



Bedfordshire Hospitals

NHS Foundation Trust

Board of Directors

Wednesday 2 November 2022

MS Teams

Meeting Book - Board of Directors

10.00	Chairman's Welcome & Note of Apologies		Simon Linnett
10.02	Any urgent items of Any Other Business and Declaration of Interest on items on the Agenda and/or the Register of Directors Interests		Simon Linnett
10.03	Minutes of the Previous Meeting: Wednesday 27 July 2022	To approve	Simon Linnett
	3 Minutes of Bedfordshire Hospitals NHS Trust Public Board meeting 27 July 2022.doc		
10.05	Matters Arising (Action Log) (no actions)	To note	Simon Linnett
10.05	Chairman's Report (verbal)	To note	Simon Linnett
10.10	Executive Board Report	To note	David Carter
	ICB Update - verbal		
	6 Executive Board Report Nov 2022.doc		
	Freedom to Speak Up Report		
	Performance Reports		
10.25	Operational Performance & Quality Governance	To note	Cathy/Catherine/Liz/Paul
	7.1 Quality and Performance report.pptx		
10.40	Finance	To note	Matt Gibbons
	7.2 Board Paper -M06.docx		
10.55	Workforce	To note	Angela Doak
	7.3 workforceBoard report Nov22.pptx		
11.10	Quality Committee Report	To note	Annet Gamell
	8 Quality Committee Report Nov 22.doc		
11.15	Finance, Investment & Performance Committee Reports	To note	Simon Barton
	9 FIP Report to November 2022 Trust Board.docx		
11.20	Redevelopment Committee Report	To note	Mark Prior
	10 Trust Board_Redevelopment Report_November22.docx		
11.25	Charitable Funds Committee Report	To note	Simon Linnett
	11 CFC Committee Report October 2022.doc		
11.30	Workforce Committee Report	To note	Tansi Harper
	12 Workforce Committee Board report Nov22.docx		
11.35	Audit and Risk Committee Report	To note	Steve Hone
	13 Audit and Risk Committee report to the Board.doc		
11.40	Sustainability Committee Report	To note	Simon Linnett
	14 Sustainability Committee Board of Directors- November 2022.docx		
11.45	Digital Strategy Committee Report	To note	Simon Barton

15 DSC Update to Public Board Nov 2022.docx

11.50	Risk Register	To approve	Victoria Parsons
	16 RR November 2022.doc		
11.55	Corporate Governance Report	To ratify	Victoria Parsons
	17 Corporate Governance Report November 2022.doc		
	17a Appendix 1 CFC Terms of Reference September 2022.doc		
	17b Appendix 2 Sustainability Sub Cttee Terms of Reference October 22.docx		
	AOB		Simon Linnett
	Details of Next Meeting: Wednesday 1 February 2023, 10:00		

Board of Directors

Wednesday 2 November 2022

Report title:	Minutes of the Meeting held on: Wednesday 27 July 2022			Agenda item: 3
Executive Director(s):	David Carter, Chief Executive			
Report Author	Jenny Kelly, Corporate Governance Manager			
Action <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	To note the contents of the report for assurance.			

Report summary	To provide an accurate record of the meeting.
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	NHS England/Improvement CQC Company Law All objectives
Jargon Buster	

**BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST
BOARD OF DIRECTORS PUBLIC MEETING**

Microsoft Teams Meeting 10.00am-12noon

Minutes of the meeting held on Wednesday 27 July 2022

Present: Mr Simon Linnett, Chairman
Mr David Carter, Chief Executive
Ms Cathy Jones, Deputy Chief Executive
Ms Angela Doak, Director of Human Resources
Mr Matthew Gibbons, Director of Finance
Mr Paul Tisi, Medical Director
Ms Catherine Thorne, Director of Quality and Safety Governance
Dr Annet Gamell, Non-Executive Director
Mr Simon Barton, Non-Executive Director
Mr Gordon Johns, Non-Executive Director
Ms Tansi Harper, Non-Executive Director
Mr Ian Mackie, Non-Executive Director
Mr Mark Prior, Non-Executive Director

In attendance: Ms Victoria Parsons, Associate Director of Corporate Governance
Ms Melanie Banks, Director of Strategy and Redevelopment
Ms Donna Burnett, Trust Board Secretary
Ms Helen Lucas, Lead Governor
Mr Malcolm Rainbow, member of the public
Mr Dean Goodrum, Director of Estates
Ms Anne Thevarajan, Membership and Corporate Affairs Manager
Ms Jenny Kelly, Corporate Governance Manager
Ms Gill Lungley, Chief Information Officer
Ms Fiona MacDonald, Director of Culture and OD
Ms Yvette King, Public Governor
Ms Belinda Chik, Staff Governor
Ms Pat Quartermaine, Public Governor
Jacquie Farhoud, Public Governor

1. CHAIRMAN'S WELCOME, NOTE OF APOLOGIES

The Chairman opened the meeting, welcoming all members and participants.

Apologies were received from Steve Hone, Non-Executive Director and Liz Lees, Chief Nurse.

2. ANY URGENT ITEMS OF ANY OTHER BUSINESS AND DECLARATIONS OF INTEREST ON ITEMS ON THE AGENDA

Nil

3. MINUTES OF THE PREVIOUS MEETING: 4 May 2022

The minutes of the previous meeting were approved as an accurate record.

4. MATTERS ARISING

There were no actions or matters arising.

5. CHAIRMAN'S REPORT

The Chairman informed the Board that the summer staff engagement events had been well attended by staff and staff feedback indicated that the events had been interesting, entertaining and gave a message of warmth and support. Feedback forms from the events were being collated to ensure that all staff feedback is captured.

The Chairman had visited both hospital sites the previous week and had been hugely impressed by the hard work and resilience of staff under continuing pressures.

The Chairman informed the Board that NHS England and NHS Improvement had appointed Clare Panniker as the new Regional Director for the East of England.

6. EXECUTIVE BOARD REPORT

DC introduced the report to the Board and it was taken as read. The following areas were highlighted.

Integration update – a very successful engagement event had taken place in June bringing together leaders from across the Trust at the Rufus Centre to share information and start a dialogue between individuals re how integration was progressing. An external speaker had attended the event to share learning from a recently merged Trust 2 years prior.

CT informed the Board that the COVID-19 inquiry terms of reference had been published and steps had been taken to make sure the Trust is well prepared should an evidence request be received. A working group had been set up lead by Mr Paul Tisi, Medical Director.

PT informed the Board that reporting of COVID-19 numbers in the community was constrained by a lack of testing. The latest ONS data indicated that 1 in 17 people had the infection in the previous week. This indicated an uptick in infection rates. The number of inpatients with COVID-19 remained steady with

no patients currently admitted to the Intensive Care Units. Mask wearing continued to be mandated in all clinical areas.

The learning from deaths report was noted to be comprehensive and it was taken as read.

DC informed the Board that the Trust had experienced some infrastructure failures during the recent heatwave which had raised some important learning points for the Trust. Business Continuity plans would be reviewed in light of the recent events.

AG queried if the current design of the Acute Services Block would be future proof in this context. DC informed the Board that the Redevelopment Team were specifically looking at this point and would report back any actions arising to the Redevelopment Programme Board. MP noted that the Trust does have to design within strict limits and this would be something to seek guidance on from the Centre on how the Trust should be reviewing building specifications going forwards. It was noted that the existing infrastructure would be more susceptible to future heatwaves than the new buildings.

The remainder of the report was taken as read. The Board noted the report.

7. PERFORMANCE REPORTS

7.1 OPERATIONAL PERFORMANCE & QUALITY GOVERNANCE REPORT

The report was taken as read and discussed by exception.

CT highlighted the information regarding the quality improvement activity being undertaken around pressure ulcers and falls by the nursing teams.

It was noted that the number of incidents reported remained within normal variation. CT informed the Board that the Trust would be implementing a new risk management system the following year which would include the ability for staff to report via an App.

It was noted that 14 SIs had been declared in the last quarter and the report included information re activity undertaken to make improvements arising from learning from previous SIs.

PT informed the Board that the SHMI on the Bedford site was reported to be higher than expected. Data concerning this had been discussed in detail at the Quality Committee and some anomalies had been found which would be investigated in more detail. It was noted that there was not one single driver for the rise in SHMI but work was ongoing to understand it with the regional team.

CJ highlighted the continuing extraordinary pressures on the two hospital sites. Indicators had moved in the right direction but this was not necessarily sustained in to June due in part to staffing pressures due to COVID-19 sickness absence. Flow out of hospital also continued to be a significant challenge. Ambulance handover times continued to be good at the Bedford site but had proved challenging on the Luton and Dunstable site in June due to cubicle space. It was noted that the situation would be much improved as the ED redevelopment continued. It was recognised that both sites were performing relatively well in comparison to other Trusts in the region.

Cancer services remained under pressure due to higher than pre-pandemic referral rates. The teams continued to micromanage patient tracking lists to mitigate the effects of this. For planned care the Trust had retained its position of 0 104 week waits with no forecast risks.

The Board noted the report.

7.2 FINANCE REPORT

MG introduced the report to the Board and it was taken as read. The following key points were highlighted to the Board.

The Trust had delivered a deficit of £2.9m against a £0.1m surplus plan.

The Trust's pay spend was £0.8m overspent year to date. Non-pay was £1.1m overspent year to date. The Trust had recognised £1m of the additional inflation monies to mitigate the pay and non-pay overspends.

Based on estimated M3 Elective recovery fund performance, the Trust provided for £3.6m of underperformance as the Trust was well below 104%.

Capital spend was £14.5m against a revised plan of £89.0m. The Trust spent £8.9m against £27.2m Trust CDEL.

The Board noted the report.

7.3 WORKFORCE REPORT

AD introduced the report to the Board and highlighted the key points.

Turnover was increasing and this was generally the case across the whole NHS. A letter had been received from NHSE/I asking for dedicated work to be undertaken to look at turnover within organisations particularly for nursing staff.

It was noted that focused time had been spent at the Workforce Committee to discuss training and appraisal rates and a dedicated project had been set up to

address this. The 'Back on Track' project had been launched within the organisation implementing a variety of different interventions.

FM informed the Board that the health and wellbeing staff engagement events had been a great success giving staff the opportunity for a much needed break. Each week staff communications were being distributed within the 'Week' to ensure that staff continue to be informed of the wellbeing initiatives available to them. The Trust had also increased its numbers of Peer Listeners through mental health first aid training.

The Board noted the report.

8. QUALITY COMMITTEE REPORT

AG introduced the report and it was taken as read.

AG highlighted the issues noted in the report around staff vacancy rates potentially having a quality impact recognising that this issue was also being discussed at a national level.

It was noted that the maternity team had spent a long time at Quality Committee discussing progress against regulatory actions and quality improvements and the Committee had been assured by the significant amount of work being undertaken.

It was noted that the Trust's Quality Account had been published in June on the Trust website.

The report was taken as read.

9. FINANCE, INVESTMENT & PERFORMANCE COMMITTEE REPORT

IM noted that previous discussions had covered all elements contained within the report.

The report was taken as read.

10. HOSPITAL REDEVELOPMENT COMMITTEE REPORT

MP informed the Committee that the team had encountered some issues with asbestos which had had an impact on delivery time and increased spend.

It was also noted that the construction industry was experiencing huge pressure in both labour and materials which was also putting pressure on budgets the Trust is working to.

MP noted that the team should be commended for the tremendous amount of effort being put in to deliver and look at new opportunities.

The Board noted the report.

11. CHARITABLE FUNDS COMMITTEE REPORT

SL introduced the report to the Board and it was taken as read.

SL informed the Board that the charity team had started raising money for projects associated with the Acute Services Block build.

It was noted that a charity cricket match was being arranged for the 8 September and the Board were invited to attend.

The Board noted the report.

12. WORKFORCE COMMITTEE REPORT

TH noted that previous discussions had covered most of the report.

TH recognised that due to the huge workforce agenda it was important to give quality time to discussions and informed the Board that it was impossible to not feel proud and energised when Chairing the meetings.

The Board noted the report.

13. AUDIT AND RISK COMMITTEE REPORT

SH introduced the report to the Board and it was taken as read.

SH informed the Board that final approval of the Trust's External Audit had not yet taken place as BDO had not yet finalised their report. The accounts and Annual Report had therefore not yet been submitted to the Centre.

The Partner of the audit firm had met with the Board in private the previous week to seek to explain to the Board what had caused the delay. The Board were awaiting a formal report to explain the issues but it was noted that the Trust's finance team were not at fault.

The Board noted the report.

14. SUSTAINABILITY COMMITTEE REPORT

SL introduced the report to the Board and it was taken as read.

It was noted that the Committee had given approval for more resources for the team.

TH noted that the sustainability agenda was extending its reach all the time and the team had presented at the recent Workforce Committee.

The Board noted the report.

15. RISK REGISTER

VP took the report, which outlines the governance around risk reviews, as read.

It was noted that the report details the oversight through the Board Sub-committee structures.

Two new risks had been loaded to the Board level risk register in relation to increased violence and aggression against staff and the implications of the pathology integration.

SL noted that the relationship between the NHS and public had changed due to exhaustion and a lack of access spilling in to inappropriate behaviour. A new security contract had been put out to procurement to ensure better protection for staff in ED in particular.

The Board noted the report.

16. CORPORATE GOVERNANCE REPORT

VP introduced the report and it was taken as read.

It was noted that the Trust had initiated the next set of Governor elections with further elections planned for the end of the year.

Terms of reference for five Board Sub-Committees were included in the report for ratification by the Board.

The Board ratified the terms of reference and noted the report

17 ANY OTHER BUSINESS

SL noted that the BLMK ICB had been established on the 1 July 2022 and DC had been appointed as a member of the Board. It was recognised that DC was not a representative of BHFT whilst on the Board.

The Bedfordshire Care Alliance had been formally established as a Sub-Committee of the ICB and would meet in August for the first time.

18. DETAILS OF THE NEXT SCHEDULED MEETING:

Wednesday 2 November 2022, 10.00 – 12.00.

CLOSE

These Minutes may be subject to disclosure under the Freedom of Information Act 2000, subject to the specified exemptions, including the Data Protection Act 2018, General Data Protection Regulations (GDPR) and the Caldicott Guardian principles

Board of Directors

Wednesday 3 November 2022

Report title:	Executive Board Report			Agenda item: 6
Executive Director(s):	All Executive Directors			
Report Author	David Carter			
Action <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	To note the content of the report			

Report summary		
1.	Integration Update	
2.	CQC	
3.	Covid-19 Update	
4.	Compliance issues	
5.	Digital Update	
6.	Infection Control Report	
7.	Learning from Deaths Board	
8.	Management of CQUINs	
9.	Medical Education Update	
10.	Nursing & Midwifery Staffing Report	
11.	Information Governance Quarterly Report	
12.	Maternity Services Update	
13.	Report following the investigation into East Kent Maternity and Neonatal Services	
14.	Freedom to Speak Up	
15.	Estates and Facilities Update	
16.	Communications and Fundraising Update	
17.	Policies and Procedures Update	
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	NHS England NHS Improvement Equality Act CQC All Trust objectives	

1. INTEGRATION UPDATE

A Clinical Strategy Framework has been developed following a period of work with Clinical Service Lines (CSLs) to identify priorities for clinical integration. This Clinical Strategy will continue to iterate, with the key next step being to share the succinct messages with all staff and health and care system partners.

A number of priority strategic changes have been identified, including: i) outpatients and diagnostic services, ii) Cross site surgical care, iii) Acute and emergency pathways, iv) Health and social care system collaboration, v) Children and the transition to adult services and vi) Maternity services transformation. These sit alongside the development of the critical enablers: digital, estates and workforce.

All Service Line teams are making good progress, with integration opportunities being identified. Examples include; improved workforce resilience, wider access to sub speciality expertise and shared learning from incidents. Alongside this a recent development has been a robotic assisted surgery strategy to support improved patient outcomes.

To date the below Service Line clinical strategies have been submitted and supported by the Clinical Strategy Board:

Service Line Clinical Strategy Submission		
General Surgery	Gastroenterology	Trauma and Orthopaedics
Vascular	Breast	Plastics
Cardiology	Stroke	Rheumatology
Diabetes & Endocrinology	Clinical Haematology	DME complex medicine & frailty
Gynaecology	Neonatal	Paediatrics
End of Life/Palliative	Imaging	Therapies
Pathology	Pharmacy	

2. CQC

Well-Led Review

The Trust commissioned an externally facilitated Well-Led review undertaken by Grant Thornton which concluded with a Board approved report and action plan in September 2022. Following the merger, the organisation was in a period of transition, exacerbated by the COVID-19 outbreak and associated operational challenges. The move towards system working and development of ICSs/ICBs has also created additional pressures, in particular for the Executive Team. The key messages arising from the review therefore need to be considered in light of these contextual factors:

- The Board is stable, balanced and well performing.
- Perceived visibility of the Executive Team is varied, but most staff highlight limited NED visibility.
- Board and Committee level governance forums are well-run, well-chaired and cover a balanced agenda.

- The Trust is effective at managing short-term priorities but at the time of the report had not yet focused on the development of a longer-term strategy.
- Cultural integration continues to be a challenge.
- Many positives to the service line model but cross service-line communication, governance and decision-making could be improved.
- Room to streamline reporting at all levels.
- The Trust is engaging with the development of the ICS and is seen as a key partner but it is felt they could contribute more to the wider development and focus of system working.

Overall the team at Grant Thornton expressed their view that the Trust is a Well-Led organisation. In response to the findings the Trust has developed an action plan approved by the Board on the 14th September that will be monitored quarterly.

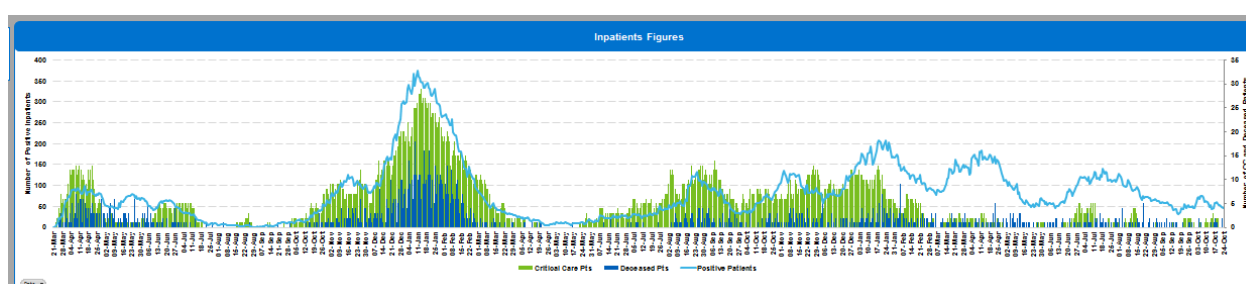
CQC Unannounced Inspection

The CQC carried out an unannounced inspection of the Trust on the 2nd and 3rd August 2022 which centred around a focussed assessment of Bedford and Luton and Dunstable maternity core services, a focused assessment of Bedford and Luton and Dunstable urgent and emergency care core services and a comprehensive assessment of the Bedford and Luton and Dunstable medicine core services.

The CQC then returned to the Trust on the 20th and 21st September 2022 to complete the Trust Well-Led Review. Top level feedback to the unannounced inspection was received and as requested by the CQC the letter is published as an appendix to this report at **Appendix 1**. The draft report is expected to be received by the Trust in December 2022.

3. COVID-19 UPDATE

During September, the Office for National Statistics continued to report increasing numbers of the population testing positive for Covid-19. At the week end 24th September, the estimated numbers of the community population (those not in hospitals, care homes or other institutional settings) in England testing positive for COVID-19 was 1,105,400; equating to 2.03% of the population, or around 1 in 50 people. After reaching a peak in mid-July, both hospital sites saw a steady reduction to mid-September in the number of inpatients that were tested positive for Covid-19. This trend reversed with a small increase during the latter part of September 2022 and then a decline from early October onwards. It is important to note that during September 2022 the trust moved to only testing symptomatic patients for Covid-19 and therefore non-symptomatic patients will not have been included in this latest reported wave.



4. COMPLIANCE ISSUES

The Pathology Service was visited by the Getting it Right First Time (GIRFT) pathology team on the 21st September 2022. Since then, the Service has received observation notes which highlight a number of areas of notable good practice; close working with the ED departments, “Care Sets” condition-based requesting for Primary care and A&E, close working and support for quality improvement projects and our pathology liaison manager post. There were some areas that were indicated as potential opportunities for improvement, and the service has put in place an action plan to ensure that these are all followed up. The main area of concern was the implementation of the NPEX (national pathology exchange to enable transmission of results between organisations) and the lack of interfacing with point of care testing equipment. Overall the visit was very positive and some of the elements of local good practice have been proposed for inclusion as examples in the national report.

5. DIGITAL UPDATE

The Digital Strategy was approved in October by the Digital Strategy Committee. This strategy sets a course for an ambitious digitally enabled future while focusing the day-to-day constraints that exist within the Trust that need addressing. The strategy focuses on the four key themes:

1. **Sharing Information**
2. **Electronic Patient Record**
3. **Clinical, Diagnostic, and Corporate Integration**
4. **Digital Technology**

These themes provide the basis for the realisation of our digital vision.



Digitation in the Trust has hit a milestone with the approval of the internal EPR business case, this will see £26m invested into the digital agenda over the next 3-5 years in support of the EPR rollout to both our hospital sites. Plans for this are currently being drawn up and recruitment is underway as we form the programme team that will deliver a large and complex agenda. We are currently working on the investment agreement to be submitted and agreed by NHS England for the external funding to support the programme.

The Digital Team have been focused on the completion of some key projects over the past quarter whilst working to improve the day to day running of digital services within the Trust. The following projects were completed in the last quarter:

Digital Solutions

- Medicode Clinical Coding (Bedford site)
- Theatres Emergency List (Bedford site)

Technology

- Initiation of like-for-like wireless access points deployment (Luton-site)
- Technical readiness for the O365 Exchange Online roll-out/migration

Clinical Portal

- Mental Health Data available in Clinical Portal
- LABS Blood sciences orders and results in the clinical portal
- IG approval on the sharing agreements across the region with partners

EPR

- Nervecentre EPMA Luton wide go-live
- Nervecentre BCP App full deployment at Luton
- Nervecentre Alerts & Escalations Luton go-live (NEWS2, AKI, Sepsis)
- Implementation of NC e-Obs ED Paeds (POPS)
- Nervecentre e-Takelist Luton rollout to General Surgery, ENT & T&O

Digital Merger

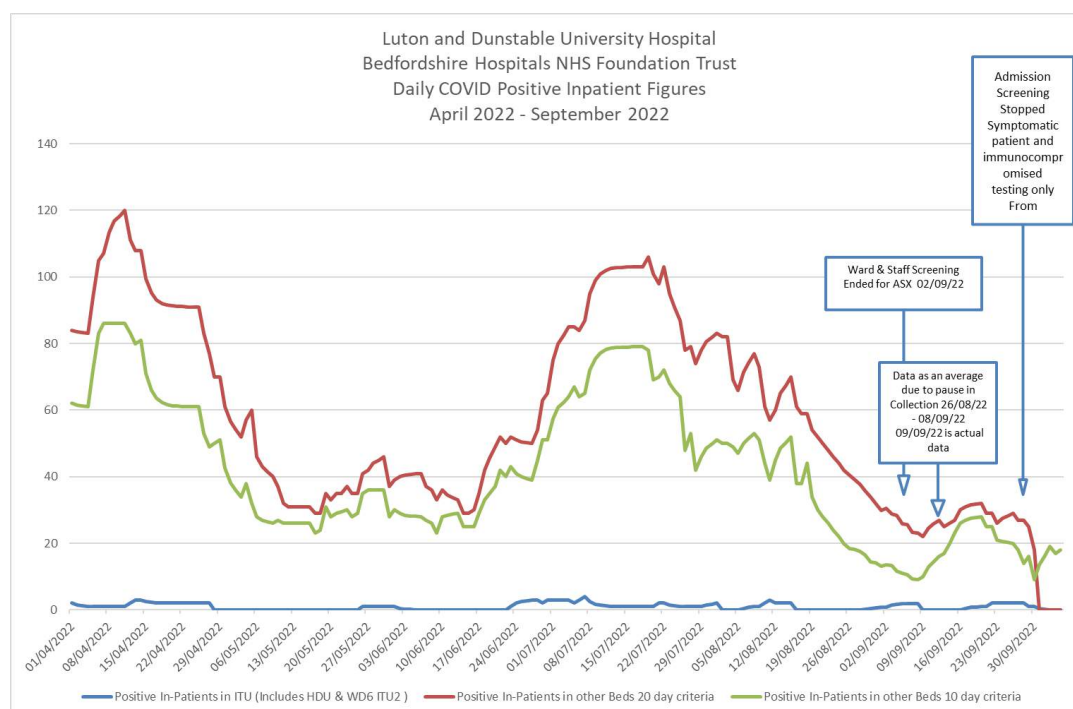
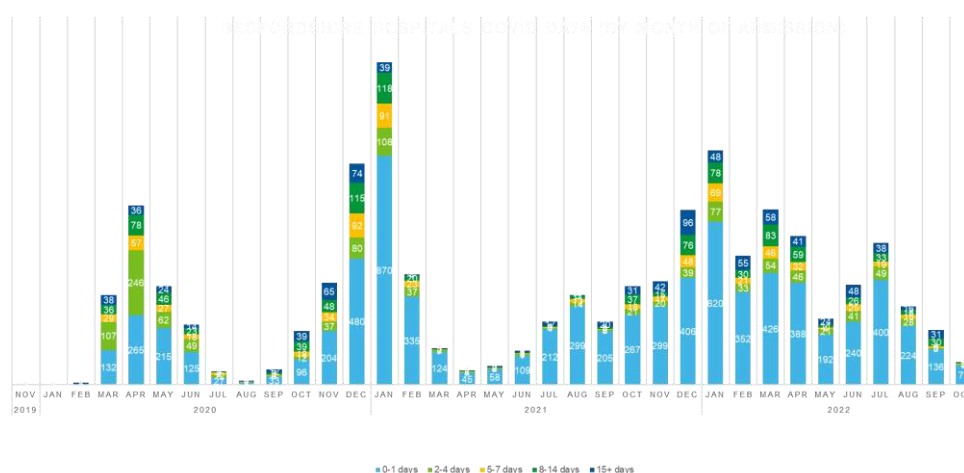
- PACs tendering process down to two suppliers; awarding contract and implementation the next stage
- Datix replacement progressed at pace; InPhase chosen as supplier with go live planned for October 22

6. INFECTION CONTROL REPORT

A summary of key infections is presented below.

COVID 19:

There has been a regular decline in cases due to the Omicron variants during the summer period. However, in September the UK experienced a “mini peak” of cases in most regions in the UK.



The Omicron BA.5 variant is currently the most common COVID 19 variant isolated in the UK. Currently the pattern of disease in most patients is short lived, with mild to moderate symptoms. There has been a slight increase in hospital admissions with an accompanying increase in morbidity and mortality in all countries of the UK. With the winter period approaching, public health experts are warning of the possibility of a “twindemic” – a combined COVID 19 and Influenza season.

Testing for COVID 19: The Trust continues to support PCR based laboratory and point of care testing (POCT) in both hospitals. Staff and patient asymptomatic screening for COVID 19 has ceased and the Trust is closely monitoring the situation.

Vaccine news: Individuals who are eligible for a fourth autumn dose are being urged to take up the offer of vaccination. The vaccine on offer is a bivalent one in an effort to generate immune response against the Omicron variant and the predecessor COVID 19 strains. It is also advisable to ensure good uptake of the seasonal Influenza vaccine. It is hoped that even though the vaccine may not prevent infection it will prevent severe disease and the significant morbidity and mortality experienced in the past.

Monkey pox:

Case numbers have declined in recent days with most cases remaining in high-risk groups mainly around London. The public health urgency around this disease is expected to be stood down. Pre-exposure vaccination is offered to individuals identified in the high-risk groups. In Bedfordshire case numbers remain low.

Endoscope Decontamination incident:

The contamination incident in the endoscope decontamination unit at Bedford hospital, where the final rinse water in the unit failed sterility testing has been resolved. A detailed investigation took place but failed to identify the source of the rinse water contamination.

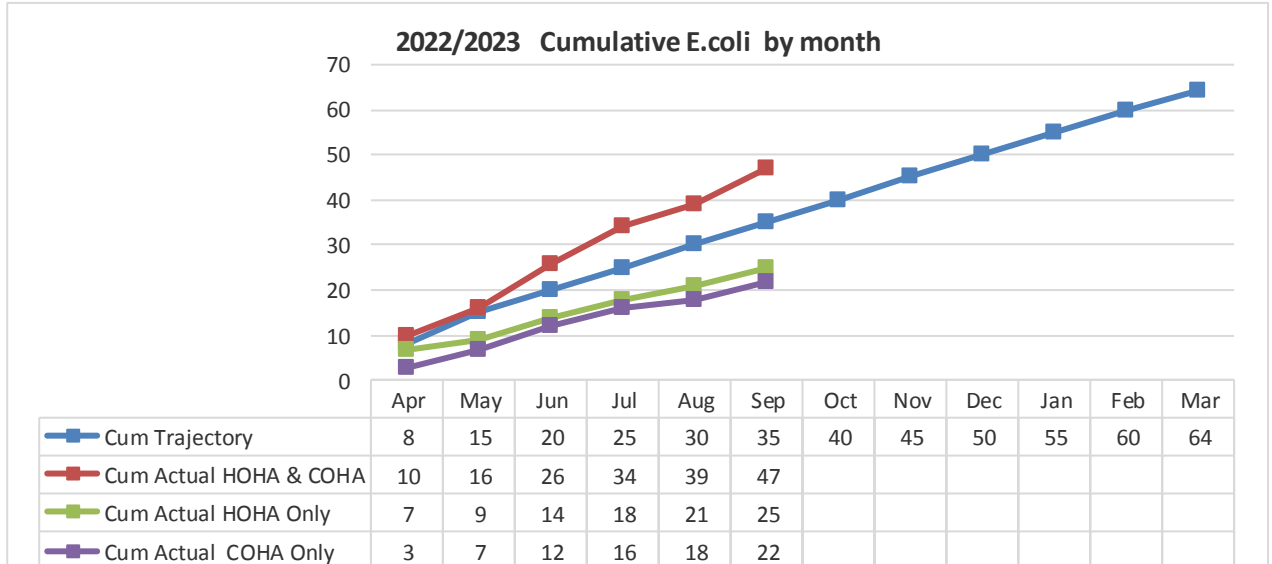
Influenza and RSV:

Infections due to these seasonal infections are currently reported in low numbers.

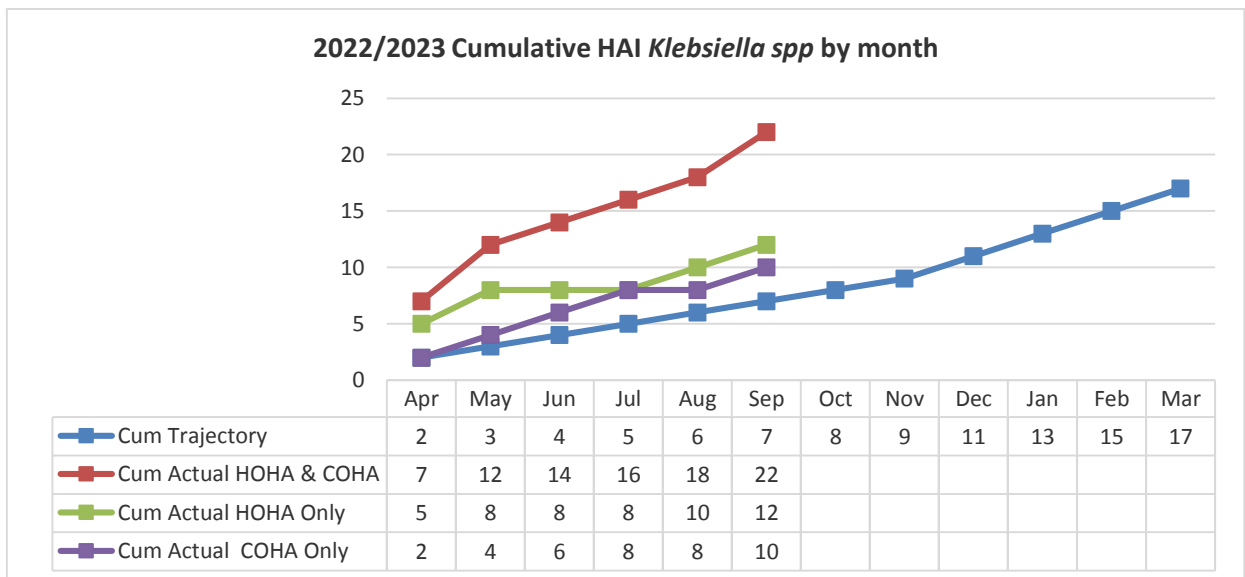
Mandatory reporting of bacteraemia due to E.coli, Klebsiella spp, Pseudomonas aeruginosa and Staphylococcus aureus and Clostridioides difficile diarrhoea:

Please note: New guidance setting thresholds for these organisms has recently been released. This has resulted in the trajectory charts showing poor performance. Additional category of infections have been included this year but the allocated ceiling has remained the same.

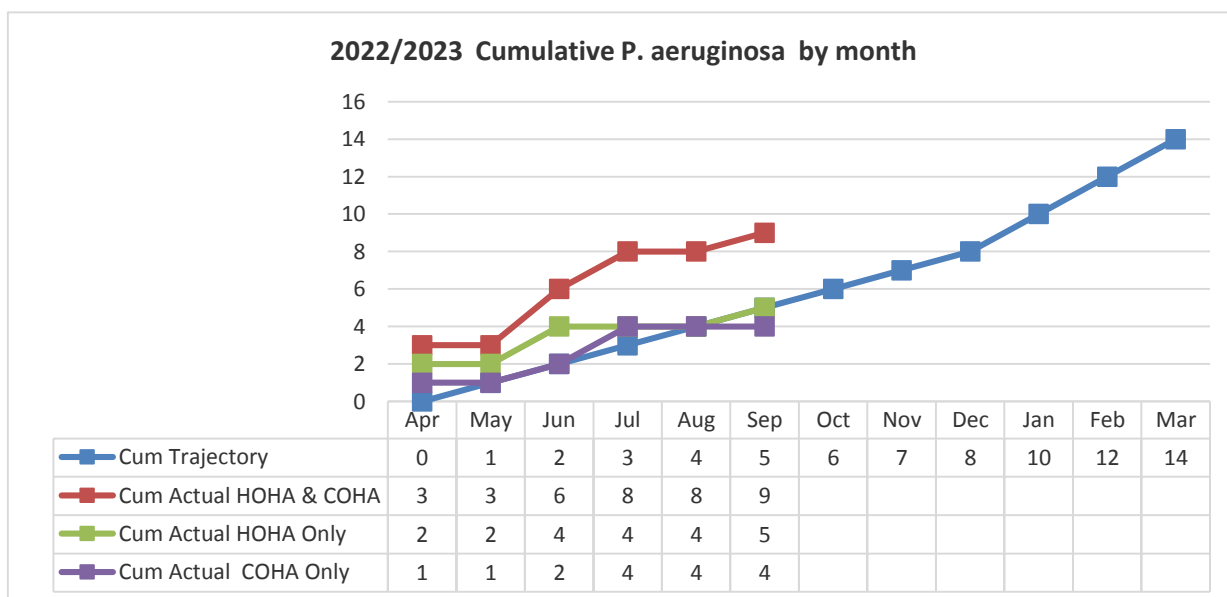
**E.coli Hospital Acquired infections 2022/23.
(Admission day is Day zero)**



**Klebsiella spp. Hospital Acquired infections 2022/23.
(Admission day is Day zero)**



**Ps. aeruginosa Hospital Acquired infections 2022/23.
(Admission day is Day zero)**



**Clostridioides difficile Hospital Acquired infections 2022/23.
Age > 2yrs, Hospital >1day
(Admission day is Day zero)**



Luton		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Totals (ongoing)
MRSA Bacteraemia	HOHA	1	0	0	0	0	0							1
	COHA	0	1	0	0	0	0							1
	COCA	1	1	0	1	0	0							3
C.diff	HOHA	2	3	4	0	5	3							17
	COHA	1	1	0	2	1	0							5
	COIA	0	0	0	0	0	0							0
	COCA	3	1	1	1	0	1							7
E.coli	HOHA	5	2	5	2	2	3							19
	COHA	3	2	4	2	1	1							13
	COCA	8	12	10	16	13	9							68
MSSA	HOHA	3	2	1	2	2	1							11
	COHA	0	0	1	0	0	0							1
	COCA	7	1	2	6	2	2							20
Pseudomonas	HOHA	2	0	1	0	0	0							3
	COHA	1	0	0	0	0	0							1
	COCA	1	1	1	1	0	1							5
Klebsiella	HOHA	3	2	0	0	2	1							8
	COHA	2	1	1	1	0	2							7
	COCA	4	3	1	5	3	7							23
Enterobacter BSI	HOHA	0	0	1	0	0	0							1
	COHA	0	0	0	0	0	1							1
	COCA	0	0	2	1	1	2							6
MRSA Screen	HOHA	3	1	4	0	0	1							9
	COHA	1	3	2	1	1	0							0
	COCA	16	24	19	26	18	24							127
MRSA Clinical	HOHA	1	1	0	1	1	1							5
	COHA	1	2	1	1	1	2							0
	COCA	8	4	5	9	12	11							49
VRE	HOHA	1	6	2	5	1	0							15
	COHA	0	0	0	1	0	0							1
	COCA	2	2	1	0	1	3							9
CPE	HOHA	0	0	1	0	0	0							1
	COHA	0	0	0	0	0	0							0
	COCA	2	0	0	0	0	0							2
MDRGNB	HOHA	9	10	15	9	20	16							79
	COHA	0	0	0	0	0	0							0
	COCA	46	59	42	48	57	54							306
COVID	DEF	26	9	7	23	11	2							78
	PROB	45	8	4	10	10	1							78
	IND	32	13	5	25	19	4							98
	CAI	485	281	63	467	301	160							1757
FLU	HOHA	0	0	0	0	0	0							0
	COCA	18	5	3	14	2	10							52
RSV	Total	5	5	4	10	4	5							33
Norovirus	Total	4	1	1	6	8	3							23
Monkey Pox	Total	0	1	2	1	0	0							4

Bedford		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Totals (ongoing)
MRSA Bacteraemia	HOHA	0	0	0	0	0	0							0
	COHA	0	0	0	0	0	0							0
	COCA	0	0	0	0	1	0							1
C.diff	HOHA	2	3	1	6	2	5							19
	COHA	0	0	1	0	1	1							3
	COIA	1	1	1	0	1	0							4
	COCA	2	1	2	0	1	2							8
E.coli	HOHA	2	0	0	2	1	1							6
	COHA	0	2	1	2	1	3							9
	COCA	8	6	9	7	6	7							43
MSSA	HOHA	1	1	0	1	2	0							5
	COHA	0	0	0	1	0	1							2
	COCA	0	1	1	1	3	1							7
Pseudomonas	HOHA	0	0	1	0	0	1							2
	COHA	0	0	1	2	0	0							3
	COCA	1	1	0	0	3	0							5
Klebsiella	HOHA	2	1	0	0	0	1							4
	COHA	0	1	1	1	0	0							3
	COCA	1	1	0	0	0	1							3
Enterobacter BSI	HOHA	0	1	0	0	0	0							1
	COHA	0	0	0	0	0	0							0
	COCA	0	0	0	1	0	0							1
MRSA Screen	HOHA	0	0	1	0	0	2							3
	COHA	0	0	1	0	2	0							3
	COCA	2	2	4	1	2	5							16
MRSA Clinical	HOHA	0	2	0	1	0	3							6
	COHA	0	0	2	0	1	1							2
	COCA	3	1	4	5	7	3							23
VRE	HOHA	2	1	0	1	3	1							8
	COHA	0	0	0	0	2	1							3
	COCA	0	0	0	0	1	0							1
CPE	HOHA	0	0	0	0	0	0							0
	COHA	0	0	0	0	0	0							0
	COCA	0	0	0	0	0	0							0
MDRGNB	HOHA		11	7	4	3	4							25
	COHA		2	0	1	1	1							4
	COCA		10	5	4	9	5							28
COVID	DEF													0
	PROB													0
	IND													0
	CAI													0
FLU	HOHA	5	0	1	0	0	0							6
	COCA	0	0	0	2	0	0							2
RSV	Total	2	1	4	2	7	4							16
Norovirus	Total	1	0	1	0	0	0							2
Monkey Pox	Total	0	0	0	0	0	1							0

7. LEARNING FROM DEATHS QUARTERLY REPORT 2022/23 Q3

Mortality review process update

Work continues with the clinical service lines to support learning from deaths, including identifying themes and highlighting aspects of care for quality improvement. Structured Judgement Reviews (SJRs) continue to be shared with the service line triumvirate to inform case discussion at governance forums. Further work is needed to ensure cross-cutting themes are shared across the service lines and Trust.

Configuration of the mortality module as part of the introduction of InPhase as the new Trust risk and safety incident management system has commenced. Transition from DCIQ to InPhase is anticipated to be completed by the end of October 2022. Involvement from end to end users is being sought to ensure it meets the needs of the Trust with respect to the mortality review process and methodology and the learning from deaths agenda.

Mortality review data

The following tables provide a breakdown of the deaths occurring within Q1 2022/23.

Table 1 Summary of Q1 2022/23 deaths, (no.532) by age and gender

	No. deaths	Gender		Age (years)	Age (years)	Age (years)
		Male	Female	Range	Mean	Median
Bedfordshire Hospitals	530*	277	253	33 - 102	79	81
Bedford	226	124	102	33 - 102	79	81
L&D	304	153	151	42 - 102	79	82

*excludes paediatric deaths (LDH, no. 1, aged 4 years) and stillbirths (no.10, BH 1, LDH, 9)

Table 2 Summary of all deaths in Q1 2022/23 by month (1 April - 30 June 2022)

Month in Q1 2022/23	Bedfordshire Hospital	Bedford	L&D
April	161 (31%)	70	91
May	193 (36%)	89	104
June	176 (33%)	67	109
Total no. deaths	530	226	304

There were 130 more deaths in Q1 2022/23 (no.530) compared to Q1 2021/22 (no. 400) across Bedfordshire Hospitals (BH +49, LDH +81).

In Q1 2022/22 for Bedford Hospital there were 24 excess deaths compared to the 5 year pre-COVID average and in comparison to -25 excess deaths in Q1 2021/22.

In Q1 2022/23 for Luton and Dunstable Hospital there were 15 excess deaths compared to the 5 year pre-COVID average and in comparison to -57 excess deaths in Q1 2021/2022.

Tables 3a, b Summary of all deaths in Q1 2022/23 deaths by ethnicity, hospital site

BH - Ethnicity	No. patients	LDH - Ethnicity	No. patients
Any Other Asian background	3	Any other Asian background	2
Any Other White background	9	Any other Black background	1
Bangladeshi	1	Any other Mixed background	3
Indian	3	Any other White background	8
Irish (White)	1	Bangladeshi	4
Not Specified	3	Black - African	2
Other Ethnic Group	1	Black - Caribbean	4
White (British)	205	British - Caribbean	4
Total no. patients	226	Indian	5
		Not stated - ask patient	22
		Pakistani	6
		Refused to give	2
		White - British	228
		White - Irish	13
		Total no. patients	304

When compared to the previous quarter (Q4, 2021/22) the length of stay in Q1 for Bedford Hospital was lower with a decrease of 1.4 days, mean and 1 day, median. For Luton and Dunstable Hospital there was a decrease of 1.1 days, mean and 1 day, median length of stay. (Table 4).

Table 4 Summary of Q1 deaths by Length of Stay (LoS) in Q1 2022/23

	LoS (days) Range	LoS (days) Mean	LoS (days) Median
Bedfordshire Hospitals	0 - 114	11.3	7
Bedford	0 - 83	11.6	7
L&D	0 - 114	10.9	7

The percentage of deaths occurring within 24 hours of admission demonstrates a relatively consistent trend across both hospitals (Figures 1a and 1b). All deaths occurring within 24 hours of admission are subject to review by a Deputy or Associate Medical Director, with findings presented at the monthly Learning from Deaths Board.

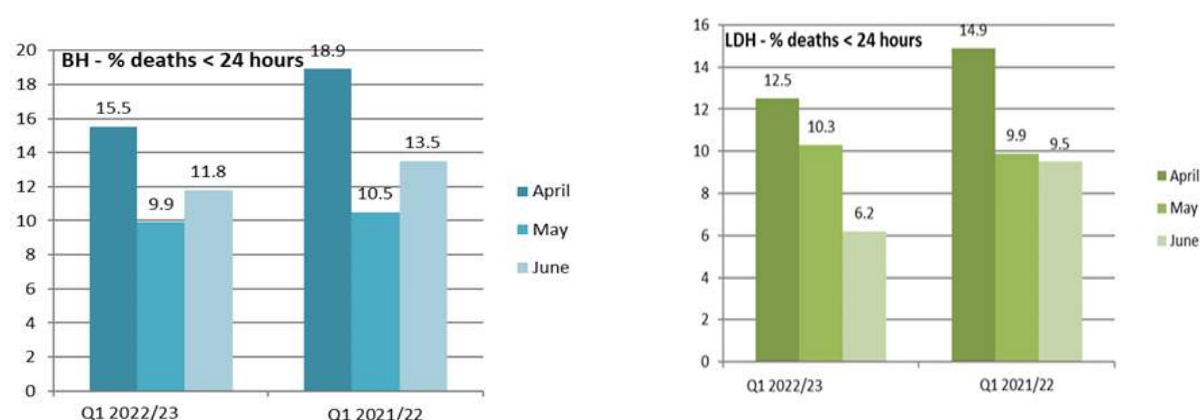


Figure 1a and 1b Percentage of deaths within 24 hours of admission in Q1 2022/23

Primary and Structured Judgement Reviews (SJRs)

SJR outcomes and impact on learning from deaths will be more fully represented on completion of all outstanding case reviews for patients who died in Q1 2022/23 (no.20 /65, 40%, as of 01/10/2022).

Table 5 Primary reviews completed and Structured Judgement Reviews (SJRs) requested and completed in Q1, 2022/23

	Total no. deaths (Q1, 2022/23)	Total no. Primary Reviews completed*	Total no. SJRs requested	Total no. SJRs completed
Bedfordshire Hospitals	530	516 (97%)	65**	45/65***
Bedford Hospital	226	181	27	24/27
L&D Hospital	304	335	38	21/38

No. includes primary reviews for non-admitted patients who presented and died in ED*

Patients who died in Q1**

SJRs allocated and awaiting completion for deaths occurring in Q1***

Total no: 20, (BH, 3 and LDH, 17, as of 01/10/2022)

Data source: DCIQ

Compared to Q4 2021/22, in Q1 there is an increase (15%) in the percentage of primary reviews completed, a lower percentage of SJRs were requested (13% compared to 18%), and one fewer SJR was completed.

SJR completion for patient deaths by location of death is illustrated in tables 6a and 6b reflecting a similar distribution as previously reported.

Table 6a (BH), b (LDH) All SJRs - completed for patient deaths in Q1 2022/23 (no.45) by location of death by hospital site

Bedford Hospital - Location of death		Luton and Dunstable Hospital - Location of death	
No. SJRs completed		No. SJRs completed	
Critical Care	4	Emergency Department	1
Acute Assessment Unit	2	Emergency Assessment Unit 2	1
Elizabeth Ward	1	Intensive Care	4
Howard Ward	2	Ward 10	2
Pilgrim Ward	2	Ward 11	1
Shuttleworth Ward	1	Ward 5	1
Harpur Ward	5	Ward 14	2
Reginald Hart Ward	4	Ward 15	2
Shand Ward	1	Ward 17	1
Whitbread Ward	2	Ward 18	2
Total No. SJRs completed	24	Ward 19a	1
		Ward 19b	1
		Ward 20	1
		Ward 23	1
		Total No. SJRs completed	21

The trend for reason for referral (Table 7) continues as in previous quarterly reporting, with ME or staff concerns the primary reason for referral at LDH (no.11, 52%, figure 2b). Previously for BH the primary reason for referral for SJR was nosocomial COVID, for this quarter it is ME or staff concerns (no. 8, 33%, figure 2a).

This may reflect the higher percentage of primary reviews undertaken at LDH compared to BH (Table 5,) and also the lower prevalence of COVID for this quarter.

Table 7 reason for referral for SJR in Q1 2022/23 (no.45) for Bedfordshire Hospitals

Bedfordshire Hospitals - Reason for referral	No. SJR referrals
Family Concerns	3
Fractured Neck of Femur (#NOF)	6
Learning Disability	1
Nosocomial COVID	9
Readmission within 48 hours of discharge	2
Special Circumstances (i.e. AKI, Sepsis)	3
Staff or ME concerns	19
Unexpected Death	2
Total no. SJRs referred	45

Bedford Hospital - Reason for referral (SJRs no.24)

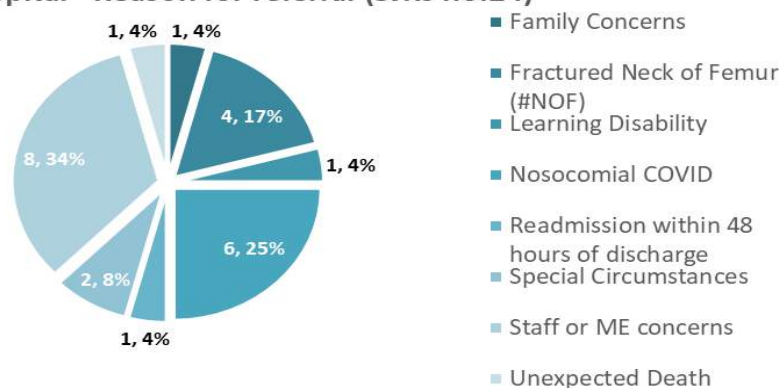


Figure 2a Reason for referral (no., %) for SJR, Bedford Hospital in Q1 2022/23 (no. 24)

Luton and Dunstable Hospital - Reason for referral (SJRs no.21)

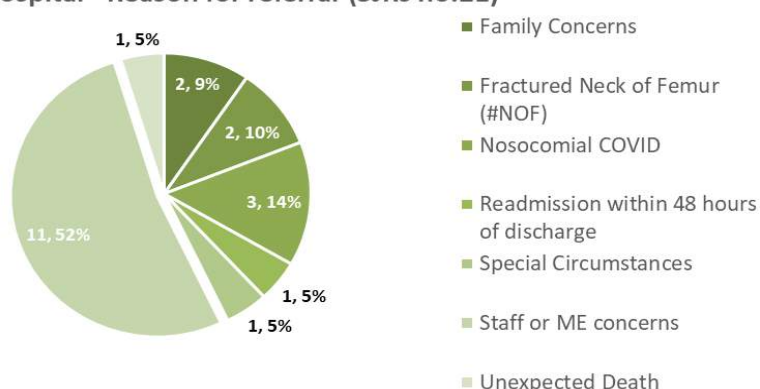


Figure 2b Reason for referral (no., %) for SJR, Luton and Dunstable Hospital in Q1 2022/23

For the 3 cases referred for SJR in view of family concerns, while no formal complaints resulted, for 1/3 cases the family contacted PALS due to a concern in relation to communication and Do Not Attempt Cardiopulmonary Resuscitation

(DNACPR) decision making. This was resolved following further discussion between the Consultant and family.

Table 8 illustrates the avoidability scores assigned following SJR completion for Bedfordshire Hospitals. Figures 3a and 3b provide hospital site level detail. Please note data is subject to change following completion of outstanding SJRs (no.20)

Table 8 Avoidability scores assigned (no.45) for deaths occurring in Q4 2021/22 and referred for SJR

Assigned avoidability scores (all completed SJRs)	No. cases (45)	Case Identified
Score 1: Definitely avoidable	0	
Score 2: Strong evidence of avoidability	1	Q12022/23 A
Score 3: Probably avoidable (more than 50:50)	1	Q12022/23 B
Score 4: Possibly avoidable but not very likely (50:50)	6	
Score 5: Slight evidence of avoidability	6	
Score 6: Definitely not avoidable	30	
No avoidability score assigned	1	
Total no. SJRs	45	

Bedford Hospital - Q1 2022/23, Assigned avoidability scores (no. 24)

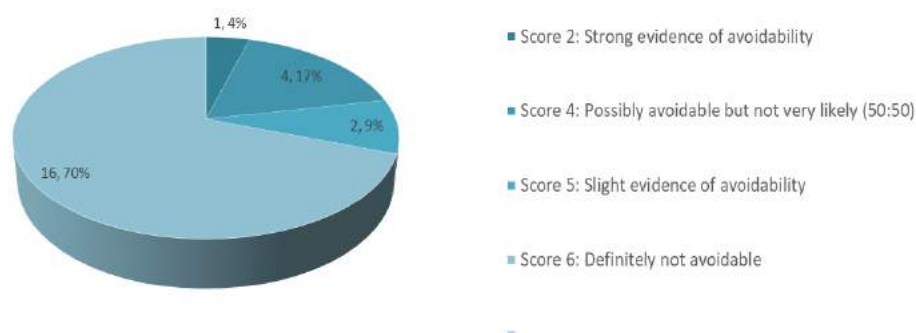


Figure 3a Assigned avoidability of death judgment score for Bedford Hospital in Q1 2022/23 (no. 24)

Luton and Dunstable Hospital - Q1 2022/23, Assigned avoidability scores (no.21)

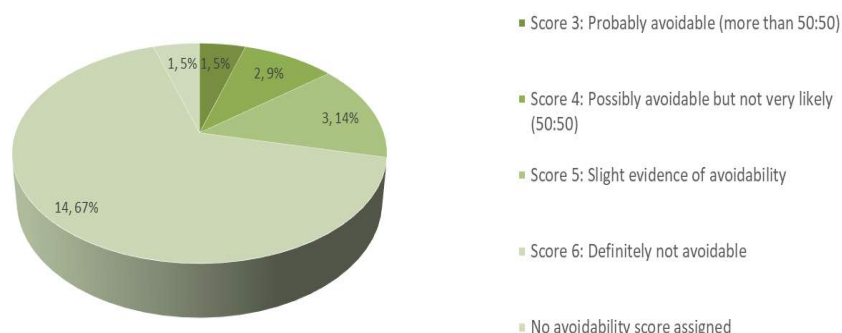


Figure 3b Assigned avoidability of death judgment score for Luton and Dunstable Hospital in Q42021/22 (no. 20/21)

Potentially preventable deaths (avoidability scores, 2, 3) account for 4.4 % (n=2) of completed SJRs to date (no.45/65, table 5). If the 20 SJRs allocated, awaiting completion for the deaths occurring in Q1 are included, for the 2 cases assigned an

avoidability score of 2 and 3 this equates to 3.0%. This is assuming no additional avoidability scores of 1, 2 or 3 are allocated. An updated position for Q1 will be provided in Q2 2022/23 reporting.

