



Bedfordshire Hospitals

NHS Foundation Trust

Board of Directors

Wednesday 4 May 2022 - 10:00-12:00

MS Teams

Meeting Book - Board of Directors

10.00	Chairman's Welcome & Note of Apologies		Simon Linnett
10.02	Any urgent items of Any Other Business and Declaration of Interest on items on the Agenda and/or the Register of Directors Interests		Simon Linnett
10.03	Minutes of the Previous Meeting: Wednesday 2 February 2022	To approve	Simon Linnett
	3 Minutes of Bedfordshire Hospitals NHS Trust Public Board meeting 2 February 2022 v2.doc		
10.05	Matters Arising (Action Log) (no actions)	To note	Simon Linnett
10.05	Chairman's Report (verbal)	To note	Simon Linnett
10.10	Executive Board Report	To note	David Carter
	6 Executive Board Report May 2022 v2.doc		
	Performance Reports	To note	
10.25	Operational Performance & Quality Governance	To note	Cathy / Paul/ Liz
	7 Performance Reports front sheet.doc		
	7.1 Quality and performance report Apr 2022.pptx		
10.40	Finance	To note	Matt Gibbons
	7.2 Board Paper.docx		
10.55	Workforce	To note	Angela Doak
	7.3 20220418_integrated Board Report_v4.pptx		
11.10	Quality Committee Reports	To note	Annet Gamell
	8 Quality Committee Report May 2022 final.doc		
11.15	Finance, Investment & Performance Committee Reports	To note	Ian Mackie
	9 FIP Report to May 2022 Trust Board v2.docx		
11.20	Redevelopment Committee Reports	To note	Mark Prior
	10 Trust Board_Redevelopment Report_May22.docx		
11.25	Charitable Funds Committee Reports	To note	Simon Linnett
	11 CFC Committee Report May 2022.doc		
11.30	Workforce Committee Report	To note	Tansi Harper
	12 Workforce Committee_v1.docx		
11.35	Digital Strategy Committee Report	To note	Simon Barton
	13 DSC Update to Public Board May 2022.docx		
11.40	Sustainability Committee Reports	To note	Simon Linnett
	14 Sustainability Committee Report May 2022.doc		
11.45	Audit and Risk Committee Reports	To note	Steve Hone
	15 Audit and Risk Committee Report May 2022.doc		

11:50	Risk Register 16 RR May 2022.doc	To approve	Victoria Parsons
11:55	Corporate Governance Report 17 Corporate Governance Report April22.doc Details of Next Meeting: Wednesday 3 August 2022, 10:00	To ratify	Victoria Parsons
12:00	CLOSE		

Board of Directors

Wednesday 4 May 2022

Report title:	Minutes of the Meeting held on: Wednesday 2 February 2022	Agenda item: 3		
Executive Director(s):	David Carter, Chief Executive			
Report Author	Jenny Kelly, Corporate Governance Manager			
Action <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	To note the contents of the report for assurance.			

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

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

Microsoft Teams Meeting 10.00am-12noon

Minutes of the meeting held on Wednesday 2 February 2022

Present: Mr Simon Linnett, Chairman
Mr David Carter, Chief Executive
Ms Angela Doak, Director of Human Resources
Mr Matthew Gibbons, Director of Finance
Ms Liz Lees, Chief Nurse
Mr Paul Tisi, Joint Medical Director
Dr Danielle Freedman, Joint Medical Director
Ms Catherine Thorne, Director of Quality and Safety Governance
Mr Steve Hone, Non-Executive Director
Dr Annet Gamell, Non-Executive Director
Mr Simon Barton, Non-Executive Director
Mr Gordon Johns, Non-Executive Director

In attendance: Ms Fiona MacDonald, Director of Culture
Ms Victoria Parsons, Associate Director of Corporate Governance
Ms Melanie Banks, Director of Strategy and Redevelopment
Ms Donna Burnett, Trust Board Secretary
Ms Helen Lucas, Lead Governor
Mr Malcolm Rainbow, member of the public
Ms Belinda Chik, Staff Governor
Mr Dean Goodrum, Director of Estates
Dr Michael Carter, Public Governor
Ms Debbie Gardiner, Public Governor
Ms Judi Kingham, Public Governor
Ms Anne Thevarajan, Membership and Corporate Affairs Manager
Ms Jenny Kelly, Corporate Governance Manager
Mr Marcus Giles, member of the public

1. CHAIRMAN'S WELCOME, NOTE OF APOLOGIES

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

Apologies were received from Cathy Jones - Deputy Chief Executive, Ian Mackie – Non-Executive Director, Gill Lungley – Chief Digital Information Officer, Tansi Harper – Non Executive Director and Mark Prior – Non-Executive Director.

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: 3 NOVEMBER 2021

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

4. MATTERS ARISING

There were no actions or matters arising

5. CHAIRMAN'S REPORT

The Chairman informed the Board with great regret that it was Dr Danielle Freedman's final Board meeting as Joint Medical Director and expressed a debt of gratitude on behalf of the Trust for the many years of dedication given to the role.

6. EXECUTIVE BOARD REPORT

DC introduced the report to the Board and informed members and attendees that the focus of clinical integration was now working with teams to formulate the Overarching Clinical Strategy for the Trust with the deadline of April 2022 for a first draft. The Clinical Strategy would be developed in close consultation with the redevelopment team to ensure that key strategic estates milestones are factored into the overarching strategy.

AD informed the Board that the Trust had been on course to run the processes required by the direct instruction from NHSE/I regarding mandatory COVID vaccinations. Since the report had been written all activity had been paused and the Trust was awaiting formal notification that this was no longer a requirement.

PT informed the Board that the Trust continued to see significant operational pressures from COVID both with the bed pressures resulting from isolation, cohorting, maintaining separate pathways and the huge staffing impact over the Christmas period and into January.

The Trust had been working closely with the CCG and pharmacy teams to treat high risk COVID positive patients with monoclonal antibodies. SL queried if any of these patients had been subsequently admitted to ITU and PT confirmed that they had not.

AG queried if members of the public were complying with the requirement to wear masks in the hospital sites. DC confirmed that compliance had been good.

LL informed the Board that the Bedford maternity team continue their focus on ongoing service improvements associated with CQC 'should' and 'must do's' with a particular focus on patient experience. This had been supported by the collaborative work with the Local Maternity Neonatal system Maternity Voices Partnership (MVP).

DC informed the Board that the Pathology service MHRA inspection of Bedford Hospital site took place in December 2021 and the feedback from the inspectors was extremely positive, with no critical or major findings and just 6 areas for action that the team are responding to.

PT informed the Board that the quarterly learning from deaths report had been included within the Executive Board Report and it was taken as read.

SL proposed that the Freedom to Speak Up Guardian be invited to attend the Board to provide direct assurance regarding the processes in place at the Trust. It was noted that the Freedom to Speak Up Guardian attends the Workforce Sub-Committee of the Board frequently but a process would be put in place whereby the Board receives direct assurance.

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

7. PERFORMANCE REPORTS

7.1 OPERATIONAL PERFORMANCE & QUALITY GOVERNANCE REPORT

The report was taken as read and discussed by exception.

LL informed the Board that the majority of falls continued to lead to no or low harm and any moderate or severe harm incidents were reviewed at a local incident review group to ensure early learning. It was noted that a number of wards at the Luton and Dunstable Hospital site participated in the NHS East of England initiative 'Winter Deconditioning Games' with a focus on encouraging patients to be more active using static pedals. This was a 3 month initiative with the aim of improving physical and mental wellbeing for patients and staff.

As with falls 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. In November staff had participated in a national 'Stop the Pressure' event followed by a Trust wide enhanced educational campaign led by the Tissue Viability teams. Pressure ulcer incidents would be further reviewed to see whether there had been any observed changes following the two events.

LL informed the Board that the 'Blossom' Volunteers Project had been launched at the Trust. There was currently a team of 13 Blossom volunteers at

the Luton and Dunstable Hospital site available to sit with patients providing compassionate support and company during a difficult time. Knowing that a patient is not alone at end of life had proved to be a great comfort for loved ones and staff. It was planned to resume the team at the Bedford site during the following weeks.

CT informed the Board that the incident reporting rate remained positive. A total of 16 events had been declared as Serious Incidents across both Trust sites October-December 2021. All of which were under investigation.

PT introduced the mortality section of the report and it was taken as read. AG queried if it was possible to report metrics to compare COVID deaths vs those waiting for electives. PT informed the Board that this would require assessment of community data too which the Trust did not currently have access to.

SL noted the increase in SHMI at the Bedford site, although the Trust remained within the banding for 'as expected' and requested that a review took place at the next Quality Committee to provide assurance to the Board.

The Board noted the report.

7.2 FINANCE REPORT

MG informed the Board that the Trust had delivered a surplus of £1.2m year to date, this was against a £1.0m plan. The Trust's pay spend was £5.6m overspent year to date, £0.1m in month. Non-pay was £12.2m overspent year to date. £4.9m related to PCR COVID testing other out of envelope expenditure that is reimbursed by NHS England. A £0.9m provision for not meeting the maternity CNST discount incentive had been included in the position.

Based on estimated M1-9 Elective recovery fund performance, the Trust had recognised £7.5m income within its position.

Capital spend was £30.2m against a plan of £83m. The Trust continued to review the capital in year to ensure it stays within CDEL.

The Board noted the report.

7.3 WORKFORCE REPORT

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

The Trust had a successful overseas nurse pipeline and there were 24 nurses scheduled to arrive imminently. Many of these nurses would be allocated to ED, Paediatrics and Theatres.

Vacancy rates remained stable but turnover had increased in line with national hotspots. Staff sickness absence remained high but was lower than the national average.

It was noted that the Workforce Committee had been focusing on mandatory training and appraisal recovery and new initiatives were being put in place. Despite a challenging December numbers had remained stable for mandatory training but appraisal rates were low. AD had taken an action to discuss the way forwards with the Executive Team to ensure that positive change was driven from the top. AG welcomed the focus on mandatory training as an important patient safety initiative.

The Board noted the report.

8. QUALITY COMMITTEE REPORT

AG informed the Board and attendees that the report should be read in the context of the operational challenges reported, noting that staff were working under unrelenting pressure. The Quality Committee continued to fulfil its role in interrogating data and seeking assurances that all services are safe.

The report was taken as read.

9. FINANCE, INVESTMENT & PERFORMANCE COMMITTEE REPORT

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

The report was taken as read.

10. HOSPITAL REDEVELOPMENT COMMITTEE REPORT

MP had given apologies so MB summarised the report on the progress of the Redevelopment Programme for the Board. The FBC for the Acute Services Block and New Ward Block on the Luton and Dunstable site had been approved by HM Treasury and the Trust was now in contract with Kier; work had commenced on programme on the 24 January.

The Board noted the report.

11. CHARITABLE FUNDS COMMITTEE REPORT

SL introduced the report to the Board and it was taken as read. It was noted that several fundraising campaigns were approved and underway and a charity ambassador had been appointed to support the charity team in projects.

The Board noted the report.

12 WORKFORCE COMMITTEE REPORT

The report was taken as read and AD informed the Board that much of the report had been covered by previous discussions.

It was noted that over two and a half thousand staff members had attended the December staff engagement events where there had been a focus on health and wellbeing.

The Board noted the report.

13. DIGITAL STRATEGY COMMITTEE REPORT

SB introduced the report to the Board and it was taken as read. It was noted that the team were working extremely hard and several projects were underway to improve cross site integration.

SL noted that the Governors had expressed interest as to when there would be one email address across sites and it was noted that this was being trialled by staff as part of the Office 365 rollout.

The Board noted the report.

14. SUSTAINABILITY COMMITTEE REPORT

SL introduced the report to the Board and it was taken as read. It was noted that the Trust was measuring itself against 7 objectives and was close to achieving all objectives. SL commended the team who were working with limited resource to achieve the sustainability agenda.

The Board noted the report.

15. RISK REGISTER

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

The Board noted the report.

16. CORPORATE GOVERNANCE REPORT

The report was taken as read

The Board noted the report

17. DETAILS OF THE NEXT SCHEDULED MEETING:

Wednesday 4 May 2022, 10.00 – 12.00.

CLOSE

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

Board of Directors

Wednesday 4 May 2022

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

Report summary		
1.	Integration Update	
2.	Covid-19 Update	
3.	104+ week wait	
4.	Infection Control Report	
5.	Learning from Deaths Board	
6.	Medical Education Update	
7.	Management of CQUIN	
8.	Nursing & Midwifery Staffing Report	
9.	Information Governance Quarterly Report	
10.	Ockenden Review of Maternity Services	
11.	Freedom to Speak Up	
12.	Estates and Facilities Update	
13.	Communications and Fundraising Update	
14.	Policies and Procedures Update	
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	NHS England NHS Improvement Equality Act CQC All Trust objectives	

1. INTEGRATION UPDATE

The Integration and Transformation Team have been focusing on formulating the Overarching Clinical Strategy for the Trust. A strategic framework outlining key principles and themes will be presented to internal stakeholders by May/June 2022 with a view on the strategy evolving over the coming months and the production of detailed Clinical Service Line (CSL) strategies by the end of 2022.

The Clinical Validation Committee (CVC) and Clinical Strategy Board (CSB) remain in place and CSLs continue to submit their strategic proposals for discussion and approval at both groups in order to shape the Overarching Clinical Strategy.

Phase Two of the Clinical Strategy (post May 2022) will focus on the three key enablers of the Overarching Clinical Strategy; Workforce, Estates and Digital.

- Workforce; ongoing work to pull together the many workforce strands including extended roles, recruitment & retention and OD & Culture
- Estates; a categorisation matrix has been drafted for use with CSL Estate enablers of the Clinical Strategy to test over the next month in order to populate the Site Control Plan for the Trust
- Digital; the three key pathways as part of the Overarching Clinical Strategy development will be mapped (inpatient, outpatient and theatres) with a view of assessing the digital integration requirements

Focus will also be on stakeholder engagement, modelling and the use of the current governance structure for driving the strategy agenda i.e. Cross Cutting Boards.

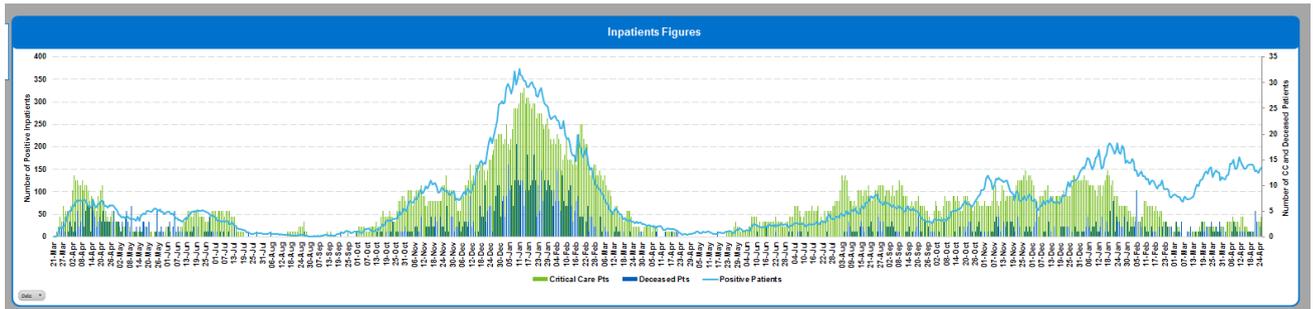
A full communication & stakeholder engagement plan is in place with a view of having a Leadership Engagement Event in either May or June to engage with the Senior Leaders of the Trust and increase ownership and awareness of the Clinical Strategy. The Integration Team will also be publishing an intranet page with information, provide regular updates in the weekly newsletter and present at Trust wide functions.

2. COVID-19 UPDATE

Bed occupancy with Covid-19 positive patients dropped steadily from a peak of 209 (both sites) on the 19th January to its lowest point so far in 2022 of 78 on the 6th March. We then experienced a rapid climb back up to over 150 occupied beds by the 23rd March with weekly variation of +/- 25 around that sustained average as shown in the blue line below.

Critical care occupancy has remained at between 1 – 4 Covid positive beds since the end of February, which is a marked difference from the high numbers seen during the peak in January 2022.

Staff absence due to Covid remains a significant operational pressure on top of the pressure caused by March and Easter annual leave.



A number of the national guidance documents were updated during April and the local guidance for implementation across the Trust is to be issued w/c 25/04/22. The guidance supports a relaxation in a number of the control measures that have been in place, and the Trust is adopting a step wise approach to changing guidance, with a three-weekly review and update over the course of spring / summer 2022.

3. 104+ WEEK WAITS

The NHS Operating Plan for 2022/23 set out the ambition that by July 2022 there will be zero 104 week waits for elective treatment. Locally in BLMK it was agreed that the stretch aspiration should be to hit this target four months early. As at the end of March 2022 there were just 9 patients still waiting beyond 104 weeks for their treatment. All the teams involved worked extremely hard to realise our aspiration of zero 104+ week waiters, and whilst unfortunately these 9 patients were not able to be treated earlier, the significant work to ensure that over 400 patients who needed treating in time to avoid becoming a 104+ breach at the end of March was a tremendous co-ordinated effort. The Trust is well placed to ensure that the zero target is achieved from the end of May (excluding any patients who cannot be treated because they have Covid-19 infection) and the number of patients waiting in the longest categories is being carefully managed to ensure a steady reduction towards our next goal of zero 78+ week waiters by March 2023.

Overall the waiting list has been growing as the number of referrals coming into the Trust has increased steadily over the last 18 months. Re-opening outpatient capacity as waiting room restrictions are lessened will help to stem and reverse this growth. Services are working on activity forecasts based on a reasonable case scenario as part of finalising their 2022/23 planning process and our operational planning focussed on the need to stabilise and reduce the overall number of open pathways by delivering activity at 110% of the 19/20 baseline level. This will be operationally managed weekly through the service level PTL meetings, and progress will be monitored closely and reported monthly to Quality Committee and FIP.

4. INFECTION CONTROL REPORT

COVID-19

Omicron BA.2 is the predominant COVID 19 strain in the UK. Other variant strains continue to emerge and are being monitored nationally and in major centres worldwide.

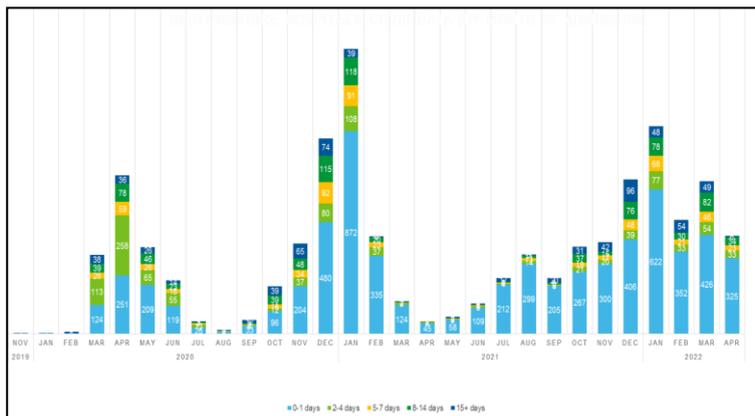
Patients contracting COVID-19 generally report mild to moderate short lived illness. Hospitalisations due to COVID 19 in March were higher than in the previous month in both Trust hospitals with outbreaks reported on number of ward areas. However, admission to intensive care and death remains low. Reduction in self-isolation measures for members of the public and the NHS have been announced recently. It is hoped that the high vaccine uptake will provide enough immune protection to prevent severe disease in the majority of the people.

TESTING for COVID-19:

From April this year there are several important changes in testing that have been recommended. There is greater dependence on Lateral Flow Assays as compared to PCR and the schedules for testing for patients and staff has also been revised. The Trust has issued fresh guidance and will continue to monitor the impact of these changes.

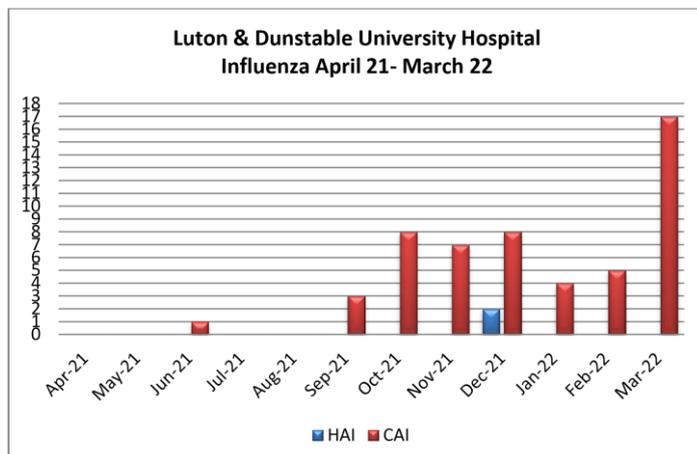
VACCINES:

It is anticipated that with the expected transformation of COVID-19 from a pandemic virus to a seasonal / annual event vaccines will be offered along the lines of the annual influenza vaccine. Vulnerable patient groups are being offered a fourth dose of vaccine. The vaccine is now being offered to younger age groups.



OTHER RESPIRATORY INFECTIONS:

A minor spike in Influenza A infections has been reported in patients at the L&D. Other seasonal respiratory infections remain low.



Infections monitored by the Infection control teams:

A summary of key infections is presented below:

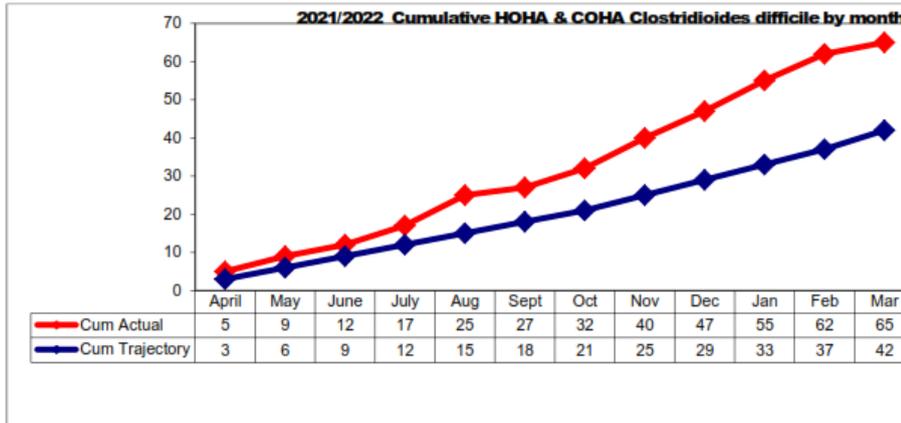
Luton		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Totals (on going)
MRSA	HAI	0	0	0	0	0	0	0	0	0	0	0	0	0
	CAI	0	0	0	0	0	0	0	1	0	0	0	0	1
Bacteraemia	HOHA	3	1	1	2	4	1	2	4	3	4	1	0	26
	COHA	1	0	4	1	1	1	2	1	2	1	0	0	14
	COIA	1	0	1	1	2	0	0	1	0	0	0	1	7
	COCA	1	3	1	2	2	4	2	4	2	0	0	3	24
E.coli	HAI	1	1	1	3	1	3	1	0	3	1	0	2	17
	CAI	17	13	11	15	7	13	13	13	8	21	8	11	150
MSSA	HAI	1	0	1	0	1	3	1	2	0	0	1	1	11
	CAI	1	2	1	3	4	5	4	6	2	2	1	3	34
Pseudomonas	HAI	0	1	1	1	1	0	1	1	0	0	0	1	7
	CAI	2	0	1	2	1	1	1	2	0	0	1	2	13
Klebsiella	HAI	0	1	2	0	0	0	0	0	2	4	0	2	11
	CAI	2	2	0	3	5	2	4	5	1	3	4	3	34
MRSA Screen	HAI	5	2	11	3	2	4	4	2	3	4	1	8	49
	CAI	21	19	19	17	21	25	23	23	20	22	18	23	251
MRSA Clinical	HAI	2	0	0	5	3	2	1	1	2	2	3	2	23
	CAI	11	4	5	10	9	9	7	6	7	2	2	10	82
VRE	HAI	6	0	2	1	3	1	2	3	1	3	1	6	29
	CAI	1	0	1	1	1	2	4	0	1	0	3	2	16
CPE	HAI	0	0	0	1	0	0	0	0	0	0	0	0	1
	CAI	0	0	1	0	0	0	0	0	1	0	0	1	3
MDRO	HAI	12	9	15	5	8	4	4	13	8	7	5	7	97
	CAI	31	26	26	21	29	22	14	18	11	11	12	4	225
FLU	HAI	0	0	0	0	0	0	0	0	2	0	0	0	2
	CAI	0	0	1	0	0	3	8	7	8	4	5	17	53
RSV	Total	0	1	8	38	34	48	160	69	10	1	3	2	374
Norovirus	Total	0	1	2	2	11	13	3	2	2	5	0	14	55

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	1	0	0	0	0	0	1	
	CAI	0	0	0	0	0	0	0	1	0	0	0	0	1	
C.diff	HOHA	1	2	0	1	2	0	1	2	1	1	4	3	17	
	COHA	0	1	1	0	1	0	0	1	1	2	2	0	7	
	COIA	0	1	1	1	0	2	0	1	2	0	0	0	8	
	COCA	1	1	2	2	0	1	1	0	0	1	0	0	8	
E.coli	HAI	3	1	0	2	2	2	6	0	2	0	1	2	21	
	CAI	6	12	4	6	10	14	7	6	5	6	6	2	78	
MSSA	HAI	0	1	0	2	0	0	0	1	1	1	1	0	7	
	CAI	1	0	2	1	0	2	0	1	3	3	0	2	15	
Pseudomonas	HAI	0	0	0	1	1	2	0	0	0	0	0	1	5	
	CAI	0	1	1	0	1	0	1	0	0	0	0	0	4	
Klebsiella	HAI	1	0	1	1	0	0	2	0	1	1	1	2	9	
	CAI	1	0	0	2	1	0	2	0	2	0	0	0	8	
MRSA Screen	HAI	5	0	0	0	0	0	0	15		3	0	0	23	
	CAI		3	5	2	3	0	1				2	3		19
MRSA Clinical	HAI		1	0	1	0	0	0				2	1	0	5
	CAI		2	4	1	3	0	0					5	2	
VRE (ALL)	HAI	2	0	1	2	0	0	0	3			4	0	2	14
	CAI		2	3	1	0	0	0					1	1	
CPE	HAI	0	0	0	0	0	0	0	0			0	0	0	0
	CAI		0	0	0	0	0	0					0	0	
MDRO	HAI	0	0	0	1	0	0	1	0	0		0	1	0	3
	CAI	0	0	0	1	0	0	0	0				0	1	
FLU	HAI	0	0	0	0	0	0	0	0	0	0		0	0	0
	CAI	0	0	0	0	2	0	0	0				5	1	
RSV	Total	0	0	0	0	11	0	0	0			2	1	0	14

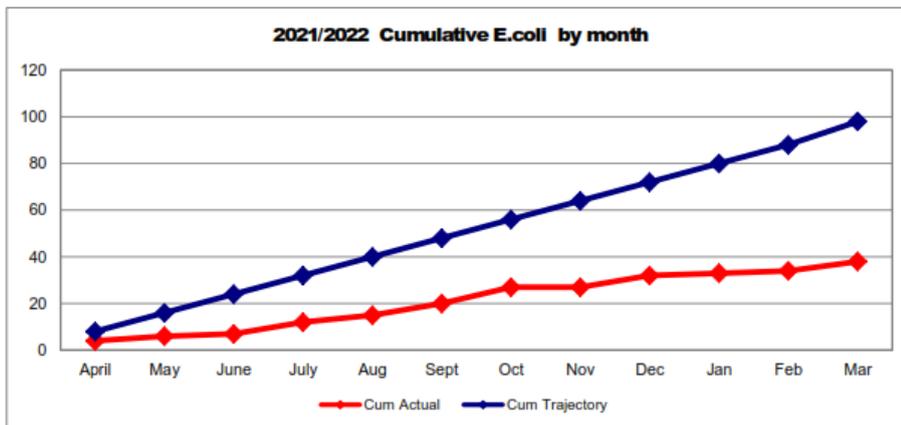
Mandatory reporting of bacteraemia due to E.coli, Klebsiella spp, Pseudomonas aeruginosa and Staphylococcus aureus and Clostridioides difficile diarrhoea

The Trust is monitored against a trajectory based on results of previous years with an expectation of year on year reduction in hospital acquired cases. Case numbers for infections due to *Clostridioides difficile* are above the allocated trajectory for hospital acquired cases.

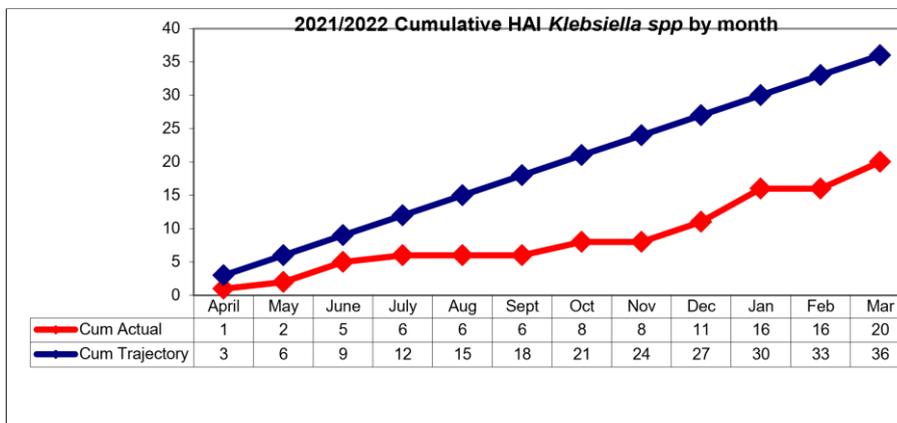
***Clostridioides difficile* Hospital Acquired infections 2021/22. Age > 2yrs, Hospital >1day (admission day is Day zero)**



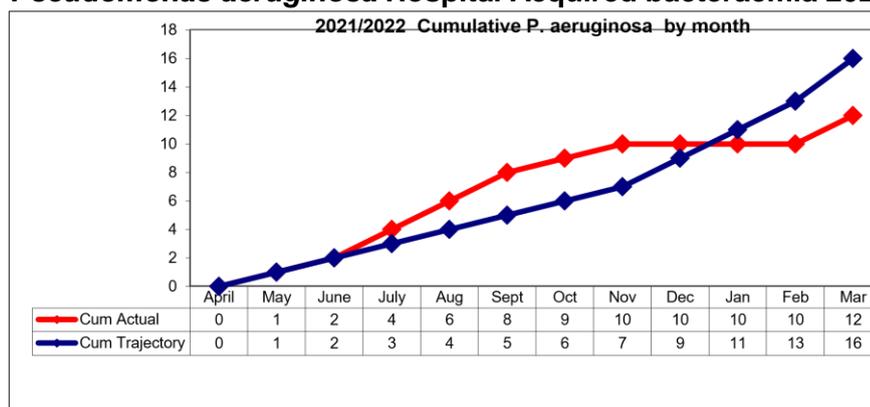
***E.coli* Hospital Acquired bacteraemia 2021/22.**



***Klebsiella* Hospital Acquired bacteraemia 2021/22**



Pseudomonas aeruginosa Hospital Acquired bacteraemia 2021/22



Rediroom – instant patient isolation room

Rediroom is a portable isolation unit on wheels which can be set up in any ward area allowing instant patient isolation. It is anticipated that these units will allow greater flexibility with management of the infectious patients.

5. LEARNING FROM DEATHS QUARTERLY REPORT 2021/22 Q2

Mortality review process update

From 1 February 2022 Medical Examiners (MEs) at Bedford Hospital are entering primary mortality reviews directly on DCIQ. This will support monitoring and reporting. Additional improvements in DCIQ functionality have also progressed to better support triangulation of case reviews with incidents, complaints and LIRP, PEARL panel outcomes.

Work continues with the clinical service lines to support learning, including identifying themes and highlighting aspects of care for quality improvement. From December 2021 all completed SJRs are now shared with the service line triumvirate to inform case discussion at governance forums. A mortality and morbidity meeting toolkit has been developed and has been tested at the first cross site cardiology mortality meeting held in March 2022.

Mortality review data

The following tables provide a breakdown and further detail on the deaths occurring within Q3.

Table 1 Summary of Q3 2021/22 deaths, (no.619) by age and gender

	No. deaths	Gender		Age (years)	Age (years)	Age (years)
		Male	Female	Range	Mean	Median
Bedford	257 (43%)	141	116	23 - 102	79	79
L&D	346 (57%)	188	158	31 - 101	82	82
Bedfordshire Hospitals	603	329	274			

*excluding paediatric deaths (LDH, no. 2, aged 8, 16 years) and stillbirths (no.14, BH 5, LDH, 9)

Table 2 Summary of all deaths in Q3 2021/22 month (1 October - 31 December 2021)

Deaths by month in Q3 2021/22	Bedfordshire Hospitals	Bedford	L&D
October	185 (30%)	81 (31%)	104 (29%)
November	211 (34%)	94 (36%)	117 (33%)
December	223 (36%)	87 (33%)	136 (38%)
Total No.	619	262	357

The total number of deaths for Q3 2021/22 is 2% (no.10) greater than for Q3 2020/21 across Bedfordshire Hospitals (BH, +7, LDH - 17).

In Q3 2021/22 for Bedford Hospital there were 45 excess deaths compared to the 5 year pre-COVID average and in comparison to 38 excess deaths in Q3 2020/21 (20/38 attributable to December 2020, marking the beginning of the second peak in excess deaths since the start of the pandemic).

In Q3 2021/22 for Luton and Dunstable Hospital there were 42 excess deaths compared to the 5 year pre-COVID average and in comparison to 58 excess deaths in Q3 2020/21 (all attributable to December 2020).

Table 3 Summary of all deaths in Q3 2021/22 deaths by ethnicity

BH- Ethnic Group	No. patients	LDH- Ethnic Group	No. patients
Any Other Asian background	4	Any Other Asian background	2
Any Other Black background	1	Any other Ethnic Group	1
Any Other White background	15	Any other Mixed background	1
Bangladeshi	2	Any Other White background	12
Black African	1	Bangladeshi	6
Black Caribbean	2	Black - African	1
Indian	5	Black - Caribbean	8
Irish (White)	3	Indian	6
Not Specified	5	Not stated - ask patient	30
Other Ethnic Group	1	Pakistani	21
Pakistani	2	Refused to give	1
White (British)	221	White - British	258
Total no. patients	262	White - Irish	10
		Total no. patients	357

The percentage of deaths occurring within 24 hours of admission demonstrates a consistently higher percentage at LDH compared to BH and differing peak months (Figure 1). All deaths occurring within 24 hours of admission are subject to review by a Deputy Medical Director, with findings presented at the monthly Learning from Deaths Board.

Figure 1 Percentage of deaths within 24 hours of admission in Q3 2020/21 and 2021/22



From 10 November 2021 all nosocomial deaths are referred for SJR. This is in addition to presentation of thematic reviews for nosocomial COVID-19 at the Learning from Deaths Board. This additional criteria for referral for SJR has contributed to the increase in total no. of SJRs requested compared to Q2 (no.45) compared to Q3 2021/22 (no. 108). Of the 52 completed SJRs for Q3 deaths 13 (25%) were referred due to nosocomial COVID-19.

Primary and Structured Judgement Reviews (SJRs)

SJR outcomes and impact on learning from deaths will be more fully represented on completion of all those outstanding for patients who died in Q3 2021/22 (no.56/108, 52%, as of 18/03/2022).

Table 4 Primary reviews completed and Structured Judgement Reviews (SJRs) requested and completed in Q3, 2021/22

	Total no. deaths Q3	Total No. Primary reviews completed Q3	Total No. SJRs Requested (Q3)	Total No. SJRs completed for deaths in Q3
Bedfordshire Hospitals	603	537 (89%)	108 (20%)	*52/108 (48%)
Bedford	257	147	40	17/40 (43%)
L&D	346	390	68	35/68 (51%)

Includes 4 SJRs completed awaiting approval*

SJRs allocated and awaiting completion for deaths in Q3.

Total no: 56, (BH, 23 and LDH, 33), (as of 18/03/2022)

In addition to an increase in the number of SJRs requested, largely driven by nosocomial case referral, 23 more SJRs have been completed in Q3 (no. 52) compared to Q2 2021/22 (no. 29), an increase of 79%.

ME concerns account for the highest reason for referral at LDH (no. 24), reflecting the higher percentage of primary reviews undertaken compared to BH (figures 2a and 2b).

Figure 2a Reason for referral (no.,%) for SJR, Bedford Hospital in Q3 2021/22 (no. 17)

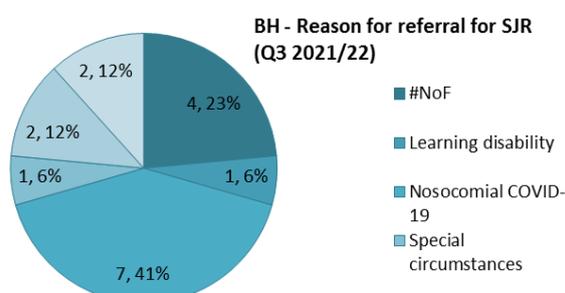


Figure 2b Reason for referral (no.%) for SJR, Luton and Dunstable Hospital in Q3 2021/22 (no. 35)

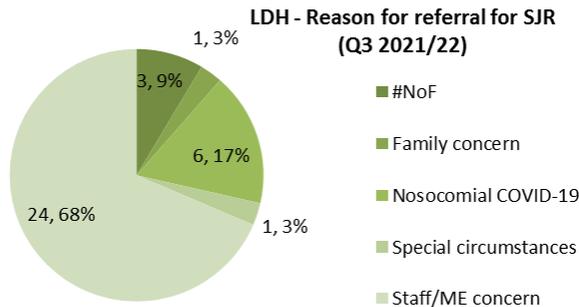


Table 5 Avoidability scores assigned (no.52) for deaths in Q3 2021/22 and referred for SJR

Avoidability Score	No. cases (All SJRs, no.52)
Score 1: Definitely avoidable	0
Score 2: Strong evidence of avoidability	0
Score 3: Probably avoidable (more than 50:50)	2
Score 4: Possible avoidable but not very likely (less than 50:50)	9
Score 5: Slight evidence of avoidability	11
Score 6: Definitely not avoidable	30
Total no. SJRs	52

NB. Note data subject to change following completion of outstanding SJRs (no.52).

Potentially preventable deaths (avoidability score, 3) account for 3.8 % (n=2) of completed SJRs to date (no.52/108, table 5). If the 56 SJRs awaiting completion for the deaths occurring in Q3 are included, the 2 cases equates to 1.8%. This is assuming no additional avoidability scores of 1, 2 or 3 are allocated. An update will be provided in Q4 2021/22 reporting.

Of the 2 cases assigned an avoidability score of 3, one case went to PEARL panel, where following referral to HMC and for post mortem the threshold for a serious incident was not met. The second case has been referred for PEARL panel discussion, awaiting the outcome.

In total, for all 52 SJRs completed, 6/52 cases were referred for PEARL panel discussion, including the 2 cases with an avoidability score of 3, for the remaining 4/6 (avoidability score 4 - 6), 1/4 was declared an SI (please see below re: formal complaint), and for 3/4 an After Action Review (AAR) was requested.

5/52 cases were presented at LIRP, 2/5 progressed to a PEARL panel (included in above), and for the remaining 3 cases a local investigation was requested.

Of the 52 cases completed there was one formal complaint raised, this related to DNACPR decision making, nosocomial COVID-19, visiting restrictions and communication. Following primary review, the case was referred for SJR in view of a fractured neck of femur, and an avoidability score of 5 (slight evidence of

avoidability) was assigned. The case was also presented at PEARL where an SI was declared as this case was part of a cluster of nosocomial deaths.

No formal complaint has been raised for the 1/52 cases referred due to a family concern (LDH). The case was referred for PEARL discussion (included above) with a decision for an AAR.

Next Steps

Following completion of the outstanding SJRs for Q3 (no.56) and for Q2 (no. 10), the Q4 2021/22 LfD report will provide an update for deaths occurring in this timeframe, including the avoidability judgements assigned and learning identified. (July 2022)

Meeting scheduled with MD, MEs and reviewers to identify a recovery plan to ensure timely completion of SJRs to support learning from deaths across the clinical service lines. (3 May 2022)

Work with the clinical service lines is ongoing to ensure learning from deaths is embedded within their quality governance activities.

This includes:

- increase in knowledge and understanding of the mortality review process, including how SJRs inform learning
- ensuring mortality forums are established across the Trust as part of effective quality governance
(Stocktake of mortality review arrangements to be undertaken, to be included in Q4 reporting)

6. MEDICAL EDUCATION UPDATE

Luton site:

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

The Education team have submitted a bid to host more medical students from UCL and become a formal 4th site for the Medical school. We will hear the outcome of the bid in the first week in May.

Bedford site:

The supportive Senior Leader Engagement (SLE) meeting with HEE and the Trust continue on a 6weekly basis. HEE are planning a virtual learner event in June and if the feedback at the event is good some of the longstanding risks will be closed. The learner listening event is for juniors and educators.

The University of Cambridge are undertaking a review of Medical student placements at the Bedford site in May.

Across the sites:

The GMC survey is currently under way and we anticipate the results in the summer.

The Education department have aligned some of the policies across the 2 sites (job planning for educators; study leave and training needs for educational roles). The team have also developed a non-clinical structure with a Band 8a having oversight of the Educational admin team and facilities.

7. MANAGEMENT OF CQUIN

Following the suspension of the Commissioning for Quality and Innovation (CQUIN) scheme in 2020/21 and 2021/22, Nine Acute CQUINs have been reintroduced from April 2022. Five of which are financially incentivised at 6.4M of expected annual contract activity. All Acute CQUINs are support and guided by the of the Clinical Safety Improvement team who monitor progress / issues /rag ratings and escalate to CQUoB any concerns. CQUINS listed below:

CCG1 Flu vaccinations for frontline Healthcare workers
CCG2 Appropriate Antibiotic prescribing for UTI in adults aged 16+
CCG3 Recording of NEWS score, Escalation and Response Time for unplanned Critical Care Admissions
CCG4 Compliance with Timed Diagnostic Pathways for Cancer Services
CCG5 Treatment of community acquired pneumonia in line with BTS care bundle
CCG6 Anaemia screening and treatment for all patients undergoing major elective surgery
CCG7 Timely communication of changes to medicines to community pharmacists via the discharge medicines service (DMS)
CCG8 Supporting patients to drink, eat and mobilise after surgery
CCG9 Cirrhosis and fibrosis tests for alcohol dependent patients

The ongoing impact of operational pressures and workforce challenges associated with the ongoing COVID pandemic and the Elective Recovery programme, means that progress will be challenging as CQUINs are delivered by frontline staff. Data collection, varying IT systems and audit of clinical records also remains challenging within this context. There are three RED rag rated CQUINS to highlight at the start of this Q1:

- CCG1 Flu vaccinations for frontline Healthcare workers
- CCG4 Compliance with Timed Diagnostic Pathways for Cancer Services

CCG7 Timely communication of changes to medicines to community pharmacists via the discharge medicines service (DMS)

8. NURSING & MIDWIFERY STAFFING REPORT

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

9. INFORMATION GOVERNANCE QUARTERLY REPORT

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

10. OCKENDEN REVIEW OF MATERNITY SERVICES

The following reports are **attached as Appendices 3a and 3b:**

- Ockenden Review of Maternity Services – One Year On
- Ockenden 2 The Final Report

11. FREEDOM TO SPEAK UP (FTSU)

Concerns raised on the Bedford site

There were seven new and two ongoing concerns carried forward in Quarter 4. All were primarily about attitudes and behaviours:

- four referred to lack of support
- five had an element of bullying and harassment
- two an element of patient safety
- two wished to remain anonymous

One case was resolved internally, three are ongoing but are being handled at Executive level, four have been resolved via HR/OD processes and one is still ongoing.

Concerns raised on the L&D site

There were 10 new cases for Quarter 4. These were primarily about attitudes and behaviours:

- three were reported anonymously
- six had an element of bullying and harassment
- three had an element of patient safety
- three had an element of worker safety
- two had a fear of detriment as a result of speaking up due to perceived lack of support from senior managers in the department

Most cases have been resolved to the satisfaction of the staff member but there are a few that are ongoing.

On both sites the Guardians recognise the importance of access to members of the Trust Board in dealing with these issues and the importance of working with OD colleagues to achieve an early respectful supported resolution wherever possible.

Feedback on the temperature of the hospitals

The Peer listeners report to the Trust's Clinical Psychologist for support and feedback on the trends and issues raised by staff. Recent themes include work-related stress, concerns about staffing levels due to sickness absence and an

increase in Covid cases, shift patterns, difficulty with managers and managing change.

Education and Training

The FTSU video produced by Communications has now been launched and is on the Intranet. It is now being used in training events and forms part of the Trust Induction.

Staff Survey 2021 - Raising concerns questions

The 2021 national staff survey ran from September to December 2021. Within the survey there are two pairs of questions relating to raising and responding to concerns and two local questions were asked. An action plan for areas for improvement is being prepared.

12. ESTATES & FACILITIES UPDATE

Staffing:

Estates and Facilities services on both sites continue to be challenged over the past period with increased activity, sickness, COVID isolations and annual leave requirements. Teams have been able to maintain a high level of service with little or no impact on the site operations. Additional staffing / support has been secured via agencies and local contractors.

ERIC (Estates Return Information Collection) & Maintenance Backlog:

The annual ERIC reporting cycle has commenced for the 2021/22 return. This return captures both Estates and Facilities services. The first stage is submission of Trust maintenance backlog figures at the end of April '22 for which preparations have begun with commissioning of estates surveys and reviews of work completed in the last year. The full ERIC return submission is required for the end of June '22.

Hard FM Services - Luton & Dunstable

Ventilation:

System verifications and servicing for the period have been completed.

Medical Gas:

MES Ltd have been engaged to survey and produce updated drawings of the entire site medical gas installation. Updated drawings have now been received and are being reviewed by estates team and our External Authorising Engineer as part of the system audit.

Asbestos:

Residual asbestos residue has been identified on insulated pipe work in four plant rooms on the site as part of detailed intrusive surveys. Notifications have been issued to the HSE and works are underway to remove this residual asbestos in advance of Centrica energy centre district heating works.

In addition to the above, residual asbestos has been identified in some of the service tunnels which have recently undergone a major clearance exercise. This has been as a result of moving or replacing services within the tunnels in and around encapsulated asbestos. Actions are under way to remove this and enhanced security access controls are being introduced.

All routine asbestos inspections have been completed for this period.

Luton and Dunstable Estates Capital Projects:

Fire Compartmentation / Fire Door Replacements:

The extent of fire compartmentation works is nearing completion across the site with only a few numbers of areas delayed due to COVID restrictions.

Replacement fire door programme commences on site in January and will continue into the new financial

Emergency Lighting:

Works to expand the sites automated emergency lighting system infrastructure is well underway on site. Once completed the surgical block will be the first block to see new emergency lights installed and connected to this automated system. An emergency light replacement programme will continue into future financial years.

Ventilation Works:

Design and tendering works are progressing on further upgrades / replacements Air Handling Units to OPD, Chemotherapy, Pathology Department and units serving the Medical Block.

Hard FM Services – Bedford Hospital

Water:

A new Silver-Copper dosing plant for Beeden House has been completed. This is the first building at Bedford Hospital over the coming months the team will hopefully start to see the benefits of this technology, improving water quality.

Ventilation:

Annual verifications of critical ventilation systems for 2021/22 remains on schedule.

Electrical:

Fixed Wire testing for 2020/21 still has a small number of areas outstanding before the programme is complete. The balance off these works will be captured in the first quarter of the new financial year with access restrictions being less of a restriction.

Asbestos:

All routine asbestos inspections have been completed for this period. The department's electronic register has been updated.

Fire:

Works to the Britannia House external fire escape staircase have been completed.

