

Bolton NHS Foundation Trust – Board Meeting 30 May 2019

Location: Boardroom Royal Bolton Hospital

Time: 0900

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
09:00		Patient Story		Verbal	For the Board to hear a recent patient story to bring the patient into the room (Press and public may be excluded to preserve confidentiality)
09:20	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
09:25	4.	Minutes of meeting held 25 April 2019	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
09:30	7.	Chairman's Report	Chairman	Verbal	To receive a report on current issues
09:40	8.	CEO Report including reportable issues	CEO	Report	To receive a report on any reportable issues including but not limited to SUIs, never events, coroner reports and serious complaints
Safety Quality and Effectiveness					
09.50	9.	Quality Assurance Committee – Chair Report 15 May 2019	QA Chair	Report	QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board
	10.	Finance and Investment Committee – Chair Report May 2019	FC Chair	Report	FC Chair to provide a summary of assurance from the F&I Committee and to escalate any items of concern to the Board
	11.	Audit Committee Chair report	AC Chair	Report	AC Chair to provide a summary of assurance from the Audit Committee and to escalate any items of concern to the Board
	12.	Workforce Assurance Committee – Chair Report	CEO	Report	CEO to provide a summary of assurance from Workforce Assurance Committee and escalate any items of concern to the Board
	13	Urgent Care Delivery Board Chair Report -	CEO	Report	To receive a report on the Urgent Care Delivery Board

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
10.30	14.	Performance Report	All	Report	To discuss the metrics on the integrated performance report
Governance					
11.00	15.	Declarations required for General Condition 6 and Continuity of Service condition 7 of the NHS provider licence	Trust Secretary	Report	To approve
11.10	16.	Any other business			
Questions from Members of the Public					
	17.	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					
11.15	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 25 April 2019
Venue Boardroom RBH

Present:-

Mrs D Hall	Chair	DW
Dr J Bene	Chief Executive	JB
Mrs T Armstrong-Child	Director of Nursing/Deputy Chief Executive	TAC
Mr A Thornton	Non-Executive Director	AT
Dr F Andrews	Medical Director	FA
Dr M Brown	Non-Executive Director	MB
Mr A Ennis	Chief Operating Officer	AE
Ms B Ismail	Non-Executive Director	BI
Mrs S Martin	Director of Strategic Transformation	SM
Mr J Mawrey	Director of Workforce	JM
Mr M North	Non-Executive Director	MN
Mr A Stuttard	Non-Executive Director	AS
Mrs A Walker	Director of Finance	AW
Mrs J Njoroge	Non-Executive Director	JN

In attendance:-

Mrs E Steel	Trust Secretary	ES
Ms R Ganz	Associate NED	RG

Eight observers in attendance including members of the Shadow Board and Council of Governors

Apologies

No apologies noted

Declarations of Interest

Mrs E Steel	Company Secretary iFM Bolton
Ms R Ganz	NED iFM Bolton

1. Patient Story

N attended with her daughter A and her Doula to tell the story of her experience of birthing at Ingleside. N had an emergency C section for the delivery of her first baby, this was a traumatic experience resulting in PTSD for which she received

treatment including CBT.

For her second pregnancy, N wanted a natural birth ideally in her own home and having done her own research had initial challenges convincing the consultants with regard to her preferences. N then saw the consultant midwife who listened to her concerns and explained the risks and benefits of all options including Ingleside which was selected.

N described her birthing experience which despite an urgent transfer out of the birthing pool when there were concerns about the baby's safety was a perfect birth.

Board members thanked N for her story and spent some time discussing the importance of informed choice and the benefits of Ingleside. There was recognition that N's medical background had been a key factor in her being able to communicate her wishes, Board members agreed that sharing N's story with clinical staff could provide a useful learning tool to help understand the importance of communication and choice.

Resolved: the Board noted N's story and agreed that with her consent a video should be made to share her story with clinicians and mums to be.

FT/19/21

Video of story to be made to share story for clinician learning re patient choices and to promote Ingleside

4. **Minutes of The Board Of Directors Meetings held 29 March 2019**

The minutes of the meetings held on 29 March 2019 were approved as a true and accurate reflection of the meeting.

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. **Chair's Report**

The Chair welcomed attendees and observers to her first Board meeting and thanked those present for the warm welcome she had received since her appointment as Chair of Bolton NHS FT. Her initial impressions were of a brilliant but humble organisation and a great team that she was honoured to be appointed to.

8. **Chief Executive report**

The Chief Executive presented the CEO report providing a summary of reportable incidents, awards, recognition and media interest.

Board Assurance Framework

The Chief Executive advised that following a review and as previously discussed within both the Board and the QA Committee, the scores for the quality risks had been reduced to a level where the executive team had confidence they should be removed from the BAF.

In response to a question regarding the mortality risk, the Chief Executive advised that while SHMI remains escalated and following the CQC mortality outlier alert for pneumonia it was felt that further assurance should be provided before de-escalating this risk from the BAF.

Board members discussed the link between the Urgent Care Board and the BAF risk regarding the delivery of constitutional targets. Board members agreed that while the Urgent Care Board has matured and is more system focused the deterioration in performance over the recent Easter weekend serves as confirmation that this remains a significant risk.

Resolved: the board noted the CEO update.

9. Quality Assurance Committee Chair Report

Mr Thornton, the NED Chair of the QA Committee presented a summary of the meeting held on 17th April 2019. Key points for the Board to note were as follows:

- The BOSCA updated provided assurance that this methodology is now well established and was recognised by the CQC as an important element of the Trust's quality improvement work.
- Further to the SI report discussed at Board in November 2018 when Board members had some residual concerns regarding the actions taken in relation to the locum's learning from the incident, the locum involved in this incident has now made contact and the Medical Director is following up concerns with the locum's responsible officer.
- The report on the 2017/18 quality account priority to reduce medication errors provided assurance that the aims within this priority focusing had been achieved.
- The Committee received an update on Stroke and TIA – this provided assurance that significant improvements had been made despite operational pressures.
- The report on bowel screening provided an update on the capacity challenge and the agreed improvement trajectory – although this provided some reassurance capacity for the increased demand remains a challenge and a further update will be provided in three months.
- The Committee reviewed two final SI reports, one relating to a fall was approved the committee requested further information in relation to the second which related to a delay in diagnosis – the report will be revised for approval in May 2019.
- The Committee were pleased to note that the report from the Risk Management Committee advised of an increased level of confidence in iFM Bolton in general and with regard to Health and Safety focus.

