

Bolton NHS Foundation Trust – Council of Governor Meeting 3rd March 2016

Location: Education Centre

Time: 1730 –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 14 th January 2016	Chairman	Minutes	For approval
	3.1	Matters arising			
1740	4.	Chairman's update	Chairman	Verbal update	
1750	5.	Quality Account	TAC/ES	Verbal	
1800	6.	Annual Plan	MW	Report	
1815	7.	Devolution Manchester - Q&A	Esther Steel	Q and A session	To respond to questions about the future delivery of services in Greater Manchester
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.	Review of CoG Effectiveness	All	Discussion	
1920	11.	Any Other Business			
1930	12	Close			

Date and Time of next meeting – 3rd May 2016

Meeting

Council of Governors

Time

5.30 p.m.

Date

14th January 2016

Venue

Lecture Theatre, Education Centre

Present

David Wakefield	Chairman
Ken Hahlo	Public Elected Governor
Eric Hyde	Public Elected Governor
Martin McLoughlin	Public Elected Governor
Anne Bain	Public Elected Governor
Jim Sherrington	Public Elected Governor
Thaira Qureshi	Appointed Governor
Bill Riley	Public Elected Governor
Jack Ramsay	Public Elected Governor
Janet Whitehouse	Public Elected Governor
Tracey Holliday	Staff Governor
Pauline Lee	Public Elected Governor
Leigh Vallance	Appointed Governor
Sarah Rutherford	Staff Governor
Sorie Sesay	Governor
Michael Connolly	Public Elected Governor
Dawn Hennefer	Appointed Governor
Dipak Fatania	Staff Governor
Dan Hindley	Staff Governor
Sarah Hulme	Staff Governor

In Attendance

Mark Wilkinson	Director of Strategic and Organisational Development
Trish Armstrong-Child	Director of Nursing
Simon Worthington	Director of Finance
Andy Ennis	Chief Operating Officer
Esther Steel	Trust Secretary
Victoria Lomas	Membership Manager
Ann Gavin-Daley	Non-Executive Director
Andrew Thornton	Non-Executive Director
Jackie Bene	Chief Executive

Apologies

Barbara Ronson	Kate Cowpe	Allan Duckworth	Geoff Minshull
Mark Harrison			

2. Declarations of Interest

None

3. **Minutes of the Council of Governors' Meeting 3rd September and 5th November 2015**

Were approved as a correct record.

3.1 **Matters Arising**

None

4. **Chairman Update**

The Chairman provided Governors with an update on finance and quality and highlighted the following key points:-

- The Trust is performing well against its key financial and quality targets though it is expected that Q4 will be a challenge.
- The Chairman and CEO recently attended 10 Downing Street to meet with the Health Advisor to David Cameron as part of the Lord Carter review. A letter has been received from the Secretary of State praising the Trust for being open, honest and transparent during investigations.
- Simon Worthington recently won the HFMA award for Finance Director of Year. It was acknowledged that the Finance team as a whole have won a number of national awards recently.
- The Board will be discussing and endorsing the direction of the Greater Manchester devolution strategic plan however there are still a number of governance issues which need to be resolved. The Director of Strategic and Organisational Development will be providing an update on elements of the Devo Manchester Plan to the Governors at the next Governor Strategy Subcommittee.
- The deadline for submitting the Locality Plan is the end of March 2016. The Locality Plan is a joint plan between Bolton NHS FT, Bolton CCG, Bolton Council and Greater Manchester West NHS FT and reflects the strategic direction of the organisations.

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:

- There are concerns around figures for pressure ulcers and falls. Due to capacity and flow issues there have also been a couple of issues around mixed sex figures.
- Complaints figures are higher than anticipated but it was advised that they are being answered in a timely manner and lessons are being learnt. In response to a question it was acknowledged that communication is one of main themes from complaints and this has been the case for some time. One of the main issues coming through seems to be that patients do not feel they have been listened to and in some cases this is leading to misdiagnosis. The Director of Nursing advised that all complaints responses have to have an action plan to deal with the concerns raised.
- Governors noted that the A&E target is currently a challenge for the Trust. There have been capacity issues since New Year and it was highlighted this is a nationwide issue. The Trust is currently in the top three of performers in the North West for the A&E target. It was indicated that the Trust is as ready as possible to deal with any pressures resulting from a downturn in the weather. It was advised that although a harsh winter can be challenging, milder weather also creates challenges for the Trust as respiratory issues particularly in children can be an issue in milder weather. There are systems in the community for dealing with respiratory illnesses as this is a bigger issue for the Trust than snow and ice.

