



# **Bedfordshire Hospitals**

## **NHS Foundation Trust**

### **Board of Directors - Public**

3 May 2023 @ 10.00am

MS Teams



# Bedfordshire Hospitals

## NHS Foundation Trust

### Meeting Book - Board of Directors - Public

10am	1 Chairman's Welcome & Note of Apologies		R Sumray
10.02	2 Any urgent items of Any Other Business and Declaration of Interest on items on the Agenda and/or the Register of Directors Interests		R Sumray
10.03	3 Minutes of the Previous Meeting - 1 February 2023 (attached)	TO APPROVE	R Sumray
	3.1 3 Minutes of Bedfordshire Hospitals NHS Trust Public Board meeting 1 February 2023.doc		
10.05	4 Matters Arising (Action Log) [no actions]	TO NOTE	R Sumray
10.06	5 Chair's Report (verbal)	TO NOTE	R Sumray
10.10	6 ICB Update Report(attached)	TO NOTE	D Carter
	6.1 6 BHFT Trust Board 3 May ICB update FINAL.docx		
	6.2 6a Appendix A JFP Proposed Approach 220323.pdf		
	6.3 6b Appendix B to BHT Board - ICB update.docx		
10.30	7 Trust's Objectives 2023/24 (attached)	TO APPROVE	D Carter
	7.1 7 Trust Objectives 2023 2024.doc		
10.40	8 Executive Board Report (attached)	TO NOTE	D Carter
	8.1 8 Executive Board Report May 23.doc		
	8.2 Freedom to Speak Up Report		C Underwood/L Haslam Executive Team
10.50	9 Performance Reports (attached)	TO NOTE	
	9.1 Performance Cover Page		

	9.1.1 9 Performance Reports front sheet.doc		
	9.2 Operational Performance & Quality Governance	TO NOTE	C Jones/C Thorne/L Lees/P Tisi
	9.2.1 9.1 QP for Board May 2023 (Jan feb Mar 2023 ) 260423 final.pptx		
	9.3 Finance	TO NOTE	M Gibbons
	9.3.1 9.2 Board Finance Paper.docx		
	9.4 Workforce	TO NOTE	A Doak
	9.4.1 9.3 20230424_integrated Board Report_V3.pptx		
11.10	10 Quality Committee Report (attached)	TO NOTE	A Gamell
	10.1 10 Quality Committee Report May 2023.doc		
11.15	11 Finance, Investment and Performance Committee (attached)	TO NOTE	S Barton
	11.1 11 FIP Report to May 2023 Trust Board.docx		
11.20	12 Redevelopment Committee Report (attached)	TO NOTE	M Prior
	12.1 12 Trust Board_Redevelopment Report_May23.docx		
11.25	13 Workforce Committee Report (attached)	TO NOTE	T Harper
	13.1 13 April2023 12 Workforce Committee V1.docx		
11.30	14 Risk Register (attached)	TO APPROVE	V Parsons
	14.1 14 RR April 2023.doc		
11.35	15 Corporate Governance Report (attached)	TO RATIFY	V Parsons
	15.1 15 Corporate Governance Report May 2023.doc		
	15.2 15a Quality Committee Terms of Reference March 2023.doc		
	15.3 15b FIP Terms of Reference March 2023.docx		
	15.4 15c Audit and Risk Committee Terms of Reference March 2023.docx		
	16 Date of Next Meeting - 2 August 2023 @ 10.00am		
12.00	17 CLOSE		

## Board of Directors

**Wednesday 1 February 2023**

<b>Report title:</b>	Minutes of the Meeting held on: Wednesday 1 February 2023			<b>Agenda item: 3</b>
<b>Executive Director(s):</b>	David Carter, Chief Executive			
<b>Report Author</b>	Victoria Parsons, Associate Director of Corporate Governance			
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input checked="" type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To note the contents of the report for assurance.			

<b>Report summary</b>	To provide an accurate record of the meeting.
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	NHS England/Improvement CQC Company Law  All objectives
<b>Jargon Buster</b>	

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

**Board in the Committee Room, Bedford, Public via Microsoft Teams**

**10.00am-12noon**

**Minutes of the meeting held on Wednesday 1 February 2023**

**Present:** Mr Simon Linnett, Chair  
Mr David Carter, Chief Executive  
Ms Cathy Jones, Deputy Chief Executive  
Ms Angela Doak, Director of Human Resources  
Mr Matthew Gibbons, Director of Finance  
Mr Paul Tisi, Medical Director  
Ms Liz Lees, Chief Nurse  
Ms Catherine Thorne, Director of Quality and Safety Governance  
Dr Annet Gamell, Non-Executive Director  
Mr Simon Barton, Non-Executive Director  
Mr Gordon Johns, Non-Executive Director  
Ms Tansi Harper, Non-Executive Director  
Mr Mark Prior, Non-Executive Director  
Mr Steve Hone, Non-Executive Director

**In attendance:** Mr Dean Goodrum, Director of Estates  
Ms Fiona MacDonald, Director of Culture and OD  
Ms Melanie Banks, Director of Redevelopment and Strategy  
Mr Richard Sumray, Chair Designate  
Mrs Victoria Parsons, Associate Director of Corporate Governance  
Ms Anne Thevarajan, Membership and Corporate Affairs Manager  
Mr Clive Underwood, Freedom to Speak up Guardian  
Ms Lana Haslam, Freedom to Speak up Guardian

**1. CHAIR'S WELCOME, NOTE OF APOLOGIES**

The Chair opened the meeting, welcoming all members and attendees. The Chair welcomed Richard Sumray (Chair Designate) who will be taking over as Chair of the Trust on the 1<sup>st</sup> April 2023.

Apologies were received from Ms Gill Lungley, Chief Information Officer

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

Nil

### **3. MINUTES OF THE PREVIOUS MEETING: 2<sup>nd</sup> November 2022**

The minutes of the previous meeting were approved as an accurate record.

### **4. MATTERS ARISING**

There were no actions or matters arising.

### **5. CHAIR'S REPORT**

The Chair welcomed members and attendees to the first hybrid Public Board meeting at Bedford following on from one held at L&D.

The Chair commented on:

- The new performance measures that were issued in December 2022. This makes it clear the targets for the NHS for 2023/24.
- A programme of Cost of Living support measures for our staff are in development.
- The press are focussing on the NHS and more beds needed within hospitals and the community. The Trust is currently reviewing this strategy and its impact.
- Clinical Diagnostic Centres are going through the processes and the Trust is responding to those initiatives.
- There has been an issue with our DNA rates that will be touched on later in the meeting.

### **6. INTEGRATED CARE BOARD (ICB) REPORT**

DC updated the Board that he is a member of the ICB and we are continuing to progress the Bedfordshire Care Alliance (BCA). This report is from the meeting on the 27<sup>th</sup> January 2023.

TH asked what work is being undertaken through the People Strategy that will add value to the Trust. DC responded that this work is in its early stages and we will support any ICB led workforce initiatives. However, DC noted that there remains competition in the workforce across Trusts in the patch.

TH asked DC whether the Trust is happy with the investment in the inequalities agenda. DC responded that he is on the Inequalities Group of the ICB and the priorities have been allocated. It is challenging as the ICB has three very different localities linked to the Trust with very different needs. AG asked about timescales for collaboration. DC confirmed that there are individual workstreams for example the Digital Strategy and the Health and Social Care Record challenge. We have reached a number of milestones but the challenge

is access and the inequalities across the patch. It remains a struggle to identify metrics that demonstrate improvements and this is ongoing work as part of the programme.

It was agreed that the ICB will remain as an update to the Board at least quarterly.

## **7. EXECUTIVE BOARD REPORT INCLUDING FREEDOM TO SPEAK UP REPORT**

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

Integration update – DC noted that there have been 17 clinical strategies approved and the senior leadership team held an away day on the 31<sup>st</sup> January 2023 to review priorities and strategy.

CQC and Well-Led – DC noted that the Trust received the CQC report in December 2022. It was a good result for the Trust post-merger and Covid and although there is still more to improve, he particularly commended the improvement in maternity at Bedford and congratulated all staff involved with the CQC Inspection.

Patient Survey – LL reported that the Trust was disappointed with the latest CQC Inpatient Survey results. These were people who were inpatients in November 2021. There was a significant impact from the pandemic at that time and the Trust had staffing challenges. Action has been taken to take the key questions with the results into the Trust monthly audit regime and there have been some improvements noted.

AG queried the compliance information for Theatres and Productivity and why the Trust was in the lower quartile. CJ responded that this is multi-factorial. Milton Keynes has moved to Electronic Records which is impacting on the data sets and the Trust has lost site based data on model hospital and we also believe there are some data quality issues. The Trust has also had challenges filling certain specialities due to workforce and we are not yet back at pre-pandemic levels. We continue to review theatres productivity and there continues to be an impact on elective recovery. AG requested further detail at the Quality Committee.

Covid – PT reported that the numbers peaked in Dec/Jan 2023 when there was a further outbreak. The Borough Incidence is the lowest for some time, but we need to remember that there is little testing in the community. There are many new variants and there is a further peak predicted in February/March time. The next vaccination is set for the vulnerable in the community and this does not

currently include NHS Staff. LL commented that flu numbers are now reducing but we are seeing more norovirus across both sites. There has been no harm from these cases, but it is unpleasant and operationally challenging.

Learning from deaths – PT reported progress with the reviews of all deaths. SH queried the table regarding the Structure Judgement Reviews. It appears more have been completed at Bedford. PT commented that this can be the other way round and can be related to the detailed reviews and the time it takes to complete the reviews.

Maternity Kirkup Report – LL reported that following the East Kent Kirkup Review, Boards were required to review the recommendations. This was completed at a Board Seminar and it was agreed that the learning and actions would be fed into the Trust assurance processes for ongoing monitoring. The Maternity Team have also been part of the Maternity Support Scheme that involves AG as the Patient Safety Lead.

DC informed the Board that the Trust had a recent visit from the national maternity support programme following the inspection at the Bedford site two years previously. The outcome of which had been very positive with the team recognising a great sense of improvement and key achievements.

Freedom to Speak Up – LH and CU attended the Board meeting to provide their update. The report showed that there were concerns raised about attitudes and behaviours. Some staff just want to speak with someone because staff are under pressure not just at work, but also due to the economy. LH and CU feel there is less resilience from our staff due to these pressures and their role also includes support and signposting. LH reported that the staff survey this year has included reference to staff knowing who the FTSU Guardians are and the results of this will help target key areas. GJ supported the Guardians as the Board NED lead and he meets regularly with them and he has not had to get involved with any cases directly which gives him assurance that the processes are working well.

Nursing Staffing Report – LL reported that there have been challenges with our fill rate but that ongoing recruitments and models of working reviews are hoping to improve the position.

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

## **7. PERFORMANCE REPORTS**

### **7.1 OPERATONAL PERFORMANCE & QUALITY GOVERNANCE REPORT**

The report was taken as read and discussed by exception.



LL informed the Board that challenges with activity has resulted in an increase in some pressure ulcer harms. A thematic review has been completed and actions are being implemented.

CT reported that the recent drop in reporting on the new Risk Management System 'Inphase' had largely recovered which is encouraging. CT reported that there had been 23 Serious Incidents over the two sites in the last quarter and the important element is the learning from these. An update on the learning was received. TH queried whether the issues with the Inphase implementation has caused some challenges in reporting. CT agreed there had been some issues with reporting but the data is available. The implementation of Inphase did need to be completed at pace but there are assurances that improvements are being made but there is still work to do.

The mortality section of the report was taken as read and had been reviewed in detail by the Quality Committee. It was noted that the data from 2019 will now be taken as the pre-pandemic level for benchmarking. Bedford SHMI data was on a downward trend which is positive and there is ongoing data quality work being undertaken. PT noted that the data includes deaths in the community that the Trust is unable to scrutinise. However, the medical examiner role is now being mandated to all organisations that could support any learning and data quality improvements. The Trust is also reviewing the palliative care coding for consistency across both sites.

LL reported that the complaints are maintaining usual levels. There has been a theme of ED delays. Enhancements have been made to increasing the ability for patients to feedback by adding a QR code to bedsides and on take away cards.

CJ presented the urgent and emergency care metrics as outlined in the reporting slides. The data reflected the enormous pressures on both sites. There was a steady state of OPAL 4 (highest pressure level) over most of December and early January with the highest bed occupancy the Trust has seen. This has had a significant impact on our staff and performance measures. The new metrics SL referred to for 2023/24 will see a target of 76% of patients through the department in four hours. This was previously the 95% target. As a Trust we are currently at 70-71%. We have made some improvements to the pathway with the enhanced hours of our Same Day Emergency Care (SDEC) area at L&D and re-introduction of this at Bedford is underway. We believe that this will have an impact on our flow through ED. Bedford remain the best performing in the region for Ambulance Handovers and the guidance for 2023/24 focussed on Category 2 patients being handed over in less than 30 minutes. We continue to work to improve our ambulance handovers. SH queried if there is a link between the time it takes to handover the ambulance and the time in ED. CJ responded that this is not directly connected but there are different models on each site that are both clinically

effective but have a more direct impact on the time.

The stroke targets have improved the position, but the current activity has an impact on bed flow and achievement of getting a patient to the stroke ward in four hours. Quality Committee received details updates and further assurances have been sought on progress.

The Trust has made good progress with the 28 day faster diagnosis. However, the 62 day waits is making slower progress. This is not affecting patient care and is linked to supporting improvements in the administration and timely removal of patients from the lists. The number of patients waiting over 62 days has increased and this will put us in one of the worse performing. We have started to reduce that list but it remains our most concerning indicator. CJ assured the Board that harm reviews are undertaken.

The Trust is on track to achieve the 78 week waits by the end of March as long as there are no external implications such as strikes.

CJ advised the Board that there has been some issues identified with our DNA rate. During ongoing reviews, it was identified that on the L&D site, the information on outpatient appointments is sent to a company called Synertec. However, a technical issues meant that there were intermittent server failures and some outpatient letters were not printed. The Trust is currently undertaking an investigation into the issues to understand the impact. Many of the appointments requested are a few months into 2023 and many will also receive a text reminder. However, we intent to take focussed action to ensure that all patients have received their appointment information. Our digital colleagues are also ensuring that we have assurances about the controls on these intermittent failures. DC reported that our Governors are very focussed on the outpatient services and will continue to seek assurances. AG asked whether patient portals used in other hospitals would resolve and issue like this. CJ responded that there is a place for these portals and the Trust is working on this, however, the digital poverty in our catchment would disadvantage many patients and we will be continuing with letters for some time.

The Board noted the report.

## **7.2 FINANCE REPORT**

MG introduced the report to the Board and it was taken as read. The following key points were highlighted to the Board.

The Trust will deliver a break even position at the end of the year.

There has been an upward trend in pat spend (not including the pay increase during the year) and this is linked to winder pressures. The two elements will

create challenges for 2023/24. The non-pay rate also remains a challenge.

The Trust has spent a record £100m on capital and we continue to focus on assurances and detailed work on cashflow to monitor any impact from external sources such as the weather. We are also supportive of spend on a new surgical robot this year. We are aiming for that due to the capital spend limits that cannot be carried forward.

The Board noted the report.

### **7.3 WORKFORCE REPORT**

AD introduced the report to the Board and highlighted the key points.

Vacancy rates have increased but the general trends on the other indicators are an improving picture. Although turnover is down, AD noted there are hotspots in Allied Health Professionals, Radiology and Physiotherapy. Work has started in these areas and we hope that there will be improvements by the end of March. Although sickness rates are down, we are expecting an impact from December 2022 in the next data set.

Our Mandatory training 'Back on Track' initiative continues to see improvements and last month saw a 2.29% increase in appraisals. We continue to target areas of concern to improve the position further.

The industrial action is also being closely monitored and a task force is in place to ensure we have assurances on mitigations when a strike is forecast. Currently the BMA has an open ballot and they can strike anytime from the 7<sup>th</sup> March 2023 for a 72 hour period. This causes the Trust significant concern due to the impact of day and night shifts. We are working closely with the LNC (Local Negotiating Committee) and the BMA local colleagues in order to keep the hospital safe.

The Cost of Living initiative is progressing. Free tea and coffee for staff has been well received and the launch of the Safe Spaces for each site is planned for the 6<sup>th</sup> February 2023. This will be run by volunteers and offer support and contacts for our staff to access. Further initiatives will be launched later in February.

The Board noted the report.

### **8. QUALITY COMMITTEE REPORT**

AG focussed on the operational pressures and the phenomenal work and resilience of our staff who continue to look to improve quality and patient safety.

AG also noted that there has been a rise in C Diff that requires investigation to be reported back to the Quality Committee. AG notes the increase in pressures on the nursing staff with the continued use of contingency beds during a very busy December and January. We continue to oversee the changing approach to serious incident reporting of PSIRF (Patient Safety Incident Responses Framework) and the focussed work on fractured neck of femur that has different results across each site.

AG noted the reports received at the Quality Committee on the SDEC extension to 24 hour are demonstrating a positive impact already.

The Board noted the report.

## **9. FINANCE, INVESTMENT & PERFORMANCE (FIP) COMMITTEE REPORT**

SB introduced the report to the Board and it was taken as read.

SB echoed the report given by the Director of Finance. FIP have received considerable assurance on the capital spend and oversight to be able to respond to developments. There have also been strategic changes on Entonox scavenging.

The Board noted the report.

## **10. HOSPITAL REDEVELOPMENT BOARD REPORT**

MP and MB introduced the report to the Board and it was taken as read.

It was noted the considerable progress with the Covid response monies on both sites. Bedford infrastructure has been developed for ED and the introduction of imaging, outpatients provision and the electricity improvements. At L&D, the ED developments will increase capacity and introduce imaging. There have been a number of challenges and we have been working around the clinical areas and identified a number of unplanned risk issues that has impacted the timelines. We continue with the Acute Services Block and Kier have now been on site for one year and we are nearly at the top of our structure. We are working closely with the clinical teams to support the transition to the new block. There are economic pressures from suppliers and maintaining commercial discipline and there remain the challenges of working on old sites particularly at L&D.

The Board noted the report.

## **11. CHARITABLE FUNDS COMMITTEE REPORT**

SL introduced the report to the Board and it was taken as read. SL reported that we are concluding the fundraising for the CT scanner at L&D thanks to a single donor and the Bedford scanner supported by Bedford Hospital Charity and Friends.

We are developing the fundraising ask for the L&D site robot and have secured funding for the Bedford robot at Bedford thanks again to the Bedford Hospital Charity and Friends.

SL thanked the support of the Charity and Finance teams for submitting the Charity Accounts on time with the Charity Commission.

The Board noted the report.

## **12 WORKFORCE COMMITTEE REPORT**

TH noted that previous discussions had covered most of the report and it was taken as read.

TH focussed on the cost of living initiatives and understanding our role and intentions across both sites to support our staff and make a difference.

The Board noted the report.

## **13. SUSTAINABILITY COMMITTEE REPORT**

SL introduced the report to the Board and it was taken as read.

SL drew attention to work in the Engagement Event where 250 green champions were recruited. The committee also noted that we have progressed well with the nitrous oxide reduction largely due to the leadership of Dr Angus Rivers in anaesthetics. The Executive awarded him with Employee of the Month last month due to his success in this area.

The Board noted the report.

## **14. DIGITAL STRATEGY COMMITTEE REPORT**

SB introduced the report to the Board and it was taken as read.

It was noted that the Trust is making good progress with the Data Security and Protection (DSP) toolkit and are aiming for compliance in the Summer.

Cyber security remains an ongoing challenge with lots of checks and assurances. We have an ongoing merger of the digital services on both sites. We are in the final approvals of funding for the Electronic Patient Record

update.

The Board noted the report.

**15. RISK REGISTER**

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

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

The Board noted the report.

**16. CORPORATE GOVERNANCE REPORT**

VP introduced the report and it was taken as read.

An outline of the elections for Bedford Borough was presented and this will be completed by the end of March 2023.

The Board noted that Linda Grant has been elected as Deputy Lead Governor for a period of 2 years.

The Board noted the report

**17. ANY OTHER BUSINESS**

Nil

**18. DETAILS OF THE NEXT SCHEDULED MEETING:**

Wednesday 3 May 2023, 10.00 – 12.00.

**QUESTIONS AND COMMENTS FROM THE PUBLIC**

Zafrul Ahmed Sayem drew the Boards attention to potential contacts with the Princes' Trust. AD confirmed that we currently have not made that link but we are always looking for opportunities to support local engagement and if he has a contact please pass it to the Trust. He also commented on ensuring that our governors are representative of our community. SL assured Mr Ahmed Sayem that we are committed to this too as a Trust.

Jim Thakoordin echoed Mr Ahmed Sayem's comments and also added that Luton Borough Council used to have a list of voluntary sector groups which we are missing currently. We also queried the overseas recruitment and why we do not seek to engage with our local workforce. AD assured Mr Thakoordin that we do engage with many local careers fairs and schools but there are some pockets of workforce that are just not available locally and we have to seek alternative and wider recruitment initiatives.

The Board noted that this was Simon Linnett's final public meeting as Chair. Mr Linnett said that it had been an extraordinary honour to Chair a Trust that has from strength to strength. The Trust has an excellent foundation but in his personal opinion, the impact of policies and politicians will largely direct the future of the institution.

[post meeting note – it was also noted that this would be Steve Hone's last public Board meeting and the Board thanked Steve for all his support at Bedford Hospital pre-merger and his support as an integrated Trust.]

## **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 (UKGDPR) and the Caldicott Guardian principles**

**Report to the Bedfordshire Hospital Trust Board**  
**3 May 2023**

**Bedfordshire, Luton and Milton Keynes Health and Care Partnership and  
Integrated Care Board update**

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

<b>Report Author</b>	David Carter, Chief Executive Bedfordshire Hospitals Trust and Maria Wogan, Chief of System Assurance and Corporate Services, BLMK ICB
<b>Date to which the information this report is based on was accurate</b>	21 April 2023
<b>Senior Responsible Owner</b>	Felicity Cox, BLMK ICB CEO

**The following individuals were consulted and involved in the development of this report:**



- BLMK Health and Care Partnership – 7 March 2023
- BLMK Integrated Care Board – 24 March 2023.

### **This report has been presented to the following board/committee/group:**

This report summarises key items of business from the BLMK Integrated Care Board and BLMK Health and Care Partnership (a Joint Committee between the local authorities and the ICB) that are relevant to the Bedfordshire Hospitals Trust. Key items of business from these meetings are detailed in Appendix B. The main items of interest for the Trust Board are covered in the main paper.

### **Purpose of this report - what are members being asked to do?**

Bedfordshire Hospital Trust is a partner organisation in the Bedfordshire Luton and Milton Keynes Integrated Care Board (ICB). David Carter is a partner member of the Board of the ICB, and Richard Sumray is a member of the Health and Care Partnership, which is a joint Committee of the ICB and local authorities in BLMK.

This report connects the Trust and BLMK governance by updating on work at BLMK level and highlighting specific issues that are likely to be of interest to or require decisions from the Trust.

### **Recommendations:**

The Trust Board is asked to:

1. **Note** progress on the BLMK NHS Operational plan 2023/24
2. **Note** that the Health and Care Act 2022 requires the ICB and its partner NHS Trusts and NHS Foundation Trusts to prepare and publish a plan setting out how they propose to exercise their functions in the next five years.
3. **Review and comment on** the draft BLMK Joint Forward Plan as agreed at the ICB Board on 24 March.
4. **Note** that the Trust's Director of Finance is involved in the development of the system's capital plan which will align to the Joint Forward Plan in the same timescale.
5. **Note** the updates provided from the meetings of the BLMK Health and Care Partnership and Integrated Care Board meetings in March 2023 as listed at Appendix B.

### **1. Brief background / introduction:**

The following summarises items of interest that have been considered by the BLMK Health and Care Partnership and the Board of the ICB.

