

Bedfordshire Hospitals NHS Foundation Trust
Board of Directors

Teams

4 August 2021 10:00 - 4 August 2021 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 | 10:02 |
| 3 | Minutes of the Previous Meeting: Wednesday 5 May 2021  3 Minutes of Bedfordshire Hospitals NHS Trust Pub... 5 | S Linnett | 10.03 |
| 4 | Matters Arising (Action Log) (no actions) | S Linnett | 10.08 |
| 5 | Chairman's Report | S Linnett | 10.08 |
| 6 | Executive Board Report  6 Executive Board Report August 2021 (3).doc 13 | D Carter | 10.18 |
| 7 | Performance Reports  7 Performance Reports front sheet.doc 59 | | |
| 7.1 | Operational Performance & Quality Governance  7.1 QP report July 2021.pptx 61 | CJ/CT/LL/DF/ PT | 10.33 |
| 7.2 | Finance  7.2 Finance Report.docx 83 | M Gibbons | 10.48 |
| 7.3 | Workforce  7.3 Workforce Report V2.pptx 95 | A Doak | 11.03 |
| 8 | Quality Committee Report  8 Quality Committee Report August Board.doc 105 | A Gamell | 11.18 |
| 9 | Finance, Investment & Performance Committee Reports  9. FIP Report to August 2021 Trust Board v3.docx 111 | I Mackie | 11.23 |
| 10 | Redevelopment Committee Reports  10 Redevelopment report to Trust Board - 4 August... 117 | M Prior | 11.28 |
| 11 | Audit and Risk Committee Report  11 AC report to the Board_040621.doc 121 | S Hone | 11.40 |

| # | Description | Owner | Time |
|----|---|-----------|-------|
| 12 | Charitable Funds Committee Report [P] 12 CFC Committee Report August 2021.doc 129 | S Linnett | 11.48 |
| 13 | Workforce Committee Report [P] 13 Workforce Committee Report_04082021.pdf 131 | R Mintern | 11.43 |
| 14 | Risk Register Report [P] 14 RR August 2021.doc 135 | V Parsons | 11.48 |
| 15 | Corporate Governance Report [P] 15 Corporate Governance Report Aug21.doc 139 | V Parsons | 11.55 |
| 16 | Details of Next Meeting: Wednesday 3 November 2021, 10:00am | | |
| 17 | CLOSE | S Linnett | 12.00 |

Board of Directors

Wednesday 5 May 2021

| | | | | |
|---|--|--|--|---|
| Report title: | Minutes of the Meeting held on: Wednesday 5 May 2021 | Agenda item: 3 | | |
| Executive Director(s): | David Carter, Chief Executive | | | |
| Report Author | Jenny Kelly, Corporate Governance Manager | | | |
| Action <i>(tick one box only)</i> | Information <input type="checkbox"/> | Approval <input checked="" type="checkbox"/> | Assurance <input type="checkbox"/> | Decision <input type="checkbox"/> |
| Recommendation | To note the contents of the report for assurance. | | | |

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

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

Microsoft Teams Meeting 10.00am-12noon

Minutes of the meeting held on Wednesday 5 May 2021

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

In attendance: Ms Fiona MacDonald, Director of Culture
Ms Victoria Parsons, Associate Director of Corporate Governance
Mr Kandarp Thakkar, Director of Integration and Transformation
Ms Gill Lungley, Chief Digital Information Officer
Ms Donna Burnett, Trust Board Secretary
Ms Helen Lucas, Public Governor
Ms Judi Kingham, Public Governor
Ms Pam Brown, Public Governor
Ms Dorothy Ferguson, Public Governor
Mr Derek Smith, Public Governor
Mr Rob Oakley, Public Governor
Ms Belinda Chik, Staff Governor
Ms Janet Graham, Staff Governor
Ms Zoe Lundie, Physiotherapist
Ms Anne Thevarajan, Membership and Corporate Affairs Manager
Ms Jenny Kelly, Minute taker

1. CHAIRMAN'S WELCOME, NOTE OF APOLOGIES

The Chairman opened the meeting, welcoming all members and participants.

Apologies were received from Dr Danielle Freedman.

2. ANY URGENT ITEMS OF ANY OTHER BUSINESS AND DECLARATIONS

OF INTEREST ON ITEMS ON THE AGENDA

No items of Any Other Business or Declarations of Interest were raised.

3. MINUTES OF THE PREVIOUS MEETING: 3 February 2021

Page 4, paragraph 1, line 1 – *SL noted the visible level in decline of numbers of COVID patients across both sites.*

Page 4, paragraph 1, line 4 – *an additional 15 Critical Care beds*

Subject to the above amendments, the minutes were approved as an accurate record.

4. MATTERS ARISING

There were no matters arising

5. ICS STRATEGIC PRIORITIES

The Chief Executive introduced the Bedfordshire, Luton and Milton Keynes (BLMK) strategic priorities report to the Board on behalf of the Integrated Care System (ICS). The five emerging priorities for the ICS were detailed within the report together with the cross-cutting enablers which will support the successful delivery of the priorities. The Chief Executive informed the Board that the ICS priorities outline what can be achieved when all partner organisations work together proactively on prevention measures to the benefit of the local population. The importance of the system working together in order to cope with growing demand and an ageing population was recognised by the Board especially as no individual partner can make a significant impact alone. It was noted though that each of the broad priorities would have a different emphasis in different 'Places' where different inequalities are more prevalent in each 'Place'. For example the Chief Executive noted that the ICS contains two separate health economies – the Bedfordshire Care Alliance and the Milton Keynes Alliance. The priorities detailed within the report apply to both health economies but would be delivered in a different way by each alliance to serve their populations.

The Non-Executive Directors welcomed the positive direction of travel but requested more clarity on the governance arrangements for partnership working as it was felt that this was not made clear in the 'Next Steps' section of the document. The Chief Executive recognised that there was more complexity in the Bedfordshire Care Alliance than for the Milton Keynes Alliance as in Milton Keynes the organisations are co-terminus. The Bedfordshire Care Alliance was previously comprised of three different Local Authorities, two Clinical Commissioning Groups (CCGs) and two Acute hospitals. There had

not been a construct in place to facilitate joint working but the CCGs and Acute hospitals had since merged to create one CCG and one hospital and there had been a clear statement of intent to create the separate alliances. The Chief Executive felt that as the alliances now exist effective system working would naturally follow. The Non-Executive Directors queried who would drive forward this work, noting that the ICS is more strategic rather than operational. The Chief Executive informed the Board that implementation would be agreed and delivered through proactive collaboration of partners in the Bedfordshire Care Alliance but recognised that the NHS and Social Care operate under different governance regimes. In the NHS Accountable Officers have the authority to speak for their organisations whereas Councils are democratic organisations and it is therefore important that decisions are made over the minimum geographical areas possible to make plans manageable and deliverable.

The Board noted the contents of the report and agreed to adopt the principles of how ICS organisations work together in partnership.

6. CHAIRMAN'S REPORT

The Chairman recognised the importance of the Trust supporting its staff through the health and wellbeing initiatives in place and recognised the risks associated if staff are working under continued pressure with no time for recovery. SL noted that the Board are and should continue to be very much aware that the Trust's most important asset is its staff.

7. EXECUTIVE BOARD REPORT

Integration – KT noted that there had been a step change in the progress of integration work over the previous 2-3 months despite the pressures associated with the pandemic. The biggest success had been the embedding of the new unique operating model with joint cross site leadership in place. The first set of joint financial accounts had been produced from a joint ledger and all category 1 service lines were on track for submission of their strategy by summer 2021. This work would feed in to formulate the overarching Surgical Strategy and COVID recovery plan for elective activity.

COVID update – DC informed the Board that the Trust was now seeing minimal levels of COVID inpatients and the Critical Care Units had reverted to their previous bed numbers, albeit with flexibility retained to move back to their surge model should it be needed in future.

Maternity update – LL noted that since the initial release of the Ockenden Report a lot of work had been undertaken by the team to self-assess the service using the national Ockenden Assessment and Assurance tool. The

self-assessment had subsequently been reviewed by the Chief Midwife from the East of England who provided assurance that, in the main, the Trust's self-assessment aligned with the assessment completed by the Regional Team.

LL informed the Board that additional investment had been announced nationally to aid Trust's to implement the immediate and essential actions (IEAs).

Vaccines – DC informed the Board that two doses of the vaccine had been offered and taken up by the majority of staff on both hospital sites and it was anticipated that the current vaccine would be effective against the current circulating strains of the virus. The vaccination hubs had been stood down and SL had attended on the final days to thank staff for their hard work, noting that the spirit within the teams was fantastic.

The Board noted the report.

8. PERFORMANCE REPORTS

8.1 OPERATIONAL PERFORMANCE & QUALITY GOVERNANCE REPORT

LL gave an overview of the report noting that whilst there was an increase in falls on both sites observed in January, the general decrease in patient acuity and activity, plus improved staffing numbers had seen a reduction in patient falls since. As with falls there had been an increase in pressure ulcers on both sites during January-March associated with the challenge of nursing critical care patients with COVID infections, further impacted by high bed occupancy. Initiatives to drive improvement continued.

CT noted that good levels of incident reporting were being maintained. There had been a small spike in December related to pressure ulcers. The Board were informed of a new requirement arising from the Ockenden Report that any HSIB investigations should also be declared as an SI.

PT informed the Board that there were 31 COVID deaths for the whole Trust in March as the pandemic had largely receded locally.

CJ noted that overall the Trust performance against the 62 day referral to treatment standard remained around 66% with the Trust seeing pathways taking longer due to COVID pressures and reluctance from some patients to attend. Harm reviews continued and no patient harms had been found. The 2 week wait performance improved to above the national standard in February 2021. There was little change in the Trust's performance against the 18 week standard in March 21. All energy was being focused on recovery and some uplift in activity had been seen following a good response from teams. 52 week wait numbers continued to fall.

8.2 FINANCE REPORT

MG advised the Board that the Trust had delivered a surplus of £2.7m for the financial year 2020/21. This included a £2.4m gain on donated income/assets, so the underlying performance was a £0.3m surplus. Although the performance was nominally against a £12.1m deficit target, the centre had funded a number of items in Q4 and the Trust was informally advised that the expected performance was breakeven.

The Board noted the report.

8.3 WORKFORCE REPORT

AD informed the Board that vacancy rates had reduced and work on the HEE/NHSI overseas nurse recruitment and HCA/CSW recruitment continued to be successful. Sickness had also reduced in month but was higher than the same period for the previous year. Bank and agency levels had returned to pre-pandemic levels.

The Board were informed that the main area for concern was around mandatory training and appraisal rates. The level of compliance was lower than target but was consistent with other NHS organisations. A recovery plan was being monitored via the Workforce Committee.

9. QUALITY COMMITTEE REPORT

AG informed the Board that reports and engagement from Committee members had been comprehensive and outstanding and thanked staff and the Executive team for continued robust governance during a difficult year.

The report was taken as read.

10. FINANCE, INVESTMENT & PERFORMANCE COMMITTEE REPORT

IM praised the Trust for an extraordinary performance in an extraordinary year

The report was taken as read.

11. HOSPITAL REDEVELOPMENT COMMITTEE REPORT

MP noted that the summary report gives a good update; the Trust is proceeding with the acute services block FBC with a view to approval in September to enable completion by September 2024. Enabling schemes were

progressing well.

The Board noted the report.

12. DIGITAL STRATEGY COMMITTEE REPORT

SB welcomed the approval of the Trust's Digital Strategy as a step change forward. GL highlighted the large number of projects that have digital involvement around the Trust and informed the Board that the next iteration of the strategy would include a detailed roadmap with underpinning financials.

The Board noted the report.

13. AUDIT AND RISK COMMITTEE REPORT

SH informed the Board that External Audit work was progressing well with no concerns reported to the Committee. The Head of Internal Audit had, however, alerted the Committee to the likelihood that, given the factors facing the Trust and the number of high actions raised, the opinion may be lower than in previous years. Internal audit were working with management to mitigate this risk.

The Committee had decided to retender all audit services at the end of the financial year and a panel had been convened.

The Board noted the report.

14. WORKFORCE COMMITTEE REPORT

RM emphasised the importance of keeping well-being initiatives in place post-COVID to support staff who are dealing with fatigue and exhaustion.

The report was taken as read and the Board noted the report.

15. RISK REGISTER

VP took the report, which outlines the governance around risk reviews, as read.

The Board noted the report.

16. CORPORATE GOVERNANCE REPORT

The report was taken as read

The Board ratified the terms of reference.

The Board noted the report.

There were no questions related to the agenda

17. DETAILS OF THE NEXT SCHEDULED MEETING:

Wednesday 4 August 2021, 10.00 – 12.00.

CLOSE

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

Board of Directors

Wednesday 4 August 2021

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

| Report summary | | |
|--|---|--|
| 1. | Integration Update | |
| 2. | Covid-19 Update | |
| 3. | Maternity Update | |
| 4. | Infection Control Report | |
| 5. | Learning from Deaths Board | |
| 6. | Medical Education Update | |
| 7. | Management of CQUIN | |
| 8. | Nursing & Midwifery Staffing Report | |
| 9. | GDE Update | |
| 10. | Information Governance Quarterly Report | |
| 11. | Freedom to Speak Up | |
| 12. | Estates and Facilities Update | |
| 13. | Communications and Fundraising Update | |
| 14. | Policies and Procedures Update | |
| Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework | NHS England NHS Improvement Equality Act CQC All Trust objectives | |

1. INTEGRATION UPDATE

Clinical integration continues as pace, albeit with the pressures of recovery and the accelerator programme. All category 1 service lines on track for submission of their strategy by summer 2021, which will feed into and formulate the overarching Surgical Strategy and COVID Recovery plan for elective activity. Strategies submitted in the last 3 months include General Surgery, Cardiology and DME. Clinical support services have now submitted their clinical strategies.

The ITT are supporting CSLs through their integration journey to ensure that services align cross-site, have joint governance structures, joint education opportunities and develop sub-specialty services where clinically appropriate. Over the coming months the Trust will see new models of care e.g. within frailty, the exploration of the repatriation of work e.g. plastics and the consideration of cross-site services e.g. hot gall bladder service.

In parallel with CSL integration, the large-scale transformation programmes within Theatres and Outpatients are gaining traction, reporting into their relevant overarching Boards. In addition, a joint piece of work with the redevelopment team, is exploring how this transformation work informs a site redevelopment strategy for the next 10 years.

Approaching 18 month post-integration, the governance structure for integration i.e. the Merger Benefits Committee, the Clinical Validation Committee and Integration Board is being reviewed.

2. COVID-19 UPDATE

The Trust continues to see rising Covid-19 inpatient numbers following a period of relative stability between May 2021 and the beginning of July. As at 28/07/2021 the Trust had a total of 41 Covid-19 positive inpatients with 9 patients in critical care beds across the two sites. Overall community prevalence continues to fall and therefore the expectation is that we should not continue to see growing numbers of Covid-19 positive admissions.

Following the government's easing of legal requirements to social distance and wear masks on the 19th July the Trust, in line with the national steer and other local providers, decided to make no change to our enhanced infection control measures for staff and patients and visitors to the site. Following the very successful pilot, visiting has been extended to most adult inpatient wards now with visiting limited to one person for one hour per day and dependant on a negative lateral flow test. We have not been able to relax restrictions to relatives wishing to accompany patients to the Emergency Department and Outpatients due to the significant space limitations in these areas.

Elective recovery continues to deliver good volumes of activity, although there has been some slippage in the Independent Sector providers coming on-line to deliver the volumes of patients forecast in our original trajectory. We are starting to reduce the numbers of very long waiters and have seen very strong activity through theatres. The 5th endoscopy room at Bedford has now opened, and with support from an external provider the Trust is on track to complete 1300 endoscopies and return our waiting times to pre-pandemic levels.

3. MATERNITY UPDATE

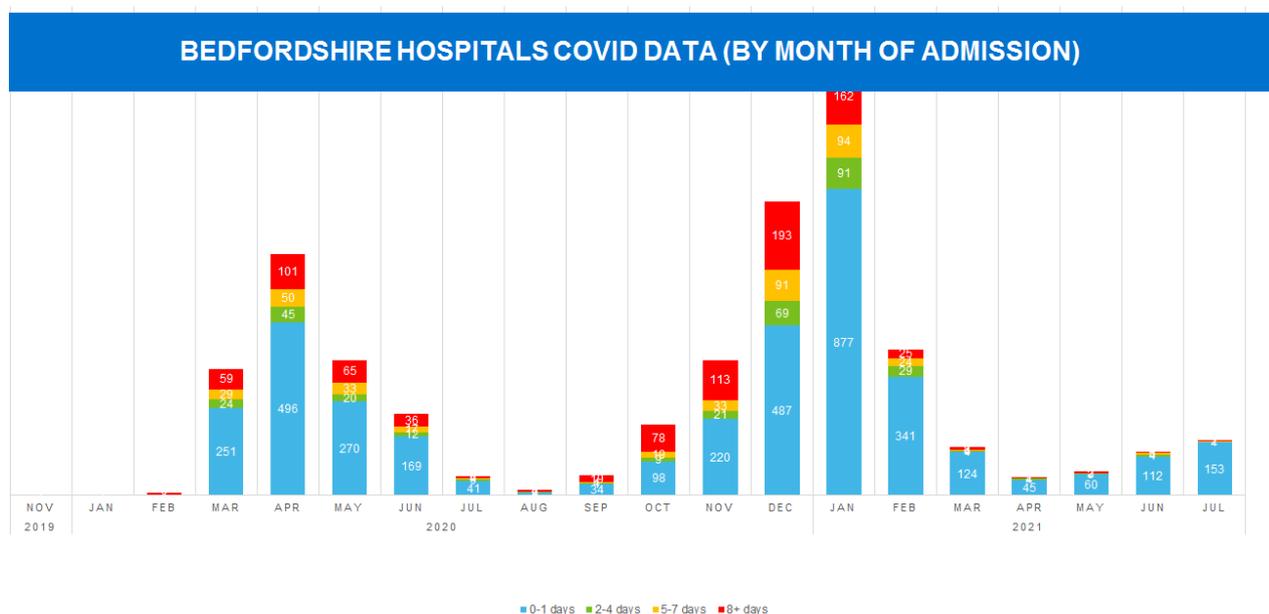
Bedford Hospital maternity unit had another unannounced inspection on the 3rd June. Whilst acknowledging the challenges in midwifery workforce, there was some positive verbal feedback from the CQC around progress against actions identified from the inspection in November. The rating will remain the same as to change it would require the CQC to undertake a more extensive inspection. We are awaiting the final report.

4. INFECTION CONTROL REPORT

Covid 19

Both hospitals have seen an increase of positive inpatient numbers during May and June most of these being positive on admission. The Nosocomial (hospital transmitted) infection rates are low. The management of Covid 19 positive patients is reviewed and carefully planned each day with the infection control and operational teams. The following focus continues:

- Regular swabbing of inpatients as per national guidelines
- Regular point prevalence and lateral flow testing of staff
- Consistent approach to the use of PPE, hand hygiene and social distancing for staff and visitors



Planning has commenced with operational teams focusing on a potential increase in Respiratory, Flu and norovirus infections following low levels last winter. Weekly planning is also underway for the delivery of Flu and Covid boosters later in the year.

Infections Requiring Mandatory Notification

There are a number of other infections that require surveillance by the Infection Prevention team for example MRSA and C.diff.

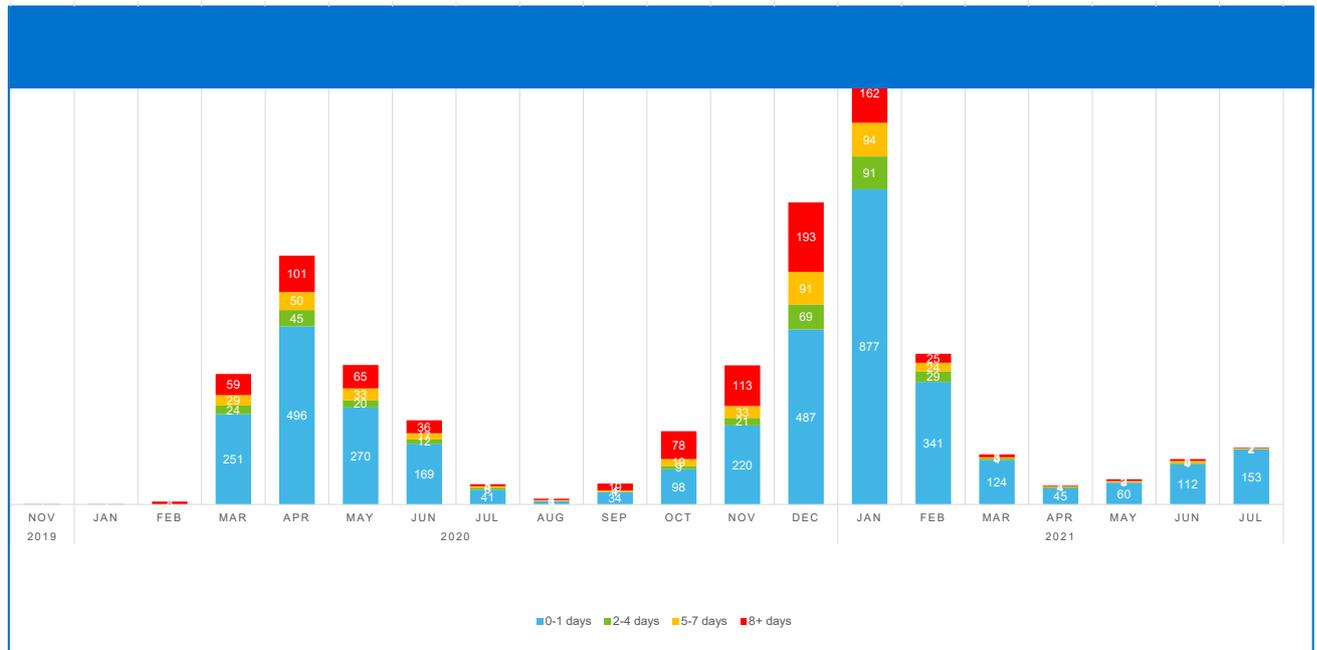
Bacteraemia rates at Bedford hospital remain low, with no healthcare associated MRSA in >700 days.

The Trust ceiling for C.Difficile has not yet been set by commissioners. All healthcare associated C.diff cases undergo a post infection review, with common themes being delays in stool sampling, bowel chart compliance, and late recognition. Antibiotic management is reviewed in line with trust policy.

Trust IPC teams have joined a local IPC network involving Luton, Bedford , MK and the CCG.

| Luton | | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Totals (on going) |
|------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------|
| MRSA Bacteraemia | HAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| | CAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| C.diff | HOHA | 3 | 1 | 1 | | | | | | | | | | 5 |
| | COHA | 1 | 0 | 4 | | | | | | | | | | 5 |
| | COIA | 1 | 0 | 1 | | | | | | | | | | 2 |
| | COCA | 1 | 3 | 1 | | | | | | | | | | 5 |
| E.coli | HAI | 1 | 1 | 1 | | | | | | | | | | 3 |
| | CAI | 17 | 13 | 11 | | | | | | | | | | 41 |
| MSSA | HAI | 1 | 0 | 1 | | | | | | | | | | 2 |
| | CAI | 1 | 2 | 1 | | | | | | | | | | 4 |
| Pseudomonas | HAI | 0 | 1 | 1 | | | | | | | | | | 2 |
| | CAI | 2 | 0 | 1 | | | | | | | | | | 3 |
| Klebsiella | HAI | 0 | 1 | 2 | | | | | | | | | | 3 |
| | CAI | 2 | 2 | 0 | | | | | | | | | | 4 |
| MRSA Screen | HAI | 5 | 2 | 11 | | | | | | | | | | 18 |
| | CAI | 21 | 19 | 19 | | | | | | | | | | 59 |
| MRSA Clinical | HAI | 2 | 0 | 0 | | | | | | | | | | 2 |
| | CAI | 11 | 4 | 5 | | | | | | | | | | 20 |
| VRE | HAI | 6 | 0 | 2 | | | | | | | | | | 8 |
| | CAI | 1 | 0 | 1 | | | | | | | | | | 2 |
| CPE | HAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| | CAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| MDRO | HAI | 12 | 9 | 15 | | | | | | | | | | 36 |
| | CAI | 31 | 26 | 26 | | | | | | | | | | 83 |
| FLU | HAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| | CAI | 0 | 0 | 1 | | | | | | | | | | 1 |
| RSV | Total | 0 | 1 | 8 | | | | | | | | | | 9 |

| Bedford | | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Totals (on going) |
|------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------|
| MRSA Bacteraemia | HAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| | CAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| C.diff | HOHA | 1 | 2 | 0 | | | | | | | | | | 3 |
| | COHA | 0 | 1 | 1 | | | | | | | | | | 2 |
| | COIA | 0 | 1 | 1 | | | | | | | | | | 2 |
| | COCA | 1 | 1 | 2 | | | | | | | | | | 4 |
| E.coli | HAI | 3 | 1 | 0 | | | | | | | | | | 4 |
| | CAI | 6 | 12 | 4 | | | | | | | | | | 22 |
| MSSA | HAI | 0 | 1 | 0 | | | | | | | | | | 1 |
| | CAI | 1 | 0 | 2 | | | | | | | | | | 3 |
| Pseudomonas | HAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| | CAI | 0 | 1 | 1 | | | | | | | | | | 2 |
| Klebsiella | HAI | 1 | 0 | 1 | | | | | | | | | | 2 |
| | CAI | 1 | 0 | 0 | | | | | | | | | | 1 |
| MRSA Screen | HAI | | 0 | 0 | | | | | | | | | | 5 |
| | CAI | | 3 | 5 | | | | | | | | | | 8 |
| MRSA Clinical | HAI | | 1 | 0 | | | | | | | | | | 1 |
| | CAI | | 2 | 4 | | | | | | | | | | 6 |
| VRE (ALL) | HAI | 2 | 0 | 1 | | | | | | | | | | 3 |
| | CAI | | 2 | 3 | | | | | | | | | | 5 |
| CPE | HAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| | CAI | | 0 | 0 | | | | | | | | | | 0 |
| MDRO | HAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| | CAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| FLU | HAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| | CAI | 0 | 0 | 0 | | | | | | | | | | 0 |
| RSV | Total | 0 | 0 | 0 | | | | | | | | | | 0 |



5. LEARNING FROM DEATHS QUARTERLY REPORT 2020/21 – Q4

The quarterly report on Learning from Deaths is published 3 months in arrears to allow time for case note review and to identify any learning. The last report for Bedford site only (2019/20, Q4) was in July 2020; Luton and Dunstable Hospital data was last tabled at COSQ in March 2020, prior to merger. Subsequent quarterly reports were suspended due to the Covid-19 pandemic although monthly reporting continued through the Learning from Deaths Board with upwards reporting to Quality Committee.

It should be noted that this does not replace the monthly reporting of mortality metrics to Quality Committee and Board (1 month in arrears).

1. Mortality review process

Legacy mortality review process (prior to January 2021)

The approach to mortality reviews had differed across the two hospital sites.

Prior to the Covid-19 pandemic, on the Bedford site mortality reviews were undertaken using a customised Datix reporting module. It was the intention to review all deaths (excluding deaths subject to other review processes, such as maternal deaths, child deaths and stillbirths). Scoring of avoidability was undertaken: suboptimal care, probable avoidable death; suboptimal care, possibly avoidable death; unavoidable death, suboptimal care; or unavoidable death. The impact of Covid-19 and the need to divert clinical resource (both Medical Examiner and mortality reviewers) to front line care significantly reduced the number of reviews undertaken.

On the Luton and Dunstable site, Medical Examiner scrutiny was documented on a paper record and cases requiring detailed review referred for a Structured Judgement Review which was documented on paper. There was greater resilience in the ME cohort (due to staff numbers and specialty) but Covid-19 also had an impact on number of reviews undertaken.

During wave two of the Covid-19 pandemic, nosocomial Covid deaths identified by the Medical Examiners on both sites were screened by the Joint Medical Director to judge whether these required consideration under the serious incident process or referred for a thematic review.

Current mortality review process (from January 2021) – cross-site

Deaths are scrutinised initially by the Medical Examiner (primary mortality review) who has accountability to the Coroner for this aspect of their role. Luton and Dunstable ME reviews are directly entered onto the Datix Cloud IQ system; Bedford ME reviews are currently transcribed onto Datix Cloud IQ from the existing electronic template which is stored on a shared drive. This aspect of the process will be aligned cross-site.

The ME grades the potential avoidability of death with scores ranging from 1 (unavoidable, no suboptimal care) to 4 (suboptimal care which might have affected the outcome i.e. probable avoidable death). The ME will then indicate whether a structured judgement review (SJR) i.e. full mortality review is needed.

Sub-optimal care where different care might have or would have affected the outcome will automatically be referred for an SJR. Other reasons for requesting an SJR include family concerns, fractured neck of femur, learning disability, known mortality alert (triggered from monthly Learning from Deaths Board review of HSMR outliers), unexpected deaths (e.g. elective deaths) or where there are concerns from the ME, staff or family.

Cases are then referred for an SJR which is then undertaken by a pool of reviewers (8 on the Luton and Dunstable Site and 5 on the Bedford site). Completed reviews are approved by the Joint Medical Director or Deputy Medical Directors. The SJR requires documentation of an avoidability score as well as capturing themes and learning.

SJR avoidability score

Score 1: definitely avoidable

Score 2: strong evidence of avoidability

Score 3: probably avoidable (more than 50:50)

Score 4: possibly avoidable but not very likely (50:50)

Score 5: slight evidence of avoidability

Score 6: definitely not avoidable

Reviews with a scores of 1 to 3 (definitely or probably avoidable) are referred to PEARL for consideration under the SI criteria. Deaths which by their nature have been reported directly through the serious incident process will not have a separate SJR. Deaths deemed avoidable following a coroner's inquest will be considered through PEARL.

2. Luton and Dunstable Hospital

| | Q1 | Q2 | Q3 | Q4 | Total |
|----------------------|-----------|-----------|-----------|-----------|--------------|
| Deaths | 484 | 245 | 395 | 543 | 1667 |
| ME review | 179 | 228 | 359 | 515 | 1281 |
| SJR requested | 12 | 19 | 31 | 46 | 108 |
| SJR completed | 12 | 17 | 3 | 34 | 66* |

Data not electronically held for Q1-Q3 so this is likely an underestimate of reviews undertaken.

*61.1% SJR requested have been completed (Q4 data as of 09/07/21)

Avoidability

1: definitely avoidable (n=0)

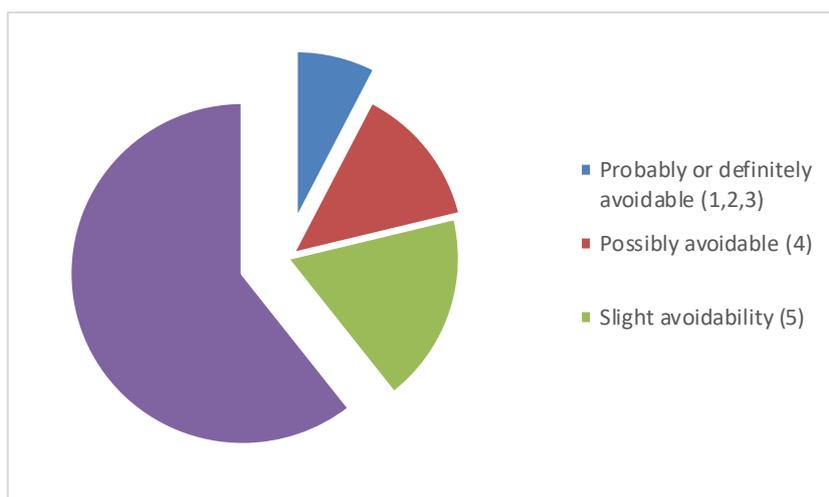
2: strong evidence of avoidability (n=2)

3: probably avoidable (>50:50) (n=3)

4: possibly avoidable but not very likely (50:50) (n=9)

5: slight evidence of avoidability (n=12)

6: definitely not avoidable (n=40)



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

Preventable deaths (score 1, 2 or 3) – 7.6% of cases referred for SJR (n=5)

3. Bedford Hospital

| | Q1 | Q2 | Q3 | Q4 | Total |
|----------------------|-----------|-----------|-----|-----|-------|
| Deaths | 339 | 169 | 250 | 448 | 1206 |
| ME review | 67 | 92 | 149 | 164 | 472 |
| SJR requested | No data | No data | 4 | 14 | 18 |
| SJR completed | No data** | No data** | 3 | 8 | 11* |

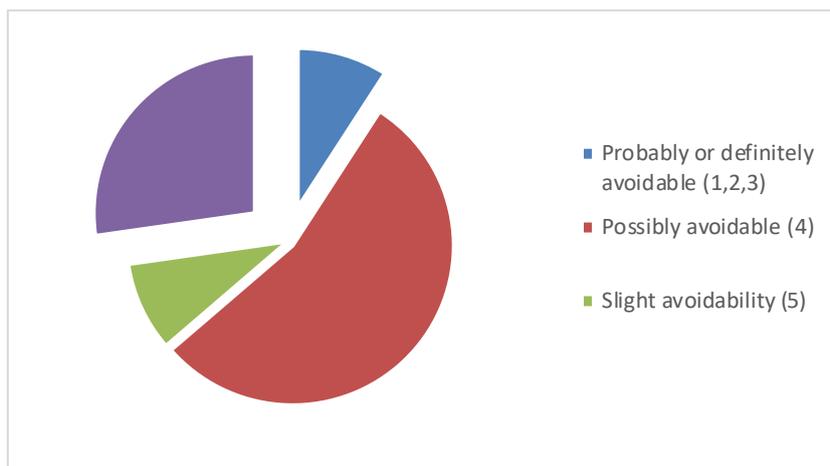
*61.1% SJR requested have been completed (as of 09/07/21). This applies mainly to Q4 which was when SJR methodology formally introduced although 4 legacy cases from Q3 were also referred for SJR.

**Reviews undertaken using previous methodology

- 18 reviews undertaken in Q1 (15 unavoidable, 3 unavoidable but suboptimal care)
- 32 reviews in Q2 (30 unavoidable, 2 unavoidable but suboptimal care)

Avoidability (applies to Q3/Q4 only)

- 1: definitely avoidable (n=0)
- 2: strong evidence of avoidability (n=0)
- 3: probably avoidable (>50:50) (n=1)
- 4: possibly avoidable but not very likely (50:50) (n=6)
- 5: slight evidence of avoidability (n=1)
- 6: definitely not avoidable (n=3)



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

Preventable deaths (score 1, 2 or 3) for Q3/q4 only – 9.1% of cases referred for SJR (n=1)

Hospital-acquired Covid thematic review

A thematic review was undertaken of 56 hospital-acquired Covid-19 deaths in Bedford Hospital rather than using individual structured judgement review. This covered the period 31/10/20 to 31/01/21.

- Unavoidable death but suboptimal care - 42 patients
- Suboptimal, but different care might have affected outcome - 8 patients
- Serious incidents - 6 patients, of which 5 were delayed discharges and 1 where gastroscopy not done as patient Covid-19 positive

Covid-19 was recorded as the cause of death in 41 patients and recorded as contributing to but not causing death in 15 patients

4. Learning themes identified (cross-site)

>50:50 preventable deaths

Failure to diagnose and manage intestinal obstruction in a patient presenting to ED with abdominal pain and vomiting. Case investigated as a serious incident and was subject to a coroner's inquest which returned a narrative verdict 'When the deceased first presented at hospital with symptoms, there was a missed opportunity to take action which might have led to surgery, which at that stage would probably have prevented the deceased's death.'

Incorrect management of type 2 respiratory failure with oxygen. Case reviewed at PEARL but not declared as a serious incident as outcome felt would have been no different. Learning shared internally.

Failure to diagnose and treat pulmonary embolism in a patient admitted with a deep venous thrombosis and acute kidney injury. A CT scan was contraindicated due to renal function but alternative imaging was not considered nor thrombolysis.

Nosocomial Covid-19 death with missed opportunity for early consultant review. Escalated to PEARL panel and decision made for local root cause analysis to review aspects of patient care. No evidence of infection control procedural breaches.

Patient admitted with symptomatic Covid infection. Failure of early decision making for either NIV or a decision on DNACPR/TEP leading to a potentially avoidable cardiac arrest. Investigated as a serious incident.

Transfer of patient with non-ruptured aortic aneurysm to Bedford Hospital with plan for scheduled urgent surgery following investigation. Subsequent ruptured aneurysm. Earlier intervention may have prevented death. Investigated as a serious incident.

Other learning

Treatment escalation plan (TEP) unclear

Mental capacity assessment and DOLS

End of life decision making

Decision-making with learning disability

Multi-disciplinary decision making.

Nosocomial Covid-19 infection

Documentation

Management of co-morbidity

Senior oversight of patient investigation

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.

Bedford site:

Progression is being made re the outstanding plans for Medicine and O+G. The Trust submitted the response to the O+G plan this month and await the feedback from HEE. The supportive 3monthly virtual meetings with the Quality team, the Head of school for Medicine and the Educational team at the trust continue with good support from HEE in progress with the action plan. The deadline for the next submission is Sept 2021.

National surveys: The trust submitted an action plan following the recent NETS (National Education and training survey). We are awaiting any updates on the action plan from HEE. The annual GMC survey is completed and the trust awaits the final report and feedback from the survey.

7. MANAGEMENT OF CQUIN

No CQUIN scheme has been published for 2021/22 and the case is unlikely to change for the first 6 months of the financial year.

8. NURSING & MIDWIFERY STAFFING REPORT

The Reports are **attached as Appendices 1a and 1b**

9. GLOBAL DIGITAL EXEMPLAR (GDE) UPDATE

The GDE Programmes have now been formally closed for both the Luton and Bedford site and we are now planning the next phase in our digital journey. As part of this we will be establishing five programmes to focus on the different areas of digital transformation within the Trust; Technology, EPR, Digital Merger, Digital Solutions, and ePortal/Shared Health & Care Record. These programmes will propel the Trust towards a better and more digitally-enabled future harnessing the power of technology to increase our agility and capability as an organisation. This builds on the foundation that the GDE programmes have set in seeing the completion of projects like ePMA on the Luton site and EDRMS at Bedford, whilst focusing on where we take the digital agenda as part of the new single organisation.

On the Bedford side Q1 of 2021/22 saw the implementation of ICE e-Discharge letters across the hospital. The module enables Bedford Hospital clinicians to compose inpatient letters in CliniSys ICE rather than ExtraMed software and allows letters to be sent electronically to all in-area GPs. ICE is able to directly import discharge meds, meds on admission and allergy status information from MedChart. Discharge letters are also sent electronically to the MediViewer electronic document management solution the Viper360 clinical portal.

At the beginning of July 21 the EDRMS project reached its final milestone with the commencement of inpatient record scanning. The rollout of digitised records to outpatient departments was completed at the end of June 21. At present, approx. 43,500 historic health records have been scanned as well as in excess of 147,000 'day forward' records. All staff at Bedford hospital are now accessing MediViewer to view digitised patient records. Clinical Noting is also live across the hospital, allowing staff to add additional free-typed notes into a patient health record. The development of e-forms is ongoing, with the first tranche of forms being piloted in the Diabetes department at present.

The Viper360 Clinical Portal is already used extensively across the hospital and provides a unified view of patient information pulled from multiple trust & other care providers systems. The final delivery element will be the ability to view the GP record utilising GP Connect functionality. This will be completed during Q2 2021.

Under **Nervecentre Inpatient Care Coordination**, Critical Care Nursing e-Handover went live during May 2021 and there are 17 Assessments that have been configured and have undergone functional and user acceptance testing and will be released in a batch in Go live phase. In order to implement **Nervecentre EPMA**, the prerequisite was to split

JAC Stock Control from JAC e-Prescribing which was completed during February 2021. The upgrade of JAC Stock Control to the latest version was completed during the end of April 2021 which brought benefits such as support extension from the supplier, reducing clinical risks and improved security. The team are now focussing on Phase 2 of the project which is to implement Nervecentre EPMA.

Office 365 infrastructure discovery, design, configuration, testing and installation is completed meeting benchmark industry standards and NHS Digital secure email requirements. DPIA and security requirements is signed off and so far under proof of concept phase, 50 mailboxes (25 each for Luton and Bedford) have been migrated to the new installed environment which is helping to identify any existing issues. DCB1596 Certification, i.e. the NHS Secure email standard is in progress and is close to completion. Stage 1 audit is completed and all high priority issues identified have been resolved and Stage 2 audit is awaiting NHS Digital's report/confirmation of successful certification which is expected to be delivered by end of July 2021. DCB1596 certification is required in order to allow trust users to send and receive sensitive emails to external organisations directly from the new Microsoft Office 365 environment instead of having to use NHSMail via NHS.net.

On the Bedford site the programme remains focused on completing the implementation of the ICE system for e-discharge, Viper360 integration with GP systems, and the continued EDRMS roll out. As a result of delays caused by the Covid pandemic and the timing of the merger the implementation of Nervecentre on the Bedford site will be transitioned directly after closer of the GDE Programme to the EPR Programme which is planning to be kicked off in April 2021 continuing our journey towards digital maturity.

The GDE Programme on the Luton site is currently re-planning its final stages with NHS Digital and a new agreed plan will be completed by the end of March 2021, this plan will focus on the rollout of NerveCentre functionality including alerts and escalations, ePMA, and Paperless ED. This follows the successful implementation of the Nervecentre Bed Management module in November 2020 and Milk tracking which went live in December 2020. The teams on both sites are working collaboratively on the creation of nursing assessments in the system, they are currently testing the first tranche of these and look forward to implementing the changes once they have been clinically signed off. We have experienced a number of challenges with Covid being one of the toughest as this has led to a reduction in clinical time to focus on the projects as clinical resources have been rightly diverted to the clinical areas that require support.