Case note review and learning

Detailed review findings and learning from the two cases assigned an avoidability score of 2 or 3 are included in reporting for the LfDs Board. Summary learning and the good practice identified are highlighted below.

Key learning identified:

Importance of giving full consideration of the benefits and risks when requesting investigations, in patients with impaired renal function.

Importance of including daily review of all medications prescribed including those placed 'on hold' as part of the daily ward round.

Areas of good practice were also noted including good end of life care and communication with patients and families.

Q4 2022/23 reconciliation

Previous reporting identified there were 51 SJRs allocated awaiting completion for patients who died in Q4 2021/22 (as of 01/06/2022). In reconciling these outstanding reviews to date (01/10/2022), 28/51 remain outstanding (BH, 8 and LDH 20).

Of the additional SJRs completed for patients who died in Q4, and not previously included in reporting (no. 23, total 68/96, in addition 3 further cases where the SJR has been completed and are awaiting final approval), no further cases were assigned an avoidability score of 1, 2 or 3. Potentially preventable deaths, therefore, account for 1.5% deaths in Q4 where an SJR was undertaken, (n=1, assigned an avoidability score of 3, detailed in Q4 reporting). If the 28 SJRs that remain outstanding for the deaths occurring in Q4 are included, this equates to 1%, assuming no additional avoidability scores of 1, 2 or 3 are allocated.

The breakdown of assigned avoidability scores to date for Q4 2021/22 is reported in table 9.

Table 9 Avoidability scores assigned (no.68) for deaths in Q4 2021/22 and referred for SJR

Avoidability score assigned	No. cases (All SJRs , no. 68)
Score 1: Definitely avoidable	0
Score 2: Strong evidence of avoidability	0
Score 3: Probably avoidable (more than 50:50)	1
Score 4: Possibly avoidable but not very likely (less than 50:50)	14
Score 5: Slight evidence of avoidability	9
Score 6: Definitely not avoidable	43
No avoidability score assigned	1
Total no. SJRS completed	68*

Note: data is subject to change following completion of the outstanding SJRs (no.28).

*Includes 3 completed SJRs awaiting final approval, all assigned an avoidability score of 6.

In addition to the 28 SJRs awaiting completion for Q4 2021/22 there are an additional 7 outstanding for Q3 (BH no. 6 and LDH no. 1) and 2 outstanding for Q2 (LDH no.2) for 2021/2022. This is fewer than last reported and follows a focused review with learning identified and subsequent closure (no. 22) of historical referrals for SJR undertaken by the Deputy Medical Directors. The outputs of this review were reported in the Q4 2021/22 report.

Next steps

Following completion of the outstanding SJRs for Q1, reporting for Q2 2022/23 will provide an updated position, including the avoidability judgements assigned and the learning identified.

Ensure the InPhase mortality module is configured to meet the needs of the mortality review process and methodology and to support the learning from deaths agenda.

Continue the work with the clinical service lines to ensure learning from deaths is embedded within their quality governance activities, including identifying and sharing cross-cutting themes.

8. MANAGEMENT OF CQUINS

The Trust is currently working towards the nine CQUIN schemes for 2022/23, engaging relevant clinical teams and key stakeholders to ensure a collaborative approach. For each of the schemes there are minimum and maximum thresholds for conformance.

The ongoing impact of operational pressures and workforce challenges associated with 'living with COVID' and the elective recovery programme, means that progress with the CQUINs remains challenging as they are delivered by frontline staff. Data collection, varying IT systems and audit of clinical records also remains challenging within this context.

There remain four RED rag rated CQUINS to highlight at the end of Q1. With the validation of all the data completed at the end of August, we have now changed:

CCG 5 :Treatment of community acquired pneumonia in line with BTS care bundle to RED from AMBER, with escalation through relevant committees and identified areas of improvement have been actioned and implemented during Q2.

Positively CCG7 : Timely communication of changes to medicines to community pharmacists via the discharge medicines service (DMS) has been changed from RED to AMBER from the data. Audits of each of the CQUINs for Quarter 2 are uploaded to the national data base with validation in progress of Q2 for end of November Quality Committees.

9. MEDICAL EDUCATION UPDATE

Across the sites: The NETS survey is currently under way and we anticipate the results in the Spring 2023.

The educational team continue to develop the educational environment and support high quality supervision and training for all our junior doctors and students.

The Education department have aligned the structure and policy across the 2 sites. The team have developed a non-clinical structure with a Band 8a having oversight of the Educational admin team and facilities. To help develop a joint educational approach for all our learners and students, medical and non-medical work is underway to develop an Education Board which will bring together strategies for all learners and students under a formal structure. This will help to develop an organisational Educational strategy for Medical and Non-medical learners.

As an organisation our GMC results for the Luton site are generally good with the only exception this year being the Emergency departments and Paediatrics where there is more negative feedback than previously. This is likely to be related to the increase in pressure and activity in these two areas. For the Bedford Hospital site over the last 2-3 years the survey results have improved and again this year the survey results are better. Compared with similar trusts in the region it is clear that the Trust is doing consistently well but needs to address elements of the educational environment to making training consistently better at each site.

On-going quality monitoring:

Luton site

Speciality Schools – There are no outstanding risk issues identified by HEE for any speciality at the Luton site

Bedford site

Following review by the senior leadership team at HEE and recommendations made to the GMC, the GMC have removed the enhanced monitoring that was in place for over three years at the Bedford site in connection with Foundation and Core medical training. This means that the Bedford Hospital site will no longer be part of an enhanced monitoring process. This together with the improvement in the risk rating from HEE is really positive and reflects on the hard work of the Education team as a whole and the support the Trust continues to give to the educational team.

10. NURSING & MIDWIFERY STAFFING REPORT

The Reports are attached as **Appendices 2a and 2b.**

11. INFORMATION GOVERNANCE QUARTERLY REPORT

The Information Governance Quarterly Report is attached as **Appendix 3.**

12. MATERNITY SERVICES UPDATE

The quality improvement programme for our maternity services continues at pace. We await the report of the CQC unannounced inspections in August this year

A visit by the National Maternity Safety Support Programme (MSSP) consisting of Sacha Wells Munro; Deputy Chief Midwifery Officer , Professor Donald Peebles (Consultant UCLH and Obstetric lead for MSSP) and Dr Marie Lewis our MSSP advisor, provided the midwifery and obstetric teams at Bedford the opportunity to share progress against the CQC Quality Improvement Plan, the Maternity Strategy and workforce initiatives. There was acknowledgement by the team of significant improvements and innovation over the last two years. The teams were particularly pleased to share the progress in recruitment of International Midwives which was celebrated in an evening event with attendance from the CMO Professor Jacqueline Dunkley- Bent.

13. REPORT FOLLOWING THE INVESTIGATION INTO EAST KENT MATERNITY AND NEONATAL SERVICES

The Trust is in the process of reviewing the findings of this independent investigation following the publication of the 'Reading the signals' report on the 19th October 2022. The report reconfirms the requirement for the Board to remain focused on delivering personalised and safe maternity and neonatal care. The Trust and the Board must ensure that the experience of women, babies and families who use our services are listened to, understood and responded to with respect, compassion and kindness.

We will be reviewing the findings of this report through our Quality Committee which will be reported to the next public board meeting in February 2023. The response will outline any action that needs to be taken, and how effective assurance mechanisms are at 'reading the signals'.

14. FREEDOM TO SPEAK UP (FTSU)

Quarter 2 referrals July to September 2022

Concerns raised on the Bedford site

There were six new concerns and two ongoing concerns carried forward from Quarter 1.

Patient safety – 2

The concerns about the problem with patient transport have now been resolved and new guidelines issued. The second remains ongoing and OD interventions are being made. New concerns have been raised and are being addressed.

Staff safety/quality issues - 6

All other issues in the last quarter have been staff-related. Four areas were clinical, two were non-clinical. These include attitudes and behaviours of both staff and

managers, and misunderstandings caused by poor communication. These have or are being resolved with HR and OD interventions.

Concerns raised on the L&D site

There were nine new cases for Quarter 2, one covered more than one element.

Patient Safety/Quality (1)

An anonymous complaint raised concerns about a manager, which they thought was impacting on poor staffing numbers, retention of staff and how this was potentially affecting the quality of care provided to patients.

Staff safety (2)

There were two cases involving the application of HR policies impacting on members of staff.

One case involved the application of a HR policy - at the time more beneficial for staff who work on one site compared to the other site. The Trust is in the process of harmonising employee relations policies. The other case involved another staff member who was told they had lost some of her annual leave as excess hours could not be carried forward. The area has low staffing numbers and it is difficult to find cover for the service. This has now been resolved.

Attitudes and Behaviours (7)

There have been a number of issues raised by staff alleging poor behaviours of Line Managers in different clinical/work areas. Some of the allegations have an element of alleged bullying and harassment, poor communication, all impact on health and wellbeing.

Feedback on the temperature of the hospitals

The Peer Listeners report to the Trust's Clinical Psychologist for support and feedback on the trends and issues raised by staff. The importance of recognition and thanks is a live issue for staff who often feel unappreciated. Morale is lower than pre-pandemic and clinical areas are very apprehensive about winter pressures. Some are concerned that they will lose office and staff space to make room for additional beds.

Guardian activity

There is a new FTSU Champion on the L&D site with another in the process of recruitment. This will bring the total number of champions to six to support the two Guardians.

The OD Team and FTSU Guardians have been working on a 'Freedom to Speak Up' reflection and planning tool, which the National Guardian Office recommends completion every two years. The tool helps identify strengths in the Trusts FTSU arrangements and level of senior leadership engagement as well as gaps that need work. It concludes with high-level actions that need to be taken to further develop our FTSU arrangements across both sites.

The Guardians continue to attend a number of Induction events including Junior Doctors, MDT Preceptorship and newly appointed Consultants. The Guardians met

with the CQC Inspection team during the Well-Led visit where they focussed on the leadership and governance at Trust Board and Executive Team level, looking at the Trust's overall vision and strategy, governance, management, improvement and culture.

October is Freedom to Speak Up Month and the theme is "FTSU for Everyone" and focusses on the impact Freedom to Speak Up can bring to safety, civility and inclusion, all intrinsically linked to our Trust THRIVE values. Speak Up month is an opportunity to raise awareness and the difference FTSU is making. The Guardians have worked with the OD Team and Communications to make a promotional video and have displays on both sites.

15. ESTATES & FACILITIES UPDATE

Hard FM Update

On the 4th October the L&D experienced an electrical outage on part of the site. The site mobilised its incident command centre to oversee and manage the incident. The root cause of the incident was identified as a result of a computer software update on one of the sites electrical substations opening an electrical breaker.

Once the root cause of the outage had been defined electrical services were restored and a period of testing was carried out to prove the system stability. The system manufacture has identified this as an anomaly which is being investigated.

A full incident debrief will be carried out on this incident to ensure that a similar incident does not occur in the future and that all lessons are learnt from this moving forward.

The L&D site will see a planned transition commence in the New Year where heating services are moved across to the new district heating systems. The estates & redevelopment teams are working closely with our energy partner to ensure minimal interruptions to services during this period.

The estates management structure for the trust is developing after recent successful recruitment drives. This is allowing the benefits of merger to come into play with shared policies and procedures being pulled together and implemented. The team has, and is continuing to work closely with the procurement team to align key contracts across the estate to provide same level of service, resilience and quality across both acute sites.

All routine servicing and verifications on critical ventilation plant have been completed in this period.

All routine water sampling and testing has been completed in this period. Both sites have seen a slight fall in water quality in the period. All PPM's and actions arising are being carried out in accordance with policy and guidance.

Soft Services Update

The new cleaning standards have been implemented across the sites as of May this year. Scores are a combination of domestic, nursing and estates and result in a star rating. Ratings rang from no stars to a five star rating. During the period neither sites have had ratings less than four stars.

The month of October will have seen the national PLACE assessments completed on both sites. Representations from 'Health Watch', Governors, Hospital Volunteers and clinical representations assisted with this audit process, following national guidelines.

At the time of writing this report the Luton assessment had been completed with positive feedback from the facilities team members. Scores from both assessments will be uploaded to the national website with results being released in the future after central verification.

In November the facilities Patient Environment Group (PEG) will align across both sites. The purpose of this group is to carryout PLACE based assessments throughout the year across wards and departments. The assessments go beyond the national PLACE remit and include back of house areas across the estate. Meetings and assessments are attended by the E&F teams, ward and department leads and Hospital Governors.

16. COMMUNICATIONS AND CHARITIES

COMMUNICATIONS

External Communications and Media

Media activity decreased August to October period dealing with 33 media enquiries. This was a 14% decrease compared to the previous period. Media enquiries included the impact of the death of Queen Elizabeth II, cost of living increase and what impact on our staff and services, tackling long patient waiting lists, A&E waiting times, Targeted Lung Health Checks and opening of the redeveloped Cauldwell Centre at Bedford. Requests were from local and regional media representatives.

Positive stories reported in the local press included community midwife at Bedford assessment of one of her pregnant women led to detection of a CO2 leak in the woman's home. This assessment potentially saved the woman's, her unborn baby's and her family's lives. The broadcast coverage of the opening of the new outpatient's area across two floors in the redeveloped Cauldwell Centre shared the benefits to staff and patients of the change. A further positive highlight was the BBC Look East report covering the Targeted Lung Health Checks, which highlighted the importance of attending screening.

Social Media:

Hospital site	Social media channel	Number of likes/followers	Increase from July 2022
Bedford	Facebook	8,508 (these have changed from likes to followers)	+815
L&D	Facebook	10,806 (these have changed from likes to followers)	+1,251

Hospital site	Social media channel	Number of likes/followers	Increase from July 2022
		followers)	
Bedford	Twitter	6,919	+107
L&D	Twitter	6,432	+154
Bedford	Facebook Maternity Page	5,115 (these have changed from likes to followers)	+402
L&D	Facebook Maternity Group	2,350	+126
Bedfordshire Hospitals	Instagram	1,198	+33
Bedfordshire Hospitals	LinkedIn	1,361	+419

A few highlights from August to October on social media channels include:

Key posts were around using alternative health services if not an emergency.

- Bedford 9 October – 12.1k
- L&D 9 October – 43k

Redevelopment posts continue to receive a high reach and engagement:

Bedford	L&D
<ul style="list-style-type: none"> • Cauldwell Centre opening tour – 3.4k • Cauldwell Centre official opening – 4.1k • Cherry Tree garden official opening – 6k • ED facilities for staff – 4.1k 	<ul style="list-style-type: none"> • Time lapse updates – 2.1k and 11k • Lewsey Road closure, 4.8k • Residents meeting invite – 8.5k • Change of access for corridor closure – 14.5k

The Trust has supported awareness campaigns including National Inclusion Week, Baby Loss Awareness Week, World Mental Health Day, Hypo Awareness Week, Organ Donation Week, International Week of Deaf People, Gynaecological Awareness Month, World Menopause Day, AHPs Day and World PT Day.

Website Accessibility

The Trust website continues to be one of the highest performing acute hospital websites against the Web Content Accessibility Guidelines (WCAG). On 23 September 2018 new regulations on the accessibility of websites and mobile applications of public sector bodies came into force in the UK. The government are monitoring affected websites and apps to check they follow the rules and aren't breaking legal requirements.

The Trust are currently at 96% conformance for A and AA issues (Government guideline best practice) putting the Trust in the top three hospital websites. There is still some work to be done to ensure PDF documents meet national standards and a plan is in place to resolve this issue.

Website Statistics

During this period, the Trust had 206K users visit the website with 453K sessions. 65% of users accessed the site with a mobile phone, 32% with a desktop/laptop and 3% with a tablet. The top five visited pages were:

- Job vacancies
- Blood tests

- Information for visitors - Luton and Dunstable University Hospital
- Change/cancel appointments
- Information for visitors - Bedford Hospital

Intranet

Bedford	L&D
39K users with 287K sessions The most visited pages: <ul style="list-style-type: none"> • Do it online • Clinical hub • COVID-19 updates • Clinical guidelines • Pharmacy Department page 	27K users with 191K sessions The most visited pages: <ul style="list-style-type: none"> • Directory • Departments and wards • Do it online • Policies • Clinical guidelines

Internal Communications and Events

Microsoft Teams continues to enable meetings to take place remotely and virtually and allows us to successfully facilitate and support the below forms of staff communications:

- Monthly virtual All Staff Briefings led by the CEO with input from members of the Executive Team
- Virtual one-off live events
- One-off briefings led by the executive team members
- One-off events to aid national health campaigns

All Staff Virtual Briefings

These are held on the 3rd Tuesday of each month and continue to be an important way of engaging with our staff. This remains a vital opportunity for our staff to feedback views and ask the leadership team any questions. The sessions average around 180 live attendees each month and each session generates around 50 comments or questions on a variety of issues.

Staff app

In July 2022 the Trust launched a new staff app 'Team BEDSFT', which is a new communications channel that staff can access on their smartphones, which gives them quick and easy access to Trust information.

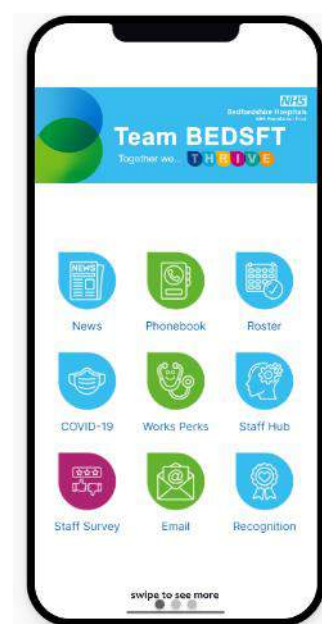
The app is paid for by advertisements that are discrete and are only advertisements which offer discounts/promotions to NHS staff.

The app was created based on feedback from staff, who have told us that they would be more inclined to look at key information and messages on a mobile app, as they do not necessarily have time to go on a PC to look at the intranet or their emails.

Uptake / analytics for the staff app

1 in 3 staff (2,675) have downloaded the new app. Analytics tell us that the most popular are:

1. Roster



2. Email
3. Employee online Luton
4. Employee online Bedford
5. ESR

CHARITIES

Charity Appeals

- Paediatric stabilisation room, funding complete, project starting.
- Riverbank ward, funding complete, project starting.
- Paediatric ED, funding complete, project underway.
- Give a Gift appeal – Active
- CT scanner, Luton - funding complete, project underway.
- Acute Service block
 - Tiny feet appeal (NICU) – in development
 - Parent's accommodation – in development
 - Robot – approaching donors
 - Maternity – in development
 - Theatres / ICU – in development
 - Green spaces – in development

Volunteering

- 119 volunteers are now active at the L&D site, and 74 at Bedford
- Eight Mealtime Assistants are back on site, with plans to introduce this service at Bedford and increase the number of Mealtime Assistants at Luton.
- Three new roles introduced at Bedford, one in Cardiology (admin, meet and greet), one in dermatology and also Family and Friends to support an increase in responses.
- The team has contributed to two national surveys – one an NHS Business Service Authority survey to address NHS volunteering recruitment costs, the other being an NHSE consultation looking at the current national picture of volunteering in the NHS.

St John Ambulance

- One new St John Ambulance Volunteer has also joined at Luton.

Blossom Project

- There are now 13 Blossom Volunteers at Luton with a further 3 in the recruitment process and 10 at Bedford.
- From August 21 – September 22 there have been 1083 volunteering hours, 442 patients supported and 18 wards supported.
- The Blossom Co-ordinator organised a Sponsored Walk from the L&D to Bedford Hospital on 6th October 2022 which raised £1121.05. This raised awareness of the project and also made a new connection for the Charity with Mercedes-Benz Bedford.
- Funding is secured to extend the Blossom Co-ordinator post to Feb 2024.

Student Volunteering

- The student volunteering programme is being reintroduced. This programme offers students a 5 month placement based on one ward to help support at mealtimes to help prepare patients for their meals, hand out meals and offer companionship.
- Interviews started for the first cohort this Month with a view to them starting towards the end of November
- A new student volunteering has also been introduced to support the Charity shop trolley service. Students have been interviewed and are currently going through the interview process

Work Experience

- Over the summer period, placements have been facilitated for those students who have been on the waiting list through the pandemic. 18 placements have taken place at the L&D hospital site with further placements being secured for later this year and 2023.
- Bedford placements are being processed through this team and then their placement onsite is coordinated through the Health Academy team.

NHS Career Sessions

- The aim was to expand sessions and support students with SEND. Two schools approached the Team, so far sessions have been delivered within one school and there are further sessions booked in January 2023.
- The feedback received was extremely positive, the session was delivered to 30 students
- The Team also attended a business enterprise group session to talk about NHS careers which involved 40 students

Trust, Grants and major gifts

- The Team are finalising project details and drawing down grants for both the Paediatric stabilisation room and Paediatric ED appeals.
- Grant reporting is underway, primarily for NHS CT, who required Stages 1,2 and 3 reports over the summer months. Bedfordshire and Luton Community Foundations have received reports for the funding they gave to the Take HeART Jubilee project.
- In preparation for final agreement on the ASB appeal, the team have been developing the fundraising prospect list, both through research and stakeholder engagement to identify new Trusts.

Community Fundraising

- The Mayo Association held their annual dinner dance and presented a cheque for £3000 for dementia patients
- The Charity Cricket Lunch on 13th October has so far raised £15,000 for the Children's Critical Care Room.
- Emma McGarrigle raised £3,800 for maternity bereavement
- Houghton Regis Memorial Hall weekly bingo nights raised £2,353 over the last year for NICU
- Sadie Martin raised £2,733 from her Just Giving page raising funds for the Children's Critical Care Room

- Theresa Brown donated £3000 for the Primrose unit
- The Provincial Grand Lodge of Bedfordshire donated £7000 for the Riverbank Ward from their Charity of the Year
- The Griffin Players raised £1,133 on their Just Giving Page for NICU
- Primrose Unit received a donation of £9402 in memory of Andrew Mott
- Bosom Pals made a donation to Primrose unit for £1,162
- Amazon made a donation of two pallets of blank notebooks for the Flu Vaccinations for staff
- Autumn Quiz raised £800 towards the Children's Critical Care Room.

Retail

- The Charity Hub volunteers have contributed **888** hours since the beginning of July. There are currently have **11** volunteers supporting the shop and **2** supporting the trolley service.
- Members of the team attended a group interview at Luton Sixth Form College on the 14th October. This was to recruit Student Volunteers to support with the trolley service. **10** students were interviewed with **9** of them being successful.
- The trolley service had a soft launch in September. There have been challenges with the system. The trolley has not yet been to the wards but has been trialled in Nova House to a very warm reception.
- The Costa machine is still proving extremely popular with sales rising, Since July, **£4,866.54** has been paid into the account from sales. The shop volunteers have been shortlisted for the "Service with a Smile" award at this year's Community Awards.

17. POLICIES & PROCEDURES UPDATE

Trust Wide Policies Approved August – October 2022 and are on the Intranet:

CP05T Controlled Drugs Policy
 S29T Severe Weather Plan
 T02T Transfer and Escort
 P22T Patient Experience
 F10T Adult Inpatient Falls Policy
 Infection Control Policies
 E21T Estates Health and Safety Management
 A11T Asbestos Management
 E20T Confined Spaces Policy
 S30T Small Appliances Policy
 M06T Medical Gas Systems Policy
 E10T Electrical Safety Policy
 HR8T Annual Leave Policy for Medical Staff
 HR6T Recruitment, Advertising & Selection Policy
 HR7T Disclosure and Barring Service Policy
 HR16T Bullying and Harassment Policy
 HR10T Flexible Working Policy
 HR9T Bank Worker Policy
 HR17T Work Performance Capability Policy

OP1L Operation Consort Plan
OP3L Evacuation Plan Luton
OP3B Evacuation Plan Bedford
OP2L CBRN Luton
OP2B CBRN Bedford
HR11T Annual Leave Non Medical Staff
HR12T Grievance Policy
E03T Equality and Diversity Policy
T03T Interpretation and Translation Policy
HR15T Stat Man Training / Induction
HR13T Sickness Absence

Approved extension for 12 months

- E-Rostering Policy (non medical)
- E-Rostering Trust wide (Bedford site)
- Registration Authority (Bedford Site)
- Registration Authority (L&D site) as attached
- Managing organisational change (Bedford)
- Managing organisation change (L&D)



Sent via email

Chief Executive David Carter
Bedfordshire Hospitals NHS Foundation Trust
Lewsey Road
Luton
LU4 0DZ

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Date: 22 September 2022

Your account: RC9
CQC Reference Number: INS2-13377298391

Dear David,

Re: CQC inspection of Bedfordshire Hospitals NHS Foundation Trust

Following the feedback meeting with myself, Antoinette Smith (CQC Inspection Manager), Luam Kidane (Inspector), Kathy McLean, Maureen Choong (CQC specialist advisers) and Margaret Pratt (NHS England financial specialist adviser) on 21 September 2022, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues Cathy Jones (Deputy Chief Executive/Chief Operating Officer), Victoria Parsons (Associate Director of Corporate Governance), Paul Tisi (Medical Director), Liz Lees (Chief Nurse), Matt Gibbons (Director of Finance), Catherine Thorne (Director of Quality and Safety Governance) and Fiona McDonald (Director of Culture) at the feedback meeting.

This letter does not replace the draft report and evidence log we will send to you, but simply confirms what we fed-back on 21 September 2022 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, 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.

Firstly, thank you to you and your team for welcoming us over the past two days and also during the core service inspections. Please do pass on our thanks to your teams.

An overview of our feedback

The feedback to you was:

- Leaders have the capability and experience to run the trust, however post-merger and the pandemic, we heard concerns from some members of the trust board regarding the capacity and bandwidth of the leadership team to be able to execute their plans. Throughout the interviews we also heard some uncertainty about portfolios and a lack of clarity regarding some elements.
- The trust strategy was approved by the Board of Directors last week which has been devised as a result of the external review commissioned by the trust. The trust has acknowledged there has been no engagement so far with patients, staff and the wider local health economy and plans are in place to do this. Leaders spoke about clinical strategies being driven and owned by clinical service lines.
- Leaders demonstrated empowering and compassionate and empowering leadership and wellbeing was high on the agenda. However, leaders recognised further work was required to embed the trustwide culture and values. Leaders also spoke openly about how equality impact assessments were not formally carried out.
- Governance structures and processes were in place, however the inspection team struggled to understand the governance processes specifically around clinical service line governance arrangements. This had also been highlighted recently through an external review commissioned by the trust. Leaders were collaborative and supportive of each other and were aware of risk, pressures and improvement plans. However, the inspection team heard from some members of the board this was dependent on people and the good working relationships and not necessarily due to systems and processes to support practice.
- There was a process in place to manage risk, issues and performance, however future risks had not been fully assessed and the assessment of these risks would be supported through the ongoing development of the trust strategy.
- Appropriate processes were in place around information and provision of accurate information for understanding performance. We also heard how papers and cover pages for committees of the Board of Directors were being reviewed to ensure they were streamlined and effective.
- We heard how the patient voice was utilised to support some service improvements and the staff networks also provided examples of how they had been involved in service improvements. However, further work was required regarding the engagement and involvement of external partners to support system working.
- We heard how some quality improvement methodology was in use and leaders spoke passionately about clinical service lines taking accountability for service improvements. However, there was not an embedded quality improvement methodology throughout the trust.

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 Catherine Morgan at NHS England and NHS Improvement.

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



Zoe Robinson

Head of Hospitals Inspection (interim)

c.c. Simon Linnett, Chair of Trust
Catherine Morgan, NHS England
Jonathan Davies, CQC Regional Communications Manager
Dr Sean O'Kelly, CQC Chief Inspector of Hospitals

NURSING WORKFORCE REPORT

Introduction

The National Quality Board (NQB) standards require that trust boards are appraised of the safety and effectiveness of nurse staffing within the organisation. This report to the trust board Quality Committee meets this requirement

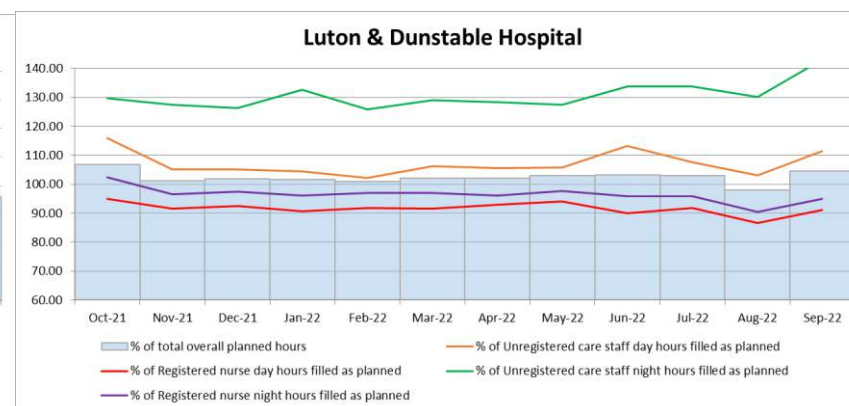
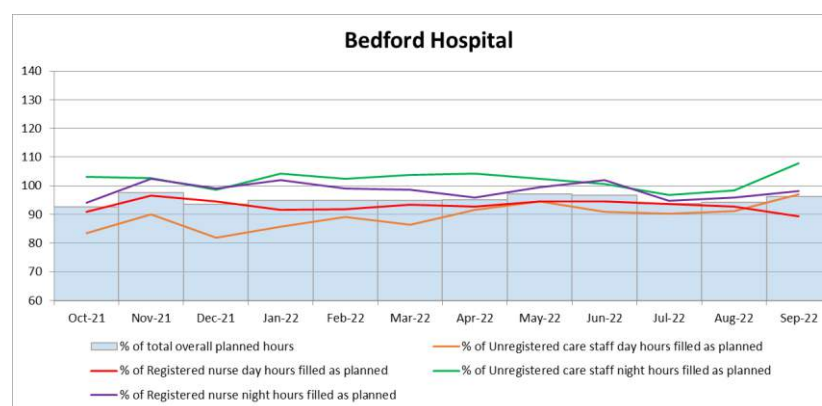
The report evolves to meet the changing situations in, and priorities of the organisation. As systems and processes align across the two sites, the way information is presented will be amended.

As part of the NHS preparedness for winter a workforce assurance framework was developed and the trust has mapped our current state against this document. This has been presented to the workforce committee and some of the outputs from that document will begin to be integrated into this report going forward.

Due to the transition to InPhase it has not been possible to produce the incident reporting data this month.

Overall Ward Fill Rate

Bedford Hospital Site				Luton and Dunstable Hospital Site			
	Jul-22	Aug-22	Sep-22		Jul-22	Aug-22	Sep-22
% of Registered nurse day hours filled as planned	93.56	92.67	89.32	% of Registered nurse day hours filled as planned	91.79	86.64	91.21
% of Unregistered care staff day hours filled as planned	90.30	91.14	97.10	% of Unregistered care staff day hours filled as planned	107.70	103.05	111.34
% of Registered nurse night hours filled as planned	94.67	95.89	98.23	% of Registered nurse night hours filled as planned	95.87	90.39	94.87
% of Unregistered care staff night hours filled as planned	96.87	98.38	107.87	% of Unregistered care staff night hours filled as planned	133.87	130.09	143.04
% of total overall planned hours	▼ 93.69	▲ 94.11	▲ 96.25	% of total overall planned hours	▼ 102.93	▼ 98.04	▲ 104.44



The fill rate data presented above is taken from the UNIFY workforce extract that is submitted to NHS-E. The fill rate for unify is calculated by using the total number of hours actually worked on the ward in the period compared and the total number of hours required to meet the wards agreed and funded shift staffing levels (The Template). Shifts that are not required due to bed closures for example are removed to give the planned hours.

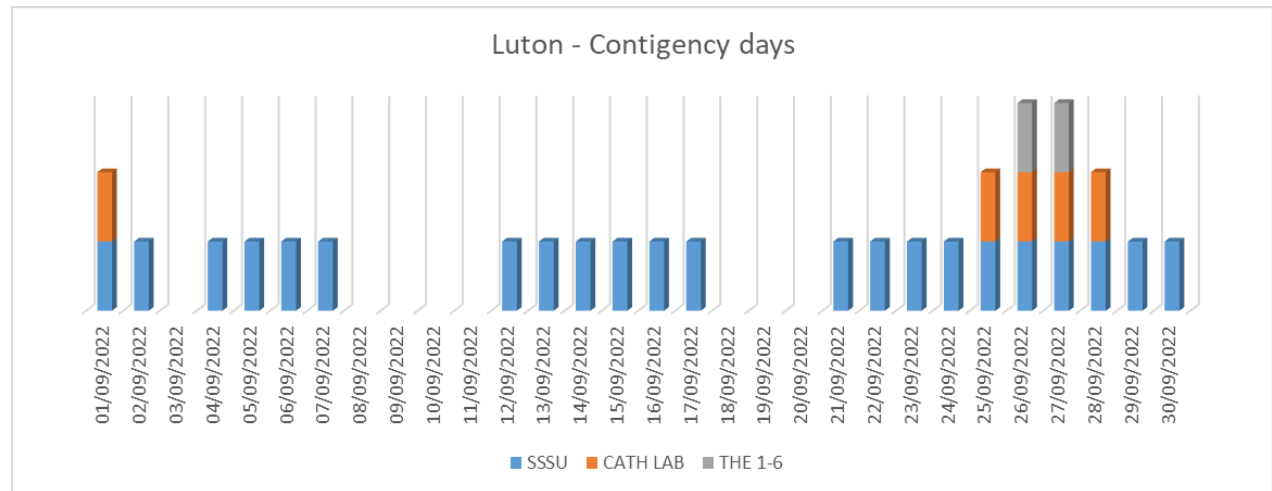
This can mean that a ward will show 100% filled despite having staff shortages due to additional shifts not being filled. If additional shifts are filled the fill rate exceed 100% even if only half of the original shifts are covered.

The alternative way to calculate fill rate is to add the template and the additional required hours together to identify the Demand, this can then be used to show the fill rate compared to demand.

Contingency

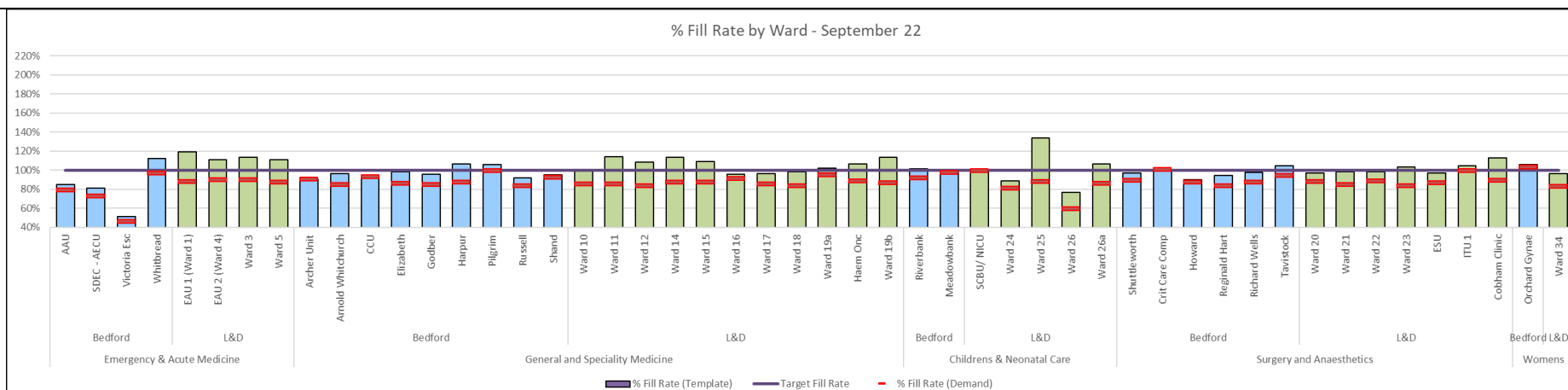
Luton has had a total of 22 days with contingency beds , with 5 of these days having 2 or more contingency areas open .

Fulfilment type	Hours worked
Agency	174.73
Bank	837.48
Local	790.50
Total hours used	1,802.72



Due to different working practices and rostering configuration it is not yet possible to produce this data reliably for Bedford Hospital, options for collecting this data are being explored.

Fill Rate by Ward



The chart above refers to fill rate compared to plan (blue and green bars) across the wards by site and care unit. The red marks are the fill rates for each ward compared to actual demand.

From a template perspective, in September, 52% of wards fell below 100% fill rate, a 12% improvement compared to previous month. 20% of the wards fell below 95%, having improved compared to last month. **SDEC and Victoria Ward** at Bedford remain with the lowest fill rates however; this is a distorted picture as these areas are used as contingency resulting in staff demands fluctuating.

Same challenges remain in **AAU** with high vacancy rate gradually mitigated by pre-registration practitioners (PRPs). These PRPs are supported to acquire their NMC registration, which also reflects in high unavailability rates.

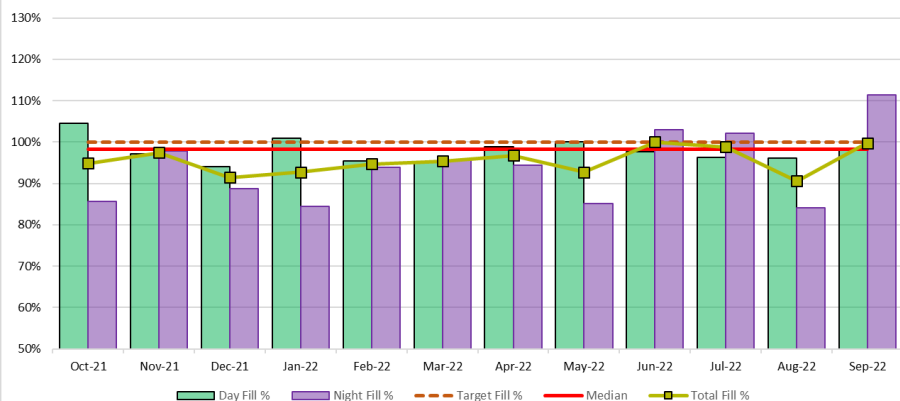
Ward 25 at Luton continues to show significant over fill against template, resulting from high Enhanced Patient Observation (EPO) use, predominantly RMN's for children & young people. Despite overfill compared to plan, Ward 25 was under filled compared to demand, this relates to additional shifts for enhanced care not filling. To address such challenges and sustained demand Paediatrics have appointed a Mental Health Lead Nurse and are developing an enhanced care team to support the units and patients that require enhanced supervision. The Paediatric team shares staff across ward 24, 25, 26 and 26a, balancing acuity/dependency needs of patients and their staffing on a daily basis.

From a demand perspective, the wards fill rate average was 86%, similar to last month, demonstrating similar staffing pressures despite improvement of template fill rate. **AAU** has had particularly challenging fill rate due to high unavailability rates of over 40%, against the expected 22.5%. This has particularly affected template fill rate that allied with EPO further impacted fill rate in this area.

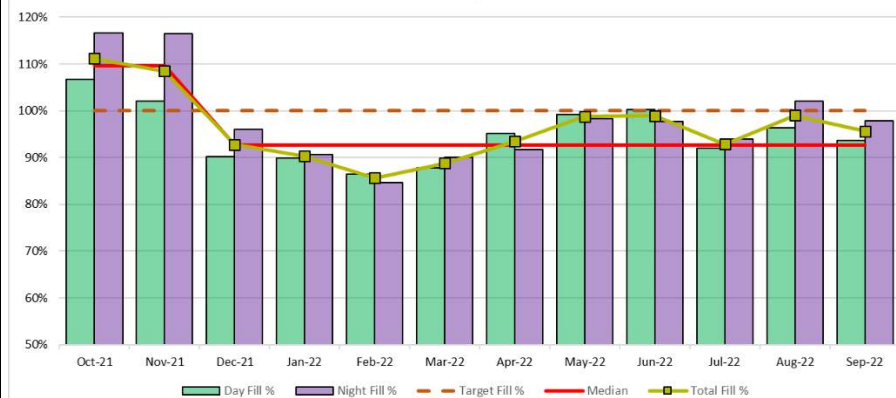
Ward 18 and **Russell Ward** have been significantly impacted in September by low fill rates of demand, driven by vacancy and sickness.

To ensure this data is accurate, aligned with regular review of roster activities by the Matrons and Ward Managers, we are currently utilising the SafeCare tool as an operational aid managing shift demand and more swiftly redeploy staff to units in need of further support, at the Luton site. Bedford site has also devised a new process in their morning staffing meetings to more robustly monitor and mitigate risks. The weekly roster review meetings continue on both sites, the effectiveness and function of the meetings is under constant review.

Bedford Hospital ED Fill Rate Trend



Luton and Dunstable Hospital ED Fill Rate Trend

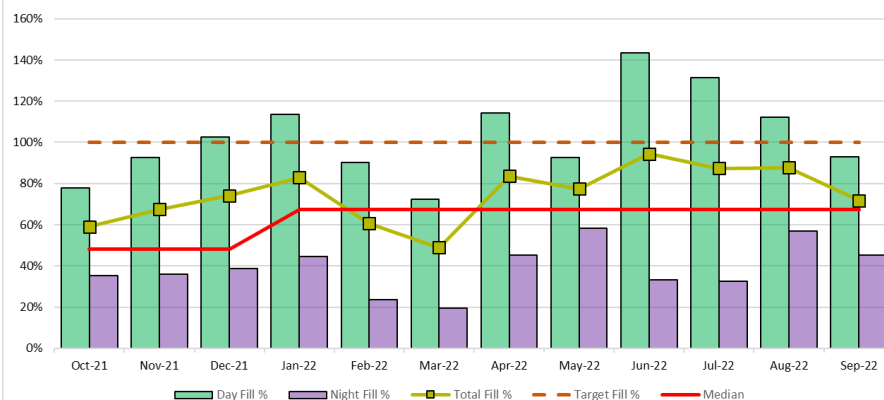


Fill rates in Bedford have considerably improved at night; however, it is still unclear why this happened. Luton fill rate remains within historic values, with sickness being a considerable driver impacting fill rate.

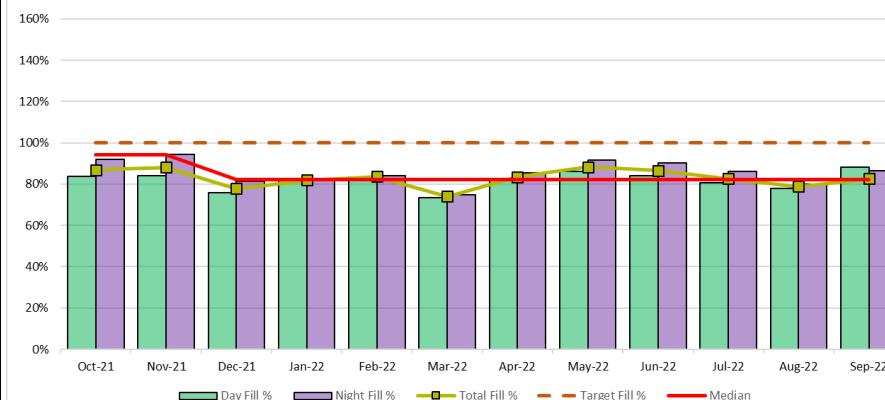
The new ED Safer Nursing Care Tool (SNCT), developed by the Shelford Group has now been undertaken by both sites, having had a repeated data collection in early October to capture changes in the Urgent GP process at Bedford. Outcomes will soon be released.

Children's ED Fill Rate

Bedford Hospital Paed ED Fill Rate Trend



Luton and Dunstable Hospital Paed ED Fill Rate Trend



Children's ED at Bedford continues to have difficulties recruiting Registered Children's Nurses for the department, there is an active recruitment drive ongoing.

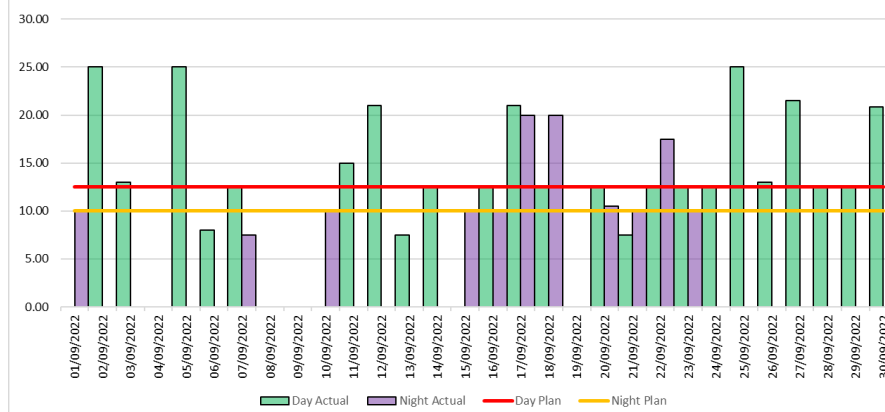
To mitigate the risk associated with insufficient numbers of Children's Nurses to fill the roster the department has a number of senior ED nurses who have undergone additional training to enhance their knowledge and skills for caring for children; there have been no incidents reported as a result of children not being cared for by Registered Children's Nurses.

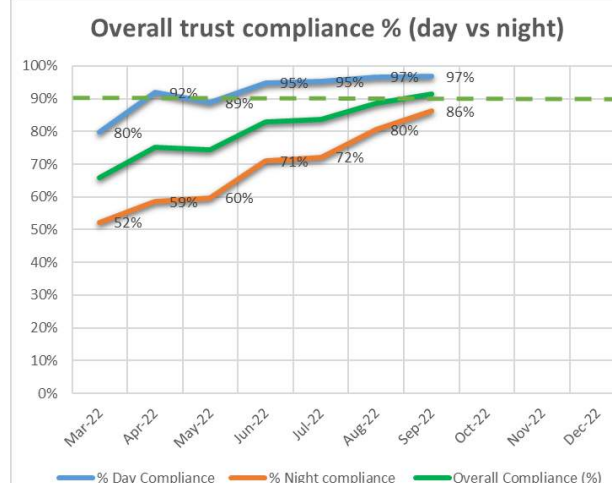
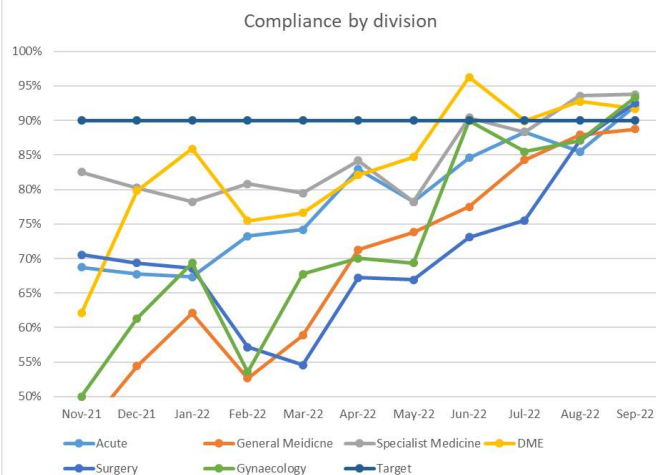
New staff recruited into post are being developed into ED skills they need to be supervised by experienced nurses, as a result they cannot cover night shifts at present leading to the overfill on days and under fill at night, this will be corrected as soon as it is safe to begin normal shift rotation with the staff.

Low cover of Registered Children's Nurses at night, unbalanced with excess of Registered Children's Nurses in the day shift is due to training being undertaken in day shifts and junior nurses shadowing senior nurses on day shifts.

Student Children's Nurses are now having focused Children's ED placements and this is beginning to have an impact with more identifying ED as a potential career choice on graduating.

Bedford ED RSCN Cover





SafeCare Live is a web application that enables nursing teams to capture live information around patient acuity and staffing requirements for clinical areas.

This tool is used in Wards and other Clinical Areas that require an understanding of staffing demands based on patients' needs. This system was introduced just before the pandemic, but it was only possible to fully utilise it and develop its features after March 2022. The compliance completing the tool for September has been over 90%, which is the required standard.

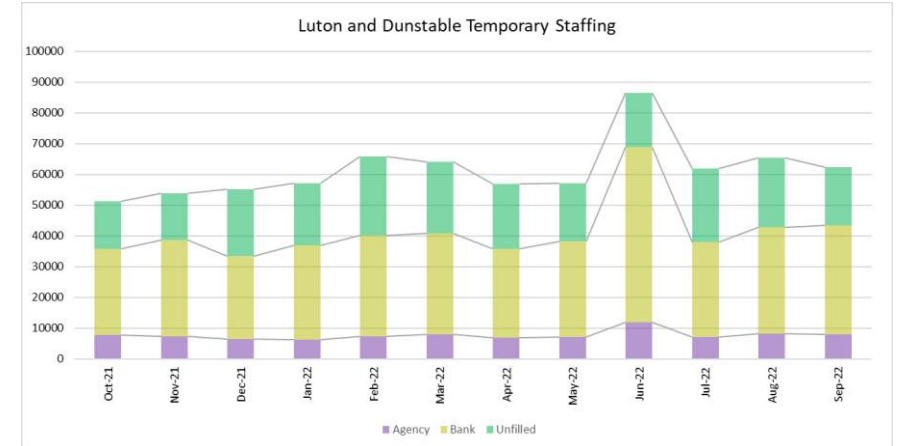
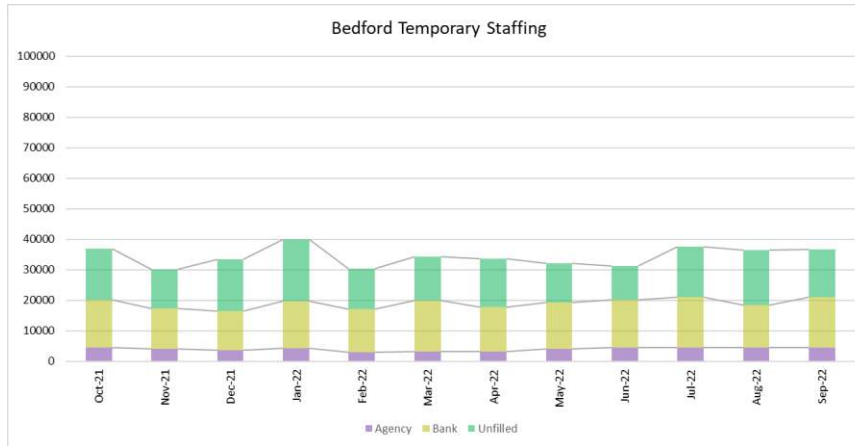
Wards use this system to enable a more objective management of staffing redeployments and unavailability's on a shift basis. The tool is reviewed daily and has now been incorporated in our morning staffing meetings and 555 handover process. iPads have also been provided to the site team so that out of hours live updates on staffing and patient acuity can be reflected and reviewed in real time.

It is now possible to more accurately capture staff redeployment using this system, enabling an overview of the pressures in different services around skill mix. The top 3 wards redeploying staff were EAU 1, EAU2 and Ward 10. The top 3 wards receiving staff were Contingency, EAU 1 and Ward 18.

Red flags are those occurrences which may be an indicator that the quality of care has declined and patients are being made vulnerable. In September, these were strongly linked with staff shortages but also other aspects that can be added as 'other – add notes' with themes being patients with mental health problems requiring supervision being provided by own staff, as specialist cover did not fill (i.e. 1 RMN shortage).

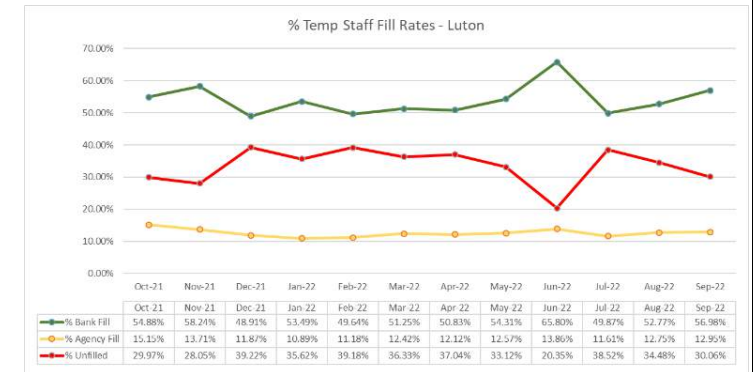
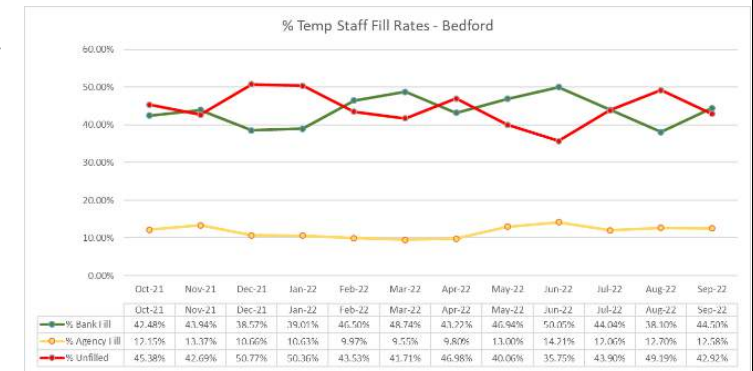
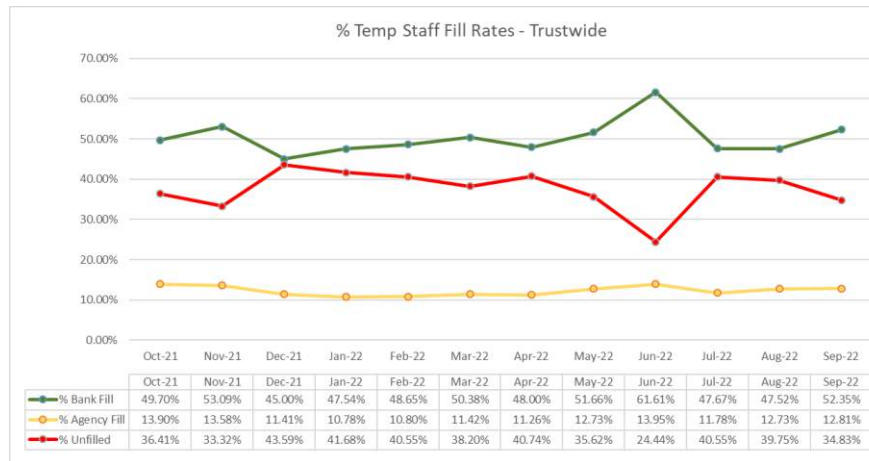
Red Flag type	Total
Short 3 or more staff	47
Other - Add notes	40
Short 2 RN	34
Poor skill mix - add notes	10
Staffing risk	5
(Ward 10) No NIV capacity	4
Patient safety risk	2
Short 2 RMN	2
(ED Only) 12h Breaches	1
(ED Only) Department or Resus full	1

Temporary Staffing Breakdown

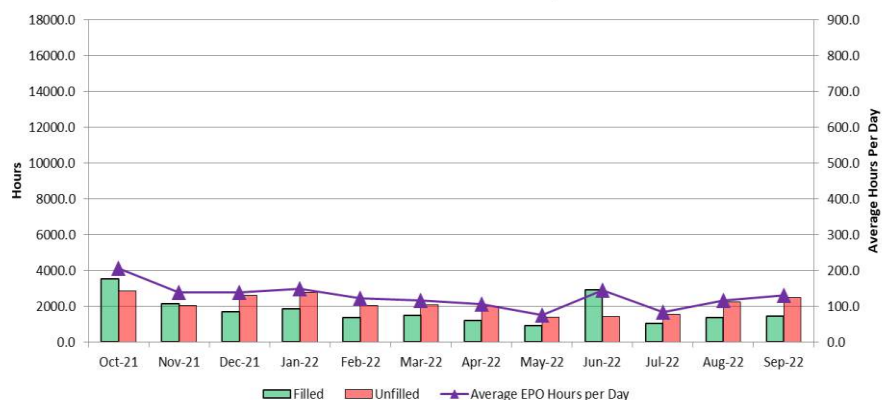


The temporary staffing profile for both sites is within historic values, with drivers for temporary staff usage being Vacancy and EPO in Luton and Vacancy and Sickness in Bedford.

