



Bedfordshire Hospitals

NHS Foundation Trust

Board of Directors

2nd February - 10:00-12:00

Teams

Meeting Book - Board of Directors

10.00	1 Chairman's Welcome & Note of Apologies	To note	Simon Linnett
10.02	2 Any urgent items of Any Other Business and Declaration of Interest on items on the Agenda and/or the Register of Directors Interests	To note	Simon Linnett
10.03	3 Minutes of the Previous Meeting: Wednesday 3 November 2021 3.1 3 Minutes of Bedfordshire Hospitals NHS Trust Public Board meeting 3 November 2021 v2.doc	To approve	Simon Linnett
10.05	4 Matters Arising (Action Log) (no actions)	To note	Simon Linnett
10.05	5 Chairman's Report (verbal)	To note	Simon Linnett
10.10	6 Executive Board Report 6.1 6 Executive Board Report February 2022 V3.doc	To note	David Carter
10.25	7 Performance Reports	To note	
10.25	7.1 Operational Performance & Quality Governance 7.1.1 7 Performance Reports front sheet.doc 7.1.2 7.1 Quality and Performance report for Board February 2022 v3.pptx	To note	Cathy/Catherine/l
10.40	7.2 Finance 7.2.1 7.2 Finance Paper_Board Paper.docx	To note	Matt Gibbons
10.55	7.3 Workforce 7.3.1 7.3 Workforce_integrated Board Report_v3.pptx	To note	Angela Doak
11.10	8 Quality Committee Reports 8.1 8 Quality Committee Report Feb 2022.doc	To note	Annet Gamell
11.15	9 Finance, Investment & Performance Committee Reports 9.1 9 FIP Report to Feb 2022 Trust Board v1 (2).docx	To note	Ian Mackie
11.20	10 Redevelopment Committee Reports 10.1 10. Redevelopment report to Trust Board - 2nd Feb 22.docx	To note	Mark Prior
11.25	11 Charitable Funds Committee Reports 11.1 11 CFC Committee Report February 2022.doc	To note	Simon Linnett
11.30	12 Workforce Committee Report 12.1 12 Workforce Committee.docx	To note	Tansi Harper
11.35	13 Digital Strategy Committee Report 13.1 13 Digital Strategy Committee.docx	11.35	Simon Barton
11.40	14 Sustainability Committee Reports 14.1 14 Sustainability Committee Report.doc	To note	Simon Linnett
11.45	15 Risk Register	To approve	Victoria Parsons

11.55	16 Corporate Governance Report 16.1 16 Corporate Governance Report Feb22.doc	To ratify	Victoria Parsons
	17 Details of Next Meeting: Wednesday 4 May 2022, 10.00am		
12.00	18 CLOSE		Simon Linnett

Board of Directors

Wednesday 2 February 2022

Report title:	Minutes of the Meeting held on: Wednesday 3 November 2021			Agenda item: 3
Executive Director(s):	David Carter, Chief Executive			
Report Author	Jenny Kelly, Corporate Governance Manager			
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/> x	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	

**BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST
BOARD OF DIRECTORS PUBLIC MEETING**
Microsoft Teams Meeting 10.00am-12noon

Minutes of the meeting held on Wednesday 3 November 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 Liz Lees, Chief Nurse
Mr Paul Tisi, Joint Medical Director
Dr Danielle Freedman, 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
Richard Mintern, Non-Executive Director

In attendance: Ms Fiona MacDonald, Director of Culture
Ms Victoria Parsons, Associate Director of Corporate Governance
Ms Donna Burnett, Trust Board Secretary
Ms Helen Lucas, Lead Governor
Mr Malcolm Rainbow, Public Governor
Ms Gill Lungley, Chief Digital Information Officer
Ms Pam Bhachu, NEXT Director
Ms Yvonne Wimbleton, Deputy Director of Quality and Safety
Governance
Ms Belinda Chik, Staff Governor
Mr Dean Goodrum, Director of Estates
Mr Dimpu Bhagawati, Staff Governor
Dr Michael Carter, Public Governor
Dr Jim Thakoordin, Public Governor
Ms Anne Thevarajan, Membership and Corporate Affairs Manager
Ms Jenny Kelly, Corporate Governance Manager

1. CHAIRMAN'S WELCOME, NOTE OF APOLOGIES

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

Apologies were received from Catherine Thorne, Director of Quality and Safety
Governance.

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: 4 August 2021

The minutes of the previous meeting were approved as an accurate record subject to the following amendments on page 4, final two paragraphs:

The Learning from Deaths report contained in the Executive Board report was taken as read and it was noted that reporting processes were now unified across both sites. *The intention is that every death is scrutinised by the Medical Examiner and subsequent mortality reviews then look for learning and themes which are then triangulated back through the SI process if concerns are identified.*

SH queried how learning is shared with clinical teams. PT informed the Board that clinical governance *meetings* take place and internal patient safety alerts are issued if required.

4. MATTERS ARISING

There were no matters arising

5. CHAIRMAN'S REPORT

The Chairman informed the Board that all points of note would be covered by the agenda but took the opportunity to commend the extraordinary amount of hard work taking place across the Trust against the back drop of uncertainty heading in to the winter months.

The Chairman noted that this was RM's final Board meeting and thanked him for his considerable contribution to the Trust in leading the Workforce Committee from its inception.

6. EXECUTIVE BOARD REPORT

DC introduced the report to the Board and highlighted the changes made to integration governance. It had been decided that the Integration Board would transition to a Clinical Strategy Board which would produce the unified Trust clinical strategy by April 2022. It was noted that the strategy will incorporate contributions from the individual service line strategies and will align with Trust redevelopment plans. The majority of corporate integration was complete and transitioning to business as usual with new structures largely in place and fully

recruited to.

PT informed the Board of the current COVID prevalence nationally and locally. There had been a steady increase in the number of inpatients that were COVID positive across the two hospital sites, rising from 30 at the beginning of October 2021 to 114 at the time of the Board meeting. The operational team would continue surge planning and respond accordingly to an anticipated increase in admissions.

CJ informed the Board that the Trust was experiencing significant bed pressures across both hospital sites due to high emergency attendances and admissions and some electives had been cancelled. At Bedford hospital all escalation areas were open.

LL informed the Board that following a successful campaign to vaccinate the adult population with two doses of vaccine, booster doses were now being offered and recommended in the UK. At the same time primary vaccine doses were being offered to younger age groups. All staff groups had been invited to have their booster COVID and flu vaccines. It was noted that at the Trust 90.2% and 85.9% of staff had received their first and second doses respectively.

LL informed the Board that high demand for maternity services continued at both sites and this picture was reflected regionally and nationally. The Trust had seen an increase in COVID positive women requiring treatment in their third trimester. The CQC had carried out an unannounced re-inspection of maternity services on the Bedford site in June 2021 and had published its report on the 12 August 2021. It was noted that this was not a rating inspection so the inadequate rating remained however; the significant efforts of the team in driving forwards improvement had been acknowledged.

PT provided a medical education update and informed the Board that there continued to be a review of quality concerns at the Bedford site in relation to current concerns which had been on the HEE risk register. Recommendations had been agreed by the HEE quality team based on the concerns identified in the GMC survey and HEE's requirement for further assurance. There was a plan in place for HEE to hold a supportive Senior Leader Engagement meeting with the Trust within the next few weeks. There were no outstanding risk issues identified by HEE for any specialty at the Luton site and the recent GMC survey was good for the Luton site with no concerning significant outliers.

The remainder of the report was taken as read. The Board noted the report.

7. PERFORMANCE REPORTS

7.1 OPERATIONAL PERFORMANCE & QUALITY GOVERNANCE REPORT

The report was taken as read and discussed by exception.

LL informed the Board that whilst there had been some spikes in harm free care seen during the pandemic the Trust had good robust processes in place for monitoring falls and pressure ulcers and a weekly review was undertaken for all incidents associated with harm free care with any identified omissions escalated to the SI panel. It was noted that most harms were either low or no harm in relation to pressure ulcers and falls incidence had predominantly remained below the RCP national average.

YW informed the Board that the trend around incident reporting continued on an upward trajectory which is a good indicator of a healthy patient safety culture. A total of 12 events had been declared as an SI across both Trust sites during the last quarter, all of which were being reviewed and investigated. Improvement work from concluded SIs was outlined in the report. YW reported that the National Patient Safety Strategy wants Trusts to think differently about the approach taken to investigations going forwards in order to improve safety. This would include spending less time carrying out lots of investigations and more time focusing on immediate learning and high quality improvement work to improve systems and processes.

The mortality section of the report was taken as read.

CJ informed the Board that the operational performance section of the report reflected the staffing challenges the Trust had been facing in relation to COVID isolation requirements. Rotas were under constant review and cancer and urgent and emergency care was being prioritised, followed by the longest waits. 2WW demand was the highest that the Trust had ever seen and targeted work was taking place with the Cancer Alliance to amend the referral proforma to support better triage for breast referrals which was the most significant area of risk. For 62 day performance whilst overall numbers had reduced significantly from levels seen prior to the pandemic there was still a large improvement required to meet the target of no more than 216 patients by the end of March 2022. In relation to Referral to Treatment Times (RTT) and compliance against the 18 week standard, the Trust was experiencing an ongoing uplift in referrals. The Trust's overall performance against the 18 week standard had dropped slightly in September 21.

The Board noted the report.

7.2 FINANCE REPORT

MG informed the Board that the Trust had delivered a surplus of £0.6m year to date against a £0.6m plan. The Trust's pay spend was £3.3m overspent year to date and £0.3m in month. The run rate was in line with the previous month.

Non-pay was £7.3m overspent year to date, of which £2.3m related to PCR COVID testing and other out of envelope expenditure that is reimbursed by NHS England. Based on an estimated M1-5 Elective Recovery Fund (ERF) performance, the Trust had recognised £7.4m income within its position. As it stood there was a risk of not receiving all ERF funding. Capital spend was £19.1m against a plan of £83m. The Trust continued to review the capital in year to ensure it stays within CDEL.

The Board noted the report.

7.3 WORKFORCE REPORT

AD introduced the report to the Board and highlighted the key points. The considerable operational pressures across both sites continued to impact on the workforce and workforce metrics but vacancy rates remained low. Turnover was high and hotspots remained amongst Allied Health Professionals but it was noted that General Managers and Clinical Leads had good plans in place to address this. There was a particular focus on improving mandatory training and appraisal rates and this would continue to be addressed via the Workforce Committee.

FM informed the Board that the Trust continued to increase the variety of wellbeing offerings in conjunction with staff feedback and a forward looking wellbeing strategy was in place informed by staff working groups. It was noted that rest areas required improvement and charitable funds would be used to improve all rest areas. Two Clinical Psychologists had been employed to work cross sites to support staff.

SL informed the Board that a staff engagement event had been planned for December. AD explained that the Project Wingman wellbeing bus would return for a week on each site and the Trust's THRIVE values would be formally launched alongside this.

The Board noted the report.

8. QUALITY COMMITTEE REPORT

AG informed the Board and attendees that the report should be read in the context of the operational challenges reported, noting that staff were working under unrelenting pressure. The Quality Committee continued to fulfil its role in interrogating data and seeking assurances that all services are safe.

The report was taken as read.

9. FINANCE, INVESTMENT & PERFORMANCE COMMITTEE REPORT

IM noted that previous discussions had covered most elements contained within the report.

The report was taken as read.

10. HOSPITAL REDEVELOPMENT COMMITTEE REPORT

MP noted that the summary report gives a good update. The Full Business Case had been published and issued to NHSI/E and DHSC. A Not to Exceed price for the scheme had been issued by Kier Construction and this was within the allowances held within the cost plan. Completion of the main scheme was on programme for September 2024.

The Board noted the report.

11. AUDIT AND RISK COMMITTEE REPORT

SH informed the Board that one Internal Audit report had been finalised since the last meeting and provided the Board with positive assurance that the controls on which the organisation relies for risk management are suitably designed, consistently applied and effective.

The Board noted the report.

12. CHARITABLE FUNDS COMMITTEE REPORT

The report was taken as read and SL informed the Board that a report had been received on the progress of merging the two charities into one charity (Bedfordshire Hospitals NHS Charity) and the renewal of the Charity Deeds to be lodged with the Charity Commission.

The Board noted the report.

13. WORKFORCE COMMITTEE REPORT

The report was taken as read. RM commended the work being undertaken to support the wellbeing of staff and welcomed the introduction of staff networks to reinforce the wellbeing work.

The Board noted the report.

14. Digital Strategy Committee

SB took the report as read and noted the significant amount of work being undertaken by the team and the notable improvements achieved.

The Board noted the report.

15. Sustainability Committee

SL informed the Board that the Committee had identified and reviewed progress against the seven short terms actions within the 2021/22 NHS Standard Contract and hoped to make significant progress by the end of the financial year.

The Board noted the report.

15.1 Green Plan

SL introduced the Green Plan to the Board noting the fundamental importance of the Trust adopting a Green Plan to focus its activities. It would also support the approval of the FBC for the Acute Services Block. The plan had been looked at in depth by the Sustainability Committee and was recommended to the Board for approval.

The Board approved the Green Plan as recommended by the Sustainability Committee.

16. RISK REGISTER

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

The Board noted the report.

17. CORPORATE GOVERNANCE REPORT

The report was taken as read and the Board welcomed the newly appointed Governors.

The Board noted the report and approved the Sustainability Committee terms of reference.

18. DETAILS OF THE NEXT SCHEDULED MEETING:

Wednesday 2 February 2022, 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 2 February 2022

Report title:	Executive Board Report			Agenda item: 6
Executive Director(s):	All Executive Directors			
Report Author	David Carter			
Action (tick one box only)	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.	Patient Experience and Involvement – Bedford Hospital Site
4.	Compliance Update
5.	Infection Control Report
6.	Learning from Deaths Board
7.	Medical Education Update
8.	Management of CQUIN
9.	Nursing & Midwifery Staffing Report
10.	Digital Update
11.	Information Governance Quarterly Report
12.	Freedom to Speak Up
13.	Estates and Facilities Update
14.	Communications and Fundraising Update
15.	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

The focus of clinical integration is now working with teams to formulate the Overarching Clinical Strategy for the Trust with the deadline of April 2022 for a first draft. The Clinical Validation Committee (CVC) remains in place and reports into the Integration Board which has now become the Clinical Strategy Board (CSB).

The Integration Team are working with all Clinical Service Lines (CSLs) to articulate their strategic visions and working with the Overarching Board Chairs to pull together overarching themes pertinent to multiple CSLs.

The Team are working closely with Redevelopment to ensure that key strategic estates milestones are factored into the overarching strategy. Crucial corporate enablers include workforce & training and digital; the clinical strategy will be utilised to pull together the priority list of IT system integration for the CSLs.

Following the first iteration of the strategy the team will continue to refine and consult more widely with key stakeholders who may be impacted by any proposed changes in order to formulate implementation plans to be worked on over the coming years. The expectation is for the CVC and CSB to remain in place as 'think tanks' where ongoing strategy can be discussed.

2. COVID-19 UPDATE

The Trust continues to see significant operation pressures from Covid-19, both with the bed pressures resulting from isolation, cohorting and maintaining separate pathways, and the huge staffing impact over the Christmas period and into January from such high numbers of staff being away from work either directly due to infection, or as a result of household contacts. Changes to the national IPC guidance have supported earlier return to work for individuals with negative Lateral Flow testing but the numbers of staff absent as a direct result of the very high community prevalence are as high as at the peak of the wave in January 2021. The numbers of Covid-19 inpatients for the first few weeks of January have stabilised at around 200 across both sites, compared to over 350 at the same time in January 2021, so the impact of the national vaccination campaign on reducing acuity and length of stay is very clear.

As a result of worst case scenario planning, acute trusts were encouraged to put in place super surge plans for additional beds, over and above case usual winter escalation levels. Both sites were able to identify around 50 areas that could be converted to additional beds in extreme situations, albeit not without significant impact on outpatient and other care. At this stage there is no indication that these will need to be used but we remain in a state of preparedness for a sudden surge in case the operational situation deteriorates.

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) (No. 2) Regulations 2022 was approved by Parliament on 6 January 2022 which requires all front line staff and non-clinical support staff who enter clinical areas as part of their role (not corridors or the canteen but where regulated activity takes place) to have received a full course of an MHRA approved COVID vaccination or a specified exemption. This is no longer in a pre-legislative phase and is now a legal requirement. Any staff who are currently unvaccinated will need to have their first jab by 3rd February 2022 in order to comply with the new regulations. The evidence of vaccination status

must be retained to comply with the new regulations and this will now be included in future CQC inspections.

The preparation for compliance has been undertaken in two phases. In the first phase we asked line managers to verify the information we hold via 1:1s with staff who appear to be unvaccinated so that we can understand the true number of individuals who, at this stage, are still undecided or choose not to have the vaccine. As part of that conversation staff were asked to provide evidence that they have been vaccinated and we have written to applicants under offer as well as bank staff. We are working closely with NHS Digital to gain access to vaccination data for our staff held on the different national vaccination point of care systems. We have undertaken an assessment of all roles to assess if they fall within scope of the new regulations. The vast majority of the roles at the Trust are “in scope” and where this is less clear line managers are able to submit a rationale to a weekly review panel. In preparation we have adjusted all processes impacted by the new regulations such as recruitment and pre-employment screening. As the information available has developed we have been monitoring the possible risks to services.

We are now entering the second phase where we will invite staff who have not been able to provide evidence of their vaccination or exemption status to a final review meeting week commencing 7th February 2022. If they are unable to demonstrate compliance with the regulations following this meeting they will be invited to a second formal meeting in the week commencing 21st February 2022 where notice of dismissal will be issued. Next week we are holding manager briefing sessions, as well as training for the managers who will be involved in the formal meeting process. We value the contribution of every member of the team and will do everything practicable to avoid dismissal, such as, redeployment to roles that are out of scope or minor amendment to duties where this does not have an impact on the wider team or patient care. These discussions will form part of the formal meeting process.

It remains an individual’s choice whether to be vaccinated. We are mindful of the impact this choice may have for some people and having questions about the vaccine is very normal. We are providing guidance to factual information about the vaccine to help people have all the information they need to make an informed choice. We are also ensuring staff are aware of and have access to wellbeing support and counselling services. This is clearly a charged and polarising subject with people holding different points of view. We remind all staff to observe our values when discussing mandatory vaccination whether in a formal or informal work setting; namely respect and valuing people. Where opposing views are held we expect staff to be able to disagree in a civil and professional manner.

3. PATIENT EXPERIENCE AND INVOLVEMENT – BEDFORD HOSPITAL SITE

The Bedford maternity team continue their focus on ongoing service improvements associated with CQC “should” and “must do’s” in particular. Over the last couple of months there has been a particular focus on the experiences of services. This has supported by the collaborative work with the Local Maternity Neonatal system Maternity Voices Partnership (MVP). There are bi weekly meetings with MVP and maternity system leads. Following a successful recruitment process, led by the BLMK Clinical Commissioning Group the two joint chair posts for the MVP have been filled and the maternity team are looking forward to working with these new partners during 2022

making sure that the voice of our users inform all the developments that happen within the service.

The maternity department participates in the national reporting of Friends and Family Test. Women at different points in their maternity journey are offered the opportunity to report on different aspects of care received.

For the period from May 2021-, December 2021 97.37 % responses scored very good or good with 2.63% providing a poor or very poor response.

For December 2021 30 % of service users responded; 98.5% scored good or very good and 1.5% poor or very poor.

Partners can accompany birthing people to all appointments, provide support during birth, and we have recently been able to extend visiting to other maternity inpatient areas to 4 hours per day. To keep our women, their babies and our staff as safe as possible all visitors are to undertake lateral flow testing regularly and not to attend if they have any symptoms of Covid 19. For women where there are additional needs plans are developed to enable additional support in line with national guidance.

Funding has been secured to support the Lead Midwife role dedicated to patient experience and this post has been appointed and they have now commenced in post. The Blossom Home Birth Team continues, going from strength to strength with 5-7 % of women choosing this birth option that is significantly higher than the national rate of 2% (ONS 2019)

As a response to our service user experiences of the discharge process, a discharge pack is currently in development, which will include a QR, code to improve information available to our service users. We are also developing a 'discharge DVD' for our service users to watch to ensure same information provided as part of the discharge process.

The maternity team have been very aware of the need to increase the level of infant feeding support, which had been reduced due to the staffing challenges and through the restrictions imposed through the pandemic. Our lead midwife has now reinstated face-to-face training and action plan has been developed to ensure that the Baby Friendly Initiative accreditation status will be reinstated during 2022. This is an important step in ensuring the skills of all staff are refreshed and able to provide the consistent advise, support and guidance for mothers.

4. COMPLIANCE UPDATE

The Pathology service MHRA inspection of the Bedford Hospital Site took place in December 2021 and the feedback from the inspectors was extremely positive, with no critical or major findings and just 6 areas for action that the team are responding to. These inspections visits require a great deal of hard work from staff within services and it is a huge testament to the team's hard work and commitment that we were so well prepared for this visit.

The Trust's Trauma Peer Review from the EoE Trauma Network team took place in September 2021 and the feedback report was received in January. One area for

immediate action has already been responded to at the Bedford site, and across the two sites there are 6 different significant concerns and 2 concerns that we will address as part of our trauma strategy over the course of the next year. 9 areas of particularly good practice were noted. The trauma leads are compiling a joint response which will be submitted to the Network in February 2022. Overall the peer review was a very positive experience and the information sharing with the senior network team extremely helpful in informing our future direction and priorities.

5. INFECTION CONTROL REPORT

COVID-19:

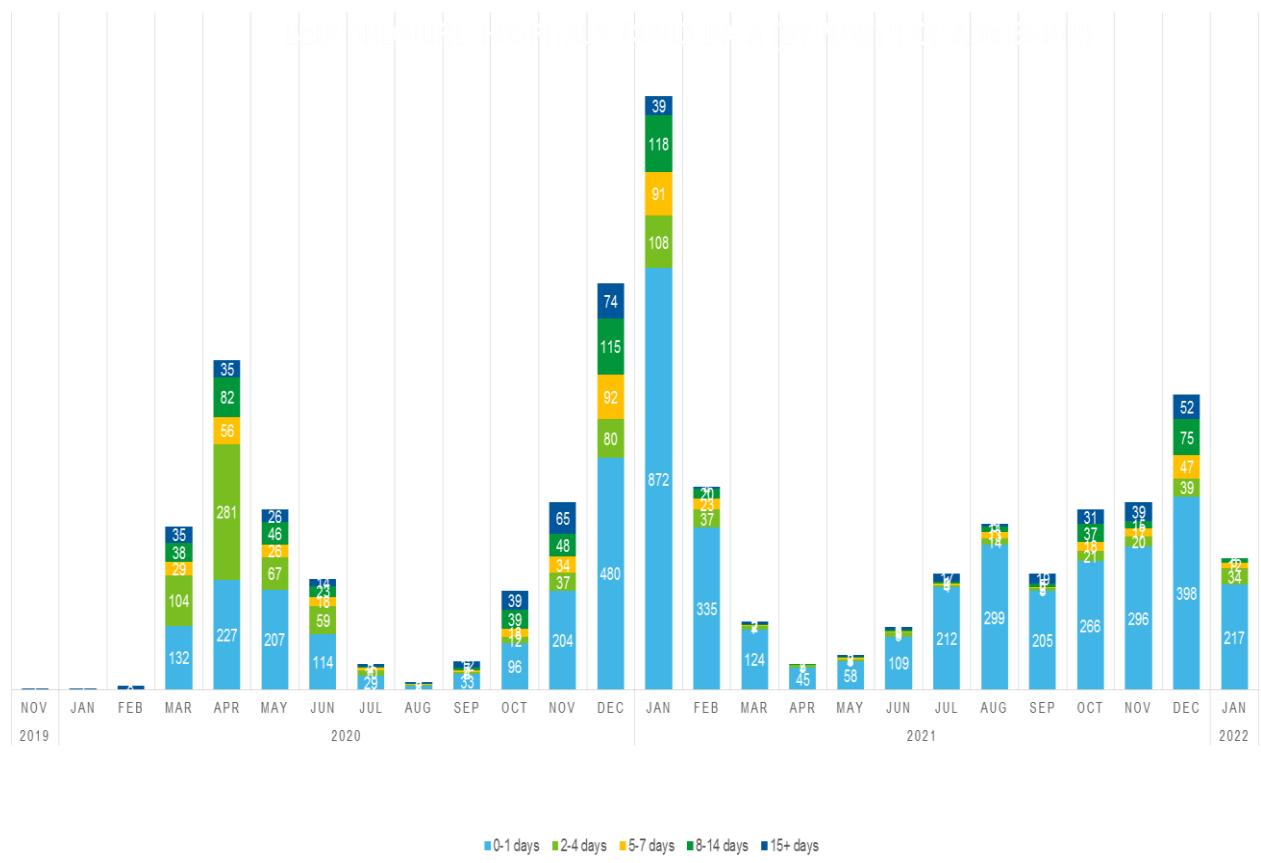
The emergence of the Omicron variant and its rapid spread in the UK and worldwide has resulted in serious problems in hospitals up and down the country. Majority of infections in vaccinated individuals proved to be mild to moderate. Admissions to hospital due to COVID 19 peaked in December. The highly infectious nature of the virus has resulted in ward based outbreaks where large numbers of patients and staff have become infected. Contingency measures for patient cohorting and increased restriction on visiting were introduced in addition to the strict adherence to infection control practice and PPE use. Rensair machines (air purifiers) are being deployed in order to help keep the bioburden of COVID virus low on affected wards. In recent weeks the reported infection numbers are reducing, although nationally the case numbers for COVID 19 remain high. The case rates in Bedfordshire and Luton are also indicating a downward trend in the last week. Reduction in self-isolation measures for members of the public and the NHS have been announced recently. It is hoped that the high vaccine uptake will provide enough immune protection to prevent severe disease in the majority of the people.

TESTING for COVID – 19:

The microbiology laboratories of the two hospitals have merged on the Bedford site. PCR based testing for COVID 19 is provided via the laboratory and point of care (POCT) hubs that have been set up in both hospitals.

VACCINES:

There is a big drive nationally to ensure compliance with vaccination for COVID 19 and influenza. Younger age groups are being encouraged to get COVID 19 vaccinated and booster doses are recommended for those who have already received two doses.



Infections requiring mandatory notification:
A summary of key infections is presented below.

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	HAI	0	0	0	0	0	0	0	0	0				0
Bacteraemia	CAI	0	0	0	0	0	0	0	1	0				1
C.diff	HOHA	3	1	1	2	4	1	2	4	3				21
	COHA	1	0	4	1	1	1	2	1	2				13
	COIA	1	0	1	1	2	0	0	1	0				6
	COCA	1	3	1	2	2	4	2	4	2				21
E.coli	HAI	1	1	1	3	1	3	1	0	3				14
	CAI	17	13	11	15	7	13	13	13	8				110
MSSA	HAI	1	0	1	0	1	3	1	2	0				9
	CAI	1	2	1	3	4	5	4	6	2				28
Pseudomonas	HAI	0	1	1	1	1	0	1	1	0				6
	CAI	2	0	1	2	1	1	1	2	0				10
Klebsiella	HAI	0	1	2	0	0	0	0	0	2				5
	CAI	2	2	0	3	5	2	4	5	1				24
MRSA Screen	HAI	5	2	11	3	2	4	4	2					33
	CAI	21	19	19	17	21	25	23	23					168
MRSA Clinical	HAI	2	0	0	5	3	2	1	1					14
	CAI	11	4	5	10	9	9	7	6					61
VRE	HAI	6	0	2	1	3	1	2	3	1				19
	CAI	1	0	1	1	1	2	4	0	1				11
CPE	HAI	0	0	0	1	0	0	0	0	0				1
	CAI	0	0	1	0	0	0	0	0	1				2
MDRO	HAI	12	9	15	5	8	4	4	13	8				78
	CAI	31	26	26	21	29	22	14	18	11				198
FLU	HAI	0	0	0	0	0	0	0	0	2				2
	CAI	0	0	1	0	0	3	8	7	8				27
RSV	Total	0	1	8	38	34	48	160	69	10				368
Norovirus	Total	0	1	2	2	11	13	3	2	2				36

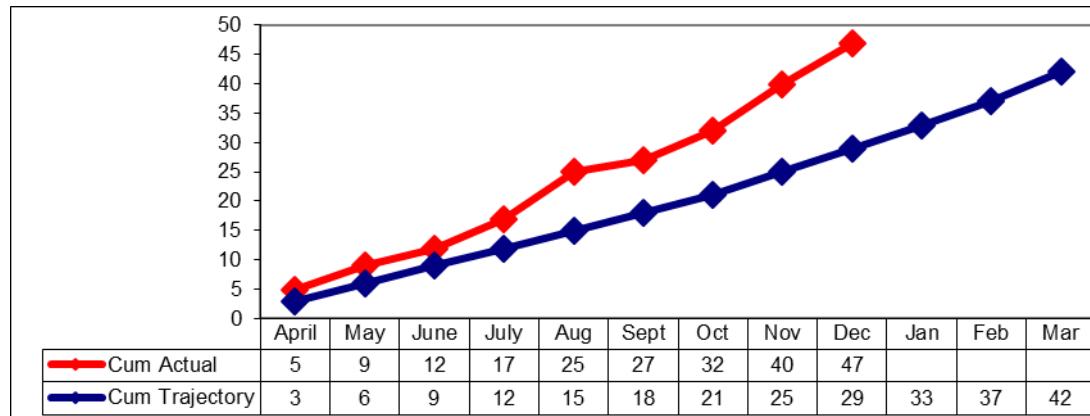
Bedford		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Totals (on going)
MRSA	HAI	0	0	0	0	0	0	1	0	0				1
	CAI	0	0	0	0	0	0	0	1	0				1
C.diff	HOHA	1	2	0	1	2	0	1	2	1				10
	COHA	0	1	1	0	1	0	0	1	1				5
	COIA	0	1	1	1	0	2	0	1	2				8
	COCA	1	1	2	2	0	1	1	0	0				8
E.coli	HAI	3	1	0	2	2	2	6	0	2				18
	CAI	6	12	4	6	10	14	7	6	5				70
MSSA	HAI	0	1	0	2	0	0	0	1	1				5
	CAI	1	0	2	1	0	2	0	1	3				10
Pseudomonas	HAI	0	0	0	1	1	2	0	0	0				4
	CAI	0	1	1	0	1	0	1	0	0				4
Klebsiella	HAI	1	0	1	1	0	0	2	0	1				6
	CAI	1	0	0	2	1	0	2	0	2				8
MRSA Screen	HAI		0	0	0	0	0	0						20
	CAI		3	5	2	3	0	1	15					14
MRSA Clinical	HAI		1	0	1	0	0	0						2
	CAI		2	4	1	3	0	0						10
VRE (ALL)	HAI		0	1	2	0	0	0						8
	CAI		2	3	1	0	0	0	3					6
CPE	HAI		0	0	0	0	0	0	0					0
	CAI		0	0	0	0	0	0	0					0
MDRO	HAI	0	0	0	1	0	0	1	0					2
	CAI	0	0	0	1	0	0	0	0					1
FLU	HAI	0	0	0	0	0	0	0	0					0
	CAI	0	0	0	0	2	0	0	0					2
RSV	Total	0	0	0	0	11	0	0	0					11

Infections due to other seasonal respiratory viruses have remained low. Following the predicted increase in RSV (Respiratory Syncytial virus) case numbers in late summer there has been a steady decline in recent months. Cases of influenza have also remained very low for the second year this winter.

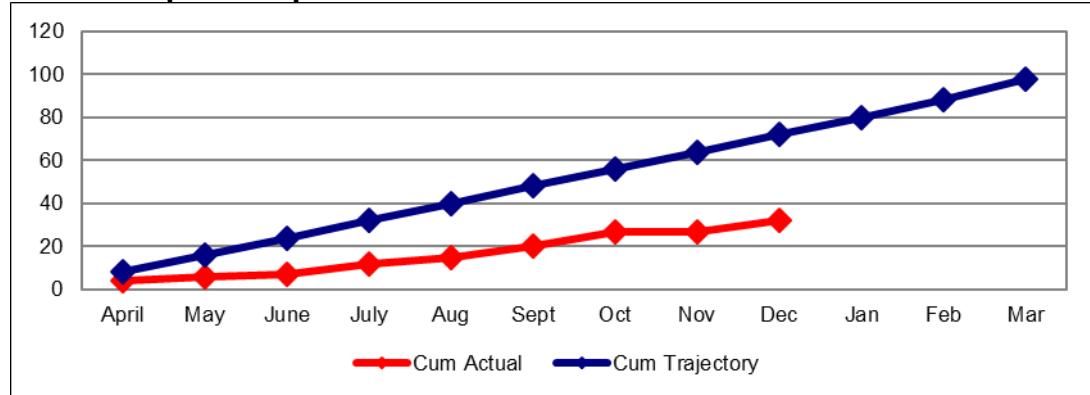
The Trust remains within the allocated trajectory for E.coli, Klebsiella and MSSA bacteraemia.

Case numbers for infections due to *Clostridioides difficile* are above the allocated trajectory for hospital acquired cases.

**Clostridioides difficile Hospital Acquired infections 2021/22.
Age > 2yrs, Hospital >1day (admission day is Day zero)**



E.coli Hospital Acquired infections 2020/21.



6. LEARNING FROM DEATHS QUARTERLY REPORT 2021/22 Q2

1.0 Mortality review process

Commencing in January 2021, an integrated process for mortality review across the two hospital sites has supported standardisation and greater opportunities to learn from deaths. This includes working with the clinical service lines to ensure review findings are shared, identifying themes and highlighting aspects of care for quality improvement. The LfD Policy has been revised and is awaiting approval, reflecting alignment of the processes at the two hospital sites. This includes guidance on investigating probable or definite nosocomial COVID-19 cases resulting in death. From 10 November 2021 all nosocomial deaths are now subject to a Structured Judgement Review (SJR).

1.1 DCIQ functionality

Work continues to improve the functionality of DCIQ to ensure Bedford reviews are undertaken directly on the system. This will allow for more timely allocation for SJR, to identify deaths that are determined more likely than not to have resulted from problems in care and also to learn from care that was judged as excellent. Additionally the ability to triangulate case reviews with incidents, complaints, case presentation at LIRP, PEARL is also being progressed. From April 2022 the investigation and management of serious incidents will transition to align with PSIRF.

2.0 Mortality review data

The following tables provide a breakdown and further detail on the deaths occurring within Q2.

Table 1. Summary of Q2 deaths All *deaths - 1st July - 30th September 2021 (no. 520)

	No. deaths	Gender		Age (years) Range	Age (years) Mean	Age (years) Median
		Male	Female			
Bedford	223 (43%)	122	101	23 - 101	68	69
L&D	297 (57%)	168	129	22 - 100	71	72
	520					

*excluding paediatric deaths (no. 9) and stillbirths (no.21)

Table 2. Summary of Q2 deaths - month

Month in Q2 2021/22	Bedfordshire Hospitals	Bedford	L&D
July	159	72	87
August	171	75	96
September	190	76	114
Total No.	520	223	297

The number of deaths for Q2 2021/22 is 29% (no. 116) higher than for the same period last year for Bedfordshire Hospitals (29%, no.50 for BH and 29% no.66 for L&DH). However the 12 month rolling average (deaths per 1000 spells) remains relatively unchanged at 18% and 19.3% and 13.4% and 14% for BH and L&DH respectively for Q2 2020/21 compared to Q2 2021/22.

In Q2 2021/22 for Bedford Hospital there were 53 excess deaths compared to the 5 year pre-COVID average and in comparison to 7 fewer deaths in Q2 2020/21.

In Q2 2021/22 for Luton and Dunstable Hospital there were 38 excess deaths compared to the 5 year pre-COVID average and in comparison to 42 fewer deaths in Q2 2020/21.

The impact and review findings of the above will be more fully represented on completion of all outstanding SJRs for patients who died in Q2 2021/22 (no.31 as 1/12/2021, see table 7).

Table 3. Summary of Q2 deaths – Ethnicity

Ethnic Group - LDH	No. Patients	Ethnic Group - BH	No. Patients
Any Other Asian background	3	Any Other Asian background	1
Any Other Black background	1	Any Other Black background	1
Any other Ethnic Group	1	Any Other White background	9
Any Other White background	9	Bangladeshi	4
Bangladeshi	3	Black African	1
Black - African	3	Black Caribbean	2
Black - Caribbean	8	Chinese	1
Chinese	1	Indian	7
Indian	10	Irish (White)	6
Mixed - White and Black Caribbean	1		
Not stated - ask patient	24	Mixed (White and Black Caribbean)	2
Pakistani	14	Not Specified	1
Refused to give	2	Other Ethnic Group	1
White - British	208	Pakistani	1
White - Irish	9	White (British)	186
Total no. patients	297	Total no. patients	223

Table 4. Summary of Q2 deaths - Length of Stay (LoS)

	LoS (days) Range	LoS (days) Mean	LoS (days) Median
Bedfordshire Hospitals	0 - 160	11	7
Bedford	0 - 160	11	7
L&D	0 - 142	11	7

Table 5. Deaths within 24 and 48 hours of admission

	Total no. deaths (<48 hours)	Deaths < 24 hours	Deaths ≥ 24 - < 48 hours
Bedfordshire Hospitals	97	75 range 0 - 23 median 8	22 range 24 - 39 median 31
Bedford	36	28 median 7	8 median 26
L&D	61	47 median 29	14 median 21

The percentage of deaths occurring within 24 hours of admission remains relatively unchanged across both hospital sites compared to same quarter in 2020/21. (BH, 13% for Q2, 2020/21 and 12% Q2 2021/22 and L&DH, 16% for Q2, 2020/21 and 15% Q2 2021/22).

From 10/11/2021 all nosocomial deaths have been referred for SJR. A thematic review has been undertaken for Q1/2 2021/22 and presented at the Learning from Death Board on 13/12/2021.

3.0 Primary and Structured Judgement Reviews (SJRs)

Table 6. Primary reviews and Structured Judgement Reviews (SJRs) completed

	All deaths Q2	Total No. Primary reviews completed in Q2	Total No. SJRs Requested in Q2	Total No. SJRs completed in Q2
Bedford	223	134 (60%)	8/134 (6%)	1
L&D	297	325	37/325 (11%)	28
Bedfordshire Hospitals	520	459 (88%)	45 (10%)	29*

Primary reviews to be allocated for SJR or SJRs allocated and for completion for deaths in Q2.

Total no: 10 (BH), 21 (LDH), (as of 1/12/2021)

July - no. 3, 4

August - no. 4, 7

September - no. 3, 10

Data source:

DCIQ

Bedfsdata01\data\Medical Examiner\Mortality reviews records and reports

Table 7. All SJRs - completed for patient deaths in Q2 (Total no.29)

Hospital site	Ward/Unit (time of death)	No. SJRs	Reason for referral for SJR
Bedford	Pilgrim	1	Staff or ME concerns
L&D	EAU	1	Family concerns
	5	2	Staff or ME concerns (1) Learning disability (1)
	ITU	7	Special circumstances (1) Staff or ME concerns (6)
	10	1	Staff or ME concerns
	11	1	Staff or ME concerns
	12	2	Staff or ME concerns
	14	2	Staff or ME concerns (1) Family concerns (1)
	15	1	Family concerns
	16	1	Staff or ME concerns
	18	2	Staff or ME concerns (1) Family concerns (1)
	19a Frailty	1	Family concerns
	19a Haemorc	3	Staff or ME concerns (2) Family concerns (1)
	Surgical Assessment Unit (SAU)	2	Staff or ME concerns (2)
	23	2	#NoF (2)
Total no. completed SJRs		29	

Table 8. Avoidability scores assigned (SJR - no.29)

Avoidability score	No. cases (All SJRs, no.29)	Case identifier (scores 1 - 3)
Score 1: Definitely avoidable	-	-
Score 2: Strong evidence of avoidability	1	1,
Score 3: Probably avoidable (more than 50:50)	2	2, 3
Score 4: Possibly avoidable but not very likely (less than 50 :50)	3	
Score 5: Slight evidence unavoidability	6	
Score 6: Definitely not avoidable	17	
Total no. SJRs	29	

NB. Note data subject to change following completion of outstanding SJRs (no. 31), SI investigations and inquest outcomes

Potentially preventable deaths (avoidability scores 2 or 3) account for 10.3 % (n=3) of completed SJRs to date (no.29). If the 31 SJRs awaiting completion for the deaths in Q2 are included, the 3 cases equates to 6%. This is assuming no additional avoidability scores of 1, 2 or 3 are allocated. An update will be provided in the Q3 LfD report. Of the 29 cases, 3/29 went to PEARL panel. In 3/3 cases a SI was declared and investigations are ongoing (1/3, SI declared at a different Trust). 1/26 remaining cases went to LIRP with an internal RCA advised. 3/25 remaining cases underwent a cardiac arrest review.

While 6/29 cases underwent SJRs in view of family concerns, no formal complaints have been raised.

4.0 Next steps

Following completion of the outstanding SJRs (no. 31), SI investigations (no. 2) and inquest outcomes the Q3 2021/22 LfD report will provide any updates for deaths occurring in Q2 for these cases, including avoidability judgement and any learning.

To ensure the optimal number of primary reviews are undertaken across both hospital sites and timely completion of all SJRs a demand and capacity review has been undertaken to inform resource planning.

Work with the clinical service lines is ongoing to ensure learning from deaths is embedded within their quality governance activities.

This includes:

- Increase in knowledge and understanding of the mortality review process
- dissemination of service line level mortality data and SJRs and sharing of findings where a cross service line theme is identified

Importance of full DCIQ integration to ensure timely review and utilisation of functionality is recognised. This includes:

- ensuring all Medical Examiners and Structured Judgement Reviewers are able to enter review findings directly onto DCIQ
- ability to triangulate DCIQ case reports with incidents, complaints and LIRP and PEARL panel outcomes

7. MEDICAL EDUCATION UPDATE

Luton site:

Speciality Schools – There are no outstanding risk issues identified by HEE for any speciality at the Luton site and the National GMC for the Luton site was good.