- Readmission rates are higher than expected and work is on-going to understand this issue. It was advised that this is not always due to patients being discharged too soon - keeping patients in hospital too long can also have its issues i.e. the risk of acquiring infections. There are issues around information which is given to patients on discharge as this should include who to contact if there are any concerns other than attending A&E. A new policy is being put in place where patients will be contacted 48 hours after discharge to check whether they have any concerns
- Nursing staff have received information attached to their January payslip advising them of the new revalidation process. 73 nurses are within the first cohort and they have been contacted to discuss the process. Information has also been included within appraisal documentation. The Trust is confident that enough steps have been put in place to avoid any issues.
- The Workforce metrics have significantly improved and in response to a question it was advised that in order to improve sickness rates three policies have been combined to ensure consistency throughout the Trust. Support is available for managers from HR and timelines have been brought forward for the stages of sickness. Further work is being completed to identify ways to further reduce sickness figures including staff health and wellbeing projects.
- At the end of December the Trust had a small financial surplus. A number of risks were highlighted around the financial position including winter pressures, CQUIN targets, contracting issues and the cost pressures associated with estates improvement. The forecast is being reviewed and will be reported at Finance and Investment Committee and Board of Directors. It was noted that part of the savings delivered this year are non-recurrent and next year will be challenging. The Director of Finance explained the capital to revenue transfer benefits available to the Trust to assist with the financial position.
- In response to a question the advantages to the Trust being involved with DevoManc were outlined such as working together for back office functions. The Trust will need to engage in the process positively in order to find the efficiency savings required whilst also maintaining patient care and quality.

6. Fraud and Overseas Visitors

Collette Ryan, Local Anti-Fraud Specialist for the Trust gave a presentation to the Council of Governors outlining the types of fraud within the NHS and what the Trust is doing to tackle fraud.

The main focus of discussion centred on overseas visitors and what is done to reduce fraud in this area. It was advised that Bolton has a full time Overseas Visitor Manager who is responsible for the early identification of those patients not eligible to free NHS and responsible for the raising of invoices for the cost of treatment. Receipts from 30th January 2014 to 1st December 2015 total £45902.52. A health surcharge applies to non-EEA national's visa to enter or remain in the UK for more than six months. Payment of the surcharge is mandatory and once paid the individual is able to access NHS treatment.

In response to a question it was advised that if a non EU individual runs up bills of over £1,000 this is flagged up with the Home Office and border control will prevent the individual from entering the country until the debt is paid. The Trust has a 27% recovery figure which is higher than the national average. Any individual who claims asylum receives free NHS treatment but checks still have to be made as they have to continue reapplying for asylum status.

The Trust regularly liaises with the Citizens Advice Bureau and the Home Office.

7. CQC Inspection

The Trust Secretary advised that the CQC inspection will be taking place w/c 21st March 2016 and asked how Governors would prefer to communicate with the inspectors. It was agreed that a focus

group would be arranged for Governors who wished to meet with the CQC inspectors to attend.

It was indicated that within 14 days of the inspection the CQC will carry out an unannounced visit this usually occurs out of hours.

An official mailing from the CQC has been circulated to staff and drop in sessions have been held. Any area which requires more information can request a briefing take place in their department. A 16 page information booklet will also be provided to staff and a monthly news bulletin is being produced which will continue after the inspection.

A large amount of information has already been requested by the CQC and this will be submitted next week.

The full report following the inspection will be received within six months.

8. **2016 Work Plan**

The agenda time had been allocated to discuss and agree topics for discussion at future Governor meetings - in view of the late running of the meeting it was agreed to provide feedback by email and to discuss further at sub committee meetings.

9. **Feedback from Governor sub committees**

9.1 **Patient, Staff and Visitor Experience**

No meeting during the reporting period - the next meeting in February 2016 will receive a presentation on End of Life Care.

9.2 **Strategy**

At the meeting on 11th November 2015, the Committee received an update on Devolution and the 2015/16 operational plan. Concern was expressed with regard to the poor attendance at this meeting which offers Governors an opportunity to be involved in the development of the Trust strategy.

9.3 **Membership Group**

Membership of the Trust is still below the target of 5,000. Governors were urged to increase efforts to recruit and engage with new members.

The next Medicine for Members event on 15th March will feature the work of the Early Years team.

