Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

MS Teams

5 May 2021 10:00 - 5 May 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	10:02
3	Minutes of the Previous Meeting: Wednesday 3 February 2021 3 Minutes of Bedfordshire Hospitals NHS Trust Pub... 5	S Linnett	10.05
4	Matters Arising (Action Log) (no actions)	S Linnett	10.10
5	ICS Strategic Priorities 5. BHT Board 21 April 2021 BLMK strategic prioriti... 13	D Carter	10.10
6	Chairman's Report	S Linnett	10.30
7	Executive Board Report 7 Executive Board Report May 2021.doc 19	D Carter	10.35
8	Performance Reports 8 Performance Reports Header.doc 61		
8.1	Operational Performance & Quality Governance 8.1 QP report Board May 2021 revised.pptx 63	CJ/CT/LL/DF/ PT	10.50
8.2	Finance 8.2 Finance Board Paper.docx 81	M Gibbons	11.00
8.3	Workforce 8.3a Workforce Front Sheet 20210430 (2).docx 105 8.3b 20211409_integrated Board Report.v3.pptx 107	A Doak	11.10
9	Quality Committee Report 9 Quality Committee Report May Board.doc CT am... 119	A Gamell	11.20
10	Finance, Investment & Performance Committee Reports 10. FIP Report to May 2021 Trust Board v3.docx 125	I Mackie	11.25

#	Description		Owner	Time
11	Redevelopment Committee Reports [P] 11 Redevelopment report to Trust Board - 5 May 20... 131		M Prior	11.30
12	Digital Strategy Committee Report [P] 12 Digital Strategy Cttee Report.docx 135		S Barton	11.35
13	Audit and Risk Committee Report [P] 13 Audit and Risk Committee Report May 21.doc 137		S Hone	11.40
14	Workforce Committee Report [P] 14 Workforce Committee Report.docx 141		R Mintern	11.45
15	Risk Register [P] 15 RR May 2021.doc 145		V Parsons	11.50
16	Corporate Governance Report [P] 16 Corporate Governance Report May21.doc 149 [P] 16a ToR Quality Committee April 2021.doc 153 [P] 16b ToR FIP reviewed October 2020 updated Feb... 157 [P] 16c ToR Audit and Risk Committee updated March... 163		V Parsons	11.55
17	Details of Next Meeting: Wednesday 4 August 2021, 10:00am			
18	CLOSE		S Linnett	12.00

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5 May 2021

Report title:	Minutes of the Meeting held on: Wednesday 3 February 2021			**Agenda item: 3**
Executive Director(s):	David Carter, Chief Executive			
Report Author	Anne Sargent, Executive Assistant			
Action *(tick one box only)*	**Information** ☐	**Approval** x	**Assurance** ☐	**Decision** ☐
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 3 February 2021

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 Fiona MacDonald, Director of Culture
Ms Victoria Parsons, Associate Director of Corporate Governance
Mr Dean Goodrum, Director of Estates
Mr Kandarp Thakkar, Director of Integration and Transformation
Ms Gill Lungley, Interim Chief Digital Information Officer
Ms Donna Burnett, Trust Board Secretary
Mr Duncan Jenner, Communications and Engagement Lead
Ms Helen Lucas, Public Governor
Ms Judi Kingham, Public Governor
Ms Pam Brown, Public Governor
Ms Dorothy Ferguson, Public Governor
Mr Derek Smith, Public Governor
Mr Malcolm Rainbow, Public Governor
Ms Sharon Brennan, Wilmington Healthcare
Ms Anne Sargent, Minute taker

1. CHAIRMAN'S WELCOME, NOTE OF APOLOGIES

SL opened the meeting, welcoming all members and participants.

No apologies were recorded.

SL paid tribute to Captain Sir Tom Moore. His family statement reflects their

feeling for the NHS and the hospital. The Board would not be accepting any questions about his circumstances, which should be for his family.

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

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

3. MINUTES OF THE PREVIOUS MEETING: 5 November 2020

Pg 4, FTSU, to be amended to read '…… to recruit more FTSU **Champions'**.

Pg 6, Digital Strategy Committee report, to be amended to read '….. an overspend **against the Luton programme.**'

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

4. MATTERS ARISING

SL advised the Board that the Trust had received confirmation of £20m for development of ED at both sites.

5. CHAIRMAN'S REPORT

SL felt it appropriate to express the gratitude of the Board to all staff groups, who continue to work extremely hard, often without holiday.

The Trust had been advised by the Centre to slim down governance to allow Executive focus on day to day delivery and many targets were suspended. To balance that, which includes a reduction in meeting papers, leads have conversations with participants prior to meetings and the CEO and Chair speak daily. The Trust also maintains a dialogue with governors in the community to keep them involved and informed.

6. EXECUTIVE BOARD REPORT

Integration – KT noted that this focusses on the four major items of integration. Culture and OD will be covered elsewhere. Work progresses at good pace despite clinical and managerial input being stretched due to Covid. Clinical integration work is underway in more than 12 areas. The aim is to have cross site CDs for remainder of areas by April. There is good learning from site to site with merger benefits being captured and measured. Financial benefits have been difficult and some may come along a little later that mentioned in the FBC due to Covid.

Covid update – SL noted the visible level of decline in patients across both sites. CJ highlighted that the Trust now has point of care testing on the Luton site. Critical care average occupancy in January was 21 across both sites and during surges, an additional 15 CCU beds were occupied. Critical care leads have daily calls re patients that are stable and ready for transfer out to other hospitals. At the peak, some such patients were transferred out of area. All but emergency surgery bookings have stopped, as have face to face appointments for the majority of clinics, reflecting the need to staff critical departments and reduce footfall to sites. High levels of staff absence continue. The Trust is thinking cautiously about recovery and reducing the number of CCU beds in order to re-book some of the cancelled work. PT noted a degree of confidence that the vaccines will be effective on the UK variant

CQC Inspection, Bedford Maternity Unit – LL outlined the reporting mechanism put in place at the Trust and the maternity support programme, noting pride in the achievements made, such as a cross-site Director of Midwifery and a Head of Midwifery recently appointed, newly designed staffing report, sitrep x 4 daily, process for staff escalation and how the impact is measured and mitigated to ensure safety of service is maintained. Feedback from service users at Bedford has been fantastic. SL summarised that the Trust is focussed on continually improving. DC mentioned a report that compares mortality in peer groups, noting that Bedford had a very good performance.

GDE – GL highlighted reviews of programmes at Luton and Bedford sites, that approval has been received for remaining tranche of funding along with recognition of the work between sites, including collaboration of clinicians.

FTSU – SL advised there is a guardian at each site, along with champions. AD added that it is recognised that staff are tired; there is a lot of work on wellbeing which will increase in importance. CJ assured the Board that a lesson learned from the first wave was around styles and types of communication, noting that the Trust now holds a daily senior leadership briefing with LL and PT, along with the continuation of ‘all staff briefings’.

Estates and Facilities – SL drew attention to the new cleaning service which is still being evaluated. DC added that the transition was positive and smooth but it is recognised that some conditions are challenging, such as staff absences due to Covid. The Trust has included ISS in its vaccination programme. DG added that data from January audits shows an improvement which the Trust and ISS are working to sustain. CJ advised that the Trust has had periods where it is running close to piped oxygen capacity, assuring the Board that good contingency plans are in place to maintain the required level of care.

7. PERFORMANCE REPORTS

7.1 OPERATONAL PERFORMANCE & QUALITY GOVERNANCE REPORT

LL gave an overview of the report noting similar themes to the first wave such as an increase in falls and pressure ulcers, mentioning that the second wave saw patients who are very sick and higher bed occupancy. Similar increases are seen nationally and work continues on interventions to reduce risk.

CT noted that good levels of incident reporting are being maintained with the clinical risk team supporting data input and scrutiny given to all nosocomial infections. PT added that all deaths are scrutinised by medical examiners, all of whom are senior clinicians and outputs are reported through governance processes. CT continued that the Trust had piloted the reintroduction of visiting for some patients, which quickly had to be stopped in order to keep the public, patients and staff safe. The Trust monitors this daily in relation to patients in their final days of life. A visitor helpline service has been reinstated at both sites to communicate between clinical areas and relatives.

CJ advised the Board that the Trust had seen no drop off in patients entering cancer pathways and that performance had improved during the summer as the Trust caught up with the backlog. There have been some staffing challenges, particularly around the breast team where we have struggled to maintain these pathways but the Trust remains confident there is no underlying issue with the performance. 18 weeks performance will suffer as a result of the decision to stop routine surgery to protect cancer pathways, with an anticipated increase in 18 week breaches. The number of patients exceeding 78 weeks was 112 at the time of writing the report; the Board were assured that regular contact is maintained with these patients. The Trust is receiving support from ECIST to look at longest length of stay pathways.

7.2 FINANCE REPORT

MG advised the Board that the deficit figure of £2.5m includes significant provision for untaken leave, without which, the Trust would be in a surplus position. This also includes the impact of the elective incentive scheme where there was a small net penalty which will be recovered. Capital spend is beginning to increase and is expected to progress well in the final quarter. The Trust needs to ensure that capital and integration plans are delivered as it begins to recover.

7.3 WORKFORCE REPORT

AD informed the Board that staff are permitted to carry over up to 20 days of annual leave this year, which will be a challenge in terms of recovery. Recruitment of overseas nurses has continued where possible. The issue of appraisals and mandatory training, which were stood down in April 2020 as

part of a national directive, will be looked at in detail by the workforce committee.

8. QUALITY COMMITTEE REPORT

The report was taken as read.

9. FINANCE, INVESTMENT & PERFORMANCE COMMITTEE REPORT

The report was taken as read.

10. HOSPITAL REDEVELOPMENT COMMITTEE REPORT

MP noted that the summary report gives a good update; the Trust is proceeding with the acute services block FBC with a view to approval in September to enable completion by September 2024. Enabling schemes are progressing well, particularly the new temporary office block, freeing up the Trust offices in order to commence demolition works. ED schemes at both sites and energy centre at Luton are all progressing.

11. DIGITAL STRATEGY COMMITTEE REPORT

SB recapped that GDE had been covered earlier. GL highlighted the large number of projects that have digital involvement around the Trust.

12. CHARITABLE FUNDS COMMITTEE REPORT

SL advised the Board that the helipad scheme is currently paused in order to further assess this in the context of the quick timeline of the ED scheme. There has been a vast effort recently to invest charitable monies into workforce support. MG added that the accounts were audited without challenge.

13. WORKFORCE COMMITTEE REPORT

The report was taken as read.

14. RISK REGISTER

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

15. CORPORATE GOVERNANCE REPORT

The report was taken as read.

Questions related to the agenda were addressed as follows:

1. Are there any plans to introduce point of care testing into the maternity service? Yes, Paediatrics and Maternity have access to point of care testing and the Trust is working to introduce an off-site lateral flow testing station for parents.
2. Are we able to use private hospitals for non Covid during the next 12 months? Yes, the independent sector are able to offer capacity which remains available to the Trust as an option.

DC updated the Board on vaccinations which started on 4 January at L&D and 7 January at Bedford. 12,000 vaccinations had been administered and the Trust has moved on to vaccinate other NHS and social care staff from surrounding areas, some of which has been challenging in terms of shelf life as the Pfizer vaccine requires numbers to go through in regular order to avoid waste. Vaccines are currently paused for one week, re-starting on 8 February for a cohort of staff who have not yet had the vaccine. Second vaccinations will begin in March.

AG requested the Board take a moment to think about everyone affected by Covid, the astonishing numbers of deaths, all of whom are people with families, noting the tremendous work to care for those in hospital.

16. DETAILS OF THE NEXT SCHEDULED MEETING:

Wednesday 5 May 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

Meeting title	Bedfordshire Hospitals Trust Board meeting	Date: 21 April 2021
Report title:	BLMK Strategic Priorities	Agenda item: 5
SRO:	Name: Rima Makarem	Title: Chair Bedfordshire, Luton and Milton Keynes ICS
Report Author:	Name: Nicola Kay	Title: BLMK Programme Director

Document summary	To provide an update on the development of the strategic priorities for the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS).			
Potential Risks and Issues				
Purpose *(tick one box only)*	Information ☐	Approval ☐	To note x	Decision ☐
Recommendation	a. **The Board is recommended to note the contents of this report and provide steers on how the work can best consider the challenges and opportunities for the people of Bedfordshire and Luton.** b. **The Board is asked to adopt the principles of how we work together in partnership.**			
Document history	The outcome of the workshops is being reported to each partner organisation Board or Health and Wellbeing Board.			
Appendices	None			

Purpose

1. This paper provides an update on the development of the strategic priorities for the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS). The purpose of this work is to create a common strategic direction for the ICS in terms of what it will deliver for population health over the medium and long term.

Background

2. In 2019, BLMK produced a Long Term Plan[1], following extensive engagement with partner organisations, residents, community groups and stakeholders. It is now the appropriate time to build on the basis outlined in the long term plan, ensure that BLMK strategic priorities align with the strategic objectives of partner organisations, identify any changes due to the pandemic and focus on population health outcomes. In

[1] https://www.blmkpartnership.co.uk/wp-content/uploads/2020/10/10137-BLMK-LTP-SUMMARY-Living-longer-in-good-health-05.03.2020-1.pdf

addition, the Covid pandemic has further exposed inequalities in our society which we need to address collectively for the wellbeing of individuals and our communities.

3. The intention of this work is to take a single system approach, with flexibility at place and care alliance level to meet local population needs. We will need to put in place appropriate governance to enable successful delivery of these priorities.

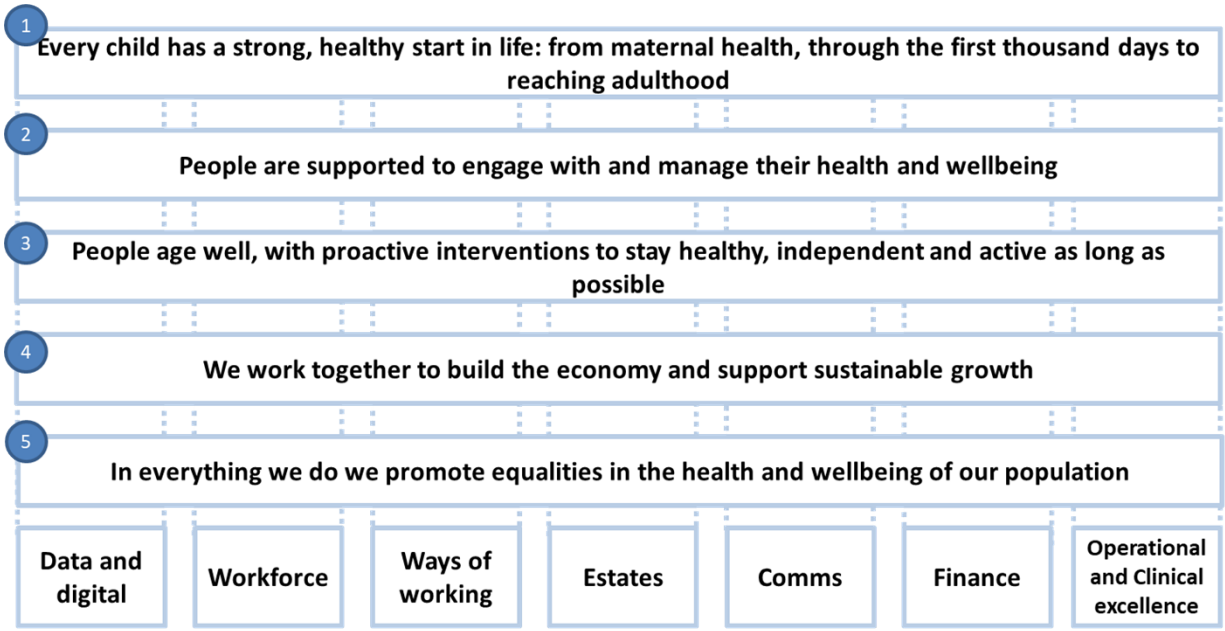
4. BLMK Chair and Executive Lead have met with all the CEOs and Leaders/Chair of the partner organisations to ascertain their views on the priorities for BLMK and the place they represent. The organisational priorities for each partner organisation and the impacts of Covid have been taken into account in the consideration of the BLMK priorities.

5. A set of draft priorities were discussed at a workshop of BLMK Partnership Board members on 3rd March 2021 and those attending were asked to identify the medium and long-term outcomes to address population health. In addition, the impacts of the Covid pandemic on local people, the workforce and the provision of services were also considered. For example the increase in demand acute services, the impact on waiting lists and the importance of treating and caring for people closer to home.

6. The outputs from this workshop were considered at a second workshop on 24th March, to further develop the priorities and unpack the activity needed at each level of the system to deliver on these.

Emerging priorities

7. These are the emerging priorities for the ICS:



8. We have also identified a set of cross-cutting enablers, which will support the successful delivery of the priorities above, and where some activity will need to take place at ICS level. These include data and digital, workforce, ways of working, estates, communications, finance and operational & clinical excellence.

9. We want to ensure that we are threading a reduction in inequalities throughout all the priorities set out above, as well as looking at reducing systemic inequality as part of priority 5. This means that the way delivery is designed is not entrenching inequalities

and more vulnerable groups are explicitly supported. The full emerging strategy priority framework is in Annex A.

10. We have also developed a set of principles of how we will work to enable us to deliver on these priorities. This includes working with people and communities to develop and deliver the work, learning from good practice both within and outside our system and taking a subsidiarity approach, with activity taking place at the lowest possible level.

11. At the workshop on the 24th March, we discussed the priorities in more detail for each place. For Central Bedfordshire and Luton we particularly focussed on priority 4 around building the economy and supporting sustainable growth. A lot of immediate activity was identified to maximise the opportunities of Anchor Institutions to support growth across BLMK, taking into account this toolkit. Bedford Borough focussed on priority 1 around supporting children and their families to make a healthy start in life which will continue into adulthood. Representatives from Bedfordshire Hospitals participated in the groups discussing both priorities.

12. As part of this development work, we are taking into account wider changes that will affect our population and services in BLMK. For example:

- Making the most of the Oxford-Cambridge Arc
- Additional investment in rail infrastructure as part of East West Rail, connecting Oxford and Cambridge via Bedford and taking in Milton Keynes on a branch will also open up opportunities for growth
- Following on from the above, we may be able to identify greater research and investment opportunities, potentially working more closely with the universities in BLMK
- Embedding technological advances in our system, including broadband access for all, and new advances which will enable better delivery of health and care
- Shifting generational expectations about receiving services that we need to be mindful of and aligned with

13. Principles for how we work together

Across our system, we want to develop effective ways of working which mirror the more formal governance approaches. In the conversations with system leaders, we heard a range of perspectives about what is important around how we work. From these conversations, we developed a proposed set of principles which were agreed at the Partnership Board on 7 April 2021.

- We learn from good practice both from within and outside our system and we embed it, adapting to local circumstances as needed but not reinventing
- We take a subsidiarity approach, with activity taking place at the lowest possible level, with activity taking place at a higher level only where that is more efficient and effective
- We are mutually accountable for delivering our priorities, with everyone taking responsibility for delivering their contribution as well as supporting others in delivery of theirs
- We keep the needs of the population at the centre of everything we do, taking a co-production approach with system partners across all sectors, the VCSE and with people with lived experience
- We build from where we are now, taking into account different starting points and reflect and adapt as we go along, embedding the principles of a learning system

- We take into account others' perspectives and are open with each other about our challenges, supporting each other in resolving any difficulties to better deliver continuous improvement

The Board are requested to adopt these principles of working in partnership with statutory, voluntary and community organisations in BLMK.

Next steps

14. The next stage will be to:

(i) Support the places in BLMK to develop activities across all of the 5 priorities – the main focus so far has been deep dives into priorities 1 and 4; so we need to develop the thinking in partnership on priorities 2, 3 and 5

(ii) Work with places to deliver place-based plans against all of the priorities, accelerating and building on existing activity and supporting development of appropriate resource and governance structures to enable successful delivery

(iii) Develop the plans at ICS level for the cross-cutting enablers and governance for this work, and ensuring that all this work comes together in a single plan for 'year 1' for delivery of the priorities across BLMK for 2021/22

Recommendation

15. The Board is recommended to note the contents of this report and provide steers on how the work can best consider the challenges and opportunities for the people of Bedfordshire and Luton.

16. The Board is asked to adopt the principles of how we work together in partnership.

Annex A: Priorities Summary Framework

	Priority 1: Every child has a strong, healthy start in life: from maternal health, through the first thousand days to reaching adulthood	Priority 2: People are supported to engage with and manage their health and wellbeing	Priority 3: People age well, with proactive interventions to stay healthy, independent and active as long as possible	Priority 4: We work together to build the economy and support sustainable growth	Priority 5: In everything we do we aim to embed the principles of population health and reduce inequalities
Evidence	• Our earliest experiences in life, starting in the womb, through birth, early years and into childhood and adolescence are vital in laying the foundations for future good health and wellbeing. • Children with adverse experiences growing up, such as living in a household with substance misuse or domestic violence, are less likely to be healthily and achieve in life • Fragmentation in the children's system leads to poorer outcomes for our most vulnerable children	• Supporting people to stay well for longer and making the most of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences will reduce pressures on health and care services • Earlier identification of health conditions can help to improve outcomes and reduce premature mortality	• Tackling issues such as social isolation, alongside reducing risk factors such as physical activity, poor hydration and nutrition and sensory impairment improves quality of life and reduces health service pressures and demands • Supporting independence, using an asset based approach, is a priority in maximising quality of life	• People's economic circumstances – the security and safety of their jobs and their level of income – are key to their health. Good employment is closely linked to good health and wellbeing and protects against social exclusion • High quality economic infrastructure enhances quality of life • The quality and availability of affordable homes is a key contributor to wellbeing of individuals and families	• Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Inequalities arise because of the conditions in which we are born, grow, live, work and age • Evidence says that people living in our most deprived areas face the worse inequalities in relation to health access, experiences and outcomes.
BLMK context	• 39% of 15-16 year olds achieve grades 9-5 in English and Maths, compared to an England average of 43% • One third of children in year 6 are overweight or obese. One third of 5 year olds in Luton have tooth decay • 24% of children living in Central Bedfordshire, 31% of children in MK and Bedford Borough and 46% of children in Luton live in poverty • Infant mortality is higher in Luton compared with similar areas • Covid has caused a rise in mental health needs and eating disorders	• Compared to England, the smoking prevalence in Luton and in routine/manual occupations in Milton Keynes are significantly higher • Milton Keynes and Bedford Borough residents are less likely than average to visit the natural environment for health or exercise purposes • A baby girl born in Central Bedfordshire can expect to live for almost six years longer than a baby boy born in Luton; this gap mainly reflects higher deaths from circulatory diseases, cancer and respiratory diseases in deprived areas	• 44% of social care service users in BLMK feel they have as much social contact as they would like • Over 150,000 over-65s live in BLMK and this is expected to increase to 210,000 over the next 20 years. The number of over-90s is expected to more than double in that period • Emergency hospital admissions due to falls for people 65 and over are 11% higher in Milton Keynes than the England average	• There are 1.15 jobs per person of working age in Milton Keynes and 0.75 jobs per person elsewhere in BLMK; England has 0.87 jobs per person • The employment rate gap in BLMK is 11 percentage points worse for people with a long term condition, 67 for people with a learning disability and 68 for people in contact with secondary mental health services • Overall, close to 1/5 jobs pay less than the living wage	• In the most healthy wards of BLMK, women enjoy 20 years longer in good health than in the least healthy small areas. For men the gap is 17 years • Babies born in the most affluent parts of BLMK will live longer than those born in the most deprived areas. The biggest gap for men is in Bedford Borough (10 years) and the smallest is for women in Luton (6 years). • Two thirds of children are living in poverty in Biscot and Dallow wards in Luton and Queens Park ward in Bedford

Goals	• All children, regardless of where they live or their background, will be supported to have the best possible health and emotional wellbeing
	• Improved outcomes for pregnant women and infants; eliminating inequalities for Black and Asian women and those in deprived areas
	• Children can grow up in a safe and healthy home environment
	• There is an increase in educational attainment and employment levels for young people leaving education
		• Levels of wellbeing in the population increase, with people able to manage their own health and wellbeing
		• An increase in the number of years of healthy life expectancy
		• A reduction in the gap between highest and lowest decile healthy life expectancy
		• A reduction in premature mortality in BLMK
			• Fewer older people feel lonely or socially isolated
			• Older adults stay healthier, happier and independent for longer
			• There is a reduction in the number of older people having falls
			• People receive good quality end of life care and have good deaths
				• Increased economic growth rates
				• Increased levels of employment and the proportion of people earning the living wage
				• Closing the employment gap for people with long term conditions and learning disabilities and mental health issues
				• Increasing the quality and availability of our housing stock across BLMK
					• Achieve reductions in inequalities through the work of priorities 1-4
					• Reduce the gap between outcomes for our wider communities and
					  • Gypsy and traveller communities
					  • BAME communities
					  • For people with specific conditions including people with learning disabilities, autism or both

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5 May 2021

Report title:	**Executive Board Report**			**Agenda item: 7**
Executive Director(s):	**All Executive Directors**			
Report Author	**David Carter**			
Action *(tick one box only)*	**Information** ✓	**Approval** ☐	**Assurance** ☐	**Decision** ☐
Recommendation	To note the content of the report			

Report summary		
1.	Integration Update	
2.	Covid-19 Update	
3.	Maternity Update	
4.	Equality, Diversity & Human Rights Update	
5.	Infection Control Report	
6.	Learning from Deaths Board	
7.	Medical Education Update	
8.	Management of CQUIN	
9.	Nursing & Midwifery Staffing Report	
10.	GDE Update	
11.	Information Governance Quarterly Report	
12.	Freedom to Speak Up	
13.	Estates and Facilities Update	
14.	Communications and Fundraising Update	
15.	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

The first year as a newly merged organisation for Bedfordshire Hospitals Foundation Trust was the most challenging in NHS history due to the COVID-19 Pandemic. Despite this, teams have managed progress within the integration agenda along with providing continuity of care. The integration programme is well established within the Trust and Clinical Service Lines are being supported by the Integration and Transformation Team (ITT) and the tools within the 'Roadmap to Clinical Integration' resource to produce their clinical strategies, with four already submitted though the relevant Boards. These include vascular surgery, plastic surgery, stroke and general surgery.

All category 1 service lines on track for submission of their strategy by summer 2021, which will feed into and formulate the overarching Surgical Strategy and COVID Recovery plan for elective activity.

Clinical support services including Imaging and Pharmacy will have their clinical strategies ready for submission in the next 2-3 months; Pathology is currently in the implementation phase due to merging in April 2020. Work with the Therapies CSL has also commenced ensuring engagement with all interdependent CSLs for example, Trauma and Orthopaedics.

The ITT are supporting CSLs through their integration journey to ensure that services align cross-site, have joint governance structures, joint education opportunities and develop sub-specialty services where clinically appropriate. Over the coming months the Trust will see new models of care e.g. within frailty, the exploration of the repatriation of work e.g. plastics and the consideration of cross-site services e.g. hot gall bladder service.

In parallel with CSL integration, the large-scale transformation programmes within Theatres and Outpatients are gaining traction, reporting into their relevant overarching Boards. In addition, a joint piece of work with the redevelopment team, is exploring how this transformation work informs a site redevelopment strategy for the next 10 years.

The Clinical Director recruitment process is also drawing to a close by summer 2021 with the last remaining expressions of interest and interviews taking place in the coming months.

Working in conjunction with the ITT, the majority of CSLs and corporate services have submitted their key digital enablers for integration, which will formulate the Digital Merge Programme for the Trust over the next 5 years.

A range of benefits linked to the merger of Luton & Dunstable University Hospital NHSFT and Bedford Hospital NHST were identified as part of the FBC submission process (circa 6.3 million). It is expected that these would be augmented by further iterative benefits as clinical integration is progressed. One year into the merger and the combination of a COVID-19 environment and the current financial regime continue to make progress with Merger Benefits challenging. However, work continues with Project Initiation for the large projects including Procurement, Theatres, Outpatients, Imaging and T&O. Expected benefits would broadly commence during 2021/22 and continue into 2022/23, although detailed profiling will be part of Project Initiation. There is a high degree of confidence that the overall expected benefits highlighted in the FBC will be achieved, albeit with a different time profile. A review of the benefits realised in the first year is included in this

report. The value of merger benefit schemes reflected in 2020/21 is £453.2k. This reflects 14% of the year 1 value in the FBC. The position as at March 2021 is £560.4k, showing an overachievement of £107.2k against the revised plan. Work is underway to complete the specified actions including a review of the non-financial and 'soft' merger benefits to identify how they can be monitored and tracked.

2. COVID-19 UPDATE

The Trust is now seeing minimal levels of Covid-19 inpatients with just 3 patients at the L&D site and 1 at the Bedford site as at 11 am on the 26th April. The Critical Care Units have reverted to their previous bed numbers (albeit with the flexibility retained to move back to their surge model if it should be needed in the future) and community prevalence is dropping sharply. The population covered by Luton Borough Council is still seeing high prevalence compared to the national average and in the past week has been the highest / second highest local authority prevalence in England. Local focus remains of vaccine uptake and community testing, levels of which remain very high in the Luton area with good uptake from the public.

Focus on the elective recovery plan continues with regular reporting to Quality Committee and FIP. All operating theatres are now open, with just one theatre session per day now used for inpatient endoscopy on the Luton site. The Trust is in a good position to deliver the activity levels required in the national operating guidance which asks for a minimum of 70% of 2019/20 baseline activity in April 2021, 75% in May, 80% in June and 85% from July. Any planned care activity over and above this level will be funded at PbR tariff over and above the Trust's block contract allocation for the first half of 2021/22.

3. MATERNITY UPDATE

The Ockenden Review – Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust (December 2020)

Following the initial release of the report there was a requirement for the Trust to provide an immediate response, which occurred in December 2020. A further submission of a self-assessment using a national tool - The Ockenden Assessment and Assurance tool occurred in February 2021. In recent weeks, Trust colleagues have received feedback from the Chief Midwife from the East of England regarding an analysis of the Trusts self-assessment. In the main the Trusts self - assessment aligned with the assessment completed by the Regional Team.

The maternity teams on both sites are now collating the evidence supporting the Trusts position, including the service developments that are needed for the Trust to be able to fully evidence meeting the Immediate and Essential action requirements.

The Trust is working with partners from the Local Maternity and Neonatal System who are supporting the development and assurance of evidence required prior to submission.

The exact time frame for the submission of evidence has not yet been confirmed but it is anticipated that this will be during May 2021.

NATIONAL INVESTMENT TO ENABLE DELIVERY OF OCKENDEN ACTIONS

The Ockenden report described immediate and essential actions (IEAs), some of which require direct investment to enable delivery. To reduce variation in experience and outcomes for women and their families across England, NHS England and Improvement is investing an additional £95.9m in 2021/22 to support the system to address all 7 IEAs consistently and to bring sustained improvements in our maternity services.

For 2021/22, more than £80m of additional funding will be distributed as targeted System Development Funding (SDF). At minimum systems can plan on the basis that the additional funding supplied this year will be put into CCG baselines for a fair shares distribution in the longer term to ensure that all systems can continue to meet their obstetric workforce requirements, the Birth Rate plus (BR+) recommendations for midwifery workforce, and training and development requirements.

The maternity team are working closely with trust finance colleagues to complete the template required for our application for a proportion of this funding.

NHS RESOLUTION MATERNITY INCENTIVE SCHEME

The Maternity Incentive Scheme (MIS) year 3 of the Clinical Negligence Scheme for Trusts was suspended during 2020 due to the pandemic. The MIS supports the delivery of safer maternity acre through a '10 steps to safety' framework underpinned by an incentive element to the trust's contribution to CNST.

It should be noted that the Ockenden review an essential actions include a degree of overlap with the CNST scheme and therefore progress with one would aid the other.

`The Trust is required to provide a self - declaration of compliance with the 10 standards in July 2021. The Chief Nurse and Medical Director will participate in the Maternity Services Evidence assurance panels during May and June where supporting evidence will be reviewed and where this is not met review the Quality Improvement actions that have been developed and implemented to achieved compliance with these recommendations.

BEDFORD HOSPITAL MATERNITY SERVICES QUALITY IMPROVEMENT PLAN

The CQC confirmed in February 2021 that the Trust would move to monthly oversight meetings. The Quality Improvement plan has been updated and aligned with the must and should do actions and this plan has been circulated to all personnel within the Bedford Hospital maternity services, and is displayed in the clinical areas to ensure this is visible to all staff. Each month the frontline teams present the Quality Improvements to date against the 'Must and Should do' actions and these have been positively received by the regulator and Regional Chief Midwife.

COVID RESTORATION

From April 12th 2021 visiting restrictions in maternity services have been relaxed further, this means that on support partner is able to accompany women at all antenatal

appointments and scan appointments and that on support partner is able to visit for an hour per day on the postnatal ward. This has been welcome news to women and their support partners and we have worked with our Maternity Voices Partnership on both developing and communicating these changes with our community. It is important to note that these relaxing of restrictions could change at short notice if it becomes unsafe to continue.

4. EQUALITY, DIVERSITY & HUMAN RIGHTS UPDATE

The Formal Executive reviewed and approved key documents that steer the Trust's compliance with: Equality Act 2010, Public Sector Equality Duty Public Sector Equality Duty and all related requirements of the NHS and Trust including Statutory Annual and other reports on Equality Information and progress for Patients and the Workforce including Gender Pay Gap Reporting.

The Executive approved the Terms of Reference for the Equality Diversity and Human Rights Committee, the governance structures for reporting and assurance and the Equality, Diversity and Human Rights Framework Strategy that details the full Trust commitment and approach to EDHR, linking with the organisational values and EDHR principles.

5. INFECTION CONTROL REPORT

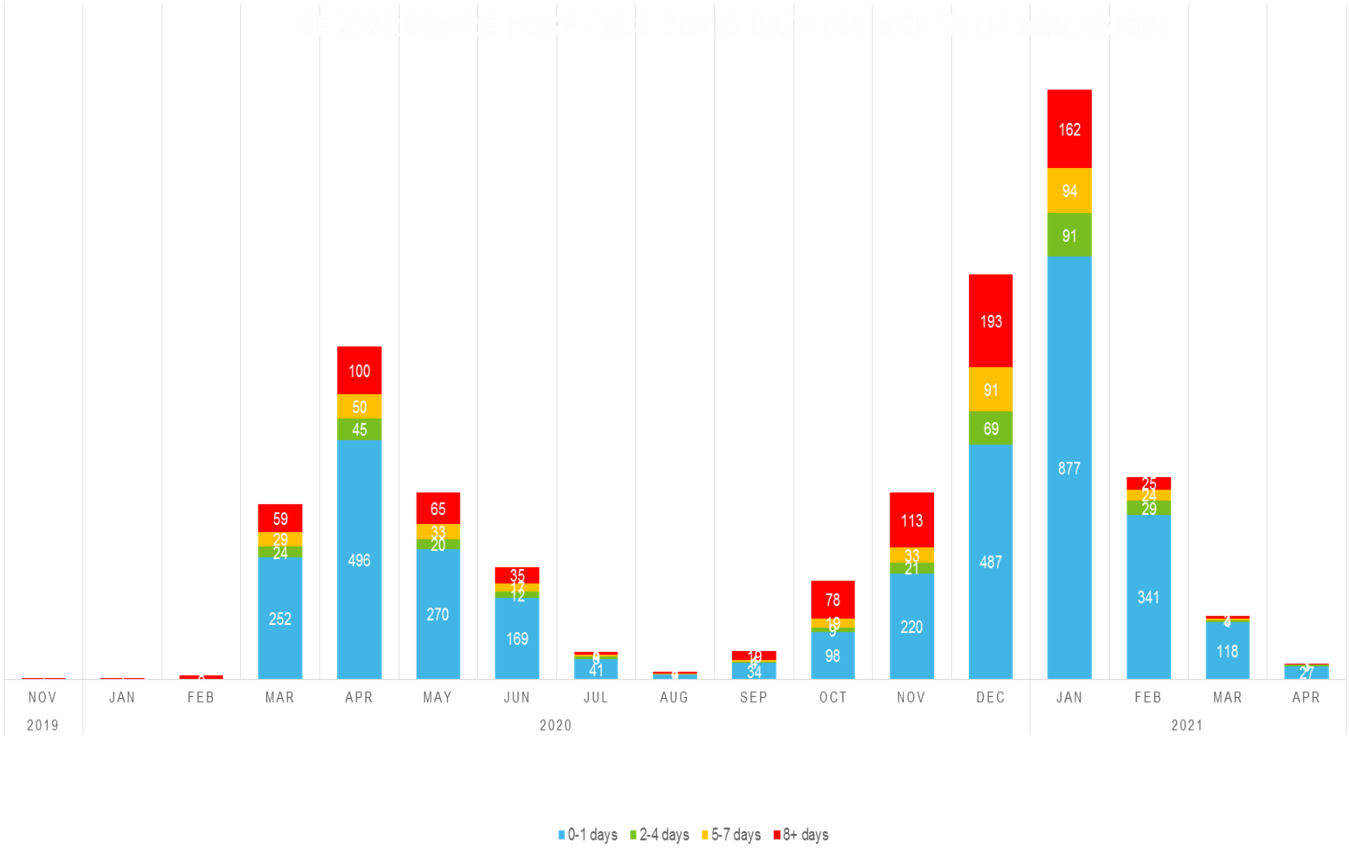
COVID-19:
Worldwide figures from the WHO show that to date 147,539,302 confirmed cases and 3,116,444 deaths have been reported. (27th April). In the UK, 4,406,950 confirmed cases and 127,434 deaths have been recorded. Worldwide 961,231,417 vaccine doses have been administered. In UK 43,087,487 vaccine doses have been administered with 10.8 million individuals receiving both doses. Locally the weekly case rate per 100,000 population in Bedford Borough and Central Bedfordshire is just below 20 and in Luton it is 60. In the two Trust hospitals there has been a significant decline in patients testing positive. Hospital admissions for COVID 19 have also declined. The Trust is working towards normalising its activity and providing increasing numbers of elective diagnostic and treatment procedures in a COVID safe environment.

TESTING for COVID – 19:

a) Point of Care Testing for COVID-19: Both hospital sites continue to provide POC tests. At the L&D the A&E and paediatric services are testing patients using the SAMBA II platform and the LIAT (Roche) platform. At Bedford hospital POC test is supported by a bank of SAMBA II machines. The supplies of test reagents are controlled nationally.
b) Laboratory testing using high through put analysers is provided by microbiology laboratory on both hospital sites.
c) Genome sequencing: A new service has been set up for identifying genome sequence of all positive samples. Currently the "Kent variant" B1.1.7 is the commonest identified locally and nationally.

VACCINES:
Two doses of vaccine against COVID – 19 have been offered and taken up by majority of our staff in both Trust hospitals. It is anticipated that the current vaccine will be effective against the current circulating strains of the virus. The impact of vaccination is already being noted with significant reduction in infections in the elderly. The possibility of emergence or importation of a variant virus that isn't neutralised by current vaccine immunity is the subject of intense surveillance in the UK.

BEDFORDSHIRE HOSPITALS COVID DATA (BY MONTH OF ADMISSION



Infections requiring mandatory notification:
A summary of key infections is presented below. Other seasonal (winter) infections like Influenza, RSV and Norovirus have been noticeably absent.

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 Bacteraemia	HAI	0	0	0	0	0	0	0	0	0	2	0	0	2
	CAI	0	0	0	0	0	0	0	0	0	0	1	0	1
C.diff	HOHA	2	2	0	4	0	2	2	2	3	2	2	3	24
	COHA	1	3	2	3	3	1	3	2	1	1	2	0	22
	COIA	0	1	0	0	0	0	0	0	1	0	0	0	2
	COCA	2	3	4	1	0	0	1	0	1	2	2	4	20
E.coli	HAI	0	4	3	7	1	2	0	0	1	2	2	0	22
	CAI	4	12	10	13	10	12	9	10	9	8	7	10	114
MSSA	HAI	2	0	1	1	2	1	2	0	0	0	1	0	10
	CAI	6	4	3	1	6	3	2	3	4	7	2	0	41
Pseudomonas	HAI	0	0	1	0	0	0	0	0	0	0	0	1	2
	CAI	0	2	0	2	1	1	1	1	1	1	0	1	11
Klebsiella	HAI	1	0	2	0	3	3	2	2	1	0	0	1	15
	CAI	3	2	5	3	4	4	3	4	5	1	6	2	42
MRSA Screen	HAI	1	1	6	2	1	4	4	6	4	8	6	8	51
	CAI	15	16	17	26	21	23	24	15	25	16	16	22	236
MRSA Clinical	HAI	0	1	1	0	2	0	3	2	2	2	5	2	20
	CAI	6	6	9	10	8	7	5	7	6	8	6	10	88
VRE	HAI	4	1	3	0	0	1	3	3	2	3	1	1	22
	CAI	0	1	1	0	0	0	0	0	0	0	1	0	3
CPE	HAI	0	0	0	0	0	0	1	0	0	0	0	0	1
	CAI	0	0	0	0	0	0	0	0	0	0	0	0	0
MDRGNB	HAI	17	10	10	10	7	15	16	18	6	16	9	16	150
	CAI	13	24	21	21	21	20	14	19	24	25	6	23	231
FLU	HAI	0	0	0	0	0	0	0	0	0	0	0	0	0
	CAI	1	0	0	0	0	0	1	3	0	0	0	0	5
RSV	Total					0							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 Bacteraemia	HAI	0	0	0	0	0	0	0	0	0	0	0	0	0
	CAI	0	0	1	0	0	0	0	0	0	0	0	0	1
C.diff	HOHA	0	1	0	0	1	0	0	0	0	1	1	0	4
	COHA	0	0	1	0	0	0	0	0	0	0	0	0	1
	COIA	0	1	0	0	0	0	1	0	0	0	0	0	2
	COCA	0	0	0	1	2	0	0	0	0	0	1	1	5
E.coli	HAI	0	1	0	0	1	1	2	0	1	2	0	0	8
	CAI	3	12	5	13	13	7	3	8	4	6	13	8	95
MSSA	HAI	0	0	0	0	0	0	3	0	0	1	0	0	4
	CAI	0	0	3	0	4	0	2	1	5	2	3	4	24
Pseudomonas	HAI	0	0	0	0	0	0	0	1	0	0	1	0	2
	CAI	1	3	0	0	0	1	0	0	0	0	0	0	5
Klebsiella	HAI	0	0	0	0	0	0	2	1	3	0	0	1	7
	CAI	0	0	1	0	1	3	2	1	0	0	1	0	9
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. LEARNING FROM DEATHS REPORT

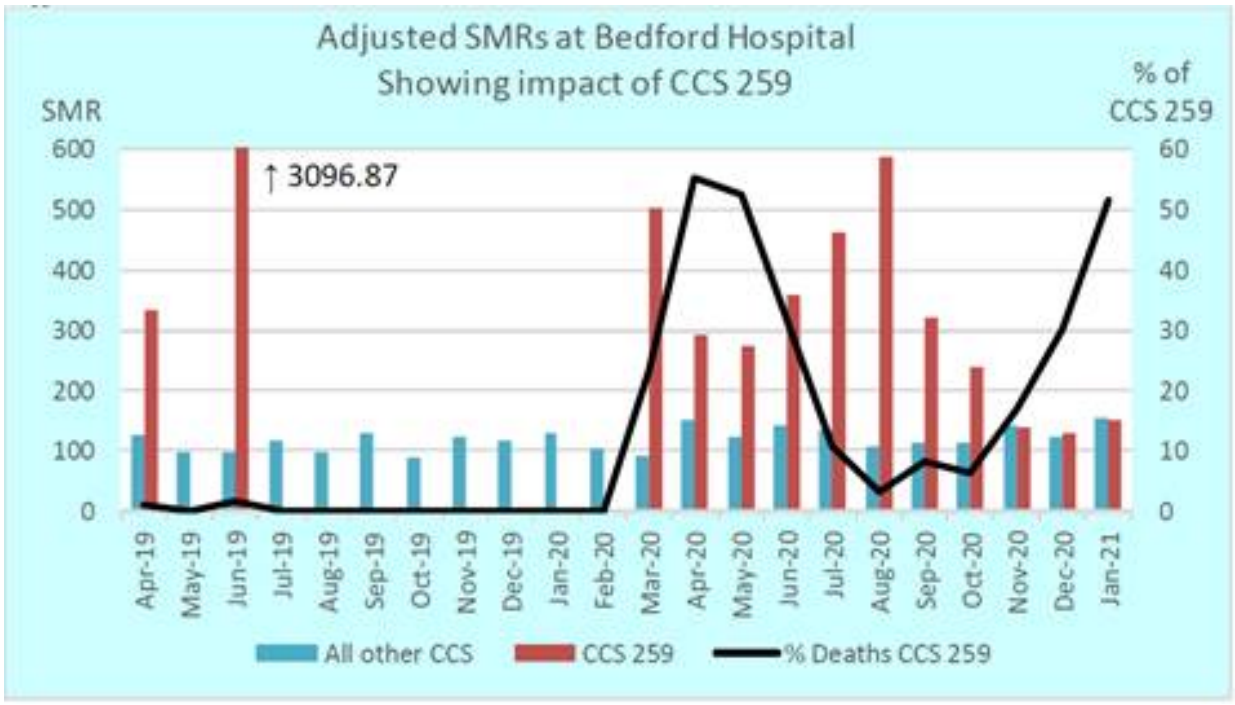
The Learning from Deaths Board met on 12 April 2021. Mortality summary reports are covered separately.

