






Bedfordshire Hospitals NHS Foundation Trust
Board of Directors
Board of Directors

3 February 2021 10:00 - 3 February 2021 12:00

AGENDA

#	Description	Owner	Time
1	Chairman's Welcome & Note of Apologies	S Linnett	10.00
2	Any Urgent Items of Any Other Business and Declaration of Interest on Items on the Agenda and/or the Register of Directors Interests	S Linnett	10.05
3	<p>Minutes of the Previous Meeting: Wednesday 4 November 2020 (attached)</p> <p>To approve</p> <p> 3 Minutes of Bedfordshire Hospitals NHS Trust Pub... 7</p>	S Linnett	10.10
4	<p>Matters Arising - Action Log (no actions)</p> <p>To note</p>	S Linnett	10.15
5	<p>Chairman's Report (verbal)</p> <p>To note</p>	S Linnett	10.20
6	<p>Executive Board Report (attached)</p> <p>To note</p> <p> 6 Executive Board Report February 2021.doc 15</p>	D Carter	10.25
7	<p>Performance Reports (attached):</p> <p>To note</p> <p> 7 Performance Reports Header.doc 65</p>		
7.1	<p>Operational Performance & Quality Governance</p> <p> 7.1 Quality and Performance for Board February 20... 67</p>	C Jones/C Thorne/L Lees/D Freedman/P Tisi	10.40
7.2	<p>Finance</p> <p> 7.2 Finance Board Paper.docx 85</p>	M Gibbons	10.50
7.3	<p>Workforce</p> <p> 7.3 Workforce Board Report_V4.pptx 101</p>	A Doak	11.00

#	Description	Owner	Time
8	<p>Quality Committee Report(s) (attached)</p> <p>To note</p> <p> 8 Quality Committee Report.doc 113</p>	A Gamell	11.10
9	<p>Finance, Investment & Performance Committee Report(s) (attached)</p> <p>To note</p> <p> 9 FIP Report to Feb 2021 Trust Board v3.docx 119</p>	I Mackie	11.15
10	<p>Redevelopment Committee Report(s) (attached)</p> <p>To note</p> <p> 10 Redevelopment report to Trust Board - 3 Februa... 125</p>	M Prior	11.20
11	<p>Digital Strategy Committee Report</p> <p>To note</p> <p> 11 Digital Strategy Cttee Report.docx 129</p>	S Barton	11.25
12	<p>Charitable Funds Committee Report (attached)</p> <p>To note</p> <p> 12 CFC Committee Report January 2021.doc 133</p>	S Linnett	11.30
13	<p>Workforce Committee Report</p> <p>To note</p> <p> 13 Workforce Committee Report.docx 135</p>	R Mintern	11.35
14	<p>Risk Register (attached)</p> <p>To approve</p> <p> 14 RR January 2021.doc 139</p>	V Parsons	11.40
15	<p>Corporate Governance Report (attached)</p> <p>To ratify</p> <p> 15 Corporate Governance Report Feb21.doc 143</p>	V Parsons	11.50
16	Details of Next Meeting: Wednesday 5 May 2021 at 10.00am		
17	CLOSE		

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Board of Directors

Wednesday 3 February 2021

Report title:	Minutes of the Meeting held on: Wednesday 4 November 2020	Agenda item: 3	
Executive Director(s):	David Carter, Chief Executive		
Report Author	Anne Sargent, Executive Assistant		
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 Improvement CQC Company Law All objectives
Jargon Buster	Harm Free Care – set of indicators measured in the NHS to review harm (pressure ulcers, falls, infections)

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

Starleaf Video Conference 10.00am-12noon

Minutes of the meeting held on Wednesday 4 November 2020

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

In attendance: Ms Donna Burnett, Trust Board Secretary
Ms Fiona MacDonald, Director of Culture
Ms Victoria Parsons, Associate Director of Corporate Governance
Mr Dean Goodrum, Director of Estates
Ms Gill Lungley, Interim Chief Digital Information Officer
Ms Anne Thevarajan, FT Membership
Ms Helen Lucas, Public Governor
Ms Judi Kingham, Public Governor
Ms Pam Brown, Public Governor
Ms Dorothy Ferguson, Public Governor
Mr Thomas Self, CQC Inspector
Ms Pam Bhachu, prospective NED
Ms Anne Sargent, Minute taker

1. CHAIRMAN'S WELCOME, NOTE OF APOLOGIES

The Chairman opened the meeting, welcoming Thomas Self, CQC Inspector and Pam Bhachu, a prospective NED who gave an overview of her background, including a particular interest in inequalities. The Chairman acknowledged the recent passing of Jack Wright, noting his sadness and intention to attend the funeral on behalf of the Trust.

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

No further business was raised.

3. MINUTES OF THE PREVIOUS MEETING: 29 July 2020

P7 final para, workforce report, to be reworded as follows:

Employee relation investigations/cases had re-commenced following a pause due to service pressures. The Workforce Committee now reviews overall activity and statistics and in doing so can be assured that the trust responds in a timely manner to any flagged issues.

Subject to the above amendment, the minutes were approved as an accurate record.

4. MATTERS ARISING

No matters arising

5. CHAIRMAN'S REPORT

The Chairman advised that the Trust is in the final stages of receiving the government decision on the £150m redevelopment scheme. This is currently with the treasury and we understand there is nothing fundamental to cause concern. D Carter would stress the importance of a timely decision to the regional director.

The Chairman advised that the ICS is taking shape and would be discussed further in a Board Seminar.

The Chairman advised NEDs in particular, that regular information on Covid would be provided from later in the week to ensure a better understanding.

6. EXECUTIVE BOARD REPORT

D Carter highlighted the following:

Integration – the Trust is seeing the impact of cross-site CD appointments. Work on specific projects is underway, with Digital integration proceeding at pace. Region support the strategy and are not closely monitoring progress.

Covid – C Jones advised that the impact of steadily increasing cases is seen across the Trust with 76 positive patients across both sites. Critical care beds are being increased on the Luton site as a reaction to 5 days of sustained

pressure. The Trust is working with regional infection control teams to reduce risk, particularly on 2 wards at Bedford and learning from other Trusts in the region who are affected by nosocomial outbreaks. The Trust is one of only 2 in the region using Samba testing and are undertaking re-tests after 3 days. The Trust has a rolling plan of wards becoming entirely Covid positive, additional beds on wards are being opened, measures are in place to staff these and to support staff with donning and doffing. There is a possibility of having to reduce elective work over coming weeks. The emerging risk is that of other winter viruses with an aim to keep ahead of the curve and have capacity available. Business continuity and contingency plans are in place in terms of oxygen issues; oxygen guardians will be reintroduced as needed. The Trust has a good supply of PPE.

Flu vaccination – A Doak advised of the requirement to make this information public, ensure a good programme, good communication and senior visibility to assure the Board that the Trust is on a trajectory to achieve results. L Lees added that vaccine availability has been a limiting factor in vaccinating inpatients.

Covid vaccination – C Jones updated the Board on the instruction to be ready to vaccinate staff as the vaccine becomes available. First priority will be patients in care homes, followed by NHS and care staff. The national strategy is for all NHS Trusts to be responsible for vaccinating their own staff. A project team is in place to look at rolling this out and being ready by 1 December.

Change in Domestic and Catering services – L Lees advised the Board that the Trust would change providers on Friday 6 November in the evening. ISS have been awarded the contract and are focusing on a smooth transition, whilst being sighted on risks or potential problems. From the weekend there will be more presence of ISS teams, additional staff are being brought in to mitigate against a second wave of Covid.

FTSU – The Board were advised that a full report will be presented at the Workforce committee, noting it is positive that staff raise issues. A recruitment campaign will be undertaken to recruit more guardians.

Information Governance – G Lungley assured the Board that deadlines have been extended for some of the standards not currently met and focus is on closing as many as possible by April. Other Trusts are in a similar situation.

7. PERFORMANCE REPORTS

7.1 OPERATIONAL PERFORMANCE & QUALITY GOVERNANCE REPORT

The reports were taken as read with the following points highlighted:

Falls had returned to normal levels following a significant increase during the first wave. A thematic review showed lots of anxiety about PPE which was definitely a factor. Work continues on challenges presented by device related pressure damage. The aim is to re-start 'Friends & Family' in December. National inpatient surveys have been paused. Communication issues and visiting restrictions have been a theme of complaints; the Trust are fully aware and have a good process to communicate plans with relatives in particular. Incident reporting is slowly improving. Some recent SIs have been jointly investigated with other organisations in line with guidance. Attention was drawn to the mortality graph showing explanation of peaks during the first wave with the Board being advised that peaks are also expected through lockdown and the second wave.

18 weeks had been explored by the Quality committee in detail. Currently the Trust's biggest concern is the rise in 52 week wait patients, with over 700 across the 2 sites, due to the impact of cancelling routine elective cases during the first wave. The number waiting over 70 weeks is increasing, but the aim is for this not to increase any further post November. The cancer pathway has remained relatively stable for 3 months but there continue to be a number of breaches of 62 day target, again, impacted by the first wave. The Quality committee will continue to receive detailed reports.

7.2 FINANCE REPORT

The report was taken as read, with the following highlights:

The financial regime has changed, with the first 6 months topped up and trued up to a breakeven position which equates to £28.3m to reflect Covid costs. Capital spend is modest against plan but expected to catch up in second half of year. Majority of income from CCGs is in a form of block. Non-NHS, private patient income and commercial income has begun to return to historical levels. The substantive pay bill remained consistent with little fluctuation, along with bank spend. Non-pay increase is a sign that planned care activity is recovering.

Significant capital spend is expected in second half of year when the regime will be a fixed allocation. Plan had been submitted to Region for review with internal budgets in place to deliver that plan. The GDE project has overspent and will be presented to FIP for approval.

7.3 WORKFORCE REPORT

The report was taken as read with the following highlights:

Position on vacancies is being maintained with a slight increase in turnover. Overseas nurses have been successfully recruited but this will be paused in

the second wave. The Trust has also been successful in recruiting overseas doctors into the UK. After a pause on appraisals and mandatory training in line with national guidance, recovery plans are in place and looked at in detail by the workforce committee. The Board noted there will be additional pressures on staff during the second wave.

8. QUALITY COMMITTEE REPORT

The report was taken as read, with the following highlights:

The committee received a report and actions relating to the Bedford maternity issues which have been complex and challenging. Recruitment plans are in place, weekly maternity quality and safety governance meetings look at the issues. Numbers are now better in terms of midwives on the unit. Thanks were recorded to L Lees and the team in working to resolve this situation.

9. FINANCE, INVESTMENT & PERFORMANCE COMMITTEE REPORT

The report was taken as read.

10. HOSPITAL REDEVELOPMENT COMMITTEE REPORT

The report was taken as read with the following highlighted:

Modular offices are on site, Lewsey Road car park is nearing completion and ED upgrades at both sites are progressing. Audiology have moved into new accommodation, freeing up space for Zone A outpatients. Teams were commended for delivering such this work virtually.

11. AUDIT & RISK COMMITTEE REPORT

The report was taken as read.

12. DIGITAL STRATEGY COMMITTEE REPORT

The report was taken as read with the following highlighted:

Lots of GDE work is underway, nothing there is an overspend. The Trust is in the middle of cutting over to the next module of Nervecentre. Merger issues are being resolved, encrypted mail can now be sent between the two hospital sites. NHS digital are to carry out reviews at both sites which will inform the drawdown of final elements of NHS Digital funding.

13. CHARITABLE FUNDS COMMITTEE REPORT

The report was taken as read with the following highlighted:

Accounts had been signed off for Bedford and Luton, the committee approved the merging of the 2 charities. The incredible response of the community and volunteers throughout Covid was noted. The Bedford wellbeing hub remains open, Luton have identified an alternative area for use from mid-December.

14. RISK REGISTER

V Parsons advised that this outlines reviews and assessments over the last 3 months, identifying new risks that have been added.

15. CORPORATE GOVERNANCE REPORT

V Parsons took the report as ready, drawing attention to the ratification of Terms of Reference and that attendance will be modified by groups, i.e. Executive, Non-Executive, other management etc..

Questions / comments from guests/public

1. Will there be a psychologist to support staff? Yes, funding for a 12 month fixed term contract was approved by the Charity Committee, to be recruited by ELFT. The Trust is looking at the possibility of interim support prior to a substantive appointment.
2. If the Trust has the Covid vaccination in December, will the flu vaccination programme continue? Yes and the Trust would not divert staff from flu to administer the Covid vaccine.
3. Is there evidence of staff being off due to family members being symptomatic? The Trust is not seeing a big upward trend. Drive through swabbing means staff can return to work within a day if we test the family member.

16. DETAILS OF THE NEXT SCHEDULED MEETING:

Wednesday 3 February 2021, 10.00 – 12.00.

CLOSE

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

Board of Directors

Wednesday 3 February 2021

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.	Compliance Issues	
4.	CQC Inspection - Bedford Maternity Unit	
5.	Infection Control Report	
6.	Medical Education Update	
7.	Management of CQUIN	
8.	Nursing & Midwifery Staffing Report	
9.	GDE Update	
10.	Information Governance Update	
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	
Jargon Buster	GMC – General Medical Council CQUIN - Commissioning for Quality and Innovation framework supports improvements in the quality of services.	

1. INTEGRATION UPDATE

CLINICAL INTEGRATION

Steady progress with integration continues, albeit challenging with the current operational pressures of COVID-19. This has been facilitated by a review of how Integration & Transformation Team resource will be targeted to those Clinical Service Line areas that have a particularly large and/or complex integration agenda. Highlights from key areas are as follows:

- **Vascular** – With a decision made to move the vascular hub to the Luton site, an interim theatres plan is being scoped at the Bedford site. The East of England Clinical Senate desktop review was planned for February 2021; the Terms of Reference for this are being finalised. The Senate have had to cancel the review in order to support COVID plans. The team are currently scoping an alternative solution and date for the review and then the final Senate proposal will be due in 2022/23;
- **Trauma & Orthopaedics** - Trauma & Orthopaedics are currently progressing the Virtual Fracture Clinical project and writing their strategy. This will encompass the future of clean joint activity, on-call rota management and procurement of prosthesis
- **Plastic Surgery** – a strategy will be submitted to the Clinical Validation Committee and Integration Board in January 2021. This will detail the resources required for the service to meet current demand and also service developments for the future including a review of the L&D activity that currently goes to the Royal Free, London;
- **Imaging** – A lot of discovery work is ongoing, focussed on Consultant job plans and outsourcing. This provides a baseline for subsequent measurement of relative changes to job plans within the department as the integration work progresses. Both sites currently outsource reporting out of hours and contract with Everlight teleradiology for urgent reporting. As an early integration initiative, a procurement process has been undertaken to renegotiate improved rates and quality of service with another outsourced provider, commencing November 2020, with an annual saving, based on like for like activity, of £40k per year. A key enabler of benefits in imaging is joint up IT. A dedicated project has commenced around short, medium and long term solutions to image sharing within Bedfordshire Hospitals and imaging networks in the future;
- **Cardiology** - Close relationships and good engagement have long been in place between both BHT and L&D Cardiology teams. The Team are currently working on the discovery phase and are reviewing and refreshing the Carnall Farrah (CF) report (published in February 2020) which sets out the pre-COVID cardiology CSL integration data and recommendations. Cross site service integration efforts are already underway for; Cardiac CT/CT Coronary Angiography, BNP Pathway, Cardiac Physiology, acute coronary syndrome guidance. An integrated clinical strategy will be delivered to the Clinical Validation Committee for their consideration by late March 2021;
- **General Surgery** - Virtual initial integration engagement events with clinical colleagues are underway to drive buy-in for a future strategy. The team has also identified and begun to progress integration-related issues that need immediate action, such as a Trust-wide agreement on the Straight to Test colorectal cancer diagnosis pathway, the need for a role to support the cross-site M&M and Quality governance meetings, using CHKS to develop insightful data packs with consultant-

level information and tackling cultural and organisational development issues in order to promote a safety culture and improve patient experience;

- **Gastroenterology / Endoscopy** - The Discovery Phase is just starting, the first meeting with the senior management team has been held. Planning the way forward will continue through January, including reviewing the Discovery Toolkit and planning engagement events and workshops with the teams. The clinical/digital integration form for Endoscopy has been approved and work is starting to implement an upgrade at Bedford to Solus and at L&D to replace HICCS with Solus.

The appointment of cross-site Clinical Directors has progressed with only a few CSLs pending appointment. This is expected to be complete in April 2021.

CORPORATE INTEGRATION

This continues at good pace. A formal Programme Management system (PM3) is in place with monthly highlight reports and escalation of risk to the Integration Board.

TRANSFORMATION

In addition, large scale transformation projects within Theatres & Outpatients have commenced to align both sites.

Theatres & Pre-operative assessment re-design

The Theatres & Pre-operative assessment re-design programme launched in October 2020, it comprises of three workstreams; Elective bookings (WLO), Pre-operative assessment and Scheduling & Productivity. There is an overarching Theatres Group that they all report into and ultimately the project is accountable to Theatres Board & Integration Board. The project is mainly Bedford Site based however lessons learnt will be reviewed from L&D as part of the process and may result in further improvements.

Outpatients

The Outpatient Board held a clinical engagement event to give all clinicians at Luton and Bedford an opportunity to feed in their views about Outpatients including current issues and views on the future direction of travel. Key themes to emerge were – some are more site-specific:

- IT
- Outpatient Booking, quality of referrals, confusion created by wrong appointment letters sent, lack of text reminders
- Infrastructure including temperature, space, IT
- Staff support in clinic including not enough staff, chaperones, room availability
- Ideas for improved flow – diagnostic clinics, shadow clinics, expansion of remote clinics

This will form the basis of an Outpatient Transformation Programme.

A new Trust Quality Impact Assessment tool has been signed off and is being used within the clinical integration proposals. An Equality Impact Assessment is also near finalisation.

MERGER BENEFITS

For purposes of assurance, monitoring and delivery, robust governance has been set up around benefits realisation. This includes the Merger Benefits Committee, chaired by the Director of Finance, reporting into the Integration Board chaired by the CEO. Part of this governance includes a quarterly update to FIP.

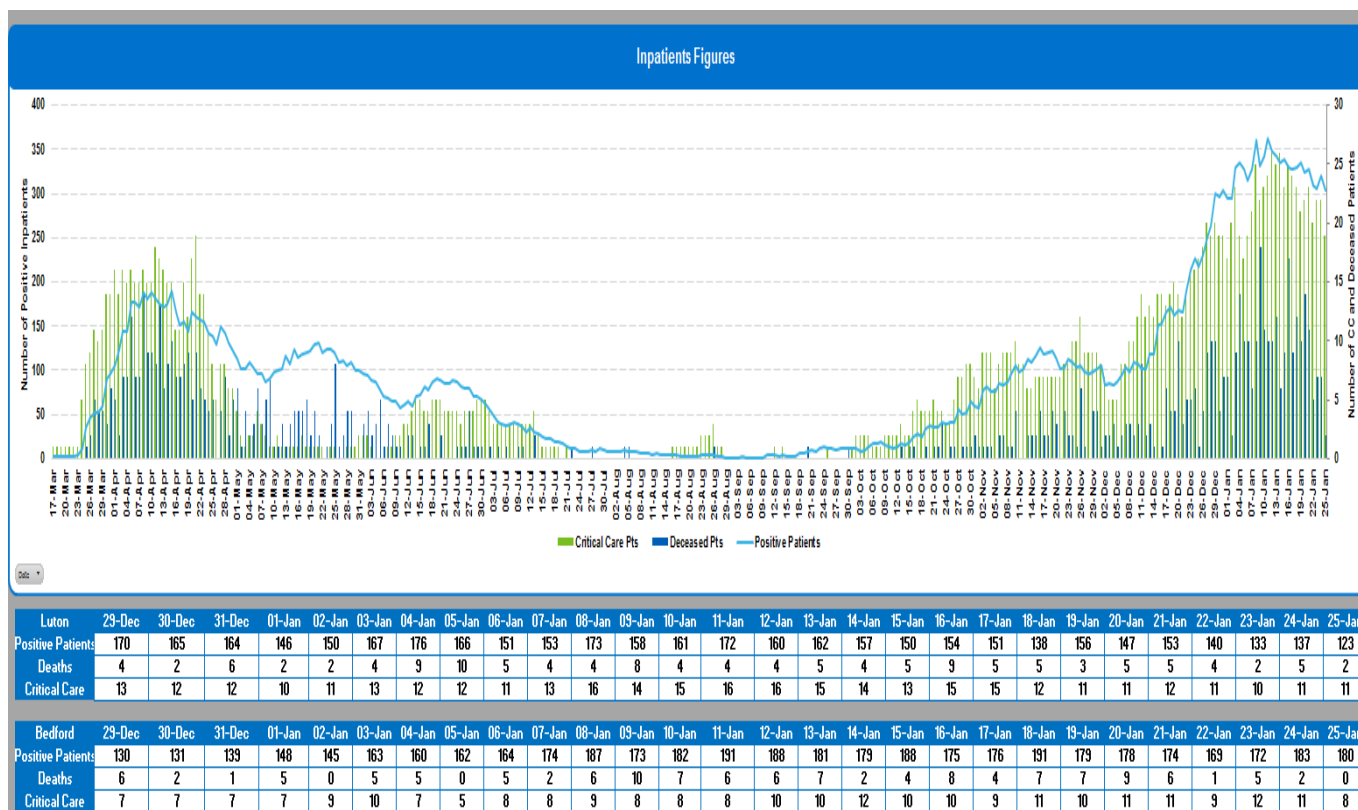
The combination of a COVID-19 environment and the current financial regime, continue to make progress with Merger Benefits challenging. However, key enabling meetings have been held and formal Project Initiation for large projects including within Procurement, Theatres, Outpatients, Imaging and T&O has been undertaken. Expected benefits would broadly commence April 2021 although detailed profiling will be part of Project Initiation. Other opportunities, such as those with Plastic Surgery are being expedited where possible.

An internal audit of the Post-Transaction Implementation Plan was undertaken by PWC in the autumn. A final report is due this month. Within this internal audit, Merger Benefits was looked at specifically and classified as medium risk – warranting some specific actions.

The value of merger benefit schemes currently reflected in 2020/21 is £350.3k. This reflects 11% of the year 1 value in the FBC. The position as at December 2020 is £309.8k against a plan of £226.7k, £83.1k overachieved.

2. COVID-19 UPDATE

The Trust continues to see a significant proportion of beds occupied by patients positive for Covid-19 as demonstrated in the following chart which shows all patients in hospital after a laboratory confirmed Covid-19 swab:

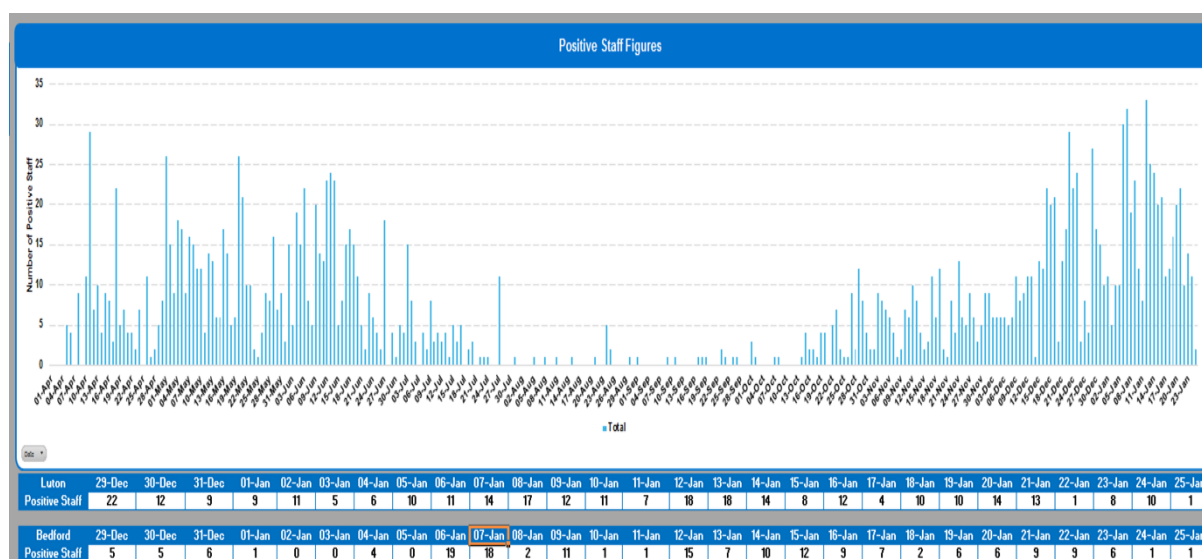


Note: Routine testing of all emergency admissions commenced from 27th April 2020 and so the figures prior to this date are likely to exclude a proportion of asymptomatic patients.

The chart also shows the number of deaths of patients within 28 days of a Covid-19 positive result, and the level 2 & 3 critical care bed occupancy of covid-19 positive patients. The chart clearly demonstrates the peak of pressure experienced by both sites between the 8th and 15th January 2021 and reflects the national trend seen over the last ten days of a reduction in Covid-19 presentations to hospital as a result of the lockdown measures.

Overall the Trust has 920 adult general and acute beds, and so at the highest level of occupancy (11th Jan 21) 39.5% of adult beds were occupied with Covid-19 positive patients. Comparing the two sites, Bedford Hospital was at 53% Covid-19 occupancy and Luton & Dunstable at 31%.

The number of staff testing positive for Covid-19 follows a very similar pattern with the period 6th to 12th January showing the highest numbers of staff newly testing positive (157 staff tested positive for the first time across the 7 day period) . This has had a significant increase in absence rates with around 200 more staff absent from work on any given day in January 2021 compared to December 2020.



In order to respond to these pressures, the Trust has taken a number of significant steps:

- Critical care beds opened have increased from 10 (pre-Covid) to 14 on the Bedford site and 18 to 26 on the Luton site. Where demand exceeds this extended capacity, patients have been managed in theatres whilst awaiting network support in transferring out stable patients to other critical care units within the region, and more latterly across the Midlands and East.
- From 30th December 2020, the trust has stood down all but the most urgent planned operations in order to release staff to support critical care and the ward pressures. Face to face outpatient appointments have been minimised and converted to virtual wherever possible, in order to reduce footfall on site. Strict visiting restrictions remain in place.

- Managers have been asked to stand down all non-urgent meetings, training, study leave and non-patient facing activity in order to maximise the staff resource available to manage urgent and emergency care.
- In recognition of the challenges for friends and families who are unable to visit loved ones in hospital, relative helplines are being re-established at both sites.
- Staff wellbeing remains the Trust's highest concern and developing an ongoing response is a priority for the Trust. The staff wellbeing offer is being refreshed and extended albeit there are significant challenges with safely using physical locations from which support can be offered. A variety of wellbeing resources are available to staff and we continue to engage with key groups to identify emerging needs. The signs of fatigue and distress within the workforce are much more prevalent than at any time during the pandemic (and much greater than the first wave) and the Trust will need to continually review its response as staff needs change

Research programmes continue to be well supported by clinicians on both sites, and virtual respiratory wards have been established to support early discharge of patient with Covid-19 by offering remote oximetry monitoring and daily contact with a member of the specialist respiratory team.

3. COMPLIANCE ISSUES

The MHRA have carried out a number of inspections across the Trust's pathology services during December 2020. Following an inspection of the Luton & Dunstable University Hospital Blood Bank, the Trust was asked to supply further information to the compliance management team at MHRA as a number of corrective action commitments were requested by the Inspectorate team. This information has been provided and the Trust awaits feedback from the MHRA.

The Trust has received a notice of Contravention Letter from HSE following an inspection of the Luton & Dunstable Hospital site relating to Covid-19 control measures in December 2020. Whilst the feedback from the HSC was generally positive the letter provided a number of recommendations for the Trust to improve its signage, risk assessment and enforcement processes relating to Covid-19 control measures which have now been implemented. A written response to the letter is required by the HSE prior to 1st March 2021.

On the 14th January 2021, the National Hip Fracture Database report was published for 2019, and although case mix adjusted mortality remains above the national average highlighted the Luton & Dunstable site as providing significantly high quality care across all six of the NHFD KPIs (95% confidence level). The service was listed along with other high-performing NHFD sites.

The 2020 NVR report was published for data relating to index procedures for vascular patients in 2019. The report showed treatment outcomes are in line with accepted national standards, with significant improvement in symptom to treatment time for Carotid Endarterectomy, for which Bedford had been an outlier in 2018.

UKAS have been undertaking a series of inspections and evidence gathering across pathology services in December and January, with Blood Sciences, Microbiology, Histopathology and Point of Care Testing all being reviewed. The inspection process

has not yet concluded, but our continued accreditation has been approved whilst awaiting the final outcome.

4. CQC INSPECTION - BEDFORD MATERNITY UNIT

On the 5th November 2020 the Care Quality Commission (CQC) undertook an unannounced inspection of Maternity services at the Bedford hospital site. This was a focused inspection and as a result of the inspection the service was rated as “Inadequate”.

The Trust was also issued, under Section 31 of the Health and Social Care Act 2008, a letter of intent in respect to the regulated activity; Maternity and midwifery services. This placed conditions on the Trust’s registration, the CQC had significant concerns relating to staffing. In addition, the CQC also issued a section 29A warning notice to the trust requiring significant improvement in several areas. The section 29A warning notice gave the Trust two months to rectify the significant improvements identified.

The Trust had already been undertaking a series of interventions designed to improve staffing within the Unit and took immediate actions related to the section 31 letter of intent. The Trust also developed an action plan to address the requirements of the Section 29A notice and action was taken within the required timescale.

The Trust will continue to engage with the CQC regularly to provide assurance of its commitment to the on-going improvements identified by the CQC.

5. INFECTION CONTROL REPORT

COVID-19:

Worldwide figures from the WHO show that to date 99,864,391 confirmed cases and 2,149,700 deaths have been reported (27th January). In the UK, 3.69 million confirmed cases and just over 100,000 deaths have been recorded.

Since early December 2020 there has been a significant increase in cases of COVID 19 reported in the UK. The initial increase was reported in London and the Southeast. It is reported that a large proportion of the increase can be attributed to a mutant virus, which is much more transmissible.

Following the increase in the later part of last year, cases in the East of England peaked in early January at approximately 800 / 100,000. High numbers were recorded in Bedfordshire and Luton as well. There has now been a reduction in cases in all Bedfordshire areas.

COVID-19 Cases / 100,000:

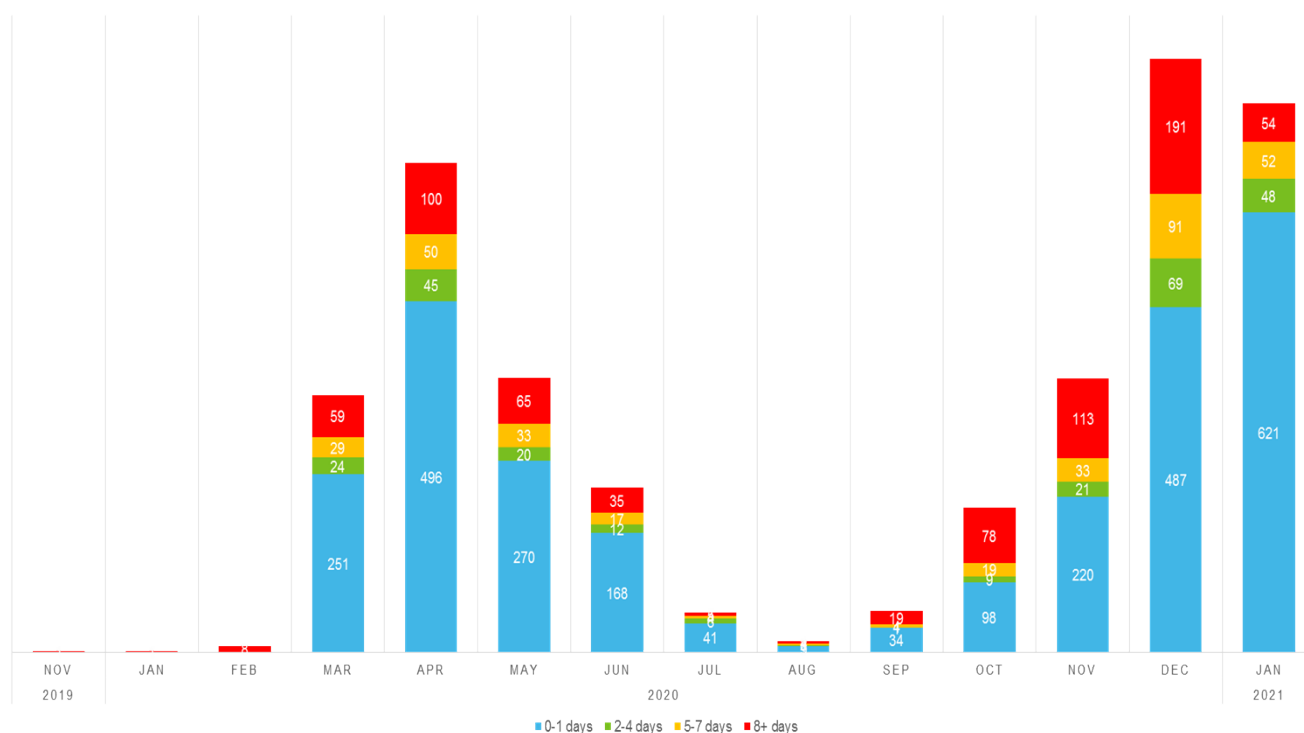
	Peak (first week Jan 2021)	As at 21.1.21.
East of England	800	400
Bedford	1000	400
Mid Bedfordshire	800	400
Luton	1000	600

The impact of this massive increase in cases has been felt in the number of hospital admissions, treatment in critical care areas and unfortunately in increased morbidity & mortality in patients in both Trust hospitals.

The following bar chart illustrates the steep rise in COVID cases in November and December 2020.

A significant proportion of cases in the second surge were detected 8+ days following admission, indicating infection was due to acquisition in the hospital. The highly transmissible nature of the circulating mutant virus and the inability to isolate patients in single rooms combined with infections in staff and asymptomatic carriage resulted in high numbers of nosocomial infections. A significant additional factor was the length of stay for many patients who were medically fit for discharge but were unable to return to their place of residence. Case reviews have shown that a number of these patients acquired infection while waiting appropriate and safe discharge.

BEDFORDSHIRE HOSPITALS COVID DATA (BY MONTH OF ADMISSION):



Point of Care Testing for COVID-19: Bedford hospital continues to provide PCR testing (SAMBA II) in A&E. At the L&D PCR testing for A&E patients is provided by a combination of platforms (SAMBA II and LIAT). Additionally, the paediatric department at L&D is provided with LIAT machines to be able to process samples on the ward. The LIAT test provides the additional flexibility to screen for Influenza viruses and Respiratory Syncytial virus (RSV).

Lateral Flow Assays: The Trust is using lateral flow assays to support testing / screening in maternity for patients and partners. These tests are being used in addition to a screening risk assessment. Lateral flow assays have also been supplied to all patient-facing staff to support twice weekly testing.

Laboratory testing: Microbiology labs in both Trust hospitals continue to provide “high throughput” PCR tests.

Vaccines: In the UK two vaccines are available and a nationwide effort has been launched to achieve the targets set by the government to vaccinate the elderly vulnerable population and NHS and care home staff first. The aim is to protect the most at risk population and decrease the pressure on the NHS. Our Trust was selected to operate vaccination hubs on both hospital sites. A tremendous amount of team work has resulted in a reasonably successful campaign with the Pfizer vaccine administered according to DoH guidelines. The campaign is facing some challenges though with some staff refusing to be vaccinated. It is of concern that BAME staff who are particularly vulnerable to the effects of COVID are part of this group. This mistrust is fuelled by many myths being promoted via multimedia platforms. The Trust is aiming to address the concerns of our staff and to positively engage with them to promote the benefits of vaccination.

Infections requiring mandatory notification: A summary of key infections is presented below. Case numbers of *Clostridium difficile* infection at L&D hospital remain higher than in previous years.