Bedford site:

Following the last update we have had a supportive Senior Leader Engagement (SLE) meeting with HEE and the Trust. We are awaiting the feedback and updates from this meeting. We discussed the challenges for organisational mergers and how to align the ethos and culture across the 2 sites. We are hoping to build links with other merged organisations who are now mature in their merger to understand what approach may work.

The Risk rating for the Bedford site will remain at 16 and will be under review with further Senior Leader engagement events.

8. MANAGEMENT OF CQUIN

To support the NHS to achieve its recovery priorities, the CQUIN scheme has been reintroduced from 2022/23 which was suspended to support the COVID-19 response and meet its unique set of challenges. The guidance and indicator specifications have been

published on 12 January 2022 and we are in the process of reviewing the specific indicators applicable to the acute services.

The Trust had included some of these CQUIN projects in the annual quality priorities, work on these has continued at a slow pace and work has commenced for these to be refreshed and reinvigorated with clinical teams along with the CQUIN rollout .

9. NURSING & MIDWIFERY STAFFING REPORT

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

10. DIGITAL UPDATE

The Digital team have been focused on the completion of some key projects over the past quarter whilst working to improve the day to day running of digital services within the Trust. The following projects were completed in the last quarter:

Bedford Solus Endoscopy
Rapid AI
Cardio PACS Upgrade
Formic Database
Harlequin Upgrade
Finance Database upgrade -
Chronos Replacement for Ophthalmology

There remains a focus on consolidation opportunities that deliver benefits to the Trust, particularly in the context of clinical service line integration and cross site working. The following projects are crucial in this pursuit:

ICNET – This would enable cross site infection control management and options are being scoped in relation to extending the system currently being used on the Luton site to the Bedford site.

RISP – This project will enable radiology image sharing between the two sites and is currently being configured within the live PACS platforms. This will also enable further image sharing opportunities with neighbouring Trusts.

The Digital leadership team have also been successful in securing almost £3m of external PDC funding to deliver a replacement Wi-Fi solution on both sites and implement a patient management system within the Ophthalmology service on the Luton site.

The integration of the two IT teams has also been progressing following the recent IT consultation. With the exception of two posts, all of the senior leadership positions have now been filled and we are in the final stages of recruitment for the remaining roles.

11. INFORMATION GOVERNANCE QUARTERLY REPORT

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

12. FREEDOM TO SPEAK UP (FTSU)

Report from the Bedford site Freedom to Speak Up Guardian:

There have been six new concerns raised in Quarter 3; 1 related to attitudes and behaviours which was resolved. Of the 5 relating to patient safety/quality, 4 have been escalated and resolved and one is in the process of being resolved.

Report from the L&D site Freedom to Speak Up Guardian:

There were six new cases for Quarter 3; 2 related to attitudes and behaviours which were appropriately sign-posted. Two related to patient safety/quality which were escalated and resolved. Two other concerns related to the mandatory vaccination as a condition of deployment (VCOD), which was felt to be unfair. Support and sign posting has been provided.

Feedback on the temperature of the hospitals:

The Champions and Peer listeners report to the Trust's Clinical Psychologist for support and feedback on the trends and issues raised by staff. Recent themes include work-related stress, concerns about staffing levels and shift patterns difficulty with managers and managing change.

Support for Staff:

One of the lessons learned is the importance of Executive oversight of the numerous integration projects underway across the organisation and the problems that may occur during integration, the need for clear communication at all levels, the impact this is having on large numbers of staff, and the complex services that need to keep going without compromising on safety and quality. For the staff members who raised their concerns, being listened to and having executive level involvement has gone a long way to having their concerns dealt with.

Education and Training:

October was Speak Up month with various activities on both sites. The FTSU video produced by Communications is being edited to be ready for launching and use in training events. During Values Week the FTSU Guardians and Champions featured in some of the daily videos produced by the Communications team promoting the Trust's THRIVE values. There was a full page article on the Peer Listener role in the latest edition of Bedside. The final draft with our new Strategy was presented to the Workforce Committee on 19th January 2022.

13. ESTATES & FACILITIES UPDATE

Staffing:

Estates and Facilities services on both sites continue to be challenged over the past period with increased activity, sickness, COVID isolations and retirements. Teams have

been able to maintain a high level of service with little or no impact on the site operations. Additional staffing/ support has been secured via agencies and local contractors.

Recruitment is underway with several candidates being successful at interviews. Offers have been made and positions accepted. Pre-employment checks are progressing with staff joining the teams in February and March.

ERIC (Estates Return Information Collection) & Maintenance Backlog:

The annual ERIC reporting cycle commences shortly for the 2021/22 return. This return captures both Estates and Facilities services. The first stage is submission of Trust maintenance backlog figures at the end of April '22 for which preparations have begun with commissioning of estates surveys and reviews of work completed in the last year. The full ERIC return submission is required for the end of June '22.

Hard FM Services – L&D:

Ventilation - System verifications and servicing for the period have been completed.

Medical Gas - MES Ltd have been engaged to survey and produce updated drawings of the entire site medical gas installation. Updated drawings have now been received and are being reviewed by estates team and our External Authorising Engineer as part of the system audit.

Electrical - Remedial works from the Fixed Electrical Testing are complete. Continuation of the testing regime will recommence in the new financial year as part of a rolling five-year rolling programme.

Steam Boilers - The Hospital Sterile Supplies Department steam raising boilers are to be replaced as part of the 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 been completed and the project is now progressing to tender stage. Works will commence on this project in the new financial year.

Asbestos - Residual asbestos residue has been identified on insulated pipe work in four plant rooms on the site as part of detailed intrusive surveys. Notifications have been issued to the HSE and works are underway to remove this residual asbestos in advance of Centrica energy centre district heating works. Further surveys will be carried out across all plant rooms with restriction in place in the interim period.

All routine asbestos inspections have been completed for this period.

Staff - A recruitment campaign has commenced to recruit into new and existing posts. To date a number of offers have been accepted and are progressing through pre-employment checks. This is an encouraging position considering the local employment market / previous recruitment exercises. Support is being provided both agency staff and contractors.

L&D Estates Capital Projects:

Fire Compartmentation / Fire Door Replacements- The extent of fire compartmentation works is nearing completion across the site with only a few numbers of areas delayed due to COVID restrictions.

Replacement fire door programme commences on site in January.

Emergency Lighting - Works to expand the sites automated emergency lighting system infrastructure is well underway on site. Works are nearing completing with delays on commissioning the system due to restricted access in parts of the hospital. Once completed the surgical block will be the first block to see new emergency lights installed and connected to this automated system. An emergency light replacement programme will continue into future financial years.

Ventilation Works - Design and tendering works are progressing on further upgrades / replacements Air Handling Units to OPD, Chemotherapy, Pathology Department and units serving the Medical Block.

Hard FM Services – Bedford:

Water - A new Silver-Copper dosing plant for Beeden House is due to for completion at the end of January. This will be the first building at Bedford Hospital to utilise this technology though it is already being used successfully at the L&D site.

Ventilation -

- Annual verifications of critical ventilation systems for 2021/22 remains on schedule.
- A new air handling unit has now been installed in the Laser Dept delivering increased / compliant air changes.

Electrical -

- Fixed Wire testing for 2020/21 still has a small number of areas outstanding before the programme is complete. Access availability to these areas is being monitored.
- Removal of old electrical distribution (50+ years old) in the undercroft is near completion with some circuits remaining unidentified. Once these are confirmed and if required new cabling installed, the remaining system can be completely disconnected.
- Replacement Victoria Electrical Switchroom tendering exercise has been completed and instructions and works are shortly to commence.

Lifts -

- Upgrade of block 85 and block 39 (main ward block) sluice lift have been undertaken and are running much more reliably.
- Lifts in Cygnet Wing and Cauldwell Centre have been unreliable to date in January causing operational issues. Repairs have been completed and normal service has been restored. The lifts will be surveyed in due course to identify any refurbishment works necessary to improve reliability.

Asbestos -

- All routine asbestos inspections have been completed for this period. The departments electronic register has been updated.
- Minor asbestos removals are taking place in the Cauldwell Centre on Level 1 & 2 as part of a major refurbishment project.

Fire -

- Britannia House external fire escape staircase is currently being repaired, scheduled for completion in February.
- Final external means of escape improvement works at the Archer Unit (North Wing) has been completed by the landlord, NHSP.
- Fire compartmentations works are due to commence on site in February.

Soft Services Updates

Cleaning Standards - The new cleaning standards expected since 2019 have finally been approved and issued (circa June 2020). Most areas will have a similar standard and cleaning requirement to previous standards.

Standards and KPI's continue to be closely monitored.

	Target Score	December	November	October
Very High Risk (New FR1)	98%	96.86%	97.67%	97.42%
High Risk (New FR2)	95%	95.38%	95.08%	95.31%

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

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.

Soft FM Services – Bedford:

Domestic Services - Routine monitoring and audit controls have been reinstated. No points of escalation. December 2021 Overall Percentage Score 97.58%. A new cleaning monitoring tool has now been introduced and is currently being aligned to the new NHS cleaning standards. Positive feedback continues to be received from patients. Additional domestic supervisor has joined the team to assist with the new cleaning audit tool and payroll systems. Governors continue to support the team on ward cleaning audits across the site.

Catering Services - Annual Food Hygiene inspection of the hospital kitchen and restaurants by Bedford Borough Councils Environmental Officer was completed late last year. Positive feedback has been received and the site has retained its 5 Star Food Hygiene Rating. The staff Wellbeing Hub has been relocated to a permanent location allowing the Bistro Café to reopen with positive feedback. Additional staff are being

recruited to extended opening hours. Redecoration of the seating areas of the Swannery Restaurant was completed in December. The servery area is scheduled to be completed in the coming months.

14. COMMUNICATIONS AND CHARITIES

COMMUNICATIONS

External Communications and Media

Media activity was stable (and quieter compared to previous months) over the November to January period, with the communications team dealing with around 20 media enquiries across both hospitals. These were themed mostly around maternity, long queues at A&E, elective waiting times, delayed discharges, nosocomial infections, and staff vaccination numbers. Most were local journalists reporting on a national story, wanting a local angle. We provided response statements or interviews where appropriate.

We continued to work closely with the BLMK ICS communications team on media related issues to ensure that there was a joined up approach across the system in terms of responses, stats etc.

Because of the high rate of infections in the local community and subsequent restrictions in visiting, we chose not to host any film crews on site.

Positive stories reported in the local press included the installation of a bus stop on Ward 15 at the L&D, thanks to donations from Arriva and Uno – this was well-received and got good traction on social media. We also, in partnership with the ICS, put out a press release about the £6m funding received to expand outpatient capacity at the Caldwell Centre on the Bedford site.

One request to film is under consideration – this is from Story Films who are looking to film a documentary in an OMFS – an initial meeting took place on line with the producers and two of the senior management team in December, and we will wait to explore this further.

The Communications team will be organising a programme of refresher media training for key senior managers and clinicians over the next few months.

Social Media

Hospital site	Social media channel	Number of likes/followers	Increase from June 2021
Bedford	Facebook	7,430	+100
L&D	Facebook	10,002	+135
Bedford	Twitter	6,536	+137
L&D	Twitter	5,957	+186
Bedford	Facebook Maternity Page	4,552	+51
L&D	Facebook Maternity Group	1,9members	+133

A few highlights from November to January on social media channels include:

- We have continued supporting COVID-19 messaging, particularly around vaccinations – including having the vaccination during pregnancy and need to have the booster. We also have a consistent approach to reiterating messages around our Trust guidance – outpatients, lateral flow tests, visiting, attending ED.
- Redevelopment posts continue to receive a high reach and engagement on the L&D accounts, which are now expanding to the Bedford accounts

L&D

- Announcement of funding approval reached over 16k
- Relocation of Occupational Health reached over 3k
- Demolition progress reached 5k
- ED steel frame reached over 4k
- Energy Centre deliveries reached over 4k
- Time lapse videos reached over 5k

Bedford

- Cauldwell Centre project reached 4k
- Throughout this period, we have supported a variety of awareness campaigns including Lover Your Liver Month, Cervical Cancer Prevention Week, World Aids Day, World Antimicrobial Week, World Prematurity Day, World Diabetes Day, Lung Cancer Awareness Month, World Radiography Day and World OT Day.
- We held weeklong campaigns for National Pathology Week, Nursing Support Workers Day and International Men's Day to highlight a selection of staff on both sites.
- On the L&D accounts, we have been promoting Tour De L&D and the achievements made so far, these are always well received reaching between 2k and 10k.
- Christmas Day and New Year babies reached over 10.6k on L&D and 3k on Bedford
- New Year New Job – 414 link clicks on L&D and 419 link clicks on Bedford to the jobs page of our website.
- We have reintroduced monthly maternity statistics on the Trust's main pages and maternity pages. The public have seemed pleased to have these stats and we will be posting regularly each month.

Website:

During this period, we had 200.4K users visit our website with 433.8K sessions. This is an increase of 40K users and 100K sessions from the previous period.

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

- Job vacancies
- Blood tests
- Cancelling/change appointment (L&D)
- Patient and visitors information (both sites)
- Video clinic
- Contact us

Intranet:

Bedford

During this period, we had 41k users visit our website with 296k sessions.

The most visited pages have been:

- Do it online
- Clinical hub
- COVID-19 updates
- Policies
- Staff hub

L&D

During this period, we had 18k 9.7k users visit our website with 145K 51k sessions.

This is double the number of users and nearly three times the number of sessions as the previous period.

The most visited pages have been:

- Directory
- Departments and wards
- Clinical guidelines
- Policies
- Useful information

Internal Communications and Events

Staff communications and engagement remains the communications team's primary area of focus. As we continue to respond to the pandemic and develop new ways of working, effectively communicating and engaging with staff has never been so important. The Microsoft Teams platform continues 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 staff engagement events – Good, Better, Best
- 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 outline some key developments and objectives for the communications department, which will include:

- Introduction of a new staff app
- Discussing options for digital screens to be placed throughout the organisation to display key messages for patients and staff
- Further development of the staff intranets

Current Appeals

We are launching two appeals in February 2022:

- The L&D ED Appeal including ultrasound equipment, central monitoring system, paediatric ED play specialist and equipment. The total to fundraise is £272k.
- Children's Ward Resuscitation and Stabilisation Room Appeal. The total to fundraise is £78k.

Trust and Grants

- Following approval of Stage 2 NHS Charities Together (NHSCT) Community Partnership Grants, funding has been distributed.
- Future funding with NHSCT remains undetermined; however we have been notified of a development grant opportunity of £30,000.
- We are supporting the new appeals with applications and approaches to ward supporters. We have submitted several applications for the Paediatric Resuscitation and Stabilisation room.
- We are also working with the Take HeART group on applications to further their projects of art based workshops to encourage staff to take breaks, promoting staff wellbeing.

Community Fundraising

- Give a gift appeal raised £2595 and 1400 gifts were donated, every patient across both sites received a gift on Christmas Day.
- Light up a Life raised £1610 supporting NICU at L&D and SCBU at Bedford.
- The annual sparkle day raised £204 for general funds.
- Harpenden Christmas Fair stall raised £834 for general funds.
- A supporter ran the London Marathon raised £954 for the Children's Ward.
- Dunstable Town Football Club donated £2496 for our COVID fund.
- Pre-op Assessment team ran their annual elf day raising £102 for general funds.
- Dunstable Downs Rotary donated £500 for our give a gift appeal and have pledged to support with the new Appeals.
- We are continuing to fundraise for the VCreate package used by both NICU and SCBU, £1474 has been raised so far.
- We are developing Wish List items with the Therapy Teams at L&D to support their 'Beat the Boredom' initiative.
- At the Love Luton Awards Sabine Hazell, Schools Co-ordinator, won Best Fundraiser and a local supporter won Young Achiever Award for their fundraising.

Corporate Fundraising

- Amazon Ridgmont donated £1000 for Bedford Paediatric Give a gift appeal.
- Brave Snacks donated vegan snacks for the Good Better Best events.
- We have partnered with Bedford Running Festival and have 10 running spaces to be used over 2 years to engage a wider community into fundraising.
- Oakley Studios continued their support by donating the 1000 calendars and 500 Christmas Cards to be sold on our website and in our Charity Hub.
- Royal mail made a donation of £200 towards the Luton Paediatric ED Appeal and brought in over 100 gifts for children visiting the ED over Christmas.
- Our first Community Connections meeting will be held on the 16th March 2022. We will invite local businesses to come and hear about the hospital and pledge support in fundraising.

Retail Charity Hub

- As with the national position, there have been challenges with supplies over the past two months which has now improved. However, suppliers have also increased their prices due to inflation which will impact on our prices.
- The Costa machine sales are consistently high, the recent decrease in profit was due to the Machine being out of order for two weeks, due to a card reader issue.
- The charity hub volunteers have contributed to 483 hours since November 2021. We are running a campaign to recruit more volunteers to support with the shop opening hours.

Bedford Hospital Charity & Friends (BHC&F)

BHC&F support Bedford Hospital and have:

- Supported with donations of cakes and festive picnic packs for staff over the two days of Christmas.
- Donated 600 notebooks as patients gifts used across both sites.
- Donated their Christmas tree to Riverbank Ward at the end of the Tree festival in St Pauls Church. They raised £12,000 to be split between them and St Pauls Church.
- Supported us by supplying the lights for Light up a Life on Bedford Site and bringing in local choirs to sing carols.
- Donated 2 TV's, aerials and stands to Shand Ward supplied by Paul Mead of Michael R Peters.
- Purchased the majority of items from Riverbank Wards Amazon Wish List.
- Deborah Inskip Chairman of the charity will be receiving an OBE for services to the community during the COVID Lockdown.

Voluntary Services

- We are installing the Bouncepads for the Volunteer Sign in App. This will support real time updates on volunteer hours and enable accurate recording.
- All registered volunteers were gifted with a seasonal Card and notebook.
- The new Blossom Volunteer Co-ordinator is in post and will continue increasing support patients on an end of life pathway across both sites.
- A bid to NHSE/I was successful and we received £25k to support new and enhanced volunteering programmes across the Trust.
- We are working with St Johns Ambulance to support a new role within the EDs where their volunteers will be assisting in a clinical role completing basic patient observations, providing drinks and snacks, FFT and patient transfers to wards. This will be trialled initially at Bedford.
- Working with recruitment and local healthcare workers, we are trialling a volunteer programme supporting international nurse and midwife arrivals. Volunteers will be sourced from our diverse community with appropriate language skills to ease the transition of moving to the UK, this will support with staff retention and staffing levels across the Trust.

Work Experience

- The final two virtual work experience sessions were delivered in November and December 2021. The programme will complete once the evaluation mentoring session has taken place in January. 41 students across 6 schools/colleges have attended. A formal graduation will conclude the sessions in February.

- We are working with Dr Ritwik Banerjee running a small work experience programme pilot in the February half term. This will support future work experience programmes.

15. POLICIES & PROCEDURES UPDATE

Trust Wide Policies Approved October 2021 – January 2022:

M04T Medical Devices Policy

HS21T Violence and Aggression Policy

S25T Social Media Policy

NURSING STAFFING REPORT**NURSING WORKFORCE REPORT****Nursing Workforce Report****December 2021****Introduction**

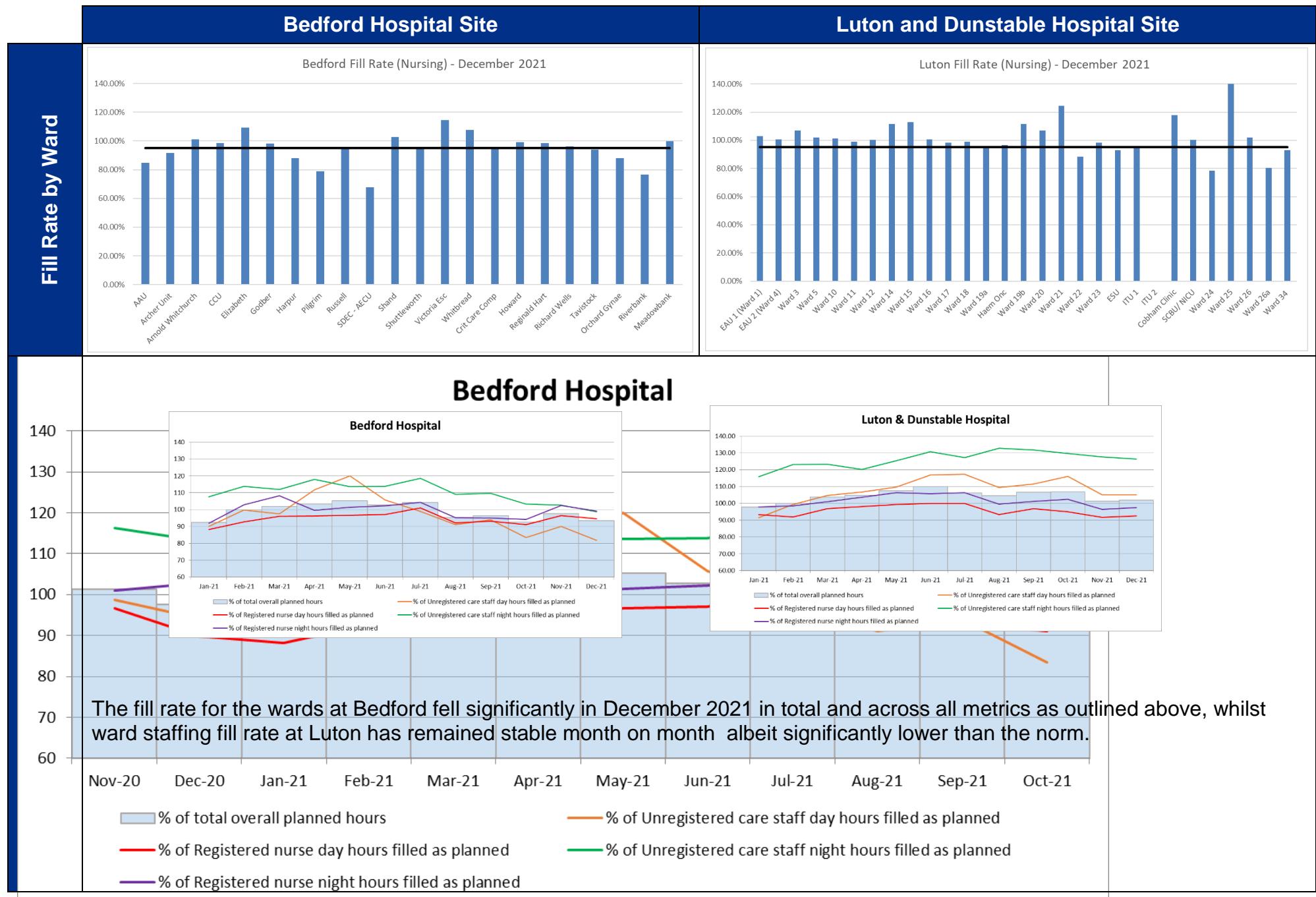
This report provides assurance in line with the National Quality Board (NQB) standards which require the Trust Board to be appraised of the safety and effectiveness of nurse staffing. The report covers both of the Trust sites and is evolving to address developing challenges to nurse staffing along with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

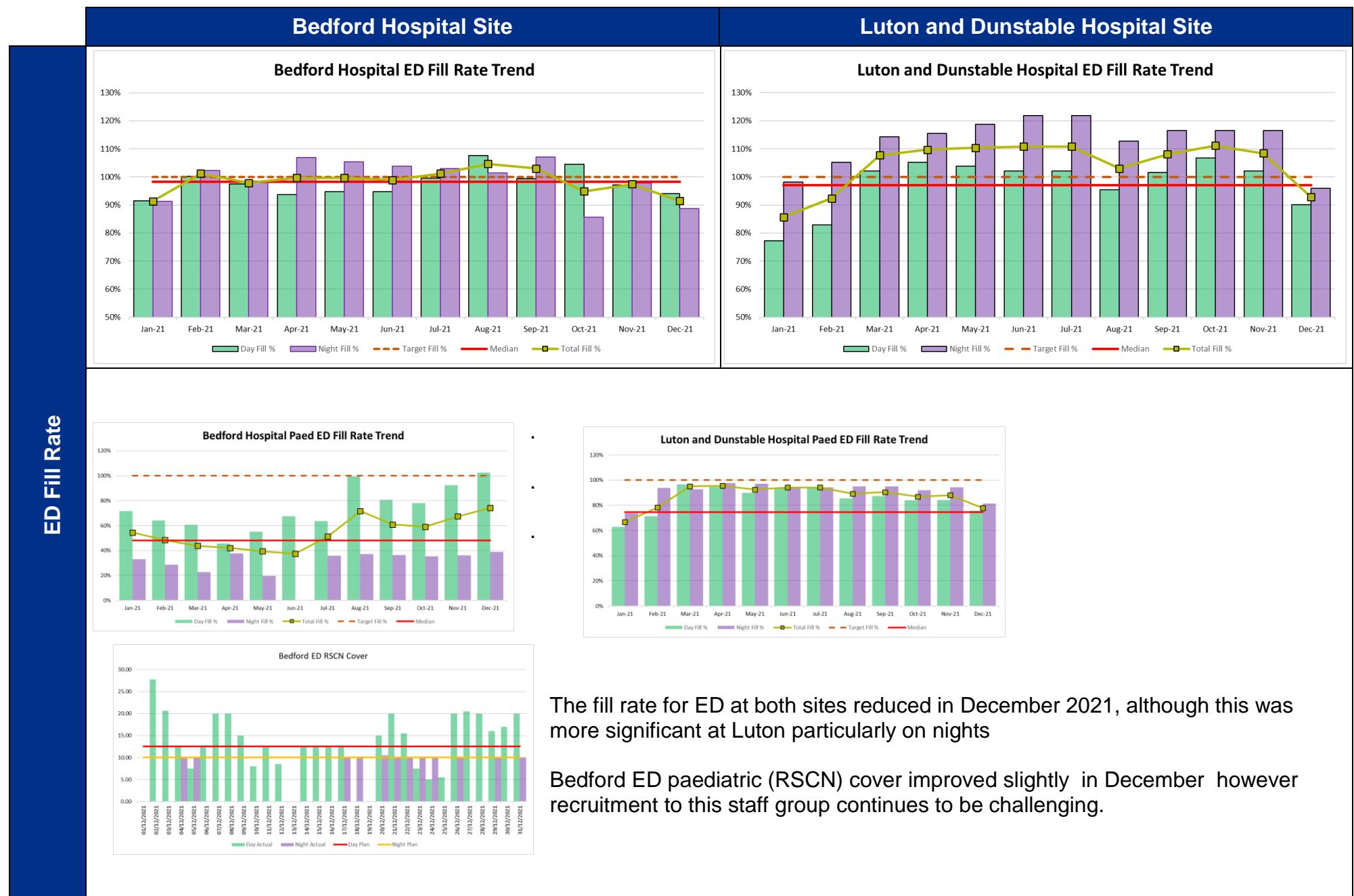
The ongoing COVID19 pandemic and subsequent changes in ward utilisation impacts how we report safe staffing and trends; this is reflected as appropriate in the report.

The Trust continues to experience challenges with the care of patients with mental health needs, this is a particular issue for paediatrics on both sites.

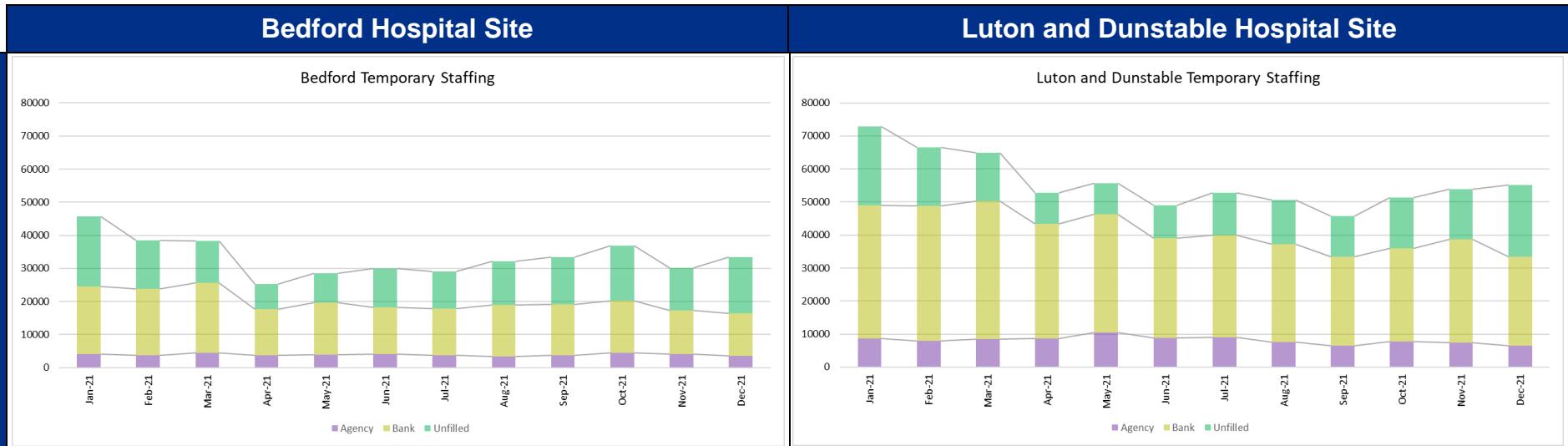
	Bedford Hospital Site				Luton and Dunstable Hospital Site			
Overall Ward Fill Rate		Oct 21	Nov 21	Dec 21		Oct 21	Nov 21	Dec 21
	% of Registered nurse day hours filled as planned	91.02	96.46	94.56	% of Registered nurse day hours filled as planned	94.97	91.58	92.5
	% of Unregistered care staff day hours filled as planned	83.44	90.07	81.84	% of Unregistered care staff day hours filled as planned	115.98	105.14	105.06
	% of Registered nurse night hours filled as planned	94.15	102.53	99.15	% of Registered nurse night hours filled as planned	102.36	96.5	97.46
	% of Unregistered care staff night hours filled as	103.18	102.72	98.63	% of Unregistered care staff night hours filled as	129.64	127.52	126.41
	% of total overall planned hours	92.55	97.58	93.51	% of total overall planned hours	106.76	101.22	101.85

Bedford Hospital Site	Luton and Dunstable Hospital Site
<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 impacts of COVID, increased sickness, extended maternity leave and the need for staff to self-isolate, results in ongoing challenges to shift fill rates. In December this was further compounded by the need for contingency areas to be open on both sites due to increased activity and demand. Registered Nurse (RN) fill was below template target on both sites; whilst at Bedford there was a significant shortfall in day fill rate for care support workers (CSW) predominantly required for enhanced patient observation (EPO).</p>	



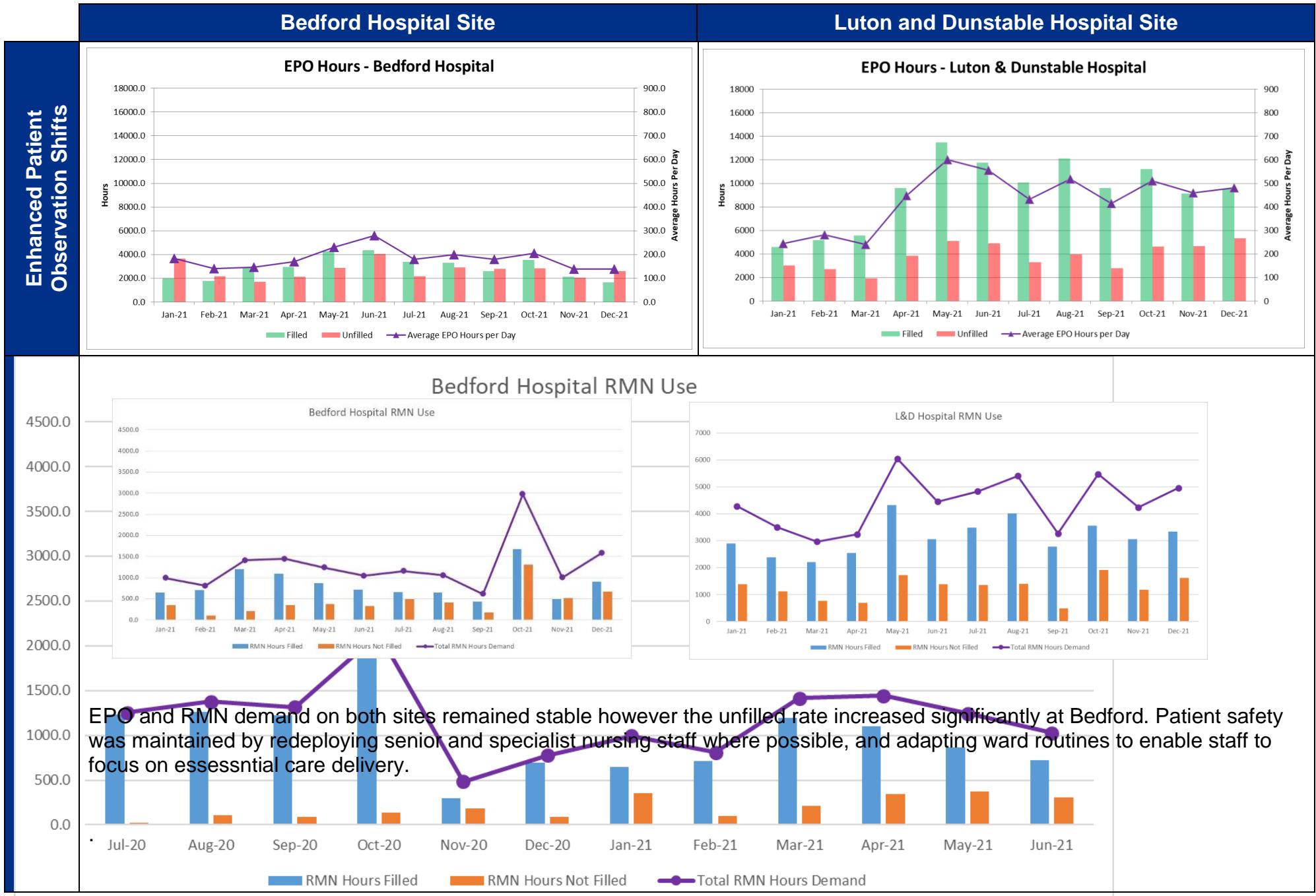


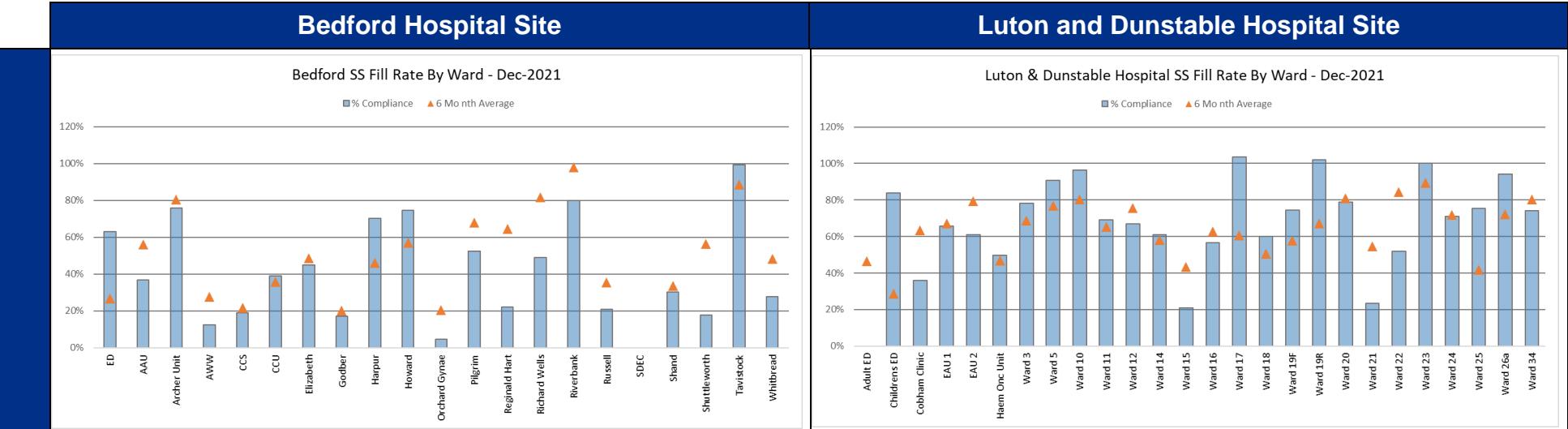
Temporary Staffing Breakdown



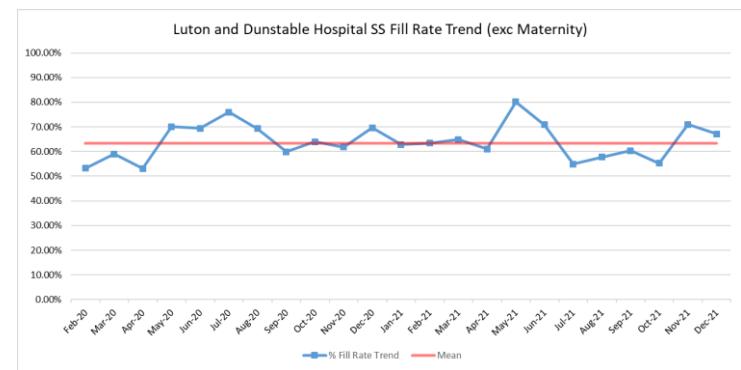
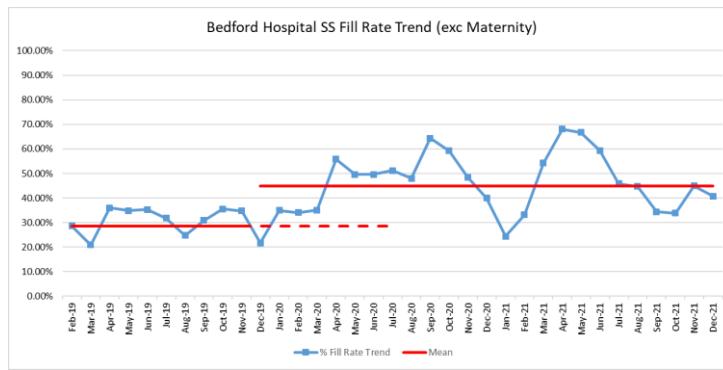
Temporary staffing demand and the unfilled rate both increased on the two sites.

With vacancy rates reducing significantly on the majority of wards the Trust is approaching the point of being fully established, however a comparison of prospective and retrospective staff unavailability on the Bedford site showed a 70% increase in staff unavailable to work in December for reasons previously outlined. In addition with the opening of contingency areas in December on both sites the reliance on bank and agency staff continues.



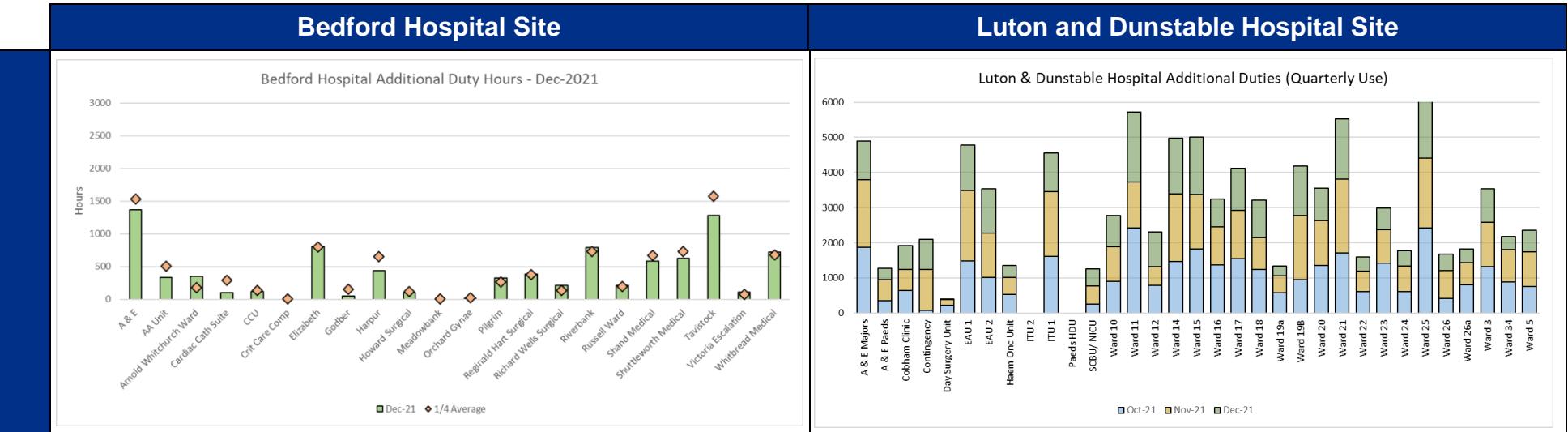


Supervisory Cover

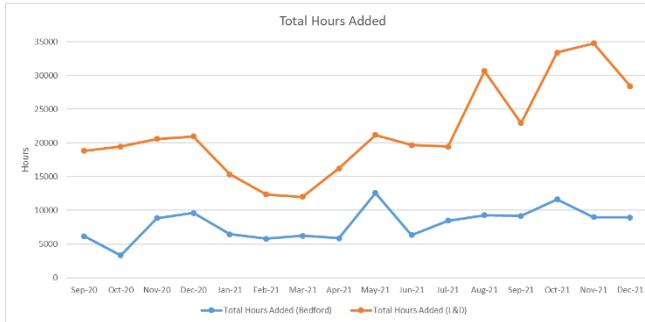


The Francis report recommended that ward managers should be rostered for 100% supervisory shifts (SS).

In December the SS rate at both sites fell following an increase in November 2021. This was to enable patient care to be prioritised where required to the reduced fill rate.