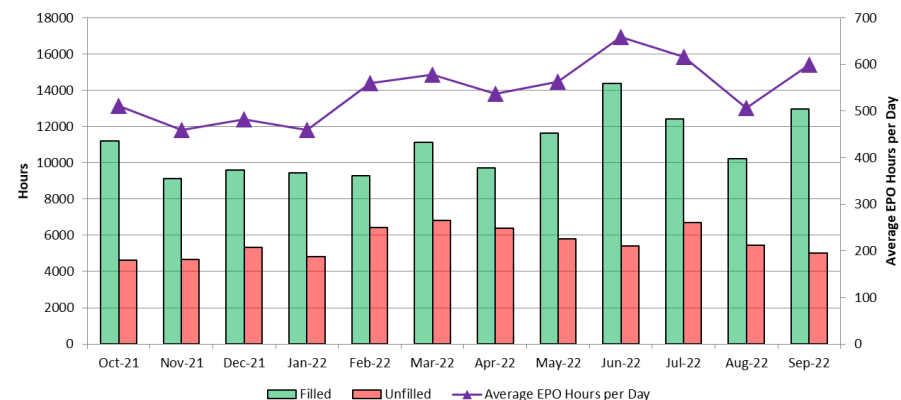
From an unfilled rate perspective, the drivers behind temporary staff requests were Vacancy and Sickness in Luton and Vacancy and EPOs in Bedford.



EPO Hours - Bedford Hospital



EPO Hours - Luton & Dunstable Hospital



Enhanced Patient Observation (EPO) is a strategy that is implemented to support patients who have higher levels of clinical or care needs or who require close observation due to increased risk associated with cognitive impairment

The EPO demand rate in Bedford has remained within historical levels. Luton has had an increase of EPOs in September mainly because it has not started to include RMN hours as part of the overall EPO hours, something already carried out by Bedford but in Luton. EPO excluding RMNs declined for the fourth month in a row, however RMN demand has gone up and impacted overall numbers.

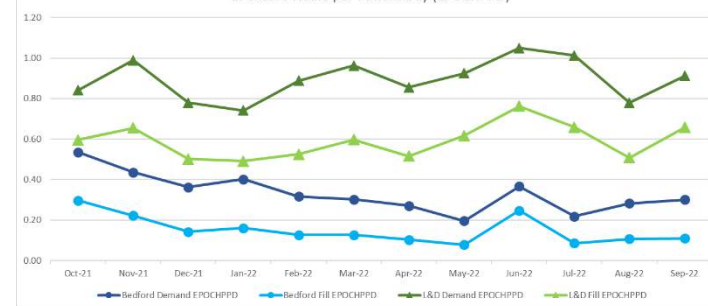
When comparing staff fill rate across multiple units, sites or organisations the recommended measure is Care Hours Per Patient Day (CHPPD). The chart to the left uses the CHPPD methodology to examine and compare the demand and fill rate for EPOCHPPD, demonstrating that this remains significantly higher at Luton.

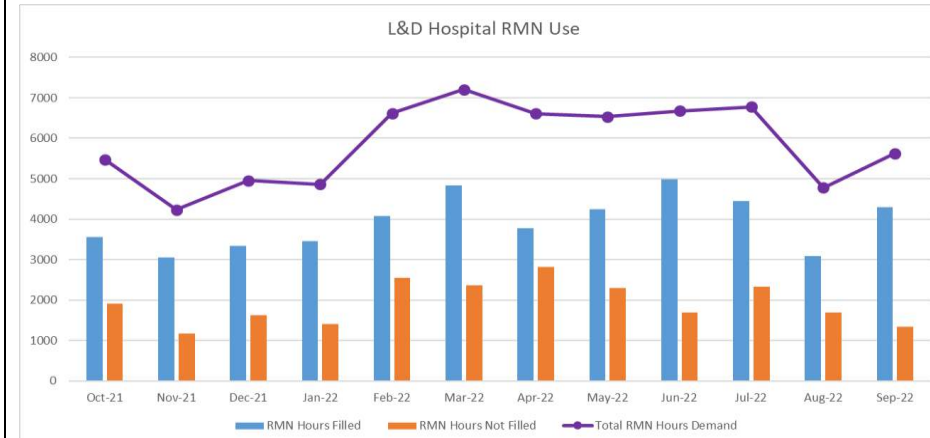
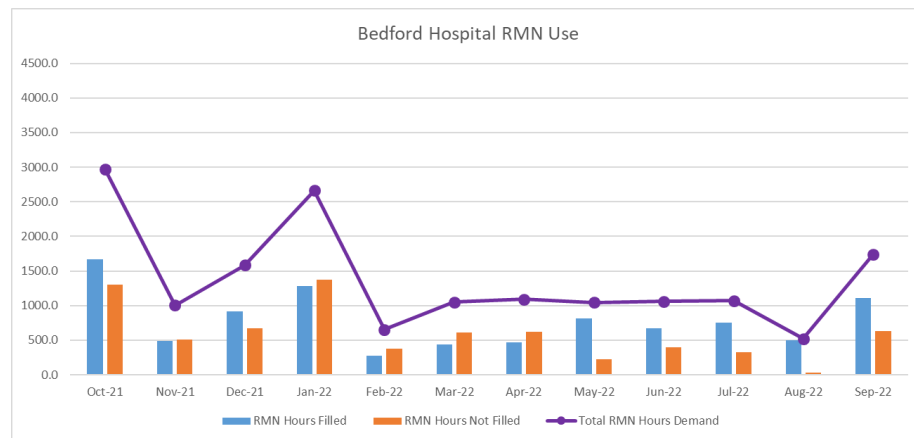
It is unclear why there is such a difference, possible factors could include patient demographics, working practices, environmental factors or different approaches to risk management.

Currently the EPO policy is the same cross-site and a refresher session took place in August with the senior ward sisters to reiterate guidance and recommendations utilising EPO.

At Luton, the SafeCare tool is another process introduced to monitor EPO shift demand and compare this with patient acuity and dependency on the wards.

EPO Care Hours per Patient Day (EPOCHPPD)



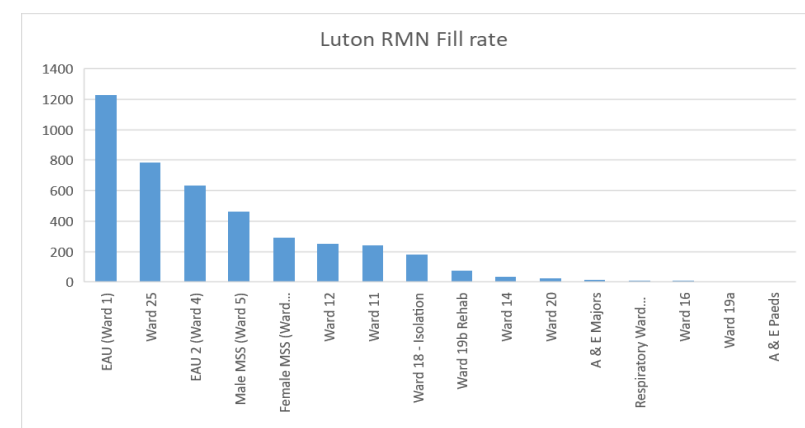
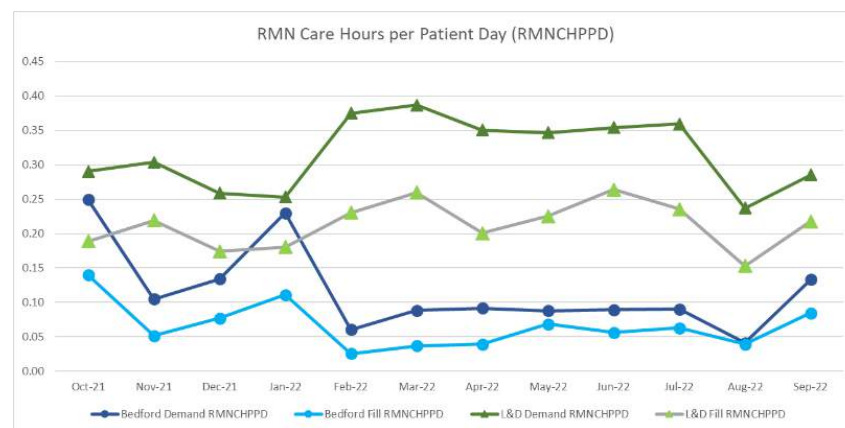


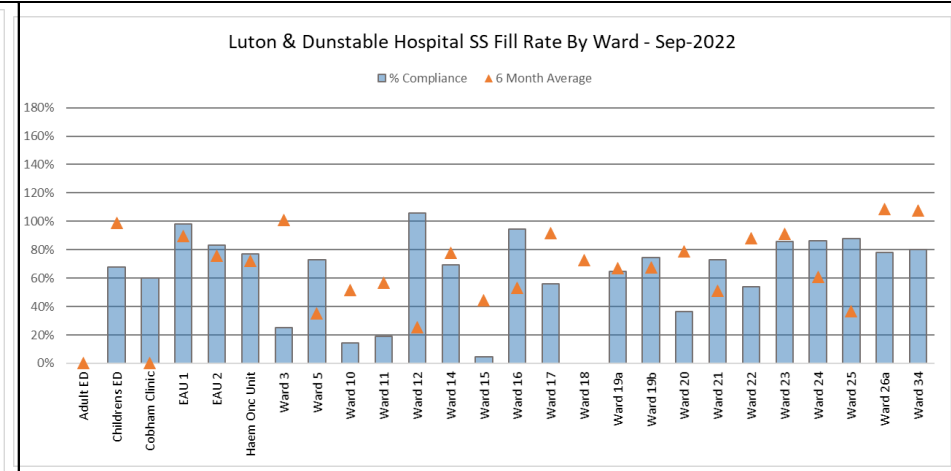
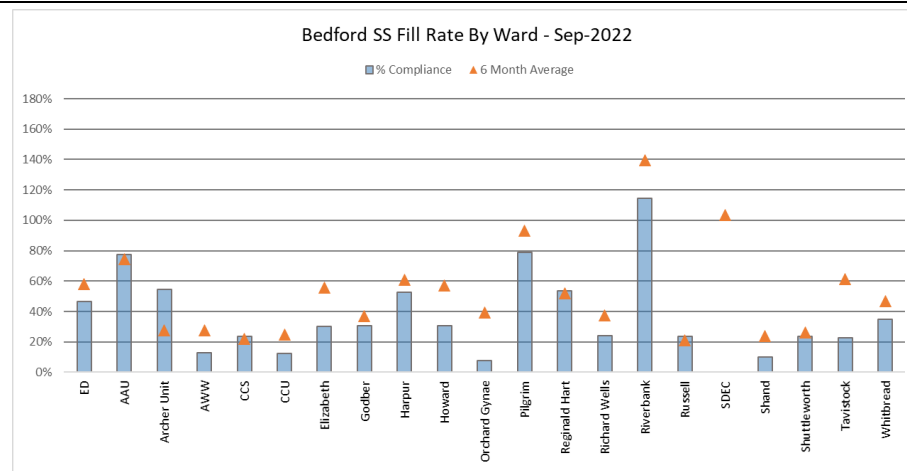
One group of patients that often require EPO are those admitted with physical health complaints but with either pre-existing mental health problems or acute mental health issues that led to the physical health problem.

The Psychiatric Liaison Service (PLS) from ELFT, the local Mental Health Care provider, assesses these patients and develops a management / care plan, which may include a recommendation that the patient is cared for by a Registered Mental Health Nurse (RMN).

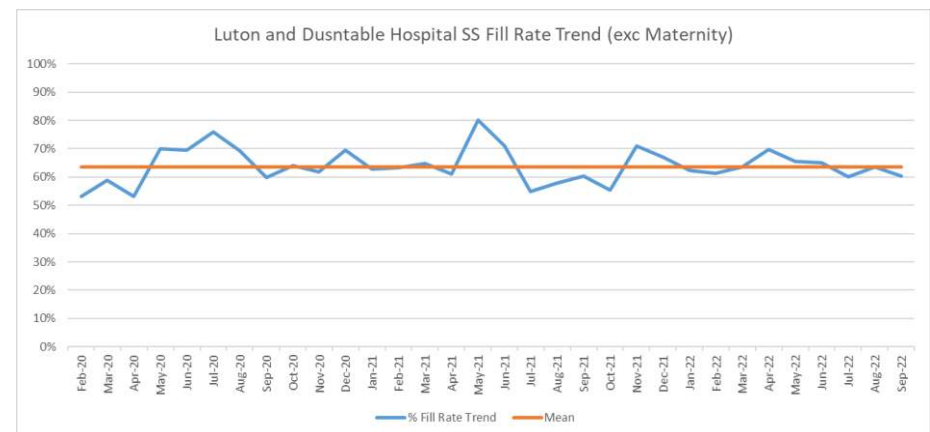
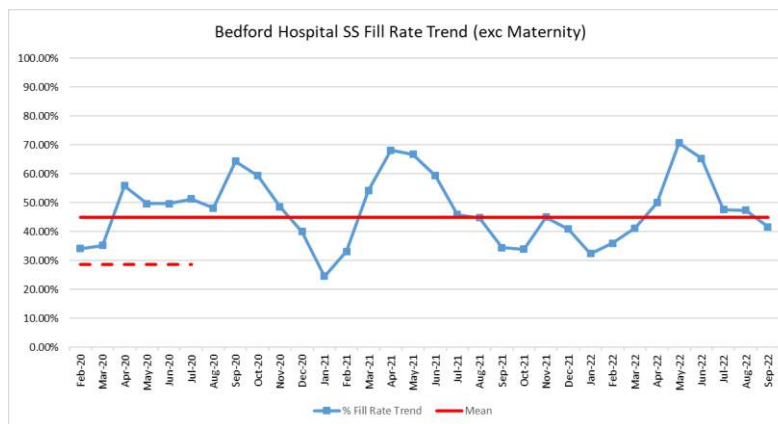
RMN hours filled and unfilled is the traditional metric shown above, however below the same data is presented using the CHPPD methodology, this shows that taking the difference in beds in to account the uses of RMN's at Luton is significantly higher than at Bedford.

27% of RMN shifts were required by EAU 1, followed by 18% in Ward 25 and 15% in EAU 2. With 42% of RMN demand in the Luton being in the EAUs.

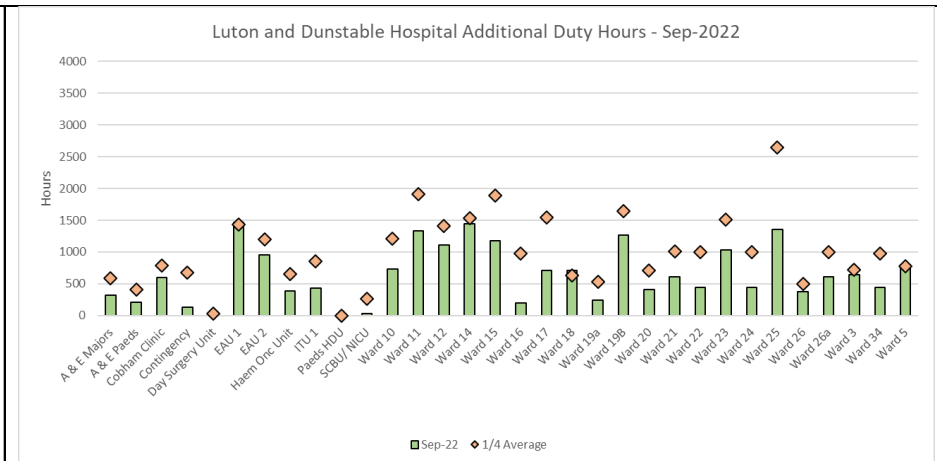
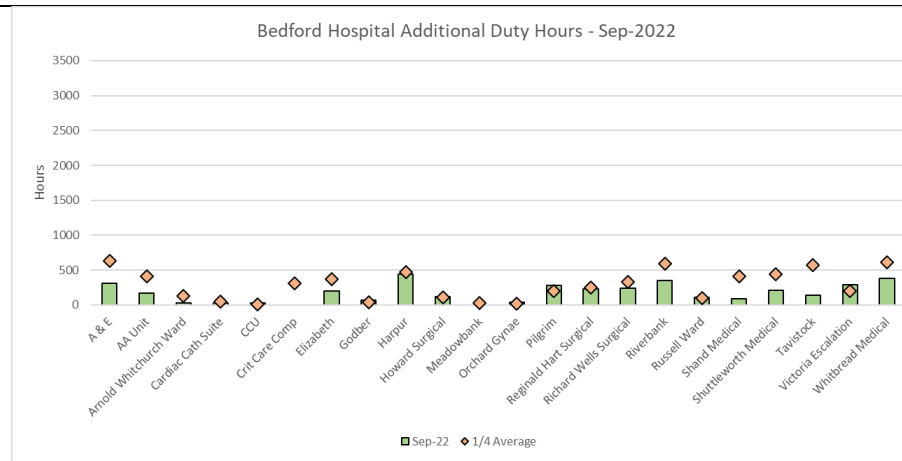




The Francis report recommended that ward managers should be rostered for 100% supervisory time (SS). This continues to be the aim in the Trust, however, due to high unfilled shift rates some areas are having to include ward managers in direct patient care.

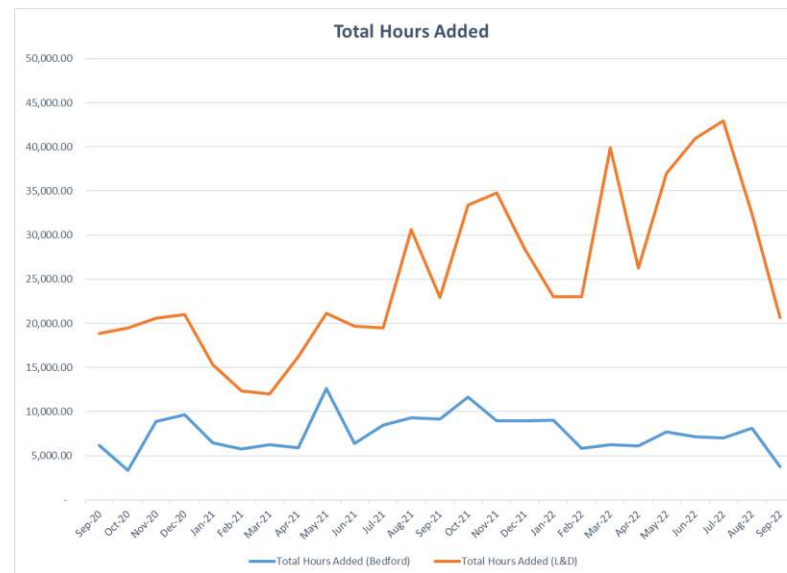


Additional Shift Use

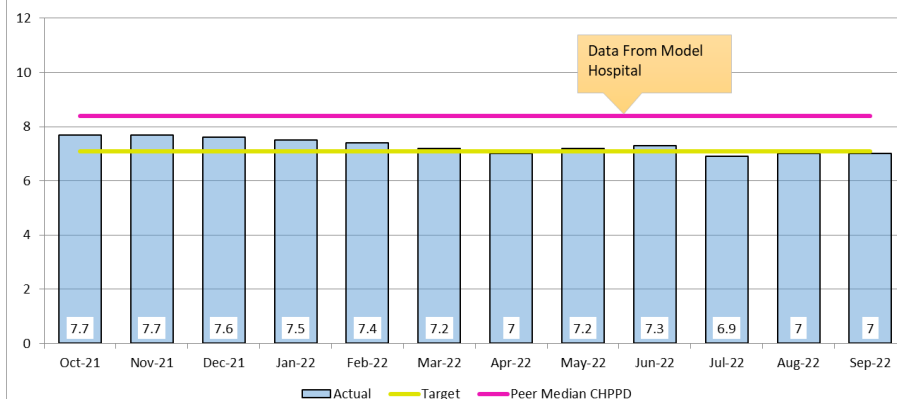


Additional duty hours demand at Bedford remains in line with or below the average for all wards.

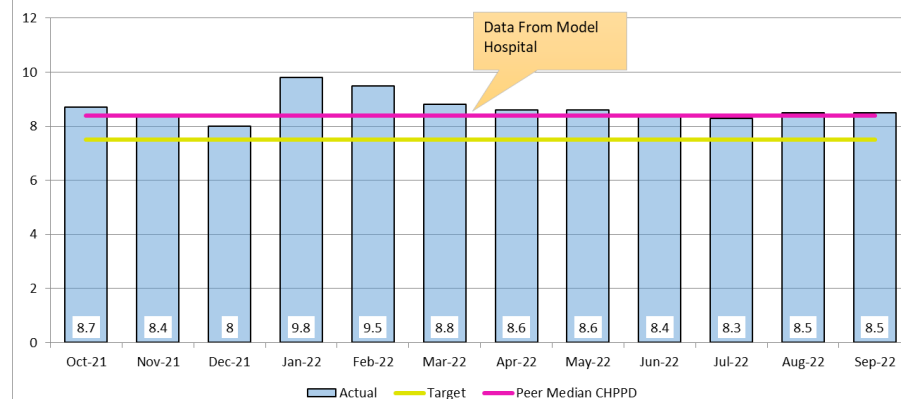
At Luton the number of hours used is fluctuating. Recently it was noted that the reporting system at Luton captured student nurses hours as additional hours. This therefore reflects on a significant decrease of hours after student shifts were removed. Nonetheless, our data still reflects a high number of requests over the established ward template, driven at Luton by EPOs



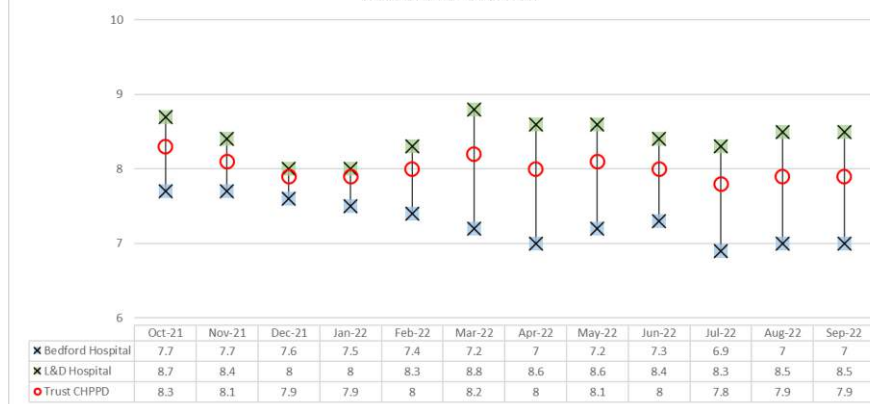
Care Hours Per Patient Day Trend - Bedford Hospital



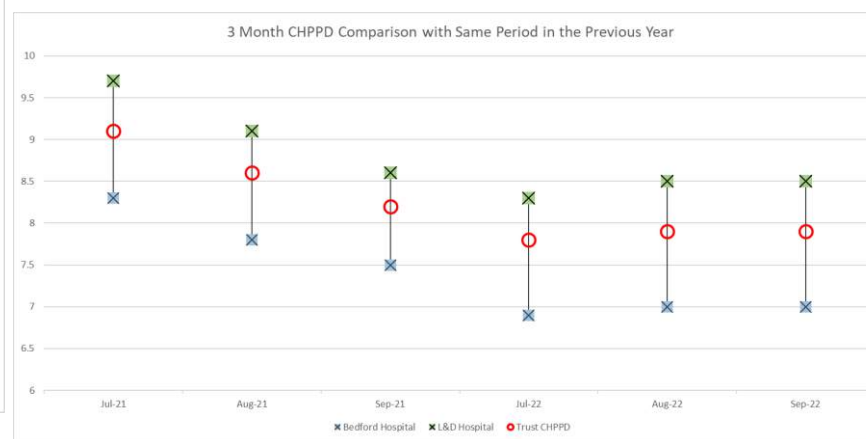
Care Hours Per Patient Day Trend - Luton & Dunstable Hospital



Trust CHPPD Overview



3 Month CHPPD Comparison with Same Period in the Previous Year



Care Hours Per Patient Day (CHPPD) is a metric promoted for use as a standardised measure of effective and safe staffing, by taking into account the number of actual hours worked in direct patient care shifts divided by the number of patients in hospital beds at midnight each day. As with all workforce analysis techniques, CHPPD is one of a number of measures that produce an overall picture rather than being used in isolation.

Bedford continues to have a lower CHPPD compared to Luton, driven by increased bed occupancy with reduced fill rates.

STAFFING REPORT

INTRODUCTION

The requirement to ensure midwifery and support staffing levels are safe and sufficient to meet the needs of women, babies and families is clearly an imperative in the provision of a safe maternity service that meets the needs of women and their families. National Quality Board (NQB) standards require the Trust Board to be appraised of the safety and effectiveness of midwifery staffing.

PURPOSE

The purpose of this paper is to present the Quality Committee with an overview of midwifery staffing capacity for the month of September 2022. The contents of the report also ensure that the required standards for meeting compliance for year 4 of the Maternity Incentive Scheme are evidenced throughout the year.

MIDWIFERY STAFFING ASSESSMENT- EXTERNAL ASSESSMENT BY BIRTHRATE PLUS TEAM

In line with national recommendations, the Trust has a systematic process in place to set midwifery staffing establishments. This process utilises Birth-rate Plus© as the nationally recognised tool for assessing the needs of women for midwifery care throughout pregnancy, labour and the postnatal period in both hospital and community settings. From that data, it is possible to calculate the required numbers of midwives to meet all of those needs in relation to defined standards and models of care and to local workforce planning needs.

The Birth-rate Plus© review has been completed and the report has been received by the Trust. The generic casemix at both sites has increased since the previous assessments. At LDH 69.7% of women are in the 2 higher categories which is significantly higher than the 58% average for England. The generic casemix at BH is also above average at 60.7%. There is a correlation between casemix maternity outcomes especially in relation to induction rates, delivery method, post-delivery problems and obstetric and medical complexity.

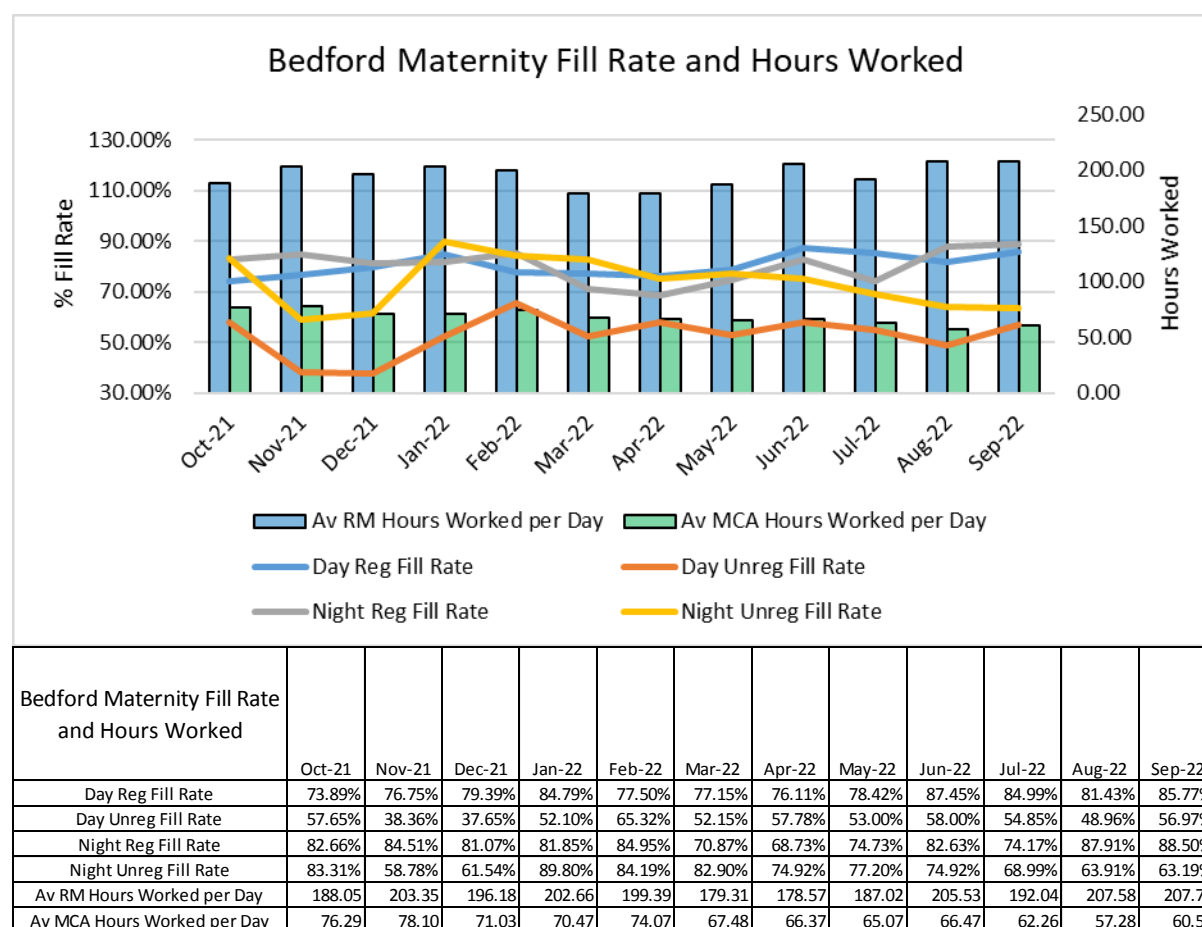
The overall birth to midwife ratios has changed to 21 births to 1 wte for LDH (1:21) and 22.8 births to 1 wte at BH (1:22.8), this is a reflection in the change in casemix on both sites. (The ratio is calculated by dividing total births by the total clinical midwives).

Following ESR and Budget alignments including the Ockenden funding, the department are reviewing the funded establishment against BR plus recommendations and the requirements for Midwifery Continuity of Care programmes to present to executive chief nurse and Trust Board. A business case is being developed for the additional WTE variance from current funded position.

ACTUAL AND PLANNED STAFFING REPORT FOR SEPTEMBER 2022

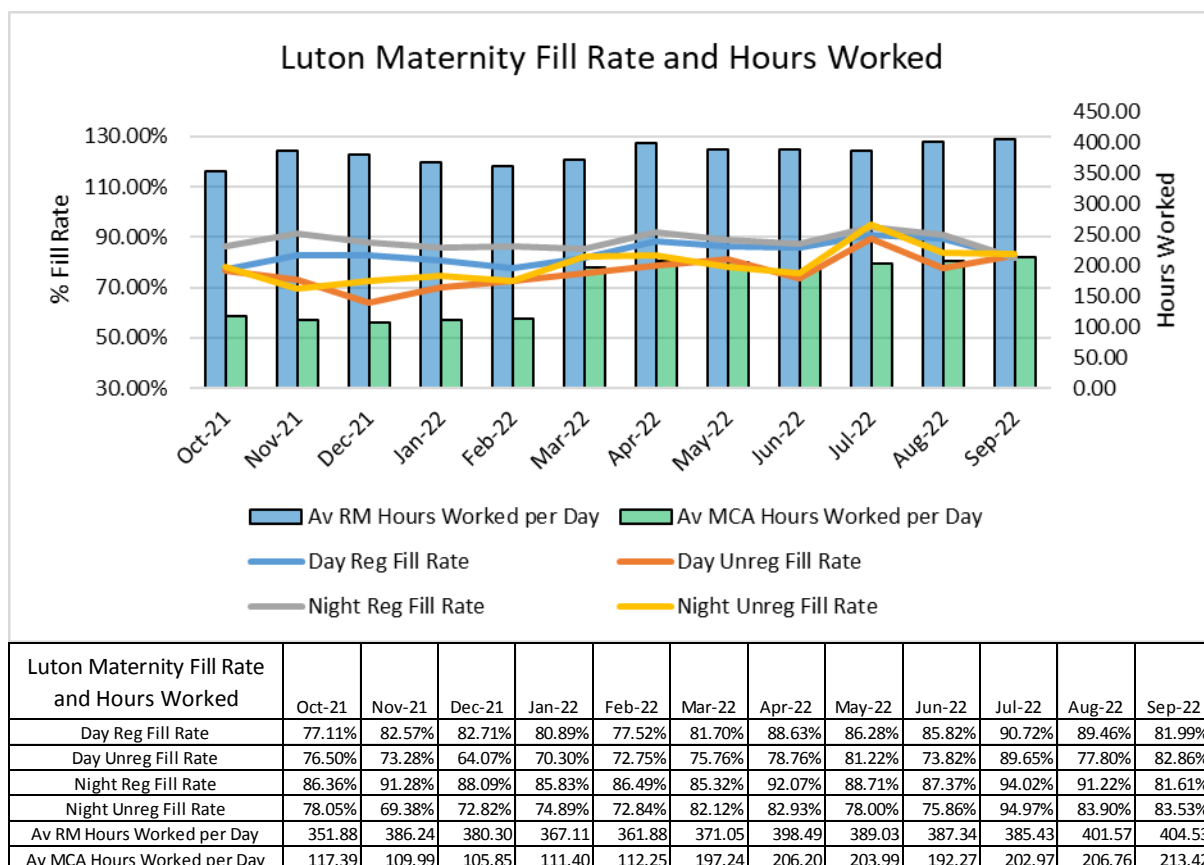
The following section gives an overview of the planned versus actual coverage in hours for each site as a trend of fill rate.

Midwifery staffing and Maternity support staff fill rates per month for each site are shown below this is based on the Unify fill rate report for the Delivery Suite and Maternity inpatient wards. The community are not included in UNIFY submissions as these are for inpatient care areas.



The night RM fill rate on the Bedford site was 88.5%, the highest level since September '21 and the day fill rate for RM was 85.77% in September. The Support worker day fill rate was 56.97% and the night rate was 63.19%. The increase in support worker fill rate reflects the recent recruitment drive, with more pipeline due to commence employment in October.

Monthly staffing sickness meetings with HR remain in place, COVID absence reporting came into effect from 7th July 2022 and is now embedded. Meetings have been held with managers and HR to update relevant staff affected, particularly on Long Term Sick. Staffing continues to be supported by specialists and the senior midwifery management team.



On the Luton site, there was a decrease noted in both the day and the night fill rates for registered staff from August 2022 to September 2022. For registered staff there was a decrease in fill rates, for the day, from 89.4% to 81.99% and the night fill rate from 91.22% to 81.66%. The reduction in fill rates was due to less staff taking up Bank shifts during the month of September compared to August 2022. The fill rates for unregistered staff increased for the day shift from 77.8% in August 2022, to 82.8% in September 2022, with minimal change in the night fill rates for unregistered staff at 89.5% compared to 83.9% the previous month.

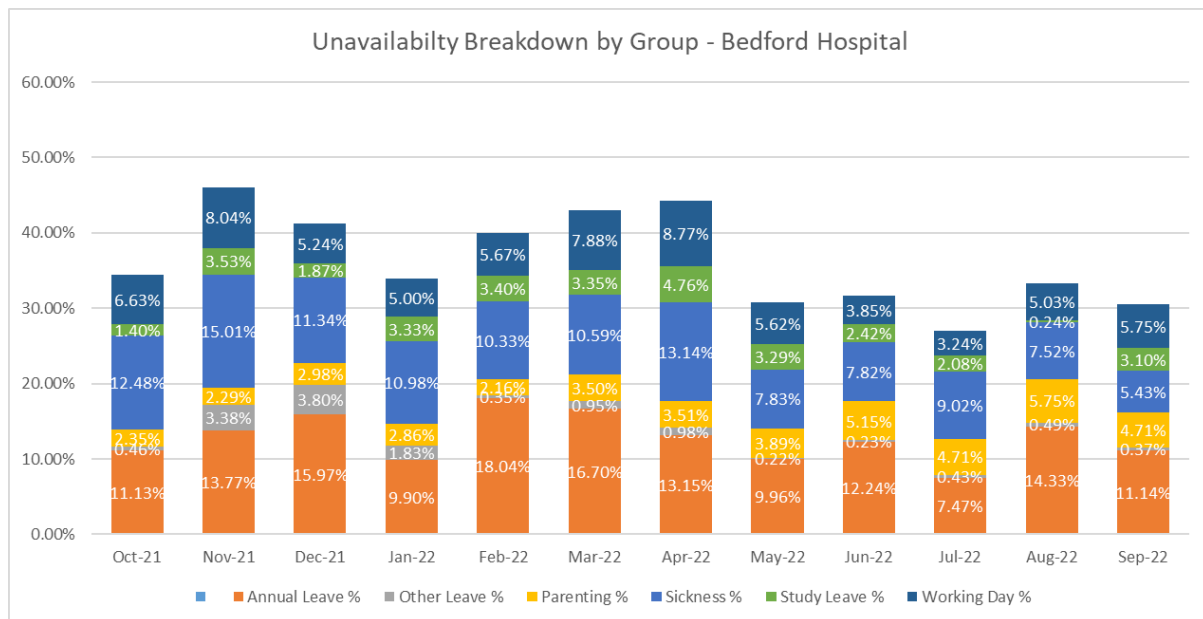
UNAVAILABILITY - Vacancy, sickness, maternity leave, Covid related absence

Luton Site Vacancy RM 63.37 WTE 26.6%

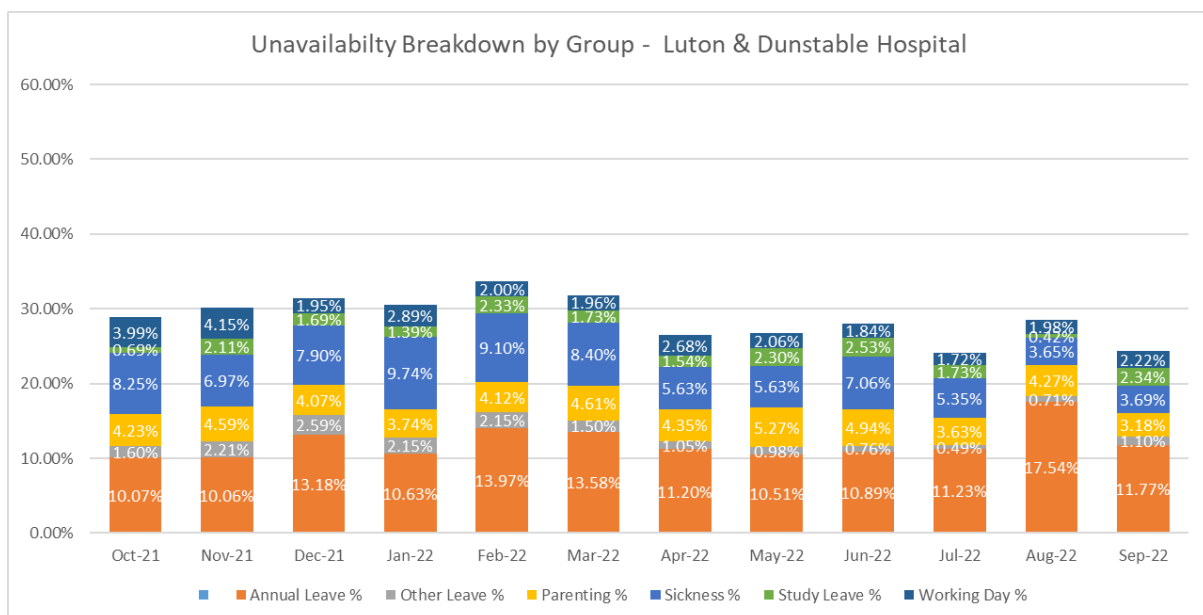
Bedford Site Vacancy RM 26.37 WTE 21.84%

(RM establishment includes all RM band 5- 8C in clinical and specialist/ managerial roles)

This vacancy does not reflect all the international/ return to practice midwives who are currently undertaking the preparation programme for OSCE.

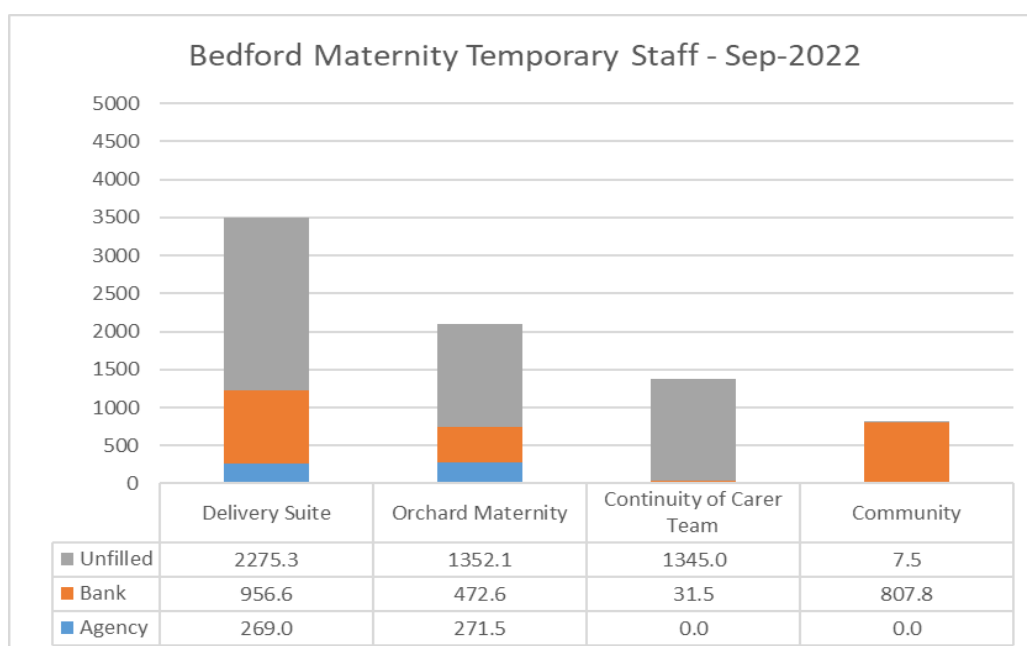


On the Bedford site, sickness for September was 5.43% a reduction of 2.09% from August. Annual leave allocation for September was 11.14% within guidance parameters, having had a large amount of planning from the team to improve on last year.

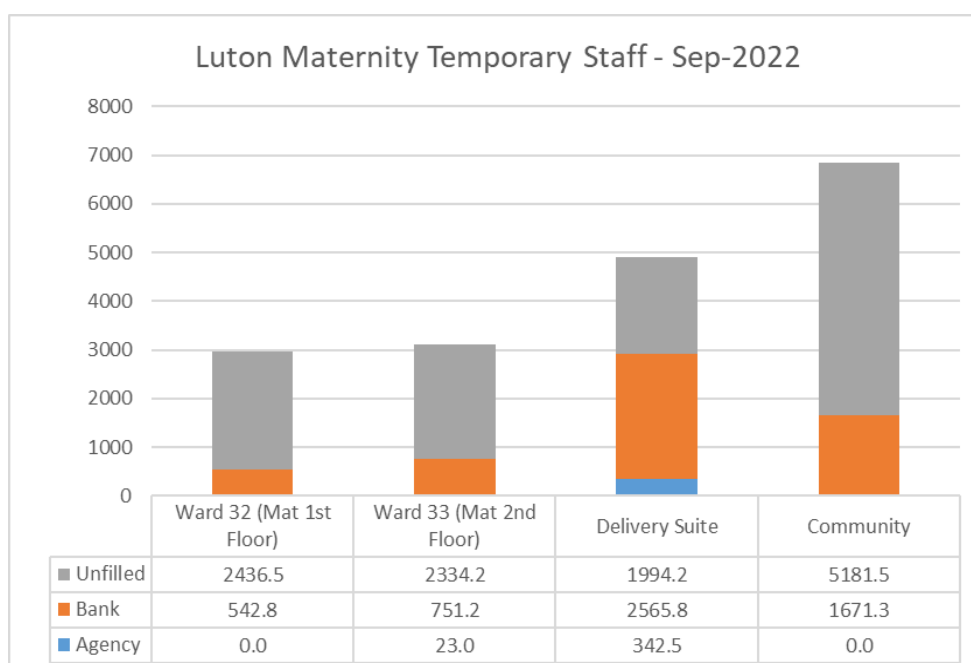


On the Luton site, sickness levels have continued to show a slight increase with sickness rates 3.65 % in August 2022 increasing to 3.69% in September 2022. The Head of Midwifery continues to work with the Occupational Health team to identify strategies to support staff in work, and support timely occupational health reviews for the staff that are currently off sick.

TEMPORARY STAFFING HOURS FOR SEPTEMBER 2022



On the Bedford site, there remains a number of unfilled hours within the unit, which continues to be supported by midwifery specialists and the senior midwifery team working clinically. The main area of need remains to be Delivery Suite, however it is noted that there has been a significant uptake in bank (956.6 hours) during September. Wherever possible specialists are returned to their roles if not required clinically and acuity is covered. Again community is being significantly supported by bank staff.



On the LDH site, the service has continued to rely on Bank to support staffing in the service with some shifts on Delivery suite filled by agency midwives. The area with

the highest use of temporary staff in September 2022 was Delivery suite. An increase in the use of Bank has also been noted in community, as this is one of the areas with high vacancy. The high number of unfilled hours noted for community is currently being reviewed by the community matron. The high number of hours may partly have been due to midwives rotating into the community not reflecting on the community rotas at the time the report was generated.

BIRTHRATE PLUS RATIO

Site	No. of Births for September	BR ratio Actual for month	Actual clinical WTE	BR ratio Funded	BR recommended 2022
Bedford site	251	1:33.7	89.31	1:23.8	1:22.8
Luton and Dunstable site	415	1:30	166.27	1:25	1:21.1

(Actual clinical WTE includes RM, clinical time for specialist RM, RN and Band 3 MSW)

BIRTHRATE PLUS ACUITY TOOL

The Birthrate Plus Acuity Tool supports the “real time” assessment of workload in the Delivery Suite, Midwifery Led Birth Unit and Inpatient areas, arising from the numbers of women needing care and their condition on admission and during the process of labour and birth. Four Hourly assessments are produced demonstrating the numbers of midwives needed to meet the needs of women, based on the minimum standard of 1:1 care for all patients in labour and increased ratios of midwifery time for women in the higher need categories. The acuity system also provides a measure of classifying other women admitted to the Delivery Suite who do not give birth at the time, allocating ratios of midwifery time required.

The Ward Acuity Tool provides a prospective assessment of staffing in relation to workload and collates the data entered to produce summaries to show trends and actions taken.

LUTON AND DUNSTABLE HOSPITAL SITE ACUITY ANALYSIS

On Delivery Suite and Triage, staffing levels met acuity 30% of the time. For 34% of the time the service was up to 3 midwives short of the number of midwives to meet the acuity of women, and 3 or more midwives short for 36% of the time. The number of midwives not consistently meeting the acuity of the women was partly due to a high number of women seen in categories III-V (Higher care needs), resulting in an increase in the requirement of midwifery time.

Staffing factors such as midwife absence due to, sickness, vacancy and midwives being redeployed to other areas (Antenatal/Postnatal Ward) all affected the ability of the service to meet the patient acuity in line with the staffing levels set. The acuity as demonstrated by the midwife to birth ratio has increased with the birth-rate plus recommendation being 1:21.1 against the current ratio in practise of 1:30.

The Team implemented measures to support staffing during periods of high escalation with Specialist midwives and Midwifery Managers worked clinically, so that women were able to receive care in line with their clinical needs.

On ward 32, 36% of care hours related to safeguarding issues, and 22% of women had exceptional care needs. On ward 33, extra care hours for babies were high, (41%), compared to care hours for other episodes of care. On Ward 32 and Ward 33, there is ongoing work to improve the compliance with completing the Birthrate Plus acuity tool.

The Unit went on divert on one occasion in September 2022 due to midwifery staffing and capacity. No women were diverted to other services as none of the neighbouring services were in a position to help

Date	Reason for divert	No of women transferred out	Units transferred to
24.09.2022	Midwifery Staffing and capacity	0	N/A

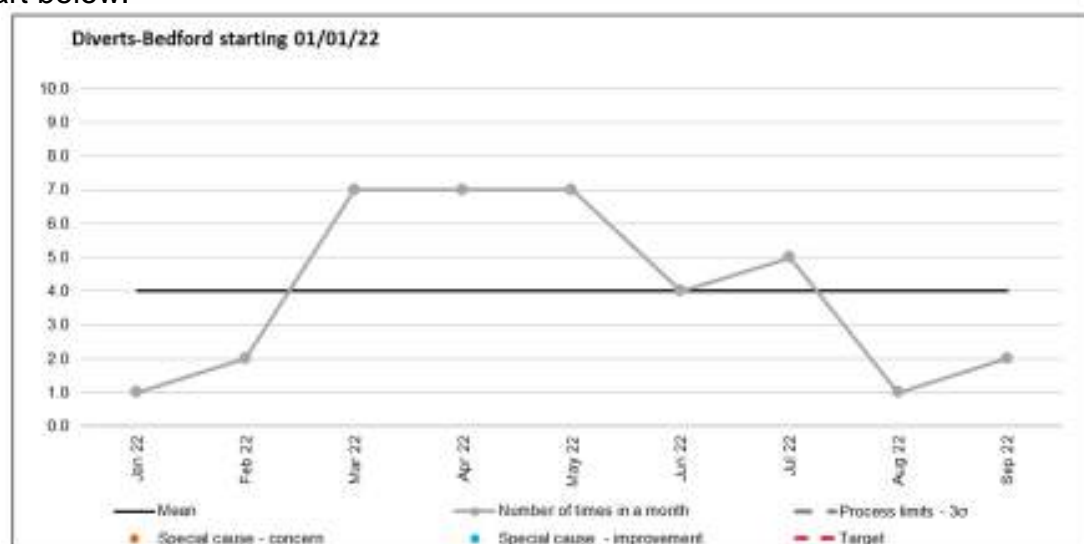
BEDFORD SITE ACUITY ANALYSIS

On Delivery Suite, the acuity was met for 73% of the time in September 2022. To compare to September 2021 where we only met acuity 37% of the time, again demonstrating the improvements made over the past 12 months. Specialist Midwives are supporting across the rotas; Matrons hours are being worked flexibly to support the service. Long line agency and bank enhanced rate shifts are still offered. The Deputy Head of Midwifery, Head of Midwifery Director of Midwifery and matrons are working clinically at times of escalation to support the unit.

The unit went onto divert on 2 occasions during the month:

Date	Reason for divert	No of women transferred out	Units transferred to
02.09.2022	Midwifery Staffing	1	Luton
13.09.2022	Midwifery Staffing and Bed Capacity	0	n/a

The Bedford team continue to monitor the occasions of divert, as shown on the SPC chart below:



On Orchard Ward the extra care hours for babies remains high as in previous reports, with 83% of care being due to extra care for babies during September 2022. The HoM is working with the Neonatal team on a pilot for staffing model changes for transitional care (TC) the definitions of TC criteria have been reviewed. We have Band 4 Nursery Nurses now appointed by the Neonatal team just having commenced their induction process.

INUTERO TRANSFERS

Site	Inutero Transfers Refused	Inutero Transfers Accepted	Transfers out
Luton	11 Refusals 4 due to capacity 5 due to staffing 1 due to staffing and capacity 1 due to capacity/workload	3 IUT's accepted from Dorset, Bedford and Basildon	2 due to NICU Closure transferred to Royal Free and Peterborough. 1 due to specialist surgical intervention required transferred to King's College
Bedford			3 IUTs: Cambridge Norfolk & Norwich Luton

ONE TO ONE CARE IN LABOUR

The Trust aims to ensure that women in established labour receive 1:1 care.

For Bedford Hospital site, 99.48% of women received 1:1 care in September 2022. 5 woman identified on CMIS (Maternity System) who did not receive 1:1 Care in labour

- 1 precipitate birth included (in the ratio)
- 4 BBA (Born Before Arrival) to hospital (not included in the ratio)

On the Luton and Dunstable site, 1:1 care in labour compliance was 99.34% in September 2022. There were 8 women identified on CMIS (Maternity System) who did not receive 1:1 Care in labour for the following reasons

- 3women gave Birth Before Arrival (BBA)
- 1 women had an emergency LSCS
- 1 women laboured on Ward 31
- 1 woman came in pushing but was transferred to Delivery Suite for delivery
- 2 women didn't receive 1:1 care due to staffing issues/high workload where midwives were looking after more than one patient.

