

Bolton NHS Foundation Trust – Board Meeting 20 December 2018

Location: Boardroom

Time: 0900

| <i>Time</i> | | <i>Topic</i> | <i>Lead</i> | <i>Process</i> | <i>Expected Outcome</i> |
|-----------------------------------------|-----|------------------------------------------------------------------|-------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 09.00 | | Patient Story | DoN | | For the Board to hear a recent patient story to bring the patient into the room (Press and public will be excluded to preserve confidentiality) |
| 09.30 | 1. | Welcome and Introductions | Chairman | verbal | |
| | 2. | Apologies for Absence | Trust Sec. | Verbal | Apologies noted |
| | 3. | Declarations of Interest | Chairman | Verbal | To note any declarations of interest in relation to items on the agenda |
| | 4. | Minutes of meeting held 29 th November 2018 | Chairman | Minutes | To approve the previous minutes |
| | 5. | Action sheet | Chairman | Action log | To note progress on agreed actions |
| | 6. | Matters arising | Chairman | Verbal | To address any matters arising not covered on the agenda |
| | 7. | Chairman's Report | Chairman | Verbal | To receive a report on current issues |
| | 8. | CEO Report including reportable issues | CEO | Report | To receive a report on any reportable issues including but not limited to SIs, never events, coroner reports and serious complaints |
| Safety Quality and Effectiveness | | | | | |
| 09.45 | 9. | Quality Assurance Committee Chair Report 19 December 2018 | QA Chair | Verbal update | QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board |
| | 10. | Workforce Assurance Committee – Chair Report | CEO | Report | CEO to provide a summary of assurance from the Workforce Assurance Committee and to escalate any items of concern to the Board |
| | 11. | Audit Committee Chair Report | Audit Chair | Chair Report | Audit Chair to provide a summary of assurance from the Audit Committee and to escalate any items of concern to the Board |
| 10.00 | 12. | Urgent Care Delivery Board Chair Report and seasonal plan update | CEO/COO | Report | To receive a report on the Urgent Care Delivery Board |
| 10.20 | 13. | Changes to cancer screening – implications | COO | Report | To discuss and note |

| <i>Time</i> | | <i>Topic</i> | <i>Lead</i> | <i>Process</i> | <i>Expected Outcome</i> |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|------------------------------------------------|
| Governance | | | | | |
| 10.40 | 14. | Health and Safety Annual Report | DoN | Report | To receive the annual Health and Safety Report |
| Reports from Sub-Committees (for information) | | | | | |
| | 15. | Any other business | | | |
| Questions from Members of the Public | | | | | |
| | 16. | To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting. | | | |
| Resolution to Exclude the Press and Public | | | | | |
| 11.00 | To consider a resolution to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted | | | | |

Coffee

Meeting Board of Directors Meeting – Part One

Time 09.00

Date 29 November 2018

Venue Boardroom RBH

Present:-

| | | |
|-----------------------|--------------------------------------|-----|
| Mr D Wakefield | Chairman | DW |
| Dr J Bene | Chief Executive | JB |
| Dr F Andrews | Medical Director | FA |
| Mrs T Armstrong-Child | Director of Nursing | TAC |
| Mr A Duckworth | Non-Executive Director | AD |
| Mr A Ennis | Chief Operating Officer | AE |
| Ms B Ismail | Non-Executive Director | BI |
| Mr M North | Non-Executive Director | MN |
| Mrs S Martin | Director of Strategic Transformation | SM |
| Mr J Mawrey | Director of Workforce | JM |
| Mr A Thornton, | Non-Executive Director | AT |
| Mrs A Walker | Director of Finance | AW |

In attendance:-

| | | |
|-------------|-----------------|----|
| Mrs E Steel | Trust Secretary | ES |
|-------------|-----------------|----|

Six observers in attendance

Apologies

None received

Declarations of Interest

| | |
|---------------|-----------------------------------|
| Miss B Ismail | Non-Executive Director iFM Bolton |
| Mr J Mawrey | Non-Executive Director iFM Bolton |
| Mrs E Steel | Company Secretary iFM Bolton |

1. Patient Story

CE attended accompanied by the Divisional Director of Nursing for the Elective Care Division to share her story of the treatment she received following a fracture sustained in a fall.

CE was admitted through A&E where after some difficulties with being dropped off she felt treatment was “fantastic” with good explanations and good pain control. CE was later transferred to a ward which despite being busy was again

described as very good and very clean. Noise at night both from fellow patients and from members of staff was however an issue.

CE underwent a surgical fracture repair under a local anaesthetic where the team provided earphones to reduce noise. Once CE was ready for discharge home there were some issues coordinating the delivery and issue of equipment.

Resolved: board members noted the patient story issues raised to be picked up through the PEIP group.

3. Minutes of The Board Of Directors Meetings Held 25 October 2018

The minutes of the meetings held on 25 October 2018 were approved as a true and accurate reflection of the meeting.

4. Matters Arising

There were no matters arising.

5. Action Sheet

The action sheet was updated to reflect progress made to discharge the agreed actions.

6. Matters Arising

There were no matters arising.

7. Chairman's Report

The Chairman gave a verbal update on key issues impacting on the business of the Trust

- The Chairman extended thanks on behalf of the Board to all staff for working towards the achievement of 90% A&E performance in October.
- The Trust underwent a formal Use of Resources Assessment on 27th November – initial feedback was positive, formal feedback will be provided within the CQC Well Led report.
- Interviews for a new Non-Executive Director to replace Allan Duckworth as Chair of the Finance and Investment committee are scheduled for Wednesday 6th December.

8. Chief Executive report

The Chief Executive highlighted key points from her written report; Board members noted the update

Board Assurance Framework – reductions in scores noted – The Trust Secretary and Director of Strategic Transformation briefly outlined the proposed process for the development of a new BAF alongside the new strategic plan.

Resolved: the board noted the CEO update.

9. Quality Assurance Committee Chair Report

Mr Thornton presented the Chair report from the Quality Assurance Committee and highlighted the discussion points from the meeting which provided assurance or highlighted risks:

Fracture neck of femur - As requested by Board members a review was provided giving assurance that despite being an outlier in the time before surgery the Trust perform well on other metrics particularly with regard to mortality, early mobilisation and discharge. A follow up report has been requested to include patient experience and pain management.

Bowel screening act An update was provided on the actions taken since the previous report in June 2018. 21 of the 24 recommendations have been addressed and good progress made towards completing the final three.

A **review of regulation 28 letters** was undertaken in response to an increase in regulation 28 letters from the coroner. No concerns raised but a number of actions identified to increase support for staff.

The Maternity team shared a comprehensive presentation on key quality metrics – the presentation had been prepared to share with the commissioners to provide assurance following receipt of an NHSE report that raised concerns about some of the indicators. The CCG visit that followed went well and provided the assurance required.

Resolved: The Board noted the report from the Chair of the Quality Assurance Committee.

10. Finance and Investment Committee

Mr Duckworth presented his report as Chair of the Finance and Investment Committee and highlighted the discussion points from the meeting which provided assurance or highlighted risks:

The latest forecast indicates a full year outturn between break even and a small surplus, ICIP performance within divisions remains a challenge and there although some improvement was noted the level and pace is disappointing and the risk remains high that PSF targets may be missed.

The Committee approved a formal proposal to adopt a process of continuous financial planning; the Committee were assured that processes were in place to underpin the new approach.

The Committee discussed the NHSI proposed approach to planning based on the new five year budget settlement. Further details are expected and a summary paper will be provided in due course to highlight areas that will impact on the Trust.

