



Bedfordshire Hospitals

NHS Foundation Trust

Board of Directors

1 November 2023

10:00 - 12:00

MS Teams



Bedfordshire Hospitals NHS Foundation Trust

Meeting Book - Board of Directors

10am	1 Chairman's Welcome & Note of Apologies		R Sumray
10.02	2 Any urgent items of Any Other Business and Declaration of Interest on items on the Agenda and/or the Register of Directors Interests		R Sumray
10.03	3 Minutes of the Previous Meeting - 2 August 2023 (attached)	TO APPROVE	R Sumray
	3.1 3 Minutes of Bedfordshire Hospitals NHS Trust Public Board meeting 3 August 2023.docx		
10.05	4 Matters Arising (Action Log)	TO NOTE	R Sumray
10.06	5 Chair's Report (verbal)	TO NOTE	R Sumray
10.10	6 ICB Update Report	TO NOTE	D Carter
	6.1 6. BHFT 1 November 2023 v2.docx		
10.20	7 Executive Board Report	TO NOTE	D Carter
	7.1 7 Executive Board Report November 2023 .docx		
	7.2 7.1 Appendix 1 Sexual safety in healthcare – organisational charter.docx		
10.35	8 Quality and Performance		
	8.1 Report from the Quality Committee (attached)		A Gamell
	8.1.1 8.1 Quality Committee Report August 2023.doc		
	8.2 Operational Performance Report (attached)		C Jones
	8.2.1 8.2 Operational Performance Report for Board Q2 2023.docx		
	8.3 Harm Free Care, Incidents and Complaints Report (attached)		L Lees / C Thorne
	8.3.1 8.3 Harm Free Care_Incidents & Complaints Nov 23 BoD Report.docx		
	8.4 Learning from Deaths Report (attached)		P Tisi
	8.4.1 8.4 Learning from Deaths November 2023.docx		
	8.5 Nursing and Midwifery Workforce Report (attached)		L Lees

	8.5.1 8.5 BoD Nursing Workforce Report November 2023.docx	
	8.5.2 8.5 BoD Midwifery Workforce Report November 2023.docx	
	8.6 Perinatal Maternity Report (attached)	L Lees
	8.6.1 8.6 Maternity Perinatal Report November 2023.docx	
10.55	9 Finance	
	9.1 Report from Finance & Investment Performance Committee (attached)	D Harrison
	9.1.1 9.1 FIP Committee Report Nov 2023.docx	
	9.2 Performance Report (attached)	M Gibbons
	9.2.1 9.2 Finance Report November 2023.docx	
	9.3 Report from the Redevelopment Committee (attached)	M Prior
	9.3.1 9.3 Trust Board_Redevelopment Report Oct23.docx	
11.10	10 Workforce	
	10.1 Report from the Workforce Committee (attached)	T Harper
	10.1.1 10.1 Workforce Committee Report November 2023.docx	
	10.2 Workforce Report (attached)	A Doak
	10.2.1 10.2 Workforce Report Sept 2023 v5.docx	
	10.3 Freedom to Speak Up (FTSU) Report (attached)	FTSU Guardians
	10.3.1 10.3 FTSU Report November 2023.docx	
11.20	11 Digital	
	11.1 Report from the Digital Strategy Committee - No Report this month	
	11.2 IG Toolkit Report (attached)	
	11.2.1 11.2 Information Governance Report October 2023.docx	
11.30	12 Committee Reporting and Escalation	
	12.1 Audit and Risk Committee (attached)	S Barton
	12.1.1 12.1 Audit and Risk Committee Report November 2023.docx	
	12.2 Charitable Funds Committee (attached)	R Sumray
	12.2.1 12.2 Charitable Funds Committee Report November 2023.docx	
11.35	13 Corporate Governance and Risk Report	V Parsons
	13.1 13 Corporate Governance and Risk Report August 2023 v2.docx	
11.35	14 Date of Next Meeting - Wednesday 7 February 2024 - Bedford at 10.00 - 12.00	
12.00	15 CLOSE	



Minutes of the Board of Directors 2/8/23

Board of Directors 1st November 2023

Author – Victoria Parsons, Associate Director of Corporate Governance

Agenda item - 3

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

To provide an accurate record of the meeting

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST

BOARD OF DIRECTORS PUBLIC MEETING

Board present in Committee Room, Bedford Hospital, Public via Microsoft Teams
10.00am-12noon

Minutes of the meeting held on Wednesday 2 August 2023

Present: V = virtual

Mr Richard Sumray, Chair
Mr David Carter, Chief Executive
Ms Cathy Jones, Deputy Chief Executive
Ms Angela Doak, Director of Human Resources
Mr Matthew Gibbons, Director of Finance
Mr Paul Tisi, Medical Director
Ms Liz Lees, Chief Nurse
Ms Catherine Thorne, Director of Quality and Safety Governance
Dr Annet Gamell, Non-Executive Director (V)
Mr Simon Barton, Non-Executive Director
Mr Gordon Johns, Non-Executive Director
Mr Mark Prior, Non-Executive Director (V)
Mr David Harrison, Non-Executive Director
Ms Yasmin Mahmood, Non-Executive Director

In attendance:

Mr Dean Goodrum, Director of Estates
Ms Melanie Banks, Director of Redevelopment and Strategy
Ms Gill Lungley, Chief Information Officer (V)
Mr Ricky Shah, Deputy Director of Finance
Mrs Victoria Parsons, Associate Director of Corporate Governance
Ms Anne Thevarajan, Membership and Corporate Affairs Manager
Mr Clive Underwood, Freedom to Speak up Guardian
Ms Lana Haslam, Freedom to Speak up Guardian

Public/Governors: (v)

Ms Helen Lucas, Lead Governor
Mrs Judi Kingham, Public Governor
Mr Malcolm Rainbow, Member of the public
Ms Kate Murison-Bowie, HSJ

1. CHAIR'S WELCOME, NOTE OF APOLOGIES

Apologies were received from Fiona MacDonald, Tansi Harper, David Carter and Matt Gibbons.



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

None declared

3. MINUTES OF THE PREVIOUS MEETING: 1st February 2023

The minutes of the previous meeting were approved as an accurate record with the following amendments:

Amend the first paragraph of the Chair's report

On page 4 change the word advantageous to crucial

4. MATTERS ARISING

Action log action was noted. It was also noted that future Board meetings will include:

- Long Term Workforce Plan
- Strategy
- Masterplan and redevelopment

5. CHAIR'S REPORT

The Chair started his report by congratulating Josh Chandler as the new Chief Information Officer replacing Gill Lungley. It was noted that it was excellent that we had developed a member of our staff into this role. This is Gill's last meeting and RS would like to thank Gill – she has been pivotal to the Trust to develop the digital agenda and she will continue to support Josh in a strategic capacity during his transition.

RS reported that he has been holding a number of external meetings and we have a Board to Board planned for the 4th October 2023 with the ICB.

The Chair paid tribute to the staff who are coping with the ongoing industrial action. The pressures are growing and there is more industrial action to plan for in the future.

RS thanked the staff for attending the Engagement Event that was undertaken in the first two weeks of July. It was the second year at Bedford and the eighth for L&D and the initial feedback is very positive. Thanks were given to all those that were part of organising the event.

It was reported that work is ongoing with the Council of Governors to receive a report from the Non-Executive Directors on a quarterly basis. GJ reported that the meeting was useful and the discussion afterwards was productive. YM attended and also reported that it was an excellent session.

6. INTEGRATED CARE BOARD (ICB) REPORT

The summary highlight report from the ICB was presented. DC drew out two key items:



- Approval of the Joint Forward Plan that highlights areas of focus; outcomes, tackling inequalities, value for money and NHS supporting social determinants of health.
- Nice high impact interventions – the ICB is now reviewing the delivery vehicles for these interventions and whether this was best designed at Place and Neighbourhood. We have a commitment to support the ICB working that through.

DC noted that the Denny Review is due to be published soon and this publishes examples of engagement across the community and focusses on inequalities. DH responded that it is a good example of how this will be working together with the ICB to develop measurables.

7. EXECUTIVE BOARD REPORT

DC introduced the report to the Board and it was taken as read. The following areas were highlighted.

Industrial action – The Trust has been providing a safe level of staffing during the strikes but it is proving more challenging each time. The next strike is at peak annual leave and the court ruling that we cannot use agency enhances the complexity. Assurance planning is underway and we have good engagement from our senior leaders to do everything to protect urgent and emergency care.

RS queries whether we can make any assessment about the impact on our inpatient and outpatient pathways. CJ responded that we are very conscious that where possible we do not book patients on those agreed dates to reduce the cancellations. We are just starting the work to review lost ours and the impact on our patients and our financial position. This will come back to a future Board.

Long Term Workforce Plan – The Workforce Committee is meeting on the 16th August 2023 when there will be a deep dive into the requirements. The ICB Chief People Officer will also be in attendance at that meeting. We are currently mapping the plan against our work.

Winter plan - CJ commented that we have just received the NHS Winter Plan guidance. There is an opportunity for Acute Trusts to focus on Q3 and Q4 on the 4 hour wait and ambulance handovers and access to bonus monies. Local authorities also received this letter which is good that this will be in parallel and is critical to success. High priority actions are already underway and group initiated but there are a number of dependencies that could impact on our ability to achieve these targets. DH queried if these are stretch targets. CJ responded that we are currently at 74% against a target of 80% so there are challenges not least due to the industrial action. However, it is not beyond the Trust to achieve 80%.

Equality and Diversity Report – The report outlining the actions and activities relating to E&D was presented. AD and FM confirmed that chairs of the networks are given protected time and support from their managers.

8. QUALITY AND PERFORMANCE



8.1 Report from the Quality Committee

AG reported that at each meeting the Quality Committee remind themselves that they are an assurance committee.

The Committee:

- focussed on the Industrial Action, impact and recovery and noted that there is a fear of staff fatigue
- Identified a concern about the impact on the cancer targets in particular. There had been a focus on recruitment particularly in histopathology and therapies. These are national issues but add to the deterioration.
- continued to receive progress on the stroke quality targets.
- Approved the Quality Accounts for 2022/23

8.2 Operational Performance

Urgent and Emergency Care – continues to be a challenge. In April there was great system working that had significant impact on beds but it was a challenge in June. The best barometer we have is the use of surge beds and we were 34 above our bed base for June. DH queried whether the ambulance handover rates will be challenging to achieve as we have not been at 90% for over 18 months. CJ responded that the CT scanner in ED is an asset to flow which is an opportunity for change at the L&D. The target is consistently achieved at Bedford. MB responded that the increased space at L&D does not currently provide additional ramp space but it will once the ED programme is complete in May 2024.

Planned Care – The Trust is on track to be '0' by the end of August, but this will be impacted by the next round of strikes so there is a risk this is not achieved. The waiting list has grown which is a concern. DNA rates have reduced but there has been a slight uptick related to strikes and this is under review. The Trust is continuing to push hard on medically fit for discharge patients are safely discharged.

Cancer – there will be a significant challenge achieving these targets. There is an administration issue of open pathways at L&D following the departure of the Cancer Manager. An interim is in place and a new manager in place in August. RS queried if this is a recording issue. CJ responded that there are some open pathways that have a positive outcome that have not been closed and short term support has been put in place to resolve this issue. There is also an issue with histopathology reporting which is having an impact on the processes. PT advised the Board that there is a programme of work to support the recruitment of histopathologists. This is a national issue as the training numbers are challenging. Five out of the 12 are vacant with locums in place. The Trust is not capping agency spend in this area due to quality and flow. AD responded that we are also in a discussion with clinical leads around any possible workforce redesign that could also alleviate some of the issues.

GJ queried whether the Trust has virtual wards, as there has been recent press coverage and plans for virtual wards. CJ responded that there is a programme in place for



Bedfordshire with the Trust, ELFT and CCS. There are 240 virtual ward beds and a plan to deliver more with the appointment of a community geriatrician.

8.3 Harm Free Care, Incidents and Complaints

LL reported that the Trust level of harm for pressure ulcers has seen an increase. Two safety summits focussed on pressure ulcers have been undertaken about grading and reducing incidents.

Complaints numbers are static but the response times are challenging. There is a plan to review local resolution to try to support this as a quick resolution and learning but this is work in progress.

CT reported that there has been an upturn in incident report and this is good to see when there have been operational challenges. Serious Incidents learning is detailed in the report for assurance. The team have been working on the PSIRF implementation (system replacing serious incidents). The Board approved the PSIRF plan in July 2023 and this now publically available. Thanks were noted from the Board to the team implementing PSIRF.

8.4 Learning from Deaths

PT reported that these are the national mortality indicators. Levels are static across both sites and there is ongoing work on documentation and coding. We expect this improvement to continue. Currently community deaths are not scrutinised in the same way as acute deaths and there are pilots in place in three practices.

RS queried how objective the Structured Judgement Reviews are. PT responded that they are a judgement but that they follow a detailed framework which adds some level of objectivity.

8.5 Nursing and Midwifery Workforce Reports

LL stated that this is a report for June. June was challenging as there was increased sickness and use of contingency plus complex patients with complex mental health needs. The Trust is seeing an increase in these patients post covid.

DH asked if there is ratio to staffing incidents. LL responded that this is mapped though rostering and there has been an increasing in midwifery as they have been extremely busy.

8.6 Perinatal Maternity Report

EH was in attendance to report. The Trust has been on the national maternity support programme for two years and we are hopeful that we will be removed from this programme in the next month. They will ensure that the improvements put in place are sustainable. The team have a focus on mandatory training and there is an ambitious trajectory in place. Year 5 maternity CNST scheme has been launched and we are working through those metrics for submission in February 2024.



AG noted that the amount of paperwork and recording for CNST is noteworthy and the team are working hard to achieve these standards.

9. FINANCE

9.1 Report from Finance, Investment and Performance Committee

DH reported that:

- The financial budgeting has been agreed and we are conscious of the financial impact of the strikes
- There remain CDEL limit pressures (capital spend) this year and next year
- Work was approved on the northwing site primary care hub in Bedford as the Trust is acting as an agent for the ICB
- There has been further development of the Enterprise Strategy to support innovation.

9.2 Finance Report

Ricky Shah was in attendance and reported back the finance position. The Trust has put in place mitigating schemes to support our financial position. Medical agency continues to be a challenge and the impact of the industrial action has made this more challenging. Given the extent of our operational pressures our threshold for filling a vacancy has decreased – the critical factor needs to be safety. Capital spend limits have been agreed

AD responded that there is a focussed piece of work to look at the high cost agency areas with General Managers and Clinical Directors. A plan is being formalised to be reported back to the Finance, Investment and Performance Committee.

RS queries the cost of medications. Ricky Shah responded that we are seeing an increase in these costs in June but this is expected to settle down. However, some NICE guidance and technical guidance will impact on the medication costs due to the requirements to meet the guidance.

9.3 Report from the Redevelopment Committee

MB and MP reported that this is a positive report but there are challenges with resources and working environments.

There have been a number of successes, the energy centre is nearing completion on the L&D site and we have opened one part of the ED at L&D which now has rapid access to CT and is an uplifting environment for staff. The Acute Services Block is also halfway through. At Bedford the electrical infrastructure upgrades are in place to support future developments and we are now adding in HV cabling.

There is ongoing work with the Bedford primary care hub but there are no plans for a Luton hub. RS reported that he has taken up this issue with the ICB.



10. WORKFORCE

10.1 Report from the Workforce Committee

TH reported back the work of the committee:

Respectful resolution programmes are in progress and work towards values based recruitment for consultants in planned.

The committee received assurances on the work towards the health and wellbeing of staff and there continues to be support from a Trust Benevolent Fund that staff can access.

10.2 Workforce Report

AD particularly highlighted that vacancies have reduced largely due to local recruitment programmes. Turnover is also reducing. We are pulling a focussed piece of work on sickness absence targeting pockets on high rates. Appraisals and mandatory training is seeing an increase in compliance which is positive.

DH queries the resuscitation training and that there had been limited increase. AD responded that this is very challenging as it is face to face training for clinical teams that has been significantly impacted by industrial action.

10.3 Freedom to Speak Up Guardian Report

Lana Haslam and Clive Underwood were in attendance. They reported on the number of cases which has seen a significant increase due to the number of reports from staff about the same issue – all of which need to be counted. The themes from the report are mainly communication.

LH and CU attend the doctors induction to ensure that they are aware of the FTSU role and there is a programme to increase their profile. More champions are being recruited for each site.

11. DIGITAL

11.1 Report from the Digital Strategy Committee

SB took the report as read. There is considerable work in progress towards the Trust Digital Strategy.

11.2 Information Governance Toolkit Report

GL focussed on the IG Toolkit progress. The Trust meets all the standards apart from two and there are plans in place to meet those standards in this financial year.



12 COMMITTEE REPORTING AND ESCALATION

12.1 Audit and Risk Committee

SB reported that the Trust is late in submitting the annual report and accounts. The NEDs have been discussing this in the committee and will take forward the required actions.

12.2 Charitable Funds Committee

The committee took the report as read. There

13. CORPORATE GOVERNANCE AND RISK REPORT

VP introduced the report and it was taken as read. It was noted that the report details the oversight through the Board sub-committee structures and the new risks that have been identified for the Board's attention.

The Board noted the report and approved the Terms of Reference with a change to the frequency and addition statement that the committee oversees talent management and succession planning.

14. DETAILS OF THE NEXT SCHEDULED MEETING

Wednesday 1st November 2023, 10.00 – 12.00.

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 (UKGDPR) and the Caldicott Guardian principles

Action Log

4/5/23-1 - Future Board Seminar on Bed Provision and the system – completed

2/8/23-1 - Bring impact of the Industrial Action back to a future Board



ICB Report

Board of Directors 1st November 2023

Author – ICB

Agenda item - 6

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

To provide an update on the work of the ICB

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives

Date: 1 November 2023

ICB Executive Lead: Felicity Cox, BLMK ICB CEO
ICB Partner Member; David Carter, CEO, BHFT

Report Author: Michelle Evans-Riches, Acting Head of Governance BLMK ICB

Report to the: Board of Directors, Bedfordshire Hospitals NHS Foundation Trust

Item: 6–**Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board update**

1.0 Executive Summary

1.1 This report summarises key items of business from the BLMK Integrated Care Board (ICB) that are relevant to Bedfordshire Hospitals NHS Foundation Trust. The BLMK Health and Care Partnership (ICP) is due to meet on 31 October 2023.

2.0 Recommendations

2.1 The Board is asked to **note** this report.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓

3.1 This report provides a summary of items discussed by the ICB and ICP. Each individual report considered at those meetings identifies the relevant implications as listed above.

4.0 Report

4.1 Annual General Meeting (AGM)

The Annual General Meeting (AGM) of the Integrated Care Board took place before the usual Board meeting. Chair Dr Rima Makarem, Chief Executive Felicity Cox and Deputy Chief Finance Officer Stephen Makin provided an overview of 2022/23, including the break-even financial position achieved by the ICB. Also presented were the Annual Reports for BLMK Clinical Commissioning Group for months 1-3 of 2022/23. Both Annual Reports can be found on the ICB's [website](#).

4.2 Bedfordshire, Luton and Milton Keynes Integrated Care Board

The Board of the ICB met on 29 September 2023, the communications summary from the meeting is given below.

4.2.2 The Integrated Care Board meeting followed the AGM. Felicity Cox provided an overview of work underway to prepare for the planned industrial action from consultants and junior doctors week commencing 2 October 2023 and informed the Board that, following

inspections, there was no reinforced autoclaved aerated concrete (RAAC) in BLMK's NHS estates. The Board celebrated the news that Head of the BLMK Cancer Network, Kathy Nelson, had been named Ground-breaking Researcher of the Year Award at the national BAME Health and Care Awards in London on 28 September 2023.

4.2.3 There was one question from the public about how the ICB plans to fund the East of England (South) Integrated Stroke Delivery Network. Chief Nursing Director, Sarah Stanley outlined that the ICB is committed to the concept of Integrated Stroke Delivery Networks and is working with partner ICBs, and regional and national colleagues, to consider how these could best be supported in an affordable and sustainable way. She acknowledged the hard work of all local health and care staff who provide direct or indirect support to those affected by strokes.

4.2.4 The following items were discussed:

1. **Resident's story** – members watched a video from Catherine, a resident from Bedford who is deaf. She shared her powerful story in BSL. She explained the challenges that people who are deaf face when accessing health and care, including being able to make or change an appointment and engage with health and care professionals. The Board reflected on the need to think about and change how we communicate to ensure easy and fair access for everyone – a key part of the [Denny Review](#) of Health Inequalities.
2. **Health and Employment Outline Strategy** – The Board heard how Places are taking forward the action plans arising from the ICB's Health and Employment Seminar in [July](#). These include efforts to maximise the support from Anchor Institutions, make full use of the Apprenticeship Levy and broaden volunteering opportunities. The Chief People Officer for the ICB outlined what the ICB will be working on to support residents in applying for work in the health and care system. The Chief People Officer also shared examples of recent work, such as a campaign to support residents without easy access to the internet to hear about job opportunities. It was confirmed that VCSE organisations would be central to supporting the development and implementation of new Health and Employment Strategy for BLMK, an outline of which will come to the BLMK Integrated Care Partnership meeting on 31 October.
3. **Mental Health, disabilities and autism** – The Board supported work to develop a new Mental Health, Disabilities and Autism collaborative in BLMK that would encourage more joined up working across the system, with focused work at place to deliver care closer to those who need it. The Board heard how a model for new ways of working was in development and asked for more information on how Primary Care Networks (PCNs) and GP surgeries would fit into the model. The Board asked for more detailed work to be undertaken around the governance and membership as the collaborative emerges.
4. **Equality, Diversity and Inclusion** – the Chief People Officer for BLMK took the Board through six areas where focus is needed to help us retain our health and care workforce. Providing a living wage for staff and creating the right culture was the focus of the discussion, including ensuring that all people are empowered to 'speak up'. Partner organisations were invited to reflect on the culture of their organisations and endorse the action areas to support their people in thriving at work.
5. **Financial and operational reports** – members received formal updates from quality and performance, finance and governance, as well as an update on Section 75 agreements

from local authority chief executives, which were agreed by the Board. The Chief Transformation Officer provided assurance on urgent and emergency care and the Board approved the plan, in line with NHSE requirements and thanked partners for their efforts in working together to maintain system flow. Clinical members asked that officers continue to work to a prevention agenda to support people in keeping well and encouraged neighbourhoods to lead the way on this work. The roll out of virtual wards was commended as among the best performing in the England. The Board added a strategic risk to its register to respond to the challenge of health literacy in our population as highlighted by the Denny Review.

4.3 Other ICB Updates

4.3.1 Specialised commissioning – ICB Board 28 July 2023

An extra-ordinary meeting of the ICB Private Board took place on 28 July to consider the delegation and hosting of 59 specialised commissioning services which will be delegated to ICBs from 1 April 2024. The specialised commissioning services are the more high-volume specialised services that affect a good proportion of the population (e.g. chemotherapy/radiotherapy, dialysis). NHSE is retaining the low volume and high complexity services and it is not known if it is planned to delegate the responsibility for these services in future.

BLMK does not have a tertiary acute provider in its area (although both MKUHFT and BHFT do provide some services under the specialised banner) and this affects access to the services and outcomes for our residents. The East of England is also the NHSE region with the lowest spend on specialised services, which may suggest that our population are not benefitting as much as they could be from these services. The delegation of services provides a real opportunity to bring services closer to home where clinically appropriate and increases the ability to influence decisions on service provision and financial investment.

The Board supported BLMK ICB hosting specialised commissioning in the East of England in a joint venture with other ICBs in the Region and NHSE, subject to certain conditions and assurances.

4.3.2 Denny Review into Health Inequalities

The Denny Review into Health Inequalities across Bedfordshire, Luton and Milton Keynes was published in September 2023 and is available on Bedfordshire Luton and Milton Keynes ICB website [here](#). It is a landmark study that will guide work over the next five years and beyond, with its findings embedded in everything the Integrated Care Board, and wider Integrated Care System, does. The ICB Board will be issuing its formal response to the review in December 2023.

For the last three years, Reverend Lloyd Denny from Luton has been working with health and care partners and residents in all four places to undertake a root and branch review of health inequalities. The review sought to understand:

- Which communities in our area experience the greatest health inequalities.
- What the barriers are in this and other communities to accessing health and care services.
- What the lived experiences of health inequality are; and
- How we can remove barriers, improve experience and support good health.

Partners from local authorities, public health, Healthwatch, the VCSE, University of Bedfordshire and the NHS came together to agree the foundations for the study, anchor it into existing work programmes and based on Revd Denny's findings, support the development of the final report and its recommendations.

A Literature Review from the University of Sheffield analysed all published material about health inequalities in BLMK and identified the populations most affected by health inequalities. These included Gypsy, Roma and Traveller communities, people who live in deprived neighbourhoods, people with learning and physical disabilities, people who experience homelessness, migrants, and LGBTQ people.

Based on these insights, population health data was used to map where the health inequalities were most prevalent in our four places, and our four Healthwatch organisations and VCSE partners led engagement with different communities to understand in-depth the lived experiences of these seldom-heard groups. In MK, this work was undertaken by Healthwatch MK, Community Action: MK and the YMCA the reports can be found [here](#). (A joint summary report of the MK findings starts on page 204).

On publication of the Healthwatch and VCSE reports, a Quality Improvement approach was developed to analyse feedback and develop recommendations.

From the interviews and surveys undertaken with hundreds of residents, four main themes emerged:

- the accessibility of services.
- communication and language.
- culture/faith and the cultural competency of health and care organisations; and,
- unconscious bias, homophobia and racism.

Analysis established that the absence of a person-centred approach to health and care risks widening and entrenching health inequalities as people feel that services are “not for them”.

The ICB ambition is clear: the findings of the Denny Review must be well understood across BLMK, and recommendations taken forward, with partners, to support people from all backgrounds to live longer lives in good health.

5.0 Next Steps

None

List of appendices

None

Background reading

None



Executive Report

For Board of Directors 1st November 2023

Author – David Carter, Chief Executive

Agenda item - 7

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

1. Corporate Objectives
2. Industrial Action
3. Cancer National Tier 1 Performance Management
4. Executive Service Line Reviews
5. Cross-Cutting Boards Reporting
6. Compliance Boards Reporting
7. 'Lucy Letby' Trial Verdict
8. 'Martha's Rule'
9. Policies and Procedures Update

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England
- NHS Improvement
- Equality Act
- CQC
- All Trust objectives



1. CORPORATE OBJECTIVES

The Trust reviews its objectives through the Board Assurance Framework that is presented to the Board and Sub-Committees and the Executive Board. A summary of progress is detailed below:

1. Support a sustainable workforce through the development of a long term workforce plan

A scoping exercise is in progress to understand what meetings are already in place to consider workforce issues

- Talent management
- Leadership
- Education
- Recruitment and Retention
- Health and Wellbeing (of staff)
- Workforce Planning (skill mix/workforce redesign/work experience)
- OD (including respectful resolution work)
- HR metrics (sickness/stat&man trg/appraisal/vacancy/turnover etc)
- ER activity
- EDI

Projects have started re Rostering, Sickness Absence Management and reduction in high cost agency

2. Develop the integration plan through the Integrated Care Board and Bedfordshire Care Alliance

The Board received the Long Term Plan in May 2023 and provided feedback. The Board Seminar on 19th July 2023 reviewed the final BLMK Joint Forward Plan and had a number of comments in relation to the Trust involvement and the impact on Fuller Neighbourhoods, Place and the BCA. Further work is required to ensure that the BCA is embedded in the ICB decision making.

Board to Board with BHFT and BLMK ICB held on the 4th October 2023 to support a shared understanding of the BCA and PLACE developments. Further contact and alignment agreed through the Non-Executive Directors across both organisations and a further session planned in April 2024.

3. Develop the Clinical Strategy aligned to Service Line Strategies

Clinical Service Line Strategies are being reviewed through the Clinical Strategy Board.

A Directions Programme is under development and initial work was reported to the Clinical Strategy Board and the Governors.



4. Embed the approved commercial opportunity proposition

The Draft Commercial Strategy was presented to the Board in May 2023. This has been renamed the 'Enterprise Strategy' and was further reviewed by FIP on 26th July 2023.

To operationalise the Strategy, a "task and finish" Steering Group has been established.

5. Develop the site control plan phase 1 for Bedford and phase 2 for L&D and deliver the current projects

Master Planning complete and endorsed by the Board July 23. Communications and engagement plan being implemented. Support required to progress stage 2 of the master plan to ensure the Trust are on the front foot.

6. Define and execute a digital agenda that provides solutions to enable services to modernise, connect, and transform aligned with the Trusts priorities.

Refresh of the Digital Strategy commenced in October, in accordance with the updated Trust Objectives. Publication to follow on Digital Strategy Committee endorsement anticipated on 8th November 2023.

Two all-staff briefing sessions specifically focusing on Digital are being setup (tentatively booked for 23rd Oct and 2nd Nov).

7. Meet the quality and operational performance targets

Reported through the Quality and Performance Reports.

Pressures remain on the key governance targets due to the Industrial Action.

8. Achieve financial targets

Reported through the Finance Reports.

Pressures remain on both revenue and CDEL position, as briefed to FIP.

9. Develop our role as an anchor institution

Work is being undertaken with Tim Simmance from the ICB to establish an appropriate approach across organisations.

The Trust is part of the ICB led group to develop our role as an Anchor Institution. A review of the UCL Partners Anchor Institution Self Assessment has been undertaken with a plan to focus on a smaller number of the indicators to demonstrate impact and outcome across the ICB.

The Trust is developing a Strategy Board that will review progress against Anchor Institution programmes including sustainability.

10. Develop a research strategy

Liz Lees, Chief Nurse has been assigned as the lead for developing a Research and Development Strategy.



An initial discussion paper has been drafted and a visit to Bradford NHS Trust planned to review their programmes.

2. INDUSTRIAL ACTION

Further industrial action by the British Medical Association (BMA) junior doctors and British Dental Association (BDA) dental trainees and BMA and Hospital Consultants and Specialists Association (HCSA) consultants took place during the second quarter July – Sept 2023. In total 11 days of junior doctor full strikes, 5 days of consultant Christmas Day cover only and 1 day with both Consultants and Juniors providing Christmas day cover were held over the 3 month period.

As previously, regular planning meetings chaired by the Medical Director or COO were used to ensure cover was arranged to the equivalent of weekend or bank holiday cover. The day of joint action meant that for the first time the definition of Christmas Day cover for junior medical staff was tested, which added significant complexity to the planning and forward risk assessment. As previously, senior colleagues acted down to cover junior doctors and non-medical Nursing and Allied Health Professional colleagues were instrumental in ensuring that core Urgent and Emergency Care services were maintained at all times.

To the end of September 2023, the reported cancellations / reschedules of patients that had been given an appointment for a day on which industrial action fell since March 2023 were 834 inpatients and daycase procedures and 6785 outpatient appointments.

The BMA have announced that they are balloting consultants on the 6th November for further industrial action covering the period 1st January – 17th January 2024. Their current mandate runs out on the 26th December 2023.

3. CANCER NATIONAL TIER 1 PERFORMANCE MANAGEMENT

Following a deterioration in the number of patients reported as still awaiting confirmed diagnosis or ruling out of cancer at 62 days during July 2023, the Trust was informed it would be moving into Tier 1 of the national performance management structure requiring regular executive meetings with representatives from the regional and national teams. Significant preparation has been undertaken ready for the Tier 1 performance meetings which are to start in October 2023 and a detailed recovery planning process is underway. Progress against trajectory will be monitored and assurance provided to the Trust board via Quality Committee.

4. EXECUTIVE SERVICE LINE REVIEWS

Twenty five Executive Reviews took place during Quarter 2 with industrial action meaning that some were stood down. As previously reported, vacancies and workforce availability continue to feature as the main challenges affecting service delivery or driving high agency staff usage. During August 2023 services were asked to review a long-list of potential productivity opportunities and identify which gave the scope for greatest improvement in



the respective areas. Progress in improving performance against the service's selected metrics has then been a new feature of service line reviews this quarter. A number of services are reporting increasingly challenged positions with regards to the long waiting elective access targets for 78 and 65 weeks; Spinal, vascular, ENT, Cardiology and Ophthalmology featuring most significantly. The Urgent and Emergency Care pressures experienced in June 2023 were apparent again in September 2023 and affected length of stay and UEC pathway performance across the Trust. Maternity services at Luton highlighted pressure on a number of fronts including an increase in the number of reported incidents, staffing pressures and high acuity of patients. Audiology services are participating in a regional group reviewing the impact of the Lothian Report for Paediatric Audiology and the current workforce crisis in qualified paediatric audiologists.

5. CROSS-CUTTING BOARDS REPORTING

The Executive receives escalation from cross-cutting Boards that report to the Executive. The main theme over the last quarter remains the impact of industrial action which has limited the capacity for these meetings being able to go ahead. The primary role of these boards is to bring together leadership teams from multiple service lines to support joint strategic development and planning and so progress on these objectives will inevitably be impacted as a result of redeployment of clinical staff.

