance is subject to rigorous challenge with full NED engagement in the Audit Committee and NED involvement in the assurance providing committees.

Structure and process- The Corporate Governance Structure is in place to ensure clarity of reporting between wards and departments and the Board and between the Board and its supporting committees. Integrated Performance Meetings ensure clear routes of escalation to the Executive team.

The Trust has clear processes in place for:

- Clinical incident and accident policy
- Raising concerns (Whistle blowing)
- Complaints
- Management of SIs

Action plans are put in place to address issues arising from these processes.

Performance information – The Integrated Performance report provides a clear dashboard and high level apex report for the Board of Directors and Council of Governors with full reports reviewed in the Board sub committees and at the Integrated Performance Meeting. We recognise the importance of regularly reviewing the information provided to the Board and during quarter four we reviewed and revised the report to enhance the information and assurance provided.

The foundation trust is fully compliant with the registration requirements of the **Care Quality Commission.** Assurance is obtained on compliance with CQC registration requirements and the fundamental standards to provide care that is safe, effective, caring, responsive and well led through the following mechanisms:

- The CQC conducted a full inspection in December 2018 and gave the Trust an overall rating of Good with an outstanding rating for Well Led and outstanding caring within medical and older peoples' services.

- Divisional reports to the Quality Assurance Committee have been framed around the domains and standards set by the CQC.
- We have an established internal accreditation scheme for wards and departments. The Bolton System of Care Accreditation (BOSCA) review is now well embedded and provides an evidence based framework for quality improvement.

Compliance with the NHS foundation trust condition 4 (FT governance)

To assure itself of the validity of its annual governance statement required under NHS FT Condition 4 (8) b the Board of Directors receives an annual assurance statement and associated evidence. As outlined elsewhere in this statement and within the annual report, a review using the Well Led Framework was undertaken in 2016. The feedback provided further assurance with regard to our governance arrangements and identified good practice in risk management stating that the Board were well sighted in risks and committees operate well with good debate and clear escalation, accountability and delegation.

The Well Led Review provided assurance that previous potential risks to compliance with condition four of the NHS provider licence have been effectively mitigated through the processes described within this statement.

Workforce Strategies and Safeguards

The Trust Board recently approved a Workforce & Organisational Development Strategy, which identifies the Trust's Workforce priorities for the next three years. The Strategy focuses on the following four priorities for action: - Health organisational culture, Sustainable Workforce, Capable workforce, Effective leadership and managers. The Workforce Assurance Committee is the sub-board Committee that is charged with overseeing implementation of the Strategy with updates being provided to the Trust Board. Furthermore the Workforce Assurance Committee ratifies the Trust's Workforce Plans on an annual basis (agreed by both the Director of Nursing and Medical Director). The Board is sighted on a monthly basis the Trust's performance against key Workforce metrics (including staffing levels).

The Trust has published an up-to-date register of interests for decision making staff within the past twelve months as required by the "Managing Conflicts of Interest in the NHS" guidance. The register of interests is reviewed on a regular basis by the Audit Committee and published on the Trust website.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

In 2016, the Trust received assurance from its internal auditors that effective processes and procedures for the NHS Pension scheme process are well established and operate in a consistent manner.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and is developing a sustainable development management plan to take account of UK Climate Projections 2018 (UKCP18) and ensure that obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Trust regularly reviews the economic, efficient and effective use of resources with robust arrangements in place for setting objectives and targets on a strategic and annual basis. These arrangements include:

- Ensuring the financial strategy is affordable
- Scrutiny of cost savings plans
- Co-ordination of individual and departmental objectives with corporate objectives.

Model Hospital metrics provide assurance that the Trust benchmarks well for effective and efficient use of resources, this was reflected in a rating of Good following the NHSI Use of Resources review in November 2018.

Performance against objectives is monitored and actions identified through a number of channels:

- Approval of the annual budgets by the Board of Directors
- At Executive Director meetings
- Bi-monthly reporting to the council of Governors
- Monthly reporting to the Board of Directors and the Executive team on key performance indicators
- Integrated Performance Monitoring meetings to hold divisions to account for performance against quality, operational and financial objectives.
- Monthly review of financial targets by the Finance and Investment Committee

Procurement of goods and services is undertaken thorough professional procurement staff and through working with neighbouring organisations within a procurement hub.

In year cost pressures are rigorously reviewed and challenged, and alternatives for avoiding cost pressures are always considered

Finance

Successful delivery of the 2018/19 financial plan gives confidence in the organisation's ability to deliver on its financial plans. A detailed operational financial plan has been prepared to support the delivery of the planned £9.8m surplus for 2019/20.

Assurance is provided by:

The Head of Internal Audit meets regularly with the Director of Finance and the Chair of the Audit Committee to review progress against the plan and to ensure the plan remains tailored to the needs of the Trust.

The Head of Internal Audit opinion is that the Trust has "generally satisfactory systems and controls in relation to business critical areas however there are some areas of weakness and non-compliance which potentially put the achievement of objectives at risk.

The following table summarises the internal audit reports received during 2018/19, actions have been agreed to address the recommendations identified within these reports with the higher risk findings treated as a priority.

Report	Risk rated
Assurance Framework and Risk Management	Low
Quality Governance – Mortality Review	Medium
Compliance with regulatory actions	Low
Financial Key controls – payroll	Low
Financial Management and reporting	Low
Finance Transformation	Advisory
Payroll/Agency Reconciliation	Advisory
IT projects – GP IT	Advisory
Division ward visits – catering	Medium
E rostering Agency follow up	
Data Quality	
Serious Incidents	Medium
Governance and Committee Effectiveness	Low
Waste Management	Medium
Capital Projects – A&E	High

All internal audit reports are shared with the Audit Committee and where a report is high risk the lead executive is required to attend the meeting to explain the findings and planned actions.

Information governance and Data Security

During 2018/19, there were no serious incidents relating to information governance including data loss or confidentiality breach.

The Trust recognises the importance of data security and has robust measures in place to reduce the risks from cyber-attacks including ransomware and computer viruses.

The Trust has encrypted all laptops and desktop PCs. Centralised storage has been rolled out across the Trust to ensure that all critical and sensitive data is held securely, not on local equipment. All portable devices such as memory sticks that are plugged into PCs and laptops have enforced encryption.

Email encryption software has been procured which allows the encryption of emails containing sensitive information. An Email and Internet Access Policy has been approved to reflect the capabilities that new security applications now give the Trust. Staff have been reminded that email must not be used to send personally identifiable data, unless it is encrypted or NHSmail is used and messages remain within the NHS.

The Trust recognises the information governance risks relating to the use of tablet devices and "cloud sharing" and has purchased the software to support and protect information processed on these devices.

The above measures provided effective protection from the "Wannacry ransomeware attack that spread rapidly through a number of computer networks in May 2017.

In 2017/18 preparations were made to ensure compliance with the new General Data Protection Regulation (GDPR) which came into force in May 2018.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

Governance and Leadership

In producing the Quality Account 2018/19, the Trust identified key areas for improvement of patient safety, clinical effectiveness and experience. To ensure a balanced view, the Board worked with Governors and other internal and external stakeholders to select the priorities on which the Trust will be reporting in 2019/20.

In developing the report, consideration has been given to the comments made by internal and external stakeholders including our partner organisations and the External Auditors on previous reports.

Policies and plans

In 2016 the Board approved a new overarching quality strategy with supporting strategies for the reduction of harm from falls and pressure ulcers. The launch of these policies provided an opportunity to re-engage with staff across the organisation on the importance of zero tolerance of harm. Results reported in our quality account provide evidence that these strategies have been effective with significant reductions in patient harm reported.

Data use and reporting

We have used existing performance management arrangements to track progress throughout the year on the targets selected and have provided a quarterly update to the QA committee on each priority. The external audit report on our 2018/19 Quality Account and a review of data accuracy have provided some assurance that the Trust has arrangements to ensure the accuracy of data. Data accuracy remains a key priority for the Trust and until the Trust is in a position to implement a full electronic patient record this will remain a risk.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board and the audit committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Maintaining and reviewing the system of internal control

Annual Governance Statement

The Board

The Chief Executive and Board of Directors have overall responsibility for the system of internal control. In 2017/18 we established two new committees, a Workforce Assurance Committee and a Strategic Estates Board to provide increased assurance and control on key areas.

The Audit Committee

This Committee acts independently from the Executive, to provide assurance to the Board, based on a challenge of evidence and assurance obtained, that the interests of the Trust are properly protected in relation to financial reporting and internal control. It keeps under review the effectiveness of the system of internal control; that is the systems established to identify, assess, manage and monitor risks both financial and otherwise, and to ensure the Trust complies with all aspects of the law, relevant regulation and good practice.

This Committee reports to the Board any matters in respect of which the Committee considers that action or improvement is needed, and makes recommendations as to the steps to be taken.

The Quality Assurance Committee

This Committee provides the Board with an independent and objective review in relation to:

- All aspects of quality, specifically: clinical effectiveness, patient experience and patient safety; monitoring compliance against the essential standards of quality and safety set out in the registration requirements of the Care Quality Commission
- Governance processes for driving and monitoring the delivery of high quality, clinically safe, patient-centred care
- Performance against internal and external quality and clinical improvement targets, and directing management on actions to be taken on sub-standard performance
- The overarching Quality Strategy
- Assurance on safeguarding quality and to provide appropriate scrutiny to clinical effectiveness, patient safety and patient experience
- Assurance (positive and negative) derived from clinical audits is reported through the Clinical Governance committee to the Quality Assurance Committee.

The Finance and Investment Committee

This Committee provides the Board with an objective review of, and assurances, in relation to:

- Finance, contracting and commissioning issues; presenting reports and recommendations in relation to ensuring we maintain cash liquidity and are an effective going concern
- Financial governance processes
- Business cases referred to it by the Capital and Revenue Investment Group requiring major capital investment
- Reviewing and challenging budgets
- Compliance with legislative, mandatory and regulatory requirements in terms of the Committee's scope

The Executive Team has responsibility for the development and maintenance of the system of internal control and the outputs from its work provide me with assurance.

The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

Workforce Assurance Committee

In October 2017, we established a new Workforce Assurance Committee to improve the Board line of sight on workforce related issues. Key duties of the Committee include:

- Developing and overseeing implementation of the Trust's People Strategy and providing assurance to the Board of Directors that this is being delivered in line with the annual planning process
- Approving, monitoring and reviewing policies, procedures and guidance documents relating to the management of the Trust's workforce
- Monitoring and reviewing workforce key performance indicators to ensure achievement of the Trust's strategic aims and escalate any issues to the Board of Directors
- Oversight of staff engagement levels as evidenced by the results of the national and any other staff surveys
- Seeking assurance to ensure that the Trust fulfils all legislative and regulatory requirements pertaining to workforce and organisational development issues, including but not limited to equality and diversity

Strategic Estates Board

The Strategic Estates Board was established in January 2018 to oversee the management and delivery of the Estates Strategy. The Strategic Estates Board has adopted RIBA methodology to provide assurance that robust controls are in place for the management of the Trust estate.

The Risk Management Committee

This Committee provides the Board with an objective review of, in relation to: -

- Risk governance, the risk management frameworks and the promotion of behaviours and cultures that drive approaches to risk management.
- The systems of internal control in relation to governance and risk management, in that these are fit for purpose, adequately resourced and underpin the Trusts performance and reputation
- The overall risk governance process in that it gives clear, explicit and dedicated focus to current and forward-looking aspects of risk exposure

Health and Safety Committee

The Trust and iFM Bolton (iFM) currently share responsibility for and work collaboratively to ensure that that staff, visitors, patients and contractors are kept safe whilst on Trust premises. The Trust and iFM share a monthly Group Health & Safety Committee which has dual reporting responsibilities to the Trust (Risk Management Committee) and iFM (Risk Management Committee). The Trust and iFM are committed to driving H&S quality improvement through the Group Health & Safety Committee by reviewing H&S audit intelligence and ensuring that notable H&S risks are duly escalated to the Risk Management Committee. The Trust and iFM are fully committed to continuously understanding the fine detail of collaborative relationship in respect of H&S and increasing the appreciation of the H&S challenges the organisation faces mindful of relevant legislation and regulation.'

Significant Internal Control Issues

The Trust identified the following internal control issues during 2018/19. These have been or are being addressed through the mechanisms described in this statement.

Ongoing development of iFM Bolton

In January 2017 The Trust established iFM Bolton as a wholly owned subsidiary responsible for the provision of estates and facilities services to the Trust. In setting up iFM Bolton a number of control issues have been identified, including the end to end process of capital investment and the management of reactive and planned maintenance. The Trust are continuing to work with iFM Bolton to ensure sound controls are established and embedded to support the Trust's capital investment programme and ongoing management of both hard and soft facilities.

A & E Performance

The biggest performance challenge for the Trust remains urgent care. In 2018/19 84.5% of patients were treated within four hours. This compares to 81.9% in 2017/18 against a target of 95%.

The Trust continues to work with the Emergency Care Improvement Programme, the CCG and Local Authority partners to improve performance against the standard. In addition the Trust has invested in the Accident & Emergency Department estate to improve the environment for patients and staff. This will address one factor in that the Department was previously too small to cope with the volume of patients who attend, which has increased significantly over the years

Never Events

Unfortunately three never events were recorded. Two events were related to a local pain killing injection being given to the wrong side leg-one for a patient with a hip fracture on a ward and one just before surgery on a hernia. These events have been subject to rigorous investigation followed by action plans to prevent further occurrence. The third patient was about to undergo a hip fracture repair when it was discovered by the surgeon that the wrong side hip had been marked and consented for but was spotted before the main part of the operation got underway and the patient had the correct side repaired. This is currently being investigated

Conclusion

The Trust has continued to make significant improvements to the system of internal control; the CQC rating of outstanding for the Well Led domain provides assurance of the progress made to embed quality and good governance. There are however some areas where further improvement is required. Actions are in place to address the issues leading to the control issues described and the Board are confident that there is a robust system in place to oversee the implementation of these actions.

Jackie Bene
Chief Executive Date: 23rd May 2019

Quality Account 2018/19

Statement on Quality from the Chief Executive

I begin this statement with great pride that following our latest CQC inspection in December 2018 our Trust has been rated as "**GOOD"** overall, with some key areas of outstanding practice and rated as "**OUTSTANDING"** for being well led at every level. In fact, we have made great strides since the last inspection in 2016 with all areas previously highlighted as requiring improvement now rate as good. The report highlighted the strength of the organisation, and how staff at all levels and all bands consistently work together for the good of the patient, for the good of their team – and all see it as 'business as usual'. It is this ethos that makes Bolton the brilliant Bolton we know we are and this ethos that makes us one of the most consistently well performing trusts in the area.

The CQC highlighted a number of examples of excellent practice:

- Our work for patients with complex needs, particularly the elderly, highlighting the use of daily activities such as distraction therapy.
- We were also commended for introducing initiatives which demonstrate our understanding of the importance of involving relatives and carers in a person's care during a hospital stay.
- Maternity services demonstrated engagement with the community and service users when developing services, and for commitment to and application of national safety agendas.
- Urgent care was also highlighted as an area where significant improvement has been made to both the environment and to staffing, leading to improved flow and waiting times. Staff were also found to consistently provide emotional support to patients in distress.
- Our ward and department accreditation system (BOSCA) was recognised as driving improvement through healthy competition, innovation and ambition.

The Board and I are absolutely delighted with these results, and are incredibly proud of our staff who make this Trust what it is.

The future…

Work continues at a pace to develop plans for a fully integrated health and social care system for Bolton. The transformation will be led by a new integrated care partnership and strategic commissioning function, of which the Trust will be the key provider. The Trust's five year strategy is being refreshed which will see us engage with staff, patients and the public more widely than before to ensure that our vision and ambitions fit the needs of our population. The overarching principle remains, and that is to continue to provide safe, effective and compassionate care to every patient, every time. What you will read in this report should demonstrate our commitment to this in all that we do.

To the best of my knowledge, the information we have provided in this Quality Report is accurate. We hope that this report provides you with a clear picture of how important quality improvement, patient safety and experience are to us at Bolton NHS Foundation Trust

Dr Jackie Bene, Chief Executive

23rd May 2019

Statement of directors' responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2018 to (the date of this statement)
    - papers relating to quality reported to the board over the period April 2018 to (the date of this statement)
    - feedback from commissioners dated 22/05/2019
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
    - the 2018 national patient survey
    - the 2018 national staff survey
    - the Head of Internal Audit's annual opinion of the trust's control environment dated May 2019
    - CQC inspection report dated 11/04/2019
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Chairman

Chief Executive

23rd May 2019

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How quality initiatives are prioritised in the Trust

This Quality Report identifies the progress made against the quality and safety agendas in 2018/19 and identifies the quality improvement priorities for 2019/20. Following extensive consultation with our stakeholders including commissioners and Foundation Trust members and Council of Governors, the following key improvement priorities for 2019/2020 have been chosen:

Key improvement priorities for 2019/2020:

1. Diabetes
2. Pneumonia
3. Improving hydration

Continuous improvement of clinical quality is further incentivised through the contracting mechanisms that include quality schedules, penalties and commissioning for quality and innovation (CQUIN) payments.

Quality Performance in 2018/19:

In our Quality Report for 2017/18 we set ourselves a series of key priorities for improvement, these were:

1. Reduction of medication errors
2. Sepsis
3. Acute Kidney Injury

Progress against each priority is summarised on the following pages:

Priority one: Reduction of medication errors

It is recognised that when patients come into hospital they are at risk of omitted doses of medicines. This is where the medicines they are prescribed are either significantly delayed or not administered to them by staff. This can be for a variety of reasons such as prescribing errors or availability of the medicines. In certain situations, however, it may be reasonable to withhold medicines due to the nature of a patient's illness.

The National Patient Safety Agency (NPSA 2010) identified that the majority of medicines omissions cause no harm, but when certain medicines are omitted the risk can increase significantly, causing severe harm or death. These are defined as critical medicines, such as anticoagulants and insulin, which should be given as close to the prescribed time as possible and must be within two hours of the prescribed time.

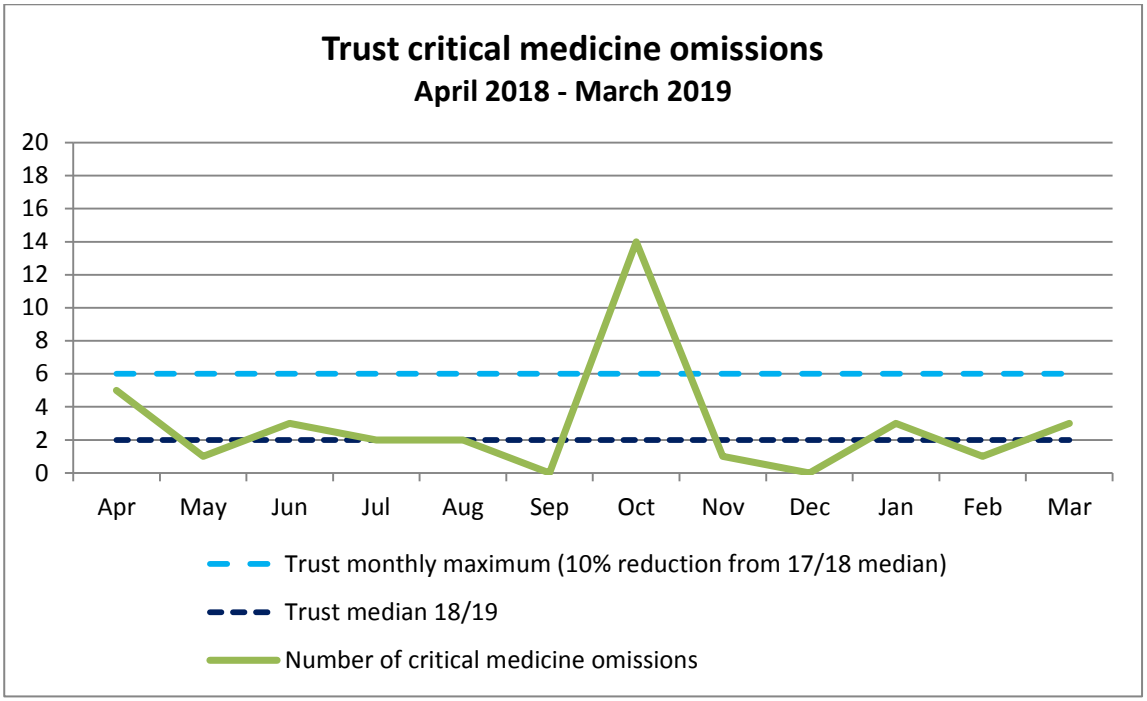
Reducing the omission of critical medicines for non-clinical reasons continues to be a key improvement priority for the Trust, and features as a key deliverable of the Trust's Quality Improvement Strategy.

Our aim 2018/19:

AIM: 10% reduction in omission of critical medicines for non-clinical reasons by 31/03/19.

OUTCOME: Achieved

ACHIEVED



As the chart above demonstrates, the median for 2018/19 critical medicines omissions based on April 2018 – March 2019 remains below the median of 6 critical medicines omissions each month, which is set as the Trust maximum, representing a 10% reduction in critical medicines omissions from 2017/18 median

What we have done:

We had a comprehensive improvement work plan. The key drivers and interventions and progress made in 2018/19 are summarised below:

a) Education and Training

- Inaugural Medicines Safety week, with a focus on critical medicines and medicines omissions
- Critical medicines omission learning slide
- Medicines Safety Link Nurse group
- "You and your medicines" materials to highlight the need for patients to bring own medicines into hospital
- NWAS roll out of "Green bag" scheme to encourage transfer of medicines to hospital for ambulance admissions
- Medicines management e-learning materials
- Review pharmacy induction and in-service training to emphasise importance of critical medicines
- Awareness of critical medicines and omissions via Trust social media
- Patient materials for "On Time, Every Time"
- Roll out of "On Time, Every Time" through Trust Newsletter and social media

b) Equipment and Devices

- Ward training using digilock bedside medicine cabinets
- Roll out of digilock bedside medicines lockers to patient use
- Re-introduction of medicines trollies with deployment schedule and core stock of medications

c) Documentation

- Critical medicines list review - against lists provided via NW Medicines Safety Officer Network
- Audit and reporting dashboard for critical medicines
- Medicines Policy approved and available on staff intranet
- Patient information materials "On Time, Every Time" finalised and approved at medicines safety group
- Inclusion of community bed base data to Trust level reporting

d) Critical Medicines Omission Prevalence

- Pharmacy audit of Trust wide results to test and provide assurance, whilst informing if adjustments required to data capture methodology:
  - Areas with >5% difference in overall compliance between the validated and Trust positions, and areas with less than 100% for critical medicines omissions are required to audit monthly
  - All others areas a required to audit bi-monthly

e) Timely Review

- Divisional data presented through divisional quarterly reports
- Trust level overview included as a regular agenda item at Medicines Safety Group with analysis and further actions identified

Further improvements for 2019/20

- Continue to record data and report through medicines safety group for assurance
- Continue to monitor divisional compliance with medicines management e-learning through

medicines safety group

- Work with diabetes service to pilot using beside medicines lockers to support self-administration of insulin to prevent missed doses and hypoglycaemia
- Review reporting, recording and process for managing missed doses in electronic prescribing and medicines administration (ePMA) module of Electronic Patient Record
- Continue to review trust level data at medicines safety group and impact of bi-monthly audit for compliant areas

Priority two: Sepsis

At Bolton, sepsis remains one of our leading causes of death although mortality rates have dropped year on year through the work of the Sepsis Forum and engagement with the national CQUIN. The Sepsis Forum has always viewed the management of sepsis as part of a larger and interconnected strategy involving the recognition and response to the deteriorating patient. To this end Bolton has been lauded for its early adoption of the original National Early Warning Score (NEWS) and being one of the leading trusts providing dedicated sepsis teaching, as recognised by Dr Ron Daniels, CEO of the UK Sepsis Trust.

Aims and measurement:

AIM: Implementation of National Early Warning Score 2 (as recommended by NHS Improvement) by 31.03.19.