The Chair report from CRIG escalated variation to the EPR business case to cover an Electronic Document Management System (EDMS) this has been

escalated for Board approval in the part two meeting.

The Chair's report from the Strategic Estates Committee highlighted risks in relation to A&E overspend and an increase in the estimated costs for maternity refurb. The F&I Committee have requested formal assurance about the nature and effectiveness of controls to improve project management.

Additional assurance was requested following receipt of a paper setting out the risks and benefits of providing IT services to Bolton CCG.

In response to a question about the financial plan the Director of Finance advised that the ambition remained to achieve the £1.6m surplus, the divisions are clear on what they need to deliver however as discussed there are risks to achieving this position.

Resolved: the Board noted the update from the Chair of the Finance and Investment Committee and the escalated risks.

11 **Urgent Care Delivery Board Chair Report**

The Chief Operating Officer presented the report from the Urgent Care Delivery Board and highlighted the discussion points from the meeting which provided assurance or highlighted risks to delivery of the nine high impact workstreams.

The additional social care funding will be used to support patients in their own homes

A meeting has been set up to support patients presenting with mental health problems to transfer rapidly from A&E but more is needed to support patients in crisis.

A paper on length of stay provided assurance that length of stay has reduced by half a day, the integrated care team are looking at interventions to avoid admissions for the over 65s

Resolved: The Board noted the report from the Chair of the Urgent Care Delivery Board.

12. **RTT Performance**

The Chief Operating Officer provided an update on current RTT performance, the factors impacting performance and the actions needed to enable delivery of the incomplete standard.

NHSI undertook a review of our RTT processes and have advised that we have robust processes and know the detail of our PTL, they did identify a need for more admin training to reduce admin errors and this will be addressed.

A number of factors impact on the achievement of 18 weeks including the mandated cancellation of elective activity in early 2018 to focus on urgent care pressures. There has not been a mandate to cancel elective activity in 2019.

NHSI have acknowledged that nationally the 92% target for incomplete RTT will not be achieved. Guidance for performance against the RTT target is that waiting lists should not be any higher in March 2019 than they were in March 2018 and there should be no 52 week waits.

Performance is currently on track to achieve this – the waiting list has not

increased and there is a continued focus on patients who have been waiting for longer than 52 weeks. The Trust is working closely with the commissioners who have invested additional funding to support the provision of additional activity.

Board members discussed the challenge of meeting increased demand and the actions it would take to achieve the 92%. The division are working to improve productivity including ensuring that opportunities to utilise the wider MDT or to provide treatment through the day surgery unit are maximised.

Resolved: board members noted the report and the actions being taken to manage RTT performance.

13. Performance Report

Board members reviewed the metrics and noted an overall improvement in the quality and patient experience indicators. The notes below reflect the responses to questions relating to specific metrics within the report:

Quality

The Director of Nursing advised that Maternity indicators will be reviewed from Q4 – this change will be take account of regional benchmarking and an increasing trend for interventions which obstetricians feel will reduce the number of still births and the number of babies born in poor condition.

Productivity

The productivity metrics provide an indicator of flow, length of stay has reduced but a reduction in overall occupancy is a key factor in managing flow through the Trust. Additional bed capacity will come on line during December.

Board members discussed the target to discharge patients by 12 or 4 and acknowledged that this target would not be achieved when actions were taken to facilitate same day discharge – the measure of stranded patients is therefore more important.

Cancer performance remains strong and the Trust remains number one in GM

Workforce

Despite a range of actions being implemented sickness absence remains a challenge with recent performance 7th out of the 10 Greater Manchester Trusts and 32 out of 42 North West Trusts. The Director of Workforce advised that he was undertaking further analysis to understand the issues and support the division. The Director of Nursing confirmed that the divisions are engaged in addressing this and there is evidence that the actions are starting to have an impact.

Use of Resources

The Director of finance advised that the Use of Resources rating of 3 is viewed alongside other metrics and while NHSI had not expressed concern the team would continue to monitor.

In response to a question about the delivery of savings on the top 10 medicines (metric 185) the Director of Finance advised that the data provided for the Use of Resources inspection provided assurance that this was a data capture issue.

Heatmap

The Director of Nursing agreed to check with regard to the high turnover on CDU – it was suggested that this could be as a result of a new rotation system for staff.

14 Charitable Funds Annual Report

The Trust Secretary presented the Charitable Fund Annual Report for approval and advised that work was ongoing to review the administration and effectiveness of the Charitable Fund and to increase staff engagement with the fund.

Resolved: the Board in their capacity as corporate trustee approved the Annual Report and Accounts of Bolton NHS Charitable Fund.

15. Any other business

No other business.

Date and Time of Next Meeting

20 December 2018

November 2018 Board actions

| Code | Date | Context | Action | Who | Due | Comments |
|-----------|------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|----------------------------------------------------------------------------------|
| FT/18/100 | 29/11/2018 | SI reports | Check all reports to ensure names redacted | TAC | Dec-18 | complete |
| FT/18/101 | 29/11/2018 | SI report - wrong site surgery | revise report to explicitly state that the block was later applied to the right side | FA | Dec-18 | complete |
| FT/18/108 | 29/11/2018 | Healthier Together | Response to be drafted | DW/FA | Dec-18 | complete |
| FT/18/81 | 27/09/2018 | Audit Committee Chair report - Payroll audit | Internal Audit plan - review IT security arrangements - segregation of duties and reconciliation of staff list and email accounts | AW | Dec-18 | Complete. Discussed with IT and added internal audit plan for 2019/20. |
| FT/18/80 | 27/09/2018 | Audit Committee Chair report - Payroll audit | Report back through audit committee to provide assurance that robust arrangements in place to close employee access to systems at end of employment | JM | Dec-18 | agreed that would be taken through Workforce Assurance Committee - verbal update |
| FT/18/79 | 27/09/2018 | Patient Story | PEIP to consider actions to address issues raised with regard to carer accommodation and transition services | TAC | Dec-18 | verbal update |
| FT/18/99 | 29/11/2018 | Performance report | TAC to check turnover metric for CDU | TAC | Dec-18 | verbal or email update |
| FT/18/102 | 29/11/2018 | SI report - follow up | AE to discuss with IT to consider process to ensure failsafe reminders are incorporated in EPR | AE | Dec-18 | verbal update |
| FT/18/103 | 29/11/2018 | SI report knife to maternity | FA to check that there is a robust process for reflection following incidents | FA | Dec-18 | verbal upate |
| FT/18/104 | 29/11/2018 | CT scan | AE to discuss implications with regard to PACs reprocurement and archiving space | AE | Dec-18 | verbal update |
| FT/18/107 | 29/11/2018 | EDMS business case | Seek to negotiate further on price and to reflect impact of future technology changes | AE | Dec-18 | verbal update |
| FT/18/92 | 25/10/2018 | Chair update | Briefing to provide understanding of implications of cancer screening | AE | Dec-18 | agenda item |
| FT/18/86 | 27/09/2018 | Freedom to Speak up | report back in December | JM | Jan-19 | agenda item |
| FT/18/93 | 25/10/2018 | CEO update | Update on partnership working | JB | Jan-19 | |
| FT/18/95 | 25/10/2018 | ward visit lab meds | deep dive paper on lab meds challenges to Risk Management Committee | AE | Jan-19 | |
| FT/18/90 | 27/09/2018 | Ward visits | Execs to consider potential options to support wards with storage issues | Execs | Jan-19 | |
| FT/18/106 | 29/11/2018 | iFM Bolton | Report back on plans to address issues identified | ES | Jan-19 | |
| FT/18/38 | 31/05/2018 | Patient Story | six month update on Patrick's story to QA committee | ES | Feb-19 | confirmed for Feb 19 QA |
| FT/18/96 | 25/10/2018 | ward visit lab meds | Lab medicine team to continue to be engaged in future reviews/ strategy discussions with regard to the future sustainability of the service | SM | Feb-19 | |
| FT/18/105 | 29/11/2018 | SI report knife to skin | Provide assurance through the QA Committee with regard to competencies | FA | Feb-19 | |

complete

agenda item

due

overdue

not due

Agenda Item No: 8

| | |
|----------------|--------------------|
| Meeting | Board of Directors |
|----------------|--------------------|