10. INFORMATION GOVERNANCE QUARTERLY REPORT

The Information Governance Quarterly Report is attached as **Appendix 2**

11. FREEDOM TO SPEAK UP (FTSU)

There were seven new concerns raised on the Bedford site. Four were attitudes and behaviours, two were Policies and Procedures and one related to Patient Safety. There were four new concerns raised on the Luton site. Two were attitudes and behaviours and two were Policies and Procedures. The concerns were escalated and

have been reviewed; all have either been resolved or are currently in an appropriate process.

Feedback on the “Temperature” of the Hospital:

The extreme operational pressures continue to test the resilience of staff on both sites. The majority of concerns are about behaviour and this is reflected nationally. The National Guardians Office’s Annual Report for 2020 reported that the percentage of concerns about bullying and harassment were 36% compared to 23% for patient safety.

Support for Staff:

To help with publicity and to increase the profile of the FTSU service, the Guardians and Champions have filmed a video. The video is currently being edited and will be available on the intranet and for use at induction and other events. The inclusion of an article about the Freedom to Speak Up role in the latest edition of BedSide gave a welcome reminder to all staff that we are there to support them.

Future Plans:

The Guardians and Champions on both sites are completing the FTSU self-review tool which links in with areas to focus on as part of our strategy over the next three years. The FTSU Policy was updated to cover both sites but whilst it was in the process of being approved, the National Guardian’s Office announced they were updating their policy so we shall amend ours in line with this. The Guardians have been approached by our Training leads who are developing a multidisciplinary preceptorship programme for the Trust to be offered on both sites to all newly qualified staff.

The National Picture - FTSU Index 2021:

The results of the annual index have been published link to a new question in the annual NHS Staff Survey: ‘Do you feel safe to speak up about anything that concerns you within the organisation?’ For the first time, the Luton and Bedford sites are now combined in an overall Bedfordshire Hospitals score of 77.4%. The highest scorer in England was Cambridgeshire Community Services trust with 87.6% and Kent Community Health Trust with 87.0%. For local and other acute Hospital comparisons - MK NHS Trust- 79.7%, West Herts 76.1%, East & North Herts 75.1%,

12. ESTATES & FACILITIES UPDATE

ERIC (Estates Return Information Collection)

The annual ERIC return for 2020/21 was completed at the end of June 2021. This mandatory return, which provides NHSi with key performance information concerning estates and facilities services, it is used for strategic planning purposes and to populate ‘model hospital’ data. This is the first year that the return has been submitted for the merged organisation.

Hard FM Services - Luton & Dunstable

Ventilation:

System verifications totalled 15no in this period, including all surgical block theatres, NICU and HSSD.

Medical Gas:

MES Ltd have been engaged to survey and produce updated drawings of the entire site medical gas installation, completion has been delayed due to the staff shortages and a high demand for this specialist work across the NHS. Updated drawings are now due to be completed in August.

An External Authorising Engineer Audit of the systems in place has been completed. Training and action logs have been developed and under way.

Electrical:

Fixed Electrical installation testing scope for 2020/21 was completed in financial year. Remedial works from the testing are underway and due to be completed in October. All high priorities are complete. Continuation of the testing regime will recommence in 2022. An External Electrical Authorising Engineer attended site 21st April 2021 to commence a full compliance Audit. Recommendations of the introduction of a site 'Control Operation and Maintenance Agreement' have been adopted and a contract is shortly to be implemented. Primary recommendation was due to staff shortages and increased requirements associated with the sites redevelopment programme activity, this contract will provide resilience to the existing team.

Steam Boilers:

The Hospital Sterile Supplies Department steam raising boilers are to be replaced as part of Energy Performance Contract (EPC). The existing steam and condense systems are in need of replacement and are planned to be completed prior to the installation of the new steam generators. Design works for this element of works has commenced with close liaison with Centrica who are to replace the steam generators. The key / challenge with this project will be to ensure the HSSD department are able to continue working during these works.

Asbestos:

All routine asbestos inspections have been completed for this period.

Luton and Dunstable Estates Capital Projects

Surgical Block Chiller Replacement / Upgrade:

Works are complete and the system is fully operational. All wards in the block now benefit from tempered air (cool air) which was noticeable during the recent hot period in July. In the coming months a block air system balancing exercise will be carried out to maximise air flows to required areas. This will be subject to access and any COVID restrictions.

Asbestos Removal Main Ducts:

Works are in the final phases on priority areas required for maintenance purposes and the site wide energy / district heating project. Risk assessments and confined spaces procedures are being developed to ensure safe access moving forward.

Lift Upgrades:

The new lift serving the Max Fax block is complete and in service.

Fire Compartmentation:

Surveys and works are progressing across the site. Works have slowed during the pandemic due to restriction on access. As part of the intrusive survey work additional scope is being identified, this is being progressed as works proceed.

Emergency Lighting:

Works to expand the sites automated emergency lighting system infrastructure is underway on site with the easing of COVID measures. Once completed the surgical block will be the first block to see new emergency lights installed throughout on this automated system. The emergency light replacement programme follows on from the site wide lighting upgrade to LED's.

Ventilation Works:

Major phase of air handling unit's upgrades has been completed on site servicing theatres and recovery areas. All units are now incorporated onto the sites Building Management system for control, efficiency, and fault monitoring.

Design and tendering works are progressing on further upgrades / replacements to OPD and pathology in this financial year.

Hard FM Services – Bedford Hospital**Decontamination:**

The sites SSD and EDU machines are experiencing a higher level of breakdowns than the norm. This is partly due to the increased demands on the equipment as a result of COVID recovery plans (activity), age and number of decontamination cycles the equipment has performed. As such the equipment replacement programme is being reviewed with the view to bring forward the replacement programme. Subject to funding, the first phase of equipment would be scheduled to be replaced next financial year. In the interim period the equipment remains serviceable and fully validated.

Medical Gases:

BOC have upgraded the bulk oxygen supply vaporisers to 3000 litres per minute for both the duty and standby VIE's (bulk storage vessels) from 1600 and 616 l/m respectively. The operational limit is 2400 l/min as recommended by BOC and NHSI. This upgrade now provides the same capacity as the L&D site. The site retains a stock of W size oxygen cylinders on site as per national recommendations (COVID).

Water:

A formal Water Safety and Ventilation Group (WSVG) meeting was held in July. No significant issues raised. The Ward Block Chlorine Dioxide dosing plant replacement is almost complete. Water Safety Group has agreed to trial the use of silver copper dosing plant in Beeden House which has been historically prone to microbiological contamination requiring repeated system disinfections.

Ventilation:

Annual verification programme of critical ventilation systems for 2021/22 are now underway. Replacement air handling units for the Laser department has been delayed and is now scheduled in September.

Electrical:

Fixed Wire testing for 2020/21 still has a small number of 'red' areas outstanding before the programme is complete. Access availability to these areas is being monitored to enable works to be completed. Replacement of old distribution boards in the Administration block containing rewirable fuses and asbestos flash guards is nearly completion. Space has been identified to relocate and replace a currently very small and unsuitable old switchroom in Victoria Ward to allow for modern switchgear to be installed

and migration of electrical circuits. Funding has now been approved and due to be tendered.

Lifts:

An upgrade of block 85 sluice lift has been undertaken. Block 39 lift will undergo similar work commence on the 16th August.

Asbestos:

Re-inspections are all up-to date across the site. A recent detailed intrusive asbestos survey carried out in Block 38 (The Old Mortuary) identified numerous new asbestos items all of which have been added to the sites register.

Soft Services Updates

Cleaning Standards:

The new cleaning standards expected since 2019 have finally been approved and issued (circa June 2020). Teams on both sites are reviewing the guidance, linking with key stakeholders, departments and infection control. Communications of the changes will be key in the coming months. All areas of the hospitals are required to be clean, what has changed in the new guidance is the terminology used, frequencies and risk ratings in a number of areas. By the 1st April next year the implementation process will be complete and scores will include nursing and estates responsibilities.

Soft FM Services – Luton and Dunstable

Standards and KPI have been disappointing in last 3 months and ISS are working towards resolving. A full training programme for all ISS TUPE staff in the ISS way of doing business and methodology will be starting on 11th August. Training has been delayed due to COVID and availability of a training academy space.

| | Target Score | April | May | June |
|--------------------------|--------------|--------|--------|--------|
| Very High Risk (New FR1) | 98% | 97.81% | 97.57% | 97.36% |
| High Risk (New FR2) | 95% | 94.28% | 94.16% | 94.28% |

ISS have been able to introduce and maintain enhanced COVID touch point cleaning requirements as per DH guidance and recommendations.

Catering Standards:

We are expecting new Catering Standards to be issued soon and the draft plans indicate a move towards more sustainable food purchasing and a reduction in food waste. This initiative links with the NHS Net Zero Carbon agenda.

Soft FM Services – Bedford

Domestic Services:

Routine monitoring and audit controls have been reinstated. No points of escalation.

July Overall Percentage 95.61%. A new cleaning monitoring tool has now been introduced and is currently been aligned to the new cleaning standards. The system is currently being tested and is due to be used during routine audits in August. Positive feedback continues to be received from patients.

13. COMMUNICATIONS AND FUNDRAISING

COMMUNICATIONS

External Communications and Media

The last quarter has seen a decline of media coverage for the Trust in relation to the previous period. The national NHS situation of extreme operational pressures due to COVID have significantly reduced over the past months which could be due to the impact the COVID vaccine is having within the community. It's no surprise that COVID and everything relating to this continues to dominate media headlines. An element of this coverage has specifically centred around hospital's visiting restrictions and the significant backlog of patients on the waiting list for surgery. We continue to run all contentious and sensitive media responses relating to COVID and COVID recovery through the regional NHS communications team. This is to ensure that consistently accurate messages on similar subjects are distributed across the NHS.

Summary of key media coverage

- Changes to maternity restrictions at both units
- Issues with the appointment booking system for phlebotomy services at Bedford introduced in March 2021
- Bedfordshire Hospitals Porter (Ravi Mahay) attends PM reception at Downing Street.

We have continued to work with our BLRF partners on joint campaigns and produced some short video pieces for use on social media.

Digital - Social Media

This continues to be one of our most valuable and underrated forms of communications that we're consistently building and has proved to be an effective tool for getting key messages out to mass audiences in a timely manner. Work on the social media strategy continues with the aim to have one account for each social media channel but this can't be done overnight and will take time to fully embed.

| Hospital site | Social media channel | Number of likes/followers | Increase from Oct 20 |
|---------------|--------------------------|---------------------------|----------------------|
| Bedford | Facebook | 7,246 | +91 |
| L&D | Facebook | 9,658 | +125 |
| Bedford | Twitter | 6,288 | +116 |
| L&D | Twitter | 5,620 | +210 |
| Bedford | Facebook Maternity Page | 4,355 | +202 |
| L&D | Facebook Maternity Group | 1,687 members | +76 |

The aim is to ensure the same messages are shared across both hospital channels where possible. There are some exceptions for this where there are specific site messages, particularly around the redevelopment programme or service changes.

A few highlights from April to June on social media channels include:

- As per the national request, we have continued our social media focus on COVID-19. This has been specifically around the changes to national guidance, changes at our hospital sites and encouraging vaccination uptake.
- Redevelopment posts continue to receive a high reach and engagement, with a plan in place to regularly post
 - Information on the ASB, NWB and demolition reaching over 26k
 - Gynae Health Centre external demolition reaching over 10k
 - Relocation of ENT outpatient to support redevelopment reaching over 10k
 - Access to ED reaching over 20k
- The opening of St Mary's garden on the L&D site was well received reaching over 20k, with a high number of positive comments thanking and congratulating the team.
- Ravi's visit to Downing Street reached over 10k with many people congratulating Ravi and saying how well deserved this was.
- A number of posts were shared on Nurses' Day with plenty of thank you's from the public. The video of our AHP team dancing to say thank you reached nearly 50k – our highest reached post for this period.
- Similar to Nurses' Day, a number of posts went out on International Day of the Midwife, receiving similar engagement.
- Throughout this period, we have supported national/international awareness campaigns including Dementia Awareness Week, International Clinical Trials Day, Insulin Safety Week, Mental Health Awareness Week, National ODP day, World Hand Hygiene Day, and World Asthma Day to name a few.
- Following the success last year, we held a week long campaign for Volunteers Week, highlighting a selection of volunteers on both sites – particularly those who have made such an impact in light of COVID. All posts were well received with a lot of appreciation for our volunteers.
- The Sir Captain Tom Birthday Challenge was well received by Bedford followers, receiving over 12k with the public expressing their positive comments in marking this event.
- We have also continued to support a variety of recruitment adverts including NICU, Return to Nursing (which reached over 10k), Redevelopment, Communications and Cardiology to name a few.

Website

During this period, we've had 193K users visit our website with a total of 422K sessions.

Aside from the staff executive log in page, the most visited pages have been:

- Job vacancies
- Blood tests
- Video clinic
- Patient and visitors for both sites
- Contact us

We have also been working with our website providers to ensure we are improving our accessibility rating and are pleased to report we are now rated 4th out of all NHS Trusts.

Internal Communications and Events

The Communications team has been busy supporting staff across the Trust, all of whom are becoming more comfortable with completely new ways of working.

The Microsoft Teams platform continue to be in frequent use to enable meetings to take place remotely and virtually and allowed us to successfully facilitate and support the below forms of staff communications:

- Operational Briefings led by the Deputy CEO to Senior Managers
- Monthly virtual All Staff Briefings led by the CEO with input from members of the Executive Team
- Virtual one-off live events for COVID vaccination Q&A session with some of our clinical leaders and special event on 1 April to mark one since the merger of Bedford Hospital and the L&D Hospital to form Bedfordshire Hospitals NHS Foundation Trust
- Dedicated COVID-19 section on the intranet
- COVID-19 E-Briefings

The new Communications Strategy for the organisation 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 launch of the new Trust values and vision, ensuring all we do supports the shared culture of Bedfordshire Hospitals.

FUNDRAISING AND VOLUNTEERING

Voluntary Services

- We have 506 registered volunteers across both sites and volunteers are beginning to return to our sites.
- Throughout COVID, we have continued to maintain contact via Zoom meetings, regular communication and telephone calls and this has been very much valued.
- Volunteers Week was celebrated with the support of the Communications Team, where our volunteers were profiled daily across all social media.
- We sent our volunteers a Wellbeing Pack to support them and we received amazing feedback.
- We published our Smile Magazine entitled “Because of You”. This is the 2021/22 guide to Volunteering and fundraising.

Youth Engagement

- We have developed a four week virtual work experience programme starting in September 2021. This has enabled further collaboration with different staffing groups and specialities to showcase their areas.
- We are working with the Work Experience Coordinator for Woodlands Secondary School - the school works to provide education for students with a range of learning difficulties.

Trust and Grants

- We continue to work towards the Stage 2 Community Grants for NHS Charities Together (NHSCT), the final application was submitted in May and we expect an outcome in early August. We have put forward 5 projects from across BLMK.
- We submitted our Stage 3 application in May following positive feedback from NHSCT on our preliminary application. The bid, worth £176,000 will support end of

life care, funding for the CiC (Employee Assistance Programme) on and the 'Pathway to Excellence' Nurses Accreditation Programme.

- The Grants and Trusts Officer, alongside 30 other NHS colleagues attended the Royal NHS Big Tea Event at Buckingham Palace on Monday 5th July.
- We have continued our work with Bedford Hospital Charity and Friends to support their £1million A&E Appeal.

Community Fundraising

- The Stroke Therapy teams participated in a team Miles are Medicine challenge and raised £1,844 to refurbish the Stroke Rehabilitation room.
- We celebrated our NHS Birthday and NHS Big Tea by giving out free cakes to staff. An internal staff raffle and a Name the Bear Competition raised £206.51.
- The National Superhero Day fundraiser was promoted within our schools; we raised £998.26 for ITU.
- We received three legacy donations, £5,523.47 and £2000 for the general fund and £5210 for NICU.
- In May we received a generous donation of £1000 for Head & Neck Cancer.
- A member of the public made Euro Calendars sold them for NICU raising £5,210.

Corporate Fundraising

- We received free items from The Work Perk, 500 Dettol anti-bac hand gels. These were handed out during the NHS Big Tea event on 5th July 2021.
- Randstad donated 1000 tins of mints which were also distributed during the NHS Big Tea and via the Well Being Bus.
- We are working with Oakley Studios to produce a fundraising calendar for 2022, which show cases staff who work with family at the Trust.
- Curry's / Dixon's Luton donated £175.00 to our Dementia Care fund to enable the unit to purchase 5x Amazon Alexa's to benefit our patients.
- Machins are continuing to support with their discount for will writing to the Trust with their information for members in the Ambassador Magazine.

Retail

- The new part time assistant, who was previously a volunteer, has been recruited. We have now increased the opening hours and we have seen an increase in sales due to the longer opening hours.
- The Costa coffee machine still remains and still provides a steady income for the shop.
- We had numerous Father's Day items and promoted them both internally and on social media.
- We are in the process of writing an Expression of Interest for the retail space within the new Acute Services Block to run alongside the current shop.

Bedford Hospital Charity & Friends

Bedford Hospital Charity & Friends continue to support Bedford Hospital. We continue to work closely and in partnership with them, the recent support that they have provided included:

- Amazon's Alexa's for the elderly wards at Bedford for patients to play music.
- Special cups for Shand ward to assist with patients beverage intake.
- Toys for Riverbank Ward.
- 1000 cakes for the NHS Birthday on 5th July 2021.

- A summer raffle.

14. POLICIES & PROCEDURES UPDATE

Human Resources Policies:

- Policy for Nursing Staff Transfer Process
- Pay and Progression Policy
- New and Expectant Mothers Risk Assessment Policy

Occupational Health Policies:

- Policy for Nursing Staff Transfer Process
- Responding to Concerns and Remediation for Medical and Dental Staff
- Maintaining High Standards for Medical and Dental Staff (MHPS)

Health and Safety Policies:

- Transport of Specimens in Formalin & Spillage Procedure for 10%
- Liquid Nitrogen

Safeguarding Policies:

- Mental Capacity Act (2005)
- Prevent Policy
- Adult Safeguarding Policy
- Deprivation of Liberty Safeguards (2009)

Clinical Policies:

- Non-Medical Prescribing Policy

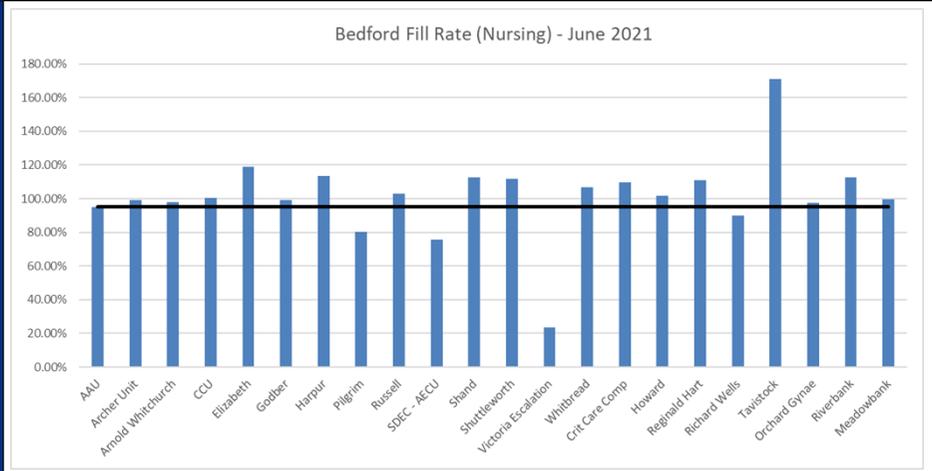
NURSING STAFFING REPORT

NURSING WORKFORCE REPORT

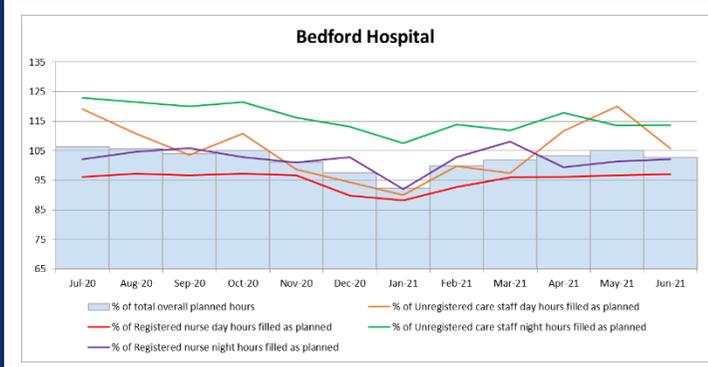
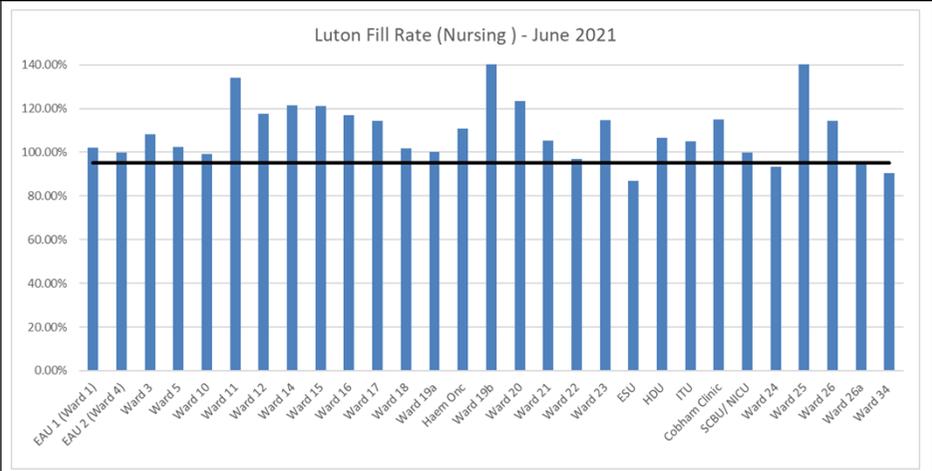
Appendix 1a

| | Bedford Hospital Site | | | Luton and Dunstable Hospital Site | | | | |
|-------------------------------|--|--------|--------|-----------------------------------|---|--------|--------|---------|
| | | Apr 21 | May 21 | June 21 | | Apr 21 | May 21 | June 21 |
| Overall Ward Fill Rate | % of Registered nurse day hours filled as planned | 96.29 | 96.69 | 97.1 | % of Registered nurse day hours filled as planned | 98.03 | 99.37 | 99.84 |
| | % of Unregistered care staff day hours filled as planned | 111.63 | 119.98 | 105.8 | % of Unregistered care staff day hours filled as planned | 106.65 | 109.61 | 116.94 |
| | % of Registered nurse night hours filled as planned | 99.47 | 101.38 | 102.21 | % of Registered nurse night hours filled as planned | 103.57 | 106.39 | 105.68 |
| | % of Unregistered care staff night hours filled as planned | 117.86 | 113.49 | 113.7 | % of Unregistered care staff night hours filled as planned | 120.08 | 125.37 | 130.68 |
| | % of total overall planned hours | 103.36 | 105.15 | 102.8 | % of total overall planned hours | 104.86 | 107.46 | 110.00 |
| | <p>The fill rate data presented above is taken from the UNIFY workforce extract and is calculated based on the number of patient care hours actually worked compared to the number of care hours required to fulfil the wards agreed shift template.</p> <p>The fill rate on both sites increased against all 5 measures with all but day time RN shifts exceeding their planned hours. This is as a result of additional staff use predominantly for enhanced patient observations (EPO).</p> | | | | | | | |

Bedford Hospital Site



Luton and Dunstable Hospital Site

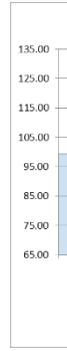


Seven areas fell below their planned overall staffing levels in June.

At Bedford Hospital SDEC, Pilgrim and Richard Wells were marginally below plan, however all of these areas work flexibly to match demand and safety was maintained by mitigating against reduced activity and the unit/ward managers supporting while in a supervisory role during peaks in activity.

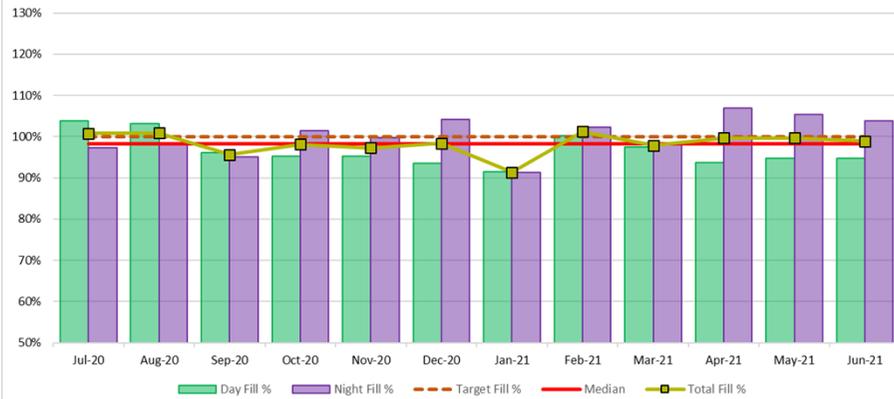
Victoria ward is co-located with SDEC and is an escalation area, it opened occasionally in June to meet demands for additional beds.

On the Luton and Dunstable Hospital site only ward 34 and the newly opened Emergency Surgical Unit (ESU) fell below plan however this was marginal and is not a concern.



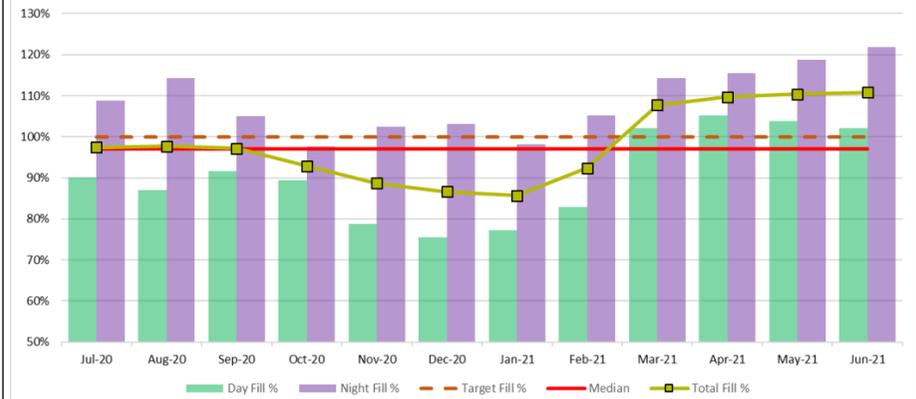
Bedford Hospital Site

Bedford Hospital ED Fill Rate Trend



Luton and Dunstable Hospital Site

Luton and Dunstable Hospital ED Fill Rate Trend



Bedford Hospital Paed ED Fill Rate Trend



ED fill rate at Bedford was slightly below target for day shift in June however it was within the normal range for the unit. Night cover was increased due to several days of increased operational pressures resulting in additional staff being deployed to the ED.

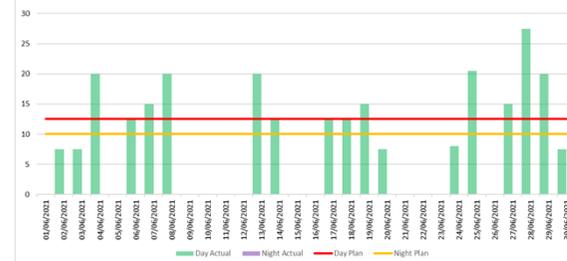
Paediatric cover remains a challenge due to ongoing difficulty in recruiting childrens nurses to work in ED.

ED fill rate at Luton has continued the performance of previous months, this is partly due to non required shifts being removed from the rota.

routine roster review process, in addition to planning for the building development work on each site. The

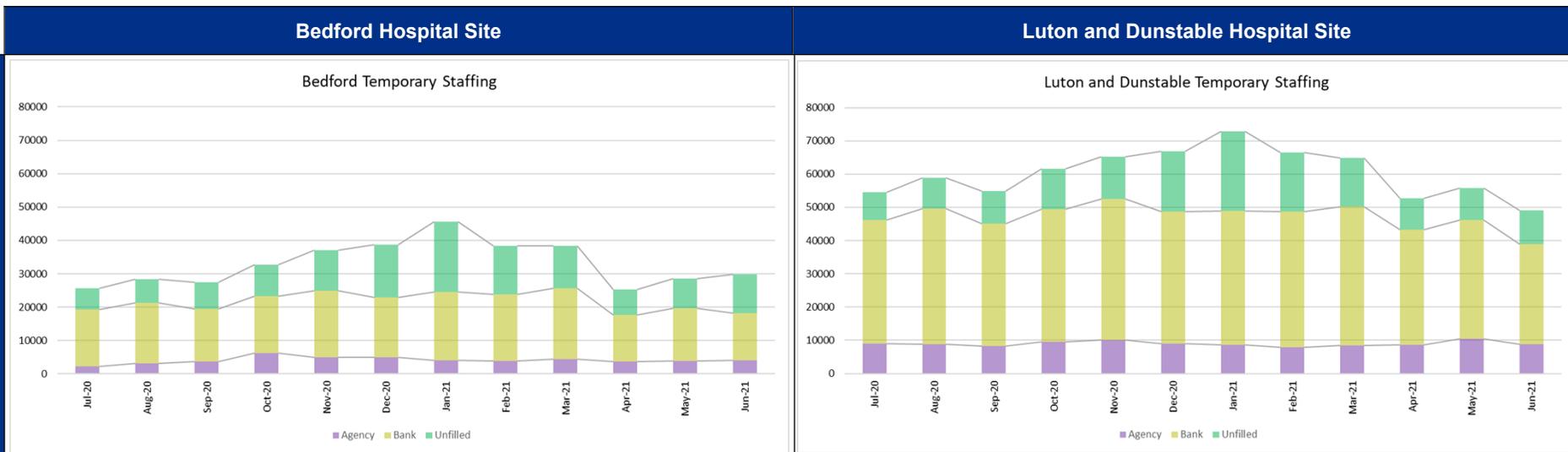
The Shelford Safer Nursing Care Tool for Emergency the tool will be used to assess the staffing requirements

Bedford ED RSCN Cover



The Head of Nursing for Acute & Emergency Services is reviewing the roster templates for both ED's as part of the the workforce changes that will be required as a result of template for Luton is currently in the testing phase.

Departments is due to be released, once this is available for both of the ED's.



Temporary staffing demand at Bedford increased slightly compared to May however the proportion of filled demand fell due to reduced agency cover, the demand at Luton reduced however the non-filled rate remained stable.

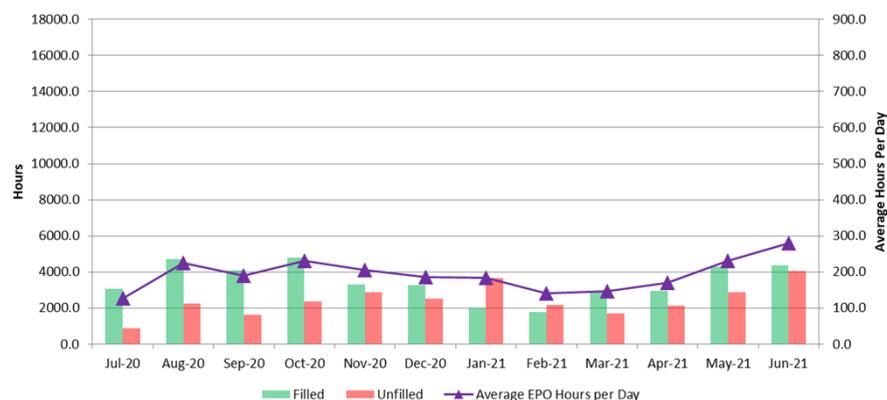
With vacancy rates reducing significantly on the majority of wards we are approaching the point of being fully established, however due to increased absence related sickness and covid isolation requirements there remains a reliance on bank and agency staff.

In addition the policy of starting all maternity leave at 28 weeks is having an affect on staffing levels in some areas.

Enhanced Patient Observation Shifts

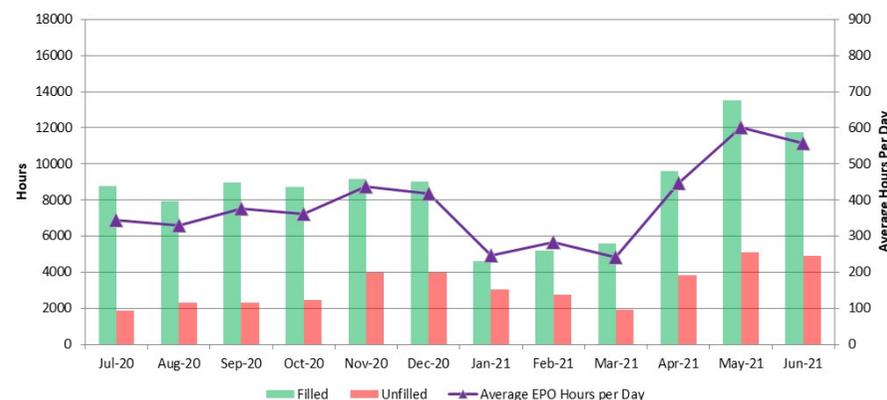
Bedford Hospital Site

EPO Hours - Bedford Hospital

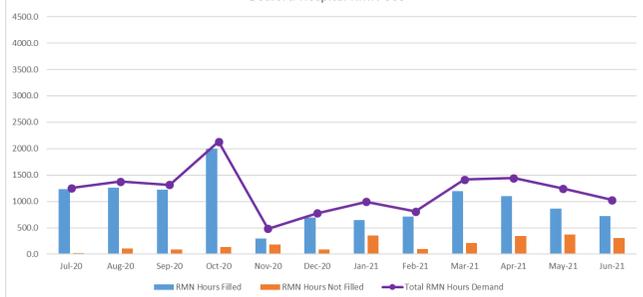


Luton and Dunstable Hospital Site

EPO Hours - Luton & Dunstable Hospital



Bedford Hospital RMN Use



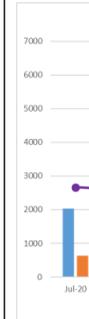
The trend in EPO demand on the Bedford site continues upward trend month on month with the level exceeding the autumn 2020 level. Despite this fill rate has not increased and in fact the number of unfilled hours is close to exceeding the filled hour .

EPO demand at the Luton reduced in June compared to the previous month however it remains higher than normal.

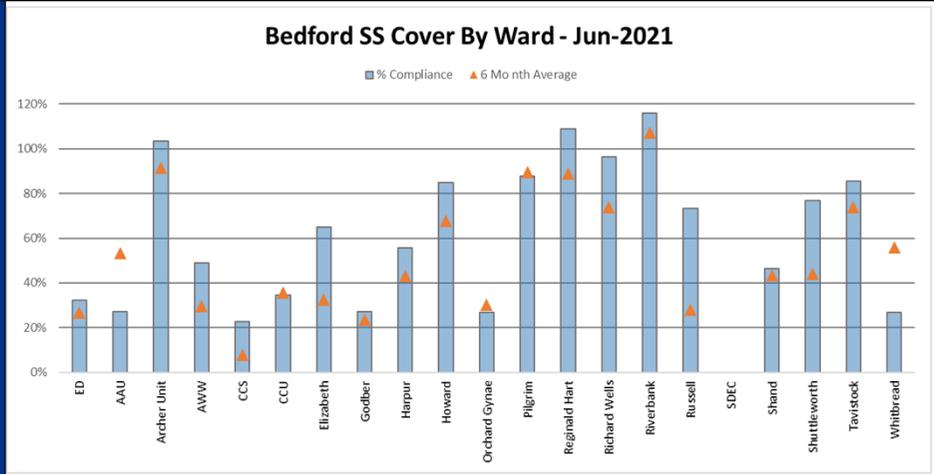
Both sites have experienced increasing patient admissions with mental health related conditions over the last 12 months. This is a particular challenge in paediatrics on both sites.

RMN use on both sites reduced in June however the total demand remains higher than normal across the trust. The use of RMN's and mental health care in the acute trust is being reviewed and training is available for RN's and RM's in the care of patients with mental health issues. A paper is also being developed to propose alternative education and workforce strategies that will dovetail with the Trusts mental health strategy

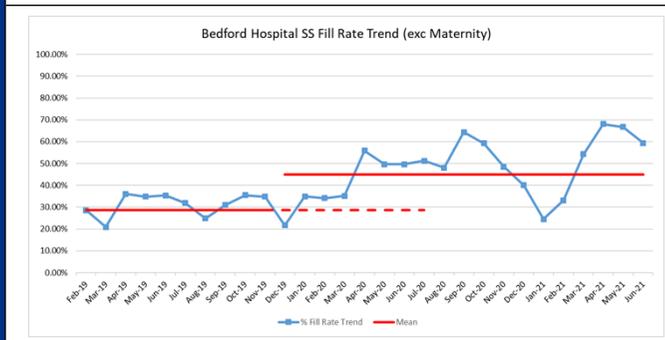
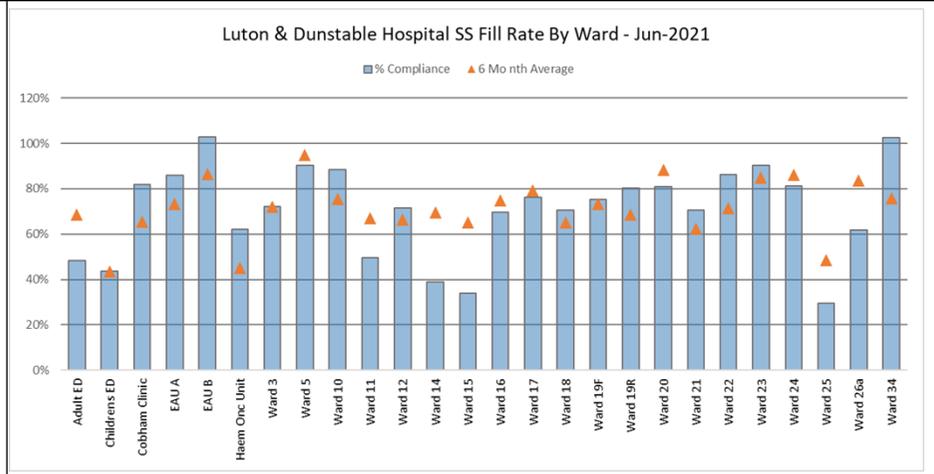
that is being developed to manage the risk and ensure patients and staff are supported in what is often a very challenging situation.



Bedford Hospital Site

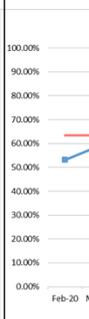


Luton and Dunstable Hospital Site



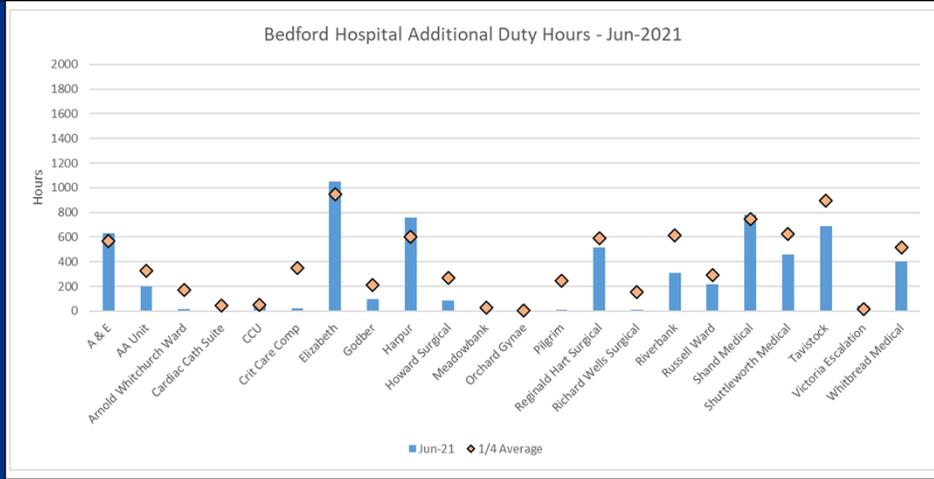
The Francis report recommended that ward managers should be rostered for 100% supervisory time. SS fill rate at Bedford fell again in June however most wards continued to exceed their 6 month average SS time. The reduction is in part associated with increased number of staff needing to isolate following COVID-19 contacts.

At Luton the SS fill rate increased significantly in May however as with Bedford it fell in June, again this is associated with increased numbers of staff being unavailable due to COVID contacts.