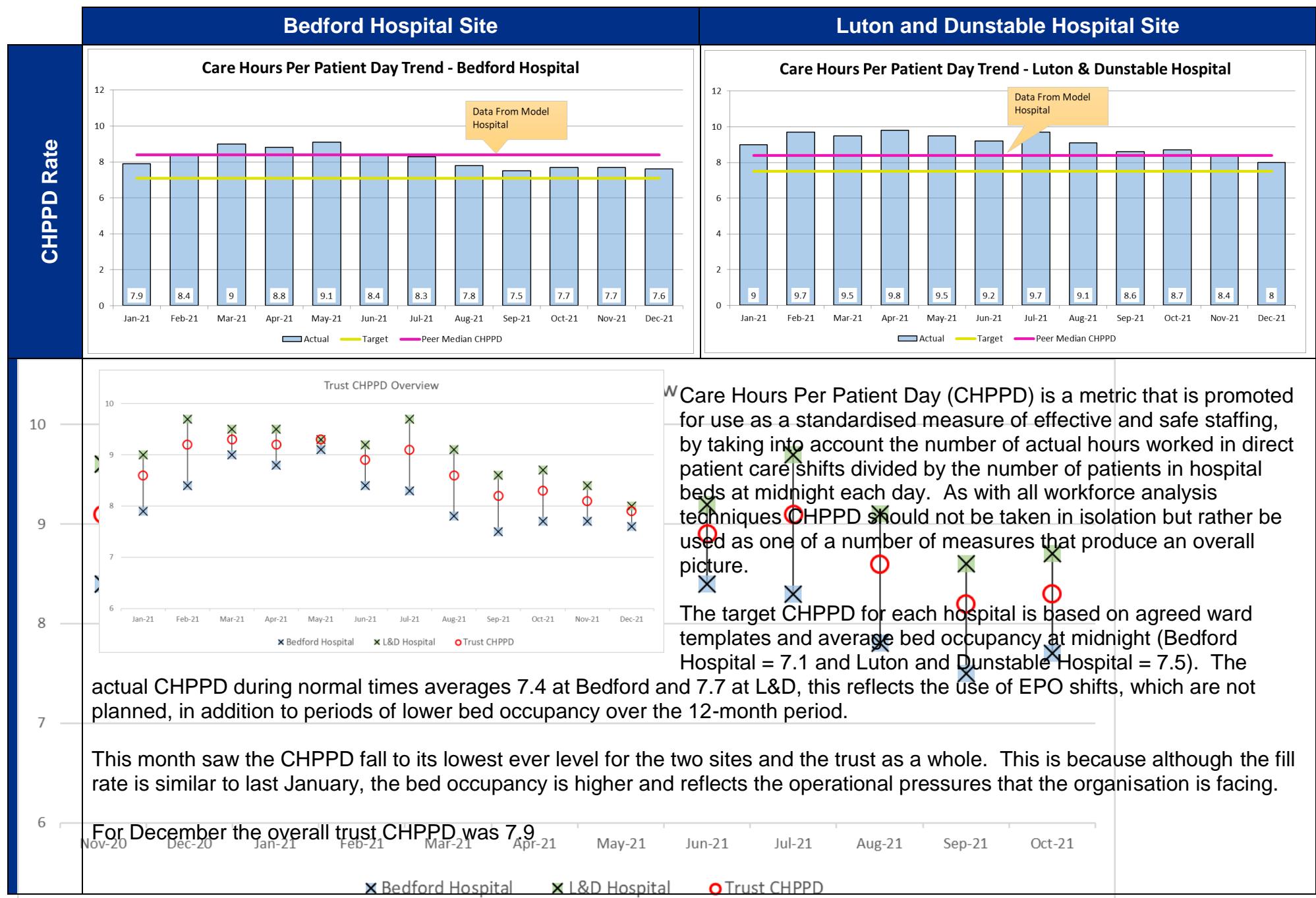


Additional Shift Use



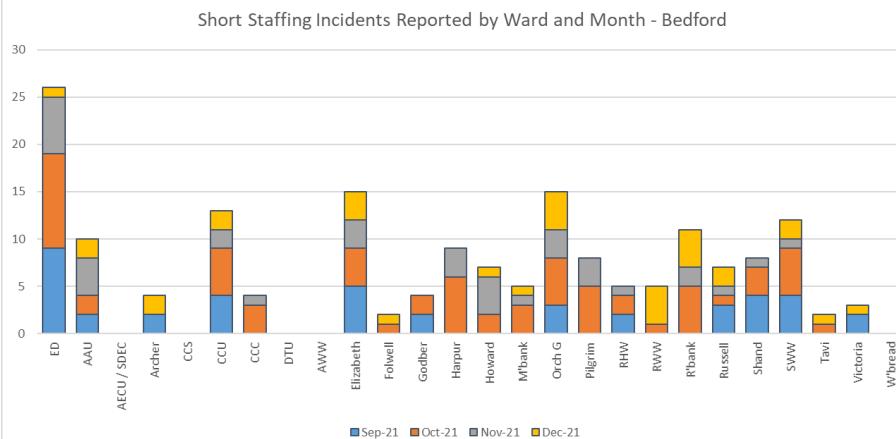
The number of additional shifts added above the agreed ward templates significantly reduced throughout the COVID period. Recent months have seen an increase in the need for additional shifts to support increased activity and increased demand for mental health support.

Both ED's have additional shifts due to operational pressures and redevelopment works, Tavistock continues to flex to meet differing roles where required.

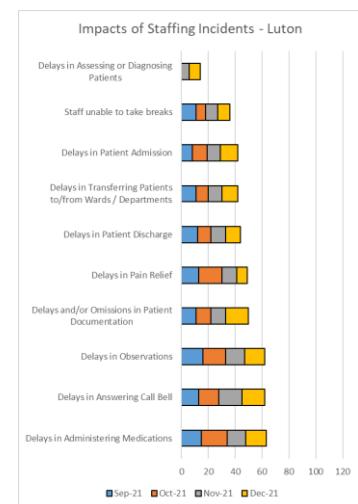
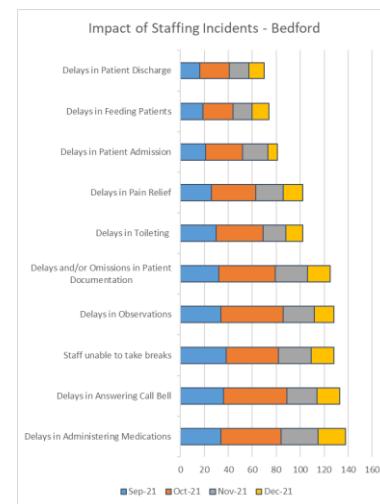
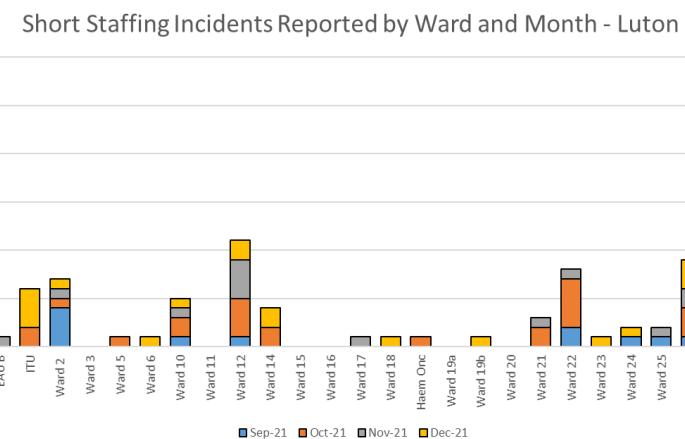


Staffing Incident Reports - Nursing

Bedford Hospital Site



Luton and Dunstable Hospital Site



Despite a reduced fill rate, both sites have continued to report similar levels of incidents related to shortages in nurse staffing compared to November; the inability to take breaks, delays in medication and delays answering call bells all feature in the top five impacts.

A number of falls at Bedford have been reported where reduced staffing levels have also been recorded as being low; these incidents have been reviewed by the Falls Practitioner to understand if staffing has had a direct impact on the cause of the fall with no direct correlation identified

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.

PURPOSE

The purpose of this paper is to present the Quality Committee with an overview of midwifery staffing capacity for the month of December 2021. The contents of the report also ensure that the required standards for meeting compliance for year 4 of the Maternity Incentive Scheme are evidenced throughout the year.

MIDWIFERY STAFFING ASSESSMENT- EXTERNAL ASSESSMENT BY BIRTHRATE PLUS TEAM

In line with national recommendations, the Trust has a systematic process in place to set midwifery staffing establishments. This process utilises Birth-rate Plus© is the nationally recognised tool for assessing the needs of women for midwifery care throughout pregnancy, labour and the postnatal period in both hospital and community settings. From that data, it is possible to calculate the required numbers of midwives to meet all of those needs in relation to defined standards and models of care and to local workforce planning needs.

The Luton and Dunstable University Hospital had Birth-rate Plus© review completed in 2015, and Bedford Hospital had a Birth-rate Plus© review completed in 2017. In view of the changes in both activity and acuity of the services and the national requirement for the Trust to implement Continuity of Carer (COC), the Director of Midwifery has commissioned a Birth-Rate Plus© full review across the merged Trust.

The Birth-rate Plus© have completed the review and the report is currently being finalised. This review will also include an assessment of the workforce required to implement Midwifery Continuity of Care model of Care at scale.

The current staffing assessment is based on the table top exercise using Birthrate plus methodology as reported during Quarter 1 2021/22. Following the application to national funds in response to the Ockenden report, Bedfordshire Hospitals NHS FT received funding for 20.2 WTE band 6 Registered Midwives, the Trust has received 60% of this funding to date with the remaining 40 % anticipated to be released by March 2022.

The additional 20.2 WTE Band 6 RM have now been included in the baseline WTE (10.1 wte on each site), so an increase in both funded establishment but also vacancy is reflected in this report.

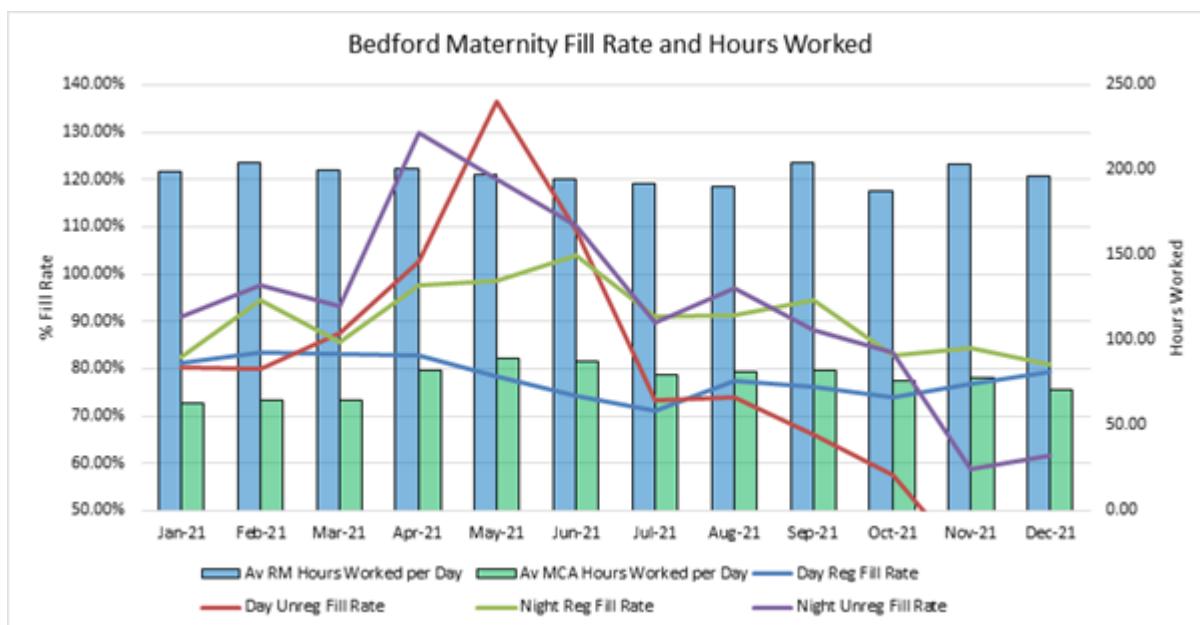
MATERNITY SERVICES WORKFORCE PLAN

It is now more important than ever for us to think ahead in terms of our future workforce needs, to ensure the Trust can have a pipeline of staff with the right values, skills and experience to provide high quality, compassionate care now and in the future. The Director of Midwifery has commissioned the development of a workforce plan which will form an essential part of our Maternity strategy for the coming years.

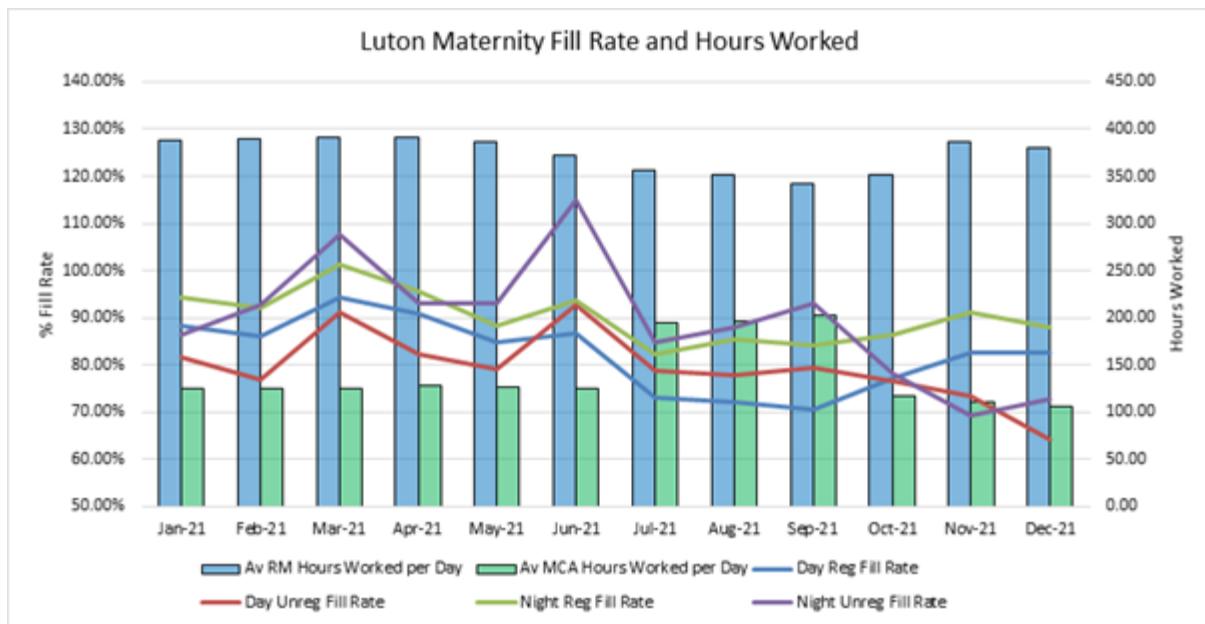
ACTUAL AND PLANNED STAFFING REPORT FOR NOVEMBER/DECEMBER 2021

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

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



RM fill rate in day remains stable around 75-80% and 80-85% at night for November and December. Support worker fill rate has declined across November and December for both days and nights. The reported data for day fill rate is 38.36% for November and 37.65% for December, the local team are reviewing this for accuracy. Three MSWs (Band 3) staff have been appointed and just await start dates and adverts are out on Trac for 3x (Band 2) to reduce the small vacancy for this staff group.



On the Luton site, fill rates for registered staff for both days and nights increased for November, and stayed at similar rates for December. Registered day fill rates were 80 – 85%, and night fill rates were 85 – 90%. The increase in Bank payments for midwives that came into effect from 18th October 2021 has continued to support the improved fill rates for midwives, for both days and nights. Agency midwives occasionally support the staffing and tend to prefer to work the night shifts. Day and night unregistered fill rates stayed nearly the same at 70 – 75%. 7 new MCAs are due to join the service in December 2021, which will improve the unregistered fill rates.

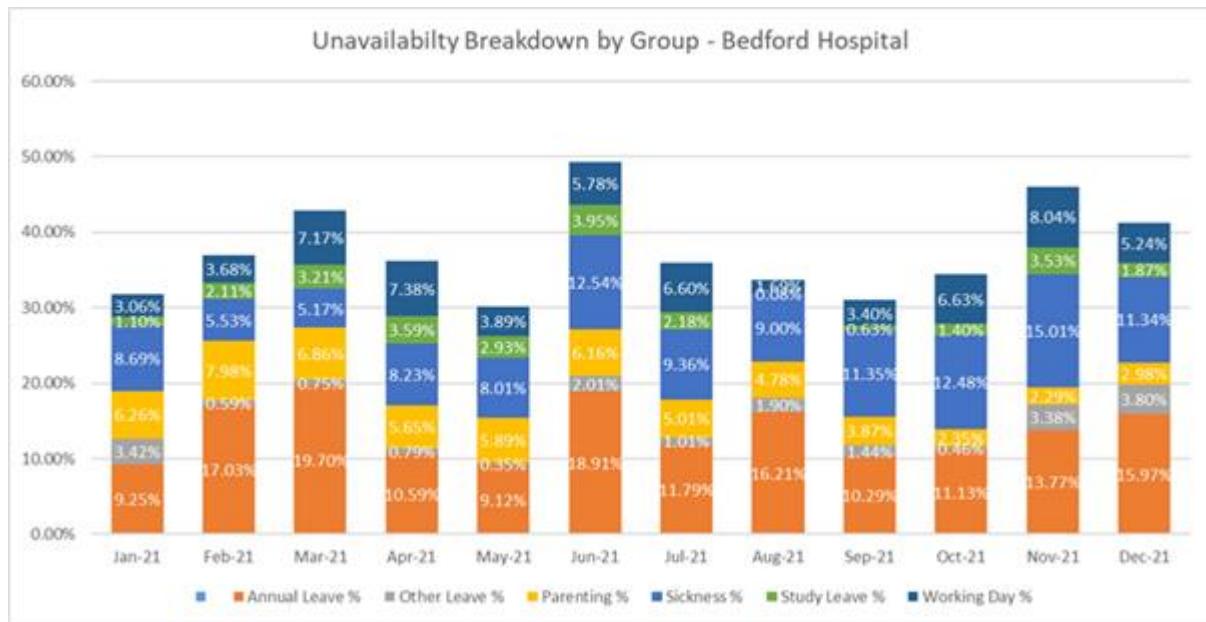
UNAVAILABILITY - Vacancy, sickness, maternity leave, Covid related absence

There is on-going work to align the processes for updating ESR across both sites and to ensure that the data is accurate for inclusion in reporting. As stated earlier in the report the baseline RM establishments now include an increase in WTE from the Ockenden funding.

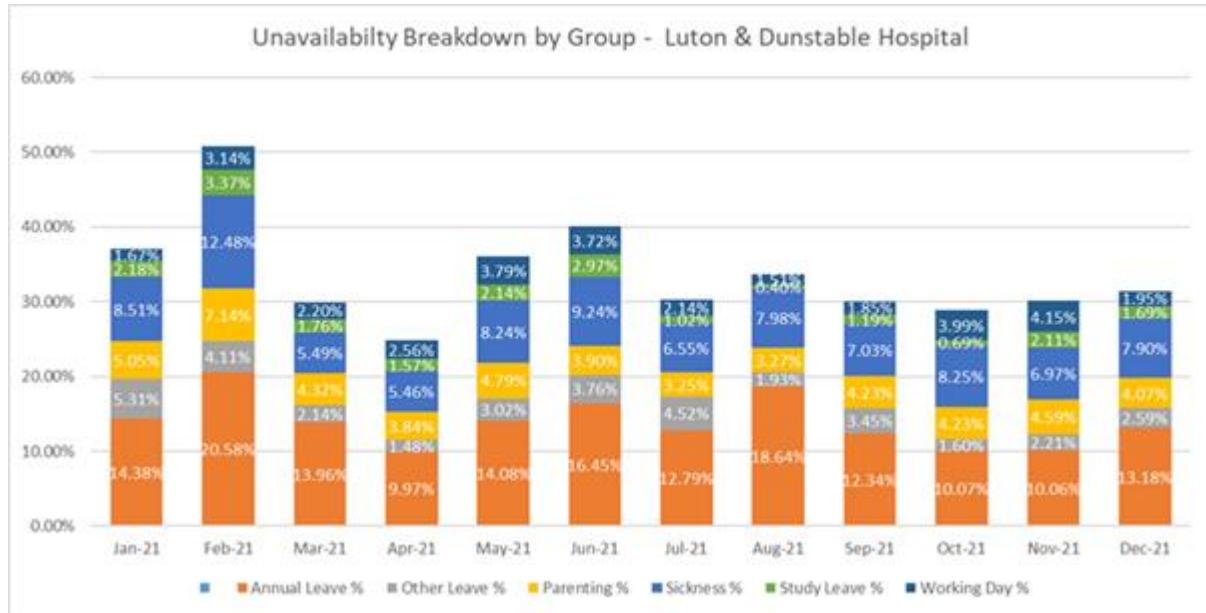
Luton Site Vacancy RM 45.59 WTE 19%

Bedford Site Vacancy RM 29.95 WTE 24%

(RM establishment includes all RM band 5- 8C in clinical and specialist/ managerial roles)



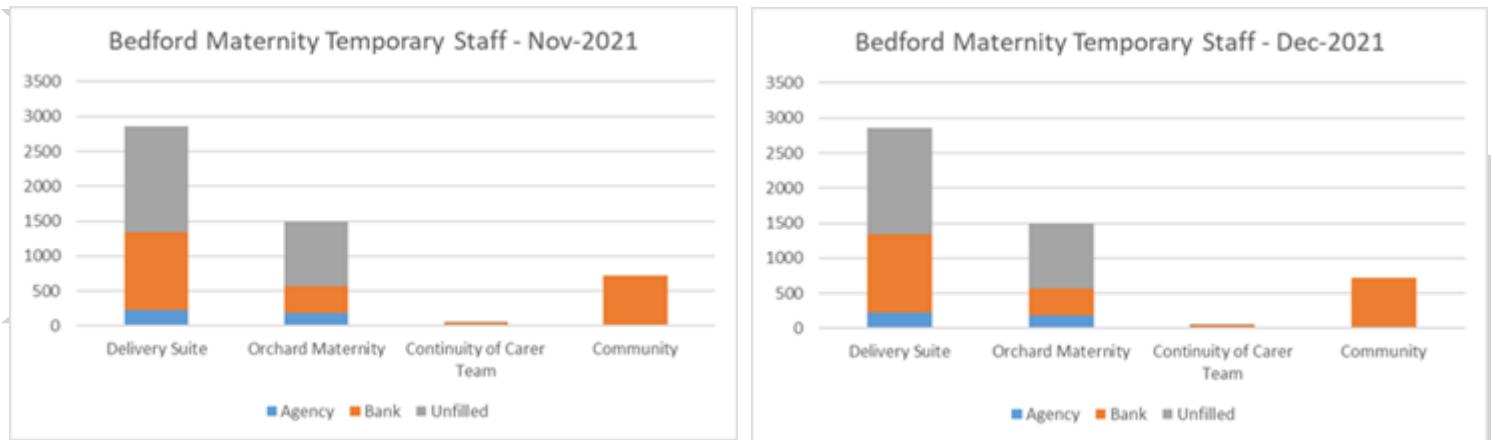
On the Bedford site sickness has reduced from over 15% in November to just over 11% in December. We have seen a number of staff with ongoing sickness following COVID in addition to other sickness reasons. At 11% this is still double target figures set for sickness. We continue with regular HR meetings to maintain stage 1 and stage 2 meeting to adhere to Trust policy for managing sickness but also to sign post our staff for services of support essential for their wellbeing.



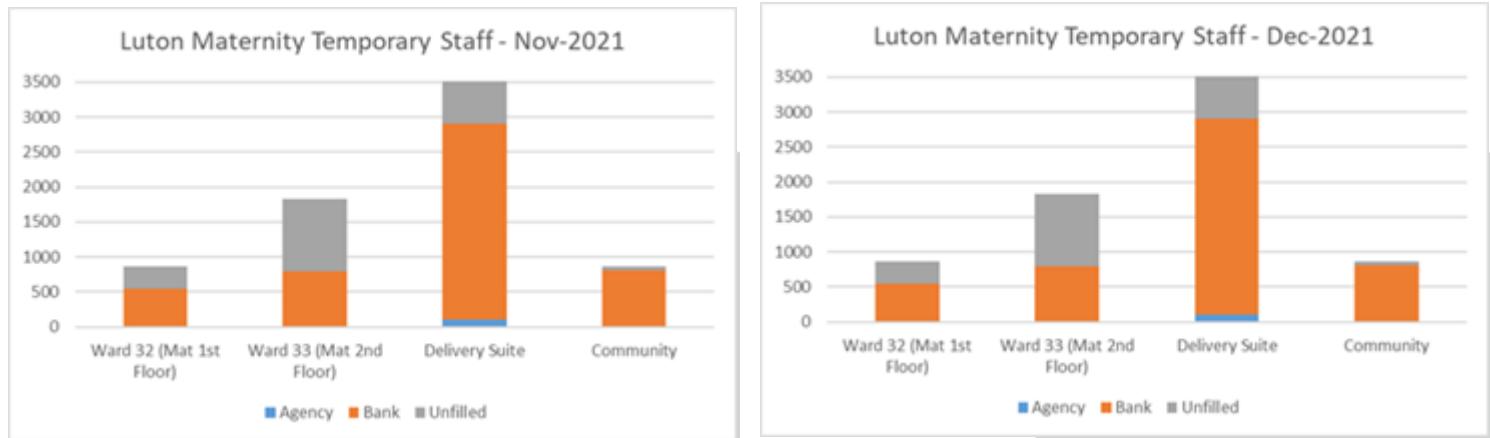
On the Luton site, sickness levels reduced from 8.25% in October 2021 to 6.97% in November 2021 but there was a slight increase in December to 7.9%. The Head of Midwifery is working with occupational health psychologist to identify strategies to support staff in work, and support timely occupational health reviews for the staff that are currently off sick. Work continues between the midwifery management team, HR partners and Occupational Health to meet with staff and put supportive plans in place to facilitate timely

return to work or to stay at work. Where possible staff on long term sick are supported to return to work on phased return.

TEMPORARY STAFFING HOURS FOR NOVEMBER/DECEMBER 2021



On the Bedford site use of agency continues but it is predominantly bank staff uptake supporting RM staffing hours. There remains a number of unfilled hours within the unit, which is predominantly supported by midwifery specialists and the senior midwifery team working clinically.



The area with the highest use of temporary staff in November and December 2021 was Delivery suite this is the areas with the highest vacancy and clinical area that is most successful in attracting RM to work temporary shifts. Agency midwives have also shown a preference to work on Delivery suite. Ward 33 (Postnatal Ward) has a high level of unfilled shifts, due to high sickness, among both midwives and registered general nurses. Staffing requirements, when there were unfilled shifts, were supported through the Maternity Escalation pathway. The weekly forward view of staffing, and daily staffing review meetings, supported the midwifery management team to identify and prioritise areas requiring staffing support. The support included Specialist midwives and midwifery managers working clinically.

BIRTHRATE PLUS RATIO

Site	No. of Births for December	BR ratio Actual for month	Actual clinical WTE	BR ratio Funded
Bedford site	233	1:33.6	83.03	1:28
Luton and Dunstable site	445	1:30	175.99	1:25

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

BIRTHRATE PLUS ACUITY TOOL

The Birthrate Plus Acuity Tool supports the “real time” assessment of workload in the Delivery Suite, Midwifery Led Birth Unit and Inpatient areas, arising from the numbers of women needing care and their condition on admission and during the process of labour and birth. 4 Hourly assessments are produced demonstrating the numbers of midwives needed to meet the needs of women, based on the minimum standard of 1:1 care for all patients in labour and increased ratios of midwifery time for women in the higher need categories. The acuity system also provides a measure of classifying other women admitted to the Delivery Suite who do not give birth at the time, allocating ratios of midwifery time required.

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

LUTON AND DUNSTABLE HOSPITAL SITE ACTUITY ANALYSIS

On Delivery Suite and Triage, over a 4 week period in December ‘21, staffing levels met acuity 26% of the time. There were a high number of women seen in categories I-V (Higher care needs), resulting in an increase in the requirement of midwifery time. (Categories I and II reflect normal labour and outcome and are predominantly midwife led care. Categories III – V reflect increasing levels of need).

Staffing factors such as midwife absence due to sickness, vacancy and midwives being redeployed to other areas (Antenatal/Postnatal Ward) all impacted the ability of the service to meet the patient acuity in line with the staffing levels set. The Team implemented measures to support staffing during periods of high escalation with Specialist midwives and Midwifery Managers working clinically, so that women were able to receive care in line with their clinical needs.

Date	Reason for divert	No of women transferred out	Units transferred to
30.12.2021	Midwifery staffing and capacity	0	All the Unit that were contacted for support were unable to support

On Ward 32 and Ward 33, the clinical midwifery manager has worked with the teams to improve compliance with the recording of extra care data and exceptional care data.

On Ward 33, extra care hours for babies decreased from 65% in November to 62% in December. The Maternity Service recently implemented the Kaiser Tool for neonatal sepsis and it is anticipated that this will contribute to reducing the level of Neonatal extra care hours although this is not yet seen as a consistent reduction.

BEDFORD SITE ACUITY ANALYSIS

On Delivery Suite, the acuity was met for 72% of the time in December. Specialist Midwives are supporting across the rotas; Matrons hours are being worked flexibly to support the service. Long line agency is currently being used and recruitment to bank only working is ongoing.

The unit went onto divert on four occasions during the month of December '21:

Date	Reason for divert	No of women transferred out	Units transferred to
01.12.2021	Midwifery staffing	0	n/a
03.12.2021	Midwifery staffing	0	n/a
08.12.2021	Midwifery staffing	1	Rosie
31.12.2021	Midwifery staffing	0	No units able to support

On Orchard Ward the extra care hours for babies remains high as in previous reports, with 83% of care being due to extra care for babies for December. The HoM is working with the Neonatal team on consideration for the recording and scoping of Transitional care (TC) Definitions of TC criteria are also being reviewed.

A request has been made to include the number of times women have been accepted from other sites as part of that Trusts escalation/ closure policy. The site teams are currently reviewing how this is recorded and reported to be able to do this for future performance reporting.

INUTERO TRANSFERS

Site	Inutero Transfers Refused	Inutero Transfers Accepted
Luton	12 refusals 4 due to capacity 3 due to capacity & staffing	3 accepted from Southend, Watford and West Sussex

	5 due to staffing	
Bedford	0	0

ONE TO ONE CARE IN LABOUR

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

For Bedford Hospital site, 100% of women received 1:1 in December.

On the Luton and Dunstable site, 1:1 care in labour compliance was 99.6%. The total eligible for 1:1 care in labour was 445 women. There are 15 women identified on CMIS (Maternity System) who did not receive 1:1 Care in labour for the following reasons:

- 3 women gave birth before arrival to the Maternity Unit (BBA).
- 29 women gave birth outside the delivery suite, either on the Triage ward (Ward 31) or the Antenatal ward (Ward 32). The reasons for women giving birth outside the delivery suite were due to women having precipitate labour, or delayed transferred due activity and/or capacity on the delivery suite.
- 1 woman had a failed induction that went for LSCS
- 2 women were documented as not having 1:1 care while they were on the Delivery Suite/ Midwifery Led Birthing Unit due to staffing shortfalls.

Therefore 2 women were included in the data used to calculate the ratio, as they were in the right location (Delivery suite/ MLBU) to receive 1:1 care in labour, but did not receive it. All the women had a midwife in attendance when they gave birth.

1:1 Care	Goal	Red Flag	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021
Luton	100 %	<95 %	99.5 %	98.6 %	99.3 %	98%	96.7 %	94.8 %	98.3 %	99.1 %	99.6 %
Bedford	100 %	<95 %	99.4 %	98.9 %	100 %	99.6 %	100 %	98.9 %	98.9 %	100 %	100 %

SUPERNUMERARY STATUS OF LABOUR WARD COORDINATOR

The midwife in charge of the Labour ward should not have a caseload of their own during the shift to ensure there is an oversight of all birth activity within the service.

		April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	
Luton		%Shifts LWC supernumerary	98.3%	98.9%	94.4%	87.6%	91.4%	86.6%	83.9%	93.9%	93%
		Number of shifts not	3	2	10	23	16	24	30	11	13

	supernumerary									
Bedford	% Shifts LWC supernumerary	97.2%	92.2%	97.2%	86.6%	86.6%	76.1%	81.7%	90%	85.5%
	Number of shifts not supernumerary	5	14	5	25	25	43	34	18	27

For the month of December, on the LDH site, Supernumerary Status Band 7 was 93% compared to 93.9% in November. The compliance with the Band 7 status supernumerary status correlates with the staffing shortfalls, and the high midwife to birth ratio recorded earlier in the report. There was appropriate escalation each time the Band 7 lost their supernumerary status to support the Band 7 returning to supernumerary status as soon as possible.

On the BH site Supernumerary status of the Band 7 decreased from 90% to 85.5%. Appropriate escalations have been taken throughout the month and the HoM has reviewed all cases to verify that Band 7s were not providing labour care. Where necessary the senior midwifery team continue to provide support to cover the Band 7 role. There is currently a vacancy of 3.72 wte Band 7. One staff member is currently undergoing clinical phased return working. We have a Band 7 due to start in May 2022 and another Band 7 development role due to start next month (pending recruitment checks). Recruitment to this role continues in order to have 2x Band 7s per shift to help protect Supernumerary status.

RED FLAGS

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

In December 2021, 61 Red flags were raised at the Luton and Dunstable site and 60 were raised on the Bedford Hospital site.

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

LUTON & DUNSTABLE SITE RED FLAGS DECEMBER 2021

RF	Definition of Red Flag	Number	Comment
1	Delayed or cancelled time critical activity.	28	<p>Delays in transfers of on-going inductions of labour and women presenting in early labour from Triage to Delivery Suite due to capacity and/ or staffing on delivery suite.</p> <p>There is on-going review of women awaiting transfer to delivery suite to continue with induction of labour</p> <p>Individualised monitoring plans with daily obstetric reviews for women while awaiting transfer to delivery suite</p> <p>Neighbouring Units contacted to facilitate transfer of women if they are able to accept.</p> <p>The experience of the service was that neighbouring Units were often unable to help due to being in escalation themselves</p>
2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	
3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	
4	Delay in providing pain relief due to midwifery staffing	1	
5	Delay between presentation and triage	3	<p>Appropriate escalation to Midwifery Manager on call</p> <p>Specialist midwives redeployed to support timely Triage pathways</p>
6	Full examination not carried out when presenting in labour	0	
7	Delay between admission for induction and the beginning of the process	4	<p>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.</p> <p>Women had timely fetal monitoring completed while awaiting to commence their induction</p>

8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	
9	Occasions when 1 midwife is no able to provide continuous one-to-one care and support to a woman during established labour	12	<p>On reviewing the women's birth details on CMIS system only 2 women are noted not to have had 1:1 care throughout their labour. All women had a midwife with them at the time of birth.</p> <p>The documentation on the App may have referred to transient periods where Midwives were not able to provide 1:1 care.</p>
10	Occasions when the Coordinator was not able to maintain supernumerary / supervisory status	13	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.

BEDFORD HOSPITAL SITE RED FLAGS DECEMBER 2021

RF	Definition of Red Flag	Number	Comment
1	Delayed or cancelled time critical activity.	2	<p>We are working on our IOL process with a working party group in set up.</p> <p>Also currently reviewing our midwife provision for CS availability and creation of dedicated post under consideration.</p> <p>Individualised monitoring plans in place with daily obstetric reviews for women while awaiting transfer to delivery suite. Neighbouring Units were also contacted to facilitate transfer of women if they are able to accept.</p>
2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	
3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	
4	Delay in providing pain relief due to midwifery staffing	2	
5	Delay between presentation and triage	12	Appropriate escalation to try and redeploy staff and facilitate timely reviews as best as able to

6	Full examination not carried out when presenting in labour	0	
7	Delay between admission for induction and the beginning of the process	11	Unable to commence IOL due to staffing levels, individualised care plans developed with obstetric team
8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	
9	Occasions when 1 midwife is no able to provide continuous one-to-one care and support to a woman during established labour	6	
10	Occasions when the Coordinator was not able to maintain supernumerary / supervisory status	27	Escalation processes implemented to support the coordinating Band 7 to return to supernumerary status as soon as possible, including the Manager on call attending on site if required out of hours.

WORKFORCE AND RECRUITMENT

The Trust is part of the East of England Midwifery Workforce Group who are working together to submit a collaborative bid to NHSI for funding for the International recruitment of midwives. As this is a new initiative for all Trusts discussions are underway to recruit from countries which have comparable midwifery education levels as well as understanding and putting in place adequate NMC registration support, OSCE and developmental training programmes and pastoral support for the midwives once they arrive in post. The Trust has been allocated 10 WTE RM from this initial cohort and this includes funding to support the recruitment process. A further 27 WTE international midwives have been recruited and will be included in the pipeline for 2022/23. It is recognised that detailed support and on boarding is required for this group of staff and the trust overseas nursing team are supporting the development and implementation of this new programme as their experience and success of the programme provides valuable expertise.

A Return to Practice (RtP) midwife has commenced and will be due to complete the programme toward the end of February 2022.

Two dedicated posts for a 12 month period have been created largely from external funding and are currently out to advert, to enable the embedding and retention of international midwives across both hospital sites. The maternity team are working closely with recruitment and the nursing team to best develop this aspect of the recruitment programme

Luton and Dunstable Hospital Site

10.86 wte NQM have now commenced in post with a further 2.00 wte commencing by Jan 2022. 5.61wte MCA commenced in post in December 2021, with 2.4wte commencing in January 2022. There is an on-going advert on NHS Jobs for newly qualified and experienced Midwives.

Bedford Hospital Site

5 wte NQM commenced October – November 2021, a further 3 NQMs are due to start with by March 2022. An experienced Band 7 Delivery Suite Coordinator post appointed due to start May 2022 and additional posts are currently advertised for this role. We have appointed 1 substantive community team leader post starting in Feb 2022 pending recruitment checks and are already commencing with a split Band 7 secondment role for the other Community Team Leader position. Interviews for Maternity Support Worker Band 3 posts have occurred three successful candidates now appointed.

INCIDENT REPORTING RELATING TO STAFFING

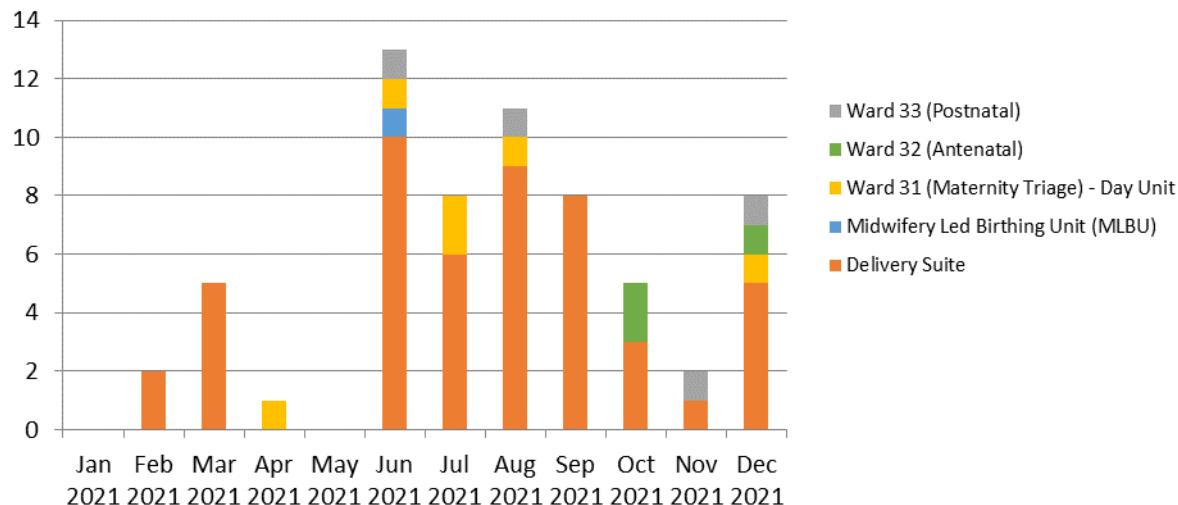
The trend in incident reports completed in relation to midwifery staffing is shown in the tables below. The number of incident reports relating to midwifery staffing for the month of December 2021 was 8 on the Luton and Dunstable Site and 6 at the Bedford Hospital Site.

There was an increase in the number of Datix submitted relating to staffing on the Luton site with the highest number of reported number of incidents on the delivery suite. This aligns with the findings of the birth rate plus tool which showed that delivery suite staffing met acuity 26% of the time due to high acuity and high activity during the month of December.

