

## AGENDA: COUNCIL OF GOVERNORS

To be held 04 July 2023 at 15:00  
Refreshments available from 14:30  
In Lecture Theatre, Bolton Science and Technology Centre

Ref N°	Agenda Item	Process	Lead	Time
	<i>Welcome and refreshments: Members of the Council of Governors and all attendees</i>		<i>All</i>	<b>14:30</b>
<b>PRELIMINARY BUSINESS</b>				
<b>CG030/23</b>	<b>Chair's welcome and note of apologies</b>	<i>Verbal</i>	<b>Niruban Ratnarajah</b> <i>Chair</i>	
	<i>Purpose: To record apologies for absence and confirm quoracy</i>			
<b>CG031/23</b>	<b>Declaration of Interests concerning agenda items</b>	<i>Verbal</i>	<b>Chair</b>	
	<i>Purpose: To record any interests relating to items on the agenda.</i>			
<b>CG032/23</b>	<b>Minutes of the previous meeting</b>	<i>Report</i>	<b>Chair</b>	
	a) Meeting held on 25 April 2023			<b>15:00</b> 5 mins
	<i>Purpose: To <b>approve</b> the minutes of the meeting held on 25 April 2023.</i>			
<b>CG033/23</b>	<b>Matters Arising</b>	<i>Report</i>	<b>Chair</b>	
	<i>Purpose: To consider any matters arising not included anywhere on agenda.</i>			
<b>CORE BUSINESS</b>				
<b>CG034/23</b>	<b>Operational Update</b>	<i>Presentation</i>	<b>Michelle Cox</b>	<b>15:05</b> 20 mins
	<i>Purpose: to <b>receive</b> the Operational Update from the Chief Operating Officer</i>			
<b>CG035/23</b>	<b>Staff Survey</b>	<i>Presentation</i>	<b>Laura Smoult</b>	<b>15:25</b> 20 mins
	<i>Purpose: To <b>receive</b> an update on the Staff Survey</i>			
<b>CG036/23</b>	<b>CQC Update</b>	<i>Presentation</i>	<b>Tyrone Roberts</b>	<b>15:45</b> 10 mins
	<i>Purpose: To <b>receive</b> an update on the CQC inspection</i>			

<b>CG037/23</b>	<b>Board Committee Chair Updates</b>	<i>Report</i>	<b>Rebecca Ganz</b> <b>Alan Stuttard</b>	<b>15:55</b> 20 mins
	<ul style="list-style-type: none"> <li>• Strategy and Operations Committee</li> <li>• People Committee</li> </ul>			
	<i>Purpose: To <b>receive</b> the Board Committee Chair Updates</i>			
<b>CG038/23</b>	<b>Governor Strategy Committee Chair's Update</b>	<i>Verbal + minutes</i>	<b>Cttee Chair</b>	<b>16:15</b> 10 mins
	<i>Purpose: To <b>receive</b> the Governor Strategy Committee Update</i>			
<b>CG039/23</b>	<b>Governor Elections 2023</b>	<i>Presentation</i>	<b>Sharon Katema</b>	<b>16:25</b> 10 mins
	<i>Purpose: To <b>approve</b> the amendments to the Constitution</i>			
<b>CG040/23</b>	<b>Governor Feedback</b>	<i>Verbal</i>	<b>All</b>	<b>16:35</b> 10 mins
	<ul style="list-style-type: none"> <li>• NHS Providers Governor Focus Conference</li> <li>• Divisional Board meeting and walkabouts</li> <li>• BoSCA</li> </ul>			
	<i>Purpose: To <b>receive</b> feedback from governors</i>			

**Proposed resolution :**

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.

**Chair**

**PART 2 - Closed Session** **16:45**

<b>CG041/23</b>	<b>Non-Executive Director Recruitment</b>	<i>Presentation</i>	<b>Chair</b>	<b>16:45</b> 10 mins
	<i>Purpose: To <b>receive</b> the update</i>			
<b>CG042/23</b>	<b>Non-Executive Director Appraisals</b>	<i>Presentation</i>	<b>Chair</b>	<b>16:55</b> 10 mins
	<i>Purpose: To <b>receive</b> the update</i>			

**CONCLUDING BUSINESS**

<b>CG043/23</b>	<b>Any Other Business</b>	<i>Verbal</i>	<b>Chair</b>	<b>17:05</b> 05 mins
	<i>Purpose: To <b>receive</b> urgent business not included on the agenda</i>			

**Date and time of next meeting:**

**17:15 CLOSE**

- **Thursday 03 August 2023 at 2pm** in Bevan/Nightingale Rooms, Lever Chambers Health Centre

**Chair: Niruban Ratnarajah**

**Draft Council of Governors Minutes of the Meeting**

**Held on Microsoft Teams**

**25 April 2023 at 16:00**

*(Subject to the approval of the Council of Governors Meeting on 29 June 2023)*

**Present**

Name	Initials	Title
Jackie Njoroge	JN	Acting Chair
Catherine Binns	CB	Staff Governor
Champak Mistry	CM	Public Elected Governor
David Barnes	DB	Public Elected Governor (left after item 022)
Deborah Parker	DP	Public Elected Governor
Gary Burke	GB	Public Elected Governor
Grace Hopps	GH	Public Elected Governor
Iqbal Essa	IE	Public Elected Governor
Janet Whitehouse	JW	Public Elected Governor
Janice Drake	JD	Public Elected Governor
Jim Sherrington	JS	Public Elected Governor
Kayonda Ngamaba	KN	Public Elected Governor
Leigh Vallance	LV	Appointed Governor
Lindiwe Mashangombe	LM	Staff Governor
Martin Anderson	MA	Staff Governor
Oboh Achioyamen	OA	Public Elected Governor
Pauline Lee	PL	Public Elected Governor
Sumirna Cusick	SC	Public Elected Governor
Susan Baines	SB	Appointed Governor
Susan Moss	SM	Staff Governor
Tracey Holliday	TH	Staff Governor