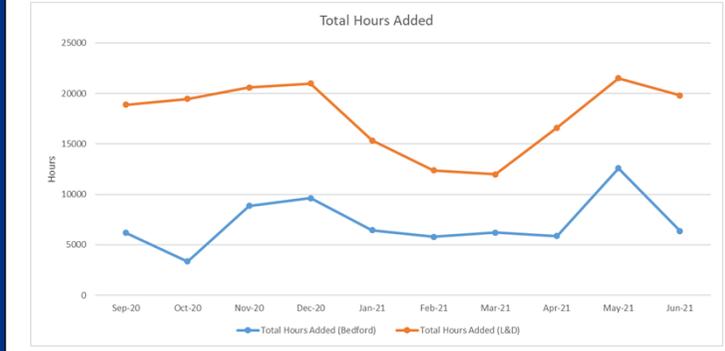
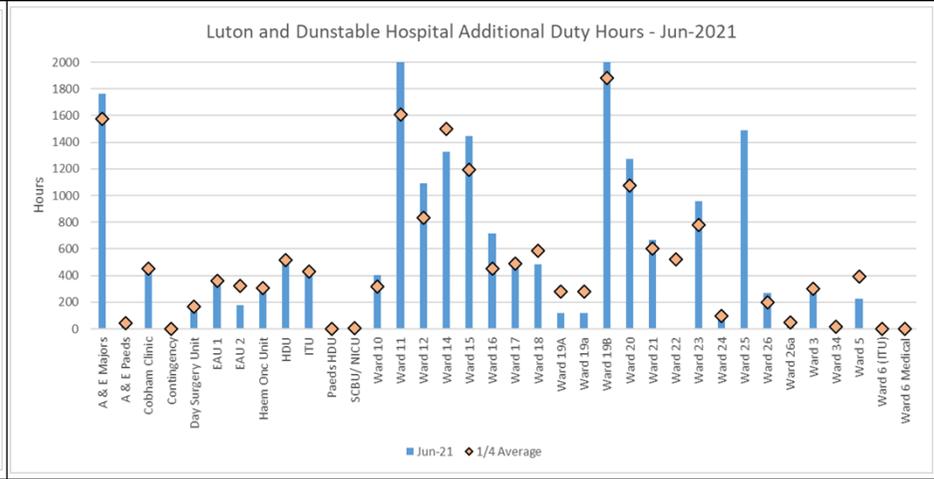


Additional Shift Use

Bedford Hospital Site



Luton and Dunstable Hospital Site



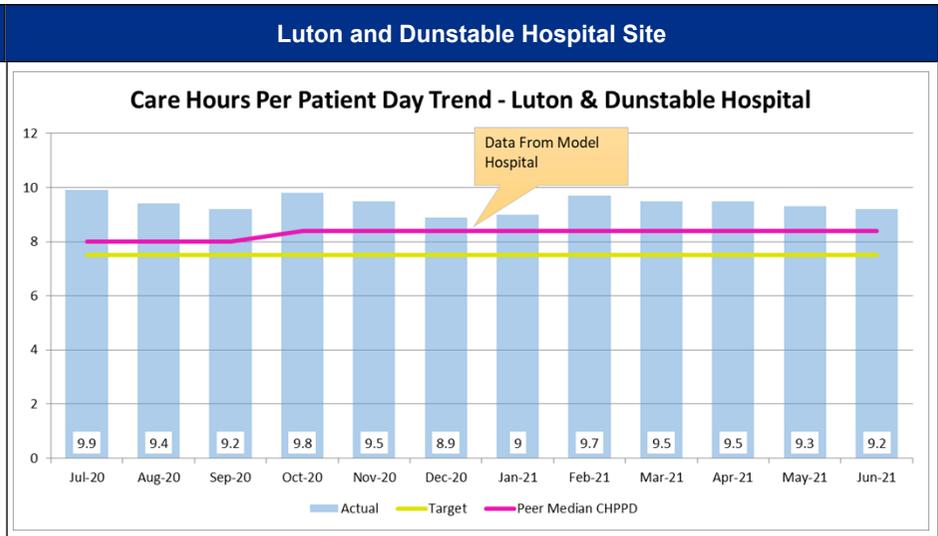
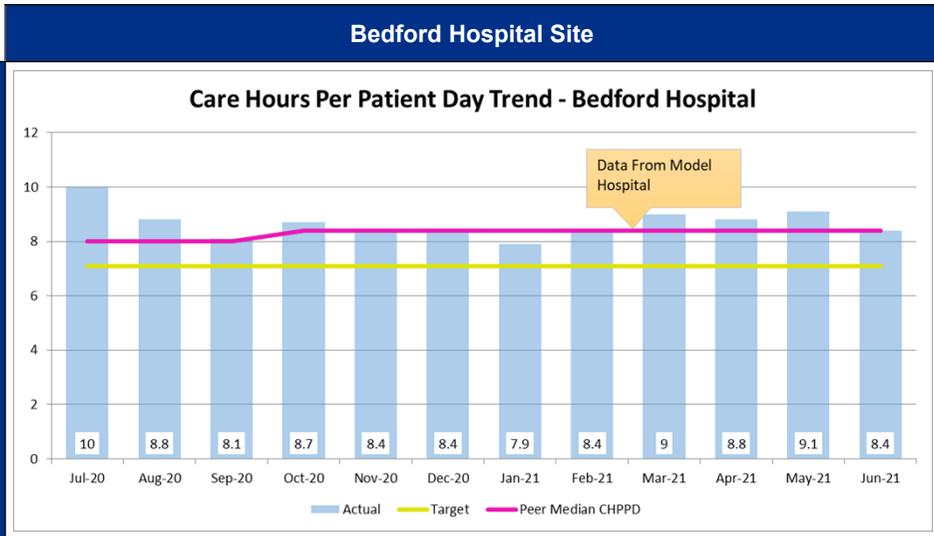
that have been cleared from their demand.

The number of additional shifts added above the agreed ward templates significantly reduced throughout the COVID period, this had been sustained overall on both sites however June has seen an increase in additional shift use across the majority of areas.

The additional shift use at Bedford remained stable reflecting the reduced demand overall for EPO care and the rebasing of Pilgrim Wards template. The use in June however increased by 53% compared to April. The Heads of Nursing are reviewing the reasons for this with initial impressions that this is due to EPO requirements for complex patients.

At Luton the numbers of additional shift used in June has increased significantly again, as with Bedford the Heads of nursing are reviewing the situation.

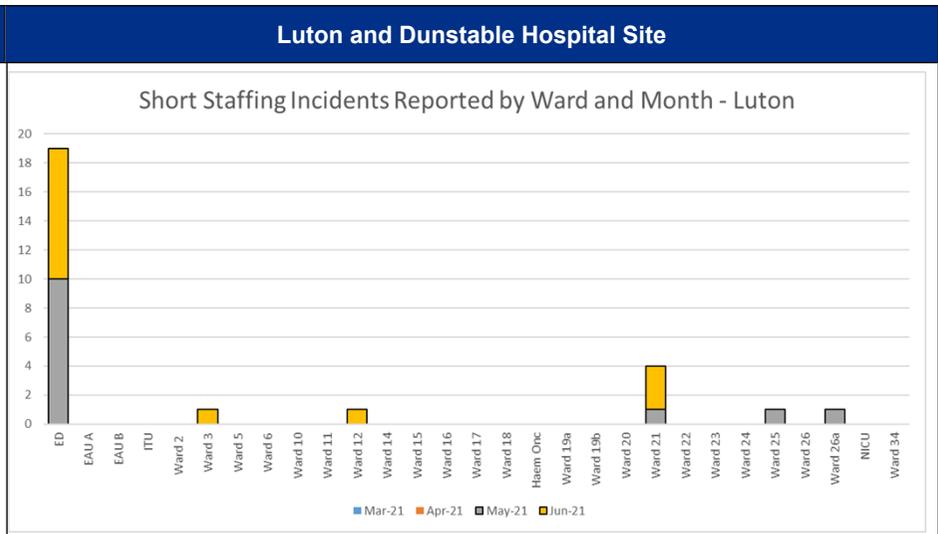
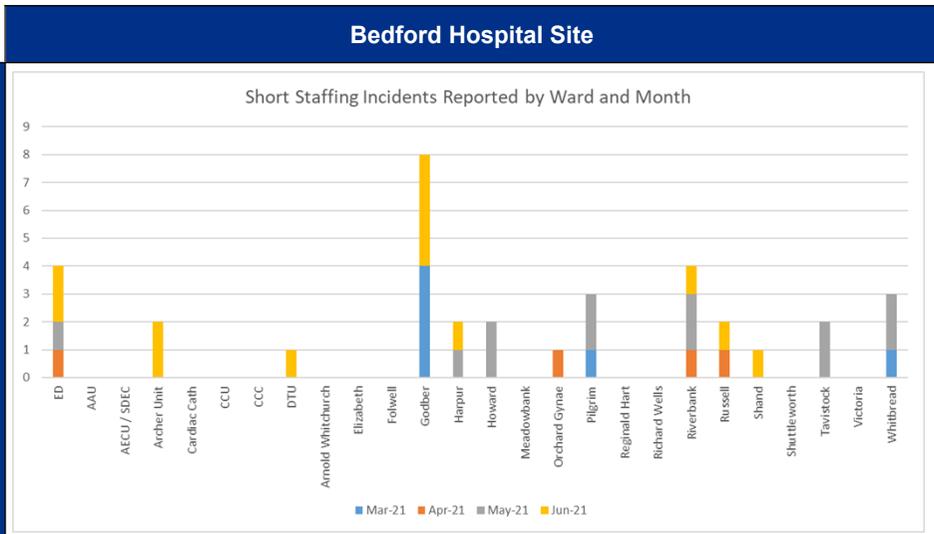
Luton ED has also added additional shifts however this is to correct their template and is offset by shifts



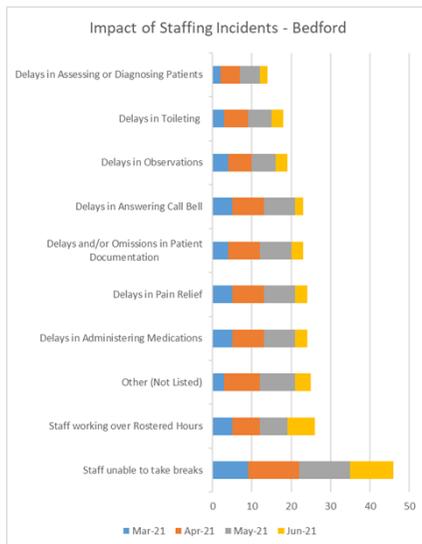
Care Hours Per Patient Day (CHPPD) is a metric that is promoted for use as a standardised measure of effective and safe staffing, by taking into account the number of actual hours worked in direct patient care shifts divided by the number of patients in hospital beds at midnight each day. As with all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

The target CHPPD for each hospital is based on agreed ward templates and average bed occupancy at midnight (Bedford Hospital = 7.1 and Luton and Dunstable Hospital = 7.5). The actual CHPPD during normal times averages 7.4 at Bedford and 7.7 at L&D, this reflects the use of EPO shifts, which are not planned, in addition to periods of lower bed occupancy over the 12 month period.

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.



May saw an increase in short staffing incidents at Bedford Hospital with the numbers increasing from 4 to 12, this level was maintained in June. This is in line with increased clinical activity and dependency, and reduced fill of EPO shifts. The trends in terms of short staffing impacts remain constant with the inability to take breaks being the main impact.



The changes to datix reporting at Luton have now been implemented so that reporting of short staffing incidents is aligned. The data shows that the total incidents were on par with Bedford; ED and Ward 21 saw the most reports. The caveat to this however is that the changes are new and not fully embedded and as such the numbers are unlikely to be inaccurate at this stage.

Similarly we can now measure impacts of short staffing as identified by the reporter, with the initial data seeming to reflect the impacts as reported at Bedford, the main one being staff unable to take breaks. As the new reporting structure becomes embedded and more data is available trends will develop and the reliability of the data will increase.

Midwifery Workforce Report

Introduction

The requirement to ensure midwifery and support staffing levels are safe and sufficient to meet the needs of women, babies and families is clearly an imperative in the provision of a safe maternity service that meets the needs of women and their families. National Quality Board (NQB) standards require the Trust Board to be appraised of the safety and effectiveness of midwifery staffing. In March 2021 NHS Resolution (NHSR) updated the third year of its incentive scheme to the Clinical Negligence Scheme for Trusts (CNST). The scheme incentivises ten maternity safety actions of which Safety Action 5 requires the Trust to demonstrate an effective system of midwifery workforce planning to the required standard. Standard 5 of the Maternity Incentive Scheme requires the Trust to demonstrate that:

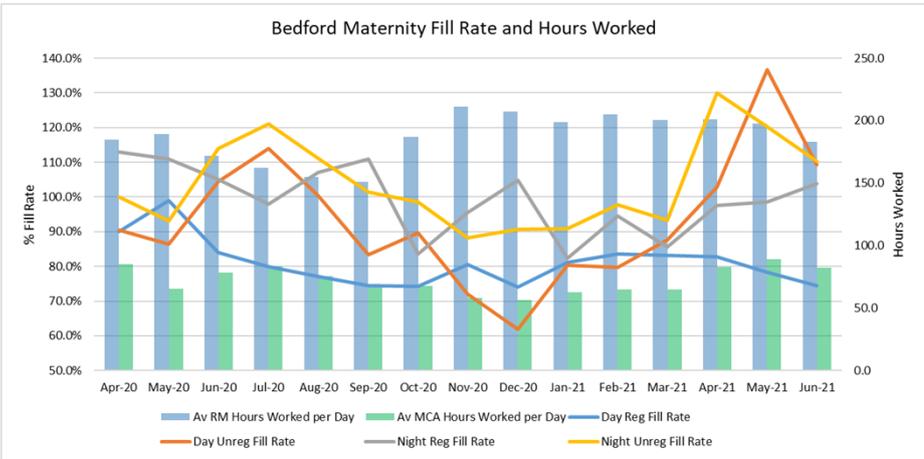
- A systematic, evidence-based process to calculate midwifery staffing establishment is completed.
- The midwifery coordinator in charge of Labour Ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service
- All women in active labour receive 1:1 care
- Submit a bi-annual midwifery staffing oversight report that covers staffing/safety issues to the Board.

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.

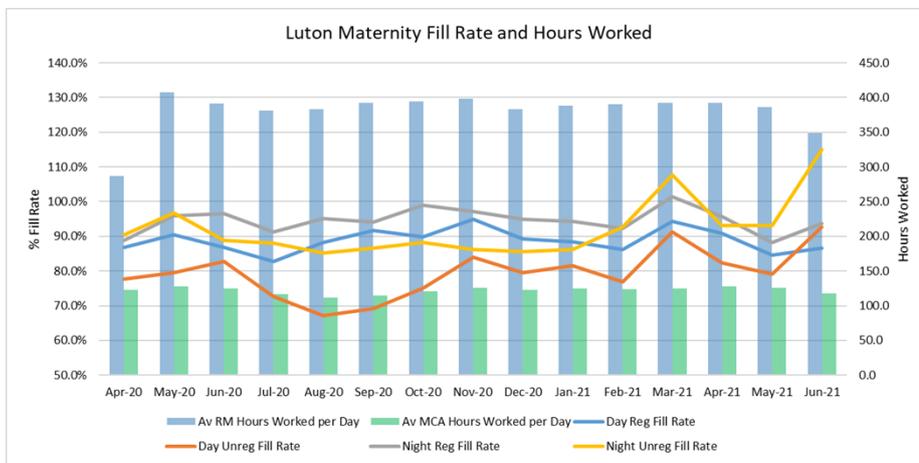
This report sets out the monthly planning in relation to midwifery workforce; taking into account the local context relating to midwifery staffing levels, across the merged Trust, including reference to the impact of quality improvement actions that have been implemented to improve midwifery staffing levels and also the necessary oversight and reporting and escalation processes.

Maternity services Fill Rate for month

Maternity Fill rates per month for each site are shown below based on the Unify fill rate report for the Delivery Suite and maternity hospital wards. The community and continuity of care teams are not included at this time as the rostering set up for these services does not provide measureable data due to the model of care delivery not aligning to rigid roster planning in the same way as inpatient services.



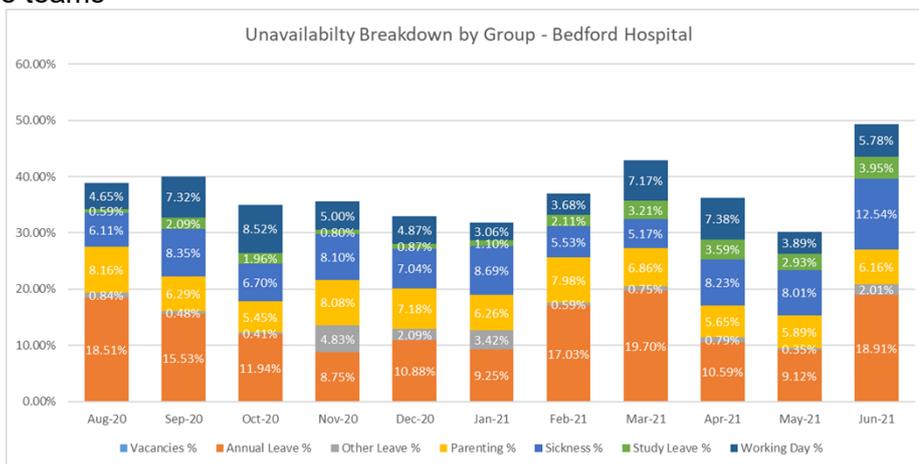
On the Bedford site fill rates for MCAs in the day are around 110% and for RMs are recorded at 75%, at night MCA fill rate again is around the 110% position and RMs at 104%. There may be a skew due to additional shifts being added for training – work ongoing to improve roster metrics on Bedford site.



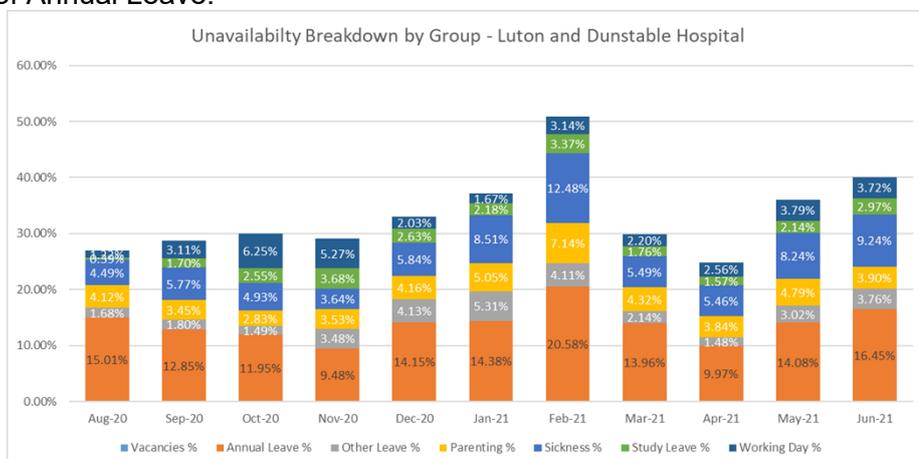
On the Luton site the RM hours worked fell slightly while the support worker hours worked remained stable. The midwife day fill rate stayed the same, with an increase in fill rate for RM night shifts, and both days and nights for support worker fill rates in comparison to May 2021.

Vacancy, sickness, Covid related absence

Concerns remain about the reliability of the workforce data particularly on the Luton & Dunstable Hospital site. For this reason vacancy data has been removed from the report both sites. Work is on-going to align the processes for updating ESR across both sites and to ensure that the data is accurate. The HoMs are working with finance to finalise vacancies on each site, in line with the new merged finance teams



Sickness leave have escalated for June on the Bedford site (12.54%) the highest level in the 11 months reviewed, we are working with HR to make targeted plans for individuals. Annual leave is also reading in excess of target levels (18.91%) work is in place to improve the booking process and management of Annual Leave.



There has been an increase in sickness absence over the last 2 months. The midwifery management team are working with HR partners in line with the sickness policy to meet with staff and put supportive plans in place to facilitate timely returning to work. There is a slight increase of

staff unavailability due to annual leave. This is as result of staff moving as part of the midwifery rotation programme, and having annual leave granted in their previous clinical area, which is then honoured in their new area, leading to an overall increase in annual leave granted.

Temporary Staffing hours

Bedford Temporary Staffing Use

| | Agency | Bank | Unfilled |
|---------------------------------|---------------|-------------|-----------------|
| Delivery Suite | 357.8333 | 784.0833 | 1467 |
| Orchard Maternity | 574 | 330.9167 | 1470.5 |
| Continuity of Carer Team | 0 | 41.5 | |
| Community | 0 | 741.75 | |
| Grand Total | 931.8333 | 1898.25 | 2937.5 |

Luton Temporary Staffing Use

| | Agency | Bank | Unfilled |
|--|---------------|-------------|-----------------|
| Ward 32 (Mat 1st Floor) | 0 | 384.5833 | 222.4167 |
| Ward 33 (Mat 2nd Floor) | 46 | 377.6667 | 566.5 |
| Delivery Suite | 0 | 1205.417 | 1444.25 |
| Delivery Suite MCA | 0 | 555.5 | 221 |
| Community East Team | 0 | 396.6667 | 5 |
| Community South Team | 0 | 148 | 22.5 |
| Community West Dunstable | 0 | 149 | 2.5 |
| Community West Leighton Buzzard | 0 | 8.75 | 7.5 |
| Grand Total | 46 | 3225.583 | 2491.667 |

The Agency spend noted on Ward 33 (Postnatal Ward), is for the Registered General Nurses that are used to support midwifery staffing numbers on the Postnatal Ward

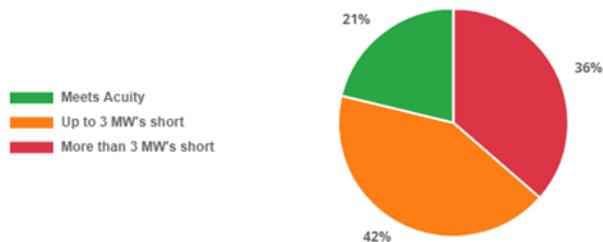
BR ratio – funded and actual for the month

| Site | No. of Births for June | BR ratio Actual | Actual clinical WTE | BR ratio Funded | Funded clinical WTE |
|---------------------------------|-------------------------------|------------------------|----------------------------|------------------------|----------------------------|
| Bedford site | 215 | 1:32.3 | 79.83 | 1:24 | 107.54 |
| Luton and Dunstable site | 429 | 1:32 | 162.3 | 1:25 | 195.64 |

Birthrate Plus Acuity App

The Birthrate Plus Acuity Tool supports the “real time” assessment of workload in the Delivery Suite, arising from the numbers of women needing care and their condition on admission and during the process of labour and birth. Hourly assessments can be produced by the numbers of midwives needed in the Delivery Suite to meet the needs of women, based on the minimum standard of 1:1 care for all clients and increased ratios of midwifery time for women in the higher need categories. The acuity system also provides a measure of classifying other women admitted to the Delivery Suite who do not give birth at the time, and allocating ratios of midwifery time required. The Ward Acuity Tool provides a prospective assessment of staffing in relation to workload and collates the data entered to produce summaries to show trends and actions taken.

Total percentages



Delivery Suite Acuity Data

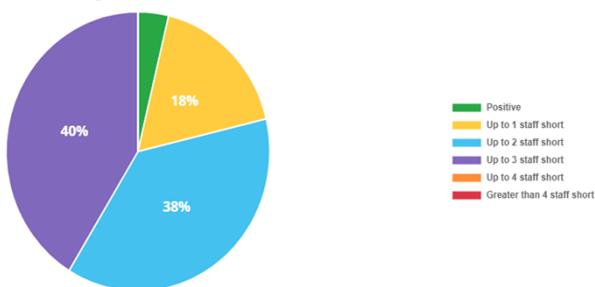
The Delivery Suite Acuity Tool on the Luton site showed that, over a 4 week period in June, for 21% of the time the staffing levels met acuity, 42% of the time, the staffing was up to 3 midwives short and for 36 % of the time, the staffing was more than 3 midwives short for the acuity of patients within the Delivery Suite and Triage. The data demonstrated an overall reduction in the number of midwives available on Delivery Suite to match the acuity of the women coming through the service during the month. The findings correlate with the slight drop in RM hours worked noted on page 3 of this report. There was 98.8% compliance with data collection.

The Team implemented measures to support staffing during periods of high escalation in line with the maternity escalation policy as noted further on in the report.

The Trust aims to ensure that women in established labour receive 1:1 care. This is monitored on a monthly basis. June's 1:1 care in labour was 99.3% at the Luton & Dunstable Hospital. There were 3 women who did not receive 1:1 Care in labour, due to one women giving birth before arrival onto Delivery Suite, one woman had an urgent caesarean section and one woman due to staffing issues. In the month of June, at Luton and Dunstable, there was a Band 7 midwife in charge of every shift. However, there were 10 out of 180 possible reporting occasions on the acuity app when the coordinating Band 7 was not supernumerary. This equates to a compliance of 94.4% with a coordinating Band 7 supernumerary status. Appropriate escalation was followed to facilitate the Band 7 returning to a supernumerary role as soon as possible.

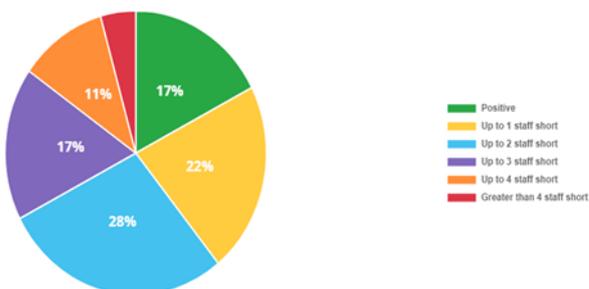
Ward 32

Analysis of Staffing Numbers From 01/06/2021 to 30/06/2021



Ward 33

Analysis of Staffing Numbers From 01/06/2021 to 30/06/2021



Antenatal (Ward 32) and Postnatal (Ward 33) Ward Acuity Data

The Ward 32/Ward 33 Acuity data is noted above. The Clinical Midwifery Manager for the Wards has worked with the Teams to improve compliance with the recording of extra care data and exceptional care data. This will support the reporting of acuity versus staffing. The data completion compliance on Ward 32 has increased to 90%. Further work is required with the Team on Ward 33 as the compliance with completing the Acuity tool is currently 51%. Completion of acuity tool data on Ward 33, may have been impacted by the movement of staff from this ward to support Delivery Suite, with staff that are not used to completing the acuity tool providing backfill on Ward 33.

Current gaps in staffing on Delivery Suite, Ward 32, Ward 33 as well as the community services are being managed in line with the escalation policy as noted below:

- Maternity escalation policy is in place within maternity services to support the staff when a staffing deficit is identified
- Specialist midwives across the service have been placed on a 'shadow rota', to support forward planning when gaps in staffing are identified, as well as supporting at times of escalation.
- The Midwifery Managers and Matron work clinically and attend the maternity unit out of hours to support the services if needed
- Ongoing planned weekly review of staffing and four hourly monitoring, during periods of high activity or staffing deficit
- A forward plan review of weekly staffing and elective workload across the service and working with Consultant Obstetricians to ensure prioritisation based on clinical needs
- Newly qualified midwives are joining the clinical teams as soon as they receive their pin number

Red Flags

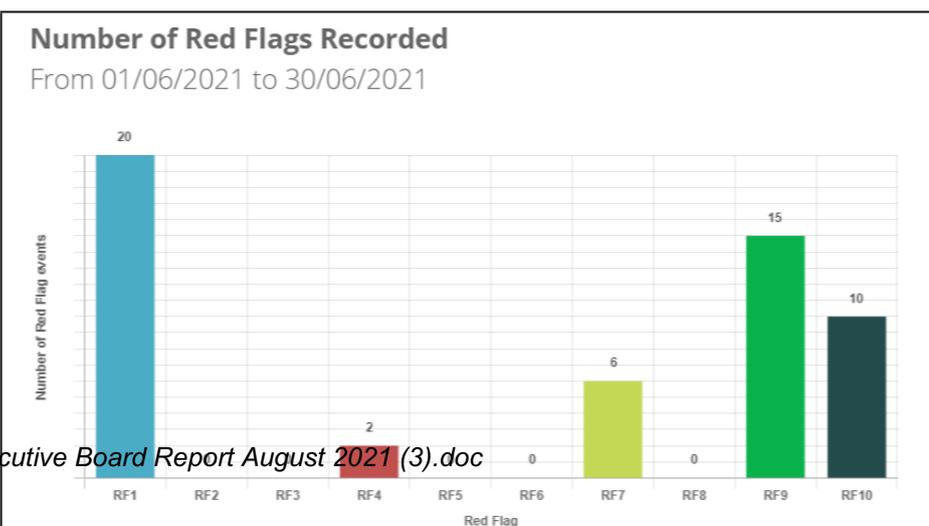
Luton and Dunstable site – Red Flags

The Team are working on streamlining the Red flag reports. Currently women having delayed transfer to Delivery Suite as part of their induction of labour, are being counted on Ward 32 as well as Delivery Suite. Therefore, for the purposes of this report, please note only the Red flags on Ward 32 for delay transfer to Delivery Suite as part of ongoing induction of labour

Red flags

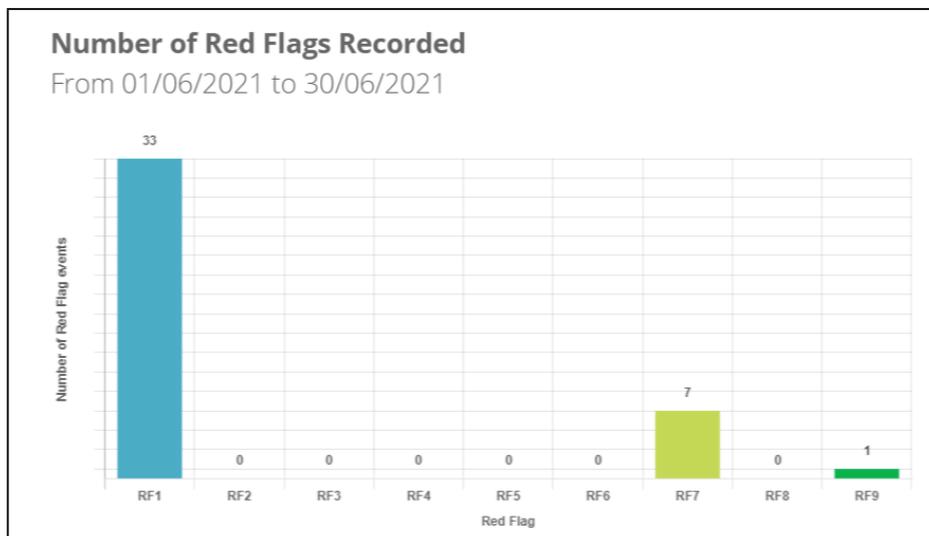
| | |
|--|--|
| Delayed or cancelled time critical activity | Full clinical examination not carried out when presenting in labour |
| Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) | Delay between admission for induction and beginning of process |
| Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication) | Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output) |
| Delay in providing pain relief | Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour |
| Delay between presentation and triage | Coordinator not able to maintain supernumerary/supervisory status |

Delivery Suite



| Definition of Red Flag | Number | Comment |
|--|--|--|
| Delayed or cancelled time critical activity. This appears to mainly occur due to delay in transfers of ongoing inductions of labour from the Antenatal Ward to Delivery Suite due to capacity and staffing | 20 (also counted on Ward 32 Red Flags data) | On-going review of women awaiting transfer to Delivery Suite to continue with induction of labour Individualised monitoring plans with daily obstetric reviews for women while awaiting transfer to Delivery Suite Neighbouring Units contacted to facilitate transfer of women if they are able to accept |
| Delay in providing pain relief due to midwifery staffing | 2 | Escalation process followed |
| Delay between admission for induction and the beginning of the process | 6 | Women admitted onto Triage Ward to have their induction of labour. Delays in commencing IOL are at times when there is high activity on the Triage Ward. Staffing template increased to 3 midwives per shift during the day to support timely care for women presenting for induction of labour |
| Occasions when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour | 15 | This occurs intermittently during times of high activity or staffing challenges and is resolved using the escalation process. On reviewing the women's birth details on CMIS system only 3 women are noted not to have had 1:1 care in labour as noted in the section above. |
| Occasions when the Coordinator was not able to maintain supernumerary / supervisory status | 10 | Escalation processes implemented to support the coordinating Band 7 to return to supernumerary status as soon as possible, including the Manager on call attending on site if required out of hours. |

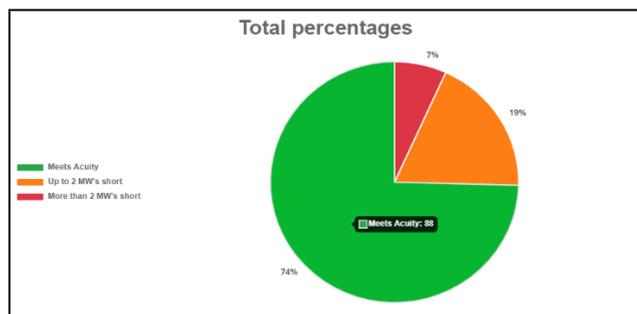
Ward 32



| Definition of Red Flag | Number | Comment |
|--|---|--|
| Delayed or cancelled time critical activity. This appears to mainly occur due to delay in transfers of ongoing inductions of labour from the Antenatal Ward to Delivery Suite due to capacity and staffing | 33 (includes women counted on Delivery Suite Red Flags Data) | On-going review of women awaiting transfer to Delivery Suite to continue with induction of labour Individualised monitoring plans with daily obstetric reviews for women while awaiting transfer to Delivery Suite Neighbouring Units contacted to facilitate transfer of women if they are able to accept |
| Occasion when 1 midwife was not able to provide continuous one-to-one care and support to a woman during established labour | 1 | This is care provided on the Antenatal Ward while awaiting transfer to Delivery Suite, therefore midwife was not able to provide 1:1 care as she was responsible for other women on the Ward. |
| Delay between admission for induction of labour and the beginning of the process | 7 | Delay due to high activity. Women seen timely on admission, and fetal wellbeing checked. |

Bedford Site Staffing Number Analysis – Birth Rate Plus Acuity App Data

Delivery Suite – June 2021

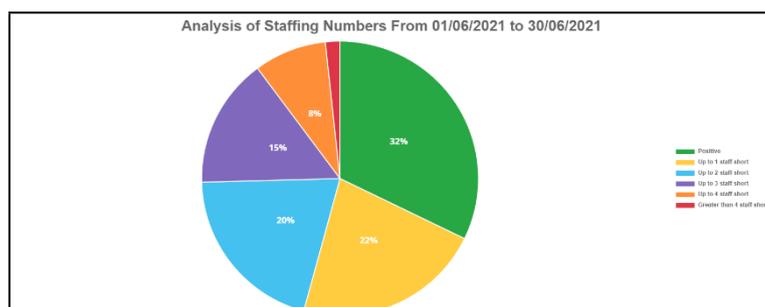


On Delivery Suite, the acuity was met for 74% of the time. Specialists Midwives are supporting across the rotas, Matrons hours are being worked flexibly to support the service also. Long line agency is currently in usage and recruitment to bank only working is ongoing.

At the Bedford site there were 3 women that were recorded (via CMIS) as not having 1:1 care, however of these cases, 2 were BBA cases (albeit 1 was talked through the birth on the phone and the midwives arrived 2 minutes after baby) and 1 case of a woman in A&E with COVID where a response for attendance was immediately actioned, these cases have therefore been removed from the dataset as ineligible for June.

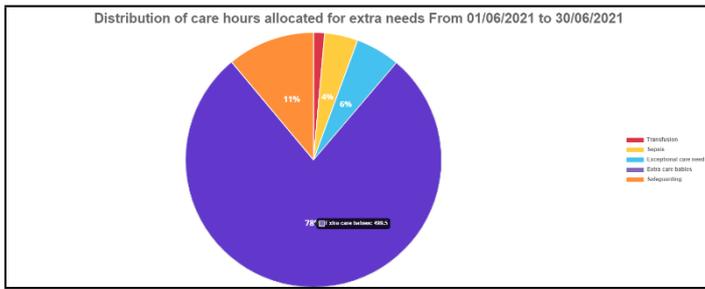
In the month of June, on the Bedford site, the supernumerary status of the Band 7 Delivery Suite coordinator was maintained 97.22% of the time. There were 5 recorded occasions in the month of June, where this was recorded as not in place.

Orchard Ward – June 2021



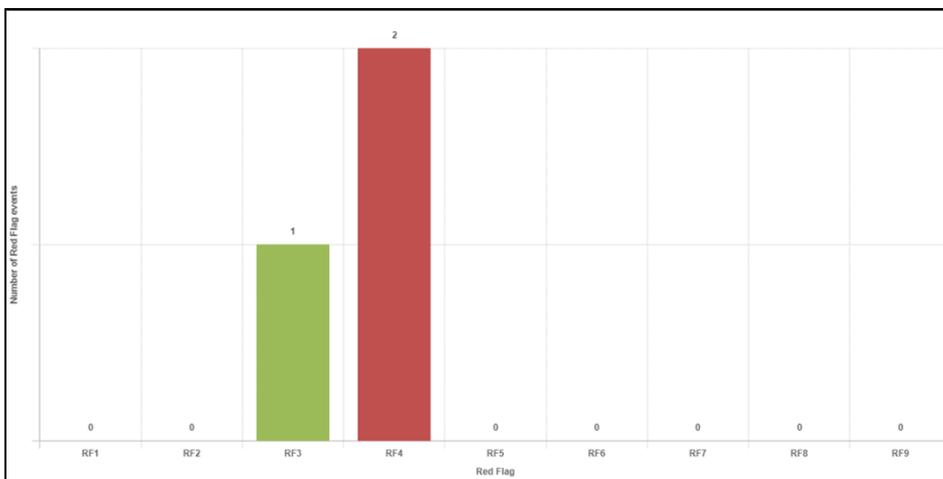
On Orchard Ward the acuity was met for 32% of the time. Further analysis of care is as follows.

Orchard Ward Care hours – June 2021



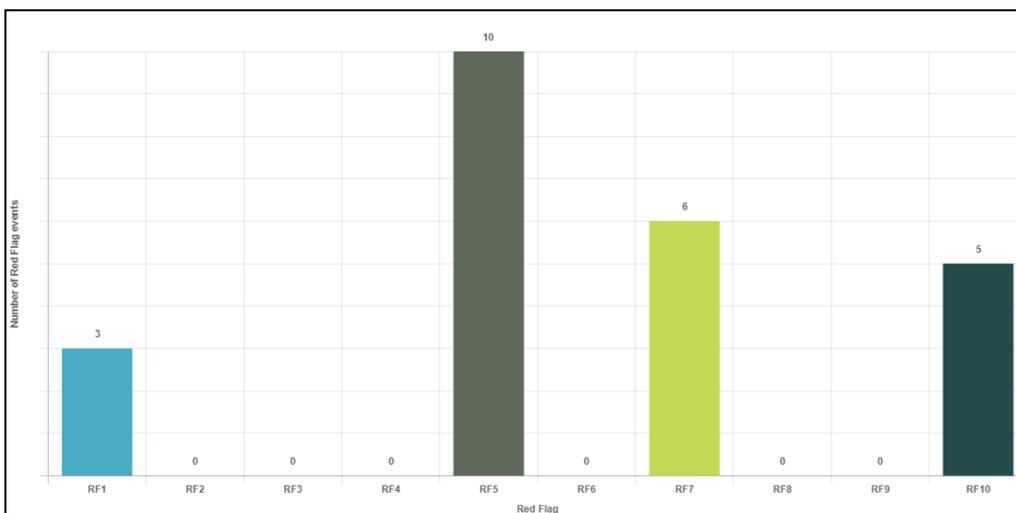
On Orchard Ward the extra care hours for babies remains high as in previous 2 reports. An initial meeting to explore Transitional Care working was held on 13th July 2021 with the neonatal team. Definitions of TC criteria are being explored and the model of work for TC is under review. A follow up meeting is planned toward the end of July.

Red Flags – Orchard June 2021:



1 red flag for missed medication
2 red flags recorded for delay in pain relief

Red Flags – Delivery Suite June 2021:



3 red flags for delayed or cancelled time critical activity
10 red flags for delay between presentation and triage
6 red flags for delay between admission and induction
5 red flags for coordinator not being able to maintain supernumerary status

The senior Midwifery team are working on the shared learning of the Red flag reports within an agenda item of the prospective staffing meeting chaired by the Deputy Head of Midwifery.

Workforce / recruitment

Short Term Recruitment plans – Luton Site

- 2 open days completed in June and July 2021 and 21.44 wte newly qualified midwives offered jobs on completion of their midwifery training. They will be joining the workforce in September/October 2021.
- 1 wte Band 6 midwife recruited into Antenatal Clinic
- Advert currently out to cover the gap of 10 wte MCA's.
- The bank late shift at 20% was agreed with effect from 25th November 2019 to support the service, to support the cover of the late shift. This is being monitored on a monthly basis. Overtime enhancement in place in line with the Trust
- HoM working with trust recruitment team to bring Agency Midwives in to the Maternity Unit to support the staffing gaps.

Long Term Recruitment Plans – Luton Site

- Consultant Midwife and Education team have reviewed the Preceptorship pathway, making it skills based. This will support retention as newly qualified midwives can be recruited directly into continuity teams.
- A Birthrate Plus review was commenced in June 2021. This will inform the required midwifery ratio's to support the service.
- Recruitment of EU/overseas qualified midwives already on the NMC register with a bespoke preceptorship programme in progress.
- Recruitment directly into continuity of care teams.
- We have 30 1st year students from the UOB and 4 students from University of Hertfordshire, who will potentially join the Midwifery Workforce on completion
- We have one 21 month student from Hertfordshire who started in January 2021
- We have student midwives who come from Hertfordshire University on the Luton site.
- A consultation paper has been drafted to put all the midwives in the service on an on call system to support the service in times of escalation. The management team are waiting for HR advice to progress on the Luton site.
- Additionally, midwives are supporting a 90/10 skill-set across the service.
- The HEE bid for the MSW workforce Strategy was successful. The Project Lead Manager has been recruited to help with scoping the MSW role across the LMS.
- An expression of interest has been sent into HEE for the part funded return to practice midwifery programme.