OUTCOME: ACHIEVED

ACHIEVED

Other measures monitored include:

- Mortality and unexpected death rates
- Adherence to national sepsis CQUIN measures (screening and treatment within 60 minutes of diagnosis of Red Flag Sepsis)

What we have done:

We had a comprehensive improvement work plan. The key drivers and interventions for 2018/19 are summarised below:

a) Policies, guidance and documentation

- ***NEWS 2***

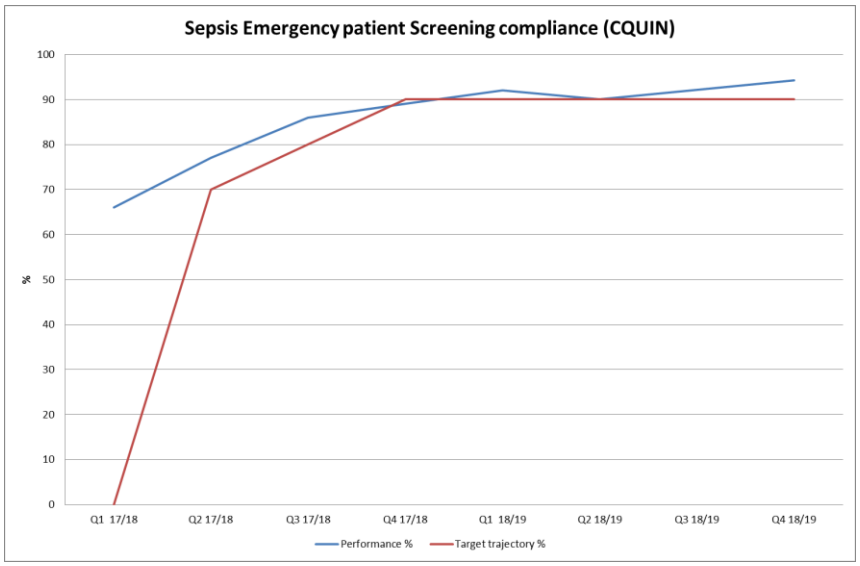
Bolton was an early implementer, being the first trust in Greater Manchester to adopt NEWS2, in July 2018 in all adult inpatient areas (Maternity and Paediatrics not applicable to NEWS2 (however equivalent early warning scores re used currently). Work completed to enable this included:

- Assessment of Bolton's status against recommendations
- Revised paperwork and training packages
- Liaison with E-observation team to ensure development links to above changes
- Implementation of revised documentation and training materials

- ***Electronic-Observations:***
  - E-Obs involves everyone who takes records or responds to patient observations in inpatient areas to enter patient observations onto a tablet device instead of on paper. Each area has a nominated super user who will cascade training to staff in their area.
  - E-obs went live in Paediatrics in September 2018, followed by phased implementation in adult inpatient wards.

- ***NICE Quality Standards:***

  Compliant with all standards, with the exception of *Quality Statement 5 - patient information leaflet for patients identified as low risk of sepsis*. Actions taken to address this include:
  - Patient information agreed and reviewed by lay panel
  - Submitted to Adult Acute Clinical Governance Forum for ratification.
  - Community services to review and adopt similar patient information leaflet.
  - Liaison with EPR team to ensure patient information leaflet considered for EPR development



b) Education and Training

- **Sepsis E-Learning**
  Adult Sepsis E-learning package developed and available on Moodle - suitable for all staff that perform clinical observations and screen for sepsis – pass mark for assessment is 90%
- Deteriorating Patient Learning Week
- Sepsis Training for Health Care Assistants
- Continued provision of Sepsis Study Days for all health care providers
- **Greater Manchester Sepsis Collaborative**
  Trust and locality representation on GM sepsis workstream. Focusing on standardised data collection and sharing of local learning across Greater Manchester.

c) Monitoring, governance and quality improvement

- **Virtual Notes Clinic**
  Development of virtual notes clinic to review all deaths where sepsis was identified as either a direct or contributing cause. Benchmark notes against trust and national standards and feedback to relevant clinical teams
- **National Sepsis CQUIN**
  Continued improvement in target trajectory, especially with emergency admissions. This is matched with a reduction in average antibiotic times
- **ICNARC**
  ICNARC captures data on the percentage of high-risk sepsis admissions from wards to critical care units. It compares patients with multi-organ support needs secondary to infection against all patients admitted with an infection. It is considered that low numbers of high-risk admissions is a quality marker demonstrating good early recognition and response systems within the trust and critical care. Our Critical Care Unit consistently demonstrates such positive data
- **Neutropenic Sepsis Dashboard**
  Monitoring high risk cohort. Overall improving trend compared to previous year
- **Suspicion of Sepsis**
  National Database capturing all patients admitted with common causes of sepsis and their outcomes. Further analysis of data for those subsequently confirmed as sepsis through coding

CQUIN - 90% of applicable emergency patient receive sepsis screening by 31/03/19 (National CQUIN 2a i).

Further improvements for 2019/20:

- Continue with analysis of data from above source to further drive continuous quality improvement for patients diagnosed with sepsis. For instance:
    - Virtual notes clinic to compare patients who survived sepsis compared to sepsis deaths in the same period to investigate if there is any different in compliance with standards between these patient groups
    - Support review of sepsis deaths in the hospital for those patients identified with a learning disability
    - Work with Coding Team to understand new coding rules for sepsis and whether it has an impact on sepsis data re SHMI and CHKS
    - Analyse new data collected via e-obs, screening pathways and with NEWS2 criteria.
    - Focused improvement on inpatient screening
- Preliminary engagement with NHS Improvement's "Suspected of Sepsis" registry
- Support introduction of NEWS2 and sepsis screening into the community
- Sepsis E-Learning - method of audit of compliance
- Sepsis Study Days:
    - Sepsis training day to be reviewed – plan to incorporate simulation training.
    - Continue to fortify links with community around education and awareness.
- GM Sepsis Collaborative - Continue involvement in collaborative, share Bolton's work locally and disseminate knowledge within from the collaborative.
- E-observations - Development of reporting function to enable collection of Sepsis CQUIN screening information

Priority three: Acute Kidney Injury

Background:
Acute kidney injury (AKI) is sudden damage to the kidneys that causes them to not work properly. It can range from minor loss of kidney function to complete kidney failure**.** One in five people admitted to hospital in the UK each year as an emergency have AKI (*Wang et al 2012).* In the UK up to 100,000 deaths in hospitals are associated with AKI and it is estimated that up to 20% could be prevented with the right care and treatment (NCEPOD 2009). The cost to the healthcare economy is £434m -£620m a year.

AKI normally happens as a complication of another serious illness and can happen for a variety of reasons including infection, severe dehydration, effect of some medications and other medical conditions. It is essential that AKI is detected early and treated promptly, without which abnormal levels of salts and chemicals can build up in the body, which affects the ability of other organs to work properly. (NHS Choices).

Aims and measurement:

AIM: The overarching outcome aim is to ensure 85% of patients with AKI are treated following the standards* produced by 31/03/19. * (derived from NICE CG169, NICE Quality Standards and local guidelines)

OUTCOME: PARTIALLY ACHIEVED

Partially achieved

AKI standards	Q3 audit (Q3 18/19	Baseline audit 2017
1a Diagnosis clear	100%	90.5%
1b Pre/renal/post	86%	20.6%
2 Daily U&E	85%	15%
3 Urinalysis	40%	28.6%
4 Fluid status	72%	20.6%
5 Fluid balance	62%	98%
6 Ultrasound	100%	62.9%
7 Drug review	100%	87.9%
8 Metformin	100%	100%
9 Immune	n/a	1.6%
10 Nephrologist	70%*	62.5%
11 Contrast	n/a	n/a
12 Patient info	0*	-

** Only in certain patients – not all and therefore measured differently from baseline audit*

*** Standard 12 – patient information leaflets still in print.*

What we have done:
We had a comprehensive improvement workplan. The key drivers and interventions for 2018/19 are summarised below:

a) Nursing:

- Scoping of an AKI Specialist Nurse
- Increase Outreach Nurse and Acute Medicine Advanced Nurse Practitioner capacity to impact on AKI patients

- Protocol for Outreach Nurses and ANPs to request renal ultrasound in acute kidney injury to ensure prompt investigation, to include follow up by parent team – now in place

b) Education and Training

- Medicine sick days – GP/pharmacy card and patient information leaflet created
- GP and Pharmacist education
- Continued education of junior doctors with survey to assess level of education – this showed that more than 90% respondents had good level of knowledge
- Education of ward staff – by outreach teams – focusing on fluid balance initially
- Education of patients regarding medication and acute kidney injury
- World Kidney Day 14th March 2019
- Development of patient information leaflets

c) Documentation

- E-referral to Salford Royal NHS Foundation Trust with good in-reach and follow up
- Development of AKI sticker and audit to understand impact
- Continuous audit of guidelines
- EPR set up for acute kidney injury guidelines

d) Timely review

- Lab Centre results highlight AKI and staging
- Improved education to highlight early review
- Audit of timely review after blood tests

- **Further improvements for 2019/20:**
  - Audit use of ultrasound protocol for outreach team
  - Plan to publish medicine sick day information on Trust website (on self-care section) with a link to allow dissemination of information electronically by GPs
  - EPR to improve identification with electronic flag and show all reviews completed
  - Hydration matters project to link with AKI work to ensure staff, carers and patients know the benefits for monitoring fluid balance
  - Audit of mortality linked to increase use of medicine sick days

Key quality priorities for 2019/20

2017 saw the launch of our second Quality Improvement Strategy (2017-2020), which outlines a number of key themes and ambitions that we believe, will lead to demonstrable improvements in safety and patient experience. We would, however, like to highlight the following areas as Bolton NHS Foundation Trust's key improvement priorities for 2019/20:

Priority one: Diabetes

Background:
It is estimated that approximately 4.7 million people in the UK have diabetes (Diabetes UK), with number of people affected by diabetes expected to reach 5.5 million by 2030.

Diabetes is a serious lifelong condition that causes a person's glucose (blood sugar) level to become too high. Whilst glucose is essential, it is the body's energy source, the amount of glucose in our bodies is controlled by the hormone insulin. If you are diabetic your body is unable to break that glucose into energy because there is either not enough insulin to move the glucose, or the insulin produced does not work properly. Over a long period of time, high glucose levels in the blood can seriously damage the heart, eyes, feet and kidneys. These are known as the complications of diabetes. But with the right treatment and care, people can live a healthy life.

In Bolton, diabetes is more prevalent than nationally and is currently diagnosed in approximately 19,500 patients (giving a prevalence of 8%). Recent audits of hospital inpatients show that at any given time up to 20% have diabetes. Whilst improvements have been made for these patients it is felt that more could be made to improve outcomes for patients with diabetes.

AIM: the overarching outcome aim is to*:*
Decrease the amount of inpatient hypoglycaemic incidents by 30% by 31/03/2020

Other measures we will monitor include:

- The number of incidents of harm relating to diabetes
- The type of incident causes, particularly those relating to insulin medication errors/omissions
- Reduce the days to surgical intervention for patients with diabetic foot requiring surgery to less than 24 hours for urgent cases and five days for non-urgent cases
- Diabetes E-Learning completion

What we will do

Diabetes UK have produced a self-assessment checklist for inpatient work which the Diabetes Team are currently reviewing, it is felt that achieving compliance with this checklist will help improve outcomes for patients. Based this framework the key drives and interventions for 2019/20 are summarised below:

a) Training and Education

- Formally launch the internal Diabetes Mandatory Training packages and monitor uptake of training
- Establish Diabetes Link Nurses across the acute areas of the Trust and relevant community teams
- Establish a teaching slot on the Foundation Year doctor teaching programme at August 2019's rotation, with a specific focus on insulin prescribing safety
- Deliver teaching and support for GIM15 and new pharmacy insulin safety cards

b) Documentation

- Audit and monitor compliance of Diabetes Inpatient Pathway
- Audit and monitor compliance of Diabetes Foot Protocol
- Update diabetes resource library on staff intranet for easy access
- Finalise and publish inpatient protocols and guidelines for DKA, HHS and Insulin Pumps
- Continue work with Pharmacy relating to self-management and administration policy for patients with diabetes
- Produce monthly hypo report and disseminate to clinical divisions for action
- Produce monthly incident report and themes and disseminate to clinical divisions for action
- Finalise inpatient care plan document and audit implementation

c) Patient Education

- Finalise structured education programme for patients with Type 2 Diabetes
- Continue to deliver structured education for patients with Type 1 Diabetes

d) Systems

- Work with EPR to finalise inpatient notification system and team referrals to the Diabetes Specialist team
- Update hospital food menus with carbohydrate content
- Expand membership of Diabetes Inpatient Group to include representatives from each Division with authority to implement change
- Establish a separate Diabetes Foot Task and Finish Group to resolve ongoing problems for inpatients requiring opinion and surgical intervention

Reporting our progress:

- All our improvement projects and workstreams follow an established governance structure which monitors and measures performance and progress.
- The forums and governance committees which will provide progress, oversight and accountability for diabetes are summarised below:
    - Quality Assurance Committee
    - Better Care Together
    - Integrated Community Services Divisional Governance
    - Diabetes Governance
    - Mortality Reduction Group
    - Diabetes Inpatient Group

Priority two: Pneumonia

Background:
In the United Kingdom, pneumonia affects around eight in 1,000 adults each year. Between 1.2% and 10% of adults admitted to hospital deteriorate and are managed in Intensive Care. The mortality in these patients can be as high as 30%. Pneumonia can affect people of any age, but it is more common – and can be more serious – in certain groups of people, such as the very young or the elderly. More than half of pneumonia related deaths occur in people older than 84 years.

At any given time, 1.5% of hospital patients (England) have developed hospital acquired infections of which more than half are hospital-acquired pneumonias. This is estimated to increase hospital bed stay by about eight days and commands a high mortality rate.

AIM: the overarching outcome aim is to*:*
Introduce an updated Pneumonia Care Bundle and achieve an initial 80% uptake and compliance by 31/03/2020. The bundle will incorporate targets based on NICE/British Thoracic Society/Local guidelines and recommendations.

We will measure/monitor:

- Compliance with national target of performing chest x-ray and administering antibiotics within 4 hours of presentation to hospital.
- Compliance with use of CURB-65 risk stratification tool (in Community Acquired Pneumonia).
- Compliance with use of appropriate Microbiological investigations in line with Pneumonia severity.
- Compliance with established Bolton FT Antibiotic guidelines.
- Pneumonia Mortality
- Compliance with appropriate follow-up measures upon discharge.

What we will do
We have a comprehensive improvement work plan. The key drivers and interventions for 2019/20 are summarised below:

a) Pneumonia care bundle:

- Scope and developed
- Tested and refined
- Implementation/roll out and subsequent audit

In addition to establishing the Pneumonia Care Bundle, we also plan the activities:

b) Advance care plan review in community and hospital admission avoidance:

- Review of current advance care process planning and implementation plan
- Clearer antibiotic guidance and review of influenza testing
- Review of influenza testing in pneumonia patients and around the clock availability

c) Learning from deaths:

- Use of Royal College of Physicians Structured Judgement Review tool, where there is a coded episode of Pneumonia in a deceased patient's medical record.
- Review themes from Pneumonia deaths to understand areas for improvement and share areas of good practice.

d) Education and training:

- Teaching session on pneumonia for all A&E/Acute medicine/General medical and nursing staff regarding relevance of pneumonia bundle, key targets and good clinical care.

e) Coding and diagnosis:

- Review coding process in A&E reception for patients coming from nursing/residential homes
- Confirm Pneumonia is coded correctly (at first point of care) as will affect mortality data
- Comparative pneumonia process in other trusts.

Reporting our progress:

- All our improvement projects and work streams follow an established governance structure which monitors and measures performance and progress.
- The forums and governance committees which will provide progress, oversight and accountability for Pneumonia are summarised below:
    - Quality Assurance Committee
    - Acute Adult Services Divisional Governance
    - Respiratory Governance
    - Mortality Reduction Group

Priority three: Improving hydration

Background:
Water is essential for life and it is very important to get the right amount of fluid to be healthy. Water makes up a large proportion of the body - on average 60% of body weight in men and 50-55% in women. Water has many functions in the body including regulating temperature, transporting nutrients and compounds in blood, removing waste products that are passed in the urine and acting as a lubricant and shock absorber in joints. If you do not consume enough fluids, over time the body will become dehydrated. Dehydration is associated with poor health outcomes such as increased hospitalisation, and mortality. Even mild dehydration adversely affects mental performance and increases feelings of tiredness. Common complications associated with dehydration also include low blood pressure, weakness, dizziness and increased risk of falls and poorly hydrated individuals are more likely to develop pressure sores and skin conditions, urinary tract infections and constipation.

To avoid dehydration it is important to stay well hydrated and regularly replace fluid regularly with fluids from food and drinks. Improving hydration can bring well-being and better quality of life for patients, allow reduced use of medication and prevent illness. (British Nutrition Foundation)

AIM: *The overarching outcome aim is to:*
Improve fluid balance Trust KPI standards to achieve 90% or above trust-wide by 31/03/2020

What we will do
We have a comprehensive improvement workplan. The key drivers and interventions for 2019/20 are summarised below:

a) Education and Training

- Testing and development of hydration champions
- Assessment of knowledge gaps and action plan to address
- Promotion of the importance of hydration amongst staff of all disciplines

b) Documentation

- Development of electronic patient record fluid balance

c) Patient Engagement

- Focus on hydration for patients with additional needs
- Promotion of the importance of hydration amongst patients and carers
- Determine an individualised daily fluid intake goal

d) Innovation and devices

- Review of products/innovations to improve hydration
- Offer a variety of hot and cold fluids

Reporting our progress:

- All our improvement projects and workstreams follow an established governance structure which monitors and measures performance and progress
- The forums and governance committees which will provide progress, oversight and accountability for improving hydration are summarised below:

- Quality Assurance Committee
- Better Care Together
- Nutrition Steering Group
- Food and Drink Group
- Divisional Governance
- Mortality Reduction Group

Statement of assurance from the board

Review of services
During 2018/19 Bolton NHS Foundation Trust provided and/or sub-contracted 11 relevant health services. (as defined by the CQC) across 38 specialties

Bolton NHS Foundation Trust has reviewed all the data available to them on the quality of care in these relevant health services

The income generated by the relevant health services reviewed in 2018/19 represents 100 % of the total income generated from the provision of relevant health services by the Bolton NHS Foundation Trust for 2018/19

Participation in Clinical Audits and Research Activity
The NHS published a list of 64* Quality Accounts *(*of which several have multiple work streams)*

During 2018/19, **50** national clinical audits (including Clinical Outcome Review Programme) covered relevant health services that Bolton NHS Foundation Trust provides.

During that period Bolton NHS Foundation Trust participated in **50** national clinical audits.
The table below indicates which national clinical audits and national confidential enquiries Bolton NHS Foundation Trust was eligible to participate in.

Table 1: National Clinical Audits projects participant – 2018/19

Project Name and Work Stream	% cases submitted (*no of cases submitted as a % of cases required*)	No. of cases submitted
Adult Cardiac Surgery	Not Applicable	
BTS Adults Community Acquired Pneumonia	Ongoing data submission	
BAUS Urology Audit - Cystectomy	Not Applicable	
BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)	100%	13
BAUS Urology Audit - Nephrectomy	Not Applicable	
BAUS Urology Audit - Percutaneous Nephrolithotomy (PCNL)	100%	10
BAUS Urology Audit – Radical Prostatectomy	Not Applicable	
Cardiac Rhythm Management (CRM)	Figure unavailable	
Case Mix Programme (CMP)	100%	1261
Child Health Clinical Outcome Review Programme	Not Applicable	
Elective Surgery (National PROMs Programme)	100%	
Falls and Fragility Fractures Audit Programme (FFFAP)*	--	
1.Inpatient Falls	100%	2
2.Hip Fracture Database	97%	385
3.Fracture Liaison Service	<100%	890
Feverish Children (care in emergency departments)	100%	60
Inflammatory Bowel Disease programme / IBD Registry	100%	346
Learning Disability Mortality Review Programme (LeDeR)	100%	11
Major Trauma Audit	36%	120
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Figure unavailable	
Maternal, Newborn and Infant Clinical Outcome Review Programme	100%	
Medical and Surgical Clinical Outcome Review Programme	See Section 2	

Mental Health Clinical Outcome Review Programme	Not Applicable	
Myocardial Ischaemia National Audit Project (MINAP)	100%	252
NACAP – Asthma work stream (continuous)	<100%	7
NACAP – COPD Secondary Care work stream (continuous)	<100%	121
NACAP –Pulmonary Rehab (continuous)	To start April -19	
National Audit of Anxiety and Depression	Not Applicable	
National Audit of Breast Cancer in Older People	100%	1027
National Audit of Cardiac Rehabilitation	100%	595
National Audit of Care at the End of Life (NACEL)	100%	60
National Audit of Dementia	100%	54
National Audit of Intermediate Care	100%	
National Audit of Percutaneous Coronary Interventions (PCI)	Not Applicable	
National Audit of Pulmonary Hypertension	Not Applicable	
National Audit of Seizures and Epilepsies in Children and Young People	100%	57
National Bariatric Surgery Registry (NBSR)	Not Applicable	
National Bowel Cancer Audit (NBOCA)	100%	212
National Cardiac Arrest Audit (NCAA)	100%	91
National Early Inflammatory Arthritis Audit (NEIA)	<100%	
National Clinical Audit of Psychosis	Not Applicable	
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	Not Applicable	
National Comparative Audit of Blood Transfusion programme	--	
1.National Comparative Audit of the use of O Negative Red Cells (2018)	100%	
2.National comparative audit of the use of FFP and Cryoprecipitate in Neonates and children	75%	4
3.National comparative audit of major haemorrhage (2018)	100%	5
National Congenital Heart Disease (CHD)	Not Applicable	
National Diabetes Audit – Adults*		
National Core Diabetes Audit	Not currently Participating	
National Diabetes Inpatient Audit (NaDia)	Due September 2019	
NaDIA Continuous Harms Database	<100%	10
National Diabetes Foot Care Audit	100%	144
National Pregnancy in Diabetes Audit	100%	41
National Emergency Laparotomy Audit (NELA)	100%	184
National Heart Failure Audit	<100%	112
National Joint Registry (NJR)	100%	599
National Lung Cancer Audit (NLCA)	100%	207
National Maternity and Perinatal Audit (NMPA)	<100%	5387
National Mortality Case Record Review Programme	32%	402
National Neonatal Audit Programme (NNAP)	100%	Varies for each standard
National Oesophago-gastric Cancer Audit (NOGCA)	100%	70
National Ophthalmology Audit	100%	1976
National Paediatric Diabetes Audit (NPDA)	Figure unavailable	119
National Prostate Cancer Audit	100%	157
National Vascular Registry	100%	211
Neurosurgical National Audit Programme	Not Applicable	
BTS Non-Invasive Ventilation - Adults	To close June -19	--
Paediatric Intensive Care (PICANet)	Not Applicable	

Prescribing Observatory for Mental Health (POMHUK)*	Not Applicable	
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)*	100%	120
Sentinel Stroke National Audit Programme (SSNAP)	100%	
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	100%	13
Seven Day Hospital Services	100%	194
Surgical Site Infection Surveillance Service	100%	Hip - 41 Knee – 35 NOF - 96
UK Cystic Fibrosis Registry	Not Applicable	
Vital Signs in Adults (care in emergency departments)	100%	44
VTE risk in lower limb immobilisation (care in emergency departments)	100%	88

Clinical Outcome Review Programme

1. National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

NCEPOD covers the Medical and Surgical Programme and the Child Health Programme. Below are the topics which took place in 2018-2019

Table 2: National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Study Title		**Required**	**Submitted**	
Chronic Neurodisability Each and Every Need	Organisational Questionnaires	1	1	100%
	Lead Clinician Questionnaires	1	1	100%
	Copy of Case notes	1	1	100%

Local Gap Analysis from National Recommendations
Recommendations relevant to Community Paediatrics:

Recommendation	Compliant	What actions are needed?	Date Completion
Expert assessment by clinicians who have competencies to consider the range of possible diagnosis	Yes	NA	Complete
Documentation of pattern and tone	Yes	NA	Complete
Record the level of motor functioning using the GMFCS system	Partial	Actions to be discussed at meeting with clinical team	TBC
Availability of MR scanning	Yes	Met by the Foundation Trust	Complete
Access to Multidisciplinary Team	Yes	Met by the Foundation Trust	Complete
Nutrition and growth assessment recorded at each meeting	Yes	NA	Complete
Document those with Learning Disabilities	Yes	NA	Complete
Always consider dental health	Yes	NA	Complete
All patients with complex needs need a patient held emergency healthcare plan	Partial	Actions to be discussed at meeting with clinical team	TBC

Study Title		Required	Submitted	
Failure to Function? Acute Heart Failure	Organisational Questionnaires	1	1	100%
	Lead Clinician Questionnaires	0	0	NA
	Copy of Case notes	0	0	NA