**In Attendance**

Name	Initials	Title
Alan Stuttard	AS	Non-Executive Director
Annette Walker	AW	Chief Finance Officer
Fiona Noden	FN	Chief Executive
Francis Andrews	FA	Francis Andrews
James Mawrey	JM	Director of People
Malcolm Brown	MB	Non-Executive Director
Martin North	MN	Non-Executive Director
Paul Henshaw	PH	Head of Resourcing
Rachel Carter	RC	Associate Director of Communications and Engagement
Rae Wheatcroft	RW	Chief Operating Officer
Sharon Katema	SK	Director of Corporate Governance
Sharon White	SW	Director of Strategy, Digital and Transformation
Tyrone Roberts	TR	Chief Nurse
Victoria Crompton	VC	Corporate Governance Manager

**Apologies**

Name	Initials	Title
Bilkis Ismail	BI	Non-Executive Director
Rebecca Ganz	RG	Non-Executive Director
Alan Yates	AY	Public Elected Governor
Ann Schenk	AS	Appointed Governor
Dave Edwards	DE	Public Elected Governor

Dawn Hennefer	DH	Appointed Governor
Imteyaz Ali	IA	Public Elected Governor
Jane Howarth	JH	Appointed Governor

AGENDA ITEM	DESCRIPTION	Action Lead
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**PRELIMINARY BUSINESS**

**CG015/23 Chair’s Welcome and Note of Apologies**

JN welcomed all to the meeting and advised since the last meeting, a Governor drop in session was held on 06 April and another one on 11 April. These sessions along with the Council of Governor agenda setting meeting on 17 April had proved valuable in terms of shaping the approach to the Council of Governors meeting.

Apologies for absence were noted as detailed above.

**CG016/23 Declaration of interests concerning agenda items**

JN declared an interest in relation to Agenda item CG029/23.

There were no further declarations of interests in relation to the agenda items.

**CG017/23 Minutes of the previous meetings**

The Council of Governors reviewed the minutes of the meeting held 12 December 2022, and approved them as a correct and accurate record of proceedings.

JN advised that the draft minutes from the meeting held on 21 March 2023 had been circulated for information, however it had been raised that at some point the meeting had become inquorate due to technical issues. Therefore, the issues raised and decisions taken at that meeting would be re-presented during the course of this meeting.

**RESOLVED:**

The Council of Governors **approved** the minutes from the meeting held 12 December 2022.

**CG018/23 Matters Arising**

There were no matters arising.

**CORE BUSINESS**

**CG019/23 Operational Update**

The Chief Operating Officer provided an operational update and the following key points were highlighted:

- NWAS and RCN took strike action in December and January, which had an indirect impact on services. In February, Junior Doctors took 72 hours of industrial action. The period ran as an internal business critical incident and a review undertaken to capture learning.

- There was a marked reduction in the 52-week wait position. The Trust was on track to deliver the 78-week target of which if the exempt patients were excluded from the total, the Trust would finish the year with four patients waiting longer than 78 weeks for treatment.
- There was continued focus on long wait with a view to eliminate all over 65 week waiters. Operational planning highlighted a significant risk to delivering this standard. However, the Trust will work with partners across GM to seek mutual aid to mitigate the risk.
- The Trust was on track to deliver pre-pandemic levels for the 62day Standard and recorded the lowest number of patients waiting over 62 days for cancer treatment, in the North West.
- Plans to expand the diagnostic and scanning facilities as part of the community diagnostic centre were underway as the enabling work for this project had begun, with building expected to start next in April.
- In December, significant pressures were reported in Urgent Care and whilst still incredibly pressured in comparison to pre-COVID levels, it is now calmer and more manageable. Current performance against the 4-hour standard is 64.2% which is slightly above the GM performance.
- Work within the Bolton locality has continued with the Trust recording below 100 patients with no criteria to reside. Whilst there has been a reduction in the number of patients, the greatest reduction is the days delayed for each of those patients which has more than halved than the same period last year.

In response to PL's query on the pressures that District Nurses were facing and if there was sufficient staffing, RW confirmed all executive directors had buddy areas that included health centres. As part of her visit to Avondale Health Centre, it had been evident that there was immense pressure following feedback. In addition, TR stated there are were no recruitment issues within the District Nursing service and the teamwork displayed is fantastic. TR stated he expected the service to become the first to achieve Platinum rating on BoSCA.

IE raised concern around GP surgeries signposting patients to A&E, which may be a factor contributing to capacity issues within the department. FA confirmed there were pressures across the whole system, with primary care also experiencing severe workforce issues. GPs from primary care work alongside A&E colleagues and patients are streamed on arrival to the department.

**RESOLVED:**

The Council of Governors **received** the operational Update.

**CG020/23 Finance Update**

The Chief Finance Officer provided Governors with the 2022/23 financial update and the 2023/24 financial plan for 2023/24. Governors were informed that whilst the numbers were still iterating for 2023/24, there would be an expected deficit range of

between £13m to £20.5m with an expected year-end cash balance of between £20.2m and £16.2m. There was a planned capital spend of £21.5m and agency spend was expected to be around £12.6m and continued to be a significant challenge following the Covid-19 pandemic.

AW explained that during the Covid-19 pandemic NHS trusts were fully funded; however, financial activity was expected to return to pre-pandemic levels following a year of transition. Operational issues were also compounding the financial position.

MA queried how the organisation would manage the operational issues and the elective recovery programme whilst facing such significant financial issues. AW advised the Trust had developed an Operational Plan and would be striving to achieve all of the objectives. RW added that in relation to objectives such as eliminating over 65 week waits the Trust would work with GM to seek mutual aid. No criteria to reside had reduced and work continued to improve this further.