Fire compartmentations works are due to commence across the site with invasive fire compartment surveys in the Cauldwell Building. Compartmentations works will continue to be a theme on the estates capital programmes in coming years.

Soft Services Updates

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.

New standards and reporting will be introduced in May, as per NHS requirements.

Luton and Dunstable Cleaning Scores	Target Score	January	February	March
Very High Risk (New FR1)	98%	97.28%	97.61%	97.64%
High Risk (New FR2)	95%	95.05%	95.53%	95.23%

Soft FM Services – Bedford

Domestic Services:

A new cleaning monitoring tool has now been introduced on site and is currently being aligned to the new NHS cleaning standards. Positive feedback continues to be received from patients.

Bedford Hospital Cleaning Scores	Target Score	January	February	March
Very High Risk (New FR1)	98%	98.22%	98.52%	98.43%
High Risk (New FR2)	95%	98.69%	98.50%	98.69%

13. COMMUNICATIONS AND CHARITIES

COMMUNICATIONS

External Communications and Media

Media activity considerably increased over the January to April period, with the communications team dealing with 52 media enquiries across both hospitals. This was a 63% increase compared to the previous period.

Media enquiries were mainly themed around Lassa fever patients and the major incident status the region declared following this. Other themes included, mandatory staff COVID vaccinations, operational pressures, maternity and elective waiting

times. Due to the nature of these media enquiries, most requests were from national media representatives this period.

We continued to work closely with our health partners' (NHS England – East region, Health Security Agency and BLMK ICS communications teams on most media related issues to ensure that there was a joined up approach across the system in terms of responses, stats etc.

Positive stories reported in the local press included the final funding approval of over £100m for the Luton and Dunstable redevelopment project – new Acute Services Block, Government funding for the redevelopment of the Cauldwell Centre at Bedford Hospital to improve outpatient services, local charity donation to improve Bedford Hospital Emergency Department and the L&D NICU receiving BLISS accreditation.

The communications team received approximately six media requests to film in the hospital and interview spokespeople during this period. These requests were mainly covering the operational pressures the COVID-19 pandemic is still having on hospitals. We were unable to accept and facilitate all requests but did go ahead with two requests in January where Cathy Jones, Chief Operating Officer / Deputy CEO and David Kirby, Emergency Department Consultant / Deputy Medical Director were interviewed on the L&D Hospital site for BBC Look East.

The Communications team are organising a programme of refresher media training for key senior managers and clinicians over the next few months.

Social Media

Hospital site	Social channel	media	Number likes/followers	of	Increase from June 2021
Bedford	Facebook		7,545		+115
L&D	Facebook		10,137		+135
Bedford	Twitter		6,668		+132
L&D	Twitter		6,115		+158
Bedford	Facebook Maternity Page		4,608		+56
L&D	Facebook Maternity Group		2,112		+123

A few highlights from January to April on social media channels include:

- Supported COVID-19 messaging, particularly around vaccination during pregnancy and Trust guidance for outpatients, lateral flow tests, visiting changes and attending ED.
- Redevelopment posts continue to receive a high reach and engagement on the L&D accounts, which are now expanding to the Bedford accounts

L&D

- Vehicle restriction on site – 26k
- Emergency Department video update – 5k
- Main scheme water attenuation tank – 4.8k

- Occupational health building demolition – 6k
- Energy Centre topping out ceremony – 4k

Bedford

- Cauldwell Centre project update – 1k
 - Site tour progress – 3k
 - Second site tour progress – 4k
- Throughout this period, we have supported a variety of awareness campaigns including Time to Talk Day, World Cancer Day, LGBTQ History Month, Eating Disorder Awareness Week, Endometriosis Awareness Month, World Kidney Day, Young Carers Day, Patient Safety Awareness Week, Ovarian Cancer Awareness Month and Purple Day.
 - We held campaigns for National Apprenticeships Week, Overseas Workers Day, International Women's Day and Health and Care Academy Week. International Women's Day was focused around Break the Bias and was one of our best-received campaigns to date with every post reaching between 4k and 11k.
 - We have received a number of request to support with promoting and advertising job vacancies including HCAs, Nursing Associates, Enhanced Recovery Nurses, Rheumatology Medical Secretary and Stroke Unit nurses,
 - We have started publishing long service retirement messages, which have been well received by past and present colleagues.
 - We have introduced publishing our team of the month, individual of the month and DAISY award winners, which receive great recognition.
 - The L&D's NICU receiving BLISS accreditation reached over 21k
 - There has been a focus on signposting to other health services, with one post reaching over 23K.
 - Positive reaction to St John Ambulance volunteers.

Website

During this period, we had 199K users visit our website with 438K sessions.

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

- Job vacancies
- Blood tests
- Patient and visitors (L&D)
- Cancelling/change appointment (L&D)
- Visitors at our hospitals
- Contact us

Intranet:

Bedford

During this period, we had 37K users visit our website with 273K sessions.

The most visited pages have been:

- Do it online
- Clinical hub

- COVID-19 updates
- Clinical guidelines
- Staff hub

L&D

During this period, we had 19K users visit our intranet with 163K sessions.

The most visited pages have been:

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

Internal Communications and Events

Staff communications and engagement remains a key focus for the communications team. As we continue to respond to the pandemic and get used to new ways of working, effectively communicating and engaging with staff has never been so important.

The Microsoft Teams platform continue to be in frequent use to enable meetings to take place remotely and virtually and allowed us to successfully facilitate and support the below forms of staff communications:

- Operational Briefings led by the COO/Deputy CEO to Senior Managers
- Monthly virtual All Staff Briefings led by the CEO with input from members of the Executive Team
- Virtual one-off live events for staff engagement events – Good, Better, Best
- Dedicated COVID-19 section on the intranet
- COVID-19 E-Briefings
- Staff recognition and award programmes (Team/Individual of the Month, DAISY awards)

The new Communications Strategy for the organisation will set out clear objectives for digital improvements, internal communications, stakeholder engagement and brand development for the next two years (2022 – 24). This strategy will outline some key developments and objectives for the communications department, which will include:

- Introduction of a new staff app
- Discussing options for digital screens to be placed throughout the organisation to display key messages for patients and staff
- Further development of the staff intranets
- Development of our social media channels.

CHARITIES

Current Appeals:

The Charity launched three appeals in February 2022:

- The L&D ED Appeal including ultrasound equipment, central monitoring system, paediatric ED play specialist and equipment. The total to fundraise is £272k.
- Children's Ward Resuscitation and Stabilisation Room Appeal. The total to fundraise is £78k.

Trusts and Grants:

Following the launch of the Charity Appeals, £133,170 has come through grant giving Trusts towards this. The breakdown of donations is as follows:

- Central Monitoring System has been agreed to be fully funded by a local warm funder: The Amateur's Trust have pledged £88,170.
- Paediatric Stabilisation and Resuscitation Room:
 - £1,000 from the Arnold Clark Community Fund
 - £10,000 from the Hobson Charity
 - £10,000 from the Wixamtree Trust
 - £15,000 Mrs B L Robinson Trust
- Paediatric ED Technology Items:
 - £3,000 from the Grace Trust
 - £2,000 from Action for Sick Children
- Bedfordshire and Luton Community Foundation have approved a £5400 grant to support the Take HeART group for art based workshops and events, in line with the Jubilee celebration in June.

NHS Charities Together (NHSCT):

- NHSCT have approved the final £29,407 of the £445,533 allocation the BLMK ICS. The funds will be distributed to the existing organisations approved by NHSCT that have requested the additional funding.
- The Charity are liaising with NHSCT to determine and approve projects to be supported utilising the Second Wave emergency spends, including the Take HeART workshops.
- The Charity are currently reviewing the Development Grant opportunity that has been recently released.

Community Fundraising

- Current focus has been on rebuilding community engagement, with attention on seasonal activities, such as Easter and Ramadan. The Team have been back out attending events.
- Some of the recent activities through the community are listed below:
 - The charity received hundreds of Easter eggs and hampers across both hospital sites for staff and patients with an approximate value of £1200. These came from supermarkets, local businesses and community groups.
 - Harpenden Town Council donated £3353.42 towards NICU
 - Dunstable Town Football Club raised £5000 towards Cancer services.

- The spring quiz night sold out, to be held in May 2022.
- Challney High School for Boys raised £325.10 for World Book Day 2022
- Challney Girls High School donated £10,000 towards Cancer services.

Corporate Fundraising

- The Charity held its first Community Connections meeting in March 2022. Local business leads attended with talks by Janet Graham and Melanie Banks. The event was well received and offered up potential support from five of the businesses that attended.
- Foxley Kingham has selected the charity to support over the forthcoming year, specifically part of the Paediatric ED Appeal.
- Kier have selected the charity as a local partnership, they are looking at ways to support and have already contributed Easter eggs for paediatric and St Marys wards.
- Dominos are continuing their support and wish to contribute an additional £10,000 in May 2022.

Retail Charity Hub

- It has been a challenging time for the retail charity hub in maternity, with visitor restrictions impacting footfall and sales rates. Even with these difficulties the shop income has grown 26% on year one, breaking even in 21/22 financial year.
- The shop hours cover 7 days a week, with 24/7 coffee provision. There are currently 14 volunteers on rota, covering 55 hours per week.
- The shop will be launching the trolley service in May 2022, with a limited roll out. Initially supporting over 400 staff and patients with access to refreshments.

Bedford Hospital Charity & Friends (BHC&F)

- BHC&F support Bedford Hospital and have:
 - 100 Easter Eggs 15 Easter Bunny Balloons and 5 Easter Bunny Teddy Bears
 - Baby hats, cardigans and booties
 - Donated 2 more TVs for Shand Ward
 - Received £800,000 from Bedfordshire Charitable Trust for the CT Scanner
 - £9100 from Harpur Trusts for a back lit picture in the ceiling in Paediatric ED
 - £20,000 from the freemasons for the Paediatric ED
- Continue to support the vaccination centres outside of the hospital by supplying refreshments for staff and volunteers.

Voluntary Services

- St John Ambulance Volunteers are now supporting the EDs at both sites. Having support from clinically trained volunteers is a first for the Trust. 11 volunteers inducted and started volunteering from 1st February in Bedford, 10 volunteers started in Luton from 14th March. More than 150 hrs were given in Bedford during the first six weeks.
- The Blossom volunteer programme to support patients receiving end of life care and their families is proving to be a great success in Luton and is now being re-introduced in Bedford. During the first six months, 192 patients were

visited, 69% of these were not alone thanks to our volunteers providing support in their last hours and 12 patients died with a Blossom volunteer present.

- Thanks to a successful bid to NHSE/I for Recovery Funding (£25k), a Voluntary Services Administrator is now in post to assist with the recruitment of new volunteers and the clearance process for returning volunteers. In turn, the appointment supports the NHS People Plan's Volunteer to Career ambitions with the appointment of a former hospital volunteer. With permission to return volunteers to most areas subject to any local temporary Covid-related restrictions (bay/ward closures etc.), recruitment is ongoing at both sites.
- Settle In Volunteers are now available to support International Nurse and Midwife arrivals at both sites. They are already assisting the Recruitment teams at the initial welcome meeting on arrival at their accommodation, supporting the nurses with bank appointments, finding their way around local shops, meeting them for coffee and offering a friendly face/emotional support if needed.
- Planning is in progress for a Long Service Awards event for volunteers from both sites on 10th June at Parkside Hall in Ampthill. All volunteers will receive a 'Thank You' card and small gift subject to funding during Volunteer Week (1 – 7 June).
- A number of new roles are being explored for development including Gentle Movement/Mobility Volunteers (to aid recovery and prevent readmission through gentle exercise to maintain muscle mass and build strength), Waiting Well calls to patients on waiting lists (to reassure, support and demonstrate our care, and to check that the appointment is still needed/reduce DNAs), and Boredom Busters.
- Bounce pad installation is nearing completion in Bedford, targeting going live with the system in May. Luton should follow on swiftly.

Work Experience

- The virtual work experience programme concluded in January and formal presentations are being held in April / May.
- A face to face pilot programme was offered to 3 students between the 4th – 7th April, supported by Dr Simon Allen. The students spent time in 8 different areas over the 4 days and gained a real insight into working life in the NHS. An evaluation will take place later this Month to discuss future face to face work experience placements.
- NHS careers sessions continue to be delivered to children ranging from primary school age to college students, taking place both face and face and virtually.

14. POLICIES & PROCEDURES UPDATE

Trust Wide Policies Approved February 2022– April 2022:

M16T Learning from Deaths Policy

C28T Claims Management Policy

I25T Inquest Management Policy

T07T Travel Expenses – Non-Medical Staff

M20T Management of Medical and Dental Staff Professional Registrations

IG17T Cyber Security Incident Management Policy

IG16T Information Governance Policy

IG19T Patient Initiated Recording in health and social care settings

NURSING STAFFING REPORT

NURSING WORKFORCE REPORT

Appendix 1a

Nursing Workforce Report March 2022

Introduction

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

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

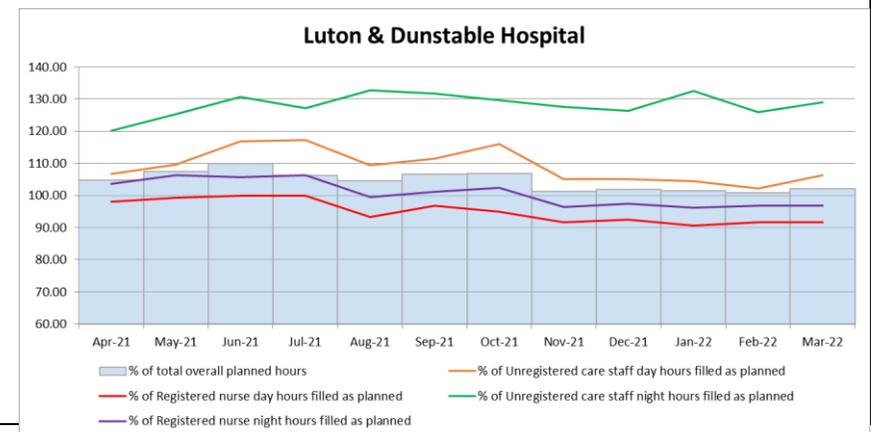
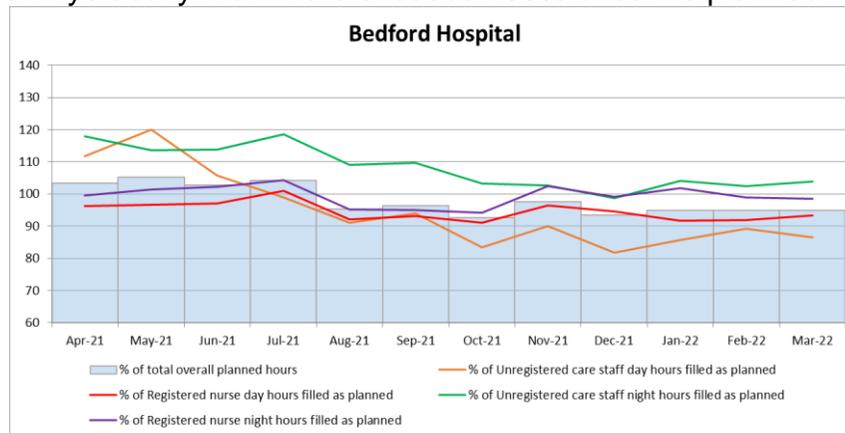
As part of the NHS preparedness for winter a workforce assurance framework was developed and the trust has mapped our current state against this document. This has been presented to the workforce committee and some of the outputs from that document will begin to be integrated into this report going forward.

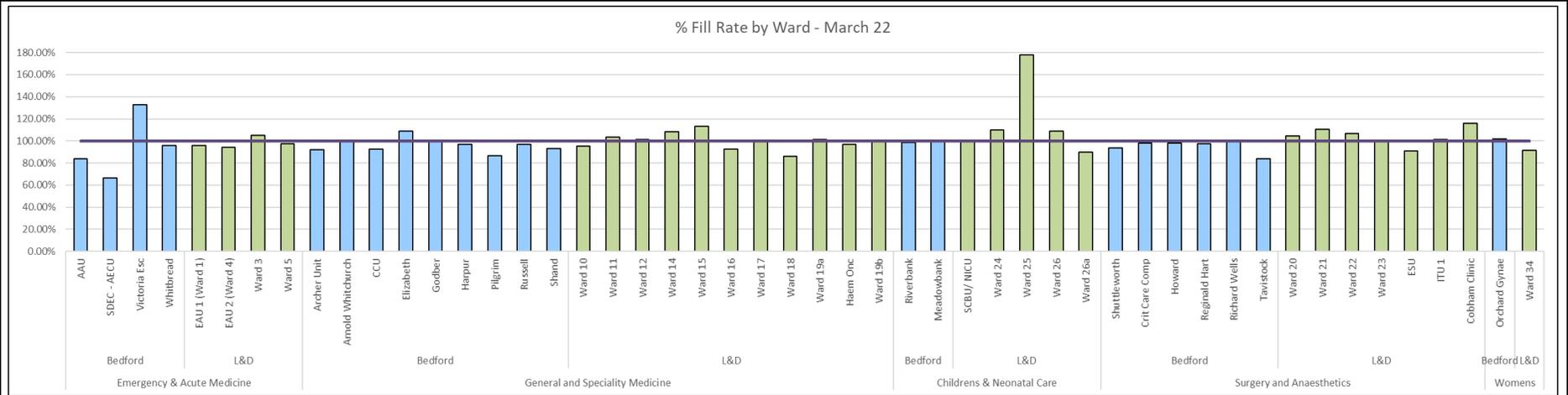
Bedford Hospital Site				Luton and Dunstable Hospital Site			
	Jan 22	Feb 22	Mar 22		Jan 22	Feb 22	Mar 22
% of Registered nurse day hours filled as planned	91.61	91.81	93.43	% of Registered nurse day hours filled as planned	90.72	91.74	91.63
% of Unregistered care staff day hours filled as planned	85.64	89.18	86.45	% of Unregistered care staff day hours filled as planned	104.49	102.1	106.25
% of Registered nurse night hours filled as planned	101.91	98.97	98.60	% of Registered nurse night hours filled as planned	96.19	96.89	96.92
% of Unregistered care staff night hours filled as	104.15	102.36	103.89	% of Unregistered care staff night hours filled as	132.61	125.9	128.98
% of total overall planned hours	94.92	94.8	94.93	% of total overall planned hours	101.56	100.92	102.14

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.

A number of factors can affect fill rate and result in the rate being under or over plan. Rosters all have “headroom” built in to offset against staff unavailability due to sickness, annual leave, study leave and parenting leave. Temporary staff, through either the internal staff bank or external staff agencies, cover vacancy and unavailability above the headroom.

As part of the preparation of this data, uncovered shifts are cleared from the template demand if the wards / departments did not request temporary staffing cover. A value below 100% indicates that required shifts were not covered, i.e. the ward was below required staffing levels. When shifts are added to the template to meet the demand for enhanced patient observation or increased activity / acuity the fill rate exceeds 100% once the planned template hours are exceeded.





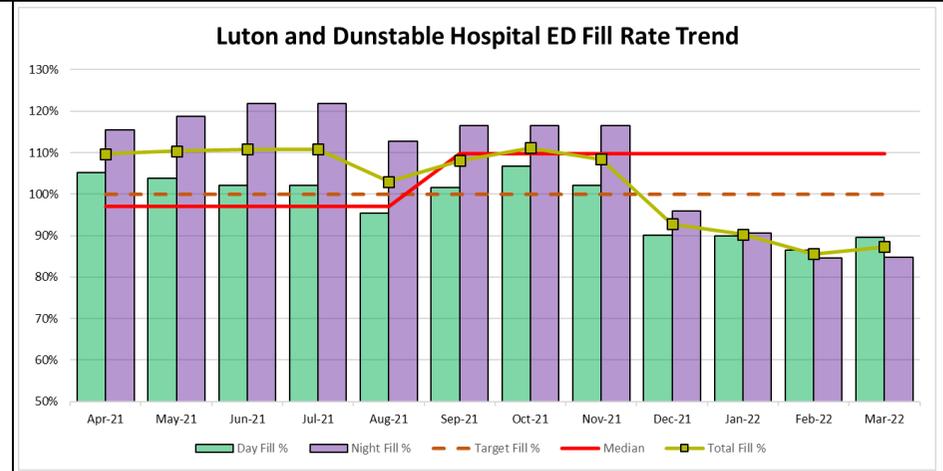
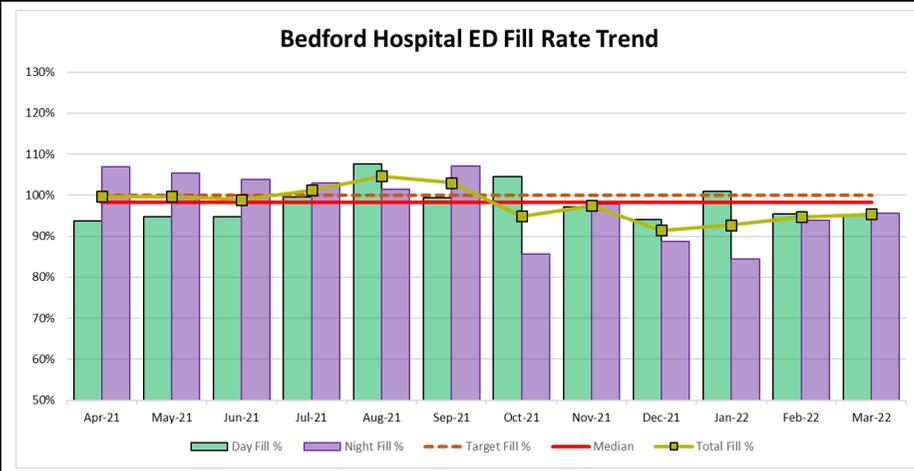
The chart above shows the fill rate data from the previous page across the wards by site and care unit.

In March 64% of wards fell below 100% fill with 28% of wards being below 95%. SDEC at Bedford remains the ward with the lowest fill rate however; this picture is distorted by the area often being combined with Victoria (over filled) and used as an escalation area resulting in staff demands fluctuating.

Ward 25 at Luton shows significant over fill against template, this is as a result of high EPO use, predominantly RMN's for children requiring CAMH support.

36% of wards exceeded 100%, this is due to additional shifts above funded template being used to cover Enhanced Patient Observation (EPO)

The weekly roster review meetings continue on both sites, the effectiveness and function of the meetings is under constant review in a live PDSA cycle and other options to give stronger assurance are being explored. The Matrons and senior nursing team constantly monitor staffing levels across the organisation and move staff to even out the pressure and minimise risk, this includes specialist nurses and the education team assisting on the wards when available. The impact on staff when being moved is always a consideration as we try to ensure that this only happens when necessary and that all staff take their turn as far as possible to minimise the impact.



Fill rate in the Adult Emergency Departments (ED) on each site remained below the respective department's median value for the fourth consecutive month; however, both departments have seen a modest increase in fill in March compared to last month.

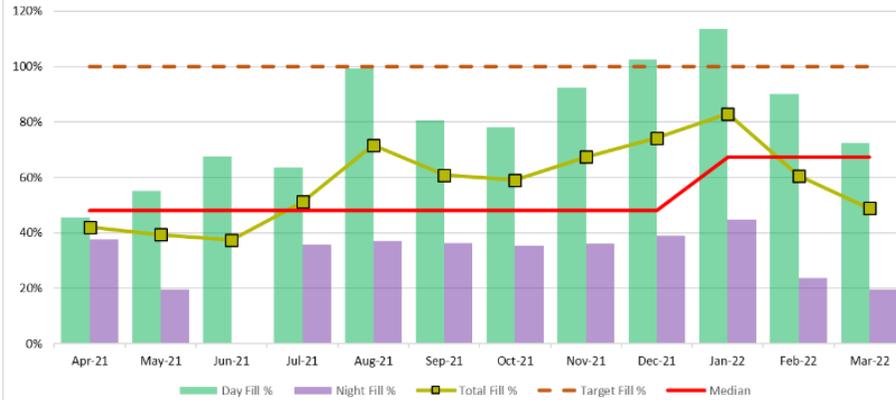
The new ED Safer Nursing Care Tool developed by the Shelford Group has been released and the trust has been licensed to use the tool, four members of trust staff have completed the NHSE/I ED SNCT train the trainer course. Both departments have completed a trial audit and a formal audit is planned for May once the interrater reliability training has been completed.

The Matron and Deputy Head of Nursing have carried out a review of rostering at Luton and have identified multiple factors that are contributing to the significant reduction in fill rate over the last 4 months. Unavailability of staff has been increasing month on month, (Dec = 30.2%, Jan = 32.8%, Feb = 38.4% and Mar = 42.6%) due to a number of factors including increased sickness and COVID isolation rates and increased use of annual leave approaching the end of the financial year. The main factor however is the increased demand for study leave due to the number of overseas nurses requiring OSCE training days and the number of new graduate nurses that need preceptorship study days.

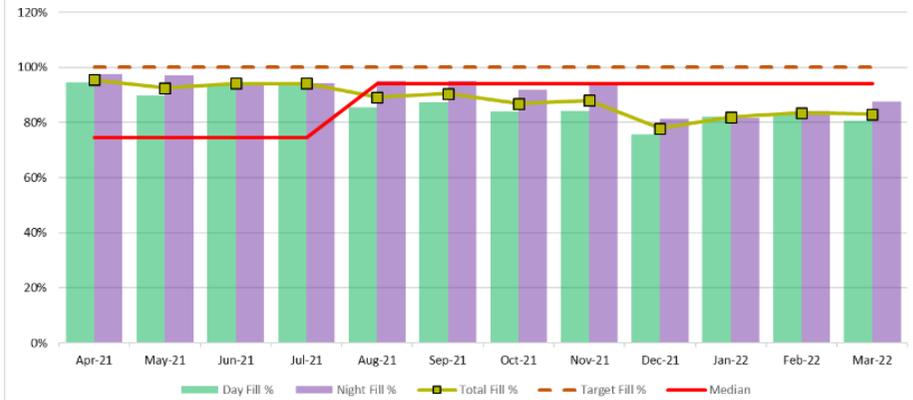
There are also reports of agency nurses booking shifts in other organisations that are paying higher rates in preference to shifts at the L&D. This is being investigated as all trusts should be using the agreed framework rates.

The vacancy rate in the ED is also a contributing factor as there is a mismatch between the new agreed staffing levels and the staff in post. There has been significant focus on addressing this and over the next 2 to 3 months, we should see the ED approaching zero vacancy.

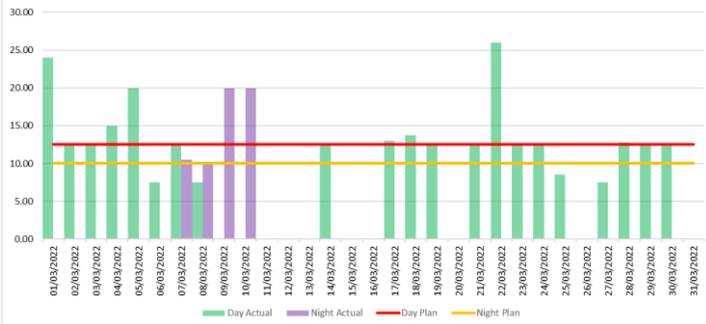
Bedford Hospital Paed ED Fill Rate Trend



Luton and Dunstable Hospital Paed ED Fill Rate Trend



Bedford ED RSCN Cover



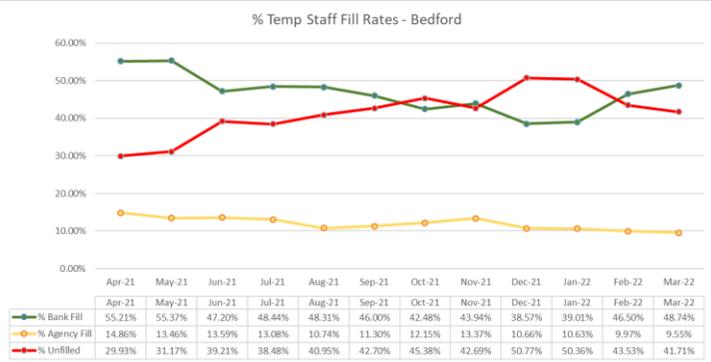
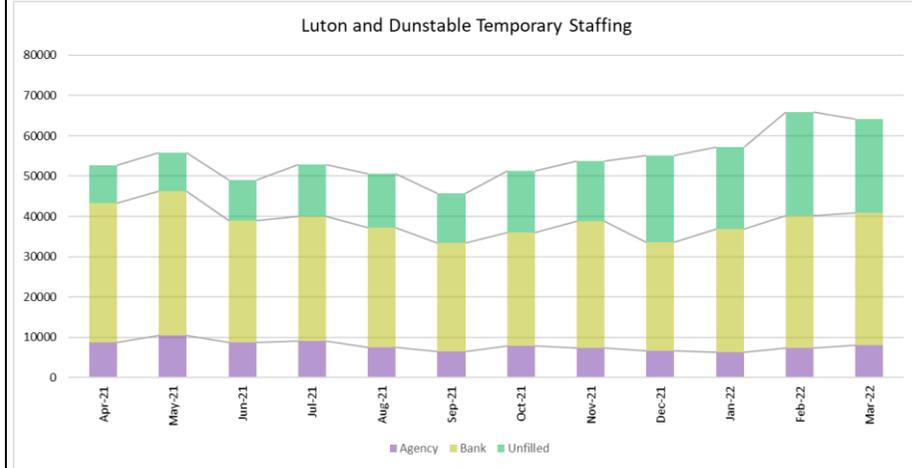
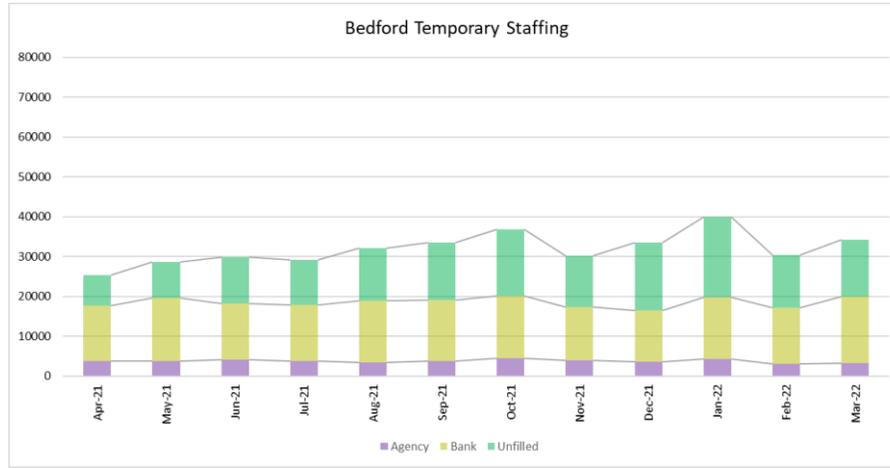
The Children's ED at Luton reflects the same issues as the adult unit with the same options being utilised to address the issues.

Children's ED at Bedford continues to have difficulties recruiting Registered Children's Nurses for the department, there is an active recruitment drive ongoing and new staff have been recruited however this corresponded with senior staff moving on due to promotions.

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

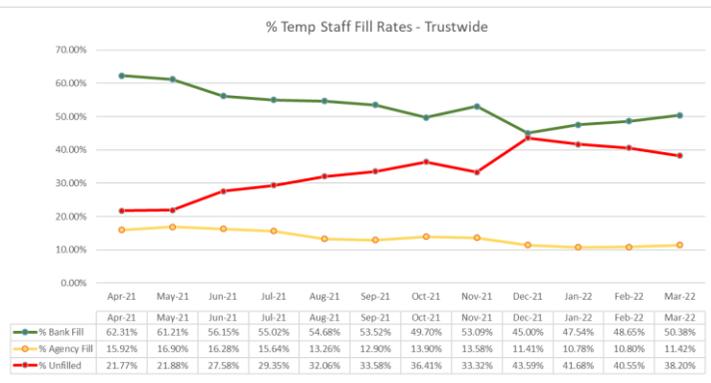
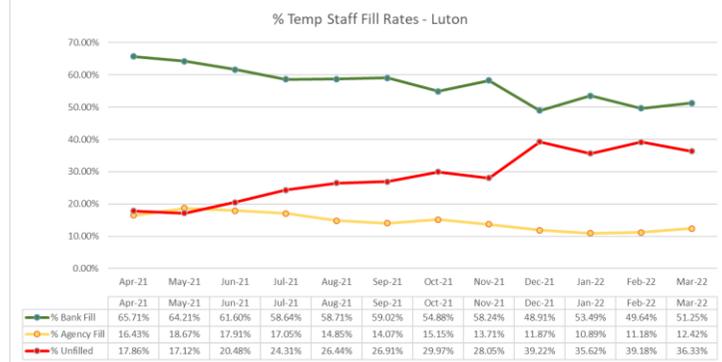
To mitigate the risk associated with insufficient numbers of Children's Nurses to fill the roster the department has a number of senior ED nurses who have undergone additional training to enhance their knowledge and skills for caring for children; there have been no incidents reported as a result of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

Temporary Staffing Breakdown



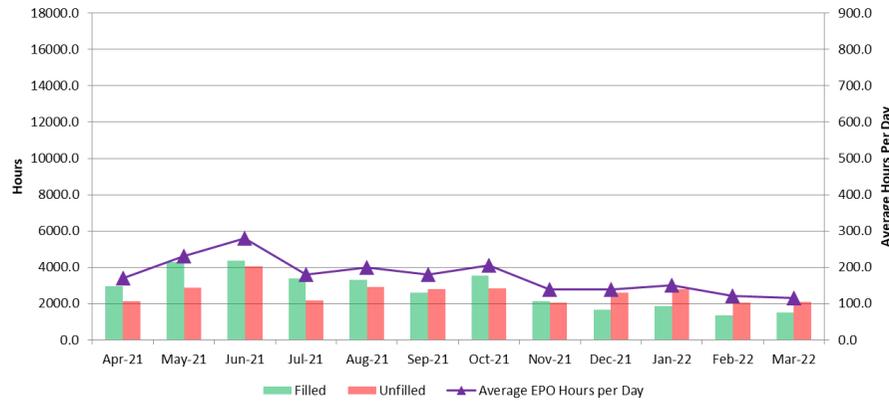
The temporary staffing profile on each site remains within the “normal” ranges.

Despite the concerns from ED at Luton around pay rates, the overall agency use at Luton, and for the trust overall, increased in March.

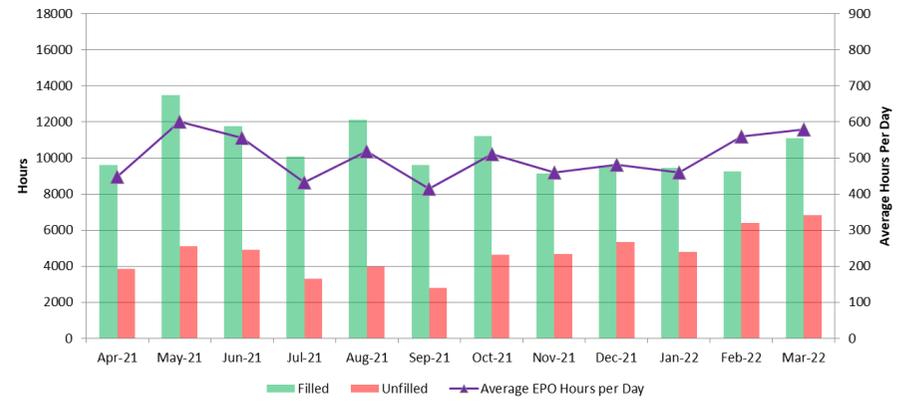


Despite this however the proportion of demand that is remaining unfilled on the two sites remains significantly higher than this time last year, this may partly be due to increased demand due to increased staff absence and EPO.

EPO Hours - Bedford Hospital



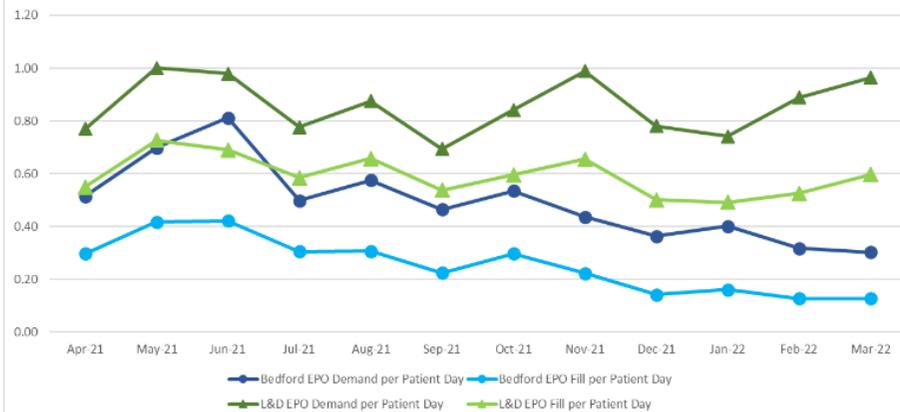
EPO Hours - Luton & Dunstable Hospital



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

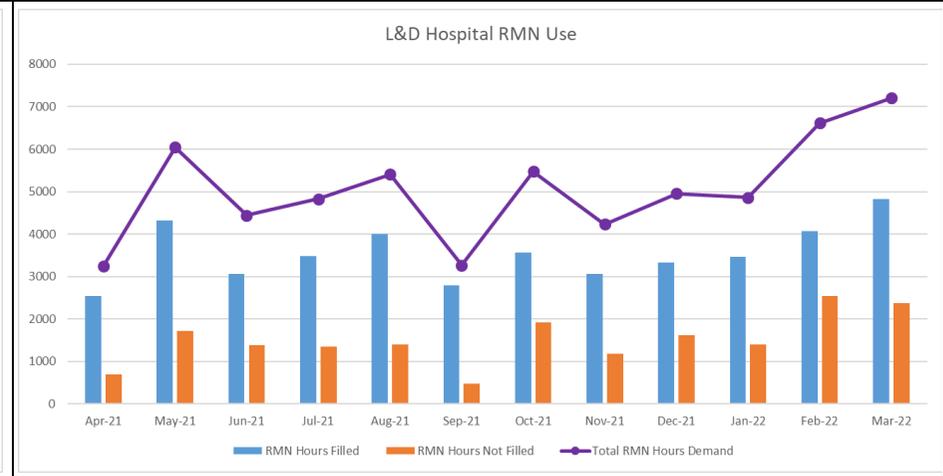
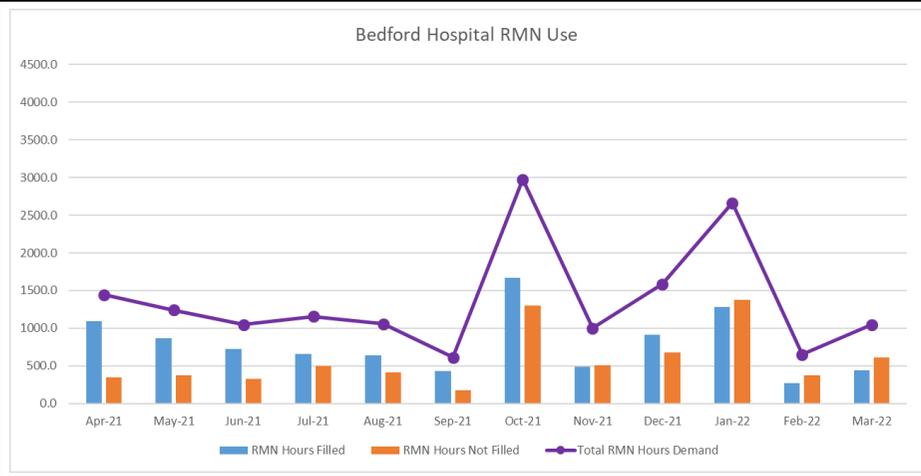
The EPO demand rate remained stable on both sites however, the fill rate at Bedford was less than 50% for the third consecutive month, at Luton the unfilled rate remains around 30%.

EPO Care Hours per Patient Day (EPOCHPPD)



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

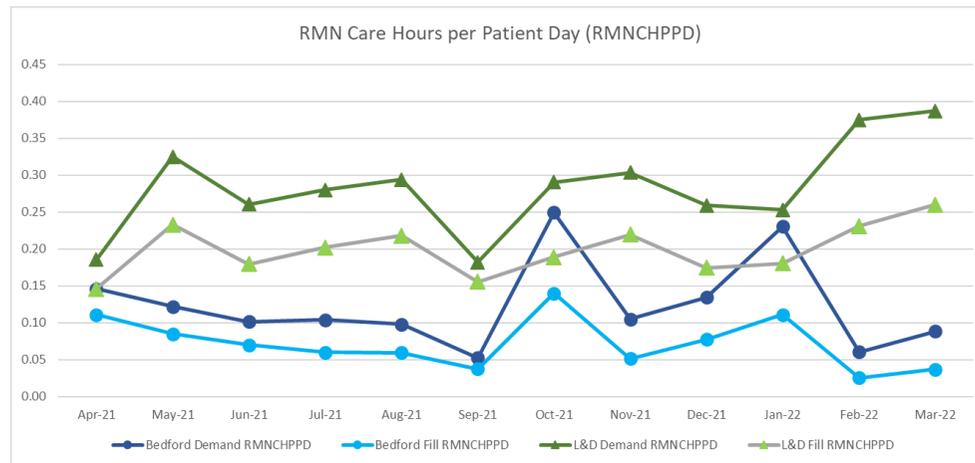
It is unclear why there is such a difference, possible factors may be related to patient demographics, working practices, environmental factors or different approaches to risk management. Further work is needed to understand the reasons for this



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

The Psychiatric Liaison Service (PLS) from ELFT, the local Mental Health Care provider, assesses these patients and develop a management / care plan, part of this plan may include a recommendation that the patient is looked after by a Registered Mental Health Nurse (RMN).

RMN use shown above in hours filled and unfilled, in future, below it is shown as RMN Care Care Hours Per Patient Day from a demand and actual fill perspective



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

MIDWIFERY STAFFING ASSESSMENT- EXTERNAL ASSESSMENT BY BIRTHRATE PLUS TEAM

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

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

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

Following the application to national funds in response to the Ockenden report, Bedfordshire Hospitals NHS FT received funding for 20.2 WTE band 6 Registered Midwives, the Trust has now received 100% of this funding. The additional 20.2 WTE Band 6 RM have now been included in the baseline WTE (10.1 wte on each site).

A business case is being developed is for the additional WTE variance from current funded position.

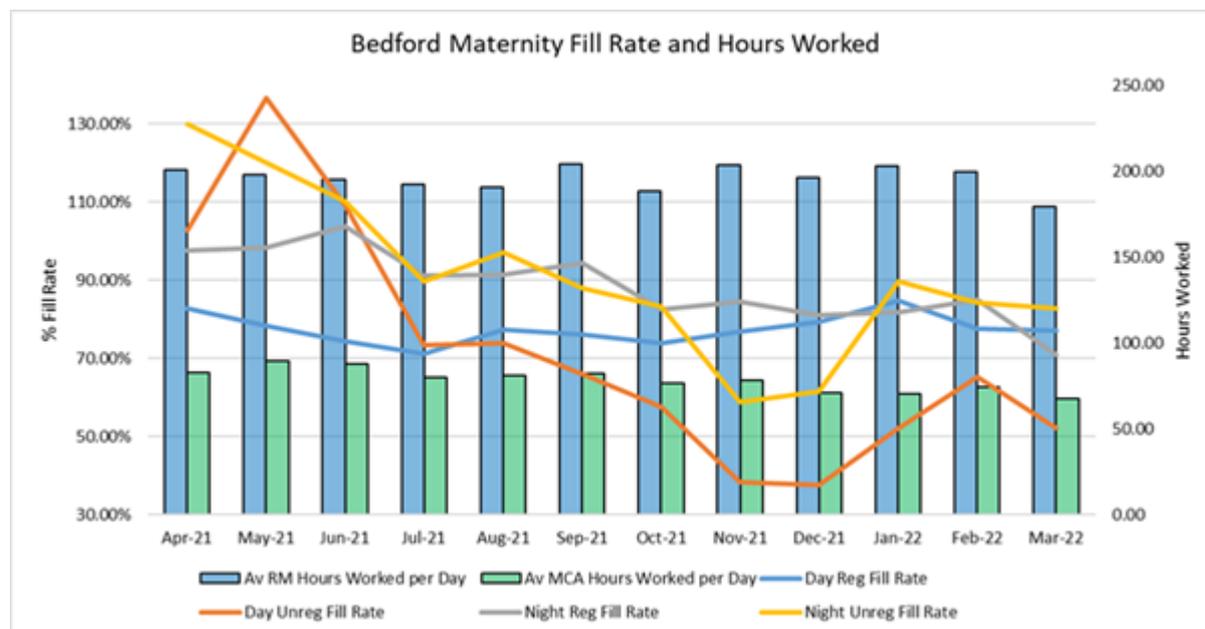
MATERNITY SERVICES WORKFORCE PLAN

It is now more important than ever for us to think ahead in terms of our future workforce needs, to ensure the Trust can have a pipeline of staff with the right values, skills and experience to provide high quality, compassionate care now and in the future. The Director of Midwifery has commissioned the development of a workforce plan, which will form an essential part of our Maternity strategy for the coming years.

ACTUAL AND PLANNED STAFFING REPORT FOR MARCH 2022

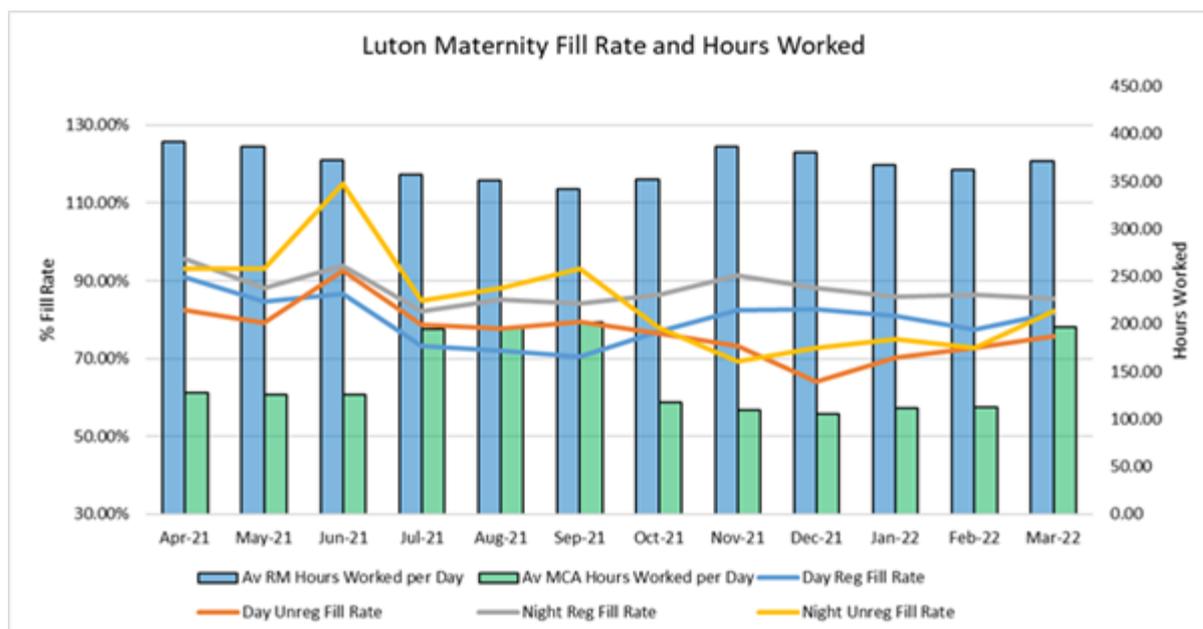
The following section gives an overview of the planned versus actual coverage in hours for each site as a trend of fill rate.

