



# **Bedfordshire Hospitals**

## **NHS Foundation Trust**

### **Board of Directors**

3 November 2021 - 10:00-12:00

MS Teams

## Meeting Book - Board of Directors

10:00	<b>1 Chairman's Welcome &amp; Note of Apologies</b> Simon Linnett	To note	
10:01	<b>2 Any urgent items of Any Other Business and Declaration of Interest on items on the Agenda and/or the Register of Directors Interests</b> Simon Linnett	To note	
10:02	<b>3 Minutes of the Previous Meeting: Wednesday 4 August 2021</b> Simon Linnett	To approve	
	<i>3.1 3 Minutes of Bedfordshire Hospitals NHS Trust Public Board meeting 4 August 2021 v1.doc</i>		3
10:04	<b>4 Matters Arising (Action Log) (no actions)</b> Simon Linnett	To note	
10:04	<b>5 Chairman's Report (verbal)</b> Simon Linnett	To note	
10:09	<b>6 Executive Board Report</b> David Carter	To note	
	<i>6.1 6 Executive Board Report November 2021.doc</i>		11
	<b>7 Performance Reports</b>	To note	
10:24	7.1 Operational Performance & Quality Governance Cathy/Catherine/Liz/Danielle/Paul	To note	
	<i>7.1.1 7 Performance Reports front sheet.doc</i>		58
	<i>7.1.2 7.1 Q&amp;P report Board Nov 21.pptx</i>		60
10:34	7.2 Finance Matt Gibbons	To note	
	<i>7.2.1 7.2 Finance Report M06 v1.docx</i>		79
10:44	7.3 Workforce Angela Doak	To note	
	<i>7.3.1 7.3 Workforce Report.pptx</i>		99
10:54	<b>8 Quality Committee Reports</b> Annet Gamell	To note	
	<i>8.1 8 Quality Committee Report November Board final.doc</i>		110
10:59	<b>9 Finance, Investment &amp; Performance Committee Reports</b> Ian Mackie	To note	
	<i>9.1 9 FIP Report to Nov 2021 Trust Board v1.docx</i>		115
11:04			

	<b>10 Redevelopment Committee Reports</b> Mark Prior	To note	
	<i>10.1 10 Redevelopment report to Trust Board - 3 November 2021.docx</i>		120
11:09	<b>11 Audit and Risk Committee Reports</b> Steve Hone	To note	
	<i>11.1 11 Audit and Risk Committee Report Oct 21.doc</i>		124
11:14	<b>12 Charitable Funds Committee Reports</b> Simon Linnett	To note	
	<i>12.1 12 CFC Committee Report November 2021.doc</i>		127
11:19	<b>13 Workforce Committee Report</b> Richard Mintern	To note	
	<i>13.1 13 Workforce Report.docx</i>		130
11:24	<b>14 Digital Strategy Committee Report</b> Simon Barton	To note	
	<i>14.1 14 DSC update to public board Nov21.docx</i>		133
11:29	<b>15 Sustainability Committee Reports</b> Simon Linnett	To note	
	<i>15.1 15 Sustainability Committee Report November 2021.doc</i>		136
	15.2 Green Plan	To approve	
	<i>15.2.1 15.1 Green plan Final.docx</i>		139
11:45	<b>16 Risk Register</b> Victoria Parsons	To approve	
	<i>16.1 16 RR November 2021.doc</i>		157
11:55	<b>17 Corporate Governance Report</b> Victoria Parsons	To ratify	
	<i>17.1 17 Corporate Governance Report Nov21.doc</i>		161
	<i>17.2 17b Appendix 1 Sustainability Sub Cttee ToR.docx</i>		165
	<b>18 Details of Next Meeting: Wednesday 2 February 2022, 10:00</b>		

**Board of Directors**

**Wednesday 3 November 2021**

<b>Report title:</b>	Minutes of the Meeting held on: Wednesday 4 August 2021	<b>Agenda item: 3</b>		
<b>Executive Director(s):</b>	David Carter, Chief Executive			
<b>Report Author</b>	Jenny Kelly, Corporate Governance Manager			
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input checked="" type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To note the contents of the report for assurance.			

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

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

**Microsoft Teams Meeting 10.00am-12noon**

**Minutes of the meeting held on Wednesday 4 August 2021**

**Present:** Mr Simon Linnett, Chairman  
Ms Cathy Jones, Deputy CEO  
Ms Angela Doak, Director of Human Resources  
Mr Matthew Gibbons, Director of Finance  
Ms Catherine Thorne, Director of Quality & Safety Governance  
Ms Liz Lees, Chief Nurse  
Mr Paul Tisi, Joint Medical Director  
Mr Steve Hone, Non-Executive Director  
Dr Annet Gamell, Non-Executive Director  
Mr Simon Barton, Non-Executive Director  
Mr Gordon Johns, Non-Executive Director  
Mr Ian Mackie, Non-Executive Director  
Mr Mark Prior, Non-Executive Director

**In attendance:** Ms Fiona MacDonald, Director of Culture  
Ms Victoria Parsons, Associate Director of Corporate Governance  
Ms Gill Lungley, Chief Digital Information Officer  
Ms Donna Burnett, Trust Board Secretary  
Ms Helen Lucas, Public Governor  
Ms Judi Kingham, Public Governor  
Ms Dorothy Ferguson, Public Governor  
Mr Malcolm Lea, Public Governor  
Mr Malcolm Rainbow, Public Governor  
Ms Anne Thevarajan, Membership and Corporate Affairs Manager  
Ms Jenny Kelly, Corporate Governance Manager

**1. CHAIRMAN'S WELCOME, NOTE OF APOLOGIES**

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

Apologies were received from David Carter, Dr Danielle Freedman, Richard Mintern and Pam Bhachu.

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

No items of Any Other Business or Declarations of Interest were raised.

**3. MINUTES OF THE PREVIOUS MEETING: 5 May 2021**

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

#### **4. MATTERS ARISING**

There were no matters arising

#### **5. CHAIRMAN'S REPORT**

The Chairman noted that Amanda Pritchard had been appointed as the Chief Executive of NHS England and expected that her known support of the Integrated Care System (ICS) agenda would continue. The Health and Care Bill was in 2<sup>nd</sup> reading prior to recess. The Bill proposes that ICS's should be put on a clear statutory footing with the creation of Integrated Care Boards. Prevention would continue to be high on the list of ICS priorities.

It was noted that provider collaboratives were strongly encouraged and would be a key component of system working, being one way in which providers work together to plan, deliver and transform services. It is intended that by working together effectively at scale, provider collaboratives will provide opportunities to tackle unwarranted variation, making improvements and delivering the best care for patients and communities. Subject to its passage through Parliament it is expected that the Health and Care Bill will provide new options for trusts to make joint decisions. It was therefore important to fully understand health pathways cross boundaries.

The outcome of the current round of Governor elections would be announced after the polls had closed on Thursday 12 August 2021. The Chairman expressed his gratitude for the hard work undertaken by all Governors.

Redevelopment works were progressing at pace to ensure the hospitals on both sites are better able to deal with modern requirements for healthcare.

#### **6. EXECUTIVE BOARD REPORT**

CJ noted that the majority of the detail contained within the report aligned to the agenda and the report was therefore taken as read. It was noted that significant emergency care pressures were being experienced across both sites but particularly at Bedford with high levels of ambulances and self-presenting patients. It was noted that as a combined Trust performance remained good relatively speaking and the Trust had been able to protect green pathways.

CJ informed the Board that the Trust continued to see rising Covid-19 inpatient numbers following a period of relative stability between May 2021 and the beginning of July. There were 50 inpatients across the two sites cohorted in

Pilgrim Ward and Ward 10. Elective flows were not being impacted but an increase of patients in critical care was putting pressure on the service.

Redevelopment work was progressing well and the new children's emergency department had opened on the Bedford site.

Workforce pressures continued as a result of staff being required to isolate by test and trace. So far the impact had been mitigated with teams being reallocated every day but the issue remained a national concern. National guidance had been issued to allow staff to be brought in from their isolation in collaboration with infection prevention control and risk assessments.

Integration – clinical strategies and transformation work was progressing across the board at pace, albeit with the pressures of recovery and the accelerator programme.

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.

LL informed the Board that spikes in falls and pressure damage coincided with higher numbers of Covid positive inpatients. The falls incidence remained below the RCP national average on both sites and has reduced following each period of increased Covid activity. The majority of falls and pressure damage had resulted in low and no harm and there is a robust process in place to pick up incidents and implement rapid learning.

CT informed the Board that incident reporting rates remained within normal variation with a rising trend. The incident reporting numbers in June showed the highest monthly peak within the 24 month reporting period. A total of 13 events had been declared as serious incidents across both Trust sites during April-June 2021 – 4 for the Bedford site and 9 for the Luton and Dunstable site. Improvement activities were detailed within the report.

PT informed the Board that there had been 6 Covid deaths in June across both hospitals. At Bedford Hospital there had been 52 deaths in June in total which was the fewest deaths in a single month since October 2016. In June there were 74 deaths at the Luton and Dunstable Hospital, the second successive month having very low hospital mortality.

The Learning from Deaths report contained in the Executive Board report was taken as read and it was noted that reporting processes were now unified across both sites and every death is scrutinised by the Medical Examiner to

look for learning and themes which are then triangulated back through the SI process.

SH queried how learning is shared with clinical teams. PT informed the Board that clinical governance seminars take place and internal patient safety alerts are issued if required. CT informed the Board that other systems to share learning were under development and a new post was being recruited to dedicated to sharing learning across clinical teams.

CJ informed the Board that the 62 day position had improved significantly in June and the team had learned from breaches in May for complex pathways. Cancer referrals had increased significantly particularly in Bedford and there had also been growth in urgent referrals. 52 week waits had decreased. Demand at both EDs remained extremely high but the waiting rooms were being managed well.

The Board noted the report.

## **7.2 FINANCE REPORT**

MG advised the Board that the Trust had delivered a surplus of £0.3m year to date against a £0.3m plan. The Trust's pay spend had an £0.4m adverse variance in month, mainly in medical pay. Non-pay overspends of £0.9m were largely offset by Covid testing income of £0.9m. Based on estimated M 1-3 elective recovery fund performance the Trust had recognised £7.1m income within its position. Capital spend was £10.3m against a plan of £83m. The Trust was looking to revisit its capital plan to ensure that it is deliverable in year and within the CDEL limits imposed.

IM noted that the Trust was currently financially where it needed to be but flagged the risk going in to the second half of the financial year regarding the Trusts ability and opportunity to carry its surplus forward in a challenging external environment.

The Board noted the report.

## **7.3 WORKFORCE REPORT**

AD informed the Board that vacancy rates had increased slightly from May to June but the pipeline of overseas nurses was performing well. The overall turnover rate had improved during lockdown but was now showing an increase against the same period for the previous year. Mandatory training rates were improving and there was robust scrutiny of plans in place to maintain momentum. Appraisal rates were more challenging but a new appraisal policy would be implemented to support the improvement plan going forwards.

Training sessions for managers would be delivered and this would be looked at in detail at the Workforce Committee.

It was noted that staff were still working under high levels of pressure and the impact of this on health and wellbeing could not be underestimated. The health and wellbeing agenda remained a high priority and a strategy group had been put in place to lead on this work with Governor representation.

The Board noted the report.

## **8. QUALITY COMMITTEE REPORT**

AG noted that the hospital and its staff had been operating against the backdrop of unprecedented pressure in relation to Covid and the resulting backlog and felt it was important to continually recognise that staff are working under unrelenting pressure. Despite this outcomes remained good and assurance reporting continued to be robust and this was testament to the resilience of the teams.

AG informed the Board that new patient safety alert reporting was being received by the committee and this had been looked in to in depth. A deep dive was being undertaken to look at outcomes and learning for fracture neck of femur patients.

The report was taken as read.

## **9. FINANCE, INVESTMENT & PERFORMANCE COMMITTEE REPORT**

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

The report was taken as read.

## **10. HOSPITAL REDEVELOPMENT COMMITTEE REPORT**

MP noted that the summary report gives a good update; the Trust is proceeding with the acute services block FBC with a view to approval in September to enable completion by September 2024. Enabling schemes were progressing well. The team were working hard to mitigate all risks.

The Board noted the report.

## **11. AUDIT AND RISK COMMITTEE REPORT**

SH informed the Board that External Audit had issued a clean opinion for the

Trust and commended the finance team for their hard work and achievement of successfully combining the ledgers and reporting processes following the merger.

RSM had been appointed to provide the Trust's Internal Audit and Counter Fraud services and the new External Auditors would be appointed in due course.

The Board noted the report.

## **12 CHARITABLE FUNDS COMMITTEE REPORT**

SL informed the Board that fundraising plans for the Helipad had been paused whilst clarity was being sought as to where it could be sited. CT scanners for both EDs remained high on the agenda.

The Board noted the report.

## **13. WORKFORCE COMMITTEE REPORT**

The report was taken as read. It was noted that the Trust disciplinary policy had been revised so that there is now one policy cross site. This work had been driven by the national agenda to review People Practices to provide a just and learning culture off the back of a very sad case where an individual awaiting disciplinary proceedings took their own life whilst working at a London hospital.

The Board noted the report.

## **14. RISK REGISTER**

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

The Board noted the report.

## **15. CORPORATE GOVERNANCE REPORT**

The report was taken as read

The Board noted the report.

## **17. DETAILS OF THE NEXT SCHEDULED MEETING:**

Wednesday 3 November 2021, 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 2021**

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

<b>Report summary</b>		
1.	Integration Update	
2.	Covid-19 Update	
3.	CQC Bedford Maternity Unit Update	
4.	Compliance Update	
5.	National Award for Dermatology Team	
6.	Infection Control Report	
7.	Learning from Deaths Board	
8.	Medical Education Update	
9.	Management of CQUIN	
10.	Nursing & Midwifery Staffing Report	
11.	Digital Update	
12.	Information Governance Quarterly Report	
13.	Freedom to Speak Up	
14.	Estates and Facilities Update	
15.	Communications and Fundraising Update	
16.	Policies and Procedures Update	
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	NHS England NHS Improvement Equality Act CQC All Trust objectives	

## **1. INTEGRATION UPDATE**

Our Clinical integration post-merger continues to progress; our clinical service lines are in place, structures are increasingly incorporating shared posts and the overarching boards are maturing. With the current exceptional levels of activity and high acuity, there has also been collaboration and mutual support cross-site in some services e.g. ITU and several sub-speciality clinics, providing useful examples of benefits and the inherent flexibility and scale advantages of a two-site Trust.

Shared learning between teams was one of the early identified benefits of the merger, and this has been further embedded in recent months, with several service lines joining up for governance meeting and rapid learning and improvement from incidents spread quickly cross site and appreciated by teams.

Post our 'Discovery Phase' of the first 18 months we have undertaken a review of the governance structure for integration i.e. the Merger Benefits Committee, the Clinical Validation Committee and Integration Board. It has been decided that the Integration Board will transition to a Clinical Strategy Board which will produce the unified Trust Clinical strategy by April 2022. This will incorporate contributions from the individual service line strategies and will align with Trust Redevelopment plans. The majority of our corporate integration is now complete and transitioning to business as usual with new structures largely in place and fully recruited to.

## **2. COVID-19 UPDATE**

There has been a steady increase in the number of inpatients that are Covid-19 positive across the two hospital sites, rising from 30 at the beginning of October 2021 to 78 on the 28<sup>th</sup> October. Staff absence as a result of positive household members, possible Covid-19 symptoms requiring testing and an increase in the number confirmed cases of Covid-19 amongst staff have all contributed to an extremely challenging operational environment during the last 6 weeks.

## **3. CQC BEDFORD MATERNITY UNIT UPDATE**

Following the unannounced inspection to Bedford Hospital Maternity services on June 3rd 2021 the CQC published their findings on August 12th 2021. As the inspection followed a focused methodology, the inspection has not been rated. The report identified 5 Must do actions that the Trust needs to take to comply with its legal obligations. Of these there are 2 new actions & 3 actions are already in place. The report identified 7 'Should do' actions. While it is disappointing that this inspection has not been rated the CQC have clearly identified and acknowledged a significant number of areas in the report of positive practice and safe, effective and well-led quality care.

#### **4. COMPLIANCE UPDATE**

A virtual Human Tissue Authority regulatory inspection was carried out of the Luton & Dunstable Site in July 2021. Although the HTA found that Luton and Dunstable University Hospital (the establishment) had met the majority of the HTA's standards, three major and three minor shortfalls were found against standards for Consent, Governance and Quality and Traceability. These related to consent training, governance documentation, staff competency assessments and viewing procedures. A Corrective and Preventative Action plan was submitted to the HTA on the 21<sup>st</sup> September 2021. The outcome of the inspection was that the HTA has assessed the establishment as suitable to be licensed for specified regulated activities, subject to the corrective and preventative actions outlined in our plan being implemented.

The endoscopy unit at the Luton & Dunstable University Hospital site was awarded JAG accreditation for a further year following its annual review. JAG accreditation is awarded to units which have demonstrated that they meet best practice standards and is a significant undertaking.

#### **5. NATIONAL AWARD FOR DERMATOLOGY TEAM**

The Luton & Dunstable University Hospital Dermatology team won the Dermatology Digital and Technology Solutions for the Treatment of Skin Conditions during the COVID-19 Pandemic category at the 2021 Quality in Care (QiC) Dermatology Awards. Using a digital platform to triage and assess suspected skin cancer, the team demonstrated that they were able to maintain services to patients, even whilst extremely short of staff during the peak of the pandemic. Judges described it as a strong and outstanding project. The project has also been shortlisted for an HSJ award.

#### **6. INFECTION CONTROL REPORT**

##### **COVID 19:**

Worldwide cases of COVID infections continue to increase (over 241 million reported) and nearly five million deaths have been recorded. Figures in the UK have also doubled since the summer (8.6 million cases and 139 K deaths recorded). The last few weeks has seen a surge in cases of COVID 19 infections with the vast majority of cases seen in younger age groups. Acute hospital trusts are closely monitoring the impact of the increased cases in the community. There has been a noticeable increase in patients being admitted to the hospital with severe disease.

A global campaign to vaccinate against COVID is underway. In the northern hemisphere there is intense concern that the coming winter may be very difficult with COVID and other seasonal respiratory infections may produce the "perfect storm". Vaccination against influenza and immunoglobulin therapy for RSV is being advised to protect vulnerable populations.

The Trust is currently working towards relaxing some of the restrictions that have been in place to improve its ability to work through the backlog of cases that need treatment.

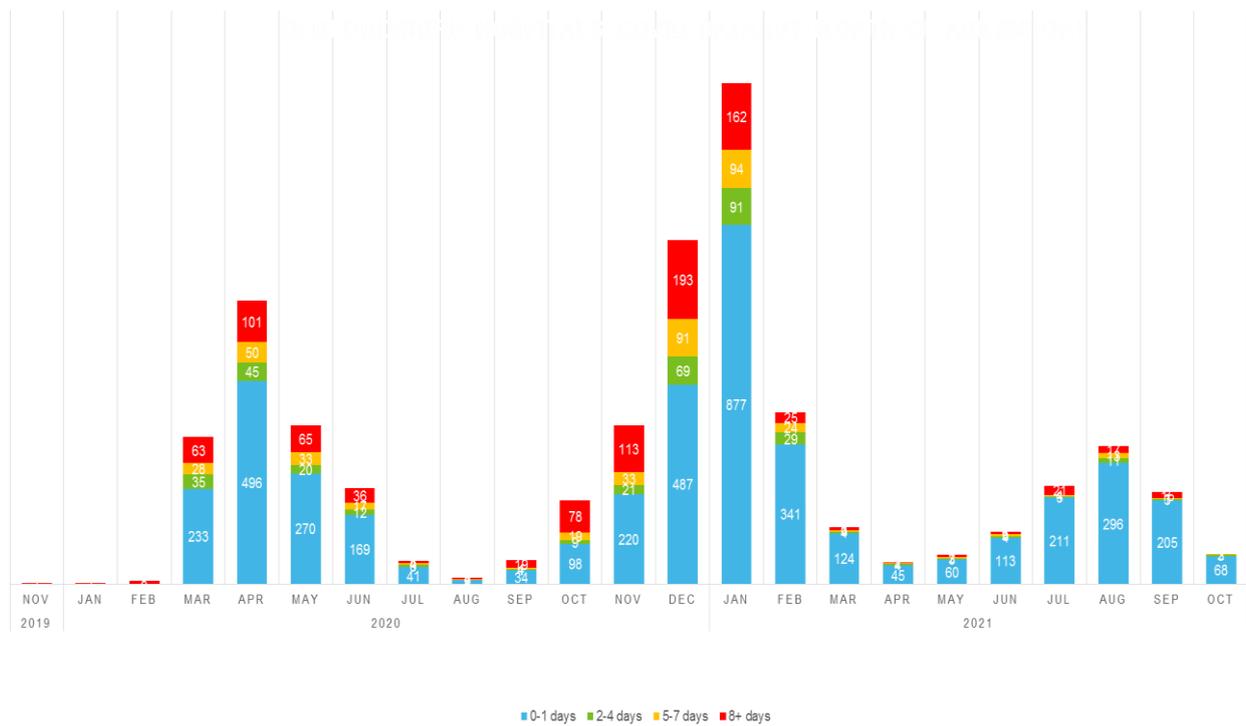
## Testing for COVID – 19:

The Trust continues to provide a comprehensive laboratory based and point of care testing service.

## Vaccines:

Following a successful campaign to vaccinate the adult population with two doses of vaccine booster doses are being offered / recommended in the UK. At the same time primary vaccine doses are being offered to younger age groups. Currently staff are invited to have their booster COVID and Flu vaccines. In England over eighty one million doses of the COVID vaccine have been administered. At our Trust 90.2 % and 85.9 % staff have received their first and second doses respectively. It is anticipated that the current vaccines are effective against the Delta virus and its variants.

### BEDFORDSHIRE HOSPITALS COVID DATA (BY MONTH OF ADMISSION)



## Infections Requiring Mandatory Notification

A summary of key infections is presented below.

Luton		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Totals (on going)
MRSA Bacteraemia	HAI	0	0	0	0	0	0							0
	CAI	0	0	0	0	0	0							0
C.diff	HOHA	3	1	1	2	4	1							12
	COHA	1	0	4	1	1	1							8
	COIA	1	0	1	1	2	0							5
	COCA	1	3	1	2	2	4							13
E.coli	HAI	1	1	1	3	1	3							10
	CAI	17	13	11	15	7	13							76
MSSA	HAI	1	0	1	0	1	3							6
	CAI	1	2	1	3	4	5							16
Pseudomonas	HAI	0	1	1	1	1	0							4
	CAI	2	0	1	2	1	1							7
Klebsiella	HAI	0	1	2	0	0	0							3
	CAI	2	2	0	3	5	2							14
MRSA Screen	HAI	5	2	11	3	2	4							27
	CAI	21	19	19	17	21	25							122
MRSA Clinical	HAI	2	0	0	5	3	2							12
	CAI	11	4	5	10	9	9							48
VRE	HAI	6	0	2	1	3	1							13
	CAI	1	0	1	1	1	2							6
CPE	HAI	0	0	0	1	0	0							1
	CAI	0	0	1	0	0	0							1
MDRO	HAI	12	9	15	5	8	4							53
	CAI	31	26	26	21	29	22							155
FLU	HAI	0	0	0	0	0	0							0
	CAI	0	0	1	0	0	4							5
RSV	Total	0	1	8	38	34	48							129
Norovirus	Total	0	1	2	2	11	13							29

Bedford		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Totals (on going)
MRSA Bacteraemia	HAI	0	0	0	0	0	0							0
	CAI	0	0	0	0	0	0							0
C.diff	HOHA	1	2	0	1	2	0							6
	COHA	0	1	1	0	1	0							3
	COIA	0	1	1	1	0	2							5
	COCA	1	1	2	2	0	1							7
E.coli	HAI	3	1	0	2	2	2							8
	CAI	6	12	4	6	10	14							38
MSSA	HAI	0	1	0	2	0	0							3
	CAI	1	0	2	1	0	2							4
Pseudomonas	HAI	0	0	0	1	1	2							2
	CAI	0	1	1	0	1	0							3
Klebsiella	HAI	1	0	1	1	0	0							3
	CAI	1	0	0	2	1	0							4
MRSA Screen	HAI	5	0	0	0	0								5
	CAI		3	5	2	3								13
MRSA Clinical	HAI		1	0	1	0								2
	CAI		2	4	1	3								
VRE (ALL)	HAI	2	0	1	2	0								5
	CAI		2	3	1	0								6
CPE	HAI	0	0	0	0	0	0							0
	CAI		0	0	0	0	0							0
MDRO	HAI	0	0	0	1	0								1
	CAI	0	0	0	1	0								1
FLU	HAI	0	0	0	0	0								0
	CAI	0	0	0	0	2								2
RSV	Total	0	0	0	0	11								11

The RSV (Respiratory Syncytial virus) case numbers have started to climb (earlier than in usual) in the last couple of months. However, flu numbers have remained low so far.

Sporadic cases and small ward clusters of Norovirus have been reported in the last couple of months. The Trust remains slightly above the allocated trajectory for hospital acquired cases of *Clostridioides difficile*.

## 7. LEARNING FROM DEATHS QUARTERLY REPORT 2020/21 – Q4

The Learning from Deaths Board met on 11 October 2021.

### Mortality reports

Mortality metrics are covered separately but exceptions detailed as below. The net number of deaths from Covid across the trust was 1423 since the beginning of the pandemic. In the first 9 months of this year, deaths at Bedford Hospital were 218 (34%)

higher than the pre-pandemic average. On the L&D site, deaths were 133 (14%) higher than pre-pandemic.

#### HSMR/ SMR/ RAMI

Due to national data processing issues within NHS Digital there has been a delay in release of HES data to CHKS and therefore no update in risk-adjusted mortality indices is available this month.

#### Deaths within 24 hours of admission

There is a downwards trend in deaths within 24 hours of admission on Bedford site (12.0%). Deaths within 24 hours on the L&D site remain higher (15.0%) with no significant downwards trend. Deputy MDs on both sites scrutinise this data.

#### GI bleed HSMR alert

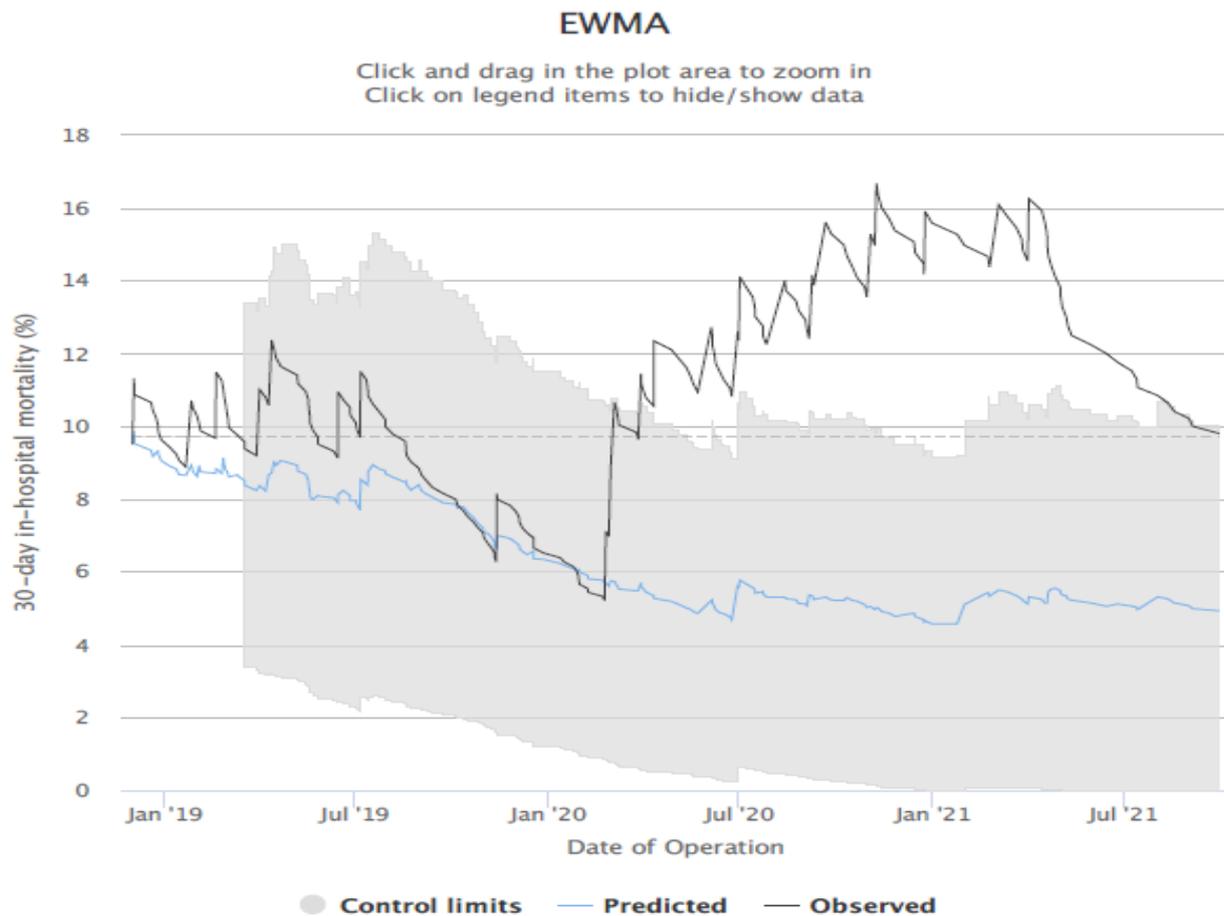
Review of 26 deaths L&D site Jul 2020 to Jun 2021. The majority were elderly with significant co-morbidity. The majority were unavoidable and deaths due to other conditions e.g. cardiac disease. 5 cases had Covid infection. 2 cases required more detailed review at Clinical Service Line level with the key theme being recognition of significant bleeding triggering early endoscopy.

#### Medical examiner

Recruitment underway for additional hospital ME on each site. Expressions of interest received from GPs for community ME role. Concerns remain as to how primary care records will be accessed. Four nosocomial Covid deaths with fractured neck of femur have been reported which will be reviewed by PEARL; HMC will be hearing inquests on these cases.

#### National Emergency Laparotomy Audit

The Clinical Director reported the outlier status for the NELA on Bedford site (data period ending November 2020). Noted that this trend in excess mortality has continued since this data period. Full report to be tabled at LfD Board in December but immediate actions include all emergency laparotomy patients (whatever the assessed risk) to be admitted to critical care and ensuring appropriate prioritisation on the emergency list.



## 8. MEDICAL EDUCATION UPDATE

### Performance & Quality Framework

#### Luton Site:

Speciality Schools – Currently there are no outstanding risk issues identified by HEE for any speciality at the Luton site. The recent report from the National GMC survey was good for the Luton site with no concerning significant outliers. There were a few minor outliers that the departments have responded to with action plans that have been shared with HEE.

#### Bedford Site:

There continues to be review of quality concerns at the Bedford site. These relate to current concerns which have been on the HEE risk register namely:

- Maternity (Midwifery), Medicine, Nursing, Paediatrics, Radiography and O&G, which are being monitored through improvement plan submissions and by six-weekly supportive meetings for the former, and 6-weekly reviews of the O&G improvement plan.
- Further new concerns were raised through the GMC NTS survey 2021 for General Surgery and Anaesthetics.

The following recommendations have been agreed by HEE quality team based on the concerns identified in the GMC survey and HEE's requirement for further assurance:

- The HEE risk rating for Paediatrics at Bedford Hospitals NHS Foundation Trust (Bedford Hospital) has been increased from 6, ISF 1 to 12, Intensive Support Framework (ISF) 2.
- The ISF 2 rating recognises that there are a significant number of areas where the provider does not meet the HEE standards and/or plans in place are not delivering sustainable improvement at the pace required.
- The concerns relating to General Surgery will also be added to the risk register for the time being but will be investigated through our School of Surgery in the first instance via our Deputy Postgraduate Dean for Quality.

There is a plan for HEE to hold a supportive Senior Leader Engagement (SLE) meeting with the Trust within the next few weeks.

## **9. MANAGEMENT OF CQUIN**

No CQUIN scheme has been published for 2021/22 and there have been no updates from NHSE/I to indicate that there will be any schemes published for this year.

## **10. NURSING & MIDWIFERY STAFFING REPORT**

The Reports are **attached as Appendices 1a and 1b**

## **11. DIGITAL UPDATE**

Following the completion of the GDE and Fast Following programmes we are now setting up the programmes that will deliver the digital strategy in the Trust and continue to support our progression on the digital journey.

The Digital Portfolio of Change has been broken down into five key Programmes of work focused on the delivery of key outcomes.

**EPR** – The continued roll out of NerveCentre throughout the entire trust and wider digitisation of clinical processes, introducing new clinical modules into clinical areas.

- Most recent and accurate information provision to clinicians at the point of care
- Safer patient care through the automated identification of risk factors
- Reducing the burden on clinicians and staff, so they can focus on patients

**Digital Merger** – The integration, migration, and implementation of systems that enable the merging of clinical and corporate services within the organisation.

- Sharing of best practice across the trust between the two sites
- Standardisation of processes and system within the trust
- Efficiency improvements across the trust

**Digital Solutions** – Clinical and Corporate service line improvement plans, innovative projects, departmental system upgrades, and nationally mandated digital changes.

- Enabling departmental improvements utilising incremental system enhancements
- Exploration of innovative digital technologies and systems

**e-Portal** – This programme will manage the ongoing implementation of the e-portal in the Trust and ICS-wide shared care record.

- Ensuring clinical information can be safely accessed, wherever it is needed
- Sharing data to support the safe transfer of patient care between providers

**Technology** – This programme will address technical issues that require capital investment as well as the introduction of new technologies to improve the IT estate. Example projects within this programme: Wi-Fi refresh, Windows 10 deployment, cloud migration.

- Improving NHS productivity with digital technology
- Giving people the tools to access information and services directly

Moving forward there will be updates on activity and achievements from each of these programmes.

## **12. INFORMATION GOVERNANCE QUARTERLY REPORT**

The Information Governance Quarterly Report is attached as **Appendix 2**

## **13. FREEDOM TO SPEAK UP (FTSU)**

October is Freedom to Speak Up month and displays have been set up on both sites. At the suggestion of the National Guardian's Office reference has been made to the fact that it is also Black History month so we have also included quotes from famous people of BAME origin as part of our displays. The displays have attracted a lot of attention and the guardians have seen an increase in contact from staff as a result.

On the Bedford site there were six new concerns raised in Quarter 2; five were attitudes and behaviours and one was a patient safety concern. On the Luton site there were four concerns raised, all related to attitudes and behaviours. All have either been resolved informally or investigated formally.

The recurrent themes on the 'temperature' of the Hospitals , as reported by the peer listeners and guardians, were poor communication from managers leading to low team morale and staff feeling overwhelmed. Amanda Spong, the Trust's Principal Clinical Psychologist holds bi-monthly support group meetings for the Guardians and Peer Listeners where the Peer Listeners can discuss the issues that are being raised. Amanda can be contacted outside of the support group for urgent advice and support.

The guardians have been invited to be part of the monthly MDT Preceptorship programme that fits in with HEE's 12 core requirements, including raising concerns. The preceptorship programme aims to include all newly qualified, overseas and return to practice for all Nursing and Midwifery, AHPs and Pharmacy staff. This shared learning will encourage collaborative working and inter-professional learning aimed at developing effective and supportive professional relationships across both sites.

The FTSU Policy has been updated to cover both sites and approved through the workforce committee.

## **14. ESTATES & FACILITIES UPDATE**

### **Hard FM Services – L&D:**

**Ventilation** - No defects to report for September verifications programme. HTM03 Ventilation update has been released, main points are; reduced flow rates for Theatres, AHU log book contents, identification of AHU and ductwork systems filter type changes. Changes to the guidance document will be discussed at the Ventilation Safety Groups in the coming months.

**Medical gas** - Authorising Engineers Audit has been completed and received. Team are working through the recommendation and actions.

**Electrical** - Electrical installation testing contract has been let to Guardian Electrical and is completed for 2020/21 it will continue in the new financial year. Remedial works are currently underway and progressing to plan.

**Steam Boilers** - New EPC will replace all primary heating / hot water systems during 20/21. SSD steam boilers also due to be replaced as part of EPC as early works. HSSD is now going to be fed hot water services from the existing boilers via plate heat exchangers rather than from maternity which was causing flow issues within the maternity building. Final designs are underway from TB&A for the new steam pipework and header for the new steam generator connections.

**Asbestos** - Re-surveys are underway for 2021 as pre programme. Surgical block is being surveyed / re-inspected 20<sup>th</sup> to 29<sup>th</sup> of October.

**Lifts** - Lifts 15 and 16 in the surgical block have been unreliable in the last two weeks. Replacement parts are on order with a view for repairs week commencing 25<sup>th</sup> October.

## **L&D Estates Capital Projects:**

**Asbestos Removal** - Works are progressing; access has been hindered due to the volume of services in the ducts and additional smaller ducts being identified which are contaminated. Multiple pipes have had temporary repairs with a number of electrical cables having to be replaced to allow works to progress. Primary basement level duct clearance is complete which will allow clear unhindered access for the Centrica Energy Contract. Asbestos removal tender specifications is currently being finalised for asbestos clearance in 13no plant rooms on pipework (under foiled lagging). This will see work on clearance commence early in the New Year.

**Lift Upgrades** - The new lift serving the Max Fax block is complete providing compliant disabled access to the upper floors of the block.

**Fire Compartmentation** - Surveys and works are progressing across the site. Works have slowed during the pandemic due to restrictions on access. As part of the intrusive survey work additional scope is being identified, this is being progressed as works proceed. Works commence in October on primary compartment Fire Door Replacements.

**Emergency Lighting** - Works continue to progress across the site on emergency lighting infrastructure for wireless emergency lights. This is in the final stages; it has been delayed due to access in certain areas due to COVID. Works will now follow on with the replacement wireless emergency light fittings. Once complete this system will allow self-testing.

**Ventilation Works** - Team are currently in the design stage for replacement AHU's for Pathology, Chemotherapy and HSSD.

## **Hard FM Services – Bedford:**

**Decontamination** - SSD – all equipment in service and periodic testing is in date, EDU – all equipment in service and periodic testing is in date

**Water** - The latest Water Safety and Ventilation group meeting took place on 13<sup>th</sup> October. The 6 monthly Authorising Engineer (Water) audit was undertaken on 13<sup>th</sup> October. Legionella Risk Assessment for the Emergency Department has been undertaken and report received Water Sampling for Bedford Hospital continues. The Ward Block CLO2 plant replacement is complete and on-line. The Silver-Copper dosing plant for Beeden house is in the process of being installed.

**Ventilation** - Annual verifications of critical ventilation systems for 2021/22 remain on schedule. A new air handling unit has now been installed in the Laser Dept.

**Electrical** - Fixed Wire testing for 2020/21 still has a small number of 'red' areas outstanding before the programme is complete. Removal of old electrical systems in the main undercroft is being planned to enable migration of services on to the newer infrastructure to enable the old system to be disconnected.

**Service Contracts/Service Repairs** - Services of key infrastructure items (e.g. generators, Chillers, UPS, Lifts, Steam Generators etc.) remain up-to-date. The majority

of services on items that could not be accessed safely during COVID-19 lockdowns have now been completed.

**Lifts** - An upgrade of block 85 sluice lift has been undertaken and is running reliably. Block 39 lift upgrade has also just been completed. Work to replace the Archer Unit lift, by NHSPSA, has now been completed.

**Asbestos** - Re-inspections are all up-to date and the MICAD Asbestos Management Register is currently up-to-date. Minor asbestos removal took place in the area of the Old Cauldwell Café to support construction works in that area.

**Fire** - Archer Unit fire escape route – NHSPS are improving the external fire escape route at the side of the building following a safety visit by the Fire Service and as highlighted by the Trust’s Fire Safety Officer. Archer Unit – the lift has been replaced with a fire rated lift i.e. it can be used in the event of a fire. Ongoing - Annual fire risk reviews and inspections up to date on the rolling 12 month programme.

**Personnel** - The Estates Officer (Building) vacant post is being re-advertised, the Project Manager vacant post is due to advertised, the Senior Estates Capital Projects Officer position has been filled and in post.

**Soft FM Services – L&D:**

**Cleaning Standards** - The new cleaning standards expected since 2019 have finally been approved and issued (circa June 2020). Most areas will have a similar standard and cleaning requirement to previous standards. The largest change in the standards will be the incorporation of Estates and Nursing responsibilities. Detailed discussions are taking place with stakeholders and through various forums across both sites. Standards and KPI’s continue to be closely monitored. ISS are rolling out training from their new training academy and a recent change in management structure on site will hopefully result in KPI’s improving in the coming months.

	Target Score	September	August	July
Very High Risk (New FR1)	98%	97.35%	96.92%	97.22%
High Risk (New FR2)	95%	93.40%	93.97%	94.24%

ISS have been able to introduce and maintain enhance COVID touch point cleaning requirements as per DH guidance and recommendations.

**Catering Standards** - We are expecting new National Catering Standards to be issued soon and the draft plans indicate a move towards more sustainable food purchasing and a reduction in food waste. ISS are rolling out training to housekeepers in their new training facilities.

## Soft FM Services – Bedford:

**Domestic Services** - Routine monitoring and audit controls have been reinstated. No points of escalation. August Overall Percentage 99.11%. Positive feedback continues to be received from patients. A new domestic monitoring tool has been introduced on site which will allow monitoring in accordance with the new NHS Cleaning moving forward. Good progress has been made implementing the new system which will allow detailed reports with a format being aligned to reflect the position on both sites.

**Catering Standards** - A full day Food Hygiene refresher training has taken place for chefs and housekeepers in October. In line with Natasha's Law which come in to place on the 1<sup>st</sup> October all patient sandwiches are new pre-wrapped and labelled in accordance with the new legislation to include all ingredients with highlighted allergens.

## 15. COMMUNICATIONS AND FUNDRAISING

### COMMUNICATIONS

#### External Communications and Media

We have received enquiries from the local press around the numbers of COVID patients in hospital, cancer waiting times, and on those waiting for elective treatment and how we are addressing the backlog.

We are still being asked to run all media responses via East of England Communications for sign off. Increasingly we are working much more closely with colleagues across BLMK, and particularly MK Hospital, pooling enquiries that are coming in, sharing information and coordinating our responses. This will come in helpful during winter.

The Communications team at BLMK CCG is now working proactively with partners on identifying positive news stories in the patch and issuing joint media releases - for example, we recently worked together on a release about the 'Silver Frailty Line' - a joint project with East of England Ambulance service aimed at improving care for frail and elderly patients, the focus being on ensuring they are treated in the most appropriate setting, often avoiding a trip to hospital. The story was covered by BBC TV News Look East and in the local press.

We anticipate more of this joint working in the future.

#### Social Media:

Hospital site	Social media channel	Number of likes/followers	Increase from June 2021
Bedford	Facebook	7,339	+93
L&D	Facebook	9,872	+214
Bedford	Twitter	6,399	+111
L&D	Twitter	5,771	+151
Bedford	Facebook Maternity Page	4,497	+142
L&D	Facebook Maternity Group	1,800	+133

## **A few highlights from July to October on social media channels include:**

- We have continued on supporting COVID-19 messaging. Particularly around national guidance, vaccinations – including having the vaccination during pregnancy and restrictions on our hospital sites.
- Redevelopment posts continue to receive a high reach and engagement on the L&D accounts
  - Monthly demolition time-lapse video reached over 10k and over 6k
  - Closure of Calnwood Road car park to patients and visitors reached over 25k
  - Demolition progress reached over 14k
  - Single lane closure outside ED reached 28.5k
  - No vehicle access to the side via Calnwood Road reached over 27k
- Throughout this period, we have supported a variety of awareness campaigns including Breast Cancer Awareness Month, Stoptober, World Mental Health Day, Speak Up Month, World Sepsis Day, Urology Awareness Month, World Alzheimer's Day, World Breastfeeding Week Restart a Heart Day, Baby Loss Awareness Week, World Menopause Day and World Osteoporosis Day.
- To celebrate AHP Day we recognised a variety of roles and staff in our Trust throughout the day.
- On World Patient Safety Day we held a Twitter take-over to showcase the work of our Patient Safety Team.
- For Organ Donation Week we shared a poem about a 23 year old who donated her organs. This post reached over 14k on L&D accounts and over 46k on Bedford accounts (our highest reached post during this time).
- Project Wingman Wellbee Bus – 11.7k
- We highlighted the Tour De15 campaign on the L&D site, displaying the fantastic efforts and support our teams provide to patients. This was well received.
- The launch of Blossom Volunteers at the L&D and starting up again on the Bedford site received positive and appreciative comments, reaching over 20k.
- The Sir Captain Tom painting donation reached over 20k on the NHS birthday.

### **Website:**

During this period, we had 240K users visit our website with 535K sessions. This is an increase of 47K users and 113K sessions from the previous period.

Aside from the staff executive log in page, the most visited pages have been:

- Job vacancies
- Blood tests
- Video clinic
- Patient and visitors information (both sites)
- Restrictions at our hospitals

### **Intranet:**

#### **Bedford**

During this period, we had 61k users visit our website with 381k sessions.

The most visited pages have been:

- Do it online

- Clinical hub
- COVID updates
- Policies
- Staff hub

## **L&D**

During this period, we had 9.7k users visit our website with 51k sessions.

The most visited pages have been:

- Directory
- Departments and wards
- Useful information
- Policies
- Clinical guidelines

The L&D intranet has a low rate of visitors due to the intranet not being the homepage for every staff member on-site. We are working with IT to implement this wider, with the roll-out of Windows 10 supporting this.

## **Internal Communications and Events**

The Communications team has been busy supporting staff across the Trust, all of whom are becoming more comfortable with completely new ways of working.

In September we launched our new identity. This has gone down well with staff, who identify with the “Bedfordshire B” shape. A suite of new templates to ensure that everything we put out to staff and the public is in line with national NHS guidelines, and our own, have been created. Since launch 2700 visits have been made to the Brand resource centre on the intranet, with 1500 being unique members of staff. This shows good engagement, and that people identify and like using the new templates.

Our monthly virtual staff briefings led by the CEO and the Executive Team on Microsoft Teams, reach around 200 people a month. It remains one of the best ways to get feedback directly from staff and answer questions openly and honestly.

We continue our COVID response and ensure the dedicated intranet pages are kept updated, so staff have quick access to the most important and up-to-date information. The COVID e-briefings have also been helpful to remind staff of key messages when needed.

Our new quarterly printed magazine, BedSide has grown in popularity since it was launched last December. It allows for more informal communication with staff, which means we can get key messages out in a different way. It also helps staff engagement, with staff happy to get their photos and stories printed in a glossy magazine

Planning continues on a new Communications Strategy for the organisation. This will set out clear objectives for digital improvements, internal communications, stakeholder engagement and brand development for the next two years. This strategy will run in conjunction with the new Trust values and vision, ensuring all that we do will support the shared culture of Bedfordshire Hospitals.

## **FUNDRAISING AND VOLUNTEERING**

The Charity has been very active over the last quarter and has seen an increase of 'In Memory' giving and of receiving legacies.

### **Voluntary Services**

- We are continuing to see a return of volunteers to non-clinical areas and volunteer mealtime support has been reinstated to those wards that are permitting visiting at L&D.
- Voluntary Services at Bedford has supported a project with the Therapies Team to assist in digitising personnel files.
- The team have been included as a case study example of best practice by the National Council for Voluntary Organisations for our virtual Volunteer Wellbeing Programme. Volunteers and staff from both sites with over 80 attending virtual support events.
- The British Medical Journal published an article on the L&D's Virtual Work Experience programme established throughout Covid by the team.
- The Blossom Volunteer Role is now active on the wards and 21 volunteers have been spending time with patients at the end of their lives. We have visited over 60 patients, over thirty were alone and three passed away whilst a volunteer was by their side.