There will be a membership stand at the Health Mela on 12th March 2016.

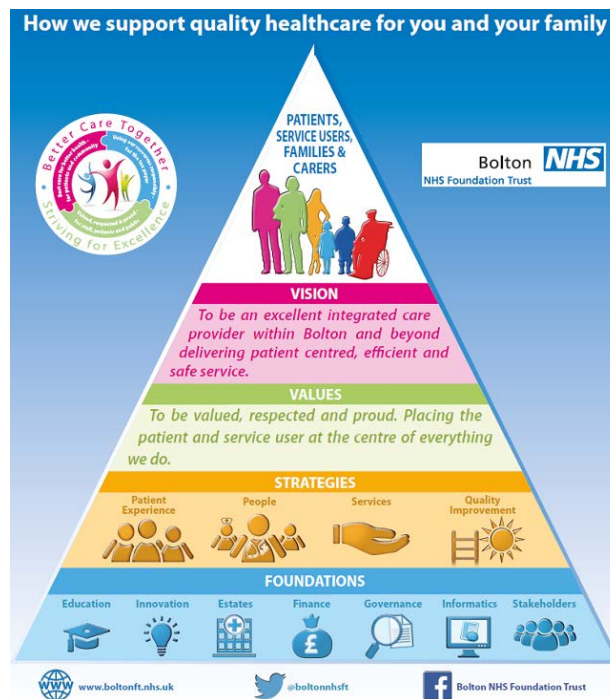
10. **Any Other Business**

A presentation on the work of the CAMHS service was requested - this will be scheduled for the PSV group.

Date and Time of Next Meeting

3rd March 2016 at 5.30pm in Seminar Room One, Education Centre

Operational Plan 2016/17 – our priorities and measures of success



Bolton NHS Foundation Trust

Who we are

Bolton NHS Foundation Trust is an integrated care organisation providing care and support in health centres and clinics, including the prestigious Bolton One complex in the town centre, as well as domiciliary and ill-health prevention services. We also provide intermediate care in the community and a wide range of services at the Royal Bolton Hospital.

Our Primary Objectives



Integration

Build on the advantages of being an integrated provider
Focus on keeping people healthy
Develop better integrated community based systems of care



Services for women and children

Develop a centre of excellence for women's and children's services
More ambulatory care in Paediatrics keeping children out of hospital.
To be the sector lead provider for paediatrics and gynaecology



Major A&E provider

Continue to be a major provider of A&E Services.
Retain and develop a range of planned diagnostic and treatment services
Establishing a fully functional ambulatory care unit.

Continually improve the quality of our services

“Our vision is to be an excellent integrated care provider within Bolton and beyond delivering patient centred, efficient and safe service.”

Our part in Greater Manchester

In February 2015 the 37 NHS organisations and local authorities in Greater Manchester signed a landmark agreement with the government to take charge of health and social care spending and decisions in our city region

As part of Greater Manchester we are committed to 5 clear transformational priorities



Bolton **NHS**
NHS Foundation Trust

Salford Royal **NHS**
NHS Foundation Trust
University Teaching Trust

safe • clean • personal

Wrightington, Wigan and Leigh **NHS**
NHS Foundation Trust

We will not achieve this in isolation. We will work both across the sector in collaboration with our partner Foundation Trusts to deliver best care for our most sick patients and with commissioners and providers within Bolton to deliver place based care at pace tailored to the needs of our Bolton residents.

Bolton Council **NHS in Bolton**

Bolton Health and Care 5 Year Locality Plan

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Our 2016/17 Operational Plan

This draft version of our operational plan is version 1.9. It has been developed over a number of months through engagement with our clinical teams and senior managers and has evolved to adhere to national guidance, the key objectives from the local sustainability and transformation plan, our North West Sector Acute Care Collaboration and own internal priorities.



Above are our 6 strategic goals. Our operational plan is presented in 6 sections that describe how we will achieve our strategic goals in 2016-17. A table follows the narrative within each section which defines our objectives. Once approved, performance against these objectives will be monitored monthly by our Board of Directors.

1. Quality, Safety and Patient Experience – Quality Planning

Bolton NHS Foundation Trust will start 2016/17 having received a visit from the Care Quality Commission in March 2016. Thus feedback from this visit will influence positively the quality priorities for the organisation over the next five years.

