

Bolton NHS Foundation Trust – Council of Governor Meeting 14th January 2016

Location: Education Centre

Time: 1700 –1900hrs

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
1730		Welcome	Chairman		
	1.	Apologies	Chairman		
	2.	Declarations of Interest	Chairman		
	3.	Minutes of meeting held on 3 rd September 2015 and 5 th November 2015	Chairman	Minutes	For approval
	3.1	Matters arising			
1740	4.	Chairman's update	Chairman	Verbal update	
1750	5.	Performance update	CEO	Presentation and discussion	To gain assurance on the performance of the Trust
	6.	Fraud and Oversees Visitors	Collette Ryan	Presentation	To receive a presentation from the Local Anti-Fraud Specialist
	7.	CQC inspection	Esther Steel	Presentation	To discuss the March CQC inspection and to agree the forum for CQC to meet with Governors
	8.	2016 Work plan	All	Discussion	Discussion to inform the key areas of focus for Governors in 2016
1830	9.	Feedback from Governor sub committees <ul style="list-style-type: none"> • Patient, Staff and Visitor experience • More than a Hospital • Membership and Member Communications 	Subcommittee chairs	Verbal	Governors to note the work of the subcommittees
1845	10.	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			
1920	11	Any Other Business			
1930	12	Close			

Date and Time of next meeting – 3rd March 2016

meeting in July 2015.

4. **Chairman Update**

The Chairman advised Governors of the recent death of one of their fellow Governors Mr J Mangnall who had died recently following a short illness. Mr Mangnall was described as having been a perfect governor who participated in everything from walkabouts to Board meetings and never shied away from sharing his findings with the Trust.

The Chairman provided an update on Finance and Quality and highlighted the following key points:

- 80% of NHS providers are in deficit, Bolton however are in surplus and are meeting all statutory targets.
- Accident and Emergency - after a difficult start to the year the Trust are now achieving the A&E target and are on track to meet the target for the quarter and for the month.
- Monitor have asked trusts to focus on the use of agency and locum staff, new guidelines have been issued included a mandatory framework and a proposal to limit payments to individuals.
- The ITFF approved the recommendation for financing; the final step in receiving the £30m loan will be DoH approval of this recommendation which it is hoped will be confirmed within the month.
- Further development of GM Devolution has been quiet over the summer period, the need for collaboration with other trusts is recognised but further work is required on the governance arrangements before the Trust makes any specific commitments.
- At a recent national conference Simon Stevens spoke of the need to delivery today and think about tomorrow and voiced support for NHS staff and the need to provide healthy food options for staff and patients
- Speaking at the same conference, Jeremy Hunt set out his vision for all patients to have online access to their records including the facility to amend and update these records with the CQC empowered to provide assurance on the security of this access.

5. **Performance Update**

Governors reviewed the metrics on the dashboard which had been circulated in advance of the meeting.

In discussing and requesting assurance on these metrics, the following points were made:

- In response to a question on medication incidents, the Director of Nursing advised that a new Medicine Management Strategy had been approved and action had been taken to address recognised issues. A new Chief Pharmacist has been appointed and will lead on the implementation of the strategy with regular updates to provide assurance to the QA Committee.
- In response to a request for assurance that the Trust had made adequate plans to maintain safety and performance during winter, the Chief Operating Officer advised that performance so far has been good however it is getting harder and with only a third of the funding provided in 2014/15 it will be a challenge. A second perfect week is planned for later in September; this will build on the work of the earlier perfect week to focus on the management of flow through pathways and the development of ambulatory care.
- The Trust are on plan financially at the end of month five and although this compares favourably to other Trusts who are experiencing significant financial issues there are still risks to achieving the financial plan. The key risks are winter funding, achievement of CQUINS and activity levels.
- Although the Trust achieved 99.5% of CQUINS in 2014/15, the target for 2015/16 is more

challenging and although this was delivered in the first quarter and is on track for the second quarter the last 6 months will be more challenging.

- The Director of Finance confirmed that the contract with the CCG had now been agreed.

Resolved: The Governors noted the update on performance and finance.