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|-------------|------------------|
| Date | 20 December 2018 |
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|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title | Chief Executive Update |
| Executive Summary | <p>The Chief Executive update includes a summary of key issues since the previous Board meeting, including but not limited to:</p> <ul style="list-style-type: none"> • NHS Improvement update • Stakeholder update • Reportable issues log <ul style="list-style-type: none"> ○ Coroner communications ○ Never events ○ SIs ○ Red complaints • Board Assurance Framework summary |

| | |
|---------------------------------|--|
| Previously considered by | |
|---------------------------------|--|

| | | | | |
|----------------------------------|-----------------|---|------------------|---|
| Next steps/future actions | To note | | | |
| | Discuss | | Receive | |
| | Approve | | Note | ✓ |
| | For Information | ✓ | Confidential y/n | n |

This Report Covers the following objectives(please tick relevant boxes)

| | | | |
|----------------------------------------|---|------------------------------------------|---|
| Quality, Safety and Patient Experience | ✓ | To be well governed | ✓ |
| Valued Provider | ✓ | To be financially viable and sustainable | ✓ |
| Great place to work | ✓ | To be fit for the future | ✓ |

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|--------------------|---------------------------------|---------------------|--------------------------------|
| Prepared by | Esther Steel Trust Secretary | Presented by | Jackie Bene Chief Executive |
|--------------------|---------------------------------|---------------------|--------------------------------|

1. Awards and recognition

Employee of the Month – Denise Lilley, Practice Educator Facilitator - Denise is a valued member of the Practice Education Facilitator team, she retired and returned a couple of years ago and in her 2 days she has implemented Revalidation for nursing and midwifery, she also is supporting the Trainee Nursing Associates through their programme of study.. She supports the university with recruitment of students to the nursing programme and is always willing to take on new challenges and support other colleagues.

Team of the Month – Bolton One Reception Team, Elective Care - The team have worked together providing support to each other and the service especially during recent weeks when in the absence of a supervisor they have all stepped up to take the lead ensuring all shifts are covered and providing solutions to potential problems.

2. Stakeholders

2.1 CQC

The CQC undertook their unannounced inspection between 4th and 7th December and provided initial feedback to the Executive team at the end of this period. The inspection team reviewed our maternity, A&E and Medical areas and reported a strong thread across all three core services of enthusiasm and quality improvement with strong leadership at every level and good development of leadership.

The planned well led inspection will take place between 8th and 10th January – we expect to receive our draft report in March/April

2.2 North West Sector

We held an Exec to Exec meeting with our WWL counterparts on Thursday 13th December, as discussed in our November part two Board meeting we will continue to discuss areas where we can collaborate for mutual benefit

2.5 Bolton

Work to develop the partnership governance arrangements for the Integrated Care Partnership continues.

2.6 iFM Bolton

The iFM AGM is scheduled for Tuesday 19th December – a verbal update will be provided in the part two meeting.

2.7 Brexit

A working group has been established to review the potential impact of a no deal Brexit on the Trust

Reportable Issues Log

Issues occurring between 25/11/18 and 13/12/18

3.1 Serious Incidents and Never events

No serious incidents have been reported

3.2 Red Complaints

No red rated complaints were received in the reporting period however, the Trust has recently been notified of two complaints that Ombudsman intend investigating. As is normal practice, complaint files and copy hospital records have been provided within the requested timescales.

Once the investigations are complete, which can take up to 6 months; we will be given the opportunity to comment on the draft reports before the final reports are published

As we do in all cases referred to the PHSO, we will be reviewing the complaint files and ensuring that all actions identified have been completed and are evidenced pending the investigation outcomes.

3.3 Regulation 28 Reports

No regulation 28 reports

3.3 Whistleblowing

Nothing to report

3.4 Health and Safety

On the 22nd November 2018 the HSE (Health & Safety Executive) wrote to the Deputy Director of Governance informing the Trust of a forthcoming inspection regarding the management of risks from blood-borne viruses. The visit will take place on the 16th January 2019.

4 Board Assurance Framework

The Board Assurance Framework has been developed to provide the Board with assurance with regard to the actions in place to ensure achievement of the objectives in the 2017/19 Operational Plan.

The risk score – the product of the likelihood of failing to achieve and the impact of a failure to achieve each objective is reviewed monthly in alignment with the production of the performance report.

For objectives given a score of 16 and higher, the full Board Assurance Framework sets out the risks to achieving the objective, the controls and assurance in place to mitigate the risks and the actions required where there are gaps in controls or assurance. A summary of this is provided on the following page.

The summary Board Assurance Framework on the following page has not been updated since the December Board meeting – work on a new Board Assurance Framework alongside a new Strategic plan will start after the Board Development session on 17th December 2018

| | Trust Wide Objective | Lead | I | L | | Nov | Sept | Aug | June | Key Risks/issues | Key action | Oversight |
|--------|------------------------------------------------------------------------------------|-------------|---|---|---|-----|------|-----|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1.1 | Reduce healthcare acquired infections | DON as DIPC | 4 | 3 | ↓ | 12 | 16 | 16 | 16 | clinical engagement with Antimicrobial Stewardship. | Implementation of all key actions from the IPC review Infection Control Annual Report noted at October Board | IPC committee |
| 1.2.1a | For our patients to receive safe and effective care (pressure ulcers) | DON | 4 | 2 | ↓ | 8 | 10 | 10 | 10 | No identified risks, sharing, learning arrangements robust. | Maintain current governance arrangements and enhance ward based training (calibrated to releasing staff safely) | QAC and Harm Free Care |
| 1.2.1b | For our patients to receive safe and effective care (falls) | DON | 4 | 3 | ↓ | 12 | 15 | 15 | 15 | Sub-optimal adoption of all preventative falls measures consistently | Implemented updated Falls Action Plan | QAC and Harm Free Care |
| 1.2.2 | For our patients to receive safe and effective care (mortality reduction) | MD | 4 | 4 | - | 16 | 16 | 16 | 16 | Escalation of ill patients, Increase in HSMR/RAMI | Roll out mortality review process Drive further improvement in ward observation KPI's Ensure Patient Track Oversight Group delivers on action plan Deliver on Quality Account 2017/18 sepsis actions (March 2019) | Mortality reduction |
| 1.4 | Staff and staff levels are supported | DoW | 4 | 5 | - | 20 | 20 | 20 | 16 | Recruitment, limited pool of staff Staffing for escalation areas Sickness rates esp within AACD | Recruitment workplan in place overseen through Workforce Assurance Committee Targeted actions to reduce sickness absence New Workforce Strategy approved by the Board in September 2018 | IPM Workforce Workforce committee |
| 2.1 | To deliver the NHS constitution, achieve Monitor standards and contractual targets | COO | 4 | 5 | - | 20 | 20 | 20 | 20 | Late decisions in A/E Beds coming up late Lower discharges at weekends Staffing in key departments Urgent Care pressure and increased demand on Diagnostic and Elective work | Urgent Care programme plan SAFER ECIP support Enhanced pathways as part of the new streaming model commences Dec 2018 | Urgent care prog board System Sustainability Board |
| 4.1 | Service and Financial Sustainability | DOF | 4 | 4 | ↓ | 16 | 20 | 20 | 20 | new NHS financial architecture implementation in 19/20 poor estates condition and backlog maintenance IFM contract Healthier Together Access to Transformation Fund Delivery of cost improvement plans Lack of workforce leading to agency costs Impact of GM theme work Fragmentation of commissioning Organisational change NHS funding settlement | development of system based working and joint control totals development of integrated care organisation Development of major internal transformation programmes Strategic financial planning for 5 year timeframe strengthen IFM contract management processes Develop Estates Master Planning Implement Capital planning process – RIBA implementation | IPM F&I comm System groups:-System Board Strategic Estates group HWBE |
| 4.4 | Compliance with NHS improvement agency rules | DoW | 4 | 4 | - | 16 | 16 | 16 | 16 | Sickness absence Workforce shortage Gaps in rotas | Additional admin support for wards. Ongoing recruitment Targeted actions to address sickness absence | IPM Workforce comm |
| 5.4 | Achieving sustainable services through collaboration within the NW sector | Dir Strat. | 5 | 4 | - | 20 | 20 | 20 | 20 | Estates and IT challenges Healthier Together/GM devolution | Ongoing discussions with WWL – paper on the part two Board agenda | Board F&I |