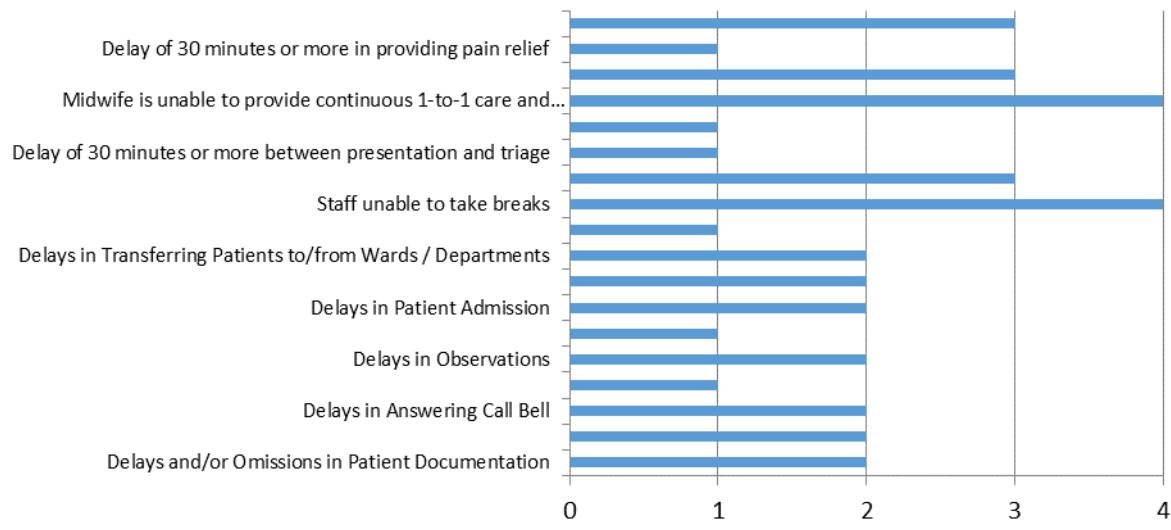
Safety is monitored through the daily staffing meetings, through the weekly Local incident review panels, which are attended by the Heads of Midwifery and Director of Midwifery. Datix reporting around staffing has oversight from the site Head of Midwifery and all Datix's raised are reviewed to ensure appropriate escalations are in place and no harm or near misses are identified as a result.

LUTON AND DUNSTABLE SITE INCIDENT REPORTING

Luton & Dunstable Maternity Short Staffing Datix Report

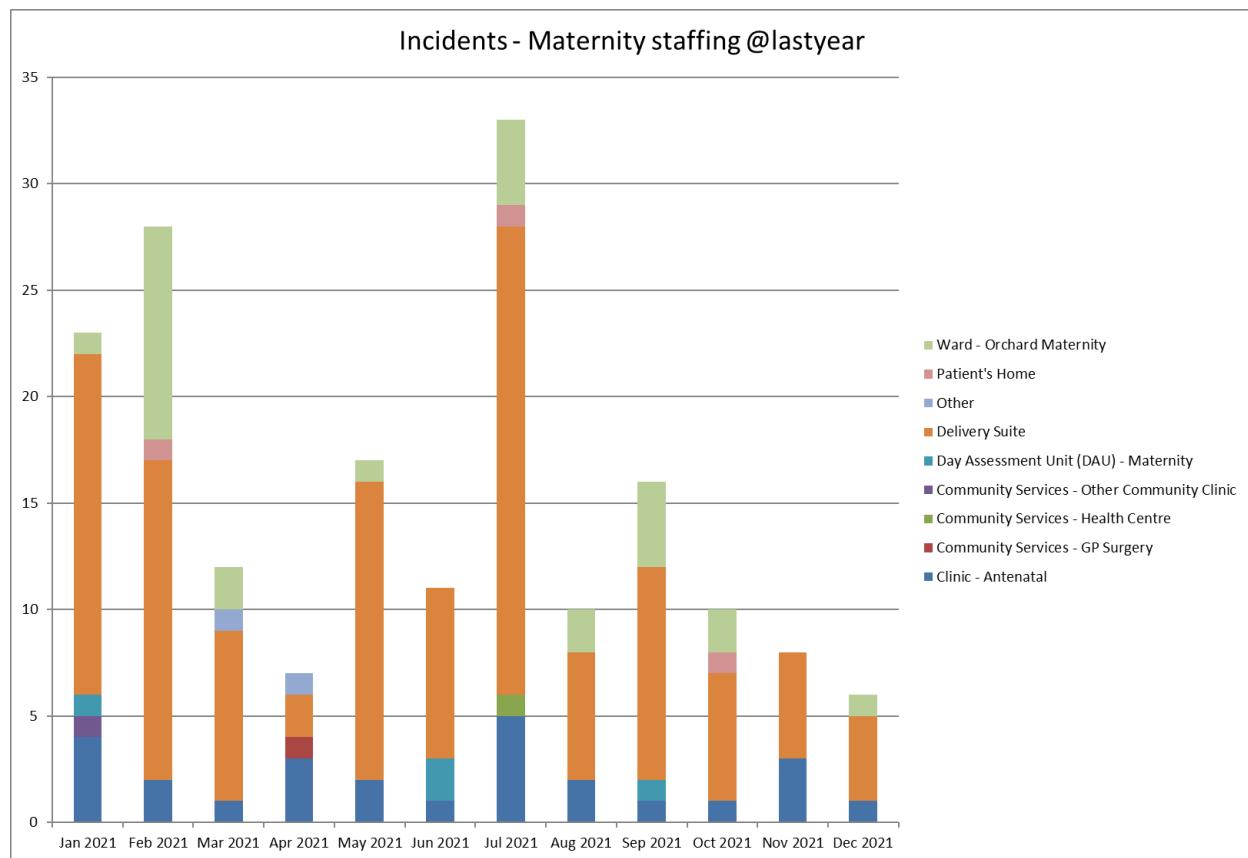


Luton & Dunstable Maternity Specific Impacts of Staffing Incidents - December 2021



There has been an increase in the number of incidents being reported and covers all areas within the service and reflective of the activity and staffing levels experienced during this reporting period.

BEDFORD SITE INCIDENT REPORTING



The number of incidents reported for the month of December '21 at Bedford has reduced. Delay in continuing inductions remains the most commonly reporting theme aligning to the red flag reporting, hence our induction working group to review all requests, and planning in a weekly MDT meeting.

RECOMMENDATIONS

The Quality Committee is asked to note:

The fill rates for November and December '21 are included in the report, the fill rate for registered staff at BH remains stable around 75%- 80% for days and 80-85% for nights. The fill rates for unregistered staff, particularly during the day have decreased to 37-38.3%, this data is being investigated as is felt to not be an accurate reflection of the current situation. The fill rates for LDH remain stable for RM at 80-85% for days and 85-90% for night shifts.

The Luton Site Vacancy RM is 45.59 WTE (19%) and the Bedford Site Vacancy RM 29.95 WTE (24%).

The maternity services have been diverted on 5 occasions in December resulting in 1 woman being transferred to CUH.

During the month at LDH 3 In utero transfers have been accepted and 12 have been refused, 8 of these occasions relate to insufficient staffing levels to support this activity.

The reporting of Red Flags is slightly higher this month at LDH and the themes of these on both sites are similar to previous months and relate to delayed or cancelled time critical activity, commencing induction of labour and delay when presenting to triage continues.

That the supernumerary status of the Labour ward coordinator has shown some decline at Bedford from 90% in November to 85.5% in December and on the Luton site has shown minimal change from 93.9% In November to 93% in December

One to One care in labour was achieved 100% of the time at Bedford and 99.6% time at Luton Site

Emma Hardwick

Director of Midwifery

January 24th 2022

GLOSSARY OF DEFINITIONS

Definitions

Supernumerary status

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

One to One care

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

Categories I – V

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

Information Governance (IG) Quarterly Board Report

Jan 2022

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

Data Security & Protection Toolkit (DSPT)

The Trust's current position: Approaching Standards (Dec 2021)

Next Steps for Jan, Feb

- Review Requirements
- Forward Audit planning in line with assertions
- Policy & strategy reviews
- Evidence gathering
- Work packages reviewed for Cyber Security

The Trust will be asked to provide a baseline 28th February 2022

Breakdown of NHS Trusts performance according to the current figures on DSPT*

NHS Trusts	Exceed the Standard	Standards Met	Approaching Standards	Standards Not Met	Not Published
	17	182	66	7	129

*Please note that the DSPT has changed the above breakdown from Acute Trusts to NHS Trusts.

DSPT Deadlines

Baseline 28th February 2022

Submission 30th June 2022

IG Incident Reporting Tool

The DSPT 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.

Data Privacy Impact Assessment (DPIA)

4 comprehensive DPIA's have been completed and approved in the last quarter.

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 has been progressing with manually liaising with cross site departments to complete records of processing activities (ROPA). We have received a positive response cross site and are on target to achieve 100% by the June submission.

Data Flow maps: 53%
Departmental Information Asset registers (DIAR): 61%

System Information Asset Register

To demonstrate compliance with legislation and regulation, 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.

Our provisional list provides us with a list of 500-600 systems. We continue to struggle with collating the relevant information for each of The Trust systems and establishing responsible owners (information Asset Owners)

The current Asset register is not fit for purpose and relevant stakeholders are aware.

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 are working well however compliance has been affected by COVID pressures wthin the teams across site.

In the last quarter 68% of SAR requests were completed within the 30 day deadline which is another 20% decrease.

Year 2020/2021		No of requests	Breached legal deadline	Compliance with deadline
Q1	April-June	1007	191	81%
Q2	July – September	1009	122	88%
Q3	October – December	1064	350	68%
Q4	January – to date	114		
Total Received				

Type of Request	No of Requests Q3	No of Requests Q4
Solicitors	502	62
Public	378	36
Other Health Orgs	64	6

Legal	18	2
Police	34	6
Government Org (DWP etc)	37	0
Insurance	3	0
Court Order	28	2
Total	1064	114

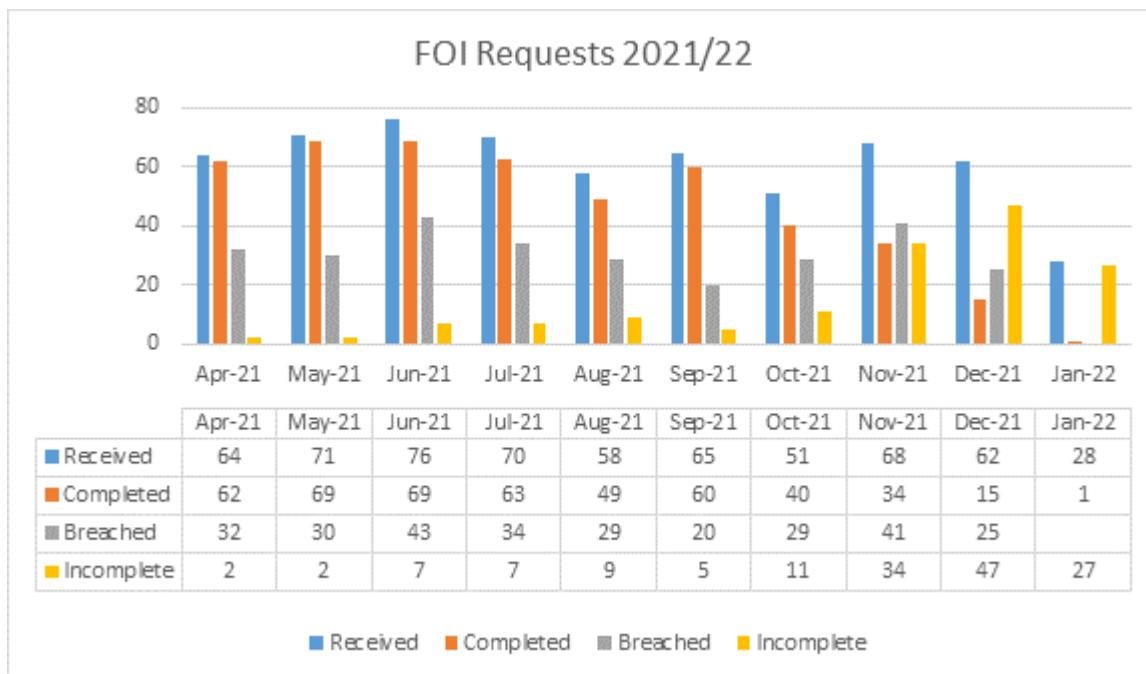
Freedom of Information (FOI)

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. We have recently recruited for the position of FOI officer to coordinate this function from November and have put further escalation processes in place to capture pending breaches. .

The 20 day compliance figures have fallen significantly in the last quarter to 61.66%

Year 2020/2021		No of requests	Breached 20 day deadline	
Q1	April-June	237	124	
Q2	July – September	193	72	
Q3	October – December	181	95	
Q4	January – to date	28		
Total Received		127		



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 76%

To achieve the target of 95% compliance it has been recommended the Trust align pay progression to ESR. Other Trusts that have moved forward with this are now compliant with this target.

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

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 now 31st March 2022. It has been extended to enable health and care organisations to focus their resources on the coronavirus (COVID-19) outbreak.

Actions for implementation:

- Utilise the UOVO platform already used within the information department.
- Create SOP
- Update The Trust Privacy Notice to reflect the change when implemented.

Board of Directors

Wednesday 2 February 2022

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, Medical Director, Finance Matt Gibbons, Director of Finance Workforce Angela Doak, Director of Human Resources			
Report Author	As above			
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/> x	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"> The majority of falls continue to lead to no or low harm. Multi-disciplinary falls meetings across both sites enable ongoing sharing and learning from good practice. Incident reporting rates remain positive and within normal variation. Overall reporting trends remain similar across both sites. 16 Serious incidents have been reported and are currently being investigated. Improvement activity is also noted. Whilst complaint rates have been slightly lower overall the Trust position is stable with the most common themes for the last 3 months continuing to be communication and issues related to clinical treatment. The Trust overall performance deteriorated against the 62 day referral to treatment standard in November 2021. The growth in the number of open (incomplete) pathways continues with ongoing challenges in staff availability, exacerbated by high cancellations at the end of December due to Covid. <p>Finance Summary</p> <p>The Trust delivered a surplus of £1.1m year to date, this is against a £1.0m plan. The Trust's pay spend is £5.6m overspent year to date, £0.1m in month. Non-pay is £12.2m overspent year to date. £4.9m relates to PCR Covid testing and other out of</p>
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	<p>envelope expenditure that is reimbursed by NHS England. Based on estimated M1-9 elective recovery fund performance, the Trust has recognised £7.5m income within its position. Capital spend is £30.2m against a plan of £83.0m. The Trust continues to review the capital in year to ensure it stays within CDEL.</p> <p>Workforce Summary</p> <ul style="list-style-type: none"> Between October and November sickness increased by 0.79% to 4.86% and is 1.16% higher when compared to the same period last year (3.98%) Vacancy rates have increased slightly from 8.38% in November 2021 to 9.41% in December 2021. Overall turnover is higher than the same period last year The overall agency run rate is 0.17% lower in December 2021
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<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>
Jargon Buster	<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>

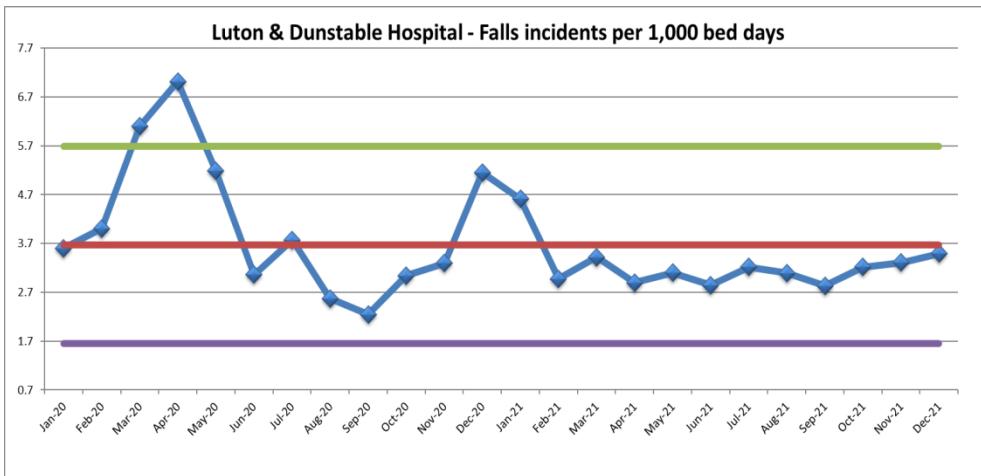
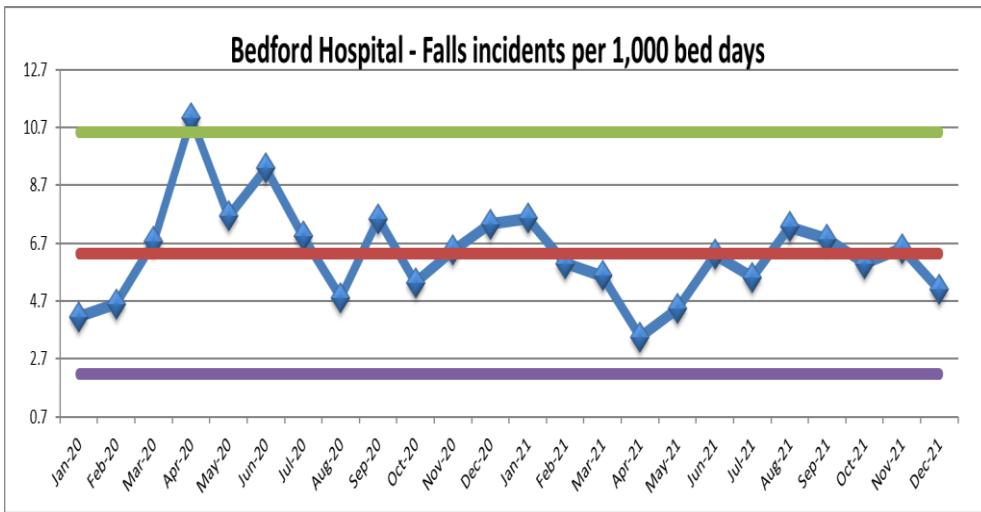


Quality and Performance

February 2022 (October - December)

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

Harm Free Care – Falls

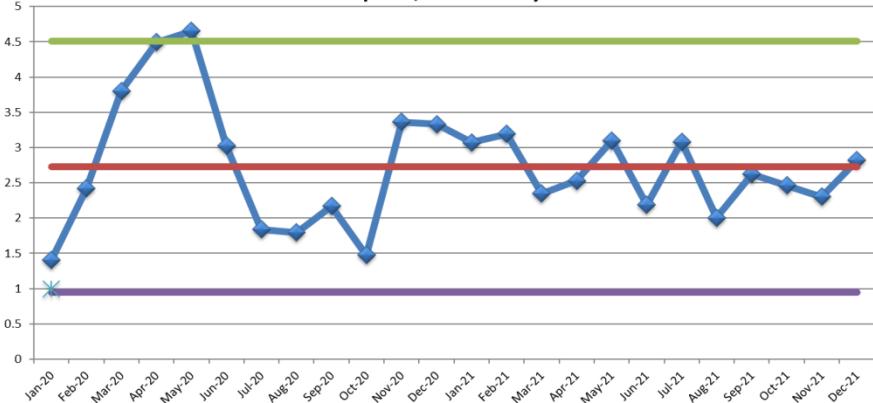


The majority of falls continue to lead to no or low harm. Any moderate or severe harm incidents are reviewed at a local incident review group to ensure early learning. Multi-disciplinary falls meetings across both sites enable ongoing sharing and learning from good practice.

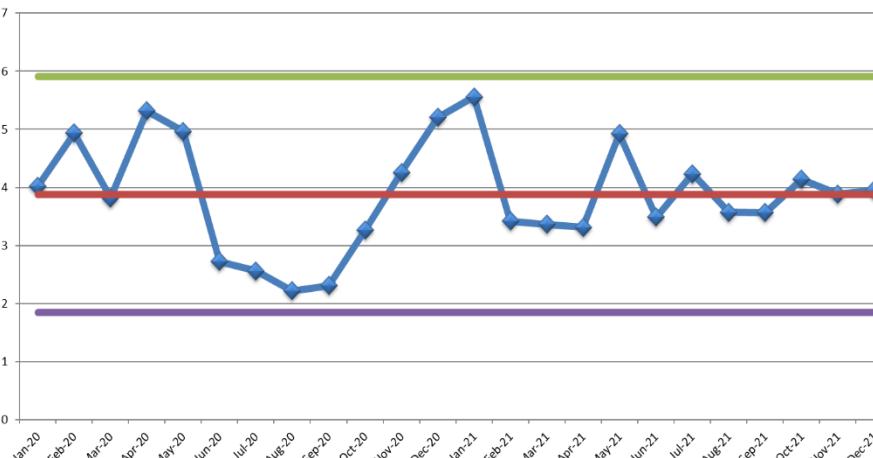
A number of wards at Luton & Dunstable Hospital participated in the NHS East of England initiative 'Winter Deconditioning Games' with a focus on encouraging patients to be more active using static pedals. This is a 3 month initiative with the aim of improving physical and mental wellbeing for patients and staff.

Harm Free Care – Pressure Ulcers

Bedford Hospital - New Pressure Ulcer incidents per 1,000 bed days



Luton & Dunstable Hospital - New Pressure Ulcer incidents per 1,000 bed days

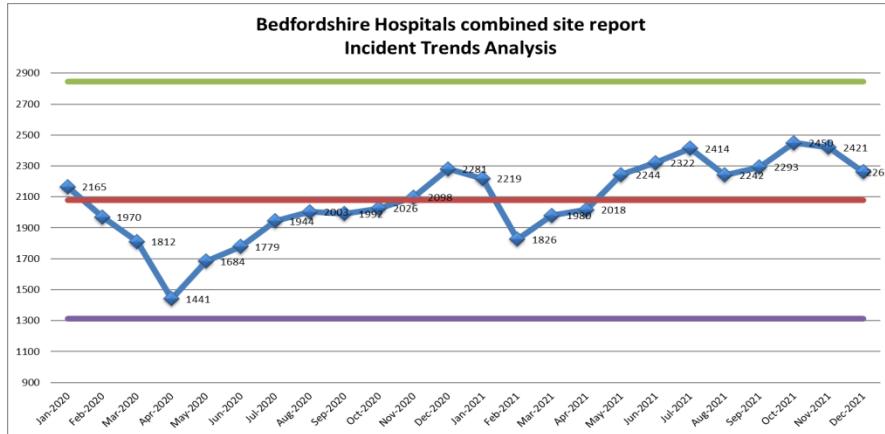


As with falls, all new pressure ulcers (those that have developed in hospital) continue to be reviewed at a weekly pressure ulcer review group enabling clinical teams to share relevant information and identify improvements required.

In November staff participated in a national 'Stop the Pressure' event followed by a Trust wide enhanced educational campaign led by the Tissue Viability teams. Pressure ulcer incidents will be further reviewed to see whether there has been any observed changes following these 2 events.

Incident Reporting

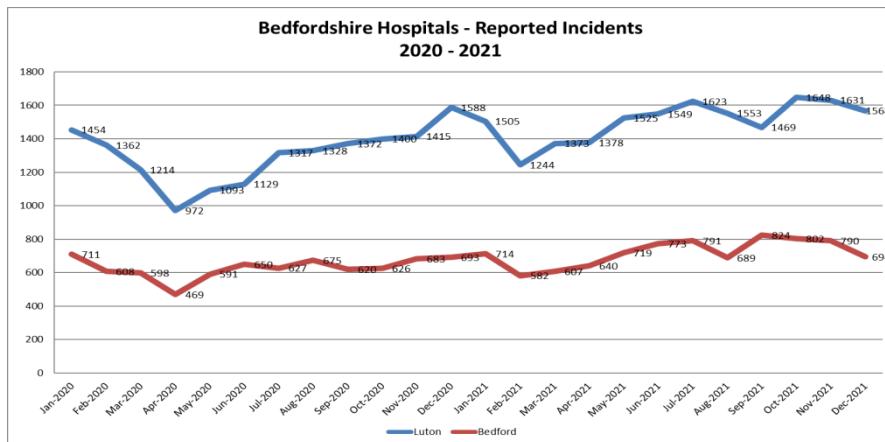
Number of Incidents reported over a two year period up to December 2021 (combined Trust figure)



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 positive and within normal variation.

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



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

Overall reporting trends remain similar across both Trusts.

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 **16** events have been declared as serious incidents across the both Trust sites during October – December 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.*

5 Serious Incidents were declared for the Bedford hospital site

- Potential Delay in cancer diagnosis
- Baby born requiring therapeutic cooling** x 2 (HSIB*)
- Potential failure to manage a deteriorating patient
- Patient Fall resulting in harm

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

- Failure to recognise testicular torsion***
- Nosocomial Covid 19 x 3
- Delay in recognising a pulmonary embolism****
- Delay in recognising pre eclampsia
- Potential delay in cancer diagnosis x 2
- Delay in outpatient appointment leading to potential harm from delayed treatment
- Potential delay in referral for radiotherapy treatment
- Maternal death two months post delivery

***Therapeutic cooling is an effective intervention to decrease adverse neuro-developmental outcomes*

****Testicular Torsion is an emergency condition. It happens when the spermatic cord, which provides blood flow to the testicle, rotates and becomes twisted. The twisting cuts off the testicle's blood supply and causes sudden pain and swelling.*

*****Pulmonary Embolism is a blockage in one of the pulmonary arteries in the lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from deep veins in the legs or, rarely, from veins in other parts of the body (deep vein thrombosis).*

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:

In Patient Care

- The training needs analysis for the neonatal service to take into account the training needs of staff, and ensure that there is a provision to maintain safe staffing levels whilst training is being undertaken.

Delay In Diagnosis / Treatment Pathway

- Update to clinical guideline for ultrasound imaging of “lumps” in respect to specialist Radiologist input.
- Development of defined protocol for management of patients identified as experiencing delays on the cancer pathway.

Emergency Department

- An update has been made to clinical guideline “Dealing with Pregnancy Loss & Termination of Pregnancy less than 20 weeks gestation” to include a clearer pathway for appropriately managing products of miscarriage.
- There is a specific clinical pathway for presentation for managing testicular pain in place but this currently relies on the patient stating that they have testicular pain. Therefore this protocol will be updated to ensure there is a clear indication for clinicians to include any identification of a potential torsion in males presenting with abdominal / testicular pain in the emergency department.

Improvement activity related to previously investigated Serious Incidents (continued)

Fetal Anomaly Screening

- Development of new failsafe clerical officer role to maintain overview of waiting list and appointment bookings within maternity sonography setting.
- Improvements made to screening failsafe database to ensure functionality of early detection of deviation from screening programme standards.
- Review of all supporting policies, procedures and guidelines relating to Obstetrics and Gynaecology ultrasound scanning.
- Development of a recruitment and retention project for sonographers.
- Implementation of extraordinary Local Maternity and Neonatal Systems (LMNS) wide clinical reference groups to bring together colleagues from maternity and sonography to undertake scoping of a demand and capacity management plan .

Maternity Services (including learning from HSIB reports)

- To ensure all mothers have a detailed risk assessment at booking, conducted to identify whether aspirin prophylaxis is indicated to reduce the risk of hypertensive disease in pregnancy.
- Support clinicians in recognising the diagnosis of pre-eclampsia and planning further management including options for timing of delivery.
- To ensure that all abnormal tests are documented and clearly visible to all clinicians to inform all ongoing care decisions.
- To ensure a robust process is in place to ensure there is adequate staffing on the antenatal ward.
- To ensure staff are supported to perform indicated fetal heart rate assessments before and after administration of prostaglandin in line with local guidance.
- To ensure women who are attempting a vaginal birth after previous caesarean section (VBAC), once contracting regularly, should have immediate vaginal examination to ensure and ensure care is in the most appropriate place (Delivery Suite) once labour is established. The Triage Guideline has been updated to include guidance specific to care of VBAC women who are contracting.

Effective

Mortality

This summary reports the key mortality metrics for December 2021. The reporting time frame is indicated for each metric including where a rolling 12 month applies. Combined and hospital specific data is reported to support identification of themes, trends and areas for further focus.

Summary

For Bedfordshire Hospitals in the month of December there were 42 (BH no.17, L&DH no.25) new deaths recorded for COVID-19 taking the total deaths to 1509 since March 2020. This represents a 21% decrease in month compared to November 2021 (no.53).

There were 224 deaths from all causes across both hospital sites (BH no.87, L&DH no.137), an increase of 8% (no.208) in month and a 39% decrease compared to the number of deaths in December 2020.

This represents 24 more deaths than the 5 year (pre-pandemic) average in month (BH no.0, L&DH no.24) and ends five consecutive months showing higher than average deaths for Bedford Hospital and is the sixth consecutive month for higher than average deaths for L&D Hospital. (Figures 1a, 1b below)

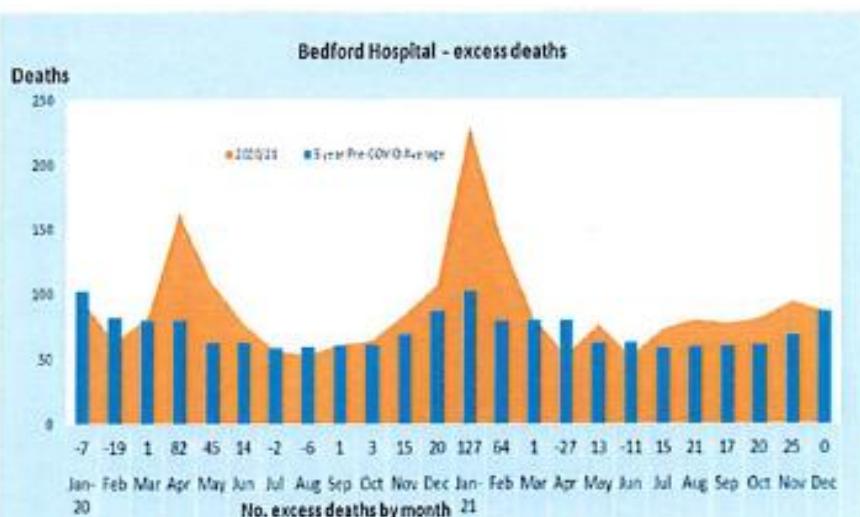


Figure 1a



Figure 1b

Effective

Actual deaths across Bedfordshire Hospitals for 2021 are higher than expected based on the 5-year average. Figures 2a, 2b illustrate BH has seen 31% more deaths during 2021 and L&DH 14.3% more deaths.

Actual deaths for 2021 for BH are 11.5% higher and for L&D Hospital are 0.28% lower compared to 2020.

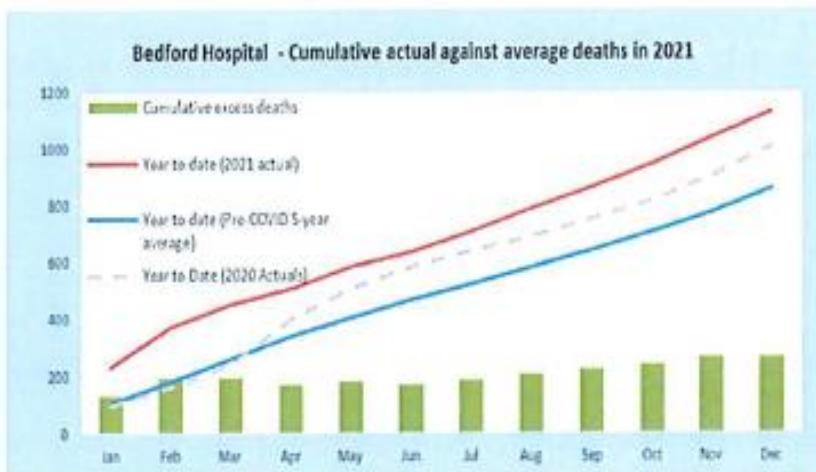


Figure 2a

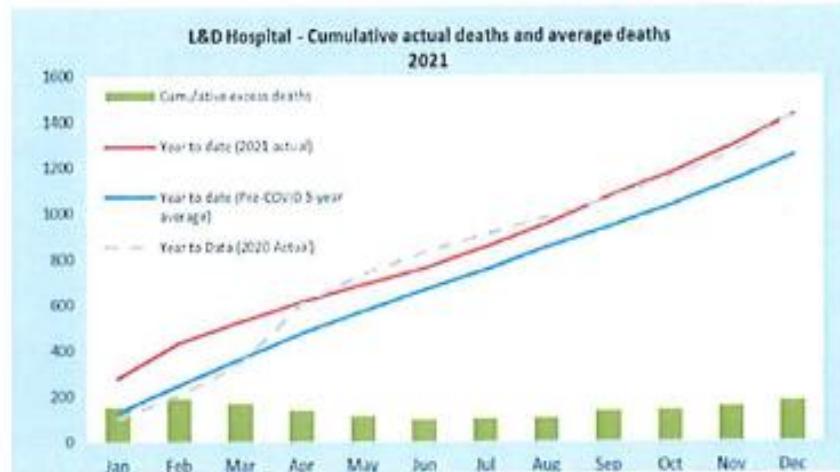


Figure 2b

Effective

Bedfordshire Hospitals: SHMI, rolling 12 months

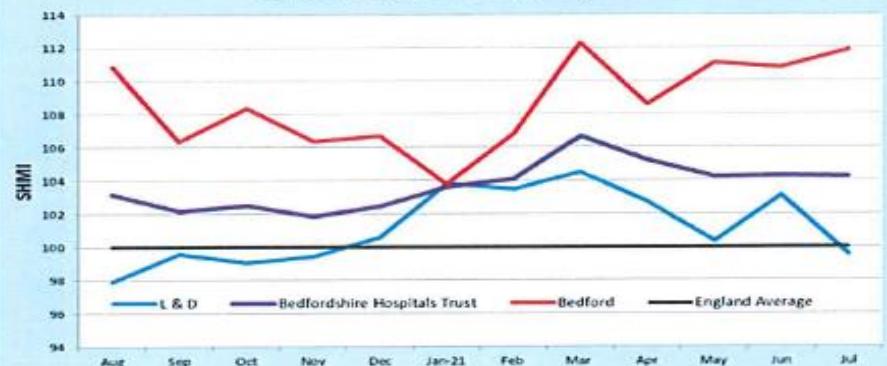


Figure 3

Bedfordshire Hospitals - Individual Monthly Mortality Indicators

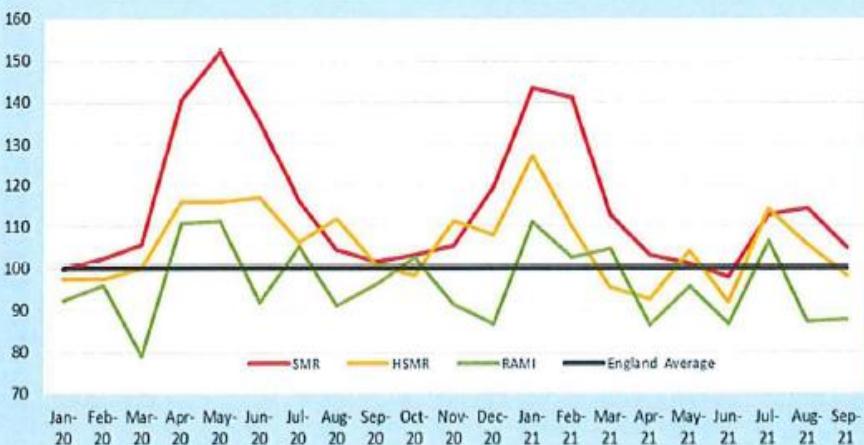


Figure 4

SHMI includes deaths occurring in 30 days and excludes COVID-19 deaths. For the year ending June 2021 the SHMI for Bedfordshire Hospitals remains unchanged, with the increase seen over previous months for Bedford Hospital stabilising. The SHMI for L&D Hospital has increased and stands at 103.11 (**Figure 3**). All remain in the 'as expected' range.

Figure 4 illustrates (H) SMR and RAMI for Bedfordshire Hospitals for individual months.

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

SMR for October 2021 stands at 101.27 for Bedfordshire Hospitals (increase of 6.36 in month). SMR for BH is 115.26 (decrease in 1.0 in month), remaining consistently higher than the England rate (constant 100), but a reducing trend is seen for the sixth consecutive month.

For L&DH SMR remains below the national average at 92.85 (down 6.19 in month). This correlates with a decrease in month in the number of total deaths with a stable trend seen across the past 6 months.

HSMR for October 2021 stands at 101.04 for Bedfordshire Hospitals (decrease of 3.87 in month) HSMR for BH is 110.26 (down in month by 4.74). This represents a decreasing trend across 3 consecutive months. HSMR for L&DH is 101.04, representing an increase in month of 7.72 and is marginally above the England rate.

RAMI for October 2021 stands at 83.9 for Bedfordshire Hospitals (decrease of 3.73 in month). RAMI for BH is 110.26 (increase of 18.38 in month) with a stable trend across a rolling 12 months and only marginally above the England rate. RAMI for L&DH Is 79.83 (decrease of 5.31 in month), with a stable trend across a rolling 12 months and well below the England rate.

Effective

Table 1 below provides a summary of key mortality metrics, (H) SMR, RAMI, SHMI and the trend from the previous reporting month for Bedfordshire Hospitals.

	HSMR	Trend	SMR	Trend	RAMI	Tend	SHMI	Trend
Bedfordshire Hospitals	101.04	↓	101.27	↓	83.9	↓	104.22	↓
Bedford Hospitals	110.26	↓	115.26	↓	110.26	↑	111.83	↑
L&D Hospital	101.04	↑	92.85	↓	79.83	↓	99.54	↓

Key

SMR - Standardised Mortality Ratio, ratio between the number of expected deaths and the number of actual deaths

HSMR - Hospital Standardised Mortality Ratio, adjusts for factors that affect in-hospital mortality rates, such as patient age, sex, diagnosis, length of stay, comorbidities and admission status

RAMI - Risk Adjusted Mortality Index, used to assess if inpatient mortality deviates from the expected, taking risk factors into consideration

SHMI - Summary Hospital-level Mortality Indicator, ratio between the actual number of in-patients who die and the number that would be expected to die on the basis of average England figures*



Caring

Complaints

Complaints	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Complaints: Number received	59	57	61	57	65	67	49	56	56	53	56	46
Complaints: Number received per 1000 bed days	1.99	2.20	2.18	2.08	2.22	2.33	1.65	1.79	1.77	1.66	1.81	1.46
Complaints: Number of response breaches (over 45 days)	41	35	26	26	19	24	43	42	23	36	36	37
Complaints: Number upheld by the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0
Compliments: Number received	114	179	113	313	333	91	208	173	186	314	208	394
PALs contacts (concerns)	408	496	448	470	441	532	450	376	317	312	304	277
PALs contacts (queries and comments)	1063	1128	1136	1112	1040	1241	1257	1028	1161	1095	1143	821

Whilst complaint rates have been slightly lower overall the trust position is stable with the most common themes for the last 3 months continuing to be communication and issues related to clinical treatment.

PALS Teams at both sites continues to be busy with themes relating to communication and appointment issues as areas of most concern and frustration.

Patient Experience

'Blossom' Volunteers Project

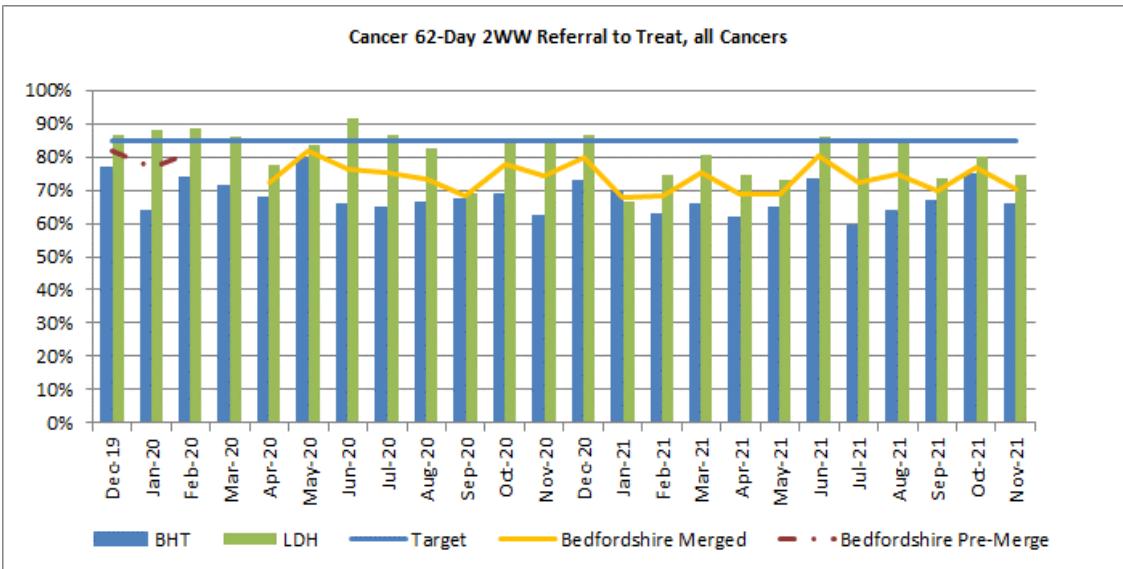
Ensuring patients who are at the end of their life receive the best possible care is an aim for Bedfordshire Hospitals.

There is currently a team of 13 Blossom volunteers at the Luton & Dunstable hospital available to sit with patients providing compassionate support and company during a difficult time; knowing the patient is not alone at end of life is a comfort for loved ones and our staff. It is planned to resume the team at Bedford hospital during the next few weeks. Recruitment continues to further increase the team.

Feedback for the project has been incredibly positive. The Blossom volunteers provide a log of each visit and the coordinator collates this feedback and will report in the next two months to the Trust.