6. COMPLIANCE BOARDS REPORTING

The Executive receives escalation from Compliance Boards that report to the Executive:

Health and Safety

The Health and Safety Committee continues to escalate to the Executive. There is ongoing work in relation to timeliness of incident reporting, the work on the support in place for staff experiencing violence and aggression at work and manual handling. The next meeting is the 2nd November 2023.

Equality and Diversity

The Equality, Diversity and Human Rights Committee meets quarterly. The Executive agreed the submission of the Workforce Race Equality Standards Action Plan and the Workforce Disability Race Equality Standards Action Plan. These were submitted by the deadline of 31st October 2023.

Organisational Resilience

The organisational resilience team are working through a programme of reviewing and testing the business continuity policies across the Trust services. The Board approve the compliance statement against the Emergency Preparedness, Resilience and Response (EPRR) standards which are a legal requirement under the Civil Contingencies Act (2004). The Trust has reported substantial compliance against these standards.



7. 'LUCY LETBY' TRIAL VERDICT

Following the Lucy Letby trial verdict in the media the Board, as guardians of the culture of the Trust, reiterated their commitment to staff to ensure that the culture in the Trust is one that, whatever their role, they should feel safe to speak up, confident that they will be heard and empowered to be open and honest with our patients and families. It was emphasised that this would only happen if the quality of the relationship between clinicians and managers, between team members and between ourselves and families we serve, is strong, trusting and authentic. The Trust is committed to look for different routes to ensure that all voices are heard, different mechanisms to support the ongoing well-being of our staff and different ways to put our Trust values at the front and centre of all we do.

Following the verdict from the trial the Trust wrote to all members of staff in maternity, paediatrics and neo-natal reaffirming our commitment to openness and reassuring staff of the importance of raising concerns. We also spoke with patients in the neonatal unit to provide reassurance of the Trust's commitment to patient safety.

8. 'MARTHA'S RULE'

Martha Mills died aged 13 in the summer of 2021 after sustaining a pancreatic injury from an everyday bike accident while on holiday with her family. The inquest into her death heard that she would likely have survived the sepsis that killed her had consultants made a decision to move her to intensive care sooner. Her mother, Merope, later wrote about the failures in Martha's care, and how she trusted the clinicians against her own instincts – they didn't listen to her concerns and instead "managed" her. "We had such trust; we feel such fools," she wrote. The piece prompted a huge reaction across the NHS and beyond.

The report 'Martha's Rule – A New Policy to Amplify Patient Voice and Improve Safety In Hospitals' is a response to that call from Martha Mills's parents to rebalance the power between patients and medics with one purpose only: to improve patient safety. This new rule would give patient's families and carers a legal right for a second opinion within the same hospital. The Trust's understanding is that NHSE is working with a number of Trusts to identify the processes and programmes that need to be in place to implement the rule.

9. DOMESTIC ABUSE AND SEXUAL VIOLENCE – STAFF AND PATIENTS

Steve Russell, Chief Operating Officer, NHS England has written 2 letters to Trusts on 23rd June 2023 and the 1st September 2023 in respect of the above subject.

In particular the letters request the following actions:

- Name of the designated member of the executive team to lead work, both internally and working with counterparts, in respect of Domestic Abuse and Sexual Violence leads (for both patients and staff)
- Launch of the first NHS Sexual Safety Charter, which all Boards are asked to sign up to and in doing so to commit to work towards ensuring the 10 points of the charter are in place by July 2024.



In addition in September 2023 the Royal College of Surgeons made a public statement about Zero Tolerance around sexual misconduct. This arose as a result of a publication 'Breaking the Silence: Addressing Sexual Misconduct in Healthcare'

Trust actions:

- Liz Lees, Chief Nurse and Angela Doak, Director of HR have been confirmed as joint Board Executive leads
- The Trust Board are asked to sign the NHS Sexual Safety Charter at the public Board meeting on 1st November 2023. This is in appendix 1.
- A multi disciplinary working group will be set up to consider the implementation of the charter

10. POLICIES & PROCEDURES UPDATE

Trust Wide Policies Approved August and October 2023 and which are on the Intranet:

Cancer Operational Policy for Bedford
Acceptable use of Digital Services and Assets Policy
Needlestick Policy
New and Expectant Mothers Risk Assessment
Skin Policy for staff
Dress, Appearance and Uniform Policy



Sexual safety in healthcare – organisational charter

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work.

Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.

Where any of the above is not currently in place, we commit to work towards ensuring it is in place by **July 2024**.

Signed 1st November 2023 at the Public Board of Directors



David Carter, Chief Executive

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**Cathy Jones, Deputy Chief Executive
/ Chief Operating Officer**

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Matt Gibbons, Director of Finance

.....

Liz Lees MBE, Chief Nurse

.....

**Melanie Banks, Director of Redevelopment
and Strategic Planning**

.....

**Dean Goodrum, Director of Estates
Culture and Facilities**

.....

**Gordon Johns, Vice Chair,
Senior Independent Director**

.....

Mark Prior, Non-executive Director

.....

Tansi Harpur, Non-executive Director

.....

Yasmin Mahmood, Non-executive Director

.....

Richard Sumray, Trust Chair

.....

Paul Tisi, Medical Director

.....

Angela Doak, Director of HR

.....

**Catherine Thorne, Director of Quality
and Safety Governance**

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**Josh Chandler, Chief Digital
Information Officer**

.....

**Fiona MacDonald, Director of
and Organisational Development**

.....

**Simon Barton, Non-executive
Director**

.....

**Annet Gamell, Non-executive
Director**

.....

**David Harrison, Non-executive
Director**

.....

Quality Committee Report

For Board of Directors 1st November 2023

Author – Annet Gamell, Non-Executive Director, Chair of Quality Committee

Agenda item - 8.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

Quality Committee purpose – to actively seek and receive assurance that quality (safety, clinical effectiveness and patient experience), reliable standards and positive outcomes are achieved for all patients and remain robust and effective.

This Report updates the Board of Directors regarding the matters for escalation from the Quality Committee meetings held on 27 September and 25 October 2023.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- Quality Account
- Corporate Objectives

Jargon Buster

CNST – Clinical Negligence Scheme for Trusts.

SHMI – The Summary Hospital-level Mortality Indicator. This is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings during September and October 2023. The Committee's focus on the Board Assurance Framework relates to Objective 7: Meet the Quality and Operational Performance Targets.

2. Operational Performance

The Quality Committee has oversight of the operational performance of the Trust. The impact of the BMA members' industrial action continues to impact on elective and outpatient activity and create a high level of risk to meet the performance targets but assurance was given that the hospital has remained safe at all times.

A key area of concern escalated to the Quality Committee is the deterioration in the number of patients reported as still awaiting confirmed diagnosis or ruling out of cancer at 62 days during July 2023. The Trust has been informed it would be moving to Tier 1 of the national performance management structure from 1 October 2023 which requires regular scrutiny meetings with the regional and national teams. A detailed recovery plan is underway.

Stroke performance remains a focus of oversight and actions progressed to date have resulted in some improvement. Opportunities for continued improvement are recognised.

Fractured Neck of Femur performance is also an area of focus and work is taking place, particularly on the Bedford site, to improve the service and unblock any challenges.

A change of approach to winter planning and a change to threshold for opening contingency beds has been developed. High sickness rates, staff fatigue, continued opening of contingency areas and long length of stay contribute significantly to progressing transformational changes.

3. Harm Free Care

The level of patient harm caused by falls or pressure ulcers is reported quarterly. The various strategies to reduce this level of harm include assessment of patients at risk and the patient environment, implementing appropriate interventions, and educating patients, family and healthcare staff. Actions and training are ongoing.

4. Maternity

Following recognition that the L&D in particular has a much more complex patient cohort post pandemic, a business case has been submitted to the Executive Team.

Progress with compliance of the CNST standards remains challenging, particularly MDT training across both sites which has been impacted by industrial action.

A huge amount of work has taken place relating to patient experience and this has included neonatal service users.

Following the Ockenden report a support programme 'Sixty Steps' was initiated. Visits have taken place from regional and national representatives to both Bedford maternity unit and Luton & Dunstable maternity unit. Whilst formal feedback has not yet been received, as a result of the informal feedback the team are currently focussing on: culture and workforce; quality governance; triage and obstetric workforce, and; equipment.

5. Nursing Staffing

Nurse staffing remains a challenge on both sites with increased demand for enhanced patient observations and mental health care. Nurse staffing winter planning is underway including a review of the workforce assurance framework.

6. Patient Safety Alerts

Patient safety alerts are official notices issued by NHS England/ Improvement which give advice or instructions to NHS bodies on how to prevent specific types of incidents which are known to occur in the NHS and cause serious harm or death.

The following national safety alerts have been published during the reporting period:

- NatPSA/2023/08 Shortage of GLP-1 receptor agonists (*GLP-1 agonists are medicines used to treat type 2 diabetes*) – actions to be completed by 18/10/2023
- NatPSA/2023/009 Potent synthetic opioids implicated in heroin overdoses and deaths – actioned and closed 4/8/2023
- NatPSA/2023/010 Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls – actions to be completed by 1/3/2024
- NatPSA/2023/011 Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets – actions completed
- NatPSA/2023/012 Shortage of verteporfin 15mg powder for solution for injection – actions to be completed 20/10/2023

7. Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework (PSIRF) represents a significant change in the way the NHS responds to patient safety incidents and replaces the Serious Incident Framework that has been in place since 2015. The process has commenced and clinical service line leads and their respective specialists will monitor delivery and improvement plans and outcome metrics will be utilised to measure effectiveness once fully completed.

8. Mortality

The previous SHMI issue of concern at Bedford has now fallen into the 'as expected' range.

Medical Examiner reviews continue to take place on all adult deaths across the Trust. A process review is currently underway to address the statutory requirement for medical examiner oversight of neonatal and paediatric deaths in readiness for 1 April 2024.

9. Patient Experience

The patient experience team continues to provide frontline support to patients, relatives and carers using the Trust services. A working group has been established to review the current complaints process and drive improvements in complaint response times. The complaints team have been working with the clinical service lines to learn from complaints in order to initiate improvements for patients.

10. Safeguarding

The scale of the work and referrals presented to the Safeguarding team has increased, with a huge amount of work relating to mental health needs, domestic abuse and violence in adults, and patients with learning disabilities.



Operational Performance Report

For Board of Directors 1st November 2023
Quarter 2; July – September 2023

Author - Cathy Jones, Deputy Chief Executive

Agenda item - 8.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This report describes the Trust's performance against core operational and performance metrics for the second quarter of 2023: July to September. This is a collation of the monthly operational performance reports which are provided to the Quality Committee. The relevant summary lines from the Integrated Performance Dashboard are included for reference in the table on page 6.

Overall performance and operational headlines for Q2 2023

The second quarter of the year saw mixed performance across the three months, with a variety of extraordinary circumstances driving variation. July was significantly affected by industrial action from BMA members (7 days in total, 5 of which were weekdays), but saw some easing of UEC pressures following a very difficult June. August saw the usual seasonal combination of annual leave and bank holiday pressures, and was also affected by 6 days of industrial action (4 weekdays). September had just 4 days of industrial action, but got off to a very difficult start for Urgent and Emergency Care as staff shortages in August manifested in increased length of stay and reduced efficiency.

Overall the UEC metrics across the quarter were broadly equivalent to quarter 1, with a good July offset by significantly worse performance in September against the ED 4 hour standard, patients waiting more than 12 hours in the ED and the ambulance offload target. Surge bed usage was higher on average across the second quarter than the first reflecting flow pressures and disruption to services caused by industrial action.

The Trust is seeing a mixed performance in routine planned care, as whilst good performance continues on long waits compared to peers, the underlying waiting list position continues to deteriorate month on month. The Trust has fallen marginally short of the ambition to achieve zero



78 week waiters, with 18 patients waiting more than 78 weeks at the end of the second quarter (compared to 12 at the end of Q1).

Cancer performance is still an area of specific focus, particularly in respect of the number of patients on an open cancer pathway after 62 days who are still waiting for a ruling out or confirmation of a cancer diagnosis. The Trust received notification that it would be moving into the National Performance management Tier 1 category, which requires regular assurance to national and regional leads that the Trust is prioritising actions to improve performance.

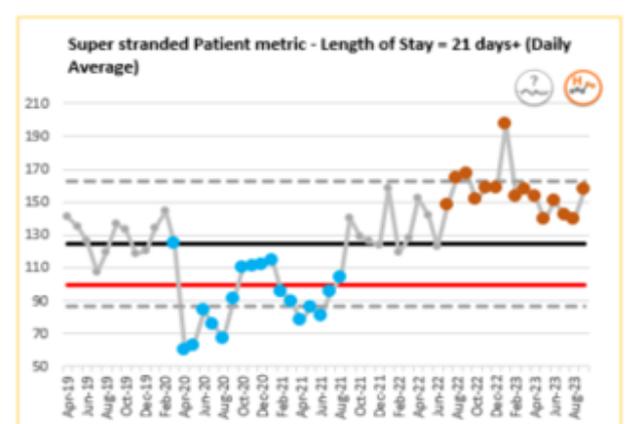
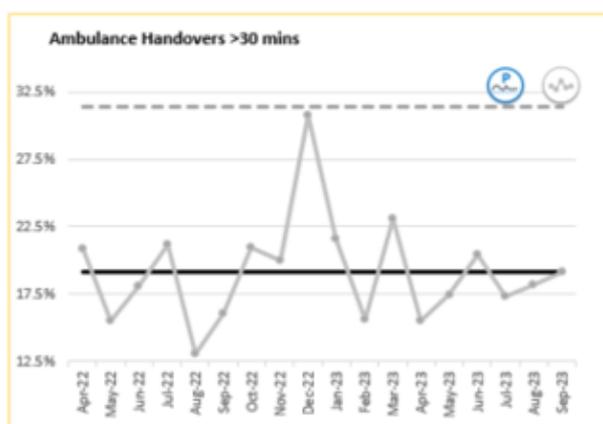
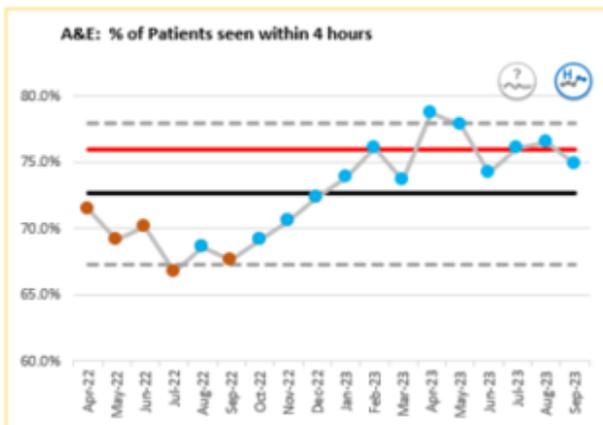
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



Urgent and Emergency Care

- The Trust average for quarter 2 for patients treated within four hours in the Emergency Departments was 75.8% (against the operational standard of 76%) compared to 76.8% for Q1.
- The proportion of patients spending more than 12 hours in the Emergency Departments was 2.95% in Q2 compared to 2.72% in Q1 representing a small deterioration.
- The percentage of ambulances where handover was complete within 30 minutes also saw a slight reduction from 82.2% in Q1 to 81.8% in Q2. Note that the internal reporting methodology for this metric has been updated in line with the GIRFT methodology to ensure consistency.
- Contingency bed use reduced from an average of 28.1 surge beds used per night in June 2023 to 23.7 in September 2023. August saw better performance at 18.4 beds used on average per night, but still much higher than expected for the summer months. The daily average super stranded patients over 21 days reduced to 139.4 in August before increasing again to 158.1 in September.

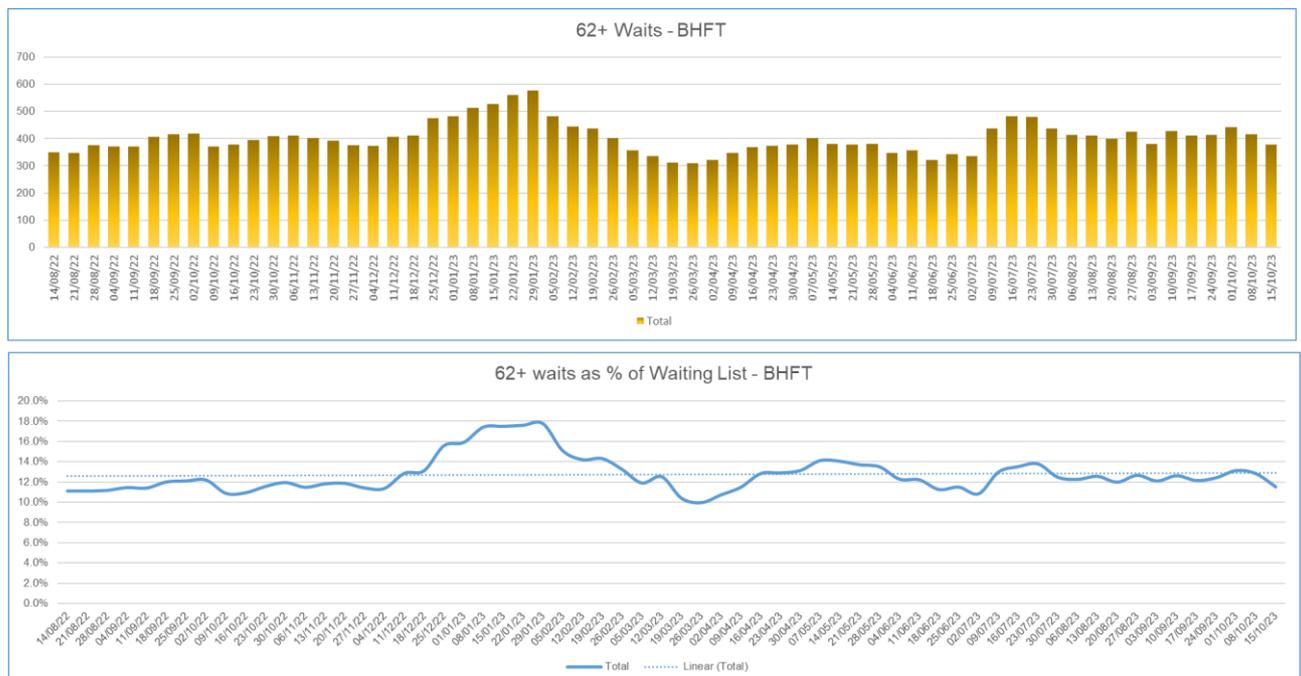


Planned Care and Cancer

- The Trust has continued to ensure that no patient waits more than 104 week waits, with 18 patients waiting more than 78 weeks at the end of the quarter in September 2023.



- The lost activity due to industrial action is thought to be the main contributory factor to underlying elective waiting list growth which has increased by 2,535 between the end of June 2023 and the end of September 2023 to a total of 96,082 patients on open 18 week pathways. Validation work taking place before the October 2023 deadline is expected to help reduce this total.
- Work is underway to ensure progress is being made towards the national target to ensure that no patient has waited more than 65 weeks by the end of March 2024. The current focus is on ensuring that all patients who will be at 65 weeks or more by the 31/03/24 have had their first outpatient attendance by the end of October 2023. This is challenging due to the lost capacity from industrial action.
- The number of patients waiting more than 52 weeks on a routine pathway is 4990 at the end of September 2023 and has been broadly static so far this financial year.
- The number of patients on an open cancer pathway who have not received confirmed diagnosis or ruling out of cancer at 62 days has been a significant area of scrutiny for the Trust following a deterioration in the L&D site position from July 2023. This is due to a gap in validation and tracking capacity in the central cancer services team. A recovery plan is in place, and improvement has been seen in recent weeks although remains worse than at the end of Quarter 1 in June 2023. The aim is to have no more than 201 patients across the Trust at over 62 days. The Trust has been advised that it will be included in the national Tier 1 performance group from October 2023.



The national cancer access targets performance for August 2023 (data is one month in arrears) is as follows:

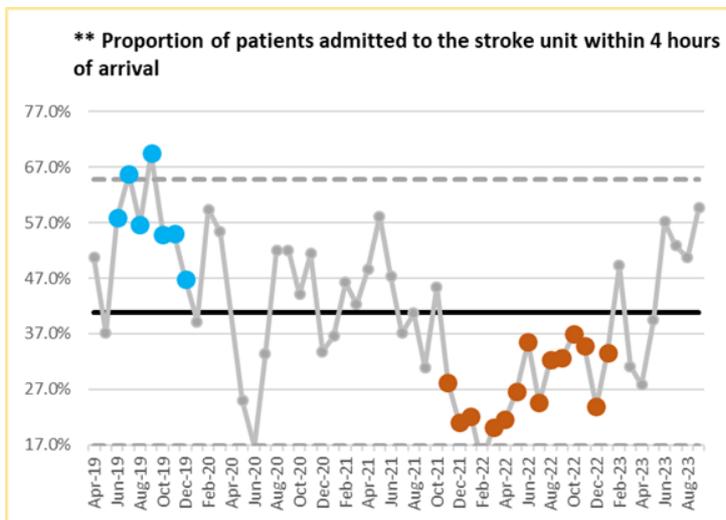
- The 28 day faster diagnosis standard target is 75%. Performance in August was 67.7%.
- Patients seen within 2 weeks of an urgent GP referral on a suspected cancer pathway has remained consistent for the last two months, at 79.3% in August compared to 79.4% at the end of Q1.



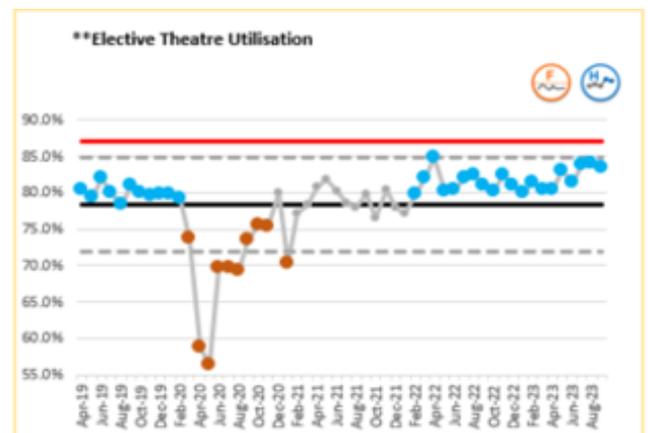
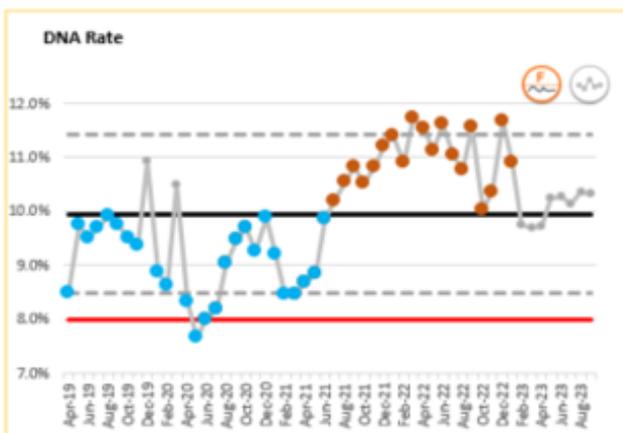
- The Trust's performance against the Cancer 62-Day urgent suspected cancer referral to treatment target for all diagnosed cancers was 69.3% in August 2023. The pre-pandemic target was 85%.

Other Key Operational Metrics

- Performance against the target to ensure that patients are being admitted to the stroke ward within 4 hours of arrival, has continued to improve during the quarter to with 39.4% in May 2023 improving to 55.1% in June 2023. The national stroke sentinel audit programme (SSNAP) scored improved to a 'B' rating in quarter 1 23/24.

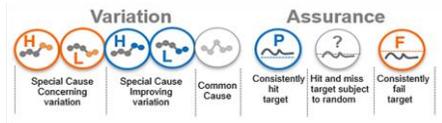


- The Outpatient DNA rate continues to show variation at around 10%, and whilst better than the 2022 run rate remains a significant productivity and clinical quality opportunity for the Trust.
- Elective theatre utilisation continues to show an improved run-rate.



Appendix 1: Integrated Performance Report Key Operational Metrics 2023

Integrated Performance Report - Bedfordshire Hospital													NHS Bedfordshire Hospitals NHS Foundation Trust						
EFFECTIVE	ID	Metric	Target/Threshold	Latest Reporting Period	2020/21-M1 to M6	2021/22-M1 to M6	2022/23 (YTD)	2023/24 (YTD)	Assurance (Trust-level only)	Variation (Trust-level only)	Current Reporting Period	Indicator Status: 23-24	Trend (36 months)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
	E1.2T	**Elective Theatre Utilisation	87%	Sep-23	66.2%	79.8%	81.8%	82.7%			83.3%			80.4%	82.9%	81.5%	83.8%	84.0%	83.3%
	E1.43T	** Proportion of patients admitted to the stroke unit within 4 hours of arrival	90%	Sep-23	NA	NA	NA	47.6%			59.7%			27.8%	39.4%	57.1%	52.9%	50.7%	59.7%
	E1.12T	DNA Rate	8%	Sep-23	8.5%	9.9%	11.3%	10.2%			10.3%			9.71%	10.25%	10.26%	10.13%	10.34%	10.32%
	E1.13T	Super stranded Patient metric - Length of Stay = 21 days+ (Daily Average)	100	Sep-23	73.8	97.9	149.9	147.3			158.1			153.8	139.8	151.0	142.7	139.4	158.1
	E1.16T	Average Length of Stay -Non-Elective (excl zero stays)	NA	Sep-23	6.18	6.00	7.1	6.7			6.7			6.7	6.5	6.8	6.5	6.7	6.7
	E1.45T	A&E: % of Patients seen within 4 hours (80% Target From Oct '23)	76%	Sep-23	NA	NA	68.9%	76.3%			74.9%			78.7%	77.8%	74.2%	76.1%	76.5%	74.9%
	E1.34T	A&E: Patients spending more than 12 hours from arrival (%)	0%	Sep-23	0.2%	0.3%	3.4%	2.8%			3.7%			2.0%	2.7%	3.3%	2.5%	2.7%	3.7%
	E1.38T	Ambulance Handovers >30 mins	10%	Sep-23	NA	6.9%	17.5%	18.0%			19.2%			15.55%	17.45%	20.44%	17.31%	18.19%	19.18%
E1.42T	Contingency bed nights used run rate	N/A	Sep-23	NA	NA	182	123.7	NA	NA	23.70			12.4	17.5	28.1	23.6	18.4	23.7	
RESPONSIVE	ID	Metric	Target/Threshold	Latest Reporting Period	2020/21-M1 to M6	2021/22-M1 to M6	2022/23 (YTD)	2023/24 (YTD)	Assurance (Trust-level only)	Variation (Trust-level only)	Current Reporting Period	Indicator Status: 23-24	Trend (36 months)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
	R1.10T	RTT Total Incomplete pathways (Nbr)	0	Sep-23	242,756	346,380	481,279	560,099			96082			90,549	92,063	93,547	93,516	94,342	96,082
	R1.14T	** RTT Incomplete pathways: Zero tolerance for waits over 78 weeks by Apr 2023	0	Sep-23	NA	4,370	1,906	74			18			5	10	12	13	16	18
	R1.16T	Zero tolerance RTT waits over 104 weeks for incomplete pathways	0	Sep-23	NA	301	9	0		NA	0			0	0	0	0	0	0
	R1.13T	Diagnostic Waiting Times - Maximum 6 week wait for diagnostic procedures	95%	Sep-23	61.5%	75.6%	63.0%	63.3%			61.4%			61.81%	64.16%	65.96%	64.51%	61.79%	61.44%
	R1.3T	Cancer: 2WW 28 Day Faster Diagnosis standard (%)	75%	Aug-23	62.8%	67.8%	67.2%	68.4%			67.7%			66.1%	68.6%	68.9%	70.7%	67.7%	
R1.22T	** Cancer – Past Target Backlog (63 days plus)	201	Aug-23	NA	NA	2392.0	1968.0			426			379.0	382.0	343.0	438.0	426.0		





Harm Free Care, Incidents & Complaints Report

For Board of Directors 1st November 2023
July – September 2023

Author – Liz Lees, Chief Nurse/ Catherine Thorne, Director of Quality

Agenda item - 8.3

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This report summarises the Trust's current performance around harm free care, management of serious incidents and received complaints.

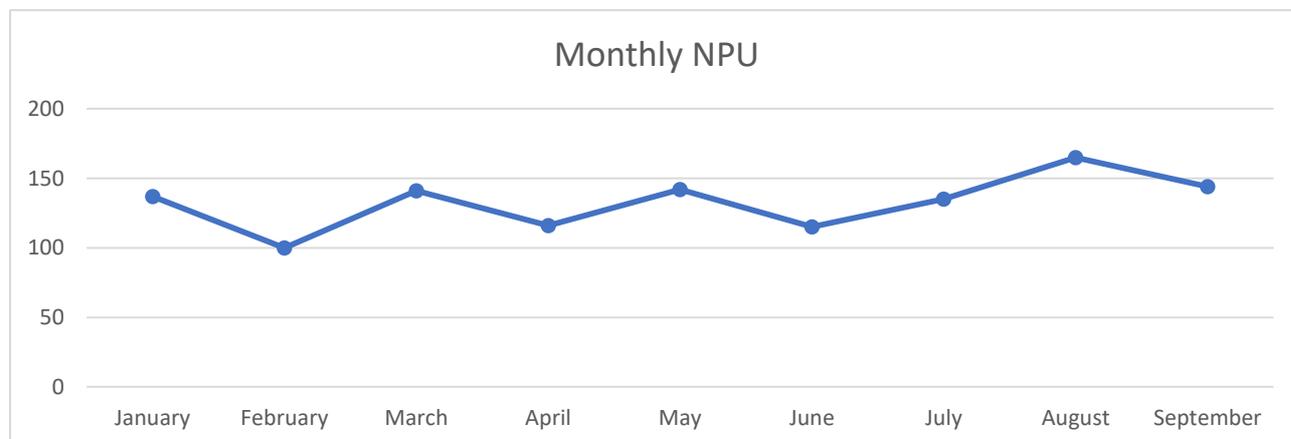
The key areas to highlight are:

- The profile for falls and pressure ulcers over the last few months with associated improvement activity
- A total of 14 events were declared serious incidents across both sites during July and September 2023 (2 for Bedford and 12 for L&D)
- Key learning and improvement examples are listed resulting from previously reported incidents
- Maternity & Neonatal services – there has been a review of workload in the triage area with changes made to enhance safety
- Complaints and compliments remain similar to Q2
- Following feedback from the recent Maternity Survey, amendments were made to visiting guidelines to enable relatives to stay longer with patients.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives

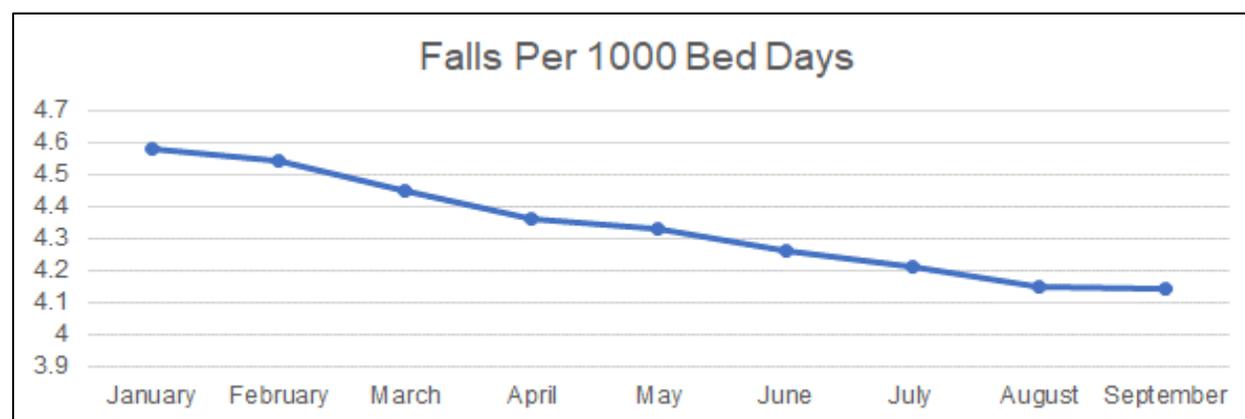
Harm Free Care – New Pressure Ulcers (NPU)



We continue to monitor all pressure ulcers incidents and are particularly focussing on staffs completion of individual patient risk assessments within 6 hours of admission, and the presence of a corresponding individual plan of care.

The highest number of incidences occurred in some of our Care of the Elderly ward areas and we are enhancing staff education and knowledge by the use of pressure relieving intervention activities - a pressure damage classification quiz and 'Stop the Clock' initiative - whereby at specified times staff focus on skin checks and the description of skin integrity versus documentation. Matrons & ward managers also conduct weekly spot checks and feedback to staff where actions are required

Harm Free Care - Falls



The number of falls incidence and the level of harm caused by falls has reduced during Q2. The majority of hospital falls were unwitnessed occurring when patients were walking to and from the toilet, or were using the toilet facilities or commodes.

