


**Bedfordshire Hospitals NHS Foundation Trust**  
**Board of Directors**

29 July 2020 10:00 - 29 July 2020 12:00



# AGENDA

#	Description	Owner	Time
1	Chairman's Welcome & Note of Apologies	S Linnett	10.00
2	Any Urgent Items of Any Other Business and Declaration of Interest on Items on the Agenda and/or the Register of Directors Interests	S Linnett	10.05
3	<p>Minutes of the Previous Meeting: Wednesday 6 May 2020 (attached)</p> <p>To approve</p> <p> 3 Minutes of Bedfordshire Hospitals NHS Trust Pu... 7</p>	S Linnett	10.10
4	<p>Matters Arising - Action Log (no actions)</p> <p>To note</p>	S Linnett	10.15
5	<p>Chairman's Report (verbal)</p> <p>To note</p>	S Linnett	10.20
6	<p>Executive Board Report (attached)</p> <p>To note</p> <p> 6 Executive Board Report July 2020.doc 15</p>	D Carter	10.25
7	<p>Performance Reports (attached):</p> <p>To note</p> <p> 7 Performance Reports Header.doc 53</p>		
7.1	<p>Quality &amp; Performance</p> <p> 7.1 Quality and performance Report FINAL Board J... 55</p>	L Lees/C Jones/C Thorne	10.40
7.2	<p>Finance</p> <p> 7.2 Finance Report July 2020.docx 81</p>	M Gibbons	10.50
7.3	<p>Workforce</p> <p> 7.3 Workforce Report_FINAL.pptx 95</p>	A Doak	11.00

#	Description	Owner	Time
8	<p><b>Quality Committee Report(s) (attached)</b></p> <p>To note</p> <p> 8 Quality Committee Report.doc 107</p>	A Gamell	11.10
9	<p><b>Finance, Investment &amp; Performance Committee Report(s) (attached)</b></p> <p>To note</p> <p> 9 FIP Report to July 2020 Trust Board v4.docx 113</p>	I Mackie	11.15
10	<p><b>Hospital Re-Development Committee Report(s) (attached)</b></p> <p>To note</p> <p> 10 Redevelopment Report July 2020.docx 119</p>	M Prior	11.20
11	<p><b>Audit &amp; Risk Committee Report(s) (attached)</b></p> <p>To note</p> <p> 11 Audit and Risk Committee Report June 20.doc 123</p>	S Barton	11.25
12	<p><b>Workforce Committee Report (attached)</b></p> <p> 12 WorkforceCommitteeJune20_V3.docx 127</p>		
13	<p><b>Risk Register (attached)</b></p> <p>To approve</p> <p> 13 RR July 2020.doc 135</p>	V Parsons	11.40
14	<p><b>Corporate Governance Report (attached)</b></p> <p>To ratify</p> <p> 14 Corporate Governance Report.doc 139</p> <p> 14a TOR Quality Committee Bedfordshire hospital... 143</p> <p> 14b ToR Redevelopment Programme Board Final.d... 147</p> <p> 14c ToR CFC Terms of Reference reviewed (INTE... 151</p>	V Parsons	11.45
15	<b>Details of Next Meeting: Wednesday 4 November 2020, 10.00am in COMET Lecture Hall</b>		
16	<b>Close</b>		

## INDEX

3 Minutes of Bedfordshire Hospitals NHS Trust Public Board meetings May 202.....	7
6 Executive Board Report July 2020.doc.....	15
7 Performance Reports Header.doc.....	53
7.1 Quality and performance Report FINAL Board July 2020.pptx.....	55
7.2 Finance Report July 2020.docx.....	81
7.3 Workforce Report_FINAL.pptx.....	95
8 Quality Committee Report.doc.....	107
9 FIP Report to July 2020 Trust Board v4.docx.....	113
10 Redevelopment Report July 2020.docx.....	119
11 Audit and Risk Committee Report June 20.doc.....	123
12 WorkforceCommitteeJune20_V3.docx.....	127
13 RR July 2020.doc.....	135
14 Corporate Governance Report.doc.....	139
14a TOR Quality Committee Bedfordshire hospital Final.doc.....	143
14b ToR Redevelopment Programme Board Final.doc.....	147
14c ToR CFC Terms of Reference reviewed (INTERIM) June 2020.doc.....	151



## Board of Directors

**Wednesday 29 July 2020**

<b>Report title:</b>	Minutes of the Meeting held on: Wednesday 6 <sup>th</sup> May 2020	<b>Agenda item: 3</b>
<b>Executive Director(s):</b>	David Carter, Chief Executive	
<b>Report Author</b>	Donna Burnett, Trust Board Secretary	
<b>Action</b> (tick one box only)	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To approve the minutes	

<b>Report summary</b>	To provide an accurate record of the meeting and address any actions.
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	Company Law CQC NHSI/E
<b>Jargon Buster</b>	L&D – Luton and Dunstable Hospital NHSI – NHS Improvement NHSE – NHS England

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

**Minutes of the meeting held on Wednesday 6<sup>th</sup> May 2020**

**Present:**

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

**In attendance:**

- Ms Donna Burnett, Trust Board Secretary
- Ms Philippa Graves, Director of IT
- Ms Fiona MacDonald, Director of Culture
- Ms Victoria Parsons, Associate Director of Corporate Governance
- Ms Sarah Amexheta, Fundraising Manager
- Mr Roger Turner, Public Governor
- Ms Helen Lucas, Public Governor
- Ms Judi Kingham, Public Governor

**1. CHAIRMAN'S WELCOME, NOTE OF APOLOGIES AND DECLARATIONS OF INTEREST**

The Chairman opened the meeting, and welcomed members to the meeting. Apologies were received from Dr Danielle Freedman, Joint Medical Director.

**2. MINUTES OF THE PREVIOUS MEETINGS: L&D, 5<sup>th</sup> February 2020, and Bedford 4<sup>th</sup> March 2020**

The minutes of the L&D meeting held on 5th February 2020 were approved as a true and accurate record subject to a minor amendment:

Page 2: **Compliance** – D Carter acknowledged the Trust achieving JAG accreditation, where a lot of work had been undertaken and a decision reached to not use endoscopy for contingency other than in exceptional circumstances.



**Proposed:** M Prior      **Seconded:** A Gamell

The minutes of the Bedford public board meeting held on 4<sup>th</sup> March 2020 were approved as a true and accurate record.

**Proposed:** P Tisi      **Seconded:** S Hone

### **3. CORPORATE GOVERNANCE REPORT**

Ms Parsons provided the Board with an overview of the new board governance arrangements which had been implemented during the period of the Covid-19 pandemic. The new interim board structures had ensured that there had been rigorous processes in place for all board and board sub-committee meetings to maintain transparency and robust oversight of all key areas of performance.

Transitional governance arrangements for the board recovery meetings had now been established across both the Luton and Bedford hospital sites, and included theatre boards and emergency medicine boards to provide executive oversight of the recovery programme.

The Board noted that the terms of reference of all board committee had been reviewed following the merger and would be submitted for approval at the next committee meetings.

Board members noted the content of the Corporate Governance Report

### **4. EXECUTIVE BOARD REPORT**

#### **Merger Update**

Mr Carter reported that due to the Covid pandemic, the planned merger launch had been low key. The situation had however provided the opportunity to build some good relationships and provide support in some areas across the two sites.

Mr Thakkar agreed that although integration work progress had been slowed, there had been opportunities. Progress had been made from a governance aspect, with the first clinical integration committee planned to take place in June. There had been discussions with clinical colleagues and teams across both sites in some surgical specialities which had been accelerated due to the Covid situation.

Integration work further continued on corporate services and there had been good progression despite the slowed timelines.

The Chair summarised that there that had been some excellent constructive

work undertaken to progress the integration models which was a positive step for the trust.

### **COVID-19 Update**

Mr Carter outlined the key challenges the trust had faced and responded to which included managing the different streams of patients, and reorganising the clinical areas across the sites to create more capacity. The high number of staff absences remained an issue with self-isolation and shielding, and medical staffing rotas had been changed with staff moving to different departments.

The trust now had capacity to get its own test results from the laboratory in 24-48 hours but had been constrained by the availability of kit and consumables.

Mr Carter stated that the number of positive Covid patient admissions had fallen, but the key issue remained with the uncertain availability of PPE supplies and the guidance on PPE leaving staff feeling unsafe. However, the Trust has succeeded in supplying the prescribed PPE to staff at all times throughout the pandemic.

There had also been issues encountered in transferring patients back to care homes where the patient had tested positive for coronavirus, and it was acknowledged that some step down capacity should be created to transfer care home patients.

The visiting policy had remained challenging and helplines for visitors and relatives had been put in place to keep families up to date, and this work would continue to be maintained.

### **Recovery**

Mr Carter reported that due to the Covid pandemic there had been a reduction in admissions to A&E, and there had been some concern that patients who should be in hospital had not in come due to the level of concern and uncertainty.

Work was now in progress to ring fence 'clean zone' green areas to enable complex surgery work to be carried out safely; and the independent sector would be used to support the work. Zoning across both trust sites would be robust with dedicated areas for 'red' urgent care work; amber and green zones; and swabbing of both patients and staff would be undertaken to ensure maximum safety. The Board noted that the trust would not follow any radical recovery routes.

The Chair explained that the trust had been asked to submit a recovery trajectory plan to the Integrated Care System (ICS) to contribute to a system

wide approach, and thanked the Deputy Chief Executive for the significant work involved in drawing the plans together. The Board noted that nationally trusts had been asked to have 20% capacity available to respond to any surge in Covid-19 and board members were assured that the trust had the capability to respond swiftly to any new surges of patients admitted with coronavirus.

## **5. REPORT FROM THE CLINICAL OUTCOMES, SAFETY AND QUALITY COMMITTEE**

Ms Gamell, Chair of the Clinical Outcomes, Safety and Quality Committee reported that the Committee had received regular updates on the trust's response to Covid-19 and the work being undertaken by the executive team. There had been acknowledgement of the work of key front line workers and empathy for the tragic deaths of two staff members.

There had been work undertaken on ensuring the clinical quality integration between the two hospital sites was robust and merged into the committee priorities.

Ms Gamell explained that the next phase of work for the Committee would be a focus on urgent and elective care; ensuring that the quality and performance indicators be monitored effectively.

Ms Lees assured the board that the current quality indicators continued to be reported on; and looking forward the process would be further triangulated and developed.

## **6. REPORT FROM FINANCE AND INVESTMENT COMMITTEE**

Mr Gibbons reported a positive position with both hospital sites having delivered the final control totals, and Bedford Hospital having delivered a surplus which was good news for the trust.

The Board were informed of the capital spend: the Luton and Dunstable site had spent £28m and the Bedford site £10m to plan.

The financial plans for 2020/21 remained unclear with the current block situation in place until June 2020 and budgets that may come into force. The board noted that it remained a period of great financial uncertainty and complexity.

The Chair of the Committee, Mr Mackie agreed that the financial situation was currently being well managed and that the challenges would come later in the year.

Mr Johns expressed thanks to the previous CEO of Bedford Hospital Mr

Stephen Conroy and Finance Director, Mr Damian Reid for their work and contribution in supporting the Finance Committee during their time at Bedford Hospital.

## **7. REPORT FROM WORKFORCE COMMITTEE**

Ms Doak updated the board on the work of the committee and the activities undertaken during the previous six to eight weeks. Many of the HR policies and rules had been relaxed in terms of staff movement and new rotas for staff doctors due to the Covid situation, there had been a huge amount of goodwill from staff. To support recovery, consideration was now on getting staff back into their substantive roles.

Staff wellbeing hubs on both sites had been well received and the trust had been overwhelmed by the generosity of local communities.

There had been opportunities to look at different ways of working for certain staff groups around home working and flexibility in work arrangements. Ms Doak thanked staff side colleagues, and the vice-chair at both Luton and Bedford for the challenging work undertaken at weekly meetings in response to the rapid changes in supporting staff.

Mandatory training and appraisals for medical and nursing staff had been relaxed but new NHSE/I guidance had now been issued and trust would now start to progress this work.

Ms Doak reported that work had been undertaken to pick the national initiative around return to work, including volunteers and the fast tracking of student nurses.

Ms MacDonald stated that a lot of work continued to be undertaken on the long term workforce plan, which aimed to respond to the many different approaches, and would be shared with the board on completion.

## **8. REPORT FROM DIGITAL STRATEGY COMMITTEE**

Ms Graves reported that work continued to focus on both the challenges posed by Covid-19 and the larger scale strategic digital projects going forward with a commitment to working safely.

A large number of new devices continued to be built and innovative digital platforms, such as remote consultations, continued to be developed to support new ways of working differently. Close working with clinicians and services to build new portals continued to enable services to work more effectively.

The digital teams remained vigilant to the risks and challenges posed during

the lockdown period with phishing and cyber challenges on the increase.

The Global Digital Exemplar (GDE) programme and merger work continued at pace and recognises as critical for new ways of working. Reproofing with NHSX on the timelines and progress would be undertaken and the digital teams would endeavour to keep as many of the strategic plans moving forward as the country moved out of this phase of Covid.

## **9. REPORT FROM THE AUDIT AND RISK COMMITTEE**

Mr Hone reported that all work streams of the internal audit programme at Bedford hospital had been finalised, and acknowledged that PWC had now taken over internal audit at both hospital sites.

Mr Barton informed board members that external audit had been progressing as expected; and internal audit had identified some risks which continued to be addressed. One area highlighted for improvement would be the tracking of internal audit issues identified. Mr Gibbons added that the contract with the internal auditors was to include a tracking programme and assured the board that the process would be much improved going forward.

## **10. REPORT FROM CHARITABLE FUNDS COMMITTEE**

Ms Amexhata reported that there had been alignment in the processes for donations at both hospital sites, with a central enquiry line and a 48 hours response time. PPE donations received would be checked through volunteers at the Luton site and distributed across both sites and marked so that all staff know that the equipment has been checked.

There had been an overwhelming response with multiple donations which included dental kits, secret food hampers, balloons and food, and the wellbeing hubs ensured that the donations were distributed equally across different departments and zones on both sites.

The Board thanked the charitable fund team for the work carried out in managing the work on donations.

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

Mr Prior informed the board that the outline business plan had been submitted on time which was a significant achievement on the part of the team. A response from the NHS capital funding team was now awaited.

The trust now continued to work on all enabling schemes to ensure that progress could be made once the go-ahead was received.

## **11. UPDATE ON OUTSOURCING**

Mr Carter reported that a number of credible bids had now been received. The outsourcing position would now be reviewed and the next steps would be challenges in the assessment process and site visits and engagement with the unions and staffing. The process would be addressed in the next days and a decision taken in the next weeks.

## **12. QUESTIONS FROM THE AUDIENCE**

- 1) A request that an update on the ICS and the future financial discussions/ devolvement of responsibilities be a topic for a governor seminar meeting. Action picked up by the Trust Board Secretary for next governor seminar meeting.
- 2) Are the cleaners and porters offered PPE? Yes all PPE includes all domestic staff and porters.
- 3) Are patients awaiting the outcome of testing put on the same wards as positive tested corona virus patients? The trust will endeavour to separate out all patients who are suspected of corona virus from those who are not. We have to assume all are positive until the tests are returned.
- 4) Will the staff wellbeing hubs continue as a long term feature? Yes this is being considered and we are currently looking at areas where this can be delivered in the future.

Governors in attendance at the public board meeting thanked all staff for the tremendous work and team effort to keep patients safe during these challenging and unprecedented times.

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

Wednesday 29<sup>th</sup> July 2020 10.00am, COMET Lecture Hall

**CLOSE**

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

## Board of Directors

Wednesday 29 July 2020

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

<b>Report summary</b>		
<b>1.</b>	Integration Update	
<b>2.</b>	Covid-19 Update	
<b>3.</b>	Covid-19 Risk Assessments	
<b>4.</b>	Infection Control Report	
<b>5.</b>	Pathology Integration	
<b>6.</b>	Medical Education Update	
<b>7.</b>	Management of CQUIN	
<b>8.</b>	Complaints Board Update	
<b>9.</b>	Learning from Deaths Board Update	
<b>10.</b>	Annual Equality Reports	
<b>11.</b>	Nursing & Midwifery Staffing Report	
<b>12.</b>	GDE Update	
<b>13.</b>	Cyber Security Update	
<b>14.</b>	Information Governance Update	
<b>15.</b>	Freedom to Speak Up	
<b>16.</b>	Estates and Facilities Update	
<b>17.</b>	Communications and Fundraising Update	
<b>18.</b>	Policies and Procedures Update	
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	NHS England NHS Improvement Equality Act CQC All Trust objectives	

## **1. INTEGRATION UPDATE**

Progress with integration has continued at a steady pace, utilising the momentum offered by COVID-19 in bringing teams together in an accelerated fashion. Central to clinical integration has been the development of a Programme Plan for Clinical Integration. This key assurance document details how the new Foundation Trust will develop an overarching clinical strategy in next two years and includes the approach, prioritisation, governance and risks associated with this. Within the realms of clinical integration, initial cross-site meetings have happened with numerous teams including T&O, General Surgery, Urology, O&G and Rheumatology. Work has already begun on specific enabling projects within some of these specialties e.g. a cross-site virtual fracture clinic and the scoping on PACS integration.

Cross-site Clinical Directors have been appointed within several specialties, bringing together clinical service line, cross-site triumvirate structures (General Managers and Heads of Nursing already in post). The Clinical Validation and Merger Benefits Committees have been formed with initial meetings scheduled in July 2020.

Corporate services integration continues, albeit with some realigning of timescales. This is an important precursor to the work that will be done within the various clinical specialties.

PM3, a cloud-based Programme Management tool, has been purchased by the Trust and will be used initially to manage all integration projects. This will allow better tracking of progress, risks & issues and strengthen governance even more so.

## **2. COVID-19 UPDATE**

Since the start of the pandemic the Trust has treated over 1,150 patients with covid-19. Nearly every process and department in the organisation has been affected in some way, and the impact on normal operational routines has been highly disruptive. Our staff have risen to the many challenges presented by the pandemic in a remarkable way however and have made significant progress towards restoring routine activities whilst implementing new and adapted pathways and processes.

Over the last three months we have:

- Redesigned our Emergency departments to enable us to separate patients with Covid symptoms from those without and ensure that they are managed by completely different teams. At Bedford hospital we have been one of the first Emergency Departments in the country to introduce near patient testing for Covid-19, which enables us to get a result for a newly admitted patients within 2 hours
- Flexed up (and back down again) our critical care capacity for the most acutely unwell patients and maintained separate covid and non-covid ITU and HDU beds. At the peak of the pandemic we had 41 patients receiving critical care across both sites, where our normal maximum capacity would be 25.
- Maternity teams have supported over 1,800 deliveries in Bedfordshire whilst maintaining enhanced infection control practices. We have re-introduced home births for those families wishing to deliver at home.



- Re-opened routine operating for patients to enable us to start treating patients who do not fall into the most urgent categories for surgery. Whilst our throughput in theatres is significantly reduced because of the additional checks and measures in place, our elective activity is increasing on a weekly basis.
- Started operating and diagnostic work at our Independent sector partner sites in order to mitigate some of the lost capacity we have seen on-site. To date, over 500 patients have received their surgery at Spire Harpenden or BMI The Manor, Biddenham
- Started the re-introduction of routine imaging and diagnostics whilst maintaining discrete emergency pathways
- Re-commenced vascular, retinal and breast screening pathways in line with national and PHE guidance
- Changed the ways we work in our outpatient departments to ensure that they are covid-secure
- Participated with local partners in a 'deep dive' - led by Public Health England - into apparently raised incidence of covid-19 within Bedford Borough. This deep-dive explored community outbreaks, as well as examining some of the demographic and local factors that may have led to higher than expected transmission rates in the community.

A number of our clinical teams have been supporting research into Covid-19. We participated in the national RECOVERY-19 clinical trial into treatment for patients. A total of 2104 patients nationally were recruited to the Dexamethasone arm of the trial, 232 of whom came from our Trust. Dexamethasone was shown to reduce deaths by one third in ventilated patients and one fifth in patients receiving oxygen only. There was no benefit in patients who did not require respiratory support. We continue to recruit patients to the trial, albeit more slowly due to the fall in the numbers of patients admitted with the virus. The trial was conducted at the University of Oxford, and funded and supported by the National Institute for Health Research (NIHR).

Testing has been pivotal to our response to the pandemic, and our colleagues in microbiology and the broader pathology services have introduced new tests and scaled-up the use of these at remarkable pace. We are currently testing around 1,000 covid-19 swab samples a day mid-week as a combination of testing patients on our emergency and pre-operative pathways and routine screening of clinical staff. We have also carried out around 6,000 serology antibody tests and are working to increase the phlebotomy capacity for this.

The level of staff engagement we have seen has been incredible throughout the response, with so many of our teams going far above and beyond to care for patients and support their colleagues. Recognising the extraordinary pressure the pandemic has placed on individuals, the Trust has established psychological support for team members that have been involved and continues to work closely with our Unions and staff-side colleagues to identify emerging needs and respond accordingly. The trust also established a BAME network working group – 'protecting our BAME staff' and received a huge amount of input from staff who gave lots of time in identifying measures that would help ensure we continue to support those in more vulnerable categories. Environmental and individual risk assessments have rolled out across the organisation and are being used by line managers to support their teams and ensure that staff are safe at work. The wellbeing hubs that were stood up during the height of the response have now closed, but the response we saw from staff to these

and the generosity of our local communities in providing donations to help support staff was extremely positive.

In the last week, the Care Quality Commission has established a system wide review in Luton to explore early learning from the way providers worked together in the Covid response and areas in which good practice may have positively affected patient outcomes. This is not a formal inspection but we look forward to receiving feedback from the inspection team and using this to ensure that the positive approach from system partners continues, and is strengthened wherever possible.

### **3. COVID-19 RISK ASSESSMENTS**

At the outset of the COVID pandemic managers carried out rapid risk assessments with their staff, with support from the Occupational Health team, to put in place risk mitigation measures and adapt ways of working as required to keep our staff as safe as possible. As more became known about groups of people that are at an increased risk of adverse outcomes from COVID we developed a comprehensive Risk Assessment Framework in partnership with our trade union colleagues, key stakeholders, the staff Black, Asian and Minority Ethnic (BAME) network and with support from a BAME COVID working group. This was also reviewed by the British Association of Physicians of Indian Origin (BAPIO) who provided positive feedback.

The COVID Risk Assessment Framework and the underpinning processes have been designed to support staff to remain as safe as possible as well as feel safe at work in accordance with the government's guidelines. The framework outlines to process for line managers to carry out a risk assessment for the work environment as well as working with each member of staff to assess their individual risk and put in place appropriate control measures with a further assessment with the Occupational Health team as required.

Our teams have been working hard to complete these risk assessments and document the individualised plans to mitigate risks as far as possible with our staff. On the 24<sup>th</sup> June 2020 Prerana Issar – NHS Chief People Officer wrote to all NHS Trusts asking them to make significant progress in deploying risk assessments and complete them – at least for all staff in at-risk groups – within four weeks. This letter also set out a requirement to publish a number of metrics and include these in our board assurance framework. These metrics are:

- Risk assessments have been offered to all staff
- Number of staff risk-assessed as percentage of whole workforce
- Number of staff risk-assessed who are known to be “at risk” as a percentage
- Number of BAME staff risk-assessed as a percentage

The “at risk” criteria is all BAME staff, all male staff, all white Europeans staff aged 60 or over, all pregnant staff and all staff with known underlying health conditions.

We have made good progress across the Trust with all staff being offered a risk assessment and, once these have been completed, reporting this so we can monitor progress. As at the time of writing, 21<sup>st</sup> July, the latest figures show that across both Trust sites we have completed:

- A total of 4504 risk assessments representing 58% of the total workforce
- 2606 risk assessments for staff that are in the “at risk” category representing 59% completion
- 1898 risk assessments for staff from a BAME background which represents 60% progress

Whilst good progress has been made with completing the risk assessment process there is still some way to go. The focus on completing these risks assessments will increase over the next two weeks as we continue to complete assessments and monitor progress with the aim to complete risk assessments for at least all staff in at risk groups by the deadline set for Friday 31<sup>st</sup> July 2020.

## **4. INFECTION CONTROL REPORT**

### **Covid-19:**

The Coronavirus (COVID-19) pandemic has been the pre-eminent focus of attention for the Trust and the Infection Prevention & Control teams in both the Bedford and the Luton & Dunstable hospitals. The case number trajectory followed the national one with peak numbers in the middle of April followed by a gradual decline.

Teams from both hospitals have worked together during this period. Dr Mulla has been appointed as the Director of Infection, Prevention and Control (DIPC) for both hospitals and the infection control nursing teams are working in closer collaboration. Joint Infection Prevention & Control committee is being created and is scheduled to have its first meeting.

During the current pandemic period a number of “normal” functions of the Trust were suspended and time has been devoted to managing the identification, diagnosis and management of COVID-19 patients admitted to the hospitals. The inpatient areas were converted to red, green and amber zones and extra intensive care and high dependency areas were created. Extra staff were mobilised from different services to look after some very ill patients. In the last month as the number of cases coming into the hospital is declining the Trust is now gearing up to “business as usual”.

A large programme of diagnostic testing was implemented early in the pandemic. Initially the Trust was sending samples to external organisations like the PHE. We have developed testing capability and capacity initially at the Luton site and more recently in the laboratory at Bedford as well.

Managing the flow of guidelines coming down from the DH, NHS and PHE was challenging. Guidance changed according to the available evidence particularly regarding the use of PPE (personal protective equipment). The limited supply of PPE for some weeks during the pandemic required a lot of careful management but we were able to ensure that our staff had the recommended PPE available to them throughout this period. In some instances the Trust has been ahead of national recommendations in recommending increased PPE use and diagnosis of asymptomatic staff by instituting point prevalence testing.

As national restrictions are being eased the expectation is that there will be localised outbreaks in the country. The DH is closely monitoring all testing results with the intention to re-impose lockdown restrictions. Recently Bedford borough has been

identified as having high rates of infection. A “deep dive” exercise to understand the reasons behind the figures has been launched by PHE and the local authority. The Trust is working in collaboration with the PHE and local authority and a final report is awaited soon.

The Trust needs to quickly consolidate on all the experience and learning acquired during the first 3-4 months of the pandemic and use it to plan for the months ahead.

The coming winter period is predicted to be a challenge for all NHS organisations. We will need careful planning for patient management and diagnostics for the winter.

Extensive Influenza vaccination coverage needs to be implemented in order to avoid the combined impact of three respiratory infections influenza, RSV and COVID-19.

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

During this period “routine” attendance in the hospital has gone down and treatments and procedures have been postponed which will result in skewing the figures for other mandatory reported infections. Please see below figures for both hospitals:

### **BEDFORD HOSPITAL**

#### **C diff : Quarter 4 2019 to 2020 ( Jan to March 2020)**

January 2020 1 case COHA (community onset healthcare associated). No Community cases

February 2020 1 case COHA (community onset healthcare associated) 2 GP Samples

March No cases 1 Community case

#### **C diff: Quarter 1 April to Jun 2020**

April 2020 No HA cases No Community Cases

May 2020 1 case COHA (community onset healthcare associated) 1 Community case

June 2020 1 case COHA (community onset Healthcare associated) No Community cases

### **MSSA**

Quarter 4 No cases 2019 to 2020. 5 Community cases for Q4

Quarter 1 No cases April 2020 to June 2020 3 community cases for Q1

### **MRSA**

Quarter 4 no cases 2019 to 2020 1 Pre 48 hours case/ community

Quarter 1 no cases 2020 April to June 2020 1 Pre 48 hours case / community

### **E coli**

Quarter 4 No cases 2019 to 2020 37 Community cases

Quarter 1, 1 case April to June 2020 20 Community cases

## LUTON AND DUNSTABLE HOSPITAL:

	Total for month	HOHA	COCA	COHA	CAIA	Wards									
Jun-20															
MRSA Bac	0	0	0												
C.diff	6	0	4	2	0	12	10&14								
E.coli	13	3	10			18&19A	SAU	19B							
MSSA	4	1	3			SAU									
Klebsiella	8	2	6			NICU	17								
Pseudomonas Aeruginosa	1	1	0			19A									
MRSA Screen	23	6	17			5	11	12	17	22	SCBU				
MRSA Clinical	10	1	9			17									
VRE	4	3	1												
CPE	0	0	0												
MDRO	31	10	21												
OUTBREAKS / INCIDENTS															

	Total for month	HOHA	COCA	COHA	CAIA
Apr - Jun 20					
MRSA Bac	0	0	0		
C.diff	20	4	9	6	1
E.coli	33	7	26		
MSSA	16	3	13		
Klebsiella	14	3	11		
Pseudomonas Aeruginosa	3	1	2		
MRSA Screen	56	8	48		
MRSA Clinical	23	2	21		
VRE	10	8	2		
CPE	0	0	0		
MDRO	95	37	58		

## 5. PATHOLOGY INTEGRATION

On the 1<sup>st</sup> July 2020 the merger of pathology services across Bedfordshire Hospitals took place after more than a year of detailed planning. 97 staff transferred from Viapath, the provider of pathology services on the Bedford Hospital site, returning to the NHS as employees of Bedfordshire Hospitals. The merger required transfer to the shared laboratory information system for Bedfordshire and was a huge undertaking for pathology and IT colleagues working with systems suppliers. Teams worked incredibly hard during that week to ensure the transfer of services with minimal disruption to services. We continue to engage with GPs to ensure that the transition has minimal impact on the way they access pathology services with the expectation that the integration supports our aim of offering improved turnaround times, access to an enhanced range of tests and a responsive local service. Over the coming year, we will see the transition of pathology services to the new target operating model, with consolidation of services to either the Bedford or Luton sites.

This work programme will continue to be overseen by the Pathology Steering group and the Integration Board.

## **6. MEDICAL EDUCATION UPDATE**

### **Performance & quality framework**

#### **Luton site:**

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

#### **Bedford site:**

Following the last exploratory visit in Jan 2020 the risk rating for various specialities at the Bedford site have been reduced demonstrating good progress but the visiting team identified some challenges that remain within the learning environment.

The specialities that show improvement but continue to remain on the risk register are Medicine, (rating at 16, ISF 3); Paediatrics (rating 12, ISF2) and Surgery (rating at 6, ISF1). There is an action plan that needs regular updates and submission. The next submission date is end of July 2020.

## **7. MANAGEMENT OF CQUIN**

HS England has confirmed that the operation of the 2020/21 CQUIN scheme will remain suspended for all providers for the remainder of the year; an allowance for CQUIN will continue to be included in the block payments made to Trusts. The CQUINs have all been identified in the Trust's quality priorities for the year and so the quality improvement work for all schemes will continue.

## **8. COMPLAINTS BOARD UPDATE**

Formal complaints were suspended and work through the Parliamentary Health Service Ombudsman (PHSO) ceased during Q1 2020/21. All issues raised either through Complaints or PALS Teams were logged as concerns, which allowed clinical staff to concentrate on front line duties rather than the formal complaints process. Work still continued with existing complaints and where issues were deemed significant investigations were undertaken. The PHSO lifted the suspension from July 1<sup>st</sup>.

Each site is managing the complaints and PALs function separately and therefore a structural review and consultation is in progress. Despite the slightly different structure, joint working has been in progress since late 2019 and a work plan has been developed providing clear direction for the patient experience agenda once the consultation/review is completed. The response times for both hospitals are also different and as part of the review a revised timescale needs to be agreed. Complex

complaints take longer to investigate and the suggestion is they are allotted the same response times as serious incident investigations. Once this is approved the complaints policy will be revised to reflect this.

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

The new cross-site Learning from Deaths Board met on 13 July 2020, chaired by Paul Tisi; this replaces the existing site-based Learning from Deaths Board (BH) and Mortality Board (L&D) with input from Deputy MDs, the lead Medical Examiner, nursing (Deputy DoNs, palliative care and resuscitation leads) and the clinical information team. The key function is scrutiny of monthly mortality metrics and to commission and receive reports on mortality trends and outliers. This reports upwards to the Clinical Quality Operational Board. Key points of note will be covered in the summary mortality report to board. The focus this month is on Covid and non-Covid mortality. Board are asked to note that for future mortality reports interpretation of risk-adjusted indices will require caution due to inclusion (SMR) or exclusion (SHMI/HSMR) of Covid data.

The learning from Deaths quarterly report is **attached as Appendix 1**

## **10. ANNUAL EQUALITY REPORTS**

The Workforce Race Equality Standards (WRES) and the Workforce Disability Equality Standards (WDES) are NHS initiatives and mandated in the NHS contract. NHS England removed the requirement to produce the WRES/ WDES this year on April 1<sup>st</sup> 2020 due to pressures anticipated in responding to COVID-19. This was reinstated at the end of May 2020 due to health inequalities being experienced for Race and Disability in the pandemic. Reinstatement was to the original report deadlines (August 2020) apart from allowing an extension to the deadline for devising and publication of WRES / WDES Action Plans to October 31<sup>st</sup> 2020.

The Annual Patient and Workforce Equality Information Reports on all protected characteristics deadline has been extended to be at the same time as the WRES / WDES action plans.

The Executive considered the WRES and WDES Reports Luton and Dunstable University Hospital NHS Foundation Trust (L&D) as they are for year ending March 2020, pre-merger. They were approved for publication and will be overseen by the Workforce Committee. The Bedford Hospital NHS Trust reports are currently being pulled together and will be presented to a future Executive and Workforce Committee.

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

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

## 12. GLOBAL DIGITAL EXEMPLAR (GDE) UPDATE

The Programme is in its last phase of work. The programme has drawn down £7.9M from the £10M budget. Due to the recent COVID-19 global pandemic, the programme board members have recognised the impact this has had on the programme and following a review of all workstreams and their dependencies it necessary to extend the Programme by six months. There is further work required in understanding the impact this has on the costs and the team are working to provide a cost impact and mitigations to them.

The GDE Programme has faced several challenges from the start but especially during this year with the Bedford Merger Programme and Covid-19 occurring at almost the same time has meant there had to be changes made to adapt to the changing environment. Over the past six months, the programme team have achieved contracts sign off on DASH, e-Portal and Business Intelligence and Milk Tracking. Paperless ED, Pathology Labelling and Milk Tracking business cases approved by FIP Board and the team have delivered milestones of e-Handover to doctors and nurses, fluid-balance, and digital photography.

There is ongoing work with NHS Digital to ensure funding milestones draw down are on track and benefits and blueprinting delivered in a timely manner.

## 13. CYBER SECURITY UPDATE

As ever cyber security remains a key focus of the IM&T services at the Trust. To this end, a number of projects and initiatives are being planned and implemented.

Projects to align cyber and data security services, policies and standards between the two sites and where we have tools and services common to both sites, we are looking at harmonising with the aim to improve performance and cost efficiency.

A review of the impact of covid-19 on cyber security will soon be undertaken. This aims to assess the cyber security response to covid-19, to learn lessons in the event of a second wave.

## 14. INFORMATION GOVERNANCE UPDATE

Following the merger in April 2020 amid the Covid 19 pandemic the Information Governance and Cyber Security Teams have been involved in the following activities:-

**Incident Management** – Increase in the types of incidents reported on both sites which included breaches of confidentiality breaches due to inappropriate access of Covid19 records which have required investigation by the IG Team.

**Freedom of Information** compliance to respond to FOI requests within 20 working days.



Bedford Site has decreased from an average of 98% compliance in Apr-May 2019/20 to 69% in 2020/21 due to delays in receiving information during the Covid response. Luton Site compliance has risen from 43.8% in Apr-May 2019/20 to an average of 67% in Apr-May 20/21

**Subject Access** - compliance to respond to Subject Access requests within 30 calendar days has decreased across both sites due to delays in sign off of records during the Covid response.

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

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

**Staff guidance** - Number of messages issued to Bedford Hospital on the importance of maintaining confidentiality due to new remote working practices

**Data Protection Impact Assessments** - Increased number of Data Protection Impact Assessments increased with relative short timescales for delivery. If any delays had occurred this would have impacted the deployment of the system by the IT Department and would have impacted patient care and collaborative working practices, an example of systems deployed quickly were Attend Anywhere (video consultation), vCreate (video messaging for parents unable to visit babies in neonatal care), A Touch Away (video messaging for patients to communicate with relatives, particularly beneficial for end of life Care)

**Data Security & Protection Toolkit (DSPT)** – DSPT Improvement plans for both sites merged. The improvement plan for Bedford Hospital is supported by a Cyber Security Risk Improvement Plan. Work is now progressing to submit a cross-site submission of DSPT on 30th September 2020 as the original submission date of 31st March 2020 was extended due to Covid 19.

*Collaborative working relationships developed resulting in effective and efficient processes being aligned as a merged organisation e.g. FOI Process, DSPT Submission/Improvement plan and weekly meetings with SIRO, Associate Director of IT (Bedford), Cyber/IG Leads.*

## 15. FREEDOM TO SPEAK UP (FTSU)

The role of the FTSU Guardian has been in place since 2016.

The FTSU Guardians help:

- Protect patient safety and quality of care
- Improve the experience of staff
- Promote learning and improvement

By ensuring that:

- Staff are supported in speaking up
- Barriers to speaking up are addressed
- A positive culture of speaking up is fostered
- Issues raised are used as opportunities for learning and improvement

The values upheld by FTSU Guardians:

- **Courage** - speaking truthfully and challenging appropriately
- **Impartiality** - remaining objective and unbiased
- **Empathy** - listening well and reacting with sensitivity
- **Learning** - seeking and providing feedback and providing opportunities to improve.

All contacts receive a response and where necessary, a follow-up investigation is instigated. The Guardian, where possible, will always provide feedback/progress to the individual to the individual who raised the concern and inform them of any changes/and or lessons learned as a result of their contact.

The Bedford Site Chaplain, Nicola MacIntosh was the FTSU Guardian on the Bedford site since 2016. After many years at Bedford she decided to leave the organisation and we would like to thank her for all her support and dedication to the FTSU Guardian role as well as her role as the Bedford Hospital Chaplain.

