

# **AGENDA: COUNCIL OF GOVERNORS**

To be held 18 April 2024 at 14:30 In BICS Rooms 1&2, Musgrave House Royal Bolton Hospital

| Ref N°.    | Agenda Item  | Process            | Lead           | Time                 |
|------------|--|--------------------|----------------|----------------------|
| Welcome a  | nd refreshments: Members of the Council of Governors and all attende   | es                 | All            | 14:20                |
| Representa | resolution:  tives of the press and other members of the public be excluded from e confidential nature of the business to be transacted. | n this part of the | meeting having |                      |
| CG014/24   | Non-Executive Director and Succession Plan Update  | Report             | Chair          | <b>14:30</b> 20 mins |
|            | Purpose: To <b>approve</b> the Non-Executive Director and Succession Plan Update   |                    |                |                      |
| CG015/24   | Non-Executive Director Appraisal Update  | Presentation       | Chair          | <b>14:50</b> 10 mins |
|            | Purpose: To <b>receive</b> an update on new Non-Executive Directors  |                    |                |                      |
| CG016/24   | Chair's Appraisal Update   | Presentation       | SID            | <b>15:00</b> 10 mins |
|            | Purpose: To <b>receive</b> an update on the Chair appraisal  |                    |                |                      |
| BREAK - F  | REFRESHMENTS   |                    |                | 15:15                |
| PRELIMINA  | ARY BUSINESS   |                    |                | 15 mins              |
| CG017/24   | Chair's welcome and note of apologies  | Verbal             | Chair          |                      |
|            | Purpose: To record apologies for absence and confirm quoracy   |                    |                |                      |
| CG018/24   | Declaration of Interests concerning agenda items   | Verbal             | Chair          |                      |
|            | Purpose: To record any interests relating to items on the agenda.  |                    |                |                      |
| CG019/24   | Minutes of the previous meeting held on 01 February 2024   | Report             | Chair          | <b>15:30</b> 05 mins |
|            | Purpose: To <b>approve</b> the minutes of the meeting held on 01 February 2024   |                    |                |                      |
| CG020/24   | Matters Arising  | Presentation       | Chair          |                      |
|            | Purpose: To consider any matters arising not included anywhere on agenda.  |                    |                |                      |



16:30 CLOSE

| CORE BUSINESS |  |              |   |                         |  |
|---------------|--|--------------|---|-------------------------|--|
| CG021/24      | Performance Report and Board Committee Chair Reports  Strategy and Operations Committee  Finance and Investment Committee  People Committee  Purpose: to receive the Integrated Performance Report and Chair | Presentation | Executives<br>and Becks<br>Ganz Jackie<br>Njoroge<br>Tosca<br>Fairchild | <b>15:35</b> 20 mins    |  |
|               | Report   |              |   |                         |  |
| CG022/24      | Strategy Update  | Report       | Deputy<br>Director of   | <b>15:55</b><br>15 mins |  |
|               | Purpose: To <b>receive</b> the Strategy Update   |              | Strategy  |                         |  |
| CG023/24      | Governor Elections 2024  | Presentation | DCG   | <b>16:10</b> 05 mins    |  |
|               | Purpose: To <i>receive</i> the Governor Election Update  |              |   |                         |  |
| CG024/24      | Governor Quality Committee Chair Update  | Presentation | Cttee Chair   | <b>16:15</b> 05 mins    |  |
|               | Purpose: To <b>receive</b> the Governor Strategy Committee Update  |              |   |                         |  |
| CG025/24      | <ul><li>Governor Feedback</li><li>BoSCA</li><li>Engagement Events</li></ul>  | Verbal       | All   | <b>16:20</b><br>05 mins |  |

| _        | _  | -       |          | •    |           |
|----------|----|---------|----------|------|-----------|
| Purpose: | 10 | receive | teedback | trom | governors |

Date and time of next meeting:

| CONCLUDING BUSINESS |   |        |       |                         |
|---------------------|---|--------|-------|-------------------------|
| CG026/24            | Any Other Business  | Verbal | Chair | <b>16:25</b><br>05 mins |
|                     | Purpose: To <b>receive</b> urgent business not included on the agenda |        |       |                         |