#### **1.1 BLMK (NHS) Operational Plan 2023-2024**

The Health and Care Act requires the BLMK ICB to produce an Operational Plan (draft submitted at the end March 2023).

The Operational Plan is for 2023/24 and requires ICBs to describe how the local NHS will deliver against mandated NHSE operating plan requirements, including agreement of the BLMK NHS system budget. This plan takes account of local priorities which were reported to the Board of the ICB on 24 March 2023. A further version of the operational plan will be submitted to NHSE on 4<sup>th</sup> May 2023, taking into account national, regional and BLMK discussions to further develop the plan and address finance and activity challenges. The system CEOs have been involved in the development of the plan and the Trust CEO will be able to report the latest position to the Trust Board.

## **1.2 BLMK Joint Forward Plan**

The Health and Care Act also requires the BLMK ICB and its partner NHS Trusts and Foundation Trusts to produce a Joint Forward Plan covering a minimum of five years (final version due end June 23).

The Joint Forward Plan (JFP) is required to set out a framework for how the ICB and partners intend to arrange and/or provide services to meet our population's physical and mental health needs. This will include narrative on the universal NHS commitments and address the four core purposes and statutory duties of an ICS:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social economic development

The Board of the ICB agreed that the BLMK JFP, will extend from 2023 to 2040 to address:

- i) the expected and sustained expansion of our population to 2040 and beyond.
- ii) Multi-agency very complex issues which are best resolved through partnership delivery to improve health outcomes, tackle inequalities in local communities whilst ensuring optimal use of public money to deliver services
- iii) wider determinants of health and well-being to maximise prevention and supporting communities to thrive.

The extended timeframe of the BLMK JFP will enable all partners of the BLMK ICS to develop longer-term plans in collaboration to best deliver the ICS' statutory duties in the local context of sustained population growth over this period.

The Plan has been developed based on prior engagement with the public and partners will be published in June 2023 following further engagement including with Health and Wellbeing Boards, NHS Trust Boards and VCSE groups. As the JFP focuses on longer-term delivery of existing plans, the plan will not require full formal public consultation.

The draft JFP is attached at Appendix A and available on the ICB Website [here](#). The Board are asked to discuss and comment on the draft Joint Forward Plan and any comments will be reported to the Board of the ICB for consideration prior to submission

to NHSE by 30 June 2023. A capital plan is also in development and the Trust's DoF is involved in this work, it will align with the Joint Forward Plan.

### **1.3 Other items of interest to the Trust Board**

#### **Musculoskeletal (MSK) Health Services – Forthcoming Procurement**

Due to expiry of the contracts with four MSK providers across BLMK, the ICB has been working with patients, providers and wider stakeholders to determine how services should transform to:

- 1) improve the quality of life for people with MSK
- 2) improve productivity, removing fragmentation and duplication
- 3) focus on prevention of MSK illness which is particularly impacted by rates of obesity, levels of physical activity and smoking; and
- 4) release GP capacity by providing direct access to physiotherapy appointments.

An Integrated MSK and Pain Service Specification has been drafted based on best practice and is in the process of being finalised. Following ICB governance approval between February – March 2023 and subject to feedback from market testing, the intent is to commence a full procurement exercise between April – September 2023, followed by mobilisation of the new provider/s during October 2023 – March 2024 with official service commencement on 1 April 2024. It is expected that any staff impacted by a change of provider would transfer to the new provider/s. Members of the public will also be invited to be part of the new provider/s mobilisation to ensure local needs are captured and implemented.

#### **BLMK ICB Board Assurance Framework (BAF)**

The BAF sets out the key system risks which the Board monitors at each of its formal meetings. The system risk summaries are provided in the table below:

Ref	Risk Title	Risk Description	Current Risk Rating	Change
BAF 1	Recovery of Services	There is a risk that the NHS is unable to recover services and waiting times to pre-pandemic levels due to Covid related pressures, or demand led pressures. This may lead to poorer patient outcomes and reputational damage.	16	
BAF 2	Developing suitable workforce	If system organisations within BLMK ICS are unable to recruit, retain, train and develop a suitable workforce then staff experience, resident outcomes and the delivery of services within the ICS, ICB People Responsibilities and the System People Plan are threatened.	20	
BAF 3	System Pressure & Resilience	As a result of continued pressure on services from various factors (staff sickness, increased activity etc) there is compromised resilience in the system which threatens delivery of services across BLMK	20	
BAF 4	Widening inequalities	There is a risk that inequalities in the system widen due to a range of factors leading to compromise to population health and increases in system pressure in the most deprived areas.	16	
BAF 5	System Transformation	There is a risk that as a result of significant operational pressures, there will be decreased capacity to focus on strategic transformational change to deliver improved outcomes for our population.	16	
BAF 6	Financial Sustainability and Underlying Financial Health	As a result of increased inflation, significant operational pressures, elective recovery and the enduring financial implications of the covid pandemic - there is a risk to the underlying financial sustainability of BLMK that could result in failure to deliver statutory financial duties.	15	
BAF 7	Climate Change	Due to climate change and wider impacts on the environment and biodiversity, there is a significant risk of increased pressure on health and care services.	16	
BAF 8	Population Growth	As a result of fast rate of population growth in BLMK, there is a risk that our infrastructure will not keep pace with the needs of our population, resulting in poor health and wellbeing for residents.	20	
BAF 9	Rising Cost of Living	As a result of rising cost of living there is a risk that residents will not be able meet their basic needs resulting in deteriorating physical and mental health resulting in pressure on all public services	16	

## 2 Appendices

Appendix A –Joint Forward Plan

Appendix B – Summary of BLMK Health and Care Partnership and ICB Board business.

## Summary Overview: the BLMK Plan for our Joint Forward Plan

It is an NHS England requirement for every ICB to produce a 5-year Joint Forward Plan, which complements the ICB Strategy and NHS 1-year Operating Plan to set how we will:

- Use our ICB to deliver the Place Plans in the medium-term, supported by our Provider Collaboratives, and focused on local population need (JSNA)
- Outline our approach to deliver the ICB's responsibilities ('4 pillars' of tackling inequalities, improving health outcomes, providing value for money, and supporting growth and sustainability)

The Joint Forward Plan (JFP) is due for submission from ICBs on June 30<sup>th</sup> 2023. However, NHS England have required all ICBs to submit a draft together with our 2023-4 NHS Operational Plan submission at the end of March.

This paper sets out the proposed BLMK approach to developing our JFP by June 30<sup>th</sup> – it is a Plan for Our Plan.

ICB members are asked to review the outline draft, provide responses to specific questions detailed in the cover sheet, and – pending adoption of feedback – approve this approach to creating the BLMK Joint Forward Plan.

## SECTION ONE: Joint Forward Plan Introduction

The Joint Forward Plan does not require new content – it is the medium-long term view of how we deliver the aims and objectives of our Place Plans in partnership. Key to this medium-long term view is not just how we meet population growth and changing needs within our resources – but how we collaborate to tackle our most 'wicked' issues to support our communities to thrive.

The BLMK Joint Forward Plan will focus on those areas where collaboration at Place is required to achieve this. Specifically, our Joint Forward Plan will:

- **Focus our collaborative long-term plan on meeting the changing needs of our population** (not individual organisations or service lines)
- Develop our **processes and partnerships to build an adaptive, integrated system** which can respond to local population need sustainably within our resources
- **Develop & deliver infrastructure strategies** to tackle inequalities, improve health outcomes AND reduce avoidable cost

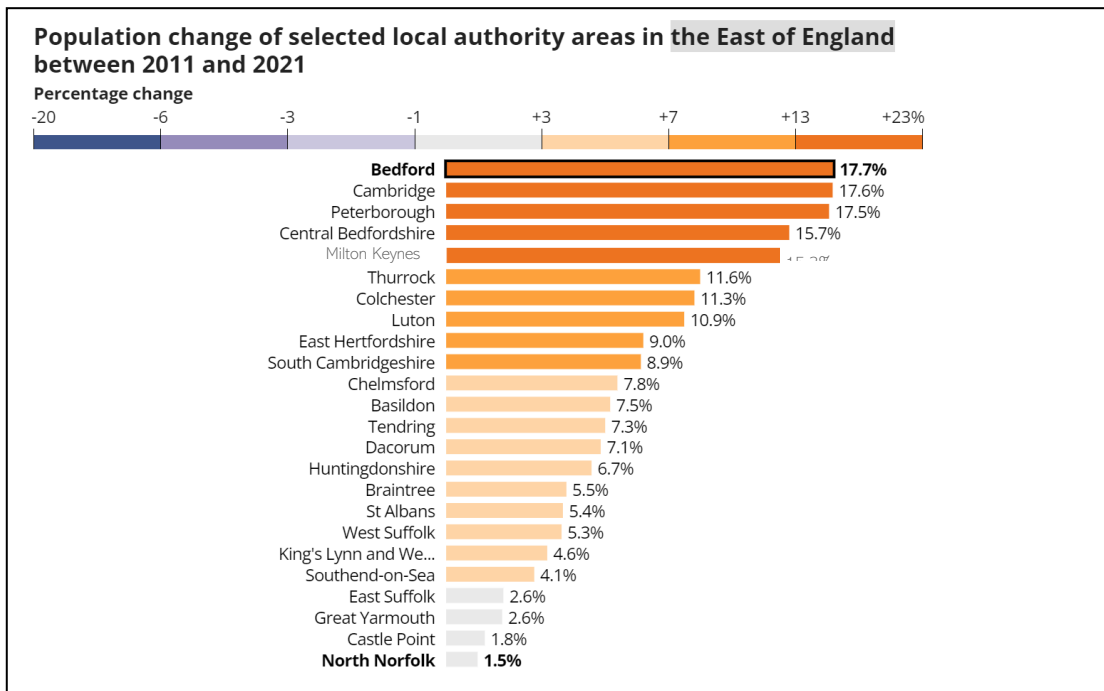
These plans are the long-term/ strategic delivery plan for Place Plans. Where Provider Collaboratives span multiple Places, and Place Plan actions are best delivered at scale, Provider Collaboratives (for example, the Bedfordshire Care Alliance) will work across multiple Places to deliver a consistent delivery model across the constituent Places.

### Our Population

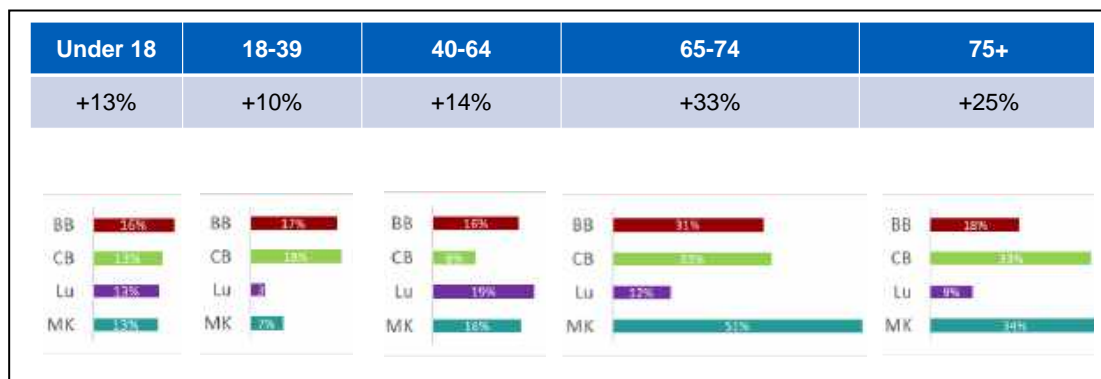
The Boroughs within BLMK ICB are diverse with a rapidly growing population.

Over the last ~10 years, roughly 5,000 homes were completed per year across BLMK (CBC > MK > BBC > Luton). Local Plans / housing strategies suggest around 6,000 new homes will be built across BLMK per year over the next ten years. This is significantly more than National (ONS) population projections assume a growth of c.2,400 homes per year across BLMK.

The ONS new housing projections for BLMK are out by a factor of 2.5, as BLMK is one of the fastest growing populations in the UK, and this trend is expected to continue.



Not only will there be more residents in the area over the next 15-20 years, but the demography, health needs and demand of our population will also change significantly.

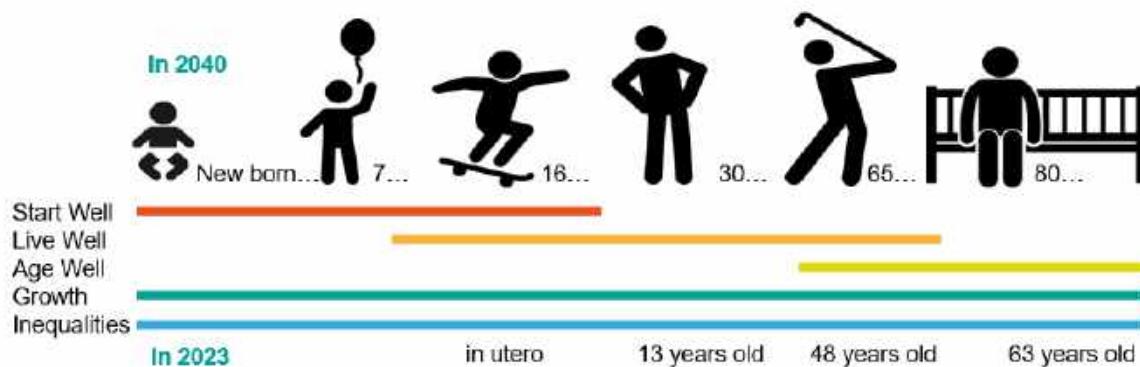


All of our Boroughs have strong plans to grow housing, employment opportunities and prosperity in a sustainable way, focused on the needs of specific communities within each Borough.

*[examples from each Place to be added]*

The BLMK Joint Forward Plan recognises that we cannot do more of the same with our resources (workforce, infrastructure such as estates and digital and finance) to meet this growing and changing population need.

The Plan aligns to our strategic priorities and the recognition that the actions that we take now will have a significant impact on our ability to improve the health and outcomes for our population in the future.



Given the variation in inequalities and health outcomes, people across BLMK hit the thresholds for start well, live well and age well at different ages across their life.

The known wicked issues for BLMK are:

- Rapid population growth and demographic shifts (specific to each Borough)
- Challenges accessing core primary care (including GP and dental services)
- Inequalities experienced by communities within BLMK
- Impact of COVID on residents
  - Deconditioning of people with frailty
  - Increased safeguarding and mental health issues for children and young people
  - Delays in accessing routine elective surgery
- Cost of living crisis affecting families
- Poor health of the population
  - Obesity
  - Long term conditions

## SECTION TWO: Medium Term Affordability

*[NHS & LA headlines – to be added for June submission]*

## SECTION THREE: Our Strategy

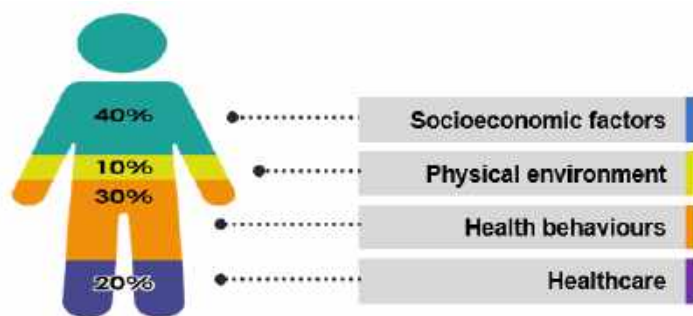
Our system strategy sets out our ambition for improving health outcomes and reducing inequalities so that everyone in our city, towns, villages and communities can **live a longer, healthier life**. This means increasing the **number of years people spend in good health and reducing the gap between the healthiest and the least healthy in our community**.

Our strategy set out three questions which we aim to answer by working in partnership:

1. Are we doing the right things to improve health outcomes and tackle inequalities for our residents?
2. Are we making the best use of partnerships between public services, VCSE partners and local communities?
3. Are we working with our people and communities to understand what matters to our residents and co-designing and co-producing sustainable solutions.

The benefit of working in partnership is the opportunity this affords us to look at all of the factors that affect our changes of living a longer, healthier life.





Our system strategy builds on our health and wellbeing strategies at Place and our understanding of what matters to our residents.

Our Joint Forward Plan will also be firmly grounded in this understanding of what matters to our people and communities, our Joint Strategic Needs Assessments, Health and Wellbeing Strategies and emerging priorities at Place.

## SECTION FOUR: A Joint Approach – Maximising Benefit to Residents

Our Joint Forward Plan highlights the shared ‘wicked issues’, where an innovative and collaborative approach is needed to deliver the Boroughs’ Place Plans and the NHS targets for access and outcomes for all residents sustainably to 2040 and beyond.

As such the BLMK Joint Forward Plan is built on a strong shared ethos between all partners in the ICB as to how best to achieve this sustainably:

1. **Prevention and earlier intervention**
2. **Locally configured interventions that meet the needs of residents at a Neighbourhood, Place or System-level**
3. **Getting It Right First Time**, especially for those residents who have the
  - a. Worst outcomes / highest risk factors / greatest inequalities
  - b. Highest and most complex needs/ unmet needs driving high volumes of interaction with health, care and public sector services, including police, fire and criminal justice systems
  - c. Voice least often heard/ face the most barriers to access
  - d. High volume, low complexity demand for health care (elective and same day urgent care)
4. **Co-production with local communities**
5. **Leverage the inter-dependencies and interfaces across health and care services** to
  - a. make every contact count – build opportunistic prevention & support to self-care into existing pathways of care
  - b. reduce low value and repetitive interventions for residents and our teams
  - c. optimise use of resources (workforce, estates, finance)
6. **Optimise the operating environment for health, care and civic services** – across traditional service and organisational boundaries with co-ordinated actions to:
  - a. Tackle inequalities



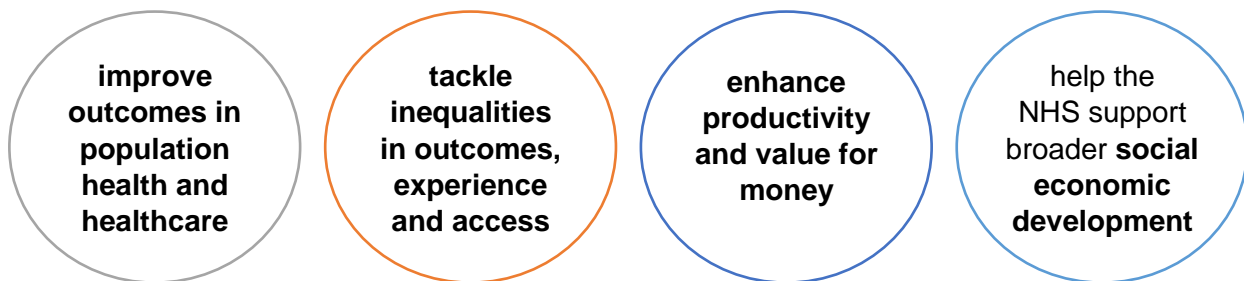
- b. Stimulate local employment and economic development
- c. Sustainability and green agenda
- d. Long-term workforce development,
- e. Market management
- f. Strategic investment and utilisation of digital and estates assets

The key differences between existing Local Authority and NHS planning approaches are:

- NHS focused on short-term delivery (3-year funding cycle, 1-year operating plan) / LA plans for infrastructure and population growth are over a generation (15-20 year plans)
- NHS operating objectives are focused on the standards that clinical services must achieve for the patients who access them / LA considers the whole population living in a specific geography

All health and LA partners in ICBs have a shared responsibility to the populations they serve in their use of public money:

The four pillars of an ICS are to:



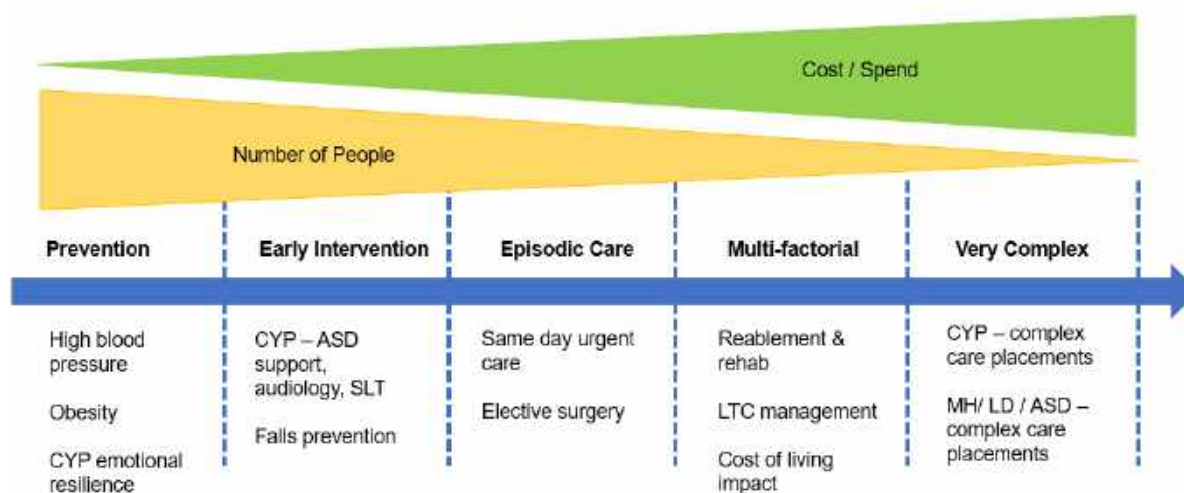
The BLMK Joint Forward Plan will therefore:

1. Focus on the needs of all residents at Place (not service lines / public sector institutions)
2. Extend to 2040
3. Identify the methodology by which we will:
  - Understand the growth, changing demographic and needs of our populations at Place to 2040
  - Outline key milestones and critical delivery points based on population size and need, incorporating existing 'wicked issues' and known changes in the operating environment (for example, devolution of specialised commissioning, or the creation of new towns in BLMK Boroughs)
  - Confirm the methodology for systematic review and strategic planning across key domains where a joint intervention between NHS and LA is required, utilising benchmarking, the evidence-base and innovation / research, applied through quality improvement methodology co-produced with local residents
  - Outline the key enabling strategic plans for workforce, infrastructure (estates and digital), and management of the operational environment (e.g. market management)

## SECTION FIVE: The BLMK Approach

The purpose of the Joint Forward Plan is to determine how best we will work in partnership to address these known 'wicked issues' to the benefit of residents; and how these actions will enable sustainable delivery of NHS services to the standards set out in the NHSE Operating Plan.

Addressing these twin challenges will require a systemic and stratified approach, as depicted below:



Based on local JSNAs and Place Plans, the Joint Forward Plan will highlight those areas where a collaborative and different approach is required.

This will shift our focus from ‘what can we afford to do?’ to

***‘Can we afford NOT to do it?’***

This latter question focuses on the needs and outcomes of the population, and how best we tackle inequalities and improve health outcomes to enable our communities to thrive AND deliver sustainable public sector services within resources.

This innovative and collaborative approach will involve:

- Developing a consistent approach to framing and investigating our ‘wicked issues’, with a focus on defining our target population, supporting co-production and personalisation, using collective resources and focusing on how we apply our different ‘routes to Thrive’.
- Ensuring interventions are evidence based and challenge ourselves to achieve and sustain top decile performance, drawing on and contributing to research and innovation, and applying learning from best practice.
- Taking an adaptive approach to improvement, measuring outcomes as well as activity and considering the impact of our actions/failure to act on health and care (and wider society).

Examples of this approach could include:

**a) Earlier intervention for children and young people** who would benefit from:

- Speech and language help at a younger age / lower threshold of need
- Autism spectrum disorder support and diagnosis at a lower threshold of need
- Occupational therapy input for children identified above to support communication and social interaction at home and school

The underpinning rationale for this earlier intervention is to support children to meet their earlier developmental and education milestones, rather than delay intervention until the SEND threshold is met later in childhood.