Posters have been placed in toilet and bathroom areas reminding patients to call for assistance if needed. An audit conducted at Bedford site identified that in some areas equipment present was a trip hazard (commodes), poor lighting and the height of some of the toilets were an issue - work is underway to resolve these.

Falls prevention leaflets are now available in five languages and available for download from the Falls' Prevention intranet site.

Incident Reporting

Number of incidents reported over a two year period up to June 2023 (combined Trust figure)



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

Following a slight dip in reporting November 2022 to Feb 2023, which coincided with both operational pressure throughout winter months and the implementation of a new incident reporting system, there has been a positive upturn in reporting rates.

The Clinical Service Line governance support staff continue to support clinical teams and encourage incident reporting and this will continue.

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 14 events have been declared as serious incidents across the both Trust sites during July – Sept 2023¹

Two Serious Incident was declared for the Bedford hospital site:

- Maternal Death
- Delay in diagnosis of Cauda Equina syndrome²

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

- Baby born in poor condition requiring therapeutic cooling x 2
 - Delayed diagnosis potentially leading to harm x3

¹ *Note: Any incidents meeting the criteria for a Healthcare Safety Investigations Bureau (HSIB) incident review are now routinely declared as serious incidents in line with requirements of the "Ockenden" report publication.

² *Cauda Equina Syndrome is a very rare but serious condition, where the bundle of nerves called the Cauda Equina at the bottom of the spine get compressed.

- Failure to recognise a deteriorating patient
- Neonatal fracture x 2
- Intrapartum Death x 2
- Medication Error x 2

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 the work either completed or on going which has resulted from previously reported incidents

Outpatient care / Lost to follow up

- Cancer services have reviewed systems to improve tracking of post-cancer treatment patients.
- Cancer services have reviewed their 18-week forms to ensure they are clear for both medical staff, completing the forms post consultation, and also clear to the outpatient's team who process the forms so they can equally ensure patients are on correct pathways.

Failure to recognise the deteriorating patient

- There has been a review of basic life support training.
- A cross-site guideline for ketone monitoring has been developed
- Staff involved have attended in incidents involving poor escalation of the deteriorating patient have attended education days that have been organised to support decision making in respect to Treatment Escalation plans and Do not Resuscitate (DNACPR) decisions.
- Pertinent services have are reviewing handover processes to ensure a patient's resuscitation status is clearly identified
- Implementation of e-Obs NEWS2 and electronic alerts and escalations at Bedford Hospital was completed April 2023 using Nervecentre platform). This should support improvements in timely escalation.

Medication errors

- Pharmacy have reviewed storage to ensure look alike / sound alike medications are adequately separated within the dispensary.
- There has been a review and strengthening of checking processes for medication on the chemotherapy unit.
- Applicable guidance has been reviewed to include additional information regarding how to start fixed rate insulin infusions in cases of morbid obesity
- The DKA protocol is being updated to include information around starting VTE prophylaxis in line with latest NICE guidance.
- The IT system is to be reviewed to consider if it is possible for electronic alerts to be more obvious when medication doses need changing.
- The Trust wide VTE prophylaxis policy is under review with specific reference and focus on medication dosage linked to body weight.

Delay In Diagnosis / Treatment Pathway

- The service have implemented a final double check system in respect of sending results to ensure correct details for results are included.
- There has been a review of systems within endoscopy with a process implemented which ensures, through an authorisation process, that the correct endoscopy report and image upload are made.
- Local induction processes for all endoscopists both new substantive and temporary staff have been implemented to ensure they staff understand checklist completion.

Out of Hours

- Within oncology services a review was undertaken which has altered the senior On Call nurse requirements so that there is cover for urgent calls Out of Hours.
- A checklist has been created which ensures checks are made on the efficacy of phone battery and regular monitoring of voice mails for on call equipment.

Fluid Management

- There has been a review of procedures used by clinical teams in prescribing and delivering robust fluid management, to include requirements for catheter/urine output monitoring and adequate fluid intake are clear.

Maternity and Neonatal services (includes HSIB recommendations)

- There has been a review of workload in the Triage area with changes made to enhance safety e.g. high risk inductions of labour have been moved to another area.
- Maternity service are identifying and embedding measures that highlight risk factors and present the whole clinical picture to promote effective escalation in the triage setting.
- Review of failsafe process is being undertaken to ensure growth scans are booked and completed as requested.
- The service are ensuring risk assessments performed at the onset of labour and throughout the intrapartum pathway support mothers to receive the level of care required, especially when their risk status changes during labour.
- The service are working to support staff to undertake a full risk assessment, considering all risk factors prior to administration of ergometrine³ and to ensure that severe hypertension is managed as an obstetric emergency in line with national guidance, with a physical examination that includes a full neurological assessment.

Complaints, Concerns & Compliments

The trends remain similar to Q2, with clinical treatment and communication being the most reported and we have commenced a review of our current process to ensure it is responsive and timely.

Trust wide	July 2023	August 2023	September 2023
Complaints	69	68	71
Concerns	439	542	200*
Informal contacts	1371	1402	1272
Compliments/gifts	702	718	405*

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and

³ Ergometrine is used for the treatment of postpartum haemorrhage

community mental health services. For the Inpatient Survey (completed November 2022) we were rated, about the same as opposed to, somewhat worse, which is a significant improvement on the previous survey.

There 3 areas where we scored worse than other organisations were identified as:

- How long did you feel you had to wait to get a bed on a ward after you arrived at the hospital?
- How clean was your hospital room or ward that you were in?
- How much information about your condition or treatment was given to you?

During Q3 these will be added to an internal interim survey with a report provided monthly reports to the clinical teams so that progress can be monitored and enable quality improvement initiatives to address these issues going forward. Some additional feedback and suggestion are included in the slide below.

NHS
NHS Adult Inpatient Survey 2022
Results for Bedfordshire Hospitals NHS Foundation Trust

Care Quality Commission
HS
itals
at Trust

Where patient experience is best

- ✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night
- ✓ Dietary needs or requirements: patients being offered food that met any dietary needs or requirements they had
- ✓ Noise from staff: patients not being bothered by noise at night from staff
- ✓ Feedback on care: patients being asked to give their views on the quality of their care
- ✓ Help with eating: patients being given enough help from staff to eat meals, if needed

Where patient experience could improve

- Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital
- Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- Notice about leaving hospital: patients being given enough notice about when they were going to leave hospital
- Involvement in decisions: patients being involved in decisions about leaving hospital, if they wanted to be
- Including patients: patients feeling included in doctors' conversations about their care

These topics are calculated by comparing your trust's results to the average of all trusts. "Where patient experience is best": These are the five results for your trust that are highest compared with the average of all trusts. "Where patient experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts.

This survey looked at the experiences of people who were discharged from an NHS adult hospital in November 2022. Between January 2023 and April 2023, a questionnaire was sent to 1250 inpatients at Bedfordshire Hospitals NHS Foundation Trust who had attended in late 2022. Responses were received from 450 patients at this trust. If you have any questions about the survey and our results, please contact (NHS) TRUST: 110 280241 (CONTACT DETAILS).

Adult Inpatient Survey 2022 | NHS | Bedfordshire Hospitals NHS Foundation Trust

As a result of feedback themes from the maternity survey we heard that the women who used our services said '*someone close was not able to stay as much as I wanted*' and as a result of their feedback we amended the visiting guidelines by:

- Reintroducing overnight stay for birthing partners.
- Welcoming 2 visitors by the bedside at any one time from 5-9 pm.
- Welcoming children from 3-8pm.

Q3 patient feedback will analyse if this initiative has improved patient experience



Learning from Deaths (LfDs) Report

For Board of Directors 1st November 2023

Author – Mr Paul Tisi, Medical Director

Agenda item - 8.3

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The LfDs Board met on 23 October 2023.

1.0 Summary mortality reports

There were 162 deaths from all causes (BH – 63 deaths, LDH – 99). This includes 5 elective deaths (to be validated) and 3 deaths in patients readmitted within 72 hours. In addition there were 16 Emergency Department, ED (non-admitted) deaths.

The crude mortality rate (deaths per thousand discharges) for BH, 10.3 ↑ and LDH 10.2↑. (Figures 1a and 1b).

Figure 1a Crude death rate by month (BH)

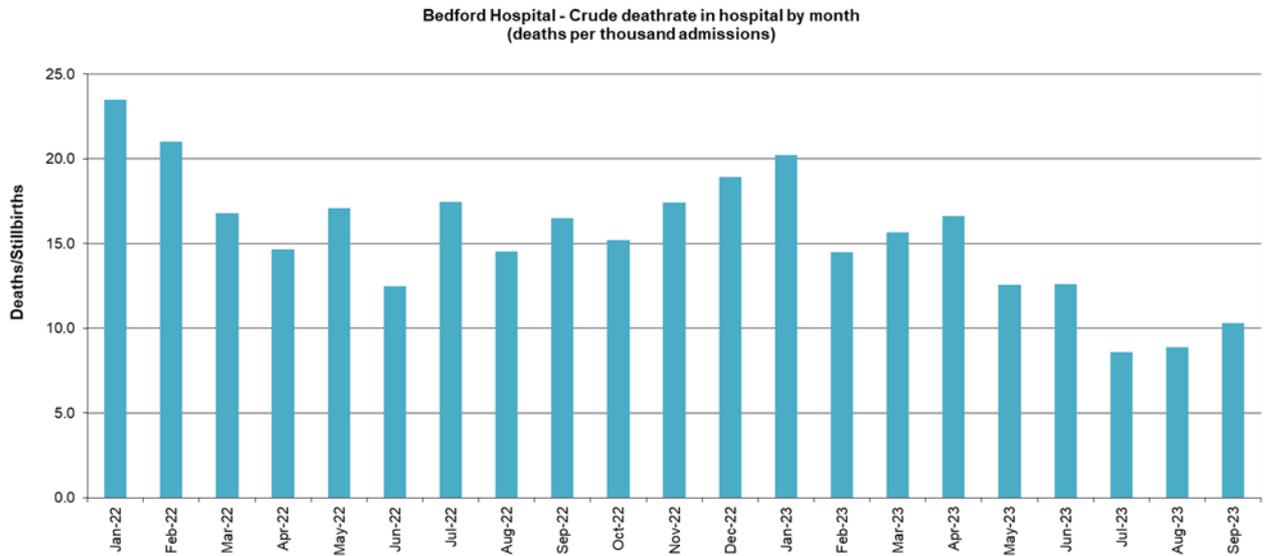
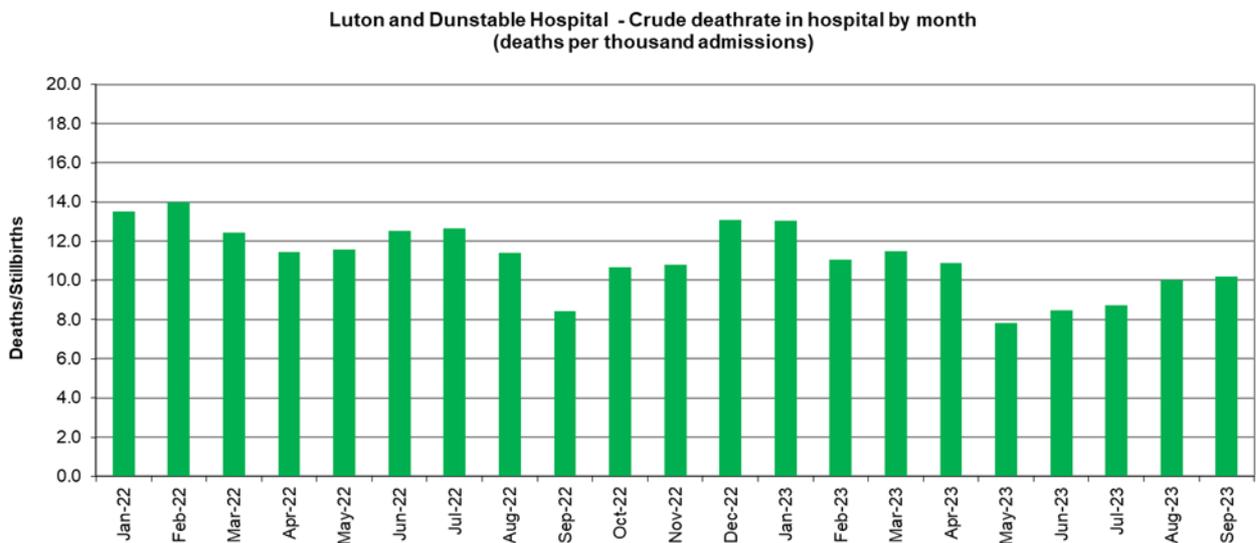


Figure 1b Crude death rate by month (LDH)



Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



Deaths within 24 hours

24 deaths occurred within 24 hours of admission (BH no.11, and LDH no.13), accounting for 17.5% and 13.1% of all admitted deaths at respective hospital sites.

Bedford Hospital

Clinical case review findings of deaths within 24 hours during August/September identified all deaths were deemed as unavoidable with one case referred for Structured Judgement Review (SJR) in view of sepsis.

Luton and Dunstable Hospital

Medical Examiner (ME) review of deaths within 24 hours during August/September identified all deaths were deemed as unavoidable with 2 cases where some aspects of the care provided was considered sub-optimal, but unlikely to have changed the outcome. 3 cases were referred for SJR in view of family or ME concerns related to end of life care, including timely decision making, symptom management.

Excess deaths

Across the Trust there were - 8 excess deaths, when compared to 2019 (BH no.-15, LDH no.7) (figures 2a and 2b)

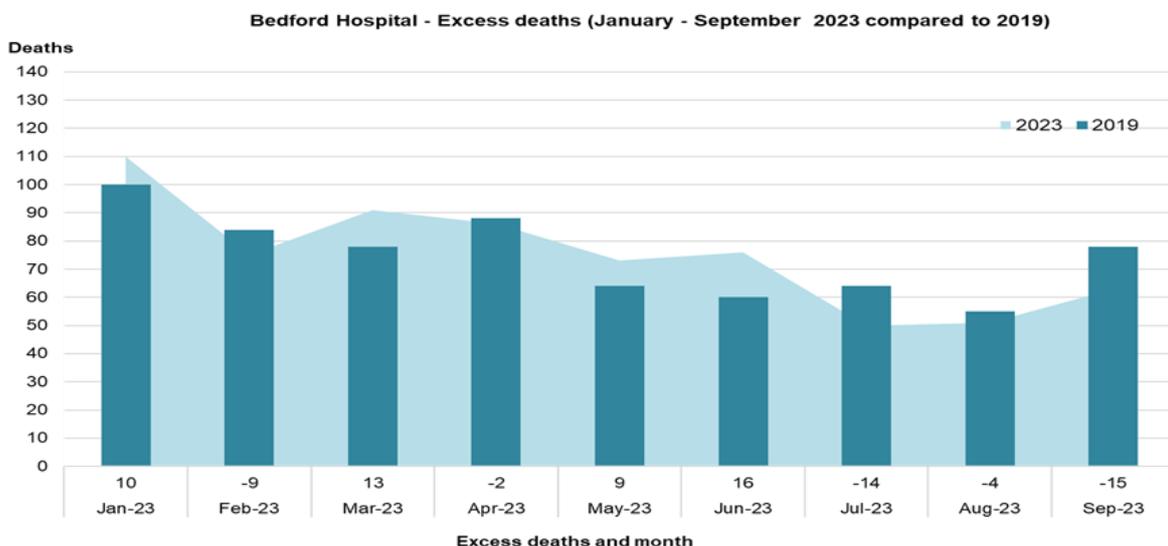


Figure 2a Excess deaths, by month (BH)

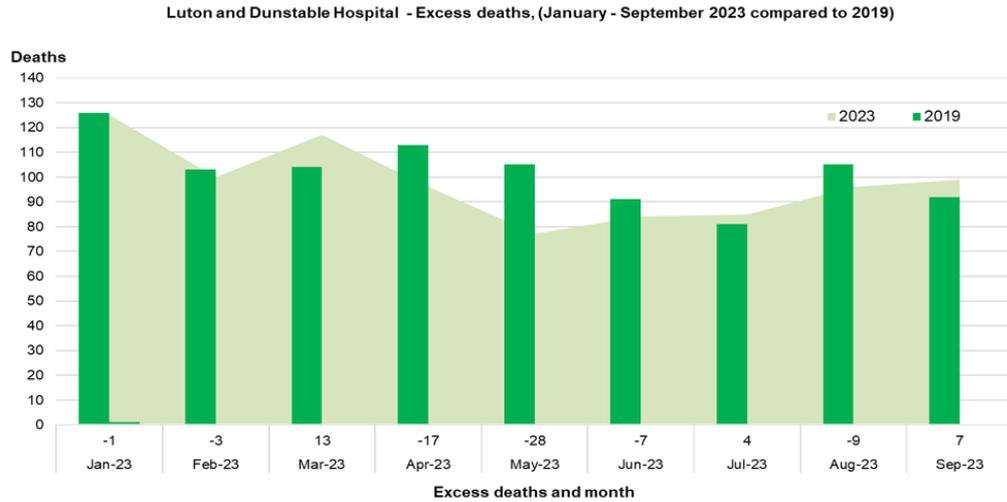


Figure 2b Excess deaths (LDH)

Figures 3a and 3b illustrate that in month 9 there are - 37 cumulative excess deaths across both hospital sites, (BH no. 4, LDH, no. - 41)

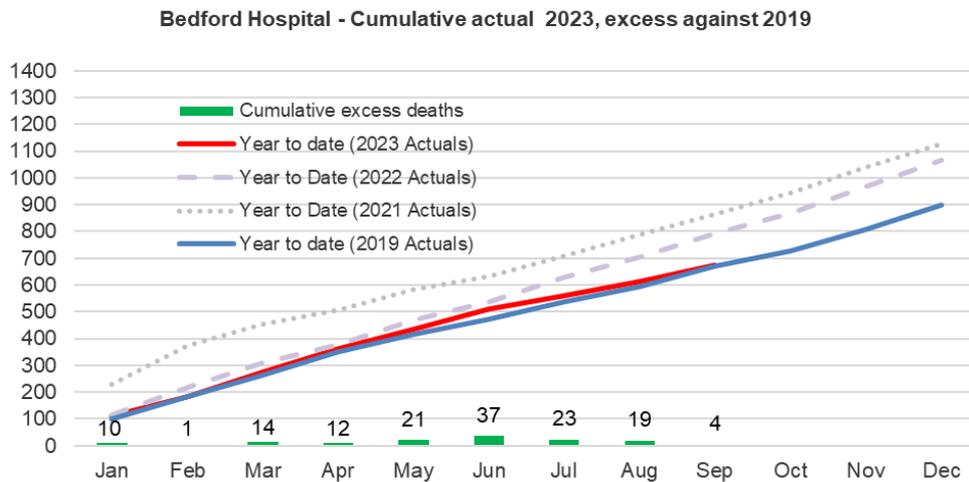


Figure 3a Actual deaths in 2019 (pre-pandemic) 2021, 2022 and 2023 (cumulative excess deaths calculated using 2019 actuals) (BH)

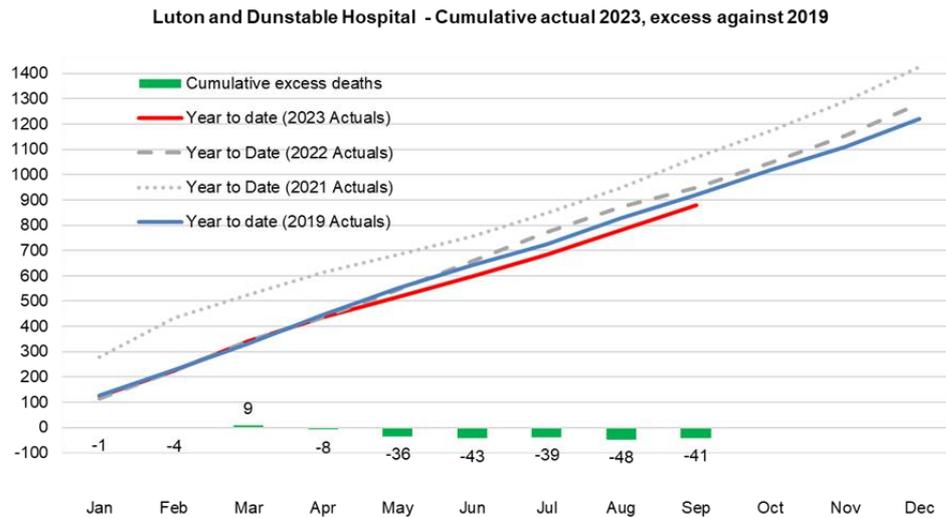


Figure 3b Actual deaths in 2019 (pre-pandemic) 2021, 2022 and 2023 (cumulative excess deaths calculated using 2019 actuals) (LDH)

National Mortality Indicators

Latest reporting, June 2023, illustrates higher values for (H)SMR and RAMI across the Trust and individual hospital sites, with the exception of BH HSMR. All values remain 'as expected' when compared to the national baseline.

SMR (individual month) - 100.20 for Bedfordshire Hospitals (↑11.48)
 BH, 109.06 (↑10.43) and LDH, 93.20 (↑12.23)

HSMR (individual month) - 99.97 for Bedfordshire Hospitals (↑6.27)
 BH, 101.86 (↓2.34) and LDH, 98.58 (↑12.75).

RAMI (individual month) - 92.34 for Bedfordshire Hospitals (↑9.43)
 BH, 105.58 (↑12.43) and LDH, 81.93 (↑6.91).

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

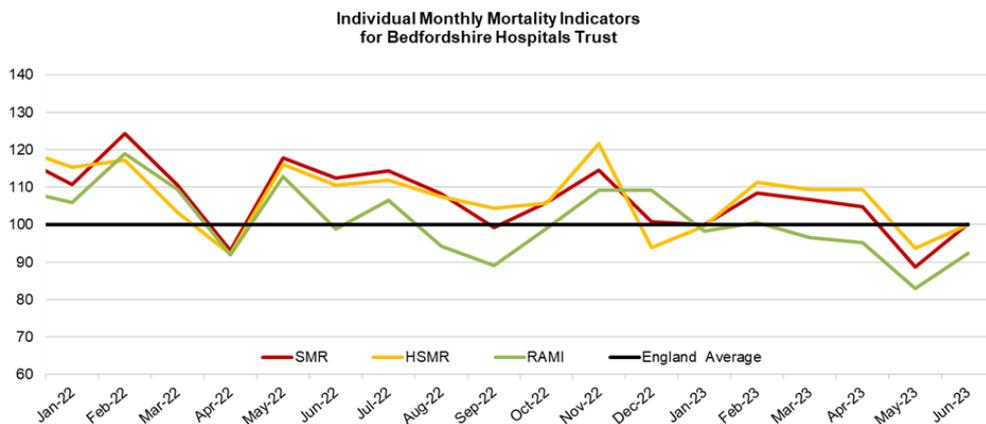


Figure 4 Monthly mortality indicators for Bedfordshire Hospitals (Individual months are illustrated rather than rolling averages)



SHMI (12 months ending April 2023, figure 5) -

The SHMI (excluding COVID-19 deaths, day case activity and including deaths within 30 days of being discharged) for Bedfordshire Hospitals for the latest 12 months is 1.0646 (↑0.0003), (total spells 106,190, ↑1320, - observed deaths 2865 vs expected 2690, excess deaths 175).

For Bedford Hospital, for the same timeframe, the SHMI is marginally higher in month, at 1.1541 (↑0.0048) (total spells, 31,165, ↑510, - observed deaths 1285 vs expected deaths, 1115, excess deaths, 170).

For Luton and Dunstable Hospital, the SHMI is lower in month, at 1.0013 (↓0.0118) (total spells 76,275, ↑ 815 - observed deaths 1575 vs expected deaths, 1575, excess deaths, 0).

The SHMI remains ‘as expected’ for the Trust and for the individual hospital sites when compared to the national baseline.

Ongoing reporting and monitoring will continue via the monthly LfDs Board, incorporating data quality and outputs from focused reviews undertaken in response to alerts.

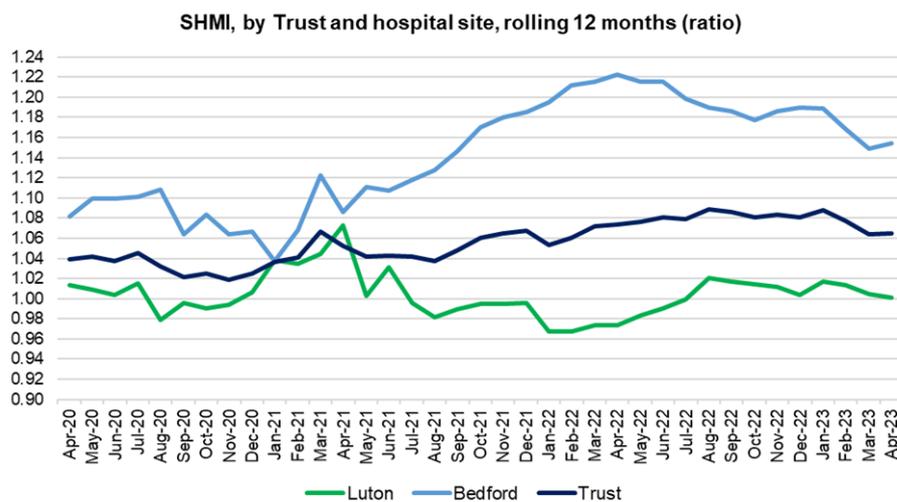


Figure 5 SHMI, rolling 12 months for Bedfordshire Hospitals NHS Trust and by hospital site

CHKS report

Latest reporting covers CUSUM alerts from August 2022 to July 2023, there are 11 conditions alerting, 3 fewer than the previous reported month. ‘Abdominal pain’ condition group had fewer than 10 deaths and is therefore excluded for detailed reporting.

The following conditions are alerting by Trust, hospital site as indicated:

Cancer of the colon (BH, lower limit breach from September - November 2022, excess deaths 2.02).

Secondary malignancies (LDH, one lower limit breach returning to normal, excess deaths 0.9).



Congestive Heart Failure; non-hypertensive (LDH, one lower limit breach commencing February 2023, and continuing, excess deaths 16.0). Plan for sample case review.

Pneumonia (Trust, BH, lower limit breach for BH increased to an upper limit breach in July 2022 and continues to March 2023, excess deaths 24.00).

Chronic obstructive pulmonary disease and bronchiectasis (Trust, BH, LDH, consistently alerting, 16.00, 11.20 and 4.60 excess deaths respectively).

Aspiration pneumonitis; food/vomitus (LDH, consistent lower limit breach alert, excess deaths, 13.00).

High level review to be undertaken due to outlier status.

Other lower respiratory disease (LDH, lower limit breach July 2022 - February 2023, returning to normal in the most recent period, excess deaths, 5.20).

Findings from the recently completed clinical case review, of the alerting respiratory conditions above are to be shared at the Emergency Medicine Boards to inform any onward actions and a wider awareness and discussion around mortality governance.

Gastrointestinal haemorrhage (BH, lower limit breach in February 2022 - April 2023, returning to normal, excess deaths 5.60). Plan for case review/triangulation (outstanding action).

Other fractures (BH LDH, Bedford hospital – lower limit breach alert in April and June 2023, L&D hospital – lower limit alert in August 2022 only, excess deaths 5.10 and 3.60 respectively)

Other perinatal conditions (Trust, BH LDH, - Bedford hospital has an upper limit alert starting July 2022 that continues to alert in the most recent period, L&D hospital has a lower limit alert in December 22 that increases to an upper limit breach in March 2023 which continues, excess deaths 26.80, 9.90 and 16.90 respectively).

Patient level data to be shared with the clinical team for timely case review and, following a review of the process, liaison with the coding team to ensure data quality.

Medical Examiner (ME) Report

100% of deaths were reviewed across the combined offices in September 2023.

The percentage of medical certificate of cause of death (MCCD) completed within 72 hours of deaths is 85% for the last quarter.

Expansion of community death reviews continues, with a plan to shortlist and interview applicants by the end of October.

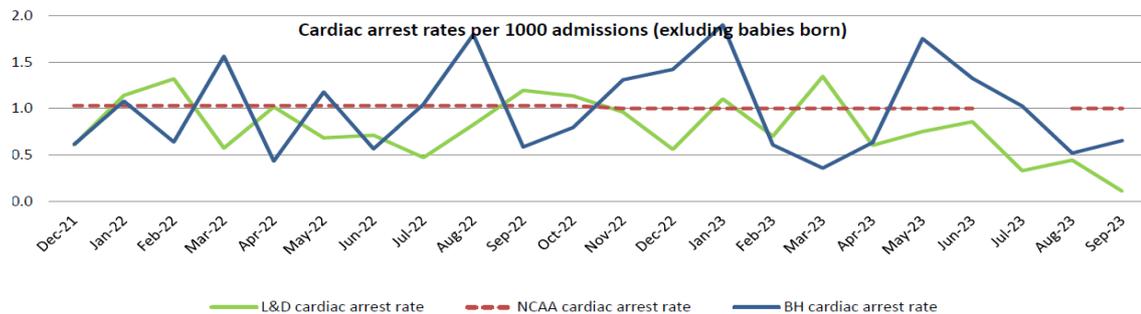
A process review is currently underway to address the statutory requirement for ME oversight of neonatal and paediatric deaths in readiness for 1 April 2024. This is also highlighted as an opportunity for greater inclusion of learning from *all* deaths, including neonatal and child deaths, at the LfDs Board and in monthly and quarterly reporting.

Cardiac arrest reports

There were 5 cardiac arrests across Bedfordshire Hospitals in June, 2 fewer compared to the previous month. In one case no Treatment Escalation Plan (TEP) was completed.



The Trust is in the process of introducing ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). This will align with the regional and national direction.



Learning from Deaths Quarterly Report Q1 2023/24

There were 469 deaths in admitted patients, in Q1 2023/24 (excluding stillbirth/neonatal and child deaths across Bedfordshire Hospitals Trust (BHT), 120 fewer deaths compared to Q4 2022/23, with similar age, gender and ethnicity profiles as for previous quarters.

495 primary case record, (ME), reviews were undertaken across both hospital sites (including non-admitted deaths occurring in ED); 45 cases were identified as requiring a SJR.

Following completion of 26/45 SJRs to date, 16/26 (62%) were considered definitely not avoidable or with slight evidence of avoidability (scores 5, 6).

Potentially avoidable deaths (avoidability scores, 2 and 3) were identified in 3/26 cases (no. 1, score 2, no. 2, score 3). This equates to 0.6% of deaths in Q1 (3/469).

There were no cases identified as definitely avoidable (score of 1).

All completed SJRs are reviewed and approved by the Medical Director. All three cases assigned an avoidability score of 2 and 3 were highlighted for Post Event Action Review and Learning (PEARL) discussion. To date one of the cases has met the Serious Incident (SI) criteria.

Commencing 12 October weekly Patient Safety Incident Response (PSIR) Panels will replace PEARL Panels, aligned with implementation of the Patient Safety Incident Framework (PSIRF).

An update on the Q1 position, to include the remaining 19/45 SJRs allocated, awaiting completion, will be provided in Q2 2023/24 reporting (January 2024).

In reconciling reporting for Q4 2022/23, 2 further cases were assigned an avoidability score of 2 and 3, both cases were considered for PEARL discussion.

Potentially avoidable deaths (avoidability scores, 2 and 3) were therefore identified in 5/43 SJRs completed to date. This equates to 0.8% of all deaths in Q4 (5/589, excluding stillbirth/neonatal and child deaths).



Summary learning points (Q1 2023/2024 and Q4 2022/2023 reconciliation) highlighted:

- SJRs are used to inform discussion within and across clinical teams, even if findings are not congruent with speciality opinion.
- Inherent delays in patients managed by a number of speciality teams, tertiary centres, including where a malignancy is suspected
- Importance of clear documentation of management plans to guide decision making and support effective handover and communication
- Timely escalation and consideration for higher level care in a deteriorating patient
- Timely review and actioning of test results, including management of electrolytes
- Establish impact of longer length of stay on mortality as a potential work stream.

Additional points to note:

MEs are actively considering alternative routes of escalation and feedback to clinical teams, out-with referral for SJR. This is reflected in fewer referrals for SJR in Q1 2023/24 (80 SJR referrals following 614 primary reviews, 13%) when compared to Q4, 2022/23 (45 SJR referrals following 495 primary reviews, 9%).

Changes to configuration of the InPhase mortality module are required to support the review process and in light of the above. This includes the ability to capture the learning from closed historical referrals for SJR, where alternative routes for escalation and feedback have been identified.

From 1 October all patient safety Incidents will be managed under PSIRF, with PEARL Panels replaced with weekly Patient Safety Incident Response (PSIR) Panels. This will include review of deaths identified under the Trust and national priorities, in addition to deaths where there is significant opportunities for learning identified.



