

Bolton NHS Foundation Trust – Board Meeting 26 March 2020

Location: Boardroom

Time: 11.30

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
11.30	1.	Welcome and Introductions	Chairman	verbal	
	2.	Apologies for Absence	Trust Sec.	Verbal	Apologies noted
	3.	Declarations of Interest	Chair	Verbal	To note any declarations of interest in relation to items on the agenda
	4.	Minutes of meeting held 27 February 2020	Chair	Minutes	To approve the previous minutes
	5.	Action sheet	Chair	Action log	To note progress on agreed actions
	6.	Matters arising	Chair	Verbal	To address any matters arising not covered on the agenda
	7.	Chair's Welcome	Chair	Verbal	To receive a report on current issues
Safety Quality and Effectiveness					
11.45	8.	Covid update	Deputy CEO/COO	Verbal	To receive an update on the current operational position
12.30	9.	Finance Update	Director of Finance	Verbal	To receive an update including financial implications of Covid-19
13.00	10.	Any other business			
Papers for information – any questions on these papers to be submitted by email to the author (copied to the Director of Corporate Governance)					
	11.	Staff survey			
	12.	Integrated Performance Report			

Next meeting: 30 April 2020 – format and agenda to be determined depending on operational situation

Meeting Board of Directors Meeting – Part One
Time 09.00
Date 27 February 2020
Venue Boardroom RBH

Present:-

Mr A Thornton	Non-Executive Director (Vice Chair)	AT
Dr J Bene	Chief Executive	JB
Dr F Andrews	Medical Director	FA
Dr M Brown	Non-Executive Director	MB
Mr A Ennis	Chief Operating Officer	AE
Mrs M Forshaw	Interim Director of Nursing	MF
Ms R Ganz	Non-Executive Director	RG
Mrs S Martin	Director of Strategic Transformation	SM
Mr J Mawrey	Director of Workforce	JM
Mrs J Njoroge	Non-Executive Director	JN
Mr M North	Non-Executive Director	MN
Mr A Stuttard	Non-Executive Director	AS
Mrs A Walker	Director of Finance	AW

In attendance: -

Mrs E Steel	Director of Corporate Governance	ES
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Apologies Mrs D Hall, B Ismail

Declarations of Interest

Mrs E Steel	Company Secretary iFM Bolton
Ms R Ganz	NED iFM Bolton

Patient Story

A attended along with one of the Trust’s mental health practitioner to share her story of her experiences as a carer and of the support she received when it was recognised that she required additional support for depression, grief and ill health. A’s episode of care also included a spell as an in-patient for an internal bleed during which time she was highly complementary about the care and support provided.

4. **Minutes of The Board Of Directors Meetings held 30 January 2020**

The minutes of the meetings held on 30 January 2020 were approved as a true and accurate reflection of the meeting

5. **Action Sheet**

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

6. **Matters Arising**

There were no matters arising.

7. **Chair's Report**

The Vice Chair welcomed Board members and observers to the meeting. Board members noted that the meeting would be Dr Bene's last as Chief Executive of the Trust and formally thanked her for her service to the Trust both during her tenure as CEO and prior to that as Medical Director and consultant.

8. **Chief Executive report**

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

Reportable Incidents

In addition to the incidents recorded in the written reports the Trust has been advised of two potential regulation 28 letters in relation to recent inquests – these would be reported within the CEO report once in receipt of the letters.

The Chair of iFM Bolton advised that iFM would be appointing a Freedom to Speak up (FTSU) Champion who would work with the Trust FTSU Guardian to ensure iFM staff have access to a similar support network.

Board Assurance Framework

Board members noted that the full Board Assurance Framework was included within the Board pack for greater scrutiny during the part two meeting.

Resolved: the board noted the CEO update.

9. **Quality Assurance Committee Chair Report**

Mr Thornton, the NED Chair of the Quality Assurance Committee presented the report from the meeting held on 19 February 2020.

- The QA Committee received the quarterly falls report and noted the improvement in reducing falls within Darley Court. The Committee discussion focused on the incidence of falls in patients who although

medically optimised were in hospital awaiting a package of care. The provision of enhance care has contributed to the on-going improvements in reducing falls.