In response to a question about the incidence of strokes and TIA, the Chief Operating Officer confirmed that the Trust had seen an increase in referrals that

had exceeded the initial capacity plans. The turnaround in performance through the implementation of nurse led clinics has provided an improved TIA services with performance in the last week up to 100%

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

FT/19/22

FA to email BI on stroke incidence

FA

10. Finance and Investment Committee Chair Report

Mr Stuttard, the NED Chair of the Finance and Investment presented his report from the meeting held on 23rd April 2019.

Key points for the Board to note were as follows:

- The Committee discussed the year-end financial position and the additional impact of a bonus PSF sum of £8.3m resulting in an overall year end surplus of £17.8m before impairments. Board members noted this achievement and agreed it would be useful to receive information on other GM trusts for comparison.
- Revaluation of the Trust's estate has generated an impairment of £11.5m; the position that will be reflected in the accounts will be an overall surplus of £6.3m. Annual revaluation is considered to be good practice, the value can go up or down and impacts on the Trust's PDC
- Overall the Trust had a successful outturn for 2018/19, the capital plan was on target and the allocation of PSF provides a resource that boosts the cash position enabling better payment against the payment practice code and scope to invest in capital projects.
- The overall ICIP target for 2019/20 is £15.6m; this will again be a challenge – presentation to be shared in the part 2 meeting.
- The Committee approved the Going Concern report subject to one minor change this will be presented for approval by the Audit Committee before the Accounts are presented for approval on a going concern basis.
- The Committee approved the capital business case for LED lighting – central funding has been approved for this but could potentially be delayed.
- Further to issues previously escalated in relation to the EPR project progress has been made to address issues in relation to EPMA.
- The Trust have received notification from HMRC of a COS 45 review in relation to the operation of iFM – Board members discussed the impact of this review and agreed to discuss further within Audit Committee, the Director of Finance confirmed that iFM is included within the Financial performance section of the BAF.
- The Committee requested further assurance on the transfer of the 0 – 19 service and whilst there was clear recognition of the benefits of providing this service agreed the need to be mindful of associated risks.

Board members discussed the financial out turn and recognised the significance

of this achievement alongside continued improvement of quality and operational metrics. All agreed that this was a story that should be shared with internal and external stakeholders.

Resolved: The Board noted the report from the Finance and Investment Committee

FT/19/23 AW to provide detail on performance within other GM organisations

FT/19/24 Assurance on risks relating to the 0 - 19 service

FT/19/25 further discussion within Audit Committee on impact of COS 45 review for iFM Bolton

11. **Urgent Care Delivery Board**

The Chief Executive presented the chair's report from the Urgent Care Delivery Board.

Board members discussed the role of the Urgent Care Delivery Board and the key factors impacting on A&E performance and wider access and flow within the system. Board members noted that while work undertaken through the Better Care Fund had reduced A&E attendances in the over 75 population, demand from the working age population and those with mental health issues continued to be a challenge. Board members discussed the contribution of primary care, including access to GP services and the impact of patients choosing A&E for instant access to health care professionals.

Resolved: the board noted the Urgent Care Delivery Board Committee Chair report and agreed that an update on system working and neighbourhood models would be useful.

FT/19/26 update on neighbourhood models

12. **Charitable Fund Committee Chair report**

Mr North, the NED Chair of the Charitable Fund Committee presented his report from the meeting of the committee held on 13th March 2019

The Committee received updates on fund balances, Board members noted that work is underway to review funds and reduce the complexity of managing 117 separate funds.

In response to a question asking for consideration of funding for wheelchairs it was agreed that having recently invested in additional chairs the PEIP Committee would take an action to review the location and availability of wheelchairs.

Resolved: Board members noted the report and discussed other potential opportunities to raise and invest charitable funds recognising that there are a

number of third party organisations who would be willing to work with the Trust on charitable, community or environmental projects.

FT/19/27

PEIP to follow up on location and availability of wheelchairs

14. **CQC Report**

The Director of Nursing presented the final report from the CQC following their unannounced inspection undertaken in December 2018 and the planned Well Led inspection in January 2019. The actions taken by the trust had led to an improvement in Medicine and in A&E and with no regulatory actions required the report should be viewed as an accolade for the Trust.

The CQC identified two key areas for action within 24 “should do” recommendations these actions to publish the new strategy and to review the mortality review process were underway at the time of the inspection and the CQC were happy with the Trust’s approach.

Resolved: Board members noted the report and commended the executive team and wider trust team for their efforts and good work that was reflected in the report.

15. **Integrated Performance Report**

Board members reviewed the Integrated Performance Report considering the metrics within the report and focusing on areas in response to questions and as directed by the executive team. In discussing the metrics and responding to questions the following points were noted:

- The target for antibiotic compliance (199) is a national target measured over five elements, the IPC team are assured that there is high compliance with standards other than the inclusion of a “stop” date – divisions are focusing on this at speciality level and the implementation of EPR should help.
- 219 – Blood Culture contaminants – the highest rates are known to be in the ED department – the division recognise that action is needed and have advised that the process is being audited to determine the action to take.
- 81 – FFT response rate in maternity – the Director of Nursing advised that the division are working with the BI team to ensure accurate collection of data
- 8 – Same sex accommodation breaches – the Chief Operating Officer advised that all the breaches occurred in HDU when flow issues impacted on the timely transfer of patients to ward areas. Patient safety and care is not compromised and feedback from patients provides assurance that dignity is maintained.
- 52 Cancer 2 weeks symptomatic breast screening – the Chief Operating Officer advised that the increase in demand has caused pressures however although the 14 day target is not achieved patients are seen within 16 – 17 days and performance against the 62 day standard for

treatment is achieved which provides assurance that patient safety and quality of care is not compromised by this 2 -3 day delay.

- 226 – home first deflections

Resolved: the Board noted the integrated performance report

16. Go Engage

Lisa Gammack, the Trust Head of Organisational Development attended to provide the Board with an overview of the new Go Engage programme which has been commissioned to develop a self-sufficient and sustainable approach to drive staff engagement.

Go Engage is a diagnostic tool designed specifically for NHS organisations to analyse engagement levels and see the cause and effect of engagement work.

The survey which takes approximately 10 minutes to complete will be issued on a quarterly basis to a random sample of staff, questions include the NHS Friends and Family test questions, some based on the NHS staff survey and others that are organisation specific. As an incentive, the Trust will add £1 to the staff lottery fund for each completed return.

The Trust will have rapid access to the results which will be available via an interactive dashboard to report to the Board, the Exec Team and the Staff Engagement Steering Group. The Trust is also developing a pioneer teams programme to create a network of engagement champions.

Board members thanked Lisa for her presentation and welcomed the approach to provide greater assurance on the impact of engagement work.

Board members discussed potential additional questions to include in the survey, while there was some concern expressed about survey fatigue and anonymity the Head of OD was able to reassure Board members that the use of Go Engage would be a significant tool for meaningful engagement and empowerment of staff.