Not only is this better for the individual child but also reduces higher system costs in SEND and (often) mental health support as children become aware of their 'difference' and struggle to keep up at school.

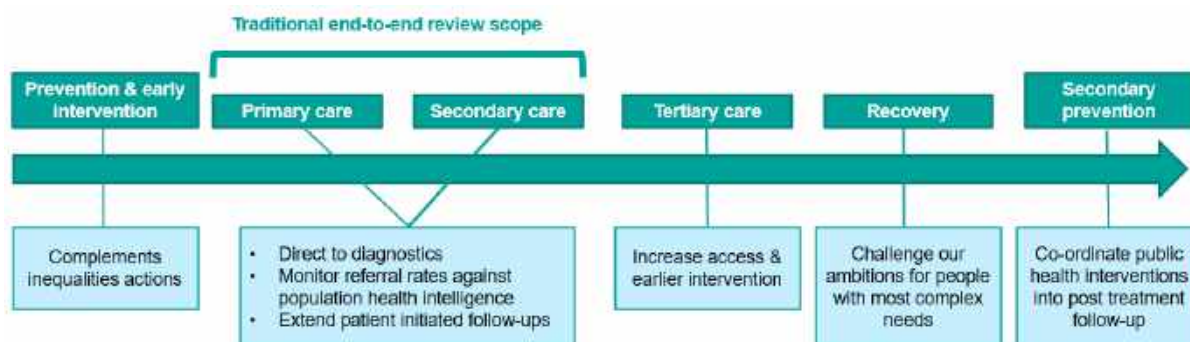
**b) Local integrated offer for people with complex mental health and/ or learning disability needs**, whose placement needs are currently met through contracting with independent sector providers. This could encompass:

- Creation of sufficient bespoke Supported Independent Living accommodation within Boroughs to meet local need
- Extended capacity to bring crisis support to the individual at times of highest need, reducing Emergency Department attendances / acute psychiatric admission unless clinically required
- Recovery approach that supports the individual to tackle root causes / manage distressing emotions and achieve their potential

This population are some of the most disadvantaged in our society, and this approach sets out a whole-system to tackle these inequalities and support these residents to thrive. This approach is also likely to drive better quality and more financially sustainable support.

### c) Elective clinical pathways review

'End-to-end' clinical pathways review typically span the course of the pathway from primary care to secondary (acute) care and the return to primary care for residents who do access healthcare. Adopting a truly end-to-end clinical pathway review could better tackle inequalities and improve health outcomes, as depicted below:



Anchored in Places, this approach will:

- Identify populations whose risk profile / barriers to access indicates they require, using risk stratification at Neighbourhood / ward level
- Provide bespoke engagement (health promotion and uptake of screening programmes)
- Provide oversight for Place partners – giving a clear view (and feedback loop) on managing unwarranted variation not least in:
  - Over-referral that does not convert into increased diagnosis
  - Under-referral / late referral impacting on health outcomes
- Reduce bureaucracy for GPs in referral processes: encouraging greater autonomy for acute providers to determine the right clinical pathway based on diagnostic results
- Inform decision-making on how best to target current under-utilisation of BLMK residents for tertiary (specialised) clinical pathways, including earlier preventative interventions and/ or bespoke local pathways with tertiary providers
- Optimise public health interventions into post-treatment follow-up to maximise health outcomes

The outcomes sought from this approach are two-fold:

1. to ensure timely access that maximises health outcomes for all residents regardless of their barriers to accessing health and care
2. to manage demand and cost through more effective (targeted) interventions based on population need

**d) Partnership in Fuller Neighbourhoods to support residents to tackle the root causes of their need** (not solely manage symptoms). This approach goes beyond social prescribing to locally-determined offers that:

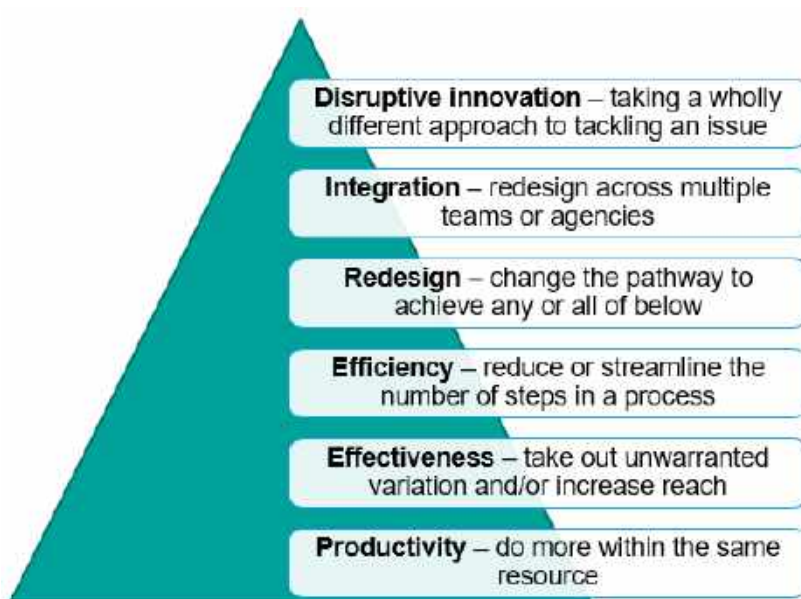
- Simplifies access to support, reducing the multiplicity of 'front doors'
- Draws on local communities' own assets and those of the VCSE to support people to thrive
- Offers co-ordinated support across civic, care and health partners reflecting residents' needs (not our service configuration and referral processes)

These examples demonstrate how, when we collaborate to the benefit of specific residents, we can improve outcomes for the individual and reduce avoidable cost across the public sector. In this way the plan will aim to move us away from the traditional focus on episodic and siloed care to:

- Define our goals by the needs of our population (at Place) rather than episodes of care or care pathways
- Drive the 'left shift', by moving resource to improving prevention and early intervention (to benefit residents and reduce future need and cost)
- Focus our collective attention on where disruptive innovation is required to meet complex need and high demand within resources
- Challenge ourselves to take a long-term view (outcomes & cumulative cost) wherever possible

We will deliver this through Quality Improvement interventions that are locally owned and driven to make it easier for our teams to do the right thing for the resident, first time.

Based on population growth and need we will deploy a range of actions in delivery of the elements of the Joint Forward Plan:





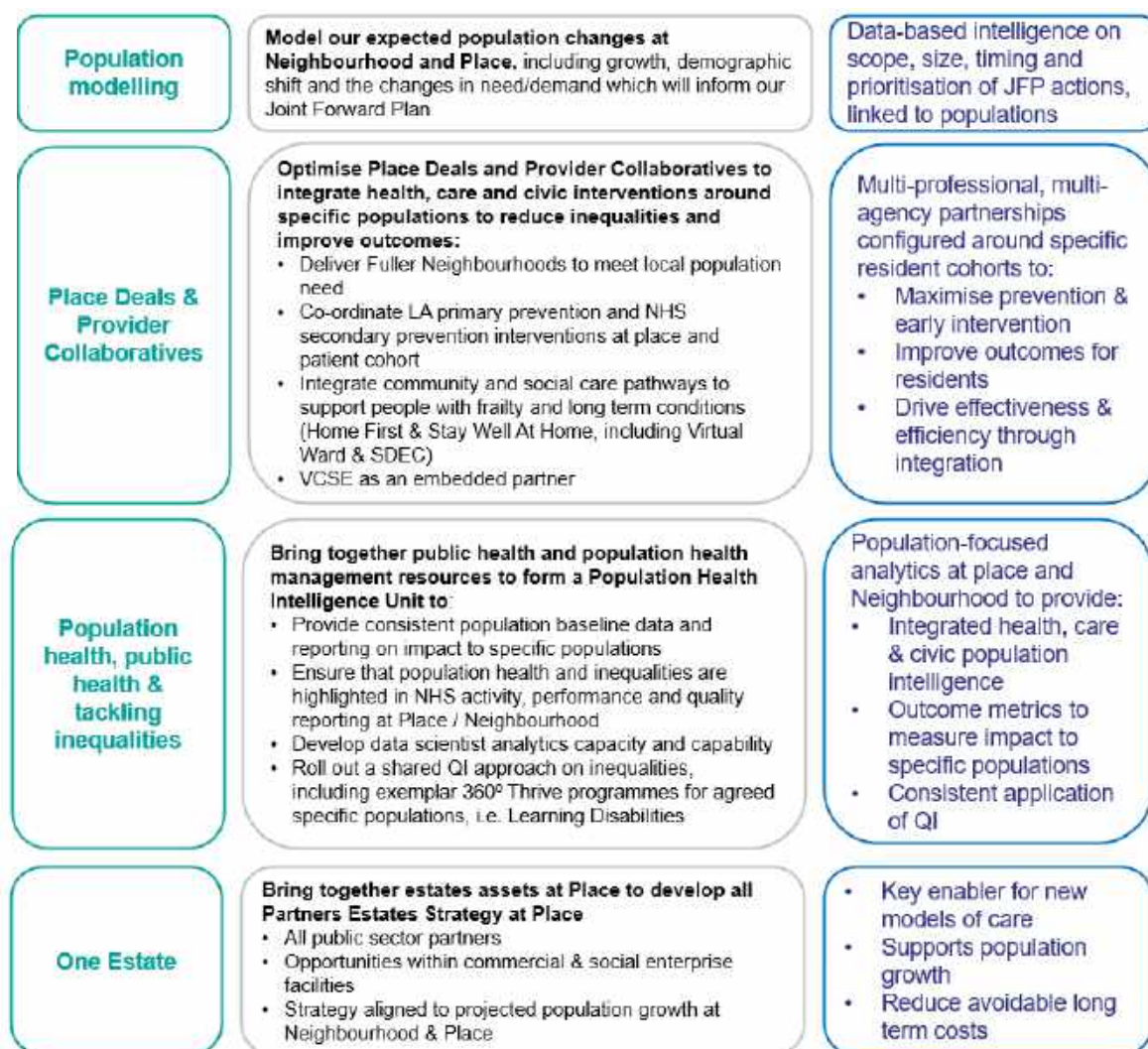
## SECTION SIX: preparing the Joint Forward Plan

There will be several phases to the delivery of our Joint Forward Plan

- **Preparation phase** – establishing population-focused intelligence and delivery structures to inform and enable ICB core objectives for residents at neighbourhood and Place.
- Delivery of **Place and Provider Collaborative plans** – to meet local population need sustainably and within resources
- **Delivering the 'left shift'** – with a consistent focus on high volume/low-cost prevention and low volume/high-cost and complex interventions to maximise impact within resource
- **Building tomorrow** – building prosperity for our communities
- Achieving and **sustaining top decile** – getting ahead of the curve to drive sustainable excellence

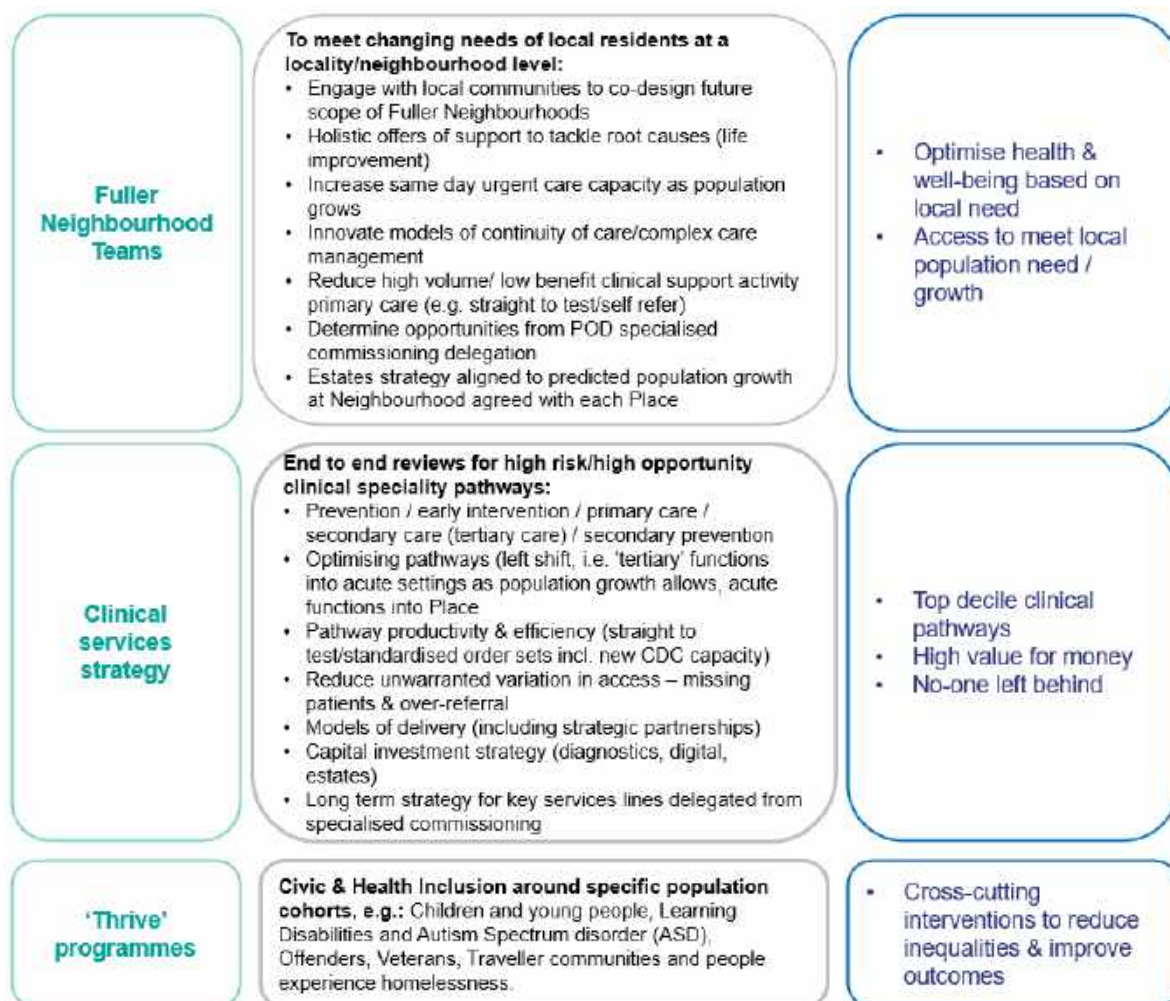
### Phase 1: Preparation for the Joint Forward Plan July 2022 – March 2024

Establish population-focused intelligence and delivery structures to inform & enable ICB core objectives to residents at Neighbourhood and Place



## Phase 2a: Delivery of Place & Provider Collaborative Plans July 2022 – 2040

To meet local population need sustainably within resources



## Phase 2b: Delivering the Left Shift April 2024 – March 2040

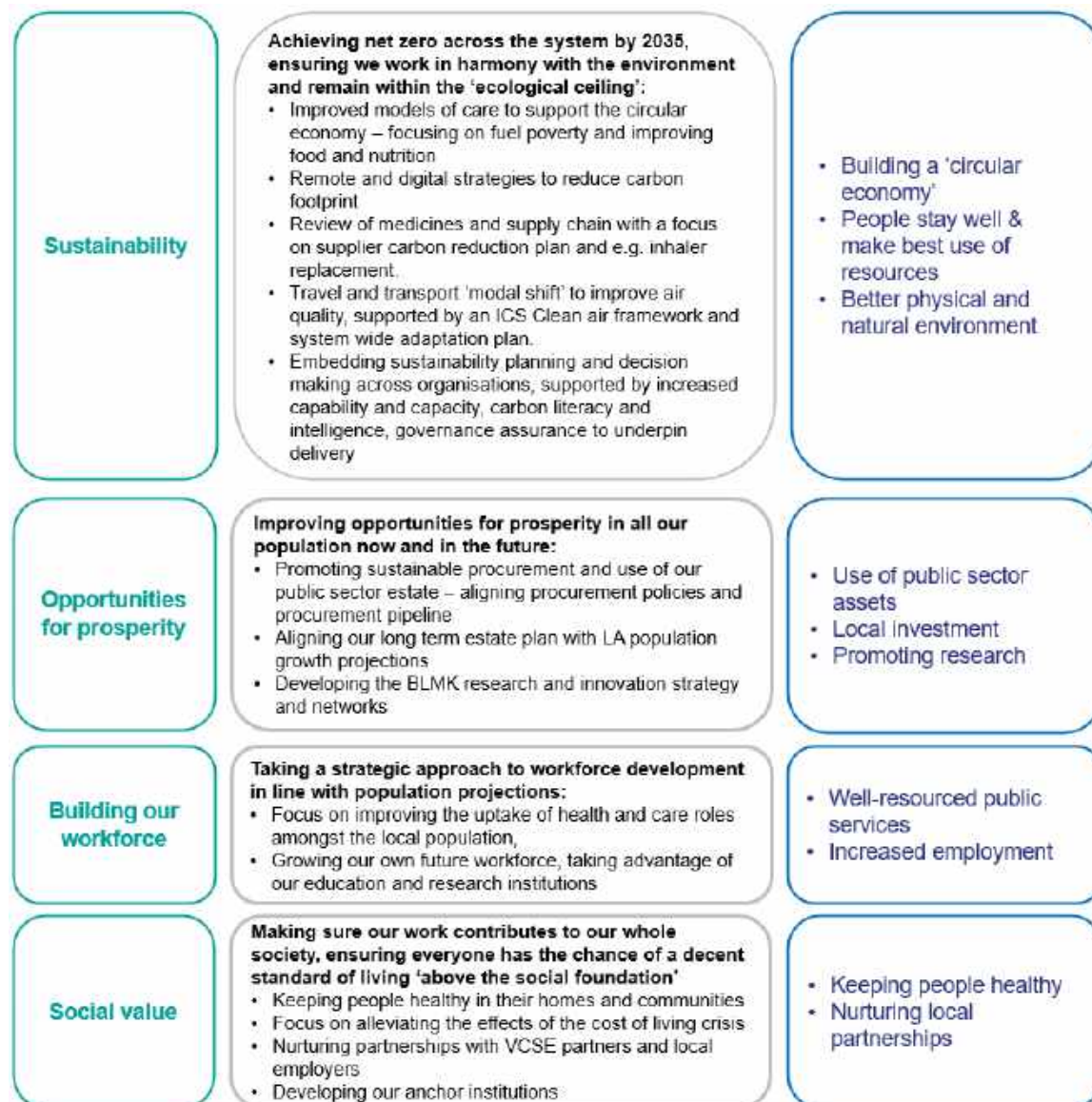
Consistent focus on high volume/ low-cost prevention AND low volume/ high cost & complexity to maximise impact within resources





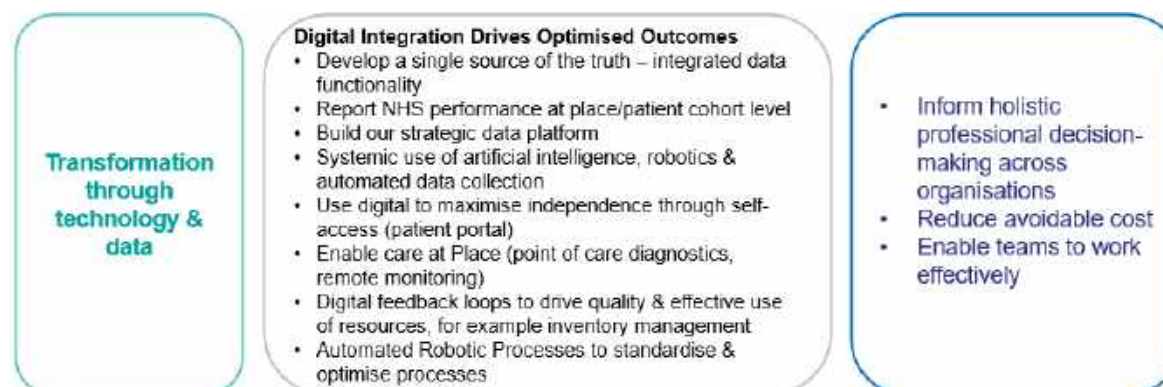
## Phase 2c: Building Tomorrow July 2022 – 2040

### Building Prosperity for our Communities



## Phase 3: Achieving & Sustaining Top Decile July 2022 – 2040

### Getting ahead of the curve to drive sustainable excellence





## SECTION SEVEN: Place and Provider Collaborative Key Objectives

*[for completion ahead of Health and Wellbeing Boards]*

Each of the four Places in BLMK have been developing Place plans, identifying local priorities that partners can work collectively on to improve the health and wellbeing of local residents.

*[Note – text below is place holder only – requires Place partners’ engagement to complete – to include wicked medium/long term issues that we need to address in partnership at Place and Provider Collaboratives]*

### Bedford Borough

Bedford Borough’s vision is to thrive as a Place that people are proud of, want to live in and move to. Local plans recognise a growing and strong local economy and an active response to climate change as two important factors in achieving this. From this foundation residents will be able to thrive and realise their potential, supporting and celebrating Bedford Borough’s diverse and inclusive communities.

The Bedford Borough Place plan has been developed by the Health and Wellbeing Board and commits to:

- Understanding our communities
- Promoting prevention and health promotion
- Transforming care with primary care and VCSE

The priority partnership actions identified in Bedford Borough are:

- Tackling obesity
- Improving access to primary care

### Central Bedfordshire

The Central Bedfordshire Place Plan includes three over-arching ambitions set out below:

- **Promoting fairness and social inclusion** – identifying and tackling underlying inequalities in social and wider determinants of health, promoting better equitable access to services.
- **Living Well** – so everyone has the right and opportunity to live their best life, with the required support and infrastructure to make healthy choices and maximise wellbeing.



- **Ageing well** – to provide support and services required to meet the needs of an ageing population, adapting to changing demands and new models of care.

Given the breadth of the ambition, the board has identified 5 initial priorities of focus which are:

1. **Cancer** – prevention, early detection and reducing premature mortality.
2. **Children and Young People's Mental Health** – delivering the ambitions to promote positive mental health and wellbeing
3. **Mental health, learning disability and autism** – reducing stigma, improving the experience of care and physical health of people with these conditions and access in crises.
4. **Primary care access, including dentistry** – developing the fuller plan for integrated care and developing new models of care
5. **Developing a one team approach to intermediate care services** – ensuring more joined up and timely care

## Luton

By 2040, the vision is for Luton to be a healthy, fair and sustainable town, where everyone can thrive and no-one has to live in poverty, supported by:

- **A town built on fairness** – tackling inequality
- **A child friendly town** – investing in young people
- **A carbon neutral town** – addressing the impact of climate change

The Luton Place Board has developed a Place plan which commits to:

- Giving every child the best start in life
- Sustainable communities, and tackling inequalities
- Reducing frailty and supporting independence

The key priority actions identified to deliver this in Luton are to work in partnership to build:

- **Community hubs** and healthy places
- Improved **mental health services** and interventions to tackle the causes of poor health
- The Luton **digital programme**, connecting health and care services and helping people stay independent at home
- Capacity and capability across the **VCSE sector**

## Milton Keynes

The Milton Keynes Health and Care Partnership, has developed and a 'MK Deal' which formalises the commitment of the main local NHS partners in MK and the City Council to work more closely together, with a focus on:

- **Improving system flow** – with a focus on urgent and emergency care services for older and/or frail and/or complex service users.
- **Tackling Obesity** – helping people lose weight and maintain a healthy weight through easily accessible weight management programmes, use of technology, pharmacological therapies and education/prevention work.
- **Children & Young People's Mental Health** – recognising that good mental health in children and young people helps build resilience, develop healthy relationships and lays the foundation for better mental and physical health and wellbeing throughout their whole lives. Early intervention is key for lifelong wellbeing: 75% of adult mental health issues are present by the age of 24.
- **Complex Care** – focussing on improving the planning, assessment, commissioning, and case management for people who have the most complex needs

## Bedfordshire Care Alliance

The Bedfordshire Care Alliance is a provider collaborative which aims to ensure that where scale and complexity requires us to standardise care across the three Bedfordshire boroughs.