- The quarterly update on pressure ulcers evidenced a continued reduction in the number of patients suffering serious pressure area damage whilst in our care.
- The QA Committee approved three final SI reports – a fourth report was deferred in the absence of the Medical Director and will be considered during the part two Board meeting. The actions from each of the reports were considered and discussed – QA Committee members were in agreement that while the incidents were serious, appropriate actions had been agreed
- The Committee discussed the priorities for the 2020/21 Quality Account, following a proposal to continue with the three 2019/20 priorities, committee members considered if an additional two priorities should be added. Committee members agreed to include an additional two priorities with one priority aligned to each division. The five priorities for 2020/21 will be:
 - managing the PTL and risk in radiology reporting times (Diagnostics and Support)
 - improving consultant presence at handovers (Families)
 - improving hydration (Anaesthetics and Surgical)
 - Pneumonia (Acute Adult)
 - Diabetes – reducing hypoglycaemia (Integrated Care)

The Governor Selected metric for external audit will be a metric relating to the diabetes priority.

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

10 **Finance and Investment Committee Chair Report**

Mr North presented his report from the Finance and Investment meeting held on 25 February 2020.

As recorded within the written report the financial position to the end of month 10 excluding PSF is a deficit of £11.9m against a planned deficit of £3.7m. Taking PSF/MRET into account the deficit is £6.3m which is £9.8m off plan. While there is a strong level of confidence in the achievement of £9.2m of the £9.5m ICIP target the system savings continue to be a challenge.

A question was raised as to whether given the lack of movement on system savings in 2019/20 it was realistic to include this level of system savings in plans for 2020/21. The Director of Finance advised that there was renewed momentum to deliver multi agency transformative change. These savings will still be harder to unlock but the Financial Recovery Oversight Group (FROG) is making progress on system savings – update scheduled to the next meeting of the F&I Committee.

In response to a question about the risk in relation to the 0 – 19 contract, the

Director of Strategic Transformation advised that as previously discussed, this was in relation to the implementation of an EPR system – the contract set a 1st April 2020 deadline for the service to have an operational EPR system – Trust systems are ready but there are elements of the data transfer that are out with our control – this has been flagged with the commissioners. The Director of Nursing advised that any delay would not present a risk to patients.

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

11 **Workforce Assurance Committee Chair Report**

The Chief Executive presented her report from the meeting of the Workforce Assurance Committee held on 21 February 2020.

Key discussion points from the meeting were as follows:

- The majority of metrics reported on the workforce dashboard reflect strong performance. The exception to this is sickness absence and the Workforce Assurance Committee continues to place a strong focus on actions to reduce the incidence of sickness absence.
- The Committee reviewed an analysis of headcount and discussed measures introduced to control growth in headcount.
- The Workforce Digital paper prompted a discussion on the use of EPR with agreement from Committee members to look to transferring staff to online wage slips.
- The staff survey was received – the full report will be shared with Board members in March – the Trust remains the overall highest performing acute Trust in GM and in the top 20% of all NHS organisations for staff engagement.
- As requested by Board members, the Committee undertook a focused review of the health and wellbeing of the non-qualified clinical workforce and approved the establishment of forums for increased engagement.
- An update on the Apprentice strategy identified a lack of clear understanding with regard to the use of the levy, the provision of apprentice places and development opportunities.
- The Workforce Assurance Committee approved the new Library and Knowledge Strategy – annual updates will be provided on the implementation of the strategy.
- A new Guardian of Safe Working has now been appointed.

No significant issues had been identified for escalation

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

12 **Urgent Care Delivery Board Chair Report**

The DDO for the Acute Adult Division attended the meeting on behalf of the Trust and had not been asked to provide a written report.

The main focus of the meeting had been on developing the front end of the

Urgent Treatment Centre (UTC) – the next meeting of the Urgent Care Board will focus on a review of Winter 2019/20.

In response to a question about the role of mental health in the UTC, the COO advised that the changed processes at the “front door” will triage patients to mental health, GP services or minor injuries and will provide an improved service to appropriately stream walk in patients.

13 **Audit Committee Chair Report**

The Chair of the Audit committee presented her report from the meeting of the Audit Committee held on 13 February 2020.

- The Committee received two final internal audit reports and noted the actions needed with regard to policy development for the ifM payroll – the implementation of a new biometric clock in system will help establish a robust process.
- The Audit Committee noted the evidence of compliance with the FT Code of Governance and approved a compliant declaration in the Trust’s Annual Report.
- The Committee noted the summary Board Assurance Framework and approved the proposed schedule of deep dive reviews.

Resolved: the Board noted the report from the Chair of the Audit Committee.

14 **Mortality Report**

The Medical Director presented his six monthly report on mortality including an overview of the different metrics used to monitor mortality and the actions taken to review mortality for pneumonia.