In response to a question from R Ganz in her capacity as iFM NED, the Head of OD confirmed that she had undertaken initial discussions with iFM to develop a methodology to give iFM employees a voice.

Resolved: Board members noted the new approach to staff engagement

17. Any other business

None

28. Questions from members of the public

No questions submitted

Date and Time of Next Meeting

30 May 2019

April 2019 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/19/15	28/02/2019	Ward visits	update on practice educators and protected time through Workforce Assurance Committee	TAC	May-19	verbal update
FT/19/19	29/03/2019	CEO report	GM response to consultation on legislative changes proposals to be shared	JB	May-19	verbal update
FT/19/21	25/04/2019	Patient Story	Video of story to be made to share story for clinician learning re patient choices and to promote Ingleside	TAC	May-19	arrangements made for video - complete
FT/19/22	25/04/2019	Stroke incidence	FA to email BI on stroke incidence	FA	May-19	verbal update
FT/19/23	25/04/2019	Financial performance	AW to provide detail on performance within other GM organisations	AW	May-19	
FT/19/24	25/04/2019	0 - 19 service	Assurance on risks relating to the 0 - 19 service	SM	May-19	
FT/19/25	25/04/2019	COS 45 review iFM	further discussion within Audit Committee	AW/JN	May-19	verbal update
FT/19/30	25/04/2019	future strategy	agenda item for May board to consider strategy including potential scenarios	SM	May-19	agenda item
FT/19/18	29/03/2019	Patient Story	FA to follow up on comparison of different chemo treatments	FA	Jun-19	follow up through QA Committee
FT/19/05	31/01/2019	Emergent organisms	Board development session from microbiology team	TAC	Jun-19	
FT/19/26	25/04/2019	system working	update on neighbourhood models	JB/SM	Jun-19	
FT/19/27	25/04/2019	charitable funds	PEIP to follow up on location and availability of wheelchairs	TAC	Jun-19	
FT/19/28	25/04/2019	Ward visits	PEIP to follow up action to consider simplifying names of units for easier public understanding e.g. ACU	TAC	Jun-19	
FT/19/01	31/01/2019	Patient Story	February PEIP meeting to focus on provision of support for patients with hearing impairments - present back to Board in July 2019	TAC	Jul-19	
FT/19/29	25/04/2019	ICIP opportunities	future debate about business development opportunities	SM	Jul-19	
FT/19/12	28/02/2019	Gender pay gap	include update on actions within Workforce and OD strategy to Board in September	JM	Sep-19	

Key

complete	agenda item	due	overdue	not due
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Agenda Item No: 8

Meeting	Board of Directors
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Date	31 May 2019
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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

Previously considered by	
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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	✓

Prepared by	Esther Steel Trust Secretary	Presented by	Dr J Bene Chief Executive
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1. **Awards and recognition**

Internal

Employee of the Month – Camilla Russell, E-Learning Developer, for the creation of an e-moodle package for Medical Gas training. This has been an ongoing project for many months and has seen the development of an in-house training package which will be used by many members of staff across the organisation.

Team of the Month. - Bee Hive Team (maternity), Family Division following a nomination from a grateful grandmother

External

Ruth Eaves the Trust lead for Medical Illustration was awarded a Fellowship of the Medical Artists' Association and received a medal in recognition of her Cauda Equina illustration.

Queen's Award for Nursing - Sarah Hewinson

Amanda Martin has been awarded Fellowship from the Royal College of Radiographers

2. **Stakeholders**

2.1 **Bolton**

Residents, visitors and workers across the entire Bolton borough are being encouraged to share what they love about the town and say why it is such a great place to live, work, study, visit and invest.

You can do this in a number of ways, including filling out a simple online form at www.thisisbolton.org, as well as engaging through social media including Facebook ([thisisboltonuk](https://www.facebook.com/thisisboltonuk)), Twitter and Instagram ([@thisisboltonuk](https://www.instagram.com/thisisboltonuk)), using the hashtags [#iloveboltonbecause](https://twitter.com/hashtag/iloveboltonbecause) and [#thisisbolton](https://twitter.com/hashtag/thisisbolton).

2.2 **North West Sector**

We continue to discuss areas where we can collaborate for mutual benefit, an Exec to Exec meeting and a Board to Board meeting have been scheduled with WWL to discuss our collaborative approach

Reportable Issues Log

Issues occurring between 18/04/19 and 23/05/19

3.1 **Serious Incidents and Never events**

There have not been any SIs declared this month but we have reported two maternity incidents to the HSIB

3.2 **Red Complaints**

No red rated complaints received

3.3 **Regulation 28 Reports**

During the giving of evidence at a recent inquest, the Coroner, Mr Walsh queried how many doctors are available at the weekend to review patients on the wards.

Unfortunately, despite reassurance that there is access to a registrar and consultant in addition to that of the on-call medical team/nurse practitioners Mr Walsh remained concerned about the staffing levels in relation to doctors at the weekend, specifically in

relation to Orthopaedics and as such indicated he will be reporting matters and the Trust will get a Regulation 28.

3.4 Health and Safety Executive

Following review of the HSE action plan and associated evidence at the Group Health & Safety Committee on Thursday 16th May, both the Trust and iFM submitted all materials to the HSE on Friday 17th May. As at 21st May no response has been received from the HSE.

3.5 Whistleblowing

No concerns to escalate to board

3.6 Media Coverage

Daily Mail coverage of SHMI – hospital's with over the average number of deaths

Former hospital Chaplain jailed for child sex offences

Medical college funding approved

Hate crime investigated after man mocks Islam in hospital prayer room

4 Board Assurance Framework

The Board Assurance Framework is currently being reviewed to align with the new five year strategy. As an interim the 2018 – 2020 BAF has been reviewed and updated.