NURSING WORKFORCE REPORT

For Board of Directors 1st November 2023

Authors— Liz Lees, Chief Nurse/Joao Barros, Lead Nurse for Workforce

Agenda item – 8.5

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

Total fill rates were increased during September (Bedford 104.01% and Luton 107.73%). During this period both hospitals had escalation areas open. 10.6% of all inpatient areas fell below the target 95% fill rate, a 13% improvement compared to last month.

Nurse staffing winter planning is underway including a review of the Workforce Assurance Framework and ways of working by the senior nursing team in the following months.

SafeCare compliance (Luton) increased to 89% (target 90%), and 69 red flags were raised, the majority being attributed to Ward 23, ESU and Woodlands due to staff shortages leading to delays in nursing interventions.

Temporary staffing cover remains a challenge with an approximate 29% unfilled rate. Temporary staffing requirements have slightly increased in September (3.7%).

The demand for additional shifts for the provision of Enhanced Patient Observation (excluding RMN) remain high, with both sites having an increase. The majority of RMN demand was at Luton for Woodlands (23%), Ward 21 (19%) and EAU 1&2 (32%) which accounted for 83% of all RMN use.

In September the overall trust CHPPD was 8.3, the CHPPD for Luton was 8.8 while the Bedford CHPPD was 7.5.

In September, 21 incidents were reported relating to short staffing (10 in Bedford and 11 at Luton).

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England
- NHS Improvement
- Equality Act
- CQC
- Trust Objectives

Jargon Buster

ESU – Emergency Surgical Unit
RMN – Registered Mental Health Nurse
EAU – Emergency Assessment Unit
CHPPD – Care Hours per Patient Day
CQC – Care Quality Commission
NQB – National Quality board
NHSE – NHS England
SAU – Surgical Assessment Unit
SDEC – Same Day Emergency Care
EPO – Enhanced Patient Care
RCN – Royal College of Nursing
RN – Registered Nurse
ED – Emergency Department
SNCT – Safer Nursing Care Tool
PLS – Psychiatric Liaison Services
ELFT – East London Foundation Trust
SS – Supervisory Shift

Introduction

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

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

The Winter NHS Preparedness Workforce Assurance Framework remains and the Trust has continued to present findings and monitor nursing workforce metrics steered by key indicators of planning, monitoring and escalation of NHS pressures, providing insights on workforce risks and mitigation measures in place.

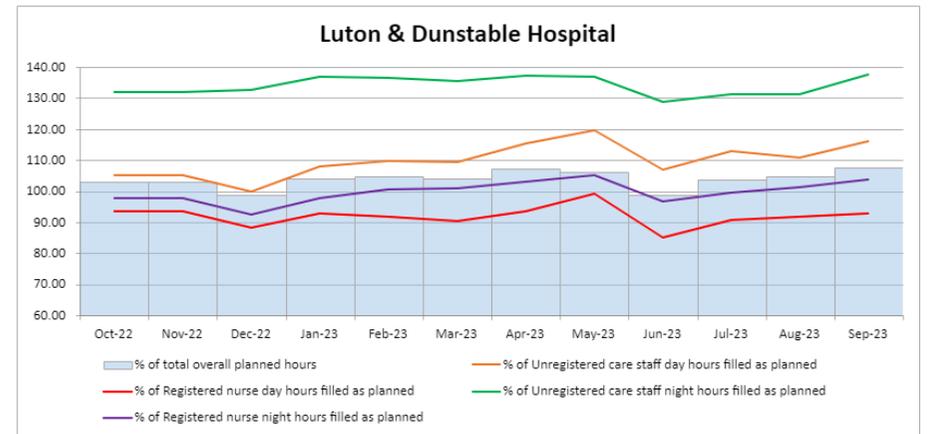
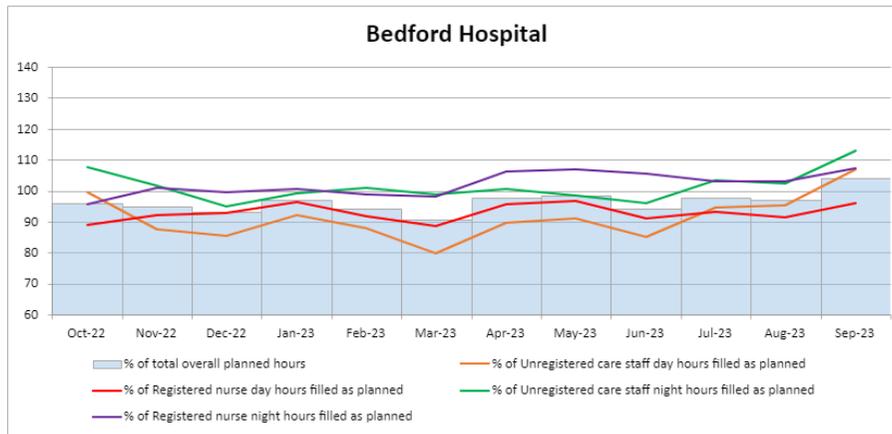
The metrics presented in this report enable the Board of Directors to understand the impact of staffing on the quality of service provided, provide trends in activity and act as a source of information that provides assurance on workforce practices.

Following the publication of the NHS Long Term Workforce Plan (June 2023), this report will adapt on expectations that support workforce planning and be pragmatic on data analysis of staff demand and requirements, providing assurance on service delivery of nursing care in inpatient areas.

Ward Fill Rate

Bedford Hospital Site				Luton and Dunstable Hospital Site			
	Jul-23	Aug-23	Sep-23		Jul-23	Aug-23	Sep-23
% of Registered nurse day hours filled as planned	93.27	91.54	95.85	% of Registered nurse day hours filled as planned	90.82	91.83	92.78
% of Unregistered care staff day hours filled as planned	94.43	95.17	107.02	% of Unregistered care staff day hours filled as planned	112.80	110.89	115.9
% of Registered nurse night hours filled as planned	103.18	103.17	107.24	% of Registered nurse night hours filled as planned	99.45	101.2	103.84
% of Unregistered care staff night hours filled as planned	103.43	102.21	112.76	% of Unregistered care staff night hours filled as planned	131.06	131.23	137.48
% of total overall planned hours	▲ 97.75	▼ 97.1	▲ 104.01	% of total overall planned hours	▲ 103.69	▲ 104.71	▲ 107.73

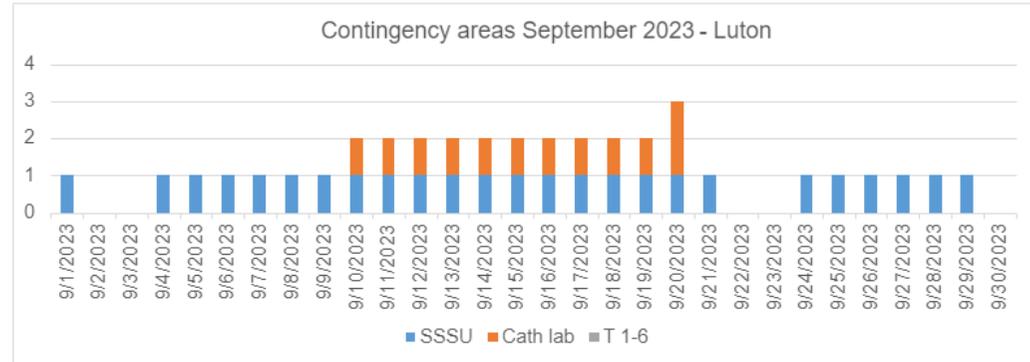
The fill rate data presented above is taken from the UNIFY workforce extract that is submitted to NHS-E. The fill rate for UNIFY is calculated by using the total number of hours worked on the ward in the period compared and the total number of hours required to meet the wards agreed and funded shift staffing levels (The Template). Shifts that are not required due to bed closures for example are removed to give the planned hours. This can mean that a ward will show 100% filled despite having staff shortages due to additional shifts not being filled. If additional shifts are filled the fill rate exceeds 100% even if only half of the original shifts are covered. The alternative way to calculate fill rate is to add the template and the additional required hours together to identify the Demand, this can then be used to show the fill rate compared to demand.



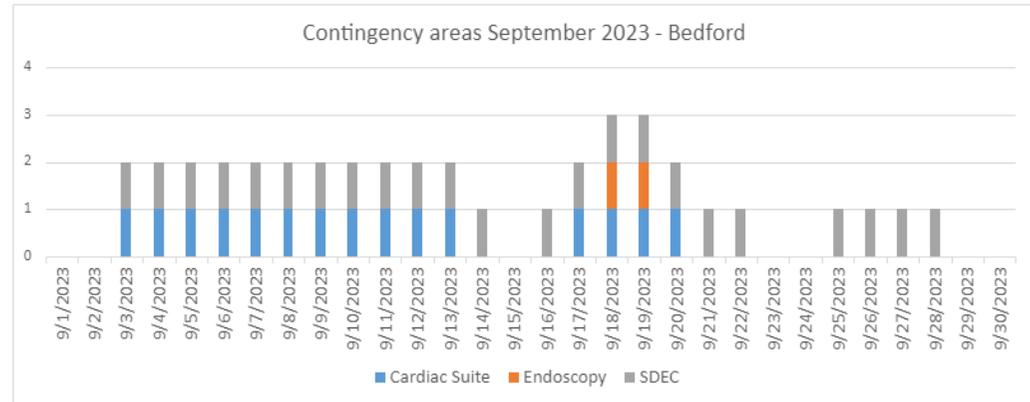
Contingency – Escalation areas

Contingency beds were open in Luton for 25 days and 23 days at Bedford.

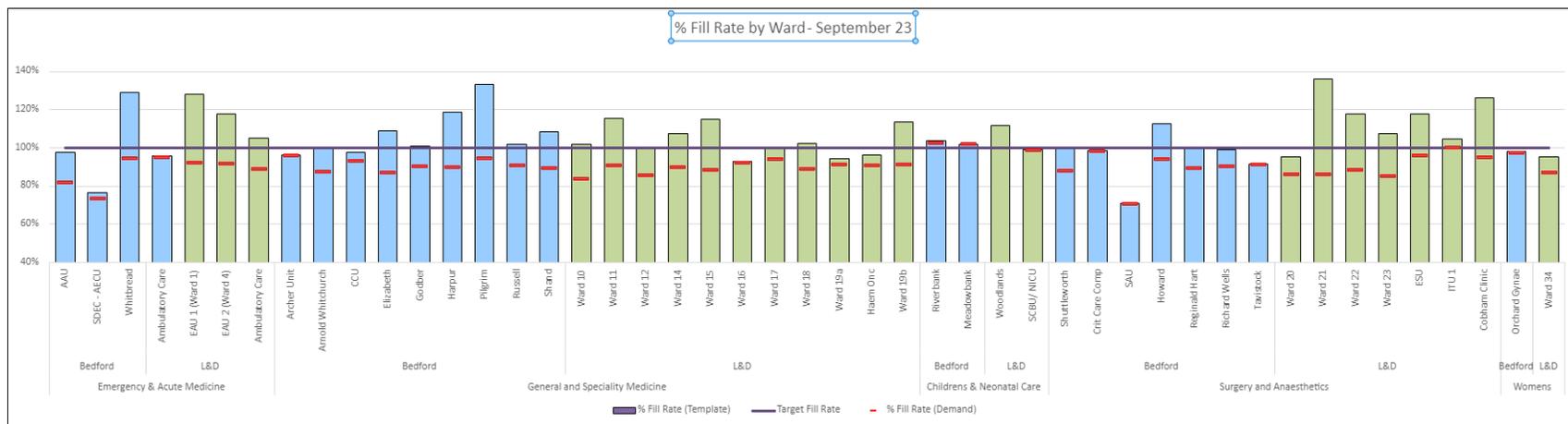
Fulfilment type	Total Hours
Agency	480.50
Bank	1,163.75
Local	1,186.25
Total	2,830.50



Fulfilment type	Total Hours
Agency	509
Bank	114
Local	428.5
Total	1051.5



Fill Rate by Ward



The chart above reflects fill rate (bars) compared to template across the wards (Blue for Bedford and Green for Luton). The red lines are the fill rates based on demand.

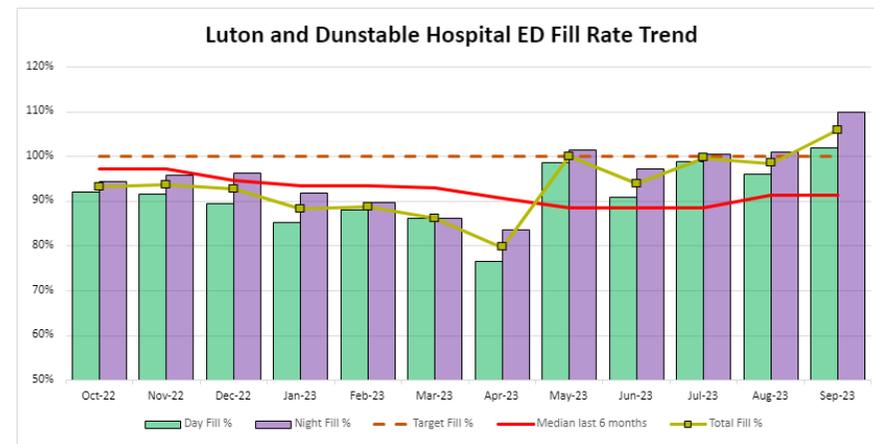
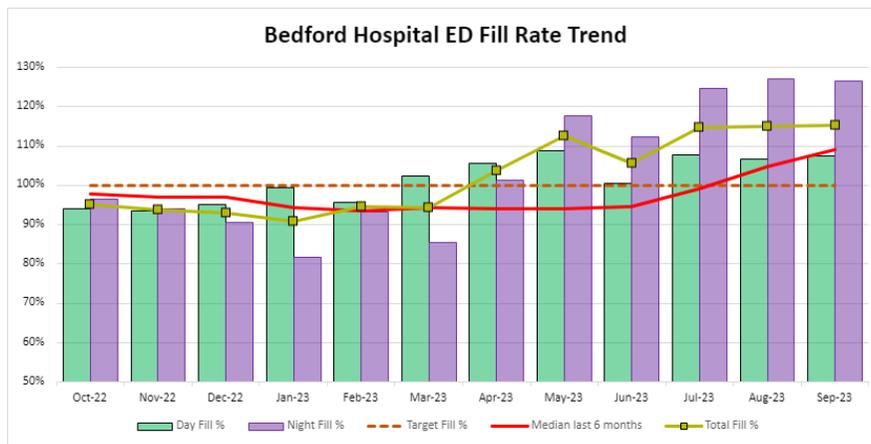
[From a template perspective](#), in September, 10.6% of all inpatient areas fell below 95% fill rate, a 13% improvement compared to 23.4% last month.

- **SAU** low fill rates are driven by extremely low healthcare assistant fill rates. This unit continues to actively recruit and October is showing now an improvement.
- **SDEC** has undergone a roster review to align roster template and needs of the service. This has been reviewed and agreed by finance. Workforce will now need to review the proposal before changes are made to the roster. Currently, SDEC is aiming to run the service with lower numbers than the ones showing in the template, reflecting in lower fill rates.
- With the exception of the areas below, areas with >100% fill rates is due to high demand of staff for enhanced patient care (EPO).
- **Harpur** and **Elizabeth** wards high fill rates relate to a mixture of EPO and increased activity on the ward due to the opening of additional beds. A review of the ongoing requirement will be shared with the executive team in October.
- **ESU** template has not yet been aligned with establishment requirement changes. Currently ESU is going above template for healthcare assistants to meet service demands.
- **Cobham** shows high fill rates due to extra health care assistants being booked to backfill nurses' shortfalls. This has been escalated to the matron and head of nursing to review.

[From a demand perspective](#), the average fill rate for wards was **88.9%**.

Weekly Roster assurance meetings continue to take place cross site prospectively considering mitigation measures to address staff shortages and reviewing key performance indicators such as annual leave bookings, sickness levels, parenting leave, study leave, working days and other leave.

Adult ED Fill Rate



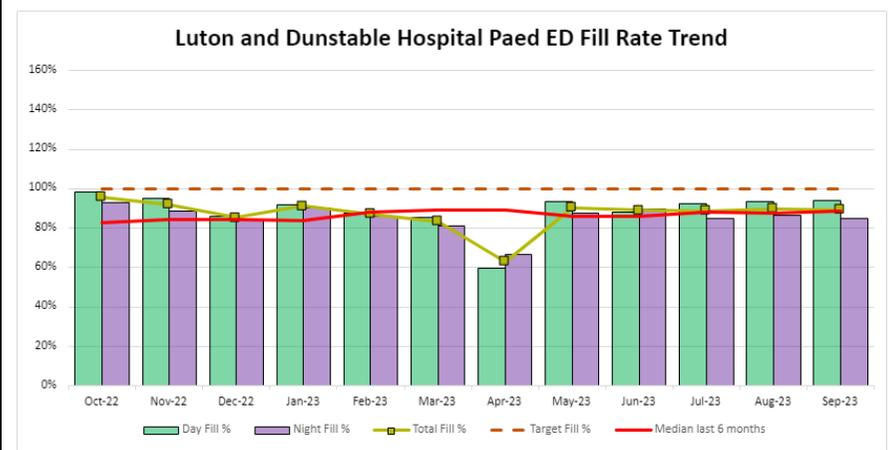
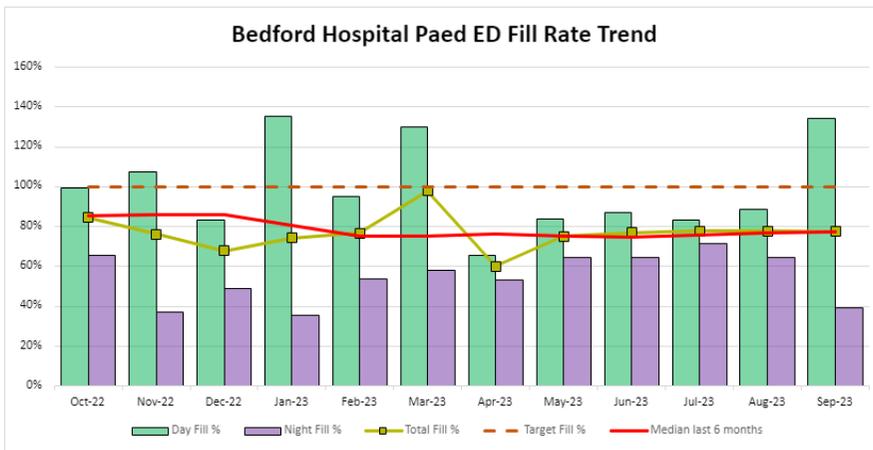
The fill rate for **Bedford Adult ED** is >100% and is a reflection of approved staff uplifts from the last ED SNCT review. Roster template and budget alignment is planned to take place within the next 2 months.

Roster unavailability has improved at Bedford with sickness rates sitting at 3% overall.

Fill rates in **Luton Adult ED** is also >100%. This is due to the ongoing building work which has led to an altered layout requiring staff to be more spread out and therefore a need to increase numbers to ensure patient safety.

Sickness continues to be a challenge with registered staff at 9.4%. Staffing for ED is reviewed weekly at the roster assurance meetings to ensure appropriate cover is in place to address service requirements.

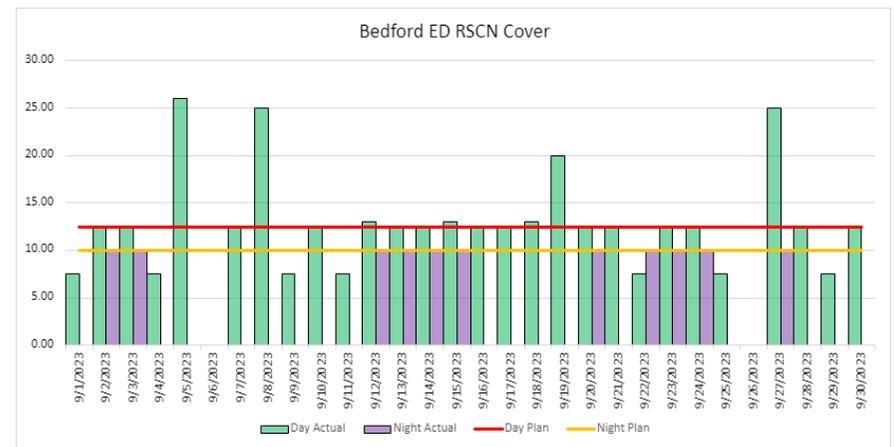
Children's ED Fill Rate



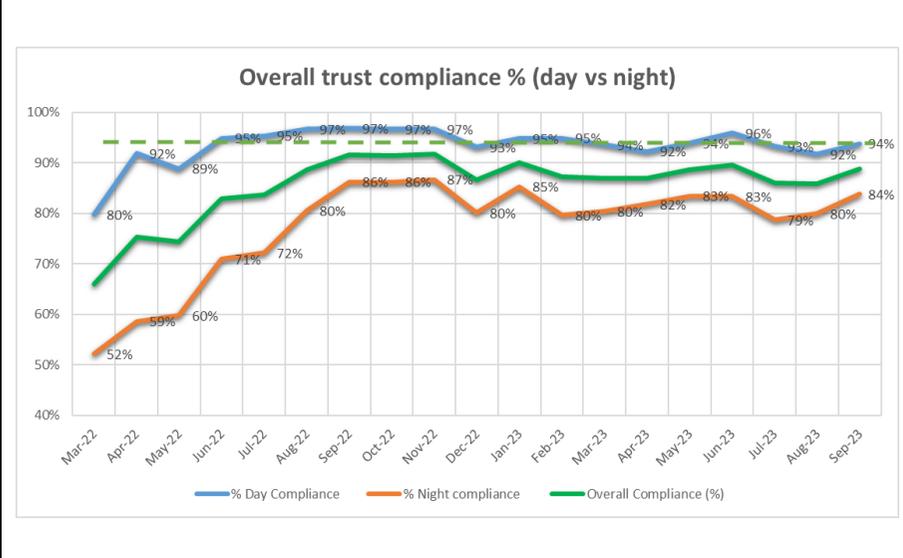
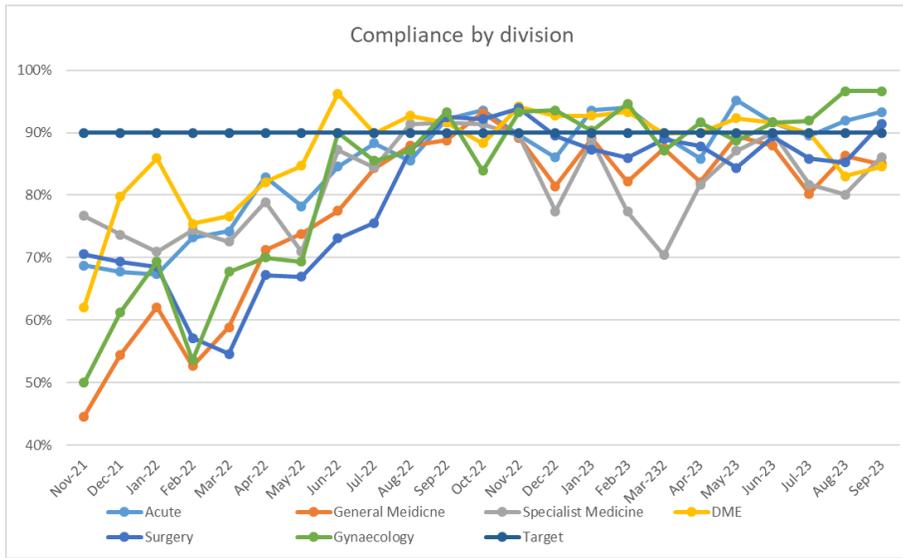
Bedford is actively recruiting for RCN.

In Bedford challenges remain around full cover of planned RCNs for both days and nights. The Head of Nursing and Matron proactively review and manage this risk. Shift peaks in actual RCN cover are linked to requirements of training and development of the team.

Shifts with gaps of RCN are filled with adult RNs with paediatric competencies.



SafeCare Update – Luton Site



SafeCare Live is a web application that enables nursing teams to capture real time information around patient acuity and staffing requirements for clinical areas.

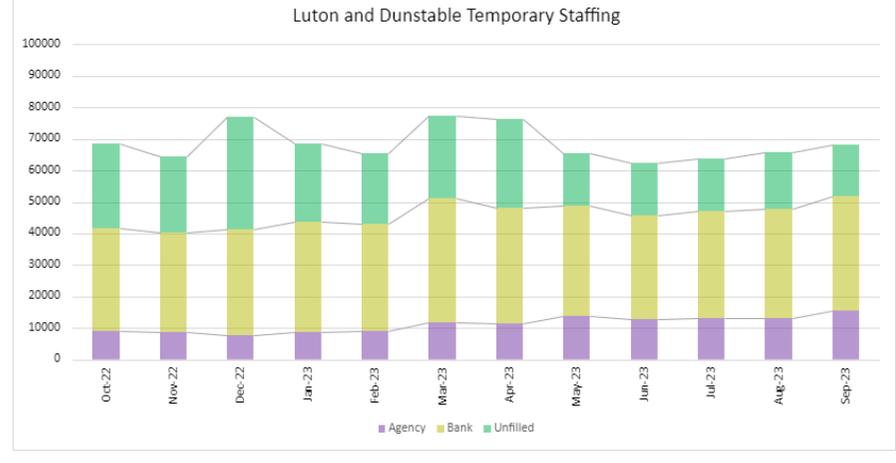
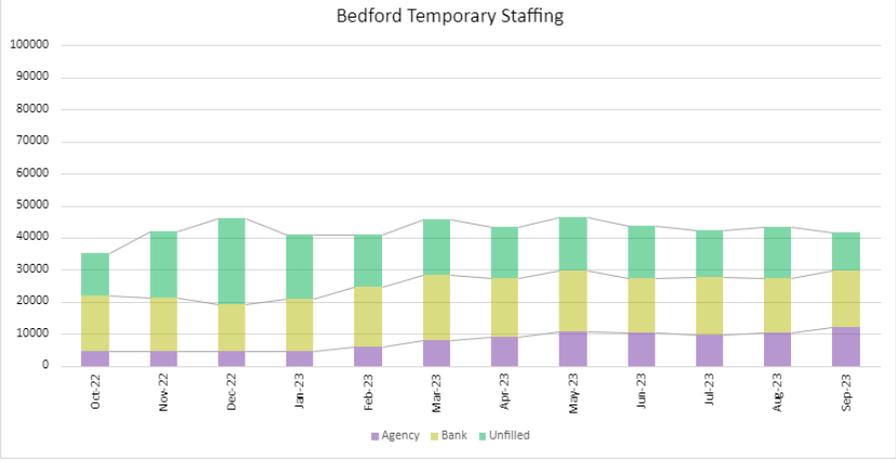
This tool is used in wards and other clinical areas at Luton only, to provide an understanding of staffing demands based on patients' needs on a daily basis.

Compliance with using the tool was 89% for September, against the 90% target.

Red flags can be raised on the system and are those incidences that may be an indicator that the quality of care has declined and patients are being made vulnerable due to variation in acuity versus staff availability and skill mix.

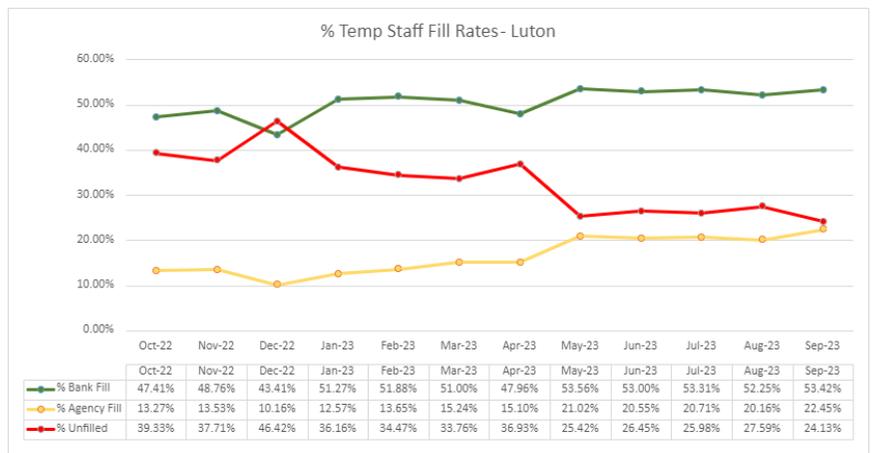
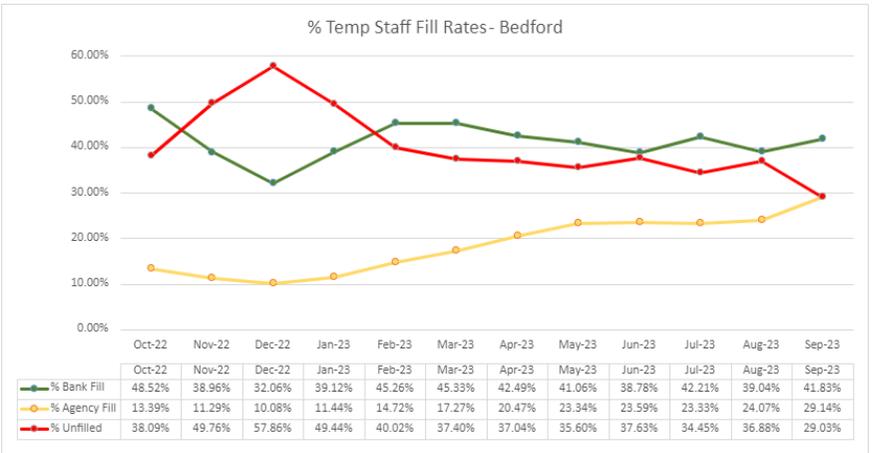
In September, 69 red flags were raised, with the majority being attributed to Ward 23, ESU and Woodlands due to staff shortages, leading to delays in nursing interventions.

Temporary Staffing Breakdown



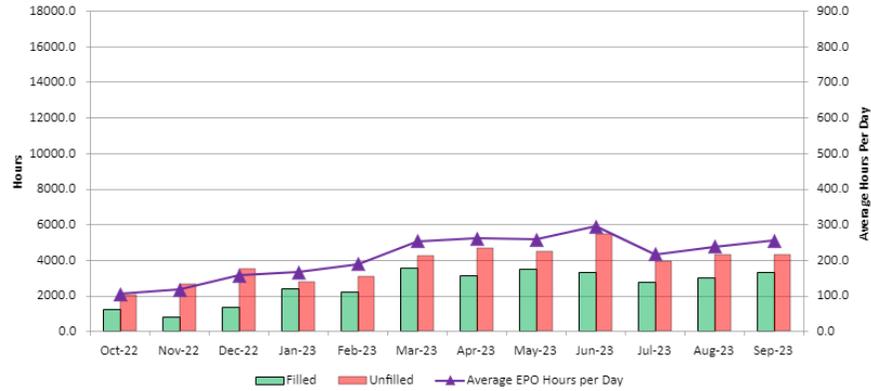
The average unfilled rates for temporary staff sit at 29% for Bedford and 27.6% for Luton.

In September temporary staff demand went up by 3.7%.

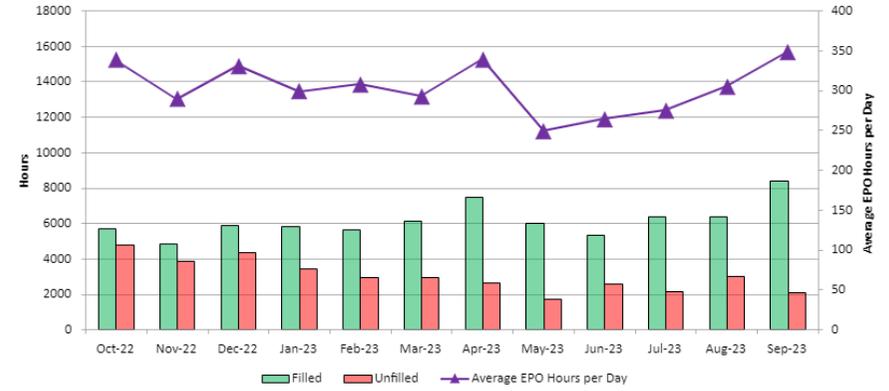


Enhanced Patient Observation (Excluding RMN)

EPO Hours - Bedford Hospital



EPO Hours - Luton & Dunstable Hospital

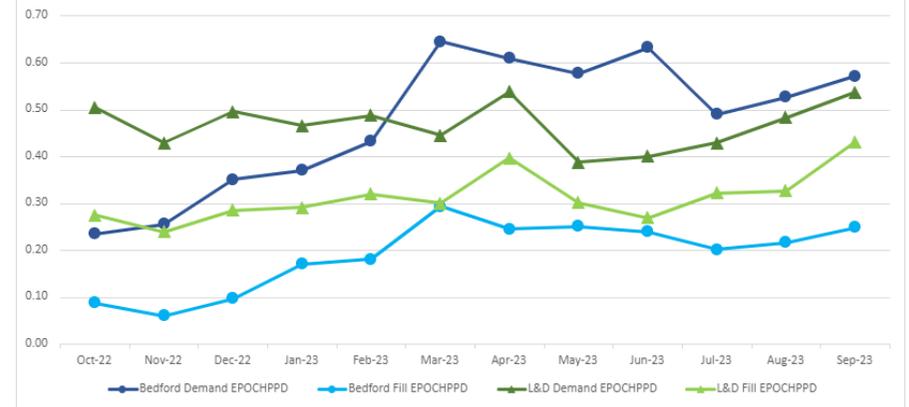


Enhanced Patient Observation (EPO) is a strategy that is implemented to support patients who have higher levels of clinical or care needs or who require close observation due to increased risk associated with cognitive impairment.