Despite previous audits providing assurance that the quality of care for patients with a diagnosis of pneumonia is good the Trust continues to be an outlier. A number of issues/factors have impacted on the coding and analysis of coding and AQUA have now been engaged to work with the Trust to understand the data – preliminary analysis provided within the written report.

Board members discussed the analysis provided and agreed that while no concerns had been identified with regard to quality of care action was needed to ensure accurate clinical recording and coding.

Board members discussed the impact of human factors on recording and coding decisions and potential actions to address this through configuration of EPR elements. It was agreed that the Director of Nursing and Medical Director would discuss this further and work with the EPR clinical design group to identify the potential to address this through a configuration of EPR.

Resolved: The Board noted the mortality update

FT/20/08

DoN and MD to discuss if any action in relation to clinical coding should be taken through the EPR Clinical Design group

15. Seven Day Services

The Medical Director presented an update on performance against the standards for seven day services.

Discussion focused on standard two (all emergency admissions to have a consultant assessment within 14 hours) which is not being met. The Medical Director was asked to explain the Trust's aspiration to achieve this standard, the challenges to achieving it and the impact on patient care if not achieved.

While the Trust does not currently have enough Consultants and Specialist Registrars to fully achieve standard two, more could be done through SAFER and criteria led discharge. An exercise to model the impact and understand the capacity required to achieve this is underway – this and other actions will be supported by the PMO to provide the evidence/data required for further operational debate before presenting back to the Board in three months.

FT/20/09

Further discussion on implications of guidance through Execs then WAC and back to Board in three months

18. Integrated Community Partnership

The Director of Strategic Transformation presented a two part report – Part A setting out the progress towards a single commissioning structure for noting and Part B seeking approval to progress developments for a provider alliance agreement.

As discussed previously, the Trust has been working with partner organisations to develop Bolton's Integrated Care Partnership to ensure the best use of reducing resources to provide a place based approach to care and the prevention of ill health to reduce health inequalities through an approach as set out in the Locality Plan.

The Shadow ICP arrangements previously approved by the board set the framework for the work to develop towards an alliance and work has progressed including the development of a communications and engagement programme with a strong focus on workforce and OD. Board members recognised the importance of this development towards a future as a community service with a hospital.

The post of Managing Director for the ICP will be advertised with the FT as host organisation, as this is a VSM post the final approval will be through the FT Remuneration Committee.

Resolved:

Board members noted the progress made towards a strategic commissioning function

Board members noted the progress made and supported the case for progressing to an alliance delivery vehicle

Board members authorised the Director of Strategy to work with the Council's Borough Solicitor and Deputy Director of People (DAS) to progress the development of the Section 75 agreement and Alliance agreement including the

integrated leadership structure for the Alliance bringing all draft agreements to the FT Board for approval.

16. AHP Focus

The Interim Director of Nursing introduced Rachael Hemingway, the Trust's Associate Director of AHPs attended to provide an overview of her role and her priorities and challenges in leading the Trust's AHP workforce.

The Trust employs 527 AHP staff and 110 support staff and works alongside paramedics from NWS and orthotists under an SLA. The majority of AHPs are employed in the Integrated Care Division but there are some in all divisions working across the full range of services from neonatal to hospice and critical care.

The National publication AHPs into action set a number of priorities for AHPs covering leadership, skill development, the use of IT and technology and evaluation and evidence of the impact of the contribution of the AHP workforce.

Board members thanked Rachael for her presentation, in response to a question about succession planning and the future AHP workforce Rachael advised that members of the AHP workforce have been working with the Trust OD team to highlight the variety of roles available – the Trust provide training places for AHP students on recognised courses and links with Bolton University are being used to consider future provision of training.

The Director of Workforce confirmed that the Workforce Assurance Committee had undertaken a deep dive into the AHP role and would be repeat this to provide the Board with assurance that the roles for this staff group continue to develop

Resolved: The Board noted the update from the Trust AHP lead.

update on AHP workforce to be added to Workforce Assurance Committee workplan

17. Integrated Performance Report

Board members conducted a page turn of the Integrated Performance Report – in response to questions the following points were noted:

- The spike for pressure ulcers and falls is within normal cause variation - there is seasonal variation in these metrics with peaks in December/January and in August.
- Operational performance – the COO advised that the number of late night transfers is inaccurate with an anomaly caused by the timing of data entry – teams are working to ensure the actual time of the move is recorded.
- Operational targets for both A&E and RTT remain a challenge, the Trust is not meeting the RTT target but having worked with the CCG to agree actions to manage the waiting list there is a level of confidence that the number of patients waiting will not increase.
- The closure of G5 for winter pressures resulted in a higher than normal

number of cancelled procedures.