Covid deaths
There were 31 deaths in total across the trust from Covid in March 2021. Monthly figures will continue to be reported against a 5 year pre-pandemic average.

Deaths within 24 hours of admission
There were 11 deaths within 24 hours of admission in March (14.3%) on the Bedford site and 19 (20.4%) on the L&D site. The Deputy MDs and Lead ME will undertake further scrutiny of these.

HSMR alerts
CHKS alert data for HSMR (which excludes Covid deaths) is now available at site level. There are several alerts. Acute bronchitis (Bedford) and urinary tract infection (L&D) will be reviewed by the coding team. GI haemorrhage (L&D) and acute and unspecified renal failure (Bedford) will be reviewed by the Deputy MDs. Septicaemia (L&D) will be reviewed by Head of Clinical Information. Other perinatal conditions (coded as fetal death unspecified) remains a continuous outlier on L&D site with a 3-sigma breach. Joint MD will cross-check patient level data with maternity team who have previously provided assurance through CQOB. As a level 3 NICU it may be expected to have a higher HSMR but this requires further exploration.

SMR
SMR (which includes Covid deaths) for Bedford site peaked in May 2020 (187) with a further spike in January 2021 (155) which corresponds to the second wave of Covid. A similar but reduced effect was seen on the L&D site with a peak in May 2020 (132) and an increase in January 2021 (129). A detailed review has been undertaken to explain the drivers for this. Covid is coded into the “bucket” CCS group 259. Adjusting SMR to show the impact of CCS group 259 shows that the excess SMR is entirely due to this code. Where there is a high proportion of deaths due to Covid this will have a significant impact on the overall SMR. This finding is much more pronounced in the first wave.



SHMI
Activity coded to other sites (RC900 and 85A17) which is yet to be corrected and may further reduce SHMI on Bedford site. Current SHMI data (year ending Nov 2020) 1.02 trust overall, 0.99 L&D site and 1.06 Bedford site.

7. 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 was due for submission in March 202 but has been extended to May 2021.

Bedford site:
Following the virtual visit at Bedford hospital in Dec 2020 and the submission of the completed action plan the deanery have written back to ask for a further update on the action plan with a submission date of 21st May 2021. HEE have also asked for an update of feedback from trainees placed in O+G prior to their planned virtual visit on the 13th May 2021.

National surveys:
The trust have submitted an action plan following the recent NETS (National Education and training survey) and are awaiting a response from HEE to the action plan. The annual GMC survey is currently underway. The results of this will shared with the trust in the summer.

8. MANAGEMENT OF CQUIN

The operation of the 2020/21 CQUIN scheme was suspended by NHS England for all providers for the entire year. This was in response to the COVID-19 pandemic. However, the Trust had included all of the CQUIN projects within the annual quality priorities for 2020/21 and so work on implementing the improvements continued at a slow pace as operational pressures allowed.

No CQUIN scheme has been published for 2021/22 and the case is unlikely to change for the first 6 months of the financial year.

9. NURSING & MIDWIFERY STAFFING REPORT

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

10. GLOBAL DIGITAL EXEMPLAR (GDE) UPDATE

The GDE Programme is drawing to a close on both sites and so as we do this we are working to plot the route forward in the continuation of digital maturity within the Trust. The teams remain committed to delivering the agreed functionality to the sites even once the oversight and monitoring from NHS Digital ceases. This means that we are looking into how we implement the remaining commitments through other programmes that are due to be setup in the coming months. Both sites have now successfully drawn down all

agreed funding as part of the national programme which has been a significant investment in digitisation throughout the Trust.

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. Covid 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.

11. INFORMATION GOVERNANCE QUARTERLY REPORT

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

12. FREEDOM TO SPEAK UP (FTSU)

Bedford site Freedom to Speak Up Guardian

Six new concerns were raised in Quarter 4 (January - March):
- Attitudes and behaviours (3)
- Policies and Procedures (1)
- Patient Safety (2)

Luton site Freedom to Speak Up Guardian

There have been six new cases in Quarter 4 (January - March):
- Attitudes and behaviours (5)
- Policies and Procedures (1)

Other activity

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. Last month the Guardians attended a BAME network meeting in December to discuss their roles.

The extreme operational pressures continue to test the resilience of staff on both sites. The roll out of the vaccine and the easing of lockdown should ensure that staff would start to rebuild their resilience and mental well-being.

The FTSU Policy has been updated and covers both sites, it is going through process to be approved and launched.

13. ESTATES & FACILITIES UPDATE

HARD FM SERVICES – LUTON & DUNSTABLE

Ventilation:
System verifications undertaken in March 2021: A&E Theatre X-ray, Theatre 3, Theatre 4, Wilson Suite ward 31, Nuclear medicine extract. Theatres 3&4 air handling refurbishments have been completed on block 71 as has the extract ventilation systems to theatre 1-6 and recovery.

Medical Gas:
MES Ltd have been engaged to survey and produce updated drawings of the entire site medical gas installation, works due for completion in June 2021. External Authorising Engineers Audit of the systems in place has been completed.

Electrical:
The Fixed Electrical installation testing scope for 2020/21 was completed in financial year. Testing will recommence on the 2021/22 testing regime in June. External Electrical Authorising Engineer attended site 21st April 2021 to commence a full compliance Audit.

Steam Boilers:
The Hospital Sterile Supplies Department steam raising boilers are to be replaced as part of Energy Performance Contract (EPC). As part of these works the existing steam systems/pipelines will be replaced in advance of the new steam generators. Detailed design works are to commence in May with tender action scheduled in July. Pressure systems compliance inspector visited site in April to complete a systems audit.

Asbestos:
Clearance works continue in the basements and ducts. Now unimpeded access is available in the cleaned ducts, design works are commencing on the new site wide low pressure hot water heating system as part of the EPC. Routine site wide annual re-inspections are scheduled to commence in June.

LUTON & DUNSTABLE ESTATES CAPITAL PROJECTS

Surgical Block Chiller Replacement / Upgrade: Works are complete and the system is operational. All wards in the block will now benefit from tempered (cool air) when called for 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.

Lift Upgrades: The new lift serving the Max Fax block is currently in the final stages of installation. The lift will be commissioned in late May early June, once complete this will provide compliant disabled access to the upper floors of the block.

Fire Compartmentation: Surveys and works are progressing across the site. Works have slowed during the pandemic due to restriction on access. As part of the intrusive survey work additional scope is being identified, this is being progressed as works proceed.

Ventilation Works: A number of air handling units have been fully refurbished and or upgraded in the surgical block over the past few months whilst departments have been closed due to the pandemic. As part of these works the sites building management system has been incorporated providing full ventilation and heating control of the plant for the first time.

HARD FM SERVICES – BEDFORD HOSPITAL

Medical Gases:
BOC have completed an upgrade of the Oxygen evaporators on site, increasing flow capacity to a maximum of 3000 litres per minute for both the duty and standby equipment.

Water:
A formal Water Safety and Ventilation Group meeting was held in March. No significant issues raised. Water Sampling for Bedford Hospital 2020/21 is complete with the 2021/22 programme now underway commencing with the Main Ward Block.

Ventilation:
Annual verifications of critical ventilation systems are now complete. No new issues have been raised.

Electrical:
Fixed Wire testing for 2020/21 has resumed and is nearing completion, delayed due to Covid19. Replacement of very old distribution boards in the Administration block containing rewirable fuses and asbestos flash guards is currently under way.

Lifts:
An upgrade of block 85 sluice lift will commence 4th May 2021.

Asbestos:
Re-inspections across the site are all up-to date.

BEDFORD ESTATES CAPITAL PROJECTS

MRI 1 Replacement: All works completed, the system has been fully tested, staff trained and in operation.

Endoscopy Room 5: Works are progressing well to create an additional endoscopy room and upgrade ventilation systems. Works will be fully commissioned, operational in May.

SOFT FM SERVICES – LUTON & 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.

	Target Score	January	February	March
Very High Risk	98%	97.58%	98.06%	98.11%
High Risk	95%	94.13%	94.72%	95.43%

Key Cleaning KPIs:
Whilst the ISS contract mobilisation has progressed well we saw a reduction in the KPI cleaning scores on commencement of mobilisation with concerns raised by matrons. We have now seen a steady improvements in KPI performance as new systems are put in place. March saw targets being achieved, focused auditing and actions remaining in place until standards are maintained. 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 been reinstated. No points of escalation. March Overall Percentage 95.69%. Positive feedback continues to be received from patients. A new domestic monitoring tool will be introduced in June that will improve the method by which monthly cleaning audits are undertaken and provide far more detailed reports.

14. COMMUNICATIONS AND FUNDRAISING

COMMUNICATIONS EVALUATION REPORT: Jan to Apr 2021

External Communications and Media
The last quarter has seen a notable increase of media coverage for the Trust in relation to the previous period. The current national NHS situation of extreme operational pressures due to COVID have significantly reduced over the past months which could be due to the impact the COVID vaccine is having within the community. As such, the vaccine and news relating to this have dominated media coverage within this quarter. Regional NHS communications team have advised that although the NHS has moved

from critical incident level 4 to 3 all NHS organisations still need to run all high profile / contentious media activity past them first before any action is taken at a local level. This is to ensure that consistently accurate messages on similar subjects are distributed.

Summary of key media coverage

- The main news item for the Trust that received (and continues to receive) global media coverage is the death of Captain Sir Tom Moore. On Tuesday 2 February, the Captain passed away at Bedford Hospital
- Maternity services
    - CQC inspection at Bedford Hospital that took place in Nov 2020
    - Maternity leadership team strengthened at Bedford Hospital
- The inquest into the death of Mary Agyapong
- Introduction of an appointment booking system for phlebotomy services at Bedford.

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

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**	**7,155**	**+369**
L&D	**Facebook**	**9,533**	**+337**
Bedford	**Twitter**	**6,172**	**+306**
L&D	**Twitter**	**5,410**	**+528**
Bedford	**Facebook Maternity Page**	**4,153**	**+241**
L&D	**Facebook Maternity Group**	**1,611 members**	**+130**

The aim is to ensure the same messages are shared across both hospital channels where possible. There are some exceptions for this where there are specific site messages, particularly around the redevelopment programme or service changes.

At the start of April, we invested in the media monitoring platform, Meltwater, which will benefit our social media activity and reporting going forward. It's a simple platform to monitor, schedule and analyse information through all social media channels and platforms. We hope to see the benefit of this over the next few months.

A few highlights from Jan to Apr on social media channels include:

- There has been a continued focus on COVID-19 related posts (national lockdown, guidance, vaccinations, specific changes to our hospital sites etc).

- The changes to our maternity restrictions have been thoroughly welcomed with posts reaching over 10k on each account. However, when reposting the change to restrictions there was a high level of Twitter activity over our introduction of inclusive language using the words ‘pregnant people’ in addition to ‘pregnant women’. There have however been positive comments from staff and members of the public appreciating our efforts to be inclusive. These posts were posted in collaboration with the Bedford and Luton MVP.
- Our highest reaching post was on the Bedford Hospital Facebook page on our statement on the passing of Captain Sir Tom Moore’s death. This reached nearly 75k people and had a large number of public comments. On Twitter, the post reached over 368k people.
- The introduction and welcome to the new maternity leadership team was well received reaching over 10k across both channels.
- We have been supporting national/international campaigns - World Health Day, Bowel Cancer Awareness Month, World Autism Day, Epilepsy Day, World TB Day, World Down Syndrome Day, World Oral Health Day, Ovarian Cancer Awareness Month, Brain Awareness Week and World Cancer Day.
- A week long campaign was held for International Women’s Day, to showcase a small selection of women in our Trust, in a variety of roles. One post reached over 46k. We also held a shorter week long campaign for National Apprenticeships Week, showcasing the opportunities available and a few members of staff who have been/are apprentices.
- Continue to support a variety of recruitment adverts, along with National Careers Week, with a post reaching nearly 10k and over 1,000 links directly to the jobs section of our website.
- Redevelopment posts continue to receive a high reach and engagement:
    - Access to the Emergency Department reaching over 20k
    - Changes to the main entrance, PALS and drop-off reaching over 32k
    - Closure of retail outlets reaching over 21k
- An acknowledgement post on the passing of the Duke of Edinburgh was well received on the L&D’s social media channels, after referencing the fact he opened the Cardiac Centre in 2013. The post reached over 10k on Facebook with staff commenting to remember the day.
- Throughout the week of Lent, and Holy Week, we posted a few links to our Chaplaincy’s YouTube videos, and we received positive feedback from the Chaplaincy team for having this platform to share their messages.

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 not only carries an accessibility score of 87 out of 100 giving us a ‘good’ rating (as of 1 Apr 2021) but now places us in the top ten of all NHS Trust websites for its accessibility standards.

From 1 Jan to 28 Apr 2021 we've had over 1.2 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 becoming more comfortable with completely new ways of working.
The Microsoft Teams platform continue to be in frequent use to enable meetings to take place remotely and virtually and allowed us to successfully facilitate and support the below forms of staff communications:

- Operational Briefings led by the Deputy CEO to Senior Managers
- Monthly virtual All Staff Briefings led by the CEO with input from members of the Executive Team
- Virtual one-off live events for COVID vaccination Q&A session with some of our clinical leaders and special event on 1 April to mark one since the merger of Bedford Hospital and the L&D Hospital to form Bedfordshire Hospitals NHS Foundation Trust
- Virtual Staff Engagement Events – Good Better Best
- Dedicated COVID-19 section on the intranet
- 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 AND VOLUNTEERING

Voluntary Services

- We have 505 volunteers across sites. We continue to maintain contact via Zoom meetings, regular communication and telephone calls. We have 61 currently working on our sites and many volunteers have expressed a desire to return. We will undertake risk assessments to ensure their safety.
- A number of our volunteers were nominated for the National Helpforce Wall of Fame awards for their support during COVID.
- Delphi Ellis, a qualified Therapist, Mental Health and Wellbeing Trainer has supported a Volunteer Wellbeing Programme across both sites.
- Planning is now taking place for Volunteers Week in the first week of June.
- A bid for NHSE/I Winter Pressures Funding was successful and was granted £20k. This will provide resources for volunteer activities including phones/bleeps, electronic volunteer sign in and wheelchairs.

Youth Engagement

- The first work experience session in September 2020 was a huge success, which led to a further all day session delivered on Saturday 6th March 2021. This was attended by nearly 100 students, with an opening video from David Carter and presentations from specialties from across the Trust.

- These developing relationships with our community and promoting the Charity. One of the schools has made us their Charity of the Year.

Trust and Grants

- We have continued work towards finalising the Stage 2 Community Grants for NHS Charities Together and the final application is due to be submitted imminently. We are putting forward 5 projects from across the BLMK network, relieving pressures on NHS organisations during the COVID-19 pandemic, and we are very hopeful for a positive response.
- We are also finalising our Stage 3 bid following positive feedback from NHS CT on our preliminary application. The bid, worth £173,000, will support end of life care, funding for the CIC (Employee Assistance Programme) on both sites and the "Pathway to Excellence" Nurses Accreditation Programme.
- We are also developing our next fundraising appeal, which we hope will be centred on the Luton and Dunstable University Hospital's Emergency Department.

Community, Corporate and Retail Fundraising

Community fundraising has continued despite the COVID restrictions including:
- Grandparents of a Paediatric Oncology patient purchased some new toys.
- The local Giant Teddy Bear raffle supported our COVID fund and raised £1200.
- A NICU parent is fundraising for 3 patient monitors and has raised £17,725 towards his £24,000 target.
- Respiratory Physiology completed a March Fitness Challenge and raised £1235 for NICU.
- A 9 year old supporter skipped for NICU and has raised £1635.
- The Harpenden Round Table raised £4330 from their Santa Float
- Harpenden Mayor and Dunstable Town Football Club have chosen us as their Charity of the Year supporting Maternity and NICU.
- The Gaelic Girls Football Team and Asda Luton donated Easter Eggs.
- The Charity Hub based in maternity has continued to deliver support through gifts and refreshments.

Our corporate contacts have maintained their support for the Trust including:
- Support from Amazon donating to the St. Mary's garden project, £500 to the giant teddy bear's fundraising and 1000 notebooks for Nurses Day.
- Reactive Integrated Services donated Easter Goody Bags for Paediatrics and Randstad donated boxes of sweets for the Vaccination Centre.
- Machins Solicitors are offering a discount for all Trust staff a 25% discount to write their will. Trust Members are being offered a 10% discount.

Bedford Hospital Charity & Friends

As a Trust we are working closely with the Bedford Hospital Charity & Friends to support Bedford Hospital We are very grateful for their support. We are working closely to collaborate in partnership and the support that they have provided included:
- Gifts for the wards and a summer raffle
- Donations of water and re-usable water bottles for the vaccine centre
- Ongoing work with their £1million Bedford ED Appeal including raising funds for the Bedford ED CT Scanner.

15. POLICIES & PROCEDURES UPDATE

The following policies have been approved:

New Health and Safety Policies

- Trust Health and Safety Policy
- Working at Height Policy
- Control Of Contractors Policy
- Provision and Use of Work Equipment (PUWER) Policy
- Personal Protective Equipment Policy
- Safe Use and Testing of Local Exhaust Ventilation (LEV) Systems
- Lone Working Policy
- Health and Safety Risk Assessment
- Driving for Work Policy
- First Aid at Work Policy
- Home Working Policy
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Policy
- Slip, Trip, Falls – Staff, Visitors and Third party
- Control of Substances Hazardous to Health
- Display Screen Equipment
- Transport of Dangerous Goods and the accompanying Procedures for the Transport of various items classified under ADR

New Human Resources Policies

- Probation Period Policy
- Trade Union Recognition Policy
- Appraisal and Revalidation - Medical Staff
- Agile Working Policy
- Secondment Policy
- Pay and Pay Progression Policy
- Maternity, Paternity, Adoption, Shared Parental Leave Policy

New Research and Development Policies

- Research Governance Policy
- Research Misconduct
- Intellectual Property Rights
- Research and Development Strategy

New Clinical Governance Policies

- Serious Incident Policy
- Clinical Audit Policy
- NICE Guidance & Quality Standards
- Policy and Procedure for the Management of the Central Alert System (CAS)
- Incident Reporting Policy
- Data Quality Policy

- Duty of Candour Policy

New Other Policies

- Financial Redress Policy
- Freedom of Information Act Policy
- Use of Medicines Policy
- Emergency Blood Management Plan (EBMP)
- Risk Management Strategy

NURSING AND MIDWIFERY STAFFING REPORT

NURSING WORKFORCE REPORT

Appendix 1a

Bedfordshire Hospitals NHS Foundation Trust
Corporate Nursing

Overall Ward Fill Rate

	Bedford Hospital Site				Luton and Dunstable Hospital Site			
		Jan 21	Feb 21	Mar 21		Jan 21	Feb 21	Mar 21
% of Registered nurse day hours filled as planned		88.21	92.67	95.94	**% of Registered nurse day hours filled as planned**	93.29	91.82	96.84
% of Unregistered care staff day hours filled as planned		90.08	99.74	97.51	**% of Unregistered care staff day hours filled as planned**	91.5	99.26	104.60
% of Registered nurse night hours filled as planned		91.95	102.77	108.13	**% of Registered nurse night hours filled as planned**	97.82	98.45	101.03
% of Unregistered care staff night hours filled as planned		107.5	113.86	111.94	**% of Unregistered care staff night hours filled as planned**	115.8	122.97	123.33
% of total overall planned hours		92.34	99.88	101.86	**% of total overall planned hours**	97.67	99.96	103.79

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.

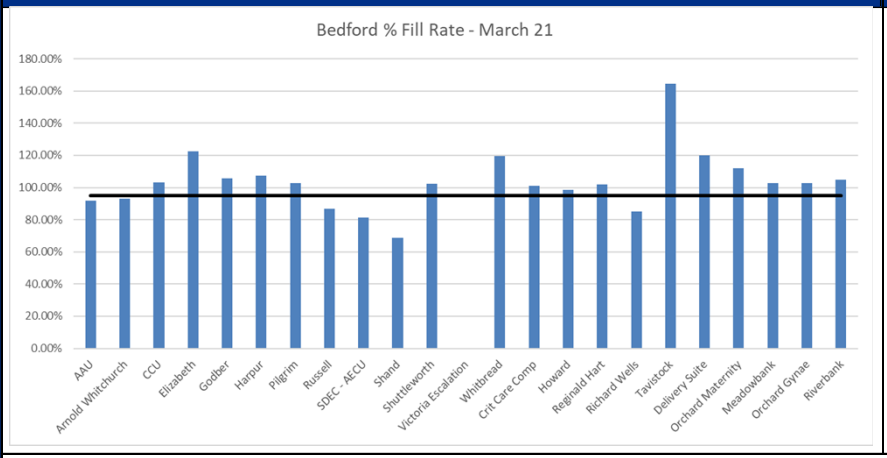
The reduction in activity related to COVID in February continued in to March and as a result both sites saw a reduction in pressure on staffing, this is demonstrated by the improved overall fill rate position. The fill rate for clinical support workers at Bedford fell month on month, this is likely to be as a result of unfilled and unneeded bank shifts not being cancelled and therefore not being removed from the demand template.

During the height of the COVID surge in January the trust implemented incentive schemes for staff working in front line care delivery in an attempt to increase cover. These incentives remained in place in March however towards the end of the month the need for and impact of the incentives were reviewed. This showed that there had been no demonstrable increase in fill as a result of the incentives however it is impossible to say whether there would have been a reduced fill rate without them. As a result of this and taking into account the reduction in pressure and the improved staffing picture a decision was made to end this initiative.

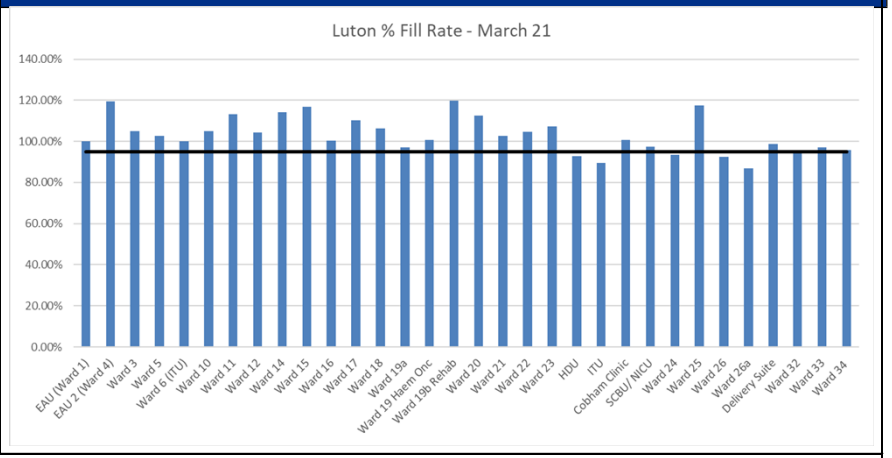
Incentive schemes that were in place prior to this scheme in January remain in place.

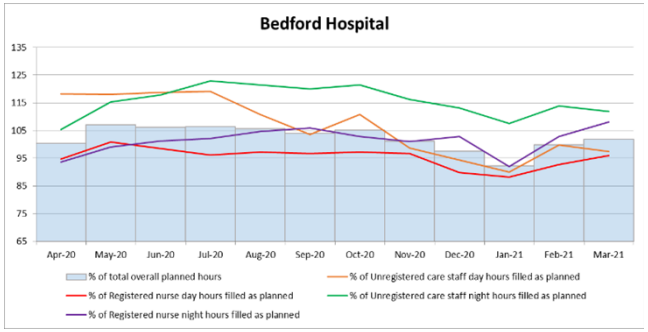
Fill Rate by Ward

Bedford Hospital Site



Luton and Dunstable Hospital Site



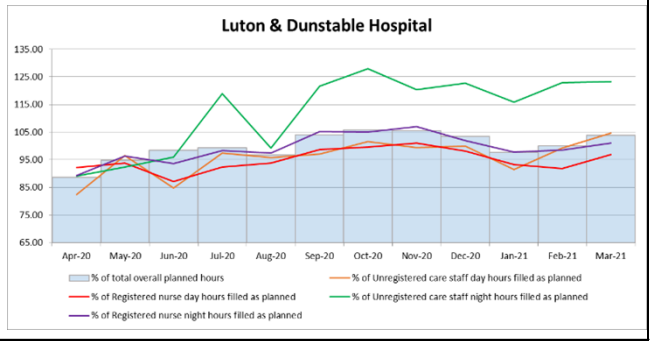


With the exception of ten areas all wards met their planned staffing levels in March.

At Bedford Hospital AAU, Arnold Whitchurch Russell and Richard Wells wards were marginally below plan, this was mitigated by reduced activity. SDEC had a more significant reduction in fill, again this was mitigated by reduced activity and the Unit manager supporting while in a supervisory role during peaks in activity.

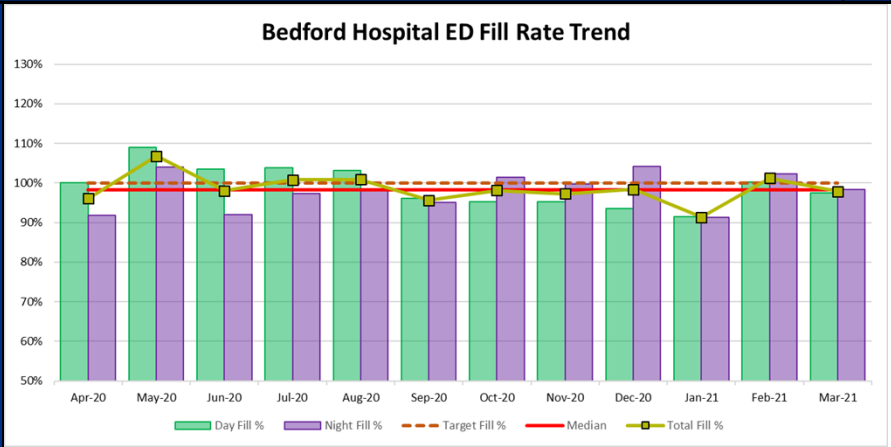
Victoria ward is co-located with SDEC and is an escalation area, this was closed for all of March. Shand ward had a period of significantly reduced activity as the ward was vacated prior to deep cleaning as it moved from being a red to a green ward.

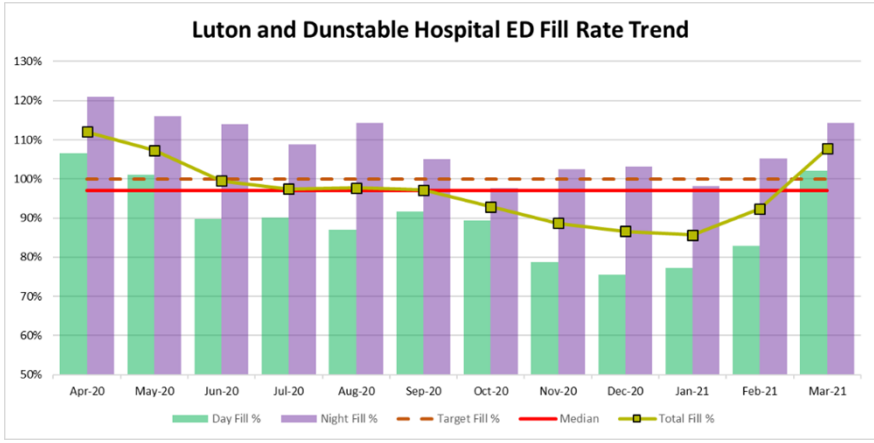
On the Luton and Dunstable Hospital site only ITU, HDU and wards 24 and 26 fell below plan however this was marginal and is not a significant reduction.

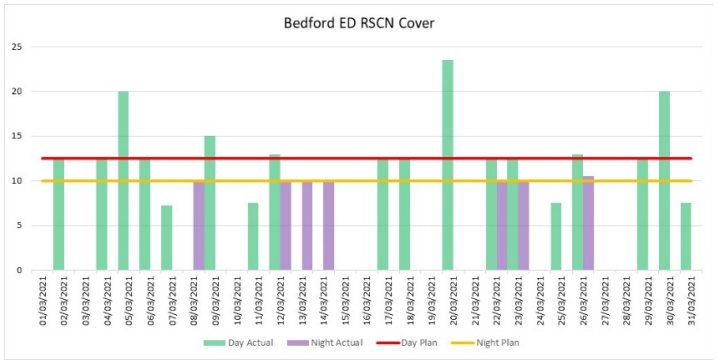


Bedford Hospital Site	Luton and Dunstable Hospital Site

ED Fill Rate



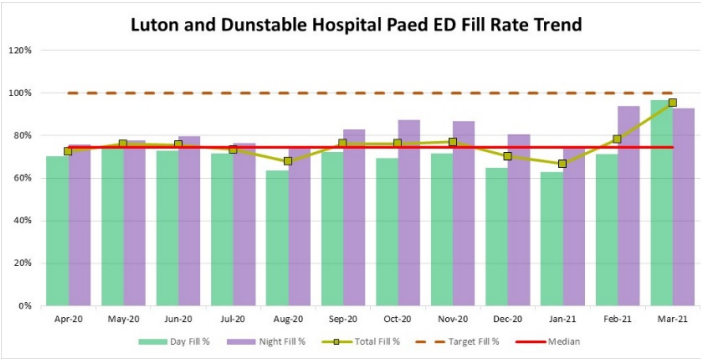




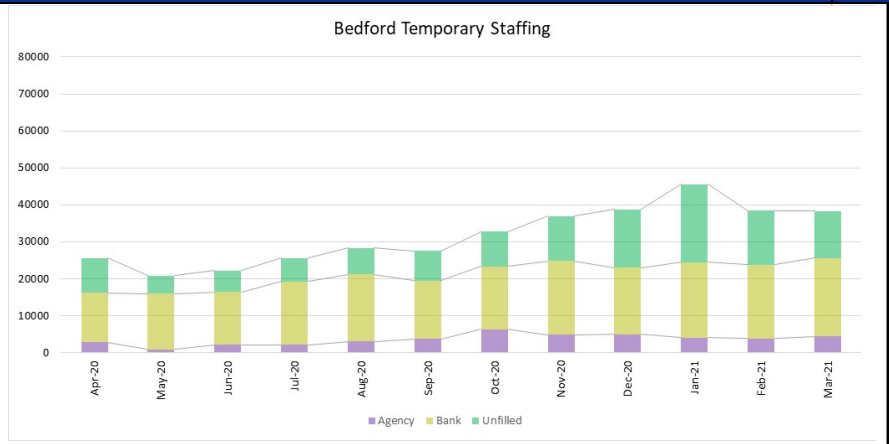
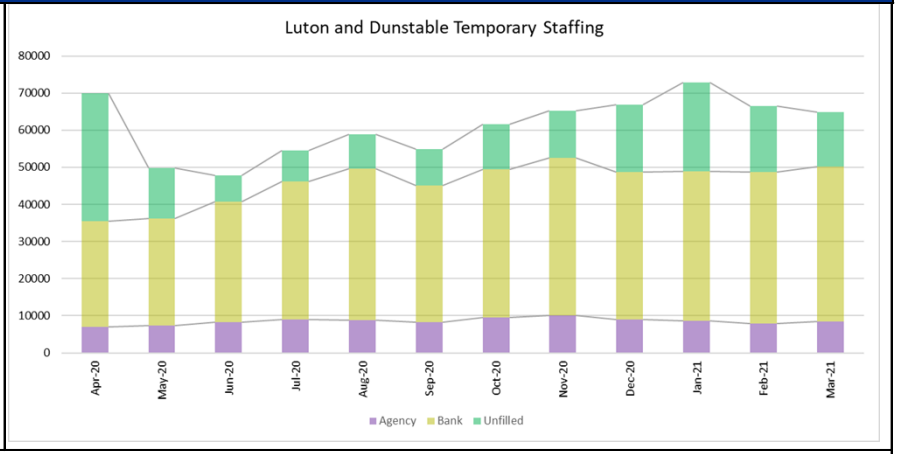
ED fill rate at Bedford was slightly below target for March however it was within the normal range for the unit, day and night cover were equally matched.

Paediatric cover remains a challenge due to ongoing difficulty in recruiting Childrens Nurses to work in ED.

ED fill rate at Luton & Dunstable Hospital has improved significantly in March, this is partly due to non required shifts being removed from the rota.



The Head of Nursing for Emergency Care is reviewing the roster templates for both ED's as part of the routine roster review process in addition to planning for the workforce changes that will be required as a result of the building development work on each site.

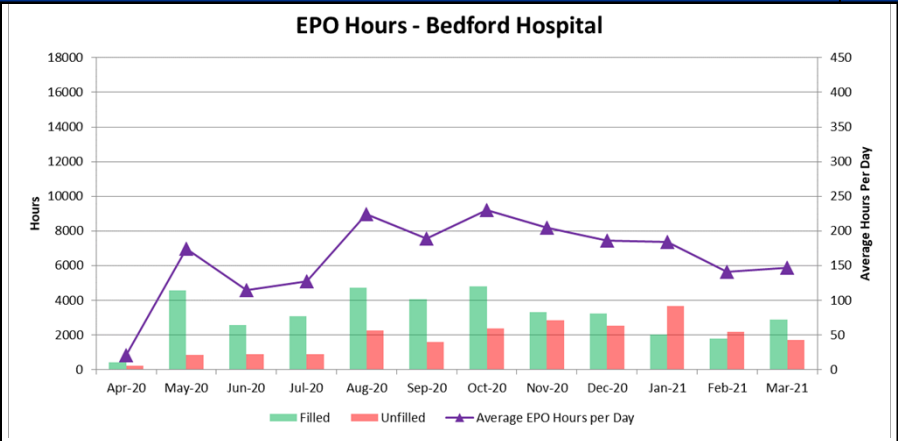
Temporary Staffing Breakdown	Bedford Hospital Site	Luton and Dunstable Hospital Site
		

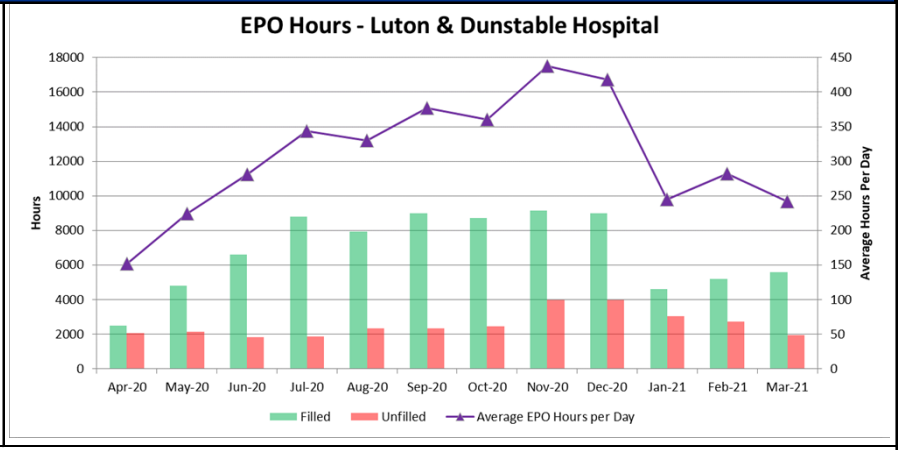
Temporary staffing on both sites appears to be stable with an increased proportion of shifts covered by bank rather than agency. Unfilled rate remains within trend for each site.

With vacancy rates reducing significantly on the majority of wards we are approaching the point of being fully established, once this is the situation the possibility of “turning off” automatic agency use for fully staffed wards and departments will be considered.

Enhanced Patient Observation Shifts

Bedford Hospital Site	Luton and Dunstable Hospital Site



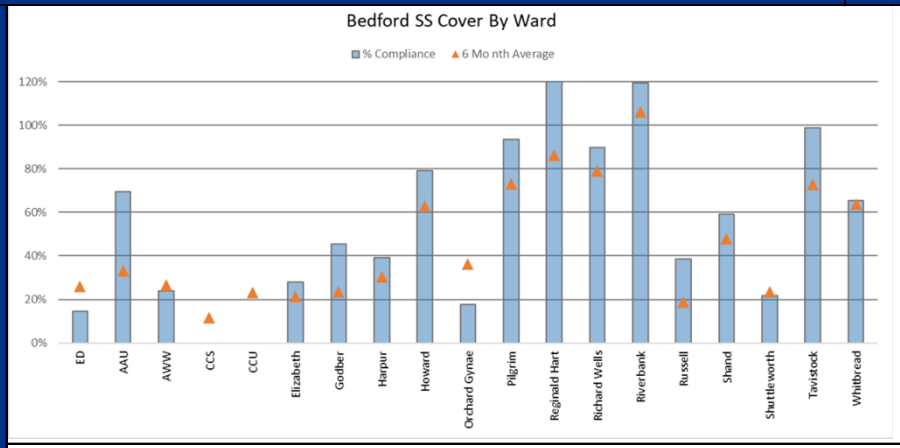


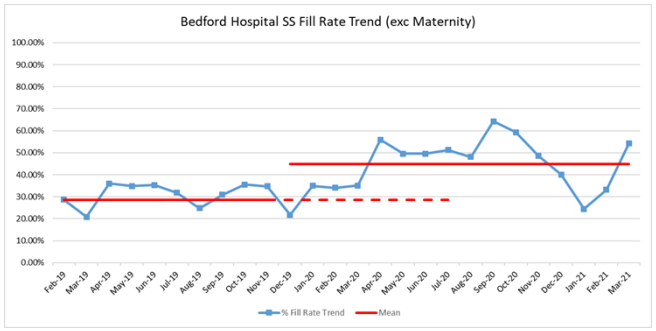
Enhanced Patient Observation (EPO) demand on the Bedford site increased slightly in March however overall it remains below trend. In January and February the unfilled demand exceeded the filled for the first time, this balance has now retured the normal.

At the Luton and Dunstable Hospital the EPO demand fell again in March however the proportion of demand filled continues to increase month on month.

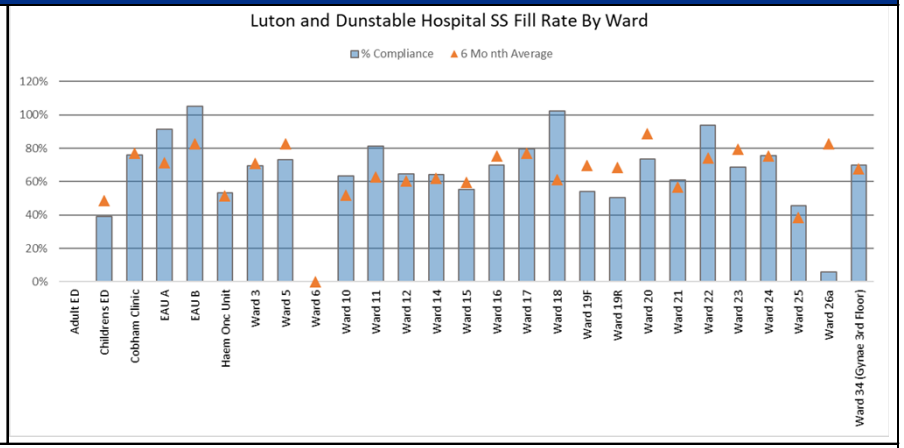
Supervisory Cover

Bedford Hospital Site





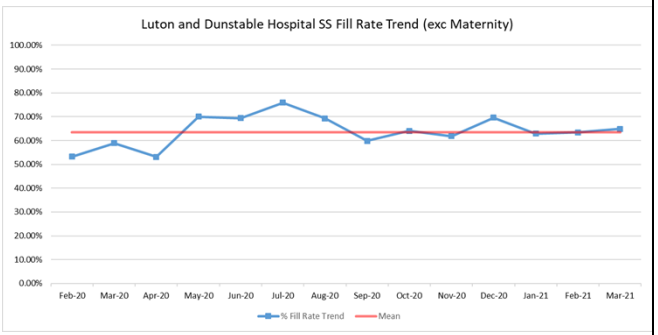
Luton and Dunstable Hospital Site



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

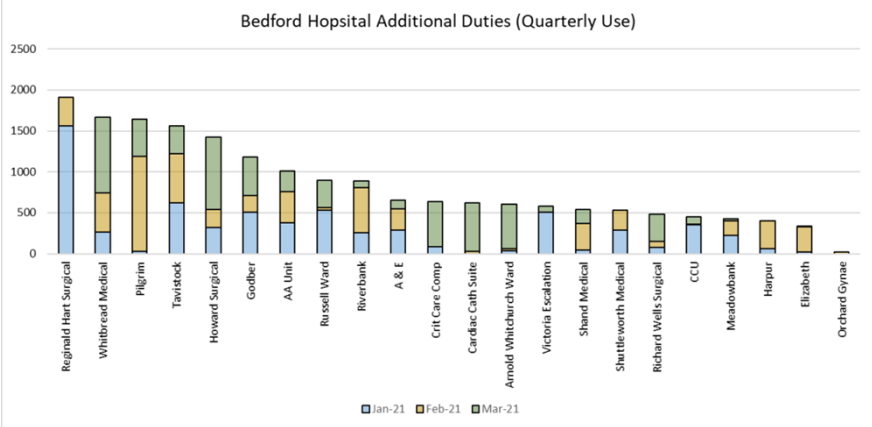
SS fill rate at Bedford Hospital recovered from the fall in January with most wards now exceeding their 6 month average hours. This reflects the reduced operational pressures and better fill rate in March.