The Alliance has agreed a focus on four priority areas:

- **Supported discharge** – improving rehab reablement and recovery outcomes
- **Alternatives to acute admission** – stay well at home
- **Digital infrastructure** – to enable integrated pathways of care across Bedfordshire
- Support to Places to optimise **care closer to home**

## Mental health, Learning Disabilities and Autism Collaborative

The BLMK Mental Health, Learning Disability and Autism Collaborative is a collaboration of the BLMK ICB, CNWL, ELFT the Bedfordshire Care Alliance, Milton Keynes Health and Care Partnership and Place based partnerships to improve outcomes, quality, value and equity for people in BLMK.

The initial vision of the Collaborative, which will be developed with input from service users, carers and system partners, will put service user voice and a focus on Place at its heart, refocusing efforts on addressing inequalities and unwarranted variation, and working at scale where it makes sense to do so.

Specific areas where the Collaborative will add value will include:

1. **Workforce** – training a new generation of mental health professionals
2. **Emotional wellbeing for young people** – responding to the increase in referrals since the pandemic
3. **Support for adults with autism** – so that even those without a formal diagnosis can get access to the support they need.

## SECTION EIGHT: Sustainable delivery of NHS Operating Plan Targets

*[to be updated following submission of the 2023/24 Operational plan]*

Our approach to planning, transformation and contracting will look to address wicked issues which relate to our ways of working and operational realities, including:

These issues include:

- Vulnerabilities highlighted through winter pressures and the need to promote **admission avoidance and supported discharge** – workforce is a significant issue in this regard.
- **End of life care**, and in particular the need to develop a Place based delivery model
- Long waits in **elective care**, with a focus on ophthalmology, ENT, cardiology and MSK, and links to theatre productivity and vulnerabilities in paediatric surgery provision.
- **Diagnostics** including the development of community diagnostic hubs and refurbishments required to support endoscopy pathways.
- Ongoing pressures on **cancer services** including increased demand and complexity of cancer presentations and impacts on recovery of services, and the need to balance this with a push for early referral and diagnosis of cancer.
- Support for **children and young people** – especially those with the most complex needs, and to improve the experience of transition between services
- Improving uptake of **childhood vaccinations**, improving mental health and tackling obesity in children and young people.
- Recruitment and retention within the **maternity workforce** and addressing inequalities in experience and outcomes for our residents.
- Increased demand across all ages **autism, ASD and ADHD** pathways, and the need to find alternative solutions to the delays in care associated with long waits for formal diagnoses.
- Cost pressures and increased demand on **section 117** services, and variation in access and provision across the system.
- Capacity across **primary and same day urgent care** – including workforce, IT and estates.
- Capacity and capability to develop **multidisciplinary working across primary and secondary care** based around population need.
- An agreed system approach to **prevention** – including long-term sustainable investment – ensuring this is developed in partnership with the VCSE.

*[place holder – additional content on known milestones including Community diagnostic centres, MKUH new hospital build, Mount Vernon re-provision to be added ahead of final submission in June]*

## **SECTION NINE: Summary of key risks** *[to be expanded for June submission]*

Principle risks, controls and mitigations are detailed in in the ICBs Board Assurance framework.

Key risks which are likely to impact our ability to deliver our Joint Forward Plan are summarised below:

- 1) insufficient capital/CDEL will be available to meet increased population growth/need.
- 2) insufficient impact on population wellbeing of left shift interventions – failure to deliver this will result in unaffordable need and cost
- 3) a gap or delay in resourcing as population growth/need increases
- 4) head space to lead transformation (operational pressures)
- 5) workforce transformation required

***[Question - where are we holding/assuring Joint Forward Plan risks at Place and Provider Collaboratives?]***

## **APPENDICIES** *[to be added for June submission]*

### **a) Strategic Workforce Plan**

Linked to

- population growth and demographic shift
- planned job creation in Boroughs
- LA and NHS workforce long term needs

### **b) Estates and capital strategy**

### **c) Digital & Inequalities/ Health Intelligence Strategy**

### **d) Joint sustainability & Green Plan**

### **e) Medium Term Financial Plan**

## Appendix B – Summary of BLMK Health and Care Partnership and BLMK Integrated Care Board Business March 2023

### 1. Health and Care Partnership 4 March 2023

- **Joint forward plan** - The plan for the development of the joint forward plan was agreed.
- **Workforce** pressures has been highlighted in a number of reports and an update will be provided at the next meeting on what the system is doing to retain and recruit staff.
- **Place plans, Health and Wellbeing Board updates and Health and Wellbeing Board guidance** –Place plans and the local priorities were presented and key areas of discussion from the Health and Wellbeing Board meetings. Health and Wellbeing Board guidance that was published in November 2022 and the requirements it on the Health and Wellbeing Boards, ICBs and ICPs was noted. [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance)
- **Delegation of Dentistry, Optometry & Community Pharmacy** – an update on the delegation of responsibility from 1 April 2023 to the ICB of dentistry, optometry and community pharmacy was provided. It was noted that 2023/24 would be a transitional year and provides an opportunity to build relationships with contractors. It was reported that there are significant challenges with the national contracts and partners supported the lobbying for change in contracts to enable more local flexibility. Access to NHS dentists was a real concern for residents and coupled with community pharmacy closures, increases the workload for GPs.
- **Mental Health, Learning Disability and Autism collaboration** – information was shared on the progress that had been made in provision of mental health services since the Mental Health Five Year Forward view was published in 2016 and the investment through the Mental Health Investment Standard. There was an opportunity to have greater collaboration for people with mental health, learning disabilities and autism and the ICB Board had agreed the development of this collaborative. The report contained an update on feedback from engagement that has taken place and what areas of focus service users are identifying.
- **Community Engagement** – a presentation was given on the new approach of pooling partner resources to avoid engagement duplication, agreeing co-production principles and highlighted areas of work e.g. the Denny review.

### 2. Board of the BLMK ICB – 24 March 2023

- **Resident's Story** – the Board heard from a Milton Keynes resident about their journey to address back pain and the difficulties she faced in gaining appropriate diagnosis and support. There were numerous opportunities cited where the patient was not listened to and where their care was compartmentalised and not joined-up.

- **Integrated musculoskeletal (MSK) and pain service** – the approach to tendering for MSK services across BLMK was supported including the development of place-based services. Reference was made to the resident's story and how the proposed approach will aim to address the issues raised. A representative is being sought from each local authority in BLMK to work in partnership with the ICB.
- **Fuller programme** – the Board reflected on the useful Board seminar session held on 24 February 2023 with Claire Fuller and committed to support the development of integrated neighbourhood teams.
- **Core20PLUS5 - for Children and Young People** – the Board agreed to adopt a targeted approach to adapting the Core20Plus5 approach to tackling health inequalities in relation to children and young people. The focus of Core20PLUS5 is on five key areas: asthma, diabetes, epilepsy, oral health and mental health.
- **Delegation of Community Pharmacy, Optometry and Dentistry (POD)** – the Board formally approved the transition of the management of these contracts from NHS England to the ICB from 1 April 2023.
- **BLMK Joint Forward Plan (JFP)** – NHS England has asked for draft Joint Forward Plans for each integrated care system (ICS) to be submitted by 31 March 2023 with final plans published by 30 June 2023. The JFP will cover at least a 5-year time horizon explaining how the four core requirements of ICSs and NHS priorities are to be delivered. The Board agreed the approach including how targeted public engagement work about the JFP will be carried out.
- **Financial and Operating Plan 2023/24** – the Board agreed for the final plan to be signed off by the Chief Executive following a meeting of system chief executives on 29 March 2023. The Board discussed bridging the financial gap, addressing capacity issues to achieve the target for elective activity of 109% of pre-Covid levels and plans to manage hospital flow.
- **Board Assurance Framework (BAF)** – the latest iteration of the BAF was presented. The BAF sets out the key system risks which the Board monitors at each of its formal meetings. Currently, the highest three risks (all scoring 20 out of 25) are as follows.
  - Developing suitable workforce
  - System pressure and resilience
  - Population growth

## Board of Directors

Wednesday 3<sup>rd</sup> May 2023

Report title:	Trust Objectives 2023/2024	Agenda item: 7
Executive Director(s):	David Carter, Chief Executive	
Report Author	Victoria Parsons, Associate Director of Corporate Governance	
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	The Board is asked to approve the objectives for 2023/24	

Report summary	<p>The development of these objectives has been through a processes following the Well Led Review by Grant Thornton that identified the Trust should document the strategy for the Trust.</p> <p>The Three Year Strategy approved in September 2022 and shared with Governors. Work was undertaken by the Executives to develop the implementation and delivery elements of the strategy and the proposed objectives for 2023/24 have been developed to deliver year one of the strategy.</p> <p>These objectives have been reviewed by the Executive, Board and Governors and are presented at the Board for approval.</p> <p>They objectives will be monitored through the existing Governance structures.</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>
<b>Jargon Buster</b>	



## Draft Corporate Objectives 2023/24 – Delivering the first year of the Trust Strategy

The Trust's Strategy underpinned by Corporate Objectives and supported by principles so that each objective will have:

- A workplan and deliverables
- Oversight through the current governance
- Ensure risks to achievement are reviewed through the Board Assurance Framework
- Taken account of three golden threads of **Quality and Patient Experience, Sustainability, Equality/Health Inequalities**

Strategic Priority	Delivery Workstream	Objective 2023/24	Overview
Workforce and Culture	Workforce/ Attractiveness	1. Support a sustainable workforce through the development of a long term workforce plan	The plan will take account of health and wellbeing, culture post-merger and integration, education and training and engaging with the workforce of the future through work experience and the Health Care Academy. This will also further embed the Trust values THRIVE throughout the Trust.
Community and primary care	Greater integration within Bedfordshire	2. Develop the integration plan through the Integrated Care Board and Bedfordshire Care Alliance	This development will focus on the primary care, community, social and mental health care provision and how best the Trust can integrate. It includes vertical integration, community outpatients and diagnostics and supporting patient flow through community bed provision.
Our portfolio of hospital services	Directions Programme	3. Develop the Clinical Strategy aligned to Service Line Strategies	This will take the Service Line Strategies developed and in development to define a structured clinical strategy that will inform transformation projects and support all of the other work streams and deliver further improved care for patients.
Our portfolio of hospital services	Commercial	4. Embed the approved commercial opportunity proposition	The focus will be on private patients, propositions for ICB back office functions and developing staff ideas to support development and transformation.
Infrastructure	One Health Estate	5. Develop the site control plan phase 1 for Bedford and phase 2 for L&D and deliver the current projects	Following the appointment of master planners, this will focus on developing the site control plans for both sites. There is recognition of the need to be agile to be able to respond to the centre when capital becomes available. The site planning will have close links to the Clinical Strategy.

Strategic Priority	Delivery Workstream	Objective 2023/24	Overview
Infrastructure	Digital	6. Define and execute a digital agenda that provides solutions to enable services to modernise, connect, and transform aligned with the Trusts priorities.	Digital underpins all elements of the Trusts objectives. The aim is to deliver the Digital Strategy, so we benefit from improved resilience, greater levels of digital maturity, and integration. on resilience and business continuity and implementing the Digital Strategy.
All	Current governance Service Lines, CQUOB, Quality Committee	7. Meet the quality and operational performance targets	This will focus on the targets and priorities outlined in the National Operational Plan and the Trust Quality Priorities 2023/24. Work will also be undertaken to review the current data sets and information provision to work towards an integrated performance dashboard for service lines and reporting up to the Board. The Trust is also required to implement the National Patient Safety Strategy.
All	Current governance Service Lines, FIP	8. Achieve financial targets	The Trust has a challenging financial agenda and this objective includes budget reviews, CDEL limits, oversight of the redevelopment costs and ongoing financial position.
Wider determinants of health	Health and Wellbeing Boards. Workforce Committee	9. Develop our role as an anchor institution	This will focus on how the Trust uses its leverage as a major local employer which is committed to improve the prosperity, health and wellbeing of residents.
Our portfolio of hospital services	Task and Finish Group	10. Develop a research strategy	This will develop the plan for the Trust and consider research and development as an enabler towards workforce attractiveness, training and education and a commercial proposition to set out the parameters of the Trust's ambition in relation to research that will in turn develop its approach. This will encompass current links to the universities and future opportunities.



## Board of Directors

**Wednesday 3 May 2023**

<b>Report title:</b>	<b>Executive Board Report</b>	<b>Agenda item: 8</b>
<b>Executive Director(s):</b>	<b>All Executive Directors</b>	
<b>Report Author</b>	<b>David Carter</b>	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>
	<b>Assurance</b> <input type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	To note the content of the report	

Report summary	
1.	Integration Update
2.	Industrial Action
3.	Compliance issues
4.	Digital Update
5.	Infection Control Report
6.	Learning from Deaths Board
7.	CQUINS and Quality Priorities
8.	Medical Education Update
9.	Nursing & Midwifery Staffing Report
10.	Information Governance Quarterly Report
11.	Maternity Services Update
12.	Freedom to Speak Up
13.	Estates and Facilities Update
14.	Communications and Fundraising Update
15.	Health and Safety
16.	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 Trust continues to progress on its integration journey. The following specialties have been considered by the Clinical Validation Committee and Clinical Strategy Committee.

### Completed strategies

Pre-merger / 2020	2021	2022	2023
Pathology	Stroke	Dermatology	Respiratory
Vascular	General Surgery	Rheumatology	Ophthalmology
	Cardiology	Gynae & Fertility	Gastro & Endoscopy
	DME / Complex Medicine & Frailty	Breast Surgery	Theatres & Anaesthetics
	Imaging	Diabetes & Endocrinology	Trauma & Orthopaedics
	Breast Screening	Paediatrics	ENT
	Therapies / Limbs & Orthotics	Clinical Haematology	
	Pharmacy	Plastics	
		Urology	
		NICU	
		End of Life	

## 2. INDUSTRIAL ACTION

A BMA ballot of Junior Doctors closed in February 2023 with 97% in favour of industrial action. The BMA announced industrial action in the form of a full cessation of labour for 72 hours from 06:59 13th March to 06:59 16th March. It was confirmed at the time of the announcement that there would be no derogations short of a major incident.

The Trust introduced a twice weekly planning group to oversee necessary actions to manage the impact and assess the risk of the planned action. LNC negotiations were held to agree terms and level of remuneration for Consultants and SAS Doctors covering duties usually performed by junior doctors. An incident command approach was devised and emergency timetables for clinical cover based on weekend rosters were populated for every service.

During the three days of industrial action the Trust managed to maintain core urgent and emergency care services, albeit with some teams under significant pressure. The week following the IA saw a significant escalation of emergency pressures due to high bed occupancy and poor flow. No significant harms have been identified as a result of the IA although the possibility of future identification of compromised care during the IA contributing to patient harm remains.

In the week following the industrial action, two virtual structured debrief sessions were held with attendance encouraged from stakeholders from every department. A teams questionnaire was also provided for population by those who were unable to attend the debrief in person. This initial feedback helped inform improvements to the plans for subsequent industrial action.

A further four days of industrial action was announced by the BMA from 06:59 11<sup>th</sup> April to 06:59 15<sup>th</sup> April. This immediately followed the Easter bank holiday weekend and therefore resulted in ten consecutive days of weekend / bank holiday level cover by medical staff. Due to the school holidays, which meant higher levels of annual leave, and these dates coinciding with Ramadan, availability of senior medical staff and other clinical team members to cover shifts was much more limited. Rotas were successfully populated however, and tremendous support from system partners to reduce hospital occupancy by accelerating complex discharges resulted in the organisation going into the Easter bank holidays with all escalation beds closed; this was maintained throughout the duration of the industrial action, which significantly improved the hospitals' ability to cover wards safely.

Further debrief sessions were held in the week following the second strike, the feedback from which is being collated with a particular focus on what went well and might be applied to normal operations and critical incidents as well as any future industrial action.

Throughout the industrial action staff from all professional groups showed a huge degree of flexibility, willingness to work differently and support for each other. This type of action without derogations for emergency care is unprecedented and the response from our teams was exceptional.

### **3. COMPLIANCE ISSUES**

A BLMK system GIRFT (Getting it right first time) visit was hosted by Bedfordshire Hospitals at the L&D site on the 27<sup>th</sup> March 2023. The system focus was on improvement in daycase rates, high volume lists in orthopaedics and ophthalmology, theatre utilisation and minimising the impact of urgent and emergency care pressures on elective waiting lists and patient experience. The impact of contingency beds in day-case admissions areas was particularly noted by the team, as well as significant opportunity for improvement on the number of cataract operations carried out per theatre session and the opportunity to carry out more arthroplasties in an all-day operating list. Teams are visiting other hospitals who are best in class for these pathways so that learning can be applied for local improvement.

### **4. DIGITAL UPDATE**

Looking forward to 2023/24, there is a busy and exciting Digital agenda. This includes the deployment of NerveCentre to both sites, increased integration of systems across the two sites, as well as new and innovative technologies like the surgical robot.

The Digital department relocation to Bedford Borough Hall (BBH) planned to commence in April has been delayed. Third-party critical network infrastructure to connect BBH to the Trust hospital site has yet to be installed and are awaiting supplier confirmation of revised installation and connection dates. Continuity of all

digital services will be provided throughout the relocation period. There will remain a digital presence on both the Bedford Hospital and L&D site for desktop support post relocation.

The Digital team continue to focus the delivery of key projects whilst continuing to improve the day-to-day user experience of digital services across the Trust. Listed below are key updates from the digital portfolio of projects during March:

### **Clinical Portal**

- There are three remaining Bedford integrations to be delivered, with limited progress possible due to competing priorities on Development team resources and missed planned go-live dates.
- This has resulted in an Intersystems delay notice being issued, which has been escalated to the Chief Digital Information Officer for remediation.

### **Digital Merge**

- InPhase – System administrator recruited in March; training in progress to increase application's longer term management autonomy.
- PACS – Hardware receipted at the end of March with data migration planning in progress.
- DCP – Assessing potential for soft go-live with Philips supply chain issues continuing to impact the delivery of the final two scanners.

### **Digital Solutions**

- Ophthalmology EPR L&D Cataract module (surgery) go-live complete.
- Moorfields Hybrid Mail go-live paused; awaiting Clinical Digital Safety Assessment sign-off.
- Discovery activity commenced on Diamond with Evolve and Dendrite Database projects.

### **Electronic Patient Record**

- EPR Levelling Up Funding for FY22/23 has been received.
- Bedford Phase 1 Go-Live dates adjusted due to operational pressures and the junior doctors' strike. Revised dates are:
  - Tuesday 25 April 2023: Bed Management.
  - Wednesday 26 April 2023: E-Obs, NEWS2 Alerts and Escalations, eHandover, Fluid Balance, Hospital at Night.
  - E-Takelist is to be confirmed.

### **Technology**

- Overall deployment for Windows 10 is now at 96%; an increase of 1% in the last month.
- Bedford Main Ward Block are being prepared for the NerveCentre Go Live with Wi-Fi external access point installations in April.
- 65% of Luton mobile devices have been migrated from AirWatch to Intune, the new mobile device management platform; a 15% increase since February.

## **5. INFECTION CONTROL REPORT**

## COVID 19:

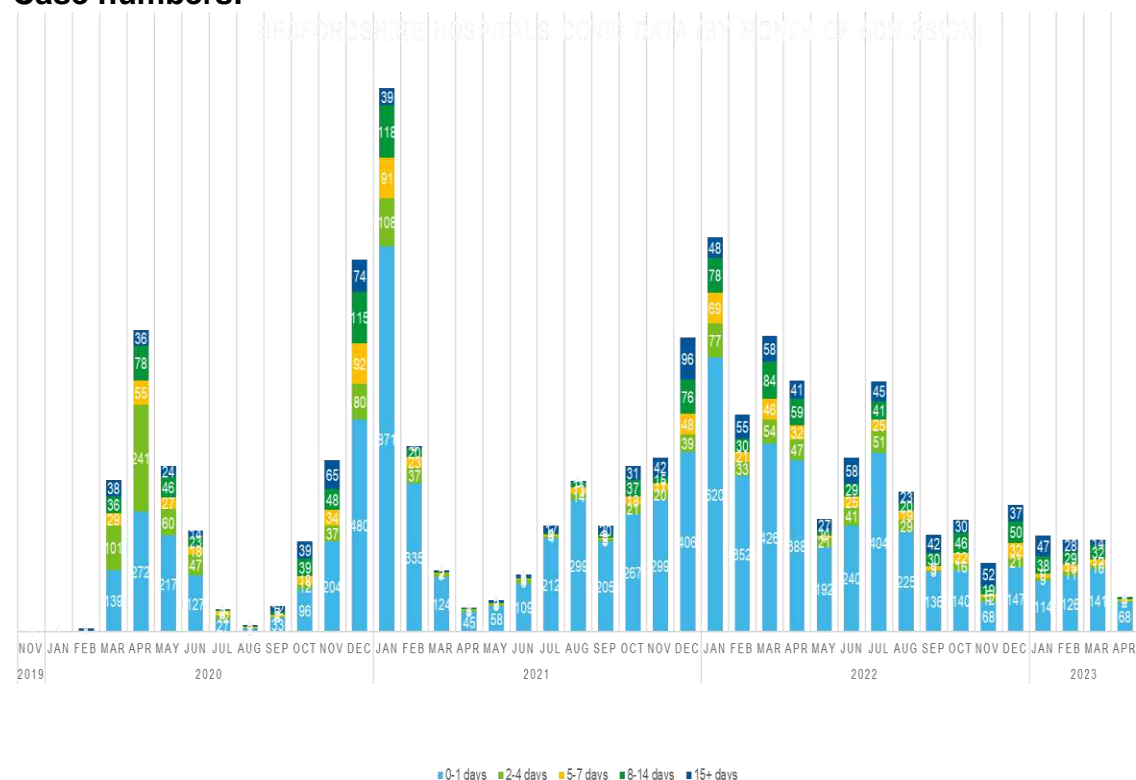
The number of infections due to COVID 19 are decreasing in both Trust hospitals. This trend reflects the figures in the community locally and nationally. In particular, hospital admissions due to severe disease continue to decline. However, it is expected that small peaks in infection will continue in highly vaccinated populations as the virus continues to evolve over time.

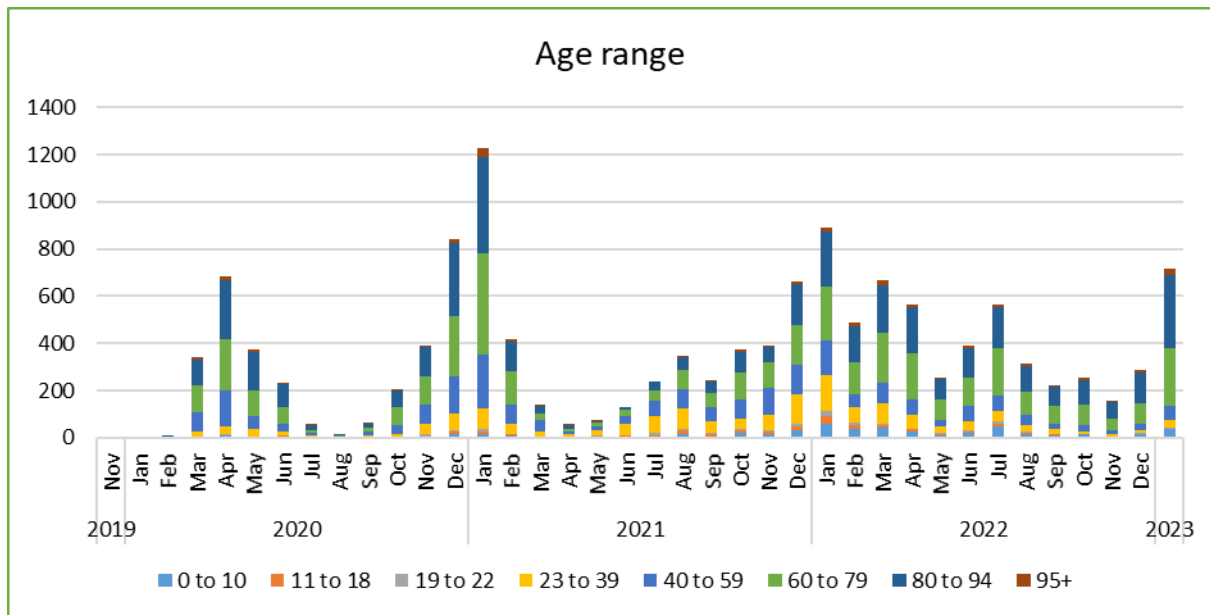
In light of recent increase in case numbers and deaths in India the Trust needs to be vigilant in its effort towards monitoring COVID 19 related illness locally and maintain its capacity for rapidly upscaling testing.

