

# Bolton NHS Foundation Trust – Council of Governor Meeting 9th May 2018

**Location: Education Centre**

**Time: 1730 –1900hrs**

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
1730		Welcome and Introductions	Chairman		
	1.	Apologies	Chairman		
	2.	Declarations of Interest	Chairman		
	3.	Minutes of meeting held on 15 <sup>th</sup> March 2018	Chairman	Minutes	For approval
	3.1	Matters arising			
1740	4.	Chairman's update	Chairman	Verbal update	To note
18.00	5.	Finance update -review of 2017/18 financial performance	Director of Finance	Presentation	
18.25	6.	Update on auditor appointment	Trust Secretary	Presentation	Receive an update on the appointment of the Trust's External Auditor
18.40	7.	Governor sub-committees – review and future scope	Trust Secretary	Discussion	To discuss the current sub committees and to agree future arrangements
	8.	Proposed resolution : that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted			
	9.	Non-Executive Appointments			
	10.	Any Other Business			
19.00	11.	Close			

**Date and Time of next meeting – 12<sup>th</sup> July 2018 at 5.30pm**



### 3.1 **Matters Arising**

There were no matters arising.

### 4. **Chairman Update**

The Chairman welcomed those present to the meeting.

The Chairman presented an update on recent performance and invited questions from those present (slides and key points from the discussion are recorded below).

Jackie Bene, Chief Executive has received her OBE.

The main areas of focus for the Board are around urgent care and A&E, waiting times, diagnostics and finance.

Greater Manchester is currently in breach of its devolved authority due to A&E issues across the region. A whole system change is required and plans are being developed to invest in GPs and to care for patients out of hospitals.

AE commented that this year has been exceptional with 460 patients diagnosed with flu and over 300 admitted.

The issues have been discussed with NHSI who were keen to know why Bolton is not recovering as fast and commented that the pace of improvement is not fast enough. Improvement is being seen in all metrics so a faster recovery was expected.

IE asked whether a comparative study has been completed with other trusts within Greater Manchester and it was advised that ECIST have attended the Trust to review the processes. This is a central mechanism which looks at what best practice looks like. They cover every trust and suggest good processes some of which we have already adopted.

There is difficulty meeting elective waiting times due to the winter pressures and emergency planning resulting in a large backlog of patients. Activity was suspended as instructed by the Government in January and the Trust is now working on a reduced year as it is expected the same will be done next year.

The 6 week diagnostic wait performance was failed in January with 9.5%. The Trust regularly achieves this target. There has been a large increase in bowel cancer screening and emergency referrals and there are issues around capacity. The new Endoscopy Unit will open in May but this will not fully address the issue until additional staff are recruited.

The month 11 finance results were outlined advising that:

- Year to date surplus of £3.5m
- This includes STF income of £5.1m
- Assumes delivery of our Control total (£2.2m)
- Capital forecast spend £23.5m
- Risks in final month

If the Trust achieves its financial target this will be the fourth year in a row the organisation has delivered a surplus. In 2018/19 a further £20m savings will need to be identified to achieve the control total.

DevoManc – issues around A&E performance in Greater Manchester have raised some questions

#### General Performance

Category	Year to date Performance	Financial Performance
Quality of Care	Green	Green
Operational Performance	Yellow	Yellow
Leadership and Governance	Green	Green
Finance and Use of Resources	Yellow	Yellow
Risk and Resilience	Green	Green

#### Main Areas for Board focus

- Urgent Care / A&E
- Waiting Times
- Diagnostics
- Finance



#### Waiting Times

##### 10 Week RTT

- 20% target failed since September
- Winter Pressures & emergency planning guidance
- Large backlog of patients
- Capacity & Cost

##### 6 Week Diagnostic Wait (1% Tgt)

- January performance 9.5%
- Huge increase in demand (13.2%)
- Referrals to endoscopy
- System wide capacity issues
- Plan to recover by April
- Additional activity, collaboration with other provider and possible weekend treatments

which will need to be addressed.

It was noted that NHSI have suggested one target could be set for all trusts within Greater Manchester and discussions are ongoing around this.

IE asked whether a study has been completed to ascertain what brought patients into A&E and it was confirmed that the CCG have completed surveys. MF stated that the GP workforce are facing the same challenges. AE advised that only around 20% of patients are admitted from A&E and in some cases a patient will need to spend longer in A&E so the correct treatment can be provided to get the patient straight home rather than them being admitted.

**Resolved:** the update was noted.

## 5. **Selection of Quality Account Indicator for External Audit Review**

Governors noted that the priorities which have been selected for the 2018/19 Quality Account are:

- Acute Kidney Injury (AKI)
- Reduction in medication errors
- Implementation of always events

Two staff have recently attended an event where the process for implementation of Always Events into an organisation was outlined. MF advised that further information will be brought back to a future Governor meeting.

External Audit are required to review two mandated indicators and one chosen by Governors. The two mandated indicators are:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.
- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.

Governors were asked to discuss and chose from the following indicators:

- Sepsis
- DNACPR
- Pressure Ulcers
- Readmissions
- VTE Risk Assessment

Governors agreed Sepsis as the indicator to be reviewed by External Audit.

It was noted that the draft document will be presented at QA in April with final sign off at Trust Board in May 2018. The document will be published in May within the Annual Report.

**Resolved:** the update was noted.

## 6. **Auditor Appointment Process**

ES advised that the appointment of the External Auditor is one of the statutory duties of the Council of Governors. KPMG were appointed in 2013 for a five year contract.

A purchasing framework is in place and Procurement will issue a tender notice. An Auditor Appointment Committee will be established and will meet to discuss and agree the process.

The process will include presentation by suppliers who are shortlisted and the Auditor Appointment Committee will make a recommendation to the July Council of Governor meeting.

ES asked for volunteers to sit on the Auditor Appointment Committee noting that the first meeting will be

in April/May. The following Governors volunteered to sit on this committee:

- Pat Grocock
- Kantilal Khimani
- Jim Sherrington
- Janet Whitehouse

**Resolved:** the update was noted.

7. **Feedback from Governor Sub Committees**

None

**PART 2**

8. **NED Recruitment**

DW recommended that A Thornton become Vice Chair due to M Harrison leaving the Trust at the end of April.

**Resolved:** Governors endorsed the appointment of Andrew Thornton as vice Chair/Senior Independent Director.

B Ismail has been nominated as the Non-Executive Director for whistleblowing and the equality champion.

It was noted that M Harrison is also the Chair of iFM Bolton and will also be leaving this position. An independent Chair for iFM Bolton will be recruited.

B Ismail, Non-Executive Director and J Mawrey, Director of Workforce will now also sit on the iFM Board.

A Gavin-Daley is coming to the end of her first term as Non-Executive Director. Consideration will need to be given to the future composition of the Board and this may be an opportunity to consider the appointment of a GP as a Non-Executive.

A Duckworth is also coming to the end of his second term as Non-Executive Director and will be retiring from his role.

The Chair is also leaving the Trust to take up the role as Chairman at University Hospital of North Midlands NHS Trust. Due to the number of changes in the Non-Executive team in the coming months DW is discussing with NHSI the possibility of overseeing both trusts until his contract ends in August.

9. **Any Other Business**

None

**Date and Time of Next Meeting**

**TUESDAY** 9<sup>th</sup> May 2018 at 5.30pm in Seminar Room 1, Education Centre.