

Bolton NHS Foundation Trust – Council of Governor Meeting 17th November 2016

Location: Education Centre

Time: 1700 –1900hrs

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
1700		Catering tasting - Meal service to be provided in the Education Centre Lounge	ST		For Governors to be assured with regard to the quality of food provided under new arrangements
1745		Welcome	Chairman		
	1.	Apologies	Chairman		
	2.	Declarations of Interest	Chairman		
	3.	Minutes of meeting held on 7 th July 2016	Chairman	Minutes	For approval
	3.1	Matters arising			
1740	4.	Chairman's update	Chairman	Verbal update	To note
1750	5.	Catering changes Q and A	ST	Presentation	To receive assurance with regard to the quality of food provided under new arrangements
1800	6.	iFM Bolton – the establishment of a subsidiary company	Director of Finance	Presentation	To receive an update on the establishment of iFM Bolton as a subsidiary company of Bolton NHSFT
1815	7.	Operational Objectives	MW	Presentation	To receive and discuss the draft operational objectives for 2017/18
1845	8	Feedback from Governor sub committees <ul style="list-style-type: none"> • Patient, Staff and Visitor experience • Governor Strategy • Membership Committee 	Subcommittee chairs	Verbal	Governors to note the work of the subcommittees
1900	9	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			
	10.	Appointment of subcommittee chairs and vice chairs	All	Discussion	
1920	11.	Any Other Business			
1930	12	Close			

Date and Time of next meeting – 19th January 2017

Meeting

Council of Governors

Time

5.30 p.m.

Date

7th July 2016

Venue

Seminar Room 1, Education Centre

Present

David Wakefield	Chairman
Anne Bain	Public Elected Governor
Barbara Ronson	Elected Governor
Champak Mistry	Public Elected Governor
Darren Knight	Appointed Governor
Dawn Hennefer	Appointed Governor
Derek Burrows	Public Elected Governor
Dipak Fatania	Staff Governor
Eric Hyde	Public Elected Governor
Geoffrey Minshull	Public Elected Governor
Jack Ramsay	Public Elected Governor
Janet Whitehouse	Public Elected Governor
Jim Sherrington	Public Elected Governor
Kate Cowpe	Public Elected Governor
Ken Hahlo	Public Elected Governor
Leigh Valance	Appointed Governor
Michael Connolly	Public Elected Governor
Sarah Rutherford	Staff Governor
Tracey Holliday	Staff Governor

In Attendance

Jackie Bene	Chief Executive
Andy Ennis	Chief Operating Officer
Ann Gavin-Daley	Non-Executive Director
Esther Steel	Trust Secretary
Mark Harrison	Non-Executive Director
Mark Wilkinson	Director of Strategic and Organisational Development
Simon Worthington	Director of Finance
Steve Hodgson	Medical Director
Trish Armstrong-Child	Director of Nursing
Victoria Lomas	Membership Manager
Chris Paisley	External Audit Manager, KPMG

Apologies

Dan Hindley	Andrew Thornton	Janet Roberts	Carol McBride
Neal Chamberlain	Allan Duckworth		

2. Declarations of Interest

None

3. Minutes of the Council of Governors' Meeting 3rd May 2016

Were approved as a correct record.

3.1 Matters Arising

There were no matters arising.

4. Chairman Update

Governors were informed that this would be the last Council of Governors meeting that Carol Davies would be attending. Carol has been a Non-Executive Director at the Trust for six years and the Chairman took the opportunity to thank Carol for her time at the Trust and in particular for the work she has done as Chair of the Audit Committee. The Trust has received good audit results as a result of the work of the Audit Committee. JS seconded this and thanked Carol on behalf of all the Governors.

CD thanked the Chairman and Governors commenting that without the support of others and in particular the auditors the Trust would not be in the good position it is. Carol also thanked Governors for their support to the Non-Executives through the difficult times.

The Chairman updated Governors on the following key points:-

National Recognition

The CEO from NHS Improvement has recently praised Bolton commenting that the turnaround at the Trust is the best ever seen in the NHS. The comments are a fantastic recognition for the Trust.

DevoManc

It was agreed to hold a full session on DevoManc at the next Council of Governors meeting. There are a number of developments and many of the Board are involved in various aspects.