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



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Day Reg Fill Rate	82.72%	78.41%	74.38%	71.17%	77.42%	76.24%	73.89%	76.75%	79.39%	84.79%	77.50%	77.15%
Day Unreg Fill Rate	102.77%	136.60%	109.33%	73.44%	73.84%	65.91%	57.65%	38.36%	37.65%	52.10%	65.32%	52.15%
Night Reg Fill Rate	97.62%	98.47%	103.85%	91.08%	91.45%	94.41%	82.66%	84.51%	81.07%	81.85%	84.95%	70.87%
Night Unreg Fill Rate	130.00%	120.21%	110.30%	89.81%	97.08%	88.07%	83.31%	58.78%	61.54%	89.80%	84.19%	82.90%
Av RM Hours Worked per Day	200.75	197.68	194.99	192.08	190.20	203.97	188.05	203.35	196.18	202.66	199.39	179.31
Av MCA Hours Worked per Day	82.60	89.28	87.66	80.00	81.19	82.37	76.29	78.10	71.03	70.47	74.07	67.48

The night RM fill rate on the Bedford site decreased substantially during the month of March for nights in to 70% from mid 80s previously, the day fill rate for RM remained stable at 77.15%. The Support worker fill rate has dropped also over 10% to 52.15% night rate has dropped slightly from 84.19% to 82.90%,. COVID sickness has again proved to be a challenge during the month. Staffing continues to be supported by specialists and the senior midwifery management team, our third cohort of international midwives are due to arrive at the end of April whilst our new recruits and first cohort complete their orientation programmes and become part of the rostered staff.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Day Reg Fill Rate	90.87%	84.70%	86.67%	73.20%	72.00%	70.58%	77.11%	82.57%	82.71%	80.89%	77.52%	81.70%
Day Unreg Fill Rate	82.37%	79.15%	92.61%	78.72%	77.74%	79.50%	76.50%	73.28%	64.07%	70.30%	72.75%	75.76%
Night Reg Fill Rate	95.67%	88.18%	93.79%	82.30%	85.28%	84.18%	86.36%	91.28%	88.09%	85.83%	86.49%	85.32%
Night Unreg Fill Rate	93.19%	93.11%	115.03%	84.82%	88.11%	93.08%	78.05%	69.38%	72.82%	74.89%	72.84%	82.12%
Av RM Hours Worked per Day	391.87	386.45	372.46	356.92	351.09	342.31	351.88	386.24	380.30	367.11	361.88	371.05
Av MCA Hours Worked per Day	128.00	126.05	125.29	195.28	195.48	202.28	117.39	109.99	105.85	111.40	112.25	197.24

On the Luton site, there was an increase in the day fill rates for registered staff from 77.52% February to 81.7% in March. The night fill rate for registered staff decreased slightly to 85.32% in March compared to 86.49% in February 2022. Both the day and night unregistered fill rates increased in March 2022. Day unregistered fill rate increased to 75.76% compared to 72.75% the previous month, while the unregistered night fill rates increased from 72.84% to 82.12%. The improvement in fill rates was supported by some midwives and maternity care assistants returning from long-term sick. There was a slight reduction also noted in short term sickness in the month of March

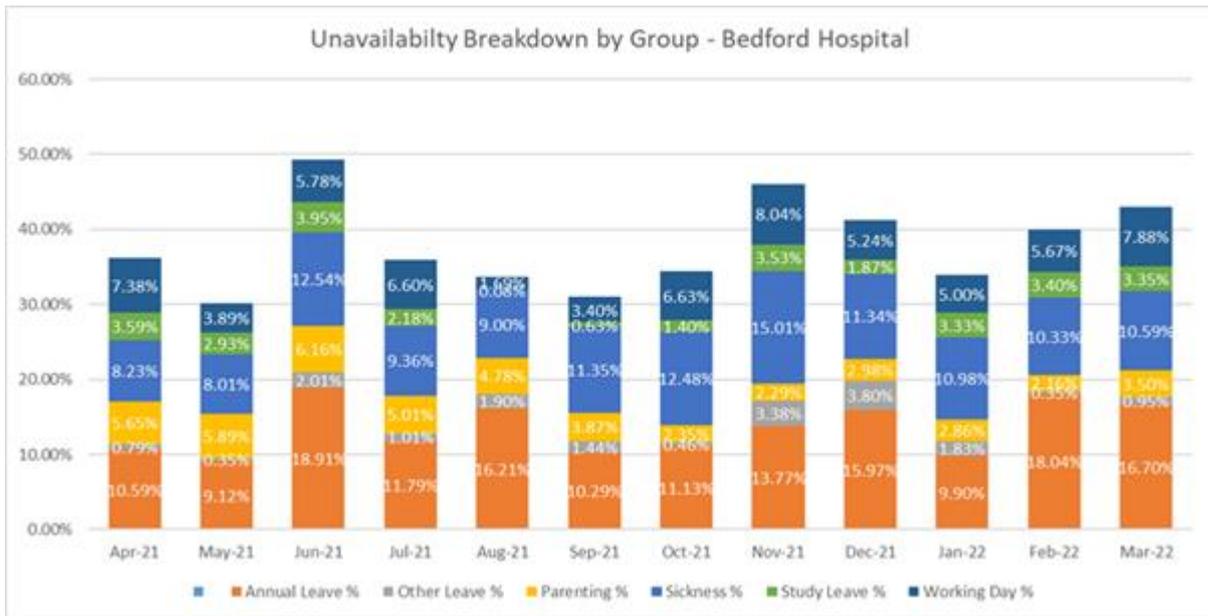
UNAVAILABILITY - Vacancy, sickness, maternity leave, Covid related absence

There is on-going work to align the processes for updating ESR across both sites and to ensure that the data is accurate for inclusion in reporting.

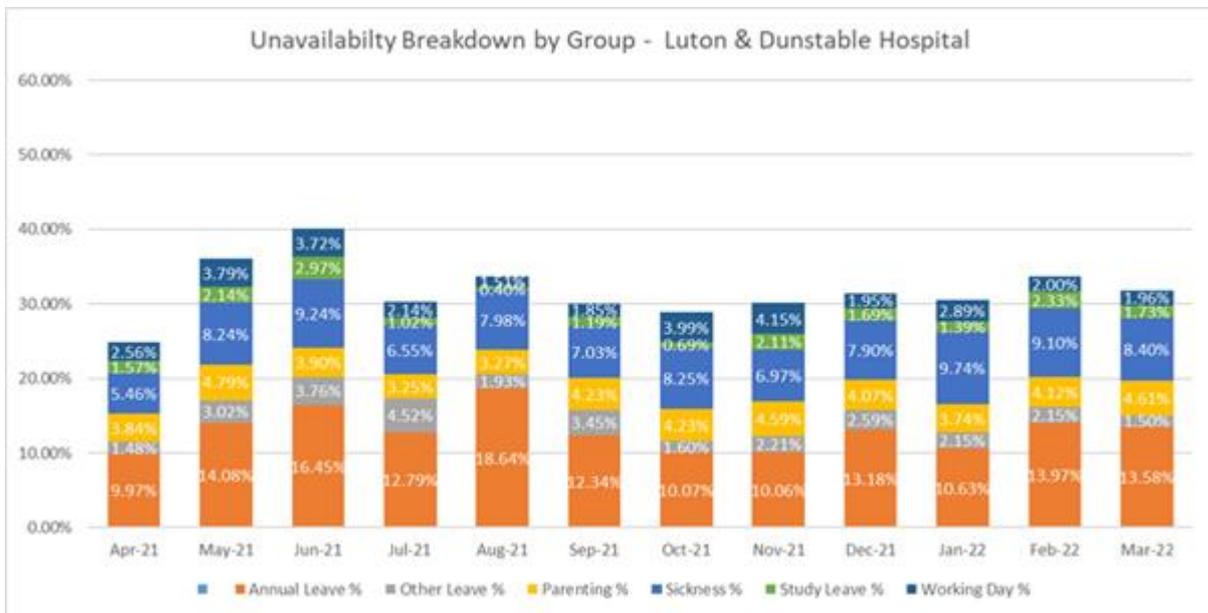
Luton Site Vacancy RM 60.39 WTE 26.1%

Bedford Site Vacancy RM 25.22 WTE 23.4%

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



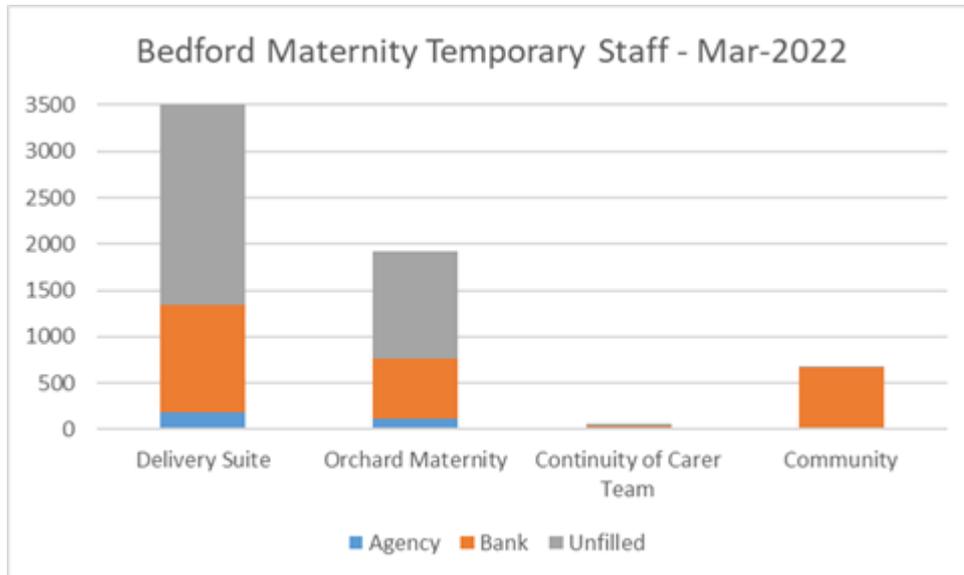
On the Bedford site, sickness has continued around 10%. We have seen a number of staff with ongoing sickness following COVID (long COVID) in addition to other sickness reasons. In addition to the regular HR meetings to maintain stage 1 and stage 2 meeting to adhere to Trust policy for managing sickness we are now also working toward a monthly sickness meeting with our HR business partner Annual leave allocation was improved for the month of March. The number of staff working in non-clinical roles 'working days' is on an upward trend and much of this is 'long COVID' related and to be further reviewed in the monthly sickness meetings.



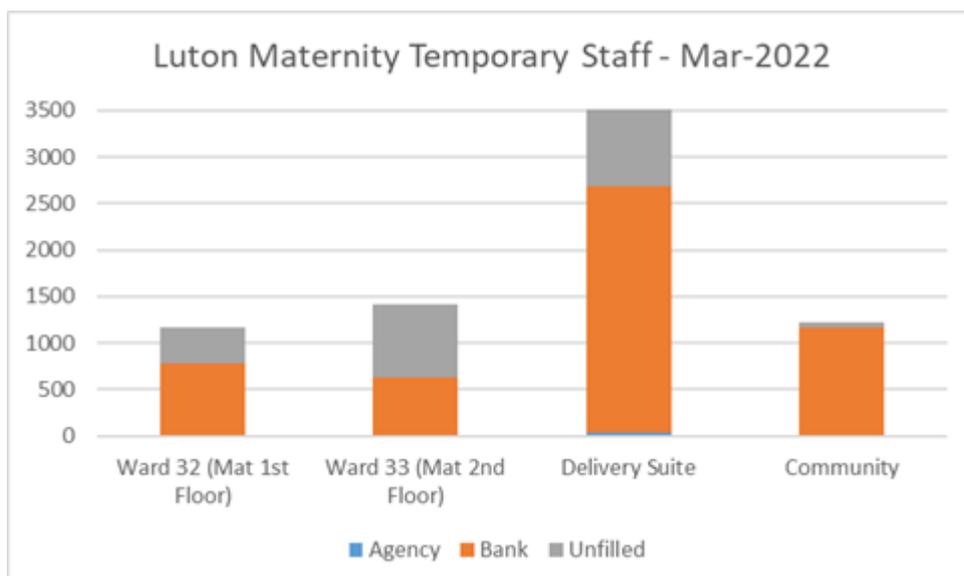
On the Luton site, sickness levels continue on a downward trend, with a further decrease in March 2022 to 8.4% compared to 9.1% the previous month. The Head of Midwifery is working with occupational health psychologist to identify strategies to support staff in work, and support timely occupational health reviews for the staff that are currently off sick. Work continues between the midwifery management team, HR partners and Occupational Health to meet with staff and put supportive plans in place to facilitate timely return to work or to stay at work. Where possible staff on long term sick are supported to return to work on

phased return using clinical and non-clinical duties. A slight reduction in staff on annual leave from 13.97% to 13.58% was also noted. There is ongoing work with the midwifery managers and rota coordinators to ensure appropriate annual leave allocation in line with guidance.

TEMPORARY STAFFING HOURS FOR MARCH 2022



On the Bedford site use of agency and bank continue, the decline with agency pick up during the month of March appears to continue. There remains a number of unfilled hours within the unit, which continues to be supported by midwifery specialists and the senior midwifery team working clinically.



On the LDH site the service has continued to rely on Bank to support staffing in the service with a few shifts on Delivery suite being filled by agency midwives. The area with the highest use of temporary staff in February 2022 was Delivery suite. This is the area with the highest vacancy and clinical area that is most successful in attracting RM to work temporary shifts. Agency midwives have also shown a preference to work on Delivery suite. Ward 33

(Postnatal Ward) has a high level of unfilled shifts, due to high sickness, among both midwives and registered general nurses. Staffing requirements, when there were unfilled shifts, were supported through the Maternity Escalation pathway. The weekly forward view of staffing, and daily staffing review meetings, supported the midwifery management team to identify and prioritise areas requiring staffing support. The support included Specialist midwives and midwifery managers working clinically.

BIRTHRATE PLUS RATIO

Site	No. of Births for March	BR ratio Actual for month	Actual clinical WTE	BR ratio Funded	BR recommended 2022
Bedford site	199	1:	8.05	1:29	1:22.8
Luton and Dunstable site	414	1:30	157.8	1:25	1:21.1

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

BIRTHRATE PLUS ACUITY TOOL

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

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

LUTON AND DUNSTABLE HOSPITAL SITE ACUITY ANALYSIS

On Delivery Suite and Triage, staffing levels met acuity 22% of the time. For 43% of the time the service was 3 midwives short of the number of midwives to meet the acuity of women, and 4 midwives short for 36% of the time. The number of midwives not consistently meeting the acuity of the women was partly due to a high number of women seen in categories III-V (Higher care needs), resulting in an increase in the requirement of midwifery time.

Staffing factors such as midwife absence due to sickness, vacancy and midwives being redeployed to other areas (Antenatal/Postnatal Ward) all impacted the ability of the service to meet the patient acuity in line with the staffing levels set. The recently completed Birthrate Plus review demonstrated the increased need for midwives on the delivery suite due to the increased number of complex women coming through the service. 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.

On Ward 32 and Ward 33, there is ongoing work to improve the compliance with completing the Birthrate Plus acuity tool. The clinical midwifery manager is working with the teams to

improve compliance with the recording of extra care data and exceptional care data. Extra care hours for babies remain high at 54% of the allocated extra care on the postnatal ward. The Head of Midwifery working with the neonatal Lead nurse to implement the Transitional care pilot which will support the team on the ward with the extra care babies.

BEDFORD SITE ACUITY ANALYSIS

On Delivery Suite, the acuity was met for 64% of the time in March 2022. Specialist Midwives are supporting across the rotas; Matrons hours are being worked flexibly to support the service, particularly for the Delivery Suite Coordinator role, due to sickness in this team. Long line agency is currently being used and recruitment to bank only working is ongoing. Both the Deputy Head of Midwifery and Head of Midwifery are working clinically at times of escalation to also support the unit.

The unit went onto divert on 7 occasions during the month:

Date	Reason for divert	No of women transferred out	Units transferred to
05.03.2022	Midwifery Staffing	0	N/A
11.03.2022	Midwifery Staffing	N/A	Units across region unable to support
12.03.2022	Midwifery Staffing	0	N/A
18.03.2022	Midwifery Staffing	0	Units across region unable to support
21.03.2022	Midwifery Staffing	2	Hinchinbrooke
23.03.2022	Midwifery Staffing	1	Lister
30.03.2022	Midwifery Staffing	1	Cambridge

Date	HB suspension reason	Any cases into unit or BBA?	Comments
08.03.2022	HB Team MW COVID positive (LB)		
13.03.2022	HB Team MW off sick (RN)	14.03.2022 – BBA @ 06:50	CMW (LD) refusal to attend Datix 115706
18.03.2022	HB Team MW COVID positive (BH)		
21.03.2022	HB Team MW – Supporting unit in escalation	X 3 HB cases into unit	

On Orchard Ward the extra care hours for babies remains high as in previous reports, with 84% of care being due to extra care for babies for March. The HoM is working with the Neonatal team on a pilot for staffing model changes for transitional care (TC) the definitions of TC criteria are also being reviewed.

A request has been made to include the number of times women have been accepted from other sites as part of that Trusts escalation/ closure policy. The site teams are currently reviewing how this is recorded and reported to be able to do this for future performance reporting.

INUTERO TRANSFERS

Site	Inutero Transfers Refused	Inutero Transfers Accepted
Luton	6 Refusals 5 due to staffing 1 due to staffing & capacity	4 accepted. 1 from Bedford 1 from Lister 2 from Hinchinbrook
Bedford	0	0

Weekly review meetings of all in-utero transfer refusals commenced in March 2022, to support the Maternity and NICU team in identifying themes that may be contributing to the service's inability to accept transfers, with learning shared with clinical teams.

ONE TO ONE CARE IN LABOUR

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

For Bedford Hospital site, 100% of women received 1:1 care in March.

On the Luton and Dunstable site, 1:1 care in labour compliance was 99.7% in March 2022. The total eligible for 1:1 care in labour was 331 women. There were 8 women identified on CMIS (Maternity System) who did not receive 1:1 Care in labour for the following reasons:

- 1 woman gave birth before arrival to the Maternity Unit (BBA)
- 1 woman had a CAT 2 LSCS
- 1 woman had a forceps birth
- 4 women laboured on the Ward or were admitted fully dilated
(All 7 women delivered on the Labour Ward Environment)

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

1:1 Care	Goal	Red Flag	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Luton	100%	<95%	99.5%	98.6%	99.3%	98%	96.7%	94.8%	98.3%	99.1%	99.6%	98.6%	99.3%	99.7%
Bedford	100%	<95%	99.4%	98.9%	100%	99.6%	100%	98.9%	98.9%	100%	100%	99.4%	99.3%	100%

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	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Luton	%Shifts LWC supernumerary	98.3%	98.9%	94.4%	87.6%	91.4%	86.6%	83.9%	93.9%	93%	94.6%	95.8%	95.2%
	Number of shifts not supernumerary	3	2	10	23	16	24	30	11	13	10	7	9
Bedford	% Shifts LWC supernumerary	97.2%	92.2%	97.2%	86.6%	86.6%	76.1%	81.7%	90%	85.5%	86.5%	91.6%	73.6%
	Number of shifts not supernumerary	5	14	5	25	25	43	34	18	27	25	14	49

For the month of March, on the LDH site, Supernumerary Status Band 7 was 95.2% compared to 95.8% in February. The 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 dropped significantly from 91.6% in February to 73.6% in March 2022. Not all scheduled assessments were noted to have been recorded in March, but we will work with the coordinators to improve compliance with completing the Birthrate Plus Acuity Tool. 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 continue to provide support to cover the Band 7 role. There is currently a vacancy of 2.72 wte Band 7 Delivery Suite Coordinators, we are working toward the appointment of 3 x RMs in May and June with one staff member due to be seconded into another post. One staff member that was currently undergoing clinical phased return working, has been on sick leave over the last month, with a further two staff member also off sick.

RED FLAGS

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

In March 2022, 42 Red flags were raised at the Luton and Dunstable site and 73 were raised on the Bedford Hospital site.

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

LUTON & DUNSTABLE SITE RED FLAGS MARCH 2022

RF	Definition of Red Flag	Number	Comment
1	Delayed or cancelled time critical activity.	16	Delays in transfers of on-going inductions of labour and women presenting in early labour from Triage to Delivery Suite due to capacity and/ or staffing on delivery suite. There is on-going review of women awaiting transfer to delivery suite to continue with induction of labour Individualised monitoring plans with daily obstetric reviews for women while awaiting transfer to delivery suite Neighbouring Units contacted to facilitate transfer of women if they are able to accept. The experience of the service was that neighbouring Units were often unable to help due to being in escalation themselves
2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	
3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	
4	Delay in providing pain relief due to midwifery staffing	1	
5	Delay between presentation and triage	1	Appropriate escalation to Midwifery Manager on call. Specialist midwives redeployed to support timely Triage pathways
6	Full examination not carried out when presenting in labour	0	
7	Delay between admission for induction and the beginning of the process	3	Women admitted onto Triage Ward to have their induction of labour. Delays in commencing IOL are at times when there is high activity on the Triage ward. Women had timely fetal monitoring completed while awaiting to commence their induction
8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	
9	Occasions when 1 midwife is no able to provide continuous one-to-one care and support to a woman during established labour	12	Midwives were not able to provide continuous 1:1 care in labour, and this was escalated appropriately. On reviewing the CMIS system, did not have 1:1 care in labour for the duration of her labour. All women who gave birth in the Maternity Unit had a midwife in attendance at the time of the birth
10	Occasions when the Coordinator was not able to maintain supernumerary / supervisory status	9	Escalation processes implemented to support the coordinating Band 7 to return to supernumerary status as soon as possible, including the Manager on call attending on site if required out of hours.

BEDFORD HOSPITAL SITE RED FLAGS MARCH 2022

RF	Definition of Red Flag	Number	Comment
1	Delayed or cancelled time critical activity.	0	We are working on our IOL process with a working party group in set up. Also currently reviewing our midwife provision for CS availability and creation of dedicated post under consideration. Individualised monitoring plans in place with daily obstetric reviews for women while awaiting transfer to delivery suite. Neighbouring Units were also contacted to facilitate transfer of women if they are able to accept.
2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	
3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	1	
4	Delay in providing pain relief due to midwifery staffing	0	
5	Delay between presentation and triage	4	Appropriate escalation to try and redeploy staff and facilitate timely reviews as best as able to
6	Full examination not carried out when presenting in labour	0	
7	Delay between admission for induction and the beginning of the process	19	Unable to commence IOL due to staffing levels, individualised care plans developed with obstetric team
8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	
9	Occasions when 1 midwife is no able to provide continuous one-to-one care and support to a woman during established labour	0	
10	Occasions when the Coordinator was not able to maintain supernumerary / supervisory status	49	Escalation processes implemented to support the coordinating Band 7 to return to supernumerary status as soon as possible, including the Manager on call attending on site if required out of hours.

WORKFORCE AND RECRUITMENT

The second cohort of 6 international midwives arrived this month and a detailed on boarding programme is in place with an aim to secure retention. This is in addition to the 3 that arrived in February 2022.

Two dedicated posts for a 12-month period have been created largely from external funding and they will phase into role as the numbers of international recruits rises. This is to enable the embedding and retention of international midwives across both hospital sites. The maternity team are working jointly across both sites with recruitment and the nursing team to best develop this aspect of the recruitment programme as well as working with currently international midwives across both sites to best shape the programme moving forward and optimise retention. One post has commenced and the second is due to start at the end of May 2022.

Luton and Dunstable Hospital Site

1wte professional midwifery advocate recruited, and is currently going through the recruitment process

Clinical Midwifery Manager for community and antenatal clinic recruited and is going through the recruited process

Ongoing advert for newly qualified and experienced midwives on NHS jobs.

Bedford Hospital Site

A Return to Practice (RtP) midwife has extended her programme but should be completed at the end of April 2022.

1 Band 5 Newly qualified midwife joined in March 2022 and a further Band 6 clinical midwives joined the team in March 2022

2 x B7 Delivery Suite Coordinators starting in May, 1 external and 1 joining from Luton (on a development post), a third is due to join late June time.

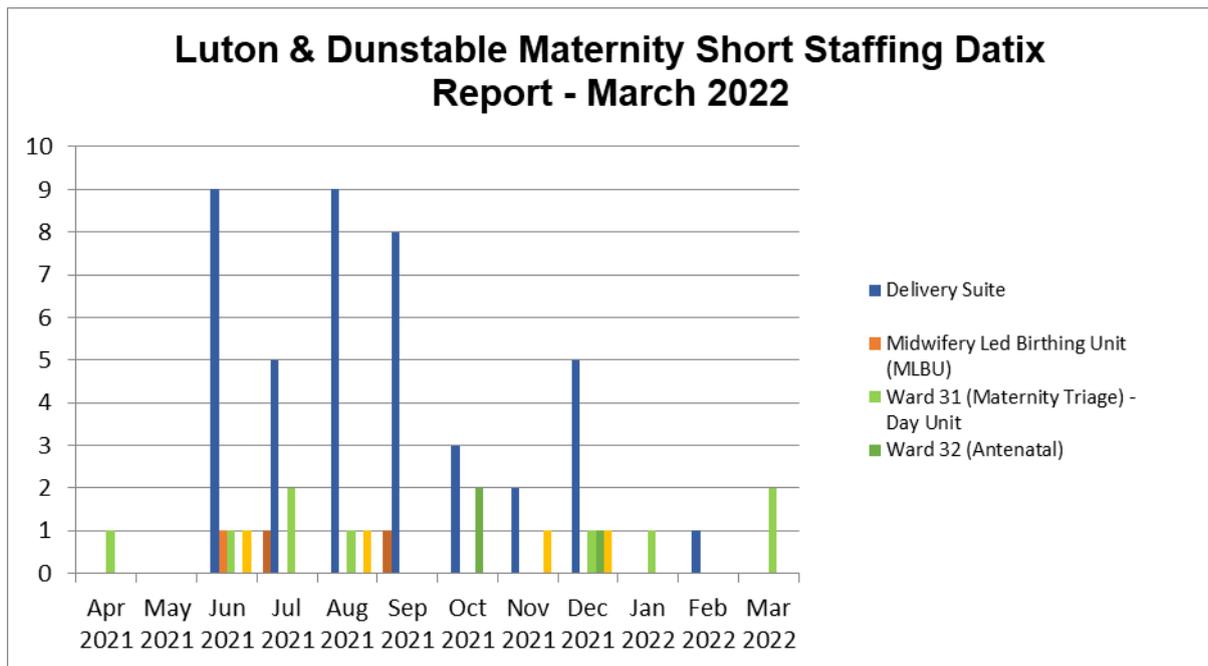
INCIDENT REPORTING RELATING TO STAFFING

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 March 2022 was 2 on the Luton and Dunstable Site and 3 at the Bedford Hospital Site.

There was no change in the number of Datix submitted relating to staffing on the Luton site with the only Staffing Datix for was from Triage. The head of midwifery is working with the clinical midwifery manager for delivery suite to support the allocation of 3 midwives per shift on Triage, to support with staffing in this area.

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



There were 2 Datix relating to staffing raised in the March 2022. This a decrease in the number of incidents being reported and covers all areas within the service and reflective of the slightly reduced activity compared to the previous month supporting the staffing levels experienced during this reporting period.

BEDFORD SITE INCIDENT REPORTING



The 12 staffing related incidents reported for the month of March '22 at Bedford was more than doubled for the previous month, 10 relating to Delivery Suite, 1 on Orchard ward and 1 relating to clinic. The loss of supernumerary status of the Delivery Suite Coordinator was again the top reported red flag as noted above.

RECOMMENDATIONS

The Quality Committee is asked to note:

The fill rates for March are included in the report. The night fill rate for registered staff at BH for the night shift reduced to 70.87%. The day RM fill rate remained stable. The fill rates for unregistered staff, also showed a reduction. This was partly due to the impact of COVID related sickness absence.

The Luton Site Vacancy RM is 60.39 WTE (26.1%) and the Bedford Site Vacancy RM 25.22 WTE (23.4%).

The maternity services at BH have been diverted on 7 occasions in March.

During the month at LDH 6 In-Utero transfers were refused due to insufficient staffing and capacity levels and 4 transfers were accepted

In March 2022, 42 Red flags were raised at the Luton and Dunstable site and 73 were raised on the Bedford Hospital site.

The supernumerary status of the Labour ward coordinator has shown a significant decrease at Bedford from 91.6% in February to 73.6% in March and on the Luton site has also shown a slight decrease from 95.8% in February to 95.2% in March. Appropriate escalation followed on each occasion.

One to One care in labour was achieved 100% of the time at Bedford and 99.7% of the time at Luton Site

Emma Hardwick

Director of Midwifery

April 22nd 2022

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 April 2022

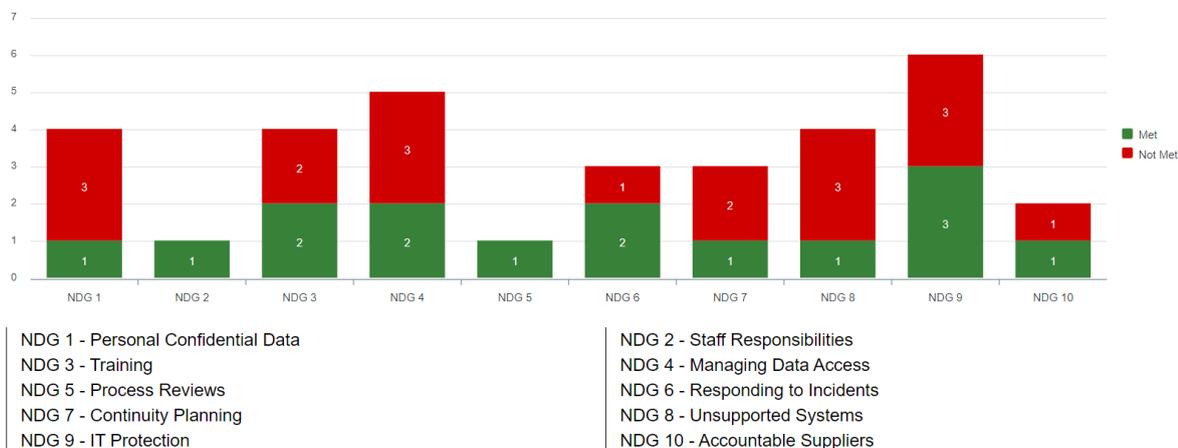
Purpose of this report: Report by:	<ul style="list-style-type: none"> • Update, information & awareness • Heidi Walker Head of IG/Data Protection Officer
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DSPT Baseline

The Trust published a baseline assessment on the 15th March and again on the 23rd March with amendments. 85 of the 110 mandatory evidence items were provided.

The Trusts current status is **Approaching Standards**

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



Next Steps for April, May, June

- Ongoing review of requirements & upload evidence
- Complete audits in line with assertions
- Work packages reviewed for Cyber Security

DSPT Deadlines

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.

4 Incidents were reported via the DSPT in the last quarter.

Data Privacy Impact Assessment (DPIA)

12 comprehensive DPIA's have been completed and approved in the last quarter.

The previous quarter has seen a significant upshift in the number of DPIA's being required. This is mainly due to year end pressures the need to approve new projects for budget reasons. The

The SCR (Shared Care Record) DPIA is currently a major DPIA in progress and this is being completed alongside IG colleagues from partner organisations

Challenges are relatively minimal, however delays can occur when waiting for IG queries to be addressed by departments/suppliers.

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

We have received a really positive response with the completion of these cross site requirements.

Data Flow Mapping – 88%

Departmental Assets - 86%

Key bullet points;

- Reviewed all returns
- Reminders to all remaining departments have been sent with a deadline of May 2022

System Information Asset Register

To demonstrate compliance with legislation and regulation, 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.

Our provisional list provides us with a list of 500-600 systems. We continue to struggle with collating the relevant information for each of The Trust systems and establishing responsible owners (information Asset Owners)

The current Asset register is not fit for purpose and relevant stakeholders are aware.

Currently focusing our attention on confirming 'current' clinical systems used by local departments. If we can complete the Asset Register for those systems we will then turn our attention to older systems that were not identified as part of our research into current systems.

We have broken the register into groups to improve focus and productivity;

- a) Clinical Systems used only by certain departments,
- b) Trust wide Systems (mainly managed by ICT),
- c) Non-clinical Systems.

Progress has been quite slow at this stage due to lack of resources but to supplement progress, the Asset Register will be populated by a combination of key information provided by Contracts & Procurement, ICT Cyber Security and ICT Systems.

Key bullet points;

- Updated Asset Register (modelled on DSPT requirements),
- Asset Register is a shared workbook and is hosted on Teams so that everyone involved Has access.
- Working through all DPIA’s held to help populate the Asset Register,
- Reviewing Contract & Procurement system (Accord) against listed systems to help populate the Asset Register.

Audits

The data protection audits that are commencing on the 1st April 2022 will determine whether The Trust’s controls, policies and procedures meet the requirements of the GDPR and DPA 2018 and if not, where they need to be improved.

Key Audit Bullet Points

- Staff awareness surveys completed & returned
- Spot check audits on wards
- Staff access
- Unlawful access
- Physical Access

External DSPT Audit

The IG and Cyber team have been busy gathering the extensive evidence required for the RMS DSPT audit which commences 24th April 2022

We are expecting to see a vast improvement in comparison to the last audit report,

Subject access requests (SAR)

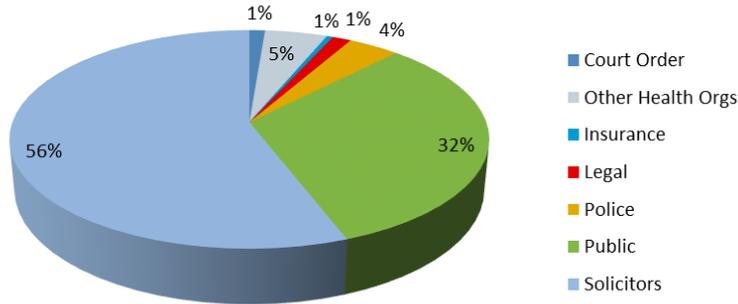
Under the Data Protection Act 2018/GDPR we have 30 days to respond to a SAR; however we aim to comply with the Caldicott recommendation of 21 days.

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

In the last quarter 73% of SAR requests were completed within the 30 day deadline which is an increase of 5% on compliance rate.

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	1064	350	68%
Q4	January – to March	858	232	73%

Type of Request Q4 2021/22



Key Points

- Main challenge within SAR continues to be the volume of requests received. Changes have been implemented the process to minimise the impact and ensure that the requests are processed in a timely manner.
- SAR team in Luton has seen a staff changeover – two new members of staff in place. Both staff members are being trained and team are supporting function in interim to ensure that the service isn't disrupted.
- Bedford SAR function will have other staff members trained up in process to ensure cover during absence/leave
- Initial discussion held with PACS team to discuss the use of IEP by the SAR team – this would speed up the process and minimise the use of discs for imaging.

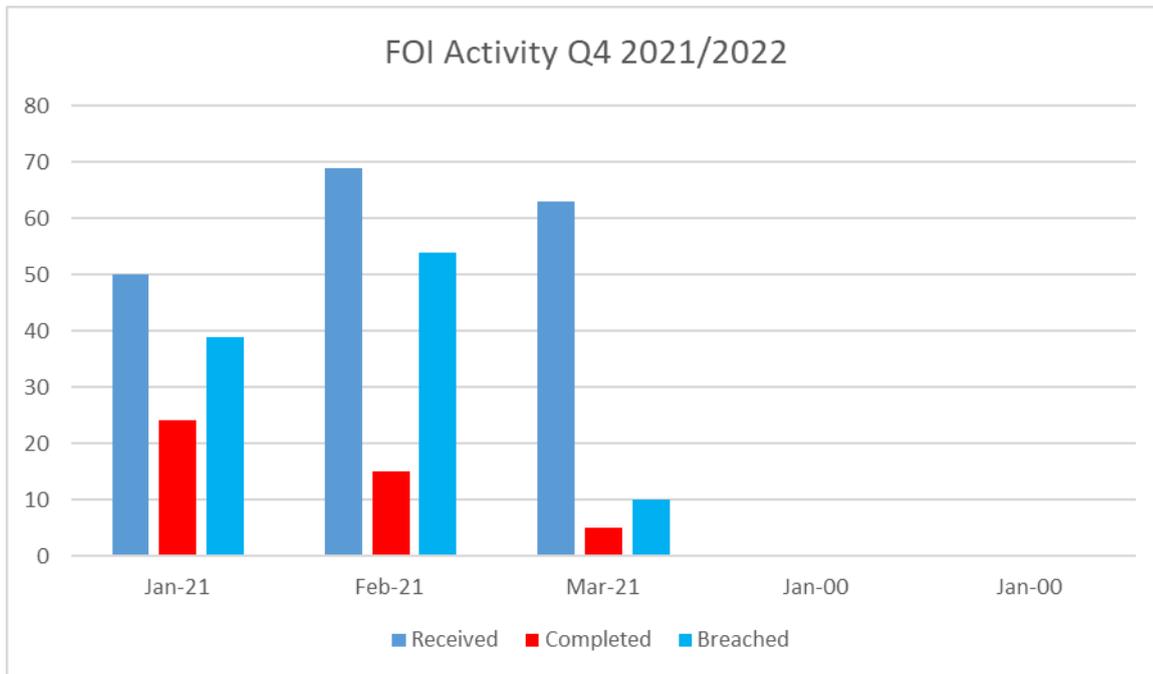
Freedom of Information (FOI)

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 fallen significantly again in the last quarter

Year 2020/2021		No of requests	Breached 20 day deadline
Q1	April-June	237	124
Q2	July – September	193	72
Q3	October – December	181	95
Q4	January – March	181	103
Total Received		792	394



Key Points

- FOI continues to face significant challenges in receiving information back from departments
- Areas with biggest non-compliance are Information and HR – however these departments do receive a significant number of requests
- Other departments we face challenges with include Women/Children and to a lesser degree, Finance.
- FOI Officer has a weekly call with Information team as well as staying in regular contact with other departments – despite this, we still have significant non-compliance with returns.
- FOI Officer regularly escalates significant breaches and these are pushed up to relevant senior managers – still no improvement seen.
- Overall attitude toward FOI within the trust is one of indifference and a significant shift is required to address this. An intervention as senior leader level may help in going some way to improve.
-

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 remains at 76%

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.

To raise IG training figures, the IG team have been working closely with Training and Learning, we are delivering two virtual IG training sessions via MS teams monthly. Further work is needed by the training department to ensure these sessions are well attended.

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

Induction Training

The IG team are also offering virtual Induction sessions which will also include a dedicated section to cyber.

National Data Opt Out

The national data opt-out was introduced on 25 May 2018, enabling patients to opt out from the use of their data for research or planning purposes, in line with the recommendations of the National Data Guardian in her Review of Data Security, Consent and Opt-Outs.

The Trust is now compliant with the National Data Opt out policy ahead of the current deadline of 31st June 2022.

Key Bullet Points

- The Information department have now implemented a solution for to enable The Trust to check list of NHS numbers against those with registered NDO's
- Meeting arranged to formalise the process
- The Trust Privacy Notice needs updating to reflect compliance with NDO

Report title:	Ockenden Review of Maternity Services – One Year On Presentation to Public Board May 2022 (Report 1 of 2)		Appendix 3a		
Executive Director(s) and Title(s)	Liz Lees Chief Nurse				
Report Author(s) and Title(s):	Emma Hardwick Director of Midwifery Pushpa Maharajan Clinical Director Zoe Lundie Obstetric Transformation Manager Ilene Machiva/Tara Pauley Head of Midwifery				
Purpose: <i>(select one box only)</i>	Receive <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
Action Required:	The Trust board is asked to take the report for information.				
Report Summary / Purpose of Report:	<p>The Ockenden Report was published in December 2020 as a result of an investigation into concerns regarding services and care at Shrewsbury and Telford NHS Trust.</p> <p>Outputs from this first phase were reviewed by a panel of peers, service users and the regional maternity team. In June and July 2021, Trusts submitted evidence of progress towards / compliance with each Immediate and Essential Action (IEA) to a national central portal and this was quality assured by the regional maternity team, supported by the Commissioning Support Unit (CSU).</p> <p>One year on, and prior to the Ockenden final report publish on 30th March, Trusts were asked by NHS England and NHS Improvement to review progress against the 7 Ockenden IEAs and plans to ensure full compliance. Trusts were asked to use an assurance assessment tool to benchmark themselves against 7 Immediate and Essential Actions (IEA). They were also asked to review themselves against recommendations from the Kirkup Morecambe Bay investigation report, workforce and the CQC action plan for the Bedford Hospital site. The aim was to support a discussion at Trust Board by the end of March 2022 to discuss progress and review action plans to meet the IEAs.</p>				
	<p>This report outlines current position against the:</p> <ul style="list-style-type: none"> • 7 immediate and essential actions (IEAs) outlined in the 2020 Ockenden report: Interim findings into Shrewsbury and Telford • 18 recommendations for Trusts made in the 2015 Kirkup report into Maternity Services at Morecombe Bay • Workforce Planning requirements • CQC 'Must Do' and 'Should Do' quality improvement plan 2021 for the Bedford Hospital site <p>The aim of the paper is to support a discussion at to discuss progress and review action plans to meet the IEAs.</p>				

	<p>The following themes and outstanding actions from the completed assessments of the above are summarised:</p> <ul style="list-style-type: none"> • K2 and PROMPT training compliance and annual trajectories are improving. Although not yet complaint the trajectories suggests that for PROMPT compliance at both the Bedford and Luton site will be achieved across the MDT by July 2022. For K2 Medical workforce are now complaint and the Midwives although at 68% at Bedford. On the Luton site overall MDT compliance with K2 is 54.4% with 71.4% compliance with Intrapartum CTG. Currently there has been month on month improvements. (Ockenden IEA3, CQC, & Kirkup) • Like many clinical services, compliance with mandatory training and appraisals has been impacted by the pandemic and operational challenges. The service is working closely with the trusts training department to see if there is any exception events that could be arranged to support initial improvements in compliance. (Ockenden IEA3, CQC, & Kirkup) • In relation to managing complex pregnancy and completing appropriate risk assessment, cross site operational procedures and policies have been put in place. However, more work is required to audit against these standards that have been set out to enhance compliance and inform/initiate quality improvement plans. (Ockenden IEA4, IEA5, & Kirkup) • Saving Babies Lives Care Bundle version 2 (SBLCBv2) is progressing with CO monitoring just reinstated on both sites and uterine artery doppler measurement capacity due to be implemented by Q3. Training of sonographers is in progress. Further assurance is required that audits allocated are reporting against all aspects of the SBLCBv2 across the MDT (Saving Babies' Lives v2, CNST, & IEA4,) • A Maternity Strategy is currently being developed, to set out the forward direction of the service. Focus groups for both hospital sites will be arranged to ensure co-production of the strategy • A Maternity Digital Strategy is currently being developed and work is underway to improve the Trusts ability to capture and record accurate data and to meet maternity data set. • The Trust is participating in establishing the maternity medicine centre pathways. The Bedford site teams are working with Regional leads on interim arrangements. In this interim period the established maternal medicine pathways for both sites continue with the support of the lead obstetrician and Obstetric Physician
Links to Strategic Board Objectives	Full report submitted to Quality committee and Private Board
Links to Regulations/ Outcomes/ External Assessments	Kirkup Recommendations Maternity Incentive Scheme Local Maternity and Neonatal System (LMNS) Quality Care Commission Ockenden Recommendation



Ockenden Review of Maternity Services – One Year On



Ockenden Review of Maternity Services – One Year On

- The Ockenden Report was published in December 2020 as a result of an investigation into concerns regarding services and care at Shrewsbury and Telford NHS Trust.
- Outputs from this first phase were reviewed by a panel of peers, service users and the regional maternity team. In June and July 2021, Trusts submitted evidence of progress towards / compliance with each IEA to a national central portal and this was quality assured by the regional maternity team, supported by the CSU.
- One year on, Trusts have been asked by NHSI to review progress against the 7 Ockenden IEAs and plans to ensure full compliance. Trusts were asked to use an assurance assessment tool to benchmark themselves against 7 Immediate and Essential Actions (IEA). They were also asked to review themselves against recommendations from the Kirkup, Morecambe Bay investigation report, Workforce Planning and CQC 'must do' and 'should do' actions. The aim was to support a discussion at Trust Board by the end of March 2022 to discuss their progress and review action plans to meet the IEAs. In April 2022, Trusts are expected to provide a progress update to the regional team after which insight visits involving the regional team and LMNS are expected to occur



Classification: Official
 Distribution approval reference: 0041 01 01

To: NHS Trust and Foundation Trust Chief Executives

cc: Trust Chairs and Directors attending NHS, CQC, LMNS Leaders, Regional Executive, Regional Chief Nurses, Regional Chief Midwives, and Regional Obstetricians

From: NHS England and NHS Improvement
 Stephen Hester
 88 Lincoln Road
 London
 EC1A 3BB
 29 January 2022

Dear colleagues,

Ockenden review of maternity services – one year on

Thank you for all your efforts in response to the [Commission, Criticism and Recommendations from the Independent Review of Maternity Services of the Government and United Kingdom CQC](#), first published in December 2020, and for your continued focus on the Immediate and Essential Actions (IEAs) despite the sustained pressure on your services throughout the pandemic. As well as ensuring progress continues, we need to prepare for the publication of further reports into maternity services during 2022.

The national response to the Ockenden report included a £8.5M investment into maternity services across England including funding for:

- 1000 additional maternity roles,
- 600 new equivalent consultant obstetricians,
- 5000 to 10000 training,
- International recruitment programmes for midwives,
- Support for the recruitment and retention of maternity support workers.

In our letter of [20 December 2020](#), we asked you to use the [Assurance Assessment Tool](#), which includes the recommendations from the Morecambe Bay investigation report and the Ockenden report, to support a discussion at your Trust public Board. One year on, we are asking that you again discuss progress at your public Board before the end of March 2022.

We expect the discussion to cover:

- Progress with implementation of the 7 IEAs outlined in the Ockenden report and the plan to ensure full compliance,
- Maternity services workforce plans,

Ensuring local system coverage of maternity services was a key element in the Ockenden review and therefore you should ensure progress is shared and discussed with your LMS and CQC. Progress must also be reported to your regional maternity team by 15 April 2022.

As you will see through apps, women and families using our maternity services deserve the best of NHS care. We recognise the huge efforts being made across the system and thank you for your continued commitment and support in doing the improvements required.

Yours faithfully


 Sir David Mann
 Chief Executive Officer
 NHS England and NHS Improvement


 Ruth May
 Chief Executive Officer, England
 NHS England and NHS Improvement

This report outlines current position against the:

- 7 immediate and essential actions (IEAs) outlined in the 2020 Ockenden report: Interim findings into Shrewsbury and Telford
- Workforce Planning requirements
- 18 recommendations for Trusts made in the 2015 Kirkup report into Maternity Services at Morecombe Bay
- The current CQC 'Must Do' and 'Should Do' action plan for the Bedford site (Appendix 3)



Ockenden

7 immediate and essential actions (IEAs)

IEA 1, Enhanced Safety Q1 to Q8

Currently Bedfordshire Hospital Trust has self-assessed as a green rating for the enhanced safety action of the template.

The Trust works collaboratively with the LMNS and the region. The two hospital sites provide structured upward reporting of serious incidents, PMRT, and HSIB data to its own trust board governance structures (as a standing agenda item) as well as monthly with the LMNS and Region through the LMNS Quality and Safety Meetings. This includes the review of cases across the region but also thematic analysis at a regional level and hosting subsequent learning and sharing events.

IEA2, Listening to Women and Families Q9 to Q16

Currently Bedfordshire Hospital Trust has self-assessed as Amber rating for listening to women and families action of the template.

The trust has appointed a non-executive director responsible for maternity services who works alongside those appointed as Safety Champions including an executive director (Chief Nurse). Bi-monthly listening events are in place with the Safety Champions 'walk around' scheduled, and a confidential email inbox. There are a number of forums for staff to be heard within the departments on both sites but also through other services such as the Safety Champions and Speak Up Guardians.