Therefore, 2 women were included in the data used to calculate the ratio, as they were in the inpatients (Triage/ ward 32/ Delivery suite/ MLBU) and should have received 1:1 care in labour, but did not receive it. All the women had a midwife in attendance when they gave birth

		Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Luton	%Shifts LWC supernumerary	83.9%	93.9%	93%	94.6%	95.8%	95.2%	93.3%	95.7%	90.6%	98.9%	97.8%	97.2%
	Number of shifts not supernumerary	30	11	13	10	7	9	12	8	17	2	4	5
Bedford	% Shifts LWC supernumerary	81.7%	90%	85.5%	86.5%	91.6%	73.6%	76.1%	76.9%	71.1%	79.5%	84.9%	79.4%
	Number of shifts not supernumerary	34	18	27	25	14	49	43	43	52	38	28	37

SUPERNUMERARY STATUS OF LABOUR WARD COORDINATOR

The midwife in charge of the Labour ward should not have a caseload of their own during the shift, to ensure there is an oversight and leadership of the activity within the service.

Safety action 5 of year 4 of the Maternity Safety Incentive Scheme recommends that

‘The Trust can report compliance with this standard if this is a one off event and the coordinator is not required to provide 1:1 care for a woman in established labour during this time’

1:1 Care	Goal	Red Flag	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Luton	100%	<95%	98.3%	99.1%	99.6%	98.6%	99.3%	99.7%	98.0%	99.5%	97.2%	98.2%	99.7%	99.3%
Bedford	100%	<95%	98.9%	100%	100%	99.4%	99.3%	100%	100%	100%	97.2%	99.4%	98.6%	99.5%

For the month of September, on the LDH site, Supernumerary Status Band 7 decreased slightly to 97.2% compared to 97.8% in August. There was appropriate escalation each time the Band 7 lost supernumerary status to support the Band 7 returning to supernumerary status as soon as possible. Not all schedule assessment were completed, and the midwifery manager working with the team to improve compliance with data entry

The coordinating Band 7 did not provide 1:1 care for women in established labour during the time the time they were not supernumerary.

On the BH site, Supernumerary status of the Band 7 decreased from 84.9% in August to 79.4% in September 2022. Not all scheduled assessments were noted to have been recorded within the 4 hourly scheduled times, however additional input is regularly completed. The on call managers continue to support to help the coordinators to improve compliance with completing the Birthrate Plus Acuity Tool and regular 4 hourly sit rep reporting to a wide distribution list including the site team at Bedford.

At present on the BH site the Labour Ward Coordinator's (LWC) are recording a loss of SN status when providing any care activity on the unit (not necessarily when providing 1:1 care in labour). The Head of Midwifery has devised a revised sit rep to clearly indicate if the LWC has lost SN Status, if they providing 1-2-1 care, this is being imminently launched.

We continue to work towards having 2 B7 on each shift for Labour ward, so there is always an additional senior midwife available should the LWC be required to support any women in established labour. We await the start of 1x LWC due to begin their post in October and have 2 further candidates applied to a current advert. If all

appointed, we will almost be at full establishment for LWC. The current vacancy for LWC line in month 6 data is now reduced to 1.44 WTE.

Work is required to verify compliance with the Year 4 guidance for both sites in view of the changes published in October 2022.

RED FLAGS

A staffing red flag event is a warning sign to alert that nursing or midwifery staffing is not meeting the acuity and activity at that time. If a staffing red flag event occurs, the registered midwife in charge of the service should be notified and necessary action taken to resolve the situation. Red flags are now generated through the Birthrate Plus Acuity App.

In September 2022, 40 Red flags were raised at the Luton and Dunstable site and 66 were raised on the Bedford Hospital site.

There is some correlation in the themes of the Red flags on both sites and many of these relate to the impact that staffing levels have on the ability to either commence or continue with the process of induction of labour. We know that this has an impact on the woman's experience, not only due to understandable feelings of frustration and uncertainty during this time but also as this often prolongs the period of time spent in hospital. It can also impact on the eventual mode of delivery with women, at times, deciding to choose an elective caesarean section rather than pursuing the induction process

LUTON & DUNSTABLE SITE RED FLAGS SEPTEMBER 2022

RF	Definition of Red Flag	Number	Comment
1	Delayed or cancelled time critical activity.	23	<p>Delays in transfers of on-going inductions of labour and women presenting in early labour from Triage to Delivery Suite due to capacity and/ or staffing on delivery suite.</p> <p>There is on-going review of women awaiting transfer to delivery suite to continue with induction of labour Individualised monitoring plans with daily obstetric reviews for women while awaiting transfer to delivery suite</p> <p>Neighbouring Units contacted to facilitate transfer of women if they are able to accept.</p> <p>The experience of the service was that neighbouring Units were often unable to help due to being in escalation themselves</p> <p>1 woman was transferred to another Maternity Unit in the Region to continue her induction of labour when the Maternity Unit was on divert</p>
2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	2	Ongoing work to support new midwives joining the service gain their suturing competency to support compliance
3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	1	EPMA on mobile devices rolled out to support compliance
4	Delay in providing pain relief due to midwifery staffing	0	
5	Delay between presentation and triage	0	Establishment for the Triage ward increase to 3 midwives, to support with timely ongoing care for women presenting in Triage
6	Full examination not carried out when presenting in labour	0	
7	Delay between admission for induction and the beginning of the process	5	<p>Delays in commencing IOL are at times when there is high activity on the Triage ward and ward 32.</p> <p>Women had timely fetal monitoring completed while awaiting to commence their induction</p>
8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	
9	Occasions when 1 midwife is no able to provide continuous one-to-one care and support to a woman during established labour	4	When midwives were not able to provide continuous 1:1 care in labour, and this was escalated appropriately. This was for short periods of time with only 2 women reported as not having 1:1 care in labour on the MIS for September 2022
10	Occasions when the Coordinator was not able to maintain supernumerary / supervisory status	5	<p>Escalation processes implemented to support the coordinating Band 7 to return to supernumerary status as soon as possible, including the Manager on call attending on site if required out of hours.</p> <p>Coordinating Band 7 Midwife did not provide 1:1 care in labour during this time</p>

BEDFORD HOSPITAL SITE RED FLAGS SEPTEMBER 2022			
RF	Definition of Red Flag	Number	Comment
1	Delayed or cancelled time critical activity.	1	
2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	
3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	
4	Delay in providing pain relief due to midwifery staffing	1	
5	Delay between presentation and triage	6	Appropriate escalation to try and redeploy staff and facilitate timely reviews as best as able to
6	Full examination not carried out when presenting in labour	0	
7	Delay between admission for induction and the beginning of the process	19	Unable to commence IOL due to staffing levels, individualised care plans developed with obstetric team
8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	
9	Occasions when 1 midwife is no able to provide continuous one-to-one care and support to a woman during established labour	2	
10	Occasions when the Coordinator was not able to maintain supernumerary / supervisory status	37	Escalation processes implemented to support the coordinating Band 7 to return to supernumerary status as soon as possible, including the Manager on call attending on site if required out of hours.

WORKFORCE AND RECRUITMENT

ARRIVALS PER MONTH, PER SITE (DIRECT HIRES PLUS COLLABORATION)			
Start date	Candidates - Arrival		
	dates	L&D	Bedford
31/01/2022	0	0	0
28/02/2022	3	1	2
28/03/2022	5	3	2
25/04/2022	5	2	3
30/05/2022	5	3	2
27/06/2022	3	1	2
25/07/2022	1	0	1
22/08/2022	5	3	2
26/09/2022	10	5	5
31/10/2022	3	2	1
28/11/2022	2	1	1
		21	21

Our successful international midwives pipeline continues as planned. We now have 19 RMs at Bedford 18 RMs at Luton (as indicated in green, in the table above), with a further 5 expected to arrive by November 2022.

Luton and Dunstable Hospital Site

- International Recruitment as noted in the table above
- 13 WTE band 5 midwives currently going through the recruitment process. They will be joining the workforce, between October to November. 10 WTE of these are due to commence employment on 17th October 2022.
- Six Band 6 midwives currently going through the recruitment process
- Antenatal clinic midwife recruitment in progress.
- Fetal monitoring midwife appointed is due to commence in post in November 2022

Bedford Hospital Site

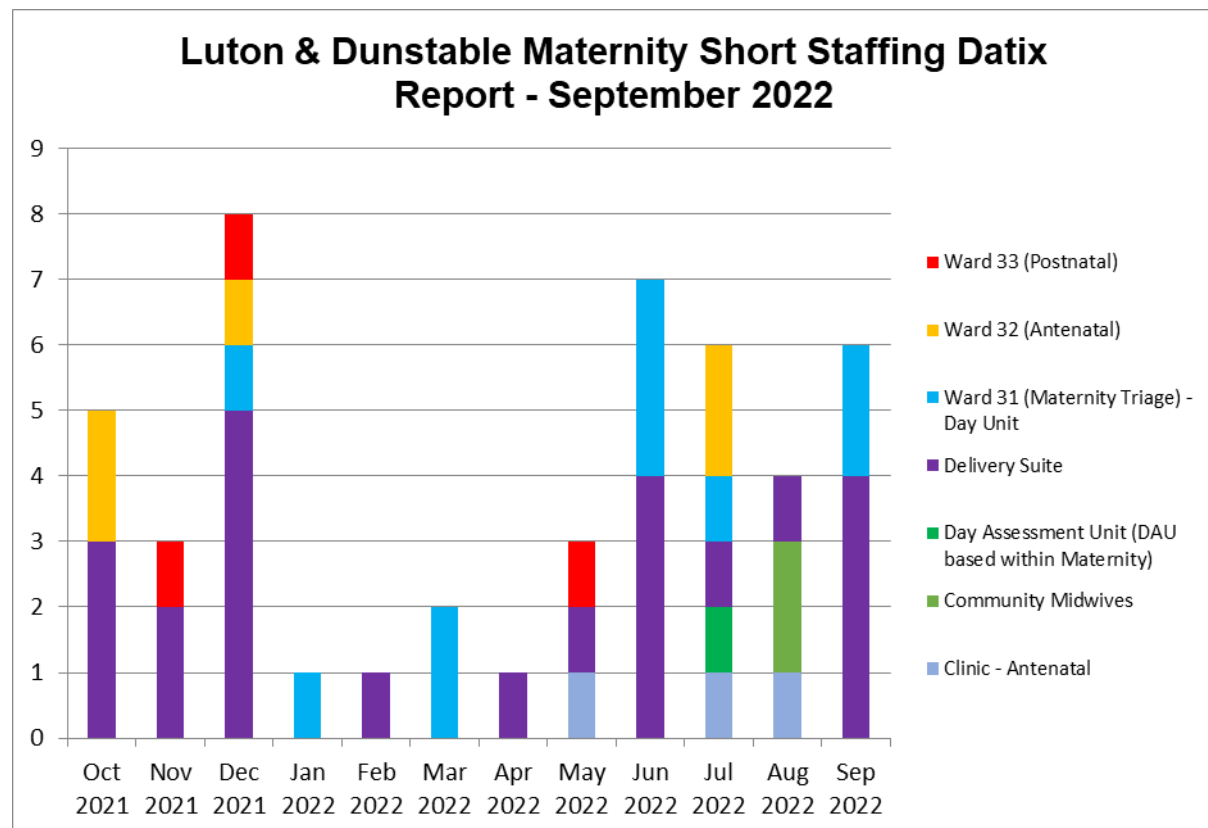
- We continue to support 1x RTP (return to practice RM) recommencing in Sept '22
- 1x B7 Delivery Suite Coordinators due to commence in Oct '22
- Lead PMA post on the Bedford site has been appointed with September start
- Legacy Midwife on the Bedford site has been appointed with start date due in Jan 2023.
- We have 4.64 WTE newly qualified midwives due to start in October at Bedford (all our 3rd year students).
- As mentioned above we have 19 RMs now at Bedford with a further 2 planned toward the end of the year. Interviewing to continue 2023 intake has also been conducted.

Including our international midwives we have 57.64 wte registered midwives now in our pipeline across both sites who will become part of our working establishment by the end of Q3/4 which is a significant achievement.

INCIDENT REPORTING RELATING TO STAFFING

The trend in incident reports completed in relation to midwifery staffing is shown in the tables below. There were 6 incident reports relating to midwifery staffing for the month of September 2022 on the Luton and Dunstable Site and 5 reported on the Bedford site. This is an increase in the number of incidents being reported and covers all areas within the service and reflective of the slight increase in activity compared to the previous month.

LUTON AND DUNSTABLE SITE INCIDENT REPORTING

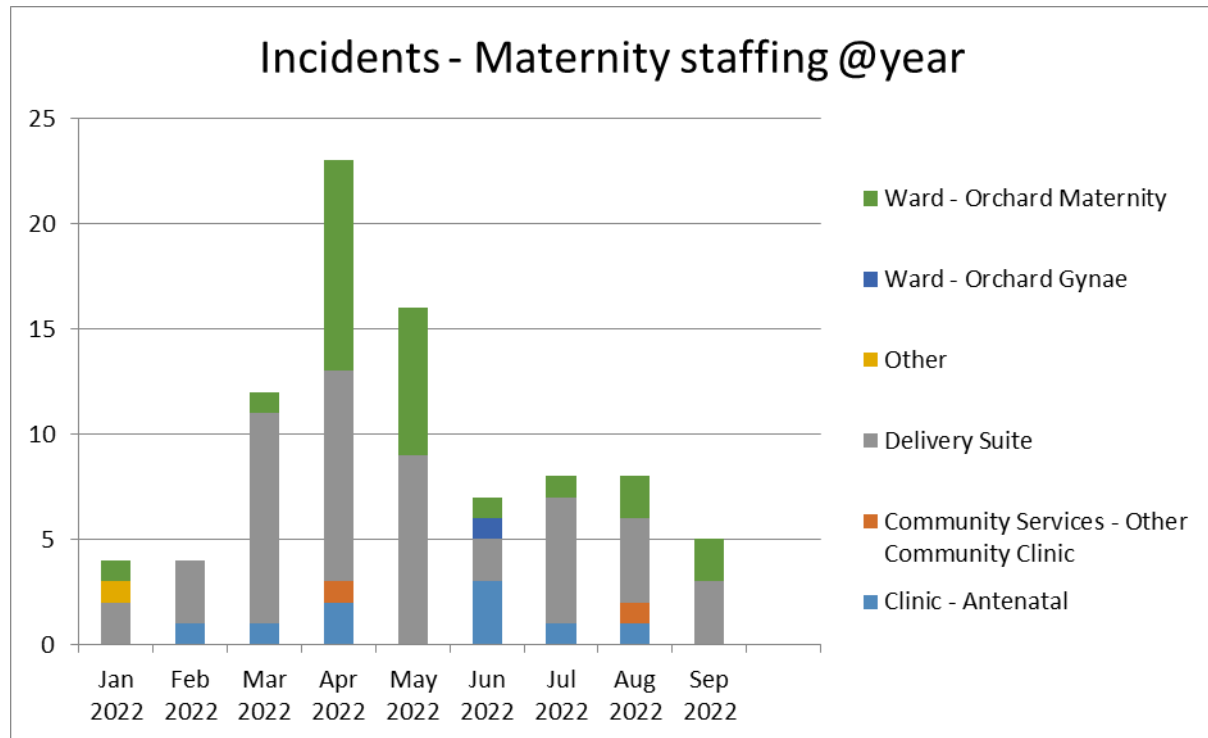


The 6 staffing Datix's for September 2022 related to staffing on the Delivery Suite and Ward 31. A review of the midwifery staffing in the maternity unit is being undertaken, with midwives being rotated to through the service to support with the staffing gaps.

There is a weekly staffing forward view, identifying possible areas of staffing deficits. Safety is monitored through the daily staffing meetings, which are attended by the Midwifery Managers and/or Director of Midwifery. Datix reporting around staffing has oversight from Head of Midwifery and all Datix's raised are reviewed to ensure appropriate escalations are in place and no harm or near misses are identified as a result.

BEDFORD SITE INCIDENT REPORTING

There were 5 staffing related incidents reported for the month of September '22 at Bedford. Of these, 3 related to Delivery Suite, 2 on Orchard ward, 0 on Antenatal Clinic, and 0 were reported for community.



RECOMMEDATIONS

- The night RM fill rate on the Bedford site was 88.5%, the highest level since September '21 and the day fill rate for RM was 85.77% in September. The Support worker day fill rate was 56.97% and the night rate was 63.19%.
- There was a decrease in fill rates for registered and unregistered staff, for both the day and night shifts at LDH in September 2022
- The Luton Site Vacancy RM is 63.37 WTE (26.6%) and the Bedford Site Vacancy RM 26.37 WTE (21.84%). This does not include the current 18 WTE international midwives who are on our training programme preparing for OSCE or waiting for NMC registration.
- The Maternity service at LDH and BH has been on divert on three occasions in September, with one woman being transferred out of the Bedford Site.
- The supernumerary status of the Labour ward coordinator has decreased at BH from 84.91% in August to 79.4% in September and LDH had a slight decrease from 97.8% in August to 97.2% in September.
- One to One care in labour was achieved 99.5% of the time at BH and 99.3% of the time at LDH. 40 Red flags were raised at the LDH and 66 at BH. This is an increase in the number of red flags raised at BH.
- Including our international midwives we have 57.64 wte registered midwives now in our pipeline across both sites who will become part of our working establishment by the end of Q3/4

Information Governance (IG) Quarterly Board Report July 2022

Data Security & Protection Report Summary [overview of management stage]

Data Security and Protection Standards for health and care sets out the National Data Guardian's (NDG) data security standards. Completion of the Toolkit self-assessment, by providing evidence and judging whether The Trust meets the assertions, demonstrates that the organisation is working towards or meeting the NDG standards.

DSPT Submission

The Trust published its assessment on the 30th June. 96 of the 109 mandatory evidence items were provided.

The Trusts status was Standards Not Met whilst NHSD reviewed our action plan.

NHSD agreed that the improvement plan was acceptable and amended the status to Approaching Standards

To achieve Standards met compliance The Trust must meet the requirements of all assertions.

RC9 DSPT Improvement Plan 2021/22

NHSD Improvement Plan Review

NHSD require the Trust to provide regular updates on progress with the non-compliant requirements

The Trust provided NHSD with an update to the Improvement plan on 7th Oct 2022. The Trust still has 14 outstanding assertions so the DSPT status remains at 'Approaching Standards'

The next review date is 1st December

Key Bullet Points

- Meetings with to assist with completion of DIAR & IAR
- Escalation to heads of department for all DIAR & IAR non-responses
- Review current Back Up Policy & update accordingly
- Incorporate all relevant applications details into the IT Security

DSPT assessment for 2022-23 (v5)

The Assertions and Evidence items for the 2022-23 Data Security and Protection Toolkit have now been agreed. The deadline for the Data Security and Protection Toolkit is 30th June 2023.

25 of 113 mandatory evidence items provided

0 Assertions confirmed

The IG team are reviewing current evidence items to ensure applicability & replacing with current information if necessary. The above figure for evidence items will rise significantly before the baseline in February 2023.

IG Incident Reporting Tool

The DSP Toolkit also incorporates an IG Incident Reporting Tool which the Trust is required to use for reporting IG incidents. Under GDPR serious IG breaches (defined as incidents that are highly likely, to have an impact on the 'rights and freedoms' of the individuals concerned), MUST be reported to the ICO within 72 hours of the Trust becoming aware of the incident. Once information about an incident has been submitted through the tool the details are automatically fed to the ICO unless the tool decides from the information provided that it is not a reportable incident.

2 Incidents were reported via the DSPT in the last quarter.		
29328	02/09/2022 14:35 by George Kennedy	Staff member behaved inappropriately toward a patient. It transpired that the staff member had contacted the patient on a private device and had gained the contact information from trust systems, breaching trust IG policy.
29931	25/10/2022 18:05 by Heidi walker	In 2018 a piece of work to create a database for a Therapies workflow was outsourced via Fivver, a folder containing patient data was shared with the developer opposed to the dummy patient folder. The developer, after completion of the work shared his tutorials on YouTube. The YouTube Tutorials have been available to view since 2018.

DPIA, Data Flows, DIAR & Information Assets [overview of IG requirements] Data Privacy Impact Assessment (DPIA)

The digital levelling up programme will affect the quantity of DPIA's for review and approval. The IG team is sufficiently resourced to manage this fast track approach to a fully paperless Trust.

The SCR (Shared Care Record) DPIA remains a major DPIA in progress and continues to grow in line with the e-Portal programme.

Data Flow Mapping & Departmental Information Assets

Data Flow Mapping – 88%

Departmental Assets - 86%

Key Bullet points

- The percentage of completed returns have not changed.
- Reminders escalated to heads of department and sessions booked to assist with completion.

System Information Asset Register

The merged IAR is now 72% completed.

Key Bullet Points

- Meetings with stakeholders to assist with completion of DIAR & IAR
- Escalation to heads of department for all DIAR & IAR non-responses
- DPIA's reviewed and Information populated onto the Trust IAR Spreadsheet.
- Monitored through Bi monthly DSPT Working Group

SAR & FOI [Requests for data]

Subject access requests (SAR)

Under the Data Protection Act 2018/GDPR we have 30 days to respond to a SAR; however we aim to comply with the Caldicott recommendation of 21 days.

This function continues to be extremely busy and the department continues to see an increase in the complexity of requests for medical records from Solicitors, patients, Police, Courts, Council and other professional bodies.

In the last quarter, the SAR team have reduced the backlog of requests from 6 weeks to 3 weeks.

Year 2020/2021		No of requests	Breached legal deadline	Compliance with deadline
Q1	April-June	978	353	64%
Q2	July – September	1001	-	Data currently unavailable
Q3	October – December			
Q4	January – to March			

Key Bullet Points

- Recruitment of new staff member should alleviate pressures and have a positive impact on the compliance deadline percentage.
- Looking to move away from paper & discs to pilot a SAR management system that includes an access controlled portal for instant access to requested records.

Freedom of Information (FOI)

Under the Freedom of Information Act, public authorities are required to respond to requests no later than 20 working days.

The FOI compliance figures for all FOI requests remain poor.

Year 2020/2021		No of requests	Breached 20 day deadline
Q1	April-June	195	127
Q2	July – September	218	Data currently unavailable
Q3	October – December		
Q4	January – March		
Total Received			

Key Bullet Points

- SOP created for new FOI process
- SOP aligned to a tried & trusted process that works when followed correctly & consistently. The team hope to see a significant improvement with the FOI compliance rate in the next quarter.
- Staff shadowing to ensure full engagement with the new process.
- FOI continues to face significant challenges in receiving information back from departments and
- the overall attitude toward FOI within The Trust is one of indifference. The IG management team are anticipating a positive shift in compliance with the new reminder schedule in place.
- All relevant stakeholders will meet on a monthly basis to discuss ways to improve FOI compliance and The Trusts cultural view of it.

Information governance Training [Annual Mandatory Requirement for ALL staff)

Mandatory IG Training

The compliance target required by the Data Protection Security Toolkit (DSPT) is 95% of all staff must receive IG training annually.

The current percentage of staff compliant with annual IG training has risen to 78.1%

Staff have four ways of completing their IG Training, Virtual IG Training, Face to face Training, ESR module or IG Handbook.

Monthly Compliance reports are being utilised to advise line managers of staff's non-compliance.

Key Bullet Points

- RA Manager to add new process to prevent the issuance or renewal of smartcards until staff are compliant with IG training.
- Re-introduction of face-to-face IG training in addition to virtual, ESR & workbooks.
- Compliance rates monitored through Bi Monthly DSPT Working group - Head of Training to attend.

e-Health Records [Digital agenda for paperless records)

Health Records Audit

The e-health records lead has developed a structured medical records audit schedule and implemented a formal medical records audit plan to ensure the quality of the records are in line with policy and legislation.

We recently recruited an additional resource to support with the ongoing implementation of the schedule and plan on the Bedford site.

Offsite Archiving

We will present an options paper to the Information Governance Steering group next week, with a plan to reduce The Trust's monthly financial commitment for the offsite storage of records that are past the retention period.



Bedfordshire Hospitals
NHS Foundation Trust



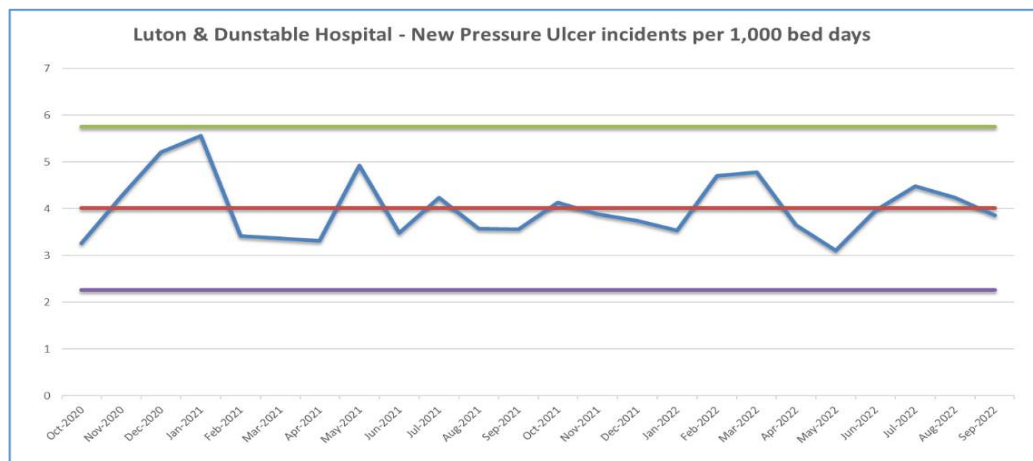
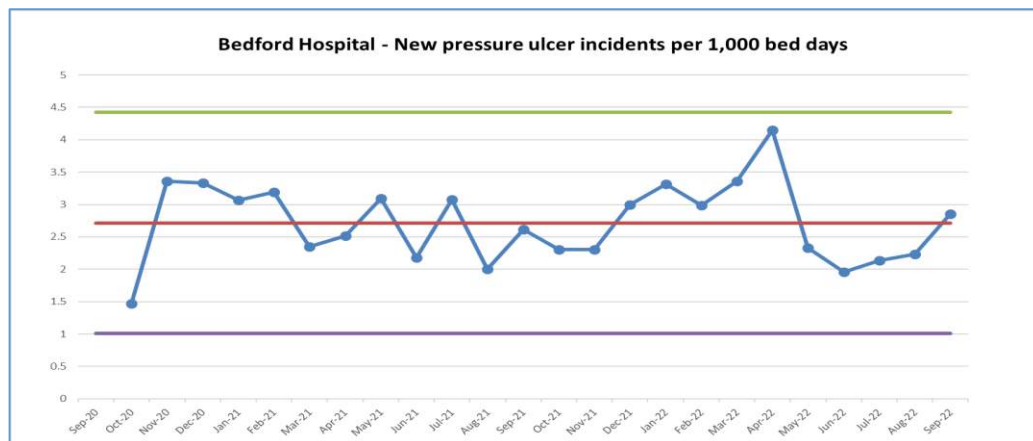
Quality and Performance

October 2022

(July - Sept) 2022

Chief Nurse
Medical Director
Deputy Chief Executive
Director of Quality and Safety
Governance

Harm Free Care – Pressure Ulcers

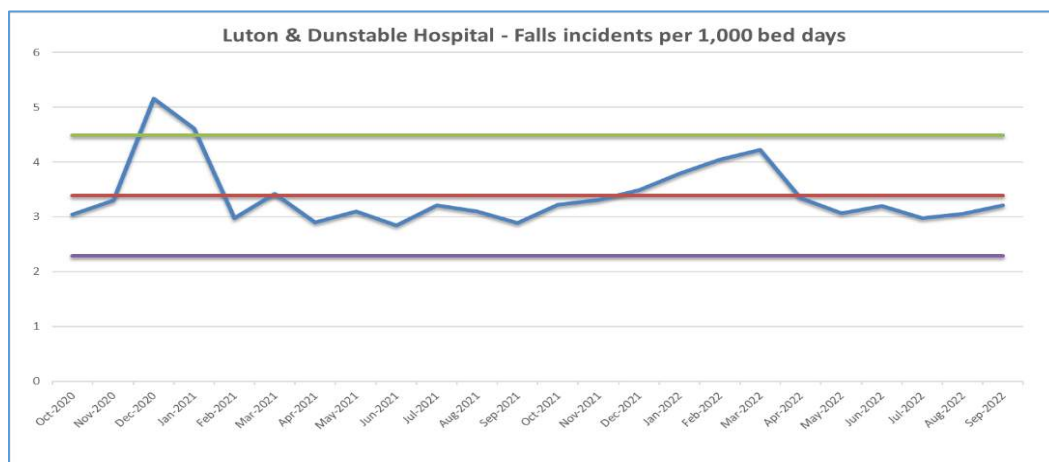
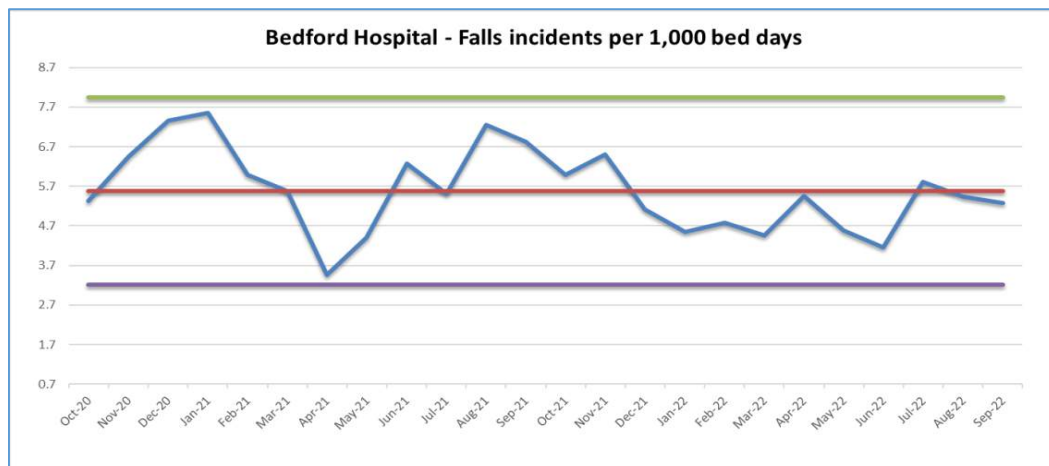


All new pressure ulcers (those that have developed in hospital) continue to be reviewed at a weekly pressure ulcer review group enabling clinical teams to share relevant information and identify improvements required.

For those areas where there is an increased risk of vulnerable patients developing pressure ulcers, the Tissue Viability (TV) team have developed a “Stop the Clock: practical Pressure Ulcer Exercise”. This involves the team meeting on a ward once a week between 3-4pm to observe moving & handling techniques to aid avoiding skin damage, appropriateness of pressure relieving equipment in use, correct completion of individual patient risk assessments in relation to the potential for pressure ulcers and individualised care planning. This project is led by junior ward staff, overseen by Matron and supported by Ward Managers and TV Team.



Harm Free Care – Falls



The majority of falls continue to lead to no or low harm on both sites and any moderate or severe harm incidents are reviewed at a local incident review group to ensure early learning.

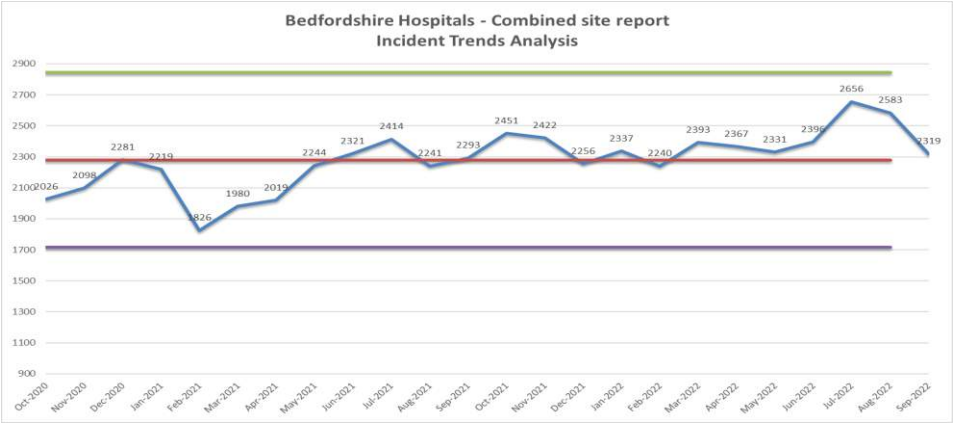
An increasing number of patients have various underlying medical conditions requiring multiple medications (polypharmacy). In order to reduce their risk of falls there has been an increased focus on ensuring accurate lying and standing blood pressures are recorded and that patients medications are reviewed in a timely manner to ensure these are not exacerbating the potential for falls to occur.





Incident Reporting

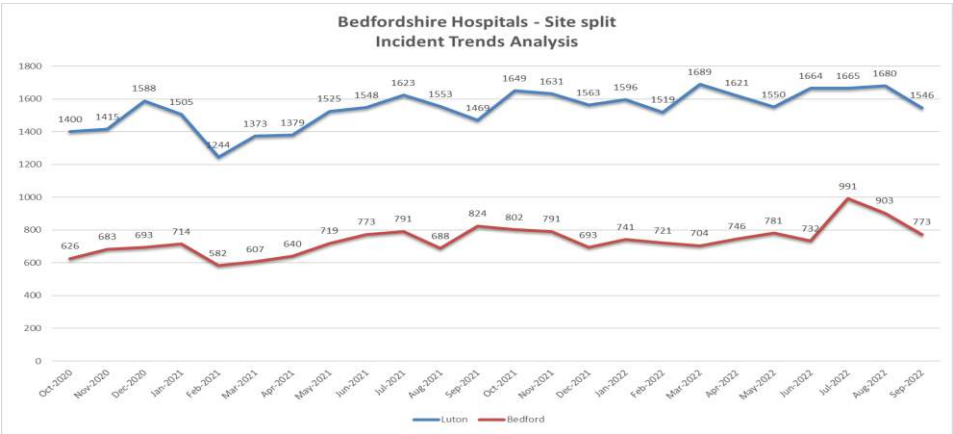
Number of Incidents reported over a two year period up to June 2022 (combined Trust figure)



High incident reporting is indicative of a good safety culture and this chart provides the trend of reported incidents across both the Bedford and Luton & Dunstable hospital sites.

Incident reporting rates remain positive and within normal variation.

Number of Incidents reported by site over a two year period up to June 2022 (split by site)



This chart splits and compares the incident reporting at both sites.

The Trust is implementing a new risk management incident reporting system throughout Sep / Oct which may have impacted reporting which has slightly dropped. On review these relate to the categories of no and low harm. The clinical risk team will be regularly monitoring reporting during the implementation and bedding in stages of the system in order that any issues of concern are remedy quickly.



Serious Incidents

Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.

Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

A total of **26** events have been declared as serious incidents across the both Trust sites during July – Sept 2022

**Note: Any incidents meeting the criteria for a Healthcare Safety Investigations Bureau (HSIB) incident review are now routinely declared as serious incidents in line with requirements of the "Ockenden" report publication.*

11 Serious Incidents were declared for the Bedford hospital site

- Neonatal Death x 3 (HSIB investigations)
- Delay to treatment potentially leading to harm
- Patient fall causing fractured neck of femur.
- Intrauterine death
- Failure in maintenance service of medical equipment
- Retained vaginal tampon/swab - Never Event
- Delayed diagnosis potentially causing harm x 2
- Incorrect chest drain insertion



Serious Incidents continued

15 Serious Incidents were declared for the Luton and Dunstable Hospital site

- Nosocomial Covid-19
- Neonatal death (HSIB investigation)
- Intrauterine death x 2
- Child death
- Referral delay potentially leading to harm
- Surgical error leading to potential harm
- Medication error
- Patient Suicide
- Baby born with Rhesus incompatibility requiring an exchange transfusion
- Baby born requiring therapeutic cooling
- Potential delayed cancer diagnosis
- Patient lost to follow up
- Potential delay in treatment leading to harm x 2

**Therapeutic cooling is a process where the baby's temperature is carefully lowered after a traumatic labour experience. The process protects the brain by minimizing the production of toxic substances that can cause brain injury.*



Improvement activity related to previously investigated Serious Incidents

Responding appropriately when things go wrong in healthcare is a key part of the way we can continually improve the safety of the services we provide to our patients. We know that healthcare systems and processes can have weaknesses that can lead to errors occurring and, tragically, these errors sometimes have serious consequences.

Therefore as a Trust we focus on the outputs of our incident investigation processes to capture areas for continuous improvement and shared learning.

The following list provides an example for some of the work either completed or on going which has resulted from previously reported incidents:

Delay In Diagnosis / Treatment Pathway

- Protocol for patients with rectal bleeding revised to ensure a face to face consultation
- Pathway revised to ensure all suspected cancer patients are referred to the oncology team within two days of admission in line with cancer network standard..
- Consideration to job plans of oncology team is underway to consider a requirement of time to see patients on the wards

In Patient Care

- Action for reminders and awareness to clinical teams regarding the need to that anticoagulants are prescribed where needed.
- Ward staff have been reminded to always consider mechanical prophylaxis for patients at risk of VTE
- A review of the pathway to ensure that for patients admitted with a diabetic foot ulcer, a specialist doctor input is sought straight away. In addition a vascular referral for review within the first 24 hours of admission.
- Review of guideline for diabetic patients to ensure they are fully up to date with specific attention to needs of those patents with a diabetic foot ulcer .

Surgical Care

- Updated requirement for ENT surgeons to ensure they discuss and document all treatment options, especially non-surgical options for benign/inflammatory conditions. This must now be completed before proceeding to surgery. The service is required to ensure that, where a 'non-conventional' surgical treatment is being performed, consent should be performed by Consultant doing procedure.
- A clinical protocol for the use and settings of the CO2 Laser in treatment of benign laryngeal conditions has been developed



Improvement activity related to previously investigated Serious Incidents (continued)

Maternity Services

- The service should ensure training for all midwives around triaging and risk assessing women over the phone, with a dedicated triage phone line operating 24 hours a day, 7 days a week.
- Staff should ensure that the telephone log documentation is updated to reflect conversations related to blood loss, mode of transportation to hospital and timeframe to attend the maternity unit.
- The service should pursue an upgrade to current MIS and telephony services to facilitate the capture and recording of all calls, triage and attendances.
- To ensure effective escalation and prioritisation of clinical findings to enable CTG concerns to have a timely obstetric review.
- To ensure clinicians are supported to recognise and escalate promptly when there is deterioration in the clinical picture to allow timely multidisciplinary involvement.
- To ensure sufficient staffing is provided to maintain the role of the coordinator as supernumerary wherever possible.
- To support clinicians in performing SBAR handover in line with local guidance, to enable consistent and effective sharing of information.
- To ensure that clinicians are supported to continue with progressing the escalation policy in times of increased acuity.
- To ensure placentas are sent for pathological examination including histology in line with national guidance (RC Path, 2019) where possible.
- Refreshed guidance and education for staff on use of Terbutaline* prior to transfer to delivery suite.

** Terbutaline is approved to prevent and treat bronchospasm (narrowing of airways) associated with asthma, bronchitis, and emphysema. The drug is sometimes used off-label (an unapproved use) for acute obstetric uses, including treating preterm labour and treating uterine hyper stimulation.*



Mortality

There were 161 deaths from all causes (BH, no.86, LDH, no.75) in September 2022, including 2 elective deaths at LDH and 7 deaths in patients readmitted within 72 hours (BH, no.6 and LDH no.1). In total this is 14 fewer deaths across Bedfordshire Hospitals in month and 36 fewer deaths when compared to September 2021.

In addition there were 10 Emergency Department (non-admitted) deaths, (BH, no.5, LDH, no. 5).

There were 26 deaths within 24 hours of admission (BH no. 15, 7 more deaths and LDH no.11, 8 fewer deaths when compared to August 2022), accounting for 17.4% and 14.7% of all deaths in month across both hospital.

Across Bedfordshire Hospitals, from March 2020 to September 2022 the total no. COVID-19 related deaths reported on CPNS is 1913, 12 in month (BH no.5, LDH no.7), 27 fewer deaths than the previous month. This is subject to refresh and any adjustment will be included in November reporting.

18 deaths are reported in month for patients with a first positive test for COVID-19 across both hospital sites (BH no.9, LDH no.9), of these deaths, 3 were in patients with a first positive COVID-19 result ≥ 15 days, 6 fewer deaths when compared to August

When compared to the five year (pre-pandemic) average, in September 2022 there were 40 more deaths reported (BH no.26, LDH no.14).

Across the 12 rolling months (October 2021 - September 2022) there were 190 excess deaths for BH and 107 excess deaths for LDH.

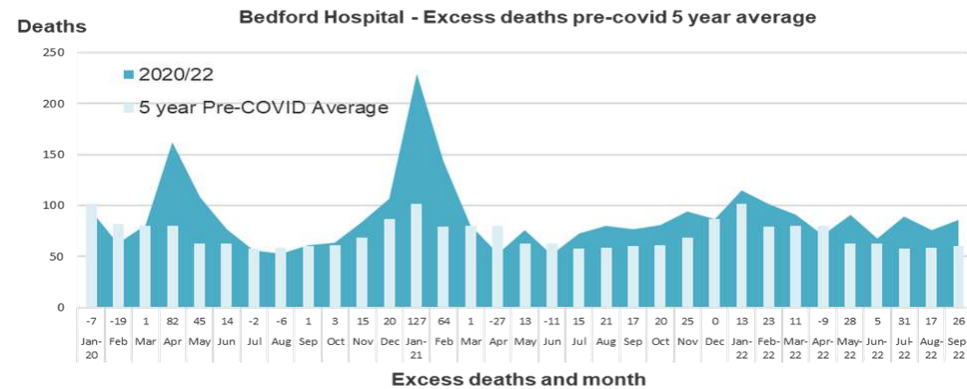


Figure 1a

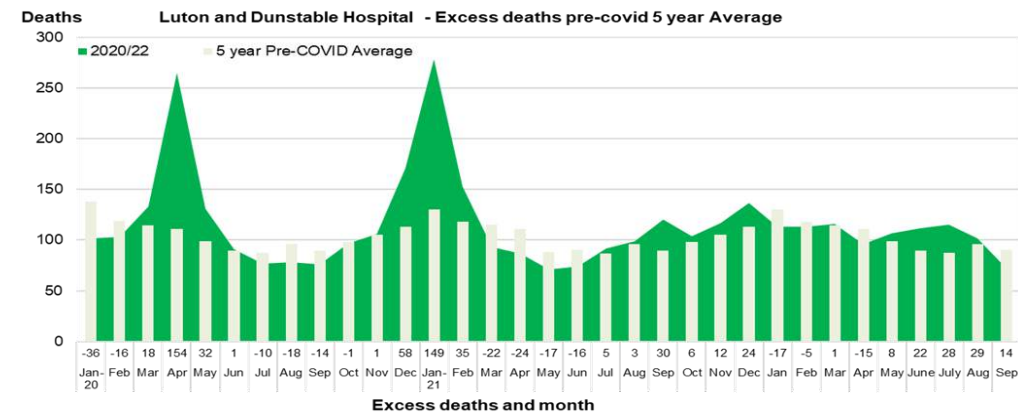


Figure 1b





The cumulative no. of excess deaths for Bedfordshire Hospitals in 2022 (January - September) is 156 (BH, no. 142, LDH, no. 14).
(Figures 2a and 2b)

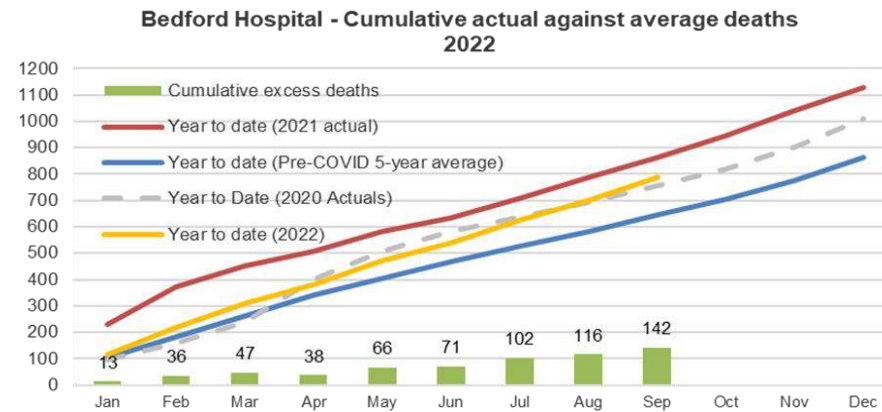


Figure 2a

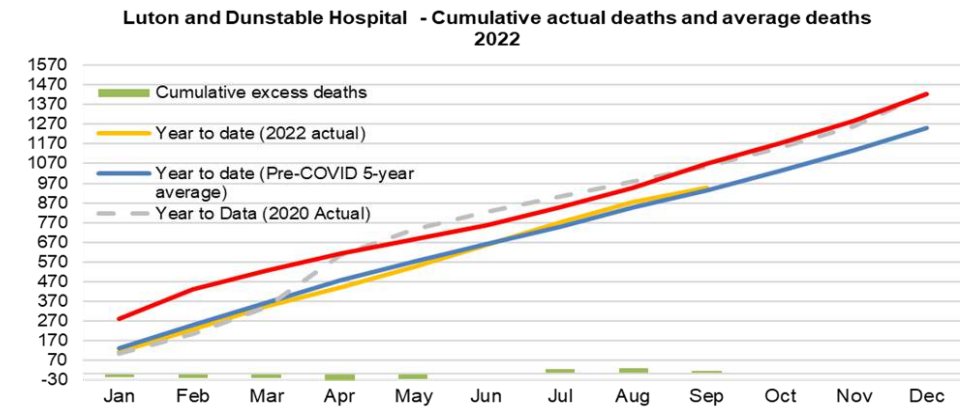


Figure 2b



June 2022 refresh of (H) SMR, RAMI illustrates a decrease in month for all indicators, remaining 'as expected' for Bedfordshire Hospitals Trust and the individual hospital sites (Figure 3)

SMR - 112.5 for Bedfordshire Hospitals (↓5.76)

(BH, 111.6, ↓23.85 and LDH, 113.1, ↑5.65).

HSMR - 110.43 for Bedfordshire Hospitals (↓6.08)

(BH, 108.29, ↓27.46 and LDH, 111.81, ↑7.39)

RAMI - 101.8 for Bedfordshire Hospitals (↓10.97)

(BH, 94.46, ↓29.74 and LDH, 104.75, ↑0.83).

(HSMR, RAMI exclude COVID-19 cases, SMR covers all deaths, including COVID-19 cases. All three indicators have been standardised for age, gender and case mix)

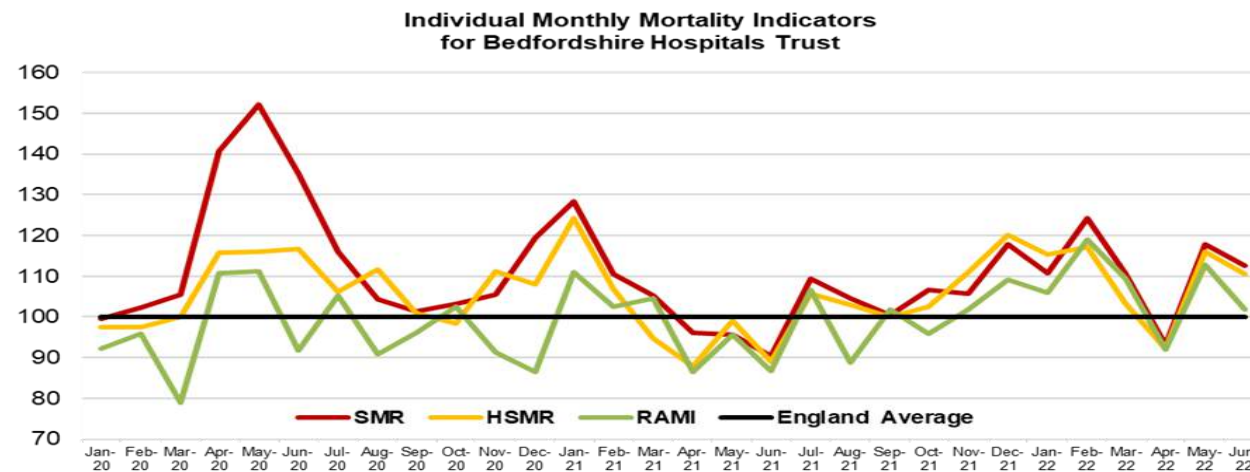


Figure 3





SHMI

SHMI - (12 months ending April 2022) -
107.39 (↑0.21) for Bedfordshire Hospitals
(BH, 122.2 ↑0.64 and LDH, 97.39 ↑0.62)

(SHMI includes any deaths occurring in the 30 days after discharge and excludes COVID-19 cases and day cases).

While SHMI remains 'as expected' for both hospital sites combined, for Bedford Hospital the value is 'higher than expected' for the seventh consecutive month.

A summary assurance paper was presented to the Quality Committee on 28 September. This detailed the diagnostic and review work undertaken to date to better understand the multifactorial drivers for the higher than expected SHMI at Bedford Hospital. A data quality improvement plan has been identified and progress against plan will be monitored via the LfDs Board with an update to be provided at the December Quality Committee

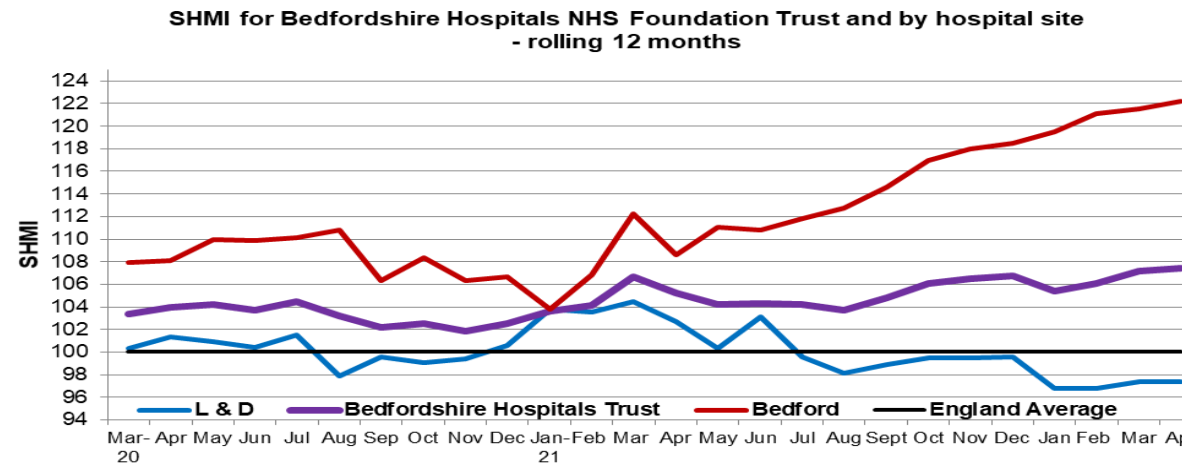


Figure 4

SMR - Standardised Mortality Ratio, ratio between the number of expected deaths and the number of actual deaths

HSMR - Hospital Standardised Mortality Ratio, adjusts for factors that affect in-hospital mortality rates, such as patient age, sex, diagnosis, length of stay, comorbidities and admission status

RAMI - Risk Adjusted Mortality Index, used to assess if inpatient mortality deviates from the expected, taking risk factors into consideration

SHMI - Summary Hospital-level Mortality Indicator, ratio between the actual numbers of in-patients who die and the number that would be expected to die on the basis of average England figures



Caring

Complaints	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22
Number received	53	56	46	54	61	59	64	82	65	59	68	65
Number received per 1000 bed days	1.66	1.81	1.46	1.73	2.09	1.86	1.92	2.45	1.94	1.70	2.03	1.94
Number of breached complaint responses (>45 days)	36	36	37	16	24	34	31	27	27	44	29	51
Complaints upheld by PHSO	0	0	0	0	0	0	0	0	1 (partial)	0	0	0
Number of compliments received	314	208	394	209	201	211	138	155	172	236	166	174
Number of PALS contacts	1095	1143	821	1232	1151	948	1379	1066	1160	1420	1528	1219
Number of PALS concerns	312	304	277	272	220	219	338	261	303	225	227	152*





Friends and Family Test (FFT)

The number of surveys completed in adult inpatient wards during Q2 was the highest for 12 months and positive responses are at 96.3% which is a significant improvement.

We are planning to place FFT stickers on every locker in every ward area during Q3 to enable those patients with a smart phone to scan a QR code, which will provide details of all of the FFT surveys, which can then be completed in 'real time' to enhance the understanding of our patients experience.

Accessibility

The demand for British Sign Language (BSL) interpreters has highlighted a national shortage and high demand for this group of linguists. We are therefore working closely with our third party provider to use other platforms and methods (e.g. video) to enable this resource to be used more effectively.





