Bedfordshire Hospitals NHS Foundation Trust

Board of Directors

StarLeaf / Trust HQ Meeting Room

6 May 2020 10:00 - 6 May 2020 12:00

AGENDA

#	Description	Owner	Time
1	DISCUSSION IN PRIVATE: COVID19 Recovery Plan	D Carter	10.00
2	Chairman's Welcome, Apologies and Declaration of Interest	S Linnett	10.45
3	Minutes of the Previous Meeting: 5 February 2020 L&D, 4 March 2020 BHT (attached) To approve 3 Minutes of LaD and BH Public Board meetings F... 5	S Linnett	
4	Corporate Governance Report (attached) To note 4 Corporate Governance Report May 2020.doc 21	V Parsons	
5	Executive Board Report (attached) To note 5 i Executive Board Report May 2020.doc 27 5 ii Exec Board Report app.pdf 31	D Carter	10.50
6	Report from Clinical Outcome, Safety & Quality Committee (attached) To note 6 COSQ May 2020 Report to Board.docx 41	A Gamell	11.10
7	Report from FIP Committee (attached), including Finance Report (attached) To note 7 i FIP Reports May 2020 BoD.docx 45 7 ii Finance Report.docx 53	I Mackie	11.15
8	Report from Workforce Committee (attached) To note 8 Workforce Committee Report May 2020.docx 57	R Mintern	11.20

#	Description	Owner	Time
9	Report from Digital Strategy Committee (attached) To note 9 Digital Strategy Committee Board Report for 6 M... 61	A Gamell	11.25
10	Report from Audit & Risk Committee (attached) To note 10 Audit and Risk Committee Reports Mar 2020.do... 67	S Barton	11.30
11	Report from Charitable Funds Committee (attached) To note 11 Charitable Fund Board Report May 2020.doc 73	S Linnett	11.35
12	Report from Hospital Re-Development Committee (attached) To note 12 Hospital Redevelopment Report - May 20.doc 79	M Prior	11.40
13	Update on Outsourcing (verbal) To note	D Carter	11.45
14	Questions from the Audience		11.50
15	Details of Next Meeting: Wednesday 29 July 2020, 10.00am in COMET Lecture Hall		
16	Close		12.00

INDEX

BOARD OF DIRECTORS

Agenda item	3	**Category of Paper**	Tick
Paper Title	Minutes of the Meetings held on: Wednesday 5 February 2020 – L&D Wednesday 4 March 2020 - BH	**To action**	☒
Date of Meeting	6 May 2020	**To note**	☐
Lead Director	David Carter, Chief Executive	**For Information**	☐
Paper Author	Anne Sargent, Executive Assistant	**To ratify**	☒
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒ **Governance** ☐			

History of Committee Reporting and Date	N/A
Links to Strategic Board Objectives	All objectives
Links to Regulations/ Outcomes/External Assessments	CQC Monitor
Links to the Risk Register	All Board Level Risks rated High Risk (15+)

PURPOSE OF THE PAPER/REPORT

To provide an accurate record of the meeting.

SUMMARY/CURRENT ISSUES AND ACTION

Matters arising to be addressed through the action log.

ACTION REQUIRED

To approve the Minutes.

Public Meeting ☒ Private Meeting ☐

THE LUTON & DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST
BOARD OF DIRECTORS

Minutes of the meeting held on Wednesday 5 February 2020

Present:
Mr Simon Linnett, Chairman
Mr David Carter, Chief Executive
Mr Jim Machon, Deputy Director of Human Resources
Mr Matthew Gibbons, Director of Finance
Ms Catherine Thorne, Director of Quality & Safety Governance
Ms Cathy Jones, Deputy CEO
Ms Liz Lees, Chief Nurse
Dr James Ramsay, Medical Director
Ms Annet Gamell, Non-Executive Director
Mr Simon Barton, Non-Executive Director
Ms Gill Lungley, Non-Executive Director
Mr Ian Mackie, Non-Executive Director
Mr Mark Prior, Non-Executive Director
Mr Richard Mintern, Non-Executive Director
Mr Mark Versallion, Non-Executive Director

In attendance:
Ms Anne Sargent, Executive Assistant (minute taker)
Ms Victoria Parsons, Associate Director of Corporate Governance
Mr Dean Goodrum, Director of Estates

1. CHAIRMAN'S WELCOME & NOTE OF APOLOGIES

The Chairman opened the meeting, noting it was a meeting in public and that questions (other than points of clarity), would be taken at the conclusion of the agenda. Apologies were noted from D Freedman and A Doak. The Chairman welcomed union members.

2. ANY URGENT ITEMS OF ANY OTHER BUSINESS TO BE DECLARED AND ANY DELARATIONS OF INTEREST

There were no declarations of interest relevant to items of the agenda.

3. MINUTES OF MEETING HELD ON WEDNESDAY 6 November 2019

The minutes of the meeting held on 6 November 2019 were approved as a true and accurate record.

Proposed: A Gamell **Seconded:** M Versallion

4. MATTERS ARISING (ACTION LOG)

There were no matters arising.

5. CHAIRMAN'S REPORT

The Chairman advised that dialogue continues with NHSI/E, Department of Health and the Treasury in terms of the capital. The Pathology merger

continues to progress. D Carter is chairing the Bedfordshire Care Alliance. There remains uncertainty about how performance will be monitored going forward. The Trust is generally meeting its performance standards.

6. MERGER UPDATE

D Carter outlined that the paper sets out the current position and processes of due diligence, finalisation of the clinical model and consultation in relation to senior staff. The process of staff engagement is underway in terms of corporate structures and teams. A new nursing structure will be effective from 1 April, when the Trust name will change. Public and stakeholder meetings have been very positive. Key things leading up to the approval process are the Board to Board with NHSE/I, after which, a risk rating will be issued. D Carter reiterated that this is a difficult time for staff, but that the Trust is nearing the end of the process which has been a massive exercise.

7. EXECUTIVE BOARD REPORT

D Carter took the report as read, highlighting the following:

Medical Education – the Trust continues to focus on continuing the good progress made.

Winter Pressures/Super Stranded Patients – C Jones advised the Board that the Trust experienced a busy December and January in terms of numbers and acuity of patients with many contingency areas open. Monitoring continues of patients in hospital for more than 21 days to focus on discharge planning. Key work is underway with Local Authorities for patients needing additional support to return to their usual place of home. The Trust has settled into a pattern of expanding into additional areas on Mondays affecting planned care, with more than 70 operations cancelled in January, but has maintained its previous strategy of not 'blanket' cancelling entire days. Patients have been alerted the day prior to their procedure and have been remarkably supportive and understanding. Concerns remain re Junior Doctor vacancies where staff are stretched and sickness reached a peak in January. The Chairman acknowledged the extraordinary volume of patients and that recovery bays of the 2 new theatres have helped accommodate some of this pressure.

The Chairman interrupted the meeting to acknowledge attendance from Unions and Engie staff and to pay respect to the messages they displayed.

Nursing and Midwifery Establishment – L Lees advised the Board that fill rates on establishment is looked at on a daily basis, a considerable number of overseas nurses started in October and November and are now filling rotas. On the whole, the Trust has the correct establishment in terms of its population, not taking into the account the use of contingency.

Compliance – D Carter acknowledged the Trust achieving JAG accreditation, where a lot of work has been undertaken and a decision reached to not use endoscopy other than in exceptional circumstances.

GDE – the introduction of E-Obs has been successful which is viewed as very positive by the GDE national team. S Barton noted no red flags.

Infection Control – L Lees outlined that CDiff remains a challenge following the changed guidance and different trajectory. Dr Mulla monitors antibiotic prescribing on a daily basis. There is no obvious cross infection or cross contamination. J Ramsay added that the Trusts Sepsis Board reviews antibiotic compliance; there has been a positive trend which continues to be monitored. The focus on infection control at the staff engagement event had a positive effect and spot audits are being undertaken to drill down to different staff groups. The Chairman advised the Board that the Trust has a decontamination room for Coronavirus, which has been used on 2 occasions so far. L Lees added that the Trust has been on high alert for 2 weeks and awaits guidance from PHE and WHO.

BLMK – D Carter outlined the key change to create 2 separate health economies in BLMK, recognising the current struggle to organise services across the patch, one to join up partners in MK, the second in Luton and Bedfordshire, creating a platform for the new Trust to work within an economy where all partner are signed up, making it easier to focus on difficult groups of patients and providing a forum for those organisations to come together for issues such as complex patients and digital.

The Chairman referred to the mandatory requirement to respond to FOI requests within 21 days, which the Trust does not always meet. The Board were assured of efforts to improve the process and that the IG team keep in touch with individual requests to explain any delays.

8. PERFORMANCE REPORTS

Quality & Performance Report:
L Lees advised that the focus on pressure damage and falls continues, the changes in reporting has been challenging. It is notable that the severity of cases has decreased, despite an increase in numbers. Friends & Family scores for ED and inpatients remains high with an increase in the maternity score. From April there will be a change, meaning the question can be asked at a number of touchpoints rather than just one instance. J Ramsay noted that crude mortality is the lowest it has ever been, along with a significant reduction in hsmr for fractured neck of femur patients.

C Jones explained the cancer target which is monitored on bottom line performance; the importance is around where we could have done better. Recent operational guidance from the Secretary of State suggests a 70% performance threshold, which L&D are currently falling a little short of. The ED pilot continues, moving patients through quickly and the 'fit to sit' area opened. D Carter advised that COSQ had agreed to work out some metrics to keep the Board informed whilst the pilot continues. 18 weeks performance has stabilised, supported by the two new theatres. Cancelled patients whose pathway cannot be closed remains a challenge but has stabilised in the last 4 months. Operational guidance suggests monitoring will be on the basis of waiting lists being no higher at year end than at beginning of the year. Attention was drawn to remarkable efforts to improve diagnostic performance.

Finance Report
M Gibbons reported that the Trust had delivered its control total and gained

access to sustainability funds. Quarter 4 is likely to be challenging but there is commitment to deliver the plan. Good progress has been made on agency spend, capital spend is behind plan. Surplus is slightly behind plan. I Mackie reiterated that this is a good report with a realistic approach to making up the position. It is less likely that the whole of capital would be spent in Quarter 4, but will be achieved in Quarter 1.

Workforce Report

J Machon highlighted that the Trust is now seeing the benefit of overseas nurses, this changes on a daily basis as more start. Inroads have also been made in recruiting HCAs. Appraisal and induction performance has been maintained, mandatory training has suffered but there is an aim to recover. The increase in staff sickness is generally in proportion to the increased numbers of staff in post. In relation to medical staff, the quality of candidates has been very good. R Mintern advised that a new Workforce Committee had been created. A key activity will be to understand national strategies and to look at how a network of providers can work better together.

9. CLINICAL OUTCOME, SAFETY & QUALITY (COSQ) COMMITTEE REPORT

A Gamell stated the focus of COSQ is to delve into evidence to assure the Board. Learning is disseminated. C Jones noted that clinical correspondence has been challenging historically, the Trust has consistently maintained a position of 60% of letters going out within 14 days, which improved in the latter half of January to more than 69%. A Gamell added that continuity of patient care is at the heart of this and the 'wish' of GPs is for increased performance.

10. FINANCE, INVESTMENT & PERFORMANCE (FIP) COMMITTEE REPORTS

I Mackie highlighted the 5 business cases approved (pg 125). The Chairman advised that NHSE/I is in the process of restructuring the way in which it finances hospitals. M Gibbons clarified that Trusts will have historical loans written off. The Trust remains confident that this is good news for L&D and is a permanent resolution to the BHT historical debt which will not impact L&D or the merged Trust.

11. HOSPITAL RE-DEVELOPMENT COMMITTEE REPORTS

M Prior highlighted that a planning application was submitted on 17 January for the new hot block, for which enabling schemes are to be undertaken. Planning permission will be required for the temporary offices and the Dunstable Road car park. Bariatrics are to move to Travelodge. In response to a question about the perceived piecemeal process, M Prior clarified that the Trust are undertaking phase 1 of a master plan, which will free up space for the next phases. D Carter added that the last 10 years have faced a lack of certainty about funding so the plan has had to change to reflect the realities of the times. The £100m is a stepping stone to a plan that sorts out the whole site. Wards 10, 11, 12 are a good example of the issues faced by the Trust where refurb of all three would require a mass decant, which becomes a constraint.

12. AUDIT AND RISK COMMITTEE REPORT

S Barton highlighted that the external auditors will be reporting in May, there is no reason to expect any issues. Internal audit has more of a planning role in areas such as business continuity.

13. CHARITABLE FUNDS COMMITTEE REPORT

The Chairman mentioned a recent event in Central London, attended with the Fundraising Manager, where there was a lot of regard for the L&D. Thanks were recorded for G Lungley for taking on the 'green spaces' work. The Helipad is in the final approval stages.

14. DIGITAL STRATEGY COMMITTEE REPORT

G Lungley reported there had been 3 meetings of this new committee; GDPR is a key element to be reviewed and tracked. Acknowledgement was made of the efforts of the team to implement/update technology, a lot of which is very old. The vision is good and once delivered, should put L&D at the front of being a digitally enabled hospital to support better patient care. The merger will bring another set of challenges.

15. WORKFORCE COMMITTEE REPORT

This was covered at the 'Workforce Report' (Agenda item 8).

16 RISK REGISTER

V Parsons highlighted emerging risks relating to Coronavirus, Brexit and Pathology integration. D Carter outlined the Pathology integration process: to move the Bedford services back in-house from Viapath on 1 April (to the new merged Trust), when the Bedford service will come onto the same software as L&D. There will continue to be 2 pathology departments at that stage. The second project is to reconfigure the services to create a new service where some parts of the service are only at L&D and some are only at Bedford.

17. BOARD SECRETARY REPORT

The Board ratified Terms of Reference for the Charitable Funds Committee and the Remunerations & Nominations Committee.

ANY OTHER BUSINESS

No further business was raised.

The Chairman invited Unison to make their representation.

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Unison representatives referred to their attendance at the November Board meeting, stating that members want the service brought back in house. Since then the Trust has undertaken a procurement process to outsource the service for a further ten years. An independent report was commissioned, a public meeting the previous week included councillors and scrutiny committee members, highlighting that services are better provided as an in house service. Reference was made to a statement from Cllr Hazel Simmons, which the Chairman confirmed had been circulated, which included disappointment that

consideration had not been given to LBC's objective to reduce poverty.

A separate statement by Sarah Owen MP was read out, stating that she is proud to stand in solidarity with the L&D and urges the Trust to take the views of public and staff seriously.

An Engie staff member added that they would be happier working for the NHS, which has better training, pay scales and support for staff.

The Chairman advised Unison and Engie that no decisions have been taken, the issues are being taken very seriously, there are many aspects to take into consideration and a cost analysis would be undertaken. Dialogue would continue with representatives.

QUESTIONS/COMMENTS FROM NON BOARD MEMBERS

The following questions/comments were raised by the audience:

1. The report mentions 'develop all staff to maximise potential' noting that outsourced staff need to be appreciated in this respect. The Chairman gave assurance that L&D understand the vital importance of cleaning and catering staff.
2. A 10 year contract is a long time without break clauses or chances to review, how will L&D judge whether the appointed company are doing a good job. The Chairman gave assurance that there will be continuous assessment of the contract, and opportunities to change.
3. Chart on Pg 71 shows 30% of patients getting no harm, which is low. L Lees clarified that staff are encouraged to report incidents and near misses, some of which have the consequence of low harm, some of no harm.
4. In understanding the financial aspect of outsourcing decisions, it still feels wrong not to move to an in-house arrangement. The Chairman gave assurance that all aspects of the decision will be fully considered.
5. Acknowledging the Council's aspiration to end poverty in Luton, L&D is an anchor institution for this and has a responsibility to look at in-work poverty. The Chairman acknowledged this view.
6. Will the merger of Pathology services affect the way GPs operate? C Jones responded that the Trusts are working closely with GP partners to ensure any changes relating to reference ranges for tests are clearly communicated with sufficient notice. Work is underway to improve and maintain the courier service that collects samples from GPs. Results will not take any longer from samples that go to Bedford.

SUMMARY OF ACTIONS

To be made available after the meeting.

18. DETAILS OF THE NEXT SCHEDULED MEETING:

Wednesday 6 May 2020, 10.00am, COMET Lecture Hall

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

Bedford Hospital NHS
NHS Trust

Trust Board

Minutes- PART 1

Minutes of a meeting of the Bedford Hospital Trust Board held on Wednesday 4th March 2020, Committee Room, Bedford Hospital.

Attendance

Name	Title	Present ✓	Apologies ✓
Members			
Mr G Johns	Chairman	✓	
Mr S Conroy	Chief Executive	✓	
Ms E Doyle	Deputy Chief Executive	✓	
Mr B Green	Non-Executive Director	✓	
Dr D Gregson	Non-Executive Director	✓	
Mrs D Kobewka	Non-Executive Director		✓
Dr C McCall	Non-Executive Director	✓	
Mr S Hone	Non-Executive Director	✓	
Ms D Fowler	Interim Director of Nursing and Patient Services	✓	
Mr D Reid	Director of Finance	✓	
Mr P Tisi	Medical Director	✓	
In attendance			
Mrs F MacDonald	Director of Workforce and OD	✓	
Mr K Thakkar	Director Clinical Service Improvement	✓	
Mr G MacDonald	Interim Chief Operating Officer	✓	
Ms J Seymour	NEXT Director (NED placement)	✓	
Ms A Hemmings	NEXT Director (NED placement)	✓	
Ms D Burnett	Trust Board Secretary	✓	

Mr J Chandler	Associate Director of IT (agenda item 12)		
Ms N McIntosh	Freedom to Speak Up Guardian (agenda item 20)		

Item No.	Minutes
Introduction and Administration	
1	**Apologies and Welcome** Apologies were received from Deborah Kobewka.
2	**Declarations of Interest** There were no new declarations of interest.
3	**Patient Experience Story** Two members of Young Healthwatch (Emily and Daisy) from Central Bedfordshire attended the board meeting to share their feedback following a visit to the paediatric department on a 15 steps visit in October 2019. The experience overall was very positive and the staff in the department were most welcoming. The young HW members had spotted a number of gaps and potential improvements to the paediatrics department and trust wide, which would support younger patients to have an improved experience. Key points included the improvement of signage to correlate with the hospital maps, and better navigation points to the Park and Ride bus service. The paediatrics department did not cater well for older teenage children, with many activities being focused on the younger child, and it was suggested that a breakout area with a TV and magazines, and good Wi-Fi would be a significant improvement. There were also security issues at Riverbank regarding the lack of challenge to entry especially during busy periods. The management teams had been very supportive and action plans had already been put in place and being addressed, and the YH members were keen to revisit the department. The Board invited the YH members to look at and provide comment on the website and to visit other parts of the trust. Members of the Board encouraged Young Healthwatch members to consider work opportunities at the trust; and invited engagement with the volunteering services to support the school volunteer liaison link with young people. The Board thanked Young Healthwatch for providing their perspective and input to improve areas in the trust.
The	**Minutes of the Part 1 Meeting held on 5th February 2020** The minutes of the meeting held on 5th February 2020 were APPROVED as a true and accurate record subject to minor amendments: 9.1 – improve the phrase to convey a positive effect

	8. – amend job title
5	**Action Log** There were no actions arising.
6	**Chair and Chief Executive's Update** The Chair informed the Board that he had attended the recent Shadow Board to Board meeting with NHSI and the Regional Director for the East of England, Ann Radmore. The meeting had progressed well. The CEO provided an update to the Board on the situation around Coronavirus (CLOVID-19). Daily communications had been provided to the trust from the Department of Health and a policy was currently in development. The trusts now had two pods located outside of A&E; these were working well with 66 patients having been tested and no positive cases. With the upward trajectory the trust would now test all patients who presented with respiratory symptoms. The Director of Nursing and Patient Services stated that the trust had been very clear around protective equipment, that there was stock monitoring in place and that the trust had enough equipment. The trust remained vigilant to the daily news updates. Board members noted that there was wider planning around CLOVID-19 with home testing options, well-prepared teams cross site, and across the community. In response to whether the merger would be of benefit to support in addressing the spread of the virus, the CEO replied that it would provide greater capacity and flexibility, but could delay some of the key integration work. The Chair reported that there had been extra senior management put in place to support the trust with the merger process and L&Ds comprehensive construction programme. The Board acknowledged the challenges going forward, and stressed the need to ensure good communications with staff to get things right.
Strategic Issues	
7	**Integrated Care System** The CEO reported that guidance issued by NHSI was 'System by Default'; noting that the ability of the system to sign off agreements would take some time to implement. It was expected that by 1st April 2020 there would be one entity of the ICS with clear lines of responsibility in place. The Integrated Care Partnerships (ICPs) had now been set up with terms of reference of the Cancer Board being firmed up; and it was expected that by April 2021 there would be clear structures and levels of responsibility established and finalised. The Chair reported that in addition to the new system arrangements and new Chair appointments, a new committee constituted of a partnership of Non-Executives had been set up with the purpose of providing independent scrutiny led by an independent

	Chair. The Board noted the progress of the ICS developments.
8.1	**Merger with the Luton and Dunstable University Hospital Foundation Trust** The CEO stated that the merger was progressing to plan and that it was expected that the 1st April 2020 date would be met. The Shadow Board meeting with NHSI had gone smoothly. The next steps would be for the Department of Health to sign off a risk assessment; the CEO advised that the rating would be likely amber due to the integration. Many assumptions had already been taken; the TUPE completed; and the new name of Bedfordshire Hospitals NHS FT had been established.
8.2	**Dissolution of the Bedford Hospital NHS Trust** The Board received an official statement with the technical contractual information for the dissolution of the Bedford Hospital NHS Trust. The Board noted the legal contractual background statement for the Dissolution of the Bedford Hospital NHS Trust.
Performance and Assurance	
9	**Integrated Performance Report** **Operational Performance:** The Chief Operating Officer informed Board members that the winter had been challenging with an increase in patient admissions causing bed pressures leading to the opening of escalation areas. Despite the challenges, the trust had performed above the UK national average achieving 72.7%. Ambulance handover times had increased during peak busy periods in January impacting on patient flow, with February seeing an improvement. The 62 day cancer target had not been achieved in part due to patient choice and delays, and improvement plans and actions had been put in place to drive performance. Referral to Treatment time performance for January was 86.07% with detailed plans in place to support challenging specialities of dermatology and orthopaedics. There had been no breaches of the 52 week standard reported in January. **Mortality and Serious Incidents:** The Medical Director reported that the Summary Hospital-level Mortality Indicator was 'as expected; and the crude mortality rate at 1.7% which was slightly lower than the same month last year. There had been four declared serious incidents in January 2020 with the appropriate processes being followed and a root cause analysis undertaken for all cases. **Quality:** The Director of Nursing and Patient Services provided the Board with an

	update on the key quality metrics. The Board noted that in the reporting period from January – December 2019 there had been nine serious incidents relating to maternity that had declared. The Director of Nursing and Patient Services highlighted that the number would have been three under the previous reporting arrangements, and stressed that the trust currently declared all cases under the new reporting process to ensure a culture of transparency and openness. There had been strong performance in a number of quality metrics: the infection control prevention metrics had been very positive against peers; there had been 9 cases of C. Difficile against a ceiling of 14; and the new SPC weekly reporting of pressure tissue damage had shown a decrease in harm. The Board welcomed the achievements and progress made to drive improvement and supported the transparency in the reporting of risks in maternity. The CEO pointed out that the rapid learning process and reviews following the declaration of incidents supported the trust to improve patient safety and drive up standards. Board members welcomed the positive reporting culture and challenged how the trust would recognise at which level an increase would flag up risk. The Director of Nursing replied that a process of triangulation reporting against levels of harm would indicate any trends; and the new approach of the Patient Safety Strategy would further support with monitoring levels of harm. **Workforce:** The Director of Workforce and OD reported that the level of staff flu uptake had now reached 75%, a positive achievement against the previous year at 65%. Nursing recruitment initiatives had supported a downward vacancy trend now at 12%, with a number of new staff currently coming through the system. Enhanced support to new staff had seen the time period to get up to speed reduced to eight weeks; the key issued remained in securing the final test: recognised as a national issue. Positive feedback had been received from the new intakes. The Chair welcomed the positive steps to improve recruitment and retention of staff and the excellent progress in securing new employees Board members noted the performance challenges and achievements as presented by the Executive team and noted in the Integrated Performance Report.
10	**Finance Report: Financial Report M10** The Director of Finance highlighted key areas for the Board to note. There had been a positive achievement of CSI and savings plans. Positive news had been the a draft settlement with the CCG had now been reached following a long period of uncertainty, and had put the risk of the Integrated Care System (ICS) not reaching the control total, at a more achievable level. In addition the £2m support for the ICS had further been resolved. The agreed settlements had reduced the level of risk around the finances.

	Challenges remained around budget planning for the next year and discussions with the CCG around the planned levels of commitment were underway. Trusts remained concerned about the tariff uplift and the need to drive bed occupancy down to enable the trust to achieve target. The Board acknowledged the ongoing challenges, and welcomed the news of the CCG settlement.
11	**Upward Report from the Finance Committee** The Chair of the Finance Committee took the report as read and summarised that the Committee had received guidance around the budget plan overview for 2020/21; and that the committee had signed off the Education Centre Project proposal on behalf of the Board. The Upward report from the Finance Committee was received and noted by the Board.
12	**Cyber Security Improvement Action Plan** The Associate Director of IT attended the meeting to present the plan. The Board were informed that the DSP IG Toolkit had been updated and all risks reviewed and monitored on the register. Work had been undertaken with both internal and external agencies to provide support. Key challenges remained and an improvement action plan developed, but additional resource would be needed to undertake the level of work and activity. The Board were informed that it was unlikely that DSP Compliance would be met this year. Board members queried whether there was sufficient funding to drive the action plan forward, and assurances were provided that there was funding support inclusive of salaries. The Board noted the level of work to engage staff to have a better understanding of password management and cybersecurity. Board members thanked the Associate Director of IT from presenting the plan and noted the scale of the work to be undertaken to achieve compliance.
13	**Upward Report from the Quality and Clinical Risk Committee** The Chair of the Quality and Clinical Risk Committee provided an update to the Board on the work being undertaken which included a focus on post-merger arrangements. Discussions were had around COVID-19; SIs and Never Events; the Committee had closed down all long standing concerns around theatres, human factors, cardiac arrests; there had been a focus on driving improvement in discharge letters; and the Committee sought assurances that standards would continue to improve. The Committee received the Picker Maternity CQC survey which showed good improvements and the maternity monthly report; the Infection and Prevention and Control Annual Report was presented to the Committee.

	The Board recognised the huge amount of work being undertaken by the Quality and Clinical Risk Committee to support the L&D to understand the board approach and the quality agenda for Bedford Hospital and thanked the Chair for the progress made.
14	**Children and Young People's CQC Survey** The Director of Nursing and Patient Services presented the survey and reported that the data was within the expected range. Staff in paediatrics had responded quickly to implement actions. The score had increased but board members noted that there was still more work to be undertaken. The Board noted the Children and Young People's CQC Survey.
15	**Urgent and Emergency Care CQC Survey** The Director of Nursing and Patient Services presented the survey and stated that the data was within the expected range; the trust had been the 21st most improved out of 69 trusts and would now focus on triangulating the data; and to work on remedial actions. The Board noted the Urgent and Emergency Care CQC Report.
16	**Infection Prevention Control Annual Report** The Board noted the Infection Prevention and Control Annual Report recognising the positive steps and improvements made during the year.
17	**Nursing and Midwifery Staffing Report** The Director of Nursing and Patient Services highlighted that one of the key challenges was recruitment to registered sick children in the emergency department. The Board noted the Nursing and Midwifery Staffing Report.
18	**Board Assurance Framework** The Board welcomed the changes to the Board Assurance Framework which included a reduction in the level of risk linked to financial performance CSI; and the reduction in the risk linked to workforce staffing as a consequence of the successful recruitment initiatives.
19	**Staff Survey 2019** The Director of Workforce and OD informed the Board that the return rate had been the same as the previous year but there had been an improved position in a number key areas against last year. Key highlights were around the improved scoring for the safe environment, safety culture and quality of appraisals.

	The Chair acknowledged that the data was moving in the right direction and that the staff survey 2019 was overall a very positive report.
20	**Freedom to Speak Up Guardian Quarterly Update** The Freedom to Speak Up (FTSU) Guardian attended the meeting and explained that the successful peer recruitment had opened up opportunities for staff to speak up; the FTSU Guardian informed the Board that she was now leaving the role, and thanked the Board for the continued support provided to the FTSU Guardian, and wished the new post holder well going forward in a positive way. Board members queried whether time could be freed up for FTSU Guardian and the Director of Workforce and OD replied that a different approach would be needed going forward, with dedicated time resource to enable more proactive work to take the role forward as a national expectation. The Board thanked the FTSU Guardian and wished her well for the future.
Any Other Business and Closing Administration	
21	**Any Other Business** 21.1 The Medical Director informed Board members that feedback from the HEE visit in January had now been received. Three specialties had been reviewed and the outcomes very positive. 21.2 The Board acknowledged that this was the last Bedford Public Board meeting and members of the Board thanked the CEO and Chairman for their enthusiasm and commitment. The Chairman and CEO thanked the members of the Board and the public members for their commitment and hard work and wished Bedford Hospital well and best wishes for the future.
	Exclusion of the Press and Public The Board resolved under Standing Order 3.17.1 that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the matters to be transacted, publicity on which would be prejudicial for public interest.

BOARD OF DIRECTORS

Agenda item	4	**Category of Paper**	Tick
Paper Title	Corporate Governance Report	**To action**	☐
Date of Meeting	6th May 2020	**To note**	☐
Lead Director	Chief Executive	**For Information**	☒
Paper Author	Victoria Parsons, Associate Director of Corporate Governance Donna Burnett – Trust Board Secretary	**To ratify**	☒
Indicate the impact of the paper: **Financial** ☐ **Quality/Safety** ☐ **Patient Experience** ☐ **Equality** ☐ **Clinical** ☐ **Governance** ☒			

History of Committee Reporting and Date	N/A
Links to Strategic Board Objectives	All Board Objectives
Links to Regulations/ Outcomes/External Assessments	NHSI Governance Framework
Links to the Risk Register	N/A

PURPOSE OF THE PAPER/REPORT

To report to the Board progress with amendments against the Trust Governance structures and processes.

SUMMARY/CURRENT ISSUES AND ACTION

- Governance during COVID 19 crisis
- Governance post-merger
- Transitional Governance
- Council of Governors

ACTION REQUIRED

Board are asked to note the report.

Public Meeting ☒ Private Meeting ☐

1. Governance during COVID-19 crisis

On the 19th March 2020, interim Board Governance arrangements were agreed. This was ahead of any national guidance issued by the centre.

The agreed proposal streamlined the governance during this challenging time to support the Executive and also ensure that the Non-Executives were kept regularly informed of the current situation.

It was recognised that governance is essential but it also needs to be recognised that there are challenges pulling together the regular papers and agendas. It is also noted that at this time the whole Board need to be sited on all aspects of Board activities especially if there are any members affected by the virus.

It was agreed that there would be a weekly Board meeting including focussed sub-committee agenda particularly for the Finance, Investment and Performance (FIP) Committee and the Clinical Outcome, Safety and Quality Committee (COSQ). The other sub-committees were asked to provide an update at regular intervals and there were escalation opportunities at each meeting.

This was kept under review and amendments were made where required including our approach to the Public Board Meeting.

A letter received from Amanda Pritchard, Chief Operating Officer for NHS Improvement/England, was discussed on the 1st April 2020 and the Trust's approach was in accordance with those proposals.

The meetings were held virtually and minutes were recorded. The outline of implementation is below

Date	Interim Board and Sub-Committee
25th March 2020	**10am – 2 hours** Update from Strategic Incident Control Group (20 minutes) National Updates (10 minutes) COSQ (30 minutes) FIP (30 minutes) Remaining sub-committee meetings – escalation only (5 minutes each)
1st April 2020	**10am – 2 hours** Update from Strategic Incident Control Group National Updates (10 minutes) Digital (30 minutes) Workforce (30 minutes) Remaining sub-committee meetings – escalation only (5 minutes each)
8th April 2020	**10am - 1 hour** Update from Strategic Incident Control Group National Updates General Board Sub-Committee Updates and Escalation – if no escalation no report Risk Register **11am – 30 minutes to 1 hour** **Hospital Redevelopment**

Date	Interim Board and Sub-Committee
15th April 2020	**10am - 1 hour** Update from Strategic Incident Control Group National Updates General Board Sub-Committee Updates and Escalation – if no escalation no report **11am – 1 hour** **COSQ**
22nd April 2020	**9am – FIP/Board** OBC Approval by the Board **10am - 1 hour** Update from Strategic Incident Control Group National Updates Sub-Committee focus: • Charity External Stakeholders (community and governors) General Board Sub-Committee Updates and Escalation – if no escalation no report Risk Register **11am – 1 hour** **Audit and Risk** **Remuneration and Nomination**
29th April 2020	**10am - 1 hour** Update from Strategic Incident Control Group National Updates General Board Sub-Committee Updates and Escalation – if no escalation no report **11am – 1 hour** **FIP**
6th May 2020	**10am – 12 2 hours** Public Board Meeting • Papers in public • Meeting in private with the Lead Governor and Deputy Lead Governors in attendance • Report to be published following the meeting
13th May 2020	**10am - 1 hour** Update from Strategic Incident Control Group National Updates General Board Sub-Committee Updates and Escalation – if no escalation no report **11am – 1 hour** **COSQ**
20th May 2020	**10am - 1 hour** Update from Strategic Incident Control Group National Updates Sub-Committee focus: • Charity External Stakeholders (community and governors)

Date	Interim Board and Sub-Committee
	General Board Sub-Committee Updates and Escalation – if no escalation no report Risk Register **11am – 1 hour** **Audit and Risk** **Remuneration and Nomination**
27th May 2020	**10am - 1 hour** Update from Strategic Incident Control Group National Updates General Board Sub-Committee Updates and Escalation – if no escalation no report **11am – 1 hour** **FIP**

2. Governance Post-Merger

The Trust successfully merged on the 1st April 2020. There was a soft launch on both sites with the issuing of lanyard and media releases. Plans will be reviewed post COVID-19.

As the streamlined Governance was put in place there is still further work to be completed to agree the Terms of Reference for the sub-committees in the larger organisation. The Chairs of the sub-committees worked closely before the merger and after the merger to ensure that there is a transition in place and the Terms of Reference are currently in the process of being amended and will be taken through the Chairs and the sub-committees in the next couple of months.

The Executive performance structure has been considerably affected by the COVID-19 crisis. The Integration Board has met and agreed its Terms of Reference, but the other committees have had to be cancelled over the past two months. The planned implementation will be reviewed in light of the recent situation and amended if appropriate. Further information will be reported back to the future Board.

3. Transitional Governance

The Chief Executive has put in place a transitional Executive Governance programme to support the recovery post COVID:

a) Weekly Executive Recovery Board Meeting
b) Weekly Theatre Board Recovery Board Meeting (one across both sites)
c) Weekly L&D Medicine Recovery Board
d) Weekly Bedford Medicine Recovery Board

The meeting chairs have been identified and will begin week commencing 4th May 2020 initially for a period of three months.

4. Council of Governors (CoG)

The Board has continued to engage with the Council of Governors during this current crisis.

The Bedford Borough (and surrounding counties) and Bedford Hospital Staff elections were completed and a representative from Bedford Borough Council agreed. A virtual mini induction was completed.

The Chair, Lead Governor and Senior Independent Director have been contacting the Governors to support engagement and report back any concerns.

A weekly report out of the Board meetings has been shared with the Governors, in addition to regular trust communications from both the Luton and Bedford sites.

A virtual CoG seminar took place on the 22nd April 2020 and this was successful for updating the Governors on the current situation.

A review will be completed to pull together proposals for the meeting on the 20th May 2020.

Bedfordshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda item	5	**Category of Paper**	Tick
Paper Title	Executive Board Report	**To action**	☒
Date of Meeting	Wednesday 6 May 2020	**To note**	☒
Lead Director	D Carter	**For Information**	☒
Paper Author	Executive Directors	**To ratify**	☐
Indicate the impact of the paper: Financial ☐ **Quality/Safety** ☒ **Patient Experience** ☐ **Equality** ☐ **Clinical** ☒ **Governance** ☒			
History of Committee Reporting & Date	Executive Board – 30 April 2020		
Links to Strategic Board Objectives	All Objectives		
Links to Regulations/ Outcomes/External Assessments	CQC NHS Improvement Information Governance Toolkit		
Links to the Risk Register	Hospital Redevelopment Non-Achievement of Financial Target Vacancy rates	CCG verification processes Agency costs Backlog maintenance Management capacity	

PURPOSE OF THE PAPER/REPORT

To update the Board on items discussed / presented / approved by the Executive Board in readiness for Board awareness or approval.

SUMMARY/CURRENT ISSUES AND ACTION

1. Merger - to note
2. Integration - to note
3. Covid-19 - to note

ACTION REQUIRED

To note / consider / review / approve as specified above.

Public Meeting ☒ Private Meeting ☐

1. MERGER OF LUTON & DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST AND BEDFORD HOSPITAL NHS TRUST, 1 APRIL 2020

On 31 March 2020 NHS Improvement sanctioned the application for the formal acquisition of Bedford Hospital NHS Trust by Luton & Dunstable University Hospital NHS Foundation Trust, in accordance with section 56A(4) of the 2006 Act and paragraph 15 of Schedule 8 to the Health and Social Care Act 2012.

On the effective date:

- Bedford Hospital NHS Trust was dissolved in accordance with Section 56AA(1)(c) of the NHS Act 2006;
- Bedford Hospital NHS Trust property and liabilities transferred to Luton & Dunstable University Hospital NHS Foundation Trust in accordance with Section 56AA(1)(b) and 56AA(4) of the NHS Act 2006;
- The employment of all relevant employees at Bedford Hospital transferred to Luton & Dunstable University Hospital NHS Foundation Trust by order of TUPE Regulations 2006;
- The constitution of Luton & Dunstable University Hospital NHS Foundation Trust was amended to reflect the acquisition in accordance with Section 56A(5) of the 2006 Act and its name was changed to Bedfordshire Hospitals NHS Foundation Trust;
- The establishment order titled 'Bedfordshire Hospitals National Health Service (Establishment) Order (SI Number 1991/2329) was revoked in accordance with Section 56AA(1)(d) of the 2006 Act.

2. INTEGRATION

An integration and transformation team led by the Director of Integration & Transformation is now in place. This team will lead on clinical integration and transformation, oversee corporate services integration, as well as the post-merger benefits realisation work. The first Integration Board has taken place and this is central to the governance mechanism that will assure the Board of progress with integration. Details of a Clinical Validation Committee, an advisory committee to the Integration Board, are also being drawn up. This committee will be central to scrutinising clinical integration plans across the merged Foundation Trust, including and most importantly, its impact on patients.

Progress with integration and the associated benefits realisation against our initial plans has been unsurprisingly slow with the background of COVID-19. However, COVID-19 has also served to be an opportunity. It has allowed us to get clinical teams across both sites working together, particular teams such as respiratory and critical care. We have also developed a joint clinical reference group that oversee some of the emerging evidence and new research around COVID-19. Our recovery planning allows us to build on this, with integration work within some of our cancer linked specialties such as colorectal surgery starting to take place. Corporate services integration continues, albeit with some realigning of timescales. This is an important precursor to the work we want to do with the various clinical specialties.

3. COVID-19

The Trust has responded fully to the ongoing Covid situation and has been able to provide care for Covid patients as required, including those whose requirements necessitated critical care and ventilated facilities. In a small number of cases, patients were transferred out to other critical care units within the Region as the hospitals approached their capacity, but overall the Trust has been able to ensure sufficient capacity is in place. As at Monday 4 May 2020 the total number of Covid hospital deaths was 210 at L&D and 131 at Bedford, including 2 members of staff.

Key challenges and responses to Covid have been as follows:

- The need to create additional ED capacity to manage the different streams of patients. Both hospitals have extended beyond their original footprint;
- High numbers of staff absences across all staff groups in relation to Covid related illness and shielding staff from vulnerable groups;
- The need to create 'surge' critical care capacity which necessitated reorganising critical care facilities on both sites and drawing staff from other areas as well as deviating significantly from the usual staff model;
- The creation of pooled consultant and junior doctor rotas to allow for sufficient medical cover across Covid and non-Covid wards;
- The difficulty of isolating patients when their Covid status is not known – at the start of the Covid situation, turnaround times for patient swabbing was up to 8 days;
- The availability of PPE which throughout the situation has been available on only a few days supply. Despite this, Trust has always managed to provide the level of PPE indicated by PHE;
- The fact that many staff have not necessarily accepted the PHE guidance on PPE and have requested additional protection;
- The pressures on mortuary capacity at both sites which was relieved through the opening of a temporary mortuary facility at Henlow;
- Ongoing infrastructure issues related to oxygen supply at Bedford;
- Difficulties in discharging patients back to care homes. Care homes have typically required a negative swab before accepting transfer and this has resulted in extended length of stay;
- The number of staff who have failed the fit testing for FFP3 masks, together with the changing model of mask which requires a new test;
- The difficult working environment for staff where they are in full PPE;
- The difficulty of effective communication with staff groups whereby face to face meetings cannot be held;
- The challenge of enforcing social distancing in the hospital environment;
- The challenge of operating a limited visiting policy particularly where the patient is on a Covid ward or in critical care. The Trust has established help lines at both sites and these have been effective albeit incredibly difficult for both visitors and the staff operating the lines.

There have been some significant positives arising from the Covid situation, such as the quick adoption of non-face to face patient consultations, the willingness of staff to undertake different roles and the adoption of home working as an effective approach. The Trust is considering, as part of its recovery plans, those element of new working which is wishes to retain.

Both sites have put in place wellbeing hubs in order to provide spaces for staff to rest and relax as well as pick up refreshments and organise the distribution of donated food and gifts.

The Trust is now on the downward trajectory and is shifting its focus towards recovery, albeit significant numbers of Covid patients remain in both hospitals and the majority of arrangements put in place are still in full operation.

4. RECOVERY

The Trust is developing its recovery plan in line with the guidance based on the following:

- Ring-fencing 'clean' zones within each site to enable additional operating;
- Continued commissioning of the independent sector;
- Outpatient zones to be optimised as green areas;
- Maintenance of dedicated red zones for symptomatic attendances;
- Creation of red, green and amber wards on each site for clearly mapped urgent care pathways.

There are a significant number of potential constraints including PPE, physical capacity, staff sickness and the willingness of the public to attend hospital. In addition the uncertainty of the Covid trend and the extent to which emergency activity ramps up will give significant uncertainty to the recovery plan.

On 30 January the first phase of the NHS's preparation and response to Covid19 was triggered with the declaration of a Level 4 National Incident. Now that the NHS is coming through the peak of hospitalisation, the NHS is entering the second phase in the response albeit remaining as a Level National Incident which requires NHS organisations to retain their EPRR incident coordination functions.

Emergency activity has reduced sharply since the start of the outbreak due to a combination of a) changed healthcare seeking behaviour by patients, b) reductions in the incidence of some health problems such as major trauma and road traffic accidents, c) clinical judgements about the balance of risk between care in different settings, and d) some NHS care being provided through alternative access routes (e.g. ambulance 'see and treat', online appointments).

There is therefore considerable uncertainty as to the timing and extent of the likely rebound in emergency demand. To the extent it happens, non-elective patients will potentially reoccupy hospital beds which have not had to be used for that purpose over the past month or so.

NHS bodies were requested on 29 April 2020 to fully step up non-Covid19 urgent services as soon as possible in the next six weeks, as well as assessing the capacity for routine non-urgent elective care.

The attached annex sets out the recommended approach to urgent clinical services.

The Trust is due to submit its first draft of the plan to Region on Thursday 7 May 2020.

Skipton House
80 London Road
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england.spoc@nhs.net

From the Chief Executive Sir Simon Stevens
& Chief Operating Officer Amanda Pritchard

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services
NHS 111 providers

Copy to:
NHS Regional Directors
Chairs of ICSs and STPs
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums

29 April 2020

Dear Colleague,

IMPORTANT - FOR ACTION - SECOND PHASE OF NHS RESPONSE TO COVID19

We are writing to thank you and your teams for everything you have achieved and are doing in securing the remarkable NHS response to the greatest global health emergency in our history.

On 30th January the first phase of the NHS's preparation and response to Covid19 was triggered with the declaration of a Level 4 National Incident. Then in the light of the latest SAGE advice and Government decisions, on 17th March we wrote to initiate what has been the fastest and most far reaching repurposing of NHS services, staffing and capacity in our 72-year history.

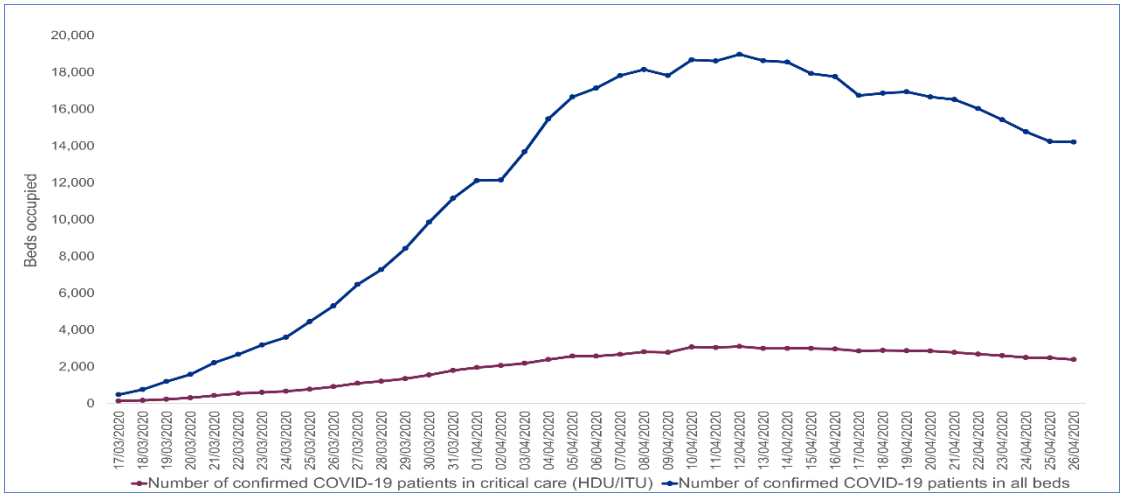
This has enabled us in the space of the past six weeks to go from looking after zero such patients to caring for 19,000 confirmed Covid19-positive inpatients per day, many of whom have needed rapidly expanded critical care support. Alongside this, the majority of patients the Health Service has continued to look after have been receiving care for other important health conditions. Despite real concern going in to the pandemic – following difficult international experience – every coronavirus patient needing hospital care, including ventilation, has been able to receive it.

This has largely been possible as a result of the unparalleled commitment and flexibility of NHS staff, combined with the public's 'social distancing' which remains in

place to cut the spread of the virus. We have also been greatly strengthened by over 10,000 returning health professionals; 27,000 student nurses, doctors and other health professionals starting their NHS careers early; 607,000 NHS volunteers; and the work of our partners in local government, social care, the military, the voluntary sector, hospices, and the private sector.

Sadly coronavirus looks set to be with the us for some time to come, so we will need continuing vigilance. We are, however, now coming through this peak of hospitalisations, as seen by the drop of nearly 5,000 in the daily number of confirmed Covid19-positive patients in hospitals across England over the past fortnight.

Patients with confirmed Covid19 in hospital beds, England



As the Prime Minister set out on Monday, we are therefore now entering the second phase in the NHS's response. We continue to be in a Level 4 National Incident with all the altered operating disciplines that requires. NHS organisations therefore need to fully retain their EPRR incident coordination functions given the uncertainty and ongoing need. The purpose of this letter is to set out the broad operating environment and approach that we will all be working within over the coming weeks.

Based on advice from SAGE, we still expect to be looking after several thousand **Covid19-positive patients**, though hopefully with continuing weekly decreases. This means:

- Ongoing and consistent application of PHE/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of Covid/non-Covid patients (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control).

- In response to the global shortage, DHSC and the Cabinet Office together with BEIS (for UK manufacture) and DIT (for international suppliers) continue to expand the sourcing and procurement of HSE/PHE-recommended PPE for the NHS, social care and other affected sectors of the UK economy, but it is likely that current Covid-specific logistics and distribution arrangements will need to continue for the time being.

- Increased lab capacity now enables testing of all non-elective inpatients at point of admission, the introduction of pre-admission testing of all elective patients, testing prior to discharge to a care home, as well as expanded testing for staff. The corollary is the operational importance of fast turnaround times for test result reporting.

The pressure on many of **our staff** will remain unprecedented, and they will need enhanced and active support from their NHS employers to ensure their wellbeing and safety.

- Increased testing capacity means that we will now be able to extend the offer of regular testing to asymptomatic staff, guided by PHE and clinical advice. This approach is being piloted in a number of acute, community and mental health providers this week, which will inform further roll out from next week.

- As set out in our letter of 17th March, NHS organisations should continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area. Educational material, training and appropriate protection should be inclusive and accessible for our whole workforce, including our non-clinical colleagues such as cleaners and porters.

- Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis we recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly.

- Now more than ever a safety and learning culture is vital. All our staff should feel able to raise concerns safely. Local Freedom to Speak Up Guardians are able to provide guidance and support with this for any concerned member of staff. As we know, diverse and inclusive teams make better decisions, including in the Covid19 response.

- Employers are also asked to complete the process of employment offers, induction and any necessary top-up training within the next fortnight for all prospective ‘returners’ who have been notified to them.

We are going to see increased demand for Covid19 aftercare and support in **community health services, primary care, and mental health.** Community health services will need to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing health support. High priority actions for mental health providers in this next phase are set out in the Annex. General practice will need to continue to stratify and proactively contact their high-risk patients with ongoing care needs, including those in the ‘shielding’ cohort to ensure they are accessing needed care and are receiving their medications.

Given the scale of the challenges they face, we must also continue to partner with **local authorities** and Local Resilience Forums (LRFs) in providing mutual aid with our colleagues in **social care**, including care homes. This includes:

- Continuing to ensure that all patients safely and appropriately being discharged from hospital to a care home are first tested for Covid19; care homes can also check that these tests have been carried out.

- Under the direction of the LRF, local authority public health departments and CCG infection control nurses can help 'train the trainers' in care homes about PHE's recommended approach to infection prevention and control - particularly focusing on those care homes that lack the infrastructure of the bigger regional and national chains.

- To further support care homes, the NHS will bring forward from October to May 2020 the national roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes service. Further detail will be set out shortly.

- Opportunities to support care homes should also be provided to younger health professional 'returnees' and public volunteers who have offered to help (subject to appropriate personal risk assessment, as described above).

As also seen in a number of other countries, **emergency activity** has sharply reduced in recent weeks. Last week emergency hospital admissions were at 63% of their level in the same week last year. This is likely due to a combination of: a) changed healthcare seeking behaviour by patients, b) reductions in the incidence of some health problems such as major trauma and road traffic accidents, c) clinical judgements about the balance of risk between care in different settings, and d) some NHS care being provided through alternative access routes (eg ambulance 'see and treat', online appointments).

There is therefore considerable uncertainty as to the timing and extent of the likely rebound in emergency demand. To the extent it happens, non-elective patients will potentially reoccupy tens of thousands of hospital beds which have not had to be used for that purpose over the past month or so.

This means we need to retain our demonstrated ability to quickly repurpose and **'surge' capacity** locally and regionally, should it be needed again. It will also be prudent, at least for the time being, to consider retaining extra capacity that has been brought on line - including access to independent hospitals and Nightingale hospitals. The national Nightingale team will work with Regions and host trusts to develop and assure regional proposals for the potential ongoing availability and function of the Nightingale Hospitals. Independent hospitals and diagnostics should be used for the remainder of the current contract which runs to the end of June. Please also start now to build a plan for each STP/ICS for the service type and activity volumes that you think could be needed beyond the end of June, which can inform discussions during May about possible contract extensions with the independent sector.

Over the next six weeks and beyond we have the opportunity to begin to release and redeploy some of the treatment capacity that could have been needed while the number of Covid19 patients was rising so sharply.

This means we are now asking all NHS local systems and organisations working with regional colleagues fully to step up **non-Covid19 urgent services** as soon as possible over the next six weeks, including those set out in the Annex. This needs to be a safe restart with full attention to infection prevention and control as the guiding principle.

In addition, you should now work across local systems and with your regional teams over the next 10 days to make judgements on whether you have further capacity for at least some **routine non-urgent elective care**. Provisional plans will need to factor-in the availability of associated medicines, PPE, blood, consumables, equipment and other needed supplies. We will continue to provide new ventilators to trusts over the coming weeks so as to sustain critical care 'surge' capacity should it again be needed in future, while progressively returning operating theatres and recovery suites to their normal use.

We should also take this opportunity to **'lock in' beneficial changes** that we've collectively brought about in recent weeks. This includes backing local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology-enabled service delivery options such as digital consultations.

In terms of wider action that will also be underway, DHSC will be designing and establishing its new 'Test, Track & Trace' service. The leadership and resourcing of local authority public health departments will be vital. Trusts and primary care networks should continue to support clinicians to enrol patients in the three major phase III clinical trials now underway across the NHS, initially testing ten potential Covid19 treatments. In addition, at least 112 Covid19 vaccines are currently in development globally. We also expect an expanded winter flu vaccination campaign alongside a school immunisation 'catch up programme'.

Looking forward, at the right time and following decision by Government, we will then need to move into the NHS's phase three 'recovery' period for the balance of the 2020/21 financial year, and we will write further at that point.

In the meantime, please accept our personal thanks and support for the extraordinary way in which you and your staff have risen to this unprecedented global health challenge.

With best wishes,

Simon Stevens
NHS Chief Executive

Amanda Pritchard
NHS Chief Operating Officer

ANNEX

ACTIONS RECOMMENDED FOR URGENT CLINICAL SERVICES OVER THE NEXT SIX WEEKS

Urgent and routine surgery and care

- Strengthen 111 capacity and sustain appropriate ambulance services 'hear and treat' and 'see and treat' models. Increase the availability of booked appointments and open up new secondary care dispositions (SDEC, hot specialty clinic, frailty services) that allow patients to bypass the emergency department altogether where clinically appropriate.
- Provide local support to the new national NHS communications campaign encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.
- Provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) at pre-Covid19 levels.
- Ensure that urgent and time-critical surgery and non-surgical procedures can be provided at pre-Covid19 levels of capacity. The Royal College of Surgeons has produced helpful advice on surgical prioritisation available at: (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf)
- In the absence of face-to-face visits, primary and secondary care clinicians should stratify and proactively contact their high risk patients to educate on specific symptoms/circumstances needing urgent hospital care, and ensure appropriate ongoing care plans are delivered.
- Solid organ transplant services should continue to operate in conjunction with the clinical guidance developed and published by NHS Blood and Transplant.
- Where additional capacity is available, restart routine electives, prioritising long waiters first. Make full use of all contracted independent sector hospital and diagnostic capacity.
- All NHS acute and community hospitals should ensure all admitted patients are assessed daily for discharge, against each of the Reasons to Reside; and that every patient who does not need to be in a hospital bed is included in a complete and timely Hospital Discharge List, to enable the community Discharge Service to achieve safe and appropriate same day discharge.

Cancer

- Providers have previously been asked to maintain access to essential cancer surgery and other treatment throughout the Covid19 pandemic, in line with guidance from the Academy of Medical Royal Colleges and the NHS (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf and https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf). An exception has been where clinicians consider that for an individual patient the risk of the procedure at the current time outweighs the benefit to the patient.

- Local systems and Cancer Alliances must continue to identify ring-fenced diagnostic and surgical capacity for cancer, and providers must protect and deliver cancer surgery and cancer treatment by ensuring that cancer surgery hubs are fully operational. Full use should be made of the available contracted independent sector hospital and diagnostic capacity locally and regionally. Regional cancer SROs must now provide assurance that these arrangements are in place everywhere.
- Referrals, diagnostics (including direct access diagnostics available to GPs) and treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-Covid19 levels in Covid19 protected hubs/environments.
- High priority BMT and CAR-T procedures should be able to continue, where critical care capacity is available.

Cardiovascular Disease, Heart Attacks and Stroke

- Hospitals to prioritise capacity for acute cardiac surgery, cardiology services for PCI and PPCI and interventional neuroradiology for mechanical thrombectomy.
- Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease.
- Primary care clinicians to continue to identify and refer patients acutely to cardiac and stroke services which continue to operate throughout the Covid19 response.
- Hospitals to prioritise capacity for stroke services for admission to hyperacute and acute stroke units, for stroke thrombolysis and for mechanical thrombectomy.

Maternity

- Providers to make direct and regular contact with all women receiving antenatal and postnatal care, explaining how to access maternity services for scheduled and unscheduled care, emphasising the importance of sharing any concerns so that the maternity team can advise and reassure women of the best and safest place to receive care.
- Ensure obstetric units have appropriate staffing levels including anaesthetic cover.

Primary Care

- Ensure patients have clear information on how to access primary care services and are confident about making appointments (virtual or if appropriate, face-to-face) for current concerns.
- Complete work on implementing digital and video consultations, so that all patients and practices can benefit.
- Given the reduction of face-to-face visits, stratify and proactively contact their high-risk patients with ongoing care needs, to ensure appropriate ongoing care and support plans are delivered through multidisciplinary teams. In

particular, proactively contact all those in the ‘shielding’ cohort of patients who are clinically extremely vulnerable to Covid19, ensure they know how to access care, are receiving their medications, and provide safe home visiting wherever clinically necessary.

- To further support care homes, the NHS will bring forward a package of support to care homes drawing on key components of the Enhanced Care in Care Homes service and delivered as a collaboration between community and general practice teams. This should include a weekly virtual ‘care home round’ of residents needing clinical support.
- Make two-week wait cancer, urgent and routine referrals to secondary care as normal, using ‘advice and guidance’ options where appropriate.
- Deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening.

Community Services

- Sustain the Hospital Discharge Service, working across secondary care and community providers in partnership with social care. Includes daily reviews of all patients in a hospital bed on the Hospital Discharge List; prompt and safe discharges when clinically and in line with infection control requirements with the planning of ongoing care needs arranged in people’s own homes; and making full use of available hospice care.
- Prepare to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing community health support.
- Essential community health services must continue to be provided, with other services phased back in wherever local capacity is available. Prioritise home visits where there is a child safeguarding concern.

Mental Health and Learning Disability/ Autism services

- Establish all-age open access crisis services and helplines and promote them locally working with partners such as local authorities, voluntary and community sector and 111 services.
- For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shielding.
- Ensure that children and young people continue to have access to mental health services, liaising with your local partners to ensure referral routes are understood, particularly where children and young people are not at school.
- Prepare for a possible longer-term increase in demand as a consequence of the pandemic, including by actively recruiting in line with the NHS Long Term Plan.
- Annual health checks for people with a learning disability should continue to be completed.
- Ensure enhanced psychological support is available for all NHS staff who need it.
- Ensure that you continue to take account of inequalities in access to mental health services, and in particular the needs of BAME communities.

- Care (Education) and Treatment Reviews should continue, using online/digital approaches.

Screening and Immunisations

- Ensure as a first priority that screening services continue to be available for the recognised highest risk groups, as identified in individual screening programmes.
- Increase the delivery of diagnostic pathways (including endoscopy) to catch up with the backlog of those already in an active screening pathway, followed by the rescheduling of any deferred appointments.
- Antenatal and Newborn Screening Services must be maintained because this is a time critical service.
- Providers and commissioners must maintain good vaccine uptake and coverage of immunisations. It is also likely that the Autumn/Winter flu immunisation programme will be substantially expanded this year, subject to DHSC decision shortly.

Reduce the risk of cross-infection and support the safe switch-on of services by scaling up the use of technology-enabled care

- In response to Covid19, general practice has moved from carrying out c.90% of consultations with patients as face-to-face appointments to managing more than 85% of consultations remotely. 95% of practices now having video consultation capability live and the remaining few percent in the process of implementation or procurement of a solution. GP Practices should continue to triage patient contacts and to use online consultation so that patients can be directed to the most appropriate member of the practice team straight away, demand can be prioritised based on clinical need and greater convenience for patients can be maintained.
- Referral streaming of new outpatient referrals is important to ensure they are being managed in the most appropriate setting, and this should be coupled with Advice and Guidance provision, so that patients can avoid an outpatient referral if their primary care service can access specialist advice (usually via phone, video too).
- All NHS secondary care providers now have access to video consultation technology to deliver some clinical care without the need for in-person contact. As far as practicable, video or telephone appointments should be offered by default for all outpatient activity without a procedure, and unless there are clinical or patient choice reasons to change to replace with in-person contact. Trusts should use remote appointments - including video consultations - as a default to triage their elective backlog. They should implement a ‘patient initiated follow up’ approach for suitable appointments - providing patients the means of self-accessing services if required.

BOARD OF DIRECTORS

Agenda item	6	**Category of Paper**	Tick
Paper Title	Clinical Outcome, Safety & Quality Report	**To action**	☐
Date of Meeting	6 May 2020	**To note**	☐
Lead Director	Catherine Thorne, Director of Quality & Safety Governance	**For Information**	☒
Paper Author	Annet Gamell, NED	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☐ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Clinical Outcome, Safety and Quality Committee on: 25 March 2020 5 April 2020	
Links to Strategic Board Objectives	Objective 1 –Deliver Excellent Clinical Outcomes Objective 2 - Improve Patient Safety Objective 3 - Improve Patient Experience	
Links to Regulations/ Outcomes/External Assessments	CQC Internal Audit HSE	
Links to the Risk Register	All clinical board level risks	

PURPOSE OF THE PAPER/REPORT

To update the Board on the findings and approval of the Clinical Outcome, Safety & Quality committee meetings dated 25 March and 15 April 2020

SUMMARY/CURRENT ISSUES AND ACTION

The Report gives an overview on matters addressed, including the following:

- Agreed joint Quality Priorities
- Clinical Governance Framework
- COVID19 Performance Metrics
- Potential quality and safety risks

ACTION REQUIRED

To note progress to date.

Public Meeting ☒ Private Meeting ☐

CLINICAL OUTCOMES, SAFETY & QUALLITY (COSQ) REPORT

TO BOARD OF DIRECTORS

During the period of the COVID pandemic, in line with guidance from NHS I/E, the Trust has scaled down much of its usual activity related to data collection for quality and performance metrics.

However some key information is still being collated and has been monitored through clinical operational meetings in early March with abridged assurance reports provided by way of a regular weekly COSQ update and a more detailed meeting which took place on 25th March 2020 and 15th April 2020.

The key assurance activities undertaken during this time are:

The final clinical operational committees of the legacy hospitals approved a Clinical Governance Framework document outlining the structures around quality governance for the newly formed Bedfordshire hospitals NHS Trust. These recommendations were ratified by the Quality Committee and whilst Covid 19 pressures have delayed full implementation work is continuing steadily to align reporting across sites.

The joint Quality Priorities which will be described within the legacy Quality Accounts of each organisation were agreed (see Appendix 1).

The committee heard regular updates regarding performance metrics for COVID 19 across sites with regular daily updates provided to Board members. Key risks identified during the period include challenges related to PPE and staffing capacity and a specific COVID 19 risk register has been developed

The committee has also noted potential risks to quality and safety related to consequences of Covid pandemic, particularly around patients who may have not attended the hospital for non Covid illness, the impact of stoping much elective activity, suspension of some services and screening programmes etc. The Trust has sought to maintain some of this activity for urgent cases and has some operating capacity within the private hospital sector.

The committee also received a paper outlining potential future risk including a potential for increased incidents, legal and HR claims. The committee has also noted that the impact of the health and wellbeing both now and in the future may play a role in future quality performance.

A letter from NHSI/E was received outlining quality and performance activities that are to be suspended and / or delayed which was noted.

The committee received the Gender Pay Gap Report which in future will form part of the workforce committee agenda, and it was noted that whilst there was ordinarily a statutory duty to publish this information on the Trust website this requirement had been suspended

The Committee received a Safeguarding Report and it was noted that Covid would undoubtedly have an impact on the safeguarding profile some of which issues have been

described in the press such as increased domestic violence during lockdown. The committee requested further updates on this for the next report when possible.

During the period of the pandemic is was reported that there has been a drop in incident and complaints reports but the committee noted there would most likely be a sharp rise as the initial phase passes. The committee were encouraged to see that the drop had not been in medicine but in surgical specialities where activity was reduced. It was noted that three serious incidents were reported in March, one of which related to the merged Trust.

Both hospital sites have seen a rise in falls and further assurance related to this will be provided at the next COSQ meeting to understand the COVID impact on this rise.

Pressure damage has declined and is likely to be due to reductions in patients in the hospital during the pandemic

The committee heard about the relative's helpline put in place to support patients and their next of kin whilst visiting was restricted to only special circumstance and the committee welcomed this initiative in supporting the patients and carer experience.

The Maternity Improvement Board was noted to be suspended due to reallocation of staff to key areas

The committee noted a Mortality performance assurance report from the Bedford hospital and acknowledged that the learning from deaths process was paused. The inevitable impact of Covid 19 on mortality statistics was acknowledged.

It was noted that going forward a single, joint clinical ethics committee would be established.

The committee noted that the Pathology services merger is planned to go live on 30 June, as agreed at the last Pathology Steering Group, after concerns around the impact that Covid has had on suppliers being on site and on supply of equipment.

As it was the inaugural Quality committee for the merged Trust thanks was recorded to the outgoing chair of the Bedford Quality subcommittee, Dr Carol McCall.

Appendix 1 – Agreed Quality Priorities

Objective	Scheme	Rationale across suggested schemes
Improved Clinical Outcomes	Treatment of community acquired pneumonia in line with BTS care bundle Rapid rule out protocol for ED patients with suspected acute myocardial infraction (excluding STEMI) Adherence to evidence based interventions clinical criteria	National CQUINs Improved / Best practice patient pathways
Improve Patient Safety	Recording of NEWS2 score, escalation time and response time for critical care admissions Screening and treatment of iron deficiency anaemia in patients listed for major elective blood loss surgery Programme to support patient safety and experience including • improve learning from incidents, claims and complaints, • support Just Culture	National CQUINs Identified across both sites as area for improvement • Improve care for deteriorating patient Supports National Patient Safety strategy Supports improvement to L&D staff survey related to staff involved in an incident Improvements to incident management identified at BHT as quality priority
Improve Patient Experience	Some areas of discharge process can be improved to provide a better patient experience e.g. discharge letters Programme to support patient safety and experience including • improve learning from incidents, claims and complaints, • support Just Culture	Continue work identified for improvement at L&D in 2019/20 • Reducing complaints • Improved pathways and patient experience Identified as Quality priority at BHT • discharge letters • Improve assurance processes related to learning and improved feedback to patients from complaints
Prevention of ill health	Appropriate antibiotic prescribing for UTI in adults aged 16+ Cirrhosis and fibrosis tests for alcohol dependent patients Staff flu vaccinations Implement requirements of Smoke Free Hospital	National CQUINs Improved antimicrobial stewardship Supporting wider health system Keeping our staff safe Healthier workplace / environment for staff Requirements of national contract

BOARD OF DIRECTORS

Agenda item	7	**Category of Paper**	Tick
Paper Title	Finance, Investment & Performance Committees	**To action**	☐
Date of Meeting	6 May 2020	**To note**	☒
Lead Director	Matt Gibbons – Director of Finance	**For Information**	☐
Paper Authors	Ian Mackie – NED (L&D) Steve Hone – NED (BH)	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Finance, Investment & Performance Committees held on: 26 February 2020 – L&D 24 March 2020 - BH 22 April 2020 – Bedfordshire Hospitals *(Exceptional meeting)* 29 April 2020 – Bedfordshire Hospitals	
Links to Strategic Board Objectives	Objective 1 – Deliver the Quality Priorities Objective 2 – Deliver National Quality and Performance Targets Objective 3 – Implement the Strategic Plan Objective 5 – Optimise our Financial Position	
Links to Regulations/ Outcomes/External Assessments	Monitor CQC Commissioners Internal Audit	
Links to the Risk Register	Non-Achievement of Financial Target CQUIN	CCG verification processes Agency spend STP Control Total

PURPOSE OF THE PAPER/REPORT

To update the Board of Directors on the findings and approvals from the Finance, Investment & Performance Committees held between February – April 2020

SUMMARY/CURRENT ISSUES AND ACTION

This report highlights the issues and themes presented to the Finance, Investment & Performance Committees held between February – April 2020

ACTION REQUIRED

To note the Finance, Investment & Performance Committee Reports between February – April 2020.

Public Meeting ☒ Private Meeting ☐

Luton & Dunstable Hospital NHS Foundation Trust (26 February 2020)
&
Bedfordshire Hospitals NHS Foundation Trust (29 April 2020)
FIP Committee Reports to the Board

The Board should note the following items discussed at the FIP Committee meetings from 26th February through to 29th April 2020. It should also be noted that meetings since 1st April have been under the auspices of Bedfordshire Hospitals NHS Foundation Trust.

1. Financial Position

On the 29th April the Director of Finance reported that LDH delivered the revised Control Total for FY19/20 and subsequently gained access to the full Provider Sustainability Funding. The system has also delivered the overall, so full PSF has been achieved. After PSF is accounted for the Trust reported a £10.73m surplus compared to a planned surplus of £12.04m

BHT also delivered the revised Control Total for FY19/20 and subsequently gained access to the full Provider Sustainability Funding. After PSF is accounted for the Trust reported a £0.01m surplus compared to a planned surplus of £0.11m.

The Committee noted that March was an unusual month, and the target was achieved through additional Covid related support (funding Covid specific expenditure). It was also acknowledged that agency spend was particularly high in month, with the Trust working to disaggregate Covid spend from underlying spend in order to set credible post Covid budgets.

Having noted that the reported position was before the year-end audit, the Committee noted that LDH income was £5.68m favourable (at £362.86m) but this was offset by a pay overspend of £6.07m and a non-pay overspend of £1.86m. BHT income was £7.12m favourable (at £201.01m) but this was offset by a pay overspend of £7.26m and a non-pay overspend of £2.81m.

During the March FIP meeting the Committee noted the following in relation to the Covid-19 response and the associated impact on the financial position:

- Tariff is suspended for the first 4 months of 2020/21 at least with payments on a block basis replacing PbR. The requirement to submit an Operational Plan is also suspended.
- The Committee noted that two new cost centres have been created specifically to record and track Covid-19 expenditure. Beyond that spend is being approved and reviewed in line with Scheme of Delegation
- Non-critical capital spend was reviewed on a case-by-case basis
- It was confirmed by the Director of Finance that the Trust has procedures in place for fraud deterrence with SFIs and SOs remaining in place

Following confirmation that the Trust had a clear steer that spend on Covid-19 will be reimbursed, and that the Trust should not allow financial constraints to stand in the way of

taking immediate and necessary action, the Committee was asked to approve the process for committing additional spend (above normal levels), whilst still ensuring adherence to Scheme of Delegation. This was approved

2. Capital

The Committee noted that LDH ended the year spending £28.0m in 2019/20 (against an initial plan of £45.7m). The slippage on the plan is now assumed to be spent in 2020/21. Capital expenditure at BHT came in on plan - £10.07m.

3. Budget Setting 2020/21

The Committee noted that new Trust's Service Line plans received to date do not aggregate to a position that delivers the Control Total. These plans also contain some risk and no contingency for underperformance. Budget setting progress has been slower than anticipated due to the availability of all staff as a result of the Covid situation.

It was also noted that budget setting has been undertaken independently at LDH and BHT, with the aim of achieving the financial trajectories (as required by NHSEI) without including merger savings.

Guidance from NHSE/I in relation to planning for income was noted as follows:

a) Commissioners should agree block contracts with the NHS providers with whom they have a contract (NHS Trusts, Foundation Trusts, Mental Health, Community and Ambulance trusts) to cover the period 1 April to 31 July. This should provide a guaranteed monthly payment. For CCGs the value of this payment will be calculated nationally for each CCG/provider relationship. This figure will be based on the average monthly expenditure implied by the provider figures in the M9 Agreement of Balances return plus an uplift that allows for the impact of inflation (including pay uplifts and CNST) but excluding the tariff efficiency factor. It will not include activity growth. For mental health trusts the uplift will include an additional sum consistent with delivering the Mental Health Investment Standard. The monthly payment should include CQUIN and assume 100% delivery.

b) Trusts should suspend invoicing for non-contracted activity for the period 1 April to 31 July. A sum equivalent to the historical monthly average will be added to the block contract of the provider's coordinating commissioner. Providers should continue to record all activity including NCAs in SUS in the normal way.

c) A national top-up payment will be provided to providers to reflect the difference between the actual costs and income guaranteed by steps 1 and 2 where the expected cost base (which will be calculated as the average monthly expenditure over the period November to January uplifted for inflation) is higher. The Financial Recovery Fund and associated rules will be suspended during this period. The top-up payment will take into account individual provider CNST contributions compared to that funded in the allowance for cost inflation.

4. Investment Decisions

- **Acute Services Block OBC**

  During an exceptional FIP held on 22nd April the Committee considered the Outline Business Case for the Acute Services Block and an adjoining New Ward Block, and were asked to approve its submission to NHSE/I.

  Within the OBC the Trust are requesting central support and funding of £150m to progress the preferred option for the redevelopment of the L&D hospital site.

  Following due consideration of the case, including the options that had been considered, the affordability of the scheme and the planned programme of works, the Committee approved the case to be considered by the Trust Board.

- **3rd CT**

  In February the Imaging team presented a case for investing £2.4m capital and revenue in a third CT machine for the L&D site.

  The main themes of the case are about matching demand with an appropriate amount of capacity and system resilience with the Chief Executive confirming that the recommended option was consistent with the redevelopment plan.

  The Committee noted that the proposed build would not be wasted even as the helipad/ED development begins to develop, and this case presented the optimum solution to a complex number of issues.

  Following due consideration the business case was approved.

- **Paperless ED**

  The ED and IT teams also presented a business case for a paperless ED in February.

  The benefits that were expected to be derived from this investment were outlined alongside the costs, and the Deputy Chief Executive confirmed that the case had been through the GDE Programme Board and Formal Exec. It was also noted that even without GDE this is something the Trust would wish to pursue.

  The team confirmed that with the saving from non-pay together with the quality improvements that the solution offers, the case delivers a suitable return on the investment.

  Following due consideration the business case was approved.

5. Other Matters

- Energy Centre

  Following a period of lengthy discussion with Centrica, a way forward on all outstanding issues has been agreed and a final Managed Services Agreement (MSA) is expected to be presented to an April or May Board meeting.

- Medical agency spend

  Prior to the emergence of the Covid situation the Committee noted the significant improvement in fill rate for medical staff positions (up to 90.5%) with a large number of vacancies being filled since September. It was also acknowledged that ED (where there remain some issues regarding efficient shifts) are working closely with colleagues in Brighton (with Executive oversight) where there is a very successful shift filling model in place.

- Cleaning and catering contract tender

  The tender exercise for the cleaning and catering contract for the L&D site has been discussed at each FIP since February. The Committee have been briefed on the complexities surrounding the tender and been kept appraised of circumstances as they have changed.

  It was noted that once bids are received back (with a closing date of May 5th) the Domestic and Catering Project Board would be considering the next steps to be taken in a timely manner.

6. Items for Escalation to the Board

- Acute Services Block OBC
- Year-end positions for LDHFT and BHT

Bedford Hospital NHS Trust
Finance Committee

The Board should note the following items discussed at the 24 March 2020 Bedford Hospital Finance Committee.

1. Financial Position

During February (M11) the Trust delivered a deficit of £605k, £410k worse than the plan of £195k deficit. YTD the deficit now stands at £1,331k against a planned deficit of £512k. The YTD equivalent position pre-PSF (against which we shall be judged) is a deficit of £10,515k against a planned deficit of £10,309k, an adverse variance of £206k.

Activity in A&E was 11% below plan in month and is cumulatively 5% below plan for YTD. Income received is broadly in line with these figures.

Total NHS patient income for the month was £751k over plan. Income from all sources was £931k favourable to plan and stands at £10,193k favourable for the YTD.

Pay costs exceeded plan by £684k in the month (M10 £426k). The increased level of overspend was as a result of Medical locum and agency costs resulting in a medical pay overspend of £511k. In addition Nursing pay was £407k over budget as a result of winter pressures and non-closure of escalation beds plus an element of double-running as the new nurse intake become properly qualified.

Non-pay costs were once more above plan - this time by £586k. £310k of this adverse variance was due to high cost drugs. We now stand at £4,719k adverse to plan YTD. The drugs cost is a pass-through charge.

The Committee noted the following relevant points and key risks most of which remain constant from previous months:

- The Board should note that the figures shown above include receipt of FRF and PSF monies for first eleven months and the accrued effect of eleven months of the payment of the shortfall PSF money payable from the ICS which amounts to £1.85m.
- Within these post-PSF deficit is an allowance for the non-receipt of £0.6m for system performance. If the system performance recovers then this money would be paid to the Trust.
- The significant challenges faced by the Trust from the CCG have been settled following arbitration and this risk is therefore removed assuming there are no untoward issues before year-end. However there remains a risk relating to the settlement of a CCG claim for FY18/19.
- Medical staffing shortfalls continue to be an issue with several critical areas suffering due to a national shortage of clinicians. There is no end to this issue in sight.
- The overseas nurses from Australia and India have in the main now arrived in the Trust and there remains a positive outlook for nursing recruitment once all are qualified.

- CSI attainment is now forecast to be on plan following the successful implementation of new plans.
- Although 'tight' the anticipated outcome for this fiscal year remains in line with the pre-central funding target. However the overall result will now be affected greatly by efforts to overcome the COVID-19 virus and initial guidance from NHSE is only just being received.
- An initial budget is complete which may be used by the new Trust. The final plan will be affected by the outcome of challenges made to the NHSE regarding the level of funding allowed for AfC increments and the need to reduce levels of bed occupancy to 92%.
- Next year the efforts to combat COVID-19 will be funded via block funding with allowance made for expenses incurred this year and capital expenditure over the next 3 months. The Trust has identified £300k for which it has applied.
- Year-end audit times have slipped by 3 days due to COVID and filing of final results are slipped by 1 month.

2. Capital

The Committee noted that the level of capital spend (commitment) year to date now stands at £6.9m against a plan of £10.3m. This figure includes extra capital received during the year for scanning equipment and IT. The Estates head assured the Committee that projects remained on plan and that the plan would be met by year-end. Invoices and receipts for the GDE and EDRMS were expected in the month but are now being shuffled in order to ensure appropriate spend in the light of the COVID virus. The full capital allowance will be committed by year end.

The DoF/CE reported that the implementation of the new combined Pathology structure was proceeding towards implementation on May 1st.

3. Budget Review

See above in Section 1.

4. Board Assurance Framework/Key Non-Clinical Risks

- Due to progress in the discussion with the CCG as reported above, the Committee recommended further score changes to the BAF. Changes to risks 3.1 were recommended by the Committee - recommended to reduce to a score of 8, 3.3 – reduce to 6 and be merged with 3.5, 3.4 – reduce to 8. Risk 5 (workforce) appeared to have been partially mitigated by the nursing recruitment but the committee felt that the risk should be discussed by the Board. It was further felt that risk 7 relating to the Cauldwell Centre had greatly reduced as work was now underway, if a little delayed. The L&D BAF had now been seen by the Committee Chair. The thought was that the integrated Trust BAF should now be more relevant.

Key operational risks were reviewed but were found to be unchanged from the previous meeting – key risks being mainly confined to cyber security risks previously discussed at this Committee.

5. Items for Escalation

Public Board

- Year end forecast
- COVID funding and costs
- Revised Audit dates

Part 2/Seminar

- Challenges from CCG for 20/21 and resolution of 18/19

Finance Presentation
FY19-20

Report for Month 12

Executive Summary

Both sites delivered the revised Control Total and subsequently gained access to the full Provider Substainability Funding. The system has also delivered the overall, so full PSF has been achieved for both sites.
March was an unusual month, and the target was achieved through additional Covid related support (funding Covid specific expenditure).
Both sites' targets were also adjusted for the higher accrual for annual leave, as staff deferred their annual leave to deal with Covid 19.

Revised Control Total delivered – L&D Site

INCOME & EXPENDITURE ACCOUNT	Fin Year 2017/18 Actual Full Year £000s	Fin Year 2018/19 Actual Full Year £000s	Fin Year 2019/20 Budget Full Year £000s	Fin Year 2019/20 Budget YTD £000s	Fin Year 2019/20 Actual YTD £000s	Fin Year 2019/20 Variance YTD £000s
NHS Clinical Income - Contract	283,064	297,593	329,821	329,821	332,871	-3,050
Pay Award Funding		2,833				
Other Income (T&E, Secondment, RTA)	24,052	26,001	27,359	27,359	29,988	-2,629
Total Income	**307,116**	**326,427**	**357,180**	**357,180**	**362,859**	**-5,679**
Consultants	40,151	42,215	44,528	44,528	45,807	1,279
Other Medical	33,866	36,832	35,763	35,763	40,187	4,424
Nurses	77,152	82,892	87,177	87,177	88,696	1,519
S&T	21,844	24,634	27,240	27,240	26,058	-1,182
A&C (Including Managers)	24,171	27,002	29,269	29,269	28,626	-643
Other Pay	5,839	5,987	6,897	6,897	7,567	670
Total Pay	**203,024**	**219,563**	**230,875**	**230,875**	**236,941**	**6,067**
Drug costs	27,476	29,295	32,697	32,697	29,503	-3,194
Clinical supplies and services	25,307	26,814	26,469	26,469	26,014	-455
Other Costs	47,563	51,067	52,184	52,184	57,689	5,505
Non-Recurrent	0	0	0	0	0	0
Total Non-Pay	**100,345**	**107,176**	**111,350**	**111,350**	**113,206**	**1,856**
EBITDA	**3,747**	**-312**	**14,955**	**14,955**	**12,712**	**2,243**
Non Operational	13,101	13,260	15,294	15,294	14,362	-932
Trading Position	**-9,354**	**-13,572**	**-338**	**-338**	**-1,650**	**1,311**
MRET / Readmissions Gainshare	4,555	6,343	4,776	4,776	4,776	0
PSF Funding	13,313	18,363	7,286	7,286	7,286	0
Revenue Allocation	4,500	7,300				
Non-Recurrent	2,355	3,390	318	318	318	0
PSF STP Funding	0	808				
Revisions to Control Total				-1,379		
Total Operating Surplus/Deficit (-)	**15,369**	**22,631**	**12,042**	**10,663**	**10,731**	**-68**

Revised Control Total delivered – BHT Site

Income & Expenditure statement

	NHSI Full Year Plan	Mar-20				Cumulative Mar 20			
		Plan	Actual	Variance		Plan	Actual	Variance	
	£ 000's	£ 000's	£ 000's	£ 000's		£ 000's	£ 000's	£ 000's	
Income from all sources	216,087	18,779	18,494	(285)	Adv	216,087	226,608	10,521	Fav
Central Funding (MRET, FRF & PSF)	10,934	1,137	1,750	613	Fav	10,934	10,934	0	Fav
Less : Operating Costs - Pay	138,270	11,420	13,033	(1,613)	Adv	138,270	145,531	(7,261)	Adv
- Non Pay	80,970	7,230	5,317	1,913	Fav	80,970	83,776	(2,806)	Adv
EBITDA	7,781	1,266	1,894	628	Fav	7,781	8,235	454	Fav
Less : Depreciation	5,300	442	503	(61)	Adv	5,300	5,850	(550)	Adv
Operating Reserve/ (Deficit)	2,481	824	1,391	567	Fav	2,481	2,385	(96)	Adv
Less : Financing Costs	2,422	202	(6)	208	Fav	2,422	2,395	27	Fav
Add : Interest Rec'd	55	4	7	3	Fav	55	83	28	Fav
Current Yr - Surplus/ (Deficit)	**114**	**626**	**1,404**	778	Fav	**114**	**73**	(41)	Adv
Adj : Donated Receipt / Depreciation	0	0	(59)	(59)	Adv		(59)	(59)	Adv
Current Yr - Surplus/ (Deficit) - POST PSF	**114**	**626**	**1,345**	719	Fav	**114**	**14**	(100)	Adv
NB. Control total before PSF	**(10,820)**	**(511)**	**(405)**	106	Fav	**(10,820)**	**(10,920)**	(100)	Adv

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NHS
Bedfordshire Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS

Agenda item	8	**Category of Paper**	Tick
Paper Title	Workforce Committee Report	**To action**	☐
Date of Meeting	6 May 2020	**To note**	☐
Lead Director	Angela Doak, Director of HR	**For Information**	☒
Paper Author	Richard Mintern, NED *(Chair of Workforce Committee)*	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☐ **Quality/Safety** ☐ **Patient Experience** ☐ **Equality** ☒ **Clinical** ☐ **Governance** ☒			

History of Committee Reporting and Date	26 February 2020 – L&D	
Links to Strategic Board Objectives	Objective 1 – Deliver the Quality Priorities Objective 2 - Deliver National Quality and Performance Targets Objective 3 – Implement our Strategic Plan Objective 4 – Develop all Staff to Maximise Their Potential Objective 5 – Optimise our Financial Position	
Links to Regulations/ Outcomes/External Assessments	NHSI	
Links to the Risk Register	1213 – Management Time and Capacity 1490 – University of Bedfordshire 1423 – Mandatory Training	669 – Appraisal 1210 - Vacancy rate 1465 - Agency Costs

PURPOSE OF THE PAPER/REPORT

To update the Board of Directors on the meeting held on 26 February 2020 but predominantly to apprise the Board on the response to the requirements of the past weeks during the COVID19 situation. In particular the focus being around the implications on, and for, the workforce within the Trust.

SUMMARY/CURRENT ISSUES AND ACTION

The Report gives an overview on Workforce matters currently being addressed during the COVID19 situation and the matters discussed at the 26 February 2020 Committee meeting.

ACTION REQUIRED

To note the current update.

Public Meeting ☒ Private Meeting ☐

WORKFORCE REPORT – 6 MAY 2020

This report sets out the steps taken to respond to the requirements of the past weeks. In particular the focus is on the implications on and for the workforce.

Working patterns

There have been a number of changes made to ways of working across both sites over this period. This has included changes in medical team rota patterns; where possible, staff working from home following the lockdown announcement of 23rd March 2020; departments flexing their working pattern over varying times of the day and over 7-days to ensure adherence to social distancing rules. This has been facilitated with hardware and connectivity support from the IT department.

Impact on Training and Appraisals

The decision was taken to stand down all but essential mandatory training. In addition all appraisals were paused, other than where a manager/staff member felt that they could continue without impact on service delivery e.g., where either or both the manager/staff member were home working. Both of these decisions were supported by the Amanda Pritchard letter (COO NHSI/E) which proposed that these actions be taken.

Upskilling and re-skilling sessions continued to run in order to support those staff that were required to return to work in a clinical area or to work in a different clinical area. Including development of a 'contact less' induction programme with additional e-learning modules.

Recruitment

The recruitment teams on both sites continued to support recruitment to essential posts. In addition they worked with Regional teams to ensure appropriate processes were in place to accept those who were allocated to the Trust via national campaigns – those who returned to the NHS and volunteers . In addition work was co-ordinated with the University of Bedfordshire and Health Education England in the fast track recruitment/placement of student nurses/final year medical students.

Work with Staffside colleagues

An informal meeting structure was agreed to ensure that staffside colleagues were kept updated during what was a period of rapid change. This proved to be successful and it is important to acknowledge the support and availability shown by staffside colleagues during a very difficult time.

Staff wellbeing

The importance of staff support quickly became apparent and a number of steps were taken to provide this. These are detailed as follows:

- Setting up health and wellbeing hubs on both sites offering a relaxing and quiet place for staff to get away from their work area and to reflect/gather their thoughts.
- Complimentary refreshments are offered to staff on both sites. The Trust has been truly overwhelmed by the generosity of its local community who have provided all sort of donations for sharing with staff. These range from regular hot food deliveries to non-perishable snacks to sacks of potatoes!
- Staff only restaurant facility at Bedford with reduced price menu items.
- Free staff car parking was introduced from 25th March 2020
- Staff have been reminded of CiC (providers of an Employee Assistance Programme) and the services they offer. This facility has been in place for some years at Luton but has also been extended to Bedford staff thanks to the support of the Bedford Charity.
- Clinical Psychologist support is being provided via ELFT and EPUT on a regular basis at both sites
- National wellbeing apps and support have been communicated to staff
- Staff Wellbeing information packs electronic and hard copy
- Increased availability of Peer to Peer colleague listening service

Staff accommodation

It was recognised that some staff may not be able to return home due to family shielding situations etc., but that they themselves wanted to remain at work. In order to support the situation an arrangement was reached with local hotels (Travelodge, Luton and the Mercure, Bedford) and a number of staff have utilised this facility. In addition we have also made use of vacant on site rooms.

Guidance/Policy changes

Guidance has been agreed in respect of selling of annual leave (over and above WTD allowances)

A fast track disciplinary process has been adopted at Luton for low level cases mirroring the existing policy already in place at Bedford

Sickness absence meetings have been paused and it has been agreed that COVID related sickness absence would not be counted towards the Bradford Score. Support is being provided to staff that are absent.

Meeting of the Workforce Committee

This is a Trust Board sub-committee chaired by Richard Mintern, Non-Executive Director.

The Committee met on 26th February 2020 where it considered the following items:

- Minutes of the previous meeting including the action log
- Agreed the Terms of Reference
- Trust Board Workforce report
- Merger update on consultations and engagement events for senior nursing/therapies and operational management and corporate departments
- Staff Survey results
- Workforce transformation paper regarding new roles being introduced to the Trust – Advanced Clinical Practitioners and Physicians Associates

Richard Mintern
Chair of Workforce Committee
May 2020

Bedfordshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda item	9	**Category of Paper**	Tick
Paper Title	Digital Strategy Committee	**To action**	☐
Date of Meeting	6 May 2020	**To note**	☐
Lead Director	Philippa Graves – Director of IM&T	**For Information**	☒
Paper Author	Gill Lungley, NED	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☐ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Digital Strategy Committee Regular Update meetings: 25 March, 1 April, 8 April, 15 April, 22 April and 29 April 2020	
Links to Strategic Board Objectives	Objective 1 – Deliver the Quality Priorities Objective 2 - Deliver National Quality and Performance Targets Objective 3 – Implement our Strategic Plan Objective 5 – Optimise our Financial Position	
Links to Regulations/ Outcomes/External Assessments	NHSI NHS Digital	
Links to the Risk Register	Cyber Security Business Continuity	Bed Pressures Acquisition of Bedford Hospital

PURPOSE OF THE PAPER/REPORT

To update the Board on the findings and approval of the Digital Strategy Committee since the last Report. A formal meeting of the Committee which was due on 25 March 2020 was cancelled. However, 'Regular Update' meetings were held on 25 March, 1 April, 8 April, 15 April, 22 April and 29 April 2020.

SUMMARY/CURRENT ISSUES AND ACTION

The Report gives an overview on matters addressed, including the following:

- Response to COVID19
- Digital Staffing
- Impacts on BAU/Operations
- GDE & Merger Plans
- Strategic Implications

ACTION REQUIRED

To note progress to date.

Public Meeting ☒ Private Meeting ☐

DIGITAL STRATEGY COMMITTEE REPORT

TO BOARD OF DIRECTORS

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at weekly private board meetings held between 25th March and 29th April 2020.

Digital's role in the Trust's response to Covid-19 has been the dominant factor in weekly discussions but the implications for the existing Global Digital Exemplar (GDE) Programme and the wider Digital Strategy have also been important elements.

2. Response to Covid-19

The initial digital response to requirements arising from Covid-19 was to redeploy resources by standing down non-essential projects to increase the focus on front line support, particularly providing for virtual clinic services and remote access for staff. Work was needed to clarify requirements and understand priorities given a very rapid increase in service requests.

Virtual clinics and remote working, etc.

Several elements of the GDE programme, particularly the work on the Unified communication piece, which included Starleaf and remote working , and the virtual clinic project, has put the Trust in a good place to escalate and scale up the types of services needed. Also pivotal has been the movement of servers to cloud services which offered the flexibility to scale up in order to deliver and manage the digital service expansion.

In addition to Luton's GDE work on virtual clinics, Bedford has also had good experience with using telephone clinics, and is slowly adopting Attend. Anywhere – the e-solution. Currently three digitally supported clinics have successfully gone live, and have been well received. Use of video clinics enables remote access but does not necessarily make appointments quicker. There is an issue regarding remuneration for video/phone clinics in comparison with physical clinics. It is unlikely that commissioners will make a decision on addressing this during the current period but it is the intention to 'do the right thing' by implementing virtual clinics and negotiate regarding tariffs when the current crisis has passed.

The plan is to ensure all key trust users will have NHS mail in order to access NHS Teams for small group meetings. For larger group meetings, such as The Trust Board, the Integration Board etc., Star leaf, a dedicated platform for hosting such meetings has been adopted. The Trust HQ meeting room and other key meeting rooms have been adapted to support this. More detailed work is now needed to ensure the additional network traffic and Wi-Fi on each site is robust enough to support this going forward. The discovery work that would have yielded this information, though ordered, has not been able to be carried out due to suppliers not being able to physically attend the site due to COVID. It is hoped that will be one of the first deliverables as soon as the restrictions begin to be lifted.

Other departmental requirements are being addressed, for example, in Paediatrics & Neonatology, digital platforms have been developed to support parents being able to visualise and communicate with their children & babies remotely, using secure software that offers the additional ability to video capture and watch later if needed. All data is deleted once it has been accessed.

A need to rapidly refocus and enhance the digital delivery team has occurred, particularly driven by remote working requirements for staff, and support for external clinics & meetings. During April the team had to build and roll out over 700 additional devices, including idevices and laptops.

Information Governance and Security

Maintaining Information Governance controls and IT Security measures are critical. There are particular issues at this time:

- The pressure to rapidly expand the scope and nature of digital services could lead to breaches if policies are not followed in making decisions about solutions and access/usage.
- Some of the communication platforms that individuals can freely use may not be safe and secure for discussions and data sharing, e.g. Zoom.
- The number of phishing emails with COVID delated titles continues to increase.
- There are increased opportunistic hits of malware activity targeting the NHS with risks relating to medical equipment as well as personal computers and IT systems.

Weekly IG and security meetings are in place to support staff requests and continual monitoring is in place for unusual activity on systems/networks. Digital are ensuring that policies are being adhered to and that proper review or audit of technology decisions remain in place. Robust decisions will need to be made, and supported, about what technologies we should not use, and those we can safely deploy.

There remains a need for all staff to be vigilant regarding IT security.

3. Digital staffing

Thus far the ability of digital staff to support the new requirements and existing programmes has been managed. A number of staff has had to self-isolate but remote IT access has mitigated the impact of this and testing has supported more rapid returns to work.

The Luton IT teams have been split between the L&D site and Cranfield to improve resilience and to help with creating safe working environments. There is also joint working between the L&D and Bedford teams to provide mutual support. There had been some anxiety from IT staff about working in the front line environment but clinical colleagues have undertaken to work with IT around the maintaining staff safety. A support team has been stood-up at Cranfield to support and assist with new IT tools/packages which have rapidly become more widely used by Trust staff.

Members of the Digital Strategy Committee have acknowledged the efforts of the IT team in supporting the Trust. Thanks were noted at the Weekly Private Board Meeting to the continued energy and effort that has been shown to support all users to work effectively and safely during this exceptional time.

4. Impacts on BAU/Operations

Digital teams have needed to offer an enhanced 24/7 service for the last 6 weeks to support and deliver the systems that the Trust has required to respond to the front line service requirements and to enable increased remote working for many staff groups. This has had an inevitable impact on handling of day-to-day support calls during this intense period.

It became apparent during March that IT infrastructure was being placed under extreme pressure, due to the increased network traffic and remote access controls, and particular focus needed to be applied to keep the Network stable. As April has progressed the major challenge continues to be the amount of requests for support, particularly to help teams/users with IT platforms that the Trust does not normally provide support. To respond to this the additional support team have been established at Cranfield to support new ways of working, and extended hours have been delivered by the service desk and front line support teams to address any new calls, backlog or resolve issues.

5. GDE and Merger Plans

The GDE Programme remains important, and a number of the elements directly enable reducing patient contact, however it was already clear during March that there would be some impacts on the GDE timetable, particularly on those items that required clinical input to support organisational change. NHS Digital has been supportive regarding the impact of Covid-19 on GDE programmes but did not initially commit to relaxing deadlines. We are currently doing a deep dive related to this with scrutiny from key members of the Digital Strategy Board and the GDE Programme Board to reprofile the programme, and request a change to HIMSS assessment dates driven by the impact of the COVID outbreak. It appears we will be requesting a 6 month delay, which will be confirmed once the programme review has taken place. For areas that may slip, the Trust will need to 'bank' the related GDE staffing cost to ensure that the digital resources are available when project areas are reinstated.

The Paperless ED project is on the critical path and needed to be in place by August 2020 (to achieve the original GDE deadline), otherwise delay to next year is needed to avoid implementation during winter pressures. The agreement to a relaxation in the GDE deadline will enable re-planning in the light of Covid-19 pressures as the August 2020 target now appears unrealistic.

Assessment of the whole project portfolio is being undertaken and will be reviewed by the GDE Board. The aim is to ensure that areas essential to ensuring good long-term infrastructure are maintained while capacity is released for the more immediate needs arising from Covid-19 by slowing other project areas, or putting them on temporary hold. It is anticipated that a re-planned programme will need to be submitted to NHS Digital to demonstrate delivery within the revised timetable.

6. Strategic Implications

Work is continuing on Trust merger projects and on the wider digital strategy planning, for example work is underway on a business case for further development of the Electronic Patient Record (EPR) in line with strategy plans. Pathology work is continuing with third party resourcing.

However, a number of difficult decisions have had to be made about what to prioritise in light of the Covid-19 situation and how the Trust will work to share merged platforms and solutions. This has included standing down some major areas of work in order to accommodate a new approach to meet short term essential requirements. An example of the difficult but essential changes we have had to make as a Trust is the need to stop the merger of the Pathology Bedford & Luton Data at this point, even though we were many months into this work, to prioritise the NPEX solution. The need for this was to support the Trust as a regional testing centre, the NPEX platform supports our ability to send and receive national testing results, but to do this successfully we had to suspend the current data merge. This will be reinitiated once NPEX is complete.

This has introduced inherent risk for data quality and accurate matching of a low number of patient records. This has been noted on the Trust risk register and a manual daily work around will be put in place to address this until it is resolved. It will be overseen by the Pathology Integration Board going forward.

Further decisions in response to the current COVID related business pressures need to find a balance between the short term benefits and longer term compromises. Agreeing key projects to work through needs involvement of key stakeholders and digital colleagues who can help assess this balance. As Covid-19 related items are having a big impact on the delivery of strategic goals there is a need to re-assess and re-validate original plans and ensure a coherent programme is developed. This is being overseen by the Chairs of the Digital Strategy Committee and the GDE Programme Committee and key members of the Executive team. A full report of the outcome of this review will be published.

The strategic way forward for all of this rapid adoption of digital platforms is to embed this work in the relevant business related Work streams , such as the Outpatient group, so the second phase of the requirements can be scoped and understood by the digital team and business teams and delivered under a joint governance approach, adopting the same approach as that used for the Pathology Merger, the first department to be transformed for the newly merged Trust, and one which has worked incredibly well. The alignment and co-dependencies of business and digital transformation will ensure successful for all going forward. It is essential to articulate the EPR vision and that of the portal for the new Bedfordshire Care Alliance, as well as Bedfordshire Hospitals Trust, and secure this in the wider Strategic Vision of both.

BOARD OF DIRECTORS

Agenda item	10	**Category of Paper**	Tick
Paper Title	Audit and Risk Committee Reports	**To action**	☐
Date of Meeting	6 May 2020	**To note**	☐
Lead Director	Matthew Gibbons – Director of Finance	**For Information**	☒
Paper Authors	Jenny Pigott, Deputy Director of Finance Donna Burnett, Board Secretary	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	L&D Audit and Risk Committee 18th March 2020 BH Audit and Risk Committee 24th March 2020
Links to Strategic Board Objectives	Objective 1 – Deliver Excellent Clinical Outcomes Objective 6 – Develop all Staff to Maximise Their Potential Objective 7 – Optimise our Financial Position
Links to Regulations/ Outcomes/External Assessments	External Auditors
Links to the Risk Register	Risks 15+ reviewed

PURPOSE OF THE PAPER/REPORT

To update the Board of Directors on the findings and approval of the Audit and Risk Committees held on: 18th March 2020 – L&D
24th March 2020 - BH

SUMMARY/CURRENT ISSUES AND ACTION

The Reports gives an overview of the matters addressed including the following:

- External Audit – *Progress Reports*
- Internal Audit – *Progress Report*
- Counter Fraud – *Progress Report*
- Board Secretary Report
- Assurance from Sub Committees
- Audit and Risk Annual Report to Board and Governors

ACTION REQUIRED

To note progress to date.

Public Meeting ☒ Private Meeting ☐

LUTON & DUNSTABLE HOSPITAL - 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 **18th March 2020.**

2. Matters Arising

The action log was reviewed and updates noted including changes to waiver reporting and implementation of internal audit recommendations.

3. External Audit

KPMG provided their progress report and technical update.

4. Internal Audit

Business Continuity
The final report for a Business Continuity review was presented. There were five medium risks identified and these were discussed and the proposed actions noted.

Procurement & Contract Management
The final report for a Procurement and Contract Management review was presented. There was one high risk and four medium risks identified and these were discussed and the proposed actions noted.

Data Security and Protection (DSP) Toolkit
The committee received the report on the Data Security and Protection (DSP) Toolkit. It was noted that there was a comprehensive plan in place for the completion of the DSP toolkit, and that there was a good understanding of the requirements. There was one high risk finding identified.

5. Counter Fraud

Progress Report
PwC presented their annual report. This report showed that the Trust was well supported in its preparation of the annual Self Review Toolkit & that the staff survey showed a high level of staff awareness of their responsibilities to report suspicions of fraud. The report also showed that the fraud alerts were suitably shared and disseminated and that there had been two referrals received in year, one of which has been closed and the other remains under investigation.

6. Board Secretary Report

Updates received on assurance framework, and risk management.

7. Accounting Policies

The draft accounting policies were presented by the Deputy Director of Finance and approved by the Committee.

8. Freedom to Speak Up (FTSU) Guardian update

The Committee received the FTSU report and noted the work in improving awareness amongst staff and the plans for the next quarter.

BEDFORD HOSPITAL - AUDIT COMMITTEE REPORT

TO BOARD OF DIRECTORS

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Bedford Audit and Risk Committee on the 24th March 2020.

2. Matters Arising

The action log was reviewed and the updates noted. There were no matters arising to carry across to the new organisation.

3. External Audit

KPMG provided their progress report and technical update. The Bedford trust has maintained its intention to work to the original deadline for the submission of the accounts; all external audit work has now been completed.

4. Internal Audit Annual Report

The Bedford trust had achieved a high rating in the annual report which was welcomed by members of the Committee.

Internal Audit Progress Report:

Medical Staffing
The final report for medical staffing was reviewed and the committee acknowledged that the medical staffing challenges remained ongoing.

Key Financial Controls
The final report for key financial controls was issued with reasonable assurances. Good progress had been made with addressing actions. Outstanding work remained on the HR and ledger back up process.

Medical Agency
The committee received the medical agency report with key risks highlighted around record keeping controls. Work continued on gaining assurances.

5. Counter Fraud

Annual Report
The Counter Fraud Annual report was presented to the Committee. Progress against the plan had been good with most work completed. There would be one outstanding case that would be transferred across to the new organisation.
The NHS Counter Fraud Self-Assessment had been positive and resulted in the trust achieving a green standard.

6. Bad Debts Write Off

The Bad Debts Write Off Report was noted and approved by the Committee.

7. Schedule of Losses and Compensation

The schedule of losses and compensation was noted and acknowledged by the Committee.

8. Temporary Extension of Scheme of Delegation, Standing Orders and Standing Financial Instructions

The Committee approved a temporary extension of the Scheme of Delegation, Standing Orders and Standing Financial Instructions until the new organisation had approved

BOARD OF DIRECTORS

Agenda item	11	**Category of Paper**	Tick
Paper Title	Charitable Funds Committee Reports to Board of Directors	**To action**	☐
Date of Meeting	6 May 2020	**To note**	☒
Lead Director	Matthew Gibbons – Director of Finance	**For Information**	☐
Paper Author	Sarah Amexheta	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☒ **Clinical** ☒**Governance** ☒			

History of Committee Reporting and Date	Charitable Funds Full Committee 22nd January 2020 Sub Charity Committees, 25th March, 15th, 22nd , 29th April 2020
Links to Strategic Board Objectives	Objective 5 – Progress Clinical and Strategic Developments Objective 6 – Develop all Staff to Maximise Their Potential Objective 7 – Optimise our Financial Position
Links to Regulations/ Outcomes/External Assessments	Links to NHS Improvement in relation to the Trust Governance Framework
Links to the Risk Register	N/A

PURPOSE OF THE REPORT

To update the Board of Directors on the findings and approval of the Charitable Funds Committee held on 22nd January 2020 and Sub Charity Committees, 25th March, 15th, 22nd , 29th April 2020.

SUMMARY/CURRENT ISSUES AND ACTION

The Report gives an overview of the matters addressed including the following:

- Update on Charity Covid response inc Volunteering.
- Open spaces
- Bedford Charity Merger update
- Dormant funds
- Account submissions
- Charity Eligibility criteria
- Investment portfolio update
- Finance update
- Update on governance and risk management
- Update on Charity merger plan
- Merger team proposal and bid.
- Update on Charity activity
- Bids for Approval of funding

ACTION REQUIRED

The Committee were asked to review the Charity risk register and forward any amendments to the Charity team.

Public Meeting ☒ Private Meeting ☐

CHARITABLE FUNDS COMMITTEE REPORT

TO BOARD OF DIRECTORS

Introduction
This Report updates the Board of Directors regarding the matters discussed at the Charitable Funds Committee held on 22nd January 2020 and Sub Charity Committees, 25th March, 15th, 22nd, 29th April 2020.

Conflicts of interest:
A dual interest for the committee members for the Trust and Charitable Funds

Matters arising

- Update on Charity Covid response inc Volunteering.
- Open spaces
- Bedford Charity Merger update
- Dormant funds
- Account submissions
- Charity Eligibility criteria
- Investment portfolio update
- Finance update
- Update on governance and risk management
- Update on Charity merger plan
- Merger team proposal and bid.
- Update on Charity activity
- Bids for Approval of funding

Update on Charity Covid response inc Volunteering.
There has been a phenomenal response from the Community, Corporate and local partners at both sites.

Donations

At L&D site:

- Over 260 donations of goods received, including thousands of food items, hundreds of toiletries and thousands of PPE items.
- Centralised donations call point, all donors recorded and responded to within 48 hours.
- We have set up a contactless drop off point at Phoenix house, manned 10 – 1pm weekdays, 10 – 4pm Saturday. Sunday closed.
- The team has been working as part of a bigger team to support the staff wellbeing hub. All Charity activity geared towards helping staff, filling gaps and sourcing needed items through donations.
- 60% donations – prepacked food and toiletries which have been distributed daily to well being hub, Covid and Cohort Wards, night staff and Engie. Operating a rotation system to other wards and departments, dependant on stock and man power. Each donated item is checked and applied with a sticker to identify it has come through a safe route. Donations have been well received by all staff.
- We have been able to provide dates for staff needing to break their fast as part of Ramadan.

- Donations have also supported all the accommodation packs for staff staying in hotels or in overnight rooms.
- 40% donations PPE equipment.
- 22 Schools/Nurseries/Learning Trusts have donated, most of the deliveries being PPE. Over 600 goggles and 2400 Visors have come through this route.
- Lots of Islamic groups and Hindi groups have asked companies to support and disseminated information out to their communities; Vinod Tailor has been prominent in this for the Hindi groups.
- PPE – gowns/scrubs are directed to Sarah Wiles, former Trust Director who is coordinating a group as a volunteer.
- £75k received in donations, 70% from NHS Charities Together grant distribution, more to come in.

Bedford site:
Bedford has received lots of donations of goods which has been coordinated through communications and Bedford Hospital Charity and friends (BHC & Friends).

- Food donations have come into the catering team who have distributed them to wards and staff with the Swannery Restaurant area being used for food donations and a staff rest area in the Bistro.
- BHC & Friends have funded water and fruit for staff, comfort chairs for the Bistro and cakes on a Thursday.
- Donations of PPE, specifically masks, goggles and aprons will now be directed to the L&D site contactless drop off, for check and distribution to both sites.
- From Monday there will be a donation enquiry line at Bedford so that all donations are recorded and donors responded to within 48 hours.
    - Donations enquiries will then be forwarded to BHC & Friends or Catering team dependent on donation type.
    - Company donations to be delivered to BHT Catering Dept between 10:00 – 14:00 Monday – Friday.
    - PPE – gowns/scrubs to be directed to BHC & Friends

Both sites:

From individuals

- We are requesting rather than people go out and buy items, that they stay at home and stay safe at both sites. Instead we are requesting that they make a donation via a just giving page. L&D site via a Just Giving page, Bedford via a page set up by Bedford Hospital and Friends Charity.

Priority shopping

- Local and national shops have offered priority shopping hours, these can be found in a list on the staff intranet for all staff.

Volunteering at both sites:

- 90% of our regular volunteers have needed to step back while the crisis unfolds, this is due to high risks or personal situation. We are currently supporting our current volunteers to continue where possible on both sites and working externally with community organisations. Both sites have implemented a successful fast track processes which mirror each other.

- We have sent out 78 Expressions of Interest across both sites, currently 27 placed. Bedford has fast track volunteers supporting stores and a very successful service with volunteers dropping milk and maternity packs to

individuals at home. Fast track Volunteers at the L&D site are supporting donation drop offs, wellbeing hub and have been packing all the PPE for Covid end of life discharge and PPE to go to clinical staff at both sites.

Social media:

- 16 Facebook posts reached 382,889 people.
- Facebook active users on Charity page, 12,500 (up 1140%)
- 205 messages received on Facebook in past 28 days

Below; outcomes and actions from January 2020 Luton and Dunstable Hospital Charitable Funds Meeting.

Open spaces

Kate Hayhust submitted a report highlighting that areas agreed in the original plan couldn't proceed due to redevelopment of areas. The Gardens team are meeting with Redevelopment to discuss realistic opportunities, with consideration of a Governor led garden initiative in the surgical block with the charity money allocated.

Bedford Charity Merger update

- Sarah Amexheta gave a verbal update. New charity name agreed as Bedfordshire Hospitals Charity. Artwork was agreed by Board and Committee.
- Matthew Gibbons, David Carter and Sarah Amexheta have attended meetings of Bedford hospitals external Charity (Bedford Hospital Charity and Friends) held at Bedford Hospital in December and January. The external Charity had been very welcoming and open to looking at working collaboratively in the future.
- Matthew Gibbons and Sarah Amexheta attended the last Corporate Trustee Charity meeting at Bedford pre-merger and acquisition to understand governance and processes needed to be in place for merger.
- Sarah Amexheta and the charity Team have already started working with Debbie Allman, Volunteer Manager at Bedford to align process, best practice for volunteers at both sites.

Dormant funds

- Matthew Gibbons updated that finance have contacted fund holders for spend plans on their Charitable Funds.

Account submissions

- Accounts have been submitted and accepted by the Charity Commission for 2018 / 2019 FY, in line with regulatory compliance.

Charity Eligibility criteria

- The Committee reviewed the eligibility criteria, only point raised for evaluation was the public perception test, as it was hard to gauge and would like suggestions on how we could open up funding choices to the public, so that they can put forward funding preferences.

Investment portfolio update

- Matthew Gibbons are going to put the NICU fund investment into a 2-3 year plan, in line with spend requirements, based on 30-35% fixed income investment.

Finance update

An update was given on the amount of money available in the general fund. The Committee agreed funds to release from general fund commitments.

Update on governance and risk management
Noted: The Charity Chair asked that the Trustee representatives to review and include any risks they perceive and report back. It was requested that this is updated and reviewed at each charitable funds meeting.

Update on Charity merger plan
Detailed document with outline assessment of merger and considerations discussed. Noted that upon the Trust Merger all assets including the Corporate Trustee Charity will be transferred to the acquiring Trust with this Charity assimilating the other. A change in name will then need to be filed with the Charity Commission. The Committee agreed that it was appropriate continue working with Bedford Hospital to develop the proposition further. To be presented at next Charitable Fund meeting.
Actions:

- The Committee were asked to review the document for consideration of any missing content.

- It was highlighted that volunteering on both sites are now working together on best practice.

Merger team proposal and bid.
A new post and cost differentiation resulting from the end of a Band 6 contract and the creation of a band 7 post was agreed with a change in team structure to support cross site provision in line with the merger. The Committee confirmed their agreement to the costings proposal for the Charity Services Team to the Charitable Funds, inc new volunteer uniforms cross site.

  - Commitment recognised from the general fund: £305,207.

Update on Charity activity
An update was given on donations, recent charitable engagement, volunteering growth and the progression of the new charity strategy.

Bids for approval of funding
1. £118k (inc VAT) for CT Beam Cone Scanner revision (CC417(3)). The Committee discussed the cost escalation from the original submission agreed by The Charitable Funds Committee 18 months prior. The bid included a cost increase as they needed to put the devise in a different location which would need to happen regardless of the device going into that space. The Committee agreed that the Hospital would fund the room / construction works and the Charity would fund the new equipment and consumables.
- £7,950 for Training costs for Rapid Transformational Hypnotherapy Therapy Graduate Course – The Committee discussed the bid and liked the concept. There were a few points of clarity needed, which were assigned to Liz Lees to review. Committee agreed to delegate agreement to Liz Lees and Simon Linnett. Update needed at next meeting.

Date of next meeting: 20th May 2020.

BOARD OF DIRECTORS

Agenda item	12	**Category of Paper**	Tick
Paper Title	Hospital Redevelopment Report	**To action**	☐
Date of Meeting	6 May 2020	**To note**	☒
Lead Director	David Carter, Chief Executive	**For Information**	☐
Paper Author	David Hartshorne	**To ratify**	☐
Indicate the impact of the paper: **Financial** ☒ **Quality/Safety** ☒ **Patient Experience** ☒ **Equality** ☐ **Clinical** ☒ **Governance** ☒			

History of Committee Reporting and Date	Redevelopment Programme Board, 19 February 2020 Redevelopment Programme Board, 18 March 2020 Redevelopment Programme Board, 8 April 2020 FIP, 22 April 2020 Trust Board, 22 April 2020 Council of Governors, 22 April 2020	
Links to Strategic Board Objectives	Objective 1 – Improve patient experience Objective 2 – Implement our New Strategic Plan Objective 3 – Optimise our Financial Plan	
Links to Regulations/ Outcomes/External Assessments	NHSI HSE CQC	
Links to the Risk Register	All estate and facilities risks	

PURPOSE OF THE PAPER/REPORT
To update the Board on the progress of the redevelopment project

SUMMARY/CURRENT ISSUES AND ACTION
A report on the progress of the redevelopment programme is attached.
The Outline Business Case has been completed and approved by the Trust Board and the Council of Governors. It was submitted to NHSI/E on 30 April. Work on the Full Business Case has now started
Construction of the second phase of the electrical infrastructure upgrade works is in progress.
Work on the upgrade of sub-station D has started, and design work for the new UKPN incomer is complete.
Planning consent has been granted for the new Bariatric Centre at the Luton Travelodge.
The Managed Services Agreement with Centrica is now in final form. Design of the new building is complete. Procurement of a construction partner has started. The final scope of the Energy Centre project will be submitted to the Trust Board in May.
Work within the redevelopment team is increasingly being focused on procurement of contractors to deliver the works.

ACTION REQUIRED
The Board is requested to note the report.

Public Meeting ☒ Private Meeting ☐

REDEVELOPMENT PROGRAMME BOARD REPORT
6 May 2020

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 19 February 2020, 18 March 2020 and 8 April 2020.

The Outline Business Case was tabled to, and approved by, FIP and the Trust Board on 22 April 2020.

A summary of the Outline Business Case was discussed and approved by the Council of Governors on 22 April 2020.

The Terms of Reference of the Redevelopment Board were reviewed and approved in February 2020.

3. Main scheme

The Outline Business Case (OBC) for the scheme is now complete. This has been approved by the Trust Board and will be submitted to NHSI and NHSE on 30 April 2020. Work has now started on developing the Full Business Case for submission to NHSI/E in September 2020. The design team are developing the next stage of detailed design.

Procurement of a Building Contractor will commence in May. The process will be run through the Crown Commercial Services construction framework.

Planning consent for the scheme was granted by Luton Borough Council on 25 March.

Tender documents for construction of the Multi Storey Car Park on Lewsey Road have been issued. Work should commence at the end of June.

4. Enabling schemes

Work on the upgrade of sub-station D within the Surgical Block has been delayed by the requirement to replace the earth cage. A planning application for the new Hospital Incomer Sub Station (HISS) has been issued. UKPN have agreed to an increase in the load capacity for the site to 5MW. This will support projected increases in demand. The balance of the Electrical Infrastructure programme has now been scoped.

Planning consent for the proposed Bariatric Centre at the Travelodge has been granted. Negotiation of the new Lease is in hand.

A planning application for the temporary office building has been submitted. The preferred supplier for the building has been selected.

Extensive contamination of the temporary car park sites on Dunstable Road with fragments of asbestos was established by a ground survey. The Landlord has been advised that the Trust will not progress the scheme until this has been cleared.

5. Energy Centre

The Managed Services Agreement with Centrica is now in final form. It will be submitted to the Trust Board in May.

The detailed design for the new building has been completed. Procurement of a Building Contractor has commenced.

The three new standby generators were delivered to secure storage in March. One of these will be used to provide standby cover to sub-stations G & H until the new Energy Centre building has been completed.

The Early works contract for lighting upgrade works has been agreed. Signature has been held over pending clarification on the access to the hospital following the CoVID-19 outbreak.

6. Programme Risk Register

The risk register is submitted to the Redevelopment Board on a quarterly basis.

7. Future activity

The submission of the OBC was a key milestone. The focus of the team remains on the completion of enabling works to allow demolition to commence at the beginning of 2021.