There has been a transition of MVP co-chairs over this period, which has interrupted work in some areas of co-production. Support from the LMNS wide MVP and the trust based cultural key workers provides some mitigation. A LMNS stakeholder event for MVP co-chairs and the Trust leadership is planned for May 2022 to support agreement of priorities for 2022/23. The Trust is working with the MVP to increase the NED engagement with the MVP and service users. In addition to the above, work is underway to further develop the non-executive role with the support of the Maternity Safety Support Programme (MSSP).



Ockenden

7 immediate and essential actions (IEAs)

IEA3, Staff training and Working Together Q17 to Q23

Currently Bedfordshire Hospital Trust has self-assessed as an amber rating for staff training and working together action of the template.

The trust has a collaborative Maternity Training Strategy inclusive of both hospital sites. Other successes in this area include twice-daily ward rounds 7 days a week on both hospital sites and improved trajectories of compliance for multi-professional training and fetal monitoring. Specifically in relation to question 19 there is funding allocated for maternity staff training which is ring fenced. This assurance was provided by the Director of finance.

Despite the improvement made since the initial Ockenden recommendations the impact of the pandemic and operational challenges has meant that further work is required to improve the levels of compliance particularly in relation to mandatory training and appraisals.

IEA4, Managing Complex Pregnancy Q24 to Q29

Currently Bedfordshire Hospital Trust has self-assessed as an amber rating for managing complex pregnancy action. There is ongoing work with the regional team to support the establishment of maternal medicine centres. Both sites have a referral guideline and processes in place to refer women to Tertiary centres when indicated. A multidisciplinary review process supports the timely identification and referral of women out of the service on both sites.

The Trust is not fully compliant with Saving Babies Lives Care Bundle 2. Uterine artery doppler measurement is due to be implemented. Training of sonographers is in progress. Further assurance is required that audits allocated are reporting against all aspects of the SBLCBv2 across the MDT



Ockenden

7 immediate and essential actions (IEAs)

IEA 5, Risk Assessment Throughout Pregnancy Q30 to Q33

Currently Bedfordshire Hospital Trust has self-assessed as amber rating for risk assessment throughout pregnancy. Risk assessment

tools are in place on both hospital sites but further work is required to enhance and promote compliance with these new tools. This is further compounded, as the trust is still paper based / paper light, which makes compliance difficult. Scoping for use of CMIS digital module is taking place. Personalise care and support plans are in place. The trust is working with clinical teams to increase the compliance with completion of the personalised care plans and also with the LMNS as to future editions as these were co designed and produced by the LMNS. There is ongoing Audit of compliance as part of the annual audit plan

IEA6, Monitoring Fetal Wellbeing Q34 to Q38

Currently Bedfordshire Hospital Trust has self-assessed as an amber rating for monitoring fetal wellbeing action of the template.

Both hospital sites have appointed both dedicated lead midwives and lead obstetricians appointed with the specialist skills and knowledge to focus on and champion best practice in fetal wellbeing. Training compliance is much improved as mentioned earlier in this report but more work is needed to maintain current training trajectories and on boarding on new staff. Fetal monitoring leads participate in regional work relating to fetal monitoring, and have supported the National K2 team with developing the questions for the intrapartum physiological CTG package.

IEA7, Informed Consent Q39 to Q44

Currently Bedfordshire Hospital Trust has self-assessed as an amber rating for the informed consent action of the template.

Updated information is available to women throughout their journey including access in multiple different languages. There are established referral pathways to support women with informed decision making about place and rights in relation to birth. Ongoing audit is required to enhance the recording of not only the options but all the opportunities to discuss the options. Work is underway with Luton cultural key workers to support women in difficult to reach groups.



Workforce Planning requirements

Midwifery staffing

Each Trust on the publication of Ockenden in December 2020 was requested to have a signed off Birth-rate Plus Implementation Plan.

The trust can demonstrate use of an effective system of midwifery workforce planning to the required standard by utilising the Birthrate Plus tool. While the Trust had received 20.2 wte RM as part of the 2021 Ockenden funding a further 18 WTE RM are required to meet the Birthrate plus recommendations (2022). A business plan is being developed to be submitted in line with the Trust processes as part of the 2022/23 business planning cycle. The trust continues to perform as green against question 46 to 48

Obstetric workforce

For the Bedfordshire Hospital, with the Ockenden Fund, 1 consultant on each site is being appointed. They will lead the Fetal Monitoring for each site, incurring a Lead PA of 0.5wte in their job plan. In addition, on both sites, Consultants are doing Ward rounds twice a day at Luton (08:30 and 20:30) 7 days a week and at Bedford (08:00 and 19:30) 7 days a week. Following the merger, the service is reviewing the Consultant workforce planning, and there are future exciting opportunities for the expansion to happen on both sites. Currently, Bedford has established 10 consultant posts, and Luton 27 consultant posts.



18 recommendations for Trusts made in the 2015 Kirkup report into Maternity Services at Morecombe Bay

The Kirkup review into failings within maternity services and the wider Trust at Morecombe Bay was published in 2015. As well as 18 recommendations for action by the Trust in question there were 26 recommendations for the wider NHS. Many of these, including the need for a review of maternity care and paediatric provision, led to the national Better Births strategy in 2016 and wider changes such as the abolition of the supervisors of midwives' role.

A review completed in February 2022 has demonstrated improvement in many of the recommendations made from the Kirkup report in 2015

Further work is required to embed these practices and areas for the trust to further develop include:

1. Focus of Training – to include ongoing work to improve mandatory training compliance, level 2 HDU care, CTG and skill and drills.
2. Audit Maintenance – work to fully embed audit and data collection and reallocation in absence and staffing challenges
3. QI Culture – That quality improvement plans and monitoring against standards and recommendations becomes "business as usual"



The current CQC ‘Must Do’ action plan for the Bedford site

The maternity services Bedford Site continues to make progress with the Must and Should Do actions as part of the Quality Improvement Plan although the significant pressures in the service due to pandemic and staffing are impacting on progress of some areas.

Total Actions:	136	
Completed Actions:	68	50.00%
On Track Actions:	42	30.88%
At Risk:	20	14.71%

Focus on at Risk Actions:

MD 2 & 12 Revised plan for mandatory training and appraisal recovery being implemented in view of pandemic impact. TNA being developed and will be submitted to the Trust’s education lead this month. Work to reconcile local and education department data on training compliance is underway.

MD14 – Fetal Monitoring Midwife Lead is now in post and traction on actions is now in place. Consultant obstetrician lead (currently a locum) assigned. K2 training is improving over each month.

MD15 - Audit and Guideline midwife has produced trackers for audit allocation and due dates of guidance in need of review. They have commenced assignment of these audits – further work required to allocate those that remain unassigned.





Ockenden: The Final Report

The Ockenden – Final report from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was published on 30th March.

NHS England and NHS Improvement are working with the Department of Health and Social Care to implement the 15 Immediate & Essential Actions (IEAs) and every trust, ICS and LMS/LMNS Board must consider and then act on the report's findings.

***Report against the new IEAs to follow: Ockenden
The Final Report***



To: NHS Trust and Foundation Trust Chief Executives

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

cc. Trust Chairs and Directors of Nursing
ICS, CCG, LMS Leaders,
Regional Directors,
Regional Chief Nurses,
Regional Chief Midwives,
and Regional Obstetricians

25 January 2022

Dear colleagues,

Ockenden review of maternity services – one year on

Thank you for all your efforts in response to the [Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust](#) published in December 2020, and for your continued focus on the Immediate and Essential Actions (IEAs) despite the sustained pressure on your services throughout the pandemic. As well as ensuring progress continues, we need to prepare for the publication of further reports into maternity services during 2022.

The national response to the Ockenden report included a £95.6M investment into maternity services across England including funding for:

- 1200 additional midwifery roles,
- 100 wte equivalent consultant obstetricians,
- backfill for MDT training
- International recruitment programme for midwives
- Support to the recruitment and retention of maternity support workers

In our letter of [14 December 2020](#), we asked you to use the [Assurance Assessment Tool](#), which includes the recommendations from the Morecambe Bay investigation report and the Ockenden report, to support a discussion at your trust public Board. One year on, we are asking that you again discuss progress at your public Board before the end of March 2022.

We expect the discussion to cover:

- Progress with implementation of the 7 IEAs outlined in the Ockenden report and the plan to ensure full compliance,
- Maternity services workforce plans,

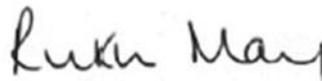
Ensuring local system oversight of maternity services was a key element in the Ockenden review and therefore you should ensure progress is shared and discussed with your LMS and ICS. Progress must also be reported to your regional maternity team by 15 April 2022.

As you will no doubt agree, women and families using our maternity services deserve the best of NHS care. We recognise the huge efforts being made across the system and thank you for your continued commitment and support in driving the improvements required.

Yours faithfully



Sir David Sloman
Chief Operating Officer
NHS England and NHS Improvement



Ruth May
Chief Nursing Officer, England
NHS England and NHS Improvement

Report title:	Ockenden 2 The Final report - Presentation to Public Board May 2022 (Report 2 of 2)				Appendix 3b
Executive Director(s) and Title(s)	Liz Lees - Chief Nurse				
Report Author(s) and Title(s):	Emma Hardwick Director of Midwifery Pushpa Maharajan Clinical Director Zoe Lundie Obstetric Transformation Manager Ilene Machiva/Tara Pauley Head of Midwifery				
Purpose: <i>(select one box only)</i>	Receive <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>	Note <input checked="" type="checkbox"/> x
Action Required:	The Trust board is asked to take the report as an initial summary of the national report, actions taken and further detailed report to follow.				
Report Summary / Purpose of Report:	<p>On the 1st of April 2022 all NHS trusts received the Ockenden final report, the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.</p> <p>The trust has a duty to prevent the failings found at Shrewsbury and Telford Hospitals NHS Trust happening at this organisation. The Ockenden report will be taken to the next public Board meeting (4th May 2022) and be shared with all relevant staff – it is strongly recommended everyone reads it, regardless of their role. After reviewing the report, actions are required to mitigate any risks identified and develop robust plans against areas where your services need to make changes, paying particular attention to the report’s four key pillars:</p> <ol style="list-style-type: none"> 1. SAFE STAFFING LEVELS 2. A WELL-TRAINED WORKFORCE 3. LEARNING FROM INCIDENTS 4. LISTENING TO FAMILIES <p>The report includes 4 themes (above), 15 immediate and essential actions (IEAs) detailed within the report, and 87 recommendations.</p> <p>The report also includes a specific action on continuity of carer: ‘All trusts must review and suspend if necessary, the existing provision and further roll out of midwifery continuity of carer (mcoc) unless they can demonstrate staffing meets safe minimum requirements on all shifts.’ (IEA 2, Safe Staffing page 164)</p> <p>The service has therefore immediately assessed their staffing position and made the following decisions for their maternity service: “Option 3. Trusts that cannot meet safe minimum staffing requirements for further roll out of mcoc and for existing mcoc provision, should immediately suspend existing mcoc provision and ensure women are safely transferred to alternative maternity pathways of care, taking into consideration their individual needs; and any midwives in mcoc teams should be safely supported into other areas of maternity provision.”</p> <p>The report also includes an initial review against the IEAs with a full self-assessment and subsequent action plan to follow.</p>				
Links to Strategic Board Objectives	Full report submitted to Quality committee in April				
Links to Regulations/ Outcomes/ External Assessments	Kirkup Recommendations Maternity Incentive Scheme Local Maternity and Neonatal System (LMNS) Quality Care Commission Ockenden Recommendation				

Introduction

The Ockenden – Final report from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was published on 30 March.

Donna Ockenden and her team have set out the terrible failings suffered by families at what should have been the most special time of their lives. We are deeply sorry for the loss and the heartbreak they have had to endure.

This report must act as an immediate call to action for all commissioners and providers of maternity and neonatal services who need to ensure lessons are rapidly learned and service improvements for women, babies, and their families are driven forward as quickly as possible.

NHS England and NHS Improvement are working with the Department of Health and Social Care to implement the 15 Immediate & Essential Actions (IEAs) and every trust, ICS and LMS/LMNS Board must consider and then act on the report's findings.

All trusts received a letter on 1st April 2022 stating that the board has a duty to prevent the failings found at Shrewsbury and Telford Hospitals NHS Trust happening at this organisation. The Ockenden report will be taken to the next public Board meeting (4th May 2022) and be shared with all relevant staff – it is strongly recommend everyone reads it, regardless of their role. After reviewing the report, actions are required to mitigate any risks identified and develop robust plans against areas where your services need to make changes, paying particular attention to the report's four key pillars:

1. SAFE STAFFING LEVELS

2. A WELL-TRAINED WORKFORCE

3. LEARNING FROM INCIDENTS

4. LISTENING TO FAMILIES

The report illustrates the importance of creating a culture where all staff feel safe and supported to speak up. There is an expectation that every trust board have robust Freedom to Speak Up training for all managers and leaders and a regular series of listening events. A dedicated maternity listening event should take place in the coming months. The national team will soon publish a revised national policy and guidance on speaking up.

Staff in maternity services may need additional health and wellbeing support.

The report highlights the importance of listening to women and their families. Action needs to be taken locally to ensure women have the necessary information and support to make informed, personalised and safe decisions about their care.

The report includes a specific action on continuity of carer: **‘ALL TRUSTS MUST REVIEW AND SUSPEND IF NECESSARY, THE EXISTING PROVISION AND FURTHER ROLL OUT OF MIDWIFERY CONTINUITY OF CARER (MCoC) UNLESS THEY CAN DEMONSTRATE STAFFING MEETS SAFE MINIMUM REQUIREMENTS ON ALL SHIFTS.’** (IEA 2, Safe Staffing page 164)

The service has therefore immediately assessed their staffing position and made the following decisions for their maternity service:

“OPTION 3. TRUSTS THAT CANNOT MEET SAFE MINIMUM STAFFING REQUIREMENTS FOR FURTHER ROLL OUT OF MCoC AND FOR EXISTING MCoC PROVISION, SHOULD IMMEDIATELY SUSPEND EXISTING MCoC PROVISION AND ENSURE WOMEN ARE SAFELY TRANSFERRED TO ALTERNATIVE MATERNITY PATHWAYS OF CARE, TAKING INTO CONSIDERATION THEIR INDIVIDUAL NEEDS; AND ANY MIDWIVES IN MCoC TEAMS SHOULD BE SAFELY SUPPORTED INTO OTHER AREAS OF MATERNITY PROVISION.”

Boards must also assure themselves that any recent reviews of maternity and neonatal services have been fully considered, actions taken, and necessary assurance of implementation is in place.

It is expected there will be further recommendations for maternity and neonatal services to consider later this year given other reviews underway. However, there can be no delay in implementing local action that can save lives and improve the care women and their families are receiving now.

Immediate and Essential Actions

The report includes 4 themes, 15 immediate and essential actions, and 87 recommendations. As mentioned in the introductions the four themes include the important of:

- 1. SAFE STAFFING LEVELS**
- 2. A WELL-TRAINED WORKFORCE**
- 3. LEARNING FROM INCIDENTS**
- 4. LISTENING TO FAMILIES**

The 15 immediate and essential actions (IEAs) are categorised as:

Workforce planning and sustainability 	Escalation and Accountability 	Clinical Governance : Incident investigation & complaints 	MDT Training 	Preterm birth 	Obstetric anaesthesia 	Bereavement care 	Supporting Families 
Safe Staffing 	Clinical Governance : Leadership 	Learning from maternal deaths 	Complex Antenatal Care 	Labour and birth 	Postnatal care 	Neonatal care 	

The senior team within the CSL have met to discuss initial thoughts on the report. There have been subsequent meetings to encourage initial discussion amongst different professional groups including obstetricians and midwives. The team agreed the following next steps:

1. Distribute the letter and report to all key stakeholders
2. Devise a communication plan about how the report can be shared with all staff in different communication modes such as interactive sessions, infographics and the use of email updates and socials.
3. Have an initial review of the recommendations (included in this report)
4. Arrange collaborative sessions with key stakeholders for example neonatal and anaesthetic colleagues to further complete self-assessment
5. Engage with the LMNS to get regional steer, and agree assurance/oversight approach for compliance (worked booked for 10th May).
6. Agree the option for continuity of carer (currently option 3)
7. Complete a full self-assessment against IEAs
8. Compose an action plan with action leads and agree next steps with timescales.
9. Following quality committee it was agreed that the trust would introduce the wider recommendations as part of the clinical strategy for the trust

Board of Directors

Wednesday 4 May 2022

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

Report summary	<p>Quality Summary</p> <ul style="list-style-type: none"> • The majority of falls continue to lead to no or low harm on both sites and any moderate or severe harm incidents are reviewed at a local incident review group to ensure early learning. • As with falls, 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. • Incident reporting rates remain positive and within normal variation. Overall reporting trends remain similar across both sites. • 9 Serious incidents have been reported and are currently being investigated. Improvement activity is also noted. • The Trust overall performance deteriorated against the 62 day referral to treatment standard in Feb 2022. • The growth in the number of open (incomplete) pathways continued to rise between Feb and March 2022. <p>Finance Summary</p> <p>The Trust delivered a surplus of £1.5m, against a £0.6m plan for the financial year 21/22. The Trust pay spend was £13.5m overspent year to date, £1.4m in month. Non-pay was £28.4m overspent year to date. £4.6m related to PCR COVID testing and</p>
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	<p>other out of envelope expenditure that is reimbursed by NHS England. £6m of workforce initiative expenditure which was recognised in month was offset by income. Based on estimated M1-9 Elective recovery fund performance, the Trust has recognised £7.7m. In addition to this a further £0.3m relating to independent sector income has been recognised within the position.</p> <p>Workforce Summary</p> <ul style="list-style-type: none"> • Between January and February sickness reduced by 1.53% to 5.09% and is 0.95% higher when compared to the same period last year (4.15%) • Vacancy rates have increased slightly from 8.43% in February 2022 to 8.82% in March 2022. • Overall turnover is higher than the same period last year • The overall agency run rate is 1.80% lower in March 2022
<p>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</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>Jargon Buster</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>



Bedfordshire Hospitals
NHS Foundation Trust



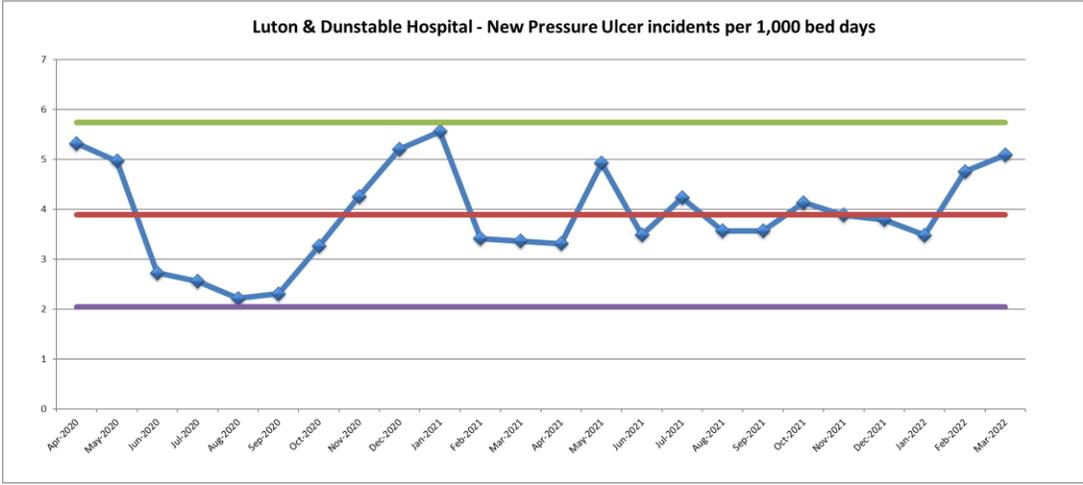
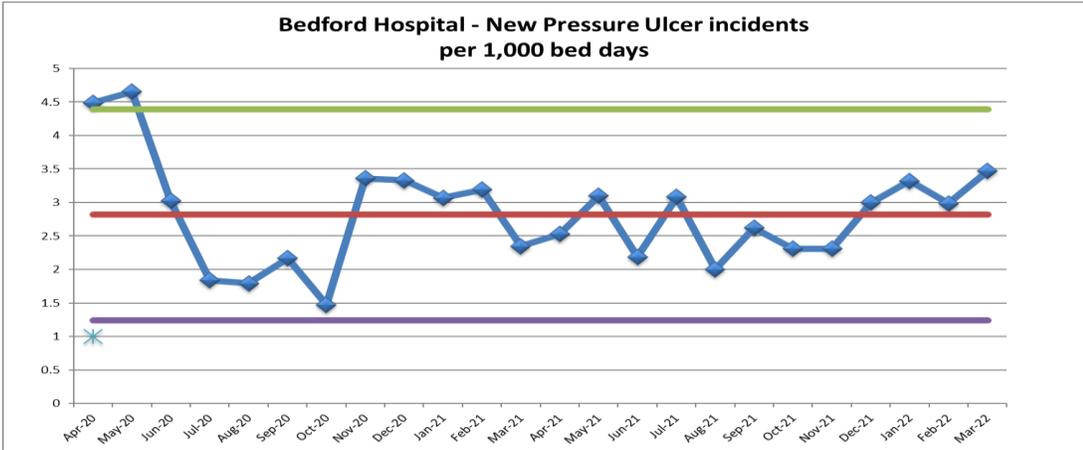
Quality and Performance

May 2022
(January – March) 2022

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



Harm Free Care – Pressure Ulcers

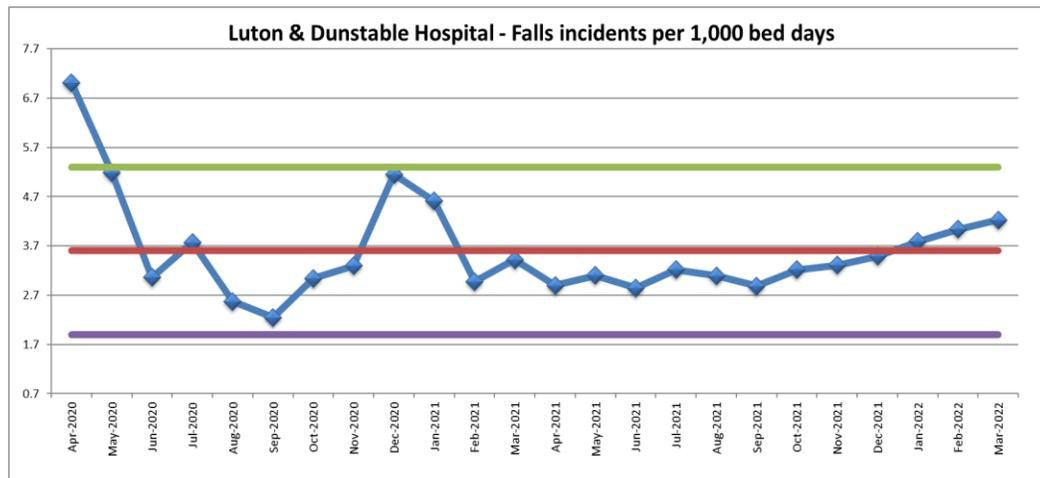
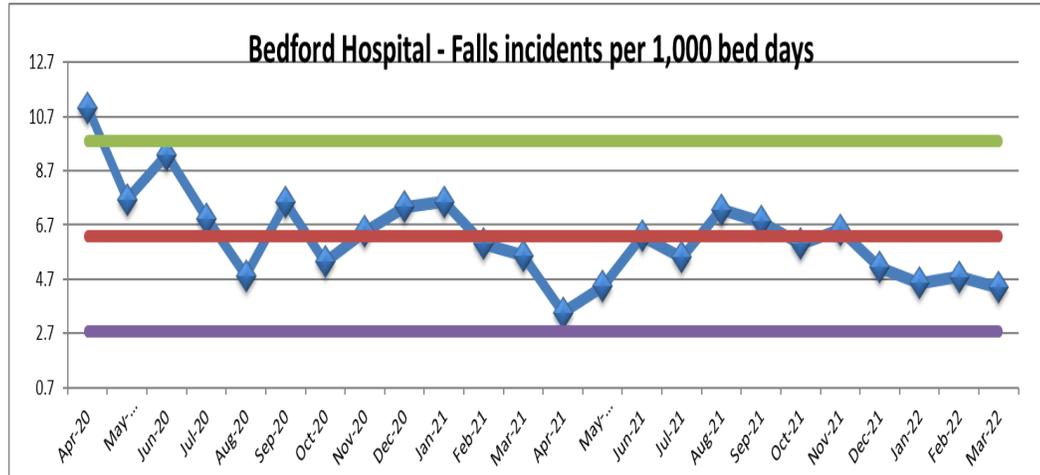


As with falls, all new pressure ulcers (those that have developed in hospital) continue to be reviewed at a weekly pressure ulcer review group enabling clinical teams to share relevant information and identify improvements required.

Specialist Tissue Viability Nurse (TVN) teams are working with the senior nurse leadership of Emergency Departments (ED), to review the current management process around patients who are in the departments for extended periods of time. This involves the TVN teams spending additional time within the departments providing focused education and support to aid early identification of skin damage, revisit ED staff training in relation to pressure ulcer prevention and a review of available equipment.



Harm Free Care – Falls



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

Multi-disciplinary falls meetings across both sites enable ongoing sharing and learning from good practice.

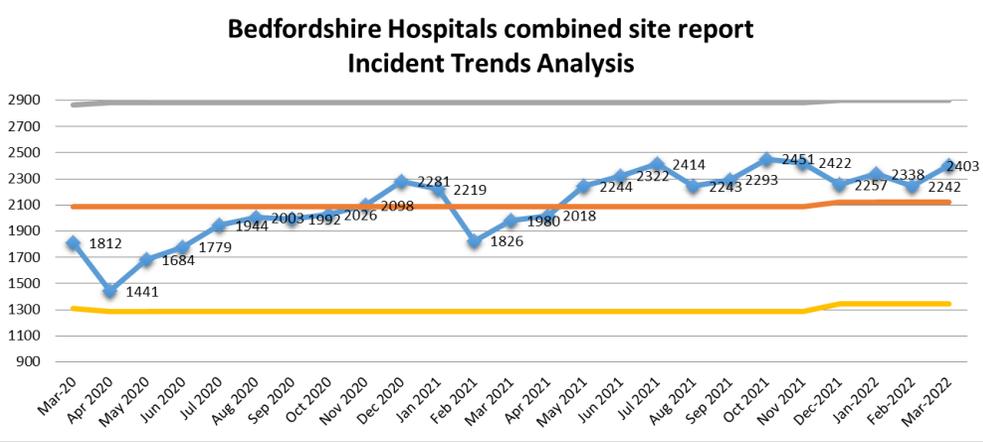
At Bedford more than 60% of falls occur for those patients over 75 years of age. Falls Clinical Nurse Specialists are currently revisiting the wards to deliver training on patient vision assessments on both hospital sites to ensure this becomes embedded into practice.





Incident Reporting

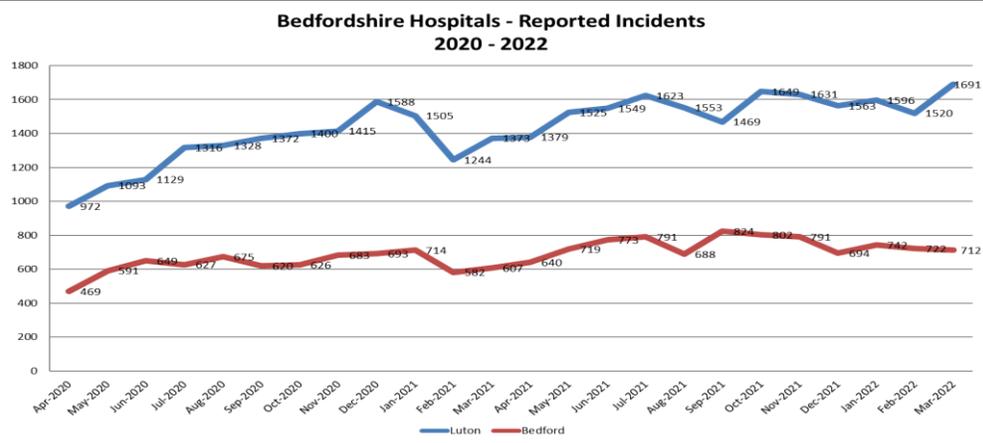
Number of Incidents reported over a two year period up to March 2022 (combined Trust figure)



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

Incident reporting rates remain positive and within normal variation.

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



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

Whilst overall reporting trends remain similar across both Trust sites the Clinical Risk team will be undertaking some awareness work and training across the Trust with an emphasis at our Bedford site to ensure incident reporting levels are maintained.



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 **9** events have been declared as serious incidents across the both Trust sites during January – March 2022

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

Serious Incidents were declared for the Bedford hospital site

- There have been no Serious incidents declared.

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

- Intrauterine death
- Nosocomial Covid-19 death
- Complications following instrumental delivery of a baby
- Potential harm due to patient being lost to clinical follow up
- Potential delay in admission to Intensive Care Unit causing patient deterioration
- Baby born requiring therapeutic cooling (HSIB investigation)
- Potential harm due to delay in cancer diagnosis
- Potential adverse outcome following use of radical rather than conservative treatment modality
- Wrong site surgery – This incident meets the criteria of a "Never Event" (Never Events are serious incidents that are largely preventable because guidance or safety recommendations are available which, if implemented and followed, would avoid occurrence of the incident)





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

- Improvements to ward induction process particularly related to the use of equipment e.g. commodes, to ensure an improved understanding for all temporary and new staff to the area.
- Ensure staff are reminded of the requirement for the measurement of lying and standing blood pressure in all patients over the age of 65 or those who have been assessed as being at high risk of falls

Delay In Diagnosis / Treatment Pathway

- Prior to removal from a cancer pathway patients are required to have a face to face clinic appointment to review investigation completeness and subsequent findings.
- Review mechanisms that create a failsafe and ensure adherence to British Society of Gastroenterologists guidance for annual surveillance related to colonoscopy.
- Ensure that all post procedure reports are populated with the surveillance interval. This should be designed so it can be amended following histology results as required.

Emergency Department

- All young males presenting to the Emergency Department with unilateral acute testicular pain and/or swelling must now have a consultation with on-call surgical/urological team to make a management decision.



Improvement activity related to previously investigated Serious Incidents (continued)

Medication errors

- An internal safety memo has been circulated reminding and highlighting the severe nature of the interaction between tacrolimus *and clarithromycin* with all pertinent prescribers and pharmacists mandated to complete ePMA (electronic prescribing and medicines administration) training module.

**Tacrolimus is an immunosuppressant and clarithromycin is an antibiotic. The use of both drugs together can lead to an increased risk of adverse effects such as nephrotoxicity.*

- Ensure all ward areas and Emergency department have access to specialist weighing scales to ensure weight based prescriptions
- All Base wards and short stay units to review assessments, including weighing of patients, for all new admissions through Emergency department .
- Review awareness training regarding the importance of measuring weight and its subsequent documentation.
- Medication system (ePMA) reconfigured to mitigate and prevent cumulative overdosing, especially when drug administration times are altered and also to accommodate the weight options for drugs.
- Ensure a Pulmonary Embolus** severity scoring (PESI) is undertaken and documented in all cases of pulmonary embolism and assessed for potential severity
- An update to Trust Venous Thromboembolism guidelines to include PESI scores calculator with guidance on how to interpret it.
- ***A pulmonary embolism (PE) is a blood clot that develops in a blood vessel in the body (often in the leg). It then travels to a lung artery where it suddenly blocks blood flow.*



Improvement activity related to previously investigated Serious Incidents (continued)

Maternity Services – (Includes Learning from 4 completed HSIB reports)

- Review of the pathway for women attending the Early Pregnancy Assessment Unit
- Reflective training for staff undertaking history with particular emphasis on use of interpreters and documentation
- Review of guidance related to use of interpreters

- An update to the Multiple Pregnancy Guideline has been made to include reference to a more holistic approach which includes shared decision making with the mother and is documented within the care plan and records.
- A specific clinic for multiple pregnancies with a named consultant has been established and will also include a dedicated midwife.

- Support for clinicians to use the designated handover tools to ensure all relevant information and plans are shared during communications.
- Support for clinicians to review all relevant paperwork ensuring there is no lost clinical information and agreed care plans are followed.
- Ensuring that when a raised MEOWS** score is identified, staff are supported to follow the associated escalation procedure and an urgent face to face holistic medical review is undertaken.
- Ensure equipment that may be required during a birth is immediately available in the labour rooms and maternity operating theatres.
-
- Ensure staff are supported to change a mother's care pathway when her clinical condition changes.
- Support for staff to complete the telephone triage assessment form in full, ensuring all staff have sufficient information to complete a holistic review and provide telephone advice to mothers.
- Ensuring that mothers requiring face to face review following a telephone risk assessment are invited into the maternity unit for clinical assessment when no other local units are able to assist.
- Support for staff to recognise when a CTG*** is indicated in order to assess a baby's heart rate as part of a holistic review to inform care planning.
- Ensuring staff are supported to communicate the level of urgency for birth clearly and any change in the plan made is documented and communicated clearly.

***The **Modified Early Obstetric Warning Score (MEOWS)** has been designed to allow early recognition of physical deterioration in pregnant women by monitoring their physiological parameters*

******Cardiotocography (CTG)** is a continuous recording of the fetal heart rate obtained via an ultrasound transducer placed on the mother's abdomen. CTG is widely used in pregnancy as a method of assessing fetal well-being*



Improvement activity related to previously investigated Serious Incidents (continued) : Maternity Services – (Includes Learning from Four completed HSIB reports)

- Development of a clear communication pathway between A&E and Maternity unit if a patient phones the Maternity Unit and is asked to attend A&E.
- Review of need for a maternal sepsis box, readily available in A&E, to ensure timely administration of IV antibiotics.
- Ensuring that maternal sepsis, in the presence of an abnormal antenatal CTG, is managed with a multidisciplinary team approach to determine the appropriate timing for delivery
- Ensuing at least twice daily consultant-led ward rounds with contemporaneous documentation and review/plan of care in the maternal notes.
- Education sessions for maternity staff in relation to CHI**** and its implication on placental function and fetal outcomes, also for understanding that women with raised LDH***** and sinus arrhythmias should be escalated to the medical team as soon as possible for review
- Ensuring continuous electronic fetal monitoring is offered to all pregnant women with an abnormal antenatal CTG with signs and symptoms of ongoing pyrexia, to allow any deterioration to be identified and acted upon.
- Undertake a refinement of GROW chart production pathway to ensure that they are available in the patient's handheld notes in a timely manner for all appointments.
- Ensuring that deviation from guidance at maternal request is escalated and that it is carefully explained to a mother including any risks and benefits with documentation in maternity records, whilst respecting a woman's right to consent or decline any aspect of treatment/intervention.
- Ensuring staff are supported to discuss the risks and benefits of clinical options around immediate versus expectant management following admission with SROM+, in line with the Montgomery** ruling.
- Ensuring that if a Mother is admitted with a background history of diabetes that there is obstetric oversight into her care planning.
- Supporting staff to ensure a thorough risk assessment of any mothers being admitted to the antenatal ward is carried out to inform an ongoing robust care plan
- Working with staff to ensure they are supported to have a higher index of suspicion and implement prompt intervention when a CTG is abnormal / pathological from the time of commencement.
- Ensuring all mothers at booking have a detailed risk assessment conducted to identify whether aspirin prophylaxis is indicated to reduce risk of hypertensive disease.
- Supporting clinicians in recognising that when a diagnosis of pre-eclampsia has been made what the options are indicated for timing of delivery.
- Ensuring that all abnormal tests are documented and clearly visible to all clinicians to inform all ongoing care decisions.
- Refining process to ensure there is adequate staffing on the antenatal ward.
- Supporting staff to perform any indicated fetal heart rate assessments before and after administration of prostaglandin in line with local guidance.

****Chronic histiocytic intervillitis (CHI) is a rare condition in which the mother's immune system does not accept the placenta in the womb.

*****LDH- Lactate dehydrogenase is an enzyme that the body uses during the process of turning sugar into energy for your cells to use

+SROM – Spontaneous rupture of membranes

****Montgomery ruling** - The 2015 UK Supreme Court decision on Montgomery vs. NHS Lanarkshire has significant implications for clinician–patient communications, information sharing and informed consent. The ruling makes it clear that consent for any intervention must include an information sharing process which ensures the patient is aware of all options and they are supported to make an informed choice



Mortality

There were 208 deaths from all causes (BH, no.91, LDH no.117), with no elective deaths in March 2022. This is 8 fewer deaths across Bedfordshire Hospitals in month and 34 more deaths when compared to March 2021.

Across Bedfordshire Hospitals, from March 2020 to March 2022 the total no. deaths reported on the COVID-19 Patient Notification System (CPNS) for patients for COVID-19 is 1726, 47 in month (BH no. 17, LDH no.30).

42 of the deaths are in patients with a first positive test for COVID-19, (BH no.18, LDH no.24), a decrease of 21% deaths (no.11) compared to February 2022.

There were 25 deaths within 24 hours of admission in March 2022 (BH no. 9, a decrease of 3 deaths and LDH no. 16, an increase in 2 deaths compared to February 2022), accounting for 9.9 and 13.7% of all deaths in month for both hospital sites.

There were 119 excess deaths across the 12 rolling months (April 2021 - March 2022) for Bedford Hospital and 4 excess deaths for Luton and Dunstable Hospital when compared to the five year pre-COVID-19 average (figures 1a,1b)

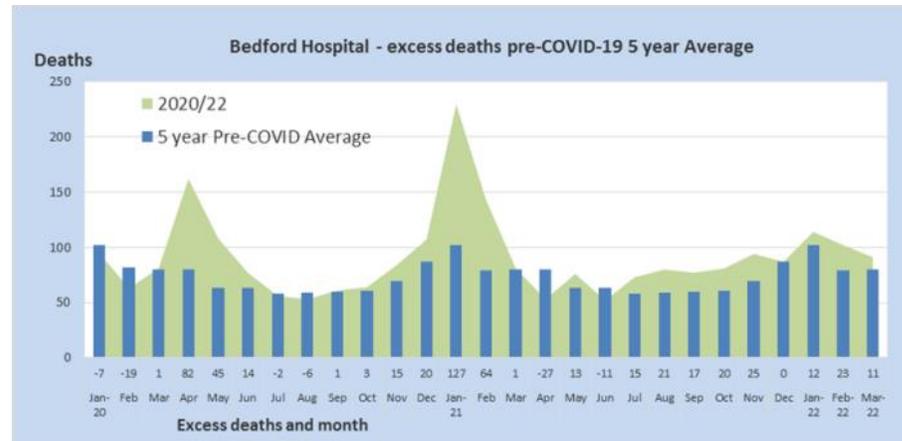


Figure 1a

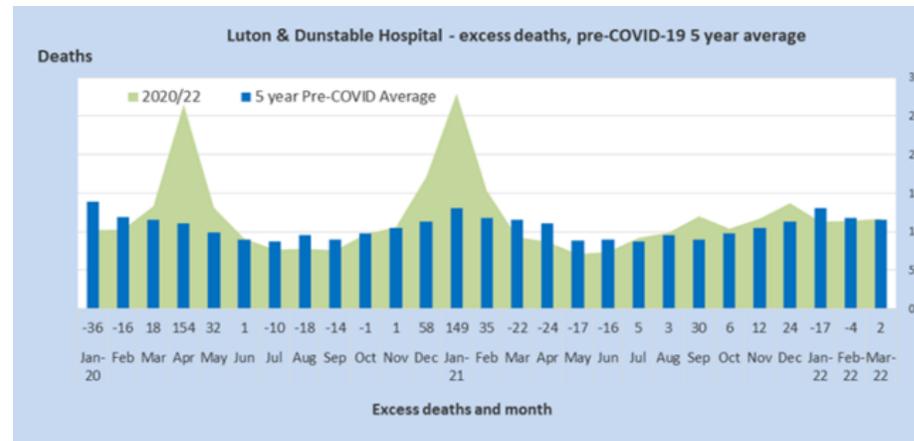


Figure 1b



Effective

In March 2022, 11 excess deaths at BH and 2 excess deaths at LDH were reported when compared to the five-year (pre-pandemic) average. The 2022 cumulative no. of excess deaths for Bedfordshire Hospitals is, 27 (BH, no.46, LDH, no. -19) (figures 2a, 2b,)

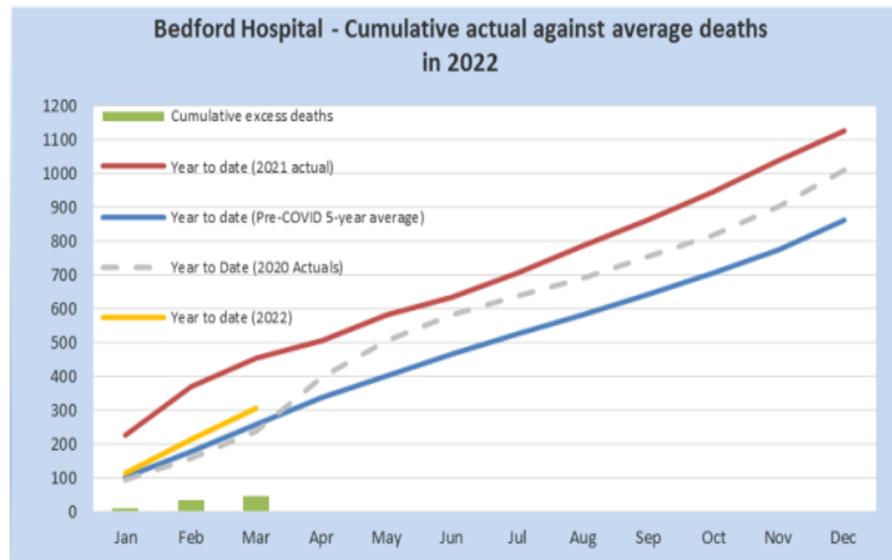


Figure 2a

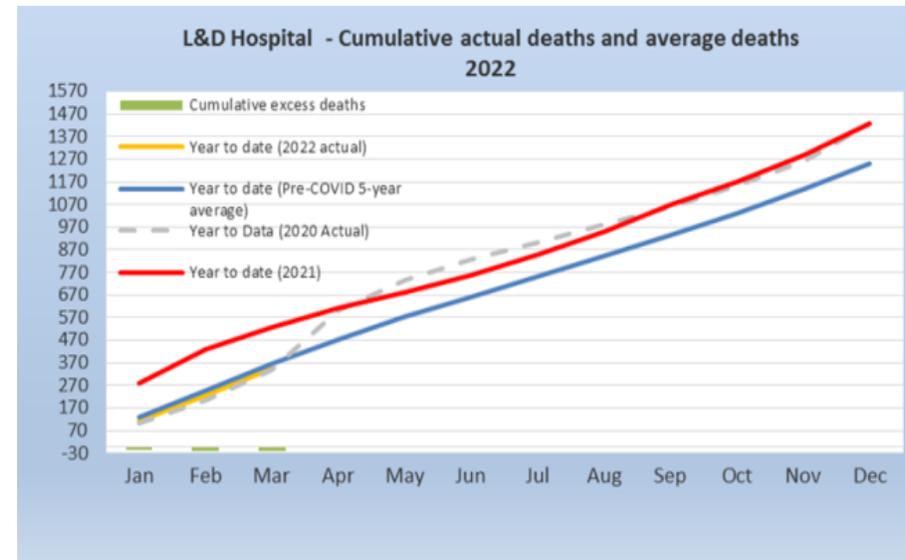


Figure 2b





National Indicators

HSMR, RAMI exclude COVID-19 cases, SMR covers all deaths, including COVID-19 cases. All three indicators have been standardised for age, gender and case mix (figure 3).

- Monthly **SMR** (January 2022) is 109.9 for Bedfordshire Hospitals (↓5.62 in month)
- BH, 149.88 ↑, 22.52 and LDH, 88.81 ↓24.97

- Monthly **HSMR** (January 2022) is 114.59 for Bedfordshire Hospitals (↓1.94 in month)
- BH, 156.8 ↓ 28.36 and LDH, 88.81 ↓18.48

- Monthly **RAMI** (January 2022) is 91.88 for Bedfordshire Hospitals (↓ 3.66 in month)
- BH, 100.16 ↑14.51 and LDH, 68.66 ↓34.52

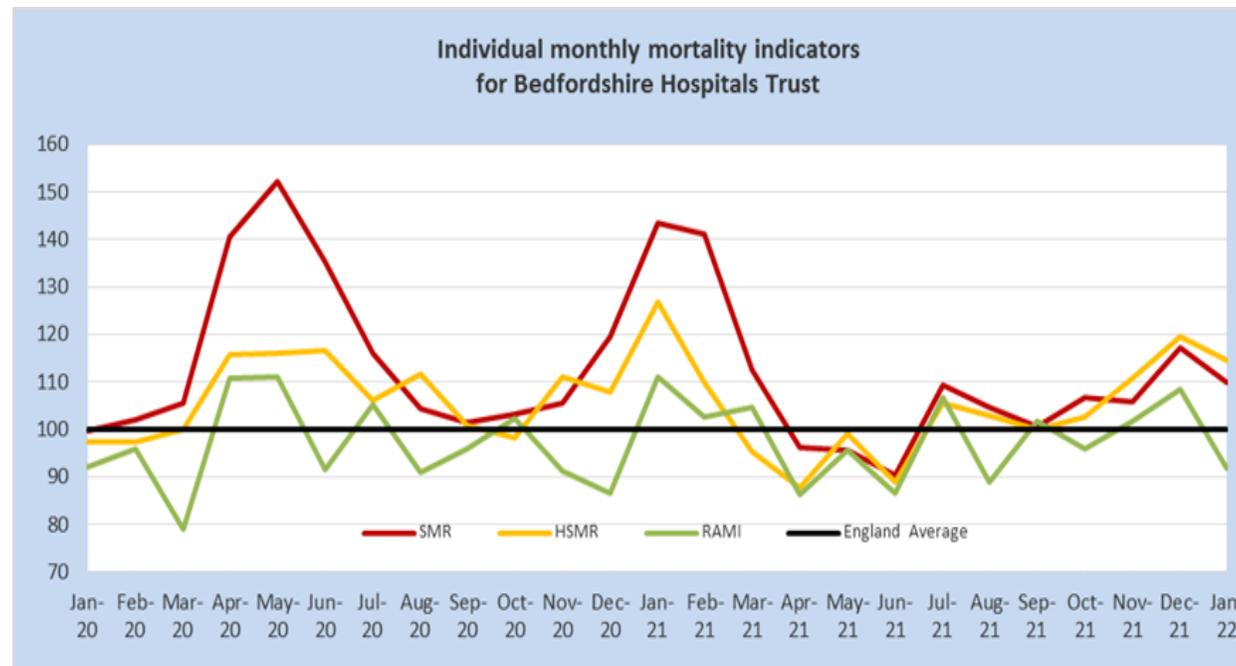


Figure 3





SHMI

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

The latest SHMI for the 12 months ending October 2021 is 106.04 (↑1.2 in month) for Bedfordshire Hospitals BH at 116.97 ↑2.35 and LDH at 99.45 ↑0.53

While all indicators remain in the 'as expected' range for Bedfordshire Hospitals, the SHMI for Bedford Hospital site is now rebanded (1), 'higher than expected.' Further investigation and analysis is underway to better understand this trend (figure 4).

