

## **ANNUAL MEMBERS MEETING 2020**

### **Questions and Answers session**

Time and Date of Meeting:

- Wednesday 30<sup>th</sup> September 2020
- Held virtually by videoconference from 5.30 – 7.00pm

#### **1. *What is the status of the helipad?***

The Chair stated that the helipad project was a core objective of the charity with significant funds raised to date. Steps were now being taken to look at how the project could be delivered, including the location and the building of the helipad. A time frame was expected to be in place by late December 2020.

#### **2. *Car Parking Queries***

It was recognised that initially due to the redevelopment work being undertaken that a number of spaces would be lost, but that once completed the number of parking spaces would be significantly improved. Further additional parking had been secured on the Dunstable Road, plus some land on the Lewsey road. Car parking was being taken seriously and progress was being made. The Trust was currently in negotiation to improve car parking at the Bedford site with the development of a multi-storey car park.

Would there be an option for a Park and Ride? This option had been explored and considered but not being taken forward at this point; different ways of working are being looked at with many staff working remotely.

#### **3. *Financial Investments – Trust Surplus Funds – Financial Queries***

Much of the funding surplus in the accounts related to the Luton site and earmarked for that site only and not for other purposes. These funds would be used to support our ambitious £300m plans over the next few years across both sites.

The Bedford hospital has an 'except for' on the report?

This is because of the historical deficit built up by the hospital and under the terms, Bedford Hospital had a statutory duty to break even. Hence because of the historical debt we have state that in the accounts.

#### **4. *Clinical Integration across Bedford and Luton Hospitals***

As part of the merger a clinical strategy has now been developed which focusses on bringing the best of each hospital site together. Clinical leads have been appointed at both Trust sites to ensure the best opportunity for quality and resilience. In addition there is a big focus now on looking at the different digital systems and services to integrate.

Will clinicians see patient's results on both sites? At present the Luton and Bedford hospital sites are running on two different systems so tests currently must be repeated at both sites. IT teams are currently working hard to integrate all the systems but the order has not yet been determined. Clinicians are however, able to log in to each other's sites and share test results via an image exchange portal as happens with other Trusts.

Will there be a mix of activity on each site and will there be less choice for patients? The Trust has committed to maintaining high quality services on each hospital site. Patients will have no less choice than currently, but will be given greater flexibility on where to have treatment.

### **5. Covid-19 Questions**

Currently low numbers of Covid patients were being seen at each hospital, with numbers slowly increasing. All staff on site were being tested with very low numbers of incidence. The impact of Covid had been fully funded nationally and going forward the new funding for Covid would be based on estimated figures, which could be challenging for the future.

There has been an impact on patient care and delays due to Covid, but to ensure safety, all patients have been risk assessed. It remains an area of concern, but the Trust is now focussed on keeping the recovery plans on track in light of increased referrals. Keeping on top of waiting lists and ensuring patients are prioritised where possible is a key focus for the Trust. The Trust had been supported with some of the elective work by working closely with the private sector to deliver patient services.

It was recognised that there had been challenges to contacting patients and hospital at the Trust. Visitor restrictions had been implemented but alternative steps had been put in place such as the use of I-pads for patients to contact relatives. We recognise that it has been very challenging to contact the hospital at present and currently the best way is to contact the PALs team on each site in the first instance. All hospitals are currently dealing with staff working differently.

#### *Nightingale Hospitals / Covid-19*

Both Luton and Bedford hospital sites currently separate Covid patients through different pathways, with defined wards set up to isolate those at risk and to prevent the spread of further infection. Additional support with elective care had been provided by the independent sector. In the event of a second wave there would be consideration to Covid testing at both the Luton and Bedford sites.

The Nightingale Hospitals were set up as intensive care beds and not isolation hospitals so were not accessible as the Trust had the services of Addenbrookes. Although the Trust did had large number of Covid patients, there were also a lot of staff to look after all those patients, hence delaying a lot of elective work, some of which was picked up by the private sector.

### **6. Clinical Cleanliness / Patient Care**

Hospital cleaning at the Luton site was run by external contractors, with a new contract issued for November 2020. Continual monitoring would be undertaken. At Bedford the in-house service is working well with no plans to change that service.

With regard to patient care, the Trust maintained its ambition to be a provider of Excellence. The Ward Accreditation framework which had been launched in August would provide real time patient feedback and be a part of an ongoing process for the monitoring of wards, and a tool to improve patient outcomes and staff retention. Our ambition is to ensure we have demonstrable evidence of good across both hospital sites.

## **7. Blood Testing**

A key focus of the pathology integration work is to standardise the blood collected at both the Luton and Bedford sites. However because of the pathways, patients who attend Addenbrooke's will have blood in different bottles. This is beyond the Trust's control, not unique and is recognised as a national issue. However to note, that it has no impact on patient care of the results.

## **8. GP Practices and Referrals**

The most common referrals through GP Practices are to specialists through a Choose and Book system, with the GP supporting the patient to make the right choice. However it is recognised that due to time pressures and the e-referrals system that this conversation may be missed. Patients must pick this up with GPs.

The second type of referral is imaging and diagnostics and the issue is that some of the GP systems are not linked into the Bedford systems. The Trust is focussing on making those changes now to resolve those issues.

## **9. Generic email across sites**

There are some enabling works taking place in the background before the Trust moves into a single email. This would likely coincide with the roll out of the transfer to Office 365 but this was being looked at within the timescales.

## **10 Digital Security**

The Board had received assurances from the digital teams around protection from hostile activity. Cybersecurity Leads had been appointed at both Trust sites and were working with national teams and reporting back on the steps take. To date there had been no adverse events and digital security was being taken very seriously by the Trust.

## **11 Memorial Garden**

When will the hospital create a peaceful memorial garden for patients and visitors? The Trust was endeavouring to look at green spaces at both Trust sites, which could serve as gardens. It was hoped that once the redevelopment work at the Luton site had been completed there would be more space for the Trust to develop such a garden for both patients and visitors.

## **12 People continue to smoke outside the hospital**

The Bedford Hospital has been a smoke free site since April 2019, and there had been huge steps to implement and make progression. The L&D site went smoke-free in August 2020. It was recognised that there were challenges with compliance, due to the pressures that some patients or families felt in situations of great stress, but the Trust remained committed to being smoke free sites and would encourage people, if smoking to go off site.

## **13. Balance of the Governors**

Following the merger, the size of the Council of Governors had increased; steps had been put in place for the gradual reduction of the Council including the allocation of governors between the differing constituencies. This would rebalance the number of governors represent each constituency.