Responsive

Cancer – 62 Day 2ww Referral to Treat



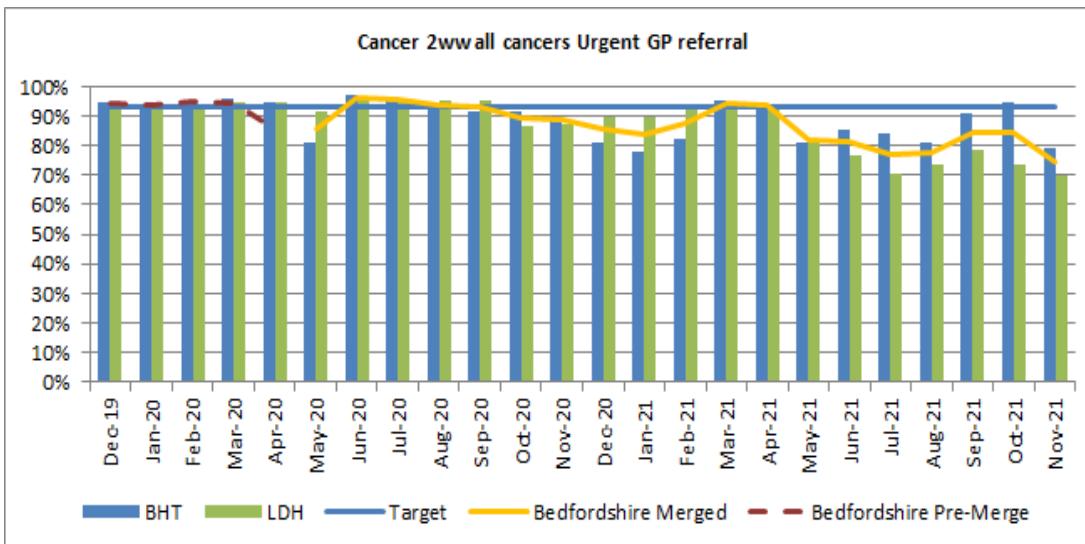
Last 3 months performance:		Sep-21	Oct-21	Nov-21
Bedford	Patients treated	92	69	73.5
	62 day breaches	30.5	17.5	25
Luton & Dunstable	Patients treated	75.5	53	67
	62 day breaches	20	10.5	17
Bedfordshire Hospitals	Patients treated	167.5	122	140.5
	62 day breaches	50.5	28	42
Overall performance		69.9%	77.0%	70.1%

November 2021 breaches by tumour site:
 BH: 5 Breast, 8.5 Colorectal, 1 Haematology, 1.5 Head & Neck, 0.5 Lung, 8.5 Urology
 LDH: 1 Breast, 2 Gynaecology, 2 Haematology, 2 LGI, 3 Skin, 7 Urology

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

The Trust overall performance deteriorated significantly against the 62 day referral to treatment standard in November 2021, with 70.1% across the two hospitals starting treatment within 62 days. Performance at the Bedford Hospital site decreased from 74.6% in October to 66.0% in November with high number of treatments. The Luton site decreased from 80.2% in October 2021 to 74.6% in November. It is notable that there were a number of breast pathway breaches which is very unusual. These were a result of the delays to be seen at the front of the pathway due to critical staffing issues and very high volumes of referral in Sept / Oct 2021. This situation is improving, but we are still not achieving 2ww for most breast patients and so there remains residual risk in this area. Work continues with imaging to try and identify additional resource to support extra clinics.

Responsive

Cancer – 2ww Urgent GP Referral**Last 3 months performance:**

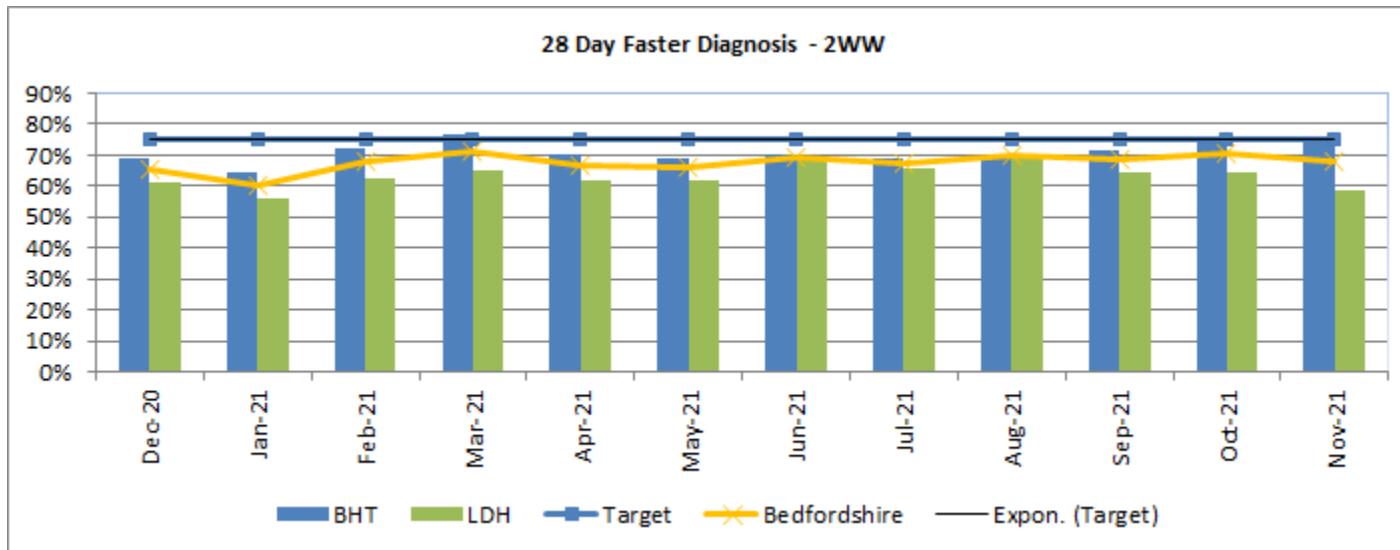
		Sep-21	Oct-21	Nov-21
Bedford	Patients treated	1167	1110	1218
	2ww breaches	64	230	316
Luton & Dunstable	Patients treated	1052	1107	1173
	2ww breaches	281	332	383
Bedfordshire Hospitals	Patients treated	2219	2217	2391
	2ww breaches	345	562	699
Overall performance		84.5%	74.7%	70.8%

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

The Trust continues to receive extremely high numbers of 2WW referrals and in November 2021 the performance against the 2ww standard deteriorated significantly again to 70.8%, which was below the national standard of 93%. Ongoing challenges with breast clinic capacity persist, with current waiting times still at around 3 weeks on both sites.



Cancer – 28 day faster diagnosis

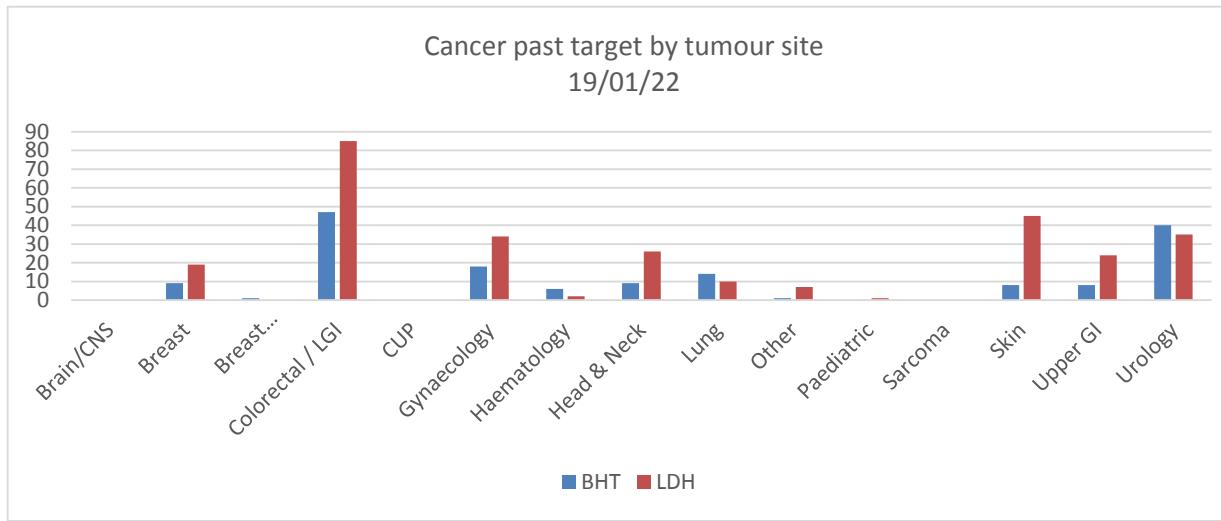


28 day faster diagnosis standard (75% operational planning target from September 2021)

The 28 day faster diagnosis standard overall for the Trust between October 2021 and November 2021 saw a small decline. The performance at the Bedford site during the month compared to previous months improved to 76.2%. The performance at the Luton site deteriorated to 58.5%. This gives an overall trust performance of 68%. (compared to 70.5% in October 2021). This reflects ongoing pressures in administrative pathways and immense pressures on consultant time which have persisted through December and early January.



Cancer – Past Target Backlog (63 days plus)



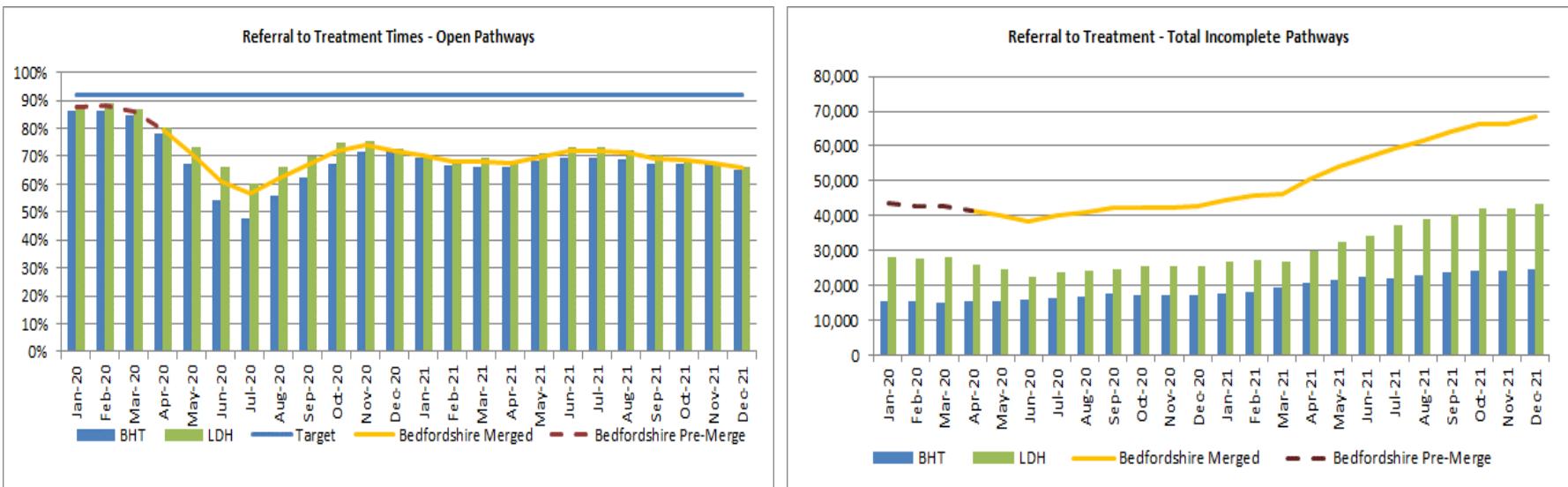
As at 19th January 2022 there were 449 patients at greater than 63 days across Bedfordshire Hospitals pathways compared to 411 patients at 31st October and 430 on 26th September. This is showing a largely stable situation which is concerning given the aspiration to reduce this figure to the ICS target for Bedfordshire of 156 by 31st March 2022.

The total past target pathways breaks down into 161 at Bedford and 288 at Luton. The Bedford figure needs to reduce by around 50% and the Luton by around two thirds if were to meet the system planning trajectory.

The rate of validation work needs to increase in order to meet the year end target and reduce the past target numbers significantly; our ability to deliver this is being exacerbated by vacancies in the MDT team at the Luton site.

This is becoming a significant quality and operational risk to the Trust and will require additional attention to support recovery. All service lines have been asked to include specific narrative in their plans for 2022/23 around recovery in this area, and work continues with the most pressured tumour sites to try and assist them in validating these pathways.

18 Weeks



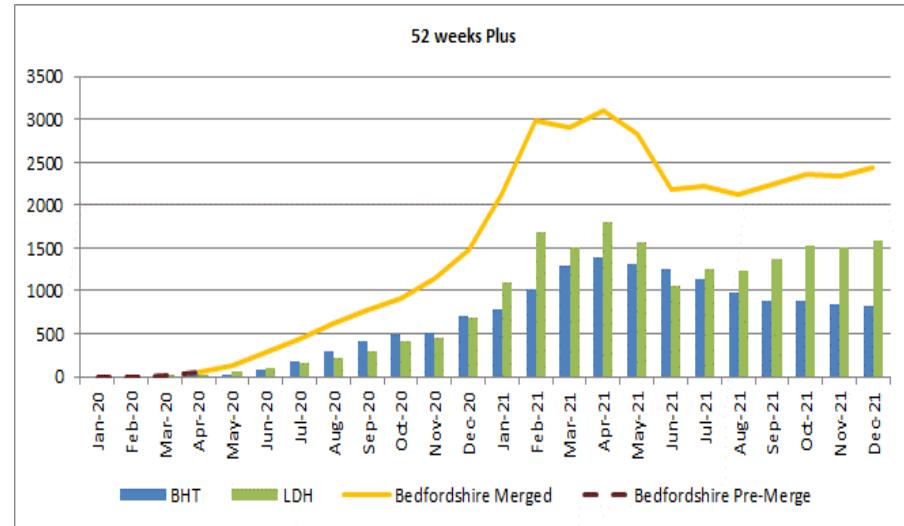
Referral to Treatment Times – Compliance with 18 week standard for Open Pathways and Total Incomplete Pathways

The growth in the number of open (incomplete) pathways continues with ongoing challenges in staff availability, exacerbated by high cancellations at the end of December due to Covid-19. The Trust's overall performance against the 18 week standard deteriorated slightly in December 21 with the L&D achieving 66.1% and Bedford 65% and both sites at 65.7%.

18 Weeks

52 Week Plus (Target zero)

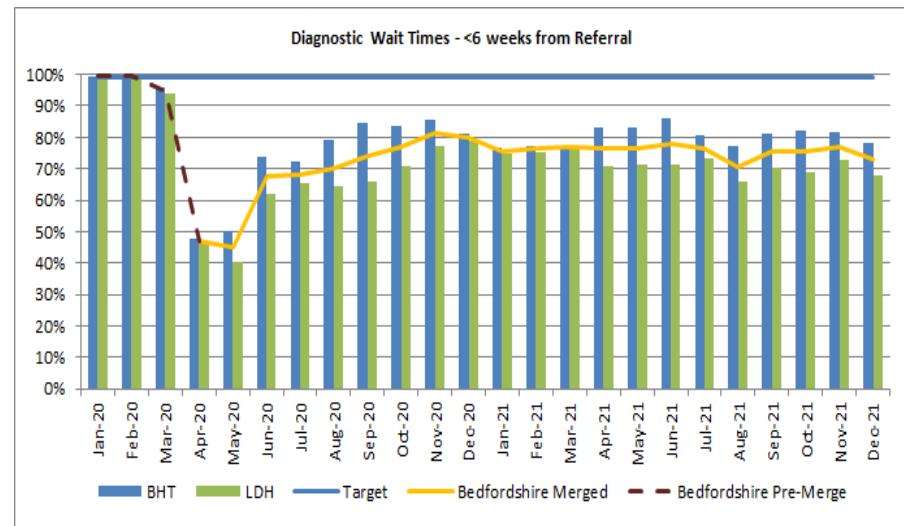
The number of patients waiting over 52 weeks for treatment increased from 2339 to 2430 at the end of December 2021. 841 of these patients are waiting for treatment at the Bedford site and 1589 waiting at L&D. The Bedford hospital position is stable and slowly improving but the Luton position continues to deteriorate. This is a limited risk as the growth is predominantly due to the number of patients on outpatient pathways breaching 52 weeks in ophthalmology, ENT and OMFS. The operating target for 2022/23 is to try and hold the number of 52 week waits stable.



Diagnostics

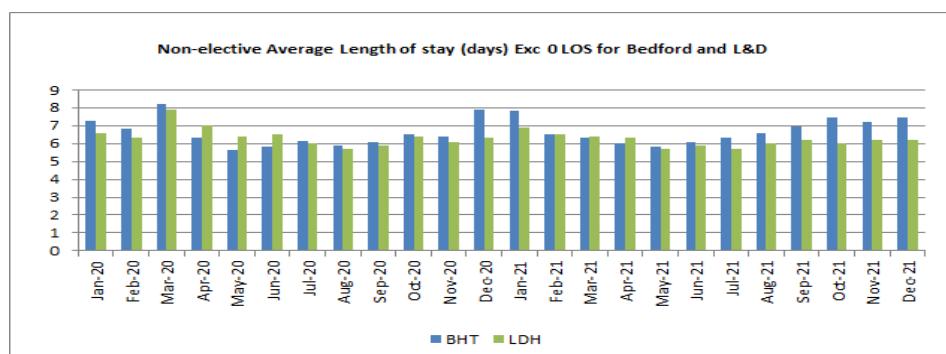
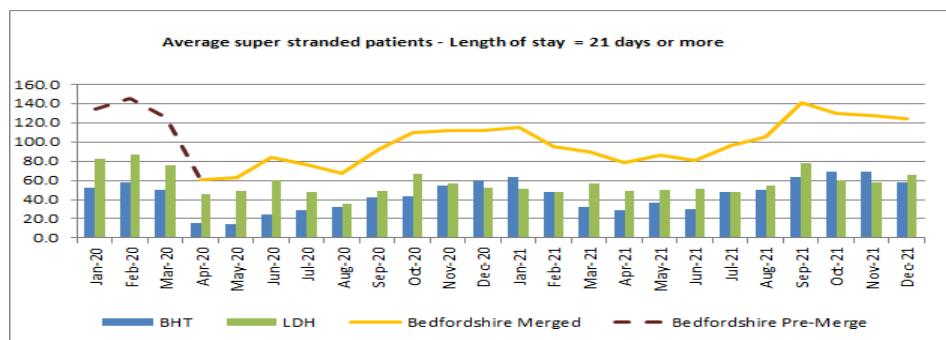
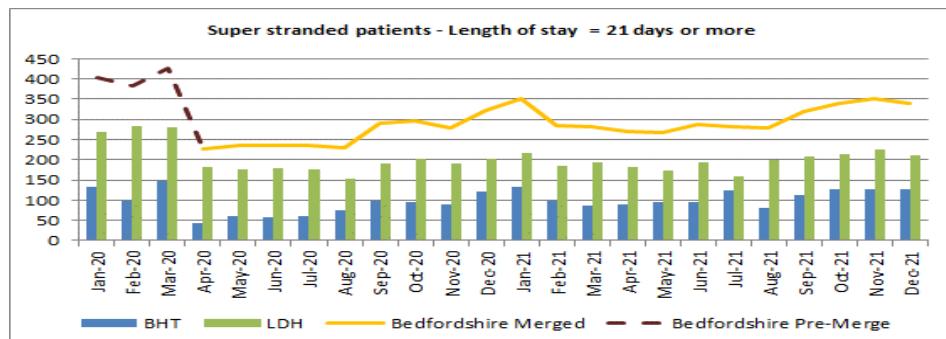
Diagnostic Wait Times - <6 weeks from Referral (Target 99%)

The proportion of routine diagnostic tests carried out within 6 weeks of referral decreased from 77.1% in Nov 2021 to 73.2% in Dec 2021. The L&D site performance has decreased from 72.65% in Nov 2021 to 68% in Dec 2021. The performance at the Bedford site has decreased from 81.55% in Nov 2021 to 78.3% in Dec 2021 – in part due to a cohort of patients transferring from the Luton waiting list. Echocardiography remains the most challenged area, with insourcing provision having commenced with one provider and a second provider being sourced. Ultrasound is also still a significant challenge, although a good proportion of activity is being outsourced and regular agency staff are supporting in-house provision.



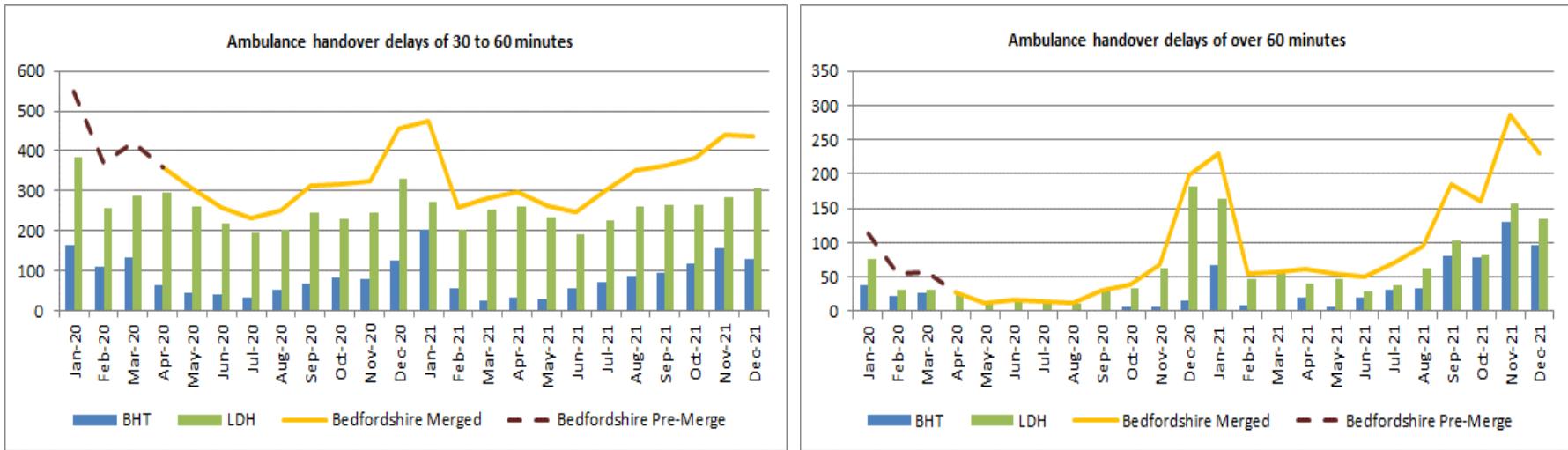
Stranded patients and Length of Stay (LOS)

The charts show that the number of stranded patients reduced, as did the average number during month. It should be noted however that this reduction is usual in the build up to Christmas week, and does not necessarily represent a systemic improvement in performance. The overall emergency length of stay remains at a 12 month, reflecting some of the significant staffing challenges and difficulties with discharge during the recent upsurge in covid-19 prevalence.



Responsive

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.

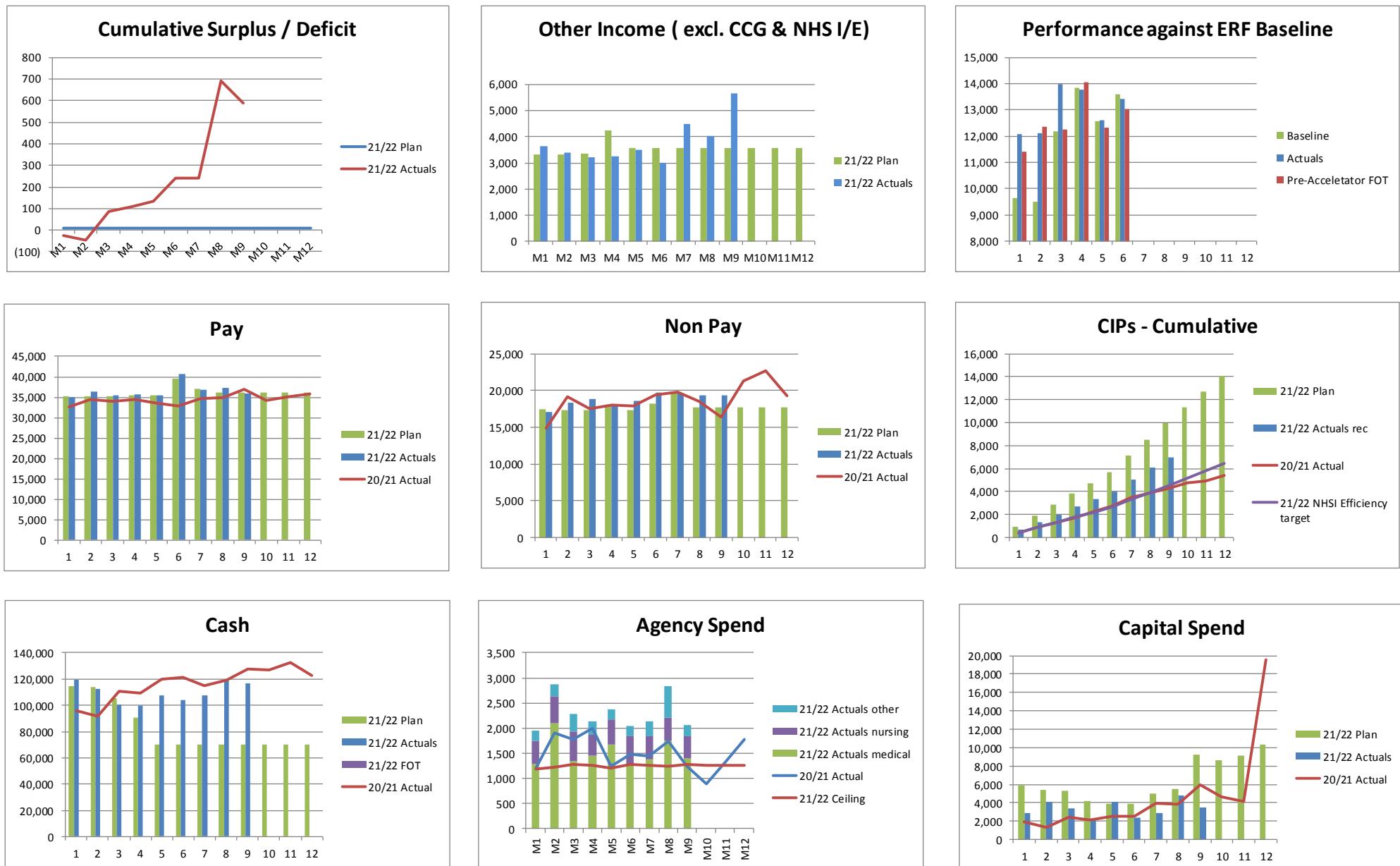
The overall number of handover delays for the Trust dropped slightly in December 2021, with an improvement in December compared to November at the Bedford site and a deterioration at the Luton site. The number exceeding 60 minutes improved on both sites, although still not returning to the good performance seen in October 2021. Ambulance handover continues to be a regional priority and work continues on developing safe cohorting options when the Emergency Departments are under peak pressures.

Board of Directors
2 February 2022

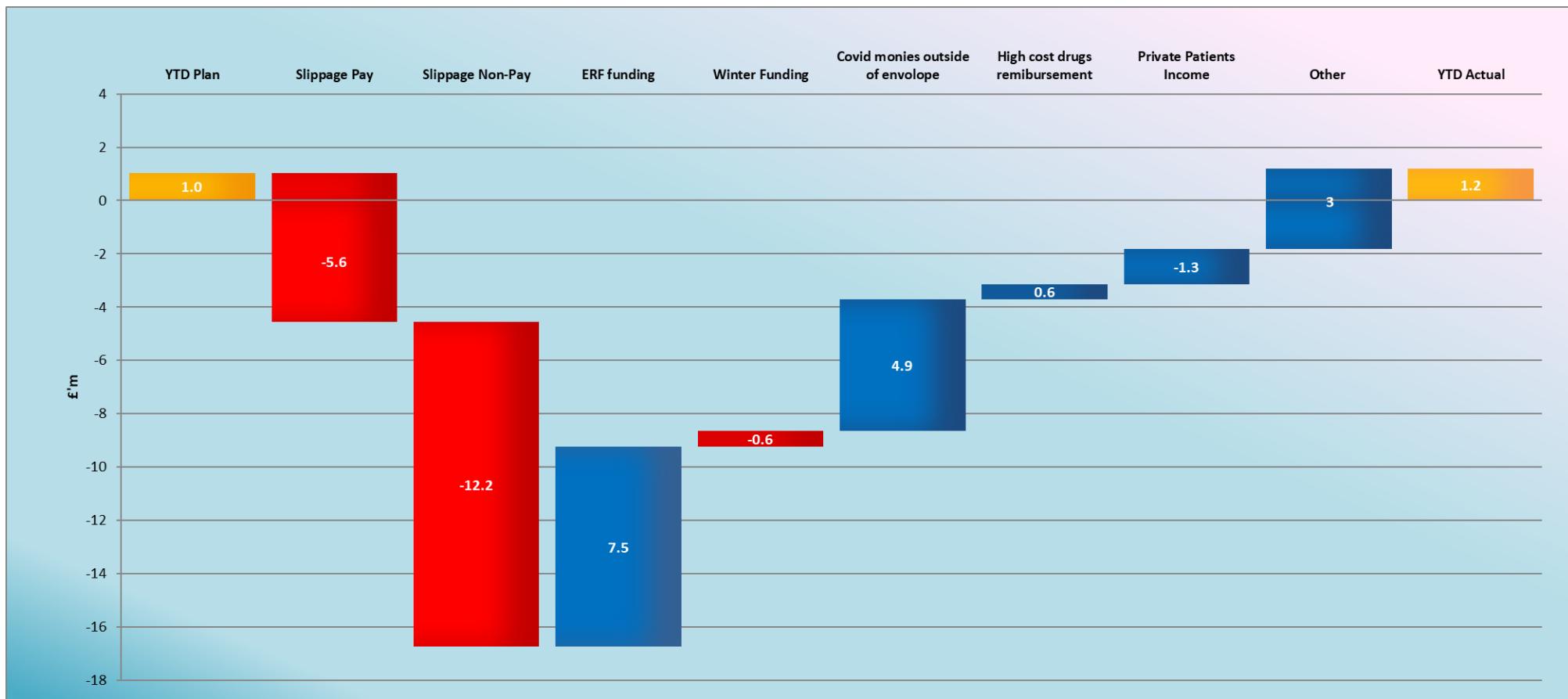
Report title:	Finance Report		Agenda Item: 7.2					
Executive Director(s) and Title(s)	Matthew Gibbons, Director of Finance							
Report Author(s) and Title(s):	Ricky Shah, Deputy Director of Finance							
Purpose: <i>(select one box only)</i>	Receive <input checked="" type="checkbox"/>	Approval <input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

Report Summary / Purpose of Report:	The Trust delivered a surplus of £1.2m year to date, this is against a £1.0m plan. The Trust's pay spend is £5.6m overspent year to date, £0.1m in month. Non-pay is £12.2m overspent year to date. £4.9m relates to PCR covid testing and other out of envelope expenditure that is reimbursed by NHS England. A £0.9m provision for not meeting the maternity CNST discount incentive has been included in the position. Based on estimated M1-9 Elective recovery fund performance, the Trust has recognised £7.5m income within its position. Capital spend is £30.2m against a plan of £83.0m. The Trust continues to review the capital in year to ensure it stays within CDEL. The slippage is largely on the centrally funded schemes, with spend of £26.2m against the £39m Trust CDEL.
Links to Strategic Board Objectives /Risk Register / Board Assurance Framework	5. Developing a robust and sustainable future 7. Become well-governed and financially viable
Links to Regulations/ Outcomes/External Assessments	
Jargon Buster: Please detail acronyms in the report	ERF – Elective Recovery Fund CDEL – Capital Departmental Expenditure Limit

Finance in a page



Revenue and Expenditure Bridge between Budget and Actuals



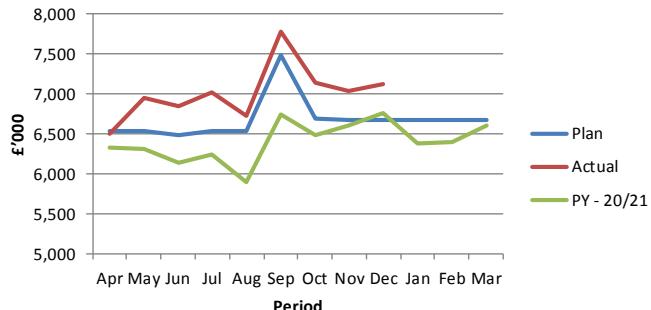
Income and Expenditure Statement

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	£'000	2021/22	£'000	2021/22	£'000	2021/22
NHS Contract Income	573,950	556,456	418,939	419,490	551	46,313	46,989	676
Other Income	41,211	43,338	32,503	34,715	2,212	3,612	5,075	1,463
Total Income	615,161	599,794	451,443	454,205	2,762	49,925	52,064	2,139
Consultants	84,526	80,235	60,208	63,161	2,953	6,676	7,127	451
Other Medics	68,260	60,694	45,544	51,550	6,006	5,050	5,576	526
Nurses	155,679	166,986	125,949	125,032	-917	14,000	13,665	-335
Scientific, therapeutic & technical	67,251	76,993	58,084	55,691	-2,393	6,459	6,127	-332
Other Pay	48,371	44,702	33,548	33,527	-21	3,737	3,547	-190
Total Pay	424,087	429,610	323,332	328,961	5,628	35,921	36,042	121
Drugs	42,616	52,406	39,304	40,259	955	4,367	4,551	183
Clinical Supplies	68,311	55,979	42,004	48,516	6,512	4,658	5,873	1,215
General Supplies	30,508	30,031	22,524	22,882	358	2,503	2,851	349
CNST	22,523	25,521	19,141	19,141	0	2,127	2,127	0
Other Non-Pay	45,309	48,221	36,448	40,799	4,352	3,903	5,773	1,869
Total Non-Pay	209,266	212,158	159,420	171,597	12,177	17,558	21,174	3,616
EBITDA	-18,192	-41,974	-31,310	-46,353	-15,043	-3,555	-5,153	-1,598
ITDA	23,853	29,845	22,383	21,161	-1,222	2,487	2,850	363
Trading Position	-42,045	-71,818	-53,693	-67,514	-13,821	-6,042	-8,003	-1,961
Top-up	14,490	32,954	24,977	24,977	0	2,659	2,659	0
Covid Monies	12,908	25,612	19,414	19,414	0	2,066	2,066	0
Growth Monies	5,981	14,719	10,402	10,402	0	1,439	1,732	293
Elective Recovery Fund	0	3,633	2,725	7,536	4,811	303	86	-216
ERF Challenges				0	0			0
Reserves	0	-5,000	-3,750	0	3,750	-417	0	417
Accelerator		0	0	837	837	0	837	837
Inventory Donation from DHSC Inc.	10,307	0	0	0	0	0	0	0
Covid Monies outside of Envelope	10,656	0	0	4,935	4,935	0	520	520
Total Operating Surplus/Deficit (-)	2,704	100	75	588	513	8	-102	-111

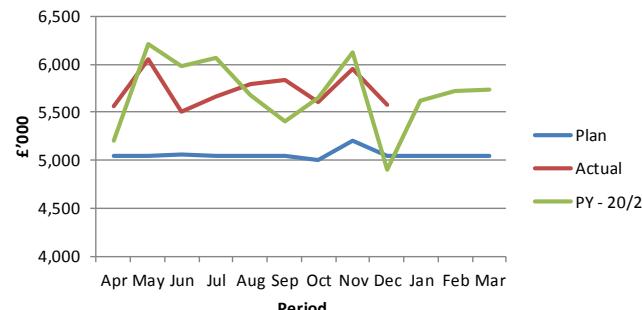
- The Trust has delivered a £1.2m surplus year to date. However, the Trust's performance is measured after adding back donated depreciation. This results in a £0.6m surplus. The Trust has recognised a net £7.5m of ERF in its position along with £3.75m of reserves.
- Other income jumped in month as the Trust received winter pressures support from the CCG.
- Medical pay is still the largest contributory factor to a pay overspend of £8.9m at the end of December 21. The key areas of overspend on ED £1.8m, Medicine £1.1m, Paediatrics £1.1m, Acute Medicine £1m, Maternity £0.9m, Upper GI £768k.
- Non-pay is overspent by £12.2m YTD. The key variances are:
 - o £4.1m on covid testing – Reimbursed outside of envelope monies
 - o £1.3m Independent sector
 - o £0.9m IASS IT server contracts and Microsoft legacy software support
 - o £0.6m – cleaning variations
 - o £0.8m estates maintenance – mostly offset by pay underspends due to vacancies in maintenance team
 - o £0.9m loss of Maternity CNST bonus monies (£1.2m FYE)
 - o £0.4m Utilities due to inflation in energy prices

Pay Trends

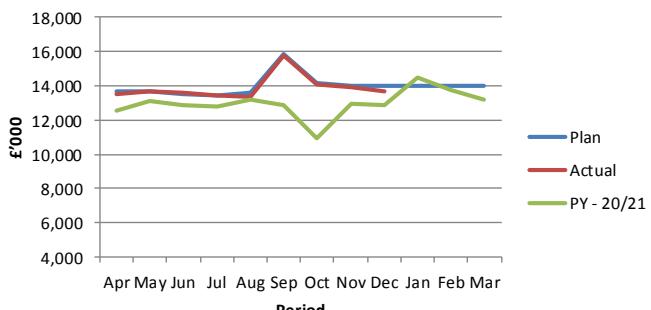
Consultants



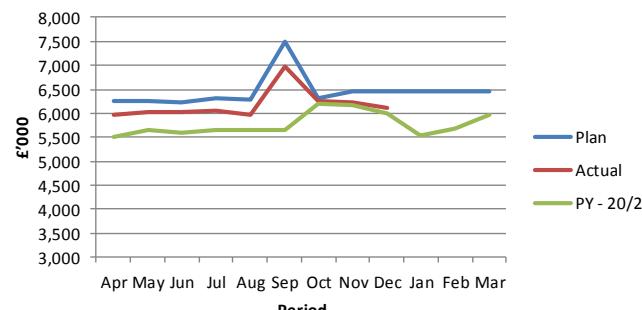
Other Medics



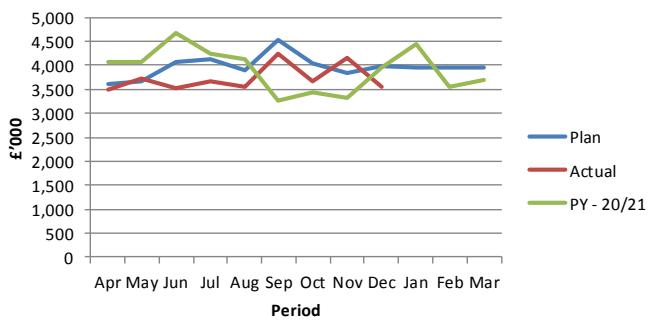
Nurses



Scientific, Therapeutic and Tech.



Other Pay



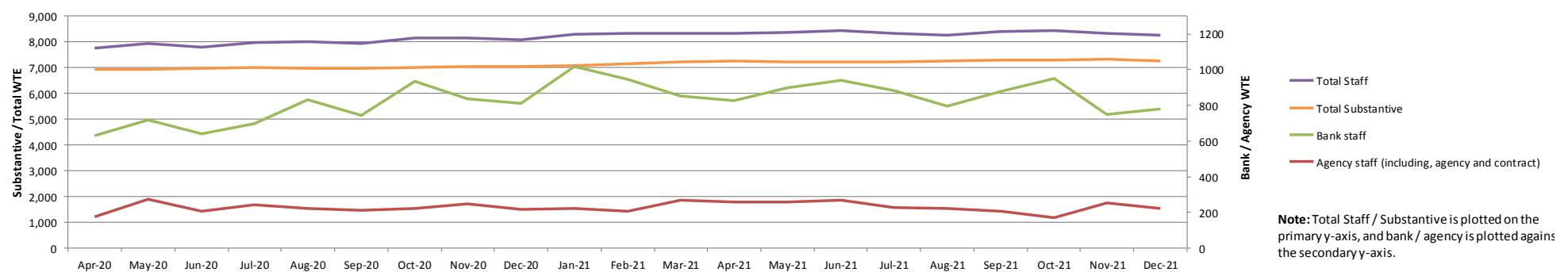
Overall, no real change over the last couple of months.

Consultant spend is £451k over in month. Year to date the key areas leading to the overspend are Maternity £577k, Acute Medicine £486k, Upper GI £420k, Clinical Haematology £498k, ED £385k, Cardiology £323k and Dermatology £259k.

Other medics key areas of concern are A&E £1,418k, Medical day units £1,124k, Paediatrics £917k and Theatres £624k.

Substantive, Bank and Agency Staff – Provider Workforce Return

	2020/21												2021/22											
	Month 1 Apr-20 WTE	Month 2 May-20 WTE	Month 3 Jun-20 WTE	Month 4 Jul-20 WTE	Month 5 Aug-20 WTE	Month 6 Sep-20 WTE	Month 7 Oct-20 WTE	Month 8 Nov-20 WTE	Month 9 Dec-20 WTE	Month 10 Jan-21 WTE	Month 11 Feb-21 WTE	Month 12 Mar-21 WTE	Month 1 Apr-21 WTE	Month 2 May-21 WTE	Month 3 Jun-21 WTE	Month 4 Jul-21 WTE	Month 5 Aug-21 WTE	Month 6 Sep-21 WTE	Month 7 Oct-21 WTE	Month 8 Nov-21 WTE	Month 9 Dec-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	2,325	2,334	2,332	2,363	2,380	2,380	2,380		
Registered Scientific, therapeutic and technical staff (substantive total)	743	739	739	791	811	810	813	823	824	817	818	816	805	802	801	794	796	819	813	813	813	812		
Registered ambulance service staff (substantive total)	3	3	3	3	3	3	4	4	4	4	3	3	2	2	2	2	2	2	2	0	0	0		
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	2,211	2,192	2,211	2,178	2,160	2,129	2,129		
Total NHS infrastructure support (substantive total)	845	844	844	842	838	836	845	868	863	864	870	868	874	868	873	871	880	887	886	894	891	891		
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	1,028	1,038	1,047	1,047	1,055	1,077	1,059		
Any other staff (substantive total)	3	3	3	3	3	3	3	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	7,235	7,244	7,300	7,299	7,328	7,274			
Bank staff	632	716	639	698	831	744	934	837	809	1016	947	854	825	898	940	884	797	877	951	750	778			
Agency staff (including, agency and contract)	176	274	205	246	223	212	223	250	219	221	209	270	261	257	270	228	223	208	170	255	223			
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	8,347	8,264	8,385	8,420	8,333	8,275			



Note: Total Staff / Substantive is plotted on the primary y-axis, and bank / agency is plotted against the secondary y-axis.

