

AGENDA: COUNCIL OF GOVERNORS

To be held 03 August 2023 at 14:00
In Bevan/Nightingale Room
Lever Chambers Health Centre, 27 Ashburner Street, Bolton BL1 1SQ

Ref N ^o	Agenda Item	Process	Lead	Time
	<i>Welcome and refreshments: Members of the Council of Governors and all attendees</i>		<i>All</i>	14:00
PRELIMINARY BUSINESS				
CG044/23	Chair's welcome and note of apologies <i>Purpose: To record apologies for absence and confirm quoracy</i>	<i>Verbal</i>	Niruban Ratnarajah <i>Chair</i>	
CG045/23	Declaration of Interests concerning agenda items <i>Purpose: To record any interests relating to items on the agenda.</i>	<i>Verbal</i>	Chair	
CG046/23	Minutes of the previous meeting a) Meeting held on 25 April 2023 b) Meeting held on 04 July 2023 <i>Purpose: To approve the minutes of the meeting held on 25 April and 04 July 2023</i>	<i>Report</i>	Chair	14:00 5 mins
CG047/23	Matters Arising <i>Purpose: To consider any matters arising not included anywhere on agenda.</i>	<i>Presentation</i>	Chair	
CORE BUSINESS				
CG048/23	Operational Update <i>Purpose: to receive the Operational Update from the Chief Operating Officer</i>	<i>Presentation</i>	Rae Wheatcroft	14:05 20 mins
CG049/23	Green Plan <i>Purpose: To receive an update on the Green Plan</i>	<i>Presentation</i>	Adrian Wrigley, iFM Bolton	14:25 20 mins
CG050/23	CQC Initial Feedback <i>Purpose: To receive an update on the CQC inspection</i>	<i>Report and presentation</i>	Chief Executive	14:45 20 mins

CG051/23	Freedom to Speak Up Annual Report <i>Purpose: To receive the Freedom to Speak Up Annual Report</i>	<i>Report and presentation</i>	Tracy Garde	15:05 20 mins
CG052/23	Board Committee Chair Updates <ul style="list-style-type: none"> • Quality Assurance Committee • Audit Committee <i>Purpose: To receive the Board Committee Chair Updates</i>	<i>Report and presentation</i>	Malcolm Brown	15:25 15 mins
CG053/23	Governor Quality Committee Chair's Update <i>Purpose: To receive the Governor Quality Committee Update</i>	<i>Verbal + minutes</i>	Cttee Chair	15:40 10 mins
CG054/23	Governor Elections 2023 <i>Purpose: To receive an update on the Governor Elections</i>	<i>Presentation</i>	Sharon Katema	15:50 05 mins
CG055/23	Governor Feedback <ul style="list-style-type: none"> • Divisional Board meeting and walkabouts • BoSCA <i>Purpose: To receive feedback from governors</i>	<i>Verbal</i>	All	15:55 10 mins

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

16:00

CG056/23	Non-Executive Director Recruitment <i>Purpose: To receive the update</i>	<i>Report and Presentation</i>	Chair	16:05 15 mins
-----------------	---	--------------------------------	--------------	-------------------------

CONCLUDING BUSINESS

CG057/23	Any Other Business <i>Purpose: To receive urgent business not included on the agenda</i>	<i>Verbal</i>	Chair	16:20 05 mins
-----------------	---	---------------	--------------	-------------------------

Date and time of next meeting:

16:30 CLOSE

- **Annual Members Meeting – Monday 02 October 2023**
- **Council of Governors – Tbc**

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
-------------	-------------	-------------

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
Present									
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		
In Attendance		Sep	Nov	Dec	Feb	Mar	April	Jun	Aug
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

Draft Council of Governors Notes of the Meeting

Held on Microsoft Teams

04 July 2023 at 15:00

(Notes to be shared for info and not as meeting as not quorate)

Present

Name	Initials	Title
Niruban Ratnarajah	NR	Chair
Kayonda Ngamaba	KN	Public Elected Governor
Leigh Vallance	LV	Appointed Governor
Lindiwe Mashangombe	LM	Staff Governor
Sumirna Cusick	SC	Public Elected Governor

In Attendance

Name	Initials	Title
Alan Stuttard	AS	Non-Executive Director
Annette Walker	AW	Chief Finance Officer
Fiona Noden	FN	Chief Executive
Jackie Njoroge	JN	Non-Executive Director
James Mawrey	JM	Director of People
Martin North	MN	Non-Executive Director
Rebecca Ganz	RG	Non-Executive Director
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
Michelle Cox	MC	Divisional Director of Operations Anaesthetics and Surgical Division
Claire McPeake	CMc	Divisional Director of Operations Acute Adult Division
Laura Smoult	LS	Staff Experience Manager

Apologies

Name	Initials	Title
Bilkis Ismail	BI	Non-Executive Director
Malcolm Brown	MB	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
Francis Andrew	FA	Medical Director
Pauline Lee	PL	Public Elected Governor
Grace Hopps	GH	Public Elected Governor
Janice Drake	JD	Public Elected Governor
Tracy Holliday	TH	Staff Governor
David Barnes	DB	Public Elected Governor
Jack Ramsay	JR	Public Elected Governor
Sue Moss	SM	Staff Governor
Catherine Binns	CB	Staff Governor
Deborah Parker	DB	Public Elected Governor
Dorothy Kenworthy	DK	Public Elected Governor
Rae Wheatcroft	RW	Chief Operating Officer
Oboh Achioyamen	OA	Public Elected Governor
Imteyaz Ali	IA	Public Elected Governor
Martin Anderson	MA	Staff Governor

AGENDA ITEM	DESCRIPTION	Action Lead
-------------	-------------	-------------

PRELIMINARY BUSINESS

CG030/23 Chair’s Welcome and Note of Apologies

The Chair welcomed all in attendance and apologised for the date of the meeting being moved at such short notice. NR highlighted that the meeting was not quorate, but there were no items for decision on the agenda. The minutes of the meeting held on 25 April 2023 would not be presented for approval, but would be circulated for comment and re-presented at the next meeting. The presentation slides from this meetings would be circulated to the Council of Governors (COG).

NR acknowledged the difficulties the COG had faced and advised the CQC Well Led inspection had now taken place, and an update would be provided by the Chief Nurse during the meeting. A PWC investigation was also being undertaken, and NR had a meeting arranged with the National Freedom to Speak Up (FTSU) to discuss the issues around FTSU.

NR advised Governors it was the NHS’s 75th birthday on 05 July 2023 noting there was a lot for the NHS to be proud of such as advances in innovation which have helped the NHS rise to challenges, easing pressures and providing ground breaking treatments. The Trust will be taking part in a variety of activities.

NR also took the opportunity to remember Jim Sherrington, Public Elected Governor who had recently passed away. The Board and the Council of Governors acknowledged the support he gave not just to the Trust, but also to a number of organisations within Bolton.

Apologies for absence were noted as detailed above.

CG031/23 Declaration of interests concerning agenda items

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

CG032/23 Minutes of the previous meetings

The approval of the minutes of the meeting held on 25 April 2023 would be deferred to 03 August 2023.

CG033/23 Matters Arising

There were no matters arising.

CORE BUSINESS

CG034/23 Operational Update

Michelle Cox provided the Operational update and the following key points were highlighted:

- The Trust had seen an increase in the number of patients exceeding 78 and 65 weeks for treatment or discharge in May. The number of patients on the waiting list also increased. The increases were as a result of lost capacity due to industrial action and bank holidays.
- The two-week cancer wait performance continued to decline at 77.01% against the GM performance at 78.61%. This is in the context of the Trust receiving 231 more referrals in April 23, than in April 2019.
- 62-day cancer performance, we remain the Trust with the lowest number of patients who have been waiting over 62 days for treatment, in the North West. In April, 62-day performance was 74.59% against the GM performance of 61.58%.
- Performance against the 4-hour standard (YTD) was 66.1% which was in line with the GM average. Nationally, in May performance was 74.0% for all ED types.
- The work within the Bolton locality continued, and the Trust remained at around 100 patients with no criteria to reside. Whilst the number of patients remained fairly static, there was an increase in the days delayed over the last three months.
- There was a further 72 hours of continuous industrial action by our Junior Doctors and a further five-day period of action is planned. In addition, nationally the consultant body have balloted to strike – the first period in July.

RG commented that a paper outlining the recovery position for Cancer had been received at the Strategy and Operations Committee in June. MC added the middle case scenario is that recovery will be achieved by February 2024, and the main issues were around Breast Cancer. Various options were being considered with a recovery plan which spans across two divisions.

AS queried what implications further industrial action would have on recovery plans. MC advised that throughout periods of industrial action the Trust had continued to protect cancer. Operational plans do not include industrial action so some reforecasting would be required. FN added that due to the notice period of the industrial action period's patient would not be booked in for elective procedures.

RESOLVED:

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

CG035/23 Staff Survey

LS provided Governors with a presentation outlining the response rates for the Trust Staff Survey, what staff said and what actions would be taken going forward.

It was noted the response rate for the 2022 Staff Survey was 35.7% which shows there has been a year on year decline and improving the response rate is an area of focus for the organisation.

In response to RG's query on how the response rate could be improved and whether the trends were reflective of the national picture, being seen nationally, LS advised that links were being established with trusts who achieve a higher response rate to identify how this could be improved. In addition, the Communication Team was reviewing ways to raise the profile of the survey across the Trust including ensuring that staff could identify the improvements and actions from the survey. Overall, the results were reflective of the national picture but there were areas, which required further analysis such as the increase in the number of staff facing discrimination in the workplace.

JN commented the survey provided a good evidence based and asked what routes were available for staff who did not complete the survey to get their voices heard. LS advised a quarterly staff temperature check survey is completed and Divisions were working to develop listening events for staff. There was further work to do to gather the data from all sources in order to understand the climate within the organisation.

In response to KN comment regarding the 8% increase in staff facing discrimination in the workplace, LS confirmed the EDI team and staff networks were looking to understand why there had been an increase.

It was noted the staff survey was a national survey, which is completed in October/November each year and did not include iFM staff as they had a separate survey. Questions were similar but, if required, organisations could also add local questions to the national survey which in turn would increase the time required to complete the survey

RESOLVED:

The Council of Governors **received** the Staff Survey update

CG036/23 CQC Update

TR provided an update following the CQC inspections advising the organisation had developed its own improvement log and work had commenced. Once the report is received from the CQC this would be developed further to incorporate feedback.

RG queried the draft timeframe for receiving the report and TR advised once the report had been drafted it would be sent to a panel for discussion and once agreed would be sent to the Trust. LV commented initial feedback appeared positive.

JM queried the impact of Covid on CQC inspections and TR stated many organisations had seen their CQC rating drop since Covid. Covid along with periods of industrial action had hugely impacted trusts.

RESOLVED:

The Council of Governors *received* the CQC Update.

CG037/23 Board Committee Chair Reports

Strategy and Operations Committee

RG presented the Chair's Report from the meetings held in May and June, highlighting the committee was a newly established and drew attention to the following key points that had been discussed at the meetings:

- Service Spotlight on Maternity
- Month 1 Operational IPM
- Digital Performance and Transformation Board Chair Report
- Bolton Digital Partnership Group
- Bolton Urgent Care Strategy
- Clinical Strategy Update
- Carer Strategy
- Strategy Planning and Delivery Committee – outcomes Clinical Strategy
- Digital Strategy.

People Committee

AS presented the Chair's Report from the May meeting highlighting the following key points which had been discussed at the meeting:

- Resourcing Update
- Mandatory and Statutory Training Update
- Communications Update
- Guardian of Safe Working Quarterly Update
- Nursing and Midwifery Staffing Report Biannual Report
- OD (expand please) and Culture Paper

The June meeting had been held recently and received the Freedom to Speak Up (FTSU) Annual Report, which highlighted some key themes, which were overseen at People Committee. The Trust receives a high number of FTSU concerns, which was seen as positive and highlights an open and transparent culture within the organisation. The organisation had 45 FTSU champions with a further 12 waiting to receive training.

RESOLVED:

The Council of Governors *received* the Strategy and Operations Committee and People Committee Chair Reports.

CG038/23 Governor Strategy Committee Chair Update

The Governor Strategy Committee was held on Tuesday 09 May 2023 and Chaired by Janet Whitehouse. Agenda items included:

- 2019-24 Strategy Review and new Trust Strategy Development
- Locality Update
- Overview of Digital Strategy
- Communications and Engagement

The next meeting is due to take place on Tuesday 19 September 2023 at 5pm

RESOLVED:

The Council of Governors **received** the Governor Strategy Committee Chair update.

CG039/23 Governor Elections 2023

SK provided an update on the Governor elections 2023. Elections would be taking place in the following constituencies:

- Bolton North East – four seats
- Bolton South East – one seat
- Bolton West – four seats
- Rest of England – one seat
- Nurses and Midwives – two seats
- Allied Health Professional and Scientists – one seat

The deadline for nominations is Friday 14 July 2023.

RESOLVED:

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

CG040/23 Governor Feedback

LM provided feedback from the NHS Providers Governors Focus Conference that she had attended in London. LM commented it was a hugely beneficial event and she would encourage other Governors to attend future events.

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

CG043/23 Any Other Business

None

The next Council of Governors meeting would be held on Thursday 03 August at 2pm.