Following the departure of Nicola and the merger of the two sites, the future FTSU strategy is now being reviewed and will be reported to a future Board. This strategy will include:

- FTSU Guardians reporting into the Workforce Committee through the Director of Culture and OD
- A new FTSU Guardian for Bedford Hospital site starting in September 2020 to join the well-established FTSU Guardian at the L&D site
- The development of a formal FTSU Strategy

## 16. ESTATES & FACILITIES UPDATE

### Personnel:

- Graham Thorne, a member of the Bedford Hospital Maintenance team, sadly passed away on the 20<sup>th</sup> April due to a Covid-19 related illness. Graham had been with the Trust for 3½ years. The Trust has provided specialist support for any of his colleagues who required this during this difficult time.

### Hard FM Services - Luton & Dunstable

#### Water:

- Water Tank cleaning and repairing programme continues on site with the Surgical Block basement tanks next on the schedule of works commencing in August.
- Works to replace 14no Integrated Plumbing Systems has commenced on site which sees the basin, taps and surrounding panels being completely replaced.
- Water safety and hygiene contract let to Evolution for 1 year period.
- Water quality has improved with less positive results being shown over the site with better temperature controls and the installation of the Cooper silver ionisation plant.

#### Ventilation:

- The general air AHU's replacement works in the surgical block are progressing well. All works to the ground floor AHU have been completed with the roof plant

room AHU scheduled to be completed by the end of July. On completion both units will be under full control on the site wide Building Management System. Both AHU's have been installed with cooling coil sections that will be connected to the chilled water systems once the surgical block chillers are replaced.

- Following a procurement tender exercise a contract has been awarded for the replacement of three large roof mounted chillers to the Surgical Block. Once complete, in conjunction with the blocks general AHU replacement, all areas will benefit from tempered air which will provide a significant benefit to the internal environment during the warm summer months.
- AHU refurbishment works to theatres 1-4 and theatre 6 have been put on hold due to operational performance issues and contractor staff availability. A number of advanced works have been completed and the estates team are in discussion with the contractor to identify a revised down time period required to carry out the remaining refurbishments.
- Procurement for testing and maintenance of critical air handling units has been let to Messrs Howorth for a period of 5 years on a 3+1+1 Schedule. Programme of works / schedules have been set up in conjunction with the Theatres teams. Due to the number of units across the site the programme runs across the whole year.

#### **Electrical:**

- Electrical infrastructure project continues to progress. Substation H is complete and handed over, Substation G has been handed over and migrations completed.
- Works to install a new Low Voltage load centre in the hospital kitchen has been completed with electrical migrations complete.
- A significant Low Voltage electrical migration was successfully carried out in Sub Station D (surgical block) during the early hours of Thursday 16<sup>th</sup> July. Due to the nature of the works an Incident Command Centre (ICC) was set up and run throughout the works.
- Works to complete the High Voltage and Low Voltage electrical migrations in Sub Station D (Surgical block) are scheduled to be completed on Sunday 26<sup>th</sup> July / and the early hours of Monday 27<sup>th</sup> July. The final stages of this work will see comprehensive testing of the new automated electrical control gear. This process will cause multiple short power outages. Due to the nature of the testing regime the process will be managed throughout via an ICC.
- The first of the sites new High Voltage generators is scheduled to be on site towards the end of August. Once installed and tested the final element of phase one of the electrical infrastructure projects can be completed which will be the comprehensive testing of the automated High Voltage switching system. This process will again be carried out under the management of an ICC.
- Site wide PAT testing continues on site but has been delayed due to Covid19.
- Electrical Fixed installation testing was let in January 2020 and will resume in September 2020

#### **Boilers:**

- New EPC will replace all primary heating / hot water systems during 20/21. SSD steam boilers also due to be replaced as part of EPC as early works. HSSD is to be fed hot water services from the existing steam boilers via plate heat exchangers rather than from Maternity which was causing flow issues within the Maternity building.

#### **Lifts:**

- Following a procurement tender exercise a contract has been awarded for the major refurbishment of lifts 1 and 4. Works are progressing as programme which will see Lift 4, OPD returned to service on 14<sup>th</sup> August followed with works on lift 4 (Wards 4,5&6) commencing on 24<sup>th</sup> August with a schedule completion date of 30<sup>th</sup> October.

#### **Asbestos:**

- Major Asbestos clearance of the below ground ducts is well underway. Additional areas of contamination are being discovered and confined space issues are hampering the removal programme. Areas are being reviewed and progressed under a risk prioritisation process.

#### **Fire:**

- Fire compartmentation and door replacement contract has been placed and works are progressing on site. To date the contractors intrusive surveys have identified additional compartmentation breaches which are being progressed with planned works to mitigate disruption to wards and departments.

#### **Main Service Road:**

- Works in preparing footpaths and road sections are under way. The next stage of works will see access covers being broken out and replaced allowing access to the service ducts below. On completion of Substation D works and on removal of the temporary Mobile CT resurfacing works will commence the full length of the road. On completion the roads and footpath surface will be markedly improved.

#### **Personnel:**

- Electrical posts and Mechanical post are continue to be backfilled with agency staff

### **Hard FM Services – Bedford Hospital**

#### **Decontamination:**

- Steam quality issues in SSD are being investigated but this is not affecting the service.

#### **Medical Gases:**

- The site lacks accurate drawings of the medical gas pipeline systems therefore an order has been placed with Medical Engineering Services Ltd to produce these. MES commenced surveying the site on 6<sup>th</sup> July and have completed the service ducts, basements and plantrooms. They are now preparing drawings to this point and will return to site on 27<sup>th</sup> July to survey other areas of the site.
- K&H Medical Ltd carried out an inspection of the oxygen pipeline system in April and identified a number of leaking valves. Significant oxygen shutdowns were arranged and in the main the valves were successfully replaced. However due to the inaccuracies of the existing oxygen pipework schematic drawing on one occasion oxygen was lost to CCC and Harpur ward. According to the drawing these areas should not have been affected. The work was immediately aborted, rearranged and completed following further investigation of the pipework routes by the Estates team. No harm occurred to patients during the loss of oxygen but this is now the subject of a serious incident investigation.
- K&H Medical have checked all oxygen terminal units across the site and repaired approx. 30 minor leaking units.

- It became apparent during the early stages of treating Covid-19 patients the bulk oxygen vaporiser can only pass 917 litres/min of oxygen (the control panel is rated at 3000 l/min) so close control of oxygen usage across the site is essential.
- To address this issue the site vaporiser needs to be upgraded to allow increased oxygen availability.

#### **Water:**

- The 2020/21 sampling regime is under way with an improvement in positive counts from last year in the locations tested so far. There are currently no positive pseudomonas samples in any of the three augmented care areas.
- Cauldwell Centre continues to have issues with positive counts, particularly on the hot side of the system. The latest results show continued improvement following various control measures implemented. Upper ground has a higher count than previously which is suspected to be due to a decrease in use over the last few months.
- Chlorine Dioxide monitoring shows that the three plants at the main site continue to perform well though throughput has reduced as water usage has decreased. Although the chlorine dioxide unit serving the main ward block presently continues to dose adequately the unit is in need of replacement in the near future.
- A water safety audit by the AE (Water) has recently been undertaken, compliance levels remain high though log book operation has dropped lower than normal due to COVID reducing staff numbers and access being difficult in some locations

#### **Ventilation:**

- Annual verification of all identified critical ventilation plant is in date. The 2020/21 program has commenced with theatres 4, 5, 6, 7, 8 and the mortuary ventilation systems now complete. Theatre 8 and Lower Recovery require a rebalance as the ventilation regime has changed in some rooms but remains in the correct direction. Remedial work is planned for 1<sup>st</sup> August. Medical Air Technology carries out the verifications.
- A replacement packaged water chiller serving the ventilation plant for theatres 1, 2, CCC and main recovery was successfully installed in May 2020

#### **Electrical:**

- PAT Testing is under way for 2020/21 though 'Red' areas are being delayed for the time being.
- The Fixed Wire testing regime for 2020/21 is currently being tendered and likely to go ahead late Autumn. The reports from 2019/20 are being reviewed and any defect items found will be rectified in priority order and as access allows.
- Tendering has been undertaken to upgrade the ageing electrical infrastructure in Radiology and the Old Sector of the main site. It is planned to carry out part of the upgrades as enabling works for the MRI 1 replacement project.
- Emergency Lighting testing continues by the in-house team and capital monies are allocated to continue the replacement programme during 2020/21

#### **Insurance Inspections:**

- All significant insurance items have been inspected and are currently in-date.

#### **Service contracts/Service Repairs**

- Servicing of critical Estates managed equipment is up-to-date

- MRI 1 Chiller requires significant repairs which needs to be undertaken by the Original Equipment Manufacturer it is anticipated this will be done in late July or early August
- Other repairs are done based on risk and priority

#### **Lifts:**

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

#### **Asbestos:**

- All asbestos re-inspections are up-to-date.
- Minor asbestos CAF gasket removal project pending on a section of the steam line (in the basement of A&E/OPD).
- Asbestos management register is up-to-date.

#### **Fire:**

- Installation of section of fire-rated curtain planned for the first two weeks of August in Richard Wells Ward. This will impact occupancy in that area
- Completion of all identified fire-door works in Horseshoe (residential) Block due 24/07/2020.
- Replacement of identified fire-doorsets in various areas of the Old Sector due to commence (date tbc).
- Replacement of all fire-doorsets on the 1st floor of Rye Close (Block 28) being planned.
- Servicing of the portable firefighting equipment was delayed due to Covid-19 and access issues but is now complete (colour code – green).
- Fire alarm activations: 2020/21 April/May – 9  
2019/20 - 59  
2018/19 - 84  
2017/18 - 87
- Fire risk assessments are up to date

#### **Capital Projects:**

- Education Centre. The project is scheduled to be handed over to the trust on the 17<sup>th</sup> August 2020. The project delivers a lecture theatre, a seminar space which can be subdivided to provide two class rooms, a clinical skills lab and a new sim suite. This will leave the existing education centre vacant, which whilst it is end of life could be used in the short term to support recovery.
- MRI 1 Replacement. The project has been tendered and a contractor has been provisionally awarded the construction works. The contract will be awarded on receipt of funding for the replacement scanner itself which has been approved.
- Equality and Diversity. Refurbishment of the main ward blocks visitor toilets to provide hygienic accessible and dementia friendly facilities. Two of the toilets have been delivered, with a further two due to be completed over the coming weeks.

## Soft FM Services – Luton and Dunstable

### Cleaning Standards:

Since the start of COVID-19 pandemic we have seen an increase requirement on the domestic and housekeeping services, whether it is additional PPE donning & doffing procedure, discharge clean, and additional time to take meal orders and provide meals.

### Key Cleaning KPI's:

	Target Score	Engie Reported Scores – Jan	Engie Reported Scores – Feb	Engie Reported Scored – Mar
Very High Risk	98%	97.27%	97.43%	97.57%
High Risk	95%	93.59%	93.22%	93.91%
Significant Risk	85%	93.82%	91.38%	85.84%
Low Risk	75%	81.04%	86.12%	N/A

### Food Safety / Patient Services:

	Target Score	Engie Reported Scores – Jan	Engie Reported Scores – Feb	Engie Reported Scored – Mar
Correct Meals	97%	100%	99.76%	100%
Correct Temperature	100%	99.83%	99.68%	99.79%
Correct Special Diet	100%	100%	100%	100%
Correct Time	96%	97.10%	97.54%	97.51%

### Switchboard / Helpdesk:

- During the early hours of Thursday 16<sup>th</sup> July during a planned electrical migrations exercise in connection with Sub Station D, the switchboard and IT department implemented part of their business continuity plan and set up a remote switchboard operator in the estates department. The remote workstation worked as planned and a similar exercise will be implemented during final phases of Substation D testing and commissioning.

## Soft FM Services – Bedford

### Domestic Services:

- A number of staff are still shielding at home, consequently there has been a need to back fill with agency staff. The need to use agency staff is slowing diminishing and it is expected to cease by the end of August.
- The PEG (Patient Environment Group) has now been reintroduced as from July
- In accordance with the NHS pay and conditions, the transition work to offer staff the opportunity to move from Band 1's to Band 2's has now been completed.
- Patient surveys for cleaning standard to be reintroduced in July

### Catering:

- No change in patient catering standards – continues to be well received.
- Patient catering surveys to be done in July
- Income in the Swannery is down by 60%
- No visitor of in-patient catering services available at present
- In accordance with the NHS pay and conditions, the transition work to offer staff the opportunity to move from Band 1's to Band 2's has now been completed

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

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

#### **Car Parking:**

- Car parking capacity at the hospital site is currently, however, once the visitor and in-patient footfall increases there will be capacity issues onsite will return.

## **17. COMMUNICATIONS AND FUNDRAISING**

### **COMMUNICATIONS EVALUATION REPORT – Apr to Jun 2020**

Apr to Jun 2020 has been the most challenging quarter in NHS history as the world began to manage the coronavirus pandemic. This was also a period of great change for the local health economy with the two acute hospital Trusts coming together to form one organisation, Bedfordshire Hospitals NHS Foundation Trust. Therefore the vast majority of the communications activity has been dominated by these two significant events. A brief round up of this activity is outlined below which includes information for both hospital sites.

**External Communications and Media** – As with all NHS Trusts, this is the busiest period for media interest. The Trust as a whole has received over 100 media enquiries this quarter with the vast majority relating to COVID-19. Media enquiries have mainly come from the Broadcast sector (BBC Look East, ITV Anglia and BBC 3CR) with enquiries from our local media digital and print outlets (Bedford Independent, Luton News and Beds Times and Citizen) coming in second. The unfortunate deaths of our members of staff received the most interest from the media and logged the most enquiries. However the fundraising efforts of Captain Sir Tom attracted the second highest amount of media enquiries due to the fact of BHFT being his local Trust where he received treatment. The Trust also revealed the plans to name the redeveloped gardens at Bedford Hospital after the local fundraising hero which was also of significant interest to digital and broadcast media outlets.

**Social Media** – Following the merger each hospital site still has separate social media accounts but have changed their names, description and logos to reflect it is now one large Foundation Trust. A social media strategy is being developed which will set out long-term plans to move to one account on each social media site for e.g. one BHFT Facebook account and one BHFT Twitter account.

Hospital site	Social media	Number of	Increase from Apr
---------------	--------------	-----------	-------------------



	channel	followers	20?
Bedford	Facebook	6,817	+972
L&D	Facebook	8,297	+1,151
Bedford	Twitter	5,472	+339
L&D	Twitter	4,625	
Bedford	Facebook Maternity Page	3,353	+1,877
L&D	Facebook Maternity Group	780 members	N/A as set up as a group and not a service page

We are becoming more aligned with our posting from both sites, as a new Trust, and this seems to be well received with our followers so far.

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

- Merger video on 1<sup>st</sup> April reached over 40k people across both hospital's social media sites
- Easter video urging people to stay at home reached 90K people
- Video of Nora leaving hospital reached 302.3K – the best performing L&D post **ever**
- We have received an incredible amount of engagement on all of our posts during COVID (on posts that are COVID related and those that aren't) but the top performing post that had global reach was the post from the Bedford Maternity Facebook page containing helpful tips for our pregnant women during the heatwave which reached over **1.9 million people**
- Our social media campaign during Volunteers' Week was very successful with each volunteer post reaching between 3.6K people and 10.5K people on Facebook
- Our posts recognising Captain Sir Tom Moore on his 100<sup>th</sup> birthday were well received too, reaching between 4.2K and 15K on each post throughout the day
- The announcement that the L&D is going smoke-free from 3 August reached 20k people and had a significant amount of support from the public and staff
- Video of staff at Bedford Hospital observing the national one minute silence for all key workers who lost their lives to COVID engaged with over 76,000 people on Facebook and was included in the BBC Look East news programme
- Video of emergency services clapping outside on the first Thursday in April reached over 110k people making this our best performing tweet .

**Internal Communications and Events** – We successfully launched a new Trust website on 1 April which came shortly after new intranets going live at each hospital site. All three digital projects are still being developed but are a significant improvement to the channels previously in place. Feedback from staff about the new user friendly intranets has been very positive and helpful for us the impact of these developments. The long term plan to move to one Trust wide intranet is still in place but we are clear that this will depend on IT implementation plans to ensure we have a system in place to support this.

The new website has also demonstrated to be a significant improvement from the previous websites (especially the one for Bedford Hospital) and most importantly will meet the new Government requirement for all public sector websites to meet

Accessible Information Standards. The national deadline to achieve this is by September 2020 which the Trust is now set to have in place and comply by this date. Implementation of content from two hospital Trusts into one website was always planned to have a longer completion time due to the volume of work involved. New and updated content is being uploaded on an almost daily basis and the team can swiftly respond to most staff requests for amendments and developments to specific areas of the website. Feedback from website users has been positive on the whole – however where concerns or queries were made about different areas of the site, the communications team have been able to respond and rectify in a prompt manner.

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

## **FUNDRAISING:**

### **Charity Report:**

The Charity, with the help of our supporters, has endeavoured to support both sites through the COVID crisis, examples of support below:

- Supporting three well-being hubs with volunteers, donations of food, drink and goods
- Distributing food, drinks and gifts to all areas of the hospitals at the crisis peak, focusing down to COVID specific areas as areas reopened
- Putting in place a Standard Operational Practice at Bedford following merger to ensure distribution of items was mirrored on both sites
- Working with Bedford and the external Bedford Charity to ensure donations were handled correctly, donors recorded, thanked in line with GDPR requirements
- Supporting nursing day on both sites, Bedford external charity providing hampers for Bedford and the hospital charity; 1000 gift bags for L&D, as well as food and drinks for day
- Working to put in place a fast track volunteer service to support PPE, well being hubs, mask distribution and maternity packs distribution from Bedford
- Supporting volunteers at home, ensuring social inclusion, over 80% on both sites were not able to come in
- Sourcing and distributing thousands of PPE items for both sites, putting together packs for staff
- Supporting with personal packs for staff needing overnight accommodation and bags for staff mask fitting
- Ensuring donation routes were safe and prominent, working with companies on donations of goods and individuals on ways to support from home
- Celebrating the NHS Birthday on both sites, using remaining donated items as staff give always

### **Charity Merger:**

During the crisis the hospital merged. The charity has ensured that from point of merger both sites have followed strict donation procedures and the governance has been put in place for both sites, also supporting the external Bedford Charity in this. The charity is currently working on merging both Corporate Trustee Charities, processes and accounts.

## **18. POLICIES & PROCEDURES UPDATE**

The following policies have been approved:

- No Smoking Policy
- Standing Orders

There is a programme of policy integration in line with the Post Transaction Implementation Plans overseen by the Integration Board.

## Learning from Deaths – Quarterly Report 14/07/2020

### 2019/20

#### *Bedford site*

The quarterly report on Learning from Deaths is usually published 3 months in arrears to allow time for case note review and to identify any learning. It should be noted that this does not replace the monthly reporting of mortality metrics (1 month in arrears), other mortality indicators (6 month data set) or the SHMI report (published monthly).

This report focuses on the year April 2019 – March 2020. Data for the 1<sup>st</sup> quarter of the current year is currently under review as the number of mortality reviews reduced considerably in light of the Covid-19 pandemic.

Bedford Hospital's position prior to merger was that all deaths are under scope for review with a plan to refine this once the Medical Examiner role was fully implemented with selected deaths undergoing a structured judgement review (as per Luton & Dunstable Hospital). Post-merger we are in the process of moving Bedford Hospital to the Datix Cloud IQ system which will allow use of the electronic structured judgement review.

Avoidable deaths include:

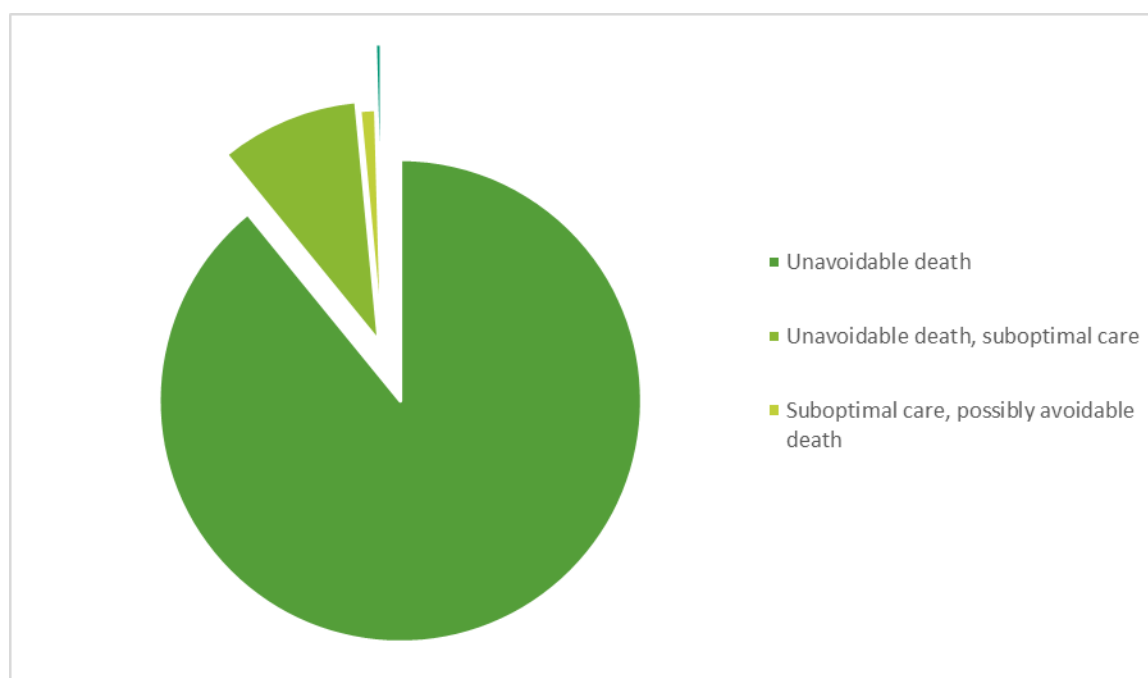
- those investigated under the SI Framework (as reported to board monthly) and assessed as avoidable (*N.B. there will be a delay between date of death and determination of avoidability due to the time required to complete the investigation – 60 working days*).
- those graded as NCEPOD 'E' on mortality review (*less than satisfactory*) with a preventability score of 3 (probable avoidable death).
- deaths deemed avoidable following a coroner's inquest.

Inpatient deaths	Total	Reviews completed
Quarter 1	209	98 (47%)
Quarter 2	194	87 (45%)
Quarter 3	225	61 (27%)
Quarter 4	234	30 (13%)
<b>Overall 2019/20</b>	<b>862</b>	<b>276 (33%)</b>

Q1 figures exclude one death in a patient who was transferred to another centre with necrotizing fasciitis. A further 3 deaths are subject to external review: one child death which is being reviewed through the CDOP; one maternal death and one neonatal death which are under investigation by the HSIB. All cases were reported through the SI process.

#### **Outcomes of reviews**

For the year ending 31/03/2010, 3 cases have been classed as possibly avoidable. 3 cases are still awaiting inquest and will undergo mortality reviews once the inquest has concluded. A further 3 cases are under review post-inquest and a 2 are still being investigated through the SI process.



Preventable deaths (>50% probability) – 0% of cases reviewed (n=0)

*\*NB. Note data may change following completion of SI investigations and outcomes of inquests*

#### Deaths in people in groups under special focus – 2019/20

Group	Total	> 50% likely preventable
People with learning disabilities* <i>Included in above figures</i>	4 reviewed (n=4)	0
People with severe mental illness <i>Included in above figures</i>	0 reviewed (n=0)	0
Maternal deaths, child deaths, stillbirths	Not reported through LfD methodology	

One further death in a patient with learning difficulties (expected end of life) was a community death and not included in the above figures.

2 patients with learning disabilities contracted covid-19 and died in hospital during Q4. Mortality reviews for these patients are in progress.

#### Learning themes identified

Contributing to preventable deaths	The need for consultant-to-consultant discussion for sick patients
Contributing to preventable deaths	Admission of patients with unsuspected surgical problems to medical wards
Not contributing to death	Failure to recognise patients requiring end of life care and over investigating/over treating them.

*Adapted from West Suffolk Hospital NHSFT (acknowledgements - H Jopling, N Jenkins)*

## **Medical Examiner update**

Three medical examiners are in post at Bedford. The first started working one day a week in January. In March 2020, two of the MEs returned to full time clinical work during the pandemic and the third took over duties working 5 mornings a week. All three are now working covering Monday to Friday. Not all deaths are scrutinised but priority given to those which are unexpected, occur within 24h of admission to hospital or where concerns have been raised either through the Medical Examiners or the Serious Incident process.

A Lead ME for the merged organisation was appointed in March 2020 and will be working with the Senior Coroner for Bedfordshire and Luton to further establish the process.

## NURSING AND MIDWIFERY STAFFING REPORT

**JUNE 2020**

### Introduction

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

As far as possible the report uses the same approach and metrics to produce comparable data and a narrative that reflects the Trust as a whole however there will be some areas where it is not possible to do this at present, in these situations the report addresses the issues of specific sites with no comparable data shown for the other site. It had been hoped that reporting for post-merger would have been completed for Month One however due to the exceptional circumstances presented by the COVID19 pandemic it was not possible to make sufficient progress to achieve this.

COVID19 did not only present challenges to the progression of the Trusts merger, it presented and continues to present significant workforce challenges. As part of the preparation for managing the response to COVID19 the NHS planned for a >20% reduction in available staff due to COVID whilst at the same time expecting a significant increase in demand for hospital services. The government strategy focussed on flattening the pandemic curve and building large field hospitals to ensure that the hospitals were not overwhelmed. To address the expected staffing gaps and fill the needs of the Nightingale hospitals multiple initiatives were implemented to rehire staff who had left the NHS due to retirement or other reasons, expedite the registration of overseas nurses in the UK awaiting OSCE assessment and to optimise the use of the healthcare students.

Fortunately while there was a significant increase in staff unavailability the expected tsunami of patients requiring hospital care did not happen, this meant that we had sufficient staff to meet demands and on occasions the additional staff meant that areas exceeded plan.

		Bedford Hospital Site			Luton and Dunstable Hospital Site			
Overall Ward Fill Rate		Apr 20	May 20	Jun 20		Apr 20	May 20	Jun 20
	% of Registered nurse day hours filled as planned	94.63%	100.78%	98.5%	% of Registered nurse day hours filled as planned	87.84%	93.8%	98.8%
	% of Unregistered care staff day hours filled as planned	118.24%	118.03%	118.73%	% of Unregistered care staff day hours filled as planned	87.59%	96.5%	100.3%
	% of Registered nurse night hours filled as planned	93.69%	99.04%	101.17%	% of Registered nurse night hours filled as planned	93.96%	96.3%	96.8%
	% of Unregistered care staff night hours filled as planned	105.32%	115.30%	117.78%	% of Unregistered care staff night hours filled as planned	91.91%	92.3%	97.5%
	% allocated for Enhanced Patient Observation (Specials)	0.63%	5.28%	3.19%	% allocated for Enhanced Patient Observation (Specials)	8%	14%	Data not available
	% of total overall planned hours	100.35%	107.17%	106.16%	% of total overall planned hours	90.91%	94.84%	98.4%



## Bedford Hospital Site

## Luton and Dunstable Hospital Site

The fill rate data presented above is taken from the UNIFY workforce extract and is calculated based on the number of patient care hours actually worked compared to the number of care hours required to fulfil the wards agreed shift template.

As part of the COVID19 response the use of wards and other clinical areas has changed significantly in some cases, for example Richard Wells Ward at Bedford is now protected for the “Super Green” Surgical Pathway however it had had low levels of activity in June and as such the shift demand was reduced. Wherever possible these alterations have been recorded on e-Rostering and will be reflected in the Unify data.

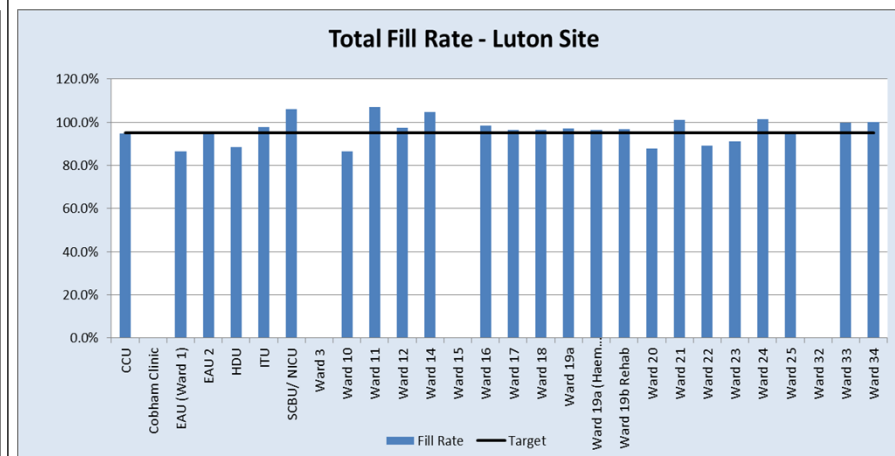
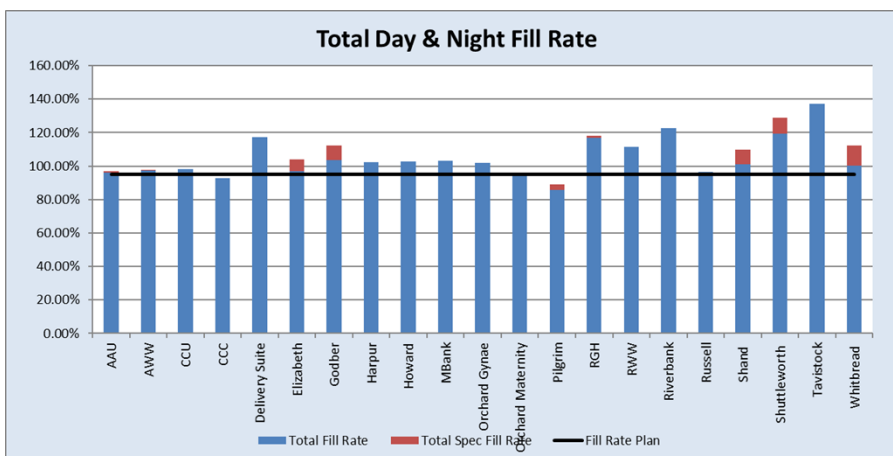
It is not possible however to reflect reduction in staff required as a result of beds being unavailable due to COVID contacts, this situation therefore slightly distorts the planned and actual numbers and therefore the fill rate overall. This situation applies to both sites.

At the L&D the number of COVID-19 patients peaked in April and has declined since May. Wards were reconfigured and staff redeployed as part of the organisational strategy to maintain safe staffing during the pandemic. Bed occupancy increased in June however this did not impact on staffing levels.

The Aspirant Nurses and Overseas Nurses that joined the Trust as a result of the national campaign remain on the register until August. 4 wards remained closed and sickness among nursing and midwifery staff improved in June.

All of the above positively impacted on workforce fill rates and CHPPD leading to the highest figures recorded in the last 12 months.

## Fill Rate by Ward



## Bedford Hospital Site

## Luton and Dunstable Hospital Site

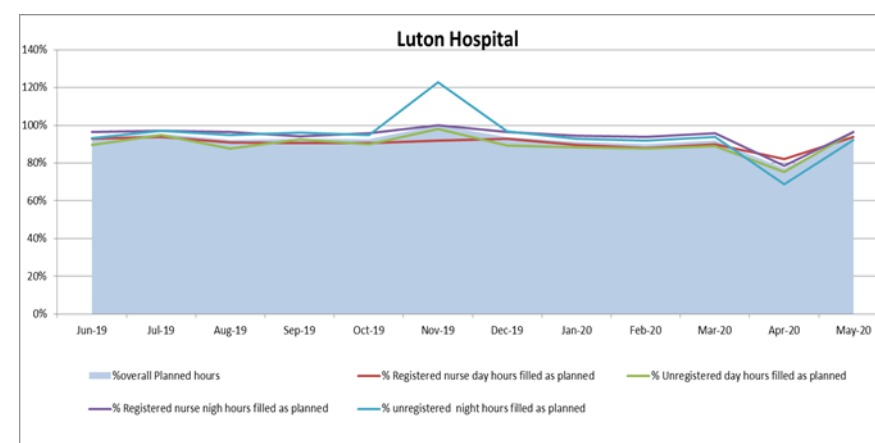
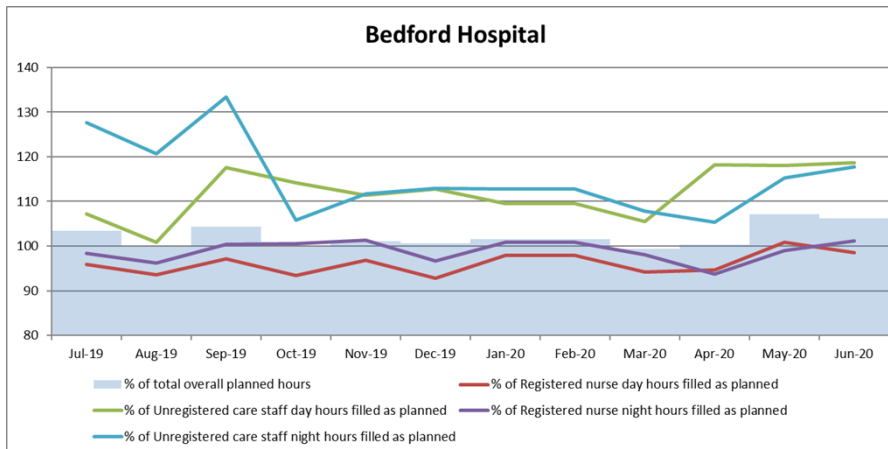
A Number of Wards demonstrate a greater than plan fill rate, this is due to the use of Enhanced Patient Observation (EPO) shifts. Pilgrim Ward was the only ward to have staffing levels below plan, however this is predominantly a data issue as the ward had a varying numbers of empty beds that resulted in lower staff requirements, this is not captured on e-Rostering at present.

Back in April sickness and staff shielding contributed to a significant reduction in fill rates at the L&D. Some specific wards with higher admission of COVID-19 patients such as respiratory (ward 10) was one of the most challenging wards to fill. There were other issues like staff anxiety and concerns around PPE that also impacted. As the situation improved over the last couple of months there has been an increased fill rate across all wards.

The reduction in demand for enhanced care contributed to a 90% fill rate in most wards.

The Trust will continue to explore ways of maintaining high fill rates to support staff and ensure patient safety.

### Fill Rate by Ward Trend



## Bedford Hospital Site

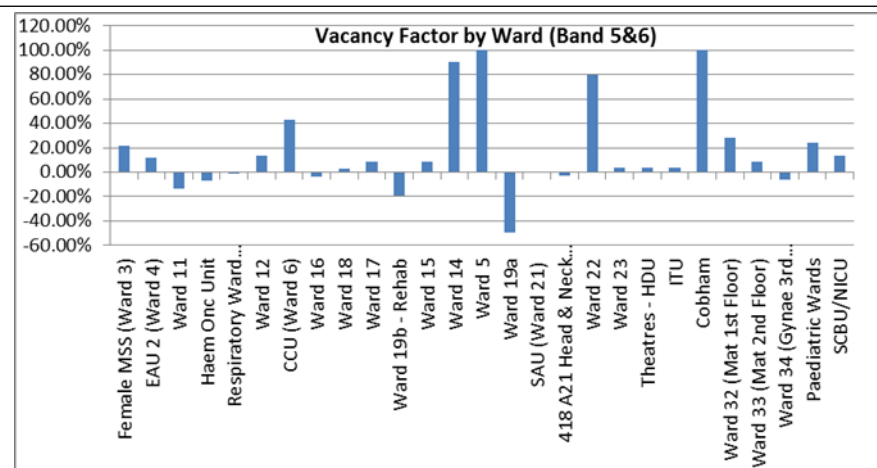
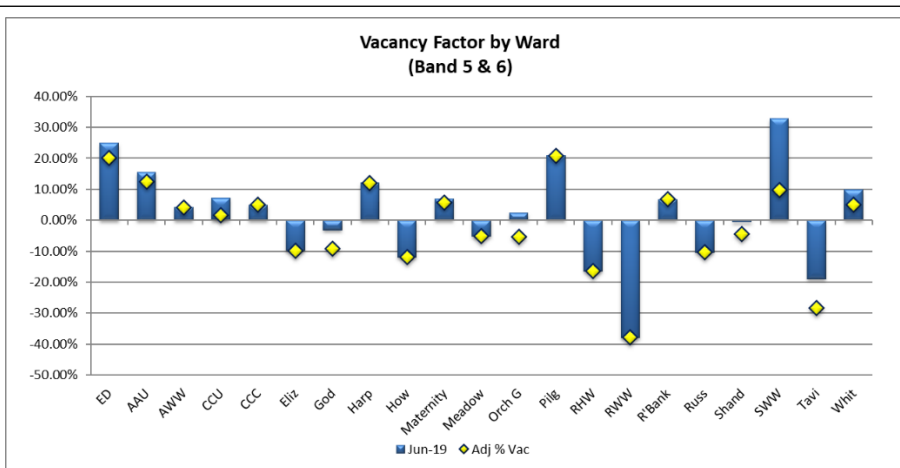
## Luton and Dunstable Hospital Site

Fill rate at Bedford remains above 100% due to the number of EPO shifts being required and increased fill rate due to having the ability to flex staff from areas with closed beds or low occupancy. Night fill rate for RN's exceeds plan as a result of the use of RMN's.

Latest (June) ward filled trend at Luton is not available at time of submission. Graphs display June 2019 to May 2020.

At Luton there was a greater impact from staff sickness and shielding. Measures were put in place to mitigate this situation with the closure of wards but it was not without challenges. In June sickness among Nursing and Midwifery dropped by 2.15 % and nearly 4% among nursing support workers. As well as the improvement in sickness rate, AHP's who worked with the nursing teams as part of the COVID-19 response strategy continued in June, a robust swabbing process all contributed to the improved rates recorded in page 2.