With regards to JD's query on how the organisation planned to reduce its agency spend, TR outlined that the nursing agency spend was expected to reduce significantly following completion of establishment reviews. Furthermore, some temporary staffing budget in A&E had been converted into substantive posts. AS advised that the People Committee regularly reviewed the agency spend and had noted the reduction in spend.

FN advised Governors that Bolton had been the only trust within GM that had not been put under additional scrutiny by NHSE, due to its financial situation.

LV commented that whilst the Cost Improvement Programme would mean some services needed to be provided in a different way, and expressed confidence that these would be completed in an analytical and sensible way.

**RESOLVED:**

The Council of Governors **received** the Financial Update

**CG021/23 Constitution Update**

The Director of Corporate Governance presented the Bolton FT Constitution advising that the Constitution was previously revised in April 2021 to ensure compliance with the NHS Model Core Constitution. However, whilst many NHS Foundation Trust (FT) core constitutions had been based on NHS England's model core constitution, to date, NHS England had not updated it to take into account the Health and Care Act 2022 amendments.

SK advised that there were some housekeeping changes, which reflected the change in terminology, consequential to amendments by the Health and Care Act 2022 to the National Health Service Act 2006.

The Trust had also identified there was a requirement in the Constitution for the appointment of the Chair (or another Non-Executive Director) to be approved by a majority of the members of the Council of Governors. This set a high approval threshold requirement, as the appointment needed to be approved by a majority of the whole Council of Governors and not just those Governors attending the relevant meeting. It was worth noting that this was set by the Trust and was not a statutory requirement. However, in view of the number of Governors that usually attend Council of Governors' meetings, it was proposed to amend this paragraph of the Constitution so that it is a majority of the Governors voting at the relevant meeting needed to approve such appointments.

Governors were informed that the Board of Directors met on Monday 24 April and approved the suggested amendments to the Constitution and to the Board Standing Orders which are annexed to the Constitution. It was noted that there was no proposed amendment to the quorum for Council of Governor meetings.

GH commented she felt the amendment was fair as previous votes held had been taken by the Governors who were in attendance at the meeting. She also raised there was no mention of the Lead Governor Role within the constitution and SK confirmed that the Lead Governor role was not a mandated or statutory role. The role is included in the Code of Governance which is applied on a comply or explain basis.

**RESOLVED:**

The Council of Governors **approved** the Bolton FT Constitution.

**CG022/23 Governor Communication**

SW thanked Governors who had responded to the recent survey on communication and advised an update would be provided to the Governor Strategy Committee on 09 May 2023.

It was noted that Governors had now been provided with a Bolton NHS FT e-mail address which could be accessed from any device. This would enable governors to securely receive e-mails and documentation in line with the Information Governance Policy. It was highlighted from 01 May 2023 e-mails would only be circulated to Governor FT e-mail addresses to ensure the security of sensitive data. Training and assistance would be offered to governors for this change in process.

Governors raised concern regarding the short time frame with some stating they had experienced issues logging onto their FT e-mail accounts. It was therefore agreed to change the implementation date to 01 June 2023 to ensure all Governors could access their accounts before the process change.

**RESOLVED:**

The Council of Governors **received** the Governor Communication update.

## CG023/23 Governor Quality Committee Chair Update

GH provided an update from the Governor Quality meeting held on 21 March 2023 advising the committee had received two informative presentations from the Homeless Team and from the Chief Nurse on the CQC inspection results.

TR advised a staffing update would be provided at the next Governor Quality Committee.

### RESOLVED:

The Council of Governors **received** the Governor Quality Committee Chair Update.

**Proposed resolution: that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard for the confidential nature of the business to be transacted**

## CONCLUDING BUSINESS

### CG027/23 Items for Escalation

None.

### CG028/23 Any Other Business

None.

The next Council of Governors meeting would be held on Tuesday 06 June at 12 noon

Name	Role	Sep	Nov	Dec	Feb	Mar	Apr	Jun	Aug
<b>Present</b>									
Donna Hall	Chair	✓	*	✓	✓	A			
Oboh Achioyamen	Public Governor		✓	✓			✓		
Rizvana Aftab	Public Governor		✓	A					
Imteyaz Ali	Public Governor		A	A		A	A		
Martin Anderson	Staff Governor	A	A		A	A	✓		
Susan Baines	Appointed Governor			A	✓				
David Barnes	Public Governor	✓	A	✓	✓	A	✓		
Catherine Binns	Staff Governor			A	✓		✓		
Sumirna Cusick	Public Governor			✓	✓	A	✓		
Gary Burke	Public Governor			✓	✓	✓	✓		
Janice Drake	Public Governor	✓	✓	✓	✓	✓	✓		
David Edwards	Public Governor	✓	✓	✓	✓	✓	A		
Mohammed Iqbal Essa	Public Governor		✓	✓	✓	✓	✓		
Dawn Hennefer	Appointed Governor	✓	✓	A	✓	A	A		
Tracey Holliday	Staff Governor	✓			✓	A	✓		
Grace Hopps	Public Governor	✓	✓	✓	✓	✓	✓		
Jane Howarth	Appointed Governor						A		
Dorothy Kenworthy	Public Governor			A		A			






