

# BOLTON NHS FOUNDATION TRUST ANNUAL MEMBERS' MEETING

**Date:** 12 December 2022

**Time:** 14:00 - 15:30

**Venue:** Lecture Theatre, Education Centre, Royal Bolton Hospital

## AGENDA

TIME	SUBJECT	LEAD	PROCESS	EXPECTED OUTCOME
14.00	1. Apologies	DOCG	Verbal	To note apologies
	2. Welcome – Donna Hall	Chair	Verbal	To note
	3. Minutes of previous meeting held 14 October 2021	Chair	Minutes	To approve the minutes of the meeting held on 14 October 2021
14:10	4. Review of the Year	Chair	Verbal	To note
14:20	4.1 Ambition 1: Safe, high quality, compassionate care:	COO / CN Medical Director	Presentation	To receive and note update
14.25	4.2 Ambition 2: To be a great place to work	DoP	Presentation	To receive and note update
14.30	4.3 Ambition 3: To use our resources wisely	CFO	Presentation	To receive and note update
14:35	4.4 Ambition 4: To make our estate fit for the future	CFO/DoSDT	Presentation	To receive and note update
14:40	4.5 Ambition 5: To develop partnerships	DSDT	Presentation	To receive and note update
14:45	4.6 Ambition 6: To integrate care	DSDT / COO	Presentation	To receive and note update
Questions				
15:00	5. Annual Reports and Accounts	Chair	Report	To receive and note
	5.1 Report of the Independent Auditor	KPMG	Presentation	To receive and note update
Questions				
15:20	6. Election Results and Membership Update	DOCG	Presentation	To receive and note update
Questions				
15:30	7. Closing statement	Chair	Verbal	To receive and note

**Date of next meeting:** 16 October 2023, 15:00 – 16:30

## Minutes of the Annual Members Meeting

<b>Time</b>	14:00 – 16:00
<b>Date</b>	14 <sup>th</sup> October 2021
<b>Venue</b>	Webex

### In Attendance

Oboh	Achioyamen	Public Elected Governor
Francis	Andrews	Medical Director
David	Barnes	Public Elected Governor
Malcolm	Brown	Non-Executive Director
David	Burns	Public
Derek	Burrows	Public Elected Governor
Rachel	Carter	Head of Communications
Victoria	Crompton	Corporate Governance Manager
Janice	Drake	Public Elected Governor
David	Edwards	Public Elected Governor
Andy	Ennis	Chief Operating Officer
Rebecca	Ganz	Non-Executive Director
Donna	Hall	Chair
Kayonda	Hubert Ngamaba	Public Elected Governor
Bilkis	Ismail	Non-Executive Director
Pauline	Lee	Public Elected Governor
Jane	Lovatt	Public Elected Governor
Claire	Lovick	PA to Director of Corporate Governance
Sharon	Martin	Director of Strategic Transformation
Anthony	Mather	Public
James	Mawrey	Director of Workforce
Kevin	McKeon	Appointed Governor
Karen	Meadowcroft	Chief Nurse
Karen	Morris	Public Elected Governor
Jackie	Njoroge	Non-Executive Director
Fiona	Noden	Chief Executive Officer
Val	Packer	Public
Chris	Paisley	KPMG Representative (for item
Margaret	Parrish	Public Elected Governor
Aisha	Rafiq	Public
Ann	Schenk	Appointed Governor
Esther	Steel	Director of Corporate Governance / Trust Secretary
Paul	Stuart	Public
Alan	Stuttard	Non-Executive Director
Dave	Thomas	Public
Victoria	Toiviainen	Communications Manager
Leigh	Vallance	Appointed Governor
Annette	Walker	Director of Finance
Rae	Wheatcroft	Deputy Chief Operating Officer
Janet	Whitehouse	Public Elected Governor
Brenda	Wright	Public

## 1. **Apologies**

Apologies for absence were received from Susan Moss, Iqbal Essa, Grace Hopps, Dawn Hennefer, Dipak Fatania, Tracey Holliday, Martin Anderson, Sorie Sesay, Jack Ramsay and Alan Yates.