Vacancy and short term Recruitment plans – Bedford Site

Posts currently out to advert:

- Band 7 Safeguarding Midwife
- Band 7 Patient Experience midwife
- Band 6 Registered Midwife (rolling advert)
- Band 7 Community Team Manager
- Band 6 home birth team midwife
- Bank Midwife (rolling advert)

- **Interviews:**
- Perinatal Mental Health Midwife – appointed
- Delivery Suite Ward manager – interview arranged
- Bank Midwife –appointed

- **New starters in July:**
- B5 x Staff Nurses:

- **New starters in August:**

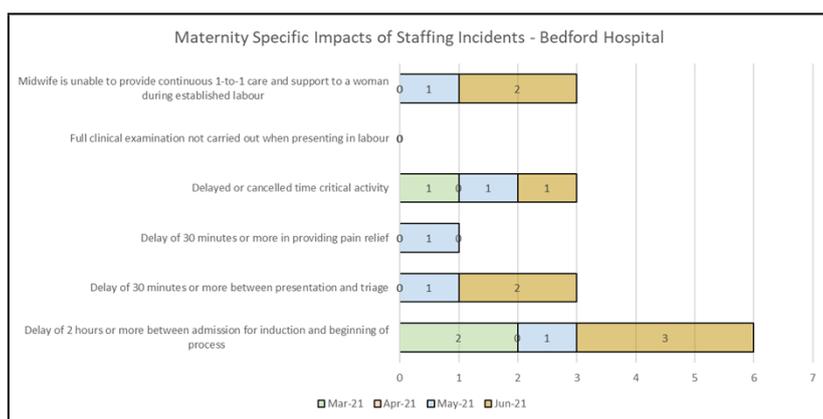
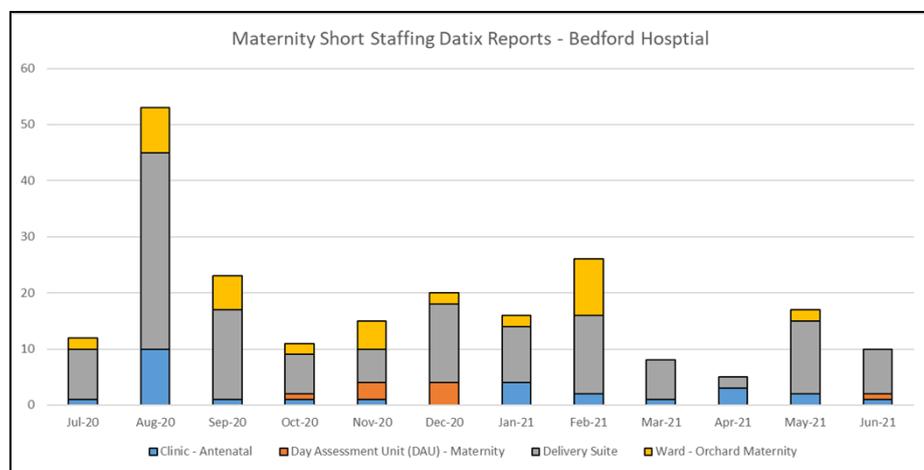
- Fetal monitoring midwife
- Audit & Guideline Midwife
- **New Starters in September/October:**
- 14 NQM's from recruitment open day. We are holding monthly 'Keep Warm' sessions looking at various elements of midwifery from PMA sessions to HR issues. These will continue through the summer months until they start in post

Long Term Recruitment Plans – Bedford Site

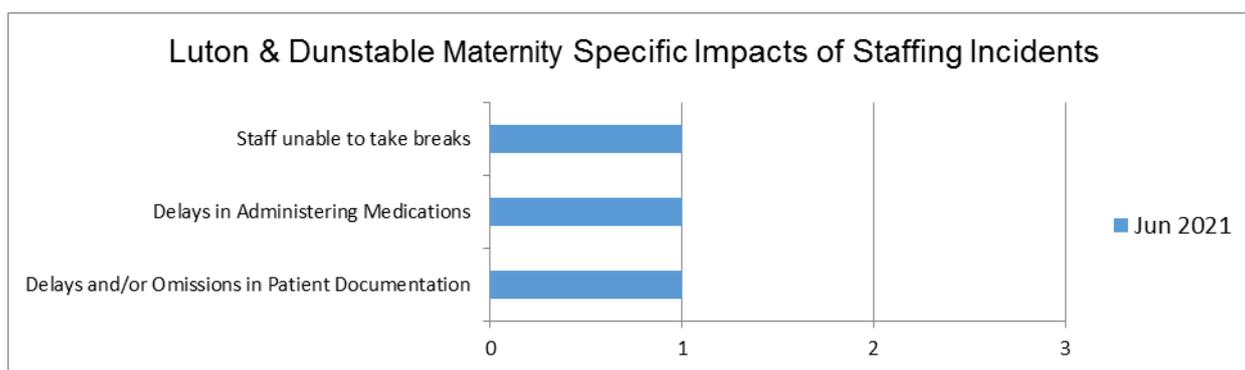
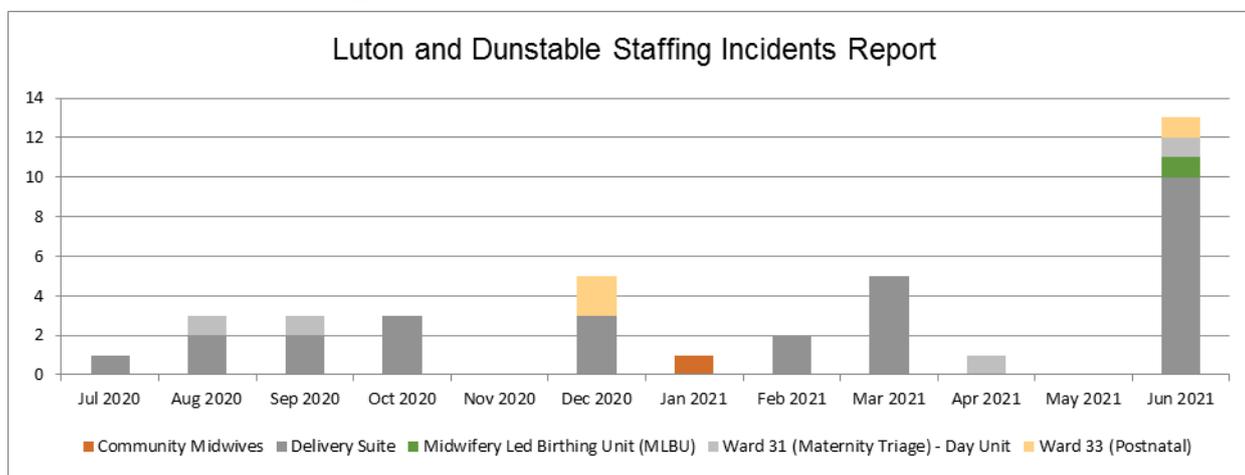
- Exploring opportunities with Return to Practice funding applied for with HEE
- A Birthrate Plus review is in the process of being planned. This will inform the required midwifery ratio's to support the service.
- Recruitment of EU/overseas qualified midwives already on the NMC register with a bespoke preceptorship programme.
- Head of Midwifery part of national retention Workstream
- Director of Midwifery part of national overseas recruitment national Workstream

Staffing Datix's and In-utero transfer support

Bedford Hospital



Datix reporting around staffing has oversight from the Head of Midwifery and all Datix's raised are reviewed to ensure appropriate escalations are in place and no harm or near misses are identified as a result. We are currently working toward a SOP for our DAU (day assessment unit) on the Bedford site to ensure closure of the service (if required) is done with operational consistency. The incidents of being unable to provide 1-2-1 care have been recorded as on 3 occasions, which correlates to the findings from the CMIS report, which was discussed on page 12.



On the Luton Site, there were 13 Datix's related to staffing issues. This was an increase from the previous month. Staff are encouraged to follow the escalation policy and mitigation is implemented in line with the escalation policy.

| Datix Theme | Total No. of Datix's |
|--|----------------------|
| Community Midwife called to support service in escalation | 3 |
| Reduction in Midwifery staffing on Labour Ward as unit in escalation, resulting in insufficient number of midwives to meet acuity. | 5 |
| Midwife unable to go off at end of the shift | 2 |
| Continuity of Care Midwife called to support traditional Community Midwifery service | 1 |
| Caring for 3 women | 1 |
| Increased workload in the Community | 1 |

In-utero Transfer Refusals due to Staffing

There were 9 in-utero transfer refusals in June 2021 at Luton and Dunstable due to staffing.

Information Governance (IG) Quarterly Board Report July 2021

| | |
|---|--|
| Purpose of this report: Report by: | <ul style="list-style-type: none"> • Update, information & awareness • Heidi Walker Head of IG/Data Protection Officer |
|---|--|

Data Security & Protection Toolkit (DSPT)

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

To achieve Standards met compliance The Trust must meet the requirements of all assertions.

88 of 110 mandatory evidence items provided.

The Trust published the assessment on the 30th June with an accompanying improvement plan

The Trust received a response from NHSD stating they are not willing to change our compliance to standards partially met as the amount of incomplete assertions exceeds their policy. If we were to have 15 or less then they would look to change their position and our compliance.

Being standards not met compliance has the potential to negatively impact other organisations signing sharing agreements with The Trust. It also has a knock on effect of other areas such as research funding. Trial sponsors have a checklist of requirements that Trusts need to meet before they approve a research site - one of these requirements is 'Standards met' DSPT

The team have highlighted 8 assertions that can potentially be targeted and are currently awaiting a response to confirm this is manageable operationally within a short time span.

A progress meeting is being held weekly to ensure momentum and when the target is reached the assessment and plan will be resubmitted to NHSD. If accepted The Trust’s position will be changed to Standards not fully met – plan agreed.

The plan will include:

- all the mandatory evidence items where there is a gap between the DSP Toolkit standard and the organisation’s current position.
- the actions required to meet the outstanding evidence item.
- the action owner for each item.
- the expected completion date of the outstanding actions - which should be within 6 months i.e. by 30 December 2021.

Breakdown of Acute Trusts DSPT performance

| 158 Acute Hospitals | Exceed the Standard | Standards Met | Partially Met – Plan agreed | Standards Not Met | Not Published |
|---------------------|---------------------|---------------|-----------------------------|-------------------|---------------|
| | 6 | 84 | 45 | 9 | 10 |

As all NHS Trusts and Foundation Trusts are classified as Operators of Essential Services under the Network and Information Systems (NIS) Regulations 2018. The Regulations require organisations identified as Operators of Essential Services to take appropriate and proportionate measures to:

- manage risks posed to the security of the network and information systems on which their essential services rely;
- prevent and minimise the impact of incidents on the delivery of essential services; and
- report serious network and information incidents that impact on provision of the essential service.

The DSPT is a requirement for Operators of Essential Services to demonstrate their fulfilment of the security duties of the NIS Regulations.

IG Incident Reporting Tool

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

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

ICO communication

We have received 1 complaint in regard to the accuracy of data within a medical record.

A patient's mother raised concerns about the accuracy of her daughter's records, in particular about information contained within a discharge letter.

The complainant has been contacted to ascertain whether they would like a record of this dispute to be held on file within the medical record.

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

Data Privacy Impact Assessment (DPIA)

We do have a robust process in place across both sites ensuring all risks are assessed, logged and monitored; however the process is fragmented and timely. The documentation although fit for purpose is cumbersome and is now being redesigned to streamline the manual process.

The need for a multiuser DPIA solution still remains high on the IG agenda.

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

Data Flow Mapping & Departmental Information Assets

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

The IG team and Cyber have had difficulties sourcing a system that meets the requirements of both IG and cyber. Two systems will be needed to provide The Trust with the assurance it needs for compliance.

Subject access requests (SAR)

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

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

The Teams have made a concerted effort to clear the back log of requests that occurred due to Covid 19 and staff shortages, which in turn has had a positive impact on the 30 day response and compliance has increased across both sites.

In the last quarter 84% of SAR requests were completed within the 30 day deadline which is a 12% increase.

| Year 2020/2021 | | No of requests | | |
|-----------------------|--------------------|----------------|---------|--|
| | | Luton | Bedford | |
| Q1 | April-June | 655 | 351 | |
| Q2 | July – September | | | |
| Q3 | October – December | | | |
| Q4 | January – to date | | | |
| Total Received | | 1006 | | |

| Requests received from | Number of Requests | | | | |
|-----------------------------|--------------------|----|----|----|-------|
| | Q1 | Q2 | Q3 | Q4 | Total |
| Patient | 341 | | | | |
| Court Order/Social Services | 11 | | | | |
| Solicitors | 466 | | | | |
| Health Organisations | 68 | | | | |
| Police | 29 | | | | |
| Coroner | | | | | |
| Government | 66 | | | | |
| Insurance | 10 | | | | |
| Legal | 15 | | | | |

Freedom of Information (FOI)

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

The FOI compliance figures for all FOI requests remain poor. This is partly due to the merging of processes and Covid pressures. The FOI Roles and processes have been reviewed and as part of the new IG structure one full time staff member will coordinate this function.

The Team are working closely with two of the main FOI contributors to improve response times and compliance. Slight changes to process have been implemented which is showing improvement and communication is clearer. The changes are to be carried forward to other departments within The Trust.

The 20 day compliance figures have fallen significantly in the last quarter to 57.15%

| Year 2020/2021 | | No of requests | Breached 20 day deadline |
|-----------------------|--------------------|----------------|--------------------------|
| Q1 | April-June | 127 | 82 |
| Q2 | July – September | | |
| Q3 | October – December | | |
| Q4 | January – to date | | |
| Total Received | | 127 | |

Request Breakdown

| | |
|--------------------|----|
| Commercial | 30 |
| Media | 22 |
| NHS | 5 |
| Students | 2 |
| Public individuals | 65 |
| MP's | 2 |
| Staff | 1 |

Mandatory IG Training

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

The current percentage of staff compliant with annual IG training is 75%

To raise IG training figures and continue to support social distancing measures the IG team continues to offer an IG training booklet to staff that cannot or are having difficulty with logging onto ESR.

The IG team have been working closely with Training and Learning and have now completed several virtual IG training sessions via MS teams. Further work is needed by the training department to ensure these sessions are well attended.

The IG team will continue to actively contact staff members that are non-compliant and guiding them to the most appropriate training.

Induction Training

The IG team are now offering virtual Induction sessions which will also include a dedicated section to cyber.

National Data Opt Out

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

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

The Trust will:

- have a solution in place for compliance in Sept 2021

The Trusts privacy notice will be updated to reflect the change when implemented.

The IG Team

Despite the challenges with home working, merged processes, cross site working, staff shortage and unrelenting deadlines the team are working really well together. Building cross site relationships, communicating and supporting each other amid all the uncertainties and disruption caused by COVID-19.

The IG Structure has been agreed and the consultation period ended on the 6th May, we are aiming to have all staff members (both current and recruited) in post by the end of July 2021.

Board of Directors

Wednesday 4 August 2021

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

| | |
|-----------------------|---|
| Report summary | <p>Quality Summary</p> <ul style="list-style-type: none"> • Falls incidence remains below the RCP national average of 6.63 per 1000 bed days on both sites and has reduced following each period of increased Covid activity. • Incident reporting rates remain within normal variation, with a rising trend. The incident reporting numbers in June show the highest monthly peak within the 24 month reporting period. • 13 Serious incidents have been reported and are currently being investigated. Improvement activity is also noted. • Complaint rates have fluctuated on both sites in the last three months with a more marked variation on the Bedford site. Overall the trust position is stable • Trust performance against the 62 day referral to treatment standard in May 2021 has remained stable, although still significantly below the access standard of 85%, with 68.9% patients across the two hospitals starting treatment within 62 days. • The total number of open pathways continues to grow as referrals return to pre-pandemic levels, although the number of patients over 52 weeks has reduced significantly <p>Finance Summary</p> |
|-----------------------|---|

| | |
|---|---|
| | <p>The Trust delivered a surplus of £0.3m year to date, this is against a £0.3m plan.</p> <p>The Trust's pay spend had a £0.4m adverse variance in month, mainly in medical pay. Non-pay overspends of £0.9m are largely offset by covid testing income £0.9m.</p> <p>Based on estimated M01-3 Elective recovery fund performance, the Trust has recognised £7.1m income within its position.</p> <p>Capital spend is £10.3m against an plan of £83.0m. The Trust is looking to revisit the capital plan, to ensure that it is deliverable in year, and within the CDEL limits imposed.</p> <p>Workforce Summary</p> <ul style="list-style-type: none"> • Between April and May sickness increased slightly (0.21%) to 3.60% but is 2.09% lower when compared to the same period last year (5.69%). • Vacancy rates have increased slightly from 7.33% in May 2021 to 7.82% in June 2021. Please note that the 2021/22 budgeted establishment has recently been agreed and work is underway to reflect this in the Trust systems. This change will be reflected in the next workforce report and will also impact the vacancy level data. • The overall turnover improved during lockdown but is now showing an increase against the same period last year; 13.45% in June 2020 and 14.96% in June 2021. • The overall Agency run rate is 24.1% higher in June 2021 when compared to June 2020 equivalent to 49.9 FTE more agency workers. |
| <p>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</p> | <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> |
| <p>Jargon Buster</p> | <p>Superstranded patients - Someone who has spent 21 days or more in hospital.</p> <p>Nervecentre - An Electronic Patients Record Solution that includes patient observation and clinical care.</p> |

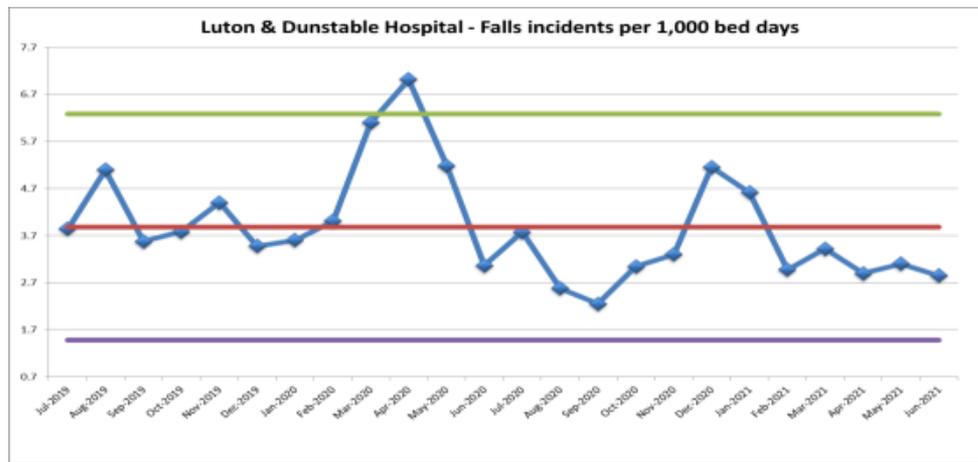


Quality and Performance

August 2021 (April – June)

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

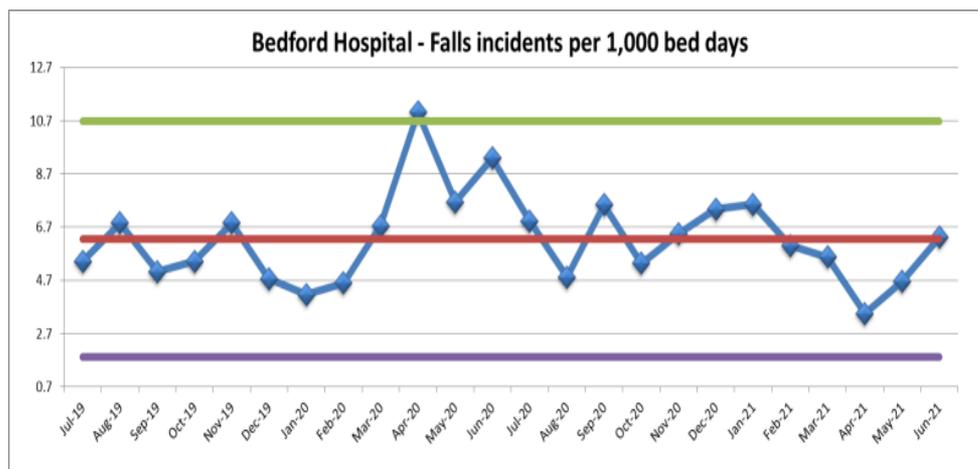
Harm Free Care – Falls



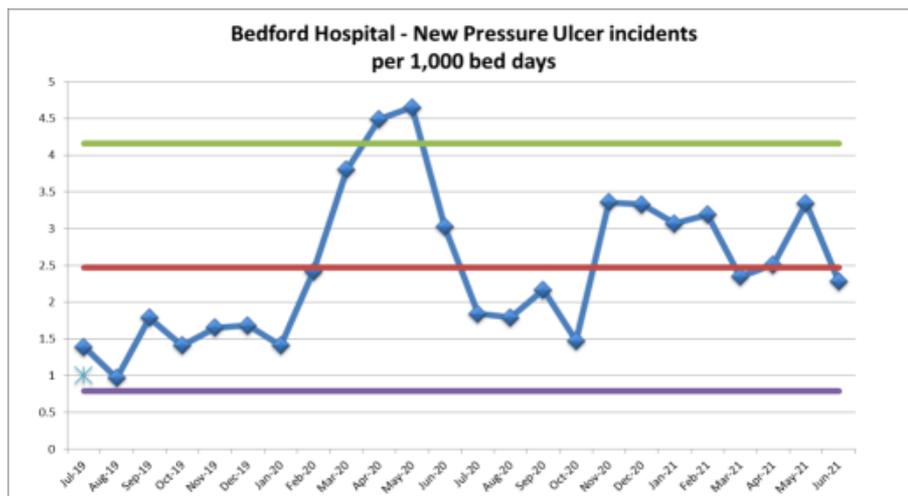
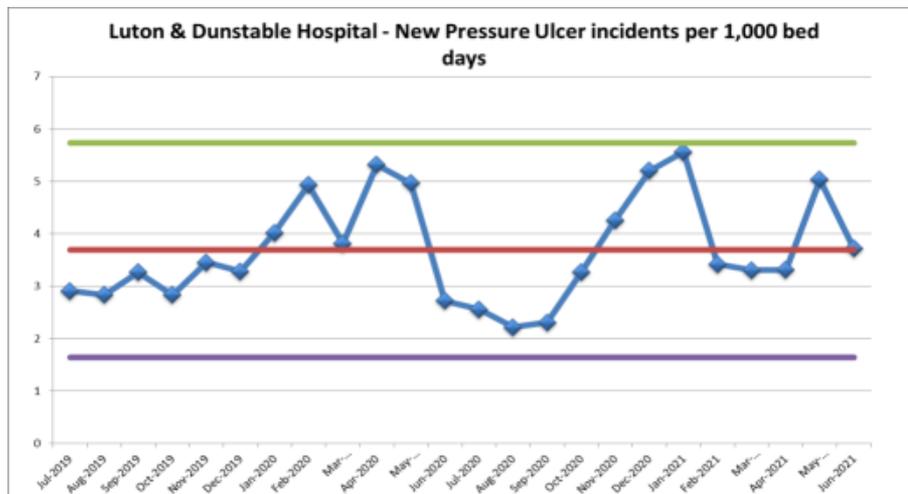
Falls incidence remains below the RCP national average of 6.63 per 1000 bed days on both sites and has reduced following each period of increased Covid activity.

The majority of falls lead to no or low harm with all incidents being reviewed at a local incident review group to ensure early learning and a multi disciplinary Trust wide Falls Steering Group has been established to further embed this.

Falls incidence is slightly higher at Bedford – work is taking place to understand this in relation to the age demographic of the patients enabling focussed improvement activities to be determined.



Harm Free Care – Pressure Ulcers



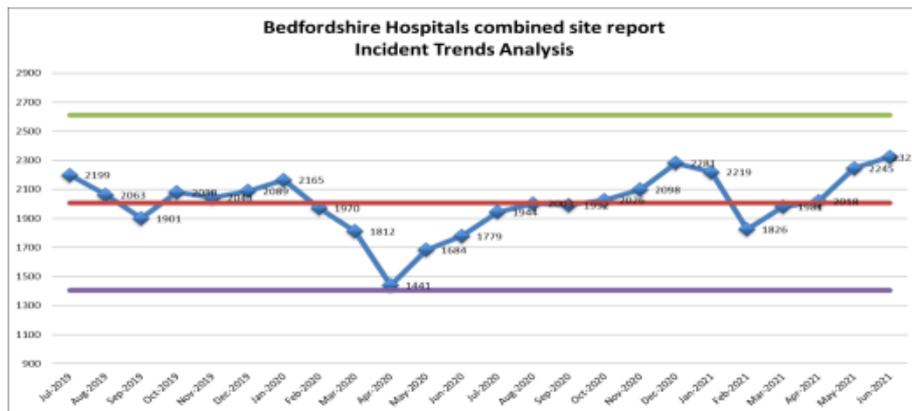
New Pressure Ulcers (those that develop in hospital) have also reduced in line with Covid activity.

All new pressure ulcers are reviewed at a weekly pressure ulcer review group led by senior nursing staff, enabling clinical teams to focus on their harm data, share lessons learned and action changes and improvements identified.

Skin damage caused by medical devices such as oxygen masks has reduced and specific education sessions have been provided that focus on this.

Incident Reporting

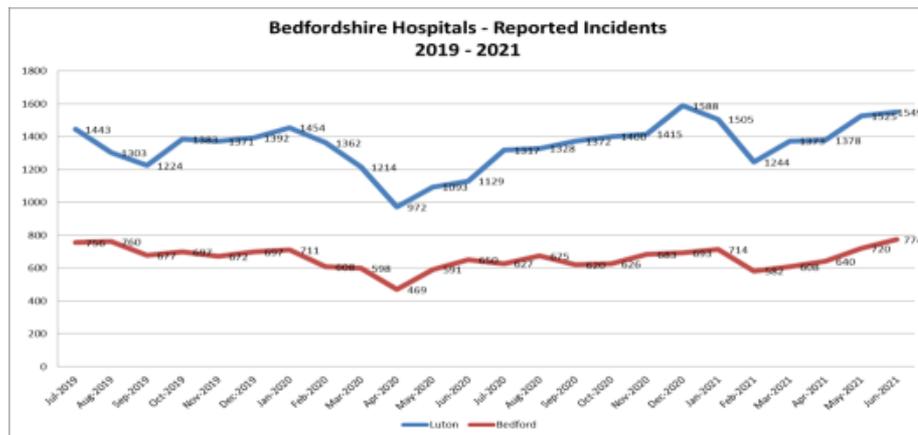
Number of Incidents reported over a two year period up to June 2021 (combined Trust figure)



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

Incident reporting rates remain within normal variation, with a rising trend. The incident reporting numbers in June show the highest monthly peak within the 24 month reporting period.

Number of Incidents reported by site over a two year period up to June 2021 (split by site)



This chart splits and compares the incident reporting at both sites.

Overall reporting trends remain similar. However, reporting at the BH site has particularly contributed to an increase in reporting due to implementation of local incident review processes, by the Head of Governance and clinical risk staff with the local clinical teams.

This increase relates largely to improved reporting of no harm, near misses and low harm incidents.

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 **13** events have been declared as serious incidents across the both Trust sites during April – June 2021 ****Note: Any incidents meeting the criteria for a Healthcare Safety Investigations Bureau (HSIB) incident review are now routinely declared as serious incidents in line with requirements of the "Ockenden" report publication.*

4 Serious Incidents were declared for the Bedford hospital site

- Complications related to PEG feeding* management with a failure to follow correct referral pathway
- Deterioration of patient with abdominal aortic aneurysm**
- A potential failure to recognise and appropriately diagnose a deteriorating patient
- Baby born in poor condition requiring transfer to specialist unit

**A percutaneous endoscopic gastroscopy (PEG) feeding tube is a way to give food, fluids and medicine directly into the stomach by passing a thin tube through the skin into the stomach.*

*** An abdominal aortic aneurysm is a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through the chest and stomach area. An AAA can be dangerous if not spotted in a timely way.*

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

- Failure to recognise deteriorating patient and a potential nosocomial Covid
- A potentially delayed cancer diagnosis
- A potential delay in recognising a deteriorating patient
- A baby born requiring therapeutic cooling x 2 incidents (HSIB Investigations)***
- Baby born requiring transfer to neonatal unit and therapeutic cooling (HSIB case)
- Failure to meet timescales related to Fetal Anomaly Screening pathways
- Potential mishandling of Human tissue
- Failure to diagnose testicular torsion

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:

Recognition of the deteriorating Patient

- Acutely unwell patients not be admitted to Orchard gynaecology ward (BH site) if they require full escalation of care.
- Review of opportunities for clinician education regarding presenting features of HLH**

***Hemophagocytic lymphohistiocytosis (HLH) is a severe systemic inflammatory **syndrome** that can be fatal. The body reacts inappropriately to a 'trigger', usually an infection. Specialised white blood cells (known as T-cells and macrophages) become over-activated, causing severe inflammation and damage to tissues such as the liver, spleen and bone marrow.*

HLH is a rare disease and it can be difficult to diagnose because many of the symptoms can mimic severe infection or other conditions.

In Patient Care

- Opportunity identified for improved communication and "clerking" to ensure all medical teams are fully aware of social history, including alcohol dependency and smoking history in order to put in place appropriate support for patients.

Nosocomial Covid

- Opportunities explored for shared learning with East London NHS Foundation Trust to review issues regarding those patients delayed in hospital due to discharge processes or awaiting bed allocation.

Improvement activity related to previously investigated Serious Incidents (continued)

Never Event – Wrong Tooth Extraction

- Triaging clinician to ensure quality of radiographs provided is reviewed and request repeat where necessary.
- Implementation of a patient friendly dental chart for use in outpatients which will document the teeth for removal. This will be shared and discussed with the patient to further support checking mechanisms for correct extraction.
- Dental chart to now be displayed in the operating theatre at time of surgery and become part of WHO Checklist and 'Stop check'.
- Some local Improvements to the environment and equipment available have been identified and actioned.

Policy and Guideline Compliance

- Non invasive ventilation treatment was not commenced when indicated in line with the Trust guideline. An audit of the guideline is to be undertaken to test compliance and look at opportunities for further improvement requirements.

Drug Error

- Only the pre-diluted form of Metaraminol is now kept within Critical Care.
- Process and system changes implemented to now require co-signing of drugs on Metavision (a clinical information system used in Critical Care)
- Awareness training in surgical clinical governance meetings around exercising caution in the prescription and administration of terlipressin* in patients with a bleed.

**Terlipressin is used as a vasoactive drug in the management of low blood pressure.*

Documentation

- Full documentation of mental health assessment which had been undertaken was not in place. A documentation review audit has been undertaken to understand reasons for non compliance and any improvement actions required.

Surgical Services

- A review of the colorectal multi-disciplinary team meeting with particular consideration of team discussions in complex cases and discussion of the optimal surgical technique to be used
- Broadening of learning and awareness in early recognition and management of venous bowel ischemia
- Clinical teams are reviewing the use of a single care bundle/pathway for management of a patient with Gastro-Intestinal bleed that can include clear record-keeping and documentation of output into one document.
- Awareness training in surgical clinical governance meetings around exercising caution in the prescription and administration of terlipressin* in patients with a bleed.

**Terlipressin is used as a vasoactive drug in the management of low blood pressure.*

Mortality

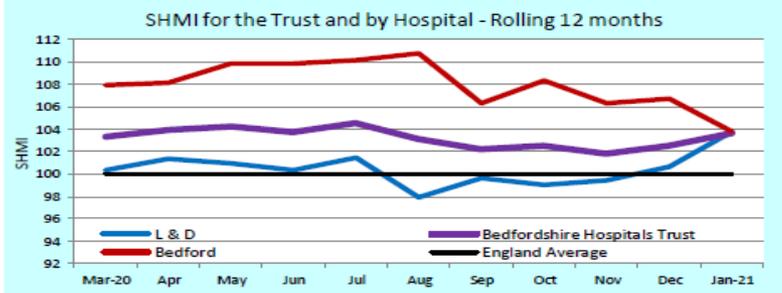
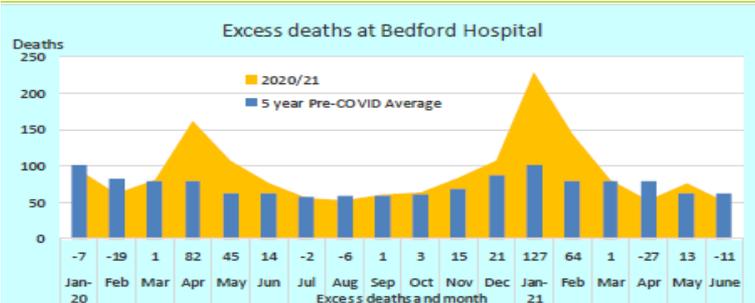
Mortality at Bedford



Mortality at Bedford Hospital – including COVID-19 deaths.

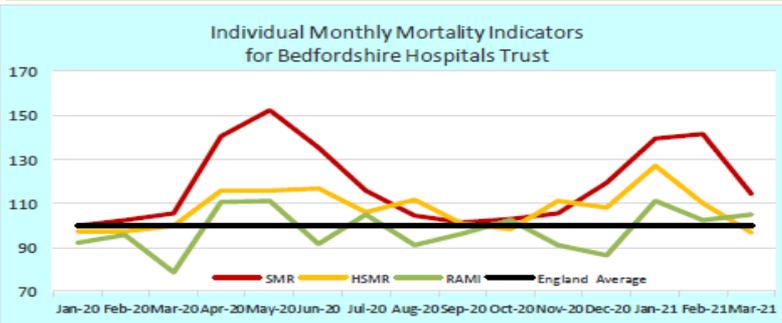
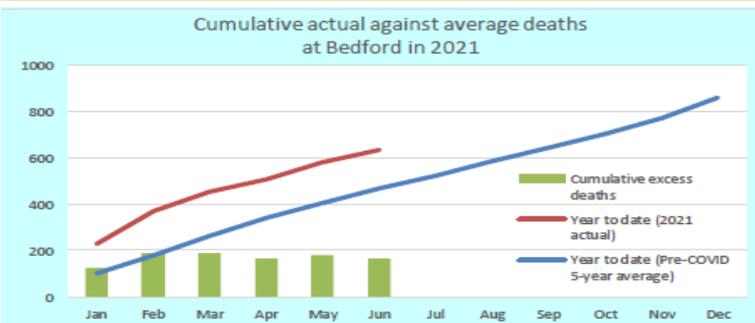
June 2021 saw 52 deaths at Bedford Hospital, the fewest deaths in a single month since October 2016. There were 6 COVID-19 deaths in hospital across the whole of Bedfordshire Hospitals Trust in June bringing the total for the whole of the pandemic to 1337. As shown in the chart below, the total of 52 deaths in June was 11 lower than the pre-pandemic 5-year average for that month.

The latest SHMI data published remains January 2021. SHMI for the year ending January 2021 was 103.6 for the whole Trust, with both hospitals having nearly identical SHMI results – both hospitals being close to 103.8. SHMI includes any deaths occurring in the 30 days after discharge and excludes COVID-19 cases.



The second chart shows the difference between total deaths and the pre-pandemic 5-year average for the whole of 2021 to date. When the 2nd wave of the coronavirus pandemic was at its height in January and February, actual deaths had outstripped expected deaths by 191 for those two months combined. Since then actual deaths have been a little lower than average deaths so that by the end of June total deaths were still 167 higher than the aggregate of average deaths for those 6 months.

Both HSMR and RAMI exclude COVID-19 cases whilst SMR, covering all deaths, includes them. All three indicators have been standardised for age gender and casemix. The chart below show these indicators for the whole Trust for individual months over the last year, the data before April 2020 being retrospectively calculated. The latest figures for March 2021 show an improvement in both SMR and HSMR to 114 and 97 respectively. The latest RAMI for the Trust was 105. For the Bedford Hospital, for March 2021, the SMR was 133 the HSMR 85 and RAMI 137.



Mortality

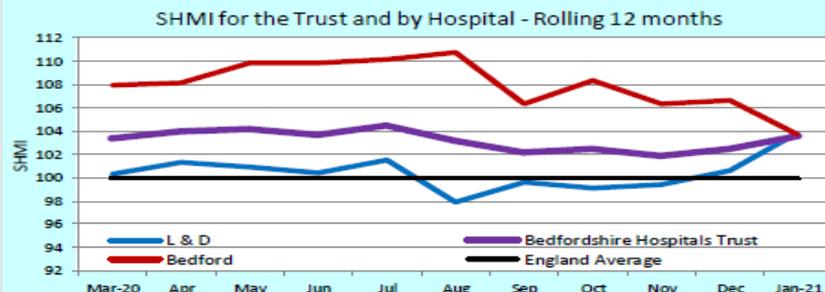
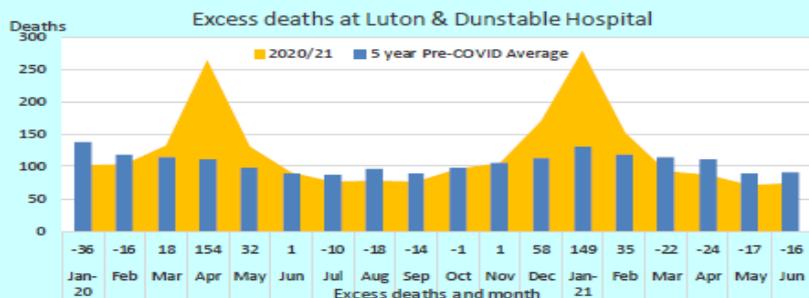
Mortality at L & D



Mortality at Luton and Dunstable Hospital – including COVID-19 deaths.

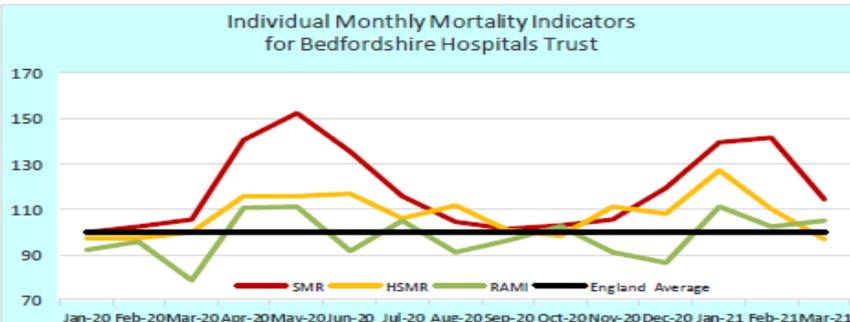
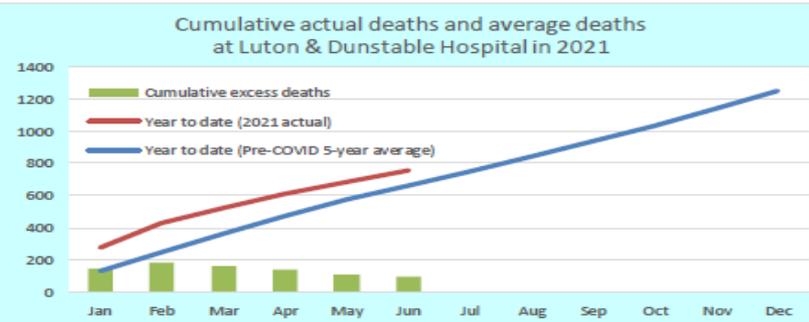
In June 2021 there 74 deaths at the L & D, the second successive month having very low hospital mortality. There were 6 COVID-19 deaths in hospital across the whole of Bedfordshire in June. As shown in the chart below, June's 74 deaths were 16 lower than the 5-year (pre-pandemic) average for that month.

The latest SHMI data published remains January 2021. SHMI for the year ending January 2021 was 103.6 for the whole Trust, with both hospitals having nearly identical SHMI results – both hospitals being close to 103.8. SHMI includes any deaths occurring in the 30 days after discharge and excludes COVID-19 cases.



The second chart shows that in 2021 to date, the difference is shrinking between actual and expected deaths (based on the 5-year pre-pandemic average). When the 2nd wave of the coronavirus pandemic was at its height in January and February, actual deaths had outstripped expected deaths by 184 for those two months combined. By the end of June that difference had almost halved to 95 for the first 6 months of the year. Were the trends of the last 3 months to continue for the rest of the year, 2021 would actually see fewer deaths than the 5-year (pre-pandemic) average.

Both HSMR and RAMI exclude COVID-19 cases whilst SMR, covering all deaths, includes them. All three indicators have been standardised for age gender and casemix. The chart below show these indicators for the whole Trust for *individual months* over the last year, the data before April 2020 being retrospectively calculated. The latest figures for March 2021 show an improvement in both SMR and HSMR to 114 and 97 respectively. The latest RAMI for the Trust was 105.. For the L&D Hospital, for March 2021, the SMR was 110, the HSMR 86 and RAMI also 86.



Complaints – BHNHST

| Complaints | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Complaints: Number received | 72 | 49 | 61 | 77 | 77 | 64 | 59 | 57 | 61 | 57 | 65 | 67 |
| Complaints: Number received per 1000 bed days | 2.9 | 1.8 | 2.2 | 2.7 | 2.8 | 2.2 | 2.0 | 2.2 | 2.2 | 2.1 | 2.2 | 2.3 |
| Complaints: Number of response breaches (over 35 days) | 21 | 25 | 21 | 26 | 44 | 30 | 41 | 35 | 26 | 26 | 19 | 24 |
| Complaints: Number upheld by the Ombudsman | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Compliments: Number received | 92 | 163 | 113 | 115 | 180 | 121 | 114 | 179 | 113 | 313 | 333 | 91 |
| PALs contacts (concerns) | 558 | 593 | 790 | 522 | 472 | 484 | 408 | 496 | 448 | 470 | 441 | 532 |

Complaints

Complaint rates have fluctuated on both sites in the last three months with a more marked variation on the Bedford site. Overall the trust position is stable. Analysis of themes in the last three months shows an increase in concerns raised about clinical treatment across both sites. Other themes remain unchanged and include communication, admissions, patient care, values and behaviour.

Activity in both PALS Teams continues to be busy, figures increased on the previous month. The themes include communication, appointments and clinical treatment. Although communication issues are still prevalent, and the second highest issue reported through PALS, the number of issues recorded has gone down in the last month.