At Luton & Dunstable Hospital the SS fill rate remains stable with most wards meeting or exceeding their 6 month average.

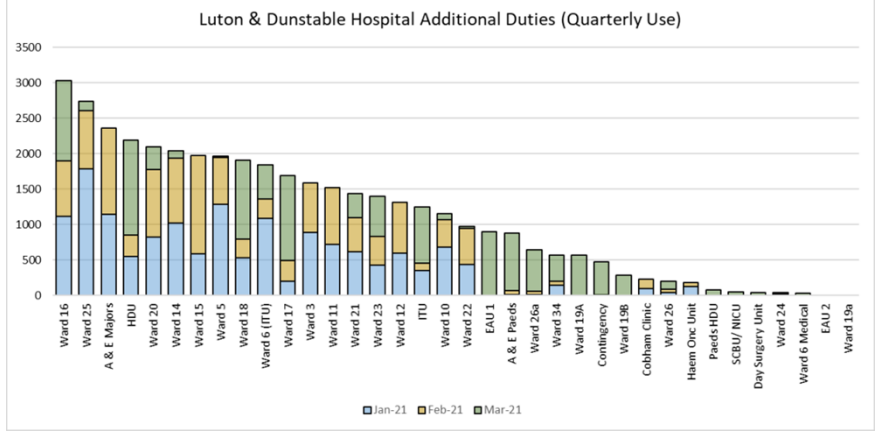


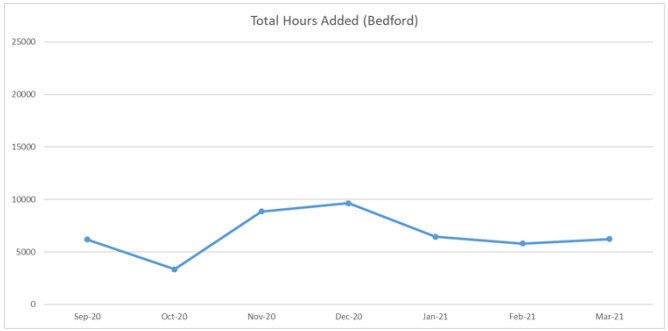
Additional Shift Use

Bedford Hospital Site



Luton and Dunstable Hospital Site

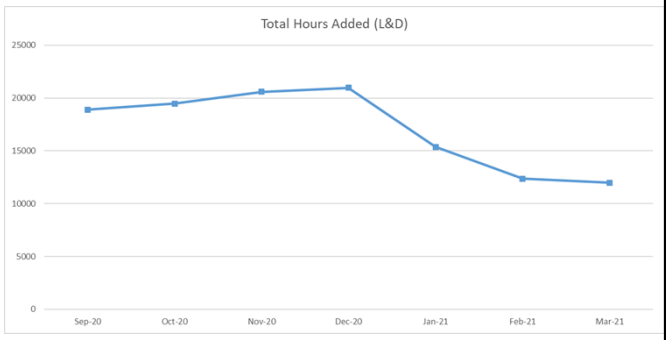


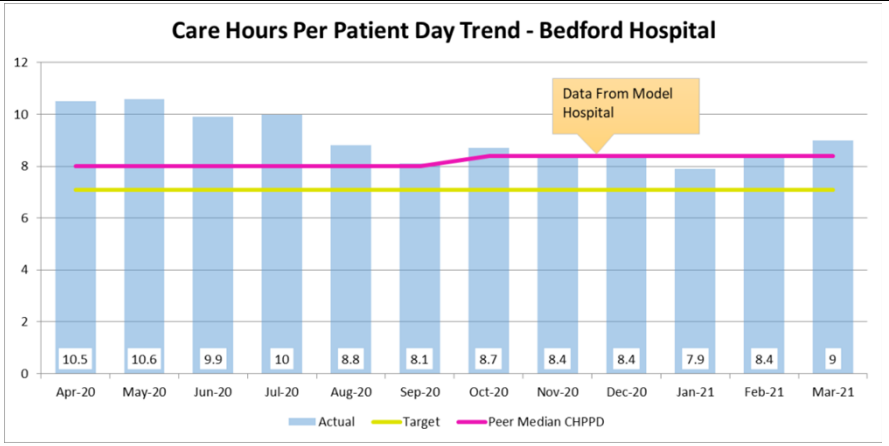
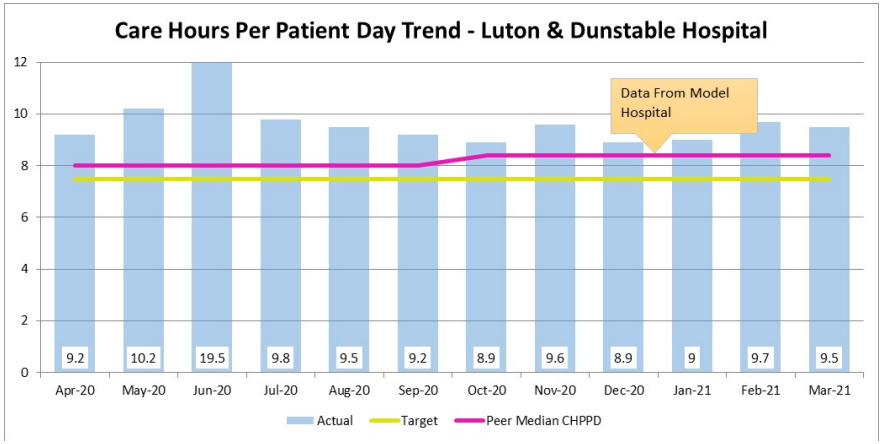


The number of additional shifts added above the agreed ward templates significantly reduced throughout the COVID period, this has been sustained overall at Bedford with the exception of those areas with higher EPO requirements.

At Bedford Hospital the additional shift use remained stable reflecting the reduced demand overall for EPO care and the rebasing of Pilgrim Wards template. The continued use of Tavistock as a 24/7 inpatient area continues to have an impact and as part of the upcoming roster reviews consideration needs to be given to establishing Tavistock for 24/7 operation.

At Luton & Dunstable Hospital the same trend is being maintained, again this is likely to be due to reduced demand for EPO cover.



Bedford Hospital Site	Luton and Dunstable Hospital Site
	

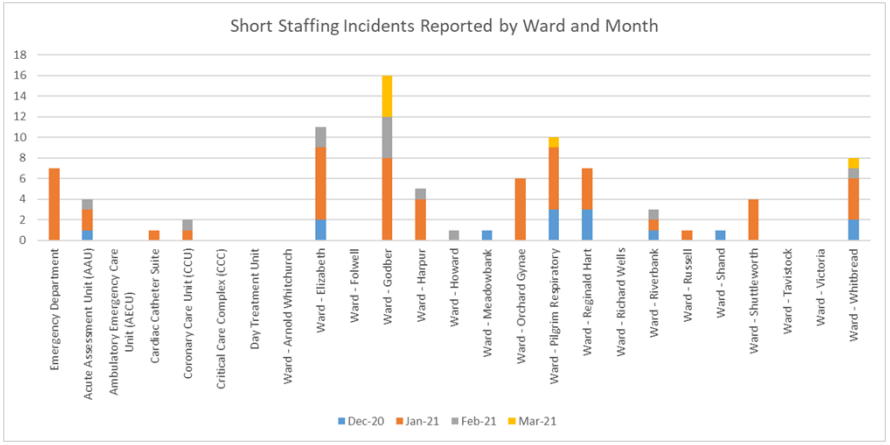
CHPPD Rate

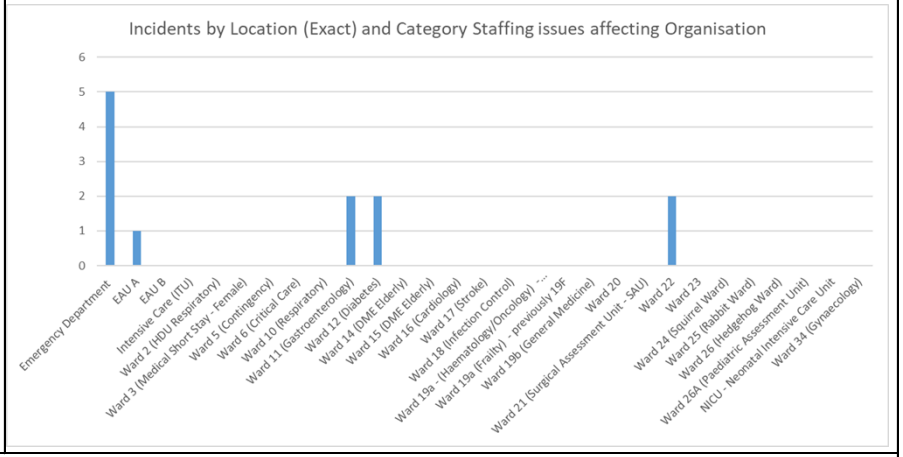
Care Hours Per Patient Day (CHPPD) is a metric that is promoted for use as a standardised measure of effective and safe staffing, by taking into account the number of actual hours worked in direct patient care shifts divided by the number of patients in hospital beds at midnight each day. As with all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

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

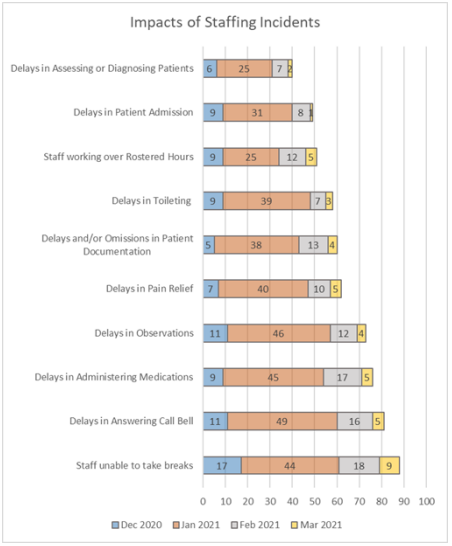
Both sites tend to exceed planned CHPPD. For CHPPD to be truly useful the measure needs to be compared with peers, this is shown on the pink line of the chart above, our peer group for this measure is made up of our surrounding trusts however at this time there has been no update to the Model Hospital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

Staffing Incident Reports - Nursing	Bedford Hospital Site	Luton and Dunstable Hospital Site





Following the surge in incident reports (n=56) in January at Bedford Hospital this fell to just 6 in March; reflecting the overall staffing picture in March.



It is not yet possible to provide the same data and level of analysis of the Luton and Dunstable Hospital incident reports as Datix is not configured in the same way. However the data above is comparable for March and shows that reporting of staffing concerns is generally low with the exception of a few areas. Based on the earlier fill rate information this could indicate under reporting.

ED is the area with the highest staffing incidents in March, Ward 12 has seen numbers reduce from last month.

There is no evidence of any direct relationship between short staffing and incidents resulting in moderate or severe harm.

Appendix 1b

Bedfordshire Hospitals NHS Foundation Trust
Corporate Nursing

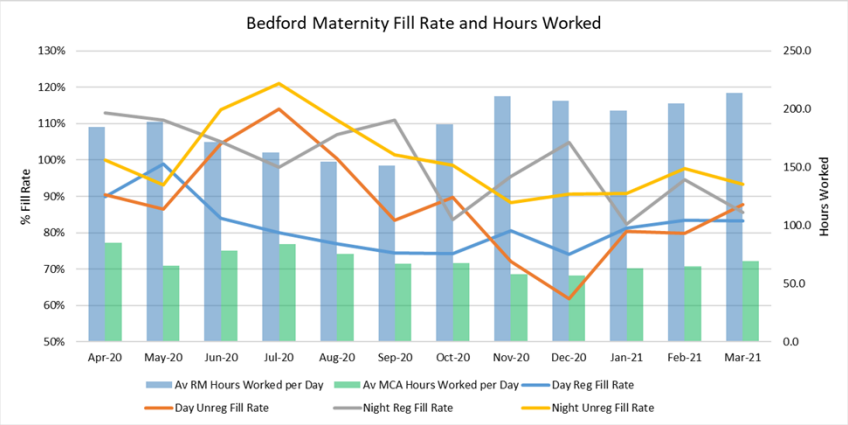
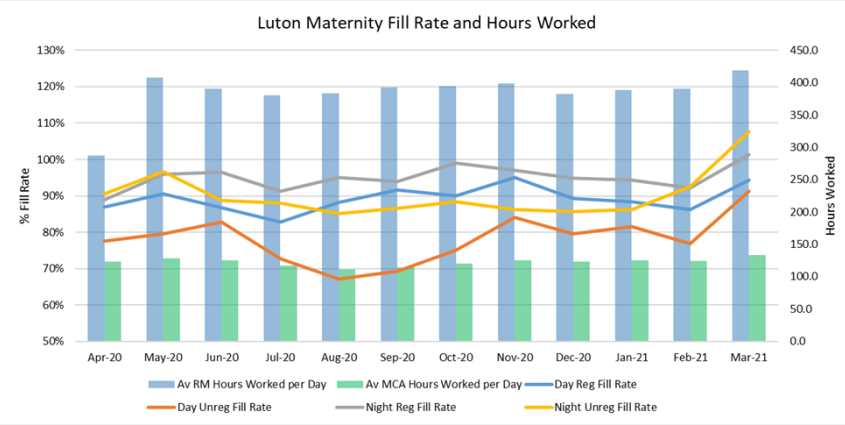
Midwifery Workforce Report
March 2021

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.

Fill Rate

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 maternity 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.

Fill rates for RM's and Support workers remained stable or increased for day shifts on both sites and night shifts at Luton. Night shift cover at Bedford reduced compared to February.

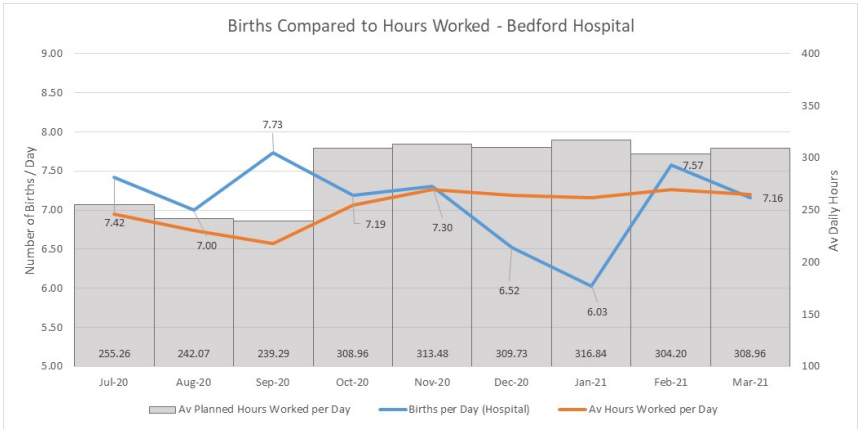
As part of the ongoing maternity safe staffing reviews it was identified that the rosters were not being updated to accurately reflect all shift moves and reductions in demand as a result of reduced activity, the issues around recording staff moves accurately have been addressed as far as possible with current systems.

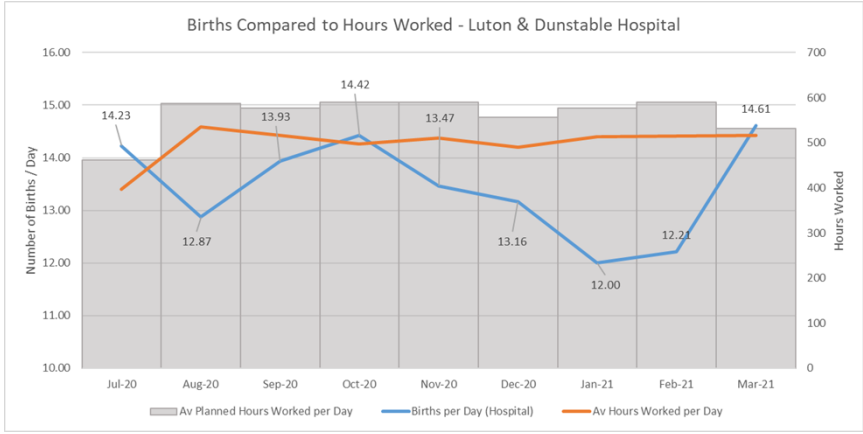
Implementation of SafeCare will make the accurate recording of staff moves much easier and will consequently increase the accuracy of data as a result, this is starting a Luton & Dunstable Hospital and is being piloted currently on two of the medical wards.

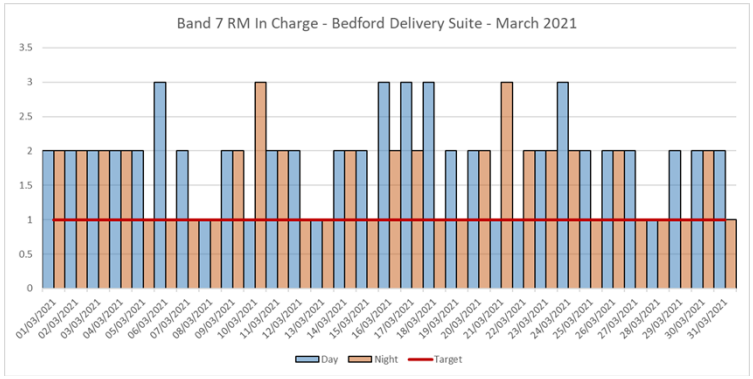
The following measures have been put in place in order to support staffing in times of escalation:

- 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.

Activity and Safe Staffing Metrics







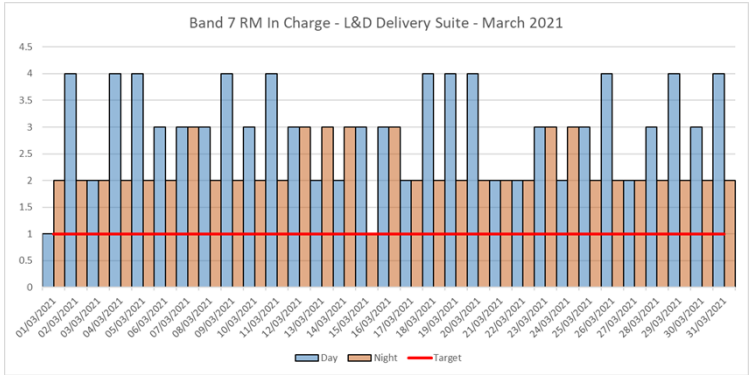
The chart for Bedford Hospital shows how the planned hours to be worked increased in October as a result of the suspension of the Continuity of Care teams. Although the fill rate in February for RM's on days remains lower than the minimum fill rate target of 95%, it remained stable in March at 83%, the night shift RM fill rate fell however from 95% to 86%.

Fill Rate for RM's at Luton on day shifts improved significantly from 86.2% in February to 94.3% in March. Night shift fill also increased from 92.2% to 101.3%

The number of births per day at bedford reduced slightly however Luton saw a marked increase. This metric provides some insight in to the level of activity in maternity however it does not reflect the full picture as delivering babies is just one of the activities that midwives undertake that have an impact on the number of staff required. It is planned to change this report to reflect this going forwards using data from BirthRate+ live.

The Trust aims to ensure that women in established labour received 1:1 care this is monitored on a monthly basis. February's 1:1 care in labour was 98% at Bedford Hospital and 99% at the Luton & Dunstable Hospital.

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

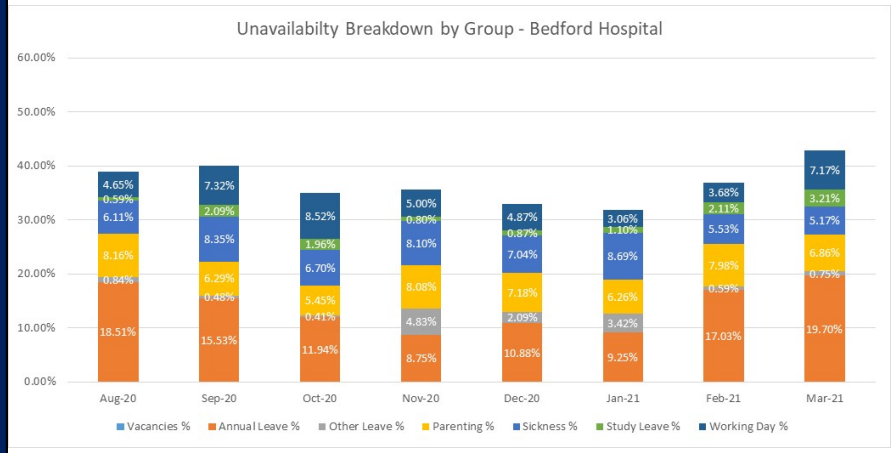


	Issue	Action	Target / Deadline	Update
Vacancy and Short Term Recruitment – Cross Site	General RM recruitment	There is a rolling recruitment programme in place on both sites	Ongoing	Further interviews for Band 5, 6 and Band 7 midwives are on track although attracting experienced band 6 RM continues to be challenging.
	General RM recruitment	2 open days planned for June 2021 to offer recruitment opportunities to our local midwifery students who graduate in September from the Univerity's of Bedfordshire and Hertfordshire	June 21	Students are reporting that they want to work at both Bedford and Luton sites when they graduate, the university and the PDM's are supporting them with interview preparations as required
	General RM recruitment	Advert to be completed for L&D Antenatal Clinic Midwives to support vacancy in the Antenatal Clinic	May 21	
	Interim posts	The only remaining interim post is the Community matron post, this will be advertised during April 2021 when the new Head of Midwifery is in post.	July 21	
	Specialist Midwifery posts	Bereavement midwife	June 21	Recruited and commences June 21
	Specialist Midwifery posts	Fetal monitoring midwife	July 21	Recruited start date TBC
	Specialist Midwifery posts	Labour Ward Manager	August 21	Out to advert
	Specialist Midwifery posts	Audit and Guidelines midwife	July 21	Recruited start date July 21

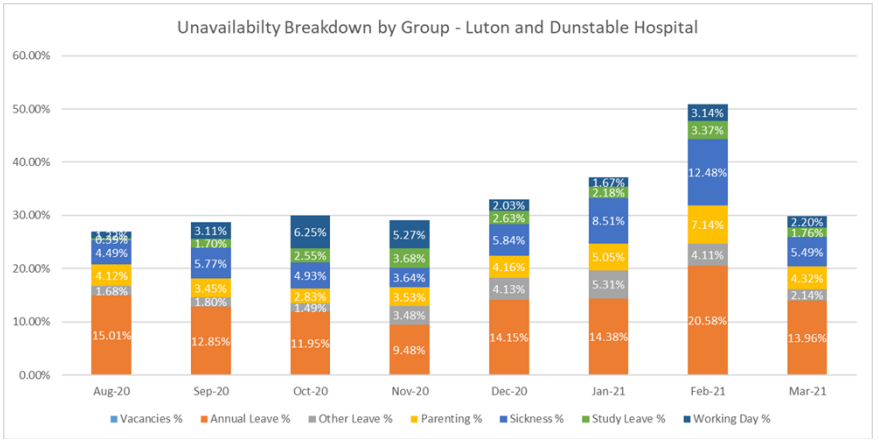
	Issue	Action	Target / Deadline	Update
Long Term Recruitment Plans – Cross Site	Midwifery Preceptorship	The pathway is being reviewed to improve retention		
	Midwifery Preceptorship	The Corporate Educaction Team are keen to integrate all NMC and HCPC professionals into a core non medical professionals preceptorship programme which then has profession specific elements		This programme is being developed by and is aligned to the HEE RePAIR initiative to recruit and retain graduates.
	Midwifery Preceptorship	The Consultant Midwife is working with the HoMs and Educators to review the Midwifery Programme as part of the ground work for the above.		
	Midwifery Workforce Planning / Review	A Birthrate Plus review is planned in the 1st quarter of the new financial year. This will form the basis of midwifery workforce planning for the next 4 years.	September 2021	Due to demand Birthrate Plus have scheduled the assessment to commence July 21
	Midwifery Recruitment Options	Recruitment of overseas qualified midwives already on or eligible to join the NMC register as midwives is being explored.	March 2022	The DOM is participating in the EOE Midwifery workforce Task and Finish Group and has nominated Trusts participation in being test site for international recruitment programme for midwives
	Midwifery Recruitment Options	Overseas midwives will need a bespoke OSCE preparation programm and a taylored preceptorship programme to enable them to safely upskill and adjust to UK midwifery practice.	March 2022	As above
	Midwifery Recruitment Options	The need to maximise recruitment of our “home trained” midwives.	June 21	Advert open and all final year students aware, interview preparation sessions being provided by the University with support from the trust staff.
	Midwifery Recruitment Options	Recruiting RN’s to work in maternity with a view to them undertaking the shortened RM course	June 21	5 RN have been recruited to the Bedford site commencing in June 21

Staff Unavailability

Bedford Hospital Site



Luton and Dunstable Hospital Site



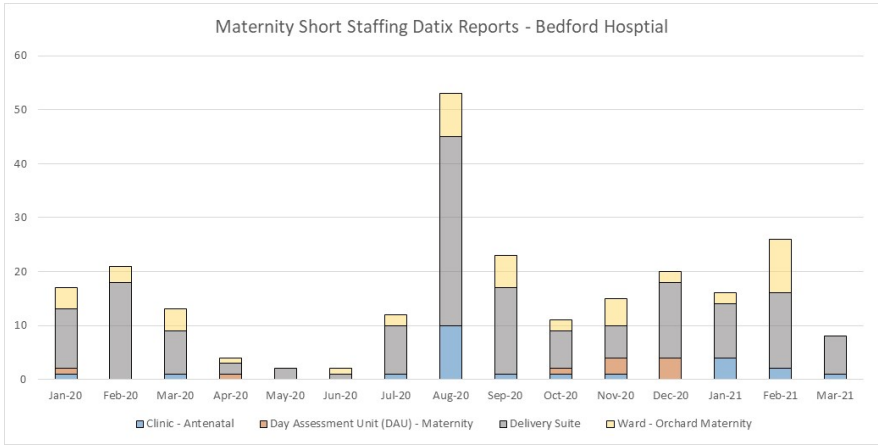
Following last months report discussion have been held around the reliability of the vacancy data being presented. In February the workforce information showed that there were 14% RM vacanciaes at Luton, the actual vacancy was 1.3WTE RM's. For this reason vacancy data has been removed from the report this month for both sites.

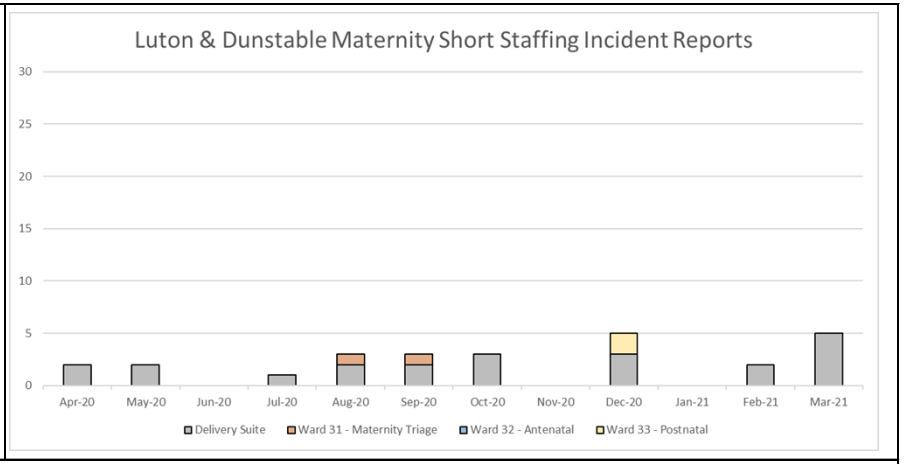
Work is ongoing to align the processes for updating ESR across both sites and to ensure that the data is accurate.

With vacancy removed the staff unavailability is 42% at Bedford Hospital and 29.88% at Luton & Dunstable Hospital, the breakdown shows that annual leave remains the main reason for unavailability on both sites (19.7% and 13.96%).

Bedford Hospital continues to have a high maternity leave rate and has a significant number of staff on "Working Days" these are staff who are on phased returns following sickness, supernumerary working as new in post and on inducation or are in non clincal roles due to COVID. Those on induction will move in to clinical roles next month.

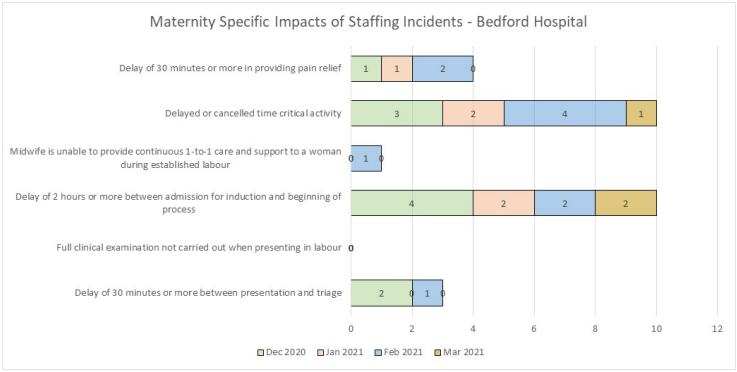
Maternity Staffing Datix Reports





Different scale used due to significant difference in reporting rates

The number of incidents related to staffing in Maternity at Bedford reduced in March to eight, Delivery Suite reported 7 of these incidents. The corresponding maternity sensitive impacts from short staffing (below) show that of the 8 incidents reported there were only 3 impacts on women / care delivery.



The Luton reporting trend shows a much lower number of incidents being reported relating to staffing with 5 incidents being reported for March.

The difference in numbers of incidents reported is likely to be influenced by multiple factors such as different base establishments and methods of working and different reporting tolerances on the two sites.

	Bedford Hospital Site			
Maternity Red Flags	*No of reports	Red Flag/ Staff Break Missed Report	Context/issue	Mitigating Action
	2	Delayed el CS	No CS were cancelled during March, however 2 were delayed due to activity	Apologies, Intravenous fluids started and transferred to theatre as soon as possible
	2	Delay in over 2 hours between admission and IOL	Due to activity and acuity	Apologies given, process commenced as soon as possible
	11	Delay in IOL	X1 datix was reported for delay with IOL, this relates to the 25th March when the unit was on divert due to low staffing levels	Apologies given, continuation of process resumed as soon as possible
	35	Number of IOL to LW	Due to activity and acuity	Monitoring of mother and fetus on the ward to ensure wellbeing, communication about timeframes and transfer to LW. Apologies given, transfer and process commenced as soon as safely possible.
	*Number of reports relates to reports per 4 hour period as per SITREP			

No datix's were reported in March around staffing not being able to take breaks and only x 1 red flag datix reported for delay with IOL.

Red Flags March 2021 – Luton Site

Red Flags	Total Red Flags Delivery Suite	Total Red Flags Antenatal Ward	Comments
Delayed or cancelled time critical activity	30	38	This was escalated to midwifery manager on call and the Obstetric consultant on call. Individualised management plans were put in place. Where appropriate, women were offered transfer to other Maternity Services to expedite their care.
Missed or delays in care (for example, delay of 60 minutes or more in washing and suturing)	2	7	Escalated to midwifery manager on call and the Obstetric consultant on call. Support given in resolving or mitigating for Red Flag
Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0	
Delay in providing pain relief Delay due to midwifery staffing	4	0	Escalated to midwifery manager on call and the Obstetric consultant on call. Support given in resolving or mitigating for Red Flag
Delay between presentation and triage	0	0	
Full clinical examination not carried out when presenting in labour	1	0	Escalated to midwifery manager on call and the Obstetric consultant on call. Support given in resolving or mitigating for Red Flag
Delay between admission for induction and beginning of process	10	0	Escalated to midwifery manager on call and the Obstetric consultant on call. Support given in resolving or mitigating for Red Flag
Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	3	
Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	8	0	Escalated to midwifery manager on call and the Obstetric consultant on call. Support given in resolving or mitigating for Red Flag
Coordinator not able to maintain supernumerary/supervisory status	8	0	This was escalated to the midwifery manager on call, and where appropriate, midwives were rotated to Delivery Suite to support with activity.

Information Governance (IG) Quarterly Board Report

April 2021

Purpose of this report: **Report by:**	• Update, information & awareness • 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.

84 of 111 mandatory evidence items provided.

The Trust will submit be publishing an assessment on the 30th June

We will be providing NHS digital with a comprehensive improvement plan in June that will show progress with several of the key areas.

- IG Training
- Asset Management solution to include data flow mapping, departmental asset registers and DPIA's
- Patching

If accepted The Trust's position will be changed to Standards not fully met – plan agreed.

IG Incident Reporting Tool

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

2 Incidents were reported via the DSPT in the last quarter. The two separate incidents in question were:

- Staff saving PID on a Trust-wide share drive
- Trust department using unprotected Google drive folder to store student I.D's.

ICO communication

We have received 1 complaint in regard to how The Trust has handled personal data.

In particular, a patient raised concerns that the hospital sent a letter containing personal data to the incorrect GP. The incident has been investigated and the individual contacted.

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 still remains high on the IG agenda.

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

Data Flow Mapping & Departmental Information Assets

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 have had difficulties sourcing a system that meets the requirements of both IG and cyber. Two systems will be needed to 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.

In the last quarter 72% of SAR requests were completed within the 30 day deadline.

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	**824**	**238**
Total Received		**1880**	**802**

Requests received from	Number of Requests				
	Q1	Q2	Q3	Q4	Total
Patient	164	289	245	298	848
Court Order/Social Services	11	5	10	7	33
Solicitors	401	471	517	480	1869
Health Organisations	17	33	39	10	99
Police	9	20	18	12	59
Coroner	-	-	-	-	
Government	32	48	29	8	117
Insurance	3	11	5	2	21
Legal	16	25	33	14	75

Positive steps have been taken to support the SAR team at the Bedford site. Xerox have commenced 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 have been reviewed and as part of the new IG structure one full time staff member will coordinate this function. .

The 20 day compliance figures have risen slightly in the last quarter to 63%

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	**145**	**56**
Total Received		**556**	**316**

Mandatory IG Training

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

The current percentage of staff compliant with annual IG training is 71%

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 several virtual IG training sessions via MS teams. Further work is needed by the training department to ensure these sessions are well attended.

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

Induction Training

During the recent DSPT audit figures were provided for staff completing IG induction in a timely manner.

Out of 580 staff only 305 had completed the IG induction within 6 months (53%)
Concerns were raised at the Core skills training framework meeting and it was agreed that The IG team will now be offering virtual Induction sessions which will also include a dedicated section to cyber.

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 Sept 2021. It has been extended to enable health and care organisations to focus their resources on the coronavirus (COVID-19) outbreak.

The Trust will:

- have a solution in place for compliance in May 2021

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.

The IG Structure has been agreed and the consultation period ends on the 6th May, we are hoping to have all staff members (both current and recruited) to be in post by the end of June 2021.

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5 May 2021

Report title:	**Performance Reports**			**Agenda item: 8**
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 *(tick one box only)*	**Information** ☐	**Approval** ☐	**Assurance** [x]	**Decision** ☐
Recommendation	To note the contents of the report for assurance.			

Report summary	**Quality Summary** • There was an increase in falls on both sites observed in January, however the general decrease in patient acuity and activity plus improved staffing numbers has seen a reduction in patient falls. • Analysis of the number of incidents reported over a two year period shows that overall reporting trends remain within expected levels and are showing similar trends for both hospital sites. • 17 Serious incidents have been reported and are currently being investigated. Improvement activity is also noted. • Mortality data for the trust as a whole is beginning to build up. • 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. • There is little change in the Trust's performance against the 18 week standard • There has been a slight decrease overall in the number of patients waiting over 52 weeks for treatment **Finance Summary** The Trust delivered a surplus of £2.7m for the financial year 2020/21. This includes a £2.4m gain on donated income/assets,

	so the underlying performance is a £0.3m surplus. Capital spend was £55.7m against a plan of £62.7m. There was significant spend in the final month as the Trust looked to bring forward spend where possible. **Workforce Summary** Vacancy rates reduce from 7.83%. Work on the HEE/NHSI overseas nurse recruitment and HCA/CSW programmes continue to be successful. The addition of India on the UK travel COVID "red list" will impact the speed of this recruitment and additional quarantine costs will be incurred. Sickness reduced in month to 4.15% which is 0.37% higher than the same period last year and bank and agency levels have returned to pre-pandemic levels. Appraisal rates were stable and mandatory training compliance reduced. The level of compliance is lower than our target and is consistent with other NHS organisations. A training and appraisal recovery plan has been put into place and will report progress to the Workforce Committee. AS a part of this recovery plan individualised recovery plans are being agreed with service lines, a new integrated dashboard will be available next month and a virtual study days are being arranged with the first taking place on the 17th May 20201.
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	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. CQC Oversight
Jargon Buster	Superstranded patients - Someone who has spent 21 days or more in hospital. Nervecentre - An Electronic Patients Record Solution that includes patient observation and clinical care.

Bedfordshire Hospitals NHS Foundation Trust

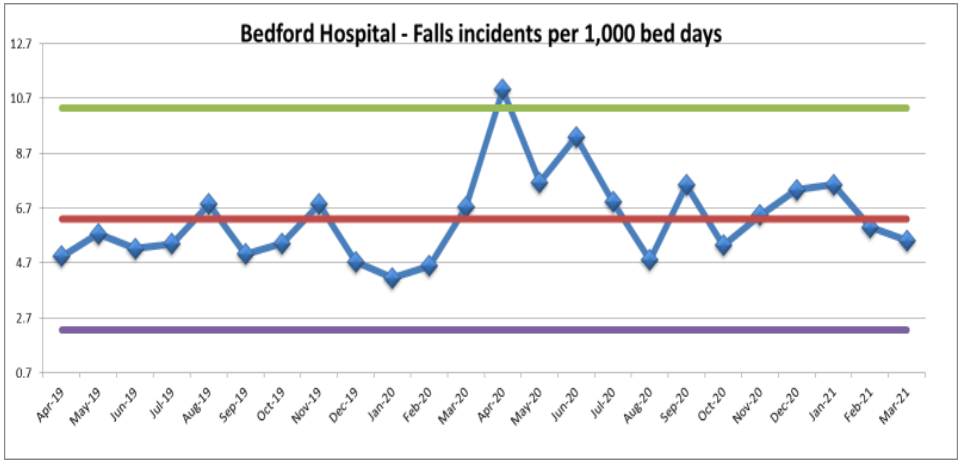
Quality and Performance

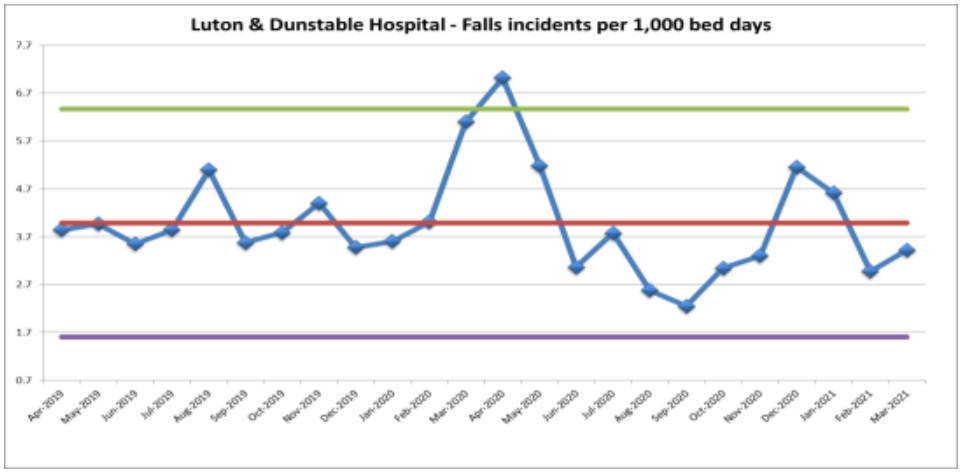
May 2021 (Jan – Mar)

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

Bedfordshire Hospitals NHS Foundation Trust

Harm Free Care – Falls





There was an increase in falls on both sites observed in January, however the general decrease in patient acuity and activity plus improved staffing numbers has seen a reduction in patient falls.

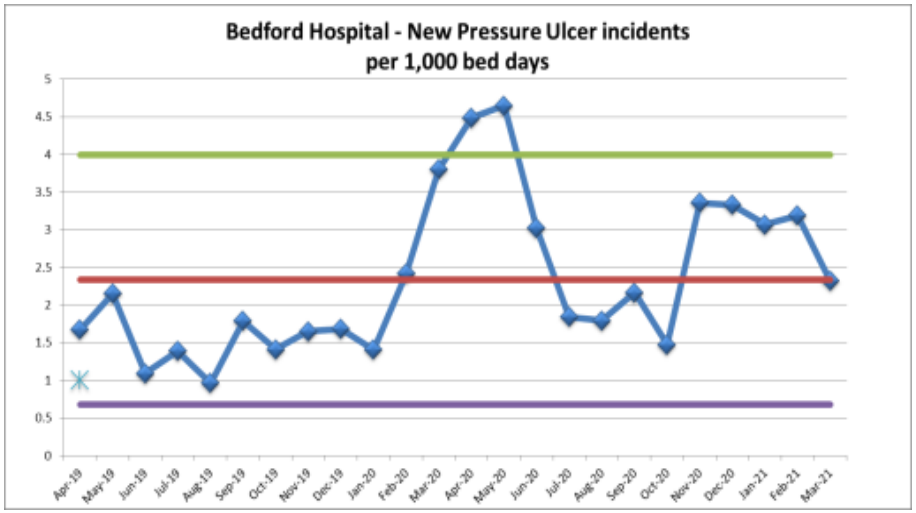
Despite the challenges there were excellent examples of post fall management, with prompt patient assessments, timely investigations and appropriate action planning and both sites are now below the national average of 6.63 total falls per 1000 bed days.