6. **The Role of the Audit Committee**

The Chair of the Audit Committee provided an overview of the work of the Committee in the provision of assurance to the Board. The following points were noted:

- The Audit Committee is a key Board Committee established to provide assurance to the Board to ensure controls for finance and quality are functioning well.
- Although the Audit Committee has a key role in the oversight of risk and in ensuring controls are implemented, the day to day responsibility for managing risks remains with the operational managers and executive team.
- The Chair of the Audit Committee confirmed that if a serious concern was identified at the Audit Committee she would ensure this was reported to the Council of Governors at the earliest opportunity.
- Reporting structures are in place for regular feedback from the auditors, including a private meeting between the auditors and the Non Executives prior to the Audit Committee meeting.
- Significant improvements have been made over the previous years, the Board Assurance Framework is now recognised as an example of good practice and the response to addressing recommendations has improved significantly.
- The Internal and External Auditors bring knowledge from other organisations, which provides a national picture of the challenges across the sector and the wider NHS.
- The Committee engages in proactive open discussion with a non-confrontational focus on the key risks facing the organisation.
- The External Auditors did not identify any areas for improvement following their review of the 2014/15 accounts and were able to issue an unqualified opinion, a clean assurance opinion was also issued for the Trust's Quality Account.
- In response to questions about the role of the Counter Fraud Service it was agreed that an update from the Local Anti-Fraud Specialist should be provided at the next meeting.

Resolved: the Governors noted the presentation from the Chair of the Audit Committee.

7. **Feedback from Governor sub committees**

7.1 **Patient, Staff and Visitor experience**

The Committee received an interesting presentation from the Speech and Language team.

7.2 **Strategy**

No meeting during the reporting period

7.3 **Membership Group**

- New membership strategy approved

- Further recruitment required to reach to target of 5,000. A recruitment week has been arranged for the first week of October, all Governors were reminded of their role to engage with members and the wider public.

8. Election of Sub Committee Chairs

Following e-mail correspondence and a recommendation submitted by email that the existing sub committee chairs should be appointed for a second year this proposal was put to the vote.

Resolved: Governors voted by a show of hands to approve the motion to reappoint the existing sub committee chairs for a further year.

Governor Meeting - Part Two

9. A Commercial NHS

The Director of Strategic and Organisational Development delivered a presentation on the public/private debate in which the following key points were noted:

- 90% of healthcare in the UK is publically funded through the NHS although charges are levied for some areas such as prescriptions and dental care.
- Policies are agreed by commissioners to ensure the effective use of resources by no providing procedures of limited clinical value on the NHS.
- The CCG are responsible for commissioning services, some of these services will be commissioned from the private sector to offer choice to patients and to provide additional capacity.
- GPs are independent contractors which are run as small businesses although GPs are members of the NHS pension scheme.
- Provider organisations may sub contract to the private sector to meet capacity challenges - a current example is the provision of additional ophthalmology capacity
- NHS organisations can provide private services to patients and reinvest any profits, in Bolton this is very small scale but there is the potential to develop this further. A significant increase in private provision would need to be approved by the Council of Governors.

Systems are in place to recover income from “health tourists”

- The NHS has an internal market, developed to increase efficiency through tendering services to any qualified provider (AQP) the Trust recently lost the 5 - 19 service to Bridgewater but won a contract for the provision of sexual health services to Wigan patients.
- The NHS often uses private sector partners to provide services such as hotel and catering services, the use of pharmaceuticals and medical products from private sector companies is also a key part of the NHS.
- Governors discussed the impact of PFI schemes on the NHS as a whole and within the Trust where some of the community buildings including Bolton one are PFI schemes where maintenance and repairs to premises are done through the PFI or LIFT partner.

Resolved: Governors thanked the Director of Strategic and Organisational Development for his presentation and welcomed the offer of an opportunity to discuss this further at the meeting of the Strategy Sub Committee.

10. **Any Other Business**

A member of the Council of Governors advised that on a recent visit to the A&E department he had noticed with concern that a member of staff had to wait for treatment following an injury at work. Governors discussed the dilemma of offering a fast track service to staff which could lead to accusations of queue jumping.