Wednesday 12 June 2024 at 2pm in BICS Room 1&2

Chair: Niruban Ratnarajah



## Draft Council of Governors Notes of the Meeting Held in BICS 1&2, Musgrave House 01 February 2024 at 14:30

(Subject to the approval of the Council of Governors on 18 April 2024)

## **Present**

| Name                | Initials | Title                                   |
|---------------------|----------|---|
| Niruban Ratnarajah  | NR       | Chair                                   |
| Adele Nightingale   | AN       | Appointed Governor                      |
| Ann Schenk          | AS       | Appointed Governor                      |
| Cara Burns          | CB       | Staff Governor                          |
| Dalton Thompson     | DT       | Public Elected Governor                 |
| David Barnes        | DB       | Public Elected Governor (from item 007) |
| Dawn Yates-Obe      | DYO      | Public Elected Governor                 |
| Deborah Parker      | DP       | Public Elected Governor                 |
| Elaine Catterall    | EC       | Public Elected Governor                 |
| Gary Burke          | GB       | Public Elected Governor                 |
| Grace Hopps         | GH       | Public Elected Governor                 |
| Jack Ramsay         | JR       | Public Elected Governor                 |
| Jean Cummings       | JC       | Staff Governor                          |
| Lindiwe Mashangombe | LM       | Staff Governor                          |
| Malcolm Bristow     | MB       | Public Elected Governor                 |
| Melanie Rushton     | MR       | Appointed Governor                      |
| Pauline Lee         | PL       | Public Elected Governor                 |
| Samm Cusick         | SC       | Public Elected Governor                 |

### In Attendance

| Name              | Initials | Title  |
|-------------------|----------|--|
| Alan Stuttard     | AS       | Non-Executive Director                       |
| Annette Walker    | AW       | Chief Finance Officer                        |
| Fiona McDonnell   | FM       | Managing Director, iFM Bolton (for item 006) |
| Fiona Noden       | FN       | Chief Executive                              |
| Francis Andrews   | FA       | Medical Director                             |
| James Mawrey      | JM       | Director of People/Deputy Chief Executive    |
| Martin North      | MN       | Non-Executive Director                       |
| Seth Crofts       | SC       | Associate Non-Executive Director             |
| Sharon Katema     | SK       | Director of Corporate Governance             |
| Tosca Fairchild   | TF       | Non-Executive Director                       |
| Tyrone Roberts    | TR       | Chief Nurse                                  |
| Victoria Crompton | VC       | Corporate Governance Manager                 |

**Apologies** 

| Name              | Initials | Title   |
|-------------------|----------|---|
| Catherine Binns   | СВ       | Staff Governor                                      |
| Champak Mistry    | CM       | Public Elected Governor                             |
| Dave Bagley       | DB       | Appointed Governor                                  |
| Dave Thomas       | DT       | Public Elected Governor                             |
| Dorothy Kenworthy | DK       | Public Elected Governor                             |
| Fiona Taylor      | FLT      | Non-Executive Director                              |
| Jackie Njoroge    | JN       | Non-Executive Director                              |
| Rachel Carter     | RC       | Associate Director of Communications and Engagement |
| Rae Wheatcroft    | RW       | Chief Operating Officer                             |
| Rebecca Ganz      | RG       | Non-Executive Director                              |
| Sean Harriss      | SH       | Non-Executive Director                              |
| Sharon White      | SW       | Director of Strategy, Digital and Transformation    |

### **PRELIMINARY BUSINESS**

## CG001/24 Chair's Welcome and Note of Apologies

The Chair welcomed Governors and attendees to the meeting.

## CG002/24 Declaration of interests concerning agenda items

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

## CG003/24 Minutes of the previous meetings held on 07 December 2023

The Council of Governors reviewed the minutes of the meetings held on 07 December 2023, which were approved a correct and accurate record of proceedings.

## CG004/24 Matters Arising

## **Auditor Panel Update**

AS advised the appointment of the External Auditor process had unfortunately been delayed, but Governors would be kept appraised of developments, and those who had expressed an interest in being involved in the process would be contacted when required.

#### **Governor Pictures**

The Chair advised there had been a request for pictures of Governors to be displayed in the main hospital corridor. However, following patient feedback and discussions with Estates Team, the Communications Team had arranged to display governor information on the digital boards within the organisation where appropriate.