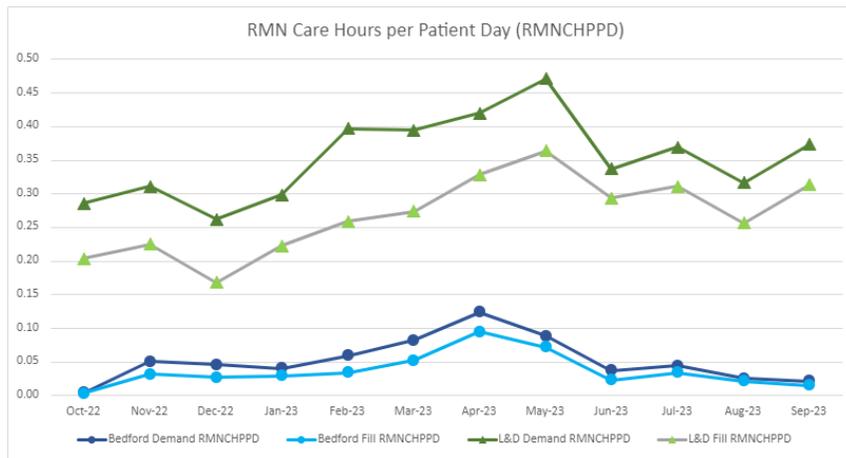
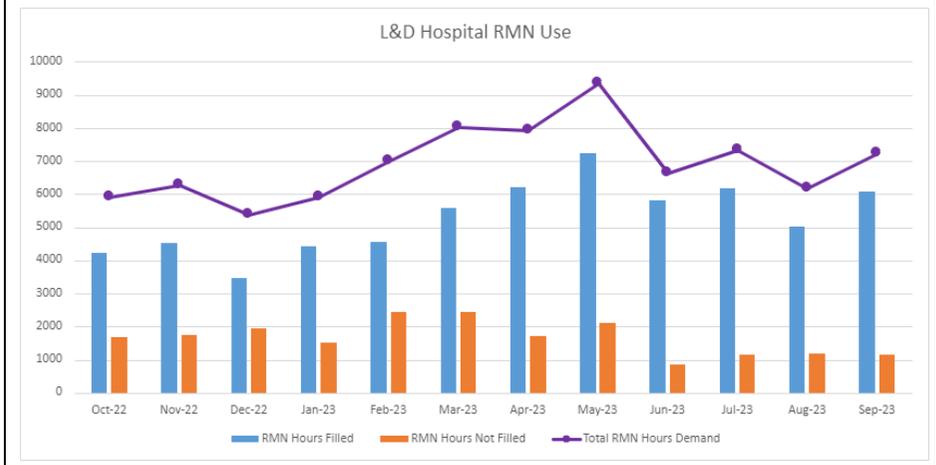
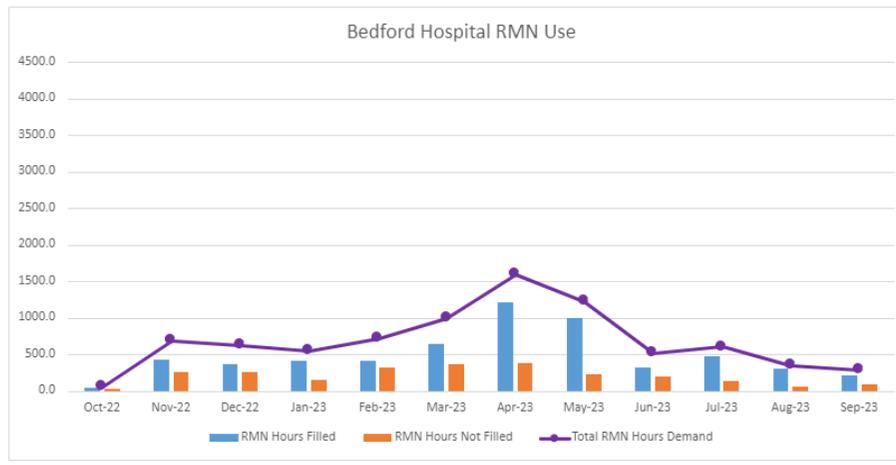
When comparing staff fill rates across multiple units, sites or organisations the recommended measure is Care Hours Per Patient Day (CHPPD).

The chart to the left uses the CHPPD methodology to examine and compare the demand and fill rate for EPOCHPPD.

EPO Care Hours per Patient Day (EPOCHPPD)



Enhanced Patient Observation - RMN

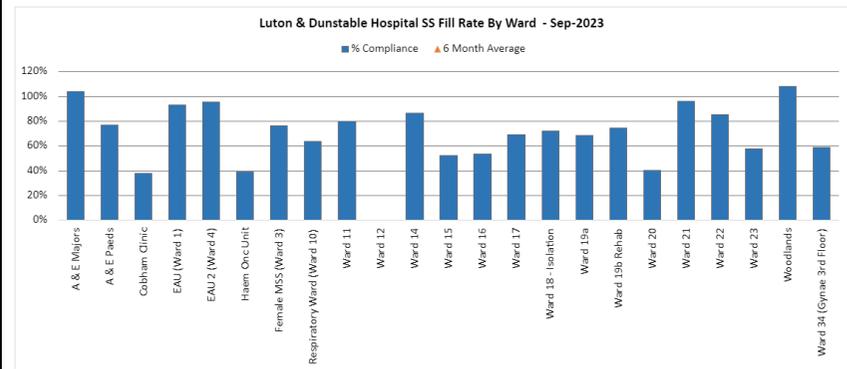
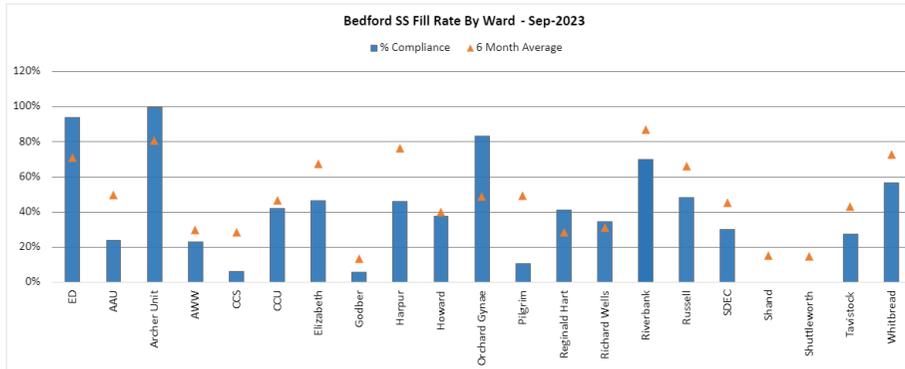


One group of patients that often require EPO are those admitted with physical health complaints but with either pre-existing mental health problems or acute mental health issues that led to the physical health problem. The Psychiatric Liaison Service (PLS) from ELFT, the local Mental Health Care provider, assesses these patients and develops a management / care plan, which may include a recommendation that the patient is cared for by a Registered Mental Health Nurse (RMN).

RMN hours filled and unfilled is the traditional metric shown above, however, on the right the same data is presented using the CHPPD methodology, this shows that taking the difference in beds in to account the uses of RMN's at Luton is significantly higher than at Bedford.

Woodlands (23%), Ward 21 (19%) and EAU 1&2 (32%) had the highest demand of RMNs in September, accounting for 83% of all RMN use in Luton.

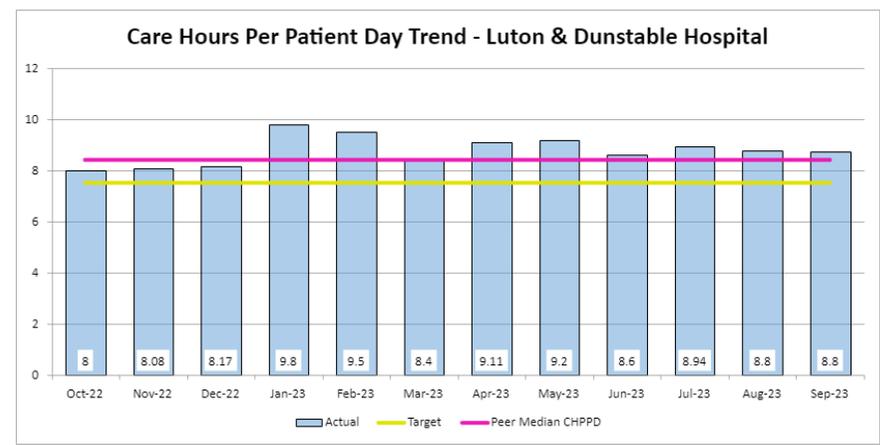
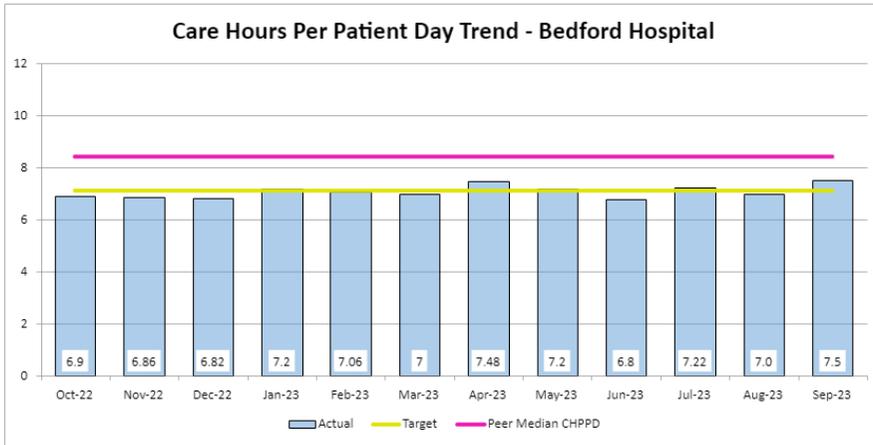
Supervisory Cover



The Francis report recommended that ward managers should be rostered for 100% supervisory time (SS). This continues to be the aim in the Trust, however, due to high unfilled shift rates some areas are having to include ward managers in direct patient care. Other reasons noted were sickness, annual leave and study leave related gaps as drivers to low SS rates.

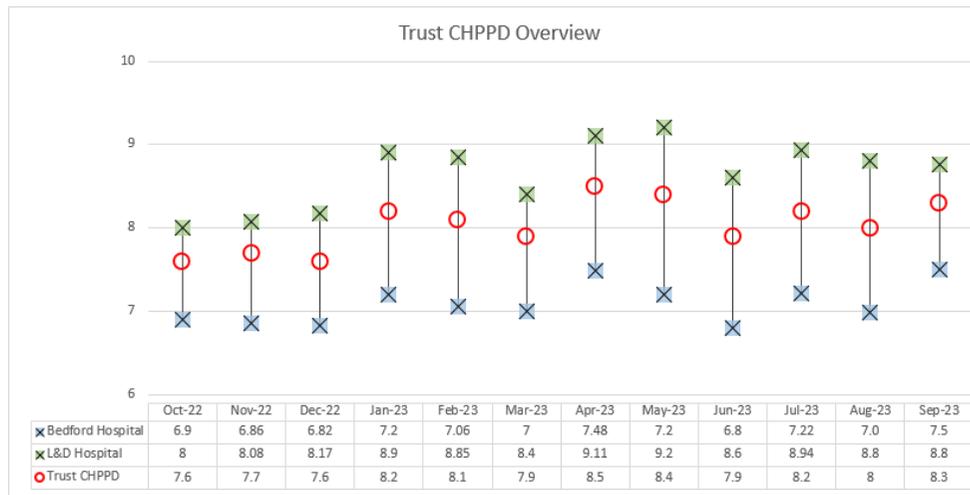
- Ward 12 do not currently have a ward manager and the role has recently been readvertised following an unsuccessful round of recruitment. In the meantime, junior sisters and Matron have been supporting with the management of this area.
- Bedford SS time is driven by ward managers taking on a considerable amount of clinical shifts, annual leave and sickness leave.
- Luton lower SS fill rates are driven by annual leave, sickness and some clinical shifts.

CHPPD Rate

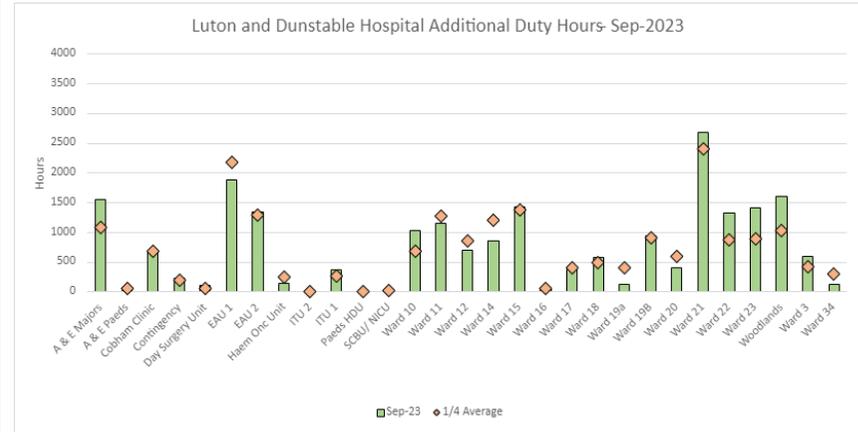
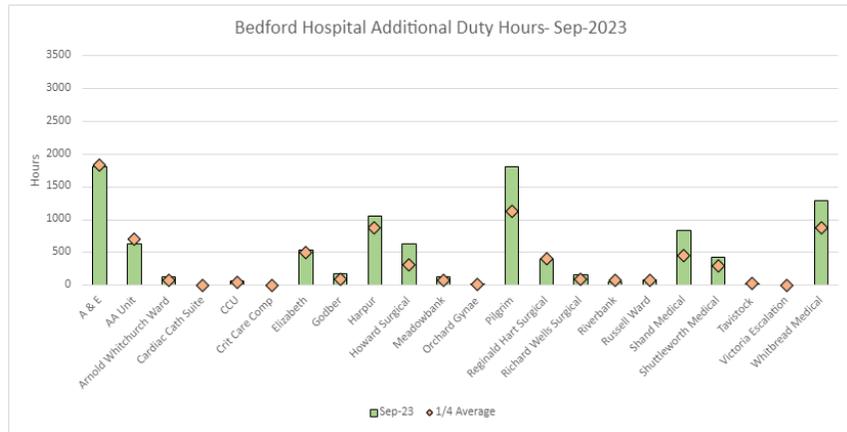


Care Hours Per Patient Day (CHPPD) is a metric promoted for use as a standardised measure of effective and safe staffing, by taking into account the number of actual hours worked in direct patient care shifts divided by the number of patients in hospital beds at midnight each day. As with all workforce analysis techniques, CHPPD is one of a number of measures that produce an overall picture rather than being used in isolation.

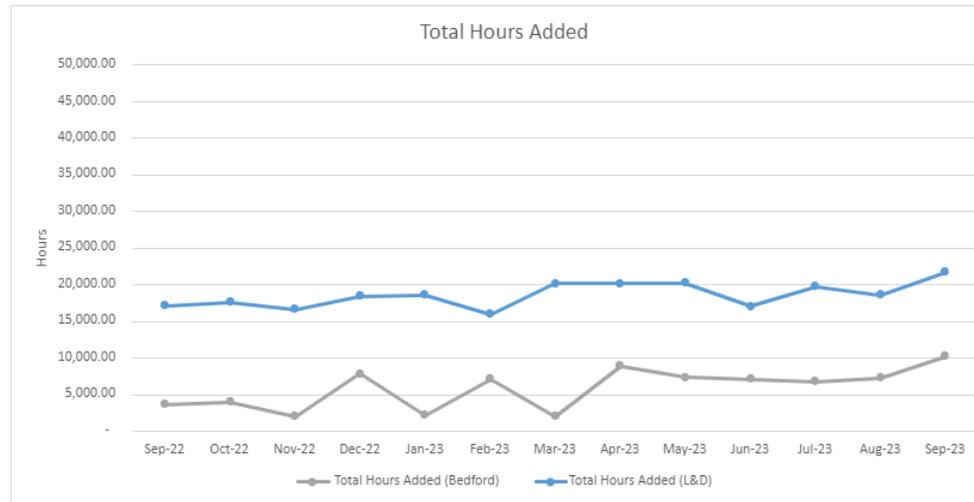
Bedford continues to have a lower CHPPD compared to Luton, driven by increased bed occupancy with reduced establishments. For September, the overall Trust CHPPD was 8.3.



Additional Shift Use

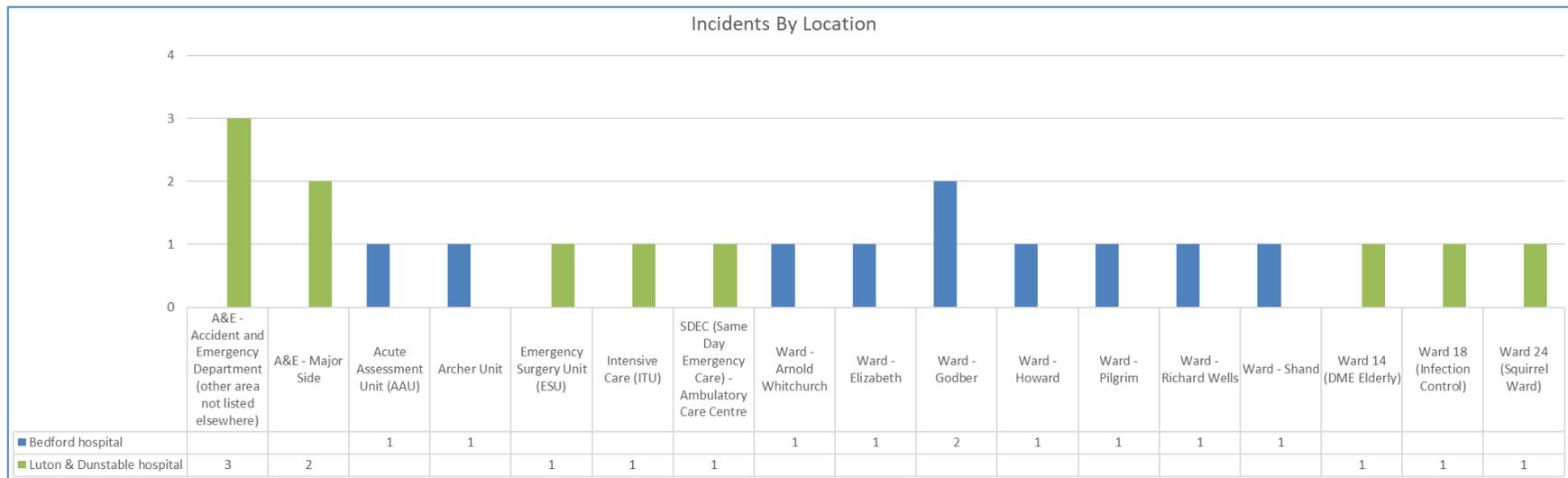


Additional shift use is related to EPO previously discussed. Both ED data relates to establishment changes (permanent in Bedford and temporary in Luton). Elizabeth, Harpur and Cobham have been previously discussed.



The implementation of InPhase forms part of the work to implement the National Patient Safety Strategy at the Trust and will help enhance the way the Trust learns from patient safety incidents.

Currently service lines have a process to review all inphase incidents submitted on a daily basis and concerns are escalated to the deputy and heads of nursing.



In September, 21 incidents were reported relating to short staffing (10 in Bedford and 11 at Luton). Due to the use of SafeCare (Luton), there might be a component of underreporting of staffing shortages as these can also be capture on that system.

The majority of inphase incidents relate to staffing levels being below expected ratios/templates, with some highlighting impacts of delayed nursing interventions such as the ability to provide enhanced care, delays administering medication, triage and discharge. These incidents also identified that staff felt frustration due to a lack of communication at times, some anxiety due to taking charge in areas they were not familiarised with and concerns with skill mix.

These incidents are always forwarded to the care unit managers and Matrons as the first line of escalation and deputies and Heads of nurse support in the review and mitigation of the risks.

We continue to work with the quality governance team to try to retrieve more meaningful information from these incidents, especially around impact of shortages in patient care.



MIDWIFERY WORKFORCE REPORT

For Board of Directors 1st November 2023

Authors: Liz Lees, Chief Nurse/Emma Hardwick, Directory of Midwifery/Tara Pauley, Head of Midwifery (Bedford)/Tracey Scivier, Redevelopment Midwife/Michelle Vaughan, deputy Head of Midwifery (Bedford)

Agenda item – 8.5

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

- The Luton site RM vacancy is (13.13%) 30.71 WTE and the Bedford Site RM vacancy - 4.44. WTE (-3.96%)
- The Bedford site day RM fill rate in September was 95.15% and night fill rate was 99.07%, increases on August. The support worker day fill rate was 36.76% and night fill rate was 71.78% for September, a decrease from August.
- The Luton site day RM fill rate decreased in September to 75.83% and night fill rate was 79.44. The unregistered day fill rate was 62.67% (a decrease) and night fill rate was 71.76% (an increase) in September
- A further 8 international recruited midwives have started and are due to take their OSCE in November 2023.
- The Maternity services Bedford have not been on divert during September 2023. Luton went on divert on one occasion during September 2023.
- On both sites the supernumerary status for Band 7 Delivery Suite Coordinators (not providing 1:1 care) was 100%.
- One to One care in labour was achieved 98% of the time at LDH and 100% of the time at BH.
- Nineteen Red flags were raised at Bedford and 91 at Luton.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England
- NHS Improvement
- Equality Act
- CQC
- Trust Objectives

Jargon Buster

WTE – Whole Time Equivalent

RM – Registered Midwife

OSCE – Objective Structured Clinical Examination

IEM – Internationally Educated Midwives

NQM – Newly Qualified Midwife

MSW – Maternity Support Worker

BR – Birth-rate

SN – Supernumerary

CTG – Cardiotography

NMC – Nursing and Midwifery Council

MIDWIFERY STAFFING ASSESSMENT- EXTERNAL ASSESSMENT BY BIRTHRATE PLUS TEAM

In line with national recommendations, the Trust has a systematic process in place to set midwifery staffing establishments. This process utilises Birth-rate Plus© as the nationally recognised tool for assessing the needs of women for midwifery care throughout pregnancy, labour and the postnatal period in both hospital and community settings. From that data, it is possible to calculate the required numbers of midwives to meet all of those needs in relation to defined standards and models of care and to local workforce planning needs. Although it is recognised that this model does not account for differing demographics of a population or local factors and these need to be factored in from the professional judgement of the Director of Midwifery and site based Heads of Midwifery.

The Birth-rate Plus© review was completed in January 2022. The generic casemix at both sites has increased since the previous assessments. At LDH 69.7% of women are in the 2 higher categories which is significantly higher than the 58% average for England. The generic casemix at BH is also above average at 60.7%. There is a correlation between casemix maternity outcomes especially in relation to induction rates, delivery method, post-delivery problems and obstetric and medical complexity.

The overall birth to midwife ratios has changed to 21.1 births to 1 WTE for LDH (1:21.1) and 22.8 births to 1 WTE at BH (1:22.8), this is a reflection in the change in casemix on both sites. (The ratio is calculated by dividing total births by the total clinical midwives).

As the Trust is not compliant with the funded establishment based on Birth-rate Plus© a case is being developed by the Midwifery leadership team and Deputy Director of Finance to support this requirement in line with the Maternity Incentive Scheme Year 5 requirements.

MIDWIFERY ESTABLISHMENT

Current funded midwifery establishment (Bands 5-8D) is 350.04 WTE for both the Bedford and Luton sites. Significant work continues to reduce existing vacancy in establishments, as well as those created by the Ockenden funding.

Vacancy by site September 2023;

Luton Site Vacancy RM 30.71 WTE 13.13%

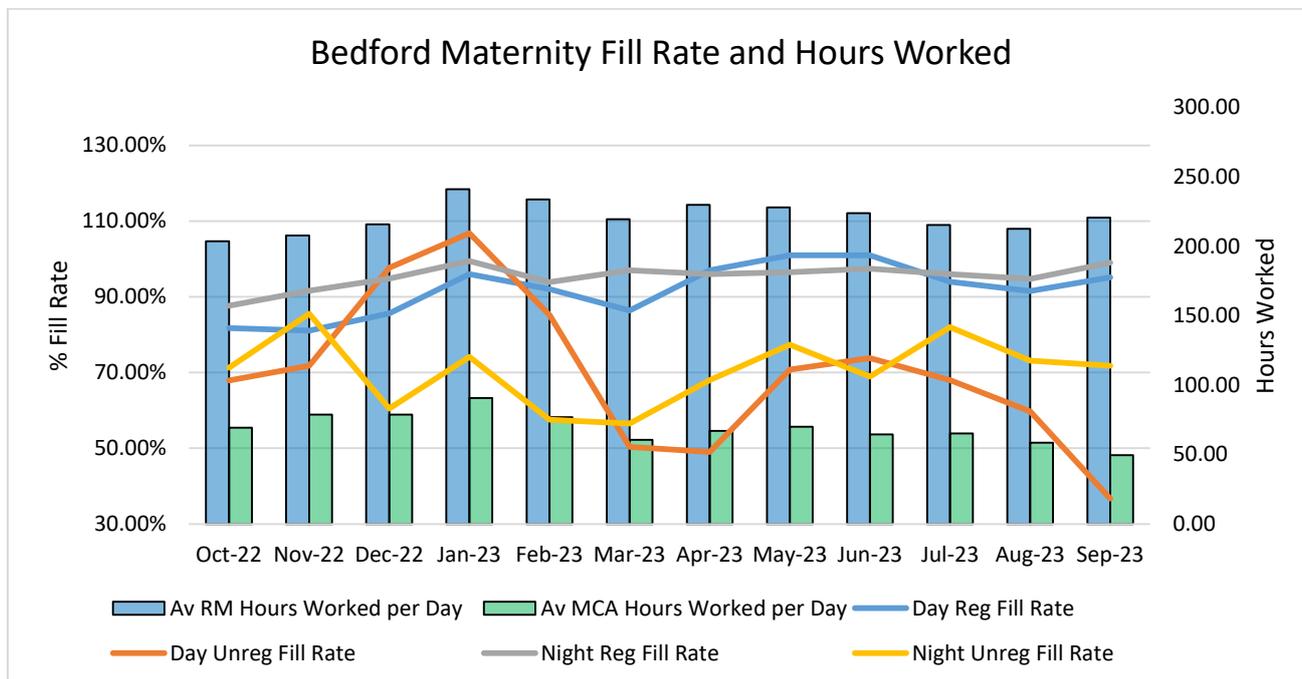
Bedford Site Vacancy RM -4.44 WTE -3.96%%

	Starters	Leavers
Luton Site	8 WTE RM (IEM's in OSCE prep) 0.6WTE band 6 RM	1.00 WTE RM
Bedford Site	3.56 WTE B4 NQM awaiting PIN 2.0 WTE B5 NQM 0.64WTE MSW B3	0.64 WTE MSW B3

ACTUAL AND PLANNED STAFFING REPORT FOR September 2023

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

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



Bedford Maternity Fill Rate and Hours Worked	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Day Reg Fill Rate	81.74%	81.11%	85.60%	96.01%	92.02%	86.40%	97.00%	100.98%	100.93%	94.00%	91.51%	95.15%
Day Unreg Fill Rate	67.91%	71.81%	97.69%	106.75%	85.20%	50.40%	49.00%	70.76%	73.81%	68.00%	59.74%	36.76%
Night Reg Fill Rate	87.68%	91.64%	94.83%	99.46%	93.87%	97.00%	96.00%	96.49%	97.46%	96.00%	94.71%	99.07%
Night Unreg Fill Rate	71.30%	85.56%	60.51%	74.16%	57.56%	56.50%	68.00%	77.38%	68.89%	82.00%	73.16%	71.78%
Av RM Hours Worked per Day	203.57	207.86	215.89	241.09	233.88	219.57	229.84	227.99	223.80	215.45	212.57	220.69
Av MCA Hours Worked per Day	69.37	78.73	78.82	90.87	77.03	60.74	67.13	69.99	64.58	65.20	58.46	49.57

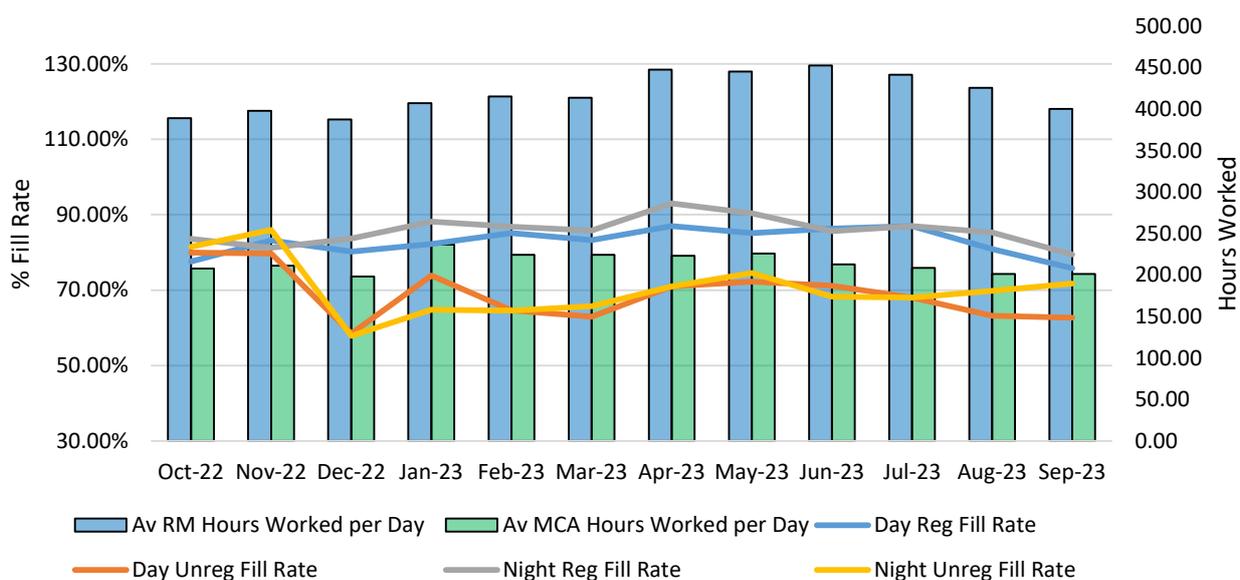
The Bedford site day RM fill rate in September increased to 95.15% and night fill rate was 99.07%.

The unregistered staff day fill rate decreased in September to 36.76% from 59.74% due in part to internal promotion for staff within bands 2-3, and an appointment to nursery nurse post. The night fill rate has decreased from 73.16% in August to 71.78% in September. There is ongoing recruitment within both band 2 and band 3 support workers, with 5.64WTE in the pipeline.

The Maternity Support Worker leads continue to help support, develop and retain this staff group through the competency framework. A new legacy midwife is returning on the Bedford site following a period of absence. Our Band 4 MSW lead along with support from our Practice Development team has in the meantime commenced the monthly meetings to aid this group.

Monthly staffing sickness meetings with HR remain in place. Meetings have been held with managers and HR to update relevant staff affected. Specialists and the senior midwifery management team are utilised less frequently to support clinical staffing as vacancy rate reduces on the Bedford site.