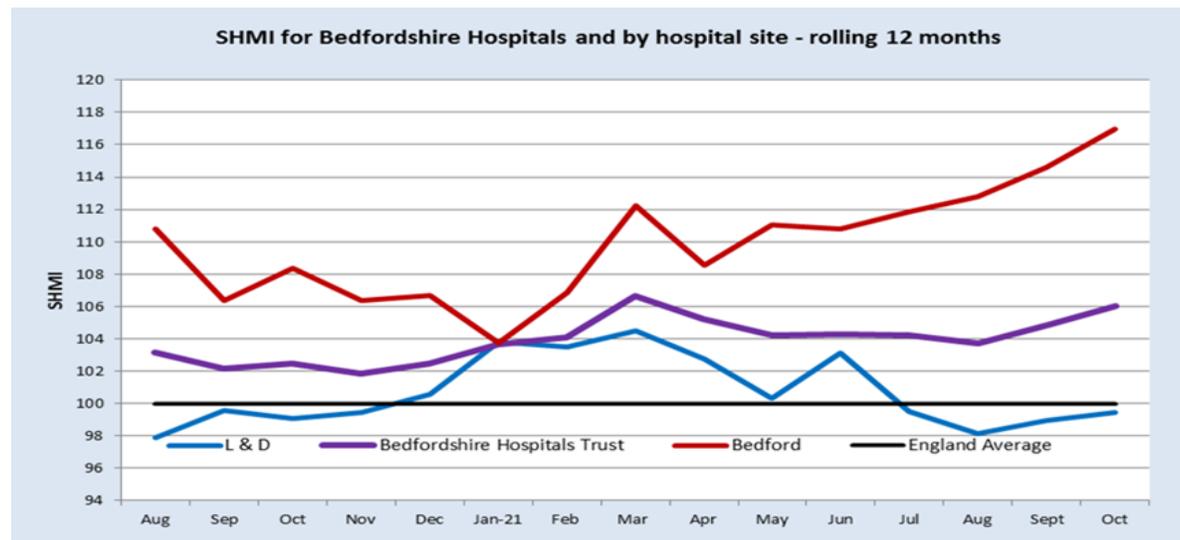


Figure 4

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

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

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

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



Caring

Complaints	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Number received	57	65	67	49	56	56	53	56	46	54	61	59
Number received per 1000 bed days	2.08	2.22	2.33	1.65	1.79	1.77	1.66	1.81	1.46	1.73	2.09	1.86
Number of response breaches (over 45 days)	26	19	24	43	42	23	36	36	37	16	24	34
Number upheld by the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0
Compliments Number received	313	333	91	208	173	186	314	208	394	209	201	211
PALs Contacts (Concerns)	470	441	532	450	376	317	312	304	277	272	220	219
PALs Contacts (queries and comments)	1112	1040	1241	1257	1028	1161	1095	1143	821	1232	1161	948

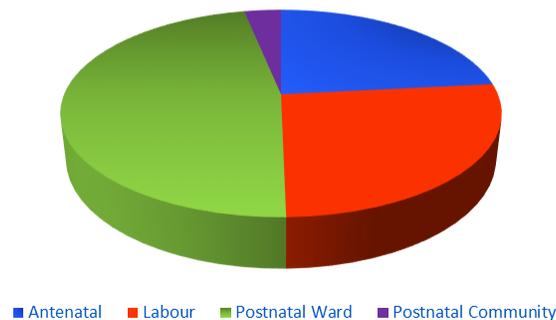
Complaints increased during January – March with the top theme continuing to be clinical treatment. Communication issues have dropped slightly, which may have been reflected in the decrease in visiting restrictions. Complaints relating to staff attitude saw a slight increase between January and February but has dropped again in March.

PALS activity continues to be busy and communication concerns are the highest reported issue, with being unable to contact service or ward the most common theme.



Caring

Maternity FFT Survey by survey type, both sites
Jan - March 2022

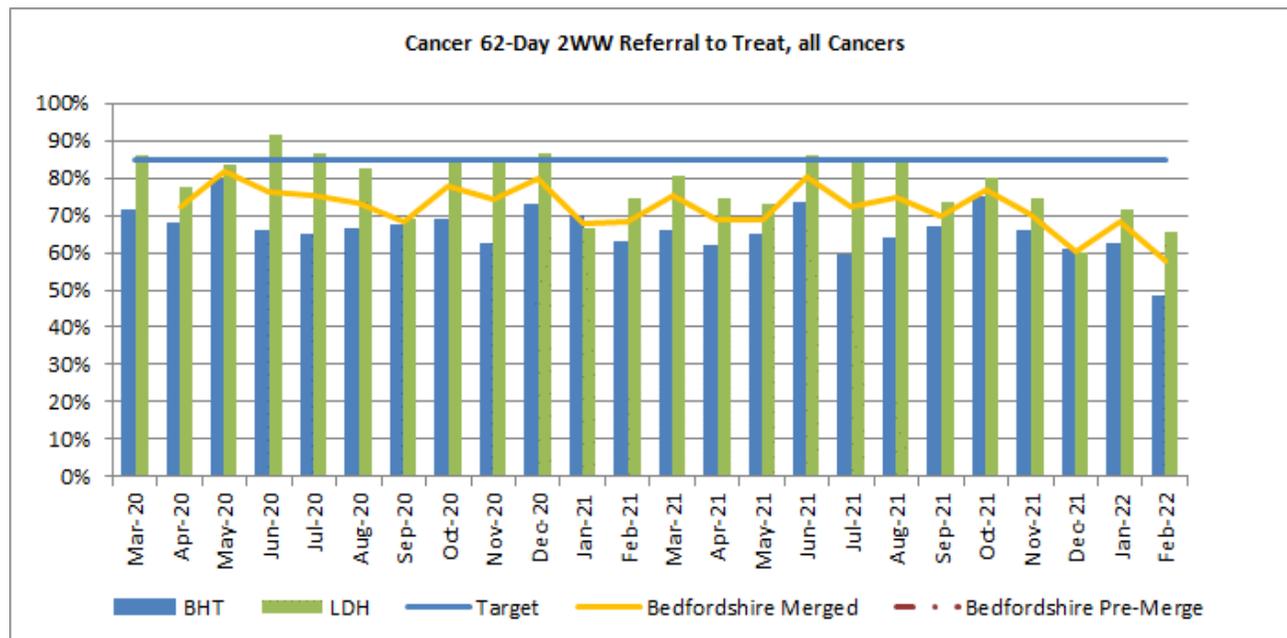


Friends & Family Test (FFT) survey returns have increased each month across in-patient, emergency departments and maternity areas. The majority of returns reflect patient satisfaction particularly for inpatient areas and maternity. Figures for Maternity Services have increased dramatically in March with 468 surveys being returned. 97% of these rated their experience as Good or Very Good. A Patient Experience Midwife joined the Trust in January leading on the patient experience agenda. It is anticipated that this role will continue to have an impact in the numbers and quality of feedback received from women using the service





Cancer – 62 Day 2ww Referral to Treat



Last 3 months performance:		Dec-21	Jan-22	Feb-22
Bedford	Patients treated	66	64	60
	62 day breaches	26	24	31
Luton & Dunstable	Patients treated	68.5	71.5	77
	62 day breaches	27.5	19	26.5
Bedfordshire Hospitals	Patients treated	134.5	135.5	137
	62 day breaches	53.5	43	57.5
Overall performance		60.2%	68.3%	58.0%

February 2022 breaches by tumour site:

BH: 2 Breast, 3 Colorectal, 3.5 Gynaecology, 1 Haematology, 6 Lung, 2 Sarcoma, 2 Upper GI, 11.5 Urology

LDH: 2 Breast, 3 Gynaecology, 2.5 Head & Neck, 4 LGI, 1 Lung, 4 Skin, 1 UGI, 9 Urology

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

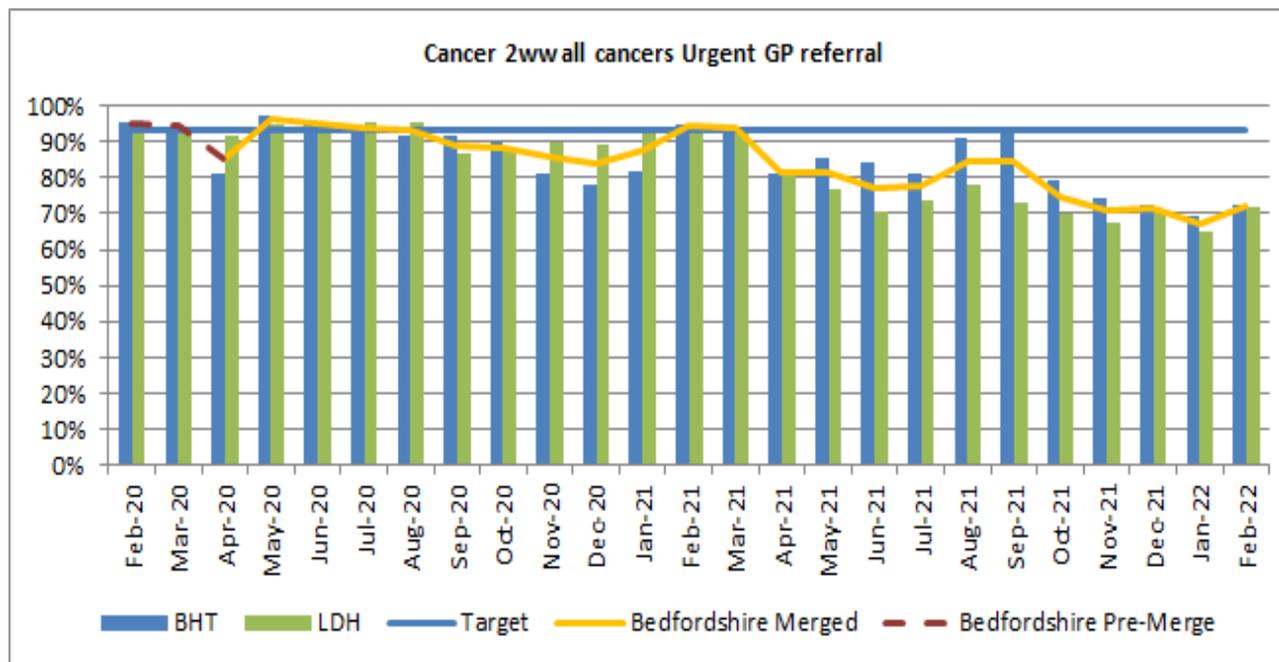
In Feb 2022 Performance against the 62 day referral to treatment standard declined to 58% across the two hospitals, with 57.5 treatment pathways commencing outside of the 62 days. Performance at the Bedford Hospital site declined from 62.5% in Jan 22 to 48.3% in Feb 22, performance at the Luton site declined from 71.5% in Jan 22 to 65.6% in Feb 22.

The high number of urology breaches reflect issues with the point biopsy pathway at Bedford, surgical capacity at Addenbrookes and the Lister, clinician capacity at both sites and the continued high demand from new 2ww referrals.





Cancer – 2ww Urgent GP Referral



Last 3 months performance:		Dec-21	Jan-22	Feb-22
Bedford	Patients treated	1114	868	1061
	2ww breaches	304	266	294
Luton & Dunstable	Patients treated	1078	941	1113
	2ww breaches	318	331	313
Bedfordshire Hospitals	Patients treated	2192	1809	2174
	2ww breaches	622	597	607
Overall performance		71.6%	67.0%	72.1%

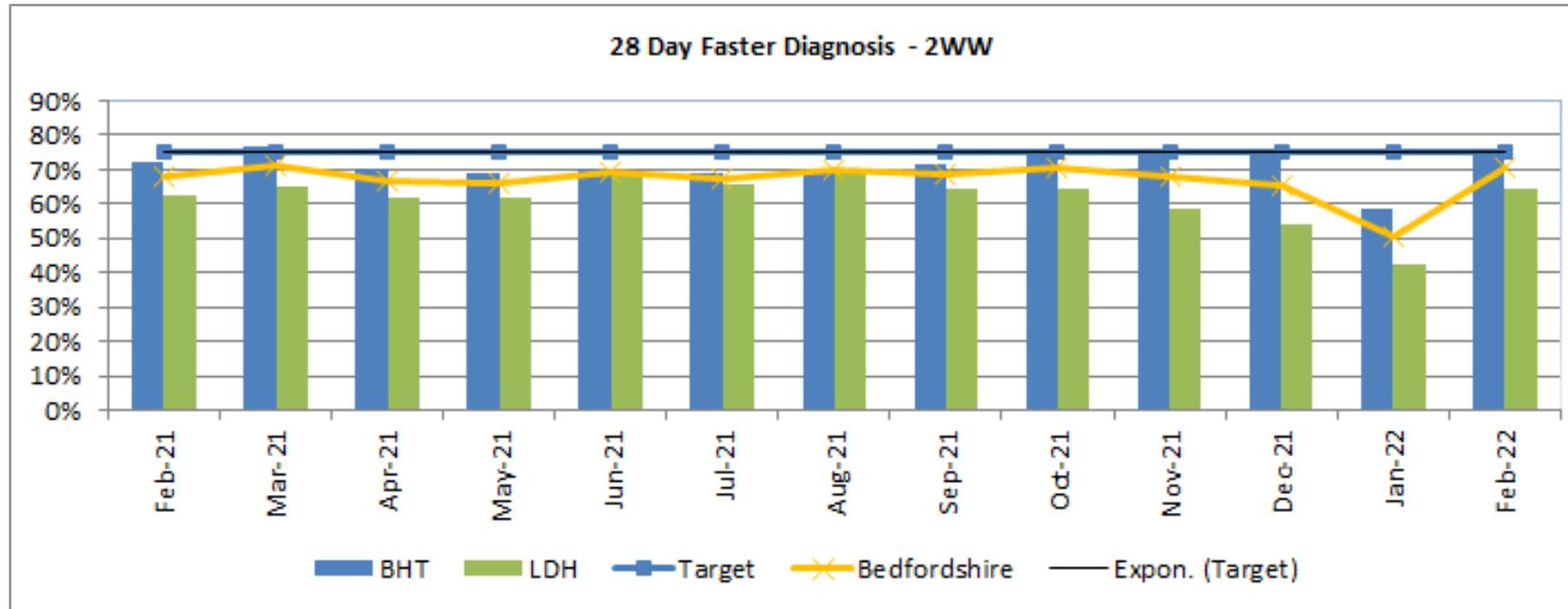
2ww all cancers, Urgent GP referral (Target 93%)

In Feb 2022 the total number of 2WW referrals was very high for the number of working days, following a drop in January. The performance against the 2ww standard improved to 72.1% from 67.0% in January 22, although this is unlikely to be a sustained improvement due to the significant challenges for the workforce in March 2022.





Cancer – 28 day faster diagnosis



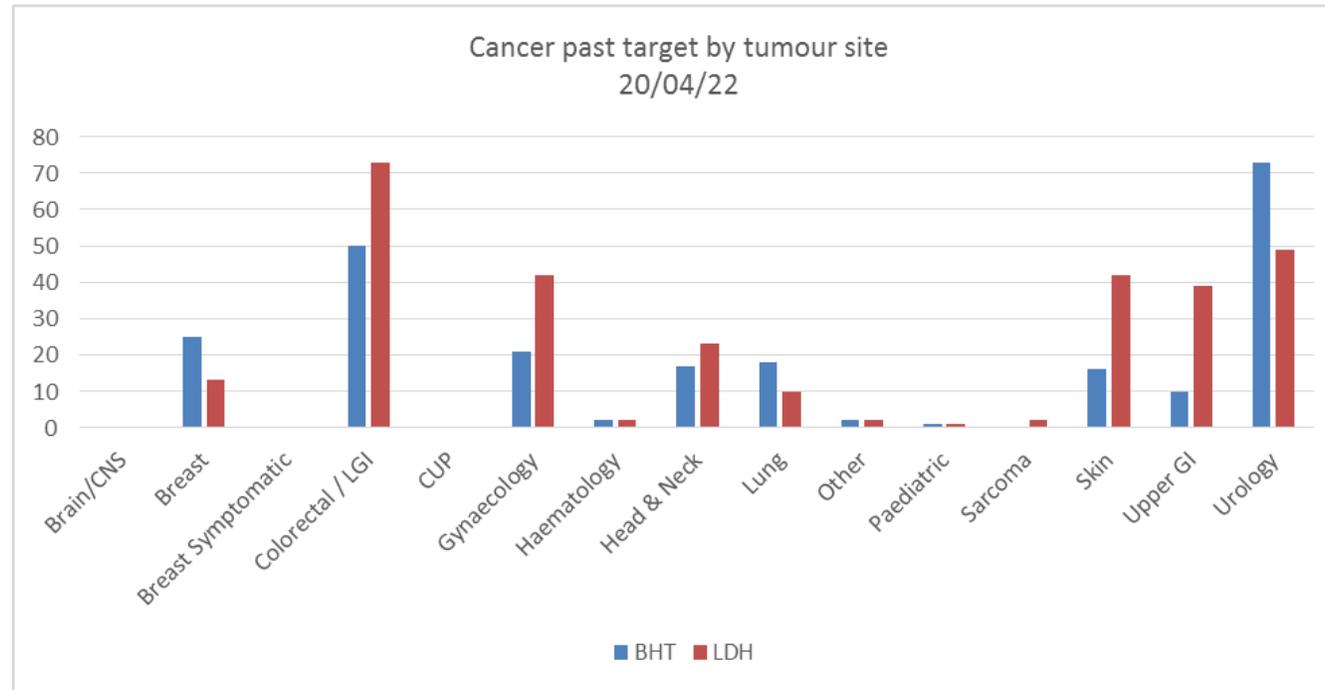
28 day faster diagnosis standard (75% operational planning target from September 2021)

The overall trust performance against the 28 day faster diagnosis standard improved in February 22. The performance at the Bedford site during the month compared to previous month improved to 76.1%. The performance at the Luton site improved to 64.3%. This gives an overall trust performance of 70.5% (compared to 50.7% in January 22).





Cancer – Past Target Backlog (63 days plus)



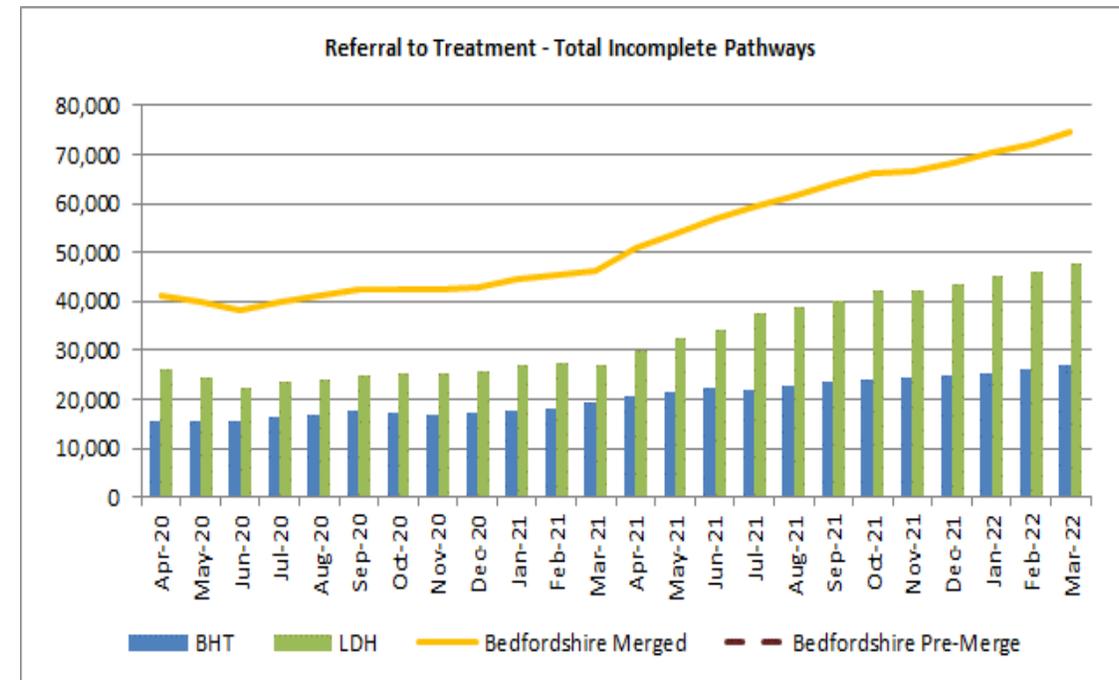
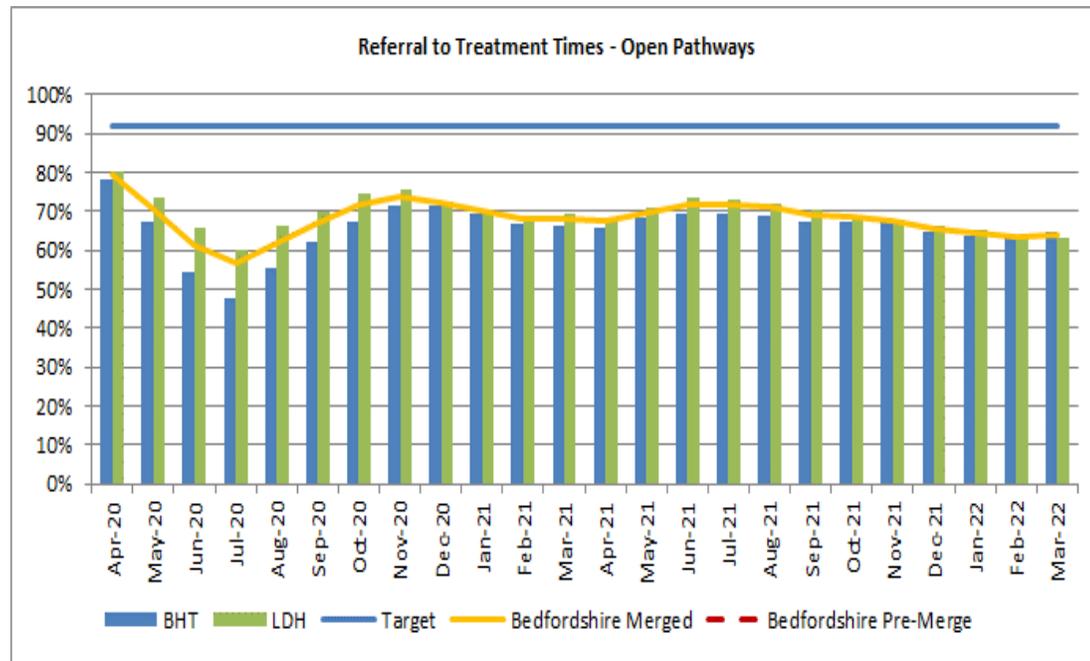
As at the 20th April 2022 there were 531 patients at greater than 63 days across Bedfordshire Hospitals pathways which is a significant increase from 394 in March 2022. This reflects high referrals in the first week of March, and challenges with staff absences and tracking and admin support during the Easter period.

Colorectal / lower GI and Urology remain the most challenged specialties with regards to the numbers of patients past target.





18 Weeks



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

The number of patients on open pathways has continued to rise between Feb and Mar 2022. Overall performance against the 18 week standard improved in March 22 for the trust as a whole to 64%, with the L&D achieving 63.4% and Bedford 64.9%.



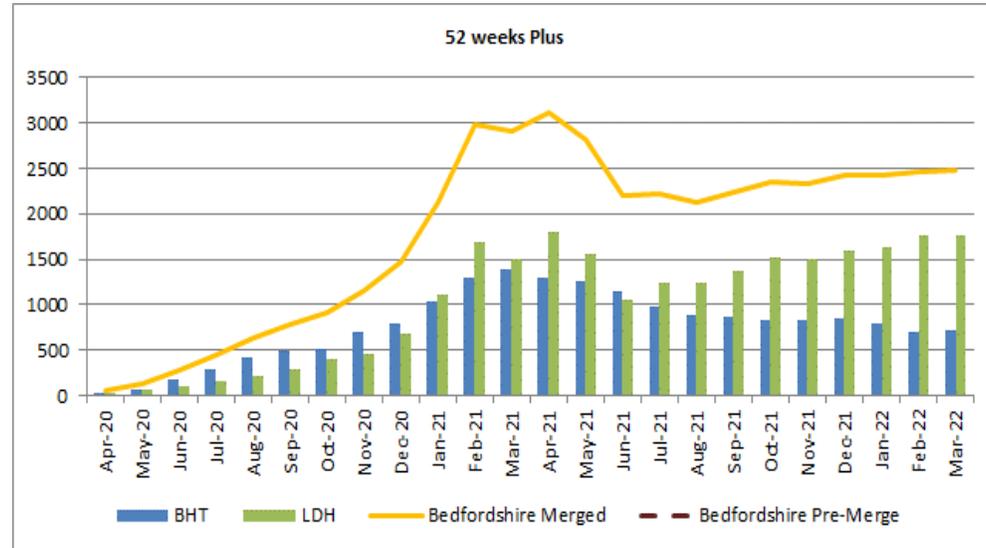


18 Weeks

52 Week Plus (Target zero)

The number of patients waiting over 52 weeks for treatment increased again from 2458 to 2488 at the end of March 22. That comprises 723 patients waiting for treatment at the Bedford site and 1765 waiting at L&D. The Luton position reflects the number of patients on outpatient pathways breaching 52 weeks in ophthalmology, ENT and OMFS. The operating target for 2022/23 is to try and hold the number of 52 week waits stable.

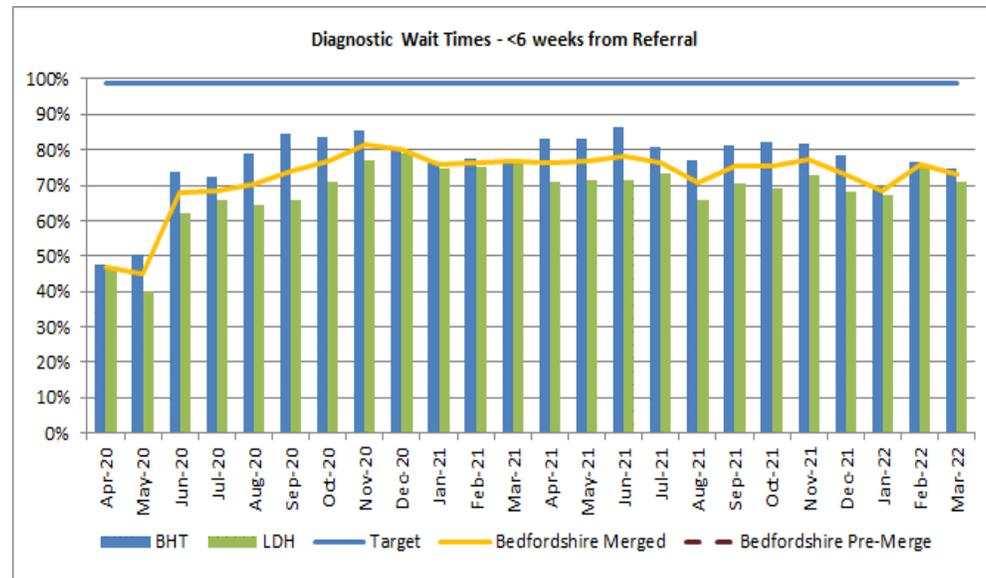
The number of patients over 78 weeks continues to drop week by week and is currently at 312. The target is to have reduced this figure to zero by 31st March 2023.



Diagnostics

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

72.9% of diagnostics were carried out within 6 weeks of referrals in Mar 22 compared to 75.8% in Feb 22; slight decline. The L&D site performance has decreased from 75.2% in Feb 22 to 71.1% in Mar 22. The performance at the Bedford site has decreased from 76.4% in Feb 22 to 74.8% in Mar 22.

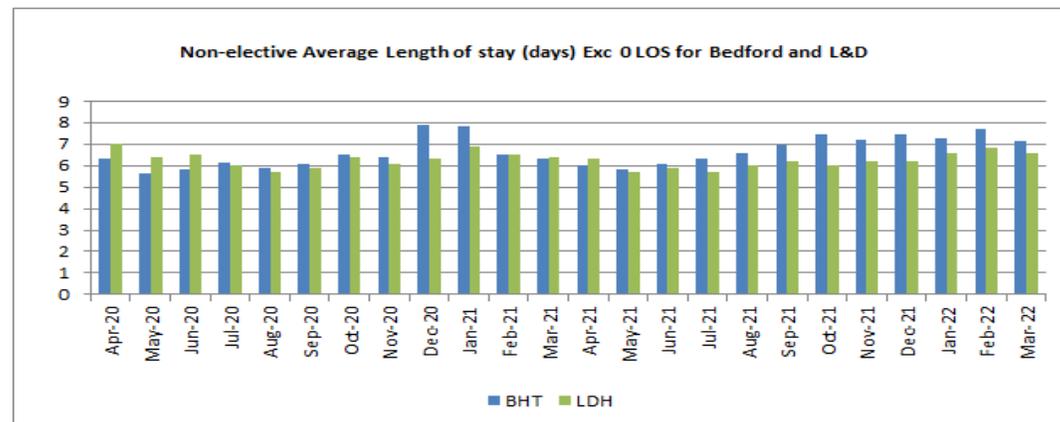
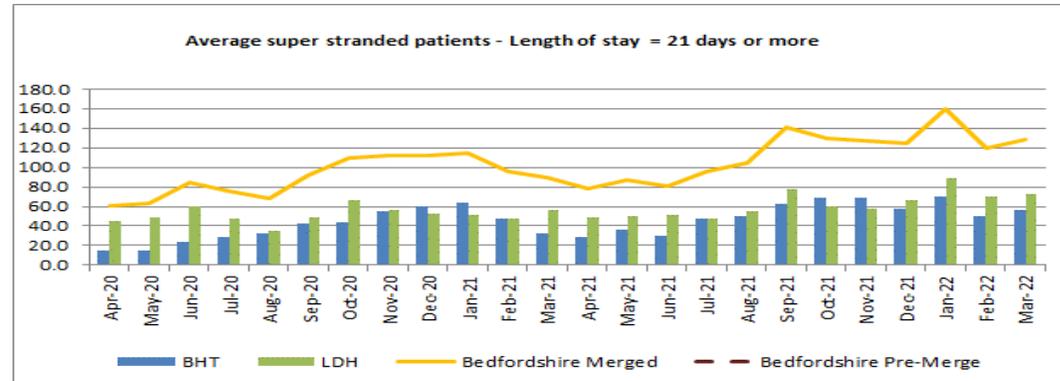
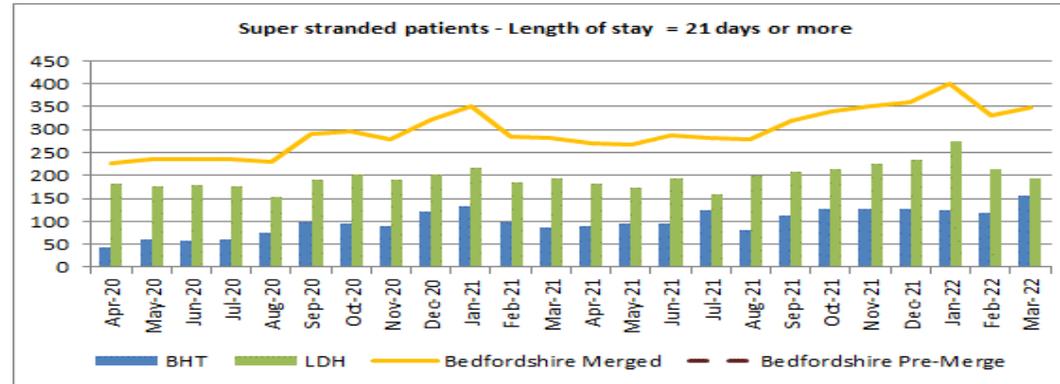




Stranded patients and Length of Stay (LOS)

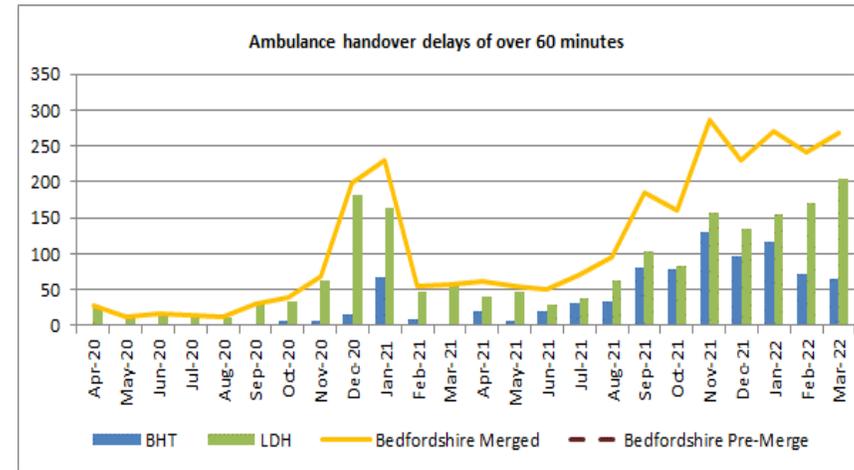
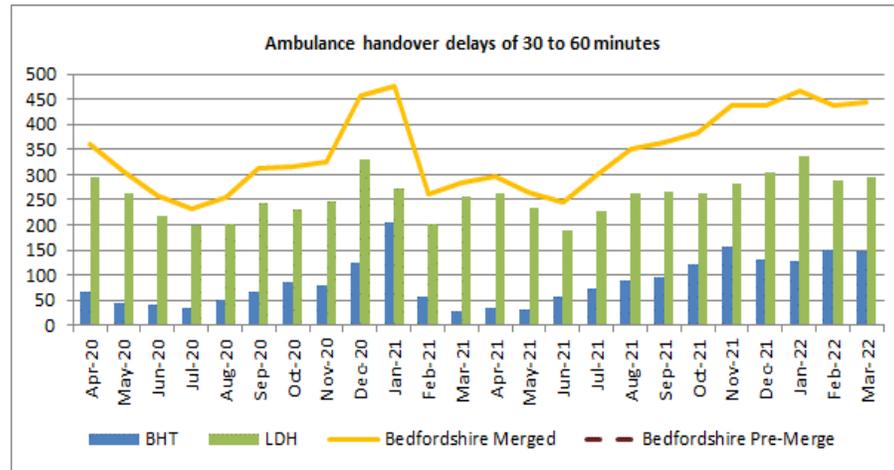
The BH site has seen a deterioration in the number of stranded patients during Mar 22 resulting from high Covid prevalence and capacity pressures across the system. The Luton site has seen a slight drop in the number of stranded patients during Mar 22, with the average occupancy broadly stable.

Mar 22 saw a slight reduction in the length of stay on both sites compared to Feb 2022 although this remains higher on both sites than at this time last year. Patients waiting for complex rehabilitation placements and intensive packages of care to support a return home, continue to represent the highest volume of delays.





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. EEAST provide senior operational support to both sites in the form of HALOs who work with the clinical and operational teams to ensure handovers are not avoidably delayed.

The number of 60 minute plus handover delays at the Luton site increased again significantly in March 2022 with more than 200 ambulances delayed over an hour. There has been a significant improvement at the Luton site in April 2022 with the reopening of a number of ED cubicles and consistency of HALO presence on site. Bedford site continues to perform extremely well compared to the rest of the region.

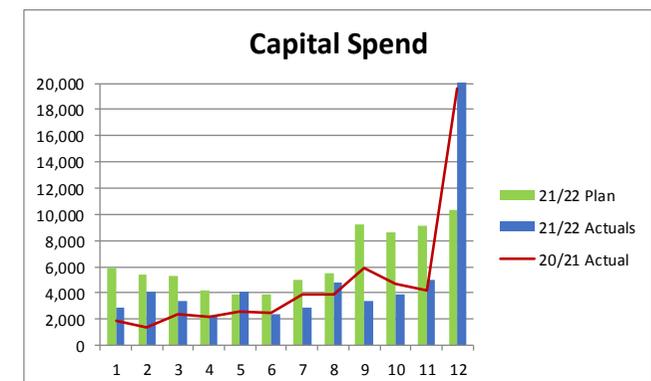
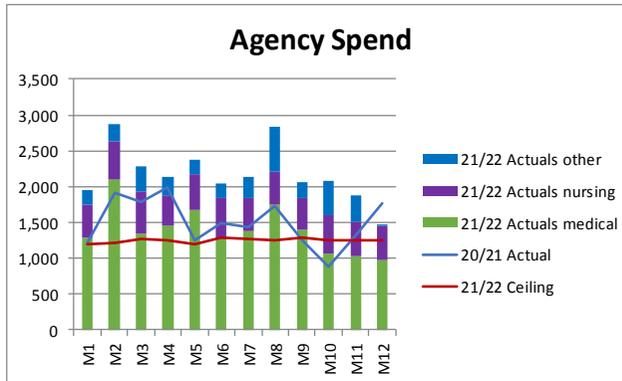
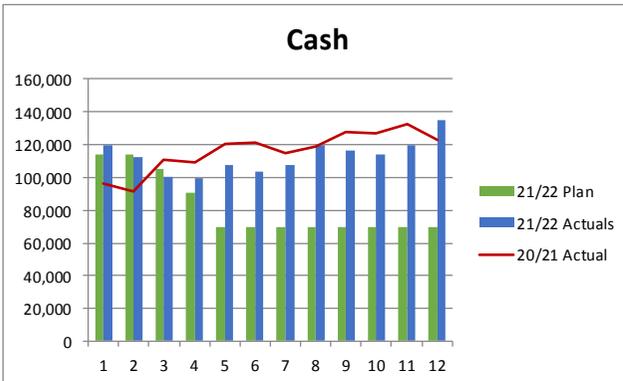
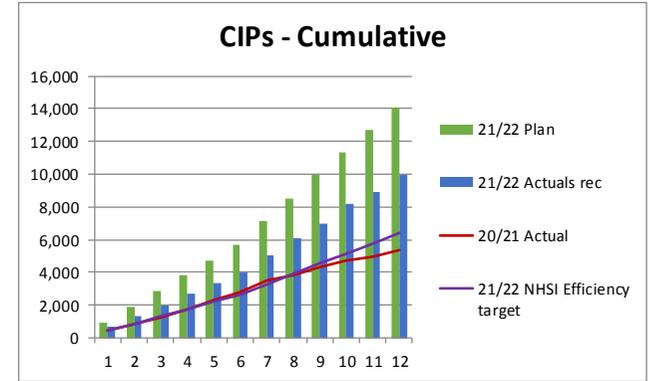
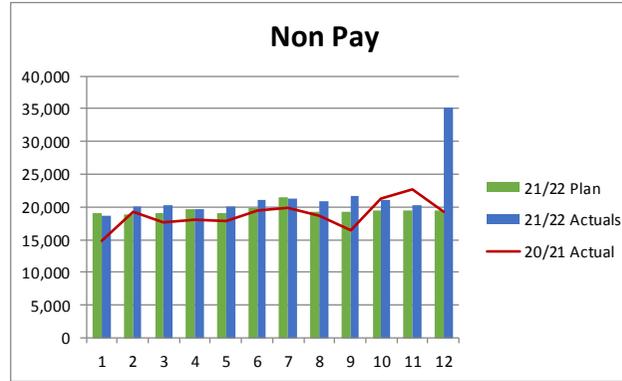
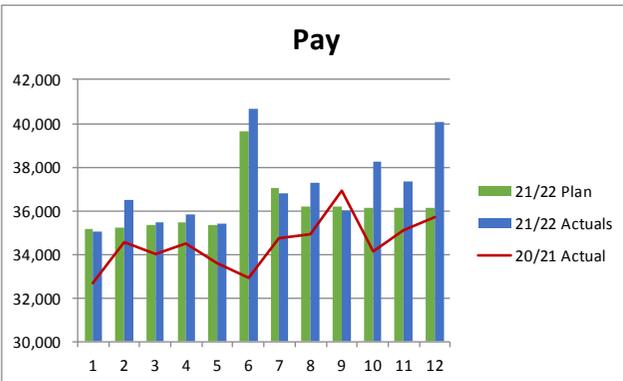
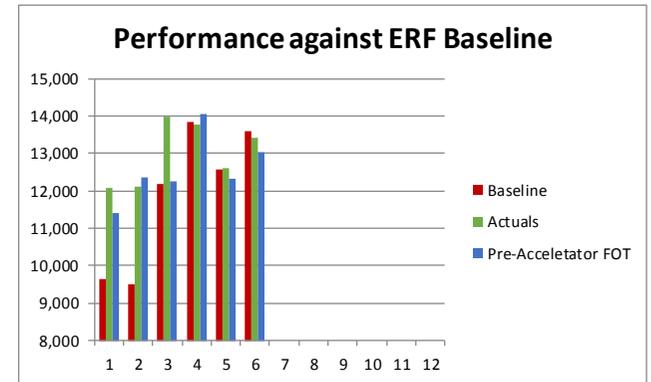
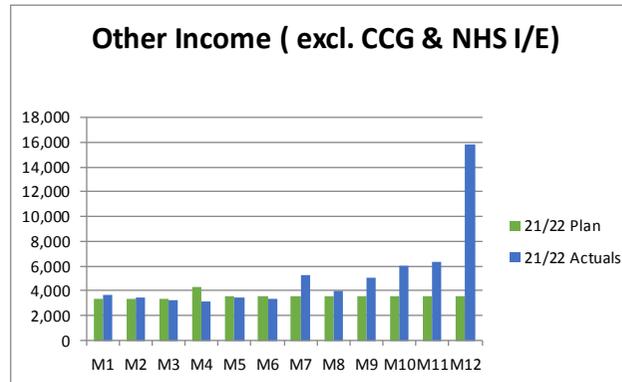
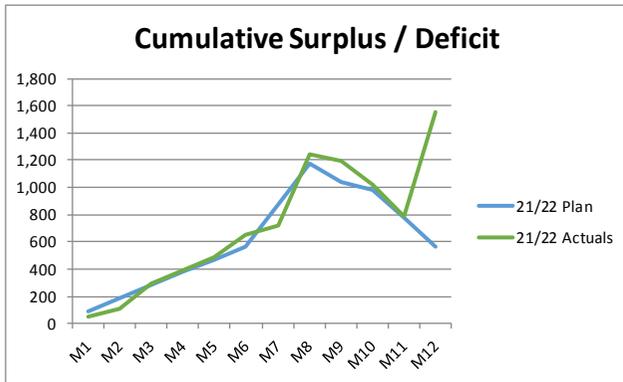


Board of Directors
4th May 2022

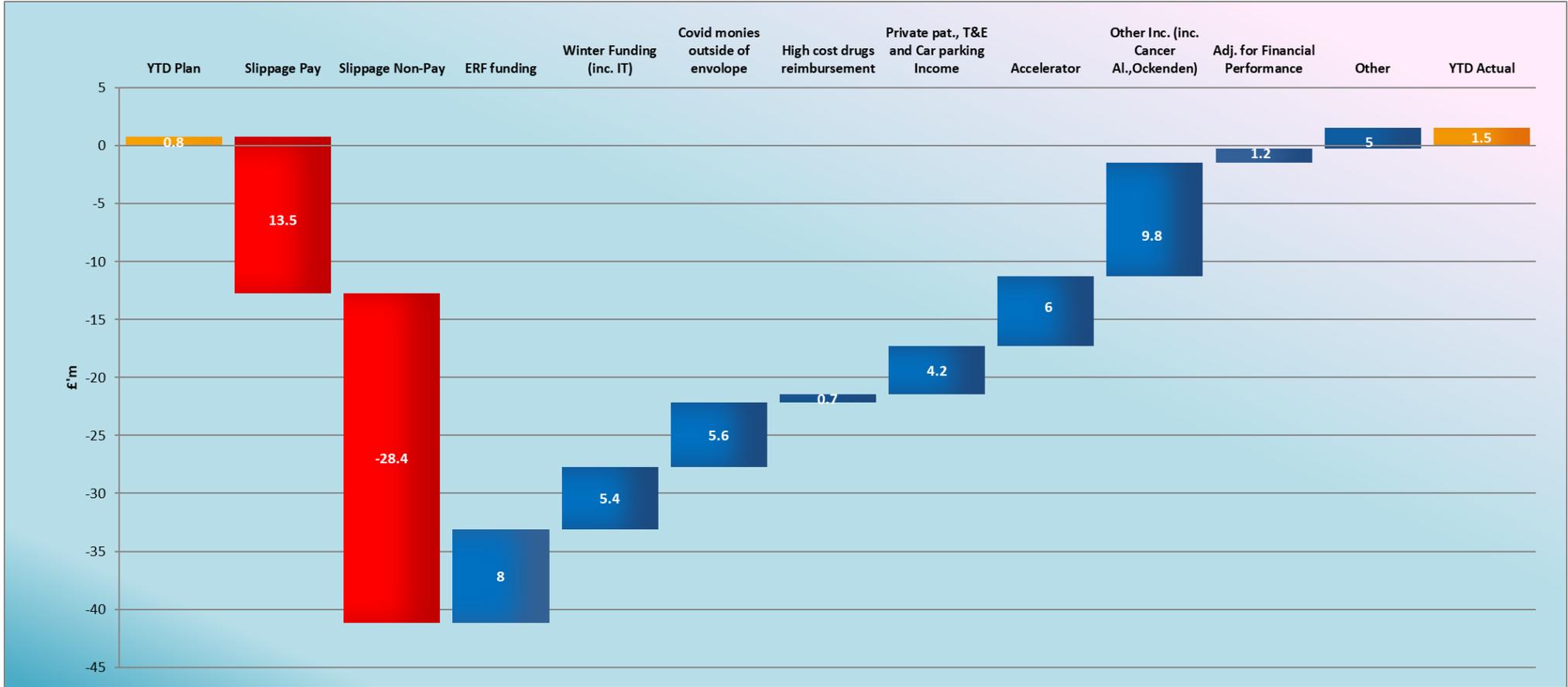
Report title:	Finance Paper	Agenda Item: 7.2			
Executive Director(s) and Title(s)	Matthew Gibbons, Director of Finance				
Report Author(s) and Title(s):	Ricky Shah, Deputy Director of Finance				
Purpose: <i>(select one box only)</i>	Receive <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>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

Report Summary / Purpose of Report:	<p>The Trust delivered a surplus of £1.5m, this is against a £0.6m plan for the financial year 21/22.</p> <p>The Trust's pay spend is £13.5m overspent year to date, £1.4m in month. Non-pay is £28.4m overspent year to date. £4.6m relates to PCR covid testing and other out of envelope expenditure that is reimbursed by NHS England. £6m of workforce initiative expenditure which was recognised in month was offset by income.</p> <p>Based on estimated M1-9 Elective recovery fund performance, the Trust has recognised £7.7m. In addition to this a further £0.3m relating to independent sector income has been recognised within the position.</p> <p>Capital spend is £67.8m against a revised plan of £67.4m. The Trust spent £32.3m against the revised £33.0m Trust CDEL. Slippage against the centrally funded schemes will put pressure on the 22/23 CDEL. The Trust will bring the 22/23 capital plan for approval at the next FIP.</p>
Links to Strategic Board Objectives /Risk Register / Board Assurance Framework	<p>5. Developing a robust and sustainable future</p> <p>7. Become well-governed and financially viable</p>
Links to Regulations/ Outcomes/External Assessments	
Jargon Buster: Please detail acronyms in the report	<p>ERF – Elective Recovery Fund</p> <p>CDEL – Capital Departmental Expenditure Limit</p>

Finance in a page



Revenue and Expenditure Bridge between Budget and Actuals

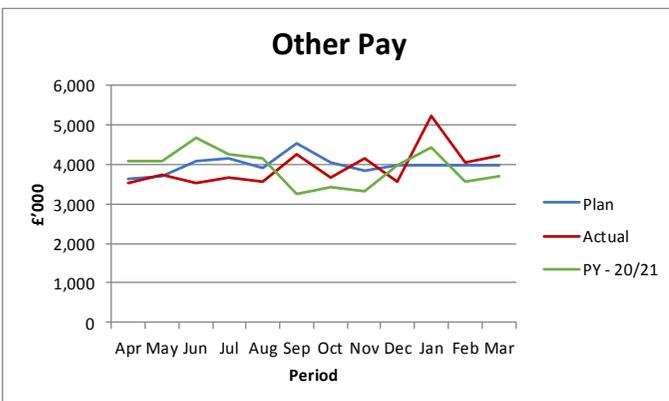
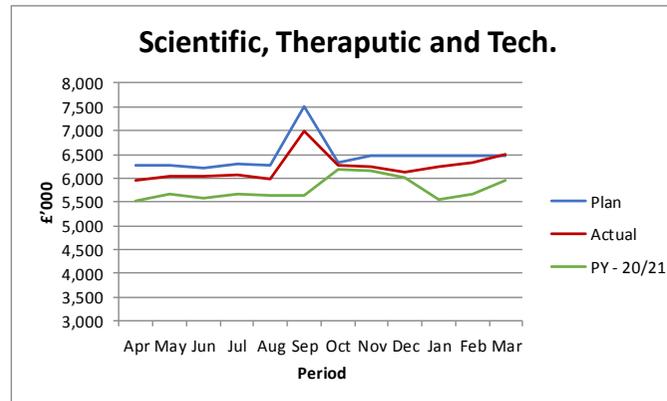
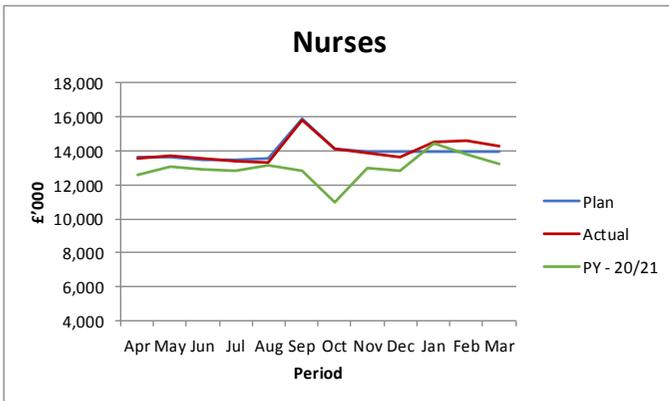
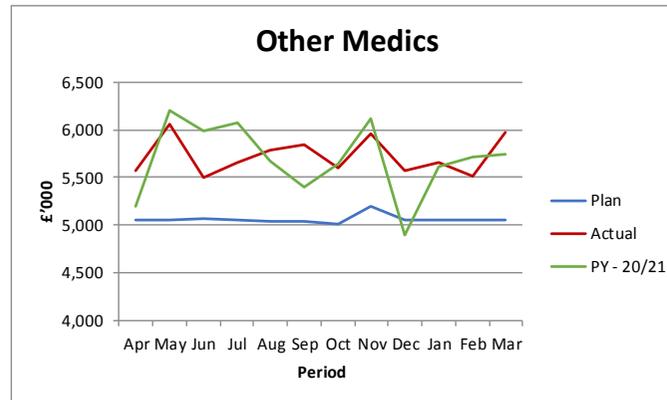


Income and Expenditure Statement

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	556,456	557,878	558,633	754	46,313	46,131	-182
Other Income	41,211	43,338	43,338	62,842	19,504	3,612	15,764	12,152
Total Income	615,161	599,794	601,216	621,475	20,258	49,925	61,895	11,970
Consultants	84,526	80,235	80,235	88,616	8,381	6,676	12,067	5,392
Other Medics	68,260	60,694	60,694	68,709	8,015	5,050	5,978	928
Nurses	155,679	166,986	167,940	168,445	505	13,996	14,272	277
Scientific, therapeutic & technical	67,251	77,018	77,486	74,765	-2,721	6,461	6,500	39
Other Pay	48,371	44,678	44,678	44,016	-662	3,716	1,217	-2,499
Total Pay	424,087	429,610	431,032	444,551	13,519	35,899	40,034	4,135
Drugs	42,616	52,406	52,406	54,957	2,551	4,367	5,108	741
Clinical Supplies	68,311	55,979	55,979	66,405	10,426	4,658	7,961	3,303
General Supplies	30,508	30,031	30,031	30,265	233	2,503	2,603	100
CNST	22,523	25,521	25,521	26,732	1,212	2,127	3,338	1,212
Other Non-Pay	45,309	48,221	48,221	62,217	13,996	3,926	11,232	7,306
Total Non-Pay	209,266	212,158	212,158	240,576	28,418	17,581	30,242	12,662
EBITDA	-18,192	-41,974	-41,974	-63,652	-21,678	-3,555	-8,381	-4,827
ITDA	23,853	29,845	29,845	28,738	-1,106	2,487	2,777	290
Trading Position	-42,045	-71,818	-71,818	-92,390	-20,572	-6,042	-11,158	-5,116
Top-up	14,490	32,954	32,954	32,954	0	2,659	2,659	0
Covid Monies	12,908	25,612	25,612	25,613	0	2,066	2,067	0
Growth Monies	5,981	14,719	14,719	14,719	0	1,439	1,439	0
Elective Recovery Fund	0	3,633	3,633	8,041	4,408	303	504	202
ERF Challenges	0	0	0	0	0	0	0	0
Reserves	0	-5,000	-5,000	0	5,000	-417	0	417
Accelerator	0	0	0	6,000	6,000	0	4,500	4,500
Inventory Donation from DHSC Inc.	10,307	0	0	2,435	2,435	0	2,435	2,435
Covid Monies outside of Envelope	10,656	0	0	5,413	5,413	0	-99	-99
Cost of Inventory donation from DHSC	9,592	0	0	-2,435	-2,435	0	-2,435	-2,435
Total Operating Surplus/Deficit (-)	2,704	100	100	349	249	8	-88	-97
Impact of Impairments				93				
Depreciation of Donated Assets				1,060				
Donated Assets Income				-453				
Remove impact of consumables donated by DHSC				497				
Adj. Financial Performance Surplus/Deficit				1,547				

- The Trust has delivered a £349k surplus for the year 22/23. Our performance adjusted surplus, that NHSI monitor the Trust against, is £1.547m.
- Other income continued to run at a higher rate in month as the Trust received £0.8m winter pressures, £6m workforce initiative funding this is a passthrough costs and therefore is offset by non-pay overspends. In addition we recognised the other £4.5m of accelerator monies in month.
- Medical pay is still the largest contributory factor to a pay overspend of £16.4m at the end of March 2022. The key areas of overspend on ED £2.3m, Paediatrics £1.6m, Medicine £1.3m, Maternity £1.3m, Acute Medicine £1.3m & Upper GI £1.2m.
- Non-pay is overspent by £28.4m YTD. The key variances are:
 - o £4.6m on covid testing – Reimbursed outside of envelope monies
 - o £2.6m Drugs – offset in part by £0.7m income
 - o £2m Independent sector
 - o £1.2m IASS IT server contracts and Microsoft legacy software support
 - o £0.7m – cleaning variations
 - o £1.3m estates maintenance – mostly offset by pay underspends due to vacancies in maintenance team
 - o £1.2m loss of Maternity CNST bonus monies
 - o £3.8m Cancer Alliance costs offset by income
 - o £0.4m Utilities due to inflation in energy prices
 - o £6m for Workforce initiative – offset by income

Pay Trends



Consultant spend is £764k over in month. Year to date the key areas leading to the overspend are Maternity £823k, Clinical Haematology £602k, Acute Medicine £596k, Upper GI £516k, Cardiology £465k, ED £462k and Care of the Elderly £420k.