### **RESOLVED:**

The Council of Governors *received* the Matters Arising Update

#### **CORE BUSINESS**

## CG005/24 Integrated Performance Report

The Director of People /Deputy Chief Executive introduced the Integrated Performance Report from December 2023. The Chief Nurse advised there continued to be a special cause improvement rate for category three pressure ulcers, and there had been zero category four pressure ulcers.

The Medical Director advised that despite significant challenges faced the organisation continued to perform well operationally in a number of areas, including no criteria to reside, readmission and 65 week waits.

GH queried how the organisation had successfully reduced readmissions. FA explained this was due to work completed by community teams to ensure appropriate support was in place for patients prior to discharge.

DP asked if the Trust worked in conjunction with local care homes to reduce the number of patients with no criteria to reside. FA advised that colleagues worked closely with both residential and nursing homes to discharge patients to assessed beds. PL queried whether bed were available when required and FA confirmed they were, but consideration had to be given to ensure patients were placed within a care home who could provide the care the patient required.

MB queried whether there were sufficient intermediate care services and if they were adequate. FA advised the Trust had an Integrated Performance Management meeting which met monthly and the Integrated Care Division were performing well on their key metrics, although there had been challenges in winter which had impacted on capacity.

The Medical Director advised that HSMR and SHMI had been maintained below the mean and complaints timeliness had also been maintained. Quality could be improved if antenatal books at 12+6 had reliability in performance.

The Director of Workforce stated there had been a significant reduction in agency spend and it was expected the Trust would meet the forecasted agency spend for 2023/24. Workforce could be improved if there was stronger oversight of medical staffing and if the high level of HCA vacancies were filled.

The Chief Finance Officer advised the forecasted revenue position was on track to deliver a better than planned deficit and the capital spend was ahead of plan. The Cost Improvement Programme (CIP) was forecast to be fully delivered, but it would be better if CIP was recurrently identified.

JR queried whether neighbourhood working would further impact on the cost pressures. AW advised that although some short term investment would be required in the neighbourhoods changed ways of working would mean there would not be an increased cost pressure and the benefits to patients and finances would become evident in the longer term.

AS asked whether the Cost Improvement Programmes identified were non-recurrent. AW stated that around half were non-recurrent and at the start of the next financial year there would be substantial deficit with around £40m of savings required. Discussions were taking place as to how long it would be appropriate for the organisation to return to a surplus position, as this would be extremely difficult in one year.

#### **RESOLVED:**

The Council of Governors *received* the Integrated Performance Report

## CG006/24 RAAC Update

The Managing Director for iFM Bolton provided a RAAC update advising that following a communication from NHS England on 01 September 2023 asking the Trust to confirm there was "no RAAC present", the inspection reports which previously reported "No Evidence" of RAAC for the areas surveyed were revisited. Following the review, the structural inspection reports were identified as not sufficiently comprehensive for RAAC to be ruled out as no RAAC present, subsequently meetings were held with specialist RAAC surveyors (Curtins) regarding undertaking RAAC surveys at the Royal Bolton Hospital site.

An initial survey was undertaken in the Maternity Unit, where RAAC was discovered on the first floor, followed by further surveys which also identified RAAC in the Pathology/Mortuary Block. Further Surveys to either identify or rule out the presence of RAAC in the remainder of buildings at the Royal Bolton Hospital site were being undertaken by qualified Structural Engineers based on risk profiling.

GB queried whether the company which was undertaking the survey were connected to those companies who were completing the remedial works. FM confirmed they were not and Curtins who were completing the surveys had been recommended by the national RAAC team.

LM asked what the desired outcome was for Pathology. FM confirmed detailed assessments were being conducted and would outline the actions required for both remedial works and for eradication. The timeline for eradication was for works to be completed by 2030. The Trust was currently propping impacted areas and putting mitigations in place to ensure buildings were safe until the options appraisal had been completed and funding confirmed.

JR queried what communications had been provided to staff and patients. FM confirmed that staff, patients and the Integrated Care Board had been kept regularly updated and a weekly Microsoft Teams update meeting had been arranged for all staff to attend should they wish.

AS asked whether surveys had been completed within community buildings which the organisation ran services from. AW confirmed the Trust only owned two community building and these were not considered to be at high risk of containing RAAC. Other partners had confirmed there was no RAAC within their buildings.