Agency Spend – Q3 spend £0.5m up on Q2

£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
21/22 Monthly Plan	2,105	2,105	4,105	3,355	2,605	3,355	2,119	2,119	2,119	2,119	2,119	2,119	
21/22 Monthly Actual	1,955	2,873	2,279	2,143	2,369	2,043	2,137	2,836	2,068	0	0	0	
20/21 Monthly Actual	1,827	2,792	2,515	2,791	2,022	2,288	2,195	2,636	1,881	1,628	2,068	2,606	
21/22 Cum. Plan	2,105	4,210	8,315	11,670	14,275	17,630	19,749	21,869	23,988	26,108	28,227	30,347	
21/22 Cum. Actual	1,955	4,828	7,107	9,250	11,618	13,661	15,799	18,635	20,702				
20/21 Cumm. Actual	1,827	4,619	7,133	9,925	11,946	14,234	16,429	19,065	20,946	22,574	24,642	27,248	
Plan	2,105	2,105	4,105	3,355	2,605	3,355	2,119	2,119	2,119	2,119	2,119	2,119	19,749
21/22 Medics Plan	1,406	1,406	3,056	2,306	1,706	2,356	1,422	1,422	1,422	1,422	1,422	1,422	15,080
21/22 Nurses Plan	474	474	724	724	624	724	520	520	520	520	520	520	4,785
21/22 Other Clinical Plan	150	150	250	250	200	200	177	177	177	177	177	177	1,554
21/22 A&C Plan	75	75	75	75	75	75	0	0	0	0	0	0	450
Actuals	1,955	2,873	2,279	2,143	2,369	2,043	2,137	2,836	2,068	0	0	0	20,702
21/22 Medics Actuals	1,281	2,095	1,343	1,458	1,666	1,277	1,375	1,744	1,389	0	0	0	13,628
21/22 Nurses Actuals	475	535	587	417	500	560	459	470	453	0	0	0	4,457
21/22 Other Clinical Actuals	141	175	201	218	189	198	255	246	189	0	0	0	1,812
21/22 A&C Actuals	58	68	148	50	15	8	47	376	36	0	0	0	806

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. Going into H2, NHSI/E have moved the focus on to completed referral to treatment (RTT) pathway activity rather than total cost weighted activity which was used in H1. If we achieve above 89% the trust will be able to claim ERF. Any activity above 94% will be paid at 120%.

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	Oct	Nov	Dec	Jan	Feb	Mar
% of 19/20 baseline target for ERF	70%	75%	80%	95%	95%	95%						
Total value	13,790	12,676	15,221	14,573	13,250	14,298	14,209	15,066	14,062	13,640	14,008	16,228
Baseline value	9,653	9,507	12,176	13,844	12,588	13,583						

Estimated value	12,073	12,121	£13,980	£13,770	£12,836	£13,594
Estimated achievement for the trust	87.5%	95.6%	91.9%	94.5%	96.9%	95.1%
As less than 85% paid @100%	2,068	1,268	761			
86% and above @120%	422	1,616	1,252			
As less than 95% paid @100%			0	248	10	
100% and above @120%			0	0	0	
Total ERF	2,490	2,883	£2,013	£0	£248	£10

Total	7,644
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Paid	2,490	2883	1577	586
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Total	7,536
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£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Completed pathways							89%					
19/20 Total weighted value	811	803	817	817	754	784	790	790	750	829	834	
19/20 Baseline weighted value @89%	721	715	727	727	671	698	703	703	668	738	742	
21/21 actual weighted value	677	719	734	716	687	702	704	687	591			
% achievement	83%	89%	90%	88%	91%	90%	89%	87%	79%			
Total ERF	0	62	124	0	290	86	10	0	0			

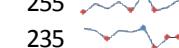
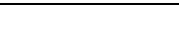
Total	10
Grand Total	7,654

Contract Income

Income by Commissioner

Commissioner £m	Annual Budget	YTD Budget	YTD Actual	YTD Variance	H1	H2	
NHS Bedford Luton Milton Keynes CCG*	447.8	336.3	336.3	0.0	221.0	226.8	Block payments have been agreed for H2. Blocks are generally going up by 1.16% in H2. The overall increase in H2 funding has increased by £10m. This broadly covers the pay award. Hence the overall funding is equivalent to H1. This includes a £1.6m CIP. This is better than the Trust anticipated.
NHS England	46.0	34.5	34.6	0.0	22.7	23.3	
Herts Valley Service Agreement	27.7	20.8	20.8	0.0	13.7	14.0	
LAT - East of England	19.7	14.8	14.8	0.0	9.7	10.0	
Aylesbury Vale CCG Service agreement	4.7	3.5	3.5	0.0	2.3	2.4	
E&N Herts Service Agreement	3.0	2.3	2.3	0.0	1.5	1.5	
NCA - Block Payment Northamptonshire CCG	2.6	2.0	2.0	0.0	1.3	1.3	
NCA - Block Payment Cambridgeshire & Peterborough CCG	2.2	1.7	1.7	0.0	1.1	1.1	
CDF Drugs	0.2	0.1	-0.1	-0.2	0.1	0.1	
LAT - Midlands	1.0	0.7	0.7	0.0	0.5	0.5	
NCA - Block Payment Norfolk & Waveney CCG	0.9	0.6	0.6	0.0	0.4	0.5	
NHS England Drugs Adjustment	0.6	0.4	0.4	0.0	0.2	0.4	
NHS England - Cost and Volume Drugs	1.3	1.1	1.8	0.7	0.8	0.5	
Hep C Drugs	-0.1	-0.1	0.0	0.0	-0.1	0.0	
Total	557.7	418.8	419.4	0.5	275.2 	282.5	
Top Up - Bedford CCG	33.0	25.0	25.0	0.0	16.3	16.7	*BLMK CCG H2 amount includes Pay Award funding.
System Covid - Bedford CCG	25.6	19.4	19.4	0.0	13.0	12.6	
Growth - Bedford CCG	14.7	10.4	10.4	0.0	6.0	8.7	
Total Contract Income	631.0	473.6	474.2	0.5	310.5	320.5	

Trend analysis of pay overspends – Key areas – level of spend is up £0.7m in Q3 compared to Q2

Service Line variance from pay (£'000)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total	Trend
Emergency Medicine	85	246	280	204	116	126	137	161	117	1,474	
Paediatrics	91	125	179	49	76	113	132	162	196	1,123	
Care of the Elderly Wards	179	157	163	98	112	82	99	51	14	956	
Acute Medicine	11	223	53	63	100	-84	276	143	145	930	
Maternity	43	88	181	73	91	98	158	96	97	925	
Theatres	32	119	66	199	124	92	222	-51	42	845	
Upper GI	29	90	26	196	136	71	88	142	43	822	
Director of IT	56	133	61	1	-86	-4	27	507	29	723	
Cancer Alliance	40	40	37	57	76	60	63	43	42	458	
Respiratory	39	78	1	34	-1	4	94	63	134	447	
Surgery Wards	73	33	28	15	24	53	66	7	25	324	
Medical Wards	116	98	-32	24	-12	0	6	118	-1	317	
Gastroenterology	31	41	78	-3	-31	23	43	101	28	310	
Imaging	-10	10	32	27	49	-24	95	71	35	285	
Urology	-20	34	4	52	-1	106	-1	19	62	255	
Medical day Units	236	178	-155	172	135	296	-508	-46	-74	235	
Orth/Vasc Wards	22	46	37	33	3	25	27	20	8	220	
Critical Care	52	40	36	14	24	24	18	14	-11	212	
Rheumatology	-16	7	-2	-25	20	-34	97	69	40	155	

Statement of Financial Position

Statement of Financial Position For the period ended 1 Apr 2021	Closing 31 Mar 21 £000s	Closing 31 Dec 21 £000s
Non-Current Assets		
Property, plant and equipment	292,019	306,493
Trade and other receivables	2,392	1,970
Other assets	1,989	1,913
Total non-current assets	296,400	310,376
Current assets		
Inventories	7,797	8,075
Trade and other receivables	28,184	21,397
Cash and cash equivalents	119,488	119,590
Total current assets	155,469	149,062
Current liabilities		
Trade and other payables	-83,743	-84,032
Borrowings	-2,162	-2,162
Provisions	-2,368	-2,741
Other liabilities	-3,687	-11,734
Total current liabilities	-91,960	-100,669
Total assets less current liabilities	359,909	358,769
Non-current liabilities		
Borrowings	-28,479	-27,210
Provisions	-5,648	-5,090
Total non-current liabilities	-34,127	-32,300
Total assets employed	325,782	326,468
Financed by (taxpayers' equity)		
Public Dividend Capital	221,078	221,078
Revaluation reserve	23,713	23,713
Income and expenditure reserve	80,991	81,677
Total taxpayers' equity	325,782	326,468

CAPITAL PLAN

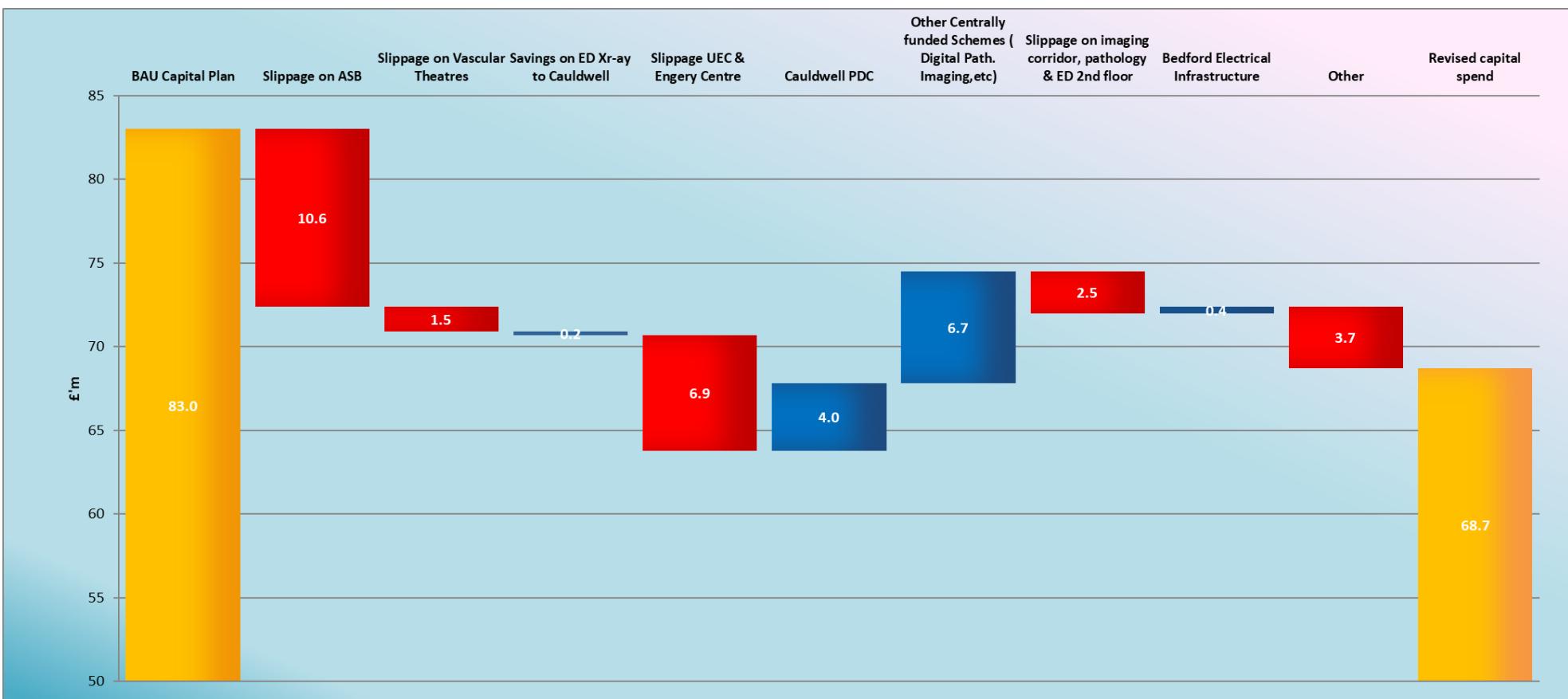


Report for Month 09

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.

Year to date the Trust has spent £30.2m on capital. The slippage is largely on the centrally funded schemes, with spend of £26.2 against the £39m Trust CDEL. Due to CDEL pressures across the STP, the Trust has agreed to a reduction in CDEL allocation to £37m, given expected slippage against the capital plan.

Bridge of Capital Changes



Capital Plan

£m	Funding Source	Requires Bus Case	2019/20	2020/21	2021/22	2021/22	2022/23	2023/24	2024/25	Total	Commentary By exception
			Actual	Actual	Revised	Actual	FOT	FOT	FOT		
L&D											
Medical Equipment - Luton	Internal		1.9	2.8	1.1	1.3	2.0	2.0	2.0	11.8	Potential to hold until clarity on total spend
BAU Estate (incl backlog) - Luton	Internal		2.5	2.7	3.7	1.9	2.5	2.5	2.5	16.4	
BAU IT - Luton (Digital Solutions)	Internal		0.6	0.9	0.9	0.2	1.0	1.2	1.2	5.8	Updated for latest IT plan 21/22
BAU CapEx			5.0	6.4	5.7	3.4	5.5	5.7	5.7	34.0	
Site Redevelopment team &O'hds	Internal		0.4	0.9	0.8	0.8	0.8	0.8	0.3	4.0	Being reviewed - potential pressure
Enabling Schemes - Bariatrics	Internal		0.0	1.9	0.5	0.4	0.0	0.0	0.0	2.5	Completed
Enabling Schemes - Path / Mortuary	Internal		0.0	0.1	0.2	0.2	0.0	0.0	0.0	0.3	Completed
Enabling Schemes - Temp Car Parking	PDC - Other		0.1	0.9	0.0	0.0	0.0	0.0	0.0	1.0	Completed
Enabling Schemes - Temp Accomm	Internal		0.0	5.0	0.2	0.0	0.0	0.0	0.0	5.2	Completed
Enabling Schemes - Demolition	Internal		0.0	0.2	1.6	1.4	0.0	0.0	0.0	1.8	On track
Enabling Schemes - Estates	Internal		0.0	0.5	1.6	1.7	0.0	0.0	0.0	2.1	Pressure against budget
Enabling Schemes - Site Clearance	Internal		0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.5	On track
ASB and Maternity Ward Block	PDC - ASB		1.2	2.2	0.0	0.0	49.9	50.1	0.0	103.3	On track
ASB and Maternity Ward Block (internal)	Internal		0.0	0.0	4.4	2.3	0.0	10.6	21.0	36.0	
ASB and MWB Equipment Risk	Internal		0.0	0.0	0.0	0.0	0.0	3.3	0.0	3.3	On track
ASB and MWB Service Diversions	Internal		0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.6	Included above in Aecom forecast
ASB and MWB Lift Core	Internal		0.0	0.0	1.0	0.0	1.4	0.5	0.4	3.3	Included above in Aecom forecast
Lewsey Road Carpark	Internal		0.0	0.1	-0.1	0.0	0.0	0.0	0.0	0.0	Completed
Lewsey Road Carpark	PDC - Other		0.1	4.9	0.0	0.0	0.0	0.0	0.0	5.0	Completed
HeliPad - see offset below	Internal	Y	0.0	0.0	0.0	0.0	0.0	0.0	19.7	19.7	Offset below
Energy Centre Building	Internal		0.3	1.7	10.0	5.0	4.7	1.1	0.0	17.8	As per latest forecast
Energy Conservation Measures (Salix)	Internal		0.2	0.9	3.8	2.4	2.0	2.4	0.0	9.2	As per latest forecast
Generators	Internal		2.2	0.3	0.8	0.3	0.0	0.0	0.0	3.3	As per latest forecast
Electrical Infrastructure	Internal		3.2	2.7	1.3	0.7	0.1	0.0	0.0	7.2	As per latest forecast
Hospital Redevelopment			7.6	22.3	26.5	15.4	58.8	69.4	41.4	226.0	£680k to come from Estates

Capital Plan Continued

£m	Funding	Requires	2019/20	2020/21	2021/22	2021/22	2022/23	2023/24	2024/25	Total			Commentary								
											Source	Bus Case	Actual	Actual	Revised	Actual	FOT	FOT	FOT		By exception
Hospital Development Enabling Schemes Pressure	Internal		0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0										Occupational Health location TBC	
Hospital Redevelopment - Other Depts	Internal		0.0	0.2	0.2	0.2	0.2	0.2	0.2	1.0										Some pressure, particularly in 23/24	
Imaging Corridor Works	Internal		0.6	0.5	0.0	0.0	0.8	0.0	0.0	1.9										Potential slippage / spare	
Helipad offset	Internal	Y	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-19.7										Offset above	
PAS	Internal	Y	0.0	0.0	0.0	0.0	0.0	2.6	0.0	2.6										Future Year	
ED X-Ray	Internal		0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.2										Completed	
Net Slippage - Funded	Internal		1.1	0.8	0.0	0.0	-0.4	0.4	0.0	1.9										Completed	
PDC - ASB - Match Spend to Approval	PDC - ASB		-3.1	-4.4	4.2	0.0	7.3	0.0	0.0	4.0										Potential risk if ASB not approved	
PDC - ASB - Match Spend to Approval	Internal		3.1	4.4	-4.2	0.0	-7.3	0.0	0.0	-4.0										Potential risk if ASB not approved	
Other - P/Y	Internal		6.0	0.2	0.0	0.0	0.0	0.0	0.0	6.2										Completed	
IT Merger Enabling	PDC - ASB		0.1	1.4	1.4	0.3	3.2	2.0	0.0	8.0										Updated for latest IT plan 21/22	
Pathology Joint Venture	Internal	Y	0.0	0.2	0.0	0.0	0.7	0.0	0.0	0.9										Further review required	
Pathology Joint Venture	PDC - ASB		1.8	0.8	0.0	0.0	0.0	0.0	0.0	2.7										Completed	
GDE - Luton	PDC - GDE		4.8	2.1	0.0	0.0	0.0	0.0	0.0	6.9										Completed	
GDE - Approved by FIP	Internal		0.0	-0.2	1.0	0.9	0.0	0.0	0.0	0.8										Updated for latest IT plan 21/22	
GDE - Next Phase Business Cases (EPR)	Internal	Y	0.0	0.0	1.6	0.4	0.4	0.0	0.0	2.0										Updated for latest IT plan 21/22	
UEC - Luton	PDC - UEC		0.0	4.2	12.8	3.4	0.0	0.0	0.0	17.0										On track	
UEC - Luton (Trust)	Internal		0.0	-3.0	-2.3	0.0	7.4	0.0	0.0	2.1										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										Slippage possible to 22/23	
STP Portal - Phase 2 (includes HS LI Digital monies)	Internal		0.0	-2.1	1.1	0.2	1.1	0.0	0.0	0.0										Updated for latest IT plan 21/22	
STP Portal	PDC - Other		0.2	2.5	0.0	0.0	0.0	0.0	0.0	2.7										Updated for latest IT plan 21/22	
HS LI Digital	Internal		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0										Updated for latest IT plan 21/22	
Critical Infrastructure (Trust)	Internal		0.0	-1.7	0.0	0.0	0.0	0.0	0.0	-1.7										Completed	
Critical Infrastructure	PDC - Other		0.0	3.8	0.0	0.0	0.0	0.0	0.0	3.8										Completed	
Covid 19 - Luton (Trust)	Internal		0.0	-1.4	0.0	0.2	0.0	0.0	0.0	-1.4										Potential slippage / spare	
Covid 19 - Luton	PDC - Other		0.2	3.9	0.0	0.0	0.0	0.0	0.0	4.1										Completed	
Endoscopy Improvement - Luton	PDC - Other		0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.7										Completed	
Endoscopy Equipment/ Slippage	Internal		0.0	-0.7	0.0	0.0	0.0	0.0	0.0	-0.7										Potential slippage / spare	
Pharmacy Robot	Internal		0.0	0.0	0.6	0.1	0.0	0.0	0.0	0.6										On track	
Breast Screening	PDC - Other		0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.8										Completed	
CT Modular Extension/ St Marys Work	Internal	Y	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0										Alternative solutions found	
Renal Unit refurbishment	Internal	Y	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.3										Long term plan being reviewed	
Donated Assets/ Impact of IFRIC12	Donated		0.2	1.8	0.1	0.1	0.1	0.1	0.1	2.4										On track	
Other - Luton	Internal		0.3	0.2	0.5	0.0	0.0	0.0	0.0	1.0										Ward 10 + ITU UPS	
Other Schemes - Luton					15.6	15.1	18.6	6.0	13.5	5.3	-19.4	48.7									

Capital Plan Continued

£m	Funding	Requires	2019/20	2020/21	2021/22	2021/22	2022/23	2023/24	2024/25	Total	Commentary	
												By exception
BHT												
BAU - Estates - Bedford	Internal		4.1	1.2	0.5	0.3	1.0	1.0	1.0	8.8		Potential to hold until clarity
BAU - Medical Equipment - Bedford	Internal		0.0	3.3	0.9	1.6	1.0	1.0	1.0	7.2		on total spend
BAU - IT - Bedford (Tech)	Internal		0.0	1.8	1.4	0.7	0.2	0.7	0.7	4.8		Updated for latest IT plan 21/22
BAU - Other - Bedford	Internal		0.0	0.0	0.0	0.0	0.0	2.6	1.3	3.9		Removed for 22/23
Ward Refurbishment	Internal		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		Not 21/22
Vascular theatres	PDC - Other	Y	0.0	0.0	1.0	0.1	5.0	0.0	0.0	6.0		Regionally prioritised
Vascular theatres - Slippage	Internal		0.0	0.0	-0.5	0.0	0.5	0.0	0.0	0.0		Regionally prioritised
Education Centre phase 2	Internal		0.0	1.4	0.0	0.0	0.0	0.0	0.0	1.4		Completed
Fast Follower Funds (PDC)	PDC - GDE		2.9	1.5	0.0	0.0	0.0	0.0	0.0	4.4		Completed
Fast Follower Funds (Trust)	Internal		0.0	-1.2	0.6	0.3	0.0	0.0	0.0	-0.6		Completed - balance transferred to EPR
MRI (PDC)	PDC - Other		0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.9		Completed
MRI and Trailer (PDC)	PDC - Other		0.0	1.5	0.0	0.0	0.0	0.0	0.0	1.5		Completed
Covid 19	PDC - Other		0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.6		Completed
Endoscopy Improvement	PDC - Other		0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.4		Completed
Endoscopy Improvement (Trust)	Internal		0.0	-0.2	0.2	0.5	0.0	0.0	0.0	0.0		Completed
Other (PDC)	PDC - Other		2.1	0.4	2.7	0.0	0.0	0.0	0.0	5.2		Completed
Digital Pathology	PDC - Other		0.0	0.0	2.7	0.0	0.0	0.0	0.0	2.7		
Digital Imaging	PDC - Other		0.0	0.0	1.3	0.0	0.0	0.0	0.0	1.3		
Other (Trust)	Internal		0.0	-0.3	0.2	0.1	0.0	0.0	0.0	-0.1		On track
UEC - Bedford (Trust)	Internal		0.0	-1.4	1.2	1.6	0.2	0.0	0.0	0.0		Completed
UEC - Bedford	PDC - UEC		0.0	3.8	0.0	0.0	0.0	0.0	0.0	3.8		Completed
UEC - Bedford (Charity funding)	Donated		0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.4		
UEC - Bedford (External Donation)	Donated		0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.8		
ED 2nd floor fit out/ CT enabling	Internal	Y	0.0	0.0	0.0	0.0	1.5	0.0	0.0	1.5		
ED X-Ray to Cauldwell	Internal		0.0	0.0	0.5	0.1	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		On track
Integration Capital	Internal		0.0	0.0	0.3	0.0	0.3	0.3	0.3	1.1		Potential slippage / spare
Access Control (Cross-site)	Internal	Y	0.0	0.0	0.2	0.0	0.0	0.8	0.0	1.0		Potential slippage / spare
Cauldwell Centre Refurbishment	PDC - Other		0.0	0.0	6.0	0.0	0.0	0.0	0.0	6.0		Subject to DH approval
Cauldwell Centre Refurbishment (internal)	Internal	Y	0.0	0.0	-2.0	0.0	2.0	0.0	0.0	0.0		Completion Mid May
Bedford Electrical Infrastructure	Internal		0.0	0.0	0.4	0.0	3.0	0.0	0.0	3.4		Requires business case
Other	Internal		0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.6		Completed
Bedford Schemes			9.6	14.2	17.9	5.5	16.0	6.6	4.5	68.8		
Combined BAU capital plan			37.8	58.1	68.7	30.2	93.8	86.9	32.2	377.5		

Capital Funding Sources

Source of Funding			2019/20	2020/21	2021/22	2021/22	2022/23	2023/24	2024/25	Total J	By exception
			Actual	Actual	Revised	Actual	FOT	FOT	FOT		
Internal			27.1	22.8	36.3	26.2	27.0	34.5	31.9	179.6	
PDC - ASB			0.0	0.0	5.6	0.3	60.4	52.1	0.0	118.0	
PDC - GDE			7.7	3.6	0.0	0.0	0.0	0.0	0.0	11.3	
PDC - UEC			0.0	8.0	12.8	3.4	0.0	0.0	0.0	20.8	
PDC - Other			2.7	21.2	13.8	0.2	5.0	0.0	0.0	42.7	
Donated			0.2	2.5	0.3	0.2	1.5	0.3	0.3	5.1	
Combined BAU capital plan			37.8	58.1	68.7	30.2	93.8	86.9	32.2	377.5	
Changes Since April FIP											
Combined BAU capital plan			37.8	58.1	83.0	Actual	2021/22	2022/23	2023/24	2024/25	Total J
Slippage on ASB					-10.6		77.6	92.8	11.2	360.5	
Slippage on Vascular Theatre/ move to £6m					-1.5		3.0	-13.4	21.0	0.0	
Saving on ED X-ray to Cauldwell					-0.2		2.5			1.0	
Slippage on Energy Conservation Measures					-5.4		3.0	2.4		0.0	
Slippage & cost pressure on UEC					-2.8		4.4			1.6	
Cauldwell + CT Modular					4.0		2.0			6.0	
Bedford Electrical Infrastructure					0.4		3.0			3.4	
Ward 10 + ITU 2 UPS + Day Room works					0.5					0.5	
Renal Unit					0.3					0.3	
Slippage (Imaging corridor, Pathology, ED 2nd Floor)					-2.5		2.5			0.0	
Removal of budget (Covid, Endoscopy)					-2.0					-2.0	
Medical equipment to budget					0.4					0.4	
Slippage into 22/23 (PAS/ Ward Refurb/ other (£2m))							-6.8	6.8		0.0	
Digital Pathology					2.7					2.7	
Digital Imaging					1.3					1.3	
Other Digital PDC					2.7					2.7	
Bedford ED					-0.3		0.3			0.0	
Bedford UEC Donated element							0.4			0.4	
Bedford UEC Donated element (external)							0.8			0.8	
Bedford UC 2nd Floor Fit Out							0.5			0.5	
Reclassification of IT costs					-0.6					-0.6	
STP Portal - Phase 2 Correction					-0.9		-0.9			-1.8	
Net Slippage							1.7	-1.7		0.0	
Change to Capital Plan					68.7	0.0	93.8	86.9	32.2	377.5	

SUMMARY POSITION

- Between October and November sickness increased by 0.79% to 4.86% and is 1.16% higher when compared to the same period last year (3.98%).
- Vacancy rates have increased slightly from 8.38% in November 2021 to 9.41% in December 2021. Please note that the majority of 2021/22 budgeted establishment work to reconcile the financial and workforce systems has now been completed with the exception of Medical and Dental staff which is still ongoing.
- The overall turnover is higher than same period last year; 14.54% in December 2020 and 15.13% in December 2021.
- The overall agency run rate is 0.17% lower in December 2021 when compared to December 2020 equivalent to 0.4 FTE fewer agency workers.
- The overall bank run rate was 16.1% lower in December 2021 when compared to December 2020 equivalent to 138.47 FTE fewer bank workers

LUTON & DUNSTABLE UNIVERSITY HOSPITAL SITE

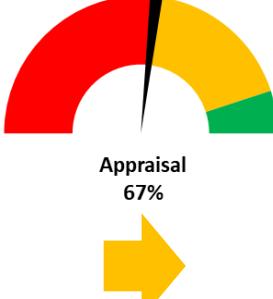
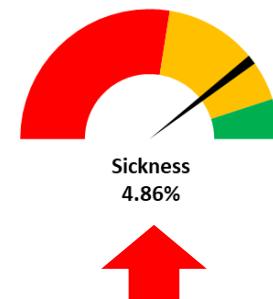
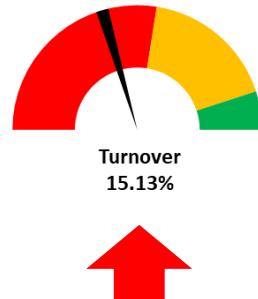
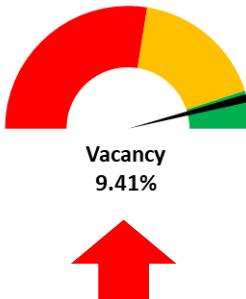
Compared to the previous month:

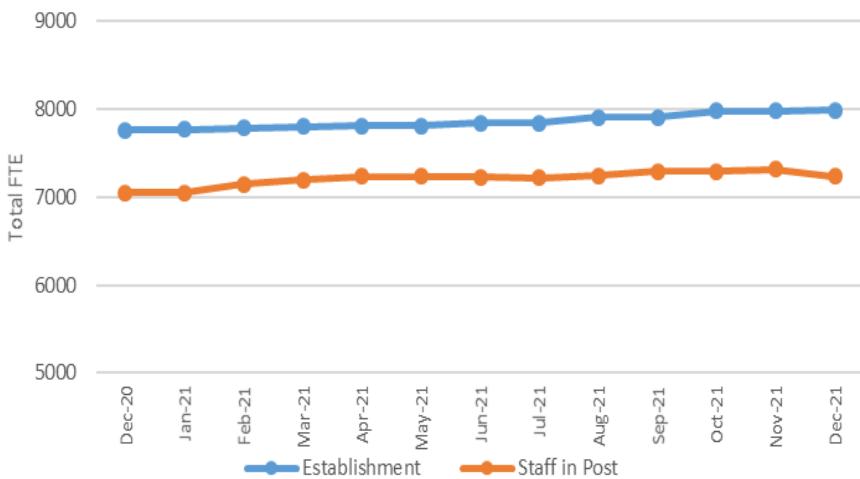
- Sickness absence increased from 4.26% to 4.59%
- Turnover increased from 14.63% to 14.94%
- Vacancy rates increased by 1.18% from 9.97% to 11.15%
- Appraisals increased from 70% to 71%
- Mandatory training compliance remained the same at 77%
- Bank FTE usage in December 2021 decreased by 0.06% in month and is 20.23% lower compared to December 2020
- Agency FTE usage in December 2021 decreased by 0.7% in month and has a 5.69% lower run rate compared to December 2020.

BEDFORD HOSPITAL SITE

Compared to the previous month:

- Sickness absence increased from 3.78% to 5.28%
- Turnover increased from 14.55% to 15.43%
- Vacancy rates increased by 0.78% from 5.76% to 6.54%
- Appraisals decreased from 63% to 61%
- Mandatory training compliance remained the same at 76%
- Bank FTE usage in December 2021 decreased by 7.20% in month and is at 5.39% lower compared to December 2020.
- Agency FTE usage in December 2021 increased by 2.84% in month and has a 9.14% higher run rate compared to December 2020.

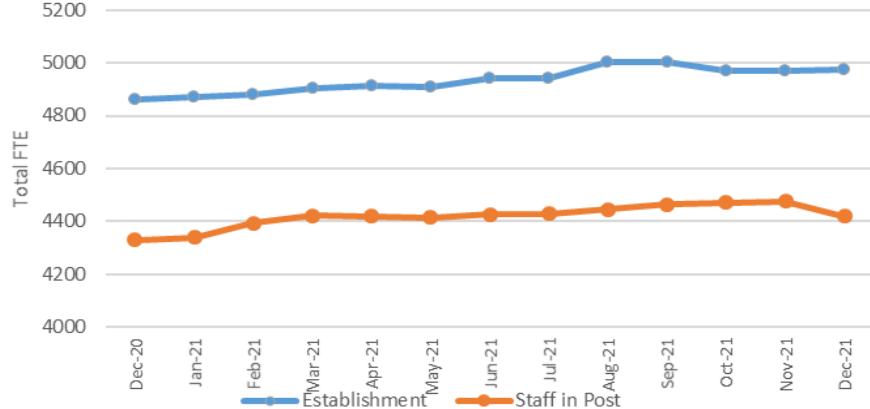
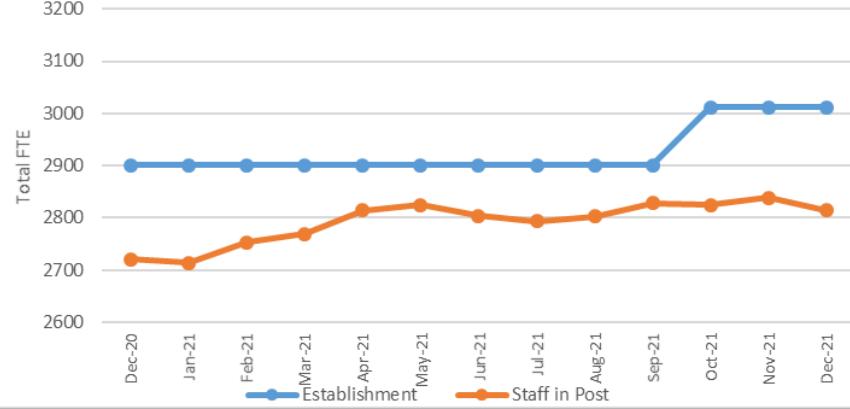


Trust Total Staff in Post vs Establishment**Trust Level Summary**

The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) decreased by 80.56 WTE between November 2021 and December 2021.

During the last 12 months the growth rate has been 2.6% (January 2021 to December 2021).

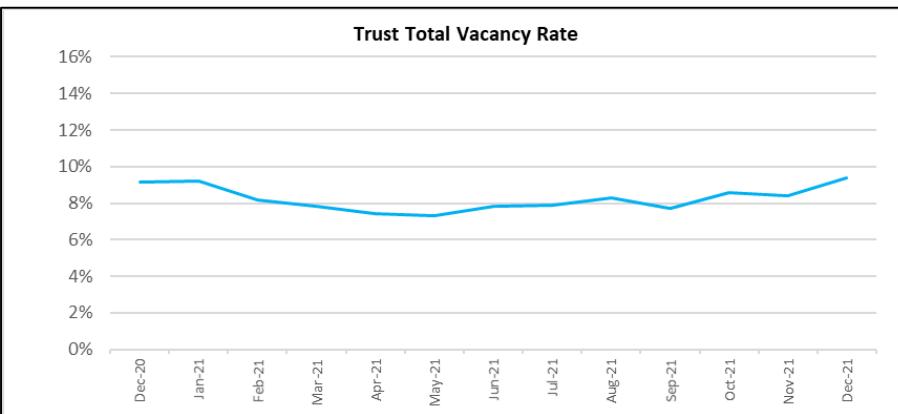
The increase in establishment in September is as a result of the establishment reconciliation work with the greatest impact at the Bedford site where the establishment was 110.94FTE mainly in Nursing and Midwifery and support workers. This is reflected in the change to the vacancy position on the next slide.

L&D Site - Staff in Post vs Establishment**Bedford Site - Staff in Post vs Establishment****L&D Site**

The L&D site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased 79.36 WTE between January 2021 and December 2021. Over the last 12 months the SIP increased by 1.83% and is driven by increases in band 5 nurses and HCA's. The staff in post decreased by 56.90 WTE between November and December 2021.

Bedford site

The BH site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased 101.15 WTE between January 2021 and December 2021. Over the last 12 months the SIP increased by 3.73% and is driven by increases in nursing and support staff. The staff in post decreased by 23.46 WTE between November and December 2021.



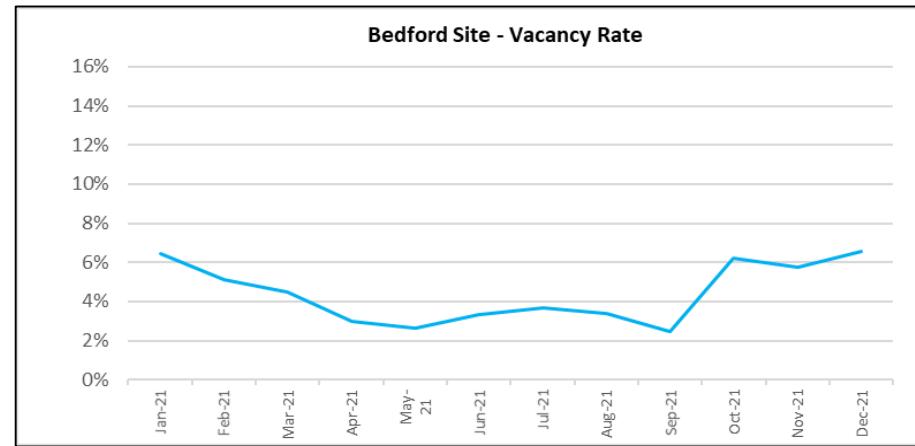
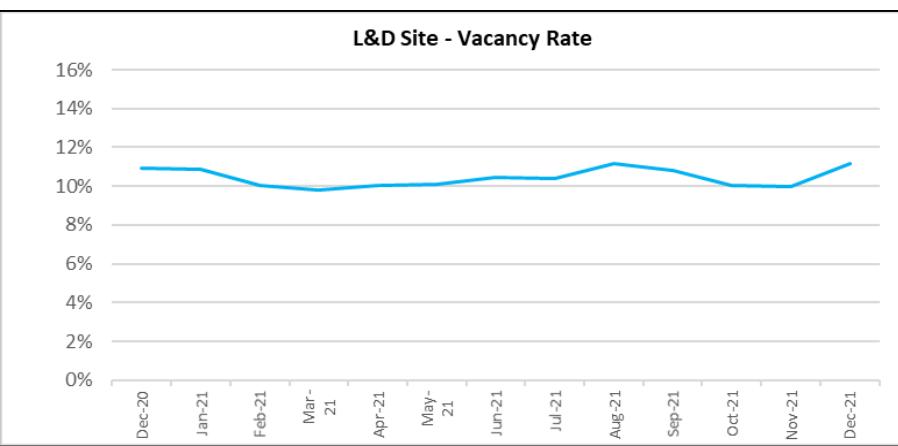
Trust Level Summary

The overall vacancy rate increased slightly over the last 12 months from 9.23% in January 2021 to 9.41% in December 2021 despite the update to funded establishments.

Registered nursing and midwifery vacancy rates are currently 11.36% and have decreased by 2.98% from November and show an increase of 1.63% over the last 12 months to December.

Medical and dental vacancy rates have increased 3.74% over 12 months to December, currently at 5.71%, which is 1.64% higher than in November.

Recruitment to remaining gaps continues with success in recruitment of NHS locums where possible to fill senior medical roles for vacancy hotspots.



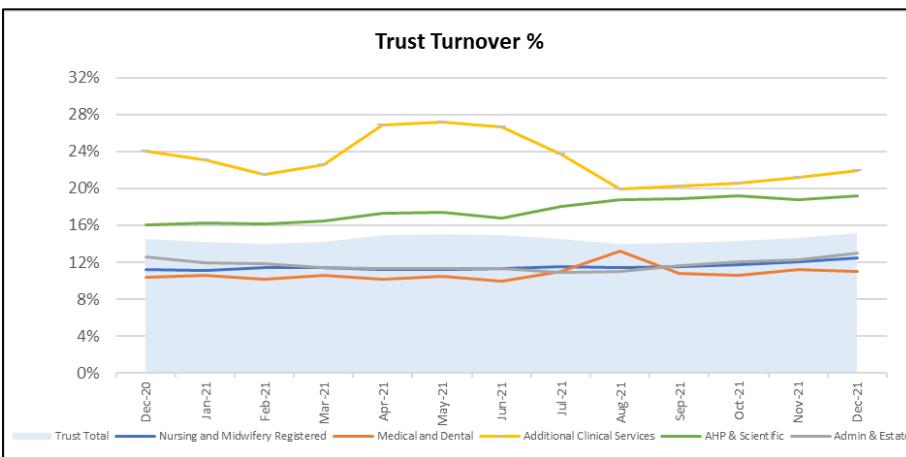
Overseas Recruitment Update

2 overseas nurses started in post throughout December on the L&D site. There are currently 24 nurses scheduled to arrive throughout January (11 for L&D and 13 for Bedford). Many of these nurses are allocated to ED, Paediatrics and Theatres. Further overseas recruitment campaigns are planned for January/February for NICU, ED and Paeds ED. There were 10 OSCE passes throughout the month (7 for Bedford and 3 for Luton).

Overseas recruitment of midwives has continued with 28 job offers being in place through direct recruitment and interviews currently underway to recruit a further 10 midwives funded through the EoE collaborative bid. Engagement with our overseas recruitment agency will increase in the New Year with further interview campaigns scheduled.

Band 5 Nursing Vacancies

There are currently approximately 86 WTE band 5 nursing & midwifery vacancies across the two sites (52 WTE at Luton and 34 WTE at Bedford). We continue to recruit both locally and from overseas and have a consistent pipeline in place. There are currently 34 overseas nurses (16 at Luton and 18 at Bedford) in various stages of their NMC registration and will convert to Band 5 nurses over the next few months. There are also 54 nurses under offer via local recruitment. Taking into account pipeline, known leavers and current overseas nurses transferring into band 5 positions the adjusted band 5 vacancy figure is -27.48 WTE.