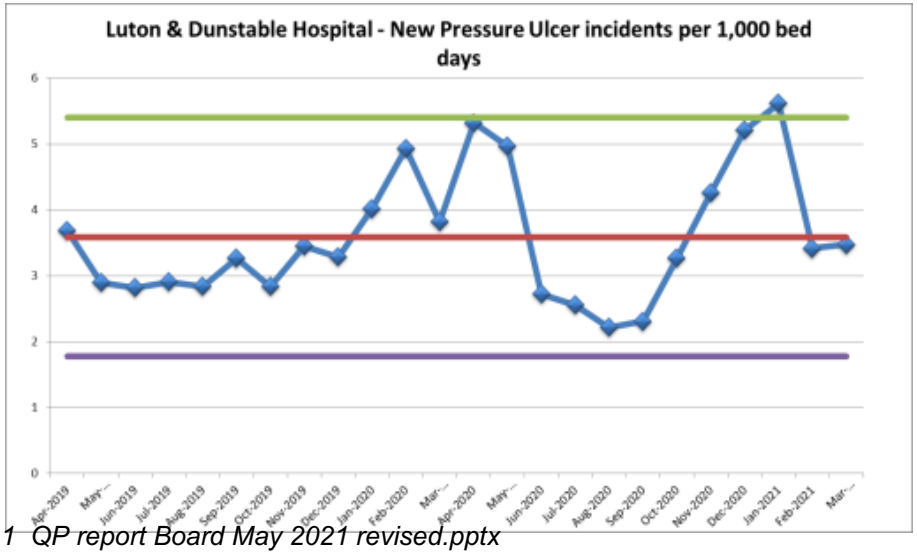
On the Bedford site it was noted that there had been more patient moves at night with a corresponding increase with falls also at this time. There was a continued theme of increased falls for patients in side rooms on the Luton site and a trial of 'pager system/sensor alarms' has been commenced on ward 17.

Injurious Harms Jan – March 2021

Level of Harm/Site	Bedford			Luton		
	Jan	Feb	Mar	Jan	Feb	Mar
No harm	62	45	43	67	35	50
Low harm	25	15	14	14	10	10
Moderate/Severe harm	3	2	0	2	1	2

Harm Free Care – Pressure Ulcers





As with falls there was an increase in pressure ulcers on both sites during January – March.

Level of Harm/Site	Bedford			Luton		
	Jan	Feb	Mar	Jan	Feb	Mar
New Pressure Ulcers	48	50	28	116	59	56

On both sites the challenge of nursing critical care patients with Covid infections in the prone position led to an increase in incidents of device related injuries. This increase reflects similarities to pressure damage observed during the first wave of the pandemic.

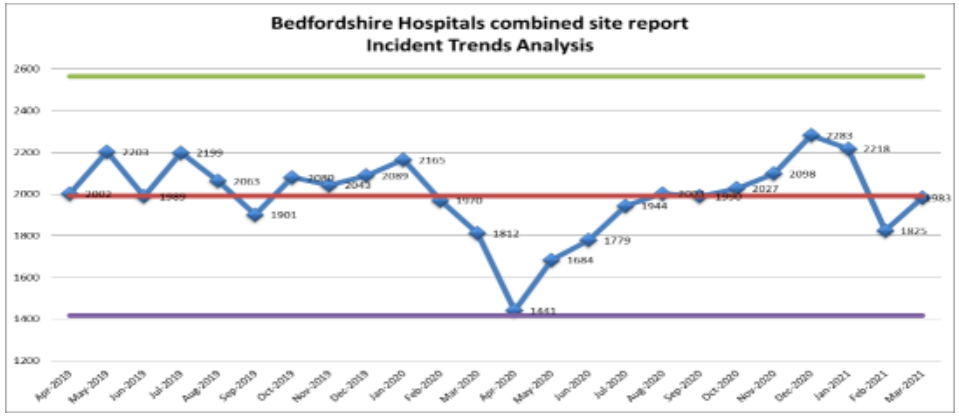
This was further impacted by high bed occupancy and patient acuity in ward areas with increased staff absence due to sickness and the need to isolate due to Covid exposure, whilst providing care for patients more vulnerable to pressure ulcer formation due to the oxygen depleting nature of the respiratory symptoms of COVID 19.

Going forward there are plans to:

- Continue to monitor pressure ulcer prevalence as Covid infection changes, through audits and analysis of new pressure ulcer reports.
- 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 to ensure local ownership.

Incident Reporting

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

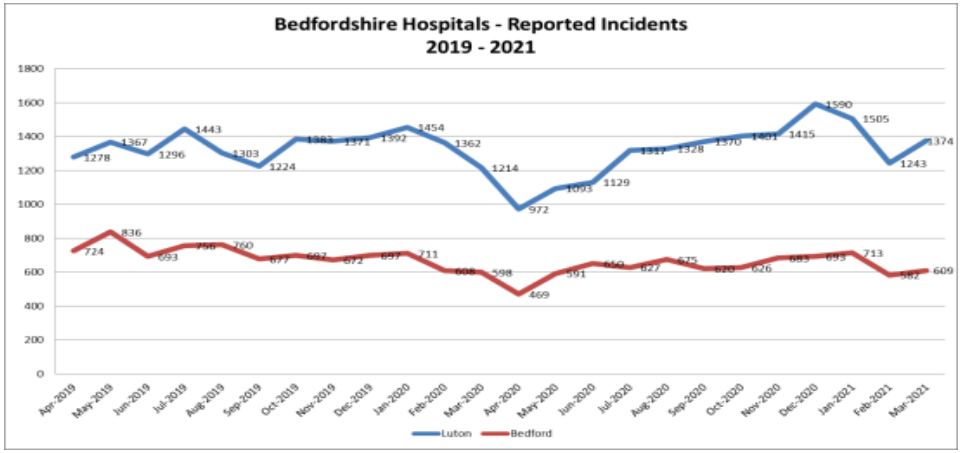


High incident reporting is indicative of a good safety culture and this chart provides the trend of reported incidents across both the Bedford and Luton & Dunstable hospital sites.

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

Incident reporting showed a slight peak in January and December 2020 largely due to increased pressure ulcer prevalence during that period, but this has seen a reduction during this quarter.

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 remain within expected levels and are showing similar trends for both hospital 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 **17** events have been declared as serious incidents across the both Trust sites during January – March 2021

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

9 Serious Incidents were declared for the Bedford hospital site

- Delay in surgical intervention due to potential delay / failure to recognise severity of diagnosis
- Maternal Death at home
- Patient collapse and death following discharge
- Neonatal death (HSIB investigation)*
- Maternal death (HSIB investigation)*
- Intrauterine Death
- Baby born in poor condition requiring therapeutic cooling (HSIB investigation)*
- Potential nosocomial infection of Covid-19 *
- Acute Kidney Injury requiring admission to Critical Care

8 Serious **I**ncidents were declared for the Luton and Dunstable Hospital site

- Potential Delay in treatment following surgery
- Possible nosocomial* Covid 19
- Possible nosocomial Covid 19
- Patient death post surgery
- Baby born in poor condition requiring therapeutic cooling (HSIB investigation)*
- Deterioration of patient following suspected aspiration
- Delay in cancer treatment pathway
- Potential of greater urgent surgical intervention undertaken without complete diagnostic work up.

*(A **Hospital acquired infection** also known as a **nosocomial** infection is an infection that is acquired in a hospital or other health care facility).*

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:

Maternity Services

- Increased medical staffing and presence on delivery suite on Bedford hospital site
- Development and implementation of a CTG* monitoring sticker which captures all the features of the CTG to provide an overall CTG impression to clinical staff
- Neonatal support to be present in theatres for all Category 1 Caesarean sections.

** **Cardiotocography** (**CTG**) measures a baby's heart rate. At the same time it also monitors the contractions in the womb (uterus). **CTG** is used both before birth (antenatally) and during labour, to monitor the baby for any signs of distress.*

Surgical Patient pathways

- Enhanced refresher training session undertaken for the gynaecology team, with particular attention to laparoscopic surgery and techniques
- Review of pathway underway to consider a routine surgical review of patients on ICU within first two hours of surgery. This aims to provide an opportunity for earlier recognition of the initial signs of post-operative bleeding with speedier response.
- Service to ensure that patients who have either waited than 6 months or more on the waiting list or whose clinical condition has changed are flagged as requiring re-evaluation prior to surgery.

Improvement activity related to previously investigated Serious Incidents (continued)

Recognition of the deteriorating Patient

- Update to clinical protocol regarding prescribing of dual antiplatelet therapy with heparin for patients with uncertain history of an acute coronary syndrome or active bleeding.
- Implementation of service system to ensure urgent results are communicated to the supervising doctor and a record put into an acute result book which states the result time and date of the message received and time communicated.
- Inclusion of NEWS scores as part of nursing handover process.

Pressure Ulcer Prevention

- Targeted work with staff to ensure familiarity and re-education around the Trust's "Mattress Escalation Protocol".
- Staff to use the heel protection poster as a guide on the most appropriate measures for high risk patients.
- Review of Waterlow* risk assessment process to ensure suspected deep tissue injuries is included in the assessment score.

** The **Waterlow** score is a simple risk assessment tool that determines whether a patient is at risk of developing a pressure ulcer.*

Policy and Guideline updates

- Review and update of the existing guideline for management of tissue remains

Cancer Care

- Cross site review of pathway and standard operating policy into plastics service to ensure there is consistent and prompt patient management in line with best practice.
- Review of standard operating policy to support decision making related to Central Venous Access devices used in patients having planned vesicant** chemotherapy.

**Vesicants are drugs that can result in tissue necrosis or formation of blisters when accidentally infused into tissue surrounding a vein*

- Patients with discrete breast lesions thought to be of non-breast origin e.g. lipomas, epidermal cysts, etc. who are discharged without biopsy, will be discussed at the multi-disciplinary breast meeting to ensure further radiologist review.
- Operating policy to be adapted to ensure that in presence of any diagnostic uncertainty a biopsy is to be performed.
- Advice to patients diagnosed with benign breast lesions to be reviewed to ensure they are always advised to seek further medical advice if there is an enlargement / change of any lesion.

NHS
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Mortality at Bedford

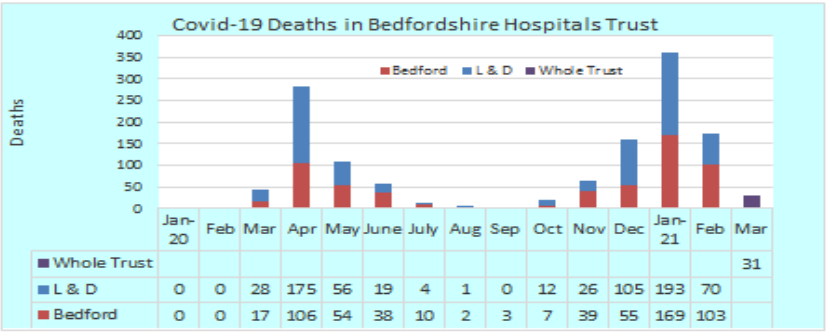
Safe | Effective | Caring | Responsive

Mortality within Bedford Hospital

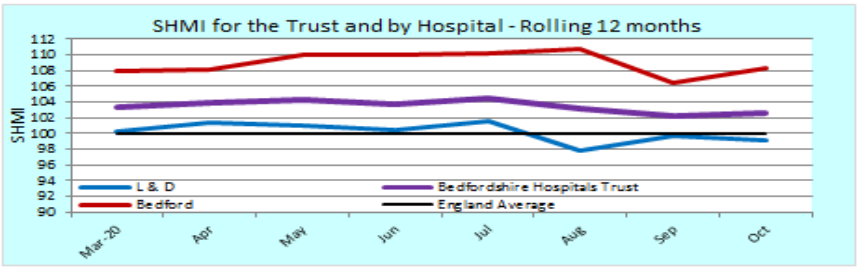
COVID-19 deaths include any patient dying who has tested positive for COVID-19 at the time of death irrespective of what other conditions the patient may have. That is different from explicitly claiming that every one of those deaths was caused by the Coronavirus. The source of these data are the NHS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

There were only 31 COVID-19 deaths for the whole Trust in March 2021, as the pandemic's second wave has largely receded locally. A local split of the national COVID-19 data has been applied for previous months to show the split by hospital.

Mortality data for Bedfordshire Hospitals Trust as a whole is beginning to build up. SHMI for the year ending October 2020 was 103 for the whole Trust, 99 for the L&D and 108 for Bedford Hospital. SHMI includes any deaths occurring in the 30 days after discharge.

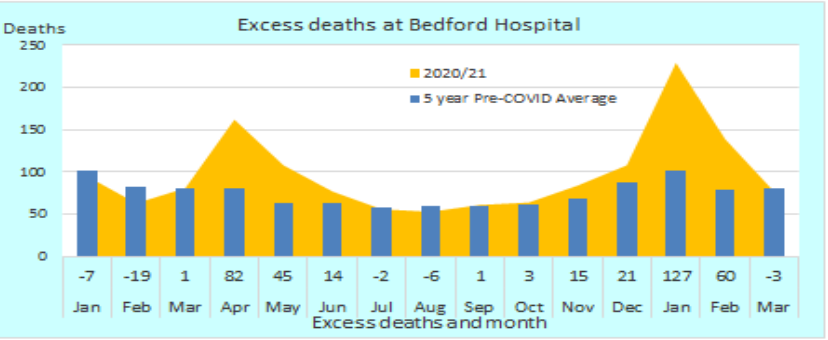


	Jan-20	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan-21	Feb	Mar
Whole Trust															31
L & D	0	0	28	175	56	19	4	1	0	12	26	105	193	70	
Bedford	0	0	17	106	54	38	10	2	3	7	39	55	169	103	

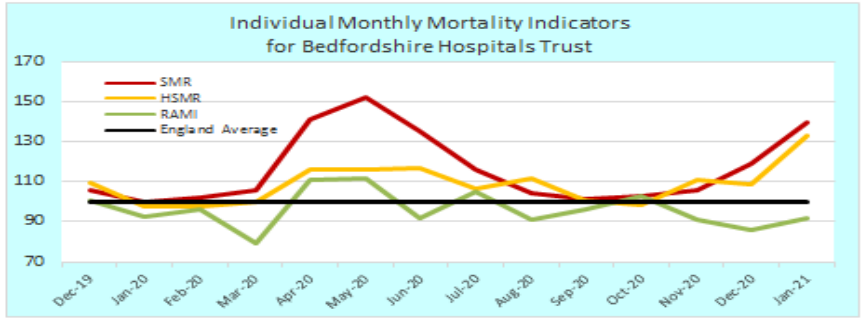


There were 77 deaths at Bedford Hospital in March 2021 from all causes. Deaths at the hospital have been 39% higher in the last 12 months than for the previous 12-month period. 1220 deaths were seen in the year to March 2021 an increase of 343 on the year to March 2020. This March's 77 deaths were 3 fewer than the 5-year average, the first time there have been fewer than average monthly deaths since August 2020.

Both HSMR and RAMI exclude COVID-19 cases whilst SMR, covering all deaths, includes them. All three indicators have been standardised to adjust for any differences in case mix or in the age or gender mix of the population.
The chart below show these indicators for the whole Trust for *individual months* over the last year, the data before April 2020 being retrospectively calculated.
The latest figures for January 2021 show both the Trust SMR (at 140) and the HSMR (at 133) to have increased at the very time that the latest surge in COVID deaths peaked. These are relative mortality indicators; other hospitals were also experiencing increased coronavirus deaths at this time. RAMI at 91 remained better than the national average.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	-7	-19	1	82	45	14	-2	-6	1	3	15	21	127	60	-3



NHS
Bedfordshire Hospitals
NHS Foundation Trust

Mortality at L & D

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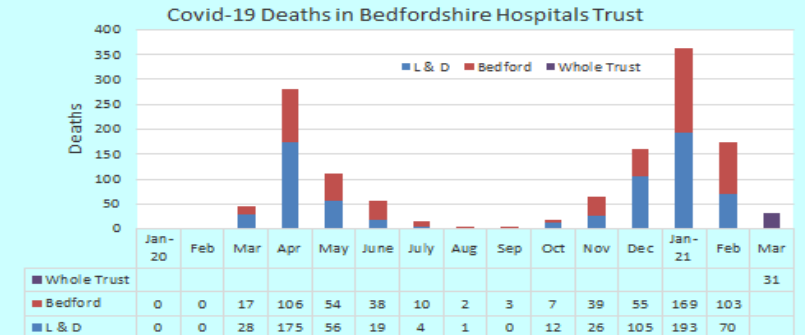
COVID-19 and other mortality within Luton and Dunstable Hospital

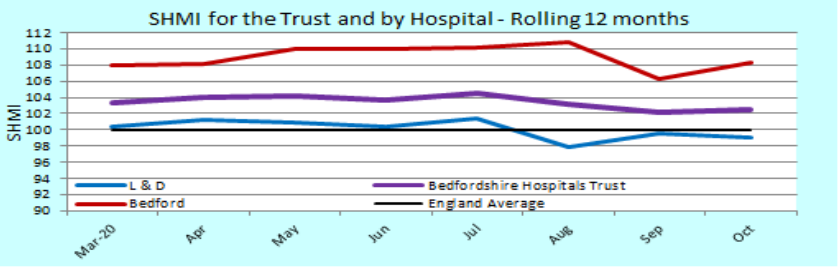
COVID-19 deaths include any patient dying who has tested positive for COVID-19 at the time of death irrespective of what other conditions the patient may have. That is different from explicitly claiming that every one of those deaths was caused by the Coronavirus. The source of these data are the NHS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

There were only 31 COVID-19 deaths for the whole Trust in March 2021, as the pandemic's second wave has largely receded locally. A local split of the national COVID-19 data has been applied for previous months to show the split by hospital.

Mortality data for Bedfordshire Hospitals Trust as a whole is beginning to build up. SHMI for the year ending October 2020 was 103 for the whole Trust, 99 for the L&D and 108 for Bedford Hospital. SHMI includes any deaths occurring in the 30 days after discharge.

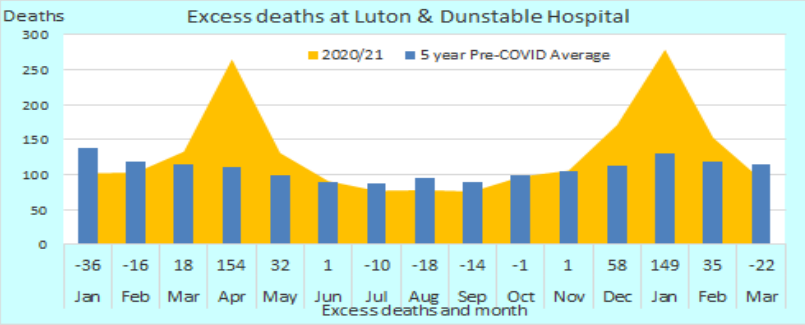


	Jan-20	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan-21	Feb	Mar
Whole Trust															31
Bedford	0	0	17	106	54	38	10	2	3	7	39	55	169	103	
L & D	0	0	28	175	56	19	4	1	0	12	26	105	193	70	

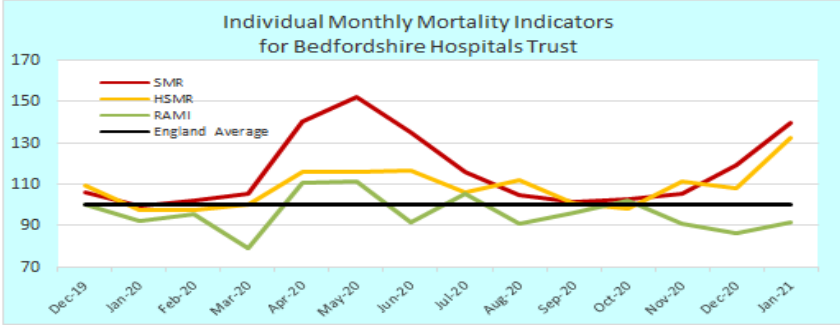


There were 93 deaths from all causes at the L & D during March 2021. Deaths at the Hospital have been 32% higher in the last 12 months than for the previous 12-month period. 1617 deaths were seen in the year to March 2021 an increase of 393 on the year to March 2020. Last month's 93 deaths were 22 fewer than the 5-year average for March following 3 months where deaths have been well in excess of that average .

Both HSMR and RAMI exclude COVID-19 cases whilst SMR, covering all deaths, includes them. All three indicators have been standardised to adjust for any differences in casemix or in the age or gender mix of the population.
The chart below show these indicators for the whole Trust for *individual months* over the last year, the data before April 2020 being retrospectively calculated.
The latest figures for January 2021 show both the Trust SMR (at 140) and the HSMR (at 133) to have increased at the very time that the latest surge in COVID deaths peaked.
These are relative mortality indicators; other hospitals were also experiencing increased coronavirus deaths at this time. RAMI at 91 remained better than the national average.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	-36	-16	18	154	32	1	-10	-18	-14	-1	1	58	149	35	-22



Bedfordshire Hospitals NHS Foundation Trust

PALS, Complaints and Compliments

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
Complaints: Number received	3	7	9	22	20	25	26	24	18	17	26	28
Complaints: Number received per 1000 bed days	0.41	0.84	1.01	2.38	1.89	2.34	2.37	2.16	1.56	1.37	2.51	2.73
Complaints: Number of response breaches (over 35 days)	0	0	0	0	0	0	9	11	10	17	10	4
Compliments: Number received	22	49	39	37	55	66	36		20	59	54	65
PALs contacts (concerns)	57	59	95	113	124	146	149	152	169	119	127	172

Luton and Dunstable	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Complaints: Number received	21	18	43	50	29	36	51	53	46	42	31	33
Complaints: Number received per 1,000 bed days	1.6	1.3	2.9	3.2	1.5	2.1	2.8	4.8	2.6	2.4	1.96	2.08
Complaints: Number of response breaches (over 35 days)	11	6	6	21	25	21	17	33	20	24	25	22
Compliments: Number received	38	60	52	20	17	24	79	180	101	55	125	48
PALs contacts (concerns)	112	146	198	107	155	158	302	358	371	322	315	362

Caring

Reporting of data for FFT and revised contract

The contract for provision of patient surveys including FFT with IQVia will be extended in April 2021 and include both sites. The contract for the 'envoy' system at Bedford site has been terminated.

The collection of data using the IQVia system will be via tablets and some SMS services. The implementation of this service at Bedford will continues throughout March and April 2021. There will be a period in April where FFT feedback will not be collected, until the IQVIA system is implemented.

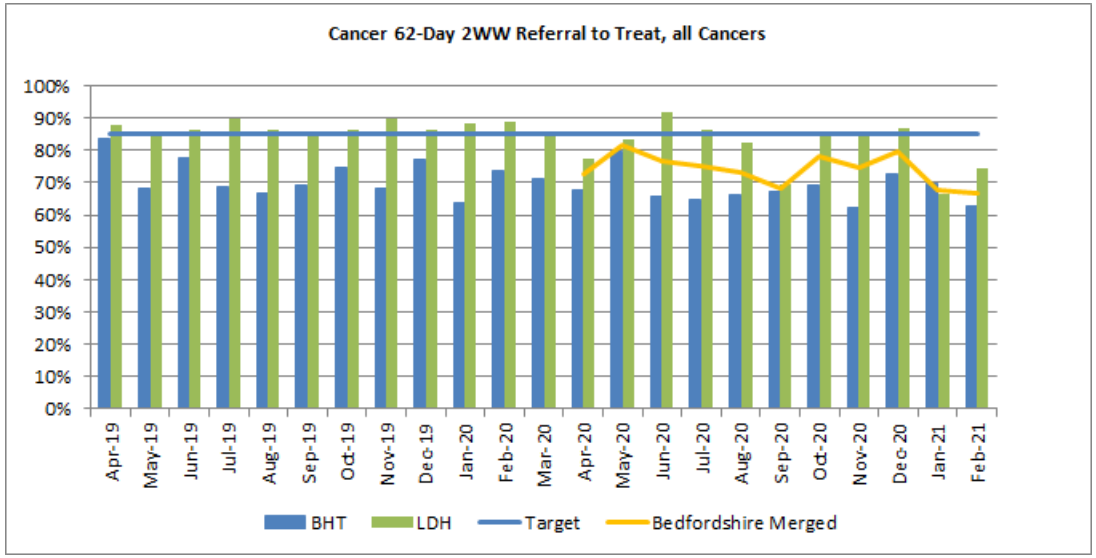
Visiting access

Visiting access remains restricted. In response to regional and national guidance provided in March Maternity services will be extending visiting access for partners. The trust will implement a pilot on four wards in mid-April. Both schemes will request that visitors undertake a lateral flow test prior to visiting.

A relative guidebook has been produced with the support of communication teams and will be made available on line in Mid-April. The communications teams are also proactively sending update via social media to the local communities

Dialogue with the Luton COVID Community and faith leaders' forum continues with some of the trust directors, the patient experience leads, chaplaincy leads and communications teams. To support this an increase in chaplaincy provision is under consideration by the Trust, funding for increases is being sought.

Cancer – 62 Day 2ww Referral to Treat



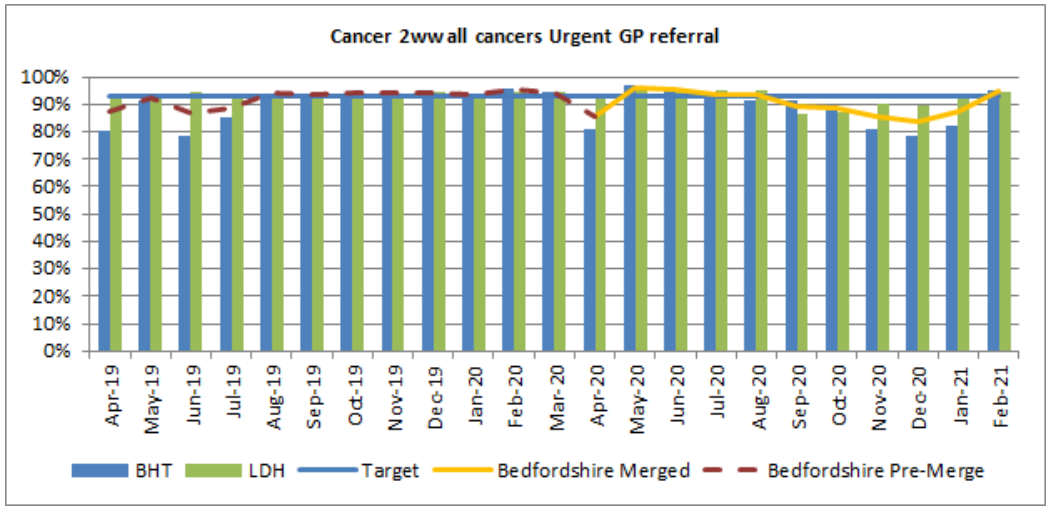
		Dec-20	Jan-21	Feb-21
Bedford	Patients treated	62.5	49.5	52
	62 day breaches	17	15	21.5
Luton & Dunstable	Patients treated	63.5	81	51
	62 day breaches	8.5	27	13
Bedfordshire Hospitals	Patients treated	126	130.5	103
	62 day breaches	25.5	42	34.5
Overall performance		79.8%	67.8%	66.5%

February 2021 breaches by tumour site:
BH: 1 Breast, 1 Colorectal,1 Head & Neck, 1.5 Lung, 1 Other, 2 Upper GI, 14 Urology
LDH: 2 haematology, 2 Head & Neck, 3 Lower GI, 1 Lung, 1 Skin, 4 Urology

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

Overall the trust performance against the 62 day referral to treatment standard has reduced further in February 2021, with 66.5% patients across the two hospitals starting treatment within 62 days. The number of patients treated is lower than January 2021 (which was an exceptionally high month for Luton) at 103 , and the number of patient breaches was 34.5.

Cancer – 2ww Urgent GP Referral

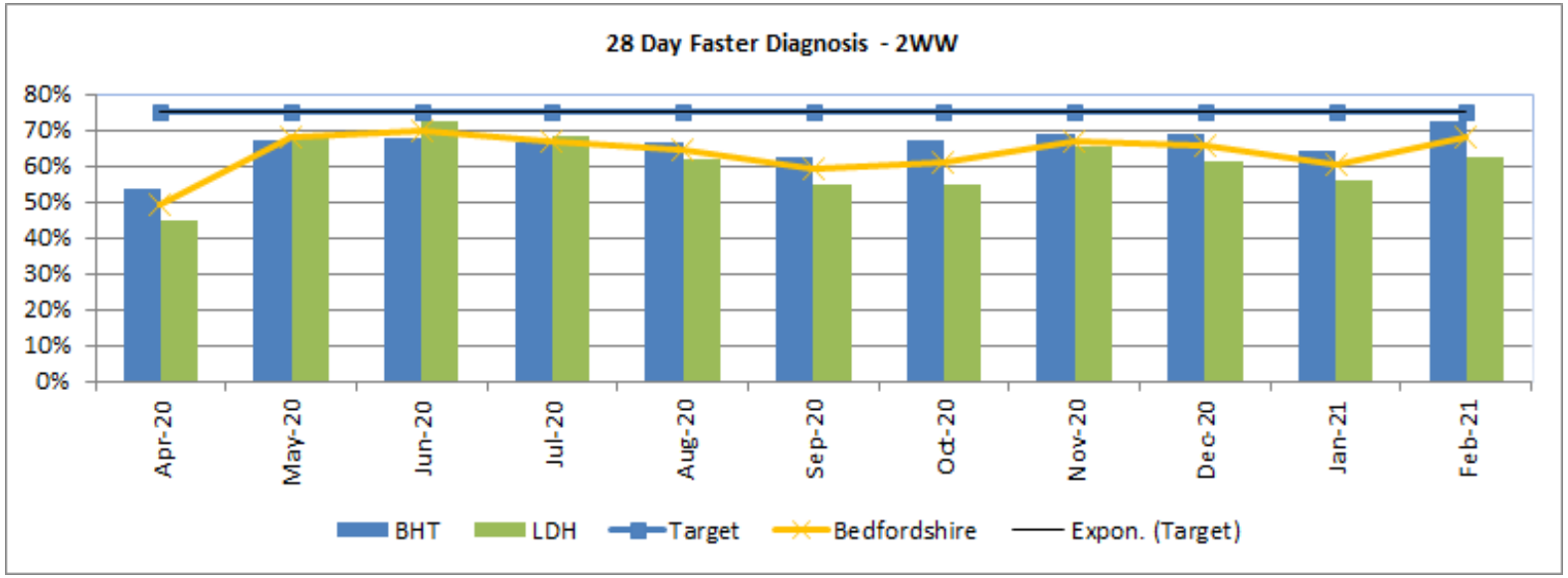


Last 3 months performance:				
		Dec-20	Jan-21	Feb-21
Bedford	Patients treated	1006	809	887
	2ww breaches	219	145	44
Luton & Dunstable	Patients treated	971	830	791
	2ww breaches	102	60	46
Bedfordshire Hospitals	Patients treated	1977	1639	1678
	2ww breaches	321	205	90
Overall performance		83.8%	87.5%	94.6%

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

The 2ww performance improved to above the national standard of 93% in February 2021 . The overall performance was 94.6%, compared to 87.5% in the previous month. This is unfortunately unlikely to be a sustained improvement in the short term given the very significant increase in 2 week wait referrals during March and April 2021.

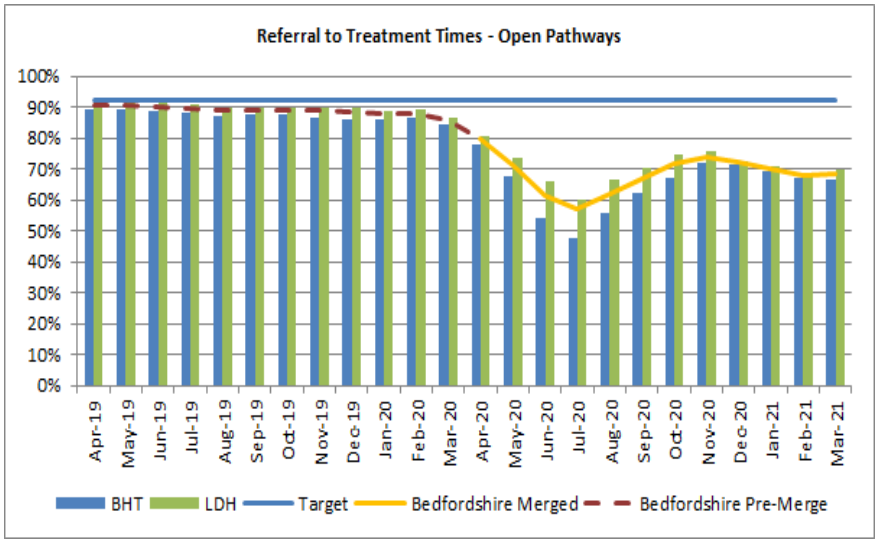
Cancer – 28 day faster diagnosis

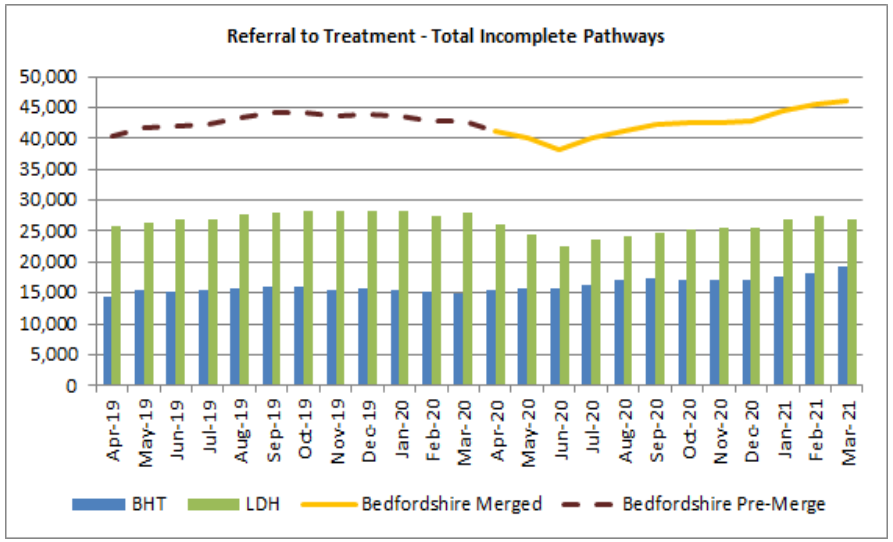


28 day faster diagnosis standard (no target, but aim 75%)

The Trust's 28 day faster diagnosis performance improved significantly between February and January 2021. Performance against the standard was 72.3% at the Bedford site and 62.4% in Luton giving an overall trust performance of 67.8%. (compared to 60.4% in January)

18 Weeks





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

There is little change in the Trust's performance against the 18 week standard in March 21 with the L&D achieving 69.6% and Bedford 66.4% and both sites at 68.2%.

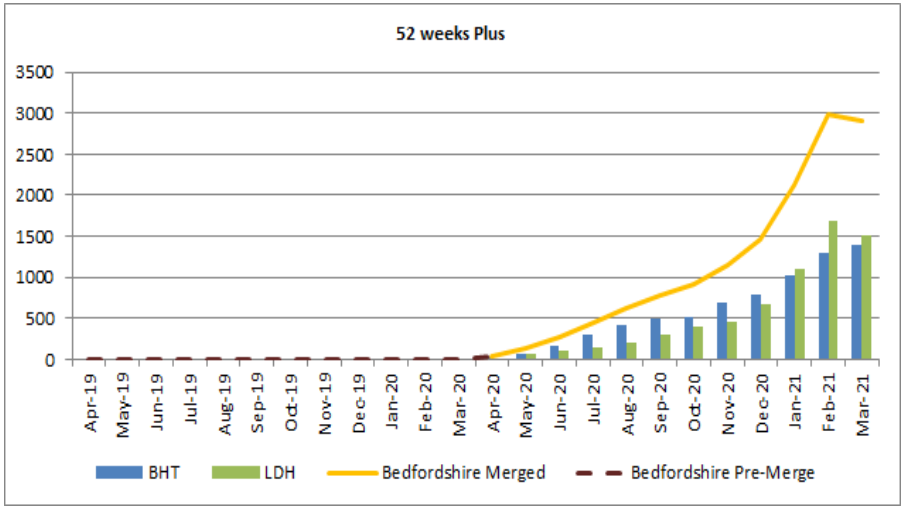
Bedfordshire Hospitals NHS Foundation Trust

18 Weeks

52 Week Plus (Target zero)

There has been a slight decrease overall in the number of patients waiting over 52 weeks for treatment from 2977 to 2903 at the end of March 2021. 1392 of these patients are waiting for treatment at the Bedford site and 1511 waiting at L&D.

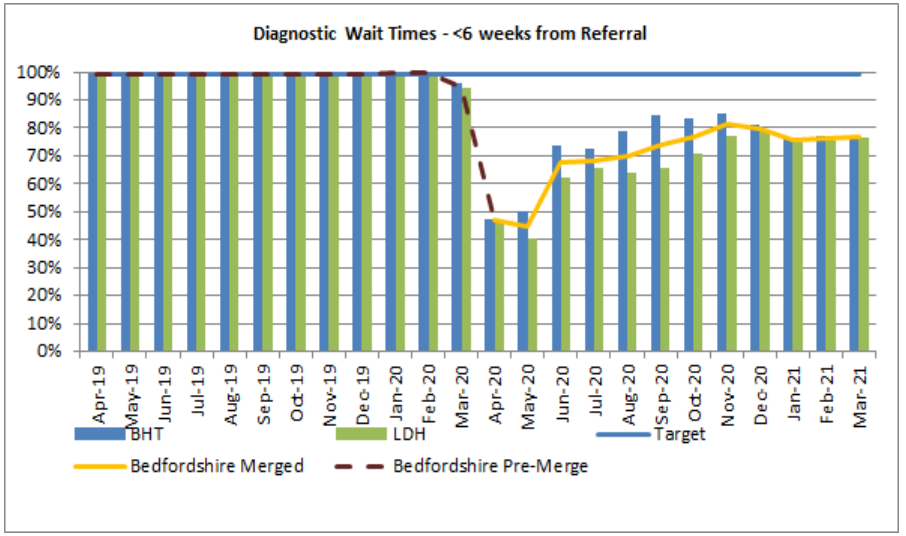
The orthopaedic team have identified opportunity to move some long waiters from Bedford to the Luton site in reduce the number of 78+ week waiters in orthopaedics at Bedford which currently stands at 275 patients.



Diagnostics

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

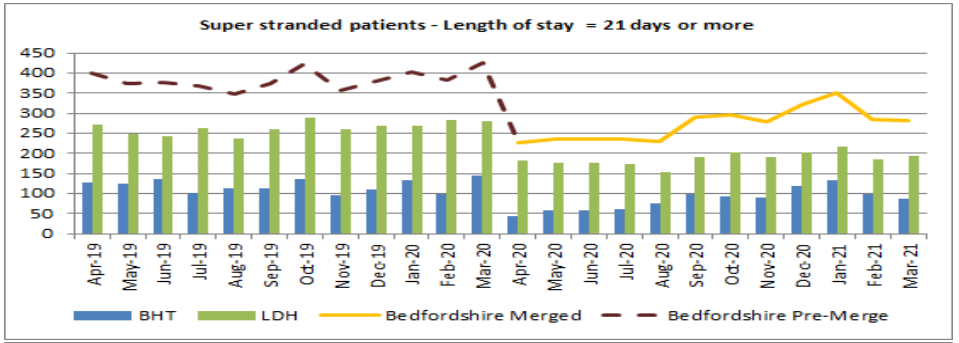
Diagnostic performance improved slightly from February to March for the Trust overall. No significant change for the L&D or the Bedford site.

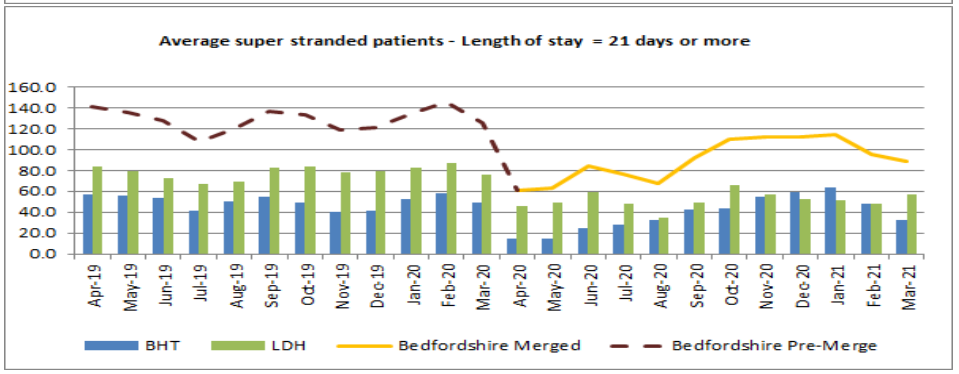


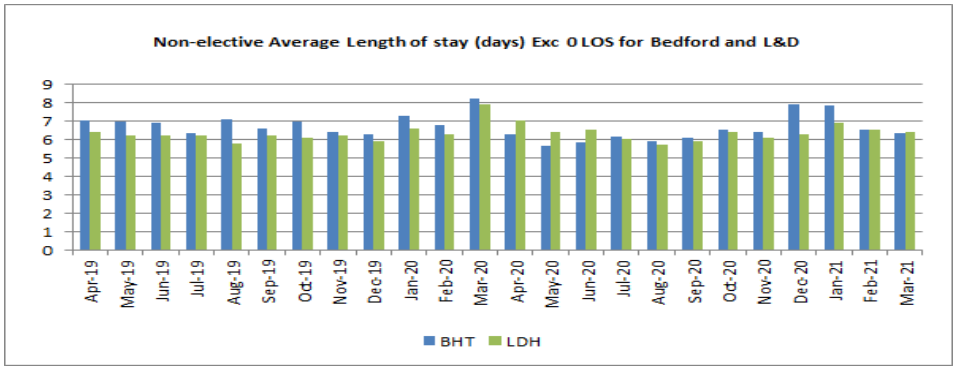
Bedfordshire Hospitals NHS Foundation Trust

Stranded patients and Length of Stay (LOS)

The impact of the ECIST long length of stay project at the Bedford Hospital site can be clearly seen now in the month on month reduction in patients still in hospital after 21 days (from over 60 in January to 32.6 in March). This is a real success story and the focus is on transferring the tools and leadership of the continuing improvement programme to the local team prior to ECIST leaving us in May 2021. Overall emergency length of stay reduced on both sites in March 2021 compared to February.





