

Bolton NHS Foundation Trust – Council of Governor Meeting 12th July 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 9 th May and 17 th May 2018	Chairman	Minutes	For approval
	3.1	Matters arising			
1740	4.	Chairman's update	Chairman	Verbal update	To note
18.10	5.	Finance update	Director of Finance	Presentation	To note
18.40	6.	Governor sub-committees – review and future scope	Trust Secretary	Presentation and terms of reference	To agree future arrangements for Governor sub committees
	7.	Governor election	Trust Secretary	Presentation	To note timescale and vacancies
	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 – 24th September at 3.00pm – annual members meeting

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).

The main areas of focus for the Board are around C-Diff, urgent care and A&E, RTT waiting times, sickness absence levels and cancer screening.

C Diff

The Trust had a trajectory of 19 cases. 30 cases were reported but only 17 of these were found to be attributable to the Trust.

Urgent Care

There is a whole system issue around bed availability and social care which is contributing to the issues in urgent care and the Urgent Care Board recognise this is a whole health economy issue. Performance has improved slightly and work is being completed with social care around the issues. Year to date the Trust is achieving 82.7%.

RTT

Due to elective activity being suspended in January, as instructed by the Government, there is now difficulty in meeting waiting time targets.

Sickness absence

Sickness absence is 1.1% higher than the Trust target and a first draft of a high level action plan has been discussed by the Board.

Cancer

All patients who have presented with a breast lump should be seen within two weeks. The Trust is currently achieving 18/19 days for low risk patients. A conscious decision was made by the Board that low risk patients be prioritised downwards.

Finance

The Trust has delivered a financial surplus for the fourth year in a row. Including STF our surplus was £11.8m.

There has been an agency spend of £10m against a target of £6m. NHSI are encouraging trusts to reduce the amount spend on agency staffing.

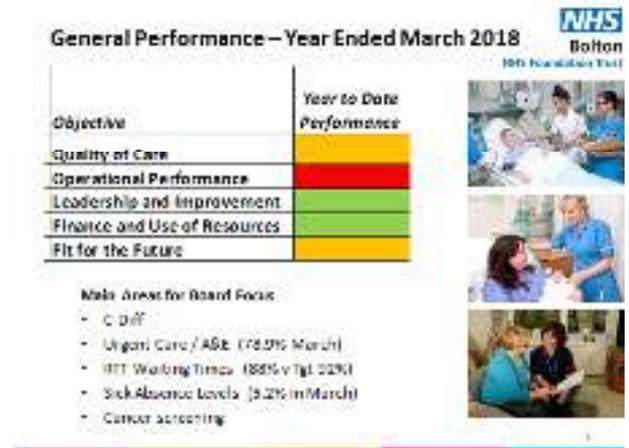
£19m has been spent on capital which is behind plan as a £30m spend was planned but some schemes have slipped.

NHSI and NHSE have formed a joint venture and are working collaboratively.

It is anticipated that the next CQC inspection will take place soon as we are now the only Trust in Greater Manchester not to have been reinspected.

The Ingleside Birthing Suite opened on 19th April and the first baby was delivered there three days before the official opening. The unit has been well received by local residents and it is expected that there will be between 300 – 350 births there per year. It was agreed to arrange a tour of the unit for Governors.

Organisations are required to be compliant with GDPR by 26th May 2018. The Board has received assurance that the Trust is fully compliant but this will also be included in the annual audit cycle.



NHS England have asked all Trusts to ensure they met 10 standards associated with cyber security as it is believed the NHS is open to further cyber-attacks. The Board has been assured that the trust meets these standards.

Resolved: the update was noted.

5. N.W Sector Update

Jo Goodfellow, Programme Director provided an update on the work of the Bolton, Salford and Wigan Partnership.

All hospitals in Greater Manchester will make improvements to the way in which they deliver acute medicine, A&E and general surgery. It will centralise high risk elective and emergency general surgery from nine sites into four “hub” sites. Quality and safety standards for general surgery, emergency and acute medicine and radiology have been developed by clinicians, based on national standards together with local additions.

Services such as breast care and dermatology are also being considered for improvement.

Bolton, Salford and Wigan have been allocated some transitional and capital funding. The transitional funding of £9.75m will cover workforce costs to enable seven say ambulatory care in general surgery and to recruit additional consultant staff, project management costs and site preparation work for the capital scheme at the high risk site.

The capital funding for Salford will cover the development of a new building to accommodate high risk general surgery and major trauma cases. General surgery requirements include; two wards (54 beds), six critical care beds and two theatres. Ambulatory care redesign and refurbishment at both Wigan and Bolton. Wigan to receive £52.2k and Bolton £1.3m.