In recent weeks, national guidance by the UKHSA relaxing the rules on mask wearing in all clinical areas has been implemented in both Trust hospitals. The Trust is now moving towards adopting guidance on new testing criteria for COVID 19.

Other respiratory winter viruses are also on the decline. Small numbers of cases due to Influenza B have been identified in recent weeks. The four yearly spike in infections due to group A streptococcus is also showing a reduction.

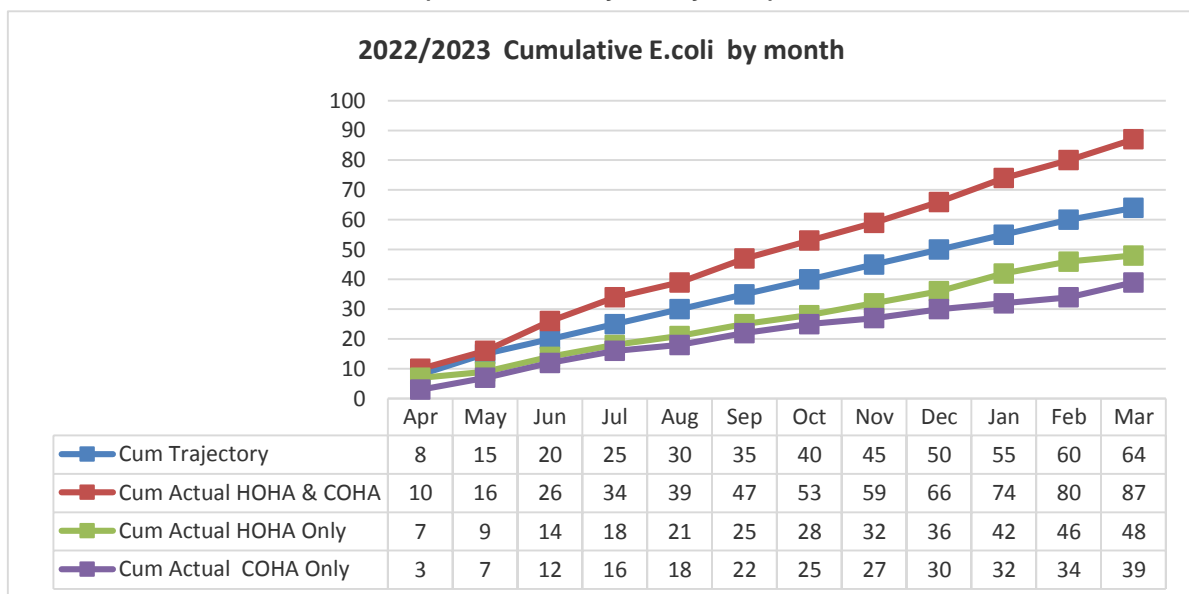
### Case numbers:





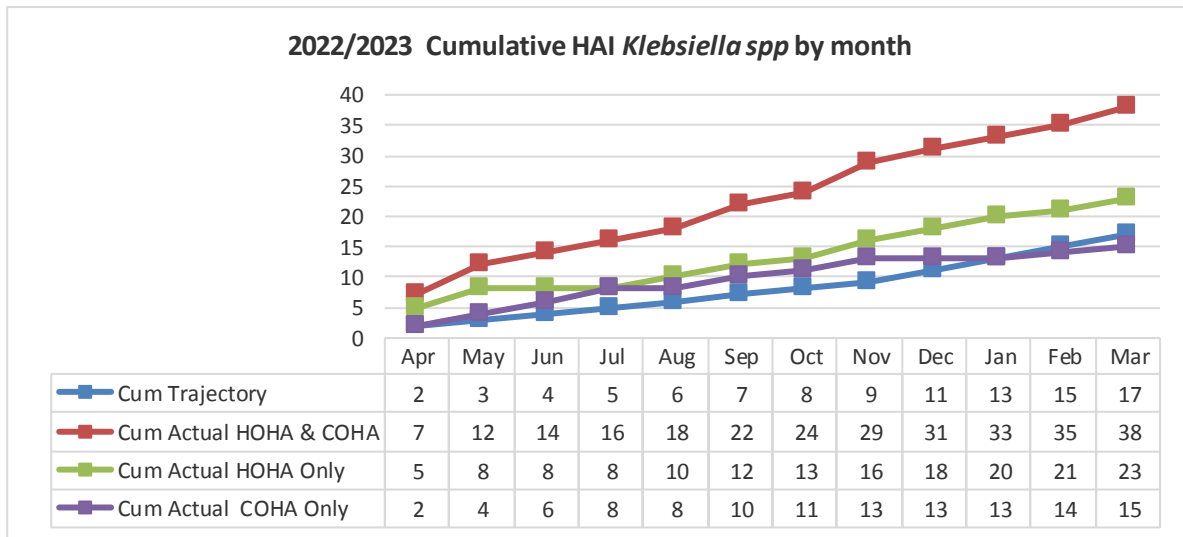
**Mandatory reporting of bacteraemia due to *E.coli*, *Klebsiella* spp, *Pseudomonas aeruginosa* and *Staphylococcus aureus* and *Clostridioides difficile* diarrhoea**

**E.coli Hospital Acquired infections 2022/23.  
(Admission day is Day zero)**

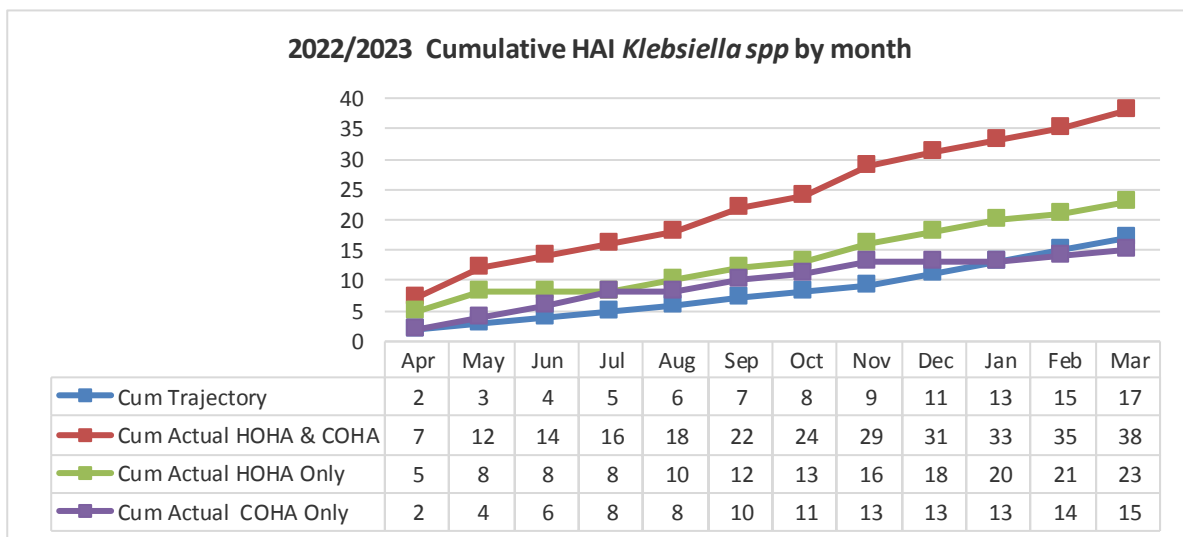




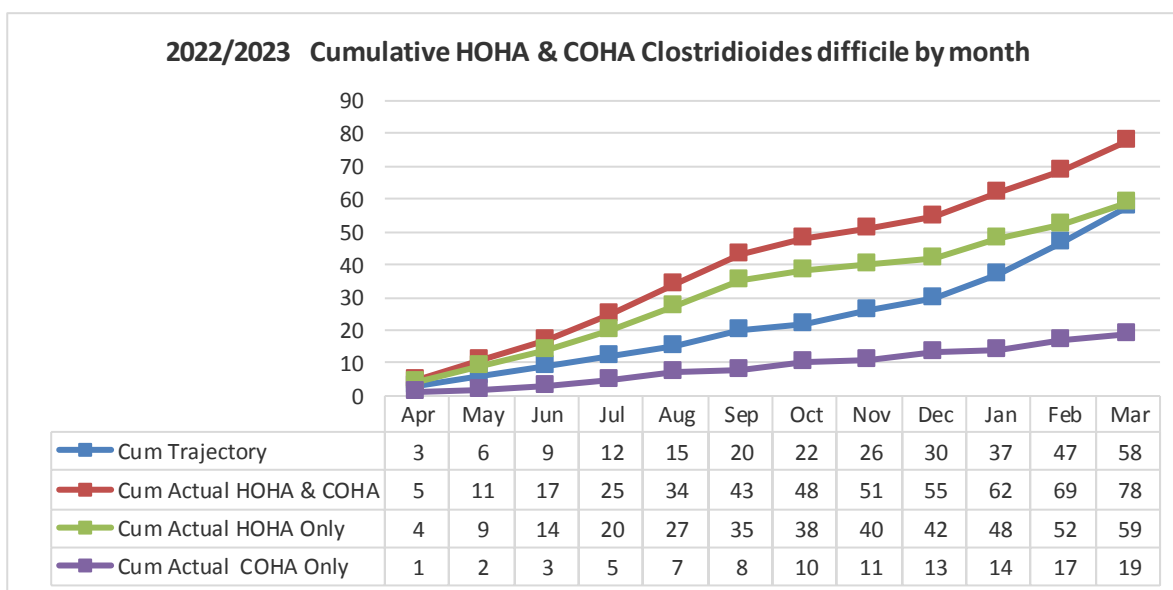
**Klebsiella spp. Hospital Acquired infections 2022/23.  
(Admission day is Day zero)**



**Ps. aeruginosa Hospital Acquired infections 2022/23.  
(Admission day is Day zero)**



**Clostridioides difficile Hospital Acquired infections 2022/23.  
Age > 2yrs, Hospital >1day (Admission day is Day zero)**



## 6. LEARNING FROM DEATHS QUARTERLY REPORT 2022/23 Q3

### Mortality review process highlights

Following the implementation of InPhase as the Trust Risk Management System, work continues to configure and refine the mortality module to support reporting of, and learning from deaths (LFDs).

Review of community deaths has commenced, the pace of further roll-out will be dependent on recruitment of GP Medical Examiners (MEs).

It is recognised LfDs, including identification of themes and trends, needs to be integral to implementation of the Patient Safety Incident Response Framework (PSIRF).

Work continues within and across the clinical service lines to ensure learning from deaths is embedded in mortality governance activities.

### Mortality review data

The following tables provide a breakdown of the in-hospital deaths occurring within Q3 2022/23 by age, gender and ethnicity (tables 1 - 3).

There were an additional 60 deaths in Q3 2022/23 (no.590) when compared to Q2 across Bedfordshire Hospitals Trust (BHT, BH no. 22, LDH no.38), with similar age, gender and ethnicity profiles as for previous quarters.

In relation to excess deaths, in Q3 2022/23, for BH, there were 50 excess deaths compared to the 5 year pre-COVID average, 26 fewer when compared to Q2 and 5 greater when compared to Q3 2021/22. For LDH there were 14 excess deaths compared to the 5 year pre-COVID average, 5 fewer compared to Q2 and 28 fewer when compared to Q3 2021/22.

Commencing Q4 2022/23, reporting of this metric uses 2019 actuals in place of the pre-COVID-19 five year average in calculating excess deaths.

Table 1 Summary of Q3 2022/23 deaths, (no.590) by age and gender

	No. deaths	Gender		Age (years)	Age (years)	Age (years)
		Male	Female	Range	Mean	Median
Bedfordshire Hospitals	590*	284	246	22 - 103	79	83
Bedford	269	140	129	24 - 103	79	83
L&D	321	167	154	22 - 101	79	83

\*excludes stillbirths (no.16, BH 7, LDH, 9) and one paediatric death (LDH, aged 11 years)

Table 2 Summary of all deaths in Q3 2022/23 by month (1 October - 31 December 2022)

Month in Q3 2022/23	Bedfordshire Hospitals	Bedford	L&D
October	176 (30%)	79	97
November	195 (33%)	92	103
December	219 (37%)	98	121
<b>Total no. deaths</b>	<b>590 (100%)</b>	<b>269</b>	<b>321</b>

Tables 3a (BH), 3b (LDH) Summary of all deaths in Q3 2022/23 deaths by ethnic group

BH - Ethnic Group		No. patients	LDH - Ethnic Group		No. patients
Any other Asian background		3	Any other Asian background		3
Any other White background		8	Any other White background		11
Black Caribbean		2	Bangladeshi		5
Chinese		1	Black - African		1
Indian		8	British - Caribbean		4
Irish (White)		1	Indian		3
Not Specified		2	Not stated		36
Other Ethnic Group		1	Pakistani		12
Pakistani		4	Refused to give		3
White (British)		239	White - British		229
<b>Total no. patients</b>		<b>269</b>	White - Irish		14
			<b>Total no. patients</b>		<b>321</b>

### Length of Stay (LoS)

Compared to the previous quarter, while there has been a decrease in the mean length of stay by 0.9 and 0.8 days for BH and LDH respectively, the Q3 median for both hospital sites remains unchanged (table 4).

Table 4 Summary of Q3 2022/23 deaths by Length of Stay (LoS)

	LoS (days) Range	LoS (days) Mean	LoS (days) Median
<b>Bedfordshire Hospitals</b>	0 - 90	11.6	7
Bedford	0 - 70	11.9	8
L&D	0 - 90	11.3	7

### Deaths within 24 hours of admission

The percentage of deaths occurring within 24 hours of admission demonstrates monthly fluctuations that are apparent across previous quarters (figure 1a and 1b). All deaths occurring within 24 hours of admission are subject to review by a Deputy

or Associate Medical Director, with findings presented at monthly Learning from Deaths Boards.

From December 2022 non-admitted deaths occurring within the Emergency Department are included in monthly reporting and senior clinical review.



Figure 1a and 1b Percentage of deaths within 24 hours of admission in Q3 2022/23

### COVID-19 deaths

Compared to Q2 the percentage of patients who died with a first +ve COVID-19 test at 15+ days was lower in Q3 for both hospital sites (no.7, 13% patients compared to no.18, 18%,), with a fall in the total no. patients with a first +ve result.

Q3 reporting follows a change in guidance from 24 September 2022 when asymptomatic patients, unless immunocompromised, are no longer tested for COVID-19.

### Primary and Structured Judgement Reviews (SJRs)

SJR outcomes and any impact on learning from deaths will be more fully represented on completion of all outstanding case reviews for patients who died in Q3 (no.28 /63, 44%, as of 27/03/2023).

Table 5 Primary reviews completed and Structured Judgement Reviews (SJRs) requested and completed in Q3, 2022/23

	Total no. deaths (Q3, 2022/23)	Total no. Primary Reviews completed*	Total no. SJRs requested	Total no. SJRs completed
<b>Bedfordshire Hospitals</b>	<b>590*</b>	<b>593**</b>	<b>63</b>	<b>35/63***</b>
Bedford Hospital	269	227	22	15/22
L&D Hospital	321	366	41	20/41

Patients who died in Q3 (excluding stillbirth and paediatric deaths)\*

No. includes primary reviews completed for non-admitted patients who presented and died in ED\*\*  
 SJRs allocated and awaiting completion and final approval for deaths occurring in Q3 Total no: 28 (BH, 7 and LDH, 21, as of 27/03/2023) \*\*\*  
 Data source: InPhase

Compared to Q2, in Q3 there was a higher overall percentage of primary reviews completed, 92% compared to 90% across the hospital sites. When compared to Q3 2021/22 there has been an 8% increase (84%).

There were 10 fewer SJRs completed in Q3, and as with Q2 a higher percentage of SJRs were completed at BH (68%) compared to LDH (49%). The lower number of completed SJRs reflects the likely impact of the switch in mortality modules following the introduction of InPhase as the Trust risk management system during this reporting timeframe.

Work with reviewers is ongoing, including reassessment of demand and capacity and identifying any barriers for timely completion of SJRs. This is integral to learning from deaths, and includes direct engagement with individual reviewers and through the mortality review forum. In addition, review of historic referrals has been undertaken, including consideration of other routes for escalation following primary review out with referral for SJR.

SJR completion for patient deaths by location of death is illustrated in tables 6a and 6b.

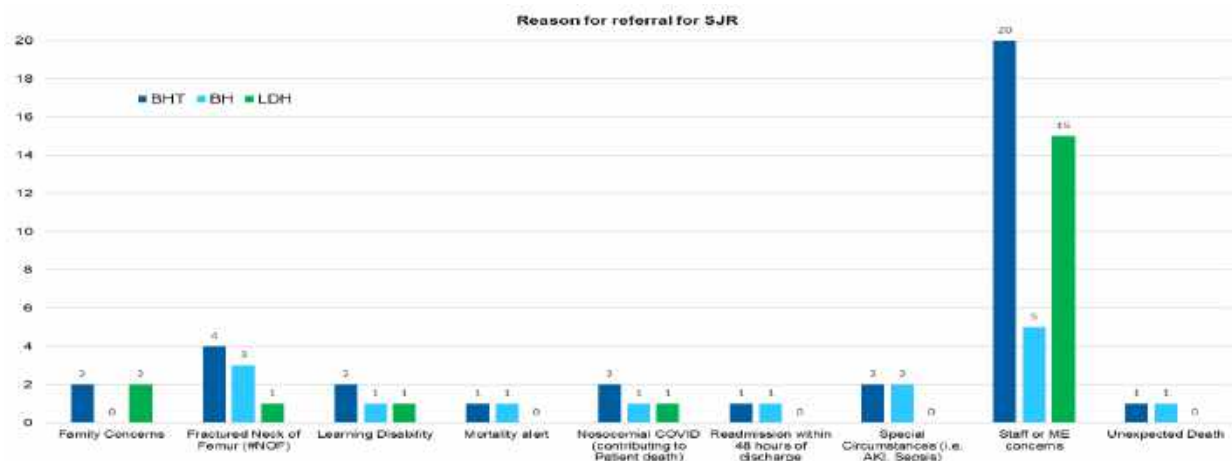
A similar distribution of wards is apparent as for previous quarters, noting there are 2 referrals for patient deaths occurring in the ED at the LDH site.

Table 6a (BH), 6b (LDH) All SJRs - completed for patient deaths in Q3 2022/23 (no.35) by location of death

BH - Ward /Department	No. patients	LDH - Ward /Department	No. patients
AAU	1	Ward 3	2
Emergency Department	1	Ward 10	3
Elizabeth	1	Ward 11	2
Godber	2	Ward 12	1
Harpur	2	Ward 15	2
Howard	1	Ward 16	1
ITU	1	Ward 17	2
Pilgrim	2	Ward 20	1
Reginald Hart	1	Ward 23	1
Shuttleworth	1	Ward 19b	2
Theatres recovery	1	ED	2
Whitbread	1	ITU	1
<b>Total no. patients</b>	<b>15</b>	<b>Total no. patients</b>	<b>20</b>

A similar trend for reason for referral continues as in previous quarterly reporting, with Medical Examiner (ME) or staff concerns the primary reason for referral at LDH (no.15, 75%). For BH, ME or staff concern, 33% and fractured neck of femur, 20%, were the primary reasons for referral (illustrated in figure 2, BHT and tables 7a, BH and 7b, LDH, primary reason by Trust and site).

Figure 2 Reason for referral for SJR in Q3 2022/23 (no.35) for Bedfordshire Hospitals Trust



#### 7a Reason for referral for SJR in Q3 2022/23 (no.15) Bedford Hospital (BH)

BH - Reason for referral for SJR	No. referrals
Fractured Neck of Femur (#NOF)	3
Learning Disability	1
Mortality Alert	1
Nosocomial COVID (contributing to Patient death)	1
Readmission within 48 hours of discharge	1
Special Circumstances (i.e. AKI, Sepsis)	2
Staff or ME concerns	5
Unexpected Death	1
<b>Total No. referrals</b>	<b>15</b>

#### 7b Reason for referral for SJR in Q3 2022/23 (no.20) Luton and Dunstable hospital (LDH)

LDH - Reason for referral for SJR	No. referrals
Family Concerns	2
Fractured Neck of Femur (#NOF)	1
Learning Disability	1
Nosocomial COVID (contributing to patient death)	1
Staff or ME concerns	15
<b>Total No. referrals</b>	<b>20</b>

Figure 3 illustrates the avoidability scores assigned following SJR completion for Bedfordshire Hospitals, with tables 8a and 8b providing site level detail. Please note data will be subject to change following completion and approval of the outstanding SJRs (no.28).

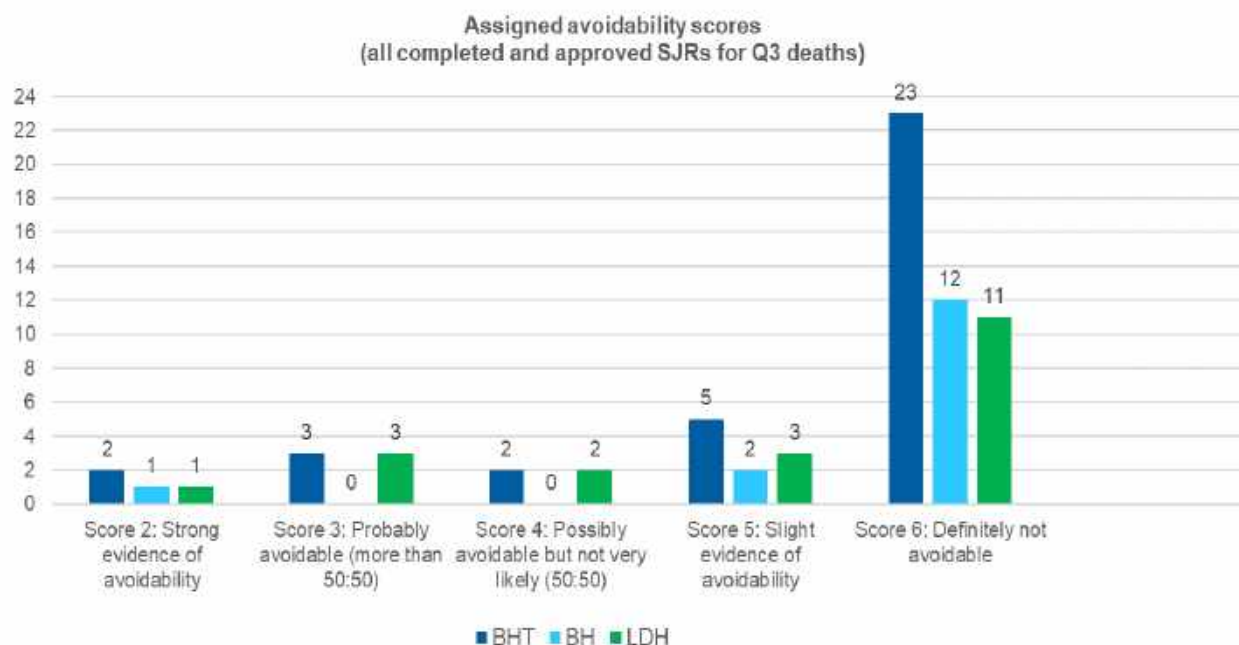


Figure 3, avoidability scores assigned (no. 35) for deaths occurring in Q3 2022/22 and referred for SJR (by Trust and hospital site).