#### **RESOLVED:**

The Council of Governors *received* the RAAC Update

## CG007/24 Board Committee Chair Update

**Quality Assurance Committee** 

SC presented the Chair Report from the Quality Assurance Committee held on 20 December 2023 highlighting the key points from the meeting including the achievement of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme Year Five (CNST).

GH commended the achievement of the year five CNST and the team who had worked on this. TR advised that once final sign off had been completed a celebration would be held for staff.

### **Charitable Funds Committee**

Martin North, Chair of the Charitable Funds Committee presented the Chair Report from the meeting held on 04 December 2023 advising that attendees had received the highlight report from quarter three and the outlook report for quarter four.

PL queried whether wards received any monies which are specifically donated to them. MN confirmed that if someone donates to a specific ward or department then they do receive those monies. The charity does ask people if possible to donate to the generic fund as this was easier to distribute.

#### **RESOLVED:**

The Council of Governors received the Committee Chair Updates

## CG008/24 Charitable Funds Annual Report

Martin North, Chair of the Charitable Funds Committee presented the Charitable Funds Annual report and Accounts for 2022/23 which highlights the work completed over the last 12 months.

#### **RESOLVED:**

The Council of Governors *received* the Charitable Funds Annual Report

## CG009/24 Engagement Plan

The Director of Corporate Governance presented the proposed engagement plan for Governors advising the next event would be taking place on 14 and 15 February in the main corridor at the Royal Bolton Hospital.

TF queried if governors were involved in driving forward the engagement plan. SK advised that engagement events were being restarted following the pandemic, so Governors were being supported to plan and attend events. A number of Governors had volunteered to support these stands and had provided suggestions of other events to attend.

## **RESOLVED:**

The Council of Governors *received* the Engagement Plan

## CG010/24 Council of Governors Workplan 2024 and Committee Terms of Reference

The Director of Corporate Governance presented the Council of Governors Workplan for 2024 and the Committee Terms of Reference for approval.

TF queried who the Chair of the Governor Nomination and Remuneration Committee was. SK confirmed the committee would be Chaired by the Chair of the Trust unless discussions were around the Chair and then the Chairmanship would be delegated to the Deputy Chair.

#### **RESOLVED:**

The Council of Governors *approved* the Council of Governors Workplan 2024 and Committee Terms of Reference

## CG011/24 Governor Strategy Committee Chair Update

The Governor Strategy Committee was held on Tuesday 07 November 2023 and Chaired by Grace Hopps. Agenda items included:

- Clinical Strategy
- Operational Planning Guidance 2024/25
- Charitable Funds Committee Annual Report

GH advised that there were three Non-Executive Directors in attendance at the meeting and their contributions were very valuable to what was a good meeting.

The Chair thanked GH for steeping in and Chairing the Strategy Committee and extended a warm welcome to LM, who was set to take over as the new Chair.

The next meeting is due to take place on Tuesday 09 May 2024 at 5pm on Microsoft Teams.

#### **RESOLVED:**

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

#### CG012/24 Governor Feedback

GH provided feedback from the NHS Providers Winter Virtual Workshop advising there were a number of lead governors in attendance who had provided a description of what the Lead Governor roles entailed within their organisations. NR advised that the role of a Lead Governor would be discussed at the next Council of Governors meeting. AN and DYO had also attended the workshop and commented it was a good event and very useful to attend.

GH advised she had completed a BoSCA in Urology and commented the department was pristine with the only issue being some patients had complained that they had had appointments cancelled, it was important to note, however that the inspection was held the week after the industrial action period. There was also a two bedded unit for day case procedures in the department which had never been opened due to staffing shortages. Whilst undertaking the BoSCA she also visited the new theatre build whilst which she commented was very impressive.

### Resolved:

The Council of Governors *received* the Governor feedback

## **CONCLUDING BUSINESS**

## CG013/24 Any Other Business

The Chair led the Council of Governors in extending sincere thanks and congratulations to JC who had reached a remarkable milestone of 60 years of service in the NHS.