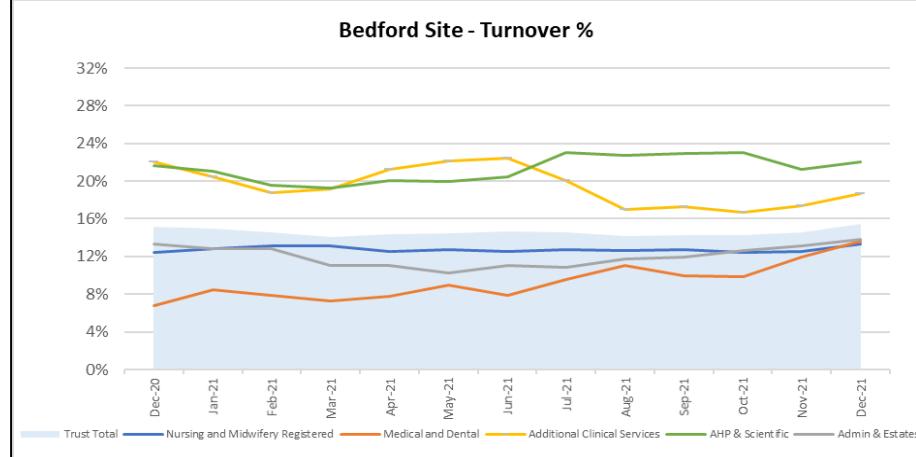
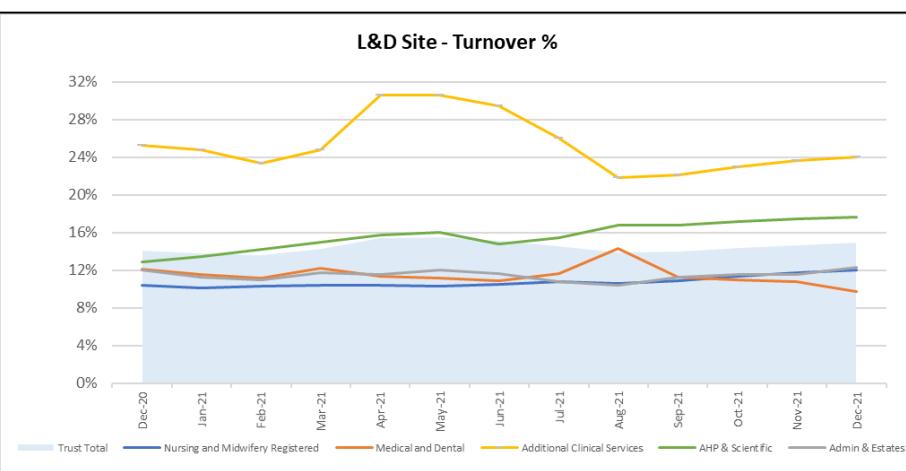
Trust Level Summary

The nursing and midwifery staff group turnover has been increasing slowly over the last 12 months to December 2021 and is currently 12.51% a 0.49% increase on November 2021.

Hotspots remain amongst Allied Health Professionals, (physiotherapists, Operating Department Practitioners and Radiographers) The turnover for additional professional and scientific staff group decreased by 0.41 % in December and has a 2.99% increase compared to December 2020.

Additional Clinical services staff group turnover decreased by 1.15% over 12 months to December and now stands at 21.93% which is 0.77% higher than last month.

The increases in April 2021 were due to leavers on short term COVID contracts.

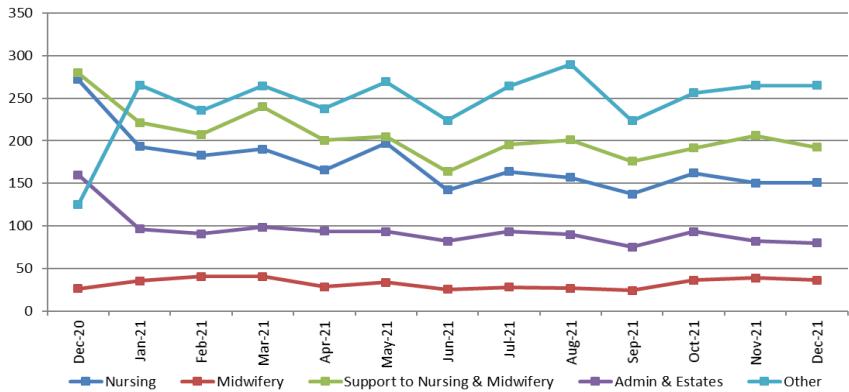


L&D Site

There was an increase in turnover of 0.26% between November and December. Most staff groups are showing small increases in turnover with the exception of Medical and Dental with a decrease of 1.08%. The highest increase was in Admin and Estates group 0.75%. The top leaving reasons in December, excluding end of fixed term contracts were Retirement 22% and Work Life Balance 12.96%. Across all leaving reasons 11.115% transferred to another NHS Organisation.

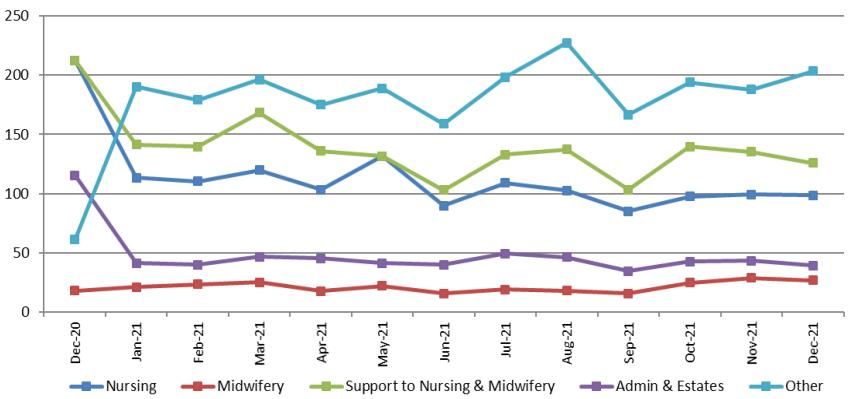
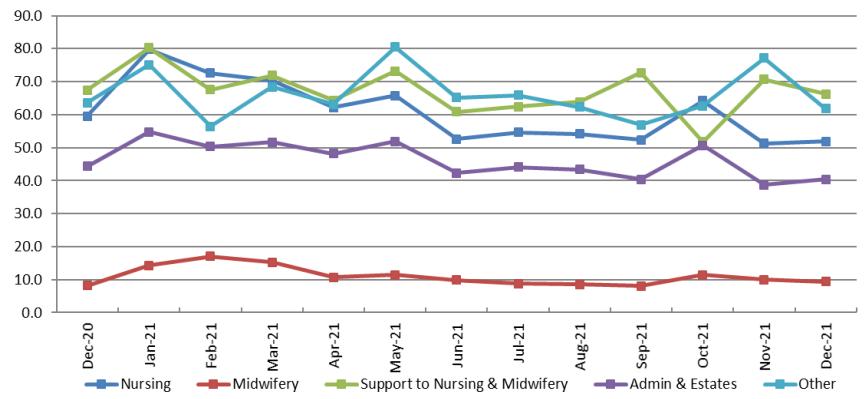
Bedford site

Overall turnover increased by 0.88% compared to November. All staff groups are showing an increase in turnover with the highest increases 1.63% in Medical and Dental and 1.27% in the Additional Clinical Services groups. The top leaving reasons in December for all staff groups were Relocation 21.568% and Retirement 19.60%. Across all leaving reasons 15.68% transferred to another NHS Organisation.

Trust Total Bank FTE**Trust Level Summary**

Overall bank usage is 16.1% lower in December 2021 as compared to December 2020 equivalent 138.47 FTE fewer bank workers.

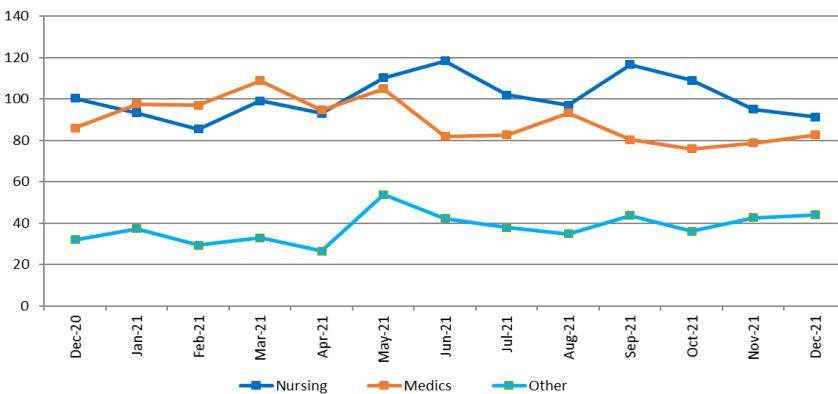
Whilst there has been an increase in bank workers following the easing of lockdown restrictions December remains 18.5% lower than pre-pandemic levels.

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

Bank use has decreased by 20.23% from December 2020 to December 2021 equivalent to 125.37 WTE fewer bank workers in December 2021 compared to December 2020 . Bank FTE usage in to December 2021 decreased by 0.06% from November 2021.

Bedford site:

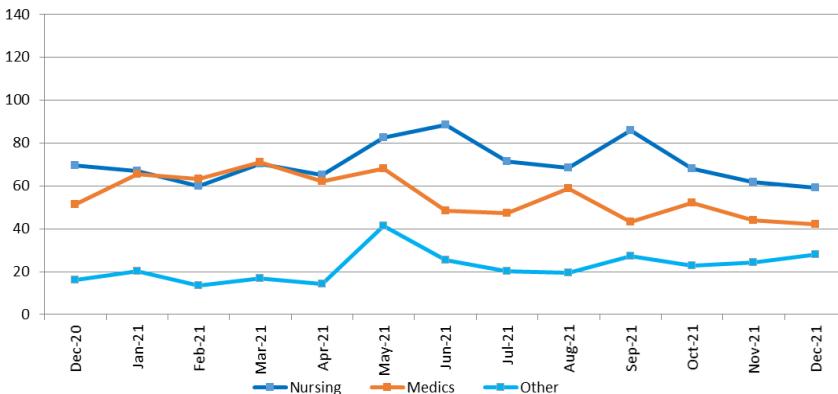
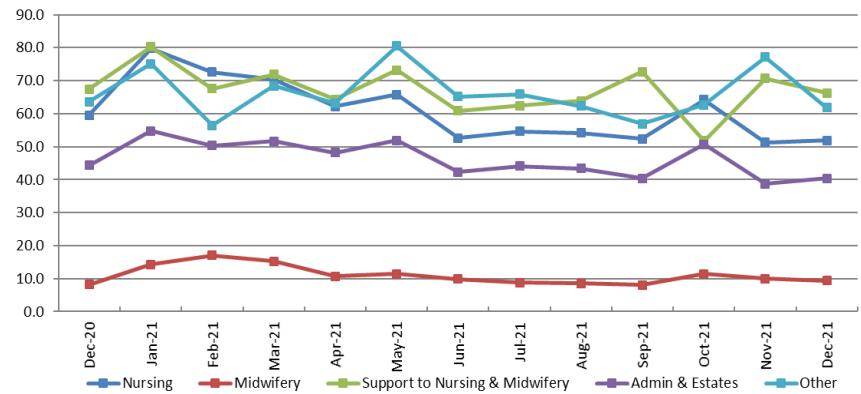
Bank use has was decreased by 5.39% between December 2020 and December 2021 equivalent to 13.10 FTE fewer bank workers in December 2021 compared to November 2020. Bank FTE usage in December decreased by 7.20% from November 2021.

Trust Total Agency FTE**Trust Level Summary**

Overall Agency usage increased by 0.17% in December 2021 as compared to December 2020 equivalent to 0.4 FTE more agency workers.

There was a decrease in the use of nursing agency 3.98% between November 2021 and December 2021, which was equivalent to 73.8 FTE fewer nursing agency workers.

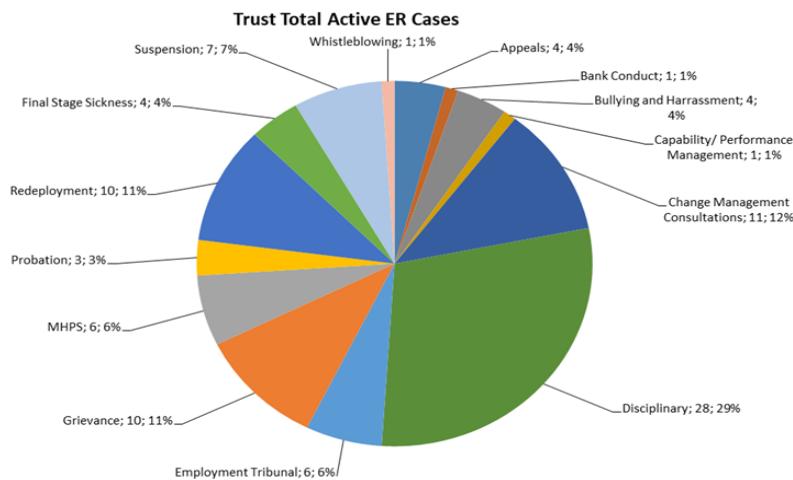
Medical agency locums increased in month by 4.93% equivalent to 3.9 FTE more medical agency workers.

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

Agency use has a 5.69% lower run rate in December 2021 compared to December 2020 equivalent to 7.79 FTE fewer agency workers. Medical agency locums decreased by 4.45 % between November 2021 and December 2021 equivalent to 2.0 FTE fewer workers. Nursing agency decreased by 2.6 FTE (4.17%) in December 2021 as compared to November 2021.

Bedford site

Agency use has a 9.14% higher run rate in December 2021 compared to December 2020 equivalent to 7.4s FTE more agency workers. Medical agency locums increased by 16.86% between November 2021 and December 2021 equivalent to 5.8 FTE more workers. Nursing agency decreased by 1.2 FTE (3.63%) in December 2021 as compared to November 2021.

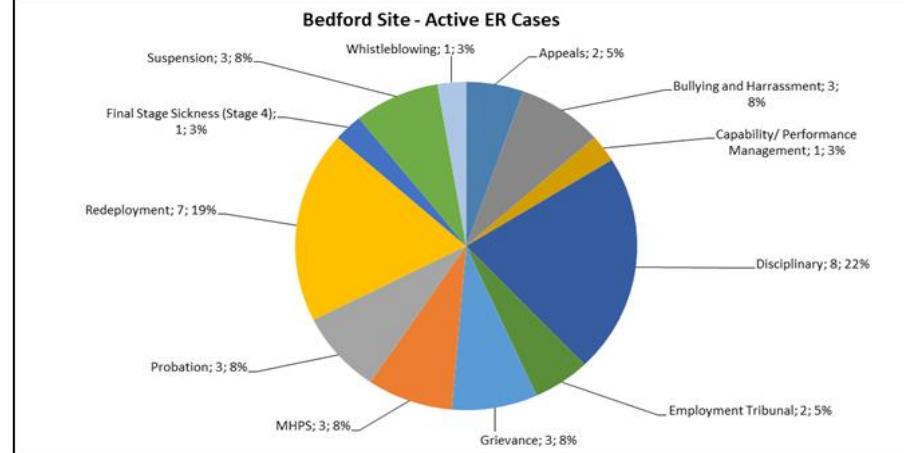
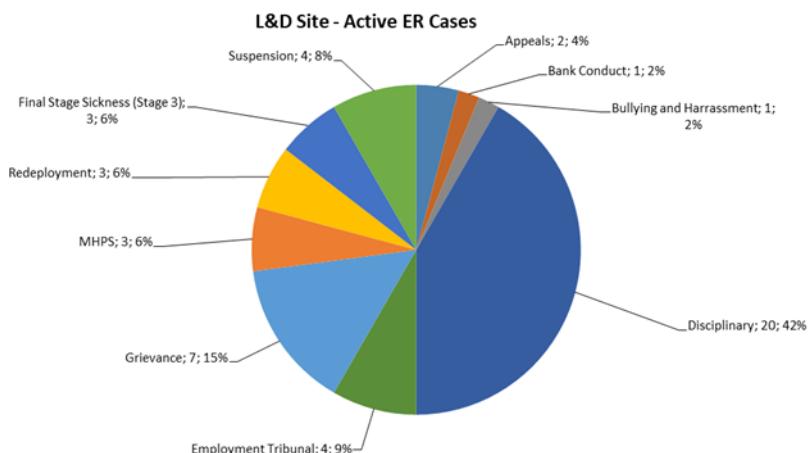
**Trust Level Summary**

There has been a small decrease in the number of Employee Relations cases being managed over the last month; a 0.98% decrease from 98 cases in November to 96 cases in December. The level of activity in respect of consultation exercises is currently at 11. Amongst this number; one exercise has been concluded, leaving 5 on-going and 6 are in the formative planning stages.

There has been no change in the overall number of Maintaining High Professional Standards (MHPS) cases over the past month, with a total of 6 cases ongoing; however there has been a slight change in the distribution of cases with 3 at Bedford and 3 on the Luton Site.

Key

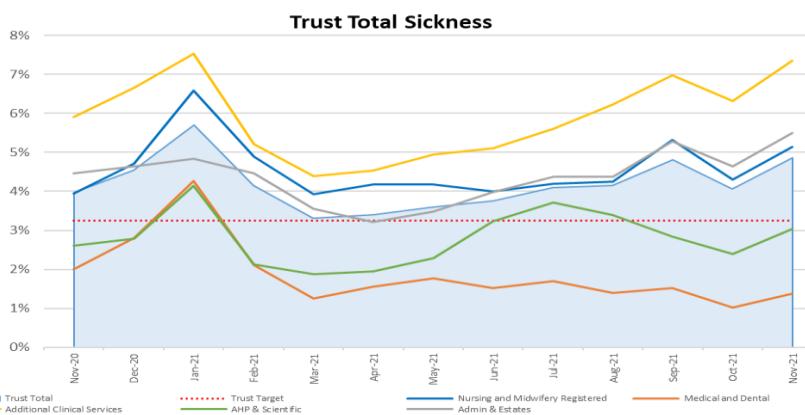
Data labels show the case type, number of cases and percentage



The number of disciplinary cases across both sites has increased slightly again to a total of 35 cases; including 7 individuals who have been suspended whilst disciplinary investigations are on-going. Disciplinary cases in Bedford currently stands at 11 cases in December (including 3 suspensions); the overall number of cases has increased on the Luton site to 24 cases, with 4 individuals on suspension.

There are 10 active grievances (collective and individual) across the Trust this month. The number of complaints of bullying and harassment has remained steady at 4 complaints being actively managed across both sites. Work continues across all of these cases to bring them to a satisfactory resolution.

The number of redeployment cases has fallen slightly to a total of 10 cases, including 3 members of staff who have been put at risk of redundancy following change management processes and other health related redeployment. Work is on-going with these members of staff to find them suitable alternative employment within the Trust.



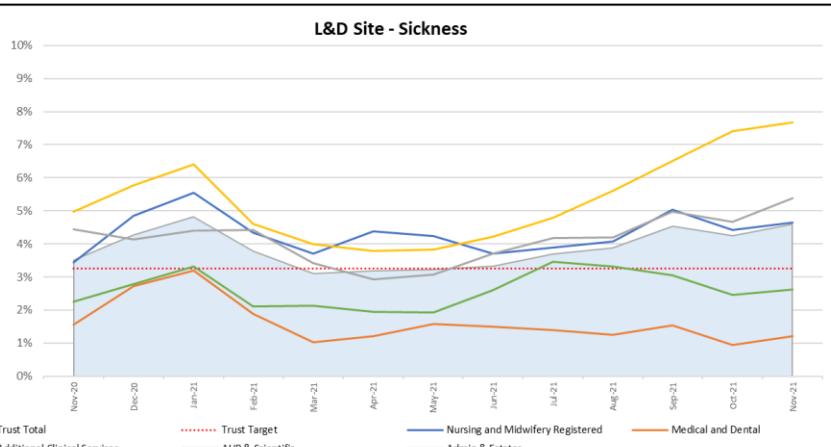
Trust Level Summary *

Overall sickness levels have decreased from a peak of 7.27% in April 2020, as a result of the COVID pandemic, to 4.86% in November 2021.

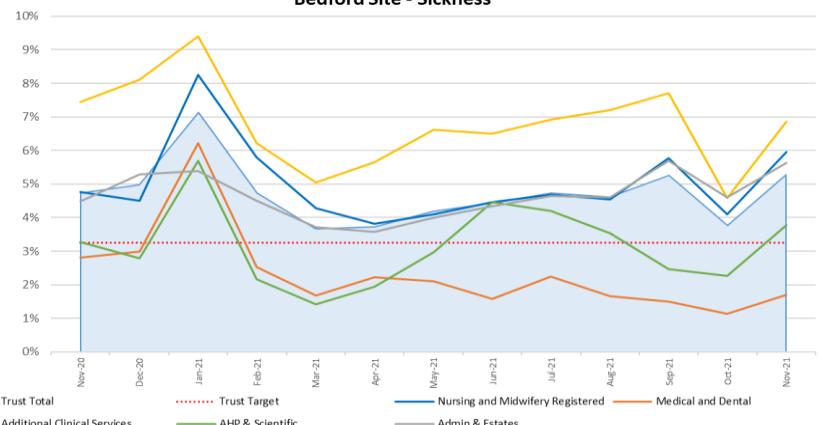
Sickness levels in November were at a higher level (0.88% higher) compared to the same period last year.

The highest absence rates for November were within Additional Clinical Services 7.35%, Admin & Estates 5.50% and Nursing and Midwifery 5.14%.

* Please note that Sickness data is reported a month arrears due to system interface timings



Bedford Site - Sickness

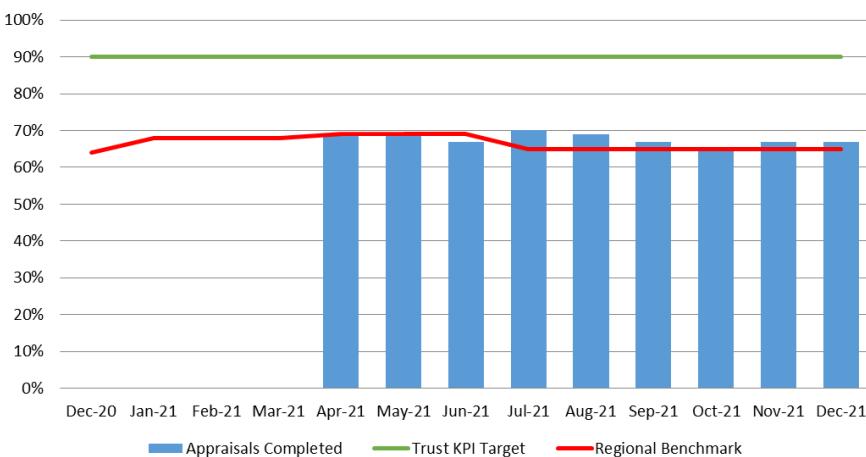


L&D Site

There was an increase of 0.33% between October and November to 4.59% sickness, which remains substantially lower than the April 2020 peak of 5.86% and is 1.09% higher compared with the same period last year. All staff groups are showing an increase compared to last month with the highest being Additional Clinical Services 7.66%, Admin & Estates 5.39% and Nursing and Midwifery 4.64%.

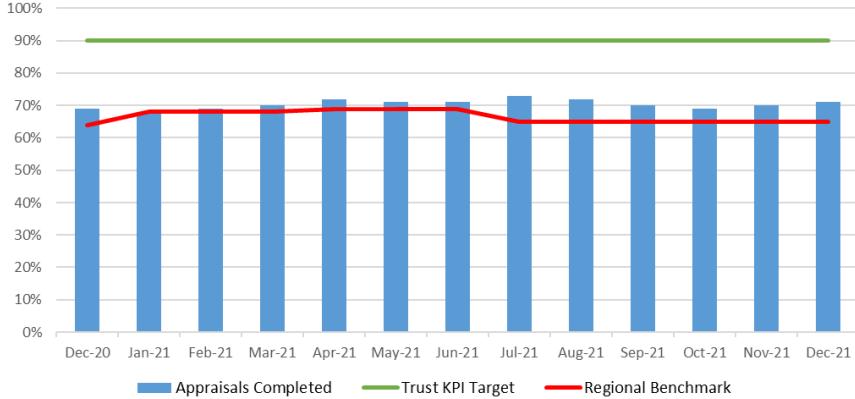
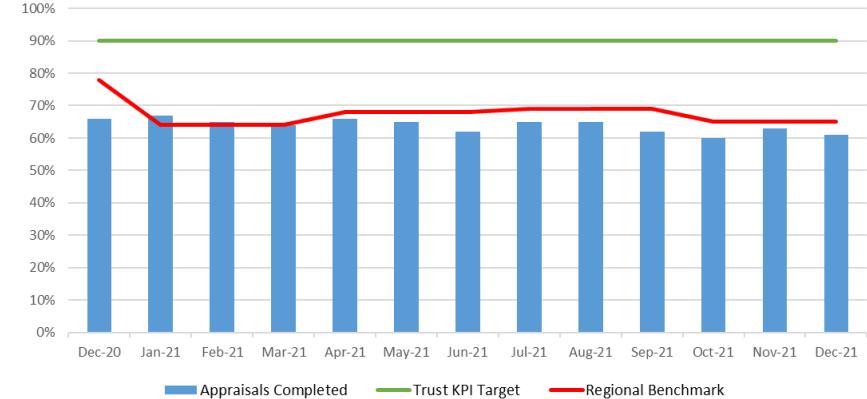
Bedford Site

There was an overall increase of 1.50% between October and November to 5.28% which remains substantially lower than the April peak of 9.45% and is 0.54% higher than the same period last year. All staff groups are showing an in month increase in sickness the highest being Additional Clinical Services 6.86%, Nursing and Midwifery 5.95% and Admin & Estates 5.64%.

Bedfordshire Hospitals NHS FT- Appraisal Rate Compliance**Trust Level Summary**

The appraisal rate across the organisation has remained relatively stable during the December period. The Trust compliance currently sits at 67% which is slightly above the regional benchmark, but still below the organisations 90% target.

The Training and Learning Team have contacted all staff who as of December 31st had no valid recorded appraisal review meeting on ESR. Service Line Leads will receive a list of outstanding appraisals (*>3 months outstanding*) for their responsible areas, asking that managers schedule in overdue reviews as soon as possible. This will be provided on a quarterly basis to ensure progress is made.

L&D Site - Appraisal Rate Compliance**Bedford Site - Appraisal Rate Compliance****Site Specific Level Summary**

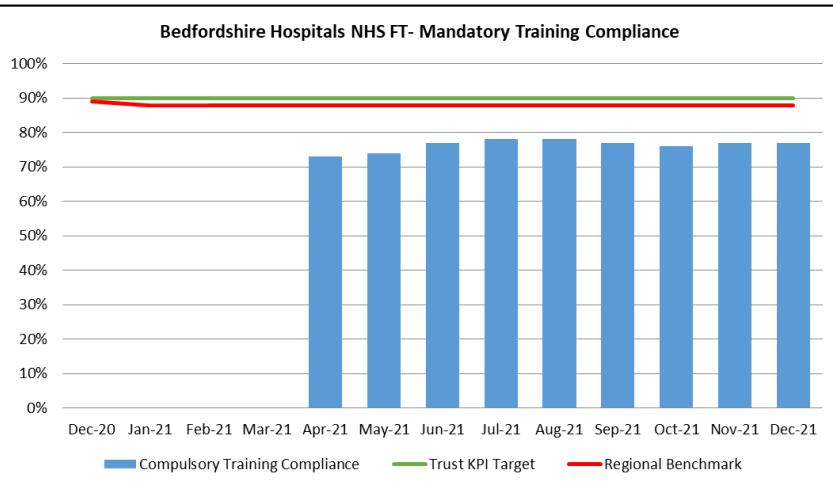
There has been no change in appraisals' compliance during the December period.

L&D Site:

The overall appraisals' compliance rate for December 2021 has increased by 1% to 71%.

Bedford Site:

The overall appraisal rate for December 2021 has decreased by 2% to 61%. We expect compliance to improve now that department managers receive a monthly spreadsheet in line with the Luton site. This will enable closer monitoring by line managers in the absence of the WIRED reporting system.

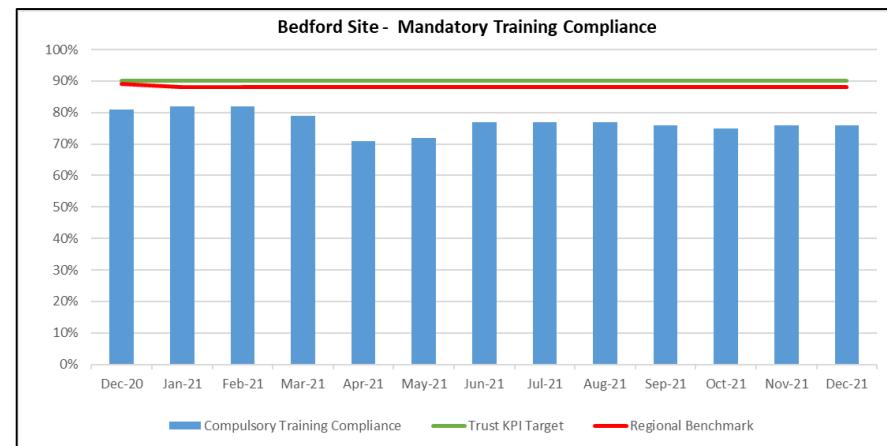
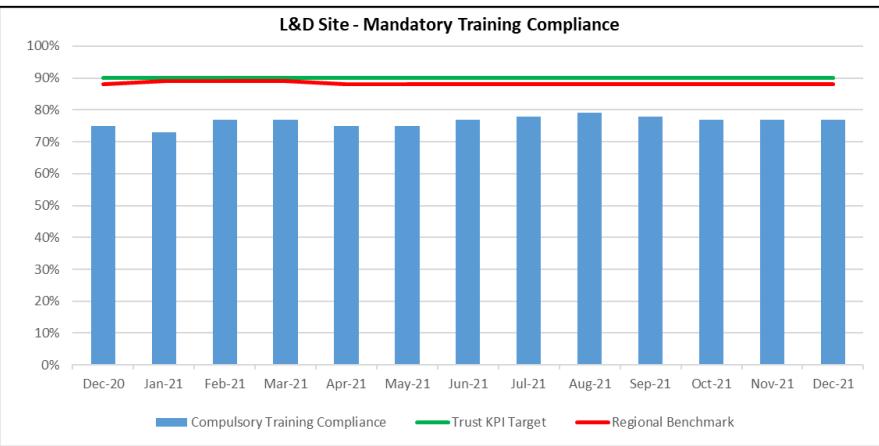


Trust Level Summary

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.

The Trust compliance rate for mandatory training has remained relatively stable during the December period.

The Training and Learning Team met with line managers from areas of low compliance in the December period. This is currently under review, and any new areas of low compliance will be contacted moving forward to ensure improvements are made. This is being provided with a supportive approach, given the on-going pressures the Trust is experiencing.



Site Specific Summary

There has been no overall change in compliance for mandatory training during the December period. This is despite unplanned challenges including high activity levels, reset week and losing the training venue to deliver COVID vaccinations.

L&D Site:

The overall mandatory training compliance rate during the December period has remained relatively stable at 77%.

Bedford Site:

The overall mandatory training compliance for the month of December is 76% (No Change).

MANDATORY TRAINING BY SUBJECT

Reporting Period: DEC 2021

Bedfordshire Hospitals NHS FT - Core Mandatory Training Compliance	Equality, Diversity & Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control 1	Infection Control 2	Information Governance	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Conflict Resolution - Level 1	Preventing Radicalisation - Basic Prevent Awareness	Resuscitation - Level 1 (E-Learning)	Adult Basic Life Support	Newborn Basic Life Support	Paediatric Basic Life Support	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Average Total Compliance
Trust Target	90%	90%	90%	90%	90%	95%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
April 2021	84%	81%	85%	90%	76%	67%	87%	63%	74%	83%	66%	60%	43%	25%	87%	85%	83%	84%	73%
May 2021	85%	82%	86%	90%	77%	68%	87%	62%	76%	84%	74%	59%	40%	27%	88%	85%	83%	84%	74%
June 2021	87%	83%	87%	91%	81%	72%	87%	65%	79%	84%	80%	60%	54%	35%	88%	85%	84%	85%	77%
July 2021	87%	84%	88%	90%	82%	73%	87%	66%	81%	83%	79%	59%	55%	39%	87%	87%	83%	87%	78%
August 2021	87%	84%	89%	90%	82%	74%	87%	67%	82%	83%	79%	59%	59%	39%	87%	88%	82%	88%	78%
September 2021	87%	84%	88%	89%	79%	75%	87%	67%	82%	83%	75%	57%	58%	38%	85%	88%	81%	87%	77%
October 2021	86%	81%	87%	88%	76%	74%	85%	66%	83%	79%	76%	57%	53%	44%	85%	84%	82%	85%	76%
November 2021	86%	84%	87%	87%	72%	75%	88%	75%	84%	80%	75%	57%	59%	44%	84%	83%	81%	84%	77%
December 2021	86%	83%	87%	87%	71%	75%	87%	74%	85%	80%	73%	55%	58%	46%	84%	82%	81%	84%	77%
Change from last month	0%	-1%	0%	0%	-1%	0%	-1%	-1%	1%	0%	-2%	-2%	-1%	2%	0%	-1%	0%	0%	0%

Bedford Site - Core Mandatory Training Compliance	Equality, Diversity & Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control 1	Infection Control Level 2	Information Governance	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Conflict Resolution - Level 1	Preventing Radicalisation - Basic Awareness	Resuscitation - Level 1 (E-Learning)	Adult Basic Life Support	Newborn Basic Life Support	Paediatric Basic Life Support	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Average Total Compliance
Trust Target	90%	90%	90%	90%	90%	95%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	-	
December 2020	86%	85%	89%	92%	69%	70%	89%	78%	79%	-	-	71%	-	-	88%	85%	89%	-	
January 2021	84%	93%	88%	92%	65%	62%	88%	75%	79%	-	-	66%	-	-	88%	85%	88%	-	
February 2021	84%	92%	88%	92%	66%	58%	88%	73%	79%	-	-	62%	-	-	89%	85%	89%	-	
March 2021	84%	90%	69%	91%	67%	59%	87%	67%	79%	-	-	59%	-	-	87%	84%	86%	-	
April 2021	86%	86%	89%	90%	70%	66%	88%	50%	61%	83%	-	63%	17%	16%	89%	88%	77%	88%	71%
May 2021	86%	86%	90%	91%	72%	68%	88%	51%	65%	83%	-	63%	17%	19%	89%	89%	78%	89%	72%
June 2021	88%	87%	90%	92%	77%	72%	88%	56%	69%	80%	-	64%	68%	31%	89%	89%	77%	90%	77%
July 2021	88%	86%	90%	91%	77%	72%	87%	57%	72%	80%	-	63%	64%	36%	88%	90%	76%	90%	77%
August 2021	88%	85%	90%	91%	79%	74%	87%	58%	74%	80%	-	62%	65%	36%	87%	90%	74%	91%	77%
September 2021	87%	83%	90%	88%	78%	75%	87%	55%	75%	80%	-	59%	64%	35%	84%	91%	72%	91%	76%
October 2021	86%	78%	87%	89%	75%	74%	85%	53%	76%	71%	-	56%	62%	46%	83%	88%	74%	88%	75%
November 2021	87%	85%	87%	88%	72%	76%	87%	62%	79%	81%	-	52%	56%	46%	84%	87%	76%	85%	76%
December 2021	86%	84%	87%	87%	72%	76%	86%	62%	81%	82%	-	51%	58%	46%	84%	87%	75%	86%	76%
Change from last month	-1%	-1%	0%	-1%	0%	0%	-1%	0%	2%	1%	-	-1%	2%	0%	0%	0%	-1%	1%	0%

L&D Site - Core Mandatory Training Compliance	Equality, Diversity & Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control 1	Infection Control 2	Information Governance	Moving and Handling (Loads) Level 1	Moving and Handling (People) Level 2	Conflict Resolution - Level 1	Preventing Radicalisation - Basic Prevent Awareness	Resuscitation - Level 1 (E-Learning)	Adult Basic Life Support	Newborn Basic Life Support	Paediatric Basic Life Support	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Average Total Compliance
Trust Target	90%	90%	90%	90%	90%	95%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
December 2020	79%	74%	76%	87%	81%	74%	83%	72%	80%	-	-	72%	-	-	83%	88%	84%	85%	-
January 2021	80%	75%	77%	82%	81%	71%	83%	71%	80%	-	-	68%	-	-	82%	87%	83%	83%	-
February 2021	81%	75%	79%	84%	81%	69%	82%	69%	81%	-	-	66%	-	-	83%	86%	84%	83%	-
March 2021	81%	75%	80%	86%	80%	67%	81%	68%	80%	-	-	64%	-	-	84%	84%	84%	81%	-
April 2021	83%	78%	82%	90%	80%	68%	87%	69%	83%	82%	66%	59%	52%	37%	85%	84%	87%	82%	75%
May 2021	84%	79%	83%	90%	80%	69%	86%	68%	83%	84%	74%	57%	49%	37%	86%	82%	87%	81%	75%
June 2021	86%	81%	85%	90%	83%	71%	87%	70%	85%	86%	80%	57%	50%	40%	88%	83%	87%	83%	77%
July 2021	87%	83%	87%	89%	85%	73%	87%	71%	87%	85%	79%	57%	51%	43%	87%	85%	87%	85%	78%
August 2021	86%	84%	88%	89%	83%	75%	87%	71%	87%	85%	79%	57%	52%	43%	87%	86%	86%	86%	79%
September 2021	86%	84%	87%	89%	80%	75%	87%	73%	87%	84%	75%	55%	55%	41%	86%	85%	88%	85%	78%
October 2021	86%	83%	87%	88%	76%	75%	85%	74%	87%	83%	76%	57%	50%	42%	86%	82%	86%	84%	77%
November 2021	86%	83%	87%	86%	72%	75%	89%	83%	87%	80%	75%	59%	60%	42%	84%	81%	84%	82%	77%
December 2021	86%	83%	87%	86%	70%	74%	88%	81%	87%	80%	73%	59%	58%	46%	85%	79%	85%	82%	77%
Change from last month	0%	0%	0%	0%	-2%	-1%	-1%	-2%	0%	0%	-2%	0%	-2%	4%	1%	-2%	1%	0%	0%

Key

< 80%	80% - 89%	>= 90%	Please note that IG only has to be above 95% to achieve green rating
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Board of Directors

Wednesday 2 February 2022

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 (tick one box only)	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/> x	Decision <input type="checkbox"/>
Recommendation	Trust Board to note the Quality Committee Report for November, December 2021, and January 2021			

Report summary	This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 24 November 2021, 15 December 2021 and 26 January 2022.
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 24 November 2021, 15 December 2021 and 26 January 2022.

2. Update on COVID-19

The Committee received monthly updates on inpatient numbers of Covid positive patients, noting the high bed occupancy and the complexity of opening and closing of bays on wards due to Covid inpatients. The operational challenges both for staff testing positive and for isolation due to family/dependents was acknowledged. The Joint Medical Director briefed the Committee on the new monoclonal antibody treatment service and the vaccination boosters. Discussion took place with regard to staff vaccination.

3. Performance Metrics and Recovery Plans

The Deputy Chief Executive updated the committee on elective access standards recovery and discussed the actions taking place to aim to be compliant for the zero 104 week waiter target by the end of March 2022, including working with the CCG for referral to the independent sector of some rapid procedure pathways, and options for space off site for some specialties. The risks, including staff absence due to Covid, were recognised by the Quality Committee.

Operational Performance Reports were received and noted. The Deputy Chief Executive reported the fragility of the cancer 62 day target, particularly of the breast pathway where high numbers of referrals had been received and this was being closely monitored. The delays in diagnosis due to disjointed pathways during the pandemic were noted as an area of concern.

The Deputy Chief Executive presented a paper outlining the new Urgent and Emergency Care standards and described current performance against the various metrics. The committee noted that priority focus is being given to patients spending more than 12 hours in the Emergency Department at the Bedford site and ambulance offloads on both sites.

4. Infection Prevention and Control (IPC)

The Quality Committee received monthly Infection Prevention and Control updates. The Director of Infection Prevention and Control (DIPC) highlighted the contingency measures in place due to the high numbers of Covid cases. Other infections such as flu, norovirus and RSV remain lower numbers than the seasonal average. C.Difficile rates were reported and it was noted that there will be a re-focus on antimicrobial stewardship moving into the spring.

The IPC Board Assurance Framework was received at the November and January meetings. The Chief Nurse highlighted the outstanding actions.

5. Maternity

Maternity Services across both sites remain under immense pressure. The Director of Midwifery presented the Maternity Services Quality Improvement Plan update and the Committee noted the progress on the 'should do' actions from the CQC report. The Quality Committee received a paper at the December meeting reporting feedback from a planned assurance visit from the regional midwifery team '60 Supportive Steps to Safety' to the Bedford Maternity unit on 23 November 2021. The report highlighted positive feedback from staff. There were areas of concern identified, all of which have been cross referenced with the quality improvement plan, Ockenden and CQC reporting.

The monthly midwifery staffing reports were received at each meeting and the fill rates, red flag reporting, supernumerary status and 1:1 care in labour were noted. The Quality Committee discussed the staffing levels, noting the risks and mitigations in place.

The Perinatal Quality Surveillance Tool report was received at the December meeting. It was noted that preterm birth rate at the L&D is above the national average. Four areas were identified as being at risk in achieving compliance for CNST standards by 30 June 2022; there is a team focussing on these areas but there remains a risk, particularly relating to training. An update report was received at the January meeting and the Director of Midwifery noted the highlights including new posts working alongside local authority smoking cessation teams; challenges with regard to staff education and training; good work taking place with regard to leadership and Safety Champions walkarounds and listening events.

6. Nursing Staffing

The Nursing Staffing reports were received for assurance. The Director of Nursing highlighted the challenges with regard to staff absence and staffing contingency areas. Roster assurance meetings have been established.

The Nursing Establishment review was received for information at the January meeting. The report contained recommendations for 3 wards on the Bedford site which have been reviewed by the Executive Team and the proposals are being reviewed as part of budget setting.