Other medics key areas of concern are A&E £1,820k, Medical day units £1,393k, Paediatrics £1,296k, Theatres £733k and Acute Medicine £677k.

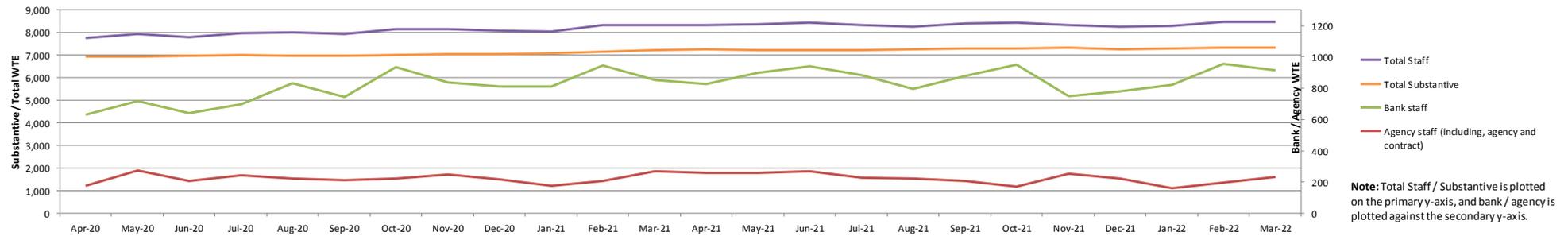
Nursing spend continues to run high over Q4, £277k in month. This was mainly across care of the elderly, medical and surgical wards.

Substantive, Bank and Agency Staff – Provider Workforce Return

	2020/21												2021/22											
	Month 1 Apr-20 WTE	Month 2 May-20 WTE	Month 3 Jun-20 WTE	Month 4 Jul-20 WTE	Month 5 Aug-20 WTE	Month 6 Sep-20 WTE	Month 7 Oct-20 WTE	Month 8 Nov-20 WTE	Month 9 Dec-20 WTE	Month 10 Jan-21 WTE	Month 11 Feb-21 WTE	Month 12 Mar-21 WTE	Month 1 Apr-21 WTE	Month 2 May-21 WTE	Month 3 Jun-21 WTE	Month 4 Jul-21 WTE	Month 5 Aug-21 WTE	Month 6 Sep-21 WTE	Month 7 Oct-21 WTE	Month 8 Nov-21 WTE	Month 9 Dec-21 WTE	Month 10 Jan-22 WTE	Month 11 Feb-22 WTE	Month 12 Mar-22 WTE
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	2,363	2,380	2,380	2,389	2,390	2,410
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	813	813	812	805	805	809
Registered ambulance service staff (substantive total)	3	3	3	3	3	3	4	4	4	4	3	3	2	2	2	2	2	2	0	0	0	0	0	
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	2,178	2,160	2,129	2,154	2,159	2,150
Total NHS infrastructure support (substantive total)	845	844	844	842	838	836	845	868	863	864	870	868	874	868	873	871	880	887	886	894	891	885	891	889
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	1,055	1,077	1,059	1,060	1,071	1,082
Any other staff (substantive total)	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Total Substantive	6,944	6,944	6,964	7,027	6,957	6,973	6,995	7,048	7,054	7,069	7,157	7,209	7,244	7,223	7,240	7,235	7,244	7,300	7,299	7,328	7,274	7,296	7,319	7,342

Bank staff	632	716	639	698	831	744	934	837	809	812	947	854	825	898	940	884	797	877	951	750	778	822	955	914
Agency staff (including, agency and contract)	176	274	205	246	223	212	223	250	219	177	209	270	261	257	270	228	223	208	170	255	223	162	196	235

Total Staff	7,752	7,934	7,809	7,971	8,010	7,929	8,151	8,135	8,081	8,058	8,313	8,334	8,330	8,378	8,451	8,347	8,264	8,385	8,420	8,333	8,275	8,280	8,470	8,491
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Agency Spend – Q4 spend £1.6m down on Q3 – mainly on medics

£'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	2,137	2,836	2,068	2,087	1,873	1,476	
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	15,799	18,635	20,702	22,789	24,662	26,138	
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	
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	28,227
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	20,768
21/22 Nurses Plan	474	474	724	724	624	724	520	520	520	520	520	520	6,867
21/22 Other Clinical Plan	150	150	250	250	200	200	177	177	177	177	177	177	2,262
21/22 A&C Plan	75	75	75	75	75	75	0	0	0	0	0	0	450
Actuals	1,955	2,873	2,279	2,143	2,369	2,043	2,137	2,836	2,068	2,087	1,873	1,476	26,138
21/22 Medics Actuals	1,281	2,095	1,343	1,458	1,666	1,277	1,375	1,744	1,389	1,070	1,034	966	16,698
21/22 Nurses Actuals	475	535	587	417	500	560	459	470	453	536	469	478	5,939
21/22 Other Clinical Actuals	141	175	201	218	189	198	255	246	189	199	281	204	2,496
21/22 A&C Actuals	58	68	148	50	15	8	47	376	36	282	89	-172	1,005

Elective Recovery Fund (ERF) Metrics – slight improvement in month but still below 89% threshold – Awaiting March figures, should be zero

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 9th 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%.

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	Oct	Nov	Dec	Jan	Feb	Mar
% 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	14,209	15,066	14,062	13,640	14,008	16,228
Baseline value	9,653	9,507	12,176	13,844	12,588	13,583						

Estimated value	12,073	12,121	£13,980	£13,770	£12,836	£13,594
Estimated achievement for the trust	87.5%	95.6%	91.9%	94.5%	96.9%	95.1%
As less than 85% paid @100%	2,068	1,268	761			
86% and above @120%	422	1,616	1,252			
As less than 95% paid @100%				0	248	10
100% and above @120%				0	0	0
Total ERF	2,490	2,883	£2,013	£0	£248	£10

Total	7,644
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Paid	2,490	2883	1577		694
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Total	7,644
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89%

£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Completed pathways												
19/20 Total weighted value	811	803	817	817	754	784	790	790	750	829	834	
19/20 Baseline weighted value @89%	721	715	727	727	671	698	703	703	668	738	742	
21/21 actual weighted value	677	719	734	716	687	702	704	687	603	588	694	
% achievement	83%	89%	90%	88%	91%	90%	89%	87%	80%	71%	83%	
Total ERF	0	62	124	0	290	86	10	0	0	0	0	

Total	10
Grand Total	7,654

Contract Income
Income by Commissioner

Commissoner £m	Annual Budget	YTD Budget	YTD Actual	YTD Variance	H1	H2
NHS Bedford Luton Milton Keynes CCG*	447.8	447.8	447.8	0.0	221.0	226.8
NHS England	46.0	46.0	46.0	0.1	22.7	23.3
Herts Valley Service Agreement	27.7	27.7	27.7	0.0	13.7	14.0
LAT - East of England	19.7	19.7	19.7	0.0	9.7	10.0
Aylesbury Vale CCG Service agreement	4.7	4.7	4.7	0.0	2.3	2.4
E&N Herts Service Agreement	3.0	3.0	3.0	0.0	1.5	1.5
NCA - Block Payment Northamptonshire CCG	2.6	2.6	2.6	0.0	1.3	1.3
NCA - Block Payment Cambridgeshire & Peterborough CCG	2.2	2.2	2.2	0.0	1.1	1.1
CDF Drugs	0.2	0.2	-0.2	-0.4	0.1	0.1
LAT - Midlands	1.0	1.0	1.0	0.0	0.5	0.5
NCA - Block Payment Norfolk & Waveney CCG	0.9	0.9	0.9	0.0	0.4	0.5
NHS England Drugs Adjustment	0.6	0.6	0.6	0.0	0.2	0.4
NHS England - Cost and Volume Drugs	1.3	1.3	2.3	1.0	0.8	0.5
Hep C Drugs	-0.1	-0.1	0.0	0.1	-0.1	0.0
Total	557.7	557.7	558.5	0.7	275.2	282.5
Top Up - Bedford CCG	33.0	33.0	33.0	0.0	16.3	16.7
System Covid - Bedford CCG	25.6	25.6	25.6	0.0	13.0	12.6
Growth - Bedford CCG	14.7	14.7	14.7	0.0	6.0	8.7
Total Contract Income	631.0	631.0	631.8	0.7	310.5	320.5

Block payments have been agreed for H2. Blocks are generally going up by 1.16% in H2.

The overall increase in H2 funding has increase by £10m. This broadly covers the pay award. Hence the overall funding is equivalent to H1. This includes a £1.6m CIP. This is better than the Trust anticipated.

*BLMK CCG H2 amount includes Pay Award funding.

Trend analysis of pay overspends – Key areas – level of spend is up £1m in Q4 compared to Q3 (£0.6m relates to wards)

Service Line variance from pay (£'000)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total	Trend
Emergency Medicine	85	246	280	204	116	126	137	161	117	242	178	218	2,111	
Paediatrics	91	125	179	49	76	113	132	162	196	133	177	193	1,626	
Acute Medicine	11	223	53	63	100	-84	276	143	145	264	20	276	1,489	
Maternity	43	88	181	73	91	98	158	96	97	103	87	281	1,396	
Theatres	32	119	66	199	124	92	222	-51	42	107	352	-40	1,264	
Care of the Elderly Wards	179	157	163	98	112	82	99	51	14	135	95	61	1,247	
Upper GI	29	90	26	196	136	71	88	142	43	117	178	70	1,188	
Director of IT	56	133	61	1	-86	-4	27	507	29	168	282	-212	961	
Surgery Wards	73	33	28	15	24	53	66	7	25	178	101	84	687	
Medical Wards	116	98	-32	24	-12	0	6	118	-1	80	32	237	665	
Cancer Alliance	40	40	37	57	76	60	63	43	42	56	89	37	641	
Clinical Haematology	-3	40	49	39	32	62	60	129	54	-63	20	103	522	
Imaging	-10	10	32	27	49	-24	95	71	35	12	86	67	451	
Gastroenterology	31	41	78	-3	-31	23	43	101	28	27	65	36	439	
Urology	-20	34	4	52	-1	106	-1	19	62	45	10	60	370	
Care of the Elderly	-72	44	17	-27	45	67	-28	-13	-88	127	78	62	211	
Dermatology	-31	47	57	-53	-51	37	40	52	42	-34	25	72	205	
Critical Care	52	40	36	14	24	24	18	14	-11	41	2	-56	199	

Statement of Financial Position

Statement of Financial Position For the period ended 1 Apr 2021	Closing 31 Mar 21 £000s	Closing 31 Mar 22 £000s
Non-Current Assets		
Property, plant and equipment	292,019	341,768
Trade and other receivables	2,392	2,716
Other assets	1,989	1,836
Total non-current assets	296,400	346,320
Current assets		
Inventories	7,797	8,819
Trade and other receivables	28,184	15,135
Cash and cash equivalents	119,488	135,016
Total current assets	155,469	158,970
Current liabilities		
Trade and other payables	-83,743	-95,612
Borrowings	-2,162	-2,219
Provisions	-2,368	-3,927
Other liabilities	-3,687	-6,003
Total current liabilities	-91,960	-107,762
Total assets less current liabilities	359,909	397,528
Non-current liabilities		
Borrowings	-28,479	-26,313
Provisions	-5,648	-7,293
Total non-current liabilities	-34,127	-33,606
Total assets employed	325,782	363,922
Financed by (taxpayers' equity)		
Public Dividend Capital	221,078	256,433
Revaluation reserve	23,713	26,153
Income and expenditure reserve	80,991	81,336
Total taxpayers' equity	325,782	363,922

CAPITAL PLAN

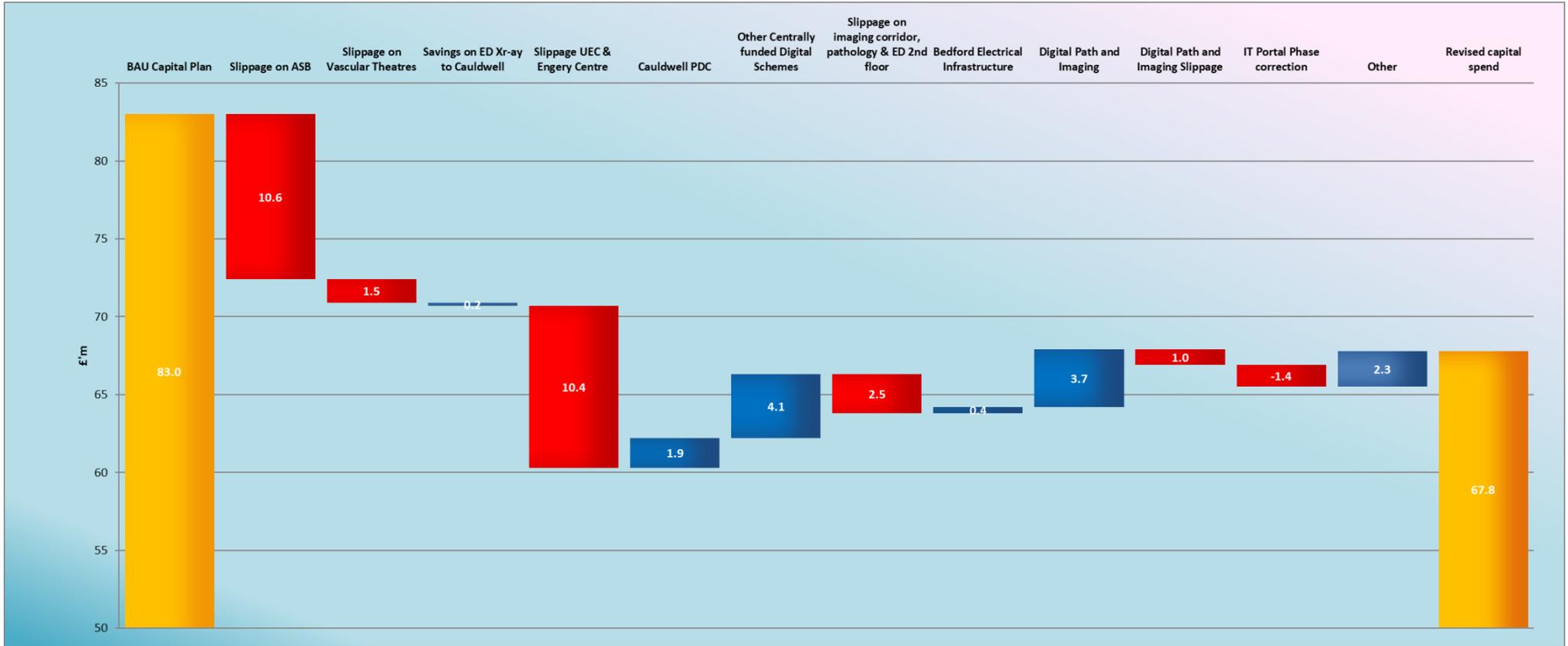


Report for Month 12

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.

The Trust has spent £67.8m on capital this year. The Trust spent £32.3m against a revised CDEL limit of £33m. The Trust agreed to transfer £6m of its CDEL within the STP. It should be noted that slippage against centrally funded schemes will put pressure on our 22/23 capital plan.

Bridge of Capital Changes



Capital Plan

£m	Funding	Requires	2019/20	2020/21	2021/22	2021/22	2021/22	2021/22	2022/23	2023/24	2024/25	Total	Commentary
	Source	Bus Case	Actual	Actual	Revised	FOT	Forecast	Actual	FOT	FOT	FOT		
L&D													
Medical Equipment - Luton	Internal		1.9	2.8	1.1	1.5	3.5	3.6	1.0	2.0	2.0	13.2	
BAU Estate (incl backlog) - Luton	Internal		2.5	2.7	3.7	4.0	3.3	3.8	1.2	2.5	2.5	14.7	on total spend
BAU IT - Luton (Digital Solutions)	Internal		0.6	0.9	0.9	0.8	0.6	0.3	0.4	1.2	1.2	4.9	Updated for latest IT plan 21/22
BAU CapEx			5.0	6.4	5.7	6.3	7.4	7.7	2.6	5.7	5.7	32.8	
Site Redevelopment team &O'hds	Internal		0.4	0.9	0.8	0.8	0.8	0.7	0.8	0.8	0.3	4.0	Being reviewed - potential pressure
Enabling Schemes - Bariatrics	Internal		0.0	1.9	0.5	0.2	0.5	0.4	0.0	0.0	0.0	2.5	Completed
Enabling Schemes - Path / Mortuary	Internal		0.0	0.1	0.2	0.2	0.2	0.3	0.0	0.0	0.0	0.3	Completed
Enabling Schemes - Temp Car Parking	PDC - Other		0.1	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	Completed
Enabling Schemes - Temp Accommod	Internal		0.0	5.0	0.2	0.0	0.2	0.1	0.0	0.0	0.0	5.2	Completed
Enabling Schemes - Demolition	Internal		0.0	0.2	1.6	1.7	1.6	1.6	0.0	0.0	0.0	1.8	On track
Enabling Schemes - Estates	Internal		0.0	0.5	1.6	0.5	1.7	1.7	0.0	0.0	0.0	2.2	Pressure against budget
Enabling Schemes - Site Clearance	Internal		0.0	0.0	0.5	0.0	0.5	0.4	0.0	0.0	0.0	0.5	On track
Enabling Schemes - pressure	Internal		0.0	0.0	0.0	-1.8	0.3	0.3	0.0	0.0	0.0	0.3	Occupational Health location TBC
ASB and Maternity Ward Block	PDC - ASB		1.2	2.2	0.0	15.0	0.0	4.2	49.9	57.1	0.0	110.3	On track
ASB and Maternity Ward Block (internal)	Internal		0.0	0.0	4.4	0.0	4.4	2.1	-2.0	5.6	21.0	29.0	22/23 anticipated slippage v PDC drawdown
ASB and MWB Equipment Risk	Internal		0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.9	0.0	3.9	On track
ASB and MWB Service Diversions	Internal		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Included above in Aecom forecast
ASB and MWB Lift Core	Internal		0.0	0.0	1.0	1.0	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	0.0	-0.1	-0.2	0.0	0.0	0.0	0.0	Completed
Lewsey Road Carpark (PDC)	PDC - Other		0.1	4.9	0.0	0.1	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	0.0	0.0	19.7	19.7	Offset below
Energy Centre Building	Internal		0.3	1.7	10.0	13.9	9.6	9.6	4.7	1.1	0.0	17.4	As per latest forecast
Energy Conservation Measures (Salix)	Internal		0.1	0.9	3.8	7.0	3.9	3.8	2.0	2.5	0.0	9.3	As per latest forecast
Generators	Internal		2.2	0.3	0.8	1.0	0.8	0.9	0.0	0.0	0.0	3.3	As per latest forecast
Electrical Infrastructure	Internal		3.2	2.7	1.3	1.3	1.3	0.0	0.1	0.0	0.0	7.2	As per latest forecast
Hospital Redevelopment			7.5	22.3	26.5	40.8	26.6	25.8	56.8	71.5	41.4	226.1	£680k to come from Estates

Capital Plan Continued

£m	Funding	Requires	2019/20	2020/21	2021/22	2021/22	2021/22	2021/22	2022/23	2023/24	2024/25	Total	Commentary
	Source	Bus Case	Actual	Actual	Revised	FOT	Forecast	Actual	FOT	FOT	FOT		
Hospital Redevelopment Additional Staff Approval	Internal		0.0	0.0	0.0		0.0	0.0	0.0	1.0	1.0	2.0	
Hospital Redevelopment - Other Depts	Internal		0.0	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.0	Some pressure, particularly in 23/24
Imaging Corridor Works	Internal		0.6	0.5	0.0	0.5	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	0.0	0.0	-19.7	-19.7	Offset above
PAS	Internal	Y	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.6	0.0	2.6	Future Year
ED X-Ray	Internal		0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	Completed
Net Slippage - Funded	Internal		1.1	0.8	0.0	3.7	0.0	0.0	-0.4	0.4	0.0	1.9	Completed
PDC - ASB - Match Spend to Approval	PDC - ASB		-3.1	-4.4	4.2	9.1	5.2	0.0	7.3	-5.0	0.0	0.0	Potential risk if ASB not approved
PDC - ASB - Match Spend to Approval	Internal		3.1	4.4	-4.2	-9.1	-5.2	0.0	-7.3	5.0	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	0.0	0.0	6.2	Completed
IT Merger Enabling	PDC - ASB		0.1	1.4	1.4	2.5	0.4	1.4	3.2	2.0	0.0	7.1	Updated for latest IT plan 21/22
Pathology Joint Venture	Internal	Y	0.0	0.2	0.0	0.9	0.0	0.0	0.7	0.0	0.0	0.9	Further review required
Pathology Joint Venture (PDC)	PDC - ASB		1.8	0.8	0.0	0.0	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	0.0	0.0	6.9	Completed
GDE - Approved by FIP	Internal		0.0	-0.2	1.0	0.8	1.2	1.3	0.0	0.0	0.0	1.1	Updated for latest IT plan 21/22
GDE - Next Phase Business Cases (EPR)	Internal	Y	0.0	0.0	1.6	1.0	1.4	2.5	0.4	0.0	0.0	1.8	Updated for latest IT plan 21/22
UEC - Luton	PDC - UEC		0.0	4.2	12.8	11.8	12.8	12.8	0.0	0.0	0.0	17.0	On track
UEC - Luton (Trust)	Internal		0.0	-3.0	-4.5	3.0	-4.5	-4.5	9.6	0.0	0.0	2.1	Current pressure of c£0.5m on FOT
CT	Internal		0.0	0.0	1.4	1.4	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	1.1	1.7	0.6	0.9	1.1	0.0	0.0	-0.5	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	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	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	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	0.0	0.0	3.8	Completed
Covid 19 - Luton (Trust)	Internal		0.0	-1.4	0.0	0.0	0.3	0.3	0.0	0.0	0.0	-1.1	Potential slippage / spare
Covid 19 - Luton	PDC - Other		0.2	3.9	0.0	0.0	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	0.0	0.0	0.7	Completed
Endoscopy Equipment/ Slippage	Internal		0.0	-0.7	0.0	0.6	0.0	0.0	0.0	0.0	0.0	-0.7	Potential slippage / spare
Pharmacy Robot	Internal		0.0	0.0	0.6	0.8	0.6	0.7	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	0.0	0.0	0.8	Completed
CT Modular Extension/ St Marys Work	Internal	Y	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	Alternative solutions found
Renal Unit refurbishment	Internal	Y	0.0	0.0	0.3		0.2	0.0	0.0	0.0	0.0	0.2	Long term plan being reviewed
Donated Assets/ Impact of IFRIC12	Donated		0.2	1.8	0.1	0.1	0.1	0.2	0.1	0.1	0.1	2.4	On track
Other - Luton	Internal		0.3	0.2	0.5	0.0	0.7	0.3	0.0	0.0	0.0	1.2	Ward 10 + ITU UPS
Other Schemes - Luton			15.6	15.1	16.4	29.1	15.4	16.1	15.7	6.3	-18.4	49.8	

Capital Plan Continued

£m	Funding	Requires	2019/20	2020/21	2021/22	2021/22	2021/22	2021/22	2022/23	2023/24	2024/25	Total	Commentary
	Source	Bus Case	Actual	Actual	Revised	FOT	Forecast	Actual	FOT	FOT	FOT		
BHT													
BAU - Estates - Bedford	Internal		4.1	1.2	0.5	1.0	0.7	0.4	0.5	1.0	1.0	8.4	Potential to hold until clarity on total spend
BAU - Medical Equipment - Bedford	Internal		0.0	3.3	0.9	1.0	2.6	2.9	0.8	1.0	1.0	8.6	
BAU - IT - Bedford (Tech)	Internal		0.0	1.8	1.4	0.7	2.3	2.7	0.2	0.7	0.7	5.6	Updated for latest IT plan 21/22
BAU - Other - Bedford	Internal		0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	Removed for 22/23
Ward Refurbishment	Internal		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Not 21/22
Vascular theatres	PDC - Other	Y	0.0	0.0	1.0	4.2	1.0	1.0	5.0	0.0	0.0	6.0	Regionally prioritised
Vascular theatres - Slippage	Internal		0.0	0.0	-0.5		-0.5	-0.6	1.0	0.0	0.0	0.5	Regionally prioritised
Education Centre phase 2	Internal		0.0	1.4	0.0	0.0	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	0.0	0.0	4.4	Completed
Fast Follower Funds (Trust)	Internal		0.0	-1.2	0.6	0.0	0.5	0.4	0.0	0.0	0.0	-0.7	Completed - balance transferred to EPR
MRI (PDC)	PDC - Other		0.0	0.9	0.0	0.0	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	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	0.0	0.0	0.6	Completed
Endoscopy Improvement	PDC - Other		0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	Completed
Endoscopy Improvement (Trust)	Internal		0.0	-0.2	0.2	0.0	0.5	0.5	0.0	0.0	0.0	0.3	Completed
Other (PDC)	PDC - Other		2.1	0.4	3.6	0.0	3.8	4.0	0.0	0.0	0.0	6.3	Updated for latest IT plan 21/22
Other (PDC) Information	PDC - Other		0.0	0.0	0.5		0.5	0.2					
Other (PDC) Non IT	PDC - Other		0.0	0.0	0.5		1.3	1.3	0.0	0.0	0.0	1.3	
Other (PDC) Non IT	Internal							-1.0					
Digital Pathology	PDC - Other		0.0	0.0	2.7		2.7	2.7	0.0	0.0	0.0	2.7	
Digital Pathology/ Imaging (Trust)	Internal		0.0	0.0	-1.0	0.0	-1.0	-1.3	1.0	0.0	0.0	0.0	
Digital Imaging	PDC - Other		0.0	0.0	1.3		1.3	1.3	0.0	0.0	0.0	1.3	
Other (Trust)	Internal		0.0	-0.3	0.2	0.0	0.2	0.1	0.0	0.0	0.0	-0.1	On track
UEC - Bedford (Trust)	Internal		0.0	-1.4	1.2	0.0	1.4	1.4	0.2	0.0	0.0	0.2	Completed
UEC - Bedford	PDC - UEC		0.0	3.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.8	Completed
UEC - Bedford (Charity funding)	Donated		0.0	0.0	0.0		0.4	0.4	0.0	0.0	0.0	0.4	
UEC - Bedford (External Donation) - CT Scanner	Donated		0.0	0.0	0.0			0.0	0.8	0.0	0.0	0.8	
ED 2nd floor fit out/ CT enabling	Internal	Y	0.0	0.0	0.0	1.0	0.0	0.0	1.5	0.0	0.0	1.5	
ED X-Ray to Cauldwell	Internal	Y	0.0	0.0	0.5	0.6	0.5	0.4	0.0	0.0	0.0	0.5	Small saving
Donated Assets - Bedford	Donated		0.0	0.7	0.2	0.2	0.2	0.0	0.2	0.2	0.2	1.5	On track
Integration Capital	Internal		0.0	0.0	0.3	0.3	0.0	0.0	0.3	0.0	0.0	0.3	Potential slippage / spare
Access Control (Cross-site)	Internal	Y	0.0	0.0	0.2	1.0	0.0	0.0	0.0	0.8	0.0	0.8	Potential slippage / spare
Cauldwell Centre Refurbishment	PDC - Other	Y	0.0	0.0	5.9		5.9	5.9	0.0	0.0	0.0	5.9	Subject to DH approval
Cauldwell Centre Refurbishment (internal)	Internal	Y	0.0	0.0	-2.0		-4.0	-4.8	4.0	0.0	0.0	0.0	Completion June
Bedford Electrical Infrastructure	Internal	Y	0.0	0.0	0.4		0.4	0.1	3.0	0.0	0.0	3.4	Requires business case
Other	Internal		0.6	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.6	Completed
Bedford Schemes			9.6	14.2	18.7	10.7	20.6	18.3	18.3	3.7	2.9	68.9	
Combined BAU capital plan			37.7	58.1	67.4	86.8	70.0	67.8	93.4	87.2	31.6	377.5	

Capital Funding Sources

Source of Funding	2019/20	2020/21	2021/22	2021/22	2021/22	2021/22	2022/23	2023/24	2024/25	Total	By exception
	Actual	Actual	Revised	FOT	Forecast	Actual	FOT	FOT	FOT		
Internal	27.0	22.8	33.1	43.7	34.4	32.5	27.0	32.8	31.3	175.3	Needs to be £39m 20/21 & £27m beyond
PDC - ASB	0.0	0.0	5.6	26.6	5.6	5.6	60.4	54.1	0.0	120.1	
PDC - GDE	7.7	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.3	
PDC - UEC	0.0	8.0	12.8	11.8	12.8	12.8	0.0	0.0	0.0	20.8	
PDC - Other	2.7	21.2	15.6	4.3	16.6	16.3	5.0	0.0	0.0	45.5	
Donated	0.2	2.5	0.3	0.3	0.7	0.6	1.1	0.3	0.3	5.1	
Combined BAU capital plan	37.7	58.1	67.4	86.8	70.0	67.8	93.4	87.2	31.6	378.0	

Changes Since April FIP	2019/20	2020/21	2021/22	2021/22	2021/22	Actual	2022/23	2023/24	2024/25	Total
Combined BAU capital plan	37.8	58.1	83.0	90.7	83.0		77.6	92.8	11.2	360.5
Slippage on ASB			-10.6		-10.6		1.0	-11.4	21.0	0.0
Slippage on Vascular Theatre/ move to £6m			-1.5		-1.5		2.5			1.0
Saving on ED X-ray to Cauldwell			-0.2		-0.2					-0.2
Slippage on Energy Conservation Measures			-5.4		-5.4		3.0	2.4		0.0
Slippage & cost pressure on UEC			-5.0		-5.0		6.6			1.6
Cauldwell + CT Modular			3.9		1.9		4.0			5.9
Bedford Electrical Infrastructure			0.4		0.4		3.0			3.4
Ward 10 + ITU 2 UPS + Day Room works			0.5		0.5					0.5
Renal Unit			0.3		0.3					0.3
Slippage (Imaging corridor, Pathology, ED 2nd Floor)			-2.5		-2.5		2.5			0.0
Removal of budget (Covid, Endoscopy)			-2.0		-2.0					-2.0
Medical equipment to budget			0.4		5.3		-1.0			4.3
Slippage into 22/23 (PAS/ Ward Refurb/ other [£2m])							-6.8	6.8		0.0
Digital Pathology			1.7		1.4		1.3			2.7
Digital Imaging			1.3		1.3					1.3
Other Digital PDC			4.1		4.1					4.1
Bedford ED			-0.3		-0.3		0.3			0.0
Bedford UEC Donated element					0.4					0.4
Bedford UEC Donated element (external)							0.8			0.8
Bedford UC 2nd Floor Fit Out							0.8			0.8
Reclassification of IT costs			-0.6		-2.0					-2.0
STP Portal - Phase 2 Correction			-0.9		-1.4		-0.4			-1.8
Net Slippage							1.7	-1.7		0.0
Other (PDC) Non IT			0.5		1.3					1.3
BAU reductions to remain in CDEL							-3.4	-1.8	-0.6	-5.8
Other					-1.3					-1.3
Change to Capital Plan	37.8	58.1	67.3	90.7	67.8	0.0	93.4	87.1	31.6	375.6

SUMMARY POSITION

- Between January and February sickness reduced by 1.53% to 5.09% and is 0.95% higher when compared to the same period last year (4.15%).
- Vacancy rates have increased slightly from 8.43% in February 2022 to 8.82% in March 2022. Please note that the majority of 2021/22 budgeted establishment work to reconcile the financial and workforce systems has now been completed with the exception of Medical and Dental staff which is still ongoing.
- The overall turnover is higher than same period last year; 14.16% in March 2021 and 15.85% in March 2022.
- The overall agency run rate is 1.80% lower in March 2022 when compared to March 2021 equivalent to 4.3 FTE fewer agency workers.
- The overall bank run rate was 2.71% higher in March 2022 when compared to March 2021 equivalent to 22.1 FTE more bank workers.

LUTON & DUNSTABLE UNIVERSITY HOSPITAL SITE

Compared to the previous month:

- Sickness absence decreased from 5.93% to 4.85%
- Turnover increased from 15.16% to 15.53%
- Vacancy rates increased by 0.63% from 10.30% to 10.93%
- Appraisals reduced by 2% from 69% to 67.26%
- Mandatory training compliance increased by 0.09% 76.82 to 76.91%
- Bank FTE usage in March 2022 increased by 8.01% in month and is 96.9% higher compared to March 2021
- Agency FTE usage in March 2022 increased by 12.50% in month and has a 5.89% lower run rate compared to March 2021.

BEDFORD HOSPITAL SITE

Compared to the previous month:

- Sickness absence reduced from 7.72% to 5.48%
- Turnover increased from 15.95% to 16.35%
- Vacancy rates increased by 0.10% from 5.32% to 5.42%
- Appraisals decreased by 0.59% from 60% to 59.41%
- Mandatory training compliance increased by 2.61% from 76.93% to 79.54%
- Bank FTE usage in March 2022 increased by 2.98% in month and is 6.30% lower compared to March 2021.
- Agency FTE usage in March 2022 increased by 9.80% in month and has a 5.23% higher run rate compared to March 2021.



Vacancy
8.82%



Turnover
15.85%



Sickness
5.09%



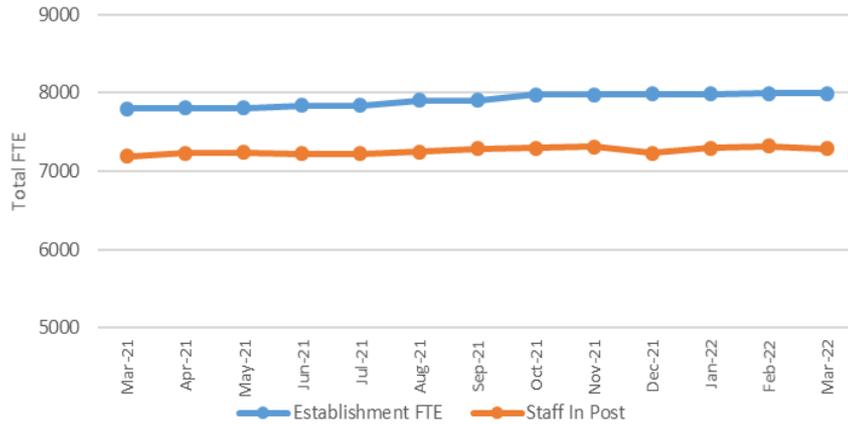
Training
77.51%



Appraisal
64.17%



Trust Total Staff in Post vs Establishment



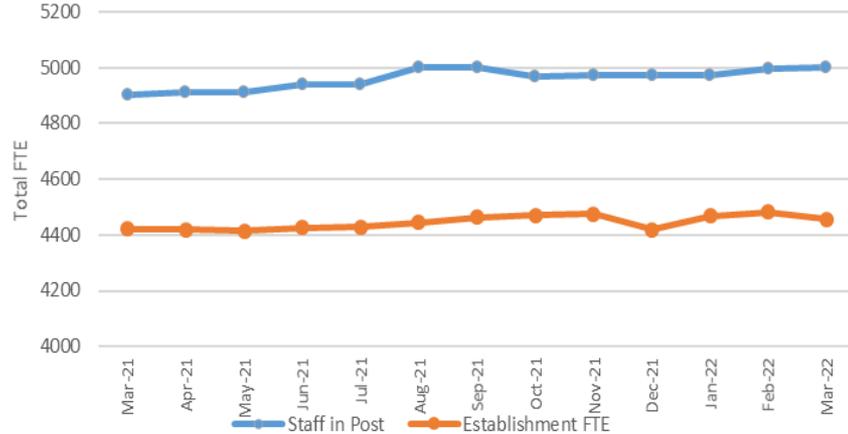
Trust Level Summary

The Trust’s overall Staff in Post (SIP) by Whole Time Equivalent (WTE) reduced by 28.01 WTE between February 2022 and March 2022.

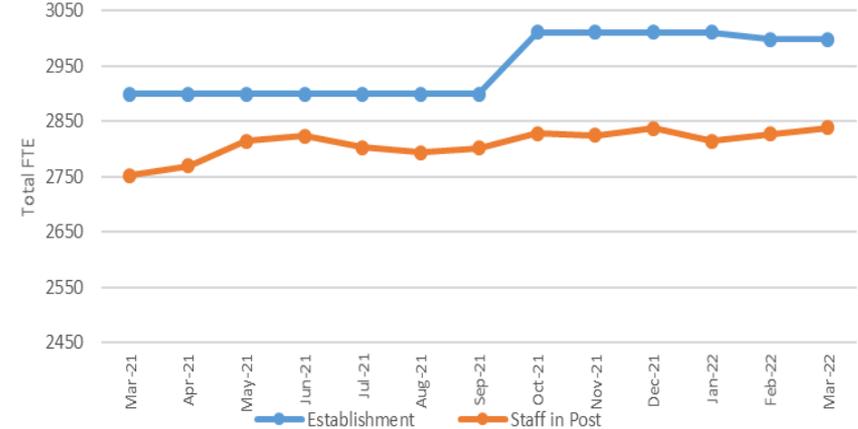
During the last 12 months the growth rate has been 0.83% (April 2021 to March 2022).

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

L&D Site - Staff in Post vs Establishment



Bedford Site - Staff in Post vs Establishment



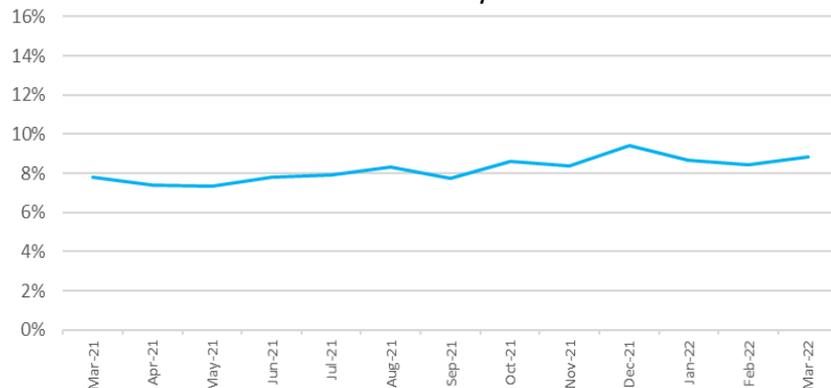
L&D Site

The L&D site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased 38.8 WTE between April 2021 and March 2022. Over the last 12 months the SIP increased by 0.01% and is driven by increases in band 5 nurses and HCA’s. The staff in post reduced by 24.93 WTE between February 2022 and March 2022.

Bedford site

The BH site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased 21.73 WTE between April 2021 and March 2022. Over the last 12 months the SIP increased by 0.78% and is driven by increases in nursing and support staff. The staff in post reduced by 3.07 WTE between February 2022 and March 2022.

Trust Total Vacancy Rate



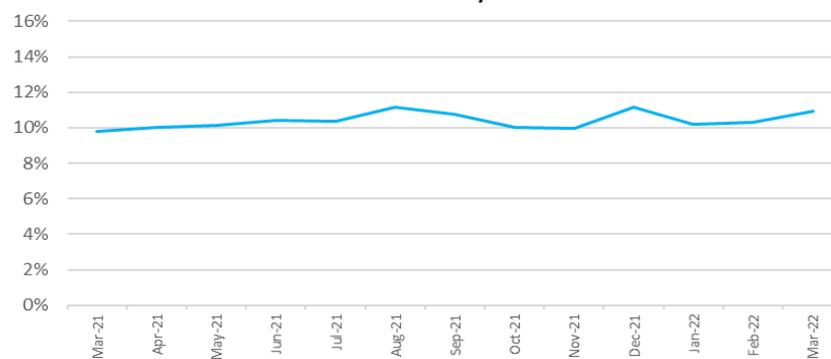
Trust Level Summary

The overall vacancy rate increased slightly over the last 12 months from 7.40% in April 2021 to 8.82% in March 2022 despite the update to funded establishments.

Registered nursing and midwifery vacancy rates are currently 8.33% and have increased by 0.16% from February 2022 and have a decrease of 0.56% over the last 12 months to March 2022.

Medical and dental vacancy rates have increased 1.72% over 12 months to March 2022, currently at 2.65%, which is 0.74% lower than in February 2022. Recruitment to remaining gaps continues with success in recruitment of NHS locums where possible to fill senior medical roles for vacancy hotspots.