Name	Role	Sep	Nov	Dec	Feb	Mar	Apr	July	Aug
Present									
Donna Hall	Chair	✓	*	✓	✓	A			
Oboh Achioyamen	Public Governor		✓	✓			✓	A	
Rizvana Aftab	Public Governor		✓	A					
Imteyaz Ali	Public Governor		A	A		A	A	A	
Martin Anderson	Staff Governor	A	A		A	A	✓	A	
Susan Baines	Appointed Governor			A	✓				
David Barnes	Public Governor	✓	A	✓	✓	A	✓	A	
Catherine Binns	Staff Governor			A	✓		✓	A	
Sumirna Cusick	Public Governor			✓	✓	A	✓	✓	
Gary Burke	Public Governor			✓	✓	✓	✓		
Janice Drake	Public Governor	✓	✓	✓	✓	✓	✓	A	
David Edwards	Public Governor	✓	✓	✓	✓	✓	A	A	
Mohammed Iqbal Essa	Public Governor		✓	✓	✓	✓	✓	A	
Dawn Hennefer	Appointed Governor	✓	✓	A	✓	A	A	A	
Tracey Holliday	Staff Governor	✓			✓	A	✓	A	
Grace Hopps	Public Governor	✓	✓	✓	✓	✓	✓	A	
Jane Howarth	Appointed Governor						A		
Dorothy Kenworthy	Public Governor			A		A		A	
Pauline Lee	Public Governor	✓	✓	A	✓	✓	✓	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	A	A	✓	A	
Samir Naseef	Appointed Governor	A	A	A	A	A	A	A	
Kayonda Hubert Ngamaba	Public Governor	✓	✓	✓		✓	✓	✓	
Deborah Parker	Public Governor		✓	✓	✓	✓	✓	A	
Jack Ramsay	Public Governor	A	✓		✓			A	
Ann Schenk	Public Governor	✓	✓	A	✓	✓	A	A	
Jim Sherrington	Public Governor	A	A	✓	A	A	✓		
Leigh Vallance	Appointed Governor	A	✓	✓	✓	✓	✓	✓	
Janet Whitehouse	Public Governor	✓	✓	✓	✓	✓	✓	A	
Alan Yates	Public Governor	✓	✓	A		✓	A	A	
In Attendance		Sep	Nov	Dec	Feb	Mar	April	July	Aug
Zada Ali Shah	NED	A	*	A	A	*			
Francis Andrews	Medical Director	A	*	✓	A	*	✓	A	
Malcom Brown	NED	A	*	✓	A	A	✓	A	
Victoria Crompton	Corporate Governance Manager	✓	✓	✓	✓	✓	✓	✓	
Rebecca Ganz	NED	A	*	A	✓	*	A	✓	
Bilkis Ismail	NED	A	*	✓	✓	✓	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	*	✓	A	
Sharon White	Director of Strategy, Digital and Transformation	A	*	A	✓	*	✓	✓	

*Attendance not required

Report Title:	CQC Well-Led Inspection – initial feedback
----------------------	--

Meeting:	Council of Governors	Purpose	Assurance	
Date:	03 August 2023		Discussion	X
Exec Sponsor	Fiona Noden, Chief Executive		Decision	

Purpose	To provide the Council of Governors with the initial, informal feedback following the well-led inspection undertaken by the CQC.
----------------	--

Summary:	<p>The CQC well-led, onsite inspection took place between 07 – 09 June 2023.</p> <p>Well-led inspections are an assessment of: the leadership and governance at trust board and executive team-level; the overall organisational vision and strategy; organisation-wide governance, management, improvement; and organisational culture and levels of engagement.</p> <p>The inspection took the form of data requests, staff focus groups and staff interviews. Following the inspection, initial high level written feedback has been provided by the CQC. (Appendix 2 CQC letter). It must be noted that feedback at this point remains subject to the post-inspection detailed data review and provision of further information.</p> <p>Many of the areas highlighted for improvement were known to the organisation and evidence provided on current improvement plans. Where this was not the case, additional interventions have been agreed.</p> <p>The next stage is to await the draft inspection report. Upon receipt we will be asked to check the factual accuracy and completeness of the information that the CQC have used to reach their judgements and ratings. The factual accuracy process gives inspectors and providers the opportunity to ensure that all relevant information is considered that will form the basis of the CQC’s judgements.</p> <p>The draft report will also contain proposed recommendations. An action plan will be developed based on these and formalised on receipt of the final report. No date has been provided as to when the draft report will be received or when the final report will be published.</p>
-----------------	---

Previously considered by:	
<input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Strategy and Operations Committee <input type="checkbox"/> Finance & Investment Committee <input type="checkbox"/> Charitable Funds Committee	<input type="checkbox"/> Executive Committee <input type="checkbox"/> Quality & Safety Committee <input type="checkbox"/> People Committee <input type="checkbox"/> Audit Committee

Proposed Resolution	<p>Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the initial feedback provided by the CQC. • Note the immediate actions taken to respond to the feedback • Note a further update will be provided upon receipt of the report
----------------------------	---

This issue impacts on the following Trust ambitions			
<i>To provide safe, high quality and compassionate care to every person every time</i>	✓	<i>Our Estate will be sustainable and developed in a way that supports staff and community Health and Wellbeing</i>	
<i>To be a great place to work, where all staff feel valued and can reach their full potential</i>	✓	<i>To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton</i>	
<i>To continue to use our resources wisely so that we can invest in and improve our services</i>		<i>To develop partnerships that will improve services and support education, research and innovation</i>	

Prepared by:	Stuart Bates, Director of Quality Governance Tyrone Roberts, Chief Nurse	Presented by:	Fiona Noden, Chief Executive
---------------------	---	----------------------	------------------------------

Introduction

In June 2023, the Trust underwent a CQC Well-Led inspection.

Well-led inspections are an assessment of: the leadership and governance at trust board and executive team-level; the overall organisational vision and strategy; organisation-wide governance, management, improvement; and organisational culture and levels of engagement.

The Trust last underwent a Well-Led inspection 4th December 2018 to 10th January 2019.

During a Well-Led inspection, organisations are assessed against eight key lines of enquiry:

The updated well-led framework: Key Lines of Enquiry			Care Quality Commission
Does the leadership have capacity and capability to deliver high quality, sustainable care?	Is there a culture of high quality, sustainable care?	Is there a clear vision and credible strategy to deliver high quality sustainable care to people, and robust plans to deliver?	
Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Are services well-led?	Are there clear and effective processes for managing risks , issues and performance ?	
Is robust and appropriate information being analysed and challenged?	Are the people who use services, the public, staff and external partners engaged and involved to ensure high quality sustainable services?	Are there robust systems, processes for learning , continuous improvement and innovation ?	

Initial verbal and written feedback

- The executive leadership team were cohesive and worked well together.
- Executive and Non-Executive team working was effective.
- Work was visible on revising and reworking of trust strategies.
- Staff spoken with were clearly passionate about the people of Bolton and wanted to ensure effective care was delivered for service users. This was very evident in all interviews.
- Work has been done recently to strengthen clinical governance and performance, making it more data driven, it was noted that there were further improvements to be made. Serious Incident documentation which the CQC reviewed were all of good quality.
- Strong integration with partners such as the local authority, it was clear that the trust was developing its role within the Greater Manchester ICS.
- The QI team had been strengthened recently and there were links to the University of Bolton.
- It was noted that positive work had been done in continuing to develop and deliver equality, diversity and inclusivity, especially regarding recruitment of staff to better reflect the make-up of the local population.
- The three developed staff networks had highly motivated chairs and would benefit from further corporate support to deliver their work plans more effectively.

The initial verbal and written feedback also contained areas likely to be included in the draft report as requiring improvement, these include:

- The CQC referenced how the organisation was disproportionately affected by COVID and that, as a result, it has taken us longer to get back to where we need to be.
- Work was visible on revising the trust strategy - however a draft clinical strategy was being presented at July BoD
- Similarly, with our digital work, they noted that whilst progress has been made, there is still more to do.
- There was a mixed response from staff about culture.
- The freedom to speak up process was discussed during staff focus groups, and a potential need identified in ensuring the process is fully understood, including its' confidential nature.
- Some governance issues were highlighted with regard to out of date policies.
- HR policies and processes demonstrated a lack of assurance in relation to consistency of application.

Next Steps

- We will continue to respond to any subsequent information requests made by the CQC.
- Immediate actions have commenced / implemented to address immediate feedback (see Appendix 1).
- We await the draft inspection report for factual accuracy checks.
- We are committed to develop, and implement, any improvement plans based on the findings and recommendations of the CQC.

Appendix 1 – Immediate action taken following initial feedback

Key Line of Enquiry	Initial Feedback	Immediate Action Taken	Exec Lead
Leadership capacity and capability	Board leadership, and the Council of Governors, had been slower than other trusts in returning to face to face working. Recovery to 'normal working practices' had been slower than in other trusts. Potentially due to the significant impact of the Covid Delta variant in Bolton.	<ul style="list-style-type: none"> In person Board of Director meetings resumed on 30th March 2023. In person Council of Governor meetings resumed 25th April 2023. 	Chair – Dr Niruban Ratnarajah
Vision and strategy	Clinical Strategy in development, not fully completed and still to be approved.	<ul style="list-style-type: none"> Recognised by the organisation that the draft strategy was in development prior to the CQC inspection. Draft clinical strategy scheduled for engagement at the July 2023 Board of Directors. 	Frances Andrews
	The organisation had a significant way to go to enact the digital strategy.	<ul style="list-style-type: none"> Investment in clinical equipment replacement programme deployed from March 2023. Review of current digital strategy to ensure implementation plan is delivered at pace. To be completed November 2023. 	Sharon White
Culture of the organisation	Mixed response from staff about culture and an over reliance on the positivity of the staff survey results, despite the lower than average response rate, to understand the culture within the organisation.	<ul style="list-style-type: none"> A staff engagement programme is under development to complement the current staff forums. Will commence September 2023 We will establish a 'lead change team' to identify top change priorities and evaluation from September 2023. Further development of 'you said: we did' (feedback after 3 days / one month / 6 months). From September 2023. CQC have been advised (and evidence provided) that we do use other mechanisms to assess culture. This including receiving regular reports on Employee Relations, Guardian of Safe Working, 	CEO - Fiona Noden James Mawrey

		<p>Pulse checks, incidents and complaints, NED walkabout feedback, Exec walkabout feedback, inclusion networks reporting.</p> <ul style="list-style-type: none"> • OD Dashboard to triangulate this information will be in place by Q3. • Programme of work in place to increase staff response rate to the NHS staff survey in 2023. 	
	<p>Concerns raised regarding staff confidence in the trust's Freedom To Speak Up process (FTSU), especially in relation to confidentiality.</p>	<ul style="list-style-type: none"> • A reciprocal approach has been agreed with GM Integrated Care (IC) FTSU Guardian that if staff do not feel able to raise concerns with Bolton FTSU Guardians then they will be able to access the GMIC FTSU service. Signposting of these arrangements will be made clear. • FTSU awareness training to be put in place for all staff, enhanced for managers and senior leaders by Quarter 3. To include the confidential nature of the process. • FTSU process is scheduled on the trust audit plan for Q2 2023/24. 	James Mawrey
Governance and management	<p>Further improvements to strengthen governance.</p>	<ul style="list-style-type: none"> • <i>Good Governance Institute</i> are currently undertaking a review of our divisional quality governance systems and processes. This is scheduled to be completed in September 2023. • Scheduled gap analysis of current Board governance to be shared following a peer review process. To be completed by October 2023. 	Tyrone Roberts Sharon Katema
	<p>Number of policies were out of date.</p>	<ul style="list-style-type: none"> • Confirmed risk management policy was in date. • All policy expiry dates to be reviewed. Review to be completed August 2023. 	Tyrone Roberts
	<p>Review of HR policies and processes demonstrated a lack of assurance that they supported fair and consistent management of staff issues, including disciplinary processes.</p>	<ul style="list-style-type: none"> • To review HR approach and 'fast track process' to establish any learning in respect to consistency and best practice. Quarter 3. • A training needs analysis and then associated implementation plan will be undertaken to ensure all managers have the necessary skills and ability. Completed in Quarter 3. • Formalised lessons learnt process continue to be undertaken in conjunction with staff side partners • Assurances sought regarding fairness and consistency of disciplinary process. Scheduled on internal audit plan for Q3 2023/24. 	James Mawrey

Management of risk and performance	No related feedback.		N/A
Management of information	No related feedback.		N/A
Engagement and involvement	There were concerns regarding disability and tailored adjustment agreements and how quickly these were put in place in order for staff to be able to do their role.	<ul style="list-style-type: none"> Planned implementation, by Quarter 3, of Reasonable Adjustment passport supported by EDI, networks and HR colleagues. 	James Mawrey
Learning, improvement and innovation	No related feedback.		N/A



Sent by e-mail

Our reference: INS2-15864568501

Fiona Noden
Chief Executive Officer
Bolton NHS Foundation Trust
Minerva Road
Farnworth
Bolton
Lancashire
BL4 0JR

Date: 10 July 2023

CQC Reference Number: INS2-15864568501

Dear Ms. Noden

Re: CQC inspection of Bolton NHS Foundation Trust

Following your feedback meeting with Alison Chilton, Lorraine Bolam, Jackie Jackson, Stuart Thomas and myself on 9 June 2023, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues Jackie Njoroge and Tyrone Roberts at the feedback meeting.