7. Harm Free Care

The Director of Nursing gave updates on falls and pressure damage incidence for both hospitals. With regard to pressure ulcers, device related pressure damage remains a focus for improvement. A successful 'Stop the Pressure Day' event had taken place. Reviews continue to be undertaken following all falls.

8. Serious Incidents (SI) and Incidents

The Director of Quality and Safety Governance highlighted that incident reporting remains good despite operational pressures, most relating to no and low harm

incidents. The moderate harm incidents are locally reviewed, particularly to ensure Duty of Candour is undertaken.

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 October - December:

- The safe use of ultrasound gel to reduce infection risk – UKHSA has identified that a long-standing outbreak of Burkholderia cepacia is linked to a non-sterile ultrasound gel product used in hospitals in the UK and Ireland. Trusts are required to undertake a range of actions to remove the risk related to use of non-sterile ultrasound gel across the organisation. Implementation of actions is required by 31 January 2022.

The Quality committee receives a monthly summary report of the alerts and note implementation of alerts by the Patient Safety team.

10. Mortality

The Joint Medical Director highlighted the mortality data for both sites, and noted the Covid deaths by month.

The upwards reports from the Learning from Deaths Board were received by the committee and data noted. An internal review of Covid data from year 2 of the pandemic is in progress.

The quarterly learning from deaths report was received for information in January.

11. Patient Experience

The Patient Experience Report for Quarter 3 was received which highlighted that complaint rates have remained lower for November and December and themes demonstrate concerns raised about communication. The Complaints Policy has been revised, restrictions on visiting are continually monitored, and the Trust is working with St Johns Ambulance to enable their volunteers to support emergency departments.

A patient story was shared at the November meeting outlining a positive experience at Bedford Hospital.

12. Clinical Integration Update

An update report with regard to clinical integration following the merger of the two hospitals was received at the November meeting. The Quality Committee was assured that good progress is being made. The previous Integration Board will transition to a Clinical Strategy Board and the Clinical Validation Committee continues to ensure there is a wide critique. The overarching Clinical Strategy is expected to be completed in April 2022.

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.

14. Internal Audit

There were no internal audit reports presented to Quality Committee in Quarter 3.

15. Risk Register and Board Assurance Framework

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

The Associate Director of Corporate Governance presented a paper for a quarterly review of Objectives 2 and 4 of the Board Assurance Framework. The Quality Committee discussed and updated on progress.

16. Ward Accreditation

The local accreditation report was received and noted. The Chief Nurse highlighted that the programme has continued regardless of operational pressures, and this has been embraced by the ward teams. It was noted that critical care received gold accreditation on the first visit.

Nursing Quality Performance Meetings continue with the Chief Nurse to discuss ward/department metrics and meetings have been held with 37 units since August 2021.

17. Fractured Neck of Femur update

The General Manager for Trauma and Orthopaedics attended the January meeting and presented hip fracture performance data and on-going quality improvements. Mortality data for this group of patients was noted with a spike during the second wave of Covid-19 at the Bedford site and a further spike in September 2021 at the L&D site.

Board of Directors

Wednesday 2nd February 2022

Report title:	Finance Investment and Performance Committee Report	Agenda item: 9		
Executive Director(s):	Matthew Gibbons			
Report Author	Ian Mackie			
Action (tick one box only)	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 November 2021 & January 2022			

Report summary	<p>This report contains a summary of the deliberations of the FIP Committee during November 2021 & January 2022. Note there was no FIP meeting in December.</p> <p>The financial – revenue & capital – performance (including results up to the end of Month 9 FY21/22), the financial regime for FY21/22 and the budget setting process for FY22/23 have all been considered alongside an assessment of elective recovery, key investment decisions (both Redevelopment and Clinical Services) and a review of IT expenditure.</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	Delivery of strategic objectives

**Bedfordshire Hospitals NHS Foundation Trust
FIP Committee Report to the Board**

2nd February 2022

The Board should note the following items discussed at the FIP Committee meetings from 24th November 2021 and 26th January 2022.

1. Financial Position

On the 26th January the Committee noted that the FT delivered a surplus of £1.1m for the nine months to the end of December 2021 against a £1.0m plan.

The Committee noted that the FT's pay spend is £5.6m overspent year-to-date, with an in-month overspend of £0.1m. Non-pay is £12.2m overspent year to date. £4.9m relates to PCR Covid testing and other out of envelope expenditure that is reimbursed by NHS England.

Based on anticipated elective recovery fund performance, the FT has recognised £7.5m income within its position.

The FT's cash position remains strong but the Committee acknowledged that the CDEL restricted the opportunity to spend.

The Finance Investment and Performance Committee noted the update to the year-to-date position.

2. Capital

Capital spend is £30.2m against a plan of £83.0m. The FT continues to review the capital plan in year to ensure it stays within CDEL. The slippage is largely on the centrally funded schemes, with spend of £26.2m against the £39m FT CDEL.

3. Business & Investment Decisions

i) Full Business Case

The Full Business Case was approved by HM Treasury on the 10th January 2022.

An extra ordinary FT Board meeting was held on 17th January 2022, this was also attended by members of the Finance Investment and Performance Committee and the Redevelopment Programme Board. A presentation was given on the movement of cost between the not to exceed price delivered in September 2021 and the lump sum price/contract price delivered in January 2022. There was a £2.4m upward movement driven by inflation, design development and an element of not achieving the full £6m value engineering target. The Board approved the recommendation to draw down optimism bias and move residual

optimism bias into the project contingency. A QCRA (Quantified Cost Risk Analysis) gave a 97.5% level of confidence of cost adequacy with the revised contingency levels based on the current risk profile for the project. A ratification of the change management process took place.

ii) Bedford Site Hybrid Vascular Theatre

The Committee heard the case which provided an overview of the requirement to build operating theatres on the Bedford site now and in the future. The case for investing £1m to develop the design case for the Vascular Theatre was approved.

iii) Generator Works

FIP heard the case for the requested approval to proceed with the first stage of design works.

The case was approved.

iv) Redevelopment Resource Structure

In November a paper was presented to FIP making the case for additional funding for team resource. It was explained that the team was originally funded for site redevelopment on the Luton site. The expansion of scope and additional schemes, notably Bedford site schemes, Covid recovery response schemes and Community hub development had placed considerable pressure on the existing resource. A budget increase of £2.6m was requested to the end of 2024/25 to deliver approved projects. It was confirmed that the cost increase would be met from the additional capital projects and would not require a change to the “Programme team” budget line.

The case was approved.

v) CT Scanner ED Department Bedford

In January a paper was presented to the Committee highlighting the requirement to refurbish space on the ground floor of ED at Bedford Hospital to provide a CT scanner within the ED department. To enable this change the first floor of the modular extension (currently shell space) will be refurbished to allow ground floor support functions to be relocated.

The case was approved.

4. Other Matters

- Financial Regime

The Finance Investment and Performance Committee noted that NHS England and NHS Improvement (NHSE/I) are consulting on changes to the tariff and the

payment approach under the National Tariff Payment System (NTPS). The block payment arrangements have been in place through 2020/21 and 2021/22. The consultation detail for 2022/23 was published on Christmas Eve and the consultation period closed on 28th January 2022. It is the intention that system plans are produced for 2022/23 and that health economies have signed contracts in place for 1st April 2022.

The Finance Investment and Performance Committee noted the update.

- Funding envelope changes

The ICS (Integrated Care System) has received the 2022/23 allocation for BLMK (Bedford, Luton and Milton Keynes). This has been based on the 2021/22 H2 allocation, with various adjustments for non-recurrent items, commissioning changes, growth, efficiency & congruence. The net impact of the allocation is currently believed to be broadly in line with the forecast outturn position for the FT.

The Finance Investment and Performance Committee noted the update.

- Budget Setting

The Committee received an update on the current budget setting position, which identified a significant gap between the expected income envelope and the current service line proposals. This gap is not unusual at this stage of budget setting, and the Committee received the timeline for resolve the gap.

- Elective Access Recovery Update

It was confirmed that the FT are trying to hold the 52 week waiting list size and that the FT is trying to get down to zero 104 week waits by March 2022. The plan submitted to the ICS (Integrated Care System) is compliant and operational teams are working to deliver it.

The Finance Investment and Performance Committee noted the update.

- Redevelopment Updates:

UEC Programme

A paper on the progress of work on the Luton scheme was noted. The current programme is extended to March 2023, with the first set of additional cubicles opening in March 2022 and remaining cubicles and CT coming on line in August 2022.

Energy Centre

A key risk remains the coordination of works between the three principal contractors. The availability of switchgear from Schneider for the ISS is the subject of commercial and legal discussions, which the team are working through. Delivery of upgrade works to plant rooms is being managed by the Estates team.

Helipad

Two key pieces of work were carried out in 2021, the report on the location of the Helipad prepared by CAAi and a report on the cost and deliverability was issued to the Board in April 2021. The conclusion was that the location of the Helipad should remain as originally proposed. Project to be considered as part of a wider review of the sites development control plan.

South Wing Schemes

- a. UEC Phase 2 (CT) – Scheme previously on hold, now re-launched to progress design to procurement. Cost plan £2.72m reflects an increase of £190k from May 2021 driven by inflation. Three funding sources including DHSC residual monies (underspent on phase 1), charitable donation and FT capital.

The case was approved.

- b. Cauldwell - Procurement December 2021 with RG Carters appointed in December 2021. Currently working under a pre-construction services agreement to deliver a market tested design and progressing early works through a short form contract. Aim to enter into full contract mid-February 2022.
- c. Electrical Infrastructure – Planning submission December 2021 with procurement launched first week of January 2022. Good market interest received to date and plan to appoint a contractor mid-end February 2022. Updated cost plan expected February 2022 following procurement.
- d. Theatres – Short form business case for £6m TIF funding (Targeted Investment Fund) with an allocation of £1m supported by East of England for 2021/22 to deliver a design and early enabling works. Design was achieved in January 2022.
Subsequent opportunity to deliver an expression of interest in the form of a short form business case by end of January 2022, targeting Covid recovery and specifically elective backlog reduction. A scope of works has been agreed with the Executives that includes four operating theatres and associated support space including segregated clean beds.

Primary Care Hub Update

The Board were briefed that the October 2021 and December 2021 Hub Board had been stood down at CCG request due to competing demands and subsequently OPEL 4 status requiring only core business to continue. This presents a 3 month delay to the programme which ultimately requires a FBC submission to NHSE/I in September 2022.

5. Items for Escalation to the Board

None

Board of Directors

Wednesday 2 February 2022

Report title:	Redevelopment Committee Report	Agenda item: 10
Non-Executive Director(s):	Mark Prior, Non-Executive Director	
Report Author	Melanie Banks, Director of Redevelopment and Strategic Planning	
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input type="checkbox"/>
Recommendation	Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/>	
Report summary	<p>A report on the progress of the Redevelopment Programme.</p> <p>Main Scheme, L&D The enabling programme completed with the demolition of Trust HQ on the 24th December, on programme and within budget. The Full Business Case for the main scheme was approved by HM Treasury on 10th January 2022 at a total value of £168.6m. An extraordinary Board meeting was held on the 17th January 2022 where the Trust Board approved the contract sum and gave permission to enter into contract with Kier. The Trust are now in contract with Kier and works began on site as programmed on the 24th January 2022. Contractual completion on the main scheme programme remains September 2024 with a programme completion of May 2024.</p> <p>Energy Centre, L&D Construction work on the new Energy Centre has been delayed by circa 6 weeks by failure of a key sub-contractor. The cost of the delay sits with the Contractor, RG Carter.</p> <p>Emergency Department, L&D This multi phase project continues to challenge the parameters agreed by the Redevelopment Board. The first phase is due to complete in March 22, the Trust will see the first section of cubicles opened. A number of risks have come to fruition regarding the infrastructure of the existing building fabric, leading to significant design coordination issues, programme delays and compensation events. A thorough review of the commercial impact is underway to understand the impact to cost and time (no impact on quality assumed at this stage).</p> <p>Bedford Hospital Projects -A key enabler underpinning the development control for the site is the first phase of the upgrade works to the electrical infrastructure.</p>	

	<p>The project is currently being procured.</p> <ul style="list-style-type: none"> -Design and enabling work within the Cauldwell Centre is progressing following £6m in TIF funding. The project will see 33 additional outpatient clinic rooms opening in May 22. -Design and enabling work for a new operating theatre is progressing following a £1m allocation from the Centre. Further funding is anticipated to support the project progressing. -Design and procurement for CT within ED continues. <p>Work with BLMK CCG continues to advance the Full Business Case for the Primary Care Hub Development</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	Nothing to report.

REDEVELOPMENT PROGRAMME BOARD REPORT

28 January 2022

1. Full Business Case (FBC) Acute Service Block and New Ward Block, L&D

The FBC was approved by HM Treasury on the 10th January 2022 with a number of conditions.

An extra ordinary Trust Board meeting was held on the 17th January 2022, this was also attended by members of FIP and the Redevelopment Programme Board. A presentation was given on the movement of cost between the not to exceed price delivered in September 21 and the lump sum price/contract price delivered in January 22. There was a £2.4m upward movement driven by inflation, design development and an element of not achieving the full £6m value engineering target. The Board approved the recommendation to draw down optimism bias and move residual optimism bias into the project contingency. A QCRA gave a 97.5% level of confidence of cost adequacy with the revised contingency levels based on the current risk profile for the project. A ratification of the change management process took place.

The Board approved the contract sum and gave permission to enter into contract with Kier. The Trust are now in contract with Kier, with work starting on programme on the 24th January 2022.

2. Luton projects

UEC programme

The current programme is extended to March 2023, with the first set of additional cubicles opening in March 2022 and remaining cubicles and CT coming on line in August 2022. Design coordination and impact on programme remains a key challenge. A number of risks have come to fruition in relation to the complexities of the existing building fabric. Issues are being actively managed through the contract process. The commercial impact of these risks is being reviewed.

Energy centre

The key risk remains the coordination of works between the three principal contractors. Delivery of upgrade works to plant rooms will need to be carefully coordinated due to potential risk impact on hospital functions. The project continues to run with a 6 week delay.

Helipad

Two key pieces of work were carried out in 2021, the report on the location of the Helipad prepared by CAAi and a report on the cost and deliverability was issued to the Board in April 2021. The conclusion was that the location of the Helipad if build currently should remain as originally proposed. After 2024 when the Emergency Department project completes and the adjacent operating theatres move to the Acute Service Block, there are further opportunities which should be explored.

3. Bedford projects

South Wing Schemes

- a. Urgent and Emergency Care Phase 2 (CT) – Scheme previously on hold, now re-launched to progress design and procurement. Business case to progress approved by FIP in January at a total scheme value of £2.72m. Project to complete Sep 22.
- b. Cauldwell - £6m TIF funding approved in Nov 21. Procurement Nov-Dec 21 with RG Carters appointed in Dec 21 and starting on site 4/1. Currently working under a pre-construction services agreement to deliver a market tested design. Aim to enter into full contract mid Feb 22 with programme completion planned for end May 22. Rising market costs coming in higher than cost plan continue to be a key risk on this scheme as with other schemes.
- c. Electrical Infrastructure – Planning submission Dec 21 with procurement in Jan 22. Planned contractor appointment end Feb 22.
- d. Theatres – Short form business case for £6m TIF funding supported by centre with an allocation of £1m for 21/22 to deliver a design and early enabling works. Awaiting central feedback to understand if remaining capital can be planned for. Further opportunity to deliver an expression of interest in the form of a short form business case by end of Jan 22, targeting covid recovery and specifically elective backlog reduction. A scope of works has been agreed with the executive for this scheme.

North Wing Schemes

- a. Primary Care Hub Update – the Trust continue to work with BLMK CCG colleagues to drive the Full Business Case for central funding allocation to open a primary care hub on the North Wing Site. The strategy is to bring together 5 GP practises and expand primary care provision, strengthening the secondary care interface.

Melanie Banks
Director of Redevelopment and Strategic Planning
28 January 2022

Board of Directors

Wednesday 2nd February 2022

Report title:	Charitable Funds Committee Reports to Board of Directors			Agenda item: 11
Non-Executive Director(s):	Simon Linnett, Chair			
Report Author	Matthew Gibbons – Director of Finance 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"/> x	Decision <input type="checkbox"/>
Recommendation	To note the contents of the report for assurance			

Report summary	Key points to note for the Board: <ul style="list-style-type: none"> • Reviewed the general funds on both sites • Reviewed the dormant funds • Reviewed the Investment Portfolios for both sites • Approved the External Audit ISA260 • Approved the charity merger documentation • Discussed bids to the Charitable Fund and approved appropriate bids
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 17th November 2021 and 26th January 2022.

Conflicts of interest:

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

Matters Arising:

- We continue to try to progress some support to redevelop the garden at Bedford with a statue. The Captain Tom Foundation are unable to support us with this application at this time and we are seeking alternative funding.
- The Christmas Engagement events were supported and took place in December 2021 on both sites.
- Reviewed the current investment portfolios for both hospitals.
- Received reports on the L&D and Bedford General Funds.
- Received the dormant fund report. Further communication with the fund holders will be undertaken before the fund will be moved to General Funds.
- Approved the External Audit Charity Annual Report ISA 260. External Audit were satisfied with annual report and accounts and these will be signed and sent to the Charity Commission.
- Approved the Charity Merger Transfer Agreement, the amended Luton & Dunstable Charity Deed and the Charity Merger Section 105. These have been signed and sealed and submitted to the Charity Commission to take effect from the 1st April 2022.
- Reviewed the Risk Matrix.
- Received a report from the Deputy Head of Fundraising noting:
 - Continued Community and volunteer support across both sites
 - Virtual work experience events have been undertaken and we are planning further pilots for onsite work experience.
 - Engagement with Trusts and Grants
 - Excellent support of our Christmas campaigns, light a light and give a gift
- Noted the update on the Fundraising Appeals and the planned launch in February 2022 for the Emergency Department and Paediatrics.
- Approved fundraising campaigns:
 - ‘Take heART’ Trust Arts Group (Trust) – request for funding for an arts group to support health and wellbeing. Approved £6,149.04.
 - Siren COVID Nurse Research Post (L&D) – This post is in place and we would like to extend the role. This investment of £52,629 was agreed whilst Grants and Trusts are approached to cover the costs.
 - Riverbank Playroom (Bedford) – This was complete the refurbishment of the playroom. Some funds have been received from BHC&F and also some money

previously fundraised for. The remaining £15,967.10 was approved from the paediatric legacy fund.

- Give a Gift Campaign (Trust) – The Fundraising Team requested a budget of £2000 in case there was not enough money or donations to give a gift to every patient on the wards on Christmas Day. This was approved.
- Blossom Co-Ordinator (approval to spend out of NHSCT Folio) – approved
- Child Oncology Rooms (L&D) – we have received a donation of £6060 from Tesco and the prices works require a further small investment. Approved £2798.80.

Board of Directors

Wednesday 2 February 2022

Report title:	Workforce Committee Report			Agenda item: 12
Non Executive Director(s):	Tansi Harper			
Report Author	Angela Doak, Director of HR			
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/> x	Decision <input type="checkbox"/>
Recommendation	The Board is asked to note the report for assurance			

Report summary	<p>The report contains a summary of the considerations of the Workforce Committee which met on 19th January 2022.</p> <p>Consideration was given/progress was noted in the following areas:</p> <ul style="list-style-type: none"> 1. Staff Wellbeing 2. Freedom to Speak Up Guardian – update on activity 3. Culture and Organisational Development update 4. Equality, Diversity and Human Rights which included an update from the Staff Networks 5. Mandatory training recovery plan 6. Workforce Assurance Framework (nursing) 7. Workforce Board report 8. Vaccination as a Condition of Employment (VCOD) update 9. Interim People Plan 10. Assurance Framework 11. Risk Register <p>The Committee members agreed to change the frequency of the meeting to bi-monthly.</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>NHSI Equality Act CQC</p> <p>Strategic Objective 1 - Attract, value and develop the best people to deliver outstanding care in an environment where people can THRIVE</p>

1. Staff Wellbeing

The Health and Wellbeing Strategy group are developing a strategy and in doing so are engaging staff in identifying key areas that need to be included.

The Staff Wellbeing Involvement Group is still relatively new and continues to recruit representatives from all staff groups. NHS Employers are also launching a new Health and Wellbeing Framework and this will help shape the Trust strategy.

A Staff Engagement event was held over a 2 week period on both sites in December 2021. There was good attendance with a total of 1967 staff visiting both the THRIVE exhibition and the Project Wingman wellbeing bus.

The Clinical Psychologist post was initially funded for 12 months from Charitable Funds but going forward the Trust has agreed to fund the post on a permanent basis.

Following a detailed audit of rest areas the Trust is in the process of refurbishing some of the areas, initially with replacement chairs. Staff are very appreciative of this gesture.

2. Freedom to Speak Up (FTSU) Guardian report

There had been a number of new concerns raised between October and December 2021. The concerns were in the main around patient safety, attitudes and behaviours and health and safety. The FTSU Guardians had either reached a satisfactory conclusion to the issues or were in the process of doing so.

One of the roles for the Guardians is to get a feel for the ‘temperature’ of the hospital sites. A route to doing this was via the FTSU Champions and Peer Listeners who report their findings to the Clinical Psychologist. The themes work related stress (staffing levels and management change) is one of the most common reasons for accessing this service.

Champions and Peer Listeners continue to be recruited ensuring that all staff groups are represented.

The FTSU 3 year strategy was noted and will shortly be launched.

3. Culture and Organisational Development update

The OD strategy was adopted by the organisation in August 2020 and the Committee received an update on progress. The vehicle for delivery, the OD Faculty, has now formed and OD resources are in place to deploy initiatives faster and more comprehensively.

The update reported good progress being made in the following domain areas:

- OD Infra-structure Architecture
- Staff Network Development
- Organisation and Leadership Development
- OD Toolkit Development & Service Line Support
- Medical Leadership Development

- Coach Development
- Talent Management
- Cultural Integration
- SCWARTZ Rounds
- Staff Survey Response 2021

4. Equality, Diversity and Human Rights

The Committee received an update from the Co-Chairs of the BAME Staff Network. The main update was in respect of the Learning from Lived Experience event which was held in November 2021 and was attended by representatives of the Executive team. This was the first event of its kind and it provided a safe space for ethnic minority staff to openly discuss with the Executive team the topic of race and to share experiences of discrimination and micro-aggression that had been experienced by them. All who attended found the meeting to be of great benefit.

The Trust has also launched an LGBTQ+ network and a Disability and Allies Network.

5. Mandatory Training and Appraisal Trajectory

The Committee considered this paper and the recovery plan to increase the compliance rate for both training and appraisal. There had been a number of factors impacting the current performance. Many of these related to the pandemic including operational difficulties across the Trust; difficulty in delivering some of the more practical training sessions due to social distancing and staff being diverted to help support the vaccination programme. However, the Committee heard how a number of initiatives had been put in place in order to make the training more flexible and easier to accommodate for both staff and managers.

A similar discussion took place in respect of appraisals and progress plans were considered.

The Executive team are considering what other drivers can be put in place to improve performance and this will be reported back at the next meeting.

6. Winter 2021 Preparedness Nursing and Midwifery Safer Staffing – Assurance Framework

The National Quality Board (NQB) previously issued safe sustainable and productive staffing guidance in relation to Covid-19 workforce models and fundamental principles for safe staffing. ‘Winter 2021 Preparedness: Nursing and Midwifery Safer Staffing’ further identifies key actions that focus on preparedness, decision making and escalation processes to support this as the winter period approaches; the report summarises and signposts organisations to existing resources, tools, and templates in support of nursing and midwifery workforce planning, preparation, and provides a staffing board assurance framework.

The report detailed the required standards within the assurance framework, the trusts current position against these and actions planned or being undertaken to improve compliance.

The organisation has been assessed as being compliant with the majority of the standards (22). The Framework would be monitored through the Quality Committee and it was agreed that the Workforce Committee would receive an update for assurance.

7. Workforce Trust Board report

The Committee considered the Workforce Board and in particular the following points:

- Vacancy rates had slightly increased
- Turnover rates had slightly increased (hotspots in areas such as Physiotherapists, Operating Department Practitioners)
- Sickness rates had increased slightly and also 1.16% higher compared to the same period last year
- Appraisal and mandatory training rates remained the same

8. Interim People Plan

The Committee were given a summary of reports that cross referenced the various publications detailing workforce priorities for the NHS deliverable through national and local work plans from 2022 to 2030. Our Interim People Plan details background to the key themes of the National People Plan – We are the NHS: People Plan 2020/21 action for us all, and the associated NHS People Promise, set against the context of our vision and values as Bedfordshire Hospitals following the merger in April 2020.

9. Board Assurance Framework 2021/2

This was considered and it was agreed that the risk in respect of staff well-being would be reconsidered in light of progress in a number of initiatives.

10. Risk Register

Two new risks were identified:

- Turnover rates
- Compulsory vaccination of staff and the risks associated with this

Board of Directors

Wednesday 2 February 2022

Report title:	Digital Strategy Committee			Agenda item: 13
Non-Executive Director(s):	Simon Barton			
Report Author	Josh Chandler, CDTO			
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	To note the content of the report for assurance.			

Report summary <p>Update to Board from Digital Strategy Committee held on Wednesday 17th November 2021 at 15:00 – 17:00 via Teams.</p> <p>Agenda:</p> <ul style="list-style-type: none"> • Data Security Protection Toolkit (DSPT) Update A report was presented illustrating the latest position. The Trust's DSPT submission was reviewed in September by NHS Digital, the evidence along with the plan for improvements were accepted. As a result of this the Trust's compliance level has now been revised to 'Approaching Standards'. Heidi Walker, Head of Information Governance and DPO, is continuing to review assertions and progress the improvement plan. Updating the Information Asset Register remains a high priority and work is continuing to identify information owners across the Trust and update records accordingly. <p>Mandatory IG training remains an area of concern as this currently sits at 70% compliance, a recording of the training session is being created to enable staff to undertake this as a convenient time.</p> <ul style="list-style-type: none"> • Cyber Security update – Audit points / Cyber position A report was presented with a summary of the actions from recent audits and the top 5 risks. A plan is being finalised and will be in place for the end of March. Remediation work from audits last year are being worked on as part of this plan, and we are making full use of the available support from NHS Digital whilst agreeing the security system architecture. We have submitted several funding applications to support the development of our security systems. <p>Portfolio Projects Update</p> <p><u>EPR Programme</u></p> <ul style="list-style-type: none"> • Initiation of Alerts & Escalations implementation project – In-Progress • Nervecentre App upgrade 5.1.2 – Completed • NC upgrade v6.2.3 go live Oct 21 – Completed
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	<ul style="list-style-type: none"> • Evolve upgrade go live Oct 21 – Completed • Go live of Nursing Assessments Phase 1 – Nov 21 – Completed <p>Deliverables for Quarter 3 and 4 are -</p> <ul style="list-style-type: none"> • NC EPMA Pilot go-live Jan 2022 • NC EPMA Full rollout commencing March 2022 • Delivery of Joint MPI (Master Patient Index) • Initiation of NC E-Obs Bedford rollout project • NC Alerts & Escalations Luton implementation <p><u>Digital Solutions Programme</u></p> <p>Summary provided, key achievements since September include:</p> <ul style="list-style-type: none"> • SystmOne UTC L&D – Went live on 12/10 – Completed • Paediatric Phlebotomy Booking Cross-Site – Completed • BigHand Upgrade Bedford – Soft Launch in Paediatrics on 15/11 • E-Quip Medical Device Asset Management L&D – Requirements gathered to upgrade Users from VDI to Windows 10 • Programme Manager is exploring request from NHSE/I to host Video Consultation contract for the East of England region <p>Deliverables for Quarters 3 and 4:</p> <ul style="list-style-type: none"> • Pharmacy Stock Control L&D – Project Closure • SystmOne UTC L&D – Project Closure • Paediatric Phlebotomy Patient Booking cross-site – Project Closure • BigHand Upgrade – Bedford – Go Live in January • Audiology Telehealth Bedford – Go-live in January • Telemetry Installation on CCU Bedford – Go-live in January hopefully after Wi-Fi issues are fixed • E-Quip Medical Device Asset Management L&D – Go-live in Q4 • Symphony Letters Through ICE Bedford – Go-live in Q4 • Medicode Cross-site – Go-live in Q4 • DASH clinic L&D – Orthopaedic Go-live by Q1 • Video Consultation Procurement Cross-site – New contract to be in place by March 2022 <p><u>ePortal /ShCR Programme</u></p> <p>Summary provided and key achievements in Q3 have been –</p> <ul style="list-style-type: none"> • Phase 1: Clinical Portal - Live at L&D Site • Phase 2: GP Access – Live in 3 surgeries enabling GPs access to secondary care data • Evolve Upgrade integrated into Clinical Portal • DPAs shared with BLMK partners and agreed on IG for Shared Care Record (ShCR) • Successful interviews and resources are being appointed
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	<p>Q3 Deliverables</p> <ul style="list-style-type: none"> • Release Clinical Portal to L&D Site - Completed • Successful implementation of GP Access - Completed • Roll out of primary care data (Go Connect) into Clinical Portal – Ongoing • Bespoke IG audit report access and development – Completed • External support model to be agreed and put in place for supporting ShCR – Ongoing • Work Packages (draft) in place for ELFT connectivity – In Review <p>O365 / Windows 10 and BEDFT.nhs.uk adoption</p> <p>An update was provided for this project. It was confirmed that 12% of the Luton and Dunstable site is now on Windows 10, additional computers to replace existing equipment has been purchased and received on-site.</p> <p>Office 365 is also being progressed, a small number of staff have been migrated and testing is proving to be successful. The IT department will be the first to be full migrated to the new email platform. The new email address is also being added to the new platform to enable staff to start using the new email addresses format once migrated (forename.surname@BEDSFT.nhs.uk).</p> <p>Financial Update – Full statement of this year's external funding</p> <p>A summary of Financial Performance in Months 5, 6, and 7 was provided. Focus remains on reducing agency staff costs and ensuring that we maximise value for money on our datacentre hosting contract.</p> <p>Terms of Reference</p> <p>A Board Assurance Framework and Board Risk Register were provided by Victoria Parsons. There were two items on the Risk Register for Cyber and DSPT, but there is an Action Plan, to be monitored, and the Risk register will be updated.</p> <p>AOB</p> <p>Thanks was conveyed to Dr Nick Morrish as this was the last of these committee meetings before he retired. The committee thanked Nick for his hard work and dedication over many years as CCIO for Bedford Hospital and his recent support through the merger process.</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	

Board of Directors

Wednesday 2 February 2022

Report title:	Sustainability Committee Report			Agenda item: 14
Non-Executive Director(s):	Simon Linnett, Chair			
Report Author	Jenny Kelly, Corporate Governance Manager			
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/> x	Decision <input type="checkbox"/>
Recommendation	To note the contents of the report for assurance			

Report summary	Key points to note for the Board: <ul style="list-style-type: none"> • Updates on the key priorities • Green Machine – Pharmacy Update • Anaesthetic Gases
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	NHSI Net Zero
Jargon Buster	ICS – Integrated Care System

SUSTAINABILITY COMMITTEE REPORT

Introduction

This Report updates the Board of Directors regarding the matters discussed at the Sustainability Committee held on the 1 December 2021.

Green Machine – Pharmacy Update

The Committee received a presentation from the Pharmacy Department regarding their plans to control drug waste within the department. The team will implement a Pharmacy Waste Plan which will measure drug waste in terms of weight and cost. The implementation of this was expected to take place by March 2022. Progress will be reported back to the Sustainability Committee.

Anaesthetic Gases

The Committee received a presentation from Dr Angus Rivers regarding a more environmentally friendly approach to the use of anaesthetic gases. In line with the 2021/22 NHS Standard Contract, the trust needs to reduce its use of desflurane in surgery to less than 10% of its total volatile anaesthetic gas use, by volume by March 2022. Desflurane has a larger carbon footprint than other anaesthetic gases. The L&D site currently uses approximately 12% Desflurane and Bedford site around 33%.

Dr Rivers will be leading the work in reducing the use of desflurane across both sites, in collaboration with Consultant Anaesthetists and the Medical Gas Committee. Usage of Nitrous Oxide and Entonox were also discussed and it was requested that a full dataset be presented back to the Committee when data collection had been completed across both sites for comparison and identification of further areas to target.

Highlight Report

The Committee received a highlight report outlining progress made against the seven targets the Trust is required to meet by March 2022.

The Trust's Board approved Green Plan had been shared with the ICS ahead of the deadline.

The Committee was assured that five of the seven targets had been either completed or were on track for completion but there had been some slippage in two areas.

The Trust had applied to switch to a 100% renewable energy tariff but the supplier had responded to say that they are no longer able to accept any switching to renewable tariffs in 2021/22 as stocks were exhausted for this contracting year. This had been escalated to the national team and the latest update was that the Trust should describe how it will purchase or generate 100% electricity from renewable energy sources from April 2022 in order to meet this target.

A green travel plan needs to be developed by 31 March 2022 to support active travel and public transport for staff, patients and visitors. This will be a priority for the newly appointed Sustainability Manager when he starts in post in January 2022.

Board of Directors

Wednesday 2nd February 2022

Report title:	Risk Register	Agenda item: 15		
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 3rd November 2021 • Executive Board 25th January 2022 • Quality Committee November, December 2021 and 26th January 2022 • FIP 26th January 2022 • Workforce Committee 19th January 2022 <p>New risks have been reviewed and are recommended for approval by the Board:</p> <ul style="list-style-type: none"> • 1743 – Midwifery Staffing • 1754 – Staff Turnover • 1758 – Mandatory Covid Vaccinations • 1759 – Capital Spend 2022 • 1757 – Patients waiting over 104 weeks • 1761 – NELA mortality rates <p>Emerging Board Level risks Digital Safety Risk, Overcrowding in ED and Continuity of Care in Maternity</p>
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework	<p>NHS I – Trust Governance Framework</p> <p>CQC – All regulations and outcomes</p> <p>MHRA</p> <p>All Objectives</p>
Jargon Buster	<p>MHRA – Medicines and Healthcare Products Regulatory Authority</p> <p>Datix – Incident Reporting system used to report risks</p> <p>Nosocomial – Location acquired infections</p>

Risk Register Governance

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

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

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

Board of Directors Review

Board reviewed high board level risks on the 3rd November 2021:

Risk ref	Risk Description	Agreed conclusion
1163	Redevelopment affordability	Maintain risk
1664	Redevelopment delivery constraints	Maintain risk
1672	Ultrasound scanning	Maintain risk
1431	Fractured Neck of Femur	Maintain risk
1423	Mandatory Training	Maintain risk
1211	Backlog Maintenance	Maintain risk
650	Bed pressures	Maintain risk
1509	Staff Health and Wellbeing	Maintain risk
669	Appraisal Rate	Maintain risk
1433	Ligature Points	Maintain risk
1734	Investment decisions and payment	Noted new risk
1200	Cyber Security	Maintain risk
1629	Nosocomial Infections	Maintain risk
1595	Maternity Services Bedford Reputation Risk	Maintain risk
1596	Maternity Services Bedford Patient Safety Risk	Maintain risk
1593	Increase of 52 week waits	Review risk
1703	Increased demand for mental health care	Maintain risk
1704	Maternity Pressures	Maintain risk
1705	Diagnostic capacity	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
1738	Maternity Safeguarding	Maintain risk
1631	Clinical Correspondence	Maintain risk
1711	Echocardiography backlog	Maintain risk
906	Medicine Shortages	Maintain risk
1735	2022/2023 Financial Target	Noted new risk
1736	System wide finance target	Noted new risk

Quality Committee (QC)

QC reviewed clinical and performance board level risks in November, December 2021 and January 2022:

Risk ref	Risk Description	Agreed conclusion
1595	Maternity at Bedford reputation	Maintain risk

Risk ref	Risk Description	Agreed conclusion
1628	Nosocomial Infections	Maintain risk
650	Bed pressures	Maintain risk
1958	Maternity at Bedford patient safety	Maintain risk
1433	Ligature Points	Maintain risk
796	Patient Experience	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
1431	Fractured Neck of Femur	Maintain risk
1018	HSMR	Maintain risk
1592	Patient Harm due to COVID delays	Maintain risk with a view to increase
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
1639	Outpatient Clinic Room availability and capacity	Maintain risk
1703	Increased demand for mental health care	Maintain risk
1704	Maternity Pressures	Maintain risk
1705	Diagnostic capacity	Maintain risk

Emerging risks – Litigation post COVID, 104 week waits,

Workforce Committee Review

Reviewed board level risks on the 19th January 2022:

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 -	Maintain risk
669	Appraisal	Maintain risk
1509	Staff Well Being	Maintain Risk

Emerging risk – Staff turnover, Mandatory Covid vaccinations

FIP Committee Review

Reviewed board level risks on the 26th January 2022.

Risk ref	Risk Description	Agreed conclusion
1163	Redevelopment affordability	Reduce risk
1164	Redevelopment delivery	Maintain risk look to reduce
1211	Backlog Maintenance	Maintain risk
1734	Investments made without knowing payment is confirmed	Maintain risk
1735	2022/2023 Financial Target	Maintain risk
1736	System wide finance target	Maintain risk

Risk ref	Risk Description	Agreed conclusion
890	Lack of Medical Equipment rolling replacement programme	Maintain risk
1165	Hospital Re-Development Non-scheme scenario	Maintain risk

Emerging risk – Capital spend/CDEL

Executive Board Review

The Executive Board reviewed all Board Level Risks on the 25th January 2022:

Risk ref	Risk Description	Agreed conclusion
1465	Agency rates	Maintain risk
1423	CQC Mandatory Training	Maintain risk
1422	CQC Infection Control Practices	Maintain risk
650	Bed pressures	Maintain risk
1210	Vacancy	Maintain risk
669	Appraisal	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

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

Risk Review

Risks from both sites were reviewed and approved between 25th October 2021 and 26th January 2022. The below were allocated as Board Level:

- 1743 – Midwifery Staffing
- 1754 – Staff Turnover
- 1758 – Mandatory Covid Vaccinations
- 1759 – Capital Spend 2022
- 1757 – Patients waiting over 104 weeks
- 1761 – NELA mortality rates

Emerging Board Level risks Digital Safety Risk, Overcrowding in ED and Continuity of Care in Maternity

Risks were closed – the below at Board level:

- 1593 - Increase in waiting times due to the impact of COVID – closed due to repeated risk and change to 104 week waits.

Board of Directors

Wednesday 2nd February 2022

Report title:	Corporate Governance Report	Agenda item 16
Executive Director(s):	Executive Directors	
Report Author	Donna Burnett – Trust Board Secretary	
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input type="checkbox"/>
Recommendation	Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/> The Board to note progress	

Report summary	The report details updates on the following issues: <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	NHS Provider Licence NHS Improvement Code of Governance NHSI/E national guidance April 2020
Jargon Buster	Seal – use of the official Trust logo on contract documents authorised by two Executive Directors

1. Council of Governors

Current Composition of the Council of Governors:

Bedfordshire Hospitals NHS Foundation Trust currently has 38 governors and there have been no changes to the composition of the Council of Governors since the September 2021 elections.

Public Governors:

- 8 for Luton
- 6 for Central Bedfordshire
- 2 for Hertfordshire
- 5 for Bedford Borough and Surrounding Counties
- 13 Staff Governors (2 vacancies)
- 4 Appointed Governors (1 vacancy)

2. Council of Governors Training

Newly appointed governors in September 2021 have been invited to attend Core Skills training with NHS Providers in December 2021 and February 2022 to support with their development and provide an opportunity to gain a deeper understanding of the governor role, in addition to meeting fellow governors from around the UK.

Newly elected governors in both 2020 and 2021 continue to be invited to meet the Trust's Chair, Simon Linnett on a one to one basis.

A number of governors have signed up for NHS Providers training in March 2022 which includes:

- Effective Chairing for Governors
- Effective Questioning and Challenge
- The Governor Role in Non-Executive Appointments

3. Council of Governors Remuneration and Nomination Committee

The Council of Governor's Remuneration and Nomination Committee is chaired by Jennifer Gallucci, Public Governor for Central Bedfordshire. Committee members were very busy in the months of November and December 2021 being involved in the recruitment process and interviews for a new Non-Executive Director to replace Richard Mintern. Following the longlisting and shortlisting process leading to interviews, the Committee were pleased to report to the Council of Governors in December the appointment of Tansi Harper.

4. Governors on Sub-Committees and Working Groups

All Council of Governor sub-committees and working groups have now been established with full membership. Many meetings have now been reinstated and are now meeting on a regular basis. Governors continue to be involved in walk around audits and mini-inspections.

5. Public Membership

Changes to the Constitution: The recommendations that were made by the Constitutional Working Group were approved by the Board of Directors on the 3rd November 2021 and by the Council of Governors on the 17 November 2021. The final version of the constitution is uploaded on the website under Trust Publications: <https://www.bedfordshirehospitals.nhs.uk/corporate-information/trust-publications/annual-reports-and-key-documents/>

It was agreed that the next review and the approval of the Constitution would be by 1st April 2023.

A number of governors are organising membership recruitment events. Approximately 140 members were recruited at Kempston and at Bedford Market in an effort to increase the Bedford constituency membership.

The Chair gave a talk to the Someries Rotary Club on 7th December 2021 and is planning further talks at Rotary Clubs throughout Bedfordshire.

The first Medical Lecture following the pandemic is now planned for May 2022 and the chosen topic is 'Diabetes'. This will be held at the Rufus Centre.

6. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
24/1/22	190	Kier Construction Limited – Building Contract incorporating and amending NEC4 engineering and construction contract in relation to the new clinical buildings at the Luton and Dunstable Hospital Site.	
24/1/22	191	Transfer Agreement for Bedford Hospital Charitable Fund to transfer to Bedfordshire Hospitals NHS Foundation Trust.	Approved by Charitable Funds Committee 17/11/21
24/1/22	192	Deed of variation of the declaration of Trust of the charity known as the Luton and Dunstable Hospital Charitable Fund	Approved by Charitable Funds Committee 17/11/21