- Performance against the breast cancer target will be back on track in February.
- Workforce metrics – sickness absence remains the main challenge

Resolved: The Board noted the performance dashboard.

19. Research and Development - briefing

The Medical Director presented a briefing on research and development – this had been prepared in response to a visit to the R&D team and in advance of a more detailed R&D report scheduled for review by the Board in July 2020.

Board members welcomed the report and discussed the potential for future R&D opportunities through digital research and through the Commercial Development group. Board members noted that while the current offer is cost neutral there should be more ambition to harness opportunities using the services and technical skills of our staff.

Board members discussed the challenges to expansion of research including GDPR and the wider GM approach through the AHSN.

The use of PwC to undertake an audit was challenged and an action was agreed to consider whether the proposed review by PwC would provide the desired outcomes or if a subject matter expert could identify more opportunities to explore.

Resolved: The Board noted the update on Research and Development

FT/20/11

consider if PwC best option for an R&D audit/review

FA/AW

20. Any other business

The Interim Director of Nursing advised that at the time of reporting the Trust had achieved the CQUIN target for flu vaccination with 81.14% of staff having received the vaccination.

14. Questions from members of the public

No questions from the public

Date and Time of Next Meeting

26 March 2020

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

February 2020 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/19/62	03/10/2019	Shadow Board	Report through Workforce Assurance Committee on the Shadow Board programme	JM	Mar-20	complete - report to Feb Workforce Assurance Committee
FT/20/11	27/02/2020	Research	consider if PwC best option for an R&D audit/review	FA/AW	Mar-20	complete - agree alternative to PwC
FT/20/07	30/01/2020	Ward visits	Consideration of incentives for attendance to reduce sickness absence	JM	Mar-20	suggest close action given current operational challenges
FT/20/13	27/02/2020	Operational Plan and contract changes	operational plan update to Board	SM	May-20	
FT/19/88	19/12/2019	future strategy	review potential to be designated as a teaching hospital	SM/JM	May-20	verbal update
FT/20/03	30/01/2020	QA chair report	PEIP to follow up on action to develop "All about me" for patients with sensory impairments	MF	May-20	
FT/20/04	30/01/2020	Ward visits	Discussion with iFM re space utilisation and development of Day Rooms	Execs	Jun-20	
FT/19/87	19/12/2019	complaints process	update on complaints and concerns process to QA Committee	MF	Jun-20	
FT/19/85	19/12/2019	Urgent Care Board	update on the people plan to Board	JM	Jun-20	
FT/19/78	28/11/2019	F and I Report	update on EPR implementation	AE	Jun-20	
FT/20/08	27/02/2020	Mortality report	DoN and MD to discuss if any action in relation to clinical coding should be taken through the EPR Clinical Design group	MF/FA	Jun-20	
FT/20/12	27/02/2020	Operational Plan and contract changes	update for Board on Primary Care Networks	SM	Jun-20	
FT/20/01	30/01/2020	patient story	FA/MF to follow up on issues raised by the patient including privacy and dignity	MF/FA	Jul-20	report back through QA Committee
FT/19/73	31/10/2019	performance report	update to QA committee on Breast waiting times	AE	Jul-20	
FT/20/14	27/02/2020	Planned Care transformation	update to be provided	SM	Jul-20	
FT/19/75	28/11/2019	patient story - Admiral Nurse	Follow up report on dementia care and closing the gap to be included within next dementia update to the QA Committee	MF	Aug-20	
FT/19/51	25/07/2019	sustainability	update on work of the sustainability group	AE	Aug-20	
FT/20/09	27/02/2020	Seven Day services	Further discussion on implications of guidance through Execs then WAC and back to Board in three months	FA/JM	Sep-20	
FT/19/82	28/11/2019	iFM business plan	Carbon Neutral strategy	AE	Sep-20	
FT/19/84	19/12/2019	patient story	report back on the offer for children with special needs	MF	Oct-20	
FT/20/02	30/01/2020	patient story	AE to follow up with JN potential for student involvement in environmental/sustainability developments	AE	Oct-20	

FT/20/10	27/02/2020	AHP update	update on AHP workforce to be added to Workforce Assurance Committee workplan	JM	Oct-20	
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Key

complete	agenda item	due	overdue	not due
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