Vacancy % by Ward



## Bedford Hospital Site

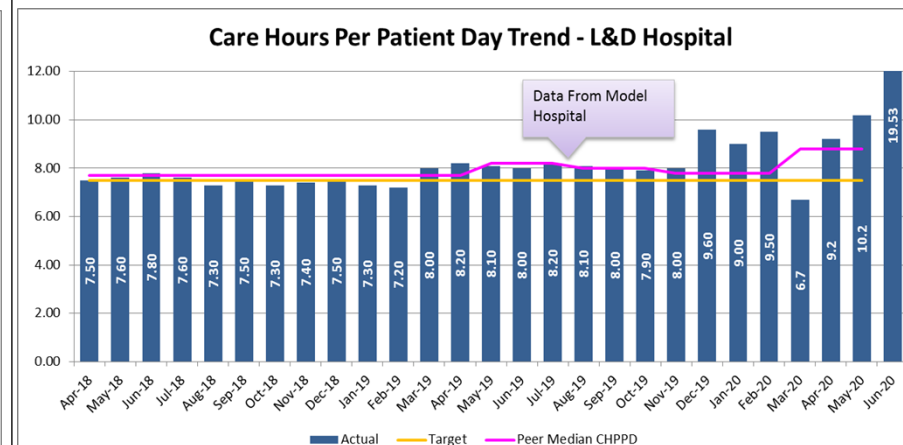
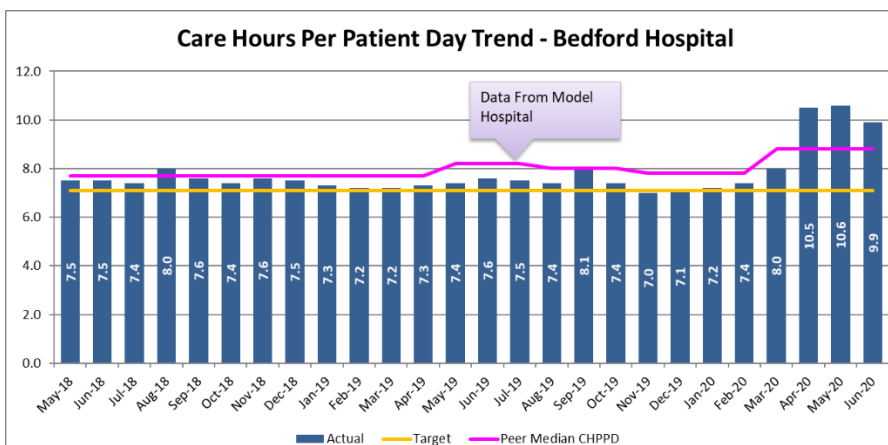
## Luton and Dunstable Hospital Site

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

As part of the organisational strategy to maintain a healthy workforce during the pandemic, recruitment at the L&D and Bedford Sites continued throughout but the process was amended to maintain staff and candidate safety.

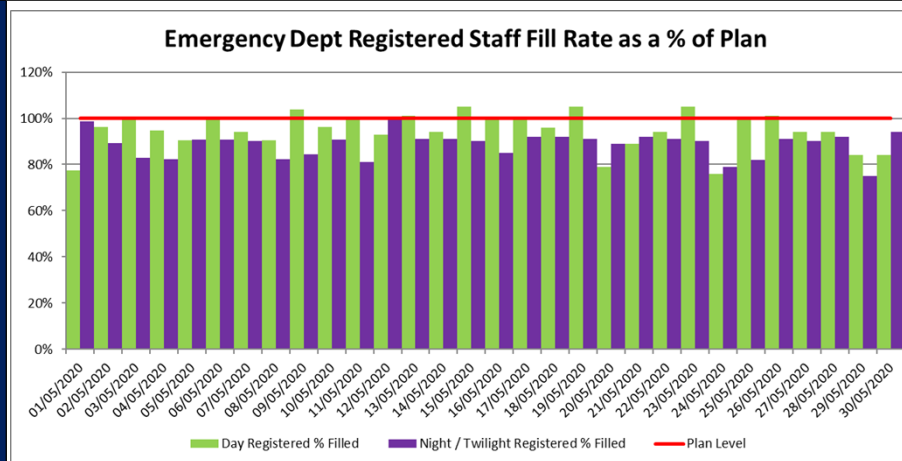
The data is a reflection of the reconfigured wards within the organisation, e.g. Ward 14 which was a part of critical care during the pandemic is now closed like wards 22 and CCU. Other areas showing as over established are due to the redeployment of staff.

CHPPD Rate



Bedford Hospital Site	Luton and Dunstable Hospital Site
	<p>Care Hours Per Patient Day is a metric that is promoted for use as a standardised measure of effective and safe staffing, the metric takes the number of actual hours worked in direct patient care shifts and divides this by the number of patients in hospital beds at midnight each day. As with all workforce analysis techniques CHPPD should not be taken in isolation but rather be used as one of a number of measures that produce an overall picture.</p> <p>The overall CHPPD for the Trust is based on agreed ward templates and average bed occupancy at midnight is 7.1 for Bedford Hospital and 7.5 for the L&amp;D, this is known as the “Target CHPPD”. The actual CHPPD during normal times averages at 7.4 at Bedford and 7.7 at L&amp;D, this reflects the use of EPO shifts which are not planned for in addition to periods of lower bed occupancy over the 12 month period. (Due to differing data collection over time the L&amp;D CHPPD from March to May is that of registered staff only)</p> <p>In terms of measuring effectiveness and safety, both sites tend to exceed planned CHPPD. For CHPPD to be truly useful the measure needs to be compared with peers, this is shown on the pink line of the chart above, our peer group for this measure is made up of our surrounding trusts however at this time there has been no update to the Model Hospital data since the COVID 19 pandemic took hold and so we cannot currently compare with our peers.</p> <p>The trends for both site match and have shown an increase to above plan, this reflects the reduction in patient numbers in comparison to the number of staff providing care, this was achieved through the deployment of non-clinical and specialist nurses, return to practice nurses, students volunteering for paid placements and the emergency registration of overseas nurses.</p> <p>Managing staffing through this period has been challenging and will continue to be so for some time as a result of the dynamic nature of the pandemic, the impact of Test and Track processes and the need to continue to effectively and safely manage patients with COVID.</p>

## Bedford Hospital Site



## Luton and Dunstable Hospital Site

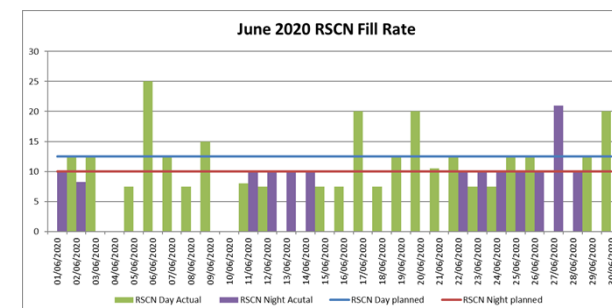
Data Not Reported at Present

ED general and children's nursing fill rate has been reported at Bedford Hospital following an extensive review of the ED template and due to the challenges face in meeting RCPCH, RCEM and RCN guidance on children's nursing in Emergency Departments. This guidance states that a minimum of 2 Registered Children's Nurses should be on Duty 24/7 in departments that see children. Due to recruitment difficulties this is not currently deliverable and so the aim is to provide 24 / 7 cover with a second Children's Nurse on duty between 12 noon and 12 midnight (the busiest times for children's admissions). In addition the department is supported by paediatrics and has a number of adult trained nurses who have paediatric competencies.

Children's Nurse cover has been increasingly challenging due to increased vacancy rates, ongoing difficulty recruiting and the lack of children's Nurses available through agency during COVID. Plans are in place between Paediatrics and ED to improve recruitment and development of staff to be able to work on a rotational basis where appropriate however this will take time to achieve.

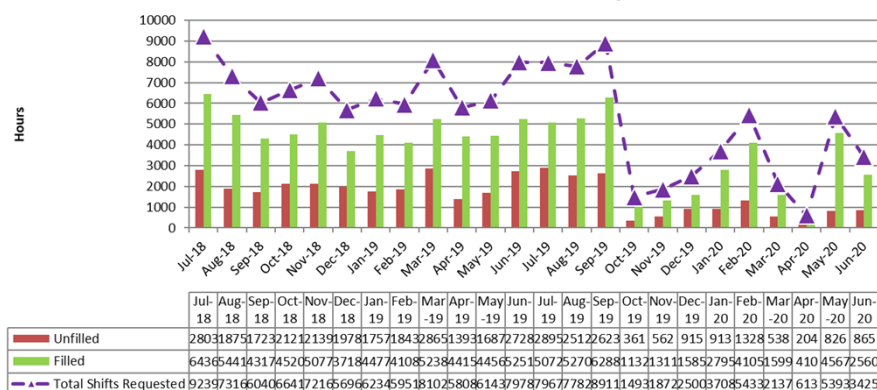
The shifts where plan had not been met in June had been risk assessed by the senior team in the department and it was felt that it was safe to leave the shifts uncovered because of reduced activity and alternative staff being available to support if needed.

Throughout the COVID situation the department has flexed to meet constantly changing demands, this included cancelling shift demand where it was felt on the basis of professional judgement that staffing levels could be reduced.



## Bedford Hospital Site

Bedford Filled and Unfilled EPO Duties by Month



June saw a reduction in overall EPO demand of 1967 hours compared to May at Bedford, of this the RMN requirement fell by 522 Hours.

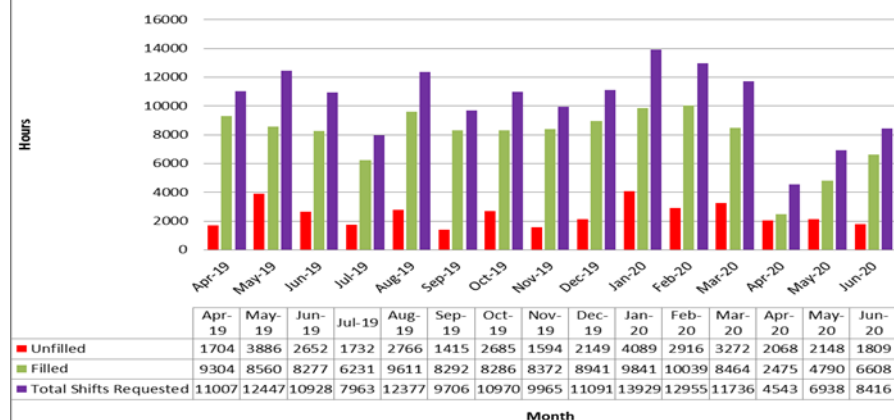
At Luton the demand for enhanced care have been at the lowest in recent months due to a decline in bed occupancy and change in patient profile. April saw the lowest request for the last 12 months with 4543 hours needed on 258 occasions. Despite the reduced demand the impact of coronavirus on staffing meant not all request were filled, under such circumstances changes are made to the nurses work plan to mitigate risk.

The demand is gradually rising following the trend of increased admission and reduced numbers of COVID-19 patients. In June there was total of 8416 hours required for 438 occasions.

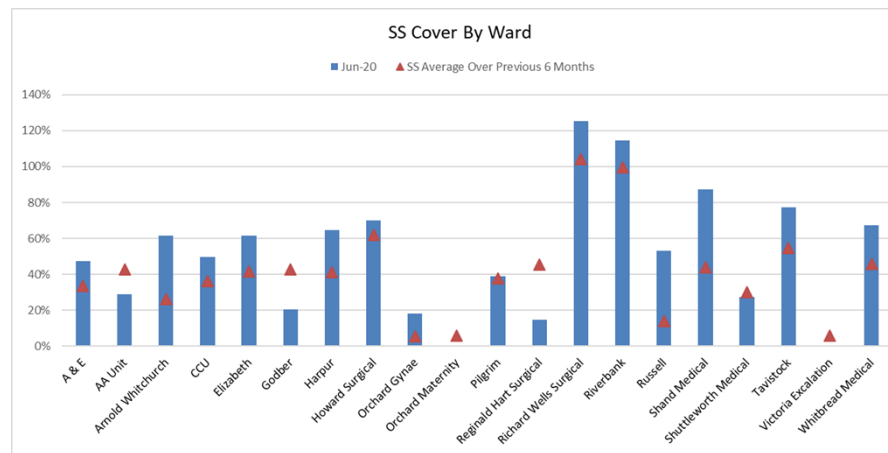
Enhanced Observations for Mental Health patients although reduced this month is a significant and growing issue, as a result options are being explored to improve the continuity of care and carer for this group of patients.

## Luton and Dunstable Hospital Site

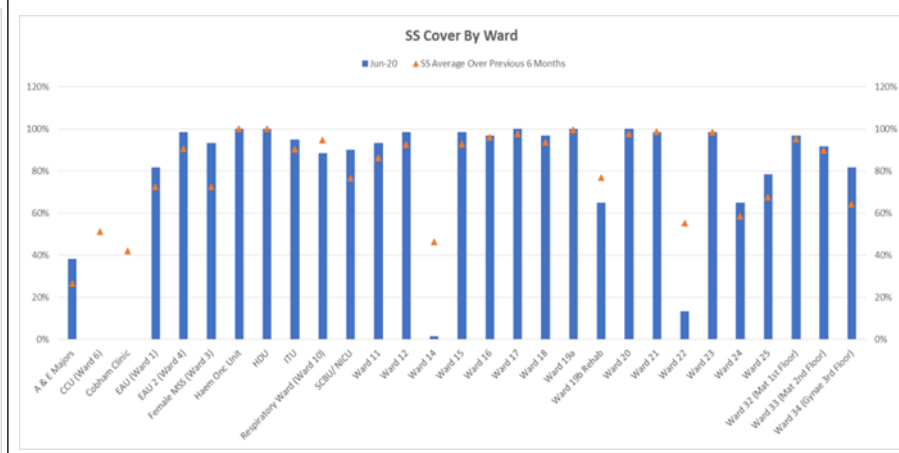
Filled and Unfilled EPO Duties by Month



## Bedford Hospital Site



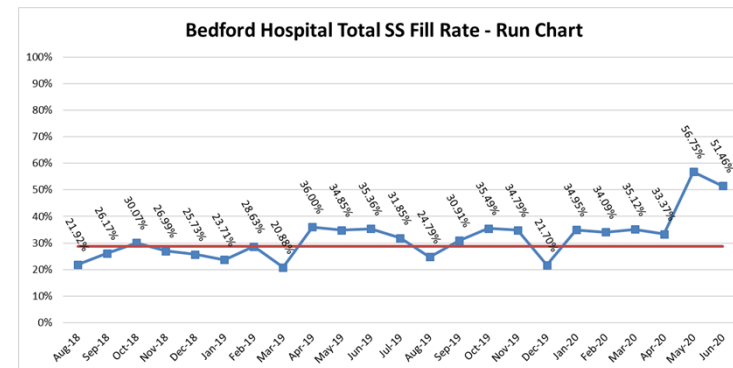
## Luton and Dunstable Hospital Site



The Francis report recommended that ward managers should be rostered for 100% supervisory time. Due to operational pressures Ward Manager's roster themselves into clinical shifts to mitigate against the risks resulting from vacancy rates and skill mix concerns. Over the past 2 – 3 years the amount of supervisory time that ward managers have had has been reduced due to the significant pressures face as a result of nurse recruitment challenges.

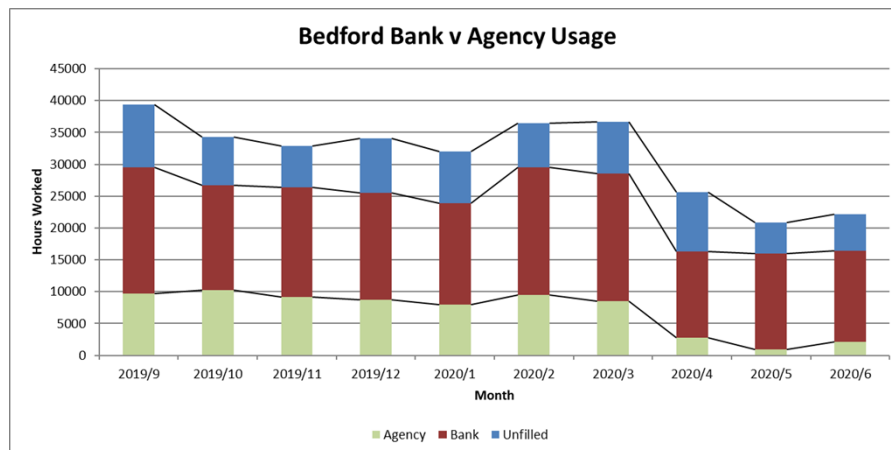
2019 saw the situation at Bedford Hospital begin to improve in terms of vacancies being filled and most areas started to see an increase in supervisory time, this was partly in recognition that to support the new more junior workforce the supervisory sister role was essential. With the staffing and bed occupancy profile in May the overall SS time increase significantly; this fell off a little in June but remains over 50%. The challenge going forward is to maintain this as we continue to support and develop our workforce and maintain stringent infection control standards as part of the COVID response.

Supervisory cover at the L&D has been effectively utilised since the introduction of Healthroster and closely monitored in recent months as part of the COVID-19 response. The availability of supervisory cover at ED in practice is not reflected on healthroster and it will be addressed as part of a piece of housekeeping work that is being carried out in preparation for the deployment of SafeCare software.

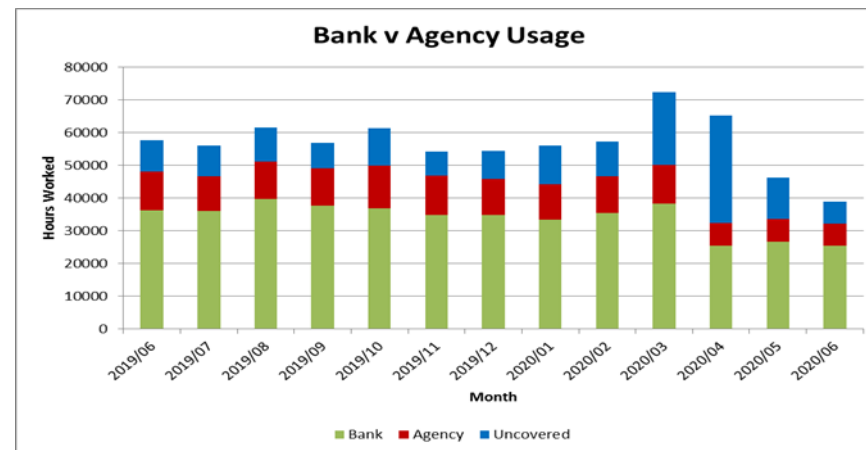




## Bedford Hospital Site



## Luton and Dunstable Hospital Site



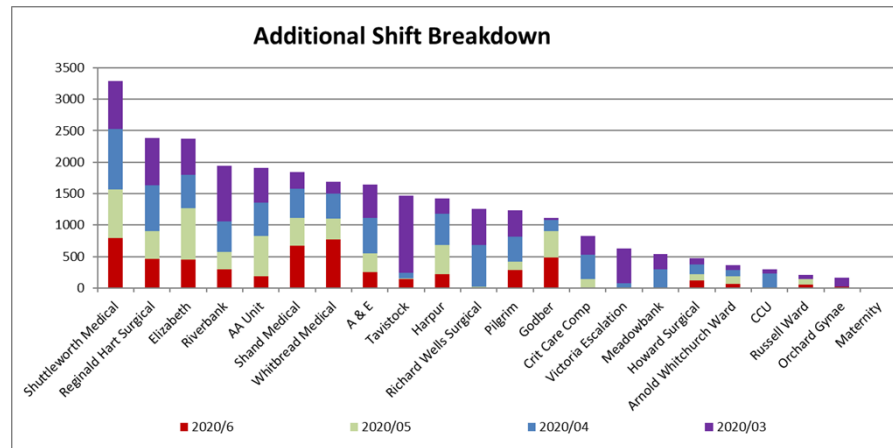
The Bank and agency demand and use at both sites has followed a very similar trend over the last year with the difference in overall hours reflecting the difference in the size of the two sites.

The significant reduction at Bedford has been in the amount of agency nursing used; this has fallen by 9000 hours per month since the start of the pandemic, the vast majority of the agency hours being used for RMN shifts.

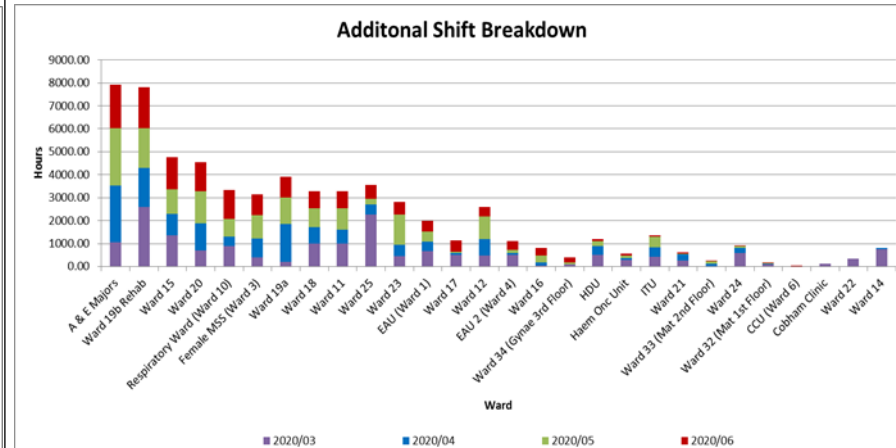
At the L&D as the prevalence of COVID-19 declined it positively impacted on the nursing & midwifery workforce. The overall bank and agency demand in the last 2 months has fallen by nearly a third compared to April. The current trend of decline is expected to continue unless closed departments resume activity and vulnerable staff or staff shielding are not in a position to return to clinical duties. Similar to Bedford some agency use continued despite lower bed occupancy, due to the demand for RMNs. There was a 40% drop in April to nearly 7000 hours compared to March while May and June had no significant changes to April.

Part of the reduction in Agency use is a direct result of the increase in Registered nurses on the wards, a substantial number of these additional RN's are overseas nurses who have been added to the NMC emergency register.

## Bedford Hospital Site



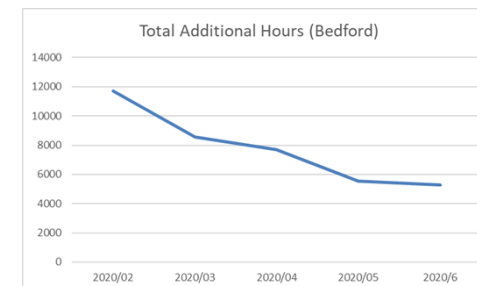
## Luton and Dunstable Hospital Site



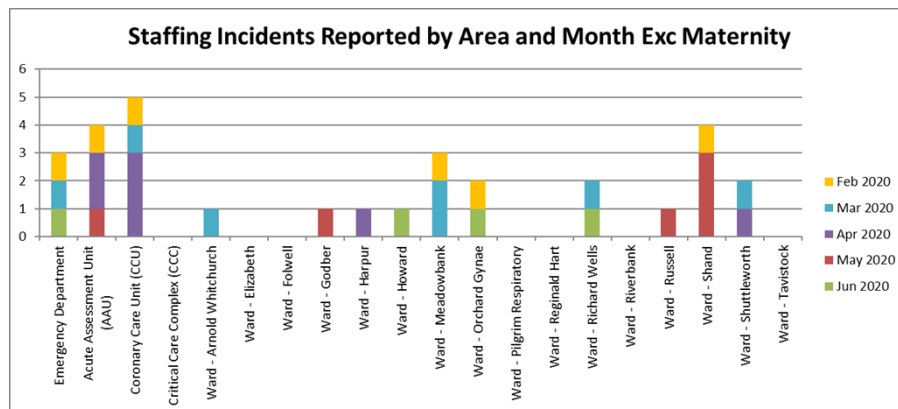
The number of additional shifts added over and above the agreed ward templates has significantly reduced throughout the COVID period, this has been sustained overall at Bedford Hospital however the areas where these shifts have been added relate directly with those that have higher EPO shift usage.

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

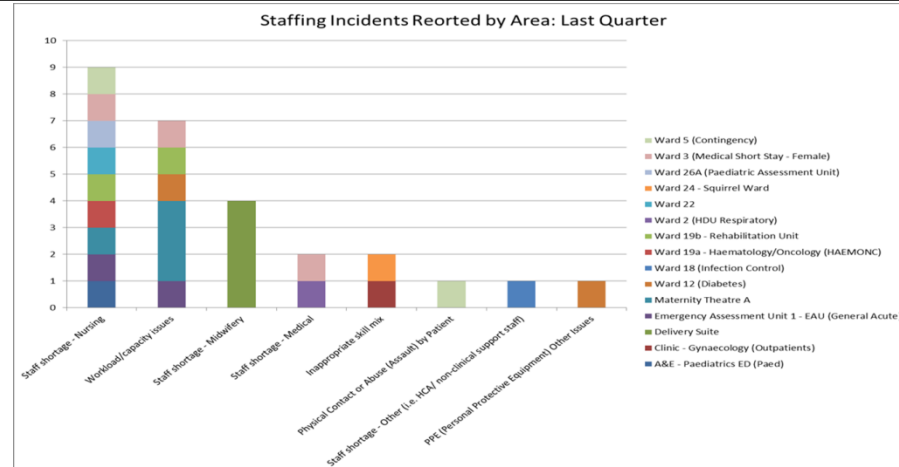
The use of additional shifts above roster templates has been on a decline in most areas with a few exceptions. In June there were 1,281 fewer hours requested in comparison to May. Unlike Bedford L&D ED had an increase due to operational changes such as duplication of the service to maintain a green (non covid-19) and red (positive covid-19) pathways to maintain patient safety. Ward 19b (rehab) saw a rise in figures of additional shift due to change in patient profile from rehabilitation to a combination of elderly care and acute medical patients. The decline in in areas such as the elderly care wards is correlation to reduction in demand for enhanced care.



## Bedford Hospital Site



## Luton and Dunstable Hospital Site

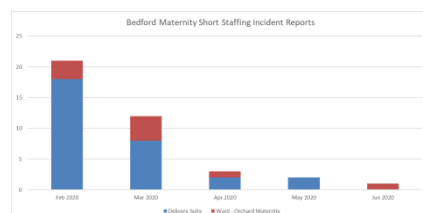


## Bedford Hospital Site

June exceeded the record set in May for the lowest number of incidents related to short staffing since recording began at the Bedford site with a total of 6 reports including 1 in maternity, the average for the two calendar years 2018 and 19 was 37.5 incident reports. Also for the first time that can be identified the delivery suite had 0 short staffing reports.

This reduction is a direct effect of being able to mitigate sickness with reduced bed occupancy rates.

The reported impacts of short staffing continue to follow the pre COVID trends although the most frequently reported impact “Unable to take breaks” was only recorded once in May, delays in medication and pain killer administration were the most frequent impacts recorded by the incident reporters.

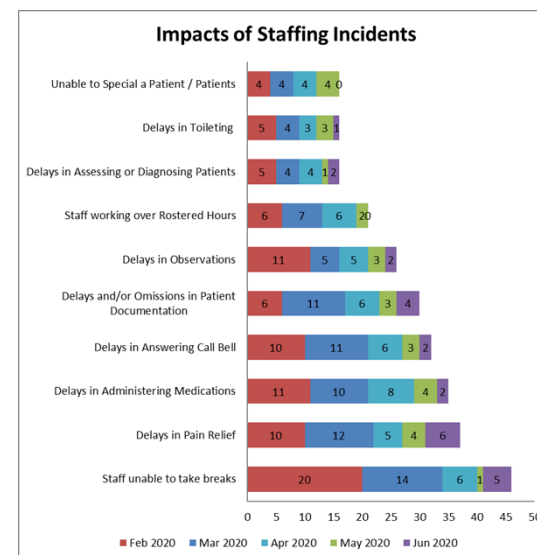


Maternity incidents remain low, this is thought to be due to changes in working practices for COVID.

There were no shifts that didn't have a nurse who could take charge in June

Staff shortage remains the most reported workforce issue, most were raised in April at the peak of the COVID - 19 pandemic which reflects the fill rates in the past 3 months. Maternity reported the highest of incidents around staff shortage and workload capacity in line with their escalation protocol. Their 1:1 care in labour wards for the past 3 months has not dropped below 98% each month.

## Luton and Dunstable Hospital Site



## Board of Directors

**Wednesday 29 July 2020**

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

<b>Report summary</b>	<p><b>Quality and Performance</b></p> <p>The summary report provides latest position against a number of the main quality and operational performance and access standards for the two sites. The key areas of escalation are:</p> <ul style="list-style-type: none"> <li>Falls – L&amp;D site has seen a reduction and falls which is not reflected on the Bedford site – an action plan is in place to try to address the variances</li> <li>Pressure Ulcers – there has been an increase in pressure ulcers which has been seen nationally. An action plan is in place. The Trust is part of national research into the impact of COVID on skin integrity.</li> <li>There was a drop in reported incidents which is now starting to increase</li> <li>There have been 10 serious incidents declared</li> <li>SHIMI mortality rates will not include COVID deaths – this will make comparisons challenging in the future</li> <li>Non COVID mortality is reducing</li> <li>The National reporting of Friends and Family Test was been suspended but data collection on both sites has continued</li> <li>The National Inpatient Survey was published in July 2020 and is currently being reviewed for action plans</li> <li>Post-COVID performance against the majority of access indicators has deteriorated significantly in line with the national picture. In May 2020 the Trust did not achieve the cancer 62</li> </ul>
-----------------------	---

	<p>day treatment standard, although performance improved from the April 2020 position.</p> <ul style="list-style-type: none"> <li>18 week performance including 52 week breaches has seen the greatest deterioration and recovery is likely to be extremely challenging given post-COVID operational constraints. A Harm Review process has been established for all patients waiting more than 40 weeks.</li> </ul> <p>Work continues to develop the integrated performance reporting formats post- merger, with this interim format designed to provide high level assurance on the standard indicators</p> <p><b>Finance</b></p> <ul style="list-style-type: none"> <li>The Trust has delivered the required breakeven position, with the assistance of £11.8m of top-up and true up payments.</li> <li>In part these payments represent a shortfall in block payments, which do not include FRF &amp; MRET monies. This represents £5.1m of the shortfall. The remaining “true-up” is due to Covid costs, which were in fact considerably above £6.7m true-up, which only takes the Trust to a breakeven position.</li> <li>Capital spend has been modest to date.</li> </ul> <p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>The workforce has seen significant impact from the COVID pandemic across both sites</li> <li>There have been increases in sickness and decreases in training and appraisal rates as we have been focussing on responding to the challenges presented by the pandemic.</li> <li>Vacancy rate remained broadly static at each site and overall there was a minor increase from 8.84% in March and 9.53% in June 2020.</li> <li>There was a minor decrease in the turnover rate from 13.6% to 13.45% which is 1.51% lower than the same period last year.</li> </ul>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>The national access targets and financial performance form part of the NHS provider Single Oversight Framework which determines the segmentation, and therefore the level of autonomy and support needs attributed to the Trust, by NHSI/E.</p> <p>CQC Oversight</p>
<b>Jargon Buster</b>	<p>2WW – Two Week Wait</p> <p>Friends and Family Test – questions given to patients visiting the site about how likely they would be to recommend the hospital to friends and family.</p>



# Quality and Performance

July 2020

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

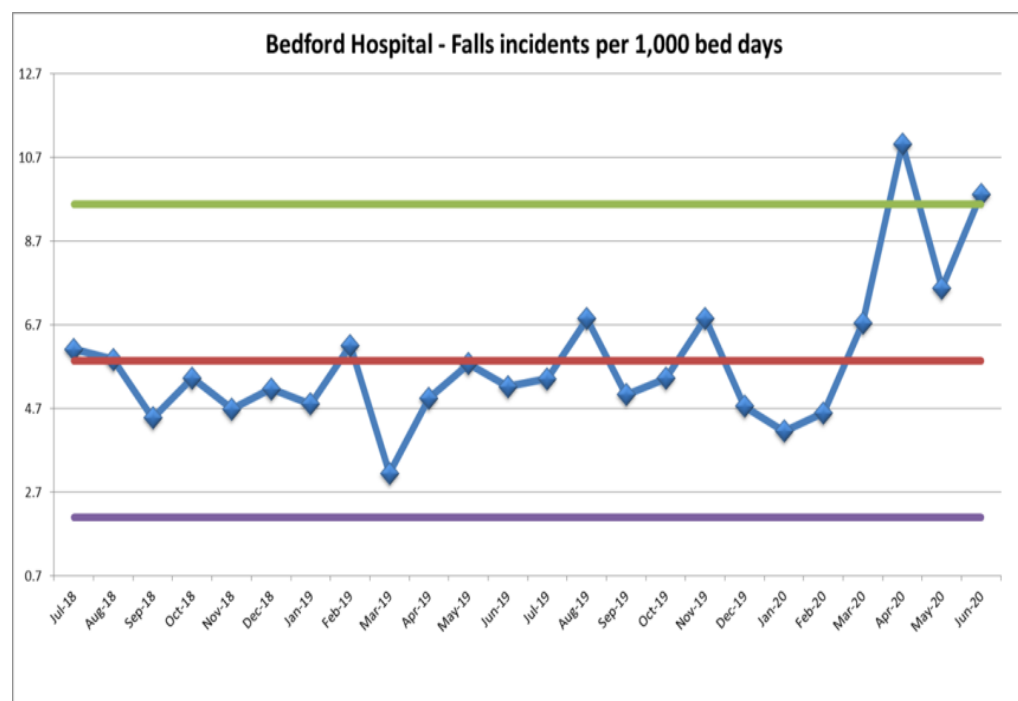
## Harm Free Care

### Falls

June saw a reduction in falls across the organisation with the lowest number for over a year on the L&D site. Bedford's figures remain above their average for the 4<sup>th</sup> month. It is difficult to fully understand the variance. Many of the patients have been acutely unwell and therefore unlikely to be mobilising as much.

Tables 1 and 2 below illustrate the falls per 1000 bed days for both hospital sites. Whilst there was a similar increase during the pandemic particularly in March and April, there is a variation of return to pre-pandemic rates.

**Chart 1 – Bedford Hospital Falls rate**



### Analysis Bedford Hospital :

There were 83 inpatient falls an increase of 19 from the previous month. A thematic review is in progress for falls sustained over the last 3 months.

There was one moderate harm reported for this period. The incident occurred whilst the patient was being collected from the ward by ambulance staff. The patient fell from the wheelchair, fractured their elbow and their discharge was subsequently delayed. This incident is still under investigation.

The highest number of falls occurred in Whitbread with ten recorded falls; 5 no harm and 5 low harm. A SWARM document was completed to ensure all is in place to reduce risk. A synopsis report of these falls has been completed and highlighted to the ward manager.



### Analysis Luton & Dunstable Hospital:

There were 71 inpatient falls in May which shows a continuing improvement from the previous 2 months when there were 108 falls in March and 90 in April.

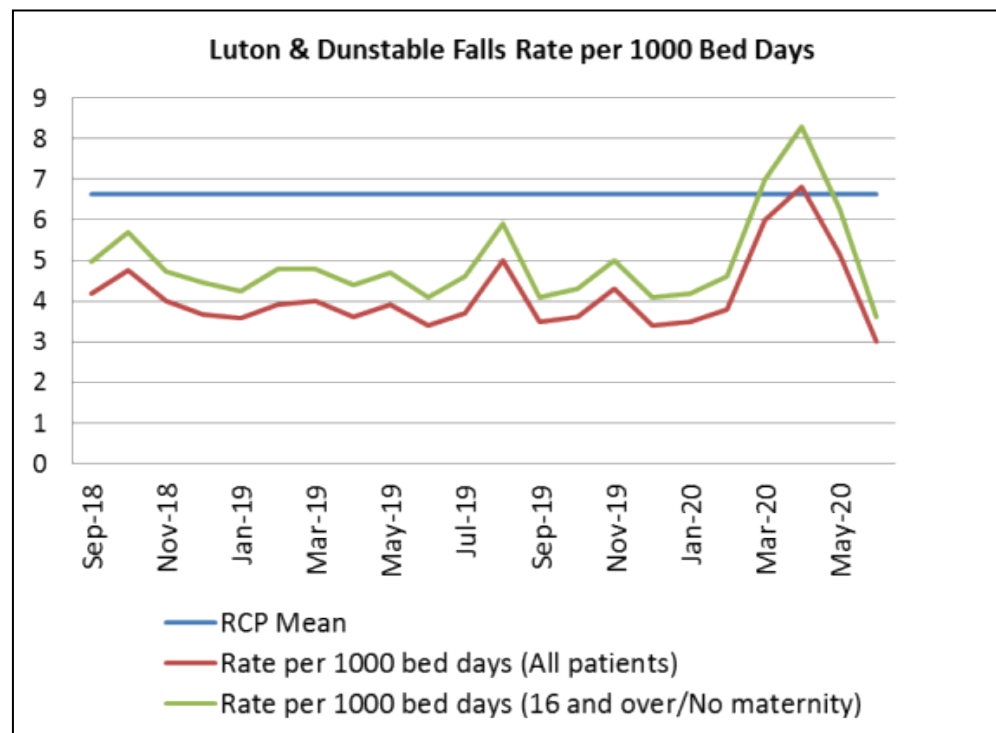
The improvement in the number of patient falls (actual) has continued in June with 45 falls reported. 25 falls occurred during the day and 20 overnight.

36 falls resulted in no harm and 9 were low harm. No falls reported resulted in significant (moderate and above) harm.