### **Community Support**

- Herts and Beds Blood Bikes are supporting Pharmacy with delivery of medications across both sites. This voluntary service replaces the previously utilised local courier that cost £250 per day. We are exploring the opportunity to further use this service.
- We are working on a small scale project with Step Together representatives who support Armed Forces Veterans, Wounded, Injured and Sick (WIS) personnel into volunteering placements and employment.
- Both sites are working with the CCG to provide volunteers to support an audit that will be carried out in the Paediatric EDs. This will look at attendances in Paediatric A&E Departments and access to primary care

### **Work Experience**

- Due to Covid formal Work Experience placements have been suspended until March 2022. However, to support a handful of students who are applying for medicine this academic year, we will be undertaking a small pilot scheme in October Half Term.
- A further Virtual Work Experience Programme was delivered on the 25th September. 60 Students participated in four sessions over four days presented by Heads of Departments and Clinical Leads.

### **Trust and Grants**

- We received £416,000 in funding for the NHS Charities Together Stage 2 Community Partnership Grants, to support four organisations in relieving pressures on the NHS, across Bedfordshire, Luton and Milton Keynes.
- We received £176,000 in stage 3 NHSCT funding to support, CIC: EAP, End of Life Projects and the Pathway to Excellence programme.
- Two fundraising appeals were agreed, one to support gold standard equipment and services in our ED, including the Paediatric ED, the other to support a Stabilisation room in our Paediatric Ward.

## **Community Fundraising**

- Mr & Mrs Drury fundraised £18,000 and presented 3 ECG/HR monitors to the NICU department.
- A member of staff in the L&D donated £600 for Dementia Care enabling them to purchase Dementia Care Packs.
- An individual donor donated £1000 to the Stroke unit in memory of his mother and another donated £500 to the Cancer Unit.
- The MAYO Association raised £3000 from their annual fundraiser walk that allowed us to reach our total to renovate our Stroke therapy rooms.
- The former Luton Mayor chose us as her charity of the year and presented us with a £1000 cheque to benefit NICU.
- Luton Lions have donated £300 towards our Christmas present purchases for Children's Ward at the L&D this Christmas. Companies such as Dunelm, Amazon Ridgmont and DHL have offered their support again this Christmas.
- An individual donor donated £2,493 to benefit our Primrose Unit at Bedford.
- A Just Giving page raised £500.00 for NICU.
- Two supporters ran the London Marathon and raised £954 for L&D's Children's Ward and £1997 for NICU.

## **Corporate Fundraising**

- We received items 'The Work Perk' that support staff on both sites.
- The Rapid Relief Team supported both sites with some free packs handed out to non-clinical staff as a thank you.
- Oakley Studios have supported this year's fundraising calendar 'Because of You'. The calendar showcases the wonderful family relationships within our Trust staff. They have also delivered Christmas Cards to be sold in the Charity Hub with all proceeds going into General Funds.
- Bellway homes supported with a donation of £500 to purchase a TV for the new Teen area on Riverbank Ward.
- Super Sealed Units ran a casino night fundraiser and raised £400 for NICU.

## **Retail**

- A recent report from the finance team shows that July- September 2021 has been the most successful period for the shop to date generating a surplus of £8,000. Sales have increased by 80% compared to the average takings in previous quarters since the lifting of restrictions.
- The Costa machine has turned over a profit of £9,198.85 this financial year. We are looking at potential areas around the hospital for a second machine.

## **Bedford Hospital Charity & Friends(BHC&F)**

BHC&F have:

- Purchased of two TV's for the new SCBU accommodation
- Supported us by supplying the lights for Light up a Life on Bedford Site and bringing in local choirs to sing carols.
- Supported with Give a Gift appeal on the Bedford site

## **16. POLICIES & PROCEDURES UPDATE**

Trust Wide Policies Approved August-October 2021:

W04T Waste Policy

C27T Communications Policy

C18T Consent Policy

E14T Emergency Planning Resilience and Response Policy

H10T Honorary Research Contracts Policy

D04T Disciplinary Policy

E17T Enhanced Patient Observation Policy

M17T Manual Handling Policy

M18T Safe Handling of Plus Size/Bariatric Patients

C14T Complaints, Concerns and Compliments Policy

## **NURSING STAFFING REPORT**

## **NURSING WORKFORCE REPORT**

### **Nursing Workforce Report September 2021**

#### **Introduction**

This report provides assurance in line with the National Quality Board (NQB) standards which require the Trust Board to be appraised of the safety and effectiveness of nurse staffing. The report covers both of the Trust sites and is evolving to address developing challenges to nurse staffing along with the need to standardise reporting metrics.

The ongoing COVID19 pandemic and subsequent changes in ward utilisation impacts how we report safe staffing and trends; this is reflected as appropriate in the report.

The Trust continues to experience challenges with the care of patients with mental health needs, this is a particular issue for paediatrics on both sites.

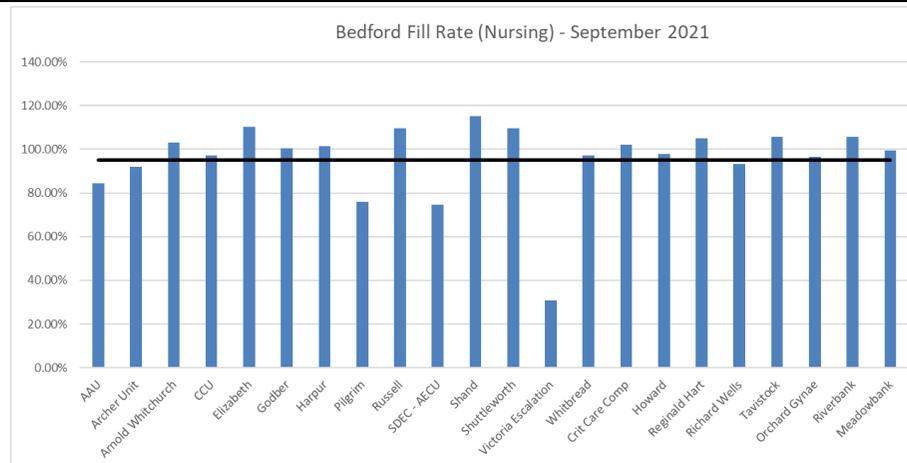
		Bedford Hospital Site			Luton and Dunstable Hospital Site			
Overall Ward Fill Rate		July 21	Aug 21	Sept 21		July 21	Aug 21	Sept 21
	% of Registered nurse day hours filled as planned	101.06	92.02	93.09	% of Registered nurse day hours filled as planned	99.97	93.31	96.73
	% of Unregistered care staff day hours filled as planned	99.0	91.04	94.04	% of Unregistered care staff day hours filled as planned	117.27	109.49	111.53
	% of Registered nurse night hours filled as planned	104.28	95.28	94.94	% of Registered nurse night hours filled as planned	106.25	99.59	101.22
	% of Unregistered care staff night hours filled as	118.49	108.98	109.57	% of Unregistered care staff night hours filled as	127.23	132.76	131.78
	% of total overall planned hours	104.13	95.25	96.34	% of total overall planned hours	106.25	104.59	106.59

**Bedford Hospital Site****Luton and Dunstable Hospital Site**

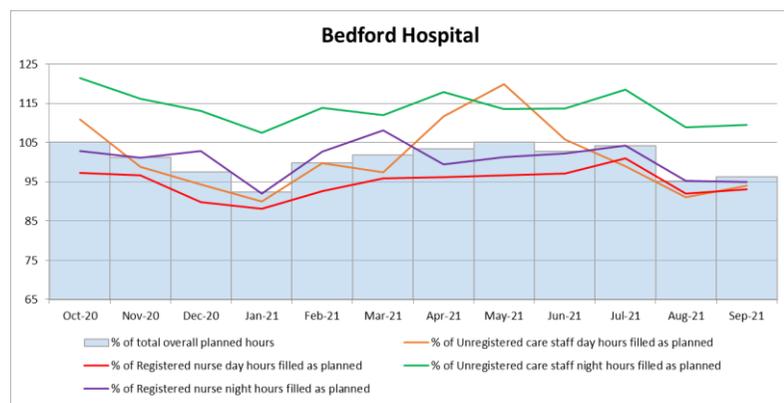
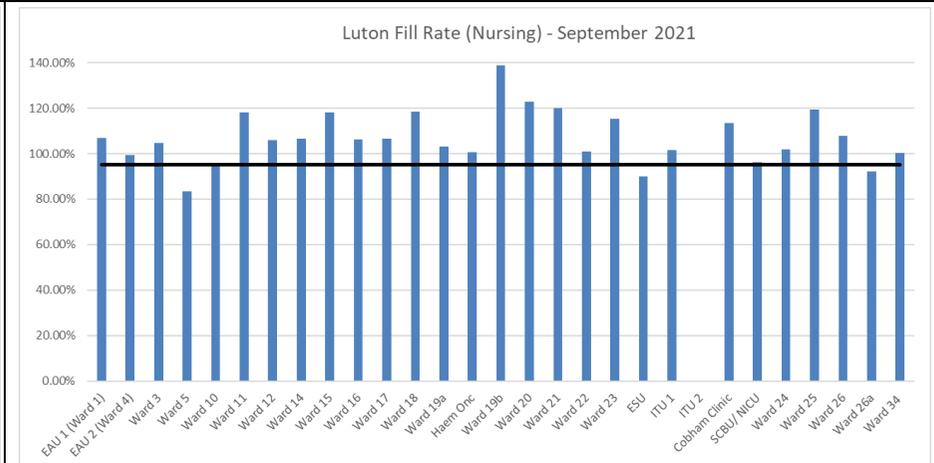
The fill rate data presented above is taken from the UNIFY workforce extract and is calculated based on the number of patient care hours actually worked compared to the number of care hours required to fulfil the wards agreed shift template.

Shift fill remained a challenge in September for both sites as all metrics remained below expected levels, however all except night RN fill at Bedford improved slightly on Augusts. This reflects the continuing significant challenges faced due to sickness, self-isolation and extended maternity leave combined with most areas using maximum annual leave over the summer holidays.

## Bedford Hospital Site



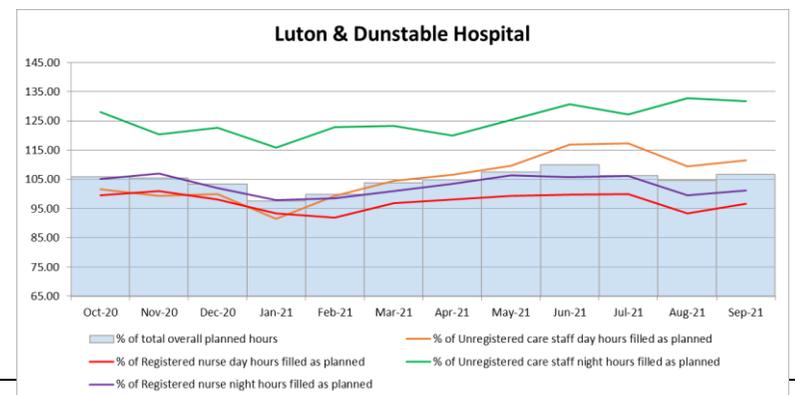
## Luton and Dunstable Hospital Site



Two areas at Bedford hospital that give cause for concern are AAU and Archer Unit. The fill rate on the AAU was 84.56% and Archer Unit had a fill of 91.92%. AAU remains a high acuity, high patient turnover area and as such having over 15% unfilled nursing hours significantly increases the pressure on the team. Whilst Archer Unit is sub-acute and therefore the risk is lower, the unit is remote from the main site and so there is less inbuilt resilience to mitigate for short staffing.

Pilgrim, SDEC, Victoria and Richard Wells, all show gaps in fill however these areas flex their staffing to meet demand and so despite gaps against plan the areas were safely staffed.

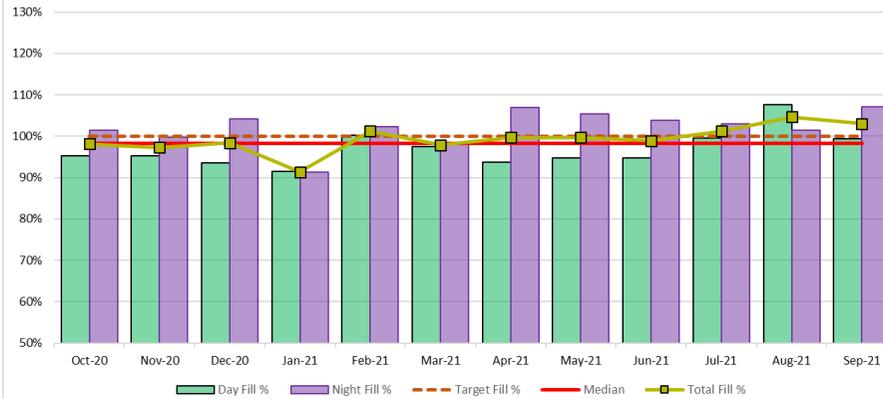
For Luton and Dunstable Hospital only Ward 5 and the Emergency Surgical Unit (ESU) fell below plan. For ESU this was marginal and not a significant concern Although Ward 5 had a significant shortfall, the gaps were on day shifts and the ward manager did have just under 80% of their planned supervisory time, this indicates that either the ward was safe with the staffing shortfall or the ward manager supported in their supernumerary role.



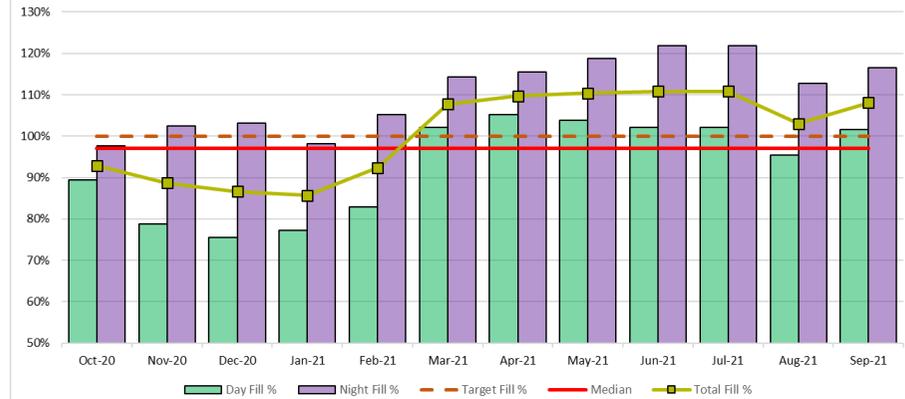
## Bedford Hospital Site

## Luton and Dunstable Hospital Site

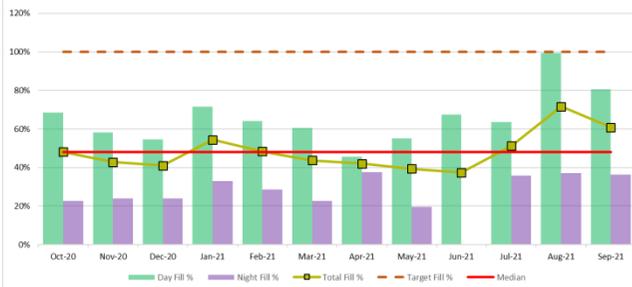
### Bedford Hospital ED Fill Rate Trend



### Luton and Dunstable Hospital ED Fill Rate Trend



### Bedford Hospital Paed ED Fill Rate Trend

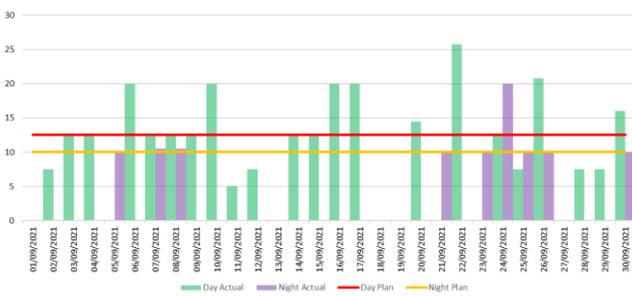


Emergency Department (ED) fill rate at Bedford hospital was above target for day and night shifts, this reflects increased staffing requirement due to higher activity and a greater foot print following the opening of the new paediatric ED and minor injuries areas.

Paediatric cover remains a challenge due to ongoing difficulty in recruiting childrens nurses to work in ED however there has been some success which will begin to have an impact on the October fill rate. Night shifts remain a challenge although the department has had approval for the use of higher cost agency for

ED experienced RSCN's.

### Bedford ED RSCN Cover

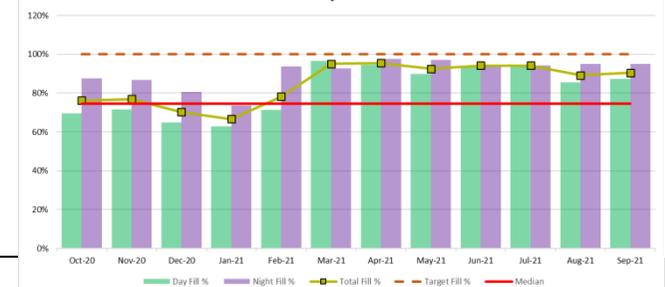


ED fill rate at Luton & Dunstable Hospital has continued the performance of previous months, this is partly due to non required shifts being removed from the rota.

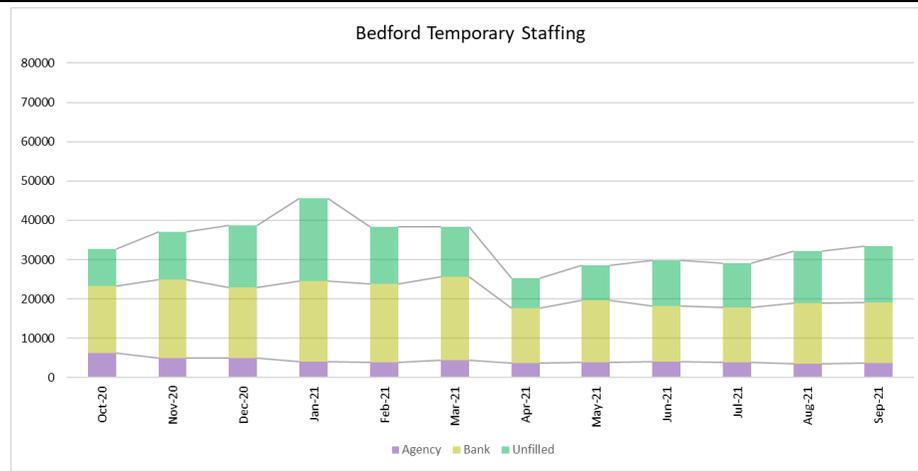
The new Shelford Group ED Safer Nursing Care Tool has now been released and the trust has been licensed to use the tool. This piece of work will be undertaken on both

sites in the coming months.

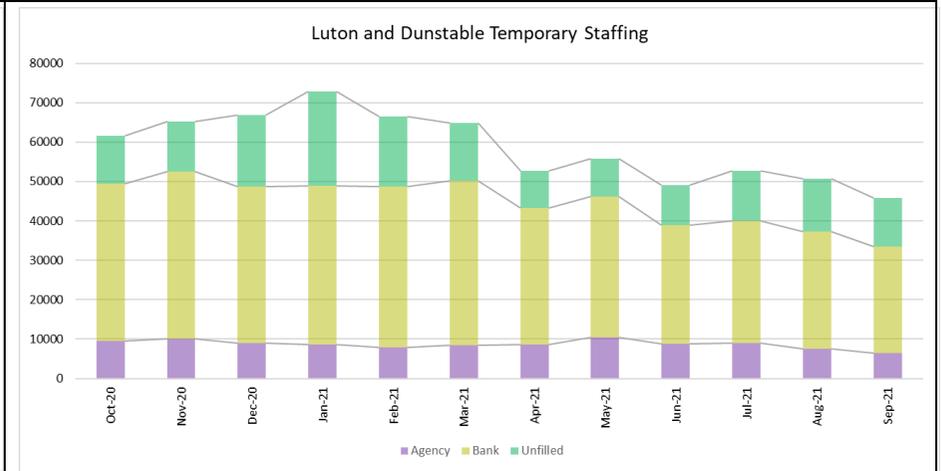
### Luton and Dunstable Hospital Paed ED Fill Rate Trend



**Bedford Hospital Site**



**Luton and Dunstable Hospital Site**

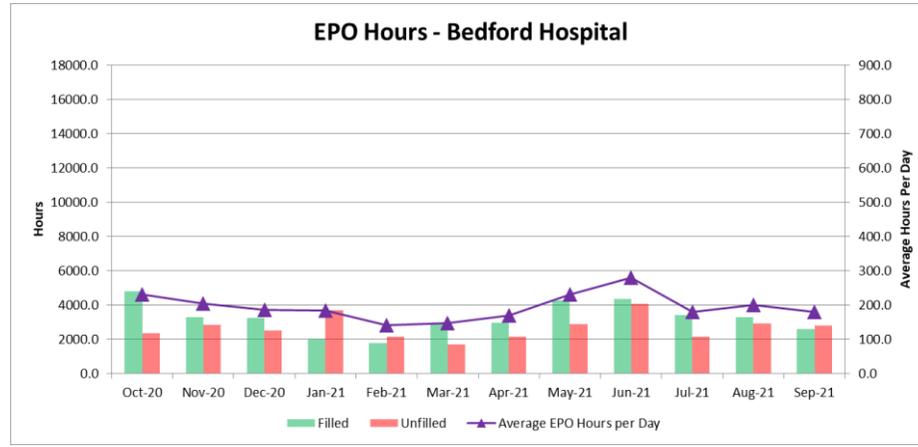


Temporary staffing demand and fill rate remained stable during September however the unfilled rate increased again at Bedford, at Luton the unfilled rate reduced as is normal following the holiday period..

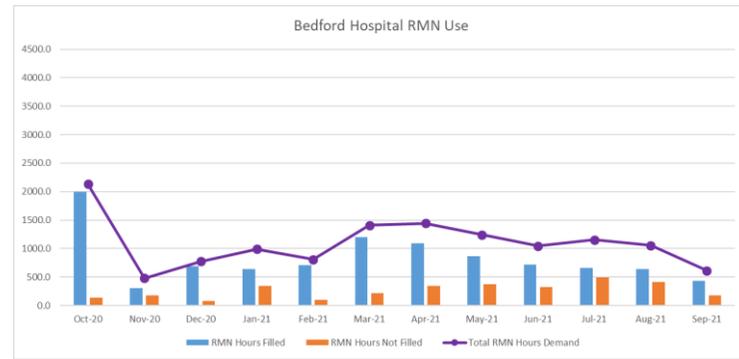
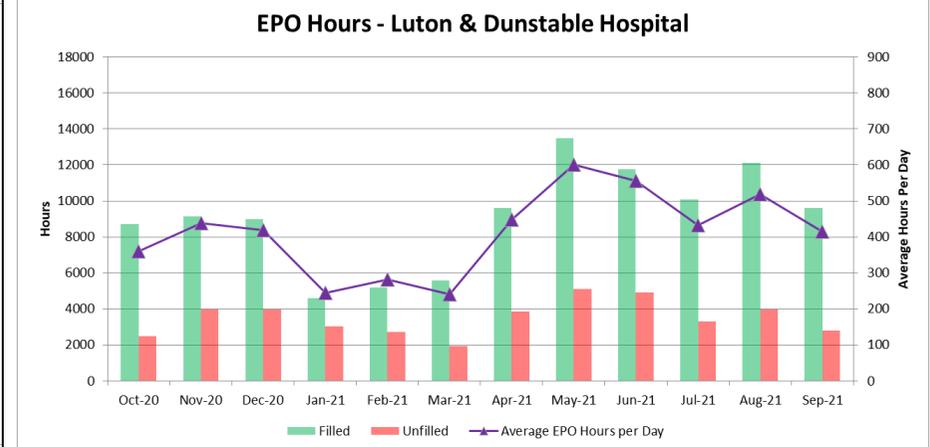
With vacancy rates reducing significantly on the majority of wards we are approaching the point of being fully established, however due to increased absence related sickness and covid isolation requirements there remains a reliance on bank and agency staff.

Also the policy of starting all maternity leave at 28 weeks continues to have an effect on staffing levels in some areas.

**Bedford Hospital Site**

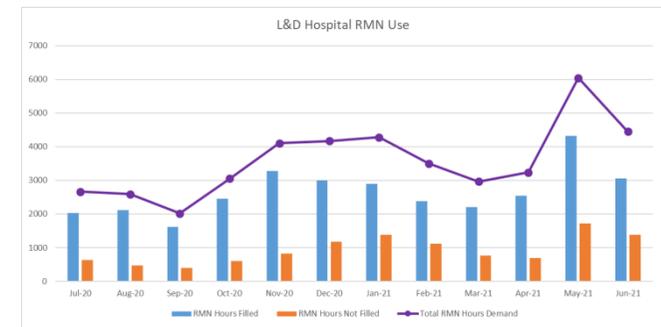


**Luton and Dunstable Hospital Site**



Enhanced Patient Observation (EPO), demand on both sites has remained consistent however, at Bedford hospital the unfilled proportion has exceeded the filled hours in September for the first time since February.

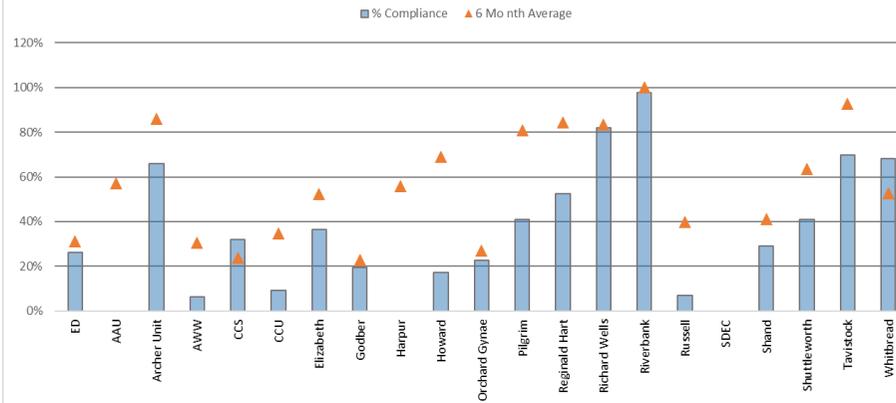
RMN use at Luton peaked in August however this had reduced again in September, at Bedford RMN use in September was at its lowest since November 20.



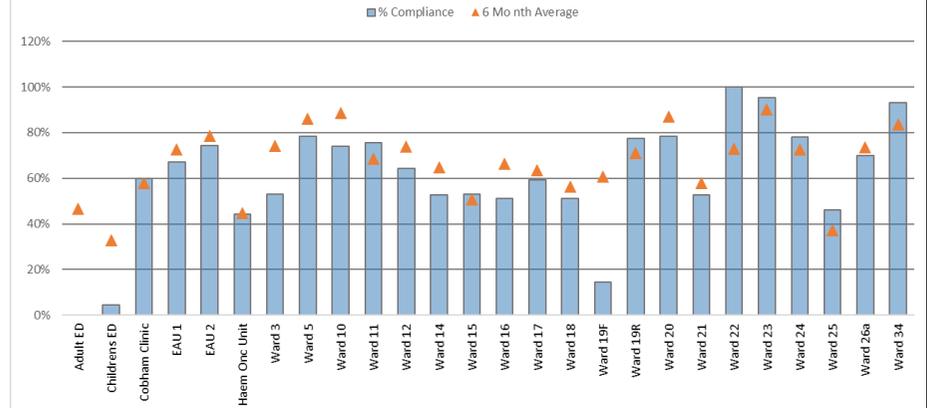
## Bedford Hospital Site

## Luton and Dunstable Hospital Site

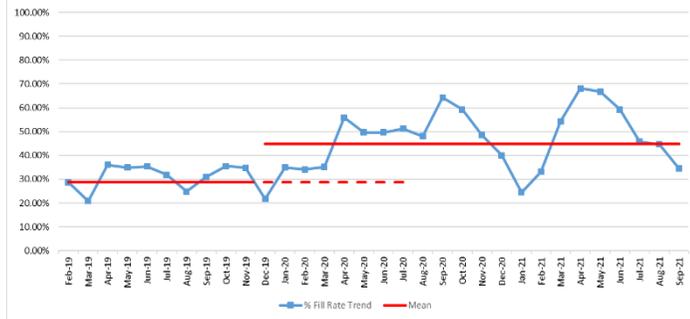
### Bedford SS Cover By Ward - Sep-2021



### Luton & Dunstable Hospital SS Fill Rate By Ward - Sep-2021



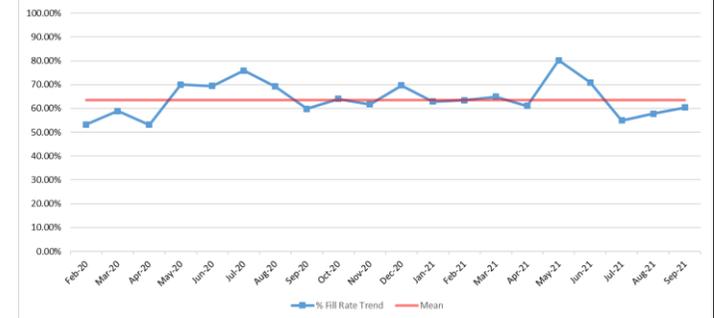
### Bedford Hospital SS Fill Rate Trend (exc Maternity)



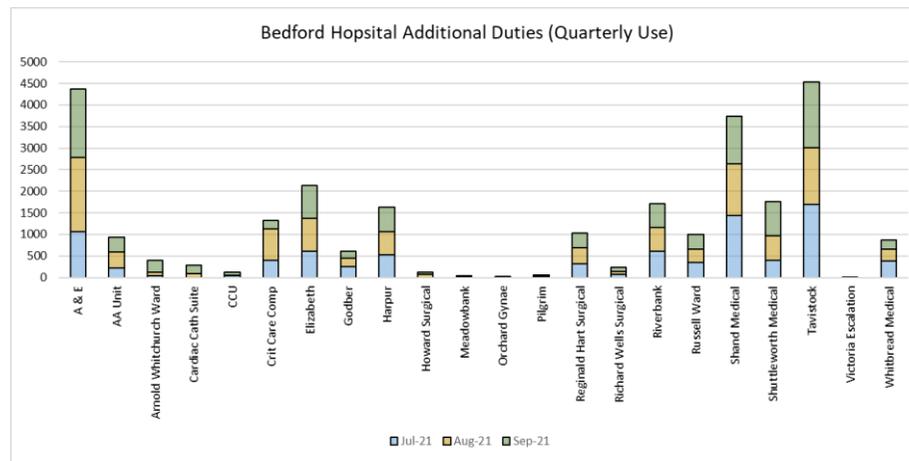
The Francis report recommended that ward managers should be rostered for 100% supervisory time.

The SS rate at both sites stabilised in August however although this trend continued at Luton during September, the rate fell again at Bedford

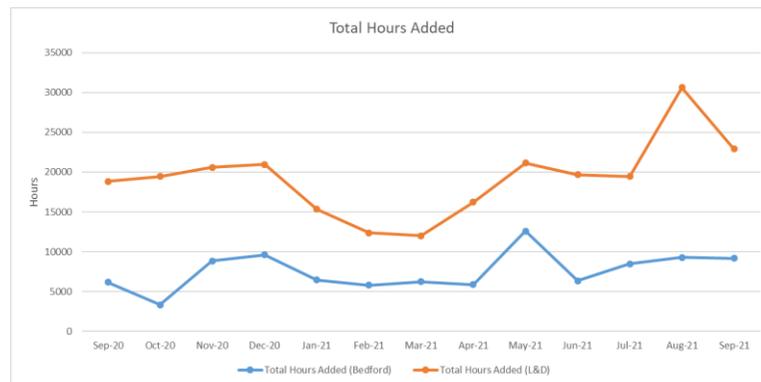
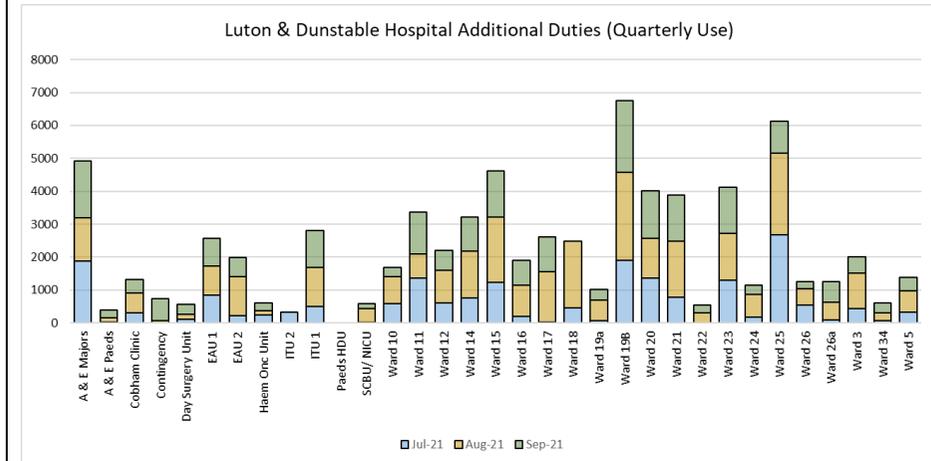
### Luton and Dunstable Hospital SS Fill Rate Trend (exc Maternity)



### Bedford Hospital Site



### Luton and Dunstable Hospital Site



The number of additional shifts added above the agreed ward templates significantly reduced throughout the COVID period. Recent months have seen an increase in the need for additional shifts to support increased activity and increased demand for mental health support.

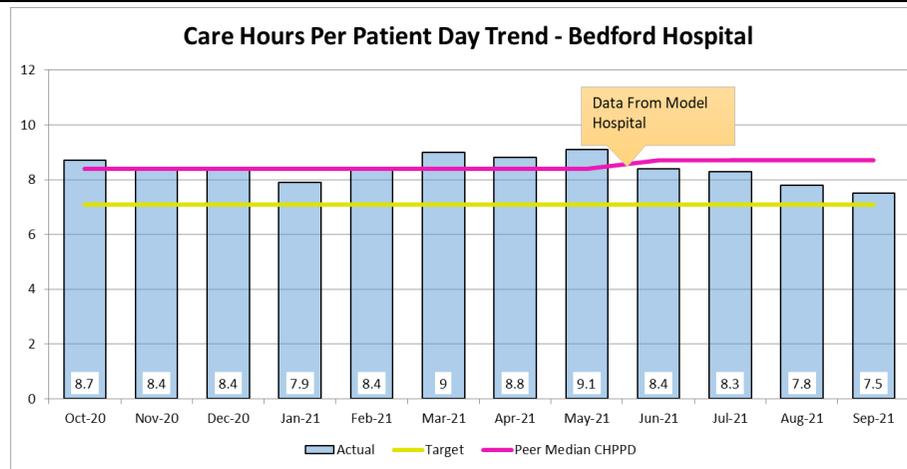
Overall the number of shifts added at Luton reduced in September whereas at Bedford the level of use remain constant.

Specifically ED at Bedford has significantly increased their template.

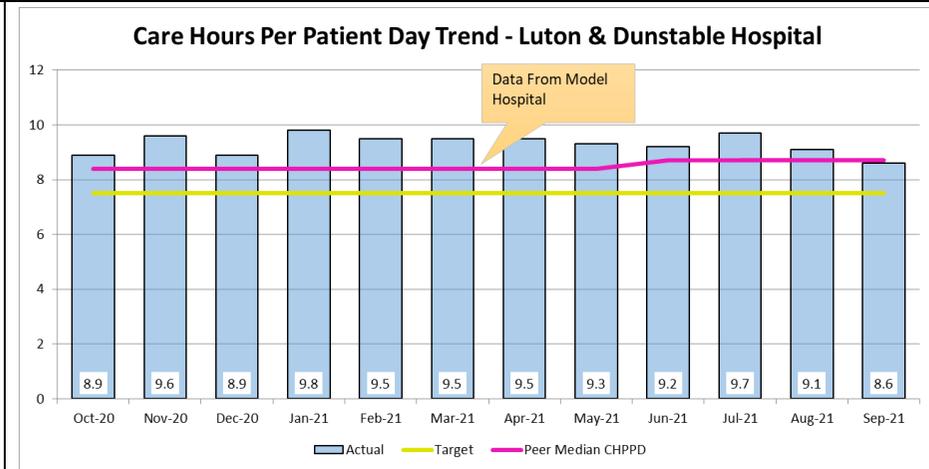
Similarly Luton ED has also added additional shifts however to correct their template and is offset by shifts that have been cleared from their demand.

Ward 19 B and Ward 25 are significant pressure points with ward 19b continuing to use over 15WTE additional shifts to cover EPO. Ward 25 also has high use however the vast majority of these shifts are for RMN's and this reduced in September.

## Bedford Hospital Site



## Luton and Dunstable Hospital Site



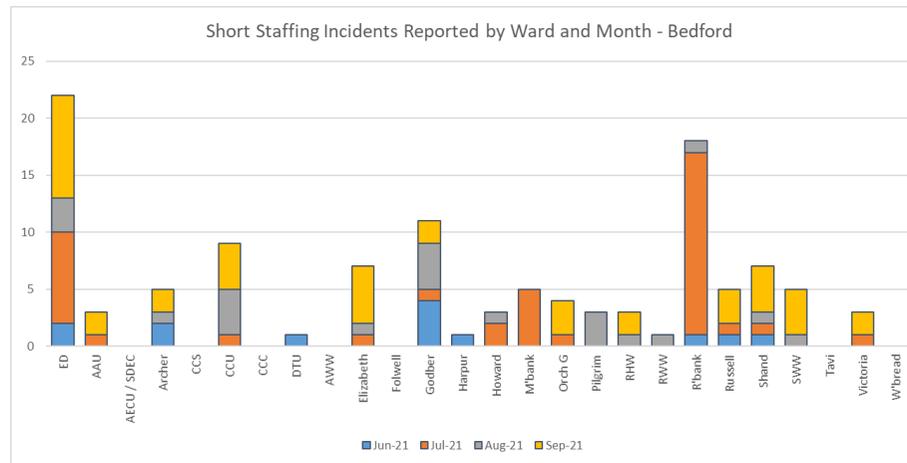
Care Hours Per Patient Day (CHPPD) is a metric that is promoted for use as a standardised measure of effective and safe staffing, by taking into account the number of actual hours worked in direct patient care shifts divided by the number of patients in hospital beds at midnight each day. As with all workforce analysis techniques CHPPD should not be taken in isolation but rather be used as one of a number of measures that produce an overall picture.

The target CHPPD for each hospital is based on agreed ward templates and average bed occupancy at midnight (Bedford Hospital = 7.1 and Luton and Dunstable Hospital = 7.5). The actual CHPPD during normal times averages 7.4 at Bedford and 7.7 at L&D, this reflects the use of EPO shifts, which are not planned, in addition to periods of lower bed occupancy over the 12-month period.

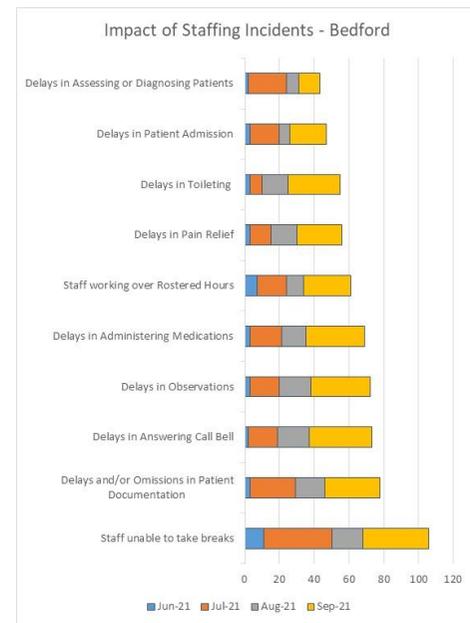
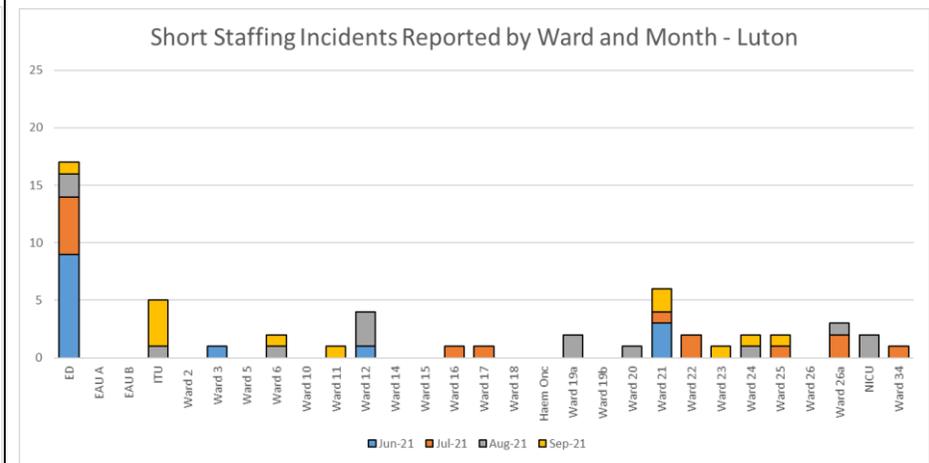
Both sites tend to exceed planned CHPPD. For CHPPD to be truly useful the measure needs to be compared with peers, this is shown on the pink line of the chart above, our peer group for this measure is made up of our surrounding trusts however at this time there has been no update to the Model Hospital data since the advent of COVID 19 and so we cannot currently compare with our peers.

The total trust CHPPD for August was 8.2

Bedford Hospital Site



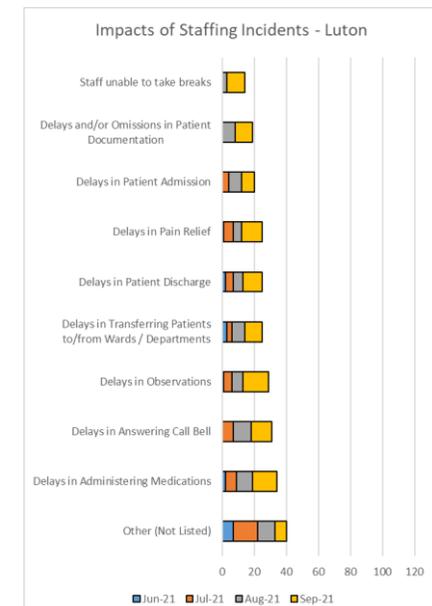
Luton and Dunstable Hospital Site



The number of short staffing incident reports for Bedford hospital increased to 42 for September, with ED submitting a number of these due to ongoing staffing issues particularly within the new paediatric department.

For Luton and Dunstable hospital the number of incidents reported remains constant with 14 incidents reported for the 3<sup>rd</sup> consecutive month, the pattern of reporting areas changes each month and the number of impacts has increased.

Inability to take breaks, delays in medication and delays in answering call bells all feature in the top five impacts on both sites.



# Midwifery Workforce 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.

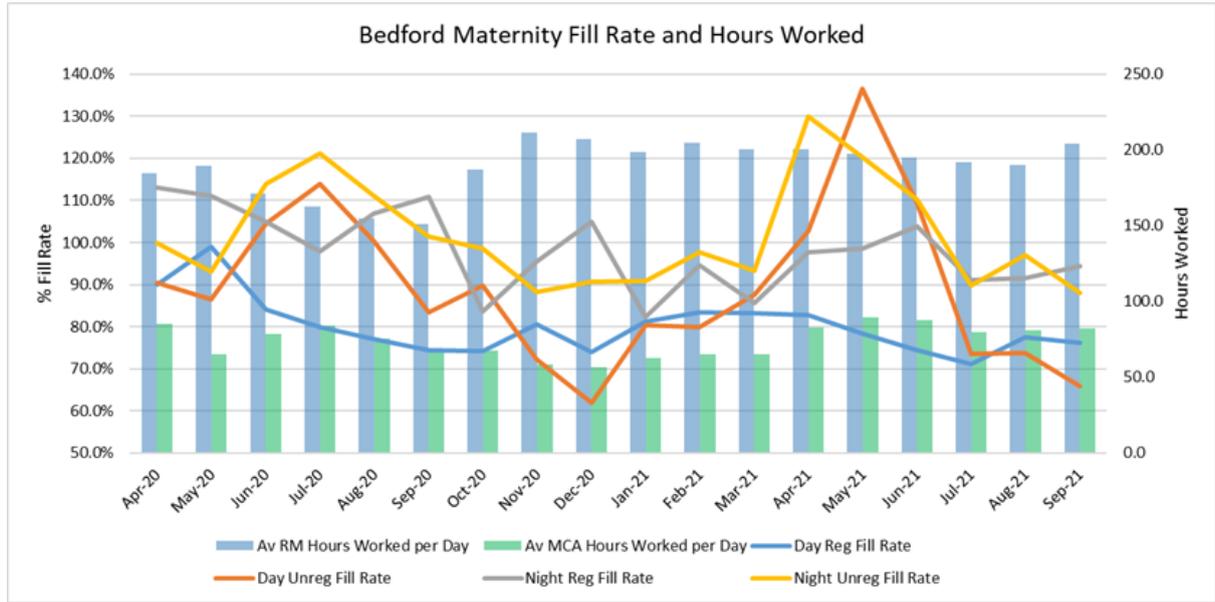
## PURPOSE

The purpose of this paper is to present the Trust Board with an overview of midwifery staffing capacity for the month of September 2021.

## ACTUAL AND PLANNED STAFFING REPORT FOR SEPTEMBER 2021

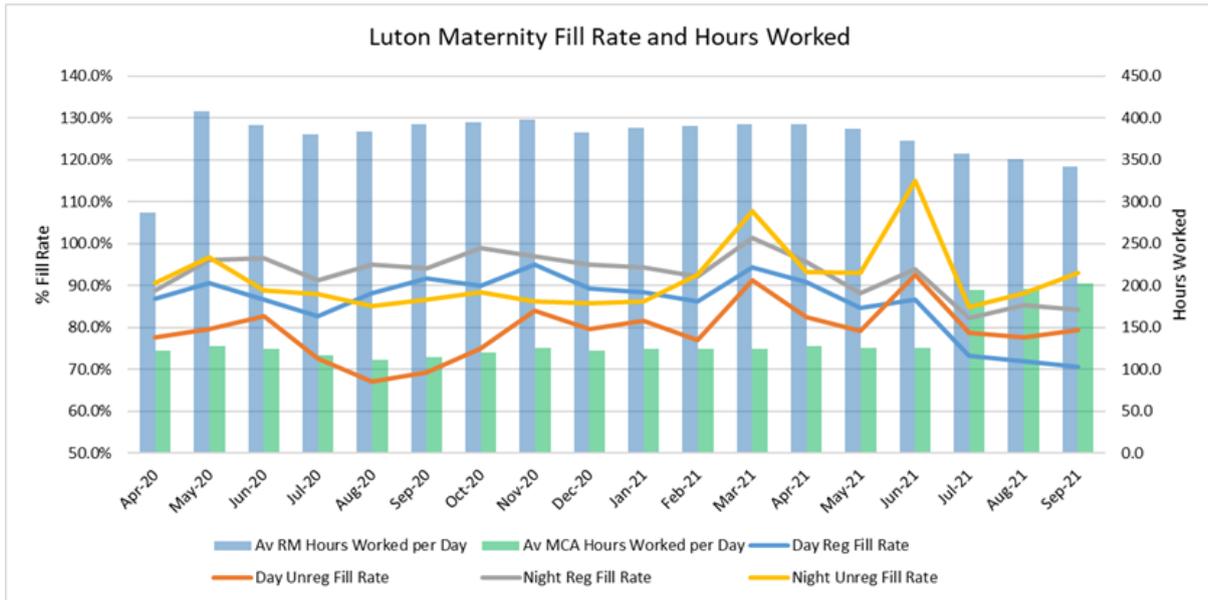
The following section gives an overview of the planned versus actual coverage in hours for each site as a trend of fill rate.