Healthier Together

A business case will not be completed until next summer. Discussions are still taking place with Salford and Wigan regarding a Vanguard. Further information should be available by September.

National Survey Results

Inpatient and cancer survey results have been received and were fantastic. The Trust is in the top 15% for both sets of results. A briefing on these results will be given at a future meeting.

CQC

The CQC report is due to be received on 20th July 2016. Following this the Trust will have 10 working days to check for factual accuracy before publication.

National Performance Update

NHS Improvement have estimated a forecast deficit for all Trusts in 2016/17 of £500m.

Trusts are required to consider:-

- Cost of growth 2016/17
- Back office/pathology
- Unsustainable service consolidation

The aim is to reduce the forecast loss to £250m.

Bolton Performance

Overall the Trust is performing well on waiting times for diagnostics/cancer, theatre checklists and medication incidents.

There will be an increased focus on:-

- Falls
- Pressure ulcers
- Cancelled procedures

A&E is a major priority for the Trust as targets are not being achieved.

EH queried whether Doctors strikes would affect the number of cancelled procedures. The Chief Operating confirmed that it is likely that the new doctor's contract will be imposed and the expectation is that there will not be any further strikes. The Chairman confirmed that the KPI is for on the day cancellations and if there is a strike procedures would be cancelled earlier than this so it would not be affected.

The Trust is planning for a financial surplus of £0.8m though there will be challenges to this. The Trust is required to save £15m this year and this is being monitored closely.

The Trust is planning to receive some funding from the sustainability fund though there are rules and regulations which have to be met to receive this. The sustainability fund is a fund of £1.8b which has been split nationally between all trusts who provide emergency care if we achieve all targets we will receive £9.2m on mid case we are likely to receive half of it.

In response to a question the Director of Finance confirmed that it is expected that trusts will have to make savings of around 2% next year which is significantly less than the 4% this year.

Brexit

The following concerns have been raised following the vote to leave the EU:-

- Workforce: ensuring NHS access to the EU workforce and limiting the cost of that access.
- Workforce: preserving the mutual recognition of professional qualifications to make it easy for doctors to work in the UK.
- Medical devices, drugs and research innovation: preserving the status quo and minimising the cost of any changes.
- Clarity about access to healthcare services for UK citizens abroad and EU citizens in the UK.
- Clarity about any changes to procurement and competition law.

Governors queried whether it would be more difficult to recruit EU staff in future. The Chairman advised that the weakness of the £1 will make it less attractive to work here.

The is currently going out to the Philippines to recruit 75 nurses.

Resolved: the Chairman's update was noted.

5. External Auditor Report

Chris Paisley, External Audit Manager from KPMG presented the External Audit Update.

External Auditors provide three key opinions:-

- Financial statements audit – the unqualified opinion: the financial statements present a 'true and fair view' of the Trust's financial performance and position. One medium and three low priority recommendations were made for improvement.
- Value for money (VfM) – one significant VfM risk identified: financial sustainability a going

concern. The response to this risk included a review of budget setting processes, assessment of recurrent cost improvements, considering assumptions in 2016/17 financial plan and reviewing communications with Monitor/NHS Improvement. The overall conclusion is that they are satisfied that the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for 2015/16.

- Quality Report
 - Limited testing was completed on two mandated indicators - A&E four hour target and 18 week RTT – incomplete pathways target. The local indicator for limited testing was emergency readmissions within 28 days of discharge from hospital.
 - Able to provide ‘clean’ limited assurance opinion on the A&E four hour target waits indicator, from limited procedures performed.
 - For 18 week RTT – incomplete pathways indicator, some errors were identified relating to reporting of breaches, which results in a lower reported performance. Unable therefore to provide ‘clean’ limited assurance on the data behind this indicator. There was one high priority recommendation relating to enhanced data validation processes.
 - The ‘local’ indicator, selected in conjunction with Governors - emergency readmissions with 28 days of discharge from hospital does not require a formal opinion. An issue was identified around emergency readmissions reported in relation to planned appointment, which results in lower reported performance. One high priority recommendation was raised relating to enhancing the data validation process. The conclusion is that if KPMG were required to provide a formal limited assurance opinion on this indicator in the future, we would not be able to provide a ‘clean’ opinion.

Resolved: the update was noted.

6. A&E Update

The Chief Operating Officer gave an update on A&E performance.

There has been a considerable drop in performance compared to last year though recently there has been a slight improvement.