Patient Feedback (National surveys and Friends and Family Test (FFT))

Bedford has implemented the new IQVIA system with a wide roll out and training for staff. This month's report will provide June data for both site with the new system. The response rate will be enhanced by the implementation of limited SMS service for FFT. There has been some increase in FFT activity and engagement from operational managers to better understand and use feedback from our patients and carers.

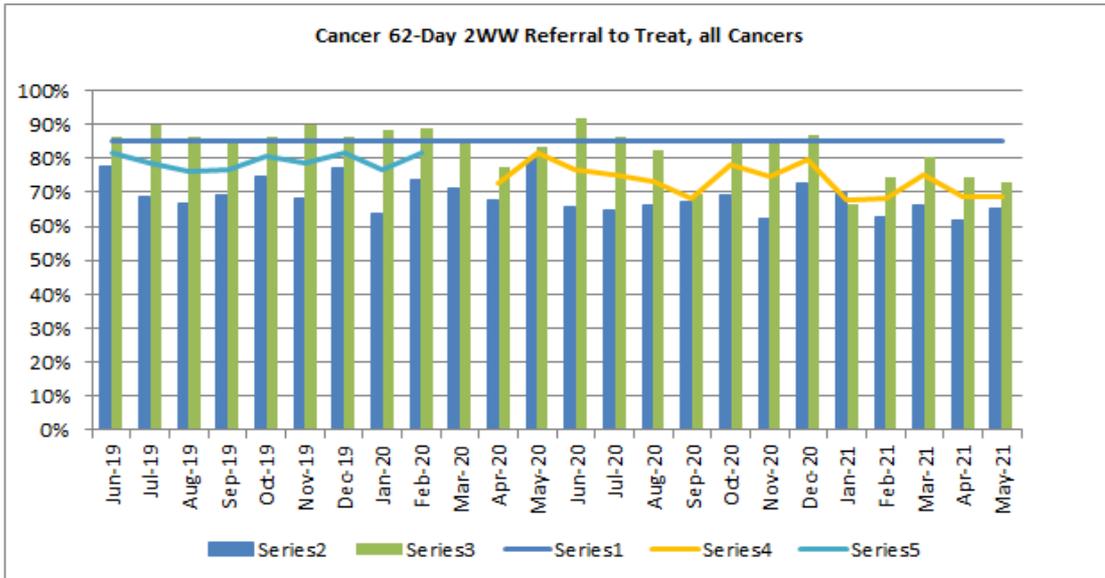
Patient Experience and COVID

Visiting restrictions on the pilot wards worked well and therefore with the lifting of national restrictions, have been cautiously extended to other areas in early July, taking into account national guidance as well as local prevalence of C19.

The inaugural Patient Experience Council cross-site meeting was held recently and the Patient Experience Strategy is ready for sign off by the group. Both site based council meetings have also taken place in Luton and Bedford.



Cancer – 62 Day 2ww Referral to Treat



| | | Mar-21 | Apr-21 | May-21 |
|------------------------|------------------|--------|--------|--------|
| Bedford | Patients treated | 48.5 | 67 | 70 |
| | 62 day breaches | 16.5 | 26 | 24.5 |
| Luton & Dunstable | Patients treated | 82 | 91.5 | 70 |
| | 62 day breaches | 16 | 23.5 | 19 |
| Bedfordshire Hospitals | Patients treated | 130.5 | 158.5 | 140 |
| | 62 day breaches | 32.5 | 49.5 | 43.5 |
| Overall performance | | 75.1% | 68.8% | 68.9% |

May 2021 breaches by tumour site:

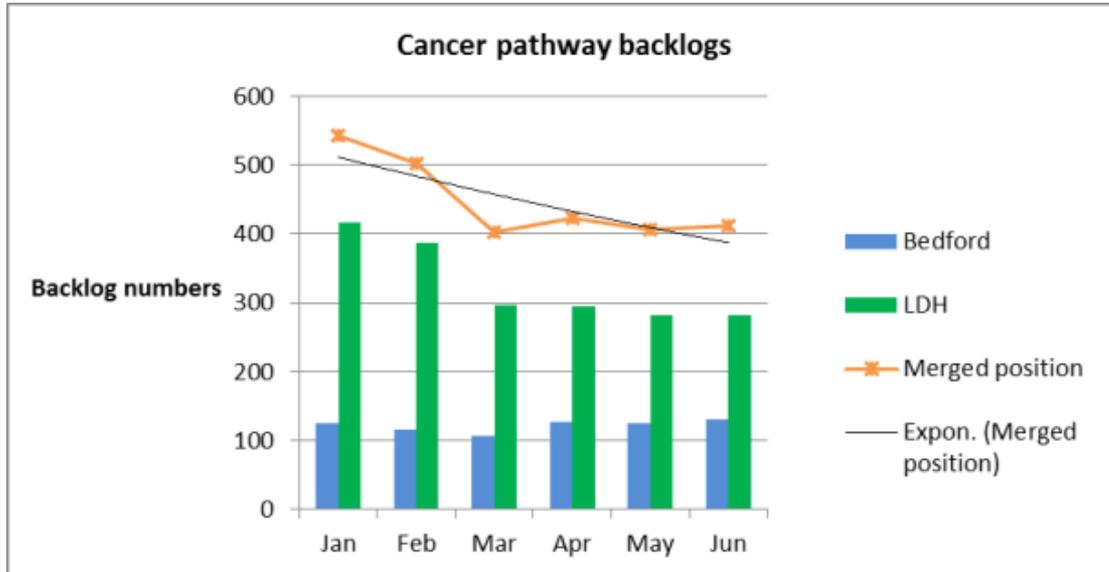
BH: 3.5 Colorectal, 2 Gynaecology, 2.5 Haematology, 3 Head & Neck, 0.5 Lung, 1 Upper GI, 12 Urology
 LDH: 2 Haematology, 5 Head & Neck, 4 Lower GI, 1 Lung, 6 Urology, 1 Upper GI

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

Trust performance against the 62 day referral to treatment standard in May 2021 has remained stable, although still significantly below the access standard of 85%, with 68.9% patients across the two hospitals starting treatment within 62 days. Underlying the Trust-wide performance was an improvement in the Bedford Hospital site performance, with a deterioration at the L&D site due to relatively low treatment numbers.

Of the patients completing treatment in May at the Bedford site, 9 were past 104 days (2 colorectal, 1 haematology, 1 lung and 5 urology). Within 104+ day Urology pathways, two patients were relatively complex diagnostic pathways which involved steps at Addenbrookes, one patient deferred diagnostics until after receiving two Covid vaccines and two patients had a 4 – 8 week period at the beginning of the pathway where a further PSA was planned (needed a 6 week interval) to inform the risk assessment and onwards plan. No patient harm has been identified in any of these pathways.

Cancer – past target patients



Bedfordshire Hospitals currently have a high number of patients remaining in the backlog; this is largely an issue for the Luton and Dunstable Site; although performance is better than the numbers submitted in the ICS trajectory at the start of 2021/22. The numbers have reduced significantly from levels seen prior to the pandemic and continue on a declining trajectory, albeit with slower improvement since April 2021.

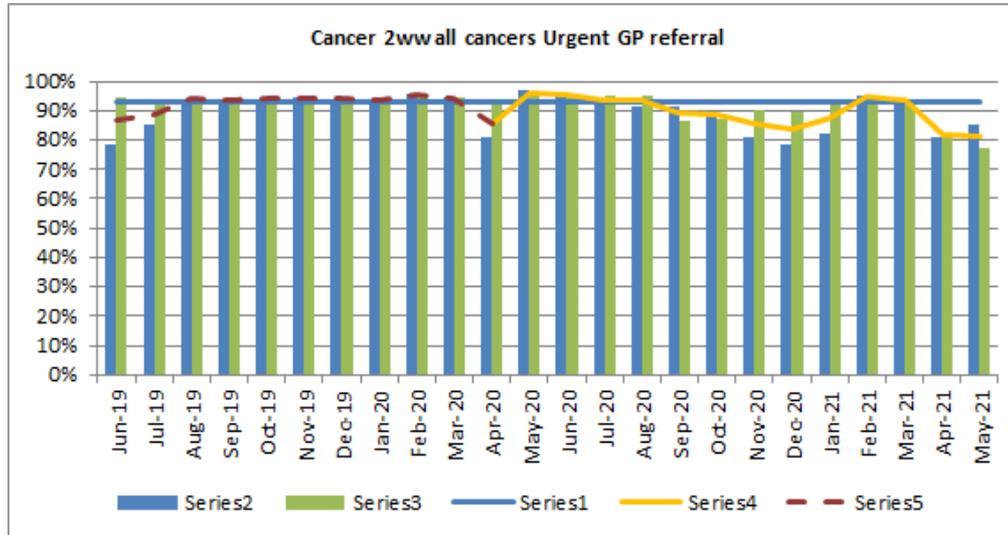
General PTL Management – all patients on the PTL are tracked weekly by the MDT team and discussed at weekly PTL meetings. The past target list is further validated by the senior teams at both sites prior to sitrep submission. Bedford Hospital discusses patients with both clinical and management teams to support removal from pathway or treatment plans as required and a similar process is being established at the Luton and Dunstable.

Currently, within the backlog there are 498 patients across Bedfordshire Hospitals; of this patient group 43 have a confirmed cancer diagnosis; 37 of these have a treatment plan agreed. This means that 455 patients are either still within the diagnostic phase of the pathway or awaiting actions to be taken to remove them from the pathway. Each service at the L&D is being asked to prioritise actions to complete their long pathways and progress is being overseen by the Deputy MD Cancer lead, Deputy CEO and GM for cancer services. The greatest number of these past target pathways currently sit with the Lower GI team, who have been asked to prioritise this work for the end of July 2021.

The cancer alliance and BLMK CCG are keen to see that Trusts have low numbers of patients remaining in backlogs on the PTL past the 62 day treatment target date; BHNNSFT target to reach is no more than 163 past target patients.



Cancer – 2ww Urgent GP Referral



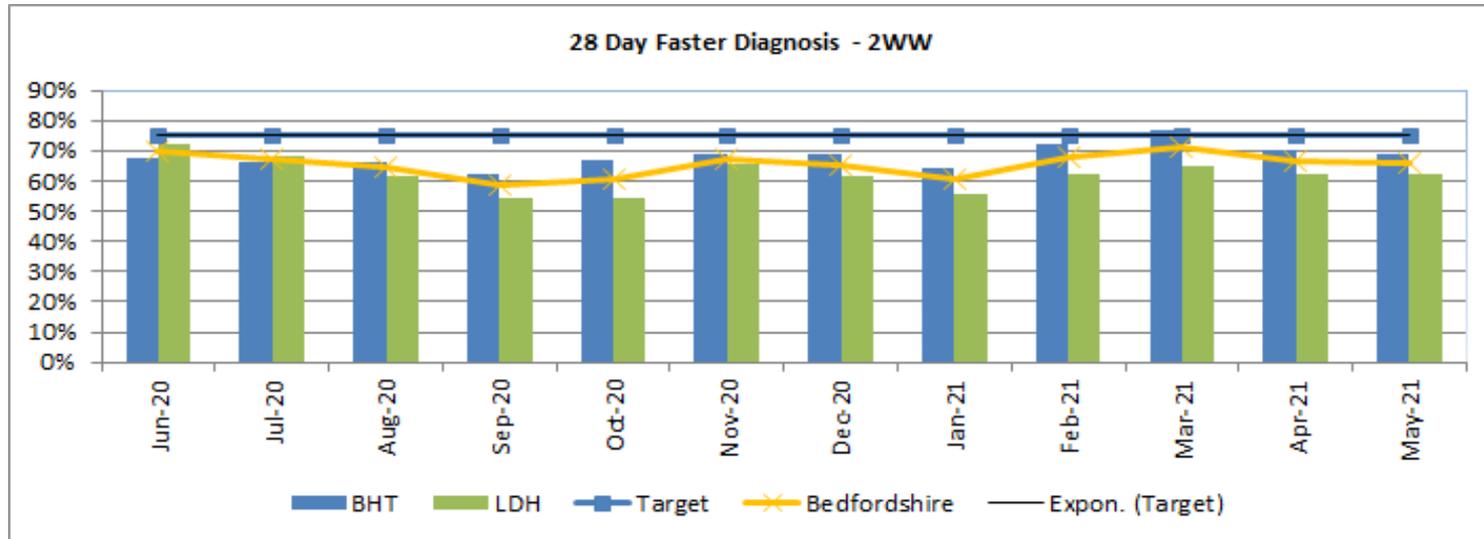
| Last 3 months performance: | | Mar-21 | Apr-21 | May-21 |
|----------------------------|------------------|--------|--------|--------|
| Bedford | Patients treated | 1169 | 1013 | 1061 |
| | 2ww breaches | 74 | 192 | 154 |
| Luton & Dunstable | Patients treated | 1196 | 1010 | 948 |
| | 2ww breaches | 77 | 179 | 218 |
| Bedfordshire Hospitals | Patients treated | 2365 | 2023 | 2009 |
| | 2ww breaches | 151 | 371 | 372 |
| Overall performance | | 93.6% | 81.7% | 81.5% |

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

2WW referrals remained high relative to the number of working days during May 2021, and the performance against the 2ww standard was 81.5%, which was below the national standard of 93%. The number of breaches reduced at Bedford but increased at Luton relative to April 2021 with challenges in Breast pathways continuing. Bank holidays and half term further exacerbated underlying capacity challenges and patient rescheduling.



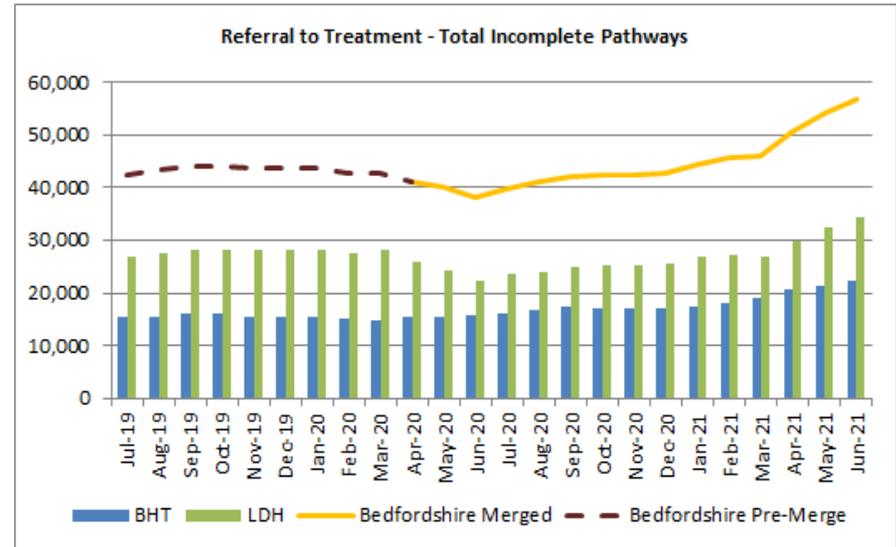
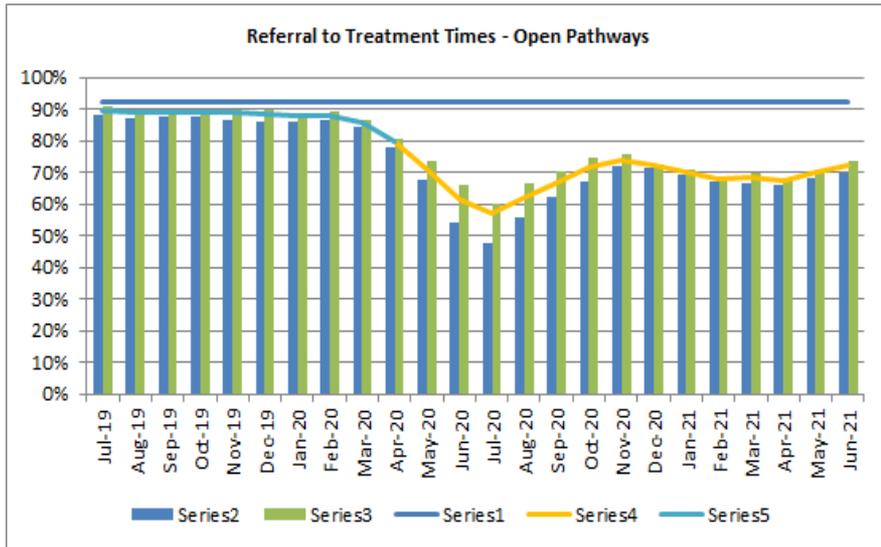
Cancer – 28 day faster diagnosis



28 day faster diagnosis standard (75% operational planning target from September 2021)

Performance against the 28 day faster diagnosis standard deteriorated slightly between April and May 2021. Bedford site achieved 68.8% and Luton site was 62.1% for the month, giving an overall trust performance of 65.8%. (compared to 66.6% in April). With the significant increase in volumes of new referrals and ongoing challenges for diagnostic capacity services are struggling to identify deliverable initiatives to improve this performance, although changes to the straight to test pathway in lower GI and recruitment of a straight to test nurse for gynaecology will make a step change difference once in place. Currently, achieving 75% delivery from September is high risk.

18 Weeks



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

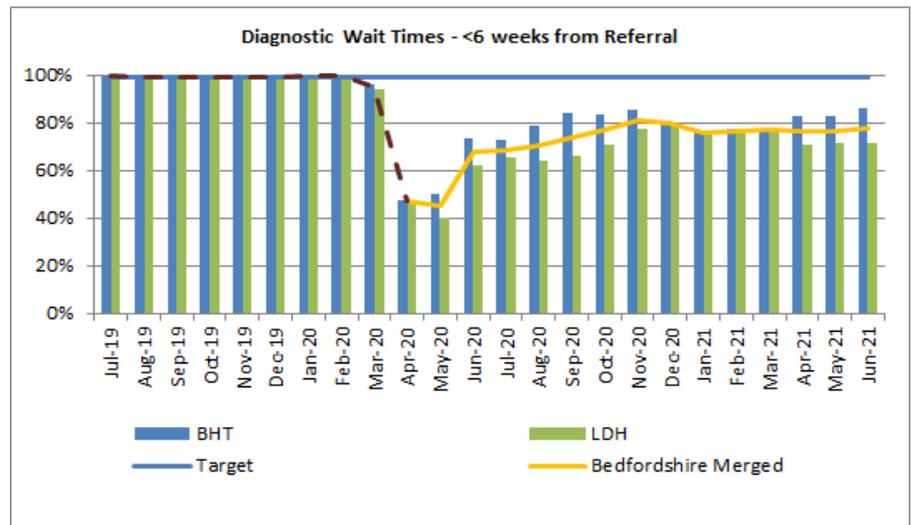
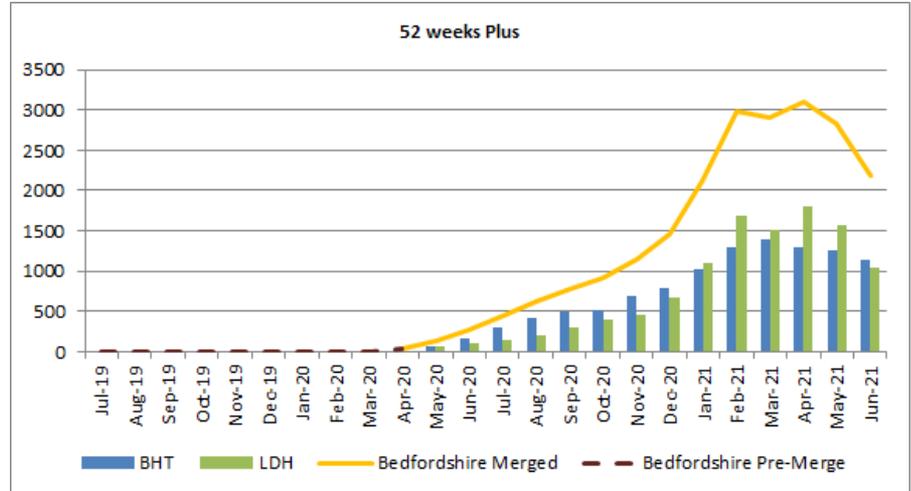
The total number of open pathways continues to grow as referrals return to pre-pandemic levels, although the number of patients over 52 weeks has reduced significantly (see next slide). The growth in the number of patients newly on the waiting list has resulted in another slight improvement in the Trust’s overall performance against the 18 week standard in June 21 with the L&D achieving 73.5% and Bedford 69.6% and both sites at 72.0% (compared to 69.9% at the end of May 21). As the additional capacity continues to open through Independent Sector contracts and additional internal pathways, it is expected that this position will continue to improve, although it should be noted that unless the number of patients with clock stops within 18 weeks increases at a greater rate than the relative numbers of new referrals this will not be a sustained improvement.

18 Weeks

52 Week Plus (Target zero)

The number of patients waiting over 52 weeks for treatment decreased from 2824 to 2192 at the end of June 2021 which is a substantial improvement. It should be noted however that this marks the end of the period of hugely reduced referrals in comparative months in 2020 due to the pandemic. 1143 of these patients are waiting for treatment at the Bedford site and 1049 waiting at L&D.

We are closely monitoring those patients > 78 weeks and although the number has not reduced to the same extent as the >52 week reduction (744 patients as at 19th July 2021), just under 15% have dates for clock-stop and a large number have been offered operations with one of our Independent Sector partners.



Diagnostics

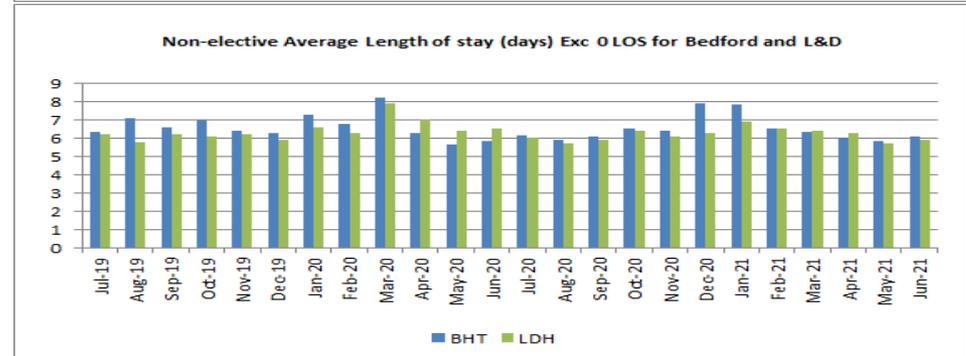
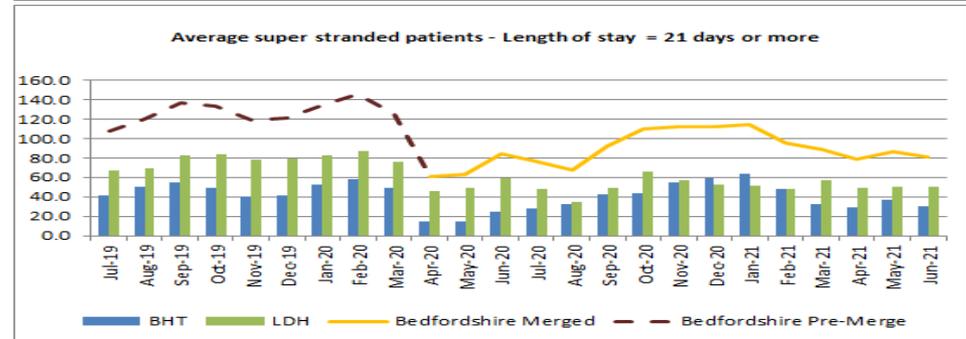
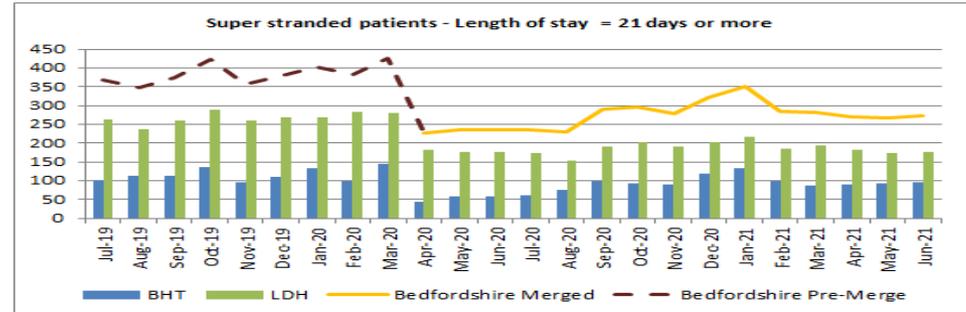
Diagnostic Wait Times - <6 weeks from Referral (Target 99%)

The challenges around our diagnostic routine capacity remain, with broadly stable performance overall. Demand growth for inpatient and 2ww pathways are making recovery of this performance particularly challenging. Overall Trust performance in June was 78.0%; an improvement from 76.6% in May 2021. Ultrasound and Echos are the two main diagnostic modalities with breaches of the 6 week target; an outsourced echo solution is expected to commence in second week of August on the L&D site. Ultrasound capacity has increase by 250 per week, but there is a large routine backlog and ongoing obstetrics pressures.

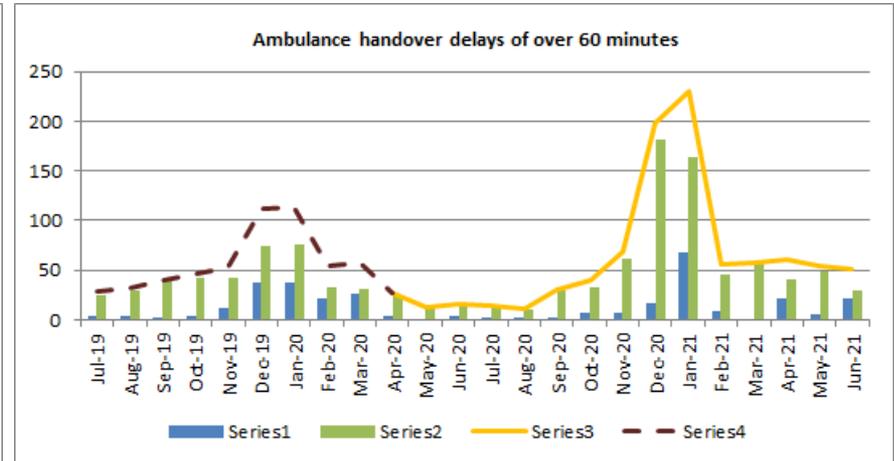
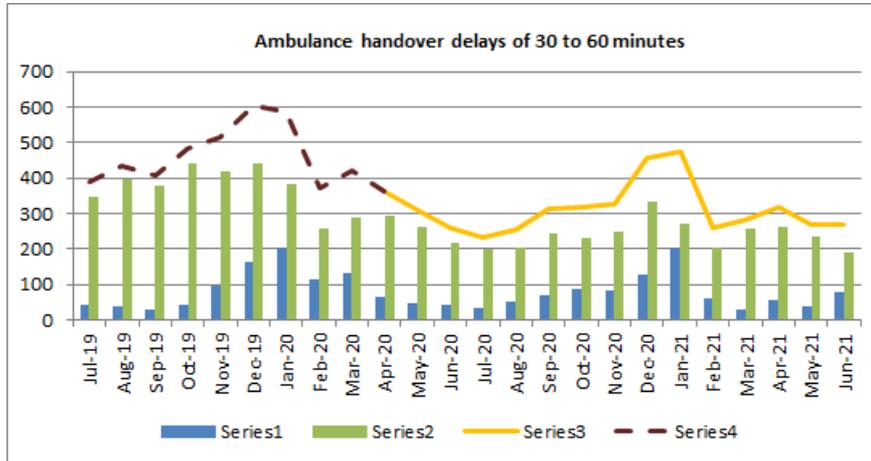
Stranded patients and Length of Stay (LOS)

The average number of patients still in hospital after 21 days length of stay decreased slightly in June 2021 overall.

Emergency LOS on average increased in June compared to May 21 reflecting the increase in acuity of patients presenting to the emergency department.



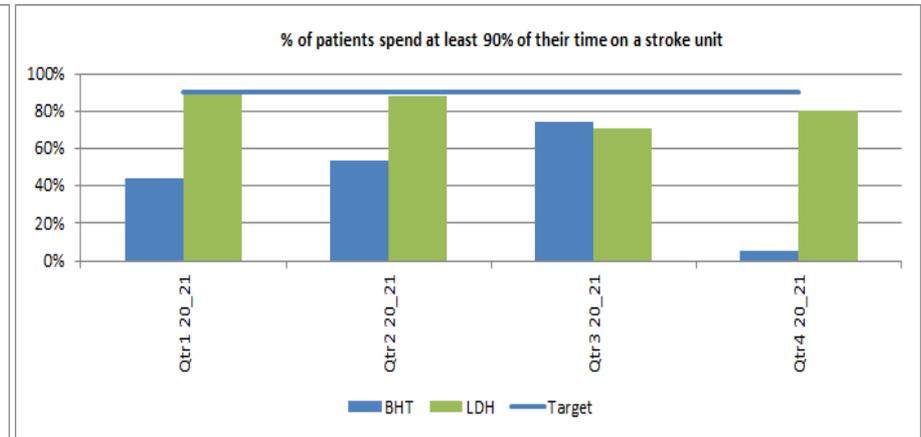
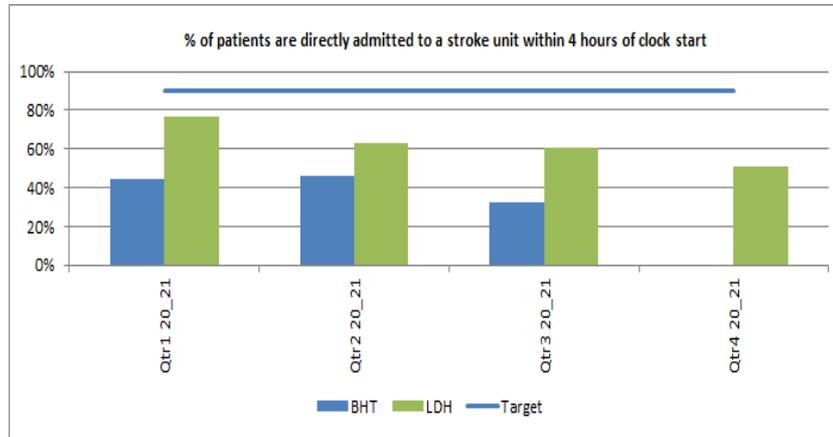
Ambulance Handover Delays



The national target is for ambulance handover to take place within 15 minutes of arrival on site. Daily reporting of ambulance handover delays between 30 and 60 minutes and over 60 minutes is submitted to the regional and national teams and is a good indicator of performance and pressure on the Emergency Departments. EEAST provide senior operational support to both sites in the form of HALOs who work with the clinical and operational teams to ensure handovers are not avoidably delayed.

Ambulance handover delays reduced to 190 for the Luton site and increased to 77 at the Bedford site in June 2021. There were 30 delays of over an hour at the Luton site and 21 at the Bedford site in June 2021.

Stroke



Please note the Stroke data is overall % for the quarter for both sites.

Stroke – Overall SSNAP Performance – L&D only

| | Oct-Dec 2020 | Jan-Mar 2021 |
|--------------------------------|--------------|--------------|
| SSNAP level | B | B |
| SSNAP score | 77.0 | 78.8 |
| 1) Scanning | A | A |
| 2) Stroke unit | D | D |
| 3) Thrombolysis | C | B |
| 4) Specialist Assessments | B | B |
| 5) Occupational therapy | A | A |
| 6) Physiotherapy | A | A |
| 7) Speech and Language therapy | B | B |
| 8) MDT working | C | C |
| 9) Standards by discharge | B | B |
| 10) Discharge processes | A | A |

The SSNAP score for Luton & Dunstable Hospital has been published up to the quarter January – March 2021 with the overall rating maintained at a level B.

Performance has remained stable in the past two quarters in most domains, with an improvement in thrombolysis. The time on the stroke unit remains at a D with breaches relating to missed stroke, patient not medically stable enough, awaiting senior review or bed capacity. Actions are ongoing to mitigate the risk.

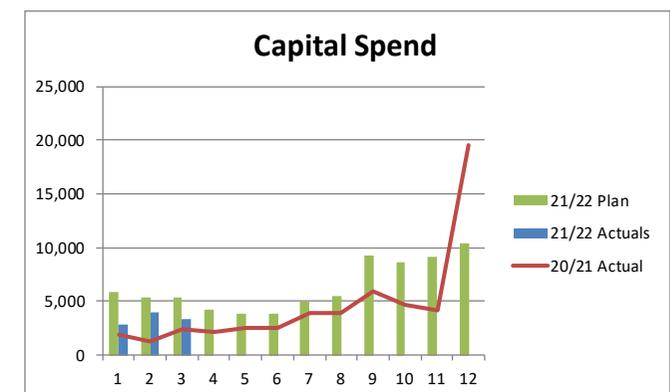
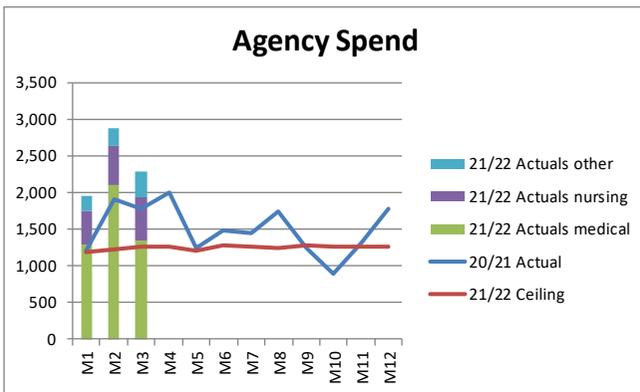
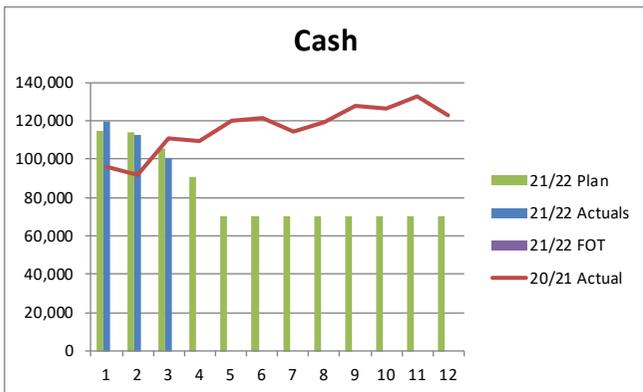
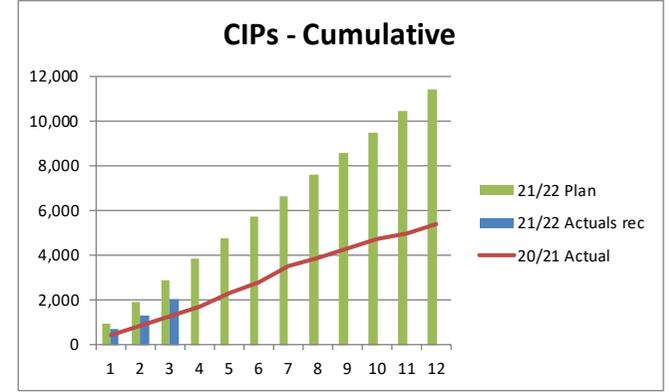
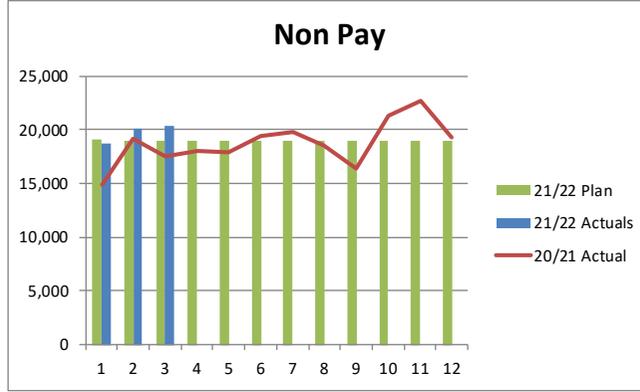
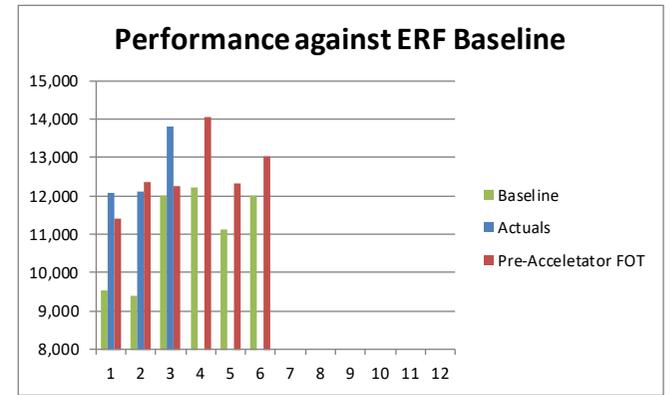
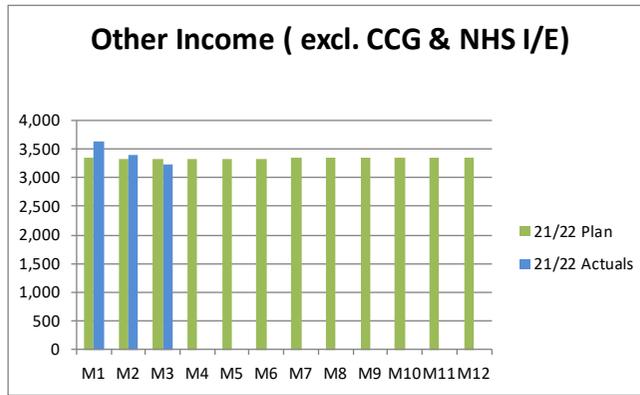
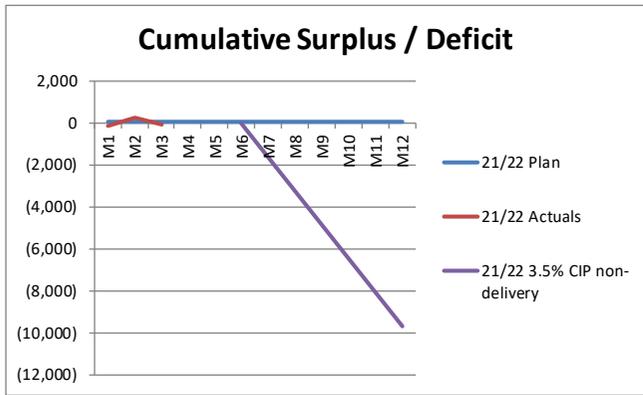
Board of Directors

Wednesday 4 August 2021

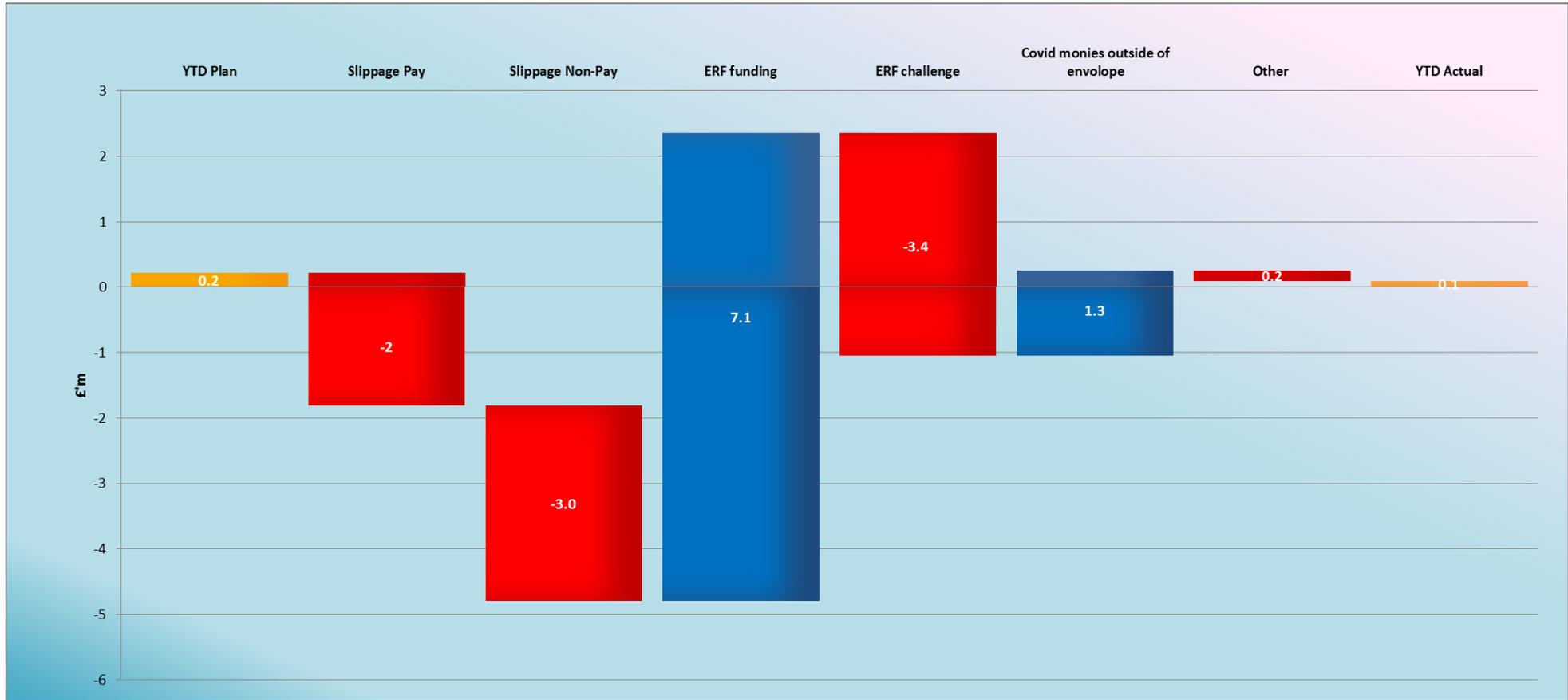
| | | | | | |
|---|---|---|--|--|---|
| Report title: | Finance Report | Agenda Item: 7.2 | | | |
| Executive Director(s) and Title(s) | Matthew Gibbons, Director of Finance | | | | |
| Report Author(s) and Title(s): | Ricky Shah, Deputy Director of Finance | | | | |
| Purpose: <i>(select one box only)</i> | Receive <input checked="" type="checkbox"/> | Approval <input type="checkbox"/> | Assurance <input type="checkbox"/> | Information <input type="checkbox"/> | Note <input type="checkbox"/> |
| Action Required: | Note finance performance | | | | |

| | |
|---|---|
| Report Summary / Purpose of Report: | <p>The Trust delivered a surplus of £0.3m year to date, this is against a £0.3m plan.</p> <p>The Trust's pay spend had a £0.4m adverse variance in month, mainly in medical pay. Non-pay overspends of £0.9m are largely offset by covid testing income £0.9m.</p> <p>Based on estimated M01-3 Elective recovery fund performance, the Trust has recognised £7.1m income within its position.</p> <p>Capital spend is £10.3m against an plan of £83.0m. The Trust is looking to revisit the capital plan, to ensure that it is deliverable in year, and within the CDEL limits imposed.</p> |
| Links to Strategic Board Objectives /Risk Register / Board Assurance Framework | <p>5. Developing a robust and sustainable future</p> <p>7. Become well-governed and financially viable</p> |
| Links to Regulations/ Outcomes/External Assessments | NHSI/E |
| Jargon Buster: Please detail acronyms in the report | ERF – Elective Recovery Fund |