## 2. **Welcome – Donna Hall, Chair**

The Chair welcomed Governors, staff and members of the public to the meeting and thanked staff for their hard work, over what has been a difficult 12 months.

## 3. **Declarations of Interest**

Esther Steel - Company Secretary for iFM Bolton

Rebecca Ganz – Executive Director iFM Bolton

## 4. **Minutes from the previous meeting held on 20<sup>th</sup> October 2020**

The minutes of the previous meeting were approved as a correct record.

## 5. **Review of the Year 2020/21**

(Presentation)

*A selection of the slides used during the presentation has been incorporated in the minutes for context.*

A brief overview of the year was provided, and it was noted the Trust has one of the best records in Greater Manchester for most health outcomes.

Staff throughout the organisation have worked incredibly hard to support social care throughout the last year, and have given consideration to the whole health system, by wrapping care around communities, neighbourhoods, and particularly around those who are vulnerable within Bolton.

There has been a major focus on health inequalities. An analysis of admissions has been completed, and poor health outcomes usually arise in areas where there are high levels of poverty and deprivation. The Trust is therefore working with stakeholders to focus on health preventions, and how we can work together further to support our community to all be fit and healthy.

The 2020/21 highlights were outlined in a short video and presentation.

### 5.1 **Quality**

The Chief Nurse presented the quality update, highlighting the key achievements over the last 12 months, including:

- Achieved our key trajectory for reducing harm to patients.
- Applied the recommendations from national reports and enquiries, including Ockenden.
- Continued to learn and implement improvements following complaints.
- Continued to improve reporting rates for clinical incidents.
- Participated in Covid-19 trials via the R&D Department.

## 5.2 Covid Update

Vision | Openness | Integrity | Compassion | Excellence

**Current position**

- The emergence of the Delta variant of COVID-19 has had a huge impact.
- Bolton was at the vanguard of this variant emerging.
- Before the Delta variant emerged, the community case rates of COVID-19 were less than 50/100,000 population.
- Since the beginning of May, the rates have risen as high as 504/100,000 and remain in excess of 200/100,000.
- Although not as high a peak as earlier 'waves' this one is more sustained.

... for a better Bolton

The Chief Nurse provided an update on the Covid-19 position advising GM has been one of the hardest hit healthcare systems.

There is currently one operational Covid-19 ward with 20 beds and eight critical care beds are available for Covid patients.

The organisation also serves Greater Manchester as part of the mutual aid arrangements.

The presentation outlines how the Delta variant has impacted the Trust.

## 5.3 Operational Update

Vision | Openness | Integrity | Compassion | Excellence

**Recovery**

**Urgent Care**

- Performance average 72.4%.
- Patient attenders increasing to record levels.
- 400+ attendance days now normal weekly.
- Main rise is in young and working age people.
- Main risk is overcrowding and long waits to be seen.
- Working with system to separate urgent care from emergency care.

**Cancer**

- Achieved 85% cancer treatment in 62 days for Q1 and on track for Q2.
- Referrals above pre pandemic levels.
- Providing mutual aid to GM for Cancer recovery.

**Referral to Treatment**

- 104 week waits = 87.
- Total waiting 27905.
- Activity levels higher than pre pandemic.

**Risks**

- Demand on services rising.
- Workforce.
- Flu and other viral illness.
- Public expectation.

... for a better Bolton

The Chief Operating Officer provided an operational update advising the demand on urgent care is high, but work is underway to improve access whilst also ensuring emergency care services are protected for patients.

The Q1 cancer treatment in 62 days target has been achieved and the organisation is on track to achieve Q2.

The demand on services is rising and waiting lists growing. Challenges are expected to increase due to the predicted increases in flu and other viral illnesses.