	Trust Wide Objective	Lead	I	L		April 2019	Jan 2019	Nov 2018	Sept 2018	Aug 2018	Key Risks/issues	Key actions	Oversight
1.2.2	For our patients to receive safe and effective care (mortality reduction)	MD	4	4	-	16	16	16	16	16	SHIMI 119 Crude mortality In patient sepsis screening	New learning from deaths process now started Conditions showing significant variance for death identified and examined Pneumonia action plan Action plan for inpatient sepsis	Mortality reduction
1.4	Staff and staff levels are supported	DoW	4	5	-	16	20	20	20	20	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	20	Urgent Care pressure and increased demand on Diagnostic and Elective work Late decisions in A/E Beds coming up late Lower discharges at weekends Staffing in key departments	Urgent Care programme plan SAFER ECIP support Enhanced pathways as part of the new streaming model	Urgent care prog board System Sustainability Board
4.1	Service and Financial Sustainability – delivery of control total surplus	DOF	4	4		16	16	16	20	20	Delivery of ICIPs In year cost pressures Agency cost pressures (links to workforce) Income/contracting risk Commissioning decisions Transformation funding Cash flow iFM performance	PMO and ICIP escalation IPM Integrated Care partnership development Actions to address agency pressures PBR review Develop links with specialist commissioners Development of joint budgets within local system Review of costs and income iFM development including strategy and business plan	F&I committee Board IPM Transformation Board ICIP escalation
5.4	Achieving sustainable services through collaboration within the NW sector	Dir Strat.	4	4		16	16	20	20	20	Estates and IT challenges Workforce Challenges Healthier Together/GM devolution	Ongoing discussions with WWL and Salford on sustainable models of care Involvement in the GM Integrating Specialist Care Work stream Development of local care partnership	Board F&I

Committee/Group Chair's Report

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	15 May 2019	Date of next meeting:	15 May 2019
Chair:	A Thornton	Parent Committee:	Board of Directors
Members present/attendees:	D Hall, M Brown, J Njoroge, J Bene, T Armstrong Child, A Ennis, F Andrews. Representation from the four clinical divisions	Quorate (Yes/No):	Yes
		Key Members not present:	three attendees sent apologies, meeting was quorate

Key Agenda Items:	RAG	Key Points	Action/decision
QA Committee Terms or Reference		Minor changes to membership and addition of report from Strategic Transformation Board	Approved – appended to this report for Board approval
Clinical Governance and Quality Committee Chair Report		No risks escalated but a number of amber areas within the chair report – these include the need for further audit on wrist bands and a further report on the Never Event Assurance Framework	The QA Committee noted the actions requested by the Clinical Governance Committee
Pressure ulcers – quarterly update		After strong performance in 2016/17 when the Trust achieved a significant reduction in the number of ulcers and the number of ulcers attributed to a lapse in care a target of achieving a further 15% in ulcers attributed to a lapse in care and a 10% reduction in overall incidences of cat 3 and cat 4 ulcers. The target was not achieved although there are 8 wards that have now had over 12 months without an ulcer attributed to a lapse in care	Report noted, to with actions to reduce and to continue quarterly reports
Radiology – plain film reporting		Further to the review of radiology reporting (reports previously submitted for MRI and CT) a written report was presented providing a level of assurance that although reporting on plain film X Rays is on average 1 week longer than the 14 day standard the impact on patient treatment has been minimal	The Committee noted the actions to improve reporting time for plain film X Rays

	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

National Inpatient Survey		Embargoed report received, shows performance within the mid 60% of Trusts for the majority of areas. Some key themes for action using a QI approach have been identified including looking for ways to reduce noise at night, improving written information provided to patients and actions to reduce delays to discharge	Report and proposed approach to addressing recommendations noted
Learning from deaths Process		Verbal update provided, first meeting of the review group has been held	Written process to be developed to capture learning from deaths
Quality Dashboard		Noted the quality metrics, discussions focused on the mortality indicators which remain high	
Sepsis – quality account priority		Update provided on the Quality account target, most actions achieved (detail within the draft Quality Account received in April 2019)	Monitoring to continue through the mortality reduction group
Patient Experience, Inclusion and Partnership Committee		No areas escalated, all agenda items rated as green	Report noted
Mortality Committee		Discussion focused on the increase in the three mortality indicators. VTE policy to be updated Discussed the use of the Mental Capacity form in relation to DNACPR – new prompt sheet to be developed for DNACPR	Report noted
Risk Management Committee		Verbal update from meeting on the previous day, key risks discussed:	Report and escalated items noted
		Data centre resilience following power outage – escalated as the Trust remain vulnerable if there is a further outage before the new data centre is fully on	

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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

		line Risks associated with 0 – 19 contract Premises Assurance Model approach to facilities management Lab medicine risks	
Strategy and Transformation Board		Updates received on the development of the new strategy, ?ICIP delivery and the OPD transformation programme	Report noted
IT and Information Committee		EPR implementation on schedule, Community mobile devices being rolled out Loss of data due to power outage (as per Risk Management Committee report)	
Safeguarding Committee		Reports noted	
Comments			
Risks Escalated – IT – vulnerability of the data centre to power outage			

	No assurance – could have a significant impact on quality, operational or financial performance;
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	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

(Version 2.0 August 2018, Review: July 2020)

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	21 st May 2019	Date of next meeting:	25 th June 2019
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Jackie Bene, Martin North, Annette Walker, Andy Ennis, Bilkis Ismail, Rachel Hurst, Andy Chilton, Catherine Hulme	Quorate (Yes/No):	Yes
		Key Members not present:	

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Month 1 Finance Report		Deputy Director of Finance (AC)	<p>The financial position to the end of April 2019 (Month 1), excluding PSF, is a deficit of £2.6m, against a deficit plan of £1.8m, an overall shortfall of £0.8m. Taking PSF into account the deficit is £2.3m. The main reasons for the shortfall of £0.8m are an under recovery on income of £0.2m and an under performance on the ICIP of £0.4m.</p> <p>The ICIP target for the Trust is £15.6m but a number of risks are potentially starting to materialise. Mitigations are being identified. The risk associated with the ICIP is already recorded in the risk register at 16.</p> <p>The Committee also considered the current position on aged debt. There is £1.9m of debt which is outstanding over 60 days. The Committee requested that work be undertaken to understand the reasons for this and whether the debt is ultimately recoverable.</p> <p>The Chief Operating Officer noted that there had been a significant increase of 20% – 30% in respect of cancer referrals which would have an impact on expenditure. The Director of Finance advised that this was being looked into with the CCG regarding funding.</p>	
Capital Planning 2019/20		Director of Finance	All NHS Trusts have received a letter from NHSE/I asking them to review their capital plans for this year as there is a current risk that nationally the capital expenditure limit will be exceeded. The Trust has submitted a response indicating that there are no proposals to reduce the capital plan although the profile of spend for the year has been revised.	