The plans for surgical ambulatory care in the future were outlined noting that the new model will be delivered through consultant-led 24/7 surgical assessment with on-site access to acute services, gynaecology and urology.

This will affect a total of 363 elective patients a year who are deemed high risk so would be transferred from Bolton and Wigan to receive treatment at Salford.

A total of 1268 non-elective high risk patients would be transferred from Bolton and Wigan to receive treatment at Salford.

Concern was raised regarding transferring urgent patients by ambulance who could face delays during their journey and it was advised that this is already in place for stroke patients and there have been no clinical incidents in this area. There will be an adequate level of support for all patients.

Governors discussed the staffing implications particularly around nursing staff querying whether the Trust will be required to provide nurses at Salford. It was confirmed that discussions have been taking place around this but no agreement has been made.

General Surgery: What will this mean?

- High risk emergency general surgery will be concentrated at the sector hub in Salford, supported by senior clinical decision-makers at all provider sites.
- Low risk emergency general surgery will be provided at all three sites, for local activity.
- High risk elective general surgery will be delivered at the sector hub.
- Ambulatory Care will be enhanced as a critical element of the new model, with a consistent, common approach across the Sector.
- Related pathways will be in place for GI bleeds and Non-vascular Interventional Radiology (NVR), potentially in place of a CCU suite solution.
- Arrangements will remain as appropriate for low risk Elective, Daycase, Endoscopy and Outpatient activity, which continue to be delivered locally.

Bolton, Salford and Wigan Partnership NHS

Surgical ambulatory care in the future

Will provide rapid access to:

- Treatment and follow up (access to clinics 7 days a week)
- Diagnostics (x-rays, scans and other tests)
- Specialist opinions for assessment, diagnosis, observation and care planning
- Streamlined access to gallbladder list via the clinics

The new model will be delivered through consultant led, 24/7 surgical assessment with on-site access to acute services, gynaecology and urology.

Model supports the management of patients, preventing them from being unnecessarily admitted.

Bolton, Salford and Wigan Partnership NHS

A review of acute hospital services at greater Manchester level is taking place including some acute services across Bolton, Salford and Wigan where service resilience issues are impacting on the ability to provide services, for example weekend urology services across Bolton and Wigan.

Dermatology services are currently provided across three sites Bolton, Salford and Wigan. There is only one Consultant Dermatologist working at Bolton and the Consultant Dermatologist working at Wigan is due to retire shortly. The reliance on locum doctors to provide routine dermatology activity has resulted in significant financial pressure which is not sustainable.

The number of patients referred to dermatology has increased by 20% every year for the last three years and gaps in the workforce mean that more patients are being seen by expensive locum doctors or waiting longer for an appointment.

The development of a new model of care adopted across the north-west sector will deliver:

- A sustainable, future-proof, high quality and equitable service with staffing able to meet required service and clinical standards.
- Reduction of any variation
- A common set of patient experience standards, driving improvement and consistent patient experience

In order to achieve this vision, service transformation will be required. A pre consultation is commencing around the options with a public consultation planned for late summer 2018.

Resolved: the update was noted.

6. **Update on Auditor Appointment**

Governors noted that a sub-committee to consider the appointment of an Auditor has been established and the process agreed. The final decision will be ratified by the Council of Governors at the July 2018 meeting.

Resolved: the update was noted.

7. **Feedback from Governor Sub Committees**

It was agreed to hold a focus group to discuss the sub committees and their purposes.

PART 2

8. **NED Recruitment**

Governors noted that the interviews for a Non-Executive Director were held today but there was one candidate who is yet to be interviewed. Therefore there are currently no recommendations for appointment but an ad-hoc Council of Governors will be called to approve this appointment.

An advert is currently live for the appointment of a GP Non-Executive Director which closes on 24th June and it is planned to approve this appointment at the Council of Governors on 12th July.

Currently identifying a recruitment partner to support the process of the appointment of a new Chair and working towards a September appointment.

9. **Any Other Business**

None

Date and Time of Next Meeting

12th July 2018 at 5.30pm in the Education Centre

It was noted that the Trust has approached three recruitment companies regarding the appointment of a new Chair. The companies have been recommended by NHSI.

Recruitment for the GP Non-Executive Director will take place during summer 2018 and Allan Duckworth at the end of the year.

Governors raised concern that there would be no nursing representation on the Board once Ann Gavin-Daley comes to the end of her term and it was noted that the Chair is currently considering this.