This letter does not replace the draft report we are working on, but simply confirms what we fed-back on 9 June 2023 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence log, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

We fed back to you that there were some elements of the well led inspection which remained to be performed after this on site element, these include any additional interviews which we were unable to schedule for the onsite times including with your partners. We also explained that we will also review all the evidence supplied.

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

We informed you of the following observations from the inspection so far;

- We found that the executive leadership team were cohesive and worked well together. It was noted that the board leadership, and the Council of Governors, had been slower than other trusts returning to face to face working and recovery to 'normal working practices' had been slower than in other trusts which you said was due to the significant impact of the Covid Delta variant in Bolton.
- Work was visible on the revising and reworking of trust strategies. However, the clinical strategy was only being presented to the board in July. The organisation had a significant way to go to enact the digital strategy which has been acknowledged by the trust.
- There had been a mixed response from staff about culture, both from the different clinical areas and staff groups who attended the focus groups and directly to CQC. There was an over reliance on the positivity of the staff survey results, despite the lower than average response rate, to understand the culture within the organisation.
- There were concerns raised regarding staff confidence in the trust's FTSU process, especially in relation to confidentiality. However, staff we spoke with were clearly passionate about the people of Bolton and wanted to ensure effective care was delivered for them; this was very evident in all interviews.
- Although we saw that work has been done recently to strengthen governance and performance, making it more data driven, there were further improvements to be made. Serious incident documentation which we reviewed were all of good quality. However; we sampled 20 policies and 6 had expired and the digital platform was not being used effectively to monitor and drive the effective oversight of this. We had concerns as to the level of assurance the Board received that best practice policies were in place to support effective decision making. The trust was aware improvements were required and had contracted with an external organisation to review some governance processes.
- The review of HR policies and processes demonstrated a lack of assurance that they supported fair and consistent management of staff issues, including disciplinary processes. There were concerns re disability and tailored adjustment agreements and how quickly these were put in place in order for staff to be able to do their role.
- We recognised strong integration with partners such as the local authority, it was clear that the trust was developing its role within the Greater Manchester ICS.
- The QI team had been strengthened recently and there were links to the University.

- We recognised positive work done in the EDI arena, especially regarding recruitment of staff to better reflect the makeup of the local population. The three developed staff networks had highly motivated chairs and would benefit from further corporate support to deliver their work plans more effectively.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to North-west NHS England colleagues.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely



Karen Knapton
Deputy Director (Network North)

c.c. Chair of Trust
Jackie Hanson, James McLean, Michael Gregory.
CQC regional communications manager

Report Title:	Freedom to Speak Up Annual Report 2022-23
----------------------	---

Meeting:	Council of Governors	Purpose	Assurance	✓
Date:	03 August 2023		Discussion	
Exec Sponsor	James Mawrey		Decision	

Purpose	This report provides an annual update on Freedom to Speak Up (FTSU) activity within the Trust during the period from 1 st April 2022 to 31 st March 2023.
----------------	---

Summary:	Effective speaking up arrangements help to improve patient safety, staff experience and continuous improvement. The Trust's FTSU approach continues to be embedded to support the organisation to develop an inclusive and transparent culture.
-----------------	---

Previously considered by:	The report was presented and discussed at the People Committee and Board of Directors.
----------------------------------	--

Proposed Resolution	The Council of Governors are asked to receive the Freedom to Speak Up Annual Report 2022-23 as assurance of the effectiveness of speaking up arrangements in place across the Trust.
----------------------------	---

This issue impacts on the following Trust ambitions			
<i>To provide safe, high quality and compassionate care to every person every time</i>	✓	<i>Our Estate will be sustainable and developed in a way that supports staff and community Health and Wellbeing</i>	✓
<i>To be a great place to work, where all staff feel valued and can reach their full potential</i>	✓	<i>To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton</i>	✓
<i>To continue to use our resources wisely so that we can invest in and improve our services</i>	✓	<i>To develop partnerships that will improve services and support education, research and innovation</i>	✓

Prepared by:	Tracey Garde, FTSU Guardian	Presented by:	Tracey Garde, FTSU Guardian
---------------------	-----------------------------	----------------------	-----------------------------

1. Introduction

- 1.1 Effective speaking up arrangements help us to protect our patients and improve the experience of our workers. Making sure all our workers have a voice and feel safe and able to speak up about anything that gets in the way of providing safe, high quality care or affects their workplace experience. This includes matters relating to patient safety, the quality of patient care and the culture within the working environment. To support this, managers need to feel comfortable having decisions and authority challenged. Speaking up and the matters that the issues highlighted, however difficult to hear, should be welcomed and looked at as opportunities for learning and development.

The behaviour of senior leaders, executives and non-executives has the biggest impact on organisational culture. How an executive director or senior manager handles a matter raised by a worker is a strong indicator of a trusts speaking up culture and how well led it is.

FTSU Guardians are an additional route for workers to speak up- but they cannot improve the speak up culture on their own. Research shows that taking a proactive approach to ensuring the health and well-being of workers and a preventative approach to poor behaviours such as bullying, harassment and incivility will have the greatest impact on the working environment. Leading by example and creating a fair, open and inclusive workplace will also have a positive impact on culture.

- 1.2 In July 2022 we welcomed an additional FTSU Guardian- Rachel Adamson. Rachel works 3 days a week opposite fellow Guardian Tracey Garde. Rachel has a wealth of experience in Human Resource Management and has worked in other NHS organisations as well as other social care and corporate organisations. The Guardians have continued to work with their respective Divisional teams. Tracey Garde supports AACD, ASSD and ICSD and Rachel Adamson supports FCD, DSSD, Corporate Services and IFM. Both guardians have been working with the senior teams to promote speaking up and regularly feedback on any concerns raised within their respective areas and to ensure any learning takes place e.g. reviewing policies, improving team dynamics/culture, helping staff retention, feedback on behaviour etc. The additional Guardian role demonstrates the commitment of the organisation to listening to the concerns of workers and ensuring actions are taken as appropriate.
- 1.3 We currently have a network of 44 FTSU Champions across the Trust. The FTSU Champions all expressed an interest in this important voluntary role and were interviewed individually alongside their manager to ensure they had the necessary skills and attributes to listen and support their colleagues. These Champions, who come from a variety of roles and backgrounds and reflect the diversity of our organisation, have received formal training by the Guardians and are available to support and encourage workers to speak up and raise their concerns. 39 FTSU Champions are employed by the Trust and 5 by IFM. The Guardians host regular meetings with the FTSU Champions and are available to them for advice and support whenever required. From April 2022, in accordance with guidance from the National Guardian Office, FTSU champions are no longer permitted to formally manage speak up cases. Their role will focus solely on supporting workers, encouraging workers to speak up and signposting them to the Guardian or other appropriate colleagues such as HR, union reps etc.

Appendix one shows the current list of FTSU Champions. The Guardians are currently recruiting further FTSU Champions later in the year particularly from areas and departments that are not currently represented including more individuals from our Black, Asian and Minority Ethnic community, our LGBTQ+ Community and workers who have a disability.

- 1.4 The Guardians continue to be available to support all workers working within the Trust and IFM including temporary staff, NEDs, volunteers, students and contractors.
- 1.5 The FTSU approach continues to be promoted via the Trust's normal internal communication channels, Trust induction sessions, presentations, and workplace visits and often feature as part of the CEO bulletin Fiona's Friday. The Guardians also regularly present on preceptorship programmes, care certificate training and other training sessions to ensure the message of speaking up is communicated widely across the organisation.
- 1.6 The Guardians continue to meet monthly with the Chief Executive, Director of People/ Deputy Chief Executive and Non-Executive Leads for the FTSU approach. During these meetings, the Guardians provide a confidential overview of the new cases reported, the themes identified and actions taken. All open/ ongoing cases are also discussed with an update to ensure timely action. The aim of these meetings is to allow the Chief Executive and Director of People to ensure that policies and procedures are being effectively implemented, help unblock any barriers that enable swift action to be taken to resolve cases and ensure that good practice and learning is shared across the organisation. The OD Associate Director and Head of HR are also advised of monthly themes to enable proactive interventions to take place within those vulnerable areas identified within the Trust.
- 1.7 The Guardians remain fully engaged with the National Guardian's Office and the North West FTSU Guardians Network to learn and share best practice. The NW Guardians meet virtually on a monthly basis to share practice, discuss any issues and provide peer support. The Bolton Guardians have also provided 'buddy' support to new FTSU Guardians in neighbouring organisations. Tracey Garde was appointed Deputy Chair of the North West network in 2023. This commitment at a regional level raises the profile of Bolton NHS Foundation Trust further. Both Guardians attended the first National Guardian's North West conference hosted by Stockport NHS Trust in early December. Bolton's FTSU Guardian Tracey Garde took a key role in helping to organise and facilitate this conference. The National Guardian Dr Jayne Chidgey - Clarke was in attendance and shared her vision for 2023. One aspect she discussed was the recent developments in the creation of the ICBs and the joint work with other health and social care providers who will require mechanisms for speaking up. Both Guardians also attended the National Guardian Conference on Thursday 9 March 2023. There was an excellent presentation by Megan Reitz on speaking truth to power and discussions on supporting workers from overseas to enable them to speak up, as well as discussing the barriers to speaking up.
- 1.8 The fifth Annual National Speak Up Month took place in October 2022. The theme was "Freedom to Speak Up for Everyone" with each week having a specific focus namely;
Week 1. Speak Up for Safety- highlighted the importance of speaking up about anything that gets in the way of doing a good job, particularly related to patient care and worker safety.
Week 2. Speak up for civility- focused on being kind to colleagues and kind to yourself,
Week 3. Speak up for inclusion- promoted inclusion and breaking down the barriers we know exist to enable all workers to feel safe to speak up and be heard,
Week 4. Speak up for everyone working with all workers to ensure that regardless of job role or background that they feel safe to speak up.
We were honoured to be joined via a Team Talk by Debra Hazeldine MBE who shared her personal experiences from Mid Staffs where her mum was treated but sadly died. Debra was key in supporting a national enquiry and has gone on to become a Patient Safety Champion. There was a multitude of positive activities across the Trust across the month. These included

briefing sessions, cakes, treats, and kindness gifts, to workers wearing green on Wear Green Wednesday on 12th October. There was also the creation of incredible displays on the hospital site and out in the community settings. It was a great period where 9 new and diverse champions were recruited. The Guardians had the pleasure and privilege of speaking to the multi-faith chaplaincy staff and volunteers about the importance of speaking up. The Guardians also supported the North West Ambulance FTSU roadshow that visited outside Bolton’s A&E by providing some cakes and moral support for the geographically dispersed FTSU operation that the Ambulance service undertake as well as supporting our own A&E colleagues.

- 1.9 The National Guardian Office provides a FTSU e-learning package for all healthcare workers called 'Speak Up, Listen Up, Follow Up'. It has been developed in association with Health Education England and is divided into three modules to explain what speaking up is and how it can improve patient care and staff experience. The training is aimed at anyone who works in healthcare, including volunteers and students. The first module, 'Speak Up', was launched in October 2020 as part of the National Speak Up Month and all staff are expected to complete as an introduction to speaking up. The second module 'Listen up' is aimed at line managers and is also available on ESR. All line managers are encouraged to complete the training. The third module 'Follow up' is aimed at senior managers and Executives and was launched in 2022. This is key to ensure lessons are learned and that speaking up becomes business as usual. There is currently a review of mandatory and statutory training and the Speak Up, Listen Up, Follow Up E Learning is being looked at to potentially be mandatory going forward.

2. FTSU Cases

- 2.1 During the period from 1st April 2022 to 31st March 2023 a total of 186 cases were reported through the FTSU route. This is a significant increase from the previous year when 154 cases were reported and it demonstrates that the FTSU approach is supporting more staff to speak up.
- 2.2 The graph below shows the number of cases during 2022-23 in Bolton compared to the number of cases reported since April 2018 (Figure 1). This equates to 9.4 cases per 1000 WTE and is in quartile 4 nationally.

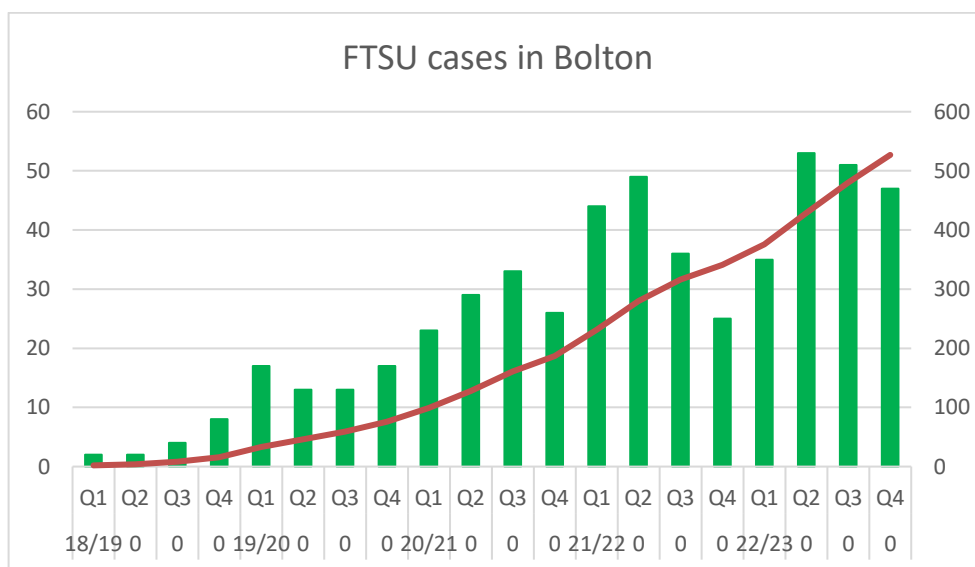


Figure 1: Number of FTSU cases within Bolton FT

- 2.3 The Guardians formally report the number of cases and themes for each quarterly period to the National Guardian Office. The Guardians have taken appropriate steps to ensure that the workers are being fully supported and their concerns are being addressed appropriately and swiftly.
- 2.4 The graph below shows a breakdown of the 186 cases raised in 2022/2023 by Division or organisation in the case of IFM. (Figure 2).