Our top 3 quality priorities:

The BAF (Board Assurance Framework) captures the three top priorities for Quality as:

- Reducing the number of hospital acquired infections.
- Providing appropriate skill mix for “safe and suitable” staffing
- Ensuring a timely response to the deteriorating patient.

Although high level actions targeting these priorities have been captured within this section of the Operational Plan further, underpinning detailed action plans are in place.

Seven Day Services

The trust is currently undertaking the development of the service strategy. The strategy will outline the organisations intentions to deliver high quality and financially sustainable services over 7 days and for further integration with social and primary care services. This may be achieved through a number of innovations such as working with other providers in new ways, improving productivity or further integration with our GPs and Local Authority services.

Communications

Communications is supporting divisions and directorates across the Trust to give reassurance and increase awareness as well as motivate, educate and inspire staff, patients, public, commissioners and other stakeholders, about the Trust’s services. Communications will focus on demonstrating that services are safe, effective, caring, well-led and responsive in the run-up to the CQC visit in March 2016 and beyond.

Quality Safety & Patient Experience	Trust Wide Objective	Lead Director	Outcome Measure	Target 16/17	Lead Person/Group
	1.1 Respond to the deteriorating patient	Medical Director (MD)	Reduction of avoidable cardiac arrests Recording of National Early Warning Scores (NEWS) to Gold Standard. Replacement of current Hospital at Night system, with a fully supported and auditable system capable of being upgraded to full e-obs Documented evidence of timely and appropriate medical response to the NEWS algorithm Documented evidence of timely and appropriate nursing response to the NEWS algorithm To be able measure avoidable death in hospital *NHS Planning Guidance SHMI CHKS Rami (rolling 12 months)	50% Reduction by March 2017 80% System replaced by March 2017 Baseline data available Baseline data available Measure available 100 100	MD/DON Mortality Reduction Group
1.2 Reduce healthcare acquired infections	MD/DON	Compliance of antibiotic prescribing standards Infection control champions in all clinical areas C-diff hospital acquired infections	85% 100% 19	MD/DON Quality Improvement Team	

1.3 Implement priorities for care for the dying person	MD	Delivery of Sage and Thyme definitions of training delivered to clinical staff with direct patient contact	50%	DON End of Life Steering Group
		Enhanced Communication training delivered to band 7 and above clinical staff/medics	30%	
		Establish a reliable after death survey and embed with quarterly reporting process	Quarterly reports produced	
		Establish and embed a robust system for auditing DNA CPR communication with patients and relatives	Audit process implemented	
1.4 To develop a systematic process to ensure safe staffing levels both within the hospital and the community	DON	Use data from e-roster systems to ensure actual staffing levels are appropriate to the Trust policy, planned establishments and patient acuity.	100%	Deputy DON Safer Staffing Meeting
		Roll e-rostering tool out to departments and community services	Full Roll Out	
1.5 For our patients to receive harm free care	DON	All patient falls	982	DON Quality Improvement Team
		Acute inpatients acquiring grades 2+ pressure damage	27	
		Community patients acquiring pressure damage	76	
		Total number of medication incidents	1200	
		VTE compliance	95%	
		Same sex accommodation	0	
		Theatre list team INBRIEF completed	100%	
		Theatre SIGN IN completed	100%	
Theatre TIME OUT completed	100%			

		Theatre SIGN OUT completed	100%		
		Theatre list team OUTBRIEF completed	100%		
		Total number of SUIs received	0		
		Never events	0		
	1.6 For our patients to experience good care	DON	To be placed in the top 20% of responses for the inpatient survey results	Top 20%	DON Patient Experience and Inclusion Committee
			Formal Complaints from Patients	240	
			Complaints responded to within the time period	95%	
			% of stroke patients who spend 90% of their stay on the stroke unit	80%	
			% avoidable readmissions within 30 days of discharge	8%	

2. To be a valued provider

	Trust Wide Objective	Lead Director	Outcome Measure	Target 16/17	Lead Person/Group
Valued Provider	2.1 To deliver the NHS constitution, achieve Monitor standards and contractual targets <i>* NHS Planning Guidance</i>	Chief Operating officer (COO)	18 weeks incomplete	92%	HODs Clinical Divisions
			Diagnostic Waits > 6 weeks	1%	
			Cancer 62 day (standard)	85%	
			Cancer 62 day (screening)	90%	
			Cancer 31 days to first treatment	96%	
			Cancer 31 days to subsequent treatment (surgery)	94%	
			Cancer 31 days to subsequent treatment (anti-cancer drugs)	98%	
			Cancer 2 weeks (all cancers)	93%	
			Cancer 2 weeks (breast symptomatic)	93%	
			A+E 4 hour	95%	
Community Data Completeness	100%				
2.2 Clear strategy for our services considering the challenges of system resilience and the provision of 7 day and out of hour services. <i>*NHS Planning Guidance</i>	DSOD	Board approved service strategy	Board Approved Strategy April 2016	Head of Strategy and Planning	
2.3 To improve system resilience to enable timely and appropriate	COO	Bolton System wide plan agreed by August 16/17	Agreed Plan	DDOs System Resilience Group	

