

# Bolton NHS Foundation Trust – Council of Governor Meeting 23rd May 2019

**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	Chair		
	1.	Apologies	Chair		
	2.	Declarations of Interest	Chair		
	3.	Minutes of meeting held on 14 <sup>th</sup> March 2019	Chair	Minutes	For approval
	3.1	Matters arising			
1740	4.	EPR Implementation	IT	Presentation	To note
18.00	5.	Performance update	CEO	Verbal update	To note
1815	6.	Objectives for the Chair of the Trust	Chair	discussion	To discuss and approve
	7.	Governor Sub Committee feedback			
1845	7.1	Governor Strategy Sub Committee	Verbal	Chair of Strategy Sub group	To note
1850	7.2	Governor Quality Sub Committee	Verbal	Chair of Quality Sub Group	To note
	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			
1900	9.	NED Appointment			
1910	10.	Appointment of External Auditor			
	11.	Any Other Business			
		Close			

**Date and Time of next meeting – 4<sup>th</sup> July 2019 at 5.30pm**

**Meeting**
**Council of Governors**
**Time**
**5.30 p.m.**
**Date**
**14<sup>th</sup> March 2019**
**Venue**
**Seminar Room 1, Education Centre**
**Present**

David Wakefield	Chairman
Ann Bain	Public Elected Governor
Bhagvati Parmar	Public Elected Governor
Bill Crook	Public Elected Governor
Champak Mistry	Public Elected Governor
Darren Knight	Appointed Governor
Dawn Hennefer	Appointed Governor
Grace Hopps	Public Elected Governor
Janet Whitehouse	Public Elected Governor
Janice Drake	Public Elected Governor
Jim Sherrington	Appointed Governor
Kantilal Khimani	Public Elected Governor
Kemi Abidogun	Public Elected Governor
Laila Dawson	Public Elected Governor
Leigh Vallance	Appointed Governor
Liam Irving	Appointed Governor
Martin Anderson	Staff Governor
Oboh Achioyamen	Public Elected Governor
Pat Grocock	Public Elected Governor
Pauline Lee	Public Elected Governor
Sorie Sesay	Public Elected Governor
Tracey Holliday	Staff Governor

**In Attendance**

Alan Stuttard	Non-Executive Director
Andy Ennis	Chief Operating Officer
Carol Sheard	Deputy Director of Workforce
Esther Steel	Trust Secretary
Francis Andrews	Medical Director
Jackie Bene	Chief Executive
Martin North	Non-Executive Director
Sharon Martin	Director of Strategic Transformation

**Apologies**

Trish Armstrong-Child	Marie Forshaw	James Mawrey	Janet Roberts
Rosie Adamson-Clark	Abs Sinha	Malcolm Brown	Margaret Parrish
Dawn Fletcher-Wilde	Sue Haworth	Carol Burrows	Victoria Lomas
Iqbal Essa	Dipak Fatania		

## 2. Declarations of Interest

Esther Steel Company Secretary, iFM Bolton

## 3. Minutes of the Council of Governors' Meeting held on 17<sup>th</sup> January 2019

Were approved as a correct record.

### 3.1 Matters Arising

There were no matters arising.

## 4. Chairman Update

The Chairman presented an update on recent performance and invited questions from those present (slides and key points from the discussion are recoded below)

### **Falls per 1000 bed days**

Figures have improved from 5.3 per 1000 bed days to 4.6

### **Pressure ulcers**

Figures are relatively low, but metrics reported for January show a slight increase in the number of cases as a result of lapse in care. This has been reviewed at the Quality Assurance.

### **Never Events**

There have been two Never Events in the year, but none in the last quarter

### **Crude mortality**

SHMI has increased and although the Trust is not an outlier this is higher than desired. The Medical Director is providing an update to the Quality Assurance Committee on a review of pneumonia deaths.

### **Maternity metrics**

The Board received a presentation from the maternity team to provide assurance that the metrics reported for intervention in labour (number of C sections and induced labour) reduces harm to babies as part of the Saving Babies Lives programme.

### **A&E**

Across Greater Manchester performance against the A&E target remains a significant concern.

The Greater Manchester Urgent Care System Regulator has become involved and Bolton and Tameside are the only two trusts who are not singled out for attention.

The operations team are continually focusing on the actions which make a difference.