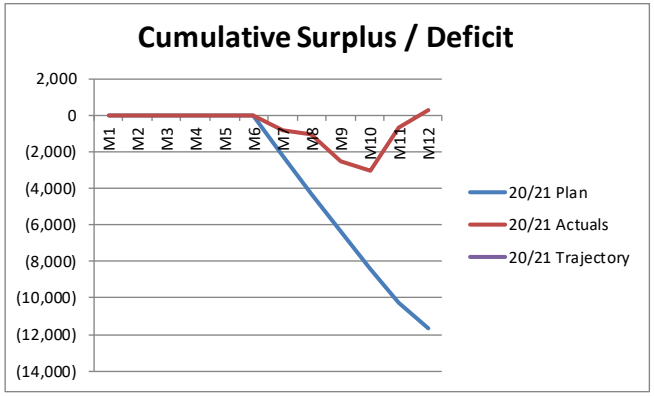


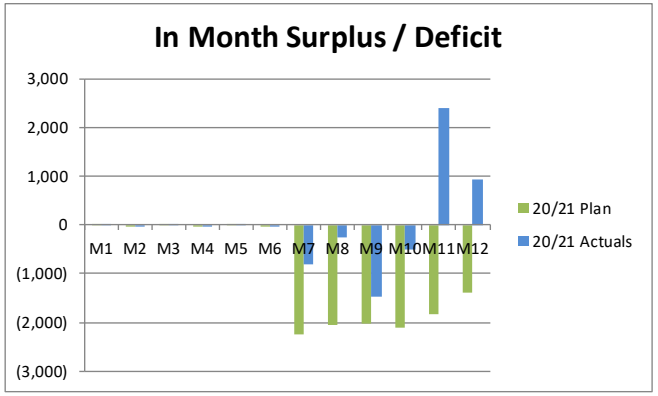
Board of Directors
5th May 2021

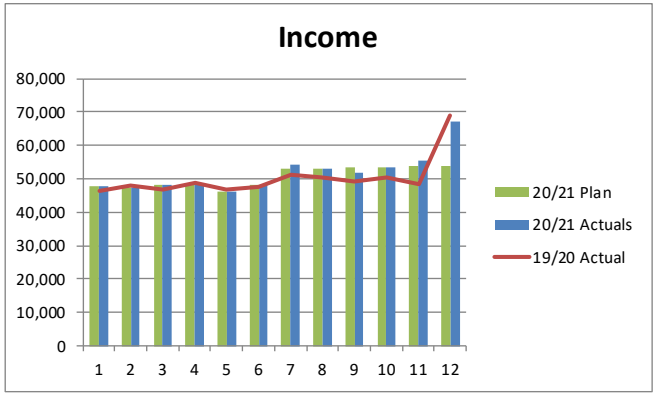
Report title:	Finance Paper			**Agenda Item: 8.2**	
Executive Director(s) and Title(s)	Matthew Gibbons, Director of Finance				
Report Author(s) and Title(s):	Ricky Shah, Deputy Director of Finance				
Purpose: *(select one box only)*	**Receive** x	**Approval** ☐	**Assurance** ☐	**Information** ☐	**Note** ☐
Action Required:	Note monthly finance performance				

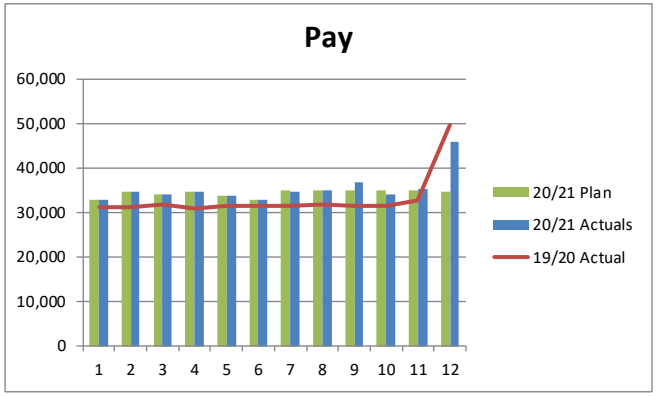
Report Summary / Purpose of Report:	The Trust delivered a surplus of £2.7m for the financial year 2020/21. This includes a £2.4m gain on donated income / assets, so the underlying performance is a £0.3m surplus. Although this performance is nominally against a £12.1m deficit target, the centre funded a number of items in Quarter 4, and the Trust was informally advised that the expected performance (excluding donated assets / income) was breakeven. The additional funding received related to shrotfalls in non-patient income due to Covid (£5.7m) and the increase in the accrual for untaken annual leave (£5.3m). Capital spend was £55.7m against a plan of £62.7m. There was significant spend in the final month as the Trust looked to bring forward spend where possible.
Links to Strategic Board Objectives /Risk Register / Board Assurance Framework	5. Developing a robust and sustainable future 7. Become well-governed and financially viable
Links to Regulations/ Outcomes/External Assessments	
Jargon Buster: **Please detail acronyms in the report**	

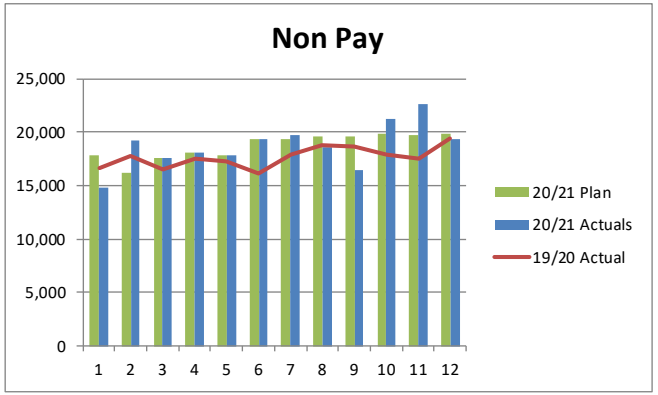
Finance in a page

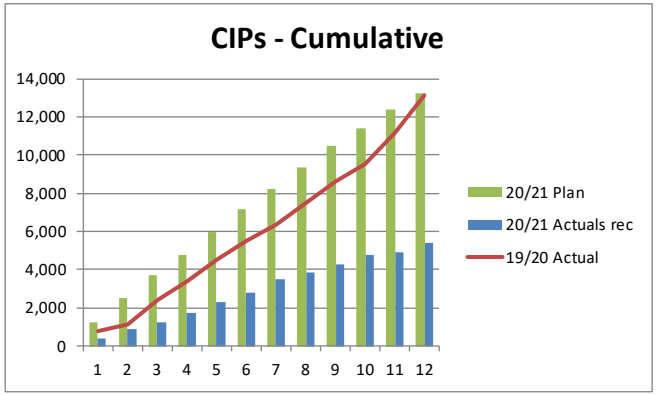


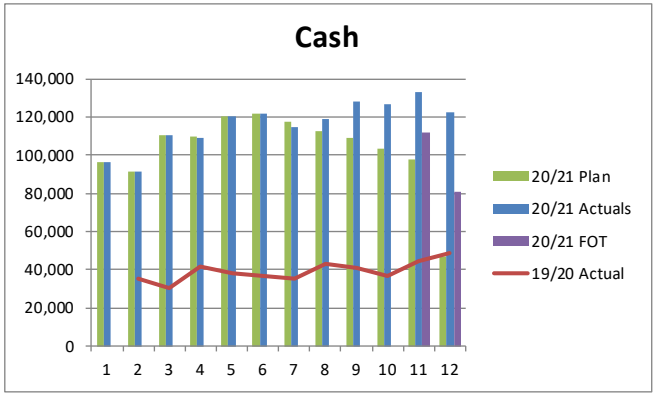


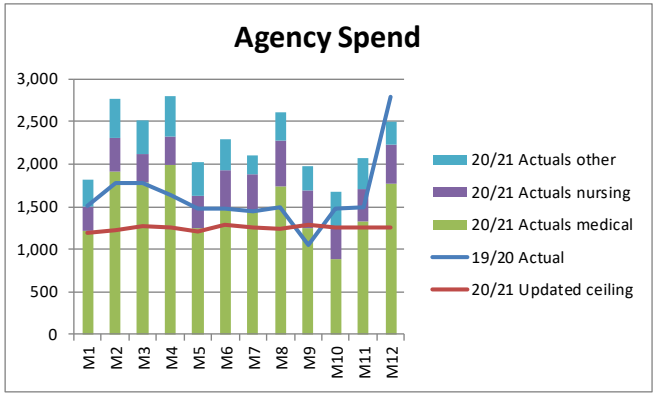


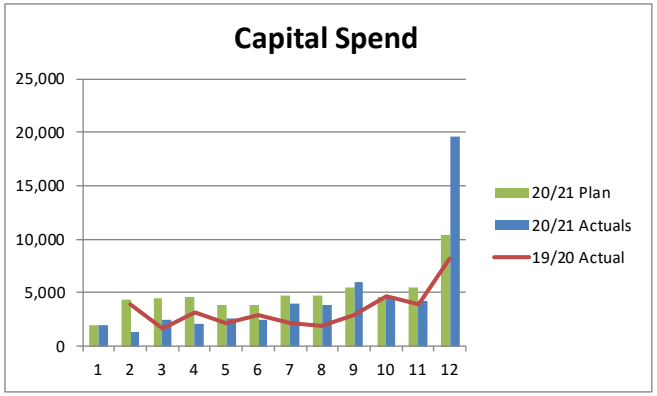




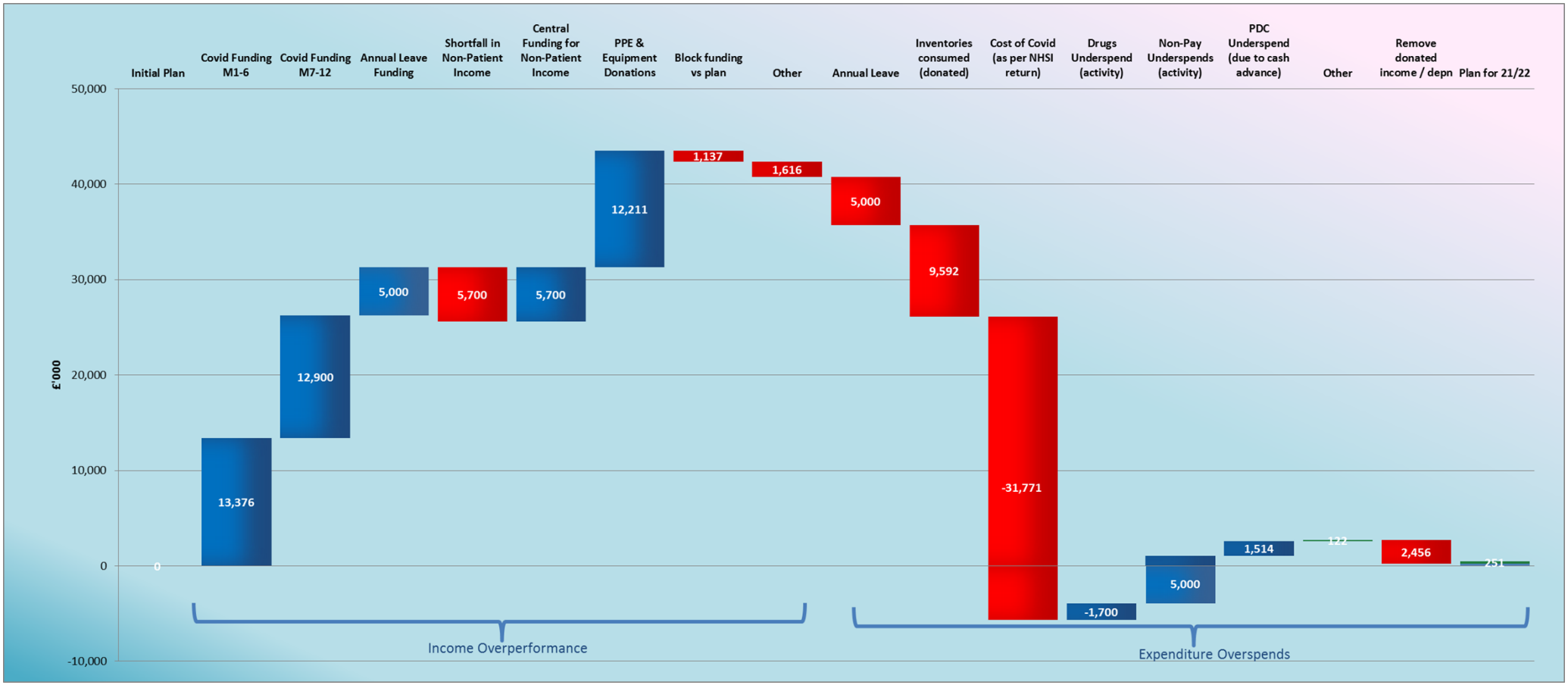








Bridge of Performance



Statement of Comprehensive Income

Statement of comprehensive income	Trust	Trust	Trust	Run Rate			
	Plan 31/12/2020 YTD £'000	Actual 31/12/2020 YTD £'000	Variance 31/12/2020 YTD £'000	Actual Q1 £'000	Actual Q2 £'000	Actual Q3 £'000	Actual Q4 £'000
Operating income from patient care activities	574,279	602,877	28,598	135,774	133,790	157,871	175,442
Other operating income	60,297	81,887	21,590	19,378	25,204	2,971	34,334
Employee expenses	(412,013)	(439,117)	(27,104)	(101,249)	(101,016)	(106,552)	(130,300)
Operating expenses excluding employee expenses	(225,354)	(235,072)	(9,718)	(51,735)	(55,416)	(54,915)	(73,005)
OPERATING SURPLUS / (DEFICIT)	**(2,791)**	**10,575**	**13,366**	**2,168**	**2,561**	**(625)**	**6,471**
FINANCE COSTS				0	0	0	0
Finance income	13	13	0	12	1	0	(0)
Finance expense	(1,538)	(1,507)	31	(443)	(337)	(417)	(310)
PDC dividends payable/refundable	(7,822)	(5,850)	1,972	(1,804)	(2,315)	(1,343)	(387)
NET FINANCE COSTS	**(9,347)**	**(7,344)**	**2,003**	**(2,235)**	**(2,651)**	**(1,761)**	**(697)**
Other gains/(losses) including disposal of assets	(6)	(527)	(521)	0	(6)	(31)	(490)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(12,144)**	**2,705**	**14,848**	**(67)**	**(96)**	**(2,416)**	**4,876**
				0	0	0	0
Retain impact of DEL I&E (impairments)/reversals	0	0	0	0	0	0	0
Remove capital donations/grants I&E impact	469	(1,738)	(2,207)	68	96	(135)	(1,766)
Adjusted financial performance	**(11,674)**	**252**	**11,926**	**0**	**(0)**	**(2,552)**	**2,803**
Control total including PSF, FRF and MRET funding	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Performance against control total	**(11,674)**	**252**	**11,926**	**0**	**(0)**	**(2,552)**	**2,803**

Operating Income from Patient Care Activities

Income from patient care activities (by source)	Trust Plan 31/12/2020 YTD £'000	Trust Actual 31/12/2020 YTD £'000	Trust Variance 31/12/2020 YTD £'000	Run Rate Actual Q1 £'000	Run Rate Actual Q2 £'000	Run Rate Actual Q3 £'000	Run Rate Actual Q4 £'000
NHS England	66,234	88,481	22,247	14,481	18,543	16,765	38,692 ★
Clinical commissioning groups	497,881	503,695	5,814	119,534	112,353	138,333	133,475
NHSE & CCG TOTAL	**564,115**	**592,176**	**28,061**	**134,015**	**130,896**	**155,098**	**172,167**
NHS foundation trusts	1,066	2,072	1,006	128	428	971	545
NHS trusts	724	626	(98)	185	177	101	164
Local authorities	2,181	2,230	49	527	562	572	569
Department of Health and Social Care	0	0	0	0	0	0	0
NHS other (including Public Health England)	210	423	213	106	(106)	0	423
Non-NHS: private patients	2,956	3,134	178	211	1,179	1,154	590
Non-NHS: overseas patients	277	490	213	34	58	101	298
Injury cost recovery scheme	833	884	51	215	222	181	266
Non-NHS: other	1,916	842	(1,074)	353	375	(306)	420
Total income from patient care activities	**574,279**	**602,877**	**28,598**	**135,774**	**133,790**	**157,871**	**157,301**

★ Includes annual leave payment (£5.3m), payment for underperformance on non-patient income (£5.7m) & NHSE Contribution to pension scheme (£15m)

Other Operating Income

Other operating income	Trust	Trust	Trust	Run Rate			
	Plan 31/12/2020 YTD	Actual 31/12/2020 YTD	Variance 31/12/2020 YTD	Actual Q1	Actual Q2	Actual Q3	Actual Q4
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Research and development	803	805	2	196	211	196	202
Other operating income recognised in accordance with IFRS 15:							
Education and training	15,998	17,555	1,557	4,389	3,755	4,371	5,040
Non-patient care services to other WGA bodies	6,555	7,056	501	1,706	1,369	1,425	2,556
Non-patient care services to other Non WGA bodies	130	0	(130)	0	0	0	0
PSF, FRF, MRET funding and Top-Up	28,250	37,443	9,193	11,809	16,441	1,421	7,772
Income in respect of employee benefits	1,052	2,488	1,436	217	331	1,127	813
Other (recognised in accordance with IFRS 15)	6,818	3,291	(3,527)	756	1,213	481	841
Other operating income:							
Donations of physical assets (non-cash)	28	448	420	13	15	392	28
Donated equipment from DHSC / NHSE for COVID response (non-cash)	0	1,902	1,902	0	0	0	1,902
Cash donations / grants for the purchase of capital assets	113	0	(113)	64	49	(113)	0
Charitable and other contributions to expenditure	50	52	2	13	13	13	13
Contributions to expenditure - receipt of equipment donated from DHSC for COVID response below capitalisation threshold	0	2	2	0	0	0	2
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	0	10,307	10,307	0	0	0	10,307
Rental revenue from operating leases	225	538	313	63	54	63	358
Other (recognised in accordance with standards other than IFRS 15)	276	0	(276)	153	123	(276)	0
Total other operating income	**60,297**	**81,887**	**21,590**	**19,378**	**23,574**	**9,101**	**29,834**

Donated income for Equipment

Accounting Treatment of donated PPE as government grant income (offset by inventories consumed)

Employee Expenses

Summary staff costs detail	Trust Plan 31/12/2020 YTD £'000	Trust Actual 31/12/2020 YTD £'000	Trust Variance 31/12/2020 YTD £'000	Run Rate Actual Q1 £'000	Run Rate Actual Q2 £'000	Run Rate Actual Q3 £'000	Run Rate Actual Q4 £'000	
Total non medical - clinical substantive staff	185,786	196,584	10,798	44,389	44,016	58,906	49,273	★
Total non medical - non-clinical substantive staff	52,813	42,049	(10,764)	13,206	12,070	4,128	12,644	
Total medical and dental substantive staff	112,696	116,614	3,918	27,499	27,430	27,480	34,204	
Total capitalised substantive staff	3,631	3,160	(471)	806	942	1,014	399	
Total pay bill substantive staff	**354,926**	**358,407**	**3,481**	**85,900**	**84,458**	**91,528**	**96,520**	
Bank staff including any capitalised bank staff	34,813	39,866	5,054	8,902	9,761	8,943	12,261	
Agency & contract staff including capitalised staff costs	24,307	27,134	2,827	7,106	7,097	6,692	6,238	
Total pay bill all staff	**414,046**	**425,407**	**11,361**	**101,908**	**101,316**	**107,164**	**115,019**	
Apprenticeship Levy	1,598	16,870	15,272	146	642	402	15,680	★
Other	(3,631)	(3,160)	471	(806)	(942)	(1,014)	(399)	
Total employee benefits excluding capitalised costs	**412,013**	**439,117**	**27,104**	**101,249**	**101,016**	**106,552**	**130,300**	

★ Increase in Annual Leave Accrual (£5.3m)

★ Offset by income, this is the mainly centrally funded pension contributions (remainder being apprenticeship levy)

Employee Expenses – Permanent Staff

Substantive staff by staff group	Trust Plan 31/12/2020 YTD £'000	Trust Actual 31/12/2020 YTD £'000	Trust Variance 31/12/2020 YTD £'000	Run Rate Actual Q1 £'000	Run Rate Actual Q2 £'000	Run Rate Actual Q3 £'000	Run Rate Actual Q4 £'000	
Non-medical - Clinical staff substantive								
Registered nursing, midwifery and health visiting staff	106,921	102,464	(4,457)	25,784	25,457	24,685	26,539	
Healthcare scientists and scientific, therapeutic and technical staff	41,966	35,415	(6,551)	9,652	10,414	10,359	4,990	
Qualified ambulance service staff	0	0		0	0	0	0	
Support to clinical staff	36,899	58,705	21,806	8,954	8,145	23,862	17,744	
Total non-medical - Clinical staff substantive	**185,786**	**196,584**	**10,798**	**44,389**	**44,016**	**58,906**	**49,273**	
Medical and dental substantive								
Consultants (including Directors of Public Health)	64,947	70,200	5,252	15,809	15,977	15,914	22,499	★
Career/staff grades	9,449	6,494	(2,955)	2,061	2,300	538	1,594	
Trainee grades	38,300	39,920	1,621	9,629	9,153	11,028	10,111	
Total medical and dental staff substantive	**112,696**	**116,614**	**3,918**	**27,499**	**27,430**	**27,480**	**34,204**	
Non-medical - Non-clinical staff substantive								
NHS infrastructure support	47,564	34,060	(13,505)	12,428	11,596	62	9,973	
Any others	5,248	7,989	2,741	778	474	4,066	2,670	★
Total non-medical - Non-clinical staff substantive	**52,813**	**42,049**	**(10,764)**	**13,206**	**12,070**	**4,128**	**12,644**	
Total pay bill - Substantive staff	**351,295**	**355,247**	**3,952**	**85,095**	**83,516**	**90,515**	**96,121**	
Capitalised staff costs	3,631	3,160	(471)	806	942	1,014	399	
Total pay bill - Substantive staff incl capitalised	**354,926**	**358,407**	**3,481**	**85,900**	**84,458**	**91,528**	**96,520**	

★ Annual leave accrual increase (£3.6m)

★ Includes provision for Covid related costs

Employee Expenses – Bank Staff

Bank spend by staff group	Trust	Trust	Trust	Run Rate				
	Plan 31/12/2020 YTD £'000	Actual 31/12/2020 YTD £'000	Variance 31/12/2020 YTD £'000	Actual Q1 £'000	Actual Q2 £'000	Actual Q3 £'000	Actual Q4 £'000	
Non-medical - Clinical staff bank								
Registered nursing, midwifery and health visiting	7,764	9,376	1,612	2,221	2,357	1,487	3,311	★
Healthcare scientists and scientific, therapeutic and	1,299	1,375	76	438	453	1,020	(536)	★
Qualified ambulance service staff	0	0	0	0	0	0	0	
Support to clinical staff	5,466	7,458	1,992	1,716	2,187	893	2,663	★
Total non-medical - Clinical staff bank	**14,529**	**18,209**	**3,680**	**4,374**	**4,997**	**3,400**	**5,437**	
Medical and dental bank								
Consultants	7,902	7,034	(868)	1,240	1,208	1,819	2,767	
Career/staff grades	1,250	944	(306)	450	(81)	295	280	
Trainee grades	8,482	10,169	1,687	2,071	2,738	2,529	2,831	
Total medical and dental staff bank	**17,634**	**18,147**	**513**	**3,762**	**3,864**	**4,642**	**5,879**	
Non medical - non-clinical staff bank								
NHS infrastructure support	2,649	3,509	860	766	900	900	944	
Any others	0	0	0	0	0	0	0	
Total non medical - non-clinical staff bank	**2,649**	**3,509**	**860**	**766**	**900**	**900**	**944**	
Total pay bill - bank staff	**34,813**	**39,866**	**5,054**	**8,902**	**9,761**	**8,943**	**12,261**	
Capitalised staff costs	0	0	0	0	0	0	0	
Total pay bill - including capitalised staff costs	**34,813**	**39,866**	**5,054**	**8,902**	**9,761**	**8,943**	**12,261**	

★ Reclassification of NHSI pay categories earlier in quarter, and alignment of ledgers and classifcations between Luton and Bedford.

Employee Expenses – Agency Staff

Agency staff spend by staff group	Trust	Trust	Trust	Run Rate			
	Plan 31/12/2020 YTD £'000	Actual 31/12/2020 YTD £'000	Variance 31/12/2020 YTD £'000	Actual Q1 £'000	Actual Q2 £'000	Actual Q3 £'000	Actual Q4 £'000
Non-medical - Clinical staff agency							
Registered nursing, midwifery and health visiting	3,636	4,822	1,186	1,026	1,154	1,426	1,216
Healthcare scientists and scientific, therapeutic and	2,655	2,382	(273)	642	698	497	545
Qualified ambulance service staff	0	0	0	0	0	0	0
Support to clinical staff	0	66	66	0	0	0	67
Total non-medical - Clinical staff agency	**6,291**	**7,270**	**980**	**1,668**	**1,853**	**1,923**	**1,827**
Medical and dental agency							
Consultants	7,084	7,292	207	1,730	1,689	2,150	1,723
Career/staff grades	215	1,311	1,096	74	81	996	160
Trainee grades	8,997	9,421	424	3,097	2,952	1,274	2,098
Total medical and dental staff agency	**16,297**	**18,025**	**1,728**	**4,901**	**4,722**	**4,420**	**3,981**
Non medical - non-clinical staff agency							
NHS infrastructure support	1,719	1,839	120	538	522	349	430
Any others	0	0	0	0	0	0	0
Total non medical - non-clinical staff agency	**1,719**	**1,839**	**120**	**538**	**522**	**349**	**430**
Total pay bill - agency & contract staff	**24,307**	**28,000**	**3,693**	**7,106**	**7,097**	**7,473**	**6,323**
Capitalised staff costs	0	0	0				
Total pay bill - agency staff incl capitalised	**24,307**	**27,134**	**2,827**	**13,675**	**13,672**	**13,817**	**12,131**

Other Operating Expenses (Non-Pay)

Operating expenditure	Trust	Trust	Trust	Run Rate			
	Plan 31/12/2020 YTD £'000	Actual 31/12/2020 YTD £'000	Variance 31/12/2020 YTD £'000	Actual Q1 £'000	Actual Q2 £'000	Actual Q3 £'000	Actual Q4 £'000
Purchase of healthcare from NHS and DHSC group bodies	12,308	0	(12,308)	2,717	3,741	(6,458)	0
Purchase of healthcare from non-NHS and non-DHSC group bodies	11,152	770	(10,382)	3,044	2,558	(5,344)	512
Non-executive directors	236	230	(6)	60	57	51	63
Supplies and services – clinical (excluding drugs costs)	49,152	67,547	18,395	9,950	12,362	25,154	20,081
Supplies and services - clinical: utilisation of consumables donated from DHSC group bodies for COVID response	0	9,592	9,592	0	0	0	9,592 ★
Supplies and services - general	24,842	30,509	5,667	5,989	4,554	11,903	8,063
Supplies and services - general: notional cost of equipment donated from DHSC for COVID response below capitalisation threshold	0	2	2	0	0	0	2
Drugs costs (drug inventory consumed and purchase of non-inventory drugs)	46,833	42,616	(4,217)	10,749	11,376	11,799	8,692
Consultancy	2,129	2,454	325	276	719	775	684
Establishment	12,658	15,119	2,461	2,854	3,104	4,302	4,859
Premises - business rates payable to local authorities	2,085	1,947	(138)	524	523	526	374
Premises - other	14,035	8,807	(5,228)	3,603	3,533	(1,296)	2,968
Transport	2,007	1,777	(230)	513	486	263	515
Depreciation	15,796	16,000	204	3,561	4,034	3,871	4,534
Amortisation	0	0	0	230	(230)	0	0
Movement in credit loss allowance on receivables and financial assets	271	1,576	1,305	58	87	41	1,390
Audit fees and other auditor remuneration	131	115	(16)	33	33	54	(4)
Clinical negligence	22,523	22,523	0	5,632	5,629	5,631	5,631
Education and training - non-staff	1,116	1,538	422	229	227	(52)	1,134
Operating lease expenditure	3,073	4,756	1,683	575	657	1,351	2,173
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	787	785	(2)	199	192	198	196
Other	4,217	6,409	2,192	940	1,774	2,149	1,546
Total operating expenditure	**225,354**	**235,072**	**9,718**	**51,735**	**55,416**	**55,207**	**72,713**

★ Donated PPE Consumed

Cost Improvement Programme –£2.3m delivered

Service Line	L&D / Bedford	Area - Schemes	£000s Plan	Oct Plan	Oct Act.	Nov Plan	Nov Act.	Dec Plan	Dec Act.	Jan Plan	Jan Act.	Feb Plan	Feb Act.	Mar Plan	Mar Act.	Total Plan	Total Act.
		Surgery															
Anaesthetics	L&D	Reduction in bank spend - Anaesthetics	**79**	13	0	13	0	13	0	13	0	13	0	13	0	**79**	**0**
Theatres	L&D	Theatre procurement savings	**75**	13	0	13	0	13	0	13	13	13	13	13	13	**75**	**38**
Opthalmology	L&D	Subtantive recruitment reduction in agency spend - Ophthalmology	**25**	4	0	4	8	4	4	4	4	4	4	4	4	**25**	**24**
Opthalmology	L&D	Reduction in consultant bank spend - Ophthalmology	**16**	3	3	3	3	3	3	3	3	3	3	3	3	**16**	**17**
Opthalmology	L&D	Reduction in locum extra sessions - Ophthalmology	**48**	8	8	8	8	8	8	8	8	8	8	8	8	**48**	**48**
Theatres	L&D	Vacancy factor - 5 Training posts ODP's	**23**	4	4	4	4	4	4	4	4	4	4	4	4	**23**	**24**
Cobham	L&D	Private patients Income	**5**	1	0	1	2	1	0	1	0	1	0	1	0	**5**	**2**
Colorectal	L&D	Job planned Endoscopy clinic	**48**	0	0	0	0	12	0	12	0	12	0	12	0	**48**	**0**
Theatres	L&D	OMFS Dental Nurse Support (deferred business case)	**36**	6	6	6	6	6	6	6	6	6	6	6	6	**36**	**36**
Opthalmology	L&D	Agency saving on medical premium	**52**	9	9	9	9	9	9	9	9	9	9	9	9	**52**	**53**
Opthalmology	L&D	Premises hire costs reduction	**20**	3	3	3	3	3	3	3	3	3	3	3	3	**20**	**19**
			428	**63**	**32**	**63**	**43**	**75**	**37**	**75**	**50**	**75**	**49**	**75**	**49**	**428**	**261**
		Medicine															
Emergency Medicine	L&D	Locum spend saving based on rota in A&E	**142**	24	0	24	0	24	0	24	0	24	0	24	0	**142**	**0**
Medical Day Units	L&D	Locum spend saving based on rota in General Medicine	**387**	64	0	64	0	64	0	64	0	64	0	64	0	**387**	**0**
Medical Day Units	L&D	Agency saving based on rota in General Medicine	**358**	60	0	60	0	60	0	60	0	60	0	60	0	**358**	**0**
Gastroenterology	L&D	Agency saving in Gastro	**25**	4	0	4	0	4	0	4	4	4	0	4		**25**	**4**
			912	**152**	**0**	**152**	**0**	**152**	**0**	**152**	**4**	**152**	**0**	**152**	**0**	**912**	**4**
		W&C															
Maternity	L&D	Maternity Incentive Scheme	**325**	54	54	54	54	54	54	54	54	54	54	54	54	**325**	**324**
Maternity	L&D	Medical Locum Reduction Women's Services	**19**	3	0	3	0	3	0	3	0	3	0	3	0	**19**	**0**
Maternity	L&D	Midwifery Vacancy Factor: Ward 32	**38**	6	6	6	6	6	6	6	0	6	0	6	0	**38**	**19**
Maternity	L&D	Midwifery Vacancy Factor: Ward 33	**35**	6	6	6	6	6	6	6	6	6	0	6	6	**35**	**30**
Maternity	L&D	Midwifery Vacancy Factor: Community	**85**	14	0	14	14	14	14	14	0	14	0	14	0	**85**	**28**
Maternity	L&D	Midwifery Vacancy Factor: Delivery Suite	**85**	14	14	14	14	14	14	14	14	14	14	14	14	**85**	**84**
Gynaecology & Fertility	L&D	Gynaecology Clinical Supplies	**32**	5	5	5	0	5	0	5	5	5	5	5	5	**32**	**20**
Maternity	L&D	Ward 33 Support Worker Vacancy Factor	**14**	2	0	2	2	2	2	2	2	2	2	2	2	**14**	**11**
Maternity	L&D	Trainee Midwive Post Vacancy Factor	**10**	2	2	2	2	2	2	2	2	2	2	2	2	**10**	**11**
Paediatrics	L&D	Medical Locum Reduction Paediatrics	**9**	2	0	2	0	2	2	2	0	2	0	2	0	**9**	**2**
NICU	L&D	Medical Locum Reduction NICU	**11**	2	0	2	0	2	2	2	2	2	2	2	0	**11**	**5**
Paediatrics	L&D	Paediatric Blood Phone Software	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Paediatric Wards	L&D	Paediatric Agency Nursing Reduction	**40**	10	0	5	0	5	5	5	0	5	0	10	0	**40**	**5**
Central W&C	L&D	Medical Rota Coordinator Offset	**15**	3	0	3	0	3	0	3	0	3	0	3	0	**15**	**0**
Central W&C	L&D	Central W&C Band 5 Vacancy	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Central W&C	L&D	Central W&C Band 6 Vacancy	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
			717	**123**	**87**	**118**	**99**	**118**	**107**	**118**	**85**	**118**	**79**	**123**	**83**	**717**	**539**

Cost Improvement Programme

		DTO																
Pharmacy	L&D	Pharmacy non-pay - contract cancellation	**3**	0	0	0	0	0	0	0	0	0	0	0	0	0	**3**	**2**
Pathology	L&D	Pathology Substantive recruitment to Consultants and spec doctor posts	**298**	50	28	50	28	50	28	50	28	50	28	50	28	**298**	**168**
Pathology	L&D	Pathology Merger	**350**	58	233	58	305	58	-188	58	117	58	-117	58		**350**	**350**
Therapies	L&D	Therapies vacancy factor	**46**	8	8	8	8	8	8	8	8	8	8	8	8	**46**	**46**
Imaging	L&D	Imaging vacancy factorand new business case	**22**	4	4	4	4	4	4	4	4	4	4	5	5	**22**	**22**
Imaging	L&D	Imaging non-pay CT3 saving	**121**	20	20	20	20	20	20	20	20	20	20	20	20	**121**	**121**
Breast Screening	L&D	Breast Screening vacancy factor	**5**	1	1	1	1	1	1	1	1	1	1	1	1	**5**	**5**
Breast Screening	L&D	Breast screening non-pay	**4**	1	1	1	1	1	1	1	1	1	1	1	1	**4**	**4**
			848	**141**	**294**	**141**	**366**	**141**	**-126**	**141**	**178**	**141**	**-55**	**142**	**62**	**848**	**718**
		Operational Services																
Operational Services	L&D	Reduction In non pay cubical curtains	**8**	1	0	1	1	1	1	1	1	1	1	1	1	**8**	**7**
Operational Services	L&D	Reduction in non pay (Chemicals)	**32**	5	1	5	0	5	0	5	0	5	0	5	3	**32**	**4**
Operational Services	L&D	Reduction in non pay (Service Contracts)	**1**	0	0	0	0	0	0	0	0	0	0	0	0	**1**	**0**
Operational Services	L&D	Energy Centre and LED Light Savings	**64**	11	0	11	0	11	0	11	0	11	0	11	0	**64**	**0**
Operational Services	L&D	Medical Equipment NHS Supply chain savings	**14**	2	0	2	0	2	0	2	0	2	0	2	0	**14**	**0**
Operational Services	L&D	Medical Equipment NHS Supply chain savings	**10**	2	0	2	0	2	0	2	0	2	0	2	0	**10**	**0**
Operational Services	L&D	Reduction non pay (Gas supply)	**8**	1	0	1	0	1	1	1	0	1	0	1	0	**8**	**1**
Operational Services	L&D	Reduction in non-pay (Brushes)	**1**	0	1	0	0	0	0	0	0	0	0	0	0	**1**	**2**
Operational Services	L&D	Reduction in non-pay (Packaging)	**3**	0	0	0	0	0	0	0	0	0	0	0	0	**3**	**0**
Operational Services	L&D	Reduction in non-pay (Surg Instruments repairs)	**3**	1	0	1	1	1	0	1	1	1	1	1	0	**3**	**3**
Operational Services	L&D	secondment finished in April now actively working on sustainability for covid 19	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Operational Services	L&D	B6 vacancy factor due leaver not replace for 6 month	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Operational Services	L&D	B4 vacancy factor due a change in job role not replacing this year	**15**	2	2	2	2	2	2	2	2	2	2	2	2	**15**	**15**
Operational Services	L&D	Adjust budget in line with outurn 2019/20 (Disosable Drapes & Gowns)	**4**	1	0	1	1	1	0	1	0	1	1	1	1	**4**	**2**
Operational Services	L&D	Adjust budget in line with outurn 2019/20 (Service contract - laundry)	**16**	3	0	3	0	3	0	3	0	3	0	3	0	**16**	**0**
Operational Services	L&D	Adjust budget in line with outurn 2019/20 (Cubicle Curtains - Dispoable)	**4**	1	0	1	0	1	0	1	0	1	1	1	1	**4**	**1**
			183	**30**	**5**	**30**	**5**	**30**	**5**	**30**	**4**	**30**	**7**	**30**	**9**	**183**	**35**
		Corp Serv																
Director of Quality	L&D	Translation services saving	**45**	8	8	8	8	8	8	8	8	8	8	8	8	**45**	**46**
Director of Business Developm	L&D	Incremental drift saving	**4**	1	1	1	1	1	1	1	1	1	1	1	1	**4**	**5**
Managing Director	L&D	General manager CIP	**69**	12	10	12	12	12	12	12	12	12	12	12	12	**69**	**68**
Director of Finance	L&D	Incremental drift saving	**6**	1	1	1	1	1	1	1	1	1	1	1	1	**6**	**6**
HR & Occupational Health	L&D	Reduction in overseas nursing	**63**	10	10	10	5	10	0	10	10	10	10	10	0	**63**	**36**
Director of Finance	L&D	Other non pay savings	**3**	0	0	0	0	0	0	0	0	0	0	0	0	**3**	**0**
Director of Quality	L&D	Other non pay savings	**8**	1	0	1	1	1	1	1	1	1	1	1	1	**8**	**6**
Director of Finance	L&D	Project capitalisation	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Director of Nursing	L&D	Other non pay savings	**2**	0	0	0	0	0	0	0	0	0	0	0	0	**2**	**1**
Managing Director	L&D	Other non pay savings	**8**	1	1	1	1	1	1	1	1	1	1	1	1	**8**	**7**
Director of IT	L&D	Other non pay savings	**23**	4	2	4	2	4	3	4	4	4	4	4	2	**23**	**17**
HR & Occupational Health	L&D	Other non pay savings	**4**	1	1	1	1	1	1	1	1	1	1	1	1	**4**	**5**
Director of Finance	L&D	Vacancy factor	**6**	1	1	1	1	1	1	1	1	1	1	1	0	**6**	**6**
Director of Quality	L&D	Vacancy factor	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Chief Executive	L&D	Vacancy factor	**15**	2	0	2	0	2	0	2	0	2	0	2	0	**15**	**0**
Managing Director	L&D	Vacancy factor	**6**	1	0	1	0	1	0	1	0	1	0	1	0	**6**	**0**
Director of IT	L&D	Vacancy factor	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
HR & Occupational Health	L&D	Vacancy factor	**2**	0	0	0	0	0	0	0	0	0	0	0	0	**2**	**0**
			262	**44**	**34**	**44**	**33**	**44**	**29**	**44**	**40**	**44**	**39**	**44**	**26**	**262**	**201**

Cost Improvement Programme

		Medical Education																
Medical Education	L&D	Sift allocation recharge reduction	**84**	14	0	14	0	14	0	14	0	14	0	14	0	**84**	**0**
Medical Education	L&D	B3 vacancy factor	**8**	1	1	1	1	1	1	1	1	1	1	1	1	**8**	**7**
			92	**15**	**1**	**15**	**1**	**15**	**1**	**15**	**1**	**15**	**1**	**15**	**1**	**92**	**7**
		Bedford																
Haematology	Bedford	Haematology - Point of Care Testing	**7**	1	0	1	0	1	0	1	0	1	0	2	0	**7**	**0**
Care of the Elderly	Bedford	Removal of Drugs Underspends	**125**	25	25	25	25	25	25	25	0	25	0	0	0	**125**	**75**
General Medicine	Bedford	Reduce LOS - staffing & consumables	**222**	38	0	38	0	38	0	38	0	38	0	32	0	**222**	**0**
General Medicine	Bedford	Improvement in mgmt of Enhanced Patient Observation	**113**	19	0	19	0	19	0	19	0	19	0	18	0	**113**	**0**
Obtetrics	Bedford	Obstetrics - CNST Maternity	**155**	32	32	32	32	32	32	32	32	32	32	-5	32	**155**	**192**
Pathology	Bedford	Reduced Locum Medical spend	**44**	8	8	8	8	8	8	8	0	8	0	4		**44**	**24**
Therapies	Bedford	Community Physio Contract opportunities	**72**	13	0	13	0	13	0	13	0	13	0	7	0	**72**	**0**
Dietetics	Bedford	Dietetic Mgmt review	**8**	1	1	1	1	1	1	1	1	1	1	3	1	**8**	**6**
Estates	Bedford	LED Lighting through Trust	**37**	7	7	7	7	7	7	7	7	7	7	2		**37**	**35**
Finance	Bedford	Remove Deputy buyer post	**17**	4	4	4	4	4	4	4	4	4	4	-3	4	**17**	**24**
Operational Services	Bedford	Emergency Planning Manager (8 months)	**16**	4	4	4	4	4	4	4	4	4	4	-4	0	**16**	**20**
Operational Services	Bedford	HSSD Manager - Band 6 & 7 (8 months-offset with Band 5 addl cost)	**16**	3	3	3	3	3	3	3	3	3	3	1	1	**16**	**16**
Operational Services	Bedford	Catering Provisions - Underspend	**59**	13	13	13	13	13	13	13	13	13	0	-6	2	**59**	**54**
Operational Services	Bedford	Postage - Underspend	**17**	2	0	2	0	2	0	2	0	2	0	7	0	**17**	**0**
Operational Services	Bedford	Domestics Pay Vacancy Factor	**22**	4	4	4	4	4	4	4	4	4	4	2	2	**22**	**22**
Operational Services	Bedford	Catering Pay Vacancy Factor	**22**	4	4	4	4	4	4	4	4	4	4	2	2	**22**	**22**
Operational Services	Bedford	Portering Pay Vacancy Factor	**22**	4	4	4	4	4	4	4	4	4	4	2	2	**22**	**22**
Procurement Efficiencies	Bedford	Clinical Service area non pay opportunities	**248**	42	0	42	0	42	0	42	0	42	0	38	0	**248**	**0**
Estates	Bedford	EBME bought back In-House	**53**	11	11	11	11	11	11	11	11	11	11	-2	0	**53**	**55**
Workforce	Bedford	Overseas Recruitment - Australia - Reduced Agency Nursing	**252**	42	0	42	0	42	0	42	0	42	0	42	0	**252**	**0**
Workforce	Bedford	Overseas Recruitment - Australia - Reduced Agency Nursing - Unidentified	**0**													**0**	**0**
			1,528	**277**	**120**	**277**	**120**	**277**	**120**	**277**	**87**	**277**	**74**	**143**	**47**	**1,528**	**568**
		SUBTOTAL CIPs IDENTIFIED IN 20/21 BUDGET SETTING	**4,970**	**846**	**573**	**841**	**666**	**853**	**173**	**853**	**449**	**853**	**194**	**725**	**277**	**4,970**	**2,333**

Covid Return – COVID spend down to deceased lab spend

Combined Covid 19 Position by category- Month 12

Category	Trust Spend YTD
Income Loss	
Non NHS pt-related - Private patients, Overseas, RTA, Circle	-4982
Catering and Car parking	-3904
Total	**-8886**

Expenditure	L&D Spend £000	BHT Spend £000	Total Spend £000
IT for working from home etc	524	110	634
Remote Management of Patients	474	123	597
Expanding medical/nursing workforce	2430	2413	4843
Sick pay at full pay	20	0	20
COVID-19 testing	6044	13	6057
Release bed capacity	69	24	93
Increase ITU capacity	1580	106	1686
Segregation of patient pathways	205	285	490
Additional shifts for existing workforce	2803	486	3289
Decontamination	259	0	259
National procurement	315	219	534
Backfil for higher sickness absence	1306	559	1865
Other	1044	379	1423
Vaccination Programme	203	0	203
Total	**17,276**	**4,717**	**21,993**

Runrate											
M01 £000	M02 £000	M03 £000	M04 £000	M05 £000	M06 £000	M07 £000	M08 £000	M09 £000	M10 £000	M11 £000	M12 £000
120	160	31	187	-50	0	121	57	-0	7	1	0
344	102	62	56	29	20	5	-30	9	0	0	0
462	469	1,013	996	422	333	165	421	100	203	106	152
490	-483	4	0	0	0	5	4	-0	0	0	0
224	477	377	422	24	528	585	879	762	863	778	139
66	-19	0	0	0	1	0	45	0	0	0	0
458	352	369	73	278	61	59	6	0	0	0	29
167	-14	86	6	56	-1	17	5	3	60	46	59
128	398	289	221	180	197	258	251	336	408	255	368
13	-13	259	0	0	0	69	-69	0	0	0	0
304	45	47	113	-46	22	0	49	-0	0	0	0
86	752	361	176	36	147	28	61	93	68	31	26
7	143	138	157	170	286	22	10	-96	64	171	350
0	0	0	0	0	0	0	0	0	88	49	66
3,792	**3,526**	**3,916**	**3,045**	**2,425**	**2,252**	**1,203**	**1,689**	**1,207**	**1,762**	**1,437**	**1,188**

* The trust received £5.67m cash to offset lost income (e.g. car parking, catering, etc.)