Local Gap Analysis from National Recommendations

Recommendation	Compliant	What actions are needed?	Date Completion
A guideline for the clinical management of acute heart failure should be available in all hospitals. These guidelines should include standards for: • The location of care - which should be on a specialist unit • Arrangements for heart failure service review within 24 hours • Initial investigations required to diagnose acute heart failure, including a standard protocol for the use of: o BNP/NTproBNP testing o Echocardiography • Immediate treatments Hospitals should audit against these standards annually. This recommendation supports NICE guideline CG187	Partial	Guideline in use requires updating in light of new NICE standards. Needs validation by D&T, Cardiology Governance and PDOC	April 2019
All patients admitted with acute heart failure should be reviewed by a consultant within 14 hours of admission, or sooner as the clinical need dictates and discussed with a member of the heart failure multidisciplinary team.	Yes	Nil	Complete
All heart failure patients should have access to a heart failure multidisciplinary team. Core membership of this team should include: • A clinician with a sub-speciality interest in heart failure • A specialist heart failure nurse • A healthcare professional with expertise in specialist prescribing for heart failure • The primary care team • A specialist in palliative care Other services such as cardiac rehabilitation, physiotherapy, occupational therapy, clinical psychology, elderly care, dietetics and clerical support should be involved as needed.	Partial	No dietetic, Occupational Therapy or elderly care support. Palliative care access but community nurses not yet fully trained therefore not attending Palliative care MDTs. No defined heart failure pharmacists	Dec 2020
Due to the complexity of medications used by patients with acute heart failure and their common co-morbidities, medications should be reviewed by a pharmacist with specialist expertise in prescribing for heart failure on admission to and discharge from hospital.	No	Meds reconciliation undertaken on admission and pharmacy review on discharge but not by specialist pharmacist-all pharmacists have training in HF drugs	Dec 2020
Serum natriuretic peptide measurement should be included in the first set of blood tests in all patients with acute breathlessness and who may have new	Partial	NT-Pro BNP available use inconsistent. Guideline for use to be	Dec 2019

acute heart failure. It is central to the assessment of these patients to guide further investigation. (All Clinicians) This recommendation supports NICE guideline CG187 rec 1.2.2		contained within updated HF guidelines	
An echocardiogram should be performed for all patients with suspected acute heart failure as early as possible after presentation to hospital, and within a maximum of 48 hours as it is the key to diagnosis, risk stratification and specialist management of acute heart failure. This recommendation supports NICE guideline CG187 rec 1.2.4	Partial	Echo performed asap following admission but not within 48 hrs, recruitment of Band 8a sonographer to start April 2019, re-arrangement of inpatient echo appts	Dec 2019
Due to the poor sensitivity of individual physiological parameters (in particular heart rate) in identifying severity of illness in acute heart failure, use of a composite physiology score such as the National Early Warning Score is recommended. (All Clinicians, Medical Directors and Directors of Nursing)	Yes	Compliant	Complete
For all patients with heart failure, best practice in escalation decision making includes: • Assessment of the goals and benefits of treatment escalation • Inclusion of the patient (and their family where possible) • Involvement of the cardiology or heart failure consultant • Agreement among members of the multidisciplinary team • Communication of the decision with healthcare professionals across the whole care pathway.	Yes	Compliant	Complete
All treatment escalation decisions that are not initially made by a consultant should be confirmed by a consultant at the earliest opportunity afterwards. The reasons for treatment escalation decisions should be fully documented in the patient's records.	Yes	Compliant-audited as part of DNACPR audit	Complete
On discharge from hospital, all acute heart failure patients should receive a summary that includes: • A named healthcare co-ordinator and their contact details • Their diagnosis and the cause of their heart failure • Current medications and description of any monitoring required Individualised guidance on self-management • Functional abilities and social care needs	No	Not all patients discharged from Cardiology ward and summaries not completed by cardiac team. Need to develop robust pathway to ensure all elements of standard completed. New iteration of ASCRIBE may help	Dec 2019

• Follow up plans • Information on how to access the specialist heart failure team and urgent care			
After an admission with acute heart failure, all patients should be followed up by a member of the specialist heart failure team within two weeks of discharge from hospital as recommended in NICE guidance	Partial	Community HF Nurses recruited and in training at present	Dec 2019
Patients with a confirmed diagnosis of heart failure benefit from ongoing review. In line with current NICE guidelines (CG108), this should occur at least every six months and more frequently in unstable patients or those with comorbidity. Review should include: • Clinical assessment of cardiac rhythm and fluid status • Assessment of functional and nutritional status • Medication review; including side effects and the need for changes • Measurement of renal function and electrolytes The individual responsible and location of this review should be tailored to meet each individual patient's needs and be guided by the heart failure multidisciplinary team. In advanced heart failure, the responsibility for follow-up may transfer from the heart failure team to the palliative care service. (Heart Failure Teams/Consultant Cardiologists)	Yes	Compliant	Complete
Heart failure patients should be offered an exercise based programme of cardiac rehabilitation that also includes education and psychological support.	Yes	Compliant with Transformation Fund Project.	Complete
Pathways should be in place for patients with advanced heart failure who deteriorate to access palliative care in the community, in a hospice or in hospital when appropriate. Referral to specialist palliative care services should be based on patient-need and choice and not delayed until deterioration is considered irreversible. A full anticipatory care plan should be agreed with the patient and this should be communicated to and available to all those involved in the acute heart failure pathway.	Yes	Compliant	Complete
Hospitals should collect and audit data on the total number of heart failure patients under their care. These data should be submitted to the national heart failure audit.	Yes	Compliant	Complete

Study Title		Required	Submitted	

On the right course? Cancer Care in children and YP	*Please note this study is not applicable to the Trust			
Highs And Lows Peri operative Diabetes	Organisational Questionnaires	1	1	100%
	Lead Clinician Questionnaires	4	3	75%
	Copy of Case notes	4	3	75%
Local Gap Analysis from National Recommendations - Deadline March 2019				
Pulmonary Embolism	Organisational Questionnaires	1	1	100%
	Lead Clinician Questionnaires	6	6	100%
	Copy of Case notes	6	6	100%
Bowel Obstruction	Organisational Questionnaires	1	1	100%
	Lead Clinician Questionnaires	9	5	55%
	Copy of Case notes	9	9	100%
Long Term Ventilation	*Please note this study is not applicable to the Trust			

2. **Maternal, New born and Infant Programme (managed by MBRRACE UK**)
   - *Perinatal Mortality & Morbidity confidential enquiries*
   - *Maternal Mortality surveillance & mortality confidential enquiries*

Results of the latest MBRRACE Report (based on 2013-2016 data) are:

- Bolton consistently higher percentage of preterm births between 24 -27 weeks compared to national average (0.7% -1% vs 0.4% - 0.5%)
- NND is up to 10% lower than the peer group - demonstrating high standard of neonatal care in extremely premature babies in our unit
- Stillbirths (SB) related to placental causes consistently higher (26.9% - 42.3%) than national average (19.1 – 21.9%)
- Congenital anomaly higher (11.4%) than the national rate (6.4%)
- Maternal causes; Pre-eclampsia, Obstetric cholestasis and Diabetes consistently higher (9.7 – 30.8%) than the national rate (3.4 -3.5%).
- Consistently lower rate of SB of Unknown cause (26.7% - 0) compared to national rate (47.2 - 46%)

Local actions derived from this report include:

- Increased USG training places for midwives to increase capacity for growth scans.
- National Perinatal Mortality Review Tool designed to facilitate robust review -implemented in March 18

Recurring themes although not the cause of death

- Lack of parental involvement – questionnaire for parents launched in May 18
- Lack of universal CO screening – work in progress (Saving Babies Lives Task and Finish group)
- Lack of documentation regarding discussion about reducing/change in foetal movements- work in progress
- Local SGA guidelines not in line with the national guideline (resources/capacity issues) - work in progress.

Notable achievements

- SB rate has reduced by 6.5% over last 4 years
- SB related to miss foetal growth restriction are reduced by 30%.
- SB related to unknown causes are significantly lower than average

Saving Babies' Lives Care bundle was introduced in 2017

A 'Task and Finish Group' was established, with identified leads for each work stream. The group met regularly to monitor the action plan and progress. All the four domains of the bundle have so far been

implemented. Recent initiatives to implement the bundle include:

- Increasing awareness of Saving Babies' Lives care bundle through local teaching and presentations.
- Updating of 'Kick Count' leaflets.
- Developing checklist for reduced foetal movements.
- Universal testing for CO exposure & referral of positive cases to smoking cessation service.
- Ongoing Growth Assessment Programme (GAP) training and Missed SGA audits.

3. Learning Disabilities Mortality Review Programme (LeDeR)

Since April 2018 there have been 12 deaths reported, 11 of which were appropriate for an LeDeR review. 8 of these have been allocated to a reviewer and are in progress, 3 are recent alerts so not yet allocated. One death was an inappropriate alert as there was no formal LD diagnosis; therefore this death has since been removed from the LeDeR platform.

Action plans are in place to ensure learning from deaths is acted upon appropriately and LeDeR feeds in a number of forums with additional plans to include LeDeR learning at the local safeguarding board.

Currently there are 11 active LeDeR reviewers from the community learning disability team and there are plans for two additional members to join the reviewing team on completion of the e-learning module. Regular LeDeR reviewer meetings take place to ensure LeDeR work remains on track and LeDeR is a standard agenda item at Community Learning Disability Team meetings to ensure work is allocated and completed in a timely manner. The Trust is also represented at regional and national events to keep up to date with the latest developments.

Table 3: National Clinical Audits: Actions to Improve

The reports of **19** national clinical audits were reviewed by the provider in 2018/19 and Bolton NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

	Project Name and Work Stream	
1	Falls and Fragility Fractures Audit Programme (FFFAP)*	**1.Falls and Fragility Fractures Audit programme (FFFAP) Fracture Liaison Service Database (FLS-DB)** The 1st Patient was seen in the Fracture Liaison Service in June 2018. Patients are currently entered prospectively to allow performance to be measured on a weekly basis. 885 patients have now been submitted to the FLS-DB (at time of report) Based on the data provided to the FLS and the national benchmarking, it suggests that the model of delivery at Bolton is working very well. The Trust is performing well above the national average on a number of metrics including: Patient identification FLS assessments within 90 days Bone protection medication The FLS is looking to continue to make further progress: Currently reviewing the DEXA scan pathway Working with B.I. to help identify incidental spinal fractures (not referred to orthopaedics) Patients offered/referred for Falls Risk Assessments - the Bolton team have been accepted onto the Royal College of Physicians and HQIP FLS Collaborative – this is a national collaborative to drive forward FLS provision.

		2.Falls and Fragility Fractures Audit programme (FFFAP) Inpatient Falls Organisational audit data submitted prior to deadline 31st December 2018. Continuous audit data collection now ongoing **3.Falls and Fragility Fractures Audit Programme (FFFAP) National Hip Fracture Database** Ongoing data collection 2018/2019 Patients into theatre within 36 hours of admission, is an ongoing challenge. However, the Trauma Improvement Group (TIG) aims to improve the trauma pathway and our best practice tariff performance. Despite the above, mortality rates are amongst the best in the UK.
2	Inflammatory Bowel Disease programme / IBD Registry	The service has improved year on year on all the KPIs and continues to be above the national average on all but one KPI. The IBD service is committed to demonstrating compliance with the KPIs: KPI-1: Was the patient screened before starting on a biological therapy? - **97% (National 69.8%)** KPI-2: Was a formal assessment of disease activity recorded at the point the decision was made to commence a biological therapy? - **31.1% (National 35.8%)** KPI-3: Is there a record of Registry consent? - **70% (National 39.1%)** KPI-4: Did a post-induction review take place? - **40% (National 38.4%)** KPI-5: Was a formal assessment of disease activity recorded at the post-induction review? - **73.5% (National 38.3%)** KPI-6: Did a 12-month review take place? - **67.3% (National 34.5%)** KPI-7: Was a formal assessment of disease activity recorded at the 12-month review? - **70.3% (National 40%)** Standard work has been completed to ensure that data is captured and entered into the registry correctly. The IBD pharmacist has an agreed job plan enabling them to record and enter date contemporaneously at the point of induction. The IBD specialist nurse is also entering data in clinic at the designated follow-up and 12 month review. The registry report is fed back to the IBD service governance team.
3	Myocardial Ischaemia National Audit Project (MINAP)	The Trust is compliant with all recommendations from the National Report published in December 2018. However, the team is seeking to further improve quality of by exploring Rapid Access Angiography Service for lower risk heart attacks. MINAP upgraded database now includes new criteria and a revised proforma has been implemented. Current data is 174 cases (04 – 12/18)
4	National Audit of Breast Cancer in Older People	The latest findings highlight that the Trust demonstrates above average compliance of TNM data completeness.
5	National Audit of Care at the End of Life (NACEL)	The NACEL local report was not used as a direct comparison to previous years due to changes in qualitative data. However on reviewing each dashboard theme we are able to identify good

		practice and progress in governance and local leadership. The report demonstrates the continued need for Palliative and End of Life Care education to improve the quality of care we deliver. The team has a new programme of education for medics and nursing staff which will continue to focus on the five priorities of care and symptom control management. The introduction of comfort observations will further support the assessment and management of patients
6	National Audit of Dementia	Round 4 NAD audit findings have been submitted and awaiting publication. Interim data shows good compliance with national standards.
7	National Audit of Seizures and Epilepsies in Children and Young People	National Organisational Data Report published January 2019. Round 3 of the audit is now underway with the recruitment of patients ongoing, the audit will run to March 2021
8	National Cardiac Arrest Audit (NCAA)	April 2018- March 2019 a total of 76 true cardiac arrests, 64 have a completed RCA, two of which were avoidable arrests. Lowest number of avoidable arrests since 2014. Good practice also includes rolling out the local RCA process to include cardiac arrests that occur in areas that do not activate the 2222 cardiac arrest team.
9	National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA) National Early Inflammatory Arthritis Audit (NEIAA)	Currently undertaking prospective data collection. Underperformance on the time taken to see patients. Plans in place to set up an early inflammatory arthritis clinic. Business case has been submitted to get a new consultant.
10	National Emergency Laparotomy Audit (NELA)	Completed and locked all the forms for 2017/18. Areas identified for development; • Data accuracy – input at the time of surgery, NCPOD classification • Laparotomy pathway – timing for surgery • Frailty scoring • Surgical engagement • Admission to critical care post-operative, for high risk cases • Return to theatre data done contemporaneously • Timely data locking post discharge
11	National Heart Failure Audit	The Trust is compliant with all recommendations from the National Report published in December 2018. However, rehabilitation for heart failure, which started in September 2018, as part of transformation project, needs to be commissioned long term together with Community HF specialist nurses to ensure sustained compliance.
12	National Lung Cancer Audit (NLCA)	Ongoing data collection 2018/2019 Lung audit is extracted using data submitted to COSD (Cancer Outcomes and Services Dataset via Business Intelligence). The service has introduced faster diagnosis, a programme of straight to CT from abnormal. Currently reporting excellent survival rates in comparison with other Trusts
13	National Prostate Cancer Audit	The Trust is complaint with six out of eight recommendations from the National Report published in February 2019. Areas requiring further input: Increase the use of pre-biopsy multi-parametric MRI and avoid its use post biopsy – *Trust needs another MR scanner to accommodate the increase demand in MR scans for suspected*

		prostate cancer. Funding required Increase the use of trans-perineal prostate biopsy where necessary to reduce the risk of post-biopsy sepsis and to maximise diagnostic accuracy and risk stratification – *New equipment needed and training in the use of trans-perineal approach. A business case has been submitted and approved. An application to the Cancer Vanguard funds has also been submitted.*
14	National Pregnancy in Diabetes Audit	The audit has highlighted that women with Type 1 and Type 2 diabetes need to be offered preconception counselling as women should take 5mg folic acid three months prior to conception to help prevent neural tube defects. In Bolton the number of diabetic women on 5mg folic acid at conception is low; therefore funding has been approved additional resources to develop preconception counselling clinics for the above client group.
15	National Diabetes Inpatient Audit (NaDIA)	There was no national inpatient audit in 2018; the next is due September 2019. Improvement work is listed below: • RCP quality improvement project undertaken to review hypoglycaemic events for inpatients as we have a higher national average. Audit of nocturnal hypoglycaemia and referrals with falls / hip fractures undertaken. • Junior doctors survey undertaken. • GIM 15 board magnets in the process of implementation. • National "Making hospitals safe self-assessment" checklist implemented and monitored monthly. • Monthly hypo data by ward sent to governance leads for dissemination.
16	NaDIA Continuous Harms Database	The Trust is now registered to submit data electronically since October 2018. Ten harms registered so far. (5 hypoglycaemia requiring iv rescue, 5 inpatient DKA whilst inpatients). Incidents reviewed monthly and action taken as necessary
17	National Diabetes Foot Care Audit	The latest data is due for publication in Q1 2019/20. Data has previously compared well to national averages, with healing times at 12 and 24 weeks for diabetic foot ulcers, better than the national average.
18	National Neonatal Audit Programme (NNAP)	As highlighted in the latest national report, (September 2018), the Trust is performs well on the measured standards. • Mothers who delivered babies between 24 and 34 weeks gestation who were given antenatal steroids: RBH 91% (nat. avg. 89%) • Mothers who delivered babies below 30 weeks gestation who were given magnesium sulphate in the 24 hours before delivery: RBH 85% (nat. avg. 64%) • Babies born at less than 32 weeks gestation who had an appropriate temperature (between 36.5˚C and 37.5˚C) on admission to the neonatal unit: RBH 59% (nat. avg. 64%) • Documented consultation with parents/carers by a senior member of the neonatal team within 24 hours of a baby's admission: RBH 95% (nat. avg. 95%) • The proportion of admissions where parents were present on at least one consultant ward round during a baby's

		stay: 62% (nat. avg. 74%) • Babies who are born weighing less than 1501g, or are born at less than 32 weeks gestation who receive on-time screening for retinopathy of prematurity: RBH 95% (nat. avg. 94%) • Babies born at less than 33 weeks who were receiving some of their mother's milk, either exclusively or with another form of feeding, when they were discharged from neonatal care: RBH 52% (nat. avg.60%) • Babies born at less than 30 weeks who had received documented medical follow-up at two years of age: RBH 68% (nat. avg. 63%)
19	National Paediatric Diabetes Audit (NPDA)	The Trust remains best in region and one of the best in the UK for care process completion in the country. • Very low percentage of patients with poor HbA1C levels >80mmol/mol • Comparable with the country/region for HbA1C levels. However, the percentage of patients with excellent HbA1C is less than the national average. The Trust has completed the RCPCH led National Paediatric Diabetes Quality Improvement initiative. The following changes in practice have been implemented as a result: • carb counting from diagnosis • Intensive support for patients on intensive insulin regimes • patient/ parent engagement • Increased medical time input to the service.

Local Audits:
The reports of 74 local clinical audits were reviewed by the provider in 2018/19 and Bolton NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided [table of actions].

Table 4: National Clinical Audits: Actions to Improve

Division: Acute Adult Care			
Specialty	**Title & Audit No**	**Issue**	**Action Details**
Emergency Care	NICE : Management and diagnosis of pneumonia (NICE CG191) **Audit No - 2192**	Gains to be made in blood cultures, sputum cultures and urine antigens, attempts to educate at doctor teaching limited improvements - due to doctor turnover. Targeting the nursing staff may further improve performance	Targeting the nursing staff may further improve performance
		Antibiotics compliance is limited by lack of blood results at the time of dosing, tendency to over prescribing rather than under. Also, limits to the utility of CURB, which	No change necessary

		doesn't take into account many factors (oxygenation etc.).	
Acute Medicine	Prescribing Standards in AMU **Audit No - 2222**	1 Prescriber name and bleep, including legibility 2 PRN prescriptions; max dose, indication, frequency 3 Antibiotic review/stop date 4 Single route of administration and Medicines that are crossed off needs to be done in appropriate way	Has been discussed in AMU ward teaching asked to implement straight away and audit in (June 2018
Emergency Care	Re-Audit to assess appropriateness, documentation and management of ED patients admitted to wards with head injury. **Audit No - 2264**	1 Results on people being admitted under A&E with head injury Document discussion 25% Analgesia prescribed 33% Anti-emetic prescribed 17% VTE completed 33% Red meds prescribed 50%	A pro-forma will be designed to prompt correct management.
Emergency Care	Re-Audit RCEM - Sepsis Re-Audit **Audit No - 2320**	Training Staff	Junior Drs training at Induction Triage Training for Nurses
		Equipment	A sepsis trolley ordered
		Communication & improved ambulance turnaround	Sepsis baton bleep named Dr
Acute Medicine	Re-Audit Hypercalcaemia Audit **Audit No - 3137**	If patient found to have malignant hypercalcaemia, eGFR should be measured.	Liaise with lab medicine
		Prior to bisphosphonate administration, patient must be hydrated.	Present findings to pharmacy and medics
		If bisphosphonate required, calcium level and eGFR should be requested by pharmacy to establish correct dose.	Present and discuss with pharmacists if this is something that could be done.
		Corrected calcium should be rechecked after 4-7 days, if patient is discharged prior to this then arrangements should be made in the community.	Present to Junior Doctors as this would need to be documented on the patients ascribe
Thoracic/Respiratory	Quality of Prescribing Audit **Audit No - 2327**	Good compliance with Trust Medication policy need to improve on the following; Consultant name Prescriber Contact/bleep Prescriber legible PRN max dose	Feed back to juniors at the departmental teaching, discussed Trust medicines policy Presented at departmental meeting Jan 2019

Thoracic/Respiratory	Quarterly TB NW Cohort Review **Audit No - 2269**	1.Target 4 - to increase no. of child contacts assessed for TB (100% for all pulmonary / laryngeal smear + cases)	*Improve communication with parents / guardians - emphasis significance of screening and escalation for non-attendance. *Greater involvement of schools, school nurses health visitors, GP if non - attendance * Consider more TB screening conducted at child's home or onsite screening at school.
		2. Target 10 - Treatment instigated in less than 4 months of symptom onset (75% in all pulmonary / laryngeal cases)	*Increase awareness in primary health i.e. GPs, Practice Nurses, drug & alcohol teams. *Continue to work with Primary care teams - facilitate awareness sessions. Article for GP Practice Bulletin's. * Greater involvement with GP commissioning groups.
		3. Target 12 - Culture confirmed (50% in extra - pulmonary cases)	* Improve awareness with different disciplines - educating on correct sampling if TB is considered as a possible diagnosis. *Continued TB awareness sessions with orthopaedic specialists - consider extending to other areas * Trust wide communication on the importance of sampling where TB is suspected and how this should be performed.
		Target 4 - Child contacts assessed (100% all pulmonary / laryngeal smear +ve)	30% below total NW data - focussed improvement on communication with parents - involving schools / school nurses / health visitors / GP.
		Target 5 - HIV test offered (100% of all cases)	Bolton achieved of 96% and is comparative to NW data. percentage where not offered may be explained if patient died before diagnosis / treatment.
Palliative Medicine	Dignity and care after death **Audit No - 2249**	1 Increase training for all staff	Care Certificate Programme by the EOLC Education Team Bereavement Nurse
		2 Incident any issues identified in the mortuary	Mortuary staff complete incident which reports to the ward and matron. Bereavement Nurse attends the wards and speaks with staff. Ongoing as part of daily checks carried out by mortuary staff
Emergency medicine	Management of Pregnancy loss in ED & Re-audit	Education 6% (3/50) had documented evidence of advice being given	An early pregnancy leaflet was designed and distributed from triage, as well a departmental teaching and a focus on early pregnancy loss on the topic board.
Palliative Medicine 2261	McKinley T34 syringe driver annual audit	Training	Ensure staff using the device have attended training

	Audit No - 2261		Incident forms submitted if syringe driver not checked 4 hrs
Gastroenterology	IBD Registry, Biological Therapies Audit **Audit No - 3037**		Audit 10% (30) of the IBD biologic population against the 7 KPI's in order to give reassurance Develop and complete standard work to ensure that data relating to KPIs is recorded and entered correctly and timely Request training on data entry from the IBD Registry team.
Elderly Medicine	Use of getting to know me passbook on the medical wards and junior doctors awareness **Audit No - 3219**	The use of the passbook is mediocre on the medical wards for patients with dementia. This can be improved by involving families and empowering Health care assistants	Presented at the geriatric meeting. Communicated to junior doctors about passbook in foundation training. Implementation of posters on the ward.
Palliative Medicine	(NICE) Strong Opioid prescribing in patients known to the specialist palliative care team	Patient Information	Patient leaflet development covers all recommended guidance points, patient will be getting all information recommended
Palliative Medicine	Malignant Hypercalcaemia Audit **Audit No - 3262**	If patient found to have malignant hypercalcaemia, eGFR should be measured.	Liaise with lab medicine
		Prior to a bisphosphonate being administered, the patient must be appropriately hydrated.	Present findings to pharmacy and medics
		If bisphosphonate is required then calcium level and eGFR should be requested by pharmacy to establish correct dose.	Present and discuss with pharmacists if this is something that could be done.
		Corrected calcium should be rechecked after 4-7 days, if patient is discharged prior to this then arrangements should be made for this to be done in the community.	Present to Junior Doctors as this would need to be documented on the patients ascribe.
Division: Elective Care			
Specialty	**Title**	**Issue**	**Action Details**
Therapies	The Effectiveness of the Hydrotherapy Group Sessions Sept 17 - Feb 18	Tuesday and Friday Hydrotherapy group sessions run to capacity	Admin staff to fill all slots each week. D/C policy for NDA's
		Provide patients with	Hydrotherapy exercise sheets - written