	flow through the hospital		Delivery of Key milestones within the Bolton system wide plan	Milestones delivered	
			Discharges by Midday	25%	
			Discharges by 4pm	60%	
	2.4 To have clear plans in place to ensure our IT systems are fit for the future.	COO	Board approved informatics strategy	Board Approved Strategy March 2016	CIO Informatics Committee
	2.5 To increase the care delivered closer to the patients home	COO	Increase in community services activity To agree models of ambulatory care pathways and delivery of 7 day services as part of the Greater Manchester North West Sector alliance	16/17 plans yet to be agreed with commissioners Pathways and model agreed	COO Contracting Programme Director, North West Sector Alliance
2.6 To offer the best care to patients with Dementia <i>*NHS Planning Guidance</i>	DON	Dedicated Dementia Friendly Ward System wide development of dementia pathways through investment from the Greater Manchester Transformational Fund	1 Dedicated dementia ward assigned and all required adjustments completed Investment secured and pathways enhanced	Divisional Nurse Director, Acute Adult Division Associate Director of Commissioning SRO for Bolton Locality	
2.7 To develop our role and expertise in ill health prevention	COO	Work with Bolton Locality to deliver a fully integrated Bolton Wellness Service Engage with stakeholders to identify further opportunities for preventative working	Implementation of Integrated Wellness Service Further opportunities identified	DDO – ICS Division DDOs – all Divisions	

Our People Strategy 2016-2021

Our organisation can only ever be as good as the people who work in it. Our goal for Bolton people is therefore simple: the team should feel fully engaged in their work, well recognised and fairly rewarded. Only as we achieve this can the Trust achieve its goals.

We need to fully align the people and their skills and efforts to our objectives. There are real areas of current strength.

We need to continue our efforts towards those areas that will yield the biggest benefits over the next few years. These are:

- Ensuring we are fit for the future – implementing new workforce models, responding to the ageing workforce and working across organisational boundaries.
- Engagement and experience - maximising effort through open communication, ample recognition, staff health and wellbeing and evident connection to our values i.e. the way we do things round here.
- Managing an efficient workforce – fairly rewarded and flexible staff fully aligned to demand for our services and deployed in agile ways.
- Developing capabilities in management and leadership – the three priority areas above require strong and demonstrable management and leadership at all levels across the organisation.

Board level responsibility for the implementation of our People Strategy rests with the Director of Strategic and Organisational Development. The workforce committee will oversee the actions to ensure progress is being made and provide assurance to the Board of Directors via the Quality Assurance Committee.

What are we going to do?

For details on the work streams undertaken to date, please refer to the People Strategy Implementation Paper (Board of Directors - March 2015) and the progress update on the delivery of the People Strategy (Board of Directors - September 2015).

New initiatives have been developed in conjunction with Workforce Committee, JNCC, Executive Directors, and senior managers. Against each initiative are high level implementation and resource implications, and success measures.

These new initiatives underpin the People Strategy objectives shown opposite

	Fit for the future	Efficient workforce	Engagement & experience	Leadership and management
Health and wellbeing			X	
Case management		X		X
Workforce planning	X			
Integrated metrics			X	X
Recognition and reward	X		X	X
Temporary staffing management		X		
Equality diversity and inclusion	X		X	X
Implications of ageing workforce	X			

Workforce Planning

The decisions we make today about skill mix, training places and operational models will all impact on whether the workforce of the future is able to manage the key challenges of providing high quality compassionate care to our patients.

The Trust will invest time and resource to develop a robust workforce plan which supports short, medium and long terms workforce requirements of the Trust. This should be done in conjunction with robust divisional capacity and service line planning because these are the drivers for the workforce requirements.