## Performance Summary – January 2019



Trust Objective	RAG Distribution	Total
Quality & Safety	Green / Amber	60
Operational Performance	Amber / Red	35
Workforce	Green/Amber	13
Finance	Green / Amber	5

#### Main Areas for Board Focus

- Falls per 1000 bed days improvements (4.6 v 5.3)
- Pressure Ulcers low numbers but increased incidents
- Never Events (2 YTD)
- Mortality rates increase in SHMI
- Births / Labour (inductions & C Sections)
- Urgent Care / A&E
- RTT Waiting Times (89.4% v Tgt 92%)
- Stranded Patients LOS >21 days (108 in May : 80 in January)
- Cancer screening (100% Dec : 84% YTD)
- Sick Absence Levels (5.5% Jan : 5.0%)
- Finance

## A&E Pressures



A&E Results	Year to Date	Qtr to Date
Bolton	84.0%	80.7%
Salford	83.7%	73.8%
Wigan	87.4%	77.5%
Gen Manc	85.7%	82.9%
Pennine	84.9%	79.7%
Stockport	76.5%	72.1%
Tameside	91.7%	88.7%

## RTT performance

Still not where we would like to be, all trusts are struggling

## Stranded Patients and Length of Stay

These two metrics are used by the Trust to measure flow through the hospital. These metrics are showing improvement.

## Cancer screening

The Trust has performed well against the majority of cancer metrics.

## Sickness Absence

This is still an area of focus. The Board of Directors recently debated actions and support for staff but it was agreed it was important to give the actions time to have the desired effect. There are some good initiatives and the Executive Team are reasonably confident that these will have an impact. Sickness absence rates had reduced in February 2019.

The Trust is performing well across a wide number of metrics.

## Finance

If the finance target of £1.6m is achieved at the end of 2018/19 a bonus will be received from the sustainability fund of £11.1m. Going forward part of the one off bonus payment will be put into the tariff and will be recurrent.

Surplus including STF of £2.8m is £2.2 below plan however, the Trust are on track to have a surplus including STF at the end of the year.

## NHSI Briefing

The national forecast from NHSI is an expected sector deficit of £661m compared to a £558m deficit last year. There an underlying deficit of £1.2b

It was noted that 78% of all acute trusts are in deficit.

Quality is good and the Trust is in the top 22% for finance.

National settlement is important to start addressing the financial challenge.

A&E performance nationally has deteriorated with a 6% increase in emergency admissions on average an additional 8 patients a day are admitted, despite measures to keep patients out of hospital.

In response to a query it was confirmed that the bulk of additional admissions are medical but there has been a significant increase in orthopaedics.

Locally we have seen an increase in attendances. The difference for us this year is that we are holding the growth in the over 60s but have an increase in non-admitted patients in the younger age group. The reasons behind this such as different social approach, lack of access to General Practice are being considered.

Nationally in Q3 the ambulance service only met 1 in 6 in terms of response times which is an indicator of the pressure in the system and paints a picture of a service under an enormous amount of strain.

The number of vacancies around the NHS is 105,000 and workforce issues show a national picture of pressure. The financial settlement will assist with this but it is still a big challenge.

## Finance – Our Position



- At the end of January the Trust's year to date surplus stood at £2.8m - This was £2.2m below plan
- Our YTD actual includes £5m Provider Sustainability Fund
- Our forecast, including PSF, is a surplus of £2.3m
- Had we delivered all the targets and savings, our plan was to achieve a surplus of £12.7m.



## **Brexit**

Governors were assured that all plans which can be made have been made. This topic is high on all agendas and national contingencies are in place.

## **Capital Investments**

Investments have been made in A&E and Urology. Significant improvements to A&E and the new Urology Department are well under way.

## **NHSI and NHSE**

From 1st April NHSI and NHSE will combine bringing commissioner and provider closer together. There will be some implications for provider trusts and Regional Directors will oversee and facilitate the collaboration.

## **CQC**

The CQC report is expected imminently.

## **iFM Bolton**

A new Managing Director has been appointed to lead iFM Bolton, there are still some elements of iFM which are a cause for concern and the leadership team have been asked to return to the part two board meeting in March to provide an update.

## **NHS Staff Survey**

Results have been received and the Trust is the best acute Trust in Greater Manchester.

## **Trust Five Year Strategy**

The Director of Strategic Transformation thanked Governors for their previous engagement and advised that the revised plans will be brought back to the Board of Directors in March. Also engaging with the public and stakeholders.

**Resolved:** the update was noted.

## **5. Outpatient Redesign**

Debbie Tinsley delivered a presentation setting out the background and the aims and objectives to the Outpatient Improvement Programme. The following key points were highlighted:

- Why do we want an outpatient transformation programme
- Links to five year strategy
- Changes in technology
- Digital images
- Looking at ways to embrace changing technology
- How to transform outpatients to meet the needs of the 21<sup>st</sup> century – develop new roles for physios and nurses. Move away from traditional medical model.