Operational Performance

October 2022

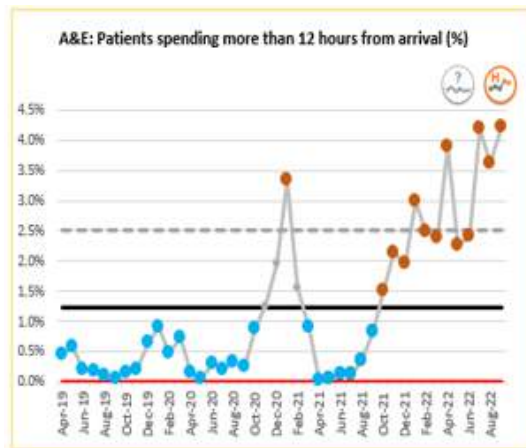
Cathy Jones
Deputy Chief Executive



Urgent & Emergency Care

Patients spending more than 12 hrs from arrival in ED

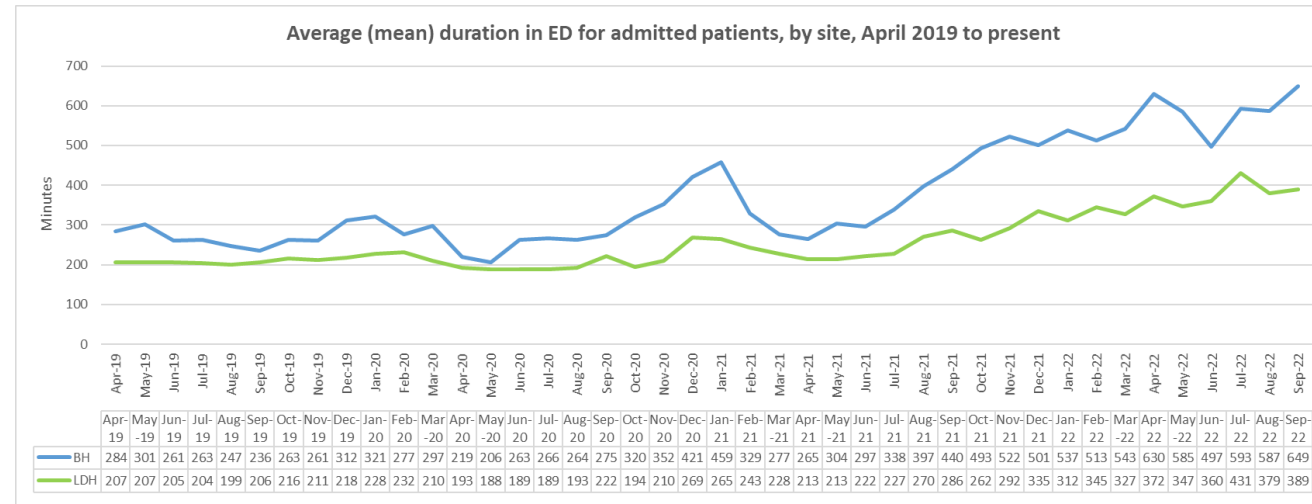
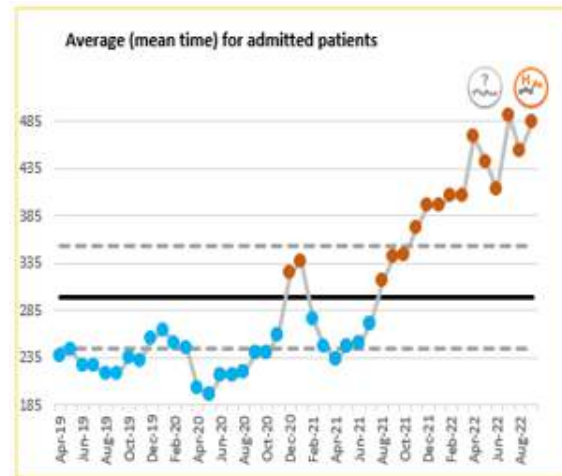
Description: This metric is the proportion of Service Users attending A&E who wait more than 12 hours from arrival to discharge, admission or transfer, with the internal expectation for 22/23 that it is never more than 2% at the Bedford site and that performance returns to 0% of patients exceeding 12 hours duration in department at the L&D site.





Average wait for admitted patients from ED

Description: This is the total number of minutes that admitted patients have waited in ED divided by the total number of admitted patients, per month.



The charts shows the change in performance against this standard from Autumn 2021 as the hospital bed occupancy reverted to pre-pandemic levels, but pressures from covid and the corresponding reduction in flexibility of use of the bed base resulted in patients waiting longer for beds in ED.

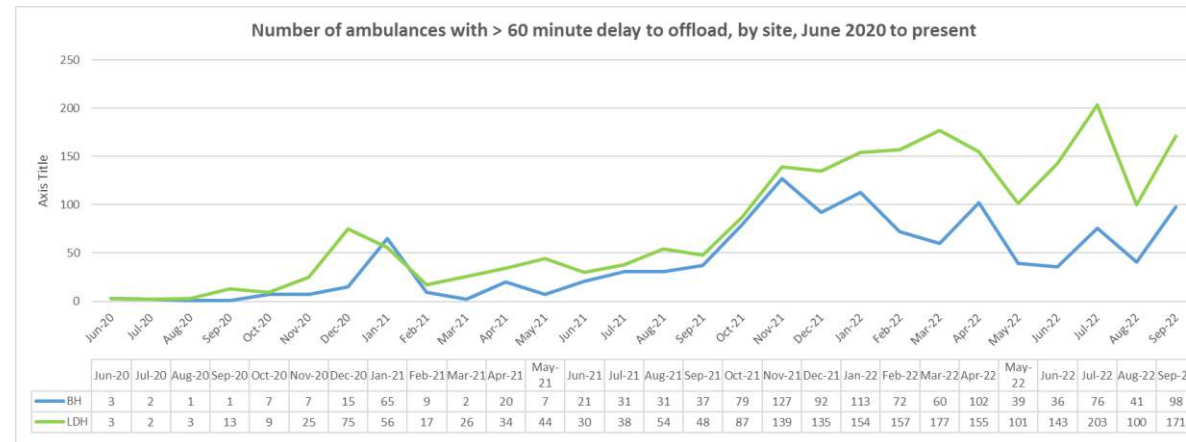
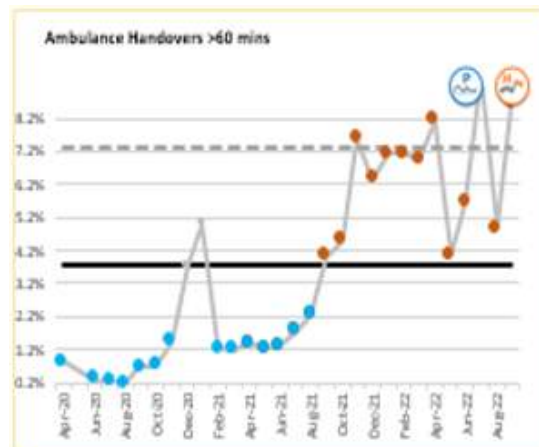
The average time in department for patients that were admitted increased again in September 2022, as for the 12 hour stays in department this was a direct result of extraordinarily high bed occupancy across both hospital sites. All of the actions for > 12 hour breaches apply to this indicator and a step change in leveraging of external capacity, and a reduction in process delays for placement of patients on complex discharge pathways is required in order to support the EDs with improvement against this indicator. Both sites are regularly seeing extraordinary in-department occupancy levels which is resulting in poor patient and staff experience in the emergency departments. Asking wards to take additional beds into their circulation spaces whilst awaiting discharges and maximising use of discharge lounge have been vital in ensuring that we can keep resuscitation capacity available for our most unwell patients.

The winter plan supported by additional national funds does open an additional 9 community beds for Bedfordshire patients (under direct control of the hospital), and the impact of virtual wards (albeit not yet quantified) is expected to have a positive impact on acute bed occupancy. Internal initiatives are also identified to help mitigate and manage the impact of contingency bed use.



Ambulance handovers greater than 60 mins

Description: This is the number of recorded ambulance handovers that took more than 60 minutes as a % of the total number of recorded handovers in month.



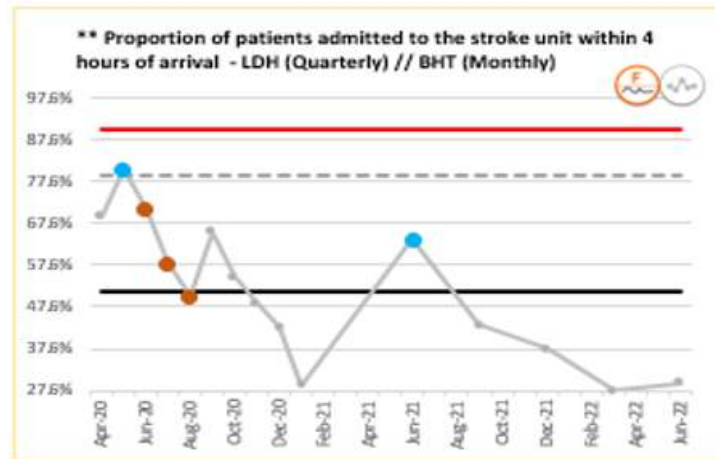
The operational focus for the organisation is minimise ambulances delayed for more than 30 minutes, with the aim to only have vehicles waiting to handover for over 60 minutes in the most exceptional situations.

As with the previous two indicators, the number of ambulances exceeding 60 minutes for handover deteriorated in September 2022; the long durations that patients are remaining in the Emergency Department makes timely offload of ambulances extremely challenging.

The current contractual target is for greater than 65% of ambulances to handover within 15 minutes. The Trust-wide performance in month in September 2022 was 36.53%. A letter from the regional director of performance received 19th October 2022 highlights the need for executive and system level escalation of every patient with a delay over 4 hours for ambulance offload. Exception reports for 4 hours delays will be included within this report from next month.



4 Hours to Stroke Unit – NO CHANGE FROM SEPT REPORT



Description

The numerator here is the number of patients who were admitted to a stroke unit within and including 4 hours of arrival at the hospital; the denominator is all the patients in the cohort (excluding the patients who were admitted to ITU/CCU/HDU).

This target is based on best practice that every patient with an acute stroke should gain rapid access (in less than 4 hours) to a specialist stroke unit. It is a key metric not only in terms of the Stroke service and its effectiveness but also acts as an indicator for how well the rest of the Trust is doing (bed pressures result in patients not being in the most appropriate beds, and high occupancy limits the ability of ED to be responsive and fast-track strokes to the specialist unit).

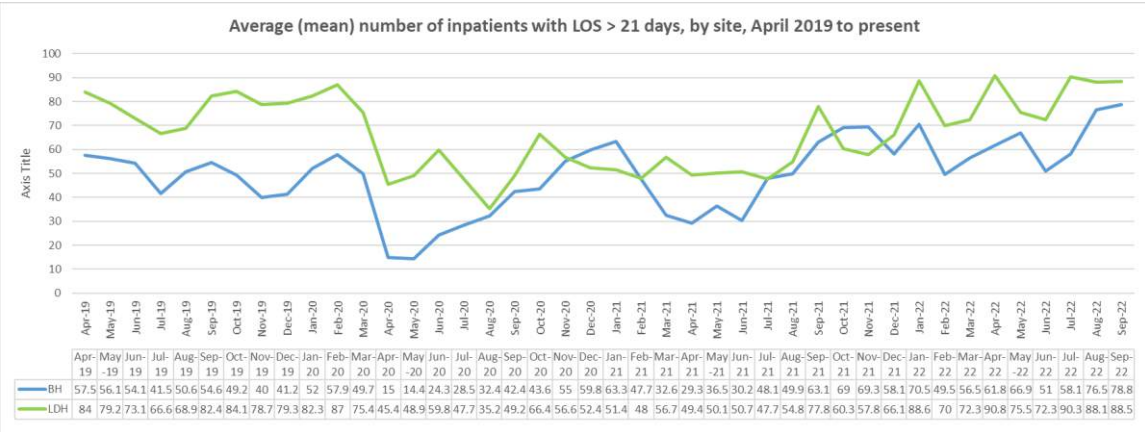
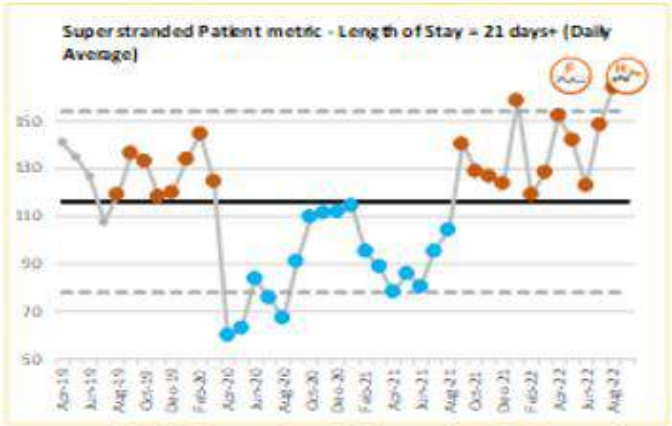
Data is obtained quarterly at Luton from the SSNAP audit results. The operational pressures articulated in earlier pages of the report are similarly demonstrated in the time to stroke unit, which was extremely challenging in Q1. Capacity issues at spoke sites also reduced the timeliness of repatriation of stroke patients, and staffing pressures across health services impacted onward flow to neuro-rehab placements.

This remains a key quality priority for the organisation and at all times the aim is to have empty stroke beds in order to support new admissions. The specialist nature of the beds means that they are not easily made resilient to extraordinary circumstances such as Covid outbreaks, however the continuing focus on early identification of stroke patients and escalation and stepdown processes to spoke sites is an improvement priority for the stroke service.



Super Stranded Patients

Description: Average number of patients per day residing in hospital for over 21 days in any given month



The number of super stranded patients (those patients residing in hospital for more than 21 days) provides a key barometer reading of the effectiveness of discharge and patient flow throughout the integrated care system.

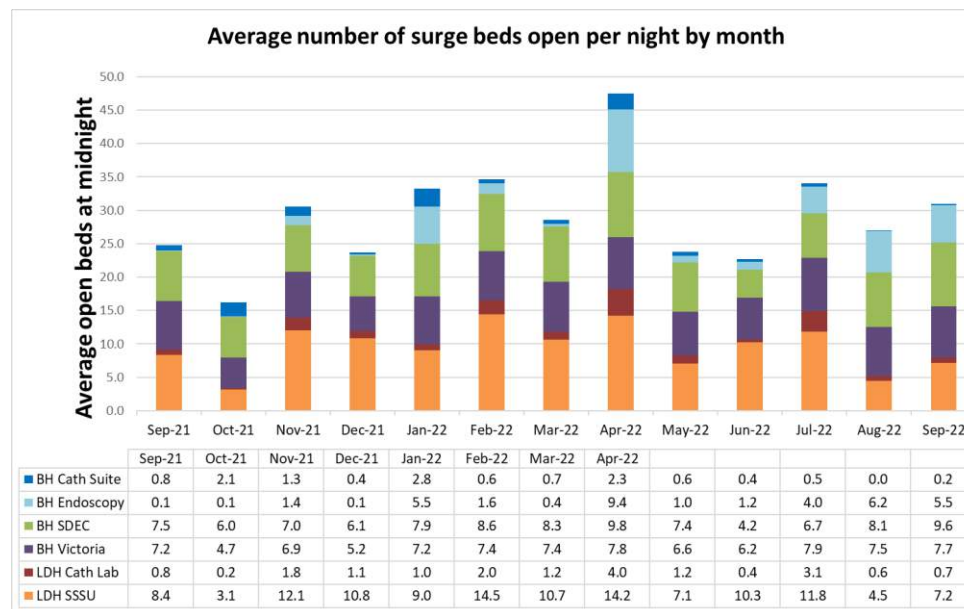
The average number of super stranded patients increased again across the two sites in September 2022 and remains at the highest level seen since April 2019 with an average of 168 patients per night across the two sites in September 2022. Whilst a proportion of these patients are still receiving medical treatment, many are awaiting discharge packages, with waits in excess of a week not uncommon. These persistently high numbers seen since autumn 2021 continue to add to the operational pressures and remain significantly in excess of the system target level of less than 100 patients across Bedfordshire.

The additional 9 intermediate care beds being commissioned as part of the winter plan will support reduction in this number, and the winter initiatives being prepared by the medical service lines (under whom the majority of these patients fall) will help to improve continuity of care for these patients and capacity to support active management of their discharge.



Surge bed usage

Description: Average number of non-inpatient areas opened for surge beds overnight (total number of patient bednights divided by number of calendar days in month)



As part of safe management of surges in emergency activity, it is recognised practice to use areas that are not usually staffed or bedded overnight to try and maintain flow through the emergency department. Traditionally use of these beds was zero during summer months, with increases in winter and around peak pressure periods e.g. bank holidays.

Every time that a surge area is used, additional staff have to be deployed at short notice, and the usual activities of that unit cease (or are limited). These areas should only be used for short bursts and in extremis due to the staffing implications and the operational impact.

The surge areas that formed part of the Emergency Care SOP are listed as follows:

- Bedford Hospital - Endoscopy suite (6 beds plus a further 6 if all activity stopped), Cath suite (up to 8 beds), Same Day Emergency Care Unit (10 beds) and Victoria ward at Bedford site (8 beds)
- L&D Hospital - Cath suite (9 beds) and Short Stay Surgical Unit (18 beds)

The chart shows that the utilisation of these beds has been continual since Sept 2021 and increased between August 2022 and September 2022. Most importantly, it should be noted that these figures are distorted because of the significant staffing pressures in month; if additional staff could have been deployed we would have used more contingency beds than reported here. Occupancy of these areas remains unprecedented for this time of year and very difficult to staff, with staff increasingly distressed at being moved away from their base wards to support outlier areas.

As described previously, the winter plans populated by the services try to reduce and mitigate the impact of continued contingency bed use. A significant ward relocation programme for the Luton site aims to increase SDEC capacity and therefore reduce bed occupancy, but carried the risk of loss of overnight beds further exacerbating the contingency pressures.

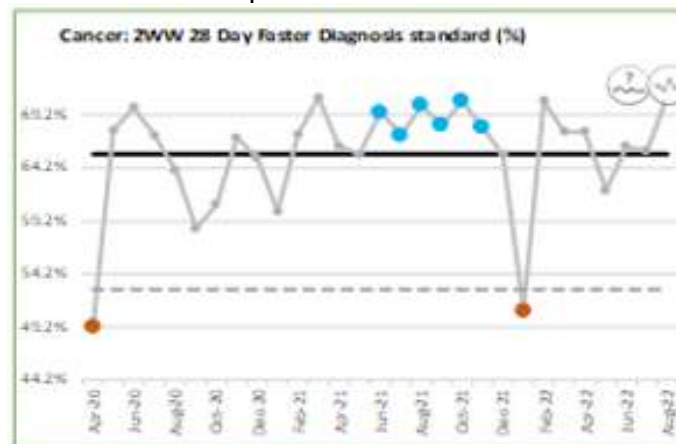


Cancer Care



Cancer: 28 day faster diagnosis

Description: The numerator is the number of patients receiving a diagnosis within 28 days; the denominator is the total number of patients referred for a suspected cancer.

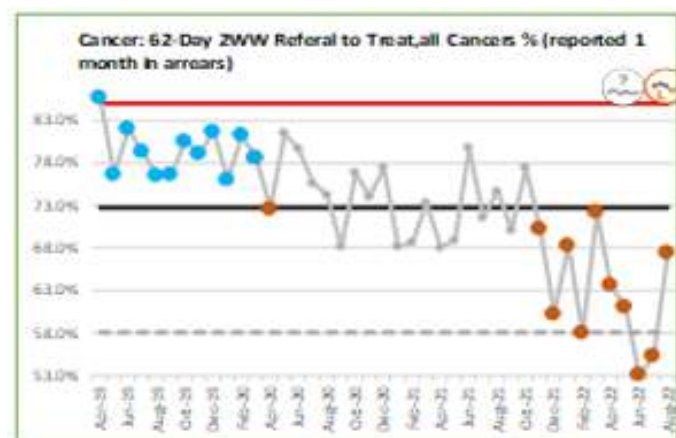


The Faster Diagnosis Standard (FDS) is a performance standard introduced to ensure patients who are referred for suspected cancer have a timely diagnosis - 75% within 28 days by March 2024.

In August 2022, the Trust exceeded the 70% objective with performance at 71.0% which reflects an extraordinary amount of work by the many teams involved in delivery of this target.

2ww performance (which is a key element of delivering 28 day faster diagnosis) improved again to 85.3% (from 81.8%) and although still falling short of the pre pandemic 93% threshold, demonstrates a stabilisation of can Whilst services remain vulnerable to high annual leave and sickness absence, we have seen improvement in average time to appointment for breast patients referred on a 2WW pathway and are working hard on urology capacity.

Cancer: 62 Day treatment breaches



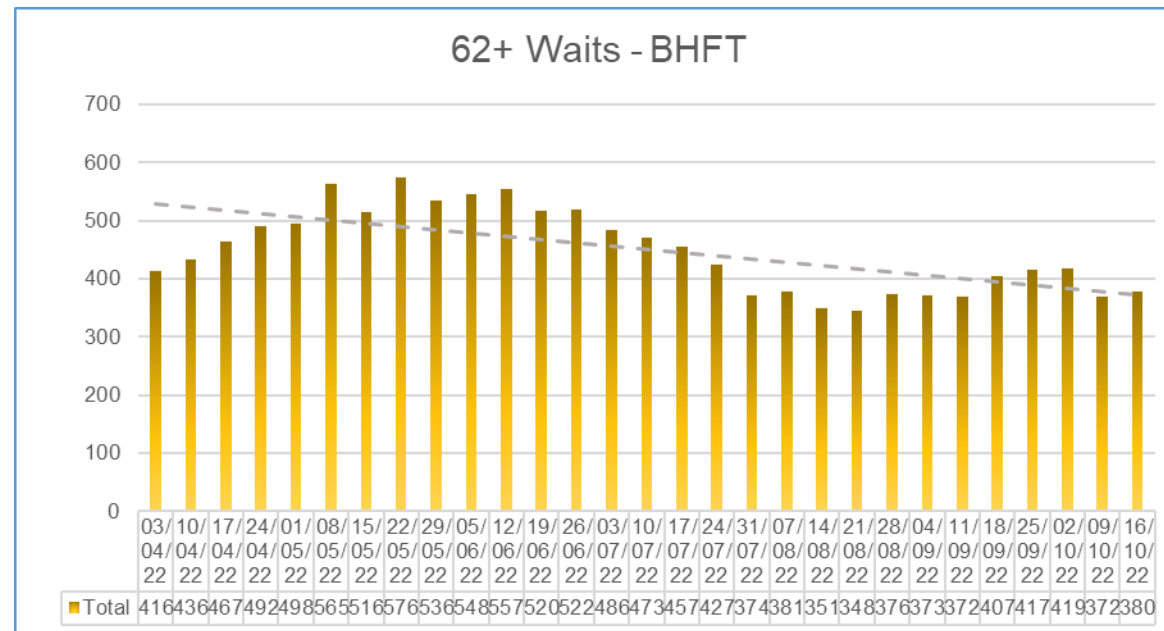
The target for all cancer treatment pathways is for at least 85% of patients to start their first treatment for cancer within two months (62 days) of an urgent GP referral.

The Trust performance improved significantly in August 2022 with 67.4% treated within 62 days compared to 55.3% in July 2022. This improvement does reflect a slight reduction in the number of patients treated in month, which is not unusual for August. As services continue to work hard to manage a decrease in the total number of patients waiting over 62 days in May and June 2022 it is expected that our performance should continue on an improving trajectory, although the small numbers of 62 day treatments do mean that % performance is subject to monthly fluctuation.



Cancer: Patients on open pathways waiting more than 62 days

Description: The total number of patients referred for a suspected cancer who have not had a first definitive treatment, or discharge at day 63 of their pathway.



The number of patients exceeding 62 days on an open cancer pathway deteriorated following the September bank holiday and has reduced again, with further reductions having occurred in the latest week.

The original system target was for Bedfordshire to reduce to below 167 open pathways by the end of March 2023. This has been reset to a more realistic 224 (supported by tumour-site level trajectories for each hospital). The aim is that no more than 8% of open cancer pathways will breach 62 days by the end of March 2023; the chart represents performance at 10.8%.

Following notification that Bedfordshire Hospitals were to be placed in Tier 1 of a new performance management programme by NHSI/E on the basis of our position within the 20 worst performing trusts nationally in June 2022, the Trust's position has improved significantly to place us at number 50 of 74 trusts. Confirmation is still awaited as to the process to formally remove the tier 1 categorisation from Bedfordshire Hospitals, although verbal confirmation has been received from the region that this is approved.



Planned Care

**** RTT Incomplete pathways: Zero tolerance for waits over 75 weeks by Apr 20 23**

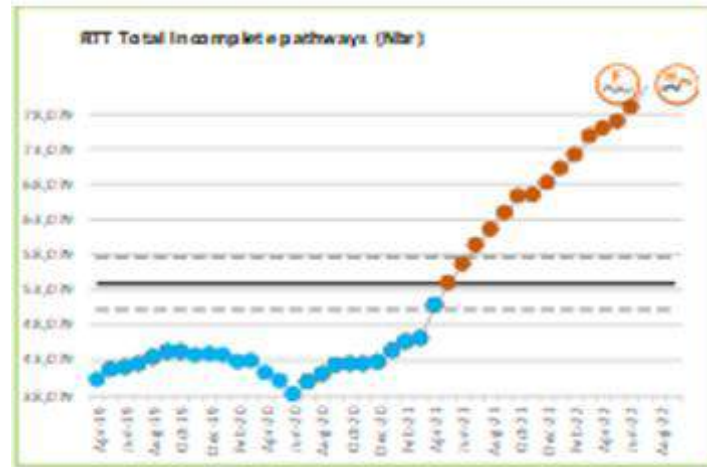
Date	RTT Incomplete Pathways
Aug-21	4200
Oct-21	5500
Nov-21	5500
Jan-22	7000
Mar-22	7800
May-22	8500
Jul-22	7100
Sep-22	5500
Nov-22	4200
Jan-23	3200
Mar-23	2500
May-23	2200
Jul-23	2300
Sep-23	2300
Nov-23	2200
Jan-24	2500
Mar-24	2800
May-24	2200

Count of total number of patients on any (inpatient or outpatient) incomplete pathway for over 78 weeks.

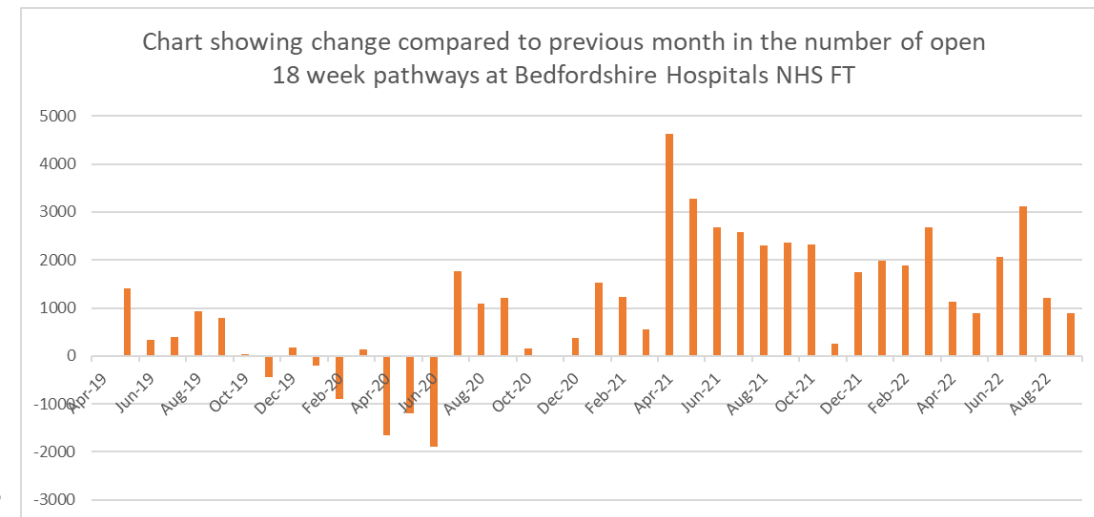
Overall, the trust is forecasting to meet this target and has a strong process in place for overseeing progress against trajectories. This is subject to us maintaining our elective programme during the peak of winter pressures, and remains the highest risk factor against delivery.



Total Incomplete RTT Pathways (Waiting List)



Description : This metric is the total number of patients referred by a GP or primary care practitioner who do not yet have a recorded first treatment or 'clock stop'. It represents the total number of open 18 week pathways, regardless of how long the patient has been waiting.

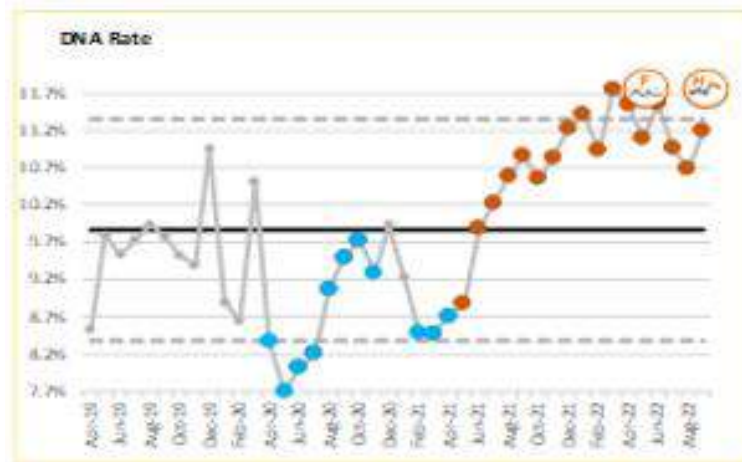


During 2021/22 one of the key expectations was that waiting lists would be stabilised at the September 2021 level. With the pressures created by the ongoing pandemic this is notably no longer the case. However, the Trust views this metric as a significant indicator of the effectiveness of the capacity management plans that sit with the Service Lines, as well the effectiveness of system-wide initiatives such as Advice & Guidance, and PIFU.

The chart to the right shows the growth in the number of open pathways since April 2019. The chart on the right shows each month since Apr 19 how much the waiting list grew or reduced compared to the month previous. The data shows that the growth in the waiting list between Sept and Aug 2022 was the lowest it has been since the start of this financial year, although this positive sign should be treated with some caution on the basis of the annual pattern in reduced referrals in August. Service lines continue to work to open additional recurrent capacity to support reduction in overall waiting times and to improve administrative and validation capacity to ensure that we are closing pathways in real time.



OP DNA Rate



Elective recovery is contingent on a number of factors. One of the emerging themes is the adverse change in DNA rate that has been observed across the large majority of specialties. This represents a significant opportunity as this is underutilised capacity.

As previously reported, the text message appointment reminder system was re-introduced in June 2022 at the Luton site and a global reduction in DNA rates was seen, which unfortunately has largely reversed in September 2022.

A DNA taskforce has been set up and resourced with some additional service manager support to focus on tackling the DNA rates; this is a complex issue with multi-various causes

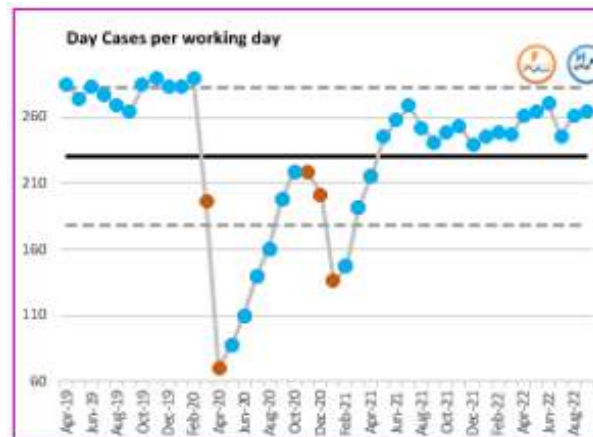
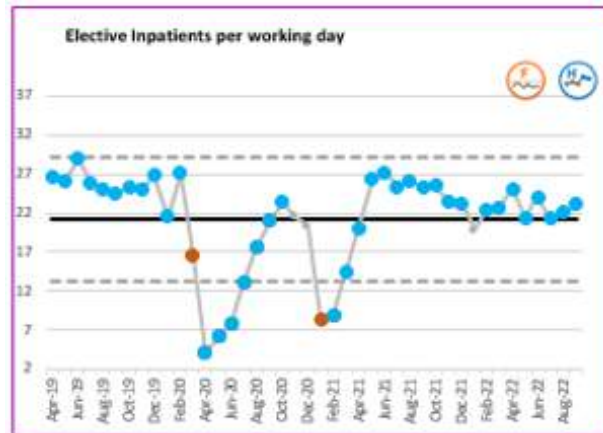
Text reminders are due to be introduced to the Bedford hospital site, and a project resource is being allocated to accelerate this implementation.

Description

The numerator here is the number of outpatients (first & follow up) who do not attend (DNA) a booked appointment; the denominator is the total number of booked appointments.



Elective Admission per working day – IP & DC



As the Trust moves into a post-pandemic way of working the expectation is that the number of elective inpatients per working day will continue to increase from a low point in January.

Although there has been an improvement in the last three months, reflecting improved availability of surgical and theatres staff as we move out of peak holiday periods and continue to improve theatre staffing resilience in particular at the BH site. However the continuing reduction in productivity compared to the pre-pandemic period so far in financial year 22/23 reflects the ongoing combination of workforce and operational pressures.

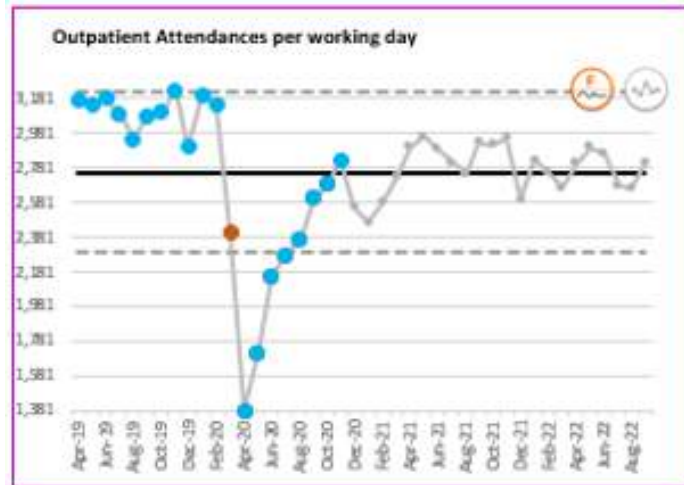
Consultant pension issues and the BMA rate conversation which is building momentum continues to prompt a reduction in the number of extra sessions, and cancellations due to bed pressures continues to erode the impact of the improvement work that is underway through the theatres productivity programme.

Description

Average number of elective inpatients (or daycases) admitted per working day.



OP Attendances per working day



The impact of the pandemic can clearly be seen on daily outpatient activity (average for working days in month), which has only recovered to around 80 - 85% of the 2019/20 baseline (although note this varies significantly by specialty).

Outpatient attendances continue to run at pre-pandemic levels, and as described in previous reports are affected by workforce availability, high DNA rates and changes in format to straight-to-test, virtual and patient initiated follow-up which have affected the way that contacts are counted.

September was a better month due to some alleviation of the annual leave pressures seen in June – August. The opening of the Cauldwell Centre at the Bedford site will support a gradual increase in capacity as the series of service moves takes place to populate the new outpatient service configuration.

Description

Average number of total outpatients attending per working day.

Board of Directors

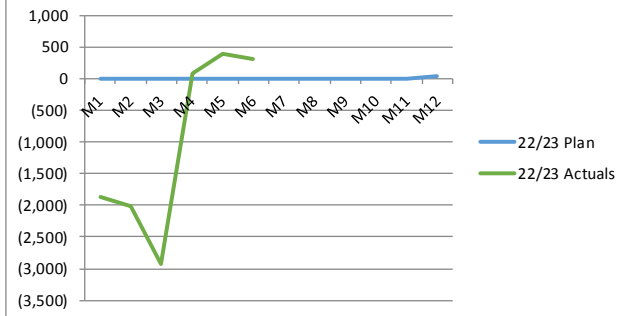
Wednesday 2 November 2022

Report title:	Finance Paper	Agenda Item: 7.2			
Executive Director(s) and Title(s)	Matthew Gibbons, Director of Finance				
Report Author(s) and Title(s):	Ricky Shah, Deputy Director of Finance				
Purpose: <i>(select one box only)</i>	Receive <input checked="checked" type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>	Note <input type="checkbox"/>
Action Required:	Note monthly finance performance				

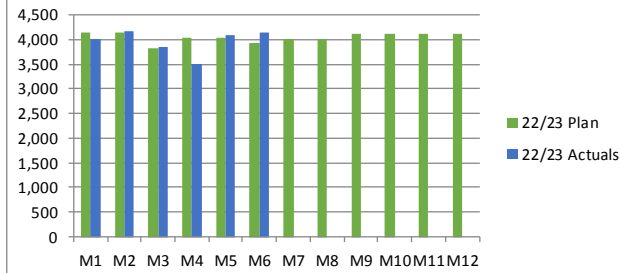
Report Summary / Purpose of Report:	<p>The Trust delivered a surplus of £0.3m against a £0.3m planned surplus.</p> <p>Year to date the Trust is underspent on pay by £1m, mainly on Nursing and Technician spend. Non-pay is £2.6m overspent year to date. This is being offset in part by interest received, pay and depreciation underspends.</p> <p>Elective recovery funding of £8.9m has been recognised to date, despite significant underperformance against plan. The Trust has received confirmation that NHSEI will not seek to apply the ERF rules, and the Trust will be paid ERF monies in full.</p> <p>Capital spend is £30.5m against a revised annual plan of £98.5m. The Trust spent £16.2m against the Trust's annual CDEL limit of £27.2m.</p> <p>Budgets have been updated to reflect the pay award and income contract changes. The Trust received slightly more income than anticipated, leading to (positive) swings in month on pay and income.</p>
Links to Strategic Board Objectives /Risk Register / Board Assurance Framework	<p>5. Developing a robust and sustainable future</p> <p>7. Become well-governed and financially viable</p>
Links to Regulations/ Outcomes/External Assessments	
Jargon Buster: Please detail acronyms in the report	<p>ERF – Elective Recovery Fund</p> <p>CDEL – Capital Departmental Expenditure Limit</p> <p>LVA – Low Value Activity</p> <p>H2 – Second half of year (October to March)</p>

Finance in a page

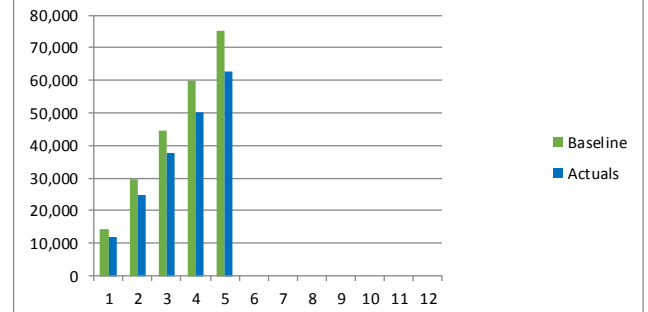
Cumulative Surplus / Deficit



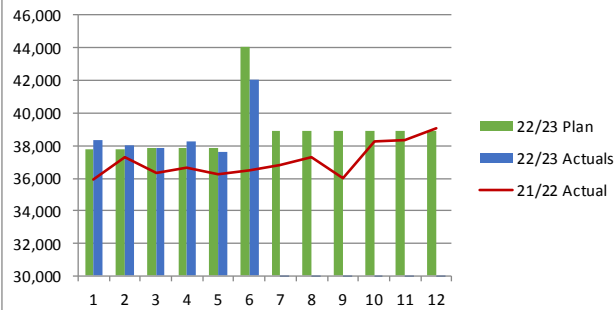
Other Income (excl. CCG & NHS I/E)



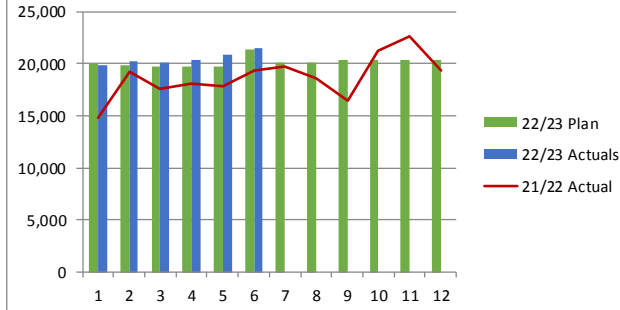
Commission Income(ERF)



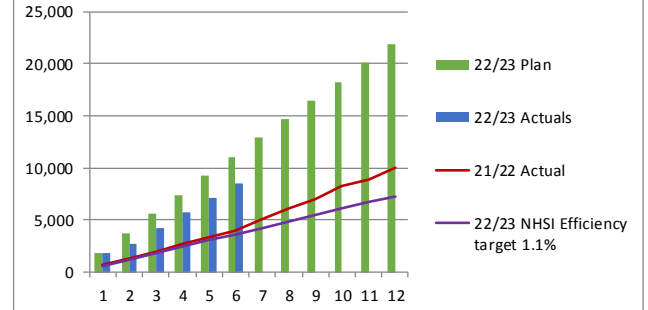
Pay



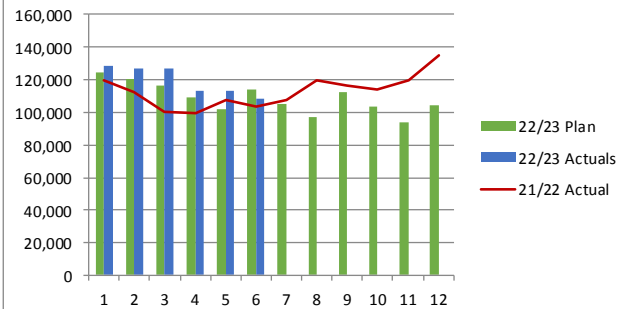
Non Pay



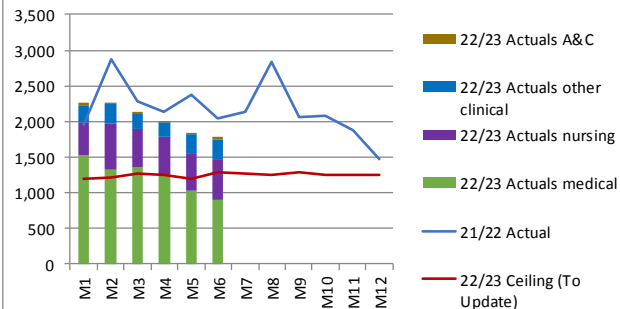
CIPs - Cumulative



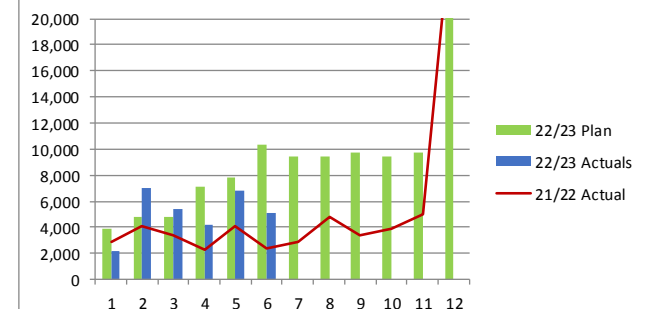
Cash



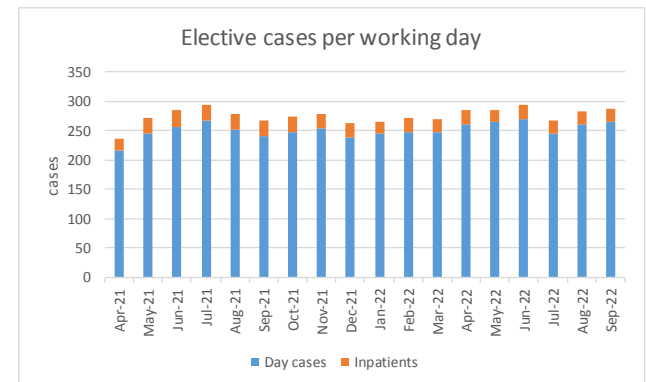
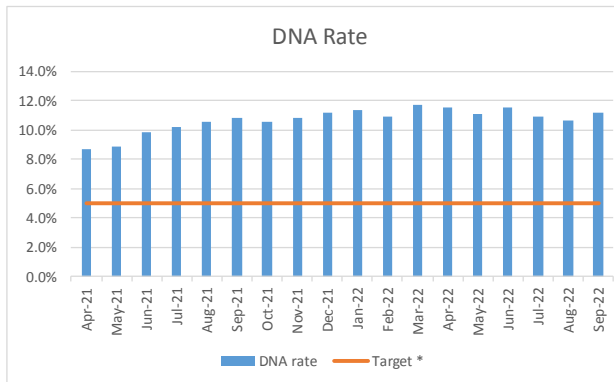
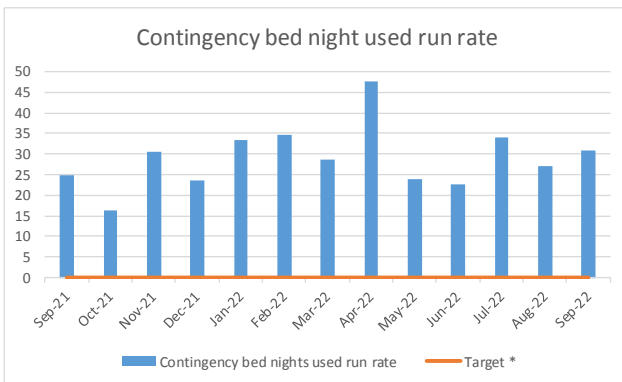
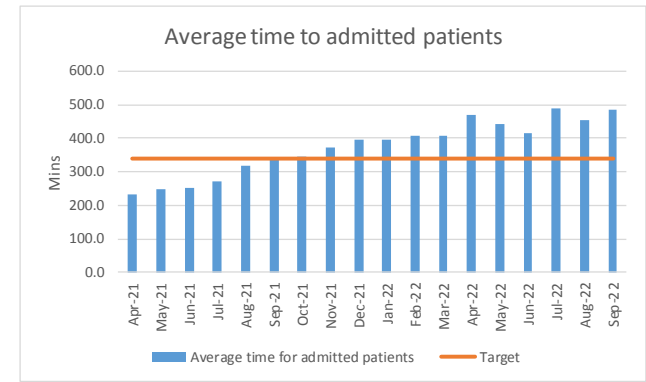
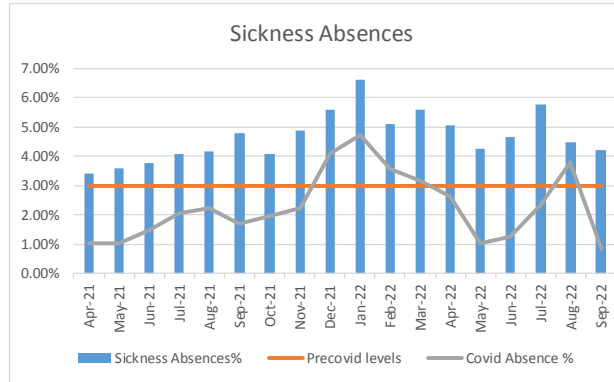
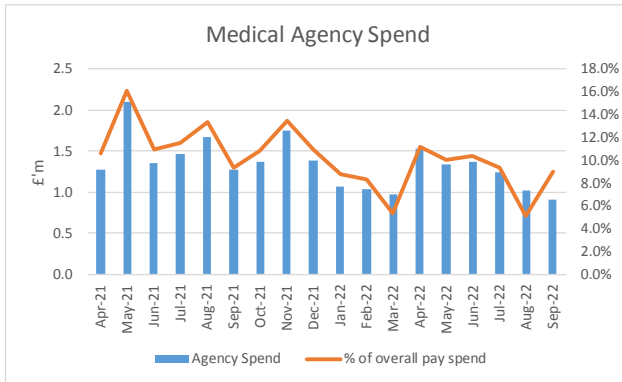
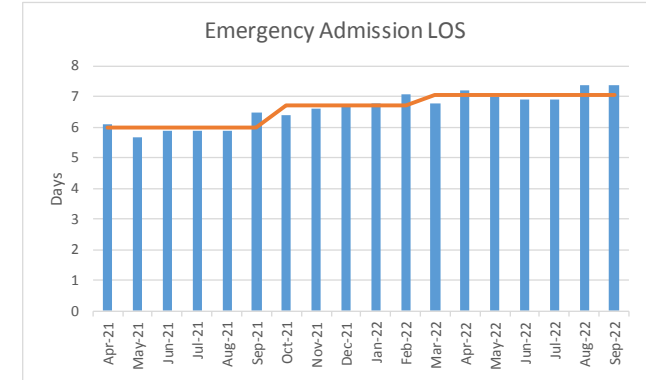
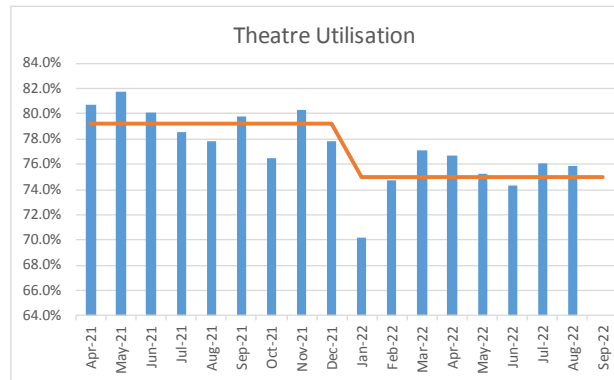
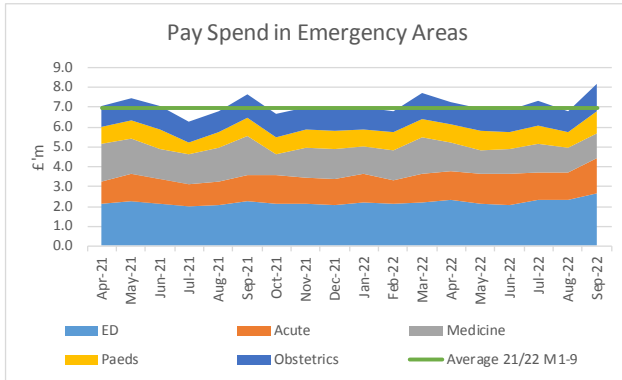
Agency Spend



Capital Spend



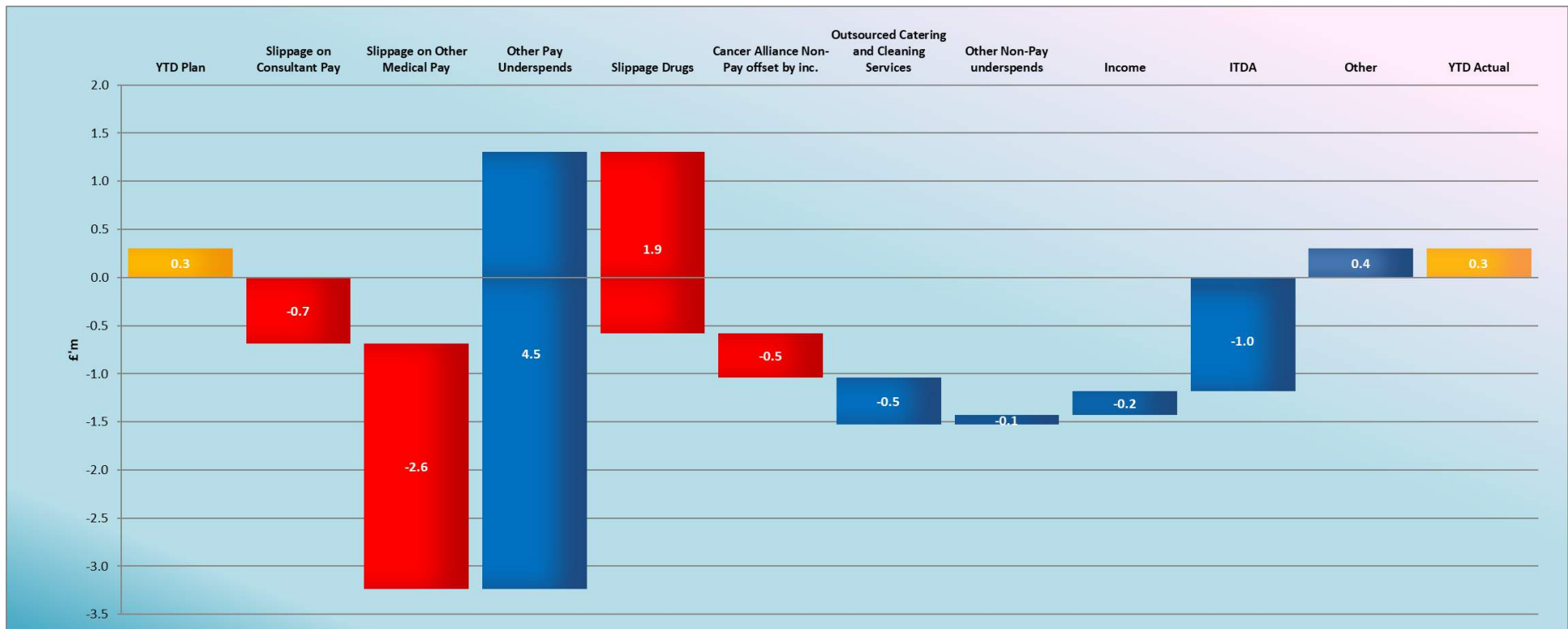
Finance Performance Indicators



*Model Hospital data on DNA% (National Mean is 5.87%, upper quartile is sub 5%.)