We will:

- Secure senior leadership commitment to workforce planning, linking our service planning to deliver the planned changes as our services evolve locally and we deliver services across the North West Sector.
- Use tools to support workforce transformation within and across organisations.
- Support service line and management training to ensure leaders have a greater understanding of workforce planning and the tools and techniques that will assist.

Centralised Management of Temporary Staffing

In October 2015 the Trust commissioned a review of processes around Nurse and HCA temporary staffing booking and allocation. It found that our bank and agency booking team is much more cost effective than the equivalent solution available from NHS Professionals.

The feedback supported greater Trust centralisation of temporary staffing management based in the Workforce Directorate, with that team responsible for all bank, agency and locum bookings. This team would be aware of all national and regional restrictions on agency usage, would be linked into all the NHS frameworks which control agency usage and spend (thus ensuring best price and safe agency workers looking after our patients), and would also be able to use our internal electronic systems for best practice. This option will not require any additional resource; rather the centralisation of resource from across the organisation. A working group has been established to implement the actions from the review.

	Trust Wide Objective	Lead Director	Outcome Measure	Target 16/17	Lead Person/Group
Great Place to Work	3.1 Staff feel engaged, recognised and rewarded	DSOD	Our staff tell us they would recommend the Trust as a place to work	66%	Head of Workforce Workforce Committee
			Sickness absence levels are appropriately managed	4.2%	
			Stability Index is within reasonable levels	75-85%	
			Vacancy Level	<6%	
	3.2 Staff are proud of the work they do	DSOD	Our staff tell us they would recommend the Trust for treatment	80%	Head of Workforce Workforce Committee
	3.3 Staff are clear about their objectives and development needs	DSOD	Increased staff with appraisal	85%	Head of Workforce Workforce Committee
Staff attending statutory training			95%		
Staff attending mandatory training			85%		
3.4 Teams are appropriately staffed and flexible	DSOD	Average Time to recruit	11 weeks	Head of Workforce Workforce Committee	
		Recruitment to unconditional offer with 8 weeks	95%		
		Total Bank Shifts filled	66%		
		Total agency shifts filled	70%		
		50% nurse shifts identified	14 days		
3.5 Leaders are visible, communicate. And deal with issues effectively	DSOD	Staff reporting good communication between management and staff	31%	Head of Workforce Workforce Committee	

	3.6 Compliance with NHS improvement agency rules	DSOD	Compliance with annual ceiling for nursing staff	Compliant	Head of Workforce Workforce Committee
			Use of frameworks for all nurse agency staff	Compliant	
			Compliance with hourly cap for agency staff	Compliant	

4. To be well governed – Membership and Elections

- As a Foundation Trust an active and engaged membership is vital to produce an effective and dynamic Council of Governors who are capable of playing their part in holding the Non-Executive Directors to account for the performance of the Trust.
- We are committed to building a membership that is representative of and reflects the local communities we serve in terms of disability, age, gender, socio-economics, sexuality, ethnic background and faith.
- Our latest membership strategy which was approved by the Governors in 2015 recognises the importance of a rolling recruitment programme but focuses on the engagement of the existing membership through a programme of events and opportunities for members of the Trust and the wider public to engage with the Governors and with the wider Trust. Events planned for 2016/17 include continuation of our popular Medicine for Members events and Governor Coffee mornings and attendance at events within the local communities served by the Trust.
- We recognise that the age distribution of our members does not reflect our local community. To address this we will target recruitment of people aged under 50, we hope to achieve this by working with local employers, schools and colleges to focus on this age group.
- We have an engaged and active Council of Governors, however a significant proportion of our Governors have now been in post for almost eight years against a maximum term of nine years. We have identified members who have expressed an interest in becoming governors and will be offering opportunities to attend sessions to learn more about the role of the Governor in preparation for our elections this year and next year.
- In 2016/17 we plan to be able to offer on line voting in addition to the traditional postal vote as we hope this will increase voting turnout particularly amongst our younger members.
- Looking forward to late 2016/17 and 2017/18 we are working with our Governors to amend our constitution to amend our electoral boundaries creating fewer areas of the public constituency to reach a position where each area has several Governor representatives - we hope that this change might encourage more younger members to put themselves forward for election.
- We provide an on-going programme for training and development. This includes induction sessions for new Governors - also popular as a refresher course for experienced Governors, a rolling series of training sessions to focus on key skills including interview techniques, holding to account and understanding finances. We also work closely with other Trusts in the North West to share Governor training and development through a programme of regional Governor events.