Luton		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Totals (on going)
MRSA	HAI	0	0	0	0	0	0	0	0	0				0
	Bacteraemia	0	0	0	0	0	0	0	0	0				0
C.diff	HOHA	2	2	0	4	0	2	2	1	3				16
	COHA	1	3	2	3	3	1	3	2	1				19
	COIA	0	1	0	0	0	0	0	0	1				2
	COCA	2	3	4	1	0	0	1	0	1				12
E.coli	HAI	0	4	3	7	1	2	0	0	1				18
	CAI	4	12	10	13	10	12	9	8	9				87
MSSA	HAI	2	0	1	1	2	1	2	0	0				9
	CAI	6	4	3	1	6	3	2	2	4				31
Pseudomonas	HAI	0	0	1	0	0	0	0	0	0				1
	CAI	0	2	0	2	1	1	1	1	1				9
Klebsiella	HAI	1	0	2	0	3	3	2	2	1				14
	CAI	3	2	5	3	4	4	3	2	5				31
MRSA Screen	HAI	1	1	6	2	1	4	4						19
	CAI	15	16	17	26	21	23	24						142
MRSA Clinical	HAI	0	1	1	0	2	0	3						7
	CAI	6	6	9	10	8	7	5						51
VRE	HAI	4	1	3	0	0	1	3		2				14
	CAI	0	1	1	0	0	0	0		0				2
CPE	HAI	0	0	0	0	0	0	1		0				1
	CAI	0	0	0	0	0	0	0		0				0
MDRGNB	HAI	17	10	10	10	7	15	16						85
	CAI	13	24	21	21	21	20	7						127
FLU	HAI					0		0						0
	CAI					0		1						1
RSV	Total					0								0

Bedford		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Totals (on going)
MRSA	HAI	0	0	0	0	0	0	0	0	0				0
	CAI	0	0	1	0	0	0	0	0	0				1
C.diff	HOHA	0	1	0	0	1	0	0	0	0				2
	COHA	0	0	1	0	0	0	0	0	0				1
	COIA	0	1	0	0	0	0	1	0	0				2
	COCA	0	0	0	1	2	0	0	0	0				3
E.coli	HAI	0	1	0	0	1	1	2	0	1				6
	CAI	3	12	5	13	13	7	3	8	4				68
MSSA	HAI	0	0	0	0	0	0	3	0	0				3
	CAI	0	0	3	0	4	0	2	1	5				15
Pseudomonas	HAI	0	0	0	0	0	0	0	1	0				1
	CAI	1	3	0	0	0	1	0	0	0				5
Klebsiella	HAI	0	0	0	0	0	0	2	1	3				6
	CAI	0	0	1	0	1	3	2	1	0				8
MRSA Screen	HAI	0												0
	CAI	0												0
MRSA Clinical	HAI	0												0
	CAI	0												0
VRE	HAI	0												0
	CAI	0												0
CPE	HAI	0												0
	CAI	0												0
MDRGNB	HAI	0												0
	CAI	0												0
FLU	HAI	0												0
	CAI	0												0
RSV	Total	0												0

6. MEDICAL EDUCATION UPDATE

Performance & Quality Framework

Luton site:

Speciality Schools – Currently there are no outstanding risk issues from the Deanery for any speciality at the Luton site. There continues to be a requirement to update the Head of school for anaesthetics this is for completion of the timeline of some of the outstanding actions – this is due for submission in March 2021.

Bedford site:

There was virtual Deanery learning event completed in Dec 2020 for learners in Paediatric, Medicine, Radiography and midwifery. The learner and educator feedback demonstrated many areas of excellent practice including significant improvements in paediatrics, medicine; with a positive culture in nursing and diagnostic radiography with good educational opportunities. But there were significant concerns which were highlighted in the midwifery concerning staffing, workload, and supervision. The concerns identified are impacting the morale of learners and educators.

As a result of the outcomes of the review, the following recommendations have been agreed **Paediatrics** at Bedford Hospital has been reduced from a risk rating of 12, ISF 2 to a risk rating of 6 ISF 1. This item no longer meets the threshold for inclusion on the national HEE Quality Reporting Register.

Medicine at Bedford Hospital has been reduced from a risk rating of 16 ISF 2 to a risk rating of 12 ISF2. This item will remain on the HEE reporting register.

Radiography at Bedford Hospital has been reduced from a risk rating of 12 ISF 2 to a risk rating of 6 ISF1. This item no longer meets the threshold for inclusion on the national HEE Quality Reporting Register

Nursing at Bedford Hospital is rated as 12 ISF2. This item will remain on the HEE reporting register.

Midwifery at Bedford Hospital due to the significant concerns identified this item has been increased to 20 ISF2 from 16 ISF2.

Due to the significant concerns identified in midwifery, HEE are hoping to complete a virtual meeting with learners and educators in obstetrics and gynaecology in Feb 2021

7. MANAGEMENT OF CQUIN

The operation of the 2020/21 CQUIN scheme has been suspended by NHS England for all providers for the entire year. This is in response to the COVID-19 pandemic. However, the Trust has included all of the CQUIN projects within the annual quality priorities and so work on implementing the improvements continues. Progress has unfortunately been slowed again following the more recent and extreme increase in the operational pressures of the pandemic.

8. NURSING & MIDWIFERY STAFFING REPORT

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

9. GLOBAL DIGITAL EXEMPLAR (GDE) UPDATE

On 19th November 2020 we hosted a virtual assurance visit from NHS Digital as part of the GDE Fast Follower Programme on the Bedford site, this was an opportunity to showcase the progress that has been made, share learning, and provide NHS Digital with the opportunity to evaluate the delivery of the programme as it nears completion. Following this we hosted a review of the GDE Programme on the Luton site on 10th December 2020. The feedback received from NHS Digital was positive in both cases with special recognition being given to the progress that has been made in relation to the digitisation of paper patient records on the Bedford site and the NerveCentre implementation on the Luton site. During the course these visits NHS Digital praised the efforts of the Trust in achieving exemplary levels of collaboration between clinical and digital teams.

As a result of the assurance visit held on the Bedford site the final funding payment of £500k has been approved and made available to the Trust to enable completion of the programme, the completion of the Bedford Programme is expected to take place in April although there is a risk that the current pandemic might delay some of the plans system changes. On the Bedford site the programme remains focused on completing the implementation of the ICE system for e-discharge, Viper360 integration with GP systems,

and the continued EDRMS roll out. As a result of delays caused by the Covid pandemic and the timing of the merger the implementation of Nervecentre on the Bedford site will be transitioned directly after closer of the GDE Programme to the EPR Programme which is planning to be kicked off in April 2021 continuing our journey towards digital maturity.

The GDE Programme on the Luton site is currently re-planning its final stages with NHS Digital and a new agreed plan will be completed by the end of March 2021, this plan will focus on the rollout of NerveCentre functionality including alerts and escalations, ePMA, and Paperless ED. This follows the successful implementation of the Nervecentre Bed Management module in November 2020 and Milk tracking which went live in December 2020. The teams on both sites are working collaboratively on the creation of nursing assessments in the system, they are currently testing the first tranche of these and look forward to implementing the changes once they have been clinically signed off. We have experienced a number of challenges with Covid being one of the toughest as this has led to a reduction in clinical time to focus on the projects as clinical resources have been rightly diverted to the clinical areas that require support.

10. INFORMATION GOVERNANCE UPDATE

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

11. FREEDOM TO SPEAK UP (FTSU)

REPORT FROM THE BEDFORD SITE FREEDOM TO SPEAK UP GUARDIAN:

There have been seven new cases in Quarter 3 (October – December):

Attitudes and behaviours (3) – There were three new concerns raised about bullying behaviours. Two are being dealt with formally and the other informally.

Quality and Safety (2) – One was a concern about the ratio of staff to room size as a team grew in size which has now been resolved. The other concern related to the use of water bottles whilst on duty and has been resolved with advice from Infection Control.

Staffing levels (2) – Both concerns related to one area where the matters are currently being addressed.

REPORT FROM THE LUTON SITE FREEDOM TO SPEAK UP GUARDIAN:

There have been six new cases in Quarter 3 (October - December)

Attitudes and Behaviours (4) – Three unrelated concerns were about attitudes of line managers and one was a concern around equitable application of quarantine rules; all were resolved informally.

Systems and Processes (2) – one concern related to availability of special patient meals and another related to confidentiality. Both were resolved informally after escalation.

FEEDBACK ON THE “TEMPERATURE” OF THE HOSPITAL

Part of the role of the Guardians is to provide feedback to the Trust Board on their assessment of the “temperature” of the hospital. This feedback is based on interactions with staff from across the hospital over the last quarter, Datix reports received by the Guardians and feedback from the Peer to Peer Listeners, speaking to the Chaplains and reading social media comments.

The Staff Engagement events held during December gave a welcome boost to staff morale before the second lockdown when many had to cancel Christmas plans causing great disappointment. Understandably, many staff, clinical and non-clinical, are feeling overwhelmed and distressed at the rise in the number of COVID cases and deaths. This has led to a lack of resilience which has been evident in dealing with day to day issues.

There have been no new concerns raised by staff about colleagues failing to follow the rules about the wearing of masks or social distancing.

SUPPORT FOR STAFF

The proposal to appoint more Freedom to Speak up Champions and Peer to Peer Listeners has been temporarily paused because of the extreme operational pressures and will be resumed later in February.

Positive feedback has been received on the advice provided by our CIC Employee Assistance Programme. This has proved beneficial to staff who have concerns about non-work related matters such as financial worries and family matters. In addition, a temporary Staff Welfare Listener, initially to support Maternity on the Bedford site, has proved popular and beneficial to staff. The appointment to a new Clinical Psychologist support service across both sites is underway.

To supplement the local and national offerings a “Keeping Well Service” for BLMK STP organisations has recently launched. It is a new well-being and psychological support service for all NHS and Social Care staff and is being widely publicised this month.

FUTURE PLANS

We continue to have a joined-up approach across the two sites with a monthly meeting with Fiona MacDonald, Director of Culture and OD and we will also both meet monthly with Angela Doak, Director of Human Resources. We shall be jointly looking at the self-review toolkit and drafting a new strategy and policy to cover both sites.

The National Staff Survey will be published in late February and we await the results to understand how well the FTSU role is considered across the two hospitals sites. Actions arising will be incorporated in to our work-plan.

12. ESTATES & FACILITIES UPDATE

HARD FM SERVICES - LUTON & DUNSTABLE

Water:

Tap replacement is taking place on an ad hoc basis when older taps have failed or been identified as a possible source of infection. Evolution water services have been retained to investigate water system action logs from legionella and pseudomonas positives. G&Y plumbing continue to be engaged to carry out water Audit remedial works.

Ventilation:

The SSD ventilation plant design has been agreed and a new installation will be put in place as part of the ventilation upgrades next financial year. Enabling works are on site to prepare the roof and install a steel platform to support new plant and equipment, 95% complete.

Electrical:

The first two phases of the electrical infrastructure project are complete with the final off line and online commissioning schedule to take place on Saturday 23rd January. Once complete the southern side of the site will be supported on a new High Voltage generator allowing temporary hire sets to be disconnected and removed. The new generator will allow 100% emergency electrical supplies to the areas. Site wide PAT testing is continuing. Electrical installation testing contract continues on site with Guardian Electrical, concentrating on non-patient areas in the first instance in light of COVID 19.

Asbestos:

Asbestos clearance of the ducts is underway and progressing. The contractors are currently working under the long medical block corridor the removal process is proving challenging with the volume of services and the confined working space. 2020/21 Re-survey and labelling of areas completed by Tetra.

Personnel:

Electrical posts and Mechanical post being backfilled with Agency staff at present with a view to permanently employ.

LUTON AND DUNSTABLE ESTATES CAPITAL PROJECTS:

Surgical Block Chiller Replacement / Upgrade: Works are progressing well with works remain on schedule to be completed by the end of the financial year. Once complete all wards in the block will benefit from tempered (cool air) in the summer months.

Asbestos Removal: Works are progressing; access has been hindered due to the volume of services in the ducts and additional smaller ducts being identified which are contaminated. Multiple pipes have had temporary repairs with a number of electrical cables having to be replaced to allow works to progress. In conjunction with Centrica, planning and surveys have commenced in the ducts for the new site wide heating main and pipework replacement.

Service Road Resurfacing: Resurfacing works are nearing completion. All manholes and service access points have been replaced as part of this programme of work. Final phase of the resurfacing is linked to the completion of electrical works in front of the surgical block and crane lifts to the roof of the surgical block in conjunction with the chiller replacement works. All works are scheduled to be completed by the end of the financial year.

Lift Upgrades: Both the OPD and Catering lift have been refurbished and are in service. The lift serving the Max Fax block is currently be completely replaced, scheduled to be completed in April.

Fire Compartmentation: Surveys and works are progressing across the site. As part of the intrusive survey work additional scope is being identified which are being progressed as works proceed.

Fire Damper Surveys: Surveys are underway across the site; initial reports have been received and are being reviewed. Maintenance and or replacement plans are being developed to rectify defects identified.

HARD FM SERVICES – BEDFORD HOSPITAL

Decontamination:

- Periodic testing and servicing of equipment remains on schedule.

Medical Gases:

- Piped Medical Gases Audit undertaken earlier this month by MGPS Ltd. Awaiting report.
- An order has been placed to increase the capacity of the main Oxygen system by fitting larger vaporisers. BOC advice the work is scheduled to start on site late March 2021.

Water:

- Routine Legionella Risk Assessments have been undertaken in Cygnet Wing, Gilbert Hitchcock House, Ward Block, Rye Close, Kings Place and Simon Whitbread House. The reports are being reviewed and actions logged and prioritised as appropriate.
- Water Sampling for Bedford Hospital is nearing the end of its completion for 2020/21, the majority of areas have improved since the previous year.
- Costs are being obtained to install CLO2 dosing in Beeden House due to on-going issues with positive counts.

Ventilation:

- Annual verifications of critical ventilation systems are nearing completion for 2020/21 with Theatres 1-9, Delivery Suite, Main Recovery, Mortuary completed. No new issues have been raised.
- Local Exhaust Ventilation (LEV) Testing is in date with re-testing of various systems being undertaken this month.

Electrical:

- Fixed Wire testing for 2020/21 is underway though some areas are unable to be completed due to access at present. These will be completed as soon as the situation improves.

Insurance Inspections:

- Pressure and lifting insurance inspections are mostly in date with all higher risk items having current certification.

Lifts:

- Refurbishment of the 2 ward block sluice lifts has been tendered and an order will be placed shortly – One lift currently out of service awaiting repair.

Asbestos:

- Re-inspections are all up-to date.

Fire:

- Planned fire door replacement projects are nearing completion in Block 08, 12, 16 and Rye Close.

Personnel:

- Sadly Giuseppe Libertucci (Libby), a member of the Maintenance team, sadly passed away on 10th January. Libby had been with the Trust for over 6 years and a valued member of the team.

BEDFORD ESTATES CAPITAL PROJECTS:

MRI 1 Replacement: Progress has been delayed due to additional testing requirements on the specialist RF cage that surround the MRI, test have concluded that the existing protection meets requirements. The new MRI is scheduled to be installed into the building on Sunday 24th January which will see the new MRI operations at the end of the financial year.

Endoscopy Room 5: The estates team are currently working with its appointed design team on the creation of a fifth scope room with in the existing department footprint. Tender return is due on the 27th January with an indicative completion 26th March (subject to tender).

Upgrade of Theatre 2 – Creation of a Vascular Hybrid Theatre Suite: The estates team are currently working with its appointed design team on the creation of this specialist theatre suite within the existing main theatre complex.

SOFT FM SERVICES – LUTON AND DUNSTABLE**Cleaning Standards:**

Since the start of COVID-19 pandemic we have seen an increase requirement on the domestic and housekeeping services across sites, whether it is additional PPE donning & doffing procedure, discharge clean, and additional time to take meal orders and provide meals. Due to staff sickness levels monitoring audits have focused on very high and high risk areas.

Key Cleaning KPI's:

	Target Score	Sept Engie	Oct Engie	Nov ISS	Dec ISS
Very High Risk	98%	98%	98%	96%	97%
High Risk	95%	95%	95%	94%	92%

Whilst the ISS contract mobilisation has progressed well we have seen a reduction in the KPI cleaning scores with a number of concerns raised by matrons. ISS have also been affected by Covid sickness absence. This has been raised within ISS and focused auditing and actions are in place with escalations to senior members of ISS.

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

SOFT FM SERVICES – BEDFORD

Domestic Services:

Routine monitoring and audit controls have now been paused as of January due to the high prevalence of COVID. No points of escalation.

December Audit scores: Low Risk 100%, Very High Risk 96.66%

Positive feedback continues to be received from patients.

Laundry and Linen:

Due to the pandemic, there have been significant operational issues with the timely supply of laundry and linen this has now been resolved. Teams are closely monitoring and escalating as and when required

13. COMMUNICATIONS AND FUNDRAISING

COMMUNICATIONS EVALUATION REPORT NOV 2020 TO Jan 2021

External Communications and Media - The last quarter has been a little quieter on the media front for specific Trust coverage. As the current national NHS situation with extreme operational pressures due to COVID remains headline news, these tend to be the main subject of our media enquires coming in. Regional NHS communications team have made it clear that all Trusts need to send or run all types of media activity relating to COVID and operational pressures past them first before any action is taken at a local level. Therefore, the Trust's proactive and reactive media activity has been quieter for this reason, allowing us to prioritise our staff communications.

The Neonatal Intensive Care Unit at the L&D continues to be very proactive in identifying opportunities, and in November 2020 we did a piece with Sky TV on the value of milk donations, and also a photography feature for the Sun on Sunday following the donation of blankets by the charity BLISS.

The only other media coverage of note was around the publication on 15 January 2021 of the CQC report into maternity services at Bedford Hospital. A media statement was issued and engagement with local media included live interviews by David Carter and Liz Lees on BBC Three Counties Radio, and an interview with the Bedford Independent.

We have continued to work with our BLRF partners on joint campaigns and produced some short video pieces for use on social media.

A programme of proactive media engagement highlighting the current demands on our services is planned for February 2021.

Digital - Social Media - This continues to be one of our most valuable and underrated form of communications that we're consistently building and is proving to be an effective tool for getting key messages out to mass audiences in a timely manner. Work on the social media strategy continues with the aim to have one account for each social media channel but this can't be done overnight and will take time to fully embed.

Hospital site	Social media channel	Number of likes/followers	Increase from Oct 20
Bedford	Facebook	6,786	+236
L&D	Facebook	9,196	+424
Bedford	Twitter	5,866	+220
L&D	Twitter	4,882	+268
Bedford	Facebook Maternity Page	3,912	+345
L&D	Facebook Maternity Group	1,481 members	+246

All messages are shared across both hospital channels where possible. The exceptions for this are around redevelopment messages, site service updates, or important information for patients and visitors which may only be suitable for one site.

A few highlights from the quarter on social media channels include:

- Focus on posts related to covid-19 (national lockdown, guidance, vaccinations, etc). This continues to be well received by our followers who frequently praise our staff for their hard work and are happy to share important messages (each post often reaches over 15k people collectively on both accounts).
- Positive response to COVID vaccinations starting for staff. The public were so pleased to see our staff being vaccinated and staff have been posting messages sharing how grateful they are to have received it. Video shared and reached over 32k people across all channels and accounts.
- We have been supporting national campaigns including Help Us Help You, NHS 111 first, 16 Days of Activism, Stop the Pressure Day and World Prematurity Day.
- Week long campaigns were held for Nursing Support Workers' Day, Occupational Therapy Week, National Pathology Week and Black History Month. All campaigns were well received and gave an insight into the variety of roles and staff at both hospitals.
- Supported the L&D NICU team with recruitment of nurses with video reaching over 15k.
- Supported with a variety of recruitment posts – generic nurses, maternity, and therapy dept.
- Announcement of L&D Lewsey Road car park reached over 50k people in less than 24 hours
- Other posts relating to redevelopment at the L&D continue to reach over 10k people each time.

Digital – Website and intranet - Work on both our intranets is becoming more aligned, with consistent messaging and updates uploaded where possible. This has been important for us during COVID to ensure staff can access the same information in the same place. Our long term plan to move to one Trust intranet is dependent on IT and the two sites systems in line with one another.

Continuous work on developing our website and content to meet the Government's Accessible Information Standards has paid off. It's a pleasure to report that the website now carries an accessibility score of 73 out of 100 giving us a 'good' rating (as of 12 January 2021).

From 8 October 2020 to 18 January 2021 we've had over one million views to our website with one of the most viewed pages being our 'Working here' section.

Internal Communications and Events - The Communications team has been busy supporting staff across the trust, all of whom are having to adjust to completely new ways of working.

Platforms like Microsoft Teams and StarLeaf have been in frequent use to enable meetings to take place remotely and virtually and allowed us to successfully facilitate and support the below new forms of staff communications:

- Daily Operational Briefings led by the Deputy CEO to Senior Managers
- Monthly virtual All Staff Briefings led by the CEO with input from members of the Executive Team
- Virtual Staff Engagement Events – Good Better Best
- Dedicated COVID-19 section on the intranet
- Weekly COVID-19 E-Briefings

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

FUNDRAISING:

The Charity and volunteering services have experienced considerable change in the last quarter of 2020. We saw donations and volunteering reduce in again and experienced our quietest Christmas. However, there has still been a lot of activity to remain engaged with our staff and our community:

Bedford Hospital Charity & Friends

- Working in collaboration with the trust and grant officer for bids for Bedford ED's new CT scanner, also supporting with their £1million pound project
- They have supported with donations during both COVID lockdowns
- Donated gifts for the Elderly and Paediatric wards at Christmas
- Gifted staff with Mince Pies from a local Bakery at Christmas
- Donated lights for the Light up a Life Ceremony in Sir Tom's Garden
- Having monthly catch ups to discuss plans for the month and any support needed

Voluntary Services

- There are still reduced numbers of volunteers across both sites, with many roles not opened back up; both sites have new roles begin which has helped keep volunteers on site.
- COVID prompted several longer serving volunteers to step down from their volunteer roles owing to age and personal circumstances. It was important to recognise the fantastic contribution these volunteers have made, the Voluntary Services team drafted personalised 'thank you' letters signed by CEO David Carter, and accompanied by Certificates for Outstanding Contribution to Voluntary Services and an engraved Parker Pen commemorating their NHS Voluntary Service.

- In lieu of the traditional Christmas and Long Service Award events a 'Season's Greetings' card and a foldable shopping bag was sent to 500+ volunteers. The cards contained a message to reassure everyone that they are in our thoughts and a handwritten personal message.
- Agreement has been given that we can offer the vaccination to key volunteers to support in them returning.
- In November a bid for NHSE/I Winter Pressures Funding was successful and was granted £20k. The funding will be used to provide resources for volunteer activities including phones/bleeps and wheelchairs, and an electronic tablet/QR code-based sign in system for volunteers at both hospital sites.
- In addition, the funding will facilitate initiatives to support volunteer wellbeing through the winter lockdown period. Plans are being put in place with an experienced and qualified counsellor, mental health and well-being trainer, and mindfulness practitioner to provide a suite of accessible options to all volunteers. The first event is scheduled for 27th January. Discussions are also being held with a view to making this support available to staff across the Trust, particularly in relation to Sleep and Compassion Fatigue.

Youth Engagement

- Student Volunteering Programme has seen some students pause their volunteering and some are unable to return due to going to University in September. An attendance certificate has been sent to those students for the time committed to the programme. We are continuing to engage with the local schools and colleges.
- Following on from the success of the first live Virtual Work Experience Programme session in September, the second live virtual work experience programme is taking place on Saturday 6th March. We have extended the programme to enable us to showcase a wider range of health professionals.
- Virtual Classroom Sessions have developed to a one hour health careers talk. These are offered as a virtual classroom with information sessions on the wide range of health careers available within the NHS.

Trust and Grants

- NHSCT Stage 1 - £17,500 received. This funding has been allocated to the initial Staff Wellbeing Hub, a Clinical Psychologist post, Daisy Awards celebrating excellence in nursing and midwifery. At the Bedford Hospital, we have allocated £21,000 towards Colonel Thomas and Pamela Moore's Garden and a further £10,000 to support the CIC service at Bedford Hospital for 2020.
- Stage 2 - Funds of £445,000 are available for Community Partnership Grants within BLMK. Community/Third sector organisations within the BLMK footprint are eligible to present projects which will benefit the NHS to the Bedfordshire Hospitals NHS Charity who are co-ordinating the final bid approach.
- Stage 3 – We are working on an application for £173,000. Applications have been made for An End-of-Life coordinator post (£47,000 for 1 year), Funding for the CIC on both sites (£86,400), "Pathway to Excellence" Nurses Accreditation (£40,000 for 2 years)
- We are also working on applications for funding for Bedford ED and a Metastatic Breast Nurse Post at L&D.

Retail

- There continues to be an increase of income. The feedback form introduced has supported in increasing range of items for sale.
- With reduced visitors we are still seeing a positive increase.
- Due to the second wave volunteers are being advised to stay home, the shop hours have been reduced to core hours.
- During the seasonal period the shop was closed for 4 days in total to support staff on site.
- The Costa coffee machine saw a boost in sales due to a new coffee syrup in place for the seasonal period. The machine was also switched off for 4 days due to Bank Holidays and the need for it to be cleaned daily.
- We are still seeing an increase of sales of non-food items in particular the embroidered Bears and Towel.
- The trolley and service and fruit and veg stall are still on hold during full national lockdown

Community

- Support has been received from Asda for toiletries to support Early Pregnancy Loss
- Waitrose Community Matters Scheme has bought in £996
- Amazon donated 120 boxes of chocolates for NICU Prematurity Purple Party
- Virtual Quiz has raised £215, this replaced the Autumn and will replace the Spring Quizzes
- Wear pink ran across both sites and raised £922.21
- World prematurity week raised £1255 and 50 clay kits with a weeklong social media campaign
- Light up a Life ran across both sites with support from Bedford Hospital Charity & Friends which raised £7520
- Give a Gift ran across both sites and supported Paediatric and Elderly wards, this saw support from Amazon, Dunelm, Dunstable Downs Rotary, Kempston Police Headquarters, B&M and UCKG, a JustGiving page raised £155
- Sparkle Day ran across both sites and raised £233.19
- In December the Strong Tower 7th Day Church organised a socially distanced concert and raised £241.70 for Dementia Care
- The community newsletter was sent out to 1000 supporters

Corporate

- Amazon supported with Give a Gift this year at both sites
- Amazon donated £1000 for Child Oncology
- Randstad donated 6 boxes of mints and sweets to staff
- GKN donated £5000 to Light up a Life
- Ashridge House are donating £23,000 for Helipad and L&D ED Development
- Trailer Resources Limited donated £8000 for NICU and Maternity

14. POLICIES & PROCEDURES UPDATE

The following policies have been approved:

Both hospital sites: Merged policies:

- C17 Managing Conflicts of Interest Policy
- F04 Counter Fraud and Bribery Policy

Policies continue to be integrated in line with the Post Transaction Implementation Plans.

NURSING AND MIDWIFERY STAFFING REPORT

Nursing Workforce Report December 2020

Introduction

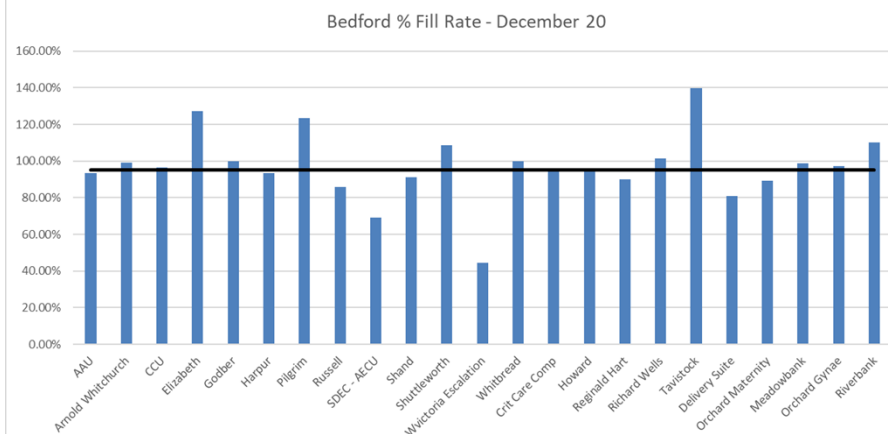
This report provides assurance in line with the National Quality Board (NQB) standards which require the Trust Board to be appraised of the safety and effectiveness of nurse staffing. The report covers both of the Trusts sites and is evolving to address developing challenges to nurse staffing along with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

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

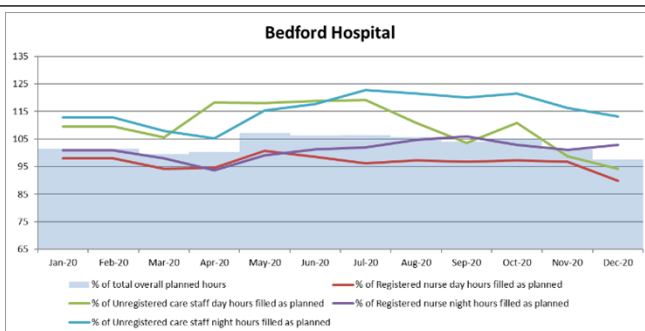
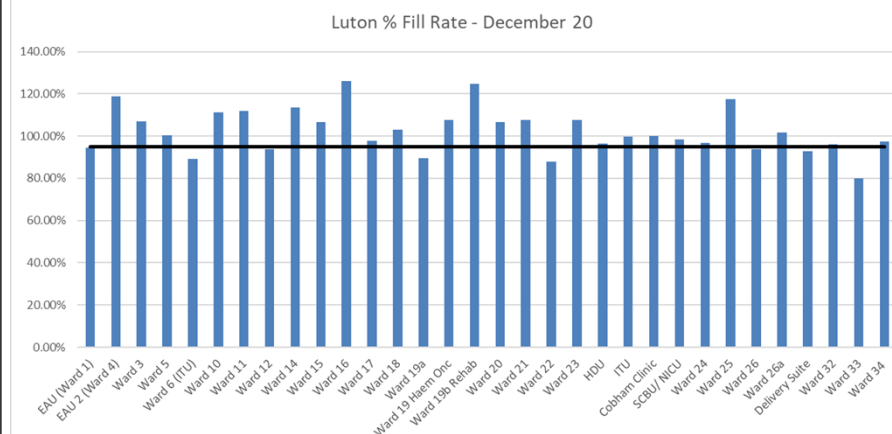
Following the reopening of the Objective Structured Clinical Examination (OSCE) Testing Centres, overseas nurses on the NMC Emergency Register are taking (and passing) their OCSE's so that they can move to the permanent register. Nurses recruited from overseas continue to arrive at both sites, albeit in smaller numbers than planned and are being supported pastorally through self-isolation and to prepare for OSCE assessment.

Overall Ward Fill Rate	Bedford Hospital Site				Luton and Dunstable Hospital Site			
		Oct 20	Nov 20	Dec 20		Oct 20	Nov 20	Dec 20
	% of Registered nurse day hours filled as planned	99.54%	96.74%	89.68%	% of Registered nurse day hours filled as planned	99.50%	101.01%	96.99%
	% of Unregistered care staff day hours filled as planned	106.21%	98.77%	93.78%	% of Unregistered care staff day hours filled as planned	101.53%	99.39%	98.56%
	% of Registered nurse night hours filled as planned	102.94%	101.09%	102.82%	% of Registered nurse night hours filled as planned	105.07%	107.07%	101.75%
	% of Unregistered care staff night hours filled as planned	121.49%	116.2%	113.14%	% of Unregistered care staff night hours filled as planned	127.97%	120.43%	120.75%
	% of total overall planned hours	105.11%	101.21	97.57%	% of total overall planned hours	105.83%	105.36%	102.23%
	<p>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.</p> <p>As part of the COVID19 response the use of wards and other clinical areas changed significantly in some cases, most of these changes have now been reversed. As “Wave 2” of the pandemic has developed the use for areas has again changed with Pilgrim ward at Bedford becoming predominantly L2 respiratory support and CCU at Luton becoming a medical ITU.</p> <p>The overall activity has continued to increase through November and December and alongside this we have seen an increase in staff unavailability which has had an impact on fill rate.</p>							

Bedford Hospital Site



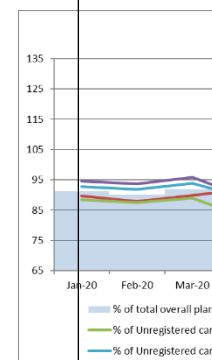
Luton and Dunstable Hospital Site



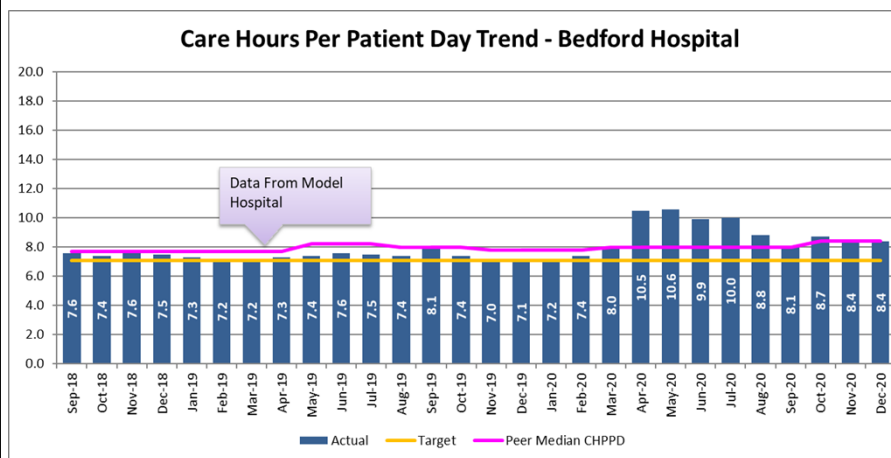
The majority of wards meet or exceed plan; there are a number of exceptions to this where increased staff sickness and difficulty getting bank and agency cover have had a significant impact.

A number of wards on each site have exceeded planned fill rates and have done so as a result of using additional unplanned staff for enhanced patient observation (EPO) or because of having supernumerary staff e.g. new overseas nurses, this number has increased however compared to previous months.

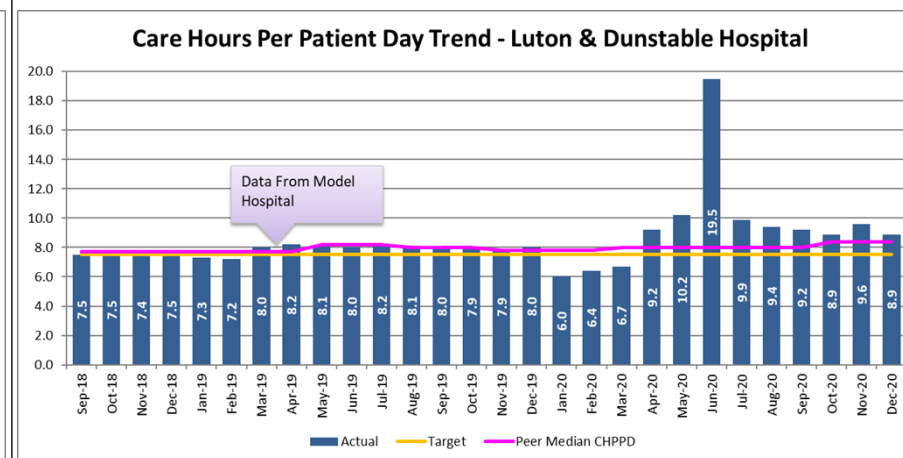
By far the highest fill rate is seen on the night shift by Care Support Workers (CSW), this reflects the reduced registered staffing levels at night and increased challenges with confused patients, these two factors result in the need for more additional CSW hours at night than in the day time.