	Audit No - 2186	written instructions and diagrams of the hydrotherapy exercises so they can continue independently	instructions so patients can continue independently after discharge
		Encourage patients to continue hydrotherapy at the "referral sessions" when their group sessions have finished.	Referral letters to patients on completion of sessions explaining how to access the "referral sessions" following discharge from the groups. Sessions are oversubscribed with additional sessions planned.
		Create a pathway / transfer system to transfer patients between the community group sessions and the 1:1 RBH sessions.	Liaise with management staff and IT to establish pathways where patients can be recorded/tracked on systems LE2.2 and Lorenzo.
Chiropody/ Podiatry	The provision and use of Foot Orthoses for the treatment of lower back pain **Audit No - 2188**	Continue to assess adult patients with low back pain/sciatica referred to Biomechanics service.	No Changes to current system to be made
		Benchmark audit data with comparable trusts in the region	Discuss audit results at NW Clinical Effective Group and suggest comparable audits be undertaken
Radiology	NAI Irmer Compliance, Regulation 4.2 **Audit No - 2180**	Improvement in accuracy of document completion	Suggest that both radiographers check paperwork for completeness
		Improvement in accuracy of CRIS post processing	Suggest that both radiographers check paperwork for completeness
		Ensure request card states 'Non-Accidental injury' and discuss with radiologist of not stated	Encourage ALL radiographers to check details on card before starting process.
Orthopaedics	Admission and analgesia in #NOF from the Emergency Department **Audit No - 3154**	Engagement with ED	Discussed with ED consultant team - engaged with problem
		Not keen on pro-forma driven care	Suggest Fact Sheet on intranet (in progress) Sticker for ED staff consider FINB checklist
		Quality improvement techniques required	Implementation of change and prospective PDSA
General Surgery	Consent form audit 2018 **Audit No - 3156**	Pre-printed consent forms for each procedure	Present at audit meeting: reminder to give patients a copy of the consent form
Urology	Flexible Cystoscopy LocSSIP Audit **Audit No - 3165**	Continuous 12 month audit cycle. Audit to be closed in March 2019 and re-opened to demonstrate ongoing improvement.	Audit Cycle
Urology	Monitoring follow up arrangements for patients post discharge from a surgical ward. **Audit No - 2206**	Ongoing Audit cycle over the year. Audit cycle will be closed at the end on March 2019 and reopened to continue on going audit cycle.	Audit Cycle

Laboratory Medicine	Re audit of transfusion indication coding and use of the Red Cell Dosage Calculator **Audit No - 3143**	Coding accuracy	Guidance to staff regarding appropriate use of R1 , R4, age-related R2/3 coding
		Recording Hb and CV status	Re-design of lab request form
		Improved body weight recording	Feedback to staff and request estimates when actual not available
		Not recording dose/not using RCD calculator label	Re-design of lab request form and feedback to staff
		Accuracy of calculation, and not issuing units to match calculated dose	Feedback to staff, and requirement to document variations
		Effectiveness of actions	Re-audit
Anaesthetics	Anaesthetic emergencies preparedness **Audit No - 2226**	Knowledge whereabouts of emergency equipment and drugs in all anaesthetic areas	Implement Quick Reference Handbooks in all anaesthetic areas
		Training	MDT simulation sessions for staff
Anaesthetics	Post op complications in children undergoing tonsillectomy and/or adenoidectomy for obstructive sleep apnoea **Audit No - 2211**	Small sample size	Re audit Winter 2018
Therapies	Carpal tunnel group **Audit No - 2250**	High DNA rate in Advanced Orthopaedic Practitioners referrals	Review pathway for patients referred via AOP
		Therapy Assistant to commence running the CTS Group rather than Band 7 Therapist	Train Therapy Assistant to effectively run CTS Group
Acute Pain Team	PCA Documentation Audit 2017/18 **Audit No - 3194**	Two areas need to improve checking processes	Discuss with ward managers and link nurses in these areas
Audiology	patient outcomes for the one stop balance clinic **Audit No - 2197**	Audit date: April 2018 Patients seen for vestibular rehabilitation through the One Stop balance Clinic i.e. seen soon after onset of symptoms are less complex, have far less secondary anxiety related problems and have less entrenched symptoms and are thus generally more responsive to treatment.	Increase awareness to GP's of direct access balance clinic. Raise awareness of clinic to other specialisms such as neurology, cardiology, ENT and falls team Expand Audiological test battery to include head impulse test, VEMPS and caloric testing.
		Patients made significant improvements across all the groups in particular in the non-vestibular group with patient in this group also benefiting from tailored	Sufficient staff to cover the clinics is required No succession planning in place at present and needs to be addressed

		vestibular rehabilitation.	
Acute Pain Team	Anti-Emetic prescribing audit 2017/2018 **Audit No - 3195**	Anaesthetist to use pre-printed anti-emetic prescribing stickers	Reminder to anaesthetists and discussed at anaesthetic audit 05/01/19
Acute Pain Team	Analgesia Prescribing in Maternity 2017/2018 **Audit No - 3196**	Feedback to all anaesthetists Feedback to link midwifes Regular education sessions to take place M4/M5 throughout 2018	Completed
Radiology	Conformity with reporting time for CT Head A and E cases **Audit No - 2305**	Prioritise A &E scan reporting. Use voice recognition instead of typing	Poster in reporting room
Endoscopy	Endoscopy Staff satisfaction survey **Audit No - 2291**	Additional information on Questionnaire	Questionnaire to include staff grade and number of years in endoscopy to identify if it is a core group issue
		Staff need to work as a team and be more supportive of each other	Staff awareness of A.B.C. Develop better team working skills
		More formalised training needed	To invite reps in to train more frequently. Future plan - practice educator
Radiology	patient delay audit for procedures within Radiology **Audit No - 2185**	1 There are issues with the lack of beds for patients or they are admitted too late. Decision for beds is made at bed meeting at 9-9.30 sometimes.	Speak to bed managers to see if a decision can be made any sooner.
Rheumatology	Radiology appointments DNA by rheumatology patients audit March 2018 **Audit No - 3199**	Ascertain if a letter was sent to the correct address by radiology	Investigate
		Reinforce what to do if unwell during patient education sessions	If advance notice is provided, the missed appointment will not be classed as DNA
Radiology	Patient delay audit for procedures within Radiology **Audit No - 2185**	Patient not always given ring fenced bed on C3	Speak to bed managers
		Bed availability is a problem; could patients be placed on ACU or DCU for their admission?	Contact Manager over DCU to open discussions
		Consent not always completed prior to admission.	Pre-printed consent forms for liver biopsies may alleviate some of the issues with availability to gain consent.
		Bloods not always completed prior to admission which results in delays to patient.	Email at time of booking to include a reminder of bloods needed.
Radiology	A review DAP readings against local and national	Data should be reviewed for all other examinations that do not currently have LDRLs	Pass on to department leads

	DRLS **Audit No - 2204**	set	
		Audit annually in line with current guidelines	Complete annual audit
		Continue to report abnormal dose readings	Monitor incidents reported
Radiology	NICU Imaging Quality (Re-audit) **Audit No - 2209**	Ensure baby is correctly positioned to reduce rotation.	Encourage all radiographers to follow NICU guidelines
		Ensure NICU procedure (developed by NICU Drs) is followed to ensure all artefacts removed.	Ensure all radiographers are aware of the pre-exposure guidelines from NICU doctors
		Ensure all relevant information is correctly recorded when post processing examination	Encourage all radiographers to enter all details required to fulfil post-processing procedure
Urology	Monitoring compliance with Local Safety Standards for Invasive Procedures (LocSSIP) with patients attending the urology department for urodynamic studies (UDS). **Audit No - 3167**	No Issues to note-	Continuous audit cycle over 12 month period. Audit to be closed in March 2019 and re-opened to demonstrate ongoing QI.
Radiology	NAI Irmer Compliance, Regulation 4.2 **Audit No - 2180**	Improvement in accuracy of document completion	Radiographers check paperwork for completeness
		Improvement in accuracy of CRIS post processing	Radiographers check paperwork for completeness
		Ensure request card states 'Non-Accidental injury' and discuss with radiologist of not stated.	Radiographers to check details on card before starting process.
Anaesthetics	Perioperative Fasting **Audit No - 2266**	Children are not getting clear fluids up to one hour before surgery.	Alter admission letter to emphasise the benefits of clear fluids one hour preoperatively Ensure pre-assessment nurses give verbal information re above
		Prolonged fasting for patients at the end of the list with associated risks of dehydration and hypoglycaemia.	Allow clear fluids (apple juice/cordial not sugar free) on admission. Set a cut off time for fluids to be allowed, use whiteboard to record above
Cancer Services	Acute Oncology Service Patient satisfaction questionnaire **Audit No - 2256**	To be more compliant in handing out questionnaires	To be more proactive in giving out questionnaire and keeping copies in folders as a visual reminder when out on wards/ED
		New format of questionnaire/comment card to be used to keep in	To localise the comment card with Bolton's trust logo

		line with all other AO team across GM as recommended by the AO pathway from The Christie Hospital	
Radiology	Appropriate slide sheet usage in CT **Audit No - 2303**	Re-audit of ward slide sheet provision shows decline in compliance with provision	Advise Manual Handling Advisor ward compliance has declined
		A&E Slide sheet provision remained constant due to being held and monitored within CT.	Feedback to A&E leads.
		Radiology stock of slide sheets an adequate level and monitored weekly	MH keyworkers aware of stock location, and the requirement to complete the control sheet, and ensure adequate.
Radiology - Breast Screening	Audit of second opinion review of assessment cases not biopsied **Audit No - 3192**	Audit satisfactory but needs to be more comprehensive	Propose to repeat annually (from November 2018) and to extend over a 3 month period. Propose to audit quality of data entry and that the name of RA/SA are recorded on NBSS at the forthcoming audit and retrospectively for above audit.
Radiology	Audit to review impact of delayed reporting of complex inpatient scans beyond national recommended timescale of 24 hours on management of patients with acutely presenting condition **Audit No - 3092**		Daily monitoring of inpatient CT and MR lists to ensure that all scans are reported
			Any un-reported scans are to be highlighted to the reporting radiologist or sub-speciality scans to be allocated to a named radiologist who is then responsible for reporting within 24 hours
			Widely circulated and requested colleagues to ensure they inform sub-speciality radiologists when they encounter a scan on the in-patient reporting list which is beyond their scope of practice
Ophthalmology	Bolton DESP sight impairment **Audit No - 2297**	Review protocol for management of diabetics pre-cataract surgery	Update pre-surgery diabetic management protocol Agree and share protocol
Cancer Services	Metastatic Spinal Cord Compression - Suspected or confirmed **Audit No - 3235**	Deficit between patients with confirmed MSCC and the number of patients having a spinal stability assessment. Because of this, we will investigate whether all referrals to the orthopaedic team for spinal stability assessments are being sent.	Development of a new MSCC checklist for patient notes - including acknowledgement of referral to orthopaedic SHO. February 2019, for time period Jan-Dec 2018 (annually recurring audit). We are aware that for the audit we will not have the data this action measures for the whole of the year, however we feel it is justified to continue with the initial plan.
		The audit data demonstrated that not all patients were being nursed	Real time review of patient notes, and discussion with patients. Macmillan Acute Oncology team members will all

		flat. Moving forward we will explore in real time the rationale for this non-compliance of pathway, i.e. for patient comfort or due to patient choice.	take responsibility for collecting this data.
		Not all patients were having their blood glucose levels monitored daily despite acute oncology recommendation. Therefore, we aim to record whether daily blood glucose checks are taking place; a) Prior to AO recommendation b) <24hrs post AO recommendation c) >48hrs post AO recommendation	Real time review of patient notes, and development of a data collection form Macmillan Acute Oncology team members will collect this data.
		Capture evidence of the timely referral by the AO team to specialist palliative care, which is recorded on the Somerset Cancer Register (SCR) to show AO compliance with NICE guidance; An exception to this is when they are already under the care of the specialist palliative care.	Use the above form to capture data inputted on the SCR, to be reviewed during the monthly MSCC (dashboard) audit. Macmillan AO Care Coordinator is responsible for the monthly MSCC audit.
		The need for continued MSCC education AO team to finalise their induction training programme via Moodle.	Formal and informal teaching sessions with all healthcare professionals within acute medicine, ED and the wider hospital team. AO team to submit the AO induction training package to the e-learning development team.
Cancer Services	Suspected or Confirmed Neutropenic Sepsis Audit **Audit No - 3236**	Education	AOS to continue to provide suspected neutropenic sepsis teaching sessions for ED and AMAU departments.
		National target has not been achieved since implementation – featured on Risk Register - 2186.	See risk register for action plan outlined within this risk.
Cancer Services	Does the implementation of a seven day Acute Oncology service at Royal Bolton Hospital cause more contacts with	The audit demonstrated that having a seven day service would not negatively impact the Christie hospital/on-call Oncologists.	No Re-audit required

	on-call Oncologists at The Christie at the weekend? **Audit No - 2223**		
Rheumatology	Hydroxychloroquine (HCQ) Quality Improvement Project **Audit No - 3221**	20% of patients stopping HCQ within 6 months of commencing HCQ. This model of referral will improve retinopathy screening efficiency and reduce commissioning costs.	Suggest timing baseline retinopathy referrals for those still taking HCQ at 6 months. This audit project results shared with ophthalmology department.
Audiology	Audiology Patient Experience & Engagement **Audit No: 3242**	Consider alternative means of verbal, non-verbal patient feedback	Channels for complaints monitoring: Formal process via PALS, verbal process via department (record book) and incident reporting
Audiology	Faults Reporting and Management of Clinical Equipment **Audit No: 3241**	Each member of staff is responsible for logging the fault found, diagnosing and attempting to repair the fault	Devise a spreadsheet to record faults on medical devices In-house problem solving training re common equipment faults Coordinate with staff responsible for audit on stage A checks audit with regards to its compliance
Audiology	The Quality and Recurrence of Fine-Tune Appointments **Audit No: 3240**	IMPs make FT journal entries less personalised and difficult to assess what has been done, details not always being deleted.	Personalise fine-tune IMP with a summary of the appointment.
Audiology	Documentation audit by Appointment Type **Audit No: 3239**	Compliance rates are below 100% for IMPs and questionnaire outcomes Audit date August 2018 Compliance rates falls below 90% for IMPs and completion of questionnaire outcomes at follow	Email all staff by head of service re. documentation standards to be monitored Message on 'Auditbase' to alert and prompt staff each time they log in to maintain documentation standards such as consent, IMPS, journal templates, GHABP.
Audiology	Stage A Calibration and Environmental Room Checks **Audit No: 3238**	Faults monitoring.	Audit will overlap the 'Faults Reporting and Management of Clinical Equipment' audit to ensure a clear process in place to deal with any faulty equipment.
		Low Compliance: Trend in low compliance rates; booths were being re-fitted and staff not being rostered.	All staff to support the process and not attempt testing unless stage A checks has been conducted (including students)

Audiology	The Administration of the Tinnitus Handicap Inventory Pre and Post Tinnitus Treatment **Audit No: 3237**	Follow-up IMP management plan needs to include whether the follow-up has been made or added to the waiting list.	This follow-up IMP to be amended on Auditbase.
		Each patient sampled did not have an individual management plan recorded in the journal which could be revised.	Individual Management plan must be completed on each patient. Follow-up IMP requires revision
		Telephone follow-up not done at phone call	When conducting telephone follow-up all tinnitus staff to go through the THI, focusing on the questions answered YES/sometimes in original questionnaire
		Telephone follow-up patient not compliant as did not reply to request to contact service	If possible source alternative contact number and agree a message can be left, if no contact, letter to GP to discharge, cc patient.
		Patients had hearing aids however THI and GHABP not completed post treatment	To review the effective use of hearing aid/combination devices THI including GHABP must be carried out and IMP revised.
Ophthalmology	Bolton DESP sight impairment **Audit No: 2297**	Create detailed action plan for SI Audit so all members aware of the number of tasks required	Detailed plan created for future biannual audit cycles and uploaded to database
Ophthalmology	Bolton Glaucoma Evaluation Clinic - is it NICE compliant? **Audit No: 2287**	Allow more pupil dilation time	Reduce number of scans and speed up visual field stage by implementing faster test strategy for all patients
Laboratory Medicine	Transfusion Bedside Practice Re-audit 2018 **Audit No: 3197**	Potential additional actions	Discuss at next HTC meeting, add any additional actions to HTC action plan
		Raising awareness of practice compliance	Share with divisional governance leads for wider dissemination
		Consent	Raise with AQuIL committee chair and record on HTC chair's report for Trust Q&G
		TACO risk assessment	
Laboratory Medicine	**NICE NG24/QS138 post op iron Audit No: 3198**	GP Pre-referral checklist to include anaemia	Action Plan ref: HTC150/18 The inclusion of anaemia optimisation on the GP surgical referral checklist is under discussion between the CCG and Trust
		Iron screening in pre-assessment clinic	Universal/selected using Haemocue. Cost and obtain agreement for preferred option Action Plan ref: HTC154/18 and HTC155/18 (300 ferritins* x £1.18 = £354)
		Provision of oral iron by the pre-assessment team	Prescribe in PAC/request GP prescribe Requires decision and HTC action plan reference

		Provision of IV iron in DCU	HTC Action Plan ref: HTC149/18
		Post-op FBC	Not performed consistently Required if upstream process is to work. Requires process to be established on surgical wards to discuss at HTC meeting
		offer oral/IV iron post op	Requires discussion and HTC action plan reference
		Patients discharged with anaemia/on iron	If final Hb result in the admission = anaemia then generate GP instruction to follow-up on discharge summary Process map completed and EPR project team working on solution
Laboratory Medicine	Management of anaemia in elective preoperative patients **Audit No: 2313**	Anaemia in primary care guideline is undergoing revision (pre-op arm removed)	Awaiting final draft from primary care
		Pre-op Hb optimisation to be agreed with primary care	Seek agreement to include in elective pre-referral checklist
		Guidance/agreement to do post-op Hb check failure (affects NICE QS138)	Produce document/awareness
		Post-op anaemia lab comment/GP follow up	Post-implementation audit
		Hb optimisation when surgery is urgent	Develop PAC IV iron service for urgent surgery
Laboratory Medicine	Anti -D testing audit 2018 **Audit No - 2309**	Decision re to adopt the new procedure or not.	Decision to continue with the current testing process and notify the O&G consultant group about any adverse events that could potentially have been avoided by adopting the alternative process
Specialist Surgery	An Audit of Maxillofacial Trauma Patients' clinical pathways between Bolton A & E, OPD, and ELHT **Audit No - 3188**		Achievable and pragmatic actions discussed at Audit meeting. Email addresses to facilitate the transfer of information have been set up
Division: Family Care			
Specialty	**Title**	**Issue**	**Action Details**
Acute Paediatrics	Intravenous fluid therapy for medical patients on the children's unit (NICE QS131) **Audit No - 2219**	No patients had a daily weight undertaken on iv therapy	Pass to nursing manager - safety huddle, communication to ward nursing staff
		Capillary blood sugars were not checked every 24 hours when on iv - Medical / nursing staff to do blood sugar at time of daily U&Es	Pass to nursing manager - safety huddle, communication to ward nursing staff, WhatsApp medical staff
		Not all patients had U&E's	Share with medical staff incl. WhatsApp

		rechecked every 24 hours on iv therapy - this needs to improve	
Neonatal	Babies born to HIV mothers **Audit No - 2228**	Good compliance with BHIVA guidelines, however there have been cases where treatment was delayed due to unavailability of medication	Liaise with senior midwives in CDS and PNW and communicate the necessity of obtaining the medication in advance (high percentage of HIV positive mothers are already known to the team). Presentation to be sent to consultation in charge and Dr Mishra who will inform accordingly ASAP
		Improvement of documentation	Results presented in local audit meeting and necessity of good documentation was highlighted - will also send the pro-forma out to encourage to use it when dealing with babies born to HIV positive mothers
		Use of audit pro-forma in the notes of babies born from HIV positive mothers	As point 2
		Venous sampling of babies attending follow up appointments to avoid insufficient sampling	Has been clarified by consultants that this is already taking place
Neonatal Services	Monitoring of growth on the neonatal unit **Audit No - 3222**	The clarity with which dates of weights are recorded	Presentation, education and feedback to staff
		The frequency with which weights are plotted on growth charts	
		The frequency with which OFCs are plotted on growth chart	
Paediatrics	Outpatient clinic appointment attendance - Diabetes clinic **Audit No - 2247**	DNA rates on the increase – will require monitoring	We will therefore re-audit in 2-3 years.

Women's Health	Audit Report of compliance of the Gynaecology Local Safety Standard for Invasive Procedures (LocSSIPS) **Audit No - 3234**	The failure on 1 occasion to perform second signature on sign-out, has been shared at staff meeting for reiteration and learning.	Action complete. LocSSIP to be amended to include evidence of 'Discussion of post-procedural care, to include any patient-specific concerns' as well as any further amendment after discussion and ratified at Women's Quality Forum Patients to be involved in the creation, development, implementation, review, modification and governance of LocSSIPs. Audit shared via governance at the Women's Quality Forum and presented to the MDT audit forum session.
Neonatal Services	NICU - Handover Audit **Audit No - 3220**	Reduce the number of interruptions during handover Daily update by NICU shift coordinator to happen during the handover	Results of the audit to be presented during grand rounds and emailed
Obstetrics And Gynaecology	Re-audit Assessing the decision to delivery interval for Cat 1 **Audit No - 3249**	The decision for LSCS should not be changed after a failed /abandoned instrumental delivery but should reflect the time decision was made to deliver and not the mode of delivery	Audit 2 case notes per month and presented at Labour Care Forum
		The clock in theatre and K2system do not match and hence have caused confusion regarding time of delivery which is different on K2 system and on E2 system used by theatre staff	Estates informed of the same Theatre staff will use K2 clock timing meanwhile Estates informed Theatre staff informed
		Transfer of patients to theatre from room no more than 10 minutes after decision time	Re-audit 2 case notes per month At the end of each month and presented at LCF
Obstetrics And Gynaecology	Outpatient - Endometrial Ablation (OEA) Audit of outcomes and patient satisfaction **Audit No - 3252**		Trial of thermablate in outpatients: may be less painful
Division: Integrated Community Services			
Specialty	**Title**	**Issue**	**Action Details**
Diabetology	Implementation of Hypoglycaemic sticker	Trialling on C4 ward blood glucose testing the person	Collect information via unipoc data in conjunction with point of care testing

	in notes and actions to prevent reoccurrence **Audit No - 2263**	earlier in the morning in those thought to be at risk of hypoglycaemia to see if this is a method we can use across the site.	coordinator and Abbot engineer and compare to last year's information.
		Introduce teaching aid	Patient experience video teaching aid.
		Carbohydrate content to be added to the menu list	Carbs in menu already been formulated into a list. In discussions with catering manager and Dietetics lead to place onto menu.
Therapies	Communication Support at RBH between September 2017 - April 2018 **Audit No - 3163**	0.6wte speech and language therapist is needed to ensure continuation of quick response times to referrals and detailed initial assessments to inform future management and provide early support for the patient and family.	Current communication cover as of October 2018 is 0.3wte band 5 and 0.2wte band 6 on the acute stroke unit. Plan to prioritise communication caseload alongside dysphagia with all therapists working on the stroke unit conducting initial assessments to increase responsiveness. Situational report conducted each morning to monitor capacity on the ward and highlight when targets are not being met.
		Further support is needed from a speech and language therapist or therapy assistant in order to be able to offer the required 45 minutes of therapy per day for stroke patients who need this intense level of input. The current level of staffing is unable to meet this requirement.	Assistant practitioner on the stroke ward now providing communication therapy input which has increased therapy contact time. This continues to not be the advised 45 minutes per day due to therapy input being prioritised alongside Physiotherapy and Occupational Therapy. Plan to discuss with the Stroke team leader in order for the therapy assistant to have a set allocated time for Speech and Language Therapy.
		Cover for communication is needed when the therapist is not available to ensure initial assessments are conducted within the 72 hour time frame across the stroke unit and acute wards, patients continue to receive therapy, and there is the presence of a therapist in multi-disciplinary team meetings and patient related meetings.	Plan to prioritise communication caseload alongside dysphagia with all therapists working on the acute caseload conducting initial assessments and therapy to increase responsiveness. This means that therapists working on the stroke unit will be on this ward only and not covering all communication patients in the hospital. Detailed handover of patients to ensure all therapists are able to attend patient meetings and feedback to the MDT
Diabetology	Insulin Pump Audit **Audit No - 3169**	Documentation	Improvement in documentation: both clinic template and the clinic letter being sent to patient their GP.
		Blood Test	Regular blood tests checks for HbA1c, renal function, thyroid functions and micro-albuminuria screening.