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	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

iFM Finance Paper		Director of Finance, iFM Bolton	<p>The Committee received a comprehensive report on the iFM financial position. It was noted that in 2018/19 iFM made a profit of £172k against an original target of £698k. There is no corporation tax payable on this profit as the company is able to take account of losses from previous years.</p> <p>In respect of 2019/20, iFM is forecasting a profit of £244k on turnover of £25.3m, which includes an ICIP of £1.4m. iFM have in place an ICIP tracker to ensure delivery of their schemes.</p>	
Use of Resources: CQC Report and Future Monitoring		Director of Finance	The Committee received details of the CQC report on the Use of Resources where the Trust has been rated as good. A number of areas of good practice were identified together with some areas for improvement. The Committee agreed that they would receive future updates on the areas for improvement.	
ICIP Progress Report		Director of Finance	The Committee received an update on the ICIP Progress Report. The ICIP Programme represents the major risk to the overall achievement of the Trust's Control Total. The position at Month 1 was an actual achievement of £0.2m against a plan of £0.6m. A comprehensive monitoring programme is in place, however a number of the schemes, in particular the system wide ideas, have still to be worked up. As previously reported, the bulk of the savings are in the second half of the year which is resulting in the significant risk to the overall achievement of the financial plans.	
Costing Submission 2018/19 – pre-submission		Deputy Director of Finance	The Committee received an update on the new arrangements for the cost collections for 2018/19. There are two elements to the submission: a patient level submission for Acute Services and a reference cost submission for other services. The final submission date is 2 nd August and the Committee will receive updates prior to sign off of the submission.	
FFF Accreditation		Deputy Director of Finance	The Committee received an update on Future Focused Finance (FFF) Accreditation. The Trust is currently accredited at Level 2 and is aiming to achieve Level 3 in 2020/21.	

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Committee/Group Chair's Report

Valuation Techniques		Head of Financial Services	The Committee was given an update on the valuation techniques for property, plant and equipment used by the Trust. New guidance for asset lives has been received and the Trust will need to consider whether to adopt the guidance going forward. There is a potential risk of £700k to the Trust but the guidance is not mandated.	
HMRC Contracted Out Services Review		Head of Financial Services	The Committee were advised that following receipt of the Contracted Out Services (COS Heading 45) for the Trust, that the submission of information requested has been made to HMRC within the timescale requested.	
GM Integrated Care System Financial Framework		Director of Finance	The Director of Finance updated the Committee on the current position regarding the agreement of a System Wide Financial Control Total for Greater Manchester. Of note is that Bolton FT is the only Trust currently with a surplus Control Total with the exception of the Christie. Meetings are taking place across Greater Manchester to ensure that the implications are fully understood and that there is equity across the system. Trust Boards will be asked to sign up to the ICS Control Total in due course.	
Other updates	N/A	Director of Finance/ Chief Executive	The Committee also received updates in respect of: <ul style="list-style-type: none">) CRIG – a Business Case had been received in respect of Breast Services which would be considered further in the context of increased referrals and the overall position on Breast Services across Greater Manchester.) Digital Transformation Board) Tenders 	
Anaesthetic Machines Business Case		Chief Operating Officer	The Committee approved the Anaesthetic Business Case for the replacement of Anaesthetic machines, monitors and an upgrade of the vaporisers, with an overall value of £1.24m. This will involve the replacement of all Anaesthetic machines across the Trust and ensure a standardised approach to the use of the equipment.	

Risks escalated

Overall there are no new major risks to be escalated. The ICIP risk has previously been recorded. Further work as indicated is to be undertaken on aged debt and the Board will in due course receive the submission with regard to the ICS Control Total.

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Name of Committee/Group:	Workforce Assurance Committee	Report to:	Trust Board
Date of Meeting:	26 th April, 2019	Date of next meeting:	17 th May, 2019
Chair:	J Bene	Parent Committee:	Trust Board
Members present/attendees:	J Mawrey, C Sheard, L Gammack and all the clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	T Armstrong-Child, F Andrews, A Chilton
Key Agenda Items:	RAG	Key Points	Action/decision
Recruitment Performance - Annual report		<ul style="list-style-type: none"> The Committee received a comprehensive update on the many enabling actions that have been taken over the last 12 months to support recruitment position. Paper also noted that the Trust benchmarks very positively for vacancy rates – both nursing and medical. The concern for the Committee was that there did not appear to be a correlation between vacancy rates and Agency spend for certain staffing groups (particularly nursing). Committee requested that further work was required to better understand the correlation. 	<ul style="list-style-type: none"> The Committee requested that further work be undertaken in triangulating the details of this paper with the Agency paper (noted below). Specifically making clearer the correlation between vacancy levels and Agency spend.
Agency monthly report		<ul style="list-style-type: none"> The year-end position for Agency spend was £8.5 million (£10.2m last year). The paper included the plethora of actions that had been taken at operational level to achieve this improved position. The Committee noted the forecasted agency spend for 2019/2020 is £7.8 million. As above the Committee noted there were not clear correlations between Agency spend and recruitment / sickness / escalation pressures. 	<ul style="list-style-type: none"> As above the Committee requested that further work be undertaken in triangulating the details of this paper with the recruitment paper (noted above).

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Committee/Group Chair's Report

Sickness		<ul style="list-style-type: none"> March 2019 was 4.72%; this is higher than target but significantly lower than the same period last year (5.15% March 2018) and also lower than February at 4.97%. Adult Acute Division sustained their reduction at 5.12% (previously been over 7%). Since the last update:- Attendance Matters has been introduced within Families Division; there has been an increase in the Counselling provision to staff, introduced an Employee Assistance Programme (24 hour mental health hotline). HCSW Engagement event planned for mid-May (staffing group with high absence rates). 	Actions agreed:- <ul style="list-style-type: none"> Report noted.
Pension / HRMC Update		<ul style="list-style-type: none"> Committee received an update on the potential impact of the successive changes to tax legislation in relation to pension saving, which may have an adverse impact on medical staffing provision and reduce the incentive for clinicians to take up additional work. Committee noted that this is a national issue which is being debated at the highest level. Committee was minded to keep a close eye on how these discussions progress before any local actions being taken. 	Actions agreed:- <ul style="list-style-type: none"> Report noted. Risk to be included on the Trust and Divisional risk registers. Report back in three months' time on any national or local progress.

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Committee/Group Chair's Report

Apprenticeships Update		<ul style="list-style-type: none"> As at 31st March 2019 136 staff were being supported through the Trust's apprenticeship levy fund. This exceeded the Trust's target of 131 (2.3% of our workforce) for 2018/19. Target for 2019/20 is to support 160 individuals through the levy. Report outlined the current pay arrangements for apprentices employed within the Trust and potential remunerations options moving forward. 	Action agreed:- <ul style="list-style-type: none"> Report noted Executive team to receive recommendations on pay arrangements of Apprentices employed within the Trust
ESR Benefits Realisation (HR Information system)		<ul style="list-style-type: none"> Committee received an update on the ESR Benefits Realisation Programme. It was noted that an ESR Steering Group will be established to ensure the significant benefits can be realised. 	Actions agreed <ul style="list-style-type: none"> Report noted Chairs report from ESR Steering Group to Committee
Bolton Medical School		<ul style="list-style-type: none"> Committee received an update on the BMS and the significant workforce & educational benefits this will bring to Bolton. 	Action agreed <ul style="list-style-type: none"> Report noted
Workforce PMO		<ul style="list-style-type: none"> The Committee received an update on the work programmes related to Workforce within the Trust's Cost Improvement Programme. 	<ul style="list-style-type: none"> Paper noted
Workforce Operational Committee		<ul style="list-style-type: none"> The Director of Workforce presented his Chairs report to the Committee. Committee considered (and supported) a proposal to re-shape the governance arrangements of the groups reporting into the Committee. 	Action agreed <ul style="list-style-type: none"> Report noted
Risks escalated <ul style="list-style-type: none"> Pensions and tax item noted above. No resolution proposed at this time as awaiting national discussions. 			