Well Governed	Trust Wide Objective	Lead Director	Outcome Measure	Target 16/17	Lead Person/Group
	4.1 To ensure that the organisation is actively managing risks which prevent or hinder the provision of Safe, Effective, Caring, Well-led and Responsive Services	DON	<p>To complete annual review of the effectiveness of the Risk Management Committee</p> <p>Risk register reports to provide graphical interpretation of the data, to aid services to focus on the business critical tasks</p> <p>Divisions to implement a close monitoring system of specialty and ward level risks with annual review of assurance.</p> <p>Total incidents reported on safeguard</p>	<p>Review completed</p> <p>Graphical data available</p> <p>System implemented and annual review for assurance completed.</p> <p>12000</p>	Head of Governance Risk Management Committee
	4.2 Ensure that information governance is embedded within the organisation	DSOD	<p>Job descriptions going out to advert to have IG responsibilities included.</p> <p>Compliance with IG training requirements</p>	<p>100%</p> <p>95%</p>	COO Information Governance Committee
	4.3 Improving data quality, which is meaningful and fit for the future.	COO	<p>Approved Business Intelligence Strategy</p> <p>Identify appropriate external assessment framework for informatics and complete assessment against criteria</p>	<p>Strategy approved</p> <p>Clear criteria identified with actions</p>	Head of Informatics Informatics Committee

5. Financially Viable and Sustainable - Financial Planning

The planned surplus of £11.9m is the control total proposed by NHS Improvement to which the Trust has agreed. The Trust is therefore planning to receive £9.2m from the Sustainability and Transformation Fund (S&T Fund).

Income and Cost Improvements

The Trust is planning to deliver £15.3m of income and cost improvements (5.3%) in the year. This is nearly the full value of the £16m savings identified through the Carter programme. At the time of writing £14.8m of schemes have been identified, taking into account delivery risk this is adjusted to £8.7m.

In order to improve certainty over ICIP delivery for the year the Trust is doing the following:

- Continuing the bottom up planning process with the Divisions
- Reviewing all opportunities identified by the Carter programme
- Conducting, by the 31st March, nine specialty reviews through the Bolton Model Hospital programme
- Conducting a process to identify the potential for further material reductions in agency spending

It is anticipated that through these measures the target of £15.3m will have been more than fully identified by the 31st March and the risk adjusted number will have increased to at least £11.9m.

Financially Viable & Sustainable	Trust Wide Objective	Lead Director	Outcome Measure	Target 16/17	Lead Person/Group
	5.1 Service and Financial Sustainability	DOF	Deliver control surplus of £11.9m	£11.90	DOF Finance Committee
			Maintain a Financial and Sustainability Risk Rating of at least two	Two	
			Implement Lord Carter report recommendations	Report KPIs	
5.2 Financial Governance Improvements	DOF	Maintain an ALE score of Good	ALE KPIs	DOF Audit Committee	
		No increase in BGAF red flags	BGAF KPIs		
		Basic process assurance remains on green	Basic Process KPIs		
5.3 Finance Skills Development	DOF	Support divisions to deliver in the context of an outcome based contract	Training in Q1	DOF Executive Team	
		80% of acute spend reviewed using the Bolton Model Hospital process	80% Covered		
		Implement next phase of Finance Directorate Development Plan	KPIs		

6. To be fit for the future – sustainability and transformation plan



Devolution – Taking Charge in Greater Manchester

In February 2015 Bolton NHS Foundation Trust was one of the 37 organisations to sign a memorandum of understanding for Greater Manchester Health and Social Care devolution.

Our goal is to see the fastest and biggest improvement to health, wealth and wellbeing of the 2.8 million people living within Greater Manchester, so we have people, healthy and independent people.

Our vision is that we become a place where we take charge and responsibility to look after ourselves and each other. There's a role for everyone, from the individual to the family, the community, the voluntary sector and the public bodies to work together

Sustainability and Transformation Plan

The Bolton Health and Care 5 Year Locality Plan was developed and agreed by all Bolton commissioning and provider organisations in December 2015 including the Bolton Health and Well-being Board. As our Sustainability and Transformational Plan this will inform the future strategic direction of the Trust.

Bolton Health and Care 5 Year Locality Plan

University Teaching Trust

safe • clean • personal

Acute Care Collaboration – Hospital Group Vanguard

As part of the North West Sector of Greater Manchester our organisation is working in collaboration with Wigan, Wrightington and Leigh Foundation Trust and Salford Royal NHS Foundation Trust to develop single shared services for the benefit of the sector population. Discussions are currently underway around the foundation membership of a Hospital Group.