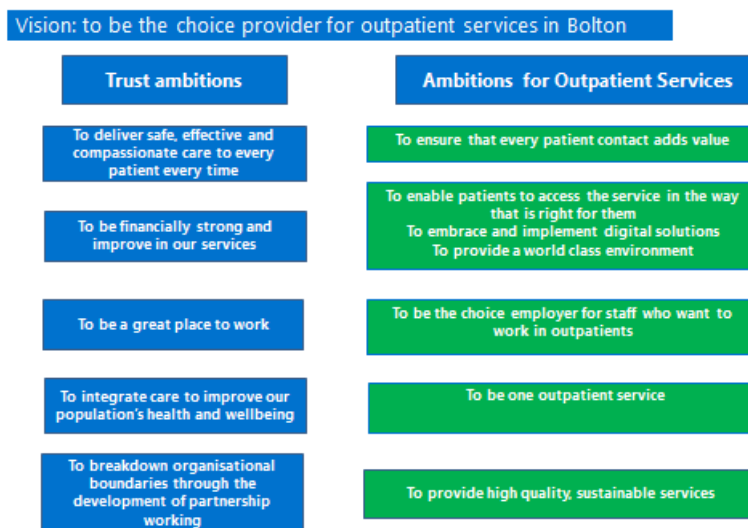
Following sessions with staff and referees we know there are areas where we need to improve i.e. advice and guidance from GP - rather than the patient having to wait to see the GP they could ask via an online service for a check, running for just under a year 600 requests best in Greater Manchester for using advice and guidance. Aligned incentive contract means contract not a barrier.

Why do we want to do this?

- Working with patient experience on always events – things that as users of services should always expect to happen – standards.

- Networking to share ideas – virtual clinics learning from others.
- Using data and benchmarking to highlight areas for improvement. We know we have high DNA rate and could do more with follow up.
- Visioning events with users and providers of services – talking to the public and users to get feedback from the public about what we can do differently.

The vision: to be the choice provider for outpatient services in Bolton.



Governors were asked to spend time in groups discussing these ambitions – anything missing, anything that should change and anything that we could do more of.

**Resolved:** Feedback from the group discussions was collated by D Tinsley for inclusion within the wider consultation.

## 6. Feedback from Governor Sub-Committees

### Governor Strategy Committee – 24<sup>th</sup> January 2019

J Sherrington provided an update from the Strategy Committee advising that the group had received a presentation from the Director of Strategic Transformation outlining the plans for developing the new five year strategy and asking for feedback on the ambitions.

The next meeting is taking place on 11<sup>th</sup> April 2019 at 5.30pm in the Boardroom.

**Resolved:** the update was noted.

### Governor Quality Committee - 7<sup>th</sup> February 2019

Governors noted that presentations had been received regarding the Good to Great Inspections and BOSCA. The Quality Account priorities were also discussed.

The next meeting is taking place on 9<sup>th</sup> May 2019 at 5.30pm in the Boardroom.

**Resolved:** the update was noted.

## 7. **Any Other Business**

As this was the Chairman's last meeting Governors thanked him for his work and wished him well in the future.

## **PART 2**

### **8. Chair Appointment**

The Trust Secretary recapped on the process undertaken to appoint a new Chair for the Trust. The process which was supported by recruitment specialist Gatenby Sanderson included initial interviews between candidates and the recruitment agency to inform a governor panel to short list candidates for the final stage of a stakeholder session and formal interviews.

Three candidates had been invited to attend the final stage which was held earlier in the day; all governors were invited to attend the morning session when candidates delivered a prepared presentation setting out their plans if appointed for each candidate this was followed by a question and answer session. After each candidate had presented Governors shared their evaluation of performance.

In the afternoon, the three candidates attended for a formal interview with a panel of governors, Jay Bevington of Deloitte LLP as external advisor and two governor observers.

On completion of the three interviews the panel members and observers conferred and were unanimous in the selection of Donna Hall to be recommended to the full Council of Governors for appointment as Chair.

A brief summary of Mrs Hall's CV was shared with Governors with an opportunity to ask questions before Mr Sherrington proposed the appointment for formal approval by the Council.

Governors voted by a show of hands to indicate that all present were in favour of the appointment.

**Resolved:** The Governors approved the appointment of Mrs Donna Hall as Chair of Bolton NHS Foundation Trust for the period 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2022

### **9. Any Other Business**

None

#### **Date and Time of Next Meeting**

23<sup>rd</sup> May 2019 at 5.30pm in Seminar Room 1, Education Centre