Table 8a Assigned avoidability scores, Bedford Hospital (no. 15)

BH - Assigned avoidability scores (call completed and approved SJRs)		No. referrals
Score 2: Strong evidence of avoidability		1
Score 5: Slight evidence of avoidability		2
Score 6: Definitely not avoidable		12
<b>Total no. SJRs completed and approved</b>		<b>15</b>

Figure 8b Assigned avoidability score, Luton and Dunstable Hospital (no. 20)

LDH - Assigned avoidability scores (call completed and approved SJRs)		No. referrals
Score 2: Strong evidence of avoidability		1
Score 3: Probably avoidable (more than 50:50)		3
Score 4: Possibly avoidable but not very likely (50:50)		2
Score 5: Slight evidence of avoidability		3
Score 6: Definitely not avoidable		11
<b>Total no. SJRs completed and approved</b>		<b>20</b>

28/35 cases were considered definitely not avoidable or slight evidence of avoidability (avoidability scores 6, 5).



Potentially avoidable deaths (avoidability scores, 2 and 3) were identified in 5/35 SJRs completed to date. This equates to 0.8% of all deaths in Q3 (5/590, excluding stillbirth and child deaths).

An update on the Q3 position will be provided in Q4 2022/23 reporting (July 2023).

### Case note review and learning identified

Detailed review findings of the five cases assigned an avoidability scores of 2, three are included in reporting for LfDs Boards. Summary learning points are highlighted below:

- Timely management of sepsis, including fluid resuscitation.
- Consideration of urgent laparoscopy in patients with persistent systemic inflammation, despite broad spectrum antibiotics and unclear intra-abdominal pathology.
- Optimise management of hepato-renal syndrome.
- Timely investigation and correction of severe hyponatraemia and hyperkalaemia.
- Ensure abnormal results are communicated to other team members and reviewed as part of the post-take ward round.

### Q2 2022/23 reconciliation

Previous reporting identified there were 20/65 SJRs allocated awaiting completion for patients who died in Q2 2022/23 (as of 20/12/2022). Reconciliation of reviews to date identified 5/65 remain outstanding.

Of the additional SJRs completed for patients who died in Q2 and not accounted for in previous reporting, two further cases were assigned an avoidability score of 3.

Potentially avoidable deaths (avoidability scores, 2 and 3) were therefore identified in 6/60 SJRs completed to date. This equates to 1.1% of all deaths in Q2 (6/530, excluding stillbirth and child deaths).

A breakdown of assigned avoidability scores for Q2 is reported in table 9.

Additional learning identified in respect of these cases includes:

- Highlighting the importance of recognition and managing patients at high risk of falls.
- Early recognition and intervention of iatrogenic perforation.

Table 9 Avoidability scores assigned (no. 60) for deaths in Q2 2022/23 and referred for SJR

BHT - Assigned avoidability scores (all completed and approved SJRs)	No. cases
Score 2: Strong evidence of avoidability	1
Score 3: Probably avoidable (more than 50:50)	5
Score 4: Possibly avoidable but not very likely (50:50)	6
Score 5: Slight evidence of avoidability	13
Score 6: Definitely not avoidable	35
<b>Total no. SJRs completed and approved</b>	<b>60</b>

Please note: data is subject to change following completion of the outstanding SJRs (no. 5).



In total there are 123 outstanding SJRs allocated, awaiting completion, 38/123 pre-dating Q3 2022/23. Senior clinical review of the historic BH referrals has taken place with 1/38 cases outstanding for BH, while the remaining 37 are LDH referrals.

Alternative routes of escalation, where considered more appropriate, including focused specialist review and/or feedback, are being explored as an alternative to referral for SJR to ensure timely specialist review and learning.

## **7. CQUINS AND QUALITY PRIORITIES**

The Trust continues to work towards the nine CQUIN schemes for 2022-23, with the Clinical Safety Team working collaboratively with all relevant clinical teams and key stakeholders. Each of the schemes has a minimum and maximum threshold for conformance.

Progress with the CQUINs remains challenging due to the continued operational pressures and high bed occupancy across the Trust coupled with the junior doctors strikes. Data collection, varying IT systems and auditing of clinical records also remains challenging.

Quarter 4 data is currently being reviewed and validated, due for completion by the end of May. From review of the Q4 data available to date, four of the CQUINs remain rag rated as RED. These include CCG2 flu vaccinations, CCG4 compliance with timed diagnostic cancer pathways, CCG5 treatment of community acquired pneumonia (CAP) and CCG9 cirrhosis and fibrosis tests for alcohol dependent patients.

CCG4 Compliance with timed diagnostic cancer pathways remains challenging due to delays in referral for investigations.

CCG5 Results for the treatments of CAP in quarter one and two identified the need for improvement work around all aspects of the BTS CAP care bundle. The documentation of the CURB-65 score was identified as a top priority and improvements in this have resulted in an increased compliance in quarter 3 to 46%.

CCG9 The percentage compliance for cirrhosis and fibrosis tests for alcohol dependent patients has remained consistently low despite aligning the pathways across the Trust for requesting Fibroscan's on iCE. In quarter 3 we have reached the lower threshold limit.

Positively however : CCG3 recording of NEWS2 score, escalation time and response time for critical care admissions and CCG8 supporting patients to drink, eat and mobilise after surgery remain rag rated as GREEN with conformance looking to remain nearer the upper thresholds for these CQUINs.

CCG6 Anaemia screening and treatment for all patients undergoing major elective surgery has changed from amber to green. Quarter 3 results achieved 83% compliance exceeding the upper threshold limit of 60%.

The Trust has always aimed to work in partnership with patients, staff and the communities we serve, to improve the quality of services delivered throughout the year.

There are nine quality priority work streams which are aligned with the nationally recognised quality priorities. Some being CQUINS :

- to deliver excellent clinical outcomes
- to improve patient safety,
- to improve patient experience .

Three priorities that remain Rag rated as Red are below. The remaining are 4 Amber and 2 Green.

Quality Priority 1: Flu vaccinations for frontline Healthcare workers. To date, 50.8% frontline staff have been vaccinated (49.3% at Luton, 51.7% Bedford).

Quality Priority 5: Treatment of community acquired pneumonia in line with British Thoracic Society (BTS) care bundle

Quality Priority 9: Cirrhosis and fibrosis tests for alcohol dependent patients

## **8. MEDICAL EDUCATION UPDATE**

### **Cross Site**

*National Education and Training (NETS) survey results* - The NETS survey gathers opinions from students and trainees from medical and non-medical professions about their time working and training in practice placements and training posts, asking them to provide feedback on what worked well and what they think could be improved. NETs collected feedback from learners during the period 18th October to 30th November 2022.

For the East of England 4,403 learners took part in the survey which is a significant increase of 55.3% on previous NETS results. Of those responses, 2,482 were medical learners, an increase of 34.9% on the previous year. For the Luton site the results highlighted specialty training to be an outlier for quality of care. For the Bedford site results highlighted Foundation training in Medicine to be an outlier for quality of care, Foundation training in Surgery to be an outlier for quality of care and overall experience and GPST training in Paediatrics to be an outlier for quality of care.

*General Medical Council (GMC) Survey* - This year's GMC Survey opened on 21<sup>st</sup> March and is due to close 4<sup>th</sup> May 2023, this has now been extended by a further 2 weeks due to poor take up. Currently our Trust's completion rate is low and we are encouraging all trainees and trainers to complete the survey.

*Educational Supervision* - The medical education teams continue to support high quality educational and clinical supervision in all areas across the organisation. Throughout an academic year, we facilitate face-to-face Educational Masterclasses

with focus on the practical, everyday aspects of educational supervision, the most recent was at Bedford in February 2023 and was well attended.

*Ongoing quality monitoring* - There are no outstanding risks identified by NHSE for any speciality at the Luton site. Bedford continues to develop and support the quality measures as outlined by the GMC and NHSE. The Bedford site is out of enhanced monitoring by the GMC and the NHSE Quality risk rating has also improved. As a result, of the improvement the quality team at NHSE will now only need to undertake 6 monthly supportive meetings with the trust to ensure the changes are embedded into the educational environment. The most recent Bedford supportive meeting was very positive.

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

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

## **10. INFORMATION GOVERNANCE QUARTERLY REPORT**

The report is attached as **Appendix 2.**

## **11. MATERNITY SERVICES UPDATE**

The NHS England Three Year Delivery Plan for Maternity and Neonatal Services sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. Overall the plan describes 4 themes defined by 12 objectives and a total of 44 Trust responsibilities to support and embed implementation. The plan is focussing on the following four high level themes.

1. Listening to women and families with compassion
2. Supporting our workforce
3. Developing and sustaining a culture of safety
4. Meeting and improving standards and structures

The maternity services are currently benchmarking against the trust level responsibilities and working with system colleagues on informing and supporting plans for fulfilling system responsibilities.

The midwifery overseas recruitment strategy continues to be successful with 57 candidates now across both of our maternity sites. The hard work of the maternity team has been recognised nationally with Bedfordshire NHS Hospitals Foundation Trust being asked to complete a case study which will be posted as a resource on NHS England and NHS Futures UK websites.

Building works for the re configuration of the new Triage unit and central monitoring base on the Delivery Suite at Bedford will be completed by the end on April. Staff

training has already commenced for the use of the nationally recognised BSOTS (Birmingham Symptom Specific Obstetric Training system). This is a safety tool for maternity care and enables midwives to see women promptly and confidently clinically prioritise care for women attending the department.

## **12. FREEDOM TO SPEAK UP (FTSU)**

### **FTSU Concerns raised on the Bedford site**

#### **Quarter 4 referrals January to March 2023**

There were ten new concerns and one ongoing concern carried forward from Quarter 4 (January – March 2023).

#### **Bullying and Harassment**

There has been one allegation of bullying and harassment in a clinical department and is being taken forward by OD colleagues in the first instance.

#### **Attitudes and Behaviour**

Two concerns were raised about attitudes and behaviours in a department. A listening exercise was undertaken by the OD team and a report and action plan produced.

#### **Patient and Staff Safety.**

Five members of staff individually reported concerns about new on-call arrangements and the potential effect on both staff and patients. This is being taken forward by HR. Another concern was raised about patient safety. It was also reported via Inphase, the new risk and safety incident management system. An anonymous concern was raised about a member of staff who felt penalised as a result of raising concerns, this is being taken forward by HR.

A case previously raised about a recruitment issues achieved a respectful resolution.

A previous allegation of bullying and harassment is now the subject of a formal grievance.

### **FTSU Concerns raised on the L&D site**

#### **Quarter 4 referrals January to March 2023**

There were 13 new concerns and one ongoing concern carried forward from Quarter 4 (January – March 2023).

#### **Bullying & Harassment**

There have been two allegations of bullying and harassment in a clinical department against managers. The staff members are seeking informal resolution with the help of the Senior Nursing/management team

#### **Attitudes & Behaviour**

Eight concerns were raised about attitudes and behaviours of Managers, seven of whom were from one particular area of work. A listening event was organised with

the Trust Guardian at the request of the Senior Nursing team, which covered night and day staff. Formal feedback will be provided and based on the findings support put in for the ward team and work environment. This may include measures to promote a culture of thanks and appreciation, communication initiatives where staff feel engaged, along with other retention initiatives.

### Patient and Staff Safety

Three staff members sought help after a difficult night shift where they felt lack of support, and staffing numbers were challenging. The Guardian is working with the Ward Manager and other Senior Nurses to review what happened, how staffing handovers to the site team can be improved and ongoing support to the staff concerned. One staff member felt unsafe regarding how they were being treated by their Manager regarding an ongoing complaint made against them. The situation is ongoing and support is being provided by the Guardian.

### Ongoing concern from previous quarter

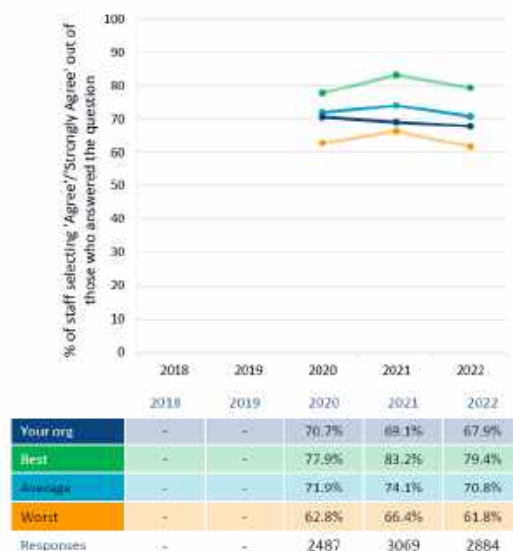
The concern has Executive level engagement with HR involvement which may continue for some time.

### Guardian activity

The Guardians attended the National Freedom to Speak Up conference which took place in London on 9<sup>th</sup> March. This coincided with the publication of the National Staff Opinion Survey. Initial observations is that we are near average in comparison to other NHS organisations but it also shows that there is still work to do across the Trust.

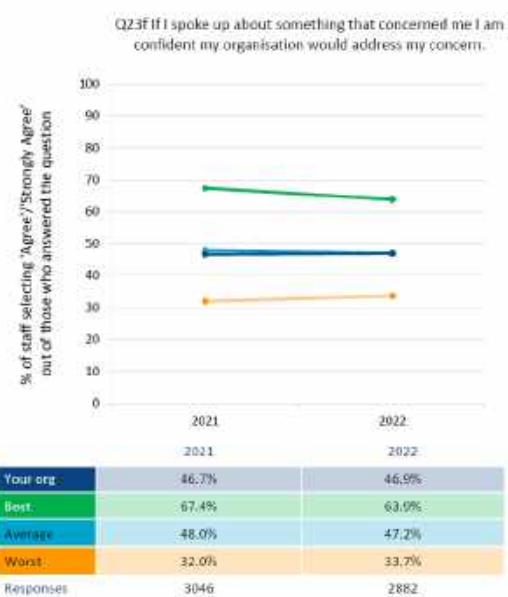
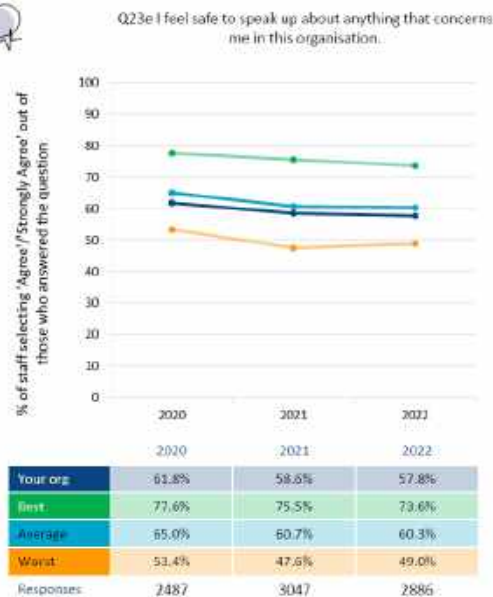


Q19a I would feel secure raising concerns about unsafe clinical practice.



Q19b I am confident that my organisation would address my concern.





Nationally, it is seen that the two main barriers to Speaking Up are fear and futility and this was endorsed by some of the comments given in our Survey results. We shall work with our OD colleagues to produce an action plan to improve staff confidence in the process.

Staff continue to use the Peer Listener's for their concerns and we are in the process of providing more Mental Health Awareness training in April to enable more staff to undertake this role. Where appropriate, Peer Listeners signpost concerned staff to the Guardians, but increasingly staff are speaking to the Guardians as Peer Listeners.

## 13. ESTATES & FACILITIES UPDATE

### Hard Facilities Management Update

A number of the estates management team members have moved onto other NHS organisations in the period. Recruitment plans are in place with one of the key member's posts already filled. The department does still have a number of vacancies and agency support is being utilised during the recruitment process.

The estates, facilities and capital teams continue to support the redevelopment teams with their portfolio of projects across both sites. Noticeably with the successful commissioning of the new High Voltage (HV) infrastructure and two new HV generators as part of the Energy Centre Project on the L&D. Further commissioning is scheduled in May & June to commission and bring online the third / final HV generator and the new Combined Heat and Power Plant.

A number of hot water shutdowns have been planned and carried out in preparation for the energy schemes district heating system connection into existing building infrastructure across the site. These operations have been carried out, out of hours to mitigate the effects on patients and visitors.

A new HV substation at the Bedford site has been connected into the HV network and a number of Low Voltage upgrades completed. This work has identified a number of issues with the existing HV infrastructure on the site. Teams are investigating these issues and developing a phased plan to upgrade the issues currently identified.

All routine water sampling and testing has been completed in this period. All planned preventative maintenance (PPM's) and actions arising are being carried out in accordance with policy and guidance. The Bedford site is seeing a slight reduction in water quality in some areas. Policy and best practice is being followed and will be further supported with the installation of new Copper Silver water treatment plant in the summer.

All routine servicing and verifications on critical ventilation plant have been completed in this period.

### **Soft Services Updates**

The new NHS cleaning standards were implemented in May 2022. Scores / ratings are a combination of domestic, nursing and estates performance and result in a star rating. Ratings rang from no stars to a five star rating.

During the period neither sites have had ratings less than four stars with only one exception on the Bedford site that resulted in a three star rating. This was escalated and investigated with cleaning issues addressed within a day.

### **Patient-led Assessments of the Care Environment (PLACE), 2022**

The national PLACE inspection results were released in March further to annual audits that were carried out in the autumn 2022. Below is a high level summary of the site scores in comparison to the national average:

Site Name	Cleanliness Score %	Food Score %	Organisational Food Score %	Ward Food Score %	Privacy, Dignity & Wellbeing Score %	Condition, Appearance and Maintenance Score %	Dementia Score %	Disability Score %
L&D	96.97%	92.73%	96.94%	91.99%	81.03%	92.13%	81.27%	83.71%
Bedford	96.08%	84.90%	88.02%	84.16%	81.24%	91.80%	75.43%	80.32%
NATIONAL STANDARD	98.00%	90.20%	90.20%	90.20%	86.10%	95.80%	80.60%	82.50%

All the National PLACE scores are available on line at NHS Digital.

Teams on both sites are currently reviewing / analysing the scores and data to identify areas for improvement. The findings of the teams will be taken to the Patient Environment Group's and sites Facilities Forums (clinically led) in due course, with associated action plans developed where required.

## **14. COMMUNICATIONS AND CHARITIES**

### **External Communications and Media:**

The Trust received approx. 30 media enquiries between January and March 2023. These included operational pressures the NHS was under (echoed around the

country) and the junior doctors strike in mid-March. We also responded to questions around junior doctor's pay, pay for locums in ED and there was also local interest in the Unite action over the issue of the Trust's Estates staff on-call pay arrangements.

BBC Look East (West) ran a story about one of our patients, Caroline, who lost her hands and feet to sepsis and returned to Bedford Hospital with her therapy dog Duke, as a way of saying thank you for the care she received. The BBC also ran an online piece about our healing arts project - TakeHeart.

### **Stakeholder engagement:**

In January we facilitated a visit from Bim Afolami, MP for Hitchin & Harpenden, who came in to learn more about the pressures we were facing, visiting ED, the control room, SSSU and SDEC.

There were also visits from MP Mohammed Yasin who came to Bedford Hospital in January, and South West Bedfordshire MP Andrew Selous who visited the L&D in February to talk to junior doctors.

As part of our work to develop our communications and engagement support within our maternity services, increased engagement has taken place with the Bedford and Luton Maternity Voices Partnerships over the past quarter. This has included, providing guidance and support on using social media effectively as well as collaborative work on the Inclusive Language Project.

### **Social Media:**

Hospital site	Social media channel	Number of likes/followers	Increase from December 2022
Bedford	Facebook	8,789	+102
L&D	Facebook	11,136	+160
Bedford	Twitter	7,063	+53
L&D	Twitter	6,650	+115
Bedford	Facebook Maternity Page	5,266	+150
L&D	Facebook Maternity Group	2,526	+89
Bedfordshire Hospitals	Instagram	1,328	+85
Bedfordshire Hospitals	LinkedIn	2,374	+409

A few highlights on social media channels include:

<b>Bedford</b>	<b>L&amp;D</b>
Top 5 Facebook posts for Bedford were <ul style="list-style-type: none"> <li>• Rye Closure and Cygnet Wing car park closure – 7.2k</li> <li>• Maternity dining room change – 6.7k</li> <li>• Whitbread Ward accreditation – 6.7k</li> <li>• Whitbread Ward Team of the Month – 5.9k</li> <li>• Caroline Coster volunteer with therapy dog – 5.8k</li> </ul>	Top 5 Facebook posts for L&D were <ul style="list-style-type: none"> <li>• Redevelopment ED progress – 20.7k</li> <li>• Redevelopment corridor closure – 18.6k</li> <li>• Patient and visitor car parking is limited – 18.5k</li> <li>• Same Day Emergency Care Team of the Month – 18.2k</li> <li>• Acute services block time lapse – 16.6k</li> </ul>



<p>Top 3 Twitter posts for Bedford were</p> <ul style="list-style-type: none"> <li>• Junior doctor strikes in April (9 likes, 3 retweets)</li> <li>• Happy Easter (6 likes, 5 retweets)</li> <li>• Maternity stats for Feb (7 likes, 2 retweets)</li> </ul>	<p>Top 3 Twitter posts for L&amp;D were</p> <ul style="list-style-type: none"> <li>• Lorna Hagger retirement (40 likes, 4 retweets)</li> <li>• Helen McGowan-Thomson (16 likes, 5 retweets)</li> <li>• Junior doctor strikes in April (6 likes, 6 retweets)</li> </ul>
---	--

Throughout this period, we have supported a variety of awareness campaigns including Endometriosis Awareness Month, World Book Day, Overseas NHS Workers Day, International Women's Day, LGBT History Month, No Smoking Day and World Kidney Day.

We continue to advertise a variety of job vacancies, showcase staff winning awards and long standing staff members who retire.

### **Digital:**

#### **Website Accessibility**

We are currently at 94.2% conformance for A and AA issues (Government guideline best practice) putting us in the top three hospital websites.

#### **Website Statistics**

During this period, we had 219K users visit our website with 468K sessions, the average user spends 1.44 minutes on our site. 63.4% of users accessed the site with a mobile phone, 34.1% with a desktop/laptop and 2.5% with a tablet.

Our top five visited pages were:

- Job vacancies
- Blood tests
- Information for visitors - Luton and Dunstable University Hospital
- Blood tests – Arndale House
- Contact us

### **Intranet**

<b>Bedford</b>	<b>L&amp;D</b>
<p>43K users visit the Bedford intranet. The most visited pages are:</p> <ul style="list-style-type: none"> <li>• Do it online</li> <li>• Clinical hub</li> <li>• Clinical guidelines</li> <li>• Pharmacy department page</li> <li>• IT support</li> </ul>	<p>29K users visit the L&amp;D intranet. The most visited pages:</p> <ul style="list-style-type: none"> <li>• Directory</li> <li>• Do it online</li> <li>• Departments and wards</li> <li>• Clinical guidelines</li> <li>• Policies</li> </ul>

### **Internal Communications and Events:**

To engage with staff the Trust continues to use digital two-way communication channels. These are streamlined and established into the culture of the organisation and remain a successful way for staff to receive information and ask questions on all range of subjects. These channels are:

- Monthly virtual All Staff Briefings led by the CEO with input from members of the Executive Team
- Virtual one-off live events and webinars
- One-off briefings led by the executive team members
- One-off events to aid national health campaigns

### **All Staff virtual Briefings**

The briefings average around 240 live attendees each month and each session generates around 60 comments or questions on a variety of issues. Recent sessions have seen more questions asked, and we have now made sure that any questions we didn't answer in the live session will be answered at the beginning of the next all staff briefing. This is part of our commitment to ensure staff feel listened to, have a response to their questions and any appropriate action is taken from their feedback.