Pre-implementation plans for a single service provision of high risk emergency general surgery, urgent, acute and emergency medicine and radiology are already well underway.

	Trust Wide Objective	Lead Director	Outcome Measure	Target 16/17	Lead Person/Group
Fit for the Future - Capabilities	6.1 Develop improvement capability in front line staff by adopting an integrated approach to quality improvement, and implementing improvement capability training programmes.	MD	Investment and clear processes for improvement capability and innovation *NHS Planning Guidance	Board Approved Plan	MD/DON Quality Improvement Team
	6.2 Achievement of the Better Care Fund Indicators	COO	Reduction in emergency admissions Reduction in the permanent admission of older people to nursing and residential homes Proportion of patients still at home 91days after discharge from hospital to re-ablement services Reduction in delayed transfers of care (total delayed days) Referrals to home based intermediate care	16,384 (tbc) 361(tbc) 86% (tbc) 1577 (tbc) 752 (tbc)	DDOs System Resilience Group
	6.3 Work alongside the CCG to Support continued provision of a sustainable and quality primary care service *NHS Planning Guidance	DSOD	Continue to develop a positive relationship with an established GP Federation offering to support with challenges where able. Work closely with Primary Care colleagues to further develop integrated pathways for our elderly population and those with long term conditions	Actions identified and agreed Actions identified and agreed	DSOD DDOs – Clinical Divisions
	6.4 Establish single service partnerships across the North West Sector: General Surgery and Urgent	DSOD	Progression towards single service models	Single service models agreed with implementation plans	Programme Director Healthier Together Work streams

Emergency and Acute Medicine				
6.5 Work with key external stakeholders to identify estates requirements to support the integration of health and social care community services.	COO	Complete utilisation of all space used by Bolton Health and Social Care. Identify surplus / dilapidated premises for disposal and identify where premises are required to remain in service but require refurbishment.	Recommendations developed and approved for action	DDO – Estates Strategic Estates Group (SEG)
6.6 Progress delivery of the Bolton Locality Plan *NHS Planning Guidance	DSOD	<p>Delivery of 16/17 Bolton Locality Plan Objectives</p> <p>Incremental progression of services up the AQUA system integration/Accountable Care Maturity matrix</p> <p>Improve relationships with key stakeholders</p>	<p>Bolton Locality Plan 16/17 objectives achieved</p> <p>Maturity scores increased</p> <p>Implementation of February 2016 Board action plan</p>	<p>SRO, Bolton Locality Steering Group</p> <p>Divisional Executive</p> <p>Board of Directors</p>
6.7 Be the lead provider for women and children services both for the Bolton and Salford population and the wider footprint.	DSOD	<p>Agree Sector plan for Gynaecology</p> <p>Agree Sector plans for Paediatric surgery</p> <p>Agree sector plans for SRFT PANDA Unit</p>	Activity Transfer Agreed	Programme Director, North West Sector Alliance
6.8 Approve and implement strategies that are fit for purpose through an agreed annual strategy work plan	DSOD	16/17 Strategy Work plan	Adherence to work plan	Head of Strategy and Planning

Glossary

A+E	Accident and Emergency
BAF	Board Assurance Framework
CCG	Clinical Commissioning Group
D-diff	Clostridium Difficile
CHKS RAMI	Risk Adjusted Mortality Index
COO	Chief Operating Officer
CQC	Care Quality Commission
CQUINS	Commissioning for Quality and Innovation
DNA CPR	Do not attempt cardio pulmonary resuscitation
DOF	Director of Finance
DON	Director of Nursing
DSOD	Director of Strategic and Organisational Development
e-obs	Digital patient observation recording system
GM	Greater Manchester
HCA	Health Care Assistant
ICIP	Income and Cost Improvement Plan
IG	Information Governance

IPM	Integrated Performance Management
JNCC	Joint Negotiating Consultative Committee
MD	Medical Director
NEWS	National Early Warning Score
PANDA	Paediatric Assessment Unit
PAS	Patient Administration System
PBR	Payment by Results
PMO	Programme Management Office
QI	Quality Improvement
QIA	Quality Impact Assessment
RTT	Referral to Treatment
SHMI	Standardised Hospital Mortality Index
SRFT	Salford Royal Foundation Trust
S&T	Sustainability and Transformation
VTE	Venous –thrombosis embolism