		Hypoglycaemia	Focus on Hypoglycaemia: both documentation of the current rate of hypoglycaemia, Gold scores and the advice given.
		Resources	Additional resources required (Clinic time slots, HCA support to download pump data and conduct basic biometric measurements) to run a productive Insulin pump clinic which will result in improved outcomes.
Division: Nursing, Patient Safety & Experience			
Area	**Title**	**Issue**	**Action Details**
Corporate Services	Annual wristband Audit 2018 **Audit No - 2272**	Neonates Review wristband policy from neonatal perspective. Poor compliance with policy - policy unclear in relation to neonatal practice, subsequently staff unclear	Benchmark against other level 3 units within the network and available evidence. Full review of Neonatal section of policy. Re-audit compliance Re-audit practice within the Neonatal Unit and adherence to policy implementation in 3-4 months and share at Neonatal Quality Forum
		Neonates Review KPI notes for ACE Wednesday to include baby bands. Update on secure apps.	Involve ward managers and Matron in developing KPI question and guide notes
		Develop paper for inclusion in welcome pack regarding the importance of wristbands being utilised appropriately.	Add information to ward welcome pack. To be included at safety huddles
Corporate Services	Food and Drink steering group Audits *(Hydration, Snack Box, Waste Monitoring, Water provision)* **Audit No - 2232**	Audit results to be shared with DNDs and cascaded ward managers and matrons Baseline audit highlighted poor results conducted in June-July 2018	Repeat audit October ’18 and March ‘19 and audit findings circulated demonstrating an improved position. Divisional Matrons have led on a piece of work to audit areas and ensure posters are displayed in kitchens with staff education to ensure patients are offered 7 drinks per day.
		Wards who are not offering patients 7 drinks per day need to put a plan in place to address All staff to be reminded of the need for 7 drinks to be offered each day	Matron per division to lead on this work Posters issued per ward and displayed in kitchens and/or drinks trolleys.

		Ensure sugar free squash, decaffeinated, herbal and fruit teas are ordered to enable patients to have the widest choice of drinks available	Now standardised and embedded practice. Included in catering department audits. Previous communication has been circulated and knowledge tested - ward level staff are aware how to access the requirements.
		Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored	Every adult patient on admission to acute and community are screened. Outpatients are not routinely screened though in some clinics height and weight are monitored. Monitored through KPI reports and features in the BoSCAs, any exceptions are reported as incidents and investigated. Wards that fall below standards have improvement action plans, including provision of extra training. Red jugs/trays are used to identify patients at risk. Paediatric have a screening document included in the admission pack, this includes allergy screening patient records, KPI audit, BoSCA audit, Incident reports and action plans. Poor intake care plan linked to revised Nutrition assessment tool – awaiting PAG approval. Future plan to upload to EPR. Food intake charts are used. Patients assisted to help choose from the menus daily. SOP regarding patients with individual requirements in line with catering and diet chef to be agreed. Create a personal care/support plan enabling to have personal choice/control over own nutritional care and fluid needs Undertaken by dietitians for those identified as at risk and by ward staff for those who are not at risk. Variety of menus available.

		Care providers should include specific guidance on food and beverage services and other nutritional and hydration care in their service delivery and accountability arrangements	Nutrition steering group links into the governance framework including response to NPSA alerts. Update policies and guidelines such as Enteral feeding. Nutrition and Hydration Strategy policy drafted and agreed by PAG – currently awaiting finally approval. Food and beverage service provision is reviewed at contract performance monitoring meetings
		People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.	PLACE assessors, patient representatives and lay members have been involved in the menu developments. Patient satisfaction is regularly monitored by iFM. PLACE feedback reported at food and drink steering group Sept' 18 and action plan developed. Concerns with some issues considered unachievable e.g. separate space to serve meals away from the bedside and the impact this will have on future assessments. Creation of document which summarises poor performing indicators and provide a narrative. This narrative will be supported by divisions to reflect actions being taken to improve or address where possible.
		Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).	Supported and monitored as part of the BOSCA in adult services. Protected mealtimes not in place on paediatric ward as parents/visitors are often involved in feeding children, However medical interventions do not take place at this time unless urgent.
		All health care professionals and volunteers receive regular training to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services	All health care professionals and volunteers receive regular training Key messages regarding infection control and food safety in care certificate programme (for HCAs) and volunteer training Health care certificate. 7 drinks a day poster developed and displayed in kitchens for use by all staff

			including housekeepers. Mandatory training for all clinical staff updated relating to managing and preparing self for food presentation at ward level by non-catering staff. Nutrition champions training includes above information. Nutrition study days Food hygiene training provided to all catering staff. Develop training on ordering procedures, allergies and provide a refresher on portion sizes and special diets etc. Bolton Nutrition and Hydration e-learning module not mandatory - completion is periodically monitored by Nutrition Specialist Nurse and will be reported into Nutrition Steering Group. STAMP Training (Screening Tool for the Assessment of Malnutrition in Paediatrics) delivered to paediatric nursing staff and repeated annually. Staff completion monitored. Care certificate reports and feedback from presentation. Minutes of nutrition champions meetings, attendance registers on nutrition, study days. Volunteer training program and feedback.
		Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day.	Snack boxes are available for patients out of hours and the specification for these has been drawn up by Dietitians, available for adults and paeds. Discussion required regarding the specification for agreement and costings. Wards have a supply of basic foods such as cereal and toast, milk etc. that can be given to patients at any time. Hot food available in the coffee shop between 8am - 2am Mon - Fri and 12pm - 7pm Weekends. Restaurant times are 7.30am-5:30pm Mon-Fri and weekends are 8am-2pm. Service specification review underway which includes focus on 24 hr food

			provision across the site for patients and staff. Survey sent via survey monkey to staff in regards to what an out of hours service of food provision needs to include.
		All care providers to have a nutrition and hydration policy centred on the needs of users, and is performance managed in line with local governance, national standards and regulatory frameworks.	Develop a Nutrition and Hydration Strategy to include policies already in existence (identified above). Strategy in draft and to be circulated for comments widely.
		Care providers should take a multi-disciplinary approach to nutrition and hydration care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.	Food and drink steering group has been established with TORs, working alongside and reports into the Nutrition Steering Group. The Nutrition Steering Group is clinically focused groups, hence the need to establish a different group to report in. Work closely with volunteer co-ordinator regarding training and nutritional care.

Participation in Clinical Research

52 National Institute for Health Research (NIHR) Portfolio Research studies with Health Research Authority (HRA) / Research Ethics approval, were open to recruitment at Bolton NHS Foundation Trust in 2018/19.
1078 patients receiving relevant health services provided or sub-contracted by Bolton NHS Foundation Trust were recruited to participate in research during that period.

Goals agreed with Commissioners: use of the CQUIN payment framework

A proportion of Bolton NHS Foundation Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Bolton NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

In 2018/19 Bolton NHS Foundation Trust received £6.133m of its CQUIN target agreed with commissioners
In 2017/18 Bolton NHS Foundation Trust received £5.674m of its CQUIN target agreed with commissioners

Further details of the agreed goals for 2018/19 and for the following 12-month period are available on request via Rachel.hurst@boltonft.nhs.uk

Care Quality Commission Registration

Bolton NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered without conditions". The Care Quality Commission has not taken enforcement action against the Bolton NHS Foundation Trust during 2018/19.

Bolton NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Bolton NHS Foundation Trust was inspected by CQC in December 2018 and reported in 10th April 2019 and achieved an overall rating of "**GOOD**", with some key areas of outstanding practice and rated as "**OUTSTANDING**" for being well led at every level. Please see below CQC ratings grid:

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 report included 24 recommendations to further improve the services provided by the Trust.

Data Quality

Bolton NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data: (as at March 2019)

- **which included the patient's valid NHS number was:**
  - *99.8%* for admitted patient care;
  - *99.9%* for outpatient care; and
  - *99.4%* for accident and emergency care.

- **which included the patient's valid General Medical Practice Code was:**
  - *92.5%* for admitted patient care;
  - *99.6%* for outpatient care; and
  - *98.7%* for accident and emergency care.

Action to Improve Data Quality

Bolton NHS Foundation Trust will be taking the following actions to improve data quality:

- Daily validation continues to be undertaken by the Data Quality team with a focus on the use of correct NHS numbers, GP details and responsible CCG.
- The Data Quality team continues to provide advice and guidance to other users
- The Data Quality team are involved in discussions regarding how activity should be recorded in line with the National definitions
- Anomalies and issues are dealt with as they arise and users are made aware of errors to prevent further errors occurring.
- Users are signposted to the relevant training
- Much of the data the trust holds is benchmarked nationally using CHKS Methodology. In addition to this we receive assurance on the accuracy of our data quality through an annual report on non-financial data from our internal auditors, a review of metrics included in this report performed as part of the audit conducted by our external auditors and other external audit reports as appropriate
- A new Data Quality Strategy will be launched across the organisation. This will assist the team in moving forward and by raising the importance of quality data will ultimately lead to improvements

Information Governance

The Data Protection and Security toolkit which is mandated for all Trusts comprises some 97 specific standards which measures organisations against the National Data Guardian measure. The Trust can evidence

compliance against all these criteria.

Clinical Coding Audit
Bolton NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

Learning from Deaths
During *2018/19* 1255 of Bolton NHS Foundation Trust patients died in hospital.

This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 289 in the first quarter;
- 275 in the second quarter;
- 332 in the third quarter;
- 359 in the fourth quarter.

By 31/03/19, 402 case record reviews and 47 investigations have been carried out in relation to 1255 of the deaths included above.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 137 Case record reviews in the first quarter; Investigations = 18
- 133 Case record reviews in the second quarter; - Investigations = 10
- 115 Case record reviews in the third quarter; Investigations = 19
- 17 Case records reviews in the fourth quarter; Investigations = 0 (as at 31/03/19)

0.16% (2/1255 x 100) n=2 (avoidable cardiac arrests) – of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 2 representing 0.69% (2/289 x 100) for the first quarter;
- 0 representing 0% (0/275 x 100) for the second quarter;
- 0 representing 0% (0/332 x 100) for the third quarter;
- 0 representing 0% (0/359 x 100) for the fourth quarter.

These numbers have been estimated using the data provided within the cardiac arrest root cause analysis reports and mortality review process (in place prior to 01/04/2019)

The following learning has been disseminated and action taken as a result of case record reviews and investigations:

Cardiac Arrests:
There has been an annual decrease in overall number of cardiac arrests, which includes a decrease in the following:

- Overall numbers of avoidable cardiac arrests – demonstrating improved recognition and response to patient deterioration
- Overall numbers of 'should have been a DNACPR' – demonstrating enhanced communication and decision making with patients and relatives regarding resuscitation, likely outcomes and their wishes in the event of cardiac arrest.
- Overall numbers of 'resuscitated with a DNACPR' – demonstrating improved documentation once a DNACPR is in place.

A new process has been implemented in Critical Care and Theatres, (where a 2222 call has not been made) to identify patients who have had a cardiac arrest. The cardiac arrest root cause analysis process is then

followed to include these patients in the review and learning cycle - with plans to extend this to Accident and Emergency Department.

Learning from deaths:
All Divisional Reviews and Serious Investigations which are generated via an avoidable cardiac arrest are identified timely by using the cardiac arrest validation clinic and have specific individual actions generated which remain the responsibility of the Division. Learning from deaths is disseminated through specialty mortality and morbidity meetings and individual feedback to the clinicians concerned.

During Q3/Q4 2018/19 there has been an extensive review of corporate learning from deaths, with recommendation, approval and project plan to relaunch an improved Learning from Deaths process from April 2019. Examples of the benefits this will bring are:

- Use of Royal College of Physicians' best practice review methodology using the structured judgement review tool
- SJR training and peer support to conduct the reviews
- Establishment of Learning from Deaths Committee
- Individual feedback and corporate learning from themes and areas for improvement
- Engagement with bereaved families and carers

There has also been a mortality review commissioned by PwC (Q4 18/19) the outcomes of which will be built into the above project plan.

Deteriorating Patient:
The introduction of E-observations and the National Early Warning Score has enhanced recognition and response to patient deterioration. This involved phased implementation of E-observations and staff training with super users in all areas. This is also enhanced with increased awareness of sepsis and acute kidney injury.

Zero case record reviews and zero investigations completed after 31/03/18 which related to deaths which took place before the start of the reporting period.

0.63% of the patient deaths before the reporting period (April 2018) are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the review methodology of the mortality review forms, cardiac arrest root cause analysis and secondary review forms.

Seven day services.
Bolton NHS Foundation Trust is already meeting the majority of the four key priority standards. Our focus will be on using consultant job planning to examine current gaps (consultant review within 14 hours of admission and daily consultant review at weekends). An action plan is in progress and anticipated delivery by June 2019.

Raising Concerns
Following the recommendations of Sir Robert Francis QC's Freedom to Speak Up report, it was recommended that NHS organisations should have nominated a Freedom to Speak Up Guardian. In October 2018, the Trust appointed a Freedom to Speak Up Guardian, supported by a number of Freedom to Speak Up Champions, The Guardian's role is designed to take a lead in supporting staff to speak up safely, to listen to the concerns of staff, and help resolve issues satisfactorily and fairly at the earliest stage possible. Importantly, the role is independent and impartial.

Guardian of Safeworking
The Trust has appointed a Guardian of Safeworking. The guardian is responsible for overseeing compliance with the safeguards outlined in the 2016 terms and conditions of service (TCS) for doctors and dentists in

training. The GOSW identifies and either resolve or escalate problems, and act as a champion of safe working hours for junior doctors. The guardian provides assurance to the Workforce Assurance Committee (quarterly) and to the Trust Board (annually), that issues of compliance with safe working hours are addressed, as they arise. The guardian reports to the Executive Medical Director and is accountable to the Trust Board.

Reporting against core indicators

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the trust by NHS Digital. An overview of the indicators is provided in the table. It is important to note that whilst these indicators must be included in the Quality Report the most recent national data available for the reporting period is not always for the most recent financial year. Where this is the case the time period used is noted underneath the indicator description. It is also not always possible to provide the national average and best and worst performers for some indicators due to the way the data is provided.

Indicator	2018/2019	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	2017/2018	2016/17
Mortality: The value and banding of the summary hospital-level mortality indicator (SHMI) for the Trust for 10/17 – 09/18 latest published data available	SHMI value = 1.139 Band 1	SHMI value = 1.003 Band 2	SHMI Value = 0.692 Homerton University Hospital NHS FT Band 3	SHMI Value = 1.268 South Tyneside NHS FT Band 1	Bolton NHS Foundation Trust considers that this data is as described for the following reasons: The data has been obtained from the Health & Social Care Information Centre (HSCIC) Bolton NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services by: • Monthly mortality meeting chaired by the Medical Director • Recognising and responding to deteriorating patient workstream • Mortality review process • Cardiac Arrest Root Cause Analysis • Focus on AKI	SHMI value = 1.052 *oct 16/Sept17) Band 2	SHMI value = 1.045 Band 2
% patients deaths with palliative care coded at either diagnosis or specialty level for the period 10/17- 09/18 Latest published data	27.4%	33.6%	14.3% The Queen Elizabeth Hospital, King's Lynn, NHS FT	59.5% Royal Surrey County Hospital NHS FT	Bolton NHS Foundation Trust considers that this data is as described for the following reasons: The data has been obtained from the Health & Social Care Information Centre (HSCIC) Bolton NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services by: • Auditing the quality of our clinically coded data for deceased patients as part of our mortality reviews to ensure it is an accurate reflection of the patient's diagnoses and procedures • The Clinical Coding team receive weekly information on any patients who have had a palliative care or contact with the palliative care team, so that this can be reflected in the clinical coding	31% (04/16-03/17)	28.5% (10/15 – 09/16)
Patient reported outcome scores for groin hernia surgery	Reporting of these measures are no longer mandatory/no benchmarking data available in 18/19					83.3%	77.7% (04/16 – 03/17)

Indicator	2018/2019	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	2017/2018	2016/17
Patient reported outcome scores for varicose vein surgery						70.9%	77.0% (04/16-03/17)
Patient reported outcome scores for hip replacement surgery Apr 18 – Sept 18 latest data available	53%	58%	85% Foscote court (Banbury) Trust ltd Spire Manchester Hospital BMI The Sloane Hospital Ashtead Hospital	29% Southport and Ormskirk Hospital NHS Trust	Bolton NHS Foundation Trust considers that this data is as described for the following reasons: The data has been obtained from the Health & Social Care Information Centre (HSCIC) Bolton NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services by: • Work with the CCG in relation to thresholds for surgery • Continue to adhere to implant best practice	33.7%	51.6% (04/16-03/17)
Patient reported outcome scores for knee replacement surgery Apr 18 – Sept 18 latest data available	52%	60%	87% BMI – The South Cheshire Private hospital	20% BMI – Bishops Wood		65.5%	56.1% (04/06-03/17)
28 day readmission rate for patients aged 0 – 15					Bolton NHS Foundation Trust considers that this data is as described for the following reasons: The data has been obtained from the Health & Social Care Information Centre (HSCIC) Bolton NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services by:		12.82%* (11/12)
28 day readmission rate for patients aged 16 or over							10.04%* (11/12)
*The latest published national data for 28 day readmission rate provided above is for 2011/12. Local data for Bolton NHS Foundation Trust readmission rate for is 11.9% for 2018/19 (up to Feb 2019) *(based on PBR national guidance, exclusions apply)*							

Indicator	2018/2019	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	2017/2018	2016/17
Responsiveness to inpatients' personal needs: national inpatient survey score 2017/2018 (last published data available)	79% (2017/18)	78.4% (2017/18)	88.9% (2017/18) The Clatterbridge Cancer Centre NHS Foundation Trust	71.8% (2017/18) Barts Health Trust	Bolton NHS Foundation Trust considers that this data is as described for the following reasons: The methodology follows exactly the detailed guidelines determined by the Survey Co- ordination Centre for the overall National Inpatient Survey programme. We triangulate our staff and patient survey data with that from the CQC in-patient survey, which gives a more accurate method of identifying patient concerns. Data from other surveys including the Friends and Family test can also be used to give a clearer picture of patients' concerns. Bolton NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services by: • Patient, Family and Carer integrated experience strategy. • Review and refining of the complaints process • Implementation of the Bedside Booklet • Analysis of patient stories • Launch of Always Events • Lived Experience Panel	76.1% (2016/17)	78.3% (2015/16)
Percentage of staff who would recommend the provider to friends or family needing care – Friends and Family Test	83%	81%	100% Royal Brompton & Harefield NHS Foundation Trust	39% The Hillingdon Hospitals NHS Foundation Trust	Bolton NHS Foundation Trust considers that this data is as described for the following reasons: The methodology follows exactly the detailed guidelines determined by the Survey Co- ordination Centre for the overall National Staff Survey programme. Bolton NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services by: • Increased use of Friends and Family Test – available in a variety of formats Use of Staff FFT results as the basis for team development sessions Starting to correlate Staff FFT results to Patient Experience measures • Communicating the process to the public Implementation of the 'you said' 'we did' process for feedback	66%	73%

Indicator	2018/2019	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	2017/2018	2016/17
% of admitted patients risk-assessed for Venous Thromboembolism Q3 18/19	96.83%	95.65%	100.00% Lincolnshire Community Health Services NHS Trust LINCOLNSHI	54.86% Medway NHS Foundation Trust	Bolton NHS Foundation Trust considers that this data is as described for the following reasons: The data has been obtained from the Health & Social Care Information Centre (HSCIC) Bolton NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services by: • Appointment of Nurse Champion • Nurse-led DVT Clinic • VTE database • Staff Awareness campaign • RCA of patients developing clots for continuous learning and improvement	97.77%	97.53% Jan 17 – Mar 17 latest data available
Rate of C.Difficile per 100,000 bed days (amongst patients 2 of over) Rate published by Public Health England Latest data available 2017/18	14.64 (2017/18)	N/A	N/A	N/A	Bolton NHS Foundation Trust considers that this data is as described for the following reasons: 20 trust assigned cases between April 2018 and March 2019 (12 months). Rate as published on the Public Health England Data Capture System. Bolton NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services by: • Continuation of an annual deep cleaning programme. • Investment in more efficient Hydrogen Peroxide Vapour. • More scrutiny in the application of SIGHT. • Hand hygiene awareness campaigns. • Harm Free Care Panels for each CDT case to identify root cause and review prescribing practices. • Regular audits of antibiotic prescribing practices. • Investment in estate in conjunction with the deep clean programme. • Collaborative working across the health economy. • Revised guidance and policy. • IPC link nurse development programme. • Recruitment of an IPC audit and surveillance clerk. • Investment in more antimicrobial pharmacy time.	9.76 (2016/17)	

Indicator	2018/2019	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	2017/2018	2016/17
Number/Rate of patient safety incidents per 1000 bed days 04/18 – 09/18 latest data available (NRLS)	68.35 per 1,000 bed days N = 6,775	44.52 per 1,000 bed days	13.10 per 1,000 bed days WESTON AREA HEALTH NHS TRUST	107.37 per 1,000 bed days CROYDON HEALTH SERVICES NHS TRUST	Bolton NHS Foundation Trust considers that this data is as described for the following reasons: The data has been obtained from the National Reporting and Learning System (NRLS) Bolton NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services by: • Risk management strategy • Risk management training for clinical risk managers • Risk management committee established Introduction of "harms" meeting to review incidents and ensure appropriate actions are taken • improved electronic incident reporting system to ensure investigation conclusion can be logged	54.81 per 1,000 bed days N = 5,717 Oct 16 – Mar 17 latest data available (NRLS)	50.81 per 1,000 bed days Apr16 – Sept16 latest data available (NRLS)
Rate of patient safety incidents per 100 admissions that resulted in severe harm or death 04/18 – 09/18) latest data available (NRLS)	0.03 N= 14 3 deaths 11 Severe harms	n/a	n/a	n/a		0.15	0.15
Inpatient Friends and Family Test To Feb-19	96%	96%	100% ROYAL BERKSHIRE NHS FOUNDATION TRUST	76% MEDWAY NHS FOUNDATION TRUST	Bolton NHS Foundation Trust considers that this data is as described for the following reasons: The data has been obtained from the Health and Social Care Information Centre (HSCIC) Bolton NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services by: • Increased use of Friends and Family Test – available in a variety of formats • Communicating the process to the public Implementation of the 'you said' 'we did' process for feedback	97% Jan 2018	94.0% March 2017
Accident and Emergency Friends and Family Test Feb-19	91%	85%	100% UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	57% NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST		88% Jan 2018	82.0% March 2017

Performance against Trust selected metrics

This section of the report is provided to give an overview of the quality of care across a range of indicators covering patient safety, clinical effectiveness and patient experience. We have chosen to use the same indicators as previously used in 2017/18

	Indicator/Measure	2018/19	2017/18	2016/17
Patient Safety Outcomes	Mortality - SHMI	See page 138		
	C.Diff – number of cases	See page 145		
	Pressure ulcers by category: • Cat 2 • Cat 3 • Cat 4 *Data source – Bolton NHS Foundation Trust's incident reporting system*	166 68 14	139 57 13	177 60 16
Patient Experience	Friends and Family Test inpatients • response rates • Recommendation rates *Data source – captured locally, submitted nationally and published by NHS England*	31.5% 96.5%	34.0% 96.8%	32.3% 98.0%
	Lessons Learnt	See below		
	Dementia Training* ** HEE Tier 1 Dementia Awareness* *Data source – captured via local training and development system (Moodle and ESR)*	89.7%	100%	89.8%
Effectiveness	Sickness rates *Data source – captured via local attendance management system (E-roster and ESR), submitted nationally and published by NHS Digital*	5.10% (Apr18-Mar19)	4.95%	5.3%
	Appraisal rates *Data source – captured via local ESR and reported locally for Board report*	84.87% (Mar-19)	82.8%	82.1%
	Mandatory Training compliance *Data source – captured via local training and development system (Moodle and ESR)*	92.0% (Mar-19)	89.9%	89.0%

The above data is reflective of 2018/19 performance; national comparable benchmarking data for the same period was not available at time of Quality Account publication. Where applicable/available the above indicators are governed by national standard definitions.

Lessons Learnt:
The Trust has over the course of 2018/19 used a variety of methods to ensure that learning is captured, shared and embedded in a timely manner.

Capture: Incidents, complaints, claims, audits and Inquests provide us with the opportunity to reflect when our practice could have been better, the Governance Team are central to ensuring that the

intelligence gleaned from such events is accurate and focused on learning.