**Long term will look to replace theatre utilisation with number of unutilised theatre lists

Revenue and Expenditure Bridge between Budget and Actuals



Income and Expenditure Statement

Operating Income and Expenditure	Year Actuals 2021/22 £'000	Full Year Budget 2022/23 £'000	YTD Budget 2022/23 £'000	YTD Actuals 2022/23 £'000	YTD Variance 2022/23 £'000	In Month Budget 2022/23 £'000	In Month Actuals 2022/23 £'000	In Month Variance 2022/23 £'000
NHS Contract Income	651,372	669,744	334,858	334,601	-258	62,450	59,812	-2,638
Other Income	62,842	48,549	24,063	24,570	507	3,922	4,275	353
Total Income	714,214	718,293	358,922	359,171	249	66,372	64,087	-2,285
Consultants	88,616	86,972	43,495	44,479	984	9,114	8,706	-408
Other Medics	68,709	66,357	33,179	35,732	2,553	4,780	5,142	362
Nurses	168,445	184,196	91,975	89,726	-2,249	19,043	18,283	-760
Scientific, therapeutic & technical	74,765	81,406	40,703	38,855	-1,848	8,572	7,797	-775
Other Pay	44,016	47,726	23,793	23,349	-444	2,550	2,151	-400
Total Pay	444,551	466,657	233,145	232,141	-1,004	44,059	42,078	-1,981
Drugs	54,957	54,906	27,453	29,338	1,885	4,860	5,130	270
Clinical Supplies	66,405	56,912	28,531	29,177	645	4,859	5,156	297
General Supplies	30,265	32,728	16,364	17,324	960	3,139	3,334	194
CNST	26,732	23,514	11,757	11,754	-3	1,960	1,959	0
Other Non-Pay	62,217	50,362	24,755	23,934	-821	4,791	4,087	-704
Total Non-Pay	240,576	218,422	108,861	111,528	2,666	19,608	19,665	57
EBITDA	29,087	33,214	16,916	15,502	-1,414	2,705	2,343	-362
ITDA	28,738	33,214	16,609	15,559	-1,049	2,768	2,470	-298
Trading Position	349	0	307	-57	-364	-63	-126	-64
Inventory Donation from DHSC Inc.	2,435	0	0	0	0	0	0	0
Cost of Inventory donation from DHSC	-2,435	0	0	0	0	0	0	0
ERF and Contract Challenges	0	0	0	0	0	0	0	0
Total Operating Surplus/Deficit (-)	349	0	307	-57	-364	-63	-126	-64
Impact of Impairments	93	0	0	0	0	0	0	0
Depreciation of Donated Assets	1,060	886	443	399	-44	74	66	-7
Donated Assets Income	-453	-886	-443	-31	412	-74	-24	50
Remove impact of consum. donated by DHSC	497	0	0	0	0	0	0	0
Adj. Financial Performance Surplus/Deficit	1,547	0	307	311	4	-63	-84	-21

- The Trust has delivered a £0.3m surplus year to date against a £0.3m surplus plan.
- Within the NHS contract income £1.7m inflation monies and £1.4m of BLMK non-recurrent monies have been recognised.
- £8.9m of ERF monies have been reflected within the position.
- Medical pay remains high across consultants and other medics and is running at higher than 21/22 levels. The key areas of overspend are in Paediatrics £783k, Maternity £437k, Dermatology £322k, Theatres £310k, Upper GI £263k, Urology £250k, care of the Elderly £204k and Haematology £201k and Medical day units (incorporating medical wards junior Dr expenditure) £188k.
- Overall non-pay is overspent by £2.9m. The key areas are:
 - o Drugs £1.9m
 - o £0.49m relates to outsourced catering and cleaning services
 - o £0.46m Cancer Alliance costs – offset by Income
 - o £0.1m Linen and Laundry
 - o £0.2m IT Hardware – failed CIP
 - o £0.3m Utilities

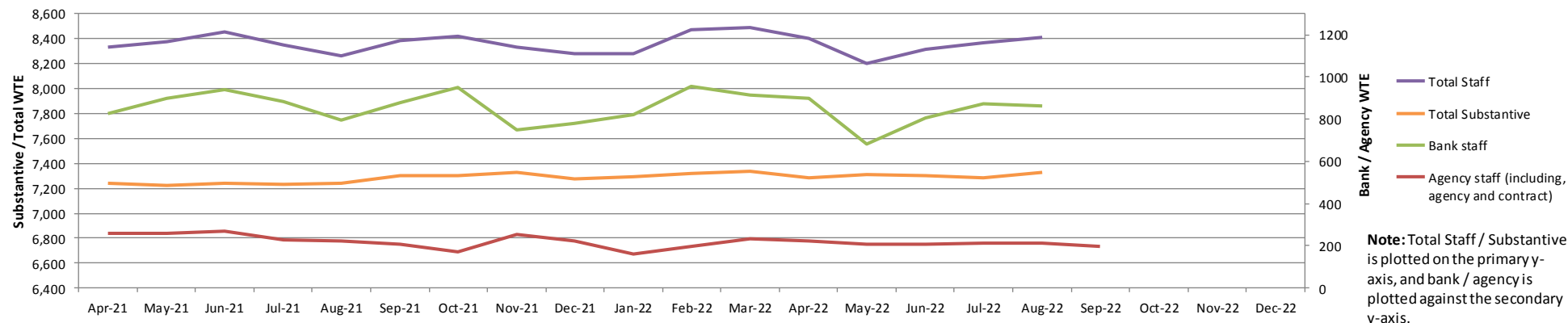
*The budgets have been updated to reflect the pay award changes and reflect current contract changes.

Substantive, Bank and Agency Staff – Provider Workforce Return

	2021/22												2022/23					
	Month 1 Apr-21 WTE	Month 2 May-21 WTE	Month 3 Jun-21 WTE	Month 4 Jul-21 WTE	Month 5 Aug-21 WTE	Month 6 Sep-21 WTE	Month 7 Oct-21 WTE	Month 8 Nov-21 WTE	Month 9 Dec-21 WTE	Month 10 Jan-22 WTE	Month 11 Feb-22 WTE	Month 12 Mar-22 WTE	Month 01 Apr-22 WTE	Month 02 May-22 WTE	Month 03 Jun-22 WTE	Month 04 Jul-22 WTE	Month 05 Aug-22 WTE	Month 06 Sep-22 WTE
Registered nursing, midwifery and health visiting staff (substantive total)	2,317	2,309	2,318	2,325	2,334	2,332	2,363	2,380	2,380	2,389	2,390	2,410	2,377	2,369	2,357	2,348	2,343	2,342
Registered Scientific, therapeutic and technical staff (substantive total)	805	802	801	794	796	819	813	813	812	805	805	805	803	805	800	797	797	802
Registered ambulance service staff (substantive total)	2	2	2	2	2	2	2	0	0	0	0	0	2	3	2	2	2	2
Support to clinical staff (substantive total)	2,200	2,200	2,204	2,211	2,192	2,211	2,178	2,160	2,129	2,154	2,159	2,150	2,134	2,166	2,161	2,172	2,175	2,220
Total NHS infrastructure support (substantive total)	874	868	873	871	880	887	886	894	891	885	891	889	880	880	891	898	894	902
Medical and dental (substantive total)	1,043	1,040	1,040	1,028	1,038	1,047	1,055	1,077	1,059	1,060	1,071	1,082	1,083	1,083	1,087	1,067	1,116	1,116
Any other staff (substantive total)	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Total Substantive	7,244	7,223	7,240	7,235	7,244	7,300	7,299	7,328	7,274	7,296	7,319	7,339	7,281	7,309	7,301	7,286	7,330	7,387

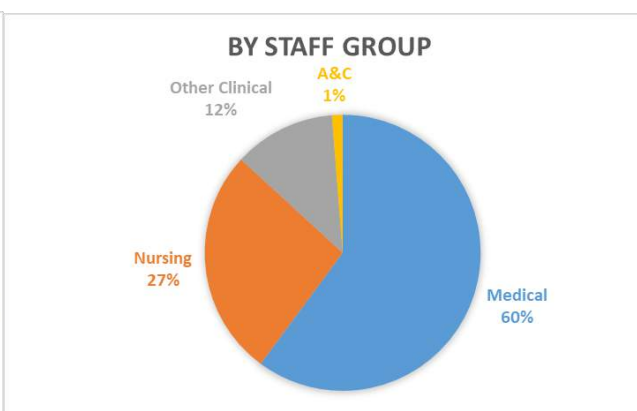
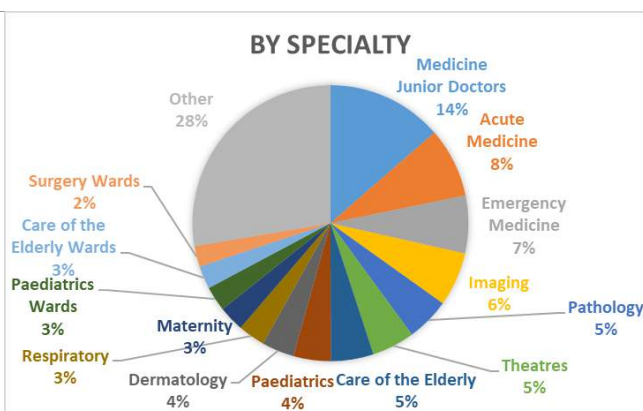
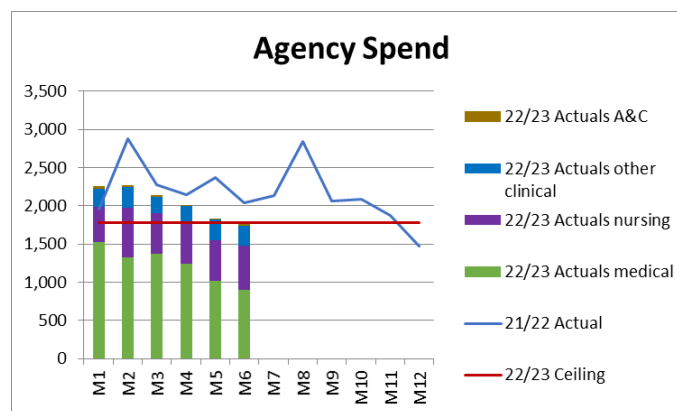
Bank staff	825	898	940	884	797	877	951	750	778	822	955	914	899	683	808	872	865	992
Agency staff (including, agency and contract)	261	257	270	228	223	208	170	255	223	162	196	235	224	206	209	210	214	197

Total Staff	8,330	8,378	8,451	8,347	8,264	8,385	8,420	8,333	8,275	8,280	8,470	8,488	8,404	8,199	8,318	8,368	8,409	8,576
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Agency Spend (£'000) – Agency spend is on a downward trajectory, Trust likely to end the year above agency cap

£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
22/23 Monthly Plan	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	
22/23 Monthly Actual	2,262	2,271	2,142	2,007	1,822	1,787	0	0	0	0	0	0	
21/22 Monthly Actual	1,955	2,873	2,279	2,143	2,369	2,043	2,137	2,836	2,068	2,087	1,873	1,476	
22/23 Cum. Plan	2,000	4,000	6,000	8,000	10,000	12,000	14,000	16,000	18,000	20,000	22,000	24,000	
22/23 Cum. Actual	2,262	4,533	6,675	8,683	10,504	12,292							
21/22 Cumm. Actual	1,955	4,828	7,107	9,250	11,618	13,661	15,799	18,635	20,702	22,789	24,662	26,138	
Plan	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	12,000
22/23 Medics Plan	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	7,200
22/23 Nurses Plan	460	460	460	460	460	460	460	460	460	460	460	460	2,760
22/23 Other Clinical Plan	220	220	220	220	220	220	220	220	220	220	220	220	1,320
22/23 A&C Plan	120	120	120	120	120	120	120	120	120	120	120	120	720
Actuals	2,262	2,271	2,142	2,007	1,822	1,787	0	0	0	0	0	0	12,292
22/23 Medics Actuals	1,523	1,330	1,367	1,244	1,023	903	0	0	0	0	0	0	7,391
22/23 Nurses Actuals	465	641	535	537	529	572	0	0	0	0	0	0	3,281
22/23 Other Clinical Actuals	238	273	216	212	266	264	0	0	0	0	0	0	1,468
22/23 A&C Actuals	36	27	24	14	4	48	0	0	0	0	0	0	153



Contract Income		Income by Commissioner			
Commissoner £m	Annual Budget	YTD Budget	YTD Actual	YTD Variance	
NHS Bedford Luton Milton Keynes CCG	540.9	270.4	270.3	-0.1	<p>The Trust has made good headway is being made in signing contracts for 22/23. BLMK ICS contract was signed in June 2022. Progress is being made in getting sign off with the remaining ICS and NHS England commissioners. All commissioner organisations are making payments each month and have agreed the recent inflationary uplifts.</p> <p>The blocks have been inflated by 1.66% to reflect the national pay awards made in month. The backdated payment was paid by most commissioners in month.</p> <p>ERF values are incorporated within these budget values. As the ERF mechanism has been paused for H1 22/23, BHFT is seeking payment for H1 from commissioners who were not already paying prospectively.</p> <p>The Trust received communication that ERF will no longer be clawed back from ICS and they will leave it to systems to account it. This does provides assurance and security over funding for H2.</p>
NHS England	34.0	17.0	17.0	0.0	
Herts Valley Service Agreement*	33.8	16.9	16.8	-0.1	
E&N Herts Service Agreement*	0.0	0.0	0.0	0.0	
Aylesbury Vale CCG Service agreement	5.1	2.6	2.5	-0.1	
LAT - East of England	20.8	10.4	10.3	-0.2	
LAT - Midlands	1.0	0.5	0.5	0.0	
NHS England Drugs Adjustment	0.0	0.0	0.0	0.0	
NHS England - Cost and Volume Drugs	19.4	9.7	10.0	0.3	
CDF Drugs	1.7	0.8	0.7	-0.2	
Hep C Drugs	0.2	0.1	0.1	0.0	
NHS England Devices	1.0	0.5	0.4	-0.1	
Northamptonshire CCG	2.9	1.4	1.4	0.0	
Cambridgeshire & Peterborough CCG	2.4	1.2	1.2	0.0	
Norfolk & Waveney CCG	0.9	0.5	0.5	0.0	
North Central London CCG	0.8	0.4	0.4	0.0	
London Regional Office	0.0	0.0	0.0	0.0	
North East and Yorkshire Regional Office	0.0	0.0	0.0	0.0	
North West Regional Office	0.0	0.0	0.0	0.0	
South East Regional Office	0.2	0.1	0.1	0.0	
South West Regional Office	0.0	0.0	0.0	0.0	
Low Value Activity Contracts (LVA)	3.8	1.9	1.9	0.0	
Total Contract Income	669.1	334.5	334.1	-0.4	

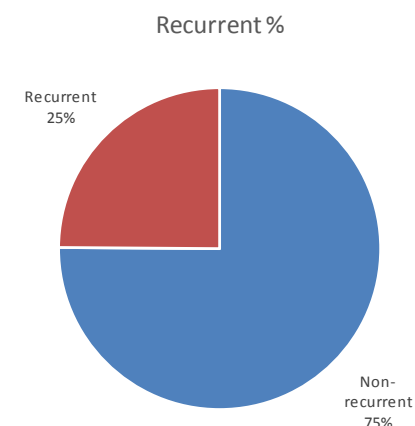
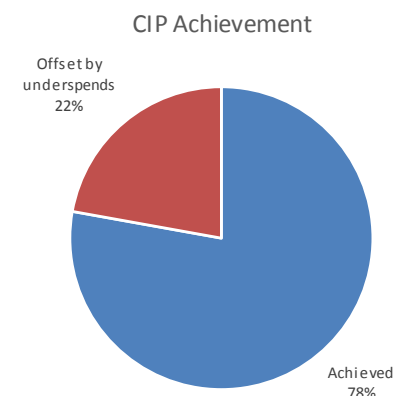
* When CCGs become ICSs from 1st July, Herts Valley CCG and East and North Herts CCG will merge to become Hertfordshire and West Essex CCG. Hence the budget appears on the Herts Valley line.

Cost Improvement Programme – £8.5m delivered against £10.9m plan

Overall the Trust is achieving 78% of its cost improvement programme. Key area of underperformance is in constraining vacancy factors in multiple areas in addition to reductions in agency across Medicine and care of the Elderly. There remains a risk against the CNST bonus monies as two standards are not being met. This has not been provided for in the position.

BAU Merger title for FIP reporting	YTD Plan	YTD Actual	YTD Var	Comments
Vacancy Factors	5,282	4,384	898	
Reduction in Agency	739	233	506	Medicine and Elderly Care -due to use of agency to cover outliers
Private Patient Income Generation	600	386	214	Marginally behind YTD - Will catch up later in the year
CNST Bonus Monies	528	501	27	Risk - not achieving 2 standards
Procurement	442	404	38	
Other	417	363	54	
Pathology -TOM Saving	333	236	97	
Endoscopy 5th room - PYE savings	327	327	0	
Cauldwell Slippage	270	270	0	
Stretch Savings	269	178	91	
Drugs Optimisation	250	140	110	
Pay	229	212	17	
VAT Saving	203	247	-44	
IT Hardward Savings	187	18	168	IT service desk are no longer replenishing stock
Capital medical equip. purchase	149	143	5	
ELFT support for Mental Health nursing spend	128	128	0	
Blood Contract Saving	110	93	17	
Professional and Consultancy Fees	77	42	34	
2% increase in Education LDA	72	72	0	
Mental Health Income	63	47	16	
Saving on cleaning contract	48	8	40	
Covid Spend	45	0	45	
Maternity Pathways Income Recovery	42	21	21	
Cross site Merger benefit	40	7	34	
Theatre Productivity	33	3	30	
Travel Expenses	28	28	0	
Grand Total	10,912	8,493	2,419	
Offset by underspends		2,419	-2,419	
Total	10,912	10,912	0	

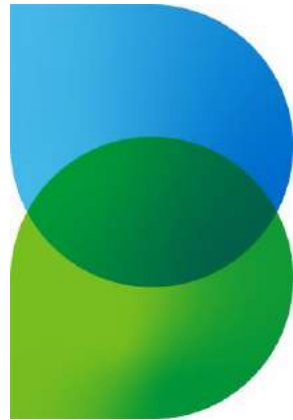
Recurrent/ Non Recurrent	YTD Plan	YTD Actual	YTD Var
Non-recurrent	5,390	4,235	1,155
Recurrent	1,935	1,403	532
Grand Total	7,325	5,638	1,687
Offset by underspends		1,687	-1,687
Total	7,325	7,325	0



*2/3^{ds} of the non-recurrent is vacancy factor which is actually a recurrent CIP as there is a natural level of vacancy factor

Statement of Financial Position

Statement of Financial Position	Closing 31 Mar 22 £000s	Closing 30 Sept 22 £000s
Non-Current Assets		
Property, plant and equipment	341,768	390,908
Trade and other receivables	2,716	2,661
Other assets	1,836	1,758
Total non-current assets	346,320	395,327
Current assets		
Inventories	8,819	8,973
Trade and other receivables	15,135	18,635
Cash and cash equivalents	135,016	108,041
Total current assets	158,970	135,649
Current liabilities		
Trade and other payables	-95,612	-92,251
Borrowings	-2,219	-3,635
Provisions	-3,927	-3,592
Other liabilities	-6,003	-7,372
Total current liabilities	-107,762	-106,850
Total assets less current liabilities	397,528	424,126
Non-current liabilities		
Borrowings	-26,313	-51,055
Provisions	-7,293	-6,672
Total non-current liabilities	-33,606	-57,727
Total assets employed	363,922	366,399
Financed by (taxpayers' equity)		
Public Dividend Capital	256,433	256,433
Revaluation reserve	26,153	28,593
Income and expenditure reserve	81,336	81,374
Total taxpayers' equity	363,922	366,399



CAPITAL PLAN

Report for Month 6

The 22/23 CDEL allocation for Bedfordshire Hospitals is £27.2m of a total of £43m for the STP. The overall capital plan comes to £98.5m, including centrally funded and donated asset schemes.

The Trust has spent £30.5m on capital this year. The Trust spent £16.2m against the CDEL limit of £27.2m.

The capital plan has been updated to reflect the approved business cases at FIP. Including the renal unit and the security system on the Luton site. The current plan has no provision in to replace the current PACs imaging system. However external bids have been submitted for the PAC's replacement, Primary Care Hub, CDC and ERP. This coupled with underspends on the ASB create uncertainty and risk in the management of capital spend in year against the relevant allocations.

A forecast column has been added to understand where the Trust is likely to land. This currently suggests a £0.5m overspend. However based on the first 6 months run-rate the Trust has spent circa £5m a month. In order to meet the plan the trust would need to spend over £11m a month for the rest of the year.

Any underspends against this years capital commitments will create further pressures against the 23/24 capital which is already accounted for.

Capital Plan – to be updated

£m	Funding	Requires	2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2024/25	2025/26	Total	Commentary
	Source	Bus Case	Actual	Actual	Plan	Forecast	Actual	FOT	FOT	FOT		By exception
Site Redevelopment team & O'hds	Internal		0.9	0.7	1.0	1.0	0.4	1.1	1.0	0.0	5.1	In line with report at Hospital Redevelopment
Enabling Schemes (PDC funded)	PDC - Other		0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	
Enabling Schemes (internally funded)	Internal		7.7	4.7	0.3	0.0	-0.1	0.0	0.0	0.0	12.7	
New Clinical Buildings (PDC funded)	PDC - ASB		0.0	5.6	44.9	44.9	10.2	67.5	0.0	0.0	118.0	Net position in 22/23 £40m
New Clinical Buildings (internally funded)	Internal		2.2	0.7	0.0	0.0	0.0	2.0	20.4	2.0	28.4	Need to understand overall phasing
PDC - ASB - Match Spend to Approval	PDC - ASB		0.0	0.0	15.1	15.1	4.0	-15.1	0.0	0.0	0.0	
PDC - ASB - Match Spend to Approval	Internal		0.0	0.0	-15.1	-15.1	-4.0	15.1	0.0	0.0	0.0	
Lewsey Road Carpark	Internal		0.1	-0.2	0.0	0.0	0.0	0.0	0.0	0.0	-0.1	
Lewsey Road Carpark (PDC)	PDC - Other		4.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	
Helipad - see offset below	Internal	Y	0.0	0.0	0.0	0.0	0.0	0.0	19.7	0.0	19.7	
Energy Centre Building	Internal		1.7	9.6	5.1	5.1	1.9	1.1	0.0	0.0	17.8	
Energy Conservation Measures (Salix)	Internal		0.9	3.8	2.0	2.0	-0.2	2.5	0.0	0.0	9.2	
Generators	Internal		0.3	0.9	0.0	0.0	-0.1	0.0	0.0	0.0	3.4	
Electrical Infrastructure	Internal		2.7	0.0	1.3	1.3	0.0	0.0	0.0	0.0	7.2	
Hospital Redevelopment (sub-total)			22.3	25.8	54.6	54.3	11.9	74.2	41.1	2.0	227.5	
Hospital Redevelopment Additional Staff Approval	Internal		0.0	0.0	0.6	0.3	0.0	0.6	0.6	0.0	1.8	In line with report at Hospital Redevelopment
UEC - Luton	PDC - UEC		4.2	12.8	0.0	0.0	0.0	0.0	0.0	0.0	17.0	
UEC - Luton (Trust)	Internal		-3.0	-4.5	13.7	13.7	6.0	2.2	0.0	0.0	8.4	Some slippage expected into 23/24
Cauldwell Centre Refurbishment	PDC - Other	Y	0.0	5.9	0.0	0.0	0.0	0.0	0.0	0.0	5.9	
Cauldwell Centre Refurbishment (internal)	Internal	Y	0.0	-4.8	5.3	5.3	3.9	0.0	0.0	0.0	0.5	
Bedford Electrical Infrastructure	Internal	Y	0.0	0.1	2.8	2.8	1.3	1.0	0.0	0.0	3.9	Some slippage expected into 23/24
UEC - Bedford (Trust)	Internal		-1.4	1.4	0.2	0.0	-0.1	0.0	0.0	0.0	0.1	
UEC - Bedford	PDC - UEC		3.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.8	
UEC - Bedford (External Donation) - CT Scanner	Donated		0.0	0.0	0.8	0.8	0.0	0.0	0.0	0.0	0.8	
ED 2nd floor fit out/ CT enabling	Internal	Y	0.0	0.0	2.6	2.6	0.6	0.0	0.0	0.0	2.6	
Primary Care Hub	PDC - Other		0.0	0.0	0.0	0.5	0.0	7.1	0.0	0.0	7.1	
Primary Care Hub (Trust)	Internal		0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	
Eye Theatre - PDC	PDC - Eye		0.0	0.0	6.9	6.9	0.0	0.0	0.0	0.0	6.9	
Eye Theatre - Internal	Internal		0.0	0.0	-4.0	-5.0	0.0	4.0	0.0	0.0	0.0	
Vascular theatres	Internal		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Trust Wide DCP	Internal		0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.3	
Total Hospital Redevelopment			25.9	36.7	83.6	82.1	24.0	89.0	41.7	2.0	286.4	
Medical Equipment	Internal		4.0	4.0	1.8	3.0	2.4	0.8	0.8	2.0	19.4	Limit as £12m included in ASB above
BAU Estate (incl backlog)	Internal		6.0	6.7	2.0	3.7	1.7	2.0	2.0	3.0	24.8	
BAU IT	Internal		2.7	3.0	1.0	1.0	0.3	1.0	2.3	1.0	11.5	
BAU CapEx			12.7	13.7	4.8	7.7	4.3	3.8	5.1	6.0	55.7	

Capital Plan Continued

£m	Funding	Requires	2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2024/25	2025/26	Total	Commentary
	Source	Bus Case	Actual	Actual	Plan	Forecast	Actual	FOT	FOT	FOT		By exception
Hospital Redevelopment - Other Depts	Internal		0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.5	
Imaging Corridor Works	Internal		0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	
Helipad offset	Internal	Y	0.0	0.0	0.0	0.0	0.0	0.0	-19.7	0.0	-19.7	
PAS	Internal	Y	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Not affordable in current plan
IT Merger Enabling - Part of £168m	Internal		1.4	1.4	0.9	0.9	0.3	1.7	2.5	0.0	8.0	
Contribution to EPR (from IT merger)	Internal		0.0	0.0	0.0	0.0	0.0	0.0	-2.5	0.0	-2.5	
EPR	Internal		0.0	0.0	1.4	1.4	0.0	1.1	3.3	3.0	8.9	
EPR (PDC funded)	PDC - EPR		0.0	0.0	2.5	2.5	0.0	5.0	2.5	0.0	10.0	
Pathology Joint Venture (PDC) - Part of £168m	Internal		1.1	0.0	0.0	0.0	0.0	0.0	0.7	0.0	3.6	
GDE - Next Phase Business Cases (EPR)	Internal		0.0	2.5	0.0	0.0	0.4	0.0	0.0	0.0	2.5	
STP Portal - Phase 2 (includes HSLI Digital monies)	Internal		-2.1	0.9	2.0	2.0	0.4	0.0	0.0	0.0	0.7	
Pharmacy Robot	Internal		0.0	0.7	0.2	0.2	0.4	0.0	0.0	0.0	0.9	
Prior Year Schemes - Internal	Internal		-3.1	2.5	0.0	0.3	0.3	0.0	0.0	0.0	6.7	
Prior Year Schemes - PDC - GDE	PDC - GDE		3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.3	
Prior Year Schemes - PDC - Other	PDC - Other		15.4	9.5	0.0	0.0	0.0	0.0	0.0	0.0	27.4	
Other - Luton	Internal		0.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.8	
Other (PDC) Non IT (internal 22/23)	Internal		0.0	-1.0	0.0	0.0	0.0	0.0	0.0	0.0	-1.0	
Digital Pathology/ Imaging (Trust)	Internal		0.0	-1.3	0.9	0.9	0.2	0.4	0.0	0.0	0.0	
ED X-Ray to Cauldwell	Internal		0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.4	
Renal Works	Internal	Y	0.0	0.0	1.5	1.5	0.1	0.0	0.0	0.0	1.5	
CCTV/ Security	Internal	Y	0.0	0.0	1.1	1.1	0.0	1.0	0.0	0.0	2.1	
Vascular theatres - PDC	PDC - Other		0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	
Vascular theatres - Slippage	Internal		0.0	-0.6	0.0	0.0	0.0	0.0	0.0	0.0	-0.6	
UEC - Bedford (Charity funding)	Donated		0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.4	
Donated Assets/ Impact of IFRIC12	Donated		2.5	0.2	0.8	0.8	0.1	0.0	0.0	0.0	3.7	
Normal slippage	Internal		0.0	0.0	-1.1	-2.3	0.0	-10.1	-3.5	14.7	0.0	
Other	Internal		0.0	0.3	0.0	0.0	0.0	0.0	0.0	1.8	2.6	
Other Schemes			19.6	17.4	10.2	9.4	2.2	-0.9	-16.7	19.5	70.4	
Combined BAU capital plan			58.1	67.8	98.7	99.2	30.5	92.0	30.0	27.5	412.5	

Capital Funding Sources

Source of Funding			2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2024/25	2025/26	Total	
			Actual	Actual	Plan	FOT	Actual ytd	FOT	FOT	FOT		By exception
Internal			22.8	32.5	27.7	27.7	16.2	27.5	27.5	27.5	193.3	Needs to be £27.5m Primary Care Hub if business case approved Jan
PDC - ASB			0.0	5.6	60.0	60.0	14.2	52.4	0.0	0.0	118.0	
PDC - GDE			3.6	0.0	0.0	0.0	-	0.0	0.0	0.0	11.3	
PDC - UEC			8.0	12.8	0.0	0.0	-	0.0	0.0	0.0	20.8	
PDC - EPR			0.0	0.0	2.5	2.5	-	5.0	2.5	0.0	10.0	
PDC - Eye			0.0	0.0	6.9	6.9	0.0	0.0	0.0	0.0	6.9	
PDC - Other			21.2	16.3	0.0	0.5	-	7.1	0.0	0.0	47.3	
Donated			2.5	0.6	1.6	1.6	0.1	0.0	0.0	0.0	4.9	
Combined BAU capital plan			58.1	67.8	98.7	99.2	30.5	92.0	30.0	27.5	412.5	

Changes Since April FIP				Actual	2022/23		2022/23	2023/24	2024/25	2025/26	Total	
Opening			58.1	67.8	89.0			87.0	34.1		374.5	
Slippage					2.0			-10.1	-6.6	14.7	0.0	
Adding 25/26 BAU & Other										6.8	6.8	
ASB Slippage					-4.7			6.1	-3.4	2.0	0.0	
UEC Luton					2.8			0.2			3.0	
EPR					2.5			5.0	2.5		10.0	
IT Strategy alignment (including EPR internal)					1.4			1.1	3.3	3.0	8.9	
Internal contribution towards EPR					-0.1			-0.6	0.2	1.0	0.4	
Eye Theatre					2.9			4.0	0.0	0.0	6.9	
Remove Trust funded Vascular					-0.3			-1.7			-1.9	
Renal Works					1.5						1.5	
CCTV/ Security					1.1			1.0			2.1	
Bedford Electrical Infrastructure Uplift					0.4							
Other											0.0	
Change to Capital Plan			58.1	67.8	98.7		0.0	92.0	30.0	27.5	412.1	

SUMMARY POSITION

- Sickness reduced from 5.76% In August 2022 to 4.24% in September 2022 which is a reduction of 1.4%
- Vacancy rates have reduced from 11.34% in August 2022 to 10.87% in September 2022.
- The overall turnover reduced from 16.16% in August 2022 to 15.87% in September 2022
- The overall agency run rate is 11.52% lower in September 2022 when compared to September 2021 equivalent to 24.9FTE less agency staff.
- The overall bank run rate was 17.71% higher in September 2022 when compared to September 2021 equivalent to 134.4 FTE more bank workers.
- The overall training compliance rate increased by 0.54% in September to 82.10%.
- The overall appraisal rate increased by 2.25% in September to 68.53%.

LUTON & DUNSTABLE UNIVERSITY HOSPITAL SITE

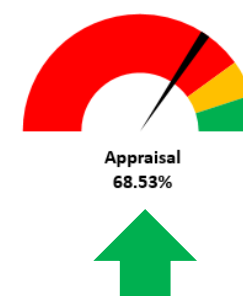
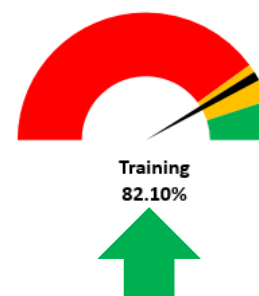
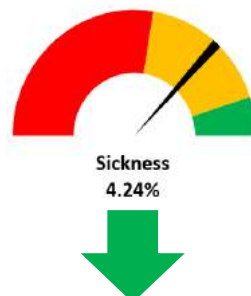
Compared to the previous month:

- Sickness absence reduced from 5.62% to 4.02%
- Turnover reduced from 15.72% to 15.40%
- Vacancy rate reduced by 0.04% from 14.18% to 14.14%
- Appraisals increased by 2.93% from 65.66% to 68.59%
- Mandatory training compliance increased by 1.18% from 80.61% to 81.79%
- Bank FTE usage in September 2022 increased by 2.83% in month and is 24.6% higher compared to September 2021
- Agency FTE usage in September 2022 reduced by 6.47% in month and has a 22.82% lower run rate compared to September 2021.

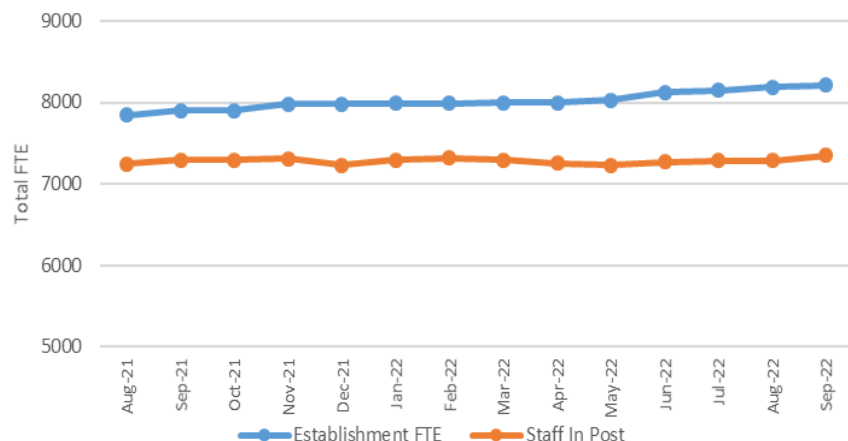
BEDFORD HOSPITAL SITE

Compared to the previous month:

- Sickness absence reduced from 5.97% to 4.58%
- Turnover reduced marginally from 16.85% to 16.60%
- Vacancy rates reduced by 1.23% from 6.49% to 5.27%
- Appraisals increased by 1.18% from 67.27% to 68.44%
- Mandatory training compliance decreased by 0.45% from 84.07% to 83.62%
- Bank FTE usage in September 2022 reduced by 2.38% in month and is 2.45% higher compared to September 2021.
- Agency FTE usage in August 2022 increased by 1.31% in month and has a 4.75% higher run rate compared to September 2021.



Trust Total Staff in Post vs Establishment

**Trust Level Summary**

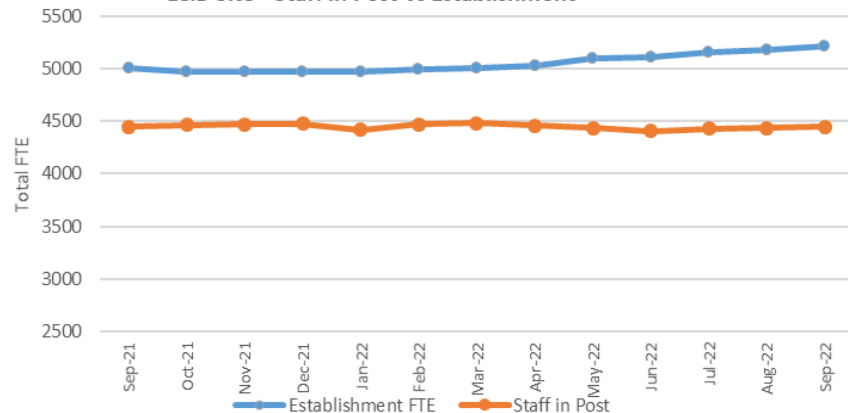
The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 66.87 WTE between Aug 2022 and September 2022.

During the last 12 months the SIP increased by 0.80% (September 2021 to September 2022).

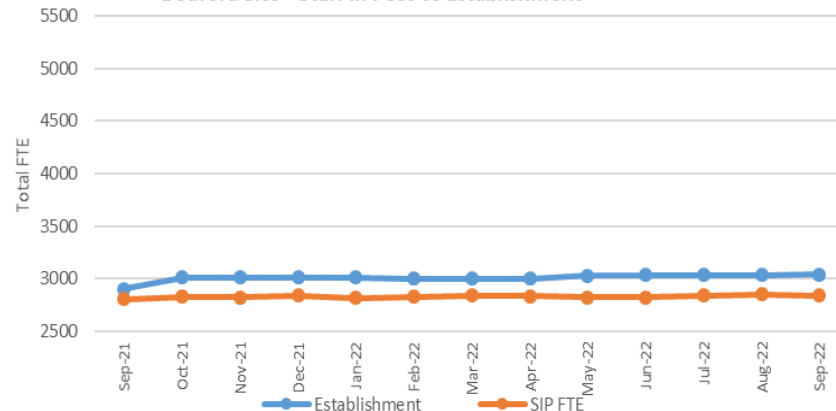
There was an increase in establishment of 43.62 FTE in May as work to update the establishment continues.

The increase in establishment in October 2021 is as a result of the of the establishment reconciliation work with the greatest impact at the Bedford site where the establishment was 110.94FTE mainly in Nursing and Midwifery and support workers. This is reflected in the change to the vacancy position on the next slide.

L&D Site - Staff in Post vs Establishment



Bedford Site - Staff in Post vs Establishment

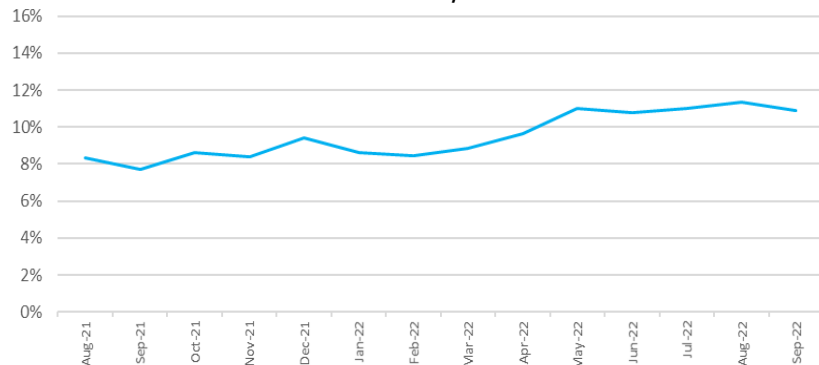
**L&D Site**

The L&D site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 3.26WTE between September 2021 and August 2022. Over the last 12 months the SIP increased by 0.07% and is due to increased in: Additional Clinical Services staff by 15.74WTE (CSW) and Admin and Clerical staff by 5.05WTE and Medical and Dental increased by 23.79WTE. The staff in post increased by 29.03 WTE between August 2022 and September 2022.

Bedford site

The BH site overall Staff in Post (SIP) by Whole Time Equivalent (WTE)) increased by 52.51 WTE between October 2021 and September 2022. Over the last 12 months the SIP increased by 1.83%. The staff in post increased by 37.8WTE between August 2022 and September 2022.

Trust Total Vacancy Rate

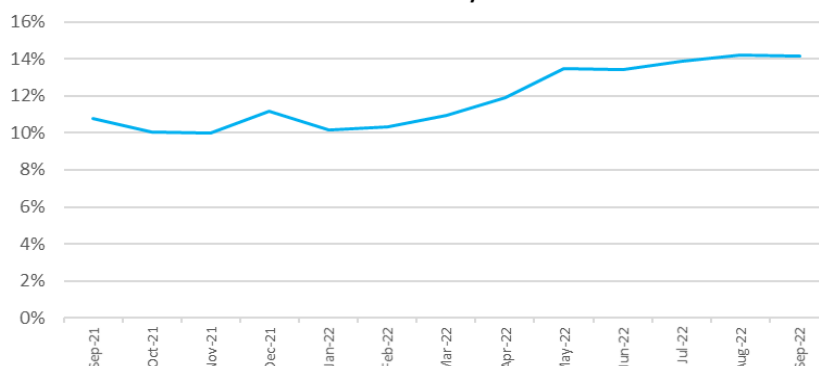
**Trust Level Summary**

The overall vacancy rate increased over the last 12 months from 8.59% in October 2021 to 10.87% in September 2022 including the update to funded establishments.

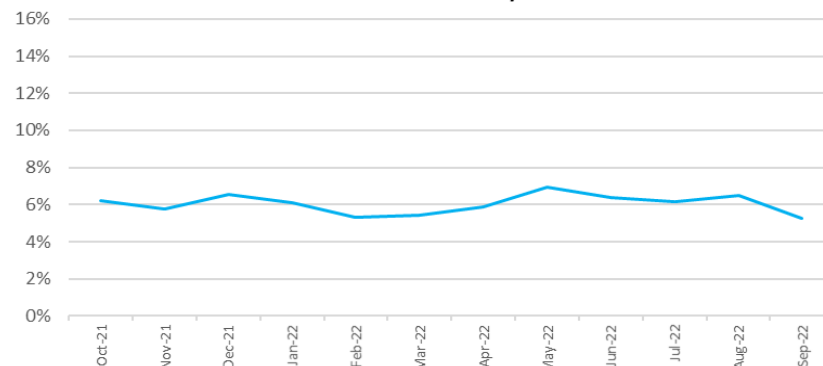
Registered nursing and midwifery vacancy rates are currently 14.60% and have increased by 0.35% from August 2022 and have increased by 5.26% over the last 12 months to September 2022.

Medical and dental vacancy rates have reduced by 3.53% over 12 months to September 2022, currently at 1.09%, which is 0.9% lower than in August 2022. Recruitment to remaining gaps continues with success in recruitment of NHS locums where possible to fill senior medical roles for vacancy hotspots.

L&D Site - Vacancy Rate



Bedford Site - Vacancy Rate

**Overseas Recruitment Update**

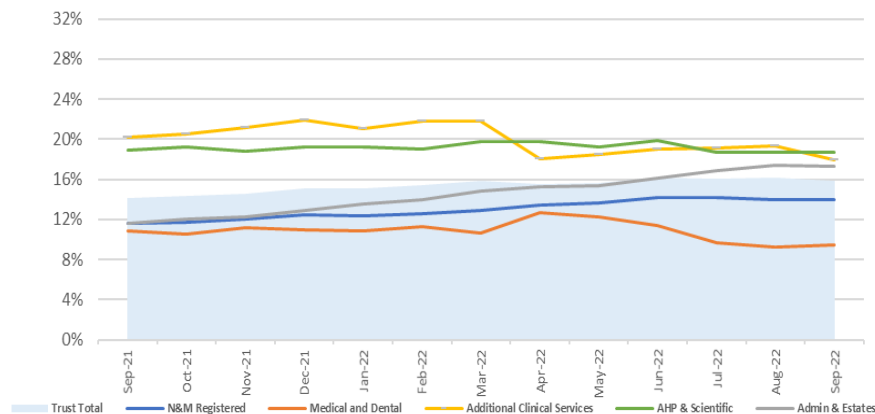
13 overseas nurses started in post throughout September (9 on the L&D site and 4 at Bedford). There are currently 23 nurses scheduled to arrive throughout October and November. A further 20 job offers were made to overseas nurses in September and another interview campaign is planned in October for NICU nurses. There were 27 OSCE passes throughout the month across both sites with more OSCE exams booked throughout October and November. An additional funding bid has been submitted to NHSI for funding for an additional 24 overseas nurses between January and March 2023.

A further 10 overseas midwives started in post in September (5 at each site). To date there are now 37 overseas midwives in post and 4 overseas midwives are scheduled to arrive in October. Another recruitment campaign took place in September and 23 job offers were made.

Band 5 Nursing & Midwifery Vacancies

There are approximately 203 WTE band 5 nursing & midwifery vacancies across the two sites (136 WTE at Luton and 67 WTE at Bedford). The main reason for this increase is due to increased turnover. We continue to recruit both locally and from overseas and have a consistent pipeline in place. There are currently 70 overseas nurses and midwives (32 at Luton and 38 at Bedford) in various stages of their NMC registration and will convert to Band 5's over the next few months. There are also 86 nurses under offer via local recruitment. Taking into account pipeline, known leavers, current overseas nurses transferring into band 5 positions and Nursing Associates in post the adjusted band 5 vacancy figure is 23.58 WTE.

Trust Turnover %



Trust Level Summary

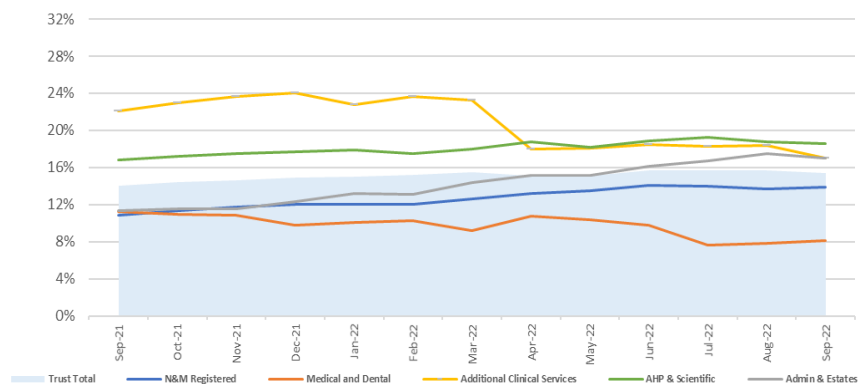
The nursing and midwifery staff group turnover has been increasing (2.18%) over the last 12 months to Sept 2022 and is currently 13.94% a 0.03% reduced on Aug 2022.

Hotspots remain amongst Allied Health Professionals, (physiotherapists, Operating Department Practitioners and Radiographers) The turnover for Additional professional and scientific staff group remains at 18.66% in September and has a 0.54% reduced compared to October 2021.

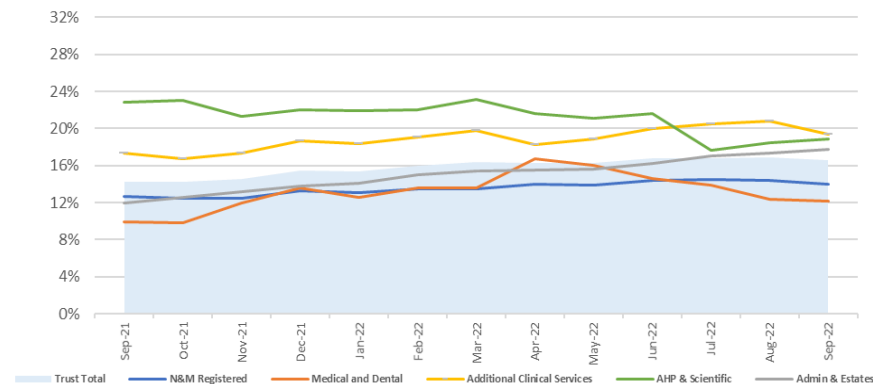
Additional Clinical Services staff group turnover decreased by 1.36% over 12 months to September 2022 and now stands at 17.95% which is 1.36% lower than last month.

The retention self-diagnostic tool has been completed and suggested areas for improvement will be turned into an action plan. The business case for resources to prioritise retention work is in the final stages. National pension seminars were promoted in September and a pension and retirement policy is being developed focussing on retaining skills and experience.

L&D Site - Turnover %



Bedford Site - Turnover %



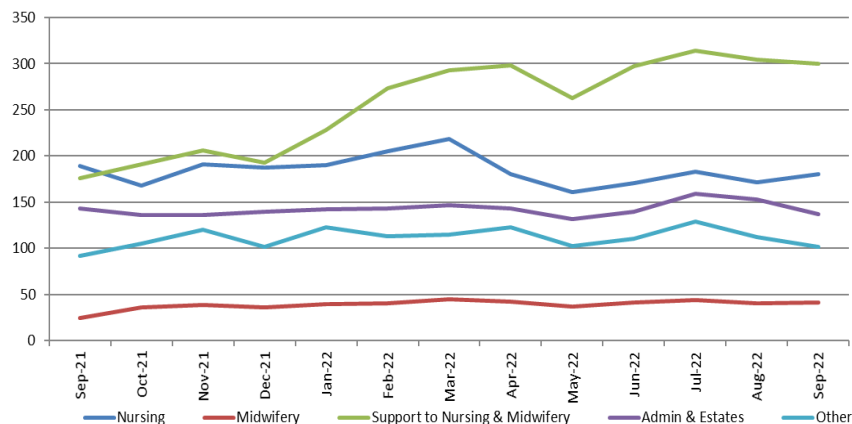
L&D Site

Turnover reduced by 0.32% between August 2022 and September 2022. Allied Health Professionals and Scientific staff turnover reduced by 0.48% and Additional Clinical Service reduced by 1.34% and there were small increases amongst the other staff groups. The highest of which was in the Medical and Dental staff group 0.31%. The top leaving reasons in August 2022, were relocation 31%, Better Reward Package 19%, Work Life Balance 14.3% and promotion 9.5%. Across all leaving reasons 25.4% transferred to another NHS Organisation.

Bedford site

Overall turnover reduced by 0.25% between August 2022 and September 2022. The highest increased in turnover was in the AHP and Scientific staff group by 0.45%. The top leaving reasons in July 2022 for all staff groups were relocation 38.5% and Retirement age 11.5%. Across all leaving reasons 18.6% transferred to another NHS Organisation.

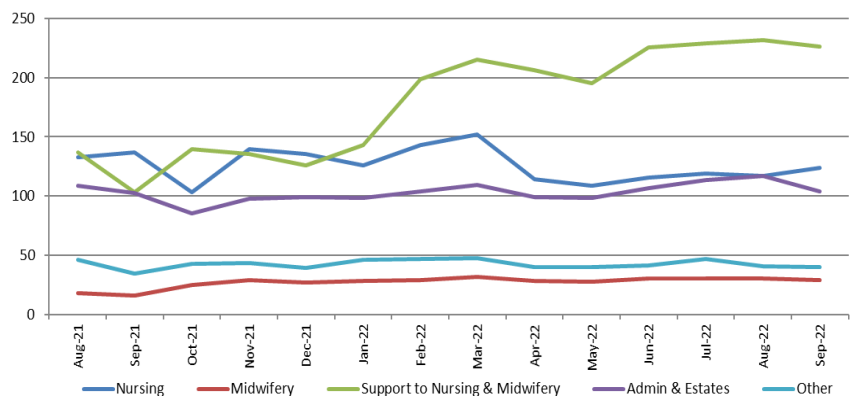
Trust Total Bank FTE

**Trust Level Summary**

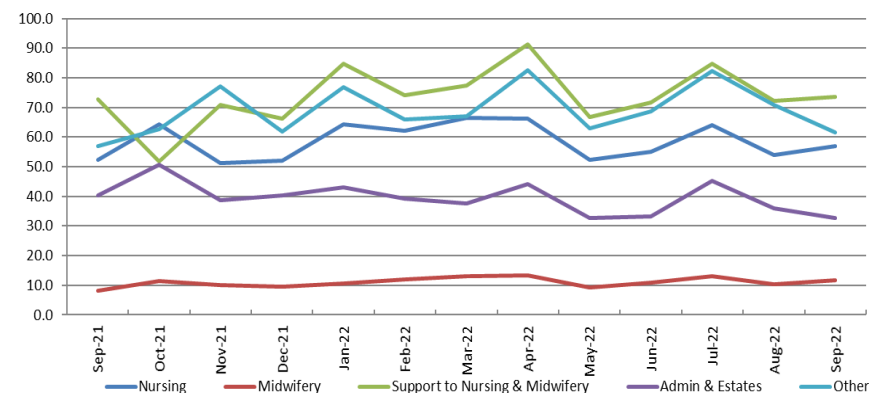
Overall bank usage reduced by 2.86% in September 2022 as compared to August 2022 equivalent to 21.7 FTE less bank workers. The bank run rate was 17.71% higher in September 2022 when compared to September 2021 equivalent to 134.4FTE more bank workers.

Whilst there has been an increase in bank workers following the easing of lockdown restrictions September 2022 remains 13.67% lower than pre-pandemic levels.

L&D Site - Bank FTE



Bedford Site - Bank FTE

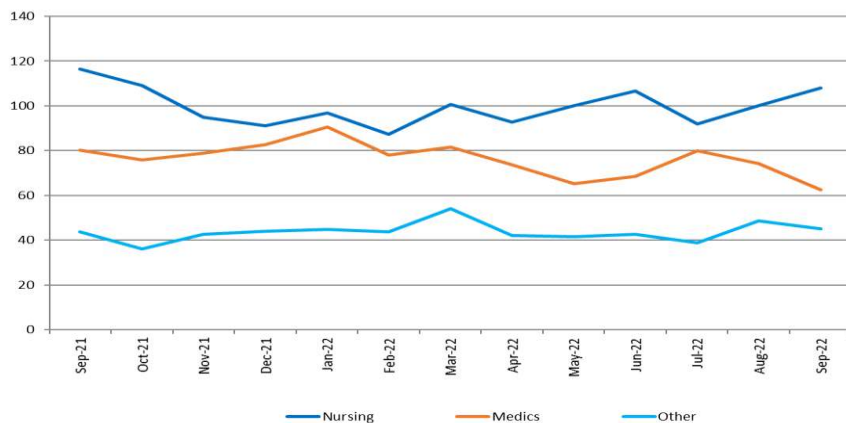
**L&D Site:**

Bank use has increased by 24.6% from September 2021 to September 2022 equivalent to 128.6 WTE more bank workers in September 2022 compared to September 2021. Bank FTE usage in September 2022 reduced by 2.83% from August 2022.

Bedford site:

Bank use has increased by 2.45% between September 2021 and September 2022 equivalent to 5.8 FTE more bank workers in September 2022 compared to September 2021. Bank FTE usage in September 2022 has reduced by 2.91% from August 2022.

Trust Total Agency FTE



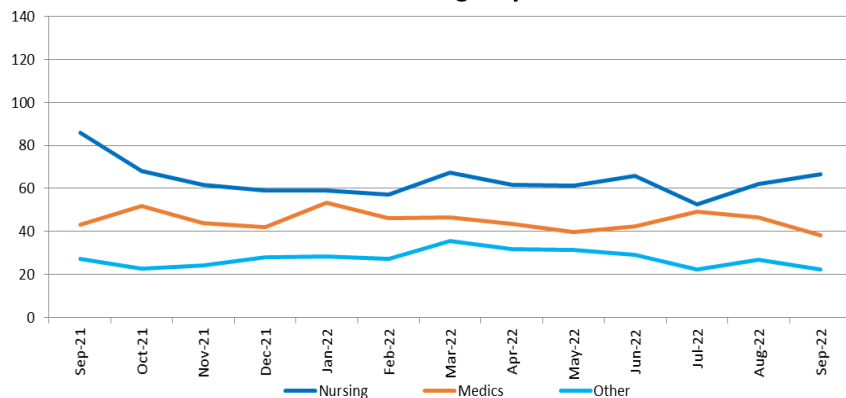
Trust Level Summary

Overall Agency usage reduced by 11.52% in September 2022 as compared to September 2021 equivalent to 24.9 FTE fewer agency staff. The September run rate reduced by 3.28% compared to August 2022 equivalent to 7.07 FTE fewer agency workers.