Bedford Hospital Site



Luton and Dunstable Hospital Site

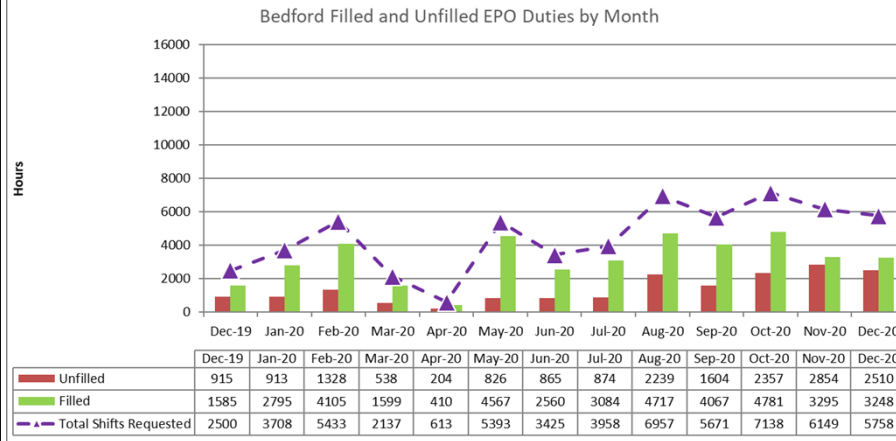


Care Hours Per Patient Day (CHPPD) is a metric that is promoted for use as a standardised measure of effective and safe staffing, by taking into account the number of actual hours worked in direct patient care shifts divided by the number of patients in hospital beds at midnight each day. As with all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

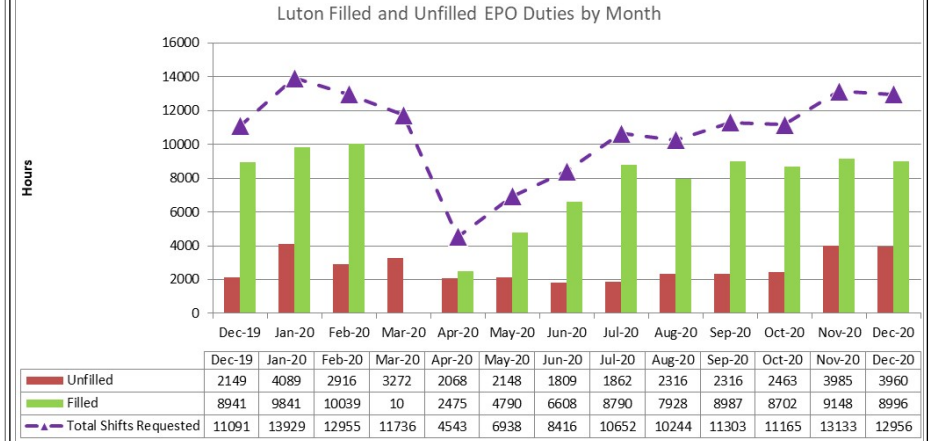
The Target CHPPD for each hospital is based on agreed ward templates and average bed occupancy at midnight. The target CHPPD for Bedford Hospital is 7.1 with the L&D being 7.5. The actual CHPPD during normal times averages 7.4 at Bedford and 7.7 at L&D, this reflects the use of EPO shifts, which are not planned, in addition to periods of lower bed occupancy over the 12 month period. (Due to differing data collection over time the L&D CHPPD from March to May is that of registered staff only)

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

Bedford Hospital Site

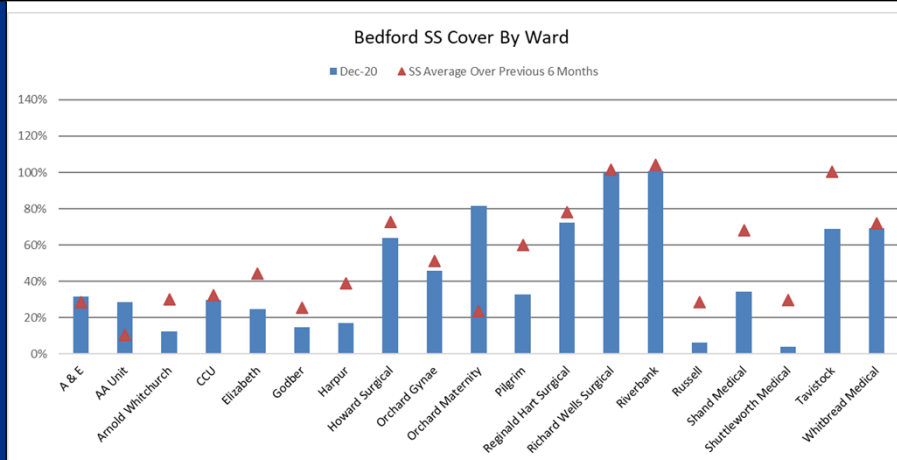


Luton and Dunstable Hospital Site

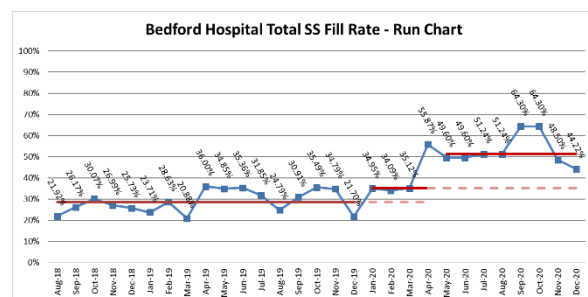
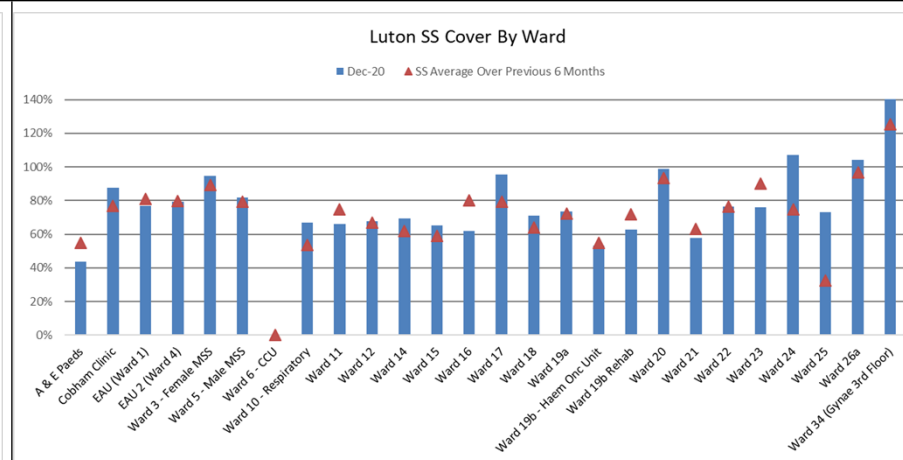


Enhanced Patient Observation (EPO) demand on both sites appears to have returned to pre-COVID levels and stabilised. With pressure increasing on staffing and temporary staffing being unable to match demand it is expected that EPO fill rate will fall further in the coming months.

Bedford Hospital Site



Luton and Dunstable Hospital Site



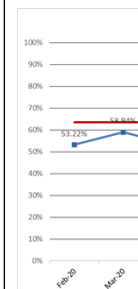
The Francis report recommended that ward managers should be rostered for 100% supervisory time.

At Bedford ward managers roster themselves into clinical shifts to mitigate the risks resulting from vacancy rates and skill mix concerns. Over the past 2 – 3 years the amount of supervisory time has not been utilised due to the significant pressures faced as a result of nurse recruitment challenges.

In 2019 the situation at Bedford improved slightly due to vacancies being filled therefore most areas started to see an increase in supervisory time. The challenge going forward is to maintain this as we continue to support and develop our workforce and maintain stringent

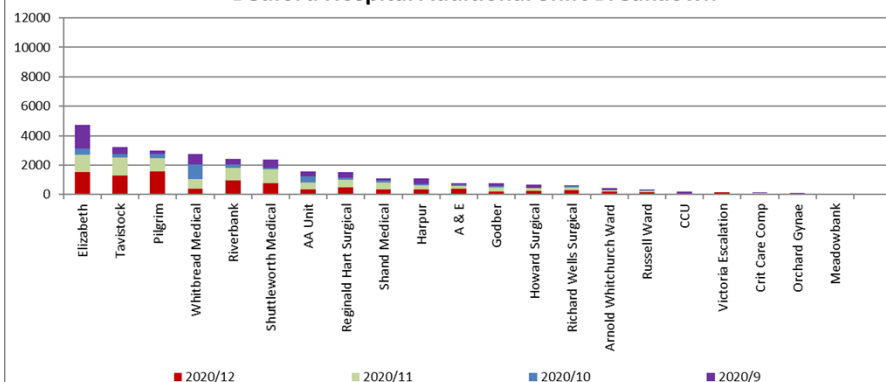
infection control standards as part of the COVID response.

In most cases the supervisory fill rate for the Luton wards has been higher than their rolling 6 month average. Ward 6 has nil supervisory time as it remains closed. The overall trend for SS time at Luton is as would be expected.

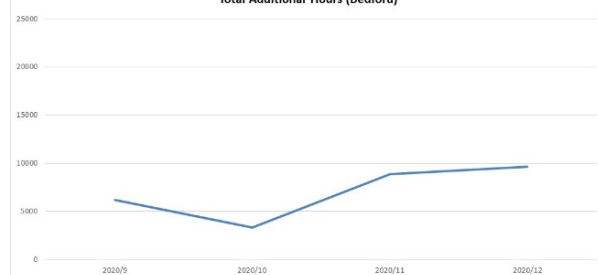


Bedford Hospital Site

Bedford Hospital Additional Shift Breakdown



Total Additional Hours (Bedford)



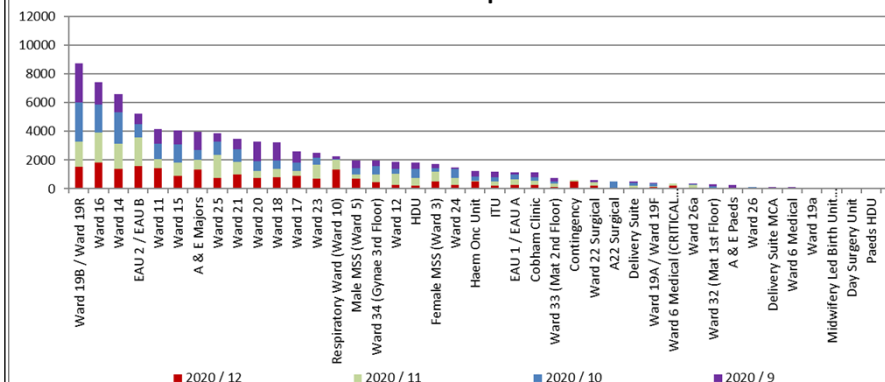
The number of additional shifts added over and above the agreed ward templates significantly reduced throughout the COVID period, this has been sustained overall at Bedford. The areas where these shifts have been added relate directly with those that have higher EPO shift usage.

ED has significantly reduced the number of additional shifts added whilst at the same time reducing the template demand in line with reduced activity. This is under constant review in line with activity levels.

At Luton the additional shifts profile continues to follow trend in terms of the numbers of shifts per area. Ward 19b remains the highest user of additional shifts with ED following. The situation with ED relates to the adjusted working practices for COVID, the ED template will be reviewed along with other areas as part of the roster template review process.

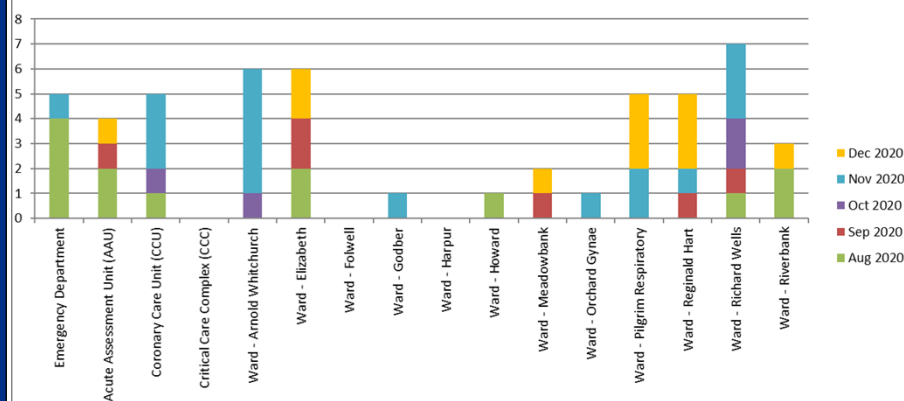
Luton and Dunstable Hospital Site

Luton & Dunstable Hospital Additional Shift Breakdown



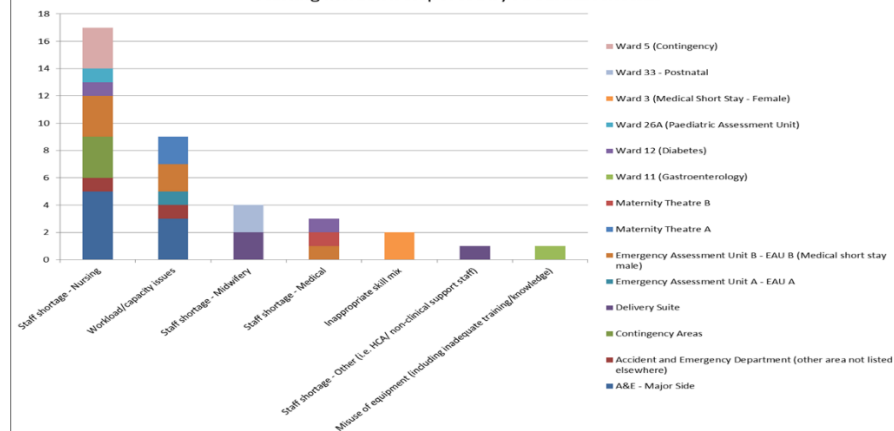
Bedford Hospital Site

Staffing Incidents Reported by Area and Month Exc Maternity

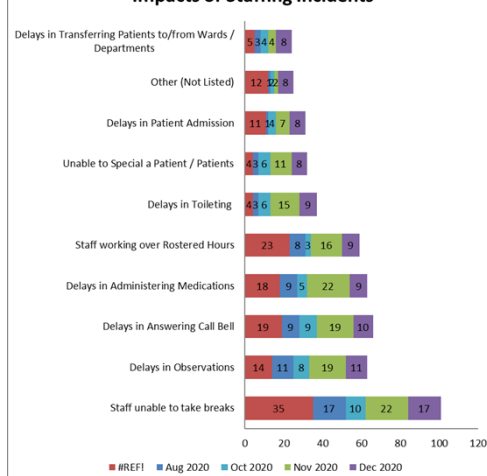


Luton and Dunstable Hospital Site

Staffing Incidents Reported by Area: Last Month



Impacts of Staffing Incidents



Short staffing incidents remain in line with expected trends for December however the number of incidents is expected to increase over coming months as a result of reduced fill rate towards the end of December and into January.

The reassuring element of the datix analysis is that although numbers of incidents reported have increased the level of harm associated with the incidents has not, this indicates that although staffing pressures are a real concern the mitigations to manage them are being effective.

At Luton the staffing related Datix has significantly reduced compared to the previous quarter when the organisation was short of staff as a result of Covid-19. There have been 5 wards that raised a Datix each in relation shortage of nursing staff in the past 3 months.

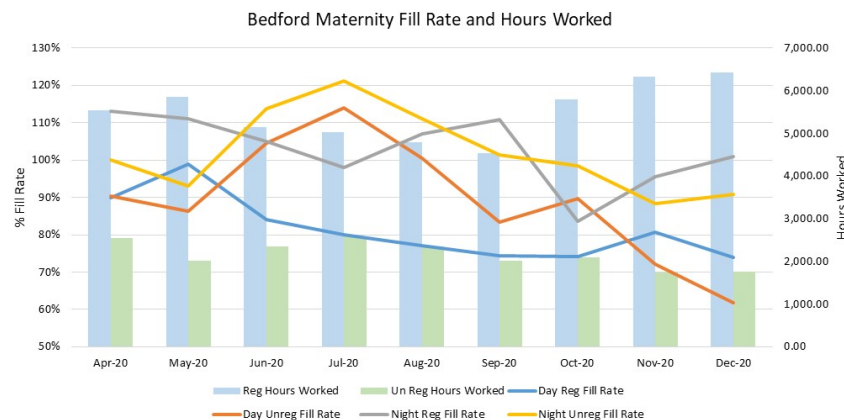
Midwifery Workforce Report

December 2020

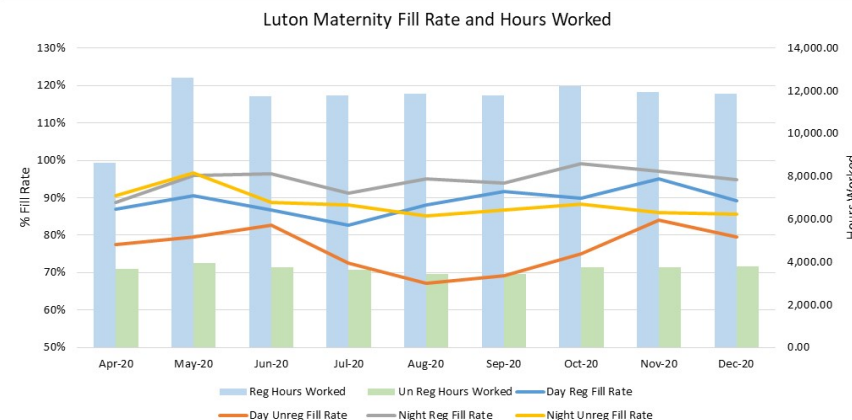
Introduction

National Quality Board (NQB) standards require the Trust Board to be appraised of the safety and effectiveness of midwifery staffing. The report builds on the shared and separate experiences of the teams at both sites and is expected to change and develop over the coming months as we progress with merger and integration of systems and processes.

Bedford Hospital Site



Luton and Dunstable Hospital Site



Maternity Fill rates per month for each site are shown above based on the Unify fill rate report for the Delivery Suite and Hospital wards. The community and continuity of care teams are not included at this time as the rostering set up for these services does not provide measureable data due to the model of care delivery not aligning to rigid roster planning in the same way as inpatient services.

December's data for Bedford shows that although the overall hours worked increased slightly compared to November [n 90 hours] the day fill rate reduced to 74% for Registered Staff and 62% for non-registered staff. Night fill for both groups however increased to 104% and 91% respectively, this is as a result of a deliberate strategy to improve staffing at night when there are less senior and specialist midwives available to support staffing and maintain safety. Although fill rate for RM's on days is low the midwifery management team ensured that activity and acuity was monitored and that safety was maintained.

As part of the ongoing maternity safe staffing reviews it has been identified that the rosters are not being updated consistently to accurately reflect all shift moves and reductions in demand as a result of reduced activity, the issues around recording staff moves accurately have been addressed however there need to be further development of processes to reduce demand when appropriate to reflect activity. This is particularly the case on day shifts, as a result we are developing a standard operating procedure to ensure that the required staff is accurately recorded in the planned hours, this will follow a similar model to the critical care and neonatal units.

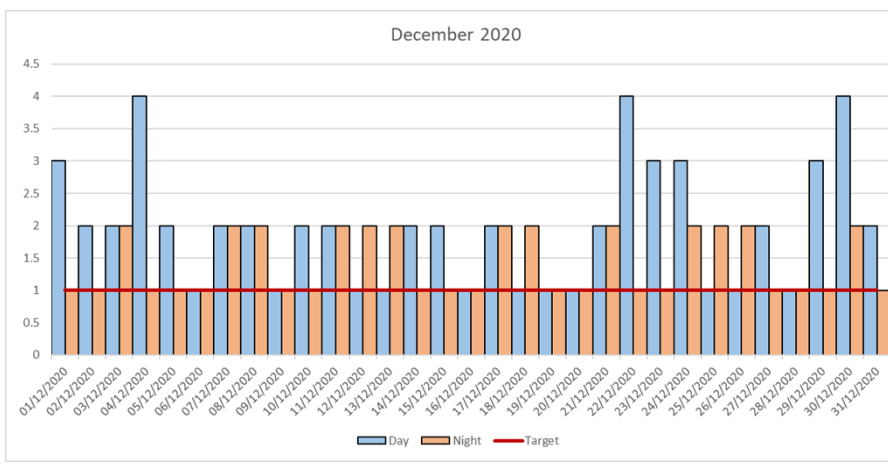
The RM fill rates on the Luton site remain within trend for the site with Day and Night RM fill at 89% and 95% respectively.

The following measures have been put in place in order to support staffing in times of escalation:

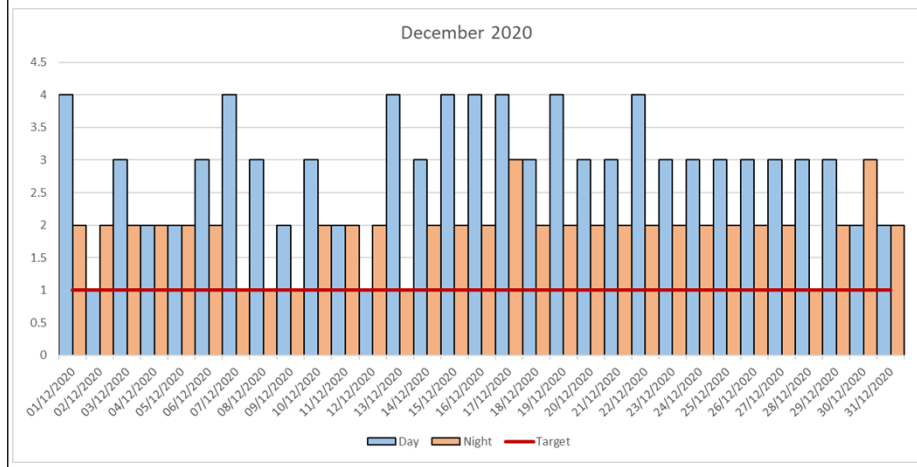
- Maternity escalation policy is in place within maternity services to support the staff when a staffing deficit is identified.
- Specialist midwives across the service have been supporting staffing in terms of escalation.
- The Midwifery Managers and Matron work clinically and attend the maternity unit out of hours to support the services.
- Ongoing planned weekly review of staffing and four hourly monitoring, during periods of high activity or staffing deficit.
- A forward plan review of weekly staffing and elective workload across the service and working with Consultant Obstetricians to ensure prioritisation on clinical needs.
- Newly qualified midwives are joining the clinical teams as soon as they receive their PIN numbers.

Delivery Suite B7 In Charge

Bedford Hospital Site



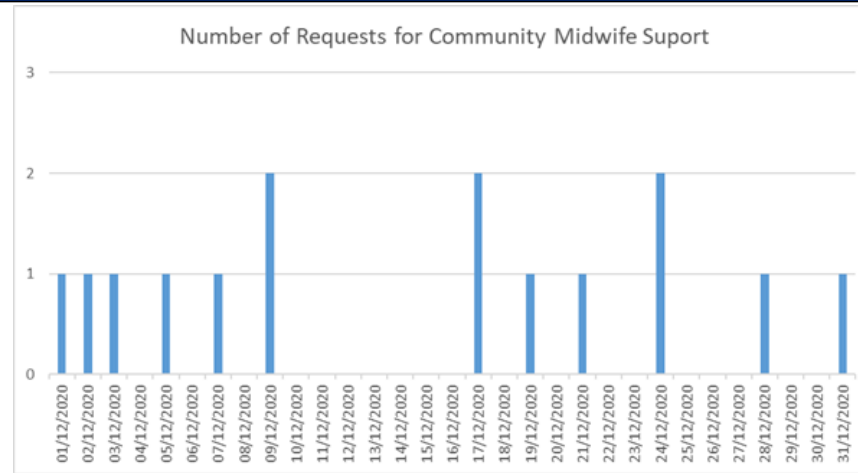
Luton and Dunstable Hospital Site



In the month of December the maternity units on both the Bedford and Luton site had a Band 7 midwife in charge of the Delivery suite on every shift.

Bedford Hospital Site

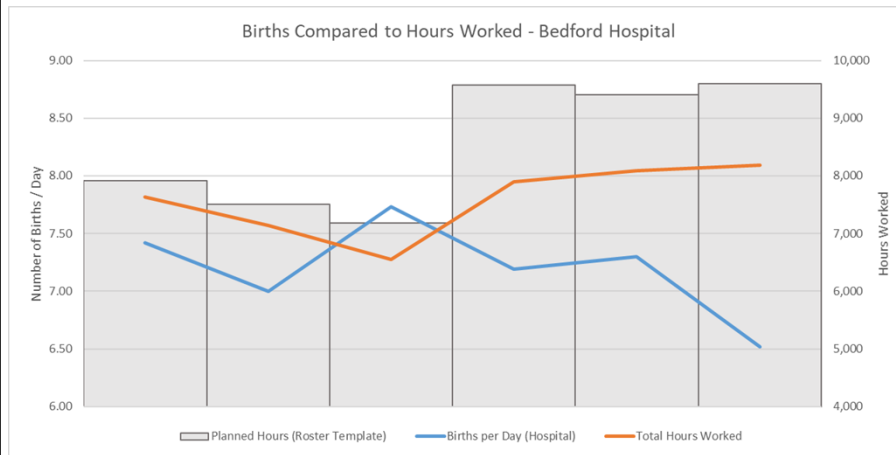
Luton and Dunstable Hospital Site



As part of the staffing escalation plan for maternity at Bedford, in the event of staffing shortages the on call community midwives are called in to the hospital to support delivery suite or the ward. This chart shows the number of midwives called in from the community in December.

This has an impact on community activity and so is not an option that is utilised unless absolutely necessary and as such is monitored through the new midwifery SitRep and risk assessment process.

Bedford Hospital Site



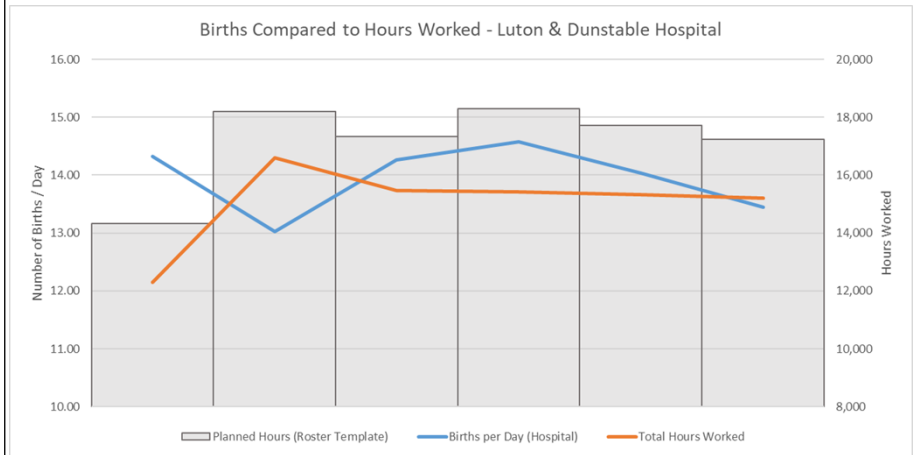
The Bedford chart shows how the planned hours to be worked increased in October as a result of the suspension of the Continuity of Care teams, this has increased the number of hours worked month on month. Although the fill rate in December for RM's on days was low at 74% the average number of births per day in December also fell compared to previous months.

The Luton birth rate compared to planned and worked hours has a consistent pattern.

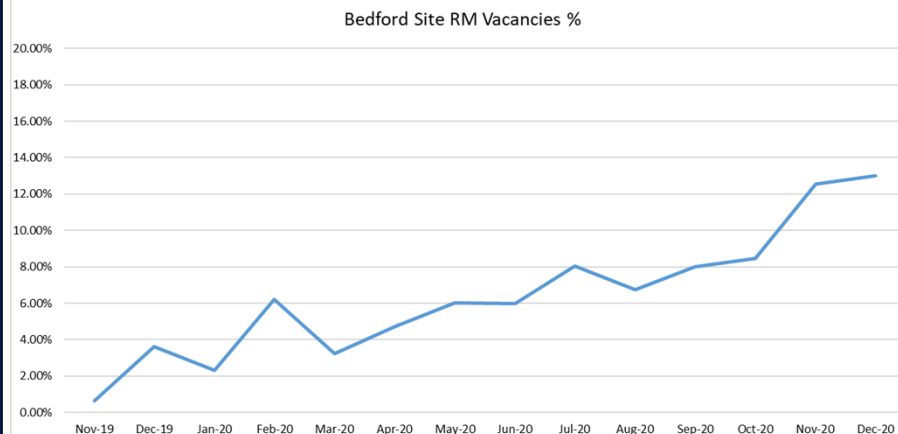
The Trust aims to ensure that women in established labour received 1:1 care. The measures listed above are in place to support this. The Trust aims to be fully compliant with the national requirement for women to receive 1:1 midwifery care in established labour and this is monitored on a monthly basis. Decembers 1:1 care in labour was 100% at Bedford and 99% at Luton.

N.B. Due to the difference in size of the two units it is not possible to use the same scales for this chart.

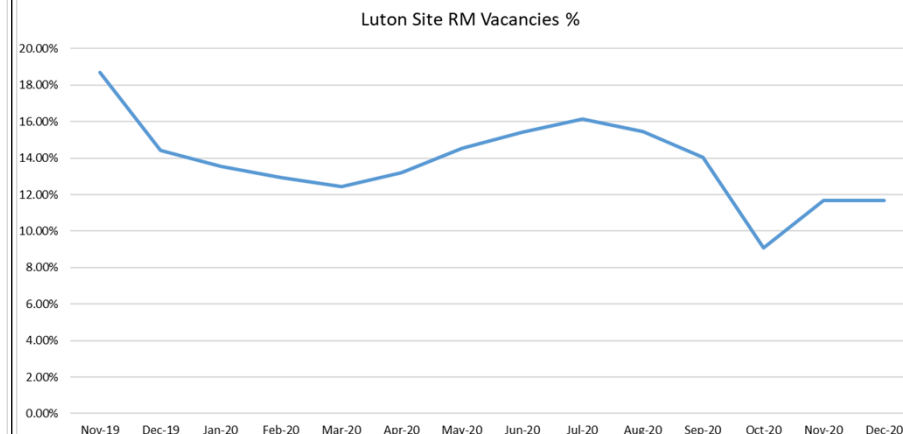
Luton and Dunstable Hospital Site



Bedford Hospital Site



Luton and Dunstable Hospital Site



These Charts demonstrate the vacancy rate on each site, November saw an upturn in vacancy rate on both sites, the number of leavers where comparable however the impact is greater at Bedford as a result of having a smaller workforce.

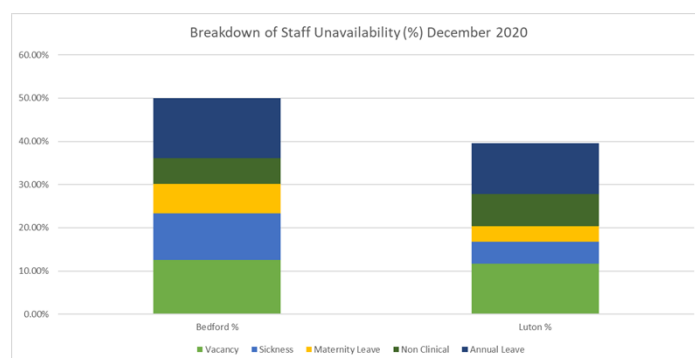
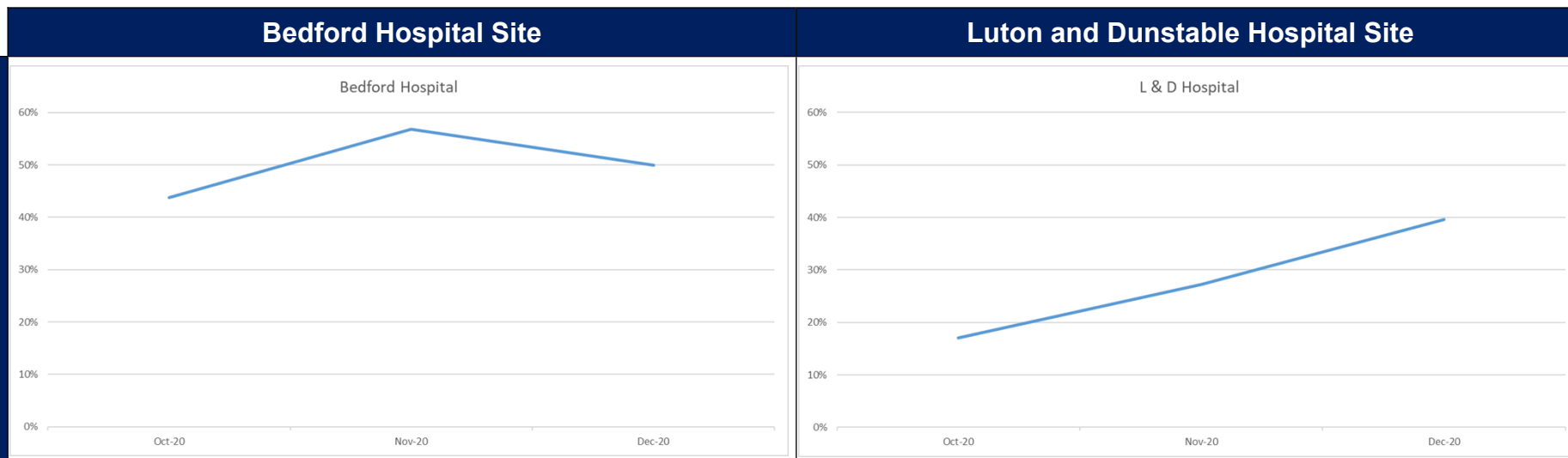
The service saw a total of 9 leavers over the last 12 months and 4 new starters. In December there were 3 leavers, one retired and her post was filled internally, one went to a unit closer to home and one left to become a health visitor.

There is a rolling recruitment programme in place on both sites. Further interviews for Band 5, 6 and Band 7 midwives, in addition to specialist midwives and ward managers are planned for January 2021. The recruitment plan is now expanding to recruit midwives that trained outside the UK and are already on the NMC register. They will be supported into practice with an extended induction programme.

On the Bedford site there will be 8 MCA's starting within the next 4 weeks, x2 band 5's in march and x2 band 6 at the end of February. X2 band 7's internally recruited are due to start orientation in February. A community matron has also been recruited for a 4 month period. In addition the service has been supported by x2 experienced matrons on a part time basis from external trusts, one for risk and one for inpatients.

Midwifery Recruitment Plans	Bedford Hospital Site	Luton and Dunstable Hospital Site
	Short Term <ul style="list-style-type: none"> Ongoing advert for band 5,6 and 7's 1.0 wte Practice Development Midwife (PDM) to increase team to 3 wte Funding from HEE for x2 practice educators 50% of time in Trust and 50% at university Over recruitment by 6 Midwifery Care Assistant's CTG midwife to be advertised for 0.6 wte Bereavement midwife in recruitment process Guidelines and Audit midwife to support risk and governance team in recruitment process 7wte RN's to be recruited as part of ward establishment ANC and DAU manager post advertised ANNB Screening coordinator and deputy advertised (these posts are currently filled with interim) Digital Midwife appointed (1WTE per Site) 	Short Term <ul style="list-style-type: none"> Ongoing recruitment of band 5/6 Midwives to allow us to reduce the current vacancy across maternity for midwives. The bank late shift at 20% was agreed with effect from 25th November 2019 to support the service, to support the cover of the late shift. This is being monitored on a monthly basis
	Long Term Strategy – Cross Site <ul style="list-style-type: none"> A plan is underway for a Birthrate Plus review. This will inform the required midwifery ratio's to support the service, Date to be confirmed w/c 1st Feb 2021. Birthrate Plus acuity tool purchased, to be deployed in February 2021. Recruitment of EU/overseas qualified midwives already on the NMC register with a bespoke preceptorship programme. Recruitment directly into continuity of care teams. Increase in student midwives from HEE, approximately 10 additional student midwives who have now commenced in posts. Student midwives from Hertfordshire University on the Luton site. Increase in the 21 month student midwives to 6 per year. The CPAL coaching model has been implemented to enable mentoring of the increased number of students in the service on the Luton site. A consultation paper has been drafted to put all the midwives in the service on an on call system to support the service in times of escalation. The management team are waiting for HR advice to progress on the Luton site. Additionally, midwives are supporting a 90/10 skill-set across the service. We have submitted the bid for the HEE MSW workforce strategy as part of the LMNS and are awaiting the outcome. 	

Staff Unavailability



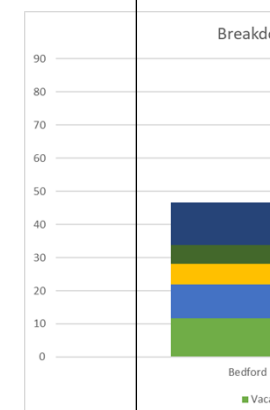
Staff unavailability describes the number of hours that staff were not available to work in their normal role, the unavailability rate is the percentage of the total funded working hours that were unavailable to work.

The charts above show that the unavailability rate at Bedford fell to just below 50% in December where as the unavailability rate at Luton continues on an upward trajectory.