2 patient falls with #NoF injury that occurred in March and April were reviewed in June at the Trust's PEARL panel (Post Event Action Review for Learning)

1 incident has been deemed a Serious Incident (SI) and has been reported to the CCG. The other incident has not been declared but will be included in a thematic review of falls with significant harm that have occurred over the past 3 months

Chart 2- Luton & Dunstable Hospital Falls rate



### **Actions and learning from Falls analysis**

- Creation of one cross site falls committee to ensure consistency and maximise learning opportunities. The Head of Therapies from Luton to chair.
- Increased presence of falls specialist nurse to high risk areas for support and enhanced education.
- Increase falls audits via Falls Champions to reduce risks to their lowest level.
- Ensure that falls risk assessments are in place for all the patients above 65yrs.
- Ensure ward managers are aware of any pattern emerging from falls incidents to implement a plan to prevent them.
- Whilst there has been improvement in assessments there have still been issues concerning staff understanding of enhanced observation/Baywatch. This is being highlighted at Matrons and Ward managers meetings in Medicine and will be a priority when Falls CNS delivers any training sessions across the Trust.
- Completion of RCA investigations continues to be monitored weekly with the majority of delayed investigations now finished and action plans in place.
- The senior team reviewed falls over several wards and considered the positive effect in falls reduction may be factored by good leadership at ward level. Staffing levels have been good in recent weeks and this combined with effective allocation of staff and regular monitoring of staff practice may also be a factor. The type of patients may also have an impact, some areas have not seen as many patients displaying risky behaviours in June which can difficult to control or predict. Finally the effect on the rate of falls with more acutely unwell patients who are less likely to mobilise.

## Pressure Ulcers

The increase in New Pressure Ulcers and severity of those reported is not unique to the Trust. There is emerging evidence surrounding Covid related skin damage and severity increase due to patients being seriously unwell. June also saw a reduction in pressure damage across the organisation, work continues to align reporting figures and processes on both hospital sites. There are remains a significant number of acutely unwell patients on wards and in critical care at higher risk of peripheral skin damage due to COVID, the requirement for invasive devices and “proning”.

Bedfordshire Hospitals NHS Foundation Trust are participating in some national research to fully understand the impact of COVID and skin integrity.

The following tables below show the rate per 1000 bed days at Bedford and L&D sites respectively. The table for the L&D site presents the data slightly differently demonstrating skin damage split by Category. Teams are working to align reporting processes and presentation for future reports.

### Bedford Hospital Site Analysis

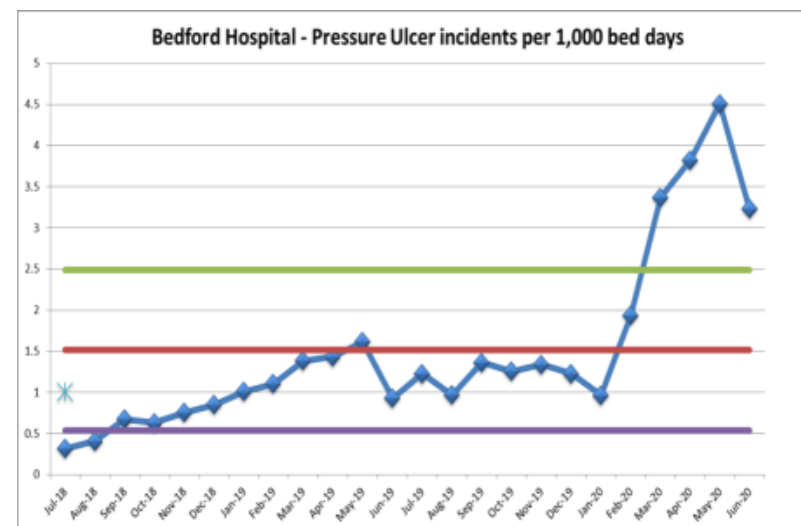
The data identifies an unprecedented increase in pressure ulcer reports from Critical Care (CC) since COVID activity commenced.

Between April 2019 – February 2020 there were 15 reported ulcers and low harm. From February 2020 – to date there have been a total of 26 including one un-stageable and 7 Suspected Deep Tissue Injuries. This is due to the acute condition of patients; the subsequent requirement for invasive devices and being nursed in a prone position.

Without Critical Care data, 1000 bed days value for month would be as follows:

February	March	April	May
1.37	2.85	2.58	3.55

**Chart 3– Bedford Hospital Pressure Ulcers**



A thematic review is being undertaken of category 3 and 4 ulcers over the last

## Pressure Ulcers

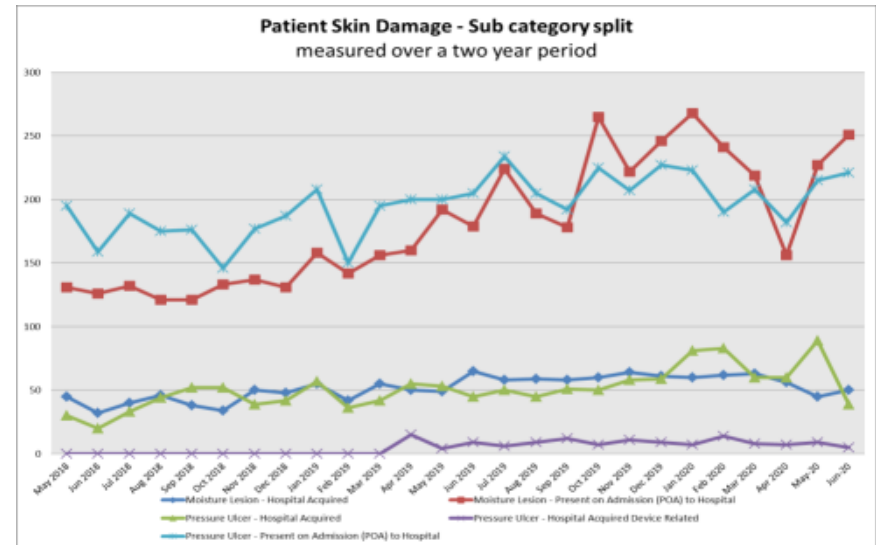
### Luton & Dunstable Hospital Data

There were 566 Incident reports (Datix) completed for pressure ulcer /moisture associated skin damage in June 2020. These included ulcers both present on admission and hospital acquired (POA/HA).

A total of 40 hospital acquired pressure ulcers (HAPU's) were validated from the incident reports (including those that were device related), which occurred on 34 patients. This represents a reduction of 44% when compared with the previous month (May).

27% (11 ulcers) occurred on 5 patients

**Chart 4 – Luton & Dunstable Hospital Pressure Ulcers**



## Analysis

The improvement in the number of hospital acquired pressure damage (validated) has continued in June with a total of 34 HA incidents (including device related) causing pressure ulcers.

With a reduction in critical care patients this month there has been a corresponding reduction in device related damage. The severity of harms (categorisation/grading of pressure damage) has also improved during the reporting period.

A focused piece of work with the Ward Manager on ward 15 and Matron has taken place during second half of June due to the high incidence of HAPU's. This includes trailing a new risk assessment (Andersen Screening, currently used in A&E), and validation check list. Ward 15 have reduced incidence from 11 PU in May to 2 in June, the last one occurring on 10<sup>th</sup> June.

Following the extraordinary meeting with staff at end of May (as reported last month), Ward 23 have had no reported hospital acquired pressure ulcers during June.

## Pressure Ulcers

### Actions, Learning and Next steps from Pressure Ulcer Analysis

In order to benefit from learning and sharing good practice the tissue viability teams are collaborating to provide more consistent approach to reporting and learning across both sites

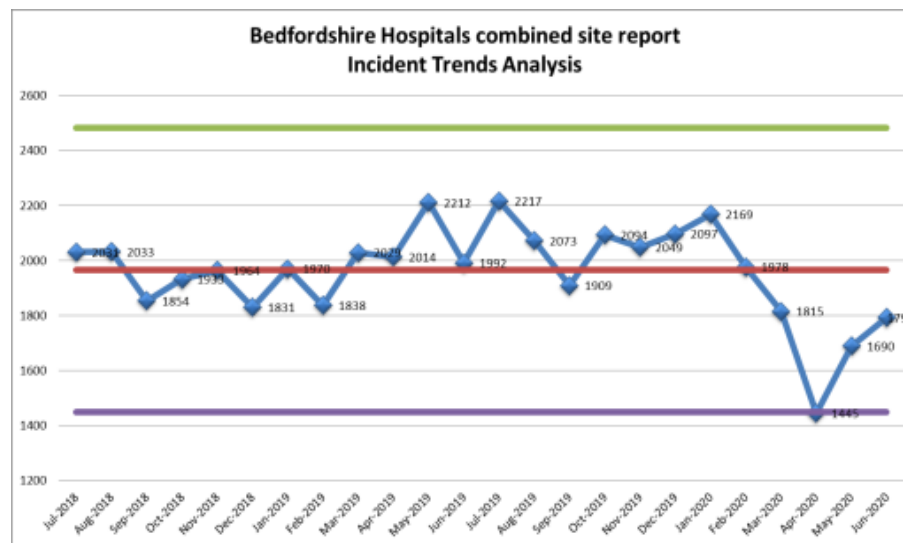
- Swarm document designed to be used as an immediate and very basic root cause analysis was introduced some time ago. This has now been front loaded onto datix, which means the RCA is carried out at the time a HAPU is reported, providing real time learning to the staff involved at the time. This went live on 6<sup>th</sup> July 2020.
- Planned audits will commence to assure appropriate documentation is completed and an educational audit will assess clinical staff knowledge
- Closer integrated working within Bedfordshire Hospitals NHS Trust and shared learning has commenced with discussions surrounding a joint pressure ulcer policy. Regular meetings scheduled with TVN at both sites
- Multidisciplinary meetings including community/acute TVNS Vascular nurses Podiatry and plastics nurse to enable collaborative working commenced as of April 2020.
- A focus on Moisture Associated skin damage to be commenced in collaboration with continence leads.
- Bedfordshire Hospital NHS foundation Trust is involved in national research project led by Nottingham hospitals to understand further the impact of COVID on skin integrity

## Incident Reporting

### Number of Incidents reported over a two year period (combined Trust figure):

Chart 5 provides the trend of reported incidents across both the Bedford and Luton & Dunstable Hospital sites. Of note is the drop in incident reporting in March and particularly April 2020 which was the peak of the COVID-19 pandemic, this is due to the reduction and pause in “normal” Trust activity during that time. The reporting trends have started to improve toward expected rates as the Trust moves into recovery phases for all clinical services. This will be monitored closely to ensure incident reporting rates remain optimal.

**Chart 5 – Incident Trends (combined Trust figure)**

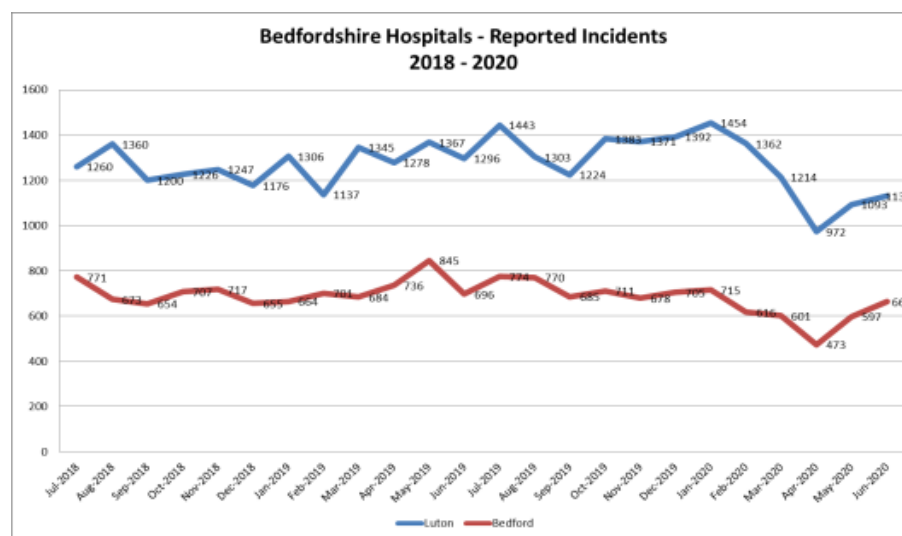


### Number of Incidents reported by site over a two year period (split by site)

Chart 6 splits and compares the incident reporting trend for each site. Bedford hospital site is smaller than the L&D site hence the volume of reporting is less.

Both sites show a similar trend in the fall and rise of reporting due to the pandemic and subsequent recovery.

**Chart 6 – Incidents Reported over 2 year period (split by site)**



## 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 **10 events** have been declared as serious incidents across the both Trust sites during June 2020.

Of these two are defined as Never Events.

*(Never Events are serious, largely preventable safety incidents that are unlikely to occur if all available preventative measures are in place and utilised effectively)*

### Four Serious Incidents were declared for the Bedford hospital site

- During a planned shutdown of the oxygen system an alarm in Critical Care indicated no oxygen supply. There was no harm to any patient during the incident however it is to be investigated as a serious incident to ensure organisational learning
- A fall from a window
- A potential missed safeguarding opportunity.
- A complication of a cardiac intervention requiring transfer of the patient to cardiac care unit.

### Six incidents were declared for the Luton and Dunstable Hospital site.

- Baby born by caesarean section in poor condition requiring resuscitation and subsequent cooling
- Patient had a naso-gastric tube incorrectly inserted – no patient harm (Never Event)
- A Retained vaginal swab following delivery – no patient harm (Never Event)
- A patient fall causing a fractured hip.
- A treatment delay potentially causing a poorer outcome for the patient
- A potential failure to adequately assess a patient pre operatively leading to a poorer outcome .

## Improvement activity related to previously investigated Serious Incidents

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

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

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

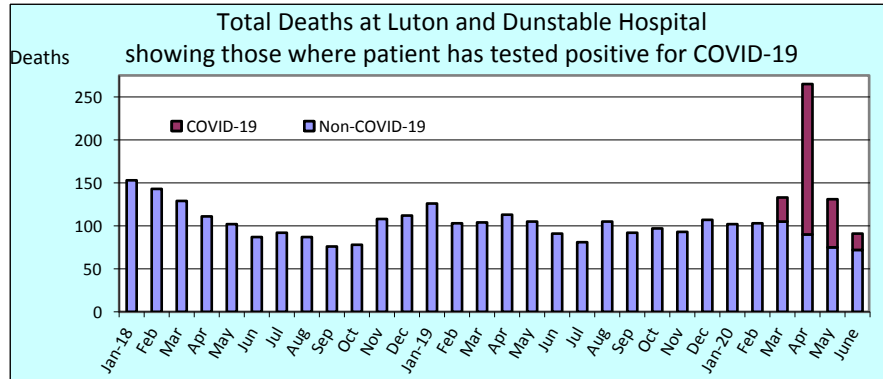
- Strengthening the protocol that ensures that should a clinical staff member feel unsafe to undertake their duties there is a another clinician immediately available to assist.
- Update and awareness training from Consultant microbiologist to the wider microbiology on the importance of being vigilant and reporting any unusual antibiotic sensitivity to clinicians.
- The Antimicrobial Lead Pharmacist has highlighted the importance of recording allergies and the use of electronic system to support this has been highlighted for future planning.
- The antimicrobial guide has been updated to give clear distinctions for each level of allergy and relevant advice regarding safe and effective treatment regimes.
- Following a couple of incidents on a ward the Tissue Viability nurse specialists have put in place extra support to the ward staff in order to provide enhanced information and some re-education regarding aspects of skin care, when to order suitable equipment and how to document skin damage and care appropriately accurately.



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

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

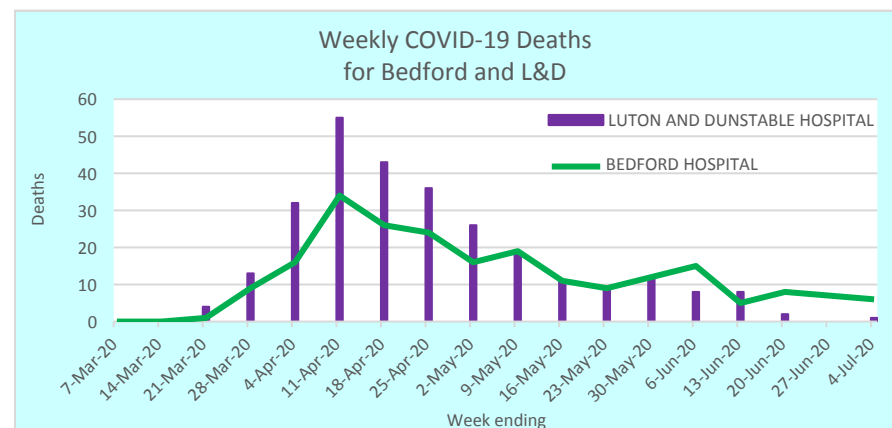
There were 19 COVID-19 deaths in the L & D during June bringing the total to 278 pandemic deaths in the hospital since March. In June, deaths from all causes totalled 91, exactly the same number as in 2019 signifying that there were only 72 non-COVID deaths for that month in the hospital.



The 91 deaths in the month of June was only 1 death higher than the 5-year average for that month. This continues to show that the hospital is not seeing significant excess deaths indirectly resulting from COVID-19. As in previous months, if the deaths of patients dying, having been tested positive for COVID-19, are taken away, the residual hospital mortality is lower than would be expected.

Nevertheless the year ending 30 June 2020 saw 1402 deaths whereas the year ending in June 2019 saw only 1195 deaths at the hospital. That increase of 207 is directly attributable to the pandemic.

The weekly count of hospital Covid-19 deaths clearly shows the impact of the virus. Both the L&D and Bedford saw cases peak in mid April, with the L&D seeing substantially more cases in that period. As cases have declined at both hospitals, the reduction at Bedford has been slower, so that in June there were actually twice as many COVID deaths (38) than at the L&D



The regular standardised mortality comparisons are not yet able to show the impact of the pandemic, or the hospital's relative performance against the rest of the country. Both HSMR and SHMI indicators will exclude COVID-19 cases whilst SMR, covering all deaths, will include these. The latest such data are still for March before the bulk of the deaths from the crisis. The table below shows the L&D close to, or better than average across all these indicators.

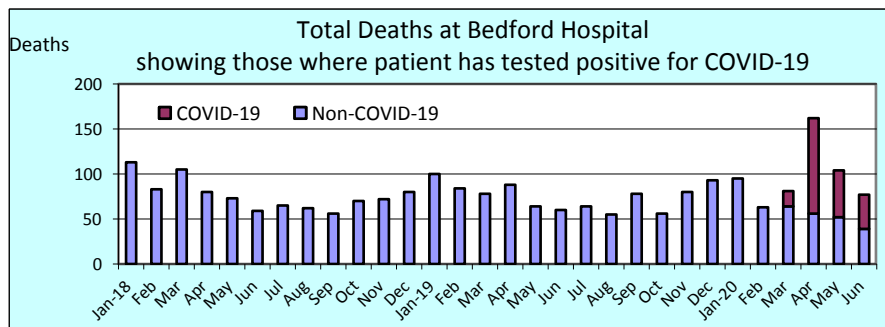
Comparative Mortality Indicator	Value	12-months' ending
Standardised Mortality Ratio (SMR) All hospital deaths	99.51	Mar-2020
Hospital Standardised Mortality Ratio (HSMR) diagnoses comprising about 80% of hospital deaths	98.5	Mar-2020
Summary Hospital-level Mortality Indicator (SHMI) Includes deaths within 30 days of hospital discharge	100.45	Feb-2020
Risk Adjusted Mortality Index (RAMI) Takes account of length of stay for some chronic conditions when calculating risk	92.67	Mar-2020

Values modified where necessary to give a constant national average of 100. Overall Page 65 of 154  
ease of comparison.

## COVID-19 and other mortality within Bedford Hospital

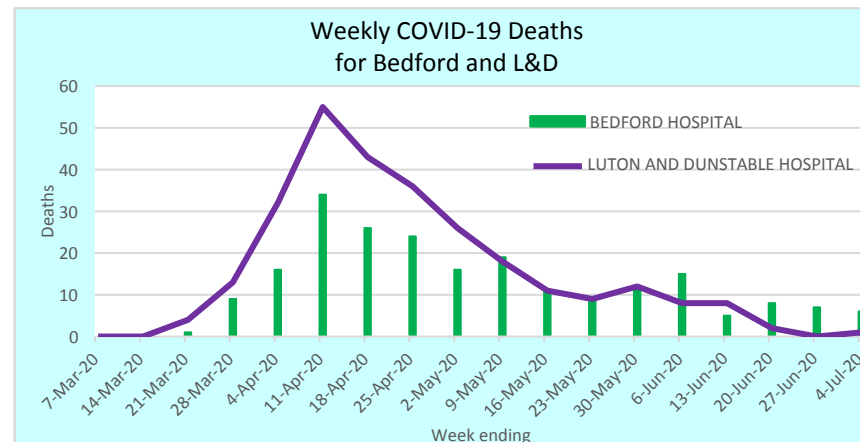
The measurement of COVID-19 deaths covers any patient dying who has tested positive for COVID-19 at the time of death. That is different from explicitly claiming that every one of those deaths was caused by the Coronavirus, although for the vast majority that will have been the case. The source of these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

There were 38 COVID-19 deaths at Bedford during June 2020 making 215 for the first four months of the crisis. In total there were 77 hospital deaths at Bedford in June. The reduction in deaths from coronavirus at Bedford has been slower than at many other places, with half the hospital deaths in June still being of patients who had tested positive (for Luton only 20% were). The 39 non-COVID deaths in June is particularly low suggesting either that more patients are now dying in the community or that some of the hospital COVID deaths are of patients likely to have died anyway.



2020 deaths have been compared with the previous 5-year average for each month to try to assess excess deaths, exploring whether the hospital is seeing indirect mortality from the virus as well as deaths of those patients testing positive for COVID-19. From March to June there were 138 deaths more than the 5-year average for these four months. June itself saw 14 more deaths than the average. Whilst there is still no evidence of any increase in hospital deaths *indirectly* attributable to the pandemic, there were 1008 deaths for the year to June 2020, an increase of 129 (15%) on the 12-month period ending June 2019, this clearly being due to Covid-19 deaths.

The weekly count of deaths clearly shows the impact of the virus. In April the L&D saw many more COVID-19 deaths than Bedford but the reduction at Bedford has been far slower, so that in June Bedford had twice as many COVID deaths (38) than the L&D. Bedford itself remains a hotspot for the pandemic; the Bedford LA area having the 6<sup>th</sup> highest cumulative rate of positive tests per population tested in England.



The regular mortality comparisons are not yet able to show the impact of the pandemic, or the hospital's relative performance against the rest of the country. Both HSMR and SHMI indicators will exclude COVID-19 cases whilst SMR, covering all deaths, will include these. The latest of these data are still for March, predating the bulk of the deaths from the crisis. The table below shows mortality after standardisation to be about 10% higher than the national average across SHMI, SMR and HSMR although February's data showed a small improvement in the SHMI.

Comparative Mortality Indicator	Value	12-months' ending
Standardised Mortality Ratio (SMR) All hospital deaths	110.74	Mar-2020
Hospital Standardised Mortality Ratio (HSMR) diagnoses comprising about 80% of hospital deaths	109.71	Mar-2020
Summary Hospital-level Mortality Indicator (SHMI) Includes deaths within 30 days of hospital discharge	111.93	Feb-2020
Risk Adjusted Mortality Index (RAMI) Takes account of length of stay for some chronic conditions when calculating risk	96.67	Mar-2020

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

## Complaints and Concerns

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

### Summary

Initially numbers were reduced at the beginning of the Covid Lock down. However, in recent weeks the numbers of complaints has returned to more usual levels. PHSO guidance advised suspension of inquiries however at both sites complaint responses were being completed within site targets.

The top five themes are communications, clinical treatment, admissions and discharges, privacy and dignity and finally values and behaviour.

Concerns raised with PALs on both sites initially decreased however are increasing towards the end of Q1. The themes include communications, Covid 19, appointments and admissions and discharges.

At each site the PALs office has remained closed to the public, in absence of visiting, however telephone and email access has been maintained throughout Q1

## Complaints – Bedford Hospital

Table 1: Bedford site – Complaints

Delivering an Excellent Patient Experience	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
<b>Complaints</b>						
Complaints: Number received	13	14	6	3	7	9
Complaints: Number received per 1000 bed days	0.96	1.13	0.52	0.41	0.00	?
Complaints: Number of response breaches (over 45 days)	0	0	0	0	0	0
Complaints: Number upheld by the Ombudsman	0	0	0	0	0	0
Compliments: Number received	92	60	48	22	49	39
Gifts/donations: Number received	200	130				
PALs contacts (concerns)	108	112	86	57	59	95

Bedford Hospital is currently matching a 25-30 day response rate with no breaches within the year.

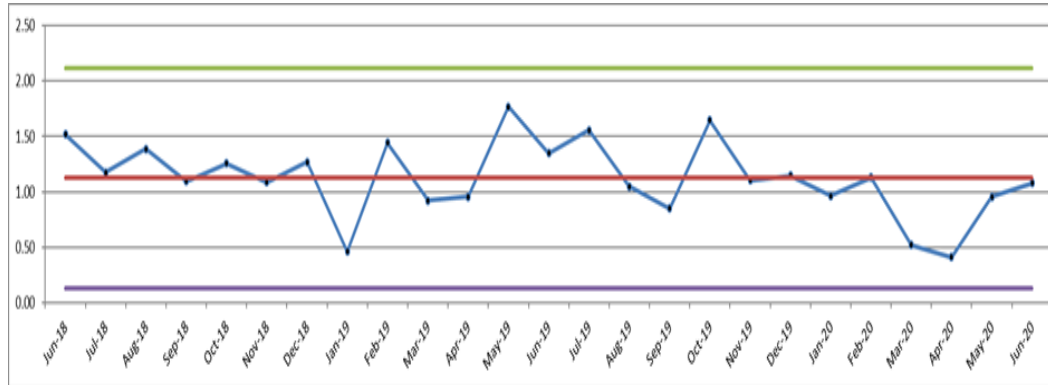
The hospital is now seeing an increase in complaints month on month following an initial fall as Covid lock down was imposed.

Complaints continue to be acknowledged and investigated in line with Trust policy without breaching and there are no delays or suspended investigations due to COVID-19.

The PHSO has two cases under investigation for Bedford site. Investigations by the PHSO had been suspended during lock down and these were reinstated from 01/07/20.

## Complaints – Bedford Hospital

Chart 7: Bedford Site - Number of complaints per 1000 bed days



**TRAJECTORY:** Within control limits and below average

**ESCALATION :** The number of complaints increased in June though they continue to be lower than the monthly average.

**ACTION:** Nothing significant to note

Chart 8: Bedford site - Number of complaints and number of bed days

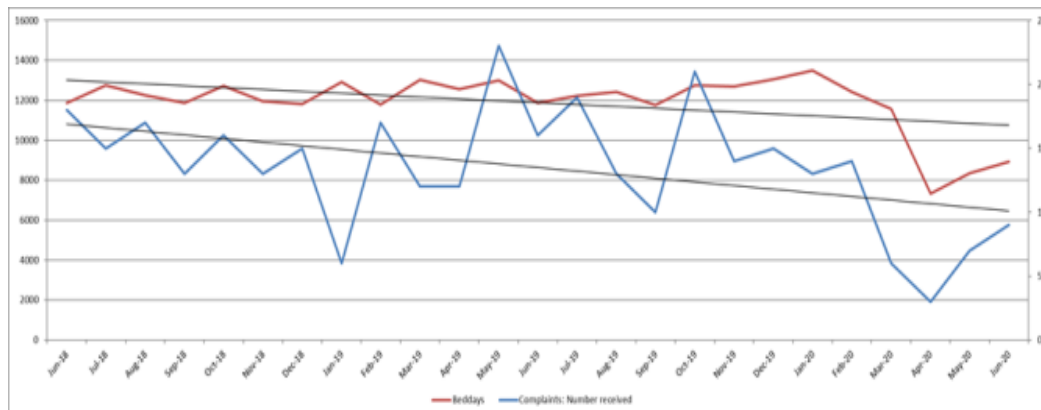


Chart 9: Bedford site – Formal Complaints Top 5 themes Q1

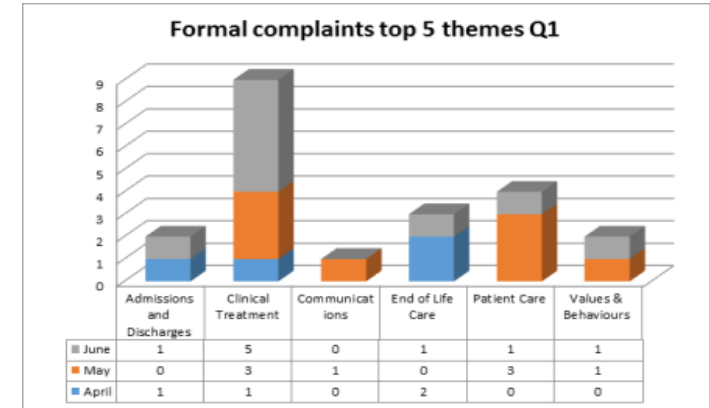
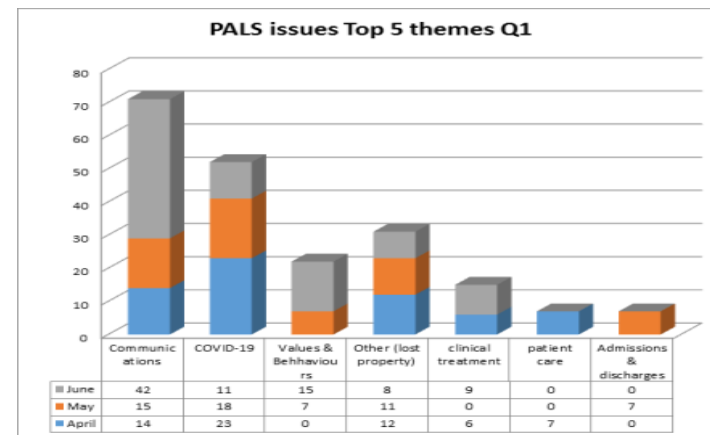


Chart 10: Bedford site – PALS Top 5 Themes Q1



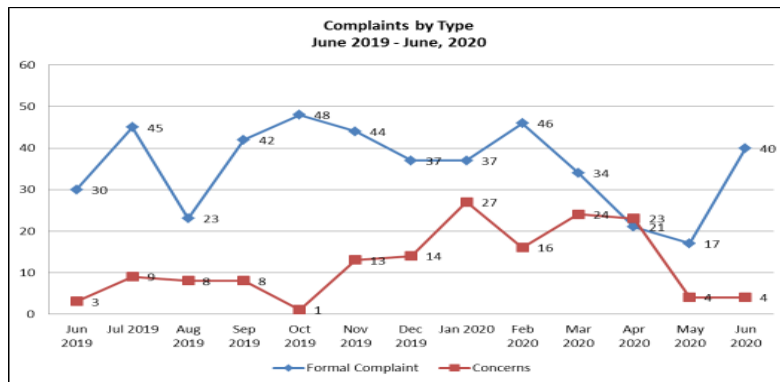
## Complaints – Luton & Dunstable Hospital

### Analysis

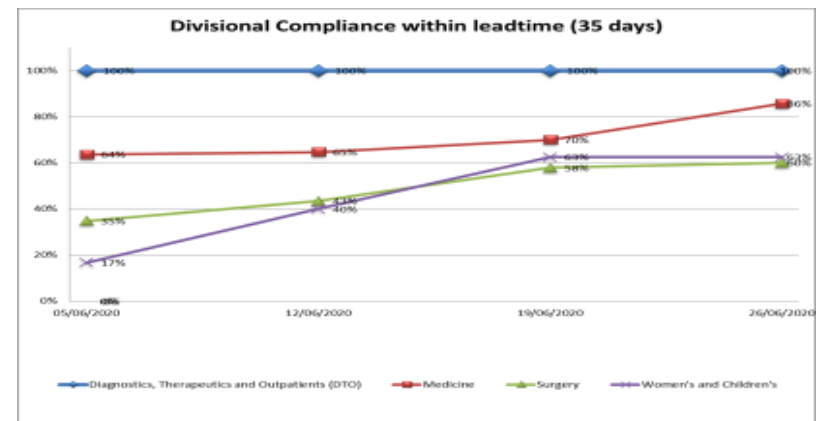
The number of formal complaints increased in June, as concerns logged under the COVID restrictions were converted. Although the Parliamentary Health Service Ombudsman and NHS England did not lift the restrictions until 1<sup>st</sup> July because we switched over earlier the increase has occurred in June. Had we delayed until 1<sup>st</sup> July the figures for June would have reflected those in April and May.

The Luton and Dunstable Hospital has a compliance rate of 90% for teams to achieve 35 day closure target. The chart below shows divisional complaint with those targets.

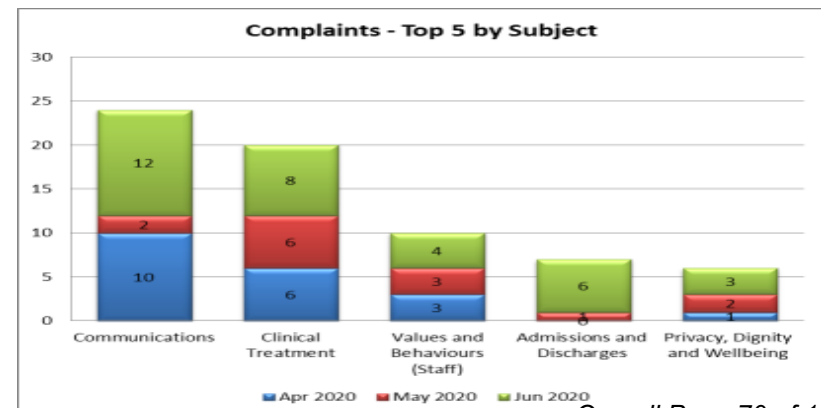
**Chart 11: Luton Site – Formal Complaints and Concerns**



**Chart 12: Luton Site – Complaints Response times**



**Chart 13: Luton Site – Complaints Top 5 themes**



The top five themes for complaints reported in Q1 has shown a change in the top three themes since Q4 2019/20. Prior to restrictions, due to COVID-19, appointment issues were commonly the third most reported theme along with clinical care and communication.

However, in Q1 attitude of staff replaced appointments as the third highest. This is likely to have been due to change in delivery of appointments.

As restrictions have been lifted it will be interesting to see if appointment complaints increase again

## PALS – Luton & Dunstable Hospital

The PALS team have continued working remotely and have also experienced similar volumes of contacts compared to Q4 2019/20. The numbers of contacts are detailed in the Table 2.

PALS staff do not record every contact on the Datix system due to the volume received. However, significant concerns are recorded on the system and enquiries are recorded on a tick sheet. The top six issues recorded on the tick sheet as per Table 3.

Appointment issues have been the most common enquiry for the team and they increased significantly in June as restrictions began to be lifted. Of note is the number of requests for complaints advice increased significantly in June and this correlates with the increase in formal complaints recorded by the Complaints Team.

Chart 14 shows the top 10 enquiries made with the PALS team that were rated as serious enough to report on Datix.

Communication issues raised continued to be the most common enquiry with the PALS teams, most frequently communication with patients. This reflects the limitations on visiting and although the Next of Kin Helpline has been extremely beneficial there were still challenges for relatives to get information, hence the contact with the PALS Team.

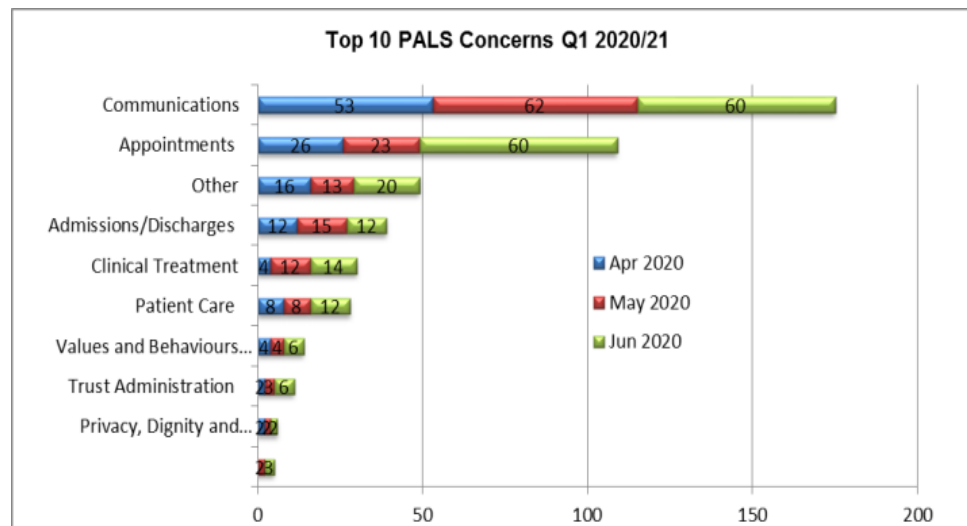
Table 2: Luton site – PALS contacts

Month	Phone calls	Emails	Total
April	170	515	685
May	213	404	617
June	313	402	715
Total	696	1321	

Table 3: Luton site – PALS contacts

Issue	April	May	June	Total
Access to Health Records	24	44	55	123
Complaints Advice	19	23	53	95
Appointment queries	50	35	87	172
Clinical care issues	10	17	24	51
Employment enquiries	29	21	22	72
General Enquiries	107	61	83	251

Chart 14: Luton Site – Top 10 PALS concerns Q1



## Patient Experience

### Comments and Feedback – National Surveys and Friends and Family Test (FFT) Summary

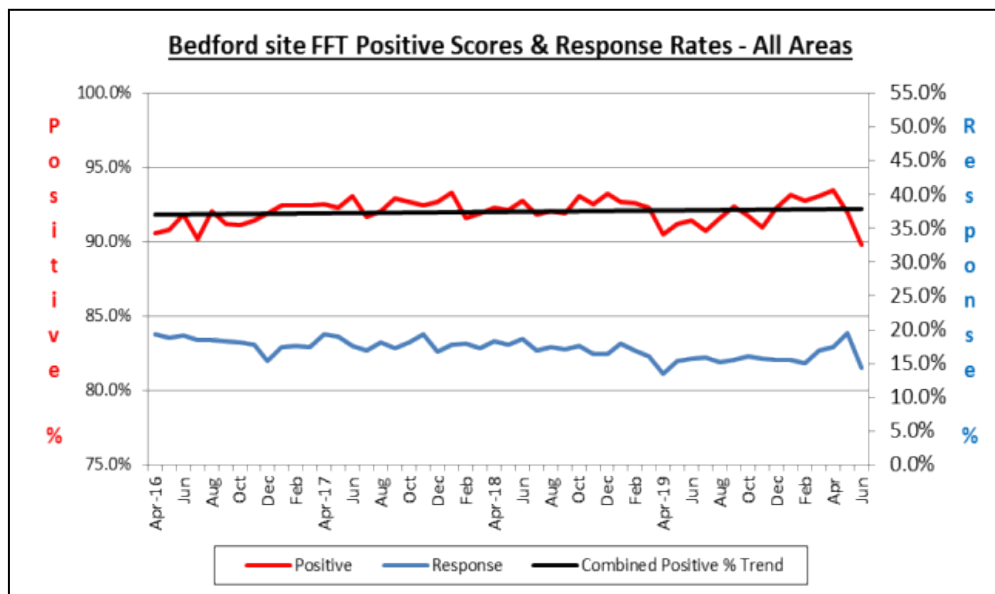
Friends and Family test (FFT) has continued to be collected although the National reporting of FFT data has been suspended during this time. The 2020 National CQC surveys programme deferred until late 2020. the census period is usually July. We await confirmation of resume date. The CQC in patient 2019 survey was report published July 2020, initial summary sent to the Clinical Quality Operational Board. Action planning and service line response to be developed.