Luton Maternity Fill Rate and Hours Worked



Luton Maternity Fill Rate and Hours Worked	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Day Reg Fill Rate	77.61%	83.16%	80.18%	82.25%	85.15%	83.30%	87.00%	85.16%	86.30%	87.00%	80.88%	75.83%
Day Unreg Fill Rate	79.95%	79.70%	58.45%	73.88%	64.67%	62.90%	71.00%	72.25%	71.17%	68.00%	63.18%	62.67%
Night Reg Fill Rate	83.56%	81.23%	83.67%	88.16%	86.84%	85.80%	93.00%	90.40%	85.67%	87.00%	85.32%	79.44%
Night Unreg Fill Rate	81.50%	86.00%	57.82%	64.78%	64.58%	65.70%	71.00%	74.50%	68.31%	68.00%	69.78%	71.76%
Av RM Hours Worked per Day	389.05	397.90	387.72	407.35	415.26	413.67	447.66	445.39	452.57	441.35	425.78	400.19
Av MCA Hours Worked per Day	207.92	211.24	198.20	236.87	224.42	224.47	223.40	225.87	212.98	208.53	201.21	201.28

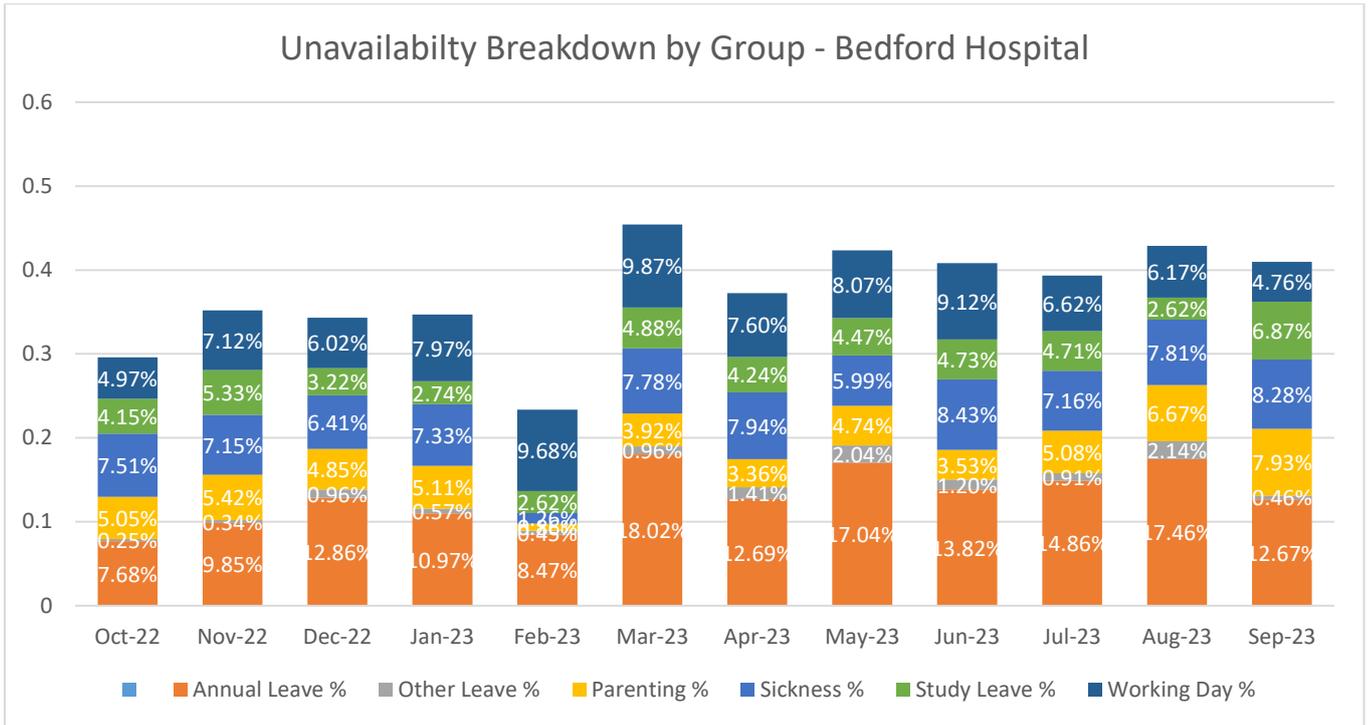
The Luton site day RM fill rate in September decreased to 75.83% and night fill rate decreased to 79.44%.

The unregistered day fill rate was 62.67% (a decrease) and night fill rate was 71.76% (an increase) in September. There is a vacancy within the band 2 and 3 lines and are actively recruiting into these vacant posts.

UNAVAILABILITY RM – Annual leave, sickness, maternity leave, study leave and other leave

Bedford site

On the Bedford site sickness increased again for Registered Midwives in September to 8.28 % from 7.81% in August. Return to work interviews and sickness meetings continue to support managing sickness effectively. Top three reasons have been colds/flu, anxiety stress or gastro-intestinal. Annual leave allocation was 12.64% for September 2023 (within roster thresholds). Parenting leave was 7.93% which was an increase again from the previous month. Maternity leave accounts for 8.28 WTE RMs or 7.4% with an anticipated peak in November 2023.

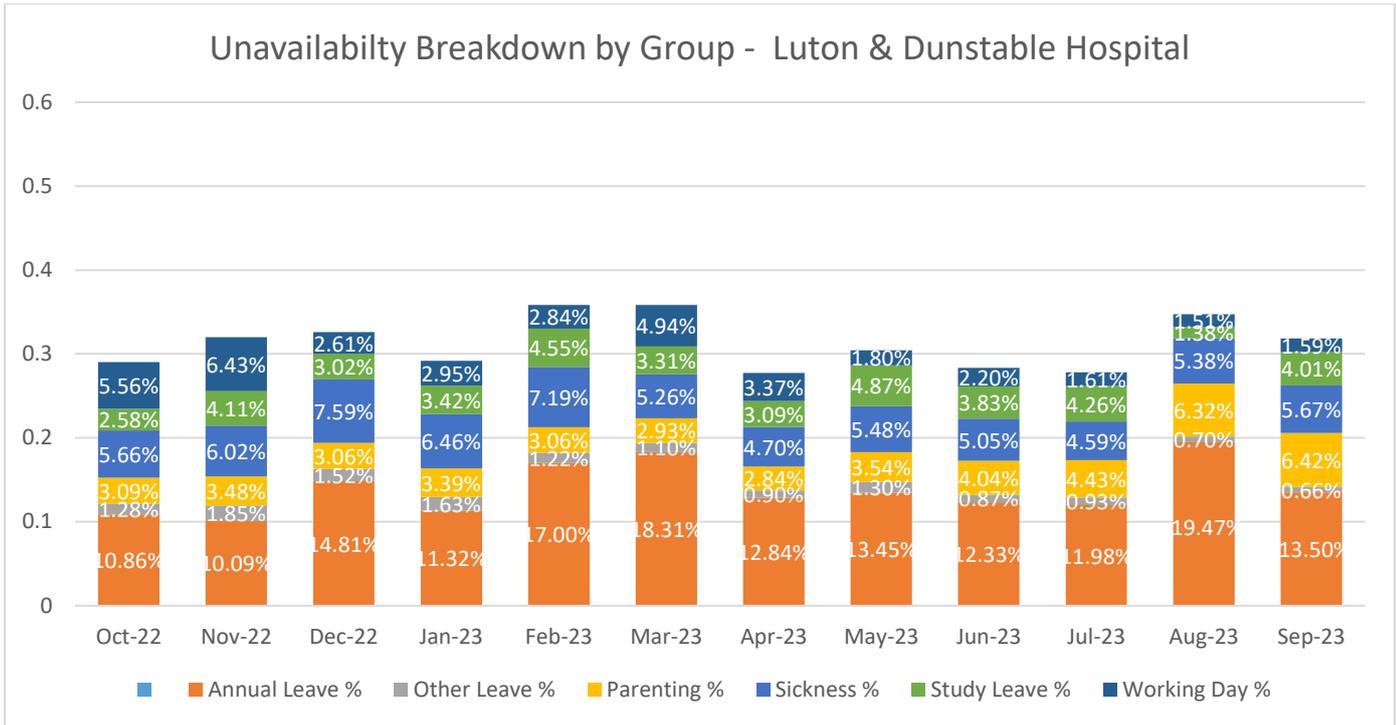


Matrons and ward managers are working with the Deputy Head and Head of Midwifery to maintain optimum levels of annual leave, maintaining safe staffing levels in the service. Staff are also being educated around annual parameters and spreading annual leave entitlement throughout the financial year. We have reviewed supernumerary status midwives into the roster rather than unavailability status to align how this is recorded for the two sites.

Luton site

There has been a minimal increase in sickness from 5.38% in August to 5.67% in September. Monthly sickness absence management meetings are held with matrons and ward managers to ensure compliance with the sickness absence policy, along with return to work interviews following sickness absence. No themes have been identified around sickness. Maternity leave accounts for 10.43 WTE in September.

The annual leave allocation for September was 13.5% (within roster thresholds). We are proactively managing future annual leave allocation to ensure staff take annual leave evenly throughout the year.



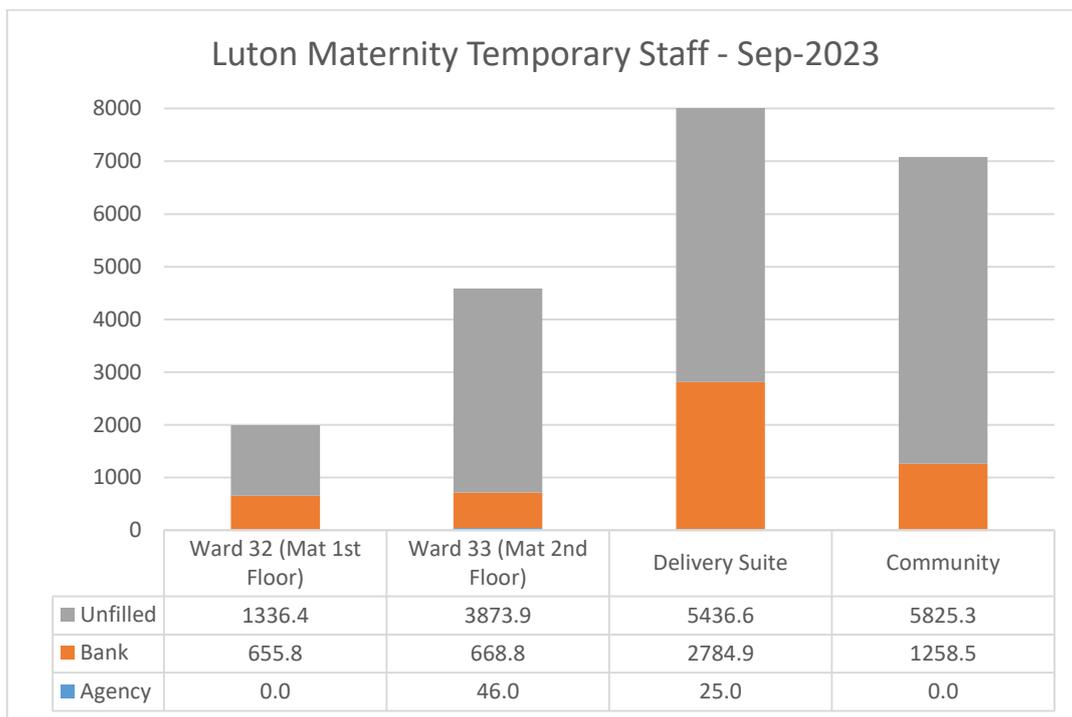
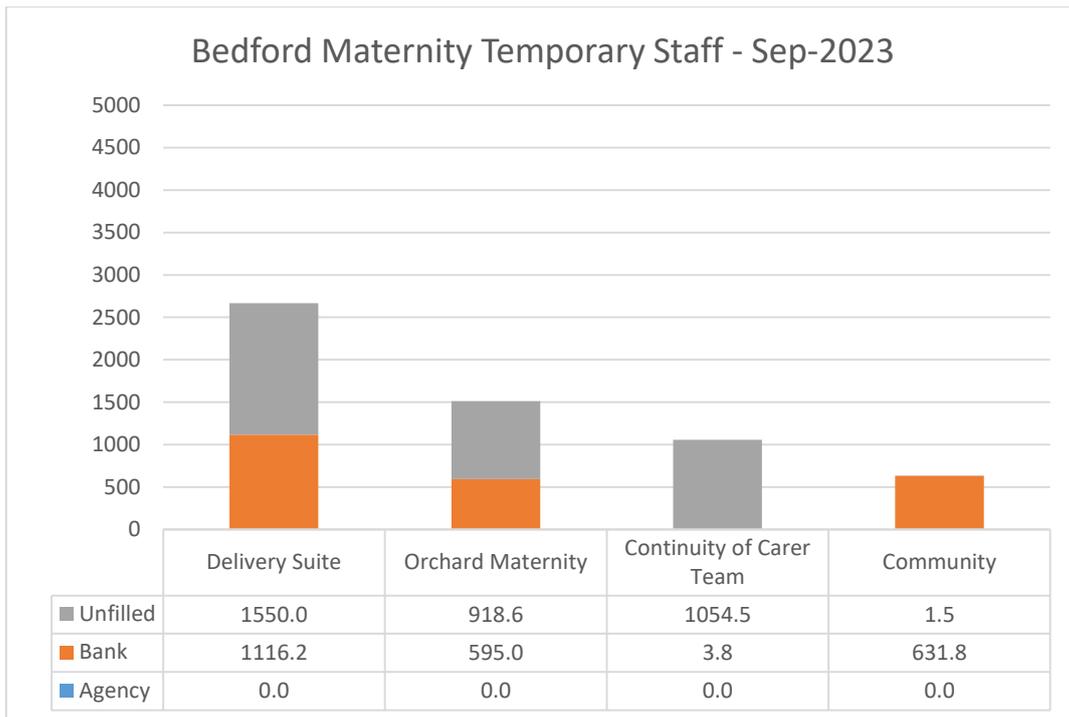
The Director of Midwifery is working with the corporate nursing team on replicating the e-rostering assurance check and challenge meetings for maternity. Significant work is being undertaken on the LDH site on the updating, reconciliation and adjustments to the e-rostering templates. This has provided some increase in availability through improved rostering effectiveness.

Maternity Leave Status	LDH (WTE)	Bedford (WTE)
Sept	10.43RM (4.5%) 1.13 MSW	9.88 RM (8.79%) 1.76 MSW
October	9.51RM 1.13 MSW	9.88RM 2.76MSW
November	9.51RM 1.13 MSW	9.28 RM 1.8 MSW
December	8.51RM 1.13 MSW	10.24RM 1.8 MSW

TEMPORARY STAFFING HOURS FOR September 2023

On the Bedford site there were a number of unfilled hours within the unit due to continued elevated sickness rates based on a combination of short and long term sickness. These shifts were supported by midwifery specialists working clinically where required. Community continues to be supported by bank staff. Newly qualified midwives are beginning to receive PIN numbers and commence their supernumerary period and international midwives are rotating into community placements following robust orientation. Agency has not been used again on the Bedford site.

Enhanced bank post removal was a staggered plan across both sites. Bedford site removed enhancements in July, followed by Luton removing enhanced bank posts in August 2023.



Mitigation for unfilled shifts is provided through Trust escalation processes, including the redeployment of specialist midwives. The Head of Midwifery and Matron for community are undertaking a review of rostering and activity to improve effectiveness and reduce reliance on bank activity.

BIRTH-RATE PLUS RATIO

Site	No. of Births for September	BR ratio Actual for month	Actual clinical WTE	BR ratio Funded	BR recommended 2022
Bedford site	224	1.23.6	122.72	1:21.9	1:22.8
Luton site	466	1.26.73	209.13	1:26	1:21.1

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

BIRTH-RATE PLUS ACUITY TOOL

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

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

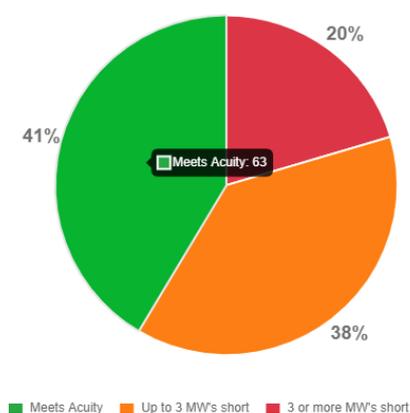
There is also a daily cross site operational meeting between the Luton and Bedford site to support workload wherever possible. Either site will accept transfers for women appropriately risk assessed and deemed suitable to help support both acuity and flow.

LUTON AND DUNSTABLE HOSPITAL SITE ACUITY ANALYSIS

On Delivery Suite the acuity was met for 41% of time in September. Specialist Midwives are continuing to support the rotas where required. Agency midwifery is managed with authorisation by the Director of Midwifery. The Deputy Head of Midwifery, Head of Midwifery and Director of Midwifery and matrons are required to support at times of escalation.

LDH went on divert for one occasion during September 2023.

Acuity by RAG status (Percentage) for September 2023

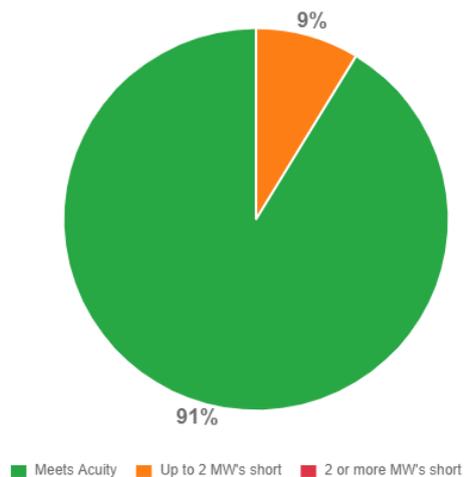


BEDFORD SITE ACUITY ANALYSIS

On Delivery Suite, the acuity was met for 91% of the time in September 2023, which reflects the current staffing position. Specialist Midwives are continuing to supporting across the rotas only when required. The need for Matrons hours being worked flexibly to support the service is minimal now. The Deputy Head of Midwifery, Head of Midwifery, Director of Midwifery and matrons are now rarely required to support at times of escalation.

The unit did not go on divert during the month of September. This is the ninth consecutive month where no divers have taken place at Bedford.

Acuity by RAG status (Percentage) for September 2023



INUTERO TRANSFERS

Site	In utero Transfers Refused	In utero Transfers Accepted	Transfers out
Luton	9 Refusals All due to staffing and capacity	10 accepted 1 Bedford 3 Lister 1 Colchester 1 Derby 1 Birmingham 1 Northampton 1 Harlow 1 Nottingham	0 transfers out
Bedford	N/A	N/A	2 1 to Luton (28+3) 1 to Kings Lynn (27+3)

ONE TO ONE CARE IN LABOUR

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

For Bedford Hospital site, 100% of women received 1:1 care in September 2023.

For Luton and Dunstable site, 98% of women received 1:1 care in August 2023.

SUPERNUMERARY (SN) STATUS OF LABOUR WARD COORDINATOR

The midwife in charge of the Labour ward should not have a caseload or provide 1:1 care in labour during the shift, to ensure there is an oversight and leadership of the activity within the service. There is now a new functionality in BR plus to record loss of SN status and if providing 1:1 care for both sites.

On the Luton site, SN Status Band 7 was achieved 100% (not providing 1:1 care).

16% of the time they lost SN Status to support other activity (such as CTG reviews/supporting Postnatal transfers etc.) on Delivery Suite.

■ RF10	Coordinator unable to maintain supernumerary status - providing 1:1 care	0	0%
■ RF11	Coordinator unable to maintain supernumerary status - NOT providing 1:1 care	15	16%

On the BH site, SN status of the Band 7 was 100% (not providing 1:1 care).

37% of the time they lost SN Status to support other activity (such as CTG reviews/supporting Postnatal transfers etc.) on Delivery Suite

■ RF10	Coordinator unable to maintain supernumerary status - providing 1:1 care	0	0%
■ RF11	Coordinator unable to maintain supernumerary status - NOT providing 1:1 care	7	37%

RED FLAGS

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

In September 2023, 91 Red flags were raised at the Luton and Dunstable site, and 19 were raised on the Bedford Hospital site on Delivery Suite.

It is noted that Birth-Rate Plus have suspended the ward acuity app as of 15th May 2023 to work on updating the acuity app in light of Ockenden recommendations. The ward acuity app is currently under phase 2 testing and it is anticipated that following successful testing that the ward acuity app will be launched in spring 2024. Mitigation includes the use of regular sit reps, ward report and professional judgement during this period. The Birth-Rate Plus acuity app continues to be used as a system, following our joint working to link this together.

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

LUTON & DUNSTABLE SITE RED FLAGS September 2023 Total 91			
RF	Definition of Red Flag	Number	Comment
1	Delayed or cancelled time critical activity.	49	As acuity versus staffing only met 41% of the time this impacts on the ability to provide care in the appropriate time frame.
2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	
3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	
4	Delay in providing pain relief due to midwifery staffing	0	
5	Delay between presentation and triage	1	
6	Full examination not carried out when presenting in labour	0	
7	Delay between admission for induction and the beginning of the process	25	Induction of labour delayed to maintain safety in the unit, until able to facilitate safely. Individualised plans made for appropriate monitoring until induction of labour commenced. Surrounding maternity units are contacted to scope possible transfer out availability.
8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	
9	Occasions when 1 midwife is no able to provide continuous one-to-one care and support to a woman during established labour	1	
10	Occasions when the Coordinator was not able to maintain supernumerary / supervisory status - providing 1:1 care	0	
11	Occasions when the Coordinator was not able to maintain supernumerary status – NOT providing 1:1 care	15	Due to high acuity the co-ordinator supporting flow/workload on DS.

BEDFORD HOSPITAL SITE RED FLAGS September 2023 Total 19			
RF	Definition of Red Flag	Number	Comment
1	Delayed or cancelled time critical activity.	0	
2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	
3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	
4	Delay in providing pain relief due to midwifery staffing	1	
5	Delay between presentation and triage	0	
6	Full examination not carried out when presenting in labour	0	
7	Delay between admission for induction and the beginning of the process	11	Unable to start IOL due to staffing and acuity levels, individualised care plans developed with obstetric team to start induction process when safe to do so
8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	

9	Occasions when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	
10	Occasions when the Coordinator was not able to maintain supernumerary / supervisory status – providing 1:1 care	0	
11	Occasions when the Coordinator was not able to maintain supernumerary status – NOT providing 1:1 care	7	Escalation processes implemented to support the coordinating Band 7 to return to supernumerary status as soon as possible, including the Manager on call attending on site if required out of hours.

WORKFORCE RECRUITMENT

Our successful international midwives pipeline continues as planned. A total of 66 internationally trained midwives that have arrived at Bedfordshire Hospitals (40 Luton and 26 Bedford). We are now seeing these midwives moving from Band 5 to Band 6 posts following preceptorship periods.

Luton and Dunstable Hospital Site

- 8 WTE Internationally educated midwives are currently preparing for OSCE
- 22 students midwives completed training in September 23, 14.4 WTE hours have been offered. Awaiting PIN
- Audit and Guidelines 0.4WTE started 4th September
- Redevelopment Lead Midwife started 11th September 2023
- Bereavement midwife started 16th October 2023
- Midwifery matron started 18th September 2023
- B6 RM 0.6 WTE starting 18th September 2023
- B7 RM 0.92WTE Vulnerable Team started 11th September 2023
- B6 RM 0.4WTE Perinatal Mental Health Midwife started September 2023

In recruitment process:

- Operational manager 1WTE awaiting start date
- Practice facilitator midwife for retention. Candidate appointed
- Appointed 1WTE B7 Labour Ward Coordinator (secondment maternity leave cover) in recruitment process
- Midwife Sonographer– closed for shortlisting.
- Genomics midwife appointed and in recruitment process
- Delivery Suite PA starts 1st November 2023
- Band 7 Safety and Governance midwife secondment in recruitment process

Bedford Hospital Site

- 8.88 WTE NQM Band 5 – 2 started in September, 4 awaiting start date (6 awaiting NMC PIN number)
- 0.64 WTE RTP Band 5 Midwife due to start 2nd October
- 0.64WTE Band 5 nurse start date 18th September
- 0.64 WTE Band 3 MSW start date 4th September
- 1.64 WTE Band 3 MSW in recruitment process
- 3.0 WTE Band 2 MCA in recruitment process

Cross Site

- 1 WTE developmental Consultant midwife fixed term contract starting October (cross site post)
- 0.45 WTE Transformation midwife fixed term in shortlisting (cross site post)

INCIDENT REPORTING RELATING TO STAFFING

The Trust has moved to a new incident reporting system, from Datix to InPhase. The teams on both sites are unable to pull data currently to review staffing related reported incidents, however the Trust is working towards a means to obtain this information moving forward. In the meantime, the Trust will continue to review its red flag reporting methodology via the Birth-Rate plus acuity app.

CONCLUSION

- The Maternity services at Bedford were not diverted in September 2023, Luton was on 1 occasion.
- On the both sites, Supernumerary status of the Band 7 was 100% in September 2023 (no 1:1 care provided).
- 1:1 care in labour was achieved 98% of the time at Luton; Bedford 100%.
- Ninety one Red flags were raised at the Luton and 19 at Bedford.
- There has been a sharp rise in red flag events at Luton largely attributed to delays in care. On the days when there were significant numbers of red flags the staffing did not meet the acuity of the women, the improvement in completion and consistency of use of the Birth-Rate plus App has also contributed to increase in reporting.
- There is a slightly increased vacancy rate at Luton with a reduced shift fill rate through Bank. It is also of note that Luton is not funded to recommended Birth-Rate Plus ratio; which takes in to account local acuity. Recommended being 1:21.1 versus funded 1:26.

Emma Hardwick
Director of Midwifery
19 October 2023

GLOSSARY OF DEFINITIONS

Supernumerary status

“When she/he is not available to provide this help & support to staff caring for women, e.g. she/he is caring for a woman who requires 1:1 care, Red Flag 10 should be triggered and recorded.” – Birth Rate Plus Team/CNST standard

One to One care

Refers to providing 1-2-1 care (one midwife to one woman) usually within the confirmed stage of active labour having commenced.

Categories I – V

“Categories I and II reflect normal labour and outcome and are predominantly midwife led care. Categories III – V reflect increasing levels of need. Category III are women who may have had an induction of labour or continuous fetal monitoring for known/suspected risk and delivery. Category IV might be a woman who has had a well-managed elective C/S or one who has had a normal delivery with a healthy infant, but had had a long labour, received an epidural or an episiotomy with sutures. Category V usually related to emergency operative delivery, associated medical/obstetric problems, unexpected emergencies or stillbirth” – Birth Rate Plus FAQs



Perinatal Quality Surveillance Highlight Report for September 2023 Data

For Board of Directors 1st November 2023

Author – Emma Hardwick, Director of Midwifery

Agenda item – 8.6

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The purpose of the Perinatal Quality Surveillance Highlight report is to provide an overview of the key safety intelligence, initiatives and quality improvements.

- Sixty steps to safety visits have been conducted on both sites, formal reports awaited but teams are responding to the verbal feedback provided, with focus on themes of governance, culture and medical staffing at LDH site.
- Care Quality Commission (CQC) 2022 Action Plan Progressing with the Must Do and Should Do recommendations and associated actions. Updates were presented at the first Maternity Sustainability Plan Oversight Meeting on 12th October 2023.
- The Trust is on Track to meet 9/10 of the safety actions for Year 5 of Maternity Incentive scheme. There is significant risk with the Trust meeting the necessary compliance with the Saving Babies Lives Care Bundle Version 3 and actions are in place to identify interventions and any resources required to address this.
- There average compliance for mandatory training at BH is 91% and at LDH 85.26%. The BH appraisal rate is 80% and LDH is at 65.74%.
- The Luton site RM vacancy is (13.13%) 30.71 WTE and the Bedford Site RM vacancy -4.44 WTE (-3.96%), the pipeline in place will close this gap by Q3 23/24.

The Trust Board are asked to note the content of this highlight report.



Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- Maternity Incentive Scheme (MIS)
- Local Maternity and Neonatal System (LMNS)
- Care Quality Commission
- Ockenden Recommendations
- Kirkup Recommendations All Trust objectives



Perinatal Quality Surveillance Highlight Report



Bedfordshire Hospitals
NHS Foundation Trust

1. Purpose of report

Each month the Trust Quality Committee receives a detailed Perinatal Quality Surveillance Report. In line with national reporting requirements this report summarises, for the Trust Board the key safety intelligence, initiatives and quality improvements for the month of September 2023 to inform the delivery of maternity and perinatal services. Please refer to the scorecard below.

CQC Maternity Ratings	Site	Overall	Safe	Effective	Caring	Well-Led	Responsive
	LDH	Requires Improvement	Requires Improvement	Good		Requires Improvement	
	BH	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	

Maternity Safety Support Programme No Confirmation received from the national team that the Trust has exited the MSSP and moved to the sustainability phase.

	Target	Jan-23		Feb-23		Mar-23		Apr-23		May-23		Jun-23		Jul-23		Aug-23		Sep-23		
		LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	
Findings of review of all perinatal deaths using the real time data monitoring tool	100% Reporting	4	1	6	0	8	3	4	0	4	1	9	0	7	0	2	0	4	0	
Findings of review all cases eligible for referral to HSIB.	100% Reporting	0	0	2	0	1	0	1	1	1	0	4	1	1	0	0	0	2	1	
The number of incidents logged graded as moderate or above and what actions are being taken								5	0	5	0	5	2	1	6	8	2	13	6	
Service User Voice feedback - FFT	(%) Very Good or Good	94.20%		92.89%		94.49%		92.95%		95.94%		96.01%		95.58%		94.05%		92.18%	96.26%	
Staff feedback from frontline champions and walkabouts		Yes, 9th January		No		Yes, 22nd March		Yes, 27th April		Yes, 5th May IDM		Yes, 8th & 12th June		No		Yes, 1st Sept at LDH (rearranged from 31st Aug)		11th September at LDH 25th September at BH		
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0		0		0		0		0		0		0		0		Yes, CQC	0	
Coroner Reg 28 made directly to Trust		0		0		0		0		0		0		0		0		0		
Appraisals Compliance	>90% compliance	49.76%	58.79%	51.59%	58.54%	54.64%	70.26%	53.28%	64.74%	56.79%	66.67%	63.43%	73.10%	63.66%	78.70%	74.07%	81.66%	65.74%	80.00%	
Group 9 Mandatory Training Compliance	>90% compliance	87.15%		84.58%		83.48%		83.89%		84.01%		84.81%		84.57%		83.93%		91.20%	85.26%	91%
Progress in achievement of MIS 10 Safety Actions - Year 5	Actions on track for completion									MIS Year 5 Published 31st May 2023		5		5		6		6		
	Actions ongoing with minor issues			MIS Year 4 Submission Compliance: 8 out of 10								5		5		3		3		
	Actions under review and at risk											0		0		1		1		
Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively.	BR ratio Actual for month	1:315	1:24.9	1:23.2	1:17	1:26.2	1:23.2	1:26	1:22.3	1:26	1:24.1	1:28.5	1:24.7	1:28.6	1:23.5	1:24.3	1:23.6	1:26.73	1:23.6	
	1 to 1 care in Labour (100%)	98.20%	99.40%	99.70%	100%	100%	99.40%	98.70%	100%	99.25%	100%	98.30%	100%	98.30%	100%	99.40%	100%	98%	100%	
	Supernumerary (100%)	99.40%	96.12%	99.60%	99.83%	99.40%	91%	98.90%	93.40%	97%	97.31%	100%	100%	99.40%	100%	99.40%	98%	100%	100%	
	Midwifery Red Flags	46	8	34	13	35	24	24	19	34	7	39	33	30	12	31	47	91	19	
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) - PROMPT	Midwives							90%	32%	96%	86.3%	87%	68%	89%	79%	91%	72.90%	93%	90.22%	
	Maternity Care Assistants							96%	30%	90%	76.9%	93%	72%	95%	77%	95%	84.80%	93%	84.80%	
	Nursery Nurses							92%		92.3%		100%		100%		100%		91%	80%	
	Ward Nurses							100%	40%	75%	100%	100%	60%	100%		100%	75%	100%		
	Consultants							89%	95%	95%	80.7%	50%	70%	57%	58%	57%	58.30%	83%	68%	
	Trainees							97%	26%	73%		74%	66%		75%		73%			
	Anaesthetists							100%	22.50%	91%	83.8%	86%	47%	87%	44%	63%	60%	70%	70%	
K2 Competency Tests (x6) Fetal Monitoring Compliance - >90% compliance	Midwives							73%	87%	72.4%	91%	67%	91%	70.70%	90.50%	81.20%	88%	77.10%	86%	
	Obstetricians							63%	100%	63%	100%	81%	62%	88.10%	100%	90.50%	82%	88.10%	96%	

Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a) a place to work or b) receive treatment (Reported annually) - NHS Staff Survey 2022	a) 51.7%	b) 57%
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	2022 L 86.25% B 86%	2023 L 72.5% B 87.76%

2. Perinatal Quality Surveillance Report Highlights

2.1 Maternity Safety Support Programme and BHNHSFT Sustainability Plan

The Trust has received confirmation from the national team that it has exited the Maternity Safety Support Programme and moved to the sustainability phase. The first BHNHSFT Maternity Sustainability Plan Oversight Meeting took place on Thursday 12th October 2023. This was attended by the ICB and Regional leads, Board Level Safety Champion and Service leads. The meeting focussed on providing progress updates and actions on the Must Do and Should Do Actions from the CQC 2022 action plan, Perinatal Cultural Leadership Programme and overall Systems Working. The updates provided for this meeting have also been shared at CQUOB and the Maternity Safety and Governance meeting which is chaired by the board Safety Champion.

2.2 Service User Feedback

The maternity services received a total of 430 friends and family test feedback for the month of September 2023; LDH was 92.18% and BH 96.26%. Themes included communications, waiting times and staffing.

2.3 Maternity Incentive Scheme Year 5 (published 31st May 2023) and Saving Babies Lives Care Bundle Version 3 (published 1st June 2023)

The Trust is on Track to meet 9/10 of the safety actions for Year 5 of Maternity Incentive scheme.