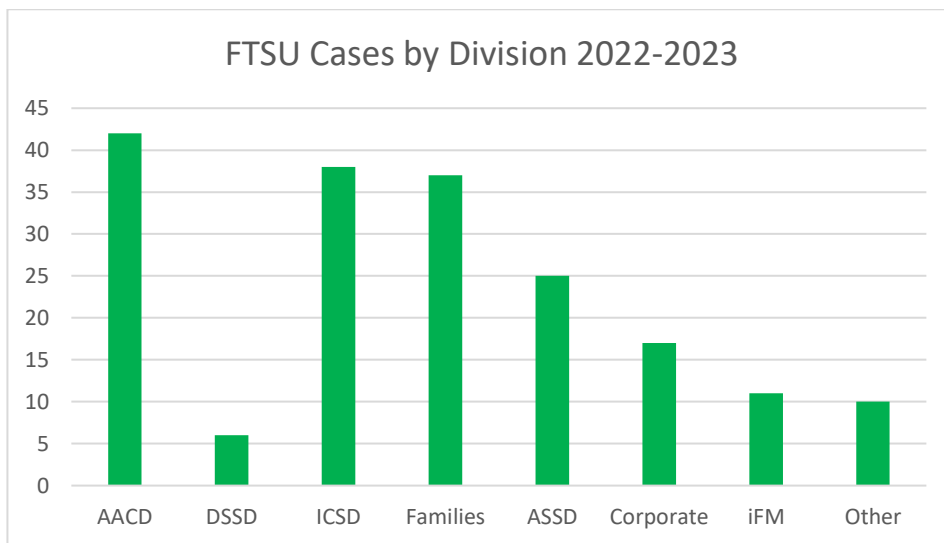


Figure 2: Breakdown of the number of concerns raised by Division/ Organisation

- 2.5 The graph below (Figure 3) provides a breakdown of the themes of concerns raised across the organisation during 2022-23. Some concerns raised had more than one theme.

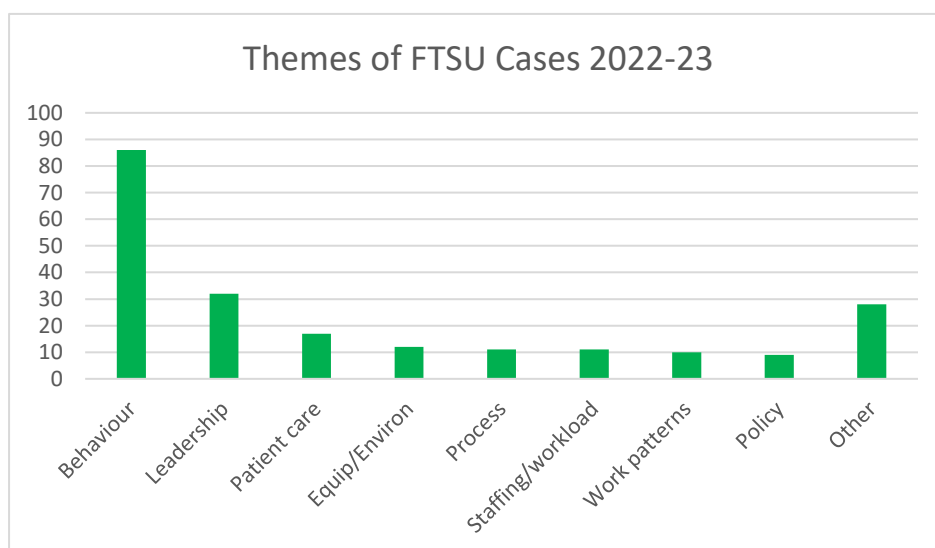


Figure 3: Breakdown of themes across the organisation

2.6 Figures 4-7 show the breakdowns of themes per Division per quarter, which clearly demonstrates that the themes are variable across all areas

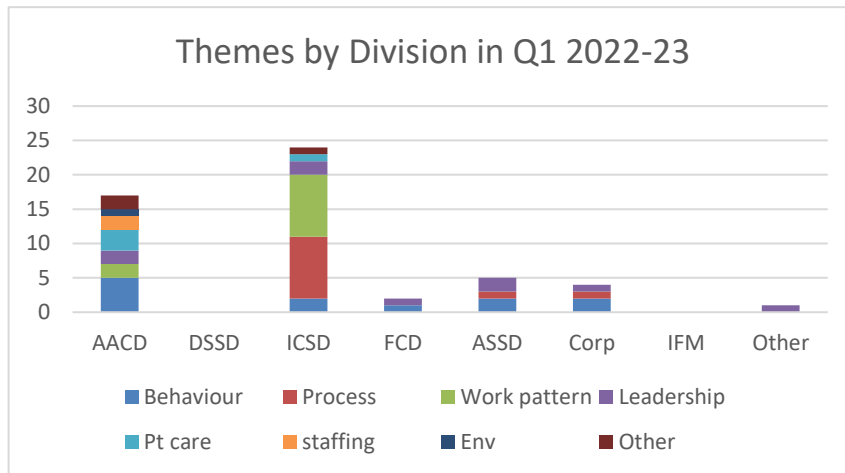


Figure 4: Themes per Division in Q1

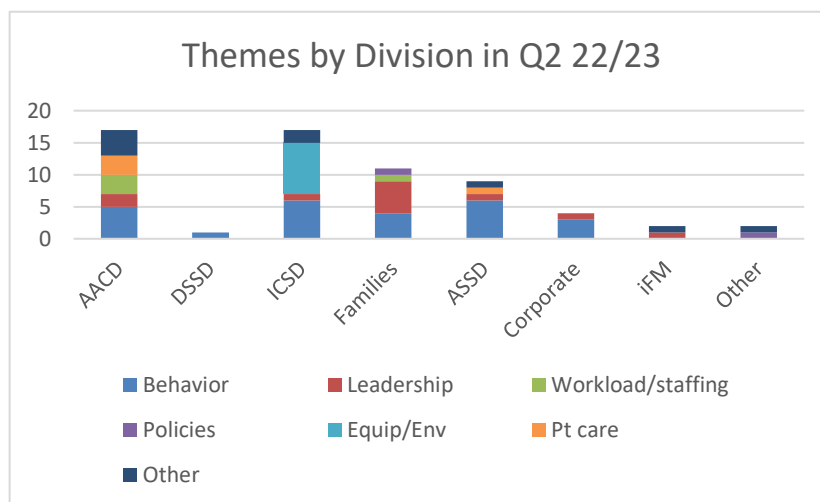


Figure 5: Themes per Division in Q2

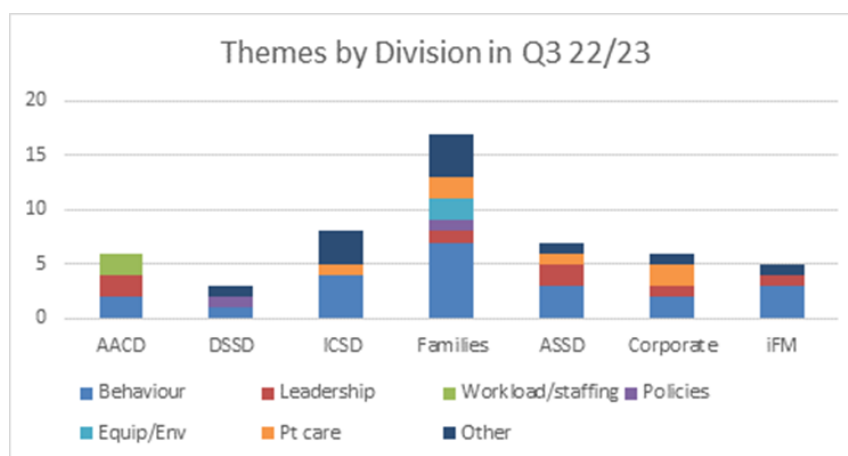


Figure 6: Themes per Division in Q3

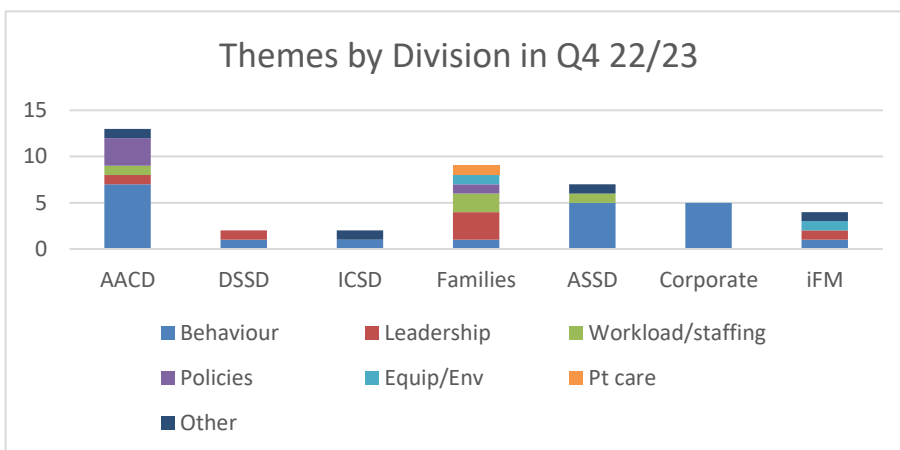


Figure 7: Themes per Division in Q4

2.6 The graph below (Figure 8) provides a breakdown of the concerns raised in 2022-23 by staff group. One of the largest group of staff that raised their concerns was registered nurses, which is our largest staff group and this is also reflected in other NHS organisations.

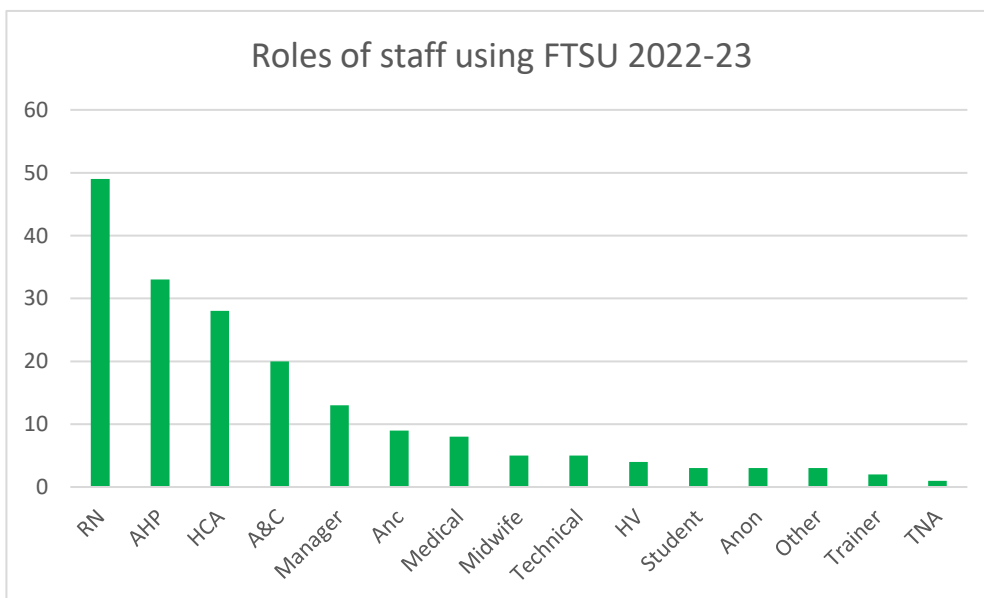


Figure 8: Breakdown of roles utilising FTSU approach

2.7 During 2022/23 a total of 33 concerns (17.7%) were raised by workers from a Black, Asian or Minority Ethnic background (BAME). This is an ongoing increase compared to the previous year by 2% and we have seen a rise each quarter in 2022/23. The Guardians and Champions continue to ensure that BAME staff are aware of the FTSU approach to ensure that they feel safe to speak up as research shows that workers from a BAME background are less likely to speak up. Currently 7 of the 44 FTSU champions (16%) are from a BAME background and more are looking to join. The FTSU Guardians regularly attend the BAME Staff Network and

the Chair of the Network is featured in the new FTSU video which is shown at Trust induction sessions. The Guardians also work closely with the EDI Team and attend the EDI/ People Development Steering Group. The Guardians are also working with the new international nurse recruits and the Clinical Education Teams to ensure that all our international nurse recruits are aware of FTSU and the support available to speak up. Figure 9 below demonstrates the proportion of staff from a BAME background that have spoken up via the FTSU approach.