Finance in a page



Revenue and Expenditure Bridge between Budget and Actuals



Income and Expenditure Statement

| Operating Income and Expenditure | Year | Full Year | YTD | YTD | YTD | In Month | In Month | In Month |
|--|----------------|----------------|----------------|----------------|---------------|---------------|----------------|---------------|
| | Actuals | Budget | Budget | Actuals | Variance | Budget | Actuals | Variance |
| | 2020/21 | 2021/22 | 2021/22 | 2021/22 | 2021/22 | 2021/22 | 2021/22 | 2021/22 |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| NHS Contract Income | 573,950 | 549,669 | 137,417 | 137,679 | 262 | 45,806 | 43,161 | -2,645 |
| Other Income | 41,211 | 40,629 | 10,133 | 10,289 | 156 | 3,376 | 3,236 | -140 |
| Total Income | 615,161 | 590,298 | 147,550 | 147,967 | 417 | 49,182 | 46,398 | -2,784 |
| Consultants | 84,526 | 78,461 | 19,606 | 20,304 | 699 | 6,494 | 6,845 | 350 |
| Other Medics | 68,260 | 60,799 | 15,216 | 17,125 | 1,909 | 5,123 | 5,498 | 376 |
| Nurses | 155,679 | 163,540 | 40,837 | 40,801 | -36 | 13,476 | 13,564 | 88 |
| Scientific, therapeutic & technical | 67,251 | 75,368 | 18,810 | 18,028 | -782 | 6,268 | 6,032 | -235 |
| Other Pay | 48,371 | 42,194 | 10,498 | 10,736 | 238 | 3,725 | 3,515 | -210 |
| Total Pay | 424,087 | 420,363 | 104,967 | 106,995 | 2,028 | 35,086 | 35,454 | 368 |
| Drugs | 42,616 | 49,596 | 12,399 | 12,541 | 142 | 4,116 | 4,398 | 281 |
| Clinical Supplies | 68,311 | 55,673 | 13,966 | 14,200 | 235 | 4,696 | 5,254 | 558 |
| General Supplies | 30,508 | 30,094 | 7,523 | 7,537 | 13 | 2,520 | 2,701 | 180 |
| CNST | 22,523 | 25,521 | 6,380 | 6,380 | 0 | 2,127 | 2,127 | 0 |
| Other Non-Pay | 45,309 | 45,196 | 11,297 | 13,896 | 2,599 | 3,732 | 4,623 | 891 |
| Total Non-Pay | 209,266 | 206,079 | 51,565 | 54,554 | 2,988 | 17,191 | 19,102 | 1,911 |
| EBITDA | -18,192 | -36,143 | -8,982 | -13,581 | -4,599 | -3,095 | -8,158 | -5,063 |
| ITDA | 23,853 | 29,845 | 7,461 | 7,535 | 74 | 2,487 | 2,417 | -70 |
| Trading Position | -42,045 | -65,988 | -16,444 | -21,116 | -4,673 | -5,582 | -10,575 | -4,993 |
| Top-up | 14,490 | 32,556 | 8,139 | 8,139 | 0 | 2,713 | 2,713 | 0 |
| Covid Monies | 12,908 | 26,043 | 6,511 | 6,511 | 0 | 2,170 | 2,170 | 0 |
| Growth Monies | 5,981 | 5,981 | 1,495 | 1,495 | 0 | 498 | 513 | 15 |
| Elective Recovery Fund | 0 | 2,905 | 673 | 0 | -673 | 330 | 0 | -330 |
| Elective Recovery Fund | 0 | 3,633 | 908 | 3,749 | 2,841 | 303 | 2,097 | 1,795 |
| Elective Recovery Fund | 0 | 6,538 | 1,581 | 7,146 | 5,565 | 633 | 5,197 | 4,564 |
| ERF Challenges | | | | -3,397 | -3,397 | | -297 | -297 |
| Reserves | 0 | -5,000 | -1,250 | | 1,250 | -417 | | 417 |
| Inventory Donation from DHSC Inc. | 10,307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Covid Monies outside of Envelope | 10,656 | 0 | 0 | 1,300 | 1,300 | 0 | 401 | 401 |
| Cost of Inventory donation from DHSC | 9,592 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Operating Surplus/Deficit (-) | 2,704 | 130 | 32 | 78 | 46 | 16 | 123 | 404 |

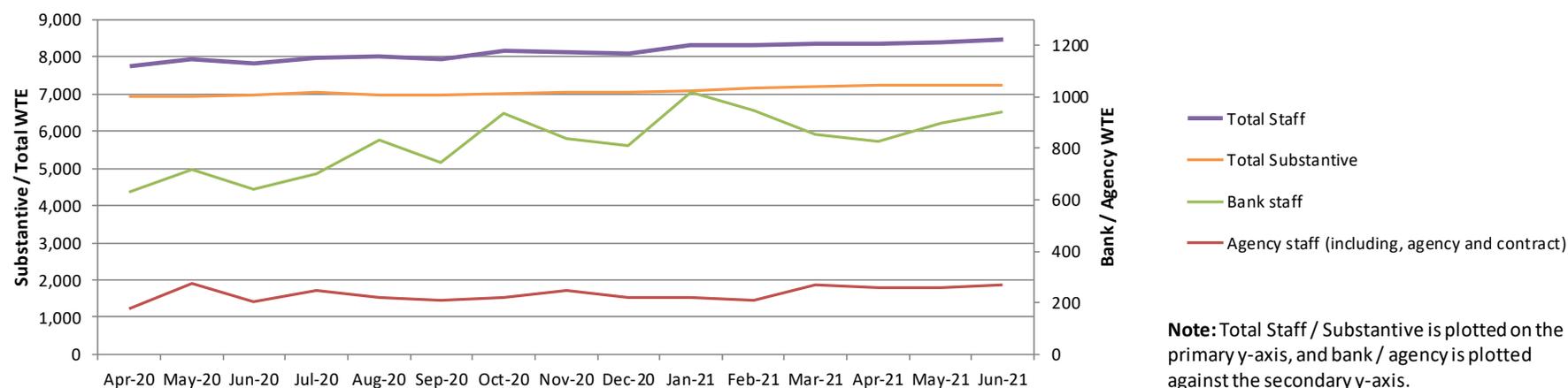
- Small year to date surplus, albeit the Trust's performance is measured after adding back donated depreciation. This results in a reported £0.3m surplus. Currently we have recognised £1.25m reserves and £3.8m of the ERF Income. If the Trust receives all ERF income the surplus would be over £3.5m.
- Medical pay is still the largest contributory factor to a pay overspend of £2m at the end of Q1. The key areas of overspend on Medical pay are ED £0.8m, Medicine £0.5m, Paediatrics £0.4m and Maternity £0.3m.
- Other non-pay is overspent by £3m YTD. The key variances are:
 - o £0.5m – IT Maintenance contracts – further work ongoing to understand.
 - o £0.1m – in month, due to domestic variations. Furtherwork required to understand.
 - o £0.2m -Cobalt CT scanners for the Lung cancer pilot offset by income
 - o £0.1m on Security Contract – this is envisaged to stop once Sanisations are implemented
 - o £0.1m on overseas recruitment
 - o £0.2m estates maintenance, 10% relates to plumbers on-call externally provided
 - o £0.3m loss of Maternity CNST bonus monies (£1.2m FYE)

Substantive, Bank and Agency Staff – Provider Workforce Return

| | 2020/21 | | | | | | | | | | | | 2021/22 | | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Month 1 | Month 2 | Month 3 |
| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
| | WTE |
| Registered nursing, midwifery and health visiting staff (substantive total) | 2,280 | 2,288 | 2,276 | 2,267 | 2,253 | 2,254 | 2,275 | 2,279 | 2,275 | 2,285 | 2,297 | 2,306 | 2,317 | 2,309 | 2,318 |
| Registered Scientific, therapeutic and technical staff (substantive total) | 743 | 739 | 739 | 791 | 811 | 810 | 813 | 823 | 824 | 817 | 818 | 816 | 805 | 802 | 801 |
| Registered ambulance service staff (substantive total) | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 2 |
| Support to clinical staff (substantive total) | 2,051 | 2,036 | 2,072 | 2,119 | 2,053 | 2,051 | 2,037 | 2,047 | 2,059 | 2,067 | 2,143 | 2,176 | 2,200 | 2,200 | 2,204 |
| Total NHS infrastructure support (substantive total) | 845 | 844 | 844 | 842 | 838 | 836 | 845 | 868 | 863 | 864 | 870 | 868 | 874 | 868 | 873 |
| Medical and dental (substantive total) | 1,019 | 1,031 | 1,028 | 1,002 | 995 | 1,016 | 1,018 | 1,024 | 1,027 | 1,029 | 1,023 | 1,036 | 1,043 | 1,040 | 1,040 |
| Any other staff (substantive total) | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Total Substantive | 6,944 | 6,944 | 6,964 | 7,027 | 6,957 | 6,973 | 6,995 | 7,048 | 7,054 | 7,069 | 7,157 | 7,209 | 7,244 | 7,223 | 7,240 |

| | | | | | | | | | | | | | | | |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|------------|------------|------------|------------|------------|
| Bank staff | 632 | 716 | 639 | 698 | 831 | 744 | 934 | 837 | 809 | 1016 | 947 | 854 | 825 | 898 | 940 |
| Agency staff (including, agency and contract) | 176 | 274 | 205 | 246 | 223 | 212 | 223 | 250 | 219 | 221 | 209 | 270 | 261 | 257 | 270 |

| | | | | | | | | | | | | | | | |
|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Total Staff | 7,752 | 7,934 | 7,809 | 7,971 | 8,010 | 7,929 | 8,151 | 8,135 | 8,081 | 8,305 | 8,313 | 8,334 | 8,330 | 8,378 | 8,451 |
|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|



Elective Recovery Fund (ERF) Metrics

The estimated values are based on IPM data based on partially coded activity and therefore will change when we have fully coded activity. ERF monies will be awarded on STP performance and therefore this may be lower if other parts of the STP underperform.

The Trust has received a letter on 9th July 21, outlining reforms to the ERF scheme with effect from July 21. The key change is that the 85% threshold will be changed to 95%. Performance above 95% will be paid at 100% tariff and anything beyond 100% will be paid at 120% of tariff. ERF will continue to be earned on a system basis to encourage systems to continue to use their capacity and resources as flexibly as possible across organisations to maximise recovery activity. Use of the Independent Sector to help achieve this remains an integral part of the arrangements.

| £'000 | Apr | May | Jun | Jul | Aug | Sep |
|------------------------------------|--------------|--------------|---------------|---------------|---------------|---------------|
| % of 19/20 baseline target for ERF | 70% | 75% | 80% | 85% | 85% | 85% |
| Total value | 13,790 | 12,676 | 15,221 | 14,573 | 13,250 | 14,298 |
| Baseline value | 9,653 | 9,507 | 12,176 | 12,387 | 11,263 | 12,153 |
| Revised | | | | | | |
| % of 19/20 baseline target for ERF | | | | 95% | 95% | 95% |
| Baseline value | | | | 13,844 | 12,588 | 13,583 |
| Difference | | | | 1,457 | 1,325 | 1,430 |

| | | | | | | |
|-------------------------------------|--------------|--------------|---------------|-----------|-----------|-----------|
| Estimated value | 12,076 | 12,105 | £13,793 | | | |
| Estimated achievement for the trust | 88% | 95% | 91% | | | |
| As less than 85% paid @100% | 2,068 | 1,268 | 761 | | | |
| 86% and above @120% | 425 | 1,597 | 1,026 | | | |
| Total ERF | 2,494 | 2,865 | £1,787 | £0 | £0 | £0 |

| | |
|--------------|--------------|
| Total | 7,146 |
|--------------|--------------|

Statement of Financial Position

| Statement of Financial Position For the period ended 1 Apr 2021 | Closing 31 Mar 21 £000s | Closing 30 June 21 £000s |
|--|-------------------------------|--------------------------------|
| Non-Current Assets | | |
| Property, plant and equipment | 292,019 | 297,420 |
| Trade and other receivables | 2,392 | 2,234 |
| Other assets | 1,989 | 1,951 |
| Total non-current assets | 296,400 | 301,605 |
| Current assets | | |
| Inventories | 7,797 | 7,590 |
| Trade and other receivables | 28,184 | 37,831 |
| Cash and cash equivalents | 119,488 | 100,346 |
| Total current assets | 155,469 | 145,766 |
| Current liabilities | | |
| Trade and other payables | -83,743 | -78,905 |
| Borrowings | -2,162 | -2,162 |
| Provisions | -2,368 | -2,368 |
| Other liabilities | -3,687 | -3,997 |
| Total current liabilities | -91,960 | -87,433 |
| Total assets less current liabilities | 359,909 | 359,938 |
| Non-current liabilities | | |
| Borrowings | -28,479 | -28,205 |
| Provisions | -5,648 | -5,878 |
| Total non-current liabilities | -34,127 | -34,083 |
| Total assets employed | 325,782 | 325,855 |
| Financed by (taxpayers' equity) | | |
| Public Dividend Capital | 221,078 | 221,078 |
| Revaluation reserve | 23,713 | 23,712 |
| Income and expenditure reserve | 80,991 | 81,065 |
| Total taxpayers' equity | 325,782 | 325,855 |

CAPITAL PLAN



Report for Month 03

The Trust starts the year with a combined capital plan of c£83m. With the advent of a STP Capital envelopes, the Trust is somewhat limited in its ability to spend its own cash. The 21/22 CDEL allocation for Bedfordshire Hospitals is £27m of a total of £41m for the STP. In addition, the Trust will receive a further £12m of the regional CDEL towards Acute services block. Work is ongoing to ensure Trust's capital aspirations are deliverable within our CDEL envelope.

Year to date the Trust has spent £10.3m on capital.

Bridge of Capital Changes



Capital Plan

| £m | Funding Source | Requires Bus Case | 2019/20 Actual | 2020/21 Actual | 2021/22 Revised | 2021/22 Actual | 2022/23 FOT | 2023/24 FOT | 2024/25 FOT | Total | Commentary By exception |
|--------------------------------------|----------------|-------------------|----------------|----------------|-----------------|----------------|-------------|-------------|-------------|--------------|---|
| L&D | | | | | | | | | | | |
| Medical Equipment - Luton | Internal | | 1.9 | 2.8 | 1.1 | 0.5 | 2.0 | 2.0 | 2.0 | 11.8 | Potential to hold until clarity on total spend IT submitting plan vs overall IT budget |
| BAU Estate (incl backlog) - Luton | Internal | | 2.5 | 2.7 | 4.2 | 0.9 | 2.5 | 2.5 | 2.5 | 16.9 | |
| BAU IT - Luton | Internal | | 0.6 | 0.9 | 0.9 | 0.2 | 1.2 | 1.2 | 1.2 | 6.0 | |
| BAU CapEx | | | 5.0 | 6.4 | 6.3 | 1.6 | 5.7 | 5.7 | 5.7 | 34.7 | |
| Site Redevelopment team &O'hds | Internal | | 0.4 | 0.9 | 0.8 | 0.3 | 0.8 | 0.8 | 0.3 | 4.0 | |
| Enabling Schemes - Bariatrics | Internal | | 0.0 | 1.9 | 0.5 | 0.3 | 0.0 | 0.0 | 0.0 | 2.5 | |
| Enabling Schemes - Path / Mortuary | Internal | | 0.0 | 0.1 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.3 | |
| Enabling Schemes - Temp Car Parking | Internal | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| Enabling Schemes - Temp Car Parking | PDC - Other | | 0.1 | 0.9 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 | |
| Enabling Schemes - Temp Accommod | Internal | | 0.0 | 5.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 5.2 | |
| Enabling Schemes - Demolition | Internal | | 0.0 | 0.2 | 1.6 | 0.2 | 0.0 | 0.0 | 0.0 | 1.8 | |
| Enabling Schemes - Estates | Internal | | 0.0 | 0.5 | 1.6 | 0.8 | 0.0 | 0.0 | 0.0 | 2.1 | |
| Enabling Schemes - Site Clearance | Internal | | 0.0 | 0.0 | 0.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | |
| ASB and Maternity Ward Block | PDC - ASB | | 1.2 | 2.2 | 12.0 | 0.1 | 49.9 | 74.0 | 0.0 | 139.3 | |
| ASB and MWB Equipment Risk | Internal | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 3.3 | 0.0 | 3.3 | |
| ASB and MWB Service Diversions | Internal | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.6 | 0.0 | 0.6 | |
| ASB and MWB Lift Core | Internal | | 0.0 | 0.0 | 1.0 | 0.0 | 1.4 | 0.5 | 0.4 | 3.3 | |
| Lewsey Road Carpark | Internal | | 0.0 | 0.1 | -0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| Lewsey Road Carpark | PDC - Other | | 0.1 | 4.9 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 5.0 | |
| Helipad - see offset below | Internal | Y | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 19.7 | 19.7 | |
| Energy Centre Building | Internal | | 0.3 | 1.7 | 12.2 | 1.7 | 2.5 | 1.1 | 0.0 | 17.8 | |
| Energy Conservation Measures (Salix) | Internal | | 0.2 | 0.9 | 7.0 | 0.4 | 1.2 | 0.0 | 0.0 | 9.2 | Potential slippage (DH to confirm) |
| Generators | Internal | | 2.2 | 0.3 | 0.8 | 0.0 | 0.0 | 0.0 | 0.0 | 3.3 | Potential slippage (DH to confirm) |
| Electrical Infrastructure | Internal | | 3.2 | 2.7 | 1.3 | 0.3 | 0.1 | 0.0 | 0.0 | 7.2 | |
| Hospital Redevelopment | | | 7.6 | 22.4 | 39.5 | 4.1 | 55.8 | 80.4 | 20.4 | 226.0 | |

Capital Plan Continued

| £m | Funding Source | Requires Bus Case | 2019/20 Actual | 2020/21 Actual | 2021/22 Revised | 2021/22 Actual | 2022/23 FOT | 2023/24 FOT | 2024/25 FOT | Total | Commentary By exception |
|--|----------------|-------------------|----------------|----------------|-----------------|----------------|-------------|-------------|--------------|-------------|--|
| L&D | | | | | | | | | | | |
| Hospital Revelopment Enabling Schemes Pressure | Internal | Y | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | Occupational Health location TBC |
| Hospital Redevelopment - Other Depts | Internal | | 0.0 | 0.2 | 0.2 | 0.1 | 0.2 | 0.2 | 0.2 | 1.0 | Some pressure, particularly in 23/24 |
| Imaging Corridor Works | Internal | | 0.6 | 0.5 | 0.8 | 0.0 | 0.0 | 0.0 | 0.0 | 1.9 | |
| Helipad offset | Internal | Y | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -19.7 | -19.7 | |
| PAS | Internal | Y | 0.0 | 0.0 | 0.0 | 0.0 | 2.6 | 0.0 | 0.0 | 2.6 | |
| ED X-Ray | Internal | | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | |
| Net Slippage - Funded | Internal | | 1.1 | 0.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.9 | |
| PDC - ASB - Match Spend to Approval | PDC - ASB | | -3.1 | -4.4 | 7.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| PDC - ASB - Match Spend to Approval | Internal | | 3.1 | 4.4 | -7.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| Other - P/Y | Internal | | 6.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 6.2 | |
| IT Merger Enabling | PDC - ASB | | 0.1 | 1.4 | 2.6 | 0.3 | 2.0 | 2.0 | 0.0 | 8.0 | IT submitting plan vs overall IT budget |
| Pathology Joint Venture | Internal | | 0.0 | 0.2 | 0.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.9 | |
| Pathology Joint Venture | PDC - ASB | | 1.8 | 0.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.7 | |
| GDE - Luton | PDC - GDE | | 4.8 | 2.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 6.9 | |
| GDE - Approved by FIP | Internal | | 0.0 | -0.2 | 1.0 | 0.5 | 0.0 | 0.0 | 0.0 | 0.8 | IT submitting plan vs overall IT budget |
| GDE - Next Phase Business Cases | Internal | Y | 0.0 | 0.0 | 1.0 | 0.0 | 1.0 | 0.0 | 0.0 | 2.0 | IT submitting plan vs overall IT budget |
| UEC - Luton | PDC - UEC | | 0.0 | 4.2 | 12.8 | 0.9 | 0.0 | 0.0 | 0.0 | 17.0 | |
| UEC - Luton (Trust) | Internal | | 0.0 | -3.0 | 0.0 | 0.0 | 3.0 | 0.0 | 0.0 | 0.0 | Current pressure of c£0.5m on FOT |
| CT | Internal | | 0.0 | 0.0 | 1.4 | 0.0 | 0.0 | 0.0 | 0.0 | 1.4 | |
| STP Portal - Phase 2 | Internal | | 0.0 | -2.1 | 1.1 | 0.2 | 2.0 | 0.0 | 0.0 | 0.9 | IT submitting plan vs overall IT budget |
| STP Portal | PDC - Other | | 0.2 | 2.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.7 | IT submitting plan vs overall IT budget |
| HSLI Digital | Internal | | 0.0 | 0.0 | 0.9 | 0.0 | 0.0 | 0.0 | 0.0 | 0.9 | IT submitting plan vs overall IT budget |
| Critical Infrastructure (Trust) | Internal | | 0.0 | -1.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -1.7 | |
| Critical Infrastructure | PDC - Other | | 0.0 | 3.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 3.8 | |
| Covid 19 - Luton (Trust) | Internal | | 0.0 | -1.4 | 0.7 | 0.1 | 0.0 | 0.0 | 0.0 | -0.7 | |
| Covid 19 - Luton | PDC - Other | | 0.2 | 3.9 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 4.1 | |
| Endoscopy Improvement - Luton | PDC - Other | | 0.0 | 0.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.7 | |
| Endoscopy Equipment/ Slippage | Internal | Y | 0.0 | -0.7 | 1.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.6 | |
| Pharmacy Robot | Internal | Y | 0.0 | 0.0 | 0.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.6 | |
| Breast Screening | PDC - Other | | 0.0 | 0.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.8 | |
| Donated Assets/ Impact of IFRIC12 | Donated | | 0.2 | 1.8 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 2.4 | |
| Other - Luton | Internal | | 0.3 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | |
| Other Schemes - Luton | | | 15.6 | 15.1 | 25.1 | 2.0 | 10.9 | 2.3 | -19.4 | 49.6 | |

Capital Plan Continued

| £m | Funding Source | Requires Bus Case | 2019/20 Actual | 2020/21 Actual | 2021/22 Revised | 2021/22 Actual | 2022/23 FOT | 2023/24 FOT | 2024/25 FOT | Total | Commentary By exception |
|-----------------------------------|----------------|-------------------|----------------|----------------|-----------------|----------------|-------------|-------------|-------------|--------------|--|
| BHT | | | | | | | | | | | |
| BAU - Estates - Bedford | Internal | | 4.1 | 1.2 | 0.5 | 0.2 | 1.0 | 1.0 | 1.0 | 8.8 | Potential to hold until clarity on total spend |
| BAU - Medical Equipment - Bedford | Internal | | 0.0 | 3.3 | 0.5 | 0.8 | 1.0 | 1.0 | 1.0 | 6.8 | |
| BAU - IT - Bedford | Internal | | 0.0 | 1.8 | 0.8 | 0.1 | 0.7 | 0.7 | 0.7 | 4.7 | IT submitting plan vs overall IT budget |
| BAU - Other - Bedford | Internal | | 0.0 | 0.0 | 0.0 | 0.0 | 1.3 | 1.3 | 1.3 | 3.9 | |
| Ward Refurbishment | Internal | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| Vascular theatres | Internal | Y | 0.0 | 0.0 | 0.5 | 0.0 | 3.7 | 0.0 | 0.0 | 4.2 | Slippage confirmed |
| Vascular theatres (contingency) | Internal | Y | 0.0 | 0.0 | 0.0 | 0.0 | 0.8 | 0.0 | 0.0 | 0.8 | |
| Education Centre phase 2 | Internal | | 0.0 | 1.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.4 | |
| Fast Follower Funds (PDC) | PDC - GDE | | 2.9 | 1.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 4.4 | |
| Fast Follower Funds (Trust) | Internal | | 0.0 | -1.2 | 1.2 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | IT submitting plan vs overall IT budget |
| MRI (PDC) | PDC - Other | | 0.0 | 0.9 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.9 | |
| MRI and Trailer (PDC) | PDC - Other | | 0.0 | 1.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.5 | |
| Covid 19 | PDC - Other | | 0.0 | 0.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.6 | |
| Endoscopy Improvement | PDC - Other | | 0.0 | 0.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.4 | |
| Endoscopy Improvement (Trust) | Internal | | 0.0 | -0.2 | 0.2 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | |
| Other (PDC) | PDC - Other | | 2.1 | 0.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.5 | |
| Other (Trust) | Internal | | 0.0 | -0.3 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | -0.1 | |
| UEC - Bedford (Trust) | Internal | | 0.0 | -1.4 | 1.4 | 1.1 | 0.0 | 0.0 | 0.0 | 0.0 | Current projections look challenging |
| UEC - Bedford | PDC - UEC | | 0.0 | 3.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 3.8 | |
| ED 2nd floor fit out/ CT enabling | Internal | Y | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 | |
| ED X-Ray to Cauldwell | Internal | Y | 0.0 | 0.0 | 0.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | Small saving |
| Donated Assets - Bedford | Donated | | 0.0 | 0.7 | 0.2 | 0.0 | 0.2 | 0.2 | 0.2 | 1.5 | |
| Integration Capital | Internal | | 0.0 | 0.0 | 0.3 | 0.0 | 0.3 | 0.3 | 0.3 | 1.0 | |
| Access Control (Cross-site) | Internal | Y | 0.0 | 0.0 | 0.2 | 0.0 | 0.8 | 0.0 | 0.0 | 1.0 | |
| Other | Internal | | 0.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.6 | |
| Bedford Schemes | | | 9.6 | 14.2 | 7.4 | 2.6 | 9.8 | 4.5 | 4.5 | 49.9 | |
| Combined BAU capital plan | | | 37.8 | 58.1 | 78.4 | 10.3 | 82.1 | 92.8 | 11.2 | 360.3 | |

SUMMARY POSITION

- Between April and May sickness increased slightly (0.21%) to 3.60% but is 2.09% lower when compared to the same period last year (5.69%).
- Vacancy rates have increased slightly from 7.33% in May 2021 to 7.82% in June 2021. Please note that the 2021/22 budgeted establishment has recently been agreed and work is underway to reflect this in the Trust systems. This change will be reflected in the next workforce report and will also impact the vacancy level data.
- The overall turnover improved during lockdown but is now showing an increase against the same period last year; 13.45% in June 2020 and 14.96% in June 2021.
- The overall Agency run rate is 24.1% higher in June 2021 when compared to June 2020 equivalent to 49.9 FTE more agency workers.

LUTON & DUNSTABLE UNIVERSITY HOSPITAL SITE

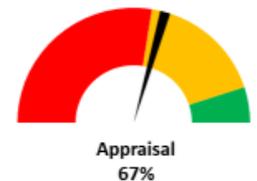
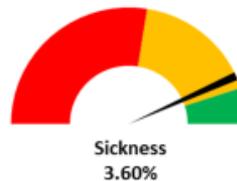
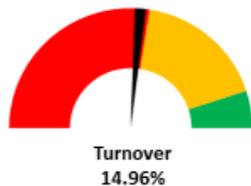
Compared to the previous month:

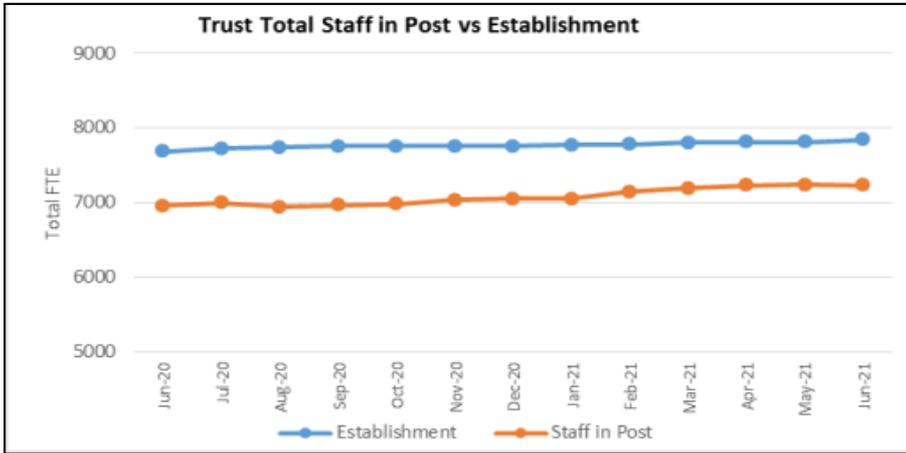
- Sickness absence increased from 3.17% to 3.23%
- Turnover decreased from 15.50% to 15.17%
- Vacancy rates decreased by 0.24% from 10.11% to 9.87%
- Appraisals remained the same at 71%
- Mandatory training compliance increased from 75% to 77%
- Bank FTE usage in June 2021 decreased by 21% in month and is 4.2% higher compared to June 2020
- Agency FTE usage in June 2021 decreased by 14.4% in month and has a 16.6% lower run rate compared to June 2020.

BEDFORD HOSPITAL SITE

Compared to the previous month:

- Sickness absence increased from 3.73% to 4.19%
- Turnover increased from 14.44% to 14.64%
- Vacancy rates increased by 0.72% from 2.62% to 3.64%
- Appraisals decreased from 65% to 62%
- Mandatory training compliance increased from 72% to 77%
- Bank FTE usage in June 2021 increased by 18.4% in month and is 24.6% lower compared to June 2020
- Agency FTE usage in June 2021 increased by 4.63% in month and has a 44.73% higher run rate compared to June 2020.



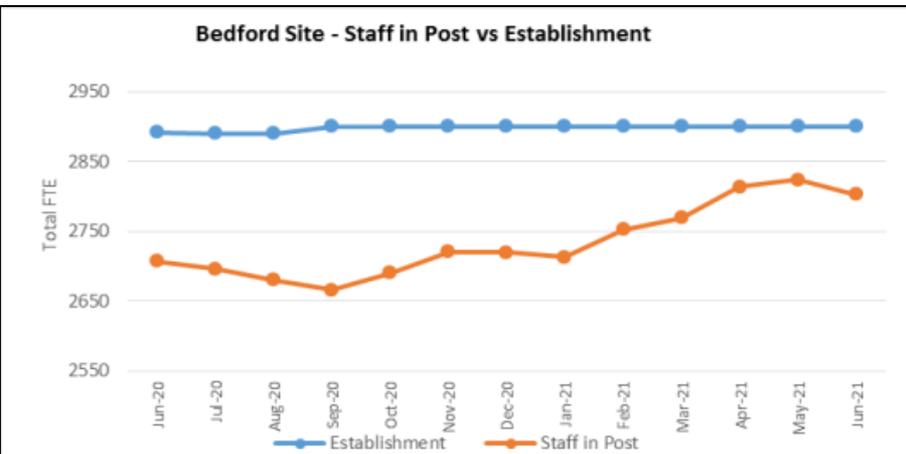
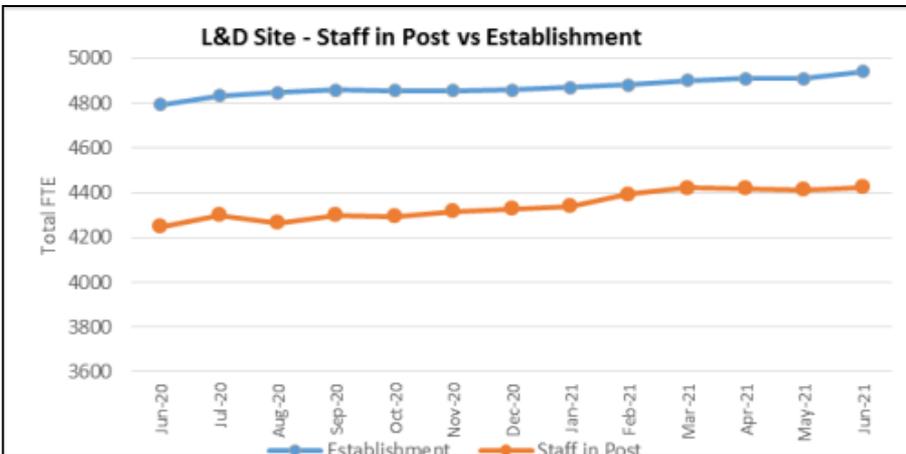


Trust Level Summary

The Trust’s overall Staff in Post (SIP) by Whole Time Equivalent (WTE) decreased by 9.26 WTE between May 2021 and June 2021.

Since the merger, and over the period of the pandemic, the growth rate has been 3.31% over the past 12 months (July 2020 to June 2021).

Please note that the 2021/22 budgeted establishment has recently been agreed and work is underway to reflect this in the Trust systems. This change will be reflected in the next workforce report and will also impact the vacancy level data.



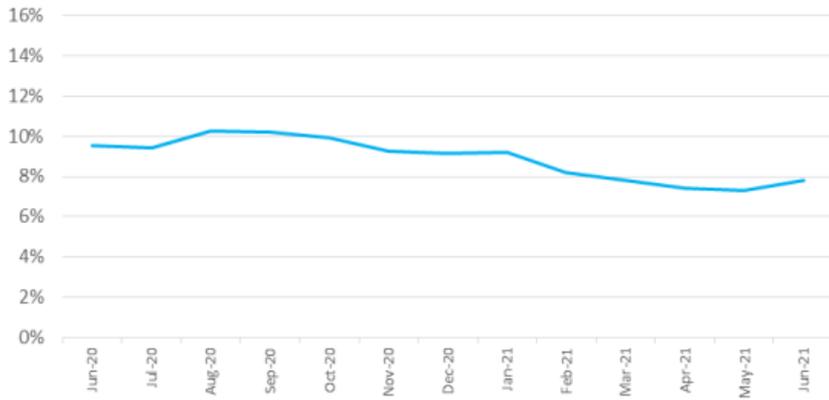
L&D Site

The L&D site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 124.42 WTE between July 2020 and June 2021. Over the last 12 months the SIP increased by 2.9% and is driven by increases in band 5 nurses and HCA’s. The staff in post increased by 11.60 WTE between May and June 2021.

Bedford site

The BH site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 106.96 WTE between July 2020 and June 2021 following the merger. Over the last 12 months the SIP increased by 4% and is driven by increases in nursing and support staff. The staff in post decreased by 20.87 WTE between May and June 2021, with the decreases mainly in Additional Clinical Services and Medical and Dental staff groups.

Trust Total Vacancy Rate



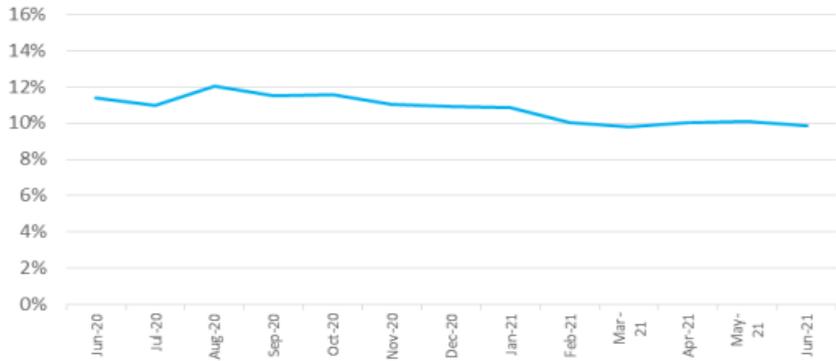
Trust Level Summary

The overall vacancy rate decreased over the last 12 months from 9.41% in July 2020 to 7.82% in June 2021.

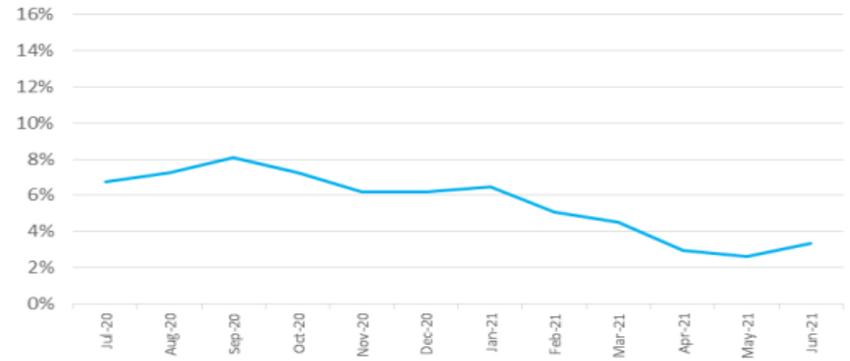
Registered nursing and midwifery vacancy rates are currently 8.80% and have increased by 0.38% from May and show a decrease of 0.38% over the last 12 months to June.

Medical and dental vacancy rates have reduced 4.93% over 12 months to June, currently at 2.41%, which is 1.92% higher than in May. Recruitment to remaining gaps continues with success in recruitment of NHS locums where possible to fill senior medical roles for vacancy hotspots.

L&D Site - Vacancy Rate



Bedford Site - Vacancy Rate



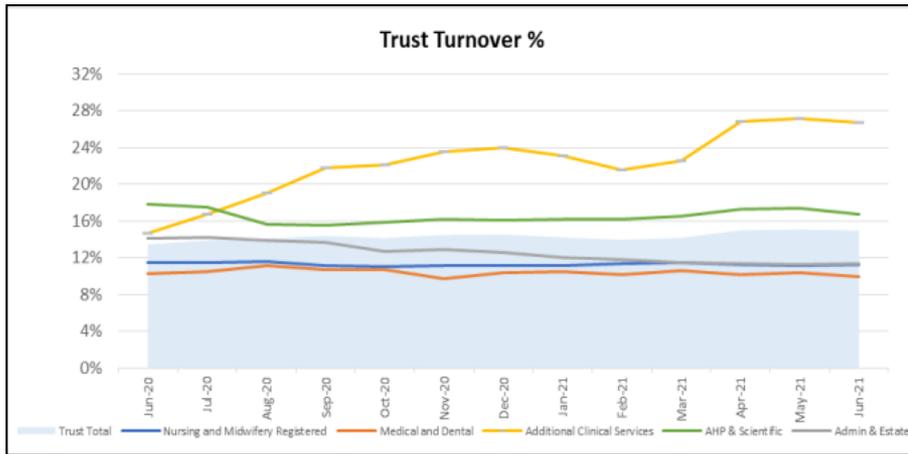
Overseas Recruitment Update

Throughout June 12 overseas nurses started in post on the L&D site. There are currently 25 nurses scheduled to arrive throughout July (14 for L&D and 12 for Bedford) and a further 20 nurses throughout August. Nurses arriving from red list countries are placed in Government recommended hotels for quarantine purposes whilst nurses travelling from amber list countries are able to quarantine in Trust held accommodation. A further 16 nurses across both sites passed their OSCE exam in June.

Band 5 Nursing Vacancies

There are currently 114.81 WTE band 5 nursing & midwifery vacancies across the two sites (86.90 WTE at Luton and 27.91 WTE at Bedford). Band 5 establishment on the Luton site has increased by 9.89 WTE mainly due to the opening of ESU. However there are currently 50 overseas nurses (31 WTE at Luton and 19 WTE at Bedford) who are either pending their NMC registration following completion of their OSCE or are awaiting their OSCE exam date. Taking into account pipeline, known leavers and current overseas nurses transferring into band 5 positions the adjusted band 5 vacancy figure is 11.32 WTE.

Current recruitment pipeline consists of approx. 65 nurses awaiting start dates via local recruitment and approximately 150 overseas nurses under offer and at varying stages of the NMC registration process. 3 of the HCSW's who are undertaking OET training have sat their OET exams in June and are awaiting their results. If they pass this exam they be able to progress either straight onto the NMC register (EU nurses) or onto the OSCE training.