## 5.4 Workforce

The Director of Workforce provided an update, advising;

- Sickness rates remain around 5%, and whilst we benchmark positively in Greater Manchester, this remains a concern.
- Health and wellbeing programmes for staff remain in place, and as to be anticipated our staff are reporting tiredness and fatigue.
- Vacancy rates against establishment remain low.
- Appraisal and mandatory training metrics remain strong despite Covid-19 pressures.

The last 12 months has been challenging for the workforce, but staff have worked exceptionally throughout the pandemic.

## Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) is a national programme which collects data on race inequality within NHS organisations to understand where disparities exist for black, Asian and minority ethnic (BAME) staff members compared to their white counterparts.

### Our progress

- White colleagues are 0.62 more likely to be appointed from shortlisting compared to BAME staff. This has reduced from 1.30 in 2020.
- BAME colleagues are 0.93 more likely to enter the formal disciplinary process compared to white staff, this has improved from 1.64 in 2020.
- Over the past year, there has been an increase of 1% of BAME staff within our workforce which is good to see, although there is a 5% gap compared to our 19% BAME population. A programme of work to embed inclusive recruitment practices are currently underway.

### Next Steps

- The EDI plan approved at BoD. Continued focus to remain.

... for a better Bolton

The Workforce Race Equality Standard has been a significant area of focus, as it is important the workforce reflects the public we serve. There is still further work to be completed, but the Trust is proud of the interventions put in place so far.

The Trust actively recruits in hard to fill areas, with 35% of new starters from a BAME background.

Work has been completed to improve shortlisting and interviewing processes, and the BAME Leadership Programme was successful, and received positive feedback from participants.

The Workforce Race Equality Standard work will continue to be a number one priority for the Trust going forward.

## 5.5 Finance

### 2020/21 Financial Review

#### Financial Context

- Covid financial regime.
- Costs fully funded for Covid.
- 'Top up' funding to break even position.
- Agency spend up due to workforce pressures.
- Sustained focus on cost improvement.
- Value for money still key.
- Usual financial controls remained in place.

#### Capital Spending of £14.9m

- New oxygen tank (VIE).
- Enhancements to Emergency Department.
- ICU refurbishment.
- Same Day Emergency Care.
- Electronic patient record.
- Mammography equipment.
- Endoscopy.
- LED lighting.

The Director of Finance gave an update on the financial position for 2020/21, and the key points were highlighted:

- Year end deficit of £459k.
- Cost improvements of £3.6m delivered.
- Capital spending of £14.9m.
- Cash balance of £45.5m.
- Outstanding loans of £43.4m.
- 90% of payments to suppliers within target.

... for a better Bolton

There has been an agency spend of £8m which has increased during the pandemic, but actions are being taken to reduce this.

## 6. Strategy Update

### Key developments in 2020/21

#### Very busy year for strategic development:

- Consultation with staff on our strategic ambitions and objectives as part of the Annual Strategy review.
- Reviewed and refreshed our strategic ambitions.
- Staff and stakeholders confirmed that our ambitions and objectives remain the right areas of focus.
- Despite the challenges of the pandemic, good progress was made against our strategic ambitions.
- Work soon to commence on the next iteration of our Strategy which will focus on system working.
- Strategic outline case submitted to Government's New Hospital Programme for a total of £250m investment.
- Bid to become a Community Diagnostic Hub.
- Progress against the Agile Working programme to help staff work in new ways and make the best use of our estate.
- New Government White Paper on changes to NHS commissioning.
- Plans in development for how we develop our services.
- All with a backdrop of high demand and recovery.

... for a better Bolton

The Director of Strategic Transformation provided an update on the key developments on the strategy for 2020/21.

The Government White Paper "Integration and Innovation: working together to improve health and social care for all" has an emphasis on Integrated Care Systems and Bolton will be part of the Greater Manchester ICS. There is

scope to develop a locality approach, and we are exploring options to create a different way of working to build on the successes of our Integrated Care Partnership. These plans would remove provider-commissioner split and allow us to fully integrate with the Local Authority to provide joined up services for our population.