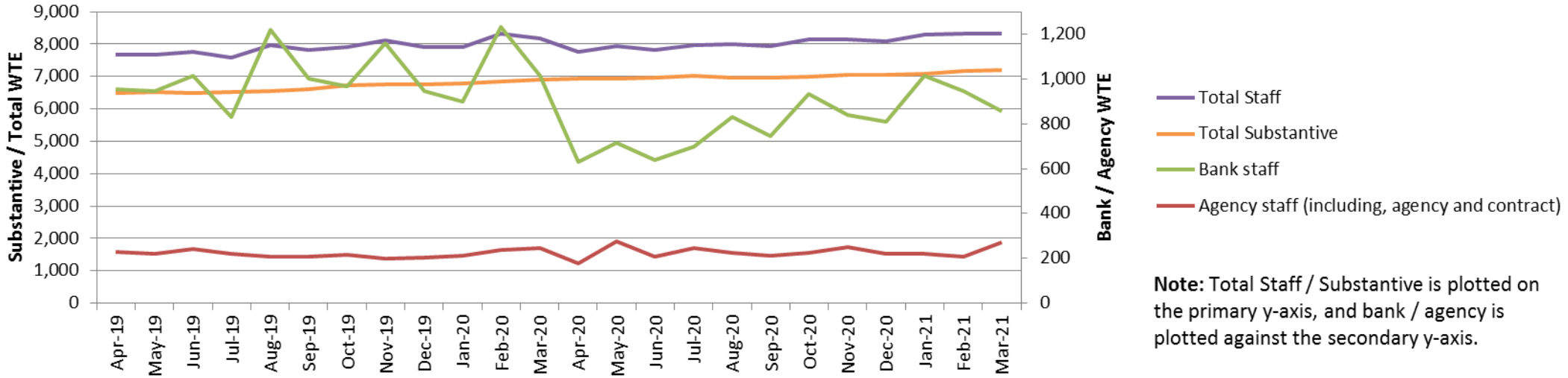
Independent Sector work – Funded till 31st March 21

Historically the trust has funded very little independent sector activity. Since October, NHSE/I have been reimbursing spend above historical levels of spend. Given Bedford Hospital only began to outsource dermatology activity in January 2020 and therefore historic spend is low, most of the Trust's spend is being reimbursed up to the end of March 21.

Company	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Comments
InHealth Limited	16,589	20,999	4,046	20,310	101,617	3,091	166,650	MRI's
OSD Healthcare					20,300	95,700	116,000	Breast Screening
Shakespeare Clinic	47,881	51,007	35,693		111,119	52,473	298,173	Dermatology
Grand Total	**64,470**	**72,006**	**39,739**	**20,310**	**233,036**	**151,263**	**580,823**	

Substantive, Bank and Agency Staff – Provider Workforce Return

Month	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	Actual 31/01/2021 Month 10 Jan-21 WTE	Actual 28/02/2021 Month 11 Feb-21 WTE	Actual 31/03/2021 Month 12 Mar-21 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	2,285	2,297	2,306
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	817	818	816
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	4	3	3
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	2,067	2,143	2,176
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	864	870	868
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	1,029	1,023	1,036
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	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**	**7,069**	**7,157**	**7,209**
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	1016	947	854
Agency staff (including, agency and contrac	226	222	243	221	207	208	215	199	202	212	239	247	176	274	205	246	223	212	223	250	219	221	209	270
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**	**8,305**	**8,313**	**8,334**



Note: Total Staff / Substantive is plotted on the primary y-axis, and bank / agency is plotted against the secondary y-axis.

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
Jan-21	1,678	1,699
Feb-21	2,068	1,719
Mar-21	2,427	1,694

	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	962	-670 ★	1,980
Jan-21	886	442	185	165	1,678
Feb-21	1,324	382	200	162	2,068
Mar-21	1,772	453	159	43	2,427

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

CAPITAL PLAN

Report for Month 12

The Trust started the year with a combined capital plan of c£79m. With the advent of a STP Capital envelope, the delay in approval of the ASB and delays due to Covid the Trust reduced its capital forecast.

The Trust had a big push on spend in M12, and achieved a capital outturn of £58.1m. Of this, £2.4m was Covid donated assets.

The Trust has received in excess of £30m in PDC to contribute to a number of key schemes in year.

Capital

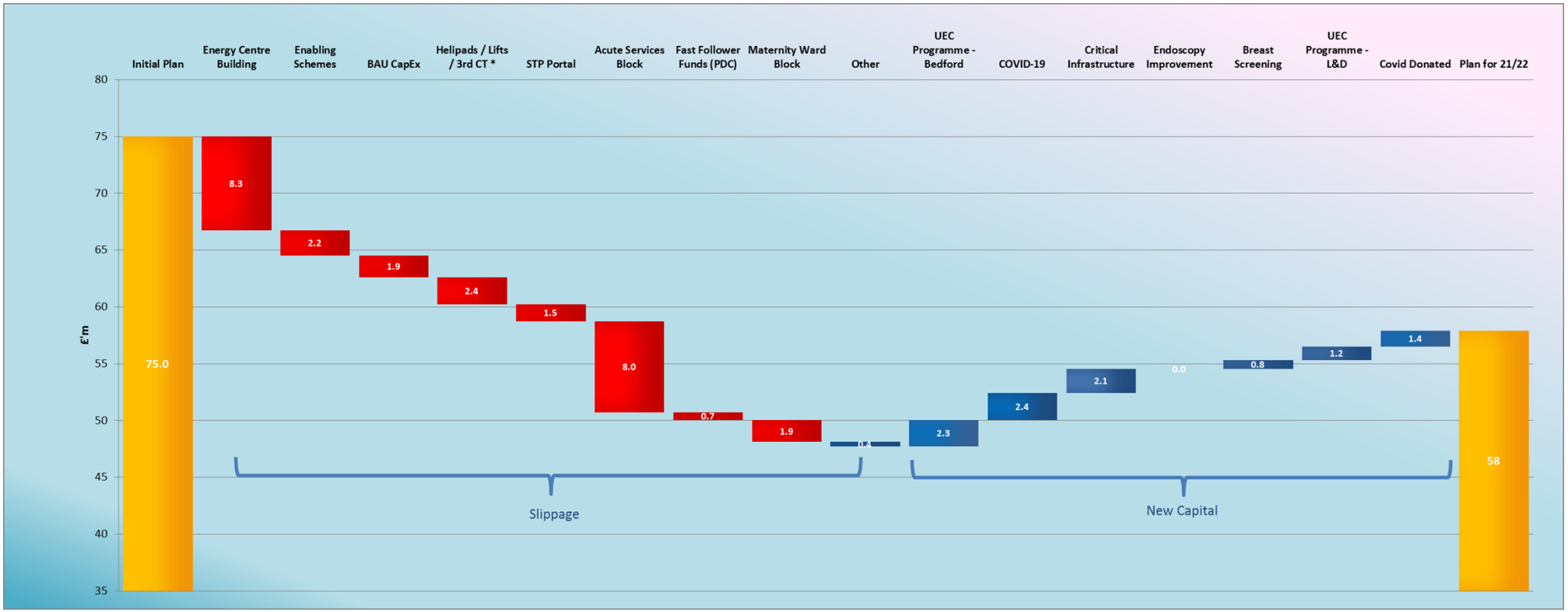
CapEx £m	Actual FY19/20	Plan FY20/21	Forecast FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
L&D								
BAU	5.1	8.3	6.5	6.4	4.3	4.3	4.3	4.3
Trust Funded Redevelopment	0.6	3.9	1.8	1.6	13.7	16.8	10.4	1.2
Enabling Works	0.1	7.9	7.2	8.7	3.1	0.0	0.0	0.0
Other Schemes Inside STP Envelope	14.2	18.3	12.1	12.7	26.6	3.1	1.1	0.0
Schemes Funded Inside STP envelope	**20.0**	**38.4**	**27.6**	**29.4**	**47.6**	**24.2**	**15.8**	**5.5**
£118m Funded Schemes	2.8	12.7	8.4	4.2	43.9	47.2	15.8	3.2
Other schemes Outside STP Envelope	5.2	3.4	23.8	10.2	10.9	0.2	0.5	0.3
Schemes Funded Outside STP Envelope	**8.0**	**16.1**	**32.2**	**14.5**	**54.8**	**47.4**	**16.3**	**3.5**
L&D Total CapEx	**28.0**	**54.5**	**59.9**	**43.9**	**102.4**	**71.5**	**32.1**	**9.0**

0.0

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	6.1	2.7	2.7	2.7	7.0
Other Schemes Inside STP Envelope	1.5	1.3	-0.4	1.4	0.0	0.0	0.0	0.0
Schemes Funded Inside STP envelope	**6.1**	**5.4**	**3.7**	**7.5**	**2.7**	**2.7**	**2.7**	**7.0**
Other schemes Outside STP Envelope	4.3	8.1	9.9	6.7	8.4	5.6	1.8	0.0
Schemes Funded Outside STP Envelope	**4.3**	**8.1**	**9.9**	**6.7**	**8.4**	**5.6**	**1.8**	**0.0**
BAU CapEx	**10.4**	**13.5**	**13.6**	**14.2**	**11.1**	**8.3**	**4.5**	**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	12.4	10.6	12.5	7.0	7.0	7.0	11.3
Trust Funded Redevelopment	0.6	3.9	1.8	1.6	13.7	16.8	10.4	1.2
Enabling Works	0.1	7.9	7.2	8.7	3.1	0.0	0.0	0.0
Other Schemes Inside STP Envelope	15.7	19.6	11.7	14.1	26.6	3.1	1.1	0.0
Schemes Funded Inside STP envelope	**26.1**	**43.8**	**31.3**	**36.9**	**50.3**	**26.9**	**18.5**	**12.5**
£118m Funded Schemes	2.8	12.7	8.4	4.2	43.9	47.2	15.8	3.2
Other schemes Outside STP Envelope	9.5	11.5	33.8	17.0	19.3	5.8	2.3	0.3
Schemes Funded Outside STP Envelope	**12.3**	**24.2**	**42.2**	**21.2**	**63.2**	**53.0**	**18.1**	**3.5**
BAU CapEx	**38.4**	**68.0**	**73.5**	**58.1**	**113.5**	**79.8**	**36.6**	**16.0**

Bridge of Major Variances – 7/8 big ticket items



Capital – L&D Site

CapEx £m Simplified	Actual FY19/20	Plan FY20/21	Revised Plan FY20/21	Forecast Outturn FY20/21	Actual ytd FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
BAU									
Medical Equipment	1.9	2.4	2.4	2.4	2.8	1.5	1.5	1.5	1.5
BAU Estate (*incl backlog*)	2.5	4.7	4.7	2.9	2.7	2.0	2.0	2.0	2.0
BAU IT	0.6	1.2	1.2	1.2	0.9	0.8	0.8	0.8	0.8
BAU CapEx	**5.1**	**8.3**	**8.3**	**6.5**	**6.4**	**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	0.9	0.8	0.8	1.0	0.0
Other Departmental Input to Redevelopment			0.2	0.2	0.2				
Bariatrics	0.1	10.8	2.2	2.2	1.9	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	1.0				
Temporary accommodation			4.0	5.0	5.0				
Demolition			1.8	0.2	0.2	1.7			
Service diversions			0.6	0.6	0.0				
Enabling works - Estates			0.5	0.2	0.2	1.1			
Enabling works - Service reprovision			0.5	0.8	0.3				
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	2.6	1.3	0.1		
Lewsey Road car park	0.1	4.8	4.7	4.7	5.0	0.1	0.0	0.0	0.0
Generators	2.2	1.1	1.1	0.1	0.3	1.0			
Energy Centre Building	0.3	10.0	4.8	2.0	1.7	13.9	0.5	1.1	
Energy Conservation Measures	0.2	1.7	3.0	2.0	0.9	7.3			
*Helipads / Lifts / 3rd CT **	*0.0*	*2.4*	*0.0*	*0.0*	*0.0*	*0.0*			
ED X-Ray (from above - funding not identified)	*0.0*	*0.0*	*0.0*	*0.3*	*0.2*				
PAS	0.0	0.0	0.0	0.0	0.0	0.1	2.5		
GDE (funding carry forward)	0.0	0.5	0.0	0.0	0.0				
STP Portal	0.2	1.8	1.8	1.8	0.3				
Net Slippage	1.1	0.7	-1.2	-2.4	0.8	2.4			
Other	6.2	0.2	0.2	0.2	0.4				
Main Schemes	**14.9**	**41.5**	**30.1**	**21.1**	**23.0**	**43.3**	**19.9**	**11.5**	**1.2**
Schemes Funded Inside STP Envelope	**20.0**	**49.8**	**38.4**	**27.6**	**29.4**	**47.6**	**24.2**	**15.8**	**5.5**

Capital – L&D Site

CapEx £m Simplified	Actual FY19/20	Plan FY20/21	Revised Plan FY20/21	Forecast Outturn FY20/21	Actual ytd FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
IT Merger Enabling	0.0	2.3	2.3	1.5	1.4	6.7			
Pathology Joint Venture	1.8	1.8	1.8	1.1	1.1	1.0			
Acute Services Block	0.9	8.1	5.8	3.0	1.8	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	1.9				
Impact of IFRIC12/ Donated Assets	0.1	0.1	0.1	0.5	0.4	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	3.4	2.4				
Critical Infrastructure	0.0	0.0	0.0	3.8	2.1				
Endoscopy Improvement	0.0	0.0	0.0	0.7	0.0				
Breast Screening	0.0	0.0	0.0	0.8	0.8				
Car Parking				5.9					
STP Portal next wave				2.5					
Digital	0.0	0.0	0.0	0.0	0.0				
UEC Programme - L&D	0.0	0.0	0.0	4.2	1.2	10.8			
Covid Donated					1.4				
Schemes Funded Outside STP Envelope	**8.0**	**15.6**	**18.5**	**32.2**	**14.5**	**54.8**	**47.4**	**16.3**	**3.5**
Total Capital Spend	**28.0**	**65.4**	**56.9**	**59.9**	**43.9**	**102.4**	**71.5**	**32.1**	**9.0**

Capital – Bedford Site - Summary

	Revised Plan FY20/21	Forecast Outturn FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
Estates Backlog Maintenance Schemes	1.1	1.1	1.1	1.0	1.0	1.0	3.0
Plant and machinery and other Equipment	1.1	1.1	3.2	1.0	1.0	1.0	3.0
SAN	0.3	0.3	0.3	0.0	0.0	0.0	0.0
IT Hardware	1.1	1.1	0.4	0.4	0.4	0.4	0.5
IT Software	0.5	0.5	1.1	0.3	0.3	0.3	0.5
Education Centre phase 2	1.3	1.4	1.4	0.0	0.0	0.0	0.0
Ward Refurbishment	0.0	0.0	0.0	1.3	1.3	1.3	0.0
Other	0.0	0.0	0.0	1.8	1.1	1.2	0.0
Vascular Theatres	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ED X-Ray to Cauldwell	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Slippage	0.0	-1.8	0.0	1.8	0.0	0.0	0.0
Schemes Funded Inside STP envelope	**5.4**	**3.7**	**7.5**	**7.6**	**5.1**	**5.2**	**7.0**
Fast Follower Funds (PDC)	1.0	1.5	0.3	0.5	0.0	0.0	0.0
MRI 1 Replacement	0.9	0.9	1.0	0.0	0.0	0.0	0.0
Mobile MRI	0.8	0.9	1.4	0.0	0.0	0.0	0.0
Mobile MRI Trailer	0.5	0.6	0.0	0.0	0.0	0.0	0.0
UEC Programme - Bedford	3.0	3.8	2.3	0.8	0.0	0.0	0.0
Covid related assets	0.6	1.0	0.7	0.0	0.0	0.0	0.0
Covid donated assets	0.0	0.0	0.5	0.0	0.0	0.0	0.0
Donated Assets	0.5	0.5	0.2	0.0	0.0	0.0	0.0
Cyber Security	0.1	0.2	0.0	0.0	0.0	0.0	0.0
Oxygen Supply Upgrade	0.2	0.2	0.1	0.0	0.0	0.0	0.0
Car Parking	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Endoscopy Improvement	0.4	0.4	0.2	0.0	0.0	0.0	0.0
GHH Hub (PDC Dependent)	0.0	0.0	0.0	2.8	2.0	1.8	0.0
Theatres 7&8 (PDC Dependent)	0.0	0.0	0.0	4.8	3.6	0.0	0.0
Schemes Funded Outside STP envelope	**8.1**	**9.9**	**6.7**	**8.4**	**5.6**	**1.8**	**0.0**
Total	**13.5**	**13.6**	**14.2**	**16.4**	**10.7**	**7.0**	**7.0**

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5 May 2021

Report title:	**Workforce Report**			**Agenda item: 8.3**
Executive Director(s):	**Angela Doak – Director of Human Resources**			
Report Author	**Jim Machon – Associate Director of Human Resources**			
Action *(tick one box only)*	**Information** x	**Approval** ☐	**Assurance** ☐	**Decision** ☐
Recommendation	N/A			

Report summary	The workforce report provides an overview at Trust and site levels for: • Staff in post • Vacancy and recruitment • Turnover • Bank and agency usage • Employee relations activity • Sickness • Appraisal and mandatory training Vacancy rates reduce from 7.83%. Work on the HEE/NHSI overseas nurse recruitment and HCA/CSW programmes continue to be successful. The addition of India on the UK travel COVID "red list" will impact the speed of this recruitment and additional quarantine costs will be incurred. Sickness reduced in month to 4.15% which is 0.37% higher than the same period last year and bank and agency levels have returned to pre-pandemic levels. Appraisal rates were stable and mandatory training compliance reduced. The level of compliance is lower than our target and is consistent with other NHS organisations. A training and appraisal recovery plan has been put into place and will report progress to the Workforce Committee. AS a part of this recovery plan individualised recovery plans are being agreed with service lines, a new integrated dashboard will be available next month and a virtual study days are being arranged with the first taking place on the 17th May 20201.
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	CQC – Well Led Domain Corporate objective 3. Secure and develop a workforce that meets the needs of our patients

SUMMARY POSITION

- Last month sickness decreased to 4.15% and when compared to the same period last year is 0.37% higher.
- Vacancy rates have been generally stable but have decreased from 9.19% in April 20 to 7.83% in March 2021 due to increased Recruitment activity.
- The overall turnover improved during lockdown but is only showing a marginal reduction against the same period last year; 14.23% in March 2020 and 14.16% in March 2021.
- The overall Agency run rate is 11.1% higher in March 2021 when compared to February 2020 equivalent to 25.8FTE more agency workers

LUTON & DUNSTABLE HOSPITAL SITE

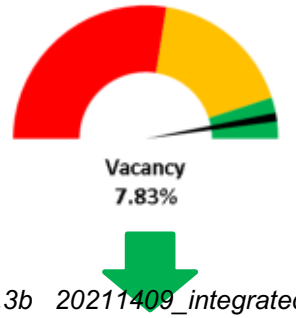
Compared to the previous month:

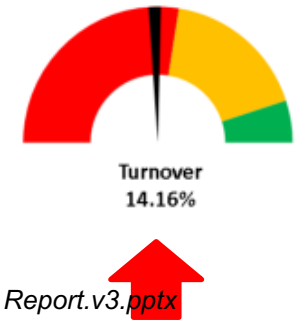
- Sickness absence decreased from 4.83% to 3.77%
- Turnover increased from 13.59% to 14.24%
- Vacancy rates decreased by 0.23% from 10.02% to 9.79%
- Appraisals increased from 69% to 70%
- Mandatory training compliance remained the same at 77%
- Bank FTE usage in March 2021 increased by 12.9% in month but remains 17.75% lower compared to March 2020
- Agency FTE usage in March 2021 increased by 11.7% in month and has 22.4% lower run rate compared to March 2020.

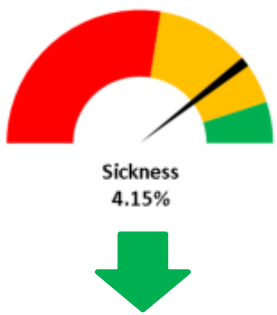
BEDFORD HOSPITAL SITE

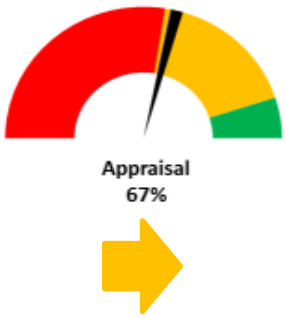
Compared to the previous month:

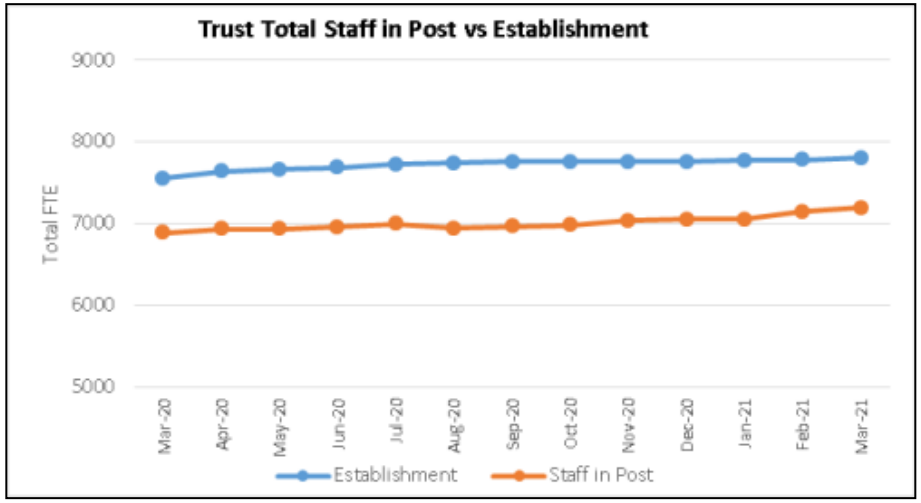
- Sickness absence decreased from 7.14% to 4.74%
- Turnover decreased from 14.52% to 14.03%
- Vacancy rates decreased by 0.59% from 5.10% to 4.51%
- Appraisals decreased from 65% to 64%
- Mandatory training compliance decreased from 82% to 79%
- Bank FTE usage in March 2021 increased by 5.2% % in month and is 18.9% higher compared to March 2020
- Agency FTE usage in March 2021 increased by 9.7% in month and has 16% lower run rate compared to March 2020.







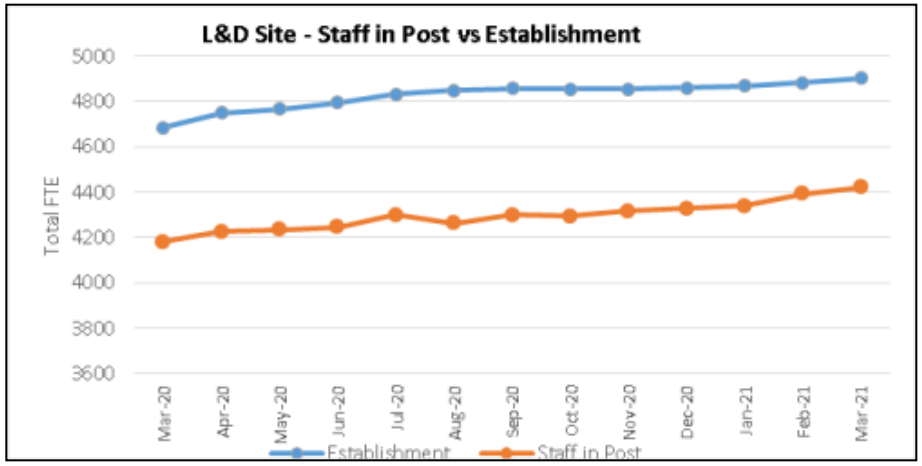


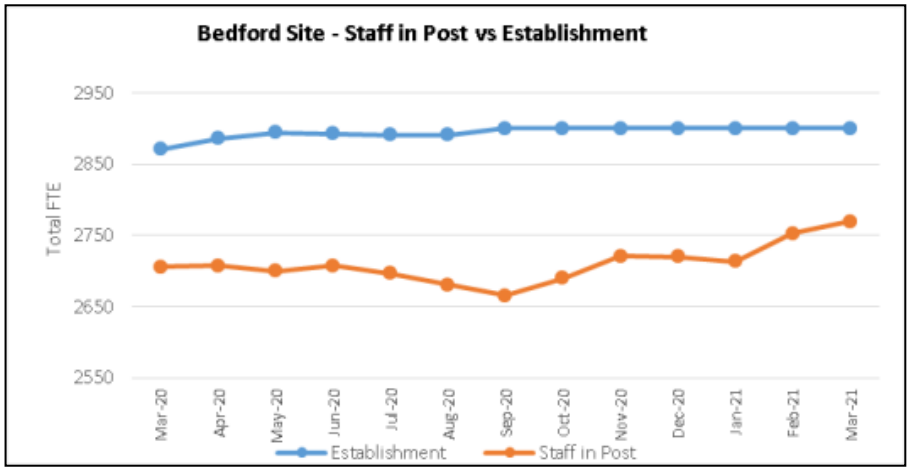


Trust Level Summary

The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) continues to increase and increased by 20.54 WTE between February 2021 and March 2021.

Since the merger, and over the period of the pandemic, the growth rate has been 3.71% over the past 12 months (April 2020 to March 2021).



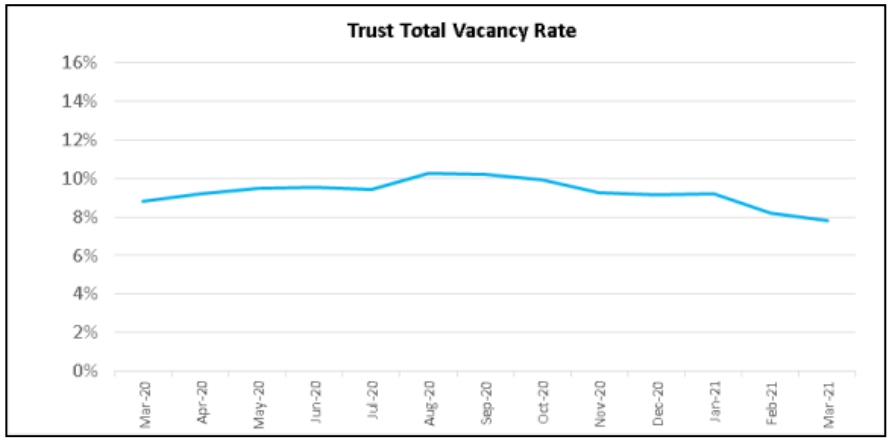


L&D Site

The L&D site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 196 WTE between April 2020 and March 2021. 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 29.70 WTE between February and March.

Bedford site

The BH site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 62 WTE between April 2020 and March 2021 following the merger. Over the last 12 months the SIP increased at a slower rate than the L&D site at 2.3% and is driven by increases in support staff. The staff in post increased by 17.08 WTE between February and March.

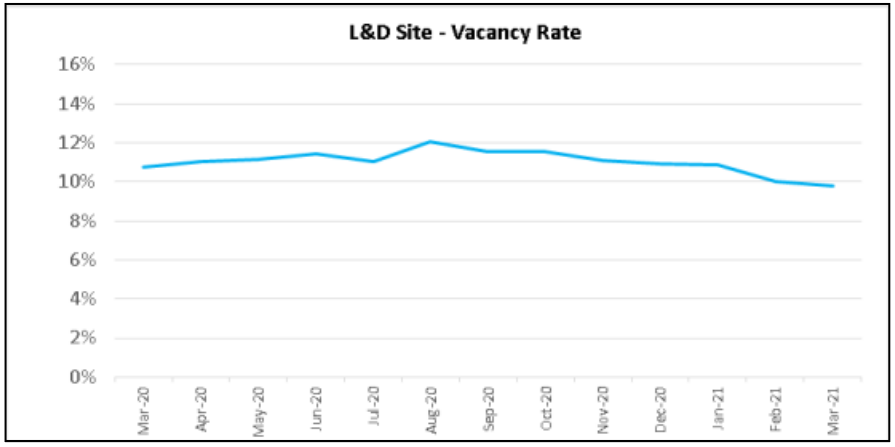


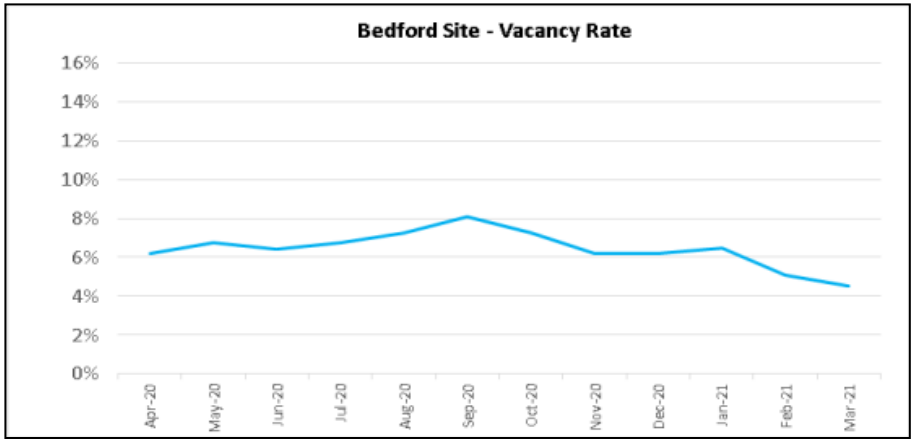
Trust Level Summary

The overall vacancy rate reduced over the last 12 months from 8.84% in March 2020 to 8.18% in March 2021. The rise in vacancy rate in April 20 was as a result of revised establishments (increase of +102.07 WTE).

Registered nursing and midwifery vacancy rates have reduced by 0.63% over the 12 months to March and are currently 9.12%. The delays to overseas recruitment due to COVID have been reduced and the vacancies increase year to date is now only 0.63% . This has been achieved through accelerated overseas recruitment with funding support from NHSI.

Medical and dental vacancy rates have reduced 3.22% over 12 months to March, currently at 1.74%, which is 0.90% lower than in February. Recruitment to remaining junior gaps continues along with success in recruitment of NHS locums where possible to fill senior medical roles for vacancy hotspots.



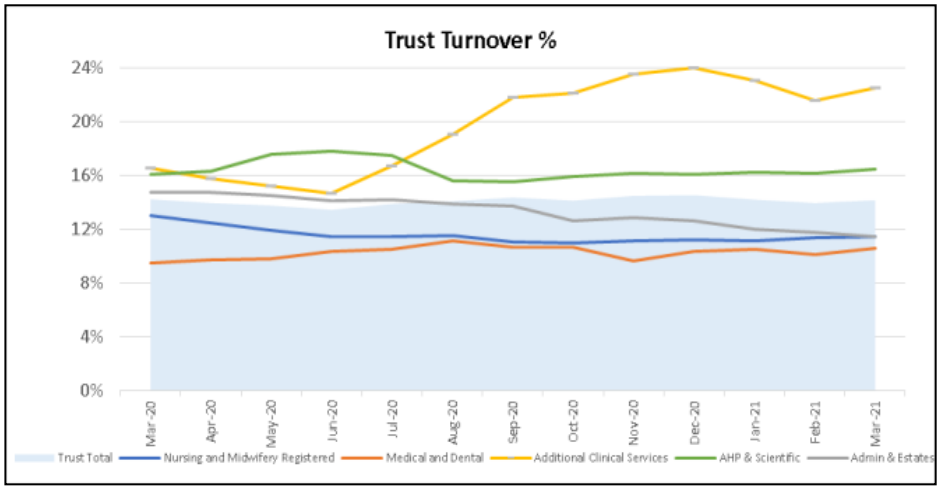


Overseas Recruitment Update

24 overseas nurses arrived at the Trust in March (16 based at L&D and 8 based at Bedford). There are a further 38 nurses scheduled to arrive throughout April and May. These include nurses recruited specifically for Critical Care, NICU and ED through the Global Learners programme. Quarantine measures are still in place and additional countries have now been placed on the Government's 'red list' which means nurses travelling from certain countries will need to quarantine in selected hotels for 10 days prior to arriving at the Trust. Further Skype interviews are planned for April to top up the overseas pipeline for overseas arrivals later in the year. A further 13 nurses across both sites passed their OSCE exam in March

Band 5 Nursing Vacancies

There are currently 124.78 WTE band 5 nursing vacancies across the two sites (73.43 WTE at Luton and 51.36 WTE at Bedford). However there are currently 57 overseas nurses (30 WTE at Luton and 27 WTE at Bedford) who are either pending their NMC registration following completion of their OSCE or are awaiting their OSCE exam date. These nurses will transfer into band 5 positions during the next few months. Current recruitment pipeline consists of approx. 42 nurses awaiting start dates via local recruitment and approximately 215 overseas nurses under offer and at varying stages of the NMC registration process. This includes nurses via our overseas recruitment agencies as well as the Trust's Australian recruitment campaign.

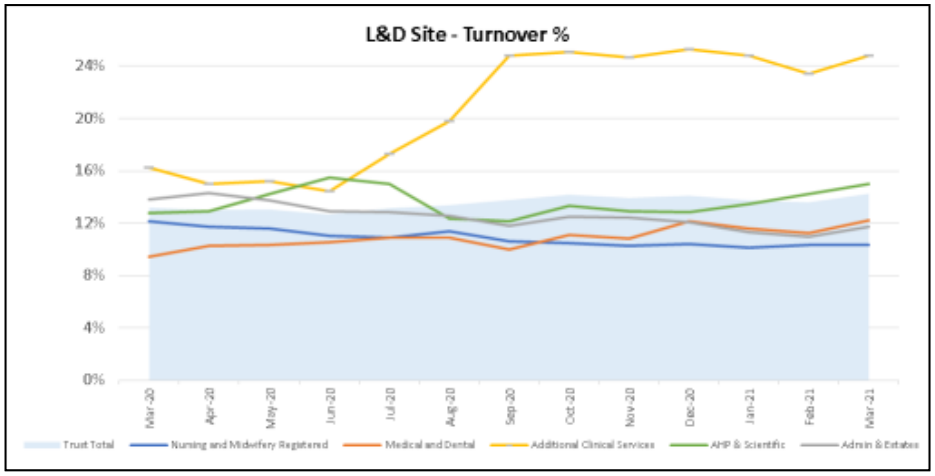


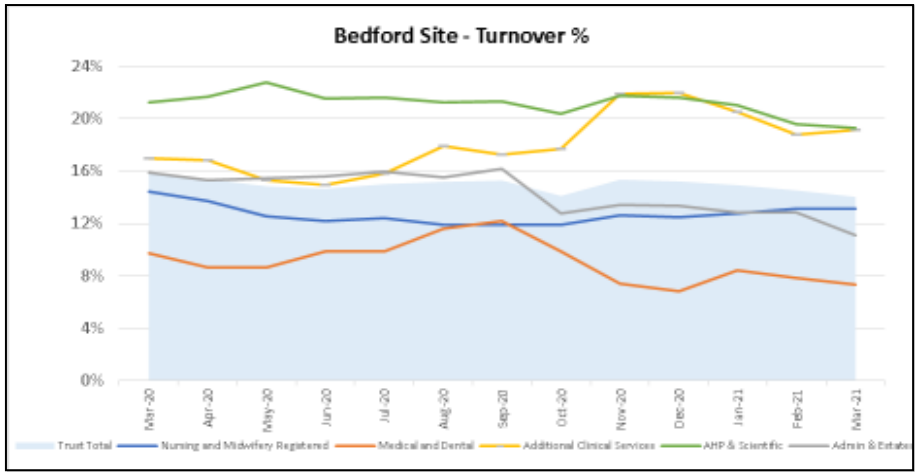
Trust Level Summary

The nursing and midwifery staff group turnover has reduced by 1.60% over the last 12 months to March 2021.

Hotspots remain amongst Allied Health Professionals, (physiotherapists, Operating Department Practitioners and radiographers) The turnover for allied health professional and scientific staff group increased slightly by 0.03% in March and has a 0.20% increase compared to March 2020.

Additional Clinical services staff group turnover increased by 6.76% over 12 months to March and now stands at 22.51% which is 1% higher than last month. The increase in August was due to leavers on short term COVID contracts.



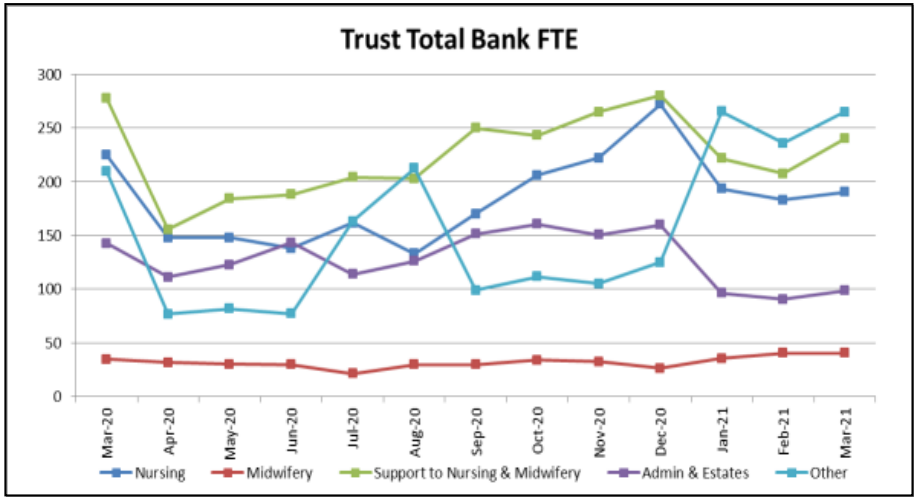


L&D Site

There was an increase in turnover of 0.65% between February and March. Most staff groups are fairly stable with minor fluctuations with the exception of Additional Clinical Services which has a 1.38% increase on last month. The top leaving reasons in March, excluding end of COVID fixed term contracts were Relocation 14.42%, Work Life Balance 10.5%, move to another NHS Organisation 10.5% and Retirement 9.61%.