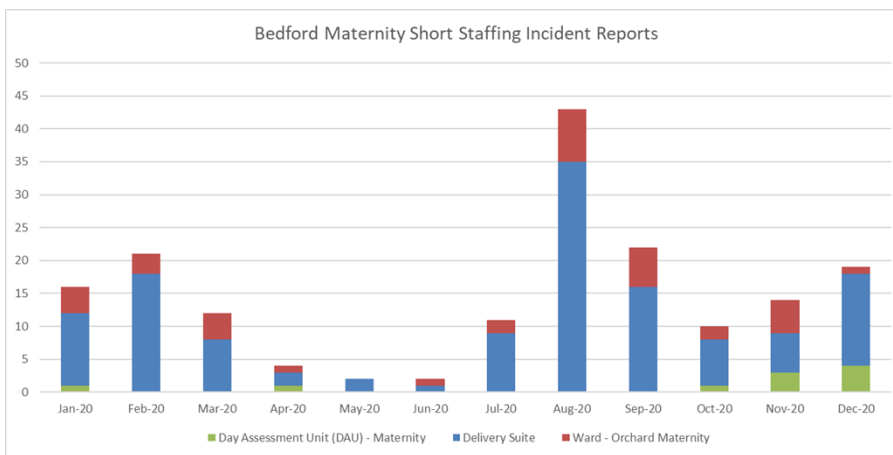
Unavailability is factored in to the funded establishment at 22.5% additional staff to account for absence due to sickness, maternity, annual and study leave. These charts demonstrate that on both sites we are exceeding the planned unavailability

however to compare against plan vacancy must be excluded. If this is done Bedford exceeds unavailability plan by 14.9% and Luton by 5.4%. This has a significant impact on the ability to fill shifts as the amount of temporary staff in terms of bank and agency midwives is not able to meet demand.

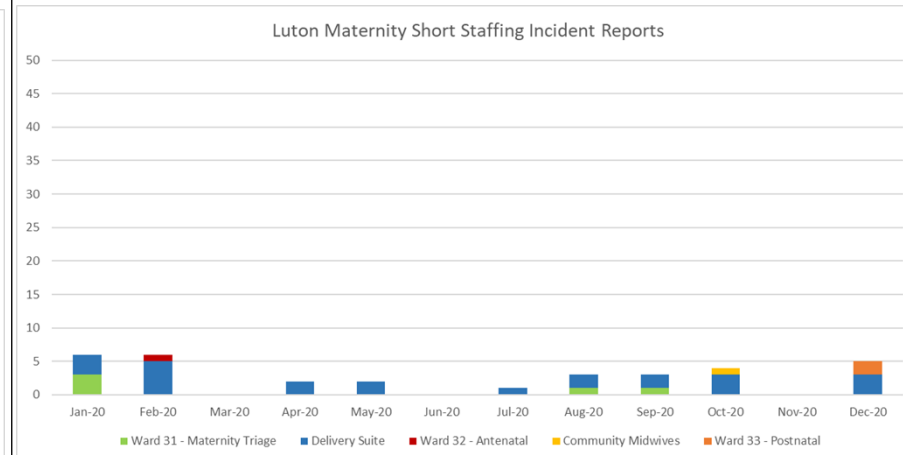
Sickness and shielding are the main areas of concern on both sites with Bedford also having challenge of increased maternity leave.



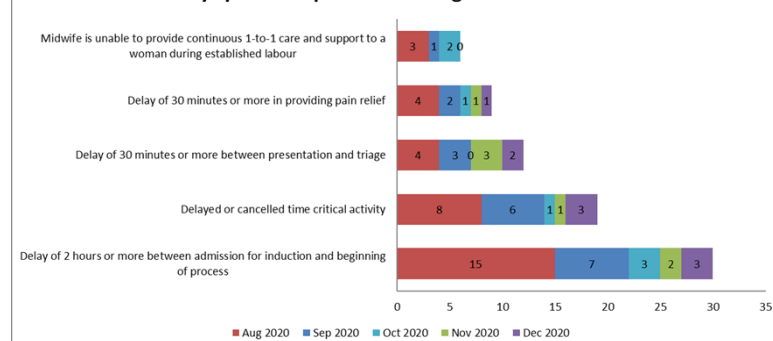
Bedford Hospital Site



Luton and Dunstable Hospital Site



Maternity Specific Impacts of Staffing Incidents - Bedford Site



Bedford has seen an increased reporting for December which appears to be linked to the reduced fill rate and the ongoing high staff unavailability; particularly on days. Whilst the number of incidents has increased however the number of harm impacts related to short staffing has remained comparatively low indicating that the risks associated with short staffing are being managed.

Luton has a much lower reporting rate which is likely to be influenced by multiple factors such as being due to less unavailability at Luton, different base establishments and methods of working and different reporting tolerances the two sites.

Bedford Hospital Site

Maternity Staffing Red Flags

Following the Care Quality Commission inspection of November 2020 the Trust has designed and implemented a Maternity Sitrep system which is underpinned by an updated Escalation Policy. This system is developed to provide improved real- time assurance as to the safety of staffing within the Maternity Unit. The policy provides a requirement of clearly defined actions which are to be completed daily, accountabilities for undertaking actions and clear lines of escalation in support of the assessment, review and monitoring of staffing and capacity in the Maternity unit.

The new sitrep has been in place since 4th December, the table above provides the results of the monitoring data for the time period 04/12/20 to 31/12/20 and are used to provide assurance the Maternity Sitrep system is working effectively. This monthly table and red flag mitigation actions will form part of the monthly assurance dataset going forwards.

During this time period, the compliance in using the new sitrep for December was approximately 50% due to challenges in delivering awareness training in a short time frame to staff on nights- compliance will continue to increase as the sitrep process is being embedded with the support of the Senior Managers and Matrons.

There were 55 total red flags triggered in December. These resulted in risk assessments being completed in line with the requirements of Level 2 of the escalation policy, they were all in relation to staffing concerns.

The Maternity unit did not go on divert in the month of December.

KEY	Capacity	Staffing	Actions
Level 2	Reduction in bed capacity, causing delays in elective admissions and patient flow within the inpatient area	2 midwife short on delivery suite, 1 midwife short on ward. Less than 2 community midwives/HBT midwives on call	Internal escalation, utilising specialist midwives, community midwives, to resume normal activity.

No	Red flag for staffing	Context/issue	Mitigating Action
3	Delay in elective caesarean section	<p>Delay in LSCS as waiting for results and advice from specialist hospital</p> <p>Delay due to activity</p> <p>No datix were reported in December for delay in surgery. Retrospectively it is difficult to capture the length of time elective CS was delayed</p>	<p>Women hydrated with IVI and apologies for delay, procedure undertaken when activity allowed</p> <p>Moving towards designated midwife and consultant to cover elective list</p>

Bedford Hospital Site

18	Staff unable to take breaks	<p>7 datix were put in by staff during this period, these datix's related to the highlighted red flags on the sit rep. x3 were weekend/BH and 4 were in the week. 5 related to DS, 1 DAU and 1 orchard maternity.</p> <p>Datix put in on following dates-</p> <p>4.12.20-staffing=7 early, 8 late</p> <p>5.12.20-staffing=9 midwives on night acuity and activity high</p> <p>6.12.20-staffing=10 midwives on the day and 8 plus nurse on night, activity and acuity high</p> <p>10.12.20- staffing = 12 midwives on early but dropped to 7 from 3pm and 6 from 5pm, activity high</p> <p>11.12.20- staffing= 7 midwives on day but dropped to 6 at 3pm and 5 at 5pm, 8 midwives and a nurse on the night</p> <p>24.12.20-staffing= 8 midwives on day dropped down to 5 at 5pm, 7 midwives on night</p> <p>28.12.20-staffing 10 midwives on early and 8 on late, 9 on the night, high acuity and activity</p> <p>The datix do not capture the number of staff that were not able to get a break only one datix had the name of the individual to help with investigation. The risk assessment for the new sit rep will capture the number of staff who have not been able to take break. An example of a risk assessment used on the 11.12.20, highlights that only 2 staff during the day hadn't been able to take their full break, this detail is important to understand the overall running of the shift and staff wellbeing.</p>	Escalated to Midwifery Manager on Call. Support given to prioritise breaks and ensure some time was taken if not full break
3	Delay in elective caesarean section	<p>Delay in LSCS as waiting for results and advice from specialist hospital</p> <p>Delay due to activity</p> <p>No datix were reported in December for delay in surgery. Retrospectively it is difficult to capture the length of time elective CS was delayed</p>	<p>Women hydrated with IVI and apologies for delay, procedure undertaken when activity allowed</p> <p>Moving towards designated midwife and consultant to cover elective list</p>

Bedford Hospital Site

	3	Delay of over 30 minutes between presentation and triage	<p>One datix covers 3 red flags-</p> <p>Staff unable to take breaks</p> <p>Delay of 30 mins or more between presentation and triage</p> <p>Delay of 2 hours or more between admission and start of process</p> <p>No patient details on datix to capture the level of concern, no staff name reported.</p> <p>This datix was put in for the range of time of 30.11.20-3.12.20</p> <p>Staffing at this time was as follows, this relates to day shift-</p> <p>30.11.20= 8 midwives</p> <p>1.12.20= 8 midwives</p> <p>2.12.20=8 midwives</p> <p>3.12.20=10 early, 11 late, plus nurse</p> <p>This shows staffing amber to green, activity and acuity high</p>	This is the detail captured in the ongoing triage audit
	4	Delay of over 2 hours between admission for IOL and commencement	X1 datix detailed as above	
	2	Any occasion when a midwife is unable to provide continuous 1:1 care	No datix's reported, may have been for a minimal amount of time mitigation provided therefore minimal risk.	<p>Escalated to senior midwife coordinating delivery suite. Work reallocated to facilitate timely care for the women</p> <p>Moving forwards staff are encouraged to use the risk assessment on the sit rep to fully understand the risk, this can then be reflected appropriately through datix, risk management matron to support training in this area</p>
	7	Delay in IOL	X1 datix captured detail about IOL planned for 25 th December (staffing on night = 7 midwives) unable to bring down to delivery suite for ARM due to activity and acuity until 28.12.20. The patient notes indicate that reviews were undertaken throughout the day by the obstetric team and apologies given. Maternal and fetal monitoring were undertaken to assure wellbeing. Safety was maintained throughout and it best option was to delay the IOL in this case to enable DS activity to ease and 1:1 care to be maintained.	
	18	Number of ongoing IOL's waiting to come to delivery suite	X1 datix reported this issue as above.	Escalated to senior midwife coordinating delivery suite. Work reallocated to facilitate timely care for the women

Next steps

Early indications show that the newly implemented maternity sit rep tool is providing the maternity team with a very effective system for the monitoring of safe midwifery and clinical workforce staffing and information regards escalation levels. Further support and a period of embedding is required.

To complement the use of this there is also a daily debrief on risk and actions in the morning following the previous 24 hours with the operational manager on call, Consultant on call and band 7 delivery suite coordinator for the day. This provides a shared understanding of current operational issues and enables reflective discussion on any issues which triggered escalation, clarity of actions, responsibilities and any learning going forwards. Any additional Datix/incidents received on a daily basis are reviewed alongside the sit rep to further understand pressures and impact, and provide timely feedback and reflection to the team and the submitter.

In support of this, the maternity leadership team (HoM/GM/Matron on Call/ B7 shift coordinator) prioritise a daily meeting to assess the system as part of their quality improvement PDSA cycle. In this way improvements are being made and incorporated with underpinning policy requirements.

As part of ongoing improvement it is planned that this will be completed on a hand held device rather than a PC, thus enabling the B7 to produce the sit rep and risk assessment with greater ease. In the meantime Information Team are working with the division to make the report more automated to ensure monitoring of compliance and actions are monitored.

Maternity Staffing Red Flags

Luton & Dunstable Hospital Site		
No	Red flag for staffing	Action
22	Delay	22 delays in transfer to delivery suite to continue with IOL. Escalated to midwifery manager on call and the Obstetric consultant on call. Individualised management plans made, with women offered the opportunity to transfer to another Unit to continue with their IOL. Consultant obstetrician on call supports with prioritising the order women should be transferred to delivery suite to continue with their IOL
1	Missed/Delayed care (e.g. delay of 60 minutes etc.)	1 delay in suturing
1	Delay in providing analgesia	Escalated to senior midwife coordinating delivery suite
<p>Luton Red Flag triggers 30/11/20 – 3/1/21. When risk assessment triggers mitigating action, the B7 delivery suite coordinator informs the obstetric consultant for delivery suite and the midwifery manager on call. The midwifery manager on call support the senior midwife with ensuring the Red flag event is resolved in a timely manner.</p> <p>Total red flags – 24</p>		

Information Governance (IG) Quarterly Board Report January 2021

Purpose of this report:	• Update, information & awareness
Report by:	• Heidi Walker Head of IG/Data Protection Officer

Data Security & Protection Toolkit (DSPT)

The Trust's current position is: **Standards not met**

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

43 of 111 mandatory evidence items provided – please note this figure will be significantly higher before the baseline submission.

The Trust will submit a baseline assessment on the 28th February

The IG team expressed an interest in the pilot of the DSPT Strengthening Assurance Independent Assessment Guides towards the end of last year but the pilot was fully booked.

We have now been selected to take part in a fully funded DSPT audit on the 1st February. This is a positive step towards The Trust achieving 'Standards Met' compliance and will reinforce our need for funding in certain areas (Information Asset management)

It will also ensure that interpretation of vague assertions is correct and assure the board that we are on the right path to achieving standards met.

3 priority areas that IG will be concentrating on in the next 3 months are:

- Reaching the DSPT target for IG Training which is 95%
- Asset Management solution to include data flow mapping, departmental asset registers and DPIA's
- National Data Opt out - using the mesh solution for cleansing the data prior to audits & research

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.

1 Incident was reported via the DSPT in the last quarter. The incident in question was a patient clinic list containing 17 patients that was filed in maternity handheld notes. We weren't required to report further.

Areas of compliance currently being or about to be worked on include:

Data Privacy Impact Assessment (DPIA)

We do have a robust process in place across both sites ensuring all risks are assessed, logged and monitored; however the process is fragmented and timely. The documentation although fit for purpose is cumbersome and is now being redesigned to streamline the manual process.

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

The BLMK procured Licenses for The Information Sharing Gateway (ISG) that is developing a Digital Privacy Impact Assessment Tool (DPIA). The IG Team are receiving updates of progress via the EOE IG forum and will advise when it is ready for implementation within The Trust.

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

The Information asset registers for both sites have now been merged however there are many gaps and heavily reliant on excel spreadsheets which are cumbersome and not currently fit for purpose. We need to demonstrate compliance with legislation and regulation, so it is essential that we have a robust Asset management solution in place. Allowing The Trust to manage risks to information that support patient centred outcomes, efficiencies, reputation and also public trust.

The IG team and Cyber are actively reviewing solutions to procure that will provide The Trust with the assurance it needs for compliance.

Subject access requests (SAR)

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

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

The Teams have been overstretched due to Covid 19 and staff shortages, which in turn has had a negative impact on the 30 day response and compliance has decreased across both sites.

Year 2020/2021		No of requests	
		Luton	Bedford
Q1	April-June	504	171
Q2	July – September	628	274
Q3	October – December	596	300
Q4	January – to date	152	57
Total Received		1880	802

Requests received from	Number of Requests				
	Q1	Q2	Q3	Q4	Total
Patient	164	289	245	33	731
Court Order/Social Services	11	5	10	6	32
Solicitors	401	471	517	51	1440
Health Organisations	17	33	39	4	93
Police	9	20	18	12	58
Coroner	-	-	-	-	
Government	32	48	29	8	117
Insurance	3	11	5	2	21
Legal	16	25	33	-	74

Positive steps are being taken to support the SAR team at the Bedford site. Xerox will shortly be scanning all SAR requests onto medi viewer. This will expedite the laborious, time consuming process, allowing the SAR team to download the electronic document for disclosure.

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 are poor. This is partly due to the merging of processes and Covid pressures. The FOI Roles and processes are under review as part of the departmental restructure consultation and we will provide an update in the next report.

Year 2020/2021		No of requests	Breached 20 day deadline
Q1	April-June	119	84
Q2	July – September	145	86
Q3	October – December	147	91
Q4	January – to date	17	0
Total Received		428	261

FOI Decision Notice

The Trust recently received a decision notice from the Information Commissioners Office relating to a complaint they had received regarding The Trust's response compliance.

The Commissioner's decision is that the Trust failed to respond to the requests within 20 working days and has therefore breached section 10 of the FOIA.

We provided the ICO with evidence that although the 20 day deadline had been breached the requester had received both a lengthy apology and all of the relevant documentation.

On receipt of the evidence we were advised by the ICO that no further action would be taken and to lodge an appeal with the First-Tier Tribunal (Information Rights).

The appeal has been lodged and we await a response.

We continue to publish all responses within the publication scheme on the Trust website, to support the process, allowing the trust to conform to guidance and hopefully reduce the amount of duplicate requests it receives, whilst raising compliance figures.

Mandatory IG Training

The compliance target required by the Data Protection Security Toolkit (DSPT) is 95% of all staff must be trained annually. The Trust's training matrix was previously set at 90%. This has now been changed to align with the DSPT requirements of 95%.

The current percentage of staff compliant with annual IG training is 74%

To raise IG training figures and continue to support social distancing measures the IG team continues to offer an IG training booklet to staff that cannot or are having difficulty with logging onto ESR.

The IG team have been working closely with Training and Learning and have now completed two trial virtual IG training sessions via MS teams to a large audience of staff. It was well received and a new Schedule of virtual IG Training is now in place for the next 12 months.

The IG team will also be actively contacting staff members that are non-compliant and guiding them to the most appropriate training

National Data Opt Out

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

The deadline for health and care organisations to comply with national data opt-out policy is currently the end of March 2021. It has been extended to enable health and care organisations to focus their resources on the coronavirus (COVID-19) outbreak.

The Trust must:

- Implement a technical solution to enable staff to check lists of NHS numbers against those with national data opt-outs registered.
- Have a process in place to ensure only the filtered data is used or disclosed

The IG Team are working closely with the Information department to ensure that The Trust is compliant with this requirement within the deadline set.

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

The IG Team

Despite the challenges with home working, merged processes, cross site working, staff shortage and unrelenting deadlines the team are working really well together. Building cross site relationships, communicating and supporting each other amid all the uncertainties and disruption caused by COVID-19.

Board of Directors

Wednesday 3 February 2021

Report title:	Performane 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, Joint Medical Director, D Freedman, Joint 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"> Focus on falls initiative on the Bedford site due to an increase in reporting Incident reporting trends have returned to more usual levels 11 Serious incidents have been reported and are currently being investigated. Improvement activity is also noted. Lower than average mortality rates have been noted in the last three months There has been an increase in complaints received and the contacts with Patient Advice and Liaison Service have also increased. The 62 day cancer wait continues to be missed due to the number of patients whose pathways were extended during the initial COVID-19 peak. The Trust's performance against the 18 week standard has improved again in September 2020 with both sites showing month on month improvement. There has been a significant increase in the number of patients waiting over 52 weeks Diagnostic performance has improved between August and September 2020 <p>Finance Summary</p> <p>The Trust has delivered the required breakeven position, with the assistance of £28.3m of top-up and true up payments.</p>
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	<p>In part these payments represent a shortfall in block payments, which do not include FRF & MRET monies. This represents £10.2m of the shortfall. The remaining “true-up” is due to Covid costs, which were marginally above £18.1m true-up, which only takes the Trust to a breakeven position.</p> <p>Capital spend has been modest to date.</p> <p>Workforce Summary</p> <p>Following a peak in sickness absence in April and May this has returned to levels consistent with this time of year however training and appraisal rates remain lower as teams have been focussing on responding to the challenges presented by the pandemic and recovery plans. Whilst the vacancy rates have been stable year to date they have started to increase from 9.19% in April 20 to 10.23% in September 2020. This was driven by a COVID related stop to overseas recruitment but resumed September.</p> <p>The overall turnover improved during lockdown by 1.51% but has returned similar rates as the same period last year; 14.8% in September 2019 and 14.4% in September 2020. The increase in the 12 month rolling average is driven by the additional clinical services staff group where fixed term COVID contracts for final year nurses (Aspirant Nurses) were ended in August.</p> <p>The overall Agency run rate is 33% lower in September 2020 when compared to September 2019 equivalent to 105.9 FTE fewer agency workers</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<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>
Jargon Buster	<p>Superstranded patients - Someone who has spent 21 days or more in hospital.</p> <p>Nervecentre - An Electronic Patients Record Solution that includes patient observation and clinical care.</p>

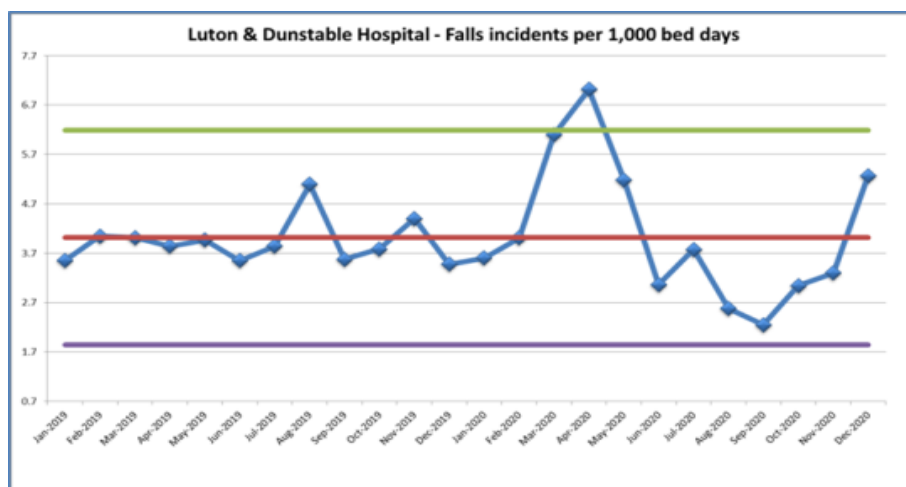
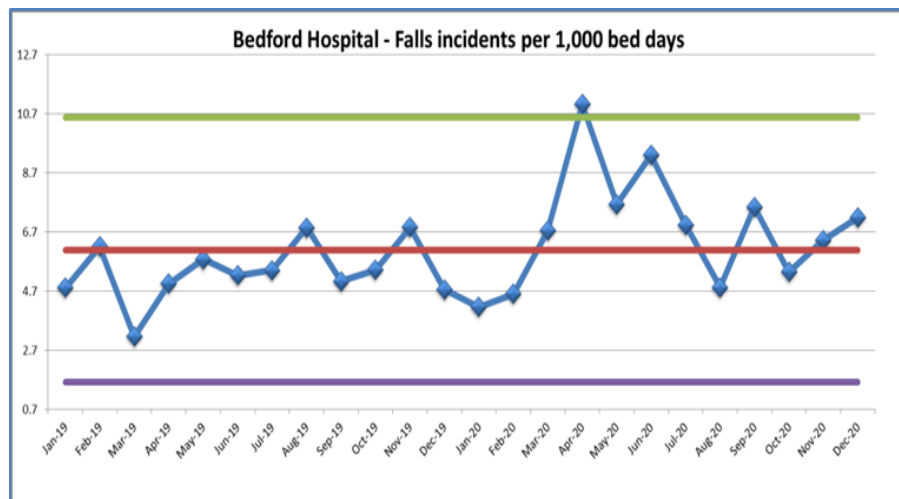


Quality and Performance

February 2021

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

Harm Free Care – Falls



Falls Synopsis

In December Bedford site reported a total of 84 inpatient falls, an increase of 13. The total falls per 1000 bed days is above the national average of 6.63 at 7.18 for Bedford. However, despite the increase in number at Luton, the total per 1000 bed days remains below the national average.

Injurious Falls	Bedford	Luton
No harm	72	74
Low harm	9	18
Mod/Severe harm	2	0

Analysis

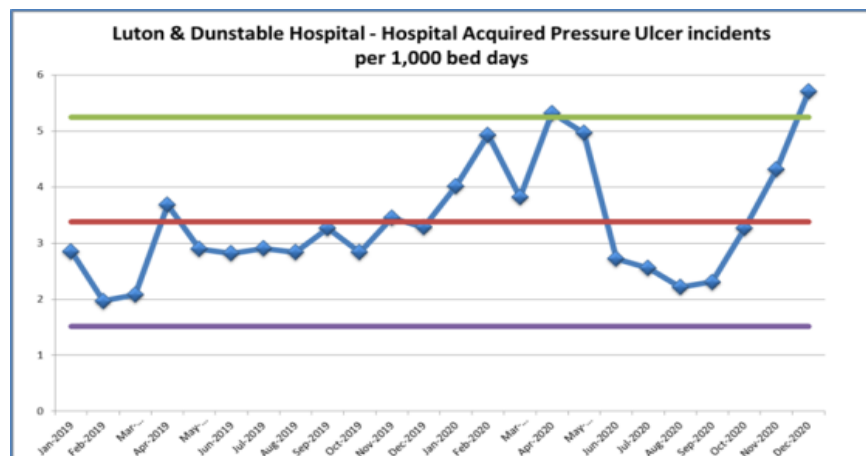
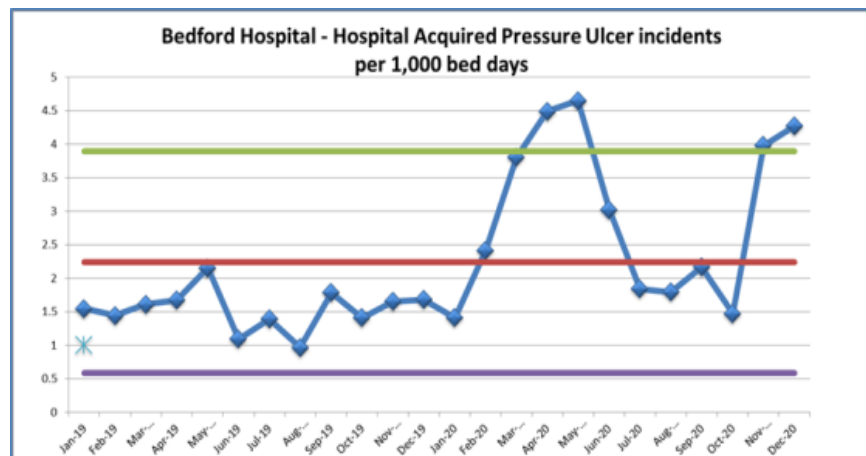
There were 2 patients that fell multiple times. Both patients had already become medically fit for discharge prior to their last fall.

The increased numbers of patients admitted with COVID 19 symptoms, has led to an increased level of patient acuity during December. Although this did not necessarily relate to the patients who fell, the level of acuity impacted on ward caseloads.

Reduced staffing levels has led to staff redeployment, changes in skill mix that will have contributed to challenges in responding to, and delivering patient care.

Despite the challenges there were excellent examples of post fall management, with prompt patient assessments, timely investigations and appropriate action planning.

Harm Free Care – Pressure Ulcers



Along with Falls there has been an increase in the number of pressure damage.

On both sites the challenges of nursing critical care patients with Covid infections continues and nursing patients in the prone position has led to an increase in incidents of device related injuries. The increase reflects similarities to pressure damage incidence observed during the first wave of the pandemic. Bed occupancy and patient acuity on all the wards has also increased during the second wave, therefore patients are potentially more vulnerable to pressure ulcer formation. This is due to oxygen depletion with the nature of the respiratory symptoms of COVID 19.

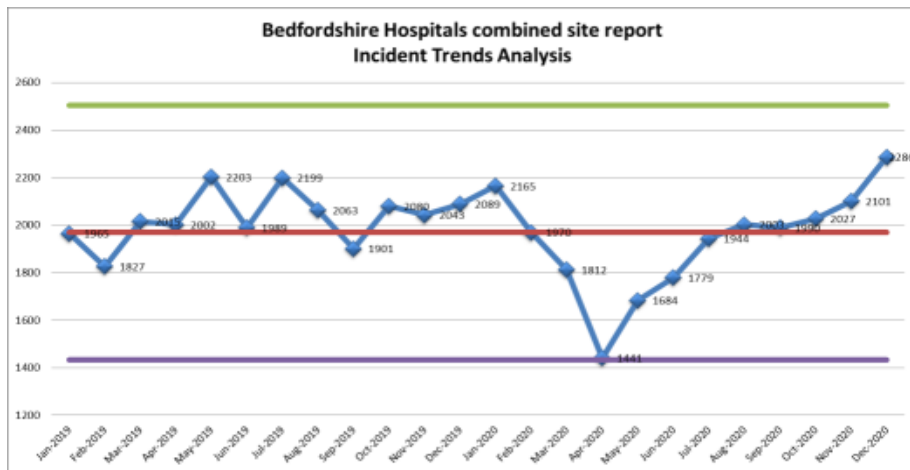
Following on from the Thematic Analysis carried out in September 2020, an Action Plan has been approved based on emergent themes. Despite the use of different processes and paperwork the two hospital sites demonstrated very similar themes. The Plan will be actioned throughout January and February 2021.

Actions and Next steps

- Continue to monitor pressure ulcer prevalence as Covid situation changes, through audits and analysis of new pressure ulcer reports.
- Thematic review of previous increase during first wave of Covid to be actioned and improvements completed. The final report pending and awaiting sharing from L&D.
- Continued work with critical care regarding pressure ulcer prevention in the critically ill patient.
- Tissue Viability Service to support high risk ward areas and provide teaching where possible.

Incident Reporting

Number of Incidents reported over a two year period up to December 2020 (combined Trust figure)



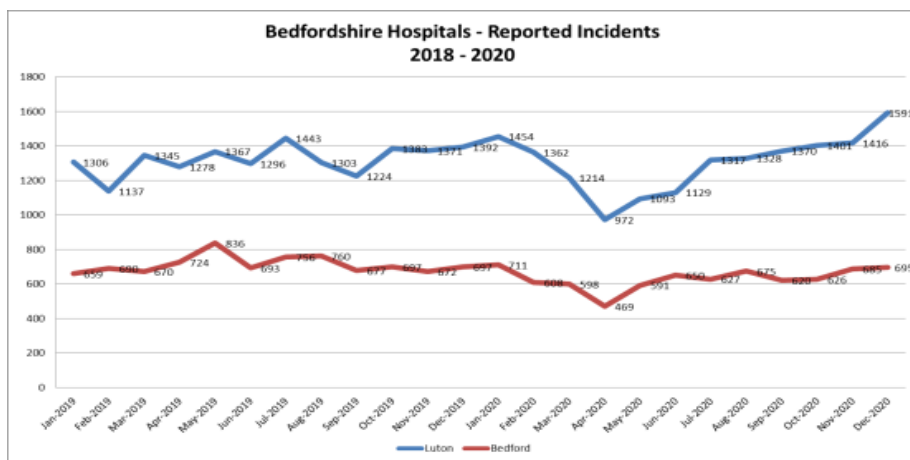
High incident reporting is indicative of a good safety culture and this chart provides the trend of reported incidents across both the Bedford and Luton & Dunstable hospital sites.

A significant drop in reporting for both sites in March and April 2020 was due to the COVID-19 outbreak and first lockdown.

Despite recent winter pressures and increases in Covid related activity incident reporting has continued to increase. Reporting numbers have not appeared to be affected by the second lockdown and December 2020 has seen further improvement in reporting levels.

This has been supported through awareness and training campaigns by the clinical risk team.

Number of Incidents reported by site over a two year period up to December 2020 (split by site)



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

Overall reporting trends have recovered and remain similar for both sites.

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 **19** events have been declared as serious incidents across the both Trust sites during October – December 2020.

***There are revised processes for incident reporting of nosocomial Covid infection which have been piloted at Bedford hospital site in the first instance; hence both the rise and the difference in numbers during this reporting period.*

15 Serious Incidents were declared for the Bedford hospital site

- Delay in treatment following extravasation which caused significant skin damage
Extravasation refers to the leakage of fluids from a vein into the surrounding tissues. This can occur when a medicine or fluid is being sent directly into a vein through a cannula or a central line.
- Pressure ulcer
- Missed / delayed cancer diagnosis
- Patient fall
- Extraction of incorrect tooth (Never Event)
- Readmission to hospital post surgery with requirement for admission to Critical Care
- Failure to recognise potential for patient deterioration
- Failure to recognise a deteriorating patient.
- Incorrect medication administered
- ** There were **6** incidents of potentially avoidable nosocomial Covid infection. (A **Hospital-acquired infection** also known as a nosocomial infection is an infection that is acquired in a **hospital** or other health care facility).

4 incidents were declared for the Luton and Dunstable Hospital site

- Loss of products of conception
- Failure to recognise a deteriorating patient
- Failure to recognise sepsis

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:

Safeguarding Children

- Further awareness training sessions for A&E staff to reinforce the need to:
 - Maintain professional curiosity and consider safeguarding for a child presenting with unexplained marks particularly in a non-mobile child.
 - The need to feel confident and raise safeguarding concerns at any time.
 - The requirements for referrals to be followed up and fully documented.

Surgical Patient pathways

- Improvements made to the appointment time allocation to allow sufficient pre-operative planning
- Update to pre-assessment documentation to include a trigger which ensures an appropriate treatment plan is in place for complex patients
- Enhance use of the “surgical pause” to allow the surgeons time to assess and support with decision-making.

Improvement activity related to previously investigated Serious Incidents (continued)

In Patient Care – epidural catheters

- Implementation of new high visibility yellow labelling to indicate “EPIDURAL USE ONLY, DO NOT DISCONNECT” when applying the epidural filter to a patient’s skin to reduce risk of disconnection.
- Policy change so that staff who have not completed epidural training will no longer be allocated to care for a patient with an epidural.
- Requirement for all relevant staff to undertake one yearly competency assessment for the care of patients with epidural infusions.

Working with other organisations

- For patients undergoing cancer treatment spanning care between the Trust and a tertiary centre a revised tracking process has been implemented both internally and with the other organisation to improve oversight and tracking of follow up.

Mortality at L & D

Safe

Effective

Caring

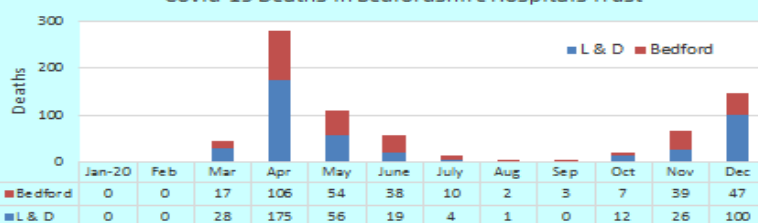
Responsive

COVID-19 and other mortality within Luton and Dunstable Hospital

The measurement of COVID-19 deaths covers any patient dying who has tested positive for COVID-19 at the time of death irrespective of what other conditions the patient may have. That is different from explicitly claiming that every one of those deaths was caused by the Coronavirus. The source of these data are the NHS COVID-19 Daily Deaths' files.

The increase in hospital deaths from the pandemic accelerated sharply at the L&D during December. There were 100 COVID-19-related deaths at the hospital in December 2020, the second highest monthly total after April. There have now been 421 COVID deaths at the L & D from March to the end of December.

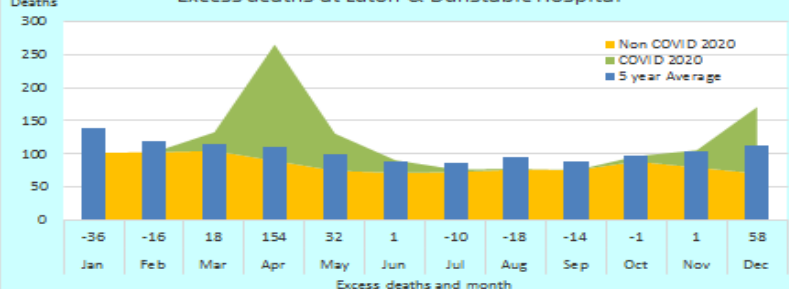
Covid-19 Deaths in Bedfordshire Hospitals Trust



There were 171 deaths from all causes during December at the hospital, 58 more than the number expected from the 5-year average for December, as demonstrated in the graph below. This suggests a proportion of the patients dying who had a COVID-19 diagnosis, would have died in any case.

For 2020 as a whole there were 1430 hospital deaths, an increase of 211 from 2019, suggesting that coronavirus has led to increased hospital mortality of 17%. It remains to be seen whether there will also be a legacy of higher mortality in non-COVID-related conditions in the months to come.