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 hospital wards. The community and continuity of care teams are not included at this time in UNIFY submissions, as the rostering set up for these services does not provide measureable data due to the model of care delivery not aligning to rigid roster planning in the same way as inpatient services.



It is important to note that the fill rate for Orchard ward for RM is 66.6 %, 2 out of 3 on duty, and that the mitigation actions of utilising a RN on each shift are in place which brings the registrant fill rate 76% on days and 93 % on nights. The fill rate for unregistered staff for nights remains stable around 90% but Day fill rate has fallen this month to 66%. Additional unregistered staff are being recruited and work is ongoing to support the development and satisfaction in role for support workers.

Prospective planning for staffing has been occurring on a daily basis and all specialist midwives, matrons, the Head of Midwifery and Director of Midwifery have been working clinically to support service delivery across the 24 hour period.

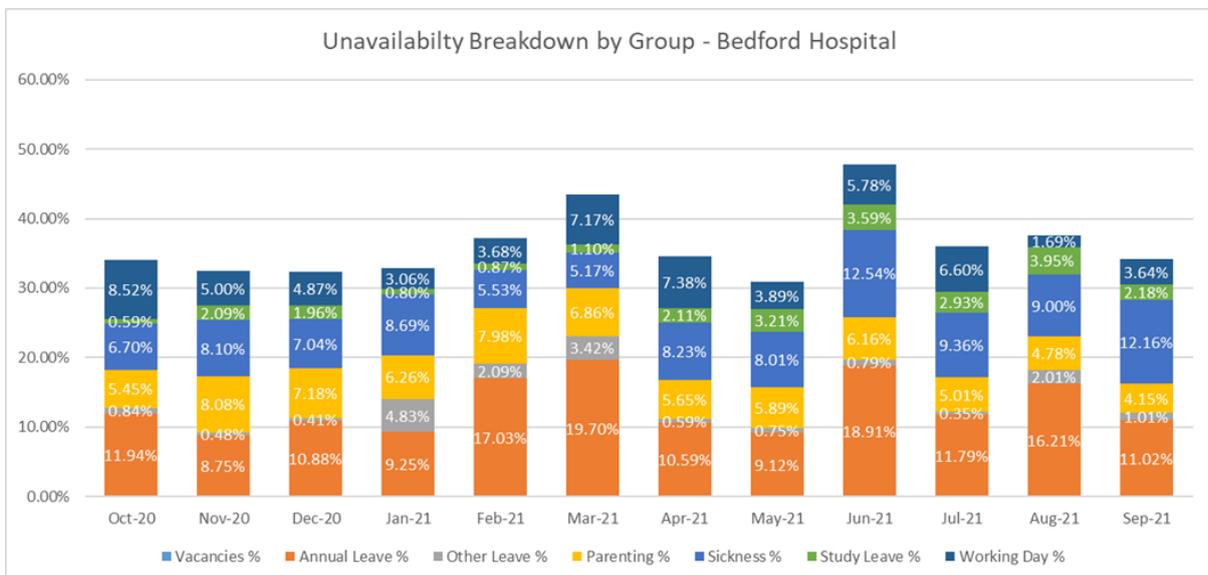


On the Luton site, fill rates for registered staff dropped to 70 % for the day shifts, this is due to vacancy, short and long term sickness, with the night fill rate remaining similar to August 2021. The mitigation for the day shifts was the use of specialist midwives to support the service, with specialist midwives being allocated planned shifts as well as supporting in times of escalation. One Agency midwife joined the service in September 2021 and worked permanent night shifts, which supported with the night shift fill rates. Both day and night unregistered fill rates showed a slight increase.

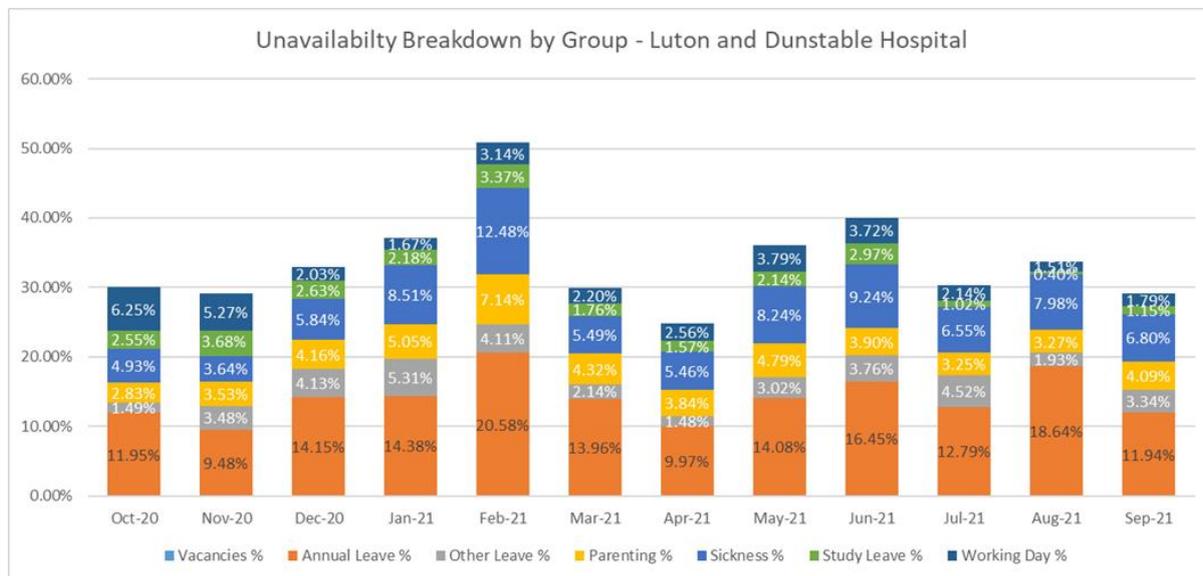
The Chief Nurse has been supporting the Maternity leadership teams with developing strategies to support an increase in temporary staff fill rate. At the time of writing these strategies have been implemented and it appears that fill rate is at present improving.

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

There is on-going work to align the processes for updating ESR across both sites and to ensure that the data is accurate. The Head of Midwifery on each site are working with finance and workforce partners on aligning establishments and vacancy detail.

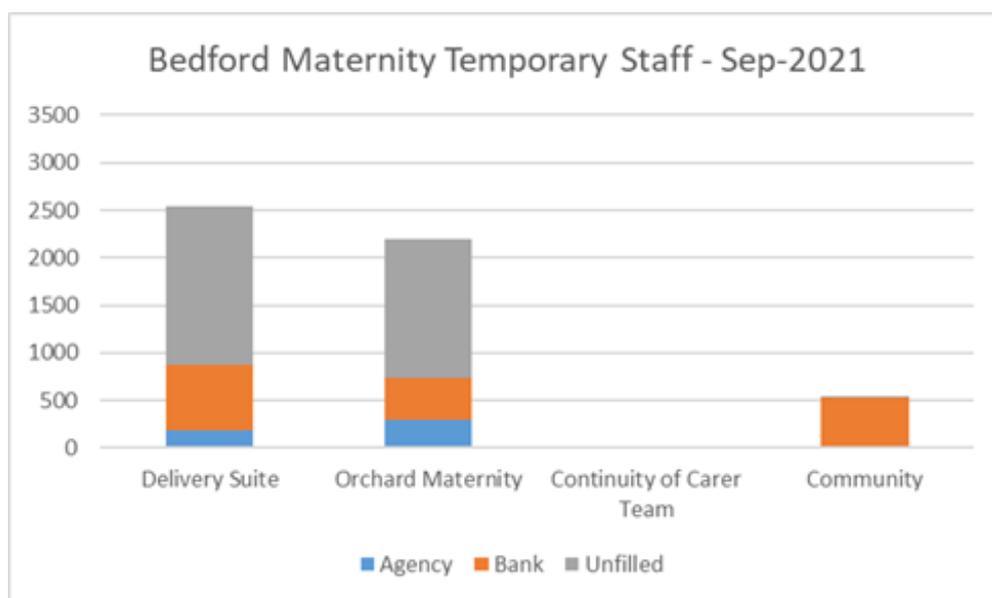


Sickness leave have increased in month (from 9.00% to 12.6%) with work related stress being the highest cause of absence, work continues with HR to make targeted plans for individuals. Annual leave is also reading at target levels work continues to improve the booking process and management of Annual Leave.

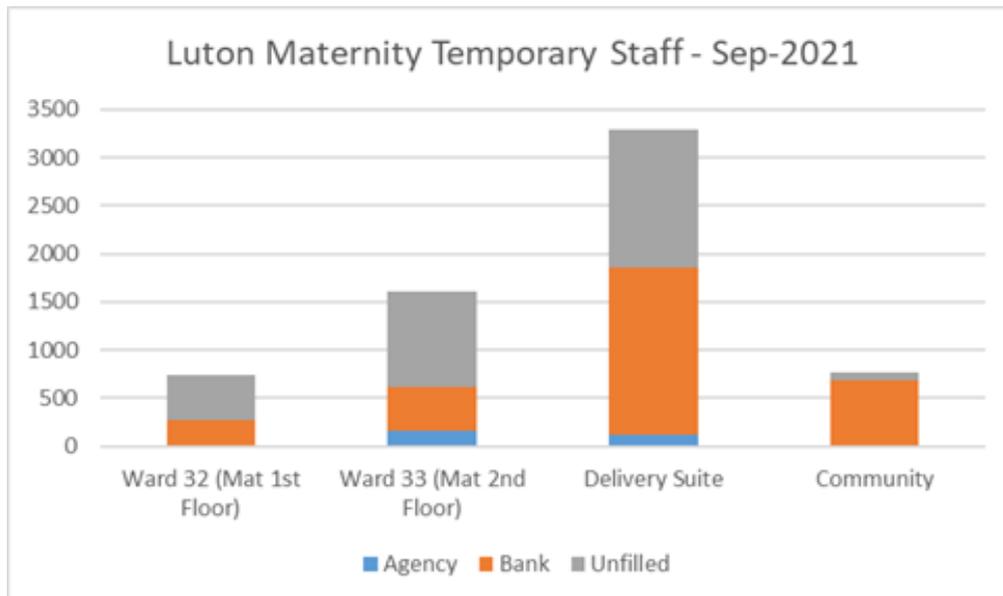


Sickness levels continue to be above Trust target levels on the Luton site but have improved since the previous month (6.8% compared to 7.98% for August). The midwifery management team are working with HR partners and Occupational Health to meet with staff and put supportive plans in place to facilitate timely returning to work. Where possible staffs are supported to return to work on phased return plans to support return to work

### Temporary Staffing hours



Overall fill rate for RM and MCA/MSW is 49% which equates to 18.86 wte.



The use of Agency and Bank staff correlates with the reduction in fill rates noted above. Ward 33 (Postnatal Ward), use Agency registered general nurses to support with registered nurse cover, as registered nurse form part of the ward staffing template. Delivery suite worked with one Agency midwife who provided long line Agency cover for the month of September. The area with the highest use of temporary staff was Delivery suite as this is the area with the highest vacancy, and clinical area that is most successful in attracting Midwives to work temporary shifts. Delivery suite has some midwives who work permanent Bank shifts in this area. Overall fill rate for RM, MCA/MSW was 55.89% equating to 29.2 wte

### BIRTHRATE PLUS RATIO

Site	No. of Births for September	BR ratio Actual for month	Actual clinical WTE	BR ratio Funded
Bedford site	243	1:36.3	79.83	1:26
Luton and Dunstable site	485	1:30.9	133.64	1:25

### 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. 4 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 8% of the time. There were a high number of women seen in categories I-V (Higher care needs), resulting in an increase in the requirement of midwifery time. *(Categories I and II reflect normal labour and outcome and are predominantly midwife led care. Categories III – V reflect increasing levels of need).*

Staffing factors such as midwife absence due to sickness, vacancy and midwives being redeployed to other areas (Antenatal/Postnatal Ward) all impact on the ability of the service to meet the patient acuity. The Team implemented measures to support staffing during periods of high escalation with Specialist midwives and Midwifery Managers working clinically, so that women were able to receive care in line with their clinical needs.

Luton and Dunstable Hospital went on divert on 2 occasions in September 2021. This was due to shortfalls in midwifery staffing.

Date	Reason for Divert	No. of women transferred out	Units transferred out
04.09.2021	Midwifery staffing	2	Northwick Park, Royal Free
29.09.2021	Midwifery staffing	0	Units unable to accept

On Ward 32 and Ward 33, leaders have worked with the teams to improve compliance with the recording of extra care data and exceptional care data. There has been a decrease in compliance on both wards during the month of September. The data is too low to record. Reduced compliance with completion of the Acuity Tool in both wards is a result of reduced staffing, with staffing being supplemented with staff that do not normally work on the inpatient ward areas and competing clinical demands.

On Ward 33, extra care hours for babies had reduced to 33%. The implementation of the national Quality Improvement initiative using the Kaiser Tool for the management of neonatal sepsis has been very effective reducing the extra care hours by approximately 50% and it is anticipated that this will contribute to reducing the level of Neonatal extra care hours.

## BEDFORD SITE ACUITY ANALYSIS

On Delivery Suite, the acuity was met for 36% of the time in September. Specialist Midwives are supporting across the rotas; Matrons hours are being worked flexibly to support the service. Long line agency is currently being used and recruitment to bank only working is ongoing.

The unit went onto divert on five occasions during the month of September.

Date	Reason for divert	No of women transferred out	Units transferred to
01.09.21	Midwifery staffing	3	KGH, Rosie, MK
05.09.21	Midwifery staffing	0	Units unable to accept
11.09.21	Midwifery staffing	1	Rosie
12.09.21	Midwifery staffing	0	Units unable to accept
19.09.21	Midwifery staffing	1	Rosie

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 for September. The HoM is working with the Neonatal team on consideration for the recording and scoping of Transitional care (TC) Definitions of TC criteria are also being reviewed.

### ONE TO ONE CARE IN LABOUR

The Trust aims to ensure that women in established labour receive 1:1 care and reported as follows:

For Bedford Hospital site, 98.94% of women received 1:1 in September. There were 2 of 188 people eligible for 1:1 care that didn't receive due to acuity/ staffing but they did have a midwife present at the birth.

On the Luton and Dunstable site, 1:1 care in labour compliance was 94.8%. There were 26 women documented who did not receive 1:1 Care in labour. Six women were removed from the data calculation as they were births before arrival (BBA). 5 women delivered on the Triage ward (Ward 31) and 1 woman progressed quickly in labour on the Antenatal ward (Ward 32).

Therefore 20 women were included in the data calculation, as they were in the right location for 1:1 care in labour but did not receive it. The 20 women did not receive 1:1 care due to staffing shortfalls and high acuity on the Labour Ward. All the women had a midwife in attendance when they gave birth.

1:1 Care	Goal	Red Flag	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021
Luton	100%	<95%	99.5%	98.6%	99.3%	98%	96.7%	94.8%
Bedford	100%	<95%	99.4%	98.92%	100%	99.6%	100%	98.94%

## 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 of all birth activity within the service.

		April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021
Luton	%Shifts DS Coordinator was supernumerary	98.3%	98.9%	94.4%	87.6%	91.4%	86.6%
	Number of shifts not supernumerary	3	2	10	23	16	24
Bedford	%Shifts DS Coordinator was supernumerary	97.22%	92.22%	97.22%	86.56%	86.56%	76.1%
	Number of shifts not supernumerary	5	14	5	25	25	43

For the month of September, on the LDH site, Supernumerary Status Band 7 was 86.6% compared to 91.4% in August. The low compliance with the Band 7 status supernumerary status, correlates with the staffing shortfalls, and the high midwife to birth ratio recorded earlier in the report. There was appropriate escalation each time the Band 7 lost their supernumerary status to support the Band 7 returning to supernumerary status as soon as possible.

On the BH site Supernumerary Status of the Band 7 also dropped to 76.1% appropriate escalations have been taken throughout the month and the HoM has reviewed all cases to verify that Band 7s were in not providing labour care. Where necessary the senior midwifery team have been providing support to cover the Band 7 role. Out of 10.56 wte Labour Ward Coordinators in post, there are 3 wte are working with OH restrictions or on Long Term Sick leave as well as an increase in short term sickness in this staff group. The Trust is currently recruiting into these positions as part of ongoing recruitment work and this includes an increase in Band 7 Labour Ward Coordinator to ensure 2 band 7 RM are on each shift.

## RED FLAGS

A staffing red flag event is a warning sign that something may be wrong with nursing or midwifery staffing. 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 and an increase in use of this tool has seen an increase in the number of reported Red Flags.

In September 2021, 100 Red flags were raised at the Luton and Dunstable site and 110 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.

## **WORKFORCE AND RECRUITMENT**

The Trust is currently part of the East of England Midwifery Working Group who are working together to submit a collaborative bid to NHSi for funding for the International recruitment of midwives. As this is a new initiative for all Trusts discussions are underway to recruit from countries which have comparable midwifery education levels as well as understanding and putting in place adequate NMC registration support, OSCE and developmental training programmes and pastoral support for the midwives once they arrive in post.

The Trust is also manning a stand at the Health Sector Jobs Fair in Dublin in October with the aim to attract and recruit midwives who are looking to move to the UK.

### **Luton and Dunstable Hospital Site**

11wte newly qualified midwives are due to start in October/November 2021 with a further 6.3wte joining the service between December 2021 to January 2022. Recruitment for Maternity Care Assistants has been completed with 8.61wte offered jobs and currently going through the recruitment stages. One Agency Midwife has been working on the delivery suite, supporting the current staffing gap on a short term basis. There is an on-going advert on NHS Jobs for newly qualified and experienced Midwives.

The Consultant Midwife and Education team have reviewed the Preceptorship pathway; this will support the retention of newly qualified midwives who can now be better supported by a skills based preceptorship pathway. The maternity services are currently recruiting EU/overseas qualified midwives already on the NMC register with a bespoke preceptorship programme in progress. An expression of interest has been sent into HEE for the part funded return to practice midwifery programme.

### **Bedford Hospital Site**

Three NQM have commenced in post, with a further three starting in the month of October also. It is expected that a further 4 will start within the month of December.

Band 6 substantive and bank posts remain advertised on a rolling basis. A Band 5 advert is currently being shortlisted to, and a Band 7 Delivery Suite Coordinator post has been out to advert also. Currently recruiting for 1 Band 7 Community Team Leader (12-month maternity cover post) and 1 Band 7 Community Team Leader substantive post. Shortlisting for Maternity Support Worker Band 3 posts is currently taking place.

The HoM has written to all midwifery leavers of the organisation in the past two years, this has yielded half a dozen meeting with some valuable themes of learning and interest from 3 midwives to return to practice, 2 in a substantive capacity 1 on to bank.

### **Both Sites**

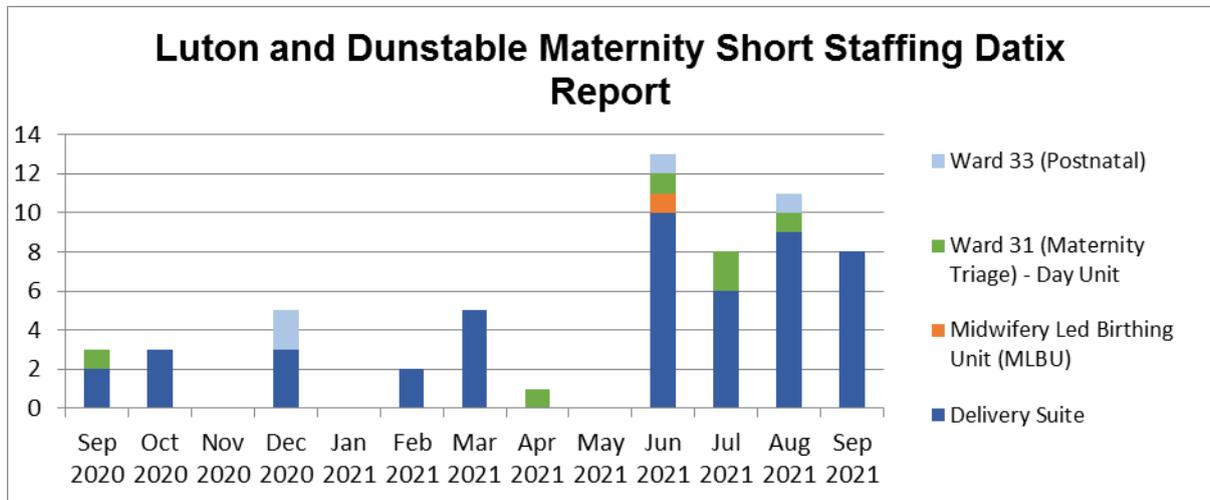
The shortened course programme with University of Hertfordshire is also being supported across both sites with a view to supporting up to 4 students on the Bedford site and 6 on the Luton site.

A Return to Practice (RtP) midwife has commenced at Bedford and our adverts for further RtP students across both sites go out shortly

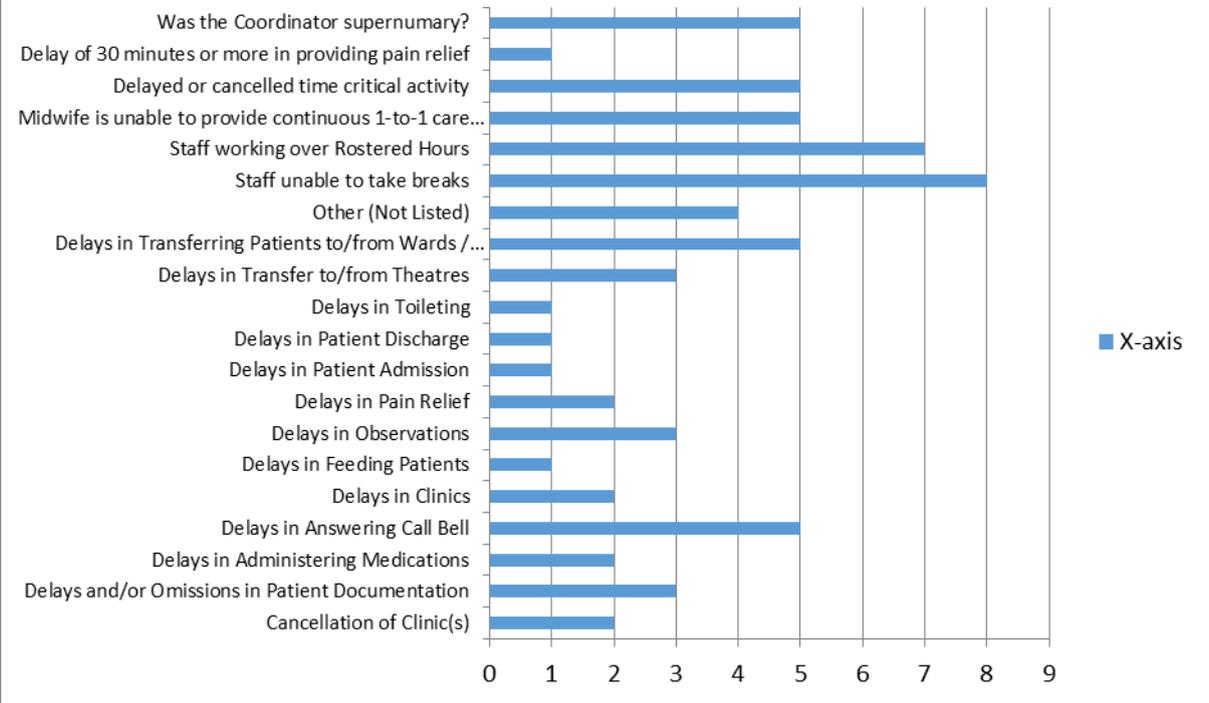
**INCIDENT REPORTING RELATING TO STAFFING**

The trend in incident reports completed in relation to midwifery staffing is shown in the tables below. The number of incident reports relating to midwifery staffing for the month of September 2021 was 8 on the Luton and Dunstable Site and 18 at the Bedford Hospital Site. Safety is monitored through the daily staffing meetings, through the weekly Local incident review panels, which are attended by the Heads of Midwifery and Director of Midwifery. Datix reporting around staffing has oversight from the site 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.

**LUTON AND DUNSTABLE SITE INCIDENT REPORTING**



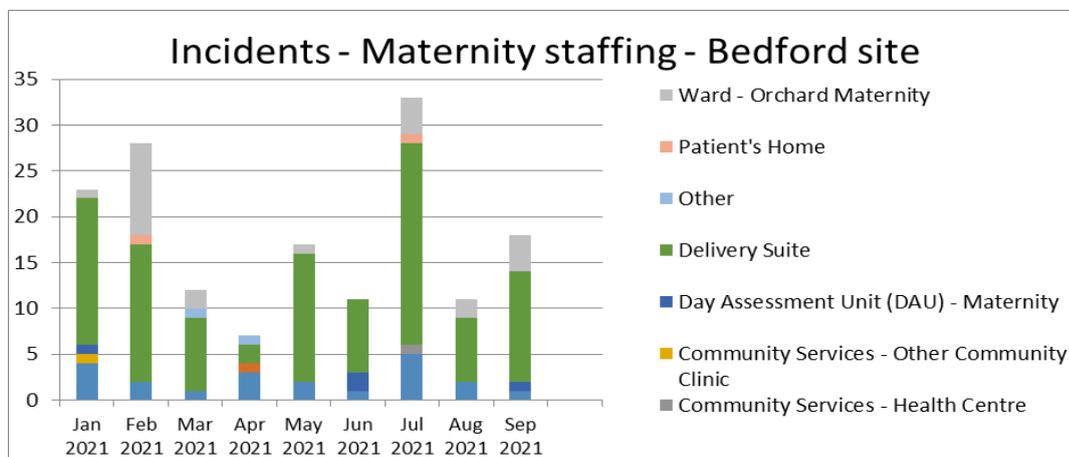
### Luton & Dunstable Maternity Specific Impacts of Staffing Incidents - September 2021



Maternity and Neonatal multi-disciplinary team are developing a process for ensuring a review of all pre 27/40 in utero transfers within 24 hours of the refusal, to identify any learning that may support the ability of the services to reduce IUT refusals. The Teams are also participating in regional work streams led by the ODNs to increase right place of birth for babies requiring Level 3 NICU input.

It can be seen that themes of staff not able to take breaks and staff working longer than rostered hours are the most common themes of the reported incidents. The Team are working to support staff receive meal breaks as much as possible, through the use of Specialist Midwives and the midwifery leadership team, however this is more challenging out of usual working hours.

### BEDFORD SITE INCIDENT REPORTING



At Bedford, in line with the red flag reporting, there has been an increased reporting for maternity staffing for the month of September. The cases have been review and appropriate escalations have been taken through the month. We have had learning from 1 case in relation to ability for EEAST being able to contact the unit in the event of an emergency (i.e. neonatal resuscitation, Antepartum Haemorrhage or Post-Partum Haemorrhage), immediate actions have been an introduction of an emergency red phone for Ambulance crews or community midwives to use. The learning has also been shared with the local maternity and neonatal system (LMNS) for wider dissemination across the region in view of maternity units across the East of England being in escalation status.

## **RECOMMENDATIONS**

The Trust Board is asked to note:

The current midwifery staffing picture and the reduction in fill rate during this month.

That the maternity services have been diverted on 7 occasions during the month of September.

There has been an increase of reporting of Red Flags this month, the themes of these are similar to previous months and relate to delayed or cancelled time critical activity, commencing induction of labour and delay when presenting to triage continues.

That the supernumerary status of the Labour ward coordinator both sites for the month of September has fallen and is < 86% on both sites.

That 25 WTE newly qualified midwives are due to commence in post in the Trust between September - January 2022 this is a reduction in the number recruited but is in line with 'fall out' that has occurred in previous years.

The actions in place to support safe staffing levels.

**Emma Hardwick**  
**Director of Midwifery**  
**October 22<sup>nd</sup> 2021**

## **GLOSSARY OF DEFINITIONS**

### **Definitions**

#### **Supernumerary status**

*“When she/he is not available to provide this help & support to staff caring for women, e.g. she/he is caring for a woman who requires 1:1 care, Red Flag 10 should be triggered and recorded.” – Birth Rate Plus Team/CNST standard*

#### **One to One care**

*Refers to providing 1-2-1 care (one midwife to one woman) usually within the confirmed stage of active labour having commenced.*

#### **Categories I – V**

*“Categories I and II reflect normal labour and outcome and are predominantly midwife led care. Categories III – V reflect increasing levels of need. Category III are women who may have had an induction of labour or continuous fetal monitoring for known/suspected risk and delivery. Category IV might be a woman who has had a well-managed elective C/S or one who has had a normal delivery with a healthy infant, but had had a long labour, received an epidural or an episiotomy with sutures. Category V usually related to emergency operative delivery, associated medical/obstetric problems, unexpected emergencies or stillbirth” – Birth Rate Plus FAQs*

## Information Governance (IG) Quarterly Board Report Oct 2021

<b>Purpose of this report:</b>	<ul style="list-style-type: none"> <li>Update, information &amp; awareness</li> </ul>
<b>Report by:</b>	<ul style="list-style-type: none"> <li>Heidi Walker Head of IG/Data Protection Officer</li> </ul>

### Data Security & Protection Toolkit (DSPT)

The Trust’s previous position: **Standards not met** (July 2021)

In the July IG report we advised that NHSD will accept a maximum of 15 outstanding items to change The Trusts compliance to Standards Partially met. It was agreed that the team would aim to complete seven by Sept 2021

This was achieved and seven of the seven outstanding evidence items were completed and an updated improvement plan was emailed to NHSD for review.

NHSD reviewed our updated plan and were satisfied so amended the Trusts position.

The Trust’s current position: **Approaching Standards** (Sept 2021)

### Next Steps for Sept, Oct and Nov

- Update improvement plan with new assertions for 2021/22
- Continue with the actions within the improvement plan.

The Trust will be asked for a final update again in December 2021

### Breakdown of Acute Trusts DSPT performance

158 Acute Hospitals	Exceed the Standard	Standards Met	Approaching Standards	Standards Not Met	Not Published
	5	84	50	4	15

### DSPT Deadlines

Baseline 28th February 2022  
Submission 30th June 2022

### 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.

## Data Privacy Impact Assessment (DPIA)

The need for a multiuser DPIA solution still remains high on the IG agenda.

The IG Team continues to publish approved DPIA's on the Trust website which is updated on a monthly basis.

## Data Flow Mapping & Departmental Information Assets

Work continues with the merged Information asset register however there are still many gaps and heavily reliant on excel spreadsheets which are cumbersome and not currently fit for purpose.

We need to demonstrate compliance with legislation and regulation, so it is essential that we have a robust Asset management solution in place. Allowing The Trust to manage risks to information that support patient centred outcomes, efficiencies, reputation and also public trust.

## 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.

The Teams are working well and compliance continues to improve across both sites.

In the last quarter 88% of SAR requests were completed within the 30 day deadline which is another 4% increase.

Year 2020/2021		No of requests	Breached legal deadline	Compliance with deadline
Q1	April-June	1007	191	81%
Q2	July – September	1009	122	88%
Q3	October – December	244		
Q4	January – to date			
<b>Total Received</b>				

Requests received from	Number of Requests				
	Q1	Q2	Q3	Q4	Total
Patient	341	322	61		
Court Order/Social Services	11				
Solicitors	466	510	137		
Health Organisations	68	61	13		
Police	29	31	9		
Coroner					
Government	66	50	17		
Insurance	10	5	1		
Legal	15	19	2		
Total		1009	244		

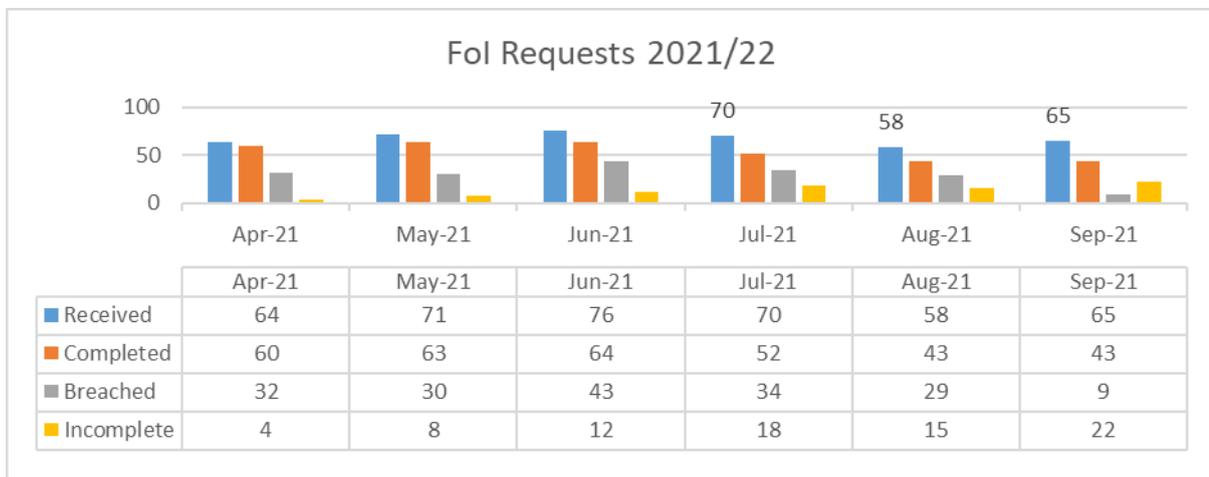
## Freedom of Information (FOI)

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. We have recently recruited for the position of FOI officer to coordinate this function from November and have put further escalation processes in place to capture pending breaches. .

The 20 day compliance figures have risen slightly in the last quarter to 61.66%

Year 2020/2021		No of requests	Breached 20 day deadline
Q1	April-June	237	124
Q2	July – September	193	72
Q3	October – December	29	
Q4	January – to date		
<b>Total Received</b>		<b>127</b>	



### **Mandatory IG Training**

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

The current percentage of staff compliant with annual IG training is 75%

To achieve the target of 95% compliance it has been recommended the Trust align pay progression to ESR. Other Trusts that have moved forward with this are now compliant with this target.

The IG team will continue to actively contact staff members that are non-compliant and guiding them to the most appropriate training.

### **National Data Opt Out**

This item is on the DSPT Improvement plan as a high priority.

The deadline for health and care organisations to comply with national data opt-out policy is now 31<sup>st</sup> March 2022. It has been extended to enable health and care organisations to focus their resources on the coronavirus (COVID-19) outbreak.

The Trust will:

- have a solution in place for compliance before March 2022

The Trusts privacy notice will be updated to reflect the change when implemented.

### **Reform to UK's Data Protection regime**

The reform presented for consultation deliberately build on the key elements of the current UK General Data Protection Regulation (UK GDPR), such as its data processing principles, its data rights for citizens, and its mechanisms for supervision and enforcement. These key elements remain sound and they will continue to underpin a high level of protection for people's personal data and control for individuals over how their data is used. Organisations have invested in understanding, complying with and implementing this regime, and the ICO's toolkit for supervision is fundamentally fit for purpose.

The reform proposals offer improvements within the current framework, a few of which will be relevant to the Trust that I have highlighted below

**Research**

Grouping all research related items into one area of the regulations

**Subject Access Requests (SAR)**

Re-introducing small fee or limiting the work related to completing a SAR (Along the lines of FOI 18hr limit)

**DPO**

Potentially removing this role and replacing with an accountability role (in line with the accountability framework)

**ICO reporting**

To reduce the amount of reports that are unnecessary there is a proposed definition or wording change of Art33 as 'Breach poses a risk to individuals' is a complicated assessment. Reintroduction of a decision tree & matrix

**Increased range of regulatory outcomes**

Organisations could be mandated to sign an agreement with the ICO (ref DPA)

**Board of Directors**

**Wednesday 3 November 2021**

<b>Report title:</b>	<b>Performance Reports</b>			<b>Agenda item: 7</b>
<b>Executive Director(s):</b>	Quality and Performance L Lees, Chief Nurse, C Jones, Deputy CEO, C Thorne, Director of Quality and Safety Governance, P Tisi, Joint Medical Director, D Freedman, Joint Medical Director  Finance Matt Gibbons, Director of Finance  Workforce Angela Doak, Director of Human Resources			
<b>Report Author</b>	<b>As above</b>			
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To note the contents of the report for assurance.			

<b>Report summary</b>	<p><b>Quality Summary</b></p> <ul style="list-style-type: none"> <li>Whilst there has been a slight increase in falls noted on the Bedford site, falls incidence has predominantly remained below the RCP national average of 6.63 per 1000 bed days.</li> <li>Incident reporting rates remain within normal variation, with a rising trend. Overall reporting trends remain similar.</li> <li>12 Serious incidents have been reported and are currently being investigated. Improvement activity is also noted.</li> <li>Whilst complaint rates have been slightly lower overall the Trust position is stable with the most common themes for the last 3 months continuing to be communication and issues related to clinical treatment.</li> <li>Trust performance improved against the 62 day referral to treatment standard, with 74.8% of patients across the two hospitals starting treatment within 62 days.</li> <li>Ongoing uplift in referrals is reflected in another step change increase in the number of open pathways (incomplete) from 61,606 to 63,963 – a 3.8% increase.</li> </ul> <p><b>Finance Summary</b></p> <p>The Trust delivered a surplus of £0.6m year to date, this is against a £0.6m plan. The Trust pay spend is £3.3m overspent</p>
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	<p>year to date, in month £0.3m. The run rate is in line with the previous month. Non-pay is £7.3m overspent year to date. Of which £2.3m related to PCR covid testing and other out of envelope expenditure that is reimbursed by NHS England. Based on estimated M1-5 elective recovery fund performance, the Trust has recognised £7.4m income within its position. As it stands, there continues to be a risk of not receiving all the ERF funding. Capital spend is £19.1m against a plan of £83m. The Trust continues to review the capital in year to ensure it stays within CDEL.</p> <p><b>Workforce Summary</b></p> <ul style="list-style-type: none"> <li>• Between July and August sickness increased slightly (0.67%) to 4.16% and is 0.67% higher when compared to the same period last year (3.49%)</li> <li>• Vacancy rates have decreased slightly from 8.31% in August 2021 to 7.74% in September 21.</li> <li>• Overall turnover is similar to the same period last year; 14.37% in September 2020 and 14.1% in September 2021.</li> <li>• The overall Agency run rate is 21.4% higher in September 2021 when compared to September 2020 equivalent to 45.4 FTE more agency workers.</li> </ul>
<p><b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b></p>	<p>The national access targets and financial performance form part of the NHS provider Single Oversight Framework which determines the segmentation, and therefore the level of autonomy and support needs attributed to the Trust, by NHSI/E.</p> <p>CQC Oversight</p>
<p><b>Jargon Buster</b></p>	<p>Superstranded patients - Someone who has spent 21 days or more in hospital.</p> <p>Nervecentre - An Electronic Patients Record Solution that includes patient observation and clinical care.</p>

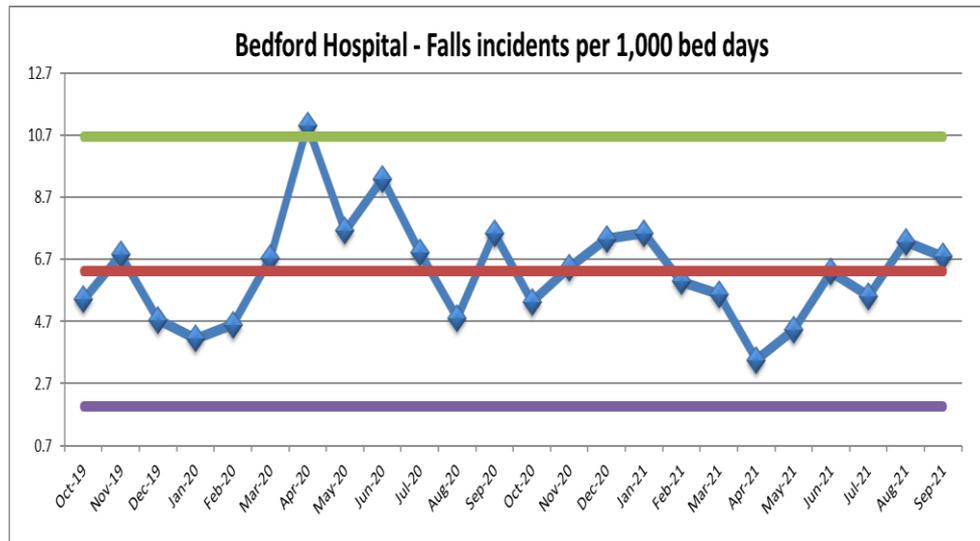
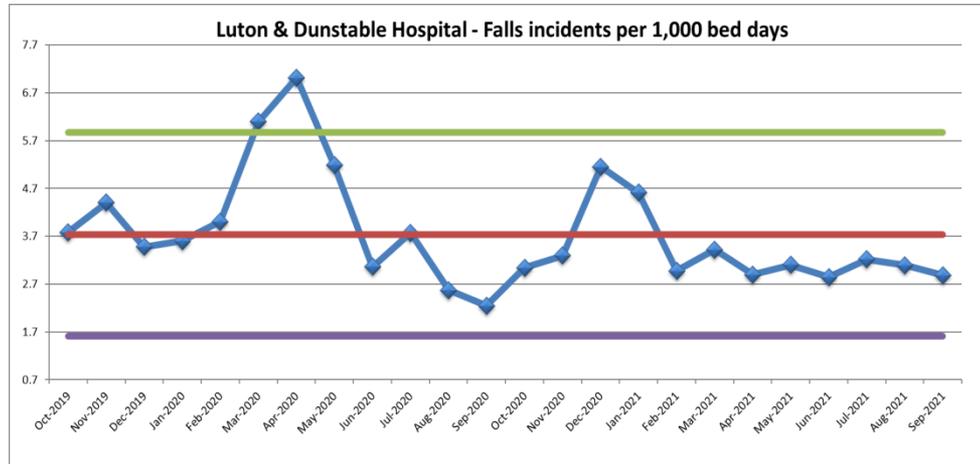


# Quality and Performance

November 2021 (July - September)

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

## Harm Free Care – Falls

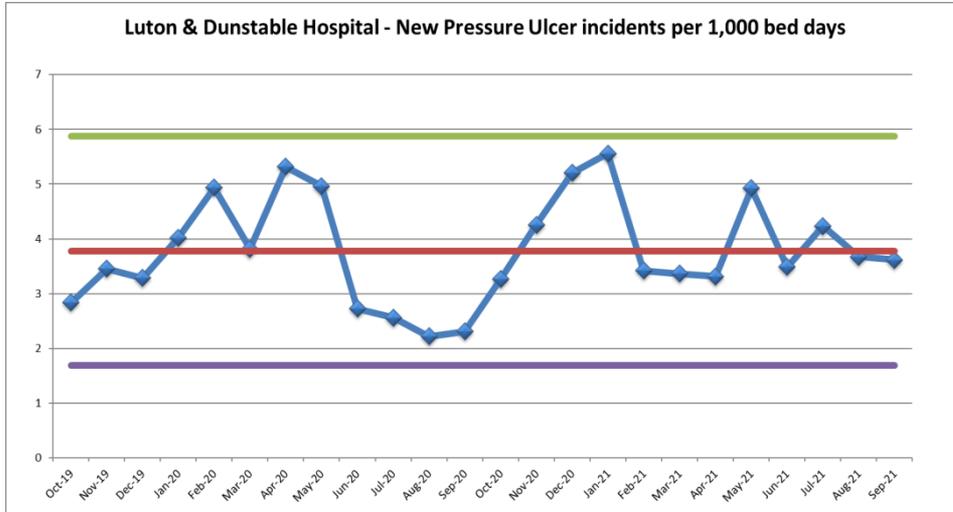


Whilst there has been a slight increase in falls noted on the Bedford site, falls incidence has predominantly remained below the RCP national average of 6.63 per 1000 bed days.

The majority of falls continue to lead to no or low harm. Any moderate or severe harm incidents are reviewed at a local incident review group to ensure early learning. Multi-disciplinary falls meetings across both sites enable ongoing sharing and learning from good practice.

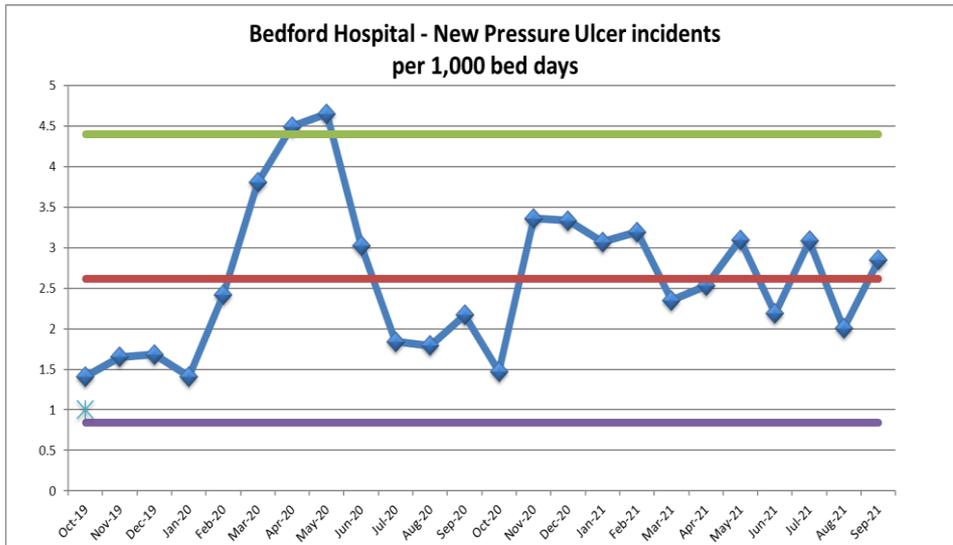
Wards on both sites have completed 'Focus on Falls' programmes which provides teams with a toolkit of preventative actions to take to aid falls prevention.

## Harm Free Care – Pressure Ulcers



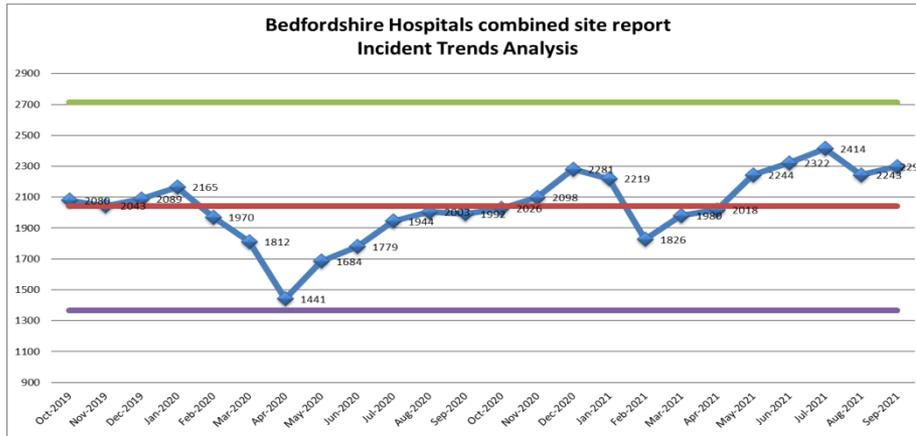
All new pressure ulcers (those that have developed in hospital) continue to be reviewed at a weekly pressure ulcer review group enabling clinical teams to share relevant information and identify improvements required.