The next Council of Governors meeting would be held on 18 April 2024 at 2pm in BICs Rooms 1&2, Musgrave House.

| Name               | Role               | Oct      | Dec      | Feb      |
|--------------------|--------------------|----------|----------|----------|
| Present            |                    |          |          |          |
| Niruban Ratnarajah | Chair              | ✓        | ✓        | ✓        |
| Oboh Achioyamen    | Public Governor    | ✓        | ✓        | -        |
| Imteyaz Ali        | Public Governor    | -        | -        | -        |
| Abdul Atcha        | Appointed Governor | -        | -        | -        |
| Dave Bagley        | Appointed Governor | ✓        | ✓        | Α        |
| David Barnes       | Public Governor    | ✓        | ✓        | ✓        |
| Catherine Binns    | Staff Governor     | ✓        | Α        | Α        |
| Malcolm Bristow    | Public Governor    | ✓        | ✓        | ✓        |
| Cara Burns         | Staff Governor     | ✓        | ✓        | ✓        |
| Elaine Catterall   | Public Governor    | Α        | Α        | ✓        |
| Samantha Connor    | Appointed Governor | -        | -        | -        |
| Jean Cummings      | Staff Governor     | Α        | ✓        | ✓        |
| Sumirna Cusick     | Public Governor    | Α        | Α        | ✓        |
| Gary Burke         | Public Governor    | ✓        | ✓        | ✓        |
| Edward Gorman      | Public Governor    | Α        | Α        | -        |
| Grace Hopps        | Public Governor    | ✓        | ✓        | ✓        |
| Dorothy Kenworthy  | Public Governor    | -        | Α        | Α        |
| Pauline Lee        | Public Governor    | Α        | ✓        | ✓        |
| Lindiwe            | Staff Governor     | ✓        | Α        | ✓        |
| Mashangombe        |                    |          |          |          |
| Champak Mistry     | Public Governor    | ✓        | Α        | Α        |
| Susan Moss         | Staff Governor     | ✓        | Α        | Α        |
| Samir Naseef       | Appointed Governor | Α        | Α        | Α        |
| Kayonda Hubert     | Public Governor    | ✓        | <b>✓</b> | -        |
| Ngamaba            |                    |          |          |          |
| Adele Nightingale  | Appointed Governor | A        | ✓        | <b>✓</b> |
| Deborah Parker     | Public Governor    | <b>√</b> | Α        | <b>√</b> |
| Jack Ramsay        | Public Governor    | Α        | ✓        | ✓        |

| Melanie Rushton   | Appointed Governor                                     | Α | ✓        | ✓        |
|-------------------|--|---|----------|----------|
| Ann Schenk        | Public Governor  | ✓ | Α        | ✓        |
| David Thomas      | Public Governor  | ✓ | -        | Α        |
| Dalton Thompson   | Public Governor  | ✓ | Α        | ✓        |
| Alan Yates        | Public Governor  | Α | Α        | -        |
| Dawn Yates-Obe    | Appointed Governor                                     | Α | Α        | ✓        |
| In Attendance     |  |   |          |          |
| Francis Andrews   | Medical Director                                       | * | ✓        | ✓        |
| Malcom Brown      | NED  | * |          |          |
| Seth Crofts       | Associate NED  |   | ✓        | ✓        |
| Victoria Crompton | Corporate Governance<br>Manager                        | ✓ | ✓        | <b>√</b> |
| Tosca Fairchild   | NED  |   | Α        | ✓        |
| Rebecca Ganz      | NED  | * | ✓        | Α        |
| Sean Harriss      | NED  |   | ✓        | Α        |
| Sharon Katema     | Director of Corporate<br>Governance                    | ✓ | ✓        | ✓        |
| James Mawrey      | Deputy CEO / Director of People                        | * | ✓        | <b>√</b> |
| Jackie Njoroge    | NED / Deputy Chair                                     | * | ✓        | Α        |
| Fiona Noden       | Chief Executive  | * | ✓        | ✓        |
| Martin North      | NED  | * | ✓        | ✓        |
| Alan Stuttard     | NED  | * | ✓        | ✓        |
| Tyrone Roberts    | Chief Nurse  | * | ✓        | ✓        |
| Fiona Taylor      | NED  |   | ✓        | Α        |
| Annette Walker    | Chief Finance Officer                                  | * | ✓        | ✓        |
| Rae Wheatcroft    | Chief Operating Officer                                | * | ✓        | Α        |
| Sharon White      | Director of Strategy,<br>Digital and<br>Transformation | * | <b>√</b> | A        |