All information provided in this written report was correct at the close of play 25.11.18 a verbal update will be provided during the meeting if required

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|-----|-----------------------------------|-----|---|---|---|----|----|----|----|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 5.5 | Supporting the urgent care system | COO | | | | | | | | Intermediate care delays Late bed availability Delayed transfer/discharge of medically well patients Lack of Social Care Capacity | Estates improvements to A&E – Phase 2 new resuscitation completed Nov 2018 and ambulance triage expected completion Dec 2018, Phase 3 (increased triage/consultation rooms and new reception/ wait area) expected Dec 2018 Further work with Community services on discharge to assess/home based care | Urgent care prog board |
| | | | 4 | 4 | - | 16 | 16 | 16 | 16 | | | |

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|----------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Committee/Group: | Workforce Assurance Committee | Report to: | Trust Board |
| Date of Meeting: | 11 th December, 2018 | Date of next meeting: | 18 th January, 2019 |
| Chair: | Jackie Bene | Parent Committee: | Trust Board |
| Members present/attendees: | J Bene, T Armstrong Child, J Mawrey, F Andrews, A Walker, C Sheard all clinical divisions present | Quorate (Yes/No): | Yes |
| | | Key Members not present: | A Ennis, S Martin |
| Key Agenda Items: | RAG | Key Points | Action/decision |
| Go Engage | | <ul style="list-style-type: none"> Agreed "Go Engage" as the vehicle to supporting our refreshed approach to further developing an engaged workforce | Actions agreed:- <ul style="list-style-type: none"> The Committee supported Go Engage model and noted the implementation timescales (Go live 1st May, 18) Agreed that update paper comeback to the Committee in March, 19 and that the findings would then be a standing item on the Committee (post implementation). |
| Apprenticeships Update | | <ul style="list-style-type: none"> The report provided an update on the Trust's apprenticeship programme (on track to deliver 131 apprentices by 31st March, 2019) including our approach to maximising the apprenticeship levy (further paper on financial implications being considered at Executive Directors). | Actions agreed:- <ul style="list-style-type: none"> The Committee noted the details of the paper and the progress being made against agreed targets. Agreed that Apprentice Annual report come to the Committee in May, 19 |
| Freedom to Speak Up | | <ul style="list-style-type: none"> The report provided an update on the implementation of the Trust's refreshed Freedom to Speak Up approach and the re-establishment of a Freedom to Speak Up Guardian plus FTSU champions throughout the organisation. | Actions agreed:- <ul style="list-style-type: none"> Enhanced communication required on the specific role of FTSU Guardian and Champion to be issued throughout the organisation. Update be provided on progress in March, 19 Standing item on WAC Chair's report highlighting number of Concerns raised. |

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| | No assurance – could have a significant impact on quality, operational or financial performance; |
| | Moderate assurance – potential moderate impact on quality, operational or financial performance |
| | Assured – no or minor impact on quality, operational or financial performance |

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

| | | | |
|------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Retention Update | | <ul style="list-style-type: none"> The report noted that turnover as of September, 2018 was 9.52% in comparison to 10.62% as at September, 2017. The Committee heard of the plethora of actions that were being taken at a Trust and Divisional level to focus on retention levels (recruitment, on-boarding, preceptorship, appraisal, psychological contract, health & wellbeing, growing your own, retirement planning). The report noted that those NHS organisations in the top 25% reported retention rates of below 10.10%. | <p>Actions agreed:-</p> <ul style="list-style-type: none"> The retention KPI would remain at 10%. That said it was noted that this may mask high levels of turnover between staffing groups so KPI's to be developed by Staffing Groups Retention Group to review private sector KPI's and measures being taken to further improve Trust position. |
| Agency | | <ul style="list-style-type: none"> Whilst the model hospital data demonstrates that the Trust performs well in this area when compared to peer organisation, it was noted that the ICIP plans have not delivered the level of Agency reductions anticipated. The Committee heard of the plethora of actions being taken:- e.g. recruitment into hard to fill roles, tighter management controls. Whilst the Committee commended these actions and noted the seasonal reductions when compared to last year (September, 17 - £1.1m, September 18 - £588k; Oct, 17 – £971k and Oct, 18 – 743k), concern remained due to the financial position and ICIP position. | <p>Actions agreed:-</p> <ul style="list-style-type: none"> Divisions to review further any measures that can be made to reduce agency spend without ensuring quality of services is comprised. Divisions and Workforce colleagues to further review workforce information provided in relation to Agency spend. |

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| | No assurance – could have a significant impact on quality, operational or financial performance; |
| | Moderate assurance – potential moderate impact on quality, operational or financial performance |
| | Assured – no or minor impact on quality, operational or financial performance |

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

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|---------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sickness Absence | | <ul style="list-style-type: none"> It was noted that the overall Trust sickness rate in October (5.26%) and November (5.27%) remained stagnant. In these months the only Divisions to demonstrate a reduction in absence within these months was in the Acute Division and Community Division. The Committee received an update on the implementation of the Attendance Matters team (Acute and Community Division), findings of the Occupational Health Survey and improvement actions being taken, and proactive Health & Wellbeing initiatives being undertaken. | <p>Agreed actions:</p> <ul style="list-style-type: none"> Review of the Attendance Matters programme to be undertaken and feedback in February, 2018. |
| Partnership Working | | <ul style="list-style-type: none"> The Committee received a helpful report from the JNCC Chair. The paper commended the positive approach that the Trust takes to working in partnership with TU colleagues. | <p>Actions agreed:-</p> <ul style="list-style-type: none"> Divisional Partnership Groups to be developed. |
| Physician Associates Deep Dive | | <ul style="list-style-type: none"> The Committee welcomed the update on the Physician Associates (PA) role and the potential benefits to Bolton Workforce. | <p>Actions agreed:-</p> <ul style="list-style-type: none"> Divisions to work with the Workforce colleagues to produce a full paper to the Executive team on financial implications (January). |
| Guardian of Safe Working report | | <ul style="list-style-type: none"> The report covered the 1st and 2nd Quarter of 2018/2019. The major concern highlighted was that data was not being received from General Surgery and Trauma & Orthopaedics. The Division and Medical Director undertook to immediately review this matter. | <p>Agreed actions:-</p> <ul style="list-style-type: none"> Divisions & Medical Director to ensure data return to Guardian of Safeworking in General Surgery and T&O. |