This has led to a focus on the accuracy of initial patient assessments with regards the risk of developing pressure ulcers whilst in hospital and ensuring medical images are obtained for all new pressure ulcers to aid investigation and appropriate care interventions.



## Incident Reporting

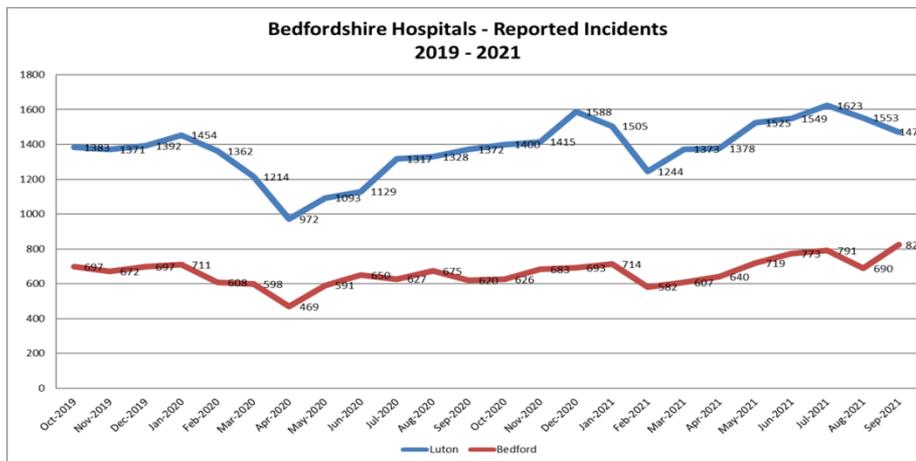
Number of Incidents reported over a two year period up to Sept 2021 (combined Trust figure)



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 within normal variation, with a rising trend.

Number of Incidents reported by site over a two year period up to Sept 2021 (split by site)



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

Overall reporting trends remain similar. Reporting at the BH site has increased due to implementation of local incident review processes.

This increase relates largely to improved reporting of no harm, near misses and low harm incidents.

## 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 **12** events have been declared as serious incidents across the both Trust sites during July – September 2021

*\*\*\*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.*

### 5 Serious Incidents were declared for the Bedford hospital site

- Potential delay in cancer diagnosis x 2
- Baby born requiring therapeutic cooling x 2 (HSIB)
- Intrauterine Death (HSIB)

### 7 Serious Incidents were declared for the Luton and Dunstable Hospital site

- Intrauterine death (HSIB)
- Potential failure to recognise deteriorating patient
- Medication error
- Early neonatal death (HSIB)
- Surgical complication requiring transfer to specialist unit
- Patient Fall
- Potential delayed diagnosis

### **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 that work either completed or on going which has resulted from previously reported incidents:

#### **In Patient Care**

- Organisational training undertaken cross-site to raise awareness of swallowing risks and approved terminology for food and fluid texture descriptors
- Guidance related to swallow screens, the referral process for swallow assessments and dysphagia management reviewed and updated to further highlight specific patient groups at increased risk of dysphagia and therefore require close monitoring while feeding.
- There have been numerous interventions put in place to prevent further nosocomial cases including testing & contact tracing, heat maps, disinfecting equipment with hydrogen peroxide vapour, Covid-19 monitoring audits and the use of available air purification machines.

#### **Delay In Diagnosis / Treatment Pathway**

- Review undertaken to ensure pre assessment clinical findings are linked into IT system for cancer pathway to ensure any follow up requirements are flagged where a patient requires surgery
- Review planned in respect to out of hour's radiology service in liaison with vascular team to understand urgent needs
- Review of urgent planned pathway to be undertaken with particular emphasis on patients with aortic aneurysm who require urgent radiology review of scans

#### **Documentation**

- Training and awareness regarding ensuring complete and accurate documentation related to discharge planning, alongside use of discharge checklist

**Improvement activity related to previously investigated Serious Incidents (continued)****Maternity Services (including learning from HSIB reports)**

- Implementation of a revised Bereavement Policy in line with national guidance
- Improvements to documentation for incidences where a mother presents with clinical findings that merit transfer to obstetric led care and to ensure it is used to plan the remainder of the care pathway
- Review of local guidance for induction of labour following pre-labour spontaneous rupture of membranes
- Improvements to holistic risk assessment to inform discussion for the management options ensure that when a mother experiences any bleeding in labour (other than a show) she receives obstetric led care on an obstetric led unit.
- Awareness / refresher training re: the need to ensure maternal observations are calculated accurately on a maternity early obstetric warning score chart and escalated in line with Trust guidance.
- Review of training for neonatal resuscitation to ensure it is multidisciplinary and involves all equipment that would be expected to be used in real scenario. Also a re-evaluation of the neonatal resuscitation training to ensure a focus on clinical leadership, roles and responsibilities, communication within the team and record keeping.

# Mortality

## Mortality at Bedford

Safe

Effective

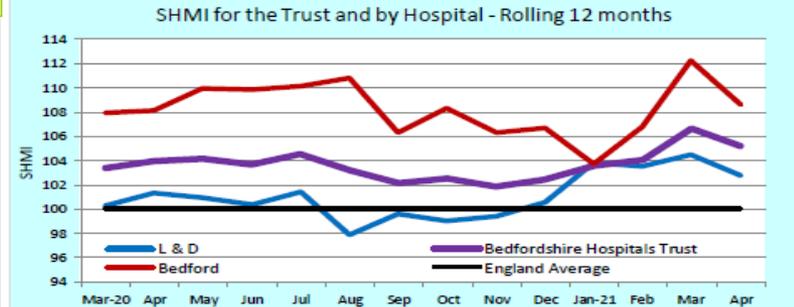
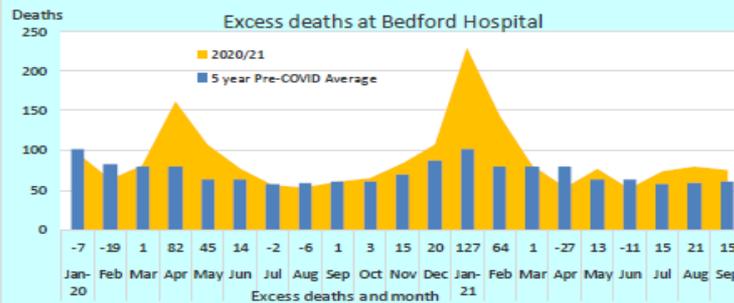
Caring

Responsive

### Mortality at Bedford Hospital – including COVID-19 deaths.

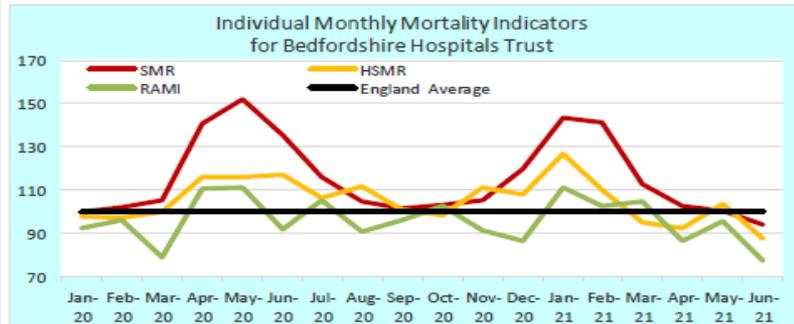
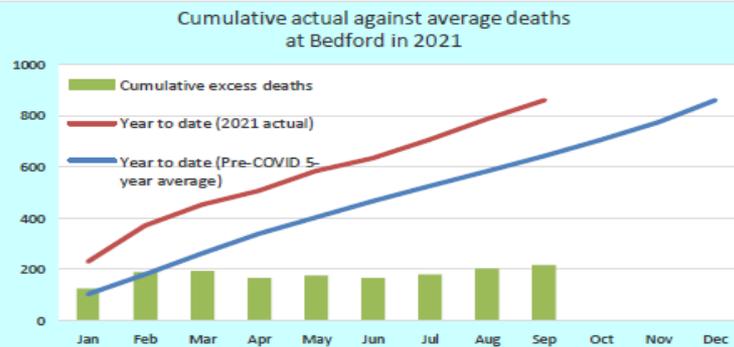
There were a further 39 COVID-19 deaths in hospital across the whole Trust, during September 2021 bringing the total for the pandemic to 1423 since March 2020. There were 75 deaths from all causes at Bedford Hospital in September 2021, 15 higher than the 5-year (pre-pandemic) September average and the third successive month showing substantially higher than average deaths.

The latest published SHMI data remains for the year ending April 2021 when it stood at 105.2 for the Trust as a whole. Bedford Hospital's SHMI was 108.6 whilst SHMI for the L&D was 102.7. All remain in the "as expected" range. SHMI includes any deaths occurring in the 30 days after discharge and excludes COVID-19 cases.



The chart below shows the difference between total deaths and the pre-pandemic 5-year average for the whole of 2021 to date. Actual deaths from January to September are now 218 higher than the 5-year average for those nine months. In summary, 2021 has now seen a third (34%) more deaths at Bedford Hospital than would be expected based on the 5-year average, with the number of those excess deaths still increasing.

Both HSMR and RAMI exclude COVID-19 cases whilst SMR, covering all deaths, includes them. All three indicators have been standardised for age, gender and casemix. The chart below shows these indicators for the whole Trust for individual months. The latest published figures are still for June 2021, unchanged from last month. For the combined Trust all three indicators were below the national average; SMR at 94, HSMR at 87 and the RAMI at 77. At Bedford Hospital for June 2021, the SMR was 103, the HSMR was 90 and RAMI was 76.



# Mortality

## Mortality at L & D

Safe

Effective

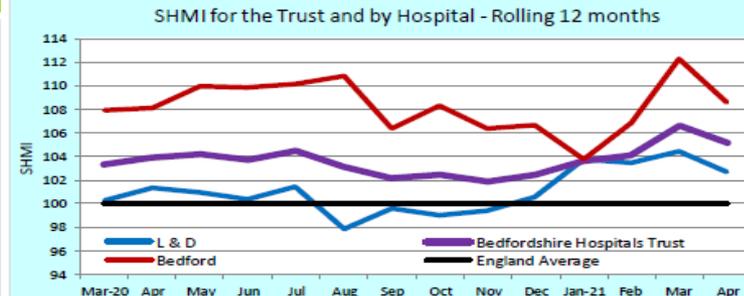
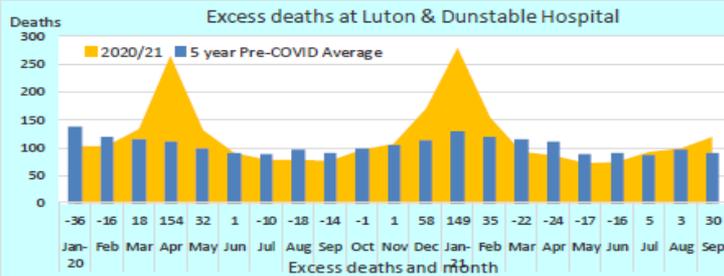
Caring

Responsive

Mortality at Luton and Dunstable Hospital – including COVID-19 deaths.

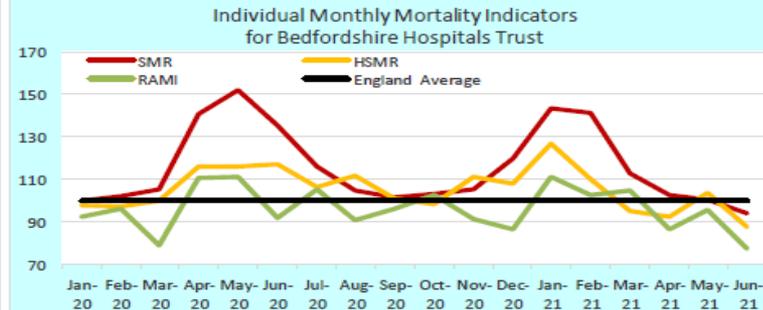
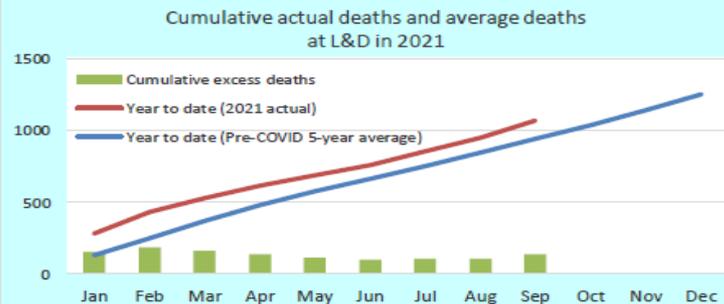
There were a further 39 COVID-19 deaths in hospital across the whole Trust, during September 2021 bringing the total for the pandemic to 1423 since March 2020. The L & D itself saw deaths jump to 120 from all causes during September 2021. This sharp rise saw the highest total since February 2021 and the monthly deaths were 30 cases (33%) higher than the 5-year (pre-pandemic) average for September.

The latest published SHMI data remains for the year ending April 2021 when it stood at 105.2 for the Trust as a whole. Bedford Hospital's SHMI was 108.6 whilst SHMI for the L&D was 102.7. All remain in the "as expected" range. SHMI includes any deaths occurring in the 30 days after discharge and excludes COVID-19 cases.



The chart below shows actual hospital deaths in 2021 to date, compared to the 5-year pre-pandemic average for the same nine months. When the 2<sup>nd</sup> wave of the coronavirus pandemic was at its height in January and February, actual deaths had outstripped expected deaths by 184 for those two months combined. That excess narrowed substantially during the Spring and early summer but has widened again in recent months. At the end of September there were 133 more inpatient deaths than the 5-year average - deaths for those 9 months now being 14% above that average.

Both HSMR and RAMI exclude COVID-19 cases whilst SMR, covering all deaths, includes them. All three indicators have been standardised for age, gender and casemix. The chart below shows these indicators for the whole Trust for *individual months*. The latest published figures are still for June 2021, unchanged from last month. For the combined Trust all three indicators were below the national average; SMR at 94, HSMR at 87 and the RAMI at 77. At the L & D, for June 2021, the SMR was 88 the HSMR was 85 and the RAMI was 78.



# Caring

Complaints	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep21
Complaints: Number received	77	77	64	59	57	61	57	65	67	49	56	56
Complaints: Number received per 1000 bed days	2.66	2.78	2.20	1.99	2.20	2.18	2.08	2.22	2.33	1.65	1.79	1.77
Complaints: Number of response breaches (over 35 days)	26	44	30	41	35	26	26	19	24	43	42	23
Complaints: Number upheld by the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0
Compliments: Number received	115	180	121	114	179	113	313	333	91	208	173	186
PALs contacts (concerns)	522	472	484	408	496	448	470	441	532	450	376	317
PALs contacts (queries and comments)	1112	1139	1080	1063	1128	1136	1112	1040	1241	1257	1028	1161

## **Complaints**

Whilst complaint rates have been slightly lower overall the trust position is stable with the most common themes for the last 3 months continuing to be communication and issues related to clinical treatment.

Activity in both PALS Teams continues to be busy; overall figures are lower than the previous month. However, staff are dealing with more complex concerns and challenging people, which is time consuming. In addition to these are administration calls for appointments.

## **Patient Feedback ( National Surveys and Friends and Family Test (FFT)**

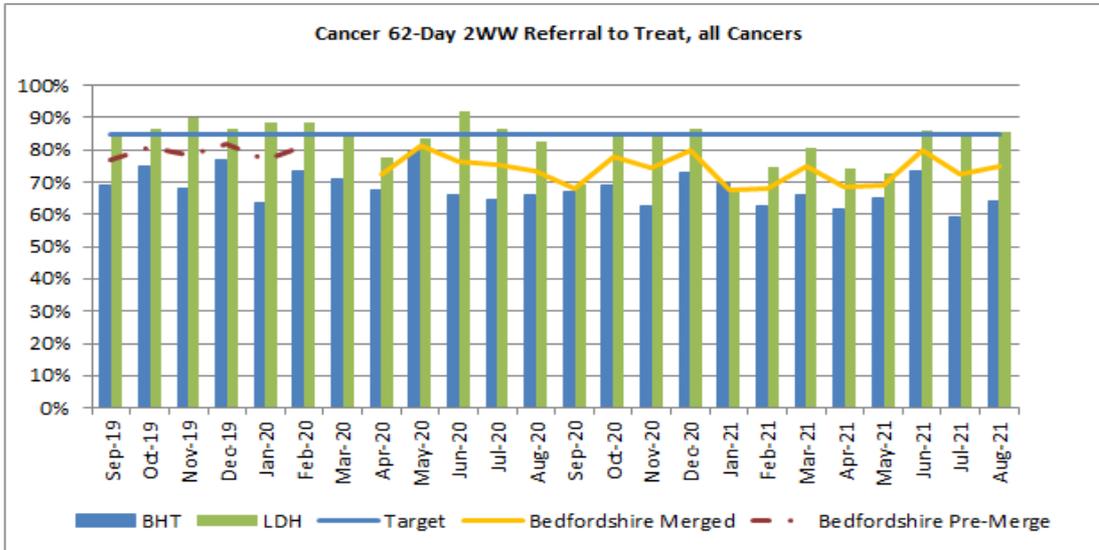
FFT responses for the Emergency Department (ED) tend to fluctuate and the senior management team are actively encouraging staff to achieve the target set. The implementation of limited SMS service for FFT is still in progress.

## **Patient Experience and COVID**

Visiting restrictions were eased in mid-July with the level and frequency of visiting agreed being dependent on individual patient status. Local infection rates continue to be closely monitored and restrictions will be reintroduced if necessary. Feedback from patients, visitors and staff has been predominantly positive and the patient experience lead has been liaising with local community leaders to ensure appropriate messages about visiting on the hospital sites .



## Cancer – 62 Day 2ww Referral to Treat



Last 3 months performance:		Jun-21	Jul-21	Aug-21
Bedford	Patients treated	68	73.5	75
	62 day breaches	18	30	27
Luton & Dunstable	Patients treated	75	84.5	75.5
	62 day breaches	10.5	13.5	11
Bedfordshire Hospitals	Patients treated	143	158	150.5
	62 day breaches	28.5	43.5	38
Overall performance		80.1%	72.5%	74.8%

### August 2021 breaches by tumour site:

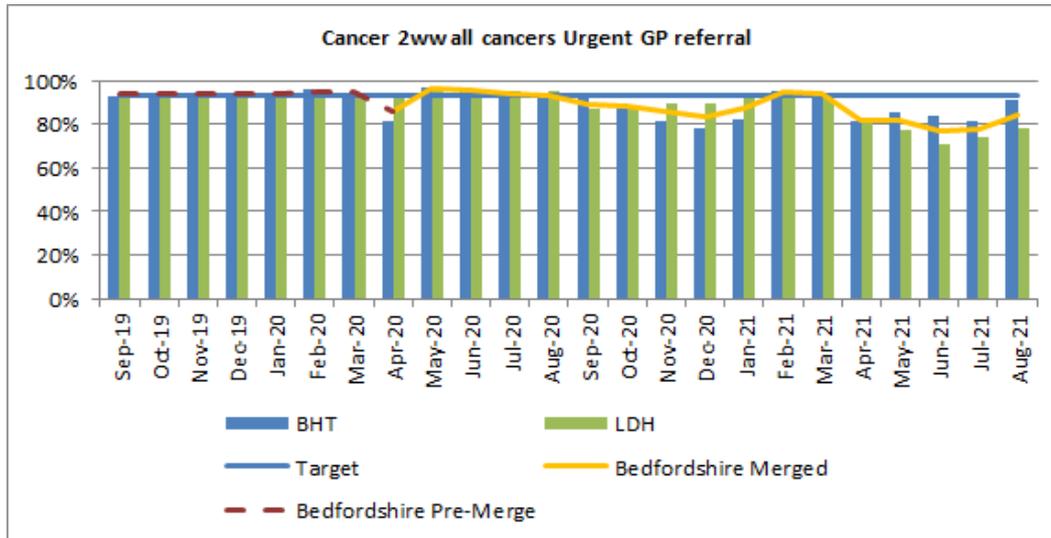
BH: 3 Breast, 7 Colorectal, 3.5 Gynaecology, 1 Head & Neck, 3 Lung, 1 Other, 1 Skin, 1 Upper GI, 6.5 Urology  
 LDH: 2 Breast, 1 Gynaecology, 1.5 Head & Neck, 1 LGI, 1 Lung, 4.5 Urology

### 62-Day 2ww Referral to Treat, all cancers (Target 85%)

For August 2021 the Trust performance improved against the 62 day referral to treatment standard, with 74.8% patients across the two hospitals starting treatment within 62 days. The improvement was significant at the Bedford site from 59.2% in July to 64% in August as a result of very strong treatment numbers. The Luton site had a slight increase from 84% in July 2021 to 85.40% for August 2021.



## Cancer – 2ww Urgent GP Referral



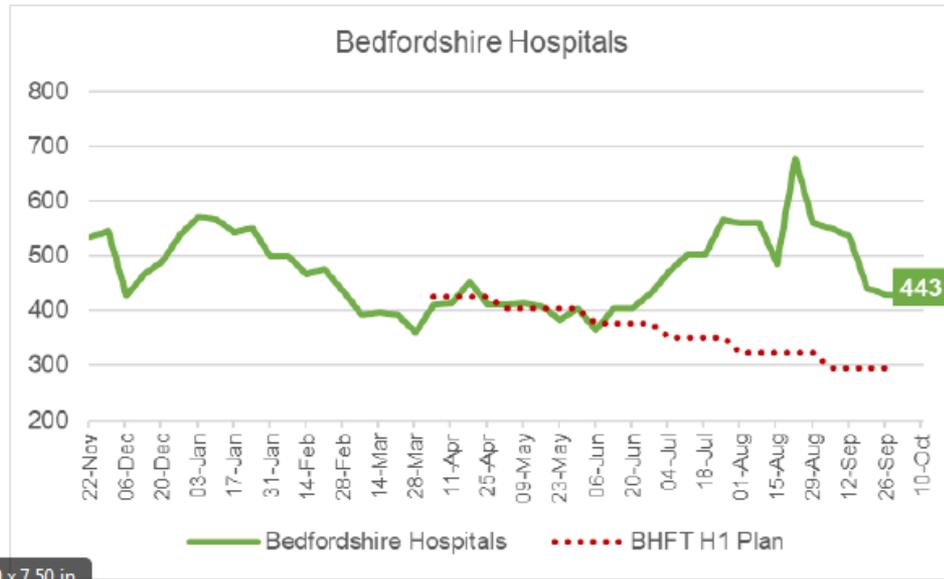
Last 3 months performance:		Jun-21	Jul-21	Aug-21
Bedford	Patients treated	1115	1102	1034
	2ww breaches	178	207	93
Luton & Dunstable	Patients treated	1134	986	1068
	2ww breaches	334	259	232
Bedfordshire Hospitals	Patients treated	2249	2088	2102
	2ww breaches	512	466	325
Overall performance		77.2%	77.7%	84.5%

### 2ww all cancers, Urgent GP referral (Target 93%)

Due to the extremely high numbers of 2WW referrals in July 2021 and August 2021, the performance against the 2ww standard in August 2021 was 84.5%, which was below the national standard of 93%. Breast referrals continue to be the area of most significant risk with staff absence and bank holiday challenges leading to particularly poor performance on the Luton site. Work is underway with the Cancer Alliance and CGG leads to amend the referral proforma to support better triage of women into the one-stop clinic with top-up capacity available from consultant only clinics for lower risk women.



## Cancer – Past Target Backlog (63 days plus)



Bedfordshire Hospitals currently has a high number of patients remaining in the backlog; this is largely an issue for the Luton and Dunstable site; performance was ahead of plan as per the numbers submitted in the ICS trajectory up until July but then saw a deterioration in the summer months largely as a result of workforce pressures. Both MKUH and Bedfordshire Hospitals saw similar increases in past target numbers and mitigations have been put in place to tackle this which can be seen in the October performance.

Whilst overall numbers have reduced significantly from levels seen prior to the pandemic there is a still a large improvement required to meet the target of no more than 216 patient by the end of March 2022.

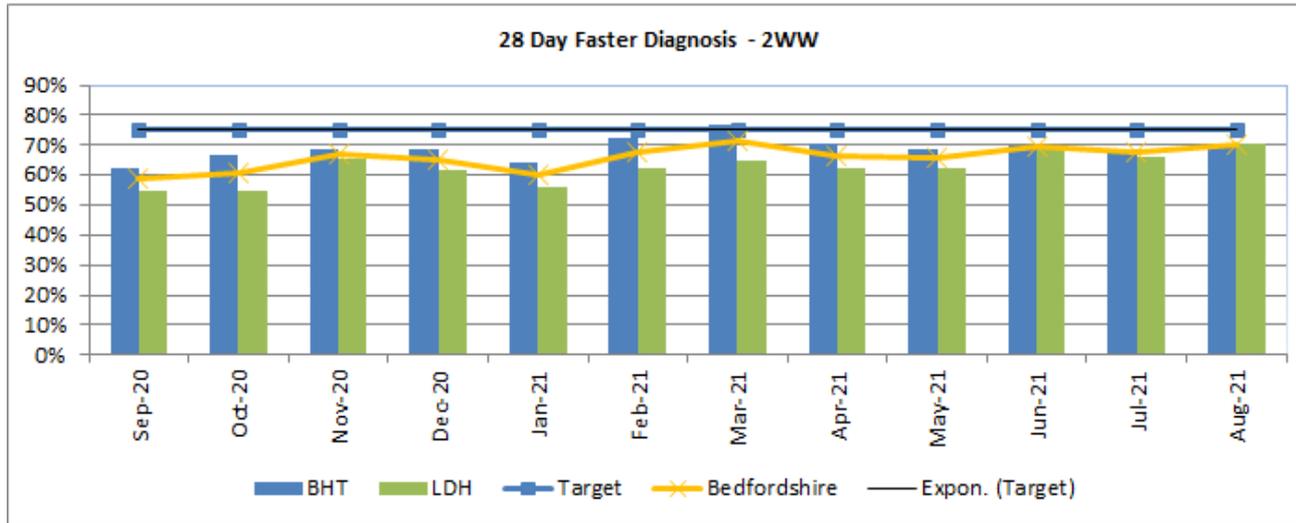
### General PTL Management

All patients on the PTL are tracked weekly by the MDT team and discussed at weekly PTL meetings. The past target list is further validated by the senior teams at both sites prior to sitrep submission. Bedford Hospital discusses patients with both clinical and management teams to support removal from pathway or treatment plans as required and a similar process is being established at the Luton and Dunstable.

As at 18<sup>th</sup> October, there are 414 patients at greater than 63 days across Bedfordshire Hospitals; with lower GI and Urology contributing the greatest volumes on both sites. The challenges are more significant at the Luton site, with 283 patients past target, compared to 131 at the Bedford site.



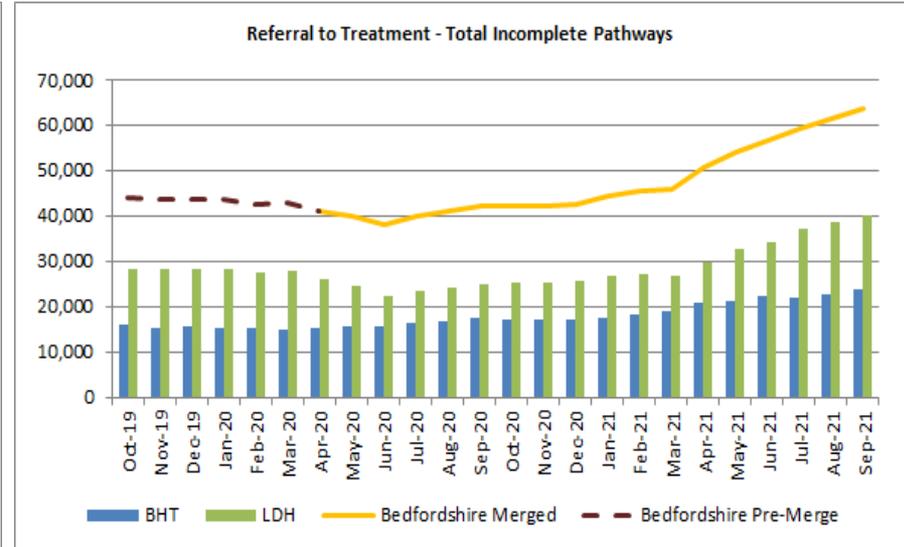
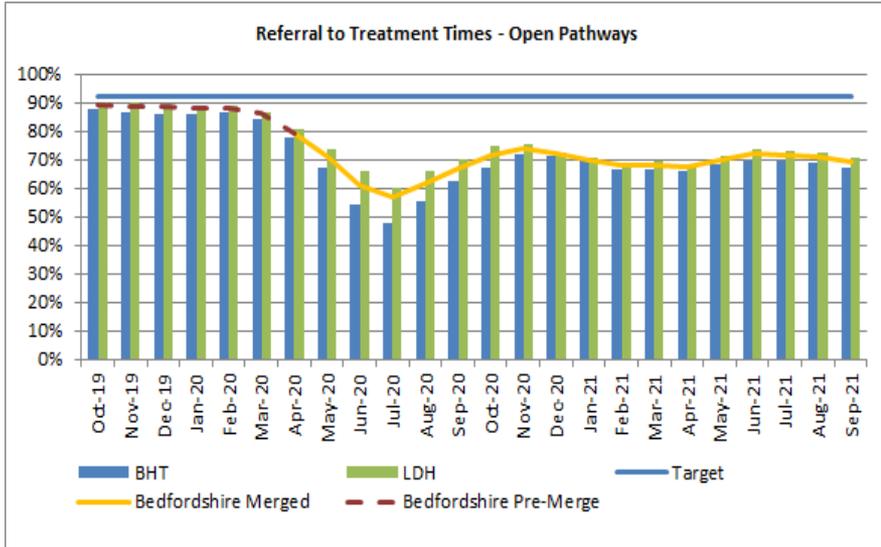
## Cancer – 28 day faster diagnosis



### 28 day faster diagnosis standard (75% operational planning target from September 2021)

The Trust saw a slight improvement in performance against the 28 day faster diagnosis standard between July and August 2021. The performance at both sites during the month compared to previous months was slightly higher; with Bedford site at 70.0% and Luton site at 70.2%, giving an overall trust performance of 70.5%. (compared to 67.5% in July).

18 Weeks



**Referral to Treatment Times – Compliance with 18 week standard for Open Pathways and Total Incomplete Pathways**

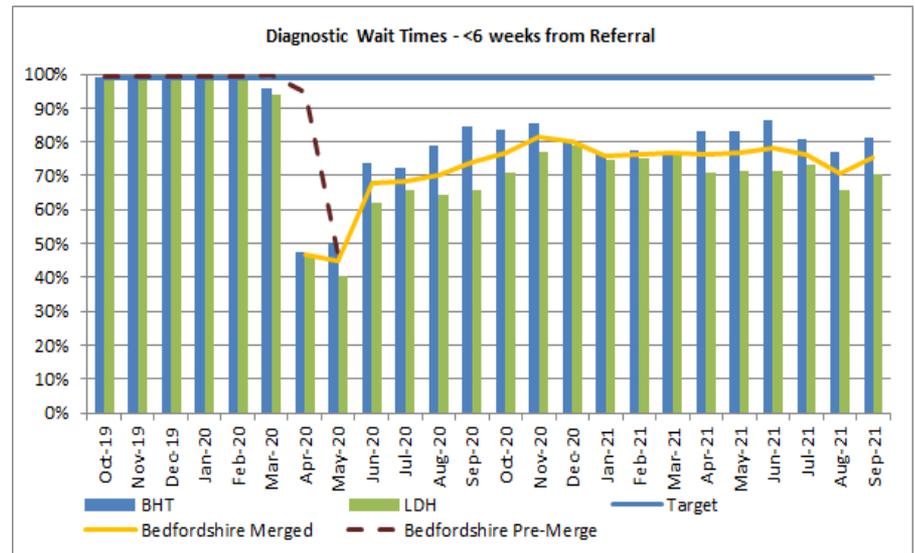
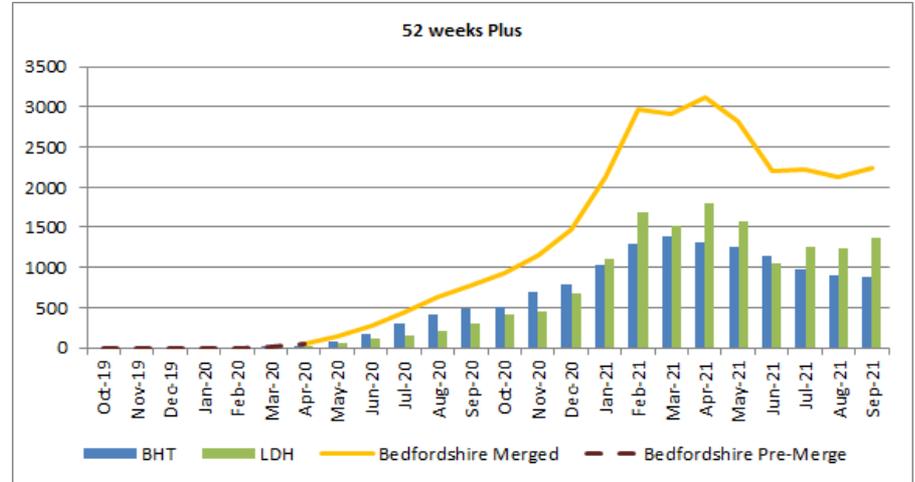
Ongoing uplift in referrals is reflected in another step change increase in the number of open pathways (incomplete) from 61,606 to 63,963 – a 3.8% increase. The Trust’s overall performance against the 18 week standard dropped slightly in September 21 with the L&D achieving 70.5% and Bedford 67.2% and both sites at 69.30%. This is due to us now reaching the point where referrals from primary care resumed in Spring 2021 after the January 2021 Covid-19 peak.

## 18 Weeks

### 52 and 104 Week Plus (Target zero)

The number of patients waiting over 52 weeks for treatment increased from 2125 to 2243 at the end of September 2021. 873 of these patients are waiting for treatment at the Bedford site and 1370 waiting at L&D. It is important to note that prior to pandemic it would be extraordinary to have a patient on a non-admitted pathway beyond 40 weeks, however this is an increasing problem and it is likely that a number of patients currently on 52 week + non-admitted pathway will convert to admitted as their diagnostic outcomes and treatment plans are confirmed.

As at 18<sup>th</sup> October the Trust reported 91 patients waiting over 104 weeks, a reduction from 112 at the end of September 2021.



## Diagnostics

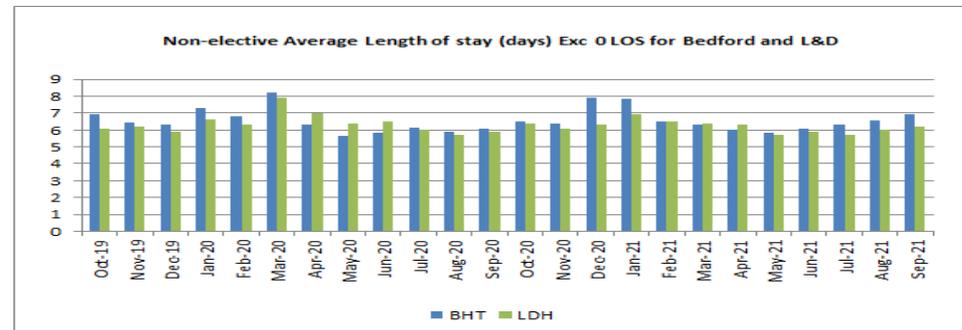
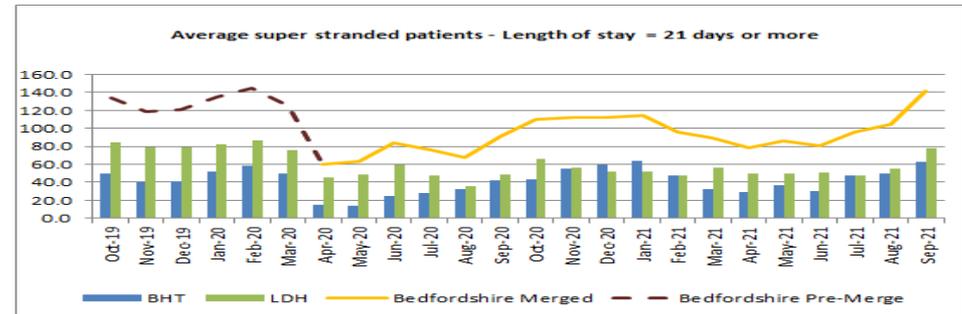
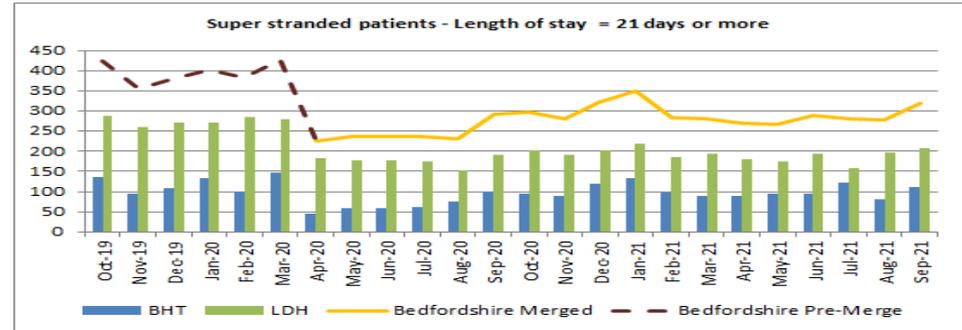
### Diagnostic Wait Times - <6 weeks from Referral (Target 99%)

Diagnostic capacity continues to be extremely stretched with high urgent and emergency demand and ongoing workforce pressures. Performance against the DM01 6 week standard has improved with the L&D site performance increasing from 65.9% in August 2021 to 70.4% in September 2021. Bedford's performance has been adversely affected since August due to the transfer of long waiting ultrasound patients from Luton to Bedford and was 81.3% in September 2021.

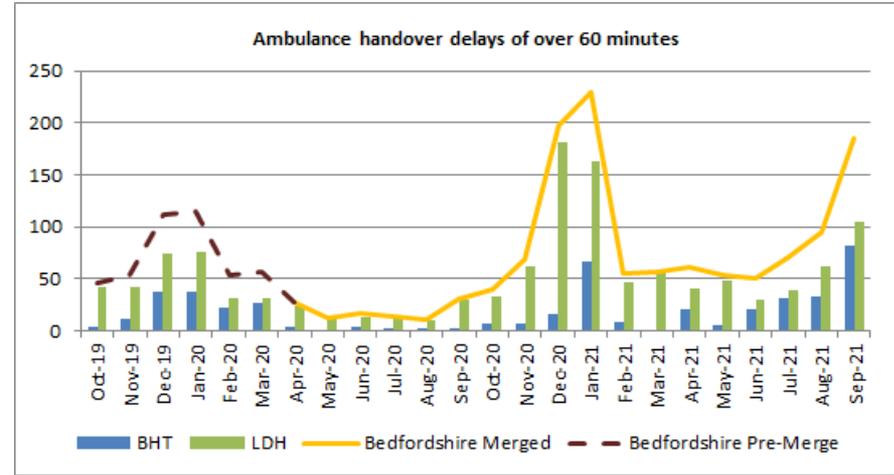
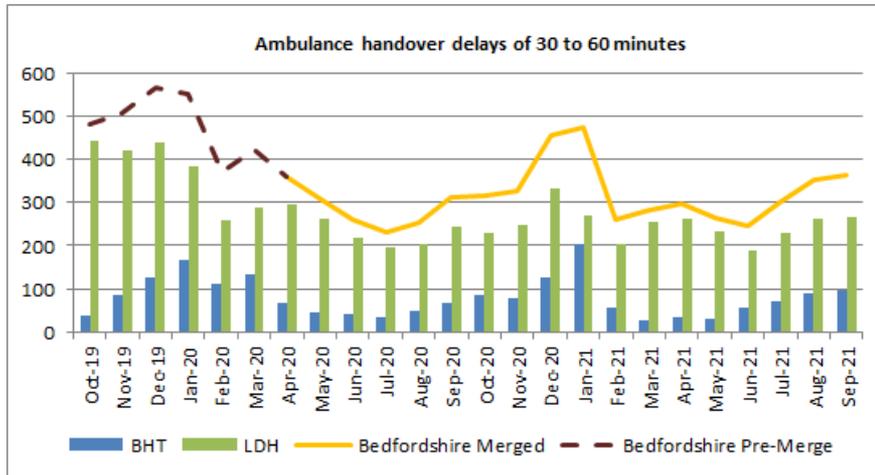
Specialist diagnostics continue to be outsourced, and additional external outsourced ultrasound capacity went live from August 2021.

### Stranded patients and Length of Stay (LOS)

The Trust saw another increase in the average number of patients still in hospital after 21 days length of stay in September 2021 overall as a result of significant pressures in transferring complex patients out of the Bedford hospital site. High use of contingency beds during this period will also have adversely affected length of stay as shown in the bottom graph demonstrating increase every month for the last 5 months on the Bedford site.



## Ambulance Handover Delays



The national target is for ambulance handover to take place within 15 minutes of arrival on site. Daily reporting of ambulance handover delays between 30 and 60 minutes and over 60 minutes is submitted to the regional and national teams and is a good indicator of performance and pressure on the Emergency Departments.

There were 266 handover delays of 30 – 60 minutes for the Luton site (stable position) and 97 at the Bedford site in September 2021. There were 104 delays of over an hour at the Luton site and 81 at the Bedford site in September 2021 which represents a significant deterioration on the back of real pressures in acute and emergency care. The number of conveyances from out of area continues to be significant as a result of extreme pressures within neighbouring acute trusts. The Trust continues to be consistently one of the best performing in the East of England region for ambulance handover delays although there is improvement opportunity at the Luton site.