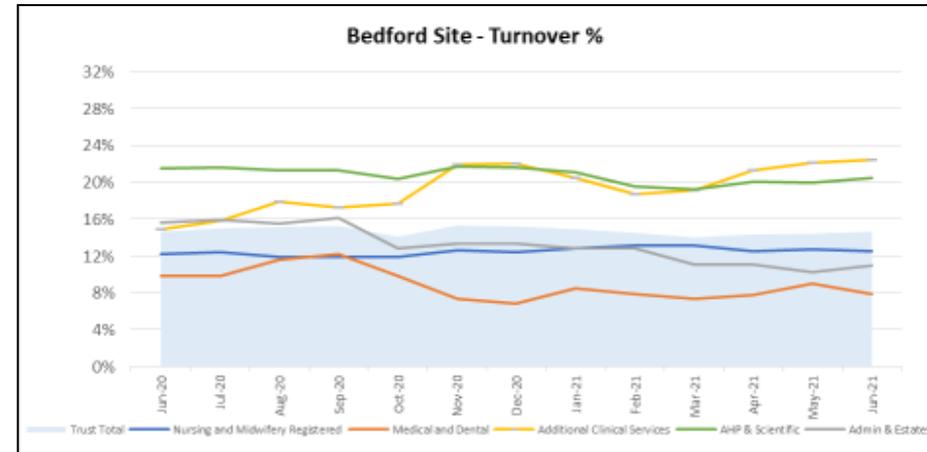
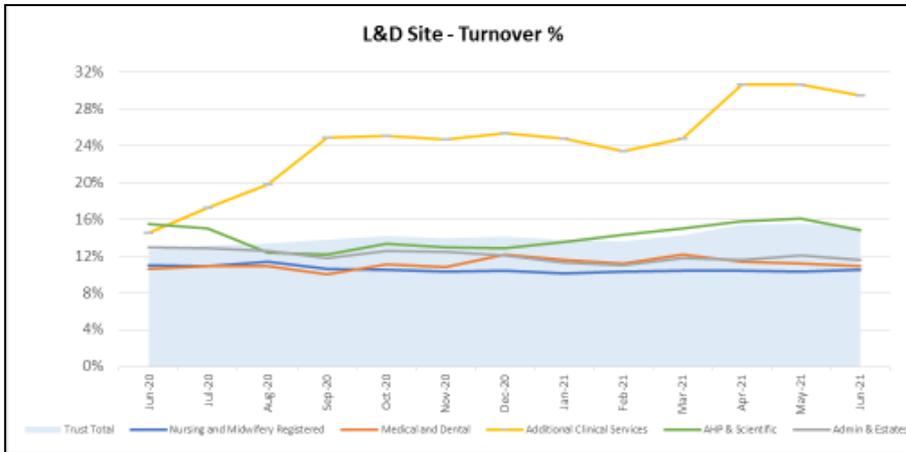
Trust Level Summary

The nursing and midwifery staff group turnover has reduced by 0.21% over the last 12 months to June 2021.

Hotspots remain amongst Allied Health Professionals, (physiotherapists, Operating Department Practitioners and Radiographers) The turnover for additional professional and scientific staff group decreased by 0.65% in June and has a 0.69% increase compared to June 2020.

Additional Clinical services staff group turnover increased by 9.97% over 12 months to June and now stands at 26.67% which is 0.50% lower than last month.

The increases in August and again in April were due to leavers on short term COVID contracts.



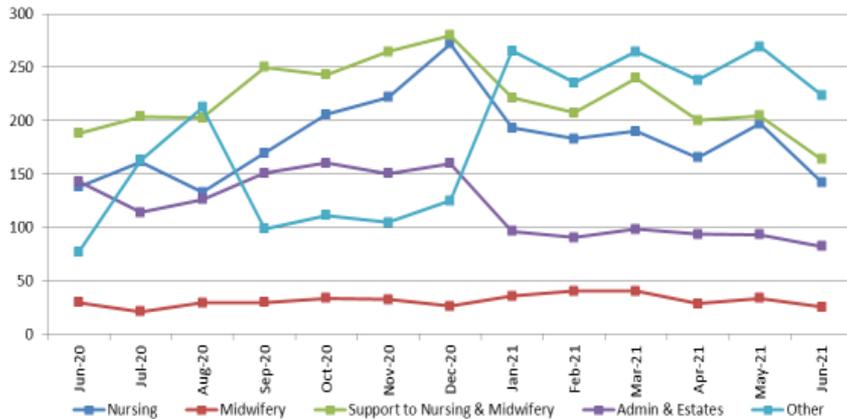
L&D Site

There was a decrease in turnover of 0.33% between May and June. Most staff groups are fairly stable and are all showing a small decrease in turnover. The top leaving reasons in June, excluding end of COVID fixed term contracts were Relocation 20%, Work Life Balance 20% and Retirement 15%. Across all leaving reasons 27.5% transferred to another NHS Organisation.

Bedford site

Overall turnover increased by 0.20% compared to May. Most staff groups were stable with minor fluctuations. Highest increase was 0.47% in AHP and Scientific staff group. The top leaving reasons in June for all staff groups were Retirement 41% and Relocation 17.24%. Across all leaving reasons 17.24% transferred to another NHS Organisation.

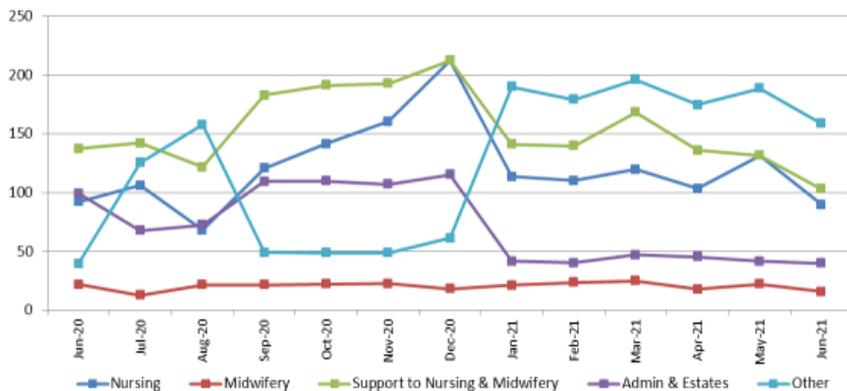
Trust Total Bank FTE



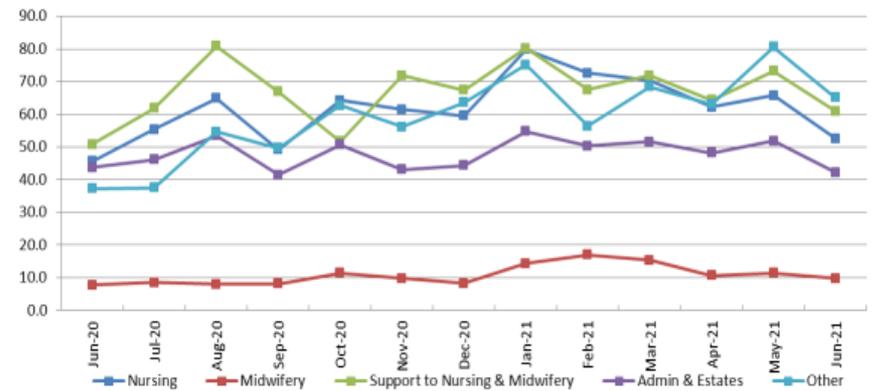
Trust Level Summary

Overall bank usage is 4% lower in June 2021 as compared to July2020 equivalent 25.5FTE fewer bank workers. This reflects a recovery following the easing of lockdown restrictions but remains 28% lower than pre-pandemic levels.

L&D Site - Bank FTE



Bedford Site - Bank FTE



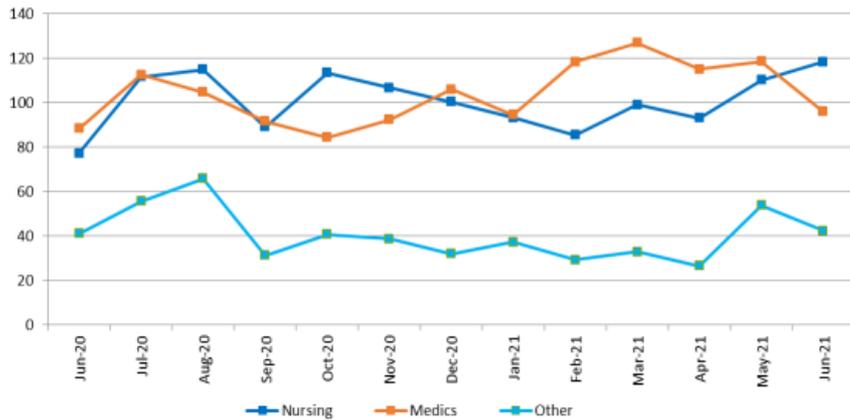
L&D Site:

Bank use has decreased by 10 % from July 2020 to June 2021 equivalent to 47 WTE fewer bank workers in June2021 compared to July 2020. Bank FTE usage in June decreased by 21 % % from May and is 4.2% higher compared to the same period last year.

Bedford site:

Bank use has decreased by 10.3% from July 2020 to June 2021 equivalent to 21.5 WTE fewer bank workers in June 2021 compared to July 2020. Bank FTE usage in June increased by 18.4% from May and is 24.6% lower compared to the same period last year.

Trust Total Agency FTE

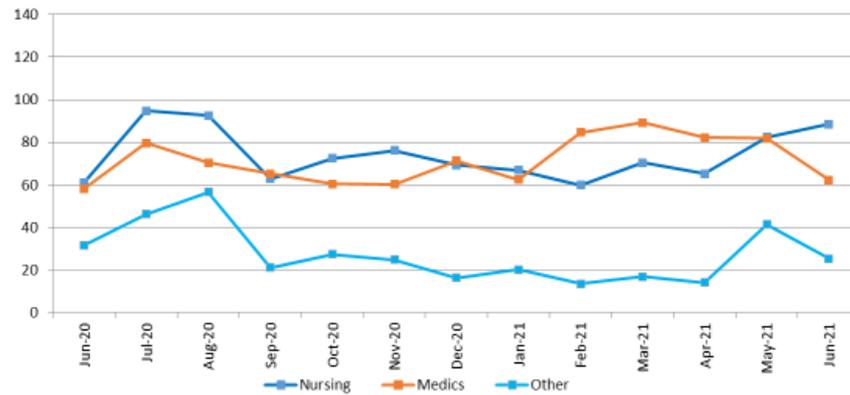


Trust Level Summary

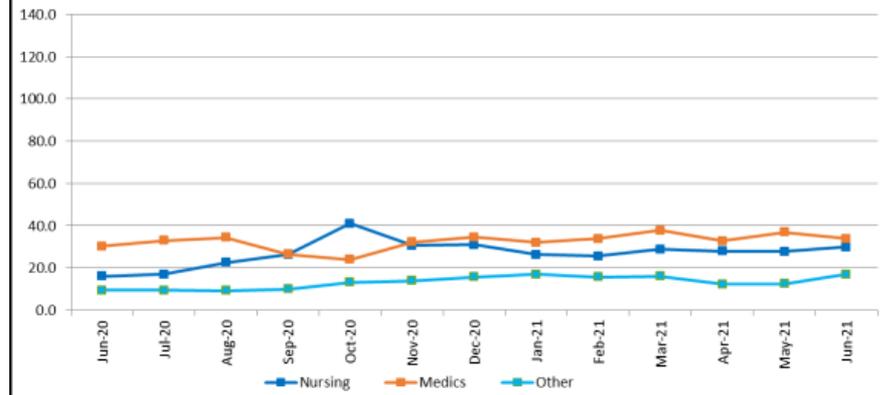
Overall Agency usage decreased by 8.3% in June 2021 as compared to July 2020 equivalent to 23.2 FTE fewer agency workers.

There was an increase in the use of nursing agency of 7.3% between May 2021 and June 2021 which was equivalent to 8.1 FTE more nursing agency workers. Medical agency locums decreased in month by 19.1% equivalent to 22.6 FTE.

L&D Site - Agency FTE



Bedford Site - Agency FTE

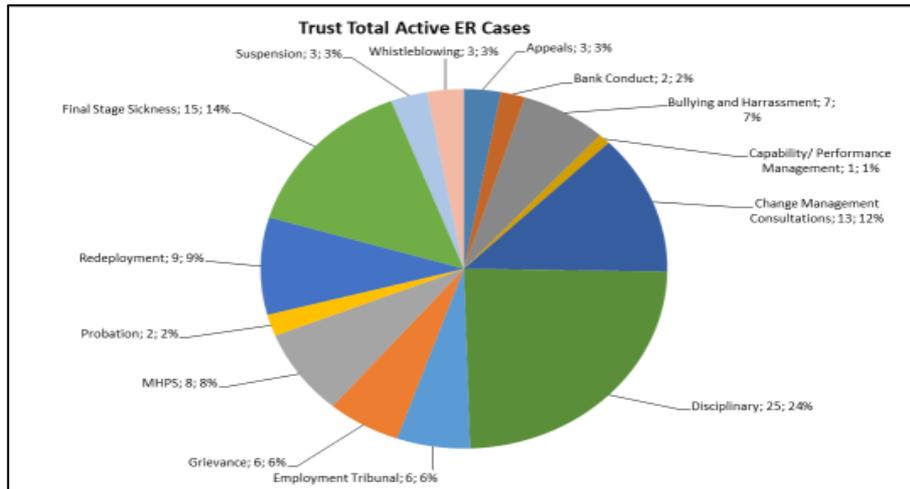


L&D Site

Agency use has a 20.2% lower run rate in June 2021 compared to July 2020 equivalent to 44.5 FTE fewer agency workers. Medical agency locums decreased marginally by 23.9 % between May 2021 and June 2021 equivalent to 19.6 FTE fewer workers. Nursing agency increased by 6 FTE (7.3%) in June 2021 as compared to May 2021.

Bedford site

Agency use has a 35.97% higher run rate in June 2021 compared to July 2020 21.28 FTE more agency workers. Medical agency locums decreased by 8.32% between May 2021 and June 2021 equivalent to 3.06 FTE fewer workers. Nursing agency increased by 2.06FTE (7.43%) in June 2021 as compared to May 2021.



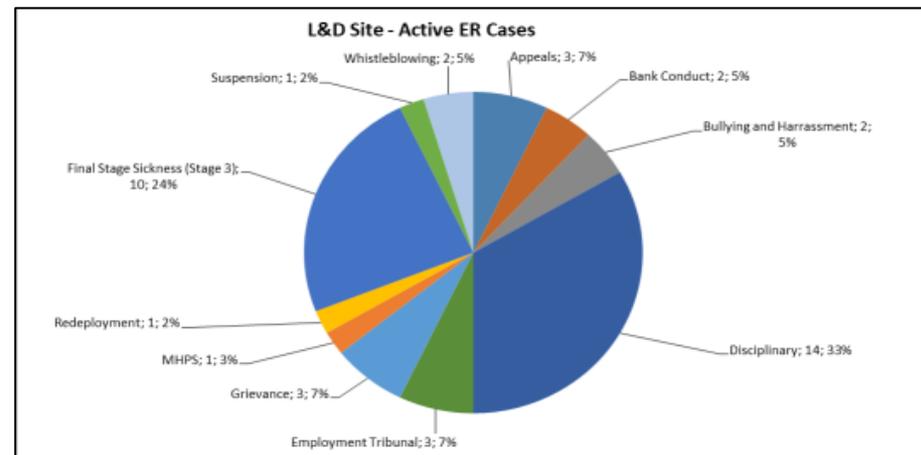
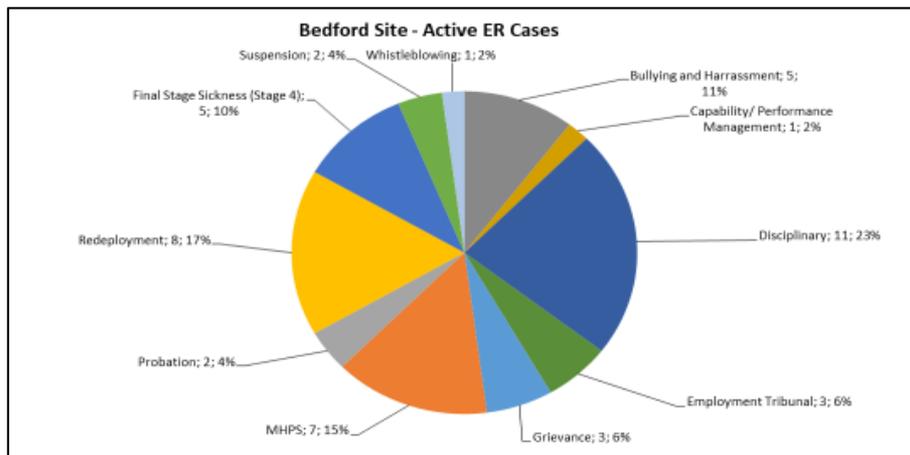
Trust Level Summary

There has been considerable increase in the number of Employee Relations cases being managed over the last month; a 14.4% increase from 90 cases in May to 103 cases in June. This is across both Trust sites. The level of activity in respect of consultation exercises arising out of the on-going alignment of structures within Groups and Departments has fallen slightly with 2 completed and 13 exercises currently on-going. This includes 4 cases in the early stages of initiation.

The number of Maintaining High Professional Standards (MHPS) cases has remained constant across both sites, a total of 8 cases; 7 cases at Bedford and 1 on the Luton Site.

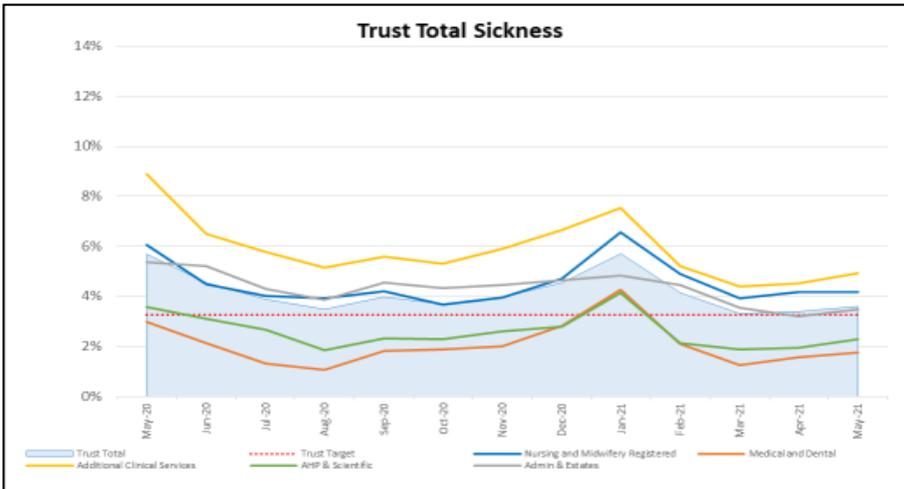
The number of disciplinary cases overall has increased marginally; with a further 3 cases across both sites, taking the total to 28 cases; including 3 individuals who have been suspended whilst disciplinary investigations are on-going.

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



There has been an increase in disciplinary cases on the Bedford Site, up 18.2% from 11 cases in May to 13 (including two suspensions) cases in June; whilst the number of cases on the Luton Site have increased 7.1% from 14 cases to 15 (including one suspension). There has been an additional Employment Tribunal Cases submitted this month, taking the total number at various stages to 6 across both sites.

The number of grievances (collective and individual) has remained steady across the Trust, with 6 active cases currently. Additionally, there were 7 complaints of bullying and harassment that continue to be dealt with across both sites, and work is on-going to bring all of these cases to a satisfactory resolution. There is an increase in the number of redeployment cases reported this month; these are largely who have been involved with other process i.e. grievance, sickness and previously reported within those figures. The decision to redeploy has been taken at the conclusion of the relevant process and is being conducted in line with Trust Policy.

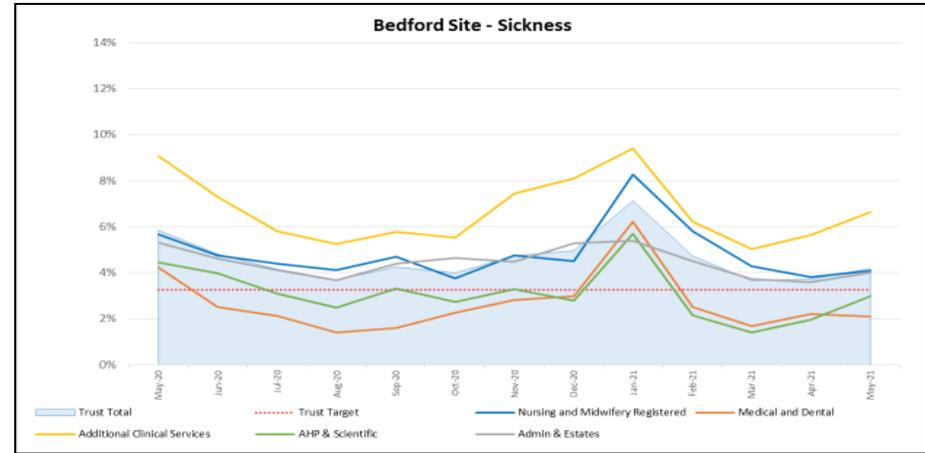
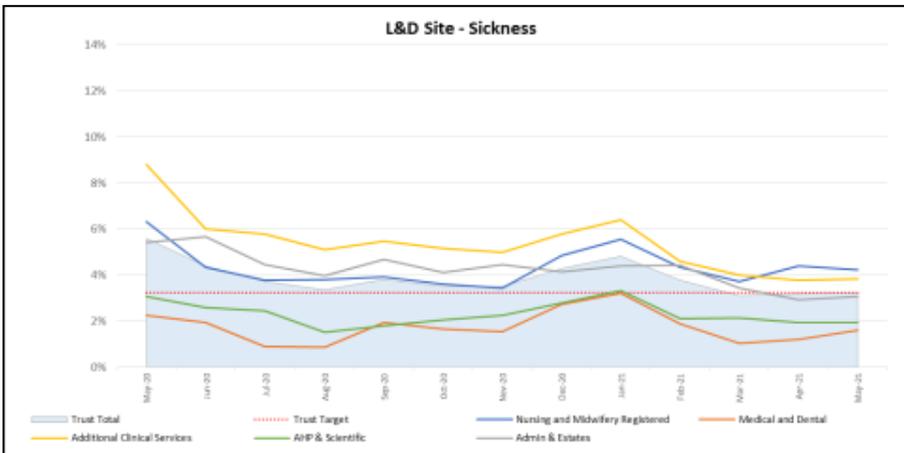


Trust Level Summary *

Overall sickness levels have decreased from a peak of 7.27% in April 2020, as a result of the COVID pandemic, to 3.60% in May 2021. This compares favourably to the regional sickness benchmark for sickness in Q4 which was 4.04%.

Sickness levels in May are at a lower level (2.09% lower) compared to the same period last year.

The highest absence rates for May are within Additional Clinical Services 4.94%, Nursing and Midwifery 4.18% and Admin and Estates 3.48%.

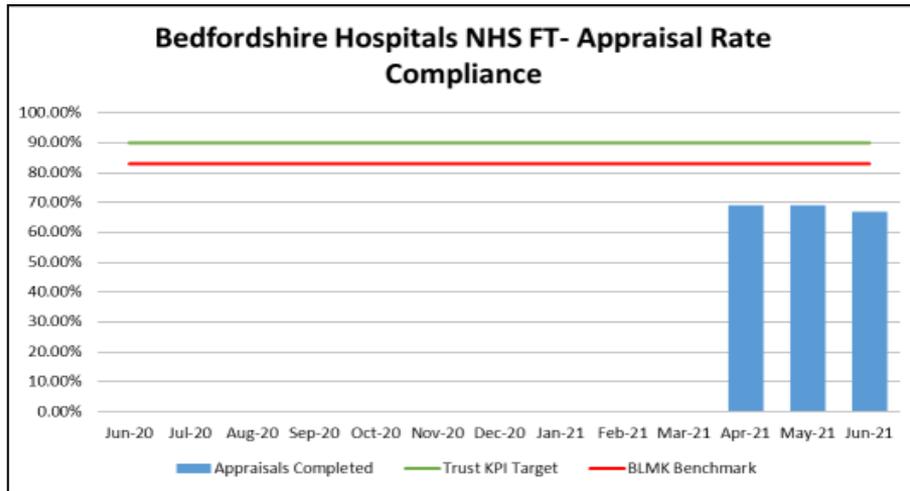


L&D Site

There was an increase of 0.05% between April and May to 3.18% sickness which remains substantially lower than the April 2020 peak of 5.86% and is a 2.36% decrease compared with the same period last year. The largest in month increases were 0.38% for Medical and Dental and 0.16% for Admin & Estates.

Bedford Site

There was an overall increase of 0.46% between April and May to 4.19% which remains substantially lower than the April peak of 9.45% and is 1.66% lower than the same period last year. The largest in month increase was 1.02% amongst AHP and Scientific staff.

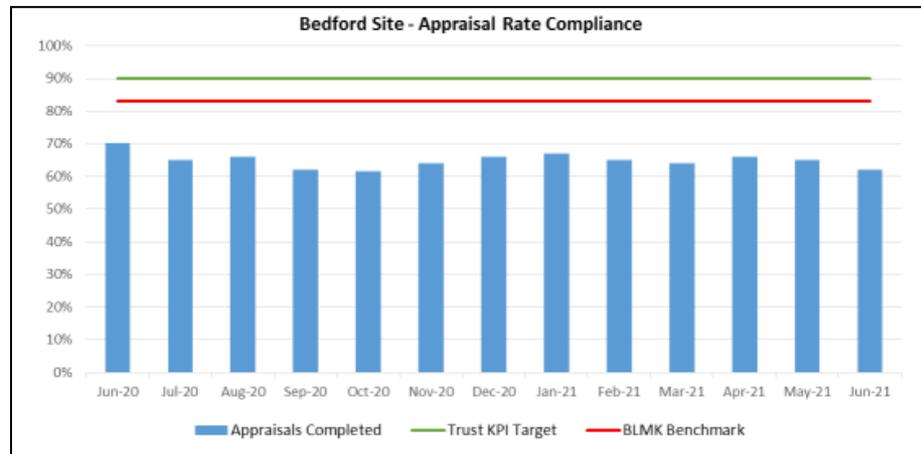
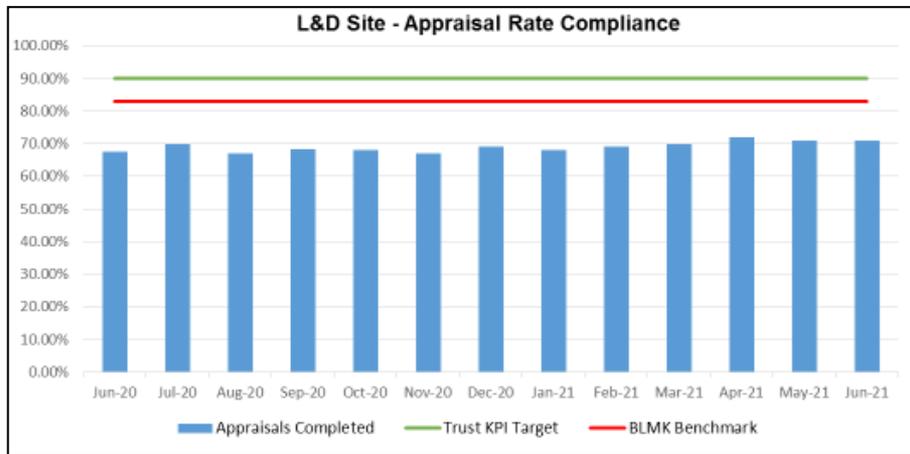


Trust Level Summary

The appraisal rate across the organisation has shown a slight decline by 1% for the June period. This brings the Trust to have an appraisal compliance for 67%.

To increase awareness the Appraisal and Pay Progression portlet has been added to the ESR Portal Homepage. This informs employees of their latest appraisal date and whether the next appraisal is pay affecting.

The new Trust wide Appraisal Policy with aligned paperwork has now come back from all stakeholders regarding comments and will be submitted to HR by 9th July to ensure that this is ratified by all relevant committees and boards. A training package consisting of face to face training, virtual teaching, E-Learning appraisal skills and support guides will help both the appraiser and appraisee understand the new processes. With the launch of the new policy and support for managers on how to schedule an appraisal, this should improve the completion rate.



Trust Level Summary

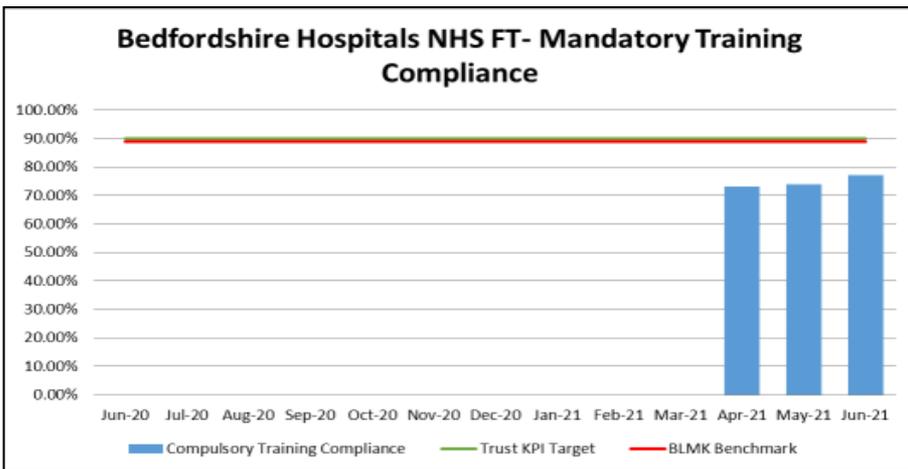
Both sites are not progressing as well as anticipated when it comes to completing appraisals. The Training and Learning team are hopeful that by providing appraisal training with the launch of the new policy and documentation that this will give managers the skills and confidence to be able to conduct an appraisal and encourage better scheduling for appraisals.

L&D Site:

The overall appraisals' compliance rate for June 2021 has remained the same at 71%.

Bedford Site:

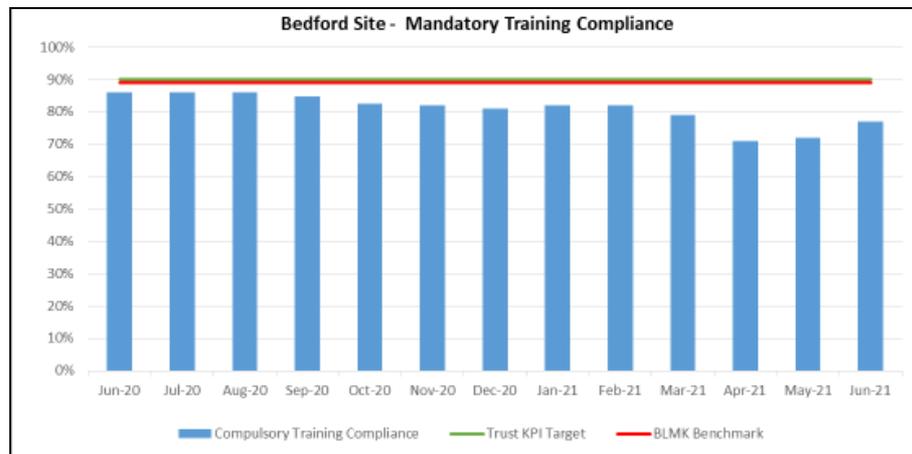
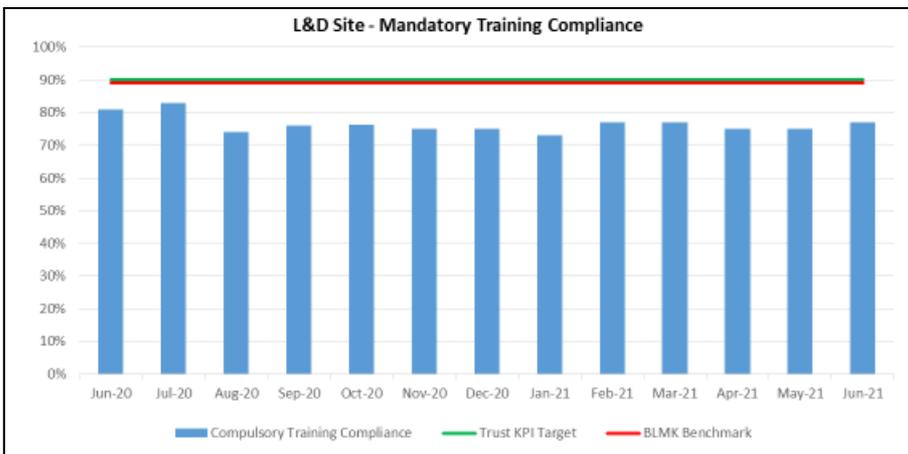
The overall appraisal rate for June 2021 has decreased by 3% to 62% from 65%.



Trust Level Summary

The Training and Learning Team worked with all relevant subject matter experts to merge and align Core Mandatory Training topics which has enabled the team to produce an overarching Bedfordshire Hospitals NHS Foundation Trust mandatory training compliance percentage. Since this started in April 2021 the Trust has seen a 5% increase in mandatory training compliance from 71% in April 2021 to 77% for June 2021.

The proposal to reinstate the new pay progression process is being taken to the Workforce Committee on the 14th July 2021. If this is agreed then all staff will be required to complete all mandatory training and any appraisals they are responsible for conducting in preparation for their next pay increment. It has been proposed to reinstate this starting from 3rd January 2022 to ensure that all staff can book in relevant training, give them time to complete and also embed and train staff on the new appraisal processes.



Trust Level Summary

Mandatory training compliance has seen a 3% increase since the month of May.

The Training and Learning Team are continuously supporting compliance by being proactive with Trust wide personalised email reminders and offering staff a range of ways to access training including E-Learning, practical sessions, ward based training and virtual training sessions. Workbooks have been provided to areas that struggle to access IT to complete via ESR. E-learning can be accessed via a mobile phone and tablet which we are promoting to ensure that staff can access training.

L&D Site:

The overall mandatory training compliance rate during the June period is 77%.

Bedford Site:

The overall mandatory training compliance for the month of June is 77%.

Board of Directors

Wednesday 4 August 2021

| | | |
|---|--|--|
| Report title: | Quality Committee Report | Agenda item: 8 |
| Executive Director(s): | Annet Gamell, Non-Executive Director, Chair of Quality Committee | |
| Report Author | Executive Directors | |
| Action <i>(tick one box only)</i> | Information <input type="checkbox"/> | Approval <input type="checkbox"/> |
| | Assurance <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> |
| Recommendation | Trust Board to note the Quality Committee Report for May, June and July 2021 | |

| | |
|--|--|
| Report summary | This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 26 May, 23 June 2021 and 28 July 2021. |
| Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework | CQC NHSI Quality Accounts (External Audit) Quality objectives |
| Jargon Buster | Harm Free Care – A set of metrics including falls and pressure ulcers that are nationally monitored CQUIN - Commissioning for Quality and Innovation – a set of quality measures that are nationally and locally mandated that the Trust is incentivised financially to achieve |

QUALITY COMMITTEE REPORT TO BOARD OF DIRECTORS

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 26 May 2021, 23 June 2021 and 28 July 2021.

2. Update on COVID-19

The Committee received monthly updates on inpatient numbers of Covid positive patients which had remained stable during May and June but an increase had been seen in July.

3. Performance Metrics and Recovery Plans

The Deputy Chief Executive updated the committee on the 5 week rolling average activity performance based on the equivalent period for 2019/20 and gave assurance that teams are working hard on the recovery plans with extra clinics and outsourced activity to the private sector. The Quality Committee noted the progress being made through the BLMK Accelerator programme. A paper was received giving an update on the waiting list trajectory.

Operational Performance Reports were received and noted. The Committee discussed the challenges faced with high volumes of patients attending the A&E departments and noted that queues are being managed and monitored accordingly. Cancer wait data provided to the June meeting highlighted some improvements and the committee were assured that all long waits are being closely monitored. Good ED performance was recognised.

4. Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) presented reports and briefed the Committee that it is anticipated that there will be an early surge of RSV in the paediatric population and national and local preparation is taking place.

Following a previous rise in numbers of C.Difficile, the DIPC reported in June that there was a dip in cases at Luton.

The Infection Prevention and Control Framework was received and noted at the June meeting.

5. Maternity

The Director of Midwifery presented the Maternity Services Quality Improvement Plan

update and gave assurance of continued support and positive feedback from CQC and the regional team, particularly following an unannounced CQC inspection which had taken place at the Bedford maternity unit.

The General Manager and Clinical Director for Women's services presented a report providing information in relation to the evidence for submission of the Maternity Incentive Scheme which would be taken to an extraordinary meeting of the Board on 7 July. It was noted that where the criteria is non-compliant an action plan is being developed and submitted with the return. The Committee were briefed on the foetal anomaly screening programme and capacity issues.

The monthly midwifery staffing reports were received at each meeting and assurance given that the Birthrate Plus Acuity App is becoming embedded and is assisting with validation processes to ensure that safe staffing is in place.

The annual maternity staffing report was received at the June meeting and the committee acknowledged that a table top exercise had taken place which provided some oversight of the current position. It was noted that validation of data over the past year has been challenging but the implementation of red flags will have a positive effect going forward.

A paper was received in July summarising the evidence submitted against the Immediate and Essential Actions of the Ockenden report. Concerns were noted with regard to the complexity and increased demand on maternity services.

6. Nursing Staffing

The Nursing Staffing reports were received for assurance. The Chief Nurse highlighted the acuity of patients and the challenges relating to mental health requirements which is putting additional pressure on nursing staff.

7. Harm Free Care

The Chief Nurse reported good progress has been made with regard to falls and pressure damage reduction and reassured the committee that the grade of pressure damage and level of harm is relatively low. A lot of initiatives are taking place across the sites and further assurance is gained from the nursing quality performance meetings with the Chief Nurse and individual wards. It was also noted that the ward accreditation programme identifies how ward teams manage harm free care.

8. Serious Incidents (SI) and Incidents

The Director of Quality and Safety Governance highlighted that incident reporting has been maintained at a similar rate to previous months. It was noted that a new section has been added to the Quality Assurance report informing the Committee of any safety alerts that have been received and these would be listed in the upward report to the Board from the Quality Committee (see below).

9. Patient Safety Alerts

Patient safety alerts are official notices issued by NHS England/ Improvement which give advice or instructions to NHS bodies on how to prevent specific types of incidents

which are known to occur in the NHS and cause serious harm or death.

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

- Urgent assessment/treatment following swallowing of “super strong” magnets
- Eliminating the risk of inadvertent connection to medical air via a flow-meter
- Recall of Co-codamol 30/500 Effervescent Tablets, Batch 1K10121, Zentiva Pharma UK Ltd due to precautionary risk of causing overdose
- Philips ventilator, CPAP and BiPAP devices: Potential for patient harm due to inhalation of particles and volatile organic compounds
- Inappropriate anticoagulation of patients with a mechanical heart valve

The Quality committee receives a monthly summary report of the alerts and note implementation of alerts by the Patient Safety team. Current alerts are either fully implemented and formally closed or progressing within expected timescales to meet the deadlines for implementation.

10. Mortality

The Joint Medical Director highlighted the mortality data for both sites, and noted the comparisons to the 5 year average.

The upwards report from the Learning from Deaths Board was received by the committee and data with regard to a review of nosocomial deaths was acknowledged.

The quarterly learning from deaths report was received which outlined the newly aligned mortality review process.

11. Patient Experience

The monthly patient experience reports were received and noted. The Deputy Director of Nursing explained that the visiting policy is under constant review and it was acknowledged that the lack of access to patients has been a challenge and is reflected in the number of complaints being received.

12. Quality Account

The Quality Committee received and approved publication of the Quality Account.

13. Upwards Reports from Other Committees

Upwards reports from the Clinical Quality Operational Board (CQuOB) and Specialist Committee Operational Board (SCOB) were received by the Quality Committee. The Joint Medical Director highlighted that the Research and Development department has received a regional commendation for one of the Covid trials.

14. Internal Audit

The committee received the final audit report for Performance Reporting for information.

15. Risk Register

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

16. Safeguarding

The quarterly integrated safeguarding report was received. The increase in mental health and alcohol issues in young people, including eating disorders, was highlighted. Perinatal mental health has seen a significant increase and there is now a perinatal nurse in post across both sites.

17. Fractured Neck of Femur update

The General Manager and Clinical Director for Trauma and Orthopaedics attended the June meeting and presented an overview of current performance relating to fractured neck of femur.

18. Stroke update

The stroke management team shared published data for the HASU (hyperacute stroke unit) on the Luton site and the committee congratulated the team on the good performance.

Board of Directors

Wednesday 4th August 2021

| | | |
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| Report title: | FIP Committee Report | Agenda item: 9 |
| Executive Director(s): | Matthew Gibbons | |
| Report Author | Ian Mackie | |
| Action <i>(tick one box only)</i> | Information <input checked="" type="checkbox"/> | Approval <input type="checkbox"/> |
| | Assurance <input type="checkbox"/> | Decision <input type="checkbox"/> |
| Recommendation | Trust Board to note the FIP Committee Report for May, June & July 2021 | |

| | |
|--|---|
| Report summary | <p>This report contains a summary of the deliberations of the FIP Committee during May, June & July 2021.</p> <p>The financial – revenue & capital – performance (including results for FY20/21), budget setting process for FY21/22 and future financial regime have all been considered alongside a number of key redevelopment investment decisions and a review of merger benefits.</p> <p>The Committee reviewed existing risks and considered a number of Internal Audit reports over the three months.</p> |
| Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework | |

Bedfordshire Hospitals NHS Foundation Trust
FIP Committee Report to the Board

4th August 2021

The Board should note the following items discussed at the FIP Committee meetings from 19th May (Extraordinary), 26th May, 23rd June and 28th July 2021.