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Committee/Group Chair's Report

Recommendations to Trust Board

- None

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Name of Committee/Group:	Workforce Assurance Committee	Report to:	Trust Board
Date of Meeting:	17 th May, 2019	Date of next meeting:	21 st June, 2019
Chair:	J Bene & T Armstrong-Child	Parent Committee:	Trust Board
Members present/attendees:	F Andrews, J Mawrey, C Sheard, L Gammack, A Chilton and all the clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	
Key Agenda Items:	RAG	Key Points	Action/decision
Recruitment Performance - Annual report		<ul style="list-style-type: none"> The Committee welcomed the refreshed Integrated Workforce Performance Report. The report successfully triangulated key workforce data to support more informed discussions. 	<ul style="list-style-type: none"> The Committee supported that the refreshed report would be a standing item at the Committee.
Health & Wellbeing report		<ul style="list-style-type: none"> The Committee received a report that outlined plans to develop a more strategic and co-ordinated approach to promoting employees' mental health and wellbeing that is embedded into our culture, encourages and enables employees to lead healthy lives and make choices that support their wellbeing. Focused discussions took place on the additional offering that will be put in place to upskill our managers in dealing with mental health matters across the workforce. The Development of a Health & Wellbeing hub on the main hospital site was discussed. 	<ul style="list-style-type: none"> The Committee fully supported the direction of travel and agreed to receive a refreshed strategy in two-three months' time. Executive team to consider potential funding implications associated with paper.
Physician Associate (PA) Update		<ul style="list-style-type: none"> An update report was received on the enabling actions that are taking place to support in the development of this key role at Bolton. All members noted the critical role PA's will make to the service and all confirmed that the role would form part of their Workforce Planning. 	Actions agreed:- <ul style="list-style-type: none"> Report noted. Executive team to consider potential funding implications associated with paper.

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Committee/Group Chair's Report

Job Planning Update		<ul style="list-style-type: none"> Significant work is required to expedite the annual Job Planning round. The reasons for the lack of progress and mitigating actions were fully considered by the Committee members. Discussions then ensued about the impact of the Pensions & Tax matters discussed at the last meeting. It was noted that some Consultants have already begun reducing their PA's which may have an adverse impact on activity. 	Actions agreed:- <ul style="list-style-type: none"> Report back on Job Planning in three months' time updating on progress being made. Full report to the June Trust Board on the implications of the Pension & Tax on our Clinical Workforce.
Workforce PMO		<ul style="list-style-type: none"> The Committee received an update on the work programmes related to Workforce within the Trust's Cost Improvement Programme. 	Actions agreed:- <ul style="list-style-type: none"> Paper noted
Obstetrics & Gynaecology Deanery Report		<ul style="list-style-type: none"> The Division presented the actions which had been taken at a local level following the disappointing findings of the last Deanery report for their area (noting the report was generally positive for the wider organisation). Whilst the Committee noted that progress has been made it was agreed that further steps could be taken to more effectively engage and listen to our workforce. 	Actions agreed:- <ul style="list-style-type: none"> Paper noted Division, DoW and Head of OD to review potential further enabling support that could be put in place.
Freedom to Speak Up		<ul style="list-style-type: none"> The Committee received the Annual FTSU Report. Members were very pleased to hear the positive actions that have been taken, along with demonstrable evidence that more staff feel able to raise concerns as a result of the refreshed approach. 	Actions agreed:- <ul style="list-style-type: none"> Paper noted Full Annual Report to be presented to the Trust Board in June.

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Committee/Group Chair's Report

Equality, Diversity & Inclusion Group		<ul style="list-style-type: none"> The Chairs report was noted. It was noted that the Trust has importantly raised the profile of the inclusion agenda. All recognised that it would take time for these measures to have demonstrable impact (e.g WRES, WDES). 	Actions agreed:- Paper noted
ESR Steering Group		<ul style="list-style-type: none"> The Chairs report was noted 	Actions agreed:- <ul style="list-style-type: none"> Paper noted
Education Governance Group		<ul style="list-style-type: none"> The Chairs report was noted 	Actions agreed:- <ul style="list-style-type: none"> Paper noted
Risks escalated <ul style="list-style-type: none"> Pensions and tax item noted above. 			
Recommendations to Trust Board <ul style="list-style-type: none"> Full support of the Freedom to Speak Up Report that will be presented to the June Trust Board 			

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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:	14 th May 2019	Date of next meeting:	11 th June 2019
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
Easter Bank Holiday Debrief	Amber	AE	<ul style="list-style-type: none"> ED performance good for first half of BH and then deteriorated due to loss of bed capacity Legacy of stranded patients lasted for two weeks thereafter 	<ul style="list-style-type: none"> Need to progress the work around community capacity and demand in order to address this shortfall moving forward
Presentation around Palliative and EOLC Strategy	Green	Laura Edwards (Cons in Palliative Care)	<ul style="list-style-type: none"> Good work with improving outcomes around the number of people being cared for in their preferred place of death Encouraging system work to prevent crisis admissions to A&E especially from Care Homes 	<ul style="list-style-type: none"> Presentation noted
Urgent Care Board Risk Log Review	Amber		<ul style="list-style-type: none"> Most risks at 9 but workforce and specifically recruitment difficulties remains at 16 	<ul style="list-style-type: none"> Recruitment campaigns and retention actions continue
Comments Review of dashboard noted the continued lack of visibility of social care capacity and satisfactory metrics – SL to raise with the Bolton Partnership				
Risks escalated				

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Agenda Item No: 15

Meeting	Board of Directors
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Date	30 th May 2019
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Title	Declarations required for General Condition 6 and Continuity of Service condition 7 of the NHS provider licence
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Executive Summary	<p>Condition G6 requires NHS Foundation Trust Boards to self-certify compliance with the conditions of the NHS provider licence. The NHS Acts and the NHS Constitution.</p> <p>Condition 7 requires providers to confirm that they have resources for the provision of Commissioner requested services (CRS)</p> <p>In 2018 NHSI introduced changes to the self-certification process, organisations are no longer required to submit a completed template but are still required to publish a declaration of compliance – a suggested template is provided by NHSI but is not mandated</p> <p>NHSI will undertake an audit of a sample of FTs for evidence of self-certification including Board minutes and supporting papers.</p>
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Previously considered by	The Board consider this declaration on an annual basis.
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Next steps/future actions	To consider and approve the self-certifications of compliance			
	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	Esther Steel Trust Secretary	Presented by	Esther Steel Trust Secretary
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1. Background

On 1 April 2013 the Trust's Terms of Authorisation with Monitor were replaced by the Licence (Licence Number: 130014).

