

## **SPECIAL MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**MEETING, 27<sup>TH</sup> JUNE, 2006**

Present: Councillors Morgan (Chair), Greenhalgh (Vice Chair), Burrows, Connell, Lord, Mrs. Fairclough, Spencer, Hamilton, Hollick, R. Ronson and A. Wilkinson.

Also in attendance:-

Councillor Clare	-	Executive Member for Adults' Social Care and Health
Councillor Morris	-	Chair, Bolton Hospital Trust
Mr. D. Grogan	-	Assistant Director, Democratic Services
Mr. J. Rutherford	-	Director of Adult Services
Ms. B. Andrews	-	Director of Corporate Services, Hospital Trust
Mr. C. Dunn	-	Director Of Finance, Hospital Trust
Ms. P. Senior	-	Chair, Bolton PCT
Ms. H. Dobrowolska	-	Assistant Chief Executive, Bolton PCT
Ms. H. Edwards	-	Head of Communications, Hospital Trust
Mr. R. Landon	-	Head of Democratic Services
Mr. N. Aspey	-	Senior Democratic Services Officer
Miss K. Treadwell	-	Trainee Democratic Services Officer

Apologies for absence were received from Councillors Mrs. Rothwell, J. Silvester and Mr. D. Fillingham.

Councillor Morgan in the Chair

## **7. EXCLUSION OF PRESS AND PUBLIC**

**Resolved - That, in view of the nature of the business to be transacted or the nature of the proceedings, it is likely that if members of the press and public were present during the following item of business there would be disclosure to them of exempt information as defined in paragraphs 3 and 4 of Schedule 12a to the Local Government Act 1972 and that, in pursuance of Section of 100A(4) of such Act, members of the press and public be now excluded from the meeting.**

## **8. ROYAL BOLTON HOSPITAL TRUST'S INVESTMENT IMPROVEMENT SAVINGS PLAN, 2006/07**

Mr. C. Dunn, Bolton Hospitals NHS Trust, gave a presentation and tabled a report which detailed the savings Bolton Hospital had made in the last year and the planned savings for 2006/07.

Members were informed of the Hospital's aims for the next five years which included:

- more big improvements in services e.g. ensuring an eighteen week maximum wait, greater choice and new drug treatments;
- wider range of service providers;
- continued need for hospitals to find better ways of working; and
- find savings of approximately 4% per year.

The presentation stated that this would be achieved by improvements in safety and quality of care whilst identifying activities such as unnecessary paperwork which did not contribute any type of value to Hospital Services. It was further stated that reduction in length of stays and more day surgeries with an active

involvement of all frontline staff would be needed.

Members were informed that the required 4% savings meant that the hospital would have to find savings of £6,000,000 for 2006/07. Members were informed that savings would be accrued through the following main measures:

- medical beds/length of stay reductions;
- gastroenterology redesign;
- further bed savings;
- surgical bed reconfiguration;
- theatre efficiency;
- procurement savings; and
- skill mix reviews.

Mr. Dunn stated that it was intended to look for staff savings through natural wastage as a result of staff turnover, rather than through redundancies.

Members commented upon the perception that the Hospital's Savings Plan would be centred around cuts in frontline patient services and enquired as to what percentage of the savings had been focused upon cut backs in bureaucratic functions. Members were duly informed that every department within the Hospital would have to make savings and that there was strong project management in place to ensure that the required savings were met.

Members further discussed the amount of beds that would be cut and the possible implications upon the public's perception of the Hospital's treatment of patients. In response to this, members were informed that, because the public wanted more services provided outside of hospital this was being responded to by more money being invested in services that the public could access away from the Hospital setting. Therefore, patients would still be treated but with a form of care that was more suitable and accessible to them. In addition, patients who did require treatment

within the Hospital were being discharged more quickly due to the quality of care given and the wide range of aftercare available outside of the Hospital. Therefore, fewer people would require treatment within the Hospital itself resulting in reduced numbers of beds. However, it was recognised that the public equating the amount of hospital beds with the quality of care received by patients would take time to diminish.

Members also discussed how the Hospital would deal with a crisis, such as a flu pandemic, with reduced beds. They were, however, assured that the reduction in beds meant that other wards would be updated so that the Hospital could deal efficiently with any crisis that arose.

**Resolved – That the report be noted.**

(The meeting started at 9.30 a.m. and finished at 10.25 a.m.)