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| | No assurance – could have a significant impact on quality, operational or financial performance; |
| | Moderate assurance – potential moderate impact on quality, operational or financial performance |
| | Assured – no or minor impact on quality, operational or financial performance |

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

| | | | |
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| Quarterly Payroll return | | <ul style="list-style-type: none"> The Committee received the first report (quarterly) from the payroll team which highlighted the number of overpayments within the Trust (all of which have been recovered) | Agreed actions:- <ul style="list-style-type: none"> Payroll team to develop report further to better understand the reasons for the overpayments and the lessons to learn. |
| Workforce & Organisational Development Dashboard | | <ul style="list-style-type: none"> The Committee noted the dashboard. All key matters had been considered at the Committee | |
| Workforce Operational Committee | | <ul style="list-style-type: none"> The Director of Workforce presented his Chairs report to the Committee. All key matters for escalation were considered at the Committee | |
| Risks escalated <ul style="list-style-type: none"> A. Sickness rates remain an area of concern. The Committee is sighted on the plethora of actions being taken and noted that these may take time to demonstrate material impact. B. Agency Spend. Committee recognises that whilst progress has been made this is not to the level highlighted in the ICIP. | | | |

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Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

| | | | |
|--------------------------|--------------------------------------------------------------------------------|--------------------------|--------------------------------|
| Name of Committee/Group: | Audit Committee | Report to: | Board of Directors |
| Date of Meeting: | 22 nd November 2018 | Date of next meeting: | 14 th February 2018 |
| Chair: | Jackie Njoroge | Parent Committee: | Board of Directors |
| Members Present: | J Njoroge, B Ismail, A Walker, C Hulme, Internal Audit, External Audit, C Ryan | Quorate (Yes/No): | Yes |
| | | Key Members not present: | M Brown, M North |

| Key Agenda Items: | RAG | Key Points | Action/decision |
|-----------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Internal Audit Progress Report | | Committee noted the Serious Incidents and Complaints Review has been rescheduled from Q4 to Q2. An additional review has been commissioned to review the process for reconciling agency staff costs between finance and HR records. The Trust has requested the allocated dates for 2018/19 Cost Improvement Plan review and Workforce Review be amalgamated to carry out a further deep dive retest and review processes related to agency staffing. | |
| Interim Follow up of Internal Audit Recommendations | | 79% of Trust actions and 68% of iFM Bolton actions due for implementation were fully completed, two high risk findings in iFM remain outstanding. PWC were able to validate the status of all 64 completed actions. | |
| Well Led Review Follow Up | | A clear action plan is in place that sets out progress that has been made against each recommendation. Of 17 recommendations 15 have been implemented by the trust and the remaining two are in progress. | |
| Financial Management and Reporting Final Report | | Low risk report received with one low risk finding and one advisory. Discussion around clarity of information within reports. | Agreed to consult Finance and Investment Committee members with regard to their views on the recommendation. |
| Waste Management Follow Up Report | | Medium risk report received. Significant work has been completed to reduce this from a high risk report but there is still one high, one medium and two advisory findings. | Agreed the report should be reviewed at the iFM Board to ensure understanding level of risk |

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

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| Local Counter Fraud Specialist Report | | The counter fraud workshops have been well attended and it is intended to run these again during 2019. | Agreed to bring the full register of interests to the Audit Committee twice per year. |
| Fraud Corruption and Bribery and Response Plan | | Plan approved and will be presented at Executive Directors for final approval. | |
| Board Assurance Framework | | Committee members noted that the document will be updated in order to align with the strategic objectives. | |
| Waivers | | Noted that single source supplier waivers will not be included in the report going forward. Concern raised regarding iFM Bolton waivers. | iFM Bolton asked to provide assurance with regard to understanding of and compliance with procurement regulations |
| Establishment of an iFM Bolton Audit Committee | | Agreed iFM Bolton to establish an appropriate scrutiny committee. | |
| Audit Committee Development | | Training session took place prior to the meeting around the role of the Audit Committee which was facilitated by PwC. | |
| Losses | | Period 1 st April – 31 st October 2018 losses and special payments totalled £42,878. £27,418 for litigation and £15,560 for other losses and exgratia payments | |
| iFM Bolton losses | | There have been no losses or special payment during the reporting period. | |

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Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

| | | | |
|--------------------------|----------------------------------------|--------------------------|----------------------------------------|
| Name of Committee/Group: | Urgent & Emergency Care Board | Report to: | Board of Directors |
| Date of Meeting: | Tuesday 11 th December 2018 | Date of next meeting: | Tuesday 11 th December 2018 |
| Chair: | Su Long | Parent Committee: | Board of Directors |
| Members Present: | All System representatives present | Quorate (Yes/No): | Yes |
| | | Key Members not present: | |

| Key Agenda Items: | RAG | Lead | Key Points | Action/decision |
|-------------------------------------------------------|-------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operational Plans for Christmas and New Year capacity | Amber | | <ul style="list-style-type: none"> GP opening hours 8 to 6pm every day except Bank Holidays GMMH and NWS – increased staffing in place Bolton Council – additional reablement and packages ramping up now to full capacity by 02.02.19 Bolton FT – escalation areas now open but delays in ED builds mean not as much additional assessment capacity as anticipated | <ul style="list-style-type: none"> Public communications underway Mitigating actions to FT ED assessment capacity being sought in ACU |
| ECIST Summary Report | Green | | <ul style="list-style-type: none"> Very positive summary from ECIST regards high degree of engagement from Bolton system and the FT in particular in improvement work | <ul style="list-style-type: none"> Report noted |
| Performance exception reports | Amber | | <ul style="list-style-type: none"> Stranded patients – worsened recently due to Care Home capacity issues Discharges by midday Discharges to usual place of residence falling | <ul style="list-style-type: none"> Capacity issue are estimated to be short lived due to infection control issues As above but SAFER being re-emphasised across FT Further analysis required |

Comments

System is well prepared for Christmas and NY so with the additional benefit of low flu prevalence should mean a better performance – 85% is the trajectory for December and January as agreed with NHS – aiming for 90% by March 2019

Risks escalated

ED assessment capacity delayed

| | |
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Committee/Group Chair's Report

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Agenda Item No: 14

| | |
|----------------|--------------------|
| Meeting | Board of Directors |
|----------------|--------------------|

| | |
|-------------|--------------------------------|
| Date | 20 th December 2018 |
|-------------|--------------------------------|

| | |
|--------------|-------------------------------------------|
| Title | Annual Health & Safety Report 2017 - 2018 |
|--------------|-------------------------------------------|

| | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Executive Summary | <ul style="list-style-type: none"> This is the Annual Health & Safety Report for the period 1st April 2017 – 31st March 2018, commissioned by the Group Health & Safety Committee. The report was presented to the committee on 13th September 2018 The report recognised the collaborative nature of Health and Safety agenda across Bolton NHS FT Trust and iFM in terms of delivering a positive health and safety culture across all sites The report reflects a time, before the recruitment efforts of Bolton NHS FT Trust to secure a Health & Safety Manager (ongoing) |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Previously considered by <i>Name of Committee/working group and any recommendation relating to the report</i> | Group Health & Safety Committee September 2018 |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|

| | | | | |
|----------------------------------|-----------------|---|------------------|---|
| Next steps/future actions | | | | |
| | Discuss | ✓ | Receive | ✓ |
| | Approve | ✓ | Note | ✓ |
| | For Information | | Confidential y/n | |