Shared: The Trust ensures that lessons learnt are shared with appropriate audiences across the organisation in formats that are engaging, helpful and easy to appreciate. The key example of this is the use of SBARS (Situation, Background, Recommendations, Situation) a single slide, covering an important topic that will improve patient safety. In the period 1st Aril 2018 – 31st March 2019, 13 SBARS were published. In addition to this learning intelligence was shared in a variety of formats at the Clinical Governance and Quality Committee from the Governance Team for distribution across divisions. Over the course of the year the format of the learning slides was discussed and will be relaunched for 2019-20.

Embedded: SBARS, once published are monitored in terms of demonstrating embeddedness via a measure in BoSCA (our in-house ward and departmental accreditation scheme) which ensures that staff in clinical settings have been made aware of the SBAR. Furthermore, the Governance Team meet with divisions to discuss progress with the completion of actions associated with complaints and incidents on a regular basis, reporting if necessary to the Clinical Governance & Quality Committee.

Performance against the relevant indicators and performance thresholds
(Risk Assessment Framework and Single Oversight Framework)

Indicator for disclosure (limited to those that were included in both RAF and SOF for 2016/17)	Target	Apr 18 -Mar 19	Apr 17 -Mar 18	Apr 16 -Mar 17
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway (average for the year)	92%	89.0%	88.3%	92.1%
A&E: Maximum waiting time of four from arrival to admission, transfer or discharge (average for the year)	95%	84.6%	81.9%	82.1%
All cancers: 62-day wait for first treatment from:				
○ Urgent GP referral for suspected cancer (as at March 19)	85%	90.1%	94.8%	98.8%
○ NHS Cancer Screening Service referral (as at March 19)	90%	85.4%	87.5%	97.3%
Clostridium difficile - meeting the C. difficile objective	19	20	30	29
Maximum 6 week wait for diagnostic procedures *Definition – proportion of patients referred for diagnostic tests who have been waiting less than 6 weeks*	99%	99.4%	97.7%	99.6%
Summary Hospital-level Mortality Indicator included in "**Reporting against core indicators" section** Venous thromboembolism (VTE) risk assessment included in "**Reporting against core indicators section"**				

Statement from NHS Bolton Clinical Commissioning Group

The CCG continues to work closely with Bolton FT to gain assurance the Trust provides safe, effective and patient focused services. Performance and quality continues to be monitored via a collaborative and clinically led process and the content of this account is consistent with the information presented in year.

The CCG congratulates the Trust on achieving a CQC rating of 'Good' following inspection in December. The CCG acknowledges the hard work undertaken in the Trust to improve across all domains since the last inspection and this has been reflected in an outstanding rating for 'Well-Led'.

The CCG is pleased to see that last year's key priorities to reduce medication errors, and to implement an early warning process for the identification of sepsis, were achieved. Although the third priority for managing acute kidney injury was only partially achieved it is noted that there is an improvement plan in place and 'Improving Hydration' is one of three key priorities for 19/20. The CCG also supports a focus on the remaining two priorities linked to Diabetes and Pneumonia and is pleased that there are clear measures against which progress can be monitored.

The CCG recognises the Trust's investment in staff welfare and satisfaction, noting the initiatives adopted to support staff to bring their best selves to work. This likely correlates with the list of achievement's by individuals and teams within the Trust.

The CCG notes the continued challenges in meeting key performance targets, especially in areas such as RTT, A&E, C'Diff and cancer screening. In addition to this the CCG notes the challenges facing the Trust in reducing the number of never events and mixed sex accommodation breaches, but understands that initiatives are already in place to try to address these.

The CCG continues to recognise the positive relationship it has with the Trust and the openness and transparency exhibited by allowing CCG membership on various Trust committees, including quality assurance, mortality reduction and learning from deaths. The Trust continues to support collaborative working to reduce pressure ulcers, infections and falls, and to improve safeguarding and medicines safety.
The CCG notes the Account has a predominantly hospital focus but acknowledges the work the Trust has undertaken this year in relation to developing neighbourhood working and community services and would like to see key priorities in the future reflected in these out of hospital areas.

The CCG is pleased with the progress made in 18/19 and is confident that by working together we can continue to deliver safe, effective and patient focused care for the people of Bolton.

Dr Jane Bradford - Clinical Director for Governance and Safety
Michael Robinson - Associate Director of Governance and Safety

Independent Auditor Report

Statement from Bolton NHS Foundation Trust Governors

As Foundation Trust Governors we have worked closely with the Directors of the Trust and will continue to do so during 2019/20. We welcome the publication of the Quality Report and congratulate the Trust on the results achieved particularly against the agreed priorities and more widely – in particular the recent report from the CQC which we feel reflects the outstanding leadership we have witnessed in our engagement with the Trust. We welcomed the opportunity to comment on the priorities for focus in 2019/20 and we look forward to receiving regular updates on the steps taken to achieve these goals.

We are aware of the ongoing challenge with regard to performance against the A&E target, we have been made aware of the challenges in achieving this target and the actions taken particularly with regard to ensuring patients are seen in the most appropriate location. We are also keen to ensure that the Trust plays a full part through the Bolton Care Partnership working with Bolton CCG and Bolton Council Health and Wellbeing Board to increase integrated care to the people of Bolton.

We have been assured that although savings have been made this has not been at the expense of quality. We hope that the same effort and determination will continue in 2019/20 and look forward to continuing to support, in our role as critical friend, the Trust in the coming year.

BOLTON NHS FOUNDATION TRUST - ANNUAL ACCOUNTS 2018/19

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2019 have been prepared by Bolton NHS Foundation Trust under Schedule 7, sections 24 and 25, of the National Health Service Act 2006.

Dr Jackie Bene

Chief Executive 23rd May 2019

Annual Accounts

FOREWORD TO THE ACCOUNTS

BOLTON NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2019, have been prepared by Bolton NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed …….

J Bene
Chief Executive

Date XX May 2019

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2019

		GROUP		FOUNDATION TRUST	
		For the year ended 31 March 2019	For the year ended 31 March 2018	**For the year ended 31 March 2019**	For the year ended 31 March 2018
	NOTE	**£000**	£000	**£000**	£000
Operating income from patient care activities	4	**310,115**	300,302	**310,115**	300,302
Other operating income	6	**40,636**	34,425	**40,538**	34,187
Operating expenses	8	**(341,377)**	(326,266)	**(341,083)**	(325,415)
Operating surplus		**9,374**	8,461	**9,570**	9,074
Finance costs:					
Finance Income	16	**109**	34	**1,071**	1,022
Finance expense - financial liabilities	17	**(883)**	(803)	**(2,220)**	(2,193)
Public dividend capital (PDC) dividends payable		**(2,271)**	(2,065)	**(2,271)**	(2,065)
NET FINANCE COSTS		**(3,045)**	(2,834)	**(3,420)**	(3,236)
Losses on disposal of assets		**(3)**	(3)	**(3)**	(3)
Surplus/(Deficit) from continuing operations		**6,326**	5,624	**6,147**	5,835
Other comprehensive income					
Impairment		**(1,011)**	(1,080)	**(1,011)**	(1,080)
Revaluation		**1,622**	4,411	**1,622**	4,411
Total comprehensive income/(expense) for the year		**6,937**	8,955	**6,758**	9,166

The notes on pages 5 to 53 form part of these accounts.

The Trust's surplus on continuing operations for 2018/19 includes impairments totalling £11,488k. The annual operating expenses figure used by NHSI in its Use of Resources ratio calculation excludes such impairments. Excluding net impairments from the operating position in line with this definition would result in a year end surplus of £17,813k.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2019

		GROUP		FOUNDATION TRUST	
		For the year ended 31 March 2019	For the year ended 31 March 2018	**For the year ended 31 March 2019**	For the year ended 31 March 2018
	NOTE	**£000**	£000	**£000**	£000
Non current assets					
Intangible assets	20	**10,807**	5,882	**10,807**	5,882
Property, plant and equipment	20	**107,055**	107,393	**106,963**	107,353
Investment in subsidiary	22	-	-	**12,408**	12,229
Loans to subsidiary	23	**-**	-	**26,702**	27,500
Receivables	25	**215**	478	**217**	478
Total non current assets		**118,077**	113,753	**157,097**	153,442
Current assets					
Inventories	24	**3,046**	3,059	**2,642**	2,667
Receivables	25	**28,291**	23,351	**28,326**	23,631
Cash and cash equivalents	26	**19,134**	8,070	**14,765**	6,191
Total current assets		**50,471**	34,480	**45,734**	32,489
Current liabilities					
Trade and other payables	27	**(26,951)**	(28,314)	**(23,289)**	(26,519)
Borrowings	28	**(2,596)**	(1,368)	**(4,210)**	(2,926)
Provisions	29	**(1,127)**	(1,252)	**(1,116)**	(1,231)
Other Liabilities	30	**(590)**	(813)	**(590)**	(813)
Total current liabilities		**(31,264)**	(31,747)	**(29,205)**	(31,489)
Total assets less current liabilities		**137,284**	116,486	**173,626**	154,442
Non current liabilities					
Borrowings	28	**(40,187)**	(28,507)	**(76,530)**	(66,463)
Provisions	29	**(451)**	(474)	**(450)**	(474)
Total non current liabilities		**(40,638)**	(28,981)	**(76,980)**	(66,937)
Total assets employed		**96,646**	87,505	**96,646**	87,505
Financed by taxpayers' equity:					
Public Dividend Capital (PDC)	31	**108,940**	106,736	**108,940**	106,736
Revaluation reserve	32	**31,544**	30,933	**31,544**	30,933
Income and Expenditure reserve		**(43,838)**	(50,164)	**(43,838)**	(50,164)
Total Taxpayers' Equity		**96,646**	87,505	**96,646**	87,505

The financial statements on pages 1 to 4 were approved by the Board on XX May 2019 and signed on its behalf by:

Signed: …… (Chief Executive) Date: XX/05/2019

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	GROUP				FOUNDATION TRUST			
	PDC	Revaluation reserve	Income & Expenditure reserve	Total	PDC	Revaluation reserve	Income & Expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 01 April 2018	**106,736**	**30,933**	**(50,164)**	**87,505**	**106,736**	**30,933**	**(50,164)**	**87,505**
Surplus for the year	-	-	6,326	6,326	-	-	6,147	6,147
Share of comprehensive income from subsidiary	-	-	-	-	-	-	179	179
Impairments	-	(1,011)	-	(1,011)	-	(1,011)	-	(1,011)
Revaluations - property, plant and equipment	-	1,622	-	1,622	-	1,622	-	1,622
PDC received	2,204	-	-	2,204	2,204	-	-	2,204
Taxpayers' and others' equity at 31 March 2019	**108,940**	**31,544**	**(43,838)**	**96,646**	**108,940**	**31,544**	**(43,838)**	**96,646**

	GROUP				FOUNDATION TRUST			
	PDC	Revaluation reserve	Income & Expenditure reserve	Total	PDC	Revaluation reserve	Income & Expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 01 April 2017	**103,292**	**27,602**	**(55,788)**	**75,106**	**103,292**	**27,602**	**(55,788)**	**75,106**
Surplus for the year	-	-	5,624	5,624	**-**	**-**	**5,624**	5,624
Impairments	-	(1,080)	-	(1,080)	**-**	**(1,080)**	**-**	(1,080)
Revaluations - property, plant and equipment	-	4,411	-	4,411	**-**	**4,411**	**-**	4,411
PDC received	3,444	-	-	3,444	**3,444**	**-**	**-**	3,444
Taxpayers' and others' equity at 31 March 2018	**106,736**	**30,933**	**(50,164)**	**87,505**	**106,736**	**30,933**	**(50,164)**	**87,505**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2019

	GROUP		FOUNDATION TRUST	
	For the year ended 31 March 2019 £000	For the year ended 31 March 2018 £000	**For the year ended 31 March 2019 £000**	For the year ended 31 March 2018 £000
Cash flows from operating activities				
Operating surplus	**9,374**	8,461	**9,570**	9,074
Non cash income and expense:				
Depreciation and amortisation	**5,100**	4,638	**5,095**	4,638
Net Impairments	**11,488**	6,259	**11,488**	6,259
Income recognised in respect of capital donations	**(151)**	(197)	**(151)**	(197)
Increase / (decrease) in receivables	**(4,307)**	(5,495)	**(4,026)**	(5,014)
Increase / (decrease) in inventories	**13**	268	**25**	660
Increase / (decrease) in payables	**(2,759)**	1,053	**(3,193)**	(211)
Increase / (decrease) in other liabilities	**(223)**	(284)	**(224)**	(284)
Increase / (decrease) in provisions	**(167)**	214	**(157)**	193
Other movements in operating cash flows	**-**	-	**-**	(431)
Net cash generated from operations	**18,368**	14,917	**18,427**	14,687
Cash flows from investing activities				
Interest received	**114**	32	**1,065**	1,021
Purchase of intangible assets	**(4,540)**	(2,770)	**(5,518)**	(2,770)
Purchase of property, plant and equipment	**(13,792)**	(17,258)	**(14,190)**	(17,442)
Proceeds from sales of property, plant and equipment	**-**	50	**-**	50
Net cash generated used in investing activities	**(18,218)**	(19,946)	**(18,642)**	(19,141)
Cash flows from financing activities				
Public dividend capital received (PDC)	**2,204**	3,444	**2,204**	3,444
Movement in loans from the Department of Health and Social Care (DHSC)	**12,538**	6,050	**12,538**	6,050
Other capital receipts	**-**	-	**771**	745
Capital element of finance lease rental payments	**(673)**	(651)	**(2,232)**	(2,157)
Interest element of finance lease liabilities	**(8)**	(30)	**(1,344)**	(1,419)
Interest on loans	**(816)**	(721)	**(816)**	(721)
PDC dividend paid	**(2,331)**	(2,018)	**(2,331)**	(2,018)
Net cash generated from financing activities	**10,914**	6,074	**8,790**	3,924
Increase / (decrease) in cash and cash equivalents	**11,064**	1,045	**8,574**	(530)
Cash and cash equivalents at 1 April	**8,070**	7,025	6,191	6,721
Cash and cash equivalents at 31 March	**19,134**	8,070	**14,765**	6,191

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES

NHS Improvement (NHSI), in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the DHSC. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting conventions

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going concern

International Accounting Standard (IAS) 1 requires management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In the context of non trading entities in the public sector the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity.

The Directors consider the contracts that have been agreed with commissioning bodies as sufficient evidence that the Trust will continue as a going concern for the foreseeable future. These accounts have been prepared on a going concern basis.

1.3 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are acquired from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one NHS body to another.

1.4 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.5 Key sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Asset valuation and impairments: the valuation of the Trust's land and buildings is subject to significant estimation uncertainty, since it derives from estimates provided by the Trust's external valuers who base their estimates on local market data as well as other calculations to reflect the age and condition of the Trust's estate. In 2014/15, the basis upon which the Modern Equivalent Asset Valuation was assessed by the external valuer was changed from the existing site to an alternate, theoretical site. The impact of the latest valuation is shown in note 21.5.
It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset recorded in note 21.

Incomplete spells (see revenue from contracts with customers note 1.6)

These have been calculated as per previous years. A report is produced to show the number of patients that had been admitted but not discharged by midnight on 31st March 2019. As these patients are not fully coded at that stage it is not possible to assign the National Healthcare Resource Groups (HRGs) and so an estimate of the anticipated income is made using average costs based on both admitting method (Elective / Non Elective), admitting specialty and the average number of excess bed days incurred.

Deferred income
The rules around how the Trust gets paid for delivering maternity changed in 2014/15, the Trust now gets paid for each stage of woman's journey in one singular payment at the antenatal, birth and postnatal phase of pregnancy. This means the Trust receives up to 6 months payment in advance and because some of this cost will be borne in the subsequent financial year, the Trust has to defer some of the income received in 2018/19 to pay for it. The Trust has used guidance produced by the DHSC to calculate how much the Trust needs to defer into 2019/20. The deferred income at 31 March 2019 for maternity pathway was £1,366k.

1.6 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics. As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.6 Revenue from contracts with customers continued

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for healthcare services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price. An estimate of readmissions is made at the year end this portion of revenue is deferred as a contract liability.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.6 Revenue from contracts with customers continued

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

Other Income

Other income includes income from Car parking and catering and this is recognised at a point in time when the cash consideration is received.
Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.7 Short term employee benefits

Salaries, wages and employment related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.8 Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

1.9 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non current asset such as property, plant and equipment.

1.10 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting up cost of a new building, ward or unit irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value. The impact of the latest valuation is shown in note 21.5.

Land and buildings are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are undertaken with sufficient regularity to ensure that the carrying amounts are not materially different to those that would be determined at the end of the reporting period.

An amendment to the RICS guidance came into effect from 1 January 2019. This guidance would result in shortening the remaining useful lives of the Trust's building assets and consequently an increase in depreciation. The impact on depreciation is not material and therefore the amended guidance on asset lives has not been applied.

Equipment assets are carried at fair value, with depreciated historical cost used as a proxy for fair value. The ranges of useful lives used in the Trust's accounts are set out in note 21.5.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

Revaluation

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Impairment

In accordance with GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

- the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.11 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets "Held for Sale" are measured at the lower of their carrying amount or ‘fair value less costs to sell’.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.12 Donated assets

Donated and grant funded assets are capitalised at their fair value on receipt. The donation / grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case the donation / grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated / grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

The Trust as lessee
Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.
Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight line basis over the lease term.

1.14 Inventories
Inventories are valued at the lower of cost and net realisable value using the weighted average cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.15 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty or notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

The HM Treasury discount rate for early retirement and injury benefit provisions is 0.29% for 2018/19 (0.1% 2017/18).

1.17 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 29.2 but is not recognised in the Trust's accounts.

1.18 Non clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.19 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 33 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 33, unless the probability of a transfer of economic benefits is remote.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.19 Contingencies continued

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.20 Financial assets

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of receivables, when the goods or services have been delivered. Financial assets are de recognised when the contractual rights have expired or the asset has been transferred. Financial assets are initially recognised at fair value.

Financial assets are classified into the following categories: financial assets 'at fair value through profit and loss'; 'held to maturity investments'; 'available for sale' financial assets; and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the income statement. The net gain or loss incorporates any interest earned on the financial asset.

Loans and receivables

Loans and receivables are non derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

Loans and receivables continued

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly, or through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the income statement to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS debtors, accrued income and other debtors. It excludes prepayments, Value Added Tax (VAT) receivable and PDC dividend receivable.

1.21 Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the DHSC are recognised at historical cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial liabilities are classified as either financial liabilities 'at fair value through profit and loss' or other financial liabilities.

Financial liabilities at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the income statement. The net gain or loss incorporates any interest earned on the financial asset.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.22 VAT

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.23 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.24 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are disclosed in note 25 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.25 PDC and PDC dividend

PDC is a type of public sector equity finance, which represents the DHSC's investment in the Trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from the Trust. PDC is recorded at the value received.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.25 PDC and PDC dividend continued

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the DHSC as PDC dividend. The charge is calculated at the real rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the Trust. Relevant net assets are calculated as the value of all assets less all liabilities, except for:

- donated assets (including lottery funded assets)
- average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits (excluding cash balances held in GBS accounts that relate to a short term working capital facility)
- any PDC dividend balance receivable or payable

The average relevant net assets is calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the DHSC, the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts. The PDC dividend calculation is based upon the Trust's group accounts (i.e. including subsidiaries), but excluding consolidated charitable funds.

1.26 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the Statement of Comprehensive Income on an accruals basis, including losses which would have been made good through insurance cover had Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.27 Accounting standards

No new accounting standards or revisions to existing standards have been adopted early in 2018/19.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.28 Transfers of functions from other NHS bodies

For functions that have been transferred to the Trust from another NHS / local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

1.29 Accounting standards that have been issued but have not yet been adopted

The GAM does not require the following Standards and Interpretations to be applied in 2018/19. These standards are still subject to HM Treasury FReM adoption and the government implementation date for IFRS 16 is still subject to HM Treasury consideration.

IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted
IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

1.30 Consolidation

Integrated Facilities Management Bolton Ltd (IFM) is a wholly owned subsidiary of the Trust. Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

iFM's year end is the 31 March 2019. The accounting periods for iFM and the Trust are now aligned for the 2018/19 accounting period.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK GAAP) then amounts are adjusted during consolidation where the differences are material. Inter entity balances, transactions and gains / losses are eliminated in full on consolidation.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.31 Subsidiaries

Entities over which the Trust has the power to exercise control are classified as subsidiaries and are consolidated. The Trust has control when it has the ability to affect the variable returns from the other entity through its power to direct relevant activities. The income, expenses, assets, liabilities, equity and reserves of the subsidiary are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to non controlling interests are included as a separate item in the Statement of Financial Position. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the Trust or where the subsidiary's accounting date is not coterminous.

Subsidiaries that are classified as 'Held for Sale' are measured at the lower of their carrying amount or

1.32 Corporation tax

IFM is subject to corporation tax on its profits. Current tax assets and liabilities are measured at the amount expected to be recovered from or paid to the taxation authorities, based on tax rates and laws that are enacted or substantively enacted by the Statement of Financial Position date.

1.33 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the DHSC, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £0k, and payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £0k.

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

1.34 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

NOTES TO THE ACCOUNTS

2 OPERATING SEGMENTS

All activity for the Trust is healthcare related. As the operating segments have similar characteristics there is no requirement to report segmentally.

Whilst the Trust has a divisional structure in place the services that are provided are essentially all the same (patient care) and the majority of risks faced by each division are fundamentally the same.

3 INCOME GENERATION ACTIVITIES

The Trust undertakes income generation activities with an aim of achieving profit. The total income generation for the year ended 31 March 2019 was £58k. (£62k for the year ended 31 March 2018) This is included within other income.

4 OPERATING INCOME FROM PATIENT CARE ACTIVITIES

4.1 Revenue from patient care activities - by nature

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Acute services				
Elective income	**31,480**	32,489	**31,480**	32,489
Non elective income	**88,419**	80,576	**88,419**	80,576
First outpatient income	**14,530**	17,558	**14,530**	17,558
Follow up outpatient income	**15,819**	16,684	**15,819**	16,684
A&E income	**13,570**	13,473	**13,570**	13,473
High cost drugs income from commissioners (excluding pass-through costs)	**16,195**	11,810	**16,195**	11,810
Other NHS clinical income	**75,886**	82,083	**75,886**	82,083
Community services				
Income from Clinical Commissioning Groups and NHS E	**35,072**	31,208	**35,072**	31,208
Income from other sources (e.g. local authorities)	**10,104**	10,757	**10,104**	10,757
All Trusts				
Private patient income	**37**	33	**37**	33
AfC pay award central funding	**3,462**	-	**3,462**	-
Other clinical income	**5,541**	3,631	**5,541**	3,631
Total income from activities	**310,115**	300,302	**310,115**	300,302

NOTES TO THE ACCOUNTS

4.2 Revenue from patient care activities - by source

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Income from patient care activities received from:				
NHS England	**27,878**	24,507	**27,878**	24,507
CCGs	**266,188**	261,917	**266,188**	261,917
NHS Foundation Trusts	**360**	554	**360**	554
NHS Trusts	**53**	66	**53**	66
Local Authorities	**10,278**	11,311	**10,278**	11,311
DHSC	**3,462**	-	**3,462**	-
NHS Other	**187**	220	**187**	220
Non NHS: private patients	**37**	33	**37**	33
Non NHS: overseas patients (chargeable to patient)	**185**	167	**185**	167
Injury cost recovery scheme*	**1,051**	1,088	**1,051**	1,088
Non NHS: other	**436**	439	**436**	439
	310,115	**300,302**	**310,115**	**300,302**

* Injury cost recovery income is subject to a provision for impairment of receivables of 18.9% to reflect expected rates of collection. The impairment percentage has been calculated by the Trust based on previous experience.