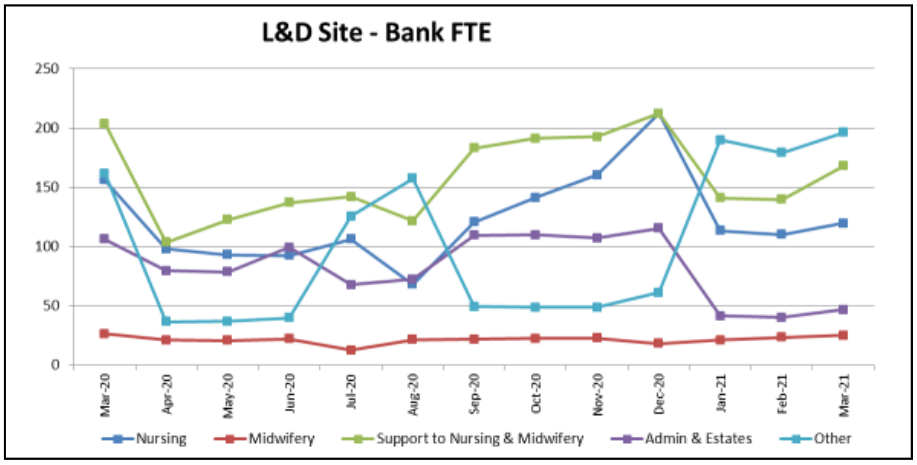
Bedford site

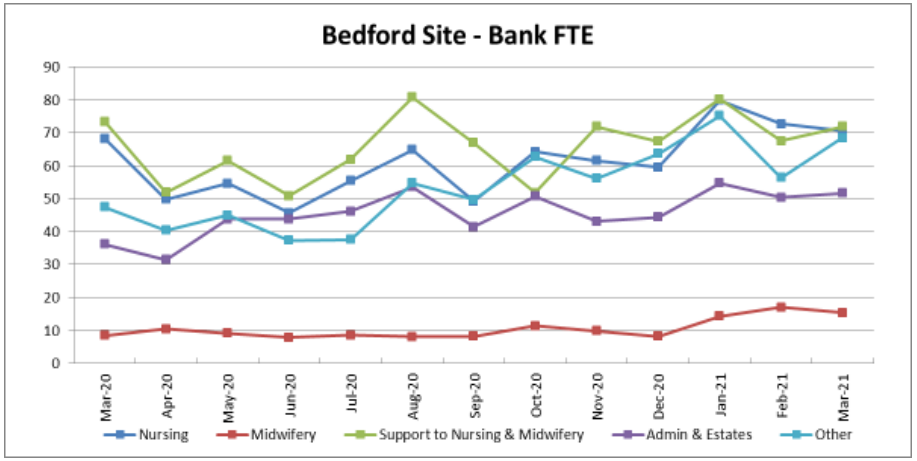
Overall turnover decreased by 0.49% compared to February. Most staff groups were stable with a slight 0.38% increase in Additional Clinical Services. The top leaving reasons in March for all staff groups were Retirement 18.91%, move to another NHS Organisation 10.81% and Relocation 8.10%.



Trust Level Summary

Overall bank usage is 6% lower in March 2021 as compared to March 2020 (pre -COVID) equivalent 54.6FTE fewer bank workers. However, bank rates are starting to recover following the easing of lockdown restrictions.



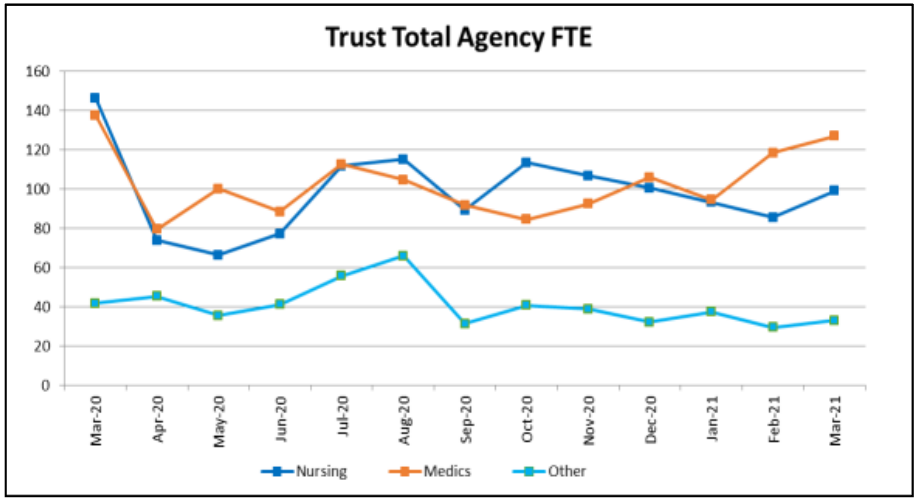


L&D Site:

Bank use has increased by 64% from April 2020 to March 2021 equivalent to 217 WTE more bank workers in March 2021 compared to April 2020. Bank FTE usage in March increased by 12.9% from February but remains is 15.1 % lower compared to the same period last year.

Bedford site:

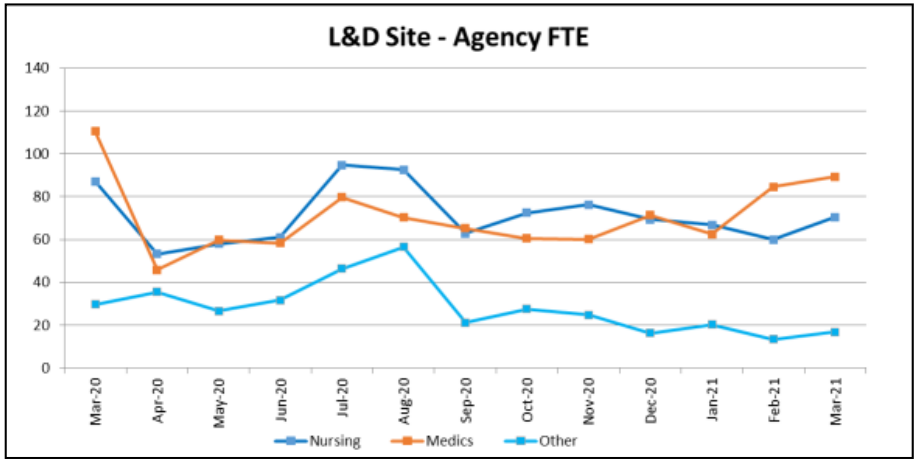
Bank use has increased by 51% from April 2020 to March 2021 equivalent to 93WTE more bank workers in March 2021 compared to April 2020. Bank FTE usage in March increased by 5% from February and is 18.9% higher compared to the same period last year.

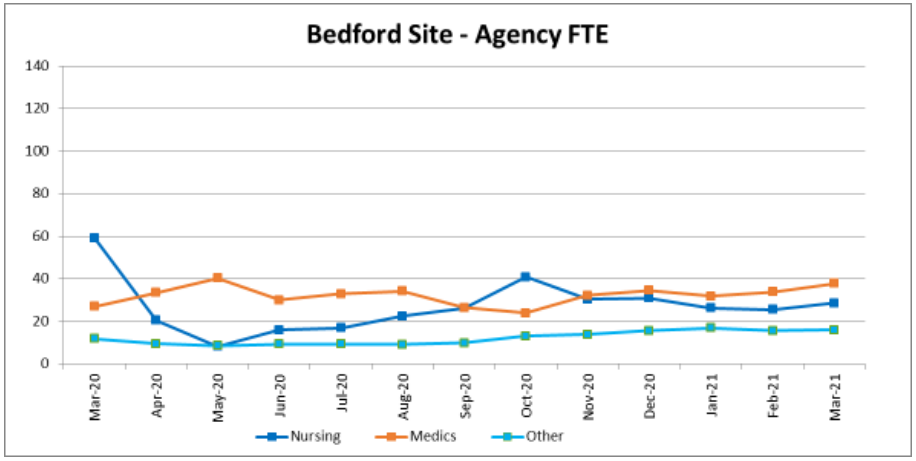


Trust Level Summary

Overall Agency usage reduced by 20.5% in March 2021 as compared to March 2020 (pre-COVID) equivalent to 53.67 FTE fewer agency workers.

There was an increase in the use of Nursing agency of 16% between February 2021 and March 2021 which was equivalent to 13.4FTE more Nursing agency workers. Medical agency locums increased in month by 7.3% equivalent to 8.59FTE.



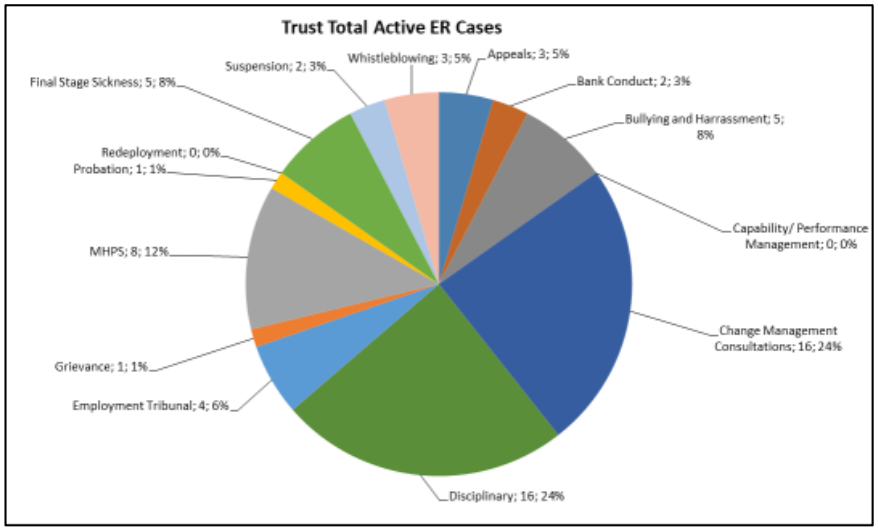


L&D Site

Agency use has a 22.4% lower run rate in March 2021 compared to March 2020 as result of the COVD pandemic equivalent to 50.9FTE agency workers. Medical agency locums increased by 5.5% between February 2021 and March 2021 equivalent to 4.7FTE more workers. Nursing agency increased by 10.5FTE (17.5%) in March 2021 as compared to February 2021.

Bedford site

Agency use has a 16% lower run rate in March 2021 compared to March 2020 as result of the COVD pandemic year equivalent to 15.76FTE fewer agency workers. Medical agency locums increased by 11.5% between February 2021 and March 2021 equivalent to 3.9FTE more workers. Nursing agency increased by 3.1 FTE (12.2%) in March 2021 as compared to February 2021.

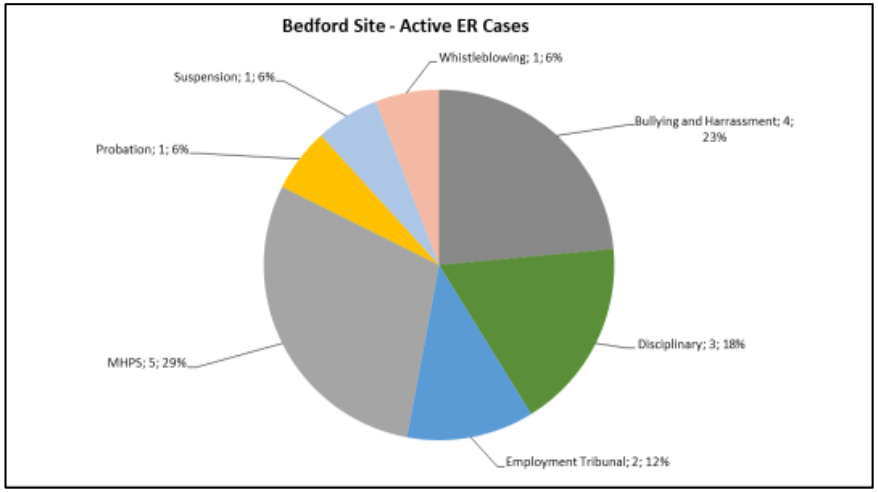


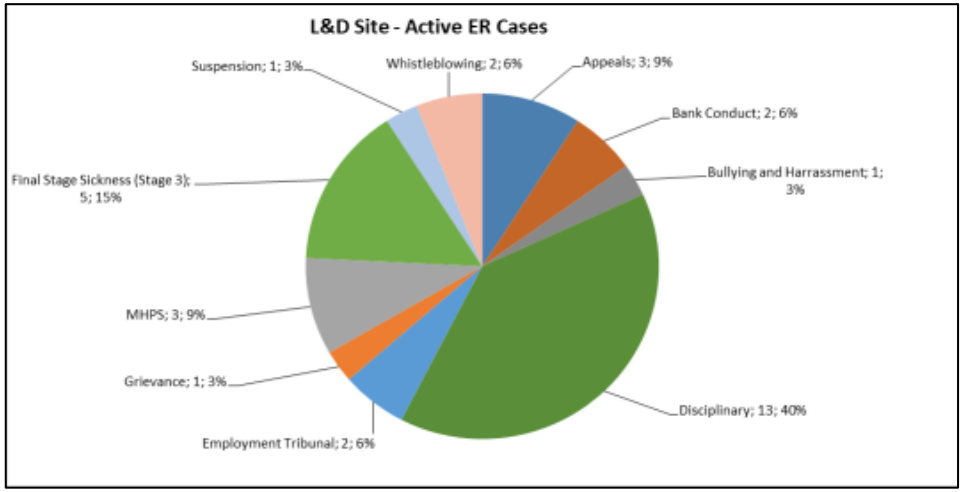
There has been a further 8.3% reduction in the overall number of employee relations cases during the past month. Overall activity remains consistently high across the Trust, particularly in relation to on-going disciplinary cases and consultations. Work continues amongst the Groups and Departments in respect of the alignment of structures and working practices and a further 3 consultation exercises are in the pipeline, alongside the 13 that are ongoing.

The number of Maintaining High Professional Standards (MHPS) cases has risen over the last month with an additional case on each site commencing in that time; there are currently 8 active cases across the Trust; 5 on the Bedford Site and 3 on the Luton Site.

The number of Disciplinary cases on the Bedford Site has fallen slightly with 4 active cases, with no change on the Luton Site, 14 active cases. Amongst this number, there are currently 2 individuals who are suspended from duty; one on each site.

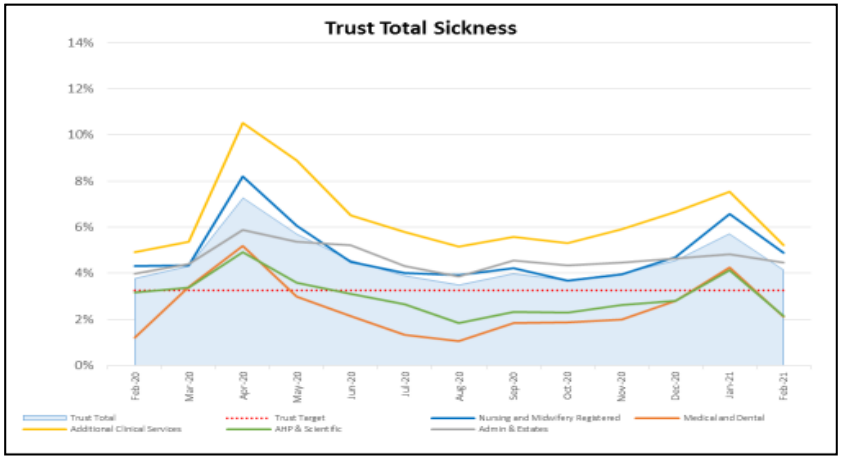
Key
Data labels show the case type, number of cases and percentage





The number of grievances (collective and individual) has fallen across the Trust, with 1 active case currently. Additionally, there are 5 complaints of bullying and harassment across both sites, down slightly from last month (7), with work on-going to bring all of these cases to a satisfactory resolution. At the beginning of March there were 4 on-going employment tribunal cases at various stages across both Sites.

The programme of work to review and align all human resources policies in partnership with our trade union colleagues continues and a further 4 policies have been passed to the Policy Approval Group for approval in April. Manager's views on the clarity and application of a selection of policies are currently being sought across the Trust to support the redevelopment of the disciplinary, grievance and sickness absence policies, with the aim of these being updated and in circulation by the end of Quarter 1.

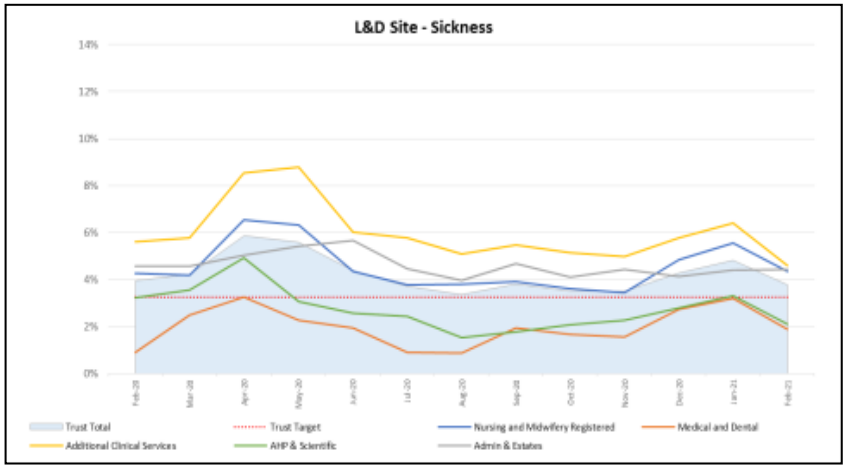


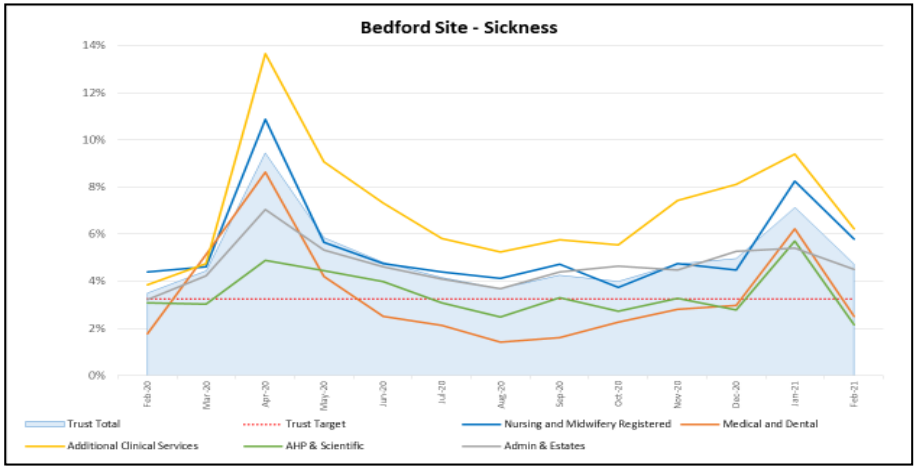
Trust Level Summary *

Overall sickness levels have decreased from a peak of 7.27% in April as a result of the COVID pandemic to 4.151% in February 2021.

Sickness levels in February are at a slightly elevated level (0.37% higher) compared to the same period last year.

The highest absence rates for February are within Additional Clinical Services 5.22%, Nursing and Midwifery 4.90% and Admin and Estates 4.46%.





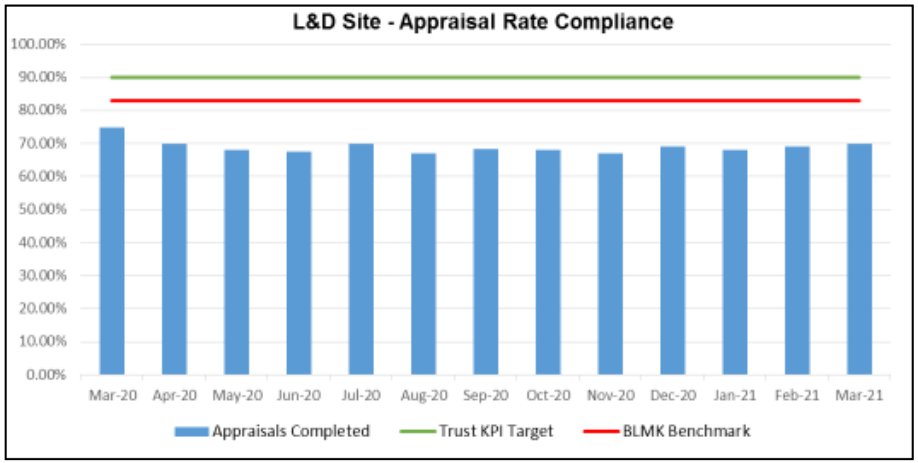
L&D Site

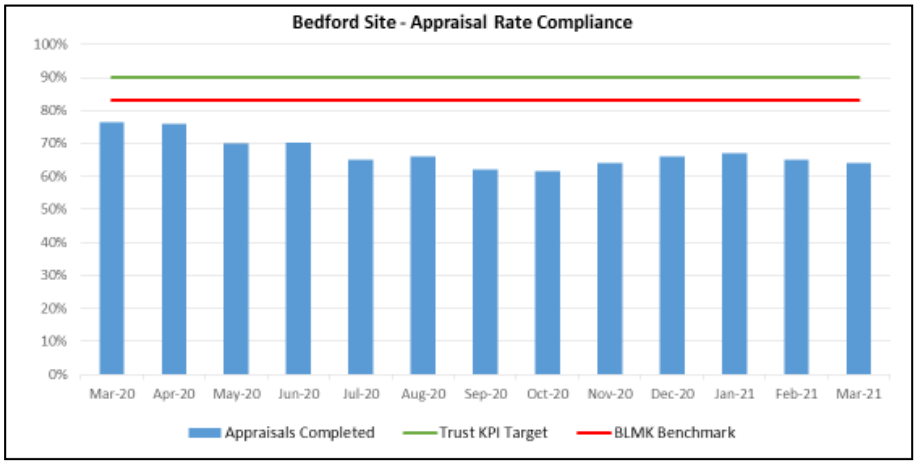
There was a decrease of 1.04% between January and February to 3.78% sickness which remains substantially lower than the April peak of 5.86% and is a 0.17% decrease compared with the same period last year. The only in month increase was 0.03% amongst Admin and Clerical staff. The largest decrease was 1.80% amongst Additional Clinical Services staff.

Bedford Site

There was an overall decrease of 2.40% between January and February to 4.74% which remains substantially lower than the April peak of 9.45% but is 1.24% higher than the same period last year. The largest in month decrease was 3.54% amongst AHP & Scientific staff.

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





Trust Level Summary

The Team have started a rolling programme meeting with key members of staff within each service to review appraisal compliance and supporting the teams to create a service specific recovery plan. The Training and Learning Team will also support the wider organisation in planning their teams appraisals.

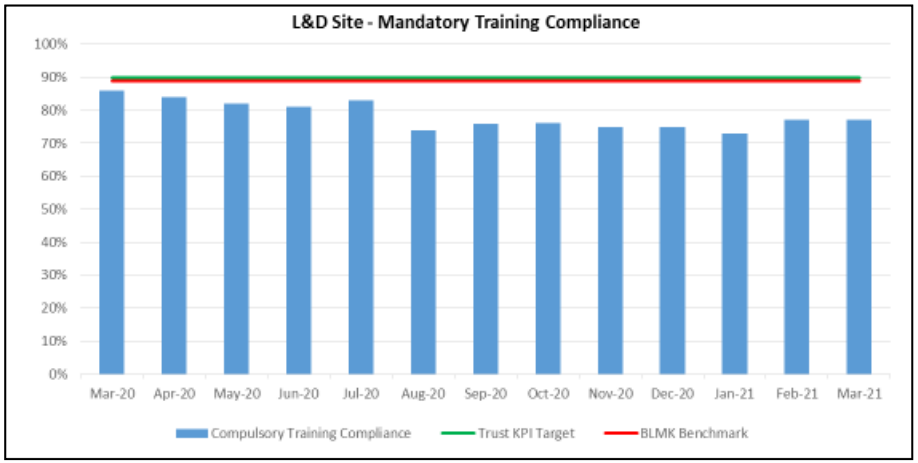
A new appraisal policy and associated documentation is being developed by the Training and Learning Team and OD to help align the organisations expectations with appraisals, this paperwork and policy is anticipated to be ready by 31st May 2021 and will embed the new values. A training package will be created to support appraisers with changes we have adopted as a new joint organisation

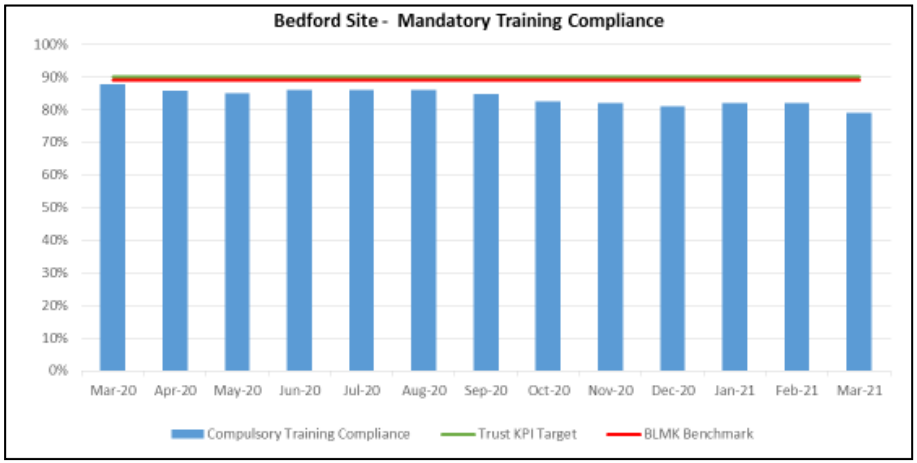
L&D Site:

The overall appraisals' compliance rate for March2021 has increased by 1% to 70%.

Bedford Site:

The overall appraisal rate for March 2021 has slightly reduced to 64%.





Trust Level Summary

Mandatory training continues to remain below the Trust target of 90%. The Training Recovery Plan is now being deployed and is reporting progress to the Workforce Committee. Meetings with the relevant Service Line/ Department Managers or Education Leads for departments have started to take place and two live virtual training sessions have been planned with Subject Matter Experts of the core topics. The Training Team is confident that offering an alternative to e-learning will attract more staff to sign up and attend and will be easier for services to organise attendance at the virtual drop-in event. Estates, Catering and Domestic services have now engaged with the training booklet approach and we are starting to see an increase in compliance within these areas.

L&D Site:

The overall mandatory training compliance rate during the March period remained stable at 77%.

Bedford Site:

The overall mandatory training compliance has decreased by 3% for the month of March and currently sits at 79%.

Mandatory Training Alignment and Compliance Recovery Plan

The Training and Learning Team are now on phase 2 of the recovery plan:

- 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.

We have seen a slight dip in some of the 3 yearly required topics at the Bedford site, this is now being resolved through targeted reminders and we are launching a virtual "Core Topics" day. This will be available for all staff.

	STATUTORY TRAINING																
L&D Site - Training Compliance	Fire	Infection Control 1	Infection Control 2	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Information Governance	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
Trust Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
April 2020	81%	84%		85%		83%	88%		86%		79%	75%	78%	72%	49%	-	-
May 2020	79%	82%		83%		81%	87%		85%		74%	72%	78%	72%	47%	-	-
June 2020	79%	81%		81%		82%	87%		86%		72%	67%	79%	73%	49%	-	-
July 2020	78%	81%		81%		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%
January 2021	75%	82%	81%	83%	71%	71%	82%	87%	83%	83%	66%	48%	80%	68%	32%	80%	77%
February 2021	75%	84%	81%	82%	69%	69%	83%	86%	84%	83%	67%	47%	81%	66%	100%	81%	79%
March 2021	75%	86%	80%	81%	68%	67%	84%	84%	84%	81%	68%	50%	80%	64%	100%	81%	80%
Change from last month	0%	2%	-1%	-1%	-1%	-2%	1%	-2%	0%	-2%	1%	3%	-1%	-2%	0%	0%	1%

	STATUTORY TRAINING																
Bedford Site- Training Compliance	Fire	Infection Control 1	Infection Control Level 2	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Information Governance	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
Trust Target	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%
May 2020	80%	94%	80%	91%	80%	81%	89%		84%	85%	77%		79%	71%	-	90%	89%
June 2020	80%	95%	81%	92%	83%	82%	90%		87%	87%	78%		82%	72%	-	90%	90%
July 2020	79%	95%	75%	92%	82%	81%	90%		87%	87%	76%		84%	73%	-	91%	91%
August 2020	80%	96%	74%	92%	84%	80%	91%		88%	88%	77%		85%	71%	-	91%	92%
September 2020	75%	95%	71%	91%	82%	74%	91%		87%	89%	79%		85%	72%	-	90%	91%
October 2020	65%	95%	66%	91%	79%	69%	90%		87%	90%	81%		83%	74%	-	86%	90%
November 2020	66%	92%	68%	89%	78%	70%	89%		85%	88%	80%		79%	73%	-	86%	89%
December 2020	65%	92%	69%	89%	78%	70%	88%		85%	89%	78%		79%	71%	-	86%	89%
January 2021	93%	92%	65%	88%	75%	62%	88%		85%	88%	74%		79%	66%	-	84%	88%
February 2021	92%	92%	66%	88%	73%	58%	89%		85%	89%	74%		79%	62%	-	84%	88%
March 2021	92%	92%	67%	88%	67%	59%	87%		84%	86%	72%		79%	59%	-	84%	69%
Change from last month	-2%	-1%	1%	-1%	-6%	1%	-2%		-1%	-3%	-2%		0%	-3%	-	0%	-19%

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5 May 2021

Report title:	**Quality Committee Report**				**Agenda item: 9**	
Executive Director(s):	**Annet Gamell, Non-Executive Director, Chair of Quality Committee**					
Report Author						
Action *(tick one box only)*	**Information** ☐	**Approval** ☐	**Assurance** ☒	**Decision** ☐		
Recommendation	Trust Board to note the Quality Committee Report for February and March 2021.					

Report summary	This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 24 February and 24 March 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

Bedfordshire Hospitals NHS Foundation Trust

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 24 February 2021, 24 March 2021 and 28 April 2021..

2. Update on COVID-19

The Committee received monthly updates on inpatient numbers of Covid positive patients which continue on a downward trend. A paper was received briefing the committee on the Trust's vaccination programme, noting that 83% of staff have been vaccinated and outlining the steps being taken to encourage those staff who have been reluctant to have the vaccine.

Single figures for COVID positive patients were reported at the April meeting. The Committee expressed thanks to all staff engaged in giving the vaccine to colleagues.

3. Performance Metrics and Recovery Plans

The Quality Committee received a paper with regard to Elective Access Recovery which highlighted the impact of the pandemic on routine waiting times and the significant deterioration in the Trust's 18 week performance. The paper outlined that the Trust has commenced work with ICS and regional colleagues to model recovery plans.

A briefing paper was also received at the February meeting summarising the approach to re-opening theatres and endoscopy units for routine care and a review of some face to face outpatient appointments.

The April committee meeting received a quarterly report on Clinical integration and transformation one year post merger. There has been positive progress across both sites especially in the last 2 months despite fatigue from the pandemic and the focus on recovery.

April's report summarised continuing steps to recovery with innovation and use of private sector providers for some routine elective work. Improvement in face to face outpatient contacts were welcomed though constraints from the physical environment and need to social distance were highlighted.

Operational Performance Reports were received and noted.

4. Serious Incidents (SI) and Incidents

The Director of Quality and Safety Governance highlighted that there had been a slight drop in incident reporting which has been affected by a drop in clinical activity and reflects the decline in numbers of pressure ulcers and falls. There were 6 serious incidents reported across the Trust in February. The committee were assured that comprehensive reviews take place at PEARL panels to ensure that any SI is appropriately classified and that immediate ;learning is put in place. Regular RCA reviews are carried out for falls, hip fractures etc where they are not meeting the SI threshold to also pick up any learning.

5. Mortality

The Joint Medical Director highlighted the mortality data for both sites, noting the increase in the 5 year average, predominantly Covid deaths. A rise in SMR was also noted, the detail of which is being investigated.

The upwards report from the Learning from Deaths Board was received by the committee and noted that a one year Covid mortality review is being undertaken. The Joint Medical Directors talked through the data from the first thematic review of nosocomial deaths.

6. Harm Free Care

The Chief Nurse reported on the falls rates on both sites and noted that there has been a focus on length of stay at Bedford which has resulted in a reduction. With regard to pressure damage, the challenge continues with regard to damage caused through use of devices.

In April the committee received a report on positive progress on the ward accreditation programme. 16 care units assessed so far. 5 achieving silver and 11 bronze.

7. Patient Experience

The Deputy Chief Nurse noted that numbers of complaints received has stabilised with the main theme for issues being around communication and a piece of work is taking place with the wards. The biggest issue for patient experience is the visiting restrictions and the Trust has been carefully reviewing next steps. The Trust continues to liaise with local faith groups to manage their expectations.

8. Quality Accounts

The Quality Committee were informed that as yet no instruction around Quality Account production or timetable had yet been received for this year.

9. CQUIN and Quality Priority

The Deputy Director of Quality and Safety Governance updated the committee on some key quality priorities where some progress is being made, including NEWS2 and a project around iron deficiency pre-op.

10. 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.

11. Maternity Services Update

The Director of Midwifery presented the Maternity Services Quality Improvement Plan update and assured the committee that this had been presented to CQC with very positive feedback. Next steps are being developed to ensure that the improvements are embedded into practice and assurance and evidence groups will continue to monitor the work.

The committee discussed the morale of the maternity staff and noted that there is a feeling that things have changed and staff have been listened to although there is still some work to do with regard to gaps in the workforce. Listening events which commenced in October are continuing.

The monthly midwifery workforce reports were received. There has been an increase in compliance with the usage of the SitRep which has recently been introduced at Bedford and a working group continues to review the red flags. The midwives themselves are leading work to ensure that breaks are taken wherever possible.

A Maternity Serious Incident report was received at the March meeting which shared a summary of the SIs since last summer, provided detail on HSIB cases and talked about investigations completed and open action plans. The committee acknowledged the challenge with regard to identifying a specialist perinatal pathology department to support the examination of some placentas.

12. Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) presented reports and briefed the community on plans to normalise within the hospital but with caution, particularly due to the numbers of positive Covid-19 cases in the local community which remain high. He highlighted that poor ventilation on both sites has been made more acute during the pandemic and the committee supported a review of the ventilation prior to the next winter period.

The report presented at the March meeting included surgical site infection data for knee and hip replacement surgery at L&D and also for large bowel surgery which indicated that the Trust is doing well in terms of national percentages for surgical site infection.

Concern was raised with regard to numbers of C.Difficile. The DIPC assured the committee that L&D was the lowest in the region for cases of C.Difficile. The typing data does not suggest any clustering but it has been challenging to continue with some antimicrobial stewardship throughout the pandemic, although the increase in cases has not been related to Covid positive patients. It was noted that cases of influenza, RSV and Norovirus have been almost non-existent during the winter.

13. Internal Audit

The committee received and approved the Terms of Reference for the Data Quality audit.

The Head of EPRR and Business Continuity gave further progress against the PwC recommendations from their Business Continuity Audit report at the March meeting. It was noted that the overarching business continuity policy is on target for completion in April.

14. Nursing and Midwifery Staffing

The Nursing Staffing reports were received for assurance. The committee noted the challenges in January and February due to increases in staff absences. However, it was reported that recruitment initiatives are progressing well and there is an expectation that in April staffing numbers will improve as staff return from shielding etc.

15. 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.

16. Board Assurance Framework

A report was received detailing updates to the Board Assurance Framework.

17. Safeguarding

The quarterly integrated Safeguarding report and the annual safeguarding reports were received and noted and the team were congratulated on their hard work.

18. Terms of Reference of Quality Committee

The Quality Committee Terms of Reference were received for annual review.

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5 May 2021

Report title:	**FIP Committee Report**			**Agenda item: 10**
Executive Director(s):	**Matthew Gibbons**			
Report Author	**Ian Mackie**			
Action *(tick one box only)*	**Information** ☑	**Approval** ☐	**Assurance** ☐	**Decision** ☐
Recommendation	Trust Board to note the FIP Committee Report for February, March & April 2021			

Report summary	This report contains a summary of the deliberations of the FIP Committee during February, March & April 2021. The financial – revenue & capital – performance (including results for FY20/21), budget setting process for FY21/22 and future financial regime have all been considered alongside a number of key redevelopment investment decisions and a review of merger benefits.
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

5th May 2021

The Board should note the following items discussed at the FIP Committee meetings from 24th February, 24th March and 28th April 2021.

1. Financial Position

On the 28th April the Committee noted that the Trust delivered a surplus of £2.7m for the financial year 2020/21. This includes a £2.4m gain on donated income / assets, so the underlying performance is a £0.3m surplus. Although this performance is nominally against a £12.1m deficit target, the Centre funded a number of items in Q4, and the Trust was informally advised that the expected performance (excluding donated assets / income) was breakeven.

The additional funding received related to shortfalls in non-patient income due to Covid (£5.7m) and the increase in the accrual for untaken annual leave (£5.3m).

In the context of high levels of overspending on wards on both sites the Director of Finance continued to draw attention to the need for a much greater focus on CIPs in 2021/22.

The Trust's cash position remains strong.

FIP noted the full year position, recognising it had been delivered in unique circumstances.

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 final plan for the Trust was now £62.7m.

At the end of the year capital spend was £55.7m against this plan of £62.7m. There was significant spend in the final month as the Trust looked to bring forward spend where possible.

Having approved a process for managing variations to the redevelopment budget in January, the Committee adopted the process in February and March to ensure that capital expenditure continues to be understood and contained.

Following the presentation of the 5 year capital plan FIP acknowledged that while it was difficult to plan with total certainty, given the circumstances the plan as presented was suitably robust and erring on the prudent side.

3. Business & Investment Decisions

Redevelopment Variations

Four significant changes were considered for approval:

An extension to the budget for the temporary car parks by £0.198m to reflect funding obtained by the Redevelopment team for an under-estimation of the costs of drainage;

An additional £0.3m on the cost of the temporary office block to cover the decision by the Executive team to proceed with refurbishment of part of the Limb Fitting/Xerox building to provide office space because of an increase in headcount within scope;

A request for a budget transfer from the Estates BAU budget to the Redevelopment budget of £0.68m to reflect the balance of the works required to refurbish the kitchen area;

An overspend of £0.23m on the construction cost budget to support the works required to create the temporary waste yard.

The Chair of the Redevelopment Board confirmed that these issues had been scrutinised at length at the Redevelopment Board, and the Director of Finance confirmed that the capital plan does include the values presented.

The Committee approved the changes to the budget.

Pharmacy Robot

With the Chief Pharmacist presenting a compelling case for the replacement of the pharmacy robot on the Luton site, and the Director of Finance confirming that the business case value was £0.568m, the Committee approved the case to proceed.

4. Other Matters

- Budget Setting

  The Committee noted that the Trust continues to plan in the absence of an agreed long-term financial settlement. The funding for H2 has not been confirmed and this makes it challenging to make permanent decision on budgetary changes. This point is recognised by NHSEI in their "Guidance on finance & contracting arrangement for H1 2021/22" which states: "The intention in calculating [provider organisational plans for the H1 period] is that organisations have a starting point for budget management without needing to complete an extensive planning process".

  The Trust has received the proposed allocation for H1 2021/22. This is better (£5m for H1) than previously modelled, but it comes with the caveat that the H2 funding is anticipated to be lower.

Funding for the Pay Awards (when agreed) is also expected to be funded separately. This is currently included as a £3.5m cost pressure in H1.

It was noted that Service Lines will be set expenditure budgets that deliver within H1 envelope, and create a central contingency. They will be asked to come back with plans that deliver within their envelope by the middle of May. Service Lines will also be required to sign off expected activity plans.

- Merger Benefits

  FIP acknowledged that the combination of Covid and the current financial regime continue to make progress with Merger Benefits challenging. However, work continues with Project Initiation for the large projects including Procurement, Theatres, Outpatients, Imaging and T&O. There is a high degree of confidence that the overall expected benefits highlighted in the FBC will be achieved, albeit with a different time profile.

  The value of merger benefit schemes reflected in 2020/21 is £0.45m. This reflects 14% of the year 1 value in the FBC. The position as at March 2021 is £0.56m, showing an overachievement of £0.11m against the revised plan.

- Elective Recovery

  The impact of the pandemic on routine waiting times continues to be substantial, with the deterioration in the Trust's 18 week performance being significant.

  - The number of 52+ week waits has increased from zero in Feb 2020 to nearly 3,399 on April 4th 2021
  - Average daily referrals into the Trust are 81% of pre-Covid (e.g. April 2019) levels, but 2ww referrals are circa 15% above pre-Covid levels.
  - 389 patients (predominantly T&O) have been waiting 78 weeks or more (318 of these are in Bedford)
  - 18 week performance is currently at 66.3% for Bedford Hospital and 69.6% for L&D hospital. The national standard prior to Covid19 was 92%
  - The average time waiting for patients on open pathways has increased from 8.6 weeks pre-Covid to over 16 weeks at the end of March 2021

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

- Redevelopment Updates:

  The main enabling schemes continue to progress well although the Committee noted that there are some programme risks that are being managed and mitigated.

  The demolition programme that was due to start in March has been pushed back to April reflecting an infrastructure issue and contract let to SSE for the sub-stations where there are some performance issues that are being managed.

  There was a conversation about the Telecoms aerials that are currently fixed on the roof of the Surgical Block. These will need to be moved onto the roof of the new building to maintain line of sight requirements. It was recognised by the Committee that the Trust is liable for the costs of moving the aerials and the Redevelopment Programme Director is managing the communications with the Telecoms company to agree a plan.

  Four potential contractors for the main scheme are attending the tendering interviews on April 22nd and appointment of the contractor is planned for 4 weeks after that date.

  The Urgent & Emergency Care scheme is progressing well in Bedford and is due to complete in May on budget. The scheme in Luton is highly complicated, designed to be undertaken in a live clinical area, and the associated risks reflect this complexity. The Committee noted that an additional £2m has been secured to undertake a fuller scoping exercise and include an additional area for refurbishment.

  The Full Business Case is planned to be submitted to the Centre in September with draft copies available for review internally from July. The Finance & Economic sections of the case were considered by the Committee at the April FIP meeting.

  The two principle risks are accessing sufficient operational inputs to define the requirements of the new block accurately, and the reintroduction of gateway reviews by the DHSC.

  There is a significant amount of co-ordination and resourcing required to inform the gateway review process and there is a concern that this could lengthen FBC approval process due to a delay in the DHSC pulling a team together. This concern has been discussed with DHSC and NHSEI to try and manage this risk.

- Agency Spend

  The Committee noted that the Trust's agency expenditure in Month 12 YTD was £27.1m, £2.8m above the planned £24.3 with the medical staff agency spend being the biggest contributory element. Medical vacancies continue to reduce across the Trust. The Trust's bank expenditure in Month 12 YTD was £39.8m, £5.05m above the planned £34.8m.

5. Items for Escalation to the Board

None

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5 May 2021

Report title:	**Redevelopment Report**			**Agenda item: 11**
Executive Director(s):	**David Carter**			
Report Author	**David Hartshorne**			
Action *(tick one box only)*	**Information** x	**Approval** ☐	**Assurance** ☐	**Decision** ☐
Recommendation	To update the Board on the progress of the redevelopment project			

Report summary	A report on the progress of the Redevelopment Programme. The preparation of the Full Business Case is underway. This will be submitted for approval by the Trust Board in September. Staff have transferred into the new office building. The demolition contractor has commenced work on the site. Completion of the main scheme programme is on programme for September 2024. Construction work on the new Energy Centre has started and is on programme. Work on the ED schemes at Bedford and Luton is underway. The Bedford scheme will be completed in June. The Luton scheme has been delayed, but work is now underway.
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	Nothing to report.

Bedfordshire Hospitals NHS Foundation Trust

REDEVELOPMENT PROGRAMME BOARD REPORT

5 May 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 20 January, 17 February, 17 March and 21 April 2021.

The Terms of Reference for the Board were reviewed and approved at the meeting held on 17 March.

3. Main scheme

Work is progressing on developing the Full Business Case (FBC) for the project. The first draft of the FBC will be available in June. Key to completion of the FBC are a number of reports that need to be provided by other departments within the Trust. Completion of some of these are delayed. This has been raised with the Executive team and is being addressed.

The Department of Health & Social Care (DHSC) has requested that an independent Gateway review is organised. This is currently planned to take place in July ahead of submission of the FBC in September.

Four tenders for the main works were received at the end of March. These have now been evaluated in detail. A recommendation for appointment of the contractor will be submitted to the Redevelopment Board, FIP and the Trust Board on 19 May. The appointment of the contractor is a critical path activity as the construction price is required for the FBC.

The scheme is on programme for completion in September 2024.

4. Enabling schemes

Construction of the new Outpatient centre at the Travelodge is complete. Rheumatology and Bariatrics have now transferred to the new facility.

The fitout of the new office block was completed in March. Staff have now transferred from Block 28 (the old Trust HQ building). Block 38 (the annexe building) will be completely vacated by 4 May. Works are underway to refurbish part of the Limb Fitting building to support the transfer of staff from Block 38. The plan to take space in Dunstable was cancelled. The Demolition contractor has now mobilised on site.

Work has started on construction of the temporary waste yard. This will be completed on 9 May. Work on the new Hospital Incoming Sub-Station for UKPN is underway.

5. Energy Centre

Construction of the new Energy Centre building is progressing to programme.

The lighting upgrade works being delivered by Centrica have started. Approximately 25% of the fittings have now been replaced.

6. Luton ED upgrade

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

There has been a delay to the works driven by the need for comprehensive surveys which have had a knock on impact on the progress of the design. The fixed price from the contractor will now be delivered at the end of June. Progress on site is being maintained by extension of the Enabling Works Agreement which was signed in March.

7. Bedford ED upgrade

The scheme has been delayed and will now be completed in June.

8. Bedford schemes

Proposals for additional theatre capacity, primarily to support the vascular service, are under review as the projected costs have now risen beyond the approved budget.

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 focus of activity over the next three months will be the completion of the FBC ahead of submission to NHSI/E, DHSC and the Treasury for approval. To support this, the selected contractor will need to mobilise their pre-construction teams to commence the first stage of the construction design and the procurement of the buildings.

Demolition has started. The contractor will have full possession of the site on 10 May. Work will be completed in December 2021.

Work on the Luton Emergency Department has started and will ramp up during the next period.

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5th May 2021

Report title:	Digital Strategy Sub-Committee Board update			Agenda item: 12
Executive Director(s):	Gill Lungley, Chief Digital Information Officer (CDIO)			
Report Author	Gill Lungley, Chief Digital Information Officer			
Action *(tick one box only)*	**Information** x	**Approval** ☐	**Assurance** ☐	**Decision** ☐
Recommendation	To note progress to date			

Report summary	**Update to Board from Digital Strategy Committee held on Wednesday March 24th 2021 at 16:00 – 18:00pm via Teams** **Agenda items:** **1. Update on IT reorganisation and governance** An update on the implementation of the merged IT organisation was given, including timeline for completion by June/July 21 There was recognition that further action is required to implement Senior Clinical Engagement and the Trust Executive oversight committee, target timeline for initial implementation Q2 21 **2. Digital Strategy Approval** The Digital Strategy was presented and approved with the recognition that a further version containing a more detailed roadmap/timeline and financials will be brought to the Committee and the Board in September 2021. **3. Cyber update** The Committee was updated on recent cyber activity, Healthcare and Government Agency particularly being targeted. BHT protection is proving to be reliable, heightened focus on patching **4. Update on Business As Usual (BAU)** The Committee received an update on the Windows 10 rollout, Bedford site making good progress, Luton site behind but once Windows 10 VDI build available

	progress will be accelerated as VDI deployment more efficient and quicker to deploy to large numbers of clients **5. Change Portfolio update** Both GDE programmes have received final funding tranches from NHSD. Planning of Trust wide project portfolio underway, projects are being aligned into the 5 programme streams: a) Portal and Data b) Core Clinical Systems/EPR c) Integration/merger d) Digital Solutions e) IT programmes (inc. Redevelopment) It is anticipated that existing GDE projects will be merged into this structure post end GDE programme June 2021 **6. IG High Level Items** DSPT Performance Dashboard Presentation given. The Baseline in February has 24 evidence items in progress. There is a risk to completion of assertions by June, with 9 evidence items in the red/high area, close attention will be given to these
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	Information Commissioner Data Protection Act
Jargon Buster	CTO – Chief Technical Officer DPO – Data Protection Officer BAU – Business as usual GDE – Global Digital Exemplar EPRMS - Electronic Patient Record Management System VDI – Virtual Desktop Infrastructure

Board of Directors

Wednesday 5 May 2021

Report title:	Audit and Risk Committee Report 5 May 2021			**Agenda item: 13**
Executive Director(s):	Steve Hone, NED			
Report Author	Matthew Gibbons, DoF			
Action *(tick one box only)*	**Information** [x]	**Approval** [ ]	**Assurance** [ ]	**Decision** [ ]
Recommendation	To note progress to date.			

Report summary	The Report gives an overview of the matters addressed including the following: • External Audit – Update Reports • Internal Audit – Progress Report • Counter Fraud – Progress Report • Board Secretary Report • Assurance from Sub Committees • Scheme of Delegation, Standing Financial Instructions and Terms of Reference • Declarations of Interest
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	Corporate Governance NHS Improvement
Jargon Buster	KPMG – External Auditors

AUDIT AND RISK COMMITTEE REPORT

TO BOARD OF DIRECTORS

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Audit and Risk Committee on the 17 February 2021 and 17 March 2021.

2. Matters Arising

The action log was reviewed and updates noted. The Committee had been assured that the annual declarations of interests exercise was progressing well and the trust was targeting 90% compliance.

3. External Audit

KPMG presented their 2020/21 audit plan. As in previous years the focus will be on valuation of land and buildings and revenue and expenditure recognition. The latter will be tested via cut-off testing. The interim audit commenced in February looking at key processes and control testing and there were no significant issues identified to be reported to the Board. KPMG thanked the finance team for their co-operation.

This is the first year of a new requirement in respect of the value for money opinion. KPMG presented their Value for Money Audit Plan 2020/21 outlining the risk assessment undertaken for the trust in relation to the year ending 31 March 2021. It was noted that for 2020/21 the value for money reporting requirements had been amended, following the publication of the revised Audit Code of Practice. The revised value for money arrangements enhance the level of reporting required in the Annual Audit Letter to include a summary of the risk assessment against each of the three value for money criteria – financial sustainability, governance and improving economy, efficiency and effectiveness. This will also include a summary of any further work undertaken against identified significant risks. The Trust will be required to publish the commentary on its website at the same time as publishing its annual report online. No significant risks had been identified to report to the Board.

Quality Accounts are not required to be audited this year.

Given the extension to the audit opinion deadline to the 15th June it was suggested that the 19th May meeting be moved to closer to this date.

4. Internal Audit

The Head of Internal Audit alerted the committee to the likelihood that given the factors facing the trust (pandemic/ merger) and the number of high and critical recommendations / reports, the Head of Internal Audit Opinion may be lower than in previous years. Internal audit are working with management to work through this including closing off high risk recommendations to remove the risk. It was recognised by PwC that the Trust has done everything that it could have done in the environment it has found itself.

The following reports have been finalised since the last Board meeting -

Governance Report
Key theme in the findings is that documentation needs to be aligned to the terms of reference and timetables.

Risk Management / Board Assurance Report
Overall deemed to be medium risk. Key risk relates to merging of Datix systems. This is scheduled for end of calendar year due to the complexity of the project and the number of staff impacted.

PTIP
High risk report with a focus on the lack of an IT strategy and the inability to hit the 100 day review for benefits realisation. PM3 is now in place, and is embedded with reports generated monthly to the Integration Board. The Board has also approved the IT Strategy.

KFS Bedford Site Memo
Recommendations taken into account in designing controls for the merged ledger solution as implemented December 20.

CIP Report
High risk due to lack of documented process. The two sites had two processes and so very challenging to demonstrate they were consistent. This action will be closed by demonstrating the 21/22 process is clearly documented

Cyber Security
High risk due in the main to a need to formalise the trust's incident response documentation. It was noted that a new post had been recruited to and this would provide the resource required to close down the actions.

5. Counter Fraud

LCFS Progress Report
New standard published end of January. This requires a new method of fraud risk assessments. The Local Counter Fraud team presented their update, which was noted.

6. Board Secretary Report

The Committee reviewed the processes in place to review the risk register and Board Assurance Framework. The committee noted the updates from the sub-committees contained within the summary document.

The Committee were satisfied with the assessments and the review undertaken.

7. Reports from the sub-Committees

The Committee received a report outlining a recommendation to agree the process for the Audit and Risk Committee to receive assurances from the other Sub-Committees of the Board.

It was agreed that the Audit and Risk Committee should receive assurance that Committees are meeting in line with their terms of reference and are meeting a suite of

assurance questions outlined within the report. An effectiveness review of each Committee would also be undertaken annually to be reported to the Audit and Risk Committee.

8. Audit Services Arrangements

A resource had been identified to take forward the tender process for external audit, internal audit and counter fraud. Agreed that the Chair of Audit & Risk was to be directly involved along with Simon Barton with them bringing in other NED's as required. It was noted that external audit appointment will need to be approved by the governors.

9. Approvals

The following documents were approved by the Committee at its March meeting –

Accounting Polices 2020/21
Scheme of Delegation
Standing Financial Instructions
Terms of Reference

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5 May 2021

Report title:	**Workforce Committee Report**			**Agenda item: 14**
Executive Director(s):	**Angela Doak**			
Report Author	**Richard Mintern**			
Action *(tick one box only)*	**Information** [x]	**Approval** [ ]	**Assurance** [ ]	**Decision** [ ]
Recommendation	Trust Board to note the Workforce Committee Report for May 2021			

Report summary	This report contains a summary of the considerations of the Workforce Committee which met in February and April 2021. Consideration was given/progress was noted in the following areas: • Risk Register • Workforce Board report • Employee Relations • Organisational Development strategy update • BAME staff network - update on progress • Freedom to Speak Up Guardian – update on activity • Equality Diversity and Human Rights • Staff Wellbeing
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	ER – employee relations ESR – Employee Staff Record (national system) NHSE/I – NHS England/Improvement FTSUG – Freedom to Speak up Guardian AHPs – Allied Healthcare Professionals HR – Human Resources

Bedfordshire Hospitals NHS Foundation Trust

Workforce Committee held on 3 February 2021 and 21 April 2021 – Report to the Trust Board

1. Risk Register

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

Discussion took place in respect of the following:

- Staff health and wellbeing
- Mandatory training and appraisal rates
- Vacancy rates
- University of Bedfordshire Nursing Placements
- It was noted that there is a financial agency risk on the risk register but this should also be linked to workforce implications

2. Workforce Board Report

- Sickness had decreased in April from the position in February but was tracking slightly higher than the same time the previous year.
- Vacancy rates had decreased from 9.19% in April '20 to 7.83% in March '21. This was driven by high levels of recruitment activity supported by additional NHSI funding for recruitment of overseas nurses and healthcare workers / care support workers.
- India has been added to the 'red list' which will impact the speed of recruitment. The trust is liaising with NHSI to understand quarantine requirements.
- Both bank and agency spend has returned to the pre-pandemic levels
- Work is progressing well to align reporting processes for mandatory training across both sites
- Additional clinical turnover had seen a marked increase as aspirant nurses have moved to fixed term contracts. Turnover of HCA and additional clinical staff had also increased and the trust is addressing this to try and improve retention and recruit to posts.

3. Employee Relations Metrics

- The HR Department are reviewing active ER cases
- 16 consultations were in progress in April where services are aligning.

4. OD Strategy - progress report

Schwarz round – planning to recommence at Luton and will be introduced at Bedford once the infrastructure is in place.

Talent management – an update paper was received by the committee

Staff Survey – packs will be created to support Service Managers and Corporate Directorates to share their results with their areas. The OD team will offer support should it be required.

Leadership Development Programme – mixed cohorts of leaders will receive training across both sites.

5. BAME Network Update

- The membership of the BAME network had increased to 100+ a 20% increase since the last update
- There are vacancies on the Bedford site for the BAME network and an advert would be included in The Week
- The Maturity Framework Model is being used for measuring the development of the network which has progressed from the 'connector' stage to 'sharing' stage.
- Partnership working has started with external organisations the Filipino Nurses Association and BAPIO
- The identified priorities for the network are staff health and wellbeing and protecting staff with a key aim of increasing Covid vaccination uptake.

6. Freedom to Speak Up Guardian Update

- The Freedom to Speak Up Policy had been updated and sent to the Policy Approval Group for consideration
- The Staff Survey highlighted that staff are not aware that they can raise concerns via the Freedom to Speak Up Guardian and Champions

7. Equality Diversity and Human Rights (EDHR)

Due to Covid priorities the first EDHR meeting since November was held on the 14 April where the draft EDHR governance structure, terms of reference and framework for EDHR strategy was discussed. The documents were then submitted to the Formal Executive Meeting for approval and have been communicated to all staff.

The new EDHR framework links the long term EDHR principles of Fair Treatment, Access, Inclusion, Respect and dignity F.A.I.R to the trusts new cultural values T.H.R.I.V.E. the basis of the principles are if these can be achieved for all there is strong delivery on EDHR and quality of service for the workplace and patients. CQC also link equality and quality in their Equally Outstanding Equality and Human Rights good practice resource.

8. Staff Wellbeing

The trust is currently trialing the Wellbeing Conversation Tool in Therapies and will gather feedback. Once the tool is approved it will be rolled out trust-wide and linked in with appraisals to ensure there is a wellbeing conversation at least once a year.

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5th May 2021

Report title:	Risk Register			Agenda item: 15
Executive Director(s):	All Executives			
Report Author	Victoria Parsons, Associate Director of Corporate Governance			
Action *(tick one box only)*	Information ☐	Approval x	Assurance ☐	Decision ☐
Recommendation	Note the activity on the risk register and approve the new risks.			

Report summary	This report is to update the Board on governance reviews of the Board Level Risk Register and new risks. There have been reviews of the risks on the risk register at the following meetings: • Board of Directors Private Meeting 3rd February 2021 • Executive Board 27th April 2021 • Quality Committee 24th February, 24th March and 28th April 2021 • FIP 24th February 2021 (including Redevelopment Board 17/2/21) • Workforce Committee 21st April 2021 New risks have been reviewed and four are recommended for approval by the Board: • 1652 – ED Blue Light transfers to other hospitals • 1667 – CQC Registration of the Archer Unit • 1639 – Outpatient Clinic Room availability and capacity • 1622 – No perinatal post-mortem pathologist service – mitigation agreed
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	NHS I – Trust Governance Framework CQC – All regulations and outcomes MHRA All Objectives
Jargon Buster	MHRA – Medicines and Healthcare Products Regulatory Authority Datix – Incident Reporting system used to report risks Nosocomial – Location acquired infections

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	Review risk
650	Bed pressures	Maintain risk
1491	University of Bedfordshire Nurse Training	Maintain risk and review
644	18 weeks	Maintain risk
1466	Financial position	Review risk
1200	Cyber Security	Maintain risk and update
1629	Nosocomial Infections	Maintain risk
1955	Maternity Services Bedford Reputation Risk	Maintain risk
1956	Maternity Services Bedford Patient Safety Risk	Maintain risk
1593	Increase of 52 week waits	Maintain risk
1592	Patient Harm due to COVID delays	Maintain risk

Emerging risks – lack of financial regime for 2020/21

Quality Committee (QC)

QC reviewed clinical and performance board level risks:

Risk ref	Risk Description	Agreed conclusion
1955	Maternity at Bedford reputation	Maintain risk
1628	Nosocomial Infections	Reduce risk
650	Bed pressures	Reduce risk
1491	University of Bedfordshire Nurse Training	Maintain risk
644	18 weeks	Review risk
1958	Maternity at Bedford patient safety	Maintain risk
1433	Ligature Points	Maintain risk
796	Patient Experience	Maintain risk
1571	Outpatient activity – meeting 100% of last year's capacity	Review risk
1422	CQC Infection Control Practices	Maintain risk
1431	Fractured Neck of Femur	Increase risk
1018	HSMR	Maintain risk
1353	Mount Vernon capacity	Maintain risk
1953	Increase of 52 week waits due to	Maintain risk

Risk ref	Risk Description	Agreed conclusion
	COVID	
1952	Patient Harm due to COVID delays	Maintain risk
640	Business Continuity	Maintain risk
796	Patient Experience	Maintain risk
906/ 2832	Pharmacy supplies	Maintain risk

Emerging risks – CQC Archer Unit Registration, Infusion pump issues (mitigated), Litigation post COVID

Workforce Committee Review

Reviewed board level risks:

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

Emerging risk – Workforce agency risk

FIP Committee Review

Reviewed board level risks in February 2021:

Risk ref	Risk Description	Agreed conclusion
1163	Redevelopment affordability	Maintain risk
1164	Redevelopment delivery	Maintain risk
1211	Backlog Maintenance	Maintain risk and review
1465	Agency	Maintain risk and review
1466	Financial regime	Maintain risk
1629	ED Memorandum of Understanding	Maintain risk
1630	Elective penalties	Maintain risk

Executive Board Review
The Executive Board reviewed all Board Level Risks on 27th April 2021.

Risk ref	Risk Description	Agreed conclusion
1465	Agency rates	Maintain risk
1466	Finance position	Maintain risk
1423	CQC Mandatory Training	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
644	18 Weeks	Review risk
650	Bed pressures	Maintain risk
1210	Vacancy	Maintain risk
669	Appraisal	Maintain risk

Risk ref	Risk Description	Agreed conclusion
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 – Autoclaves at Bedford, Governance regime for 20/21, ISS contract cost pressure

Risk Review

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

- 1652 – ED Blue Light transfers to other hospitals
- 1667 – CQC Registration of the Archer Unit
- 1639 – Outpatient Clinic Room availability and capacity
- 1622 – No perinatal post-mortem pathologist service – mitigation agreed

Risks were closed, the below at Board level:

- 1517 – Maternity scanning

Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

Wednesday 5th May 2021

Report title:	Corporate Governance Report			**Agenda item 16**
Executive Director(s):	**Executive Directors**			
Report Author	Donna Burnett – Trust Board Secretary			
Action *(tick one box only)*	**Information** ☐	**Approval** X	**Assurance** ☐	**Decision** ☐
Recommendation	The Board to note progress			

Report summary	The report details updates on the following issues: • Council of Governors • Membership Update • Terms of Reference for ratification • Use of the Trust Seal
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	NHS Provider Licence NHS Improvement Code of Governance NHSI/E national guidance April 2020
Jargon Buster	Seal – use of the official Trust logo on contract documents authorised by two Executive Directors

1. Council of Governors. .

Current Composition of the Council of Governors:

Bedfordshire Hospitals NHS Foundation Trust currently has 33 governors and 8 non-voting governors:

Public Governors:
11 for Luton (including 3 non-voting)
6 for Central Bedfordshire (inclusive of 3 non-voting)
3 for Hertfordshire (1 non-voting)
5 for Bedford Borough and Surrounding Counties
12 Staff Governors (1 non-voting)
4 Appointed Governors

Changes to the Composition of the Council of Governors:

There has been one resignation from the Council of Governors: Jacqueline McLachlan, Staff Governor from the Admin, Clerical and Management Committee

Reduction in the size of the Council of Governors:

The Council of Governors met on 24th February 2021 and approved a number of proposals as put forward by the Constitutional Working Group in line with the targets outlined in the FBC (full business case).The approved proposals would reduce the size of the Council of Governors to 38, bringing the membership back to the pre-merged number.

2. Governors on Working Groups Members

A new group, the Patient Environment Group has been set up under the leadership of Steve Morgan, Director of Support Services.

Marie-France Capon was appointed to represent the L&D Hospital Site
Noreen Byrne was appointed to represent the Bedford Hospital Site.

3. Public Membership

There has been a successful drive to recruit members throughout the spring with the support of a public member Vinod Taylor who had recruited 1140 public members between 27 Jan 2021 and 12 March 2021:

4. Council of Governor Elections 2021

Council of Governor Elections will take place in 2021 with the timetable as indicated below.

Timetable	Date
Publication of Notice of Election	18/05/2021
Deadline for receipt of nominations	17/06/2021
Declaration of Result	05/08/2021

There are vacancies in the following constituencies:

- Nursing & Midwifery - 1 vacant position (L&D site):
- Non-Clinical: Admin, Clerical, Managers, Ancillary & Maintenance - 1 vacant position (L&D site):
- Professional & Technical - 1 vacant position (Bedford site):
- Registered Volunteers - 1 vacant position (L&D site):
- Medical & Dental (L&D site): 1 vacant position (L&D site)

4. Terms of Reference for Approval

The terms of reference for the following committees have been reviewed – the Board are asked to ratify the following:

- Quality Committee Terms of Reference
- Finance, Investment and Performance Terms of Reference
- Audit and Risk Committee Terms of Reference

5. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
3/2/2021	169	Consultancy work for Lewsey Road Car Park DSSR Ltd, Pinnacle Consultancy, Fatkin Ltd	
24/2/2021	170	Modular fit out – Design & Build Contract	
8/3/2021	171	UKP ISS Hospital Substation with JCT	
8/3/2021	172	Carter – Energy Centre	
16/4/2021	173	Bedford Hospital ED Scheme – Ashe Construction	
19/4/2021	174	Trust HQ - DSM Demolition	

Bedfordshire Hospitals
NHS Foundation Trust

QUALITY COMMITTEE

Status:	Sub-committee of the Board of Directors
Chair:	Non-Executive Director
Membership:	Non-Executive Directors x 4 (including the committee chair) Chief Executive Deputy Chief Executive Chief Nurse Medical Directors x 2 Director of Human Resources Director of Quality and Safety Governance Director of Integration and Transformation
Other management membership:	Deputy Director of Quality and Safety Governance Deputy Chief Nurse x 2 Trust Board Secretary Associate Director of Corporate Governance
In Attendance:	Service Line Representation (by invite)
Meeting Frequency:	Monthly
Meeting Management:	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
Extent of Delegation:	The Quality Committee is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.
Authority and Chairs Action:	The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The Non-Executive Chair, as Chair of the Quality Committee is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of the committee. Whenever such powers are exercised a full report explaining why such a necessity arose and

exactly what action was taken, is to be made to the next quorate Quality Committee meeting.

Quorum: 6 members, to include 2 Non-Executive Directors

Accountability: The Chair of the Quality Committee, along with the Medical Director and Chief Nurse will maintain a direct link from the Quality Committee to the FT Board of Directors providing a report and assurance of the effectiveness of clinical quality delivered by the Trust.

The Medical Directors and Chief Nurse will report to the Chief Executive and report progress to the formal Executive and Clinical Quality Operational Board meetings on a monthly basis and to any other formal Committee as required.

Reporting: The minutes of the Quality Committee meetings shall be formally recorded and a report submitted to the Board of Directors.

A report shall be made following each Quality Committee meeting to the next Board of Directors meeting on issues which need to be considered by the Board of Directors. The report shall give details of the action or improvement that is needed for the Board of Directors to approve.

Provide update on the effectiveness of the committee to the Audit and Risk Committee.

Objectives:

1. ***To oversee:***
    a. the promotion of a culture of openness and organisational learning from incidents, complaints and patient feedback within the trust
    b. the inclusion of the patient experience feedback

2. ***To review and quality assure:***
    a. on all aspects of quality and risk and ensure that Trust policies reflect latest guidance and legislation
    b. on behalf of the Board of Directors, the Trust compliance in relation to Health & Social Care Act.
    c. on behalf of the Board of Directors the Trust's compliance with the Health Act 2006 on reducing HCAI's
    d. the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

3. ***To ensure:***
    a. that strategic priorities are focused on those which best support delivery of Trust objectives in relation to quality and patient safety.
    b. compliance with contractual quality obligations
    c. that integration work across both hospital sites supports a focus on driving improved quality and patient safety

4. ***To receive***:
    a. information on trends and themes from claims, incident reporting and complaints and to initiate measures to reduce risk. Where appropriate, to ensure that identified risks are considered and included in risk registers
    b. a report from the Clinical Quality Operational Board and the Specialist Quality Operational Board
    c. receive a report on the Equality and Diversity priorities in relation to patients
    d. reports on progress & oversee the outcome of improvement plans arising from CQC reviews or investigations, on behalf of the Board of Directors or Chief Executive
    e. A report from its formal sub-committee the Patient Experience Council

5. ***To receive assurance:***
    a. from the Clinical Quality Operational Board and the Specialist Quality Operational Board in accordance with the Quality reporting framework.
    b. on performance in relation to Trust wide patient safety projects.
    c. from the Clinical Quality Operational Board and the Specialist Quality Operational Board that reports from Clinical Service lines using available quality & safety key performance indicators and data sets are used to in order to identify areas of good and poor performance & inform future planning and service delivery.
    d. From Maternity to receive reports on the serious incidents, Ockenden, quality improvement programmes, CQC and CNST compliance and progress with external report recommendations.
    e. that decisions of national groups are implemented.
    f. that feedback from patients, users and other stakeholders is used to inform policy and practice.
    g. on the implementation and annual review of the Trust's quality strategy and priorities .
    h. that the Trust is safeguarding adults and children and other vulnerable groups
    i. on behalf of the Board of Directors, the Trust's compliance in all CQC outcomes

6. ***To approve and monitor ongoing progress of:***
    a. The Quality Account objectives

Members Responsibilities:

1. Individual members are expected to act as champions of the Quality Committee within the Trust and wider health community. Members are empowered to discuss quality issues with interested Parties outside of the meeting, subject to any confidential information shared.

2. To set targets and agree control systems to ensure delivery of the stated objectives of the Quality Account.

3. To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed at the Quality Committee

Work Plan:

Each meeting:

- Risk Register
- CQUIN Monitoring
- Training and Education Report (including Appraisal and Statutory Training)
- Serious Incident (SI) Reporting (SI's and Action Plans)
- Mortality Report
- Quality Account Priorities

Quarterly

- Infection Control Report
- Integration Report
- Patient Experience Report
- Patient Experience Council Report

Every four months

- Review against the Trust Objectives related to quality impact assessments in relation to hospital redevelopment

Annually

- External Audit - Quality Account
- Staff survey
- Children's Safeguarding
- Adult Safeguarding
- Cancer Peer Review
- Research and Development
- Review of the Terms of Reference

As required

- CQC Insight Report
- CQC Inspections
- Internal Audits
- Deanery Report
- External Reports

Agreed in April 2021

To be ratified by the Board on the 5th May 2021

To be reviewed March 2022

Bedfordshire Hospitals
NHS Foundation Trust

TERMS OF REFERENCE

FINANCE INVESTMENT AND PERFORMANCE COMMITTEE (FIP)

Status:	Sub-committee of the Board of Directors
Purpose:	The Committee provides financial analysis, advice, and oversight of the budget, capital schemes and investment approvals. Their responsibility is to ensure the organisation is operating with the financial resources it needs to provide services to the community.
Chair:	Non-Executive Director
Membership:	Non-Executive Director (Chair) 3 additional Non-Executive Directors Chief Executive Deputy Chief Executive Director of Finance Chief Nurse Joint Medical Director
Attending as required:	Director of Human Resources Director of Integration and Transformation Director of Estates Chief Information Officer Director of Redevelopment All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the Committee. In the absence of the Chair, any NED present will take the Chair.
In Attendance:	Service Line Representation (by invite) Board Secretary for Governance agenda items Deputy Director of Finance Associate Director of Performance & Information Re-Development Programme Director
Meeting Frequency:	Monthly (with the exception of August and December)
Meeting Management:	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
Extent of Delegation:	FIP is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.

Authority and Chairs Action:	The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The Non-Executive Chair, as Chair of FIP is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of FIP. Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate FIP meeting.
Quorum:	Minimum of 5 members, at least 2 of whom should be Non-Executive Directors
Accountability:	The Chair of the FIP, along with the Director of Finance and the Deputy Chief Executive will maintain a direct link from FIP to the FT Board of Directors providing a report and assurance of the effectiveness of finance and performance. The Director of Finance and the Deputy Chief Executive will report to the Chief Executive and report progress to the formal Executive meetings on a monthly basis and to any other formal Committee as required.
Reporting:	The minutes of FIP meetings shall be formally recorded and a summary report submitted to the Board of Directors. This summary report will be on issues which need to be considered by the Board of Directors. The report shall give details of the action or improvement that is needed for the Board of Directors to approve. Provide update on the effectiveness of the committee to the Audit and Risk Committee.
Objectives:	**Objectives:** The committee will conduct objective Board level review of financial and investment policy and will review financial performance issues and oversee overall performance including CQUIN and delivery against the Cost Improvement Plans. **Financial Policy, Management & Reporting:** • To consider the Trust's medium term financial strategy, in relation to both revenue and capital**.** • To consider the Trust's annual financial targets. • To review the annual budget, before submission to the Board of Directors. • To consider the Trust's financial performance, in terms of the relationship between underlying activity, income and expenditure, and the respective budgets.

- Initial review of annual financial statements
- To review proposals for business cases (>£0.125m) and their respective funding sources
- To commission and receive the results of in-depth reviews of key financial issues affecting the Trust.
- To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and contractual safeguards and efficiency improvement programmes.
- To review and agree the annual financial plan, including the plan for delivery of cost improvements and productivity and efficiency improvements resulting from the Re-development programme.
- To review progress of the Re-development programme monthly and recommend any additional action as necessary.
- To receive and consider, as appropriate, reports on 'commercial' activities of the Trust.
- To approve the detailed Capital Expenditure Plan for the Trust (within the overall resource approved within the Annual Plan
- To review delivery of Capital Projects.

Operational Performance:

- To receive performance reports identifying performance against national and local targets where relevant and not reported to other Board sub-Committees.
- Incorporate the balanced scorecard standards, when known and agreed, into a Performance Management System.
- By exception, call for the attendance of Executive Directors, the appropriate Clinical Leaders, General Managers, Lead Nurses/Midwives named as leads for targets, to account for poor or underperformance against either key financial targets or delivery of the Re-development programme and to agree corrective action or a revised position.

Investment Policy, Management and Reporting:

- To approve and keep under review, on behalf of the Board of Directors, the Trust's investment strategy and policy.
- To maintain an oversight of the Trust's banking arrangements and associated investment policies, ensuring compliance with the Trust's policy and Monitor's requirements.
- To approve any innovative, commercial or investment activity e.g. proposed start-up companies or joint ventures.

Procurement Strategy:

- To approve and keep under review, on behalf of the Board of Directors, the Trust's procurement strategy.
- To consider and approve any significant variations to the Trust's existing procurement methodology as set out in the Trust's Standing Orders and Financial Instructions.

Operational Strategy:

- To keep under review the financial aspects of any of the Trust's departmental strategies.

Risk:

- To receive assurance reports in accordance with the Risk Management Strategy
- To receive information on trends & themes from Finance and Performance reports to initiate measures to reduce risk. Where appropriate, to ensure that identified risks are considered and included in risk registers
- To review Board Level Risks assigned to the Committee monthly and assure the Board of Directors that controls and actions taken are adequate

Other Duties:

- To monitor, and make recommendations to the Board as necessary and appropriate on the adequacy and effectiveness of the Trust's financial as well as other performance reporting.
- To make arrangements, as necessary, to ensure that all Board members are provided with necessary information for them to understand key financial performance and issues affecting the Trust.
- To examine any other matter referred to the Committee by the Board of Directors.
- To review performance indicators relevant to the remit of the Committee.
- To receive a report from the Redevelopment Board and any required business cases.

Members Responsibilities:

1. Individual members are expected to act as champions of FIP within the Trust and wider health community. Members are empowered to discuss financial issues with interested Parties outside of the meeting, subject to any confidential information shared.

2. To set targets and agree control systems to ensure delivery of the Trust Objectives.

3. To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed at FIP.

Workplan:

Each meeting:

- Finance position
- Business Cases
- Contract updates
- Agency expenditure
- GDE update
- Hospital Re-Development
- Business Cases post implementation reviews

Quarterly

- Risk Register
- Assurance Framework

Annually

- Budget Setting
- Annual Accounts

- Annual Report
- Operational Plan
- Review of the Terms of Reference

As required

- External Reports

To be agreed in October 2020
To be reviewed October 2021
Updated February 2021

To be ratified by the Board 5th May 2021

Bedfordshire Hospitals
NHS Foundation Trust

TERMS OF REFERENCE

AUDIT AND RISK COMMITTEE

Status:	Sub-committee of the Board of Directors
Chair:	Non-Executive Director The Chairman of the Board of Directors will appoint the Chair of the Audit & Risk Committee
Membership:	The Committee will comprise of five Non-Executive Directors (including the committee chair) with the exclusion of the Chairman and the Chair of the Finance Committee.
In Attendance:	Head of Internal Audit Director of Finance Head of Financial Control Board Secretary/Associate Director of Corporate Governance Clinical Representative (Medical Director invited to attend as required) Director of Quality A representative of the External Auditors A representative of Counter Fraud Chairman (invite only) The Chief Executive invited to attend (at least annually) to discuss with the Audit & Risk Committee the process for assurance that supports the Annual Governance Statement. Other Executive Directors or managers may be invited to attend as necessary.
Meeting Frequency:	Meetings shall be held not less than 4 times a year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary. At least once a year the Committee may wish to meet with the External and Internal Auditors without any Executive Board members present.
Meeting Management:	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
Extent of Delegation: Authority, Accountability and Chairs Action:	The Audit and Risk Committee is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation. The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Non-Executive Chair, as Chair of Audit and Risk is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of Audit and Risk. Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate meeting.

Quorum: 3 members.

In the absence of the Chair of the Audit & Risk Committee the Non-Executive Directors will nominate a replacement.

Reporting: The minutes of Audit and Risk Committee meetings shall be formally recorded.

A report shall be made following each Audit and Risk Committee meeting to the next Board of Directors meeting on issues which need to be considered by the Board of Directors. The report shall give details of the action or improvement that is needed for the Board of Directors to approve.

The Chair of the Audit and Risk Committee will make a report to the Council of Governors annually, and an annual report will be made to the Board on the work of the Audit and Risk Committee in support of its objectives.

Objectives:

1. Governance, Risk Management and Internal Control - The Committee shall review the establishment and maintenance of an effective system of integrated governance, internal control and risk management, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. In particular, the Committee will review:

1.1 The policies and processes for preparing the Assurance Framework including review of the quality of the evidence for assurance provided by Internal and External Audit, management and other sources.

1.2 All risk and control related disclosure statements, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

1.3 The underlying assurance processes that indicate the degree of achievement of the corporate objectives, the effectiveness of the management of principal risks (including risk & resilience review procedures and reports) and the appropriateness of the above disclosure statements.

1.4 The findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. This will include a review of the work of other committees, including the Clinical Outcome, Safety & Quality Committee, and the work on risk of the Executive Board which can provide relevant assurance.

1.5 The policies and processes for ensuring that there is compliance with the Terms of Authorisation agreed with Monitor/NHSI, and other relevant regulatory, legal and code of conduct requirements.

1.6 The operational effectiveness of financial policies, systems and services and the financial control environment throughout the Trust, including compliance with Standing Orders and Standing Financial Instructions.

1.7 Review the policies and procedures for all work related to fraud and anti-bribery as set out in Secretary of State Directions and as required by the Directorate of Counter Fraud Services/ NHS Protect, and the operation of Trust policies for Freedom of Speech ("whistle blowing").

1.8 Review the policies, procedures and related transactions for compliance with NHS rules regarding Conflicts of Interest

1.9To monitor, on behalf of the Board, the Assurance Framework.

2. Financial Reporting - Review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:
2.1 Changes in, and compliance with, accounting policies and practices.
2.2 Unadjusted mis-statements in the financial statements.
2.3 Major judgmental areas.
2.4 Significant adjustments resulting from the audit.
2.5 Compliance with accounting standards.
2.6 The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee.
2.7 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.
2.8 To examine the circumstances when Standing Orders are waived and tenders where the lowest value tender is not awarded.
2.9 To review schedules of losses and compensation payments and make recommendations to the Board.
2.10 Review compliance with Internal Financial Controls
2.11 Review proposed changes to the Tendering Process, Standing Orders, Standing Financial Instructions and Scheme of Delegation.
2.12 Compliance with relevant legal requirements.
2.13 Monitor formal announcements relating to the Trust's financial performance.
2.14 Review conflict of interests and the hospitality register on an annual basis.
2.15 To review all equivalent matters relating to Charitable Funds.

3. Internal Audit - The Committee will:
3.1 Appoint an appropriate internal audit provider, agree the fee and as appropriate, the termination of the contract.
3.2 Review and approve the internal audit strategy, operational plan, and programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
3.3 Annually assess and review the performance of internal audit to ensure that an effective service is provided.
3.4 Consider the major findings of internal audit investigations and management's response, and ensure co-ordination between the Internal and External Auditors.
3.5 Ensure that internal audit function is adequately resourced and has appropriate standing within the organisation.

4. External Audit - The Committee will:
4.1 Make recommendations to the Council of Governors in relation to the appointment, re-appointment, and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.
4.2 Discuss with the external auditor, before the audit commences, the nature and scope of the audit, and ensure co-ordination, as appropriate, with other external auditors in the local health economy.
4.3 Review all external audit reports, including agreement of the annual audit letter before submission to the Board, and any work carried outside the annual audit plan, together with the appropriateness of management responses.
4.4 Annually assess the auditor's work, performance, and fees to ensure work is of a sufficiently high standard and the fees are reasonable.
4.5 Review the auditor's independence and objectivity and effectiveness taking into account relevant UK professional and regulatory requirements.
4.6 Review proposed engagements of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm.

5. Counter Fraud - The Committee will:
5.1 Appoint an appropriate counter fraud provider, agree the fee and as appropriate, the termination of the contract.

5.2 Review the annual counter fraud programme and ensure that it is adequately resourced.
5.3 Receive periodic reports of progress in investigations undertaken and an annual report of work undertaken.
5.4 Review policies and procedures for all work relating to fraud and anti-bribery (including the bribery act).
5.5 Review the arrangements by which staff may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters ensuring that arrangements are in place for the proportionate and independent investigation of such matters.

Programme Board Members Responsibilities:

1. Individual members are expected to act as champions of Audit and Risk within the Trust and wider health community. Members are empowered to discuss issues with interested Parties outside of the meeting, subject to any confidential information shared.

2. To set targets and agree control systems to ensure delivery of the stated objectives.

3. To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed.

Workplan:

Each meeting:

- Update report from External Auditor
- Update report from Head of Internal Audit
- Update report from Head of Counter Fraud
- Update report from Director of Finance to cover matters arising
- Update reports from committees and sub boards: Finance Investment & Performance;
  Clinical Outcome, Safety & Quality; Redevelopment; Remunerations & Nominations; and Executive.
- Risk Register and Assurance Framework review
- Note of business of other committees by exception
- Review of Financial Control (as required)

Twice a year:

- Waivers

Annually:

- External Audit plan for next year
- Internal Audit plan for next year
- Counter Fraud plan for next year
- Final Accounts and ISA 260
- Terms of Authorisation
- Provider Licence Review
- Annual Governance Statement
- Head of Internal Audit's opinion on internal controls & Annual Report.
- External Auditor's audit opinion, audit certificate and findings from the audit
- Review of External Auditor's work and fees
- Counter Fraud Annual Report
- Review of governance aspects not covered above (as required)
- Losses and special payments
- Conflict of interest/ hospitality register (including Sponsorship)
- Fit and Proper Persons declarations

Agreed March 2021

To be reviewed by March 2022

Audit & Risk Committee Work Plan	March	May	Sept/Oct	Jan/Feb
Reports/ Recommendations from Sub Committees & Assurance Processes:				
○ Assurance Framework	✓	*	✓	✓
○ Risk Management	✓	✓	✓	✓
○ CQC Regulation & Registration	*	*	*	*
○ Information governance	*	*	*	*
○ Sub Committees –Quality, Finance, Investment and Performance, Workforce, Digital, Redevelopment, Rems and Noms, Executive Board	✓	✓	✓	✓
○ Chief Executive - process for assurance that supports the Annual Governance Statement		✓		
○ Review Freedom to Speak Up process & Report from Guardian	✓	*	✓	*
Compliance with and changes to Standing Orders, SFIs & Scheme of Delegation & the Financial Control Environment:				
○ Waivers		✓	✓	
○ Losses and special payments		✓		
○ Conflict of interest/ hospitality register (incl Sponsorship) Policies to be reviewed every three years or as and when required		✓ ✓		
○ Fit and Proper Persons declarations		*		*
○ Review of Financial Control	*	✓	*	
○ Terms of Authorisation		✓		
○ Provider Licence Review				
Internal Audit:				
○ Consider the appointment, audit fee and termination of the contract	*	*	*	*
○ Performance monitoring				✓
○ Strategic plan	✓			
○ Progress reports & update on recommendations	✓	✓	✓	✓
○ Annual internal audit opinion/ report		✓		
External Audit:				
○ Recommend to the Council of Governors the appointment, reappointment and removal of the external auditor	* ✓	*	*	*
○ Performance Monitoring	✓			
○ Annual Audit Fee	✓	✓	✓	✓
○ Progress and update reports		✓		
○ Report to those charged with Governance			✓	
○ Annual Management Letter			✓	
○ Charitable Fund Reporting	*	*	*	*
○ Review proposed engagements of the external auditor to supply non-audit services				
Financial Reporting:				
○ Review changes to Accounting Policies	✓	*	*	*
○ Review Annual Report & Accounts		✓		
○ Review Statement of Internal Control		✓		
○ Acknowledge formal announcements relating to the Trust's financial performance	*	*	*	*
Counter Fraud:				
○ Consider the appointment, fee and termination of the contract	✓	✓		
○ Approval of annual work plan	✓	✓	✓	✓
○ Progress report including specific investigations	✓			
○ Annual report	*	*	*	*
○ Review of policies & procedures relating to fraud, anti-bribery and freedom of speech				
Required by Terms of Reference:				
○ Reporting to the Board and Council of Governors**	*	✓	*	*
○ Review of terms of reference	✓			
○ Private discussion with internal and external audit			✓	
○ Approval of Audit Committee work plan	✓			
○ Annual Audit Committee Assessment**			✓	
Annual report to the Board		✓		

* as and when required.

** Report on assurance/ Annual Audit Committee Report to be produced for AMM / Council of Governors or next available meeting and the next Board.