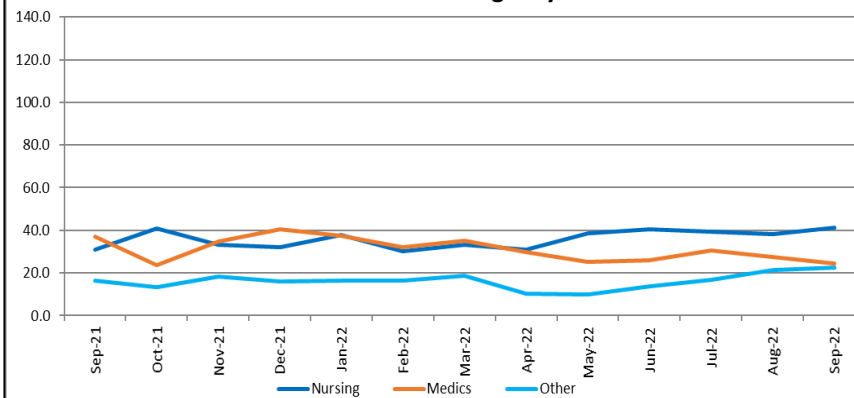
There was a increase in the use of nursing agency of 7.48% between August 2022 and September 2022, which was equivalent to 8.08 FTE more nursing agency staff.

Medical agency locums reduced in the month by 18.86% equivalent to 11.78 FTE less medical agency staff.

L&D Site - Agency FTE



Bedford Site - Agency FTE



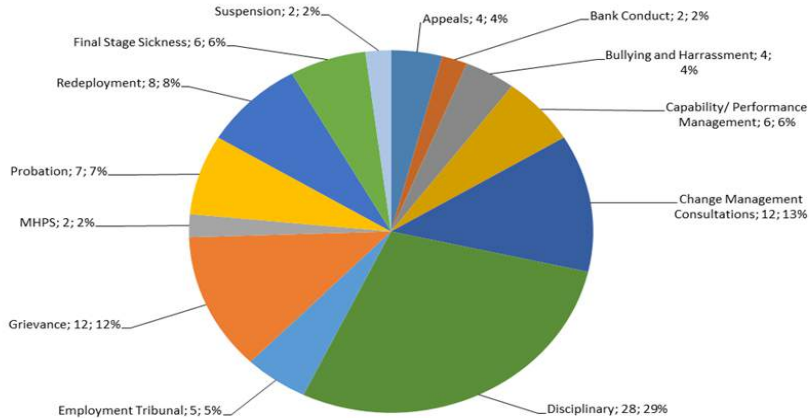
L&D Site

Agency use has a 22.8% lower run rate in September 2022 compared to September 2021 equivalent to 29.05 FTE fewer agency staff. Medical agency locums reduced by 21.98% between August 2022 and September 2022 equivalent to 8.4 FTE less agency staff. Nursing agency increased by 4.7FTE (7.09%) in September 2022 as compared to August 2022.

Bedford site

Agency use has a 4.75% higher run rate in September 2022 compared to August 2021 equivalent to 4.20 FTE more agency workers. Medical agency locums reduced by 13.95% between August 2022 and September 2022 equivalent to 3.4 FTE less agency staff. Nursing agency increased by 3.3 FTE (8.10%) in September 2022 as compared to August 2022.

Trust Total Active ER Cases

**Trust Level Summary**

The number of Employee Relations cases being managed over the last month reduced and now stands at 91, from 94 last month (3.2%).

There has been a marginal increase in the level of activity in respect of consultation exercises this month and this now stands at 12.

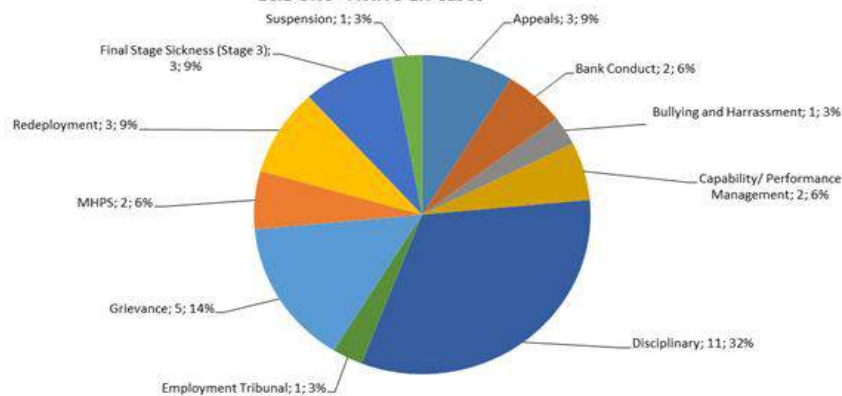
There are now 3 Maintaining High Professional Standards (MHPS) cases on-going.

There are 5 Employment Tribunal Cases in progress.

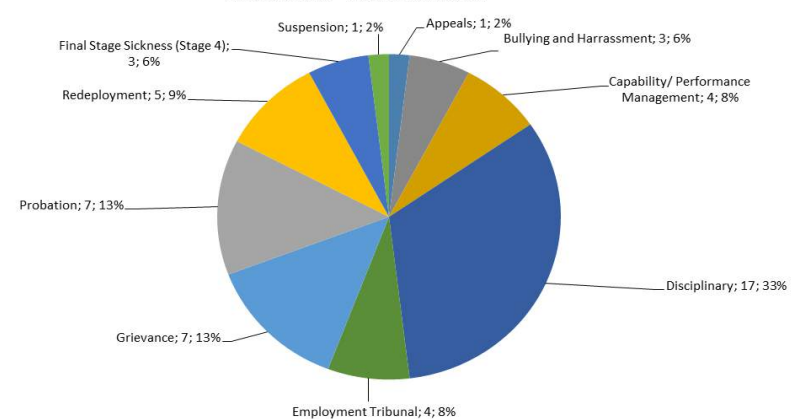
Key

Data labels show the case type, number of cases and percentage

L&D Site - Active ER Cases



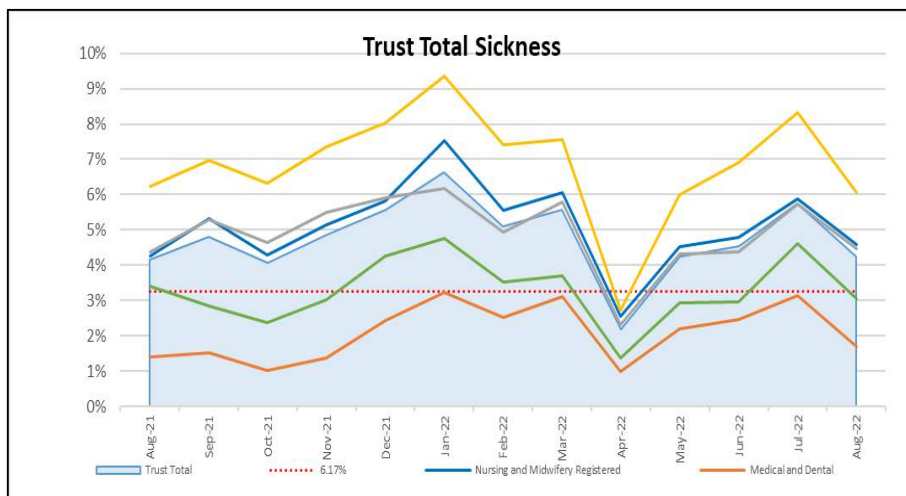
Bedford Site - Active ER Cases



The number of disciplinary cases across both sites now stands at a total of 29 cases. Disciplinary cases on the Bedford site currently stands at 18 cases in August, this is an overall increase of 1 case on the previous month. There are currently 11 cases on-going on the Luton site, down on the previous month (15). There are a small proportion of cases involving assault (verbal/physical), dereliction of duty, inappropriate access to records, alleged fraud, absence without leave, inappropriate posts on Social Media and unprofessional behaviour, with no clear themes emerging.

There has been no change in the number of grievances (collective and individual) across the Trust this month; with 12 currently on-going, for which resolution is currently being sought. There has been a small decrease in the number of complaints of bullying and harassment this month and this now stands at 4 and work continues across all of these cases to bring them to a satisfactory resolution.

There has been one additional redeployment case this month, taking the total number to 8 cases; the reasons for redeployment remain due to health/capability and end of fixed term contracts.



Trust Level Summary *

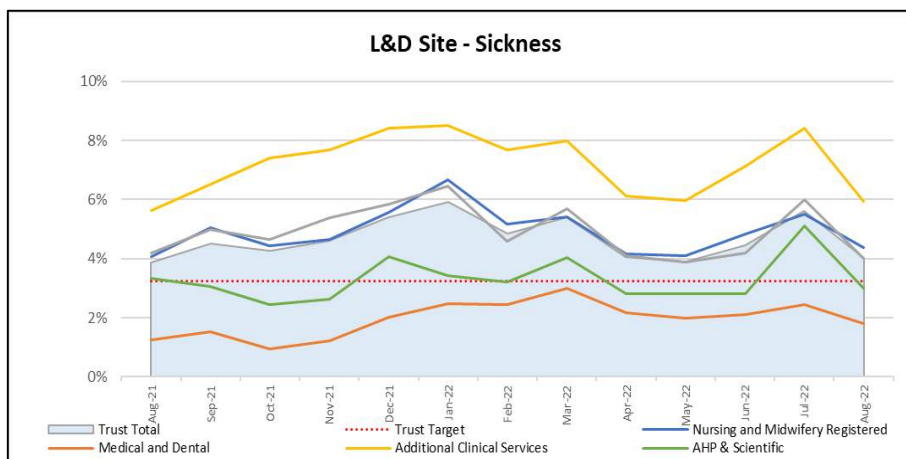
Overall sickness levels have decreased from a peak of 7.27% in April 2020, as a result of the COVID pandemic, to 4.24% in August 2022.

Sickness levels in August were at a higher level (0.09% higher) compared to the same period last year and 1.52% lower as compared to July 2022.

The highest absence rates for June were within Additional Clinical Services 6.07%, Nursing and Midwifery 4.59% and Admin & Estates 4.46%.

Whilst there was an decrease in the August absence rates this is partly attributed to higher annual leave rates. Sickness measures are expected to rise again in September as there an upturn in the number of absences due to COVID .

* Please note that Sickness data is reported a month arrears due to system interface timings

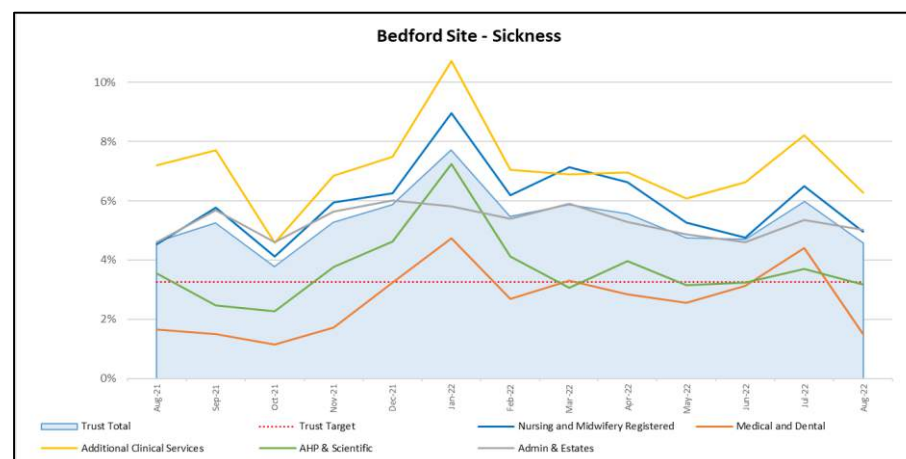


L&D Site

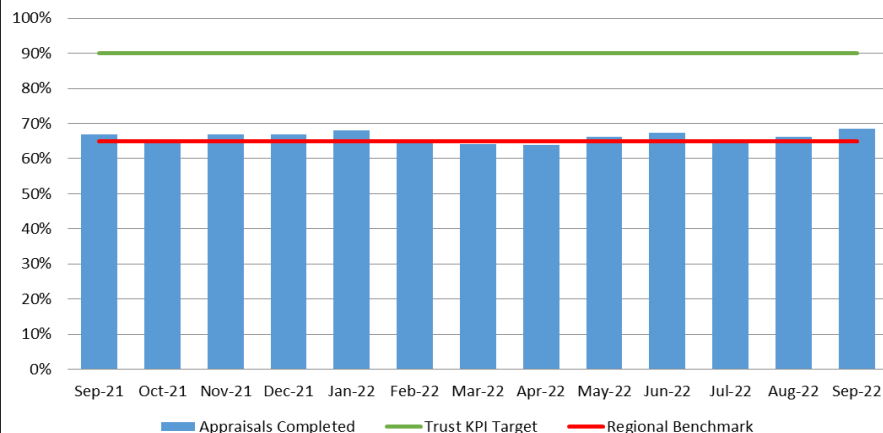
There was a reduction of 1.60% between July and August 2022 to 4.02% sickness, and is 0.15% higher compared with the same period last year. Most staff groups are showing a reduction compared to last month with the highest absence rate being Additional Clinical Services 5.94% (2.47% monthly decreased) and Nursing and Midwifery 4.36%(1.13% monthly decreased)

Bedford Site

There was an overall reduction of 1.39% between July and August 2022 to 4.58% and is 10.03% lower than the same period last year. Most staff groups are showing an in month reduction compared to last month .The highest sickness absence rate remains Additional Clinical Services at 6.27% and Admin and Estates at 5.02%.



Bedfordshire Hospitals NHS FT- Appraisal Rate Compliance

**Trust Level Summary**

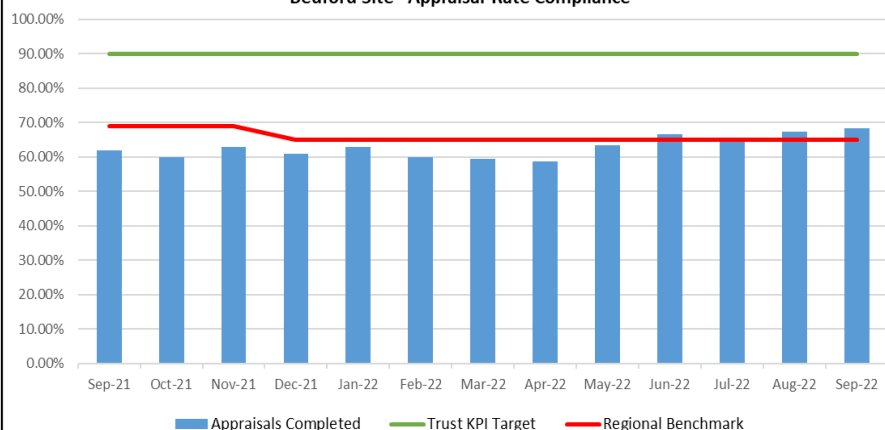
The Trust has seen an increase in appraisal compliance with the total percentage compliance raising to 68.53%

The Training and Learning Team are continuing to audit departments to ensure appraisal data is accurately recorded. To support departments with appraisal completion there are support guides on the intranet.

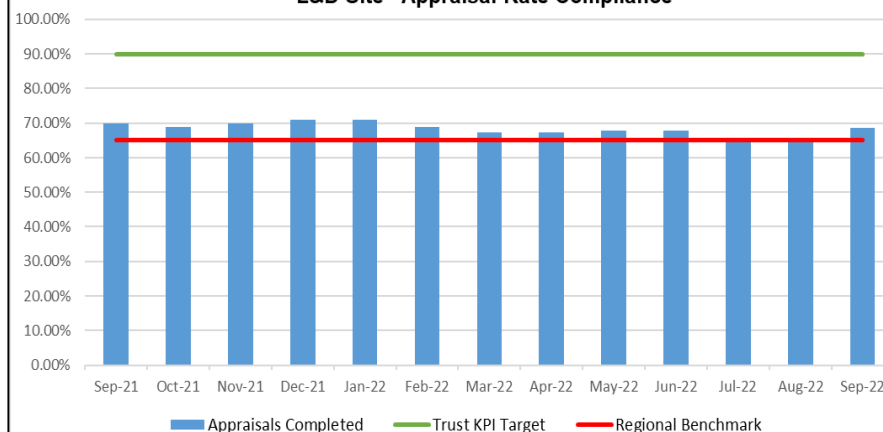
Face to face training starts in October to support managers to grasp the new paperwork and ensure the process is as clear as possible.

The Training and Learning Team will focus on areas that have less than 30% completion rates (usually teams with a small number of staff) over the months of October and November to support compliance.

Bedford Site - Appraisal Rate Compliance



L&D Site - Appraisal Rate Compliance

**Site Specific Level Summary**

There has been an increase of 2.25% in compliance across the organisation for the month of September bringing the total to 68.53%.

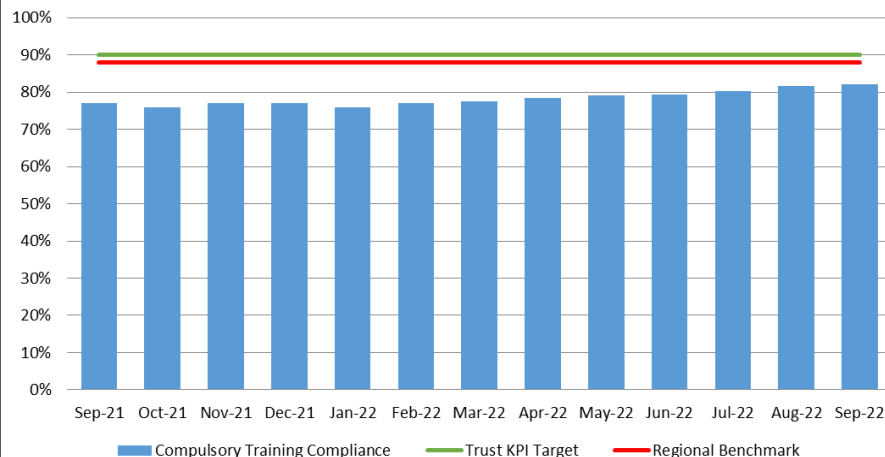
L&D Site:

The overall appraisal compliance rate for September 2022 has increased by 2.93% to 68.59%.

Bedford Site:

The overall appraisal rate for September 2022 has increased by 1.18% to 68.44%.

Bedfordshire Hospitals NHS FT- Mandatory Training Compliance

**Trust Level Summary**

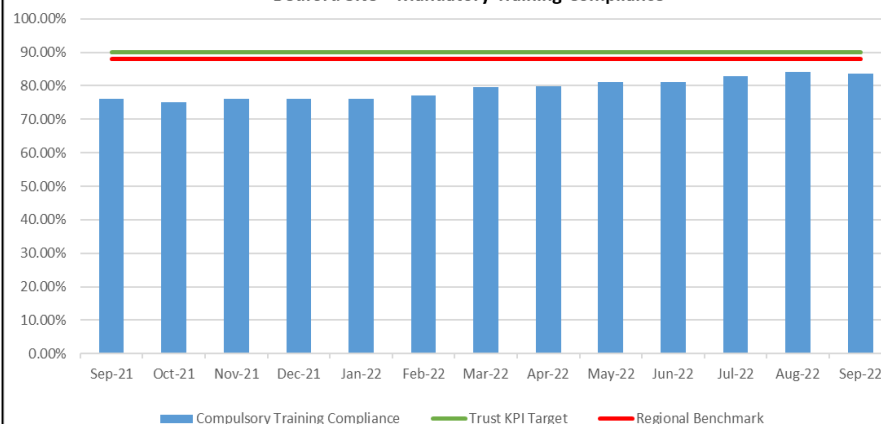
We have seen an increase in core statutory and mandatory training compliance for September 2022 and compliance has now reached 82.10%.

For the month of September the Trust had a focus on Infection Prevention and Control. Increased activity led to an overall compliance increase of 2.92%. The Trust has also seen an increase of compliance in Resuscitation courses.

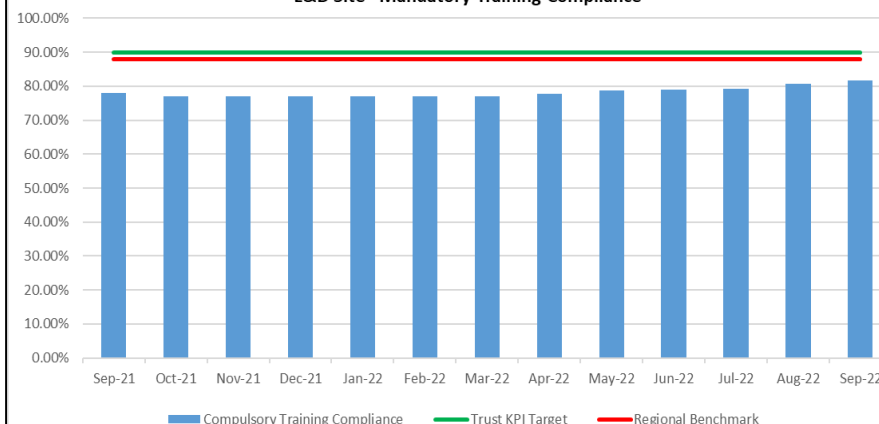
To support management teams to continue the improvement trajectory the Training and Learning Team will implement the following for the month of October:

- Face to Face mandatory training days have been reinstated.
- A low complying staff group is Estates and Ancillary (Bedford), the Mandatory Training Officer is going to contact management teams within this area to support training and appraisal compliance.
- Departmental meetings and personalised plans will continue throughout the final quarter of the year.

Bedford Site - Mandatory Training Compliance



L&D Site - Mandatory Training Compliance

**Site Specific Summary**

Training compliance has increased (0.54%) across the Trust throughout the month of September 2022 bringing the overall compliance 82.10%.

L&D Site:

The overall mandatory training compliance rate during the September period is 81.79%, which is an increase of 1.18%

Bedford Site:

The overall mandatory training compliance rate during the September period is 83.62%, which is a decrease of 0.45%.

MANDATORY TRAINING BY SUBJECT

Reporting Period: Sep 2022

Bedfordshire Hospitals NHS FT - Core Mandatory Training Compliance	Equality, Diversity & Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control 1	Infection Control 2	Information Governance	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Conflict Resolution - Level 1	Preventing Radicalisation - Basic Prevent Awareness	Resuscitation - Level 1 (E-Learning)	Adult Basic Life Support	Newborn Basic Life Support	Paediatric Basic Life Support	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Average Total Compliance
Trust Target	90%	90%	90%	90%	90%	95%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
September 2021	87.00%	84.00%	88.00%	89.00%	79.00%	75.00%	87.00%	67.00%	82.00%	83.00%	75.00%	57.00%	58.00%	38.00%	85.00%	88.00%	81.00%	87.00%	77.80%
October 2021	86.00%	81.00%	87.00%	88.00%	76.00%	74.00%	85.00%	66.00%	83.00%	79.00%	76.00%	57.00%	53.00%	44.00%	85.00%	84.00%	82.00%	85.00%	76.00%
November 2021	86.00%	84.00%	87.00%	87.00%	72.00%	75.00%	88.00%	75.00%	84.00%	80.00%	75.00%	57.00%	59.00%	44.00%	84.00%	83.00%	81.00%	84.00%	77.00%
December 2021	86.00%	83.00%	87.00%	87.00%	71.00%	75.00%	87.00%	74.00%	85.00%	80.00%	73.00%	55.00%	58.00%	46.00%	84.00%	82.00%	81.00%	84.00%	77.00%
January 2022	85.88%	81.89%	86.95%	86.16%	69.76%	75.19%	86.57%	72.71%	84.45%	80.21%	71.73%	56.35%	56.00%	47.35%	83.69%	82.21%	79.76%	84.23%	76.17%
February 2022	86.00%	81.00%	87.00%	87.00%	69.00%	74.00%	86.00%	73.00%	85.00%	80.00%	70.00%	59.00%	63.00%	48.00%	85.00%	82.00%	79.00%	85.00%	77.00%
March 2022	87.19%	81.52%	87.32%	87.91%	70.39%	75.03%	86.53%	74.57%	86.01%	82.28%	66.27%	60.56%	65.40%	50.44%	86.54%	82.28%	79.29%	85.59%	77.51%
April 2022	87.91%	83.10%	88.12%	88.55%	70.68%	75.56%	86.86%	74.36%	86.47%	83.67%	68.02%	61.14%	65.34%	51.67%	88.83%	82.63%	80.64%	85.97%	78.31%
May 2022	87.47%	84.30%	88.63%	89.16%	71.86%	76.16%	87.26%	75.82%	86.99%	84.40%	64.16%	65.83%	71.67%	53.55%	89.55%	82.00%	80.33%	86.20%	79.19%
June 2022	87.13%	84.07%	88.56%	88.76%	71.31%	75.51%	87.33%	76.22%	87.19%	84.29%	65.98%	68.22%	72.54%	55.51%	88.51%	82.39%	79.90%	86.69%	79.45%
August 2022	87.63%	84.87%	89.30%	89.56%	71.72%	75.57%	87.35%	76.65%	88.04%	85.90%	68.45%	69.21%	70.02%	58.63%	90.14%	82.29%	81.29%	86.65%	80.18%
September 2022	88.81%	86.54%	91.04%	91.42%	74.29%	78.01%	88.96%	77.30%	89.58%	86.59%	70.55%	70.38%	69.39%	61.57%	90.86%	83.16%	82.09%	87.64%	81.57%
October 2022	88.12%	87.06%	90.18%	90.36%	77.21%	80.45%	88.84%	78.42%	90.04%	85.88%	72.13%	72.12%	72.90%	62.31%	89.16%	83.45%	81.48%	87.74%	82.10%
Change from last month	-0.69%	0.52%	-0.86%	-1.06%	2.92%	2.44%	-0.12%	1.12%	0.46%	-0.71%	1.58%	1.74%	3.51%	0.74%	-1.70%	0.29%	-0.61%	0.10%	0.53%

Bedford Site- Core Mandatory Training Compliance	Equality, Diversity & Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control 1	Infection Control Level 2	Information Governance	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Conflict Resolution - Level 1	Preventing Radicalisation Basic Awareness	Resuscitation - Level 1 (E-Learning)	Adult Basic Life Support	Newborn Basic Life Support	Paediatric Basic Life Support	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Average Total Compliance
Trust Target	90%	90%	90%	90%	90%	95%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	-
September 2021	87.00%	83.00%	90.00%	88.00%	78.00%	75.00%	87.00%	55.00%	75.00%	80.00%	-	59.00%	64.00%	35.00%	84.00%	91.00%	72.00%	91.00%	76.00%
October 2021	86.00%	78.00%	87.00%	89.00%	75.00%	74.00%	85.00%	53.00%	76.00%	71.00%	-	56.00%	62.00%	46.00%	83.00%	88.00%	74.00%	88.00%	75.00%
November 2021	87.00%	85.00%	87.00%	88.00%	72.00%	76.00%	87.00%	62.00%	79.00%	81.00%	-	52.00%	56.00%	46.00%	84.00%	87.00%	76.00%	85.00%	76.00%
December 2021	86.00%	84.00%	87.00%	87.00%	72.00%	76.00%	86.00%	62.00%	81.00%	82.00%	-	51.00%	58.00%	46.00%	84.00%	87.00%	75.00%	86.00%	76.00%
January 2022	85.35%	82.21%	87.21%	86.94%	72.54%	77.40%	86.43%	61.12%	81.83%	82.65%	-	50.30%	56.10%	45.91%	84.43%	86.44%	74.30%	85.83%	75.71%
February 2022	86.00%	82.00%	87.00%	87.00%	75.00%	77.00%	87.00%	63.00%	83.00%	83.00%	-	53.00%	63.00%	48.00%	86.00%	86.00%	73.00%	87.00%	77.00%
March 2022	87.73%	81.91%	87.90%	89.41%	76.92%	78.82%	87.59%	66.27%	86.33%	86.81%	-	57.52%	76.52%	49.82%	90.00%	86.84%	73.71%	88.00%	79.54%
April 2022	88.73%	84.25%	89.18%	90.07%	76.97%	79.38%	87.53%	66.57%	86.68%	87.64%	-	58.27%	71.21%	50.99%	91.23%	87.09%	74.51%	88.44%	79.93%
May 2022	87.95%	85.21%	89.60%	91.10%	76.95%	79.58%	88.09%	69.11%	87.65%	89.05%	-	63.62%	72.93%	53.48%	92.33%	87.03%	75.06%	88.45%	81.01%
June 2022	87.65%	85.09%	89.16%	90.36%	77.96%	80.30%	88.68%	70.38%	88.41%	88.18%	-	64.99%	70.68%	54.01%	90.31%	87.63%	75.16%	88.81%	81.04%
August 2022	88.85%	86.60%	89.53%	91.52%	80.14%	81.11%	89.06%	72.36%	89.70%	89.99%	-	69.17%	75.18%	57.97%	92.57%	88.29%	77.25%	88.84%	82.83%
September 2022	89.93%	88.64%	91.44%	92.60%	83.08%	83.48%	90.92%	73.51%	91.20%	88.99%	-	69.60%	76.69%	61.02%	91.88%	89.53%	76.60%	90.06%	84.07%
October 2022	87.31%	88.18%	88.78%	89.56%	83.54%	83.90%	89.02%	75.50%	91.01%	87.14%	-	70.80%	85.93%	60.91%	88.21%	88.72%	73.97%	89.03%	83.62%
Change from last month	-2.62%	-0.46%	-2.66%	-3.04%	0.46%	0.42%	-1.90%	1.99%	-0.19%	-1.85%	-	1.20%	9.24%	-0.11%	-3.67%	-0.81%	-2.63%	-1.03%	-0.45%

L&D Site - Core Mandatory Training Compliance	Equality, Diversity & Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control 1	Infection Control 2	Information Governance	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Conflict Resolution - Level 1	Preventing Radicalisation Basic Prevent Awareness	Resuscitation - Level 1 (E-Learning)	Adult Basic Life Support	Newborn Basic Life Support	Paediatric Basic Life Support	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Average Total Compliance
Trust Target	90%	90%	90%	90%	90%	95%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
September 2021	86.00%	84.00%	87.00%	89.00%	80.00%	75.00%	87.00%	73.00%	87.00%	84.00%	75.00%	55.00%	55.00%	41.00%	86.00%	85.00%	86.00%	85.00%	78.00%
October 2021	86.00%	83.00%	87.00%	88.00%	76.00%	75.00%	85.00%	74.00%	87.00%	83.00%	76.00%	57.00%	50.00%	42.00%	86.00%	82.00%	86.00%	84.00%	77.00%
November 2021	86.00%	83.00%	87.00%	86.00%	72.00%	75.00%	89.00%	83.00%	87.00%	80.00%	75.00%	59.00%	60.00%	42.00%	84.00%	81.00%	84.00%	82.00%	77.00%
December 2021	86.00%	83.00%	87.00%	86.00%	70.00%	74.00%	88.00%	81.00%	87.00%	80.00%	73.00%	59.00%	58.00%	46.00%	85.00%	79.00%	85.00%	82.00%	77.00%
January 2022	86.23%	81.68%	86.77%	85.60%	68.07%	73.76%	86.66%	80.18%	86.14%	78.78%	71.73%	60.71%	55.97%	49.21%	83.16%	79.58%	83.41%	83.22%	76.71%
February 2022	87.00%	80.00%	87.00%	87.00%	66.00%	72.00%	85.00%	79.00%	86.00%	78.00%	70.00%	63.00%	63.00%	49.00%	84.00%	79.00%	84.00%	83.00%	77.00%
March 2022	86.84%	81.26%	86.93%	86.79%	66.36%	72.54%	85.83%	80.01%	85.81%	79.60%	66.27%	62.78%	61.56%	51.21%	84.02%	79.40%	83.14%	84.04%	76.91%
April 2022	87.38%	82.37%	87.44%	87.44%	66.90%	73.10%	86.43%	79.33%	86.34%	81.36%	68.02%	63.18%	63.08%	52.47%	87.11%	79.89%	84.78%	84.41%	77.83%
May 2022	87.15%	83.71%	88.00%	87.75%	68.79%	73.94%	86.72%	80.16%	86.57%	81.71%	64.16%	67.42%	71.18%	53.63%	87.56%	78.88%	83.90%	84.78%	78.67%
June 2022	86.78%	83.41%	88.16%	87.66%	67.18%	72.38%	86.44%	80.01%	86.40%	82.11%	65.98%	70.57%	73.26%	57.23%	87.29%	79.10%	82.96%	85.32%	79.01%
August 2022	86.83%	83.74%	89.15%	88.25%	66.55%	71.95%	86.23%	79.43%	86.95%	83.67%	68.45%	69.25%	68.00%	58.40%	88.53%	78.53%	83.86%	85.26%	79.11%
September 2022	88.09%	85.20%	90.78%	90.65%	68.98%	74.49%	87.71%	79.75%	88.54%	85.32%	70.55%	70.95%	66.67%	62.18%	90.20%	79.25%	85.51%	86.13%	80.61%
October 2022	88.64%	86.33%	91.10%	90.93%	73.26%	78.18%	88.71%	80.32%	89.40%	85.16%	72.13%	73.10%	67.74%	63.91%	89.82%	80.11%	86.50%	86.90%	81.79%
Change from last month	0.55%	1.13%	0.32%	0.28%	4.28%	3.69%	1.00%	0.57%	0.86%	-0.16%	1.58%	2.15%	1.07%	1.73%	-0.38%	0.86%	0.99%	0.77%	1.18%

Key

< 80%

80% - 89%

≥ 90%

Please note that IG only has to be above 95% to achieve green rating

Menopause

Earlier this year, NHS England signed the Menopause Workplace Pledge in a move that demonstrates a commitment to ensuring employees experiencing the menopause feel well informed and supported while at work.

As a Trust, we are delighted to be supporting this move. A working party was formed in July and will be introducing a Menopause Policy. To help inform our policy, we asked staff to take part in a survey to gather their thoughts and experiences with menopause in the workplace. This was communicated in 'The week' and a good response was received.

October is World Menopause month and we will be promoting awareness of Menopause and the support available to staff.

Schwartz Rounds

Schwartz rounds provide a structured forum where both clinical and non-clinical staff, come together to discuss the emotional and social aspects of working in healthcare. Evidence shows that these rounds can reduce professional hierarchies and improve communication between colleagues. Staff who regularly attend, feel less stressed and isolated at work.

Our Schwartz rounds clinical lead is Dr Katie Gough and is supported by the OD team.

The third Schwartz round took place virtually on 5th July. The theme for this was 'A patient I'll never forget', 56 individuals attended, which was great considering that it coincided with our Good Better Best Event.

Feedback included the following :-

- A really first class presentation, so honest and courageous
- The session has helped me reflect on and process something in particular, especially hearing about the same issue from a senior colleague – I can take that weight off now.

The next meeting is due to take place on 24th November, with the theme of 'Thanks Giving'.

Peer Listener network

The Peer listener network is a service aimed at providing a listening ear to colleagues during a time of need. Every peer listener has completed full Mental Health First Aid (MHFA) training and is required to attend support and supervision meetings, which are held on a monthly basis, facilitated by Dr Amanda Spong, Staff Health and Wellbeing Principal Clinical Psychologist.



The Trust now has 47 Peer listeners, 28 on our Bedford site and 19 on the Luton site.

We are now working towards running the next cohort of MHFA training in November, following which we will be recruiting more Peer listeners.

Amanda provides bi-monthly summary reports from the returned conversation logs to HR, OD and staff engagement leads to ensure any themes are picked up.

There is a dedicated page on our intranet, that lists details of our peer listeners, and details of how members of staff can join the network if interested.

Financial support

In September, our Employee Assistance Programme providers, CiC held a webinar focusing on how they can help with debt and financial management. The session was recorded and can be accessed on the [intranet](#), alongside the presentation slides.

To enable staff to find out more about CiC and the service they provide, CiC be onsite at Luton on Thursday 13 October 11am to 2pm, and at Bedford on Tuesday 18 October, 11am to 2pm.

Good, Better Best – Our Summer Staff engagement event

The sun shone bright on the tent, and we saw over 4000 colleagues join us from both our main hospital sites.

The Health and wellbeing of our staff remains our top priority, and these events encourage staff to take a break to recharge their batteries, and to be thanked by our Executive team

Our staff enjoyed some live interactive theatre, which focused around our THRIVE values, whilst enjoying some food and being gifted the Bedfordshire Hospitals Lunch bag.

We asked staff to give us feedback on the event by answering some questions with a score between 1 and 5 (1 being poor and 5 being excellent). The results were as follows:

- What was your overall impression of the session?
41% of staff scored this as 5, 43% scored it as 4 and 13% scored it as 3 (average)
- How would you rate the sessions? Embedding Values (theatre)
46.5% scored this as 5, 37% scored it as 4 and 10% scored it as 3 (average)
- How would you rate the sessions? Bedfordshire Hospitals integration
33% scored this as 5, 35% scored it as 4 and 13% scored it as 3 (average)
- Was the length of the session appropriate?
89% stated it was just right.
- How do you rate the refreshments?
45% scored this as 5, 33% scored it as 4 and 16% scored it as 3 (average)
- Did you consider the content of the session relevant to you and your work?
92.5% of staff stated yes



take heART**Schools posters project**

Local artist Katie Allen ran workshops with children at 2 local schools, Dunstable Icknield School and Bedford Road Primary School in the last few months. This project was jointly funded by the Bedfordshire and Luton Community Foundation's 'Let's Create Jubilee Fund', NHS Charities Together and The Culture Challenge at Bedford Creative Arts.

The workshops were inspired by quotes previously gathered from our staff during our Christmas Good, Better, Best event, when asked "What one thing would you suggest your friend/colleague try to improve their chances of having a better day". From the output of the workshops with the children, Katie then produced a total of 18 different A1 size posters which are on display across both hospital sites.

There are plans to invite pupils who have taken part in the project/teachers and Katie to visit the hospital sites to view the posters and thank them for their wonderful contributions. The use of these images to promote staff health and wellbeing is also being considered (e.g. production of post cards to share with staff).

Feedback from teacher:

"The children gained knowledge about the local hospital and the role of some NHS staff. They were able to empathise with the feelings and emotions of others during the Covid-19 pandemic, and with the aftermath. Teachers reported that the children were keen to apply the skills and techniques they had learned when presenting their work in their topic books. The children were both inspired and excited..."

**Paintings in hospitals**

take heART have collaborated with Paintings in Hospitals to bring original works of art to the Luton and Dunstable Hospital., to bring it in line with the existing artworks installed on our Bedford site.

Paintings in Hospitals is a UK charity which is committed to bringing world-class art to everybody by providing artwork loans and art activities to health and social care settings.

Take heART has been loaned 11 artworks, that are now on display in different areas of the Luton and Dunstable hospital, including the maternity department.

These works were chosen by staff, patients and visitors from a shortlist of over 30.



WARDS- Working Across wards, a Review and Development of Solutions

What?

A quality improvement project to understand and improve staff experiences of 'daily redeployment'.

Why?

The regular daily movement of staff across wards has become inevitable to ensure patient safety and care, particularly when staffing levels and demands fluctuate. There is limited research and guidance relating to this aspect of hospital care. Theory relating to staff wellbeing and effective team working provides useful principals to guide the redeployment process.

How?

A quality improvement approach has been taken to structure and guide this project. Staff are being consulted using appreciative enquiry to establish examples of good practice and help identify an initial change idea. A working group has been set up and has met on three occasions to engage staff and support project planning and progress.

Who?

This project is being lead by Rachel Chater (Clinical Psychologist, Staff Health & Wellbeing) and Anna Rimmer (Head of Nursing, Surgical Specialties). A range of staff have been approached to contribute to the project. This includes senior and newly qualified staff, freedom to speak up champions, peer listeners and the staff networks. Links have also been made with a relevant and timely national research called redeploy. A QI coach is supporting the work. This is a cross site project but has been initiated at Bedford Hospital with the aim to apply learning and engage staff in change ideas at Luton and Dunstable Hospital shortly.

Next steps

A series of possible change ideas have been identified. The aim is to trial one of these using a PDSA cycle on 1-2 identified wards at Bedford Hospital in the next 4-6 weeks.

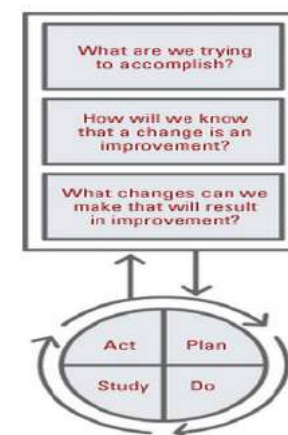
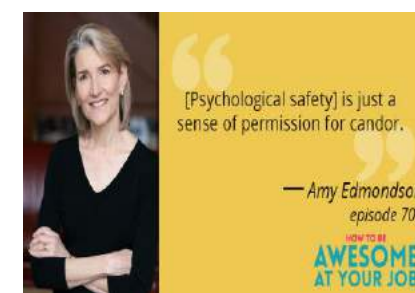


Figure 1: The ABC framework of nurses' and midwives' core work needs



Board of Directors

Wednesday 2 November 2022

Report title:	Quality Committee Report	Agenda item: 8
Executive Director(s):	Annet Gamell, Non-Executive Director, Chair of Quality Committee	
Report Author	Executive Directors	
Action <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	Trust Board to note the Quality Committee Report for July, August, September and October 2022	

Report summary	This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 3 August 2022, 28 September 2022, 26 October 2022
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	CQC NHSI Quality Accounts (External Audit) Quality objectives
Jargon Buster	Harm Free Care – A set of metrics including falls and pressure ulcers that are nationally monitored CQUIN - Commissioning for Quality and Innovation – a set of quality measures that are nationally and locally mandated that the Trust is incentivised financially to achieve

QUALITY COMMITTEE REPORT

TO BOARD OF DIRECTORS

Quality Committee purpose – to actively seek and receive assurance that quality (safety, clinical effectiveness and patient experience), reliable standards and positive outcomes are achieved for all patients and remain robust and effective

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 3 August 2022, 28 September 2022 and 26 October 2022.

2. Hospital Operational / COVID position

The Committee received monthly updates on inpatient numbers of Covid positive patients, noting that there was a rise in cases in September/October.

With regard to the hospital operational position, the Deputy Chief Executive reported that it has been operationally challenging with long waits in ED, staff shortages, and bed availability.

3. Performance Metrics and Recovery Plans

The Deputy Chief Executive presented the operational performance report.

Operating performance and elective recovery was discussed and the Quality Committee noted the enormous pressures within the Trust, not underestimating the challenges having contingency areas open and the impact on staff morale and pressure on our partners to support discharge.

With regard to cancer performance, a report was received on 3 August 2022 outlining that the Trust had been placed under Tier 1 scrutiny by NHSE/I due to poor 62 day wait cancer performance. Further work was undertaken to validate and clear backlogs, and the impact and improvement in performance was positive. The Deputy Chief Executive gave a presentation at the September meeting and shared some data on the open cancer pathways on each site.

The Quality Committee acknowledged a reset week was taking place in ED at Bedford with key aims to close contingency areas and reduce length of stay.

Regarding planned care/ 72 week RTT, the bed policy for winter is being reviewed to ensure bed capacity does not impact RTT performance. Appointment text reminders have been reintroduced and it is hoped that this will have a positive impact on DNAs. It was recognised by the Committee that the impact of improvement interventions may not be seen immediately and there was recognition of the need to support and retain administration staff.

4. Infection Prevention and Control (IPC)

The Quality Committee received monthly Infection Prevention and Control updates for information.

5. Maternity

The Director of Midwifery presented the Perinatal Quality Surveillance Tool reports at each meeting which provided an overview of the maternity clinical metrics and update on progress on actions relating to the quality improvement plan, CQC, CNST Year 4, the Ockenden Report and Safety Champion activities.

The monthly midwifery staffing reports were received at each meeting and the fill rates, red flag reporting, supernumerary status and 1:1 care in labour were noted. The Quality Committee noted that staffing was in a slightly better position compared with the same time last year, helped by international midwives in the pipeline and third year students who are taking up permanent employment with the Trust. Where there have been dips in availability of registered midwives, the senior team have provided support.

Discussion with regard to the East Kent report took place.

6. Nursing Staffing

The Nursing Staffing reports were received for assurance. The Director of Nursing highlighted that the fill rate remains of concern in some areas due to sickness absence. The Committee were assured that work is taking place looking at temporary staff and a Trustwide pool of staff.

7. Harm Free Care

The Director of Nursing gave updates on falls and pressure damage incidence for both hospitals, noting that there have been some challenges in relation to falls due to staffing and a new 'baywatch' clock mechanism has been put in place.

Pressure ulcer incidence has remained stable.

8. Serious Incidents (SI) and Incidents

The Director of Quality and Safety Governance reported that incident reporting remains good.

A new single risk management system, Inphase, is being implemented across the Trust and this will enable staff improved access via iphones and ipads, with a more modern and user friendly application

The Committee noted the serious incidents (SIs) reported within the period and learnings from previous reported SIs. The General Manager for Ophthalmology attended the September meeting and shared a presentation detailing learning from 4 SIs in ophthalmology which all related to booking and administrative issues. The Committee were assured that actions had taken place.

9. Patient Safety Alerts

Patient safety alerts are official notices issued by NHS England/ Improvement which give advice or instructions to NHS bodies on how to prevent specific types of incidents which are known to occur in the NHS and cause serious harm or death.

The following national safety alerts have been published during the reporting period July - September 2022:

- Shortage of alteplase and tenecteplase injections – actions were required by 10 August 2022 and have been completed in line with the detailed requirements of the alert.
- Recall of Mexiletine hydrochloride 50mg, 100mg and 200mg hard Capsules, Clinigen Healthcare Ltd due to a potential of under-dosing and/or overdosing – actions were required by 12 August 2022 and have been completed in line with the detailed requirements of the alert.

The Quality Committee receives a monthly summary report of the alerts and note implementation of alerts by the Patient Safety team.

Quality Committee were also informed of concerns relating to CTG monitoring machines. The risks and mitigations were noted and assurance given of the corrective actions being taken to keep intrapartum care safe.

10. Mortality

The Medical Director highlighted the mortality data for both sites, and noted the Covid deaths by month.

The upwards reports from the Learning from Deaths Board were received by the committee and data noted. A summary assurance paper was received in September outlining the hospital-level mortality indicator (SHMI) analysis for Bedford which highlighted that issues are multifactorial. Assurance was given that in depth consideration was being given to all issues.

The quarterly Learning from Deaths Board was received at the October 2022 meeting.

11. Patient Experience

The Quarter 2 Patient Experience Report was received and noted. The Chief Nurse highlighted that complaints numbers have remained stable. In Quarter 3 an initiative is being launched to promote patient feedback.

An empowering patient story was shared with the Committee at the meeting on 3 August 2020 with regard to a sickle cell patient. The actions following this feedback included the formation of a sickle cell group and an escalation process for fast tracking to the dedicated haem/onc ward.

A further patient story was received at the October meeting relating to the experience of a young mother using maternity services and the positive outcome was acknowledged.

The recently published National Inpatient Survey was discussed and actions noted around where we had performed worse than in previous years.

12. Safeguarding Report

The Quarter 1 Safeguarding report was received for assurance and key actions highlighted. The Committee acknowledged the depth of work that takes place within the safeguarding team. The committee noted the challenges around increasing complexity of patients with mental health requiring increasing support from the team.

13. Upwards Reports from Other Committees

Upwards reports from the Clinical Quality Operational Board (CQuOB) and Specialist Committee Operational Board (SCOB) were received by the Quality Committee and escalations discussed.

14. Internal Audit

The following internal audit reports were received by the Quality Committee for oversight:

- Waiting list
- Data Quality
- Risk Management and Board Assurance

15. Risk Register and Board Assurance Framework

The Quality Committee received reports outlining the new risks to be added to the risk register and the risks due for review by the Committee were discussed and updated.

The Associate Director of Corporate Governance presented a report for oversight of Objective 2 and Objective 4 of the Board Assurance Framework. The risks under each objective were reviewed.

16. Quality Priorities

A paper was received for information and assurance that the Trust is making good progress against the 9 quality priorities.

17. Stroke update

The latest Sentinel Stroke National Audit Programme (SSNAP) data was presented to the Quality Committee in October highlighting that the L&D rating had dropped to a disappointing D rating. The Clinical Director was in attendance and discussion took place with regard to key domains for attention and what actions are in place, also noting the blocks to achieve compliance. Quality Committee asked for regular updates on the action which will be included within the performance report.

18. Quality Committee Review

A review meeting took place in August involving members of the Quality Committee to review the agenda, purpose and structure of the meeting going forward.

Board of Directors

Wednesday 2 November 2022

Report title:	Finance, Investment & Performance Committee Report	Agenda item: 9
Executive Director(s):	Matthew Gibbons, Director of Finance	
Report Author	Simon Barton Non-Executive Director, Chair	
Action <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	Trust Board to note the FIP Committee Report for September 2022 and October 2022.	

Report summary	<p>This report contains a summary of the deliberations of the FIP Committee during September 2022 and October 2022.</p> <p>The financial – revenue & capital – performance (including results up to the end of Month 6).</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	

**Bedfordshire Hospitals NHS Foundation Trust
FIP Committee Report to the Board**

2 November 2022

The Board should note the following items discussed at the FIP Committee meetings from 28 September 2022 and 26 October 2022.

1. Financial Position

On the 28 October the Committee noted that the FT delivered a surplus of £0.3m, this was against a £0.3m planned surplus.

The Committee noted the FT's pay spend is £1m underspent year to date. Non-pay is £2.6m overspent year to date. The FT has recognised £8.9m of Elective recovery funding despite significant underperformance against plan. The FT has received confirmation that NHSEI will not seek to apply the ERF rules, and the FT will be paid ERF monies in full.

Budgets have been updated to reflect the pay award and income contract changes. The FT received slightly more income than anticipated, leading to (positive) swings in month on pay and income.

The Finance, Investment and Performance Committee noted the update to the year to date position.

2. Capital

Capital spend is £30.5m against a revised annual plan of £98.5m. The Trust spent £16.2m against the Trust's annual CDEL limit of £27.2m.

The Finance, Investment and Performance Committee noted the update.

3. Business & Investment Decisions

Commercial Report

The programme continues to work within the holistic budget set with no significant items to report. The Anticipated Final Cost (AFC) reflecting the Luton main scheme and enabling is £228.9m against a baseline budget of £228.6m. The wider Redevelopment Programme Commercial report reflected an forecast outturn of £285.8m against a baseline budget of £285.5m.

Main Scheme

Works are progressing well on site with the project remaining within the contract programme and within budget. Risks are being actively managed with a healthy reduction in the risk profile. At the August Board, members were informed that over the course of the coming months a number of Compensation Events (CEs) can be anticipated to require agreement and implementation. These are in relation to unexpected ground conditions and were a known risk with a cost to address the risk in

the region of £0.8m. Delegated authority was requested to enter into negotiations with Kier to manage costs down.

In addition, it was confirmed that a strategic change proposal (ID063) was submitted to the Programme Board and approved in relation to the configuration of NICU Pendants; these are Group 1 items essential for the Clinical Teams to allow safe practice.

The Finance, Investment and Performance Committee approved the request for approval to spend £25k on NICU pendants. Funding to be drawn down from contingency.

UEC Programme

Progress on the multi phased Luton ED scheme continues to be challenging both for the FT, the design team and the construction team. It was confirmed that there had been a draw down against contingency of £42k in month to address a number of risks. Work is ongoing to ensure CT is online by Christmas. The project is entering a phase of disruption to the Clinical Service (corridor closure) which is expected to last 10 days. A change proposal was submitted and approved by the Programme Board in regards to the upgrade of Power Supplies to Retail units E3 and E5 (Up to £40k) Costs are being developed. It was agreed that this would be processed as a Strategic Change. The Finance, Investment and Performance Committee approved the case.

Urgent and Emergency Care Phase 2 (CT)

The first floor modular fit out works were completed on 15 August, on time and within budget with a healthy remaining contingency, which is to be transferred to the CT scanner works budget. The CT scanner project remains on track with the construction works currently out to tender. The key risk identified around the enabling of the CT, namely the timeliness of the HV substation completion, has now been de-linked. The tenders are now complete and the bids are being evaluated. There is pressure on the cost plan given market conditions and further increases in the price of steel and M&E components.

The Finance, Investment and Performance Committee agreed the proposal to transfer the remaining contingency (£94k) from phase 2a into phase 2b to support the cost plan.

Cauldwell Outpatients Development

FIP noted the successful completion, on programme and within budget. The project has a contingency remaining at circa £0.3m.

Electrical Infrastructure

The project is progressing well. The remediation works on the removal of the asbestos in the ground are now complete and the underpinning works have commenced. In the last reporting period (August 2022), a Change Proposal requesting funding for the asbestos removal was taken to the Programme Board requesting a budget uplift of £0.339m +VAT. This was approved under delegated authority to allow the urgent asbestos remediation. The Finance, Investment and Performance Committee approved the request for approval of a budget uplift of £0.339m +VAT to allow the urgent asbestos remediation.

Bedford Hospital Accommodation

Following a 12 month consultation process the Accommodation Project Team have identified opportunities for effective investment that will:

- 1) increase overall occupancy levels by 103 workstations
- 2) improve on the quality of existing accommodation;
- 3) co-locate similar teams resulting in improved productivity;
- 4) improve communications and workflow within departments;
- 5) enhance joint working between clinical and service line teams;
- 6) release valuable space in a hospital where space is at a premium.

These benefits come at a cost of £4.9k per workstation. As a comparison the cost to establish each desk/workstation in Nova House was £15.2k. The Finance, Investment and Performance Committee approved the request.

Bedford ESU Business Case

The proposal is for the FT to implement a basic ESU on Victoria Ward to facilitate emergency surgical assessment with some very short stay capacity. This ESU will see approximately 13 patients per day / 400 patients per month. The case represented recurrent annual costs of £0.9m with one-off capital costs of £23k. The Finance, Investment and Performance Committee approved the business case.

Luton ED Busbar

The Committee was presented with a change request to install a Busbar at a cost of £0.14m. This was to allow for a low voltage connection at ground level. Initially this had been descope from the ED project with accepted risks. This has subsequently been reviewed and is to be re-instated as part of the original scope. The proposal is to address this cost via contingency. The Finance, Investment and Performance Committee approved the request for £0.14m for the installation of a Busbar.

Gilbert Hitchcock House/Bedford Hub

The Committee was presented with a business case to allow progress towards the Gateway Review. A Gateway Review is proposed for November, this will draw three key questions to a close for assurance and to allow the FT to enter into contract in the knowledge of project scope, cost, programme, quality and liability:

- Agreement for lease from GPs;
- Contract Price and recommended appointment (following procurement);
- Multi-party agreement between the Trust, the ICB, Community Health Partnership and Assemble.

The Finance, Investment and Performance Committee approved the request for the business case to be submitted to NHSEI.