### Friends and Family Test (FFT) Survey – Bedford Hospital

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

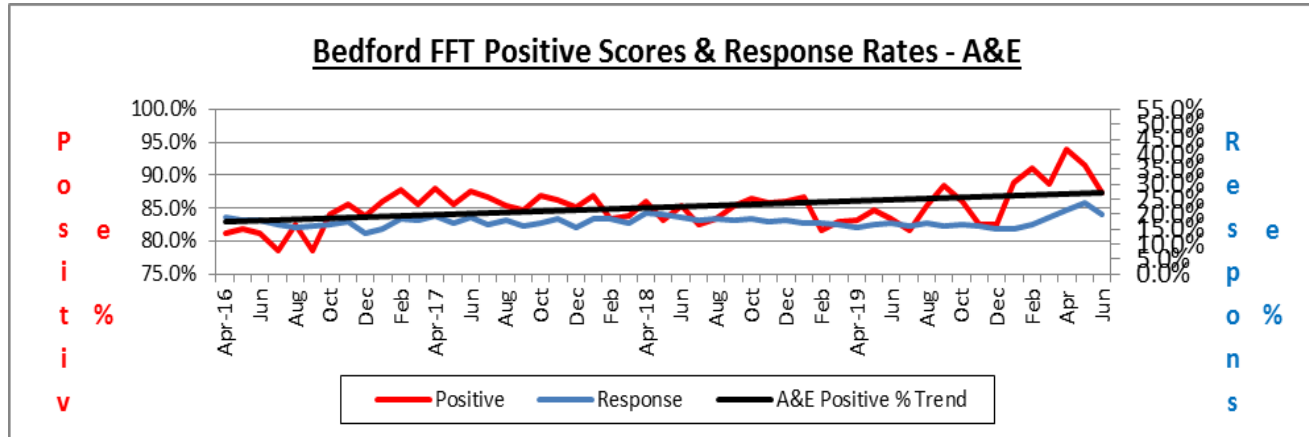
The introduction of the new questions has been implemented. However, the service lines / divisions have not yet implemented processes that will use the qualitative feedback to improve or change services. As recovery and restoration plans are implemented this will need to be included in service line recovery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

Chart 15: Bedford Site – FFT Scores and Response Rates - all areas

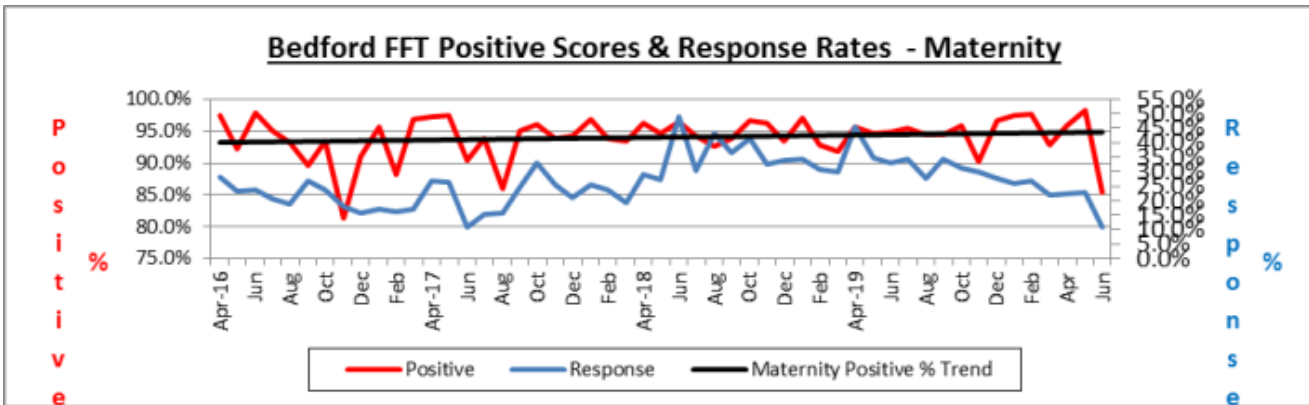




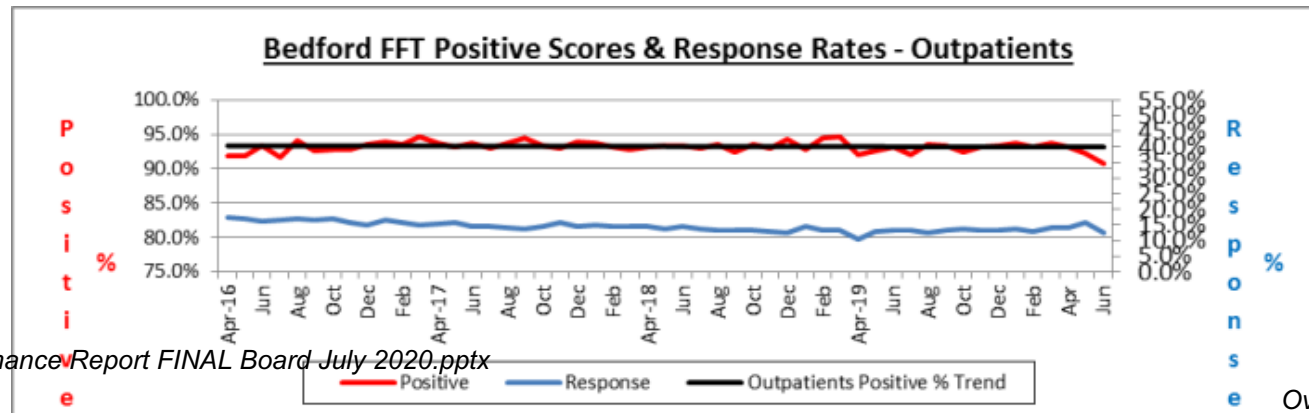
**Chart 16:**  
Bedford Site –  
FFT A&E



**Chart 17:**  
Bedford Site –  
FFT Maternity



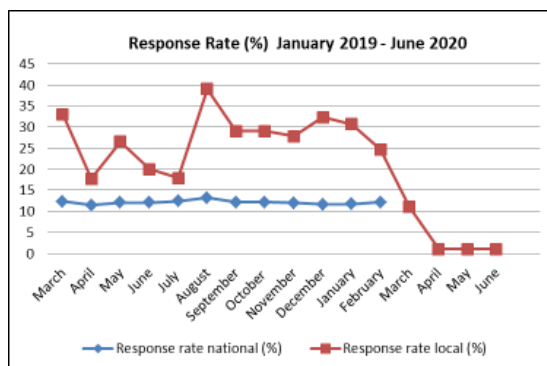
**Chart 18:** Bedford  
Site – FFT  
Outpatients



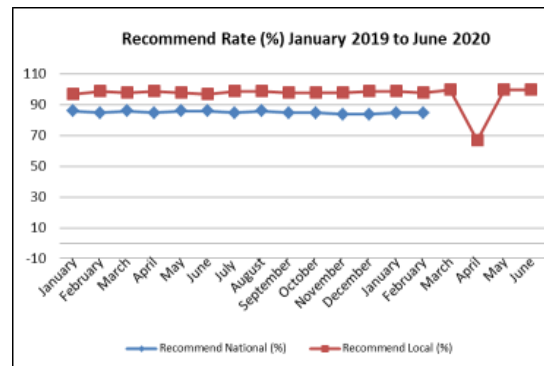
## Friends and Family Test (FFT) Survey – Luton & Dunstable Hospital

Whilst FFT data collection has continued it has been difficult to record feedback in Outpatients, as patients have not attended in person. The charts below show the FFT results for the four areas, Emergency Department (ED), adult inpatients, maternity and outpatients. It is encouraging to see the results for maternity have improved for the second successive month despite the restrictions to services

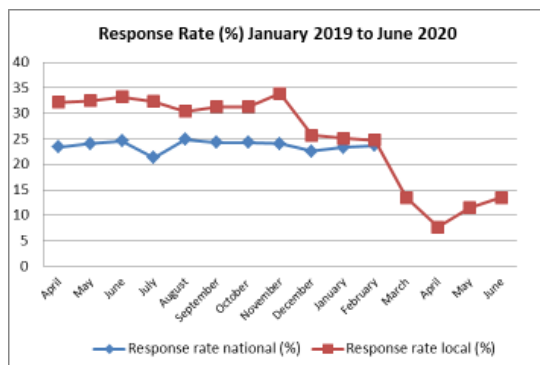
**Chart 19: Luton Site – ED Response Rate**



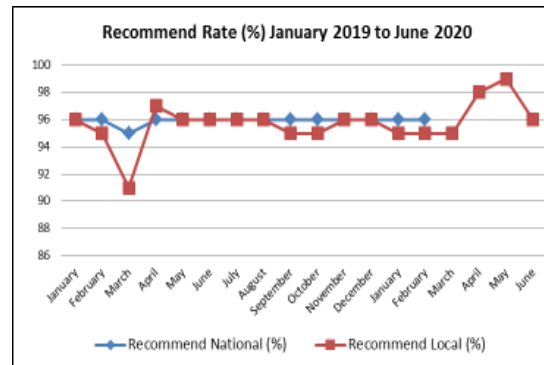
**Chart 20: Luton Site – ED Recommend Rate**



**Chart 21: Luton Site – Adult Inpatient Response Rate**

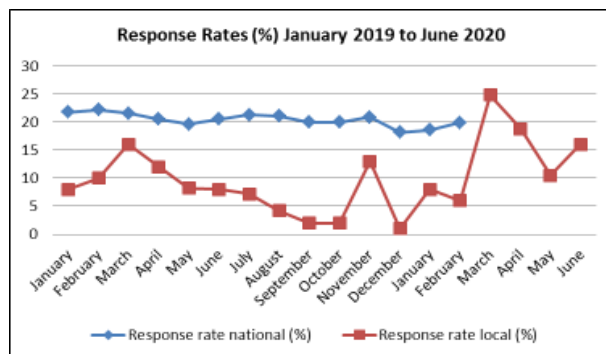


**Chart 22: Luton Site – Adult Inpatient Recommend Rate**

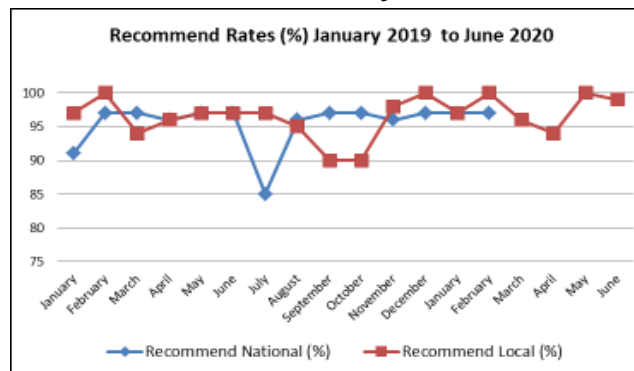


## Friends and Family Test (FFT) Survey – Luton & Dunstable Hospital

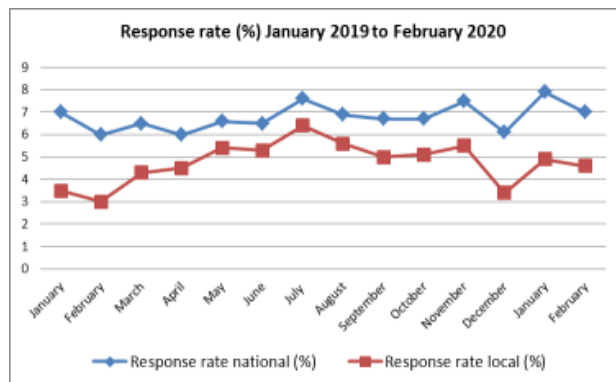
**Chart 23: Luton Site –Maternity Response Rate**



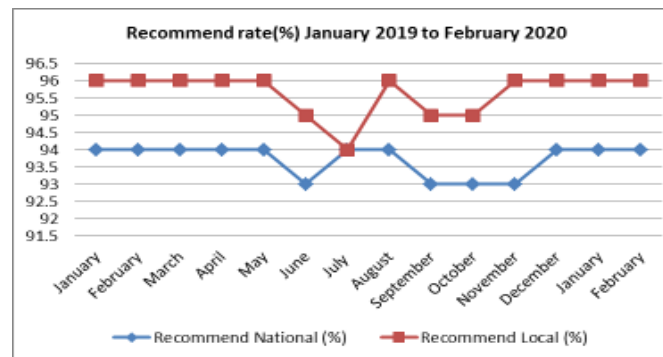
**Chart 24: Luton Site – Maternity Recommend Rate**



**Chart 25: Luton Site – Outpatient Response Rate**



**Chart 26: Luton Site – Outpatient Recommend Rate**



## Patient Experience and the Impact of Covid

### Reporting of data

National reporting for FFT has been suspended during Covid lock down. The Trust awaits national guidance on when this will recommence.

The Health Service Ombudsman suspended the investigation of complaints; as from 01/07/2020 normal service has resumed.

All work on national patient surveys for 2020 has been deferred.

### Visiting access

As from March 2020 visiting nationally was restricted to those patients at end of life (EoL), maternity and paediatrics. In April the Trust reviewed the EoL access and provided further guidance to wards to ensure that next of kin (NOK) were able to visit where the clinical teams considered the patient was not likely to survive this admission, with an emphasis on visits occurring before the patients were in very late stages of their illness and less likely to be able to interact with visitors.

### Next of Kin Help Lines

These were established in April at both hospital sites. This service differed in terms of offer as the access to digital information at each site varied. The main objective of this initiative was to ensure active contact was maintained with patients who are frail or lacked ability to contact next of kin. Where patients were independent they were asked to maintain contact and liaise with their families. For those patients whose medical condition was complex and deteriorating the next of kin were contacted by clinical teams to provide updates.

### Interpretation

During Covid measures the use of interpretation has declined significantly. This is partly due to reduced activity in the Trust sites. For some weeks the availability of face to face interpretation was not possible, however since June this is now available. Telephone interpretation has continued to be available.

## Cancer Performance

### 62-Day 2ww Referral to Treat, all cancers

The impact of Covid-19 on cancer pathways has been significant in terms of the effect on performance, despite urgent treatments continuing for all patients where the clinical risk was outweighed by the likely benefit of treatment. Patients referred at the height of the pandemic were generally those suffering the most severe symptoms who sought clinical advice during lockdown. Consequently the number of completed treatments is reflective of a much more complex casemix than usual. Overall, in May 2020 for the 62 day standard, the two hospitals treated 76 patients of whom 14 breached, making the Trust overall performance 75.8%. This is an improvement on the April position reflecting the reducing impact of delays at the peak of the pandemic. The position is expected to improve again in June 2020.

### 2ww all cancers, Urgent GP referral

During the peak of Covid-19 the number of 2ww referrals dropped to approximately 60% of the pre-covid levels, but have now returned to historic levels. During the month of May 2020, the Trust saw 996 patients following a GP 2WW referral, of who 39 breached the 2ww standard, predominantly through their own choice of appointment date. This excludes 18 patients on the breast symptomatic pathway, none of whom breached the 2ww standard time to first consultation.

Chart 27

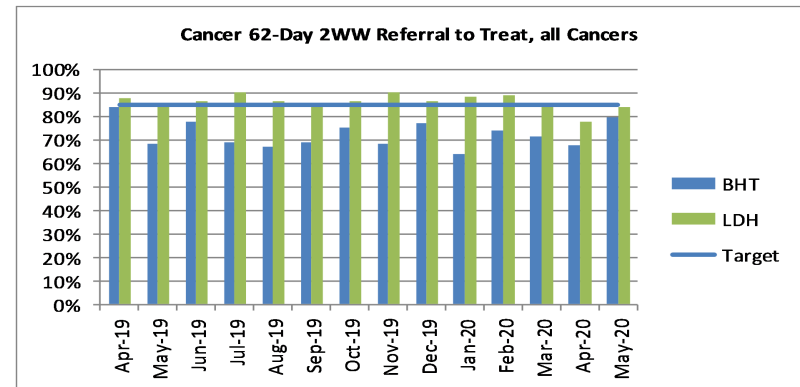
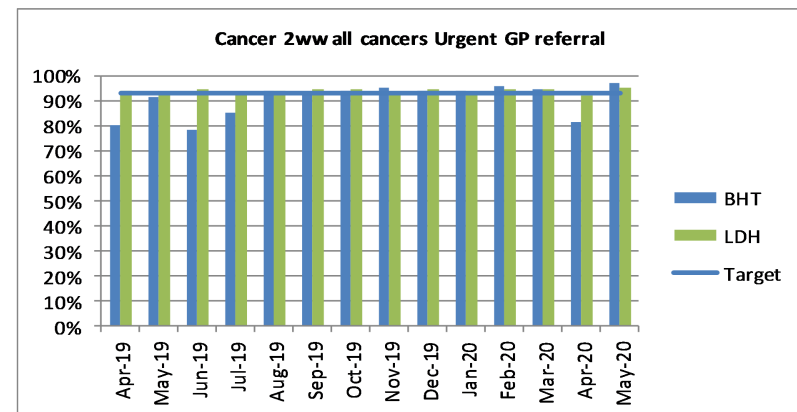


Chart 28



## 18 weeks

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

As expected, performance against the 18 week standard continues to deteriorate as capacity for routine treatments is reduced in favour of capacity for urgent and cancer pathway work. The services most affected by the loss of theatre lists and diagnostic delays are orthopaedics, ENT and OMFS.

The Luton incomplete figures are currently missing around 4,000 patients who have cancelled or moved their appointments and are not yet validated as re-booked, who are being tracked on a separate tracking list until 1<sup>st</sup> August 2020 when the lists will merge. The impact of this can be seen in the reducing number of incomplete pathways in the second chart which is an artefact caused by this separation of tracking processes

### 52 Week Plus

There has been a significant increase in the number of patients waiting over 52 weeks, with the majority of these being orthopaedic patients waiting for treatment at the Bedford site. Due to the hugely reduced theatre capacity for these procedures (the capacity is being prioritised for the cancer and urgent pathways in line with the Royal Colleges guidance on surgical prioritisation during Covid-19) the number is expected to continue increasing over the next few months.

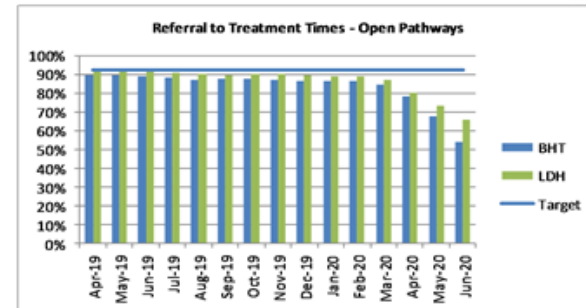


Chart 29

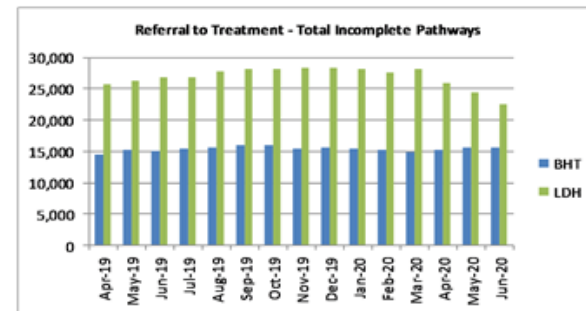


Chart 30

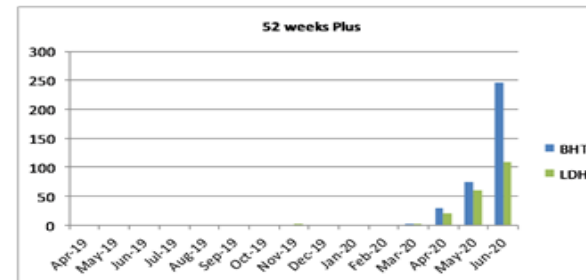


Chart 31

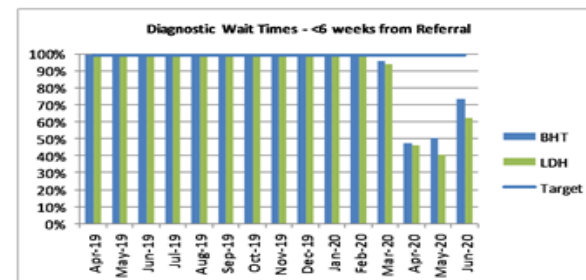


Chart 32

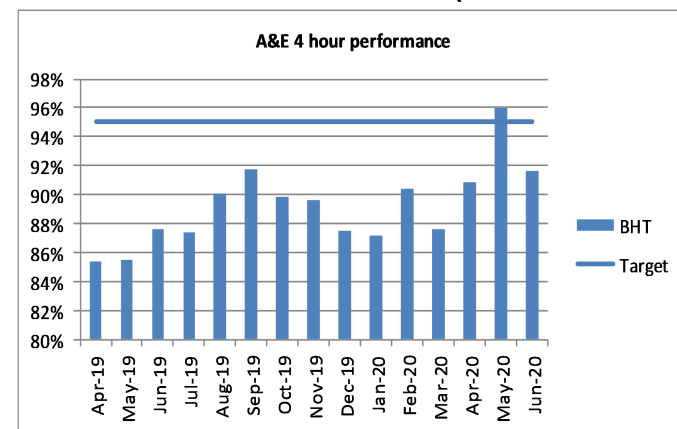
## A&E – Bedford Site only

### Provider footprint all A&E types 4 hour performance

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

The Bedford site performance improved significantly during May 2020, achieving the 95% 4-hour standard due to reduced activity through ED and improved flow through the organisation as a result of lower bed occupancy. Whilst performance deteriorated again in June in correlation with increasing attendances and bed pressures, the team were able to deliver their best performance since September 2019.

Chart 33: Bedford Site – A&E 4 hour performance



## Length of Stay

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

Due to the work undertaken with local system partners to ensure that the most complex patients were moved out of hospital as early as possible, and the increased skill mix on wards resulting from the Covid rotas put in place at the height of the pandemic, the number of super-stranded patients has reduced significantly on both sites. This is one of the benefits that the system will be keen to retain as volumes of patients increase over the coming months.

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

Unlike most other indicators, the trend over recent months for this indicator is quite different for the two sites. BHT saw a dramatic and marked reduction in length of stay at the start of the Covid pandemic, but has seen this gradually rise, albeit remaining significantly lower than the pre-covid average. Conversely, the L&D site saw a significant increase in the non-elective length of stay in March 2020, which has gradually reduced and is now back to the pre-covid average. Further analysis is required to understand this further by looking at volumes of patients attending in each category and to work with system partners to understand what learning this might bring for winter. Comparison with the trend in overall volume of non-elective bed days will help us interpret this metric.

Chart 34

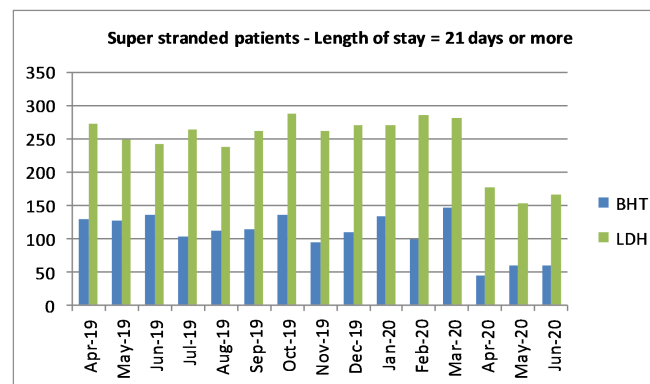
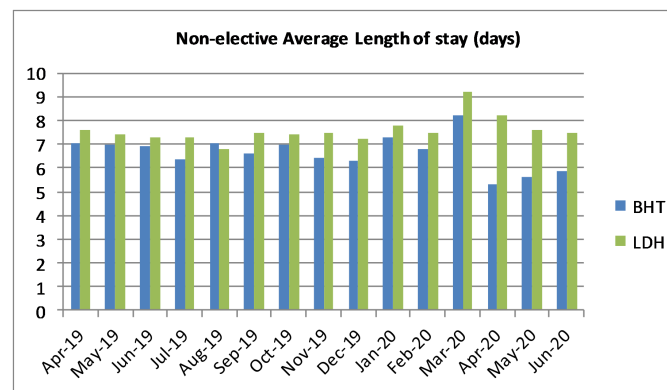


Chart 35





# Finance Presentation FY20-21



## Report for Month 3

### Executive Summary

The Trust has delivered the required breakeven position, with the assistance of £11.8m of top-up and true up payments.

In part these payments represent a shortfall in block payments, which do not include FRF & MRET monies. This represents £5.1m of the shortfall. The remaining “true-up” is due to Covid costs, which were in fact considerably above £6.7m true-up, which only takes the Trust to a breakeven position.

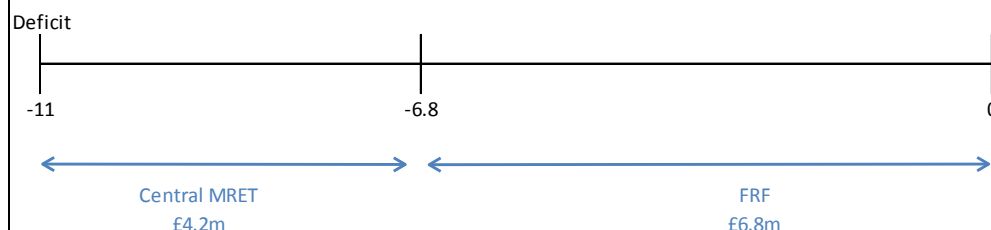
Capital spend has been modest to date.

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

### Bedford Site

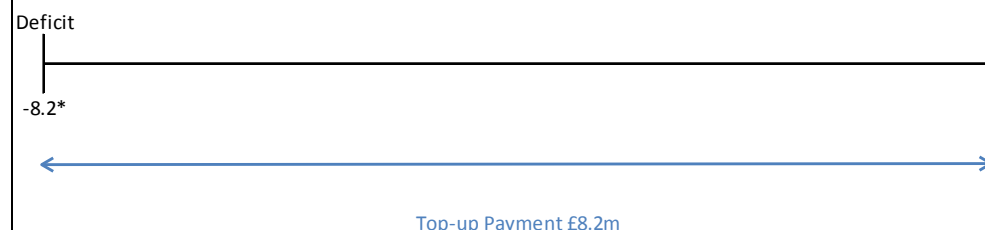
#### BEDFORD SITE: ORIGINAL 20-21 PLAN

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



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

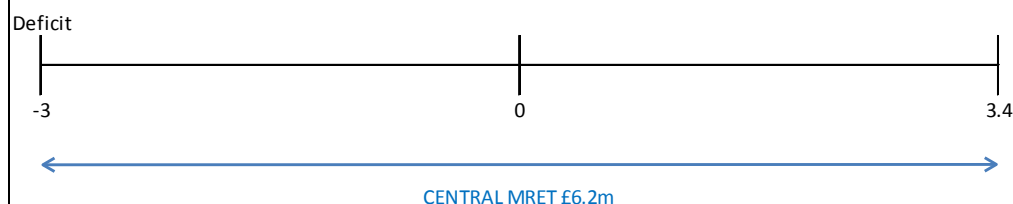
The net impact of block is a deficit position of £8.2m – this is largely due to the exclusion of FRF & MRET from the block income.



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

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

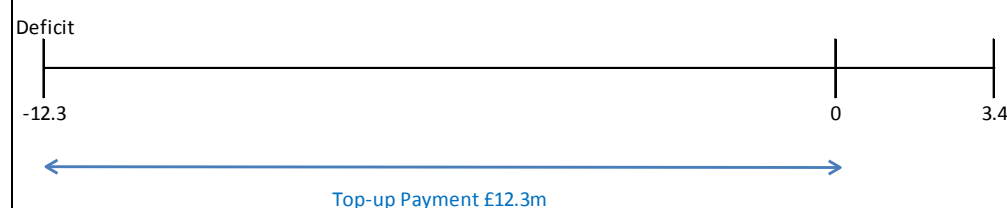
The Luton and Dunstable site has a £3m underlying deficit, however the central MRET funding allows the Trust to deliver the finance trajectory of £3.4m.



### Luton Site

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

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



Statement of comprehensive income	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	31/06/2020	31/06/2020	31/06/2020	31/06/2020	31/06/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
Operating income from patient care activities	137,898	82,873	52,901	135,774	(2,124)
Other operating income	18,187	11,579	7,799	19,378	1,191
Employee expenses	(97,215)	(62,828)	(38,421)	(101,249)	(4,034)
Operating expenses excluding employee expenses	(56,590)	(30,178)	(21,557)	(51,735)	4,855
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>2,280</b>	<b>1,446</b>	<b>722</b>	<b>2,168</b>	<b>(112)</b>
<b>FINANCE COSTS</b>					
Finance income	90	9	3	12	(78)
Finance expense	(423)	(243)	(200)	(443)	(20)
PDC dividends payable/refundable	(1,947)	(1,279)	(525)	(1,804)	143
<b>NET FINANCE COSTS</b>	<b>(2,280)</b>	<b>(1,513)</b>	<b>(722)</b>	<b>(2,235)</b>	<b>45</b>
Other gains/(losses) including disposal of assets	0	0	0	0	0
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>0</b>	<b>(67)</b>	<b>0</b>	<b>(67)</b>	<b>(67)</b>
Retain impact of DEL I&E (impairments)/reversals	0	0	0	0	0
Remove capital donations/grants I&E impact	0	68	0	68	68
<b>Adjusted financial performance</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Control total including PSF, FRF and MRET funding</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Performance against control total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

See Page 4

See Page 5

See Page 6

See Page 8

## Operating Income from Patient Care Activities

	Plan 31/06/2020 YTD £'000	Actual 31/06/2020 YTD £'000	Actual 31/06/2020 YTD £'000	Actual 31/06/2020 YTD £'000	Variance 31/06/2020 YTD £'000	
NHS England	16,722	11,084	3,397	14,481	(2,241)	
Clinical commissioning groups	117,312	70,393	49,141	119,534	2,222	
<b>NHSE &amp; CCG TOTAL</b>	<b>134,034</b>	<b>81,477</b>	<b>52,538</b>	<b>134,015</b>	<b>(19)</b>	
NHS foundation trusts	111	128	0	128	17	
NHS trusts	402	185	0	185	(217)	Drop off in ad hoc billing to other Trusts
Local authorities	663	527	0	527	(136)	No protection on LA income
Department of Health and Social Care	0	0	0	0	0	
NHS other (including Public Health England)	105	106	0	106	1	
Non-NHS: private patients	957	93	118	211	(746)	Income relates to prior periods
Non-NHS: overseas patients	132	22	12	34	(98)	Income relates to prior periods
Injury cost recovery scheme	333	138	77	215	(118)	Significant reduction in accidents
Non-NHS: other	1,161	197	156	353	(808)	Non-NHS Contract Income (mainly Circle)
<b>Total income from patient care activities</b>	<b>137,898</b>	<b>82,873</b>	<b>52,901</b>	<b>135,774</b>	<b>(2,124)</b>	

## Other Operating Income

Other operating income	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	31/06/2020	31/06/2020	31/06/2020	31/06/2020	31/06/2020
	YTD	YTD	YTD	YTD	YTD
Research and development	228	124	72	196	(32)
<b>Other operating income recognised in accordance with IFRS 15:</b>					
Education and training	4,716	2,687	1,702	4,389	(327)
Non-patient care services to other WGA bodies	1,428	0	1,706	1,706	278
Non-patient care services to other Non WGA bodies	1,632	0	0	0	(1,632)
PSF, FRF, MRET funding and Top-Up	5,125	8,097	3,712	11,809	6,684
Income in respect of employee benefits	306	217	0	217	(89)
Other (recognised in accordance with IFRS 15)	4,032	366	390	756	(3,276)
<b>Other operating income:</b>					
E&T - notional income from apprenticeship fund and peppercorn leases (non-cash)	0	0	0	0	0
Cash donations / grants	0	13	0	13	13
Charitable and other contributions to expenditure	0	0	64	64	64
Support from DHSC for mergers	12	13	0	13	1
Rental revenue from finance leases	0	0	0	0	0
Rental revenue from operating leases	0	0	0	0	0
Other	189	63	0	63	(126)
Other	519	0	153	153	(366)
<b>Total other operating income</b>	<b>18,187</b>	<b>11,579</b>	<b>7,799</b>	<b>19,378</b>	<b>1,191</b>

Non-recurrent income in 19/20, hence plan but no actuals  
Covid costs detailed on Page 9 (linked to overperformance)  
Catering, car parking, salary recharges etc

## Employee Expenses

Summary staff costs detail	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	31/06/2020	31/06/2020	31/06/2020	31/06/2020	31/06/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
Total non medical - clinical substantive staff	42,906	27,268	17,121	44,389	(1,483)
Total non medical - non-clinical substantive staff	12,153	6,767	6,439	13,206	(1,053)
Total medical and dental substantive staff	25,461	17,823	9,676	27,499	(2,038)
Total capitalised substantive staff	0	752	54	806	(806)
<b>Total pay bill substantive staff</b>	<b>80,520</b>	<b>52,610</b>	<b>33,290</b>	<b>85,900</b>	<b>(5,380)</b>
Bank staff including any capitalised bank staff	11,073	6,253	2,649	8,902	2,171
Agency & contract staff including capitalised staff costs	5,481	4,716	2,390	7,106	(1,625)
<b>Total pay bill all staff</b>	<b>97,074</b>	<b>63,579</b>	<b>38,329</b>	<b>101,908</b>	<b>(4,834)</b>
Apprenticeship Levy	141	0	146	146	(5)
Capitalised Staff Costs	0	(752)	(54)	(806)	806
<b>Total employee benefits excluding capitalised costs</b>	<b>97,215</b>	<b>62,828</b>	<b>38,421</b>	<b>101,249</b>	<b>(4,034)</b>

Substantive staff by staff group	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	31/06/2020	31/06/2020	31/06/2020	31/06/2020	31/06/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
<b>Non-medical - Clinical staff substantive</b>					0
Registered nursing, midwifery and health visiting staff	24,936	16,057	9,727	25,784	848
Healthcare scientists and scientific, therapeutic and technical staff	9,363	6,414	3,238	9,652	(289)
Qualified ambulance service staff	0	0	0	0	0
Support to clinical staff	8,607	4,798	4,156	8,954	(347)
<b>Total non-medical - Clinical staff substantive</b>	<b>42,906</b>	<b>27,268</b>	<b>17,121</b>	<b>44,389</b>	<b>(1,483)</b>
<b>Medical and dental substantive</b>					
Consultants (including Directors of Public Health)	14,937	10,303	5,506	15,809	(872)
Career/staff grades	2,016	1,443	618	2,061	(45)
Trainee grades	8,508	6,077	3,552	9,629	(1,121)
<b>Total medical and dental staff substantive</b>	<b>25,461</b>	<b>17,823</b>	<b>9,676</b>	<b>27,499</b>	<b>(2,038)</b>
<b>Non-medical - Non-clinical staff substantive</b>					
NHS infrastructure support	11,583	6,669	5,759	12,428	(845)
Any others	570	98	680	778	(208)
<b>Total non-medical - Non-clinical staff substantive</b>	<b>12,153</b>	<b>6,767</b>	<b>6,439</b>	<b>13,206</b>	<b>(1,053)</b>
<b>Total pay bill - Substantive staff</b>	<b>80,520</b>	<b>51,859</b>	<b>33,236</b>	<b>85,095</b>	<b>(4,575)</b>
Capitalised staff costs	0	752	54	806	(806)
<b>Total pay bill - Substantive staff incl capitalised</b>	<b>80,520</b>	<b>52,610</b>	<b>33,290</b>	<b>85,900</b>	<b>(5,380)</b>