4.3 COMMISSIONER AND NON COMMISSIONER REQUESTED INCOME

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2018/19	2017/18
	£000	£000
Commissioner requested income	**294,066**	286,424
Non commissioner requested income	**12,587**	13,878
Total income from activities	**306,653**	300,302

NOTES TO THE ACCOUNTS

4.4 Additional information on contract revenue (IFRS15) recognised in the period

	2018/19
	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	**409**
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	**-**

4.5 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	2018/19 £000
within one year	**-**
after one year, not later than five years	**-**
after five years	**-**
Total revenue allocated to remaining performance obligations	**-**

5 OVERSEAS VISITOR INCOME - GROUP AND FOUNDATION TRUST

	2018/19	2017/18
	£000	£000
Income recognised this year	**185**	167
Cash payments received in year	**106**	77
Amounts added to provision for impairment of receivables	**-**	17
Amounts written off in year	**32**	150

NOTES TO THE ACCOUNTS

6 OTHER OPERATING REVENUE

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Research and development	**675**	510	**675**	513
Education and training	**9,831**	10,054	**9,831**	10,053
Capital donations	**151**	197	**151**	197
Non patient care services to other bodies	**4,019**	4,047	**3,947**	4,830
Provider Sustainability Fund (PSF) / Sustainability and Transformation Fund (STF)	**16,112**	9,525	**16,112**	9,525
Rental revenue from operating leases	**255**	193	**255**	180
Income in respect of staff costs where accounted on gross basis	**2,590**	2,867	**2,590**	2,966
Other revenue	**7,003**	7,032	**6,977**	5,923
	40,636	34,425	**40,538**	34,187

	GROUP		FOUNDATION TRUST	
Other within "Other Operating Revenue"	**2018/19**	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Car parking	**1,502**	1,445	**1,502**	1,445
Catering*	**21**	616	**2**	2
Pharmacy sales	**140**	147	**140**	147
Property rentals	**171**	171	**65**	65
Staff accommodation rentals	**7**	32	**7**	32
Estates recharges	**506**	-	**335**	-
IT recharges	**580**	116	**580**	10
Staff contributions to employee benefit schemes	**24**	24	**24**	24
Clinical tests	**498**	219	**498**	219
Clinical excellence awards	**445**	444	**445**	444
Other income generation schemes	**542**	20	**542**	14
Other income not already covered	**2,567**	3,798	**2,837**	3,521
Total	**7,003**	**7,032**	**6,977**	**5,923**

* Catering has been outsourced resulting in a reduction of catering income in 2018/19.

7 REVENUE

Revenue is almost totally from the supply of services. Revenue from the sale of goods is immaterial.

All revenue recognised in 2018/19 and 2017/18 relates to continuing operations.

NOTES TO THE ACCOUNTS

8 OPERATING EXPENDITURE

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Purchase of healthcare from NHS and DHSC bodies	**3,559**	3,524	**3,561**	3,524
Purchase of healthcare from non NHS and non DHSC bodies	**826**	614	**826**	614
Staff and executive directors costs	**236,762**	227,390	**225,190**	216,716
Remuneration of non executive directors	**119**	170	**119**	153
Supplies and services - clinical (excluding drug costs)	**19,662**	20,544	**18,801**	19,654
Supplies and services - general	**4,226**	4,676	**1,266**	1,423
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	**23,266**	23,997	**23,266**	23,997
Inventories written down	**36**	115	**36**	115
Consultancy costs	**96**	196	**86**	155
Establishment	**2,021**	2,140	**1,159**	1,289
Premises - business rates payable to local authorities	**1,310**	1,234	**1,310**	1,234
Premises - other	**16,333**	15,808	**33,337**	31,502
Transport (business travel only)	**907**	895	**958**	1,001
Transport - other (including patient travel)	**271**	271	**44**	29
Depreciation on property, plant and equipment	**4,364**	3,979	**5,095**	3,979
Amortisation on intangible assets	**736**	659	**-**	659
Net impairments	**11,488**	6,259	**11,488**	6,259
Change in provisions discount rate	**(15)**	7	**(15)**	7
Audit fees			**-**	-
audit services - statutory audit	**72**	71	**65**	60
other auditor remuneration (external auditor only)	**12**	11	**12**	11
Internal audit costs - (not included in employee expenses)	**159**	135	**146**	125
Clinical negligence	**12,360**	11,094	**12,360**	11,094
Legal fees	**126**	124	**88**	76
Insurance	**237**	221	**134**	136
Education and training	**999**	838	**934**	797
Rentals under operating leases	**213**	302	**83**	146
Other losses and special payments - staff costs	**144**	35	**77**	35
Other losses and special payments - non staff	**233**	312	**233**	306
Other	**855**	646	**426**	319
	341,377	326,266	**341,083**	325,415

NOTES TO THE ACCOUNTS

9 OTHER AUDITOR REMUNERATION - GROUP AND FOUNDATION TRUST

	2018/19	2017/18
	£000	£000
Audit related assurance services	**12**	11
Total other auditor remuneration	**12**	11

10 LIMITATION ON AUDITORS' LIABILITY - GROUP AND FOUNDATION TRUST

The limitation on auditors' liability for external audit work is £1,000k.

11 IMPAIRMENT OF ASSETS - GROUP AND FOUNDATION TRUST

	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	**11,488**	6,259
Total net impairments charged to operating surplus	**11,488**	6,259
Impairments charged to the revaluation reserve	**1,011**	1,080
Total net impairments	**12,499**	7,339

12 EMPLOYEE COSTS

12.1 Employee expenses	**GROUP**		**FOUNDATION TRUST**	
	2018/19	2017/18	**2018/19**	2017/18
	Total	Total	**Total**	Total
	£000	£000	**£000**	£000
Salaries and wages	**190,935**	180,931	**179,774**	170,980
Social Security costs	**17,880**	16,912	**17,015**	16,194
Apprenticeship levy	**883**	835	**842**	801
Pension costs - defined contribution plans	**21,160**	20,126	**20,523**	19,458
Termination benefits	**144**	35	**77**	35
Agency/contract staff	**8,525**	10,274	**8,231**	9,614
Total gross staff costs	**239,527**	229,114	**226,461**	217,082
Of which				
Costs capitalised as part of assets	**2,621**	1,689	**1,193**	331

NOTES TO THE ACCOUNTS

12 EMPLOYEE COSTS (CONTINUED)

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Analysed as				
Employee expense - Executive directors	**1,231**	1,043	**1,231**	1,043
Employee expense - Staff costs	**238,296**	228,071	**225,230**	216,039
Total gross staff costs is comprised of:	**239,527**	229,114	**226,461**	217,082

12.2 Directors' remuneration

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£'000	£'000	**£'000**	£'000
Directors' remuneration	**1,350**	1,196	**1,350**	1,196
Employer contribution to a pension scheme in respect of directors	**133**	110	**133**	110

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	Number	Number	**Number**	Number
The total number of directors to whom benefits are accruing under defined benefit schemes	**9**	8	**9**	8

Further details on directors' remuneration can be found in the remuneration report.

12.3 Key management remuneration

Key management is defined as the executive and non executive directors of the Trust. Further details of their remuneration can be found in the 2018/19 remuneration report published as part of the Trust's annual report.

13 RETIREMENTS DUE TO ILL HEALTH

During 2018/19 there were five (2017/18, two) early retirements from the Trust agreed on the grounds of ill health. The estimated additional pension liabilities of these ill health retirements will be £374k (2017/18: £68k). The cost of these ill health retirements will be borne by the NHS Business Services Authority - Pensions Division.

NOTES TO THE ACCOUNTS

14 PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from 01 April 2019. The DHSC have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 the Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

NOTES TO THE ACCOUNTS

14.2 Pension costs - other schemes

The employees of IFM have access to the National Employment Savings Trust (NEST) defined contribution pension scheme.

15 OPERATING LEASES

15.1 As lessee

This note discloses costs and commitments incurred in operating lease arrangements where the Trust is the lessee.

Operating lease payments include £105k for leased vehicles and £108k for equipment leases.

The contracts for equipment leases are taken out for between 5 and 10 years, whilst vehicle leases are taken out for 3 years.

	GROUP		FOUNDATION TRUST	
Payments recognised as an expense	**2018/19**	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Minimum lease payments	**213**	302	**83**	146
	213	302	**83**	146

	GROUP		FOUNDATION TRUST	
Future minimum lease payments due:	**2018/19**	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Other				
- not later than one year	**88**	143	**13**	49
- later than one year and not later than five years	**121**	141	**6**	5
- later than five years	**11**	-	**-**	-
Total	**220**	284	**19**	54

15.2 As lessor

This note discloses income generated in operating lease agreements where the Trust is the lessor.

	GROUP		FOUNDATION TRUST	
Rental revenue	**2018/19**	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Contingent rent	**255**	193	**47**	47
Total rental revenue	**255**	193	**47**	47

NOTES TO THE ACCOUNTS

15.2 OPERATING LEASES AS LESSOR (CONTINUED)

	GROUP		FOUNDATION TRUST	
Total future minimum lease payments receivable	**2018/19**	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Buildings				
- not later than one year	**82**	50	**2**	50
- later than one year and not later than five years	**320**	2	**-**	2
- greater than five years	**706**	-	**-**	-
Total	**1,108**	52	**2**	52

The £255k received in rental revenue includes rentals received from WRVS for the use of rooms within the hospital for providing shops; rentals from High Meadows Nursery and from Elior (outsourced catering).

16 FINANCE INCOME

Finance income represents interest received on assets and investments in the period.

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Interest on bank accounts	**109**	34	**109**	34
Other	**-**	-	**962**	988
Total	**109**	34	**1,071**	1,022

17 FINANCE EXPENSES

Finance expenditure represents interest and other charges involved in the borrowing of money.

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Capital loans from the DHSC	**856**	767	**856**	767
Finance leases	**8**	30	**1,344**	1,420
Unwinding of discount on provisions	**19**	6	**19**	6
Total interest expense	**883**	803	**2,220**	2,193

18 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Total liability accruing in year under this legislation as a result of late payments	**856**		**709**	
Amounts included within interest payable arising from claims made under this legislation	**-**		**-**	

NOTES TO THE ACCOUNTS

19 GAINS AND LOSSES

	2018/19	2017/18
	£000	£000
Loss on disposal of property, plant and equipment	(3)	(3)

20 INTANGIBLE ASSETS - GROUP AND FOUNDATION TRUST

2018/19:	Software Licences £000	Assets under Construction £000	Total £000
Gross cost at 1 April 2018	5,326	3,447	8,773
Additions purchased	174	5,487	5,661
Reclassifications	181	(181)	-
Gross cost at 31 March 2019	5,681	8,753	14,434
Amortisation at 1 April 2018	2,891	-	2,891
Provided during the year	736	-	736
Amortisation at 31 March 2019	3,627	-	3,627
Net book value at 31 March 2019 *	2,054	8,753	10,807

* The increase in net book value for intangible assets is due to expenditure on Electronic Patient Records (EPR) during the year.

Prior year:

2017/18:	Software Licences £000	Assets under Construction £000	Total £000
Gross cost at 1 April 2017	4,721	-	4,721
Additions purchased	605	3,447	4,052
Gross cost at 31 March 2018	5,326	3,447	8,773
Amortisation at 1 April 2017	2,232	-	2,232
Provided during the year	659	-	659
Amortisation at 31 March 2018	2,891	-	2,891
Net book value at 31 March 2018	2,435	3,447	5,882

NOTES TO THE ACCOUNTS

21.1 PROPERTY, PLANT AND EQUIPMENT - GROUP

2018/19:	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	3,051	80,457	826	7,633	27,407	129	11,973	423	131,899
Additions purchased	-	7,685	-	5,516	863	-	333	-	14,397
Additions leased	-	-	-	-	358	-	-	-	358
Additions donated	-	-	-	76	75	-	-	-	151
Impairments charged to the revaluation reserve	-	(1,010)	(1)	-	-	-	-	-	(1,011)
Revaluation	-	(11,228)	(288)	-	-	-	-	-	(11,516)
Reclassifications	-	3,997	-	(5,864)	229	-	1,638	-	-
Disposals	-	-	-	-	(53)	-	-	-	(53)
At 31 March 2019	**3,051**	**79,901**	**537**	**7,361**	**28,879**	**129**	**13,944**	**423**	**134,225**
Depreciation at 1 April 2018	-	-	-	-	17,481	123	6,501	401	24,506
Disposals	-	-	-	-	(50)	-	-	-	(50)
Impairments charged to operating expenses	-	11,488	-	-	-	-	-	-	11,488
Revaluations	-	(13,128)	(10)	-	-	-	-	-	(13,138)
Provided during the year	-	1,640	10	-	1,777	1	916	20	4,364
Depreciation at 31 March 2019	**-**	**-**	**-**	**-**	**19,208**	**124**	**7,417**	**421**	**27,170**
Net Book Value (NBV)									
NBV - Owned at 31 March 2019	3,051	79,132	537	7,361	6,828	5	6,489	1	103,404
NBV - Finance lease at 31 March 2019	-	-	-	-	2,218	-	-	-	2,218
NBV - Donated at 31 March 2019	-	769	-	-	625	-	38	1	1,433
Total at 31 March 2019	**3,051**	**79,901**	**537**	**7,361**	**9,671**	**5**	**6,527**	**2**	**107,055**
NBV									
NBV - Owned at 31 March 2018	3,051	79,693	826	7,633	6,826	6	5,428	20	103,483
NBV - Finance lease at 31 March 2018	-	-	-	-	2,448	-	-	-	2,448
NBV - Donated at 31 March 2018	-	764	-	-	652	-	44	2	1,462
Total at 31 March 2018	**3,051**	**80,457**	**826**	**7,633**	**9,926**	**6**	**5,472**	**22**	**107,393**

NOTES TO THE ACCOUNTS

21.2 PROPERTY, PLANT AND EQUIPMENT - GROUP

2017/18:	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	9,162	167,524	1,579	4,621	25,766	129	11,023	423	220,227
Additions purchased	-	4,816	-	7,158	1,762	-	855	-	14,591
Additions leased	-	-	-	-	117	-	-	-	117
Additions donated	-	-	-	8	150	-	39	-	197
Impairments charged to the revaluation reserve	-	(1,079)	(1)	-	-	-	-	-	(1,080)
Revaluation	(6,111)	(94,817)	(752)	-	-	-	-	-	(101,680)
Reclassifications	-	4,013	-	(4,154)	85	-	56	-	-
Disposals	-	-	-	-	(473)	-	-	-	(473)
At 31 March 2018	**3,051**	**80,457**	**826**	**7,633**	**27,407**	**129**	**11,973**	**423**	**131,899**
Depreciation at 1 April 2017	6,111	91,437	759	-	16,274	122	5,695	381	120,779
Disposals	-	-	-	-	(420)	-	-	-	(420)
Impairments charged to operating expenses	-	6,259	-	-	-	-	-	-	6,259
Revaluations	(6,111)	(99,206)	(774)	-	-	-	-	-	(106,091)
Provided during the year	-	1,510	15	-	1,627	1	806	20	3,979
Depreciation at 31 March 2018	**-**	**-**	**-**	**-**	**17,481**	**123**	**6,501**	**401**	**24,506**
NBV									
NBV - Owned at 31 March 2018	3,051	79,693	826	7,633	6,826	6	5,428	20	103,483
NBV - Finance lease at 31 March 2018	-	-	-	-	2,448	-	-	-	2,448
NBV - Donated at 31 March 2018	-	764	-	-	652	-	44	2	1,462
Total at 31 March 2018	**3,051**	**80,457**	**826**	**7,633**	**9,926**	**6**	**5,472**	**22**	**107,393**

NOTES TO THE ACCOUNTS

21.3 PROPERTY, PLANT AND EQUIPMENT - FOUNDATION TRUST

2018/19:	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	3,051	80,457	826	7,633	27,397	129	11,943	423	131,859
Additions purchased	-	7,685	-	5,516	806	-	333	-	14,340
Additions leased	-	-	-	-	358	-	-	-	358
Additions donated	-	-	-	76	75	-	-	-	151
Impairments charged to the revaluation reserve	-	(1,010)	(1)	-	-	-	-	-	(1,011)
Revaluation	-	(11,228)	(288)	-	-	-	-	-	(11,516)
Reclassifications	-	3,997	-	(5,864)	229	-	1,638	-	-
Disposals	-	-	-	-	(53)	-	-	-	(53)
At 31 March 2019	**3,051**	**79,901**	**537**	**7,361**	**28,812**	**129**	**13,914**	**423**	**134,128**
Depreciation at 1 April 2018	-	-	-	-	17,481	123	6,501	401	24,506
Disposals	-	-	-	-	(50)	-	-	-	(50)
Impairments charged to operating expenses	-	11,488	-	-	-	-	-	-	11,488
Revaluations	-	(13,128)	(10)	-	-	-	-	-	(13,138)
Provided during the year	-	1,640	10	-	1,773	1	915	20	4,359
Depreciation at 31 March 2019	**-**	**-**	**-**	**-**	**19,204**	**124**	**7,416**	**421**	**27,165**
NBV									
NBV - Owned at 31 March 2019	486	2,818	537	7,361	6,765	5	6,460	1	24,433
NBV - Finance lease at 31 March 2019	2,565	76,314	-	-	2,218	-	-	-	81,097
NBV - Donated at 31 March 2019	-	769	-	-	625	-	38	1	1,433
Total at 31 March 2019	**3,051**	**79,901**	**537**	**7,361**	**9,608**	**5**	**6,498**	**2**	**106,963**
NBV									
NBV - Owned at 31 March 2018	486	7,593	826	7,633	6,816	6	5,398	20	28,778
NBV - Finance lease at 31 March 2018	2,565	72,100	-	-	2,448	-	-	-	77,113
NBV - Donated at 31 March 2018	-	764	-	-	652	-	44	2	1,462
Total at 31 March 2018	**3,051**	**80,457**	**826**	**7,633**	**9,916**	**6**	**5,442**	**22**	**107,353**

NOTES TO THE ACCOUNTS

21.4 PROPERTY, PLANT AND EQUIPMENT - FOUNDATION TRUST

2017/18:	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	9,162	167,524	1,579	4,621	25,766	129	11,023	423	220,227
Additions purchased	-	4,816	-	7,158	1,752	-	825	-	14,551
Additions leased	-	-	-	-	117	-	-	-	117
Additions donated	-	-	-	8	150	-	39	-	197
Impairments charged to the revaluation reserve	-	(1,079)	(1)	-	-	-	-	-	(1,080)
Revaluation	(6,111)	(94,817)	(752)	-	-	-	-	-	(101,680)
Reclassifications	-	4,013	-	(4,154)	85	-	56	-	-
Disposals	-	-	-	-	(473)	-	-	-	(473)
At 31 March 2018	**3,051**	**80,457**	**826**	**7,633**	**27,397**	**129**	**11,943**	**423**	**131,859**
Depreciation at 1 April 2017	6,111	91,437	759	-	16,274	122	5,695	381	120,779
Disposals	-	-	-	-	(420)	-	-	-	(420)
Impairments charged to operating expenses	-	6,259	-	-	-	-	-	-	6,259
Revaluations	(6,111)	(99,206)	(774)	-	-	-	-	-	(106,091)
Provided during the year	-	1,510	15	-	1,627	1	806	20	3,979
Depreciation at 31 March 2018	**-**	**-**	**-**	**-**	**17,481**	**123**	**6,501**	**401**	**24,506**
NBV									
NBV - Owned at 31 March 2018	486	7,593	826	7,633	6,816	6	5,398	20	28,778
NBV - Finance lease at 31 March 2018	2,565	72,100	-	-	2,448	-	-	-	77,113
NBV - Donated at 31 March 2018	-	764	-	-	652	-	44	2	1,462
Total at 31 March 2018	**3,051**	**80,457**	**826**	**7,633**	**9,916**	**6**	**5,442**	**22**	**107,353**

NOTES TO THE ACCOUNTS

21.5 PROPERTY, PLANT AND EQUIPMENT - GROUP AND FOUNDATION TRUST (CONTINUED)

Assets totalling £151k have been donated by Bolton NHS Charitable Fund. These are:

	£'000
Cardiac monitors	84
Echo machine	36
Touchscreen analysers	22
Blood film staining machine	9
Total	**151**

Assets are depreciated evenly over the estimated life given in the table below:

	Life (Years)
Software Licences	**2 - 5**
Buildings excluding dwellings	**1 - 101**
Dwellings	**39 - 76**
Plant & Machinery	**6 - 16**
Transport Equipment	**10 - 15**
Information Technology	**5 - 8**
Furniture and Fittings	**12**

At 31 March 2019 no land, buildings or dwellings were valued at open market value.

The date of the latest revaluation of land and buildings was 31 March 2019. The valuation was carried out by Cushman and Wakefield, a RICS registered individual. The valuation was completed using a "modern equivalent assets - alternate site" basis on the grounds that this was a more appropriate method of calculation. The decision to use this basis for the first time was approved by the Audit Committee on behalf of the Board in February 2015.

From 1 April 2016, the valuation of the Trust's building assets has been completed net of VAT. This assumes that any reconstruction of property assets with equivalent service potential to the existing estate would be procured through a special purpose vehicle, namely IFM, in a way that would allow VAT to be recovered in full.

The overall effect of the revaluation was a decrease in the value of land and buildings of £10,876,109. This is shown in the accounts as detailed below

Impairment charged to SOCI	(11,488)	note 8
Impairment charged to revaluation reserve	(1,011)	note 32
Revaluation charged to revaluation reserve	1,622	note 32
Total decrease in value of land and buildings	(10,877)	

NOTES TO THE ACCOUNTS

22 INVESTMENT IN SUBSIDARY

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Carrying value at 1 April	-	-	**(206)**	7
Shares in subsidiary undertaking	-	-	**12,435**	12,435
Share of subsidiary loss	-	-	**179**	(213)
Carrying value at 31 March	**-**	**-**	**12,408**	**12,229**

The shares in the subsidiary company IFM comprises a 100% holding in the share capital consisting of 12,435,255 ordinary £1 shares.

23 LOANS TO SUBSIDARY

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Loans to subsidiary undertakings < 1 year	-	-	**798**	771
Loans to subsidiary undertakings > 1 year	-	-	**26,702**	27,500
	-	**-**	**27,500**	**28,271**

24 INVENTORIES

24.1 Carrying value at 31 March

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Drugs	**1,109**	991	**1,109**	916
Consumables	**1,622**	1,761	**1,533**	1,751
Energy	**32**	39	**-**	-
Other	**283**	268	**-**	-
Total	**3,046**	3,059	**2,642**	2,667
of which held at net realisable value:	**3,046**	3,059	**2,642**	2,667

The Trust does not have any non current inventories.

24.2 Inventories recognised in expenses

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Drug inventories consumed	**14,093**	14,848	**14,093**	14,848
Supplies and services clinical consumed	**6,246**	7,602	**6,039**	7,373
Supplies and services non clinical consumed	**1,700**	1,589	**191**	344
Total inventories recognised in expenses	**22,039**	24,039	**20,323**	22,565
Write down of inventories recognised as an expense	**(36)**	(115)	**(36)**	(115)

NOTES TO THE ACCOUNTS

25 RECEIVABLES

25.1 Receivables	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Current				
Contract receivables - invoiced*	**6,700**	-	**6,357**	-
Contract receivables - not yet invoiced*	**15,631**	-	**15,601**	-
Trade receivables*	**-**	8,182	**-**	7,924
Accrued income*	**-**	9,703	**-**	9,676
Allowance for impaired contract receivables/assets*	**(276)**	-	**(272)**	-
Allowance for other impaired receivables*	**-**	(535)		(529)
Prepayments - other	**4,514**	4,650	**4,152**	4,438
Interest receivable	**-**	5	**-**	5
PDC dividend receivable	**468**	408	**468**	408
VAT receivable	**1,266**	920	**1,266**	920
Loan repayments from IFM	**-**	-	**798**	771
Other receivables	**(12)**	18	**(43)**	18
Total current receivables	**28,291**	23,351	**28,326**	23,631
Non current				
Allowance for impaired contract receivables /assets*	**(221)**	-	**(218)**	-
Allowance for other impaired receivables*	**-**	(108)	**-**	(108)
Other receivables	**436**	586	**435**	586
Total non current receivables	**215**	478	**217**	478
Of which receivable from NHS and DHSC group bodies:				
Current	19,504	15,217		
Non current	-	-		

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis of trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

NOTES TO THE ACCOUNTS

25 RECEIVABLES (CONTINUED)

25.2 Allowance for credit losses 2018/19

	GROUP		FOUNDATION TRUST	
	Contract receivables and contract assets	**All other receivables**	**Contract receivables and contract assets**	**All other receivables**
	£000	£000	**£000**	£000
Allowances as at 1 Apr 2018 - brought forward	**-**	643		637
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	**643**	(643)	**637**	(637)
Utilisation of allowances (write offs)	**(146)**	-	**(146)**	
Allowances as at 31 Mar 2019	**497**	-	**491**	-

Receivables impaired during the period relate to the:

movement in the provision for bad debt on the injury cost recovery scheme.

movement in the provision for bad debt on receivables.