### **'The Week' - newsletter lead features**

In January 2023, monthly staff features / guest blogs within the lead of our weekly newsletter 'The Week' were introduced. This gives a new platform to different colleagues from across the organisation, who will be sharing their expertise, advice and experience on a range of topics, which link back to our Trust strategy, vision and values. Previous guest blog contributions have come from our Trust psychologist and our vocational education lead.

### **Supporting bi-annual Staff Engagement Events**

Acknowledging that supporting the recovery of staff post pandemic is also a top priority for the Trust, the communications team supported the delivery of the winter Staff Engagement Events in December 2022. These events ran slightly different last year and saw over 4,000 staff across two weeks on both hospital sites, and were a chance for staff to have a break from the everyday and learn some useful health and wellbeing tools.

### **Staff app**

**4,709** staff have downloaded the new app. This is a rise of 1,000 staff since the last quarter (which was at 3,665 staff downloads).

Analytics tell us that the most popular blocks on the app are:

1. Roster
2. Employee online Luton
3. Email
4. Employee online Bedford
5. Jobs
6. ESR
7. News
8. The Week

There are between **130 - 800 views on the app every day** with the majority of staff spending under 20 seconds to 4 minutes, at any one time, on the app.

## **CHARITY TEAM; FUNDRAISING, VOLUNTEERING AND WORK EXPERIENCE**

### **Charity updates**

- Following the Board meeting in January, the Charity has completed the communications plan agreed by the Board of Directors for the Helipad cease of appeal. The Charity are working with donors and the community on fund redistribution.
- In March, the Charity held a soft opening for the CT scanner in the Emergency Department. Although it is not operational yet, this was a preopening handover between the Chairman and donor.
- Throughout March the Charity have attended many Community Iftar events and will be in attendance at the Eid Festival at Lewsey park on 21<sup>st</sup> April.
- The Riverbank Ward sensory space and redecoration is now complete
- The L&D Paediatric Emergency Department (ED) appeal is almost complete, including sensory projectors, technology equipment, mental health room, sensory sky panels and murals.
- Easter The Trust received over 1000 Easter eggs and 20 craft packs which were given to Bedford Hospital Children's Wards, L&D Hospital Children's wards, ward 18,19a,19b and both paediatric ED's. Our biggest donors were Kier and 3Heads Agency via Bedford Hospital Charity & Friends.
- Acute Service block
  - Tiny feet appeal (NICU and Maternity) – launched and now out for public fundraising.
    - Parent's accommodation – awaiting Board direction on timelines and property agreement.
    - New NICU shuttles system, monitors – purchased and awaiting delivery.
  - Robot – Bedford Hospital Charity and Friends have supported £900k towards a surgical Robot at Bedford. The Luton and Dunstable Charity Team raising funds monitor for the Luton robot, directing funds from the Helipad appeal to support this.
  - ICU – L&D are raising funds for the balcony / terrace, the department have been organising many activities in support of this with the Charity Team.

### **Volunteering:**

- The Trust has 221 registered volunteers in Luton and 146 in Bedford (367 in total). The number of active volunteers is steadily increasing – some are returning volunteers but a larger proportion are new to volunteering at the hospitals.
- At both sites the team have been pleased to welcome new PAT Dog support: Julie with her dog Logan in Luton who is based in the therapies hub to provide sessions for stroke patients, and in Bedford Debbie and Hatchi have recently joined to support young patients on Riverbank Ward initially with a view to extending their support to other wards in the coming months. In addition, Bedford has welcomed Caroline Coster with Duke.
- Chaplaincy visitor volunteers are also now returning further enhancing the service offering from the Chaplaincy team in supporting the spiritual and

general wellbeing of patients on our wards. Plans are also being made to reintroduce volunteers supporting Sunday Services at both sites.

- A further key initiative has been the introduction of the Staff Safe Spaces at each site supported by volunteers. The mental and physical health and wellbeing of all staff is important to the Trust, and the Wellbeing Team's Safe Space initiative aims to offer additional help in both a holistic and practical way at this time when staff may be tired, under pressure at work and struggling to navigate a way through financial difficulties for themselves and their families.
- Plans are currently under way for Volunteers' Week and the Long Service Awards to be held on 8<sup>th</sup> June – a great event that celebrates the wonderful dedication and commitment of our longer serving volunteer team members, a number of whom have been with us for more than 20 and 30 years +.
- St John Ambulance volunteers continue to play a key support role in our EDs, particularly in Luton where significant hours have been given. In Bedford, SJA support was significantly impacted by the volunteers being required to support community events but it is hoped that some dedicated hospital SJA volunteers will be in place soon.

### **Blossom Volunteers:**

- The Blossom volunteer service continues to go from strength to strength with 31 volunteers now in place and a further three in recruitment. Cover is now available Monday – Friday at both sites and there is also some weekend cover available in Luton.
- During the last quarter, 429 visits have been made with the volunteers giving more than 227 hours. Three patients died with a volunteer present – testament to the value of the service and offering comfort to family members who didn't make it in time that their loved one was not alone when they died.
- In February, to celebrate the success of the programme, a Blossom Celebration event was organised as a Thank You to volunteers from both sites and all those involved in its development.
- Recently, NHS Charities Together, from whom funding was secured to get the project 'off of the ground' have interviewed the project team, and will be developing and sharing our success across their platforms nationally. In addition, the team have also been contacted by the Northern Sydney Local Health District in New South Wales (signposted by Liz Lees), with potential to work with them to share our learning and enable them to facilitate the project in their own setting
- The first Blossom Volunteer Newsletter has been published and will be a regular communication tool to keep the Blossom Volunteer team up to date
- Plans are under way to support palliative Care with Dying Matters Week, including Blossom Volunteer support at a drop in coffee morning at each site and stalls outside the hospital restaurants.

### **Student Volunteering**

- Since the student volunteering programme was reintroduced in December, 6 students are now supporting across wards 14 and 15. This programme offers students a 5 month placement supporting one designated ward at mealtimes,

to help prepare patients for their meals, hand out meals and offer companionship. 12 more students are going through the recruitment process who will be ready to start in forthcoming months

- A new student volunteering programme which started at the end of 2022 to support the charity shop trolley service is now supported by 5 students who are undertaking a 5 month placement. We are now working with Luton Sixth Form College and in the recruitment stage for a new cohort of students
- A new programme is being devised to support young people with SEND (special educational needs and disabilities) 2 students have been interviewed for an initial pilot programme who will start in May / June 2023 and will support administrative tasks

### **Work Experience**

- There have been 16 placements during this quarter period, nine based at the L&D and seven at the Bedford site. These have taken place across a number of areas which has included OMFS (cross site), Obs / Gynae (cross site), Neurology, Cardiology, stroke medicine, endocrinology, estates (Bedford) , ED, pathology (Bedford) and colorectal. The student demographics ranged from ages 14-18 years, 2 students were between the age group of 14-15 years and 14 were between the age group of 16-18 years.

### **NHS Career Sessions**

- During January – March 2023, NHS careers outreach sessions were delivered to 335 students. Out of these, we delivered bespoke sessions to 15 SEND students focussing on NHS careers, personal qualities and interview skills. The remaining outreach was undertaken by attending business enterprise events and careers fairs which included 2 new schools, Wixams near Bedford and Harlington upper who we are now working with as part of the student volunteering programme

### **Fundraising updates**

- School Fundraising - A total of £4641.09 was received from School donations between 1st January and 1st April 2023, this includes donations from 4 schools – Lealands High School, Challney High School for Girls, Luton Sixth Form College and Chiltern Academy who raised money for the Children's ED Sky Panel Appeal. An Eid gift was also received for our Children's Ward from Denbigh High School of £700.
- Foxley Kingham have concluded their Charity of the Year and have donated £4000 towards the Mental Health Room in the Children's ED.
- Critical Care internal fundraising stalls have raised Over £2000 so far for their garden appeal.
- Children's ED nursing team internal cake stall raised over £1000 for the sky panel appeal.
- Ella Clinton jumped out of an airplane in a tandem jump raising £1000 for Ward 16 in memory of her grandfather after such wonderful care he received.
- Starbucks continue to support with collection tins in their shop and by donating a raffle prize for the upcoming Quiz Night.
- SSP the food travel experts donated £500 to the NICU after a member of staff's baby was in the unit.

- Bellway homes made a donation of £500 for the sky panel appeal.
- Mrs J Butteridge made a donation of £630 for the Primrose unit after exceptional care received.
- Michael Joseph's Hair and Beauty donated 30 bags of items for the early pregnancy clinic and made a further donation of £300 after a social media appeal went out for support.
- Barratt Developments PLC Charitable Donation made a donation of £1500 towards the sky panel appeal.
- A donation of £1764 was received from Memory Giving in memory of Carmelina Mastrandea for the primrose unit.
- The Roxtonettes held a concert in aid of the Primrose Unit and raised £3004.
- Women connecting women made a donation of £1500 for the NICU.
- Bidwell West Community Association made a donation of 1020 for the NICU after a member of the Charity team attended their networking event.
- George Harvey made a donation of £3000 to the L&D cancer unit.
- Laween Al-Atroshi made two sponsorship payments totalling £5000 in support of the charities upcoming event.
- Mr & Mrs Brooke fundraised for the NICU raising £39,683.

## **Retail**

- The Charity Hub and trolley volunteers have contributed 1,141 hours between the 1<sup>st</sup> January and 16<sup>th</sup> April
- There are currently 12 volunteers supporting the shop (11 active and 1 on hold) and 10 volunteers supporting the trolley service, five being student volunteers.
- The Costa machine is still proving extremely popular with sales remaining steady. January February and March generated £6,335.73 in profits and averaged between 67 and 69 cups per day.
- The shops gross takings are up £14,016.87 on last year, net takings are up £10,352.67 (based on 1<sup>st</sup> January – 31<sup>st</sup> March takings)
- The trolley has been visiting wards and departments since September. The feedback from all staff and patients is that it is a welcome return. During January to March the trolley made £1,471.76 (gross), £1,237.25 (net)

## **15. HEALTH AND SAFETY**

Entonox – the Trust received a letter from the Royal College of Midwives regarding the increasing issue of air monitoring within areas that use Entonox (gas and air). This was particularly focussed on maternity and the impact on staff who work in those areas. The Health and Safety Team has been overseeing this issue and had already increased air monitoring surveillance in the delivery suites, maternity theatres and midwifery led birthing units. Further work around air monitoring is also being implemented in theatres, endoscopy and the cancer units.

Health and Safety Executive (HSE) focus on violence and aggression and manual handling – the Trust received a letter from the HSE outlining a report following their reviews since 2018 across the NHS in relation to violence and aggression and manual handling. They identify a number of actions for response by the Trust. The

increase in violence and aggression was noted and logged on the risk register which is overseen by the Quality Committee and Health and Safety Committee. Recently, the Trust has increased its provision of manual handling trainers and there has been a focus on the mandatory training in this area. There will be focussed work across both sites over the coming months to raise awareness and targeting training to reduce risks from manual handling issues. A review of the Trust assurances against both areas will be overseen by the Health and Safety Committee.

## **16. POLICIES & PROCEDURES UPDATE**

### **Trust Wide Policies Approved February 2023 – April 2023 and which are on the Intranet:**

P18T Pre-op Pregnancy Testing before Surgery Policy  
N10B Riverbank Children's Unit Operational Policy  
MH2L Safer Handling of the Bariatric / Plus Size Patient  
IG18T Individual Rights and Subject Access Policy  
V01T VIP and Official Visits Policy  
F12T Overseas Visitors Policy  
I20T Digital Technical Vulnerability Management Policy  
I14T Cyber Security Incident Management Policy  
I19T Digital Access Control Policy  
I28T Digital Change Policy  
I30T Digital Forensic Readiness Policy  
I10T Digital Information Security Policy  
HR9T Temporary/Bank Worker Policy  
HR22T Menopause/Peri-Menopause Policy  
S07T Safeguarding Children and Young Adults  
N11B Placement Provision in Dietetics

## **NURSING WORKFORCE REPORT**

### **Introduction**

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

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

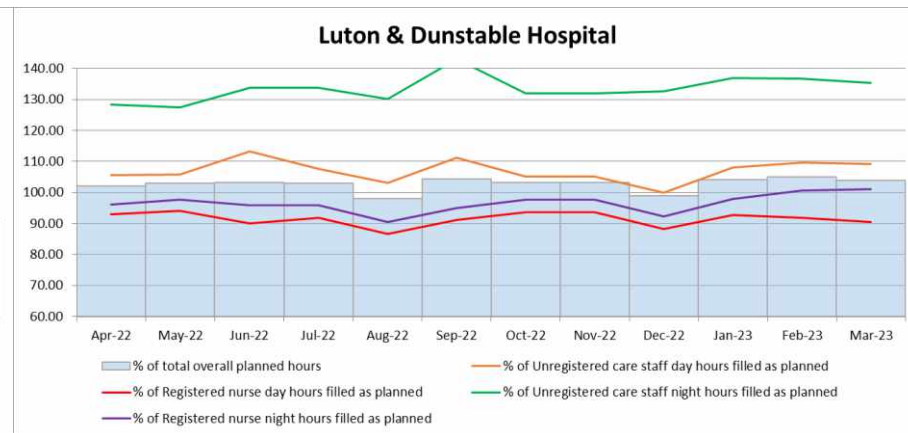
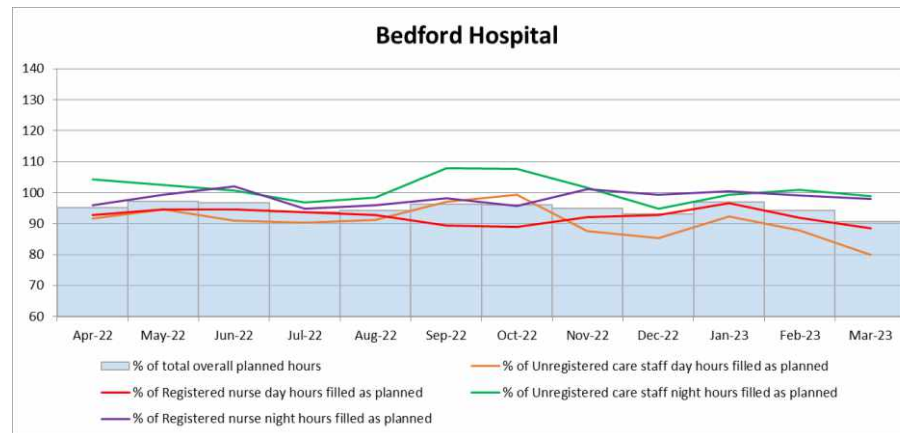
As part of the NHS preparedness for winter a workforce assurance framework was developed and the trust has mapped our current state against this document. This has been presented to the workforce committee and some of the outputs from that document will begin to be integrated into this report going forward.

Due to the transition to InPhase it has not been possible to produce the incident reporting data this month.

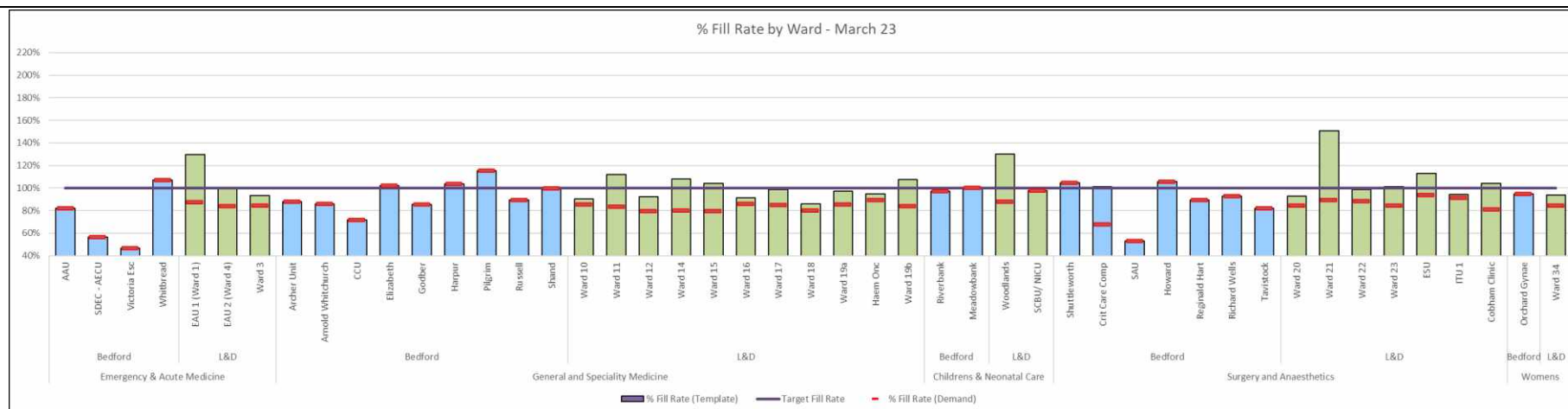


Bedford Hospital Site				Luton and Dunstable Hospital Site			
	Jan- 23	Feb-23	Mar-23		Jan -23	Feb-23	Mar-23
% of Registered nurse day hours filled as planned	96.49	91.91	88.45	% of Registered nurse day hours filled as planned	92.74	91.89	90.36
% of Unregistered care staff day hours filled as planned	92.2	87.80	79.86	% of Unregistered care staff day hours filled as planned	108.12	109.75	109.22
% of Registered nurse night hours filled as planned	100.38	98.96	97.99	% of Registered nurse night hours filled as planned	97.87	100.54	101.06
% of Unregistered care staff night hours filled as planned	99.26	100.79	98.89	% of Unregistered care staff night hours filled as planned	136.96	136.64	135.45
% of total overall planned hours	▲ 97.03	▼ 94.26	▼ 90.61	% of total overall planned hours	▲ 104.19	▲ 104.93	▼ 103.98

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



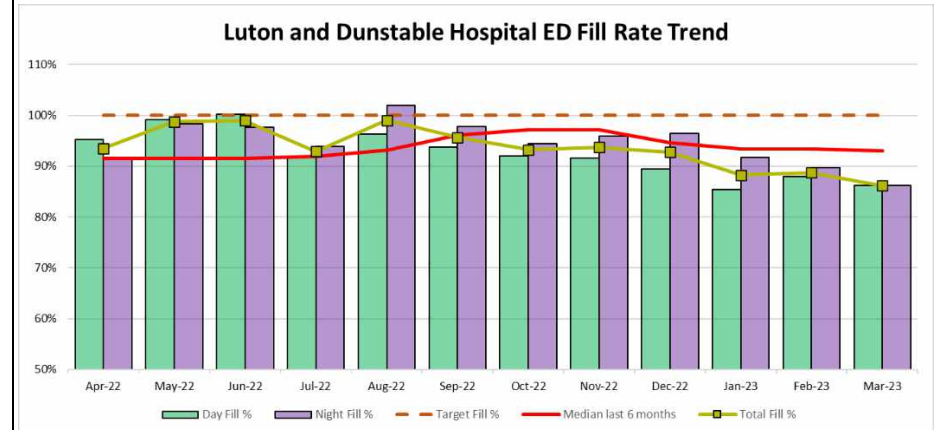
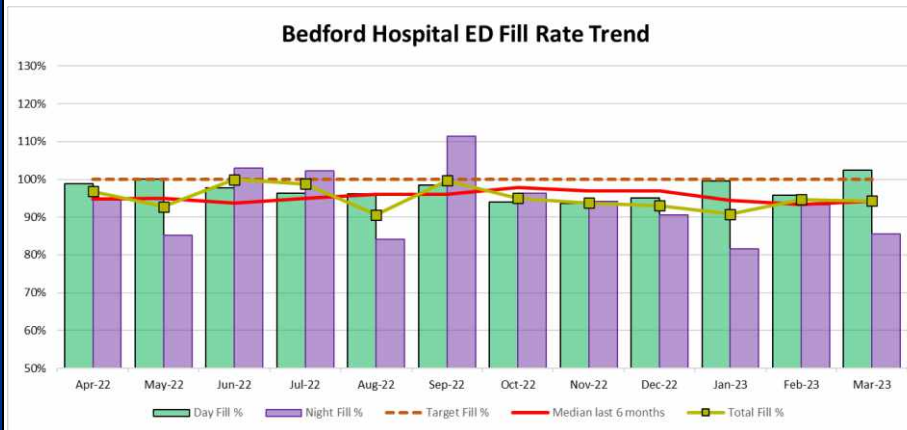
## Fill Rate by Ward



The fill rate by ward in March shows a mixed picture with the majority of wards at Bedford being below markedly below template target fill, wards at Luton generally met the template target fill however they were below staff demand levels. Areas that stand out as having particularly low fill rate are SDEC and Victoria at Bedford, this is due to the way in which the two areas, which occupy the same geographical location, operate (used for escalation). Alternative options for rostering are being investigated to better reflect their fill rates.

CCU was closed for parts of March due to infection control issues, as was Godber, this accounts for the low fill rate as reduced bed occupancy reduced demand. SAU at Bedford is a new unit which is building up to full capacity and so staffing levels are below template at present to reflect this. The unit is also in the same area as Victoria and SDEC and so contributes to the distorted roster versus operational working issue.

Woodlands (previously reported separately as wards 24, 25, 26 and 26a) exceeded template fill plan due to enhanced observation requirements related to mental health patients. The same is true of EAU 1 and ward 21.



The fill rate for Bedford Adult ED remains within historic values with annual leave and sickness the drivers negatively affecting fill rate.

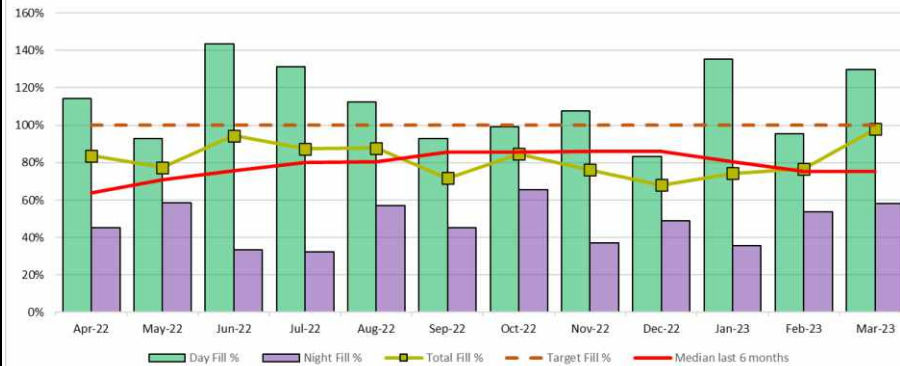
Fill rates in Luton Adult ED remain below 90% with the overall fill rate falling slightly this month, similarly to Bedford, sickness absence rates have improved.

Both Adult EDs continue to benefit from the support of paramedics breaching gaps in skill mix in the units, supporting during the winter pressures.