Bank spend by staff group	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	31/06/2020	31/06/2020	31/06/2020	31/06/2020	31/06/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
<b>Non-medical - Clinical staff bank</b>					
Registered nursing, midwifery and health visiting	2,418	1,409	812	2,221	197
Healthcare scientists and scientific, therapeutic and	402	371	67	438	(36)
Qualified ambulance service staff	0	0	0	0	0
Support to clinical staff	2,622	1,222	494	1,716	906
<b>Total non-medical - Clinical staff bank</b>	<b>5,442</b>	<b>3,001</b>	<b>1,373</b>	<b>4,374</b>	<b>1,068</b>
<b>Medical and dental bank</b>					
Consultants	2,028	801	439	1,240	788
Career/staff grades	330	108	342	450	(120)
Trainee grades	2,400	1,966	105	2,071	329
<b>Total medical and dental staff bank</b>	<b>4,758</b>	<b>2,876</b>	<b>886</b>	<b>3,762</b>	<b>996</b>
<b>Non medical - non-clinical staff bank</b>					
NHS infrastructure support	873	376	390	766	107
Any others	0	0	0	0	0
<b>Total non medical - non-clinical staff bank</b>	<b>873</b>	<b>376</b>	<b>390</b>	<b>766</b>	<b>107</b>
<b>Total pay bill - bank staff</b>	<b>11,073</b>	<b>6,253</b>	<b>2,649</b>	<b>8,902</b>	<b>2,171</b>
Capitalised staff costs	0	0	0	0	0
<b>Total pay bill - including capitalised staff costs</b>	<b>11,073</b>	<b>6,253</b>	<b>2,649</b>	<b>8,902</b>	<b>2,171</b>

## Employee Expenses - Agency

Agency staff spend by staff group	Trust	Luton	Bedford	Trust	Trust
	Plan	Actual	Actual	Actual	Variance
	31/06/2020	31/06/2020	31/06/2020	31/06/2020	31/06/2020
	YTD	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000	£'000
<b>Non-medical - Clinical staff agency</b>					
Registered nursing, midwifery and health visiting	2,127	779	247	1,026	1,101
Healthcare scientists and scientific, therapeutic and	393	471	171	642	(249)
Qualified ambulance service staff	0	0	0	0	0
Support to clinical staff	3	0	0	0	3
<b>Total non-medical - Clinical staff agency</b>	<b>2,523</b>	<b>1,250</b>	<b>418</b>	<b>1,668</b>	<b>855</b>
<b>Medical and dental agency</b>					
Consultants	1,392	862	868	1,730	(338)
Career/staff grades	(15)	74	0	74	(89)
Trainee grades	1,458	2,319	778	3,097	(1,639)
<b>Total medical and dental staff agency</b>	<b>2,835</b>	<b>3,255</b>	<b>1,646</b>	<b>4,901</b>	<b>(2,066)</b>
<b>Non medical - non-clinical staff agency</b>					
NHS infrastructure support	123	212	326	538	(415)
Any others	0	0	0	0	0
<b>Total non medical - non-clinical staff agency</b>	<b>123</b>	<b>212</b>	<b>326</b>	<b>538</b>	<b>(415)</b>
<b>Total pay bill - agency &amp; contract staff</b>	<b>5,481</b>	<b>4,716</b>	<b>2,390</b>	<b>7,106</b>	<b>(1,625)</b>
Capitalised staff costs	0	0	0	0	0
<b>Total pay bill - agency staff incl capitalised</b>	<b>5,481</b>	<b>4,716</b>	<b>2,390</b>	<b>7,106</b>	<b>(1,625)</b>

Mainly LDH - Acute £144k, Heamatology £98k, Gen Med £122k, Dermatology £138k

£1.1m related to Covid-19 (£936k LDH | £172k BH)

## Other Operating Expenses (Non-Pay)

Operating expenditure	Trust	Luton	Bedford	Trust	Trust	
	Plan	Actual	Actual	Actual	Variance	
	31/06/2020	31/06/2020	31/06/2020	31/06/2020	31/06/2020	
	YTD	YTD	YTD	YTD	YTD	
	£'000	£'000	£'000	£'000	£'000	
Purchase of healthcare from NHS and DHSC group bodies	3,870	0	2,717	2,717	1,153	Non-recurrent spend relating to cancer alliance
Purchase of healthcare from non-NHS and non-DHSC	2,784	0	3,044	3,044	(260)	
Non-executive directors	54	40	20	60	(6)	
Supplies and services – clinical (excluding drugs costs)	11,744	7,268	2,682	9,950	1,794	Lower activity during Covid
Supplies and services - general	5,454	5,120	869	5,989	(535)	£1254k relates to covid-19 (LDH: £1108k   BH: £146k)
Drugs costs	12,648	6,407	4,342	10,749	1,899	Lower activity during Covid
Consultancy	585	137	139	276	309	
Establishment	3,717	2,267	587	2,854	863	
Premises - business rates payable to local authorities	555	265	259	524	31	
Premises - other	3,171	1,548	2,055	3,603	(432)	£472k relates to covid costs (LDH: 213k   BH:259k)
Transport	522	380	133	513	9	
Depreciation	3,474	2,316	1,245	3,561	(87)	
Amortisation	351	0	230	230	121	
Impairments net of (reversals)	0	0	0	0	0	
Movement in credit loss allowance on financial assets	0	(1)	59	58	(58)	
Audit fees and other auditor remuneration	12	18	15	33	(21)	
Clinical negligence	5,595	3,316	2,316	5,632	(37)	
Education and training - non-staff	360	152	77	229	131	
Operating lease expenditure	849	279	296	575	274	
Charges to operating expenditure for IFRIC 12 schemes	165	199	0	199	(34)	
Other	720	468	472	940	(220)	
<b>Total operating expenditure</b>	<b>56,630</b>	<b>30,178</b>	<b>21,557</b>	<b>51,735</b>	<b>4,895</b>	



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

**Combined Covid 19 Position by category- Month 3**

<b>Category</b>	<b>L&amp;D Spend £000</b>	<b>BHT Spend £000</b>	<b>Total Spend £000</b>
<b>Income Loss</b>			
Non NHS pt-related - Private patients, Overseas, RTA, Circle	1471	456	1927
Catering and Car parking	431	712	1143
<b>Expenditure</b>			
IT for working from home etc	188	123	311
Remote Management of Patients	458	51	509
Expanding medical/nursing workforce	1221	723	1,944
Sick pay at full pay	11	0	11
COVID-19 testing	867	211	1,078
Release bed capacity	0	47	47
Increase ITU capacity	1075	104	1,179
Segregation of patient pathways	0	239	239
Additional shifts for existing workforce	759	128	887
Decontamination	259	0	259
National procurement	275	121	396
Backfil for higher sickness absence	696	503	1,199
Other	206	82	288
<b>Total</b>	<b>7,917</b>	<b>3,500</b>	<b>11,417</b>

## Statement of Financial Position – Cash position strong

Statement of financial position	Luton	Bedford	Adj	Trust
	Actual	Actual	Actual	Actual
	31/06/2020	31/06/2020	31/06/2020	31/06/2020
	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000
<b>Non-current assets</b>				
<b>Total non-current assets</b>	158,412	99,245	0	257,657
<b>Current assets</b>				
Inventories	3,783	2,720	0	6,503
Receivables: due from NHS and DHSC group bodies	28,184	14,606		42,790
Receivables: due from non-NHS/DHSC group bodies	5,711	6,365		12,076
Cash and cash equivalents: GBS/NLF	73,829	36,520		110,349
Cash and cash equivalents: commercial / in hand / other	0	44		44
<b>Total current assets</b>	<b>111,506</b>	<b>60,255</b>		<b>171,761</b>
<b>Current liabilities</b>				
Trade and other payables: capital	(1,057)	(470)	0	(1,527)
Trade and other payables: non-capital	(62,521)	(21,893)	0	(84,414)
Borrowings	(1,895)	(71,548)	0	(73,443)
Provisions	(267)	(845)	0	(1,112)
Other liabilities: deferred income including contract liabilities	(1,302)	(16,019)	0	(17,321)
<b>Total current liabilities</b>	<b>(67,042)</b>	<b>(110,775)</b>	<b>0</b>	<b>(177,817)</b>
<b>Total assets less current liabilities</b>	<b>202,876</b>	<b>48,725</b>		<b>251,601</b>
<b>Non-current liabilities</b>				
Borrowings	(25,640)	(4,708)	0	(30,348)
Provisions	(496)	(927)	0	(1,423)
Other liabilities: deferred income including contract liabilities	0	(640)	0	(640)
<b>Total non-current liabilities</b>	<b>(26,136)</b>	<b>(6,275)</b>	<b>0</b>	<b>(32,411)</b>
<b>Total net assets employed</b>	<b>176,740</b>	<b>42,450</b>	<b>0</b>	<b>219,190</b>
<b>Financed by</b>				
Public dividend capital	74,406	114,371	(71,514)	117,263
Revaluation reserve	8,107	15,603	0	23,710
Income and expenditure reserve	94,228	(87,524)	71,514	78,218
<b>Total taxpayers' and others' equity</b>	<b>176,740</b>	<b>42,450</b>	<b>0</b>	<b>219,190</b>

# CAPITAL PLAN



## Report for Month 3

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

There has been limited spend to date of £5.5m against the revised £63.2m plan.

## Capital

CapEx £m	Actual FY19/20	Plan FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
<b>L&amp;D</b>							
BAU	5.1	8.0	1.0	4.3	4.3	4.3	4.3
Trust Funded Redevelopment	0.6	3.9	0.3	12.1	16.8	9.9	1.2
Enabling Works	0.1	7.9	0.2	0.1	0.0	0.0	0.0
Other Schemes Inside STP Envelope	14.2	18.3	1.2	22.2	0.6	0.3	0.0
<b>Schemes Funded Inside STP envelope</b>	<b>20.0</b>	<b>38.2</b>	<b>2.7</b>	<b>38.7</b>	<b>21.7</b>	<b>14.5</b>	<b>5.5</b>
£118m Funded Schemes	2.8	12.1	0.5	39.6	47.2	15.8	3.2
Other schemes Outside STP Envelope	5.2	3.4	1.5	0.2	0.2	0.5	0.3
<b>Schemes Funded Outside STP Envelope</b>	<b>8.0</b>	<b>15.5</b>	<b>2.0</b>	<b>39.8</b>	<b>47.4</b>	<b>16.3</b>	<b>3.5</b>
<b>L&amp;D Total CapEx</b>	<b>28.0</b>	<b>53.7</b>	<b>4.7</b>	<b>78.4</b>	<b>69.0</b>	<b>30.8</b>	<b>9.0</b>
CapEx £m	Actual FY19/20	Plan FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
<b>Bedford</b>							
BAU	4.6	4.3	0.4	0.0	0.0	0.0	0.0
Other Schemes Inside STP Envelope	1.5	1.2	0.3	0.0	0.0	0.0	0.0
<b>Schemes Funded Inside STP envelope</b>	<b>6.1</b>	<b>5.5</b>	<b>0.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
Other schemes Outside STP Envelope*	4.3	1.5	0.0	0.0	0.0	0.0	0.0
<b>Schemes Funded Outside STP Envelope</b>	<b>4.3</b>	<b>1.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>BAU CapEx</b>	<b>10.4</b>	<b>7.0</b>	<b>0.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
* Require confirmation that £1m funding for replacement MRI is still available.							
CapEx £m	Actual FY19/20	Plan FY20/21	Actual FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
BAU	9.7	12.3	1.4	4.3	4.3	4.3	4.3
Trust Funded Redevelopment	0.6	3.9	0.3	12.1	16.8	9.9	1.2
Enabling Works	0.1	7.9	0.2	0.1	0.0	0.0	0.0
Other Schemes Inside STP Envelope	15.7	19.5	1.5	22.2	0.6	0.3	0.0
<b>Schemes Funded Inside STP envelope</b>	<b>26.1</b>	<b>43.6</b>	<b>3.5</b>	<b>38.7</b>	<b>21.7</b>	<b>14.5</b>	<b>5.5</b>
£118m Funded Schemes	2.8	12.1	0.5	39.6	47.2	15.8	3.2
Other schemes Outside STP Envelope	9.5	4.9	1.5	0.2	0.2	0.5	0.3
<b>Schemes Funded Outside STP Envelope</b>	<b>12.3</b>	<b>17.0</b>	<b>2.0</b>	<b>39.8</b>	<b>47.4</b>	<b>16.3</b>	<b>3.5</b>
<b>BAU CapEx</b>	<b>38.4</b>	<b>60.6</b>	<b>5.5</b>	<b>78.4</b>	<b>69.0</b>	<b>30.8</b>	<b>9.0</b>

## Capital – L&D Site

CapEx £m	Actual	Plan	Revised Plan	Actual ytd				
Simplified	FY19/20	FY20/21	FY20/21	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
<b>BAU</b>								
Medical Equipment	1.9	2.4	2.4	0.1	1.5	1.5	1.5	1.5
BAU Estate ( <i>incl backlog</i> )	2.5	4.7	4.7	0.7	2.0	2.0	2.0	2.0
BAU IT	0.6	0.9	0.9	0.1	0.8	0.8	0.8	0.8
<b>BAU CapEx</b>	<b>5.1</b>	<b>8.0</b>	<b>8.0</b>	<b>1.0</b>	<b>4.3</b>	<b>4.3</b>	<b>4.3</b>	<b>4.3</b>
<b>Schemes</b>								
Maternity Ward Block	0.2	2.3	1.8	0.1	10.3	14.6	4.9	1.0
Lift Core	0.0	0.0	0.2	0.0	1.0	1.4	0.5	0.2
Equipment Risk	0.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0
Site Redevelopment Team & Overheads	0.4	1.7	1.7	0.2	0.8	0.8	0.5	0.0
Other Departmental Input to Redevelopment			0.2	0.0				
Bariatrics	0.1	10.8	2.2	0.1	0.1	0.0	0.0	0.0
Pathology/ Mortuary			0.3	0.0				
Temporary car parking			0.8	0.0				
Temporary accommodation			4.0	0.0				
Demolition			1.8	0.0				
Service diversions			0.6	0.0				
Enabling works - Estates			0.5	0.0				
Enabling works - Site clearance			0.5	0.0				
Prior Year STP Wave 4 Fund			-2.8	0.0				
Imaging Corridor Works	0.6	1.3	1.3	0.0				
Electrical Infrastructure	3.2	2.7	2.6	0.3	1.3	0.1		
Lewsey Road car park	0.1	4.8	4.7	0.1	0.1	0.0	0.0	0.0
Generators	2.2	1.1	1.1	0.0				
Energy Centre Building	0.3	10.0	4.8	0.2	11.9	0.5	0.3	
Energy Conservation Measures	0.2	2.7	3.0	0.0	6.3			
Helipads / Lifts / 3rd CT *	0.0	2.4	0.0	0.0	0.0			
ED X-Ray ( <i>from above - funding not identified</i> )	0.0	0.0	0.0	0.0				
PAS	0.0	0.0	0.0	0.0	2.6			
GDE (funding carry forward)	0.0	0.5	0.0	0.0				
STP Portal	0.2	1.8	1.8	0.0				
Net Slippage	1.1	0.7	-1.2	0.5				
Other	6.2	0.2	0.2	0.2				
<b>Main Schemes</b>	<b>14.9</b>	<b>43.0</b>	<b>30.1</b>	<b>1.7</b>	<b>34.4</b>	<b>17.4</b>	<b>10.2</b>	<b>1.2</b>
<b>Schemes Funded Inside STP Envelope</b>	<b>20.0</b>	<b>51.1</b>	<b>38.2</b>	<b>2.7</b>	<b>38.7</b>	<b>21.7</b>	<b>14.5</b>	<b>5.5</b>
IT Merger Enabling	0.0	1.7	1.7	0.1	6.2			
Pathology Joint Venture	1.8	1.8	1.8	0.1				
Acute Services Block	0.9	8.1	5.8	0.3	33.4	47.2	15.8	3.2
Prior Year STP Wave 4 Fund	0.0	0.0	2.8	0.0				
GDE	4.8	2.1	2.1	0.7				
Impact of IFRIC12/ Donated Assets	0.1	0.1	0.1	0.1	0.2	0.2	0.5	0.3
Covid-19 Temporary 3rd CT	0.0	0.0	2.4	0.0				
COVID-19	0.2	1.2	1.2	0.7				
<b>Schemes Funded Outside STP Envelope</b>	<b>8.0</b>	<b>15.0</b>	<b>17.9</b>	<b>2.0</b>	<b>39.8</b>	<b>47.4</b>	<b>16.3</b>	<b>3.5</b>
<b>Total Capital Spend</b>	<b>28.0</b>	<b>66.1</b>	<b>56.1</b>	<b>4.7</b>	<b>78.4</b>	<b>69.0</b>	<b>30.8</b>	<b>9.0</b>



**SUMMARY POSITION**

The workforce has seen significant impact from the COVID pandemic across both sites with increases in sickness and decrease in training and appraisal rates as we have been focussing on responding to the challenges presented by the pandemic. However, the vacancy rate remained broadly static at each site and overall there was a minor increase from 8.84% in March and 9.53% in June 2020. There was a minor decrease in the turnover rate from 13.6% to 13.45% which is 1.51% lower than the same period last year.

**BEDFORD HOSPITAL SITE**

Compared to the pre-COVID :

- Sickness absence increased from 3.5% to 5.85%
- Turnover decreased from 15.81% to 14.64%
- Vacancy were broadly static at 6.4%
- Appraisals reduced from 76% to 70%
- Mandatory training compliance reduced from 89% to 86%
- Bank FTE usage reduced by 21%
- Agency FTE usage reduced by 43.4%

**LUTON & DUNSTABLE HOSPITAL SITE**

Compared to the pre-COVID:

- Sickness absence increased from 3.95% to 5.66%
- Turnover reduced from 13.97% to 12.69%
- Vacancy rates were broadly static 11.42%
- Appraisal compliance rates reduced from 77% to 70%
- Mandatory training compliance reduced from 86% to 81%
- Bank FTE usage reduced by 40.35%
- Agency FTE usage reduced by 41%



Vacancy  
9.53%



Turnover  
13.45%



Sickness  
5.73%



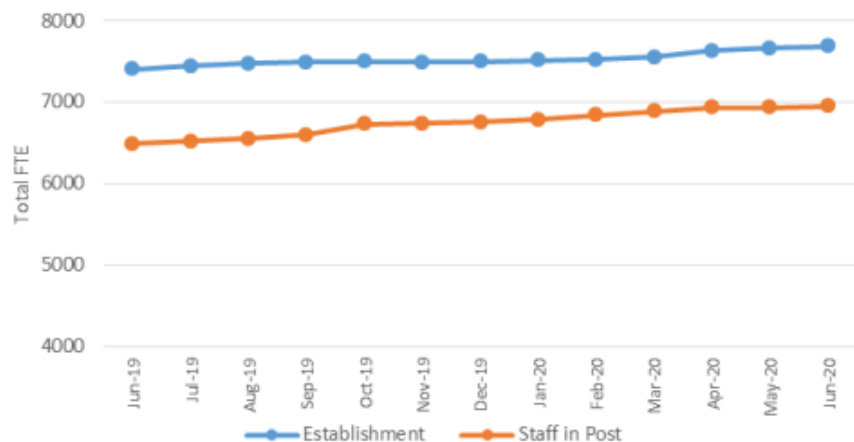
Training  
84%



Appraisal  
69%

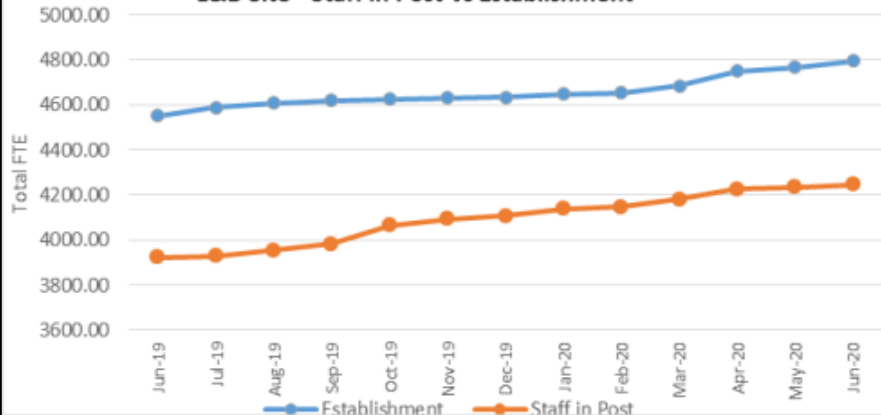


Trust Total Staff in Post vs Establishment

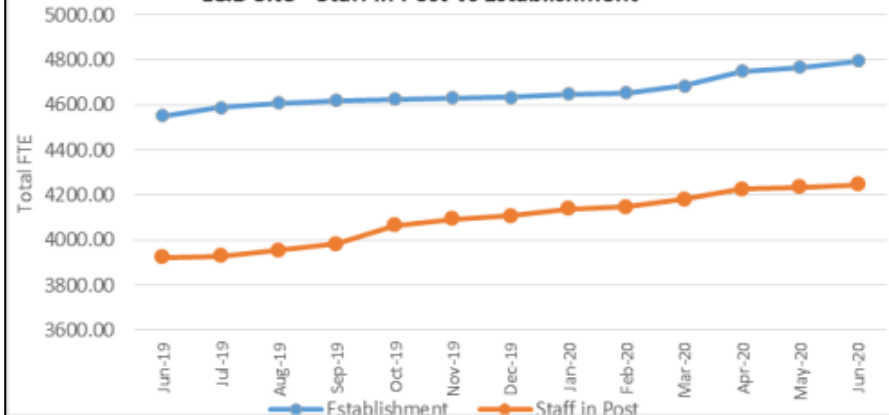
**Trust Level Summary**

The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) continues to increase. Since the merger and subsequent impact of the COVID pandemic the growth rate was 0.29% over the period April to June 2020 in comparison to a 6.7% over the past 12 months.

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



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

**L&D Site**

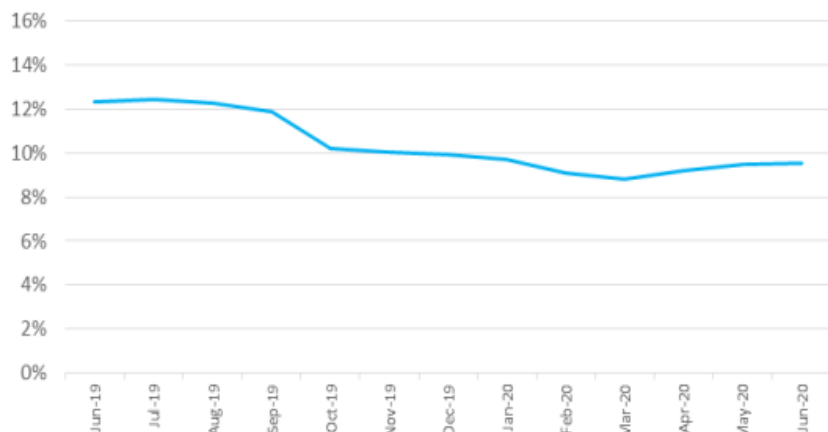
The L&D site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 12.61 WTE between May and June following the merger and the impact of the COVID pandemic. Over the last 12 months the SIP increased by 8.1% over the past 12 months and is driven by increases in band 5 nurses and HCA's.

**Bedford site**

The projected increase in nursing staff in post has paused due to COVID19 and trajectories have been adjusted accordingly. There has been a steady increase for support staff which increased by 19.7 WTE in June driven by HEE nursing and midwifery students as part of COVID support.



Trust Total Vacancy Rate

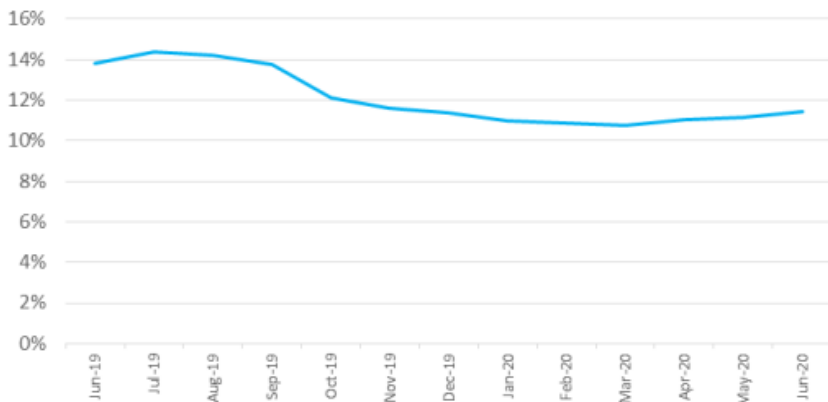
**Trust Level Summary**

The overall vacancy rate reduced significantly over the last 12 months from 12.35 % in June 2019 to just 9.53% in June 2020. Since April 2020 the 2020/21 revised establishments have been adjusted with an increase of +80.60 FTE thereby increasing the vacancy rate.

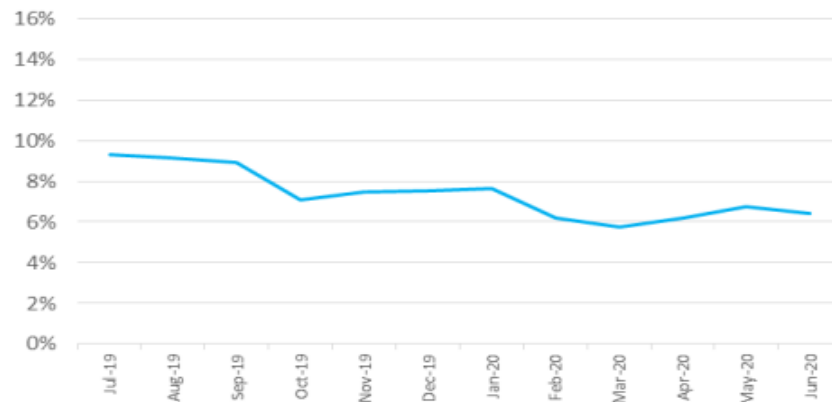
Registered nursing and midwifery vacancy rate have reduced by 5.29% over the 12 months to June and are currently at 8.81%. Medical and dental vacancy rates have reduced by 7.16% over the same period to 4.19% in June 2020.

Preparations have been successful for junior doctor changeover in August across both sites with late Deanery appointments due to COVID19. Plans are in place to fill all outstanding junior gaps in recruitment. The approach to senior medical hotspots has been to fill posts using NHS locums where possible and there has been success with this whilst plans are continuing to be developed.

L&amp;D Site - Vacancy Rate

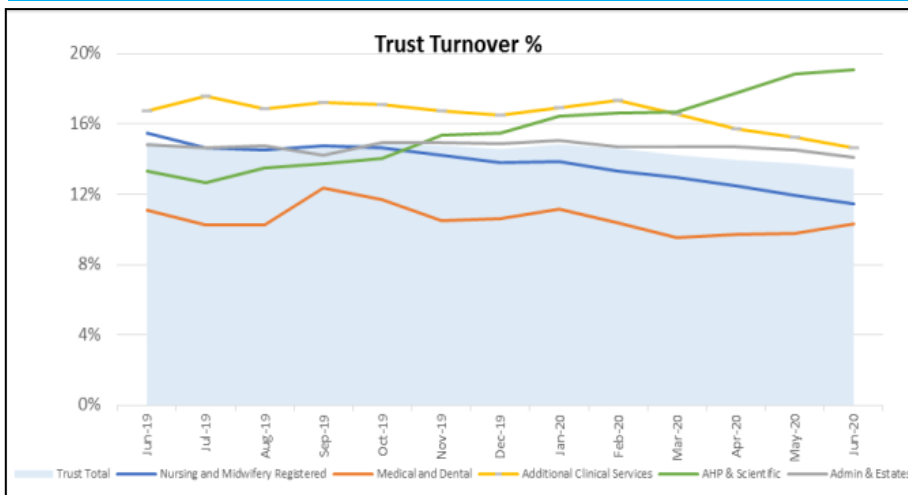


Bedford Site - Vacancy Rate

**Overseas Recruitment Update**

Overseas nurse recruitment has remained on hold across both sites throughout June due to the Covid19 pandemic. Communication with these nurses has continued both through the relevant recruitment agencies and via Social Media for the nurses under offer through the Australian campaign. As flights re-open plans will be put into place to start the overseas nurse in post. There are currently 121 band 5 nursing vacancies across the Trust with approximately 300 overseas nurses under offer across the two sites with approximately 70 nurses awaiting start dates.

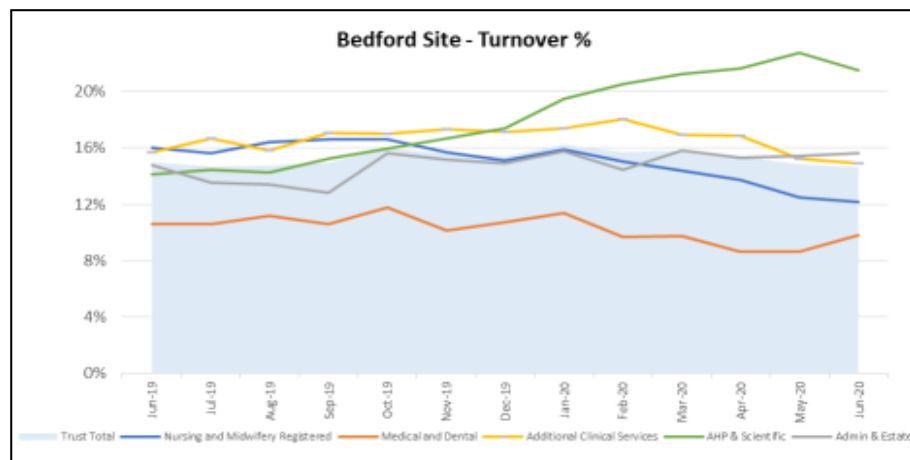
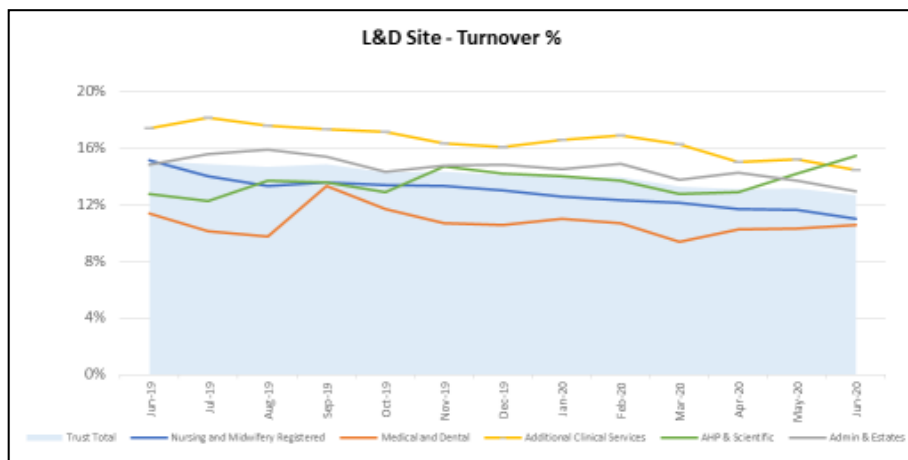
44 overseas nurses have been placed on the NMC temporary register (16 at L&D, 28 at Bedford) and have been working as Band 5 nurses. These nurses will be required to pass their OSCE and exam dates will be scheduled throughout August and September. The NMC have confirmed that these nurses will stay on the temporary register whilst undertaking their OSCE.



### Trust Level Summary

Turnover is on a downward trajectory having reduced by 1.51% since the same period last year. The nursing and midwifery staff group had the largest decrease of 4.03% over the last 12 months. The exception to the downward trend amongst the allied health professional and scientific staff groups where turnover increased by 4.49%

Hotspots which have been emerging over recent months include Allied Health Professionals, in particular physiotherapists at bands 5 and 6 and radiographers which has a link to career development and service requirements. The extension of the use of Career Coaches in these areas will be a priority to retain skills.

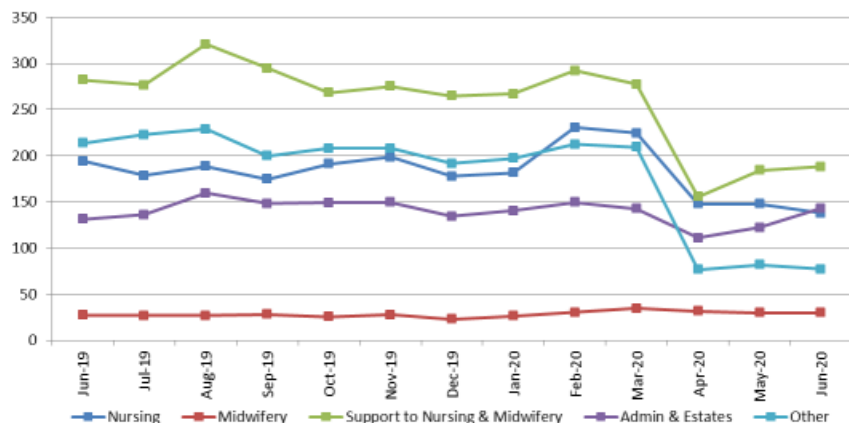


### L&D Site

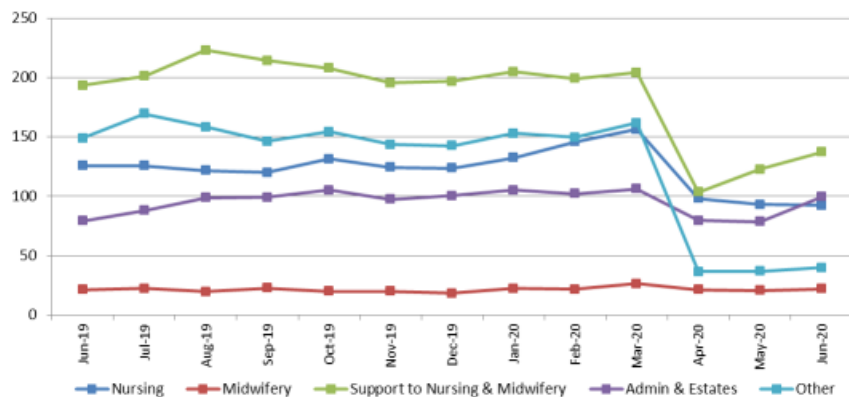
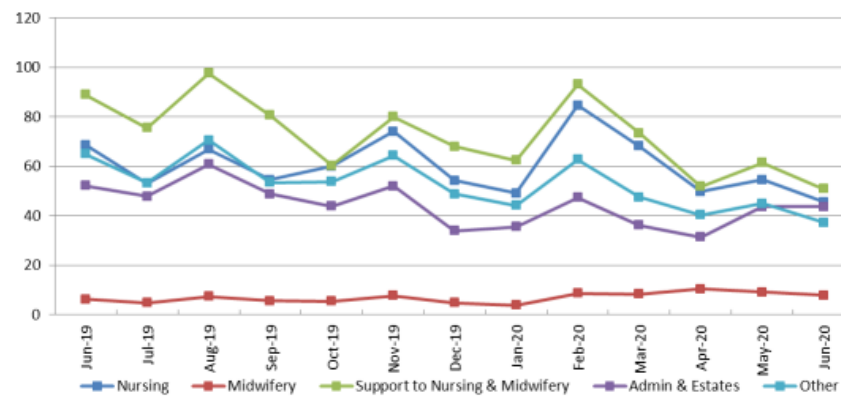
Overall turnover reduced by 2.42% across all staff groups compared to the same period last year. Most staff groups are showing a downward trend with the exception of Estates and ancillary which is small staff group with only 114.5 WTE with 26 leavers over the 12 month period and allied health professionals. This staff group has 248 WTE with 45 leavers over the 12 month period. The top leaving reasons in these staff groups were relocation 31%, Retirement age, 20%, work life balance 19%.

### Bedford site

Overall turnover remained broadly stable staff reducing by 0.35% compared to the same period last year. Most staff groups were stable with the exception of Allied Healthcare Scientists which is small staff group with only 16.83 WTE with 3 leavers over the 12 month period, and Allied Health Professionals. This staff group has 7.3 WTE with 1 leaver over the 12 month period. The top leaving reasons for this group were relocation 43%, other NHS organisation 23% and 23% Retirement age.

**Trust Total Bank FTE****Trust Level Summary**

At both sites the impact of the COVID pandemic is clear in the significant reduction in bank use in all groups from the end of March which corresponds with the start of the lockdown period (23<sup>rd</sup> March 2020). Overall Bank usage decreased by 37.05% in June as compared to March 2020.

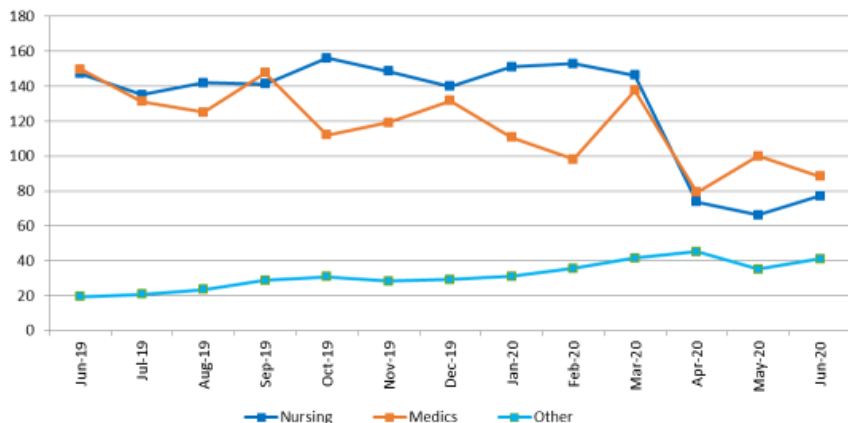
**L&D Site - Bank FTE****Bedford Site - Bank FTE****L&D Site**

Bank use has reduced by 40.35% from March to June 2020 as result of the COVID pandemic equivalent to 264 WTE fewer bank workers in June compared to March 2020

**Bedford site**

Bank use has reduced by 40.35% from March to June 2020 as result of the COVID pandemic equivalent to 48.5WTE fewer bank workers in June compared to March 2020

**Trust Total Agency FTE**

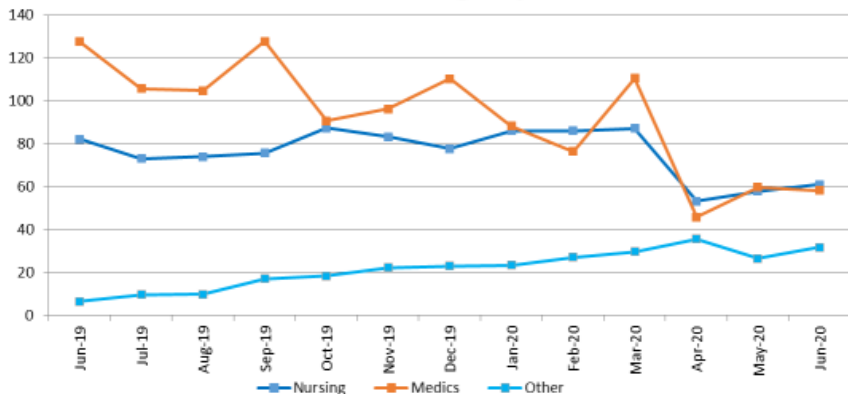


**Trust Level Summary**

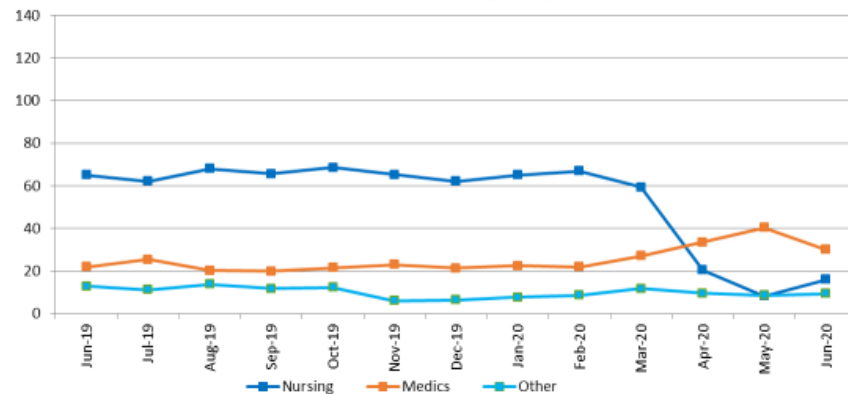
At both sites the impact of the COVID pandemic is clear in the significant reduction in agency from the end of March which corresponds with the start of the lockdown period (23rd March 2020).