Looking forward to 2021/22, our plans include;

- Development of a new strategy.
- Clinical strategy development for urgent care, paediatric surgery, intermediate tier services and to support implementation of community diagnostics.
- Refresh the Programme Management Approach to focus on Cost Improvement.
- Decision expected to New Hospital Programme.
- Progress towards delivery of Community Diagnostics Hubs and continued transformation and improvement of services.
- Focus on disease prevention and health improvement.
- Expansion of agile working programme.

An update was also provided on our new hospital.

Vision | Openness | Integrity | Compassion | Excellence

**Our New Hospital ... for a better Bolton**

- Major progress was made on our vision for our estate in 2020/21 and a bid was submitted for a new building on the Royal Bolton site.
- This £250m bid will, if successful, see the construction of a new women's and elective care centre.
- Awaiting decision from Government.
- Forms part of our overarching estates masterplan which describes ambitious transformation of acute site.



... for a better Bolton

## 7. Election results and membership update

Vision | Openness | Integrity | Compassion | Excellence

**Election Results 2021**

Elections held by single transferable vote for 5 public governor and 2 staff governor positions.

Area	Elected
Bolton North East	Jim Sherrington
Bolton South East	Alan Yates
Bolton West	Pauline Lee
	David Edwards
	David Barnes
Doctor/Dentist	Sue Moss
AHPs & Scientists	Alan Physick

Thank you to the following Governors who completed their term of office in 2021:

Hilary Collins  
Terry Orrel  
Bill Crook  
Laila Dawson  
Kemi Abidogun  
Susan Haworth  
Dawn Fletcher Wilde  
Abs Sinha

... for a better Bolton

The Director of Corporate Governance provided an update on the 2021 Governor Election results and thanked Governors who completed their term of office in 2021.

Work is underway to develop a new Membership Strategy and we will be contacting members to discuss how we communicate and engage.

A Medicine for Members Event is taking place on 8<sup>th</sup> November 2021.

## 8. Bolton NHS FT Charity brand

Vision | Openness | Integrity | Compassion | Excellence

### Income & Expenditure

- Received a total of £582k income including £337k from Sir Captain Tom's fundraising efforts.
- Invested in schemes to improve staff rest facilities, enhance patient care and support wellbeing, including:
  - Scalp cooling machines to minimise hair loss.
  - Refurbishment of parent accommodation facilities.
  - Invested to improve staff rest facilities on acute and community sites.
  - Funded staff wellbeing webinars to help staff manage their physical and mental health.
  - Development of the Bolton Digital App Library to support self-management.

### Our Charity Priorities

- Caring for our patients.
- Enhancing clinical services.
- Caring for our staff.
- Supporting our diverse communities.
- Improving our environment.
- These priorities will form the foundations of our new strategy.
- Working with clinical divisions on their medium term fundraising goals.



The Director of Strategic Transformation provided an update on the Charity including the income, expenditure and priorities.

The winter appeal: The small things has now been launched. The campaign objective is to help build connections, and ensure our patients, community and staff feel cared for this winter.

The fundraising target is £25k with the campaign running from 01 November 2022 – 28 February 2023. Proceeds from the campaign will be invested in patients, staff and equipment.

... for a better Bolton

## 5. Report of the independent auditor

### 1. Financial statements

#### Requirements

- The accounts are properly prepared in accordance with accounting standards
- The accounts give a true and fair view of the financial performance and position of the Trust

#### Trust outcome

- ✓ We issued an unqualified opinion in 2020/21.
- ✓ Means that the accounts give a true and fair view of the Trust's performance during the year and of its year end financial position.
- ✓ No material unadjusted errors – Two unadjusted audit differences with overall impact of £0.86m on the income statement.
- ✓ One recommendation raised in respect of the financial statements.



© 2021 KPMG LLP, a US limited liability partnership and member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved.