Pauline Lee	Public Governor	✓	✓	A	✓	✓	✓		
Lindiwe Mashangombe	Staff Governor		✓	✓	A	✓	✓		
Kevin McKeon	Appointed Governor	✓		A	✓	✓			
Champak Mistry	Public Governor			✓			✓		
Karen Morris	Public Governor	✓	✓						
Susan Moss	Staff Governor	A	A	A			✓		
Samir Naseef	Appointed Governor	A	A	A	A	A	A		
Kayonda Hubert Ngamaba	Public Governor	✓	✓	✓		✓	✓		
Deborah Parker	Public Governor		✓	✓	✓	✓	✓		
Jack Ramsay	Public Governor	A	✓		✓				
Ann Schenk	Public Governor	✓	✓	A	✓	✓	A		
Jim Sherrington	Public Governor	A	A	✓	A	A	✓		
Leigh Vallance	Appointed Governor	A	✓	✓	✓	✓	✓		
Janet Whitehouse	Public Governor	✓	✓	✓	✓	✓	✓		
Alan Yates	Public Governor	✓	✓	A		✓	A		
<b>In Attendance</b>		<b>Sep</b>	<b>Nov</b>	<b>Dec</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>Jun</b>	<b>Aug</b>
Zada Ali Shah	NED	A	*	A	A	*			
Francis Andrews	Medical Director	A	*	✓	A	*	✓		
Malcom Brown	NED	A	*	✓	A	A	✓		
Victoria Crompton	Corporate Governance Manager	✓	✓	✓	✓	✓	✓		
Rebecca Ganz	NED	A	*	A	✓	*	A		
Bilkis Ismail	NED	A	*	✓	✓	✓	A		
Sharon Katema	Director of Corporate Governance	✓	✓	✓	✓	✓	✓		
James Mawrey	Deputy CEO / Director of People	A	*	✓	✓	*	✓		
Jackie Njoroge	NED / Deputy Chair	A	✓	✓	A	✓	✓		
Fiona Noden	Chief Executive	A	*	✓	✓	✓	✓		
Martin North	NED	A	*	✓	A	*	✓		
Alan Stuttard	NED	A	*	✓	✓	*	✓		
Tyrone Roberts	Chief Nurse	A	*	✓	✓	*	✓		
Annette Walker	Chief Finance Officer	A	*	A	✓	*	✓		
Rae Wheatcroft	Chief Operating Officer	A	*	✓	A	*	✓		
Sharon White	Director of Strategy, Digital and Transformation	A	*	A	✓	*	✓		

\*Attendance not required

## Strategy and Operations Committee Chairs Report

Name of Committee/Group:	Strategy and Operations Committee	Report to:	Board of Directors
Date of Meeting:	22 May 2023	Date of next meeting:	26 May 2023
Chair:	Rebecca Ganz, Non-Executive Director	Parent Committee:	Board of Directors
Members Present:	Martin North, Alan Stuttard, Rae Wheatcroft, Sharon White. In attendance: Sam Ball, Rayaz Chel, Andrew Chilton, Janet Cotton, Sophie Kimber-Craig, Sharon Katema, Naomi Ledwith, Rachel Noble, Lisa Rigby, Tyrone Roberts, Lianne Robinson, Julie Ryan, Jo Street, Maddie Szekely, Judith Richardson (minutes)	Quorate (Yes/No):	Yes
		Key Members not present:	Francis Andrews, Rachel Carter, Jake Mairs, James Mawrey, Brett Walmsley

Key Agenda Items:	Lead	Key Points	Action/decision
<b>Service Spotlight: Maternity</b>	J Cotton	<p>Update presented on the work being undertaken on Equality of Outcomes as part of the Maternity Transformation Programme. This is in line with the priorities within the NHS Long Term Plan to prevent and manage ill health in groups that experience health inequalities. The following areas were highlighted:</p> <ul style="list-style-type: none"> <li>Why ethnicity matters – the national picture for childbirth outcomes</li> <li>GMEC/BFT demographics</li> <li>A deep dive and review of the GAP analysis against the 12 standards of the GMEC Black and Asian maternity standards is in progress</li> <li>A deep dive into maternal and neonatal outcomes associated with deprivation indices and ethnicity is currently in progress as part of the wider work stream</li> <li>Padlet developed to improve access to information and resources led by the BFT Cultural Liaison Midwife</li> <li>On-going actions include, strengthening co-production to include BAME population and deprived groups in Maternity Voices Partnership (MVP); ensure inclusive language used in all guidelines, SOP and resources and cultural competency training for staff.</li> </ul>	<p>The Committee noted the update with the following responses to members' questions:</p> <ul style="list-style-type: none"> <li>Previous data led work by the previous Community Midwife by has been paused due to challenges in the service but will be resumed</li> <li>Team are doing everything they can to improve equity of outcomes across the whole of the population</li> <li>Resources will also be available as printed leaflets as not everyone is digitally enabled to access QR codes</li> <li>2 day working week for the Cultural Liaison Midwife appropriate at this time due to staffing challenges. Work in progress to extend Community Midwives into 'Neighbourhoods' areas for joined up approach</li> <li>Working with Digital Team to review Trust internet to make sure accessible for all</li> <li>Director of Midwifery will provide update on GMEC and equality plan to June meeting.</li> </ul>