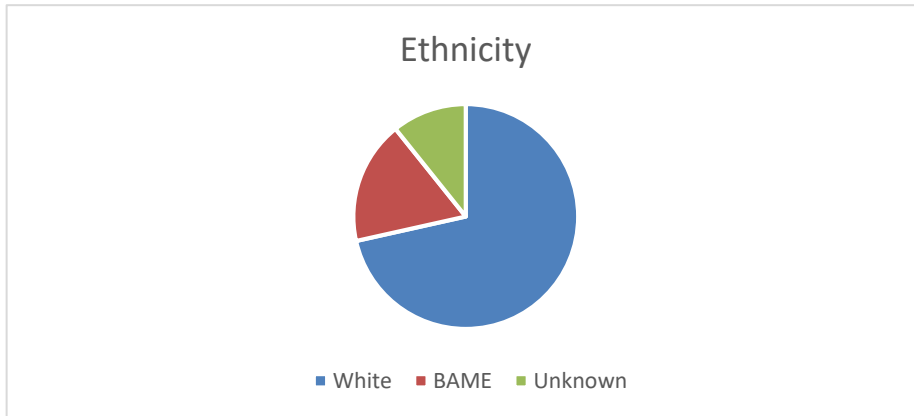


Figure 9: Proportion of BAME staff speaking up

- 2.8 There is undoubtedly additional work that needs to take place to ensure that our workers with disabilities and underlying health conditions and those from the LGBTQ+ have a voice and feel safe to speak up. The Guardians are actively working with all the staff networks and OD partners and are positively recruiting more FTSU Champions from these groups of workers. As part of Trans Day of Visibility, the Guardians attended a session to celebrate trans and non-binary people to be aware of the discrimination faced by trans and non-binary workers. This session was extremely helpful. The Guardians are also planning to update their Mental First Aider Training (MHFA) to help recognise the signs and symptoms of mental health problems and how to provide initial help and support to someone who is experiencing a mental health crisis. There is also work planned to support staff with neurodiversity as this is an area where we have seen an increase in staff speaking up about how they feel they have been treated. It is evident that some managers need to better understand how to support their workers who have some form of neurodiversity.
- 2.9 Speaking up takes courage and it is important that the Guardian and Champions respond to individuals in a timely manner. In 2020 a set of KPIs were developed to measure the efficacy of the FTSU approach. One of the KPIs was that workers would receive an initial acknowledgement of their concern within 48 hours. In 2022/ 2023 70% of workers received an initial acknowledgment within 1 hour of reaching out to speak up. 86.5% of staff received an initial acknowledgment within 4 hours of reaching out using the FTSU approach and 94.6% of workers received an initial response within 48 hours. This swift response has shown to workers that their concerns matter and are taken seriously. Figure 10 below shows a breakdown of the initial acknowledgement of the concern being raised.

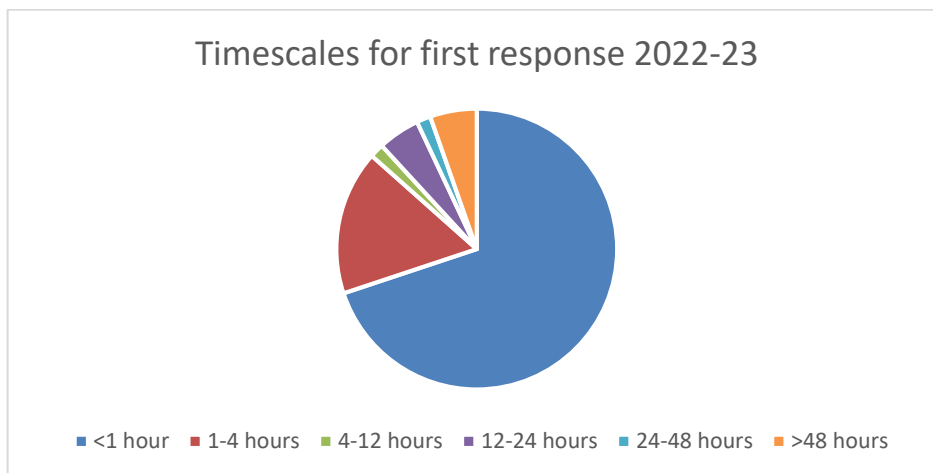


Figure 10: Time to respond 2022/2023

3. Measuring Impact

3.1 Results of the FTSU Guardian National Survey 2021 were published at the end of March 2022. The recommendations from the survey were:

- Senior leaders should deepen their support for speaking up by taking action to demonstrate learning from speaking up, tackling detriment, and supporting further cooperation within organisations on all matters related to speaking up.
- To improve their ability to act as effective role-models for speaking up we encourage all senior leaders to complete the NGO / HEE ‘speak up, listen up, follow up’ training.
- Senior leaders should discuss the findings of this survey with their Freedom to Speak Up Guardian and assess with them the amount of ring-fenced time and the balance of time available for reactive and proactive support for speaking up.
- There should be visible action on detriment for speaking up wherever this is reported.
- The frequency and status of training on speaking up matters should be reviewed so that guardians and leaders can satisfy themselves that workers and those who support them have the knowledge and skills they need to speak up, listen up, and follow up, well.
- Senior leaders should take the necessary steps to tackle the perception that speaking up is futile, including ensuring appropriate action is taken when individuals speak up and that they are offered timely and meaningful feedback.

3.2 ‘The Freedom to Speak Up: a reflection and planning tool’, was discussed and ratings and outcomes were ratified at the People Committee in December 2022. The tool was designed to help identify strengths in the senior leadership and organisation overall – and also identifies any gaps that require attention. Three key areas of development were identified and will be addressed in the next 6-12 months. They are;

- The creation of a cultural indicator dashboard for our people and culture related data per division, which will include FTSU themes and intelligence. This will allow the Trust to pro-actively identify any issues, or focus FTSU Guardian attention in key areas.

- The creation of a revised OD model within the Trust to help put increased structure and rigour around organisational development and cultural programmes of work; often linked to FTSU intelligence.
- FTSU training is mandated as part of the MAST review.

3.3 Following FTSU cases that have required input from the Guardians, workers are asked to provide feedback on their experience once their case is closed. Closure of a case occurs with the agreement of the individual worker and the Guardian. A link to a survey monkey questionnaire is forwarded to the individual within 3 months of closure. Figures 11-18 provide the responses to the survey questions.

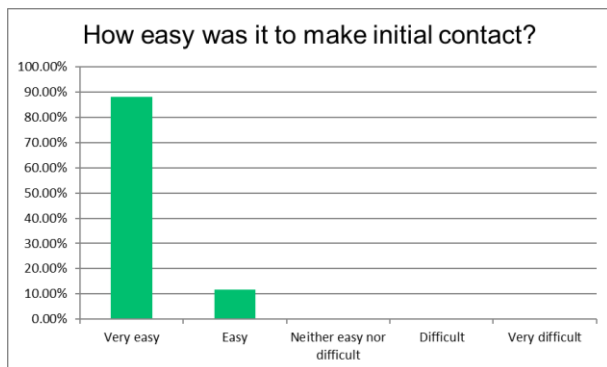


Figure 11

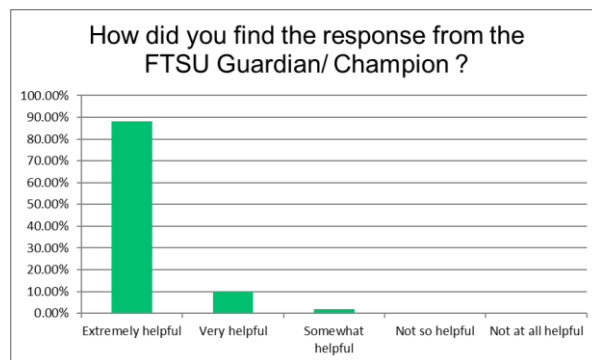


Figure 12

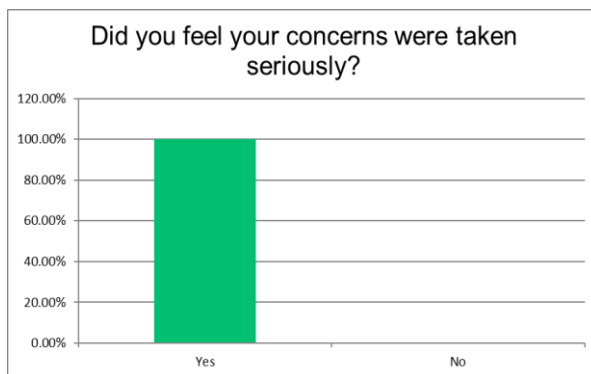


Figure 13

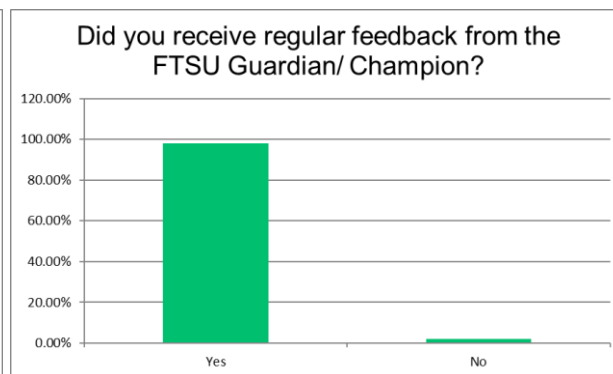


Figure 14

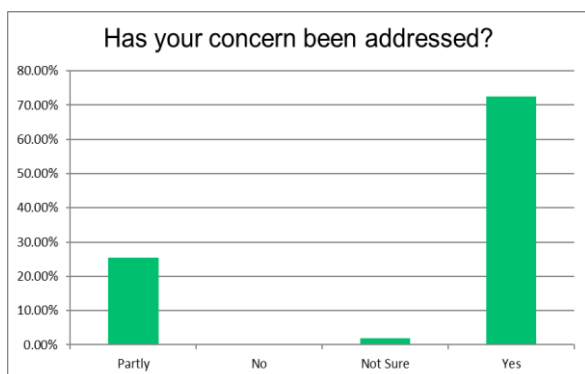


Figure 15

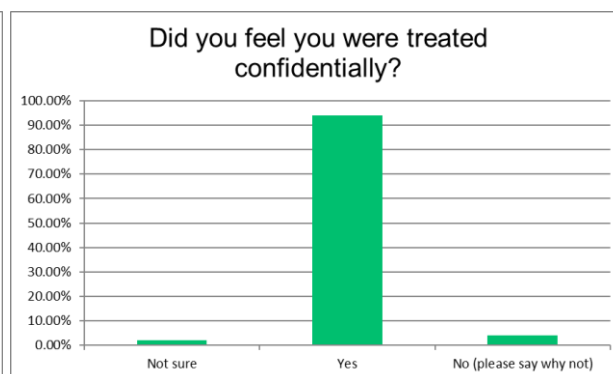


Figure 16

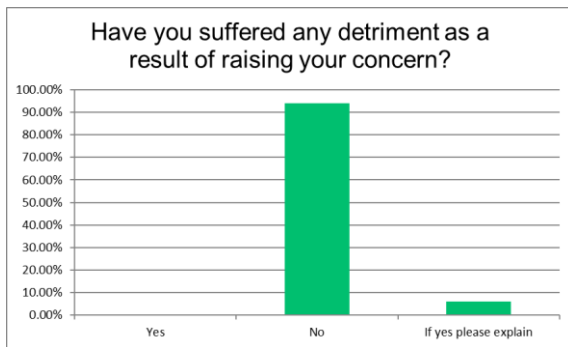


Figure 17

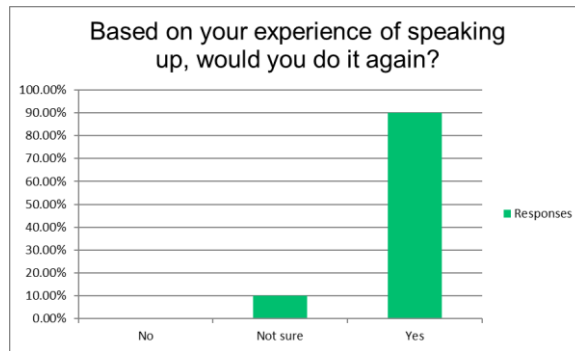


Figure 18

Comments include

- Excellent confidential service; my concerns were taken on board, with steps implemented to address the issues within a reasonable timescale. Thanks:
- The experience was very positive from start to finish. Rachel has been kind, supportive and informative. I would recommend the service to my colleagues if needed.
- I would just like to comment how well supported I felt from everyone FTSU. They have gone up and beyond to ensure that I had the correct support in place to ensure a satisfactory outcome. An amazing team. Thank You !
- I valued that the FTSU guardian drove the issue forward.
- I wouldn't hesitate recommend FTSU Guardians/Champions to other members of staff.
- On behalf of the team we really want to thank Tracey Garde our FTSU guardian for the way she raised our concerns/ kept the team updated and provided us with support we needed She is an excellent ambassador of FTSU role

3.4 The results of the 2022 staff survey with regards speaking up reflect a decrease nationally in workers confidence to speak up. Figure 19 below demonstrates how secure workers feel about speaking up about unsafe clinical practice in Bolton compared to the national average. Although Bolton is above average there has been a slight decline which has also been reflected nationally and Guardians have heard recently some of our senior workers reporting that despite the support they had to initially speak up, they would not speak up again due to their experience of speaking up to leaders. This is a great concern to the Guardians.