L&D Site - Vacancy Rate



Bedford Site - Vacancy Rate



Overseas Recruitment Update

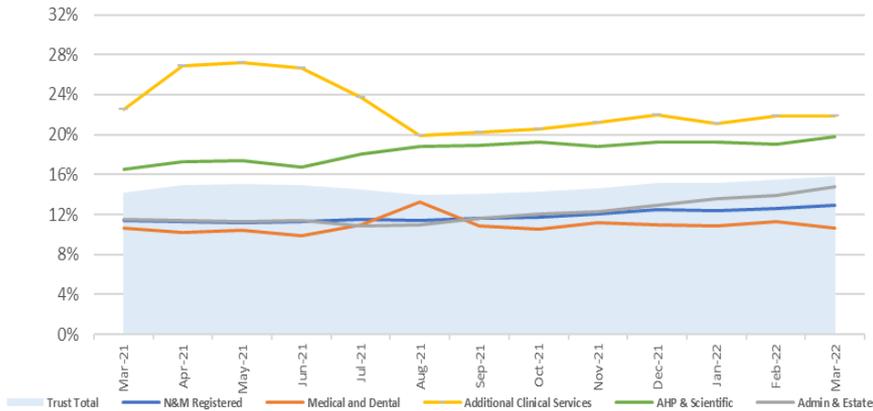
5 overseas nurses started in post throughout March (3 on the L&D site and 2 at Bedford). There are currently 22 nurses scheduled to arrive throughout April and May. A further overseas recruitment campaign is scheduled for April for Paediatrics on the Bedford site. Successful campaigns took place in March with a further 22 job offers across our generic wards and NICU. There were 2 OSCE passes throughout the month both on the Bedford site.

A further 5 overseas midwives started in post in March (3 on the Luton site and 2 at Bedford). To date there are now 8 overseas nurses in post 2 of these already have their NMC registration and the remaining 5 are at various stages of their Induction and OSCE training. One of the midwives is due to sit their OSCE exam in April. A further 6 overseas midwives are scheduled to arrive in April with further cohorts arriving each month thereafter.

Band 5 Nursing & Vacancies

There are currently approximately 86 WTE band 5 nursing & midwifery vacancies across the two sites (42 WTE at Luton and 44 WTE at Bedford). We continue to recruit both locally and from overseas and have a consistent pipeline in place. There are currently 32 overseas nurses (12 at Luton and 20 at Bedford) in various stages of their NMC registration and will convert to Band 5 nurses over the next few months. There are also 83 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 -48 WTE.

Trust Turnover %



Trust Level Summary

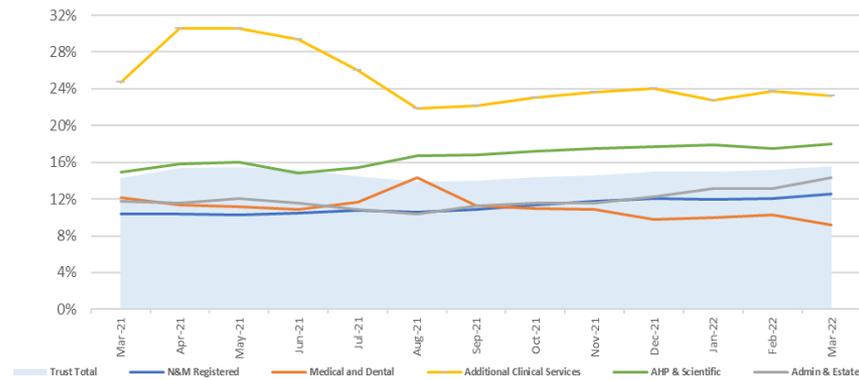
The nursing and midwifery staff group turnover has been increasing (1.71%) over the last 12 months to March 2022 and is currently 12.94% a 1.51% increase on March 2021.

Hotspots remain amongst Allied Health Professionals, (physiotherapists, Operating Department Practitioners and Radiographers) The turnover for additional professional and scientific staff group increased by 0.72% in March and has a 3.26% increase compared to March 2021.

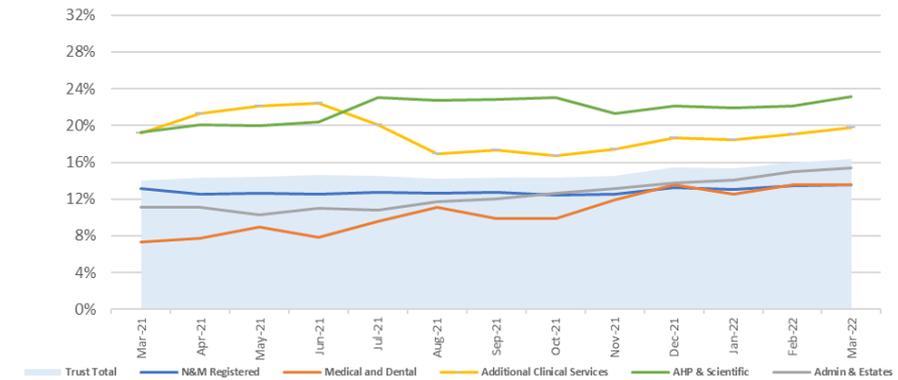
Additional Clinical services staff group turnover decreased by 0.67% over 12 months to March 2022 and now stands at 21.84% which is 0.01% higher than last month.

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

L&D Site - Turnover %



Bedford Site - Turnover %



L&D Site

There was an increase in turnover of 0.37% between February and March. Allied Health Professionals and Scientific staff turnover increased by 0.54. However, there were small increases amongst the other staff groups. The highest of which was in the Admin and Estates group 1.28%. The top leaving reasons in March, were Retirement Age 27.27%, Work Life Balance 14.14% and relocation 11.11. Across all leaving reasons 13.33% transferred to another NHS Organisation.

Bedford site

Overall turnover increased by 0.39% between February and March. All staff groups are showing a small increase in turnover with the highest amongst the AHP and Scientific group 1.06%. The top leaving reasons in March 2022 for all staff groups were Relocation 16.66%, and Retirement 14.81%. Across all leaving reasons 12.96% transferred to another NHS Organisation.

Health Care Support Workers

With the support of funding from NHSI the Recruitment and Education teams have focussed further on the recruitment and retention of HCA's and CSW's across the two sites.

Recent initiatives have included:

- The recruitment of 4 x Recruitment & Education Support Assistants (2 per site). These post holders will provide a pivotal role in supporting the recruitment and selection of new substantive and bank staff. They will work alongside the Education team to enhance induction, relevant training and clinical educational programmes. Many people recruited into HCSW roles are new to health care and with these extra roles in place these staff will receive the support they require to flourish and reduce attrition.
- Introduction of the ACE programme – preceptorship plan for HCSW's
- Hosting a live webinar with Indeed promoting the HCSW role, support and development opportunities available.
- Advertising on local radio
- In line with each of our Trust Values videos have been created with our HCSW staff talking about how their roles relate to each of the values. These videos will be used as a promotion tool and will link in with advertising going forward.

Overseas Midwives

As part of the EoE collaborative bid the Trust has secured funding for the recruitment of 10 overseas midwives. These midwives are now under offer and are currently undertaking English Language support in readiness for their OET/IELT's exam with a view of them starting in post by the end of July. Funding has also been granted for 2 Clinical Educators to support these midwives with transitioning into maternity practices in the UK as well as OSCE training.

In addition, 22 direct hire overseas midwives have been appointed. 8 of these midwives have now started in post (2 already NMC registered) and the remaining 14 midwives have start dates scheduled over the next 3 months. A further direct hire campaign will take place in May to ensure a sufficient pipeline is in place going forward.

Legacy Roles

Funding has been received to recruit 5 x Band 6 posts (0.4WTE each) to support Nursing (1 post), Midwifery (2 posts) and AHP's (2 posts) for a fixed term of 12 months.

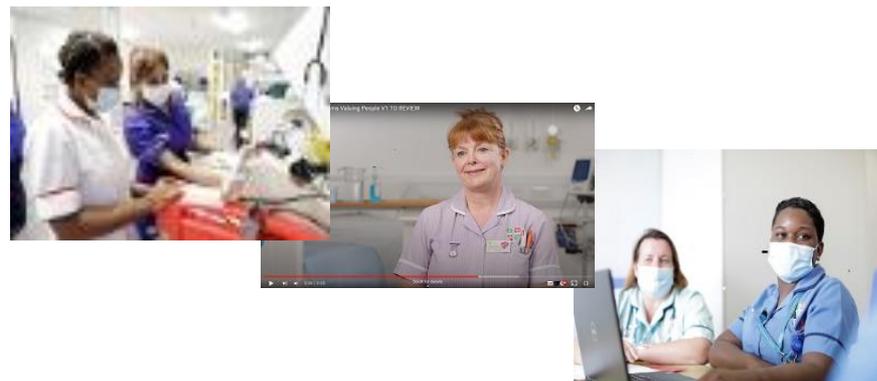
These roles are currently being advertised and will sit within the Education team. They would suit someone who is considering retiring as they would spend time supervising, supporting and sharing their valuable career insights to help junior staff progress. The people appointed into these roles will have substantial experience, possibly coming to the end of their careers but still have great value to add.

Legacy staff will support junior staff in areas where turnover is high and will provide on the spot training, coaching and help to staff to recognise their next steps within their career pathway within the organisation. These are very much retention posts that will try to encourage staff to develop and to continue their careers within the Trust.

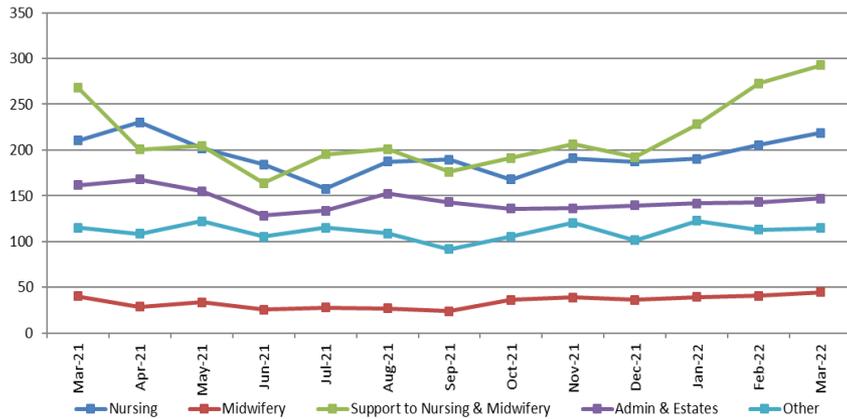
The Legacy role post holders will work collaboratively across all three staff groups.

Overseas Nurses

The Trust has secured funding for an additional 80 overseas nurses to be recruited and in post by the end of December. Nurses are in the process of being recruited through our Agency as well as through direct applications. A steady pipeline of arrivals will be scheduled each month for both sites and although many of these nurses will be allocated to our general wards, targeted campaigns for some specialist areas have also taken place.



Trust Total Bank FTE



Trust Level Summary

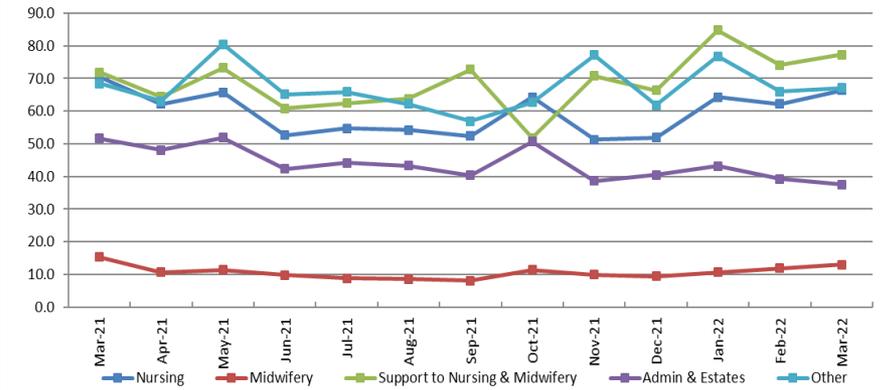
Overall bank usage is 2.71% higher in March 2022 as compared to March 2021 equivalent to 22.21 FTE more bank workers.

Whilst there has been an increase in bank workers following the easing of lockdown restrictions March remains 11.80% lower than pre-pandemic levels.

L&D Site - Bank FTE



Bedford Site - Bank FTE



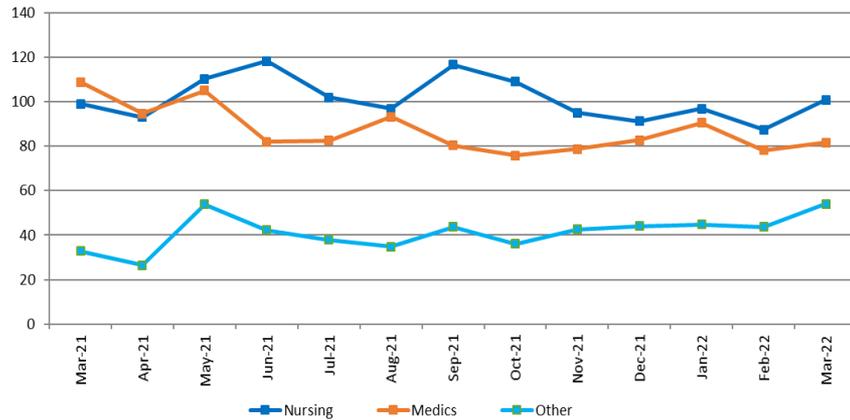
L&D Site:

Bank use has reduced by 5.89% from March 2021 to March 2022 equivalent to 16.5 WTE less bank workers in March 2022 compared to March 2021 . Bank FTE usage in to March 2022 increased by 2.98% from February 2022. Support to Nursing & Midwifery increases are driven by increased vacancies in this group and fortnightly Bank and substantive recruitment campaigns.

Bedford site:

Bank use has increased by 5.21% between March 2021 and March 2022 equivalent to 4.55 FTE more bank workers in March 2022 compared to March 2021. Bank FTE usage in March 2022 has increased by 9.81% from February 2022.

Trust Total Agency FTE



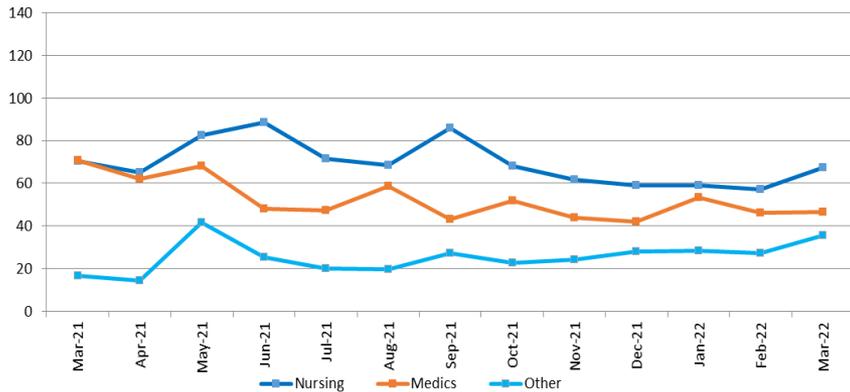
Trust Level Summary

Overall Agency usage increased by 12.48% in March 2022 as compared to February 2022 equivalent to 27.2 FTE more agency workers.

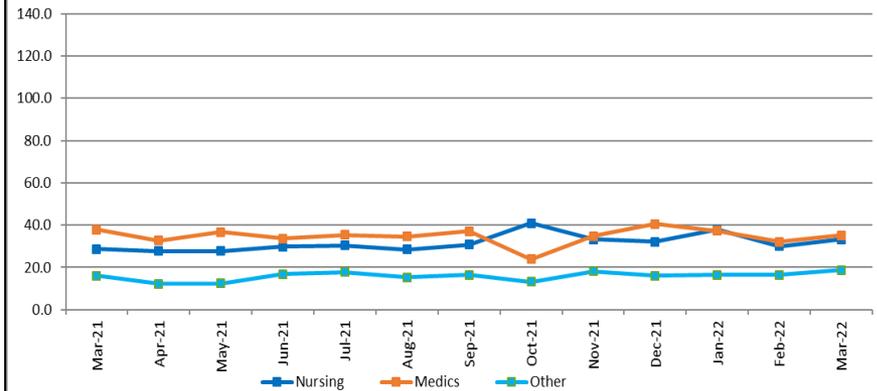
There was an increase in the use of nursing agency of 14.68% between March 2022 and February 2022, which was equivalent to 13.4 FTE more nursing agency workers.

Medical agency locums increased in month by 4.10% equivalent to 3.4 FTE more medical agency workers.

L&D Site - Agency FTE



Bedford Site - Agency FTE



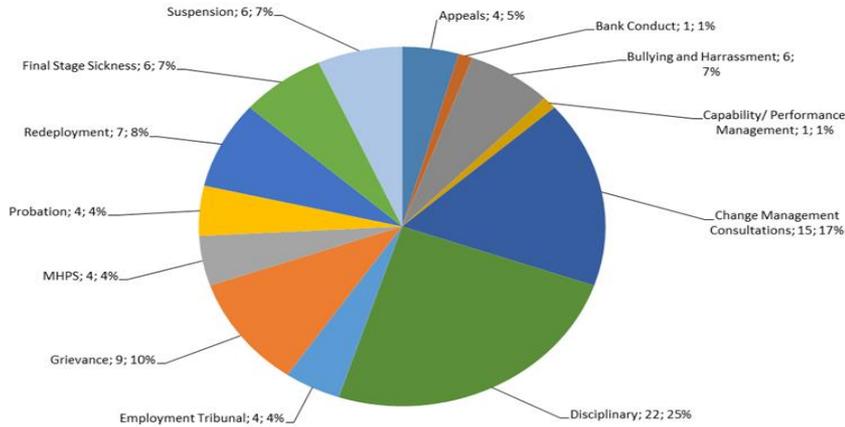
L&D Site

Agency use has a 5.89% lower run rate in March 2022 compared to March 2021 equivalent to 8.8 FTE fewer agency workers. Medical agency locums increased by 0.65% between March 2022 and February 2022 equivalent to 0.3 FTE more workers. Nursing agency increased by 10.2FTE (15.17%) in March 2022 as compared to February 2022.

Bedford site

Agency use has a 5,23% higher run rate in March 2022 compared to March 2021 equivalent to 4.6 FTE more agency workers. Medical agency locums increased by 8.79% between March 2022 and February 2022 equivalent to 3.1 FTE more workers. Nursing agency increased by 3.2 FTE (9.48%) in March 2022 as compared to February 2022.

Trust Total Active ER Cases



Trust Level Summary

The number of Employee Relations cases being managed over the last month fell slightly (3.3%) and now stands at 88 cases in March 2022; this is across both Trust sites.

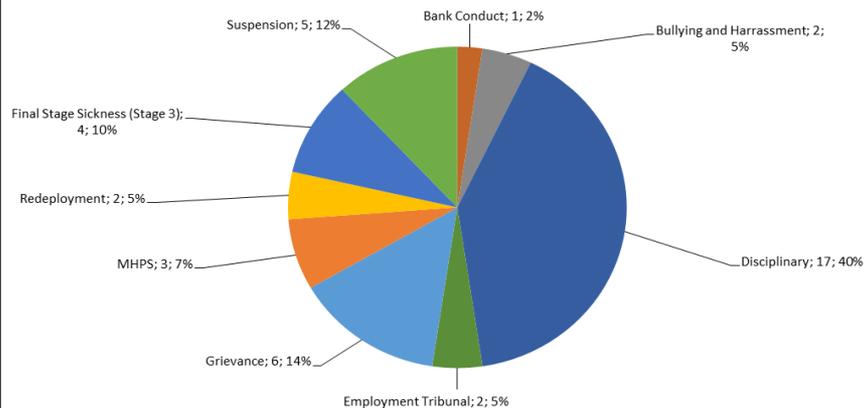
The level of activity in respect of consultation exercises is currently at 15; 3 which are on-going and 12 in the planning stages.

There has been no change in the overall number of Maintaining High Professional Standards (MHPS) cases over the past month, with a total of 4 cases (1 at Bedford and 3 on the Luton Site).

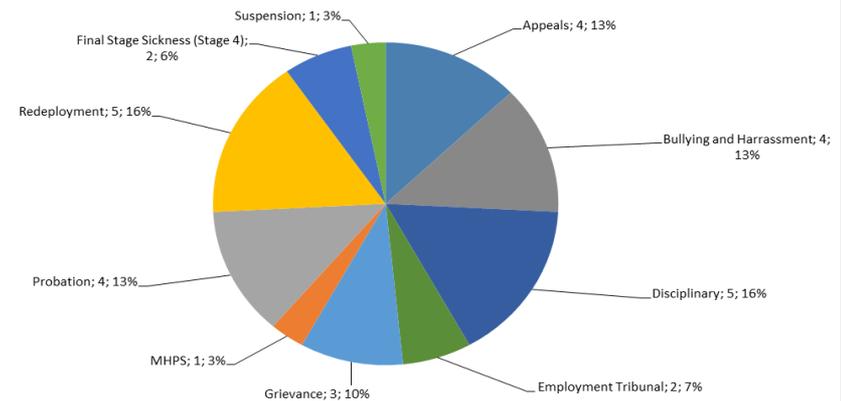
There are currently 4 Employment Tribunal Cases, at various stages across both sites; a further claim has been resolved within the past month.

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

L&D Site - Active ER Cases



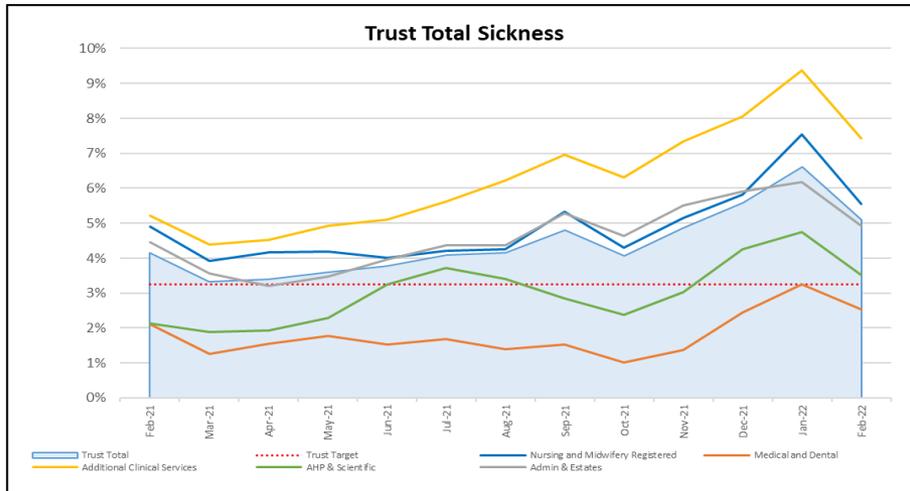
Bedford Site - Active ER Cases



The reduction in the number of disciplinary cases across both sites continued, now standing at a total of 28 cases (down 9.7%); including 6 individuals who have been suspended whilst disciplinary investigations are on-going. Disciplinary cases in Bedford currently stands at 6 cases in March (including 1 suspension) and there are currently 22 cases, with 5 individuals on suspension at the Luton Site..

There has been a considerable fall (30.8%) in the number of grievances (collective and individual) across the Trust this month, and there are now 9 active cases, for which resolution is currently being sought. The number of complaints of bullying and harassment has seen an increase and now stands at 6 complaints being actively managed across both sites. Work continues across all of these cases to bring them to a satisfactory resolution.

There has been a fall in the number of redeployment cases, now at 7 cases for reasons of change management process and health/capability. Work is on-going with these members of staff to find them suitable alternative employment within the Trust.



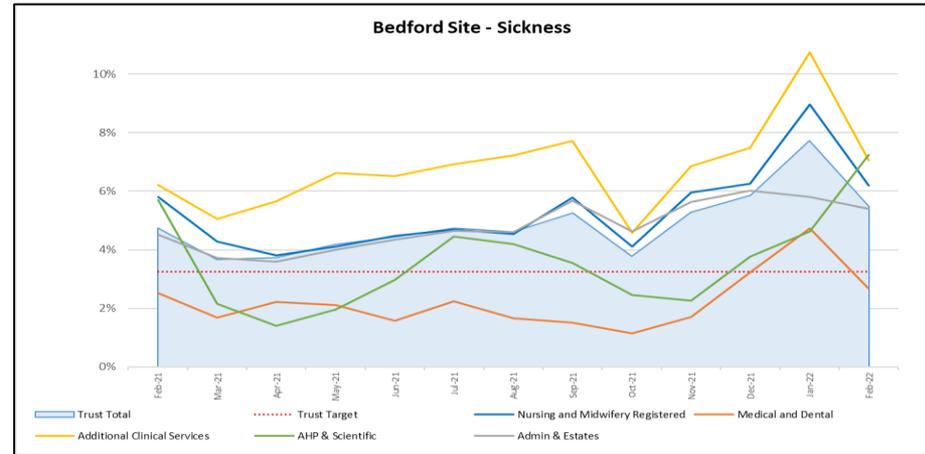
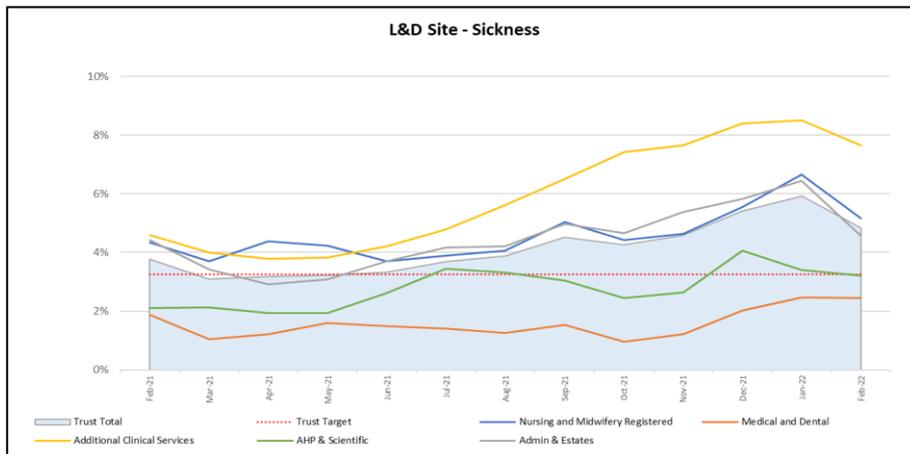
Trust Level Summary *

Overall sickness levels have decreased from a peak of 7.27% in April 2020, as a result of the COVID pandemic, to 5.09% in February 2022.

Sickness levels in February were at a higher level (1.77% higher) compared to the same period last year.

The highest absence rates for January were within Additional Clinical Services 7.42%, Nursing and Midwifery 5.56% and Admin & Estates 4.93%.

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



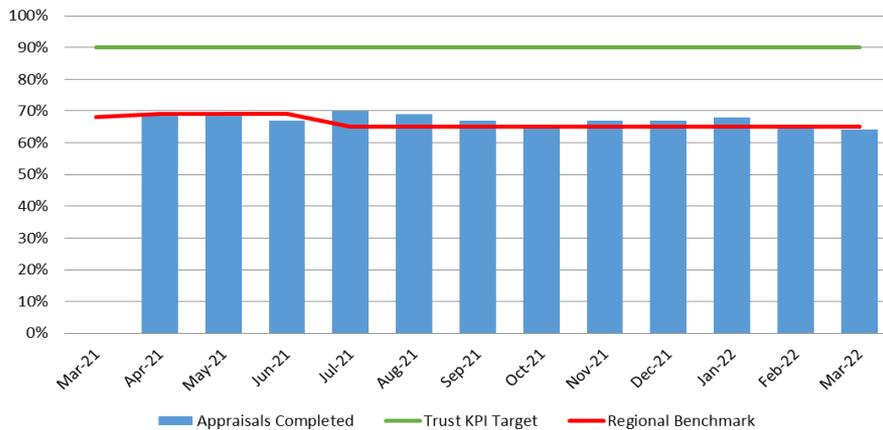
L&D Site

There was a reduction of 1.08% between January and February to 4.85% sickness, is 0.03% higher compared with the same period last year. Most staff groups are showing a marginal decreased compared to last month with the highest being Additional Clinical Services 7.76% .

Bedford Site

There was an overall reduction of 2.24% between January and February to 5.48% and is 0.74% higher than the same period last year. Most staff groups are showing an in month decreased in sickness the lowest being Additional Clinical Services 3.39%, Allied Health Professional and Scientific group 3.13% and Nursing and Midwifery 2.77%.

Bedfordshire Hospitals NHS FT- Appraisal Rate Compliance



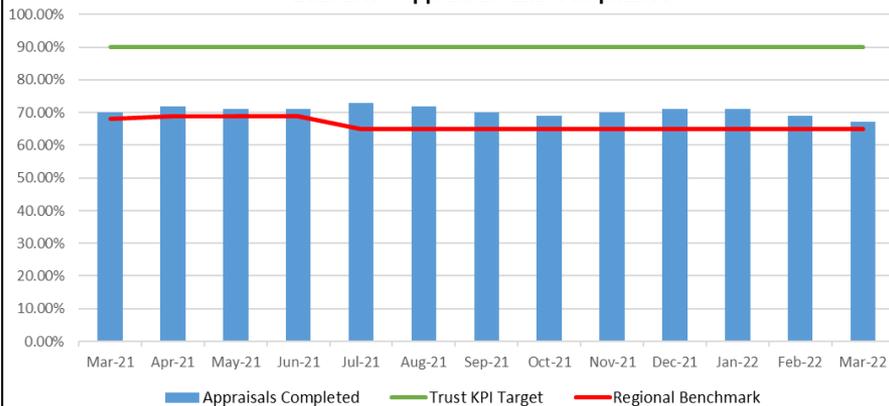
Trust Level Summary

The appraisal compliance rate has decreased slightly by 0.83% overall across Bedfordshire Hospitals NHS Foundation Trust.

The appraisal paperwork is now with the Organisational Development Team who are to make amendments based on feedback from values based co-design workshop hosted by A Kind Life. We expect that once the new joint paperwork is launched alongside a training programme for Trust staff, the process will be clearer and easier to manage for cross-site managers.

We continue to remind staff of their outstanding reviews, and expect compliance to improve considerably once the Pay Progression process is formally launched later this year.

L&D Site - Appraisal Rate Compliance



Bedford Site - Appraisal Rate Compliance



Site Specific Level Summary

There has been a 0.83% decrease across the Trust for the month of March.

L&D Site:

The overall appraisals' compliance rate for March 2022 has dropped by 1.7% to 67.26%.

Bedford Site:

The overall appraisal rate for March 2022 has decreased by 0.59% to 59.41%.

Bedfordshire Hospitals NHS FT- Mandatory Training Compliance



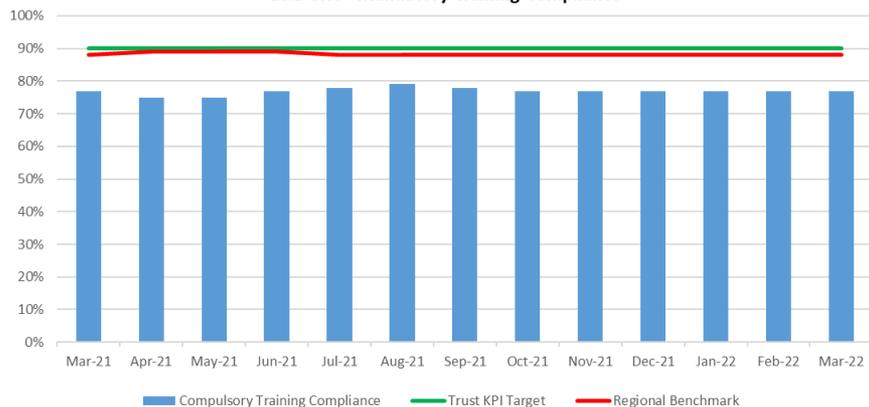
Trust Level Summary

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.

The compliance for March 2022 has seen an overall increase of 0.51% (77.51%).

We have successfully reintroduced some face-to-face sessions for Fire Safety and Health & Safety on the Bedford site. We continue to provide virtual tutor-led sessions via MS Teams in addition to e-learning, workbooks and some classroom training.

L&D Site - Mandatory Training Compliance



Bedford Site - Mandatory Training Compliance



Site Specific Summary

Training compliance has slightly increased (0.51%) across the Trust throughout the month of March 2022.

L&D Site:

The overall mandatory training compliance rate during the March period sits at 76.91%.

Bedford Site:

The overall mandatory training compliance rate during the March period sits at 79.54%.

MANDATORY TRAINING BY SUBJECT

Reporting Period: March 2022

Bedfordshire Hospitals NHS FT - Core Mandatory Training Compliance	Equality, Diversity & Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control 1	Infection Control 2	Information Governance	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Conflict Resolution - Level 1	Preventing Radicalisation Basic Prevent Awareness	Resuscitation - Level 1 (E-Learning)	Adult Basic Life Support	Newborn Basic Life Support	Paediatric Basic Life Support	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Average Total Compliance	
Trust Target	90%	90%	90%	90%	90%	95%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
April 2021	84.00%	81.00%	85.00%	90.00%	76.00%	67.00%	87.00%	63.00%	74.00%	83.00%	66.00%	60.00%	43.00%	25.00%	87.00%	85.00%	83.00%	84.00%	73.00%	
May 2021	85.00%	82.00%	86.00%	90.00%	77.00%	68.00%	87.00%	62.00%	76.00%	84.00%	74.00%	59.00%	40.00%	27.00%	88.00%	85.00%	84.00%	84.00%	74.00%	
June 2021	87.00%	83.00%	87.00%	91.00%	81.00%	72.00%	87.00%	65.00%	79.00%	84.00%	80.00%	60.00%	54.00%	35.00%	88.00%	85.00%	84.00%	85.00%	77.00%	
July 2021	87.00%	84.00%	88.00%	90.00%	82.00%	73.00%	87.00%	66.00%	81.00%	83.00%	79.00%	59.00%	55.00%	39.00%	87.00%	87.00%	83.00%	87.00%	78.00%	
August 2021	87.00%	84.00%	89.00%	90.00%	82.00%	74.00%	87.00%	67.00%	82.00%	83.00%	79.00%	59.00%	59.00%	39.00%	87.00%	88.00%	82.00%	88.00%	78.00%	
September 2021	87.00%	84.00%	88.00%	89.00%	79.00%	75.00%	87.00%	67.00%	82.00%	83.00%	75.00%	57.00%	58.00%	38.00%	85.00%	88.00%	81.00%	87.00%	77.00%	
October 2021	86.00%	81.00%	87.00%	88.00%	76.00%	74.00%	85.00%	66.00%	83.00%	79.00%	76.00%	57.00%	53.00%	44.00%	85.00%	84.00%	82.00%	85.00%	76.00%	
November 2021	86.00%	84.00%	87.00%	87.00%	72.00%	75.00%	88.00%	75.00%	84.00%	80.00%	75.00%	57.00%	59.00%	44.00%	84.00%	83.00%	81.00%	84.00%	77.00%	
December 2021	86.00%	83.00%	87.00%	87.00%	71.00%	75.00%	87.00%	74.00%	85.00%	80.00%	73.00%	55.00%	58.00%	46.00%	84.00%	82.00%	81.00%	84.00%	77.00%	
January 2022	85.88%	81.89%	86.95%	86.16%	69.76%	75.19%	86.57%	72.71%	84.45%	80.21%	71.73%	56.35%	56.00%	47.35%	83.69%	82.21%	79.76%	84.23%	76.17%	
February 2022	86.00%	81.00%	87.00%	87.00%	69.00%	74.00%	86.00%	73.00%	85.00%	80.00%	70.00%	59.00%	63.00%	48.00%	85.00%	82.00%	79.00%	85.00%	77.00%	
March 2022	87.19%	81.52%	87.32%	87.91%	70.39%	75.03%	86.53%	74.57%	86.01%	82.28%	66.27%	60.56%	65.40%	50.44%	86.54%	82.28%	79.29%	85.59%	77.51%	
Change from last month	1.19%	0.52%	0.32%	0.91%	1.39%	1.03%	0.53%	1.57%	1.01%	2.28%	-3.73%	1.56%	2.40%	2.44%	1.54%	0.28%	0.29%	0.59%	0.51%	

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%	-
March 2021	84.00%	90.00%	69.00%	91.00%	67.00%	59.00%	87.00%	67.00%	79.00%	-	-	59.00%	-	-	87.00%		84.00%	86.00%	-
April 2021	86.00%	86.00%	89.00%	90.00%	70.00%	66.00%	88.00%	50.00%	61.00%	83.00%	-	63.00%	17.00%	16.00%	89.00%	88.00%	77.00%	88.00%	71.00%
May 2021	86.00%	86.00%	90.00%	91.00%	72.00%	68.00%	88.00%	51.00%	65.00%	83.00%	-	63.00%	17.00%	19.00%	89.00%	89.00%	78.00%	89.00%	72.00%
June 2021	88.00%	87.00%	90.00%	92.00%	77.00%	72.00%	88.00%	56.00%	69.00%	80.00%	-	64.00%	68.00%	31.00%	89.00%	89.00%	77.00%	90.00%	77.00%
July 2021	88.00%	86.00%	90.00%	91.00%	77.00%	72.00%	87.00%	57.00%	72.00%	80.00%	-	63.00%	64.00%	36.00%	88.00%	90.00%	76.00%	90.00%	77.00%
August 2021	88.00%	85.00%	90.00%	91.00%	79.00%	74.00%	87.00%	58.00%	74.00%	80.00%	-	62.00%	65.00%	36.00%	87.00%	90.00%	74.00%	91.00%	77.00%
September 2021	87.00%	83.00%	90.00%	88.00%	78.00%	75.00%	87.00%	55.00%	75.00%	80.00%	-	59.00%	64.00%	35.00%	84.00%	91.00%	72.00%	91.00%	76.00%
October 2021	86.00%	78.00%	87.00%	89.00%	75.00%	74.00%	85.00%	53.00%	76.00%	71.00%	-	56.00%	62.00%	46.00%	83.00%	88.00%	74.00%	88.00%	75.00%
November 2021	87.00%	85.00%	87.00%	88.00%	72.00%	76.00%	87.00%	62.00%	79.00%	81.00%	-	52.00%	56.00%	46.00%	84.00%	87.00%	76.00%	85.00%	76.00%
December 2021	86.00%	84.00%	87.00%	87.00%	72.00%	76.00%	86.00%	62.00%	81.00%	82.00%	-	51.00%	58.00%	46.00%	84.00%	87.00%	75.00%	86.00%	76.00%
January 2022	85.35%	82.21%	87.21%	86.94%	72.54%	77.40%	86.43%	61.12%	81.83%	86.94%	-	50.30%	56.10%	45.91%	84.43%	86.44%	74.30%	85.83%	75.71%
February 2022	86.00%	82.00%	87.00%	87.00%	75.00%	77.00%	87.00%	63.00%	83.00%	83.00%	-	53.00%	63.00%	48.00%	86.00%	86.00%	73.00%	87.00%	77.00%
March 2022	87.73%	81.91%	87.90%	89.41%	76.92%	78.82%	87.59%	66.27%	86.33%	86.81%	-	57.52%	76.52%	49.82%	90.00%	86.84%	73.71%	88.00%	79.54%
Change from last month	1.73%	-0.09%	0.90%	2.41%	1.92%	1.82%	0.59%	3.27%	3.33%	3.81%	-	4.52%	13.52%	1.82%	4.00%	0.84%	0.71%	1.00%	2.54%

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%
March 2021	81.00%	75.00%	80.00%	86.00%	80.00%	67.00%	81.00%	68.00%	80.00%	-	-	64.00%	-	-	84.00%	84.00%	84.00%	81.00%	-
April 2021	83.00%	78.00%	82.00%	90.00%	80.00%	68.00%	87.00%	69.00%	83.00%	82.00%	66.00%	59.00%	52.00%	37.00%	85.00%	84.00%	87.00%	82.00%	75.00%
May 2021	84.00%	79.00%	83.00%	90.00%	80.00%	69.00%	86.00%	68.00%	83.00%	84.00%	74.00%	57.00%	49.00%	37.00%	86.00%	82.00%	87.00%	81.00%	75.00%
June 2021	86.00%	81.00%	85.00%	90.00%	83.00%	71.00%	87.00%	70.00%	85.00%	80.00%	80.00%	57.00%	50.00%	40.00%	88.00%	83.00%	87.00%	83.00%	77.00%
July 2021	87.00%	83.00%	87.00%	89.00%	85.00%	73.00%	87.00%	71.00%	87.00%	85.00%	79.00%	57.00%	51.00%	43.00%	87.00%	85.00%	87.00%	85.00%	78.00%
August 2021	86.00%	84.00%	88.00%	89.00%	83.00%	75.00%	87.00%	71.00%	87.00%	85.00%	79.00%	57.00%	57.00%	43.00%	87.00%	86.00%	86.00%	86.00%	79.00%
September 2021	86.00%	84.00%	87.00%	89.00%	80.00%	75.00%	87.00%	73.00%	87.00%	84.00%	75.00%	55.00%	55.00%	41.00%	86.00%	85.00%	86.00%	85.00%	78.00%
October 2021	86.00%	83.00%	87.00%	88.00%	76.00%	75.00%	85.00%	74.00%	87.00%	83.00%	76.00%	57.00%	50.00%	42.00%	86.00%	82.00%	86.00%	84.00%	77.00%
November 2021	86.00%	83.00%	87.00%	86.00%	72.00%	75.00%	89.00%	83.00%	87.00%	80.00%	75.00%	59.00%	60.00%	42.00%	84.00%	81.00%	84.00%	82.00%	77.00%
December 2021	86.00%	83.00%	87.00%	86.00%	70.00%	74.00%	88.00%	81.00%	87.00%	80.00%	73.00%	59.00%	58.00%	46.00%	85.00%	79.00%	85.00%	82.00%	77.00%
January 2022	86.23%	81.68%	86.77%	85.60%	68.07%	73.76%	86.66%	80.18%	86.14%	78.78%	71.73%	60.71%	55.97%	49.21%	83.16%	79.58%	83.41%	83.22%	76.71%
February 2022	87.00%	80.00%	87.00%	87.00%	66.00%	72.00%	85.00%	79.00%	86.00%	78.00%	70.00%	63.00%	63.00%	49.00%	84.00%	79.00%	84.00%	83.00%	77.00%
March 2022	86.84%	81.26%	86.93%	86.79%	66.36%	72.54%	85.83%	80.01%	85.81%	79.50%	66.27%	62.78%	61.56%	51.21%	84.02%	79.40%	83.14%	84.04%	76.91%
Change from last month	-0.16%	1.26%	-0.07%	-0.21%	0.36%	0.54%	0.83%	1.01%	-0.19%	1.60%	-3.73%	-0.22%	-1.44%	2.21%	0.02%	0.40%	-0.86%	1.04%	-0.09%

Key

< 80% 80% - 89% >= 90% Please note that IG only has to be above 95% to achieve green rating

Health and wellbeing strategy

The two previous site based Health and Wellbeing/staff involvement groups were brought together to form a new Staff Wellbeing Involvement Group (SWIG) and a new Strategic Health and Wellbeing Group; both groups met for the first time in their current form in June 2021.

The aim of the groups is to develop the Health and Wellbeing strategy in co-production with our staff. Work has already commenced on identifying key areas for immediate focus including different routes to access appropriate psychological support, staff wellbeing rooms, improvements to staff rest areas, MHFA training and increased numbers of Peer Listeners, staff recognition and an Art subgroup.

The refreshed Health and Wellbeing Framework from NHS Employers has been launched and will feed through the Strategic Group to SWIG.

Staff rest areas

Following a detailed audit of existing staff rest areas, in October 21 the Trust supported the purchase of more desirable and comfortable seating.

The new furniture (146 tub chairs, 95 seats with armrests and 14 tables) was delivered during February /March and gratefully received by staff.

Re-launch of Schwartz Rounds

In March we re-launched Schwartz Rounds, with the first virtual session, 'Call the Chaplain' took place on Thursday 3 March, with 70 people attending. The next session is planned for Tuesday 17th May.

Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare.

Clinical Psychologist role

From April 2021 the Charitable funds committee supported and funded a full time role, for the period of one year, through an SLA with ELFT. We were successful in appointing Amanda Spong who commenced on the 1st April 2021 (0.6 wte) and later Rachel Charter in September (0.4wte)

Their work has been invaluable in supporting staff and teams across our Trust, including providing support to our Peer Listeners and further developing MHFA training and additional Peer Listeners.

This role is now funded substantively.



Take heART

The Art subgroup of the SWIG have secured charitable funds to purchase some artwork to display in our hospitals. The theme of the headlining messages is gratitude, support and love for our staff.

The posters were part of a campaign called 'Posters for the People' created in 2020 by Leeds-based street art project In Good Company and were donated as a means of depicting the ongoing support for key workers whilst pressures on staff are unrelenting.

This project is all about our people and the team have delivered cards to each department across both sites containing a QR code linking to a Slido feedback form.

There are three short questions which will help us gain an insight into how to cater future projects around what works for your wellbeing.

**Winter Staff Engagement events**

Over 2000 staff across the sites attended our Winter Staff Engagement events in December. To support our THRIVE values, the events focused heavily on promoting our values and how we can all live them every day at work.

As part of this event, we asked staff to fill out a wellbeing questionnaire asking what a good day at work looks like. From the results, 'teamwork' is a recurring theme that really matters to our people., with patient care being the next strongest theme. These go hand in hand, better teamwork means better patient care.

We are embarking on further work to embed our THRIVE values into our systems, processes and practices across the organisation. This will build upon the work we have already done to shape the culture at Bedfordshire Hospitals. During this period of transformation and we will be working with both our leaders and staff across the Trust to help shape this work, starting by focusing on the key areas of:

- Recruiting for values
- Appraising with values
- Respectful resolution

Planning has already started for our Summer Staff Engagement events.

Board of Directors
Wednesday 4 May 2022

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

Report summary	This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 23 February 2022, 23 March 2022 and 27 April 2022.
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	CQC NHSI Quality Accounts (External Audit) Quality objectives
Jargon Buster	Harm Free Care – A set of metrics including falls and pressure ulcers that are nationally monitored CQUIN - Commissioning for Quality and Innovation – a set of quality measures that are nationally and locally mandated that the Trust is incentivised financially to achieve

QUALITY COMMITTEE REPORT

TO BOARD OF DIRECTORS

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 23 February 2022, 23 March 2022 and 27 April 2022.

2. Update on COVID-19

The Committee received monthly updates on inpatient numbers of Covid positive patients, noting the increase of Covid cases within the community. However, the vast majority of Covid positive inpatients have mild symptoms and are not causing added pressures on ITU. The Medical Director updated the Committee on the monoclonal antibody and oral antiviral treatment service and the vaccination boosters.

3. Performance Metrics and Recovery Plans

The Deputy Chief Executive updated the committee on elective access standards recovery and presented detail each month with regard to the 104 week waiter target, and noted at the April meeting that focus is now directed at 78 week waiters. The challenges in relation to staff absences were discussed.

Operational Performance Reports were received and noted. The Deputy Chief Executive highlighted the 62 day cancer target and presented a breakdown of the breaches to this target at the March meeting, noting the complexities of the pathways. The Quality Committee were assured that fundamental work takes place with MDTs, tumour site leads, specialist nurses and all cancer cases are tracked daily with input from the cancer leads. The 2 week wait cancer referral continues to be the biggest area of operational strain.

The Quality Committee were informed that A&E performance, particularly in January and February, was extremely challenging with a regional surge and high acuity of patients, together with beds closed for Covid and Norovirus. The Committee discussed ambulance handovers and were assured that where there is a backlog of patients within the department, the clinical team will go out to the ambulance to assess the patient. The Deputy Chief Executive presented a briefing paper with regard to 12 hour trolley waits and the Committee were assured that there was no harm to patients.

4. Infection Prevention and Control (IPC)

The Quality Committee received monthly Infection Prevention and Control updates. The Director of Infection Prevention and Control (DIPC) highlighted the new IPC guidance including Covid testing recommendations and explained the requirement to risk assess.

Other respiratory infections and the mandatory reporting of other infections including

E.Coli, C.Difficile, Klebsiella and multi-drug resistant organisms were noted.

The Committee were briefed on a HCID incident (Lassa Fever).

Discussion took place with regard to the hospital environment and ventilation.

5. Maternity

Maternity Services across both sites remain under immense pressure. The Director of Midwifery presented the Perinatal Quality Surveillance Tool reports at each meeting which provided an overview of the maternity clinical metrics and update on progress on actions relating to the quality improvement plan, CQC, CNST Year 4, and the Ockenden Report.