	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

**Strategy and Operations Committee Chairs Report**

<p><b>Month 1 – Operational IPM</b></p>	<p>J Street</p>	<p>The Committee received the presentation of the operational element of the Trust Board’s IPM in its revised format. Changes have been made to some metrics to bring them in line with the new operating plan. Key points to note were:</p> <p><b>Urgent Care:</b></p> <ul style="list-style-type: none"> <li>Improvement in all ambulance handover metrics and although the 4 hour performance did not meet our improvement trajectory, performance was better than the previous month. May has seen significant pressures with the two Bank Holidays having an impact on flow and not predicting to meet the trajectory of 75% for this month for 4 hours.</li> <li>Continuing to see low levels of readmission rates within 30 days linked to our long-term approach to development of our community proactive and reactive services.</li> </ul> <p><b>Elective Care:</b></p> <ul style="list-style-type: none"> <li>RTT - 6 reportable 78 week breaches in April. Focus continues to be on working to achieve zero 65 week waiting patients by April 2024. The bank holidays and industrial action periods have contributed to the reduction in clock stops.</li> <li>The DMO1 position has worsened by 8.4% with the final position standing at 22.3% but confident that on track to meet nationally mandated milestone of 95% by March 25.</li> </ul> <p><b>Cancer:</b></p> <ul style="list-style-type: none"> <li>Failed 2 week wait and 62-day standard for March with radiology capacity in Breast making up a significant proportion of failings but not exclusively.</li> </ul> <p><b>Community Care</b></p> <ul style="list-style-type: none"> <li>Decreased deflections from emergency department in M1. The continued focus on admissions avoidance and the new falls pick up service are key to deflections</li> <li>NCTR reducing gradually - the commissioned beds at Heathlands have helped to discharge complex high needs dementia patients to a more suitable environment, prior to a long term placement.</li> </ul>	<ul style="list-style-type: none"> <li>The IPM was noted. The Director of Operations will provide a forecasted recovery paper to June’s meeting in relation to Cancer performance</li> <li>To evaluate the impact of breast on cancer performance it was noted that if the breast patients had not breached, cancer would have met targets 9 of the last 12 months. Urology is another significant contributor to non achievement</li> <li>Capacity impact on diagnostic wait times of being short of 2 Audiologist to be confirmed in June meeting</li> <li>Funding of Heathlands is temporary it investment to be covered within wider work on Urgent Care in the locality</li> <li>The Chair formally thanked the BI Team for their achievement in the simplification of the format.</li> <li>IPM is run through the Finance and Intelligence Group with a focus on triangulation and fed through to Performance &amp; Transformation Board including a focus on productivity</li> </ul>
<p><b>Digital Performance and Transformation Board Chairs Report</b></p>	<p>M Szekely</p>	<p>The Chair’s report was presented and the following key points were noted:</p> <ul style="list-style-type: none"> <li>EPR - Altera scoping exercise commenced on 15<sup>th</sup> May for 8 weeks in acute and community outpatients</li> <li>Overview of the new high level Digital department structure received for information</li> <li>IT Service Desk Survey feedback for last quarter – ‘were we polite’ 97% and ‘was your issue fixed’ 91%</li> <li>Significant amounts of equipment deployed in April 2023 with thanks received for support with CVDC project</li> <li>First iteration of Digital Education performance provided to the meeting</li> <li>Meetings are planned with the Deputy DDO’s to review a number of legacy/orphaned requests in order to prioritise project management support</li> </ul>	<p>The Chair’s report was noted with the following actions:</p> <ul style="list-style-type: none"> <li>The Chair requested that the next iteration of the IT Service Desk survey includes harder questions</li> <li>Update on Maternity EPR to be provided to next meeting as currently working through legal advice with regards to issues with supplier</li> <li>To receive an update of resource / budget implications in July meeting</li> </ul>

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

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

## Strategy and Operations Committee Chairs Report

<b>Bolton Digital Partnership Group - Priorities</b>	S White	<p>Update presented on the priorities of the Bolton Digital Partnership Group. The following areas were highlighted:</p> <ul style="list-style-type: none"> <li>• Due to the many digital initiatives within organisations and services the creation of a Digital Partnership with representation from Bolton FT, Bolton Council, Bolton College, Bolton University, ICP, Bolton@Home, Bolton CVS, GMMH and GP Federation was developed to support organisations to share ideas and learning; co-design and support partner organisations' progress through their digital development and strategy implementation and identify strategies where digital can expedite integration initiatives.</li> <li>• Priority 1 – Childrens; Priority 2 – Neighbourhoods, Priority 3 – Workforce</li> <li>• Bolton College providing support to Bolton NHS Foundation Trust by promoting industry-based practical courses to fill skills gap in the field of Informatics. Bolton College have developed a Higher Technical qualification in Computing for prospective NHS employees and the video is being used nationally as best practice</li> </ul>	<p>The Committee noted the update.</p> <ul style="list-style-type: none"> <li>• The Committee noted the Digital Partnership Group as a strong example of maturing system working in the locality</li> <li>• It was confirmed that career opportunities in health in Bolton are being promoted into schools as part of the local talent pipeline strategy</li> <li>• Noted that neighbourhoods currently have improved the ability to access to 2 systems – FT and Council's – and that it will be reviewed if 'one system' is the way forward as further neighbourhood integration occurs</li> </ul>
<b>Urgent Care Strategy for Bolton</b>	J Street N Ledwith	<p>Update presented on the UTC development plan. The following areas were highlighted:</p> <ul style="list-style-type: none"> <li>• A full UEC review will run over a year to ensure that there are Urgent Care services in Bolton which meet the needs of population at Neighbourhood level</li> <li>• The review has a number of workstreams; population needs, assessment of current Health and Social Care service provision against national standards, co-production of ideal clinical model and determination of delivery and funding models</li> <li>• Need confirmation of funding from GM as the purpose of the review is to make sure that money is appropriately allocated and that we got services in the right place. Acknowledged that GM are holding line on no new spend</li> <li>• Review will be triangulated with Trust including its Clinical Strategy</li> <li>• Need digital connectivity and clinical operating model</li> <li>• Bolton FT, BARDOC, PCNS, GMMH and Community Pharmacy is required to deliver a successful affordable model.</li> </ul>	<p>The Committee noted the update.</p> <ul style="list-style-type: none"> <li>• Funding for UTC across the locality is yet to be confirmed. Sustainability being key with readiness to mobilise at pace noted</li> <li>• Work to clarify the 'flow' of patients across UC (UTC, SDEC and A&amp;E) such that A&amp;E serves volumes of circa 90K pa yet to be completed working with FT and Bardoc.</li> </ul>
<b>Clinical Strategy Update</b>	R Chel	<p>Verbal update received on progress:</p> <ul style="list-style-type: none"> <li>• Second draft strategy from Archus expected later this week which will be reviewed by the Programme Director, Associate Medical Director, Deputy Medical Director and Deputy Director of Strategy</li> <li>• Project Group and Project Board meetings continue to ensure that everyone is on the same page.</li> </ul>	<p>The Committee noted the update.</p> <ul style="list-style-type: none"> <li>• Draft strategy to come to Committee in June</li> <li>• Noted there is very active engagement with Divisions ongoing supported by weekly project meetings</li> </ul>