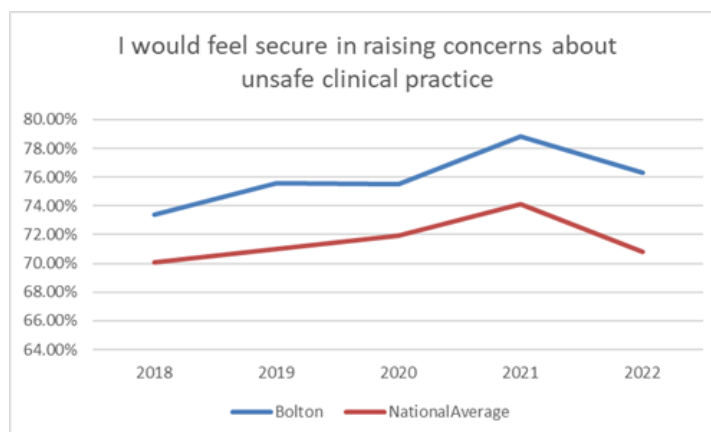


Figure 19 Results from Staff survey 2022

There has also been a slight decline in the percentage of staff in Bolton who feel safe to speak up about any issue within the organisation although this is higher than the national average as seen in Figure 20 below.

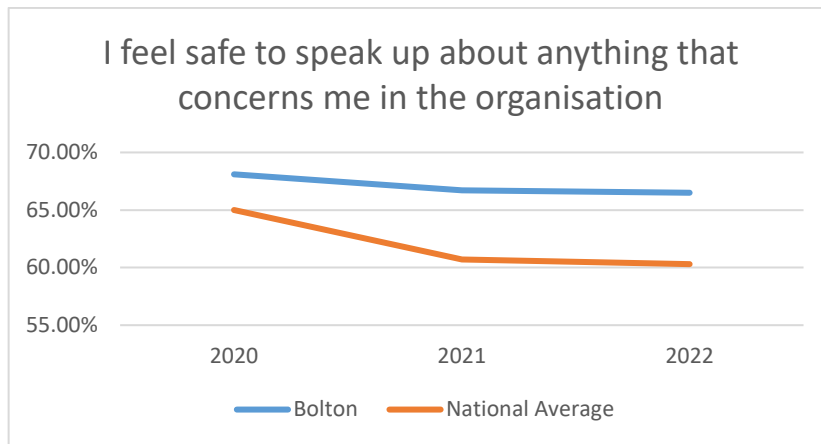


Figure 20 Results from Staff Survey 2022

The percentage of staff who feel that if they spoke up about something that concerned them they would be confident that the organisation would address their concerns has dropped by 2.1% whereas nationally it has only dropped by 0.8% - Figure 21 below. The Guardians therefore are looking at ways stories can be shared where workers have had a positive experience without breaching workers confidence.

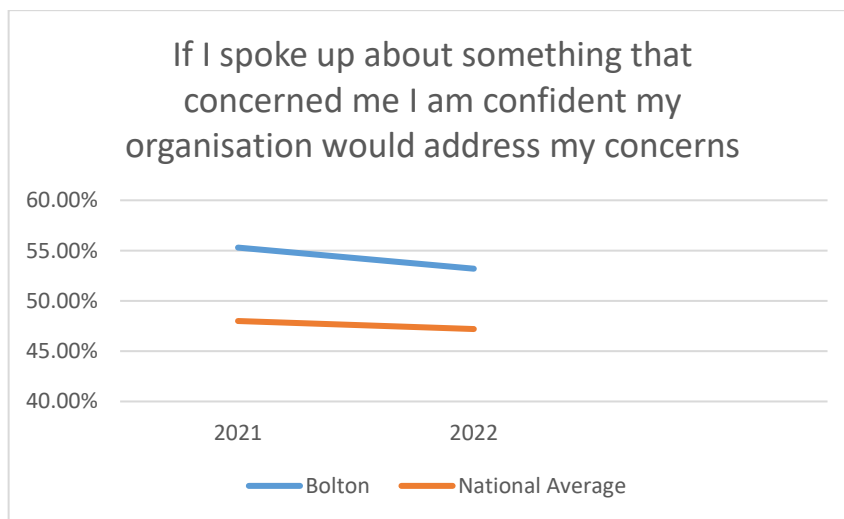


Figure 21 Results from Staff Survey 2022

- 3.5 It is important as an organisation we learn from the themes that our workers are speaking up about. Some of the learning and developments that are taking place following the issues raised in 2022-23 include:
- Improved levels of compassionate support in sickness/absence process and in day to day management of staff
 - Menopause support
 - Roll out of active bystander training to help improve culture in teams

- Improved management of sharps and risk of needle stick injury
- Improved induction process for temporary workers
- Bereavement support and a review of the bereavement policy
- Improve support and fairness in redeployment opportunities
- Review smoking/ vaping policy
- Ensure recruitment practices are in line with best practice and follow policy
- Improved education for International recruits
- Ensure reimbursements are calculated correctly in line with contractual arrangements
- Ensure full and supportive debriefs given post clinical incidents
- Improved interpretation services to support clinical teams
- Ensure openness and transparency at all levels.

4. Enhancing our Approach

4.1 2022/23 has been a challenging time for NHS workers following the pandemic and the return to some sort of normality. This has been with a backdrop of continuing pressures on urgent care, huge waiting lists for elective procedures and strike action affecting nurses, doctors and ambulance workers. We have also witnessed many other national FTSU related issues and media coverage of patient safety and bullying concerns that have happened elsewhere across the NHS and more recently this has affected us in our own organisation.

In February 2023, a North West Senior Nurse won an employment tribunal against NHSEI after the judge heard evidence that her employer had treated her unfavourably because of her race and because she was willing to speak up.

There has been a speak up review of Ambulance Trusts nationally “Listening to Workers” and the NGO has called for an independent cultural review to improve the culture of NHS Ambulance trusts. The review found the culture in ambulance trusts did not support workers to speak up and this was having an impact on worker wellbeing and ultimately patient safety. Experiences of bullying, harassment and discrimination were found which contributed to workers feeling not able to speak up.

The ongoing trial of Lucy Letby, a neo natal nurse from Countess of Chester Hospital, where it is alleged that Doctors came under pressure ‘not to make a fuss’ when they spoke up about their concerns to management about a nurse who is accused of killing seven babies and attempting to kill a further ten. Doctors allegedly alerted management eight months before she was removed from frontline duties but this was ignored.

An independent review of the University Hospitals Birmingham NHS Trust had extensive complaints about the organisations conduct and that many were concerned about the toxic atmosphere and bullying at all levels. The review led by Professor Mike Bewick, a former Medical Director with NHS England was commissioned following the death by suicide of Dr Vaishnavi Kumar.

A CQC review of The Christie Hospital following concerns raised about the culture and that staff did not always feel listened to. The CQC found that senior executives were heavily invested in the reputation of the organisation which impacted negatively on some staff. This resulted in a downgrading from 'outstanding' to 'requires improvement'

There have also been issues in other public services such as police and fire service. Misogyny, discrimination, bullying and sexual harassment have been discovered and Baroness Louise Casey has recently published a damning report into the toxic culture of the Metropolitan Police.

As an organisation, we need to learn from these events across the NHS and other public services organisations to ensure we are doing everything we can to prevent similar situations occurring in Bolton. We also need to be aware of what is happening in our own organisation by listening to worker feedback and how we can restore the confidence of certain staff groups and areas. We need to ensure we create an environment where workers feel safe to speak up and when they do so their concerns are addressed appropriately.

4.2 Behaviour that does not reflect the Trust values continues to be the top theme that workers raise concerns about using the FTSU route and this is reflected nationally. More teams are looking to adopt and roll out the Civility Saves Lives initiative and are undertaking Active Bystander Training. Both Guardians accessed the training in April 2023 and they are looking to train all the FTSU Champions to be active bystanders by October 2023. To enable this to happen the Guardians are committed to attend the Train the Trainer Active Bystander training in June 2023 to help deliver these important messages.

An active bystander is someone who takes action to intervene and prevent harm or wrongdoing when they witness a situation where someone is being mistreated, harassed, or abused. Instead of remaining passive or turning a blind eye to the situation, an active bystander recognizes the potential harm and takes steps to de-escalate the situation or provide support to the victim. Active bystander intervention can take many forms, depending on the situation and the individual's comfort level and abilities. Examples of active bystander intervention include speaking up to challenge inappropriate behaviour, checking in with the person who is being targeted, distracting the perpetrator, seeking help from others or authorities, or documenting the incident for later reporting. Active bystander intervention is an important tool for creating a safer and supportive workplace. It can also help to prevent situations from escalating into more serious harm, and can send a message that mistreatment or abuse will not be tolerated.

As an organisation we also need to look at behaviours at all levels from the most senior leaders to our workers in our wards and departments. Leadership behaviour can greatly influence the success of an organization or team as well as the satisfaction and motivation of its workers. Poor leadership behaviours can include but are not limited to micromanagement, bullying, lack of transparency, blame shifting, favouritism, lack of empathy and lack of accountability.

These behaviours can have serious negative consequences for both individuals, teams and the organization as a whole. This can include increased sickness/ absence, increased staff turnover and reputational damage as well as the damaging effects to our patients

5. Conclusion

5.1 Senior leadership teams and boards must always lead by example on what constitutes an open, fair and inclusive culture making sure that all staff feel able to speak up, be supported

and be heard. The fear of detriment such as being excluded, victimised, bullied or undermined as a consequence of speaking up are recognised barriers that stop workers speaking up. When workers witness this happening to others it re-enforces the fear and stops them coming forward. It is extremely concerning to the Guardians, who have worked hard to encourage staff to speak up, to hear that some staff are now reporting that having witnessed detriment in others they would not speak up themselves.

Although the majority of staff who have spoken up in Bolton have found it a positive experience there are clearly a number of staff who have faced detriment and had a negative experience and as a result have escalated their concerns externally. There are a group of workers who have spoken up both to the Guardians and external partners about their concerns about the organisation. There are also a group of workers who have gone directly to outside agencies, the media or spoken to others. All have used their right to speak up and as an organisation we need to reflect on the what this is telling us and not the who. As already mentioned in the introduction -Speaking up and the matters that the issues highlighted, however difficult to hear, should be welcomed and looked at as opportunities for learning and development.

6. Recommendations

6.1 The Board is asked to:

- Approve the FTSU 2022-23 annual report.
- Continue to support the FTSU approach and enable the Guardians and Champions to carry out their important roles.

Appendix 1: Current FTSU Champions Network

Kirsty Buckley	Haematology Specialist Nurse	Adult Acute Division
Dr Natalie Walker	Acute Physician	Adult Acute Division
Karen Keighley	Divisional Governance Lead	Adult Acute Division
Shauna Barnes	Practice Development Lead Nurse	Adult Acute Division
Corinne Houghton	HCA	Anaesthetics & Surgical Division
Julie Pilkington	Acting Divisional Nurse Director	Anaesthetics & Surgical Division
Cath Marrion	Theatre Sister	Anaesthetics & Surgical Division
Ruth Adamson	Anaesthetics/Ops Support Manager	Anaesthetics & Surgical Division
Dr Emma Wheatley	Consultant Anaesthetics/ Critical Care	Anaesthetics & Surgical Division
Lisa Haughton	HCA Critical Care	Anaesthetics & Surgical Division
Rahila Ahmed	Equality, Diversity & Inclusion Lead	Corporate Services Division
Neville Markham	Chaplain	Corporate Services Division
Sharon Lythgoe	EPR Project Manager	Corporate Services Division
Charlotte Anderson (on M/L)	Business Analyst	Corporate Services Division
Gina Riley	Associate Director of Governance/ Patient Safety Lead	Corporate Services Division
Nicola Caffrey	Corporate Business Manager for Medical Director	Corporate Services Division
Robin Davis	Core skills trainer MPVA	Corporate Services Division
Lisa Grognet	Core skills trainer	Corporate Services Division
Cherechi Ochemba	IT IGO	Corporate Services Division
Nannette Gallagher-Ball	Senior Nurse Educator	Corporate Services Division
Dawn Grundy	Library Manager	Corporate Services Division
Lynne Doherty	Staff Wellness Practitioner	Corporate Services Division
Gareth Valentine	TVN	Corporate Services Division

Rachel Davidson	Senior Radiographer	Diagnostic and Support Services
Louise Quigley	Health Records Reception Coordinator	Diagnostic and Support Services
Suzanne Lomax	Clinical Service Lead – Palliative & End of Life Care	Diagnostic and Support Services
Dr Katy Edwards	Consultant Microbiologist	Diagnostic and Support Services
Caroline Burke	Senior Clinical Pharmacist,	Diagnostic and Support Services
Samim Patel	Senior Clinical Pharmacist,	Diagnostic and Support Services
Jeanette Fielding	Midwife	Families Care Division
Vicky O'Dowd	Midwife	Families Care Division
Dr Bim Williams	Obstetrics & Gynaecology Consultant	Families Care Division
Maria Lawton	Pelvic Health Physiotherapist	Families Care Division
Firyal Atcha	Paediatric SALT	Families Care Division
Anne-Marie Price	Medical Secretary	Families Care Division
Simon Crozier	Principle Service Lead / Advanced Physiotherapist- Stroke	Integrated Community Services
Dr Atir Khan	Consultant Physician Diabetes & Endocrinology	Integrated Community Services
Chris Vernon	Integrated Neighbourhood Team Lead	Integrated Community Services
Jenni Makin	Specialist Physiotherapist Community Learning Disabilities Team	Integrated Community Services
Keeley Barlow	Switchboard/ Uniforms Department	IFM
Ryan Brown	Security Operative	IFM
Michelle Barber	Personal Secretary	IFM
David Waite	Materials Management Assistant	IFM
Lorraine Makinson	Catering Supervisor	IFM

Quality Assurance Committee Chair's Report

Name of Committee/Group:	Quality Assurance Committee	Parent Committee:	Board of Directors
Date of Meeting:	19 July 2022	Date of Next Meeting	27 September 2023
Chair	Malcolm Brown (NED)	Quorate (Yes/No)	Yes
Members present	Jackie Njoroge, Tyrone Roberts, Martin North, Fiona Noden, Francis Andrews, Rae Wheatcroft, Sharon White and Divisional Representation.	Apologies received from:	Sophie Kimber-Craig, Lianne Robinson, Bridget Thomas and Rebecca Bradley.