Overall Agency usage decreased by 33.53% in June as compared to March 2020 but there was a marginal increase in the use of nursing agency equivalent to 3.2 WTE and "other" agency workers equivalent to 5.1 WTE between March and April 2020.

**L&D Site - Agency FTE**



**Bedford Site - Agency FTE**



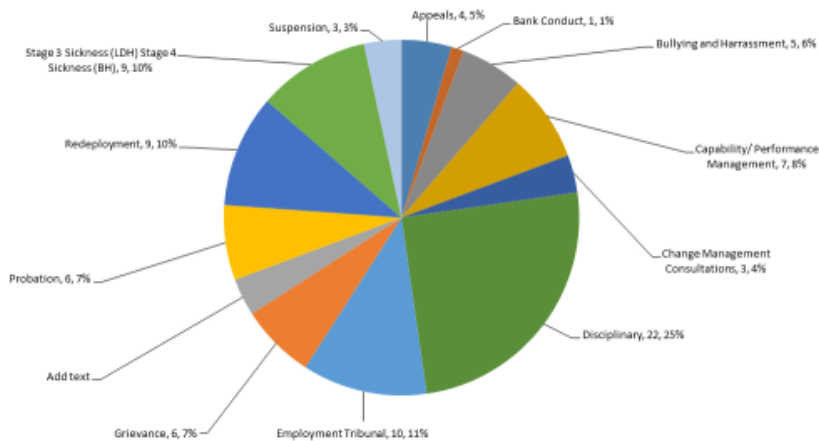
**L&D Site**

Agency use has reduced by 33.5% from March to June 2020 as result of the COVID pandemic. Medical locums decreased by 1.4 FTE in June. (The reduction between March and June 2020 was 47%) and remains a lower run rate than pre-COVID.

**Bedford site**

Agency use has reduced by 43.4% from March to June 2020 as result of the COVID pandemic with the exception of medical locums which initially increased in in April and May to meet the additional demand from COVID Rotas peaking at 40.3 WTE in May. This has reduced b by 10WTE in June returning to pre-COVID levels.

Trust Total Active ER Cases



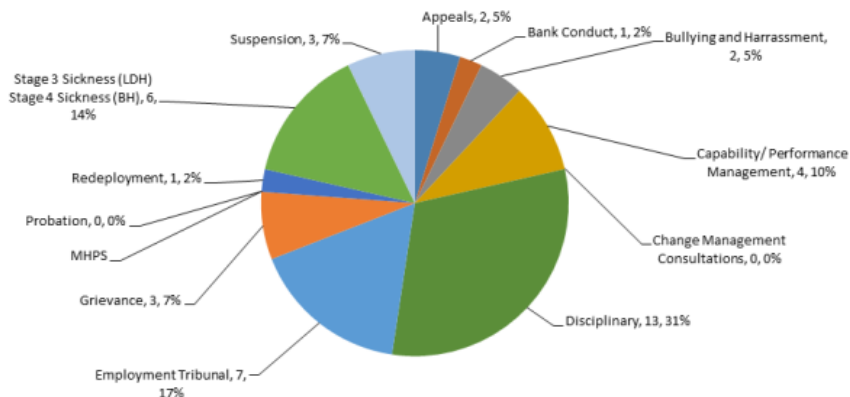
There has been high focus on TUPE transfer and change processes associated with the merger for clinical operations and non-clinical areas. Corporate areas are in the process of completing their consultations and changes to roles for their senior leadership teams.

Bedford site has a probationary contract policy for all staff groups apart from doctors. It is planned that this will roll out to the whole organisation during the year. Suspensions are low in number and are kept under close review to ensure individuals are supported and timeframes are kept to an absolute minimum.

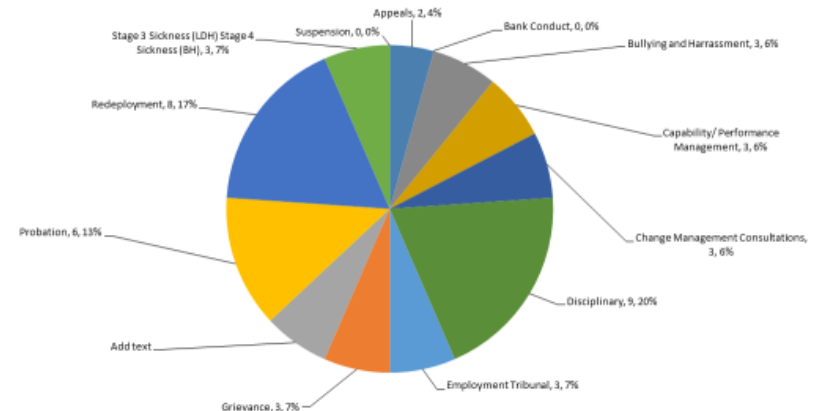
The insourcing of pathology services via TUPE transfer was successfully completed on the 1<sup>st</sup> July 2020 with 93 employees joining the Trust based at the Bedford site.

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

L&amp;D Site - Active ER Cases

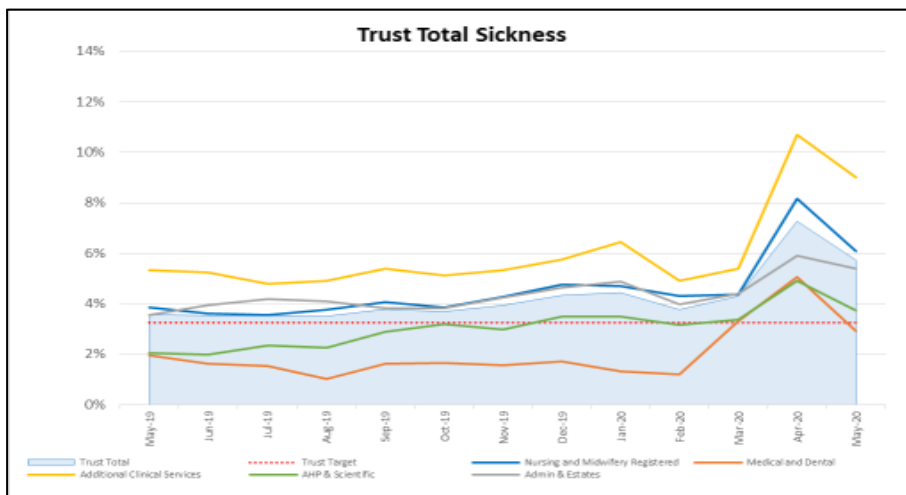


Bedford Site - Active ER Cases



During the initial stages of the COVID lock down ER activity was paused to enable rapid response to the new challenges and to ensure social distancing was maintained. This has caused a delay in all cases excluding Employment Tribunals. Activity resumed in May but at a limited capacity due to the availability of staff (COVID related absences, focus on COVID patient care and recovery planning), limitations of video conferencing and availability of rooms where social distancing can be maintained

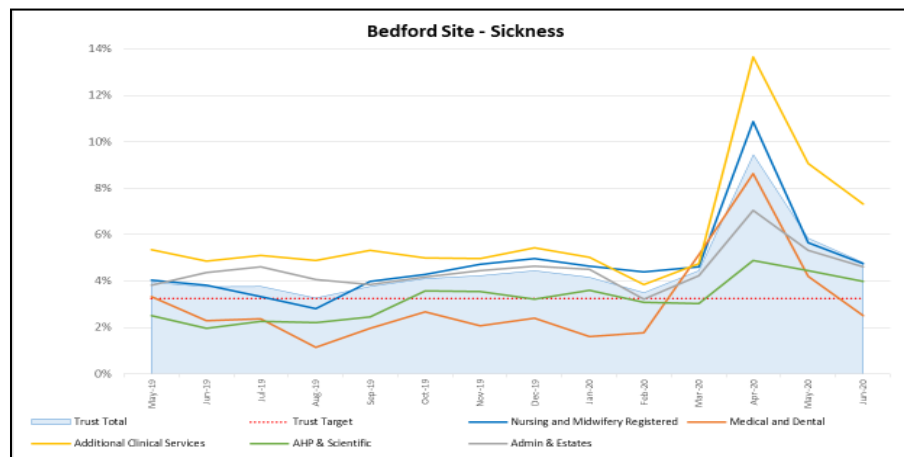
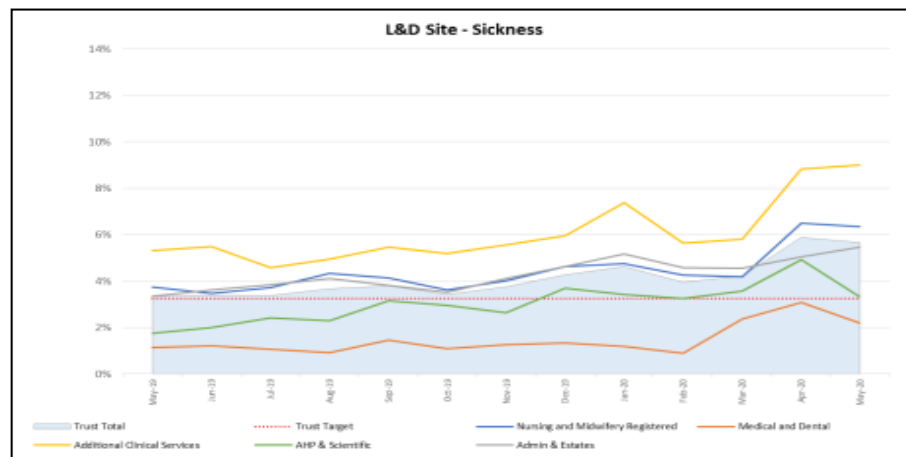
Following a review into a very tragic event that occurred 3 years ago at a London NHS Trust, the outcome has been published through NHSi and guidance issued relating to the management and oversight of local investigation and disciplinary procedures. An action plan has been put in place to ensure that the learning from the events is put into practice which is being monitored by the Workforce Committee. The inclusion of high level reporting on employee relations information at board level was one of these recommendations and will be included in future reports.



### Trust Level Summary \*

Overall sickness levels increased from 4.29% in March to a peak of 7.28% in April as a result of the COVID pandemic higher than the national median of 6.38%. This has subsequently reduced to 5.73% below the national median in May which is more consistent with Trust's usual performance achieving the top quartile for this measure. The sickness rates continue to reduce from the April peak. The highest absence rates for May are amongst the front line staff groups with additional clinical service 9.03% and nursing and midwifery at 6.8% but are less than the April Peak. We expect this downward trend to continue to return to normal levels over the coming months.

At the onset of lockdown stage 2 meetings were temporarily suspended but were quickly reinstated to ensure effective absence management with support for managers provided by the Human Resources and Occupational Health Teams.



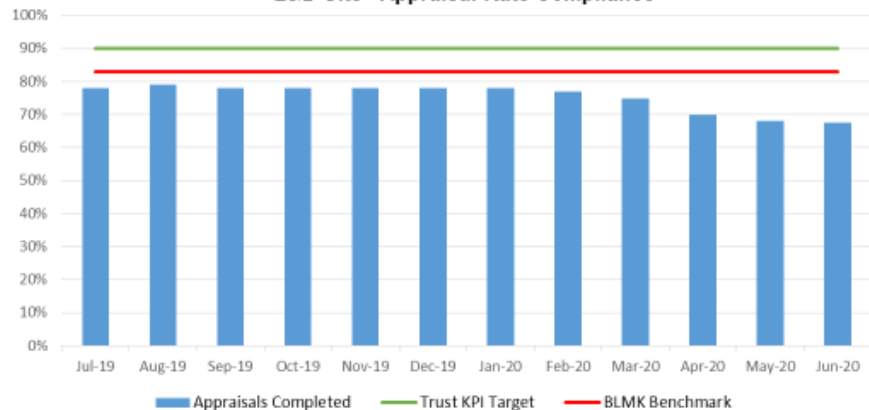
### L&D Site

There was an overall minor decrease to 5.66 % sickness in May due to the impact of COVID-19 which was a slight reduction against the April peak of 5.88%. Since the onset of the pandemic we have enhanced our health & wellbeing support to staff which includes employee assistance programme, mental health and sleep support applications. A temporary well being hub was run throughout the lockdown period which provided a 24/7 quiet space for staff to relax .

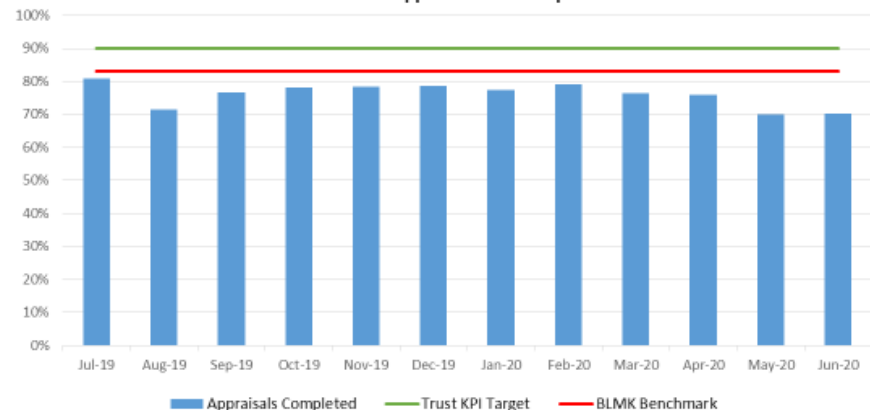
### Bedford Site

There was an overall decrease to 5.85% in May due to the impact of COVID-19 which was a reduction against the April peak of 9.45%. Since the onset of the pandemic we have enhanced our health & wellbeing support to staff which includes the new Employee Assistance Programme by CIC for Bedford staff. There has also been increased accessibility to our staff 'Peer to Peer' listeners, chaplaincy and Freedom to Speak Up team. The temporary Wellbeing Hub provided 24/7 quiet space for staff to relax.

L&amp;D Site - Appraisal Rate Compliance



Bedford Site - Appraisal Rate Compliance



### **Trust Level Summary**

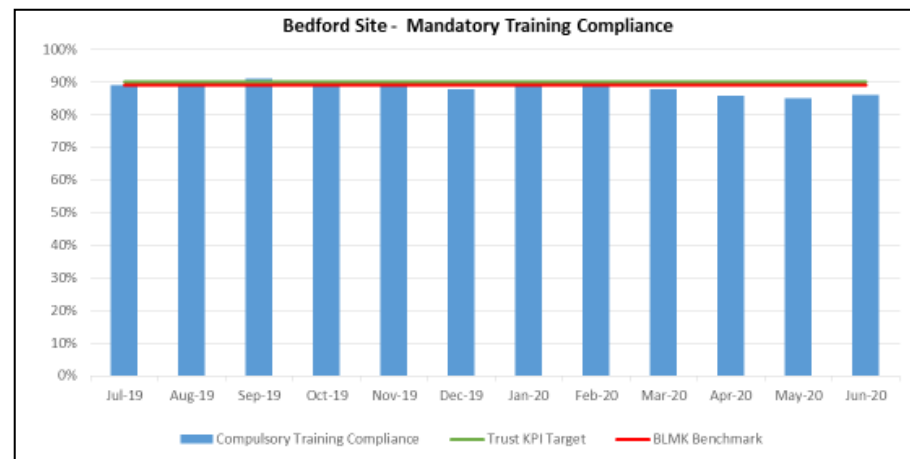
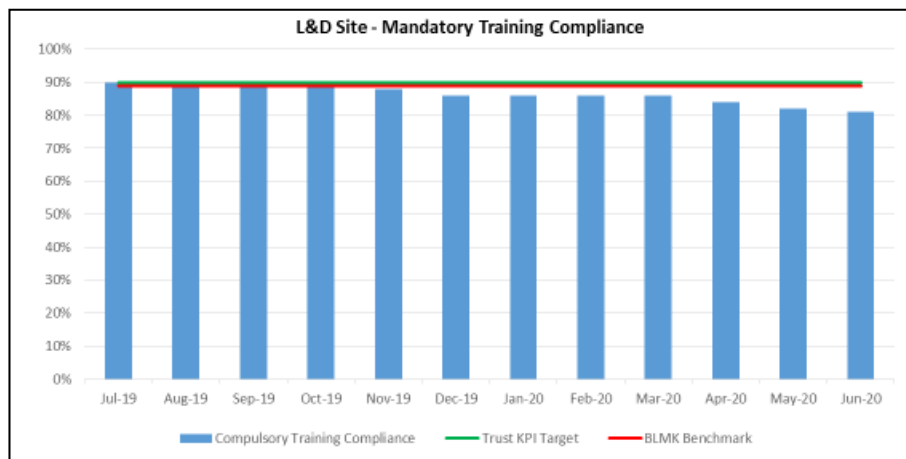
A national directive was provided that due to the impact of COVID that appraisals should be temporarily paused at this time this has understandably negatively impacted the appraisal rates across the Trust.

### **Bedford Site:**

Completion rates in June reduced to 70.28%; compliance has been impacted by COVID 19. Support is still available including a dedicated website and e-learning support on OLM; once it is possible the team will resume their targeted support programme together with additional “how to carry out an appraisal” workshops.

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

The overall appraisals’ compliance rate for the Trust has decreased by 1% (67.62%) during the June period which is attributed to the impacted by COVID 19 . We expect that once the situation improves and review meetings pick up, appraisal compliance will improve with the support of our Divisional Leads and Cost Centre Managers. We have reinstated e-mail reminders to staff who have not had an appraisal review meeting in the last 12 months. There are staff who have the capacity to undertake such meetings and we are encouraging them to do so when possible. The Training Team are reminding staff that the appraisal documentation can be completed electronically, with the review discussion taking place over the phone or by use of video communications software. Where a line manager is currently unable to hold an appraisal review meeting, we are asking for the appraisal paperwork to be completed in preparation for when the meeting can take place.



### **Trust Level Summary**

Due to the Coronavirus and associated social distancing measures classroom training was temporarily suspended to focus on the pandemic response with the exception of essential practical training. Online learning continuing where practicable. Corporate Induction is being delivered in a different way until government guidance states otherwise. New starters now receive a time-slot to collect an Induction pack and have eight weeks to complete their online training. Practical training sessions for clinical staff have been split into twenty minute sessions with reduced numbers. This allows us to run classes more frequently, for the same overall time but without compromising staff safety. This process is being reviewed and refined with the aim of streamlining the induction process for all new starters.

### **Bedford Site:**

The mandatory training compliance increased slightly to 86.14% against the target of 90%, however in the current circumstances achieving such a high compliance rate is outstanding. All mandatory training is available online via the ESR OLM platform and there is a dedicated website to support e-learning which includes a 'contact-less' induction programme to support our new fast track starters. We will review the process and refine with the aim of streamlining the induction process for all new starters going forward.

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

Overall training compliance has decreased to 81% during the June period down 1% from the previous month. The safe delivery of classroom training whilst observing social distancing measures has been risk assessed and results in significantly reduced Capacity and alternative venues are being explored to help increase the capacity. We are in the early stages of investigating the viability of broadcasting training events over the internet, enabling staff to attend from their desk or a safe place. There has been an increase in online training activity during the last month which is demonstrated by the slight increase in compliance for Information Governance, Safeguarding Children and Conflict Resolution Training but we expect to see an improvement in the next few months as staff are now finding the time to complete their e-learning.



**Mandatory Training Alignment**

We are currently in the process of re-aligning to the UK Core Skills Training Framework (CSTF) as a newly merged organisation. This includes which topics are reported to the Trust Board and how often training should be completed. Once the required changes have been agreed and implemented, this will enable us to progress with plans to have a single Board Report containing common CSTF mandatory topics.

In the interim the tables show the year to date compliance levels by subject based on the existing methodologies on both sites.

L&D Site - Training Compliance	STATUTORY TRAINING							Core Safeguarding Child Level 3	Specialist Safeguarding Child Level 3	Conflict Resolution	Basic Life Support	Immediate Life Support
	Fire	Infection Control	Safe Moving - Theory	Safe Moving - Practical	Information Governance	Safeguarding Adults	Safeguarding Children					
Trust Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
April 2020	81%	84%	85%	88%	83%	88%	86%	79%	75%	78%	72%	49%
May 2020	79%	82%	83%	85%	81%	87%	85%	74%	72%	78%	72%	47%
June 2020	79%	81%	82%	83%	82%	87%	86%	72%	67%	79%	73%	49%
Change from last month	0%	-1%	-1%	-2%	1%	0%	1%	-2%	-5%	1%	1%	2%

Bedford Site - Training Compliance	STATUTORY TRAINING										Conflict Resolution	Basic Life Support	Equality, Diversity & Human Rights	Health, Safety and Welfare
	Fire	Infection Control Level 1	Infection Control Level 2	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Information Governance	Safeguarding Adults	Safeguarding Children Level 1	Safeguarding Children Level 2	Safeguarding Child Level 3 (Core & Specialist)				
Trust Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
April 2020	82.49%	93.44%	82.22%	90.67%	79.90%	82.29%	87.87%	84.59%	85.98%	80.65%	77.76%	77.03%	90.03%	89.39%
May 2020	79.92%	93.68%	78.80%	91.20%	80.22%	81.03%	88.58%	83.86%	84.99%	77.21%	78.59%	71.09%	90.05%	89.49%
June 2020	79.92%	94.53%	81.16%	91.69%	82.59%	81.72%	89.51%	86.91%	87.43%	78.19%	81.70%	71.63%	90.41%	90.44%
Change from last month	0%	1%	1%	0%	2%	0%	1%	3%	2%	1%	3%	1%	1%	1%



## Board of Directors

Wednesday 29 July 2020

<b>Report title:</b>	<b>Quality Committee Report</b>			<b>Agenda item:</b> 8
<b>Executive Director(s):</b>	<b>Annet Gamell, Non-Executive Director, Chair of Quality Committee</b> <b>Catherine Thorne, Director of Quality &amp; Safety Governance</b> <b>Liz Lees, Chief Nurse</b>			
<b>Report Author</b>				
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>				

<b>Report summary</b>	This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 13 May 2020, 24 June 2020 and 22 July 2020.
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	CQC NHSI Quality Accounts (External Audit) Quality objectives
<b>Jargon Buster</b>	Harm Free Care – A set of metrics including falls and pressure ulcers that are nationally monitored CQUIN - Commissioning for Quality and Innovation – a set of quality measures that are nationally and locally mandated that the Trust is incentivised financially to achieve

## **QUALITY COMMITTEE REPORT**

### **TO BOARD OF DIRECTORS**

#### **1. Introduction**

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 13 May 2020, 24 June 2020 and 22 July 2020. The previous Clinical Outcome and Safety Quality Committee at Luton & Dunstable, and Quality Board at Bedford have merged to become the Quality Committee. The terms of reference were approved by the Quality Committee at the June meeting.

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

The Committee received updates on the COVID-19 position and discussed the emerging risk of the impact of Covid on both inpatient and outpatients going forward. The Quality Committee has a key role in assuring that what worked well has been fully assessed and new and improved ways of working are implemented, and that things that did not work well are discontinued.

The Committee received a paper outlining the progress on recovery plans and noted the constraints, for example: all elective patients have to isolate with their families for 14 days prior to any procedure and have to be swabbed negative before the procedure can take place; rooms in endoscopy have to be left to rest between patients; use of theatres is limited to green and red pathways.

The Chief Executive informed the Quality Committee of a Deep Dive exercise taking place with Bedford Borough where an increased rate of COVID-19 was recognised, higher than the England average.

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

The Director of Quality and Safety Governance reported a reduction in the trend of reporting of incidents during April and May, and that there had further been a reduction in medication incidents which was likely due to the impact of fewer patients on the hospital site during the pandemic. June saw an increase in this data and two Never Events were reported (no patient harm).

#### **4. Mortality**

The Joint Medical Director confirmed the spike in mortality in April and May due to Covid. A cross site Learning from Deaths Board took place on 13 July. SHMI data shows that in Bedford there is a higher proportion of out of hospital deaths and the Trust is looking to the CCG to assist to review the cases to help us to gather more information to better understand this.

## **5. Harm Free Care**

The Chief Nurse reported that there had been an increase in falls at both hospitals during March, April and May. There had been themes around the wearing of PPE, moving of staff into different teams, and the difficulty of understanding issues associated with Covid itself. June saw a reduction in falls across the organisation with the lowest number for over a year on the L&D site. Bedford's falls figures remain above their average.

There was also an increase in new pressure ulcers, with emerging evidence surrounding Covid related skin damage and severity increase due to patients being seriously unwell. June saw a reduction in pressure damage across the organisation. The Committee was informed that the Trust is participating in some national research to fully understand the impact of Covid and skin integrity.

The Quality Committee was assured that thematic reviews are being undertaken of both falls and pressure ulcers and will be presented to the Committee at a future meeting. Also, the ward accreditation programme is recommencing which will drive forward some of the quality improvement work.

## **6. Patient Experience**

The Chief Nurse reported the decrease in the numbers of complaints during the peak of the pandemic, but again had started to increase in June. The Committee noted that the PALS service had stopped face to face meetings and visitor hotlines had been introduced; the efficient manning of phones with clinical input had resulted in dealing with issues effectively and had been well received.

## **7. Performance Metrics**

Reports were received at the June and July meetings and the Committee was alerted to 52 week breaches and the deterioration in the 62 week cancer standard.

The Quality Committee received the report for Cancer Access Standards which was taken as read.

## **8. Maternity Services Update**

The Quality Committee noted that the pandemic at the Luton & Dunstable Hospital had been more intense, which prompted the decision to suspend home delivery and water births, while at Bedford the service had continued. This had come under regional scrutiny for the decision that was made and the Quality Committee received a report outlining the key reasons for the decision at the time which included the protection of women and the challenges around the availability of community midwives, and the increased pressure on ambulance services. The service was being stepped up and home deliveries will recommence later in the year.

A report was received at the June meeting following an external review of Bedford Maternity Services. The Committee noted the continued focus on issues with junior doctors and were assured that clinical outcome and safety has not been compromised.

The senior maternity team were in attendance at the July meeting and gave an update on maternity services on both sites.

## **9. Draft Quality Accounts**

The Director of Quality and Safety Governance confirmed that there were 2 Quality Accounts, one for each site, with some similar quality priorities. Actions were being progressed with joint working. Each site will present their Quality Account by December 2020, and there will be one single report next year.

## **10. Quality Priorities and CQUIN**

The Quality Committee was informed that the national CQUIN scheme has been suspended for 2020/21 but were given assurance that the quality improvement work involved in the CQUINs constitutes the majority of the Trust quality priorities so work will continue to embed the improvements alongside the remaining priorities. A report was received outlining the quality priorities and the progress against them.

**No-Smoking Site** - The Deputy Director of Quality and Safety Governance informed the Quality Committee that the quality priorities for 2020-21 would include the Trust being a smoke free site. The policy is being finalised with an expected implementation date of 3 August 2020.

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

The Quality Committee received the draft IPC Board Assurance Framework for oversight.

## **12. Internal Audit**

**Final Business Continuity Report** – The Lead for Emergency Planning and Resilience was in attendance at the June meeting and updated the committee on progress of recommendations and actions identified by internal audit through the Business Continuity report. She noted that this had been delayed due to the pandemic.

**Governance** – The terms of reference for the Governance internal audit were received and noted.

## **13. Integration and Transformation**

The Director of Integration and Transformation gave an update on the progress of the integration and transformation work. He noted that Integration Board meetings continue and clinical validation meetings will commence in July.

## **14. Nursing and Midwifery Staffing**

An integrated Nursing and Midwifery Staffing report was received. The Deputy Director of Nursing noted that the pandemic has altered the data with the increased number of high dependency patients and decrease in emergency admissions, which meant that staff were working in different departments/areas to usual.

## **15. Risk Register**

The Quality Committee were informed that a review has been completed of the risk registers for Bedford and L&D and steps are in place to integrate the risk register across both sites. Current risks for review were received by the Committee.

## **16. Safeguarding**

The Chief Nurse presented the Q1 Joint Safeguarding Report which outlined safeguarding data and activity, including training, for Adults, Children and Young People, and Maternity. The Committee noted the changes to practice within the safeguarding team during the pandemic due to government advice on hospital restricted visiting. The Committee was assured that the team continued to work closely with the Local Authority during this time to ensure the population was as safe as possible.

## **17. Papers received for information**

CQC Infection Prevention and Control Assessment





## Board of Directors

**Wednesday 29 July 2020**

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

<b>Report summary</b>	<p>This report contains a summary of the deliberations of the FIP Committee during May and June 2020.</p> <p>The current financial position (both revenue and capital) and financial regime have both been considered alongside a number of key redevelopment investment decisions.</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>NHS Improvement Single Oversight Framework</p> <p>Achieving Financial Balanced Trust Objective</p>
<b>Jargon Buster</b>	<p>FRF – Financial Recovery Fund</p> <p>MRET – Marginal Rate Emergency Tariff</p> <p>CIP – Cost Improvement Plan</p>

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

**29<sup>th</sup> July 2020**

The Board should note the following items discussed at the FIP Committee meetings from 27<sup>th</sup> May through to 24<sup>th</sup> June 2020.

**1. Financial Position**

On the 24<sup>th</sup> June the Committee noted that the Trust delivered the required breakeven position for Month 2, with the assistance of £7.4m of top-up and true up payments.

It was acknowledged that in part these payments represent a shortfall in block payments, which do not include FRF & MRET monies. This represents £3.4m of the shortfall. The remaining “true-up” is due to Covid costs, which were in fact considerably above £4.0m true-up, which only takes the Trust to a breakeven position.

As part of the Finance report the Director of Finance also described the Covid19 expenditure return for Month 2. The Committee subsequently noted that with the financial regime likely to be significantly altered for the remainder of the year the onus will be on Trusts to strengthen financial stewardship and exert greater scrutiny and cost control.

The Committee also acknowledged the risk that under this different regime there is a magnified risk that wrong decisions may be taken. The Committee noted that the means of effectively managing in this situation is still under review.

The Committee noted that it is intended for CIPs to be reviewed for deliverability in a Covid19 context with all the schemes on both sites currently under review.

The cash position remains strong with the Committee noting that due to the timing of the report the Statement of Financial Position includes approximately £45m of cash paid in advance so should be considered in light of that.

**2. Capital**

It was noted that the Trust started the year with a capital plan of c£75m. The Committee were reminded that due to the imposition of an STP Capital envelope the Trust has been forced to reduce its capital aspirations to a planned spend of £63.2m, albeit with no adverse consequences anticipated. The numbers presented within the report, which are within the Bedfordshire Hospitals element of the capital envelope, assume that the revised capital plan is approved.

There has been limited spend to date of £3.3m against this revised plan.

FIP acknowledged the detailed list of capital requirements that were submitted to the Centre pre-May 19th.

### **3. Investment Decisions**

The Redevelopment Programme Director presented three business cases for the FIP Committee to consider for approval at a FIP meeting on 17<sup>th</sup> June.

#### **i) Lewsey Road Car Park**

The Committee were reminded of the longstanding, perennial issue of the Lewsey Road car park and how the Trust had arrived at this point. The Redevelopment Programme Director described the current situation with the focus now shifting to a permanent car parking solution. The Committee noted that the Trust now had a three-storey design that mitigated anticipated planning concerns by creating more space around the facility. With planning approval in place a procurement process was initiated.

Two contractors emerged as viable options through this process before discussions moved to a conclusion with Huber UK Ltd, allowing design work to commence under the guise of a letter of intent.

The Redevelopment Programme Director confirmed there is now a need to move into a construction contract if contractors are going to be on-site in July and finishing by the end of the year.

The scheme cost plan has been updated, and is currently £75k over the original approved cost plan of £4.93m. Recognising that there may be on-site parking pressures in September/October, FIP were asked to approve the revised cost plan.

After a detailed discussion and due consideration the Committee approved the absorption of the overspend against the original contingency, thereby maintaining the originally approved cost plan of £4.93m.

#### **ii) Lighting Upgrade**

The Redevelopment Programme Director reminded the Committee of Centrica's 2018 proposals for energy saving measures, and confirmed that in close collaboration with the Trust it was now confirmed where the savings would be coming from. With the CHP delivering over 70% of the savings the lighting upgrade contributes the second largest amount.

The Redevelopment Programme Director's preference is to initiate and implement the work on the lighting upgrade over the summer and the Committee were asked to approve bringing forward the works contract.

The Redevelopment Programme Director confirmed that the project would take approximately 6 months with the contractor having a track record of successfully

working through an implementation in the South West during the recent outbreak.

The Redevelopment Programme Director also confirmed that the light fittings are guaranteed for 6 years, corresponding with the payback period, although the expectation is that the fittings true life span would be much longer than 6 years.

Following due consideration the Committee approved the case.

### iii) Temporary Office Block

The Redevelopment Programme Director opened the presentation on the case for the temporary office block, stating that while it is not yet obvious how the block will be used it is clear that the space will be required. The Redevelopment Board have also drawn this conclusion making a decision to engage with a contractor for the building with the fit out to be confirmed at a later date.

Given the fact that the delivery of temporary office facilities is on the critical path for the Acute Service Block redevelopment, the more significant risk is the Trust missing the allocation of a suitable slot on Elliott's procurement schedule. The Committee also noted that if the decision was made to proceed with the procurement and the planning decision ultimately wasn't forthcoming, the Trust would have incurred approximately £100k of procurement and design fees for which there may be no return. The Redevelopment Programme Director stated that should the planners not approve the new offices it would still be the intention to build the block elsewhere.

The Chief Executive reiterated that even if the Acute Service Block is not approved the Trust would want staff transferred out of the main block in order to free up space in hospital.

It was confirmed that a project team had been created to understand exactly what the space requirements are and resolving the design issues for confirmation in August.

The Trust Chair stated that this investment is critical to being able to decant the Trust offices, and the Redevelopment Programme Director confirmed that the intention was to have the building up and functional by the end of the year.

The Redevelopment Programme Director confirmed that the associated costs had been accounted for. It was also confirmed that FIP were being asked to approve the £1.8m for the build and that the costs of the foundations and the fit out are within the cost plan, that this has been risk assessed through a survey and that fit out complications have been allowed for. The Redevelopment Programme Director confirmed that the buildings would have some value after 5 years so there would be some opportunity to recover some costs at this point.

After due consideration the case for the temporary office block was approved.

#### **4. Other Matters**

- Financial Regime

In May it was confirmed that the Trust would continue to be on a block payment mechanism until at least October, with the Committee recognising that there is an increasing likelihood of that arrangement remaining in place until 2021/22.

- Medical Agency Spend

It was confirmed that with a large proportion of agency activity previously relating to elective activity, and generally less willingness of agency staff to work during the current situation, the drop in agency spend was in line with expectations.

It was also stressed that agency costs should now be controlled at the point of rota design.

- Cleaning and Catering Contract Tender

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

- GDE Programmes

In June FIP acknowledged that a situation that was already quite complex due to HIMSS Stage 7 targets shifting and the nature of the projects and funding streams had been made even more complicated through Covid19 enforced delays.

- Risk Register

The risks assigned to FIP were discussed in June, with confirmation that work is progressing to combine the two hospitals' risk registers. The risks associated with the new finance regime were highlighted as particularly significant.

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

None



**Board of Directors**

**Wednesday 29 July 2020**

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

<b>Report summary</b>	<p>A report on the progress of the Redevelopment Programme.</p> <p>The OBC is going through the approvals process. A recommendation report for the preferred option has been submitted by the regional team at NHSE to the Joint Investment Committee which convenes on the 21<sup>st</sup> July. David Carter, Matt Gibbons and Melanie Banks will present the case at this meeting. The OBC also has the support of the Central Capital and Cash Team.</p> <p>Work to develop the FBC continues at speed. The 5 key work streams are fully established with key work groups working to agreed outputs against the programme.</p> <p>Procurement for the main scheme has been put on hold by The Centre as of early June until an OBC approval is secured. The ambition and the drive is to hold the programme end date.</p> <p>Planning consent has been granted for the new office block.</p> <p>Key enabling schemes to the main scheme are progressing on programme with some minor slippage on delivering the fit out of the office block.</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>Department of Health</p> <p>NHS Improvement</p> <p>Redevelopment Strategic Objective</p>
<b>Jargon Buster</b>	<p>FBC – Full Business Case</p> <p>OBC – Outline Business Case</p>

## **REDEVELOPMENT PROGRAMME BOARD REPORT**

**29 July 2020**

### **TO BOARD OF DIRECTORS**

#### **1. Introduction**

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

#### **2. Governance**

New management and governance arrangements to deliver the FBC were agreed in February 2020 and implement from May 2020 when the FBC development was initiated.