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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

## Strategy and Operations Committee Chairs Report

<b>Strategy Development - Ambitions</b>	R Noble	Proposed new ambitions were discussed at the Board Development Session in April and presented to SOC for discussion and agreement as the foundations of the new Trust Strategy: <ul style="list-style-type: none"> <li>The ambitions are the starting point for the Strategy and a development programme is underway to analyse internal and external data, national policy and our own internal plans to set the course for our new strategic objectives</li> </ul>	The Committee ratified the ambitions as a starting point for our new Strategy and commended their compelling simplicity
<b>Performance and Transformation Board Chairs Report</b>	R Wheatcroft	The Chairs report was taken as read.	The Chairs report was noted. <ul style="list-style-type: none"> <li>The Chief Operating Officer will include a further update on the Benefits Realisation – IV Line Insertion Service to the next meeting.</li> </ul>
<b>Carer Strategy</b>	R Noble	Update presented on the work being undertaken on the Carer Strategy. The following areas were noted: <ul style="list-style-type: none"> <li>Bolton Council has led the development of a partnership strategy with the aim of supporting and improving the lives of carers in Bolton.</li> <li>As a partner in delivery, Bolton NHS FT has endorsed the strategy and will contribute to the achievement of its 5 core aims which are: to recognise and respect carers; support carers; reach unknown carers; create a culture of trust, and support young carers.</li> <li>The Strategy is currently being overseen through the FT Health Inequalities Group</li> </ul>	The Committee noted the update and the Deputy Director of Strategy will provide a 6 monthly update to the Committee going forwards.
<b>Strategy, Planning &amp; Delivery Committee Outcomes</b>	S White	Deferred to June meeting	

### Items to note or be escalated to the Board:

- 78 week wait milestone largely met with 6 breaches as at 30/4/23. Major focus is on 65 week waits.
- Cancer 2 week wait continues to deteriorate reflecting national trends. Noted that shortage of breast radiologists contributes circa 75% of 2 week wait target non-achievement, with urology being another area of significant challenge
- NCTR trajectory continues on an overall positive trend with sustainable funding of urgent care in the locality being key to continuing this trajectory and meeting the 90 people on the NCTR list and 400 bed days lost target throughout 2023/24.
- Resource based risk for achievement of Digital strategy with June update to tally resource with objectives and resultant implications
- Urgent Care Strategy funding yet to be confirmed reflecting GM challenges around investing in 'new' programmes without a corresponding pause/reduction elsewhere
- Clinical strategy draft due at June Committee with a view to finalisation in July

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Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	16 May 2023	Date of next meeting:	20 June 2023
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members present/attendees:	James Mawrey, Tyrone Roberts, Sharon White, Malcolm Brown, Sharon Katema, Lisa Rigby, Michelle Cox, Chris Whittam, Paul Henshaw, Matthew Greene, Lianne Robinson, Ian Webster	Quorate (Yes/No):	Yes
		Apologies received from:	Bilkis Ismail, Fiona Noden, Jo Street, Andrew Chilton, Carol Sheard, Jake Mairs, Rachel Carter, Francis Andrews

Key Agenda Items:	RAG	Key Points	Action/decision
Resourcing Update		<p>The Head of Resourcing presented his Resourcing update, which the People Committee receive bi-monthly. The report covered both turnover analysis and resourcing activity as follows:-</p> <p>Turnover: Turnover at Trust level, and across most Trust staffing groups, is still tracking above expectation but there are early indications of a reducing turnover trend and, while this is positive to see, we would like to see that trend continue over a longer period. The Trust benchmarks well in the majority of our staffing groups on turnover when compared to other NHS providers both regionally and nationally. Turnover across the UK has increased significantly across most employment sectors so is not exclusively an NHS or Healthcare challenge.</p> <p>Efforts to mitigate impact of turnover can be seen by the fact that the Trust recruited 1059 new starters in the year 2022/2023, but saw 843 individuals leave our employment over the same period.</p> <p>Recruitment: The Trust reported, in the April 2023 NHSEI Provider Workforce Return, a total number of 439.62 WTE vacancies at the end of M12 2022/2023, and the Committee received a breakdown of these vacancies. Reporting demonstrated that the Trust continues to have a healthy pipeline of candidates with confirmed start dates, or going through pre-employment checks. The report provided the Committee with some recruitment performance indicators against our expectations, and raised some concerns about timeliness of vacancy approval and shortlisting processes, which will be explored further in partnership between Workforce and Divisional teams.</p> <p>The report outlined that the Trust Resourcing and Talent Planning Steering Group had refreshed its Terms of Reference and Workplan and the group had received comprehensive updates on Nursing &amp; HCA, AHP, Midwifery, and Medical recruitment and retention activity in its May meeting; these updates were summarised in the report.</p>	<p>The report was received and discussed.</p> <p>Actions:</p> <p>Head of Resourcing was asked if Foundation Doctors impact on Medical and Dental turnover rates and he confirmed he would clarify this at the June meeting.</p> <p>The committee asked for clarification on whether the 843 leavers were actual leavers or if they had transferred to another role in the organisation. Head of Resourcing to confirm and feedback.</p> <p>Performance against vacancy approval, and shortlisting, recruitment expectations will be analysed, and progress reporting will be provided by the Head of Resourcing.</p> <p>Future reporting will include headcount tracking analysis reporting by staff group.</p>
Widening Participation		<ul style="list-style-type: none"> <li>A paper was shared which described our current provision and future ambitions to enhance and improve Widening Participation activity such as Work Experience, Employability / Pre-employment Programmes, Careers information, Education advice and guidance, T Levels, Volunteers &amp; Clinical Attachments.</li> <li>The focus is around working with partners and widening access for those who are underrepresented within our existing workforce and to provide support into employment for those people in our communities who need it most.</li> <li>Next steps will include development of an action plan around priorities and consideration of what is needed across the Trust to deliver.</li> </ul>	<ul style="list-style-type: none"> <li>The paper was supported with agreement to bring back a high level plan to the July 23 meeting.</li> <li>It was suggested that a further paper is brought to the committee in 6 months' time highlighting success factors and lessons so far.</li> </ul>