Excess deaths at Luton & Dunstable Hospital



Comparative Mortality Indicator	Value	12-months' ending
Standardised Mortality Ratio (SMR) All hospital deaths	88.85	Oct-2020
Hospital Standardised Mortality Ratio (HSMR) Diagnoses comprising about 80% of hospital deaths	94.63	Oct-2020
Summary Hospital-level Mortality Indicator (SHMI) Deaths within 30 days of hospital discharge	101.48	Jul-2020
Risk Adjusted Mortality Index (RAMI) Excl COVID-19 Takes account of length of stay for some chronic conditions when calculating risk	90.88	Oct-2020

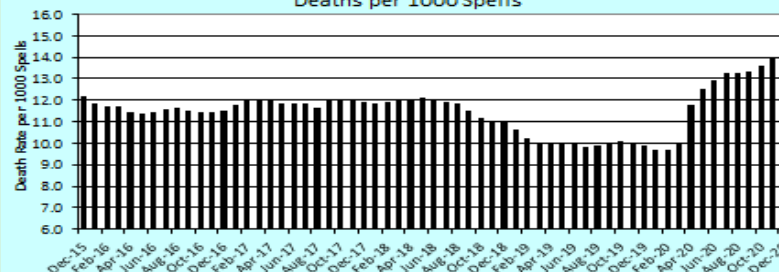
Values modified where necessary to give a constant national average of 100 for ease of comparison.

It is considered best practice to review a range of mortality indicators rather than relying on any one. Both SHMI and HSMR exclude COVID-19 cases whilst SMR, covering all deaths, includes them. All three indicators (and RAMI too) have been standardised to adjust for any differences in casemix or in the age or gender mix of the population. The data in the table above show these indicators for a full 12 months for the hospital thus adjusting for any seasonal factors. All remain close to or better than average.

December's 171 deaths were the second highest monthly total ever for the hospital (behind April 2020).

The crude mortality rate for the rolling 12 months ending in December 2020 was 15.1 (deaths per 1000 discharges and deaths combined). Immediately before the pandemic, in February 2020 this rate had been reduced to 9.7.

12-month Rolling Average:
Deaths per 1000 Spells



Mortality at Bedford

Safe

Effective

Caring

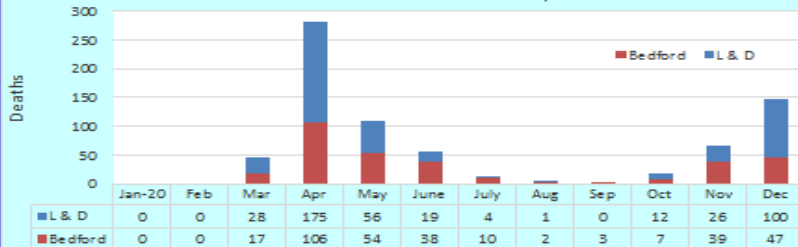
Responsive

Mortality within Bedford Hospital

The measurement of COVID-19 deaths covers any patient dying who has tested positive for COVID-19 at the time of death. That is different from explicitly claiming that every one of those deaths was caused by the coronavirus, although for the vast majority that will have been the case. The source of these data are the NHS COVID-19 Daily Deaths' files.

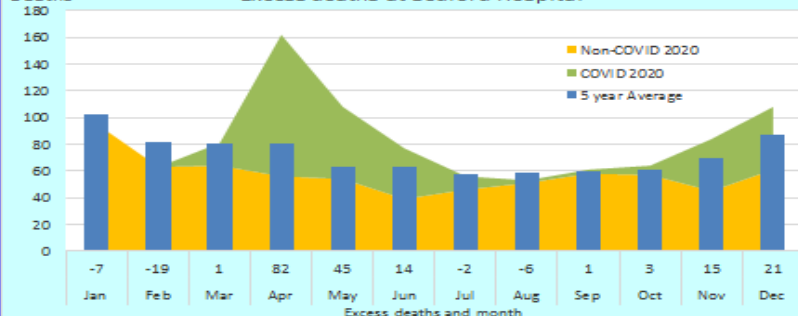
The most recent increase in the pandemic resulted in a further 47 COVID-19 deaths at Bedford Hospital in December 2020 out of a total of 108 for the month. This was not as sharp an increase as seen at the L&D although the latest surge started earlier at Bedford. This brings total COVID-19 deaths at the hospital to 323 from March to December.

Covid-19 Deaths in Bedfordshire Hospitals Trust



Deaths in December were 21 higher than the 5 year average for that month. For 2020 as a whole there have been 1016 hospital deaths at Bedford Hospital from all causes, an increase of 116 (13%) over 2019. This increase in deaths is the simplest way of assessing the immediate impact of the pandemic on hospital mortality.

Excess deaths at Bedford Hospital



Comparative Mortality Indicator	Value	12-months' ending
Standardised Mortality Ratio (SMR) <small>All hospital deaths</small>	131.39	Aug-2020
Hospital Standardised Mortality Ratio (HSMR) <small>Most common diagnoses comprising about 80% of hospital deaths</small>	117.56	Aug-2020
Summary Hospital-level Mortality Indicator (SHMI) <small>Includes deaths within 30 days of hospital discharge</small>	110.15	Jul-2020
Risk Adjusted Mortality Index (RAMI) excl. COVID-19 <small>Takes account of length of stay for some chronic conditions when calculating risk</small>	101.46	Oct-2020

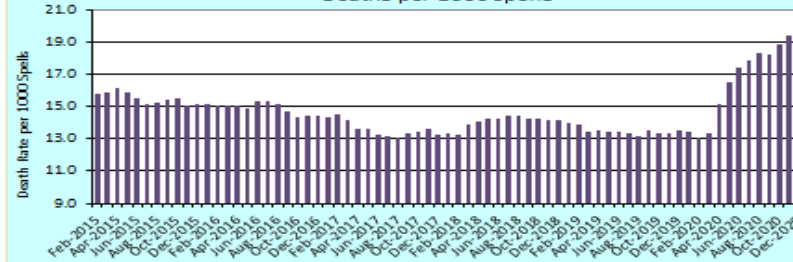
Values modified where necessary to give a constant national average of 100 for ease of comparison.

It is considered best practice to review a range of mortality indicators rather than relying on any one. Both SHMI and HSMR exclude COVID-19 cases whilst SMR, covering all deaths, includes them. All three indicators (and RAMI too) have been standardised to adjust for any differences in casemix or in the age or gender mix of the population. Continuing problems with submitting data have resulted in there being no updates yet to the August SMR or HSMR data.

RAMI remains very close to the national average. The latest SHMI data for July 2020 is 110.15, remaining within the "as expected" band. For the Trust as a whole the SHMI for July is 104.5

The crude mortality rate for the rolling 12 months ending in December 2020 was 20.2 deaths per 1000 discharges and deaths combined. In February 2020 just before the pandemic it had been 13.1.

12-month Rolling Average:
Deaths per 1000 Spells



Luton PALS, Complaints and Compliments

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Complaints: Number received	21	18	43	50	29	36	51	53	46
Complaints: Number received per 1000 bed days	1.6	1.3	2.9	3.2	1.5	2.1	2.8	4.8	2.6
Complaints: Number of response breaches (over 35 days)	11	6	6	21	25	21	17	33	20
Compliments: Number received	38	60	52	55	108	47	79	94	101
PALs contacts (concerns)	122	146	198	107	155	158	302	358	371

Bedford PALS, Complaints and Compliments

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep 20	Oct 20	Nov 20	Dec-20
Complaints: Number received	3	7	9	22	20	25	26	24	18
Complaints: Number received per 1000 bed days	0.41	0.84	1.01	2.38	1.89	2.36	2.37	2.16	1.56
Complaints: Number of response breaches (over 35 days)	0		0	0	2	11	9	11	10
Compliments: Number received	22	49	39	37	55	66	36		20
PALs contacts (concerns)	57	59	95	113	124	146	149	152	169

Covid Impact on Patient Experience

- The pandemic has lately had a significant impact on the experience of patients and their families.
- There has been an increase in concerns raised about the ability of families to contact wards to get information.
- Despite the challenges there has been some very positive feedback about care for patients at end of life and some experiences in maternity.
- The PALs services have been working both on site and remotely in recent months to maintain continuity of service.
- The Trust has been actively working with the Carers In Bedfordshire to support them to receive referrals for carers of our patients, despite them suspending their direct presence on sites.

Visiting Restrictions Continue in Response to Covid

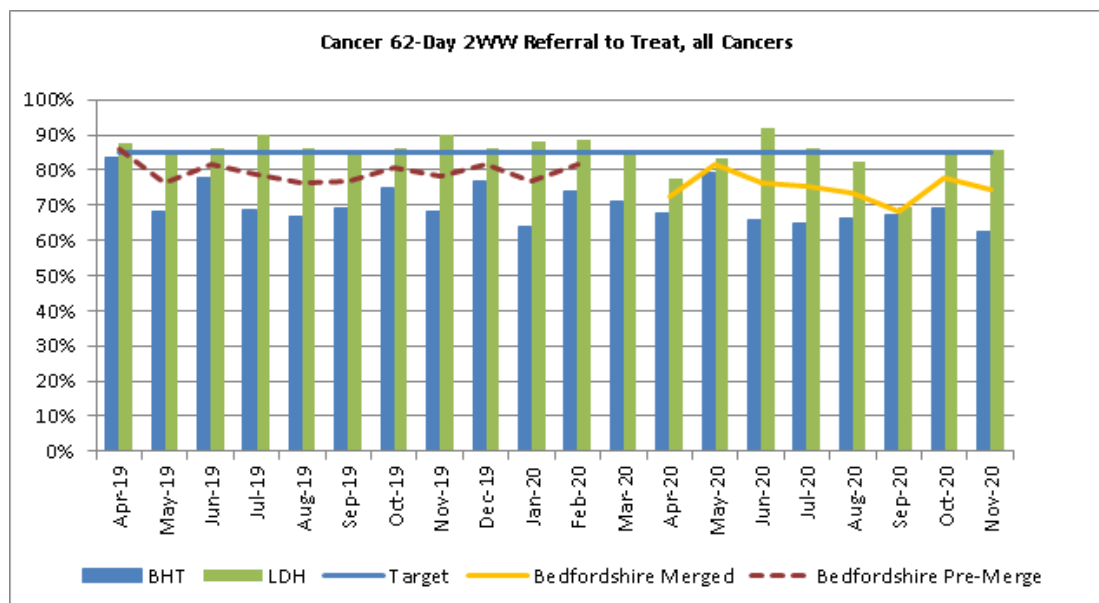
Visiting restrictions remain in place, in recent weeks the patient experience team has reminded ward areas of the visiting process for end of life patients.

There has been some incidents in December of groups of visitors wishing to access the hospital sites to see patients. In response to this the Trust has written to two community forums for faith and asked them to communicate the restrictions in place and ask for their cooperation. Communication with the local councils in the Covid 19: faith and community leaders meeting has been had relating to visiting access.

In late January the Next of Kin (NoK) Helpline has been reinstated to help support wards and NoK to receive regular updates. This is on both sites: each site has different information infrastructure so the operational process has some variation by site.



Cancer – 62 Day 2ww Referral to Treat



Last 3 months performance:		Sep-20	Oct-20	Nov-20
Bedford	Patients treated	76	58	74.5
	62 day breaches	25	18	28
Luton & Dunstable	Patients treated	65	78.5	80.5
	62 day breaches	20	12	11.5
Bedfordshire Hospitals	Patients treated	141	136.5	155
	62 day breaches	45	30	39.5
Overall performance		68.09%	78.02%	74.52%

November 2020 breaches by tumour site:

BH: 4 Breast, 6 Colorectal, 2 Gynaecology, 1 Haematology, 1 Head and Neck, 1 Skin, 2 Upper GI, 10 Urology
LDH: 1 Haematology, 3.5 Head and Neck, 3 Lower GI, 1 Lung, 2 Skin, 1 Urology

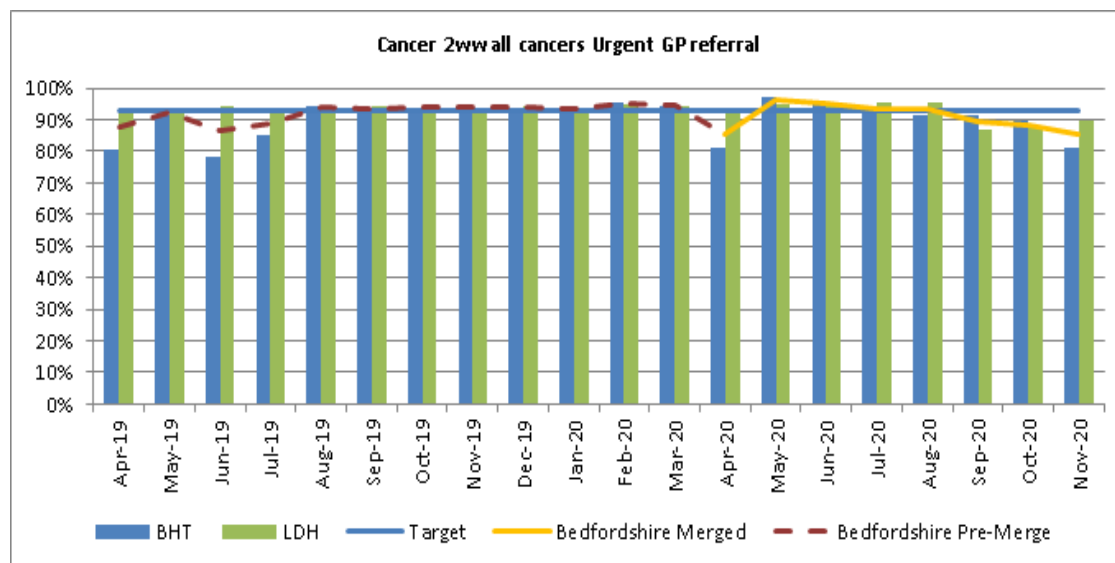
62-Day 2ww Referral to Treat, all cancers (Target 85%)

The number of new treatments of patients with cancer increased in November 2020 to 155, with the number of patients that breached the 62 day standard also increasing from 30 to 39.5. Overall, 74.52% patients across the two hospitals started treatment within 62 days which is slightly lower than in October 2020, but remains an improved picture from performance in Q1 & Q2.

8 Bedford Hospital patients and 5 Luton patients were treated beyond 104 days in November 2020; no clinical harm has been identified through the harm review process for any of these patients.



Cancer – 2ww Urgent GP Referral



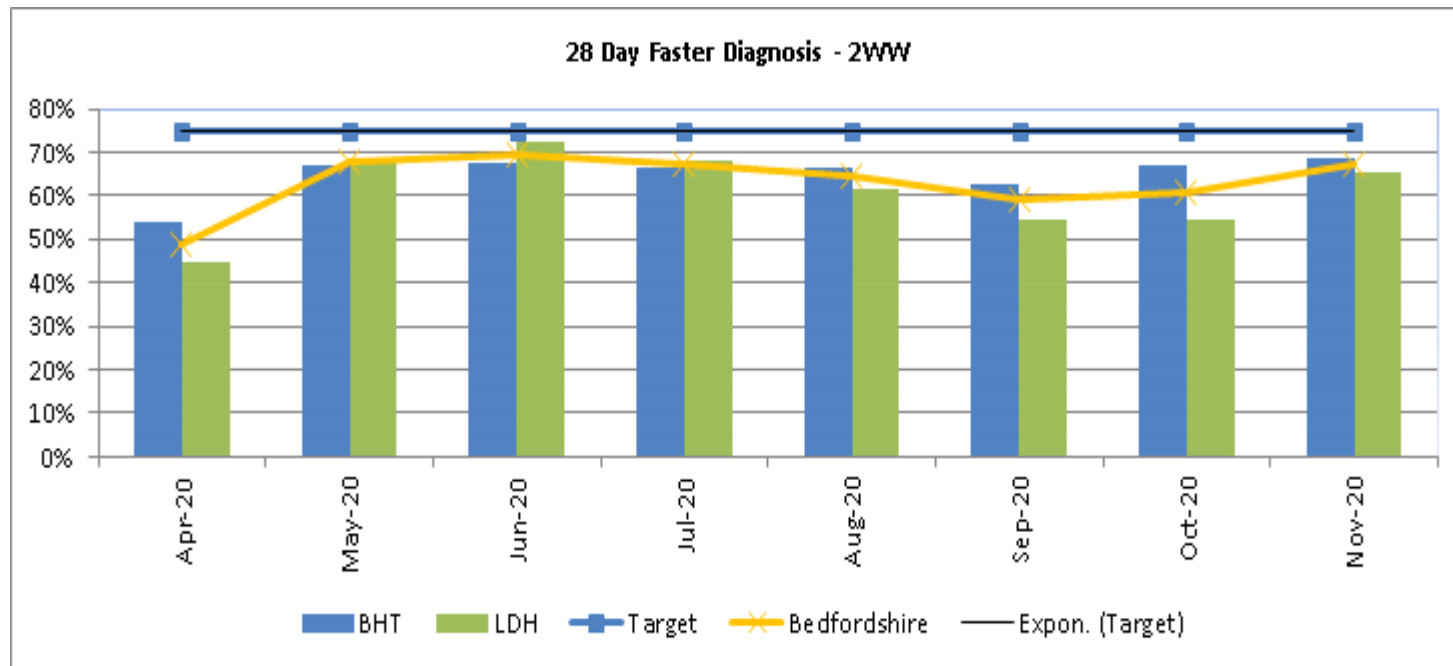
Last 3 months performance:		Sep-20	Oct-20	Nov-20
Bedford	Patients treated	994	931	1038
	2WW breaches	84	97	195
Luton & Dunstable	Patients treated	971	978	1055
	2WW breaches	129	123	107
Bedfordshire Hospitals	Patients treated	1965	1909	2093
	2WW breaches	213	220	302
Overall performance		89.2%	88.5%	85.6%

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

The overall Trust performance against the 2WW cancer standard was 85.6%, compared to 88.5% in the previous month, which did not meet the national standard performance threshold of 93%. There have been significant problems with Breast 2WW referrals and clinic capacity due to staff absence, which is a significant contributory factor to the deterioration in performance, and is expected to improve from December 2020 onwards.



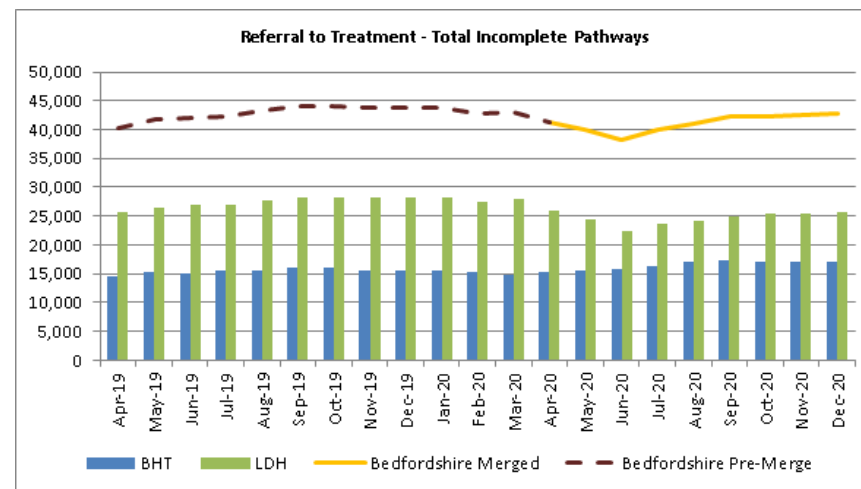
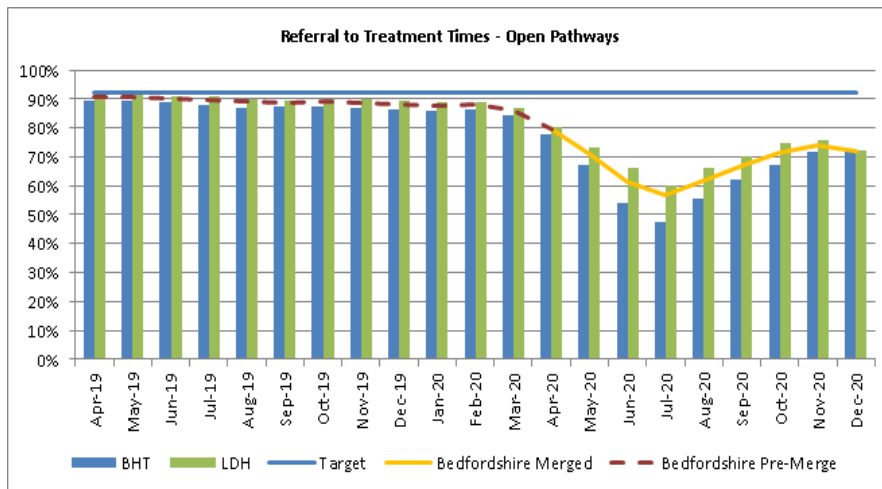
Cancer – 28 day faster diagnosis



28 day faster diagnosis standard (no target, but aim 75%)

28 day faster diagnosis performance was 68.7% at the Bedford site and 65.4% in Luton giving an overall Trust performance of 67.1%.

18 Weeks



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

The Trust's performance against the 18 week standard has deteriorated in December 2020 with both sites showing month on month decline in improvement. The month end performance was 72.5% for L&D and 71.5% for BH which equates to 72.1% for the Trust as whole.

The total number of open pathways increased to 42,807

18 Weeks

52 Week Plus (Target zero)

The number of patients waiting over 52 weeks continues to grow, rising from 1155 at the end of November 2020 to 1,472 at the end of December. 792 of these patients are waiting for treatment at the Bedford site and 680 waiting at L&D. ENT and Ophthalmology at L&D are specialties seeing significant increases in the number of new 52 week breaches due to the limited capacity for face to face new consultations during the Covid pandemic.

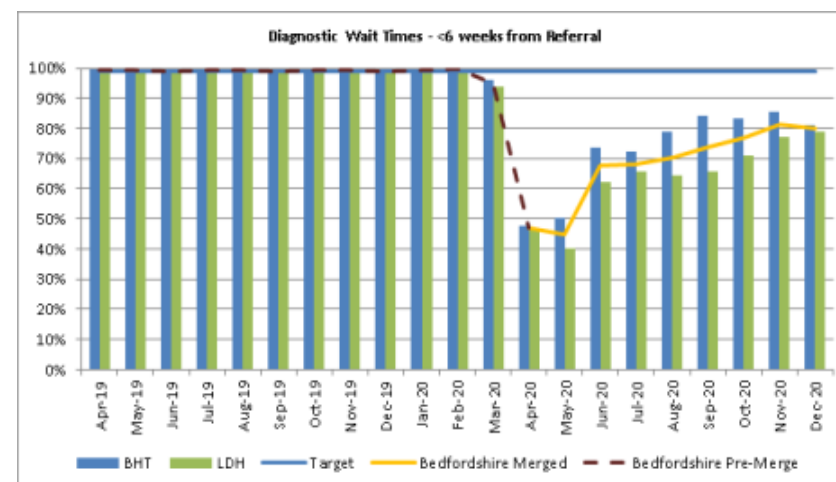
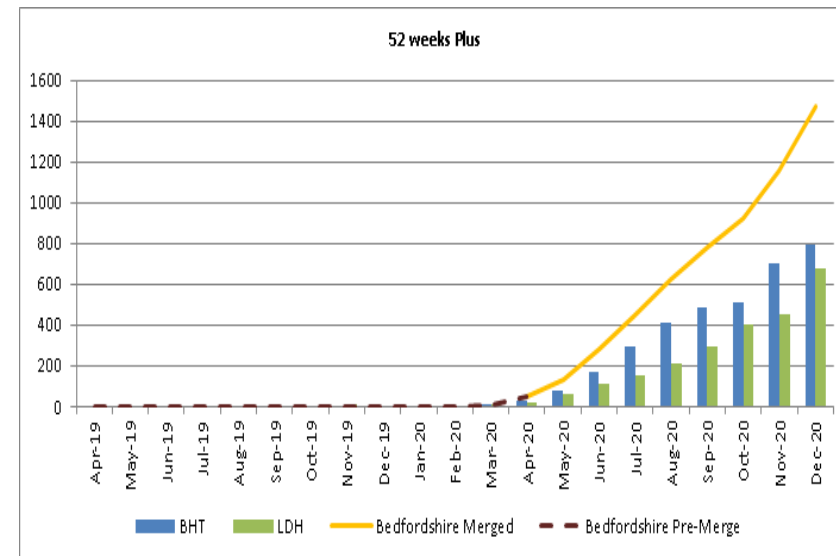
The number of patients waiting 78 weeks plus is reported weekly and is in the following table:

	Reporting date:											
	20/10/2020	27/10/2020	03/11/2020	10/11/2020	17/11/2020	24/11/2020	01/12/2020	08/12/2020	15/12/2020	22/12/2020	29/12/2020	05/01/2021
78+ wk waits	9	12	18	19	23	25	30	41	52	63	68	78
	101	112										

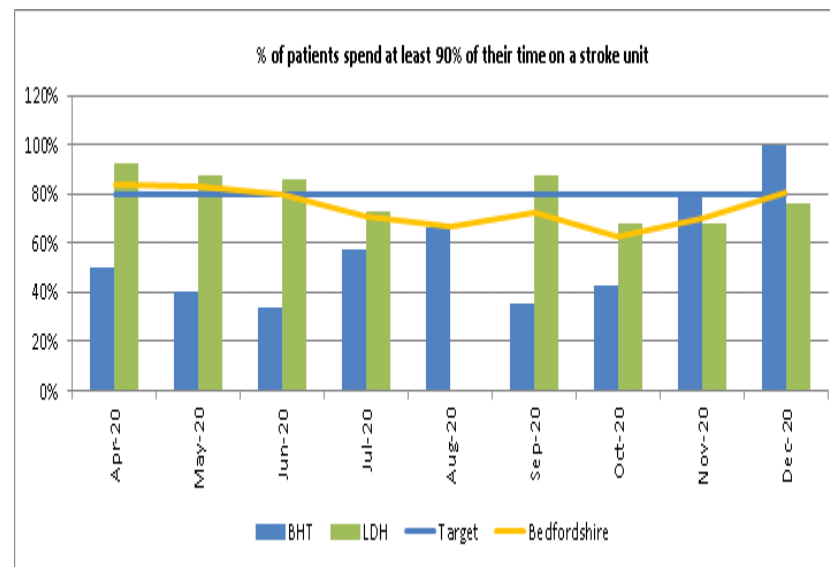
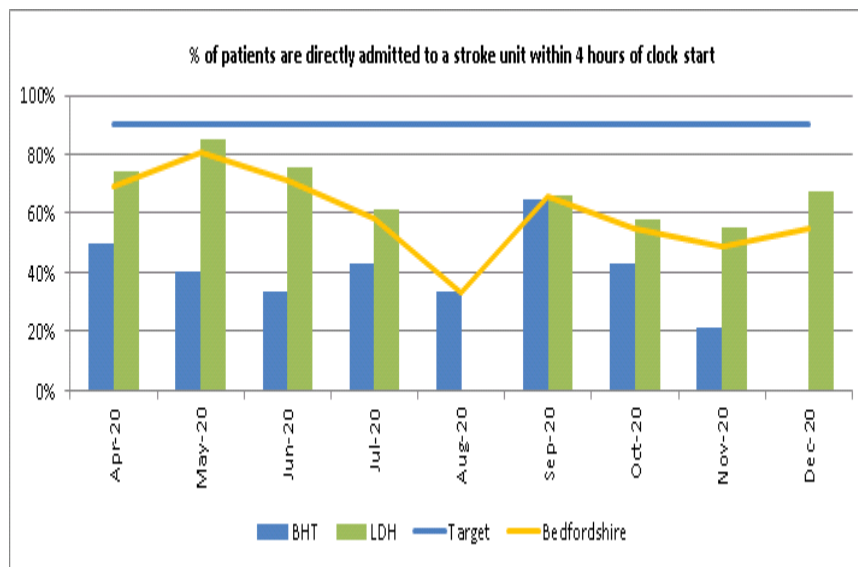
Diagnostics

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

Diagnostic performance has deteriorated slightly between November and December for the Trust overall. Both sites % compliance has dropped with 78.8% for the L&D and 80.9% for Bedford, giving an overall Trust % of 79.9. The more marked deterioration in the Bedford site performance is a result of the broken MRI scanner, with the new scanner now on site and being commissioned.



Stroke



Please note the Stroke data for the L&D site has been validated internally, however has not been uploaded to SSNAP and put through any additional validation process.

Patients directly admitted to a stroke unit within 4 hours

The L&D site has improved its compliance in December with a 11.8% increase on the month of November. The Bedford site failed to admit any patients directly to the stroke unit within 4 hours.

Patients spend at least 90% of their time on a stroke unit

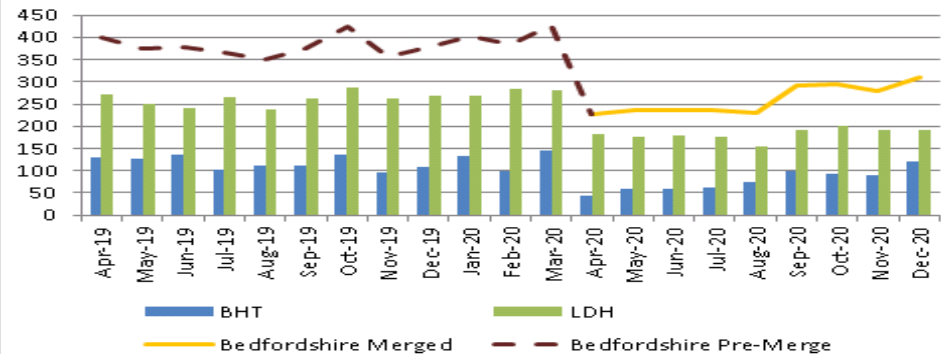
Both sites show an improvement in compliance with the standard for 90% of a patient's admission to be on a stroke unit. The L&D site achieved 76.1% and 100% for the Bedford site. This meant the Trust achieved the 80% target with a compliance of 80.5%.

Stranded patients and Length of Stay (LOS)

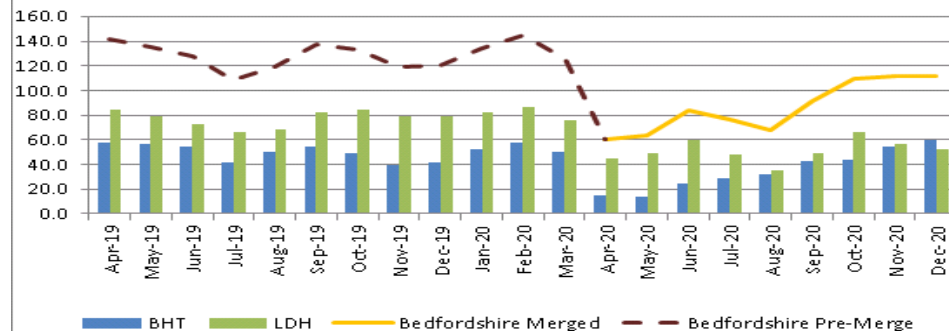
Increased Length of stay contributed significantly to bed pressures during December 2020, due in large part to the challenges in discharging patients who have been Covid-19 positive, or exposed to other patients who have been. This is a greater challenge on the Bedford hospital site because of the larger proportion of patients falling into the 'complex' discharge category. Medical staffing challenges have also contributed to increased LOS in December 2020, with challenges in providing continuity of care due to staff absence.

Ongoing work with commissioners and the local authorities through daily escalation calls, and a Long LOS project supported by ECIST at the Bedford site are expected to result in a reduction in length of stay in January 2021. The average number of super stranded patients is also expected to reduce as result of this work.