The Programme Board met on 13 May 2020, 17 June 2020 and 15 July 2020.

A summary of the Lewsey Road car park business case and new office block business case was discussed and approved by the Council of Governors on 24 June 2020.

The Terms of Reference of the Redevelopment Board were reviewed and approved in July 2020 to reflect the extension of our remit to cover Bedford.

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

The Outline Business Case (OBC) for the scheme is progressing through the approvals process. A recommendation report for the preferred option has been submitted by the regional team at NHSE to the Joint Investment Committee which convenes on the 21st July. David Carter, Matt Gibbons and Melanie Banks will present the case at this meeting. The OBC also has the support of the Central Capital and Cash Team.

Procurement of a Building Contractor was due to commence in May. Expression of Interest was sought from the market. Four respected Contractors expressed an interest in the scheme. This level of Interest was deemed very good. The procurement for the main scheme has been put on hold by The Centre as of early June until an OBC approval is secured. The ambition and the drive is to hold the programme end date. Clearly this will be challenged whilst the timeframe for approval remains unclear.



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

Work on the multi storey car park on the Lewsey Road commenced on Monday 13<sup>th</sup> July on programme and is expected to complete at the end of the year.

A preferred contractor for the Bariatric Centre at Travelodge has been identified. The price from the market is coming in under budget. The Redevelopment Board in July have put a short term hold on progressing this scheme whilst we await the JIC meeting.

Planning consent for the proposed office block was granted at the end of June.

The Squash Court was demolished week commencing 6<sup>th</sup> July with the Modular Audiology facility due to go live in the Autumn.

The remaining enabling schemes to clear the site (Estates Buildings, EBME, and Occupational Health) are currently being developed against revised scopes and discussed with the Programme Team.

#### **5. Energy Centre**

The Managed Services Agreement with Centrica is now in final form and was submitted to the Trust Board in May.

Favourable Tenders were returned at the beginning of July and currently going through an adjudication process.

Work on the Energy Centre is programmed to start in the Autumn and is subject to Estates Enabling work to re house the Linen Stores, Estates Workshop and associated offices and storage.

The early works contract for Lighting Upgrade works has been agreed. Signature was put on hold over pending clarification on the access to the Hospital following the COVID outbreak. Access to the Hospital and a work programme has now been agreed and the contract is due to be signed this month.

#### **6. Programme Risk Register**

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

#### **7. Future activity**

The focus of the team remains on the completion of enabling works to allow demolition to commence at the beginning of 2021 and on the development and delivery of the full business case.



**Board of Directors**  
**Wednesday 29 July 2020**

<b>Report title:</b>	Audit and Risk Committee Report 10 June 2020	<b>Agenda item:</b> <b>11</b>
<b>Executive Director(s):</b>	Steve Hone, NED	
<b>Report Author</b>	Jenny Pigott, DDoF	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To note progress to date.	

<b>Report summary</b>	<p>The Report gives an overview of the matters addressed including the following:</p> <ul style="list-style-type: none"> <li>• External Audit – External Audit of Accounts/ Audit Opinion</li> <li>• Year End Accounts for the predecessor entities and compliance reports</li> <li>• Internal Audit – Annual Internal Audit Opinion</li> <li>• Counter Fraud – Annual Counter Fraud Plan 20/21</li> <li>• Board Secretary Report</li> <li>• Assurance from Sub Committees</li> <li>• Audit and Risk Annual Report to Board and Governors</li> <li>• Standing Orders and Terms of Reference</li> </ul>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>External Audit Internal Audit Counter Fraud</p> <p>Trust Objectives: Deliver Excellent Clinical Outcomes Develop all Staff to Maximise Their Potential Optimise our Financial Position</p>
<b>Jargon Buster</b>	<p>KPMG – External Audit PWC – Internal Audit L&amp;D – Luton and Dunstable University Hospital NHS FT BHT – Bedford Hospital NHS Trust</p>

## **AUDIT AND RISK COMMITTEE REPORT**

### **TO BOARD OF DIRECTORS**

#### **1. Introduction**

This Report updates the Board of Directors regarding the matters discussed at the Audit and Risk Committee on the 10<sup>th</sup> June 2020.

#### **2. Matters Arising**

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

#### **3. External Audit**

KPMG outlined the findings from their audit of the financial statements confirming they anticipated issuing an unqualified audit opinion for both L&D and BHT in advance of the deadline of 26 June with no unadjusted misstatements.

In respect of value for money conclusions the review in respect of the L&D was expected to conclude adequate arrangements are in place. For BHT an 'except for' opinion over the arrangements to secure economy, efficiency and effectiveness in its use of resources. This is due to BHT's cumulative deficit balance of £64.8m and the breach of the statutory break even target for the year ended 31 March 2020.

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

Both BHT and L&D's Annual Report/relevant extracts and Accounts were reviewed and accepted by the Committee. Thanks to the teams were noted.

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

The waivers, losses and special payments and conflict of interest/ hospitality register reports were presented. It was noted that there were different approaches at the two sites which required alignment otherwise the reports were accepted.

#### **6. Internal Audit**

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

The opinion for the year was presented and noted. This concluded:-

*Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk.*

*Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control.*

No critical findings had been identified in the work performed during the year with 6 high risk findings.

### **Urgent GP Follow Up Report**

The final report for a Urgent GP Follow Up was presented. The recommendations from the prior year report had largely been implemented or were no longer applicable.

### **GDE**

The committee received the report on the GDE programme review. Three medium and one low risk recommendations were made in respect of the vacant programme clinical assurance role and documenting certain elements of the programme – risk review meeting minutes, risk tracking on the risk log.

### **Financial Control of Medical Bank**

The final report on financial control of medical bank was presented. There was one high risk for improving the management reporting of the use of bank and agency and one medium risk on updating the policy in this area.

### **Annual Internal Audit Plan 2020/21**

A discussion paper based on discussions with executive directors was presented for consideration for developing the 20/21 internal audit programme. It was suggested that the pathology programme be deferred to 21/22 but otherwise the content was agreed by the committee to align with known risk areas.

## **7. Counter Fraud**

### **BHT Counter Fraud Annual Report**

PwC presented their final annual report which was noted.

### **L&D Counter Fraud Annual Report**

PwC presented their final annual report which was noted.

### **Bedfordshire Hospitals Annual Plan 2020/21**

PwC presented the proposed counter fraud work plan. A similar programme will be progressed at both sites with the fraud risk assessment being consolidated. This was agreed by the committee.

## **8. Board Secretary Report**

Updates received on assurance framework, and risk management.

## **9. Draft Report to Board/ Council of Governors**

The draft report detailing the activities of the committee for presentation at the Board and Council of Governors was agreed.

## **10. Terms of Reference BHFT Audit & Risk Committee**

The revised terms of reference for the merged organisation were agreed.

## **11. Standing Orders for Merged Trust**

Subject to minor comments these were approved.



## Board of Directors

**Wednesday 29 July 2020**

<b>Report title:</b>	Workforce	<b>Agenda item:</b> 12
<b>Executive Director(s):</b>	Angela Doak, Director of HR	
<b>Report Author</b>	Richard Minter, NED (Chair of Workforce Committee)	
<b>Action</b> (tick one box only)	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To note the content of the report.	

<b>Report summary</b>	<p>To update the Board of Directors on the meeting held on 17<sup>th</sup> June 2020 and key pieces of work that include :</p> <ul style="list-style-type: none"> <li>• New integrated board report</li> <li>• COVID Risk Assessment Framework</li> <li>• COVID absences</li> <li>• Organisational Development Strategy</li> <li>• Trust Values</li> <li>• Alignment of Bedford and Luton's training framework</li> </ul>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>Trust objectives: Develop all Staff to Maximise their Potential Optimise our Financial Position</p> <p>NHSI CQC</p>
<b>Jargon Buster</b>	OD – Organisational Development

## WORKFORCE COMMITTEE MINUTES

These minutes reflect the matters considered at the 17 June meeting of the Workforce Committee				
Committee Member	18/09/2019	26/02/2020	18/06/2020	
Richard Mintern – Non- Executive Director (Chair)	x	x	x	
Steve Hone (Deputy Chair)			x	
Gill Lungley - Non-Executive Director	x	x	X	
Annet Gammel - Non- Executive Director	-	x	X	
Liz Lees – Chief Nurse	-	x	X	
David Carter – Chief Executive	x	x	X	
Cathy Jones – Deputy Chief Executive	x	x	-	
Angela Doak – Director of Human Resources	x	x	X	
Nisha Nathwani – Director of Medical Education	-	-	X	
Matt Gibbons – Director of Finance (Acting)	x	x	X	

***In attendance:*** Simon Linnett (Chairman), Fiona MacDonald (Director of Organisational Development and Culture), Jim Machon (Associate Director of Human Resources), Anne Buck (Associate Director Human Resources), Sally Gitkin (Head of OD and Learning),

<b>1.</b>	<b>Apologies</b>
	Paul King
<b>2.</b>	<b>Minutes of the Last Meeting – 26 February 2020</b>
	The minutes of the last meeting were reviewed and approved.



3.	<b>Workforce Committee Terms of Reference</b>
	<b>ACTION:</b> To be reviewed and presented at the next meeting by Richard Minter
4.	<b>Workforce Board Report</b>
	<p>Angela Doak, Jim Machon &amp; Anne Buck provided an overview of the updated integrated Bedfordshire Hospitals Board Report</p> <ul style="list-style-type: none"> <li>• The methodology to combine site level data from two different systems has been established to gain Trust level figures. Each key metric present's site based and Trust level data.</li> <li>• Work is ongoing to enable the combining of site level data for training and appraisal.</li> <li>• A new training and appraisal dashboard is being created that will provide timely and accessible information to managers as well as enable further development to these elements of the board report.</li> <li>• Vacancy rates have been aligned at Trust level but there is work ongoing to enable this to be analysed at a staff group level.</li> <li>• Timing for data availability for workforce reports is being reviewed. To points to note are bank and agency data is not available at Bedford until the 15<sup>th</sup> of the month (included in this draft) and sickness data is reported in arears.</li> <li>• Following a review into a very tragic event that occurred 3 years ago at a London NHS Trust, the outcome has been published through NHSi and guidance issued relating to the management and oversight of local investigation and disciplinary procedures. The inclusion of high level reporting on employee relations information at board level was one of these recommendations and will be included in future reports.</li> <li>• The committee provided feedback that the style was appropriate and contained the necessary metrics. They also agreed that a combined staff grouping would add value to the presentation of the graphs and a key for the data labels on the Employee relations slides.</li> </ul>
5.	<b>COVID Sickness Absence Report</b>
	<p>Jim Machon &amp; Anne Buck provide an overview of a paper showing the trends for COVID related absences.</p> <p>Following an initial peak in absences the absence levels are reducing as the national numbers of cases are also reducing. There remains a high number of staff shielding which remained high until the end of June 2020.</p> <p>Question raised as to why there are a higher numbers at Luton which was explained due to the owing to the age and ethnicity of staff.</p> <p><b>ACTION: Jim Machon to prepare an official response to the Workforce Committee</b></p>

6.	<b>Draft OD Strategy</b>
	<p>Fiona MacDonald has commenced in her role as Director of Culture/OD and presented the draft Organisational Development Strategy. It is drafted in the context of our immediate plans for Cultural, leadership and Organisational development priorities for the next 12 months along with the development of our overarching long term, 3 year comprehensive Workforce Strategy.</p> <p>Included in the strategy is a Government framework which we will be operating which sits with being able to provide tools to deliver integration. The draft strategy is drafted in context with People Plan which will also be reviewed owing to COVID.</p> <p>The paper sets out:</p> <ul style="list-style-type: none"> <li>• Our workforce strategy in context</li> <li>• Our current organisation in context</li> <li>• Governance framework</li> <li>• Principles for our plans <ul style="list-style-type: none"> <li>○ Organisation and leadership development</li> <li>○ Cultural integration</li> <li>○ Bedfordshire Hospitals OD Faculty bringing together OD and leadership comprising a core team of substantive facilitators and bringing in particular resource and expertise as required.</li> </ul> </li> <li>• High level work plan</li> <li>• Funding requirements</li> </ul> <p>Significant data will be required to ensure that the required investments are delivering the anticipated gains. This will be achieved through using existing information from triangulation of staff survey results and pulse surveys as well as the introduction of a cultural barometer assessment tool. The Workforce strategy will be tested with staff and developed through engagement with the workforce. The use of KPIs and the staff survey results are also used along with Pulse checks to monitor impacts.</p> <p>Fiona highlighted the importance of the values for the new Trust and the previous work undertaken on the values in each organisation provides a good foundation to develop into shared values for the new organisation.</p>
7.	<b>Workforce Values for New Trust</b>
	<p>Fiona presented a paper setting the planned process for reviewing and refreshing the Trust values for Bedfordshire Hospitals.</p> <p>Joint work had been undertaken in early 2018 to create values for Bedfordshire Hospitals which, following the postponement of the planned merger, were launched only on the Luton site. A review and refresh is appropriate as more than 2 years has now elapsed.</p> <p>Focus groups will be created to look at both sets of values and produce updated values that are applicable to the new organisation. Once this piece of work has been completed the values will be shared more widely and start to incorporate the branding. It is hoped to launch the new values in Autumn 2020, with the proposal of the Xmas Good Better Best</p>

	<p>event launching these reviewed values.</p> <p><b>ACTION: Develop the plan for the values be launched and cascaded – Fiona MacDonald</b></p>
<b>8.</b>	<p><b>UK Core Skills Training Framework Proposal</b></p>
	<p>Sally Gitkin presented a paper outlining the process and progress made to align the competencies and refresher periods for both sites. It was proposed that the Trust adopts the UK Core Skills training Framework as well as:</p> <ul style="list-style-type: none"> <li>• New starters given 2 months from appointment to attend induction and complete necessary e-Learning.</li> <li>• Level 2 training sessions should include the objective of level 1 rather than being delivered separately.</li> <li>• Conflict resolution Level1 training should be delivered trust-wide to ensure our staff are kept safe and level 2 training requirements categorized as part of a risk assessment where breakaway techniques training would be required.</li> <li>• A new reporting dashboard should be developed that could be utilised on both sites to ensure standardization with the aim to move towards using free reporting tools available in ESR rather other solutions that come at a cost.</li> </ul> <p>The Training teams have been towards aligning refresher periods, they agree to align to the framework and are working together to align mandatory training.</p> <p>The committee agreed to the recommendations presented.</p> <p>Steve Hone agreed to support this and will ask for Committee feedback to ensure that we are running parallel programmes.</p>
<b>9.</b>	<p><b>Employee Relations Report</b></p>
	<p>Anne Buck advised that there is a piece of work taking place reviewing practice on Employee Relations.</p> <p>Across the NHS in 2016 there was a review of what they were doing following a tragic case in a London NHS Trust where a staff member took their own life whilst waiting for the outcome of an appeal. An independent review was commissioned and learning from this event was published by NHSI as a series of recommendations in the following areas</p> <ul style="list-style-type: none"> <li>• Adhering to best practice</li> <li>• Applying a rigorous decision making methodology</li> <li>• Ensuring people are fully trained and competent to carry out roles</li> <li>• Assigning sufficient resources</li> <li>• Decisions relating to the implementation of suspensions/exclusions and regular review</li> <li>• Safeguarding people's health and well being</li> <li>• Board level oversight</li> </ul> <p>An overview of the review undertaken and position at both sites in relation to the areas</p>

	highlighted. A number of actions were identified to continue existing good practice and areas for development. The committee agreed to these and that progress will be reports six-monthly to the Workforce Committee.
<b>10.</b>	<b>Gender Pay Gap Report</b>
	<p>Document was taken as read.</p> <ul style="list-style-type: none"> <li>Results of the Draft Report 2020 (data 2019) were shared with EDHR Committee on 17<sup>th</sup> February 2020. The report was scheduled for Executive Team approval, Workforce Committee and Trust Board in March 2020 to meet statutory publication on March 30<sup>th</sup> 2020.</li> <li>On March 24<sup>th</sup> 2020, the Government removed the reporting requirement for this year due to Covid 19 at a time when most organisations had already completed the work ready to publish. (In March also, NHS England removed requirements for WRES / WDES reports this year but then reinstated these as critical 25<sup>th</sup> May 2020).</li> </ul> <p>The paper contained an overview of the gender pay gap trends nationally.</p> <p>Clinical Excellence awards are attributed to be an underlying cause of the pay gap under the “bonus pay” metrics. Luton is overall in line with the NHS but Bedford has managed to remove the pay gap bonus.</p> <p>The paper outlined 3 key recommendations:</p> <ol style="list-style-type: none"> <li>Bedford and Luton teams to work together to share joint approach to local clinical excellence awards)</li> <li>Workforce Committee to add Gender Pay Gap reporting to their agenda to monitor progress,</li> <li>Review workforce strategy and people plan to identify the first target areas from option with the paper.</li> </ol> <p><b>ACTION: Once the review of target areas has been completed this will be shared with the Committee</b></p>
<b>11.</b>	<b>Any other Business</b>
	<p>11.1 – Update on Freedom to Speak UP Guardian roles and future structure          Current Guardians are Clive Underwood (Luton) and Nicola McIntosh (Bedford). Nicola is leaving in the summer and a new FTSU Guardian for the Bedford site has been appointed. The new Guardian will have dedicated time for the FTSU duties. Richard commented that there is anxiety from some staff to ‘speak up’ and asked the Committee members to be mindful of this.</p> <p><b>ACTION: not applicable as a replacement has been appointed</b></p> <p>11.2 – COVID Risk Assessment Framework and underpinning processes were presented to the Committee. This included the development process with key</p>

stakeholders and the Black, Asian and Minority Ethnic working group which was formed to support the Trust in relation in responding the COVID pandemic. The framework and associated risk assessments were also shared with British Association of Physicians of Indian Origin (BAPIO) who provided positive feedback. The committee noted the good work undertaken by the HR teams in developing the COVID risk assessments.

Congratulations were noted to Gill Lungley her appointment as Chief Digital Officer which means she will no longer be a member of the Committee and a welcome was extended to Steve Hone who will take Jill's place on the committee.



## Board of Directors

**Wednesday 29 July 2020**

Report title:	Risk Register	Agenda item: 13
Executive Director(s):	All Executives	
Report Author	Victoria Parsons, Associate Director of Corporate Governance	
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	Note the activity on the risk register and approve the new risks.	

Report summary	<p>This report is to update the Board on governance reviews of the Board Level Risk Register and new risks.</p> <p>The Board have adapted to the COVID 19 pandemic and reviewed COVID risks during this period. These are now integrated into the Trust Risk Register.</p> <p>A review has been completed of the high risks from the Bedford site and any considered Board Level have been integrated into the Risk Register.</p> <p>New risks have been reviewed and two are recommended for approval by the Board:</p> <p>1517 – Maternity Scanning 1509 – Staff Health and Wellbeing (COVID 19)</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>NHS I – Trust Governance Framework CQC – All regulations and outcomes MHRA All Objectives</p>
<b>Jargon Buster</b>	<p>MHRA – Medicines and Healthcare Products Regulatory Authority Datix – Incident Reporting system used to report risks</p>

## Risk Register Governance

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

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

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

## Board of Directors Review

The Board reviewed the risks in February 2020. However, since then, the national pandemic disrupted the usual governance processes.

The Trust put in place a COVID risk register that was reviewed by the Board and the Quality Committee.

These COVID risks are now either resolved or form part of the main Trust Risk Register as part of Business as Usual (BAU).

The high risks on the Bedford Hospital have been reviewed and any Board Level risks have been integrated into the Board Risk Register. Three of those risks were identified as Board Level new risks and two were linked to existing risks:

### Existing

- Cyber security
- Pathology Integration

### New

- Patient harm due to delays/cancellations due to COVID
- Pharmacy supply of medicines
- Data Security and Protection Toolkit Compliance

## Quality Committee (QC)

QC reviewed clinical and performance board level risks in June and July:

Risk ref	Risk Description	Agreed conclusion
650	Bed pressures	Maintain risk
1491	University of Bedfordshire Nurse Training	Maintain risk
644	18 weeks	Increase risk
669	Appraisal rate	Maintain risk with a view to increasing the risks – refer to Workforce Committee
1423	CQC Mandatory Training	Maintain risk with a view to increasing the risks – refer to Workforce Committee
1433	Ligature Points	Maintain risk
1200	Cyber Security	Maintain risk – refer to Digital Committee
796	Patient Experience	Maintain risk
1422	CQC Infection Control Practices	Maintain risk



<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
1431	Fractured Neck of Femur	Maintain risk
1018	HSMR	Maintain risk
1353	Mount Vernon capacity	Maintain risk

Emerging risks –Maternity services, PPE use, pathways of care during COVID, pathology integration, patients waiting 52 weeks

## **Finance, Investment and Performance (FIP) Review**

FIP reviewed finance board level risks in June:

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
1465	Agency rates	Review risk
1466	Finance position	Review risk
1210	Vacancy	Maintain risk

Emerging risk – Changing Financial performance regime due to COVID and the impact on the risks for the Trust

## **Executive Board Review**

The Executive Board reviewed all Board Level Risks on the 21<sup>st</sup> July 2020.

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
1465	Agency rates	Review risk
1466	Finance position	Review risk
1491	University of Bedfordshire Nurse Training	Maintain risk
1423	CQC Mandatory Training	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
644	18 Weeks	Increase risk
1463	Impact of the national pension scheme	Maintain risk
650	Bed pressures	Maintain risk
1210	Vacancy	Maintain risk

Emerging risk – patients waiting over 52 weeks, financial performance regime, impact of future strategies

## **Risk Review**

Risks from both sites were reviewed and approved between 27<sup>th</sup> January 2020 and 20<sup>th</sup> July 2020 from L&D and from the 17<sup>th</sup> June – 20<sup>th</sup> July from Bedford (previous review completed as part of integration). Two were allocated as Board Level.

1517 – Maternity Scanning

1509 – Staff Health and Wellbeing (COVID 19)

Emerging risk to be reviewed by the Digital Team in relation to the aging PAS system on the L&D site.

24 risks were closed, none at Board level.



## Board of Directors

**Wednesday 29 July 2020**

<b>Report title:</b>	Corporate Governance Report	<b>Agenda item:</b> <b>14</b>
<b>Executive Director(s):</b>	<b>Executive Directors</b>	
<b>Report Author</b>	Victoria Parsons, Associate Director of Corporate Governance Donna Burnett – Trust Board Secretary	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/> <b>Approval</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board to note progress and approve the Terms of Reference for: <ul style="list-style-type: none"> <li>Quality Committee</li> <li>Redevelopment Programme Board</li> <li>Charitable Funds Committee</li> </ul>	

<b>Report summary</b>	The report details updates on the following issues: <ul style="list-style-type: none"> <li>Council of Governors</li> <li>Membership Update</li> <li>Terms of Reference updates</li> <li>Use of the Trust Seal</li> </ul> <p>Item for escalation is the postponement of the 2020 Governor elections and the extension of those Governors whose term ends in September 2020 are eligible to stay on as a Governor in a non-voting capacity for one year.</p> <p>Three sub-committees of the Board have approved their terms of reference for the new Trust and these are for Board ratification.</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	NHS Provider Licence NHS Improvement Code of Governance NHSI/E national guidance April 2020
<b>Jargon Buster</b>	Seal – use of the official Trust logo on contract documents authorised by two Executive Directors

## **1. Council of Governors**

The Bedford Borough (and Surrounding Counties) elections and the appointment of the Bedford Borough Council appointed Governor was completed in line with the merger of Luton and Dunstable University Hospital NHS Foundation Trust and Bedford Hospital NHS Trust.

The Bedford Borough (and Surrounding Counties) and the Bedford Hospital Staff governor elections and the appointment of the Bedford Borough Council appointed Governor was completed in line with the merger of Luton and Dunstable University Hospital NHS Foundation Trust and Bedford Hospital NHS Trust.

Bedfordshire Hospitals NHS Foundation Trust has:

Public Governors:

12 for Luton

7 for Central Bedfordshire

3 for Hertfordshire

5 for Bedford Borough and Surrounding Counties

13 Staff Governors

4 Appointed Governors

There are currently three vacancies on the Council of Governors

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

National guidance during the COVID pandemic was that Governor elections should not be held. This affected our May-July election timetable. Therefore, the Governors agreed that those Governors whose terms ended in September 2020 would be eligible to stay on as a Governor in a non-voting capacity for a further year.

The CoG have continued to meet virtually during COVID.

## **2. Members**

The next Ambassador will be issued in August 2020.

We are in the process of formally agreeing the Annual Members Meeting date due to the impact of COVID on printing companies. The meeting will be virtual.

## **3. Terms of Reference**

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

- Quality Committee
- Redevelopment Programme Board
- Charitable Funds Committee

The remaining ToR will be approved over the next three months and reported back to the November Public Board.

#### 4. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
<b>As Luton and Dunstable University Hospital NHS Foundation Trust</b>			
28/2/2020	143	<ul style="list-style-type: none"> <li>○ Agreement for lease relation to Dunstable Road</li> </ul>	Ongoing discussions with the landowner
<b>As Bedfordshire Hospitals NHS Foundation Trust T</b>			
29/6/2020	144	<ul style="list-style-type: none"> <li>○ Completion statement for purchase of land at Calnwood Court from ELFT on L&amp;D site</li> </ul>	
23/7/2020	145	<ul style="list-style-type: none"> <li>○ Contract for Lighting on L&amp;D site</li> </ul>	



## QUALITY COMMITTEE

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

Quality Committee meeting.

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

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

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

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

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

Provide a quarterly report and update to the Audit and Risk Committee.

**Objectives:**

**1. To oversee:**

- a. the promotion of a culture of openness and organisational learning from incidents, complaints and patient feedback within the trust
- b. the inclusion of the patient experience feedback

**2. To review and quality assure:**

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

**3. To ensure:**

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



4. **To receive:**
  - a. information on trends & themes from claims, incident reporting and complaints and to initiate measures to reduce risk. Where appropriate, to ensure that identified risks are considered and included in risk registers
  - b. a report from the Clinical Quality Operational Board
  - c. reports on progress & oversee the outcome of improvement plans arising from CQC reviews or investigations, on behalf of the Board of Directors or Chief Executive
5. **To receive assurance:**
  - a. from the Clinical Quality Operational Board in accordance with the Quality reporting framework.
  - b. on performance in relation to Trust wide patient safety projects.
  - c. from the Clinical Quality Operational Board that reports from Clinical Service lines using available quality & safety key performance indicators and data sets are used to in order to identify areas of good and poor performance & inform future planning and service delivery.
  - d. that decisions of national groups are implemented.
  - e. that feedback from patients, users and other stakeholders is used to inform policy and practice.
  - f. on the implementation and annual review of the Trust's quality strategy and priorities .
  - g. that the Trust is safeguarding adults and children and other vulnerable groups
  - h. on behalf of the Board of Directors, the Trust's compliance in all CQC outcomes
6. **To approve and monitor ongoing progress of:**
  - a. The Quality Account objectives

**Programme Board  
Members  
Responsibilities:**

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

**Work Plan:**

**Each meeting:**

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

- Quality Account Priorities

#### **Quarterly**

- Monitoring Board with commissioners
- Infection Control Report
- Mortality Report
- Patient Experience Report

#### **Every four months**

- Review against the Trust Objectives related to hospital redevelopment

#### **Annually**

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

#### **As required**

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

Agreed in June 2020

To be reviewed June 2021

## TERMS OF REFERENCE

### REDEVELOPMENT PROGRAMME BOARD

<b>Status:</b>	Sub-committee of the Finance, Investment & Performance Committee
<b>Chair:</b>	Non-Executive Director
<b>Membership:</b>	Chief Executive Non-Executive Director x 4 Deputy Chief Executive Director of Finance Chief Nurse Programme Director Director of Estates and Facilities Deputy Programme Director Joint Medical Directors
<b>In Attendance:</b>	Lead Governor Governor x 1 Members of the Programme Team (by invitation) Professional Advisors (by invitation)
<b>Meeting Frequency:</b>	Monthly
<b>Meeting Management:</b>	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
<b>Extent of Delegation:</b>	The Programme Board is a formal sub-committee of FIP and complies with the Standing Orders and the Scheme of Delegation.  Members of the Committee may nominate an alternate to act on their behalf subject to prior consent from the Chairman.
<b>Authority and Chairs Action:</b>	The Committee is authorised by FIP to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.  The Chair of the Redevelopment Programme Board is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned

meetings of the Programme Board. Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate Programme Board.

**Quorum:** 50% of membership, to include 2 Non-Executive Directors

**Accountability:** The Chair of the Redevelopment Programme Board, along with the Programme Director, will maintain a direct link from the Programme Board to the Board of Directors providing a report and assurance of the effectiveness of the Programme Management delivered by the Trust.

The Programme Director will report to the Chief Executive and report progress to the formal Executive and FIP meetings on a monthly basis and to any other formal Committee as required

The Lead Governor will ensure the Council of Governors are kept fully apprised of the work undertaken by the Programme Board and that opportunities for Governor participation are fully utilised.

**Reporting:** The minutes of the Redevelopment Programme Board meetings shall be formally recorded and approved by the Programme Board.

A report shall be made to the next Board of Directors meeting which summarises the discussions held at the Programme Board and which identifies issues which need to be considered by the Board of Directors.

The report shall give details of the action or improvement that is needed for the Board of Directors to approve.

**Objectives:**

**1. To oversee:**

- a. the development of proposals for redevelopment of the Trust's estate (the Redevelopment Programme) within defined parameters of time, cost and to the required quality and specification.

**2. To review and quality assure:**

- a. the development of Business Cases for proposed schemes for submission to FIP

**3. To ensure:**

- a. the cost implications of redevelopment proposals are fully set out within robust financial plans and that these remain within the Trust's capital plan.
- b. development meets the highest possible standards of design in respect of clinical use, patient and staff environment and architectural merit.

**4. To receive:**

- a. reports on existing and planned expenditure from the Programme Director.

5. **To receive assurance:**
  - a. that effective project management systems and resources are in place to deliver projects successfully,
  - b. that there is an effective risk management system in place and regular reports on the risks and issues are submitted to the Programme Board,
  - c. that suitable mechanisms are in place to minimise the disruptive effects of works on the smooth running of the Trust, its staff, patients and visitors.
6. **To approve and monitor ongoing progress of:**
  - a. Project Plans which will include:
    - i. Objectives
    - ii. Key Milestones and Delivery Programme
    - iii. Resource Plan
    - iv. Process and performance monitoring arrangements and key deliverables
  - b. the recommendations submitted to FIP
  - c. the Communications Strategy so as to ensure all stakeholders, such as patients, staff, public, Governor's and partner organisations, are kept informed and involved throughout the process.
  - d. the appointment of all external project advisors and contractors.
  - e. all project documentation prior to submission to the Board of Directors.
  - f. all procurement documentation as required.

**Programme Board  
Members  
Responsibilities:**

1. Individual members are expected to act as champions of the Redevelopment Programme within the Trust and wider health community. Members are empowered to discuss the Programme with interested Parties outside of the meeting, subject to any confidential information shared at the Programme Board.
2. To set targets and agree control systems to ensure delivery of the stated objectives of the Redevelopment Programme, in particular by agreeing the following at commencement of the Programme:
  - a. The initial schedule of Projects forming the Redevelopment Programme
  - b. Agreeing Project Management structures for each Project within the Redevelopment Programme
  - c. Agree Resource Plans and budgets for all Projects forming the Redevelopment Programme. Once a Project resource plan is agreed the Project Team shall have authority to commit resources in line with the individual elements of those resource plans. Reports on resource commitment will be made at each Redevelopment Programme Board meeting by the Programme Director.
  - d. Agree the key expected benefits and required deliverables for each Project within the Redevelopment Programme
  - e. Agree the dependency "map" for the Redevelopment Programme
  - f. Agree responsibilities and objectives for Programme

Director  
g. Agree an initial Project prioritisation

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

**Workplan:**

**Each meeting:**

- Highlight reports from each Project
- Key project and financial milestones and progress review
- Risk register related to the redevelopment Projects and items for escalation

**Every four months**

- Review against the Trust Objectives related to redevelopment

**Annually**

- Review of the Terms of Reference

- Agreed on 14 January 2015
- Board ratification on the 22 July 2015
- To be reviewed by the end of January 2016
- Reviewed at the meeting on 13 January 2016
- Approved at the meeting on the 17 February 2016
- Approved at the meeting on 18 July 2018
- Updated for the meeting in February 2019
- Approved at the meeting on 20 February 2019
- Updated for the meeting in June 2020
- Approved at the meeting on 17 June 2020
- Approved at the meeting on 15 July 2020

**CHARITABLE FUNDS COMMITTEE**  
**THE TRUSTEE REPRESENTATIVE HAS AGREED THE FOLLOWING INTERIM**  
**TERMS OF REFERENCE FOLLOWING THE ACQUISITION AND MERGER OF**  
**BEDFORD HOSPITAL AND THE LUTON AND DUNSTABLE UNIVERSITY**  
**HOSPITAL NHS FOUNDATION TRUST IN LINE WITH S.56A OF THE NATIONAL**  
**HEALTH SERVICE ACT 2006.**

**INTERIM TERMS OF REFERENCE FOR THE LUTON AND DUNSTABLE**  
**HOSPITAL CHARITABLE FUND, 1058704 AND BEDFORD HOSPITAL**  
**CHARITABLE FUNDS, 1061003.**

<b>Status:</b>	Sub-committee of the Board of Directors
<b>Chair:</b>	Board Nominated Chair  If the Board Nominated Chair is unavailable, the meeting will be chaired by another Non-Executive Trustee Representative'
<b>Membership:</b>	<p>The Bedfordshire Hospitals NHS Foundation Trust is the Corporate Trustee of the Charitable Funds. The NHS Foundation Trust Board devolves responsibility for the on-going management of funds to the Charitable Funds Committee (CFC) which administers the funds on behalf of the Corporate Trustee.</p> <p>Four Non-Executive Directors and four Executive Directors serve as agents to the Corporate Trustee by being members of the Charitable Funds Committee.</p>
<b>In Attendance:</b>	Finance representative Charity representative Board Secretary (as required) Representative from Investment Advisors (as required)
<b>Meeting Frequency:</b>	Meetings shall be held not less than 4 times a year.
<b>Meeting Management:</b>	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
<b>Extent of Delegation:</b>	<p>The Charitable Funds Committee is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.</p> <p>Until the Charities are merged under the Charity Commission register The Trustee has agreed to adopt a standard level of delegated authorities for expenditure from</p>

charitable funds, both designated and restricted, which are shown below for both Charities:

- Up to £5000 per request Fund Advisor
- Up to £25,000 per request Chairman and Finance Director
- Over £25,000 per request Charitable Funds Committee either at a regular meeting or a meeting especially called for that purpose

**Authority and Chairs Action:** The Board Nominated Chair is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of the Charitable Fund up to a threshold of £25k. Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate meeting.

In the Chair's absence, the Director of Finance along with another Non-Executive Trustee Representative of the CFC can approve bids up to the threshold of £25k from either Charity.

**Quorum:** 3 Non-Executive Directors and 2 Executive Directors

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

**Reporting:** The minutes of the Charitable Funds Committee meetings shall be formally recorded.

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

**Objectives:** The committee will ensure effective internal control including the management of the Charitable Trust's activities in accordance with laws and regulations, and the establishment and maintenance of controls designed to give reasonable assurance that assets are safeguarded, waste and inefficiency avoided, reliable information produced and that value for money is continuously sought.

- To manage the affairs of the charitable funds within the terms of the declaration of Trust and appropriate legislation and ensure statutory compliance with the Charity Commission regulations - including annual reporting to the Charity Commission. In the initial merger



year it is accepted that this will be a report per Charity and each charity audited separately until charity accounts and status has been assimilated under Charity Commission guidance.

- To act on behalf of the Trust in satisfying the duties and responsibilities of trustees in managing the funds.
- To ensure funding decisions are appropriate, consistent with the hospital's objectives and provide added value and benefit to the patients and staff of the Trust, above those afforded by the Exchequer funds.
- To approve the Annual Report and Accounts.
- To set investment objectives to be followed by the investment fund manager and monitor the investment performance of the funds.
- To review and monitor the activities of the Charities and receive regular reports on the performance of charitable fundraising activities.
- To ensure the implementation and adherence to appropriate, procedures and policies which ensure that accounting systems are robust, donations received and coded as instructed and that all expenditure is reasonable and clinically and ethically appropriate.
- The Committee may invite specialists to provide information or advice as required.
- To respond to the recommendations made in papers submitted to the Committee.

**Members  
Responsibilities:**

1. Individual members are expected to act as champions of the Charitable Fund within the Trust and wider health community. Members are empowered to discuss issues with interested Parties outside of the meeting, subject to any confidential information shared.
2. Individual members are expected to act in the interests of the Charitable Trust not necessarily in the interests of the Board.
3. To set targets and agree control systems to ensure delivery of the stated objectives.
4. To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed.

**Workplan:**

**Each meeting:**

- Update report from Charity Team
- Submitted bids to the Charitable Funds Committee
- Update report from Investment Advisors (as required)
- General Fund(s) report including review of successful bids implementation (as required)

**Annually:**

- Annual Report(s) & Accounts
- External Audit report(s)
- Overview of the Activities for the year
- Dormant Fund Review
- Terms of Reference Review
- Post investment review of the General Fund(s) commitments

*Luton and Dunstable Hospital NHS Foundation Trust  
Registered Charity: 1058704 and Bedfordshire Hospital Charitable Funds, 1061003*

To be agreed 17<sup>th</sup> June 2020

To be reviewed by end September 2020