The conditions within the Licence are detailed at Annex I with assessment of compliance made against each condition.

The NHS provider licence was last updated in February 2013) and as a consequence this document contains multiple references to Monitor which should be read in this context.

New guidance issued by NHSI in 2017 replaced the requirement to submit a formal declaration with a requirement to self-certify the following three Licence Conditions after the financial year-end:

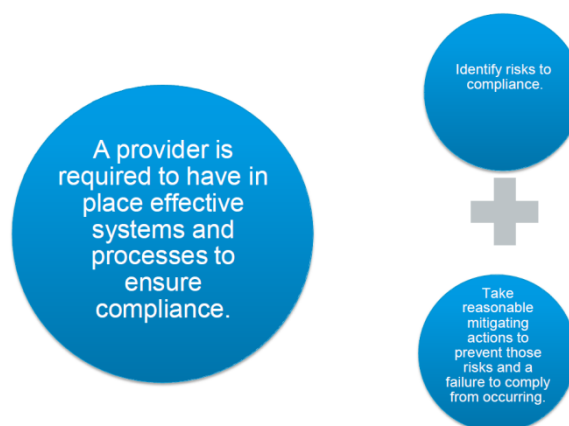
- General Condition G6 - The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution
- Continuity of Services Condition CoS7 - If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service

A further declaration against condition FT4 and Governor training will be required in June 2018

2. General Condition G6 - the Licensee should 'take all reasonable precautions against the risk of failure to comply with:

- the conditions of this Licence;
- any requirements imposed on it under the NHS Acts; and
- the requirement to have regard to the NHS Constitution'.

Condition G6 – what does it actually mean?



The steps the Trust is expected to take (paragraph 2(a) and 2(b) of the Licence) are:

- the establishment and implementation of processes and systems to identify risk and guard against their occurrence; and
- regular review of whether those processes and systems have been implemented and of their effectiveness.

2.1 Evidence of Compliance

- The Board and supporting Committees (Audit Committee, Quality Assurance Committee, Finance and Investment Committee, Workforce Assurance Committee and the Trust Risk Management Committee) receive regular reports and supporting data analysis covering patient safety, clinical quality, patient experience, workforce, performance and finance.
- The Risk Management Strategy, including the Board Assurance Framework which is regularly reviewed by the Board and the Audit committee and the Risk Registers which are reviewed through the Risk Management Committee.

- The Trust has a comprehensive monthly dashboard, which on a monthly basis triangulates key performance indicators such as Friends and Family Test feedback and falls/pressure ulcer incidents with workforce metrics.
- Assurance can be gained through the outcome of the CQC Well Led inspection undertaken in December 2018 and January 2019

Please see appendix one for a full break down of the assessment of compliance with the licence conditions

3. Continuity of Services Condition CoS7

Commissioner Requested Services CRS are defined as *“services that will be subject to regulation by NHSI in the course of a licensee’s operations, that, in the event of a provider failure, must be identified and kept in operation at that specific locality.”*

The current designation of Bolton NHS Foundation Trust for CRS is a ‘default’ position (i.e. automatic full designation, across all services). In effect, the current CRS designation is inherited from the position in April 2013, when CRS principles were first established. At that point in time, the FT licence saw all NHS funded services “grandfathered” into CRS status.

The Board are asked to consider confirmation of the following statement:

After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

3.1 Evidence for confirmation

The Going Concern report provides evidence that the Trust will continue to have the resources required to operate

4. Recommendation

- a) That the Board consider confirmation of self-certification against the requirements of General Condition 6 of the Licence.
- b) That the Board consider confirmation of the continuity of services condition (CoS7)

Appendices

- 1 checklist of compliance against Licence conditions
- 2 NHSI template

Appendix I - checklist of compliance

NHS Provider Licence: Checklist of Compliance to underpin self-certification against licence conditions

Licence Condition	Compliance
Section 1 – General Conditions	
G1: Provision of information <i>'the Licensee shall furnish to Monitor such information and documents, and shall prepare or procure and furnish to Monitor such reports, as Monitor may require for any of the purposes set out in section 96(2) of the 2012 Act'</i>	Confirmed. No compliance issues identified.
G2: Publication of information <i>'The Licensee shall comply with any direction from Monitor for any of the purposes set out in section 96(2) of the 2012 Act to publish information about health care services'</i>	Confirmed. No compliance issues identified.
G3: Payment of fees to Monitor <i>'The Licensee shall pay fees to Monitor in each financial year of such amount as Monitor may determine'</i>	Confirmed. No compliance issues identified - no fees charged to date
G4: Fit and proper persons <i>'The Licensee shall ensure that no person who is an unfit person may become or continue as a Governor'</i> <i>'The Licensee shall not appoint as a Director any person who is an unfit person'</i>	Confirmed. Governor eligibility and disqualification criteria and code of conduct ensures compliance. Trust Employment policies ensure compliance. CQC reviewed Director files to test fit and proper person documentation

G5: Monitor guidance <i>'the Licensee shall at all times have regard to guidance issued by Monitor'</i>	Confirmed. No compliance issues identified.
G6: Systems for compliance with licence conditions and related obligations	Confirmed. No compliance issues identified. Risk Management system in place throughout the Trust including Board Assurance Framework and Risk Register.
G7: Registration with the Care Quality Commission	Confirmed. The Trust is registered, without conditions, with the Care Quality Commission (CQC). An internal assurance process is in-place to minimise the risk of non-compliance with essential standards of quality and safety. The Trust is rated Good overall by the CQC with a rating of excellent for the Well Led review.
G8: Patient eligibility and selection criteria	Confirmed. There is an annual review of the contract with commissioners to agree eligibility criteria, in accordance with Department of Health guidance.
G9: Application of Section 5 (Continuity of Services)	Refer to Section 5 below.
Section 2 – Pricing	
P1: Recording of information <i>'the Licensee shall obtain, record and maintain sufficient information about the costs which it expends in the course of providing services'</i>	Confirmed. No compliance issues identified.