Key Agenda Items:	RAG	Lead	Key Points	Action/Decision
Integrated Performance Report		Chief Nurse	The paper was taken as read with the Committee noting the following: <ul style="list-style-type: none"> • Pressure Ulcers: TR confirmed that more narrative had been added regarding pressure ulcers to demonstrate the focus on leadership and the thematic reviews undertaken already. • There has been six months of no category three pressure ulcers which is encouraging. • An increase in category two pressure ulcers has been seen but, from experience, it is likely linked to the increased focus, detection and intervention, and reduction in category 3 (earlier detection and subsequent intervention) • Falls: There continues to be normal variation and no concerns to be noted however TR would like to see special cause reduction for falls resulting in moderate+ harm • IPC: Greater Manchester comparative data has been included to see how the Trust fares overall, not to allow complacency. C-difficile remains normal variation and outlier across GM • There are currently ten SI investigations ongoing with one being overdue and the other nine are on track to be completed within the 60-day receipt by families timeframe. Data pre June 2022 monitored the 60 days as submission date to quality assurance committee. Steady improvement noted • Friends and Family Test have seen good progress overall with response rate and satisfaction level. 	Decision: The Quality Assurance Committee received and noted the report.

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Quality Assurance Committee Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/Decision
			<ul style="list-style-type: none"> Complaints have achieved 100% for five weeks consecutively responding to formal complaints within required local agreed timeframes Mortality continues to be an improving picture and work remains ongoing in relation to coding. VTE – The Trust has been noted as exemplar and is benchmarking well. <p>J Njoroge discussed sepsis screening data and concerns that this has a large gap between target and actual and if this should be concerning for the Trust.</p> <p>H Bharaj explained that this was because patients only need to be screened once but keep reaching the screening threshold. F Andrews added that a change of process to reduce the frequency of screening had been agreed by CGQC.</p> <p>FN noted the same sex accommodation breaches and asked for assurance regarding the 62 which had been seen in the year to date. FA and TR confirmed that the term astronomical referred to a factual description used in statistical process charts where data falls outside of either lower or upper control limits.</p> <p>In relation to MSA breaches, TR confirmed discussion had taken place within C&QG committee with agreement to separate those relating to critical care step-downs and to ensure this is either included in the narrative and/or displayed. Regarding missed sex accommodation, TR confirmed that at no point had there been any escalations of patients of the opposite sex having to share bathroom facilities, but that they may have to walk past a member of the opposite sex e- route. Such occasions are linked to demands on in-patient bed capacity and only ever made in the event of clinical priority and safety taking understandable precedence. That said, improvement is clearly required and will continue to be monitored.</p>	

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Quality Assurance Committee Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/Decision
Clinical Governance & Quality Committee Chairs Report (June and July 2023)		Chief Nurse	<p>The chairs reports were received and the Chief Nurse noted:</p> <ul style="list-style-type: none"> • CQC Improvements in ED re Mental Health: It was noted that all actions identified by the CQC had been completed but there was only partial assurance due to an internal query regarding the potential requirement for an additional specific policy • CQC Improvement Plan: Most of the actions have been completed and those which haven't are on track to do so. Partial assurance was noted until mock assessments are carried out to provide evidence that implementations have been embedded into practice. • TR confirmed the call bells were still being replaced but that there were mitigations in place for those areas still awaiting the new system. It was noted that B2, F4 and G3 are the only remaining wards still to be installed. B2 on track for completion this week. Mitigation in place for F4 and G3 • 2222 Calls to GMMH and SRFT: It was noted that CGQC had agreed to proceed with option three in the report which was the withdrawal of the Medical In Reach Team. This prompted discussion amongst members of the Committee with a request made for the Medical Director to provide a detailed update in October. <p>F Noden raised concerns regarding Blood Traceability noting that the Trust should be achieving 100% to which R Catlin advised that those with highest use are being prioritised and pilots are being carried out in a way that is sustainable and not rushed in order to resolve the issue.</p>	<p>Action: F Andrews to provide assurance to Committee regarding 2222 calls in October.</p> <p>Decision: The Quality Assurance Committee received the chairs report.</p>

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Quality Assurance Committee Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/Decision
Clinical Correspondence Update		Medical Director	<p>The report was received and noted:</p> <ul style="list-style-type: none"> • A working group has been established and there was a request to have Non-Executive Director attend this group going forward. – J Njoroge nominated herself. • A workshop had been help to identify the key drivers and appoint the relevant leads to help deliver the outcomes identified. • There are ongoing issues with data quality in particular the nurse led clinics are there is no assurance with regard to what clinical correspondence is being sent out. • Inpatients: These will begin to have a summary discharge status every 12 hours and will be shared with ward clerks also. • Outpatients: Hopeful that can reach a point where correspondence can be sent direct to the patients as opposed to current situation. <p>JN commented on the theme seen regularly of data quality and concerns that the robustness needs to be assessed. Both S White and R Wheatcroft agreed to discuss this further and present an assurance update to the Committee.</p>	<p>Action: S White and R Wheatcroft to present assurance report to the Committee regarding data quality.</p> <p>Decision: The Quality Assurance Committee received and noted the update.</p>
Trust Mortality Update		Medical Director	<p>The Medical Director highlighted the following;</p> <ul style="list-style-type: none"> • SHMI (NHS Digital published figures, not HED) shows Bolton at 109.92, which is in the 'Expected' range and the trend in HSMR has fallen to 'Amber' at 108.68. • On average, Bolton patients have a recorded Charlson average score around 1 lower than peers and the national average. The inclusion of mandatory comorbidity recording with auto-population of the Health Issues section of EPR should result in an improvement in the average comorbidity score in coming months. <p>There was a discussion around coding staying with patients which it was confirmed it would take 2-3 years to fully embed this as can only be done on the data which can be pulled through.</p>	<p>Decision: The Quality Assurance Committee received and noted the update.</p>

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Quality Assurance Committee Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/Decision
Quality Improvement Update		S Bates	<p>The report was received and noted:</p> <ul style="list-style-type: none"> • Draft was shared at last committee meeting and comments have been incorporated and will be finalised this month. • There have been two Pressure Ulcer Collaborative and one C-Difficile collaborative as well as the launch of bite size modules for the quality improvements fundamentals. • Work is ongoing to establish centralised governance for all quality improvement projects this will be used as register of learning. 	<p>Decision: The Quality Assurance Committee received the report shared for information.</p>
Board Assurance Framework		S Katema	<p>The report was received and noted:</p> <ul style="list-style-type: none"> • Since the presentation in March, the BAF has been reviewed by the Medical Director (1.1) and Chief Nurse (1.3) and there are no proposed changes to the risk score. • S Katema noted that there had been two actions added under Ambition 1.1 regarding the Standard operating Procedure for coding and application for access to Greater Manchester Care Record. • Ambition 1.3 had an action for the review of the Duty of Candour Policy which was due to be completed in May and has been done so will be moved into the control column. • With regard to Ambition 1.1 there was discussion amongst the Committee regarding the accuracy of coding and digital solutions to which it was agreed S White would provide an update on this as there is assurance available. <p>The Committee discussed the risk appetite for both Ambition 1.1 and 1.3 and if these should be considered 'Cautious' or 'Open' and agreed to remain as in the report.</p>	<p>Action: S Katema will provide an opportunity for a learning session so that divisions can be included in risk appetite.</p> <p>Decision: The Quality Assurance Committee received the report.</p>

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation




Quality Assurance Committee Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/Decision
Maternity Incentive Scheme Year 4 Progress Update (CNST)		Head of Midwifery	<p>JC presented the report to the Committee noting the following key points:</p> <ul style="list-style-type: none"> • Three CNST safety actions within the year 5 scheme continue to remain at risk namely: <ul style="list-style-type: none"> ○ Safety Action 5 –The attainment of 100% supernumerary status of the Delivery Suite Coordinator due to the ongoing staffing challenges of circa 50wte Registered Midwives. ○ Safety Action 6 - Collation and submission of digital datasets in the absence of a single maternity electronic patient record and digital dataset. JC commented that discussions with NHS resolution have increased confidence level with this safety action ○ Safety Action 8 - Attainment of the training requirements set out in the Core Competency Framework that require 90% attendance of relevant staff groups to be calculated as from January 2023. • 15/26 actions within the Price Waterhouse Cooper (PWC) audit action plan have now been completed and the remaining actions will be completed following the approval of the standard operating procedure (SOP), receipt of the reporting cycle of business for the Local Maternity and Neonatal System and receipt of three outstanding audits. • JC advised that the service can evidence full compliance with 34/42 (80%) of the initial Ockenden recommendations and 24/31 (77%) of the recommendations highlighted in the Kirkup report. 	<p>Action: Medical training to be included as part of the next Divisional update shared at CGQC following concern raised by F Andrews and the relatively low levels amongst medical staff.</p> <p>Decision: The Quality Assurance Committee received and noted the update.</p>
Risk Management Committee Chairs Report		Chief Nurse	The Chair's report was taken as read with no items noted for escalation. It was noted by the Chair that the action regarding EPR and connectivity issues was of concern but was assured this will be reported back through the committees.	Decision: The Quality Assurance Committee received the chairs report.
Group Health & Safety Committee Chairs Report		S Bates	The Chair's report was taken as read noting the lack of timescales for actions to be finalised regarding the fire risks under action number 8.3.	Decision: The Quality Assurance Committee received the chairs report.
Safeguarding Committee Chairs Report		Chief Nurse	The Chairs report was taken as read with no items noted for escalation. TR advised that work needs to be done in order to make the chairs report more meaningful.	Decision: The Quality Assurance Committee received the chairs report.

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Quality Assurance Committee Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/Decision
For Escalation: Serious Incident – There was a discussion regarding paper records/EPR following an SI report and prompted a request from the Committee to have a report shared on the gaps, issues, rollout and benefit of EPR. S White agreed to present this to the Committee in October.				

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Audit Committee Chair's Report

Name of Committee/Group:	Audit Committee	Report to:	Board of Directors
Date of Meeting:	28 June 2023	Date of next meeting:	13 September 2023
Chair:	Alan Stuttard, Non-Executive Director	Parent Committee:	Board of Directors
Members Present:	Martin North, Malcolm Brown, Annette Walker, Fiona Noden, Sharon Katema, Othmane Rezgui, Debra Chamberlain, Imogen Milner, Andrew Chilton, Matthew Greene, Sharon Freeman	Quorate (Yes/No):	Yes
		Apologies received from:	Karen Finlayson, Catherine Hulme, Collette Ryan,

Key Agenda Items:	RAG	Key Points	Action/decision
Audit Committee Annual Report		The Audit Committee considered the Annual Report. This report has been prepared for the attention of the Board of Directors and reviews the work and performance of the Audit Committee for 2022/23 in satisfying its terms of reference.	The Audit Committee approved the Audit Committee Annual Report for consideration by the Board of Directors.
Internal Audit Opinion		<p>The Internal Auditors (PWC), presented the Internal Audit Opinion report for 2022/23. The report sets out the internal audit work carried out during the last financial year and provides the Head of Internal Audit Opinion.</p> <p>The Internal Auditors advised that for both Bolton Hospital NHS Foundation Trust and IFM Bolton Ltd their opinion was reasonable/moderate assurance. It should be noted that this is the second highest rating (out of 4) used by the Internal Auditors.</p> <p>In terms of the work plan the audits not only covered those agreed as part of the original work plan but also reviews that were undertaken at the request of the Trust during the course of the year. This can be recognised as a proactive use of the internal audit service.</p> <p>This was the last meeting for PWC as the Trust's Internal Auditors following the conclusion of their current contract. The Trust has appointed Mersey Internal Audit Agency as the new Internal Auditor from 2023/24.</p> <p>The Audit Committee expressed their appreciation of all the work undertaken during the term of their contract.</p>	The Audit Committee noted the Internal Audit Opinion, which will now form part of the Trust's Annual Governance Statement.