1. Financial Position

On the 28th July the Committee noted that the FT delivered a surplus of £0.3m (excluding donated depreciation) year to date against a £0.3m plan. The FT's pay spend had a £0.4m adverse variance in month, mainly in medical pay. Non-pay overspends of £3.0m are partly offset by income relating to Covid testing £0.9m.

Based on the estimated M01-3 Elective recovery fund performance, the FT has recognised £7.1m of income within its position. ERF income is awarded to the ICS and therefore the FT is reliant on the whole system delivering in order to achieve full ERF income.

The FT's cash position remains strong.

2. Capital

The FT starts the year with a combined capital plan of c£83m. With the advent of STP Capital envelopes, the FT is limited in its ability to spend its own cash. The 21/22 CDEL allocation for Bedfordshire Hospitals is £27m of a total of £41m for the STP. In addition, the FT will receive a further £12m of the regional CDEL towards Acute services block. Work is ongoing to ensure FT's capital aspirations are deliverable within our CDEL envelope.

Year to date the FT has spent £10.3m on capital.

3. Business & Investment Decisions

Three significant changes were considered for approval:

At the Extraordinary FIP 19th May, FIP approved the recommendation that Kier Construction Ltd should be appointed under a Pre-Construction Services Agreement

At the FIP on 26th May the Committee approved the progression of subcontractor agreements with a number of independent providers, and the transfer of activity on the basis of expected achievement of ERF to offset the cost.

At the FIP on 28th July the Committee approved the appointment of Willmott Dixon Construction Ltd under a NEC 3 Option A contract for completion of the build works in the Emergency Department.

4. Other Matters

- Budget Setting

The Committee noted the latest (informal) steer from the region, which is that the FT should be planning for an efficiency requirement of 3.5% for the latter half of the year.

As approved at FIP in March the CEO and DoF will continue to only approve Service Developments or Cost Pressures where there is an identified CIP to offset the incremental cost increase.

The FT will continue to aspire to make a surplus in the first half of the year, in order to provide an additional contingency for any H2 underperformance, but given the recurrence of the efficiency requirement, this would only delay the problem.

To that end Service Lines, Finance Leads and the Integration & Transformation Team have embarked on a process to identify sufficient CIP schemes to deliver the H2 challenge.

- Golden Rules

The Finance Committee received the Director of Finance's proposal to introduce six golden rules summarizing the Trust's financial approach. These were debated, slightly amended and then confirmed at a subsequent Finance Committee. The agreed rules are:

- 1) Minimum cash balance of £30m
- 2) Plan to breakeven with contingency of at least 0.75%
- 3) 5% Return on Investment
- 4) Maintain upper-quartile productivity by delivering CIP plans of 2% or national expectations (whichever is higher)
- 5) Remain within CDEL limits
- 6) Support the System to deliver overall system financial targets

- Elective Recovery

The FT received a letter on 9th July 21, outlining reforms to the ERF scheme with effect from July 21. The key change is that the 85% threshold will be changed to 95%. Performance above 95% will be paid at 100% tariff and anything beyond 100% will be paid at 120% of tariff.

ERF will continue to be earned on a system basis to encourage systems to continue to use their capacity and resources as flexibly as possible across organisations to maximise recovery activity. Use of the Independent Sector to help achieve this remains an integral part of the arrangements.

The impact of the pandemic on routine waiting times continues to be substantial, with the deterioration in the FT's 18 week performance being significant.

- The number of 52+ week waits was 2,792 on June 6th 2021. This position is 241 better than reported last month.
- Average daily referrals into the FT is now 93% of pre-Covid (e.g. April 2019) levels. 2ww referrals are now circa 14% above pre-Covid levels.
- 643 patients (predominantly T&O) have been waiting 78 weeks or more (478 of these are in Bedford)
- 18 week performance is currently at 68.2% (up from 66.1%) for Bedford Hospital and 71.0% (up from 66.8%) for the L&D. The national standard prior to Covid19 was 92%
- The average time waiting for patients on open pathways is 15.7 weeks compared to 8.6 weeks pre-Covid.

The Committee noted the current position and the plans for elective recovery, including the headline financial benefits for exceeding the national target expectations.

- Redevelopment Updates:

The first draft of the Full Business Case was presented to the Board for review and comment.

The programme for review and approval of the FBC was discussed. The importance of completing the document in time for presentation to NHSI/E at the end of July was emphasised. The main enabling schemes continue to progress well although the Committee noted that there are some programme risks that are being managed and mitigated.

The current projected completion date for the project remains as 18 September 2024. Kier are currently working towards a completion date of May 2024.

Construction of the Energy Centre is on programme. The demolition contractor is progressing the work towards completion in December 2021. There is an emerging risk to demolition arising from delays to fabrication and delivery of the switchboards required in the ISS.

- Corporate Governance

The Committee reviewed and updated, where appropriate, the Risk Register. The Committee considered Internal Audit reports on Performance Reporting, Key Financial Controls and Programme Assurance on the Hospital Redevelopment Programme.

5. Items for Escalation to the Board

Approval of ED Business Case – see separate paper

Board of Directors

Wednesday 4 August 2021

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

| | |
|--|--|
| Report summary | <p>A report on the progress of the Redevelopment Programme.</p> <p>The first draft of the Full Business Case has been published.</p> <p>A Gateway 3 review organised by DHSC was carried out in July. The scheme was given a green rating.</p> <p>Kier Construction have been appointed under a Pre-Construction Services Agreement to develop the design of the new buildings, and to determine a fixed price for the work.</p> <p>Completion of the main scheme programme is on programme for September 2024.</p> <p>Demolition has started and is on programme.</p> <p>Construction work on the new Energy Centre is on programme.</p> <p>Work on the ED scheme at Bedford is complete. Work on the Luton scheme is making slow progress.</p> |
| Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework | Nothing to report. |

REDEVELOPMENT PROGRAMME BOARD REPORT

4 August 2021

TO BOARD OF DIRECTORS

1. Introduction

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

2. Governance

The Programme Board met on 19 May, 16 June and 21 July 2021. In addition, there was an extra-ordinary Board held on 12 May to review the appointment of the contractor for the main scheme under the terms of a Pre Construction Services Agreement (PCSA).

3. Main scheme

The first draft of the Full Business Case (FBC) has been published. This was reviewed and approved by the Board at the meeting held on 21 July. The Board approved the submission of the draft to the NHSI/E Regional team to allow them to commence their approval process. Work to complete the final version of the FBC is on schedule to support submission in September. The FBC will be submitted to FIP, the Trust Board and the Governors in September prior to submission.

The independent Gateway Review organised by the Department of Health & Social Care (DHSC) took place 19/22 July. The review panel classified the project as green. This was a significant result which will be a key supporting document for the FBC submission.

The outcome of the Invitation to Tender process for the main scheme was discussed at an extra-ordinary meeting of the Board on 12 May. The Board was presented with papers that outlined the procurement process, including details of the evaluation, and the conclusion that Kier Construction Ltd should be appointed under a PCSA to develop the design to a point where a fixed price for the works could be agreed and subsequently included within the FBC. Kier have committed to deliver a Not to Exceed price at the end of August, and a Fixed Price in November 2021. The PCSA has been signed by Kier.

The scheme is on programme for completion in September 2024.

4. Enabling schemes

The enabling schemes and service diversions are now substantially complete. The relocation of the Linen room is the only remaining scheme to be completed. The main gas diversion works will take place in August.

Demolition is well advanced. Block 38 (nurses annex) has been demolished. Work has

started on the demolition of the old Trust HQ building (Block 28). The works are on programme for completion in December.

5. Energy Centre

Construction of the new Energy Centre building is progressing to programme. The new flue was installed at the end of June. Steelwork erection will be completed at the end of July.

The lighting upgrade works being delivered by Centrica are underway. Approximately 50% of the fittings have now been replaced. The key issue to be resolved at the moment is the scope of works required in each of the local building plantrooms.

6. Luton ED upgrade

Willmott Dixon have made slow progress on identification and removal of redundant services within the old buildings. The construction of the external drainage is underway. This will allow foundations and steel construction to follow.

The Enabling Works Agreement which was signed in March has now expired and will be replaced by a Development Agreement. The scope, price and programme for the works have been agreed. Final discussions on the contract are underway with a view to contract signature at the end of July.

7. Bedford ED upgrade

The scheme is now complete and has been handed to the operations team. Work on phase 2 is in the planning stage.

8. Bedford schemes

Proposals for additional theatre capacity, primarily to support the vascular service, are under review as the projected costs have now risen beyond the approved budget. It is becoming evident that major works will be required to the electrical infrastructure at Bedford before major development schemes can progress.

9. 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.

10. Future activity

The focus of activity over the next three months will be completing the final version of the FBC ahead of submission to NHSI/E, DHSC and the Treasury for approval. Kier will complete the mobilisation of their team to support the development of the RIBA 4 design, the procurement of the works and the mobilisation ahead of works commencement in January 2022.

Demolition and works on the Energy Centre will continue.

Work on the services to support the Luton Emergency Department will be completed, followed by construction of foundations.

Board of Directors

Wednesday 4th August 2021

| | | |
|---|--|--|
| Report title: | Annual Audit & Risk Committee Report to Board | Agenda item: 11 |
| Executive Director(s): | Matt Gibbons, Director of Finance | |
| Report Author | Victoria Parsons, Associate Director of Corporate Governance | |
| Action <i>(tick one box only)</i> | Information <input type="checkbox"/> | Approval <input type="checkbox"/> |
| | Assurance <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> |
| Recommendation | The Board is asked to note the Annual Audit & Risk Committee Report. | |

| | |
|--|---|
| Report summary | This report sets out how the Audit & Risk Committee (A&RC) has fulfilled its role during 2020/21. An annual work plan, based on the terms of reference (as approved by the Board) was reviewed and approved in June 2020. |
| Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework | A robust internal control framework supports delivery of the Trust's strategic objectives |
| Jargon Buster | KPMG – External Auditors |

Draft Annual Audit & Risk Committee Report to Board

1. Introduction

This report sets out how the Audit & Risk Committee (A&RC) has fulfilled its role during 2020/21. An annual work plan, based on the terms of reference (as approved by the Board) was reviewed and approved in June 2020. The 2020/21 work plan is attached at Appendix 1.

2. Attendance of the Audit & Risk Committee

The Committee met on four occasions during the year and were quorate at each meeting (minimum of Chair plus 2 non-executive directors).

Also in attendance were external audit, internal audit, the Associate Director for Corporate Governance and Director of Finance, for all meetings. Counter Fraud gave apologies for one meeting. The Joint Medical Directors did not attend any meetings due to clinical responsibilities related to Covid. No significant clinical risk issues arose that could not be addressed by placing reliance on representation and assurance from the Quality Committee subcommittee, (attended by the Joint Medical Directors and members of the A&RC).

3. Activity during the year

Governance, Internal Control and Risk Management

The A&RC fulfilled this aspect of its role through:

- receipt of progress reports from external audit, the local counter fraud specialist, and internal audit. The latter were instrumental in alerting the Audit & Risk Committee to low, medium, high and critical risk areas and ensuring that appropriate action was being taken through the 'progress on outstanding recommendations' report;
- Updates from the various sub-committees, attended by members of the A&RC, were provided which reported emerging governance and assurance risks; and
- Review of the Board Assurance Framework and Risk Registers for completeness and accuracy.

The Trust's Governance Statement has been drafted on the basis of the various sources of assurance over governance, internal control and risk management and known weaknesses as reported to the A&RC.

The A&RC also received various management reports which monitored compliance with and changes to the Standing Orders, Standing Financial Instructions and Scheme of Delegation. These included the Register of Interests, Loss and Compensations payments, Hospitality Register and the circumstances when standing orders were waived.

Appendix 2 is an extract from the 2019/20 Annual Report describing the role of the Committee and how it fulfilled this role.

Internal Audit

The annual audit plan, as agreed at the Committee, was delivered over the course of the year. The Annual Report, as reported at the June 2021 committee, 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.

The Committee requests attendance by senior representatives to provide formal briefings on implementation of high and critical risk actions. This process has provided evidence that recommendations have been implemented. The Committee will continue to monitor and escalate to hold officers to account. Over the last year outstanding recommendations have been assigned to the relevant sub-committee for monitoring of implementation and to improve accountability, which has proved successful in maintaining continual focus and progression. The vast majority of legacy actions have been implemented. Management now need to ensure timely production of evidence that actions have been successfully addressed on an ongoing basis.

It should be noted that both the Internal Audit and Counter Fraud contracts had been extended for a further year pending the outcome of the acquisition of Bedford Hospital Trust. This was supported by the Committee on the basis of quality and cost of services received. The acquisition was delivered successfully and External Audit, Internal Audit and Counter Fraud contracts have been retendered for the 2021/22 financial year.

External Audit

The focus of the external audit work during 2020/21 has been opinion based i.e. to provide assurance that the financial statements give a true and fair view. This was through identification of the risks facing the Trust, establishing whether they are mitigated by the risk management arrangements, and assessing internal control and the risk of material misstatement. In addition the external audit gives a Value for Money conclusion based on the requirements of the National Audit Office. The Annual Governance Report was reported at the June 2021 A&RC. Feedback during the year has suggested that there are no significant concerns.

External Audit also provide Technical Updates which assist the Committee with challenging and obtaining assurance from management on relevant issues in the Health Sector.

Financial Reporting

Due to the timescale for producing and auditing the 2020/21 financial statements the Finance, Investment & Performance Committee reviewed the draft financial statements prior to both the Board and the A&RC. Final approval is planned at the Private Board on 16 June 2021.

The revised accounts, annual governance report and supporting commentary within the Annual Report were reviewed by the A&RC in June 2021.

The accounting policies were updated and approved by the A&RC to reflect changes to the Annual Reporting Manual and current practices in March 2021.

NHS Improvement/England has not made any formal announcements during 2020/1 relating to the Trust's financial performance.

Counter Fraud

The A&RC received regular progress reports on delivery of the annual counter fraud programme including outcomes of investigations of fraud allegations. There were no incidents raising concern over the control environment for prevention of fraud.

Quality Assurance

The A&RC has received regular sub-committee updates over the year and a report from the Freedom to Speak Up Guardian. These reports provided the Audit & Risk Committee with the assurance that there were adequate controls in place to review, monitor and action the Trust objectives. Of particular note, the updates from Quality Committee has provided assurance on the effectiveness of improvements in Clinical Governance and adequacy of clinical audit, acknowledging that there is a need to continue with the improving trend.

Reporting to the Council of Governors

The external auditor, KPMG, reported the 2020/21 Annual Management Letter to the August 2021 Council of Governors meeting.

Charitable Trust Annual Accounts and Trustees' Report

The Committee has reviewed the Annual Accounts and the Trustees' Report of the Charitable Trust for the year ended 31 March 2020 and confirmed their filing with the Charity Commissioners.

Conclusion

During 2020/21 the Audit & Risk Committee fulfilled its role as set out in its terms of reference and is satisfied that adequate controls exist over governance, the system of internal control and risk management.

RECOMMENDATION

The Board is asked to note the Annual Audit & Risk Committee Report.

Steve Hone

Chair of the Audit & Risk Committee (during 2020/21)

June 2021

| Appendix 1: Audit & Risk Committee Work Plan | March | May | Oct | Feb |
|---|---|--|--|---|
| Reports/ Recommendations from Sub Committees & Assurance Processes: <ul style="list-style-type: none"> ○ Assurance Framework ○ Risk Management ○ CQC Regulation & Registration ○ Information governance ○ Sub Committees – Clinical Outcome, Safety & Quality Committee, Finance, Investment and Performance Committee, Executive Board ○ Chief Executive - process for assurance that supports the Annual Governance Statement ○ Review Freedom to Speak Up process & Report from Guardian | <ul style="list-style-type: none"> ✓ ✓ * * ✓ ✓ | <ul style="list-style-type: none"> * ✓ * * ✓ ✓ | <ul style="list-style-type: none"> ✓ ✓ * * ✓ ✓ | <ul style="list-style-type: none"> ✓ ✓ * * ✓ * |
| Compliance with and changes to Standing Orders, SFIs & Scheme of Delegation & the Financial Control Environment: <ul style="list-style-type: none"> ○ Waivers ○ Losses and special payments ○ Conflict of interest/ hospitality register (incl Sponsorship) Policies to be reviewed every three years or as and when required ○ Fit and Proper Persons declarations ○ Review of Financial Control ○ Terms of Authorisation ○ Provider Licence Review | <ul style="list-style-type: none"> * | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ * ✓ ✓ | <ul style="list-style-type: none"> ✓ * | <ul style="list-style-type: none"> * |
| Internal Audit: <ul style="list-style-type: none"> ○ Consider the appointment, audit fee and termination of the contract ○ Performance monitoring ○ Strategic plan ○ Progress reports & update on recommendations ○ Annual internal audit opinion/ report | <ul style="list-style-type: none"> * ✓ ✓ | <ul style="list-style-type: none"> * ✓ ✓ | <ul style="list-style-type: none"> * ✓ ✓ | <ul style="list-style-type: none"> * ✓ ✓ |
| External Audit: <ul style="list-style-type: none"> ○ Recommend to the Council of Governors the appointment, reappointment and removal of the external auditor ○ Performance Monitoring ○ Annual Audit Fee ○ Progress and update reports ○ Report to those charged with Governance ○ Annual Management Letter ○ Charitable Fund Reporting ○ Review proposed engagements of the external auditor to supply non-audit services | <ul style="list-style-type: none"> * ✓ ✓ ✓ * | <ul style="list-style-type: none"> * ✓ ✓ * | <ul style="list-style-type: none"> * ✓ ✓ ✓ ✓ * | <ul style="list-style-type: none"> * ✓ * |
| Financial Reporting: <ul style="list-style-type: none"> ○ Review changes to Accounting Policies ○ Review Annual Report & Accounts ○ Review Statement of Internal Control ○ Acknowledge formal announcements relating to the Trust's financial performance | <ul style="list-style-type: none"> ✓ * | <ul style="list-style-type: none"> * ✓ ✓ * | <ul style="list-style-type: none"> * * | <ul style="list-style-type: none"> * * |
| Counter Fraud: <ul style="list-style-type: none"> ○ Consider the appointment, fee and termination of the contract ○ Approval of annual work plan ○ Progress report including specific investigations ○ Annual report ○ Review of policies & procedures relating to fraud, anti-bribery and freedom of speech | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ * | <ul style="list-style-type: none"> ✓ ✓ ✓ * | <ul style="list-style-type: none"> ✓ ✓ * | <ul style="list-style-type: none"> ✓ * |
| Required by Terms of Reference: <ul style="list-style-type: none"> ○ Reporting to the Board and Council of Governors** ○ Review of terms of reference ○ Private discussion with internal and external audit ○ Approval of Audit Committee work plan ○ Annual Audit Committee Assessment** | <ul style="list-style-type: none"> * ✓ ✓ | <ul style="list-style-type: none"> ✓ | <ul style="list-style-type: none"> * ✓ ✓ | <ul style="list-style-type: none"> * |
| Annual report to the Board | | ✓ | | |

Audit and Risk Committee Report

The Audit and Risk Committee reviewed financial and operating performance and compliance against national and regulatory standards. A comprehensive work plan is agreed each year which ensures oversight and monitoring of risks, mitigations and issues relating to the financial statements, internal controls and compliance with regulatory, statutory responsibilities and internal policies and procedures which in turn enables action to be escalated as appropriate, i.e. officer attendance to explain critical risk or failure to implement internal audit recommendations and escalation to the Board where appropriate. An annual report of the Committee's activities and how the Committee has fulfilled its role is reported by the Chair of the Audit & Risk Committee to the Board and the Council of Governors. The Committee has had close oversight throughout the year of the Board Assurance Framework and principal risks on efficiency planning and sustainability. Risk Management and Board Assurance, Governance, Post Transaction Implementation Plan, Performance Monitoring, L&D Site Redevelopment Programme Assurance, IT Disaster Recovery, Cost Improvement Programmes, Agency Staffing Costs, Key Financial Controls, Cyber Security and an advisory report for Data Quality. In relation to CQC compliance with care standards, the Trust received a rating of Good for Luton and Dunstable and Requires Improvement for Bedford Hospital from the CQC inspections in December 2018 and the Committee reviews regular reports from the Quality Committee and ongoing initiatives.

Internal Audit

The Audit and Risk Committee has been assured by the Head of Internal Audit Opinion on the Trust's internal control environment and positive approach to identifying, assessing and mitigation planning to risks.

External Audit

The Audit and Risk Committee engages regularly with the external auditor throughout the financial year, including holding private sessions with Non-Executive Directors on the Audit and Risk Committee.

The Audit and Risk Committee considers the external audit plan, technical updates, any matters arising from the audit of the financial statements and the Quality Account and any recommendations raised by the external auditor.

The External Audit programme is scheduled to focus on key areas of risk and for 2020/21 the areas of audit risk were:

- The valuation of land and building
- Revenue recognition
- Management override of control
- Fraudulent expenditure recognition

The ISA260 report presented on the 10th June 2020 identified that there were no material concerns or control weakness identified during the year.

The appointment of the auditor was made in 2012 as a result of a competitive process under a procurement compliant framework. The appointment was extended in 2014, 2016, 2017, 2018 and 2019 on the same terms. Each appointment is subject to Council of Governors agreement. Reports from External Audit are received and reviewed at each Audit and Risk Committee to assess the effectiveness of the external audit programme. External Audit

confirmed they were able to complete the required testing against the controls in the fee agreed with the Trust.

The organisation's going concern status has been specifically discussed with the External Auditors in relation to the financially challenging environment the Trust faces. Assurance on the accounts review of the "going concern" opinion is based on risk to service continuity and that the Trust is able to confirm service continuity and therefore going concern status over the medium term.

Board of Directors

Wednesday 4th August 2021

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|---|---|---|---|---|
| Report title: | Charitable Funds Committee Reports to Board of Directors | | Agenda item: 12 | |
| Executive Director(s): | Matthew Gibbons – Director of Finance | | | |
| Report Author | Victoria Parsons, Director of Corporate Governance | | | |
| Action <i>(tick one box only)</i> | Information <input type="checkbox"/> | Approval <input type="checkbox"/> | Assurance <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> |
| Recommendation | To note the contents of the report for assurance | | | |

| | |
|--|---|
| Report summary | <p>Key points to note for the Board:</p> <ul style="list-style-type: none"> • Updates on the health and wellbeing support for staff on both sites • Update on the merger of the two charities • Reviewed the general funds on both sites • Received an update on the Acute Services Block and fundraising opportunities • Agreed to progress a Trauma Campaign • Approved bids against the General Fund |
| Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework | Charity Commission |
| Jargon Buster | NHS Charities Together - is a collective experience representing, supporting and championing the work of the NHS' official charities. |

CHARITABLE FUNDS COMMITTEE REPORT

Introduction:

This Report updates the Board of Directors regarding the matters discussed at the Charitable Funds Committee held on the 19th May 2021.

Conflicts of interest:

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

Matters Arising:

- Received updates on the work towards the wellbeing areas across both Trusts ensuring that any work meets the Charitable Funds objectives.
- Received an update on the plans for Captain Tom Memorial Garden confirming an application to the Captain Tom Foundation.
- Reviewed the current investment portfolios for both hospitals and impact of COVID.
- Received reports on the L&D and Bedford General Funds. The committee discussed the merging of the two general funds ensuring that the corporate trustee is mindful of the location the donation was received when approving spend against the fund.
- Received a report on the progress with the merger of the two charities into one charity (Bedfordshire Hospitals NHS Charity) and the renewal of Charity Deeds to be lodged with the Charity Commission.
- Reviewed the Risk Matrix.
- Discussed the good working relationship between the Trust Charity and the Bedford Hospital Charity and Friends who support Bedford Hospital. Both Charities have agreed to have a Memorandum of Understanding and the committee reviewed a draft.
- Received a report from the Deputy Head of Fundraising noting:
 - Continued Community and volunteer support across both sites during the pandemic
 - Engagement with Trusts and Grants to increase income
 - Working in partnership with the Bedford Hospital Charity and Friends to support the £1m fundraising campaign for the Bedford Hospital site.
- Received a report from the Redevelopment Team about proposed fundraising activities for the Acute Services Block and the Emergency Department at L&D site including a helipad update. The Committee agreed to move forward with a Trauma Campaign for L&D ED to include a CT scanner. The Committee will further review the ASB proposition at their next meeting in September.
- Approved Bids:
 - SCBU Accommodation (Bedford) - Approved £14,736 half from each general fund.
 - Engagement Event (both sites) – Approved £76,610 using the remaining general fund from Bedford
- Bedford Hospital Charity and Friends have agreed to purchase a Breast Localiser for the Bedford site.

Board of Directors

Wednesday 4 August 2021

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|---|--|--|---|--|
| Report title: | Workforce Committee Report | Agenda item: 13 | | |
| Executive Director(s): | Angela Doak | | | |
| Report Author | Richard Mintern | | | |
| Action <i>(tick one box only)</i> | Information <input checked="" type="checkbox"/> | Approval <input type="checkbox"/> | Assurance <input type="checkbox"/> | Decision <input type="checkbox"/> |
| Recommendation | Trust Board to note the Workforce Committee Report for August 2021 | | | |

| | |
|--|---|
| Report summary | <p>This report contains a summary of the considerations of the Workforce Committee which met July 2021.</p> <p>Consideration was given/progress was noted in the following areas:</p> <ul style="list-style-type: none"> • Staff Wellbeing • Employee Relations – Improving People Practices • Freedom to Speak Up Guardian – update on activity • Organisational Development strategy update • Equality Diversity and Human Rights • BAME staff network - update on progress • Training Recovery Plan • Advanced Clinical Practitioners Strategy update • Workforce Board report • Risk Register |
| Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework | Board Assurance Framework – Objective 3 to secure and develop a workforce that meets the needs of our patients |
| Jargon buster | ACP – Advanced Clinical Practitioners AHPs – Allied Healthcare Professionals ER – employee relations ESR – Employee Staff Record (national system) FTSUG – Freedom to Speak up Guardian HR – Human Resources NHSE/I – NHS England/Improvement WDES – Workforce Disability Equality Standard WRES – Workforce Race Equality Standard |

Workforce Committee held on 3 February 2021 and 21 April 2021 – Report to the Trust Board

1. Staff Wellbeing

A Health & Wellbeing Strategy Group has been established, with representation for Clinicians, Clinical Psychologists, HR & Health & Wellbeing from both Trusts. Sitting below this group is a Working Group working across all disciplines and departments. The Project Wingman Wellbeing bus was on both sites in July and was well attended by staff.

2. Employee Relations

Metrics

- The HR Department are reviewing active ER cases
- 13 consultations were in progress in June where services are aligning and 2 completed.

Improving People Practices

Following a review of a tragic case in a London NHS Trust NHSE/I published national recommendations relating to the management and oversight of disciplinary procedures. The Committee heard that the Disciplinary policy has been reviewed in partnership with managers, staff, trade union and professional organisations in light of these findings. The following key themes were discussed at the committee:

- A just and learning culture
- Safeguarding wellbeing and support for staff,
- Being thorough but timely in reaching conclusions and
- Approaching suspensions and exclusions
- Appeal processes

3. Freedom to Speak Up Guardian Update

- Principle Clinical Psychologist is working with the FTSUG and Peer2Peer listeners as well as mental health awareness team to support staff.
- Raising the awareness of the role of the FSUG continues and has been reinstated on the Trust induction together with a video which is available to view on the intranet.
- Schwartz Round – Staff are invited to hear recent clinical cases which are reviewed and experiences shared by colleagues who were involved in these cases.

4. OD Strategy - progress report

Development Bursts – drop in sessions are in place on both sites and content from these bursts are being used to support teams on away days and development sessions.

Talent management – briefing sessions and career conversations have started to take place and in the autumn a calibration session will take place to formulate the successions plan.

Quarterly Staff Survey – mandated as part of the People Plan the survey opened for this quarter (July) with subsequent surveys in the new year and April. The national staff survey will take place during September.

Leadership Development Programme – an update was received by the Committee.

5. Equality Diversity and Human Rights (EDHR)

The committee received an update on the WRES and WDES reports which will be circulated to the Committee when they are available.

6. BAME Network Update

- Membership recruitment is progressing and is being supported by current members and the Comms team.
- The network has achieved as level 2 on the Maturity Framework Model and aspires to progress to stage 3 by the end of the year.
- “Live the Experience” will take place on 29 September
- A cultural calendar for awareness in staff groups is also being produced

7. Training Recovery Plan

An update on the training recovery plan was received with compliance having increased by 5%. The Committee received information on reinstating the pay step review process for staff pay progression which was paused nationally during the pandemic. This will be progressed with the Executive team.

8. Advanced Clinical Practitioners Strategy

The Committee received an update which included the TOR, membership and first meeting of the ACP steering group.

9. Workforce Board Report

- Vacancy increase marginally by 0.49% but remain on a downward trajectory (some reflection of updating establishment processes between finance and HR)
 - 12 OSN arrived in June and 25 scheduled July
 - 16 OSN passed OSCE and moved into B5 roles
 - Band 5 vacancies 114.81 but adjusted rate is 11.32 (known leavers, 50 pending NMC, pipeline, leavers)
- Sickness absence rates are broadly stable with a slight increase of 0.21% in month
- Training compliance has increased by 3% in month but appraisal rates have decreased by 1%
- Bank reduced in month by 4% (25.5 FTE) and agency decreased by 8.3% (23.2FTE)
- Post 19 July current COVID measures will continue to be observed.

10. Risk Register

There are five risks on the risk register which have been assigned to the Workforce Committee were reviewed with the consequence of Mandatory training risk to be increased to 16.

Board of Directors

Wednesday 4th August 2021

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

| | |
|---|--|
| Report summary | <p>This report is to update the Board on governance reviews of the Board Level Risk Register and new risks.</p> <p>There have been reviews of the risks on the risk register at the following meetings:</p> <ul style="list-style-type: none"> • Board of Directors Private Meeting 5th May 2021 • Executive Board 27th July 2021 • Quality Committee 26th May, 24th June and 28th July 2021 • FIP 26th May 2021 • Workforce Committee 14th July 2021 <p>New risks have been reviewed and six are recommended for approval by the Board:</p> <ul style="list-style-type: none"> • 1689 – Delayed offload of ambulances • 1675 – Data Security Protection Toolkit Compliance • 1670 – Chemotherapy Unit Capacity • 1703 – Increased demand for mental health support in hospital • 1704 – Maternity Pressures –Staffing and Acuity • 1705 – Diagnostic Capacity |
| 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> |
| Jargon Buster | <p>MHRA – Medicines and Healthcare Products Regulatory Authority Datix – Incident Reporting system used to report risks Nosocomial – Location acquired infections</p> |

Risk Register Governance

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

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

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

Board of Directors Review

| Risk ref | Risk Description | Agreed conclusion |
|----------|--|------------------------------------|
| 1163 | Redevelopment affordability | Review risk |
| 650 | Bed pressures | Maintain risk |
| 644 | 18 weeks | Maintain risk |
| 1466 | Financial position | Review risk |
| 1200 | Cyber Security | Maintain risk |
| 1629 | Nosocomial Infections | Review risk |
| 1595 | Maternity Services Bedford Reputation Risk | Maintain risk |
| 1596 | Maternity Services Bedford Patient Safety Risk | Maintain risk |
| 1593 | Increase of 52 week waits | Maintain risk |
| 1592 | Patient Harm due to COVID delays | Maintain risk |
| 1652 | ED Blue Light transfers to other hospitals | Maintain risk |
| 1667 | CQC Registration of the Archer Unit | Maintain risk |
| 1639 | Outpatient Clinic Room availability and capacity | Maintain risk |
| 1622 | No perinatal post-mortem pathologist service – mitigation agreed | Maintain risk with a view to close |

Emerging risks – lack of financial regime for 2020/21

Quality Committee (QC)

QC reviewed clinical and performance board level risks:

| Risk ref | Risk Description | Agreed conclusion |
|----------|---------------------------------|----------------------------|
| 1595 | Maternity at Bedford reputation | Maintain risk |
| 1628 | Nosocomial Infections | Maintain risk |
| 650 | Bed pressures | Maintain risk |
| 644 | 18 weeks | Close risk – new framework |

| Risk ref | Risk Description | Agreed conclusion |
|-----------------|--|--------------------------|
| 1958 | Maternity at Bedford patient safety | Maintain risk |
| 1433 | Ligature Points | Maintain risk |
| 796 | Patient Experience | Maintain risk |
| 1571 | Outpatient activity – meeting 100% of last year's capacity | Close risk |
| 1422 | CQC Infection Control Practices | Maintain risk |
| 1431 | Fractured Neck of Femur | Increase risk |
| 1018 | HSMR | Maintain risk |
| 1353 | Mount Vernon capacity | Close risk |
| 1593 | Increase of 52 week waits due to COVID | Maintain risk |
| 1592 | Patient Harm due to COVID delays | Maintain risk |
| 640 | Business Continuity | Maintain risk |
| 796 | Patient Experience | Maintain risk |
| 906/ 2832 | Pharmacy supplies | Maintain risk |
| 1652 | ED Blue Light transfers to other hospitals | Maintain risk |
| 1667 | CQC Registration of the Archer Unit | Maintain risk |
| 1639 | Outpatient Clinic Room availability and capacity | Maintain risk |
| 1622 | No perinatal post-mortem pathologist service – mitigation agreed | Close risk |

Emerging risks – Litigation post COVID

Workforce Committee Review

Reviewed board level risks:

| Risk ref | Risk Description | Agreed conclusion |
|-----------------|--|--------------------------|
| 1210 | Vacancy | Maintain risk |
| 1166 | Redevelopment models of care and workforce | Maintain risk |
| 1423 | CQC Regulatory Action - Mandatory Training - | Increase risk |
| 669 | Appraisal | Maintain risk |
| 1509 | Staff Well Being | Maintain Risk |
| 1491 | University of Bedfordshire Nurse Training | Close risk |

Emerging risk – Workforce agency risk

FIP Committee Review

Reviewed board level risks:

| Risk ref | Risk Description | Agreed conclusion |
|-----------------|-----------------------------|--------------------------|
| 1163 | Redevelopment affordability | Reduce risk |
| 1164 | Redevelopment delivery | Reduce risk |

| Risk ref | Risk Description | Agreed conclusion |
|-----------------|--------------------------------|--------------------------|
| 1211 | Backlog Maintenance | Maintain risk |
| 1465 | Agency | Close risk |
| 1466 | Financial regime | Maintain risk |
| 1629 | ED Memorandum of Understanding | Maintain risk |
| 1630 | Elective penalties | Maintain risk |

Executive Board Review

The Executive Board reviewed all Board Level Risks:

| Risk ref | Risk Description | Agreed conclusion |
|-----------------|--|---|
| 1465 | Agency rates | Maintain risk |
| 1466 | Finance regime | Maintain risk and review for current position |
| 1423 | CQC Mandatory Training | Maintain risk – noted increase |
| 1422 | CQC Infection Control Practices | Maintain risk |
| 650 | Bed pressures | Maintain risk |
| 1210 | Vacancy | Maintain risk |
| 669 | Appraisal | Maintain risk |
| 1592 | Patients waiting 52 weeks due to COVID | Maintain risk |
| 1593 | Patient harm due to cancellations/ delays due to COVID | Maintain risk |
| 1595 | Maternity Services Bedford Reputation Risk | Maintain risk |
| 1596 | Maternity Services Bedford Patient Safety Risk | Maintain risk |
| 1200 | Cyber Security | Maintain risk |
| 1629 | Nosocomial Infections | Maintain risk |
| 1431 | Fractured Neck of Femur | Maintain risk – noted increase |

Emerging risk – Autoclaves at Bedford, Governance regime for 20/21(key targets), ISS contract cost pressure

Risk Review

Risks from both sites were reviewed and approved between 26th April and 28th July 2021. Six were allocated as Board Level:

- 1689 – Delayed offload of ambulances
- 1675 – Data Security Protection Toolkit Compliance
- 1670 – Chemotherapy Unit Capacity
- 1703 – Increased demand for mental health support in hospital
- 1704 – Maternity Pressures –Staffing and Acuity
- 1705 – Diagnostic Capacity

Risks were closed – none at Board level.

Board of Directors

Wednesday 4th August 2021

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

| | |
|--|---|
| Report summary | <p>The report details updates on the following issues:</p> <ul style="list-style-type: none"> • Council of Governors • Membership Update • Use of the Trust Seal |
| Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework | <p>NHS Provider Licence NHS Improvement Code of Governance NHSI/E national guidance April 2020</p> |
| Jargon Buster | <p>Seal – use of the official Trust logo on contract documents authorised by two Executive Directors</p> |

1. Council of Governors. .

Current Composition of the Council of Governors:

Bedfordshire Hospitals NHS Foundation Trust currently has 33 governors and 8 non-voting governors:

Public Governors:

11 for Luton (including 3 non-voting)

6 for Central Bedfordshire (inclusive of 3 non-voting)

3 for Hertfordshire (1 non-voting)

5 for Bedford Borough and Surrounding Counties

12 Staff Governors (1 non-voting)

4 Appointed Governors

Changes to the Composition of the Council of Governors:

There has been a change to the composition of the Council of Governors:

- Cllr. Abbas Hussain has stepped down from his appointed role for the Luton Borough Council.
- We offer a warm welcome to Cllr. Javed Hussain, newly appointed governor representing the Luton Borough Council who joined the Council of Governors in May 2021.

2. Governors on Working Groups

All governors have been invited to join to participate in a series of inspections/mini audits under the remit of the Patient Environment Group led by Steve Morgan, Director of Support Services at the Bedford site and Debbie Green, Support Services Lead at the L&D site. Eleven governors conveyed interest in participating in the process.

The inspections/mini audits will cover the estate grounds, car parks and all other accessible areas. The outcomes of these inspections will be reported through the appropriate channels to drive improvement for patient outcomes.

3. Governor Training

NHS Providers Governwell continues to offer our Council of Governors the opportunity to attend Governor Focus Conferences throughout the year. These virtual governor workshops have been well attended by our Trust governors providing an opportunity for networking, and learning best practice through meeting fellow governors from across the country.

4. Public Membership

The Trust has been restricted this year due to COVID on its engagement activities to facilitate discussion between governors, members and the public. There have been different approaches to support engagement using digital and social media.

The Trust came up with an alternative plan by initiating a social media campaign on Facebook and Twitter which has been ongoing since June 2020. The posts carried statements from some governors and members encouraging the public to become members of the Trust which has generated a number of online applications.

A number of further engagement opportunities for member recruitment were utilised by governors which included:

- Self-promoting membership kiosks were placed across both hospital sites;
- Membership pages on the website included links to an online membership form;
- Pull up banners with QR codes were placed in vaccination centres;
- Volunteer support in membership recruitment across the region resulted in more than 2000 membership applications in a three period;

The Trust published its first members Ambassador magazine in June 2021 for the public membership.

Annual Members Meeting

The Trust's Annual Members Meeting will be held on **Wednesday 8th September 2021** commencing at 5pm for a 5.30pm start.

5. Council of Governor Elections 2021

Council of Governor Elections will take place in 2021 with the timetable as indicated below.

| Timetable | Date |
|--------------------------------------|-------------|
| Publication of Notice of Election | 25/05/2021 |
| Deadline for receipt of nominations | 24/06/2021 |
| Notice of Poll/Issue of ballot packs | 15/07/2021 |
| Declaration of Result | 12/08/2021 |

There are vacancies in the following constituencies:

- Nursing & Midwifery - 1 vacant position (L&D site):
- Non-Clinical: Admin, Clerical, Managers, Ancillary & Maintenance - 1 vacant position (L&D site):
- Professional & Technical - 1 vacant position (Bedford site):
- Registered Volunteers - 1 vacant position (L&D site):
- Medical & Dental (L&D site): 1 vacant position (L&D site)

6. Use of the Trust Seal

| Date used | Seal number | Subject | Supporting information |
|------------------|--------------------|---|---|
| 19/05/2021 | 175 | Murphy Phillips Associates LLP for preparation Appt Incorporating & amending NEC4 professional service contract - June 2017 amended June 2019 | Signed by David Carter and Matt Gibbons |
| 19/05/2021 | 176 | Perega Ltd for Professional Appt Incorporating | Signed by David |

| Date used | Seal number | Subject | Supporting information |
|------------------|--------------------|--|---|
| | | & amending the NEC4 professional service contract. | Carter and Matt Gibbons |
| 19/05/2021 | 177 | Troup Bywater & Anders for Professional Appt Incorporating & amending the NEC4 professional service contract - June 2017 with Jan 2019 amendments | Signed by David Carter and Matt Gibbons |
| 14/07/2021 | 178 | Novations and Warranties from the New Clinical Buildings Design Team (in TRIPLICATE) for each of: a. Murphy Philipps Associates b. TB&A c. Peregá | Signed by David Carter and Cathy Jones |
| 14/07/2021 | 179 | Deed of Variation of Enabling works Delivery agreement (Willmott Dixon Construction Ltd) | Signed by David Carter and Cathy Jones |
| 14/07/2021 | 180 | Deed of Surrender for the old UKPN substation (Building 15A) – Eastern Power Network (UKPN) | Signed by David Carter and Cathy Jones |
| 14/07/2021 | 181 | Deed of Surrender of that part of the – Optivo lease. | Signed by David Carter and Cathy Jones |
| 14/07/2021 | 182 | Sub Consultant Collateral Warranty (Peregá Ltd & Kier Construction Ltd) Deed of Novation – relating to redevelopment at L&D (Kier & Peregá) | Signed by David Carter and Cathy Jones |
| 14/07/2021 | 183 | Sub Consultant Warranty(Troup Bywater & Anders and Kier Construction Ltd) Deed of Novataion (Troup Bywater & Anders and Kier Construction Ltd) | Signed by David Carter and Cathy Jones |
| 14/07/2021 | 184 | New Lease for UKPN for the new substation | Signed by David Carter and Cathy Jones |