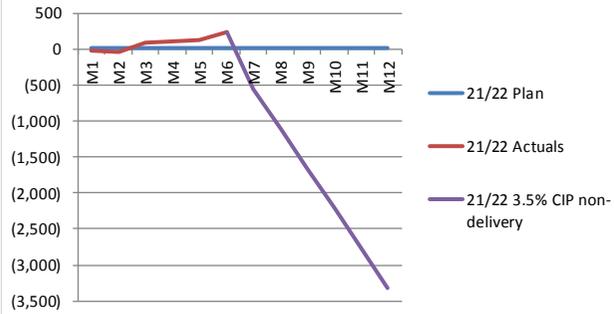
**Finance, Investment and Performance Committee**  
**27<sup>th</sup> October 2021**

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

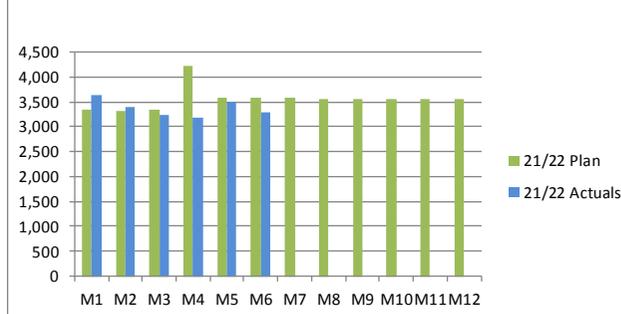
<b>Report Summary / Purpose of Report:</b>	<p>The Trust delivered a surplus of £0.6m year to date, this is against a £0.6m plan.</p> <p>The Trust's pay spend is £3.3m overspent year to date, in month £0.3m. The run rate is line with the previous month. Non-pay is £7.3m overspent year to date. Of which £2.3m relates to PCR covid testing and other out of envelope expenditure that is reimbursed by NHS England. A £0.6m provision for not meeting the maternity CNST discount incentive has been included in the position.</p> <p>Based on estimated M1-5 Elective recovery fund performance, the Trust has recognised £7.4m income within its position. As it stands, there continues to be a risk of not receiving all the ERF funding .</p> <p>Capital spend is £19.1m against an plan of £83.0m. The Trust continues to review the capital in year to ensure it stays within CDEL.</p>
<b>Links to Strategic Board Objectives /Risk Register / Board Assurance Framework</b>	<p>5. Developing a robust and sustainable future</p> <p>7. Become well-governed and financially viable</p>
<b>Links to Regulations/ Outcomes/External Assessments</b>	
<b>Jargon Buster: Please detail acronyms in the report</b>	<p>ERF – Elective Recovery Fund</p> <p>CDEL – Capital Departmental Expenditure Limit</p>

Finance in a page

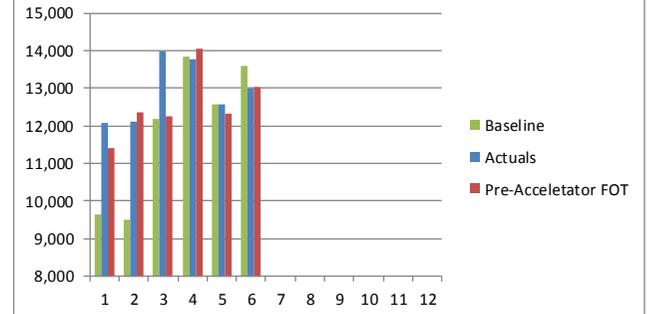
Cumulative Surplus / Deficit



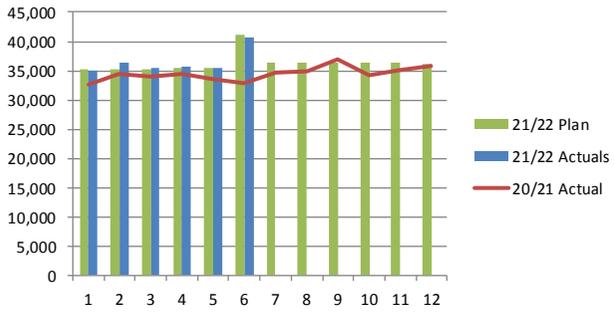
Other Income ( excl. CCG & NHS I/E)



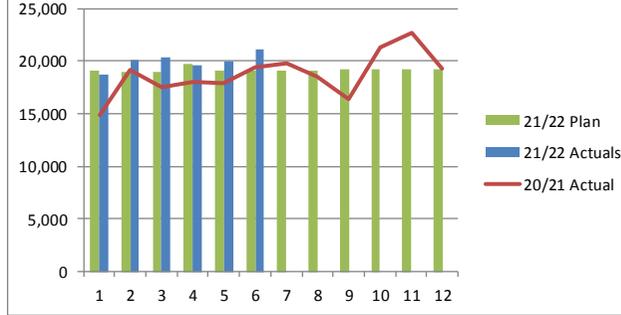
Performance against ERF Baseline



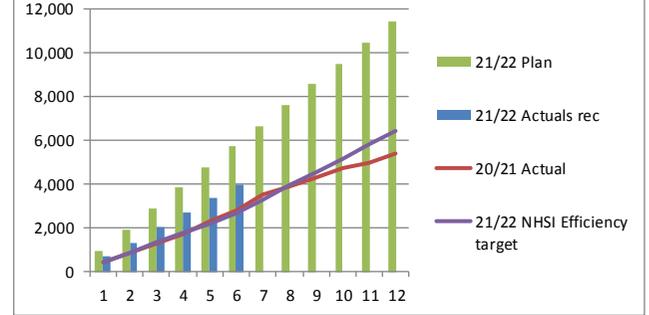
Pay



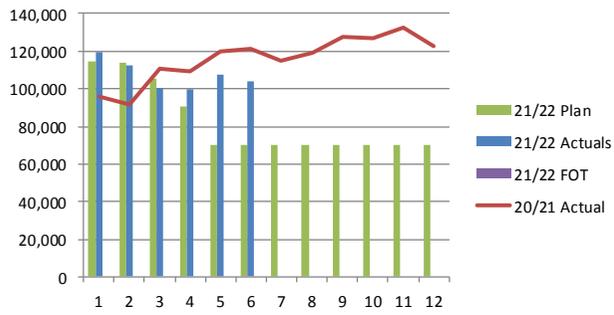
Non Pay



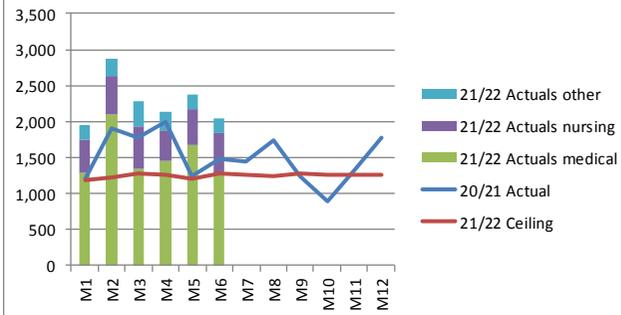
CIPs - Cumulative



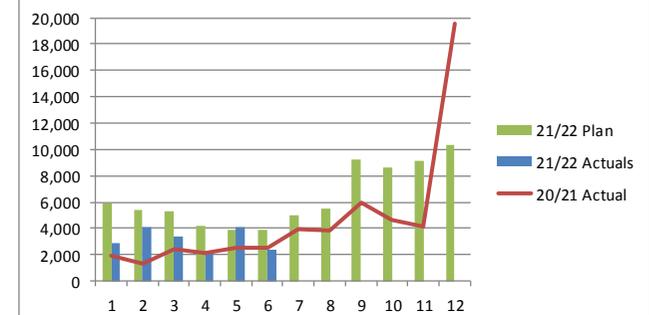
Cash



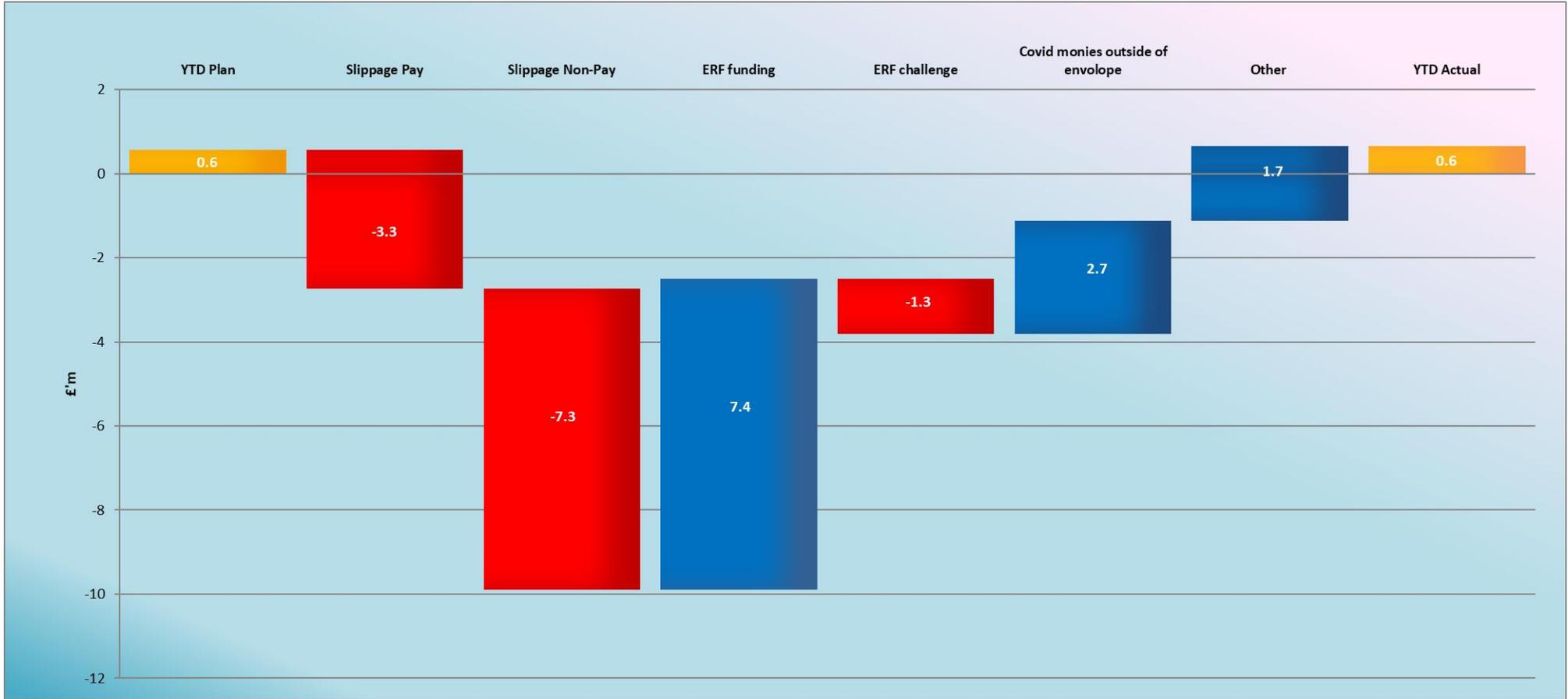
Agency Spend



Capital Spend



Revenue and Expenditure Bridge between Budget and Actuals



## Income and Expenditure Statement

Operating Income and Expenditure	Prior Year 2020/21 £'000	Full Year Budget 2021/22 £'000	YTD Budget 2021/22 £'000	YTD Actuals 2021/22 £'000	YTD Variance 2021/22 £'000	In Month Budget 2021/22 £'000	In Month Actuals 2021/22 £'000	In Month Variance 2021/22 £'000
NHS Contract Income	573,950	550,433	275,217	275,305	88	45,869	45,970	101
Other Income	41,211	43,338	21,654	20,288	-1,366	3,613	3,333	-280
<b>Total Income</b>	<b>615,161</b>	<b>593,771</b>	<b>296,870</b>	<b>295,593</b>	<b>-1,277</b>	<b>49,483</b>	<b>49,303</b>	<b>-180</b>
Consultants	84,526	80,101	40,131	41,826	1,695	7,481	7,775	294
Other Medics	68,260	60,600	30,334	34,416	4,082	5,079	5,840	761
Nurses	155,679	167,645	83,803	83,372	-431	15,887	15,815	-72
Scientific, therapeutic & technical	67,251	77,581	38,766	37,055	-1,711	7,445	6,987	-458
Other Pay	48,371	45,048	22,511	22,179	-331	4,344	4,248	-96
<b>Total Pay</b>	<b>424,087</b>	<b>430,974</b>	<b>215,544</b>	<b>218,849</b>	<b>3,305</b>	<b>40,236</b>	<b>40,664</b>	<b>428</b>
Drugs	42,616	49,596	24,798	25,161	363	4,133	4,352	219
Clinical Supplies	68,311	55,935	28,007	31,028	3,021	4,688	6,365	1,677
General Supplies	30,508	30,031	15,016	15,095	79	2,501	2,257	-244
CNST	22,523	25,521	12,760	12,760	0	2,127	2,127	0
Other Non-Pay	45,309	47,129	23,407	27,264	3,857	3,893	4,769	877
<b>Total Non-Pay</b>	<b>209,266</b>	<b>208,212</b>	<b>103,987</b>	<b>111,308</b>	<b>7,321</b>	<b>17,341</b>	<b>19,870</b>	<b>2,529</b>
<b>EBITDA</b>	<b>-18,192</b>	<b>-45,415</b>	<b>-22,661</b>	<b>-34,565</b>	<b>-11,903</b>	<b>-8,094</b>	<b>-11,231</b>	<b>-3,136</b>
ITDA	23,853	29,845	14,922	14,373	-549	2,487	2,186	-301
<b>Trading Position</b>	<b>-42,045</b>	<b>-75,260</b>	<b>-37,584</b>	<b>-48,938</b>	<b>-11,354</b>	<b>-10,582</b>	<b>-13,417</b>	<b>-2,835</b>
Top-up	14,490	32,682	16,341	16,341	0	2,724	2,724	0
Covid Monies	12,908	26,043	13,022	13,022	0	2,170	2,170	0
Growth Monies	5,981	5,981	2,991	5,981	2,990	498	997	498
Elective Recovery Fund	0	5,648	2,774	7,397	4,623	563	24	-539
ERF Challenges	0	0	0	-1,318	-1,318	0	2,182	2,182
Reserves	0	-5,000	-2,500	0	2,500	-417	0	417
Pay Awards	0	10,114	5,061	5,061	0	5,061	5,061	0
Inventory Donation from DHSC Inc.	10,307	0	0	0	0	0	0	0
Covid Monies outside of Envelope	10,656	0	0	2,693	2,693	0	366	366
Cost of Inventory donation from DHSC	9,592	0	0	0	0	0	0	0
<b>Total Operating Surplus/Deficit (-)</b>	<b>2,704</b>	<b>208</b>	<b>104</b>	<b>238</b>	<b>134</b>	<b>17</b>	<b>107</b>	<b>-2,093</b>

- Small year to date surplus, albeit the Trust's performance is measured after adding back donated depreciation. This results in a reported £0.6m surplus. Currently we have recognised £2.5m reserves and a net £6.1m of the ERF Income.
- Medical pay is still the largest contributory factor to a pay overspend of £5.8m at the end of September 21. The key areas of overspend on Medicine £1.4m, Medical pay are ED £1.3m, Paediatrics £0.6m and Maternity £0.6m. It should be noted there has been a downward stepchange in Paeds medical pay, but marginally up in month.
- Other non-pay is overspent by £7.3m YTD. The key variances are:
  - o £2.3m on covid testing – Reimbursed via outside of envelope monies
  - o £1.1m Independent sector
  - o £0.7m IASS IT server contracts and Microsoft legacy software support
  - o £0.3m – in month, due to cleaning variations.
  - o £0.2m on Security Contract – This has now stopped and we should see a step change in spend going forwards.
  - o £0.1m on overseas recruitment
  - o £0.4m estates maintenance, 10% relates to plumbers on-call externally provided
  - o £0.6m loss of Maternity CNST bonus monies (£1.2m FYE)
  - o £0.2m Utilities due to inflation in energy prices
  - o £0.1 Linen and laundry (10% over budget)

## Month Variances

Operating Income and Expenditure	In Month Budget 2021/22 £'000	In Month Actuals 2021/22 £'000	In Month Variance 2021/22 £'000
NHS Contract Income	45,869	45,970	101
Other Income	3,613	3,333	-280
<b>Total Income</b>	<b>49,483</b>	<b>49,303</b>	<b>-180</b>
Consultants	7,481	7,775	294
Other Medics	5,079	5,840	761
Nurses	15,887	15,815	-72
Scientific, therapeutic & technical	7,445	6,987	-458
Other Pay	4,344	4,248	-96
<b>Total Pay</b>	<b>40,236</b>	<b>40,664</b>	<b>428</b>
Drugs	4,133	4,352	219
Clinical Supplies	4,688	6,365	1,677
General Supplies	2,501	2,257	-244
CNST	2,127	2,127	0
Other Non-Pay	3,893	4,769	877
<b>Total Non-Pay</b>	<b>17,341</b>	<b>19,870</b>	<b>2,529</b>
<b>EBITDA</b>	<b>-8,094</b>	<b>-11,231</b>	<b>-3,136</b>
ITDA	2,487	2,186	-301
<b>Trading Position</b>	<b>-10,582</b>	<b>-13,417</b>	<b>-2,835</b>
Top-up	2,724	2,724	0
Covid Monies	2,170	2,170	0
Growth Monies	498	997	498
Elective Recovery Fund	563	24	-539
ERF Challenges	0	2,182	2,182
Reserves	-417	0	417
Pay Awards	5,061	5,061	0
Inventory Donation from DHSC Inc.	0	0	0
Covid Monies outside of Envelope	0	366	366
Cost of Inventory donation from DHSC	0	0	0
<b>Total Operating Surplus/Deficit (-)</b>	<b>17</b>	<b>107</b>	<b>-2,093</b>

### Consultants £'000

Medicine	156
Urology	95 BH- High level of locum payments for extras
Care of the Elderly	82 1 locum post and 2 agency staff on the Luton site
Various	-39
<b>Total</b>	<b>294</b>

### Other Medics £'000

Medicine	265
Emergency Medicine	114 LDH - ST3 locums/agency £120k
Theatres	82
Paediatrics	76 BH - ST3 locums/agency £98k
<b>Total</b>	<b>537</b>

### Drugs £'000

Clinical Haematology Drugs	164
Medicine Luton site (F00)	40
Various	15
<b>Total</b>	<b>219</b>

### Clinical Supplies £'000

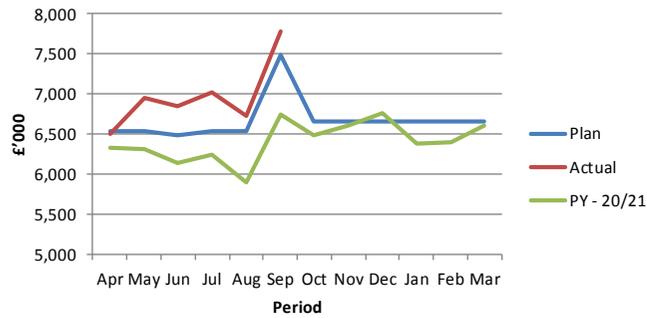
Virology Reagents for Covid tests	384 Reimbursed by income
Reagents - Managed service Roche	273 Statements received by service
Patient tests	299 Statements received by service
Cancer alliance costs	309 Off-set by income
Various	412
<b>Total</b>	<b>1,677</b>

### Other Non-Pay £'000

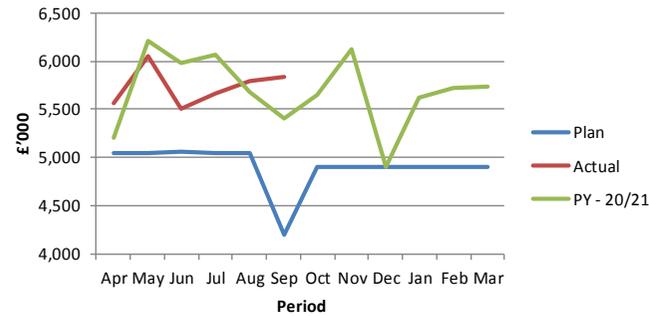
Independent Sector	373
CNST Provision	102
Overseas	58
Various	272
<b>Total</b>	<b>805</b>

## Pay Trends

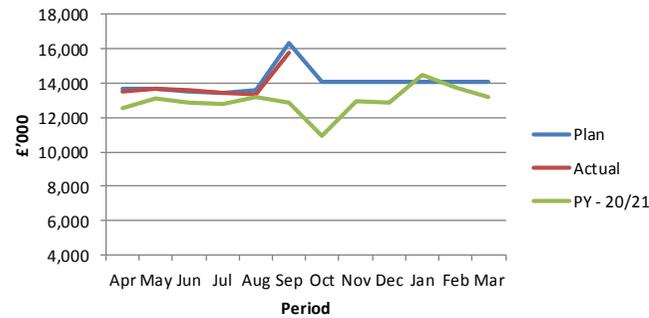
### Consultants



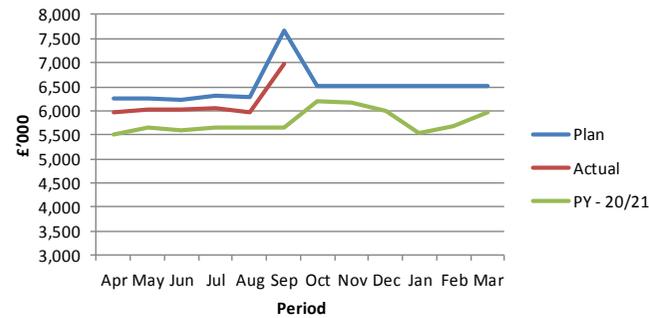
### Other Medics



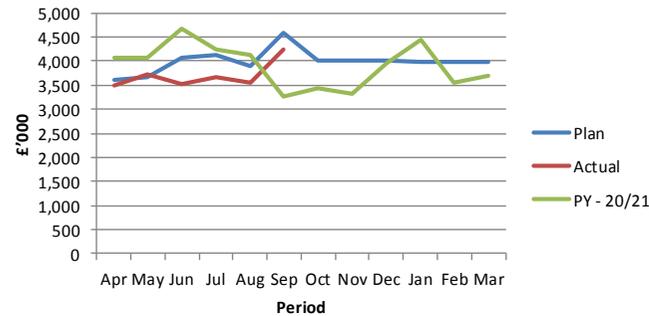
### Nurses



### Scientific, Therapeutic and Tech.



### Other Pay



Consultant spend is £294k over in month. Year to date the key areas leading to the overspend are Maternity £352k, Upper GI £309k, Acute Medicine £201k, ED £251k, Clinical Haematology £263k, Care of the Elderly £187k and Urology £161k.

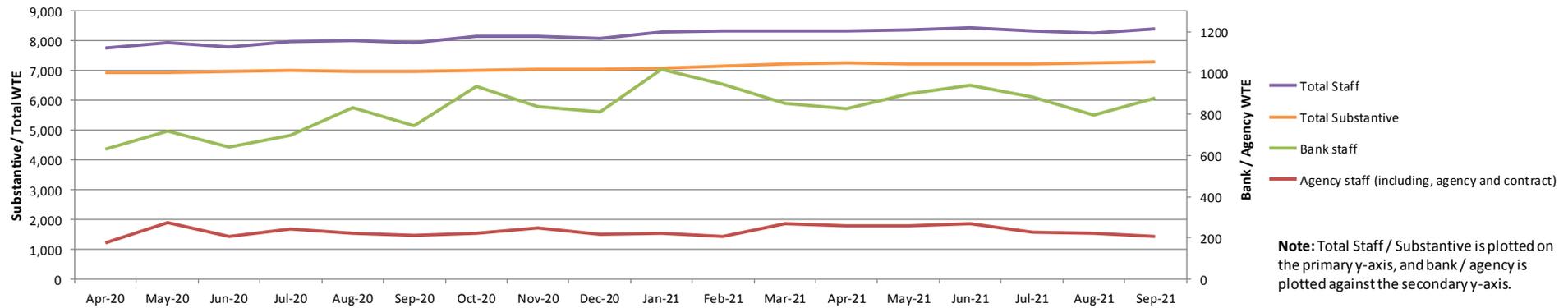
Other medics continue to be overspent £739k in month. Year to date the key areas of concern are Medical day units £1,206k, A&E £1,075k, Theatres £536k and Paediatrics £513k.

## Substantive, Bank and Agency Staff – Provider Workforce Return

	2020/21												2021/22					
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
	WTE																	
Registered nursing, midwifery and health visiting staff (substantive total)	2,280	2,288	2,276	2,267	2,253	2,254	2,275	2,279	2,275	2,285	2,297	2,306	2,317	2,309	2,318	2,325	2,334	2,332
Registered Scientific, therapeutic and technical staff (substantive total)	743	739	739	791	811	810	813	823	824	817	818	816	805	802	801	794	796	819
Registered ambulance service staff (substantive total)	3	3	3	3	3	3	4	4	4	4	3	3	2	2	2	2	2	2
Support to clinical staff (substantive total)	2,051	2,036	2,072	2,119	2,053	2,051	2,037	2,047	2,059	2,067	2,143	2,176	2,200	2,200	2,204	2,211	2,192	2,211
Total NHS infrastructure support (substantive total)	845	844	844	842	838	836	845	868	863	864	870	868	874	868	873	871	880	887
Medical and dental (substantive total)	1,019	1,031	1,028	1,002	995	1,016	1,018	1,024	1,027	1,029	1,023	1,036	1,043	1,040	1,040	1,028	1,038	1,047
Any other staff (substantive total)	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
<b>Total Substantive</b>	<b>6,944</b>	<b>6,944</b>	<b>6,964</b>	<b>7,027</b>	<b>6,957</b>	<b>6,973</b>	<b>6,995</b>	<b>7,048</b>	<b>7,054</b>	<b>7,069</b>	<b>7,157</b>	<b>7,209</b>	<b>7,244</b>	<b>7,223</b>	<b>7,240</b>	<b>7,235</b>	<b>7,244</b>	<b>7,300</b>

Bank staff	632	716	639	698	831	744	934	837	809	1016	947	854	825	898	940	884	797	877
Agency staff (including, agency and contract)	176	274	205	246	223	212	223	250	219	221	209	270	261	257	270	228	223	208

<b>Total Staff</b>	<b>7,752</b>	<b>7,934</b>	<b>7,809</b>	<b>7,971</b>	<b>8,010</b>	<b>7,929</b>	<b>8,151</b>	<b>8,135</b>	<b>8,081</b>	<b>8,305</b>	<b>8,313</b>	<b>8,334</b>	<b>8,330</b>	<b>8,378</b>	<b>8,451</b>	<b>8,347</b>	<b>8,264</b>	<b>8,385</b>
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**Agency Spend – Remains high**

£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
21/22 Monthly Plan	2,105	2,105	4,105	3,355	2,605	3,355	2,119	2,119	2,119	2,119	2,119	2,119	
21/22 Monthly Actual	1,955	2,873	2,279	2,143	2,369	2,043	0	0	0	0	0	0	
20/21 Monthly Actual	1,827	2,792	2,515	2,791	2,022	2,288	2,195	2,636	1,881	1,628	2,068	2,606	
21/22 Cum. Plan	2,105	4,210	8,315	11,670	14,275	17,630	19,749	21,869	23,988	26,108	28,227	30,347	
21/22 Cum. Actual	1,955	4,828	7,107	9,250	11,618	13,661							
20/21 Cumm. Actual	1,827	4,619	7,133	9,925	11,946	14,234	16,429	19,065	20,946	22,574	24,642	27,248	
<b>Plan</b>	<b>2,105</b>	<b>2,105</b>	<b>4,105</b>	<b>3,355</b>	<b>2,605</b>	<b>3,355</b>	<b>2,119</b>	<b>2,119</b>	<b>2,119</b>	<b>2,119</b>	<b>2,119</b>	<b>2,119</b>	<b>14,275</b>
21/22 Medics Plan	1,406	1,406	3,056	2,306	1,706	2,356	1,422	1,422	1,422	1,422	1,422	1,422	12,236
21/22 Nurses Plan	474	474	724	724	624	724	520	520	520	520	520	520	3,744
21/22 Other Clinical Plan	150	150	250	250	200	200	177	177	177	177	177	177	1,200
21/22 A&C Plan	75	75	75	75	75	75	0	0	0	0	0	0	450
<b>Actuals</b>	<b>1,955</b>	<b>2,873</b>	<b>2,279</b>	<b>2,143</b>	<b>2,369</b>	<b>2,043</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13,661</b>
21/22 Medics Actuals	1,281	2,095	1,343	1,458	1,666	1,277	0	0	0	0	0	0	9,120
21/22 Nurses Actuals	475	535	587	417	500	560	0	0	0	0	0	0	3,074
21/22 Other Clinical Actuals	58	68	148	50	15	8	0	0	0	0	0	0	346
21/22 A&C Actuals	141	175	201	218	189	198	0	0	0	0	0	0	1,122

## Elective Recovery Fund (ERF) Metrics – No additional ERF achieved in July to September

The estimated values are based on IPM data based on partially coded activity and therefore will change when we have fully coded activity. ERF monies will be awarded on STP performance and therefore this may be lower if other parts of the STP underperform.

The Trust has received a letter on 9<sup>th</sup> July 21, outlining reforms to the ERF scheme with effect from July 21. The key change is that the 85% threshold will be changed to 95%. Performance above 95% will be paid at 100% tariff and anything beyond 100% will be paid at 120% of tariff. Going into H2, NHSI/E have moved the focus on to completed referral to treatment (RTT) pathway activity rather than total cost weighted activity which was used in H1. If we achieve above 89% the trust will be able to claim ERF. Any activity above 94% will be paid at 120%. However, an initial look at the data suggest we are current operating slightly below this 89% threshold.

ERF will continue to be earned on a system basis to encourage systems to continue to use their capacity and resources as flexibly as possible across organisations to maximise recovery activity. Use of the Independent Sector to help achieve this remains an integral part of the arrangements.

£'000	Apr	May	Jun	Jul	Aug	Sep
% of 19/20 baseline target for ERF	70%	75%	80%	95%	95%	95%
Total value	13,790	12,676	15,221	14,573	13,250	14,298
<b>Baseline value</b>	<b>9,653</b>	<b>9,507</b>	<b>12,176</b>	<b>13,844</b>	<b>12,588</b>	<b>13,583</b>

Estimated value	12,076	12,124	£13,984	£13,776	£12,582	£13,006
Estimated achievement for the trust	87.6%	95.6%	91.9%	94.5%	95.0%	91.0%
As less than 85% paid @100%	2,068	1,268	761			
86% and above @120%	425	1,619	1,255			
As less than 95% paid @100%				0	0	0
100% and above @120%				0	0	0
<b>Total ERF</b>	<b>2,494</b>	<b>2,887</b>	<b>£2,016</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>

<b>Total</b>	<b>7,397</b>
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### Elective Recovery Fund performance by Service Line

Service line Threshold	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	April	May	June	July	August	September
	£'000	£'000	£'000	£'000	£'000	£'000	70%	75%	80%	95%	95%	95%
							%	%	%	%	%	%
T&O	1215	1450	1598	1659	1633	1668	79%	88%	81%	99%	104%	108%
Upper GI	935	922	1150	1144	1088	1111	92%	98%	105%	103%	147%	106%
Gastroenterology	872	991	1259	1273	1053	1067	82%	104%	106%	117%	95%	103%
Urology	723	706	859	944	875	863	83%	86%	95%	103%	98%	98%
Gynaecology & Fertility	696	706	795	773	747	822	88%	108%	97%	94.24%	104%	106%
Cardiology	674	687	725	669	577	723	83%	95%	78.39%	80.54%	67.94%	80.16%
Paediatrics	549	536	595	506	471	459	92%	97%	87%	84.74%	82.07%	68.11%
Respiratory	470	392	478	475	409	479	95%	77%	84%	84.09%	70.23%	71.77%
Breast Surgery	455	399	444	417	372	385	116%	108%	101%	114%	101%	101%
Cancer Services	436	437	472	485	471	509	109%	109%	104%	106%	115%	113%
Colorectal	435	467	523	462	356	422	73%	105%	100%	104%	84.26%	88.20%
Ophthalmology	431	419	437	464	426	388	87%	92%	88%	77.60%	86.62%	72.91%
Clinical Haematology	414	420	435	395	410	466	110%	132%	101%	93.91%	103%	117%
ENT & Audiology	408	452	535	419	388	420	64.01%	76%	73.82%	59.68%	58.38%	64.99%
OMFS & Dental Services	384	390	458	527	413	380	87%	118%	119%	112%	83.48%	94.94%
Ophthal	368	371	419	417	376	381	73%	81%	65.12%	68.66%	89.18%	71.11%
Rheumatology	342	315	369	335	297	354	126%	115%	110%	111%	109%	108%
Plastics	308	309	355	421	363	378	99%	106%	112%	124%	131%	111%
Dermatology	301	280	331	312	295	309	83%	87%	84%	81.07%	84.33%	79.18%
OMFS & Dental Services	244	198	263	263	223	240	91%	97%	95%	95%	101%	86.39%
Medical day Units	225	208	254	246	217	266	119%	122%	143%	133%	116%	134%
Vascular	212	222	252	308	265	237	98%	103%	112%	153%	147%	103%
Neurology	204	209	269	227	205	213	98%	103%	111%	102%	107%	96%
Diabetes	173	178	203	188	179	202	96%	118%	98%	87.46%	115%	105%
Limbs & Orthotics	113	102	105	104	92	111	91%	94%	71.86%	81.74%	80.23%	87.51%
Therapies	104	94	104	97	101	97	51.26%	51.36%	49.18%	47.95%	52.69%	50.63%
Stroke	60	41	60	48	50	37	83%	69.78%	125%	97%	115%	54.28%
NICU	37	38	41	33	32	36		836%				
Ambulatory Care	37	32	36	37	36	35	68.52%	54.49%	46.16%	56.26%	55.00%	65.36%
Care of the Elderly	28	38	41	30	34	33	62.25%	96%	95%	62.46%	73.40%	71.75%
Anticoagulation	20	23	24	23	24	28	122%	127%	144%	103%	218%	190%
Theatres	19	22	28	21	23	23	18.42%	38.25%	36.55%	24.76%	20.83%	22.10%
Pain Services	17	22	23	29	40	31	123%	102%	45.14%	76.71%	177%	88.96%
Care of Elderly	17	36	64	45	39	50	37.73%	108%	154%	87.62%	76.22%	137%
Pathology	12	7	11	11	10	9	133%	81%	97%	111%	103%	86.90%
Emergency Medicine	6	4	3	1	3	3	188%	83%	65.17%	14.70%	42.42%	42.00%
Nephrology	4	8	9	10	10	16	11.20%	17.62%	24.96%	27.59%	26.10%	36.90%
Acute Medicine	3	4	5	9	4	2	152%	102%	139%	123%	103%	31.98%
Non-Directorate Expendi	0	0	0	0	0	0						
Critical Care	0	0	0	0	0	0	0.00%	0.00%	0.00%		0.00%	0.00%
<b>Grand Total</b>	<b>11,955</b>	<b>12,138</b>	<b>14,031</b>	<b>13,827</b>	<b>12,606</b>	<b>13,251</b>	<b>87%</b>	<b>96%</b>	<b>92%</b>	<b>95%</b>	<b>95%</b>	<b>91%</b>

The table on the left, shows a breakdown by service line of the elective recovery performance by month.

The green colouring indicates where service lines have met the monthly target.

**Contract Income**
**Income by Commissioner**

Commissoner £m	Annual Budget	YTD Budget	YTD Actual	YTD Variance	H1	H2 TBC
NHS Bedford Luton Milton Keynes CCG*	441.9	221.0	221.0	0.0	221.0	TBC
NHS England	45.3	22.7	22.7	0.0	22.7	22.9
Herts Valley Service Agreement	27.3	13.7	13.7	0.0	13.7	13.8
LAT - East of England	19.4	9.7	9.7	0.0	9.7	9.8
Aylesbury Vale CCG Service agreement	4.6	2.3	2.3	0.0	2.3	2.3
E&N Herts Service Agreement	3.0	1.5	1.5	0.0	1.5	1.5
NCA - Block Payment Northamptonshire CCG	2.6	1.3	1.3	0.0	1.3	1.3
NCA - Block Payment Cambridgeshire & Peterborough CCG	2.2	1.1	1.1	0.0	1.1	1.1
CDF Drugs	0.2	0.1	-0.1	-0.2	0.1	0.1
LAT - Midlands	1.0	0.5	0.5	0.0	0.5	0.5
NCA - Block Payment Norfolk & Waveney CCG	0.8	0.4	0.4	0.0	0.4	0.4
NHS England Drugs Adjustment	0.4	0.2	0.2	0.0	0.2	0.2
NHS England - Cost and Volume Drugs	1.6	0.8	1.0	0.2	0.8	0.8
Hep C Drugs	-0.1	-0.1	0.0	0.0	-0.1	-0.1
<b>Total</b>	<b>550.3</b>	<b>275.1</b>	<b>275.3</b>	<b>0.1</b>	<b>275.1</b>	<b>54.8</b>
Top Up - Bedford CCG	32.7	16.3	16.3	0.0	16.3	16.0
System Covid - Bedford CCG	26.0	13.0	13.0	0.0	13.0	13.2
Growth - Bedford CCG	6.0	3.0	6.0	3.0	6.0	6.1
<b>Total Contract Income</b>	<b>615.0</b>	<b>307.5</b>	<b>310.6</b>	<b>3.1</b>	<b>310.5</b>	<b>90.0</b>

Block payments have been agreed for H1. Blocks are generally going up by 1.16% in H2. Further discussion required in the STP to agree split of funding and efficiency targets.

**Trend analysis of pay overspends – Key areas – level overspend £0.7m down in Q2 compared to Q1**

Service Line variance from pay (£'000)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total	Trend
Emergency Medicine	85	246	280	204	116	126	1,058	
Medical day Units	236	178	-155	172	135	296	863	
Care of the Elderly Wards	179	157	163	98	112	82	791	
Paediatrics	91	125	179	49	76	113	632	
Maternity	43	88	181	73	91	98	574	
Upper GI	29	90	26	196	136	71	549	
Theatres	13	95	56	174	116	69	522	
Acute Medicine	11	223	53	63	100	-84	366	
Surgery Wards	82	46	39	36	25	67	295	
Clinical Haematology	-3	40	49	39	32	62	219	
Medical Wards	116	98	-32	24	-12	0	194	
Critical Care	52	40	36	14	24	24	191	
Urology	-20	34	4	52	-1	106	175	
Orth/Vasc Wards	22	46	37	33	3	25	166	
Managing Director	136	14	8	36	-17	-12	165	
Director of IT	56	133	61	1	-86	-4	160	
Respiratory	39	78	1	34	-1	4	156	
Gastroenterology	31	41	78	-3	-31	23	139	
Plastics	4	1	9	31	1	46	92	

**Cost Improvement Programme – £3.9m delivered in M06 against £5.7m plan**

The Trust is meeting only 5/10 of the maternity standards in order to achieve the 10% on the maternity CNST premiums. The cost to the Trust for not meeting these standards is £1.2m. Some of the LED lighting scheme has now been recognised, however completion of role out has been delayed to December.

BAU/Merger Bel	Service Line for FIP reporting	BAU Merger title for FIP reporting	Values			Reason for Variance
			YTD Plan	YTD Actuals	Variance	
BAU	Cardiology	Switch from Agency Consultant to NHS Locum	70	0	70	Delay in recruitment process which is ongoing
	Emergency Medicine	Medics FOT (1:3 weekend rota - 24 extra doctors)	150	0	150	Continuing agency costs to fill gaps in rotas, review underway. Action: business case to support proposal
	Imaging	Recovery Scheme	115	19	96	Slippage in recruitment of Radiology Consultants
	Maternity	CNST 10% Discount	610	0	610	Confirmation level 1 status not achieved
	Medical day Units	Recovery Scheme (Agency Reduction)	75	0	75	Ward budgets are overspent - review of establishments underway and challenge on overspends
	Medical Wards	Recovery Scheme (Agency Reduction)	100	0	100	Ward budgets are overspent - review of establishments underway and challenge on overspends
	Operational Services	LED Light CIP	64	35	29	Role out has begun in Q1, now looking to be complete by December
	Paediatrics Wards	Agency nursing CAMH	82	0	82	GM and service managers review Paediatric RMN Agency spend- monthly analysis of CAMH spend done
	Various	Income	57	52	6	
		Medical Pay Spend reductions	407	238	169	
		Other	767	643	124	
		Other Non-pay Savings	163	149	14	
		Other Pay Reductions	16	0	16	
		Procurement	299	225	74	
		Recovery Scheme	637	596	41	
		Recovery Scheme (Agency Reduction)	75	75	0	
		Reduction in Pay Spend	120	125	-5	
		Vacancy Factors	651	632	19	
<b>BAU Total</b>			<b>4,456</b>	<b>2,788</b>	<b>1,668</b>	
Merger	Various	Other Non-pay Savings	182	140	41	
		Pathology	1,029	1,030	-1	
		Procurement	30	24	5	
<b>Merger Total</b>			<b>1,241</b>	<b>1,195</b>	<b>46</b>	
<b>Grand Total</b>			<b>5,697</b>	<b>3,983</b>	<b>1,714</b>	

## Statement of Financial Position

Statement of Financial Position For the period ended 1 Apr 2021	Closing 31 Mar 21 £000s	Closing 30 Sept 21 £000s
<b>Non-Current Assets</b>		
Property, plant and equipment	292,019	301,732
Trade and other receivables	2,392	2,076
Other assets	1,989	1,913
<b>Total non-current assets</b>	<b>296,400</b>	<b>305,720</b>
<b>Current assets</b>		
Inventories	7,797	7,797
Trade and other receivables	28,184	32,933
Cash and cash equivalents	119,488	103,934
<b>Total current assets</b>	<b>155,469</b>	<b>144,664</b>
<b>Current liabilities</b>		
Trade and other payables	-83,743	-82,057
Borrowings	-2,162	-2,162
Provisions	-2,368	-2,761
Other liabilities	-3,687	-4,782
<b>Total current liabilities</b>	<b>-91,960</b>	<b>-91,762</b>
<b>Total assets less current liabilities</b>	<b>359,909</b>	<b>358,622</b>
<b>Non-current liabilities</b>		
Borrowings	-28,479	-27,480
Provisions	-5,648	-5,127
<b>Total non-current liabilities</b>	<b>-34,127</b>	<b>-32,607</b>
<b>Total assets employed</b>	<b>325,782</b>	<b>326,015</b>
<b>Financed by (taxpayers' equity)</b>		
Public Dividend Capital	221,078	221,078
Revaluation reserve	23,713	23,713
Income and expenditure reserve	80,991	81,225
<b>Total taxpayers' equity</b>	<b>325,782</b>	<b>326,015</b>

# CAPITAL PLAN

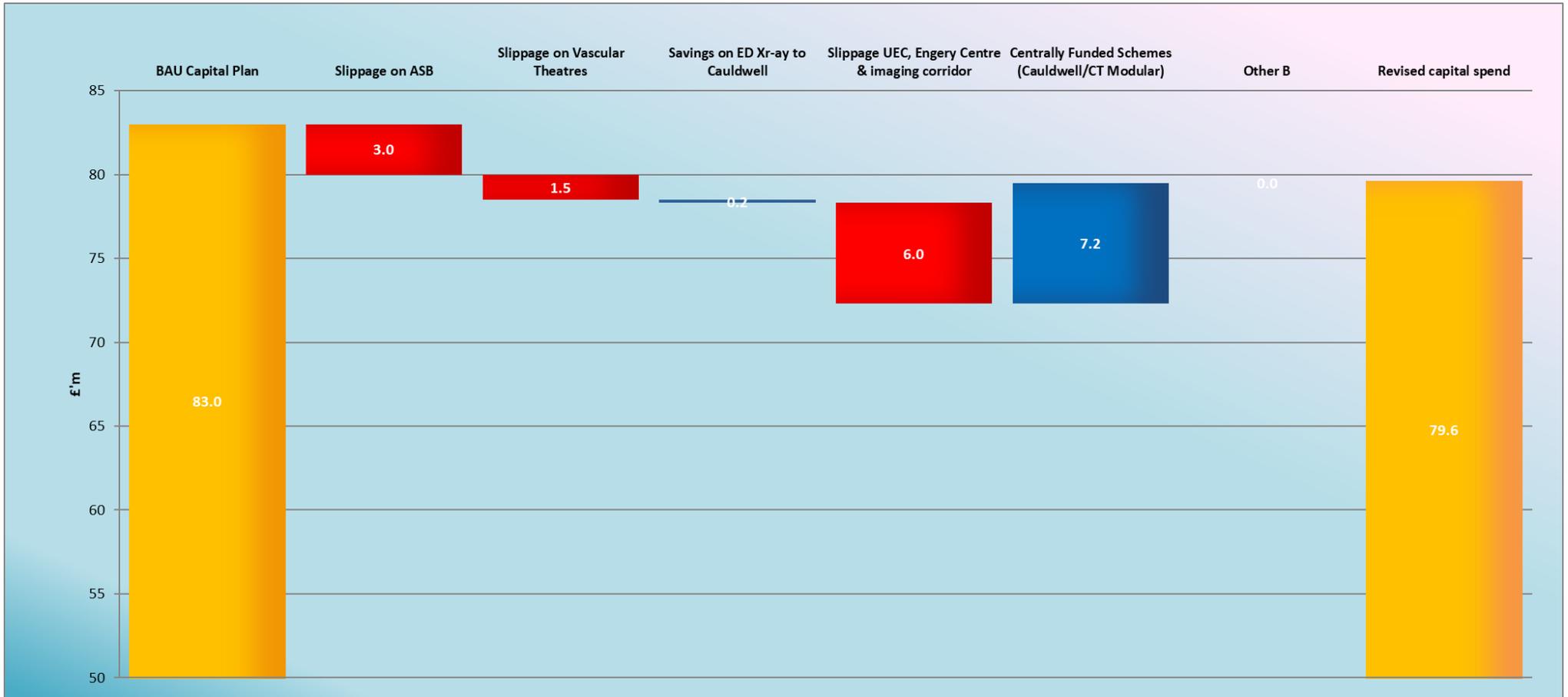


## Report for Month 06

The 21/22 CDEL allocation for Bedfordshire Hospitals is £27m of a total of £41m for the STP. In addition, the Trust will receive a further £12m of the regional CDEL towards Acute services block.

Year to date the Trust has spent £19.1m on capital. This value excludes uncertificated work, which the Trust estimates to be c£2.6m.