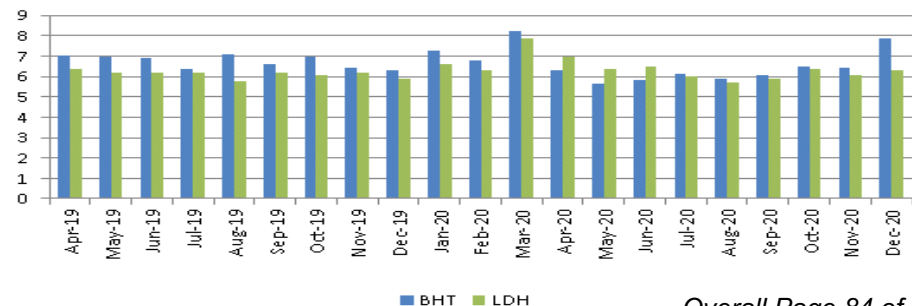
Super stranded patients - Length of stay = 21 days or more



Average super stranded patients - Length of stay = 21 days or more



Non-elective Average Length of stay (days) Exc 0 LOS for Bedford and L&D

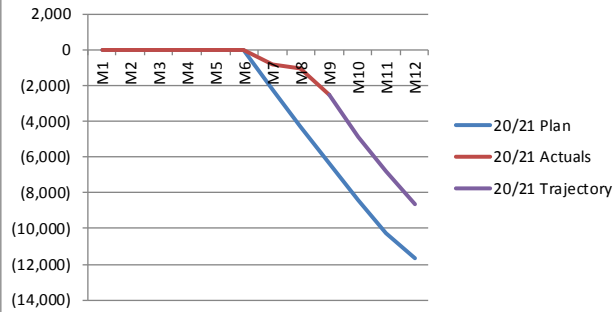


Board of Directors
3rd February

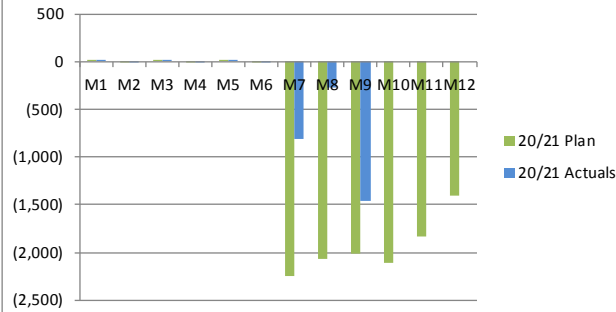
Report title:	Finance Paper	Agenda Item: 7.2				
Executive Director(s) and Title(s)	Matthew Gibbons, Director of Finance					
Report Author(s) and Title(s):	Jonathan Balbach, Directorate Accountant					
Purpose: <i>(select one box only)</i>	Receive <input checked="checked" type="checkbox"/>	Approval <input type="checkbox"/>	Assuranc <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 deficit of £2.5m in Month 9, this is against a planned deficit of £6.6m, on overperformance of £4.1m against plan. The in month performance includes an additional provision of £3.1m for untaken annual leave (reflecting the December position), this improve the underlying performance to a small surplus.</p> <p>The figures above include the impact of the Elective Incentive Scheme underperformance (at the request of NHSEI – a change from last month).</p> <p>Capital spend is £27.6m against a revised plan of £60.6m.</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	

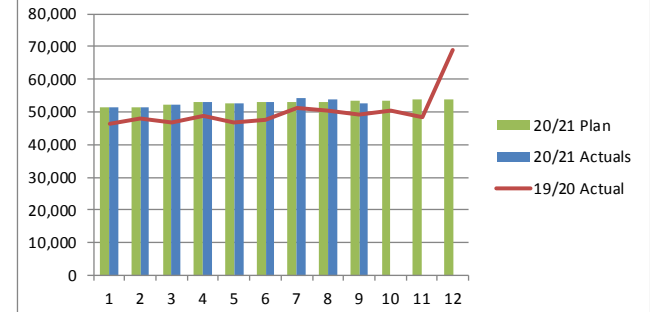
Cumulative Surplus / Deficit



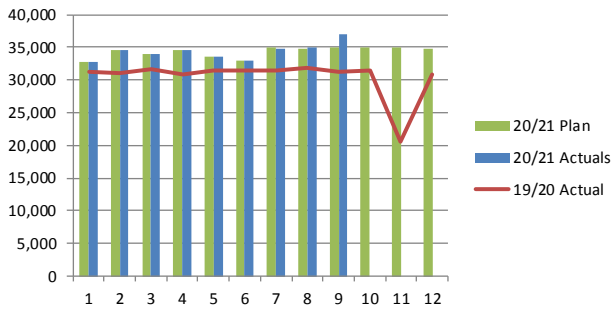
In Month Surplus / Deficit



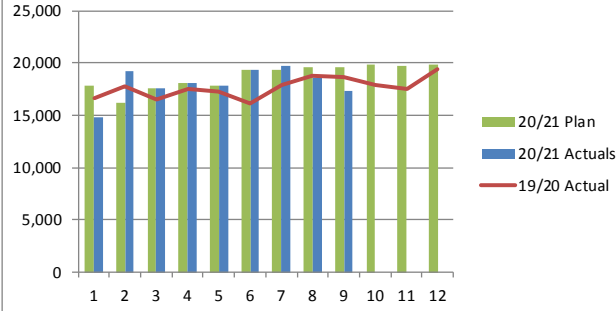
Income



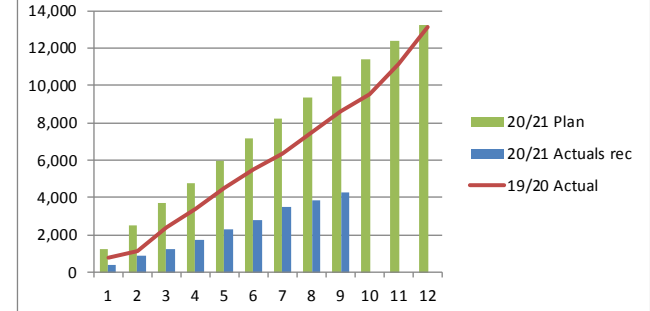
Pay



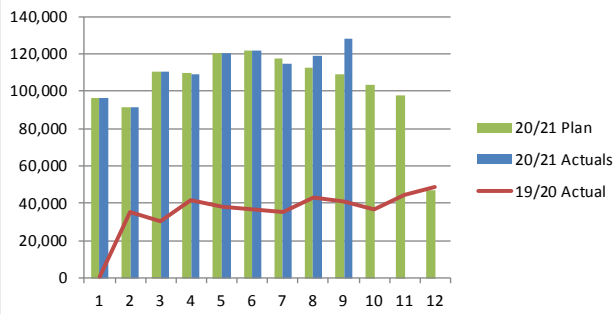
Non Pay



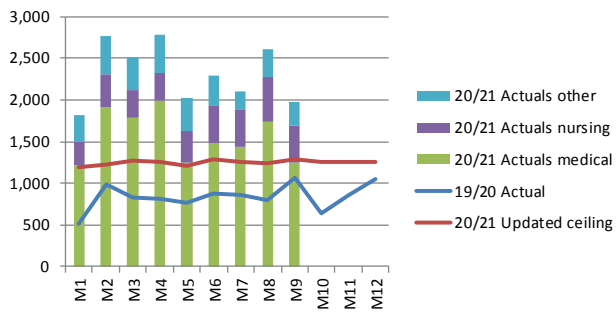
CIPs - Cumulative



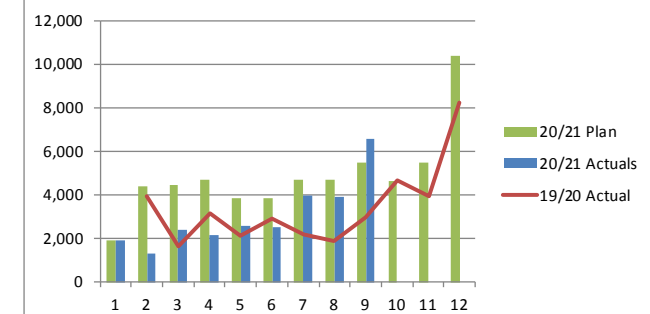
Cash



Agency Spend



Capital Spend



Statement of Comprehensive Income

Statement of comprehensive income	Trust	Trust	Trust
	Plan	Actual	Variance
	31/12/2020	31/12/2020	31/12/2020
	YTD	YTD	YTD
	£'000	£'000	£'000
Operating income from patient care activities	421,494	427,435	5,941
Other operating income	52,030	47,548	(4,482)
Employee expenses	(307,220)	(308,817)	(1,597)
Operating expenses excluding employee expenses	(165,826)	(162,061)	3,765
OPERATING SURPLUS / (DEFICIT)	478	4,105	3,628
FINANCE COSTS			
Finance income	13	13	0
Finance expense	(1,159)	(1,197)	(38)
PDC dividends payable/refundable	(5,971)	(5,463)	508
NET FINANCE COSTS	(7,117)	(6,647)	470
Other gains/(losses) including disposal of assets	(6)	(37)	(31)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(6,645)	(2,579)	4,067
Retain impact of DEL I&E (impairments)/reversals	0	0	0
Remove capital donations/grants I&E impact	316	33	(283)
Adjusted financial performance	(6,329)	(2,545)	3,784
Control total including PSF, FRF and MRET funding	0	0	0
Performance against control total	(6,329)	(2,545)	3,784

Run Rate		
Actual	Actual	Actual
Q1	Q2	Q3
£'000	£'000	£'000
135,774	133,790	157,289
19,378	25,204	6,966
(101,249)	(101,016)	(106,552)
(51,735)	(55,416)	(54,909)
2,168	2,561	(624)
0	0	0
12	1	0
(443)	(337)	(417)
(1,804)	(2,315)	(1,343)
(2,235)	(2,651)	(1,761)
0	(6)	(31)
(67)	(96)	(9,272)
0	0	0
0	0	0
68	96	(578)
0	(0)	(2,994)
0	0	0
0	(0)	(2,994)

Operating Income from Patient Care Activities

Income from patient care activities (by source)	Trust	Trust	Trust	Run Rate		
	Plan	Actual	Variance	Actual	Actual	Actual
	31/12/2020	31/12/2020	31/12/2020	Q1	Q2	Q3
	YTD	YTD	YTD			
	£'000	£'000	£'000	£'000	£'000	£'000
NHS England	49,629	49,789	160	14,481	18,543	16,765
Clinical commissioning groups	364,632	366,220	1,588	119,534	112,353	134,333
NHSE & CCG TOTAL	414,261	416,009	1,748	134,015	130,896	155,098
NHS foundation trusts	811	1,527	716	128	428	971
NHS trusts	547	462	(85)	185	177	101
Local authorities	1,635	1,661	26	527	562	572
Department of Health and Social Care	0	0	0	0	0	0
NHS other (including Public Health England)	105	0	(105)	106	(106)	0
Non-NHS: private patients	2,128	2,544	416	211	1,179	1,154
Non-NHS: overseas patients	184	192	8	34	58	101
Injury cost recovery scheme	635	618	(17)	215	222	181
Non-NHS: other	1,187	422	(765)	353	375	(306)
Total income from patient care activities	421,494	423,435	1,941	135,774	133,790	153,871

Other Operating Income

Other operating income	Trust	Luton	Trust	Run Rate		
	Plan	Actual	Variance	Actual	Actual	Actual
	31/12/2020	31/12/2020	31/12/2020	Q1	Q2	Q3
	YTD	YTD	YTD	£'000	£'000	£'000
Research and development	605	603	(2)	196	211	196
Other operating income recognised in accordance with IFRS 15:						
Education and training	12,071	12,515	444	4,389	3,755	4,371
Non-patient care services to other WGA bodies	4,815	4,500	(315)	1,706	1,369	1,425
Non-patient care services to other Non WGA bodies	130	0	(130)	0	130	(130)
PSF, FRF, MRET funding and Top-Up	28,250	29,445	1,195	11,809	16,441	1,195
Income in respect of employee benefits	800	775	(25)	217	331	227
Other (recognised in accordance with IFRS 15)	4,734	3,076	(1,658)	756	2,713	(393)
Other operating income:						
E&T - notional income from apprenticeship fund and peppercorn leases (non-cash)	0	0	0	0	0	0
Cash donations / grants	28	415	387	13	15	387
Charitable and other contributions to expenditure	113	0	(113)	64	49	(113)
Support from DHSC for mergers	38	39	1	13	13	13
Rental revenue from finance leases	0	0	0	0	0	0
Rental revenue from operating leases	0	0	0	0	0	0
Other	171	180	9	63	54	63
	276	0	(276)	153	123	(276)
Total other operating income	52,030	51,548	(482)	19,378	25,204	6,966

★ COVID monies are now classified as Clinical Commisioning Income under Operating Income From Patient Care Activities instead of PSF, FRF, MRET funding and Top-Up.

Employee Expenses

Summary staff costs detail	Trust	Trust	Trust	Run Rate		
	Plan	Actual	Variance	Actual	Actual	Actual
	31/12/2020	31/12/2020	31/12/2020	Q1	Q2	Q3
	YTD	YTD	YTD			
	£'000	£'000	£'000	£'000	£'000	£'000
Total non medical - clinical substantive staff	137,395	147,311	9,916	44,389	44,016	58,906
Total non medical - non-clinical substantive staff	39,040	29,405	(9,635)	13,206	12,070	4,128
Total medical and dental substantive staff	83,800	82,409	(1,391)	27,499	27,430	27,480
Total capitalised substantive staff	2,689	2,761	72	806	942	1,014
Total pay bill substantive staff	262,924	261,886	(1,038)	85,900	84,458	91,528
Bank staff including any capitalised bank staff	26,597	27,605	1,009	8,902	9,761	8,943
Agency & contract staff including capitalised staff costs	19,195	20,896	1,700	7,106	7,097	6,692
Total pay bill all staff	308,716	310,388	1,672	101,908	101,316	107,164
Apprenticeship Levy	1,193	1,190	(3)	146	642	402
Capitalised Staff Costs	(2,689)	(2,761)	(72)	(806)	(942)	(1,014)
Total employee benefits excluding capitalised costs	307,220	308,817	1,597	101,249	101,016	106,552



★ Increase in Annual Leave Accrual (3608k), reclassification of Non-Clinical (infrastructure support) to Clinical (Support to Clinical)

Other Operating Expenses (Non-Pay)

Operating expenditure	Trust	Trust	Trust	Run Rate		
	Plan	Actual	Variance	Actual	Actual	Actual
	31/12/2020	31/12/2020	31/12/2020	Q1	Q2	Q3
	YTD	YTD	YTD			
	£'000	£'000	£'000	£'000	£'000	£'000
Purchase of healthcare from NHS and DHSC group bodies	9,383	10,000	(617)	2,717	3,741	3,542
Purchase of healthcare from non-NHS and non-DHSC	8,377	7,758	619	3,044	2,558	2,156
Non-executive directors	176	167	9	60	57	51
Supplies and services – clinical (excluding drugs costs)	35,632	35,966	(334)	9,950	12,362	13,654
Supplies and services - general	17,566	15,946	1,620	5,989	4,554	5,403
Drugs costs	34,479	33,924	555	10,749	11,376	11,799
Consultancy	1,562	1,770	(208)	276	719	775
Establishment	9,282	9,260	22	2,854	3,104	3,302
Premises - business rates payable to local authorities	1,578	1,573	5	524	523	526
Premises - other	10,585	7,939	2,646	3,603	3,533	804
Transport	1,503	1,262	241	513	486	263
Depreciation	11,487	11,466	21	3,561	4,034	3,871
Amortisation	0	0	0	230	(230)	0
Impairments net of (reversals)	0	0	0	0	0	0
Movement in credit loss allowance on financial assets	208	186	22	58	87	41
Audit fees and other auditor remuneration	98	119	(21)	33	33	54
Clinical negligence	16,892	16,892	(0)	5,632	5,629	5,631
Education and training - non-staff	780	404	376	229	227	(52)
Operating lease expenditure	2,185	1,983	202	575	657	751
Charges to operating expenditure for IFRIC 12 schemes	589	589	0	199	192	198
Other	3,461	4,857	(1,396)	940	1,774	2,143
Total operating expenditure	165,826	162,353	3,473	51,735	55,416	55,201

Covid Return – Increase in COVID spend, driven by lab costs

Combined Covid 19 Position by category- Month 9

Category	Trust Spend YTD
Income Loss	
Non NHS pt-related - Private patients, Overseas, RTA, Circle	-358
Catering and Car parking	-42
Total	-400

Expenditure	L&D Spend £000	BHT Spend £000	Total Spend £000
IT for working from home etc	516	110	626
Remote Management of Patients	474	123	597
Expanding medical/nursing workforce	2215	2167	4382
Sick pay at full pay	20	0	20
COVID-19 testing	3534	13	3547
Release bed capacity	69	24	93
Increase ITU capacity	1551	106	1657
Segregation of patient pathways	3	322	325
Additional shifts for existing workforce	1938	320	2258
Decontamination	259	0	259
National procurement	315	219	534
Backfil for higher sickness absence	1181	559	1740
Other	621	217	838
Total	11,896	4,180	16,076

Runrate								
M01 £000	M02 £000	M03 £000	M04 £000	M05 £000	M06 £000	M07 £000	M08 £000	M09 £000
120	160	31	187	-50	0	121	57	-0
344	102	62	56	29	20	5	-30	9
462	469	1,013	996	422	333	165	421	100
490	-483	4	0	0	0	5	4	-0
224	477	377	422	24	528	538	196	762
66	-19	0	0	0	1	0	45	0
458	352	369	73	278	61	59	6	0
167	-14	86	6	56	-1	17	5	3
128	398	289	221	180	197	258	251	336
13	-13	259	0	0	0	69	-69	0
304	45	47	113	-46	22	0	49	-0
86	752	361	176	36	147	28	61	93
7	143	138	157	170	286	22	10	-96
3,792	3,526	3,916	3,045	2,425	2,252	1,203	1,006	1,207

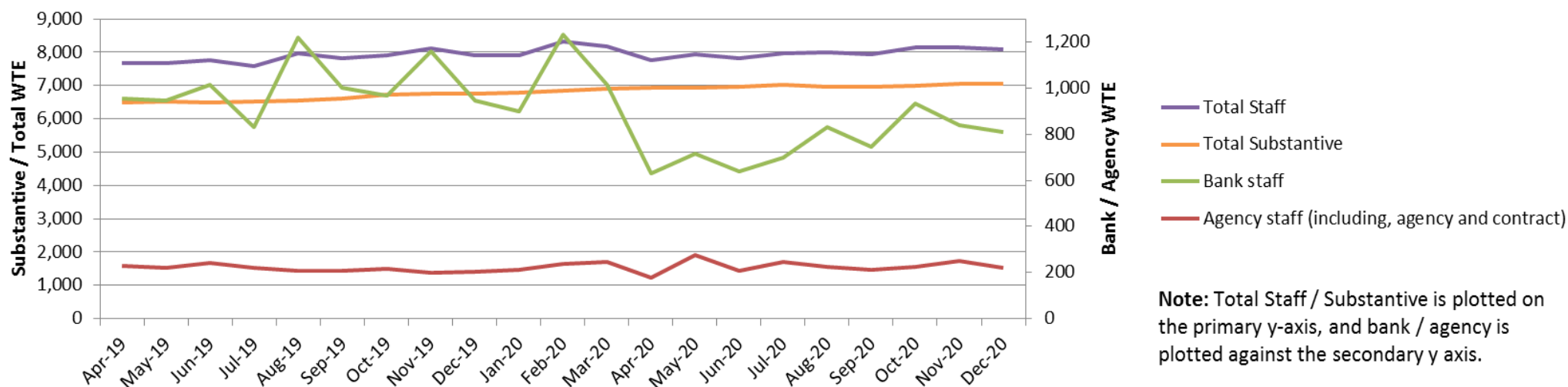
Statement of Financial Position

Statement of financial position		Trust
		Actual
		31/12/2020
		YTD
		£'000
Non-current assets		
Total non-current assets		254,223
Current assets		
Inventories		6,392
Receivables: due from NHS and DHSC group bodies		12,716
Receivables: due from non-NHS/DHSC group bodies		21,994
Cash and cash equivalents: GBS/NLF		127,656
Cash and cash equivalents: commercial / in hand / other		118
Total current assets		168,876
Current liabilities		
Trade and other payables: capital		(509)
Trade and other payables: non-capital		(113,801)
Borrowings		(2,274)
Provisions		(2,253)
Other liabilities: deferred income including contract liabilities		(2,264)
Total current liabilities		(121,101)
Total assets less current liabilities		301,997
Non-current liabilities		
Borrowings		(29,203)
Provisions		(1,397)
Other liabilities: deferred income including contract liabilities		0
Total non-current liabilities		(30,600)
Total net assets employed		271,397
Financed by		
Public dividend capital		190,433
Revaluation reserve		23,710
Income and expenditure reserve		68,854
Total taxpayers' and others' equity		282,997

Substantive, Bank and Agency Staff – Provider Workforce Return

	2019/20												2020/21								
	Actual 30/04/2019 Month 1 Apr-19 WTE	Actual 31/05/2019 Month 2 May-19 WTE	Actual 30/06/2019 Month 3 Jun-19 WTE	Actual 31/07/2019 Month 4 Jul-19 WTE	Actual 31/08/2019 Month 5 Aug-19 WTE	Actual 30/09/2019 Month 6 Sep-19 WTE	Actual 31/10/2019 Month 7 Oct-19 WTE	Actual 30/11/2019 Month 8 Nov-19 WTE	Actual 31/12/2019 Month 9 Dec-19 WTE	Actual 31/01/2020 Month 10 Jan-20 WTE	Actual 28/02/2020 Month 11 Feb-20 WTE	Actual 31/03/2020 Month 12 Mar-20 WTE	Actual 30/04/2020 Month 1 Apr-20 WTE	Actual 31/05/2020 Month 2 May-20 WTE	Actual 30/06/2020 Month 3 Jun-20 WTE	Actual 31/07/2020 Month 4 Jul-20 WTE	Actual 31/08/2020 Month 5 Aug-20 WTE	Actual 30/09/2020 Month 6 Sep-20 WTE	Actual 31/10/2020 Month 7 Oct-20 WTE	Actual 30/11/2020 Month 8 Nov-20 WTE	Actual 31/12/2020 Month 9 Dec-20 WTE
Registered nursing, midwifery and health visiting staff (substantive total)	2,088	2,075	2,073	2,073	2,076	2,063	2,136	2,165	2,183	2,209	2,226	2,260	2,280	2,288	2,276	2,267	2,253	2,254	2,275	2,279	2,275
Registered Scientific, therapeutic and technical staff (substantive total)	727	733	721	723	722	727	746	750	752	741	734	748	743	739	739	791	811	810	813	823	824
Registered ambulance service staff (substantive total)	5	5	5	4	3	4	4	3	3	3	3	3	3	3	3	3	3	3	4	4	4
Support to clinical staff (substantive total)	1,911	1,941	1,952	1,977	1,997	2,024	2,043	2,028	2,011	2,012	2,033	2,030	2,051	2,036	2,072	2,119	2,053	2,051	2,037	2,047	2,059
Total NHS infrastructure support (substantive total)	824	826	819	816	817	822	839	833	834	842	854	853	845	844	844	842	838	836	845	868	863
Medical and dental (substantive total)	916	919	925	924	935	954	961	960	971	981	990	997	1,019	1,031	1,028	1,002	995	1,016	1,018	1,024	1,027
Any other staff (substantive total)	8	8	6	8	8	8	8	8	8	8	8	8	3	3	3	3	3	3	3	3	3
Total Substantive	6,479	6,506	6,500	6,525	6,558	6,602	6,736	6,748	6,762	6,796	6,848	6,900	6,944	6,944	6,964	7,027	6,957	6,973	6,995	7,048	7,054

Bank staff	954	947	1,014	831	1,218	1,001	966	1,159	944	897	1,233	1,016	632	716	639	698	831	744	934	837	809
Agency staff (including, agency and contract)	226	222	243	221	207	208	215	199	202	212	239	247	176	274	205	246	223	212	223	250	219
Total Staff	7,659	7,675	7,758	7,578	7,983	7,811	7,917	8,106	7,908	7,905	8,320	8,163	7,752	7,934	7,809	7,971	8,010	7,929	8,151	8,135	8,081



Agency Spend

	£000s	
	Actual	Plan
Apr-19	2,016	1,827
May-19	2,332	1,799
Jun-19	2,279	1,749
Jul-19	2,122	1,737
Aug-19	1,938	1,660
Sep-19	2,015	1,656
Oct-19	2,024	1,556
Nov-19	1,982	1,521
Dec-19	1,322	1,531
Jan-20	2,043	1,422
Feb-20	2,149	1,344
Mar-20	3,222	1,344
Apr-20	1,821	1,827
May-20	2,772	1,827
Jun-20	2,513	1,827
Jul-20	2,789	1,827
Aug-20	2,022	1,827
Sep-20	2,286	1,827
Oct-20	2,102	1,644
Nov-20	2,610	1,659
Dec-20	1,981	1,689

	Actuals £000s				
	Medics	Nursing	Clinical Support	A&C	Total
Apr-19	1,237	543	165	71	2,016
May-19	1,300	813	175	44	2,332
Jun-19	1,376	715	200	-12	2,279
Jul-19	1,203	664	233	22	2,122
Aug-19	1,047	658	166	68	1,938
Sep-19	1,067	644	161	143	2,015
Oct-19	942	806	189	87	2,024
Nov-19	1,105	682	178	17	1,982
Dec-19	428	825	8	61	1,322
Jan-20	1,254	552	194	41	2,041
Feb-20	1,082	711	307	49	2,148
Mar-20	2,277	669	123	154	3,223
Apr-20	1,212	292	184	133	1,821
May-20	1,910	398	245	219	2,772
Jun-20	1,778	336	213	186	2,513
Jul-20	1,990	337	242	219	2,789
Aug-20	1,243	378	250	151	2,022
Sep-20	1,489	439	206	151	2,286
Oct-20	1,441	441	112	108	2,102
Nov-20	1,733	544	203	130	2,610
Dec-20	1,247	441	963	-670 ★	1,981

★ Reclassification as per NHSI Return Staff Detail (move from NHS infrastructure support to Support to Clinical)

CAPITAL PLAN



Report for Month 9

The Trust started the year with a combined capital plan of c£75m. With the advent of a STP Capital envelope the Trust has been forced to reduce its capital aspirations. The numbers below, which are within the Bedfordshire Hospitals element of the capital envelope, assume that the revised capital plan detailed in the separate paper is approved. .

There has been limited spend to date of £27.6m against the revised £60.6m, and despite plans to spend significantly in the final quarter of the year, it is looking increasingly unlikely to be fully spent. It should be noted however, that spend was £6.6m in month 9, ahead of the monthly plan.

Capital

CapEx £m	Actual FY19/20	Plan FY20/21	Forecast FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
L&D								
BAU	5.1	8.1	6.3	4.4	4.3	4.3	4.3	4.3
Trust Funded Redevelopment	0.6	3.9	1.8	1.2	13.7	16.8	10.4	1.2
Enabling Works	0.1	7.9	5.9	3.2	1.5	0.0	0.0	0.0
Other Schemes Inside STP Envelope	14.2	18.3	12.9	6.7	25.2	0.6	1.1	0.0
Schemes Funded Inside STP envelope	20.0	38.2	26.9	15.5	44.7	21.7	15.8	5.5
£118m Funded Schemes	2.8	12.7	8.1	2.9	39.0	47.2	15.8	3.2
Other schemes Outside STP Envelope	5.2	3.4	12.1	4.9	12.8	0.2	0.5	0.3
Schemes Funded Outside STP Envelope	8.0	16.1	20.2	7.8	51.9	47.4	16.3	3.5
L&D Total CapEx	28.0	54.3	47.1	23.3	96.6	69.0	32.1	9.0
CapEx £m	Actual FY19/20	Plan FY20/21	Forecast FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
Bedford								
BAU	4.6	4.1	4.1	2.4	2.7	2.7	2.7	7.0
Other Schemes Inside STP Envelope	1.5	1.3	1.3	1.3	0.0	0.0	0.0	0.0
Schemes Funded Inside STP envelope	6.1	5.4	5.4	3.7	2.7	2.7	2.7	7.0
Other schemes Outside STP Envelope	4.3	8.1	8.1	0.6	11.2	8.0	4.3	0.0
Schemes Funded Outside STP Envelope	4.3	8.1	8.1	0.6	11.2	8.0	4.3	0.0
BAU CapEx	10.4	13.5	13.5	4.3	13.9	10.7	7.0	7.0
CapEx £m	Actual FY19/20	Plan FY20/21	Forecast FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
BAU	9.7	12.2	10.4	6.8	7.0	7.0	7.0	11.3
Trust Funded Redevelopment	0.6	3.9	1.8	1.2	13.7	16.8	10.4	1.2
Enabling Works	0.1	7.9	5.9	3.2	1.5	0.0	0.0	0.0
Other Schemes Inside STP Envelope	15.7	19.6	14.2	8.0	25.2	0.6	1.1	0.0
Schemes Funded Inside STP envelope	26.1	43.6	32.3	19.2	47.4	24.4	18.5	12.5
£118m Funded Schemes	2.8	12.7	8.1	2.9	39.0	47.2	15.8	3.2
Other schemes Outside STP Envelope	9.5	11.5	20.2	5.5	24.0	8.2	4.8	0.3
Schemes Funded Outside STP Envelope	12.3	24.2	28.3	8.4	63.1	55.4	20.6	3.5
BAU CapEx	38.4	67.8	60.6	27.6	110.5	79.7	39.1	16.0

Capital – L&D Site

CapEx £m	Actual	Plan	Revised Plan	Forecast	Actual ytd				
Simplified	FY19/20	FY20/21	FY20/21	FY20/21	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
BAU									
Medical Equipment	1.9	2.4	2.4	2.4	1.4	1.5	1.5	1.5	1.5
BAU Estate (<i>incl backlog</i>)	2.5	4.7	4.7	2.9	2.4	2.0	2.0	2.0	2.0
BAU IT	0.6	1.0	1.0	1.0	0.6	0.8	0.8	0.8	0.8
BAU CapEx	5.1	8.1	8.1	6.3	4.4	4.3	4.3	4.3	4.3
Schemes									
Maternity Ward Block	0.2	2.3	1.8	0.4	0.4	11.7	14.6	4.9	1.0
Lift Core	0.0	0.0	0.2	0.0	0.0	1.2	1.4	0.5	0.2
Equipment Risk	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0
Site Redevelopment Team & Overheads	0.4	1.2	1.7	1.2	0.7	0.8	0.8	1.0	0.0
Other Departmental Input to Redevelopment			0.2	0.2	0.1				
Bariatrics	0.1	10.8	2.2	2.2	0.6	0.1	0.0	0.0	0.0
Pathology/ Mortuary			0.3	0.1	0.1	0.2			
Temporary car parking			0.8	1.0	0.7				
Temporary accommodation			4.0	4.0	1.4				
Demolition			1.8	0.1	0.1	1.7			
Service diversions			0.6	0.6	0.0				
Enabling works - Estates			0.5	0.0	0.0	1.1			
Enabling works - Service reprovision			0.5	0.8	0.2				
Prior Year STP Wave 4 Fund			-2.8	-2.8	0.0				
Imaging Corridor Works	0.6	1.3	1.3	0.8	0.5	0.5			
Electrical Infrastructure	3.2	2.7	2.6	2.6	1.2	1.3	0.1		
Lewsey Road car park	0.1	4.8	4.7	4.7	3.1	0.1	0.0	0.0	0.0
Generators	2.2	1.1	1.1	0.1	0.1	1.0			
Energy Centre Building	0.3	10.0	4.8	2.0	0.4	13.9	0.5	1.1	
Energy Conservation Measures	0.2	1.7	3.0	2.0	0.1	7.3			
Helipads / Lifts / 3rd CT *	0.0	2.4	0.0	0.0	0.0	0.0			
ED X-Ray (<i>from above - funding not identified</i>)	0.0	0.0	0.0	0.3	0.1				
PAS	0.0	0.0	0.0	0.0	0.0	2.6			
GDE (funding carry forward)	0.0	0.5	0.0	0.0	0.0				
STP Portal	0.2	1.8	1.8	1.8	0.1				
Net Slippage	1.1	0.7	-1.2	-1.6	0.8				
Other	6.2	0.2	0.2	0.2	0.3				
Main Schemes	14.9	41.5	30.1	20.6	11.1	43.4	17.4	11.5	1.2
Schemes Funded Inside STP Envelope	20.0	49.6	38.2	26.9	15.5	47.7	21.7	15.8	5.5
IT Merger Enabling	0.0	2.3	2.3	1.5	0.9	6.7			
Pathology Joint Venture	1.8	1.8	1.8	0.8	0.8	1.0			
Acute Services Block	0.9	8.1	5.8	3.0	1.3	36.2	47.2	15.8	3.2
Prior Year STP Wave 4 Fund	0.0	0.0	2.8	2.8	0.0				
GDE	4.8	2.1	2.1	2.1	1.7				
Impact of IFRIC12/ Donated Assets	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.5	0.3
Covid-19 Temporary 3rd CT & EBME	0.0	0.0	2.4	0.0	0.0				
COVID-19	0.2	1.2	1.2	3.2	1.2				
Critical Infrastructure	0.0	0.0	0.0	3.8	1.5				
Endoscopy Improvement	0.0	0.0	0.0	0.6	0.0				
UEC Programme - L&D	0.0	0.0	0.0	2.3	0.1	12.7			
Schemes Funded Outside STP Envelope	8.0	15.6	18.5	20.2	7.8	56.7	47.4	16.3	3.5
Total Capital Spend	28.0	65.2	56.7	47.1	23.3	104.4	69.0	32.1	9.0

Capital – Bedford Site - Summary

	Revised Plan FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
Estates Backlog Maintenance Schemes	1.1	0.6	1.0	1.0	1.0	3.0
Plant and machinery and other Equipment	1.1	1.0	1.0	1.0	1.0	3.0
SAN	0.3	0.0	0.0	0.0	0.0	0.0
IT Hardware	1.1	0.8	0.4	0.4	0.4	0.5
IT Software	0.5	0.0	0.3	0.3	0.3	0.5
Education Centre phase 2	1.3	1.3	0.0	0.0	0.0	0.0
Schemes Funded Inside STP envelope	5.4	3.7	2.7	2.7	2.7	7.0
Fast Follower Funds (PDC)	1.0	0.2	0.5	0.0	0.0	0.0
MRI 1 Replacement	0.9	0.1	0.0	0.0	0.0	0.0
Mobile MRI	0.8	0.0	0.0	0.0	0.0	0.0
Mobile MRI Trailer	0.5	0.0	0.0	0.0	0.0	0.0
UEC Programme - Bedford	3.0	0.1	0.0	0.0	0.0	0.0
Covid related assets	0.6	0.0	0.0	0.0	0.0	0.0
Donated Assets	0.5	0.2	0.0	0.0	0.0	0.0
Cyber Security	0.1	0.0	0.0	0.0	0.0	0.0
Oxygen Supply Upgrade	0.2	0.0	0.0	0.0	0.0	0.0
Endoscopy Improvement	0.4	0.0	0.0	0.0	0.0	0.0
GHH Hub (PDC Dependent)	0.0	0.0	2.8	2.0	1.8	0.0
Theatres 7&8 (PDC Dependent)	0.0	0.0	4.8	3.6	0.0	0.0
Ward Refurbishment	0.0	0.0	1.3	1.3	1.3	0.0
Other	0.0	0.0	1.8	1.1	1.2	0.0
Total	13.5	4.3	13.9	10.7	7.0	7.0

SUMMARY POSITION

Last month sickness returned to levels consistent with this time of year and match the same period last year but are higher than the previous month

Vacancy rates have been stable year to date and have increased from 9.19% in April 20 to 9.16% in December 2020.

The overall turnover improved during lock –down but has returned similar rates as the same period last year; 14.58% in December 2019 and 14.54% in December 2020.

The overall Agency run rate is 3% lower in December 2020 when compared to December 2019 equivalent to 7.6FTE fewer agency workers

BEDFORD HOSPITAL SITE

Compared to the previous month:

- Sickness absence increased from 4.00 % to 4.74%
- Turnover decreased 15.34% to 15.20%
- Vacancy rates increased by 0.02% from 6.19% to 6.21%
- Appraisals increased from 64% to 66%
- Mandatory training compliance decreased from 82% to 81%
- Bank FTE usage in December 2020 increased by 11 % in month and is 16% lower compared to December 2019
- Agency FTE usage in December 2020 increased by 6% in month but has a 9.6% lower run rate compared to December 2019

LUTON & DUNSTABLE HOSPITAL SITE

Compared to the previous month:

- Sickness absence increased from 3.50% to 3.51%
- Turnover decreased from 14.48 to 14.10%
- Vacancy rates decreased by 0.16% from 11.07% to 10.91%
- Appraisals increased from 67% to 69%
- Mandatory training compliance remained stable at 75%
- Bank FTE usage in December increased by 16.5% in month and is 6.6% higher compared to December 2019
- Agency FTE usage in December 2020 increased by 2.6% in month but has an 25.6% lower run rate compared to December 2019.



Vacancy
9.16%



Turnover
14.54%



Sickness
3.98%

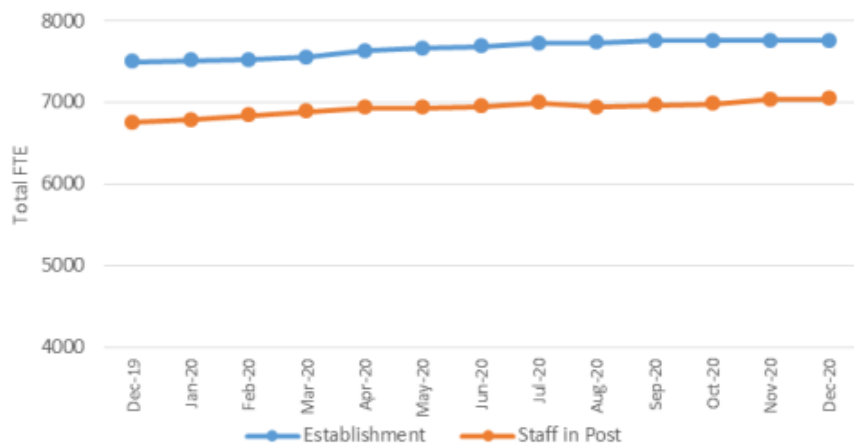


Training
78%



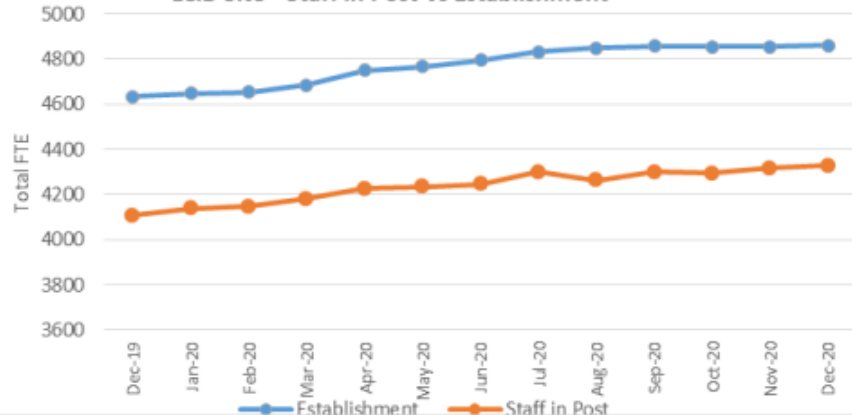
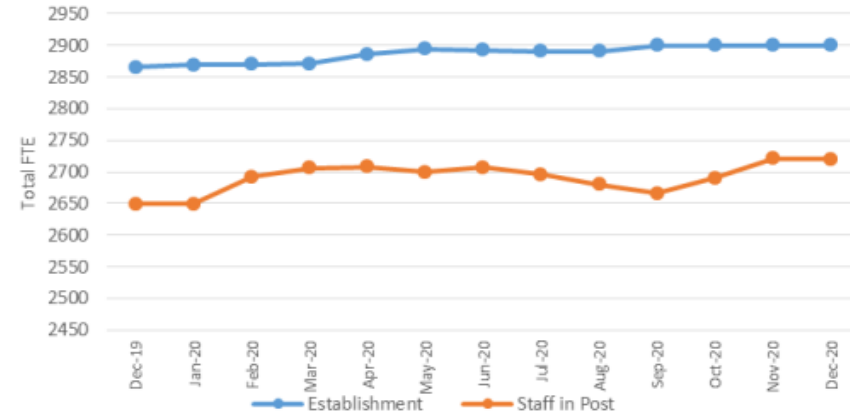
Appraisal
68%



Trust Total Staff in Post vs Establishment**Trust Level Summary**

The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) continues to increase and increased by 10.88 WTE between November and December.