Date and Time of Next Meeting

Annual Members Meeting 5th November 2015 3.00 pm

High Level Executive Dashboard

Improving The Quality Of Care And Safety Of Our Patients	Plan 15/16	Plan YTD	Actual YTD	Monthly Actual	Monthly Change	On Plan Off Plan
Total number of new SUIs received within the month	0	0	15	2	↓	✘
Total Incidents reported on Safeguard	12000	8000	8258	1122	↑	✔
Never Event	0	0	2	0	→	✘
All Patient Falls (Safeguard)	982	656	716	88	↑	✘
Acute Inpatients acquiring pressure damage (grades 2+)	27	18	39	4	↑	✘
Community patients acquiring pressure damage	76	51	57	4	↑	✘
VTE Assessment Compliance	95.0%	95.0%	96.9%	96.1%	↓	✔
Total number of medication incidents	1200	800	729	95	↓	✘
Same sex accommodation	0	0	11	1	↑	✘
C Diff Hospital acquired	19	13	17	0	↑	✘
CHKS RAMI (Rolling 12 months)	100	100	93	94	→	✔
SHMI	1,000	1,000	1,068	1,062	→	✔
Surgical WHO Checklist compliance (Elective)	100%	100.0%	99.5%	100.0%	→	✘
Surgical WHO Checklist compliance (Emergency)	100.0%	100.0%	99.2%	100.0%	↑	✘
Formal complaints from patients	240	160	290	26	↑	✘
Complaints responded to within the time period %	95.0%	95.0%	93.5%	75.8%	↓	✘
Friends and Family test (Inpatients)	20.0%	20.0%	31.8%	37.9%	↑	✔

Financially Viable And Sustainable	Plan 15/16	Plan YTD	Plan Actual YTD	Monthly Actual	Monthly Change	On Plan Off Plan
Forecast year end deficit - FYE	1.6	1.6	0.0	0.0	0.0	-1.6
Forecast year end income and cost improvement - FYE	15.3	15.3	13.7	0.0	0.0	-1.6
Actual position against plan - YTD	1.6	1.6	0.4	0.2	0.5	-1.2
Actual income and Cost Improvement -YTD	15.3	10.0	8.8	1.5	1.4	-1.2
Capital Expenditure YTD	17.8	11.7	3.1	0.9	0.2	-8.6
Cash Position YTD	1.1	2.6	3.5	3.5	1.1	0.8
Continuity of services rating	2.0	2.0	2.0	2.0	0.0	0.0

Well Governed	Status
Monitor Risk Assessment Framework	✔ On Plan
CQC Intelligent Monitoring Report	✔ On Plan
CQC Essential Healthcare Standards (5)	✔ On Plan
CQUINS: National Clinical Quality Indicators	✔ On Plan
Report to prevent future deaths	✔ On Plan
Litigation	✔ On Plan
Formal Contract Notices	✔ On Plan
Formal Performance Notices	✔ On Plan
Contract Fines/Penalties	✘ Off Plan

Great place to work	Plan 15/16	Plan YTD	Actual YTD	Monthly/Quarterly Actual	Monthly/Quarterly Change	On Plan Off Plan
Staff friends and family test - Recommend treatment (Quarterly)		Survey in June	78.0%		→	✔
Staff friends and family test - Recommend place to work (Quarterly)		Survey in June	64.0%		→	✔
Appraisals completed %	85%	85%	81.3%	84.6%	↓	✘
Sickness days % of days lost	4.20%	4.20%	4.51%	4.33%	↑	✘
Statutory Training Compliance %	98%	98%	93.8%	94.6%	↓	✘
Mandatory Training Compliance %	80%	80%	87.0%	84.6%	↓	✔

Fit for the Future	Status
Five Year Strategic Plan	✘ Off Plan
North West Sector	✔ On Plan
IT and Estates Strategy	✔ On Plan
Better Care Fund	✘ Off Plan

Valued Provider Of Integrated Services	Plan 15/16	Plan YTD	Actual YTD	Monthly Actual	Monthly Change	On Plan Off Plan
A&E 4 hour target	95.0%	95.0%	94.2%	88.7%	↓	✘
RTT Admitted Clock Stops %	90.0%	90.0%	93.3%	90.1%	↓	✔
RTT Non-Admitted Clock Stops %	95.0%	95.0%	97.0%	96.4%	↓	✔
RTT: Incomplete pathways within 18 weeks %	92.0%	92.0%	93.3%	94.2%	↓	✔
Diagnostic waits >6 weeks %	1.0%	1.0%	0.7%	0.6%	↑	✔
% of patients who spend 90% of their stay on the stroke unit	80.0%	80.0%	79.5%	74.2%	↑	✘
% Readmissions within 30 days of discharge	13.9%	13.9%	14.1%	13.3%	↓	✘