## Bridge of Capital Changes



## Capital Plan

£m	Funding Source	Requires Bus Case	2019/20 Actual	2020/21 Actual	2021/22 Revised	2021/22 Actual	2022/23 FOT	2023/24 FOT	2024/25 FOT	Total	Commentary By exception
<b>L&amp;D</b>											
Medical Equipment - Luton	Internal		1.9	2.8	1.1	0.9	2.0	2.0	2.0	11.8	Potential to hold until clarity on total spend
BAU Estate (incl backlog) - Luton	Internal		2.5	2.7	3.7	1.2	2.5	2.5	2.5	16.4	
BAU IT - Luton (Digital Solutions)	Internal		0.6	0.9	1.1	0.2	1.0	1.2	1.2	6.0	Updated for latest IT plan 21/22
<b>BAU CapEx</b>											
Site Redevelopment team &O'hds	Internal		0.4	0.9	0.8	0.5	0.8	0.8	0.3	4.0	Being reviewed - potential pressure
Enabling Schemes - Bariatrics	Internal		0.0	1.9	0.5	0.3	0.0	0.0	0.0	2.5	Completed
Enabling Schemes - Path / Mortuary	Internal		0.0	0.1	0.2	0.2	0.0	0.0	0.0	0.3	Not enough on its own
Enabling Schemes - Temp Car Parking	PDC - Other		0.1	0.9	0.0	0.0	0.0	0.0	0.0	1.0	Completed
Enabling Schemes - Temp Accommodation	Internal		0.0	5.0	0.2	0.0	0.0	0.0	0.0	5.2	Completed
Enabling Schemes - Demolition	Internal		0.0	0.2	1.6	1.0	0.0	0.0	0.0	1.8	On track
Enabling Schemes - Estates	Internal		0.0	0.5	1.6	1.6	0.0	0.0	0.0	2.1	Pressure against budget
Enabling Schemes - Site Clearance	Internal		0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.5	On track
ASB and Maternity Ward Block	PDC - ASB		1.2	2.2	12.0	1.0	49.9	74.0	0.0	139.3	On track
ASB and MWB Equipment Risk	Internal		0.0	0.0	0.0	0.0	0.0	3.3	0.0	3.3	On track
ASB and MWB Service Diversions	Internal		0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.6	Included above in Aecom forecast
ASB and MWB Lift Core	Internal		0.0	0.0	1.0	0.0	1.4	0.5	0.4	3.3	Included above in Aecom forecast
Lewsey Road Carpark	Internal		0.0	0.1	-0.1	0.1	0.0	0.0	0.0	0.0	Completed
Lewsey Road Carpark	PDC - Other		0.1	4.9	0.0	0.0	0.0	0.0	0.0	5.0	Completed
Helipad - see offset below	Internal	Y	0.0	0.0	0.0	0.0	0.0	0.0	19.7	19.7	Offset below
Energy Centre Building	Internal		0.3	1.7	12.2	3.6	2.5	1.1	0.0	17.8	On track
Energy Conservation Measures (Salix)	Internal		0.2	0.9	5.8	0.8	2.0	0.4	0.0	9.2	On track
Generators	Internal		2.2	0.3	0.8	-0.1	0.0	0.0	0.0	3.3	On track
Electrical Infrastructure	Internal		3.2	2.7	1.3	0.2	0.1	0.0	0.0	7.2	On track
<b>Hospital Redevelopment</b>			<b>7.6</b>	<b>22.3</b>	<b>38.3</b>	<b>9.1</b>	<b>56.6</b>	<b>80.7</b>	<b>20.4</b>	<b>226.0</b>	<b>£680k to come from Estates</b>

## Capital Plan Continued

£m	Funding	Requires	2019/20	2020/21	2021/22	2021/22	2022/23	2023/24	2024/25	Total	Commentary
	Source	Bus Case	Actual	Actual	Revised	Actual	FOT	FOT	FOT		
Hospital Redevelopment Enabling Schemes Pressure	Internal	Y	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Occupational Health location TBC
Hospital Redevelopment - Other Depts	Internal		0.0	0.2	0.2	0.1	0.2	0.2	0.2	1.0	Some pressure, particularly in 23/24
Imaging Corridor Works	Internal		0.6	0.5	0.0	0.0	0.8	0.0	0.0	1.9	Potential slippage / spare
Helipad offset	Internal	Y	0.0	0.0	0.0	0.0	0.0	0.0	-19.7	-19.7	Offset above
PAS	Internal	Y	0.0	0.0	0.0	0.0	2.6	0.0	0.0	2.6	Future Year
ED X-Ray	Internal		0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.2	Completed
Net Slippage - Funded	Internal		1.1	0.8	0.0	0.0	0.0	0.0	0.0	1.9	Completed
PDC - ASB - Match Spend to Approval	PDC - ASB		-3.1	-4.4	7.5	0.0	0.0	0.0	0.0	0.0	Potential risk if ASB not approved
PDC - ASB - Match Spend to Approval	Internal		3.1	4.4	-7.5	0.0	0.0	0.0	0.0	0.0	Potential risk if ASB not approved
Other - P/Y	Internal		6.0	0.2	0.0	0.0	0.0	0.0	0.0	6.2	Completed
IT Merger Enabling	PDC - ASB		0.1	1.4	1.4	0.3	3.2	2.0	0.0	8.0	Updated for latest IT plan 21/22
Pathology Joint Venture	Internal		0.0	0.2	0.0	0.0	0.7	0.0	0.0	0.9	Potential slippage / spare
Pathology Joint Venture	PDC - ASB		1.8	0.8	0.0	0.0	0.0	0.0	0.0	2.7	Completed
GDE - Luton	PDC - GDE		4.8	2.1	0.0	0.0	0.0	0.0	0.0	6.9	Completed
GDE - Approved by FIP	Internal		0.0	-0.2	1.0	0.9	0.0	0.0	0.0	0.8	Updated for latest IT plan 21/22
GDE - Next Phase Business Cases (EPR)	Internal	Y	0.0	0.0	1.6	0.0	0.4	0.0	0.0	2.0	Updated for latest IT plan 21/22
UEC - Luton	PDC - UEC		0.0	4.2	12.8	2.1	0.0	0.0	0.0	17.0	On track
UEC - Luton (Trust)	Internal		0.0	-3.0	-2.3	0.0	7.4	0.0	0.0	2.1	Current pressure of c£0.5m on FOT
CT	Internal		0.0	0.0	1.4	0.0	0.0	0.0	0.0	1.4	Slippage possible to 22/23
STP Portal - Phase 2 (includes HSLI Digital monies)	Internal		0.0	-2.1	2.0	0.0	2.0	0.0	0.0	1.8	Updated for latest IT plan 21/22
STP Portal	PDC - Other		0.2	2.5	0.0	0.0	0.0	0.0	0.0	2.7	Updated for latest IT plan 21/22
HSLI Digital	Internal		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Updated for latest IT plan 21/22
Critical Infrastructure (Trust)	Internal		0.0	-1.7	0.0	0.0	0.0	0.0	0.0	-1.7	Completed
Critical Infrastructure	PDC - Other		0.0	3.8	0.0	0.0	0.0	0.0	0.0	3.8	Completed
Covid 19 - Luton (Trust)	Internal		0.0	-1.4	0.0	0.1	0.0	0.0	0.0	-1.4	Potential slippage / spare
Covid 19 - Luton	PDC - Other		0.2	3.9	0.0	0.0	0.0	0.0	0.0	4.1	Completed
Endoscopy Improvement - Luton	PDC - Other		0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.7	Completed
Endoscopy Equipment/ Slippage	Internal	Y	0.0	-0.7	0.0	0.0	0.0	0.0	0.0	-0.7	Potential slippage / spare
Pharmacy Robot	Internal	Y	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.6	On track
Breast Screening	PDC - Other		0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.8	Completed
CT Modular Extension	PDC - Other		0.0	0.0	1.2	0.0	0.0	0.0	0.0	1.2	Subject to DH approval
Renal Unit refurbishment	Internal		0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.5	
Donated Assets/ Impact of IFRIC12	Donated		0.2	1.8	0.1	0.1	0.1	0.1	0.1	2.4	On track
Other - Luton	Internal		0.3	0.2	0.5	0.0	0.0	0.0	0.0	1.0	Ward 10 + ITU UPS
<b>Other Schemes - Luton</b>			<b>15.6</b>	<b>15.1</b>	<b>20.9</b>	<b>3.5</b>	<b>17.4</b>	<b>2.3</b>	<b>-19.4</b>	<b>51.9</b>	

## Capital Plan Continued

£m	Funding	Requires	2019/20	2020/21	2021/22	2021/22	2022/23	2023/24	2024/25	Total	Commentary
	Source	Bus Case	Actual	Actual	Revised	Actual	FOT	FOT	FOT		By exception
<b>BHT</b>											
BAU - Estates - Bedford	Internal		4.1	1.2	0.5	0.3	1.0	1.0	1.0	8.8	Potential to hold until clarity
BAU - Medical Equipment - Bedford	Internal		0.0	3.3	0.5	1.1	1.0	1.0	1.0	6.8	on total spend
BAU - IT - Bedford (Tech)	Internal		0.0	1.8	1.8	0.1	0.2	0.7	0.7	5.2	Updated for latest IT plan 21/22
BAU - Other - Bedford	Internal		0.0	0.0	0.0	0.0	1.3	1.3	1.3	3.9	Not 21/22
Ward Refurbishment	Internal		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Not 21/22
Vascular theatres	Internal	Y	0.0	0.0	0.5	0.1	3.7	0.0	0.0	4.2	Slippage confirmed
Vascular theatres (contingency)	Internal	Y	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.8	Shortfall overall of c£1 - £1.5m
Education Centre phase 2	Internal		0.0	1.4	0.0	0.0	0.0	0.0	0.0	1.4	Completed
Fast Follower Funds (PDC)	PDC - GDE		2.9	1.5	0.0	0.0	0.0	0.0	0.0	4.4	Completed
Fast Follower Funds (Trust)	Internal		0.0	-1.2	0.6	0.3	0.0	0.0	0.0	-0.6	Completed - balance transferred to EPR
MRI (PDC)	PDC - Other		0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.9	Completed
MRI and Trailer (PDC)	PDC - Other		0.0	1.5	0.0	0.0	0.0	0.0	0.0	1.5	Completed
Covid 19	PDC - Other		0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.6	Completed
Endoscopy Improvement	PDC - Other		0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.4	Completed
Endoscopy Improvement (Trust)	Internal		0.0	-0.2	0.2	0.3	0.0	0.0	0.0	0.0	Completed
Other (PDC)	PDC - Other		2.1	0.4	0.0	0.0	0.0	0.0	0.0	2.5	Completed
Other (Trust)	Internal		0.0	-0.3	0.2	0.0	0.0	0.0	0.0	-0.1	On track
UEC - Bedford (Trust)	Internal		0.0	-1.4	1.4	1.6	0.0	0.0	0.0	0.0	Completed
UEC - Bedford	PDC - UEC		0.0	3.8	0.0	0.0	0.0	0.0	0.0	3.8	Completed
ED 2nd floor fit out/ CT enabling	Internal	Y	0.0	0.0	0.5	0.0	0.5	0.0	0.0	1.0	Potential shortfall £0.5m
ED X-Ray to Cauldwell	Internal	Y	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.5	Small saving
Donated Assets - Bedford	Donated		0.0	0.7	0.2	0.0	0.2	0.2	0.2	1.5	On track
Integration Capital	Internal		0.0	0.0	0.3	0.0	0.3	0.3	0.3	1.1	Potential slippage / spare
Access Control (Cross-site)	Internal	Y	0.0	0.0	0.2	0.0	0.8	0.0	0.0	1.0	Potential slippage / spare
Cauldwell Centre Refurbishment	PDC - Other		0.0	0.0	6.0	0.0	0.0	0.0	0.0	6.0	Subject to DH approval
Electrical Infrastructure	Internal	Y	0.0	0.0	1.0	0.2	1.5	0.0	0.0	2.5	Requires business case
Other	Internal		0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.6	Completed
<b>Bedford Schemes</b>			<b>9.6</b>	<b>14.2</b>	<b>14.5</b>	<b>4.1</b>	<b>11.3</b>	<b>4.5</b>	<b>4.5</b>	<b>58.4</b>	
<b>Combined BAU capital plan</b>			<b>37.8</b>	<b>58.1</b>	<b>79.6</b>	<b>19.1</b>	<b>90.8</b>	<b>93.2</b>	<b>11.2</b>	<b>370.6</b>	

## Capital Funding Sources

Source of Funding	2019/20	2020/21	2021/22	2021/22	2022/23	2023/24	2024/25	Total	By exception
	Actual	Actual	Revised	Actual	FOT	FOT	FOT		
Internal	27.1	22.8	38.4	15.6	37.4	16.8	10.9	153.4	Needs to be £39m 20/21 & £27m beyond
PDC - ASB	0.0	0.0	20.9	1.3	53.1	76.0	0.0	150.0	
PDC - GDE	7.7	3.6	0.0	0.0	0.0	0.0	0.0	11.3	
PDC - UEC	0.0	8.0	12.8	2.1	0.0	0.0	0.0	20.8	
PDC - Other	2.7	21.2	7.2	0.0	0.0	0.0	0.0	31.1	
Donated	0.2	2.5	0.3	0.1	0.3	0.3	0.3	3.9	
<b>Combined BAU capital plan</b>	<b>37.8</b>	<b>58.1</b>	<b>79.6</b>	<b>19.1</b>	<b>90.8</b>	<b>93.2</b>	<b>11.2</b>	<b>370.6</b>	

Changes Since April FIP	2021/22	Actual	2022/23	2023/24	2024/25	Total		
Combined BAU capital plan	37.8	58.1	83.0	77.6	92.8	11.2	360.5	
Slippage on ASB			-3.0	3.0			0.0	
Slippage on Vascular Theatre			-1.5	1.5			0.0	
Saving on ED X-ray to Cauldwell			-0.2				-0.2	
Slippage on Energy Conservation Measures			-1.2	0.8	0.4		0.0	
Slippage & cost pressure on UEC			-2.8	4.4			1.6	
Centrally funded schemes (Cauldwell + CT Modular)			7.2				7.2	
Electrical Infrastructure			1.0	1.5			2.5	
Ward 10 + ITU 2 UPS + Day Room works			0.5				0.5	
Renal Unit			0.5				0.5	
Slippage (Imaging corridor, Pathology, ED 2nd Floor)			-2.0	2.0			0.0	
Removal of budget (Covid, Endoscopy)			-2.0				-2.0	
<b>Change to Capital Plan</b>			<b>79.6</b>	<b>0.0</b>	<b>90.8</b>	<b>93.2</b>	<b>11.2</b>	<b>370.6</b>

**SUMMARY POSITION**

- Between July and August sickness increased slightly (0.67%) to 4.16% and is 0.67% higher when compared to the same period last year (3.49%).
- Vacancy rates have decreased slightly from 8.31% in August 2021 to 7.74% in September 2021. Please note that the 2021/22 budgeted establishment work to reconcile the financial and workforce systems remains on course to be completed in October.
- The overall turnover is similar to the same period last year; 14.37% in September 2020 and 14.10% in September 2021.
- The overall Agency run rate is 21.4% higher in September 2021 when compared to September 2020 equivalent to 45.4 FTE more agency workers.

**LUTON & DUNSTABLE UNIVERSITY HOSPITAL SITE**

Compared to the previous month:

- Sickness absence increased from 3.70% to 3.87%
- Turnover increased from 13.86% to 13.98%
- Vacancy rates decreased by 0.38% from 11.16% to 10.78%
- Appraisals decreased from 72% to 70%
- Mandatory training compliance decreased from 79% to 78%
- Bank FTE usage in September 2021 decreased by 23.6% in month and is 9.8% lower compared to August 2020
- Agency FTE usage in August 2021 increased by 1.1% in month and has a 16.05 % higher run rate compared to September 2020.

**BEDFORD HOSPITAL SITE**

Compared to the previous month:

- Sickness absence decreased from 4.73% to 4.61%
- Turnover increased from 14.19% to 14.29
- Vacancy rates decreased by 0.90% from 3.38% to 2.48%
- Appraisals decreased from 65% to 62%
- Mandatory training compliance reduced from 77% to 76%
- Bank FTE usage in September 2021 decreased by 0.7% in month and is 12.0% higher compared to September 2020
- Agency FTE usage in September 2021 increased by 7.48 % in month and has a 34.1% higher run rate compared to September 2020.



Vacancy  
7.74%



Turnover  
14.16%



Sickness  
4.16%



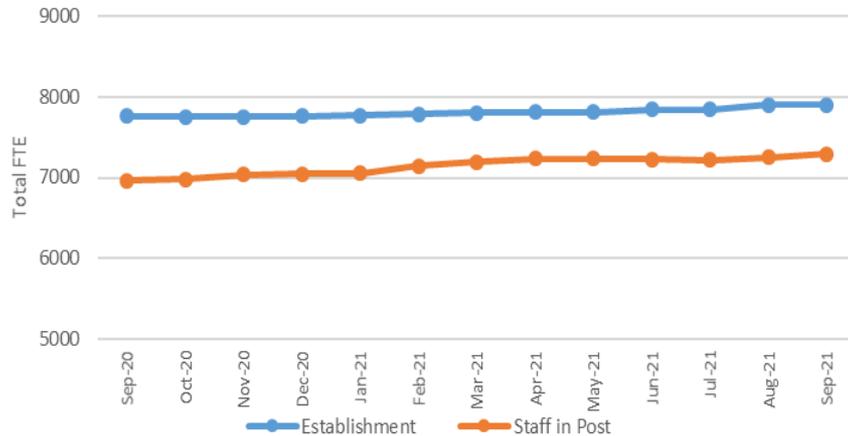
Training  
74%



Appraisal  
67%



**Trust Total Staff in Post vs Establishment**



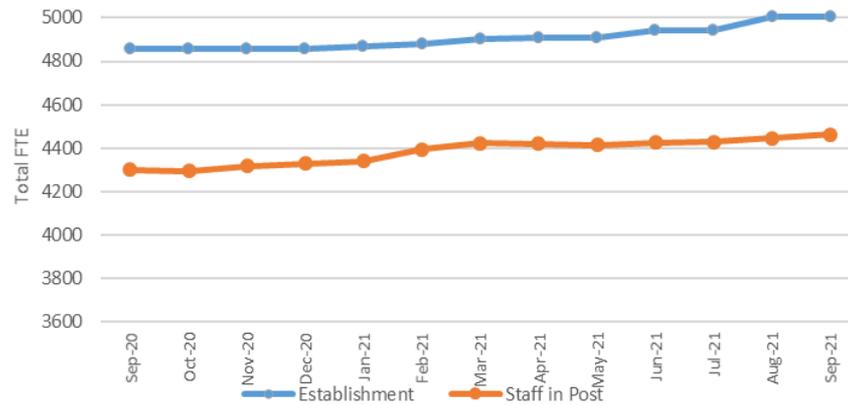
**Trust Level Summary**

The Trust’s overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 45.02 WTE between August 2021 and September 2021.

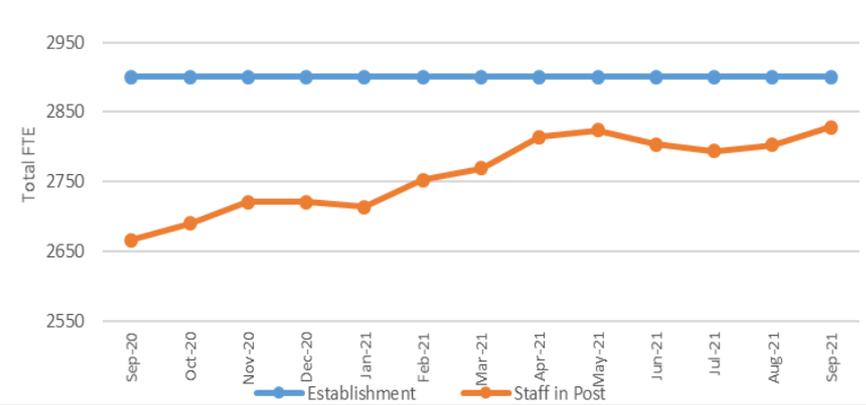
During the last 12 months the growth rate has been 4.4% ( September 2020 to August 2021).

Please note that work on the 2021/22 budgeted establishment to reconcile the finance and HR systems remains on target to be completed in October.

**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 170.66 WTE between October 2020 and September 2021. Over the last 12 months the SIP increased by 3.98% and is driven by increases in band 5 nurses and HCA’s. The staff in post increased by 18.93 WTE between August and September 2021.

**Bedford site**

The BH site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 138.27 WTE between October 2020 and September 2021. Over the last 12 months the SIP increased by 5.14% and is driven by increases in nursing and support staff. The staff in post increased by 26.09 WTE between August and September 2021.

**Trust Total Vacancy Rate**



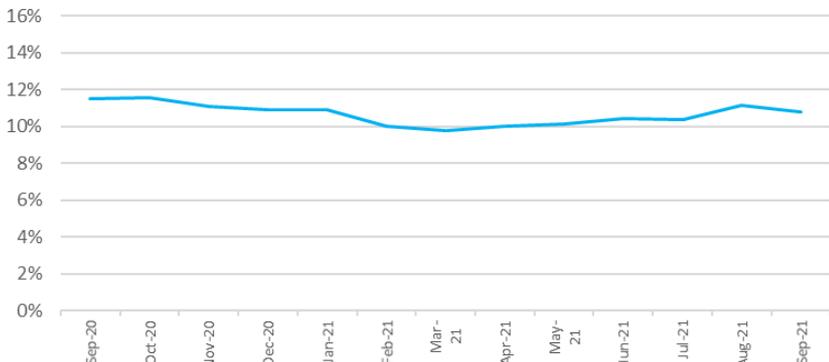
**Trust Level Summary**

The overall vacancy rate decreased over the last 12 months from 9.95% in October 2020 to 7.74% in September 2021.

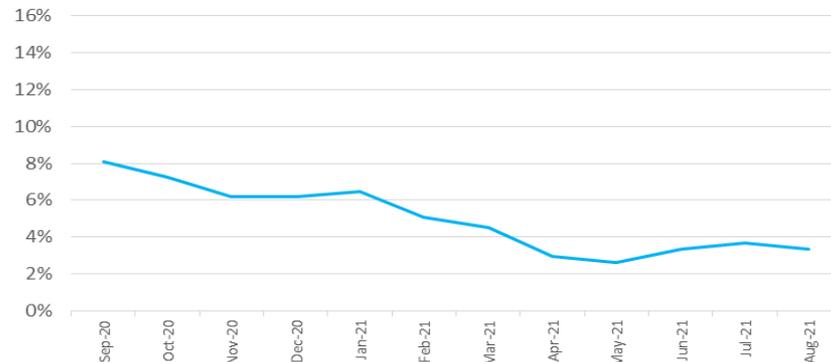
Registered nursing and midwifery vacancy rates are currently 8.59% and have increased by 0.07% from August and show a decrease of 2.21% over the last 12 months to September.

Medical and dental vacancy rates have increased 1.51% over 12 months to September, currently at 4.23%, which is 0.83% lower than in August. 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**

Throughout September, 11 overseas nurses started in post at the Trust (7 for L&D and 4 for Bedford). There are currently 11 nurses scheduled to arrive throughout October (2 for Luton and 9 for Bedford). Further recruitment campaigns are planned for the Paediatric wards, ED and Paeds ED throughout October. There were 24 OSCE passes throughout September (17 for Luton and 7 for Bedford).

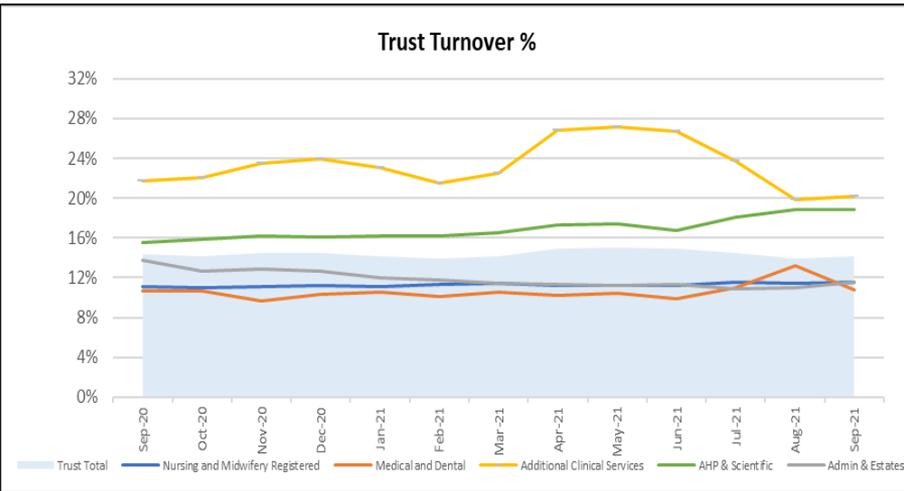
The Trust is attending a Recruitment Fair in Dublin in October with the main focus on midwifery and therapy vacancies.

The Trust is part of the EoE collaborative and have submitted a joint bid to NHSI/E for funding for the recruitment of overseas midwives. The outcome of this is still pending.

**Band 5 Nursing Vacancies**

There are currently 130 WTE band 5 nursing & midwifery vacancies across the two sites (92.04 WTE at Luton and 38.58 WTE at Bedford). This has decreased since last month. We continue to recruit both locally and from overseas and have a substantial pipeline in place. There are currently 67 overseas nurses (39 at Luton and 28 at Bedford) in various stages of their NMC registration and will convert to Band 5 nurses over the next few months. There are also 72 nurses under offer via local recruitment. Taking into account pipeline, known leavers and current overseas nurses transferring into band 5 positions the adjusted band 5 vacancy figure is -12 WTE.

7 HCSW's who undertook English Language training have successfully passed their OET exam and we are awaiting results of some HCSW's.



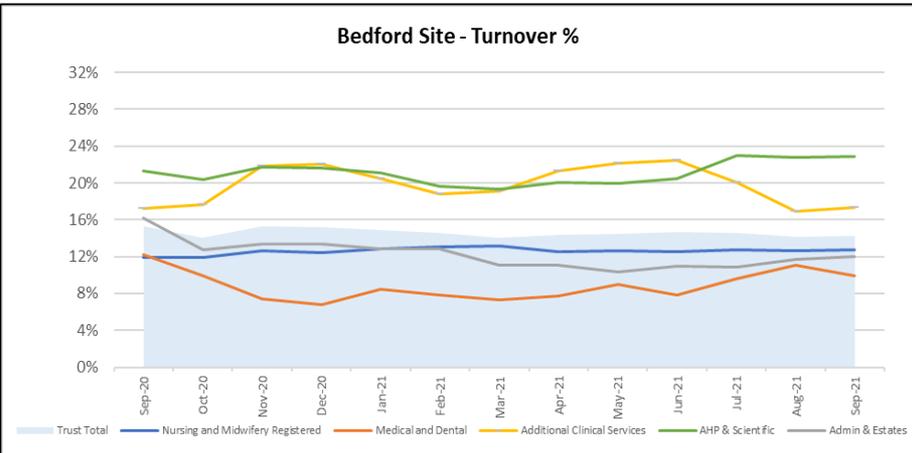
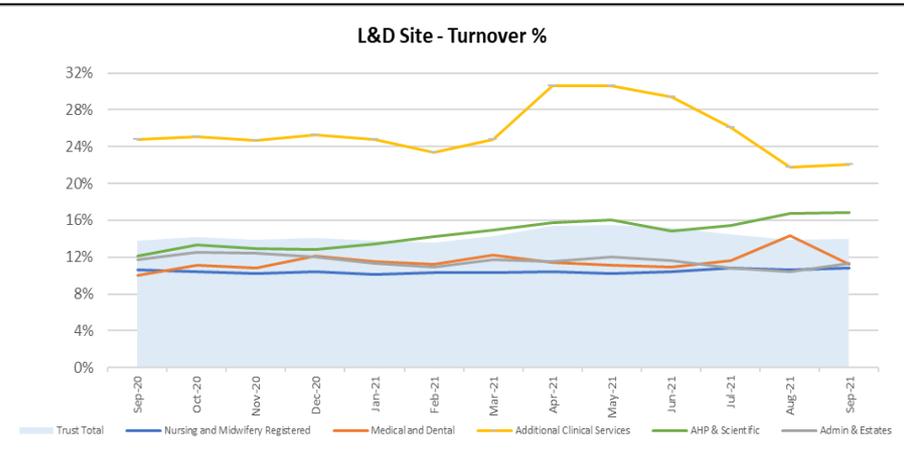
**Trust Level Summary**

The nursing and midwifery staff group turnover has been stable at around 11.5% over the last 12 months to September 2021 and is currently 11.57%.

Hotspots remain amongst Allied Health Professionals, (physiotherapists, Operating Department Practitioners and Radiographers) The turnover for additional professional and scientific staff group decreased marginally by 0.08 % in September and has a 3.4% increase compared to September 2020.

Additional Clinical services staff group turnover decreased by 1.86% over 12 months to September and now stands at 20.23% which is 0.33% higher than last month.

The increases in April 2021 were due to leavers on short term COVID contracts.



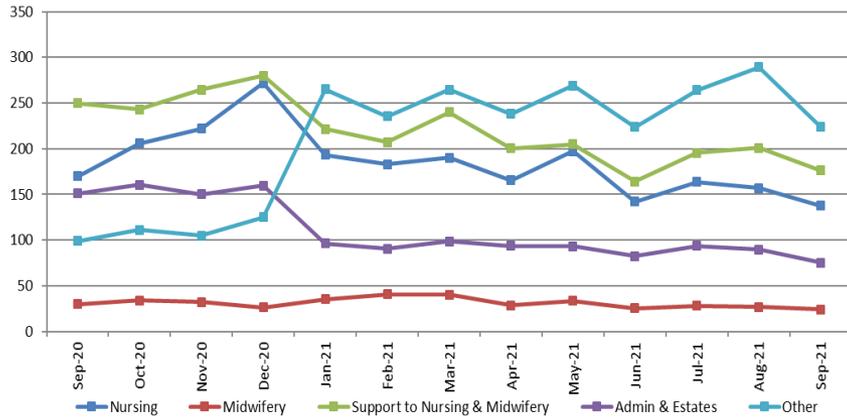
**L&D Site**

There was an increase in turnover of 0.12% between August and September. Most staff groups are fairly stable with a decrease in Medical and Dental 3.03% and an increase in Admin & Estates 0.89% staff groups. The top leaving reasons in August, excluding end of fixed term contracts were Relocation 22.09%, Work Life Balance 16.28% and Retirement 11.27% Across all leaving reasons 14.0% transferred to another NHS Organisation.

**Bedford site**

Overall turnover decreased by 0.15% compared to August. Most staff groups were stable with a decrease in Medical and Dental 1.16 % and an increase in Additional Clinical service 0.25%. The top leaving reasons in August for all staff groups were Relocation 22.37%, Retirement 15.79, and Further Education 7.89%. Across all leaving reasons 14.5% transferred to another NHS Organisation.

**Trust Total Bank FTE**

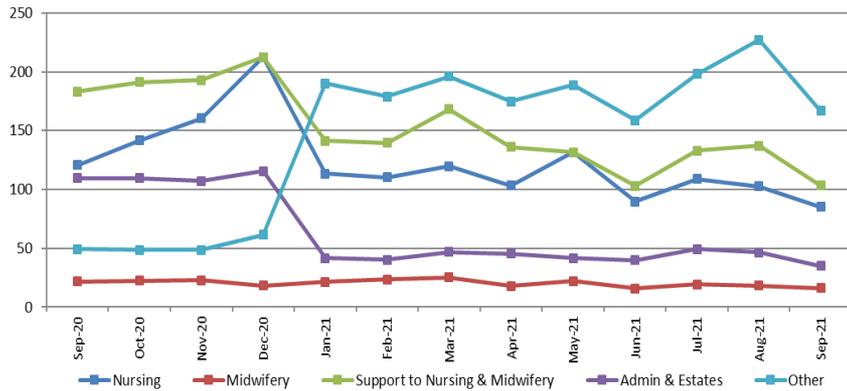


**Trust Level Summary**

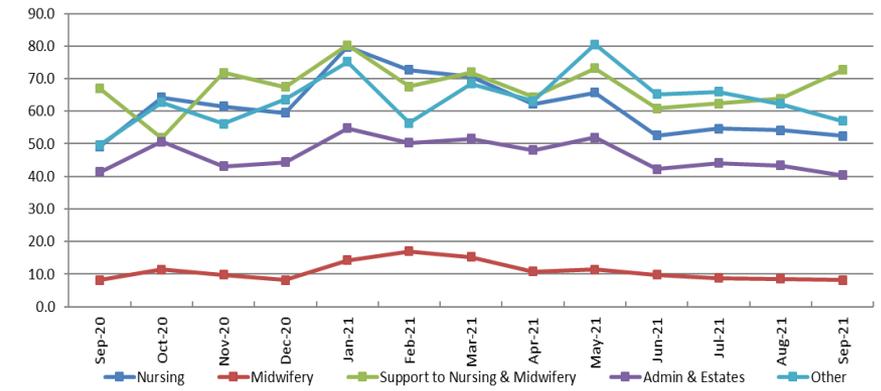
Overall bank usage is 9% lower in September 2021 as compared to September 2020 equivalent 63.0 FTE fewer bank workers. This reflects work to move agency workers on to fixed term contracts.

Whilst there has been an increase in bank workers following the easing of lockdown restrictions September remains 28% lower than pre-pandemic levels.

**L&D Site - Bank FTE**



**Bedford Site - Bank FTE**



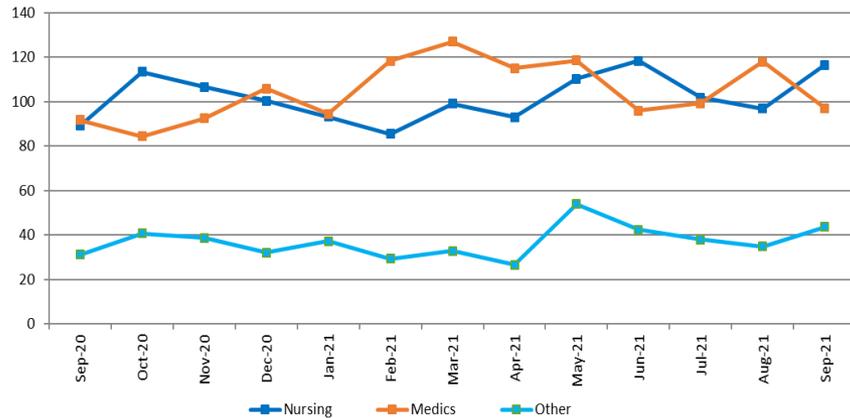
**L&D Site:**

Bank use has decreased by 16.2% in September 2020 to September 2021 equivalent to 78.3 WTE fewer bank workers in September-2021. Bank FTE usage in September-21 decreased by 23.6% from August-21.

**Bedford site:**

Bank use has increased by 12.0% from September 2020 to September 2021 equivalent to 15.31 WTE more bank workers in September 2021 compared to September 2020. Bank FTE usage in September reduced by 0.7% from August 2021.

**Trust Total Agency FTE**



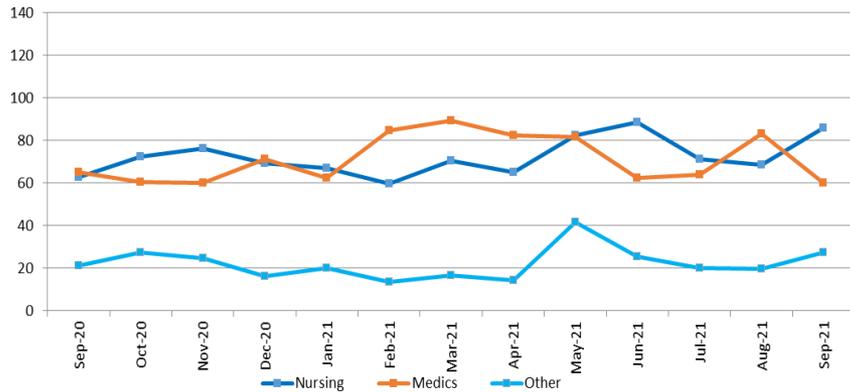
**Trust Level Summary**

Overall Agency usage increased by 21.4% in September 2021 as compared to September 2020 equivalent to 45.4 FTE more agency workers.

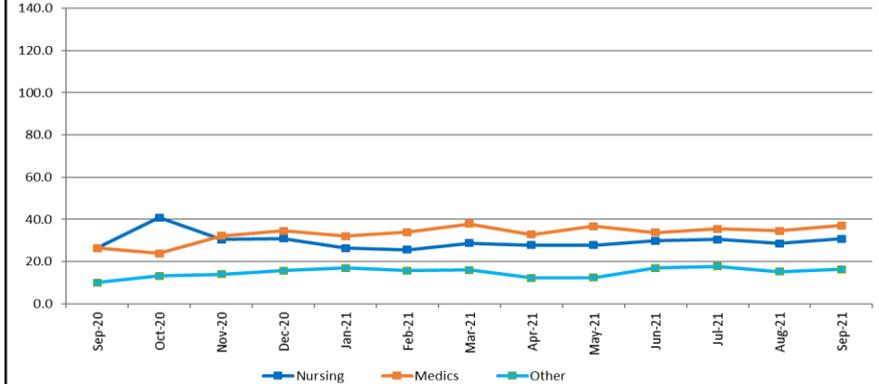
There was an increase in the use of nursing agency 20.24% between August 2021 and September 2021, which was equivalent to 19.62 FTE more nursing agency workers.

Medical agency locums decreased in month by 17.65% equivalent to 20.81 FTE fewer medical agency workers.

**L&D Site - Agency FTE**



**Bedford Site - Agency FTE**

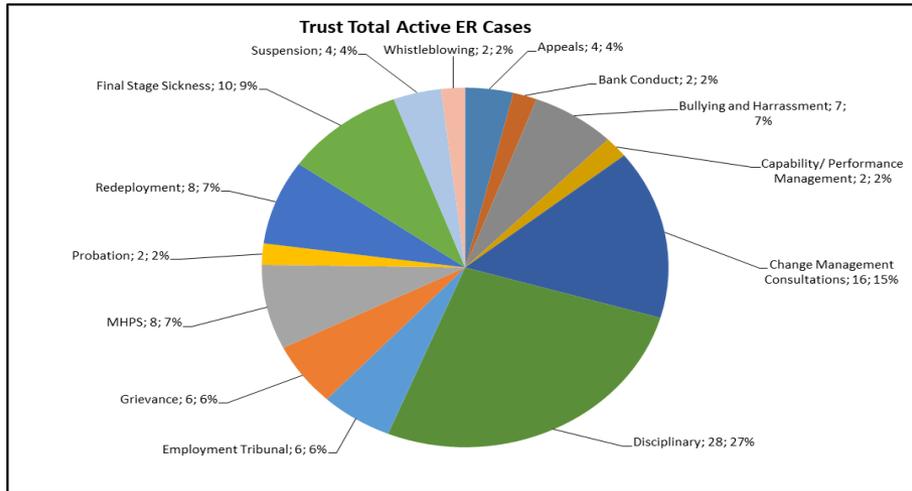


**L&D Site**

Agency use has a 16.05% higher run rate in September 2021 compared to September 2020 equivalent to 24 FTE more agency workers. Medical agency locums decreased by 27.88% between August 2021 and September 2021 equivalent to 23.2 FTE fewer workers. Nursing agency increased by 17.4 FTE (25.4%) in September 2021 as compared to August 2021.

**Bedford site**

Agency use has a 34.1% higher run rate in September 2021 compared to September 2020 equivalent to 21.41 FTE more agency workers. Medical agency locums increased by 7.0% between August 2021 and September 2021 equivalent to 2.43 FTE more workers. Nursing agency increased by 2.2FTE (7.9%) in September 2021 as compared to August 2021.



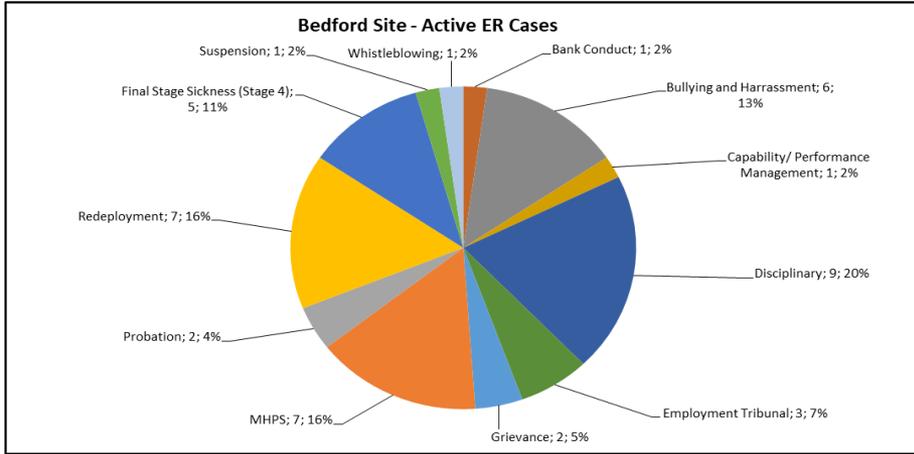
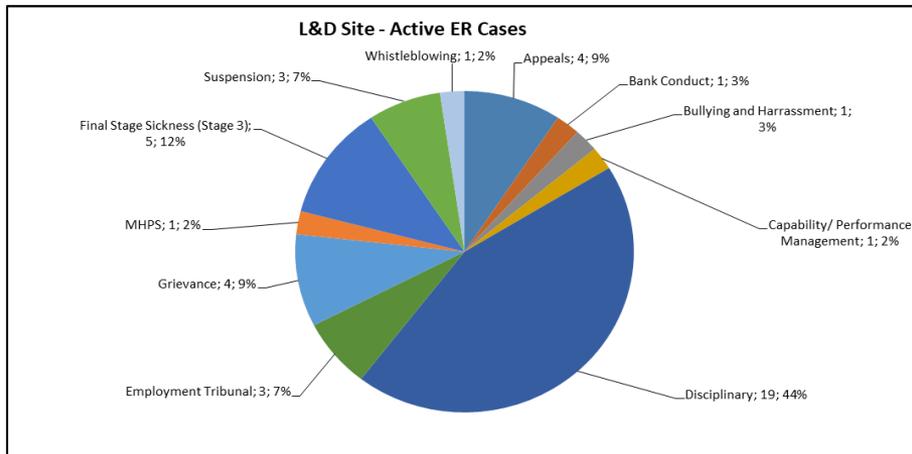
### Trust Level Summary

There has been a marginal increase in the number of grievances (collective and individual) across the Trust, with 7 active cases currently (up from 6 in August).

The number of complaints of bullying and harassment has remained constant with 7 complaints currently being actively managed across both sites. Work continues across all of these cases to bring them to a satisfactory resolution.

The number of redeployment cases has remained steady at 8 cases and work is on-going with these members of staff to find them suitable alternative employment within the Trust.

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

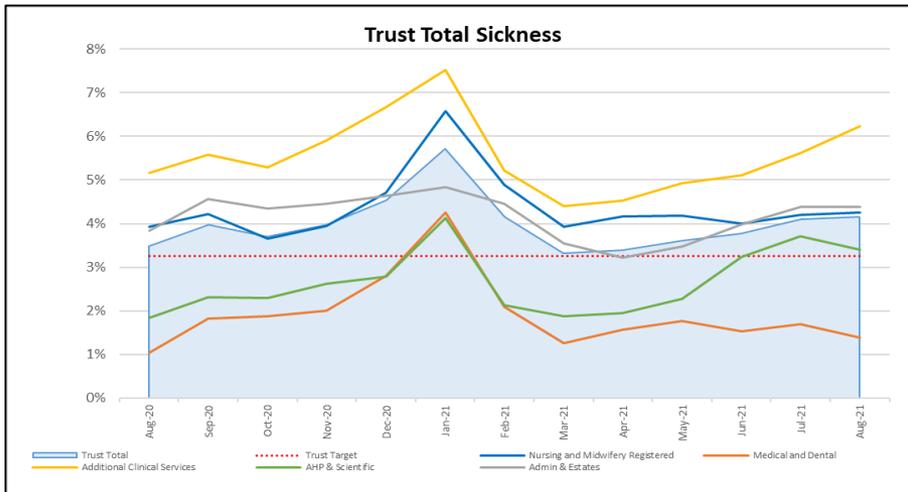


There has been a decrease in the number of Employee Relations cases being managed over the last month; an 8.24% decrease from 105 cases in August to 97 cases in September across both Trust sites. The level of activity in respect of consultation exercises is currently at 12. Amongst this number; 7 exercises are on-going and 5 are in planning/initiation.

There has been a marginal decrease in the number of Maintaining High Professional Standards (MHPS) cases, with a total of 6 cases (down 25% on August); 5 cases at Bedford and 1 on the Luton Site.

The number of disciplinary cases across both sites has increased to a total of 34 cases.

Disciplinary cases in Bedford have increased by 2 from 10 cases in August to 12 cases in September (including 2 suspension); the overall number of cases has remained constant on the Luton site at 22 cases, s. There are currently 6 Employment Tribunal Cases at various stages across both sites.



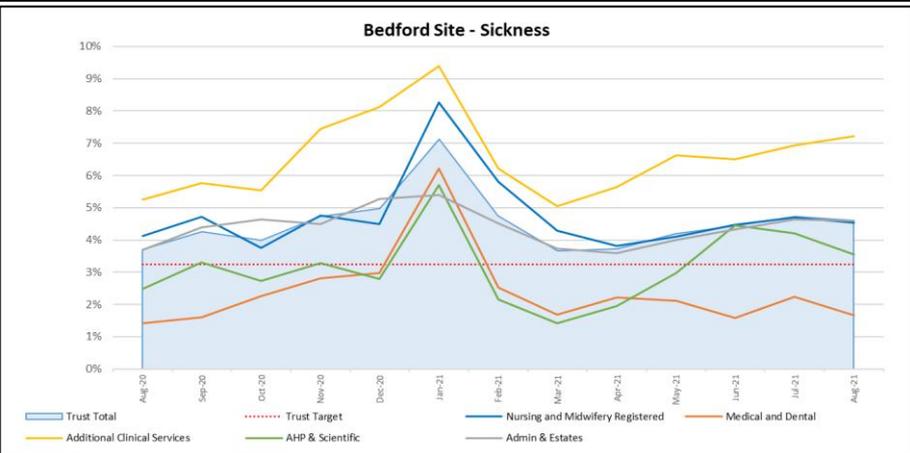
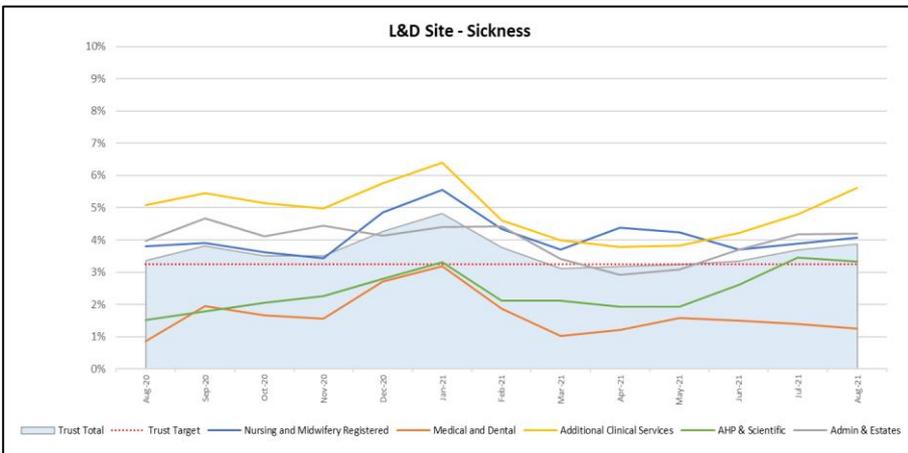
**Trust Level Summary \***

Overall sickness levels have decreased from a peak of 7.27% in April 2020, as a result of the COVID pandemic, to 4.16% in August 2021. The Q1 regional benchmark was 4.3% and the Trust score Q1 score was 3.6% the lowest acute rate in the region.

Sickness levels in August were at a higher level (0.67% higher) compared to the same period last year.

The highest absence rates for August were within Additional Clinical Services 6.23%, Admin and Estates 4.38%. And %, Nursing and Midwifery 4.25%

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



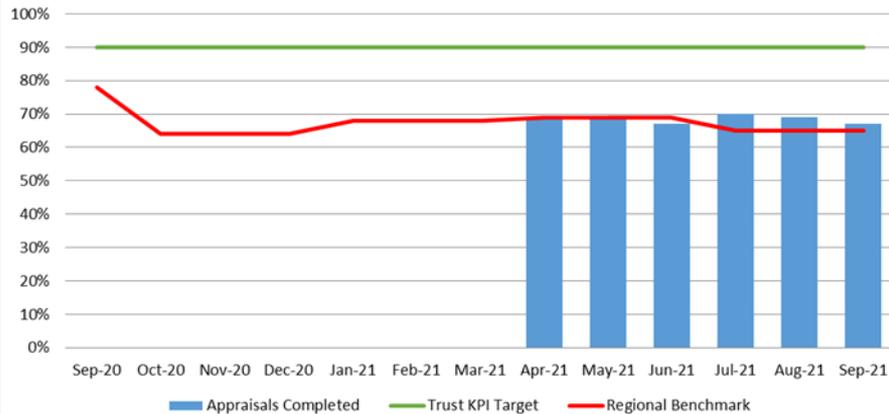
**L&D Site**

There was an increase of 0.17% between July and August to 3.87% sickness which remains substantially lower than the April 2020 peak of 5.86% and is a 0.51% lower compared with the same period last year. The largest in month increases were 0.82% for Additional Clinical Services, and 0.18% for nursing and midwifery.

**Bedford Site**

There was an overall decrease of 0.12% between July and August to 4.61% which remains substantially lower than the April peak of 9.45% and is 0.91% higher than the same period last year. The largest in month decreases were 0.66% for AHP & Scientific and 0.58% for Medical and Dental and 0.42% staff.

**Bedfordshire Hospitals NHS FT- Appraisal Rate Compliance**



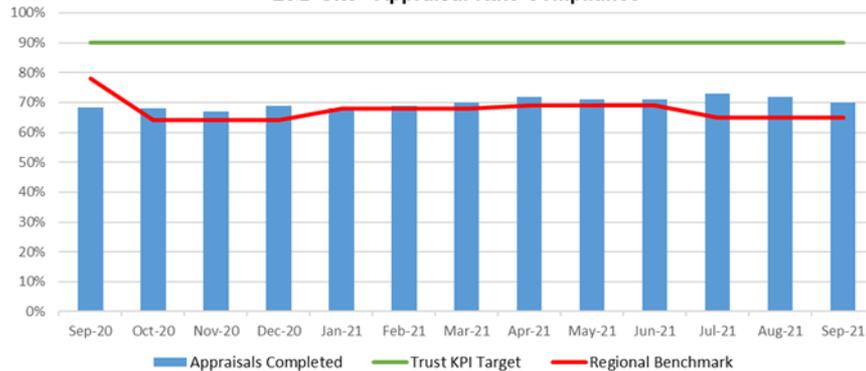
**Trust Level Summary**

The appraisal rate across the organisation has shown a decrease of 2% for the September period. The Trust compliance currently sits at 67%.

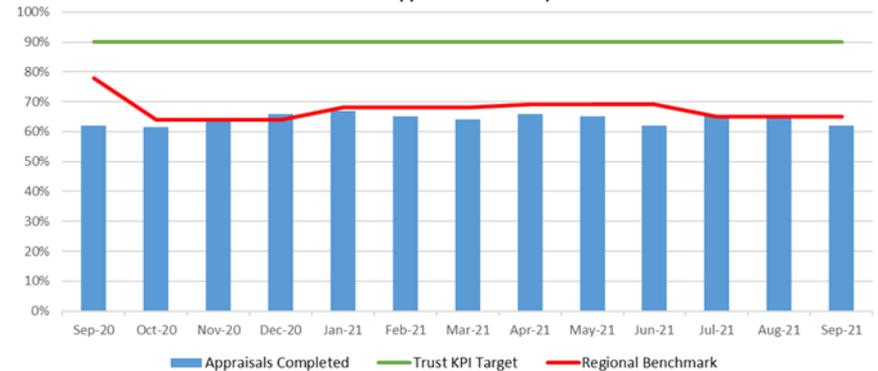
Whilst the Trust compliance rate is slightly above the regional benchmark, this is still below the organisations 90% target.

During the month of October the Training and Learning Team will be pushing for higher compliance by contacting employees who do not have a valid appraisal date, providing the paperwork and asking for a meeting to be scheduled as soon as possible. This list will be cross-checked over the quarter and a list of staff who are still non-compliant at the end of December will be sent to Service Line Leads for urgent action.

**L&D Site - Appraisal Rate Compliance**



**Bedford Site - Appraisal Rate Compliance**



**Site Specific Level Summary**

There has been a decrease (2%) in appraisals' compliance during the September period.

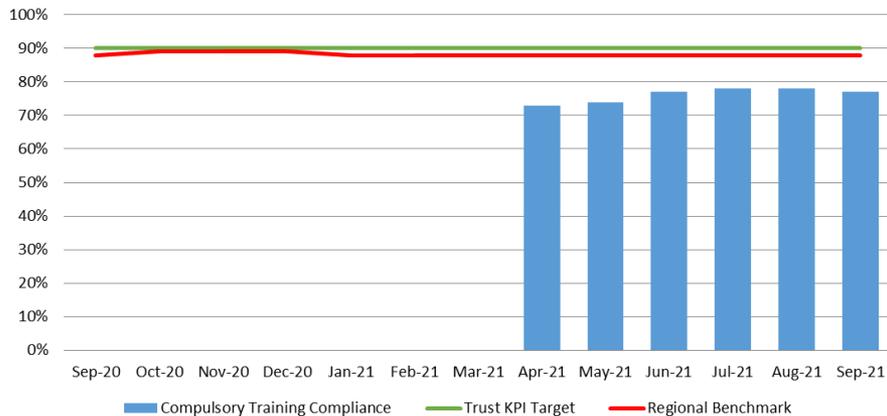
**L&D Site:**

The overall appraisals' compliance rate for September 2021 has decreased by 2% to 70%.