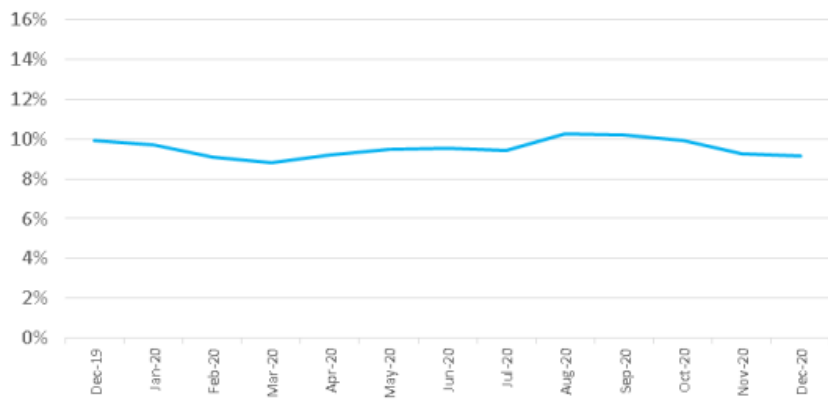
Since the merger and over the period of the pandemic the growth rate was 1.66% for the period April to December 2020 in comparison to growth of 3.86% over the past 12 months (January 2020 to December 2020).

L&D Site - Staff in Post vs Establishment**Bedford Site - Staff in Post vs Establishment****L&D Site**

The L&D site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 103 WTE between April and December. Over the last 12 months the SIP increased by 4.6% and is driven by increases in band 5 nurses and HCA's. The staff in post increased by 11.48 WTE between November and December.

Bedford site

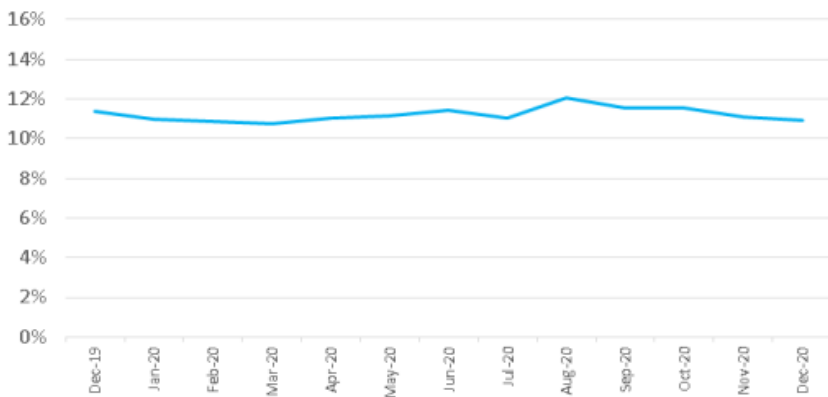
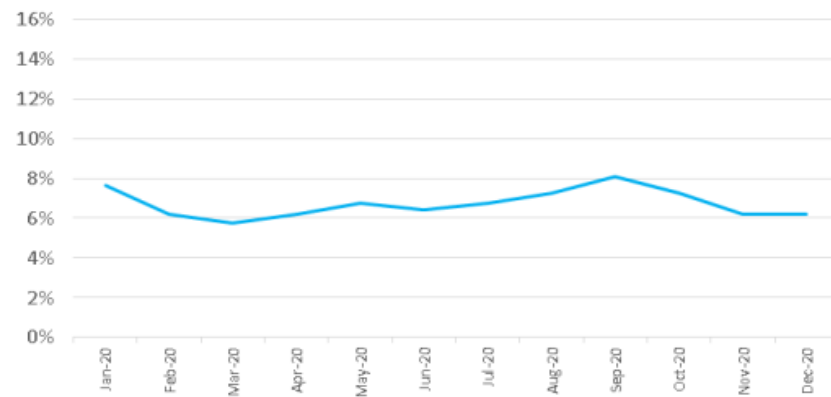
The BH site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 12 WTE between April and December following the merger. Over the last 12 months the SIP increased at a slower rate than the L&D site at 2.7% and is driven by increases in support staff. The staff in post decreased by 0.60 WTE between

Trust Total Vacancy Rate**Trust Level Summary**

The overall vacancy rate reduced over the last 12 months from 9.91% in December 2019 to just 9.16% in December 2020. The rise in vacancy rate in April was as a result of revised establishments (increase of +102.07 WTE)

Registered nursing and midwifery vacancy rates have reduced by 1.16% over the 12 months to December and are currently 9.85%. The delays to overseas recruitment due to COVID have been reduced as the vacancies increase year to date is now only 1.36%. This has been achieved through accelerated overseas recruitment with funding support from NHSI.

Medical and dental vacancy rates have reduced 5.54% over 12 months to December, currently at 1.72%, which is also 0.62% lower than in November. Recruitment to remaining junior gaps continues along 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**

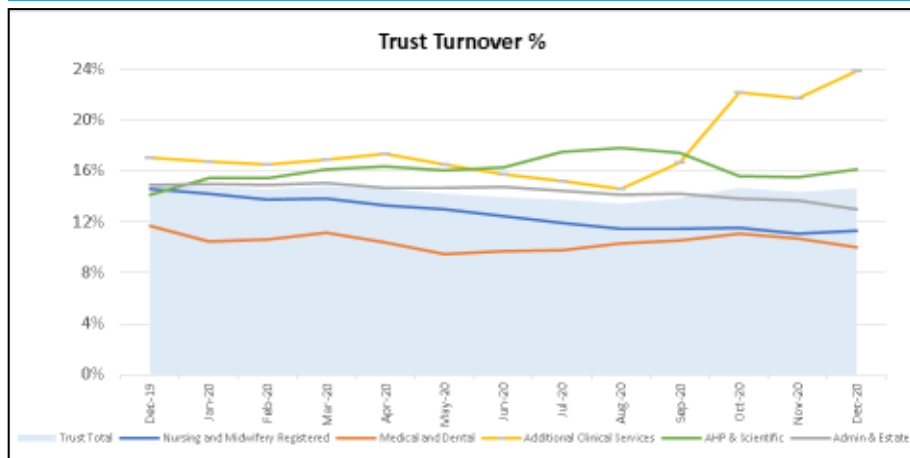
5 nurses arrived during December (all based at L&D). A further 48 overseas are due to arrive at the Trust throughout January and February. Unfortunately due to the pandemic many flights have been cancelled and arrival dates pushed back to align with the flight details. Nurses are also experiencing difficulties in getting Visa appointments within their own countries which also delays their start dates. Skype interviews took place for NICU and Critical Care in December and 14 job offers were made. Further interviews for both areas have been planned in January and February top up these numbers. A further 3 nurses across both sites passed their OSCE exam in December and have now gained their full NMC registration.

Band 5 Nursing Vacancies

There are currently 125 WTE band 5 nursing vacancies across the two sites (69 WTE at Luton and 56 WTE at Bedford). Current recruitment pipeline consists of approx. 20 nurses awaiting start dates via local recruitment and approximately 260 overseas nurses under offer and at varying stages of the NMC registration process.

Midwives

Recruitment for midwifery continues to be monitored on the Bedford site. Various midwifery positions are either in the recruitment stage or currently being advertised. New posts have been identified to support the service going forward.



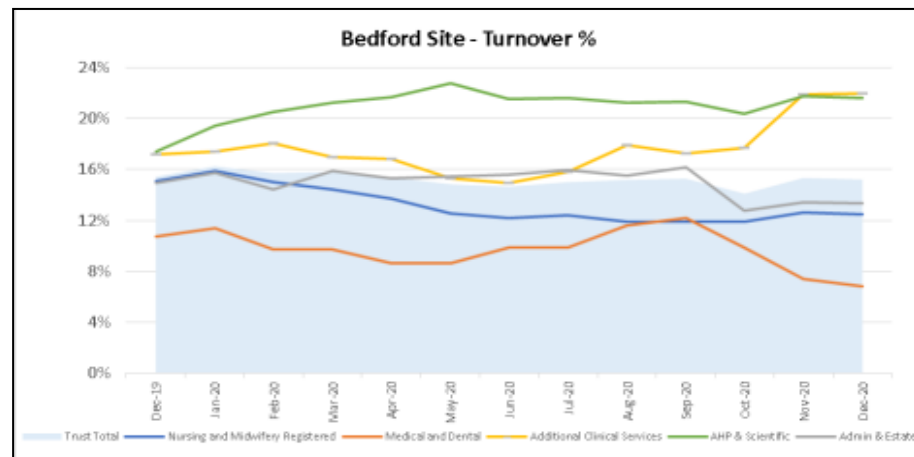
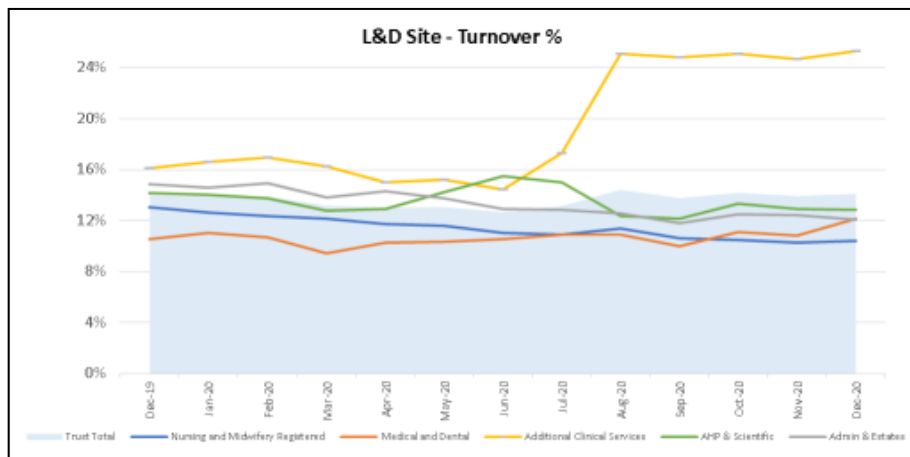
Trust Level Summary

The end of fixed term COVID contracts for 44 Aspirant Nurses in August will continue to impact the 12 month turnover rate for this staff group.

The nursing and midwifery staff group turnover has reduced by 3.31% over the last 12 months to December and stable around 11% September to December.

Hotspots remain amongst Allied Health Professionals, (physiotherapists, Operating Department Practitioners and radiographers) The turnover for allied health professional and scientific staff group has continued to stabilise and has reduced by 1.60% from a peak in August 2020.

Additional Clinical services staff group turnover increased by 6.82% over 12 months to December and vacancy factor stands at 11.12% which is 0.7% lower than last month.

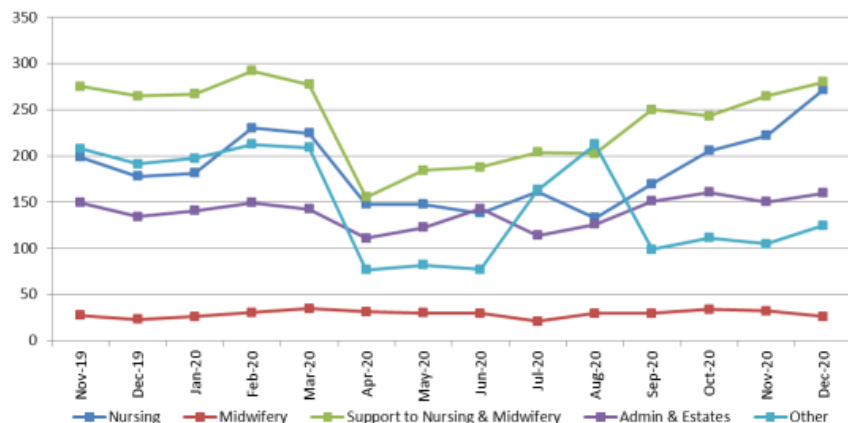


L&D Site

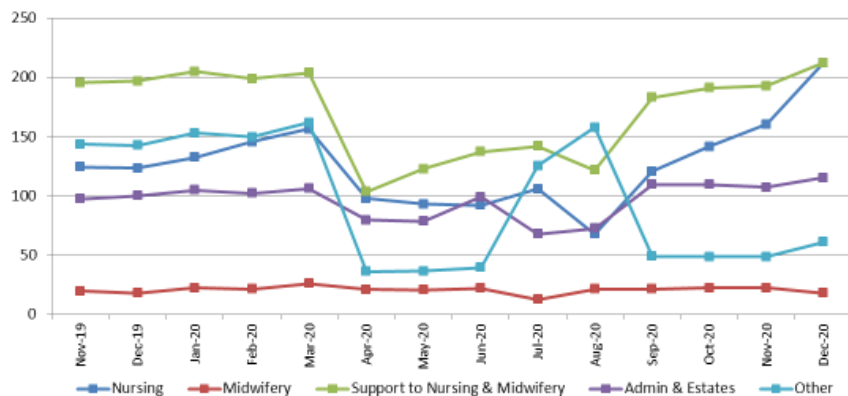
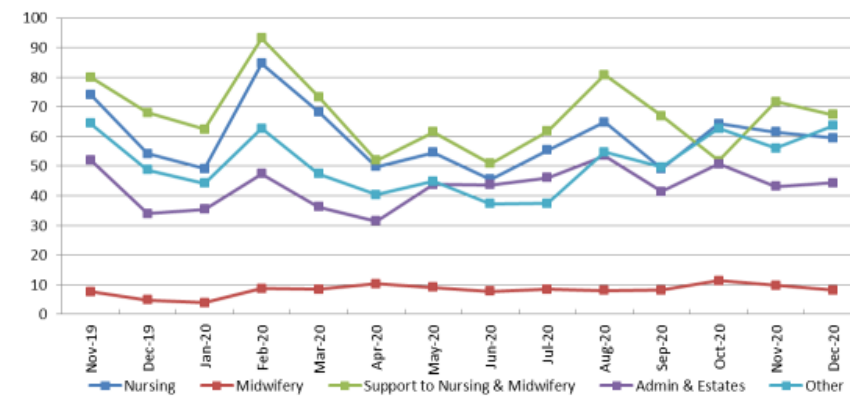
There was an increase in turnover of 0.17% between November and December but overall all staff groups excluding additional clinical services, are showing a downward trend over the twelve months to December. The top leaving reasons in November, excluding end of COVID fixed term contracts were: move to another NHS Organisation 22%, Retirement 12% and Health Reasons 8%.

Bedford site

Overall turnover decreased by 0.23% compared to the same period last year. Most staff groups were stable with the exception of Additional Clinical Services, Healthcare Scientists and Allied Health Professionals. Allied Healthcare Scientists is a small staff group with only 20 staff with 2 leavers over the 12 month period. Allied Health Professionals has 185 staff with 39 leavers over the 12 month period. Turnover amongst additional clinical services staff (e.g. healthcare support workers) was 11.12% which is 0.7% higher than the same period last year. The top leaving reasons in December for all staff groups were Relocation, move to another NHS Organisation 17% and Retirement 13%

Trust Total Bank FTE**Trust Level Summary**

Overall bank usage is 3% lower in December as compared to March 2020 (pre-COVID). The December 2020 run rate is 9% lower than the same period last year equivalent 71.6FTE fewer bank workers.

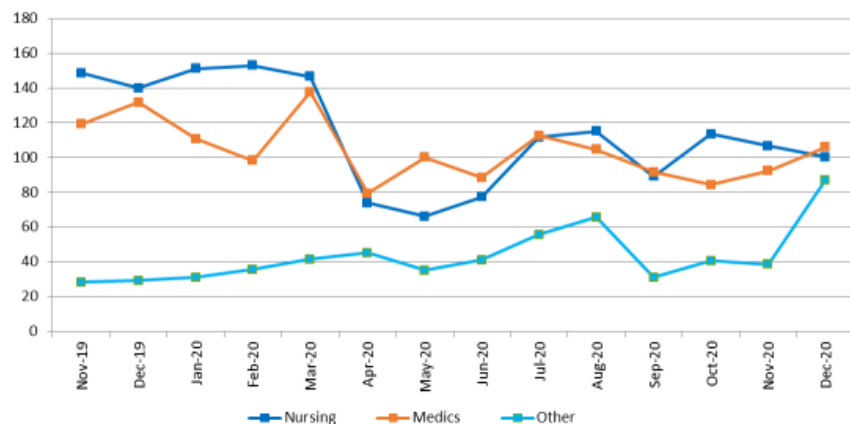
L&D Site - Bank FTE**Bedford Site - Bank FTE****L&D Site**

Bank use has reduced by 5.4 % from March to December 2020 as a result of the COVID pandemic equivalent to 35.1 WTE fewer bank workers in December compared to March 2020. Bank FTE usage in December increased by 16.5% from November and is 6.6% higher compared to the same period last year.

Bedford site

Bank use has increased by 4% from March to November 2020 equivalent to 9.37 WTE more bank workers in December compared to March 2020. Bank FTE usage in December 2020 increased by 11% from November and is 16 % higher compared to the same period last year.

Trust Total Agency FTE

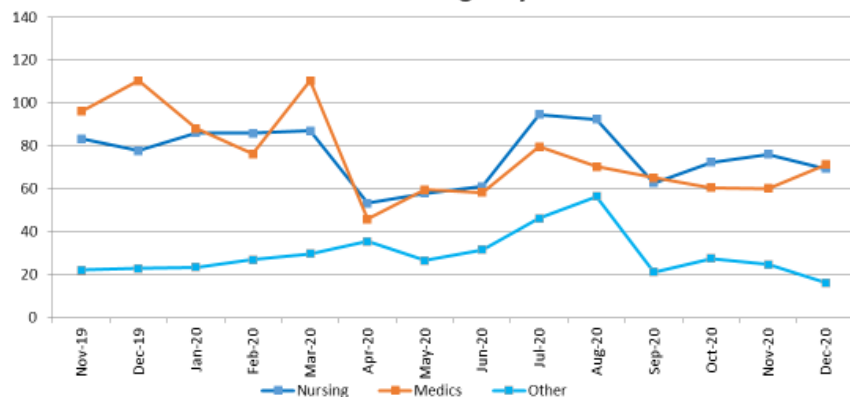


Trust Level Summary

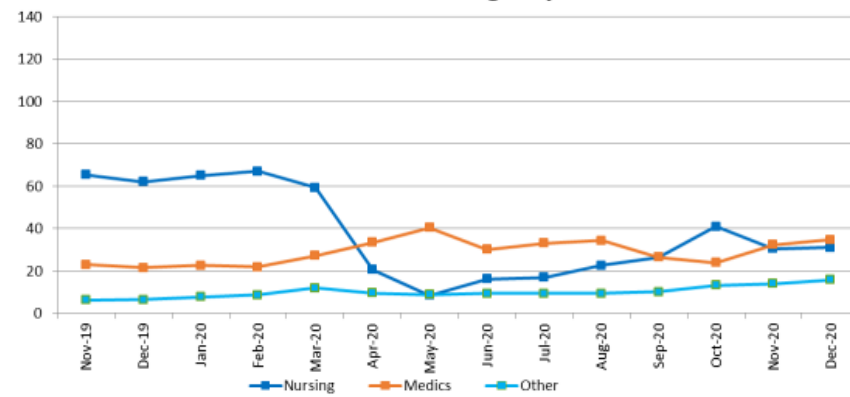
Overall Agency usage reduced by 10% in December as compared to March 2020 (pre-COVID). The Agency run rate is 3% lower in December 2020 when compared to December 2019 equivalent to 7.6 FTE fewer agency workers.

There was a slight decrease in the use of Nursing agency of 5.9% between October and November which was equivalent to 6.3 FTE fewer Nursing agency workers. Medical agency locums increased in month by 15 % equivalent to 13.5 fewer FTE.

L&D Site - Agency FTE



Bedford Site - Agency FTE



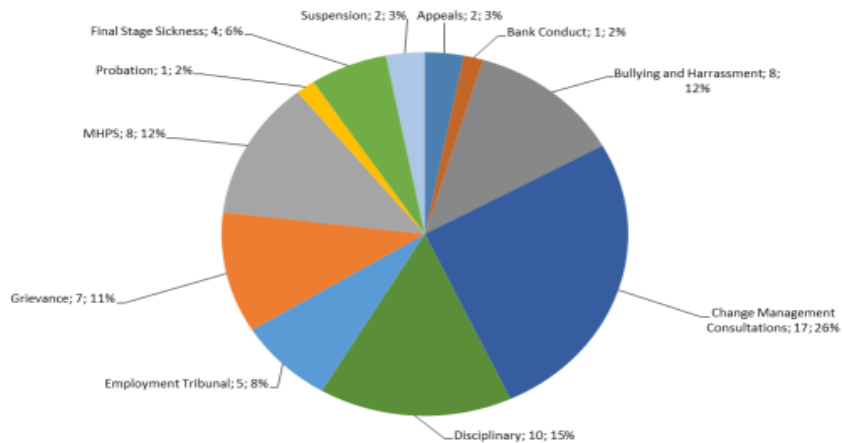
L&D Site

Agency use has a 31% lower run rate in December 2020 compared to March 2020 as result of the COVID pandemic. The December 2020 run rate is 25.6% lower than the same period last year equivalent to 53.98FTE fewer agency workers. Medical agency locums increased by 19% between November and December equivalent to 11.1FTE more workers. Nursing agency decreased by 6.8FTE (8.9%) in December 2020 as compared to November 2020.

Bedford site

Agency use has a 17% lower run rate in December 2020 compared to March 2020 as result of the COVID pandemic. The December 2020 run rate is also 9.6% lower than the same period last year equivalent to 8.67 FTE fewer agency workers. Medical agency locums increased by 4.7 FTE in December 2020 as compared to November 2020 and Nursing agency was increased by 0.5FTE in December 2020 as compared to November 2020.

Trust Total Active ER Cases



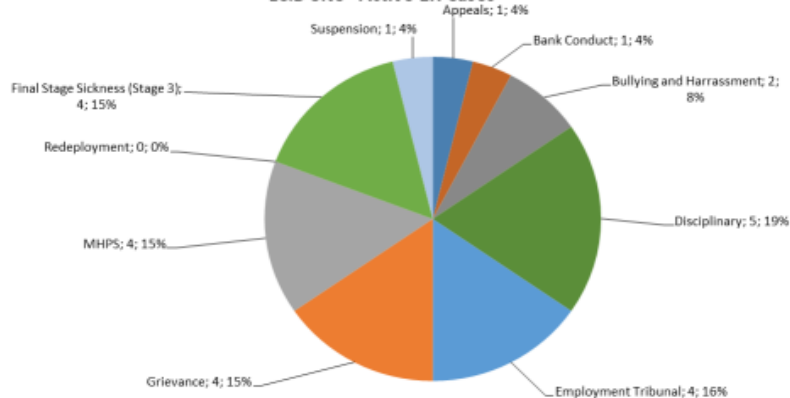
Employee relations activity across the Trust remains high, with 17 change management consultations underway as areas continue to align structures and ways of working. These are largely cross site consultations and not attributed to one site.

There has been a particular increase in the past few months of Maintaining High Professional Standards (MHPS) cases with 8 active cases across the Trust; 4 on each of the Bedford (down 3 on the previous month) and Luton (up 1 on the previous month) Sites.

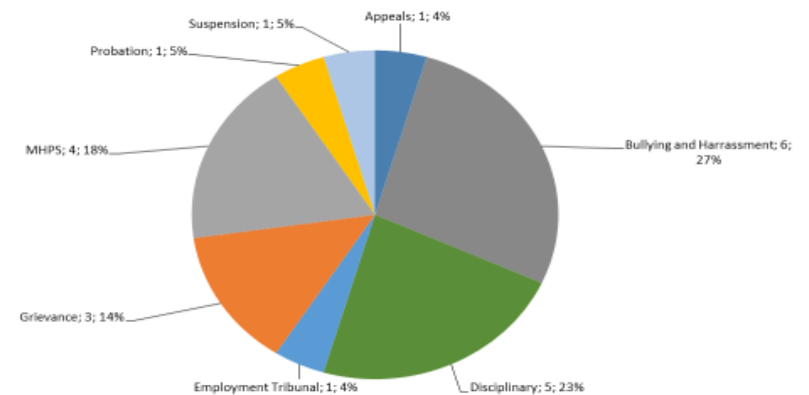
Luton and Bedford both have 5 disciplinary cases with a reduction on the Luton site from 10-5 since September and the level on the Bedford Site remaining constant.

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

L&D Site - Active ER Cases



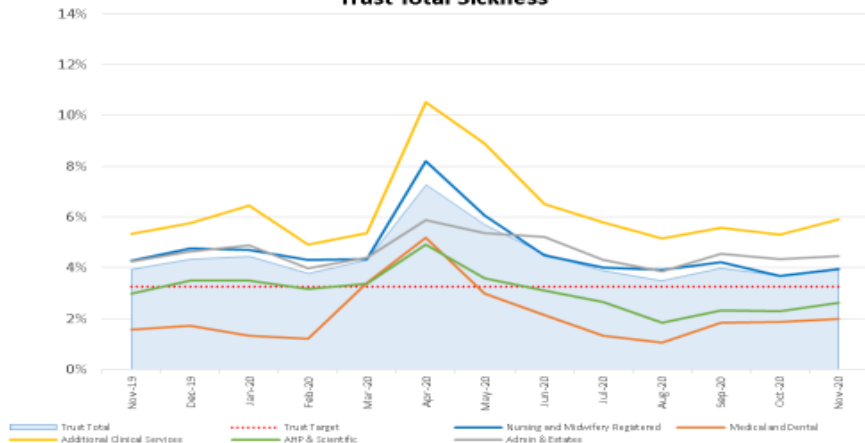
Bedford Site - Active ER Cases



There are 7 grievances across the Trust and number of these are collective and work is underway to resolve these issues. Additionally, there are 8 complaints of bullying and harassment across both Sites, with work on-going to bring these to a satisfactory conclusion. The Trust also has 5 employment tribunal cases at various stages; and was successful in defending a case at Tribunal during November 2020.

A programme of work to review and align all human resources policies in partnership with our trade union colleagues is continuing with key policies coming through the Joint Staff Management Committee and LNC for approval.

Trust Total Sickness

**Trust Level Summary ***

Overall sickness levels increased from 4.29% in March to a peak of 7.27% in April as a result of the COVID pandemic this has subsequently reduced to 3.98% in November 2020 which is similar to the national median of 3.95% and is more consistent with Trust's usual performance for this measure.

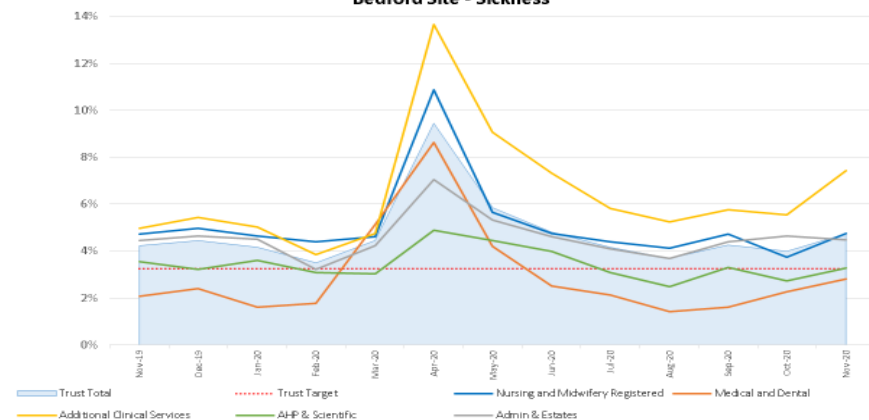
Sickness levels have returned to pre-COVID levels in November but are at a slightly elevated level (0.04% higher) compared to the same period last year.

The highest absence rates for November are within additional clinical service 5.91%, admin and estates 4.46% and nursing and midwifery at 3.94%.

L&D Site - Sickness



Bedford Site - Sickness

**L&D Site**

There was an overall minor decrease of 0.01% between October and November to 3.50% sickness which remains substantially lower than the April peak of 5.86% and is a 0.25% decrease compared with the same period last year. The largest in month increase was 0.32% amongst admin and estates staff.

Bedford Site

There was an overall increase of 0.74% between October and November to 4.74% which remains substantially lower than the April peak of 9.45% and is 0.51% higher than the same period last year. The largest in month increase was 1.91% amongst additional clinical services staff.

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

L&D Site - Appraisal Rate Compliance



Bedford Site - Appraisal Rate Compliance

**Trust Level Summary**

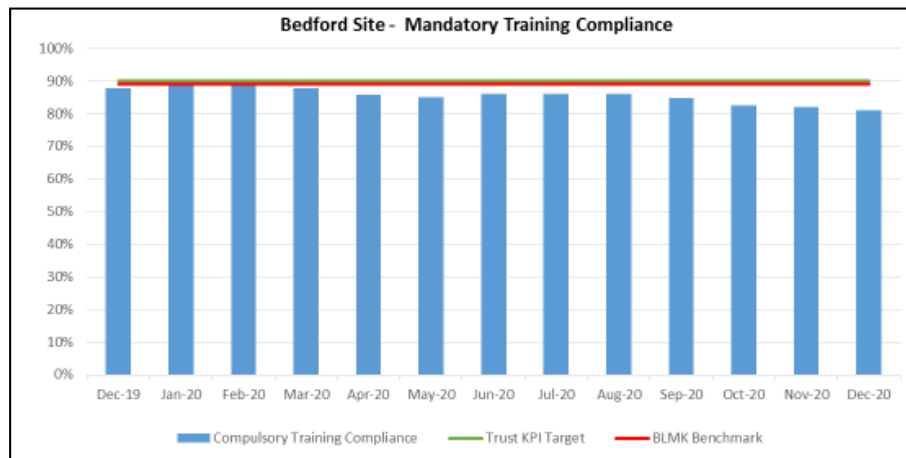
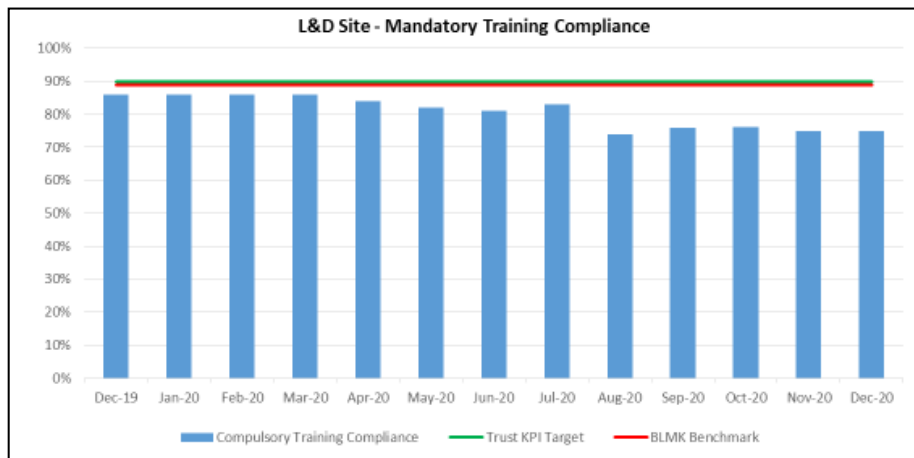
The Training and Learning Team has received a positive response since reinstating outstanding appraisal reminder notices. This has contributed towards an increase of compliance for both Trust sites in recent months. To further support an increase in appraisals' compliance, a reminder of the reporting process will be added to the monthly training update which is sent out to all staff. This will aim to reduce the number of completion notices being received after the reporting cut-off point.

Bedford Site:

The overall appraisals' compliance rate in December increased by 2% to 66% which is a 13% lower run rate than the same period last year.

L&D Site:

The overall appraisals' compliance rate for December increased by 2% to 69% which is a 9% lower run rate than the same period last year.



Trust Level Summary

Despite the current restrictions with providing classroom training, we are exploring additional ways we can tackle such challenges, all of which will be included in our Training Recovery Plan that is in development. As classroom training is no longer our most viable delivery model due to such restrictions, our focus in 2021 is very much based upon streamlining our virtual learning programme, thus increasing capacity. However, we will look to reintroduce classroom training with increased capacity when it is safe to do so. Training dates for 2021 have now been published online. In order to improve training compliance, we are only releasing dates for mandatory training at this moment in time.

Bedford Site:

The mandatory training compliance decreased slightly to 81% during the December period, against the target of 90%. This is a decrease of 7% from the same period last year.

L&D Site:

The overall training compliance during the December period has remained relatively stable at 75%. This is a decrease of 11% from the same period last year.

Mandatory Training Alignment

Following on from the alignment paper which was submitted in November 2020, work is progressing well to align reporting processes over the coming months. The paper detailed three implementation phases which are as follows:

- Phase 1 saw the immediate inclusion of Health, Safety and Welfare plus Equality, Diversity and Human Rights in the Luton overall percentage compliance in line with the Bedford site.
- Phase 2 is due to be implemented during the month of February, which will impact the reports produced and distributed in the March period. Phase 2 will see the introduction of new reporting categories: Core Mandatory, Advanced Mandatory, Additional and Highly Recommended Training.
- Phase 3 is scheduled for release in May and will see further detailed reporting in the monthly Training and Appraisal Dashboard currently used on the Luton site. Bedford site data will be incorporated to assist Service Line Leads to access the necessary information in one place.

L&D Site - Training Compliance	STATUTORY TRAINING						Safeguarding Adults 1	Safeguarding Adults 2	Safeguarding Children 1	Safeguarding Children 2	Core Safeguarding Child Level 3	Specialist Safeguarding Child Level 3	Conflict Resolution	Basic Life Support	Immediate Life Support	Equality, Diversity & Human Rights	Health, Safety and Welfare
	Fire	Infection Control 1	Infection Control 2	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Information Governance											
Trust Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
April 2020	81%	84%	84%	85%	83%	83%	88%	86%	79%	75%	78%	72%	49%	-	-	-	-
May 2020	79%	82%	82%	83%	81%	81%	87%	85%	74%	72%	78%	72%	47%	-	-	-	-
June 2020	79%	81%	81%	81%	82%	82%	87%	86%	72%	67%	79%	73%	49%	-	-	-	-
July 2020	78%	81%	81%	81%	82%	82%	88%	86%	71%	66%	81%	75%	49%	-	-	-	-
August 2020	75%	82%	81%	84%	79%	81%	84%	90%	84%	88%	77%	61%	77%	78%	39%	74%	67%
September 2020	74%	82%	81%	82%	79%	78%	83%	90%	83%	88%	75%	57%	79%	81%	41%	76%	70%
October 2020	74%	86%	81%	82%	77%	77%	84%	90%	84%	87%	71%	53%	80%	78%	40%	78%	73%
November 2020	74%	87%	81%	84%	74%	75%	84%	89%	84%	87%	69%	48%	80%	75%	37%	79%	75%
December 2020	74%	87%	81%	83%	72%	74%	83%	88%	84%	85%	67%	48%	80%	72%	35%	79%	76%
Change from last month	0%	0%	0%	-1%	-2%	-1%	-1%	-1%	0%	-2%	-2%	0%	0%	-3%	-2%	0%	1%

Bedford Site- Training Compliance	STATUTORY TRAINING						Safeguarding Adults 1	Safeguarding Adults 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Core Safeguarding Child Level 3	Specialist Safeguarding Child Level 3	Conflict Resolution	Basic Life Support	Immediate Life Support	Equality, Diversity & Human Rights	Health, Safety and Welfare
	Fire	Infection Control 1	Infection Control Level 2	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Information Governance											
Trust Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	-	90%	90%
April 2020	82%	93%	82%	91%	80%	82%	88%	85%	86%	81%	78%	77%	-	90%	89%	89%	89%
May 2020	80%	94%	80%	91%	80%	81%	89%	84%	85%	77%	79%	71%	-	90%	89%	89%	89%
June 2020	80%	95%	81%	92%	83%	82%	90%	87%	87%	78%	82%	72%	-	90%	90%	90%	90%
July 2020	79%	95%	75%	92%	82%	81%	90%	87%	87%	76%	84%	73%	-	91%	91%	91%	91%
August 2020	80%	96%	74%	92%	84%	80%	91%	88%	88%	77%	85%	71%	-	91%	92%	92%	92%
September 2020	75%	95%	71%	91%	82%	74%	91%	87%	89%	79%	85%	72%	-	90%	91%	91%	91%
October 2020	65%	95%	66%	91%	79%	69%	90%	87%	90%	81%	83%	74%	-	86%	90%	90%	90%
November 2020	66%	92%	68%	89%	78%	70%	89%	85%	88%	80%	79%	73%	-	86%	89%	89%	89%
December 2020	65%	92%	69%	89%	78%	70%	88%	85%	89%	78%	79%	71%	-	86%	89%	89%	89%
Change from last month	-1%	0%	1%	0%	0%	0%	-1%	0%	1%	-2%	0%	-2%	-	0%	0%	0%	0%

Board of Directors

Wednesday 3 February 2021

Report title:	Quality Committee Report	Agenda item: 8
Executive Director(s):	Annet Gamell, Non-Executive Director, Chair of Quality Committee	
Report Author		
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 November 2020, December 2020 and January 2021	

Report summary	This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 25 November 2020, 16 December 2020 and 27 January 2021
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 25 November 2020, 16 December 2020 and 27 January 2021.