There is significant risk with the Trust meeting the necessary compliance with the Saving Babies Lives Care Bundle Version 3 specifically the following two elements:

- Element 2: Fetal Growth – the Trust GROW interface with CMIS is not compliant with SBLCBV3 requirements and the maternity teams are working with the Trust CIO on the work required on each site to support compliance with this element.
- Element 5: Reducing preterm births and optimising perinatal care – there are a total of 27 interventions of which the Trust needs to demonstrate compliance with at least 50% of these. Cross-site compliance with the interventions is in progress to identify interventions/actions and any resources required to address areas of risk of non-compliance.

Meetings are in progress with leads to review evidential requirements and the Trust completed the baseline assessment of the virtual SBLCB v 3 implementation tool with the LMNS on 17th October 2023.

Progress will be reviewed with the LMNS on 10th November 2023 and 15th December 2023.

2.4 CQC Action Plan (2022)

The site based teams continue to focus on the must do actions with importance on both progression and embedding changes as business as usual. For Safeguarding Training Compliance (Must Do Action 1) in September 2023 LDH compliance for Safeguarding Adults Level 3 86.36% and Safeguarding Children Level 3 78.69% and BH Safeguarding Adults Level 3 89.92% BH and Safeguarding Children Level 3 92.06%.

In relation to the LDH site Should Do Action 6 the Risk Assessment Sticker will be completed for all women booked prior to 31st July 2023 and the Antenatal notes have been updated with a column for Risk assessments similar to the national notes which will be completed for all women booked from 1st August 2023. This change will be audited will be completed during November and December 2023.

2.5 Perinatal Mortality Review Tool (PMRT)

A total of 4 cases were reported to PMRT; 3 stillbirths and 1 late fetal loss (23 +6) . These cases were all for LDH and there were no PMRT reportable cases for BH in September. 100% of the cases were reported within the required timeframes to MBRRACE-UK. Themes and learning identified relate to the completion of documentation including risk assessments, partograms and observation charts.



2.6 ATAIN - Term admissions to NNU

The Term Admissions and Ward Attenders rate for September 2023 was 7.9% at BH and 9.66% at LDH. The backlog of cases on the LDH site from June and July 2023 has now been completed and the reviews of term admissions and ward attenders for August 2023 are under review. The LDH team have increased their meetings to twice a week to be able to accommodate more reviews.

2.7 Midwifery Workforce

The Luton site RM vacancy is (13.13%) 30.71 WTE and a pipeline is in place will close this gap by Q3 23/24 and the Bedford Site RM is currently over established by 4.44 WTE. On both sites, the supernumerary status of the Band 7 was maintained at 100% in September. One to One care in labour was achieved 98% of the time at LDH and 100% of the time at BH. Delay between admission for induction and the beginning of the process was the most commonly reported red flag (11) for BH due to staffing and acuity and the top reported red flag for LDH (25) was also the same. Induction of labours were delayed to maintain safety in the unit, until able to facilitate safely and individualised plans made for appropriate monitoring until induction of labour commenced. Furthermore at LDH delayed or cancelled time critical activity was also another top reported red flag (49) because acuity versus staffing only met 41% of the time which impacted on the ability to provide care in the appropriate time frame.

2.8 Luton and Dunstable Site Maternity Services Safety Summit 10th October 2023

The Safety Summit on 10th October 2023 was for the LDH maternity team to share the Maternity Improvement plan, discuss priorities and to consider any additional resources or support that may be needed to support these quality improvement initiatives. The Integrated Care Board's Chief Nurse and the Regional Chief Midwife attended the event alongside Trust executives and local leaders.

2.9 60 Safety Steps Visit: LDH Friday 13th October 2023 and BH Monday 16th October 2023.

The Regional, LMNS and ICB visited the both maternity units on different days to conduct the 60 safety steps assessment. The team provided some verbal feedback on each day and the feedback report from each visit is anticipated to be sent to the Trust imminently.

The visit highlighted good practice and areas for improvement to further enhance safety and effectiveness within our units. Good team working, positive atmospheres and support from the triumvirate leadership teams was consistently recognised at the BH site. At the LDH, teams were described as wonderful and the positive vibes and support of the new matrons was highlighted. The continuous improvement in training compliance and effectiveness of the safeguarding and community midwifery teams was recognised.

The areas requiring development described in the verbal feedback provided were around the themes of governance, culture and medical staffing at LDH site.

3. Recommendation

The Trust Board are asked to note the content of this highlight report for information.



Finance Committee Report

For Board of Directors 1st November 2023

Author – David Harrison, Non-Executive Director

Agenda item – 9.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This Report updates the Board of Directors regarding the matters for escalation from the FIP Committee meetings held in July, September & October 2023.

1. Finance Report

The committee received reports on the financial position of the Trust. The committee noted the current revenue position. This is showing a significant year-to-date shortfall on plan. The forecast outturn position for 2023/24 also predicts that the Trust's financial position will further deteriorate.

Financial performance has been adversely affected by industrial action in the first six months of 23/24, and the full-year forecast has prudently assumed this disruption will continue. There is some prospect of revenue funding being made available to Trusts by NHSE but, at this point in time, this is uncertain both as to quantum and timing. Prudently, the Trust has made no assumption about receiving such income. Were such income to become available, the Trust's financial position is likely to change significantly.

The current position, and the uncertainty about NHSE financial support, has fundamentally changed the financial context within which the Trust is operating. FIP has emphasised the need for this change in context to inform spending decisions (especially where discretionary expenditure is being considered) and the pace at which efficiencies are realised.

2. Capital Update



The committee has been keen to assess capital pressures over a timeframe greater than one year. Committed and expected capital spend significantly exceeds currently identified funding sources.

The committee were advised that this mismatch is likely to crystallise in 2024/25. Several avenues are being explored by which this mismatch can be eliminated. However, given the uncertainty of any additional funding, both as to amount and timing, FIP has emphasised the need for the Trust to be extremely cautious about entering into any additional, unfunded capital commitments.

3. Budget Setting

The financial outlook for the Trust for 2024/25 is challenging, irrespective of industrial action. In anticipation of medium-term pressures, the 2023/24 productivity programme is being re-cast with a view to identifying schemes that can deliver both for 23/24 and for 24/25.

FIP approved the 2024/25 budget setting process. FIP has also introduced an additional meeting in December where it will focus primarily on progress in formulating a balanced budget for 24/25.

4. Other Updates

The committee continued to receive updates from the Redevelopment & Digital teams with regard to performance against budgets. The productivity and efficiency reporting continues to develop, describing the links between operational performance targets and the Trust's bottom-line financial position.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives

Jargon Buster

CDEL – Capital Departmental Spending Limits set by NHS England



Finance Report

For Board of Directors 1st November 2023

Author – Matthew Gibbons, Director of Finance

Agenda item – 9.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Trust delivered a deficit of £6.8m against a breakeven plan. The main driver of the deterioration in month is non-pay overspends.

The key drivers of underperformance against the year to date plan were Medical and Nursing pay overspends £9.8m. Other drivers remain consistent as the cost of industrial action and continued emergency pressures going into Q2.

Use of bank and agency remains high, particularly in medical and nursing areas. Non-pay is £8.1m overspent year to date, with a significant swing in month of £2.3m. £1.5m is offset by offsetting income for drugs and Cancer Alliance. This is due to drugs, independent sector activity, clinical supplies and energy costs.

The Trust has progressed a number of the productivity / efficiency schemes designed to provide in year mitigation with CIP slippage and to progress towards resolving the gap in the medium term financial plan.

Capital spend is £35.9m against a month 6 plan of £35.8m. The Trust spent £13.3m against the Trust's annual CDEL limit of £11.7m.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

Objective 4 – Embed the approved commercial opportunity proposition

Objective 8 – Achieve financial targets

Jargon Buster

ERF – Elective Recovery Fund

CDEL – Capital Departmental Expenditure Limit

LVA – Low Value Activity

H1 – First half of year (April to September)

H2 – Second half of year (October to March)

AFC – Agenda for Change

Summary – Backdrop of Uncertainty

The Trust is in a very challenged financial position, reporting a deficit of £6.8m for H1. The main drivers behind the financial deficit are:

Direct cost of industrial action:	£3.5m
Lost income due to industrial action:	£3.6m
Cost of drugs above funding:	£1.0m
Cost of inflation above funding:	£3.8m

There have been a number of unfunded in year pressures. Difficult decisions could be made to divest in some of these however, it would have an impact of operational performance from a patient flow and recovery perspective. This could prove counter intuitive in the long term.

Having reviewed the NHS England's Board minutes 27th July 2023, there was recognition of the pressures the NHS and wider public services are facing with inflation running at a higher rate than what was planned. The minutes allude to taking necessary actions but were not specified. Looking at the Trusts non-pay compared to last year, excluding drugs, we have seen a 10.5% increase on H1 last year.

National Position

At a system level the Independent Care System (ICS) posted a deficit of £18.4m, £19.3m behind plan. An HSJ article for month 5 performance showed that the national picture is equally challenging and that the system financial position is in the upper quartile (smallest deficits).

Possible Solutions?

It has been reported in the HSJ that DH is in negotiations with Treasury for an additional £1bn of funding to cover the costs of Industrial action for Months 1-5. If this is achieved and shared on a "fair shares" basis, then BLMK ICS would receive c£15.8m, of which the Trust could expect to receive £5m-7m.

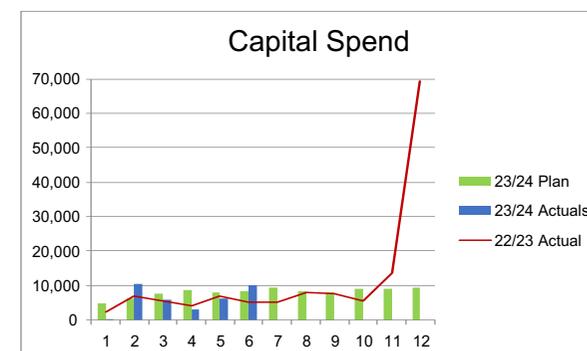
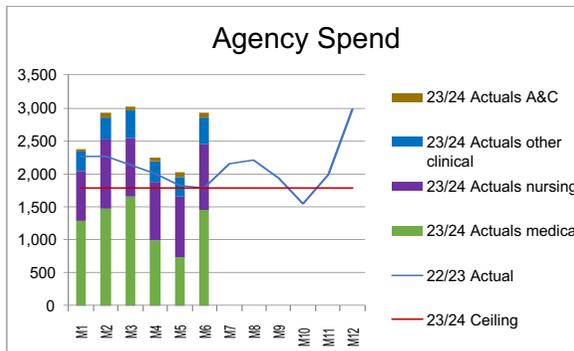
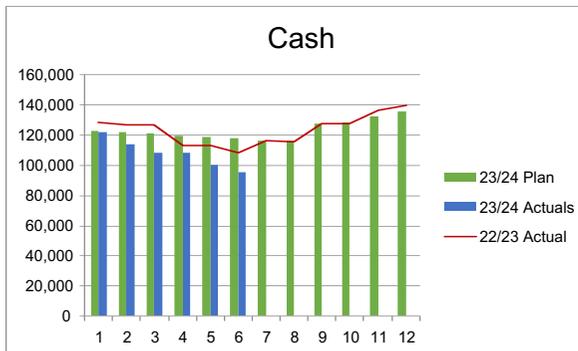
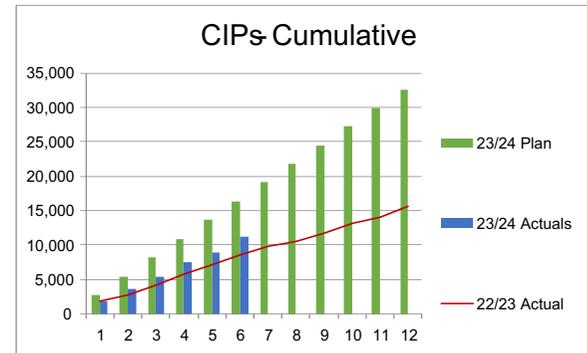
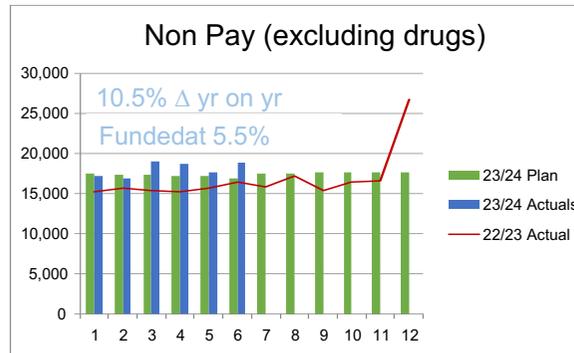
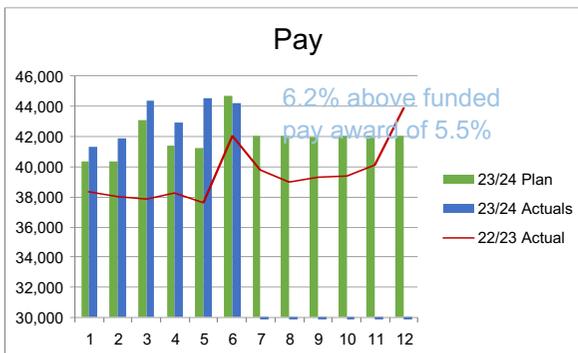
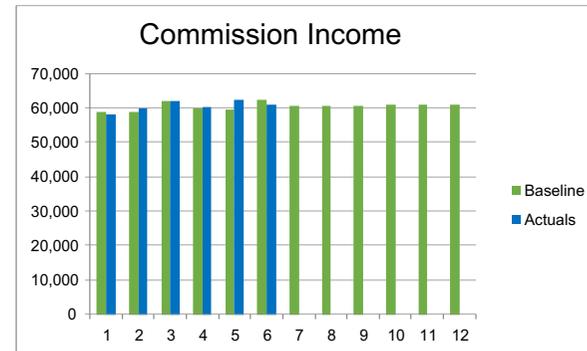
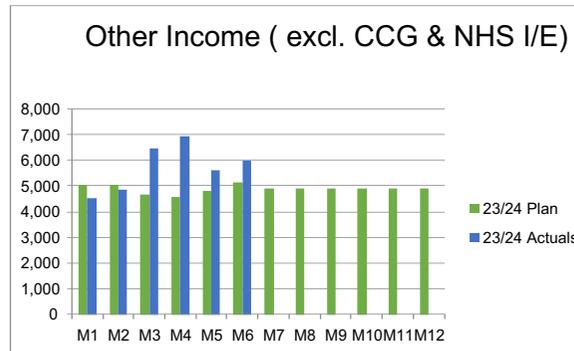
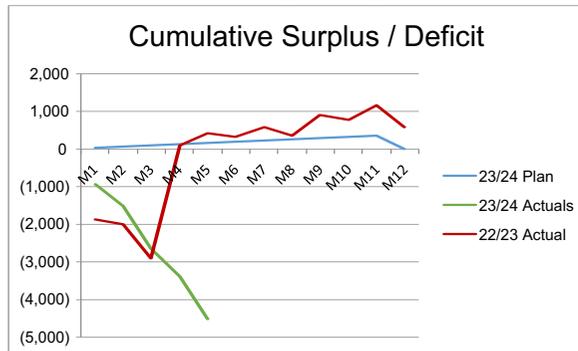
The centre could also use either/or a combination of reducing the ERF target and injecting cash to cover the cost of industrial action. For every percentage point reduction in the ERF target it will reduce our target by £1.5m (bringing an equivalent gain to I&E performance).

There remains a high level of uncertainty around whether there is likely to be further financial support.

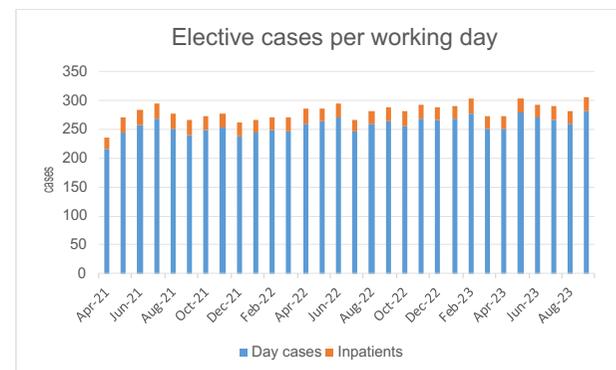
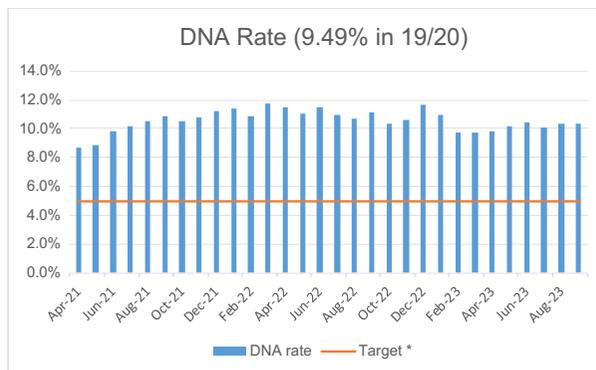
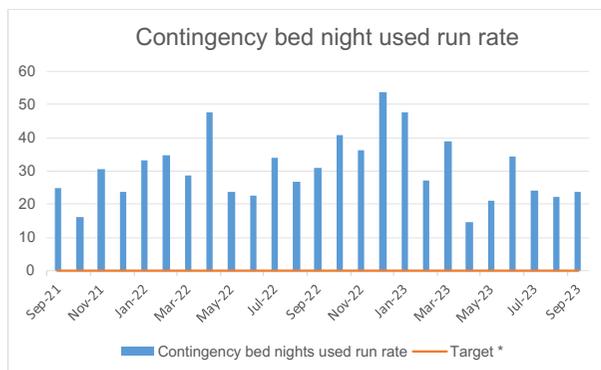
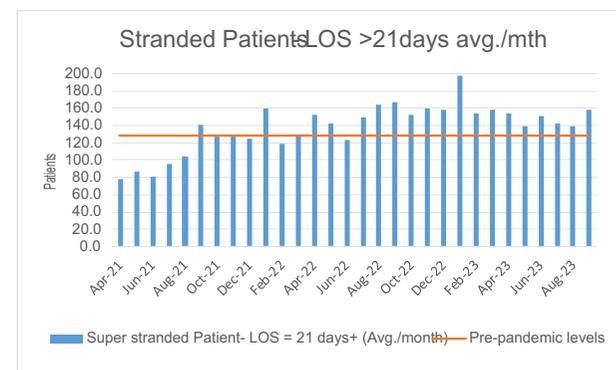
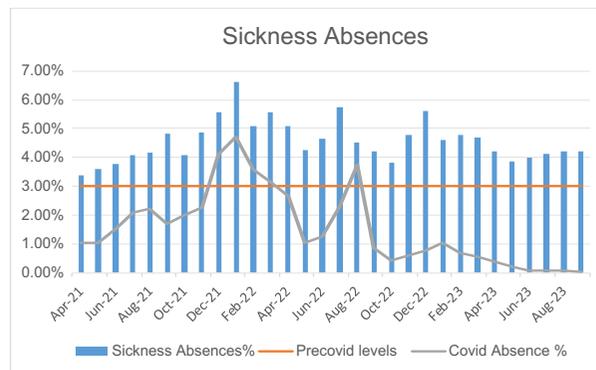
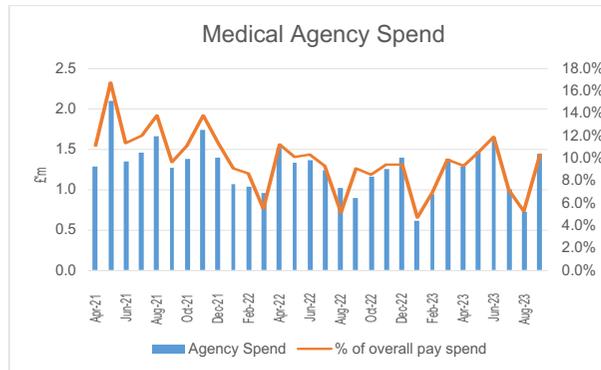
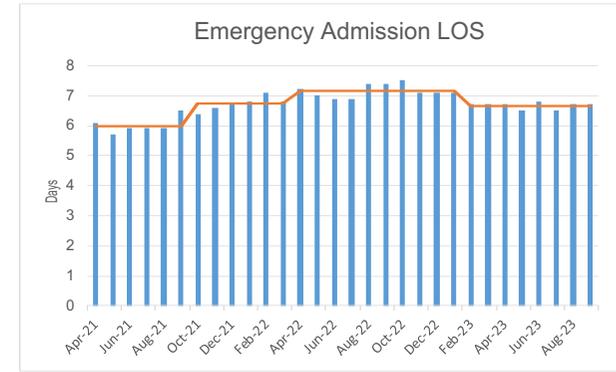
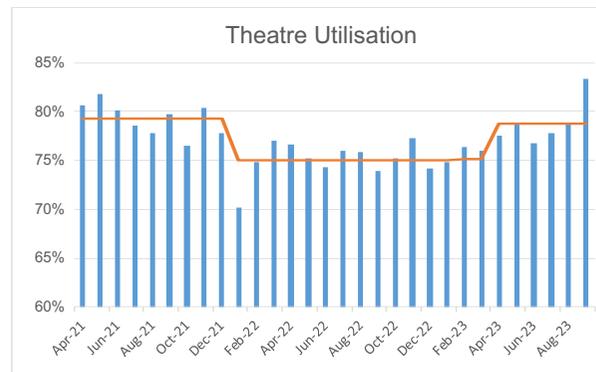
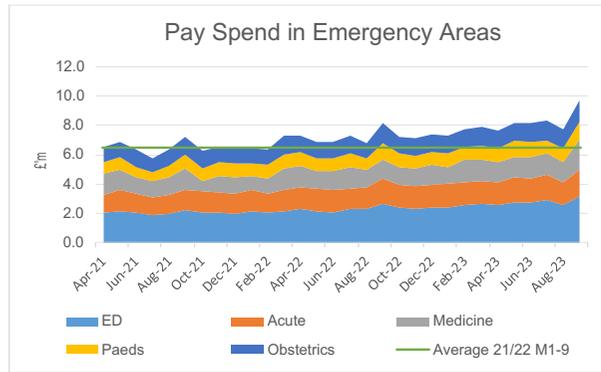
In the interim, the Trust proposes to increase the focus on productivity and efficiency in order to deliver operational and financial balance. These include measures such as sickness management, DNAs, number of contingency beds, theatre utilisation etc.

This approach seems to be in line with the focus of the National team as per the minutes of July's Board meeting. They also mention in the medium term the need for more investment in technology and transformation.

Finance in a page



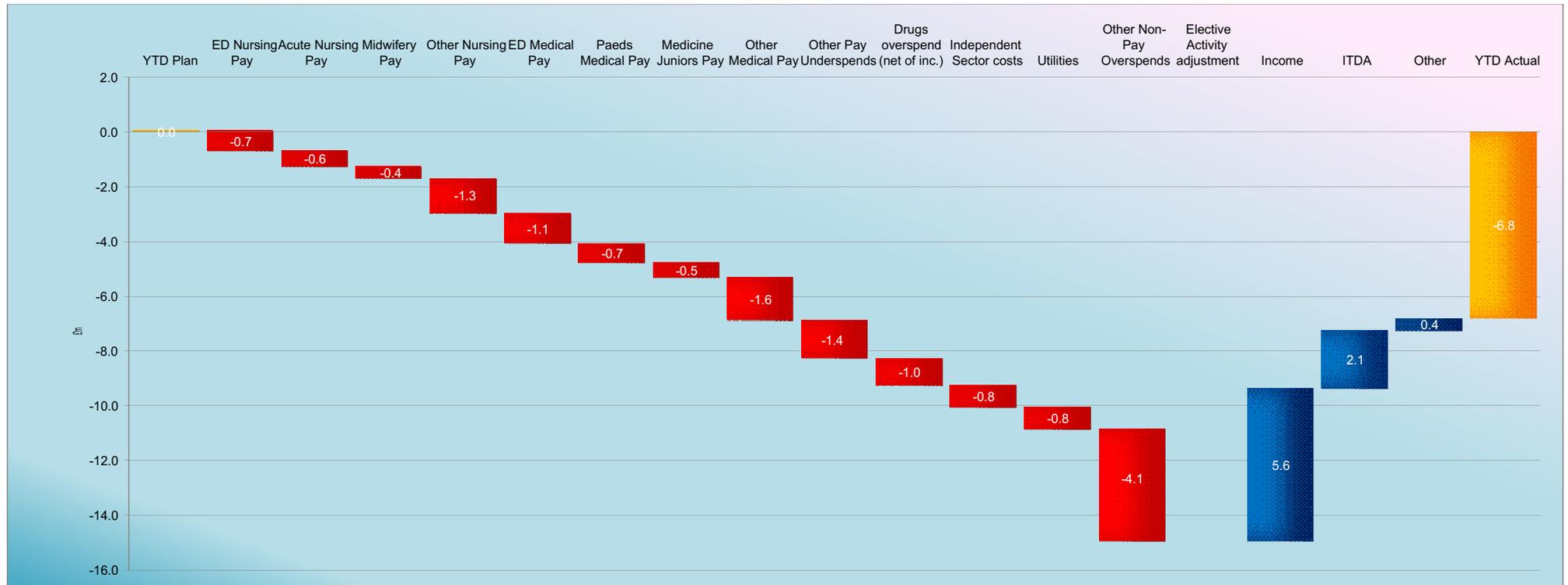
Finance Performance Indicators



*Model Hospital data on DNA% (National Mean is 6.95%, upper quartile is sub 5%.)

**Long term will look to replace theatre utilisation with number of unutilised theatre lists

Revenue and Expenditure Bridge between Budget and Actuals





Redevelopment Committee Report

For Board of Directors 1st November 2023

Author – Melanie Banks, Director of Redevelopment and Strategic Planning

Agenda item – 9.3

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This report provides an overview of the activity within the Redevelopment team over the last quarter from, July – September 2023.

A significant amount of construction work is taking place across Bedfordshire Hospital in a coordinated programme to address significant estates risks, including infrastructure and decarbonisation; to support the Covid recovery position; and to underpin the Trust's clinical strategy, which focusses on improving population access to care and patient outcomes.

At the Luton and Dunstable site, commissioning of the Trust's Energy Centre is nearing completion. From 2024, the Trust will benefit from more efficient and resilient heat and power to the estate. The construction of the New Clinical Buildings (NCB) continues at pace, with very limited disruption caused to the clinical hospital. Work is focussed on moving services into the new buildings in 2025. The Emergency Department (ED) extension and refurbishment has seen a further phase hand over to the clinical teams providing additional capacity. Flow remains challenged while the work progresses. Both clinical projects remain challenging given the climate in which they were procured and are being delivered in (Covid, hyperinflation, industrial action).

At Bedford Hospital, an essential Electrical Infrastructure project is being progressed and the Community Diagnostics Centre (CDC) and the Primary Care Hub (PCH) are currently being procured with works anticipated to start on site in February 24.

Key general risks include the current adverse market conditions leading to further upward pricing pressure and disruption to the supply chain and the challenge this



presents to project's being scoped, designed, procured and constructed. The projects the Team are having to deliver quickly will continue to carry an inherent risk as time to design and plan is constricted.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- Trust objectives



Introduction

This report provides an overview of the activity within the Redevelopment team over the last quarter from, July to September 2023.

Acute Service Block and New Ward Block, L&D

- The project is progressing well with significant efforts now clearly visible on the L&D Hospital Site. Inflationary cost pressure uplifts in relation to contractual change remains a highly significant issue for the Trust. Project risks and change have driven the programme to a planned completion of December 24. The Trust's clinical and support teams are well structured to manage this significant change programme and to transition safely into the new buildings in Spring/Summer of 2025.

Urgent and Emergency Care, L&D

- This challenging project continues to demand significant leadership from the Redevelopment Team. In recognition of the complexity of the project, the budget including contingency allowances, remain under pressure. Over the last quarter, a further phase of the project has handed over to the clinical teams, providing demonstrable benefits to patients and service efficiency opportunities. The main entrance and associated new retail space also opened to the public. The final phase of works is not without significant risk and planned completion is currently forecast to be Jun 24.

Energy Centre (EC), L&D

- The Energy Centre Building Project completed in May 23 within budget. The project is currently in the most challenging phase of Commissioning. The coordination process between specialist Contractors is a complex piece of work due to the logical sequencing of activities required. The commissioning is expected to complete at the end of 2023 at which point the trust estate will be served by the new heat and power plant.

Electrical Infrastructure, BH

- The first phase of works, a new substation, completed June 23. The current phase of works is focussed on replacing the Trust's HV electrical ring. The scheme provides electrical capacity to part of the estate and electrical compliance to part of the hospital site. The project is the first step on a series of significant steps required working towards infrastructure capacity, resilience and a decarbonised estate.

BLMK Projects - Community Diagnostic Centre (CDC) & Primary Care Hub (PCH), BH

- Design work is progressing and market costs are being developed as part of the pre – construction contract with ASHE Construction. Costs are due back from market in December 23, at which point a project gateway will be triggered. It is anticipated that a construction contract will be entered into at the end of the year, with works on site due to commence Feb 24. The Project runs with a budget deficit, driven mainly by the business case approval delay from the centre and the subsequent procurement impact this had (7 month impact). A stakeholder communications plan is in place and Planning Approval was granted on the 16th October 23.



Master Planning, Luton & Bedford

- The Trust completed an ambitious 3 month Master Planning exercise to respond to clinical strategy requirements, corporate objectives, digital and estates strategies. This was supported by a focus group made up of senior clinicians across the organisation, feeding into the Redevelopment Programme Team and Board. The master plan was well received by the Trust Board in the summer. Stakeholder engagement is scheduled throughout the year. Whilst the master plan is aspirational, it provides a clear framework for making capital investment decisions. Additionally, it draws out a set of clear estates risks, notable, the lack of opportunity across the existing estate, to progress short term, quick, low budget (<£5m) projects.

Melanie Banks

Director of Redevelopment and Strategic Planning

25th October 2023



Workforce Committee Report

For Board of Directors 1st November 2023

Author – Tansi Harper, Non-Executive Director and Angela Doak, Director of HR

Agenda item – 10.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This Report updates the Board of Directors regarding the matters for escalation from the Workforce Committee meetings held on 16th August 2023 and 11th October 2023.

16th August 2023

The August meeting was a deep dive to consider the implications for the Trust of the Long Term NHS Workforce Plan. To aid the discussion Martha Roberts, Chief People Officer, ICB was invited to attend.

11th October 2023

Corporate Objective – Workforce Attractiveness

The Committee considered a presentation which set out various workforce plans as follows:

- at a national level: [The NHS long term plan](#), [National People Plan](#), [NHS People Promise](#), [the future of HNS Human resources and OD](#) and [scaling up people service in the NHS](#)
- at a regional level: ICS Design Framework and regional ICS People Plan Priorities
- at a local level: corporate objectives, Integration work and team based priorities

Work is underway to capture in one place all of the HR/workforce/education workstreams already in existence to support the corporate objective



Workforce Report

The Workforce Report was received which noted the vacancy rate has reduced to 9.28% with turnover reducing to 13.80%. One of the key milestones to highlight is that mandatory training is currently 90% at Bedford and Luton continues to improve.

Staff Networks

A report was received on the work of the Staff Networks; BAME, LGBTQ+ and Disability

Of particular note is the BAME network is planning an event during May 2024 to focus on mental health. Planning is underway.

Freedom to Speak Up

The committee received an update and this report is presented to the Board.

Health and Wellbeing

The Winter staff engagement event is scheduled at the Luton site 5th to 7th December 2023 and Bedford site 12th to 14th December 2023. The event will focus on health and wellbeing.

The Committee received a report detailing a wellbeing initiative for preceptees as part of a six month programme with 2 sessions being offered during their programme.

Transformational Reciprocal Mentoring for Inclusion Programme

This programme is in joint collaboration with the ICB. Individuals are paired with a marginalised group, in this case the BME group. A full support package is in place to support the programme.

Sickness Absence project

A presentation provided the Committee with the background to this piece of work which is in place to support staff and managers in managing sickness absence within their teams.

Staff Survey report

The staff survey dashboard, which was a new tool, was discussed. It gives an insight into the hidden trends of the survey feedback. This had been widely shared with managers and the OD team have been working with departments and individuals to enable them to feedback and conduct listening exercises. The 2023 staff survey was launched on 26th September 2023 and is being widely communicated.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



Workforce Report

For Board of Directors 1st November 2023

Author - Angela Doak, Director of HR

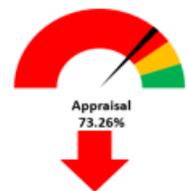
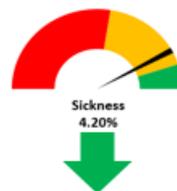
Agenda item - 10.2

Action

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Contents/Report Summary

- Sickness reduced from 4.23% In August 2023 to 4.20% in September 2023
- Vacancy rates have reduced from 9.28% in August 2023 to 8.80% in September 2023.
- The overall turnover reduced from 13.80% in August 2023 to 13.78% in September 2023
- The overall agency run rate is 25.44% higher in September 2023 when compared to September 2022 equivalent to 73.6 FTE more agency staff.
- The overall bank run rate was 6.18% higher in September 2023 when compared to September 2022 equivalent to 50 FTE more bank workers.
- The overall training compliance rate increased by 0.75% in September to 88.24%.
- The overall appraisal rate decreased by 0.81% in September to 73.26%.