**Bedford Site:**

The overall appraisal rate for September 2021 has decreased by 3% to 62%.

Bedfordshire Hospitals NHS FT- Mandatory Training Compliance

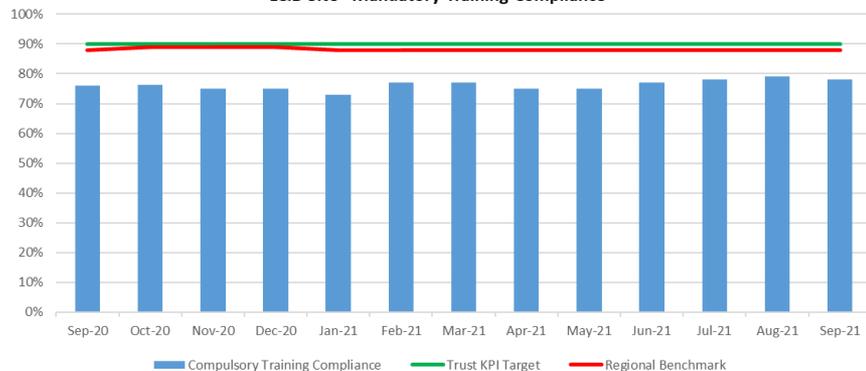


**Trust Level Summary**

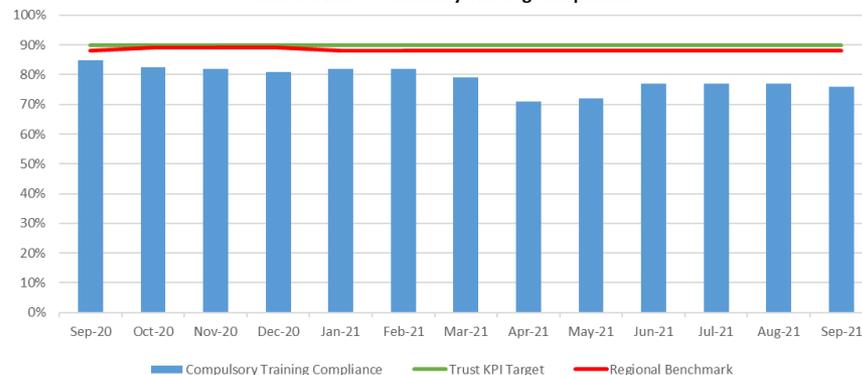
The Training and Learning Team worked with all relevant subject matter experts to merge and align Core Mandatory Training topics which has enabled the team to produce an overarching Bedfordshire Hospitals NHS Foundation Trust mandatory training compliance percentage. Since this started in April 2021 the Trust has seen a 5% increase in mandatory training compliance from 71% in April 2021 to 77% for September 2021.

The Training and Learning Team are notifying managers and staff of the upcoming changes to the Pay Progression process, explaining that this will be implemented within the next six months and asking that outstanding training and appraisals are completed as soon as possible. This is being communicated via the monthly reports e-mails (Luton site) and via the upcoming Training Update which will be the first cross-site edition.

L&D Site - Mandatory Training Compliance



Bedford Site - Mandatory Training Compliance



**Site Specific Summary**

There has been a slight decrease in compliance for mandatory training during the September period (1%). In order to improve mandatory training compliance the Training and Learning Team are providing workbooks, virtual tutor-led sessions via MS Teams, drop-in mandatory training days to provide enhanced support and are recoding training sessions to provide on-demand content to increase capacity and provide resilience where trainers are unavailable or have to cancel their sessions at last minute due to unforeseen circumstances.

**L&D Site:**

The overall mandatory training compliance rate during the September period is 78% (Down 1%).

**Bedford Site:**

The overall mandatory training compliance for the month of September is 76% (Down 1%).

**Mandatory Training Alignment and Compliance Recovery Plan**

The Training and Learning Team have now produced a trajectory and expect to be able to reach 90% compliance by December 2022. Due to the anticipated winter pressures, the team have been realistic and know course attendance will be lower than other months. Therefore from March 2022 the number of places available will increase to meet demand and to reach the desired compliance as soon as possible. Due to the low uptake during the winter period and to minimise the impact of the reduced attendance, as mentioned on the previous slide, we will make workbooks, e-learning and pre-recorded tutor led videos available to Trust staff. The trajectory will be reviewed quarterly with the next review taking place in January 2021 – covering the December data.

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%
April 2021	84%	81%	85%	90%	76%	67%	87%	63%	74%	83%	66%	60%	43%	25%	87%	85%	83%	84%	73%
May 2021	85%	82%	86%	90%	77%	68%	87%	62%	76%	84%	74%	59%	40%	27%	88%	85%	83%	84%	74%
June 2021	87%	83%	87%	91%	81%	72%	87%	65%	79%	84%	80%	60%	54%	35%	88%	85%	84%	85%	77%
July 2021	87%	84%	88%	90%	82%	73%	87%	66%	81%	83%	79%	59%	55%	39%	87%	87%	83%	87%	78%
August 2021	87%	84%	89%	90%	82%	74%	87%	67%	82%	83%	79%	59%	59%	39%	87%	88%	82%	88%	78%
September 2021	87%	84%	88%	90%	79%	75%	87%	67%	82%	83%	75%	57%	58%	38%	85%	88%	81%	87%	77%
Change from last month	0%	0%	-1%	-1%	-3%	1%	0%	0%	0%	0%	-4%	-2%	-1%	-1%	-2%	0%	-1%	-1%	-1%

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%
October 2020	78%	74%	73%	86%	81%	77%	82%	77%	80%	-	-	78%	-	-	84%	90%	84%	87%	-
November 2020	79%	74%	75%	87%	81%	75%	84%	74%	80%	-	-	75%	-	-	84%	89%	84%	87%	-
December 2020	79%	74%	76%	87%	81%	74%	83%	72%	80%	-	-	72%	-	-	83%	88%	84%	85%	-
January 2021	80%	75%	77%	82%	81%	71%	83%	71%	80%	-	-	68%	-	-	82%	87%	83%	83%	-
February 2021	81%	75%	79%	84%	81%	69%	82%	69%	81%	-	-	66%	-	-	83%	86%	84%	83%	-
March 2021	81%	75%	80%	86%	90%	67%	81%	68%	80%	-	-	64%	-	-	84%	84%	84%	81%	-
April 2021	83%	78%	82%	90%	80%	68%	87%	69%	83%	82%	66%	59%	52%	37%	85%	84%	87%	82%	75%
May 2021	84%	79%	83%	90%	80%	69%	86%	68%	83%	84%	74%	57%	49%	37%	86%	82%	87%	81%	75%
June 2021	86%	81%	85%	90%	83%	71%	87%	70%	85%	86%	80%	57%	50%	40%	88%	83%	87%	83%	77%
July 2021	87%	83%	87%	89%	85%	73%	87%	71%	87%	85%	79%	57%	51%	43%	87%	85%	87%	85%	78%
August 2021	86%	84%	88%	89%	83%	75%	87%	71%	87%	85%	79%	57%	57%	43%	87%	86%	86%	86%	79%
September 2021	86%	84%	87%	89%	80%	75%	87%	73%	87%	84%	75%	55%	55%	41%	86%	85%	86%	85%	78%
Change from last month	0%	0%	-1%	0%	-3%	0%	0%	2%	0%	-1%	-4%	-2%	-2%	-2%	-1%	-1%	0%	-1%	-1%

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%	-
October 2020	86%	65%	90%	95%	66%	69%	91%	79%	83%	-	-	74%	-	-	90%	90%	87%	90%	-
November 2020	86%	66%	89%	92%	68%	70%	89%	78%	79%	-	-	73%	-	-	89%	88%	85%	88%	-
December 2020	86%	65%	89%	92%	69%	70%	89%	78%	79%	-	-	71%	-	-	88%	88%	85%	89%	-
January 2021	84%	93%	88%	92%	65%	62%	88%	75%	79%	-	-	66%	-	-	88%	88%	85%	88%	-
February 2021	84%	92%	88%	92%	66%	58%	88%	73%	79%	-	-	62%	-	-	89%	88%	85%	89%	-
March 2021	84%	90%	69%	91%	67%	59%	87%	67%	79%	-	-	59%	-	-	87%	87%	84%	86%	-
April 2021	86%	86%	89%	90%	70%	66%	88%	50%	61%	83%	-	63%	17%	16%	89%	88%	77%	88%	71%
May 2021	86%	86%	90%	91%	72%	68%	88%	51%	65%	83%	-	63%	17%	19%	89%	89%	78%	89%	72%
June 2021	88%	87%	90%	92%	77%	72%	88%	56%	69%	80%	-	64%	68%	31%	89%	89%	77%	90%	77%
July 2021	88%	86%	90%	91%	77%	72%	87%	57%	72%	80%	-	63%	64%	36%	88%	90%	76%	90%	77%
August 2021	88%	85%	90%	91%	79%	74%	87%	58%	74%	80%	-	62%	65%	36%	87%	90%	74%	91%	77%
September 2021	87%	83%	90%	88%	78%	75%	87%	55%	75%	80%	-	59%	64%	35%	84%	91%	72%	91%	76%
Change from last month	-1%	-2%	0%	-3%	-1%	1%	0%	-3%	1%	0%	-	-3%	-1%	-1%	-3%	1%	-2%	0%	-1%

**Board of Directors**

**Wednesday 3 November 2021**

<b>Report title:</b>	<b>Quality Committee Report</b>	<b>Agenda item: 8</b>
<b>Non-Executive Director(s):</b>	<b>Annet Gamell, Non-Executive Director, Chair of Quality Committee</b>	
<b>Report Author</b>	<b>Executive Directors</b>	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>
	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	Trust Board to note the Quality Committee Report for August, September and October 2021	

<b>Report summary</b>	This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 25 August, 22 September 2021 and 27 October 2021.
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	CQC NHSI Quality Accounts (External Audit) Quality objectives
<b>Jargon Buster</b>	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**

#### **1. Introduction**

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 25 August 2021, 22 September 2021 and 27 October 2021.

#### **2. Update on COVID-19**

The Committee received monthly updates on inpatient numbers of Covid positive patients and noted the challenge to mitigate transmission within wards. Maternity had seen a higher number of positive women during August and September and critical care capacity remained challenging. The Committee acknowledged the low morale of staff and noted proposals to promote staff health and wellbeing. Discussion took place with regard to encouraging staff to take up the booster vaccination and re-invigorating the message to the public of the requirement to wear masks within the hospital premises.

#### **3. Performance Metrics and Recovery Plans**

The Deputy Chief Executive updated the committee on elective access standards recovery and discussed the issues relating to restrictions on waiting room capacity and the overall rise in numbers on the waiting list. The Quality Committee noted that the average percentage of daily referrals into the Trust was increasing, although this is offset somewhat by the 2 week waits.

Operational Performance Reports were received and noted. The Deputy Chief Executive reported that there is a plan to extend the temporary off-site diagnostic capacity for eye examinations in Luton for a further 6 months. With regard to echo insourcing, this has only provided marginal improvement due to issues with workforce. The Committee were made aware of the fragility of the cancer 62 day target and the challenges encountered in all pathways. Discussion took place with regard to stretch targets.

#### **4. Infection Prevention and Control**

The Director of Infection Prevention and Control (DIPC) presented reports and briefed the Committee on a review of reapplying restrictions as Covid numbers increase. It was noted that the Trust continues to mandate a pre-op PCR test and advises a 3 day isolation prior to surgery.

Other infections such as flu, norovirus and the increase in RSV, particularly amongst paediatrics, were noted.

An update to the IC Framework was received and noted at the August meeting.

#### **5. Maternity**

Maternity Services across both sites remain under immense pressure. The Director of Midwifery presented the Maternity Services Quality Improvement Plan update. The report from the CQC re-inspection of Bedford maternity was received and published on 11 August and the committee were given assurance of continued support and positive comments from CQC and the regional team. There were 5 'must do' actions and 7 new 'should do' areas to consider.

It was acknowledged that much improvement had taken place for staff to feel supported although there is still a remnant of dissatisfaction, possibly due to staff shortages and operational pressures. A full time midwifery advocate will be in place on the Bedford site to support this.

The monthly midwifery staffing reports were received at each meeting and the Quality Committee acknowledged the extreme pressures and immense hard work that staff are putting in, including senior staff who are backfilling clinical support. There has also been support from nursing colleagues to assist with high dependency care. The Director of Midwifery outlined the importance of being aware of the indicators for safe staffing and using the red flags, implementing business continuity plans and holding open discussions with the Board to give assurance on how safe the service is. Recruitment initiatives continue to progress.

The Perinatal Mortality report for the period 1/3/21 to 30/6/21 was received at the September meeting and the Clinical Director highlighted the content.

The Director of Midwifery provided a report outlining the decision to suspend the continuity of carer teams for Luton and Dunstable maternity services for 3 months as an interim measure while newly qualified midwives are supported into the service and further midwifery recruitment is completed. The Quality Committee accepted this proposal.

Maternity and Neonatal Safety Champions feedback – the Chair of Quality Committee reported that as the Non-Executive Director maternity champion, she has been attending various meetings including listening events and maternity safety champions forums, and undertaking walkarounds of the maternity units. She heard concerns which include the pressure on staff and diverts; delay of some newly qualified midwives starting; an estates issue with regard to the triage room at Bedford. The Chief Nurse has held some drop-in sessions which have been well attended and a cross-site maternity safety champions forum has re-commenced.

The Quality Committee received an update on the maternity scanning capacity and noted that a very comprehensive SI report had been completed.

## **6. Nursing Staffing**

The Nursing Staffing reports were received for assurance. The Director of Nursing highlighted the challenges with regard to sickness, annual leave and additional pressures for enhanced nursing for mental health patients.

## **7. Harm Free Care**

The Director of Nursing reported progress with regard to falls and pressure damage reduction and noted the process in place for falls incident reviews and timely oversight of rapid learning.

## **8. Serious Incidents (SI) and Incidents**

The Director of Quality and Safety Governance highlighted that incident reporting has been maintained at a similar rate to previous months and highlighted the serious incidents reported each month and learnings from completed serious incidents.

## **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:

- Inappropriate anticoagulation of patients with a mechanical heart valve
- Potential synthetic opioids implicated in increase in drug overdoses
- Elimination of bottles of liquefied phenol 80% (published 25 August 2021)
- Infection risk when using FFP3 respirators with valves or Powered Air Purifying Respirators (PAPRs) during surgical and invasive procedures (published 26 August 2021)

The Quality committee receives a monthly summary report of the alerts and note implementation of alerts by the Patient Safety team. Current alerts are either fully implemented and formally closed or progressing within expected timescales to meet the deadlines for implementation.

## **10. Mortality**

The Joint Medical Director highlighted the mortality data for both sites, and noted the comparisons to the 5 year average.

The upwards reports from the Learning from Deaths Board were received by the committee and data noted. The outlier status for the National Emergency Laparotomy Audit on the Bedford site was highlighted. Expressions of interest have been received from GPs for a community ME role and it is anticipated that reviews of community deaths will commence in November.

The quarterly learning from deaths report was received in October which gave an update on the newly aligned mortality review process. The quarterly data for each site was noted.

## **11. Patient Experience**

The monthly patient experience reports were received and noted. The Director of Nursing re-iterated the review of the visiting criteria and noted that a cross-site complaints policy has been reviewed and updated.

A patient story was shared at the September meeting.

## **12. Quality Priorities**

The Deputy Director of Quality and Safety Governance provided an update of the nine

quality priorities published in the annual Quality Account. It was noted that NHS England has not published any CQUIN schemes for 2021/22.

### **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. It was noted that CQuOB had received the knowledge and library service (KLS) strategy at its July meeting and would receive regular updates on implementing the strategy and feedback following inspection.

### **14. Internal Audit**

The committee received the Risk Management audit report for oversight and noted the recommendations.

### **15. Risk Register and Board Assurance Framework**

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

Following approval of the Board Assurance Framework on 4 August 2021, the Associate Director of Corporate Governance shared a paper outlining the risks and controls for Objective 2 and Objective 4 which are to be reviewed by the Quality Committee.

### **16. Safeguarding**

The quarterly integrated safeguarding report was received and noted. There is some focussed work on the child pathway due to an increase in children's safeguarding referrals and mental health in young people continues to be a challenge.

### **17. Fractured Neck of Femur update**

The General Manager for Trauma and Orthopaedics attended the September meeting and presented hip fracture performance data to July 2021. The successful recruitment of a substantive ortho-geriatrician was noted.

### **18. Stroke update**

The Clinical Director for Stroke attended the October meeting and presented an update on the SSNAP data for L&D with an overall 'A' rating. The Committee noted the domains requiring improvement and were given assurance of the action plans in place.

**Board of Directors**

**Wednesday 3<sup>rd</sup> November 2021**

<b>Report title:</b>	<b>FIP Committee Report</b>	<b>Agenda item: 9</b>		
<b>Non-Executive Director(s):</b>	<b>Ian Mackie, Non-Executive Director</b>			
<b>Report Author</b>	<b>Matthew Gibbons, Director of Finance</b>			
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	Trust Board to note the FIP Committee Report for September & October 2021			

<b>Report summary</b>	<p>This report contains a summary of the deliberations of the FIP Committee during September &amp; October 2021. Note there was no FIP meeting in August.</p> <p>The financial – revenue &amp; capital – performance (including results up to the end of Month 6 FY21/22), the financial regime for FY21/22 and the budget setting process for FY22/23 have all been considered alongside an assessment of elective recovery, key investment decisions (both Redevelopment and Clinical Services) and a review of IT expenditure.</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	

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

**3<sup>rd</sup> November 2021**

The Board should note the following items discussed at the FIP Committee meetings from 22<sup>nd</sup> September and 27<sup>th</sup> October 2021.

**1. Financial Position**

On the 27<sup>th</sup> October the Committee noted that the Trust delivered a surplus of £0.6m for the six months to the end of September 2021 against a £0.6m plan.

The Committee noted that the Trust's pay spend is £3.3m overspent year-to-date, with an in-month overspend of £0.3m, a run rate that is line with the previous month. It was also acknowledged that of the £7.3m year-to-date non-pay overspend, £2.3m relates to PCR testing for Covid and other out of envelope expenditure that is reimbursed by NHS England.

Based on anticipated elective recovery fund performance, the Trust has recognised £7.4m income within its position. It was noted that there continues to be a risk of not receiving all the possible available elective recover funding .

The Trust's cash position remains strong but the Committee acknowledged that the CDEL restricted the opportunity to spend.

FIP noted the year-to-date position.

**2. Capital**

The 21/22 CDEL allocation for Bedfordshire Hospitals is £27m of a total of £41m for the STP. In addition, the Trust will receive a further £12m of the regional CDEL towards the Acute Services Block.

Year-to-date the Trust has spent £19.1m on capital against a full year plan of £83.0m. This value excludes uncertificated work, which the Trust estimates to be c£2.6m.

**3. Business & Investment Decisions**

i) Full Business Case

On September 22<sup>nd</sup> there was an extraordinary meeting of the Redevelopment Board, FIP and Trust Board to review and approve the Full Business Case for the Redevelopment Programme. This was to ensure the FBC could be submitted to NHSE/I and DHSC on Friday 24<sup>th</sup> September to start the formal approval process to release Central Capital funding.

Committee members noted that the OBC had been reviewed previously by FIP in detail and that the financials had not changed. The finance case remained affordable

for the Trust and despite the key changes linked to Covid adjustments, and a programme delay of nine months, costs had been pulled back and remained no different to the outline FBC.

After due consideration FIP approved the final FBC for the Redevelopment of the L&D site “Re-Building the L&D” project and the submission of the final FBC for the Redevelopment of the L&D site “Re-Building the L&D” project to the Trust Board and subsequently the NHSE/I, to begin the detailed review which will feed into the Joint Investment Committee (DHSC hosted) at the end of November 2021.

#### ii) NIV Service

The case for investing £0.225m to enable the move of the non-invasive ventilation capacity out of critical care and onto Ward 10 at the L&D site was presented to FIP in September.

Both the respiratory and critical care teams have asked for support in resolving the long term issue of co-location of the NIV function, (which is under the care of the Respiratory Physicians), and the critical care beds (ITU and HDU) where any non-respiratory patients are cared for by the Intensivists.

The revenue impact is expected to be minimal and there was some discussion about the impact on staffing. The Committee noted that the capital to deliver this scheme was not part of the 20/21 capital plan so the current plan will require re-alignment or re-phasing of the current plan to release the capital to deliver.

In order to deliver the solution ahead of winter bed pressures the orders for works would need to commence in September 2021.

The case was approved.

#### iii) Mobile CT Service

FIP heard the case for the continued use of a mobile CT scanner to maintain total capacity. It was noted that this is essential to meet current clinical needs as well as national diagnostic access performance targets.

After due consideration of the history behind the current situation, the Committee approved the case acknowledging the in-year costs of 0.55m as well as the further costs in 2022/23.

#### iv) Junior Doctors at Bedford

In October a paper making the case for investment of an additional four senior clinical fellows and an additional nine clinical fellows on the Bedford sites at a net cost of £0.38m was presented to the Committee.

The proposed investment presented the Trust the opportunity to improve its performance, specifically with regards to patient safety, length of stay, weekend discharge rates, and staff and patient satisfaction.

The case was approved.

#### v) Electrical Infrastructure at Bedford

The Redevelopment Team presented a paper to FIP describing the case for progressing phase 1 of the electrical infrastructure development control plan at Bedford Hospital. It identified a cost plan with total scheme cost of £3.41m and programme duration of 11 months.

The Committee noted that as well as supporting electrical services resilience on the Bedford site this investment would also support the development of a new operating theatre by January 2023.

Following lengthy discussion FIP approved the fees for the project.

#### 4. Other Matters

- Financial Regime

FIP noted that the system envelope for H2 (October through to March 2022) is likely to lead to an efficiency requirement for the Trust of £3.4m - £4.4m. This combined with winter pressures is likely to require a real efficiency requirement of up to £7.9m.

The current position in H1 is underpinned by ERF income and due to the increased threshold (to 95% of 2019/20 levels of activity) it will become ever more difficult to achieve as the Trust heads towards winter.

Unless the Trust is able to deliver a step change in ERF performance, the focus will need to be on cost avoidance and cost reduction.

- Elective Recovery

The Committee noted the H2 planning guidance which states the following elective access performance objectives:

- Zero 104 week waiters by 31<sup>st</sup> March 2022;
- A maintenance or reduction in the overall waiting list size as compared to September 2021;
- A maintenance or reduction in the number of 52 week waits.

During H2 the focus for financial rewards will shift to completed referral to treatment (RTT) pathway activity rather than total cost weighted activity that was used in H1 (performance against which is described in broad activity terms in the charts below for consistency with previous reports).

Systems achieving completed referral to treatment (RTT) pathway activity above a 2019/20 threshold of 89% will be able to draw down from the ERF.

It was acknowledged that the H2 planning process is underway and the Trust has submitted draft trajectories to demonstrate compliance with the above standards.

The main risk is of clinical harm for patients on the waiting list and the additional workload associated with administering an increased waiting list.

The Committee noted the current position and the plans for elective recovery, including the headline financial benefits for exceeding the national target expectations.

- **Redevelopment Updates:**

#### UEC Programme

A paper on the progress of work on the Luton scheme was noted with the first fix of the M&E well advanced in phase 3A, drainage works nearing completion in phase 4A and foundations under construction.

#### Energy Centre

The Committee noted that Centrica would be starting installation works at the end of October although there has been a three week delay in access to the building driven largely by the failure of the groundworks sub-contractor. The key risk remains the coordination of works between RG Carter and Centrica.

#### Covid recovery schemes

The Trust has submitted three short-form business cases to NHSE/I for capital funds from the Covid Recovery Capital fund. Principal schemes were funds for conversion of two floors of the Cauldwell building into outpatient space and conversion of the old renal floor at Luton to support the move of the Day Unit, currently operating in St Marys. The third scheme would support bringing the 'CT in a box' into the main buildings at Luton to support patient flow.

The Executive team had approved £30k to support early design work on the first two schemes pending a decision on release of funds at the end of November.

- **Agency Spend**

The Committee noted that the Trust's agency expenditure in month 6 YTD was £13.66m, £3.96m below the planned £17.6m; with the medical staff agency spend being the biggest contributory element. Medical vacancies continue to reduce across the Trust. The Trust's bank expenditure in month 6 YTD was £22.70m, £4.45m below the planned £27.16m

## **5. Items for Escalation to the Board**

None

**Board of Directors**

**Wednesday 3 November 2021**

<b>Report title:</b>	<b>Redevelopment Report</b>	<b>Agenda item: 10</b>
<b>Non-Executive Director(s):</b>	<b>Mark Prior, Non-Executive Director</b>	
<b>Report Author</b>	<b>David Hartshorne</b>	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>
	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To update the Board on the progress of the redevelopment project	

<b>Report summary</b>	<p>A report on the progress of the Redevelopment Programme.</p> <p>The Full Business Case has been published and issued to NHSI/E and DHSC.</p> <p>A Not to Exceed price for the scheme has been issued by Kier Construction. This is within the allowances held within the cost plan..</p> <p>Completion of the main scheme programme is on programme for September 2024.</p> <p>Demolition will be completed in December. The remaining enabling works are underway to allow full access to Kier at the end of January 22.</p> <p>Construction work on the new Energy Centre has been delayed by three weeks by failure of a key sub-contractor. This will be recovered at the beginning of 2022.</p> <p>Work on the ED scheme at Luton is progressing.</p> <p>A Development Control Plan for the Bedford site is being developed. A key enabler is the first phase of the upgrade works to the electrical infrastructure.</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	Nothing to report.

# REDEVELOPMENT PROGRAMME BOARD REPORT

3 November 2021

## 1. Introduction

This report updates the Board of Directors on the progress of the Redevelopment Programme.

## 2. Governance

The Programme Board met on 25 August, 15 September and 20 October 2021. In addition, there was an extra-ordinary Board held on 22 September to approve the Full Business Case for the Redevelopment programme prior to submission to NHSI/E, DHSC and HM Treasury.

## 3. Main scheme

The final draft of the Full Business Case (FBC) was approved by the Redevelopment Board, FIP and the Trust Board on 22 September. The FBC was also reviewed by the Council of Governors. The document was submitted to NHSI/E and DHSC for review ahead of submission to the Joint Investment Committee (JIC) on 26 November. Approval at JIC will release the submission of the document to HM Treasury.

There have been a number of questions raised on the detail of the FBC. Responses to these have been provided.

A Note to Exceed (NTE) price was issued by Kier Construction under the terms of the Pre Construction Services Agreement (PCSA) at the end of August. This reflected a significant jump from the cost plan price, largely reflecting current turmoil within the construction market driven by material and labour resource shortages. The NTE price is below the sum held within the cost plan for the programme. Kier will be delivering a fixed price for the scheme at the end of November.

The construction programme is based on commencement of works on 24 January 2022. This is dependent on approval of the FBC by HM Treasury. The scheme is on programme for completion in September 2024.

## 4. Enabling schemes

Demolition on the site is substantially complete. The main building (block 28) will be cleared at the end of October. The buildings at the west of the site (adjacent to Pathology), the ground bearing slabs and some sections of tunnels will be removed in November. The works are on programme for completion in December.

Contracts have been placed to support relocation of Occupational Health and the interim solution for the Linen service.

The electrical works to support the new Hospital Incoming Sub-Station will be completed in November.

## **5. Energy Centre**

Construction of the new Energy Centre building has been delayed by three weeks by failure of a key sub-contractor. This has had an impact on commencement of works within the building by Centrica. Revised programmes which will see recovery of the delay early in 2022 have been agreed by both Centrica and R G Carter.

The building will be watertight at the end of the year. Installation of M&E services within the tunnels by both Centrica and R G Carter has started and will progress through the remaining floors. Major plant deliveries are scheduled to take place in November.

The lighting upgrade works will be completed in December. The key issue with the Centrica scheme remains the works required in the satellite plant rooms.

## **6. Luton ED upgrade**

The Development Agreement with Willmott Dixon for delivery of the ED refurbishment and extension works was signed in September. Work is now well advanced in the first phase, and demolition in the remaining areas is complete. Construction of main drainage and foundations will be completed in November which will release erection of the steel frame for the extension.

## **7. Bedford schemes**

Proposals for the first phase of the works required to upgrade the electrical infrastructure have been developed and will be reviewed by FIP and the Board in October. This will support future development work, but further investment will be required to address the lack of resilience on the site.

Further schemes to support expansion of outpatient capacity within the Cauldwell building are being progressed.

The redevelopment team are managing the development of proposals to support establishment of a Primary Care hub on the North Wing site. This will require works within Gilbert Hitchcock House. A FBC is being developed which will need to be submitted in September 22.

## **8. Programme Risk Register**

The risk register is submitted to the Redevelopment Board on a monthly basis. There is a monthly Risk Board which focuses on risk management mitigation.

## **9. Future activity**

The focus of activity at Luton over the next three months will be completion of works to support commencement of the construction work on the new buildings.

Work on the Energy Centre and ED at Luton will continue with an increasing focus on M&E services.

Work at Bedford will be primarily around development of a Development Control Plan for the site, and the identification and delivery of enabling works required to support future schemes.

**Board of Directors**

**Wednesday 3 November 2021**

<b>Report title:</b>	Audit and Risk Committee Report 20 October 2021	<b>Agenda item: 11</b>
<b>Non-Executive Director(s):</b>	Steve Hone, NED	
<b>Report Author</b>	Matthew Gibbons, DoF	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>
	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	The Board is asked to note the report for assurance.	

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

# **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 20 October 2021.

### **2. Matters Arising**

There were no matters arising.

### **3. External Audit**

The Audit and Risk Committee delegated authority to the Charitable Funds Committee on the 17 November 2021 to approve the charitable funds accounts. There were no findings of concern to report at the time of the meeting and the audit was 90% complete at the time of the meeting.

### **4. Internal Audit**

RSM attended the first Audit and Risk Committee since the firm had been appointed as the Trust's Internal Audit and Counter Fraud provider.

The Committee received the 2021/22 workplan which had previously been approved by the Board. It was noted that all work was progressing in line with plan.

One report had been finalised – Risk Management and Board Assurance Framework 2021/21. RSM reported that taking account of the issues identified, the Board can take reasonable assurance (positive) that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective. However, some issues were identified that need to be addressed in order to ensure that the control framework is effective in managing the identified areas. The implementation of the actions will be overseen by the Audit and Risk Committee.

### **5. Counter Fraud**

RSM presented the 2021/22 workplan which had previously been approved by the Board. It was noted that all work was progressing in line with the plan.

Benchmarking reports were received by the Committee for management review.

The Counter Fraud functional standard return action plan was reviewed and a plan for reaching compliance was agreed. All actions were in progress and implementation dates were noted.

### **6. 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.

## **7. Freedom to Speak Up Report**

The Freedom to Speak Up Report was presented by Lana Haslam and the Committee were assured that robust processes are in place.

**Board of Directors**

**Wednesday 3<sup>rd</sup> November 2021**

<b>Report title:</b>	<b>Charitable Funds Committee Reports to Board of Directors</b>	<b>Agenda item: 12</b>		
<b>Non-Executive Director(s):</b>	<b>Simon Linnett, Chair</b>			
<b>Report Author</b>	<b>Matthew Gibbons – Director of Finance Victoria Parsons, Director of Corporate Governance</b>			
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To note the contents of the report for assurance			

<b>Report summary</b>	<p>Key points to note for the Board:</p> <ul style="list-style-type: none"> <li>• Updates on progress with key campaigns</li> <li>• Update on the merger of the two charities</li> <li>• Reviewed the general funds on both sites</li> <li>• Approved the Interim Fundraising Strategy</li> <li>• Approved fundraising campaigns as part of the strategy</li> <li>• Approved the SLA for Charity Financial Services</li> </ul>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	Charity Commission
<b>Jargon Buster</b>	NHS Charities Together - is a collective experience representing, supporting and championing the work of the NHS' official charities.

## CHARITABLE FUNDS COMMITTEE REPORT

### Introduction:

This Report updates the Board of Directors regarding the matters discussed at the Charitable Funds Committee held on the 19<sup>th</sup> September 2021.

### Conflicts of interest:

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

### Matters Arising:

- We continue to try to progress some support to redevelop the garden at Bedford with a statue
- We did have to postpone the Engagement Events in July and again in September and will be endeavouring to do an event at Christmas.
- Communication about the Helipad fundraising campaign pause has been issued to all donors and pledges. This has also been included in the Staff Magazine 'BedSide' and the member magazine 'Ambassador'.
- Reviewed the current investment portfolios for both hospitals and impact of COVID.
- Approved the Charity Annual Report and Accounts for Bedford Hospital and Luton and Dunstable Hospital for submission to External Audit.
- Received reports on the L&D and Bedford General Funds. It was noted that there were not extensive funds in either general fund and the L&D was close to its reserve.
- Received a report on the progress with the merger of the two charities into one charity (Bedfordshire Hospitals NHS Charity) and the renewal of Charity Deeds to be lodged with the Charity Commission. The papers will be approved at the November meeting.
- Reviewed the Risk Matrix.
- Discussed the good working relationship between the Trust Charity and the Bedford Hospital Charity and Friends who support Bedford Hospital. Both Charities have agreed a Memorandum of Understanding and also agreed for a representative from Bedford Hospital Charity and Friends to attend the Trust Charitable Funds Meeting.
- Received a report from the Deputy Head of Fundraising noting:
  - Continued Community and volunteer support across both sites during the pandemic
  - Engagement with Trusts and Grants to increase income
  - Working in partnership with the Bedford Hospital Charity and Friends to support the £1m fundraising campaign for the Bedford Hospital site
  - Putting in an expression of interest to run the shop proposition in the new Acute Services Block.
- Noted the money received from NHS Charities Together and its allocation across both sites.
- Approved the Interim Fundraising Strategy and a future timetable will come back to the next meeting.

- Approved fundraising campaigns:
  - L&D Emergency Department Equipment and Paediatric Resuscitation Room to raise £135k.
  - L&D Paediatric Stabilisation Room on the Paediatric Ward to raise £78k.
  - Commitment for the Acute Services Block fundraising ask to include green spaces and NICU/Critical Care Balcony to raise £1m
  - Health and Wellbeing Fund
  
- Approved Bids:
  - SLA for the Charity Financial Services

The Committee discussed the bid for Wellbeing Space upgrades across both sites. The Charity does not have sufficient general funds to approve this bid. It was agreed reviews of the current designated funds, the current commitments to the general fund and other alternative sources of funding to be able to achieve a phase one approach to this request.

**Board of Directors**

**Wednesday 3 November 2021**

<b>Report title:</b>	<b>Woprkforce Committee Report</b>	<b>Agenda item: 13</b>
<b>Non-Executive Director(s):</b>	<b>Richard Mintern, Non-Executive Director</b>	
<b>Report Author</b>	<b>Angela Doak, Director of HR</b>	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>
	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	Note the report	

<b>Report summary</b>	<p>This report contains a summary of the considerations of the Workforce Committee which met on 20 October 2021.</p> <p>Consideration was given/progress was noted in the following areas:</p> <ol style="list-style-type: none"> <li>1. Staff Wellbeing</li> <li>2. Freedom to Speak Up Guardian – update on activity</li> <li>3. Organisational Development strategy update</li> <li>4. Equality Diversity and Human Rights</li> <li>5. BAME staff network - update on progress</li> <li>6. Training Recovery Plan</li> <li>7. Advanced Clinical Practitioners Strategy update</li> <li>8. Workforce Board report</li> <li>9. Risk Register</li> </ol>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	NHSI Equality Act
<b>Jargon Buster</b>	CIC – External Health & Wellbeing Providers

## 1. Staff Wellbeing

An audit has taken place of Wellbeing areas across both sites and a proposal has been put forward to the Charities committee to request funding for improvements. The new wellbeing room at the Bedford site is currently being refurbished. Clinical Psychologists, are in post and providing support at both sites.

## 2. Freedom to Speak Up Guardian Update

- October is FTSU month and this is being widely communicated across both sites.
- Peer listeners are now in position and they will bring any concerns to Guardians, Occupational Health or CIC.

## 3. OD Strategy - progress report

- OD Faculty (steering group for OD and culture group) extended membership to senior nursing, senior midwifery, AHPs and General Managers.
- The Team are currently developing an associate model to provide a community of practice to support staff who have an interest in and use an OD approach in their work. A tool kit for the associates is being created.
- OD Practitioners are supporting the HCA and T level programmes by delivering various sessions.
- The Faculty is planning to develop an aspirant Clinical Director and Aspirant Medical Director programme.
- Career conversations continue as part of our talent management and succession planning pilot. A talent management strategy has been drafted.

**Schwartz rounds** to be relaunched across both sites – Dr Katie Gough, Consultant Anaesthetist, will lead on this project.

**Staff Survey** The Team are currently undertaking targeted work to encourage completion of the Staff Survey.

## 4. Equality Diversity and Human Rights (EDHR)

The committee received an update on the WRES and WDES reports

## 5. BAME Network Update

- Membership recruitment is progressing and is being supported by current members and the Comms team

- A newsletter is being produced.
- “Live the Experience” is re-scheduled to take place on 26 November.
- October - Black history month
- Bedside magazine will feature Staff Networks including BAME
- Joint Chairs of the BAME network to host a Grand Round.

## 6. Training Recovery Plan

An update on the training recovery plan was received. Training has reverted back to face to face sessions. The Executive Team will progress the pay step review process for staff pay progression which was paused nationally during the pandemic.

## 7. Advanced Clinical Practitioners Strategy

The Committee received an update.

## 8. Workforce Report

- Vacancies have decreased and currently sits at 7.74%.
- Turnover remains similar year on year.
- A team recently visited Ireland to recruit midwives.
- NSHI are finalising tenders to recruit overseas.

## 9. Governance

**Assurance Framework** - There is one objective linked to the Workforce Committee ‘Attract, value and develop the best people to deliver outstanding care in an environment where people can THRIVE’. No further risks were added and the committee were in agreement with the current controls and plans.

**Risk Register** - There are six risks assigned to the Workforce Committee and all were reviewed. All were reviewed and maintained. Two further risks were to be considered in relation to turnover and workforce agency use.

### Internal Audit Bank & Agency

This internal audit is the last PWC review completed. The implementation of the actions is to be overseen by the Workforce Committee. Most of the deadlines are for March 2022 therefore progress will be reviewed at the next meeting.

**Board of Directors**

**Wednesday 3 November 2021**

<b>Report title:</b>	Summary update of Digital Strategy Board July 21 and September 21	<b>Agenda item:</b> 14		
<b>Non- Executive Director(s):</b>	Simon Barton, Non-Executive Director			
<b>Report Author</b>	Gill Lungley, CDIO			
<b>Action</b> <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Recommendation</b>	The Board is asked to note the report for assurance			

<b>Report summary</b>	<p><b>2 meetings of the Digital Strategy Committee have been held since the last update to the Public Board</b></p> <p>*****</p> <p><b>Update to Board from Digital Strategy Committee held on Wednesday July 21st 2021 at 15:00 – 17:00 via Teams</b></p> <p><b>Agenda:</b></p> <ul style="list-style-type: none"> <li>• <b>Data Security Protection Toolkit ( DSPT ) Update</b></li> </ul> <p>Report was presented showing latest status. Compliance levels are such that we are currently rated ‘Standards not met’, however a plan is in place to move the compliance to ‘Standards partially met’ by end September 2021. NHSD will update our status on submission of evidence of further compliance.</p> <p>The Trust risk register has been updated to reflect the areas of non-compliance and risks. Key challenges are Trust wide compliance for IG training, a robust data asset register and mature Leaver/joiner IT security procedures for all types of staff.</p> <ul style="list-style-type: none"> <li>• <b>Cyber Security Update</b></li> </ul> <p>Tim Allington joined the meeting as the Interim CISO he presented a fully detailed report including a Summary, key achievements, threats and risks. During his contract he will be reviewing our IT Security policies, procedures and organisation delivery model and will be recommending a Strategy and Transformation Programme.</p> <ul style="list-style-type: none"> <li>• <b>Digital Projects Update</b></li> </ul> <p>Key achievements since April included:          Bedford:          - the rollout of the MediViewer Electronic Document &amp; Records Management System</p>
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	<ul style="list-style-type: none"> <li>- go-live of ICE Electronic Discharge Letters</li> <li>- implementation of Endoscopy Pillcam, and the</li> <li>- upgrade of Diamond Diabetes System</li> </ul> <p>Luton:</p> <ul style="list-style-type: none"> <li>- upgrade of the JAC Pharmacy Stock Control System</li> <li>- go live Inter Systems Clinical Portal phase 1</li> <li>- Rollout of Nervecentre Virtual Wards</li> <li>- go-live Critical Care Nursing e-Handover</li> </ul> <ul style="list-style-type: none"> <li>• <b>Financial Update</b></li> </ul> <p>An overview of the finances were presented, both Revenue and Capital, with a focus on Capital for the year 2021/22. Additional funding at national and regional level and bids are being prepared, this includes funding for Maternity Digitisation and for Cyber Security</p> <ul style="list-style-type: none"> <li>• <b>System Upgrade Case Study</b></li> </ul> <p>A walkthrough of the steps in upgrading a clinical digital systems was given to demonstrate the complexity and multi-dimensional nature of the task.</p> <p>*****</p> <p><b>September 22nd 2021</b>  <b>Update to Board from Digital Strategy Committee held on</b>  <b>Wednesday September 22nd 2021 at 14:30 – 16:30 via Teams</b></p> <p><b>1. DSPT (Data Security Protection Toolkit)</b>      Good progress has been made and open items have been reduced to 15, allowing the classification of the Trust DSPT compliance to be "standards partially met". Continued attention as a further 8 standards will be added to the toolkit in Feb 2022 with the target remaining as 15 or fewer.</p> <p><b>2. Cyber Security</b>      Wider cyber risk remains high, at a Trust level we have controlled any potential Treats and there has been no operational impact, Work continues to define our operating model, process and procedures whilst addressing high priority risks and issues</p> <p><b>3. Portfolio Projects Update</b></p> <ul style="list-style-type: none"> <li>○ Completion of EDRMS - MediViewer – rollout at Bedford</li> <li>○ Cross site agreement of Alerts &amp; Escalations protocols</li> <li>○ Implementation of NerveCentre Business Continuity infrastructure</li> <li>○ Successful upgrade of Ubuntu operating system</li> <li>○ Nervecentre App upgrade 5.1.2</li> <li>○ DASH clinic - Integration work has progressed to 71% completion</li> <li>○ SystemOne UTC in Luton - RA access positions signed off by Atrumed</li> </ul>
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	<ul style="list-style-type: none"> <li>○ E-Quip Medical Device Asset Management in Luton - Go-live planning has commenced</li> <li>○ Go-live with Solus Endoscopy Services (Bedford)</li> <li>○ Go-live with Formic Database</li> <li>○ started specifications gathering for single instance PACS, VNA and CRIS solution leading to procurement</li> </ul> <p><b>4. O365/Windows 10 and BedFT.nhs.uk adoption</b>          Presentation of approach and option. Cross Trust migration to W10/O365 and single email address is planned for completion mid 2022. This is dependent on working through the business impact of changing the email addresses across the Trust</p> <p><b>5. Departmental Integration update</b></p> <p>The committee were updated on the Digital department merge and reorganisation. The majority of the senior leadership positions have been filled and all staff have received a letter confirming their role in the new Structure. Some positions still require filling and this is proceeding as per normal practice. There has been limited attrition as a result of the reorganisation, one rejected resignation has been James Slaven the Trust CTO. It was also reported that James position will be covered by his 3 senior managers and by Josh Chandler assuming an additional role as Deputy CDIO</p>
<p><b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b></p>	<p>Digital is a significant enabler for the delivery of all strategic objectives</p>

**Board of Directors**

**Wednesday 3<sup>rd</sup> November 2021**

<b>Report title:</b>	<b>Sustainability Committee Report to Board of Directors</b>	<b>Agenda item: 12</b>		
<b>Non-Executive Director(s):</b>	<b>Simon Linnett, Chair</b>			
<b>Report Author</b>	<b>Victoria Parsons, Director of Corporate Governance</b>			
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To note the contents of the report for assurance and approve the Green Plan.			

<b>Report summary</b>	Key points to note for the Board: <ul style="list-style-type: none"> <li>• Updates on the key priorities</li> <li>• Progress with the Green Plan</li> <li>• Note approval of the Terms of Reference</li> </ul>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	NHSI Net Zero
<b>Jargon Buster</b>	ICS – Integrated Care System

## SUSTAINABILITY COMMITTEE REPORT

### Introduction:

This Report updates the Board of Directors regarding the matters discussed at the Sustainability Committee held on the 18<sup>th</sup> August 2021 and 13<sup>th</sup> October 2021.

### Targets and Ambitions:

The committee reviewed progress with the seven short term actions within the 2021/22 NHS Standard Contract:

- 1. Every trust to ensure a board member is responsible for their net zero targets and their Green Plan. Similarly, every ICS is asked to designate a board-level lead to oversee the development of their own Green Plan.**

Matt Gibbons and Dean Goodrum are the Executive leads for the Trust and the Green Plan is for approval at the Board on the 3<sup>rd</sup> November 2021.

- 2. Every trust to purchase 100% renewable energy from April 2021, with supply contracts changing as soon as possible.**

This has been completed at Bedford and L&D though procurement and the CCS contract.

Electricity is moving tariff across to renewable but we are going remain with natural gas for a period of time until technology evolves. However, we aim to use less by improving efficiencies of equipment, new boilers at L&D, insulating windows etc. until other options are available. That forms part of the road map for delivering the Green Plan.

- 3. Every trust to reduce its use of desflurane in surgery to less than 10% of its total volatile anaesthetic gas use, by volume.**

We are working with the anaesthetic team to identify the baselines on use and then put in place a reduction plan.

- 4. Every ICS to develop plans for clinically appropriate prescribing of lower carbon inhalers.**

The Trust is working closely with the ICS Pharmacist to support any plans at an acute Trust level.

- 5. Ensure that, for new purchases and lease arrangements, systems and trusts solely purchase and lease cars that are ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs).**

The Trust is working on a lease scheme that will support this action point.

- 6. Develop a green travel plan to support active travel and public transport for staff, patients and visitors.**

The Trust is progressing a Travel Co-Ordinator post who will liaise with the councils as part of the Green Travel Plan within the FBC for the Acute Services Block.

- 7. Where outpatient attendances are clinically necessary, at least 25% of outpatient activity should be delivered remotely, resulting in direct and tangible carbon reductions.***

The Trust has made good progress with virtual clinics particularly during Covid. The Outpatients Board are overseeing clinically necessary efficiencies as part of their agenda.

### **Assurance Framework**

The Committee reviewed the Assurance Framework to understand the controls and actions against the Trust objective 'to be a Sustainability exemplar organisation'. Progress is being made and a Sustainability Manager is currently being recruited to support this objective.

### **The Green Plan**

The Committee reviewed and approved the Green Plan to recommend to the Board for approval.

### **Terms of Reference**

The Committee reviewed and approved the Terms of Reference for the Sustainability Committee.