This Report Covers the following objectives(please tick relevant boxes)

| | | | |
|----------------------------------------|---|------------------------------------------|---|
| Quality, Safety and Patient Experience | ✓ | To be well governed | ✓ |
| Valued Provider | ✓ | To be financially viable and sustainable | |
| Great place to work | ✓ | To be fit for the future | ✓ |

| | | | |
|-------------|--------------------------------------------------|--------------|--------------------------------------------------------------|
| Prepared by | Richard Sachs, Director of Quality Governance | Presented by | Trish Armstrong-Child, Director of Nursing and Deputy CEO |
|-------------|--------------------------------------------------|--------------|--------------------------------------------------------------|

ANNUAL Health and Safety Report

1st April 2017 – 31st March 2018

CONTENTS

| No. | Title | Page |
|-----|-----------------------------------------------------|------|
| | | |
| 1 | Introduction | 4 |
| 2 | Team Structure and Challenges | 4 |
| 3 | Health and Safety Executive | 5 |
| 4 | Accidents and Incident | 5 |
| 5 | RIDDOR Reportable Incidents | 9 |
| 6 | Fire and Workplace Health and Safety Audit Reports | 10 |
| 7 | Control of Substances Hazardous to Health | 10 |
| 8 | Construction Projects and Health and Safety Support | 11 |
| 9 | Health and Safety Training | 13 |
| 10 | Summary of the Reporting Year | 14 |

1. INTRODUCTION

- 1.1 This report will provide a summary of the constructive health and safety advice and support provided by Integrated Facilities Management Bolton (IFM) Fire and Health & Safety Team between 1st April 2017 until 31st March 2018.
- 1.2 The report will also focus on specific health and safety arrangements and day to day reactive support to the Bolton NHS Foundation Trust (BNHSFT) following the formation of IFM Bolton, a wholly owned subsidiary of Bolton NHS Foundation Trust. The former Trust, Fire, Health & Safety Team transferred to IFM Bolton on 1st April 2017.
- 1.3 After the successful transfer, all specific tasks and progress referenced within this report have been completed or are in progress with the assistance and in collaboration with Department Service Managers, Clinicians and other departments within both Integrated Facilities Management Bolton and Bolton NHS Foundation Trust.
- 1.4 The newly formed Trust Group Health and Safety Committee provides competent reassurance ensuring any prearranged health and safety control measures are completed.

2. FIRE, HEALTH & SAFETY TEAM STRUCTURE

- 2.1 Over the last reporting year there have been major changes within the Fire, Health and Safety Team. Appointment of a new manager together with the recruitment of two professional Officers to occupy the vacant posts of Fire Officer and Health and Safety Officer.
- 2.2 The professional organigram below shows the current positions held for this reporting year, however, currently a member of staff has now taken up the vacant Security Manager post.



3. HEALTH AND SAFETY EXECUTIVE

- 3.1 Over the current reporting period there has been 2 occasions where the Trust and IFM have assisted and liaised with the Health and Safety Executive. On both occasions IFM and the Trust have worked together to resolve concerns around a Brucella exposure incident and the formal Inspection of the Containment Level (CL) 3 Microbiology Laboratory carried out on 26th April 2018.

On the latter occasion several concerns were raised within a written enforcement letter surrounding process, procedure and serviceability of specific equipment i.e. autoclave, CL 3 room. After a very detailed and comprehensive review of specific policy and procedures by the leadership, the staff within Laboratory Medicine and the Fire Health and Safety Team completed the points of concern to ensure full compliance.

On 20th August 2018 the HSE confirmed all the comprehensive solutions and the appropriate actions under the Control of Substances Hazardous to Health Regulations had been carried out by the Trust, therefore, the written enforcement instruction has been closed.

4. ACCIDENTS AND INCIDENTS

- 4.1 The Safeguard Team have provided the tabled data below which indicates the top 3 causes of incidents representing each Division or collective department within the Trust/IFM. The data shows reported accident and incidents involving staff, visitors and contractors within the periods specified. There are some comparable increases and initial decreases identified from the previous reporting year 2016 -2017. However, recorded accidents and incidents to staff, visitors and contractors have fluctuated.
- 4.2 Within the next reporting year the Trust and IFM will further evaluate and analyse the figures to identify the thematic subject areas and root causes. Once this process has been agreed and developed to target the top 3 causes and/or any specific incident caused by high risk activities, this primary information will enable IFM and The Trust Governance Team to formulate and introduce initiatives to reduce accidents, incidents and potential litigation.
- 4.3 The data below shows individual numeric value to incident causes, including and below Nursing, Patient Safety & Experience Division.

| Count of Incident Numbers | | | |
|-------------------------------------------------|------------|------------|-------------|
| Division / Top 3 Causes | 2016-17 | 2017-18 | Grand Total |
| Acute Adult Care | 134 | 106 | 240 |
| Physical Assault On Staff | 67 | 36 | 103 |
| Aggressive/Violent Behaviour | 34 | 42 | 76 |
| Lack Of Suitably Trained / Skilled Staff | 33 | 28 | 61 |
| Elective Care | 29 | 58 | 87 |
| Aggressive/Violent Behaviour | 9 | 23 | 32 |
| Slip Trip Fall | 13 | 15 | 28 |
| Lack Of Suitably Trained / Skilled Staff | 7 | 20 | 27 |
| Family Care | 32 | 37 | 69 |
| Slip Trip Fall | 12 | 18 | 30 |
| Lack Of Suitably Trained / Skilled Staff | 14 | 7 | 21 |
| Verbal Abuse To Staff | 6 | 12 | 18 |
| Integrated Community Services | 23 | 29 | 52 |
| Actions / Behaviour Giving Cause For Concern | 4 | 18 | 22 |
| Verbal Abuse To Staff | 12 | 6 | 18 |
| Aggressive/Violent Behaviour | 7 | 5 | 12 |
| IFM (Bolton) Estates & Facilities | 25 | 10 | 35 |
| Slip Trip Fall | 19 | 4 | 23 |
| Contact With Hot/cold Surface/object | 3 | 3 | 6 |
| Moving & Handling (Non Patient) | 3 | 3 | 6 |
| IFM (Bolton) | | 21 | 21 |
| Slip Trip Fall | | 14 | 14 |
| Struck By Moving/Falling Object | | 4 | 4 |
| Struck Against / Collided With Object | | 3 | 3 |
| Nursing, Patient Safety & Experience | 6 | 7 | 13 |
| Aggressive/Violent Behaviour | 2 | | 2 |
| Breach Of Staff Confidentiality | | 2 | 2 |
| Actions / Behaviour Giving Cause For Concern | 1 | | 1 |
| Unsecured Room | 1 | | 1 |
| Obstructions | 1 | | 1 |
| Slip Trip Fall | | 1 | 1 |
| Temporary Access | 1 | | 1 |
| Break In/Intruder | | 1 | 1 |
| Verbal Abuse To Staff | | 1 | 1 |
| Contact With Hot/cold Surface/object | | 1 | 1 |
| Dog Bite | | 1 | 1 |

| Division / Top 3 Causes | 2016-17 | 2017-18 | Grand Total |
|--------------------------------------------------|------------|------------|-------------|
| Strategy & OD | 5 | 3 | 8 |
| Training Issue For Staff | 1 | | 1 |
| Patient Moving & Handling | | 1 | 1 |
| Leaking Roof | | 1 | 1 |
| Communication Failure With Staff And Other | 1 | | 1 |
| Slip Trip Fall | 1 | | 1 |
| Failure To Follow Procedures (Non-Clin) | 1 | | 1 |
| Breach Of Staff Confidentiality | 1 | | 1 |
| Inappropriate Staff Attitude | | 1 | 1 |
| Operations | 2 | 6 | 8 |
| Software Problem | 1 | | 1 |
| Environment Issues | | 1 | 1 |
| Documentation-No Access To | | 1 | 1 |
| Communication Failure-Within Team | | 1 | 1 |
| Slip Trip Fall | 1 | | 1 |
| Computer Failure | | 1 | 1 |
| Communication Failure-With Patient/parent | | 1 | 1 |
| Cut With Sharp (Not Medical) | | 1 | 1 |
| Workforce & OD | 2 | 3 | 5 |
| Workplace Environment (Light, Temp, Noise, Vent) | 1 | 1 | 2 |
| Struck By Moving/falling Object | | 1 | 1 |
| Cut With Sharp (Not Medical) | | 1 | 1 |
| Stroke | 1 | | 1 |
| Finance & Procurement | 2 | 1 | 3 |
| Unknown (Incident) | 1 | 1 | 2 |
| Slip Trip Fall | 1 | | 1 |
| Chief Executive's Office | | 1 | 1 |
| Slip Trip Fall | | 1 | 1 |
| Grand Total | 260 | 282 | 542 |