<p>P2: Provision of information</p> <p><i>'the Licensee shall furnish to Monitor such information and documents, and shall prepare or procure and furnish to Monitor such reports, as Monitor may require for the purpose of performing its functions'</i></p>	Confirmed. No compliance issues identified.
<p>P3: Assurance report on submissions to Monitor</p> <p><i>'If required in writing by Monitor the Licensee shall, as soon as reasonably practicable, obtain and submit to Monitor an assurance report in relation to costing.'</i></p>	Confirmed. No compliance issues identified.
<p>P4: Compliance engagement concerning local tariff modifications</p> <p><i>'the Licensee shall only provide health care services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by Monitor'</i></p>	Confirmed. No compliance issues identified.
<p>P5: Constructive engagement concerning local tariff modifications</p> <p><i>'The Licensee shall engage constructively with Commissioners'</i></p>	Confirmed. No compliance issues identified.
Section 3 – Choice and competition	
<p>C1: The right of patients to make choices</p> <p><i>'the Licensee shall ensure that at every point where that person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by Commissioners, he or she is notified of that choice and told where information about that choice can be found'.</i></p>	Confirmed. No compliance issues identified.

<p>C2: Competition oversight</p> <p><i>'The Licensee shall not enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services'</i></p>	<p>Confirmed. No compliance issues identified.</p>
<p>Section 4 – Integrated care</p>	
<p>IC1: Provision of integrated care</p> <p><i>'The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling its provision of health care services for the purposes of the NHS to be integrated with the provision of such services'</i></p>	<p>Confirmed. No compliance issues identified.</p>
<p>Section 5 – Continuity of Services</p>	
<p>COS1: Continuing provision of Commissioner Requested Services</p> <p><i>'The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any Commissioner Requested Service except where permitted to do so in the contract'</i></p>	<p>Confirmed. No compliance issues identified.</p>
<p>COS2: Restriction on the disposal of assets</p> <p><i>'The Licensee shall establish, maintain and keep up to date, an asset register'</i></p> <p><i>'The Licensee shall furnish Monitor with such information as Monitor may request relating to any proposal by the Licensee to dispose of, or relinquish control over, any relevant asset'</i></p>	<p>Confirmed. Asset register maintained.</p>

<p>COS3: Standards of corporate governance and financial management</p> <p><i>'The Licensee shall at all times adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as: suitable for a provider of the Commissioner Requested Services provided by the Licensee, and providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern'</i></p>	<p>Outstanding in the CQC Well Led Review with "Good" for the "use of resources review"</p> <p>Deloitte Well Led review undertaken and reported in 2017</p> <p>Position against Monitor's Code of Governance regularly assessed and reviewed through the Audit Committee (last review February 2018).</p> <p>Robust financial plan and quarterly profile that is approved as part of the Operational Plan submission.</p> <p>Monthly monitoring of financial performance and risks at Finance and Investment Committee and Board</p>
<p>COS4: Undertaking from the ultimate controller</p> <p><i>'The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee'</i></p>	<p>Not applicable (relates to non-FT whose ultimate controller may be a separate legal organisation).</p>
<p>COS5: Risk pool levy</p> <p><i>'The Licensee shall pay to Monitor any sums required to be paid in consequence of any requirement imposed on providers by way of levy'</i></p>	<p>Confirmed. No compliance issues identified - no charges levied.</p>
<p>COS6: Co-operation in the event of financial stress</p> <p><i>'if Monitor has given notice in writing to the Licensee that it is concerned about the ability of the Licensee to carry on as a going concern...the Licensee will: provide such information as Monitor may direct to Commissioners, allow such persons as Monitor may appoint to enter premises owned or controlled by the Licensee and co-operate with such persons as Monitor may appoint to assist in the management of the Licensee's affairs, business and property'</i></p>	<p>Confirmed.</p>

<p>COS7 Availability of resources</p> <p><i>'The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources'</i></p>	<p>Confirmed. – declaration 3 on the attached template (appendix 2)</p> <p>Robust plan and quarterly profile that is approved as part of the Operating Plan submission to Monitor.</p> <p>positive cash balance.</p>
<p>Section 6: NHS Foundation Trust conditions</p>	
<p>FT1: Information to update the register of NHS foundation trusts</p> <p><i>'The Licensee shall ensure that Monitor has available to it written and electronic copies of the following documents:</i></p> <ul style="list-style-type: none"> <i>a) the current version of Licensee's constitution;</i> <i>b) the Licensee's most recently published annual accounts and</i> <i>c) any report of the auditor on them, and the Licensee's most recently published annual report'</i> 	<p>Confirmed. No compliance issues identified.</p>
<p>FT2: Payment to Monitor in respect of registration and related costs</p> <p><i>'the Licensee must pay to Monitor a fee in respect of Monitor's exercise of its functions'</i></p>	<p>Confirmed. No compliance issues identified. (no fee levied as yet)</p>
<p>FT3: Provision of information to advisory panel</p> <p><i>'The Licensee shall comply with any request for information or advice made of it'</i></p>	<p>Confirmed. No compliance issues identified - no requests for information to the advisory panel</p>

FT4: NHS Foundation Trust governance arrangements

The Licensee shall have regard to such guidance on good corporate governance as may be issued by Monitor from time to time.

The Licensee shall establish and implement:

- a) effective board and committee structures;*
- b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and*
- c) clear reporting lines and accountabilities throughout its organisation*

The Licensee shall establish and effectively implement systems and/or processes:

- (a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;*
- (b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;*
- (c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);*
- (d) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;*
- (e) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;*
- (f) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and*
- (g) to ensure compliance with all applicable legal requirements*

Confirmed. No compliance issues identified. Confirmed.

Additional Self-Certification to be made in June 2019

<p><i>the Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.</i></p> <p><i>The Licensee shall submit to Monitor within three months of the end of each financial year:</i></p> <ul style="list-style-type: none"> <i>(a) a corporate governance statement</i> <i>(b) if required in writing by Monitor, a statement from its auditors either:</i> <ul style="list-style-type: none"> <i>(i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or</i> <i>(ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.</i> 	<p>Forms part of the monthly performance report submitted to the Board.</p> <p>Confirmed – Submissions made to NHSI as required/requested</p>
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Appendix 2 – proposed declaration using a modified version of the template

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

- 3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Confirmed

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The Board reviewed a detailed paper providing assurance with regard to compliance with the provider licence.

The Going Concern report reviewed by the Board in March 2019 and include within the Annual Reports and Accounts sets out the assurance provided to the Board to confirm that the management of the Trust are confident that the Trust will remain a Going concern and will therefore be able to continue the provision of Commissioner Requested Services with due regard to the NHS Constitution.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors