

# Bedfordshire Hospitals NHS Foundation Trust

## Board of Directors

via StarLeaf (and Trust HQ Meeting Room)

4 November 2020 10:00 - 4 November 2020 12:00

# AGENDA

#	Description	Owner	Time
1	Chairman's Welcome & Note of Apologies	S Linnett	10.00
2	Any Urgent Items of Any Other Business and Declaration of Interest on Items on the Agenda and/or the Register of Directors Interests	S Linnett	10.05
3	<p>Minutes of the Previous Meeting: Wednesday 29 July 2020 (attached)</p> <p>To approve</p> <p> 3 Minutes of Bedfordshire Hospitals NHS Trust Pub... 7</p>	S Linnett	10.10
4	<p>Matters Arising - Action Log (no actions)</p> <p>To note</p>	S Linnett	10.15
5	<p>Chairman's Report (verbal)</p> <p>To note</p>	S Linnett	10.20
6	<p>Executive Board Report (attached)</p> <p>To note</p> <p> 6 Executive Board Report November 2020.doc 17</p>	D Carter	10.25
7	<p>Performance Reports (attached):</p> <p>To note</p> <p> 7 Performance Reports Header.doc 61</p>		
7.1	<p>Operational Performance &amp; Quality Governance</p> <p> 7.1 Quality and Performance Report for Board Oct... 63</p>	C Jones/C Thorne/L Lees/D Freedman/P Tisi	10.40
7.2	<p>Finance</p> <p> 7.2 Finance Paper - Board.docx 85</p>	M Gibbons	10.50
7.3	<p>Workforce</p> <p> 7.3 Workforce Report.pptx 103</p>	A Doak	11.00

#	Description	Owner	Time
8	<p>Quality Committee Report(s) (attached)</p> <p>To note</p> <p> 8 Quality Committee Report.doc 115</p>	A Gamell	11.10
9	<p>Finance, Investment &amp; Performance Committee Report(s) (attached)</p> <p>To note</p> <p> 9 FIP Report to Nov 2020 Trust Board v5.docx 121</p>	I Mackie	11.15
10	<p>Redevelopment Committee Report(s) (attached)</p> <p>To note</p> <p> 10 Redevelopment Cttee Report 4 November 2020.... 127</p>	M Prior	11.20
11	<p>Audit &amp; Risk Committee Report(s) (attached)</p> <p>To note</p> <p> 11 Audit and Risk Committee Report October 20.do... 131</p>	S Barton	11.25
12	<p>Digital Strategy Committee Report (attached)</p> <p>To note</p> <p> 12 Digital Strategy Cttee Report.docx 135</p>	S Barton	11.30
13	<p>Charitable Funds Committee Report (attached)</p> <p>To note</p> <p> 13 CFC Committee Report October 2020.doc 137</p>	S Linnett	11.35
14	<p>Risk Register (attached)</p> <p>To approve</p> <p> 14 RR October 2020.doc 141</p>	V Parsons	11.40

#	Description	Owner	Time
15	<p>Corporate Governance Report (attached)</p> <p>To ratify</p> <div>  15 November 2020 Corporate Governance Report.... 145            15a ToR Audit and Risk Committee updated Jun 20... 149            15b ToR FIP October 2020.doc 155            15c ToR RemNomCo ToR September 2020.docx 161            15d ToR Digital Strategy Committee Sept 20.docx 165            15e ToR Workforce Terms of Reference Version 1.... 169         </div>	V Parsons	11.50
16	Details of Next Meeting: To be confirmed		
17	CLOSE		



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## Board of Directors

**Wednesday 4 November 2020**

<b>Report title:</b>	Minutes of the Meeting held on: Wednesday 29 July 2020	<b>Agenda item: 3</b>	
<b>Executive Director(s):</b>	David Carter, Chief Executive		
<b>Report Author</b>	Donna Burnett, Trust Board Secretary		
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input checked="" type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendation</b>	To note the contents of the report for assurance.		

<b>Report summary</b>	To provide an accurate record of the meeting.
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	NHS Improvement CQC Company Law  All objectives
<b>Jargon Buster</b>	Harm Free Care – set of indicators measured in the NHS to review harm (pressure ulcers, falls, infections)

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

**Starleaf Video Conference 10.00am-12noon**

**Minutes of the meeting held on Wednesday 29 July 2020**

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

**In attendance:** Ms Donna Burnett, Trust Board Secretary (minutes)  
Ms Fiona MacDonald, Director of Culture  
Ms Victoria Parsons, Associate Director of Corporate Governance  
Mr Dean Goodrum, Director of Estates  
Ms Gill Lungley, Interim Chief Digital Information Officer  
Mr Robert Oakley, Public Governor  
Ms Helen Lucas, Public Governor  
Ms Belinda Chik, Staff Governor  
Ms Judi Kingham, Public Governor  
Ms Vivien Kilgour, Staff member  
Ms Anna Blackman, PWC  
Mr Ian Frankcom, Member of the public

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

The Chairman opened the meeting, and welcomed board members and those members of the public present, to the second Bedfordshire Hospitals public board meeting held on videoconference.

Apologies were received from Mr Kandarp Thakkar, Director of Integration and Transformation.

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

There were no items of urgent business to discuss.

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

**3. MINUTES OF THE PREVIOUS MEETING: 6 May 2020**

The minutes of the meeting held on 6<sup>th</sup> May 2020 were approved as a true and accurate record subject to minor amendments:

- Inclusion of Mr Gordon Johns on attendance; Mr to Ms A Doak; Ms to Dr A Gamell;
- Item 7; para. 3 'and the vice chair of both Luton and Bedford: amend to 'staff side chair'

**4. MATTERS ARISING**

It had been previously agreed that the board would give a presentation on local healthcare partnerships at a seminar meeting of the Council of Governors. Ms Parsons explained that the action had been picked up through the council of governor action log to monitor.

**5. CHAIRMAN'S REPORT**

The Chairman provided an update on activity at the trust which included the recent spike in Covid-19 cases in Bedford Borough, and the actions that had been taken to investigate and understand the situation, to enable the board to understand better the likely direction of travel for the hospitals.

The Bedford, Luton, Milton Keynes (BLMK) partnership had been strengthened by the appointment of new Chair and Lead Director, and the Chairman reported that this would impact on the way the trust operated in the system, as a healthcare partner. Clarity of the objectives and relationships with partners, inclusive of the STP (Sustainability Transformation Partnership) would need to be worked out to enable integrated care across the system.

The Chairman outlined the current progress on the building of an acute services block, with the capital schemes beginning to come through and a lot of enabling activity taking place to progress the project.

There had been a Chair's meeting with Baroness Dido Harding, Chair of NHSEI, with discussions around future developments for the health service.

## 6. EXECUTIVE BOARD REPORT

### **Chief Executive's Update:**

The Chief Executive highlighted the opportunities for integration work across the hospital sites, harnessing the momentum that the response to Covid had provided. The clinical integration programme headed up by Mr Thakkar was key to drive integration cross site. A key development had been the significant appointment of cross-site directors, including nursing leadership and management. A 'Who's Who' in the trust had been circulated in the weekly hospitals newsletter and would continue to be updated on a regular basis.

The Board were informed that on 1<sup>st</sup> July 2020 the pathology service had been brought back in-house, and that some of the initial teething problems were being addressed. Dr Freedman reported that it had been challenging for staff given the enormity of the changes, but that the fantastic team efforts from both site departments had been overwhelmingly positive. The Board noted that the single clinical platform would provide an opportunity to be much more clinically effective with work ongoing over the next twelve months to drive forward progression.

### **Covid-19 and Recovery Update:**

Ms Jones reported that the key focus was now on recovery with routine planned work continuing to increase week on week, and more face to face appointments taking place.

The number of positive coronavirus cases had fallen with less than twenty cases, despite the raised prevalence across the Bedford and Luton areas. Patients were currently being tested on admission to the hospital wards, and all staff continued to be swabbed on a regular basis. Patient areas had been reconfigured with perspex screens in waiting areas, and more detailed information was being sent to patients around what to expect.

Ms Jones stated that the trust had responded to the recent guidance around the fourteen day shielding of patients prior to procedure, and work continued to ensure the implementation of the numerous policies and guidance issued to the hospitals. Mr Tisi pointed out that the NICE guidance on shielding related to those patients with high risk factors, and that a tapered process would be considered in line with local information to ensure patient safety.

Dr Gamell queried whether front door testing was taking place at the Luton site. Ms Jones replied that ED teams were working with Bedford to look at how to scale up the process at the Luton site who currently isolated patients on entry. It was hoped that additional machines could be acquired to support the process. Mr Johns sought assurances that the trust had sufficient reagents for testing patients and staff. Ms Jones pointed out that the team worked proactively with different types of reagent for testing to ensure that there were

no delays to the swabbing process.

Ms Doak informed the Board that risk assessments for all staff had now been issued, within a backdrop of a comprehensive framework supported by documentation. All trusts would be expected to report on the process by 24 June 2020. Extensive work had been undertaken to ensure that recording was being carried out accurately and conversations had taken place with all staff around any concerns. There had been good engagement with the BAME task and finish group to test the assessment which had been well received. The Chairman congratulated the teams for the hard work and positive response.

### **Nursing and Midwifery Staffing Report**

Ms Lees reported that during the Covid pandemic there had been a good fill rate on shifts. A large number of staff had continued to shield, but the reduced patient numbers enabled the trust to cope, supported by the redeployment of clinical staff. Critical teams had upskilled large numbers of nurses and advanced clinical practitioners (AHPs) and aspirant university nurse students, which had enabled teams to manage and cope with the challenges faced.

Dr Gamell queried how the trust was supporting fatigued staff now that the wellbeing hubs had closed. Ms Doak replied that 'quiet areas' had been established at both hospital sites and work now continued to look at reinstating the hubs in a different format with a view to a relaxation area. The charity teams had been looking proactively to maintain a clinical psychologist onsite as a part of the health and wellbeing strategy across both sites.

## **7. PERFORMANCE REPORTS**

### **7.1 QUALITY AND PERFORMANCE REPORT**

#### *Harm Free Care*

Ms Lees reported that at the outset of the influx of Covid patients there had been an increase in falls and pressure ulcers, which had been flagged as a national issue. Pressure ulcer damage had now returned to normal levels.

Ms Lees highlighted the complexity to understand the situation with colleagues and staff working under pressure, and the possible links to Covid impacting on skin integrity and the devices and equipment used. A series of thematic reviews were being undertaken and would be presented to the Quality Committee for scrutiny and oversight.

#### *Patient Experience Report*

During the Covid pandemic all external reporting on patient experience had been paused, but there was now a return to normal. Work was being undertaken to look at how the telephones were manned for relatives and

patients and the teams were now looking at the how policies were being aligned and integrated cross site. Restrictions for visitors remained in place and a cautious approach was being taken to lift these, without compromising the impact on patient safety, and with regard to the constraints on the environment.

#### *Serious Incidents*

Ms Thorne reported that during the pandemic, incident reporting had dropped due to the change in activity, but since recovery had commenced incident reporting had again picked up. There had been ten serious incidents declared with two being escalated to 'NEVER' events, with the patients not coming to any harm. Ms Thorne assured board members that based on the findings of investigations, a series of improvement measures were implemented and acted on.

#### *Mortality Report*

Mr Tisi reported that mortality reporting had now changed, with the SHMI (Summary Hospital-Level Mortality Indicator) now being reported across both sites, and data excluding any Covid deaths. There had been an increase in deaths across both hospital sites in April 2020 which aligned to the spike in Covid cases. The Clinical Commissioning Groups (CCG) had been working with the trust on out of hospital death data to identify any key issues. Mr Tisi informed board members that the cross site 'Learning from Deaths' group had met in July, and would provide the key governance assurance route for mortality going forward.

#### *Performance Data*

Ms Jones reported that there had been an increase in 52 week wait breaches and options were being looked at to focus on recovery in this area. There had been strong performance on the A&E 4-hour indicator at the Bedford site in May, and the trust had been working well with partners who had been supporting during a very difficult period.

The Board acknowledged that there were opposite trends at the two hospital sites with regard to the volume of patients seen, and that it was important for the trust to look at understanding the data and information better to improve performance. The Chairman congratulated the Bedford A&E teams for the exceptional performance.

## **7.2 FINANCE REPORT**

Mr Gibbons reported that in Quarter 1 there had been move away from payment by results to block payments, topped up by shortfall payments. The shortfall payments did not however cover the full cost of the spend on Covid.



Board members were informed that the trust had delivered the required break even position, with the support of £11.8m of 'top up' and 'true up' payments. Mr Gibbons highlighted the key variances behind the income plan which related to the lack of private income from catering services and car parking costs; an increased overspend on employee expenses; pressures to provide Covid testing and an increase in staff sickness and absence related to Covid.

The capital position remained modest to date with spend on enabling works to allow the acute services block to progress; and capital spend on the Lewsey Road car park and the energy centre.

The Chairman summarised that the breakeven position would continue making it difficult to plan, and that it was imperative to ensure that the hospitals operated as efficiently as possible.

### **7.3 WORKFORCE REPORT**

Ms Doak reported that sickness absence had increased over the reporting period but that the rate was now decreasing due to the number of staff shielding coming back to work.

Turnover had decreased on both sites and the vacancy rate had remained static. Nursing rates had reduced, and there remained a number of overseas nursing staff who had been unable to travel due to the virus. Agency and bank staff rates had reduced due to the different activity levels.

The Board were informed that appraisals and statutory mandatory training had been put on hold during the pandemic, and were now being reinstated with alternative forms of training and learning being considered.

Employer relations had commenced to review and look at the overall activity and statistics and the trust had agreed to respond in a timely manner to any flagged issues.

### **8. QUALITY COMMITTEE REPORT**

Dr Gamell reported that the Quality Committee was now fully combined as one committee across both trust sites, and had assured itself on those matters as presented at the meeting, which had been discussed in detail. A key focus would be on ensuring that the combined reporting captured the best of both sites going forward.

The Committee had received the draft Infection Prevention and Control Framework for oversight. The Terms of Reference had been agreed. The Board were informed that the Luton site would be launched as a 'No Smoking' site on 3<sup>rd</sup> August 2020.

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

Mr Mackie reported that through May and June 2020 there had been three major investments submitted as business cases through the committee: The Lewsey Road Car park development at £4.9m; the cost saving LED light system at £1.7m and the construction of the temporary offices at £1.8m. All investments had been approved by the Committee.

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

Mr Prior queried if there had been any progress in the ministerial sign off for the outline business case. The Chairman replied that the business case had continued to be progressed through the process and it was expected that the authority to go out to tender would be confirmed and approved soon.

The Board were informed that there had been a number of issues which had been absorbed in the development works which could impact on the trust's ability to deliver the 2023 target due to the current situation. The enabling works continued ongoing.

The Chairman summarised that the redevelopment teams had been exemplary in reaction to the responses and congratulations were conveyed to the team involved.

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

Mr Hone summarised that the audit work had been carried out in good time and the outcomes had been general satisfactory. All external audit work had now been submitted and filed on time.

The final work plans for internal audit and counter fraud work for 2020/21 had been issued to the Committee for sign off.

Mr Barton drew attention to the slight delay in the progress of the GDE (Global Digital Exemplar) programme, with the roll out of ED paperless programme being pushed back to December 2020 or later. NHS Digital had agreed to the revised dates, and the teams continued to push on with other digital programmes where possible.

## **12. WORKFORCE COMMITTEE REPORT**

Mr Minter expressed appreciation for the work being undertaken on the draft OD (Organisational Development) policy and how the committee would be governed going forward across both sites incorporating integration. There had been some excellent work to align to improve and develop the organisation.

### 13. RISK REGISTER

Ms Parsons reported that there had been a period of flux with regard to the risk register, with the integration of the Bedford risk register and the Covid risk register. The Board noted that there were two new high risk relating to maternity scanning (GROW); and the health and wellbeing hub for staff post Covid.

***DECISION: The Board noted and APPROVED the content of the Risk Register.***

### 14. CORPORATE GOVERNANCE REPORT

Ms Parsons summarised that the report was for information only and related to the Council of Governors and membership. The Board noted that all governor elections had been cancelled in line with national guidance and that those governors whose terms ended would be asked to stay on for a year in non-voting capacity. Elections for the appointment of a Lead Governor would also commence to align with the annual members meeting in September.

The Terms of Reference for the Quality Committee, the Redevelopment Board and the Charitable Funds Committee had been submitted for approval. The Board noted that the Charitable Funds Committee Terms of Reference were interim as the charities were still set to merge but the approval would enable decisions to be made.

***DECISION: The Board APPROVED the Terms of Reference of the Quality Committee, the Redevelopment Board and the Charitable Funds Committee.***

### 15. QUESTIONS FROM MEMBERS OF THE PUBLIC

- What are the capital schemes for the Bedford site?

Mr Gibbons replied that the £7m capital plan had been agreed before the merger and that options were being explored around the education centre, the MRI, medical equipment, including options for the A&E and diagnostics. The Chief Executive added that the leases on the car parking at Bedford were being renewed and the trust was looking at car parking expansion on the Danfoss site. The trust was awaiting an announcement on capital before any investments be secured.

- Are all external bank staff being offered an assessment for risk?

Ms Doak replied that all bank staff had been offered a risk assessment

and the opportunity for testing.

- Can you assure me that the entries of exits of the hospital sites are being monitored to prevent spreading the virus?

Ms Jones highlighted the challenge of patients being admitted as in-patients. The current area of pressure is having sufficient capacity to swab all patients during busy hours. We are looking to get additional machines through national procurement and distribution for winter to install in the trust. Other options are through the market with point of care testing for flu and Covid.

- Thank you – it is refreshing to hear how the organisation is coming together with the integration steps in place. Thank you for ensuring that the Bedford site has the machines for testing in place.

- Does the Bedford hospital have limiters on all windows?

Mr Tisi replied that limiters are installed on all windows at the Bedford site, and that the windows had been forced in the SI case in the Quality paper.

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

- Wednesday 4 November 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**

## Board of Directors

**Wednesday 4 November 2020**

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

Report summary		
1.	Integration Update	
2.	Covid-19 Update	
3.	Healthcare Worker Flu Vaccination	
4.	Compliance Issues	
5.	Infection Control Report	
6.	Medical Education Update	
7.	Management of CQUIN	
8.	Learning from Deaths Board Update	
9.	Nursing & Midwifery Staffing Report	
10.	GDE Update	
11.	Information Governance Update	
12.	Freedom to Speak Up	
13.	Estates and Facilities Update	
14.	Communications and Fundraising Update	
15.	Policies and Procedures Update	
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	NHS England NHS Improvement Equality Act CQC All Trust objectives	
<b>Jargon Buster</b>	GMC – General Medical Council CQUIN - Commissioning for Quality and Innovation framework supports improvements in the quality of services.	

## 1. INTEGRATION UPDATE

A Programme Plan for Clinical Integration has been approved by the Trust Board and well received by the region. This key assurance document details an overarching clinical strategy and describes the approach, prioritisation, governance and risks associated with integration. Progress with integration has continued at a steady pace.

Cross-site Clinical Directors bringing together clinical service line, cross-site triumvirate structures (General Managers and Heads of Nursing already in post) are in place for over a third of specialties, and overarching Boards will start meeting shortly. Two of these Boards, Theatres and Outpatients, will oversee a large transformation agenda in these areas which in turn will help integration of services. Integration meetings have continued in several specialties with integrated strategies for stroke, urology and plastic surgery being presenting to the Clinical Validation Committee over the next two months. Work has already begun on specific enabling projects within some of these specialties e.g. a cross-site virtual fracture clinic and respiratory physiology services on the Bedford site.

A programme of work to merge Digital systems as part of clinical integration is also commencing shortly. Corporate integration continues to make good progress including merging of key HR, information and finance systems.

## 2. COVID-19 UPDATE

This week has been very challenging as we start to see the emergence of winter pressures with more acutely ill patients coming through the doors needing admission, and requiring a longer length of stay. Bed capacity across both sites, but particularly at Bedford, has been very tight.

Mirroring the rise in the rate of infections in the community we are seeing a steady increase in patients with COVID-19 needing hospital admission. Currently across both hospitals we have around 40 patients on our wards who have tested positive. Very sadly a small number of patients have died.

Preparations continue to reconfigure our wards in expectations of COVID-19 cases rising over the next few weeks. We expect to see more seriously ill patients requiring interventions so we are currently looking at ways, once again, of increasing our HDU/ITU capacity to meet this demand.

As you will already know, as of this week we have decided to amend our **Working from Home** advice, in order to keep our workforce safe and ensure we are as robust as we can be as we head into the busy winter months.

This decision was taken because of the recent increase in the number of COVID-19 infections in the local community, and the fact that many of our staff travel in from boroughs with higher prevalence rates.

We are now encouraging everyone who can work from home effectively to do so, as was the case back in the spring, at the start of the pandemic.

The decisions as to who can effectively work from home, while continuing to maintain local service delivery, will be taken by departmental managers. In some cases there will be a need to balance the encouragement of clinical staff to work from home during non-clinical sessions with the need to keep a critical mass of clinical staff on-site to deal with unpredictable demand and unexpected clinical situations arising.

We will review this situation fortnightly as the situation develops.

### **3. HEALTHCARE WORKER FLU VACCINATION**

There is a requirement by NHSE/I that Trusts should publish a self-assessment on progress in their programme to administer flu vaccinations to staff. The letter detailing this year's requirements and the completed best practice management checklist is included **at Appendix 1**

### **4. COMPLIANCE ISSUES**

#### **CQC:**

The trust has merged both quality improvement plans into one for the new foundation trust and clinical service lines currently working through the plan to provide a position statement. The current status of the improvement plan has not changed as the core attention of services has been to direct their attention to winter implementation; recovery phasing; and preparing for COVID wave 2.

#### **Patients First (PF):**

The trust had a meeting with the CQC regarding the national initiative of Patients First which highlights areas of good practice from outstanding trusts setting a benchmark for excellence in A&E departments. The trust will undertake a position review using the principles of Patient First framework.

- Patients must come first and safety cannot be compromised.
- Emergency departments must focus on their core function of rapid assessment and emergency stabilisation of critically ill and injured patients.
- Staff in emergency departments must have the authority to move people from the department after their initial assessment to a more appropriate pathway of care outside the emergency department.
- Delivering good quality urgent and emergency care must have the support of all services inside and outside hospital.

The meeting provided an opportunity for the trust to give assurance on the current position in response to the PF key lines of enquires.

#### **Pathology:**

Microbiology at the Bedford site had their ISO surveillance visit at the beginning of October and the result was maintenance of their accreditation. Clinical Biochemistry at Bedford has a surveillance visit scheduled for the beginning of November

## 5. INFECTION CONTROL REPORT

**COVID-19** - The Coronavirus (COVID-19) pandemic remains the pre-eminent focus of attention for the Trust and the Infection Prevention & Control teams in both the Bedford and the Luton & Dunstable hospitals. Following a quiet period in late summer the number of cases is increasing in all areas of the UK. There is however considerable regional variability with the south east and south west regions having lower numbers. Bedfordshire has seen a steady increase. See below results to week ending 11.10.20.

Luton and Dunstable University Hospital Weekly COVID Figure								
W/C	W/E	Negative Patients	Negative Staff	Positive Patients	Positive Staff	Total Positives	Of the positives were New	Of the positives were re-isolates
29/06/20	05/07/20	1097	1287	28	20	48	23	25
06/07/20	12/07/20	2196	1213	29	14	43	16	27
13/07/20	19/07/20	1964	1264	19	4	23	10	13
20/07/20	26/07/20	1188	1176	13	2	15	4	11
27/07/20	02/08/20	1725	2181	6	1	7	6	1
03/08/20	09/08/20	1893	1950	5	2	7	3	4
10/08/20	16/08/20	1859	1202	5	1	6	3	3
17/08/20	23/08/20	2081	1263	4	1	5	1	4
24/08/20	30/08/20	1587	1310	3	1	4	1	3
31/08/20	06/09/20	1690	1256	5	0	5	4	1
07/09/20	13/09/20	2204	1468	6	1	7	7	0
14/09/20	20/09/20	2276	1493	16	2	18	5	13
21/09/20	27/09/20	2257	1464	19	2	21	8	13
28/09/20	04/10/20	2417	1475	24	1	25	9	16
05/10/20	11/10/20	2394	1473	33	3	36	21	15

Bedford Hospital COVID 19 Figures								
W/C	W/E	Negative Patients	Negative Staff	Positive Patients	Positive Staff	Total Positives	Of the positives were New	Of the positives were re-isolates
29/06/20	05/07/20	817	662	48	21	69	64	5
06/07/20	12/07/20	861	641	43	13	56	37	19
13/07/20	19/07/20	949	734	22	18	40	21	19
20/07/20	26/07/20	1196	712	20	4	24	12	12
27/07/20	02/08/20	1059	765	7	1	8	3	5
03/08/20	09/08/20	1146	763	9	5	14	7	7
10/08/20	16/08/20	1238	1762	5	2	7	4	3
17/08/20	23/08/20	1213	479	5	0	5	3	2
24/08/20	30/08/20	1393	484	1	0	1	0	1
31/08/20	06/09/20	1172	699	0	2	2	1	1
07/09/20	13/09/20	1490	837	4	3	7	5	2
14/09/20	20/09/20	1482	757	9	0	9	9	0
21/09/20	27/09/20	1398	920	25	4	29	13	16
28/09/20	04/10/20	1596	850	12	1	13	6	7
05/10/20	11/10/20	1533	754	7	2	9	9	0



The coming winter period is predicted to be a challenge for all NHS organisations. The ambition to maintain significant part of routine work via “green pathways” while coping with the COVID 19 positive / suspected / exposed patients is likely to be very difficult.

Vaccination for Influenza has commenced and is progressing well in both hospitals. It is imperative that staff in both our hospitals accept the vaccine offer.

The Microbiology department is planning for providing testing for RSV, Influenza and COVID-19. Where possible, point of care tests (POCT) will be provided to help with the rapid testing and management of patients.

The existing estate is proving to be a challenge for effective IC management of COVID 19 and other infections. The number of isolation rooms in both hospitals is lower than desirable. The Trust has drawn up plans for management of the expected increase in COVID 19 patients.

### **Infections requiring mandatory notification:**

*Clostridium difficile* case numbers at Luton and Dunstable hospital remain high. Root cause analysis of all cases is performed and the IC team is trying to ascertain any significant trends that can further our understanding of the reasons behind this increase.

Other infections like E.coli, Klebsiella spp, *Pseudomonas aeruginosa*, MRSA and MSSA bacteraemia are currently at expected historical levels

## **6. MEDICAL EDUCATION UPDATE**

### **Luton site:**

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

### **Bedford site:**

Following the last exploratory visit in Jan 2020 the risk rating for various specialities at the Bedford site has been reduced demonstrating good progress but the visiting team identified some challenges that remain within the learning environment. Following the submission of the action plan in July 2020, the Deanery have requested to hold a virtual learner and educator review meeting at the Bedford Hospital site. This will be held in Dec 2020.

### **GMC Survey 2020:**

The results of the modified GMC survey published this month focussed mainly on trainee wellbeing and the impact of COVID. Both trust sites have done well generally but particularly in the overall satisfaction scores.

## **7. MANAGEMENT OF CQUIN**

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

## **8. LEARNING FROM DEATHS BOARD UPDATE**

The Learning from Deaths Board met on 12 October 2020. Mortality metrics are covered separately but exceptions detailed as below.

### **Standardised Mortality Ratio (SMR):**

SMR is alerting for the Bedford site from April to July 2020 (latest data). The peak was in June 2020 at 184 (compared to 100 England average) with the figure reducing to 141 in July 2020. CHKS commissioned to review conditions and other factors that may be contributing to this and report back through Learning from Deaths Board. It is important to note that SMR includes Covid diagnoses. The hypothesis is that Covid has had a relatively greater impact on the Bedford site.

### **Summary Hospital-level Mortality Indicator (SHMI):**

SHMI excludes Covid diagnoses. In April/May 2020 the trust has excluded 1.8% of spells due to Covid in comparison with 1.2% England average. Exclusions include U07.1 (lab confirmed Covid-19 diagnosis) and U07.2 (clinical/ radiological diagnosis of Covid).

### **Other perinatal conditions:**

L&D site remains an outlier for other perinatal conditions with 3 $\sigma$  deviation in Jun/Jul. HoM and CD will undertake a thematic review of neonatal deaths and stillbirths and report to CQuOB.

### **Mortality review process:**

Continued engagement with Datix Cloud IQ to configure new electronic mortality review tool. Legacy mortality review processes ceasing as all deaths now subject to Medical Examiner scrutiny. Elective deaths, SI deaths, deaths subject to inquest and deaths where any concerns identified by ME will be subject to detailed structured judgement review.

### **East of England critical care visit:**

Both sites were visited by the EoE critical care network in view of being an outlier for Covid mortality. Bedford site draft report received and no additional actions other than already in place were recommended. ICNARC have published risk-adjusted Covid ITU mortality data and both sites within 95% confidence intervals.

### **National Emergency Laparotomy Audit (NELA):**

Learning from Deaths Board has commissioned a review of 19 deaths from the last NELA audit (Dec 2018 to Nov 2019). 19 deaths are split between upper GI (6), colorectal (12) and combined (1). MD has scrutinised all operation records and no obvious immediate concerns.

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

The Report for January to June 2020 is **attached as Appendix 2**

## **10. GLOBAL DIGITAL EXEMPLAR (GDE) UPDATE**

The programme has drawn down £7.9M out of the £10M budget. It will draw down a further £1M during November month.

During the summer months of 2020, ICC Upgrade was carried out to version 6. This brought the benefit of reducing down time of any patch upgrade from 4 hours to 10 mins. The Trust also went live with Fluid Balance and e-Handover for doctors under the Inpatient Care Coordination Work Stream. We successfully published our 5<sup>th</sup> Blueprinting, Switchboard Upgrade. Electronic Prescribing and Medicine Administration (EPMA) and Pathology Labelling contracts were signed off and now moved into implementation phase.

We are scheduled to Go Live with Bed Management on 4<sup>th</sup> November and Milk Tracking during the last week of November. The team are also working to get Stock Control Upgrade completed by end of December. There will be an Arden and GEM CSU interviews carried out to assess the progress of the programme and also NHS Digital assessment before the release of the final tranche of funding

## **11. INFORMATION GOVERNANCE UPDATE**

The Information Governance Quarterly Report is attached as **Appendix 3**

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

There have been four new cases from July – September 2020. Two cases linked to Attitudes and Behaviours have been signposted as per process and did not want their issues to be logged formally. Two cases have been raised as Procedures/process and have been signposted as per process.

### **Guardian update:**

Both sites have now linked up with Fiona MacDonald (Director of Culture and Organisational Development). As part of that guardians from both sites are working collaboratively across the Bedfordshire Hospitals area, including agreeing a 3 year FTSU vision and strategy, which aims to ensure our FTSU approach:

- Has the support of Bedfordshire Hospitals NHS FT Exec Board.
- Demonstrates that the Executive team and senior leaders work closely with the FTSU Guardians to create an open and transparent culture across the Luton & Bedford sites so that every member of staff feels able to speak up about concerns they have in the workplace.

- Promotes raising awareness of the importance of speaking up, analysis and triangulation of data and that there is learning from issues and trends that become apparent after being raised by staff.
- Aligns to the national context (NHS Long term plan and Interim NHS People Plan, FTSU Guardian national strategy) etc.
- Ensures speaking up is business as usual.

October has been FTSU month and both sites have used a Communication strategy to plan a variety of 'events' and publicity campaign (presence on the Trust intranet, social media, displays) etc. Because of the impact of Covid-19, this year is different to previous years where we were able to visit different venues across the L&D site and some of our off-site areas (Orthopaedic Hub and Arndale centre to meet staff). We are also in the process of recruiting more Champions on both sites.

### **13. ESTATES & FACILITIES UPDATE**

#### **HARD FM SERVICES – LUTON & DUNSTABLE**

##### **Water:**

Tap replacement is taking place on an ad hoc basis when older taps have failed or been identified as a possible source of infection. Evolution water services have been retained to investigate water system action logs from legionella and pseudomonas positives.

G&Y plumbing has been engaged to carry out water Audit remedial works. Elevated water quality issues were identified in the Surgical block hot water system in September. Root cause identified to be a replacement pump being installed incorrectly. Team followed Trust policy / protocol, water temperature increased (pasteurise) with specialist filters fitted at outlets. Increased water sampling and testing remains in place with water quality improving.

##### **Ventilation:**

The Sterile Services Department ventilation plant design has been agreed and a new installation will be put in place as part of the ventilation upgrades next financial year. Enabling works are currently being carried out on site to prepare the roof and install a steel platform to support new plant and equipment. The new surgical block chiller package tender has been let and is underway and remains on programme. Three new large (replacement) chillers are being lifted onto a new steel platform on the roof. Once complete the increase chiller capacity will provide tempered air (cool) to the ward accommodation in the building.

##### **Electrical:**

The first two phases of the electrical infrastructure project are complete with the exception of reinstating footpaths and surface finishes. These works will be completed by December 2020. The site has taken delivery of one of its three new high voltage generators which is temporarily sited in the St Marys Car Park. This generator will be commissioned into part of the sites high voltage network during December. Once completed the whole of the site to the south of the service road will be back up 100% by the new generator. On completion of the sites new energy centre the HV generator will be relocated into the new building on the first floor, releasing space currently occupied by the generator back to parking. Site wide PAT testing is continuing.

Electrical installation testing contract has been let to Guardian Electrical and recommenced in September 2020. All infrared testing of Distribution boards is under way and 360 DB's have been checked to date with one overheating switch identified

**Boilers:**

New EPC will replace all primary heating / hot water systems during 2021/22. HSSD steam boilers also due to be replaced as part of EPC as early works.

**Asbestos:**

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

**Personnel:**

Electrical posts and Mechanical post being backfilled with Agency staff at present with a view to permanently employ. Band 8a technical services manager position has been appointed, commencing in post on the 2<sup>nd</sup> November.

**LUTON & DUNSTABLE ESTATES CAPITAL PROJECTS**

**Surgical Block Chiller Replacement / Upgrade:** Works are progressing well the last two chillers were delivered to site at the end of October. Works will be completed in the early New Year. Once complete all wards in the block will benefit from tempered (cool air) in the summer months.

**Surgical Block Pump / Load Centre Upgrade:** All works to upgrade the pump / load centre have been completed. All the pumps and equipment are now visible on the site wide Building Management System allowing better temperature control / efficiency. The works have also incorporated Centrica enabling works to enable the energy project to connect direct with minimal disruption in due course.

**Asbestos Removal:** Works are progressing; access has been hindered due to the volume of services in the ducts and additional smaller ducts being identified which are contaminated. Multiple pipes have had temporary repairs with a number of electrical cables having to be replaced to allow works to progress. On completion of the asbestos removal in the new year a detailed service survey will be carried out that will inform next year's capital replacement programme.

**Service Road Resurfacing:** Resurfacing works are nearing completion. All manholes and service access points have been replaced as part of this programme of work, linked to the asbestos removal programme. All works are scheduled to be completed before Christmas.

**Lift Upgrades:** The outpatient Lift has been completed; Catering lift is scheduled to be complete at the end of October. The next lift to be refurbished is in the Max Fax block which will commence in the New Year.

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

**Hospital Sterile Services Department (HSSD) Ventilation:** Enabling works are currently on site with the installation of steel grillage over the HSSD to support new plant. This element of works will be completed by Christmas. The ventilation upgrade (new plant) is planned to commence in the new financial year to coincide with reduced theatre activity in the summer months.

**ED X Ray 1 & 2:** Works to replace the two x ray rooms are progressing well with all works scheduled to be completed by Christmas.

**Imaging Phases 1&2:** These works are complete, primarily consisting of the remodelling of staff support accommodation and enabling works for the final three phases. The works have proved to be very challenging from an operation perspective and services. The design team are currently reviewing the phasing for the final elements of work to mitigate operational interruptions.

**Old Hospital Radio Bungalow:** Works to refurbish this building to create additional office accommodation is scheduled to be completed at the end of October.

## **HARD FM SERVICES – BEDFORD HOSPITAL**

### **Medical Gases:**

Medical Engineering Services Ltd has completed the survey and drawings of the medical gas systems on site. These include layouts, schematics, isometric drawings and pressure drop calculations. The team are currently working with design engineers to confirm the Oxygen evaporators upgrade with BOC (gas company).

### **Water:**

The 2020/21 sampling regime continues with improvement in positive counts from last year in the locations tested. There are currently no positive pseudomonas samples in any of the three augmented care areas. Cauldwell Centre continues to have issues with positive counts, particularly on the hot side of the system. The latest results show continued improvement following various control measures implemented. Upper ground has higher counts than previously which are suspected to be due to a decrease in use over the last few months. A retest is being planned shortly with increased flushing of outlets in place. Chlorine Dioxide monitoring shows that the three plants at the main site continue to perform well though throughput has reduced as water usage has decreased. Although the chlorine dioxide unit serving the main ward block presently continues to dose adequately the unit is in need of replacement.

### **Ventilation:**

Annual verification of all identified critical ventilation plant is in date. The 2020/21 program has commenced and on schedule with theatres 2, 3, 4, 5, 6, 7, 8, 9 and the mortuary ventilation systems now complete. Theatre 8 and Lower Recovery were rebalanced in August as the ventilation regime had changed slightly in some rooms. A second replacement packaged water chiller serving the ventilation plant for theatres 1, 2, CCC and main recovery was installed in August 2020. As arranged by NHSI, 361 Degrees Ltd undertook inspections and air flow checks of the ventilation systems to Theatres 1-10, MRI, CT, Endoscopy, OMF, Delivery Suite, Cardiac Cath Suite. The work was carried out over a number of nights in September and October.

**Electrical:**

The Fixed Wire testing regime for 2020/21 is currently being tendered and likely to go ahead late autumn. The reports from 2019/20 have been reviewed and any defect items found are being costed to be rectified in priority order and as access allows.

Tendering has been undertaken to upgrade the ageing electrical infrastructure in Radiology and the Old Sector of the main site. It is planned to carry out part of the upgrades as enabling works for the MRI 1 replacement project.

**Service contracts/Service Repairs:**

The fire alarm and fire suppression contract has been formerly tendered and has been retained by the incumbent provider Honeywell Gent. The new contract period commenced on 1<sup>st</sup> October 2020.

**Lifts:**

The sluice hoists serving the main ward block are becoming increasingly unreliable due to age and wear and tear. The Trust's AE (Lifts) has produced a specification which will be used to tender the upgrade of the hoists.

**Asbestos:**

All asbestos re-inspections have commenced and will be complete by end of December. Annual asbestos awareness refresher courses planned for early November.

**Fire Compartmentation:**

Installation of section of fire-rated curtain in Richard Wells Ward successfully undertaken in August. Replacement of identified fire-doorsets in various areas of the Old Sector due to commenced 19<sup>th</sup> October. Known fire stopping breaches across the site being rectified over 4 weeks from 19<sup>th</sup> October.

**Fire Safety:**

Fire risk assessments are up to date (rolling 12 month programme). Specialist fire evacuation chair training for selected Porters and Education Centre staff. Telephone audits carried out with Beds Fire Service for A&E, Harpur Ward, Victoria Ward, Cauldwell Centre, Theatres 5 & 6. All Bedford Hospital face to face training currently temporary suspended and all training being conducted via workbooks and/or on-line.

**Personnel:**

Interviews recently undertaken for the replacement Maintenance Fitter were unsuccessful – vacant position to be re-advertised. The Estates Office (Building) has tendered his resignation, leaving on 31<sup>st</sup> Dec. The post will be advertised in November.

**BEDFORD ESTATES CAPITAL PROJECTS**

**Education Centre:** The project has been successfully completed and opened. The project delivers a lecture theatre, a seminar space which can be subdivided to provide two class rooms, a clinical skills lab and a new sim suite.

The old education centre sited at the front of the emergency department is currently being utilised as office space, supporting social distancing.

**MRI 1 Replacement:** The project has been tendered and a contractor has been provisionally awarded the construction works. The contract will be awarded on receipt of

funding for the replacement scanner itself which has been approved. Works commence 2<sup>nd</sup> November scan mid-January.

**Equality and Diversity:** Refurbishment of the main ward blocks visitor toilets to provide hygienic accessible and dementia friendly facilities. Two of the toilets have been delivered, with a further two due to be completed over the coming weeks.

**Endoscopy Room 5:** The estates team are currently working with its appointed design team on the creation of a fifth scope room with in the existing department footprint.

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

**Pilgrim and Shuttleworth Bay doors:** Estates contractors have been working closely with OPS colleagues and have installed bay doors in the wards to assist in the cohort of patients.

**Main Theatres Red / Green Pathway:** Estates contractors are nearing completion of works to subdivide parts of the patient pathways in theatres to ensure patient segregation (red/green).

## **SOFT FM SERVICES – LUTON & DUNSTABLE**

### **Cleaning Standards:**

Since the start of COVID-19 pandemic we have seen an increase requirement on the domestic and housekeeping services, whether it is additional PPE donning & doffing procedure, discharge clean, and additional time to take meal orders and provide meals. Therefore a Trust decision was made to suspend all regular Contract Monitoring Audits during the pandemic, effective in April hence we have recorded the audit results up until the suspension in this report. Monitoring started in July .See below. Standards are being maintained during Engie Demobilisation.

### **Key Cleaning KPI's:**

	Target Score	Engie Reported Scores – July	Engie Reported Scores – Aug	Engie Reported Scored – Sept
Very High Risk	98%	98.00%	97.80%	98.12%
High Risk	95%	95.27%	94.38%	95.17%
Significant Risk	85%	93.33%	90.04%	86.75%
Low Risk	75%	85.65%	89.77%	88.79%

### **Food Safety / Patient Services:**

Due to the COVID-19 pandemic and changes to the services on many wards, housekeeping audits was also suspended until we have a better understanding of how long the pandemic and changes will last for. Therefore we have recorded the audit results up until the suspension in April.



	Target Score	Engie Reported Scores – July	Engie Reported Scores – Aug	Engie Reported Scored – Sept
Correct Meals	97%	100%	99.76%	99.83%
Correct Temperature	100%	99.83%	99.68%	99.71%
Correct Special Diet	100%	100%	100%	100%
Correct Time	96%	97.10%	97.54%	98.80%

### **Switchboard / Helpdesk:**

Switchboard – As part of the Redevelopment scheme, the bleep system SCU will have a back-up control unit located in Estates. This will complement the back -up Switchboard workstation currently in estates. The switchboard remote workstation in estates was successfully used during electrical migration works in the surgical block. Once the SCU is complete the site will have a resilient remote switchboard capability in estates.

### **SOFT FM SERVICES – BEDFORD HOSPITAL**

#### **Domestic Services:**

Routine monitoring and audit controls have now been reintroduced as at the 1<sup>st</sup> of July. Audit scores: Low Risk 100%, Very High Risk 96.45%. The PEG (Patient Environment Group) was reintroduced in July. Patient surveys for cleaning standard reintroduced in July.

#### **Catering:**

No change in patient catering standards – continues to be well received. Income in the Swannery is down by 60%, restricted to staff only. No visitor of in-patient catering services available at present.

#### **Laundry and Linen:**

Due to the pandemic, there have been significant operational issues with the timely supply of laundry and linen (particularly the supply and availability of scrubs) this has now been resolved.

#### **Car Parking:**

The Trust has recently entered into a lease to provide additional parking on the site of the Danfoss Randal factory. Once complete this site will create an additional 300 spaces. The facilities team are currently working on revising its parking strategy to maximise the number of patient spaces available on the hospital site. The new spaces become available in the New Year.

## 14. COMMUNICATIONS AND FUNDRAISING

### COMMUNICATIONS EVALUATION REPORT JULY – OCTOBER 2020

**External Communications and Media** –We have continued to meet weekly, and more often if needed, with our communications colleagues from Bedfordshire Local Resilience Forum (BLRF). This group includes representatives from the CCG, public health, the police and local councils, among others. This forum has been invaluable in allowing us to react to a fast moving national and local picture, share information and resources, support each other and work together on key public information and media campaigns.

There has been a steady drip feed of requests for information from the media around COVID-19, though not with the same intensity as earlier in the year. We have made a conscious effort to focus on facilitating local media approaches and use local reporters to help get messages out to the general public. This has largely involved local radio – BBC 3 Counties and Diverse radio, as well as BBC TV News Look East (West) and ITV Anglia. In the second week of September, our introduction of a Drive-thru lung function testing system in August was featured on the main BBC News as an example of how hospital trusts were dealing with the challenges of meeting the huge backlog of patients needing tests and treatment, following suspension of routine appointments during the COVID-19 peak.

Communication with patients has changed too, many appointments now take place virtually. Over the last two to three months the Communications team has ramped up their video production skills to support staff in delivering presentations/patient information projects, and the demands for this kind of support will undoubtedly increase in the future.

**Social Media** – Work on the social media strategy continues with the aim to have one account for each social media channel, instead of site specific.

Hospital site	Social media channel	Number of likes/followers	Increase from June 20
Bedford	Facebook	6,550	+207
L&D	Facebook	8,751	+457
Bedford	Twitter	5,646	+174
L&D	Twitter	4,882	+257
Bedford	Facebook Maternity Page	3,567	+214
L&D	Facebook Maternity Group	1,235 members	+455

Where possible we are communicating messages applicable for service users at both sites. This isn't the case when sharing messages in relation to Redevelopment scheme at the L&D. These updates tend to impact those visiting or attending the L&D site only.

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

- Posts relating the redevelopment of the L&D reach a large number of the community. Often over 10k each time.

- We have been supporting national campaigns including AHP day, Baby Loss Awareness Week, Freedom to Speak Up Month and have positive interactions on every post.
- The 'Wear a Mask' campaign, showcasing different members of staff on both sites, was well received with each post reaching between 3k and 10k.
- The BLMK video of David Kirby encouraging the public to wear a face mask, reached over 30k.
- Posts relating to maternity restrictions changing continue to reach a large number of mothers-to-be, and generate a lot of questions which are swiftly responded to. The updated restrictions collectively reached 52k (18 September) and 67k (24 October)

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

Our new joint website meets the Accessible Information Standards (as of 23 September 2020) and our accessibility statement has now been published. There are still a few outstanding issues which we are continuously working through with the provider, which relate to colour contrast.

**Internal Communications and Events** – The Communications team has been busy supporting staff across the trust, all of whom are having to adjust to completely new ways of working. New platforms like Microsoft Teams and StarLeaf have been introduced to enable meetings to take place remotely, including daily COVID-19 briefing sessions, and the Chief Executive is now hosting virtual staff briefings for all staff once a month.

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

## **FUNDRAISING:**

### **Charity and Volunteering Report:**

Due to COVID the charity and volunteering profile has changed drastically over the last six months. We are continuing to develop new and innovative approaches for the way forward across both sites.

### **Merger:**

- Intranet is now mirrored across both sites with the fundraising policy and meet the team aspects and new charity website is up and running to support both sites.
- The team are working across both sites using social media to gain more followers and there is a new charity assistant in post supporting charity and volunteering at Bedford site.

**Fundraising:**

- Community events and stalls have been cancelled until the New Year to follow social distance guidelines. The last stall raised £382 across various funds which promoted the lottery.
- Existing partnerships with Amazon and Domino's have continued and new partnerships are coming on board from Dunelm, Dunstable FC and Rotary.
- Wear Pink Day was the first to launch across both sites and was well received at Bedford site as one of the first shared events.
- Give a gift will be on both sites this year but with reduced numbers restricting it to Paediatrics and the elderly care wards. There is also a new feature of a Christmas fund monetary donation instead of gifts this year. Bedford Hospital Charity & Friends are supporting heavily with this appeal.
- Light up a life has launched on the L&D and is going well and we are agreeing a plan for the Bedford site.

**Grants & Trusts:**

- £15,000 received for Helipad from Bedfordshire PCC.
- Applications have been submitted for a breast cancer nurse, Bedford ED and the Helipad
- Confirmed as the lead charity for NHS Charities Together:
  - Stage 1 completed.
  - Stage 2 - we are now in discussion on areas/projects for funding and we are working closely with voluntary services for our applications.
  - Stage 3 – application for nurse's accreditation has been identified for this stage and we are awaiting submission for other projects requiring funding.

**Retail:**

- Work on stock, planning and opening hours has been undertaken and this has seen an increase in profits
- Marketing campaigns for the shop have seen an increase of sales of food and exceptional items such as the teddy bears
- Sale of non-food items will see an increased range of food items to further support sales increase
- Trolley service and fruit and veg stall are still being worked on but will begin as soon as it is safe to

**Voluntary services:**

- Due to COVID there has been a reduction in volunteer numbers. Some have stood down and others are waiting for safer times. This may be a longer term issue and an interim strategy is in place to manage the current position.
- A fast track recruitment process was put into place to expedite new volunteers. We hope to continue this process.
- A full audit of volunteers consent has been completed with all returning volunteers being risk assessed and supported in returning to new roles within both hospitals.
- Volunteer week was celebrated by sending out a thank you card with special message, this was well received.
- Schools have continued to fundraise for us and we have seen £1419 donated. Luton Sixth Form have fundraised £5000 which will purchase a sensory Voyager for Paediatrics.
- Christmas Poster Competition has been launched.

- Schools fundraising video is due to be filmed next week to support fundraising virtually.
- Student volunteering work experience programme successfully implemented
- The first live virtual work experience took place on 12<sup>th</sup> September was very successful and the next one is booked in for 6<sup>th</sup> March 2021.
- The first live classroom session took place on 15<sup>th</sup> October and more schools are interested in participating.
- Assisted the new health and care academy at Bedford with volunteers to film for the programme. This was a great way to showcase different career paths and the diversity of roles within healthcare for young people.
- Project Wingman engaged to support the wellbeing hub and now supporting ongoing training at no cost to the Trust.

## **15. POLICIES & PROCEDURES UPDATE**

The following policies have been approved:

### **Both hospital sites: Merged policies:**

- Access Control of ICT Systems and Services
- IT Password Protection Management
- Acceptable Use of ICT Systems and Services
- Fundraising Policy
- Policy on the use of naming and acknowledgement of charitable donations
- Policy on accepting charitable donations
- Safe Use of Ligature Cutters Policy
- Ligature Risk Assessment Policy
- Commercial Representatives Policy
- Risk Management Strategy and Framework

### **Luton Site only:**

- Policy for the Use of Medicines

### **Bedford Site only:**

- Missing Patient Policy

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



Department  
of Health &  
Social Care



Public Health  
England



Wednesday 5 August 2020

Dear Colleague,

### **The national flu immunisation programme 2020 to 2021- update**

1. We write with more information about this year's programme, further to the letter published on 14 May<sup>1</sup>.

#### **Expansion of the programme**

2. In light of the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme will be absolutely essential to protecting vulnerable people and supporting the resilience of the health and care system.
3. As indicated in our letter of 14 May, providers should focus on achieving maximum uptake of the flu vaccine in existing eligible groups, as they are most at risk from flu or in the case of children transmission to other members of the community. Appendix A provides the full list of those eligible in 2020/21 as part of the NHS funded flu vaccination programme. This includes individuals meeting existing flu eligibility criteria.
4. This year as part of our wider planning for winter, and subject to contractual negotiations, this season flu vaccination will be additionally offered to:
  - household contacts of those on the NHS Shielded Patient List. Specifically individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
  - children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
  - health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
5. We aim to further extend the vaccine programme in November and December to include the 50-64 year old age group subject to vaccine supply. This extension is being phased to allow you to prioritise those in at risk groups first. Providers will be

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<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/885281/The\\_national\\_flu\\_immunisation\\_programme\\_2020\\_to\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/885281/The_national_flu_immunisation_programme_2020_to_2021.pdf)

given notice in order to have services in place for any additional cohorts later in the season.

6. Department of Health and Social Care (DHSC) is exploring options to expand the workforce that is able to administer vaccinations as part of the COVID-19 response. Key stakeholders and the public will be consulted on the proposed changes over summer, including via stakeholder meetings. In line with the government's consultation principles, the consultation will be published on gov.uk in due course and will clearly set out the policy proposals.
7. Building on good practice from previous flu seasons and to reflect the need to achieve maximum coverage this year, all Hospital Trusts will be asked to offer vaccinations to pregnant women attending maternity appointments and to those clinically at risk eligible patients attending in- and out-patient appointments. National service specifications will be developed to support the standardised commissioning of these services.
8. In addition, this season an inactivated vaccine may be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content, in order to prevent localised outbreaks this year. Providers of children's vaccination services will receive further instruction on the offering of this service in due course.
9. It is essential to increase flu vaccination levels for those who are living in the most deprived areas and from BAME communities. We need to ensure equitable uptake compared to the population as a whole and help protect those who are more at risk if they are to get COVID-19 and flu. It will therefore require high quality, dedicated and culturally competent engagement with local communities, employers and faith groups.
10. Providers are expected to ensure they have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access.
11. Individuals eligible for flu vaccine this season should be offered a vaccine recommended for them according to their age, as detailed in Appendix B.

### Frontline health and social care workers

12. All frontline health and social care workers should receive a vaccination this season. This should be provided by their employer, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services. **Employers should commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.**



13. For healthcare workers providers should use the current definition as set out in chapter 12 of the Green Book. <https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12>
14. NHS Trusts should complete a self-assessment against a best practice checklist which has been developed based on five key components of developing an effective flu vaccination programme. The completed checklist should be published in public board papers at the start of the flu season. See Appendix C.
15. NHS England and Improvement (NHSEI) will continue to support vaccination of social care and hospice workers employed by registered residential or domiciliary care providers. The eligible groups have been expanded this year to include those health and social care workers, such as Personal Assistants, employed through Direct Payment and/or Personal Health Budgets to deliver domiciliary care to patients and service users. Vaccination will be available through community pharmacy or their registered general practice. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer flu vaccination to their workforce. Further guidance on how providers can ensure their employees get vaccinated will be published shortly.
16. The Community Pharmacy Seasonal Influenza Advanced Service Framework will be amended to enable community pharmacies to vaccinate both residential care/nursing home residents and staff in the home setting in a single visit to increase uptake rates and offer further protection to this vulnerable group of patients. GP practices are also able to vaccinate in the residential/care home, residents and staff who are registered with the practice.
17. Good practice guidance along with a range of resource material can be found here: [www.england.nhs.uk/increasing-health-and-social-care-worker-flu-vaccinations/](http://www.england.nhs.uk/increasing-health-and-social-care-worker-flu-vaccinations/). Further updates are underway to include additional resources which will be made available ahead of the flu season this year.

## Vaccine supply

18. As usual, providers will have ordered flu vaccine directly from manufacturers. This season, we are expecting increased demand for flu vaccine across all cohorts and we are also expanding the flu programme. To support this, the Department of Health and Social Care (DHSC) has procured additional national supply of the adult vaccine and will issue guidance in September on how and when this can be accessed.
19. Two of the vaccines for use in the children's programme have been procured by Public Health England (PHE) and PHE has procured additional stock for this season. These are the live attenuated influenza vaccine (LAIV) administered as a nasal spray and



suitable for use in children aged 2 to less than 18 years except where contraindicated, and the injectable egg-grown Quadrivalent Influenza Vaccine (QIVe) for children in clinical risk groups for whom LAIV is unsuitable due to contraindication or age. These vaccines can be accessed through Immform at <https://portal.immform.phe.gov.uk>.

20. For eligible children from 9 years of age unable to receive LAIV, locally procured QIVc and QIVe are alternatively able to be given. For further information see Appendix E and [www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf](http://www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf)

## Flu vaccine uptake ambitions

21. This year, we are asking for a concerted effort to significantly increase flu vaccination coverage and achieve a minimum 75% uptake across all eligible groups. Where possible, we expect uptake will be higher than this and a national supply of stock has been procured to ensure demand does not outstrip supply.
22. Many of the groups who are vulnerable to flu are also more vulnerable to COVID-19. Not only do we want to help protect those most at risk of flu, but also protect the health of those who are vulnerable to hospitalisation and death from COVID-19 by ensuring they do not get flu. The table below sets out the ambitions for 2020/21:

**Table 1: Vaccine uptake ambitions in 2020 to 2021**

Eligible groups	Uptake ambition
Aged 65 years and over	At least 75%
In clinical at risk group	At least 75%
Pregnant women	At least 75%
Children aged 2 and 3 year old	At least 75%
All primary school aged children and school year 7 in secondary school	At least 75%
Frontline health and social care workers	100% offer

23. Household contacts of people on the NHS Shielded Patient list will not be subject to call and recall arrangements but will be offered the vaccine opportunistically, with the aim to offer to all identified.
24. NHSEI are developing a national call and recall service to support localised call and recall provision and ensure that all eligible patients are informed of their eligibility and are encouraged to get vaccination this season. This service is intended to supplement not replace local call and recall mechanisms that are already in place contractually.

## Delivering the programme during the pandemic

25. Patients will, need reassurance that appropriate measures are in place to keep them safe from COVID-19, as it is likely to be co-circulating with flu. This reassurance will be especially important for those on the NHS Shielded Patient List.
26. Providers will be expected to deliver the programme according to guidelines on social distancing that are current at the time. Standard operating procedures in the context of COVID-19 have been issued for General Practice, community pharmacy, and community health services:  
  
[www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/](http://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/)  
  
[www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-community-pharmacy/](http://www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-community-pharmacy/)  
  
[www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex\\_19-march-2020/](http://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/)  
  
[www.england.nhs.uk/coronavirus/publication/novel-coronavirus-covid-19-standard-operating-procedure-community-health-services/](http://www.england.nhs.uk/coronavirus/publication/novel-coronavirus-covid-19-standard-operating-procedure-community-health-services/)
27. For guidance on immunisation during COVID-19, including personal protective equipment, see: 'Clinical Guidance for Healthcare professionals on maintaining immunisation programmes during COVID-19' at: [www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf](http://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf)
28. These procedures and guidance mean that a range of different ways of delivering the flu immunisation programme this year should be considered including the following:
  - careful appointment planning to minimise waiting times and maintain social distancing when attending
  - providing patients with information in advance of their appointment to explain what to expect
  - recalling at risk patients if they do not attend in line with contract requirements
  - social distancing innovations such as drive in vaccinations and 'car as waiting room' models, if possible
  - for those on the Shielded Patient List who are high risk for COVID-19 consider the use of domiciliary visits
29. For the overall schools vaccination programme social distancing measures will create additional challenges, and where possible we still expect the school estate to be used in the event of any local school closures.
30. Providers need to be prepared to make adjustments to the programme in the face of any local restrictions to ensure those at highest risk can continue to be vaccinated.

31. We are also considering supporting delivery through standing up alternative delivery approaches, to maximise coverage of the vaccine this winter.

### Infection prevention and control when administering vaccines

32. Individuals should attend for vaccination at premises that are following the recommended infection prevention and control (IPC) guidance. [www.england.nhs.uk/coronavirus/primary-care/infection-control/](http://www.england.nhs.uk/coronavirus/primary-care/infection-control/)
33. Those displaying symptoms of COVID-19, or who are self-isolating because they are confirmed COVID-19 cases or are contacts of suspected or confirmed COVID-19 cases, should not attend until they have recovered and completed the required isolation period.
34. Further information regarding infection prevention and control measures can be found in the 'Information for Healthcare Practitioner' documents, which will be updated prior to and during the season as required, and are available at: [www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme)
35. Healthcare professionals administering the vaccine will need to wear the recommended personal protective equipment that is in line with the current advice from the government: [www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe](http://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe)

### Communications and Marketing

36. The flu vaccination programme will be supported with a major new public facing marketing campaign to encourage take up amongst eligible groups for the free flu vaccine, due to launch in October. More detailed plans will be shared as these are developed.
37. PHE will make available a toolkit of adaptable campaign assets, highlighting the protective benefits of the flu vaccination, for NHS Trusts and social care organisations to use in their own staff vaccination campaigns.
38. Resources for both campaigns will be available to download and order from the PHE Campaign Resource Centre at: <https://campaignresources.phe.gov.uk/resources/>

## List of appendices

39. Detailed planning information is set out in the following appendices:

Appendix A: Groups included in the national immunisation programme	page 9
Appendix B: Summary table of which influenza vaccines to offer	page 11
Appendix C: Healthcare worker best practice management checklist	page 12
Appendix D: Children's flu vaccination programme	page 14
Appendix E: Vaccine ordering for children's programme	page 16
Appendix F: General Practice system supplier searches	page 17
Appendix G: Data collection	page 19
Appendix H: Antiviral medicines	page 21

## Conclusion

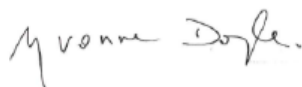
40. This year, more than ever, we need to protect those most at risk from flu. Thank you for all your hard work in these very challenging times.

41. This Annual Flu Letter has the support of the Chief Pharmaceutical Officer, the NHS Chief Nursing Officer for England and the Public Health England Chief Nurse.

Yours sincerely,



Prof Chris Whitty  
Chief Medical Officer  
for England



Prof Yvonne Doyle  
Public Health England  
Medical Director &  
Director for Health  
Protection



Prof Stephen Powis  
NHS England & NHS  
Improvement, National  
Medical Director

Any enquiries regarding this publication should be sent to: [immunisation@phe.gov.uk](mailto:immunisation@phe.gov.uk). For operational immunisation queries, providers should contact their local screening and immunisation team.



**Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2020**

<b>Criteria</b>		<b>Trust self assessment</b>
<b>A</b>	<b>Committed leadership (number in brackets relates to references listed below the table)</b>	
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	The Board are committed to achieving maximum uptake by frontline health care workers, and where staff do not wish to receive the vaccine, they are asked to complete a declination form stating their reason. This information is collated by the Occupational Health departments.
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	Quadrivalent (QIV) flu vaccine was given and Trivalent for those staff over the age of 65, as recommended
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	Report was written to demonstrate achievement of the CQUIN flu vaccine uptake target for 2019/20, detailing achievements and where individuals signed a declination form, reasons why they declined the flu vaccine. This will be repeated again for 2020/21.
A4	Agree on a board champion for flu campaign	Board Champion for Staff Health and wellbeing is the Director of HR
A5	All board members receive flu vaccination and publicise this	Board members, have received the vaccination and this was publicised externally via face book and twitter and internally via newsletters and emails
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	The flu team has been members of the Occupational Health department. Having discussed Peer vaccinators with the Chief Nurse, we have peer vaccinators on both sites with support from the Occ Health team to deliver the flu vaccine.
A7	Flu team to meet regularly from September 2020	Flu vaccination planning group meet on a regular basis group consists of Occ Health Managers, Senior nurses on both sites, pharmacy, workforce planning and senior managers
<b>B</b>	<b>Communications plan</b>	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trade unions	Myth busting facts published via email and in publications. Also posters distributed to all clinical areas.

B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Drop in clinics regularly advertised via emails, and signage outside the occupational Health department.
B3	Board and senior managers having their vaccinations to be publicised	Board members together with senior Managers who received the vaccination are publicised externally via face book and twitter and internally via newsletters and emails
B4	Flu vaccination programme and access to vaccination on induction programmes	Virtual induction and also stat training sessions.
B5	Programme to be publicised on screensavers, posters and social media	Scrolling message is in place on the front page of the intranet and in the weekly publication.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Regular feedback is given to the trust wide audience.
<b>C</b>	<b>Flexible accessibility</b>	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Having discussed Peer vaccinators with the Chief Nurse, we have peer vaccinators on both sites with support from the Occ Health team to deliver the flu vaccine. We do not as yet have all clinical areas catered for
C2	Schedule for easy access drop in clinics agreed	Staff members have been encouraged to drop into the occ health departments, to be vaccinated and peer vaccinators are available across each site.
C3	Schedule for 24 hour mobile vaccinations to be agreed	This has not been required in the past, and we do not see it as an issue, as we have no members of staff who solely work night shifts.
<b>D</b>	<b>Incentives</b>	
D1	Board to agree on incentives and how to publicise this	Staffs' main incentive to protect their patients. Staff are given a sticker to demonstrate and publicise that they have had the vaccine
D2	Success to be celebrated weekly	Uptake is announced on a regular basis by way of email and reporting at meetings such as Infection control, Health and Safety and Board Committee.

# NURSING AND MIDWIFERY STAFFING REPORT

## September 2020

### Introduction

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

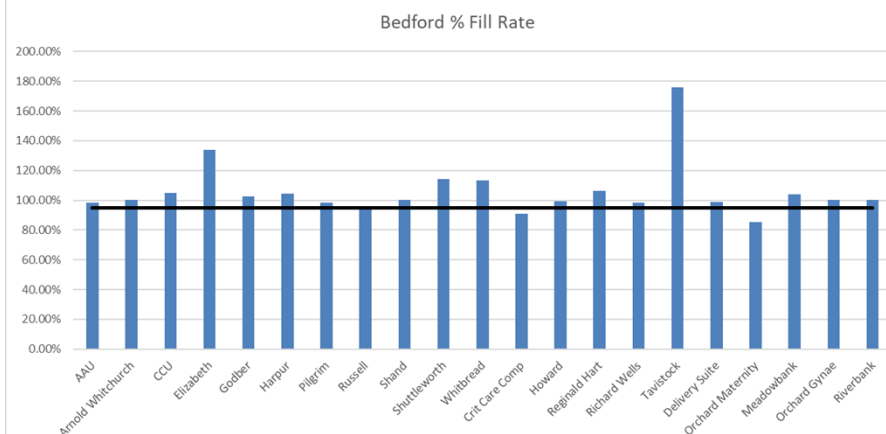
The ongoing impact of COVID19 and continued changes in ward utilisation has impacts how we report safe staffing and trends, this is reflected as appropriate in the report.

Following the reopening of the OSCE Testing Centres overseas nurses on the NMC Emergency Register are taking (and passing) their OCSE's so that they can move to the permanent register. Student nurses, midwives and AHP's have moved back in to supernumerary placement patterns and have left the paid workforce. Nurses recruited from overseas are arriving at both sites, albeit in smaller numbers than planned and are being supported through self-isolation and to prepare for OSCE assessment.

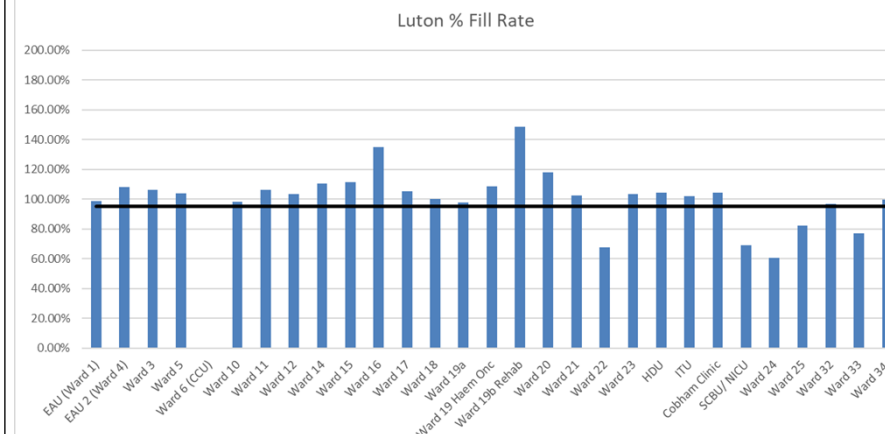
Overall Ward Fill Rate	Bedford Hospital Site				Luton and Dunstable Hospital Site			
		Jul 20	Aug 20	Sep 20		July 20	Aug 20	Sep 20
	% of Registered nurse day hours filled as planned	96.17%	97.32%	96.67%	% of Registered nurse day hours filled as planned	92.32%	93.75	98.73%
	% of Unregistered care staff day hours filled as planned	119.20%	110.86%	103.57%	% of Unregistered care staff day hours filled as planned	97.42%	95.84	97.01%
	% of Registered nurse night hours filled as planned	102.06%	104.66%	105.99%	% of Registered nurse night hours filled as planned	98.24%	97.46	105.22%
	% of Unregistered care staff night hours filled as planned	122.83%	121.48%	120.07%	% of Unregistered care staff night hours filled as planned	119.0%	99.17	121.66%
	% allocated for Enhanced Patient Observation (Specials)	6.67%	5.47%		% allocated for Enhanced Patient Observation (Specials)	7.14%	11.43%	
	% of total overall planned hours	106.32%	105.74%	104.11%	% of total overall planned hours	99.27%	96.71	104.01%
<p>The fill rate data presented above is taken from the UNIFY workforce extract and is calculated based on the number of patient care hours actually worked compared to the number of care hours required to fulfil the wards agreed shift template.</p> <p>As part of the COVID19 response the use of wards and other clinical areas changed significantly in some cases, most of these changes have now been reversed however some areas e.g. Richard Wells Ward at Bedford are protected for the “Super Green” Surgical Pathway. Wards 6 at Luton remains closed unless needed for escalation / contingency, the Ward 6 staff are being utilised on ward 16. Ward 16 is the general Cardiology ward and now incorporates the coronary care function.</p> <p>The overall activity has continued to increase in September however it is not at full pre-COVID capacity and as such the shift demand continues to be reduced. Wherever possible these alterations have been recorded on e-Rostering and will be reflected in the Unify data.</p> <p>It is not possible however to reflect a reduction in staff required as a result of beds being unavailable due to COVID contacts, this situation therefore slightly distorts the planned and actual numbers and therefore the fill rate overall. This situation applies to both sites.</p> <p>The fill rate data for the Luton site has changed significantly compare to previous months. This is as a result of standardisation of approach across the two sites, This is the first month that non-required template shifts have been removed from the plan at Luton, and this presents a more realistic fill rate picture. The rosters across both sites are due to be reviewed in the near future to ensure that the templates, budgets and establishments are aligned. Due to the complexities of the paediatric rosters at Luton their fill rate has been excluded from the above numbers to prevent a distorted figure being presented, this is a data issue and does not indicate any safety concerns.</p>								



## Bedford Hospital Site



## Luton and Dunstable Hospital Site



A number of wards demonstrate a fill rate that exceeds plan, this is due to the use of Enhanced Patient Observation (EPO) shifts. At Bedford Tavistock (Day Surgery Unit) is significantly higher than plan due to its operating 24/7.

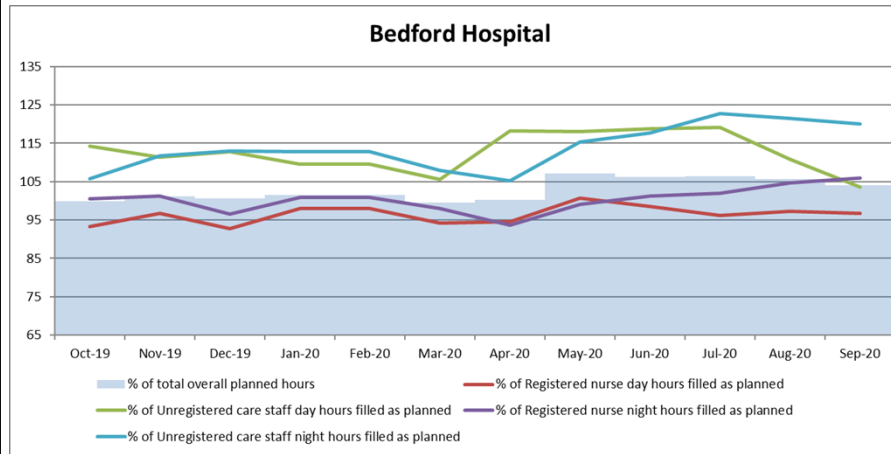
Delivery Suite at Bedford has what appears to be a good fill rate however this does not reflect the true picture. This is due to the hospital midwifery templates being reduced as staff moved out in to the community and a smaller core team was left on the hospital site as a result of the implementation of Continuity of Carer model resulting from the Better Births report recommendations.

Staffing challenges within the continuity of care teams means that they have not be able to meet the plan to follow women in to the hospital, this has led to the delivery suite being short staffed. To maintain safety the Continuity of care teams have been paused and staff have been moved back in to the hospital leaving enough midwives in the teams to provide community midwifery care. As a result the delivery suite and ward templates have been returned to pre Better Births levels and will show the fill rate more accurately.

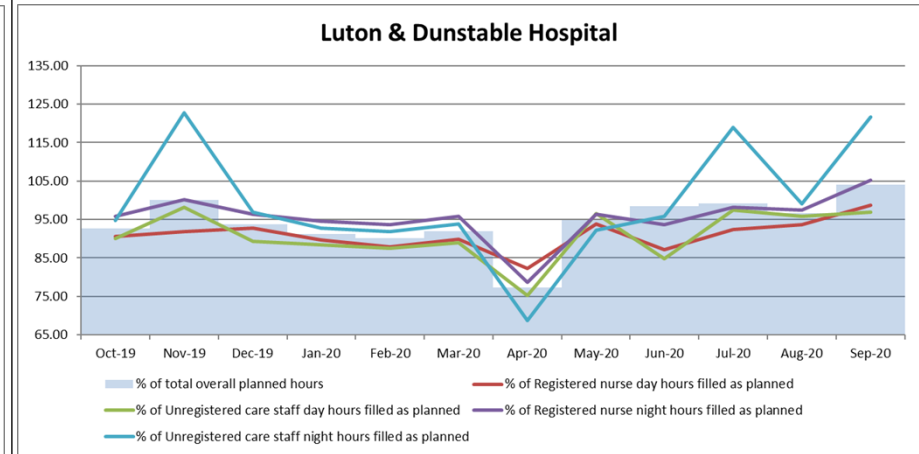
Fill rate at the Luton and Dunstable site shows zero fill on Wards 6 as mentioned earlier this is because the ward is closed. The templates on ward 22, SCBU / NICU, and wards 24 & 25 need to be reviewed to ensure they reflect the required plan.

Wards that have exceeded planned fill rates have done so as a result of using additional unplanned staff for enhanced patient observation or because of having supernumerary staff e.g. new overseas nurses.

## Bedford Hospital Site



## Luton and Dunstable Hospital Site

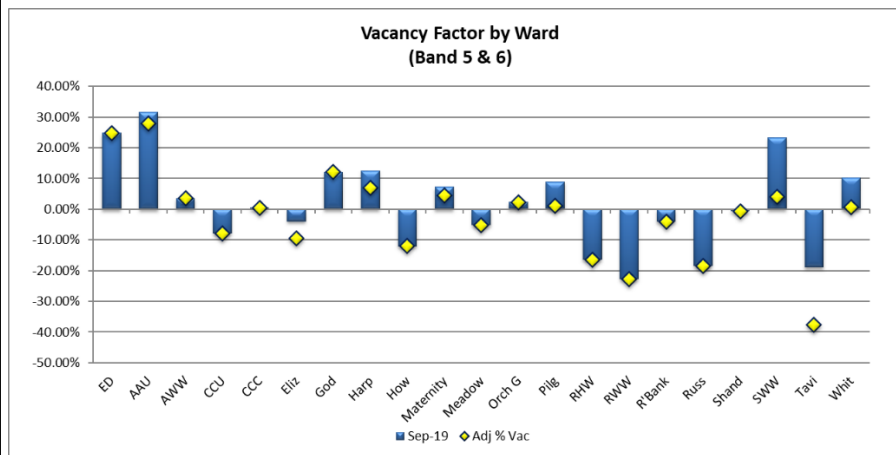


Fill rate at Bedford remains above 100% due to the number of enhanced patient observations (EPO) shifts being required. As bed occupancy has increased the ability to manage EPO within template has reduced leading to an increase in demand. Night RN cover remains above 100% due to the use of Registered Mental Health Nurses employed through Agency to care for Mental Health patients being cared for on general wards due to physical health reasons or whilst awaiting mental health admission.

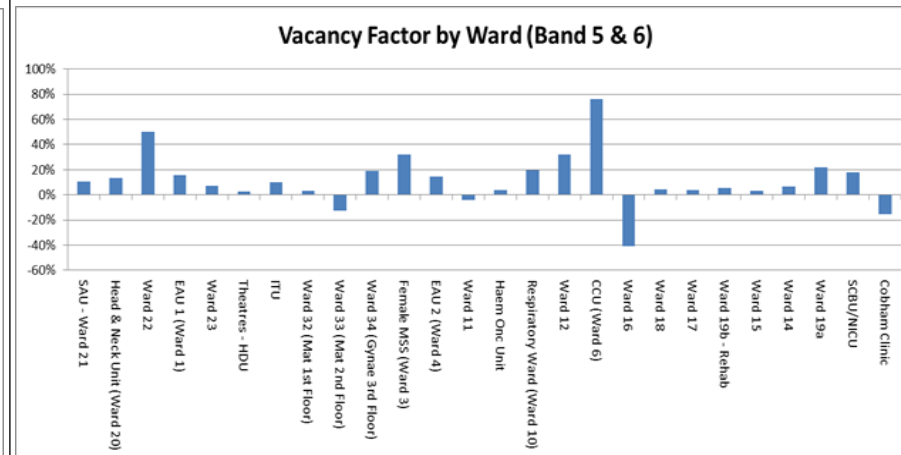
Day and night CSW fill remains in excess of 100% due to the use of additional CSW's for EPO.

Overall fill rates at Luton fell slightly compared to the previous months however it remains within the normal ranges based on the trend over the past 12 months. This trend is expected to increase as a result of the roster review process that will improve the data quality from the e-Rostering system, particularly related to planned care hours.

## Bedford Hospital Site



## Luton and Dunstable Hospital Site



The blue bar on the Bedford graph represents the current vacancy rate for the ward with the yellow diamond showing the future vacancy level once starters and leavers are taken into account. The areas that are showing negative numbers are over established however this is because they are either being used as training areas for new band 5's, have staff on maternity leave with back fill or in the case of Tavistock is being over established to extend opening hours for bed escalation.

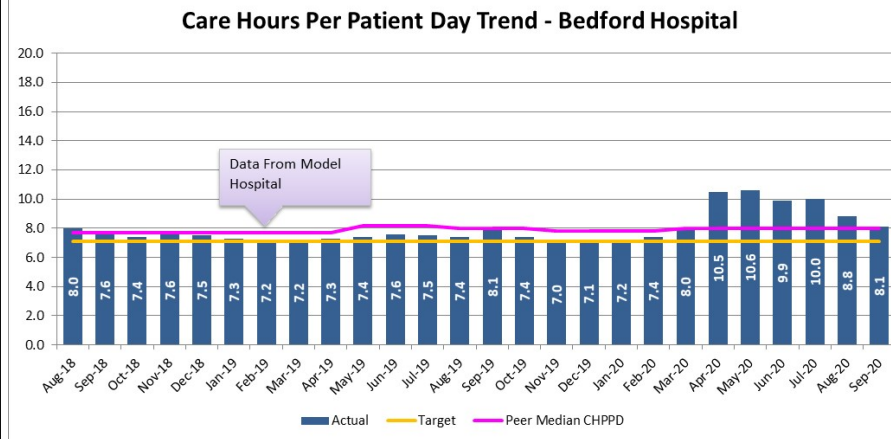
Richard Wells Ward shows as significantly over established, this is because it has been used as the primary PRP training ward for surgery.

At Luton Wards 6 and 22 are showing as high vacancy rates, this is because ward 6 and 22's staff have been moved as the wards are closed. Ward 5 has recently been converted to an established ward having previously been an escalation area, recruitment is ongoing. Ward 16 is showing as over established, this is because ward 6's staff are currently on ward 16 as the ward is now a combined Cardiology ward and Coronary Care Unit.

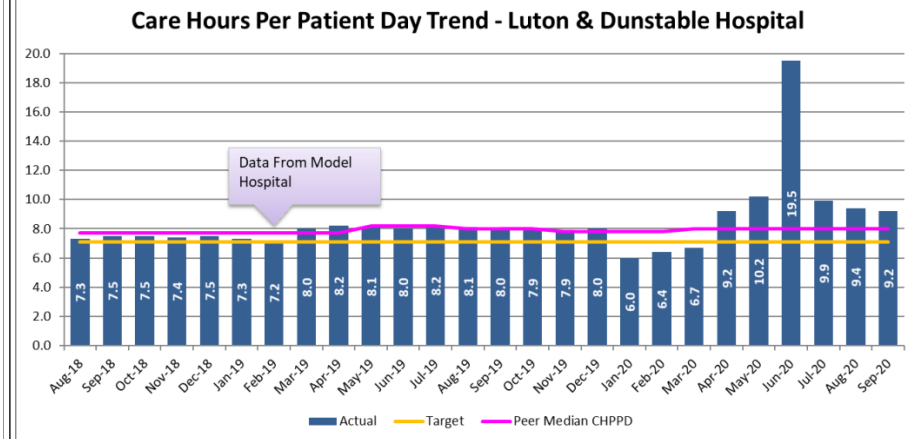
As part of the organisational strategy to maintain a healthy workforce during and beyond the pandemic, recruitment at the L&D and Bedford Sites continued however the process was amended to maintain staff and candidate safety. Overseas recruitment on both sites remains active however the rate at which recruited staff can travel to the UK is impeded by border control issues in the countries of origin and the willingness of the candidates to travel in the current climate.

Paediatrics was the biggest benefactor of the recent campaign on the Luton site. In August they recruited 15 of the Aspirant nurses and 4 external experienced nurses which is one of their largest cohort intakes over the past 12 months. NICU have 5 registered nurse vacancies and are working with the recruitment and communication teams to recruit.

## Bedford Hospital Site



## Luton and Dunstable Hospital Site



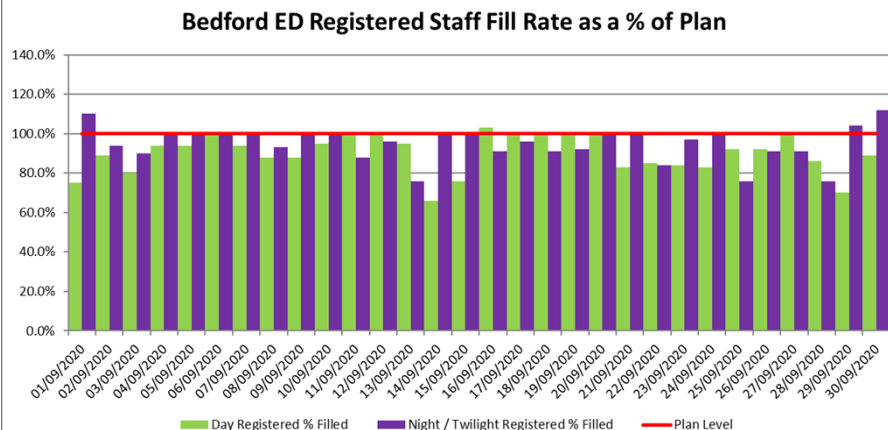
Care Hours Per Patient Day is a metric that is promoted for use as a standardised measure of effective and safe staffing, by taking into account the number of actual hours worked in direct patient care shifts divided by the number of patients in hospital beds at midnight each day. As with all workforce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

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

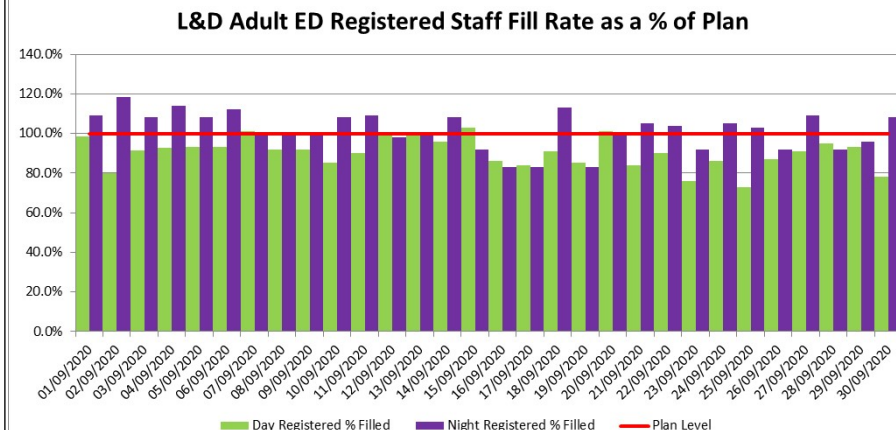
In terms of measuring effectiveness and safety, both sites tend to exceed planned CHPPD. For CHPPD to be truly useful the measure needs to be compared with peers, this is shown on the pink line of the chart above, our peer group for this measure is made up of our surrounding trusts however at this time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

This month is the first time that the same approach to CHPPD has been taken on each site so the site specific variation has been removed. Unrequired planned hours have been removed using the same approach on each site and all nursing staff are included not just Registered staff. The total trust CHPPD is 8.7.

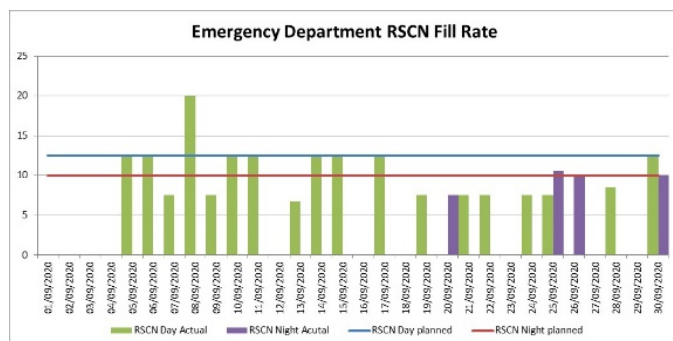
## Bedford Hospital Site



## Luton and Dunstable Hospital Site

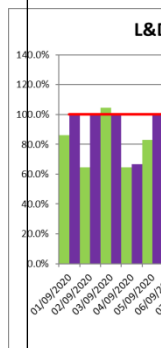


The fill rate charts above illustrate the fill against plan for each day and night shift in September. Day shifts (in green) have staffing gaps mitigated by additional resources such as Practice Development Nurses, Matrons etc. Where gaps occur at night this is often as a result of twilights not being filled rather than full nights being uncovered. Staffing levels on both sites are monitored by the senior team and adjusted as required to meet service needs. Bedford ED underwent a staffing review in 2018 with the staffing levels over the 24 hour period being aligned more closely to patient numbers. A review of the template at Luton ED is planned.



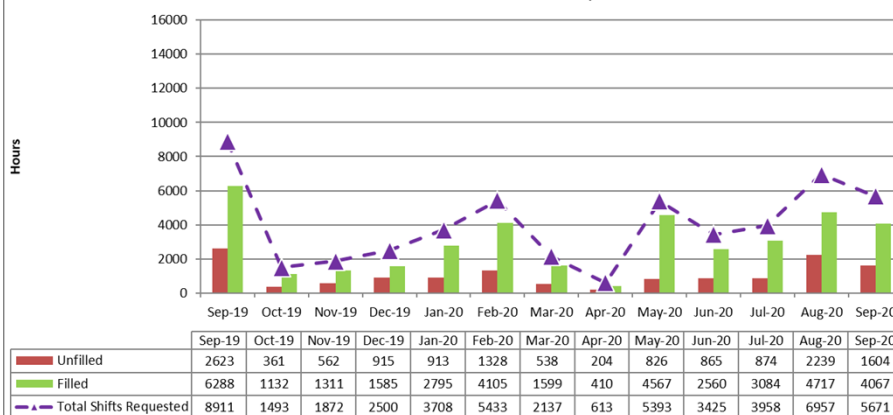
Bedford ED is an integrated service with Adults and Children's service provided by one team, Luton has a separate Children's ED with a separate team. Children's Nurse cover at Bedford has been increasingly challenging due to increased vacancy rates, ongoing difficulty recruiting and the lack of children's nurses available through agency during COVID. This situation has now been made worse due to maternity leave. Of particular concern is RSCN Night cover where only 4 out of 34 night shifts have been covered. Plans are in place between Paediatrics and ED to improve recruitment and development of staff to be able to work on a rotational basis where appropriate however this will take time to achieve.

Paediatric ED at Luton is a separate service which has an established Children's ED Nursing team. Fill in Children's ED shows gaps on day shifts however night shifts are fully covered. No concerns re safety or quality have been identified.

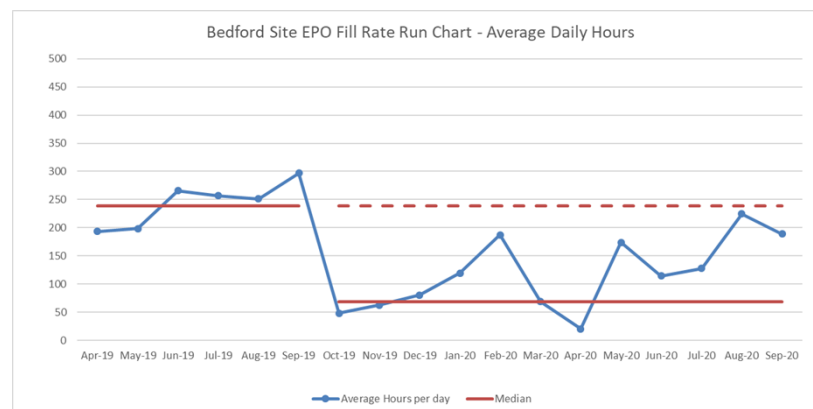


## Bedford Hospital Site

Bedford Filled and Unfilled EPO Duties by Month

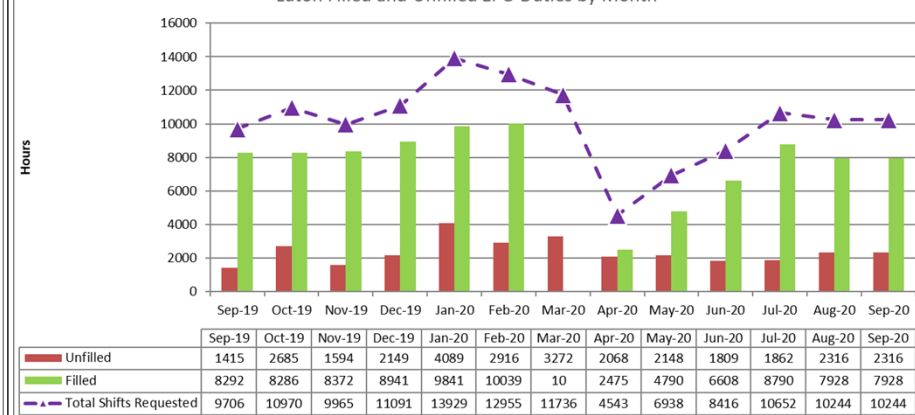


Enhanced Patient Observation (EPO) demand at Bedford has reduced slightly in September at the Bedford site however there has been an increase in demand for RMN's. The requirement appears to be within the normal range however the run chart indicates that there may be a statistically significant increase in the median monthly rate of EPO use.

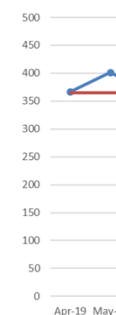


## Luton and Dunstable Hospital Site

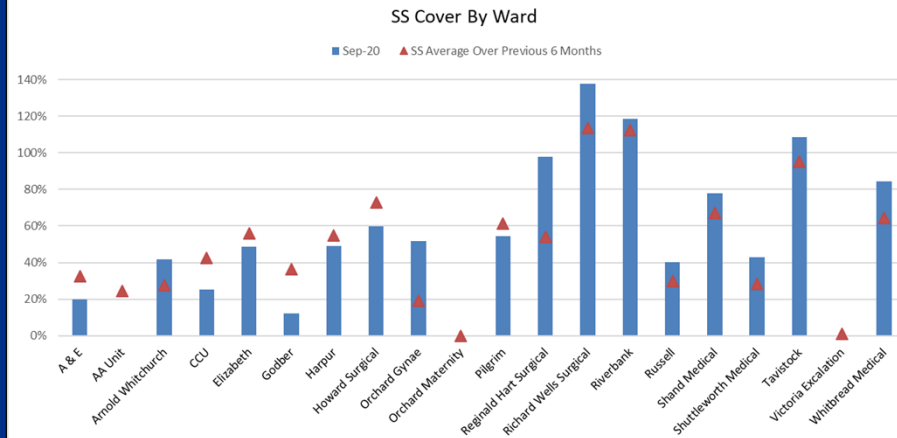
Luton Filled and Unfilled EPO Duties by Month



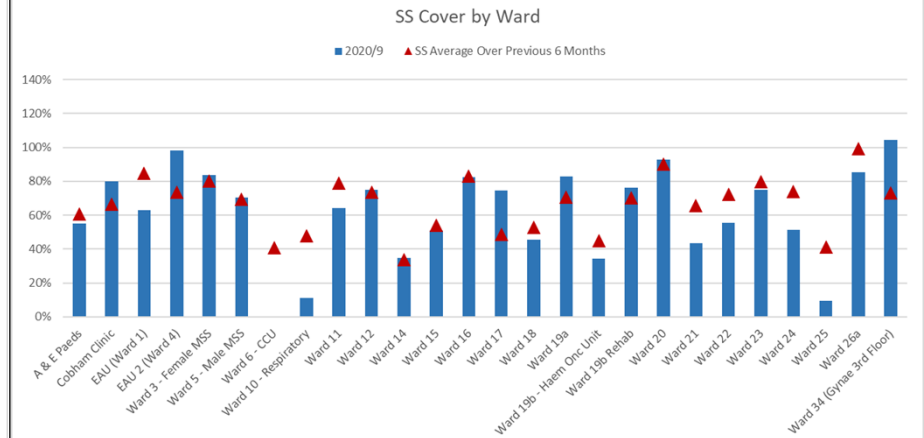
At Luton the demand for enhanced care has returned to the Pre-COVID level. Although the majority of the requirement was healthcare assistants the number of RMNs is increasing. The run chart for Luton shows that although there was a significant drop in February there has been a steady increase back to pre COVID levels.



## Bedford Hospital Site

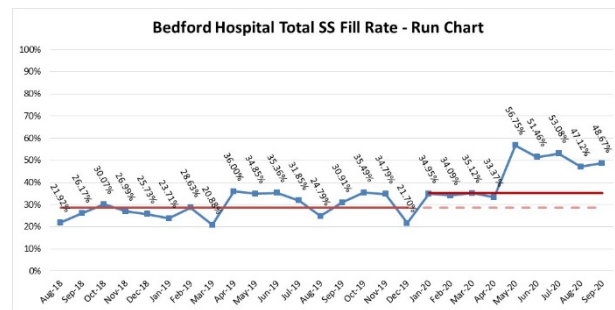


## Luton and Dunstable Hospital Site



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

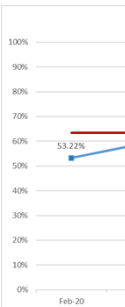
At the Bedford site, due to operational pressures, Ward Managers have rostered themselves onto clinical shifts to mitigate against the risks resulting from vacancy rates and skill mix concerns. Over the past 2 – 3 years the amount of supervisory time that ward managers have had has been reduced due to the significant pressures faced as a result of nurse recruitment challenges.



2019 saw the situation at Bedford Hospital begin to improve in terms of vacancies being filled and most areas started to see an increase in supervisory time, this was partly in recognition that to support the new more junior workforce the supervisory sister role was essential.

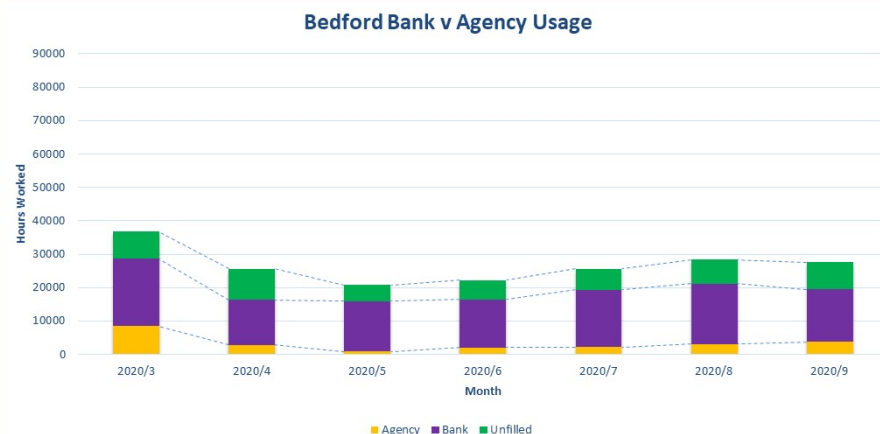
With the staffing and bed occupancy profile in May the overall SS time increased significantly; this has been maintained although a number of areas had reduced SS fill in September. The challenge going forward is to maintain this as we continue to support and develop our workforce and maintain stringent infection control standards as part of the COVID response. August saw a fall in SS time again, this is likely to be related to annual leave amongst the ward managers and the teams as a whole.

In most cases the supervisory fill rate for the Luton wards has been higher than their rolling 6 month average. Ward 6 has nil supervisory time as it remains closed. The overall trend for SS time at Luton is as would be expected however the fill did reduce in september, this appears to have been related to annual leave.

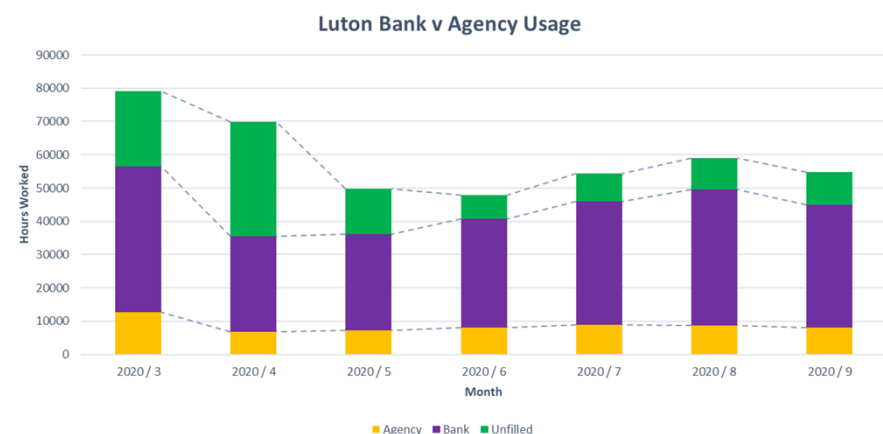




## Bedford Hospital Site



## Luton and Dunstable Hospital Site

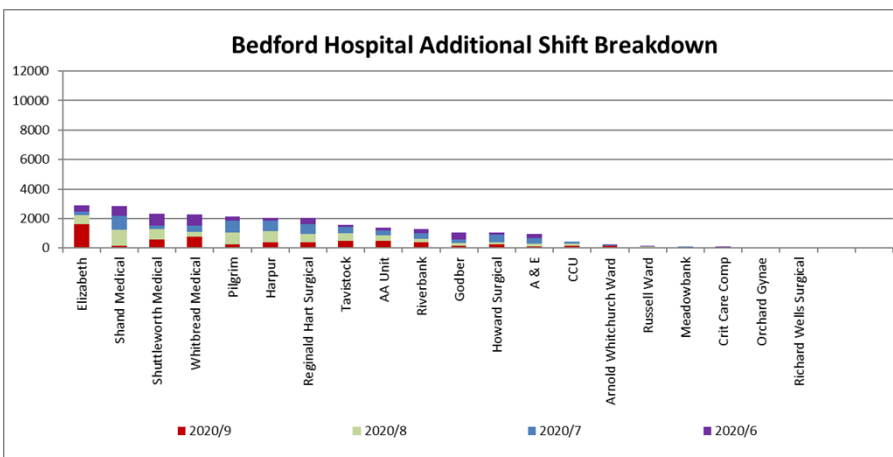


The Bank and agency demand and use at both sites continues to follow a very similar trend with the difference in overall hours reflecting the difference in the size of the two sites.

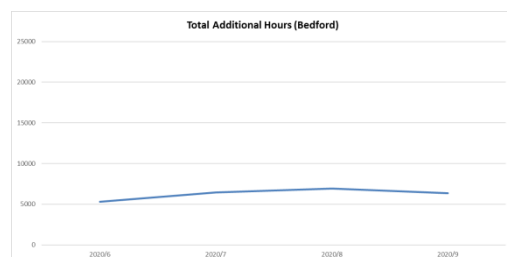
The significant reduction at Bedford had been in the amount of agency nursing used; this had fallen by 9000 hours per month since the start of the pandemic, the vast majority of the agency hours being used for RMN shifts. Agency use has now increased back to pre COVID levels.



## Bedford Hospital Site

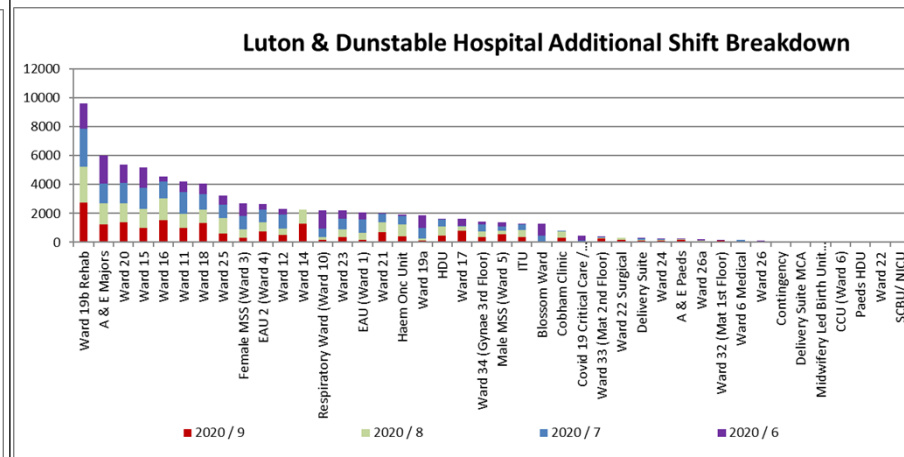


The number of additional shifts added over and above the agreed ward templates significantly reduced throughout the COVID period, this has been sustained overall at Bedford Hospital. The areas where these shifts have been added relate directly with those that have higher EPO shift usage.



The situation with ED relates to the adjusted working practices for COVID, the ED template will be reviewed along with other areas as part of the roster template review process.

## Luton and Dunstable Hospital Site



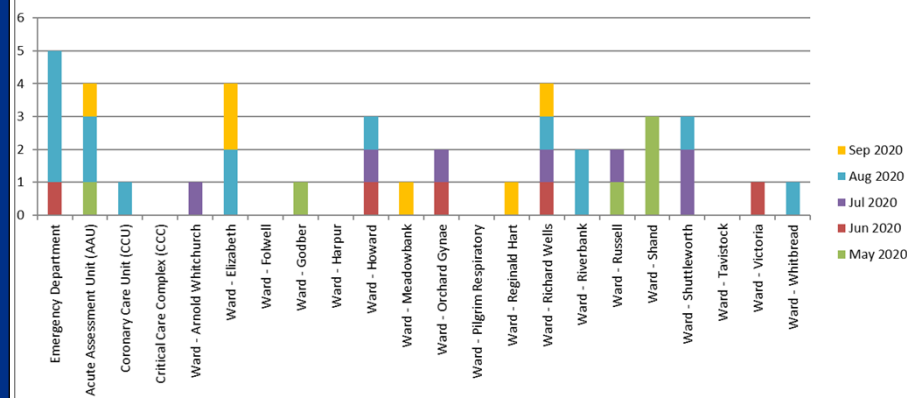
A&E has significantly reduced the number of additional shifts added whilst at the same time reducing the template demand in line with reduced activity. This is under constant review in line with activity levels.

At Luton the additional shifts profile continues to follow trend in terms of the numbers of shifts per area. Ward 19b remains the highest user of additional shifts with ED following.



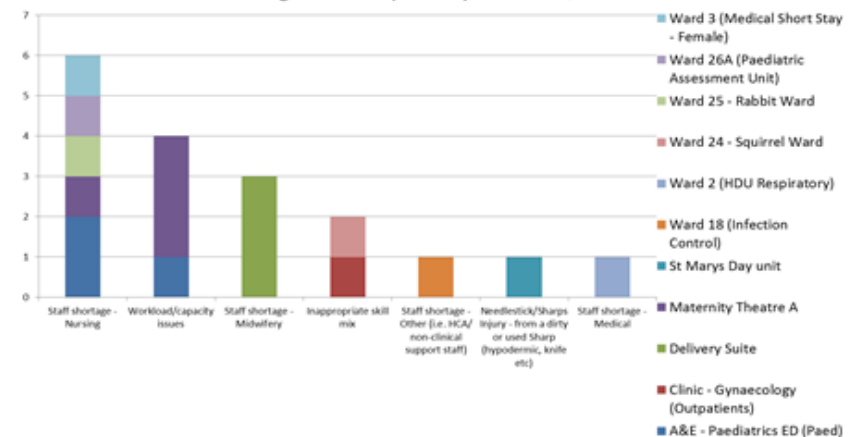
## Bedford Hospital Site

Staffing Incidents Reported by Area and Month Exc Maternity

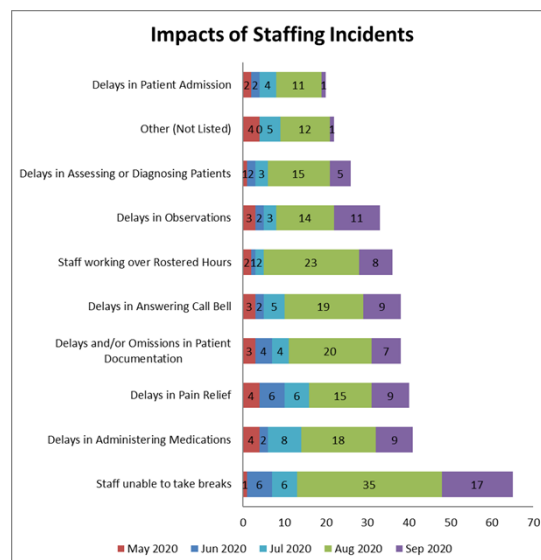


## Luton and Dunstable Hospital Site

Staffing Incidents Reported by Area: Last Quarter



## Shortstaffing incident reports for general



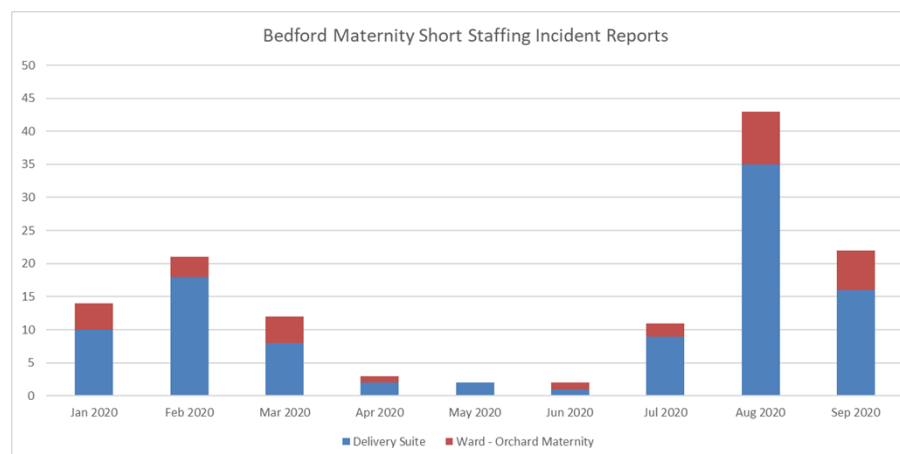
areas at Bedford fell in September compared to August with only 5 areas reporting incidents. This is as a result of bed closures reducing staffing requirements and enabling staff to be moved to areas that needed support. Staff being unable to take breaks and delays in observations were the two main impacts of short staffing however no harms resulted.

The reported impact of short staffing have returned to their pre Covid levels.

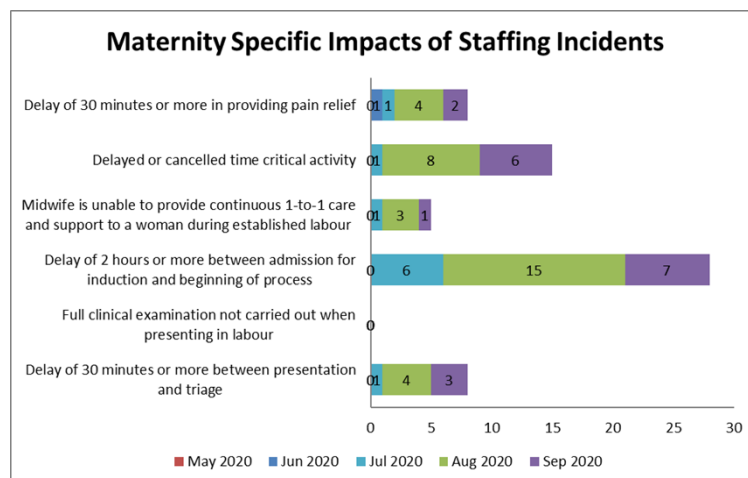
Every shift in August had a suitable Nurse in Charge at Bedford and Luton

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

## Staffing Incident Reports – Midwifery @ Bedford



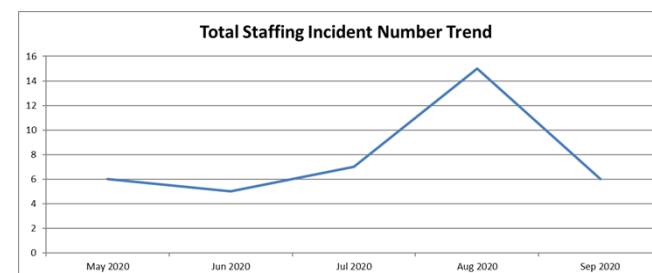
September remained challenging with 30 – 40% Registered Midwife roster unavailability due to a number of reasons including vacancy, sickness and maternity leave compounded by staff with health concerns being unable to have direct patient contact due to COVID precautions. In addition to these longer term issues there have been a number of midwives unable to work due to being COVID contacts or having children / dependents who are COVID contacts.



The unit is using Bank, is approved for enhanced bank pay and is now using Agency midwives, these are filling both long term and short term bookings and have been through a full induction to the department and its policies and procedures. The Continuity of carer teams remain paused, there is a workforce action plan in place and the unit is having twice weekly workforce meetings with the corporate team to support, identify actions and support on delivery.

An interim Director of Midwifery is working with the team 2 days per week to provide additional senior

support and leadership until the substantive Director of Midwifery is in post.



## Staffing Incident Reports – Midwifery @ Luton

No	Red Flag for Staffing	Action	Maternity Red Flags (NICE safer staffing document)
21	Delay in Induction of Labour/ augmentation due to staffing	Escalated to Midwifery manager on call. Apologies to the mother. Individualised MDT enhanced monitoring plans put in place while awaiting transfer to delivery suite. Neighbouring units contacted to request beds for transfer women who were experiencing delays in the induction of labour process. Escalated to consultant on call for MDT review to support prioritisation for women requiring to be transferred out.	<ul style="list-style-type: none"> <li>Missed or delayed medication during an admission.</li> <li>Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)</li> <li>Delay of 30 minutes or more in providing pain relief.</li> <li>Delay of 30 minutes or more between presentation and triage.</li> <li>Delayed recognition of and action on abnormal vital signs.</li> <li>Any occasion when one midwife is not able to provide continuous one-to-one care and support to a woman during established labour.</li> <li>Delayed or cancelled elective activity e.g. ECV, Elective LSCS, Induction of labour.</li> <li>Full clinical examination not carried out when presenting in labour.</li> <li>Delay of 2 hours or more between admission for induction and beginning of process.</li> </ul> <p>There were a total of 23 staffing red flag incidents in September 2020.</p>
2	Occasions when there was a delay of over 30 minutes in providing pain relief	Escalated to senior midwife coordinating delivery suite. Work reallocated to facilitate timely care for the women.	<p>Impact of the deficit in staffing in September 2020 resulted in the following:-</p> <ul style="list-style-type: none"> <li>21 delays in Inductions of labour due to staffing.</li> <li>2 occasion when there was a delay of 30 minutes or more in providing pain relief.</li> <li>Midwives not getting their breaks and claiming overtime</li> <li>Staff Morale and short term sickness.</li> </ul>

### **MIDWIFERY Recruitment Strategy** **Short Term**

- Ongoing recruitment of band 5/6 Midwives to allow us to reduce the current vacancy across maternity for midwives. Further interviews are planned for October/November 2020.
- The bank late shift at 20% was agreed with effect from 25th November 2019 to support the service, to support the cover of the late shift. This is being monitored on a monthly basis and midwives continue to book the late bank shifts to support the service.

### **Long Term Strategy**

Head of Midwifery developing a workforce strategy to support ongoing recruitment and retention in the service

- Recruitment of international qualified midwives already on the NMC register with a bespoke preceptorship programme.
- Recruitment directly into continuity of care teams. This has been a successful mode of recruitment as we have managed to recruit both newly qualified and band 6 midwives into the continuity of care teams.
- We have increased student midwives from HEE, approximately 10 additional student midwives who have now commenced in posts.
- We have increased the 21 month student midwives to 6 per year. The CPAL coaching method has been implemented for the 3<sup>rd</sup> year students who joined practice as band 4, with a plan to roll this out to 2<sup>nd</sup> year students when they join the workforce.
- A paper has been drafted for on call midwives within the service awaiting HR advice to progress. This will further support staffing in times of escalation and support the continuity of care models within the service.
- We are participating on the HEE MSW workforce strategy looking to standardise their job description

## Information Governance (IG) Quarterly Board Report October 2020

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

### Data Security & Protection Toolkit (DSPT)

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

It was decided that both sites would submit/publish their DSPT responses and improvement plans in March with a view to do cross site analysis and prepare a joint improvement plan for the DSPT re submission in Sept 2020

A gap analysis was completed post-merger on RC1 & RC9 toolkits to ascertain what would be needed for Standards Met position.

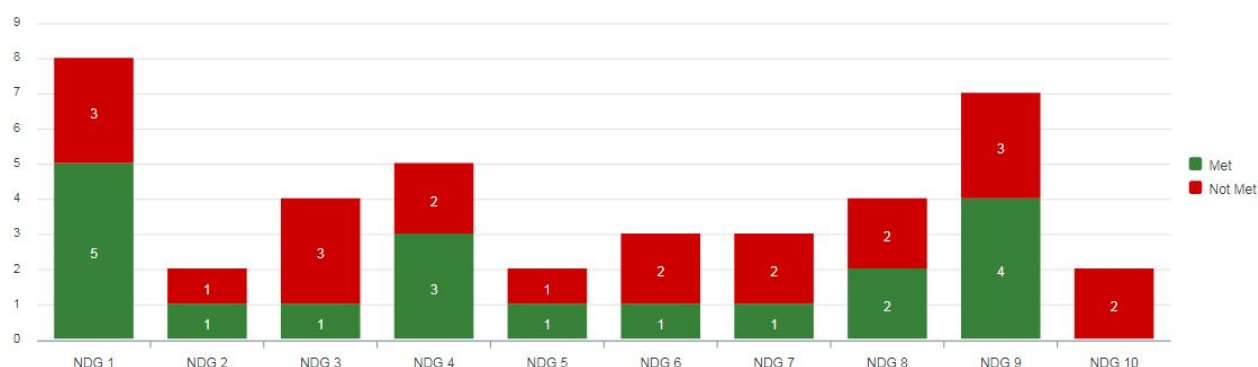
Bedfordshire Hospitals NHS Foundation Trust re - published its assessment on the 30th Sept 2020 with an improvement plan created from the cross site analysis.

NHSD have certain criteria for agreeing plans in that they should be for organisations that are approaching meeting the standards i.e. completed nearly all of the mandatory evidence items.

Just on the basis of the sheer volume of evidence items to be completed (28) and some of them being quite large ticket items made changing The Trust's status very difficult. It would be problematic assigning a status that represents Bedfordshire Hospitals is close to the standards whilst there is still quite a body of work to complete. It was not accepted.

There were also some items that rolled across the last three improvements plans in particular the information asset register, information flows and systems that hold personal information (1.4.1 – 1.4.3)

**79 of 116** mandatory evidence items provided  
**22 of 40** assertions confirmed



NDG 1 - Personal Confidential Data  
NDG 3 - Training  
NDG 5 - Process Reviews  
NDG 7 - Continuity Planning  
NDG 9 - IT Protection

NDG 2 - Staff Responsibilities  
NDG 4 - Managing Data Access  
NDG 6 - Responding to Incidents  
NDG 8 - Unsupported Systems  
NDG 10 - Accountable Suppliers

3 priority areas that IG will be concentrating on in the next 6 months are:

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

## **IG Incident Reporting Tool**

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

3 Incidents have been reported via the DSPT since April. Out of the 3 reported only 1 went to the ICO for further review but there has been no further action.

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

### **Data Privacy Impact Assessment (DPIA)**

We have a robust process in place across both sites ensuring all risks are assessed, logged and monitored. The documentation although fit for purpose is still quite cumbersome and can be quite overwhelming when faced with it for the first time. Finding a multiuser solution to streamline the process is on the IG agenda and included in the DSPT improvement plan.

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

### **Data Flow Mapping & Departmental Information Assets**

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

The information asset owner is a key role in delivering information assurance within the trust however culturally IG has managed this whole process and in doing so the IAO role has been in name only, we need a cultural shift so Information asset owners are fully aware of their responsibilities and have the relevant training to support them in their role.

To achieve this we need to establish a full list of IAO's and IAA who will be responsible for managing the information risk within relevant systems and applications which will involve a lot of training and awareness

NHSD are offering GHSQ certified e-learning training for IOA's and we have secured 2 initially, with a maximum of 98 further licenses available to be allocated to Trust IAOs.

This a legal requirement and failure to have detailed information mapping of all the Trusts personally identifiable data flows could leave the Trust open enforcement action/fines from the Information Commissioners Office.

### **Subject access requests (SAR)**

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

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

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

**Bedford Site:** decreased from an average of 95.45% in Apr-May 2019/20 to 90.32% in 2020/21

**Luton Site:** decreased from 97.5% in Apr – May 2019/20 to 90%

Luton site processed over 3000 SARS and Bedford 1140 in the last financial year. To date the merged sites have processed 1500 requests of which 433 have breached the legal deadline.

### **Freedom of Information (FOI)**

Under the Freedom of Information Act public authorities are required to respond to requests no later than 20 working days.

FOI Compliance:

**Bedford Site** has decreased from an average of 98% compliance in Apr-May 2019/20 to 69% in 2020/21 due to delays in receiving information during the Covid response.

**Luton Site** compliance has risen from 43.8% in Apr-May 2019/20 to an average of 67% in Apr-May 20/21

Cross site Figures from July 2020 to date:

Received	Breached	Outstanding
103	19	77

We are now publishing responses within the publication scheme on the Trust website. This will support the process allowing the trust to conform to guidance and hopefully reduce the amount of duplicate requests whilst raising compliance figures.

### **Mandatory IG Training**

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

The Trust's training compliance is currently set at 90%. This must be aligned with the DSPT before the baseline submission in February 2021

The current percentage of staff compliant with annual IG training is 75.8%

To raise IG training figures and continue to support social distancing measures the IG team produced an IG training booklet that has been well received. The Training and Development team have also purchased new equipment which will enable us to broadcast video/audio in high definition via Microsoft Teams. This will allow us to deliver IG training safely and hopefully more frequently to comply with the 95% DSPT target.

### **National Data Opt Out**

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

The national data opt out is a service that allows patients to opt out of their confidential patient information being used for research or planning e.g.

- for research purposes such as to identify the effectiveness of a new drug
- to provide information to support the safe and effective delivery of health and care services
- for a patient who has died, where they had previously set a national data opt-out

The Trust must:

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

The Trust does not currently comply with the National Opt-outs (as noted in the privacy notice) and Information Governance will be managing it locally until The Trust can implement the relevant technical solution.

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

### **Shared folders/access controls**

To comply with GDPR, The Trust needs to have strict data access control and a full awareness of:

- what data they hold,
- why they are holding it and
- what permissions they have to use it.

PID is stored within folders on the share drive and it's necessary for workflow, however; if staffs are saving PID onto departmental folders (within the share drive) they must ensure that only the relevant staff members have access to that information.

It is advised that all heads of department review which staff members have access to their departmental folders/drive. This action needs to be prioritised and awareness raised to ensure that staff access' to PID within folders/drives are legitimate and not excessive.

Without a clear option to audit the share drive user access and the controls surrounding it leaves The Trust extremely vulnerable.



## Board of Directors

**Wednesday 4 November 2020**

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

<b>Report summary</b>	<p><b>Quality Summary</b></p> <ul style="list-style-type: none"> <li>Focus on falls initiative on the Bedford site due to an increase in reporting</li> <li>Incident reporting trends have returned to more usual levels</li> <li>11 Serious incidents have been reported and are currently being investigated. Improvement activity is also noted.</li> <li>Lower than average mortality rates have been noted in the last three months</li> <li>There has been an increase in complaints received and the contacts with Patient Advice and Liaison Service have also increased.</li> <li>The 62 day cancer wait continues to be missed due to the number of patients whose pathways were extended during the initial COVID-19 peak.</li> <li>The Trust's performance against the 18 week standard has improved again in September 2020 with both sites showing month on month improvement.</li> <li>There has been a significant increase in the number of patients waiting over 52 weeks</li> <li>Diagnostic performance has improved between August and September 2020</li> </ul> <p><b>Finance Summary</b></p> <p>The Trust has delivered the required breakeven position, with the assistance of £28.3m of top-up and true up payments.</p>
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	<p>In part these payments represent a shortfall in block payments, which do not include FRF &amp; MRET monies. This represents £10.2m of the shortfall. The remaining “true-up” is due to Covid costs, which were marginally above £18.1m true-up, which only takes the Trust to a breakeven position.</p> <p>Capital spend has been modest to date.</p> <p><b>Workforce Summary</b></p> <p>Following a peak in sickness absence in April and May this has returned to levels consistent with this time of year however training and appraisal rates remain lower as teams have been focussing on responding to the challenges presented by the pandemic and recovery plans. Whilst the vacancy rates have been stable year to date they have started to increase from 9.19% in April 20 to 10.23% in September 2020. This was driven by a COVID related stop to overseas recruitment but resumed September.</p> <p>The overall turnover improved during lock –down by 1.51% but has returned similar rates as the same period last year; 14.8% in September 2019 and 14.4% in September 2020. The increase in the 12 month rolling average is driven by the additional clinical services staff group where fixed term COVID contracts for final year nurses (Aspirant Nurses) were ended in August.</p> <p>The overall Agency run rate is 33% lower in September 2020 when compared to September 2019 equivalent to 105.9 FTE fewer agency workers</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>The national access targets and financial performance form part of the NHS provider Single Oversight Framework which determines the segmentation, and therefore the level of autonomy and support needs attributed to the Trust, by NHSI/E.</p> <p>CQC Oversight</p>
<b>Jargon Buster</b>	<p>Superstranded patients - Someone who has spent 21 days or more in hospital.</p> <p>Nervecentre - An Electronic Patients Record Solution that includes patient observation and clinical care.</p>

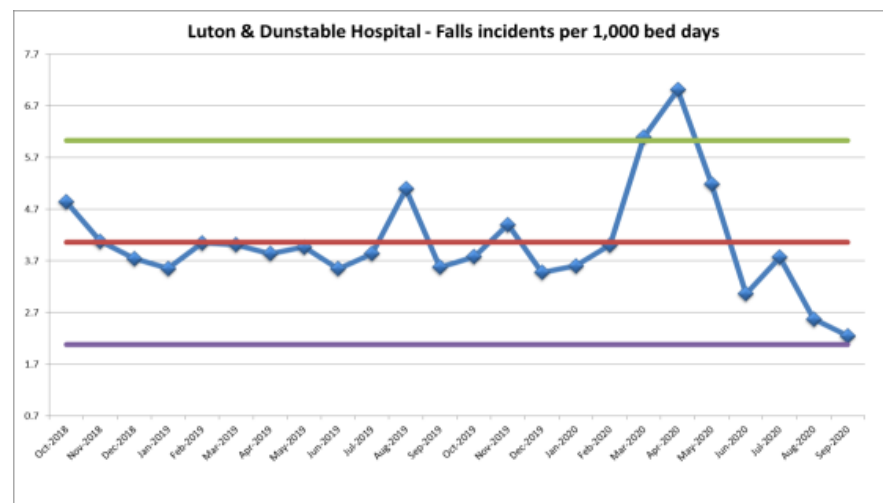
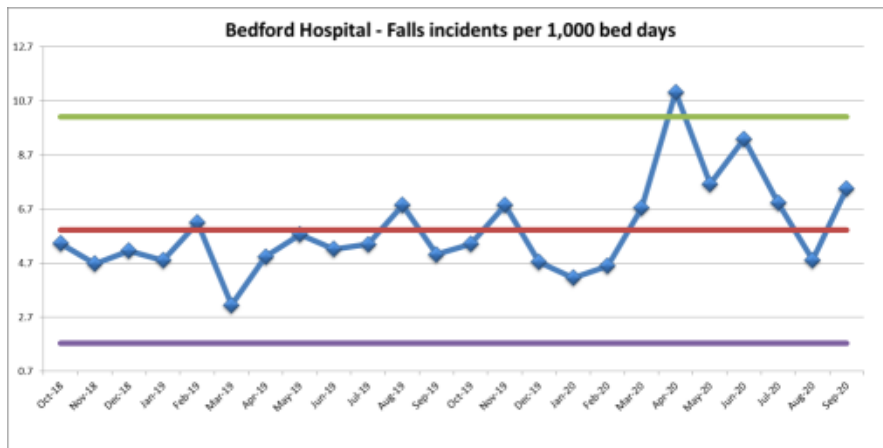


# Quality and Performance

October 2020

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

## Harm Free Care – Falls



Bedford Hospital site reported a total of 80 inpatient falls, an increase in 29; total falls per 1000 bed days is above the national average of 6.63 at 7.50

### Bedford site Falls Management Initiatives

- 'Focus on falls' initiative recommenced within high risk areas. Two wards will participate every month. The results will be reported back to the wards for learning and actions.
- Ensure ward managers are aware of timing pattern of falls to assist with planning breaks, rounds and routines.

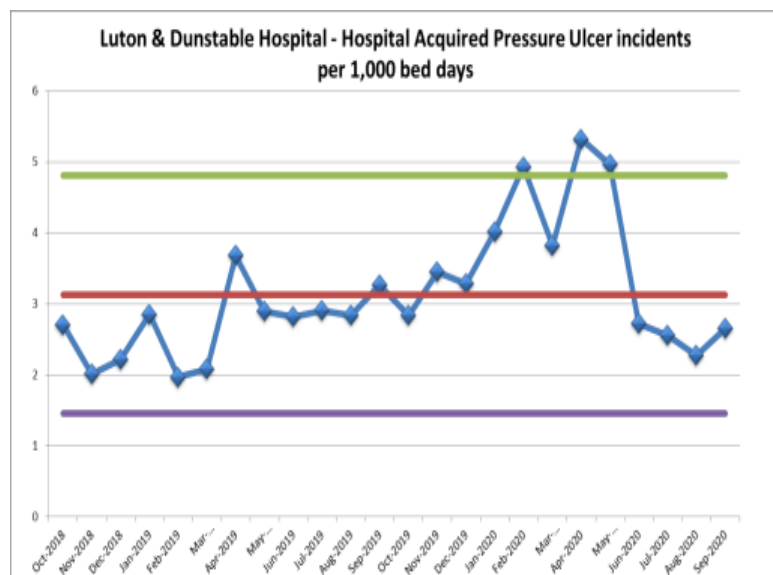
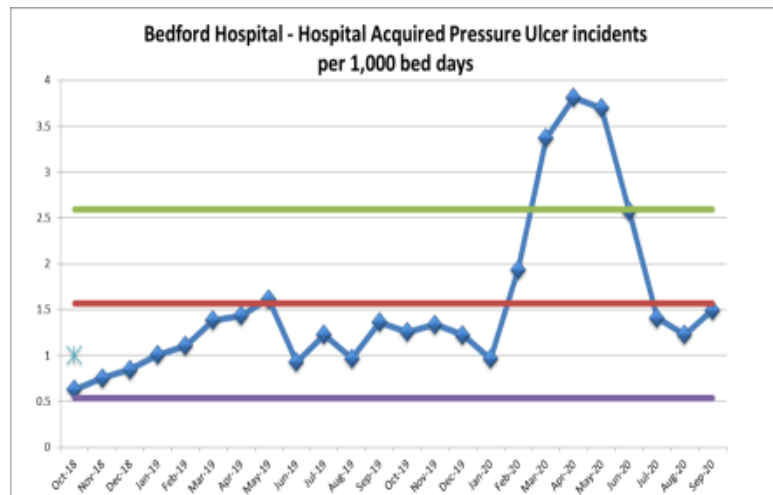
At L&D site the rate of falls per 1000 bed days remains below the RCP recommendation with 2.2 for whole Trust and 2.6 for the "no maternity or children under 16" group.

### L&D Falls Management Initiatives

Weekly falls review meetings now include Clinical service lines 1, 2, 3 & 10. A Datix "frontloading" process is due to be shared with Heads of Nursing at the end of October with a view to going live in November. It is envisaged that the data obtained will support staff in identifying themes and trends in falls incidents and lead to improvement in patient safety management.

- The thematic review of falls with harm incidents during phase one of the COVID pandemic has been reviewed by the Trust Board. Work is now on-going to disseminate review findings across Trust and on implementation of subsequent actions.
- Joint falls steering group being initiated by AHP lead

## Harm Free Care – Pressure Ulcers



**Bedford site** - A total of 23 new pressure ulcers (NPU) were validated from incident reports, which occurred on 22 patients. This represents an increase compared with the previous month (August 2020). An increase in moderate harms has also been noted for the reporting period.

### Analysis

An increase in moderate harms has been noted for the reporting period.

### Actions and Next Steps

- Plan for international “Stop the Pressure Day” which will take place on 20<sup>th</sup> November, in line with COVID social distancing guidance
- Tissue Viability link nurse meeting scheduled for October to enhance education and shared learning with a focus on moisture damage and audit
- Commencing October 2020, ‘present on admission’ data (POA) will be collated and sent to community stakeholders on a bi monthly basis for information and follow up

**L&D site** - A total of 39 new pressure ulcers (NPU) were validated from the incident reports (including those that were device related), which occurred on 33 patients. This represents a decrease of 17% when compared with the previous month (August 2020). This is the lowest monthly incidence of pressure ulcers.

### Analysis

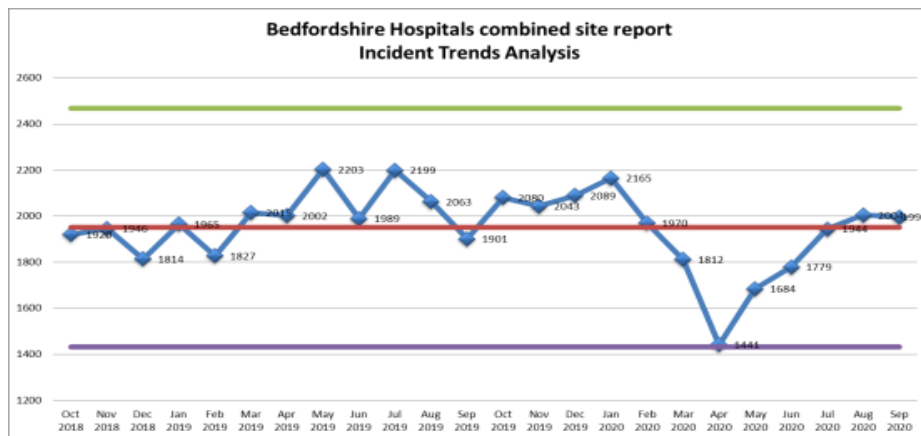
Lowest number of NPU’s since June 2019, when 37 NPUs occurred.  
Number of DTI has fallen sharply (72%) when compared with August.  
Over 170 staff attended Datix/pressure ulcer training.

### Actions and Next steps

- During October the team will, in collaboration with Head and Deputy Head of Nursing, focus on Complex Medicine – Service Line.
- Team have undertaken some further Datix/Pressure ulcer training sessions.
- Develop Quick guide for reporting pressure/moisture damage for wards
- Plan for international “Stop the Pressure Day” which will take place on 20<sup>th</sup> November, in line with COVID social distancing guidance.

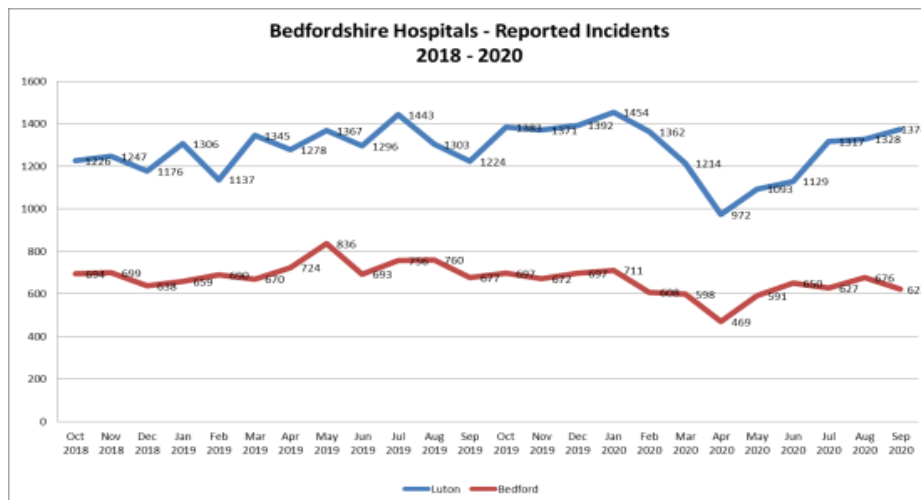
## Incident Reporting

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



This chart provides the trend of reported incidents across both the Bedford and Luton & Dunstable Hospital sites. Of note is the drop in incident reporting in March and particularly April 2020 which was the peak of the COVID-19 pandemic, this is due to the reduction and pause in “normal” Trust activity during that time. The reporting trends have started to improve toward expected rates as the Trust moves into recovery phases for all clinical services. This will be monitored closely to ensure incident reporting rates remain optimal.

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



This chart provides the trend of reported incidents across both the Bedford and Luton & Dunstable hospital sites. Of note is the drop in incident reporting in March and particularly April 2020 which was the peak of the COVID-19 pandemic, this is due to the reduction and pause in “normal” Trust activity during that time. The reporting trends have started to improve toward expected rates as the Trust moves into recovery phases for all clinical services. This will be monitored closely to ensure incident reporting rates remain optimal.

## Serious Incidents

Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.

Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

A total of eleven events have been declared as serious incidents across the both Trust sites between July –September 2020.

### Bedford Hospital site

#### Four Serious Incidents were declared between July –September

- A potential delay/failure to diagnose contributing to a patient deterioration and collapse requiring emergency surgery and admission to Critical Care
- Stillbirth
- Wrong site administration – error which was identified quickly therefore no harm to patient
- Surgical complication following elective surgical procedure

### Luton and Dunstable Hospital site

#### Seven Serious incidents were declared between July – September

- Hospital Acquired Grade 4 pressure ulcer
- Patient fall from window and taken for treatment to ED. (Window restrictors were in place and working). Joint investigation with ELFT.
- Delay in diagnosis potentially reducing treatment options for a patient with cancer.
- A patient discharged from ED, returning the next requiring emergency surgery therefore a potential missed opportunity for more timely treatment
- A cluster of gynaecology-oncology patients potentially missed to follow up following referral to Mount Vernon Cancer Centre (MVCC) in November 2019. Joint investigation with East and North Herts NHS Trust
- Missed diagnosis following visits to the emergency department
- Surgical complication following laparoscopic elective surgery

### Improvement activity related to previously investigated Serious Incidents

Responding appropriately when things go wrong in healthcare is a key part of the way we can continually improve the safety of the services we provide to our patients. We know that healthcare systems and processes can have weaknesses that can lead to errors occurring and, tragically, these errors sometimes have serious consequences.

Therefore as a Trust we focus on the outputs of our incident investigation processes to capture areas for continuous improvement and shared learning.

The following list provides an example for some of that work either completed or on going which has resulted from previously reported incidents:

#### **Diagnostics and Testing**

- The policy for implementing a change in pathology testing was identified as being complex and difficult to follow and is being reviewed and updated to more easily support staff in its use.
- Improvement work regarding delays in radiology reporting continue with improved staffing due to successful overseas recruitment and expansion in SpR numbers
- Training for Radiology staff regarding vetting processes including awareness reminders of urgency codes on IT systems
- Human factors training regarding impact and pitfalls around confirmation bias

#### **Maternity and neonatal services**

- Reinforcing the role of interpreting services within Maternity for women where English is not their first language
- Implementation of further local staff training on dealing with cases of difficult intravenous access in babies.
- Use of the "Reduced Fetal Movements Leaflet" enhanced and will now be provided as soon as possible or at the time of appointment if the pregnancy is booked late to further support women.
- Categorisation of C-section deliveries to act as indicator to clinical teams as to urgency for delivery
- Implementation of improved swab counting protocol for patients moving between areas within Maternity

#### **Pressure ulcers**

- Enhanced training around undertaking patient risk assessments, particularly use of the Malnutrition Universal Screening Tool and when a referral to the dietetic service should be made



**Falls Prevention and Aftercare**

- Induction pack for the junior doctors updated with information to ensure a higher level of suspicion when assessing patients who have fallen
- Revision to documentation to include update to admission sheet and alteration of handover sheets to highlight outstanding care tasks for patients at risk of fall
- Introduction of a “Falls Friday” initiative involving the use of practical real time scenarios to support improved learning for falls avoidance and actions post a patient fall.
- Audit and review of falls prevention equipment
- Review of communication between Patient Flow and Clinical teams when moving patients between wards where patient is at risk of falling

**Caring for our In patients**

- Planned update and additional education for medical juniors on the fluid and electrolyte management for patients receiving insulin infusion, particularly in the elderly.
- Strengthening of assurance for four hourly checks by nurse in charge of each area to include a check that “patients requiring risk assessments” have these completed.
- Update Training regarding NEWS2\* scores and interpretation for ward staff
- Enhanced competency training for staff in respect to safe use and insertion of naso gastric tubes completed
- Work with Outreach team re process and associated documentation for patient review
- Improvements to documentation and communication as to patient condition to trigger expedited action when transferring unwell/unstable patients to other hospitals

**Estates**

- Programme of work on-going to replace current window restrictor screws with irremovable / security screws
- Survey of medical gas systems undertaken and updated schematics in place

**Patient Follow Up**

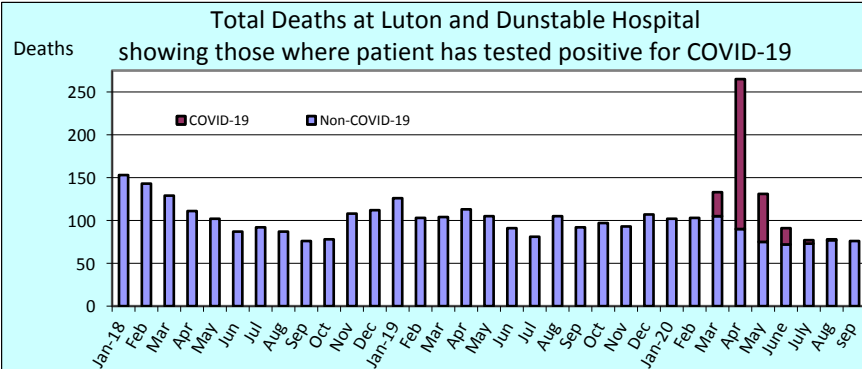
- Improvements to accountability for documentation and communication processes related to discharge planning in respect to follow up for patents requiring further or ongoing treatment within Haematology / Cancer Services
- Amendment to cancer MDT documentation to include post discharge plan and review appt.

*\*NEWS 2 is the latest version of the National Early Warning Score (NEWS) system which supports a standardised system for the assessment and response to acute illness.*

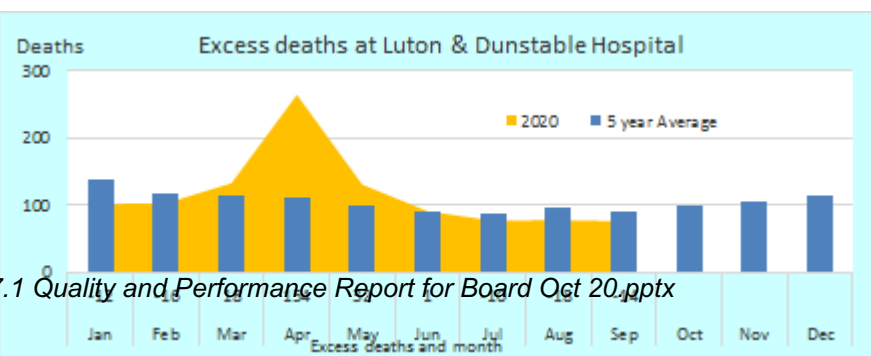
## COVID-19 and other mortality within Luton and Dunstable Hospital

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

There were no further COVID-19 deaths in the L & D during September 2020. The number of pandemic deaths in the hospital since March therefore remains at 283. There were 76 deaths in total during September 2020 giving a crude mortality rate of 9.0 deaths per 1000 discharges and deaths, slightly better than the 9.4 seen in September 2019.



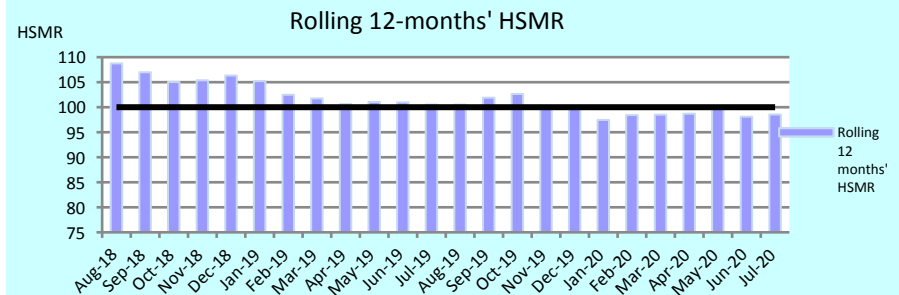
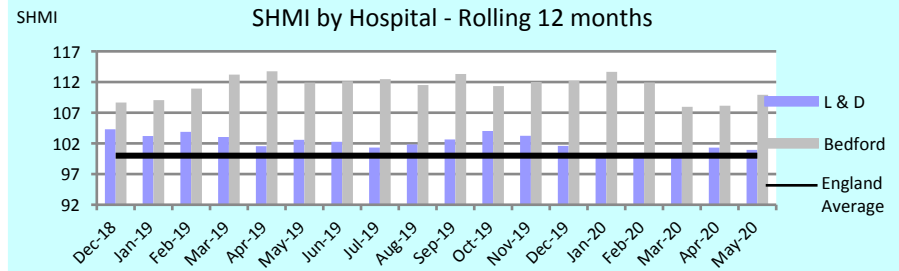
There have now been three successive months having exceptionally low numbers of hospital deaths. When compared with the 5-year average, month by month, there have averaged 14 fewer deaths per month for both the pre-pandemic months of January and February and also for the last three months. From March – May at the height of the pandemic deaths massively exceeded the average, of course. For the last 12 months as a whole there have been 1355 hospital deaths, an increase of 137 on the 12 months ending September 2019, suggesting 12% excess hospital deaths.



Comparative Mortality Indicator	Value	12-months' ending
Standardised Mortality Ratio (SMR)	106.29	Jul-2020
All hospital deaths		
Hospital Standardised Mortality Ratio (HSMR)	98.55	Jul-2020
diagnoses comprising about 80% of hospital deaths		
Summary Hospital-level Mortality Indicator (SHMI)	100.94	May-2020
deaths within 30 days of hospital discharge		
Risk Adjusted Mortality Index (RAMI) Excl COVID-19	92.27	Jul-2020
Takes account of length of stay for some chronic conditions when calculating risk		

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

Both SHMI and HSMR indicators exclude COVID-19 cases whilst SMR, covering all deaths, includes them. All these indicators should be interpreted with great caution now that they are affected by the pandemic deaths. Both SHMI and HSMR are close to the national average at the Luton and Dunstable Hospital.



Whole Trust data shows an SMR of 112 and an HSMR of 106 for the single month of July 2020 a small improvement on previous months. The SHMI to May was 104 for the Trust

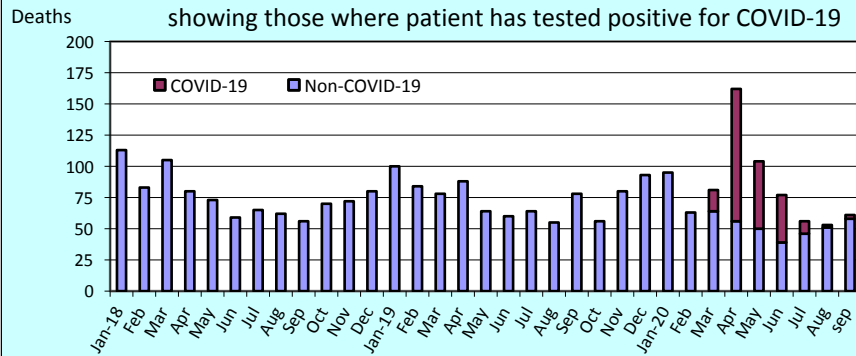
## Mortality within Bedford Hospital

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

There were 61 deaths altogether at Bedford Hospital in September 2020 of which 3 were of COVID-19 patients, the latest of which was on 30 September. There have now been 230 COVID-19 deaths at the hospital since March but only 15 in the last 3 months

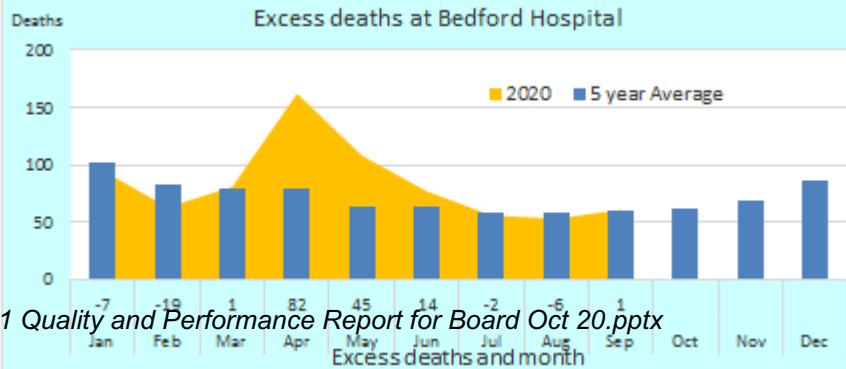
### Total Deaths at Bedford Hospital

showing those where patient has tested positive for COVID-19



Deaths have remained low during the summer months of July to September, very slightly lower than would be expected from the 5-year average for those months. For the last 12 months as a whole, ending in September 2020, there have been 981 hospital deaths, an increase of 88 on the 12 months ending September 2019. This shows there to have been 10% more deaths than would be expected at the hospital in the last 12 months and as such is currently the best indicator of excess hospital deaths.

### Excess deaths at Bedford Hospital

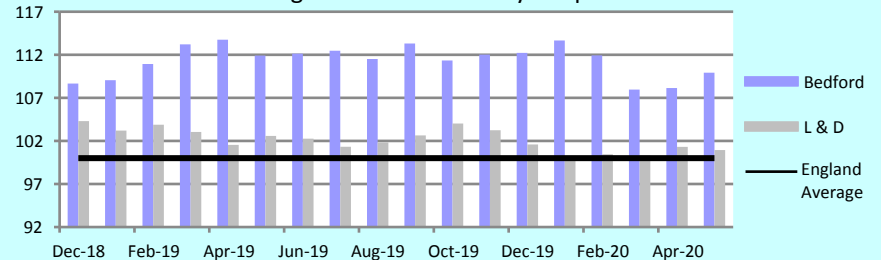


Comparative Mortality Indicator	Value	12-months' ending
Standardised Mortality Ratio (SMR) All hospital deaths	129.49	Jul-2020
Hospital Standardised Mortality Ratio (HSMR) diagnoses comprising about 80% of hospital deaths	114.96	Jul-2020
Summary Hospital-level Mortality Indicator (SHMI) Includes deaths within 30 days of hospital discharge	109.92	May-2020
Risk Adjusted Mortality Index (RAMI) excl. COVID-19 Takes account of length of stay for some chronic conditions when calculating risk	98.74	Jul-2020

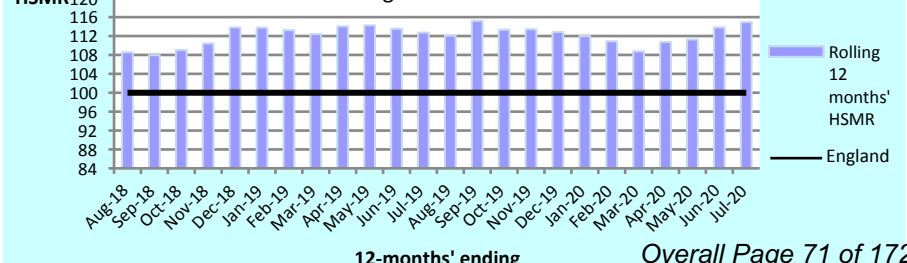
Values modified where necessary to give a constant national average of 100 for ease of comparison.

Both SHMI and HSMR indicators exclude COVID-19 cases whilst SMR, covering all deaths, includes them. The latest 12-month data for both SHMI and HSMR worsened a little to 110 and 115 respectively. The uncertainties of calculating these metrics through the pandemic necessitate continuing caution when interpreting these data.

### Rolling 12 months' SHMI by Hospital



### Bedford: Rolling 12-months' HSMR





## Complaints and Concerns

Complaints and concerns provide valuable feedback to help improve services, it is also important to balance that with compliments. Staff receive more compliments and positive feedback than complaints and concerns. It is important that these are also used to develop and share good working practices. If compliments are received by the Chief Executive or via PALS/Complaints Team they are logged on Datix.

### Summary

Initially numbers were reduced at the beginning of the Covid lockdown. However, in recent weeks the numbers have exceeded the level we were experiencing prior to the pandemic.

The top five themes in both formal written complaints and concerns raised with PALS are communications, clinical treatment, admissions and discharges, privacy and dignity and finally values and behaviour.

The national reporting of Friends and Family (FFT) data has been suspended during this time but will resume in December and January in the new format.

Those patients who are inpatients in November will be surveyed as part of the CQC 2020 inpatient survey.

Visiting restrictions were imposed during the pandemic with the exception of patients at the end of their life, a birthing partner and an accompanying adult for a child. These restrictions remained unchanged throughout September. A pilot to extend visiting on base wards in a limited and controlled way has been implemented, this will be reported on next month.

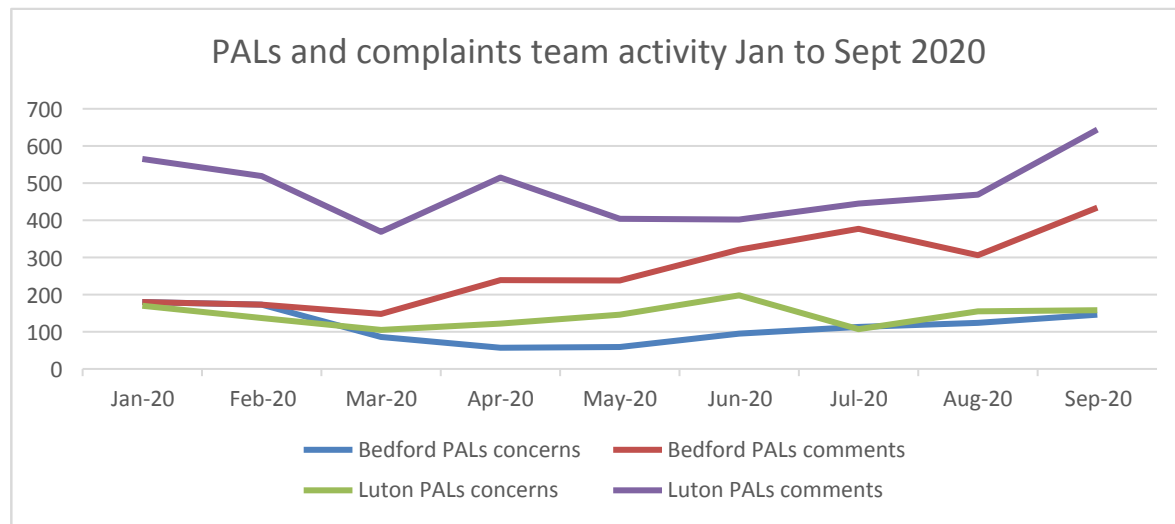


## Complaints and Concerns

The patient experience team are actively working with the Trust Datix and information managers to enable the data to be aggregated and managed in a uniform process that will allow comparison to be made in future reports

Since Trust merger, the locally set performance indicator for closure of 85% of complaints cases within 35 working days has been adopted at both hospital sites. There has been an increase in breaches of this indicator. Most cases of breach relate to the approval of the responses and reflect some recent changes in organisational structures.

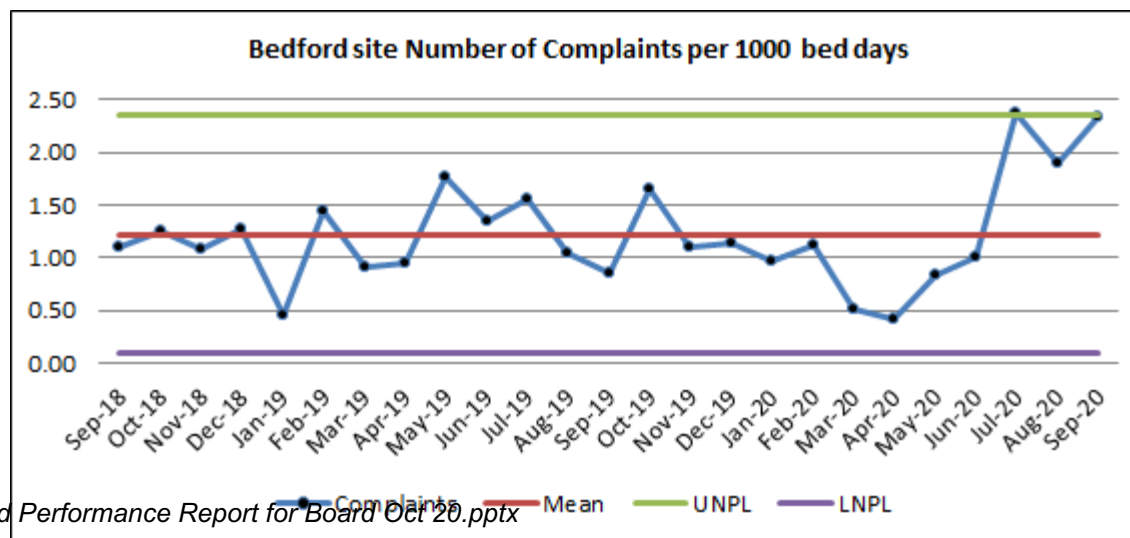
There has been a marked increase in activity with the PALs and complaints team post Covid, this activity is shown by PALs concern and comments rates in the chart below:



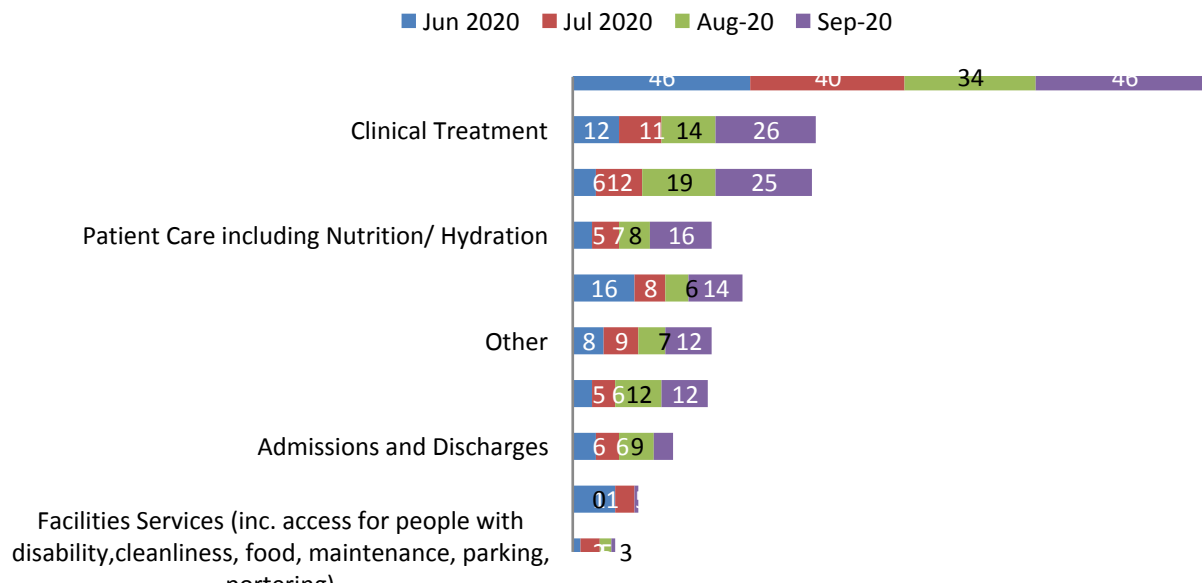
## Complaints - Bedford

Complaints	Mar-2020	Apr-2020	May-20	Jun-20	Jul-2020	Aug 2020	Sep t 2020
Complaints: Number received	6	3	7	9	22	20	25
Complaints: Number received per 1000 bed days	0.52	0.41	0.84	1.01	2.38	1.89	2.36
Complaints: Number of response breaches (over 35 days)	0	0	0	0	0	2	11
Compliments: Number received	48	22	49	39	37	55	66
PALs contacts (concerns)	86	57	59	95	113	124	146

**PHSO Status** Two open complaints with the PHSO for Bedford site.



## Bedford Top 10 PALS Concerns (By Subject) June - September 2020



### PALS (Bedford) – 146 case examples

There were 46 concerns logged relating to communication and more than 50% of such concerns are from the next of kin of patients in ward areas. These are fed back to ward areas for resolution at the time of reporting.

There were 10 instances of lost property. In September, the patient experience team have commenced a pilot of a Property Information Form (PIF). This document has been designed to require wards/departments to investigate lost property. Working with the security manager these will be reviewed to determine if any process issues can be determined and rectified.

## Complaints – Luton

Delivering an Excellent Patient Experience	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20
<b>Complaints</b>							
Complaints: Number received	34	21	18	43	50	29	36
Complaints: Number received per 1000 bed days	1.9	1.6	1.3	2.9	3.2	1.5	2.1
Complaints: Number of response breaches (over 35 days)	20	11	6	6	21	25	21
Compliments: Number received	77	38	60	52	55	108	47
PALs contacts (concerns)	105	122	146	198	107	155	158

Medical ward and patient experience team compliments data only.

The PALs contact data for previous months has been amended to reflect those concerns logged within Datix as PALS concerns. Less significant concerns that are readily resolved are classified as comments and not logged within the Datix system.

There has been a marked increase in activity for both the PALS and Complaints Team, demonstrating that patients and members of the public's expectations have increased and their tolerance of delays, especially relating to appointments and treatment has diminished.

### PHSO Status:

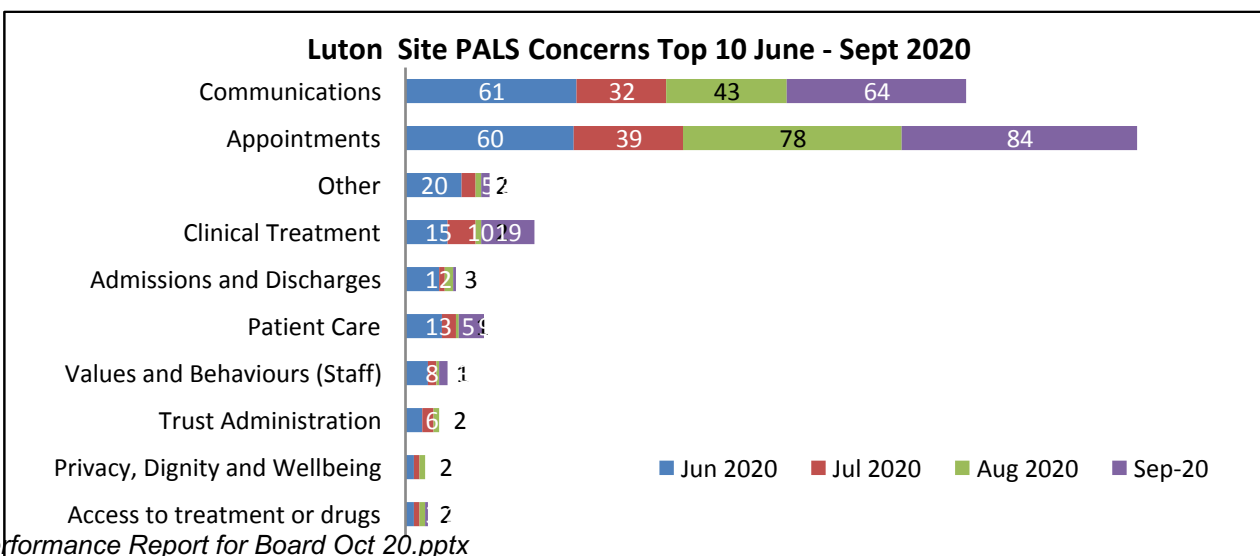
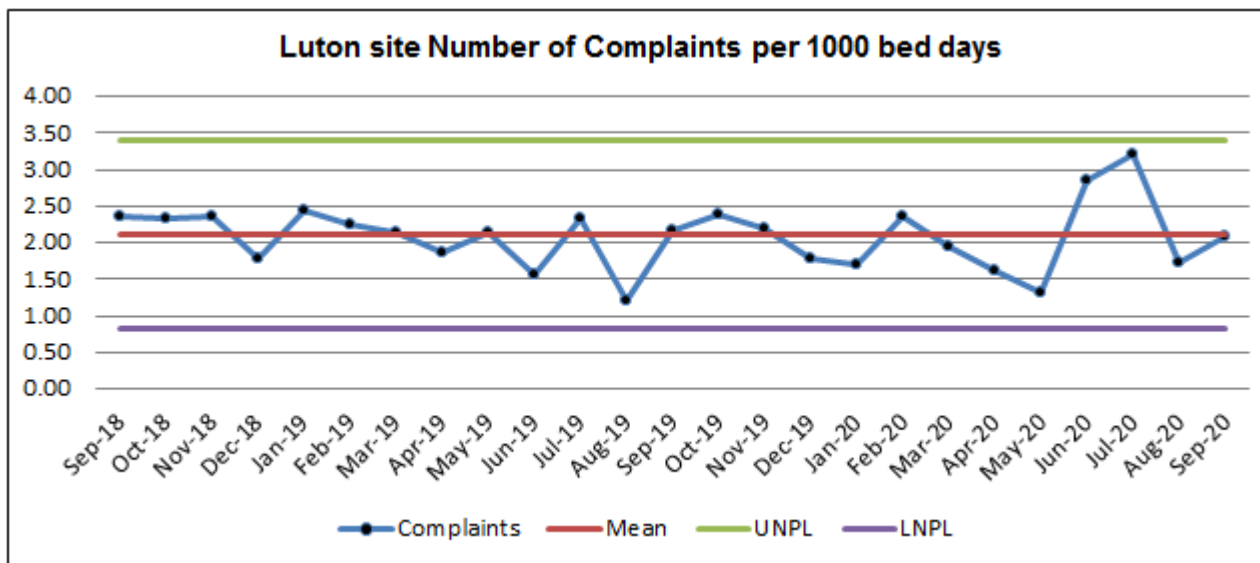
One open complaint with the PHSO for Luton Site.

One complaint for which the PHSO has suggested mediation.

No PHSO complaints upheld from January to date.



# Caring





## Carers Lounges and PALS

These services are now available for limited face to face contact at each hospital site, however most contacts are via email and telephone

The PALS team, at Luton, have completed a short audit looking at concerns relating to appointments and communication (August and September 2020).

Trends identified from the audit show that the most common reasons why patients contacted PALS in relation to 'communication' was that they were 'unable to contact the ward or service' and in relation to 'appointments' was 'failure to provide follow up'.

The trend for communication concerns was evenly spread across all services, Ophthalmology Services had the highest number of 'failure to provide follow up' episodes for appointments.

This small audit indicates that the ability to contact wards and services is crucial and Trust performance needs improvement. The limited access to visitors coming on site increases call activity and further compounds communication challenges. Proactive engagement with patients and relatives is likely to reduce the amount of time clinical staff spend sorting out concerns, allowing them to concentrate on clinical care.

These findings will be provided to the respective clinical service line managers who will be asked to consider their team's response to this feedback.

Senior Nurses are working with the wards on some communication strategies including:

- Changes to the website encouraging relatives to phone later in the day after ward/board rounds are complete.
- Effective use of Nervecentre as a handover tool, updated following each board round, so that up to date information is accessible to all staff.
- Switchboard have been asked not to put calls through to phones out of hours that are unlikely to be manned ie ward clerk office.
- Frailty are trialling a more proactive approach on a ward whereby following the ward/board round decisions are relayed directly to the patients so that they are kept informed, or if this is not possible, the information is phoned to a single point of contact relative or carer, with the patient's permission.
- Reviewing out of hours calls to the ward, where the ward has an allocated mobile phone held by the nurse in charge, the calls are answered and the patient is kept informed.



## **Friends and Family Test (FFT)**

National reporting for FFT was suspended during Covid lockdown, monthly collection and submission will resume from 1 December 2020. The first data to be submitted will be in early January. The data will then be nationally published in February 2021. The patient experience team are working with the information teams to establish the new reporting requirements.

### **Friends and Family Survey – BEDFORD**

FFT data at Bedford has continued since March 2020 despite Covid lock down, as collection is possible on most instances without increasing patient staff risk. In maternity paper forms are used so this impacts their response rate. The number of responses reduced corresponding with the reduction in occupancy rates in Q1.

The introduction of the new questions has been implemented however the service lines/divisions have not yet implemented processes that will use the qualitative feedback to improve or change services. As recovery and restoration plans are implemented in Q4 this will need to be included. The patient experience team has this as a priority in their work plan over Q3 and Q4.

### **Friends and Family Survey – LUTON**

There is no data for Outpatients and most appointments have been either by telephone or video. Outpatients usually use the iPad and paper forms to collect feedback but with the lack of face to face appointments feedback has been limited.

## National Surveys

All work on national patient surveys for 2020 has been deferred. The proposed dates going forward for 2020/21 are:

**Urgent and Emergency Care:** This survey process has now commenced. The sample period for this survey was for:

- Patients attending the UTC in Bedford during August and September.
- Patients attending the main A&E departments, both sites, during September 2020.

**Adult Inpatient:** Surveys to be sent out January 2021 to May 2021 for patients treated in November 2020. Communications are being provided to the relevant staff and teams during October 2020.

**Children and Young People:** Surveys to be sent out February 2021 to June 2021 for patients treated in November and December 2020.

Quality Health are the contractor to administer these audits for the Trust. The patient experience and information teams are revising processes to manage these audits and produce the combined sample data from both sites.

## Feedback from Luton Healthwatch

The Trust received feedback from HealthWatch Luton in Q2. The patient experience team asked HealthWatch for some further information to enable the Trust to respond to the concerns. Only one person has given permission to share their details, therefore most of the feedback can only be generalised and themes or issues for particular services cannot be identified.

The Trust will take part in the focus group organised by HealthWatch Luton towards the end of October. The theme is patient's experience with the discharge process.

## Other Initiatives

### Complaints training

The Patient Experience Team undertook its first complaints training 'virtually' in September. It was extremely successful and enabled 18 people to attend training and remain socially distanced. The session is now included as part of the Trust wide training programme along with face to face sessions.

### Patient Experience and Engagement Forums

In September 2020 the plan to implement the Patient Experience Council was approved by the Quality committee. The next steps in October and November 2020 will be to set up this council and implement the meeting plan for the coming months.

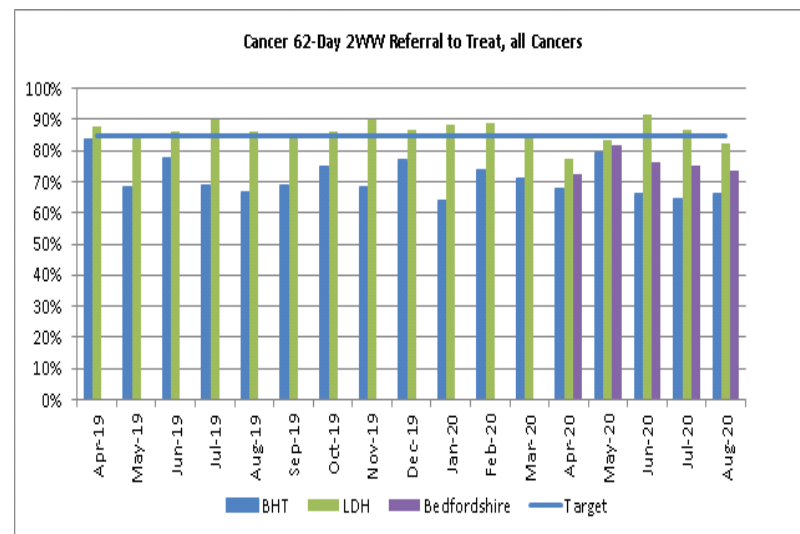


## Cancer

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

The 62 day referral to treatment target for patients suspected of cancer continues to be missed due to the number of patients whose pathways were extended during the initial Covid-19 peak.

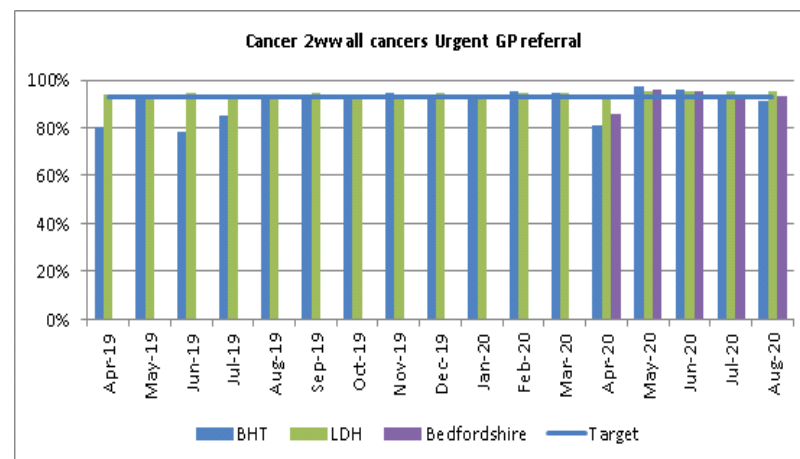
Overall the trust performance has deteriorated again slightly from the July position, with 73.4% reported for August 2020. Within month, the two hospitals treated 101.5 patients (28 less than the previous month), of whom 27 breached the 62 days standard. The rate of deterioration in performance continues to slow and the Bedford site performance improved this month. The Luton & Dunstable site performance dropped below the 85% target with 2 breaches in the skin tumour site which is unusual. The Bedford site performance includes 4 patients with lower GI cancers who breached the standard.



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

2ww referrals dropped due to the summer holidays, with 114 fewer patients seen in August 2020 on 2ww pathways than in July 2020. During August 2020, the Trust saw 1565 patients following a GP 2WW referral, of who 104 breached the 2ww standard giving an overall performance of 93.3% and so meeting the national standard. This excludes 73 patients on the breast symptomatic pathway, 8 of which breached the 2ww standard time to first consultation giving overall performance of 89.0% which is below the 93% standard.

28 day faster diagnosis performance was 66.25% at the Bedford site and 61.8% in Luton giving an overall trust performance of 64.4%.

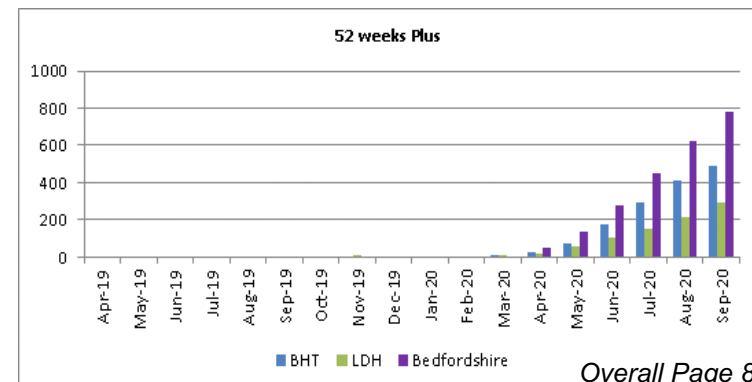
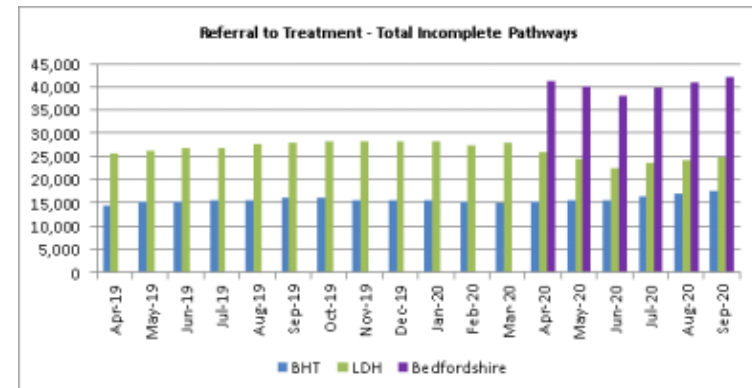
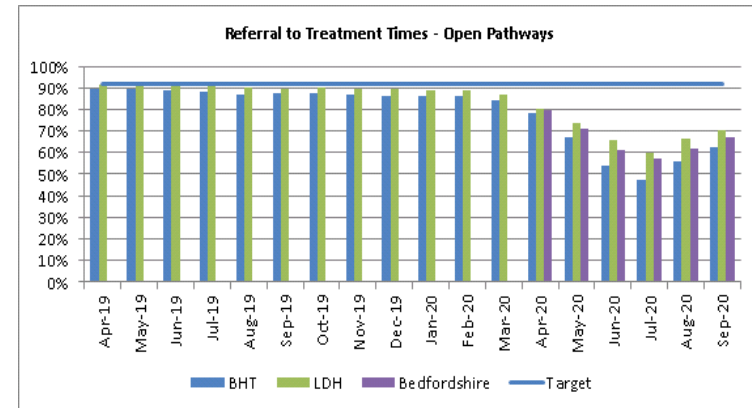


## 18 Weeks

### Referral to Treatment Times – Compliance with 18 week standard for Open Pathways and Total Incomplete Pathways (Target 92%)

The Trust's performance against the 18 week standard has improved again in September 2020 with both sites showing month on month improvement. The month end performance was the highest it has been since June 20 at 70.2% for L&D and 62.2% for BH which equates to 66.9% for the Trust as whole. It is important to note however that we are now more than 18 weeks from the start of the lockdown period in which no new routine referrals were being received. This means that from October onwards, 'post-lockdown' new routine referrals will start to tip into the 18 week backlog where treatment capacity has been prioritised for clinically urgent patients and the longest waiters.

The total number of open pathways increased to 42,262.



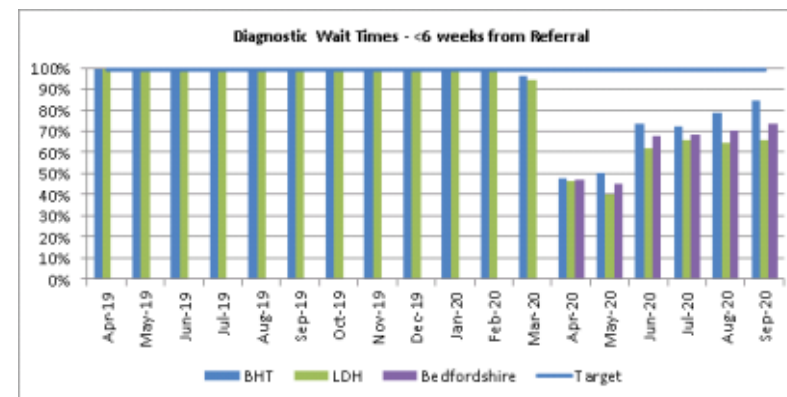
### 52 Week Plus (Target zero)

Once again there has been a significant increase in the number of patients waiting over 52 weeks, rising from 626 at the end of August 2020 to 783 at the end of September. 489 of these patients are waiting for treatment at the Bedford site (365 in orthopaedics) and 294 waiting at L&D. Whilst the improvements in theatre capacity and utilisation due to new isolation guidance has helped with capacity, the proportion of referrals for complex, urgent surgery has also increased and so the number of 52 weeks waiters has increased sharply again. The current operational planning aims to hold this figure steady from November 2020, and use outsourced capacity to begin to clear the backlog.

## Diagnostics

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

Diagnostic performance has improved again between August and September 2020. For the L&D there was a slight increase in the % of compliant pathways, and Bedford showed another marked improvement with an increase of 5.4%. For the L&D site the higher volumes of breaches are for the Non- Obstetric Ultrasounds and Dexa tests and for Bedford, Endoscopies and Echos.

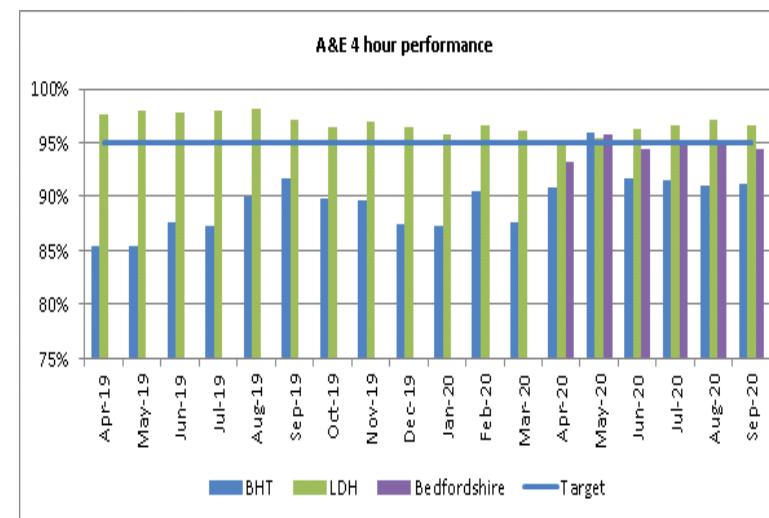


## A&E

### Provider footprint all AE types 4hour performance (Target 95%)

(Note L&D site activity remains to be excluded from reporting nationally whilst we await updated reporting guidance following the national UEC pilot standards).

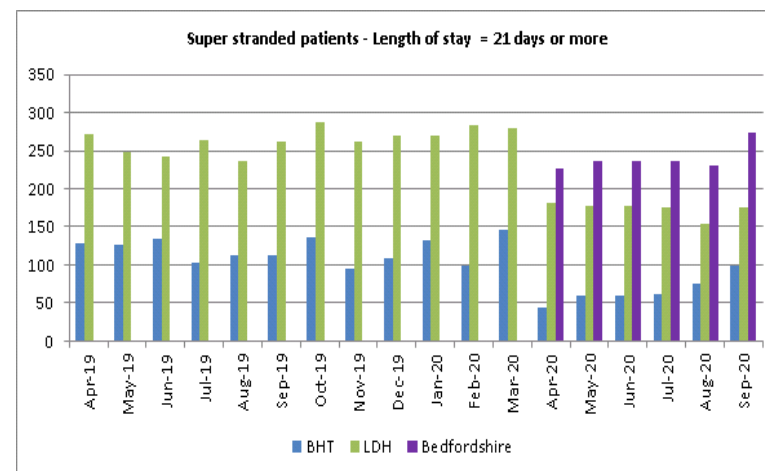
Following a challenging month for the emergency departments on both sites with rising bed pressures (both due to high occupancy and operational constraints due to the need to isolate suspected covid patients) the overall Trust performance was 94.4%. The Bedford site performance broadly remained the same during September 2020. L&D performance deteriorated slightly by 0.5% but remaining above the 95% standard.



## Length of Stay

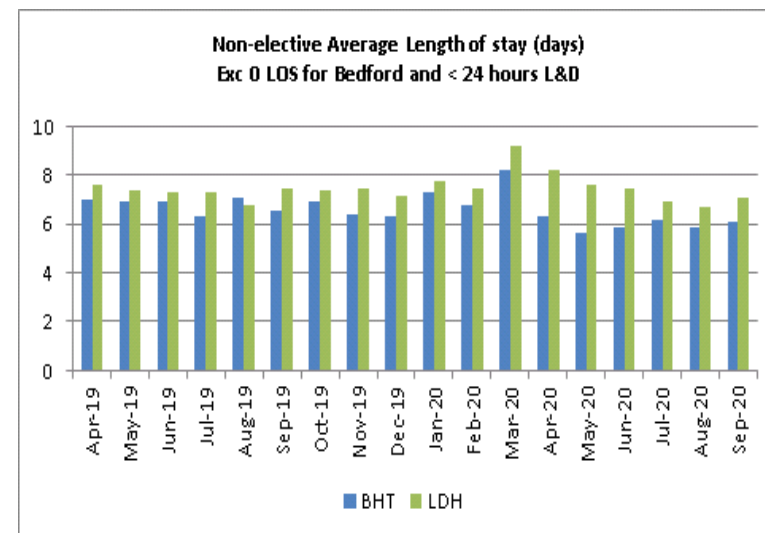
### Super stranded Patient metric - Length of Stay = 21 days or more

Whilst both sites continue to see the number of beddays used by super-stranded patients at a significantly reduced run rate in comparison to pre-covid, the number of superstranded beddays has increased on both sites between August and September 2020. New national discharge guidance has been published which re-introduces the continuing healthcare responsibilities for local commissioners; it will be vital to maintain this improvement over coming weeks and into winter as new processes are adopted.



### Non-elective Length of Stay (excluding zero day spells)

Non-elective average length of stay increased on both sites between August and September 2020, correlating with the trend in super stranded patients. Work to understand the difference between the two sites has not yet completed, and it is important to note that in this graph the metric for each site is calculated slightly differently due to historic reporting methods. Work is underway to test alignment of the methodologies.





# Finance Presentation

## FY20-21



## Report for Month 6

### Executive Summary

The Trust has delivered the required breakeven position, with the assistance of £28.3m of top-up and true up payments.

In part these payments represent a shortfall in block payments, which do not include FRF & MRET monies. This represents £10.2m of the shortfall. The remaining “true-up” is due to Covid costs, which were marginally above £18.1m true-up, which only takes the Trust to a breakeven position.

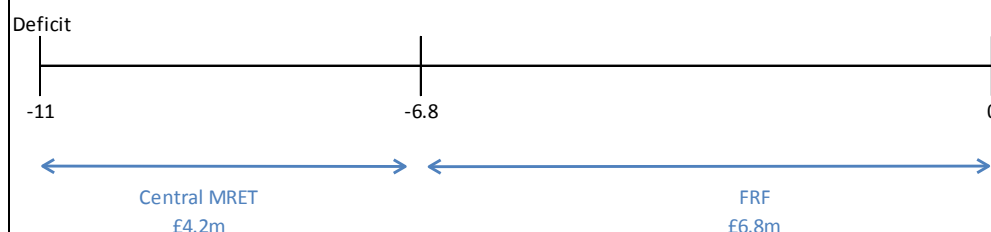
Capital spend has been modest to date.

The Trust's plan is based on the average spend of the Trust from November 2019 – January 2020 and the average income from April 2019 to December 2019 (both income and expenditure is then inflated and adjusted for a modest population growth). FRF & Centrally funded MRET are excluded from the above calculation (c£17m). The plan then includes a “top-up” of £1.7m per month (£20.5m pa) to take the Trust to a breakeven position. This assumes commercial income remain constant (e.g. car parking, catering, private patients, overseas, Circle Contract, etc.). However, the reality is the Trust will fall short of this income. The Trust will be “trued-up” to a breakeven position to cover these losses. Future arrangements are currently unclear.

## Bedford Site

### BEDFORD SITE: ORIGINAL 20-21 PLAN

The underlying position on the Bedford site is a £11m deficit, post impact of the £68m debt right off.



### BEDFORD SITE: REVISED BLOCK 20-21 PLAN (EXCL. TOP-UP)

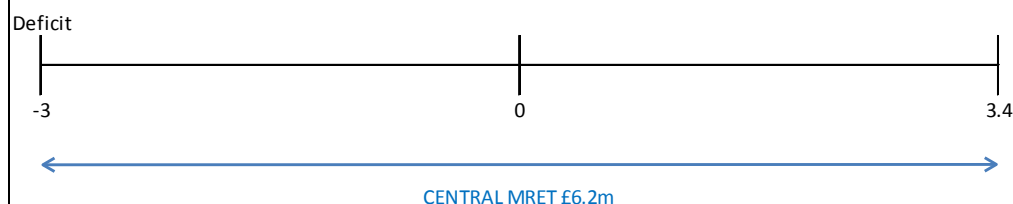
The net impact of block is a deficit position of £8.2m – this is largely due to the exclusion of FRF & MRET from the block income.



\* Based on Nov 19-Jan 20 Trading BHT's average trading position

### LUTON AND DUNSTABLE SITE: ORIGINAL 20-21 PLAN

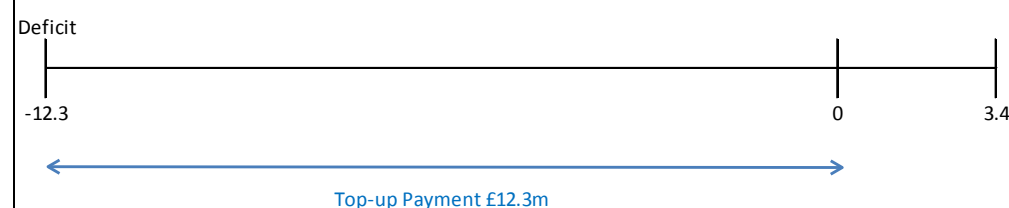
The Luton and Dunstable site has a £3m underlying deficit, however the central MRET funding allows the Trust to deliver the finance trajectory of £3.4m.



## Luton Site

### LUTON AND DUNSTABLE SITE: REVISED BLOCK 20-21 PLAN (EXCL. TOP-UP)

The net impact of block is a deficit position of £12.3m – this is largely due to the exclusion MRET from the block income. This only takes the Trust to a breakeven position and not a surplus.



Statement of comprehensive income	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	30/09/2020	30/09/2020	30/09/2020	30/09/2020	30/09/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
Operating income from patient care activities	352,552	166,526	103,037	269,563	(82,989)
Other operating income	36,375	24,960	19,623	44,583	8,208
Employee expenses	(194,430)	(125,932)	(76,333)	(202,265)	(7,835)
Operating expenses excluding employee expenses	(113,181)	(62,656)	(44,496)	(107,152)	6,029
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>4,560</b>	<b>2,899</b>	<b>1,831</b>	<b>4,730</b>	<b>170</b>
<b>FINANCE COSTS</b>					
Finance income	180	9	4	13	(167)
Finance expense	(846)	(480)	(300)	(780)	66
PDC dividends payable/refundable	(3,894)	(2,559)	(1,561)	(4,120)	(226)
<b>NET FINANCE COSTS</b>	<b>(4,560)</b>	<b>(3,029)</b>	<b>(1,857)</b>	<b>(4,886)</b>	<b>(326)</b>
Other gains/(losses) including disposal of assets	0	0	(6)	(6)	(6)
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>0</b>	<b>(131)</b>	<b>(32)</b>	<b>(163)</b>	<b>(163)</b>
Retain impact of DEL I&E (impairments)/reversals	0	0	0	0	0
Remove capital donations/grants I&E impact	0	131	32	163	163
<b>Adjusted financial performance</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Control total including PSF, FRF and MRET funding</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Performance against control total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Run Rate					
Actual	Actual	Actual	Actual	Actual	Actual
M01	M02	M03	M04	M05	M06
£'000	£'000	£'000	£'000	£'000	£'000
45,269	45,096	45,408	44,958	43,924	44,908
5,994	6,411	6,973	8,296	8,688	8,220
(32,704)	(34,557)	(33,988)	(34,523)	(33,592)	(32,901)
(17,889)	(16,282)	(17,564)	(18,089)	(17,913)	(19,415)
<b>671</b>	<b>668</b>	<b>829</b>	<b>642</b>	<b>1,107</b>	<b>813</b>
12	(0)	0	0	0	1
(126)	(123)	(194)	(66)	(125)	(145)
(601)	(601)	(601)	(601)	(1,027)	(686)
<b>(716)</b>	<b>(725)</b>	<b>(795)</b>	<b>(668)</b>	<b>(1,153)</b>	<b>(831)</b>
0	0	0	(16)	16	(6)
<b>(45)</b>	<b>(56)</b>	<b>34</b>	<b>(42)</b>	<b>(30)</b>	<b>(24)</b>
0	0	0	0	0	0
45	56	(34)	41	30	24
<b>0</b>	<b>(0)</b>	<b>0</b>	<b>(0)</b>	<b>0</b>	<b>(0)</b>
0	0	0	0	0	0
0	(0)	0	(0)	0	(0)

## Operating Income from Patient Care Activities

Income from patient care activities (by source)	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	30/09/2020	30/09/2020	30/09/2020	30/09/2020	30/09/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
NHS England	61,849	22,169	10,855	33,024	(28,825)
Clinical commissioning groups	234,624	140,772	91,115	231,887	(2,737)
<b>NHSE &amp; CCG TOTAL</b>	<b>268,068</b>	<b>162,940</b>	<b>101,970</b>	<b>264,910</b>	<b>(3,158)</b>
NHS foundation trusts	222	247	309	556	334
NHS trusts	804	361	0	361	(443)
Local authorities	1,326	1,089	0	1,089	(237)
Department of Health and Social Care	0	0	0	0	0
NHS other (including Public Health England)	210	0	0	0	(210)
Non-NHS: private patients	1,914	857	533	1,390	(524)
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	264	32	59	91	(173)
Injury cost recovery scheme	666	271	166	437	(229)
Non-NHS: other	2,322	728	0	728	(1,594)
<b>Total income from patient care activities</b>	<b>275,796</b>	<b>166,526</b>	<b>269,564</b>	<b>436,090</b>	<b>160,294</b>

Run Rate					
Actual	Actual	Actual	Actual	Actual	Actual
M01	M02	M03	M04	M05	M06
£'000	£'000	£'000	£'000	£'000	£'000
5,574	4,081	4,827	4,828	8,673	5,041
39,136	40,567	39,831	39,212	34,518	38,623
<b>44,710</b>	<b>44,647</b>	<b>44,658</b>	<b>44,040</b>	<b>43,191</b>	<b>43,664</b>
85	(13)	56	247	84	97
65	58	62	56	60	60
171	175	181	182	192	188
0	0	0	0	0	0
35	35	35	35	35	(176)
78	32	100	291	233	654
29	(8)	13	31	20	6
44	29	142	59	72	92
52	140	161	16	36	323
<b>45,269</b>	<b>45,096</b>	<b>45,408</b>	<b>44,958</b>	<b>43,924</b>	<b>44,908</b>

## Other Operating Income

Other operating income	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	30/09/2020	30/09/2020	30/09/2020	30/09/2020	30/09/2020
	YTD	YTD	YTD	YTD	YTD
Research and development	456	267	140	407	(49)
<b>Other operating income recognised in accordance with IFRS 15:</b>					
Education and training	9,432	4,931	3,213	8,144	(1,288)
Non-patient care services to other WGA bodies	2,856	0	3,075	3,075	219
Non-patient care services to other Non WGA bodies	3,264	0	130	130	(3,134)
PSF, FRF, MRET funding and Top-Up	10,251	18,165	10,085	28,250	17,999
Income in respect of employee benefits	612	548	0	548	(64)
Other (recognised in accordance with IFRS 15)	8,064	879	2,591	3,470	(4,594)
<b>Other operating income:</b>					
E&T - notional income from apprenticeship fund and peppercorn leases (non-cash)	0	0	0	0	0
Cash donations / grants	0	28	0	28	28
Charitable and other contributions to expenditure	0	0	113	113	113
Support from DHSC for mergers	24	26	0	26	2
Rental revenue from finance leases	0	0	0	0	0
Rental revenue from operating leases	0	117	0	117	117
Other	378	0	0	0	(378)
Other	1,038	0	276	276	(762)
<b>Total other operating income</b>	<b>36,375</b>	<b>24,960</b>	<b>44,582</b>	<b>69,542</b>	<b>33,167</b>

Run Rate					
Actual	Actual	Actual	Actual	Actual	Actual
M01	M02	M03	M04	M05	M06
£'000	£'000	£'000	£'000	£'000	£'000
69	57	70	63	70	78
1,455	1,460	1,473	1,478	1,091	1,186
481	559	666	614	288	467
0	0	0	55	0	75
3,480	3,964	4,366	5,194	6,328	4,920
130	73	14	121	103	107
324	138	295	893	750	1,070
0	0	0	0	0	0
0	0	13	0	0	15
29	18	17	18	24	7
4	4	4	4	4	4
0	0	0	0	0	0
0	0	0	0	0	0
21	20	21	9	29	16
0	118	35	(153)	0	276
<b>5,994</b>	<b>6,411</b>	<b>6,973</b>	<b>8,296</b>	<b>8,688</b>	<b>8,220</b>

## Employee Expenses

Summary staff costs detail	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	30/09/2020	30/09/2020	30/09/2020	30/09/2020	30/09/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
Total non medical - clinical substantive staff	100,699	54,237	34,168	88,405	12,294
Total non medical - non-clinical substantive staff	24,306	13,302	11,975	25,277	(971)
Total medical and dental substantive staff	50,922	35,215	19,714	54,929	(4,007)
Total capitalised substantive staff	0	1,504	243	1,747	(1,747)
<b>Total pay bill substantive staff</b>	<b>161,040</b>	<b>104,258</b>	<b>66,100</b>	<b>170,358</b>	<b>(9,318)</b>
Bank staff including any capitalised bank staff	22,146	13,325	5,338	18,663	3,483
Agency & contract staff including capitalised staff costs	10,962	9,358	4,845	14,203	(3,241)
<b>Total pay bill all staff</b>	<b>194,148</b>	<b>126,941</b>	<b>76,283</b>	<b>203,224</b>	<b>(9,076)</b>
Apprenticeship Levy	0	495	293	788	(788)
Capitalised Staff Costs	0	(1,504)	(243)	(1,747)	1,747
<b>Total employee benefits excluding capitalised costs</b>	<b>194,148</b>	<b>125,932</b>	<b>76,333</b>	<b>202,265</b>	<b>(8,117)</b>

Run Rate					
Actual	Actual	Actual	Actual	Actual	Actual
M01	M02	M03	M04	M05	M06
£'000	£'000	£'000	£'000	£'000	£'000
14,562	14,868	14,960	14,723	14,632	14,661
4,315	4,328	4,563	4,569	4,189	3,312
9,045	9,350	9,103	8,978	8,965	9,487
240	334	232	366	259	316
<b>28,162</b>	<b>28,880</b>	<b>28,858</b>	<b>28,636</b>	<b>28,046</b>	<b>27,776</b>
2,913	3,188	2,800	3,090	3,651	3,019
1,821	2,772	2,513	2,789	2,022	2,286
<b>32,897</b>	<b>34,840</b>	<b>34,171</b>	<b>34,515</b>	<b>33,719</b>	<b>33,082</b>
47	50	49	375	132	135
(240)	(334)	(232)	(366)	(259)	(316)
<b>32,704</b>	<b>34,557</b>	<b>33,988</b>	<b>34,523</b>	<b>33,592</b>	<b>32,901</b>

## Employee Expenses – Permanent Staff

Substantive staff by staff group	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	30/09/2020	30/09/2020	30/09/2020	30/09/2020	30/09/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
<b>Non-medical - Clinical staff substantive</b>					0
Registered nursing, midwifery and health visiting staff	49,872	31,837	19,403	51,240	(1,368)
Healthcare scientists and scientific, therapeutic and technical staff	18,726	13,572	6,494	20,066	(1,340)
Qualified ambulance service staff	0	0	0	0	0
Support to clinical staff	17,214	8,828	8,271	17,099	115
<b>Total non-medical - Clinical staff substantive</b>	<b>85,812</b>	<b>54,237</b>	<b>34,168</b>	<b>88,405</b>	<b>(2,593)</b>
<b>Medical and dental substantive</b>					
Consultants (including Directors of Public Health)	29,874	20,755	11,031	31,786	(1,912)
Career/staff grades	4,032	3,023	1,338	4,361	(329)
Trainee grades	17,016	11,437	7,345	18,782	(1,766)
<b>Total medical and dental staff substantive</b>	<b>50,922</b>	<b>35,215</b>	<b>19,714</b>	<b>54,929</b>	<b>(4,007)</b>
<b>Non-medical - Non-clinical staff substantive</b>					
NHS infrastructure support	23,166	12,930	11,094	24,024	(858)
Any others	1,140	371	881	1,252	(112)
<b>Total non-medical - Non-clinical staff substantive</b>	<b>24,306</b>	<b>13,302</b>	<b>11,975</b>	<b>25,277</b>	<b>(971)</b>
<b>Total pay bill - Substantive staff</b>	<b>161,040</b>	<b>102,754</b>	<b>65,857</b>	<b>168,611</b>	<b>(7,571)</b>
Capitalised staff costs	0	1,504	243	1,747	(1,747)
<b>Total pay bill - Substantive staff incl capitalised</b>	<b>161,040</b>	<b>104,258</b>	<b>66,100</b>	<b>170,358</b>	<b>(9,318)</b>

Run Rate					
Actual	Actual	Actual	Actual	Actual	Actual
M01	M02	M03	M04	M05	M06
£'000	£'000	£'000	£'000	£'000	£'000

8,426	8,658	8,699	8,445	8,464	8,548
3,185	3,256	3,210	3,449	3,451	3,513
0	0	0	0	0	0
2,950	2,953	3,050	2,828	2,717	2,600
<b>14,562</b>	<b>14,868</b>	<b>14,960</b>	<b>14,723</b>	<b>14,632</b>	<b>14,661</b>

5,227	5,382	5,199	5,090	5,050	5,837
702	702	656	695	803	802
3,116	3,265	3,247	3,193	3,112	2,848
<b>9,045</b>	<b>9,350</b>	<b>9,103</b>	<b>8,978</b>	<b>8,965</b>	<b>9,487</b>

4,125	4,172	4,132	3,789	4,007	3,800
190	157	432	780	182	(488)
<b>4,315</b>	<b>4,328</b>	<b>4,563</b>	<b>4,569</b>	<b>4,189</b>	<b>3,312</b>
<b>27,922</b>	<b>28,546</b>	<b>28,626</b>	<b>28,269</b>	<b>27,787</b>	<b>27,460</b>
240	334	232	366	259	316
<b>28,162</b>	<b>28,880</b>	<b>28,858</b>	<b>28,636</b>	<b>28,046</b>	<b>27,776</b>

## Employee Expenses – Bank Staff

Bank spend by staff group	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	30/09/2020	30/09/2020	30/09/2020	30/09/2020	30/09/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
<b>Non-medical - Clinical staff bank</b>					
Registered nursing, midwifery and health visiting	4,836	2,993	1,585	4,578	258
Healthcare scientists and scientific, therapeutic and	804	756	135	891	(87)
Qualified ambulance service staff	0	0	0	0	0
Support to clinical staff	5,244	2,800	1,102	3,902	1,342
<b>Total non-medical - Clinical staff bank</b>	<b>10,884</b>	<b>6,549</b>	<b>2,822</b>	<b>9,371</b>	<b>1,513</b>
<b>Medical and dental bank</b>					
Consultants	4,056	1,519	929	2,448	1,608
Career/staff grades	660	290	79	369	291
Trainee grades	4,800	4,150	659	4,809	(9)
<b>Total medical and dental staff bank</b>	<b>9,516</b>	<b>5,959</b>	<b>1,667</b>	<b>7,626</b>	<b>1,890</b>
<b>Non medical - non-clinical staff bank</b>					
NHS infrastructure support	1,746	816	849	1,665	81
Any others	0	0	0	0	0
<b>Total non medical - non-clinical staff bank</b>	<b>1,746</b>	<b>816</b>	<b>849</b>	<b>1,665</b>	<b>81</b>
<b>Total pay bill - bank staff</b>	<b>22,146</b>	<b>13,325</b>	<b>5,338</b>	<b>18,663</b>	<b>3,483</b>
Capitalised staff costs	0	0	0	0	0
<b>Total pay bill - including capitalised staff costs</b>	<b>22,146</b>	<b>13,325</b>	<b>5,338</b>	<b>18,663</b>	<b>3,483</b>

Run Rate					
Actual	Actual	Actual	Actual	Actual	Actual
M01	M02	M03	M04	M05	M06
£'000	£'000	£'000	£'000	£'000	£'000

768	829	624	701	924	733
137	176	125	149	160	143
0	0	0	0	0	0
522	618	575	635	841	710
<b>1,427</b>	<b>1,623</b>	<b>1,324</b>	<b>1,486</b>	<b>1,925</b>	<b>1,587</b>

506	383	351	465	416	327
67	50	332	207	204	(492)
675	852	545	667	751	1,320
<b>1,249</b>	<b>1,285</b>	<b>1,228</b>	<b>1,338</b>	<b>1,371</b>	<b>1,155</b>

237	280	248	266	355	278
0	0	0	0	0	0
<b>237</b>	<b>280</b>	<b>248</b>	<b>266</b>	<b>355</b>	<b>278</b>
<b>2,913</b>	<b>3,188</b>	<b>2,800</b>	<b>3,090</b>	<b>3,651</b>	<b>3,019</b>
0	0	0	0	0	0
<b>2,913</b>	<b>3,188</b>	<b>2,800</b>	<b>3,090</b>	<b>3,651</b>	<b>3,019</b>



## Employee Expenses – Agency Staff

Agency staff spend by staff group	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	30/09/2020	30/09/2020	30/09/2020	30/09/2020	30/09/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
<b>Non-medical - Clinical staff agency</b>					
Registered nursing, midwifery and health visiting	4,254	1,556	624	2,180	2,074
Healthcare scientists and scientific, therapeutic and	786	964	377	1,341	(555)
Qualified ambulance service staff	0	0	0	0	0
Support to clinical staff	6	0	0	0	6
<b>Total non-medical - Clinical staff agency</b>	<b>5,046</b>	<b>2,520</b>	<b>1,001</b>	<b>3,521</b>	<b>1,525</b>
<b>Medical and dental agency</b>					
Consultants	2,784	1,779	1,639	3,418	(634)
Career/staff grades	(30)	155	0	155	(185)
Trainee grades	2,916	4,403	1,646	6,049	(3,133)
<b>Total medical and dental staff agency</b>	<b>5,670</b>	<b>6,338</b>	<b>3,285</b>	<b>9,623</b>	<b>(3,953)</b>
<b>Non medical - non-clinical staff agency</b>					
NHS infrastructure support	246	500	559	1,059	(813)
Any others	0	0	0	0	0
<b>Total non medical - non-clinical staff agency</b>	<b>246</b>	<b>500</b>	<b>559</b>	<b>1,059</b>	<b>(813)</b>
<b>Total pay bill - agency &amp; contract staff</b>	<b>10,962</b>	<b>9,358</b>	<b>4,845</b>	<b>14,203</b>	<b>(3,241)</b>
Capitalised staff costs	0	0	0	0	0
<b>Total pay bill - agency staff incl capitalised</b>	<b>10,962</b>	<b>9,358</b>	<b>4,845</b>	<b>14,203</b>	<b>(3,241)</b>

Run Rate					
Actual	Actual	Actual	Actual	Actual	Actual
M01	M02	M03	M04	M05	M06
£'000	£'000	£'000	£'000	£'000	£'000

292	398	336	337	378	439
184	245	213	242	250	206
0	0	0	0	0	0
0	0	0	0	0	0
<b>476</b>	<b>643</b>	<b>549</b>	<b>579</b>	<b>628</b>	<b>646</b>

577	574	579	683	440	565
11	29	34	31	40	11
624	1,308	1,165	1,276	763	913
<b>1,212</b>	<b>1,910</b>	<b>1,778</b>	<b>1,990</b>	<b>1,243</b>	<b>1,489</b>

133	219	186	219	151	151
0	0	0	0	0	0
<b>133</b>	<b>219</b>	<b>186</b>	<b>219</b>	<b>151</b>	<b>151</b>
<b>1,821</b>	<b>2,772</b>	<b>2,513</b>	<b>2,789</b>	<b>2,022</b>	<b>2,286</b>
0	0	0	0	0	0
<b>1,821</b>	<b>2,772</b>	<b>2,513</b>	<b>2,789</b>	<b>2,022</b>	<b>2,286</b>

## Other Operating Expenses (Non-Pay)

Operating expenditure	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	30/09/2020	30/09/2020	30/09/2020	30/09/2020	30/09/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
Purchase of healthcare from NHS and DHSC group bodies	7,740	0	6,458	6,458	1,282
Purchase of healthcare from non-NHS and non-DHSC	5,568	0	5,602	5,602	(34)
Non-executive directors	108	76	40	116	(8)
Supplies and services – clinical (excluding drugs costs)	23,409	16,248	6,064	22,312	1,097
Supplies and services - general	10,908	8,796	1,747	10,543	365
Drugs costs	25,296	13,220	8,905	22,125	3,171
Consultancy	1,170	813	182	995	175
Establishment	7,434	4,871	1,087	5,958	1,476
Premises - business rates payable to local authorities	1,110	528	519	1,047	63
Premises - other	6,342	2,921	4,214	7,135	(793)
Transport	1,044	761	238	999	45
Depreciation	6,948	4,600	2,995	7,595	(647)
Amortisation	702	0	0	0	702
Impairments net of (reversals)	0	0	0	0	0
Movement in credit loss allowance on financial assets	0	51	94	145	(145)
Audit fees and other auditor remuneration	24	35	30	65	(41)
Clinical negligence	11,190	6,631	4,630	11,261	(71)
Education and training - non-staff	720	303	153	456	264
Operating lease expenditure	1,698	638	594	1,232	466
Charges to operating expenditure for IFRIC 12 schemes	330	391	0	391	(61)
Other	1,440	1,770	944	2,714	(1,274)
<b>Total operating expenditure</b>	<b>113,181</b>	<b>62,656</b>	<b>44,496</b>	<b>107,152</b>	<b>6,029</b>

Run Rate					
Actual	Actual	Actual	Actual	Actual	Actual
M01	M02	M03	M04	M05	M06
£'000	£'000	£'000	£'000	£'000	£'000
921	888	908	1,188	824	1,729
945	870	1,229	601	1,215	742
20	19	20	19	18	19
3,539	2,779	3,632	3,657	4,234	4,472
2,149	1,905	1,935	1,486	1,254	1,815
3,583	3,410	3,756	3,912	3,382	4,082
146	48	82	244	318	157
1,103	830	921	1,065	1,043	996
177	170	176	171	177	175
1,216	1,487	900	1,066	1,222	1,245
170	150	193	170	155	161
1,260	1,261	1,039	1,242	1,642	1,150
95	58	77	80	(310)	0
0	0	0	0	0	0
17	22	20	72	(9)	24
11	11	11	11	11	11
1,878	1,876	1,878	1,876	1,871	1,882
117	43	68	51	90	86
189	210	176	199	261	197
65	70	65	71	59	62
288	174	478	907	457	410
<b>17,889</b>	<b>16,282</b>	<b>17,564</b>	<b>18,089</b>	<b>17,913</b>	<b>19,415</b>

**Covid Return – Trust only asked to report spend – lost income “trued-up” by default**

**Combined Covid 19 Position by category- Month 6 YTD**

Category	L&D Spend £000	BHT Spend £000	Total Spend £000
<b>Income Loss</b>			
Non NHS pt-related - Private patients, Overseas, RTA, Circle	1954	1571	3525
Catering and Car parking	783	1270	2053
<b>Expenditure</b>			
IT for working from home etc	375	73	448
Remote Management of Patients	498	115	613
Expanding medical/nursing workforce	2159	1537	3696
Sick pay at full pay	11	0	11
COVID-19 testing	2038	13	2051
Release bed capacity	0	48	48
Increase ITU capacity	1486	106	1592
Segregation of patient pathways	0	300	300
Additional shifts for existing workforce	1267	146	1413
Decontamination	259	0	259
National procurement	281	204	485
Backfil for higher sickness absence	999	559	1558
Other	729	173	902
<b>Total</b>	<b>12,840</b>	<b>6,115</b>	<b>18,955</b>

Runrate					
M01 £000	M02 £000	M03 £000	M04 £000	M05 £000	M06 £000
546	766	503	309	1,050	351
377	390	376	328	276	306
120	160	31	187	-50	0
344	102	62	56	29	20
462	469	1,013	996	422	333
490	-483	4	0	0	0
224	477	377	422	24	528
66	-19	0	0	0	1
458	352	369	73	278	61
167	-14	86	6	56	-1
200	398	289	221	108	197
13	-13	259	0	0	0
304	45	47	113	-46	22
86	752	361	176	36	147
7	143	138	178	149	286
<b>3,864</b>	<b>3,526</b>	<b>3,916</b>	<b>3,066</b>	<b>2,332</b>	<b>2,252</b>

**Statement of Financial Position – See Capital and Cash paper for further detail**

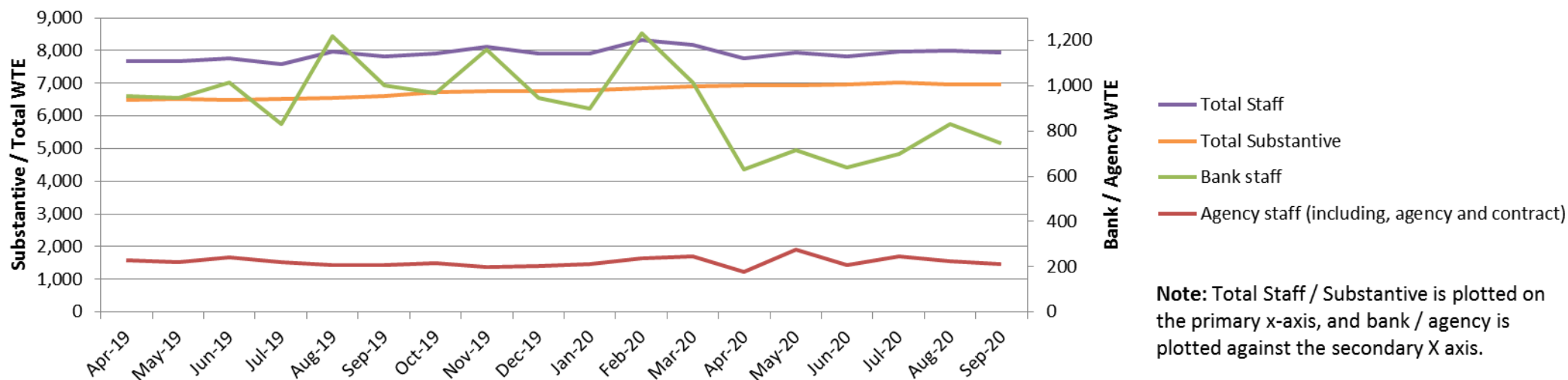
Statement of financial position	Luton	Bedford	Adj	Trust
	Actual	Actual	Actual	Actual
	30/09/2020	30/09/2020	30/09/2020	30/09/2020
	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000
<b>Non-current assets</b>				
<b>Total non-current assets</b>	161,467	99,572	0	261,039
<b>Current assets</b>				
Inventories	3,421	2,477	0	5,898
Receivables: due from NHS and DHSC group bodies	24,731	14,023		38,754
Receivables: due from non-NHS/DHSC group bodies	6,182	12,368		18,550
Cash and cash equivalents: GBS/NLF	80,776	40,489		121,265
Cash and cash equivalents: commercial / in hand / other	141	44		185
<b>Total current assets</b>	<b>115,251</b>	<b>69,401</b>		<b>184,652</b>
<b>Current liabilities</b>				
Trade and other payables: capital	(1,031)	(309)	0	(1,340)
Trade and other payables: non-capital	(70,289)	(28,813)	0	(99,102)
Borrowings	(1,773)	(308)	0	(2,081)
Provisions	(367)	(855)	0	(1,222)
Other liabilities: deferred income including contract liabilities	(871)	(19,832)	0	(20,703)
<b>Total current liabilities</b>	<b>(74,331)</b>	<b>(50,117)</b>	<b>0</b>	<b>(124,448)</b>
<b>Total assets less current liabilities</b>	<b>202,387</b>	<b>118,856</b>		<b>321,243</b>
<b>Non-current liabilities</b>				
Borrowings	(24,972)	(4,553)	0	(29,525)
Provisions	(682)	(245)	0	(927)
Other liabilities: deferred income including contract liabilities	0	(640)	0	(640)
<b>Total non-current liabilities</b>	<b>(25,654)</b>	<b>(5,438)</b>	<b>0</b>	<b>(31,092)</b>
<b>Total net assets employed</b>	<b>176,733</b>	<b>113,418</b>	<b>0</b>	<b>290,151</b>
<b>Financed by</b>				
Public dividend capital	74,462	185,339	(71,514)	188,287
Revaluation reserve	8,107	15,340	0	23,447
Income and expenditure reserve	94,164	(87,261)	71,514	78,417
<b>Total taxpayers' and others' equity</b>	<b>176,733</b>	<b>113,418</b>	<b>0</b>	<b>290,151</b>

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

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

Bank staff	954	947	1,014	831	1,218	1,001	966	1,159	944	897	1,233	1,016	632	716	639	698	831	744
Agency staff (including, agency and contract)	226	222	243	221	207	208	215	199	202	212	239	247	176	274	205	246	223	212

<b>Total Staff</b>	<b>7,659</b>	<b>7,675</b>	<b>7,758</b>	<b>7,578</b>	<b>7,983</b>	<b>7,811</b>	<b>7,917</b>	<b>8,106</b>	<b>7,908</b>	<b>7,905</b>	<b>8,320</b>	<b>8,163</b>	<b>7,752</b>	<b>7,934</b>	<b>7,809</b>	<b>7,971</b>	<b>8,010</b>	<b>7,929</b>
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## Agency Spend

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

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

# CAPITAL PLAN



## Report for Month 6

The Trust started the year with a combined capital plan of c£75m. With the advent of a STP Capital envelope the Trust has been forced to reduce its capital aspirations. The numbers below, which are within the Bedfordshire Hospitals element of the capital envelope, assume that the revised capital plan detailed in the separate paper is approved. Subsequently there have been further allocations for ED, Critical Infrastructure and Medical Equipment that have increased the plan back above £70m.

There has been limited spend to date of £12.1m against the revised £73.8m plan, and despite plans to spend significantly in the second half of the year, it is looking increasingly unlikely to be fully spent.

## Capital

CapEx £m	Actual FY19/20	Plan FY20/21	Forecast FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
<b>L&amp;D</b>								
BAU	5.1	8.0	6.3	1.9	4.3	4.3	4.3	4.3
Trust Funded Redevelopment	0.6	3.9	3.4	0.7	12.1	16.8	10.4	1.2
Enabling Works	0.1	7.9	7.5	0.4	1.5	0.0	0.0	0.0
Other Schemes Inside STP Envelope	14.2	18.3	18.2	2.8	22.2	0.6	0.3	0.0
<b>Schemes Funded Inside STP envelope</b>	<b>20.0</b>	<b>38.2</b>	<b>35.3</b>	<b>5.9</b>	<b>40.1</b>	<b>21.7</b>	<b>15.0</b>	<b>5.5</b>
£118m Funded Schemes	2.8	12.7	12.7	2.0	39.0	47.2	15.8	3.2
Other schemes Outside STP Envelope	5.2	3.4	11.5	2.2	12.8	0.2	0.5	0.3
<b>Schemes Funded Outside STP Envelope</b>	<b>8.0</b>	<b>16.1</b>	<b>24.2</b>	<b>4.3</b>	<b>51.9</b>	<b>47.4</b>	<b>16.3</b>	<b>3.5</b>
<b>L&amp;D Total CapEx</b>	<b>28.0</b>	<b>54.3</b>	<b>59.6</b>	<b>10.2</b>	<b>92.0</b>	<b>69.0</b>	<b>31.3</b>	<b>9.0</b>
CapEx £m	Actual FY19/20	Plan FY20/21	Forecast FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
<b>Bedford</b>								
BAU	4.6	4.6	4.6	0.7	0.0	0.0	0.0	0.0
Other Schemes Inside STP Envelope	1.5	1.2	1.2	1.1	0.0	0.0	0.0	0.0
<b>Schemes Funded Inside STP envelope</b>	<b>6.1</b>	<b>5.9</b>	<b>5.9</b>	<b>1.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
Other schemes Outside STP Envelope	4.3	1.9	7.3	0.2	0.0	0.0	0.0	0.0
<b>Schemes Funded Outside STP Envelope</b>	<b>4.3</b>	<b>1.9</b>	<b>7.3</b>	<b>0.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>BAU CapEx</b>	<b>10.4</b>	<b>7.8</b>	<b>13.2</b>	<b>1.9</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
CapEx £m	Actual FY19/20	Plan FY20/21	Forecast FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
BAU	9.7	12.7	10.9	2.6	4.3	4.3	4.3	4.3
Trust Funded Redevelopment	0.6	3.9	3.4	0.7	12.1	16.8	10.4	1.2
Enabling Works	0.1	7.9	7.5	0.4	1.5	0.0	0.0	0.0
Other Schemes Inside STP Envelope	15.7	19.6	19.4	3.9	22.2	0.6	0.3	0.0
<b>Schemes Funded Inside STP envelope</b>	<b>26.1</b>	<b>44.1</b>	<b>41.2</b>	<b>7.7</b>	<b>40.1</b>	<b>21.7</b>	<b>15.0</b>	<b>5.5</b>
£118m Funded Schemes	2.8	12.7	13.7	2.0	39.0	47.2	15.8	3.2
Other schemes Outside STP Envelope	9.5	5.3	18.8	2.4	12.8	0.2	0.5	0.3
<b>Schemes Funded Outside STP Envelope</b>	<b>12.3</b>	<b>18.0</b>	<b>32.5</b>	<b>4.4</b>	<b>51.9</b>	<b>47.4</b>	<b>16.3</b>	<b>3.5</b>
<b>BAU CapEx</b>	<b>38.4</b>	<b>62.1</b>	<b>73.8</b>	<b>12.1</b>	<b>92.0</b>	<b>69.0</b>	<b>31.3</b>	<b>9.0</b>



## Capital – L&D Site

CapEx £m	Actual	Plan	Revised	Forecast	Actual				
Simplified	FY19/20	FY20/21	Plan FY20/21	Outturn FY20/21	ytd FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
<b>BAU</b>									
Medical Equipment	1.9	2.4	2.4	2.4	0.3	1.5	1.5	1.5	1.5
BAU Estate ( <i>incl backlog</i> )	2.5	4.7	4.7	2.9	1.3	2.0	2.0	2.0	2.0
BAU IT	0.6	0.9	0.9	0.9	0.3	0.8	0.8	0.8	0.8
<b>BAU CapEx</b>	<b>5.1</b>	<b>8.0</b>	<b>8.0</b>	<b>6.3</b>	<b>1.9</b>	<b>4.3</b>	<b>4.3</b>	<b>4.3</b>	<b>4.3</b>
<b>Schemes</b>									
Maternity Ward Block	0.2	2.3	1.8	1.8	0.3	10.3	14.6	4.9	1.0
Lift Core	0.0	0.0	0.2	0.2	0.0	1.0	1.4	0.5	0.2
Equipment Risk	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0
Site Redevelopment Team & Overheads	0.4	1.2	1.7	1.2	0.5	0.8	0.8	1.0	0.0
Other Departmental Input to Redevelopment			0.2	0.2	0.1				
Bariatrics	0.1	10.8	2.2	2.2	0.1	0.1	0.0	0.0	0.0
Pathology/ Mortuary			0.3	0.3	0.1				
Temporary car parking			0.8	1.0	0.0				
Temporary accommodation			4.0	4.0	0.1				
Demolition			1.8	0.4	0.0	1.4			
Service diversions			0.6	0.6	0.0				
Enabling works - Estates			0.5	1.1	0.0				
Enabling works - Service reprovision			0.5	0.8	0.1				
Prior Year STP Wave 4 Fund			-2.8	-2.8	0.0				
Imaging Corridor Works	0.6	1.3	1.3	1.3	0.2				
Electrical Infrastructure	3.2	2.7	2.6	2.6	0.8	1.3	0.1		
Lewsey Road car park	0.1	4.8	4.7	4.7	0.4	0.1	0.0	0.0	0.0
Generators	2.2	1.1	1.1	1.1	0.1				
Energy Centre Building	0.3	10.0	4.8	4.8	0.3	11.9	0.5	0.3	
Energy Conservation Measures	0.2	2.7	3.0	3.0	0.1	6.3			
Helipads / Lifts / 3rd CT *	0.0	2.4	0.0	0.0	0.0	0.0			
ED X-Ray ( <i>from above - funding not identified</i> )	0.0	0.0	0.0	0.3	0.0				
PAS	0.0	0.0	0.0	0.0	0.0	2.6			
GDE ( <i>funding carry forward</i> )	0.0	0.5	0.0	0.0	0.0				
STP Portal	0.2	1.8	1.8	1.8	0.0				
Net Slippage	1.1	0.7	-1.2	-1.6	0.7				
Other	6.2	0.2	0.2	0.2	0.3				
<b>Main Schemes</b>	<b>14.9</b>	<b>42.5</b>	<b>30.1</b>	<b>29.1</b>	<b>4.1</b>	<b>35.8</b>	<b>17.4</b>	<b>10.7</b>	<b>1.2</b>
<b>Schemes Funded Inside STP Envelope</b>	<b>20.0</b>	<b>50.6</b>	<b>38.2</b>	<b>35.3</b>	<b>6.0</b>	<b>40.1</b>	<b>21.7</b>	<b>15.0</b>	<b>5.5</b>
IT Merger Enabling	0.0	2.3	2.3	2.3	0.4	5.6			
Pathology Joint Venture	1.8	1.8	1.8	1.8	0.7				
Acute Services Block	0.9	8.1	5.8	5.8	0.9	33.4	47.2	15.8	3.2
Prior Year STP Wave 4 Fund	0.0	0.0	2.8	2.8	0.0				
GDE	4.8	2.1	2.1	2.1	1.2				
Impact of IFRIC12/ Donated Assets	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.5	0.3
Covid-19 Temporary 3rd CT & EBME	0.0	0.0	2.4	0.0	0.0				
COVID-19	0.2	1.2	1.2	3.2	0.9				
Critical Infrastructure	0.0	0.0	0.0	3.8	0.0				
UEC Programme - L&D	0.0	0.0	0.0	2.3	0.0	12.7			
<b>Schemes Funded Outside STP Envelope</b>	<b>8.0</b>	<b>15.6</b>	<b>18.5</b>	<b>24.2</b>	<b>4.3</b>	<b>51.9</b>	<b>47.4</b>	<b>16.3</b>	<b>3.5</b>
<b>Total Capital Spend</b>	<b>28.0</b>	<b>66.2</b>	<b>56.7</b>	<b>59.6</b>	<b>10.3</b>	<b>92.0</b>	<b>69.0</b>	<b>31.3</b>	<b>9.0</b>

## Capital – Bedford Site

	Revised Plan	Actual				
	FY20/21	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
Estates Backlog Maintenance Schemes	1.2	0.2	0.0	0.0	0.0	0.0
Plant and machinery and other Equipment	1.5	0.3	0.0	0.0	0.0	0.0
SAN	0.3	0.0	0.0	0.0	0.0	0.0
IT Hardware	1.0	0.1	0.0	0.0	0.0	0.0
IT Software	0.6	0.1	0.0	0.0	0.0	0.0
Education Centre phase 2	1.2	1.1	0.0	0.0	0.0	0.0
<b>Schemes Funded Inside STP envelope</b>	<b>5.9</b>	<b>1.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
Fast Follower Funds (PDC)	1.0	0.2	0.0	0.0	0.0	0.0
MRI 1 Replacement	0.9	0.0	0.0	0.0	0.0	0.0
Mobile MRI	0.8	0.0	0.0	0.0	0.0	0.0
Mobile MRI Trailer	0.5	0.0	0.0	0.0	0.0	0.0
UEC Programme - Bedford	3.0	0.0	0.0	0.0	0.0	0.0
Covid related assets	0.5	0.4	0.0	0.0	0.0	0.0
Donated Assets	0.5	0.0	0.0	0.0	0.0	0.0
Cyber Security	0.2	0.0				
	<b>13.2</b>	<b>2.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**SUMMARY POSITION**

Following a peak in sickness absence in April and May this has returned to levels consistent with this time of year however training and appraisal rates remain lower as teams have been focussing on responding to the challenges presented by the pandemic and recovery plans. Whilst the vacancy rates have been stable year to date they have started to increase from 9.19% in April 20 to 10.23% in September 2020. This was driven by a COVID related stop to overseas recruitment but resumed September.

The overall turnover improved during lock –down by 1.51% but has returned similar rates as the same period last year; 14.8% in September 21019 and 14.4% in September 2020 .The increase in the 12 month rolling average is driven by the additional clinical services staff group where fixed term COVID contracts for final year nurses (Aspirant Nurses) were ended in August.

The overall Agency run rate is 33% lower in September 2020 when compared to September 2019 equivalent to 105.9 FTE fewer agency workers

**BEDFORD HOSPITAL SITE**

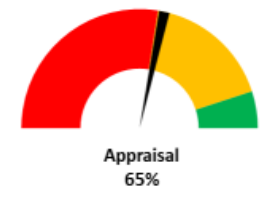
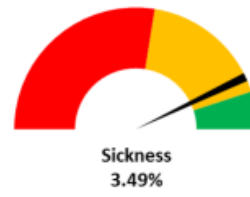
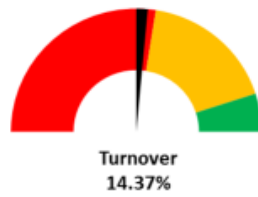
Compared to the previous month:

- Sickness absence decreased from 4.16 % to 3.7%
- Turnover increased marginally from 15.18 to 15.28%
- Vacancy rates increased by 0.8 % from 7.28 % to 8.08%
- Appraisals decreased from 66% to 62%
- Mandatory training compliance decreased from 86% to 85%
- Bank FTE usage in September 2020 decreased by 18 % in month and is 11.4% lower compared to September 2019
- Agency FTE usage in September 2020 decreased by 5% in month but has a 39% lower run rate compared to September 2019

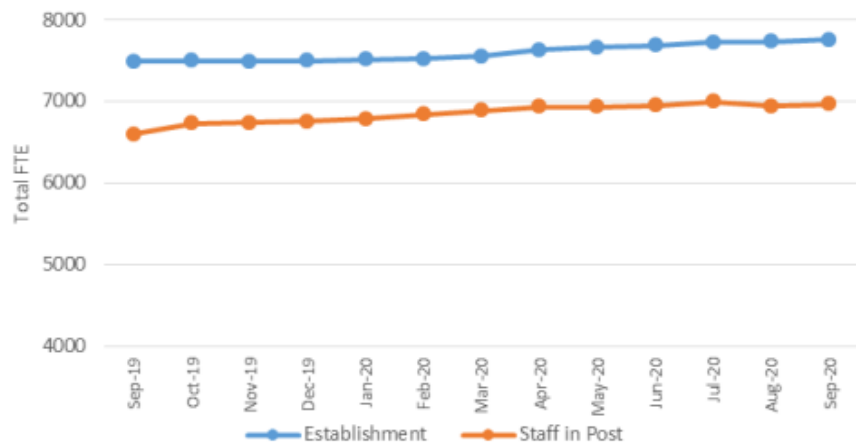
**LUTON & DUNSTABLE HOSPITAL SITE**

Compared to the previous month:

- Sickness absence decreased from 3.67% to 3.36%
- Turnover decreased from 14.41% to 13.76%
- Vacancy rates decreased by 0.52% from 12.04 to 11.52%
- Appraisal compliance rates were broadly stable at 68%
- Mandatory training compliance increased by 2% to 76% (note new reporting format)
- Bank FTE usage in September increased by 9.7% in month and is 20% lower compared to September 2019
- Agency FTE usage in September 2020 decreased by 32% in month (caution possible late invoicing) and is also 32% lower run rate compared to pre-COVID

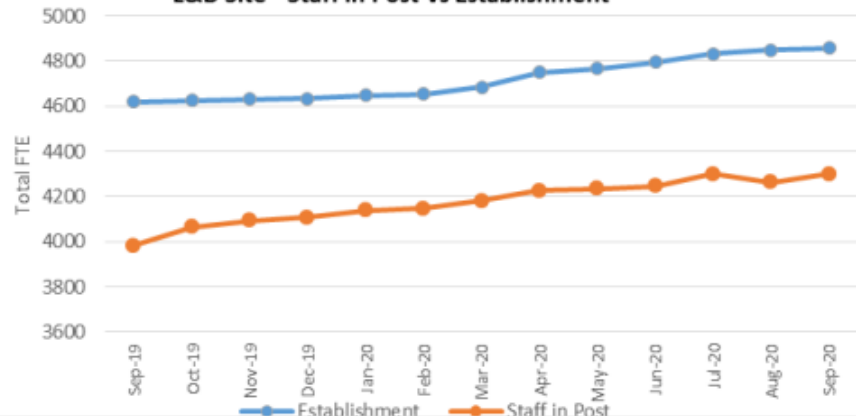


Trust Total Staff in Post vs Establishment

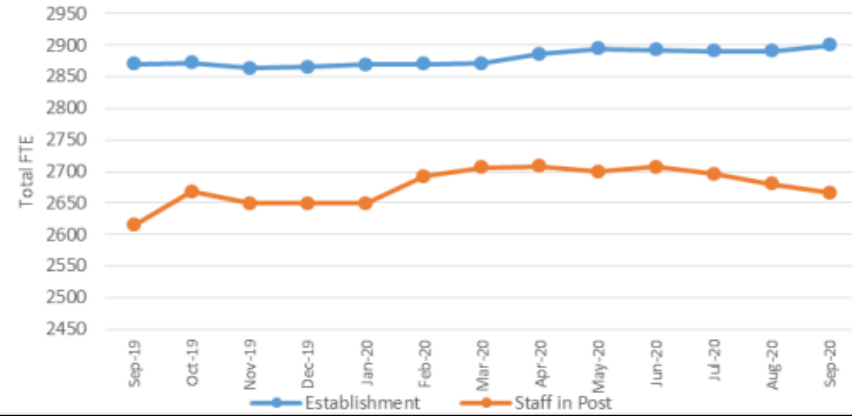
**Trust Level Summary**

The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) continues to increase. Since the merger and subsequent impact of the COVID pandemic the growth rate was 0.44% over the period April to September 2020 in comparison to a 5.56% over the past 12 months.

L&amp;D Site - Staff in Post vs Establishment



Bedford Site - Staff in Post vs Establishment

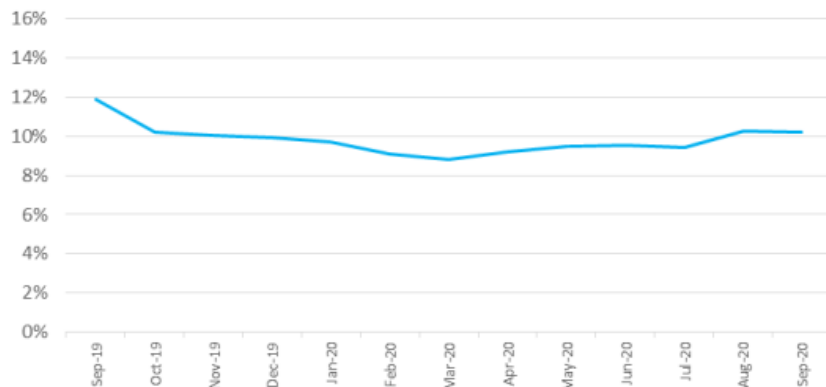
**L&D Site**

The L&D site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased 72.4 WTE between April and September following the merger. Over the last 12 months the SIP increased by 8% and is driven by increases in band 5 nurses and HCA's.

**Bedford site**

The BH site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) decreased by 41.93 WTE between April and September following the merger. Over the last 12 months the SIP increased at a slower rate than the L&D site at 2% and is driven by increases in support staff.

Trust Total Vacancy Rate

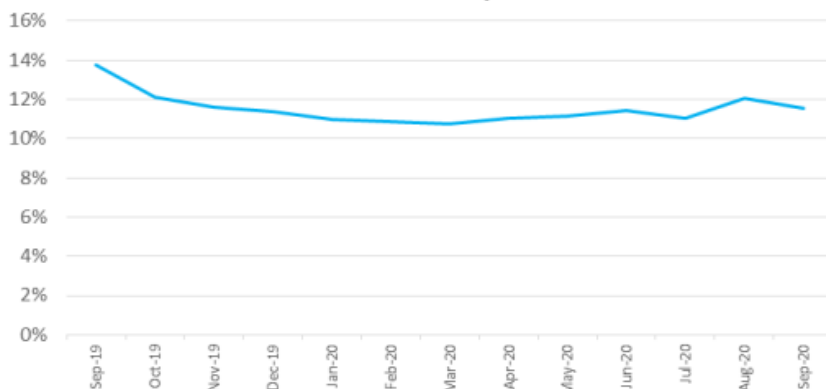
**Trust Level Summary**

The overall vacancy rate reduced over the last 12 months from 11.89 % in September 2019 to just 10.23% in September 2020. The rise in vacancy rate in April was as a result of revised establishments (increase of +102.07 WTE)

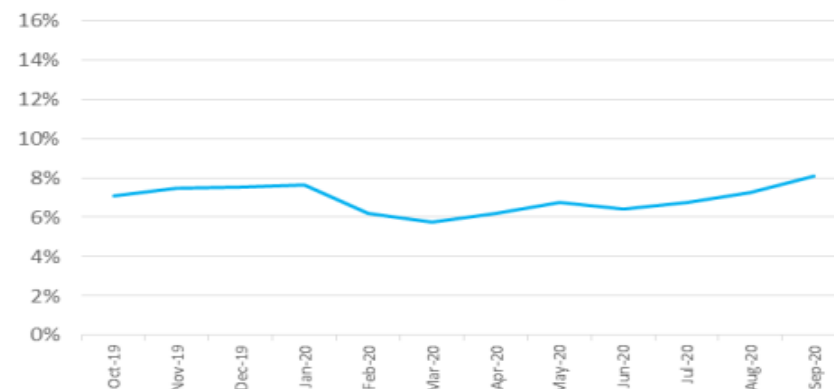
Registered nursing and midwifery vacancy rates have reduced by 5.87% over the 12 months to September and are currently 9.97%. There was an increase 1.48% compared to April which was driven by the COVID delays to overseas recruitment.

Medical and dental vacancy rates have reduced by 3.24% over 12 months to September, currently at 5.59%, which is also 1.58% lower than in August. Recruitment to remaining junior gaps arising from the August changeover continues and there continues to be success in recruitment of NHS locums where possible to fill senior medical roles in to fill vacancies in hotspots.

L&amp;D Site - Vacancy Rate



Bedford Site - Vacancy Rate

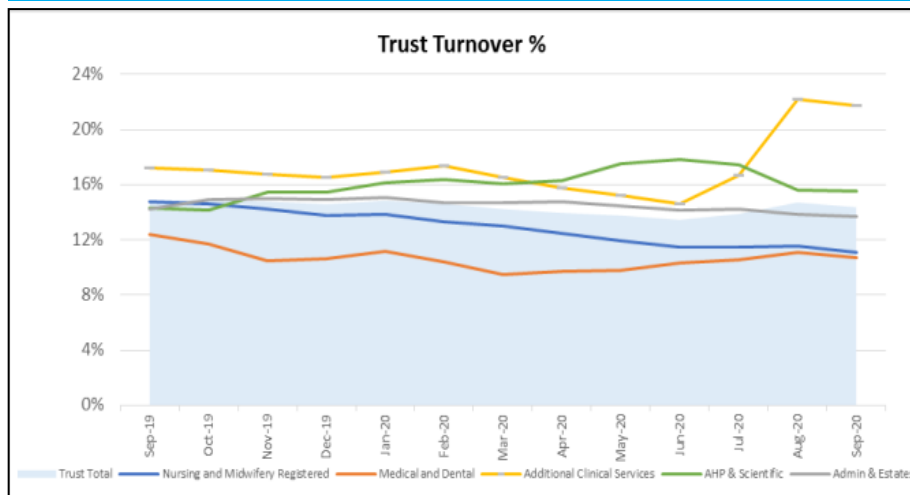
**Overseas Recruitment Update**

September saw the arrival of 8 overseas nurses on the Bedford site. This included 2 EU nurses who are already in receipt of their NMC registration and 6 Australian nurses who will undertake OSCE training to gain their PIN's. 4 overseas nurses are scheduled to arrive at the L&D site during the beginning of October with a further 8 nurses scheduled to arrive at Bedford at the end of October. All overseas nurses will have to quarantine for 14 days upon arrival and therefore additional measures are in place to ensure they are looked after during this time. A plan is now in place to start 30 overseas nurses on each site between November and January.

Of the 44 overseas nurses in post who were placed on the NMC temporary register, 37 of these have now successfully passed their OSCE and have transferred onto the Band 5 NMC register. The remaining 7 nurses have their exams booked throughout October.

There are currently 125 band 5 nursing vacancies across the two sites (76 WTE at Luton and 49 WTE at Bedford). Current recruitment pipeline consists of 56 nurses awaiting start dates via local recruitment and approximately 300 overseas nurses under offer and at varying stages of the NMC registration process.

Registered Midwives is a hotspot at the Bedford site with 12 WTE vacancies at band 5/6. There have been a range of options to support the service whilst we recruit. This has included bank and agency use. Recruitment plans include: conversion course for RNs into midwifery, Practice Development support, searches for return to midwifery applicants. The position is being monitored very closely to ensure support is available for the workforce whilst recruitment takes place.

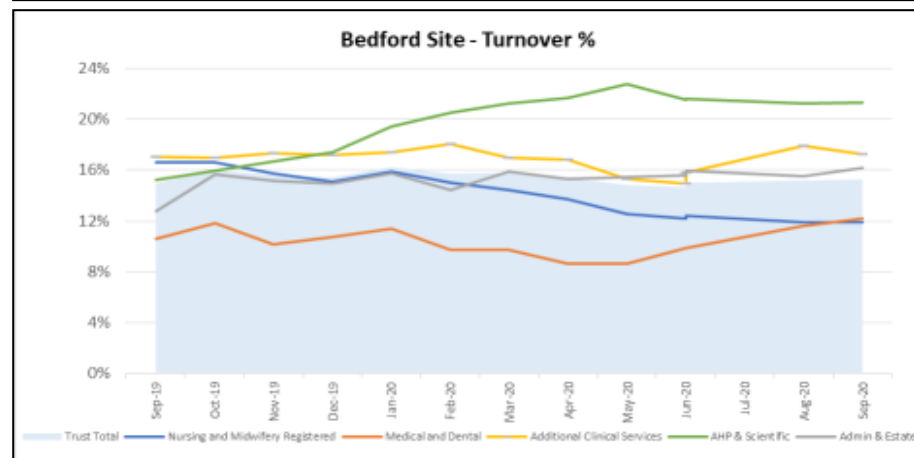
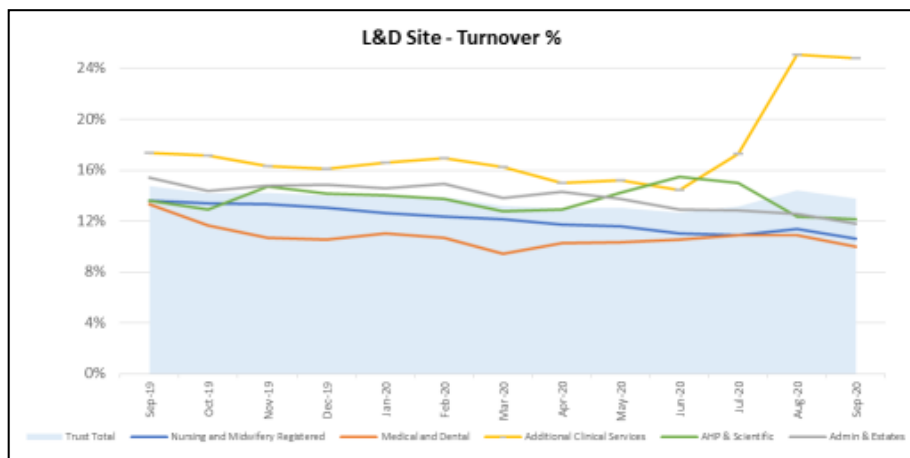


### Trust Level Summary

The downward trajectory reset in August 2020 with a sharp increase for additional clinical services due to the end of fixed term COVID contracts for 44 Aspirant Nurses. This event will continue to impact the 12 month turnover rate for this staff group.

The nursing and midwifery staff group turnover has reduced by 3.64% over the last 12 months to September.

Hotspots remain amongst Allied Health Professionals, (physiotherapists, Operating Department Practitioners and radiographers) which is linked to career development and service requirements. However the turnover for allied health professional and scientific staff groups is stabilising and has reduced by 2.3% from a peak in June 2020. In addition to extending the use of the Career Coaches, Career conversations will be introduced as a part of a new appraisal policy.



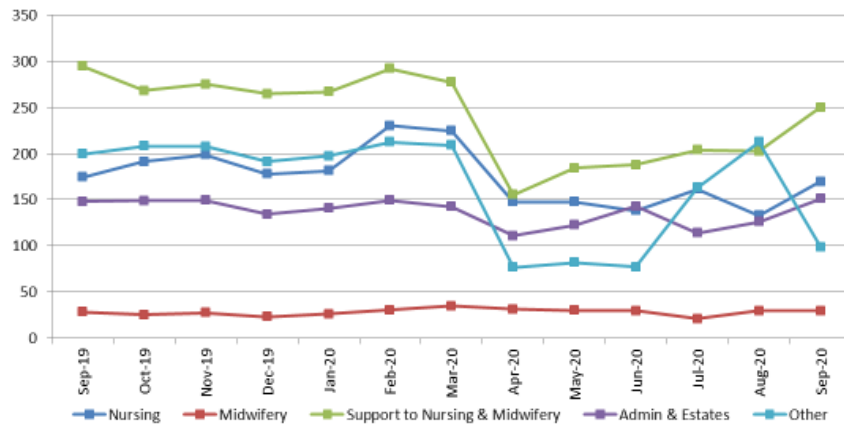
### L&D Site

Overall turnover reduced by 0.99% across all staff groups compared to the same period last year despite the end of 33 COVID contracts for Aspirant Nurses in August. All other staff groups are showing a downward trend over the twelve months to August. The top leaving reasons, excluding end of COVID fixed term contracts, were retirement age 23%, Relocation 21%, to undertake further education or training, and Work life balance 8%.

### Bedford site

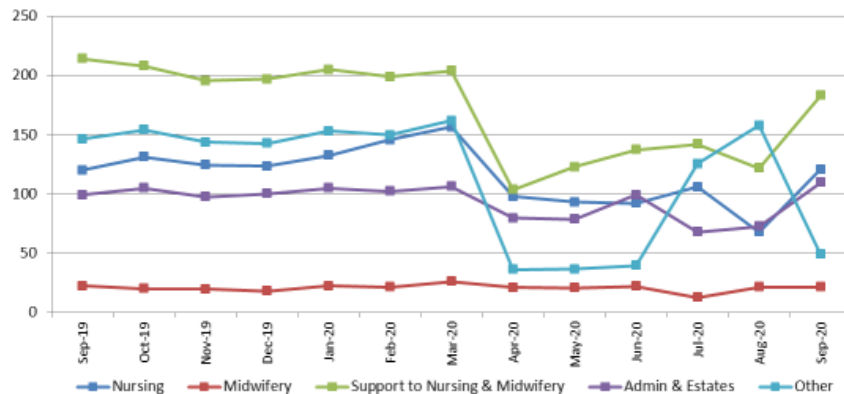
Overall turnover remained broadly stable decreasing by 0.33% compared to the same period last year despite the end of 11 COVID contracts for Aspirant Nurses. Most staff groups were stable with the exception of Healthcare Scientists and Allied Health Professionals. Allied Healthcare Scientists is a small staff group with only 7.3 WTE over the 12 month period. Allied Health Professionals has 181.42 WTE with 45 leavers over the 12 month period. The top leaving reasons for all staff groups were Relocation 28.99%, move to another NHS organisation 26.09% and retirement age 14.49%

Trust Total Bank FTE

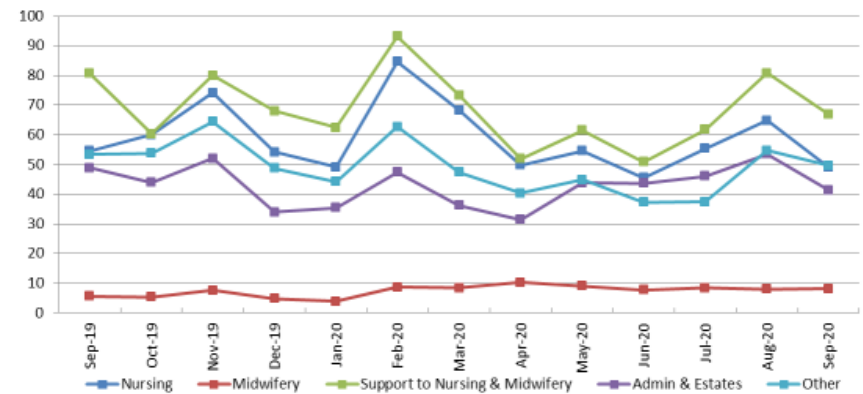
**Trust Level Summary**

Overall bank usage is 21.26 % lower in September as compared to March 2020 (pre-COVID). The September 2020 run rate is 17% lower than the same period last year equivalent to 145.5 FTE fewer bank workers.

L&amp;D Site - Bank FTE



Bedford Site - Bank FTE

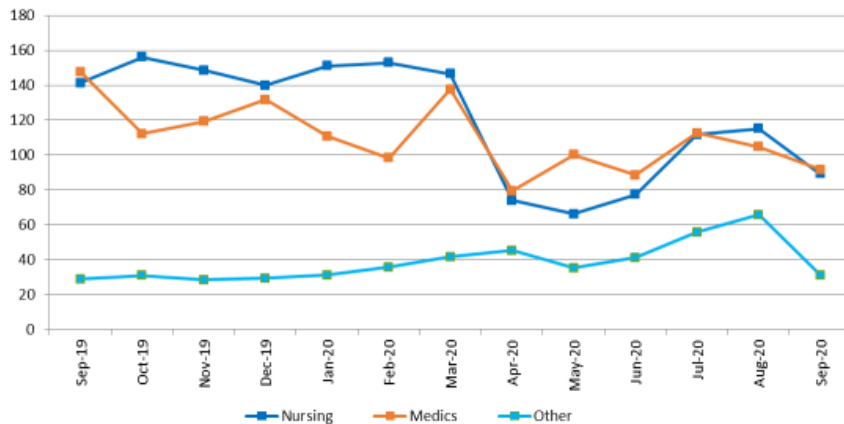
**L&D Site**

Bank use has reduced by 26.3% from March to September 2020 as result of the COVID pandemic equivalent to 170.4 WTE fewer bank workers in September compared to March 2020. Bank FTE usage in September increased by 9.7% from August but remains 20% lower compared to the same period last year. Nursing bank remained lower in August for a number of reasons including 2 wards closed, a high number of Aspirant Nurses, fewer Enhanced Observations required and Shielders returning to work.

**Bedford site**

Bank use has reduced by 18% from March to September 2020 equivalent to 18.4 WTE less bank workers in August compared to March 2020. Bank FTE usage in September 2020 decreased by 18% from August but remains 11.4% lower compared to the same period last year.

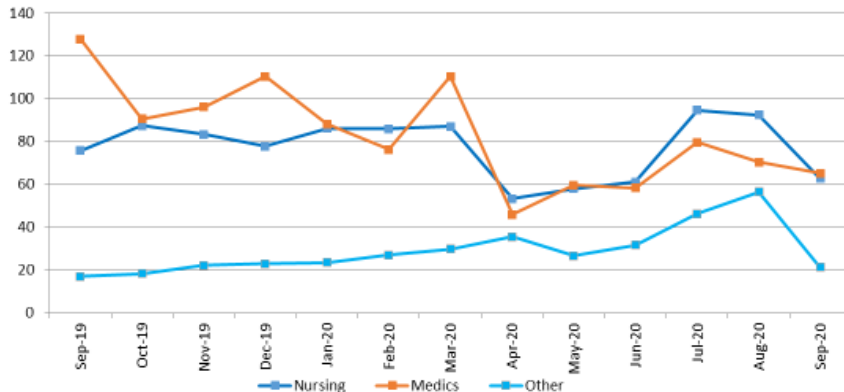
**Trust Total Agency FTE**



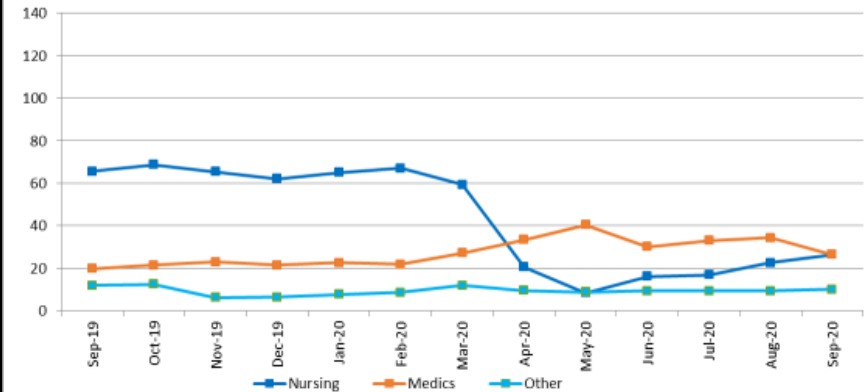
**Trust Level Summary**

Overall Agency usage decreased by 34.9% in September as compared to March 2020 (pre-COVID). The Agency run rate is 33% lower in September 2020 when compared to September 2019 equivalent to 105.9 FTE fewer agency workers. There was a decrease in the use of Nursing agency of 22% between August and September which was equivalent to 25.9FTE fewer agency workers.

**L&D Site - Agency FTE**



**Bedford Site - Agency FTE**



**L&D Site**

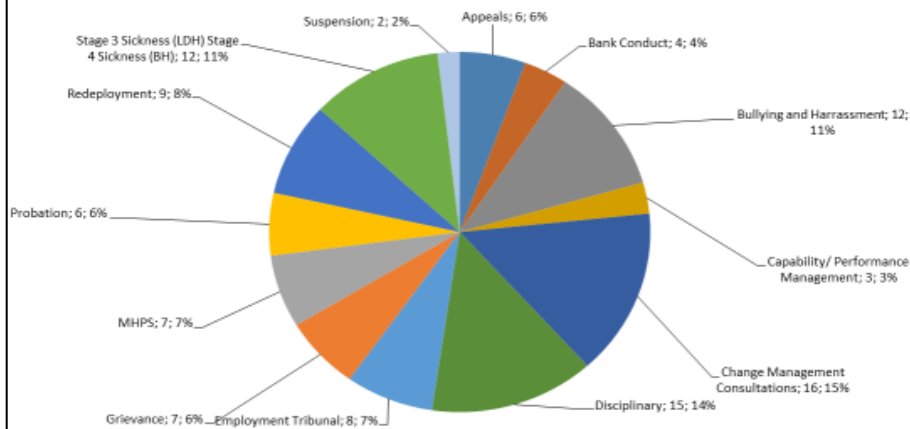
Agency use has a 34.4 % lower run rate in September 2020 compared to March as result of the COVID pandemic. The September 2020 run rate is also 32% lower than the same period last year equivalent to 71.4 FTE fewer agency workers. Medical agency locums decreased by 5.1 FTE in September 2020 as compared to August 2020 and Nursing agency was significantly reduced by 29.7FTE in September2020 as compared to August 2020.

**Bedford site**

Agency use has a 36.1% lower run rate in September 2020 compared to March 2020 as result of the COVID pandemic. The September 2020 run rate is also 39% lower than the same period last year equivalent to 39.33 FTE fewer agency workers. Medical agency locums decreased by 7.8 FTE in September 2020 as compared to August 2020 and Nursing agency was increased by 3.9 FTE in September2020 as compared to August 2020.



Trust Total Active ER Cases



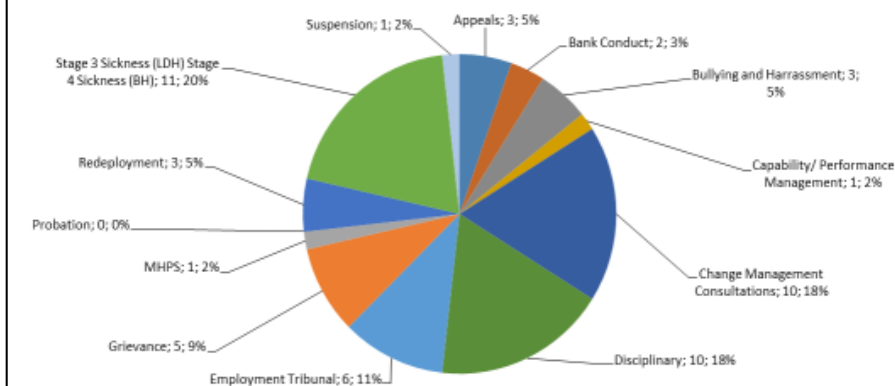
The constitutions for the Joint Staff Management Committee and Local negotiating committee (medical and dental) have now been agreed and first meetings in the new structure have taken place.

Following the merger there has been a focus on change processes associated with bringing teams together with 16 consultations underway.

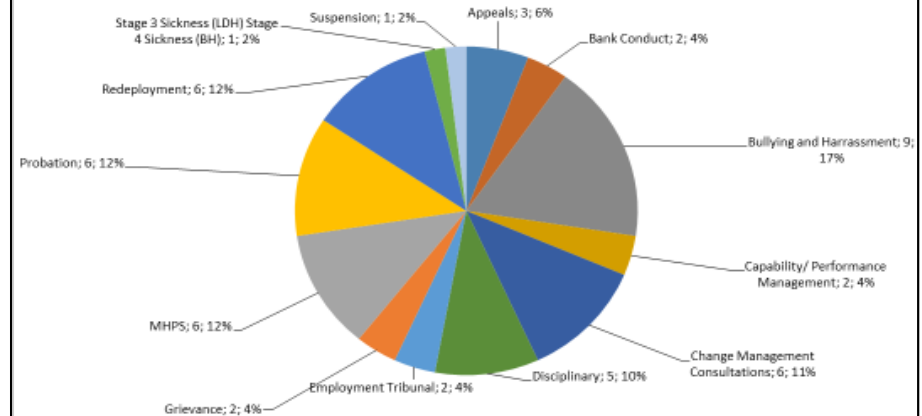
At the L&D site work the new Catering and Cleaning Services contract has been awarded to ISS and work is continuing on mobilisation of the new supplier and associated TUPE processes.

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

L&amp;D Site - Active ER Cases



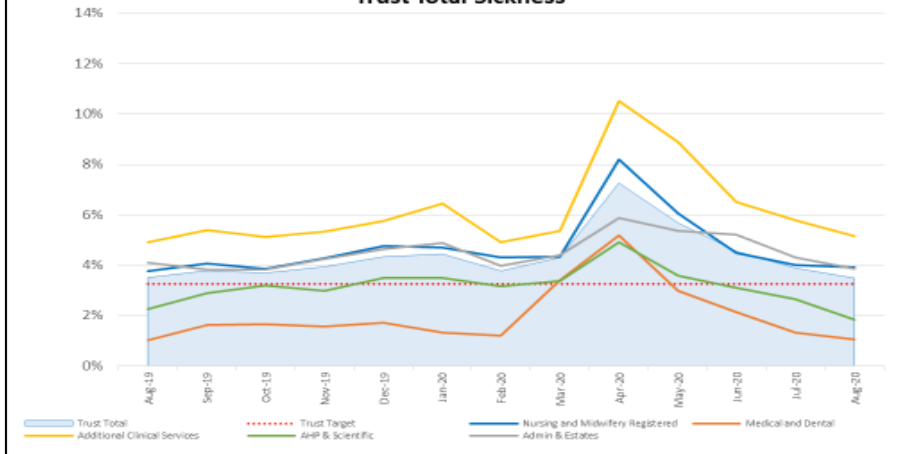
Bedford Site - Active ER Cases



The number of cases that have been concluded (e.g. 24 disciplinary cases in May 2020 reduced to 15 in September 2020). The Trust also has 8 employment tribunal cases at various stages; two of which were heard in September.

A programme of work to review and align all human resources policies in partnership with our trade union colleagues has re-commenced and work programmes have been agreed with local representatives. Training programmes for managers who take a lead role in medical employee relations issues are being developed starting with a focus on Maintaining High Professional Standards. A toolkit and associated training programmes for all managers is being reviewed with a new training module focussing on civility, bullying and harassment scheduled to be developed and piloted in January 2021.

Trust Total Sickness

**Trust Level Summary \***

Overall sickness levels increased from 4.29% in March to a peak of 7.28% in April as a result of the COVID pandemic this has subsequently reduced to 3.49 % in August 2020 which is below the national median of 5.4% and is more consistent with Trust's usual performance achieving the top quartile for this measure.

Sickness levels have returned to pre-COVID levels in August and overall are 0.02% lower than the same period last year. The highest absence rates for August are amongst the front line staff groups with additional clinical service 5.15%.

L&amp;D Site - Sickness

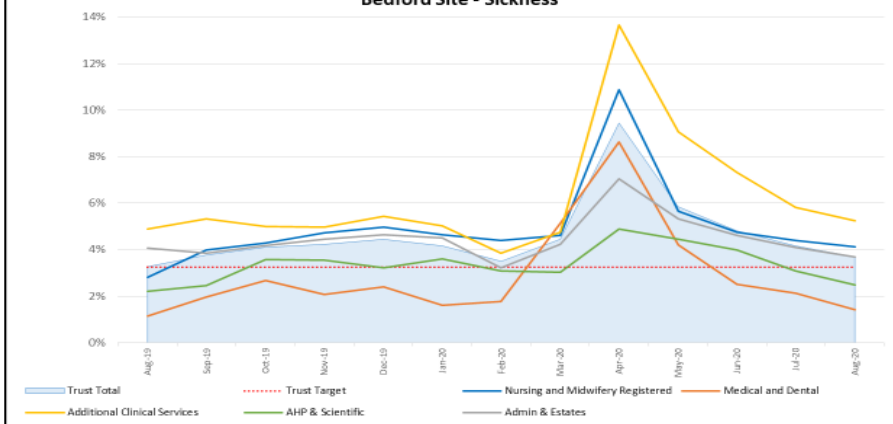
**L&D Site**

There was an overall minor decrease to 3.36 % sickness in August which was a reduction against the April peak of 5.86% and is 0.31% lower than the same period last year. The largest in month decrease was 0.49% amongst admin and estates staff.

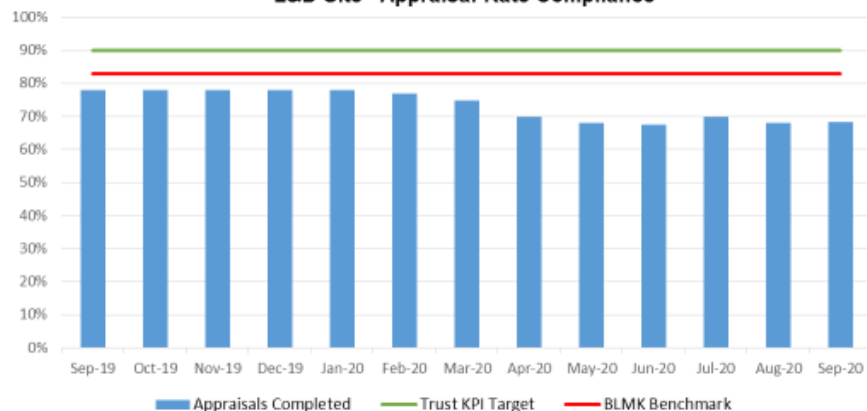
**Bedford Site**

There was an overall decrease to 3.7 % in August which was a reduction against the April peak of 9.45% and is 0.42% higher than the same period last year. The largest in month decrease was 0.73% amongst medical and dental staff.

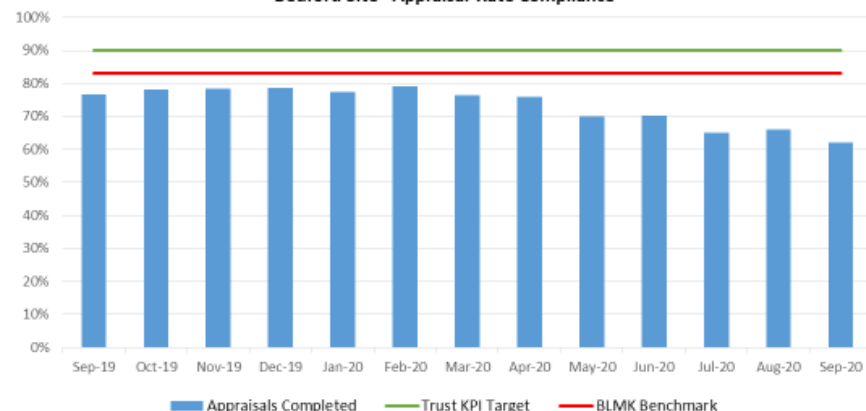
Bedford Site - Sickness



L&amp;D Site - Appraisal Rate Compliance



Bedford Site - Appraisal Rate Compliance



### **Trust Level Summary**

There has been no further update on the national directive for appraisals to be temporarily paused due to the impact of COVID-19 which has understandably had a negative impact on the appraisal rates across the Trust. The Training and Learning teams continue to work with managers to improve compliance but are mindful of balancing this with service needs in light of the demands of the phase 3 recovery, winter activity levels and a second wave of COVID.

A new appraisal policy and new documentation is under development which incorporates a career conversation for all non-medical staff. The new documentation is scheduled to be launched during quarter 4 as the new Trust values will be incorporated within the documentation. Training will be offered to the appraiser and the appraisee which will support compliance across both sites.

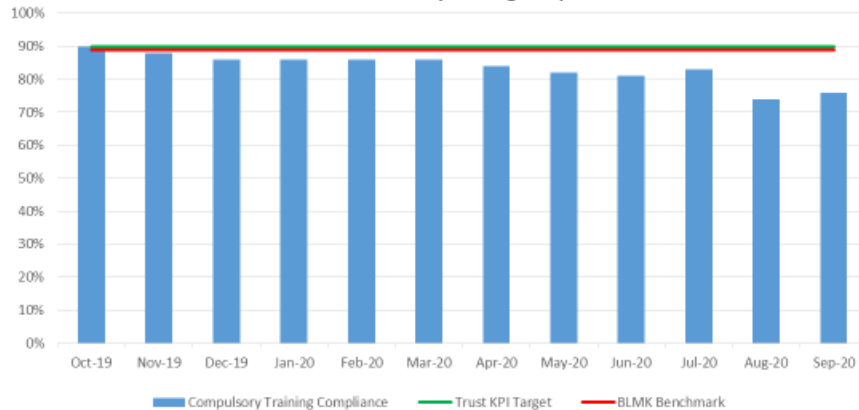
### **Bedford Site:**

The overall appraisals' compliance rate in September decreased by 4% to 62% which is a 14% lower run rate than the same period last year. Outstanding appraisal reminders are to be re-introduced, with an expectation that those staff who have the capacity to undertake an appraisal review meeting, do so in the near future.

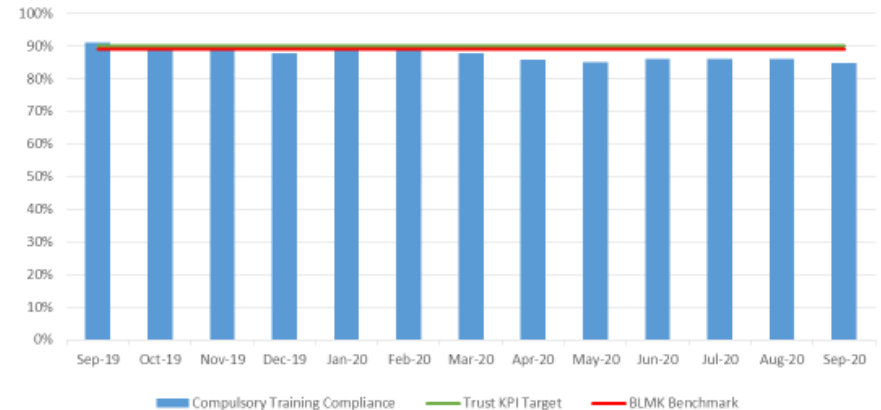
### **L&D Site:**

The overall appraisals' compliance rate for September was broadly stable at 68% which is a 10% lower run rate than the same period last year. This has been made possible thanks to the support of Service Line Leads, Cost Centre Managers and individual employees who are ensuring that they complete the paperwork despite the on-going challenges.

L&amp;D Site - Mandatory Training Compliance



Bedford Site - Mandatory Training Compliance



### **Trust Level Summary**

Classroom based training still remains limited due to the on-going COVID-19 restrictions. NHS Employers recommendations remain the same that “for current NHS employees who have not changed roles and who have previously undertaken training in the core subjects of statutory/mandatory training, refresher training requirements should be suspended for the duration of the current crisis.” (NHS Employers, 2020). As an organisation we are following the advice and limiting face to face training, whilst encouraging all staff to complete mandatory training via E-Learning where possible. The Training and Learning Department are working with Subject Matter Experts to reinstate face to face training, where this can be accommodated in accordance with COVID secure guidelines.

New starters to the organisation are being asked to complete all mandatory training requirements via e-learning, and where applicable, face to face training is being delivered in line with social distancing requirements.

### **Bedford Site:**

The mandatory training compliance decreased slightly to 84.75% during the September period, against the target of 90%.

### **L&D Site:**

Health, Safety and Welfare plus Equality, Diversity and Human Rights are now included in the Trust overall training figure which has contributed towards the decline in compliance. The previously reported figures have been updated to include these topics. The revised overall training compliance increased by 2% in month to 76% during the September.

### Mandatory Training Alignment

The re-alignment to the UK Core Skills Training Framework (CSTF) across both sites, and creation of common mandatory topics has been agreed. Associated systems at each site are now being updated with the necessary changes. Skills for Health have temporarily suspended realignment activity, however as a proactive and responsible employer, the alignment work has continued with the relevant paperwork being completed in preparation to submit as a new organisation.

Plans are underway between the Subject Matter Experts and the Training and Learning Teams on both sites to align mandatory requirements for the new organisation. The majority of topics are mandated on both sites, however efforts are being made to resolve the remaining discrepancies. This will be managed in three phases – with further details to be communicated in the near future. The L&D site has now included Equality, Diversity & Human Rights plus Health, Safety and Welfare in the overall compliance figures.

The Training team is working with line managers to balance service needs during the busy winter period with the delivery of their plan to improve compliance levels.

L&D Site - Training Compliance	STATUTORY TRAINING						Safeguarding Adults 1	Safeguarding Adults 2	Safeguarding Children 1	Safeguarding Children 2	Core Safeguarding Child Level 3	Specialist Safeguarding Child Level 3	Conflict Resolution	Basic Life Support	Immediate Life Support	Equality, Diversity & Human Rights	Health, Safety and Welfare
	Fire	Infection Control 1	Infection Control 2	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Information Governance											
Trust Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
April 2020	81%	84%	84%	85%	83%	83%	88%	86%	86%	79%	75%	78%	72%	49%	-	-	-
May 2020	79%	82%	82%	83%	81%	81%	87%	85%	85%	74%	72%	78%	72%	47%	-	-	-
June 2020	79%	81%	81%	81%	82%	82%	87%	86%	86%	72%	67%	79%	73%	49%	-	-	-
July 2020	78%	81%	81%	81%	82%	82%	88%	86%	86%	71%	66%	81%	75%	49%	-	-	-
August 2020	75%	82%	81%	84%	79%	81%	84%	90%	84%	88%	77%	61%	77%	78%	39%	74%	67%
September 2020	74%	82%	81%	82%	79%	78%	83%	90%	83%	88%	75%	57%	79%	81%	41%	76%	70%
Change from last month	-1%	0%	0%	-2%	0%	-3%	-1%	0%	-1%	0%	-2%	-4%	2%	3%	2%	2%	2%

Bedford Site - Training Compliance	STATUTORY TRAINING						Safeguarding Adults 1	Safeguarding Adults 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Core Safeguarding Child Level 3	Specialist Safeguarding Child Level 3	Conflict Resolution	Basic Life Support	Immediate Life Support	Equality, Diversity & Human Rights	Health, Safety and Welfare
	Fire	Infection Control 1	Infection Control Level 2	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Information Governance											
Trust Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	-	90%	90%
April 2020	82%	93%	82%	91%	80%	82%	88%	85%	85%	81%	78%	77%	-	90%	89%	89%	89%
May 2020	80%	94%	85%	91%	80%	81%	89%	84%	85%	77%	79%	71%	-	90%	89%	89%	89%
June 2020	80%	95%	81%	92%	83%	82%	90%	87%	87%	78%	82%	72%	-	90%	90%	90%	90%
July 2020	79%	95%	75%	92%	82%	81%	90%	87%	87%	76%	84%	73%	-	91%	91%	91%	91%
August 2020	80%	96%	74%	92%	84%	80%	91%	88%	88%	77%	85%	71%	-	91%	92%	92%	92%
September 2020	75%	95%	71%	91%	82%	74%	91%	87%	89%	79%	85%	72%	-	90%	91%	91%	91%
Change from last month	-5%	-1%	-3%	-1%	-2%	-6%	0%	-1%	-1%	2%	0%	1%	-	-1%	-1%	-1%	-1%



## Board of Directors

Wednesday 4 November 2020

<b>Report title:</b>	<b>Quality Committee Report</b>	<b>Agenda item: 8</b>
<b>Executive Director(s):</b>	<b>Annet Gamell, Non-Executive Director, Chair of Quality Committee</b>	
<b>Report Author</b>		
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	Trust Board to note the Quality Committee Report for August, September & October 2020	

<b>Report summary</b>	This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 26 August 2020, 23 September 2020 and 28 October 2020
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	CQC NHSI Quality Accounts (External Audit) Quality objectives
<b>Jargon Buster</b>	Harm Free Care – A set of metrics including falls and pressure ulcers that are nationally monitored CQUIN - Commissioning for Quality and Innovation – a set of quality measures that are nationally and locally mandated that the Trust is incentivised financially to achieve

## **QUALITY COMMITTEE REPORT**

### **TO BOARD OF DIRECTORS**

#### **1. Introduction**

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 26 August 2020, 23 September 2020 and 28 October 2020.

#### **2. Update on COVID-19 and Recovery Plans**

The Committee received the final Bedford Borough Deep Dive report for information and noted that the Covid field team were conducting a visit to Bedford Borough, which would include Bedford Hospital. The report was multifactorial and there were no specific hospital infection and prevention control concerns.

The Joint Medical Director discussed the national rise in Covid cases. The number of Covid positive patients presenting to the hospitals is increasing and the Trust is now in the position of planning to cohort patients onto wards as side rooms are becoming unavailable. The Committee was informed of the expectations from the Region with regard to workforce arrangements if patients have to be transferred to surge centres (in the absence of a Nightingale Hospital in the Region).

The Committee received a paper outlining the Phase 3 recovery plan for the BLMK system. Recovery plans continue with extended theatre timetables running at both sites.

The Deputy Chief Executive informed the Committee that the Region is urging that all elective care continues. She shared a paper explaining the impact of Covid-19 on routine waiting times, noting the current 18 week performance is at 62.2% for Bedford Hospital and 72.2% for L&D Hospital. The average waiting for patients on the waiting list has increased from 10 weeks pre-Covid to over 18 week and further deterioration is expected in the 18 week performance as patients referred in June 2020 are now starting to breach 18 weeks. A national clinical prioritisation programme has been established to ensure that patients are contacted to discuss treatment option and clinically prioritised. Scrutiny remains on emergency work with high volumes of patients attending hospital.

#### **3. Serious Incidents and Incidents**

The Director of Quality and Safety Governance noted that incident reporting was returning to pre-Covid levels with top incident themes remaining as pressure ulcers and falls. The Committee noted that in terms of themes and trend, where previously a failure to follow policies and/or guidelines had been the key theme for Serious Incidents (SI), there now appears to be a shift to human factors as being the most



prevalent theme coming out through SI investigation.

#### **4. Mortality**

The Joint Medical Director highlighted the mortality data for both sites, noting that for the year ending August 2020 there had been 127 additional deaths (15%) at Bedford and 169 additional deaths (14%) at Luton compared to the previous year. The Quality Committee noted that the regional critical care team had visited both sites and shared comparison mortality data with the rest of the region. It was noted that very early in the pandemic there was a higher level of mortality but by the end of April mortality had improved when more knowledge was available on treatment of Covid patients. Reports have been received back for both sites following these visits and actions are in progress. Further scrutiny will be taken through the Learning from Deaths Board.

The Joint Medical Director provided a report from the Learning from Deaths Board confirming that scrutiny and monitoring is being undertaken.

#### **5. Harm Free Care**

The Chief Nurse reported that falls have continued to reduce to normal variance, although there was a slight increase with falls with harm on the Bedford site in September but these were not deemed as serious incidents. The Committee received a thematic review report which had been undertaken following a significant increase in falls during the height of the pandemic. The Chief Nurse noted that the anecdotal language suggested that there was much staff anxiety due to redeployment of staff, acuity of patients, and change in dynamics on the wards. There were missed opportunities of interventions but it was acknowledged that staff were coping with the infection control agenda.

#### **6. Patient Experience**

The Deputy Chief Nurse reported that the numbers of complaints had increased since the peak of the pandemic, together with the number of concerns raised through PALS. The Committee were informed that Healthwatch have received some complaints regarding haematology services and these are currently being investigated.

The Quality Committee received a report on the Trust response to the national CQC Inpatient Survey 2019 and noted the actions to address. Most of the issues were related in some respect as to the way in which patients were communicated with and relating to discharge. The Committee were assured that issues were being addressed, and acknowledged that the ward accreditation programme is a good platform to inform live feedback.

The changes to the Visitors Policy were shared with the Committee.

The Associate Director of Nursing gave a presentation outlining the proposed revised patient experience forum, the first meeting of which is anticipated for November.

#### **7. Compliance with NICE guidance**

The Committee received an update on NICE compliance status across Bedfordshire Hospitals, which is benchmarked in the Trust using NICE baseline assessment to

identify whether an audit is required and steps to take should a risk be identified with compliance.

## **8. Clinical Audit**

The Joint Medical Director informed the committee that concern had been raised on the 2 year national bowel cancer screening audit for the years 2015/16. The colorectal team and General Manager for the service had presented to the Specialist Committee Oversight Board and have been asked to review more recent mortality figures for colorectal in general. A further update will be provided to Quality Committee.

## **9. Performance Metrics**

Performance Reports were received and the Committee was alerted to 62 day cancer treatment breaches and noted the complications with regard to the two hospital sites having different cancer networks. The committee also acknowledged the challenges in relation to the growing number of patients waiting more than 52 weeks (as outlined in item 2).

## **10. Maternity Services Update**

The Chief Nurse noted that midwifery staffing since August continues to be particularly challenging and that the number of Datix reported for Maternity at Bedford was high. The recovery activity which commenced in August was difficult to manage with staffing in Bedford Delivery Suite, particularly with high levels of sickness and maternity leave. The Chief Nurse and Clinical Director are closely monitoring the situation and offering support for the new leadership team. Discussion took place with regard to continuity of carer and the committee recognised that a review was necessary of the current model in place at Bedford.

The maternity teams attended the October meeting and provided reports giving further assurance that much cultural work is taking place, midwives are being encouraged to have a say and improvements are being made. The Clinical Director confirmed that she is reviewing all cases that have been referred to HSIB to look at any common themes to align pathways. The Chief Nurse agreed to provide a monthly update to Quality Committee.

The Head of Midwifery at L&D informed the Committee that there has been a significant increase in the number of women screened with type 2 diabetes and the workforce is being reviewed to support this pathway.

The Director of Quality and Safety Governance informed the Committee that HSIB will be ceasing their part in maternity investigations from March 2021.

## **11. Infection Prevention and Control (IPC) Board Framework**

The Director of Infection Prevention and Control (DIPC) was in attendance at the August meeting and highlighted that following the 5/6 months focus on managing Covid, there was a new direction with regard to normalisation requirements and a focus on looking at coronavirus risks rather than process led interventions. On attending the October meeting, the DIPC confirmed that there is now a need to

refocus on Covid due to an increase in numbers. He discussed rapid testing to include influenza and RSV. Discussion took place with regard to nosocomial infections and the Committee was given assurance that the rate for the Trust is 15.8% compared to a national average of 16%, with peaks being in April, May and June 2020.

## **12. Internal Audit**

**Terms of Reference for Performance Audit** – The Committee received and noted the terms of reference for the Performance Audit.

**Partial Booking Audit Report** – The Committee received the partial booking audit report and noted that actions will be taken through the new Outpatients Board.

## **13. Integration and Transformation**

The Director of Integration and Transformation gave an update on the progress of the integration and transformation work. He noted that the team are currently working on an integration 'newsletter'. Clinical service lines have started to make progress, particularly stroke, cancer and respiratory. Good progress has also been made on Clinical Director appointments cross site. There is an integration project for outpatients and theatres commencing October. There were no quality impact concerns to raise to the Quality Committee.

## **14. Assurance Framework**

The Associate Director of Corporate Governance presented a reporting outlining the progress on the two objectives requiring oversight and review by the Quality Committee

1. Establish a new organisation Bedfordshire Hospitals Foundation Trust following the merger of Luton and Dunstable University Hospital Foundation Trust and Bedford Hospital NHS Trust (Objective 1 is included for all the sub-committees as it remains central to all sub-committees.)
2. Deliver excellent quality and clinical outcomes and achieve national regulatory requirements

The Committee noted that with regard to Objective 2, progress has been delayed due to the pandemic.

## **15. Nursing and Midwifery Staffing**

The integrated Nursing and Midwifery Staffing report was received for assurance.

## **16. Risk Register**

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

## **17. Safeguarding**

The Chief Nurse presented the Q1 Joint Safeguarding Report which outlined safeguarding data and activity, including training, for Adults, Children and Young People, and Maternity. The Committee noted the changes to practice within the safeguarding team during the pandemic due to government advice on hospital

restricted visiting. The Committee was assured that the team continued to work closely with the Local Authority during this time to ensure the population was as safe as possible.

## **18. Winter Plan**

The Deputy Chief Executive shared the BLMK draft winter plan, together with surge plans which have been developed for both sites. Further work will continue between the A&E Delivery Board partners on identifying capacity to support the hospital in the event of prolonged winter pressures.

## **19. Papers received for information**

Upwards reports from the Clinical Quality Operational Board (CQuOB) and Specialist Committee Operational Board (SCOB) were received by the Quality Committee.

**Board of Directors**

**Wednesday 4 November 2020**

<b>Report title:</b>	<b>FIP Committee Report</b>	<b>Agenda item: 9</b>
<b>Executive Director(s):</b>	<b>Matthew Gibbons</b>	
<b>Report Author</b>	<b>Ian Mackie</b>	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>
	<b>Assurance</b> <input type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	Trust Board to note the FIP Committee Report for July, September & October 2020	

<b>Report summary</b>	<p>This report contains a summary of the deliberations of the FIP Committee during July, September &amp; October 2020.</p> <p>The current financial position (both revenue and capital) and financial regime have both been considered alongside a number of key redevelopment investment decisions.</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>NHSI</p> <p>Finance Objective</p>
<b>Jargon Buster</b>	<p>FRF – Financial Recovery Fund – support money to help organisations efforts to make all NHS services sustainable</p> <p>MRET – Marginal Rate Emergency Tariff - MRET sets a baseline value for income from emergency admissions for each provider. For emergency admissions above this baseline, the provider receives 70% of the normal price.</p> <p>STP – Sustainability and Transformation Partnerships - NHS organisations and local councils joined forces in every part of England to develop proposals for improved health and care.</p>

# **Bedfordshire Hospitals NHS Foundation Trust**

## **FIP Committee Report to the Board**

**4<sup>th</sup> November 2020**

The Board should note the following items discussed at the FIP Committee meetings from 22<sup>nd</sup> July through to 28<sup>th</sup> October 2020.

### **1. Financial Position**

On the 28<sup>th</sup> October the Committee noted that the Trust delivered the required breakeven position for Month 6, with the assistance of £28.3m of top-up and true up payments.

It was acknowledged that in part these payments represent a shortfall in block payments, which do not include FRF & MRET monies. This represents £10.2m of the shortfall. The remaining “true-up” is due to Covid costs, which were in fact slightly above £18.1m true-up, which only takes the Trust to a breakeven position.

As part of the Finance report the Director of Finance also described the Covid expenditure return up to Month 6. It was acknowledged that nearly £19m of spend has been attributed to Covid since April, with June seeing the largest single month’s spend (£3.9m), down to £2.3m in September.

In October the Director of Finance supplied a report describing progress on merger benefits. It was confirmed that while the longer term saving potential of the clinical services integration remains an opportunity (principally due to the distraction caused by Covid), corporately there had been savings of c£300k at Board level. It was also acknowledged that even though it was not labeled as a merger benefit, the Pathology integration was delivering a more cost effective solution, in line with the business case.

The Committee noted the update on the financial regime, acknowledging that the Trust was strongly encouraged to deliver on very stretching activity targets in the absence of the details of this regime. In line with other Trust’s within the East of England, the Trust had submitted a return that committed to delivery on the target expectation, albeit caveated that it would cost £24m over and above the baseline funding.

Following an update on the elective incentive scheme (designed to facilitate planned care levels of activity recovering to pre-Covid levels) it was reiterated that the income position was currently all based on delivering the target levels of activity. If the Trust under-performs it stands to lose income at a 25% marginal rate, with over-performance paid for at a 75% marginal rate. The Deputy Chief Executive confirmed that there was a risk of under-performance given all the constraints that would inevitably impact on the Trust.

The Committee noted that the Trust has received its funding allocation for months 7 to 12, and has subsequently submitted a plan with a £15m deficit. The Trust has not

received notification yet whether the plan has been accepted. It was also noted that budgets for the remainder of the year had been set accordingly.

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

## **2. Capital**

The Trust started the year with a combined capital plan of c£75m. With the advent of a STP Capital envelope the Trust has been forced to reduce its capital aspirations. The numbers below, which are within the Bedfordshire Hospitals element of the capital envelope, assume that the revised capital plan detailed in the separate paper is approved. Subsequently there have been further central allocations for ED, Critical Infrastructure and Medical Equipment that have increased the plan back above £70m.

There has been a limited spend to date of £12.1m against the revised £73.8m plan, and despite plans to significantly increase spend in the second half of the year, it is looking increasingly unlikely we will spend to plan, particularly due to the delay in the decision from Treasury to proceed on the Acute Services Block.

## **3. Business & Investment Decisions**

### **i) L&D Catering & Cleaning**

The Chief Executive summarised the catering and cleaning outsourcing process (including timescales and options) as described in the circulated paper and sought the Committee's approval on the process.

The Committee Chair thanked the Chief Executive for the summary and acknowledged that the complex nature of the situation had meant the process had changed direction more than once, but this was now clear.

Following due consideration FIP approved the process that has been followed, which took due account of financial and non-financial aspects.

The Chief Executive presented a brief paper on the recommended decision for the preferred bidder and asked FIP to consider the recommendation.

The discussion confirmed the parties involved in reaching the recommendation, how the weighting worked and where the bids came from. The Chief Executive confirmed that objective, impartial and independent judgements were given by the Infection Control and Nursing teams, and the Executive were fully assured with their recommendation.

The Trust Chair stated that he would need to reserve the Board's position regarding the transition period but agreed with proceeding from a financial perspective.

Following due consideration the Committee approved the financial transaction associated with awarding the contract to ISS.

ii) Bedford Hospital Car Park Lease

FIP have noted the expectation to exchange leases for plots A, B and C with the new leases expected to commence from January 2020.

Once the Trust has completed on the leases, there will need to be some capital works to finalise Plot B. This includes road lining, installation of CCTV, lighting installation and commissioning of four electric car charging points. An initial capital budget of £120K has been allocated for this.

iii) Bedford Hospital MRI

It was confirmed that the internal capital allocation has been reviewed and the enabling works were agreed to proceed.

iv) L&D Energy Centre

Following due consideration and a brief discussion FIP approved the contract award recommended by the Redevelopment team.

v) Bedford Hospital ED

The Director of Finance reminded the Committee of the background to this case, confirming that DHSC has agreed to make available up to £3m of PDC on the terms established in the associated Funding Agreement to invest in this project. The Trust is also looking to further invest from its own charitable funds, in order to maximise the benefits deliverable from the scheme.

FIP approved the case.

vi) L&D ED

The Redevelopment Programme Director confirmed in October that the ED business case (which had been completed at pace) has been approved by the DHSC. The associated MOU was discussed at some length and it was recognised that signing the agreement came with some risk to the CDEL but the probability of it manifesting as an issue was on balance considered low.

vii) Estates Block 2<sup>nd</sup> Floor

The Redevelopment Programme Director presented the proposal to add another floor to the temporary accommodation next to the Estates department. The Committee acknowledged that the Redevelopment Board had previously approved, with the Director of Finance confirming the proposal made economic sense.

FIP approved the case.



#### viii) Nursing Apprenticeships

The Chief Nurse presented the case for investing in employer funded pathways (as Nursing Associates, Registered Nurses & Registered Nurse Degree Apprenticeships) into nursing and proposed a number to support while identifying the costs associated with each option.

It was noted that the plan aims to train:

- 171 Nursing associates with programme start dates spread over the next 2½ years at a cost of £19k per head
- 26 NA / AP to RN short end courses with programme start dates spread over the next 2½ years at a cost of £30k per head
- 20 RNDA programmes starting in 2021 at a cost of £32k per head

at a gross cost over the next 5 years of £4.7m. The overall saving (predominantly on agency expenditure and skill-mix adjustment) would be a net £1.3m over the same period.

FIP approved the case.

#### 4. Other Matters

- Redevelopment

Over the course of the three reported FIP meetings it was noted that:

- a) the decision from the Treasury on the Acute Services Block FBC was still pending, with a number of questions coming back to the Trust for answering on the life cycle costs, potential benefits and so on.
- b) the arrangements with the Travelodge have been agreed.
- c) tenders have been received and an award made. Negotiations on lease progressing, with a key matter continuing to be asbestos and Trust confidence in whether the removals have been conducted properly. An independent adviser was appointed with a report is pending. Consideration is being given to a phased delivery of car parks to bring “some” capacity on earlier, rather than wait longer for “all” capacity.

- Agency Spend

The Committee noted that while less bank staff were being used currently this is balanced off by an increase in agency usage.

It was reiterated that although overseas recruitment has slowed down, some visas have now been granted and the main issue that was being worked through is how to quarantine nurses who are due to join us.

The Committee acknowledged that in the absence of an agreed budget the Trust is living with some poor value decisions on retaining locum medical staff due to the uncertainty on whether substantive posts could actually be funded. With a more certain financial regime the expectation is that this will resolve over time.

The Deputy Director of HR highlighted that the medical recruitment dashboard is now in place for both sites. With regard to the action plan it was also noted that during the August handover there were c100 doctors who had rotated into new posts internally, with 102 new junior doctors joining the Trust. Out of 27 vacancies that were known about, 22 were filled during August but it was also recognised that while the two hospitals have historically done quite well with overseas recruitment, the vacancy rate could be adversely impacted if the current situation continues.

- GDE Programmes 'back-check'

The Deputy Chief Executive updated the Committee on GDE programmes and progress with reporting on the finances.

The Committee acknowledged the GDE programmes update (including the forecast overspend of £1.4m) and requested that lessons learned from the GDE experience be shared with the Committee at a future meeting.

- Audit & Risk

FIP noted the background for the Terms of Reference of the Governance Review and acknowledged they would be presented to the Audit & Risk Committee in October.

The Risk Register and Assurance Framework were both discussed in October and adjusted for feedback from the Committee.

The Committee's Terms of Reference were also considered with amendments noted and actioned.

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

None

**Board of Directors**

**Wednesday 4 November 2020**

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

<b>Report summary</b>	<p>A report on the progress of the Redevelopment Programme.</p> <p>The OBC awaits approval from HM Treasury. The Trust has been instructed not to progress with procurement of a contractor until the approval has been issued. The development of the FBC is continuing where possible.</p> <p>Progress on the enabling schemes is being maintained. Contractors have now been appointed for all of the schemes. These will be completed to allow construction of the Energy Centre to start in December, and demolition ahead of the main scheme to start in March 21.</p> <p>Work has started on the ED schemes at both Bedford and Luton.</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>NHSI – NHS Improvement DHSC – Department of Health and Social Care</p> <p>Redevelopment objective</p>
<b>Jargon Buster</b>	Energy Centre – build on the L&D site that will support new gas and power in a more energy efficient manner

## **REDEVELOPMENT PROGRAMME BOARD REPORT**

**4 November 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 26 August 2020, 16 September 2020 and 21 October 2020.

Following approval at FIP in September 2020, a summary of the Energy Centre project was submitted to the Trust Board on 21 October. This was approved. The project was then approved by the Council of Governors on 21 October. The Trust is now completing the exchange of the Managed Services Agreement with Centrica, and the exchange of contracts for the Energy Centre building with R G Carter Ltd.

#### **3. Main scheme**

The Outline Business Case (OBC) for the scheme is progressing through the approvals process. The OBC has been approved by the regional NHSI/E team, the central DHSC team and is now awaiting final approval by HM Treasury.

The on-going delay to approval has had an impact on the procurement process. Although soft market testing has now been completed, and a short list of interested contractors has been identified, a significant risk is emerging as a consequence of the inability of the Trust to novate the design team to a contractor to support the development of the detailed design. The current design stage will be completed on 13 November. If procurement does not commence before the end of the year, the Trust will need to de-mobilise the design team.

Development of the FBC is progressing where possible. Completion of the Commercial Case is delayed pending commencement of procurement.

The position has been discussed with NHSI/E and DHSC.

#### **4. Enabling schemes**

Work on the multi storey car park on the Lewsey Road is underway and is expected to complete at the end of the year.

A contractor has been appointed to deliver the new Bariatric centre at the Travelodge. Work is underway and will be complete in February.

The foundations for the new office block are complete. Installation of the modular units will commence on 27 October. The shell & core works will be completed at the end of January. Tenders for the fit-out of the building have been issued. There is a significant risk that on-going changes to the layout will lead to cost creep on the project. The Audiology project is now complete.

Work will start in November on construction of the new Hospital Incoming Sub-Station for UKPN.

A contractor has been appointed to deliver the temporary staff car parking on Dunstable Road.

## **5. Energy Centre**

The component parts of the project have now been approved. Construction work will commence in December.

The Estates enabling works projects have delayed the programme. Interim measures have now been agreed.

Centrica's initial activity will be focused on the lighting upgrade work.

## **6. Luton ED upgrade**

Following the award of funding for the upgrade of the ED at the L&D, a design team has been appointed to develop the proposal. A business case has been submitted to, and approved by, NHSI/E and DHSC.

A contractor will be appointed in November to support the development of the scheme, and to deliver the first stage of the work in December/January.

## **7. Bedford ED upgrade**

The Bedford scheme is now under construction and will be delivered by the end of the financial year.

## **8. Programme Risk Register**

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

## **9. Future activity**

Procurement of a demolition contractor will commence in November. The team are

working towards start of demolition in March.

The ED projects at both Bedford and Luton have been separately resourced to allow the main redevelopment programme to progress.

## Board of Directors

**Wednesday 4 November 2020**

<b>Report title:</b>	Audit and Risk Committee Report 21 October 2020	<b>Agenda item: 11</b>
<b>Executive Director(s):</b>	Steve Hone, NED	
<b>Report Author</b>	Matthew Gibbons, DoF	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To note progress to date.	

<b>Report summary</b>	<p>The Report gives an overview of the matters addressed including the following:</p> <ul style="list-style-type: none"> <li>• External Audit – Update Reports</li> <li>• Waivers and Conflicts of Interest</li> <li>• Year End Accounts for the Charitable Funds</li> <li>• Internal Audit – Progress Report</li> <li>• Counter Fraud – Progress Report</li> <li>• Board Secretary Report</li> <li>• Assurance from Sub Committees</li> <li>• Audit and Risk Annual Report to Board and Governors</li> <li>• Standing Orders and Terms of Reference</li> </ul>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>Corporate Governance NHS Improvement</p>
<b>Jargon Buster</b>	KPMG – External Auditors

# **AUDIT AND RISK COMMITTEE REPORT**

## **TO BOARD OF DIRECTORS**

### **1. Introduction**

This Report updates the Board of Directors regarding the matters discussed at the Audit and Risk Committee on the 21<sup>st</sup> October 2020.

### **2. Matters Arising**

The action log was reviewed and updates noted. Requested timescales be included for future logs.

### **3. External Audit**

KPMG gave an update on the current position, which was noted

### **4. Annual Report & Accounts**

Both Bedford Hospital NHS Trust and Luton and Dunstable University Hospital NHS Foundation Trust's end of year Charitable Fund ISA 260 and Audit Opinions were reviewed and accepted by the Committee. Thanks to the teams were noted.

### **5. 2019/20 Compliance**

The waivers, losses and special payments and conflict of interest/ hospitality register reports were presented. It was noted that the number of waivers was high (in part due to Covid) and it was noted that the number of waivers is expected to be lower when next reported.

### **6. Internal Audit**

#### **Draft Annual Internal Audit Opinion (2019/20)**

The progress report was presented and noted.

#### **IT Maturity Assessment**

The Final report for IT Maturity was received and reviewed.

#### **Draft reports for Governance and Risk Management & Board Assurance Framework**

The committee was updated that draft reports had been produced and were with the Trust management for review.

#### **Patient Booking Backlog**

The final report on Patient Booking Backlog was received, with the three high risks discussed and reviewed. It was noted that this was the last report from 2019/20.



## **7. Counter Fraud**

### **LCFS Progress Report**

The Local Counter Fraud team presented their update, which was noted. The Terms of Reference for the Fraud Risk Group were received and signed off.

## **8. Board Secretary Report**

Updates received on assurance framework, and risk management.

## **9. Reports from the sub-Committees**

Verbal reports were received, by exception, from the sub-committees.



**Board of Directors**

**Wednesday 4<sup>th</sup> November 2020**

<b>Report title:</b>	Digital Strategy Sub-Committee Board update	Agenda item: 12
<b>Executive Director(s):</b>	Gill Lungley, Chief Digital Information Officer (CDIO)	
<b>Report Author</b>	Gill Lungley, Chief Digital Information Officer	
<b>Action</b> (tick one box only)	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To note progress to date	

<b>Report summary</b>	<p>The Digital Strategy Sub-Committee has met once since the last Public Board Meeting, on the 23<sup>rd</sup> September. It was the first full since January due to COVID and the first held since the merger and Gill Lungley became Interim CDIO.</p> <p>The papers of the meeting are available on request from Gill Lungley.</p> <p>Key highlights and actions:</p> <ol style="list-style-type: none"> <li>1. The membership of the Committee was discussed and it was agreed that this should be reviewed and additional clinical and nursing representation added</li> <li>2. Post Covid and return to normal update given – backlog of demand is high and the addition of Redevelopment and Integration Programmes is increasing the pressure on the IT team. Also the IT team is undergoing a reorganisation to bring the two teams (Luton and Bedford) into a single organisation. Two key appointments have been made – James Slaven as CTO and Heidi Walker as Head of Information Governance and Trust DPO.</li> <li>3. The BAU IT teams remain busy, challenges of operating old technology alongside the newer technologies continue to cause stability and end user problems. IT SWAT teams have been deployed to areas experiencing continued day to day problems to identify remediation opportunities.</li> <li>4. A number of infrastructure projects are progressing well. These will improve stability and enable integration between the two sites, they include: <ol style="list-style-type: none"> <li>a. Windows10</li> <li>b. Office 365</li> <li>c. VDI rollout</li> </ol> </li> </ol>
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	<ul style="list-style-type: none"> <li>d. Wifi assessment and upgrade</li> <li>e. Network assessment and upgrade</li> <li>f. Collaboration and video solutions tool selection</li> </ul> <p>5. GDE programmes at both sites progressing. Luton plans for NerveCentre Bed Management module go live early November, Bedford EPRMS project progressing well - Paediatrics live</p> <p>6. No material Cyber incidents to report</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	Information Commissioner Data Protection Act
<b>Jargon Buster</b>	CTO – Chief Technical Officer DPO – Data Protection Officer BAU – Business as usual GDE – Global Digital Exemplar EPRMS - Electronic Patient Record Management System VDI – Virtual Desktop Infrastructure

## Board of Directors

**Wednesday 4<sup>th</sup> November 2020**

<b>Report title:</b>	<b>Charitable Funds Committee Reports to Board of Directors</b>	<b>Agenda item: 13</b>
<b>Executive Director(s):</b>	<b>Matthew Gibbons – Director of Finance</b>	
<b>Report Author</b>	<b>Sarah Amexheta – Head of Charity</b>	
<b>Action</b> <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Recommendation</b>	To note the contents of the report for assurance	

<b>Report summary</b>	<p>Key points to note for the Board:</p> <p>Previous Trust charities are in the process of being merged and will be completed by December 2020.</p> <p>Key governance actions have been undertaken to support the merger of the charities:</p> <ul style="list-style-type: none"> <li>○ Charity objectives</li> <li>○ Charity name</li> <li>○ Terms of reference / Quorum</li> <li>○ Risk Matrix</li> <li>○ Policies</li> <li>○ Bid templates / inclusion exclusion criteria</li> </ul>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	Charity Commission
<b>Jargon Buster</b>	NHS Charities Together - is a collective experience representing, supporting and championing the work of the NHS' official charities.

## CHARITABLE FUNDS COMMITTEE REPORT

### Introduction:

This Report updates the Board of Directors regarding the matters discussed at the Charitable Funds Committee held on the 19<sup>th</sup> September 2020.

### Conflicts of interest:

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

### Matters Arising:

- Monies allocated from NHS Charities Together funds need to be put in restricted fund in line with grant conditions.
- Agreed Daisy Awards, Nursing Awards programme.
- Colonel Tom Garden, garden to be redone for frailty patients and staff at the front of Bedford Hospital in honour of Colonel Tom Moore.
- Wellbeing hub items, food drink provisions for staff wellbeing hubs at height of pandemic.
- Agreed to pursue the NHS Charities Together programme.
- Reviewed the current investment portfolios for both hospitals and impact of COVID.
- Luton and Dunstable University Hospital NHS Foundation trust Year End Accounts and Annual Report was approved.
- Bedford Hospital NHS Trust Year End Accounts and Annual Report was approved.
- The committee approved the progress with the merger of the two charities into one charity (Bedfordshire Hospitals NHS Charity) and the renewal of Charity Deeds to be lodged with the Charity Commission.
- The committee agreed key governance documents for the new Trust:
  - Charity objectives
  - Charity name
  - Terms of reference / Quorum
  - Risk Matrix
  - Policies
  - Bid templates / inclusion exclusion criteria
- Committee received a report from the Head of Charity noting:
  - Phenomenal response from Community and volunteers across both sites during the peak of the crisis
  - There has been a drop in general donations
  - An interim volunteer strategy has been put in place, as we still have many volunteers across both sites unable to resume their risk assessed roles within the hospital
  - Success of the first virtual work experience programme

- Approved Bids:
  - Nursing Awards using an Endowment Fund - Approved £20,000 a year for three years (£60,000)
  - Post COVID Psychology post (L&D and Bedford) - Approved £93,902.20
  - Office conversion, Cancer Unit (Bedford) – Approved £24,987 – Primrose Folio
  - NICU Music therapy (L&D) - Approved £11,000 – LD1F
  - Breast Nurse funding, Cancer service (L&D) - Approved £75,000 from the Cancer Fund. Charity Team and Cancer Unit to raise £29,912 or LD1A to cover.
  - NHS Retirement Fund (L&D) – Approved £600 and the contribution to be reviewed
  - Staff Engagement Programme (L&D & Bedford) – Approved £50,000





## Board of Directors

**Wednesday 4<sup>th</sup> November 2020**

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

Report summary	<p>This report is to update the Board on governance reviews of the Board Level Risk Register and new risks.</p> <p>There have been reviews of the risks on the risk register at the following meetings:</p> <ul style="list-style-type: none"> <li>• Board of Directors Private Meeting 29<sup>th</sup> July 2020</li> <li>• Executive Board 27<sup>th</sup> October 2020</li> <li>• Quality Committee 28<sup>th</sup> October 2020</li> <li>• Finance, Investment and Performance Committee 28<sup>th</sup> October 2020</li> </ul> <p>New risks have been reviewed and seven are recommended for approval by the Board:</p> <ul style="list-style-type: none"> <li>• 2912 – Unfiled patient records at Bedford site</li> <li>• 2903 – Lack of space in pre-operative assessment at Bedford site</li> <li>• 1954 – Risk of failing to meet 100% of 2019/20 outpatient activity</li> <li>• 1953 – Increase in 52 day waits due to the impact of COVID</li> <li>• 1952 - Patient harm due to delays/cancellations due to COVID</li> <li>• 1955 – Maternity at Bedford site patient safety risk</li> <li>• 1966 – Maternity at Bedford site reputational risk</li> </ul>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>NHS I – Trust Governance Framework</p> <p>CQC – All regulations and outcomes</p> <p>MHRA</p> <p>All Objectives</p>
<b>Jargon Buster</b>	<p>MHRA – Medicines and Healthcare Products Regulatory Authority</p> <p>Datix – Incident Reporting system used to report risks</p> <p>Nosocomial – Location acquired infections</p>

## Risk Register Governance

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

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

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

## Board of Directors Review

Risk ref	Risk Description	Agreed conclusion
1163	Redevelopment affordability	Maintain risk
650	Bed pressures	Maintain risk
1491	University of Bedfordshire Nurse Training	Maintain risk
644	18 weeks	Maintain risk
1433	Ligature Points	Maintain risk
1353	Mount Vernon capacity	Maintain risk
1466	Financial position	Review risk

Emerging risks – lack of financial regime for 2020/21

## Quality Committee (QC)

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

Risk ref	Risk Description	Agreed conclusion
650	Bed pressures	Maintain risk
1491	University of Bedfordshire Nurse Training	Reduce risk – refer to the Workforce Committee
644	18 weeks	Maintain risk
1433	Ligature Points	Maintain risk
796	Patient Experience	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
1431	Fractured Neck of Femur	Maintain risk
1018	HSMR	Maintain risk
1353	Mount Vernon capacity	Maintain risk
1955	Bedford Maternity Services	Review the risk
1952	Patients waiting 52 weeks due to COVID	Maintain risk
1953	Patient harm due to cancellations/ delays due to COVID	Maintain risk
640	Business Continuity	Review risk
796	Patient Experience	Maintain risk
906/ 2832	Pharmacy supplies	Maintain risk

Emerging risks – Laparotomy audit data, Nosocomial infections

## Finance, Investment and Performance (FIP) Review

FIP reviewed finance board level risks in October 2020:

Risk ref	Risk Description	Agreed conclusion
1465	Agency rates	Reduce risk - referred to Workforce Committee
1466	Finance position 20/21	Review risk
1210	Vacancy	Maintain risk – referred to Workforce Committee
890	Medical devices replacement programme	Maintain risk
1166	Redevelopment models of care and workforce	Maintain risk and refer to Workforce Committee

Emerging risk – COVID 19 risk, Elective Incentive scheme, 2021/2022 financial risks, 2020/21 recovery governance targets

## Executive Board Review

The Executive Board reviewed all Board Level Risks on the 27<sup>th</sup> October 2020.

Risk ref	Risk Description	Agreed conclusion
1465	Agency rates	Review risk
1466	Finance position	Review risk
1491	University of Bedfordshire Nurse Training	Maintain risk
1423	CQC Mandatory Training	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
644	18 Weeks	Maintain risk
650	Bed pressures	Maintain risk
1210	Vacancy	Maintain risk
669	Appraisal	Maintain risk
1952	Patients waiting 52 weeks due to COVID	Maintain risk
1953	Patient harm due to cancellations/ delays due to COVID	Maintain risk
1955	Bedford Maternity Services	Review the risk

Emerging risk – Governance regime for 20/21, ISS contract cost pressure, Nosocomial infections

## Risk Review

Risks from both sites were reviewed and approved between 20<sup>th</sup> July 2020 and 23<sup>rd</sup> October 2020. Seven were allocated as Board Level.

- 2912 – Unfiled patient records at Bedford site

- 2903 – Lack of space in pre-operative assessment at Bedford site
- 1954 – Risk of failing to meet 100% of 2019/20 outpatient activity
- 1953 – Increase in 52 day waits due to the impact of COVID
- 1952 - Patient harm due to delays/cancellations due to COVID
- 1955 – Maternity at Bedford site patient safety risk
- 1966 – Maternity at Bedford site reputational risk

Risks were closed, none at Board level.

## Board of Directors

**Wednesday 4<sup>th</sup> November 2020**

<b>Report title:</b>	Corporate Governance Report	<b>Agenda item 15</b>
<b>Executive Director(s):</b>	<b>Executive Directors</b>	
<b>Report Author</b>	Donna Burnett – Trust Board Secretary	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/> <b>Approval</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board to note progress and approve the Terms of Reference	

<b>Report summary</b>	<p>The report details updates on the following issues:</p> <ul style="list-style-type: none"> <li>• Council of Governors</li> <li>• Membership Update</li> <li>• Terms of Reference updates</li> <li>• Use of the Trust Seal</li> </ul> <p>The appointment of a new Lead Governor for the Council of Governors.</p> <p>Five sub-committees of the Board have approved their terms of reference for the new Trust and these are for Board ratification.</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>NHS Provider Licence</p> <p>NHS Improvement Code of Governance</p> <p>NHSI/E national guidance April 2020</p>
<b>Jargon Buster</b>	<p>Seal – use of the official Trust logo on contract documents authorised by two Executive Directors</p>

## **1. Council of Governors**

### ***Non-Voting Governors***

It was agreed by the Council of Governors that those Governors whose terms ended in September 2020 would be eligible to stay on in a non-voting capacity for a further year if they wished. Following contact with those governors all eight agreed to continue in their new roles as non-voting governors until the next elections in 2021.

### ***Appointment of New Lead Governor***

Roger Turner stepped down from his role as Lead Governor at the end of his term on 30<sup>th</sup> October 2020.

The Trust is delighted to announce that Helen Lucas, Governor for Hertfordshire, was elected uncontested to the role of Lead Governor for a two year period.

### ***Current Composition of the Council of Governors:***

Bedfordshire Hospitals NHS Foundation Trust has:

Public Governors:

12 for Luton

7 for Central Bedfordshire

3 for Hertfordshire

5 for Bedford Borough and Surrounding Counties

13 Staff Governors

4 Appointed Governors

There are currently three vacancies on the Council of Governors

- 1) University College of London
- 2) Staff – Ancillary and Maintenance (L&D Site)
- 3) Professional and Technical (Bedford site)

## **2. Members**

The Trust's first Bedfordshire Hospitals NHS FT Annual Members meeting was held on 30<sup>th</sup> September and attended by 100 members of the public through video conference.

The meeting is now available to view on the public website accompanied by answers to the list of questions submitted both in advance and at the meeting.

The Ambassador publication for members was issued in August 2020.

## **3. Terms of Reference**

The following sub-committees of the Board approved their terms of reference. These are attached for ratification:

- Audit and Risk Committee
- Finance, Investment and Performance Committee
- Remuneration and Nomination Committee
- Digital Strategy Committee
- Workforce Committee

#### 4. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
29/7/2020	146	○ Design and build contract for the Lewsey Road Car Park with Huber Car Park Systems	
10/8/2020	147	○ Lighting Contract Warranty	
10/8/2020	148	○ Travelodge Lease	
20/8/2020	149	○ Imaging Department Reconfiguration works with McBains	
14/10/2020	150	○ 1 <sup>st</sup> phase of Bedford site ED Ash Construction via Scope on the framework	





## TERMS OF REFERENCE

### AUDIT AND RISK COMMITTEE

<b>Status:</b>	Sub-committee of the Board of Directors
<b>Chair:</b>	Non-Executive Director  The Chairman of the Board of Directors will appoint the Chair of the Audit & Risk Committee
<b>Membership:</b>	The Committee will comprise of five Non-Executive Directors (including the committee chair) with the exclusion of the Chairman and the Chair of the Finance Committee.
<b>In Attendance:</b>	Head of Internal Audit Director of Finance Head of Financial Control Board Secretary/Associate Director of Corporate Governance Clinical Representative (Medical Director invited to attend as required) Director of Quality A representative of the External Auditors A representative of Counter Fraud Chairman (invite only) The Chief Executive invited to attend (at least annually) to discuss with the Audit & Risk Committee the process for assurance that supports the Annual Governance Statement. Other Executive Directors or managers may be invited to attend as necessary.
<b>Meeting Frequency:</b>	Meetings shall be held not less than 4 times a year.  The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.  At least once a year the Committee may wish to meet with the External and Internal Auditors without any Executive Board members present.
<b>Meeting Management:</b>	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
<b>Extent of Delegation:</b>	The Audit and Risk Committee is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.

**Authority,  
Accountability and  
Chairs Action:**

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

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

**Quorum:**

3 members.

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

**Reporting:**

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

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

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

**Objectives:**

- 1. Governance, Risk Management and Internal Control** - The Committee shall review the establishment and maintenance of an effective system of integrated governance, internal control and risk management, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. In particular, the Committee will review:
  - 1.1 The policies and processes for preparing the Assurance Framework including review of the quality of the evidence for assurance provided by Internal and External Audit, management and other sources.
  - 1.2 All risk and control related disclosure statements, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
  - 1.3 The underlying assurance processes that indicate the degree of achievement of the corporate objectives, the effectiveness of the management of principal risks (including risk & resilience review procedures and reports) and the appropriateness of the above disclosure statements.

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

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

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

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

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

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

**2. Financial Reporting** - Review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

2.1 Changes in, and compliance with, accounting policies and practices.

2.2 Unadjusted mis-statements in the financial statements.

2.3 Major judgmental areas.

2.4 Significant adjustments resulting from the audit.

2.5 Compliance with accounting standards.

2.6 The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee.

2.7 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

2.8 To examine the circumstances when Standing Orders are waived and tenders where the lowest value tender is not awarded.

2.9 To review schedules of losses and compensation payments and make recommendations to the Board.

2.10 Review compliance with Internal Financial Controls

2.11 Review proposed changes to the Tendering Process, Standing Orders, Standing Financial Instructions and Scheme of Delegation.

2.12 Compliance with relevant legal requirements.

2.13 Monitor formal announcements relating to the Trust’s financial performance.

2.14 Review conflict of interests and the hospitality register on an annual basis.

2.15 To review all equivalent matters relating to Charitable Funds.

**3. Internal Audit** - The Committee will:

3.1 Appoint an appropriate internal audit provider, agree the fee and as appropriate, the termination of the contract.

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

**4. External Audit - The Committee will:**

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

**5. Counter Fraud - The Committee will:**

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

**Programme Board  
Members  
Responsibilities:**

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

2. To set targets and agree control systems to ensure delivery of the stated objectives.
3. To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed.

**Workplan:**

**Each meeting:**

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

**Twice a year:**

- Waivers

**Annually:**

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

Agreed on June 2020

To be reviewed by end June 2021

<b>Audit &amp; Risk Committee Work Plan</b>	<b>March</b>	<b>May</b>	<b>Sept/Oct</b>	<b>Jan/Feb</b>
<b>Reports/ Recommendations from Sub Committees &amp; Assurance Processes:</b> <ul style="list-style-type: none"> <li>○ Assurance Framework</li> <li>○ Risk Management</li> <li>○ CQC Regulation &amp; Registration</li> <li>○ Information governance</li> <li>○ Sub Committees –Quality, Finance, Investment and Performance, Workforce, Digital, Redevelopment, Rems and Noms, Executive Board</li> <li>○ Chief Executive - process for assurance that supports the Annual Governance Statement</li> <li>○ Review Freedom to Speak Up process &amp; Report from Guardian</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>*</li> <li>*</li> <li>✓</li> <li></li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li>✓</li> <li>*</li> <li>*</li> <li>✓</li> <li>✓</li> <li>*</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>*</li> <li>*</li> <li>✓</li> <li></li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>*</li> <li>*</li> <li>✓</li> <li></li> <li>*</li> </ul>
<b>Compliance with and changes to Standing Orders, SFIs &amp; Scheme of Delegation &amp; the Financial Control Environment:</b> <ul style="list-style-type: none"> <li>○ Waivers</li> <li>○ Losses and special payments</li> <li>○ Conflict of interest/ hospitality register (incl Sponsorship) Policies to be reviewed every three years or as and when required</li> <li>○ Fit and Proper Persons declarations</li> <li>○ Review of Financial Control</li> <li>○ Terms of Authorisation</li> <li>○ Provider Licence Review</li> </ul>	<ul style="list-style-type: none"> <li></li> <li></li> <li></li> <li></li> <li>*</li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li></li> <li></li> <li></li> <li>*</li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> <li></li> <li></li> <li>*</li> <li></li> <li></li> <li></li> </ul>
<b>Internal Audit:</b> <ul style="list-style-type: none"> <li>○ Consider the appointment, audit fee and termination of the contract</li> <li>○ Performance monitoring</li> <li>○ Strategic plan</li> <li>○ Progress reports &amp; update on recommendations</li> <li>○ Annual internal audit opinion/ report</li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li></li> <li>✓</li> <li>✓</li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li></li> <li></li> <li>✓</li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li></li> <li></li> <li>✓</li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li>✓</li> <li></li> <li>✓</li> <li>✓</li> </ul>
<b>External Audit:</b> <ul style="list-style-type: none"> <li>○ Recommend to the Council of Governors the appointment, reappointment and removal of the external auditor</li> <li>○ Performance Monitoring</li> <li>○ Annual Audit Fee</li> <li>○ Progress and update reports</li> <li>○ Report to those charged with Governance</li> <li>○ Annual Management Letter</li> <li>○ Charitable Fund Reporting</li> <li>○ Review proposed engagements of the external auditor to supply non-audit services</li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li>✓</li> <li>✓</li> <li></li> <li></li> <li></li> <li>*</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li></li> <li>✓</li> <li>✓</li> <li></li> <li></li> <li>*</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li></li> <li>✓</li> <li></li> <li>✓</li> <li>✓</li> <li>*</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li></li> <li>✓</li> <li></li> <li></li> <li></li> <li>*</li> <li></li> </ul>
<b>Financial Reporting:</b> <ul style="list-style-type: none"> <li>○ Review changes to Accounting Policies</li> <li>○ Review Annual Report &amp; Accounts</li> <li>○ Review Statement of Internal Control</li> <li>○ Acknowledge formal announcements relating to the Trust's financial performance</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li></li> <li></li> <li>*</li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li>✓</li> <li>✓</li> <li>*</li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li></li> <li></li> <li>*</li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li></li> <li></li> <li>*</li> </ul>
<b>Counter Fraud:</b> <ul style="list-style-type: none"> <li>○ Consider the appointment, fee and termination of the contract</li> <li>○ Approval of annual work plan</li> <li>○ Progress report including specific investigations</li> <li>○ Annual report</li> <li>○ Review of policies &amp; procedures relating to fraud, anti-bribery and freedom of speech</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> <li>*</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li></li> <li>*</li> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> <li>✓</li> <li></li> <li>*</li> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> <li>✓</li> <li></li> <li>*</li> <li></li> </ul>
<b>Required by Terms of Reference:</b> <ul style="list-style-type: none"> <li>○ Reporting to the Board and Council of Governors**</li> <li>○ Review of terms of reference</li> <li>○ Private discussion with internal and external audit</li> <li>○ Approval of Audit Committee work plan</li> <li>○ Annual Audit Committee Assessment**</li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li>✓</li> <li></li> <li>✓</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li></li> <li></li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li></li> <li>✓</li> <li>✓</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>*</li> <li></li> <li></li> <li></li> <li></li> </ul>
<b>Annual report to the Board</b>		✓		

\* as and when required.

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

## TERMS OF REFERENCE

### FINANCE INVESTMENT AND PERFORMANCE COMMITTEE (FIP)

**Status:** Sub-committee of the Board of Directors

**Chair:** Non-Executive Director

**Membership:** Non-Executive Director (Chair)  
Chief Executive  
Deputy Chief Executive  
Director of Finance  
Chief Nurse  
Director of Human Resources  
3 additional Non-Executive Directors  
Joint Medical Director

All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the Committee.

In the absence of the Chair, any NED present will take the Chair.

**In Attendance:** Service Line Representation (by invite)  
Board Secretary for Governance agenda items  
Deputy Director of Finance  
Associate Director of Performance & Information  
Re-Development Programme Director

**Meeting Frequency:** Monthly (with the exception of August and December)

**Meeting Management:** Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.

**Purpose:** The Committee provides financial analysis, advice, and oversight of the budget, capital schemes and investment approvals. Their responsibility is to ensure the organisation is operating with the financial resources it needs to provide services to the community.

<b>Extent of Delegation:</b>	FIP is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.
<b>Authority and Chairs Action:</b>	<p>The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.</p> <p>The Non-Executive Chair, as Chair of FIP is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of FIP. Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate FIP meeting.</p>
<b>Quorum:</b>	Minimum of 5 members, at least 2 of whom should be Non-Executive Directors
<b>Accountability:</b>	<p>The Chair of the FIP, along with the Director of Finance and the Deputy Chief Executive will maintain a direct link from FIP to the FT Board of Directors providing a report and assurance of the effectiveness of finance and performance.</p> <p>The Director of Finance and the Deputy Chief Executive will report to the Chief Executive and report progress to the formal Executive meetings on a monthly basis and to any other formal Committee as required.</p>
<b>Reporting:</b>	<p>The minutes of FIP meetings shall be formally recorded and a summary report submitted to the Board of Directors.</p> <p>This summary report will be on issues which need to be considered by the Board of Directors. The report shall give details of the action or improvement that is needed for the Board of Directors to approve.</p> <p>Provide update on the effectiveness of the committee to the Audit and Risk Committee.</p>
<b>Objectives:</b>	<p><b>Objectives:</b></p> <p>The committee will conduct objective Board level review of financial and investment policy and will review financial performance issues and oversee overall performance</p>



including CQUIN and delivery against the Cost Improvement Plans.

### **Financial Policy, Management & Reporting:**

- To consider the Trust's medium term financial strategy, in relation to both revenue and capital.
- To consider the Trust's annual financial targets.
- To review the annual budget, before submission to the Board of Directors.
- To consider the Trust's financial performance, in terms of the relationship between underlying activity, income and expenditure, and the respective budgets.
- Initial review of annual financial statements
- To review proposals for business cases (>£0.125m) and their respective funding sources
- To commission and receive the results of in-depth reviews of key financial issues affecting the Trust.
- To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and contractual safeguards and efficiency improvement programmes.
- To review and agree the annual financial plan, including the plan for delivery of cost improvements and productivity and efficiency improvements resulting from the Re-development programme.
- To review progress of the Redevelopment programme monthly and recommend any additional action as necessary.
- To receive and consider, as appropriate, reports on 'commercial' activities of the Trust.
- To approve the detailed Capital Expenditure Plan for the Trust (within the overall resource approved within the Annual Plan
- To review delivery of Capital Projects through post project reviews.

### **Operational Performance:**

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

or a revised position.

### **Investment Policy, Management and Reporting:**

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

### **Procurement Strategy:**

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

### **Operational Strategy:**

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

### **Risk:**

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

### **Other Duties:**

- To monitor, and make recommendations to the Board as necessary and appropriate on the adequacy and effectiveness of the Trust's financial as well as other performance reporting.
- To make arrangements, as necessary, to ensure that all Board members are provided with necessary information for them to understand key financial performance and issues affecting the Trust.

- To examine any other matter referred to the Committee by the Board of Directors.
- To review performance indicators relevant to the remit of the Committee.

**Programme Board  
Members  
Responsibilities:**

1. Individual members are expected to act as champions of FIP within the Trust and wider health community. Members are empowered to discuss financial issues with interested Parties outside of the meeting, subject to any confidential information shared.
2. To set targets and agree control systems to ensure delivery of the Trust Objectives.
3. Executive to establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed at FIP.

**Workplan:**

**Each meeting:**

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

**Quarterly**

- Risk Register
- Assurance Framework

**Annually**

- Budget Setting
- Annual Accounts
- Annual Report
- Operational Plan
- Review of the Terms of Reference

**As required**

- External Reports

Approved 28<sup>th</sup> October 2020  
To be reviewed October 2021



## **TERMS OF REFERENCE**

### **REMUNERATION AND NOMINATION COMMITTEE**

<b>Status:</b>	Sub-committee of the Board of Directors
<b>Chair:</b>	Non-Executive Director
<b>Membership:</b>	Four Non-Executive Directors (including the committee chair)
<b>In Attendance:</b>	<p>Chief Executive will attend in an advisory capacity but will withdraw from the meeting during any discussions regarding his/her term terms of condition and remuneration.</p> <p>Director of Human Resources shall normally be invited to attend meetings in an advisory capacity but will withdraw from the meeting during any discussions regarding his/her term terms of condition and remuneration.</p> <p>Other members of staff and external advisers may attend all or part of a meeting by invitation of the committee chair where required.</p> <p>Associate Director of Corporate Governance in attendance and to take the minutes.</p>
<b>Meeting Frequency:</b>	The committee shall meet at least once a year.
<b>Meeting Management:</b>	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
<b>Extent of Delegation:</b>	Remuneration and Nomination is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.

<b>Authority and Chairs Action:</b>	<p>The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.</p>
<b>Quorum:</b>	<p>No business shall be transacted at a meeting unless three Non-Executive Directors are present for the whole meeting.</p>
<b>Accountability:</b>	<p>The Chair of the R&amp;N, along with the Chief Executive and Director of HR will maintain the link to the FT Board of Directors providing a report and assurance on the processes undertaken by the Trust.</p>
<b>Reporting:</b>	<p>The Committee reports to the private Board and meets as required and at least annually.</p> <p>Provide a report on the effectiveness of the committee to the Audit and Risk Committee.</p>
<b>Objectives/Role:</b>	<p><b>Remuneration Role</b></p> <p>The Committee shall in respect of remuneration:</p> <p>Establish and keep under review the remuneration for Executive Directors.</p> <p>Consult the Chief Executive about proposals relating to the remuneration of Executive Directors.</p> <p>In accordance with all relevant laws, regulations and the NHS Foundation Trust's policies, determine the terms and conditions of office of the Executive Directors, including all aspects of salary and any performance related pay or bonus and the provision of other benefits (for example, cars, allowances or payable expenses).</p> <p>Shall determine the levels of remuneration and terms of employment for Executive Directors to ensure they are fairly rewarded for their individual contribution to the NHS Foundation Trust – having proper regard to the NHS</p>

Foundation Trust's circumstances and performance and to the provisions of any national arrangements for such staff. In determining the level of remuneration ensure that for any starting salary over £142,500 there is a clear and documented rationale for the level of salary awarded and that an opinion from NHS is sought before confirming the appointment.

Use national guidance and market benchmarking analysis in the annual determination of remuneration of the Executive Directors.

Approve the arrangements for the termination of employment of any Executive Director and other contractual terms, having regard to any national guidance.

Approve any non-contractual severance payments to all staff.

Ensure that any proposed compromise agreement is justified and that it is drafted in such a way as not to prevent proper public scrutiny by NHSI, the Department of Health or external auditors.

Oversee the performance review arrangements for the Executive Directors ensuring that each Executive Director receives an annual appraisal.

### **Nominations Role**

The Committee shall, in respect of nominations:

Regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Executive Directors and make recommendations to the Board with regard to any changes.

Give full consideration to and make plans for succession planning for Executive Directors taking into account the challenges and opportunities facing the NHS Foundation Trust and the skills and expertise needed on the Board in the future.

Be responsible for identifying and nominating for appointment, candidates to fill posts within its remit as and when they arise.

Be responsible for identifying and nominating a candidate, for approval by the Council of Governors, to fill the position of Chief Executive.

Ensure that Executive Directors meet the requirements of the 'Fit and Proper' Persons Test.

Before an appointment is made, evaluate the balance of skills, knowledge and experience on the Board and, in the light of this evaluation, prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates, the Committee shall use:

- open advertising or the services of external advisers to facilitate the search;
- consider candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria.

Consider any matter relating to the continuation in office of any Executive Director at any time, including the suspension or termination of service of an individual as an employee of the NHS Foundation Trust.

To consider the engagement or involvement of any suitably qualified third party or advisers to assist with any aspects of its responsibilities.

**Workplan:**

**Annually**

- Executive appraisals
- Terms of Reference Review
- CEA process
- Review of the Board skill mix
- Executive salary review

**As required**

- Recruitment proposals and agreement of appointments

Agreed on 30<sup>th</sup> September 2020

To be reviewed by the end of September 2021



## TERMS OF REFERENCE

### DIGITAL (IM&T) STRATEGY COMMITTEE

<b>Status:</b>	Sub-committee of the Board of Directors
<b>Chair:</b>	Non-Executive Director
<b>Membership:</b>	<p>3x Non-Executive Director (including chair)</p> <p>Chief Executive</p> <p>Deputy Chief Executive</p> <p>Chief Nurse</p> <p>Joint Medical Director</p> <p>Chief Information Officer</p>
<b>In Attendance:</b>	<p>Deputy Director of IT</p> <p>Digital Consultant – IM&amp;T Strategy &amp; Merger</p> <p>Clinical Representation on a rotational basis made of 2 of:</p> <p>Solutions Board Clinical Chair</p> <p>CCIO</p> <p>3x Clinical Leads</p> <p>Other Executive Directors, managers or advisors may be invited to attend as necessary.</p>
<b>Meeting Frequency:</b>	<p>Meetings shall be held not less than 4 times a year.</p> <p>The Chief Executive or Deputy Chief Executive may request a meeting if they consider that one is necessary <i>[e.g. to review major decisions or changes which do not align with a scheduled meeting]</i>.</p>
<b>Meeting Management:</b>	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
<b>Purpose:</b>	The Digital Strategy Committee works alongside clinicians to best communicate how investment in technology can be most efficiently and effectively used.
<b>Extent of Delegation:</b>	The Digital Strategy Board is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.
<b>Authority, Accountability</b>	The Board is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any

**and Chairs Action:** employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

**Quorum:** 4 members.

In the absence of the Chair of the Digital Strategy Board the Non-Executive Directors will nominate a replacement.

**Reporting:** The minutes of the Digital Strategy Board meetings shall be formally recorded.

A report shall be made following each Digital Strategy Board meeting to the next Board of Directors meeting if there are issues which need to be considered by the Board of Directors.

**Objectives:**

**1. Digital Strategy Assurance** - The Digital Strategy Board will provide assurance regarding the Trust's Digital Strategy and its ongoing review and development. This will include providing assurance that:

- 1.1 The Trust's Digital Strategy is aligned to and supports the Trust's clinical and business objectives and plans.
- 1.2 The Digital Strategy takes account of relevant national goals and directives and supports the collaborative goals of the wider health and social care community.
- 1.3 Governance arrangements and review processes are in place to ensure the Digital Strategy is updated and revised to reflect changing internal and external factors.
- 1.4 To ensure effective communication and engagement around Digital is in place within the Trust and other stakeholder groups.
- 1.5 To ensure arrangements are in place to assess and deliver benefits of innovative technology and information for use in decision making.

**2. IT Strategy Delivery-** The Digital Strategy Board will review progress in implementation of the Trust's Digital Strategy, in particular providing assurance that:

- 2.1 Progress is being made in line with the Digital Strategy at the level of major programmes and projects.
- 2.2 Variance is being monitored and documented and is being managed through appropriate project/programme governance.
- 2.3 The strategy implementation programme is identifying and managing risks and issues effectively.
- 2.4 Ensure capacity to deliver required standards of skills and support for the Trust 24/7, 7 days a week and the appropriate expert contracts to ensure the Trust maintains an excellent level of Cyber resilience, infrastructure speed and capacity and other associated enablers to ensure digital excellence striving for HIMSS level 7 is maintained.

2.5 Ensure staffing skills, numbers and support are futureproofed to deliver the quality of service the Trust needs as an Acute site offering full emergency services.

### **3. Partnerships**

3.1 To ensure effective collaboration with partner organisations and other stakeholders in relation to the implementation of the Digital solutions and sharing of systems in a controlled manner, to provide the best possible outcomes for all.

3.2 To build links with other partner organisations to support Digital strategic direction as appropriate.

3.3 To ensure appropriate recommendations and links are made to FIP to support and embrace approved innovation projects.

3.4 To assess, with input from the Solutions Board, the compatibility, feasibility, viability, priority and impact of any new digital requirements arising as part of service design, national requirements, local need etc. and to agree priorities and business benefit.

Clarification of the relationship with other Boards/Committees may be helpful if there is risk of overlap or ambiguity – e.g. FIP, Merger Programme Board, GDE Joint Executive Group, etc.

#### **Members Responsibilities:**

1. Individual members are expected to act as champions of the Trust's Digital Strategy and wider 'Digital Agenda' within the Trust and the wider health community. Members are empowered to discuss issues with interested parties outside of the meeting, subject to any confidential information shared.
2. To provide recommendations for improvements in processes, reporting, and governance where required in support of optimising Digital Strategy definition and delivery, and securing the required resources to deliver this.

#### **Workplan:**

##### **Each meeting:**

- Update report from the CIO
- If relevant, update reports from major Digital Programmes or Projects, such as GDE and Digital Integration Programmes
- Note of business of other committees by exception – but always an update from the Solutions Board & Capital Control Group relating to IM&T.

##### **Annually:**

- Review of Digital Strategy Plan and Digital Capital Plan for the next year.

Agreed on 23<sup>rd</sup> September 2020  
To be reviewed by end September 2021



## TERMS OF REFERENCE

### WORKFORCE COMMITTEE (WFC)

<b>Status:</b>	Sub-committee of the Board of Directors
<b>Chair:</b>	Non-Executive Director
<b>Membership:</b>	<p>Non-Executive Director x 3 (including Chair)</p> <p>Chief Nurse</p> <p>Chief Executive and/or Deputy Chief Executive</p> <p>Chief Medical Adviser/Medical Director/Clinical Chair</p> <p>Director of Human Resources</p> <p>Director of Culture and Organisational Development</p> <p>Director of Medical Education</p> <p>Director of Finance/ Senior Finance Manager</p> <p>Associate Directors HR</p> <p>All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the Committee.</p> <p>In the absence of the Chair, any NED present will take the Chair.</p>
<b>In Attendance:</b>	<p>Head of OD and Learning</p> <p>Head of Staff Engagement and Wellbeing</p> <p>Freedom to Speak up Guardian (as required)</p> <p>Other representatives as appropriate</p>
<b>Meeting Frequency:</b>	<p>Every two months</p> <p>The Chair may convene additional meetings of the Committee if necessary to consider business that requires urgent attention</p>
<b>Meeting Management:</b>	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
<b>Purpose:</b>	To provide assurance to the Trust Board in all aspects of workforce.

Monitor the delivery of a workforce strategy

Receive and review relevant workforce related matters on the Board Assurance Framework in order to gain assurance on the controls in place and progress in addressing any gaps in control and assurance.

Review any workforce and education issues referred to the Committee by the Board of Directors or any other Board sub-committee.

Develop an annual work programme agreed by the Committee

**Extent of Delegation:** FIP is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.

**Authority and Chairs Action:** The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

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

**Quorum:** 50% of membership, to include 2 Non-Executive Directors

**Accountability:** The Chair of the Committee along with the Director of Human Resources will maintain a direct link to the Board of Directors.

The Director of Human Resources will report to the Chief Executive and report progress to the formal Executive on a regular basis and any other formal Committee as required.

**Reporting:** The minutes of the workforce Committee shall be formally recorded and submitted to the Board of Directors.

A report shall be made following each Committee meeting on issues which need to be considered by the Board of Directors. The report shall give details of the action or

improvement that is needed for the Board of Directors to approve.

A quarterly report and update on the effectiveness of the committee will be provided to the Audit and Risk Committee

**Objectives:**

**Objectives:**

Receive a report at each meeting from the Executive lead for the Committee covering the key workforce performance metrics and any issues escalated from relevant executive groups.

To oversee the development and implementation of a Human Resources Strategy aligned to deliver the organisational objectives of the Trust. The Strategy should include measureable objectives focussing on:

- NHS People Plan
- Strategic workforce information and planning
- Recruitment and retention
- Education, learning and organisational/leadership development
- Staff experience and engagement, reward, recognition and health and wellbeing

Receive and review reports on significant concerns or adverse findings highlighted by regulators, peer review exercises, surveys (including NHS Staff Survey) and other external bodies in relation to areas under the remit of the Committee, seeking assurance that appropriate action is being undertaken to address these.

To receive updates on employee relations activity (taking into account the letter from Chair, NHSI of 23<sup>rd</sup> May 2019 – Learning lessons to improve our people practices)

To receive a regular report on equality and diversity in the Trust and specifically review the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES); Gender Pay Gap report and all other relevant reports prior to sign off by the Trust Board.

To monitor workforce Board level risks

Approve the terms of reference of internal audits relating to human resources and monitor the implementation of any action plans arising from them.

**Programme Board  
Members  
Responsibilities:**

1. Individual members are expected to act as champions of FIP within the Trust and wider health community.  
Members are empowered to discuss financial issues with

interested Parties outside of the meeting, subject to any confidential information shared.

2. To set targets and agree control systems to ensure delivery of the Trust Objectives.
3. To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed at FIP.

**Workplan:**

**Each Meeting**

Key Performance Indicators and other key reports.  
Risk Register

**Annually**

HR Strategy  
NHS Staff Survey results  
Terms of Reference

**As Required**

- Internal Audits
- Assurance Framework

**Revision Control**

Version Number	Date	Comments/Details	Approved By
1.1	15/09/19	Draft	A. Doak/ R.Mintern
1.2	22/10/19	Approved	A. Doak/ R.Mintern
1.3	01/10/20	Updated to take into consideration Merger plus OD and Culture Strategy	A. Doak/ R.Mintern
1.4	04/11/20 20	Reformatted to Trust Template	A. Doak/ R.Mintern
1.5			

To be reviewed June 2021