<sup>\*</sup>Attendance not required



| Meeting:     | Council of Governors  |         | Assurance  |   |
|--------------|---|---------|------------|---|
| Date:        | 18 April 20204  | Purpose | Discussion | ✓ |
| Exec Sponsor | Sharon White, Director of Strategy,<br>Digital and Transformation | -       | Decision   |   |

| Purpose | To update the Council of Governors on progress on the new Trust Strategy. |
|---------|---|
|---------|---|

An engagement draft of the new Trust Strategy 2024-29 is

|          | shared with the Council of Governors for information and an associated set of KPIs is in development.  |
|----------|--|
| Summary: | Following Board discussion in March, the Committees of the Board will receive the Strategy and KPIs for detailed review and sign-off. The final iteration of the Strategy and KPIs will be |
|          | taken to the Board pf Directors for review and approval in May.  |

## Previously considered by:

**Board of Directors** 

| Proposed<br>Resolution | The Council of Governors is asked to review and comment on the engagement draft. |
|------------------------|--|
| Resolution             | engagement draft.  |

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

| Prepared | Rachel Noble, Deputy | Presented | Rachel Noble, Deputy Director of |
|----------|----------------------|-----------|----------------------------------|
| by:      | Director of Strategy | by:       | Strategy                         |



# **Our Trust Strategy**

2024-2029

... for a **better** Bolton

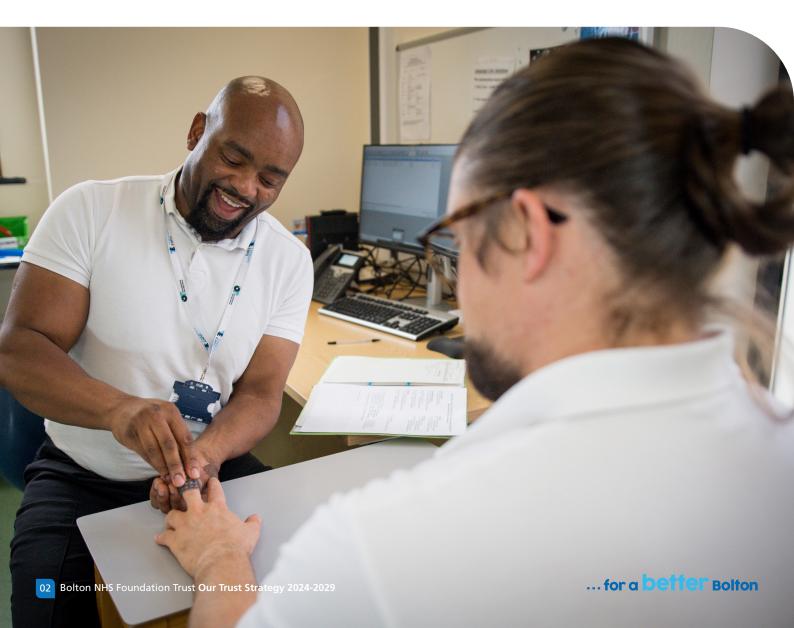
# Where we are now

When we developed our previous fiveyear strategy in 2019, we wanted to improve the outcomes and experience for the patients we serve. Whilst we have seen major progress in these areas over the last few years, a lot has changed in the last five years, and our world looks very different.

A growing population means that demand for our services is rising, but without the central funding to support it. We know that our communities experience significant health inequalities compared to other parts of the country – and compared to other parts of the town.

Our recovery from the pandemic has meant that some people in Bolton are waiting longer than they should to be supported with health conditions that have been impacted by delays to care.

Alongside this, our ageing estate and increasing responsibility to the green agenda are impacting on our ability to provide services in the way we want to.