2. Update on COVID-19

The Committee received monthly updates on inpatient numbers of Covid positive patients and challenges faced on both sites. The Trust rollout of the national lateral flow testing and the vaccination programme were outlined and subsequent monthly updates given. The Deputy Chief Executive informed the committee of the difficulties faced with bed capacity and restrictions with patient flow to avoid nosocomial infection. The greatest risk is critical care and occupancy has remained above surge. It was acknowledged that staff absences relating to Covid are of great concern and the increased demand on critical care has an impact on decisions to cancel theatre lists. The Trust continues to progress the most serious cancer operations.

3. Performance Metrics and Recovery Plans

Operational Performance Reports were received and the Committee was asked to note the deterioration in the 4 hour A&E performance in November and a recent 12 hour trolley wait at Bedford which reflects the challenges faced with patients awaiting Covid swabs using very limited testing systems, and the increase in ambulance attendances. The Committee discussed the growth of waiting lists over 52 weeks and particular growth was noted on the Bedford MSK pathway. ENT and Ophthalmology will also see more patients move into 52 weeks as patients have not been able to have face to face appointments. A proportion of patients on the waiting list are refusing treatment until Covid is over. The committee was assured that patients are contacted and any who are identified as a risk are brought forward as a priority. Length of stay was discussed and it was noted that Bedford, in particular had difficulties in discharging Covid positive patients.

The Quality Committee received a report providing detail on the cancer standards and it was noted that cancer continues to be managed separately across the two sites with different networks. Assurance was given that each consultant continues to hold weekly MDT meetings and actively reviews each cancer patient.

4. Serious Incidents and Incidents

The Director of Quality and Safety Governance highlighted that the clinical risk team continue to ensure staff awareness of reporting incidents. The Serious Incidents reported in October, November and December were noted, together with a Never

Event reported in November (wrong tooth extraction). A new process for investigating nosocomial incidents was outlined. With regard to NICE guidance, it was noted that great improvement has been made in getting baseline assessments completed.

5. Mortality

The Joint Medical Director highlighted the mortality data for both sites, noting the increase in the 5 year average, predominantly Covid deaths. SHMI is within the 'as expected' range.

The upwards report from the Learning from Deaths Board was received by the committee and it was noted that the L&D site is an outlier of deaths within 24 hours admission. The Deputy Medical Director has reviewed the cases and noted the learning from those pathways.

The Committee noted draft guidance with regard to nosocomial Covid deaths which requires moderate or severe harm from nosocomial Covid infection to be reviewed via serious incident processes. It was noted that some deaths on both sites are currently under scrutiny and the majority are patients with very severe co-morbidity.

The Learning from Deaths Board also reported that following the National Emergency Laparotomy Audit report, 19 deaths out of 165 cases were reviewed and key themes were identified.

6. Harm Free Care

The Chief Nurse reported that there has been an increase in pressure ulcer incidence, particularly relating to devices. With regard to falls, a higher incidence was noted at Bedford compared to Luton and it was acknowledged that the population is slightly different at Bedford and there is a longer length of stay on the elderly wards. PJ Paralysis has been revisited as an intervention.

Thematic reviews: the Committee received an update report on the falls thematic review which was presented in September 2020 and noted the content. A thematic review report for pressure ulcers was received and key themes were noted of pressure damage incidents during phase one of the Covid pandemic.

7. Patient Experience

The Deputy Chief Nurse noted that numbers of complaints have increased and it is recognised that there is a lot of work to be done to address issues around communication. The Quality Committee discussed visiting restrictions and the importance of keeping families informed.

8. Quality Accounts

The Quality Committee received and approved the final Quality Accounts for both hospitals for publication.

9. Upwards Reports from Other Committees

Upwards reports from the Clinical Quality Operational Board (CQuOB) and Specialist

Committee Operational Board (SCOB) were received by the Quality Committee and the following highlighted:

CQuOB

An indepth vascular review has taken place where key themes identified and interactions/processes have been put in place. There have not been any recent incidents.

The Committee noted the comments from the Ethics Committee relating to the ever changing advice and direction regarding clarity of decision making for patients. The Joint Medical Director noted any change in guidance would be on a national level.

SCOB

Clinical Audit and NICE – A plan is being progressed for developing the clinical audit leads role across the Trust.

National Emergency Laparotomy Audit (NELA) – An update report was received and assurance was given with regard to ongoing improvements being implemented.

National Bowel Cancer Audit – An update report was received and assurance was given that the mortality for the current review period has dropped and the Trust is no longer an outlier.

10. Maternity Services Update

The Quality Committee has given particular focus at all meetings on Bedford Maternity Services following the Care Quality Commission's inspection on 5 November 2020 which was followed by a CQC Improvement Plan in respect to Section 31 and a notice in respect to Section 29. The Trust had been aware of a problem previous to the visit and had already started improvement work. The Chief Nurse noted that she meets weekly with CQC, the regional team, and the senior Bedford maternity team to go through the action plans.

It was acknowledged that there are many components within the action plan with various timescales but the biggest is staffing level escalation. Therefore, separate maternity staffing papers were provided to the Quality Committee. A new SitRep process was introduced in December and the Chief Nurse discussed the red flags and the complexity with regard to maternity rosters which provided assurance to the committee that safe staffing levels were in place.

The CQC published report on 15 January 2021 gives the maternity services at Bedford Hospital an 'inadequate' rating.

11. Infection Prevention and Control

The Committee noted that the numbers of C.Difficile cases are high. The Director of Infection Prevention and Control confirmed that Covid has affected ward rounds and some work is taking place on antimicrobial prescribing.

The IPC Framework was received by the Committee in January 2021 which detailed the key lines of enquiry, evidence of compliance, and mitigating action where there were any gaps in assurance. The Director of Infection Prevention and Control discussed the issues of the infrastructure.

12. Internal Audit

The Associate Director of Corporate Governance presented an update on the recommendations and actions following the Governance Audit. The Committee noted the report and actions completed.

The Head of EPRR and Business Continuity presented progress against the PwC recommendations from their Business Continuity Audit report at the December meeting. It was noted that some of the recommendations were already in practice and evidence had been provided in these cases. Delay in the programme was noted due to constraints on teams to complete during the pandemic and the plan will now require inclusion of both sites.

The committee noted that the Trust's pandemic policy is undertaking an extensive review.

The Assurance Framework and Risk Management internal audit report was received for information and actions were noted.

13. EU Exit

The committee were assured that appropriate risk assessments have been completed and any risks are being actively monitored.

14. Integration and Transformation

The Director of Integration and Transformation presented a quarterly report outlining the clinical integration model and providing an update on clinical integration across various clinical service lines. Work in progress on priority strategies was noted including surgical specialties and vascular services. An update on Theatres and Outpatients transformation projects was given together with digital integration work. All Clinical Director appointments will be complete by April 2021.

15. Board Assurance Framework

The Associate Director of Corporate Governance gave an update on ratings and actions on the Board Assurance Framework.

16. Nursing and Midwifery Staffing

The integrated Nursing and Midwifery Staffing report was received for assurance. The committee noted that there will be an impact on the release of nurses for the vaccination programme.

17. Risk Register

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

18. Safeguarding

The quarterly integrated Safeguarding report was received and taken as read.

19. Papers received for information

The Research and Development Annual Report 2019/20 was received and the tremendous amount of work being carried out throughout the Trust was acknowledged.

The Quality Impact Assurance templates were received for information.

Board of Directors

Wednesday 3 February 2021

Report title:	FIP 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 November 2020 & January 2021	

Report summary	<p>This report contains a summary of the deliberations of the FIP Committee during November 2020 & January 2021.</p> <p>The current financial position (both revenue and capital) and financial regime have both been considered alongside a number of key redevelopment investment decisions.</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	

**Luton & Dunstable Hospital NHS Foundation Trust
&
Bedfordshire Hospitals NHS Foundation Trust
FIP Committee Report to the Board**

3rd February 2021

The Board should note the following items discussed at the FIP Committee meetings from 25th November 2020 and 27th January 2021. There was no meeting in December.

1. Financial Position

On the 27th January the Committee noted that the Trust reported a £2.5m deficit for the 9 months to December 2020. This was an over-performance of £4.1m against the planned deficit of £6.6m.

The Committee acknowledged that the in-month position includes a provision of £3.1m for annual leave that has yet to be taken, and underlying performance without this provision would have been a small surplus. It was also noted that the reported deficit includes the impact of the Elective Incentive Scheme under-performance (at the request of NHSEI – a change from last month). This has worsened the reported position by £0.4m although it was acknowledged that, depending on further central guidance, the position may be slightly better than this.

During the November Committee meeting the Director of Finance had reminded the Committee that at the last FIP meeting it was reported that a deficit plan of £15m had been submitted for the second half of the year (albeit with an aspiration to deliver breakeven). This proposition was not accepted and the Trust was asked to improve to a £12m deficit plan. It was noted that this has no material impact on any internal planning.

In an STP context the overall deficit plan was £20m and the STP was asked to improve this to a £16m deficit plan.

In both November and January the Director of Finance drew attention to the need for a much greater focus on CIPs, particularly in areas where integration is believed to offer efficiency benefits.

The cash position remains strong with the Committee noting that due to the timing of the report the Statement of Financial Position includes cash paid in advance so the reported position should be considered in light of that.

2. Capital

The Trust started the year with a combined capital plan of c£75m. With the advent of an STP Capital envelope the Trust reduced its capital aspirations, and that plan for the Trust is now £60.6m.

There has been limited spend to date of £27.6m against this revised plan, and despite an expectation of substantial spend in the final quarter of the year, it is looking increasingly likely that there will be an underspend against the £60.6m plan. In January the Committee did note, however, that expenditure was £6.6m in Month 9, which was ahead of the monthly plan.

3. Business & Investment Decisions

Redevelopment Enabling Scheme – Relocation of EBME (January FIP)

The Director of Estates & Facilities presented the paper summarising the case for relocating the Electrical and Biomedical Engineering (EBME) Department to a reconfigured kitchen area in order to enable the demolishing of the Trust offices.

The Committee considered the case at length, with detailed discussion about the options available to the Trust. It was acknowledged that although the final cost of the scheme would not be known until the contractor had completed their assessment and initial works (as per the request in the paper) it was ultimately likely to be an overspend of c£1m compared to the original budget.

The Committee acknowledged that in the absence of any viable alternative solutions, the relocation to the kitchen area (facilitated by ISS) was the only choice available, and the final overspend would have to be set against the contingency.

The Director of Finance confirmed his expectation that the next Redevelopment Board and FIP Committee should both be reviewing any extant cost pressures on the enabling schemes.

The Committee approved the Programme Team to progress with the first phase of work (up to £0.3m) with the final costings to be considered by FIP once they have been completed.

4. Other Matters

- **Budget Setting**

FIP noted that NHSE/I will not be initiating a planning and contracting round before the end of March, and will roll over the current financial arrangements. Further guidance / allocations are not anticipated until the end of March at the earliest.

It has been confirmed that this delay will be at least for Quarter 1.

The Trust is planning to run a light-touch budget setting update, using the 2020/21 budgets as a baseline, with a limited number of adjustments for Covid related developments, known cost pressures (e.g. Outsourcing) and generic changes (pay inflation etc.).

- Merger Benefits

In January the Director of Integration & Transformation updated the Committee with the quantifiable benefits of the merger schemes as they currently stand - £0.35m, reflecting 11% of the year 1 value in the FBC. The position as at December 2020 is £0.31m against a plan of £0.23m, £0.083m overachieved.

FIP also noted the governance arrangements that have been put in place.

- Elective Incentive Scheme

The Committee noted the likely impact of the latest EIS guidance on the Trust's financial performance.

- Redevelopment Updates:

- a) The Committee reviewed and confirmed its understanding of the current spend on Hospital Redevelopment schemes, noting that there is forecast underspend of £18.3m comparing the current plans and spend against the original baseline budget of £223.6m.
- b) Procurement of a demolition contractor is now complete. A recommendation was submitted to the Redevelopment Board to support the appointment of DSM. The Redevelopment Board approved this recommendation and demolition is planned to commence at the end of March 2021.
- c) The current projected completion date for the redevelopment remains as 18th September 2024 with procurement progressing for works to commence on the main project in January 2022. The Redevelopment Team is working hard to bring the completion date forward.
- d) A highlight report from the ED Project Board confirmed that the L&D scheme proposal has been approved by the clinical team. There have been some revisions to the scope to bring the scheme within the approved budget. The main works will commence in March and will be completed in April 2022. It was confirmed that construction of the Bedford scheme is underway with additional funding of £0.75m having been approved by DHSC. Delivery of the modules is scheduled for 24 January.
- e) Construction of the new Energy Centre on the Luton site is progressing well. The contractor has completed mobilisation and demolition is underway.
- f) A proposal to develop a feasibility study for the provision of an additional theatre on the Bedford site (initially to be used to support the Vascular service) was approved by the Executive team. This will be delivered in February.

- Agency Spend

The Committee noted that the Trust's agency expenditure in Month 9 YTD was £20.8m, £1.7m above the planned £19.1m. Medical staff agency spend are the biggest contributory element but it was acknowledged that medical vacancies continue to reduce across the Trust.

The Trust's bank expenditure in Month 9 YTD was £27.60m, £1m above the planned £26.59m

- GDE

In November the Deputy Chief Executive reported that all aspects of the GDE Programme have been reviewed in order to reach definitive conclusions of where opportunities were missed in setting the governance and the controls assurance processes, and where overspends may have been identified earlier.

The Committee acknowledged the report and thanked the Executive for the very open and transparent assessment of lessons learned.

- Audit & Risk

FIP noted the findings of the Internal Audit Governance review at the November meeting.

5. Items for Escalation to the Board

None

Board of Directors

Wednesday 3 February 2021

Report title:	Redevelopment Report	Agenda item: 10
Executive Director(s):	David Carter	
Report Author	David Hartshorne	
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 update the Board on the progress of the redevelopment project	

Report summary	<p>A report on the progress of the Redevelopment Programme.</p> <p>The OBC was approved on 19 November 20. Procurement of a contractor for the main scheme is underway. This will support delivery of the FBC to NHSI/E in September.</p> <p>The new car park on Lewsey Road, and the temporary car parks on Dunstable Road, have been completed. Work on the fitout of the office block is underway to support the relocation of staff in March.</p> <p>A demolition contractor will be appointed at the end of January and will take possession of the Trust offices at the end of March.</p> <p>Construction work on the new Energy Centre has started.</p> <p>Work is underway on the ED schemes at Bedford. Construction on the Luton scheme will commence in March.</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>Nothing to report.</p>

REDEVELOPMENT PROGRAMME BOARD REPORT

3 February 2021

TO BOARD OF DIRECTORS

1. Introduction

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

2. Governance

The Programme Board met on 18 November 2020 and 16 December 2020.

3. Main scheme

The Outline Business Case (OBC) for the scheme was approved by the Department of Health & Social Care on 19 November 2020 following approval by the NHSI/E Joint Investment Committee and H M Treasury. This has now released the full procurement of the scheme. The delay to the approval of the OBC has delayed completion of the main scheme to September 2024.

Work is progressing on developing the Full Business Case (FBC) for the project. Critical to the completion of the FBC is pricing from the selected building contractor. The next stage of procurement will be issued on 21 January. A contractor will be selected in April 2021 following completion of this stage of procurement.

4. Enabling schemes

The Lewsey Road multi storey car park was handed over to the Trust on 18 January 2021. The temporary car parks on Dunstable Road were completed in December. The Executive team has rejected a proposal to develop a permanent staff car park at Caddington Park.

Construction of the new Bariatric centre at the Travelodge is underway. There have been issues with the condition of the building exposed following demolition. These have now been resolved. Work will now be completed in March.

The construction of the new office block was completed in December. The fitout of the space is now underway and will be completed on 9 March. The Executive team have agreed to lease some office space from Central Bedfordshire Council in Dunstable to provide office capacity away from the main site.

Work has started on construction of the new Hospital Incoming Sub-Station for UKPN.

There were a large number of tenders returned for the demolition works. These have now been evaluated. A contractor will be appointed at the end of January, and will commence work at the end of March.

5. Energy Centre

Construction of the new Energy Centre building commenced at the beginning of December. Demolition is now complete.

The lighting upgrade works being delivered by Centrica have started. Progress will depend on the level of access permitted to the ward areas.

6. Luton ED upgrade

Willmott Dixon have been appointed through the SCAPE framework to deliver the upgrade work for the ED project.

The stage 2 design for the project is now complete. This has been signed off by the clinical teams. Detailed design is now being developed with the contractor. This will support the agreement of a fixed price contract at the end of February. Commencement of enabling works within the ED has been deferred until mid February as a consequence of the pressures on clinical space driven by the pandemic.

7. Bedford ED upgrade

The scheme has been delayed following discovery of poor ground conditions. These have now been resolved. Installation of the modular units will take place at the end of January, and fitout of the space will follow on from this. The work will be completed in April.

The DHSC has approved a second tranche of funding of £750k to develop the next phase of the scheme.

8. Bedford schemes

A proposal for additional theatre capacity, primarily to support the vascular service, is being developed.

The redevelopment team are developing a Development Control Plan for the Bedford site.

9. Programme Risk Register

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

10. Future activity

The enabling schemes will be substantially completed in March. The key activity is then to support the move into the temporary office building to allow the demolition contractor to take possession of the Trust office building at the end of March.

In parallel with this, the UEC schemes at both Bedford and Luton will be underway.

Board of Directors

Wednesday 3rd February 2021

Report title:	Digital Strategy Sub-Committee Board update	Agenda item: 11
Executive Director(s):	Gill Lungley, Chief Digital Information Officer (CDIO)	
Report Author	Gill Lungley, Chief Digital Information Officer	
Action (tick one box only)	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	To note progress to date	

Report summary	<p>Digital Strategy Committee – held 18th November 2020 (note January 2021 meeting cancelled due to COVID pressures)</p> <p>Topics covered:</p> <ol style="list-style-type: none"> <u>Digital Services Operating Model.</u> <p>Target operating model was presented and supported by Committee. Model seeks to align leadership to IT services promoting accountability.</p> <ol style="list-style-type: none"> <u>Digital Governance</u> <p>Revised Digital Governance presented , including timeline for implementation, committee supported.</p> <ol style="list-style-type: none"> <u>Update on Business As Usual (BAU)</u> <p>Presentation given focusing on critical incidents, BAU information and metrics in both Luton and Bedford since September. It was highlighted that nhs.net had not worked recently on VDi, but was now fixed. The clinical portal was discussed and is eagerly anticipated in 2021. Also mentioned was an Evolve Upgrade, there is a meeting on November 19th for approval for finance, which has subsequently been approved and the project is now in planning.</p> <ol style="list-style-type: none"> <u>Change Portfolio update</u> <ol style="list-style-type: none"> <u>4.1 GDE (Luton and Bedford)</u> <p>Presentations given 89% of the funding has been drawn down, the other is</p>
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	<p>ring fenced for March..</p> <p>4.2 <u>ICS/BCA Portal</u></p> <p>Update given Bed Management module within NerveCentre now live</p> <p>4.3 <u>Redevelopment</u></p> <p>Presentation given, there are approx. 30 main projects. Deliverables for the first quarter of 2021 are agreed solutions to Trust wide agile working IT solutions, including hot desking, mobile working, home-working (95% complete).</p> <p>Commission of the Trust Data Centre (VA1) is 80% complete, and relocation of the critical services out of the demolition zone to the new data centre. The Dunstable Road car park will be complete, as well as ED expansion at both Luton and Bedford.</p> <p>4.4 <u>Integration/Merger</u></p> <p>A report summary provided, giving the key achievements, risks and issues and deliverables for the first quarter of 2021.</p> <p>5. <u>Cyber Security Update</u></p> <p>Presentation given highlighting the three layers within Cyber - People, Process and Technology, currently heavily focused on people and technology, as the last month has been in a heightened state due to ransomware in the U.S., we work with NHS Digital. Key areas of focus are Windows 10.</p> <p>6. <u>IG High Level items</u></p> <p>Presentation given on the DSPT Performance Dashboard. The assessment in September was incomplete, a lot of it was from previous years. The next assessment is in February 2021 we aim to achieve compliance by then.</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>Information Commissioner Data Protection Act</p>
Jargon Buster	<p>CTO – Chief Technical Officer DPO – Data Protection Officer BAU – Business as usual</p>

	GDE – Global Digital Exemplar EPRMS - Electronic Patient Record Management System VDI – Virtual Desktop Infrastructure
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Board of Directors

Wednesday 3rd February 2021

Report title:	Charitable Funds Committee Reports to Board of Directors			Agenda item: 12
Executive Director(s):	Matthew Gibbons – Director of Finance			
Report Author	Victoria Parsons, Director of Corporate Governance			
Action (tick one box only)	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> <ul style="list-style-type: none"> • Updates on the health and wellbeing support for staff on both sites • Approved the Annual Report and Accounts External Audits and management representation letters for both sites • Reviewed the general funds on both sites • Approved bids against the L&D General Fund
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.

CHARITABLE FUNDS COMMITTEE REPORT

Introduction:

This Report updates the Board of Directors regarding the matters discussed at the Charitable Funds Committee held on the 18th November 2020 and 27th January 2021.

Conflicts of interest:

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

Matters Arising:

- Received updates on the NHS Charities Together monies towards the wellbeing hubs and the recruitment of a clinical psychologist to provide staff support.
- Reviewed the current investment portfolios for both hospitals and impact of COVID.
- Approved the Luton and Dunstable University Hospital NHS Foundation Trust Year End External Audit Report and Management Representation letter
- Approved the Bedford Hospital NHS Trust Year End External Audit Report and Management Representation letter.
- Received a report on the progress with the merger of the two charities into one charity (Bedfordshire Hospitals NHS Charity) and the renewal of Charity Deeds to be lodged with the Charity Commission.
- Reviewed the Risk Matrix
- Reviewed the general funds of L&D Hospital and Bedford Hospital
- Received a report from the Deputy Head of Fundraising noting:
 - Continued Community and volunteer support across both sites during the pandemic
 - Engagement with Trusts and Grants to increase income
 - Working in partnership with the Bedford Hospital Charity and Friends to support the £1m fundraising campaign for the Bedford Hospital site.
 - Ongoing implementation of the virtual work experience programme
- Approved Bids:
 - Ward 14 and 15 Recreation Room Conversion (L&D) - Approved £11,628
 - ITU Break Room - Approved £1514.86
 - CIC Employee Assistance Programme two year contract – Approved £86,400
 - OMFS Bone Scanner Training - Approved £12,740
 - Charity Team Annual Costing – Approved £312,762
 - Adjustment to the End of Life Bid spend – Approved

Board of Directors

Wednesday 3 February 2021

Report title:	Workforce Committee Report	Agenda item: 13
Executive Director(s):	Angela Doak	
Report Author	Richard Mintern	
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 Workforce Committee Report for November 2020	

Report summary	<p>This report contains a summary of the considerations of the Workforce Committee which met in November 2020.</p> <p>Consideration was given/progress was noted in the following areas:</p> <ul style="list-style-type: none"> • Risk Register • Assurance Framework • Workforce Board report • Employee Relations • Redevelopment • Agile working • Organisational Development strategy update • Workforce Race Equality Standard/Workforce Disability Equality Standard reports • Gender Pay Gap – action plan • BAME staff network - update on progress • Freedom to Speak Up Guardian – update on activity • Nursing Workforce Steering Group • COVID risk assessment – progress noted
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	Board Assurance Framework – Objective 3 to secure and develop a workforce that meets the needs of our patients
Jargon buster	<p>ER – employee relations</p> <p>ESR – Employee Staff Record (national system)</p> <p>NHSE/I – NHS England/Improvement</p> <p>FTSUG – Freedom to Speak up Guardian</p> <p>AHPs – Allied Healthcare Professionals</p> <p>HR – Human Resources</p>

Workforce Committee held on 4th November 2020 – Report to the Trust Board

1. Risk Register

There are six risks on the risk register which have been assigned to the Workforce Committee.

Discussion took place in respect of the following:

- The impact of COVID on training and appraisal rates
- The agency spend financial risk needs to remain with FIP but it was agreed that a new risk would be created to consider workforce implications
- An increasing risk was identified in relation to the Health and Wellbeing of staff

2. Assurance Framework:

The Committee received an update on the overall Board Assurance Framework and then went on to consider the objective specific to workforce as follows:

Objective 3 - Secure and develop a workforce that meets the needs of our patients

Amendments to the work to support this objective have been made to include reference to:

The Board approved Culture and Organisational Development Strategy

The Board approved Clinical Integration Strategy

The Clinical Leaders Forum re-starting across both sites in September and the corresponding development programmes

3. Workforce Board Report

- ESR had been successfully merged.
- Staff in post numbers have increased but at a much lower level than in previous years.
- Vacancy levels are slowly increasing at both sites.
- International recruitment has been reinstated with the anticipated arrival of approximately 60 nurses at both sites from now until the end of January 2021.
- Of the 44 international nurses currently employed 37 are now fully qualified and in Band 5 Posts.
- There is a peak in turnover as 44 Aspirant Nurses were recruited onto fixed term contracts (COVID19) which ended in August 2020. These were student nurses in their second year of studies who were employed at the hospital as they were unable to undertake their placements but have now returned to study.
- 16 management consultations in process.
- Appraisal and Mandatory Training rates have been difficult to maintain/improve. However the HR Team are working with Managers to assist them in improving these rates.

4. Employee Relations Metrics

- The HR Department are reviewing active ER cases
- A review is taking place to ascertain the length of time it takes to manage cases in order to give an overview of trends and including how this impacts an employee's health and wellbeing.
- Data produced to include equality characteristics.

5. Redevelopment / Agile Working draft strategy Update

Redevelopment

A presentation was given to provide an update in relation to the move of staff from the Trust Administration block to the new office facility. This move supports the redevelopment plan for the new Hot Block.

Mark Prior, NED commented that his overall impression was positive in that the building of the new office is being driven by a people agenda rather than a property agenda.

Agile Working Strategy

A presentation was given to provide an update in relation to a proposed policy that supports agile working.

6. OD Strategy - progress report

Talent Management - funds have been secured in this financial year to embed a culture of Talent Management and career progression.

Trust Values – various methods had been used to engage staff in developing the new Trust Values, this included a survey and focus groups it. As a result a set of Values was decided as followsL

Teamwork Honesty Respect Inclusivity Valuing People Excellence - Resulting in the acronym THRIVE

The next phase of this work is the development of a set of behaviours to underpin the new Values.

7. Workforce Race Equality Standard and Workforce Disability Equality Standard Reports and action plan Gender Pay Gap Report

- Individual site reports for year ending 2020 had been developed and approved.
- Actions to be addressed during the next year would concentrate on improvement of declaration, improving conduct, representation & career and belief in equal opportunities.
- Reports will be published together with an action plan on the Trust's website.

The report had been considered and approved for publication by the Executive team.

8. BAME Network Update

The co-chairs of the staff BAME network commenced in their role in April 2020. The following update was provided to the Committee:

- General information in respect of the role of the network including how to become involved has been uploaded on the intranet.
- Recruitment was underway for specific roles to support the network
- Currently 80 members but hoping to engage more staff
- Raised awareness of COVID and the impact amongst the BAME staff members and actively encouraging this staff group to complete the staff survey to gather feedback
- The co-chairs are working closely with Diane Brown, Equality and Diversity Lead, in reviewing the data
- NSHE & NHSI are currently producing a framework and they have regular online meetings which the co-chairs attend
- Discussions are underway to develop a mentorship scheme in the near future
- Continuing to work closely with NHSE & NHSI together with Bedford, Luton and Milton Keynes care system as well with the trade unions and the EDHR committee.
- Planning to link with Values & Talent Management workstreams

The Chair of the Committee provided feedback on the Trust progress in participating in the NHSI Next Director scheme.

9. Freedom to Speak Up Guardian Update

The following report was provided:

- The report covered Q2 (July – Sept) with 7 new cases being received. There is a strong theme around attitude and behaviours which has been highlighted in one particular area and appropriate action has been taken. There were also two episodes reported regarding policies and procedures and patient safety both of which have been resolved.
- Concerns regarding staff members not wearing masks has been raised, mainly within office settings. Reminders have been included in the staff bulletin
- Information regarding the FSUG has been publicised outside of the restaurants at both sites.
- Champions being recruited at Bedford (3) & Luton (1)
- Peer to peer listeners have been recruited to enable staff to share their general concerns ensuring that they feel supported during COVID.
- Owing to the confidential nature of the FTSUG it is difficult to feedback to staff that action has been taken however it is hoped that the staff member can consciously see a change in their working environment to be aware that their concerns have been addressed.

10. Nursing Workforce Steering Group

Information was provided about the role of the Steering Group. Membership includes nursing, midwifery, AHPs, HR and Finance representative

11. COVID Risk Assessment

An update on progress was provided.

Board of Directors

Wednesday 3rd February 2021

Report title:	Risk Register	Agenda item: 14
Executive Director(s):	All Executives	
Report Author	Victoria Parsons, Associate Director of Corporate Governance	
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	Note the activity on the risk register and approve the new risks.	

Report summary	<p>This report is to update the Board on governance reviews of the Board Level Risk Register and new risks.</p> <p>There have been reviews of the risks on the risk register at the following meetings:</p> <ul style="list-style-type: none"> • Board of Directors Private Meeting 4th November 2020 • Executive Board 26th January 2021 • Quality Committee 25th November, 16th December 2020 and 27th January 2021 • Workforce Committee 4th November 2020 <p>New risks have been reviewed and seven are recommended for approval by the Board:</p> <ul style="list-style-type: none"> • 1631 – Clinical Correspondence • 1629 – ED Memorandum of Understanding • 1616 – Roche Business Continuity • 1630 – Penalties in elective incentive scheme
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>NHS I – Trust Governance Framework</p> <p>CQC – All regulations and outcomes</p> <p>MHRA</p> <p>All Objectives</p>
Jargon Buster	<p>MHRA – Medicines and Healthcare Products Regulatory Authority</p> <p>Datix – Incident Reporting system used to report risks</p> <p>Nosocomial – Location acquired infections</p>

Risk Register Governance

The Risk Register is reviewed by the Sub-Committees of the Board in line with their terms of reference.

Each committee reviews the risks assigned as Board Level and ensures that the content is updated.

As part of the integration programme, the Datix system will be integrated into one system.

Board of Directors Review

Risk ref	Risk Description	Agreed conclusion
1163	Redevelopment affordability	Maintain risk
650	Bed pressures	Maintain risk
1491	University of Bedfordshire Nurse Training	Maintain risk
644	18 weeks	Maintain risk
1433	Ligature Points	Maintain risk
1353	Mount Vernon capacity	Maintain risk
1466	Financial position	Review risk
1200	Cyber Security	Maintain risk and update
1629	Nosocomial Infections	New risk
1955	Maternity Services Bedford Reputation Risk	Maintain risk
1956	Maternity Services Bedford Patient Safety Risk	Maintain risk
1593	Increase of 52 week waits	New risk
1592	Patient Harm due to COVID delays	New risk

Emerging risks – lack of financial regime for 2020/21

Quality Committee (QC)

QC reviewed clinical and performance board level risks August, September and October 2020:

Risk ref	Risk Description	Agreed conclusion
650	Bed pressures	Maintain risk
1491	University of Bedfordshire Nurse Training	Maintain risk
644	18 weeks	Maintain risk
1433	Ligature Points	Maintain risk
796	Patient Experience	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
1431	Fractured Neck of Femur	Maintain risk
1018	HSMR	Maintain risk
1353	Mount Vernon capacity	Maintain risk
1593	Increase of 52 week waits due to COVID	Maintain risk
1592	Patient Harm due to COVID delays	Maintain risk

Risk ref	Risk Description	Agreed conclusion
640	Business Continuity	Maintain risk
796	Patient Experience	Maintain risk
906/ 2832	Pharmacy supplies	Maintain risk

Emerging risks – MHRA Compliance, Clinical Correspondence turnaround

Workforce Committee Review

Reviewed board level risks in November 2020:

Risk ref	Risk Description	Agreed conclusion
1465	Agency rates	Maintain risk and consider separate financial risk
1210	Vacancy	Maintain risk
1166	Redevelopment models of care and workforce	New risk to workforce - agreed
1423	CQC Regulatory Action - Mandatory Training -	Maintain risk
1509	Staff Well Being	Maintain risk and review

Executive Board Review

The Executive Board reviewed all Board Level Risks on the 26th January 2021.

Risk ref	Risk Description	Agreed conclusion
1465	Agency rates	Maintain risk
1466	Finance position	Review risk
1423	CQC Mandatory Training	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
644	18 Weeks	Maintain risk
650	Bed pressures	Maintain risk
1210	Vacancy	Maintain risk
669	Appraisal	Maintain risk
1952	Patients waiting 52 weeks due to COVID	Maintain risk
1953	Patient harm due to cancellations/ delays due to COVID	Maintain risk
1955	Maternity Services Bedford Reputation Risk	Maintain risk
1956	Maternity Services Bedford Patient Safety Risk	Maintain risk
1200	Cyber Security	Maintain risk
1629	Nosocomial Infections	Maintain risk

Emerging risk – Governance regime for 20/21, ISS contract cost pressure, clinical correspondence

Risk Review

Risks from both sites were reviewed and approved between 24th October 2020 – 28th January 2021. Four were allocated as Board Level.

- 1631 – Clinical Correspondence
- 1629 – ED Memorandum of Understanding
- 1616 – Roche Business Continuity
- 1630 – Penalties in elective incentive scheme

Risks were closed, none at Board level.

Board of Directors

Wednesday 3rd February 2021

Report title:	Corporate Governance Report	Agenda item 15
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.

Appointment of Deputy Lead Governors

Following the appointment of Helen Lucas as Lead Governor, nominations to the two roles for Deputy Lead Governor posts were opened up to the Council of Governors. Two governors came forward and were elected uncontested.

We would like to welcome Pam Brown and Dorothy Ferguson to their new roles as Deputy Lead Governors.

Changes to the Composition of the Council of Governors

- Luton Public Governor Jack Wright, sadly passed away earlier in the year
- Central Bedfordshire Governor Dr Johan Schoeman resigned from the post of governor due to relocation

Current Composition of the Council of Governors:

Bedfordshire Hospitals NHS Foundation Trust currently has:

Public Governors:

11 for Luton

6 for Central Bedfordshire

3 for Hertfordshire

5 for Bedford Borough and Surrounding Counties

13 Staff Governors

4 Appointed Governors

Reduction in the size of the Council of Governors:

Following the merger of the Trusts in April 2020 work continues to be undertaken by the Constitutional Working Group to consider steps to reduce the size of the Council in a staggered approach, through natural attrition and the reduction of seats across the constituencies. Once the reduction plans are finalised this will be shared with the Council of Governors and the Board for approval.

2. Members

Membership work continues through the Covid restrictions with a focus on developing a greater online presence with social media campaigns and messages promoting membership on the Trust website, GP websites and via email advertisements.

There has been a drive to increase the number of self-promoting membership kiosks around the hospital and at GP surgeries and vaccination centres. Governors continue to recruit members and promote membership through engagement with personal contacts and community groups, in addition to sharing membership advertisements on social media and via email.

3. Governors on Working Groups

A review of governors on working groups across the Trust sites has been undertaken and this has resulted in a number of new appointments on each of the working groups.

Redevelopment Programme Board:

Helen Lucas and Chris Williams have been appointed as governors in attendance at the Redevelopment Programme Board.

4. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
28/10/20	151	Agreement for lease of Dunstable Road	
28/10/20	152	Lease 767-771 Dunstable Road	
28/10/20	153	Lease 779-785 Dunstable Road	
30/10/20	154	Managed Services Agreement	
30/10/20	155	Deed of termination of the co-operation agreement	
30/10/20	156	Variation agreement to (147) the lighting contract	
9/11/20	157	End of contract with Engie	
4/12/20	158	Construction work contract (JCT IC2016) for Dunstable Road Car Park	
4/12/20	159	Licence for building works on Optivo leased land – sub-station project work	
10/12/20	160	Bedford Hospital Car Park Works	
10/12/20	161		
10/12/20	162		
10/12/20	163		
15/12/20	164	Deed of assignment of leasehold property – Retail	
15/12/20	165	Licence to assign – Retail	
23/12/20	166	Temporary office block contract – Elliott Group	
23/12/20	167		
18/12/20	168	NEC4 works contract for the Energy Centre with RG Carter	