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## People Committee Chair's Report




Key Agenda Items:	RAG	Key Points	Action/decision
Mandatory & Statutory Training Update		<ul style="list-style-type: none"> <li>A paper was shared which provided an update on the latest position.</li> <li>The Trust's overall compliance level for mandatory training was 86.2% (a 0.9% increase on last month and above our corporate target of 85%) and statutory training was 92.3% (a 0.7% increase from last month and below our corporate target of 95%).</li> <li>The paper also included Divisional compliance breakdown and a comprehensive MaST Improvement Action Plan.</li> </ul>	<ul style="list-style-type: none"> <li>The update was noted and the Improvement Plan agreed.</li> <li>It was agreed to undertake a comprehensive review of MaST requirements / content / targets. A progress update on the review will be brought to the September 23 meeting.</li> <li>Actions taken to share good practice from Divisions with good compliance, explore availability of PEF's to support training, provide a divisional breakdown of safeguarding training and to develop a training programme to commence from the end of Q3.</li> </ul>
Communications Update		<p>The report highlights many of the areas of work in Quarter 4, including launching the new BOB and opening of the new Faith Facility.</p> <p>The report outlines priorities for Quarter 1, including leading on Communications and Engagement for the Bolton Locality; a Communications Audit will be undertaken; Staff Awards in November.</p>	The Committee thanked the Communications Team for their continued support.
Guardian of Safe Working Quarterly Update		Deferred.	
Nursing, & Midwifery Staffing Report		<p>The Chief Nurse presented the report to the Committee.</p> <p>Nursing: The report demonstrated that Trust adult inpatient wards are staffed safely and in line with national guidance. The report outlined actions that are being taken to further develop and enhance our staffing provision.</p> <p>Midwifery: A business case is being developed to bring Midwife staffing establishment in line with the Birth Rate Plus Review (Jan 2023). The report outlined some challenges but noted an improving picture, especially in relation to staffing with a positive shift in midwives returning to Bolton and a much stronger pipeline of NQ Midwives as a result of work undertaken in the Family Care Division.</p>	

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## People Committee Chair's Report

Key Agenda Items:	RAG	Key Points	Action/decision
OD & Culture Paper		A paper was shared which provides some background on culture and ways to measure it, gives an overview of current OD programmes in place, summarises key current cultural themes and sets out areas of exploration.	The paper and areas of exploration were noted and agreed.  Future updates on progress to be brought to the committee once the areas of exploration are considered and an action plan developed.
Steering Group Chair Reports		Noted.	
Divisional People Committee Chair Reports		Noted.	
IPM Dashboard		Noted.	

Matters for escalation to the Board: There were no matters for escalation to the Board of Directors.

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Meeting: **Governors Strategy Sub-Committee**  
Date: **Tuesday 09 May 2023**  
Time: **17:00 – 18:30**  
Venue: **Via Microsoft Teams**

**PRESENT:**

Janet Whitehouse	Public Elected Governor – Chair	JW
Ann Schenk	Appointed Governor	AS
Dave Edwards	Public Elected Governor	DE
David Barnes	Public Elected Governor	DB
Deborah Parker	Public Elected Governor	DP
Gary Burke	Public Elected Governor	GB
Grace Hopps	Public Elected Governor	GH
Janice Drake	Public Elected Governor	JD
Pauline Lee	Public Elected Governor	PL

**IN ATTENDANCE:**

Jackie Njoroge	Interim Chair	JN
Sharon Katema	Director of Corporate Governance	SK
Victoria Crompton	Corporate Governance Manager	VC
Sharon White	Director of Strategy, Digital and Transformation	SW
Rachel Carter	Associate Director of Communications and Engagement	RC
Rachel Noble	Deputy Director of Strategy	RN
Brett Walmsley	Director of Digital	BW
Maddie Szekely	Deputy Director of Digital	MS

**APOLOGIES:**

Apologies for absence were received from Rebecca Ganz, Tracey Holiday, Iqbal Essa, Jane Howarth, Martin Anderson, Lindiwe Mashangombe, Paul Henshaw, Bilkis Ismail and Samm Cusick.

**GS010/23 Chair Welcome**

The Chair welcomed everyone to the meeting.

**GS011/23 Declarations of Interest**

None.

**GS012/23 Minutes of the last meeting on 17 January 2023**

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

**GS013/23 Matters Arising**

None.

**GS014/23 2019-24 Strategy Review and new Trust Strategy Development**

RN advised that in line with the Trusts commitment to reviewing the strategy a review of the financial years 2021-23 had been completed. The process to begin developing a new Strategy for the next five years had commenced and

it was noted that the refreshed strategy would better reflect the changed landscape and priorities of the organisation.

At a recent Board Strategy session the 2019-24 ambitions were discussed and it was agreed that whilst the themes were correct the language felt outdated.

It had been proposed to reduce the number of ambitions from six to five and to change the way they are framed. The draft ambitions for the refreshed strategy were:

- Improving Care, Transforming Lives
- A skilled, healthy and thriving workforce
- Strong financial performance
- Infrastructure, technology and innovation
- Working together for a better future

It was noted the new strategy would be finalised in September 2023.