In order to understand the Trust’s current performance a number of activities and reviews have taken place during April 2016.

The key finding from these reviews include:-

- Flow – the accumulative number of patients in the emergency department regularly exceeds the volume it was designed for.
- Emergency department workforce.
- Impact of increased attendances in paediatrics and minors.
- Bed occupancy is high.
- There are gaps in the nursing workforce across the Trust.

A number of actions are being undertaken which include immediate recovery actions, admission avoidance, integrated neighbourhood teams, ED increase in estates and proactive management of urgent care flow and discharge. The Trust needs to ensure that any changes made are sustainable.

There are serious issues nationwide around a lack of middle grade cover for all specialities. The Trust has recruited one middle grade doctor for A&E who will commence in post in December when qualified. There are also plans to recruit to the nursing workforce.

The Escalation Policy has recently been launched which outlines significant roles and responsibilities of senior staff at various stages.

Building work will commence within the department in the next month. Moving minors out of the department will create more space.

It has been agreed to open more beds this winter and staffing for these beds will be provided by specialist nurses who work outside of wards. The Trust will also need to consider whether to reduce elective activity.

The Trust has agreed with NHSI a trajectory of 91% for the A&E target for this year.

Governors queried whether the closure of Chorley A&E has affected our own service. The COO confirmed that it had not as most patients have attended Wigan A&E instead.

Discussion took place regarding the introduction of GPs to A&E. Governors were advised that the trust currently employs five GPs one of whom is based in admission avoidance who could be better utilised in A&E. The CCG will also be supporting this and will be running a publicity campaign to stop members of the public attending A&E.

Governors queried how the Trust is moving consultants around to ensure all shifts are covered. AE advised that it is very difficult and A&E Consultants are tired and cannot sustain the level of work they have been doing. It was noted that the team is strong and is working hard.

EH queried why ambulatory care had not made a difference. AE confirmed it has but could have worked better.

Resolved: the update was noted.

7. New Contracting Arrangements

The Director of Finance updated Governors on the new contracting arrangements.

Through collaborative working between the Trust and the CCG it is hoped there will be greater financial benefits which will enable both organisations to delivery better care together. Both organisations agree on the vision for the future and that risks need to be shared and managed. There are a whole range of benefits from working together the most positive being the positive atmosphere of working.

The contract has been split into four areas:-

- Activity reduction income
- Cost reduction income
- Cost risk share
- Fixed income

Financially in the short term both organisations will be much better off and much more sustainable in the long term.

KC commented that the Family Divisional Board had received a presentation from SW and the CCG around the new contract and both parties were extremely enthusiastic about the new contract.

The Chairman commented that Bolton is the first area within the UK to sign this year's contract.

Resolved: Governors noted the update.

8. Elections

The Trust Secretary confirmed that nominations have been received in 12 of the 15 areas up for election. Four of the areas are contested.

9. **Feedback from Governor sub committees**

9.1 **Patient, Staff and Visitor Experience**

The Patient, Staff and Visitor Experience Governor Sub Committee received a good presentation from the CAMHS team regarding the service. Governors agreed the presentation was very informative and interesting.

Resolved: the Governors noted the update.

9.2 **Strategy**

There has been no meeting within the reporting period.

9.3 **Membership**

JR provided an update from the Membership Committee he commented that attendance at the last meeting had been poor and urged Governors to attend the next meeting. The following key points were highlighted:-

- Membership currently stands at 4,600 members.
- A Medicine for Members Event will be taking place on 14th July on end of life care.
- Christine Mills, Volunteer Coordinator gave an update on volunteering advising that initially the Trust is looking to recruit 50 volunteers but the target is to eventually have around 400 volunteers.
- A drive to increase membership will be taking place and VL will be putting together a programme for recruitment events.

Resolved: the update was noted.

10. **Any Other Business**

Board of Directors

MC raised an issue regarding the lack of Governor representation at Board meetings. It was felt that this was due to Governors not being able to sit at a desk and the lack of tablets to view papers on. It was agreed to look at alternative solutions for the meeting. ES is meeting with IT next week to discuss the WiFi issues and establish whether we can purchase some tablets for Governors to use for meetings.

11. **Date and Time of Next Meeting**

17th November 2016 at 5.30pm in Seminar Room One, Education Centre