# What we know about our communities

**Bolton's population** is approaching

300,000



The percentage of people

aged 16+ have a disability

28%

are from communities facing racial inequality







of people are not in paid work due to being long-term sick or disabled



of Bolton's adults would have difficulty understanding health information

Main languages spoken English, Gujarati, Punjabi, Polish, Arabic and Somali





# 11 Years

Difference in life expectancy between our communites



# **Alcohol**

23% of Bolton's adults drink over 14 units of alcohol per week



# **Diseases**

Circulatory, respiratory, cancer and digestive diseases together account for over 60% of the life expectancy gap within Bolton



of Bolton's adult population are smokers



of Bolton's adults are physically inactive



of Bolton's adults are eating the recommended 5-a-day



17% of people currently on the Housing Register are aged 60+



**72,458** the number of children in Bolton



**Primary school** pupils eligible for free school meals

**England** average

24%



1 in 4 adults

in Bolton experience at least one mental health problem

live in an area that is

deprived nationally

among the 10% most



Of people surveyed in **2022 that** reported high or very high anxiety

**National** average

5,695 LGBTQ+

**Data collected** for the first time tells us that there are 5.695 LGBTQ+ people



**56**%

**26**%

of the population live in an area that is among the 30% most deprived nationally

1,469

**Bolton residents** have a different sex from the one registered at birth 29% of respondents to a Bolton survey were really struggling with the rising costs and were unable to cope financially

The proportion of Bolton's children living in relative poverty



5,368

**Number of** babies born in Bolton this year



10,444

adults receiving care and support from the local authority

4,331

adults in Bolton are receiving long-term support

# Where do we want to be

In five years' time, we want to be providing high quality and safe services across Bolton, making sure we are meeting the needs of our diverse population.

We want to have a happy, skilled and diverse workforce that is reflective of the people we care for, and that feels like they belong.

We will innovate, develop research, and continually evolve so that we can be the best we can possibly be.

We will work with our partners and our communities to deliver the best services, as close to the people that need them as possible.

# What people told us was important to them

## Our patients and population told us that:

- They want services to be easy to access when they need them
- They want to be treated with compassion and respect, and to be involved in decisions about their care
- Those with caring responsibilities and those who are cared for said that they want to be listened to and supported to access healthcare in ways that work for them

## Our staff told us that:

- They want to be supported to do their best for the people we care for
- They want to contribute to clear, shared goals that reflect their top priorities
- They want to provide personalised care, supporting their patients to best use services and take control of their own care
- They want to expand clinical areas, being aspirational for ourselves and our patients

# **Our ambitions**

## **Ambitions**

**Improving** Care, **Transforming** Lives

A Great Place to Work

A High Performing, **Productive** Organisation

An Organisation that's Fit for the Future

A Strong **System Partner** 

# **Outcomes**

Quality Safety and **Effectiveness** 

**Improved** Staff **Experience** 

**Efficient** and **Productive** 

**Digitally Enabled and Inclusive** 

**Improving** Health, Reducing Inequalities

**Improved** patient experience

**Unlocking Potential** 

**Delivering** Constitutional **Standards** 

**Improving** our **Estate** 

**Delivering** Locality **Outcomes** 

**Delivering** Innovation

Reflecting **Population** 

**Environmentally** Sustainable

**Maximising Partnerships** For Local **Benefit** 

# Our five core ambitions

Our strategy focuses on five core ambitions that will help us to get to where we want to be. They are:

**Improving Care, Transforming Lives** 

A Great Place to Work

A High Performing, Productive Organisation

An Organisation that's Fit for the Future

# **A Strong System Partner**

**Underneath these ambitions** are the things that we will see if we achieve our goals, and these will make a lasting and meaningful difference to the people of Bolton.

As a Trust, and as part of a wider health and care system, we will support the greatest possible improvements in health, wellbeing and outcomes for everyone.



# **Ambition 1:** Our care will improve and transform lives

We will continuously improve the care that we provide, and will transform the lives and outcomes of the people of Bolton.

## What will this look like?

- Quality, safety and effectiveness
- Our patients will have a better experience
- Continuous innovation

## Why is this important?

We want the people who use our services to have a positive experience of the care that we provide, and to achieve the outcomes that are important to them. Over the next five years, we want to be known as an organisation that pursues and delivers the highest standards of care and experience, achieves the right outcomes for the people who use our services, and acts with care and compassion in everything we do.

# What will we achieve over the next five years

- Improved pathways across primary, community, secondary and social care.
- A shift from "what is the matter" to "what matters most to me" - actively engaging our patients and service users in service improvements and design.
- Continued and sustained improvement of our ward and departmental standards.
- Reviewed our services to make sure that they are sustainable and delivered in a way that best meets the needs of the people who use them.
- Embedded a culture of continuous quality improvement that provides our people with the time and tools they make positive changes.
- Listened to and acted on feedback and complaints.
- Created the conditions for research to flourish, piloting and collaborating on new initiatives, and implementing new technologies and innovations.