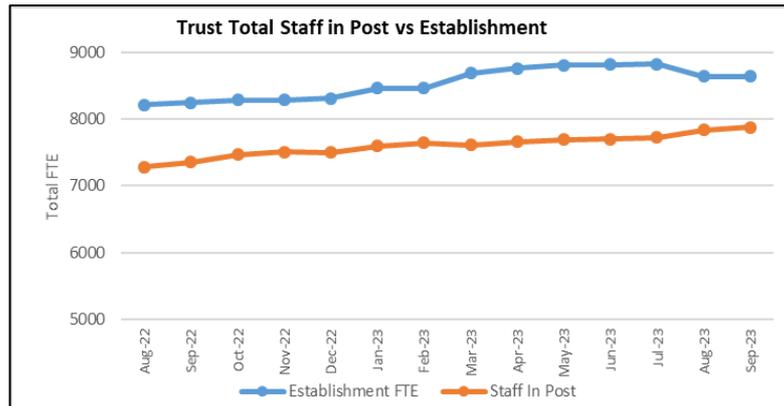
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives particularly Objective 1 – Developing a Long Term Workforce Plan



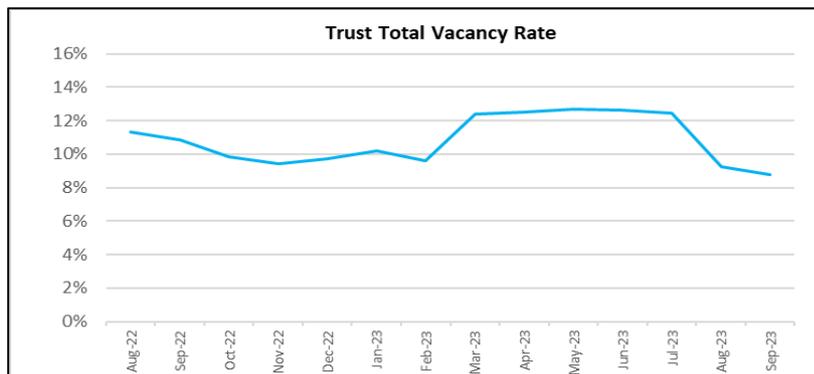
Staff in Post

- The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 41.18 WTE between August 2023 and September 2023.
- During the last 12 months the SIP increased by 6.83% (527.94 FTE) between September 2022 to September 2023.
- There was decrease in establishment of 186.6 WTE in August 2023 due to a reconciliation exercise between Finance and HR in August covering an adjustment period of two months. Regular reconciliation exercises will continue to ensure accuracy of data.



Vacancy

- The overall vacancy rate reduced over the last 12 months; from 10.87% in September 2022 to 8.80% in September 2023 including updates to the funded establishments. Of the in-month reduction in vacancy rate half is attributed to the updated establishment but the other half to recruitment and increased staff in post.
- Registered nursing and midwifery vacancy rates are currently 13.22% and have increased by 0.39% from August 2023 but have reduced by 1.38% over the last 12 months to September 2023.
- Medical and Dental vacancy rate is currently at 5.24%. Recruitment to remaining gaps continues with success in recruitment of NHS locums where possible to fill senior medical roles for vacancy hotspots.
- 17 overseas nurses arrived in September (8 on the Luton site and 9 at Bedford).
- There are approximately 256 Band 5 nursing & midwifery vacancies (161 WTE at Luton and 95 WTE at Bedford). There are currently 94 overseas nurses and midwives (55 at Luton and 39 at Bedford) at various stages of their NMC registration and will convert to Band 5's over the next few months. There are also 158 nurses under offer via local recruitment and direct advertising for overseas. Taking into account pipeline, known leavers, current overseas nurses transferring into band 5 positions and Nursing Associates in post the adjusted band 5 vacancy figure is -30.67 WTE.



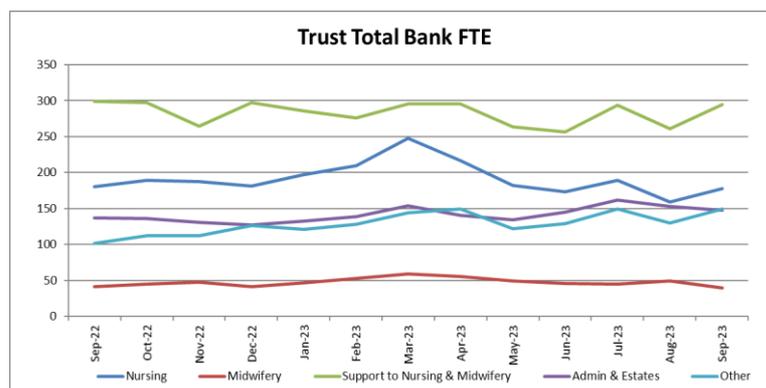


Turnover

- The nursing and midwifery staff group turnover has reduced by (1.75%) over the last 12 months to September 2023 and is currently at 12.20% a 0.07% reduced on July 2023.
- Hotspots remain amongst Allied Health Professionals, (physiotherapists, Operating Department Practitioners (ODP) and Radiographers). The overseas recruitment campaign for Radiographers and Occupational Therapists has seen 22 Radiographers appointed (target met) and 3 out of 7 Occupational Therapists. The turnover for additional professional and scientific staff group reduced from 16.81% to 16.12% in September 2023 and has reduced by 2.51% compared to September 2022.
- Additional Clinical Services staff group turnover decreased by 1.85% over 12 months to September 2023 and now stands at 16.10% which is 0.30% increased on the last month

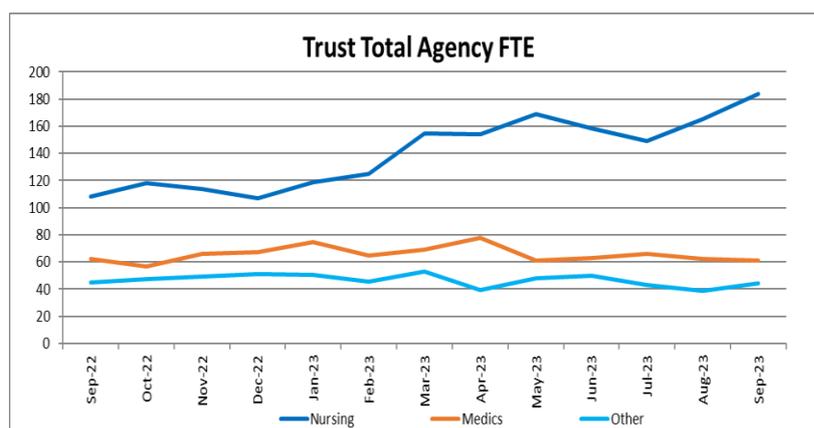
Bank Usage

- Overall bank usage increased by 7.01% in September 2023 as compared to August 2023 equivalent to 56.7 FTE more bank workers. The bank run rate was 6.18% higher in September 2023 when compared to September 2022 equivalent to 50.05 FTE more bank workers.
- Following the pandemic, bank levels for August 2023 are 6.64% lower than pre-pandemic levels.



Agency Usage

- Overall Agency usage increased by 25.44% in 2023 as compared to September 2022 equivalent to 73.6FTE more agency staff. This is driven on both sites by the use of RMN and contingency areas. The September run rate increased by 7.80% compared to August 2023 equivalent to 22.6 FTE more agency workers.
- There has been an increased usage of nursing agency by 10.03% between August 2023 and September 2023, which was equivalent to 18.4 FTE more nursing agency staff.
- Medical agency locums reduced in the month by 2.23% equivalent to 1.4 FTE less medical agency staff.



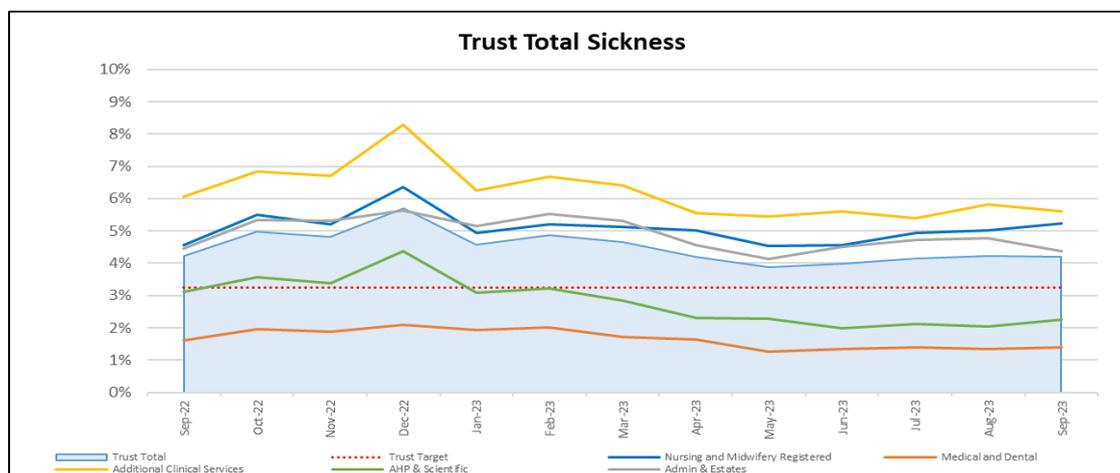


Employee Relations

- Across both sites, there has been a 4.2% decrease in the overall number of employee relations cases currently being managed within the Trust; from 96 cases in August to 92 in September; within this number 7 cases have been closed down during the period.
- Although the overall level of activity has remained fairly steady; there has been an increase in the number of disciplinary cases being managed within the period, from 35 in August to 40 in September (14.3%), including those individuals who have been excluded from duty. There have also been nominal increases in the number of appeal, bank conduct, bullying & harassment, probation and redeployment cases in the reporting period. The number of cases of capability/performance management, grievances and Maintaining High Professional Standards (policy for medical staff) have fallen in the reporting period. There has also been a decrease in the number of on-going Tribunal cases, with 2 cases having been withdrawn by the claimant in the reporting period.
- Over the past quarter, there has been a fall in the number of appeal cases across both sites. With the exception of disciplinary cases, which have increased over the period, most other areas have remained steady over the period and this is indicative of the average time frame of 16-weeks that are taken to bring cases to a conclusion.
- Disciplinary/conduct cases continue to account for the majority of all ER activity within the Trust at 45% including those employees who have been excluded from duty whilst investigations are on-going. There is no particular theme to the cases which include; concerns about working practices, dereliction of duty (sleeping), unprofessional behaviour, inappropriate posts on social media, drug/alcohol misuse, safeguarding concerns, alleged fraud and being absent from duty without leave.

Sickness Absence

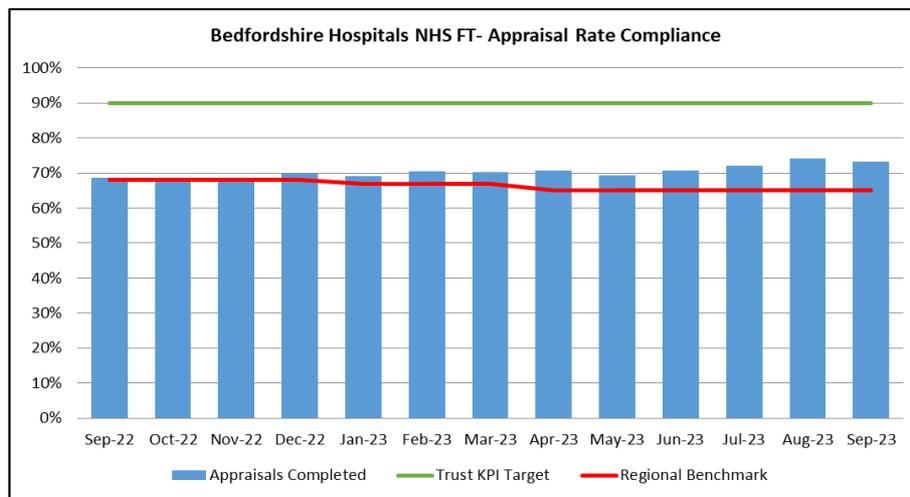
- Sickness levels sit at 4.20% in September 2023.
- Sickness levels in September were at a lower level (0.02% lower) compared to the same period last year and 0.03% lower as compared to August 2023.
- The highest absence rates for June were within Additional Clinical Services 5.60%, Nursing and Midwifery 5.24% and Admin & Estates 4.39%.
- A project has been established to provide additional support to help services proactively manage sickness absence for employees that that have exceeded a Bradford score of 150. The project will focus on timely conversations with staff to discuss the impact of their absence, establish the cause of repeat absences, identify any underlying problems and any temporary adjustments that would support their attendance.





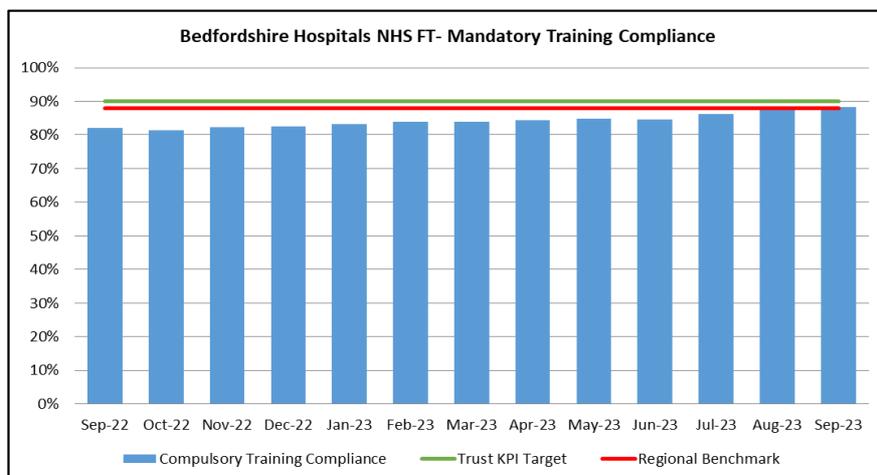
Appraisal

- Appraisal compliance has slightly decreased by 0.81%
- Despite the slight decline in compliance as a Trust we are exceeding the regional benchmark which is encouraging.
- By reviewing the appraisal data the Training Team have selected 12 departments on the Bedford site to trial a new planning system. Support will include training, ideas for disseminating the appraisal responsibilities and team appraisals (where applicable). If this is a successful initiative, the team will conduct the same process on the Luton site once the Mandatory Training Officer is in post on the Luton site, we anticipate a November start date for this Luton based position.



Mandatory Training

- The Trust has increased the average compliance of training to 88.24%.
- The team continue to support staff who are out of date for training and also now focussing on capturing those staff who are due to expire so that their training never goes out of date.
- The Training Team are continuing to work with Medical Education to engage with medical colleagues and support their training compliance.





Health and Wellbeing

Flu vaccination programme 23/24

- The CQUIN target for flu vaccination uptake by frontline healthcare workers including non-clinical staff with patient contact is 80%, with 75% being the minimum for achieving for any payment
- As an incentive to improve vaccination uptake, staff will be entered into a prize draw
- Individuals book their appointments using the Trusts system 'Vaccination Track', with clinics being held within our Occupational health departments and in various more central locations across the Trust. A team of vaccinators also go out to different areas of the Trust
- There is a communications action plan, to encourage maximum staff engagement.

Supporting Staff

- The Trust is supporting access to further support through:
 - Managing a difficult day webinar
 - Online workshop by Keeping Well BMLK on combatting compassion fatigue and burnout
 - Personal safety awareness talks from the Suzy Lamplugh Trust

Summer 2023 Good Better Best Staff Engagement Event

- The feedback from this event was very positive. From 1415 responses 88% thought the session was good or excellent
- More feedback from the event will be shared with staff at the winter event in December 2023.
- The winter event will focus on Healthy Minds, Healthy Bodies and Healthy Eating. It will be a drop in session with lots of engagement and activities to support staff health and wellbeing.

Schwartz Rounds

Schwartz rounds provide a structured forum where both clinical and non-clinical staff, come together to discuss the emotional and social aspects of working in healthcare. Evidence shows that these rounds can reduce professional hierarchies and improve communication between colleagues. Staff who regularly attend, feel less stressed and isolated at work. Our Schwartz rounds clinical lead is Dr Katie Gough, Consultant Anaesthetist and she is supported by the Organisational Development team.

The last round took place on 23rd June 2023 with two Panellists – Eleanor Masters (Rotational Physiotherapist) & Wendy Candlin (Physiotherapy Neuro Team Leader). Approximately 50 people dialled-in, with 4 external observers from other organisations. The next one is planned for 23rd November 2023.

Staff Preceptorship Wellbeing Sessions Feedback

The Trust developed and delivered two cross site wellbeing sessions led by the Staff Health and Wellbeing psychologists. This 'proactive' approach to wellbeing aims to offer staff a psychologically safe space to; use psychological models and approaches to validate and explain staff responses to the work, develop helpful individual and team-



based coping, promote peer support and signpost to wellbeing resources. The offer has evolved:

- From one session to two (1.5-2 hour) sessions, to support application of learning in staff day-to-day work.
- Working closely with clinical educators to co-facilitate and develop a 'train the trainer model'.
- Creating a booklet to improve access to the session resources.

Staff are routinely asked for feedback about the sessions. Data from November 2022 to May 2023 from 175 individuals provided very positive feedback

Freedom to Speak Up FTSU Report

For Board of Directors 1st November 2023

Author — Lana Haslam (FTSU Bedford), Clive Underwood (FTSU L&D)

Agenda item - 10.3

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This is a composite report from the Freedom to Speak Up Guardians at Bedford Hospital and Luton and Dunstable University Hospital.

The report provides an overview of Guardian Activity:

- The activity for the August-September 2023 - numbers and types of issues raised

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives particularly **Objective 1 – Developing a Long Term Workforce Plan**

1. Concerns raised at the Bedford site - August-September 2023

There were five new concerns raised on the Bedford site during this period, four relate to workplace relationships and misunderstanding because of poor communication and one relates to patient concern.

Of the four staff concerns, one has already been successfully concluded with a facilitated conversation and we are working with the OD team on the others.

Another one involving an OD intervention is almost completed and should be resolved soon. One concern about the difference in banding of members of staff undertaking a similar role on the two sites is now being looked at by the manager with HR and the last one involving an overseas doctor is being resolved with the manager and Medical Staffing.

Slow progress is being made on three concerns that were carried over from the June-July report.

The concern raised by a patient was escalated the same day and resolved the next day. The next of kin contacted the guardian by phone to extend thanks for the support provided.

2. Concerns raised at the L&D site - August-September 2023

There were 25 concerns reported this period to the Guardians/champions, with one concern raised anonymously.

The majority of the concerns involved allegations of poor behaviours from managers/senior clinicians, accusations of bullying and harassment, and dissatisfaction with Trust processes.

Those reporting issues stated that they had tried to raise their concerns informally through existing escalation or ER processes but felt they were not being listened to and nothing had changed.

The concerns were raised by a variety of staff groups and from five different areas in the trust

As a follow-up from the last Workforce Report, a Listening event/Cultural review of a particular Service/Department has been completed with Corporate Nursing/ER/OD/GM involvement. The findings have been fed back to staff and recommendations are in the process of being implemented.

3. FTSU Guardian activity

Our FTSU Guardians are currently reviewing their FTSU Strategy (2021-24), the National Guardian Self-Assessment tool (a reflection and planning tool covering FTSU arrangements and support within organisations), and amending our FTSU/Raising Concerns policy to include a reference to the new National Policy, Speak Up resources available, protecting and supporting staff who have spoken up and training opportunities.

The Guardians have now recruited additional champions at the L&D making a total of seven across both sites. We are actively trying to recruit further champions from some of our

Network groups to help reduce some of the barriers to speaking up and being able to raise concerns throughout the organisation.

The Guardians continue to attend various Trust Inductions including MDT Preceptorship, Overseas Nurses, Doctors (both Junior Drs and Consultants) and Student Nurse Forums at the University of Bedfordshire (various Years and Programmes). They also attend various Network groups and Trust groups such as Reciprocal Mentoring and Respectful Resolution.

The Guardians meet regularly with the Angela Doak and Fiona MacDonald to review FTSU activity in the Trust. They also meet with Gordon Johns, Senior Non-Executive Director to give reassurance that the process is working well.

4. October Speak Up Month 2023 theme: #BreakingFTSUBarriers

The Guardians and Champions are promoting National Speak Up month in October, with the help from the OD and Communication teams. This year's theme focuses on removing the obstacles, which people feel stop them from speaking up. Only by understanding and raising awareness of what these barriers are, can we then start to address them.

There are publicity stands outside the Main Cafeteria at the Luton site and in the Swannery Restaurant at Bedford throughout October. Our Guardians and Champions will be available at some lunchtime sessions to publicise the importance of Speaking Up within the organisation and answer questions and offer support as needed.

5. 2023 Staff Survey

The NHS Staff Survey is a vital way for staff to share with us their experience of what it is like working at the Trust, what we are doing well and what we could make things better for staff. Part of the survey includes asking staff how they feel about Speaking Up arrangements in the trust. Specific questions related to Speaking Up in this year's survey include (with a rating of their experience)

I would feel secure raising concerns about clinical practice

I am confident that my organisation would address my concern.

My organisation acts on concerns raised by patients/service users

I feel safe to speak up about anything that concerns me in the organisation

If I spoke up about anything that concerned me, I am confident my organisation would address my concerns.

I am aware of the Trust's Freedom to Speak Up Guardians.

The feedback we receive via this survey is invaluable to both our Guardians in gauging our performance in relation to FTSU and providing pointers to what we need to improve.

6. Impact of the Lucy Letby case on the importance of Speaking Up in the NHS

This has caused shockwaves right across the NHS and healthcare economy in regards to how staff raised concerns at Countess of Chester Hospital and whether they were listened to by senior managers at the time.

As FTSU Guardians in the Trust, Lana and I feel it is important to share the message David Carter- Chief Executive Bedfordshire Hospitals, sent to staff in response to these horrific events, providing assurance of Board level support for staff feeling able to speak up/raise concerns.

'When an incident as horrific and shocking as this takes place, we all struggle to understand what it means for our own organisation and how we can best prevent such events taking place at our hospitals. I am sure that, like me, you are trying to come to terms with this case and trying to understand how we should react, as individuals, as teams, as a Trust.

We do not yet understand all of the background and circumstances of the case but I do think we know that one of our best defences against tragedies like this occurring is the open culture that we aspire to.

The Board are the guardians of the culture of the Trust and as a member of that Board, I want to emphasise our commitment to doing everything in our power to ensure that the culture that you work in, is one that, whatever your role, you feel safe to speak up, confident that you will be heard and empowered to be open and honest with our patients and families.

This will only happen if the quality of the relationship between clinicians and managers, between team members and between ourselves and the families we serve, is strong, trusting and authentic. From what I see every day, I am confident that we have a good foundation to build on, in terms of the quality of those relationships - but this is a stark reminder that we can never take that for granted and that the outcome of this trial will have a profound effect on the public's trust in the NHS.

We realise this may have an impact on you personally, particularly if you work in our children's, maternity or neonatal services and we will be looking for different ways to provide any necessary support.

We will continue to look for different routes to ensure that all voices are heard, different mechanisms to support the ongoing well-being of our staff and different ways to put our Trust values at the front and centre of all that we do. If we can achieve that together, then we will have responded rightly and safely to this most tragic of cases.'



Information Governance

Quarterly Report

For Board of Directors 1st November 2023

Author – Josh Chandler, Chief Information Officer and Heidi Walker,
Information Governance

Agenda item – 11.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Board are asked to note the contents of this report

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- Data Protection
- All Trust objectives



Data Security and Protection

Data Security and Protection Standards for health and care sets out the National Data Guardian's (NDG) data security standards. Completion of the Toolkit self-assessment, by providing evidence and judging whether The Trust meets the assertions, demonstrates that the organisation is working towards or meeting the NDG standards. This assessment is also subject to annual internal audit.

Data Security and Protection Toolkit (DPST) Submission 2022/23 (V5)

To achieve 'Standards Met' compliance The Trust must meet the requirements of all assertions. The current position is: Approaching Standards

Data Security and Protection Toolkit (DPST) Assessment 2023/24 (V6)

The Trust will update a baseline position prior to February 2024 for a publication date of June 2024.

Information Governance 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.

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

Mandatory IG Training

The current percentage of staff compliant with annual IG training has risen to 84.1% this is a small improvement 2.18%

Record of Processing Activities (ROPA)

Information Sharing Gateway (ISG)

The purpose of this system is to assist The Trust's compliance with the General Data Protection Regulations (GDPR) and its responsibilities under the Data Protection Act; helping to ensure information is being shared, managed and processed correctly.

Systems Information Asset Register

All relevant documents/assets continue being populated onto the ISG.



Information Sharing Agreements

Data sharing agreements set out the purpose of the data sharing, cover what happens to the data at each stage, set standards and help all the parties involved in sharing to be clear about their roles and responsibilities.

All Information sharing agreements are being reviewed and populated onto the ISG and accompanying data flows are completed.

Data Privacy Impact Assessment (DPIA)

A DPIA is a type of risk assessment. It helps The Trust identify and minimise risks relating to personal data processing activities. The GDPR and DPA 2018 require The Trust to carry out a DPIA before certain types of processing. This ensures that we as an organisation, can mitigate data protection risks.

Fourteen DPIAs are in progress and all new & previously approved DPIA's continue to be populated onto the ISG. A summary of each DPIA is publicly available [here](#) on The Trust website

Subject Access Requests and Freedom of Information

Subject Access Requests

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

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

In the last quarter 74% of SARs were responded to within the legal deadline (864/1180). The team have made positive changes to internal processes which has resulted in an improvement of 11%

Freedom of Information Requests

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

We are continuing to see further progress with the compliance figures due to the changes that were implemented.

In the last quarter 68% were responded to in the timescale (165/243).



Audit and Risk Committee Report

For Board of Directors 1st November 2023

Author – Simon Barton, Non-Executive Director

Agenda item – 12.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Audit and Risk Committee met on the 18 October 2023.

External Audit 2022/23

External Audit requirements have increased for 2022/23 that have placed increasing demands on the Trust and the External Audit Team.

BDO have made significant progress but not enough to meet the deadline of the end of June 2023. The plan is for the External Audit to be completed by the end of October 2023. The Trust has been in contact with senior financial directors at NHS England.

Compliance

The committee reviewed the waivers to receive assurance that appropriate procurement processes are being followed.

Internal Audit 2022/23 and Plan for 2023/24

Three positive internal audit report opinions were received and the actions noted that will be monitored through the tracker process.

The committee discussed with the Chief Information Officer the Data Security Protection Audit Toolkit and the IT Controls Internal Audit. Assurances were received on the actions being taken. These actions also form part of the tracket programme.

No overdue actions were noted.



Internal Audit shared benchmarking reports for the Trust to review its position.

Counter Fraud 2022/23

The Counter Fraud progress report was presented. There were no concerns highlighted.

The committee discussed Fraud Awareness sessions that are being held and budget holder sessions where nearly 100 staff have been reached.

The committee received assurances about which cases are taken through the criminal proceedings. Counter Fraud confirmed that the Trust has good HR processes in place to internally investigate cases and take appropriate action.

Counter Fraud shared benchmarking reports for the Trust to review its position.

Assurance

The committee received assurance of the risk register oversight programmes and noted the high level risks, their action and committee overseeing that risk.

The Assurance Framework was reviewed and the updated noted. This document is being used to plan next year's internal audit programme.

An update on the CQC approach moving forward was received confirming a more risk based approach to inspection and targeted visits.

Freedom to Speak Up (FTSU) Guardian

The committee received the FTSU Guardian report that is overseen by the Workforce Committee. The Guardians attended to confirm that they had appropriate access to the Board and the Senior Independent Director who is the champion for FTSU. There is ongoing work to raise awareness of the roles and ongoing recruitment to FTSU champions and peer listeners.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



Charitable Funds Committee Report

For Board of Directors 1st November 2023

Author – Richard Sumray, Trust Chair

Agenda item – 12.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Charitable Funds Committee met on the 20th September 2023

Updates

The committee received an update on the progress with the closure of the helipad raised funds.

Nurse League

The committee agreed to a request from Janet Graham, Chair of the Nurses League that proposed the dissolution of the Nurses League and to transfer the remaining funds to Bedfordshire Hospitals Charity into a designated fund in line with their current objects.

Bid Approvals and Fund Updates

The committee approved spend for:

- Microscope for the Primrose Unit at Bedford (from their fund)
- Estates and Facilities Day (from the general fund)
- Fish Tank on the paediatric ward at L&D (from the general fund)
- Nursing Awards (from a restricted endowment fund)

The committee agreed to fundraise for:

- Orchard Ward televisions at Bedford



- Theatre Pods
- Maternity Bereavement Butterfly Appeal

Charity Report

The committee received updates on:

- Update on Charity rugby lunch
- Final Branding designs – the final designs were shared for rebranding and where to locate new information across both sites
- The work of Bedford Hospital Charity and Friends

The committee approved:

- Fundraising activities:
 - Wear Pink Campaign 20th October 2023 – raising funds for Breast Cancer.
 - Movember 1st – 31st November 2023 – raising funds for Prostate Cancer.
 - World prematurity day 17th November 2023 – holding a purple party to raise funds and awareness.
 - Light up a life, – raising funds for NICU Accommodation and SCBU:
 - Bedford's Event 29th November,
 - L&D Event 30th November 2023
 - Give a Gift 1st December – 22nd December 2023 – every patient will receive a gift this year.
 - Sparkle Day/Jolly Jumper Day 8th December 2023 – raising funds for children's wards
- Amazon Volunteering

Management Reports and Governance

The committee received updates on:

- Investment valuations
- the general funds and fund balances
- the risk register

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



Corporate Governance Report

For Board of Directors 1st November 2023

Author – Victoria Parsons, Associate Director of Corporate Governance

Agenda item – 13

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The report details updates on the following issues:

- Council of Governors
- Membership Update
- Risk Register Report

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



1. Council of Governors

Current Composition of the Council of Governors:

Bedfordshire Hospitals NHS Foundation Trust currently has 38 governors with two vacancies for 'Public Central Bedfordshire' and 'Appointed, Central Bedfordshire Council'.

Our Council of Governors is composed of:

- 8 public Governors for the Luton constituency
- 6 public Governors for the Central Bedfordshire constituency
- 2 public Governors for Hertfordshire constituency
- 5 public Governors for Bedford Borough constituency and Surrounding Counties
- 12 elected Staff Governors
- 5 Appointed Governors

Deputy Lead Governor Elections

David Allen was elected as Deputy Lead Governor uncontested in October 2023.

Governor Elections

Elections took place in August 2023 and the results are below:

Public: Bedford Borough

Dr Jacque Farhoud (re-elected, 2nd term)

Yvette King (re-elected, 2nd term)

Joanne Barrow (New elected)

John Mingay (New elected)

Tarsem Paul (New elected)

Public: Central Bedfordshire

Saverio Bongo (New elected)

Ian Clayton (New elected)

Public: Hertfordshire

Malcolm Rainbow (return - elected)

Staff Governor – Registered Volunteers

Noreen Byrne – Cross site (re-elected, 2nd term)

Leaving Governors

Saverio Bongo (1st term, resigned June 2023)

Dr Rob Oakley (end of 1st term March 2023, did not stand)

Teena Ferguson (end of 1st term March 2023, did not stand)

Chris Williams (end of 1st term March 2023, did not stand)

Debbie Gardiner (1st term, resigned March 2023)

Pat Quartermaine (end of 1st term Sep 2023, did not stand)

Dilan Joshi (end of 1st term Sep 2023, did not stand)

Janet Graham MBE (L&D site), completed 3 terms in March 2023 totalling 7 ½ years.



We welcome the new governors and give our thanks to those that are leaving us for their hard work and commitment.

2. Membership Engagement

The medical lecture on the 10th October 2023 was held at the Rufus Centre in Central Bedfordshire. More than 200 members attended the lecture on 'Hearing Loss and Tinnitus'.

3. Risk Register

This report is to update the Board on governance reviews of the Board Level Risk Register and new risks.

There have been reviews of the risks on the risk register at the following meetings:

- Executive Board 24th October 2023
- Board of Directors 2nd August 2023
- Quality Committee September and October 2023
- Finance, Investment and Performance Committee October 2023
- Workforce Committee October 2023

New risks have been reviewed and are recommended for approval by the Board:

- Audiology staffing
- Site flooring at Bedford
- Maternity community confidence in our services
- C Difficile
- Winter planning

Risks for escalation:

- 3014 – Industrial Action (high) – this is an increasing risk that the Board are asked to be aware of the impact despite the controls and mitigations.