Eye Theatre –Bedford

The Committee was presented with an overview of the Ophthalmology Business Case with central TIF funding of £6.9m to progress the Eye Theatre project at Bedford, in support of the Elective Recovery Programme. It was acknowledged that there is a critical dependency to develop the Moorfields facilities in support of the required service move from the Health Village site in North Bedford, thus enabling the development of the North Bedford Primary Care Hub.

CCTV/Access Control

The Committee was presented with a business case for the approval of funding to deliver the replacement programme for Access Control and CCTV systems at the L&D hospital site. It was confirmed that as a result of approving this scheme this will trigger a change on the main Acute Service Block scheme. The Finance, Investment and Performance Committee approved the business case for CCTV/Access Control.

New Vascular Theatre Equipment & Hybrid Theatre equipment

The Committee was informed that the end user has now agreed the Vascular Theatre specifications, this drives a variance in the costed equipment schedule, which is being worked through. The variance will be assumed to come from project contingency given that this was a known risk. Noting that the baseline position had been a transfer of the 2nd Hybrid equipment from Bedford, the change request asked for confirmation of assumptions that the 2nd Hybrid Theatre is to be fitted out and equipped in the same timeline as the New Clinical Buildings project. This is a change of Project scope. The Finance, Investment and Performance Committee approved the additional funding of c.£1.8m. The Committee acknowledged that this would be allocated against the 24/25 capital plan.

The Committee were informed that the Executive had made a decision to progress the Theatre 7 fit out following the commissioning of the NCB. This is expected to have a cost impact of £325k and programme impact of 6-9 months. The Finance, Investment and Performance Committee noted the update.

Renal Units

The Committee was presented with a business case for approval of funding to deliver a Day Hospital Unit at L&D site following the relocation of the East & North Herts Trust Renal dialysis satellite service.

The Finance, Investment and Performance Committee approved the business case for the Delivery of a Day Hospital Unit at the Luton and Dunstable site.

Community Diagnostic Hub

The Finance, Investment and Performance Committee noted the submission of the system Business Case to develop a Community Diagnostic Hub in Bedfordshire.

Paediatric Rota

The Committee was presented with a business case for approval of funding for a 12-person rota, with 12.5WTE, to account for the absence of community Paediatric staff on the allocated slot during the day. Currently the rota is funded for 10 people. Additional funding required for 2.5 WTE posts at £87.6k per post, equivalent of £219k per annum from March 2023. Based on current agency spend, recruitment of substantive doctors will generate an estimated net full year cost reduction of £151k. The Finance, Investment and Performance Committee approved the additional funding request for 2.5 WTE posts.

Locum Rates

As part of the organisational merger implementation plan, the need to harmonise pay-rates between staff groups on the two sites was clearly identified. During comprehensive engagement with stakeholders, the levels of disquiet around differential pay for different types of activity and between specialties within each site were surfaced. On that basis a steering group was established to develop a recommendation for a new, single rate-card for extra-contractual duties for medical staff at all grades. Following due consideration of all of the information available the steering group made recommendations to the Executive team that best represents the best compromise between the critical balancing risks and delivery of stated objectives. The total forecast cost is £2.1m annually on a recurrent basis. The Finance, Investment and Performance Committee approved the Business Case.

Winter Planning

The planning for this winter acknowledges the impact of the patterns of admissions and discharges, and of the length of stay performance. The discussions and proposals around this winter focus on affecting or mitigating these known factors. The cost of the schemes to alleviate these known factors will cost the FT £1.28m.

The Finance, Investment and Performance Committee approved the business case.

PACS Upgrade

A business case was presented to procure a single instance of PACS including hardware and software, user licences specialist services to cover the set up and configuration of the new system and to support migration of three existing PACS systems into one. The proposal is to change to a single PACS System across the trust sites at a capital cost of £2.35m with revenue savings of £0.7m over the lifetime of the system. The Finance, Investment and Performance Committee approved the request for funding.

4. Other Matters

Budget Setting Process and Proposal for 2023/24

The Committee was presented with the proposed Budget Setting process and methodology for 2023/24 including proposal for generic assumptions applied to the budget propositions for the overall trust.

The proposal for the 2023-24 budget setting process is to go from 'Budget to Budget'.

In the absence of a clear financial envelope for 2023/24 the Trust will plan on a 3% CIP requirement. The planning assumption is that this is in addition to removal of 90% of Covid monies and the removal of any non-recurrent funding for 22/23.

The Finance, Investment and Performance Committee approved the approach that the FT agrees a key priority list for funding for 23/24, with a strong steer to Service Lines that this is all that will be funded. In addition, the Finance, Investment and Performance Committee approved the creation of an Efficiency Board to support the FT in meeting the expected financial challenge ahead.

Accounts – Update

The Committee noted confirmation that the FT's accounts had been submitted. The Committee members thanked the Finance team and the Audit & Risk Committee Chair for all their hard work in getting the accounts submitted.

Contracting

The Committee noted an update on the FT's progress on the national cost exercise. The FT delivered both the initial and the resubmission in line with timelines. It was noted that the process for next year would require the signature from all members of the FTs Board.

Any other Business

Risks arising from the meeting were discussed by members - specifically in relation to the BMA rate card. The risk register will be updated accordingly and all Board level risks assigned to FIP will be reported back on at FIP in line with the quarterly reporting process for the Committee together with the Assurance Framework.

5. Items for Escalation to the Board

None.

Board of Directors

Wednesday 2nd November 2022

Report title:	Redevelopment Committee Reports	Agenda item: 10
Executive Director(s):	Melanie Banks, Director of Redevelopment and Strategic Planning	
Report Author	Melanie Banks	
Action <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	The Board of Directors are asked to note the content of the paper.	

Report summary	<p>This report provides an overview of the activity within the Redevelopment team over the last quarter, from 27/7/22 – 28/10/22.</p> <p>A significant amount of construction work is taking place on the L&D site with construction of the Energy Centre (EC), the New Clinical Buildings (NCB) and the Emergency Department (ED) extension and refurbishment.</p> <p>A number of projects are under construction at Bedford Hospital which directly support backlog, infrastructure and site resilience as well as Covid recovery.</p> <p>Projects being designed or procured have been overwhelmingly impacted by current market conditions which continue to experience upward pricing pressures. This will force difficult decisions to be made moving forward in relation to capital planning and capital bids.</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	N/A

Redevelopment Committee Reports – Update to Trust Board
Wednesday 2nd November 2022

1. Introduction

This report provides an overview of the activity within the Redevelopment team over the last quarter, from 04/05/22 – 27/07/22.

2. Acute Service Block and New Ward Block, L&D

Works are progressing on the main scheme and the Redevelopment Board are maintaining close oversight of the programmes and delivery. A number of changes have been approved as per the contract mechanism, in support of an efficient design solution that continues to drive value for money and to tackle risks.

3. Urgent and Emergency Care

The Luton ED project continues to be a challenging project, for the Trust, team and contractor. The Trust accepted a number of risks when it let the contract to Willmott Dixon, most of these risks have come to fruition, and additionally, unknown risks at the time of agreeing a project scope, have come to fruition. The project continues to pick up estates backlog, not foreseen at the project onset and with every change, the price of works are compounded by the current market conditions. Work is underway with the finance team to develop processes to support spend to date positions for further consideration.

Phase 2 at BH comprises two elements, the first element includes the first floor modular fit out to enable the CT scanner to be accommodated in the department. The second element which includes construction to support the CT installation was tendered and awarded to complete the works.

4. Energy Centre (EC), L&D

The EC is currently at a challenging and critical phase of commissioning. Commercial and safety arrangement risks are being mitigated with the Director of Estates and Facilities, the Redevelopment Team and Contractor Teams.

The project is in a positive position financially and the next phase is to determine the buildings connectivity to the Energy Centre supplies. This will result in a more detailed report on the position with further recommendations to review.

5. Cauldwell, BH

The project is now complete and the official opening took place on the 5th October with the Lord Lieutenant in attendance. The facility opened to patients on the 8th October 2022. The new facility was received well with positive feedback. The Redevelopment Board expressed gratitude to Charles Frampton and the Team for their efforts in delivering a successful project.

6. Electrical Infrastructure, BH

The Trust are in contract with WT Portsmouth to deliver the project. Planned completion is April 23 but there are a number of risks being experienced that may impact this, including the very recent discovery of asbestos not found during survey work. The impact of this is currently being worked through, but expected to be 6 weeks. The project is progressing well

and the Bedford HV Substation Commissioning Programme is to be issued in November 2022.

7. Primary Care Hub

The Trust remain committed to working with and across the ICS to support the roll out of the Hub programme. The Trust are undertaking a project in North Bedford that looks to refurbish a LIFT asset and a Trust asset to create a Hub for one Primary Care Network. A full business was submitted to NHSE/I on the 30 September following approvals by the Boards of the Trust and ICB. The project team have committed to the ICB to go back to the Board and the Centre with an addendum to provide further assurances on the project in November 2022.

Melanie Banks

Director of Redevelopment and Strategic Planning

28th October 2022

**Board of Directors
2 November 2022**

Report title:	Charitable Funds Committee Reports to Board of Directors			Agenda item: 11
Non-Executive Director(s):	Simon Linnett, Chair			
Report Author	Matthew Gibbons – Director of Finance Victoria Parsons - Associate Director of Corporate Governance Sarah Amexheta – Head of Charity			
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	To note the contents of the report for assurance			

Report summary	<p>The Charitable Funds Committee held a meeting on the 21st September 2022.</p> <p>Key points to note for the Board:</p> <ul style="list-style-type: none"> The actions agreed within the Charitable Funds Committee meeting on the 21st September 2022 do not meet quorum. All actions need to be ratified by quorum Members.
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<ul style="list-style-type: none"> Update on donations for CT scanner, still income due in from donor to make up final instalment. CT scanner has been ordered and installation on Luton site is imminent, Bedford site ordered, payment from Bedford Hospital Charity and Friends is outstanding, 34 week lead time for early 2023 installation. NICU investment portfolio bonds expired. Agreed to put funds into short term investment bond Confirmed merged charity name is now registered on Charity Commission website. An update that monitoring reports for the Take Heart project have been submitted. Bariatric phd study. There is an outstanding action to agree funding spilt for this project. To report back on at next meeting. Investment management update received The accounts audit for charitable funds has been delayed due to the Trusts accounts audit timelines taking longer. A revised Terms of reference document was proposed to replace the interim document that was created during merger. Scheme of delegation was reviewed at same time, with an additional sign off recommended on spend £5k to

	<p>£25k. Changes agreed, but to be ratified by quorum.</p> <ul style="list-style-type: none"> • Risk register reviewed and agreed, but to be ratified by quorum. • Charity update given, including: <ul style="list-style-type: none"> ○ Paediatric ED <ul style="list-style-type: none"> ▪ Play specialist is no longer required ▪ Technology equipment is on hold due to discussions with redevelopment and ED team to finalise the funding. ○ Paediatric stabilisation room <ul style="list-style-type: none"> ▪ Project commencing October ▪ Final funding event scheduled for September, Cricket Lunch. ○ End of year fundraising plan agreed. To include give a gift, dress down days and light switch on events. • BLCF requested funds given and not spent from women's safeguarding 3 year old grant, to be returned. £3700 to be refunded. Approval for refund agreed, to be ratified by quorum. • The Committee agreed that the charity should only support a maximum of 3 national days for staff, to inc International day of the midwife and Nurses Day. • The Committee agreed for the Charity Team to launch / develop the Acute Service Block charity appeal outlined in paper. • Bedford Hospital Charity & Friends reported that they have three fundraising appeals. They are currently closing £1million pound appeal for ED at Bedford, as reached target. The second appeal for an ultrasound machine for ED and a staff break space are running. The third appeal for Robotics will be launched in November at a thank you morning 5th November Bedford Modern School. • An update was given on funding received from NHS Charities Together and not spent, with a highlight that failure to do so is likely to jeopardise funding. Current projects at risk: <ul style="list-style-type: none"> ○ Stage 3 Pathway to excellence programme, zero spend, failure on reporting deadline as project has not commenced, high risk of funding recall. ○ Daisy awards rectifying errors on spends of this budget. ○ Take Heart underspend, looking to resolve ○ British Red Cross, discharge project underspend, awaiting decision to extend. ○ South central ambulance, awaiting decision to extend. <p>Bids for approval to be reviewed outside of the meeting with the Director of Finance due to the availability of funds in the charity general fund.</p> <p>Biometer ophthalmology device, £65,000. Original device requested with funding received from Friends of Luton and</p>
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	<p>Dunstable Hospital £54,000. The Team have requested a newer device since original funding awarded, which will require a £10k increase in funding needed. The Director of Finance requested more information and assurance from the Medical Equipment Group.</p> <p>AOB:</p> <ul style="list-style-type: none"> ○ Request to support a fundraising appeal for SCBU sleeper Chairs at Bedford, £6594. The representative from Bedford Hospital Charity & Friends suggested that the charity re approach them for the SCBU chairs, before launching an appeal. ○ The representative from Bedford Hospital Charity & Friends requested an update on the robot for Bedford Hospital. <p>Next Meeting: Wednesday 16th November 2022, 10am – 12noon.</p>
Jargon Buster	CFC – Charitable Funds Committee

CHARITABLE FUNDS COMMITTEE REPORT

Introduction:

This Report updates the Board of Directors regarding the matters discussed at the Charitable Funds Committee held on the 21st September 2022.

Conflicts of interest:

A dual interest for the committee members for the Trust and Charitable Funds

Board of Directors

Wednesday 2nd November 2022

Report title:	Workforce Committee Report	Agenda item: 12
Non-Executive Director(s):	Tansi Harper	
Report Author	Angela Doak, Director of HR	
Action <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	The Board is asked to note the report for assurance	

Report summary	<p>The report contains a summary of the considerations of the Workforce Committee which met on 12th October 2022.</p> <p>Consideration was given/progress was noted in the following areas aligned to the People Plan Priorities:</p> <p>Looking after our people</p> <ol style="list-style-type: none"> 1. Staff Wellbeing and staff engagement update 2. Freedom to Speak Up Guardian 3. Long Service recognition <p>Belonging in the NHS</p> <ol style="list-style-type: none"> 4. Staff Networks <p>Growing for the future</p> <ol style="list-style-type: none"> 5. GMC Survey 6. Nursing & Midwifery Self-Assessment Tool <p>New ways or working and delivering care</p> <ol style="list-style-type: none"> 7. Mandatory Training & Appraisal – Back on Track <p>Spotlight topic</p> <ol style="list-style-type: none"> 8. Workforce Race Equality Standard and Workforce Disability Equality Standard <p>Governance</p> <ol style="list-style-type: none"> 9. Workforce Board report 10. Risk Register 11. Matters for Escalation 12. Assurance Framework 13. Workforce policies 14. HMRC update 15. Industrial Action update
Legal Implications / Regulatory requirements /	<p>NHSI, Equality Act, CQC</p> <p>Strategic Objective 1 - Attract, value and develop the best people to deliver</p>

Strategic objectives and Board Assurance Framework	outstanding care in an environment where people can THRIVE
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LOOKING AFTER OUR PEOPLE

1. Staff Wellbeing & Staff Engagement

A general update was provided which included the following:

- October is menopause month and the 18th October is National Menopause day. Both sites will have a stand which will have useful information for staff to access and take away with them. A Working Group has been set up and a menopause policy has been drafted which is due to go out for further consultation.
- Peer Listeners – recruitment continues at both sites.
- Financial support - information is being communicated to staff and a Working Group has been set up to discuss what can be done to support staff with the cost of living pressures. CiC will have stands on both sites over the coming weeks.
- The Winter staff engagement event is scheduled to take place during the first 2 weeks of December.
- Take HeART – the team continue to provide artwork across both sites.
- Staff Experiences – Rachel Chater, Clinical Psychologist, is meeting with members of staff who are regularly moved to different wards to gauge their experiences and thoughts as to how they feel and how they fit in with these teams owing to their relocation.
- Flu Vaccine Campaign is underway
- COVID Vaccine – on site clinics should start on site in the next couple of weeks however the vaccine is widely available in the community should staff wish to get their vaccination sooner.

2. Freedom to Speak Up (FTSU) Guardian report

There had been a lot of activity since the last report. This included an issue with patient transport which has now been resolved. Other areas of concern highlighted include matters around staff safety, HR policies and how they are affecting staff and concerns about the behaviour and attitudes of some managers. The FTSUG were invited to speak with CQC during their visit in August. The team have also had meetings with junior doctors and the guardian for safer working hours and these conversations are proving positive.

3. Culture and OD Progress report

Long Service recognition - During the Summer the first Bedfordshire Hospitals long service awards took place to capture those staff who had achieved 25, 30 and 40 years' service and were not recognised owing to the pandemic. The team are currently working on the distribution of 10 and 15 years badges, this covers approximately 2,500 staff members and Fiona MacDonald will be liaising with the executive and non-executive team for assistance in handing these out.

BELONGING IN THE NHS

4. Staff Networks

The **BAME network** update was presented by Zahra Gad

Black History Month – This event takes place in October and the theme is “time for change and not words”.

Sickle Cell – The team continue to raise awareness of Sickle Cell. They are hosting stands at both sites and raffle tickets will be sold with the proceeds going towards the purchase of I-pads for young people with Sickle Cell who are admitted to hospital. On Monday 31 October (12:30pm – 13:30) the working group has organized a lived experience event entitled “Living and Working with Sickle Cell” and are looking at a number of other initiatives. Two prominent speakers have been invited, to present their experiences.

The **LGBTQ+ and the Disability and Allies Networks** will present their updates at the next Committee meeting.

GROWING FOR THE FUTURE

5. GMC survey

Each year the GMC carries out a survey and the results are received in July. At the moment the survey is separate for the two sites but it is hoped that this will be merged into one in the near future. Once the results of the survey are received an action plan is put in place. The GMC has requested an oversight from the Board and Workforce Committee to ensure everyone is aware of the process. The Trust has recently been notified that the GMC has removed the monitoring of our Foundation Trust, the Medical Director gave special thanks to Dr Nisha Nathwani, Director of Medical Education for her hard work in achieving this. Improvement in Bedford Maternity which was the best O&G report in the region was also highlighted.

6. Nursing Midwifery Self-Assessment Tool

In 2021 NHSE developed a tool for all organisations to use, in-house, to review recruitment and retention for nurses and midwives. The guidance has been updated and there is now a requirement to report externally to the ICB. In light of this a high level review was undertaken and this was discussed at the Committee. It will be submitted to the CQC on Friday, 14 October 2022.

NEW WAYS OF WORKING AND DELIVERING CARE

7. Mandatory Training and Appraisal Trajectory

The committee received a progress update following the launch of the new project which aims to bring training and appraisal compliance back on track over the next six months following a deterioration of compliance over the pandemic. The “Back on Track” project was launched on 25th July 2022 to support staff and managers to achieve compliance levels.

The Committee were assured that progress is being made and compliance rates are improving for both mandatory training and appraisal rates.

SPOTLIGHT TOPICS

8. WRES & WDES

The Slides were taken as read. The action plan is due to be submitted and published at the end of October 2022.

Due to the time constraints of the meeting the Chair suggested this subject should be taken forward to one of the Deep Dive meetings so that appropriate time could be given to this subject.

GOVERNANCE

9. Workforce Trust Board report

The report provided to the Committee is for August as the team are currently working on the data from September.

Highlights – Vacancy rates were down to 10.87% overall, with an improvement in turnover which is 15.97%, sickness is down to 4.36% and training and appraisals are improving month on month. Sickness has increased COVID is the main reason

The September data may show an increase in sickness owing to the increase in COVID cases. JM and Tim Hughes (Finance) and his team are currently working on creating a dashboard which will be similar to the workforce report but will provide much more detail, it is hoped to be able to showcase this dashboard at the next meeting in January 2023.

10. Risk Register

The committee reviewed the risk register and agreed that the appropriate risks were on the register and the risk scores remained unchanged.

11. Matters for Escalation

Two areas were identified to be added to the Risk Register:

- Challenges regarding the integration of Pathology.
- Industrial Action – to be added as a Board level risk
-

12. Workforce policies

Anne Buck, Associate Director of HR updated the committee about the harmonisation of key workforce policies

Any other Business

There were three items as follows:

People Plan checklist update

The Director of Culture and OD reminded the Committee that the checklist had been presented at a previous meeting. A recent review had been undertaken of the actions on the checklist and as they are all now complete it was agreed to close this point.

Industrial Action

A high level update was provided. A number of Unions are in the process of balloting their members with a view to taking industrial action. Plans are being developed to set out the various actions that the trust need to consider if industrial action should take place.

HMRC

The Trust continues to provide support to affected staff. Support networks are in place to ensure that staff are signposted to the right people.

Board of Directors

Wednesday 2 November 2022

Report title:	Audit and Risk Committee Report	Agenda item: 13
Non-Executive Director(s):	Steve Hone, NED	
Report Author	Matthew Gibbons, DoF	
Action <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	The Board is asked to note the report for assurance.	

Report summary	<p>The report gives an overview of the matters addressed at the Audit and Risk Committee that took place on the 19 October 2022 including the following:</p> <ul style="list-style-type: none"> • External Audit • Internal Audit – Progress Report • Counter Fraud – Progress Report • Assurance Reports • Freedom to Speak Up
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>Corporate Governance NHS Improvement</p>
Jargon Buster	

AUDIT AND RISK COMMITTEE REPORT

TO BOARD OF DIRECTORS

1. Introduction

This report updates the Board of Directors regarding the matters discussed at the Audit and Risk Committee on the 19 October 2022.

2. External Audit

The Committee received the Auditors Annual Report, Final Audit Completion Report and Audit Completion Certificate.

It was noted that the Trust had been given a clean opinion.

The Committee formally approved the documents received together with the Annual Accounts and Annual Report which could now be laid before Parliament.

3. Internal Audit

The Committee received the Final RSM Annual Internal Audit Report for completeness and this was able to be finally approved now that the External Audit work had concluded. It was noted that there were no changes to the draft report previously reviewed by the Committee in June. The Committee approved the report.

The Committee received RSM's Progress Reports and it was noted that all work was progressing in line with plan. The following final reports were received:

- Data Quality 21/22 – this was a positive 'reasonable assurance' report. With 1 low and 2 medium improvement actions agreed with management.
- Data Security and Protection Toolkit 21/22 – this was an advisory audit with 5 low actions, 13 medium actions and 3 high improvement actions agreed with management.
- Waiting List Management 22/23 – this was a positive 'reasonable assurance' report. With 2 low and 2 medium improvement actions agreed with management.
- Risk Management 22/23 – this was a positive 'reasonable assurance' report. With 6 low and 2 medium improvement actions agreed with management.

The Head of Internal Audit informed the Committee that there were no outstanding internal audit actions awaiting implementation which was noted to be a commendable position.

4. Counter Fraud

RSM presented their progress reports to the Committee and it was noted that all work was progressing in line with plan.

The Counter Fraud Functional Standard Return had concluded with a green rating for the Trust for the previous year, there were some management actions arising in relation to the return and these would be monitored by the Committee.

The Fraud and Bribery Risk Assessment had been completed and signed off by the Director of Finance resulting in an amber rating for the Trust. It was noted that in order to achieve a green rating the Trust would need to prove that an entire year had been spent reviewing the identified areas. Due to the timing of receipt of the document it had not been possible to review it over a whole year so it was expected that the Trust would move to a green rating the following year.

5. Assurance Reports

The Committee reviewed the Risk Register and Board Assurance Framework and received assurance on the process. The Committee agreed the risk scorings as presented.

6. Freedom to Speak UP

The Freedom to Speak Up Guardian attended the Committee to provide assurance over the processes and controls in place for 'Speaking Up'

It was noted that the Guardians work closely with OD colleagues to triangulate reports and listening events are undertaken if it is felt that they are required.

Board of Directors

Wednesday 2 November 2022

Report title:	Sustainability Committee Report	Agenda item: 14
Executive Director(s):	Simon Linnett, Chair	
Report Author	Bharathi Brown	
Action <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	To note the contents of the report for assurance	

Report summary	<p>Key points to note for the Board from the meetings held on the 17th August and 12th October 2022. Main items discussed in the meetings were;</p> <ul style="list-style-type: none"> • Travel and Transport • Digital Transformation • Product re-use/recycle • Assurance Framework review • Car Parking • Nitrous Oxide • Review of Term of Reference • The Green Plan Update
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	NHSI Net Zero
Jargon Buster	ICS – Integrated Care System

SUSTAINABILITY COMMITTEE REPORT

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Sustainability Committee meetings held on the 17th August and 12th October 2022. The Committee received a progress update report, outlining progress made on Travel and Transport, Digital Transformation, Product re-use/recycle, Assurance framework review, Car Parking, some green plan update and Nitrous Oxide. The Committee also reviewed the Term of Reference and there were no changes made.

2. Updates

2.1. *Travel and Transport*

The results of the travel survey were presented to the committee. Among the 1,994 respondents, 1631 were staff. The analysis of the travel survey showed,

- 77.8% of staff travel via private car (including passengers). 2.1% use electric cars and 1.1% use hybrid cars although 50% would like to own an electric car. There are some opportunities to put some parking charging points around Luton.
- 9.3% walking
- 5.5% catching a public bus and
- 4% travelling via pedal bicycle.

It was felt that with the current economic situation, it would not be the right timing to bring car parking charges back for staff.

There is ongoing work with the travel companies to provide the NHS staff with discounted tickets.

2.2. *Digital Transformation*

Digitalisation, such as less paper usage in the workplace, to have video or telephone consultation will help to reduce carbon emissions.

There is a project on removing all individual printers in areas where there is a departmental printer available. This will encourage people to only print what is needed. There is a direct correlation between printing and individual printers in the room.

2.3. *Product re-use/recycle*

The sustainability team is working on reusing/ recycling products. There is an initiative on walking aids recycling with Millbrook where users can collect and drop off their walking aids for reuse by other patients. There is still a lot of work to be done

on this project such as find a collection spot, working the costs with Millbrook, identifying somebody to go through the returned walking aids, storage space etc.

Bedford uses the old fashion curtains whereas Luton uses the disposable ones that are very expensive. Facilities and sustainability teams will be with the infection prevention department to see if Luton can use the same curtains as Bedford as it would be more economical and sustainable to do so.

2.4. Assurance Framework review

Covid is no longer the biggest risk for the Trust to be a sustainable exemplar. Currently, the economic financial situation seems to become the biggest risk. Some more work need to be done to understand other big risks that will impact on the Trust to become an exemplar.

2.5. Car Parking

At the moment, the Trust have two different car parking policies for both sites. Both policies need to be brought together to form one cross site policy.

There would be more discussion to be had on whether to bring back car parking charges for staff but with the current economic climate, it is unlikely the car parking charges for staff will be re-introduced.

2.6. Nitrous Oxide

Luton has completely stopped using desflurane and Bedford has significantly reduced their use to 2.9% which is significantly lower than the target of 10%. The Trust is now meeting this Green plan target for the use of desflurane.

Redevelopment have received the quotes from Kier for the emission of the copper of the nitrous to theatres and also for the installation of the anaesthetic gas scavenging unit in every room that uses entonox. The baseline quote for installing the anaesthetic gas scavenging unit cost £280k, the cost of the Central Destruction Unit (CDU) is about £300k, the omission of the copper to the theatres will save up to £30k. The thinking is actually to keep that copper in and maybe we can make use of it for another type of anaesthetic gas in the future for the sake of saving £30k. The option for the Mobile Destruction Unit (MDU) is a better option as it could cater for 50 – 60 rooms but we will need quite a lot MDUs. The committee agreed that the decision is how to deliver this rather than whether we are going deliver this solution.

2.7. The Term of Reference

The sustainability Committee reviewed the Term of Reference and approved as accurate, as it still reflects what it was set out deliver.

The Sustainability Committee agreed to invite the Associate Director of Sustainability of BLMK ICB in the next meeting to share some system workings and views.

2.8. *The Green Plan Update*

The centralised bin project in Bedford has proved to be very successful and is being mirrored in Luton.

The sustainable team is working on reducing food waste on both sites. Currently, at Bedford, the waste is around four tons on a monthly average in Bedford and five tons in Luton.

The e-bike project is still ongoing and looking at some security aspects on how to lock the bikes safely.

Board of Directors

Wednesday 2nd November 2022

Report title:	Summary update of Digital Strategy Committee	Agenda item: 15
Non-Executive Director(s):	Simon Barton, Non-Executive Director Chair	
Report Author	Josh Chandler, CDTO	
Action (tick one box only)	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Recommendation		

Report summary	<p>Update to Board from Digital Strategy Committee held on Wednesday April 6th via Teams.</p> <p>Agenda:</p> <ul style="list-style-type: none"> Digital Strategy <p>The updated Digital Strategy was presented, discussed, and approved. It was noted that this strategy sets a course for an ambitious digitally enabled future but also focused on the day-to-day constraints that exist within the Trust that need to be addressed. The strategy focuses on the four key themes:</p> <ol style="list-style-type: none"> 1. Sharing Information 2. Electronic Patient Record 3. Clinical, Diagnostic, and Corporate Integration 4. Digital Technology <ul style="list-style-type: none"> Data Security Protection Toolkit (DSPT) Update <p>A Data Security Protection Toolkit report was presented confirming the trust is currently maintaining “Approaching Standards” due to tight compliance deadlines and training. Current projections indicate July 2023 could be the earliest date to be considered as “Standards Met”.</p> <p>The Trust needs to meet 90% compliance on Information Governance training. Steps are being taken to encourage uptake including regular communications, and more recently pay step reviews that require 100% compliance for all mandatory training.</p> <ul style="list-style-type: none"> Cyber Security update <p>The committee was presented with an update on the cyber security</p>
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	<p>status of the Trust, this included a high threat warning in relation to the situation with Russia and Ukraine, and the issues faced with NHS111 following the attack on Advance.</p> <p>Assurance was also provided relating to password security within the Trust, this illustrated an improving picture of password security following recent changes to network password complexity requirements. This will continue to be monitored and reported to ensure the improvements continue.</p> <ul style="list-style-type: none"> • Portfolio Projects Update <p>EPR Programme</p> <p>Summary provided of key achievements since April 2022:</p> <ul style="list-style-type: none"> • NerveCentre Electronic Prescribing and Medicines Administration (EPMA) Luton wide go-live May 2022 • NerveCentre Business Continuity App full deployment at Luton May 2022 • NerveCentre Alerts & Escalations Luton go-live (NEWS2, AKI, Sepsis) Sept 22 • Implementation of NC e-Obs ED Paeds (POPS) Sept 2022 • NC e-Takelist Luton rollout to Gen Surgery, ENT & T&O Sept 2022 • Development and sign-off of EPR Levelling Up Business Case and programme initiation <p>Deliverables for Q1 and Q2 2022/23:</p> <ul style="list-style-type: none"> • Delivery of the new Joint Master Patient Index (MPI) • Initiation of EPR Levelling Up Programme, development of team structure and governance arrangements • Nervecentre v7.2 Upgrade • Rollout of Nervecentre Core Functionality to Bedford, to include <ul style="list-style-type: none"> • E-Obs • Handover • Alerts & Escalations • Bed Management • Hospital at Night <p>Digital Solutions Programme</p> <p>Summary provided of key achievements since April 2022:</p> <ul style="list-style-type: none"> • Medicode Clinical Coding (Bedford) • Theatres Emergency List (Bedford) • Resumed BigHand Upgrade Bedford after Options Appraisal • Initiated the Docman Electronic Letters project, planning to implement in A&E first before moving onto inpatients and outpatients • Initiated the Infoflex Upgrade project to enable Remote Monitoring for Cancer Patients
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	<p>Deliverables for Q1 and Q2 2022/23:</p> <ul style="list-style-type: none"> • Networked Respiratory Devices Cross-Site – Close project • Medicode Cross-site – Complete historic data upload in October before closing project • Theatres Emergency List Cross-Site – Identify go-live date for L&D • BigHand Upgrade Bedford – Re-baselining project after further funding approved • Ophthalmology EPR L&D – User acceptance testing for demographics and appointments feed, go-live planning • IBM AI Cross-site - Comms video, comms plan, data for Natural Language Processing, schedule work with Civica <p>ePortal /ShCR Programme</p> <p>Summary provided of key achievements since April 2022:</p> <ul style="list-style-type: none"> • Mental Health Data is now available in the Clinical Portal • Pathology blood sciences orders and results in the clinical portal • Information Governance approval on the sharing agreements across the region with partners <p>Deliverables for Q1 and Q2 2022/23:</p> <ul style="list-style-type: none"> • Implementing the Integration of East of England Ambulance service • Implementing the Integration of Community services in the clinical portal (phase 1) • Complete testing for Bedford systems/integrations and GO Live in Q4 • Further disciplines to go live from pathology (blood transfusion + cell path) • Seek approval for work packages for Luton Council & HWE integrations • Connectivity to MK hospital • Connectivity to Bedford borough council • Connectivity to Central beds council <p>Technology Programme</p> <p>Summary provided of key achievements since April 2022:</p> <ul style="list-style-type: none"> • Initiation of like-for-like wireless access points deployment at Luton • Resolution of a number of O365 Exchange Online issues <p>Deliverables for Q1 and Q2 2022/23:</p> <ul style="list-style-type: none"> • Completion of all like-for-like wireless access points at Luton • Support the delivery of Redevelopment Projects & Workstreams (I.e. ED Expansion Phase 4a, HV Substation, Primary Care Hub and other upcoming projects) • Continue to migrate on-premises email accounts to Exchange Online and move users across to one single email address
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	<p>(@BEDSFT.NHS.UK)</p> <ul style="list-style-type: none"> Complete all internal Wi-Fi surveys at Luton <p>Digital Merger Programme</p> <p>Summary provided of key achievements since April 2022:</p> <ul style="list-style-type: none"> PACs tendering process down to two suppliers; awarding contract and implementation the next stage Datix replacement progressed at pace; InPhase chosen as supplier with go live planned for October 22 Pathology Labelling project re-started after being hold with workaround agreed with suppliers and Trust Blood360 EMPI workaround agreed <p>Deliverables for Q1 and Q2 2022/23:</p> <ul style="list-style-type: none"> Go live of InPhase (Oct 22) replacement of Datix Awarding contract for PACs and implementation Diamond upgrade scheduled Ongoing work on Endoscopy management system replacement specification and confirmation of funding Ongoing work with LIMs upgrade and Digital Cellular Pathology go live Workaround for ICNet (EPMI delay issue) Occupational Health tender specification completion EDRMS site visit and initial project launch discussions Healthcare Communications rollout to Bedford Site (Phase 4); contractual discussions have started
<p>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</p>	

Board of Directors

Wednesday 2nd November 2022

Report title:	Risk Register	Agenda item: 16
Executive Director(s):	All Executives	
Report Author	Victoria Parsons, Associate Director of Corporate Governance	
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	Note the activity on the risk register and approve the new risks.	

Report summary	<p>This report is to update the Board on governance reviews of the Board Level Risk Register and new risks.</p> <p>There have been reviews of the risks on the risk register at the following meetings:</p> <ul style="list-style-type: none"> • Executive Board 26th July 2022 • Public Board 27th July 2022 • Quality Committee 3rd August 2022, 28th September 2022 and 26th October 2022 • Finance, Investment and Performance Committee 22nd June 2022 and 28th September 2022 • Workforce Committee 12th October 2022 <p>New risks have been reviewed and are recommended for approval by the Board:</p> <ul style="list-style-type: none"> • 1716 – Legionella control and water quality (medium) • 2735 – Patient Safety Incident Response Framework implementation (high) • 1839 – Duty of Candour (high) • 1890 – Fraud and Bribery (low) • 2249 – Risk adjusted mortality (medium) • 2376 – Unreliability of CTG machines (high) <p>Emerging Board Level risks security swipe access, recruitment of administration staff</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>NHS I – Trust Governance Framework</p> <p>CQC – All regulations and outcomes</p> <p>MHRA</p> <p>All Objectives</p>
Jargon Buster	<p>MHRA – Medicines and Healthcare Products Regulatory Authority</p> <p>Datix – Incident Reporting system used to report risks</p> <p>Nosocomial – Location acquired infections</p>

Risk Register Governance

The Risk Register is reviewed by the Sub-Committees of the Board in line with their terms of reference.

Each committee reviews the risks assigned as Board Level and ensures that the content is updated.

As part of the integration programme, the Datix system will be integrated into one system.

Board of Directors Review

Board reviewed high board level risks on the 4th May 2022:

Risk ref	Risk Description	Agreed conclusion
1672	Ultrasound scanning	Maintain risk
1431	Fractured Neck of Femur	Maintain risk
1423	Mandatory Training	Maintain risk
1211	Backlog Maintenance	Maintain risk
650	Bed pressures	Maintain risk
1509	Staff Health and Wellbeing	Maintain risk
669	Appraisal Rate	Maintain risk
1433	Ligature Points	Maintain risk
1200	Cyber Security	Maintain risk
1629	Nosocomial Infections	Maintain risk
1595	Maternity Services Bedford Reputation Risk	Maintain risk
1596	Maternity Services Bedford Patient Safety Risk	Maintain risk
1703	Increased demand for mental health care	Maintain risk
1704	Maternity Pressures	Maintain risk
1705	Diagnostic capacity	Maintain risk
1592	Patient Harm due to COVID delays	Maintain risk
1652	ED Blue Light transfers to other hospitals	Maintain risk
1639	Outpatient Clinic Room availability and capacity	Maintain risk
1776	Disjointed Outpatient Administration	Maintain risk
1738	Maternity Safeguarding	Maintain risk
1631	Clinical Correspondence	Maintain risk
1711	Echocardiography backlog	Maintain risk
906	Medicine Shortages	Maintain risk
1735	2022/2023 Financial Target	Maintain risk
1736	System wide finance target	Maintain risk

The Board noted the new risks and the emerging risks were noted and discussed.

Quality Committee (QC)

- QC reviewed clinical and performance board level risks on 3rd August, 28th September and 26th October 2022

Risk ref	Risk Description	Agreed conclusion
1595	Maternity at Bedford reputation	Maintain risk
1628	Nosocomial Infections	Maintain risk
650	Bed pressures	Maintain risk

Risk ref	Risk Description	Agreed conclusion
1958	Maternity at Bedford patient safety	Maintain risk
1433	Ligature Points	Maintain risk
796	Patient Experience	Maintain risk
1757	104 week waits	Close risk
1422	CQC Infection Control Practices	Maintain risk
1431	Fractured Neck of Femur	Close risk
1018	HSMR	Close risk
1592	Patient Harm due to COVID delays	Maintain risk
640	Business Continuity	Maintain risk
796	Patient Experience	Maintain risk
906/ 2832	Pharmacy supplies	Maintain risk
1652	ED Blue Light transfers to other hospitals	Maintain risk
1639	Outpatient Clinic Room availability and capacity	Maintain risk
1703	Increased demand for mental health care	Maintain risk
1704	Maternity Pressures	Maintain risk
1705	Diagnostic capacity	Maintain risk

Emerging risks – Litigation post COVID

Workforce Committee Review

Reviewed board level risks on the 12th October 2022:

Risk ref	Risk Description	Agreed conclusion
1210	Vacancy	Maintain risk
1166	Redevelopment models of care and workforce	Maintain risk
1423	CQC Regulatory Action - Mandatory Training -	Maintain risk
669	Appraisal	Maintain risk
1509	Staff Well Being	Maintain risk
1754	Turnover	Maintain risk

Emerging risks – Impact of any Industrial Action

FIP Committee Review

Reviewed board level risks on the 28th September 2022.

Risk ref	Risk Description	Agreed conclusion
1211	Backlog Maintenance	Maintain risk
1734	Investments made without knowing payment is confirmed	Maintain risk
1735	2022/2023 Financial Target	Close risk
1736	System wide finance target	Maintain risk
890	Lack of Medical Equipment rolling replacement programme	Maintain risk.
1759	Capital spend/CDEL risk	Maintain risk.

Emerging risks on the maternity CNST achievement (not considered financially material) and the pay inflation and any strike action.

Executive Board Review

The Executive Board reviewed all Board Level Risks on the 25th October 2022.

No amendments were made to the risks but a number of emerging risks were noted:

Risk Review

Risks from both sites were reviewed and approved between 21st July 2022 and 26th October 2022. The below were allocated as Board Level:

- 1716 – Legionella control and water quality (medium)
- 2735 – Patient Safety Incident Response Framework implementation (high)
- 1839 – Duty of Candour (high)
- 1890 – Fraud and Bribery (low)
- 2249 – Risk adjusted mortality (medium)
- 2376 – Unreliability of CTG machines (high)

Emerging Board Level risks security swipe access, recruitment of administration staff

Risks were closed – the below at Board level:

- 1757 – 104 week waits – achieved – review 78 week wait
- 1018 – HSMR – replaced by Risk Adjusted Mortality
- 1735 – 2022/2023 Financial Target – new risk for 2023/24 to be added

Board of Directors

Wednesday 2nd November 2022

Report title:	Corporate Governance Report	Agenda item 17
Executive Director(s):	Executive Directors	
Report Author	Donna Burnett – Trust Board Secretary	
Action <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	The Board to note the changes to the Council of Governors and the engagement activities undertaken.	

Report summary	<p>The report details updates on the following issues:</p> <ul style="list-style-type: none"> • Council of Governors • Membership Update • Use of the Trust Seal • Terms of Reference for Ratification: <ul style="list-style-type: none"> ○ Charitable Funds Committee ○ Sustainability Committee
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>NHS Provider Licence NHS Improvement Code of Governance NHSI/E national guidance April 2020</p>
Jargon Buster	<p>Seal – use of the official Trust logo on contract documents authorised by two Executive Directors</p>

1. Council of Governors

Current Composition of the Council of Governors:

Bedfordshire Hospitals NHS Foundation Trust currently has 39 governors with no vacancies following the most recent elections.

Our Council of Governors is composed of:

- 8 public Governors for the Luton constituency
- 6 public Governors for the Central Bedfordshire constituency
- 2 public Governors for Hertfordshire constituency
- 5 public Governors for Bedford Borough constituency and Surrounding Counties
- 13 elected Staff Governors
- 5 Appointed Governors

We are delighted to welcome Dr Alice Mortlock, (Director of Strategy and Operations, Office of the Vice Provost Health) as appointed governor for the University College London (UCL) to our Council of Governors. Alice is currently playing a major role in developing the UCL Healthcare Strategy.

Council of Governor Elections 2022 :

The Council of Governor Elections took place between June - August 2022 with the following results: We welcome both new and returning governors to the Council of Governors.

Public Luton Constituency:

Mr Sean Driscoll was re-elected for a further 3 year term to September 2025

Mr David Allen - 3 year term to September 2025

Ms Cheryl Sinclair-Day - 3 year term to September 2025

Mr Vinod Tailor – 3 year term to September 2025

Mrs Imran Aziz - 3 year term to September 2025

Staff: Nursing & Midwifery (L&D site)

Mrs Sharon Sundersingh – 3 year term to September 2025

Staff: Professional & Technical (L&D site):

Mr Selva Loganathan – 3 year term to September 2025

Staff: Non-Clinical: Admin, Clerical, Managers, Ancillary & Maintenance (L&D site)

Mr Malik Farooq was re-elected for a further 3 year term to September 2025.

However, due to his resignation with the Trust this post has now become vacant which will be offered to the candidate who had received the second highest vote.

Staff: Non-Clinical: Admin, Clerical, Managers, Ancillary & Maintenance (Bedford site)

Mr Ravi Mahay – 3 year term to September 2025

The Governor Induction for the new governors was held on the 18 October. They will be attending the virtual 'Core skills' training, which is delivered by NHS Providers, on the 7 December and 1 February. They will also meet the Chair of the Trust on a one-on-one.

Council of Governors Leaving :

We thank the outgoing governors whose term ended in September 2022:

- ✓ Pam Brown – Deputy Lead and Public Governor for Luton
- ✓ Marie-France Capon - Public Governor for Luton
- ✓ Malcolm Lea - Public Governor for Luton
- ✓ Matthew Borg – Staff Governor, Nursing & Midwifery (L&D site)
- ✓ Sunny Patel – Staff Governor, Prof & Technical (L&D site)

The following governors resigned:

- ✓ Brian Herbert – Public Governor for Luton resigned on 2nd August 2022 from the Council of Governors.
- ✓ Malik Farooq – Staff Governor's term ended on 28 October 2022 due to resignation from the Trust.

Governors on Sub-Committees and Working Groups :

Following the recent elections, a review of the membership of the Council of Governors sub-committees and governor working groups will be undertaken.

Appointment of Lead Governor :

Pam Brown stepped down from her role as the Deputy Lead Governor at the end of her term on 23 Sep 2022.

Helen Lucas, Public Governor for Hertfordshire, was re-elected uncontested to the role of Lead Governor for another two year period.

Council of Governors Remuneration and Nomination Committee :

The Council of Governor's Remuneration and Nomination Committee has re-commenced the process of recruitment for a new Chair for the Trust. It is expected that an appointment will be made by December 2022 to ensure a smooth handover process with the current Chair, Simon Linnett, whose term will end in March 2023.

2. Governors and Members Engagement

Membership Strategy :

The Council of Governors approved on the 24 August the **Interim Membership Strategy** that was proposed by the Membership & Communication Committee of the CoG.

Ambassador Magazine :

The second **Ambassador Magazine** for this year was issued to FT members in August 2023. The next issues will be published in spring 2023.

Annual Members Meeting:

The **Annual Members Meeting** was held for Foundation Trust Members on the 23 Sep 2022 at Addison Centre at Bedford. Aprox 140 members were present. Following the meeting questionnaire was completed by members and majority responded positively to questions relating to the presentation, topics covered, venue, catering, Q&A session etc.

Public/Member Engagement Event – Medical Lecture

There was a great turnout at the medical lecture held in October at the Luton 6th Form College. The focus of the lecture was on Ophthalmology, hosted by Aires Lobo, Jason Chan, Paula Piper, Masara Laginaf and Jose Maya. Aprox 170 members of the public

including staff attended this popular health event. The next membership event will take place in spring 2023.

3. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
2/8/22	200	Design and Build Contract 2016 Edition – Bedford Hospital Modular Office fit out between JCT and the Trust	
26/10/22	201	Formal notice for the Surgical Unit Retail Unit on the Ground Floor of the surgical block	

4. Terms of Reference requiring Board ratification

Charitable Funds Committee (appendix 1)
Sustainability Committee (appendix 2)

**TERMS OF REFERENCE FOR THE BEDFORDSHIRE HOSPITALS NHS
CHARITY, 1058704**

Status:	Sub-committee of the Board of Directors
Chair:	Board Nominated Chair If the Board Nominated Chair is unavailable, the meeting will be chaired by another Non-Executive Trustee Representative'
Membership:	<p>The Bedfordshire Hospitals NHS Foundation Trust is the Corporate Trustee of the Charitable Funds. The NHS Foundation Trust Board devolves responsibility for the on-going management of funds to the Charitable Funds Committee (CFC) which administers the funds on behalf of the Corporate Trustee.</p> <p>Four Non-Executive Directors and four Executive Directors serve as agents to the Corporate Trustee by being members of the Charitable Funds Committee.</p>
In Attendance:	Finance representative Charity representative Board Secretary (as required) Representative from Investment Advisors (as required) Representative from Bedford Hospital Charity and Friends
Meeting Frequency:	Meetings shall be held not less than 4 times a year.
Meeting Management:	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
Extent of Delegation:	The Charitable Funds Committee is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.

Following the merger of the two charities into The Bedfordshire Hospitals NHS Charity on 1st April 2022 under the Charity Commission register The Trustee has agreed to adopt a standard level of delegated authorities for expenditure from charitable funds, both designated and restricted, which are shown below for both Charities:

Designated and Restricted Funds

Charitable Funds Committee	Over £25,000
Fund Holder/ Fund Authorised Signatory (with oversight by Charity Team)	£5,000 to £25,000
Fund Holder/ Fund Authorised Signatory	Up to £5,000

General Fund

Charitable Funds Committee	All Expenditure*
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* For critical issues arising between planned meetings the Board nominated Chair/ Non-Executive Trustee Representative/ Director of Finance can on an exceptional basis approve bids up to £25,000 with retrospective reporting to the Charitable Funds Committee.

Authority and Chairs Action:

The Board Nominated Chair OR another Non-Executive Trustee Representative' is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of the Charitable Fund up to a threshold of £25k. Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate meeting. In the Chair's absence, the Director of Finance along with another Trustee Representative of the CFC can approve bids upto the threshold of £25k from either Charity.

Quorum:

3 Non-Executive Directors and 2 Executive Directors

Accountability:

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Reporting:

The minutes of the Charitable Funds Committee meetings shall be formally recorded.

A report shall be made following each Charitable Funds Committee meeting to the next Board of Directors meeting on issues which need to be considered by the Board of Directors. The report shall give details of the action or improvement that is needed for the Board of Directors to approve.

Objectives:

The committee will ensure effective internal control including the management of the Charitable Trust's activities in accordance with laws and regulations, and the establishment and maintenance of controls designed to give reasonable assurance that assets are safeguarded, waste and inefficiency avoided, reliable information produced and

that value for money is continuously sought.

- To manage the affairs of the charitable funds within the terms of the declaration of Trust and appropriate legislation and ensure statutory compliance with the Charity Commission regulations - including annual reporting to the Charity Commission. In the initial merger year it is accepted that this will be a report per Charity and each charity audited separately until charity accounts and status has been assimilated under Charity Commission guidance.
- To act on behalf of the Trust in satisfying the duties and responsibilities of trustees in managing the funds.
- To ensure funding decisions are appropriate, consistent with the hospital's objectives and provide added value and benefit to the patients and staff of the Trust, above those afforded by the Exchequer funds.
- To approve the Annual Report and Accounts.
- To set investment objectives to be followed by the investment fund manager and monitor the investment performance of the funds.
- To review and monitor the activities of the Charities and receive regular reports on the performance of charitable fundraising activities.
- To ensure the implementation and adherence to appropriate, procedures and policies which ensure that accounting systems are robust, donations received and coded as instructed and that all expenditure is reasonable and clinically and ethically appropriate.
- The Committee may invite specialists to provide information or advice as required.
- To respond to the recommendations made in papers submitted to the Committee.

**Members
Responsibilities:**

1. Individual members are expected to act as champions of the Charitable Fund within the Trust and wider health community. Members are empowered to discuss issues with interested Parties outside of the meeting, subject to any confidential information shared.
2. Individual members are expected to act in the interests of the Charitable Trust not necessarily in the interests of the Board.
3. To set targets and agree control systems to ensure delivery of the stated objectives.
4. To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed.

Workplan:**Each meeting:**

- Update report from Charity Team
- Submitted bids to the Charitable Funds Committee
- Update report from Investment Advisors (as required)
- General Fund(s) report including review of successful bids implementation (as required)

Annually:

- Annual Report(s) & Accounts
- External Audit report(s)
- Overview of the Activities for the year
- Dormant Fund Review
- Terms of Reference Review
- Post investment review of the General Fund(s) commitments

The Bedfordshire Hospitals NHS Charity, Registered Charity: 1058704

Agreed 19^h September 2022

TERMS OF REFERENCE

SUSTAINABILITY COMMITTEE

Status:	Sub-committee of the Board of Directors
Chair:	Trust Chair
Membership:	Two Non-Executive Directors (including the chair) Chief Executive Director of Finance Director of Estates & Facilities Senior Programme Manager- Site Redevelopment
In Attendance:	Sustainability Manager Associate Director of Corporate Governance Professional Advisors Programme Support Office
Meeting Frequency:	Bi-Monthly
Meeting Management:	<p>A standard agenda will be prepared, which can be amended by agreement of the Chair.</p> <p>Agenda and papers will be circulated 5 days before the meeting, unless by exception and agreed in advance with the Chair of the meeting.</p> <p>It is authorised by the Board in order to provide suitable levels of oversight, governance and assurance to deliver the Trust Sustainability Agenda.</p>
Extent of Delegation:	<p>The Sustainability Committee is formal sub-committee of the Board and will comply with the extent of authority and delegation granted.</p> <p>Members of the group should nominate an empowered “delegate” to act on their behalf in the event they are unable to participate. Decisions and positions adopted at a quorate meeting of the Sustainability Steering Group will be binding, regardless of who participated at the decision-making meeting.</p>
Authority and Chair’s Action:	<p>The Sustainability Committee is authorised by the Board of Directors</p> <p>It is authorised to seek information it requires from any employee. All employees are directed to co-operate with any request made by the Sustainability Committee.</p> <p>The Board has delegated its authority to obtain external/ independent legal and other professional advice and secure the attendance of outsiders with relevant experience and expertise at the Sustainability Steering Group if it considers this necessary.</p> <p>The Sustainability Committee is authorised to establish and manage such groups and sub-groups as are agreed and recorded in the minutes and reported on to the Trust Board. In order to provide</p>

suitable levels of oversight, governance and assurance to deliver the full Sustainability Programme, all such groups are to be established with formal ToRs (in a similar format and structure to these) and describing in detail the purpose of the group, its longevity and the extent of authority delegated to each sub-group. Such groups will report to the Change Management Board on a monthly basis and minutes will be kept and made available.

Quorum: Minimum of four members – must include one Non-Executive

Accountability: The Chair of the Sustainability Committee will maintain a direct link to the Trust Board, providing a written report and assurance on:

- Development of the Sustainability Strategy (Green Plan)
- Key risks and issues for the scheme
- Key programme highlight reports
- Monitoring of performance against the Green Plan

Reporting: Sustainability Sub-Groups are to provide written highlight reports on progress against objectives to every Sustainability Steering Group

Decisions and actions arising from the Sustainability Committee shall be formally recorded and submitted to the Board quarterly.

Objectives To lead the development and implementation of the Green Plan which outlines the Trust's aims, objectives and delivery plans for sustainable development.

To monitor subsequent Trust performance against the objectives outlined in the Green Plan

To provide direction and management to the Sustainability Sub-Groups against delegated objectives

To recruit Trust Green Champions who have a personal interest in sustainability

Members' Responsibilities: Individual members are expected to act as champions of the Trust sustainability agenda.

Project within the Trust and wider health community. Members are empowered to discuss sustainability with interested Parties outside of the meeting, subject to any confidential information shared at the Programme Team.

Work Plan

Each meeting

Report on the progress with the action plan
Report from the Sustainability Steering Group
Report from the Green Champions
Report on the Risk Register and Assurance Framework

Annually

Review the Sustainability Strategy
Review the Terms of Reference