AS queried, whether climate change would be featured and RN confirmed the Trust has a Green Plan, which could be circulated to Governors. DE stated that sustainability was included in ambition four of the current strategy and asked which ambition it would be included in within the new strategy. RN advised it will be within the infrastructure, technology and innovation ambition.

In response to a query from PL, RN advised a large piece of work will be undertaken to describe each ambition and how the ambitions will interact. It will be imperative to ensure those reading the strategy can easily understand each ambition.

GH queried whether integration will be included in the new ambition and RN confirmed there is a new ambition “working together for a better future”. JN advised that a previous Board Development Day discussion took place regarding working with partners. RN stated there should be a draft of the Trust, Locality and Clinical Strategy, which would be aligned.

**Resolved:** The 20-19 Strategy Review and new Trust Strategy Development was **received**.

### **GS015/23 Locality Update**

SW provided a Bolton locality update advising the Locality Plan was published in 2020 and remains the blueprint for the transformation and integration of health and social care. The Locality Plan will be refreshed in 2023. Fiona Noden, Chief Executive is the Place-Based Lead for Bolton and accountability is through the Locality Board. The purpose of the locality is to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader social and economic development

The Bolton Locality Board is a sub-committee of the Greater Manchester Integrated Care Board and the final Terms of Reference for the Board were agreed for implementation from 01 July 2022. The Director of Strategy, Digital and Transformation and Chief Finance Officer provide representation on the Board from the Foundation Trust.

There is a Strategy, Planning and Delivery Committee for the locality which is supported by eight integrated partnerships, including:

- Urgent Care Integrated Partnership

- Performance and Outcomes Integrated Partnership
- Carer's Integrated Partnership
- Learning Disability Integrated Partnership
- Children and Young People Integrated Partnership
- Neighbourhoods and Communities Integrated Partnership
- Mental Health Integrated Partnership
- Planned Care Integrated Partnership

SW advised the Locality Board have signed off the GP Quality Contract and GB queried what the Quality Contract included. SW stated GPs have their core contract but also a quality contract, which outlines how they should be proactive around health promotion and dealing with patients with a chronic health conditions and long term conditions.

SW advised there are seven delivery programmes, which sit under the Strategy, Planning and Delivery Committee, and an update on these programmes will be brought to a future Governor Strategy Committee for Governors to provide feedback.

DB raised concern that the Trust Strategy and Locality Plan appear to be too paternalistic and should be produced in conjunction with the people of Bolton. SW engagement with communities has been completed to establish what is important to them though there is more work which could be done to improve this engagement.

JN asked if Governors were aware of any community groups who had not been engaged with to send details to SW. RC confirmed work is being completed to map what engagement has taken place across Bolton and to understand where there are any gaps. RC is now leading on communications and engagement for Bolton locality.

GB asked whether additional staff were required to staff the Bolton Health and Social Care Partnership and SW confirmed no further staff were required but that current staff would work together in a different way.

JW raised concern about engaging with carers, as this group are usually quite isolated. SW advised a carers plan has been developed and this is also part of the GP Quality Contract.

**Resolved:** The Locality Update was *received*.

### **GS016/23 Overview of Digital Strategy**

BW and MS provided a presentation on the Digital Strategy for 2022 – 2025 advising the Trust aims to become a “Digital Trust” meaning the organisation will use technology to improve the lives of patients and staff.

The Digital Strategy will include integration, care, workforce, and infrastructure. This will benefit our patients by:

- People will have access to information and support about their health conditions and how to manage them.
- Our clinical records will be connected to support decision making and free up time to care.
- Patients will have access to their own records.
- There will be more data available to help improve the way we do things.

AS commended the strategy as it is very clear and precise with a number of benefits to patients and staff.

GB queried whether servers would be located outside of the UK and BW confirmed that the servers will all be located within the UK but the best approach is to have a hybrid system.

MZ confirmed the Trust is underway with the journey of moving to paperless records. Once all new patient contacts are on-line the organisation can consider how to deal with the historic notes.

PL raised concern around IT systems failing when patients attend for appointments and BW confirmed the system is more reliable now than it has ever been. A lot of work has been done to build in as much resilience as possible.

SW added that Bolton has the best digital leadership team in GM.

**Resolved:** The Digital Strategy Update was *received*.

## GS017/23 **Communications and Engagement**

RC thanked those Governors who had completed the communication survey and provided a presentation outlining the results. The following key points were highlighted:

- 72% of Governors had stated they preferred face to face communications, 67% stated they preferred e-mail. It was suggested a rolling programme of listening sessions be arranged alongside a regular Governor e-mail communication.
- 71% of Governors stated the frequency of communications was just right and 14% stated they felt informed most of the time. 86% of Governors stated they only felt up to date with information some of the time.
- 81% of Governors stated they wanted to hear about the future direction of the organisation, 67% wanted to hear important updates and 62% wanted to hear key topics they could share with their constituents.
- A range of ideas for improving communications were outlined including holding more face to face meetings and providing a weekly Governor communication outlining all of the news from that week.
- In order for Governors to better communicate with their constituents the suggested improvements included reinstating the Membership Newsletter, having a Governor social media account and having a Governor forum on the staff intranet for Staff Governors.
- Governor Foundation Trust e-mails had been set up and training sessions were in the process of being arranged.
- The membership newsletter was due for circulation shortly.

SK advised the Governor Handbook was being updated and would be circulated to all Governors once complete.

PL queried how the membership newsletter would be distributed and RC confirmed it would be sent to all members and would also be included on the Trust website.

**Resolved:** The Communications and Engagement Update was *received*.

**GS018/23 Items for escalation to Council of Governors**

Chair required for both the Governor Quality and Governor Strategy Committees.

**GS019/23 Any other business**

None.

**Next meeting**

The next Governor Strategy Committee will take place on 19 September at 17:00

DRAFT