The Director of Midwifery reported that the Trust has been asked to review the recommendations from the 2015 Morecambe Bay report and carry out a self-assessment. It was noted that the recommendations are all cross referenced with other reports/findings.

The Quality Committee received a report following the published report of the NHS Maternity Survey conducted in 2021. The area of focus for improvement was noted as being care at home after the birth and the maternity teams will be working with partners to support development in these areas.

The monthly midwifery staffing reports were received at each meeting and the fill rates, red flag reporting, supernumerary status and 1:1 care in labour were noted. The Quality Committee acknowledged that staffing has been extremely challenging and noted assurance from escalation processes, micro management of the caseload, and support from the senior team.

A CNST (Clinical Negligence Scheme for Trusts) update report was received at the March meeting updating the Committee on the status of the Trust's compliance with the NHS Resolution Maternity Incentive Scheme, Year 4.

The Ockenden Maternity Review One Year On report and the Ockenden 2 Final report were received and the recommendations discussed.

6. Nursing Staffing

The Nursing Staffing reports were received for assurance. The Chief Nurse highlighted the continued challenges with regard to staff absence and staffing contingency areas. Actions are in place to reduce the impact of moving staff and a bi-monthly forum has been established. A piece of work is taking place with the recruitment teams reviewing the vacancy factor.

7. Harm Free Care

The Chief Nurse gave updates on falls and pressure damage incidence for both hospitals. There had been some focus on falls on the Bedford site and a reduction in the numbers of falls was reported for March 2022.

With regard to pressure damage, there had been an increase in cases due to the operational pressures and an impact of the long length of stay in the emergency department and actions have been implemented to focus on deep tissue injuries.

8. Serious Incidents (SI) and Incidents

The Director of Quality and Safety Governance highlighted an overall positive trend in the reporting of incidents with top themes around medicines, falls, pressure ulcers and manual handling.

It was noted that incident reporting on the Bedford site had reduced in rate, therefore the Clinical risk team are undertaking a programme of awareness training and offering support to clinical teams to ensure incident reporting remains positive.

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 January – March 2022:

- Potential contamination of Alimentum and Elecare infant formula food products – implementation of actions for this alert were completed within the required timeline by 11 March 2022 and the alert closed.
- Philips Health Systems V60, V60 Plus and V680 ventilators – potential unexpected shutdown leading to complete loss of ventilation
In March 2022 Philips Health Systems informed the MHRA of an important safety issue due to potential unexpected shutdowns of all of their V60 and V60 Plus non-invasive ventilators. All V680 invasive ventilators used in critical care settings are also affected. Implementation of actions for this alert is required by 31st May 2022.

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

10. Mortality

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

The upwards reports from the Learning from Deaths Board were received by the committee and data noted.

The quarterly learning from deaths report was received for information in April.

11. Patient Experience

The Patient Experience Report for Quarter 3 was received which highlighted that complaint rates have increased this quarter. No particular themes have been identified.

A patient story was shared at the April meeting which highlighted an issue around visiting and lack of compassion. The Quality Committee recognised the contribution carers can make to patients whilst they are in hospital and discussed the implications

when visiting is restricted.

12. Safeguarding Report

The Quarter 3 Safeguarding report was received and noted.

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. The Deputy Medical Director highlighted the incredible work of the Research and Development team.

14. Internal Audit

The following internal audit reports were presented and noted by the Quality Committee:

- Clinical Governance: Learning from Serious Incidents – it was noted that all critical actions have been implemented.
- Elective Recovery – positive feedback.
- Business Continuity – the scope for the Business Continuity internal audit was approved by the Quality Committee.

15. Risk Register and Board Assurance Framework

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

The Associate Director of Corporate Governance presented a paper for a quarterly review of Objectives 2 and 4 of the Board Assurance Framework. The Quality Committee discussed and agreed there was no change to the risks. Objectives for 2022/2023 are being considered.

16. Clinical Strategy Update

A summary report was received updating the Committee on the work on the formulation of the Overarching Clinical Strategy for the Trust which is facilitated by the Integration and Transformation Team. The Strategy will outline the future vision and models of care for Clinical Service Lines

17. Stroke update

The latest SSNAP data was presented to the Quality Committee in February highlighting that the L&D rating had dropped to a B rating. The main challenge has been to move patients to the stroke unit within 4 hours.

18. Quality Account 2022/23 Quality Priorities

The Quality Committee received a paper for information and comment outlining the Quality Priorities for inclusion within the Trust's Quality Account for the coming year. It was noted that work has already commenced on the CQUINs.

19. Quality Committee Terms of Reference

The Terms of Reference were amended and approved at the March meeting.

Board of Directors

Wednesday 4 May 2022

Report title:	Finance, Investment & Performance Committee Report	Agenda item: 9		
Executive Director(s):	Matthew Gibbons			
Report Author	Ian Mackie			
Action <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	Trust Board to note the FIP Committee Report for February 2022, March 2022 & April 2022			

Report summary	<p>This report contains a summary of the deliberations of the FIP Committee during February 2022, March 2022 & April 2022.</p> <p>The financial – revenue & capital – performance (including results up to the end of Month 12 FY21/22) and the budget setting proposal 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>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	

Bedfordshire Hospitals NHS Foundation Trust
FIP Committee Report to the Board

4th May 2022

The Board should note the following items discussed at the FIP Committee meetings from 23rd February 2022, 23rd March 2022 and 27th April 2022.

1. Financial Position

On the 27th April the Committee noted that the FT delivered a surplus of £1.5m for the twelve months to the end of March 2022 against a £0.6m plan.

The Committee noted that the FT's pay spend is £13.5m overspent year to date, £1.4m in month. Non-pay is £28.4m overspent year to date. £4.6m relates to PCR covid testing and other out of envelope expenditure that is reimbursed by NHS England. £6m of workforce initiative expenditure which was recognised in month was offset by income.

Based on estimated M1-9 Elective recovery fund performance, the FT has recognised £7.7m. In addition to this a further £0.3m relating to independent sector income has been recognised within the position.

The Finance Investment and Performance Committee noted the update to the year-end position.

2. Capital

Capital spend is £67.8m against a revised plan of £67.4m. The FT spent £32.3m against the revised £33.0m FT CDEL. The slippage against the centrally funded schemes will put pressure on the 22/23 CDEL.

The Finance Investment and Performance Committee noted the update.

3. Business & Investment Decisions

Electrical Infrastructure

Planning permission for the new substation had been granted on Wednesday 16th February. The scheme is currently being procured with good interest from the market.

The Finance Investment and Performance Committee noted the update.

Further TIF funding

The committee was informed that the FT had been given a further opportunity to bid for TIF funding to support elective recovery. Three short form business cases were submitted on Friday 11th February; the additional operating theatre, Gilbert Hitchcock House (for outpatient refurbishment) and Beeden House (for ambulatory care refurbishment). The FT awaits to hear if bids have been successful.

The Finance Investment and Performance Committee noted the update.

Energy Centre and Electrical Infrastructure

The Energy Centre is currently in delay by 8 weeks (following events in 2021). The cost impact of this delay should be carried by R G Carter. The FT has received a notification of a delay of 4 weeks and a further unquantified notice of delay due to the tunnels network closure. This is due to the Asbestos incident from Centrica, but neither are supported by an application for costs. This position is under review with AECOM in connection with an allowance for potential costs at risk.

The war in Ukraine is leading to very significant movements in materials prices driven largely by increases in energy costs. Ward Hadaway, the FTs legal advisors, have provided a review of the contract position as of March 22.

The Finance Investment and Performance Committee noted the update.

Commercial report

Main Scheme

The Anticipated Final Cost (AFC) is £229.1m. The movement in cost on the main scheme is driven by the inclusion of the budget transfer of £200k (£166,667 + VAT) from the main scheme contingency to the Enabling works budget to support the move of Occupational Health. There is also a reduction in VAT liability driven by treatment of fees within the FBC forms.

The Finance Investment and Performance Committee noted the update.

Luton ED Project

Progress on the Luton ED scheme continued to be very challenging but with some marked improvement in contractor performance following maintained senior leadership intervention. A number of options were presented to the Programme Board with a recommendation to determine the best way forward to complete the project.

A recommendation to maintain works being delivered by Willmott Dixon, accepting the revised programme completion of April 2023 and the anticipated project forecast of £22.4m against a budget of £20.5m. This reflects a budget increase of £1.9m to complete the project. The forecast position is supported by an independent review by MottMac and CPM with an assessment of risk to project completion. It was confirmed that the FT are responsible for the design and unforeseen circumstances. It was confirmed that the Chief Executive Officer will be meeting with Willmott Dixon's Managing Director.

The Finance Investment and Performance Committee noted the update and approved the revised program.

4. Other Matters

Budget Setting

The current Budget proposition for 2022/23 takes the FT to a deficit position.

The 22/23 budget proposition contains significant risks. The FT will need to work hard over Q1 to bring the hospital back to balance. There does remain significant opportunity to become more productive, and the FT is confident that, with due attention, the plan can be suitably de-risked.

The Finance investment and Performance committee recommended to the FT Board that the budget and pay ceilings for 22/23 are approved.

Financial Regime – Contract Update

The national tariff consultation has had to be reopened for a number of points. Some of the guidance around the Elective recovery regime has yet to be finalised. All of these factors have contributed towards a delayed contract process.

The allocation that NHSEI shared with commissioners and providers is 2021/22 (H2 x 2). This was confirmed as a sufficient starting point, for all commissioners apart from Specialised Commissioning with whom discussions are ongoing.

Subcontracted activity is now outside the aligned payment and incentive rules and the reimbursement will be at 100% of tariff.

The Finance Investment and Performance Committee noted the update.

CQUINs Update

Framework activity was suspended in the previous two years due to Covid 19 challenges. It was confirmed the framework had been reinstated for 2022/23 with CCG CQUINs covering nine schemes, of which five will be financially incentivised. Discussions are ongoing over the agreement of the CQUINs selected.

The Finance, Investment and Performance Committee noted the update.

Elective Access Recovery Update

At the end of March 2022 there were 9 patients still waiting beyond 104 weeks for their treatment.

The number of 52+ week waits was c.2,600 by the end of March 2022. This is approximately 400 more than at the end of September 2021; the overall waiting list has grown by about 10,000, from c.64,000 to c.74,000.

Average daily referrals into the Trust in February were 94% of pre-Covid (e.g. February 2020) levels. 2ww referrals are tracking between 10% & 20% points above pre-Covid levels. While referral rates are greater than activity rates there will continue to be a pressure on waiting lists.

18-week performance in Bedford is currently at 64.9% (up from 63.3% last reported) and 63.4% (down from 63.8%) for the L&D. The national standard prior to Covid19 was 92%

The average time waiting for patients on open pathways is 17.1 weeks compared to 8.6 weeks pre-Covid. It was confirmed that the FT are trying to hold the 52 week waiting list size and that the FT is trying to get down to zero 104 week waits by March 2022. The plan submitted to the ICS (Integrated Care System) is compliant and operational teams are working to deliver it.

Corporate Governance

Review of the Finance Investment and Performance Terms of Reference

The Terms of Reference were reviewed and the following actions noted.

Removal of the Director of Integration and Transformation.

Incorporate Balanced Scorecard standards under responsibilities once the FT has one.

A change to the members responsibilities -To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc. where Services are affected by or potentially impacted by the actions agreed at FIP. It was agreed that this responsibility was owned by the Chief Executive Officer and not the Non – Executives.

Removal of the GDE Update

The Finance, Investment and Performance Committee noted the update and approved the Terms of reference.

Internal Audit Budget Setting Monitoring and Control 2021/22 Report

Internal Audit issued their final Budget Setting Monitoring and Control audit report at the end of March 2022 the report concludes that, taking account of the issues identified, the Board can take ‘substantial assurance’ that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective.

The audit found that for the most part, the Trust has robust processes in place for the setting of budgets and monitoring of budgetary performance.

The Finance Investment and Performance Committee noted the update.

5. Items for Escalation to the Board

The Finance, Investment and Performance committee recommended to the Board that the budget and pay ceilings for 22/23 are approved.

Board of Directors

Wednesday 4 May 2022

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

Report summary	<p>This report provides an overview of the activity within the Redevelopment team over the last quarter, from 04/02/22 – 04/05/22.</p> <p>A significant amount of construction work is taking place on the L&D site with construction of the Energy Centre (EC), the New Clinical Buildings (NCB) and the Emergency Department (ED) extension and refurbishment. The EC is subject to some delay given events in 2021 (sub-contractor performance) and more recently, events around the discovery of residual asbestos in the tunnels. The impact of the recent events is under review. The NCB project has progressed well since construction commenced in January 22. The ED project remains challenging due to a number of risks that have been realised. A budget uplift was approved by FIP in March 22 to support completion of the project which is expected to be April 23.</p> <p>A number of projects are under construction at Bedford Hospital which directly support backlog, infrastructure and site resilience as well as Covid recovery.</p> <p>Projects being designed or procured have been overwhelmingly impacted by current market conditions which continue to experience upward pricing pressures. This will force difficult decisions to be made moving forward in relation to capital planning and capital bids.</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	N/A

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

1. Introduction

This report provides an overview of the activity within the Redevelopment team over the last quarter, from 04/02/22 – 04/05/22.

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

The Trust entered into contract with Kier in January 22. Activity in the first 3 months has focussed on finalising key design packages for procurement by Kier, establishing the site team and set up and undergoing demolition and groundworks. A number of changes have been approved as per the contract mechanism, in support of an efficient design solution which continues to drive value for money. The project remains within the parameters agreed in terms of programme, cost and quality.

3. Urgent and Emergency Care

For the L&D element, in recognition of the complexity of the project, the challenges faced (not least the current market conditions) and the risks coming to fruition, FIP approved a budget uplift of £1.9m in March 22 to complete the project as planned, with a revised completion date of April 23. The project remains commercially challenging.

Phase 2 at BH was initiated in January 22, the design is under development and due to go to market. The key concern remains market conditions and the impact this will have on the project.

4. Energy Centre (EC), L&D

The EC is subject to an 8 week delay given events in 2021 (sub-contractor performance) and more recently, events around the discovery of residual asbestos in the tunnels. The impact of these recent events is under review. The key risk remains the coordination of works between the three principal contractors and the delivery of upgrade works to plant rooms will need to be carefully coordinated due to potential risk impact on hospital functions.

5. Cauldwell, BH

The Trust entered into a pre-construction and enabling contract(s) with RG Carter in January who have now delivered a contract sum which is expected to be approved by FIP on the 27th April. The contract sum mainly aligns (uplift of £86k required against budget of £6.25m) to the cost plan and has been subject to significant efforts by all parties to limit the impact of the upward pricing pressures being experienced in the market. Planned completion is pushed back by a month to July 22 in recognition of the change to scope (addition of Trust backlog) and the challenges the supply chain face in terms of long lead in times on plant.

6. Electrical Infrastructure, BH

Planned contractor appointment has been delayed by 8 weeks due to the challenging market conditions, including market appetite, cost and contract terms. Tender evaluation is now complete and WT Portsmouth have been recommended for appointment. The contract sum is expected to be approved by FIP on the 27th April. The contract sum mainly aligns (uplift of £32k required against budget of £3.4m) to the cost plan and has been subject to significant efforts by all parties to limit the impact of the upward pricing pressures being

experienced in the market. Planned completion is pushed back to Q4 22/23 in recognition of the challenges the supply chain face in terms of long lead in times on plant.

7. Operating Theatre, BH

The Trust remain committed strategically to advancing the clinical strategy which relies on the development of theatre capacity on the BH site, but work on the new vascular theatre has been paused. This recommendation by the Redevelopment Programme Board has been subject to a number of considerations including the lack of commitment from the centre to approve the business case and allocate funding, and the issue of market inflation and upward pricing pressures. As a consequence of these issues the forecast programme has been pushed back resulting in a limited benefit to use the proposed asset before the service moves to the L&D site, where hybrid theatres are under construction.

8. Primary Care Hub

The Trust remain committed to working with and across the ICS to support the role out of the Hub programme. The Trust are undertaking a project in North Bedford that looks to refurbish a LIFT asset and a Trust asset to create a Hub for one PCN. A full business case is expected by the centre in September 22. The allocation made in 2018 was for £7.08m, this is under significant pressure given market conditions, to deliver the key objectives of the project.

Melanie Banks

Director of Redevelopment and Strategic Planning

27 April 2022

Board of Directors

Wednesday 4th May 2022

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

Report summary	<p>The Charitable Funds Committee held an extraordinary meeting on the 30th March 2022.</p> <p>Key points to note for the Board:</p> <ul style="list-style-type: none"> Received an update on the Helipad Appeal. The HELP appeal have agreed to leave their donation with the Charity account during the pause. The committee also noted that any agreed spend already incurred would be underwritten by the Trust. Received notification that the SIREN Covid Study has reduced the funding required and returned £19,000 to the General Fund. Approved the provision of the Charity Team for a further year noting a change in strategy towards grant and trust applications. Approved £307,448. Approved the application to NHS Charities Together for technology to support the trolley service. This will support the shop to become more profitable. Reviewed a proposal for a new Charity Ambassador.
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	Charity Commission
Jargon Buster	NHS Charities Together - is a collective experience representing, supporting and championing the work of the NHS' official charities.

Board of Directors

Wednesday 4 May 2022

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

Report summary	<p>The report contains a summary of the considerations of the Workforce Committee which met on 20TH April 2022.</p> <p>Consideration was given/progress was noted in the following areas aligned to the People Plan Priorities:</p> <p>Looking after our people</p> <ol style="list-style-type: none"> 1. Staff Wellbeing 2. Freedom to Speak Up Guardian 3. Staff Engagement 4. Staff survey results 5. Embedding our values <p>Belonging in the NHS</p> <ol style="list-style-type: none"> 6. Equality, Diversity and Human Rights which included an update from the Staff Networks, Gender pay gap and reciprocal mentoring programme <p>Growing for the future</p> <ol style="list-style-type: none"> 7. Nursing Workforce report <p>New ways or working and delivering care</p> <ol style="list-style-type: none"> 8. Mandatory training recovery plan 9. Apprenticeships <p>Governance</p> <ol style="list-style-type: none"> 10. Workforce Board report 11. Risk Register 12. Matters for Escalation 13. Terms of Reference Review <p>The committee agreed to continue to meet quarterly and include spotlight topics at future meetings. The next of which will be recruitment and retention.</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>NHSI, Equality Act, CQC</p> <p>Strategic Objective 1 - Attract, value and develop the best people to deliver outstanding care in an environment where people can THRIVE</p>

LOOKING AFTER OUR PEOPLE

1. Staff Wellbeing

The Health and Wellbeing Committee & Health & Wellbeing Strategy Committee was created in June 2021, with membership of staff from both sites.

The Strategic Group committee members are currently undertaking a piece of work whereby they are reviewing the Health & Wellbeing framework questions (63 in total) to help shape the Strategy. The Trust works alongside CiC who are the provider for staff wellbeing, each month they produce a newsletter with a specific subject matter (financial support was April's theme).

It was agreed that the Health & Wellbeing Framework would be presented at the next meeting.

2. Freedom to Speak Up (FTSU) Guardian report

There have been a number of new concerns raised between January and March 2022. The concerns were in the main around patient safety, levels of support and attitudes and behaviours. The FTSU Guardians had either reached a satisfactory conclusion to the issues or were in the process of doing so.

The Peer listeners report to the Trust's Clinical Psychologist for support and feedback on the trends and issues raised by staff. Recent themes include work-related stress, concerns about staffing levels due to sickness absence and an increase in Covid cases, shift patterns, difficulty with managers and managing change.

FTSU Guardians presented the results of two questions from the staff survey relating to raising and responding to concerns and two local questions about awareness of the FTSU and Peer listening service. Further analysis of the results of the survey is being undertaken and an action plan for improvement is being developed.

The FTSU video has now been launched and is on the Intranet. It is now being used in training events and forms part of the Trust Induction.

3. Staff Engagement

The Staff Engagement event will be held during the first two weeks of July (4-8 July at Bedford and 11-15 July at Luton). Values messages and other elements will be weaved into the hour long sessions and there will be a "Thank you" Friday where free food will be provided (breakfast, lunch and afternoon tea) to all staff.

The services of a Theatre company have been engaged and VP/AD are working closely with them regarding their brief which will promote the Trust's Values. Feedback from staff will be sought at each session.

4. Staff Survey Results

The committee received a paper which submitted summarized the staff survey results. Overall, the results indicate an “average” set of results but there are areas that do highlight some themes of slightly below average comparisons. The data has been circulated to General and Departmental Managers who have been asked to review the information and focus on 2 to 3 areas for improvement.

Work is underway with the trust-wide response and interventions, which will form a significant component of the Culture and OD programme for this year. Progress with improvement actions will be overseen at Executive performance review meetings

The next steps for utilising the staff survey results and progress with the people promise were also outlined in the report.

5. Embedding our Values

The committee received a report about the partnership with accompany called “A Kind Life” who have a methodology developed through working with over 50 NHS organisations. The work is split into three main areas, recruit for values, appraise for values and respectful resolution. Co-design sessions have been held with workshops and master classes scheduled over the next few months including leadership with values. The partnering objectives are:

- 1) To bring THRIVE values to life in the day to day culture of the Trust
- 2) To build awareness, skills and motivation in staff and leaders
- 3) Embed THRIVE values into how we work, manage and lead

BELONGING IN THE NHS

6. Staff Networks

The Committee received a paper from the BAME staff network which highlights a focus on growing the network and creating awareness on health topics that affect ethnic minorities.

As part of the regional network chairs development programme it is a requirement to assess the Trust’s network against the maturity framework as well as areas of development. The Trust scores highly when benchmarked against other Trusts but will need to review that there is no allocated budget for network to support promotion.

Equality, Diversity and Human Right week is 11-13 May 2022 including staff network days on the 11 May with stands at both sites to help raise awareness and the team are working closely alongside our LGBTQ+ representatives.

7. Gender Pay Gap (GPG)

The national data has been reported as required for the year ending 2021 which is the first time that data will be submitted as the merged organisation. Due to a change in the Clinical Excellence Awards during COVID there will be an impact on the GPG resulting

from “bonuses”. The associated report is being developed and will be published shortly. This will be the first

8. Reciprocal Mentoring Programme for Inclusion

The reciprocal mentoring for inclusion is a systemic leadership intervention led by the NHS Leadership Academy. The programme has been designed to create transformational change and enable a culture of diversity and inclusion.

The NHS Leadership Academy advised they were unable to continue to deliver the programme in its current format and are exploring options in the short term and long term to support sites (including us) to continue and build on the work already undertaken. Therefore, the programme has been temporarily paused and a meeting with the leadership academy to discuss the offers available.

GROWING FOR THE FUTURE

9. Nursing Workforce report

Progress has been made with the areas on non-compliance with the organisation now being fully compliant against 23 standards and partially compliant against 6. These 6 are all areas that are all either dynamic actions that will constantly require review or action or are long term strategic actions that are making progress. None put staff, patients or the organisation at risk.

NEW WAYS OF WORKING AND DELIVERING CARE

10. Mandatory Training and Appraisal Trajectory

The Committee considered the paper and the recovery plan to increase the compliance rates for both training and appraisal. It heard that the executive team recognise that access to mandatory training is much more flexible than it has ever been with various routes for staff to access. Whilst operational and COVID factors impacted on training and appraisal rates now is the right time bring back the focus on full compliance. This important message was included in the all staff briefing and there will be a focus on this area at formal Executive Performance Review Meetings.

The team reviewed the work undertaken by other high performing trusts. The key difference between these organisations and us is cultural with individual employees and managers respectively owning their individual and team compliance standards by taking professional responsibility for keeping up to date. Significant influencing factors for this cultural difference are based around real consequences for non-compliance and include no pay progression until full compliance, re-earnable 5-10% of salary for bands 8C+ and performance management for repeated non-compliance.

Resources, including dedicated project management, have been agreed to create a task and finish group to help drive performance in areas that require the most improvement.

This will focus on creating a culture of professional ownership for compliance through a social movement.

The new Appraisal Policy and documentation has been approved and is based on appraising for values. This includes the reintroduction of the pay step review process which requires full compliance before incremental progression.

11. Apprenticeships

Apprenticeship starters were lower than planned due to fatigue caused by the pandemic and we narrowly missed our Public Sector target, achieving 146 starts out of a target of 185, 80%.

There has been an expanded apprenticeship offering and an increase in take up of higher level apprenticeships amongst clinical staff. 62 apprentices completed their multiyear programmes and the Trust received good feedback from Health Education England.

The separate Bedford and L&D levy accounts have been merged and we have committed expenditure in 2021/22 of £2,243,740 over the next 4 years. We expect to spend around £1.5 million in 2022/23 and £1.1 million in 2023/24

GOVERNANCE

12. Workforce Trust Board report

The Committee considered the Workforce Board and in particular the following points:

- Sickness rates are starting to decrease
- Vacancy rates have increased by a small margin
- Turnover rates are slightly higher than the same period last year.)
- Appraisal and mandatory training rates remained the same

13. Risk Register

Since the last meeting the risk regarding Mandatory COVID Vaccines was agreed and closed following the announcement from the Government that this was no longer a requirement.

The committee agreed for the Mandatory Training scoring to remain the same but more information regarding controls and positive action to be put included.

14. Matters for Escalation

Training and appraisal compliance was already a priority for the Board and no further matters for escalation were identified.

15. Terms of Reference Review

The terms of reference for the committee were reviewed with some minor amendments made. The committee will continue to meet quarterly and quorate will be a minimum of two non-executive directors.

Board of Directors

Wednesday 4 May 2022

Report title:	Summary update of Digital Strategy Committee	Agenda item: 13
Executive Director(s):	Gill Lungley	
Report Author	Josh Chandler, CDTO	
Action <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation		

Report summary	<p>Update to Board from Digital Strategy Committee held on Wednesday April 6th via Teams.</p> <p>Agenda:</p> <ul style="list-style-type: none"> • Data Security Protection Toolkit (DSPT) Update on progress towards compliance / new February requirements. <p>A report was presented detailing the latest position in terms of our DSPT submission. Assurance was provided in relation to actions that are still being undertaken to improve our current position. Significant progress has been made however there are still improvements to make, for example, IG training for all staff as we won't hit the 95% target in time for this year's submission. We will be reporting a status of 'Approaching Standards' against the DSPT this year.</p> <ul style="list-style-type: none"> • Cyber Security update – Audit points / Cyber position <p>A report was presented on the cyber security status of the Trust comparing our state 12 months ago to the present day. The overall state has improved, and this has supported by national funding for cyber security improvements. The digital team is also working on a cyber improvement plan to further improve our cyber security status.</p> <ul style="list-style-type: none"> • Portfolio Projects Update <p>EPR Programme</p> <p>Summary provided of key achievements since December 2021:</p> <ul style="list-style-type: none"> • Implementation of Nursing Assessments Phase 1 – Nov 21 • EPMA Pilot go-live in Paediatrics
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	<ul style="list-style-type: none"> • EPR Programme governance clarified and EPR Programme Board set up. Monthly Board meetings, chaired by Paul Tisi, are scheduled to the end of the year <p>Deliverables for Quarter 1 and 2 are –</p> <ul style="list-style-type: none"> • NC EPMA Luton wide go-live May 2022 • Delivery of Joint Master Patient Index (MPI) June 2022 • Initiation of NC E-Obs Bedford rollout project • Agreed plan for overall NC Bedford rollout • NC Alerts & Escalations Luton implementation • NC BCP App fully deployed at Luton • Implementation of NC e-Obs ED Adult, POPS end ED and PAU at Luton <p>Digital Solutions Programme</p> <p>Summary provided, key achievements since November 21 have been –</p> <ul style="list-style-type: none"> • Audiology Telehealth Bedford – Went live on 06/01 • Telemetry Installation on CCU – Went live on 10/01 • We completed novation to host the video consultation contract for the EoE region • Procurement completed for a number of projects with funding arrangements for <p>Deliverables for Quarters 1 and 2 –</p> <ul style="list-style-type: none"> • Audiology Telehealth Bedford – Went live on 06/01 • Telemetry Installation on CCU – Went live on 10/01 • Remote Monitoring System Cancer Services Bedford – Go-live dates on 28/03 and 19/04 • Ophthalmology EPR L&D – Soft Launch on 31/03 • E-Quip Medical Device Asset Management L&D – Go-live on 28/03 • DASH Orthopaedic Clinic L&D (GDE funded) – Go-live in April • Medicode Cross-site – Go-live in April • Networked Respiratory Devices Cross-site – Go-live in May • IBM Cancer AI – Cross-site – Phase 1 Go-live in June • BigHand Upgrade Bedford – Mitigate risk and identify new go-live date • Potential for some other projects to go-live in Q1 but go-live dates yet to be identified <p>ePortal /ShCR Programme</p> <p>Summary provided and key achievements since the last meeting have been –</p> <ul style="list-style-type: none"> • GP Access
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	<ul style="list-style-type: none"> • Primary Care data integration into the Clinical Portal • IG Audit and reporting in HealthShare <p>Q4 Deliverables (FY 21/22)</p> <ul style="list-style-type: none"> • GP Access is live • Primary Care data is live in Clinical Portal via GP Connect service • IG Audit, Reporting and patient opt out functionality developed and live • Enabled GP practices in the trusts firewall (awaiting communication out to GPs) <p>Q1 Deliverables (FY 22/23)</p> <ul style="list-style-type: none"> • Implementing the Integration of ELFT (mental health) in the clinical portal • Implementing the Integration of Community services in the clinical portal • Nervecentre ePMA integration (like for like for replacing JAC) • Embed a support model with IT for supporting external clients usage of ePortal – Ongoing • Start the integration of Bedford systems into the clinical portal. • Establish a Patient Portal user group • Release Clinical Portal to mobile platform (IOS) <p>Technology Programme</p> <p>Summary provided, key updates are -</p> <ul style="list-style-type: none"> • 35% of our Luton estate is now on Windows 10. • Our Occupational Health, Linen Store and Therapies Team moves have been complete. • As part of Office 365, work continues to prepare the Trust to moving to Exchange Online. • The new BEDSFT.NHS.UK email prefix is enabled at Bedford. • Bedfordshire Hospitals has received delivery on over 1,000 new wireless access points, as part of the Bedfordshire Wi-Fi Project, deployment is scheduled to occur from April 2022 across both sites. • As we move into the financial year, Technology will continue to focus it's efforts in resolving it's technical debt, deploying Windows 10 & Office 365, Cyber remediation and supporting Redevelopment with a number of on-going and upcoming projects, i.e. Cauldwell Bedford, ED Expansion, Hot Block. <p>Q4 Deliverables (FY 21/22)</p> <ul style="list-style-type: none"> • Occupational Health, Linen Store and Therapies Team moves • BEDSFT.NHS.UK enabled and being tested within IT
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	<ul style="list-style-type: none"> • 1,000+ Cisco Meraki access points delivered to Bedford & Luton • 35% of devices are now Windows 10 at Luton <p>Q1 Deliverables (FY 22/23)</p> <ul style="list-style-type: none"> • Start the Cisco Meraki wireless access point deployment at Bedford, prerequisites work initiated at Luton • Support Redevelopment with the delivery of Cauldwell Bedford, ED Expansion, Hot Block and other upcoming projects. • Continue deploying Windows 10 across Luton and initiating Office 365 Exchange Online Migration. <ul style="list-style-type: none"> • Digital Strategy Development Progress <p>The committee were briefed on the activity underway for the updated Digital Strategy in line with the formation of the Clinical Strategy. The core direction will not be changed however we are developing this further and will have a Roadmap for the next 12 months, and a plan for 4 – 5 years. By July we will be able to share more with you and provide an accessible version, in 10 – 20 pages.</p> <ul style="list-style-type: none"> • Financial Update – Full statement of this year’s external funding <p>A report was provided, and the committee was briefed on funding that digital has been awarded throughout FY 12/22. This was just over £3m and covered a range of projects from Replacement Wi-Fi on both sites to Data Warehouse/Reporting improvements. As well as this we are now hosting the video consultation contract for the East of England Region.</p>
<p>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</p>	

Board of Directors

Wednesday 4th May 2022

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

Report summary	<p>Key points to note for the Board</p> <p>Updates on the key priorities</p> <ul style="list-style-type: none"> • Green Travel Plan Business Case • Renewable Energy • Anaesthetic Gases • Lower Carbon inhalers (ICS action) • Virtual out-patient appointments • Additional Actions
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	NHSI Net Zero
Jargon Buster	ICS – Integrated Care System

SUSTAINABILITY COMMITTEE REPORT

Introduction

This Report updates the Board of Directors regarding the matters discussed at the Sustainability Committee meetings held on the 16 February 2022, 18 March, 2022 and 13 April 2022.

Highlight Report

The Committee received a highlight report outlining progress made against the seven targets the Trust is required to meet by March 2022 and seven additional targets (actions) most of which are currently on-going. Two of the seven targets have been completed on time and five targets had slipped with agreement. These actions are detailed below.

1. Green Travel Plan Business Case

The 31 March 2022 deadline for the green travel plan which is to support active travel and public transport for staff, patients and visitors was missed partly due to the difficulty in conducting a survey during the Covid-19 pandemic. An initial business case was shared with the committee for obtaining a software solution to support the development of the travel plan. However due to high cost, the Committee recommended we test the market by exploring alternative options and also follow the appropriate procurement channels to understand the current situation. An updated business case of the green travel plan at a significantly reduced cost was submitted to the April 13 Sustainability Committee meeting for consideration and it was approved.

2. Renewable Energy

Due to the current energy crisis, the Trust has agreed a decision to go for the Zero carbon for Business Option instead of 100% renewable energy. This decision is based on cost and empirically- based position taken by other Trusts in the Regional Sustainability Network. Complying with NHS requirements of 100% renewable energy purchase will require buying REGOs, which comes at an additional cost of £128,579. The Trust has agreed to invest part of the money saved on sustainable schemes. These schemes will be reviewed at the end of the year and recommendations brought to the sustainability committee to make a decision on what can be done in 2023/24 (based on the alternative ways we have spent the money this year).

3. Anaesthetic Gases

Dr Angus Rivers, Consultant Anaesthetist, has made some progress in leading on the task to reduce the usage of desflurane within the Trust. The data presented as at January 2022 showed a decreasing trend in the use of desflurane and an increasing trend in that of sevoflurane in the two hospitals, although the use of desflurane in Bedford Hospital is still significantly higher compared to those in L&D.

4. Use of lower carbon inhalers (an ICS action)

The ICS will include in its Green Plan an eventual switch to lower carbon inhalers. This is expected to be achieved via clinical engagement and also engagement of the procurement team(s) and other stakeholders to understand what inhalers (and alternatives) are currently in use. A paper recently released by the regional ICS sets

out the first BLMK ICS Green Plan and contains: 1) a vision of the ICS, which is achieving Net Zero carbon by 2035, five years ahead of the NHS England's target; 2) commitments covering the nine focus areas of the Green Plan; and 3) a roadmap consisting of baselines; commitments and aspirations for the next 3-5 years.

5. *Virtual outpatient appointments*

The NHS Trusts are expected to see 25% of the out-patients virtually where clinically appropriate. The Trust's performance year to date (April 2021 - Feb 2022) is 23.7%.

Additional Actions

There a number of additional actions the team is working on, that are itemised below.

1. *Nitrous Oxide / Entonox*

On nitrous oxide (N₂O) and Entonox, the following actions have been considered and explored:

- Reduce/eliminate the use of piped N₂O from current theatres/anaesthetic rooms and replace it with small localised cylinders when required.
- Discussions with Redevelopment to understand the impact of eliminating piped N₂O/ Entonox in the new development except in the new maternity block and introducing AGSS to scavenge the exhaled Entonox and installation of a suitably sized central destruction unit in the plant room to capture and break down the scavenged Entonox into Nitrogen and Oxygen instead of the gas released to the atmosphere.

2. *Development of a sustainability page and bi-monthly newsletter*

A sustainability page has been developed on the intranet with links to the Trust's Green Plan/Strategy and the maiden sustainability newsletter showcasing past, current and near future actions. The second issue of the newsletter which is due by the end of April focuses on walking and cycling, and digital communication. The Team contributed to the Trust's Annual Report by submitting a brief report on the status of sustainability in the Trust. It also submitted a brief to the BedSide magazine.

3. *Develop capacity for the Green Plan implementation*

Due to understaffing, the Sustainability Team has set up 17 Working Groups in the 9 focus areas of the Green Plan with the objective of to prioritise the initiatives of the Action Plan by choosing 3-4 actions with potentially high impacts. 40 Sustainability Champions have responded to a renewed call to help drive sustainability/NZC across the Trust. A drive to recruit more champions is on-going.

4. *Sustainability and Wellbeing*

Certain topics/initiatives such as active travel and improvement in human health cut across sustainability and wellbeing; hence the need for collaboration between these two areas. Further collaborative meetings on the issue were planned.

Board of Directors

Wednesday 4 May 2022

Report title:	Audit and Risk Committee Report	Agenda item: 15
Non-Executive Director(s):	Steve Hone, NED	
Report Author	Matthew Gibbons, DoF	
Action <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>
	Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	The Board is asked to note the report for assurance.	

Report summary	<p>The report gives an overview of the matters addressed at the meetings of the Audit and Risk Committee that took place on the 16 February 2022 and the 16 March 2022 including the following:</p> <ul style="list-style-type: none"> • External Audit • Internal Audit – Progress Report • Counter Fraud – Progress Report • Assurance Reports • Freedom to Speak Up
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>Corporate Governance NHS Improvement</p>
Jargon Buster	

AUDIT AND RISK COMMITTEE REPORT

TO BOARD OF DIRECTORS

1. Introduction

This report updates the Board of Directors regarding the matters discussed at the Audit and Risk Committee on the 16 February 2022 and the 16 March 2022.

2. External Audit

The Audit and Risk Committee noted the appointment of BDO as the Trust's new External Audit provider in February and welcomed them to their first meeting in March where they presented the Audit Planning Report.

3. Internal Audit

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

- Acute Services Block Contract Governance Review (advisory) – nine actions had been agreed by management in total to strengthen governance arrangements around the project.
- Clinical Governance – Learning from Serious Incidents. This was a positive 'Reasonable Assurance' report. 3 medium and 1 low priority action had been agreed by management to improve controls in relation to learning from serious incidents.
- Key Financial Controls. This was a positive 'Reasonable Assurance' report. 1 medium and 1 low priority action had been agreed by management to improve the approval processes around capital projects.

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

The final Internal Audit Strategy 2022/23 was received and approved by the Committee.

4. Counter Fraud

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

The NHS Counter Fraud Authority had launched a Fraud Prevention Guidance Impact Assessment noting that the assessment is designed to measure the impact of Fraud Prevention Notices and associated guidance and identify and quantify fraud prevention savings at a local level. The impact assessment had been completed, was uncontentious and had been submitted in line with the exercise deadline.

Fieldwork for the Trust's Fraud and Bribery Risk Assessment had included a review of the Trust's declaration of interests process and fraud awareness sessions had been delivered to staff groups.

The updated Counter Fraud and Bribery Policy was reviewed and approved by the Committee.

5. CQC – Well-Led external review

The Committee received a report informing members that the Trust had commissioned an externally facilitated developmental review of leadership and governance using the Well-Led Framework. Grant Thornton had been appointed following a procurement process and had commenced work in March 2022.

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. Accounting Policies 2021/22

The updated Accounting Policies 2021/22 were received and approved.

Board of Directors

Wednesday 4th May 2022

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"> • Board of Directors Private Meeting 2nd February 2022 • Executive Board 26th April 2022 • Quality Committee 23rd February, 23rd March and 27th April 2022 • Workforce Committee 20th April 2022 • Redevelopment Committee 16th March 2022 <p>New risks have been reviewed and are recommended for approval by the Board:</p> <ul style="list-style-type: none"> • 1776 - Risk of patient harm due to fractured outpatient administration processes • 1775 - Extended waiting time for assessment of patients with breast cancer referred on the 2 week wait pathway • 1784 - COVID-19 Public Inquiry preparedness <p>Emerging Board Level risks Digital Safety Risk, Overcrowding in ED and Continuity of Care in Maternity, violence and aggression to staff, pathology integration</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>NHS I – Trust Governance Framework CQC – All regulations and outcomes MHRA All Objectives</p>
Jargon Buster	<p>MHRA – Medicines and Healthcare Products Regulatory Authority Datix – Incident Reporting system used to report risks 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 2nd February 2022:

Risk ref	Risk Description	Agreed conclusion
1163	Redevelopment affordability	Maintain risk
1664	Redevelopment delivery constraints	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
669	Appraisal Rate	Maintain risk
1433	Ligature Points	Maintain risk
1734	Investment decisions and payment	Maintain risk
1200	Cyber Security	Maintain risk
1629	Nosocomial Infections	Maintain risk
1595	Maternity Services Bedford Reputation Risk	Maintain risk
1596	Maternity Services Bedford Patient Safety Risk	Maintain risk
1703	Increased demand for mental health care	Maintain risk
1704	Maternity Pressures	Maintain risk
1705	Diagnostic capacity	Maintain risk
1592	Patient Harm due to COVID delays	Maintain risk
1652	ED Blue Light transfers to other hospitals	Maintain risk
1639	Outpatient Clinic Room availability and capacity	Maintain risk
1738	Maternity Safeguarding	Maintain risk
1631	Clinical Correspondence	Maintain risk
1711	Echocardiography backlog	Maintain risk
906	Medicine Shortages	Maintain risk
1735	2022/2023 Financial Target	Maintain risk
1736	System wide finance target	Review risk

Quality Committee (QC)

QC reviewed clinical and performance board level risks on 23rd February, 23rd March and 27th April 2022

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

Risk ref	Risk Description	Agreed conclusion
1958	Maternity at Bedford patient safety	Maintain risk
1433	Ligature Points	Maintain risk
796	Patient Experience	Maintain risk
1757	104 week waits	Maintain risk
1762	Lack of Ultrasound Scanning	Reduce risk
1422	CQC Infection Control Practices	Maintain risk
1431	Fractured Neck of Femur	Maintain risk
1018	HSMR	Maintain risk and reframe
1592	Patient Harm due to COVID delays	Maintain risk
640	Business Continuity	Maintain risk
796	Patient Experience	Maintain risk
906/ 2832	Pharmacy supplies	Maintain risk
1652	ED Blue Light transfers to other hospitals	Maintain risk
1639	Outpatient Clinic Room availability and capacity	Maintain risk
1703	Increased demand for mental health care	Maintain risk
1704	Maternity Pressures	Maintain risk
1705	Diagnostic capacity	Maintain risk

Emerging risks – Litigation post COVID, pathology integration.

Workforce Committee Review

Reviewed board level risks on the 20th April 2022:

Risk ref	Risk Description	Agreed conclusion
1210	Vacancy	Maintain risk
1166	Redevelopment models of care and workforce	Maintain risk
1423	CQC Regulatory Action - Mandatory Training -	Maintain risk
669	Appraisal	Maintain risk
1509	Staff Well Being	Maintain risk
1754	Turnover	Maintain risk

FIP Committee Review

Reviewed board level risks on the 27th April 2022.

Risk ref	Risk Description	Agreed conclusion
1211	Backlog Maintenance	Maintain risk
1734	Investments made without knowing payment is confirmed	Maintain risk
1735	2022/2023 Financial Target	Maintain risk – review next month
1736	System wide finance target	Maintain risk
890	Lack of Medical Equipment rolling replacement programme	Maintain risk
1759	Capital spend/CDEL risk	Maintain and review

Redevelopment Board Review

Reviewed board level risks on the 16th March 2022.

Risk ref	Risk Description	Agreed conclusion
1163	Redevelopment affordability	Close risk
1164	Redevelopment delivery constraints	Close risk
1165	Hospital Re-Development Non-scheme scenario	Close risk

The Redevelopment Board reviewed a number of new risks and agreed to add them to the risk register. These would be

Executive Board Review

The Executive Board reviewed all Board Level Risks on the 26th April 2022.

No amendments were made to the risks.

Risk Review

Risks from both sites were reviewed and approved between 26th January 2022 and 25th April 2022. The below were allocated as Board Level:

- 1776 - Risk of patient harm due to fractured outpatient administration processes
- 1775 - Extended waiting time for assessment of patients with breast cancer referred on the 2 week wait pathway
- 1784 - COVID-19 Public Inquiry preparedness

Emerging Board Level risks Digital Safety Risk, Overcrowding in ED and Continuity of Care in Maternity, violence and aggression to staff, pathology integration

Risks were closed – the below at Board level:

- 1163 – Redevelopment affordability
- 1164 - Redevelopment delivery constraints
- 1165 - Hospital Re-Development Non-scheme scenario

Board of Directors

Wednesday 4th May 2022

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

Report summary	The report details updates on the following issues: <ul style="list-style-type: none"> • Council of Governors • Membership Update • Use of the Trust Seal
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	NHS Provider Licence NHS Improvement Code of Governance NHSI/E national guidance April 2020
Jargon Buster	Seal – use of the official Trust logo on contract documents authorised by two Executive Directors

1. Council of Governors

Current Composition of the Council of Governors:

Bedfordshire Hospitals NHS Foundation Trust currently has 37 governors. Since the last Board meeting there has been one change to the composition of the Council of Governors:

- Steve Morgan – Staff Governor for Admin, Clerical and Management resigned from the Council of Governors due to retirement.

Public Governors:

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

2. Council of Governor Elections

Council of Governor Elections will take place in 2022 for the following constituencies.

Public: Luton - 5 vacancies

Staff: Nursing & Midwifery - 1 vacant position (L&D site)

Staff: Professional & Technical - 1 vacant position (L&D site):

Staff: Non-Clinical: Admin, Clerical, Managers, Ancillary & Maintenance - 1 vacant position (L&D site)

Staff: Non-Clinical: Admin, Clerical, Managers, Ancillary & Maintenance - 1 vacant position (Bedford site)

3. Council of Governors Remuneration and Nomination Committee

The Council of Governor's Remuneration and Nomination Committee is chaired by Yvette King, Public Governor for Bedford Borough (and its surrounding counties). Committee members remain very busy at present with their involvement in the recruitment process for a Chair of the Trust. The term of the current Chair, Simon Linnett term will come to an end in September 2022.

4. Governors on Sub-Committees and Working Groups

All Council of Governor sub-committees and working groups have now been established with full membership. Many meetings have now been reinstated and are now meeting on a regular basis. Governors continue to be involved in walk around audits and mini-inspections.

5. Membership

There has been a successful drive by Membership and Communication Committee of the Council of Governors to engage with members and reroll the public as Foundation Trust (FT) members. For example, there has been a focused approach to recruit in Bedford Borough which showed an increase of 211 new members. Governors set a target of 600 FT new public members for 2021/22 and they overachieved this by recruiting 1558. This was as a result of the support received from the community during the COVID to join as members.

The total number of public members as at 31 March 2022 is 17,786. The planning of the Medical Lecture for members resumed after a lapse of two years due to COVID. It will be held on the 18th May 2022 at the Rufus Centre. This lecture will be on 'Living with Diabetes' presented by L&D Clinical Director Dr Shiu-Ching Soo, Bedford Clinical Lead Dr Alison Melvin and their teams.

The Annual Members meeting is scheduled to be in September 2022.

The Ambassador magazine: the March 2022 issue was shared with staff and public members.

The CoG approved the Interim Membership Strategy as recommended by the Committee. The Membership and Communication Committee had its first hybrid meeting. The plan is to move the smaller meeting to hybrid (a combination of face to face and virtual).

Our Lead Governor Helen Lucas and Deputy Lead Governor Rob Oakley attended virtual governor workshops on Monday 11th April 2022. Topics covered in the workshops included an update on current NHS policy and hot topics, and an update from NHS England and Improvement.

6. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
9/2/22	195	Guarantee Bond between BHFT and Kier for the contract for the design and construction of new clinical buildings at the Luton and Dunstable University Hospital Site.	

7. Terms of reference

Committees have been reviewing their terms of reference and a full suite will come to the next Board meeting for ratification and implementation of any recommendations from the Well-Led review.