25.3 Allowance for credit losses 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	GROUP		FOUNDATION TRUST	
	Contract receivables and contract assets	**All other receivables**	**Contract receivables and contract assets**	**All other receivables**
	£000	£000	**£000**	£000
Allowances as at 1 Apr 2017 - as previously stated	**738**		**738**	
Utilisation of allowances (write offs)	**(95)**		**(101)**	
Allowances as at 31 Mar 2018	**643**	**-**	**637**	**-**

NOTES TO THE ACCOUNTS

26 CASH AND CASH EQUIVALENTS

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Balance at 1 April	**8,070**	7,025	**6,721**	6,721
Net change in year	**11,064**	1,045	**8,044**	(530)
Balance at 31 March	**19,134**	8,070	**14,765**	6,191
Made up of				
Cash with the Government Banking Service	**19,128**	8,063	**14,761**	6,187
Cash at commercial banks and in hand	**6**	7	**4**	4
Cash and cash equivalents as in statement of financial position	**19,134**	8,070	**14,765**	6,191

Third party assets held by the Trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	2018/19	2017/18
	Bank	Bank
	£000	£000
Balance at 1 April	**27**	26
Gross inflows	**9**	22
Gross outflows	**(36)**	(21)
Balance at 31 March	**-**	27

The Trust held £0 cash and cash equivalents at 31 March 2019 (£27k at 31 March 2018) which related to monies held by the Trust on behalf of the SHO Induction Fund and patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

NOTES TO THE ACCOUNTS

27 TRADE AND OTHER PAYABLES

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Current				
Trade payables	**5,506**	6,727	**5,633**	7,716
Capital payables	**3,578**	1,852	**1,921**	1,628
Accruals	**8,202**	10,047	**7,468**	8,993
VAT payables	**717**	863	**-**	-
Other taxes payable	**4,753**	4,294	**4,536**	4,113
Accrued interest on DHSC loans*	**-**	330	**-**	330
Other payables	**4,195**	4,201	**3,731**	3,739
Total	**26,951**	28,314	**23,289**	26,519

Of which payables from NHS and DHSC group bodies:		
Current	5,216	6,448
Non current	-	-

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 35. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Other payables include:
Outstanding pension contributions of £2,949k at the 31 March 2019 (£2,806k at 31 March 2018).
Pension contributions are paid a month in arrears.

28 BORROWINGS

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Current				
Capital loans from DHSC	**2,596**	1,368	**2,597**	1,368
Obligations under finance leases	**-**	-	**1,613**	1,558
Total	**2,596**	1,368	**4,210**	2,926

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Non current				
Capital loans from DHSC	**40,187**	28,507	**40,187**	28,507
Obligations under finance leases	**-**	-	**36,343**	37,956
Total	**40,187**	28,507	**76,530**	66,463

NOTES TO THE ACCOUNTS

28 BORROWINGS CONTINUED

28.1 Reconciliation of liabilities arising from financing activities

Group	Loans from DHSC	Finance leases	Total
Carrying value at 1 April 2018	29,875	-	**29,875**
Cash movements:			
Financing cash flows - payments and receipts of principal	12,538	-	**12,538**
Financing cash flows - payments of interest	(816)	(8)	**(824)**
Non cash movements:			
Impact of implementing IFRS 9 on 1 April 2018	330	-	**330**
Application of effective interest rate	856	8	**864**
Carrying value at 31 March 2019	**42,783**	**-**	**42,783**

Foundation Trust	Loans from DHSC	Finance leases	Total
Carrying value at 1 April 2018	29,875	39,514	**69,389**
Cash movements:			
Financing cash flows - payments and receipts of principal	12,538	(1,558)	**10,980**
Financing cash flows - payments of interest	(816)	(1,337)	**(2,153)**
Non cash movements:			
Impact of implementing IFRS 9 on 1 April 2018	330		**330**
Application of effective interest rate	856	1,337	**2,193**
Carrying value at 31 March 2019	**42,783**	**37,956**	**80,739**

The Trust has four loans with the DHSC which total £42,783k. These are summarised below:

	Amount Outstanding at 31 March 2019 £'000	Term of the original loan	Fixed Interest Rate	Date to be fully repaid
"Making it Better" developments within Womens and Childrens Services	12,453	**20 years**	**3.75%**	**Oct-29**
Purchase of land for a Car Park	780	**10 years**	**1.26%**	**Dec-22**
Estate Strategy	24,646	**25 years**	**2.22%**	**Nov-40**
EPR	4,904	**10 years**	**0.83%**	**Nov-27**
Total outstanding 31 March	**42,783**			

NOTES TO THE ACCOUNTS

28.2 FINANCE LEASE OBLIGATIONS

Finance leases are for medical equipment used within the Trust. These relate to a Managed Facilities Service in Radiology that commenced in July 2010. The capital value of the assets provided to date under this facility is £5,213k. The facility is for a 15 year term.
As at the 31 March 2019 the finance lease was a receivable balance of £318k, this was part of prepayments in note 24.1.
A finance lease for property and equipment between IFM and the Trust commenced on 1st April 2017, the value of the lease was £41,020k and was for 25 years. At 1st April 2019 the current value is £37,956k with 23 years remaining.

Obligations under finance leases:

	Group		Foundation Trust	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Gross lease liabilities				
of which liabilities are due				
not later than on year	**-**	-	**2,895**	2,895
later than one year and not later than five years	**-**	-	**8,072**	8,685
later than five years	**-**	-	**43,353**	45,635
Finance charges allocated to future periods	**-**	-	**(16,364)**	(17,701)
Present value of minimum lease payments	**-**	-	**37,956**	39,514
Of which payable				
not later than on year	**-**	-	**1,613**	1,558
later than one year and not later than five years	**-**	-	**4,562**	5,009
later than five years	**-**	-	**31,782**	32,947
	-	-	**37,956**	39,514

29 PROVISIONS

29.1 Provisions for liabilities and charges

	GROUP		FOUNDATION TRUST	
Current	**2018/19**	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Pensions - early departure costs	**1**	1	**1**	1
Pensions - injury benefits	**21**	20	**21**	20
Other legal claims	**90**	103	**90**	103
Other	**1,015**	1,128	**1,004**	1,107
Total	**1,127**	1,252	**1,116**	1,231

	GROUP		FOUNDATION TRUST	
Non current	**2018/19**	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Pensions - early departure costs	**35**	40	**33**	40
Pensions - injury benefits	**416**	434	**417**	434
Total	**451**	474	**450**	474

NOTES TO THE ACCOUNTS

29.2 Movements in provisions for liabilities and charges

GROUP	Pensions - early departure	Pensions - injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2018	41	453	104	1,128	**1,726**
Change in the discount rate	-	(15)	-	-	**(15)**
Arising during the year	-	-	46	819	**865**
Utilised during the year	(5)	(20)	(60)	-	**(85)**
Reversed unused	-	-	-	(932)	**(932)**
Unwinding of discount	-	19	-	-	**19**
At 31 March 2019	**36**	**437**	**90**	**1,015**	**1,578**
Expected timing of cash flows:					
not later than one year	1	21	90	1,015	**1,127**
later than one year and not later than five	5	82	-	-	**87**
later than five years	30	334	-	-	**364**
TOTAL	**36**	**437**	**90**	**1,015**	**1,578**

FOUNDATION TRUST	Pensions - early departure	Pensions - injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2018	41	453	104	1,107	**1,705**
Change in the discount rate	-	(15)	-	-	**(15)**
Arising during the year	-	-	46	819	**865**
Utilised during the year	(5)	(20)	(60)	-	**(85)**
Reversed unused	-	-	-	(922)	**(922)**
Unwinding of discount	-	19	-	-	**19**
At 31 March 2019	**36**	**437**	**90**	**1,004**	**1,567**
Expected timing of cash flows:					
not later than one year	1	21	90	1,004	**1,116**
later than one year and not later than five	5	82	-	-	**87**
later than five years	30	334	-	-	**364**
TOTAL	**36**	**437**	**90**	**1,004**	**1,567**

£178,802k is included in the provisions of the NHS Resolution at 31 March 2019 in respect of clinical negligence liabilities of the Trust (31 March 2018: £167,960k).
Other provisions include a provision for estimated tax costs which the Trust deems likely to become payable in the future.

NOTES TO THE ACCOUNTS

29.2 Movements in provisions for liabilities and charges (Continued)

Legal Claims include £90k for Employer's and Occupiers' Liability cases and £438k for Permanent Injury Benefits. The items shown for Employer's and Occupiers' Liability cases relate to cases that have more than a 50% chance of being settled. Claims that have a remote chance of being settled are classed as contingent liabilities and disclosed in note 32.

In January 2009 the Trust signed an agreement with the NHS Resolution that in the event of the Trust (i) choosing to leave the CNST voluntarily and (ii) in the event of insolvency, the Trust would be required to compensate the NHS Resolution for all outstanding clinical negligence claims i.e. lump sum liability.

30 OTHER FINANCIAL LIABILITIES - GROUP AND FOUNDATION TRUST

	2018/19	2017/18
	£000	£000
Deferred income - contract liabilities	**590**	813
TOTAL OTHER CURRENT LIABILITIES	**590**	813

31 MOVEMENTS IN PDC - GROUP AND FOUNDATION TRUST

PDC is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. Additional PDC may also be issued to the Trusts by the DHSC. A charge, reflecting the cost of capital utilised by the Trust, is payable to the DHSC as the PDC dividend.

	2018/19	2017/18
	£000	£000
PDC as at 1 April	**106,736**	103,292
PDC received *	**2,204**	3,444
PDC as at 31 March	**108,940**	106,736

* In 2018/19 the Trust received £2,204k PDC for the following schemes:

	£000
IT Strategy	1,022
Electronic prescribing	1,020
Open eyes	150
Define software	12
Total	**2,204**

NOTES TO THE ACCOUNTS

32 MOVEMENTS ON REVALUATION RESERVE - GROUP AND FOUNDATION TRUST

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

	2018/19	2017/18
	£000	£000
Revaluation reserve at 1 April	**30,933**	27,602
Impairments	**(1,011)**	(1,080)
Revaluations	**1,622**	4,411
Asset disposal	**-**	-
Revaluation reserve at 31 March	**31,544**	30,933

33 CONTINGENT LIABILITIES - GROUP AND FOUNDATION TRUST

	2018/19	2017/18
	£000	£000
Other (Employer's and Occupiers' legal claims)	**(45)**	(105)
Total	**(45)**	(105)

34 CAPITAL COMMITMENTS - GROUP AND FOUNDATION TRUST

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	GROUP		**FOUNDATION TRUST**	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Property, plant and equipment	**703**	3,951	**573**	3,894
Intangible assets	**324**	-	**-**	-
Total	**1,027**	3,951	**573**	3,894

35 FINANCIAL INSTRUMENTS

35.1 Financial assets by category

	GROUP		**FOUNDATION TRUST**	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Receivables excluding non financial assets	**22,258**	17,828	**14,974**	17,550
Other investments / financial assets	**-**	-	**27,500**	28,271
Cash and cash equivalents	**19,134**	8,070	**14,765**	6,191
Total	**41,392**	25,898	**57,239**	52,012

NOTES TO THE ACCOUNTS

35 FINANCIAL INSTRUMENTS (CONTINUED)

35.2 Financial liabilities by category

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Trade and other payables excluding non financial	**19,817**	18,696	17,554	18,407
Finance lease obligations	**-**	-	37,956	39,514
Borrowings excluding finance lease	**42,783**	29,875	42,783	29,875
Provisions under contract	**438**	454	438	454
Total	**63,038**	49,025	**98,731**	88,250

35.3 Maturity of financial liabilities

	GROUP		FOUNDATION TRUST	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
In one year or less	**22,434**	20,084	**21,784**	21,353
In more than one year but not more than two years	**3,106**	2,158	**4,775**	3,771
In more than two years but not more than five years	**7,687**	7,460	**10,580**	10,856
In more than five years	**29,811**	19,323	**61,593**	52,270
Total at 31 March	**63,038**	49,025	**98,732**	88,250

35.4 Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with CCGs and the way those CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

NOTES TO THE ACCOUNTS

35.4 Financial risk management (continued)

Interest rate risk

The Trust borrows from Government for capital expenditure, subject to affordability as confirmed by NHSI. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund (NLF) rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

The majority of the Trust's income comes from contracts with other public sector bodies; the Trust therefore has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCGs, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

36 RELATED PARTY TRANSACTIONS - GROUP AND FOUNDATION TRUST

Details of related party transactions with individuals are as follows:

	Receipts from Related Party £ '000	Payments to Related Party £ '000	Amounts due from Related Party £ '000	Amounts owed to Related Party £ '000
Bolton Council	10,514	212	967	137
University of Bolton	575	52	168	3
Bolton Hospice	237	-	47	-
University of Salford	40	42	-	-
Holt Doctors	-	8	-	1
Bolton Community Volunteer Service	1	-	-	-

The DHSC is regarded as a related party. During the period, the Trust has had a significant number of material transactions with the DHSC, and with other entities for which the DHSC is regarded as the parent. These entities are listed below:

	Receipts from Related Party £ '000	Payments to Related Party £ '000	Amounts due from Related Party £ '000	Amounts owed to Related Party £ '000
DHSC	3,470	9	-	9
Health Education England (HEE)	9,599	1	859	1
Public Health England (PHE)	212	41	4	3

NOTES TO THE ACCOUNTS

36 RELATED PARTY TRANSACTIONS - GROUP AND FOUNDATION TRUST (CONTINUED)

	Receipts from Related Party	Payments to Related Party	Amounts due from Related Party	Amounts owed to Related Party
	£ '000	£ '000	£ '000	£ '000
NHS Bolton CCG	217,182	214	2,211	1,064
NHS England	44,734	43	12,024	98
NHS Wigan Borough CCG	18,153	-	354	112
NHS Salford CCG	16,776	-	130	237
NHS Bury CCG	10,589	-	282	191
Other CCGs & NHS England	4,398	66	1,350	5
Bridgewater Community Healthcare NHS Foundation Trust	118	3	34	-
Greater Manchester Mental Health NHS Foundation Trust	1,587	284	395	115
Lancashire Teaching Hospitals NHS Foundation Trust	77	59	28	20
Manchester University NHS Foundation Trust	1,071	1,381	386	498
Salford Royal NHS Foundation Trust	617	1,581	315	1,059
Tameside and Glossop Integrated Care NHS Foundation Trust	119	1	12	1
Wrightington, Wigan and Leigh NHS Foundation Trust	208	1,931	102	628
The Christie NHS Foundation Trust	471	374	218	244
East Lancashire Hospitals NHS Trust	139	12	58	16
Pennine Acute Hospitals NHS Trust	221	95	113	122
St Helens and Knowsley Hospital Services NHS Trust	142	9	-	154
Other NHS Providers	439	576	156	185

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with the NHS Pension Scheme and the National Insurance Fund in respect of employee contributions. These entries are listed below:

	Receipts from Related Party	Payments to Related Party	Amounts due from Related Party	Amounts owed to Related Party
	£ '000	£ '000	£ '000	£ '000
NHS Pensions Agency	-	21,160	-	2,949
NHS Resolution	-	12,280	-	-
NHS Property Services	-	2,823	-	104
Community Health Partnerships	-	3,426	-	360

NOTES TO THE ACCOUNTS

36 RELATED PARTY TRANSACTIONS - GROUP AND FOUNDATION TRUST (CONTINUED)

The Trust has received revenue and capital benefit from purchases made by Bolton NHS Charitable Fund. The transactions are summarised below. The separate Trustees' Report and Accounts for Bolton NHS Charitable Fund are available on request.

	£ '000
Purchases made from Charitable Funds relating to capital assets transferred to the Trust	151

37 ANALYSIS OF WHOLE OF GOVERNMENT BALANCES - GROUP AND FOUNDATION TRUST

	2018/19			
	Income transactions	**Expenditure transactions**	**Current receivables**	**Current payables**
	£000	**£000**	**£000**	**£000**
English NHS Foundation Trusts	4,470	5,988	1,585	2,676
English NHS Trusts	739	318	232	366
Health Education England	9,599	1	859	1
Department of Health and Social Care	3,470	9	-	9
NHS England and English CCGs	311,832	323	16,351	1,707
Special Health Authorities	-	12,285	-	102
Public Health England	212	41	4	3
DH NDPBs	-	232	7	1
Other DH bodies	-	6,249	-	464
Total NHS Receivables/Payables	**330,322**	**25,446**	**19,038**	**5,329**
Other WGA bodies - Local Government	12,534	331	1,006	176
Other WGA bodies - Central Government	422	40,807	2,231	8,442
Total WGA Receivables / Payables at 31 March 2019	**343,278**	**66,584**	**22,275**	**13,947**

NOTES TO THE ACCOUNTS

38 LOSSES AND SPECIAL PAYMENTS - GROUP AND FOUNDATION TRUST

	2018/19		2017/18	
	Number of cases Number	**Value of cases £000**	Number of cases Number	Value of cases £000
Losses				
Loss of cash due to theft, fraud	**2**	**1**	4	1
Overpayment of salaries	**15**	**12**	14	7
Bad debts - private patients	**3**	**1**	22	1
Bad debts - overseas visitors	**16**	**32**	40	150
Bad debts - other	**163**	**102**	31	57
Stores losses and damage to property	**2**	**36**	3	115
Total losses	**201**	**184**	114	331
Special payments				
Ex-gratia payments for loss of personal effects	**16**	**6**	20	4
Ex-gratia payments for personal injury with advice	**6**	**45**	11	12
Ex-gratia payments other	**1**	**(2)**	2	2
Total special payments	**23**	**49**	33	18
Total losses and special payments	**224**	**233**	147	349

There were no cases exceeding £300k.
These amounts have been prepared on an accruals basis but exclude provisions for future losses.

Independent auditor's report

to the Council of Governors of Bolton NHS Foundation Trust

. REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Bolton NHS Foundation Trust ("the Trust") for the year ended 31 March 2019 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

— the financial statements give a true and fair view of the state of the Group and the Trust's affairs as at 31 March 2019 and of the Group and Trust's income and expenditure for the year then ended; and

— the Group and the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health and Social Care Group Accounting Manual 2018/19.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group and Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview		
Materiality: Group financial statements as a whole	£6.0m (2018: £5.5m)	
	1.71% (2018: 1.64%) of total revenue	
Risks of material misstatement		**vs 2018**
Recurring risks	Valuation of land and building assets	◀▶
	Revenue recognition	◀▶

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on:the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows (unchanged from 2018):

All of these key audit matters relate to the Group and the parent Trust.

	The risk	Our response
Valuation of land and building assets (£83.5 million; 2017/18: £84.3 million) *Refer to page Page 66 (Audit Committee Report), note 1.10 (accounting policy) and note 21 (financial disclosures)*	**Subjective valuation** Land and buildings are required to be measured at up-to-date estimates of current market value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost (DRC) of a modern equivalent asset that has the same service potential as the existing property (MEAV). The Trust's accounting policy requires an annual review for impairment, a periodic desk top valuation (usually every three years) and a full valuation (usually in five yearly intervals). When considering the cost to build a replacement asset the Trust may consider whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic. The valuation is undertaken by an external expert engaged by the Trust, using construction indices and so accurate records of the current estate are required. Valuations are inherently judgmental. There is a risk that the methodology, assumptions and underlying data, are not appropriate or correctly applied. During 2018/19, the Trust has commissioned a desktop revaluation of all land and buildings as at 31 March 2019. In addition, the Trust has performed a review of impairment indicators across the Trust's estate. The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole, and possibly many times that amount. **Accounting treatment** There is a risk that the valuation is not applied to the financial statement balances appropriately to recognise the valuation gains and impairment losses in line with the requirements of the Department of Health and Social Care Group Accounting Manual 2018/19.	Our procedures included: — **Assessing valuer's credentials:** We assessed the competence, capability, objectivity and independence of the Trust's external valuer and considered the terms of engagement of, and the instructions issued to, the valuer for consistency with the requirements of the Department of Health and Social Care Group Accounting Manual 2018/19; — **Assessing valuation assumptions:** We critically assessed the appropriateness of the valuation bases and assumptions, including the 'alternative' site basis used at the Trust. We also assessed the appropriateness of valuation excluding VAT in the context of the Trust's circumstances, governance arrangements and formal decisions; — **Tests of details:** We critically assessed the Trust's formal consideration of indications of impairment and surplus assets within its estate, including the process undertaken; — **Tests of details:** We agreed movements in asset valuation per the Trust's Fixed Asset Register to the reports provided by the valuer; and — **Tests of details:** We undertook work to understand the basis upon which movements in the valuation of land and buildings as per the Fixed Asset Register have been identified and treated in the financial statements and determined whether they have complied with the requirements of the Department of Health and Social Care Group Accounting Manual 2018/19.

2. Key audit matters: our assessment of risks of material misstatement (continued)

	The risk	Our response
Revenue recognition Income from patient care activities (£310.1 million; 2017/18: £300.3 million) *Refer to page 67 (Audit Committee Report), note 1.6 (accounting policy) and notes 4, 5 and 6 (financial disclosures)*	**Subjective estimate** The main source of income for the Trust is the provision of healthcare services to the public under contracts with NHS commissioners. The Trust participates in the national Agreement of Balances (AoB) exercise for the purpose of ensuring that intra-NHS balances are eliminated on the consolidation of the Department of Health and Social Care's resource accounts. The AoB exercise identifies mismatches between income and expenditure and receivable and payable balances recognised by the Trust and its commissioners, which will be resolved after the date of approval of these financial statements. Mis-matches can occur for a number of reasons, but the most significant arise where: — the Trust and Commissioners record different accruals for completed periods of healthcare which have not yet been invoiced; or — income relating to partially completed periods of healthcare is apportioned across the financial years and the Commissioners and the Trust make different apportionment assumptions. Where there is a lack of agreement, mis-matches can also be classified as formal disputes as set out in the relevant contract.	Our procedures included: — **Test of detail:** We compared the actual income for the Trust's most significant commissioners against the block contracts agreed at the start of the year and checked the validity of any significant variations between the actual income and the contract via agreement to appropriate third party confirmations; — **Test of detail:** We inspected confirmations of balances provided by the Department of Health and Social Care as part of the AoB exercise and compared the relevant income recorded in the Trust's financial statements to the expenditure balances recorded within the accounts of Commissioners. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising income from Commissioners; — **Test of detail:** We considered the impact of any identified audit adjustments on the delivery of the Trust's control total and reconciled the year-end performance to the original plan to understand any deviations.

3. Our application of materiality and an overview of the scope of our audit

Materiality for the Group financial statements as a whole was set at £6.0 million (2018: £5.5 million), determined with reference to a benchmark of total revenue (of which it represents approximately 1.71%; 2017/18: 1.64%). We consider total revenue to be more stable than a surplus- or deficit-related benchmark.

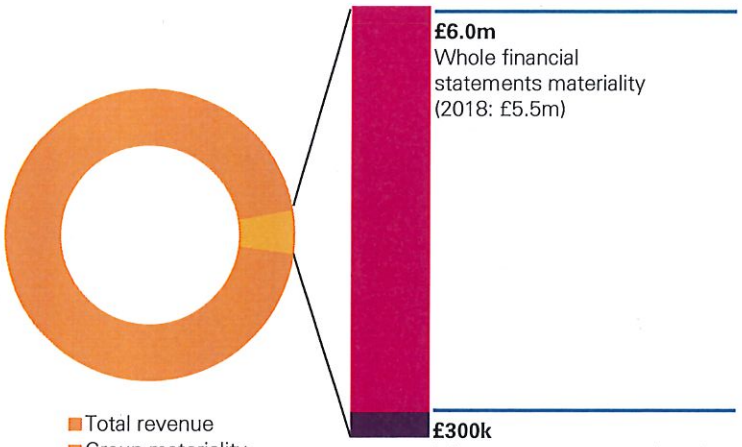
Materiality for the parent Trust's financial statements as a whole was set at £5.95 million (2018: £5.5 million), determined with reference to a benchmark of total revenue (of which it represents approximately 1.70%; 2017/18: 1.64%).

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £300k (2018: £275k), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Of the group's two (2018: two) reporting components, we subjected two (2018: two) to full scope audits for group purposes. The components within the scope of our work accounted for 100% of group income, 100% of the surplus for the year and 100% of total assets.

Total revenue
£350.8m (2018: £334.7m)

Group Materiality
£6.0m (2018: £5.5m)



4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Group or the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Group or the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Group's and Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Group's and Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note 1.2 to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Group and Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Group's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Group and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 72, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and parent Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Group and parent Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.

— any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources..

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources..

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

We did not identify any significant risks to our VFM conclusion for 2018/19.

KPMG

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Bolton NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Timothy Cutler
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
1 St Peter's Square
Manchester
M2 3AE

28 MAY 2019

KPMG

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BOLTON NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Bolton NHS Foundation Trust to perform an independent assurance engagement in respect of Bolton NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge; and
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, dated 23 May 2019;
- feedback from governors, dated May 2019;
- feedback from local Healthwatch organisations, dated May 2019;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the latest national patient survey, dated 13 June 2018;
- the latest national staff survey (titled '2017 National NHS staff survey');
- Care Quality Commission Inspection, dated 11 April 2019;

- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated 23 May 2019; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Bolton NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Bolton NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Bolton NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

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28 May 2019