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Audit Committee Chair's Report

Key Agenda Items:	RAG	Key Points	Action/decision
Compliance with Code of Governance		<p>The Director of Corporate Governance presented the Trust Compliance with the FT Code of Governance for the 2022/23 Financial Year. The Board of Directors is required to make a statement in the Annual Report that it has complied with the report and note any areas of non-compliance.</p> <p>The Audit Committee reviewed the compliance prior to consideration by the Board.</p>	<p>The Audit Committee approved the proposed declaration of compliance with both sections of the code for consideration by the Board of Directors.</p>
Annual Report and Governance Statement		<p>The Director of Corporate Governance presented the Annual Report and Governance Statement for 2022/23. The Annual Report provides an overview of Bolton Hospital NHS Foundation Trust's performance and achievements for the year. It also provides detail and assurance on how the Trust met and achieved compliance with its statutory and regulatory obligations during 2022/23.</p> <p>The Annual Report and accompanying Annual Governance Statement have been prepared in accordance with the Foundation Trust Annual Reporting manual. Following approval by the Board of Directors the report will be submitted to NHSE prior to being laid before Parliament. The Audit Committee considered the report and a few minor amendments were noted.</p> <p>The Audit Committee expressed their appreciation to the Director of Corporate Governance and her team for the production of the comprehensive reports.</p>	<p>The Audit Committee approved the Annual Report and Annual Governance Statement for consideration by the Board of Directors.</p>
Audited Annual Accounts		<p>The Chief Finance Officer presented the Audited Annual Accounts for 2022/23 for review and sign off. The key points to note from the accounts were:</p> <ul style="list-style-type: none"> • Year-end surplus of £2.8m • Year-end adjusted financial deficit of £1.5m • Gross Capital expenditure of £42.7m • Closing cash balance of £58.2m <p>Taking everything into account, in terms of the financial pressure during 2022/23, this represented a very satisfactory outcome. The Trust has been able to undertake significant investment in a number of capital schemes and successfully managed its resources over the course of the year. The Audit Committee thanked the finance team for their work in producing the accounts and providing all the answers to the queries raised by the External Auditors.</p>	<p>The Audit Committee approved the Audited Annual Accounts 2022/23 for consideration by the Board of Directors.</p>

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Audit Committee Chair's Report

Key Agenda Items:	RAG	Key Points	Action/decision
Annual Quality Account Report		<p>The Audit Committee considered the Annual Quality Account Report presented by the Director of Corporate Governance on behalf of the Chief Nurse.</p> <p>The Quality Account is a report regarding the quality of services provided by an NHS Provider. There is a requirement to publish a Quality Account annually.</p> <p>The Quality Account has been considered by the Quality Assurance Committee. The Chair of QAC is also a member of the Audit Committee who confirmed that they were happy with the Quality Account.</p> <p>There were some questions regarding pressure ulcers and these will be followed up by QAC.</p>	<p>The Audit Committee approved the Annual Quality Account Report for consideration by the Board of Directors.</p>
KPMG Year End Report 2023/23 (ISA260)		<p>The External Auditors (KPMG) presented their year-end report. This report is prepared in connection with the Audit of the consolidated financial statement for the Trust for the year ending 2022/23. The report summarises the key issues identified during the Audit.</p> <p>Overall, the Auditors did not identify any major issues arising from the audit of the accounts and had not identified any significant weakness in the arrangements to secure value for money. There were a few minor items still to be completed but the Auditors indicated that they hoped to be in a position to sign the Audit Opinion by the end of June.</p> <p>The External Auditors identified a few minor recommendations in auditing the accounts and management accepted these.</p> <p>The audit represented a very satisfactory outcome for the Trust in preparing the annual accounts for 2022/23.</p>	<p>The Audit Committee noted the external year-end report produced by KPMG.</p>
Auditor's Annual Report 2022/23		<p>The Auditors Annual Report (ARR) provides a summary of the findings and key issues arising from the 2022/23 audit of the Trust. This report has been prepared in line with the requirements set out by the code of audit practice published by the National Audit Office and is required to be published by the Trust alongside the Annual Report and Accounts. IT should be noted that this report appears in the public domain.</p>	<p>The Audit Committee noted KPMGs Annual Audit Report for 2022/23.</p>

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Audit Committee Chair's Report

Key Agenda Items:	RAG	Key Points	Action/decision
		<p>The report did not identify any material issues in the Audit of Accounts nor were any significant risks identified in terms of value for money. The value for money assessment covers financial sustainability, governance and improving economy efficiency and effectiveness.</p> <p>The Auditors also advised that they had considered elements of the CQC well led inspection in arriving at their conclusion.</p> <p>The Audit Committee thanked the External Auditors for their comprehensive reports on the audit for the accounts for 2022/23 noting the significant amount of work that is required.</p>	
Letter of Representation		<p>The Chief Finance officer presented the Management Letter of Representation for consideration by the Audit Committee.</p> <p>The Chief Finance Officer or Chief Executive for and behalf of the Board usually sign this.</p>	The Audit Committee recommended the Management Letter of Representation for approval by the Board of Directors.
Salary Overpayment Report		<p>The Audit Committee considered a report on the salary overpayments for the previous year. The Trust had incurred 96 salary overpayments totalling £98.5k for staff who had left the organisation. To date it was noted that approximately half of the overpayments by value had been repaid. The report did not include salary overpayments made to existing staff and which were being recovered by deductions to salary.</p> <p>Nevertheless, in overall context, the Trust processes 80,000 salary transactions per annum and in terms of the number of overpayments, this represented a very satisfactory outcome.</p>	The Audit Committee noted the salary overpayment report.
Board of Directors Compliance Report		<p>The Director of Corporate Governance set out the report providing assurance that the Board of Directors are compliant with the regulatory requirements of the fit and proper person's tests. All Board members completed the code of conduct declarations and confirmed that they remained fit and proper to undertake their roles. In addition, the Director of Corporate Governance undertook a review of personal files and conducted checks against the Insolvency Register and Disqualified Director Register as part of due diligence checks.</p>	The Audit Committee received this report as assurance that the Trust has discharged its requirements to meet fit and proper person requirements for its Directors.

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Audit Committee Chair's Report

Key Agenda Items:	RAG	Key Points	Action/decision
Comments		The Chair of the Audit Committee thanked the Trust Executive and their Teams, the External Auditors and Internal Auditors for their comprehensive reports relating to the requirements as part of the end of year processes. There is a huge amount of work to be completed in a short space of time and the Trust and Auditors have met all their obligations.	
Risks Escalated : There were no risks to be escalated to the Board of Directors			

	No assurance – WILL have a significant impact on quality, operational or financial performance of the organisation if left unaddressed within 1 month;
	Moderate assurance – potential moderate impact on quality, operational or financial performance of the organisation if left unaddressed within 3 months
	Assured – no or minor impact on quality, operational or financial performance which can be managed through well documented controls/mitigation

Draft Governor Quality Committee Minutes of the Meeting

Held on Microsoft Teams

Tuesday 11 July 2023 at 5pm

(Subject to the approval of the Governor Quality Committee on 07 November 2023)

Present

Name	Initials	Title
Grace Hopps	GH	Chair
Catherine Binns	CB	Staff Governor
David Barnes	DB	Public Elected Governor
Janet Whitehouse	JW	Public Elected Governor
Lindiwe Mashangombe	LM	Staff Governor
Susan Moss	SM	Staff Governor
Ann Schenk	AS	Appointed Governor

In Attendance

Name	Initials	Title
Jackie Njoroge	JN	Non-Executive Director
Malcolm Brown	MB	Non-Executive Director
Tyrone Roberts	TR	Chief Nurse
Sharon Katema	SK	Director of Corporate Governance
Victoria Crompton	VC	Corporate Governance Manager
Bridget Thomas	BT	Divisional Nurse Director Family Care Division

Apologies

Name	Initials	Title
Tracey Holliday	TH	Staff Governor
Janice Drake	JD	Public Elected Governor

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		
GQ008/23	Chair’s Welcome and Note of Apologies GH welcomed all to the meeting. Apologies for absence were noted as detailed above.	
GQ009/23	Declaration of interests There were no declarations of interests in relation to the agenda items.	
GQ010/23	Minutes of the previous meetings The Meeting reviewed the minutes of the meeting held on 21 March 2023 and approved them as a correct and accurate record of proceedings. RESOLVED: The Governor Quality Committee approved the minutes from the meeting held 21 March 2023.	

CQ011/23 Matters Arising

There were no matters arising.

RESOLVED:

The Governor Quality Committee **received** the update.

CORE BUSINESS

GQ012/23 Nursing, Midwifery, AHP and HCS Enabling Priorities 2022 – 2024

TR provided a presentation highlighting the organisations vision, for safety and experience to be outstanding and to be a truly outstanding place and make significant contributions to reducing health inequalities in ill health. TR outlined the Trust ambitions and the enabling priorities to achieving these ambitions.

DB queried the reduction in the number of apprenticeships. TR clarified there had been a 14% reduction in Trainee Nurse Associate (TNA) apprenticeships, but this is now improving.

GH asked how often BoSCAs were completed on wards and TR confirmed:

- White rated wards – three monthly inspections
- Bronze rated wards – six monthly inspections
- Silver rated wards – nine monthly inspections
- Gold rated wards – annual inspections

GH queried the pressure ulcer targets for residential and nursing homes and TR advised an invite to the pressure ulcer collaborative had been extended to residential and nursing homes to share learning. The Trust had also done similar for the C Diff collaborative to ensure all providers learn together to ensure the best care for patients. GH asked whether Bolton Hospice had also been included and TR stated they had been included in a piece of work completed in parallel.

In response to a query from GH, TR confirmed the soft close bins had been placed across the Trust.

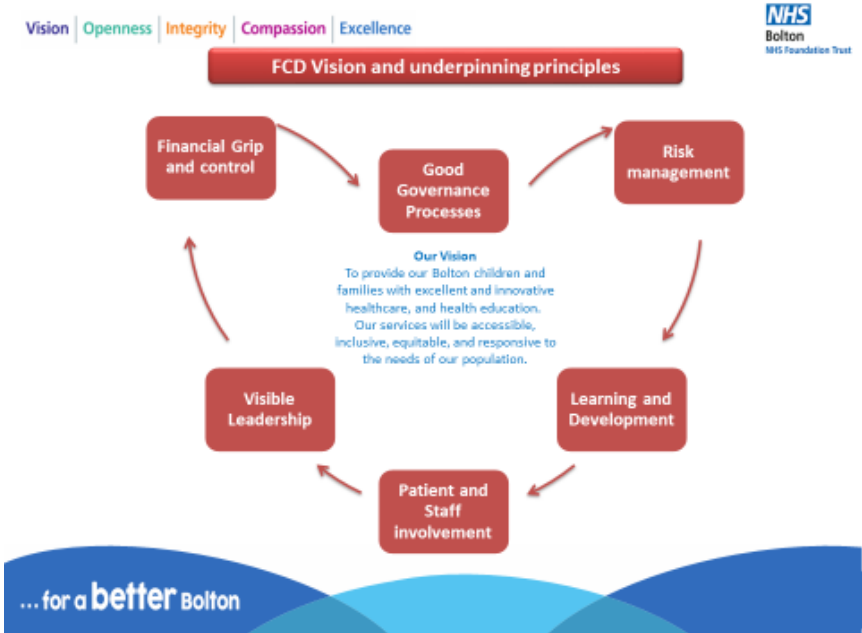
JW advised Governors that taking part in BoSCA assessments was a good way to be involved in the Trust. VC confirmed a number of Governors had completed refresher training, some of whom had undertaken BoSCA assessments, and further training dates would be arranged for in Autumn when new Governors had joined the Trust.

RESOLVED:

The Governor Quality Committee **received** the Nursing, Midwifery, AHP and HCS Enabling Priorities 2022 – 2024 presentation.

GQ013/23 Children’s Services

BT provided a presentation outlining the Family Care Divisions Children’s Service provision. The division’s vision and underpinning principles were outlined.



BT advised Governors of the Children’s Services portfolio which includes:

- 0 – 19/25 services
- Integrated Community Paediatric Team
- Children’s Learning Disability
- Allied Health Professionals
- Acute Paediatrics

Bolton Children's facts



Safeguarding children practice encompasses a wide range of thresholds from a child/family who require support to recognition that a child is at risk or has suffered significant harm. Decision making in A&E is supported by a Paediatric Injury Algorithm used by medical and nursing staff.

- 416 on CCP in May 2023 – 30% increase from May 2022
- 452 Looked After Children in Bolton
- 810 referrals from A&E to the safeguarding team in Quarter 1 2023/24
 - 298 children/young people with mental health issue
 - 244 children in the care of adults with mental health issues

BT offered to attend a future meeting to provide a presentation on children's safeguarding.

GH thanked BT for the presentation, which gave a good overview of the provision of services in children's services.

AS queried, whether the division had good recruitment and retention figures. BT confirmed the Trust has a good reputation, but there are issues within some services who had an aging workforce with many coming up to retirement age. The division are constantly considering alternative staffing solutions along with how they can work productively with other organisations. SM added community paediatrics is a vast service and there were also pressures on the medical workforce.

GH commented on the number of children requiring support and asked how Bolton compares to the rest of Greater Manchester. BT confirmed Bolton compares poorly with its statistical neighbours, as there are some significant pockets of deprivation. Regarding dental health it was noted Bolton had twice the national average of dental cavities in children. Despite the issues faced in Bolton it was not an outlier within Greater Manchester.

BT added there was a good service despite the challenges and staff morale and commitment within the division was good with low levels of sickness.

In response to a query from GH, BT confirmed Family Hubs were being rolled out in each of the nine neighbourhoods to under two year olds.

GH thanked BT for the very informative and interesting presentation.

RESOLVED:

The Governor Quality Committee **received** the CQC update.

CONCLUDING BUSINESS

GQ014/23 Items for Escalation to Council of Governors

GH raised concern regarding the low Governor attendance and suggested the Children's services presentation be presented at a future Council of Governors Meeting. This would be added to the work plan.

GQ015/23 Any Other Business

GH asked if Governors had any suggestions for agenda items to send them through to VC.

The chair thanked all for attending and brought the meeting to a close at insert time

The next Governor Quality Committee would be held on 07 November 2023 at 5pm.