5

Document Classification: KPMG Confidential

### 2. Value for money

#### Reporting

The revised value for money arrangements enhance the level of reporting required, to include;

- ✓ A summary of our risk assessment against each of the three value for money criteria, setting out our view of the arrangements in place compared with industry standards;
- ✓ A summary of any further work undertaken against identified significant risks and the findings from this work; and
- ✓ Recommendations raised from the work undertaken and follow up of previous recommendations.

#### Trust outcome

- ✓ We did not identify any significant weakness with regards to the Trust's arrangements.
- ✓ We did not identify any significant risks from our risk assessment work.
- ✓ Our commentary has been provided within the Annual Audit Report.
- ✓ We did not raise any recommendations following the completion of our work.



© 2021 KPMG LLP, a US limited liability partnership and member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved.

7

Document Classification: KPMG Confidential

Chris Paisley, Account Manager KPMG advised that the audits were signed off in June 2021 and outlined KPMG's responsibilities as external auditors to the Trust with regards to the financial statements, value for money, whole of government accounts and the annual report.

The limited assurance opinion on the Quality Report was not applicable in 2020/21 with arrangements cancelled due to the pandemic.

There was a new requirement this year for the auditors to prepare an annual report and the requirements of this were:

- Prepared in line with requirements of the Code of Audit published by the National Audit Office.
- Public facing document to be published alongside the Trust's Annual Report and Accounts and on the Trust's website.

### 3. Whole of Government Accounts

**Requirements**

- Confirm that the Trust's submission to NHS Improvement for production of the consolidated NHS provider sector accounts matches the financial statements.

**Trust outcome**

- ✓ For 2020/21 we issued an unqualified consistency certificate.
- ✓ This means that we did not identify any inconsistencies between the financial statements and the information included in the consolidation schedules.

The outcomes for the Trust in the four areas of responsibilities were outlined.

### 4. Annual Report

**Requirements**

- Confirm that the information included within the annual report is consistent with our knowledge of the Trust, and
- Confirm that all requirements of the Annual Reporting Manual have been included.
- Verify the accuracy of certain remuneration disclosures.

**Trust outcome**

- ✓ We confirmed that the Governance Statement had been prepared in line with the Annual Reporting Manual requirements.
- ✓ We did not identify any material inconsistencies with our knowledge of the Trust.
- ✓ We audited the information required to be checked as part of the remuneration report.

Note that for 2020-21 there was no requirement for assurance to be provided over information included within the quality report as a result of Covid-19.

## 8. Question Time

*Q. – How many years has the same auditor been part of the Trust consecutively.*

A. – Eight years. KPMG were last reappointed by the Trust in 2019 and have been formally reappointed twice. The Code of Practice does not stipulate a mandatory rotation period for external auditors.

*Q. – What are the predictions for the winter plan and the effect on the Emergency Department? Do the CCG recognise the funding pressures to meet this demand?*

A. – The CCG are aware of the pressures and are working closely with the Trust in terms of the challenges, but it is workforce not funding that is the main issue. To address these issues a system wide approach is being taken and the Trust is working closely with the Integrated Care Partnership. Due to the expected pressures it has been acknowledged this winter will be challenging, and different ways of working will be required.

*Q. – Is the new hospital project a complete new hospital build or will this be just the first phase?*

A. – The ultimate ambition is this will be the first phase of a possible new hospital build.



*Q. – What health improvement and disease prevention initiatives are taking place in community services? And how are community staff being supported with these initiatives?*

A. – Within the Trust alcohol prevention and stop smoking initiatives are provided, along with the provision of vaccinations. The Trust also employs Diabetes Champions who visit community settings to provide help and advice as required. Data from the CCG suggests these initiatives are very successful.

*Q. – How do we ensure Primary Care and the Foundation Trust support each other?*

A. – There are multiple routes which include District Nurses working within GP surgeries, and many hospital services have strong links with primary care. The Integrated Care Partnership (ICP) is a joined up initiative between organisations across Bolton to ensure services are joined up. The move towards the Local Care Trust Model will mean that cross working will be even more apparent in future.