# **Ambition 2:** Our organisation will be a great place to work

We will work together to create an environment where every staff member feels skilled and supported to provide the best care.

## What will this look like?

- Improved staff experience
- Our staff will be skilled and have development opportunities
- A workforce that reflects the population we serve

# Why is this important?

We know that to achieve our goals, our people must have the skills and support to be the best they can be. We want to create a positive experience of work so that our people feel included, able to speak up and safe to be themselves, because we know that this in turn improves patient care.

# What will we achieve over the next five years

- Work will be a place where everyone feels consistently valued, and they feel the work they do is worthwhile.
- Everyone has the skills and confidence to champion the best possible quality of patient care.
- A more inclusive workplace, promoting equality, celebrating diversity, and challenging discrimination.
- A culture where everyone is supported and accountable for the work that they do, and can aspire to excellence.
- Set clear standards, behaviours and values and our managers and leaders have the right skills and behaviours to help them lead effective, high-performing teams.

# Ambition 3: Our services will be high performing and productive

We will challenge ourselves to identify opportunities to improve, to work together with our partners across the system, and maximise productivity so that our patients will have shorter waits and better access to services.

## What will this look like?

- Efficient, effective and productive services
- Delivery of our constitutional standards
- Financially sustainable

## Why is this important?

As our population grows, rates of ill-health rise, and funding continues to be restricted, we need to make sure we can meet future demand. Waiting lists are at record highs and we know we need to be more productive so that we improve both the patient journey, and our financial position.

# What will we achieve over the next five years

- A year-on-year reduction in waiting times for planned care and in our ED.
- Improved discharge so that fewer people stay in hospital beds when they could be at home or another place of residence.
- 75% of cancers diagnosed at stage 1 or 2 by 2028.
- Implemented our clinical strategy.
- Achieved the targets in our financial recovery plan.
- Every staff member will have a clear understanding of the part they play in making improvements and the impact it has.

# **Ambition 4: Our organisation will** be fit for the future

We will make sure that we have the right infrastructure and technology to allow our systems to work seamlessly, and our buildings enable us to provide the best care. We will look for opportunities to reduce the environmental impacts of the business we run.

## What will this look like?

- We will be digitally enabled and inclusive
- An improved estate
- We will be a greener organisation

# Why is this important?

We need to improve patient and colleague satisfaction by making sure we have digital infrastructure that is fit for purpose, so that people can do their jobs to the best of their ability, and patients can access our services more easily. We need our building and estates to be able to meet the needs of our growing population, whilst improving health and wellbeing now and for future generations through reducing our carbon footprint.

# What will we achieve over the next five years

- An increase in the number of co-located services with other public bodies in neighbourhoods, towards our vision of one public estate across Bolton.
- Our health and care records will be digitised and integrated with our partners.
- A reduced carbon footprint.
- Patients will be empowered with the data and tools to manage their own health and wellbeing.
- A new Estates strategy that describes our long-term vision for how we will invest in and maintain our buildings and environment.

# **Ambition 5:** Our partners and communities will work as one team

As the largest employer in town, we will make sure that we do more for Bolton in addition to the healthcare we provide, by widening access to work, working with local partners and buying locally where possible.

## What will this look like?

- A healthier Bolton
- Delivering the outcomes in our Locality Plan
- Working together to benefit local people

# Why is this important?

Bolton experiences higher-than-average rates of diabetes, cancer, respiratory and cardiovascular disease, and some of the starkest disparities in health outcomes between the wealthiest and most deprived communities in our town. We need to work in partnership to make it easier for our communities to use our services and ensure we are proactive in targeting care to people who need our services the most.

# What will we achieve over the next five years

- Strong partnerships with existing and new stakeholders.
- Integrated services, which will improve outcomes for Bolton people.
- Evolved our partnerships with academic institutions to develop research and education capability, moving towards becoming a Teaching Hospital by 2025.
- Delivered clinically-led collaboration with health and care partners to redesign pathways of care based on a person-centred approach.
- A thriving Trust charity that benefits patients, supports staff and improves facilities.



Bolton NHS Foundation Trust Royal Bolton Hospital Minerva Road, Farnworth Bolton, BL4 0JR