**NHS**

**Bedfordshire Hospitals**  
NHS Foundation Trust





# Bedfordshire Hospitals NHS Foundation Trust

## Green Paper - Final

OCTOBER 2021



## From - Delivering a 'Net Zero' National Health Service report;

*“The climate emergency is a health emergency. Climate change threatens the foundations of good health, with direct and immediate consequences for our patients, the public and the NHS. The situation is getting worse, with nine out of the 10 hottest years on record occurring in the last decade and almost 900 people killed by heatwaves in England in 2019.*

*Without accelerated action there will be increases in the intensity of heatwaves, more frequent storms and flooding, and increased spread of infectious diseases such as tick-borne encephalitis and vibriosis. Over the last 10 years, the NHS has taken notable steps to reduce its impact on climate change. As the biggest employer in this country, there is more that the NHS can do.*

*Action must not only cut NHS emissions, currently equivalent to 4% of England’s total carbon footprint, but also build adaptive capacity and resilience into the way care is provided. This action will lead to direct benefit for patients, with research suggesting that up to one-third of new asthma cases might be avoided as a result of efforts to cut emissions. This is because the drivers of climate change are also the drivers of ill health and health inequalities. For example, the combustion of fossil fuels is the primary contributor to deaths in the UK from air pollution, disproportionately affecting deprived and vulnerable communities.”*



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## 1. Abbreviations

A&E	Accident and Emergency Department
AHU	Air Handling Unit
BH	Bedford Hospital
BLMK STP	Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP)
BHFT	Bedfordshire Hospitals NHS Foundation Trust
CHP	Combined Heat and Power
CO <sub>2</sub>	Carbon dioxide
CSSD	Central Sterile Services Department
EDU	Endoscopy Decontamination Unit
FBC	Full Business Case
HV	High Voltage
ICS	Integrated Care Systems
ISO	International Organization for Standardization
LED	Light Emitting Diodes
L&D	Luton and Dunstable University Hospital
LTHW	Low Temperature Hot Water Heating
NHS	National Health Service
PV	photovoltaics also known as solar electricity panels
SDAT	Sustainability Development Action Tool
SDU	Sustainability Development Unit – to be the Greener plan
SDMP	Sustainable Development Management Plan
STP	Sustainability and Transformation Partnership
ULEV	Ultra-Low Emission Vehicles
ZEV	Zero Emission Vehicles



## 2. Foreword



The fundamental purpose of the NHS, and of Bedfordshire Hospitals within that Service, is to sustain long and healthy living. This fundamental purpose is at the core of the new policy of “integrated care”. But, in performing that critical health function, we must also be aware of the burdens we can inflict on our broader environment: in the presentation of our living environment, in the burdens we place on those who offer the services, and, most critically, in the cost to the environment - the biodiversity and climate of our country and planet which, ultimately, are the very bedrock for our health.

We must all be aware of these challenges and, as a Trust and a Board; we are determined to address these impacts. We have recently constituted a Sustainability Committee answering directly to the Board which I am proud to chair and this Green Plan is the first product of that Committee’s endeavour.

In that context, particularly, I commend this Plan to all who work in, use and supply this Trust.

Simon Linnett, Chair



It is the Trust’s vision to be an outstanding provider of healthcare and a great place to work. We can only achieve this through balancing the three pillars of sustainability – finance, social and environmental. Consequently, sustainability has been integrated into the Trust objectives, to become a sustainability exemplar organisation in the NHS in order to achieve a culture that supports a carbon neutral future by encouraging sustainable development in all its forms. The Trust will continue to take positive steps to mitigate the effects of its activities in the environment.

The Trust has produced this Green Plan to create a clear and unambiguous plan to deliver a range of core sustainability related objectives and to align with the increased net zero ambition and renewed delivery focus set out in ‘Delivering a net zero National Health Service (October 2020)’ and ‘A three-year strategy towards net zero’ (June 2021) documents.

In April 2020, Bedfordshire Hospitals NHS Foundation Trust was formed, incorporating Bedford Hospital NHS Trust and Luton and Dunstable University Foundation Trust. Historically, both Trusts had respective Sustainability Development Management Plans but this Green Plan replaces the previous Sustainable Management Plans (SDMP) as per the new Green Plan guidance. The merger in April 2020, the challenge of Covid-19 and the redevelopment of the Luton and Dunstable site are all opportunities to make sustainability a fundamental part of our culture, our clinical activities and everything we do.

Our work towards Integrated Care Systems (ICS) and pre-existing strong links with our partners in the local health and care system will support the plan to achieve a more sustainable way of working and I am pleased to endorse the findings and proposals set out in the document.

David Carter. Chief Executive



### 3. Executive Summary

Sustainability and Green plans for all areas of society are essential for the UK to achieve the commitments agreed in the Climate Change act of 2008. Environmental risks and uncertainties impact to some extent on all organisations, and affect investment decisions, stakeholder behaviour and Government policy.

This Green plan reflects national priorities by aligning with the plans, actions and timescales laid out in Delivering a net zero National Health Service and aligns with the sustainability principles set out in 'Delivering a net zero National Health Service' strategy (October 2020) and 'A three year strategy towards net zero (June 2021). The plan also links with the;

- Delivery on the Long-Term plan
- Improvement of the health of the local community
- Achievement of the Trust's financial goals
- How the Trust will meet its legislative requirements

There is an increasing recognition that individual and population health depends on functioning ecosystems, strong social networks and economic opportunity even more than access to good healthcare. In response to increasing awareness of the relationship between health, the environment and the impact that the provision of healthcare can have on the environment and wider society, NHS organisations are expected to protect the health of current and future generations by minimising the health service's contribution to climate change and its ongoing impact on determinants of health. It has also been well demonstrated that actions to improve health and the environment are often synergistic such as active transport or diets.

As global demand for goods and fossil fuels outstrips supply, hospitals that understand their links with the communities they operate in, and their impact on the environment, are most likely to prosper in the long-term.

Management of energy, natural resources or waste will affect current performance; failure to plan for a future in which environmental factors are likely to be increasingly significant and may risk the long-term future of an organisation.

Understanding and reporting on our environmental performance will benefit us in two ways:

- It will provide the Trust with management information to help exploit the cost savings that good sustainable and environmental performance usually brings; and,
- It gives the Trust the opportunity to set out what we believe is significant in our Trusts' environmental performance.

Healthcare organisations that measure, manage and communicate their environmental performance are inherently well placed, as they understand how to improve their processes, reduce their costs and comply with regulatory requirements and stakeholder expectations and change to serve the healthcare needs.

With the development of Greener NHS and the net zero document, the landscape of environmental, sustainability and corporate responsibility reporting can be complex. This Green plan seeks to set out the approach that is consistent with other standards and reporting guidance.

This document sets out;

- The current position of the Trust on sustainability
- Where we need to be
- How we are going to get there



## 4. Introduction

The National Health Service is committed to reducing its environmental impact and promoting sustainable development in all its forms. In October 2020, the NHS reviewed their ambitions for the NHS, in a report called Delivering a Net Zero National Health Service.

NHS organisations are contractually obliged to produce a Green Plan as per the NHS Standard Contract. The updated guidance on ‘how to produce a Green Plan: A three year strategy to net zero (June 2021)’ sets out the conditions, format and timeframe to publish a Green Plan for NHS Trusts and ICSs.

Green Plans provide a structured way for each trust and ICS to set out the carbon reduction initiatives that are already underway and their plans for the subsequent three years (for this cycle, 2022/23 to 2024/25). A three-year timeframe should allow Green Plans to strike an appropriate balance between immediate carbon reductions in some areas, alongside strategic development of capability in others.

Green Plan must be approved by the trust board. The publication of the organisation’s Green Plan is one of the ways in which it can clearly demonstrate the commitment to improving the sustainability credentials. This plan is a strategic document outlining the aims, objectives, and delivery plans for sustainable development.

Trust-level Green Plans should be submitted to ICSs by 14 January 2022, to be consolidated into system-wide strategies. These ICS strategies should summarise the Green Plans of relevant member organisations, while also commenting on system-wide priorities and co-ordination. They should also focus on the integration of trust Green Plans with the efforts of primary care, local authorities and other local care partners. These, in turn, should be submitted to the relevant NHS England and NHS Improvement regional team for final peer review, ahead of publication.

## 5. Context

### 5.1 Sustainability in the healthcare sector

Sustainable Development, in the context of the Green plan, is based upon three core factors.

1. Environmental impact: the impact the Trust activities have on the environment and focusing on activities which reduce or eliminate any negative impact.
2. Social impact: the impact The Trust activities have on local communities and society. How the Trust can positively utilise its influence to address health and social inequalities.
3. Financial impact: from the contribution sustainable development activities have on short, medium and long term financial position, to the impact on actively improving the local socio-economics of your communities through expenditure.

**Figure 1: Models of sustainability for the health and care sector**





## 5.2 National context

Sustainability has been defined by the United Nations Brundtland Commission (1987) as:

*“development that meets the needs of the present without compromising the ability of future generations to meet their own needs.”*

In October 2020, the Greener NHS National Programme published its new strategy, Delivering a Net Zero National Health Service.

Two clear and feasible targets emerged for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:

- For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

There are 2 sources of action defined in the Delivering a ‘Net Zero’ National Health Service, Oct 2020 document.

- 1) **Direct interventions;**
  - a. Estates and facilities
  - b. Travel and transport
  - c. Supply chain
  - d. Medicines
  
- 2) **Enabling actions**
  - a. Sustainable models of care
  - b. Workforce
  - c. Networks and leadership
  - d. Funding and Finance mechanisms

## 5.3 Local Context

Luton and Dunstable University Hospital (L&D) and Bedford Hospital (BH) merged on 1st April 2020 to form Bedfordshire Hospitals NHS Foundation Trust (BHFT). The merged organisation will provide a platform to share expertise and deliver improved services, improved patient care and patient pathways and improve efficiency through economies of scale. The merger will also support BHT and L&D to meet the increasing demands across the Integrated Care System (ICS).

The new integrated Trust will bring together a combined workforce of approximately 8,000 staff and 500 volunteers. BHFT is the largest NHS employer in Bedfordshire - caring for a population of approximately 620,000 people.

Each individual hospital will retain their name and proud heritage along with continuing to deliver a full range of services on both sites. This includes retaining key services such as A&E, Obstetrics-led Maternity and Paediatrics at Bedford.

This is an exciting opportunity for Clinical services to transform and provide services that are efficient, sustainable and fit for the future.



The Trust operates from a variety of Estates in terms of age, clinical functionality and Estate condition, therefore this Estates Strategy covers a disparate stock. Both the current L&D and BHT hospital sites require investment in order to improve the sustainability of the sites and future safety of services over the long term in line with increasing patient demand and need.

The L&D have been exploring options to develop the current L&D site for a number of years. In 2014 it was agreed that a redevelopment of the current site was the best option for the L&D, with a feasibility study and options appraisal undertaken which explored the most appropriate scheme for the hospital site to deliver improved clinical services for patients. The redevelopment of the hospital site was placed on hold in May 2016 due to central funding constraints and pending the Sustainability and Transformation Partnership (STP) programme and alignment of sustainable secondary care objectives for the local population. Following an ongoing review of integrated working across Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP), in May 2017 the Trust Board agreed to phase the redevelopment of the site. The STP capital requirements were submitted in August 2019 the Government announced an allocation of £99.5m to the L&D to fund part of the redevelopment of the L&D site.

In November 2020, the Outline Business Case for the redevelopment of L&D Hospital was approved for £168m under the Government's capital expenditure in the NHS to invest in priority schemes and the Trust is currently in the process of completing the full business case (FBC). The Green Plan is a pre-requisite for funding the redevelopment plans and the FBC.

The merger in April 2020, the challenges of the pandemic and the redevelopment of the Luton and Dunstable site provide opportunities to focus on Sustainability and incorporate it in to the new Trust's culture and clinical activities.

The Trust is committed to the development of sustainable facilities which contribute positively to improvements in the overall carbon footprint and specific targets for energy and environmental efficiency.

#### **5.4 Organisational vision**

It is the Trust's vision to be an outstanding provider of healthcare, research and education and a great place to work. We can only achieve this through balancing the three pillars of sustainability – finance, social and environmental. Consequently, Sustainability has been integrated into the Trust objectives, with an invigorated emphasis and Trust wide support, to become a sustainability exemplar organisation in the NHS that supports a Carbon neutral future by encouraging sustainable development in all its forms. Furthermore, this vision aligns with one of the five priorities for the BLMK ICS Long Term Plan which sees a reduction in the carbon footprint.

The Trust is conscious of the impact of our activities can have on the local community, economy and environment, and of the role we play as a responsible healthcare provider. This Green Plan focuses on the environmental aspects of our impact and acknowledges that by improving them, e.g. by reducing carbon emissions and minimising waste, the Trust will also be contributing to wider population health.

The Trust's existing Sustainable Development Management Plan (SDMP) is being replaced by the Green Plan that matches the increased net zero ambition and renewed delivery focus, with three clear outcomes:

- Ensure our Trust is supporting the NHS-wide ambition to become the world's first healthcare system to reach net zero carbon emissions
- Prioritise interventions which simultaneously improve patient care and community wellbeing while tackling climate change and broader sustainability issues
- Plan and make prudent capital investments while increasing efficiencies.



The Trust is committed to a low carbon management plan and the key elements of the plan are:

- To support a reduction in CO<sub>2</sub> emissions
- To provide a better environment for all
- To encourage healthier low carbon living
- To reduce energy bills
- To reduce backlog maintenance

The Trust has adopted a phased approach towards tackling the targets set down by the NHS. This can be summarised as follows:

- Understand in detail the energy consumption on the site, and review any immediate changes in the short term that could improve the carbon footprint
- Invest in changes and upgrades to the site infrastructure to reduce energy demand
- Identify opportunities for future decarbonisation of the site

As the Trust is expected to expand its estate in the near future with the redevelopment plans at L&D, the next few years will require further investment and continued optimisation of resources to achieve the targets set out in this Green Plan.

Furthermore, funding for the Acute Service Block is predicated on the submission of the Green Plan alongside the full business case for the Acute Service Block. Achievement of the national agenda for sustainable development has been incorporated into the design solution of the redevelopment.

## 6. About this document

The Green Plan has been developed in response to the Delivering a 'Net Zero' National Health Service, (Oct 2020), a strategy document by the Greener NHS National Programme and other national drivers. The most relevant of these drivers are explained in **Appendix 2**. This plan establishes a set of principles and targeted interventions aimed at addressing our key challenge to maintain and develop the quality of our services sustainably, whilst managing with fewer available resources.

Delivering a 'Net Zero' National Health Service, (Oct 2020) report highlighted that left unabated climate change will disrupt care, with poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer.

To support the co-ordination of carbon reduction efforts across the NHS and the translation of this national strategy to the local level, the 2021/22 NHS Standard Contract set out the requirement for trusts to develop a Green Plan to detail their approaches to reducing their emissions in line with the national trajectories. Given the pivotal role that integrated care systems (ICSs) play, this has been expanded to include the expectation that each system develops its own Green Plan, based on the strategies of its member organisations.

The Greener NHS team have updated the Green Plan guidance (A three year strategy towards net zero in **Appendix 1A**) which was published in June 2021. There is an expectation that the interventions collated below, should be considered the minimum foundations for all trusts and ICSs to have ensured by the end of the 2021/22 financial year and before the publication of their Green Plans.



**In line with the 2021/22 NHS Standard Contract:**

- Every trust to ensure a board member is responsible for their net zero targets and their Green Plan. Similarly, every ICS is asked to designate a board-level lead to oversee the development of their own Green Plan.
- Every trust to purchase 100% renewable energy from April 2021, with supply contracts changing as soon as possible.
- Every trust to reduce its use of desflurane in surgery to less than 10% of its total volatile anaesthetic gas use, by volume.
- Every ICS to develop plans for clinically appropriate prescribing of lower carbon inhalers.

**As per Delivering a net zero National Health Service:**

- Ensure that, for new purchases and lease arrangements, systems and trusts solely purchase and lease cars that are ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs).
- Develop a green travel plan to support active travel and public transport for staff, patients and visitors.

**As per the 2021/22 NHS planning guidance:**

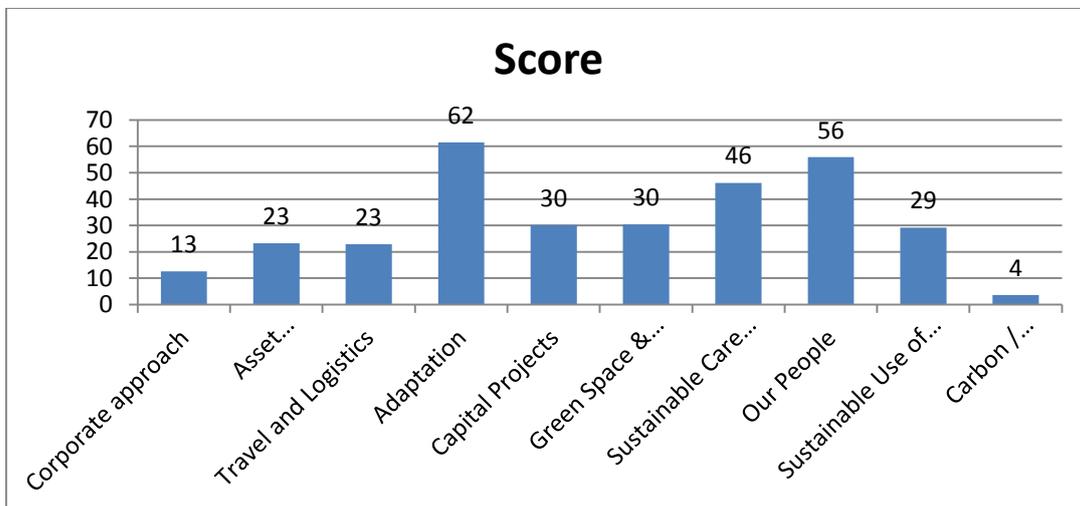
- Where outpatient attendances are clinically necessary, at least 25% of outpatient activity should be delivered remotely, resulting in direct and tangible carbon reductions.

Over the next five years the Trust will face challenges and through implementing this Green Plan it is hoped that sustainable principles will become more embedded to better sustain healthcare services for Bedfordshire and the wider community.

**7. Where are we now, where do we need to be and how do we get there**

The Sustainable Development Assessment Tool (SDAT) was published by the NHS Sustainable Development Unit (SDU) in October 2017. This replaced the former Good Corporate Citizen tool. SDAT has been designed to help NHS Trusts to self-assess how well they are performing in terms of sustainability and provides a sector – specific measure of sustainability performance.

The SDAT report and baselining for the Trust was reported to the Board on 17 December, 2020 detailing where we are now and where we need to be. The SDAT identified that the Trust is 29% compliant at baseline. SDAT has been replaced by national greener NHS data collection on the environments impacts which was launched in May 2021 to establish the baseline position in each trust and ICS on a broad range of net zero initiatives and enablers.



**Figure 2: SDAT assessment score**



## 7.1 What are our Trust's environmental impacts?

We use energy to heat and power our buildings, we travel great distances to deliver our services and we produce waste, which needs to be disposed of. All of these issues result in various environmental and social impacts, not to mention a growing financial cost to the Trust at a time when budgets are decreasing.

The primary measure we use to quantify and manage our environmental impact as a Trust is what we call our carbon footprint. A carbon footprint is the total amount of greenhouse gases produced as a direct and indirect result of our activities and is expressed as tonnes of carbon dioxide equivalent (CO<sub>2</sub>e)<sup>1</sup>. The NHS target was a 10% reduction by 2015 based on a 2007 baseline.

To date we have not included emissions from our waste generation or supply chain activities, principally because we lack effective methods for accurately measuring these emissions and meaningfully tracking progress with reducing them.

Travel by staff and patients is another area we currently do not account for in our carbon footprint. However, we recognise the significant environmental impact that our staff and patient travel has. It is estimated that one in twenty vehicles on our streets are on NHS business as staff patients or visitors.

## 7.2 Highlights of what we have already achieved

While Green Plans are expected to be three-year strategies, several early interventions have already been taken by a wide variety of trusts and ICSs. Few of the initiatives that have been already delivered by BHFT is itemised below.

### 7.2.1 Energy efficiency initiatives:

Prior to merger, both Bedford and L&D hospital sites had a clear and proactive view on sustainability through a Board approved Sustainable Development Management Plan (SDMP) for 2014-2020. The SDMPs have been driving the understanding and calculation of the carbon footprint of the two hospitals' activity. Green Plan replaced the SDMPs in 2020 and now drives the net zero carbon agenda.

The Trust has recently invested in energy efficiency through Light Emitting Diodes (LED) Lighting, solar PV (photovoltaics) on both sites and is in the process of delivering the Energy Centre at the L&D site.

The Energy Centre at L&D site is a Heat Led Combined Heat and Power (CHP) scheme, with generated electricity as a by-product. This is the most efficient approach to the use of energy, will meet the future requirements of the Trust and provide a sustainable heating supply and infrastructure for the future. This scheme provides a major contribution to delivering the Trust's Carbon Management Plan, with an expected reduction in the Trust's carbon footprint from 7798 tonnes CO<sub>2</sub>e (carbon dioxide equivalent) to 5,773 tonnes CO<sub>2</sub>e per year. This equates to a 26% reduction.

This will address current issues with energy consumption and backlog maintenance with the current decentralised heating network as well as providing the resilience required to maintain activity on the site in the event of failures within the local utility networks. It will have capacity to support future site development. This is the most carbon efficient approach in which all the heat is used without the need to 'dump' or waste any of the heat produced.

The Energy Centre will also support a sustainable Hospital Redevelopment Programme in line with the 'Sustainable Development Strategy for the Health and Social Care System (2014 – 2020)'.



The key changes in carbon consumption at the Trust are driven by:

- The adoption of an efficient heat led CHP plant at the L&D site. This is gas fired but will be installed ready for conversion to Hydrogen.
- Replacement of over 70 old gas boilers on the site with energy efficient dual-fuel boilers driving a new primary Low Temperature Hot Water Heating (LTHW) system feeding Plate Heat Exchangers at the L&D site
- Replacement of light fittings across both the sites with LED units
- De-steaming of most of the L&D site.
- Electric autoclaves have been installed within the Microbiology unit allowing removal of 200m of old poorly insulated steam main. New steam generators are being installed to support the Central Sterile Services Department (CSSD) and Endoscopy Decontamination Unit (EDU).

In addition, the Estates team have pursued a number of maintenance activities which have supported the reduction in carbon consumption.

- The Bedford site purchases 100% renewable energy from April 2021 and L&D site is moving to an Energy supply partner generating power from renewable resources.
- Investment in an upgrade of the primary chilled water plant across the L&D site. The future strategy is based on establishing a chilled water network, supplemented by absorption chillers on the roof of the new energy centre, which will interconnect the main chilled water plant and drive increased efficiency in use of chilled water.
- Installation of Variable Speed Drives to Air Handling Unit (AHU) fans and pumps at the L&D site
- Insulation upgrades within primary systems and plant rooms at L&D site. This work is ongoing with upgrade works in plant rooms to support the interface work with Centrica
- Upgrade of the High Voltage (HV) network:
  - A major programme of work has been underway to upgrade the 11kV network on the L&D site. This is supported by the N+1 resilience provided by the new standby generators. Two new sub-stations have been built to current standards, and one has been upgraded, with all three delivering path A and path B through new energy efficient transformers. The main site incomer is being re-built to support the increased demand on the site, and a new sub-station will be delivered to support the redevelopment. The Energy Centre will include a further new sub-station which will allow removal of an old sub-station which is currently compromised. An additional sub-station will be delivered through the upgrade to the Emergency Department currently underway. Completion of these projects leaves the site operating energy efficient electrical plant which can support voltage optimisation, and which can also support the drift towards electrical plant during decarbonisation in the future.
  - The electrical infrastructure at Bedford site is currently being reviewed with a view to upgrade the HV network to enable future redevelopments.

### **7.2.2 Multi-storey car park and cycling facility:**

The newly built multi storey car park at the L&D site houses a Cycle Hub with secure storage for 216 staff bicycles and a cycle repair / tool station, as well as toilet, shower, lockers and changing facilities. This facility is aimed to reduce the number of cars used for commuting to work and improves air quality and it encourages staff to improve physical fitness.



### **7.2.3 Travel and Transport:**

Trust is engaging with Luton and Bedford Borough Councils in developing the Travel plan for the merged Trust. The two Borough Councils expect the Travel Plan to include;

- Plans to reduce car journeys
- Active journeys linked to bus and train journeys
- Low or zero emission cars but plans to reduce congestion
- Alternative options such as electric bikes between different sites of the Trust within Bedford and Luton

The Trust is also registered with Modeshift STARS. Modeshift STARS is the Centre of Excellence for the delivery of Effective Travel Plans in Education, Business and Community settings. National STARS accreditation is awarded to these settings that go above and beyond in developing, implementing and monitoring an effective Travel Plan that encourages active and alternative travel to bring about a change in travel behaviour and reduce the number of single occupancy vehicle journeys to, from and between the sites.

The Trust is working with the local bus and train companies to increase the use of public transport and alternative travel such as to help reduce emissions from both patients and staff travelling to site. The Trust is also linking with both the councils in aligning the travel plan for the Trust.

The Trust's has also successfully tendered a new supplier for the car scheme to provide electrical / hybrid / low emission vehicle for staff. Next step would be to replace the Trust vehicles with low carbon emission or electric vehicles.

### **7.2.4 Other initiatives:**

The Trust is procuring only recycled paper for printing since June 2021.

## **7.3 Actions, measurement and reporting**

An action plan has been developed by the sustainability team to deliver the net zero targets and support the Trust's objective to become a sustainability exemplar organisation in the NHS and the vision to be an outstanding Trust, a great place to work and to support the wider Bedfordshire goal of helping citizens to stay happy and healthy.

This action plan considers where the organisation currently is, where it needs to be and how it is going to deliver the targets on key areas of focus as per the guidance. The plan is appended as Appendix 3 for the ease of use and is a live document that will be updated and reviewed regularly to monitor progress against targets.

Further work is needed to engage with the stakeholders and to baseline the initiatives to ensure progress is understood and monitored against the actions. Measuring and monitoring our progress is key to ensuring that we are developing in the right direction and to make sure we keep on track. Transparent public reporting is also recognised as a fundamental principle for improvement and of good governance.

The Greener NHS Data Collection was launched on 30 April 2021 to understand actions that are taking place during 2021/22. The Greener NHS National Programme will use this information to calculate and release regional and ICS baseline carbon footprints by 30 September 2021 (with trust footprints developed thereafter).



In addition, to support the net zero ambition, new data collection methods are being developed by NHSI/E to enable the more granular calculation of carbon footprints at regional, ICS and trust levels to inform priorities for the Trust.

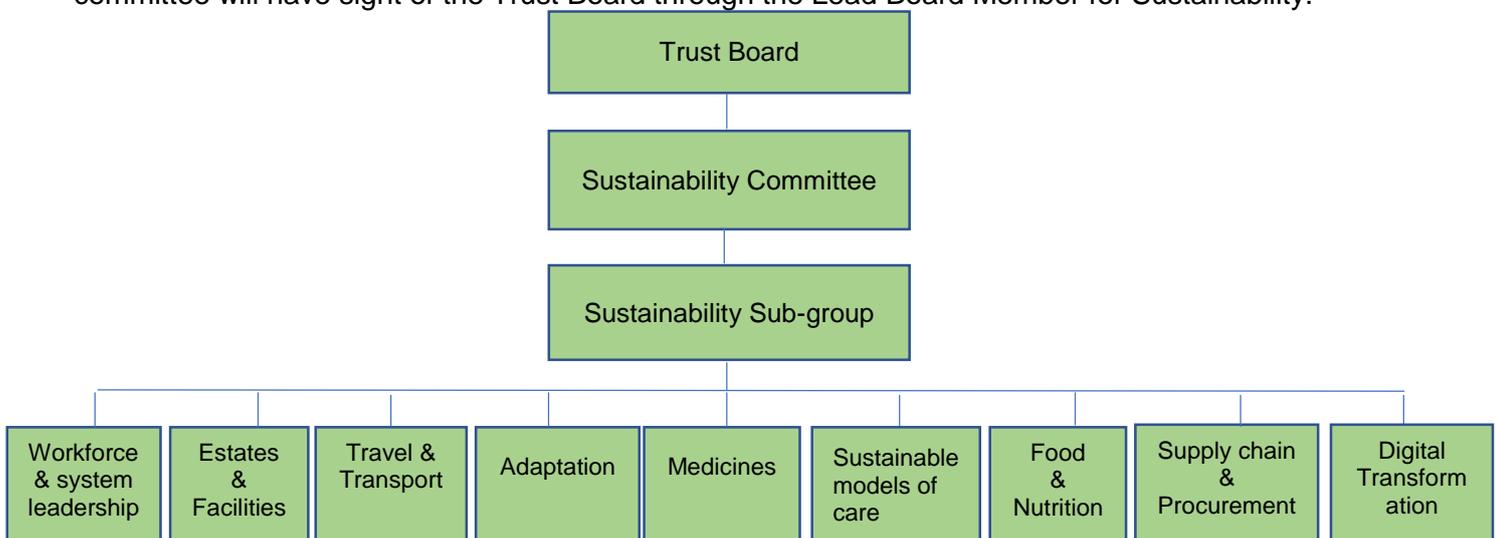
## 8 Green Plan Governance

The development of the Green Plan is led by the Director of Finance, the Trust’s board-level net zero lead. The plan will be approved by the trust board and progress against the approved Green Plan will be formally reported annually to the trust board. Progress should also be reported formally to the relevant regional greener NHS team, in a format and frequency agreed.

While approved Green Plans cover a three-year period, the trust is expected to formally review and update the plan annually to consider:

- The progress made and the ability to increase or accelerate agreed actions
- New initiatives generated by staff or partner organisations
- Advancements in technology and other enablers
- The likely increase in ambition and breadth of national carbon reduction initiatives and targets.

A governance structure has been agreed to deliver the action plan and monitor the progress. A Sustainability Committee has been set up and this group will have oversight of the delivery of the Green Plan. This committee will report on progress against the action plan and escalate any issues or risk items as appropriate. The committee will be supported by a Sustainability Sub-group that oversees a number of working groups, all with a particular interest as detailed in **Figure 3**. The committee will have sight of the Trust Board through the Lead Board Member for Sustainability.



**Figure 3: Green Plan Governance Arrangements Green Plan Implementation Group**

To achieve excellence in governance for sustainability, the Trust will:

- Provide quarterly reports to Greener NHS Team
- Submit annual performance reports to Trust Board
- Develop a costed carbon management plan for Capital Programme Steering Group for awareness and potential inclusion in future refurbishment schemes
- Seek third party validation through achieving accreditation (such as ISO14001) of our environmental performance each year,
- Publish the results on our website and use the outputs to inform our decision making going forward.



- Publish a detailed sustainability report alongside our Annual Report each year, to chart progress against our action plan.
- Ensure that this strategy is accessible to the public through our website and that it is reviewed and updated annually.
- Benchmark ourselves against other Acute NHS Trusts on a number of key sustainability indicators, including CO2 reduction.

In addition to agreeing the governance structure, a sustainability manager has been appointed to support the Greener NHS agenda at BHFT. The Sustainability Manager will lead on implementing the Green Action plan (**Appendix 3**). This role will also support the Green Champions, a grass root project to encourage staff to volunteer their time to improve the environment in and around the Bedfordshire Hospitals Trust sites.

## 9 Conclusion

The Trust is committed to sustainable development and recognises the significance of tackling a range of environmental, economic and social issues. The Trust has already made progress in the core areas of sustainability (such as energy reduction) but recognises that a broader approach to sustainability is now required. Consequently, a wider range of improvement measures are necessary, as detailed in this Green Plan document.

This Green Plan provides a comprehensive and structured framework for the Trust to meet its commitment to conducting all aspects of its activities with due consideration to sustainability whilst providing high quality patient care. At corporate and operational levels this requires the cooperation, insight and practical delivery to ensure that sustainability is embedded in all Trust activities. Additionally, it is important to note that the delivery of this Green Plan is not wholly driven by the Trust but may require collaboration with a number of external organisations.

It is of financial, social and environmental importance that the Trust reduces its direct and indirect carbon footprint. This Green Plan helps provide the necessary balance across a range of sustainability development objectives to achieve this incredibly important objective.

Delivering the action plan and the appointment of sustainability team to lead on the delivery, the carbon footprint of the Trust will steadily reduce over 5 years. The most significant impact will be the energy efficiencies from the redevelopment of the L&D site. The redevelopment at L&D scheme carbon saving programme above is expected to deliver financial savings of £917,533 per annum and improve resilience across the Estate, with the Trust's capital investment being repaid in just over 8 years.



## 10 Appendices

### Appendix 1 and 1A: Delivering-a-net-zero-national-health-service



delivering-a-net-zero-  
national-health-service



Appendix 1A-  
B0507-how-to-produce

### Appendix 2: Key legislative drivers

Civil Contingencies Act 2004 Climate
Change Act 2008 Public Services
(Social Values) Act 2012

#### ***Mandatory; those mandated within the NHS***

Standard Form Contract requirements for Sustainable Development 2017-19
HM Treasury's Sustainability Reporting Framework
Public Health Outcomes Framework
Delivering a 'Net Zero' National Health Service Oct 2020
How to produce a green plan: A three year strategy towards net zero June 2021

#### ***International; those driven by International Guidance***

Intergovernmental Panel on Climate Change (IPCC) AR5 2013
United Nations (UN) Sustainable Development Goals (SDG's) 2016
World Health Organisation (WHO) toward environmentally sustainable health systems in Europe 2016
World Health Organisation (WHO) Health 2020; European policy for Health and Wellbeing
The Global Climate and Health Alliance; Mitigation and Co-benefits of Climate Change

#### ***UK guidance; those driven by UK Guidance***

National Policy and Planning Framework 2012
Department of Environment, Food and Rural Affairs (DEFRA) The Economics of Climate Resilience 2013
Department for Environment, Food and Rural Affairs (DEFRA) Government Buying Standards for Sustainable Procurement 2016
The Stern Review 2006; the Economics of Climate Change
Health Protection Agency (HPA) Health Effects of Climate Change 2012
The National Adaptation Programme 2013; Making the country resilient to the changing climate
Department of Environment, Food and Rural Affairs (DEFRA) 25 Year Plan

#### ***Health Specific Requirements***

The Marmot Review 2010; Fair Society, Healthy? Lives
Five Year Forward View 2014
Sustainable Development Strategy for the Health and Social Care System 2014-2020
Adaptation Report for the Healthcare System 2015
The Carter Review 2016
National Institute for Clinical Excellence (NICE) Physical Activity; walking and cycling 2012
Health Technical Memoranda (HTM)'s and Health Building Notes (HBN)'s
Sustainable Transformation Partnerships (STP) Plans

### Appendix 3: Green Action Plan – Available upon request

**Board of Directors**

**Wednesday 3<sup>rd</sup> November 2021**

Report title:	Risk Register	Agenda item: 16		
Executive Director(s):	All Executives			
Report Author	Victoria Parsons, Associate Director of Corporate Governance			
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	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"> <li>• Board of Directors Private Meeting 4<sup>th</sup> August 2021</li> <li>• Executive Board 26<sup>th</sup> October 2021</li> <li>• Quality Committee 25<sup>th</sup> August, 22<sup>nd</sup> September, 27<sup>th</sup> October 2021</li> <li>• FIP 22<sup>nd</sup> September 2021</li> <li>• Workforce Committee 13<sup>th</sup> October 2021</li> </ul> <p>New risks have been reviewed and are recommended for approval by the Board:</p> <ul style="list-style-type: none"> <li>• 1711 - Echocardiography backlog</li> <li>• 1712 – Business Continuity – Heating and Ventilation</li> <li>• 1708 - Amended maternity ultrasound scanning guidance</li> <li>• 1734 – Investments made without knowing payment is confirmed</li> <li>• 1735 - 2022/21 Financial target</li> <li>• 1736 – System wide finance target</li> <li>• 1737 – New cleaning standards</li> <li>• 1738 – Maternity Safeguarding</li> <li>• 3034 – Resilience of Bedford telecoms lines</li> </ul>
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>
<b>Jargon Buster</b>	<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 4<sup>th</sup> August 2021:

Risk ref	Risk Description	Agreed conclusion
1163	Redevelopment affordability	Maintain risk
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
644	18 weeks	Review risk
669	Appraisal Rate	Maintain risk
1353	Mount Vernon capacity	Review risk
1433	Ligature Points	Maintain risk
1466	Financial position	Review 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
1593	Increase of 52 week waits	Maintain risk
1703	Increased demand for mental health care	New risk noted
1704	Maternity Pressures	New risk noted
1705	Diagnostic capacity	New risk noted
1592	Patient Harm due to COVID delays	Maintain risk
1652	ED Blue Light transfers to other hospitals	Maintain risk
1667	CQC Registration of the Archer Unit	Maintain risk
1639	Outpatient Clinic Room availability and capacity	Maintain risk
1631	Clinical Correspondence	Maintain risk
1622	No perinatal post-mortem pathologist service – mitigation agreed	Maintain risk with a view to close

## Quality Committee (QC)

QC reviewed clinical and performance board level risks:

Risk ref	Risk Description	Agreed conclusion
1595	Maternity at Bedford reputation	Maintain risk
1628	Nosocomial Infections	Maintain risk
650	Bed pressures	Maintain risk

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
1958	Maternity at Bedford patient safety	Maintain risk
1433	Ligature Points	Maintain risk
796	Patient Experience	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
1431	Fractured Neck of Femur	Maintain risk
1018	HSMR	Maintain 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
1667	CQC Registration of the Archer Unit	Close risk
1639	Outpatient Clinic Room availability and capacity	Maintain risk
1703	Increased demand for mental health care	New risk noted
1704	Maternity Pressures	New risk noted
1705	Diagnostic capacity	New risk noted

Emerging risks – Litigation post COVID

### **Workforce Committee Review**

Reviewed board level risks on the 13<sup>th</sup> October 2021:

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
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

Emerging risk – Workforce agency, turnover

### **FIP Committee Review**

Reviewed board level risks on the 22<sup>nd</sup> September 2021.

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
1163	Redevelopment affordability	Maintain risk
1164	Redevelopment delivery	Maintain risk
1211	Backlog Maintenance	Maintain risk
1466	Financial regime	Close risk and raise new risks
1629	ED Memorandum of Understanding	Close risk
1630	Elective penalties	Close risk

Emerging risk – Changing financial regime, 2022/23 financial position, System wide allocation

## Executive Board Review

The Executive Board reviewed all Board Level Risks:

Risk ref	Risk Description	Agreed conclusion
1465	Agency rates	Maintain risk
1466	Finance regime	Maintain risk and review
1423	CQC Mandatory Training	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
650	Bed pressures	Maintain risk
1210	Vacancy	Maintain risk
669	Appraisal	Maintain risk
1592	Patients waiting 52 weeks due to COVID	Maintain risk
1593	Patient harm due to cancellations/ delays due to COVID	Maintain risk
1595	Maternity Services Bedford Reputation Risk	Maintain risk
1596	Maternity Services Bedford Patient Safety Risk	Maintain risk
1200	Cyber Security	Maintain risk
1629	Nosocomial Infections	Maintain risk
1431	Fractured Neck of Femur	Maintain risk – noted increase

Emerging risk – Autoclaves at Bedford, Governance regime for 20/21(key targets), ISS contract cost pressure, Supplies and supply chain.

## Risk Review

Risks from both sites were reviewed and approved between 28<sup>th</sup> July 2021 - 25<sup>th</sup> October 2021. The below were allocated as Board Level:

- 1711 - Echocardiography backlog
- 1712 – Business Continuity – Heating and Ventilation
- 1708 - Amended maternity ultrasound scanning guidance
- 1734 – Investments made without knowing payment is confirmed
- 1735 - 2022/21 Financial target
- 1736 – System wide finance target
- 1737 – New cleaning standards
- 1738 – Maternity Safeguarding
- 3034 – Resilience of Bedford telecoms lines

Risks were closed – the below at Board level:

- 1353 - Clinic Capacity at Mount Vernon
- 1667 - CQC Registration of Archer Unit
- 1428 - 7 Day Services Audit

**Board of Directors**

**Wednesday 3<sup>rd</sup> November 2021**

<b>Report title:</b>	Corporate Governance Report	<b>Agenda item 17</b>		
<b>Executive Director(s):</b>	<b>Executive Directors</b>			
<b>Report Author</b>	Donna Burnett – Trust Board Secretary			
<b>Action</b> <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Recommendation</b>	The Board to note progress and ratify the Terms of Reference for the Sustainability Committee			

<b>Report summary</b>	<p>The report details updates on the following issues:</p> <ul style="list-style-type: none"> <li>• Council of Governors</li> <li>• Membership Update</li> <li>• Use of the Trust Seal</li> <li>• Ratify the Sustainability Terms of Reference</li> </ul>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>NHS Provider Licence          NHS Improvement Code of Governance          NHSI/E national guidance April 2020</p>
<b>Jargon Buster</b>	<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 38 governors following the recent elections and has reduced numbers in line with the reduction plan as agreed in full business case (FBC) following the merger.

#### *Public Governors:*

- 8 for Luton
- 6 for Central Bedfordshire
- 2 for Hertfordshire
- 5 for Bedford Borough and Surrounding Counties
- 13 Staff Governors
- 4 Appointed Governors (1 vacancy)

The COG reviewed and approved on the 18 August the ToR for the Council of Governors.

## 2. Outcome of Elections 2021

We should like to congratulate the newly elected and re-elected governors to the Council of Governors following the recent elections:

<b>Name</b>	<b>Representing Constituency</b>	<b>Term of office</b>
Judi Kingham	Public : Luton	Re-elected: September 2021 to September 2024
Theresa Driscoll	Public : Luton	Re-elected: September 2021 to September 2024
Wendy Cook	Public : Luton	Elected: September 2021 to September 2024
Helen Lucas	Public : Hertfordshire	Re-elected: Until September 2024
Dr Dilan Joshi	Public : Hertfordshire	Elected: September 2021 to September 2023
Dr Michael Ivor Carter	Public : Central Bedfordshire	Elected: September 2021 to September 2024
Linda Grant	Public : Central Bedfordshire	Re-elected: Until September 2024
Dr Jim Thakoordin	Public : Central Bedfordshire	Re-elected: Until September 2024
Jennifer Gallucci	Public : Central Bedfordshire	Re-elected: Until September 2024
Pat Quartermaine	Public : Central Bedfordshire	Elected: September 2021 to September 2023
Debbie Gardiner MBE	Public : Central Bedfordshire	Elected: September 2021 to September 2023
Dimpu Bhagawati	Staff : Medical & Dental - L&D site	Elected: September 2021 to September 2024
Belinda Chik	Staff : Nursing, HCA & Midwifery - at L&D site	Re-elected Unopposed: Until September 2024

Name	Representing Constituency	Term of office
Janet R Graham MBE	Staff : Volunteers - at L&D site	Re-elected Unopposed: Until April 2023
Terrence Haynes-Smith	Staff : Professional & Technical - at Bedford site	Elected Unopposed: September 2021 to September 24
Hina Zafar	Staff : Non Clinical (Admin, Clerical, Managers, Ancillary & Maintenance) - at L&D site	Elected Unopposed: September 2021 to September 24

The Governor induction for the new governors was held on the 14 September. They will be attending the virtual 'Core skills' training, which is delivered by NHS Providers, on the 3 December and 7 February.

### 3. Lead Governor and Deputy Lead Governors

- Helen Lucas will resume her role as Lead Governor for the Council of Governors
- Pam Brown remains Joint Deputy Lead Governor.
- Rob Oakley has been recently appointed to the role of Joint Deputy Lead Governor.

### 4. 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 was undertaken. There was a good take-up from governors, and all sub-committees and groups are now fully refreshed and set to commence.

The Remuneration and Nomination Committee has commenced the appointment of the Non-Executive Director and will start the Chair recruitment in January 2022.

### 5. Public/Staff Membership

The Virtual **Annual Members Meeting** was held on the 8 Sep 2021 for Foundation Trust members. Over 110 members were present. Following the meeting an online questionnaire was completed by members and majority responded positively to questions relating to the presentation, topics covered, meeting platform (Virtual/Face-to-face), time allocation, Q&A session etc.

The second **Ambassador Magazine** for this year was issued to FT members in August. The next issues will be published in March 2022.

The next **Medical Lectures** will be on the 18 May 2022. The chosen lecture is 'Diabetic'. This will be held at the Rufus Centre.

The Council of Governors approved on the 25 August the **Interim Membership Strategy** that was proposed by the Membership & Communication Committee of the CoG.

## 6. Terms of Reference

The Sustainability Committee approved their Terms of Reference in August 2021 and are detailed in appendix 1. The Board are asked to ratify the Terms of Reference.

## 7. Use of the Trust Seal

<b>Date used</b>	<b>Seal number</b>	<b>Subject</b>	<b>Supporting information</b>
4/8/21	185	Pre-construction service agreement incorporating and amending the NEC4 professional services contract with Keir Construction	Cathy Jones Angela Doak
24/8/21	186	Parent company guarantee in relation to the pre-construction services for the new clinical buildings with Kier Construction	David Carter Liz Lees
14/9/21	187	Building contract incorporating and amending the NEC3 engineering and construction contract	David Carter Matt Gibbons
14/10/21	188	Design and construction of new waste compound at Luton and Dunstable site JCT	David Carter Matt Gibbons
14/10/21	189	Design and construction of new modular extension to the emergency departments at Bedford JCT	David Carter Matt Gibbons

## TERMS OF REFERENCE

### SUSTAINABILITY COMMITTEE

<b>Status:</b>	Sub-committee of the Board of Directors
<b>Chair:</b>	Trust Chair
<b>Membership:</b>	Two Non-Executive Directors (including the chair) Chief Executive Director of Finance Director of Estates & Facilities Senior Programme Manager- Site Redevelopment
<b>In Attendance:</b>	Sustainability Manager Associate Director of Corporate Governance Professional Advisors Programme Support Office
<b>Meeting Frequency:</b>	Bi-Monthly
<b>Meeting Management:</b>	<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>
<b>Extent of Delegation:</b>	<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>
<b>Authority and Chair’s Action:</b>	<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 suitable levels of oversight, governance and assurance to deliver the full Sustainability Programme, all such groups are to be established</p>

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.

<b>Quorum:</b>	Minimum of four members – must include one Non-Executive
<b>Accountability:</b>	<p>The Chair of the Sustainability Committee will maintain a direct link to the Trust Board, providing a written report and assurance on:</p> <ul style="list-style-type: none"><li>- Development of the Sustainability Strategy (Green Plan)</li><li>- Key risks and issues for the scheme</li><li>- Key programme highlight reports</li><li>- Monitoring of performance against the Green Plan</li></ul>
<b>Reporting:</b>	<p>Sustainability Sub-Groups are to provide written highlight reports on progress against objectives to every Sustainability Steering Group</p> <p>Decisions and actions arising from the Sustainability Committee shall be formally recorded and submitted to the Board quarterly.</p>
<b>Objectives</b>	<p>To lead the development and implementation of the Green Plan which outlines the Trust's aims, objectives and delivery plans for sustainable development.</p> <p>To monitor subsequent Trust performance against the objectives outlined in the Green Plan</p> <p>To provide direction and management to the Sustainability Sub-Groups against delegated objectives</p> <p>To recruit Trust Green Champions who have a personal interest in sustainability</p>
<b>Members' Responsibilities:</b>	<p>Individual members are expected to act as champions of the Trust sustainability agenda.</p> <p>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.</p>
<b>Work Plan</b>	<p><b><u>Each meeting</u></b> 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</p> <p><b><u>Annually</u></b> Review the Sustainability Strategy Review the Terms of Reference</p>

Approved August 2021

To go to the Board 3<sup>rd</sup> November 2021