The Bolton Quality Contract ensures there is a GP focus on the prevention element of the patient pathway and early intervention. There is also a focus on bespoke communities for example a dedicated midwife now works within the BAME community, in order to achieve good outcomes for those patients.

*Q. – How long does it take from a Freedom to Speak Up concern being raised until a member of staff receives a response? How many hours does the Freedom to Speak Up Guardian work?*

A. – the agreed target is 48 hours, but 90% of concerns receive an acknowledgement response within 24 hours, and 67% within the first hour. This has been achieved due to the vast number of Freedom to Speak Up Champions. The Freedom to Speak Up Guardian works three days per week and there are 31 Freedom to Speak Up Champions who support the Guardian.

*Q. - Are all concerns responded to?*

A. – 90% are responded to within 24 hours and 100% are responded to within 48 hours.

*This response was challenged by a member, and this will be addressed outside of the meeting*

*Q. – What alternatives are there to A&E? How are the alternatives, along with A&E waiting times being communicated to the public?*

A. – An audit was completed across 2000 A&E attendees in Greater Manchester, all had seen a health practitioner within seven days and felt their needs were scored between 8 – 10 in terms of urgency. In Bolton we do not want to refuse access to A&E, but we need to provide services that people need and in a way that they want.

A&E Consultants are considering a new pathway which would separate urgent and emergency care, meaning patients are assessed at the front door and referred to a service on-site where the four-hour wait will not apply. These patients will still be seen in a timely manner and given the service they require using multi-disciplinary staff. We need to ensure patients with an urgent need are seen quickly, and therefore the front door needs to be better managed.

The CCG will be running a communications campaign throughout winter outlining the alternatives to A&E.

*Q. - What are the waiting times for surgery?*

There are challenges in certain specialities in terms of pressures, and work is being undertaken to look at alternatives, including hospitals who do not provide emergency care becoming green sites to provide some surgeries. This could result in patients being required to travel further, but means their treatment is less likely to be affected by winter pressures.

The Trust is also working with the Beaumont Hospital to treat low risk patients.

Patients on elective waiting lists are reviewed every six months. There are currently 87 on the long wait list, but there could be other issues associated with these patients i.e. they are shielding.

*Q. – How long will the process take to build the new hospital?*

A. – the bid will be considered by NHS England and we expect a decision in Spring 2022. If so an outline business case will be developed which should take approximately 12 – 18 months, and then the build will take around two years.

*Q. – is there any information as to how the BARDOC service supports A&E in terms of attendances?*

A. – BARDOC is an out of hours GP service which provides a range of services. They hold three contracts, two from the CCG, and the Trust contracts them to run the A&E GP service. They see approximately 48 – 50 patients a day who are re-directed from A&E.

*Q. – Does the 111 service send all patients to A&E?*

A. – 111 is a well-used service, but there are concerns, at times that patients are directed to A&E unnecessarily. This could be due to an organisation not setting their directory of services correctly. 111 First is being rolled out which will enable patients to book an appointment in A&E.

Survey's evidence the number of patients attending A&E who could be seen in another healthcare setting is low.

*Q. – What is the length of time from a patient being seen by a consultant to a dictated letter being sent?*

A – When a patient is seen in an outpatient clinic, the target is five days for a letter to be sent to their GP. The Trust is about to launch the “write to me” initiative meaning letters will be sent to patients with GPs copied in.

If a patient attends A&E the target to send an electronic discharge to their GP is 24 hours, this is not always achieved but the figures are monitored.

*Q. – What is being done about complications around communication with services out of area for things like blood test results, letters etc.*

A. – Dr Simon Irving is working on the Bolton Care Record which has now become the GM Care Record. This will allow organisations to share information with multiple agencies with the appropriate consent from patients. Another piece of work being completed is ensuring organisations in GM use the same systems for Radiology and Pathology as currently systems are fragmented for different trusts.

## **9. Close**

The Chair thanked those present for their attendance and involvement in the work of the Trust.