Cancer Treatment Targets (7) reported 1 month retrospectively	Plan 15/16	Plan YTD	Actual YTD	Monthly Actual	Monthly Change	On Plan Off Plan
Patients 2 week wait (all cancers) %	93.0%	93.0%	96.8%	98.0%	↓	✔
Patients 2 week wait (breast symptomatic) %	93.0%	93.0%	98.7%	99.0%	↑	✔
31 days to first treatment %	96.0%	96.0%	99.2%	98.9%	↑	✔
31 days subsequent treatment (surgery) %	94.0%	94.0%	98.2%	100.0%	→	✔
31 days subsequent treatment (anti cancer drugs) %	98.0%	98.0%	100.0%	100.0%	→	✔
62 day standard %	85.0%	85.0%	89.0%	92.5%	↑	✔
62 day screening %	90.0%	90.0%	93.9%	80.5%	↓	✔

- ↑ Performance improved but off target in month
- ↓ Performance deteriorated and off target in month
- ↑ Performance improved and on target in month
- ↓ Performance deteriorated but on target in month

The On Plan / Off Plan Columns represent a projected Year End position. The status columns represents the current status of the initiative detailed

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Executive Summary - November 2015

<p>Improving the Quality of Care and Safety of our patients</p>		<ul style="list-style-type: none"> - Zero Never Event reported in November 2015 - We have had 1 same sex accommodation breach in November 2015 - We have reported zero cdifficile infections in November 2015 - We have reported zero MRSA bacteraemia infection in November 2015 - We have reported 4 community acquired pressure ulcers and 4 hospital acquired pressure ulcers in November 2015
<p>Valued provider of Integrated Services</p>		<ul style="list-style-type: none"> - 4 Hour A&E-whilst remaining amongst the best in Manchester, has deteriorated again this month - However some indicators have improved with less outliers and a reduction in length of stay in Acute by half a day across the board, which suggest elements of SAFER are beginning to have a sustained impact. - The pressure in the system has also meant that more operations have been cancelled on the day, and a corresponding dip in 18 week RTT performance, although this does remain well within performance parameters. - The network review of stroke has been received and does indicate that although Bolton performs comparatively well there is an issue with the prescribed pathway which requires network review. Monitoring of the pathway with the new reporting system does also show improved performance locally
<p>A great place to work</p>		<ul style="list-style-type: none"> - Rolling 12 month sickness has dropped from 4.74% in October to 4.68% in November. - Staff vacancy rates have increased from 5.65% in October to 5.82% in November. - Our appraisal and mandatory training compliance rates are close to target. - Temporary staffing and vacancy rates reflect the level of recruitment activity in recent months. - Our total temporary staff expenditure has increased from £1.14 million in October to £1.27 million in November. - Data from the TRAC recruitment system shows 93 new employees commenced in substantive posts in November 2015 – the total end to end average time to recruit for those employees is 11.20 weeks
<p>Financially viable and sustainable*</p>		<ul style="list-style-type: none"> - The year end forecast surplus of £0.01m is off plan by £1.6m - November's surplus is £0.2m, which is £0.1m better than plan - ICIP delivery is £8.7m cumulatively, which is £1.2m worse than plan - Cash balance is £3.5m, which is £0.8 better than plan
<p>Fit for the Future*</p>		<ul style="list-style-type: none"> - Single service workforce partnership is progressing for emergency medicine with Salford and Wigan. - Projects include but not limited to single shared services for General Surgery, Anaesthetics, Critical care and A&E Consultant cover at each site. - On-going recruitment events to meet Winter resource demand.
<p>Well Governed</p>		<ul style="list-style-type: none"> - The trust has been awarded a band 4 weighting by CQC. - All actions required by Monitor completed. - The trust has received a certificate of compliance with the discretionary requirements imposed by Monitor. - Finance- Level 2