4.4 Contractor Accident/Incident

| Count of Incident Number | | | |
|----------------------------------------------|----------|----------|-------------|
| Division / Top 3 Causes | 2016-17 | 2017-18 | Grand Total |
| Acute Adult Care | 7 | 7 | 14 |
| Transport - Availability | 1 | 3 | 4 |
| Equipment (Med) - Issues With Packaging | 2 | | 2 |
| Lack Of Suitably Trained / Skilled Staff | 1 | 1 | 2 |
| Aggressive/Violent Behaviour | | 2 | 2 |
| Actions / Behaviour Giving Cause For Concern | 1 | 1 | 2 |
| Ambulance Response | 2 | | 2 |

| | | | |
|----------------------------------------------------|-----------|-----------|-----------|
| IFM (Bolton) Estates & Facilities | 10 | 4 | 14 |
| Cut With Sharp (Not Medical) | 3 | | 3 |
| Sprain/Strain (Not Moving & Handling) | 1 | 1 | 2 |
| System Procedures Not Complied With (10) | 1 | | 1 |
| Ambulance Response | | 1 | 1 |
| Security Attendance Delayed | 1 | | 1 |
| Delay/Failure To Provide Equipment (Non Med) | 1 | | 1 |
| Struck Against / Collided With Object | 1 | | 1 |
| Inadequate Check On Equip/Supplies (Med) | | 1 | 1 |
| Theft Of Trust Property (Includes Drugs) | | 1 | 1 |
| Moving & Handling (Non Patient) | 1 | | 1 |
| Road Traffic Accident | 1 | | 1 |
| Elective Care | 9 | 5 | 14 |
| Accumulation Of Waste / Dirty Linen | 3 | 1 | 4 |
| Problems With Transport | 1 | 1 | 2 |
| Failure Of Device/Equipment (Non-Med) | 1 | 1 | 2 |
| Documentation-Missing/Inadequate/Illegible/found | | 2 | 2 |
| Unsecured Room | 2 | | 2 |
| Documentation-No Access To | 2 | | 2 |
| Family Care | 3 | 11 | 14 |
| Security Attendance Delayed | 2 | 5 | 7 |
| Nutrition - Hospital Meals - Inappropriate / Wrong | | 4 | 4 |
| Interpreter DNA | 1 | 2 | 3 |
| Integrated Community Services | 9 | 3 | 12 |
| Problems With Transport | 3 | 1 | 4 |
| System Fault/design (9) | 3 | 1 | 4 |
| Security Attendance Delayed | 3 | 1 | 4 |
| Operations | | 3 | 3 |
| Out Of Hours Transfer | | 2 | 2 |
| Failure Of Device/Equipment (Non-Med) | | 1 | 1 |
| IFM (Bolton) | | 3 | 3 |
| Building Issues | | 1 | 1 |
| Failure Of Device/Equipment (Non-Med) | | 1 | 1 |
| Environment Issues | | 1 | 1 |
| Grand Total | 38 | 36 | 74 |

- 4.5 Thematic breakdown of the figures shows, slip trip fall, physical assault on staff and aggressive/violent behaviour as being the top 3 areas. Further analysis of these figures will identify any learning and arrangements to be implemented to reduce incidents as referenced in point 4.2 above.

5. REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES (RIDDOR) REPORTABLE INCIDENTS

- 5.1 Under RIDDOR the Trust and IFM are required to record specified injuries and accidents that result in incapacitation of a member of staff or member of the public. Under the same regulation any accidents which result in the member of staff being absent from work for more than seven days, the Fire, Health and Safety Team must be informed.
- 5.2 On behalf of the Trust, IFM Fire, Health and Safety Team report the RIDDOR and carry out an appropriate level of investigation. The investigation findings and learning are then passed to the Safeguard Team with the assistance of the Departmental Manager or health and safety arrangements are implemented.
- 5.3 The following table shows 15 RIDDOR reported specific injuries and/or where a member of staff has been absent from work due to the criteria of the 7 day RIDDOR notification rule.

| Date | Description | Summary |
|-------------|--------------------------------------------------------------|-----------------------------------------|
| 2017 | | |
| Apr-17 | RBH – Trip over a plastic tub / leg and ankle | Staff injured after slip, trip or fall |
| May-17 | RBH –Fall over a box/ office area / Fractured shoulder | Staff injured after slip, trip or fall |
| Jul-17 | RBH –IFM – Grounds / back strain | Staff struck by ride on lawnmower |
| Oct-17 | RBH – Ward/ lifting whilst assisting a patient / Strain back | Staff injured whilst manual handling |
| Oct-17 | RBH – Ward/ lifting during birth pool activities/ back pain | Staff injured whilst manual handling |
| Oct-17 | RBH - Ward/ Chair moved fell /wrist | Staff injured after slip, trip or fall |
| Oct-17 | RBH - Hospital Corridor on sick /right knee | Staff injured after slip, trip or fall |
| Nov-17 | RBH – Ward/Box onto shelf/ strain left side | Staff injured whilst manual handling |
| Nov-17 | RBH – IFM – moving mechanical pump/ finger abscess | Staff injured whilst manual handling |
| Nov-17 | RBH – Ward/assisting patient/ back strain | Staff injured whilst manual handling |
| Nov-17 | RBH – Ward/ slipped in theatre / upper limb injury | Staff injured after slip, trip or fall |
| 2018 | | |
| Jan – 2018 | RBH / Chadwick Car Park/kerb/ hip injury | Member of the Public/ Slip trip or Fall |
| Jan - 2018 | RBH / Icy surface | Staff injured after slip trip or Fall |
| Mar - 2018 | RBH / Fire CDU/ Bedded area | Electrical |
| Mar – 2018 | RBH/ C2 / Ceiling collapsed/ injury to head/neck | Struck by Object |

6. FIRE AND WORKPLACE, HEALTH AND SAFETY AUDITS

- 6.1 Under current Fire and Health and Safety regulations, the Trust and IFM carried out a review of the Fire Risk Assessment and a Health and Safety Workplace Assessment auditing process. The audit templates were refreshed during 2017-2018 to ensure the formal process was completed to a recognised standard of Public Available Specification 79 (PAS 79) and Health and Safety and predominantly Health and Safety Workplace Regulation.
- 6.2 PAS 79 records the significant findings by Fire Risk Assessments which is required under the "Regulatory Reform (Fire Safety) Order 2005.
- 6.3 Although there were significant physical resource challenges during this period, the first tranche of 64 audits of wards and departments were undertaken. During the audit process the Fire and Health & Safety Officers continually liaised with Ward Managers and Trust Staff to provide advice and/or highlighted solutions to remedy any immediate findings.
- 6.2 From an overall prospective the audits show compliance to the regulations audited against, however, the findings from the fire risk assessment audit reports highlighted the condition of some fire doors, obstruction of fire exits and/or the delayed collection of clinical waste.
- 6.3 The workplace health and safety audit highlighted specifically that documented and training arrangements to the Control of Substances Hazardous to Health had lapsed. In partnership, this observation was reported to the Group Health and Safety Committee where current control measures to reverse the lapse are being implemented as describe below in this report. Other observations were:
- Welfare facilities were challenging in some areas
 - Fluctuating ward temperatures
 - Concerns of frequency of flushing
 - Inconsistency in waste removal
 - Waste not labelled in accordance with trust protocol

The specific manager will escalate the findings within their Divisions to IFM where applicable for further action.

7. CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH

- 7.1 Under COSHH and Health and Safety legislation the Trust has a legal duty to prevent, protect and reduce any exposure of a substance hazardous to health. Where a hazard or a risk has been created by its workplace activities, the protection of staff, patient and visitors must be completed as far as is reasonably practicable.

- 7.2 To achieve these duties the Trust engages in safety arrangements within the workplace by risk assessment, training, instruction and periodic workplace audits.
- 7.4 As explained earlier in the report, during the recently planned Workplace Health and Safety Audits, it has been identified that the COSHH provision and regulated safety arrangements covered within the audit require reviewing and updating to reflect the current regulations.
- 7.5 Due to operational pressures within the audited workplaces, changes in personnel, staff rotation and ward decants, the documentary evidence and knowledge to complete COSHH arrangements has diminished. This by no means indicates that unsafe COSHH related work activities are taking place> However, from a risk management point of view and for Trust reassurance, there is a requirement to review training, information and instruction. By undertaking this, all appropriate documentation and practical knowledge will address the Trust's legal responsibilities.
- 7.2 Also on the conclusion of an incident regarding an exposure to formalin the Group Health and Safety Committee appraised the incident and compiled an action plan. In partnership and to provide reassurance IFM and BNHFT the following summarised plan will be implemented in its entirety by early October 2018.
- Identify a COSHH Champion to represent a specific area
 - COSHH Training Module for COSHH Champions to undertake
 - Posters to inform staff of Harmful Substances by image
 - SBAR informing the Trust and IFM of COSHH for Huddles

8. CONSTRUCTION PROJECTS AND HEALTH AND SAFETY SUPPORT

- 8.1 Under the Construction (Design and Management) Regulations the Trust requires to meet its "Client" obligations to protect the safety of patients, visitors and staff. IFM by delegation also holds "Duty Holder" responsibilities throughout any construction works it maybe be contracted to. The continuous communication during all Capital, New Work and or refurbishment has ensured no serious construction accidents or incidents have occurred during 2017 -2018.
- 8.2 During this reporting period a considerable amount of building and refurbishment work has been undertaken. The Fire, Health & Safety teams' involvement in this work by continuous liaison with all "Duty Holders", the construction activity has been carried out in a safe manner with minimal impact to the Trust. The protection of essential clinical and non-clinical services which may have been affected by construction activities has also been controlled.

- 8.3 Within 2017-2018 IFM formed a New Works Team to support any construction works which are larger but not exhaustive to minor or planned maintenance work. An example of the New Work Teams success and workmanship was shown on completion of Old Print Building to Information Technology Services Offices.
- 8.3 The Follow list is a small sample of some of the projects which have been completed or are indicated as ongoing safely during this reporting year and current period.

Capital, New and Small works

- Print room converted to Information Technology Services Offices
- Silver Hill Unit Clinical/Office conversion in support of Breast Unit Services
- On Call Building Refurbishment to form Sleeping Accommodation
- Unused accommodation Block 1 refurbished to functional offices for use by Elective Care Division
- Unused accommodation Block 3 refurbished to functional offices for use by Social Services
- Former domestic service accommodation Block 28 refurbishment to Consultants Offices
- A&E Refurbishment to Remodel A&E Department (ongoing)
- Refurbishment of Laundry Building to House IFM Main Offices
- Temporary Restaurant to allow remodelling of Endoscopy and Catering Services
- Refurbishment of various roads and car parks throughout the Hospital Estate
- Former kitchens to a commercial restaurant "Eat Well"
- Refurbishment of B2 – B4 Wards (Planned)
- ICU and HDU small works

Former Restaurant which is now a modern Endoscopy Unit:



A previous catering preparation area which is now a commercial restaurant:



Progress photograph of the extension to Accident and Emergency Department



9. FIRE, HEALTH AND SAFETY TRAINING

- 9.1 The Health and Safety at Work etc Act 1974 requires IFM and the Trust to provide whatever information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of staff. This responsibility is expanded in the Management of Health and Safety at Work Regulations and the Regulatory Reform (Fire Safety) Order which identify situations where health and safety and fire training is particularly important, e.g. when staff start work, on exposure to new or increased risks, and where existing skills may need updating.
- 9.2 Over this reporting year, the Fire, Health and Safety Team have provided a training and advisory service to hospital-based departments and community premises. The following presentations, courses and additional support have been provided. The delivery of this training has ensured the Trust has complied with its legal duty and Healthcare Technical Memorandum Guidance.

- Mandatory fire induction training for new starters
- Contractor induction to the hospital site
- Corporate Induction into Ingleside Maternity Unit
- Mandatory fire training for clinical and non-clinical staff
- Bespoke risk assessment training to inform staff of how to evaluate risk within Microbiology Department. This training was provided as a risk management control measure to address the Brucella incident.
- IOSH Managing Safety Course for 10 Managers within Microbiology Department in support of Brucella incident
- Fire evacuation training (supporting the Trust Emergency Planning Manager) 40 exercises during 2017-18
- Bespoke Fire training for Community based Building Coordinators
- Fire warden training (postponed due to staff resource)
- Fire extinguisher training (postponed due to staff resource)
- Design of a COSHH Moodle Module to present to the Trust identified "COSHH Champions and appropriate Staff in control of substances hazardous to health by October 2018

9.3 During this reporting year to assist the Trust in meeting its regulated responsibilities, and to improve risk management knowledge of Trust staff, the Trust and IFM require to agree a way forward and complete a reviewed training analysis that supports its wider risk management and/or health and safety work plan.

9.4 The conclusion of the analysis specific to health and safety and risk management may result in further IOSH Managing Safely and other supporting IOSH licensed courses IFM can deliver.

9.5 A reviewed training analysis will also require identifying the correct resources to administer, stage and deliver the accredited courses to the number of candidates and/or managerial positions, which may require additional risk management support.

10. SUMMARY

10.1 Bolton NHS Foundation Trust and Integrated Facilities Management Bolton have faced some significant challenges over this reporting period which includes the availability of a staff resource within the IFM Fire, Health and Safety Team and written enforcement action by the Health and Safety Executive.

- 10.2 The report has highlighted the significant work which has been undertaken within the Trust, plus further analysis which is required to reduce workplace accidents and incidents.
- 10.3 The reestablished Trust Group Health and Safety Committee in partnership with IFM will provide reassurance and analysis to meet any further challenges and proposed health and safety objectives which will be agreed to address current regulation 2018.
- 10.4 Moving forward, this initial Annual Report will by no means address all the current fire health and safety challenges the Trust and IFM face. However, it will develop to encompass the necessary Fire, Health and Safety arrangements and objectives between the Trust and IFM to keep the patient, visitors and staff safe.