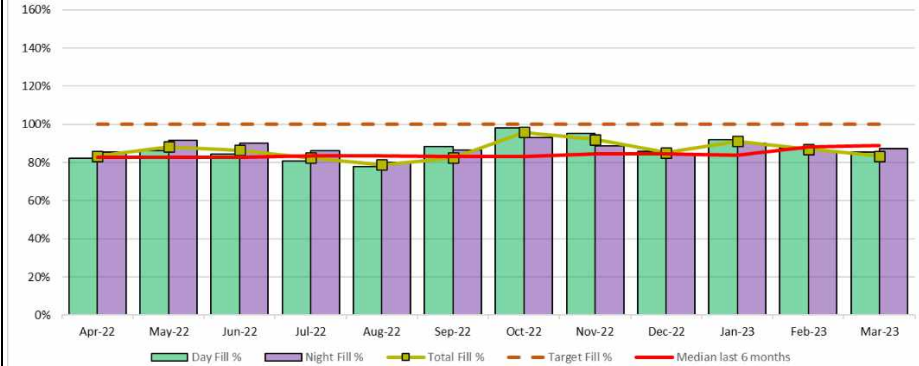
Annual leave has been a challenge in the organisation and is monitored through weekly roster assurance meetings.

Bedford Hospital ED is currently recruiting registered nurses to address the staffing gaps highlighted by the SNCT report completed last year.

Bedford Hospital Paed ED Fill Rate Trend



Luton and Dunstable Hospital Paed ED Fill Rate Trend



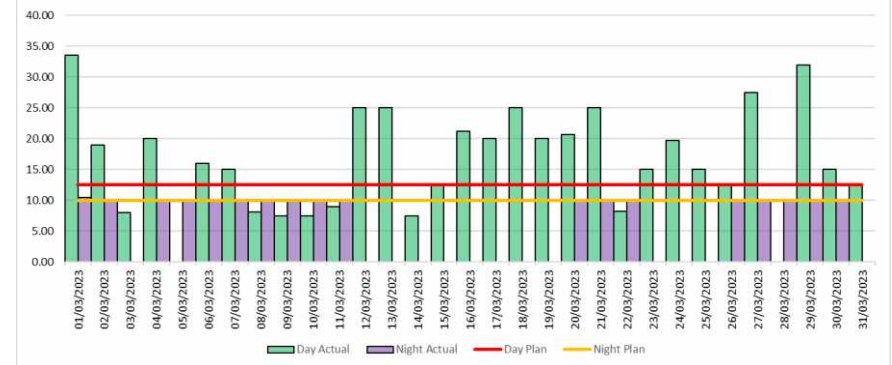
Recruitment remains ongoing for the paediatric ED at Bedford; however, this continues to be a challenge.

To mitigate the risk associated with insufficient numbers of Children's Nurses to fill the roster the department has a number of senior ED nurses who have undergone additional training to enhance their knowledge and skills for caring for children; there have been no incidents reported as a result of children not being cared for by Registered Children's Nurses.

New staff recruited into post are undertaking development in ED skills and require supervision by experienced nurses, therefore they are unable to cover night shifts at present leading to the overfill on days and under fill at night, this will be corrected as soon as it is safe to begin normal shift rotation with the staff.

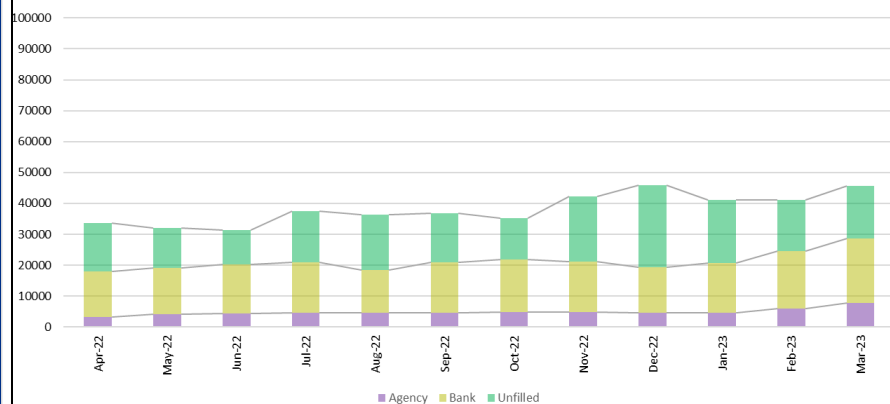
Student Children's Nurses are now having focused Children's ED placements, and this is beginning to have an impact with more identifying ED as a potential career choice on graduating.

Bedford ED RSCN Cover



# Temporary Staffing Breakdown

Bedford Temporary Staffing

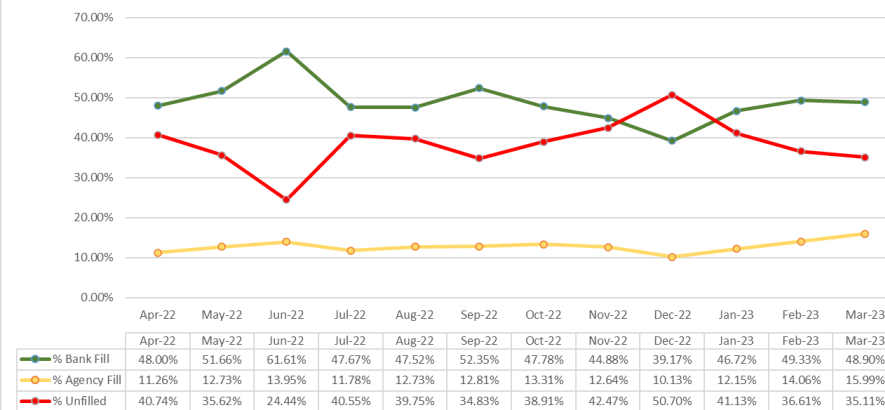


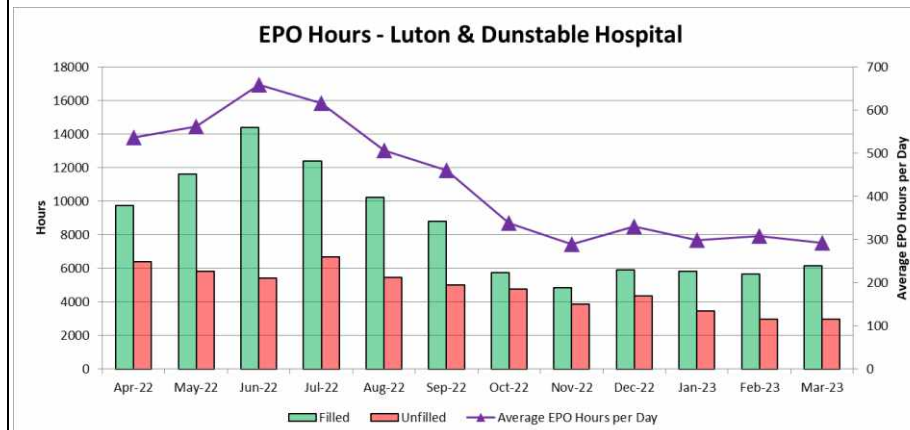
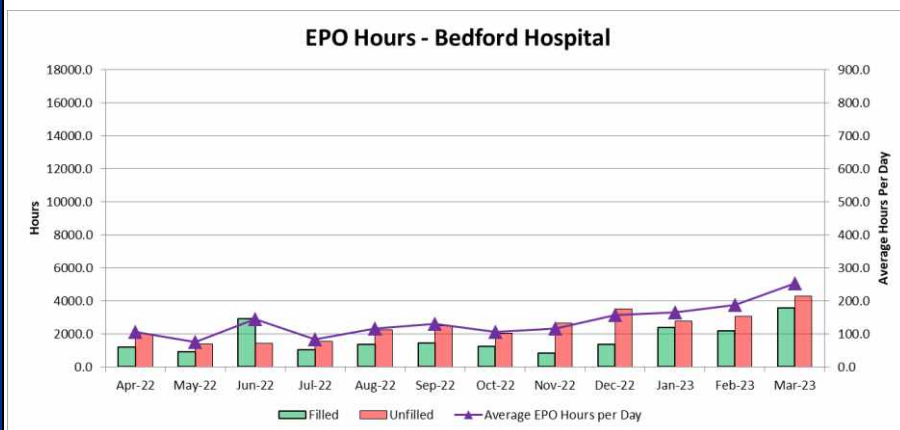
Luton and Dunstable Temporary Staffing



Temporary staff demand remains within historic values. Both bank and agency cover increased in March as did unfilled shifts.

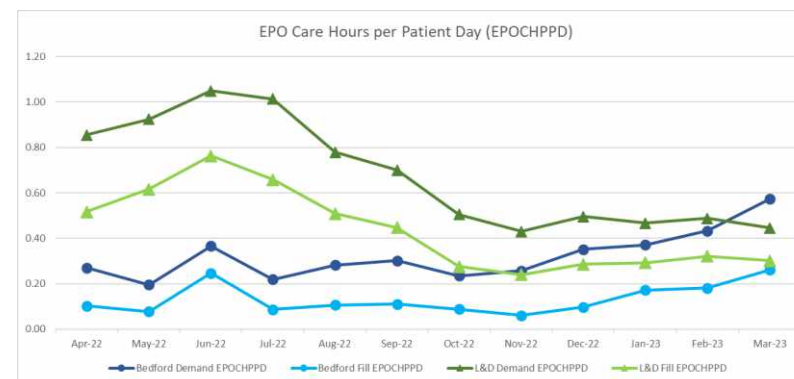
% Temp Staff Fill Rates - Trustwide





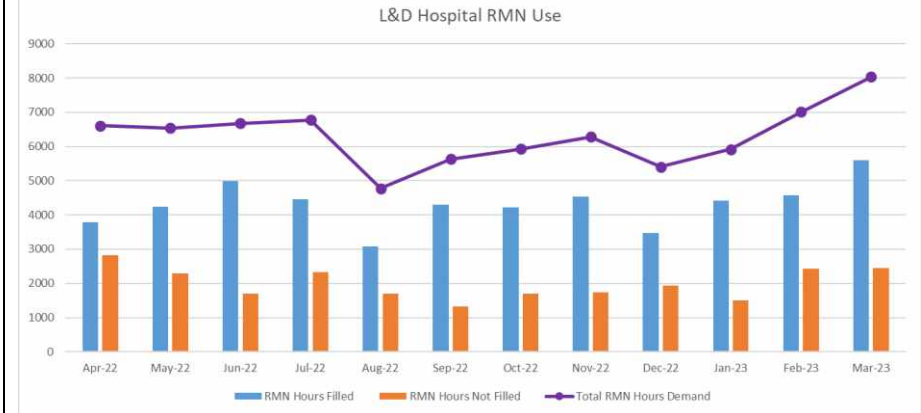
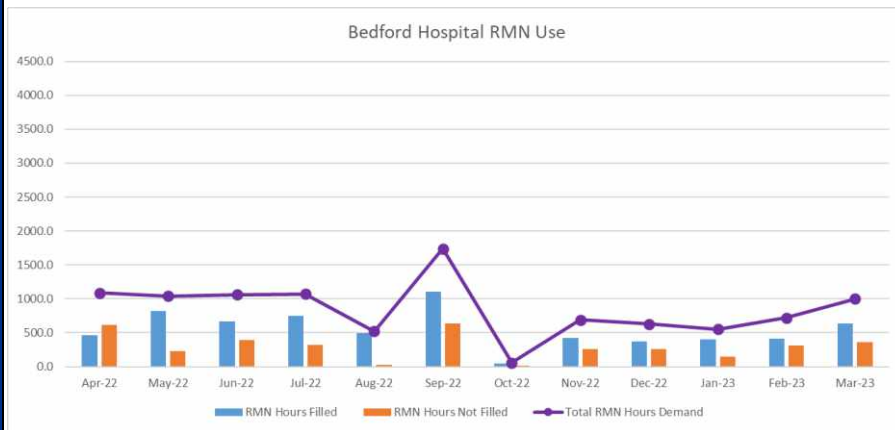
Enhanced Patient Observation (EPO) is a strategy that is implemented to support patients who have higher levels of clinical or care needs or who require close observation due to increased risk associated with cognitive impairment.

When comparing staff fill rate across multiple units, sites or organisations the recommended measure is Care Hours Per Patient Day (CHPPD). The chart to the left uses the CHPPD methodology to examine and compare the demand and fill rate for EPOCHPPD, demonstrating that gradually, demand for EPO in Bedford is aligning with Luton.



Following further analysis, it was observed, that RMN data for Luton was being included in the data collection for EPO shifts. These have been removed to align with the way of collecting EPO data in Bedford, demonstrating a steady use of EPO in Luton. On the other hand Bedford continues gradually increasing the number of EPO requests in the last 5 months. This is likely related to alignment of practices between Bedford and Luton. For the first time in March EPO demand at Bedford exceeded that of at L&D.

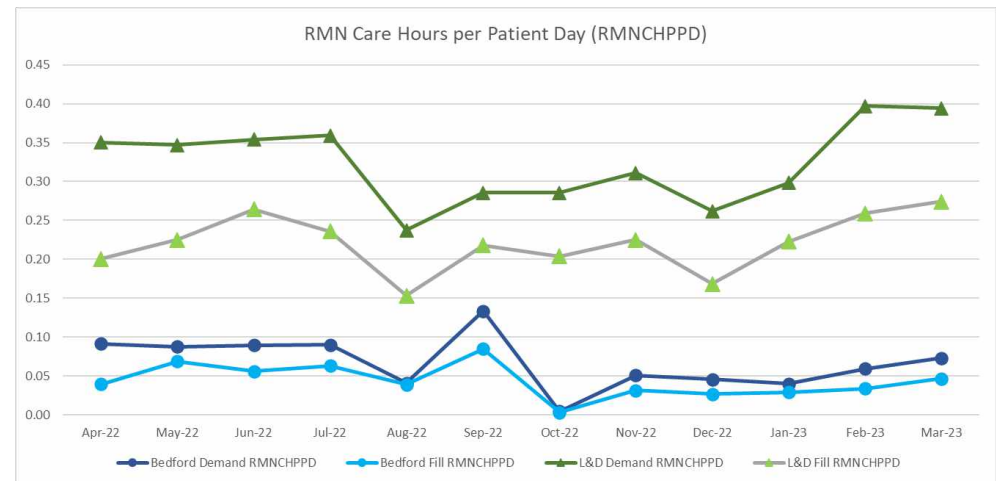




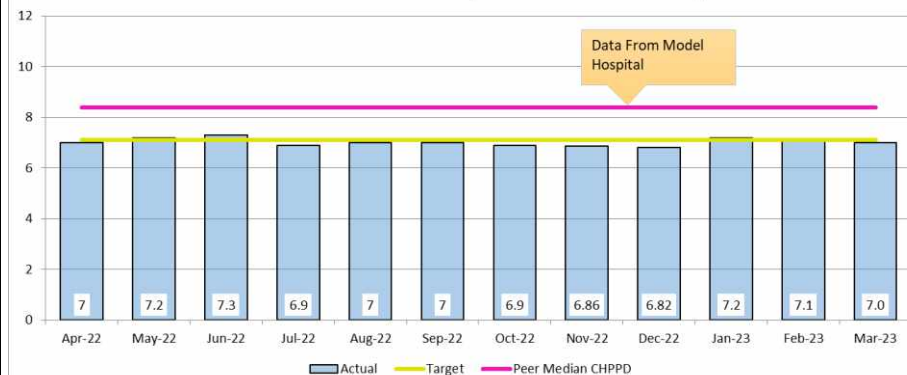
One group of patients that often require EPO are those admitted with physical health complaints but with either pre-existing mental health problems or acute mental health issues that led to the physical health problem. The Psychiatric Liaison Service (PLS) from ELFT, the local Mental Health Care provider,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

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

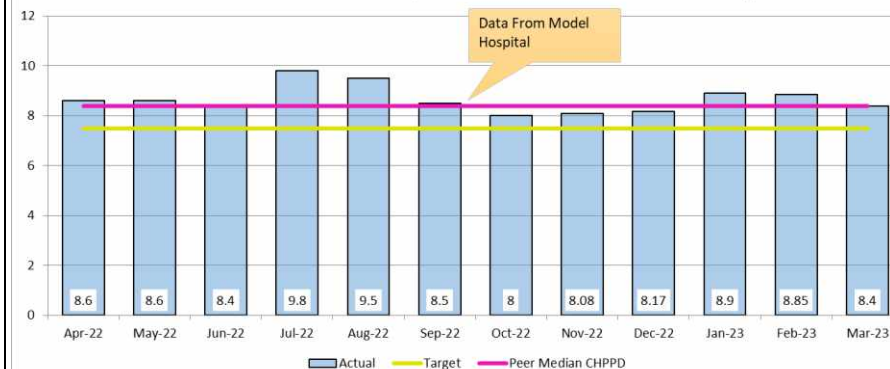
In Luton, acute medicine remains the area with highest demand for RMNs, accounting for 53% of the demand, followed by paediatrics with 18% demand.



Care Hours Per Patient Day Trend - Bedford Hospital



Care Hours Per Patient Day Trend - Luton &amp; Dunstable Hospital



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

Bedford continues to have a lower CHPPD compared to Luton, driven by increased bed occupancy with lower establishments.

For March, the overall Trust CHPPD was 7.9.

Trust CHPPD Overview



3 Month CHPPD Comparison with Same Period in the Previous Year





.The new InPhase system has a number of benefits including:

- Modern feel and easier to use when raising incidents, risks or complaints.
- Quicker real time reporting.
- Cloud-based, mobile friendly platform, which is accessible on iPads, iPhone and android devices as well as the intranet.
- Features improved functionality around learning.
- The same system will be used across sites, meaning reports can be accessed on both sites.

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

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

We planning to meet with patient safety team in April to build on a way to collect the staffing incident reports more effectively.

# MIDWIFERY WORKFORCE STAFFING 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 March 2023. The contents of the report also ensure that the required standards for meeting compliance for 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© as the nationally recognised tool for assessing the needs of women for midwifery care throughout pregnancy, labour and the postnatal period in both hospital and community settings. From that data, it is possible to calculate the required numbers of midwives to meet all of those needs in relation to defined standards and models of care and to local workforce planning needs.

The Birth-rate Plus© review was completed in January 2022. The generic casemix at both sites has increased since the previous assessments. At LDH 69.7% of women are in the 2 higher categories which is significantly higher than the 58% average for England. The generic casemix at BH is also above average at 60.7%.

There is a correlation between casemix maternity outcomes especially in relation to induction rates, delivery method, post-delivery problems and obstetric and medical complexity.

The overall birth to midwife ratios has changed to 25 births to 1 WTE for LDH (1:25) and 22.8 births to 1 WTE at BH (1:22.8), this is a reflection in the change in casemix on both sites. (The ratio is calculated by dividing total births by the total clinical midwives).

Following ESR and Budget alignments including the Ockenden funding, the department are reviewing the funded establishment against Birth-rate Plus recommendations and the requirements for Midwifery Continuity of Care programmes to present to executive chief nurse and Trust Board.

A business case is being developed for the additional WTE variance from current funded position for consideration as part of budget setting.

## MIDWIFERY ESTABLISHMENT

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

## Vacancy by site March 2023;

Luton Site Vacancy RM 43.32 WTE 18.60%

Bedford Site Vacancy RM 7.50 WTE 6.87%

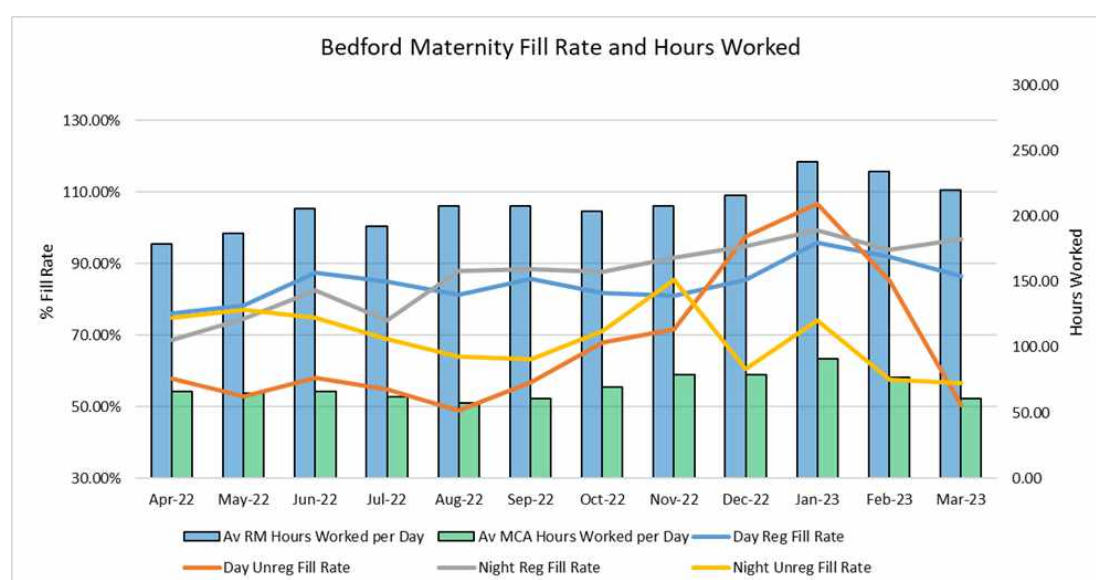
During the month of March on the Luton site 1 WTE RM commenced in post and 1 WTE RM left.

There were no starters or leavers on the Bedford site in the month of March

## ACTUAL AND PLANNED STAFFING REPORT FOR MARCH 2023

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

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



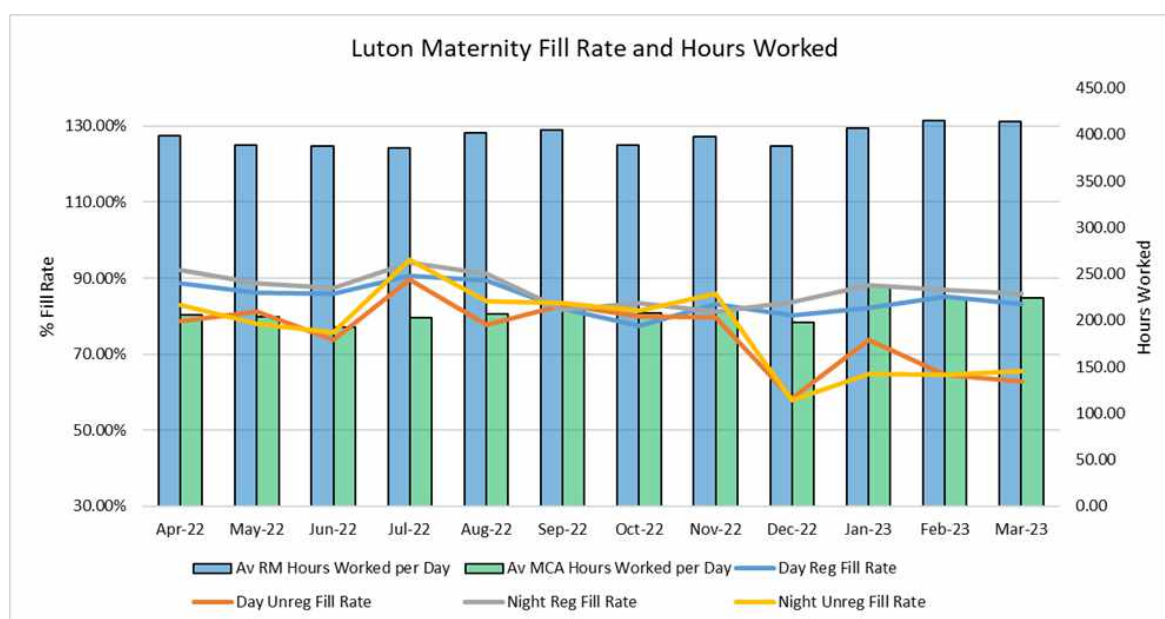
Bedford Maternity Fill Rate and Hours Worked												
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Day Reg Fill Rate	76.11%	78.42%	87.45%	84.99%	81.43%	85.77%	81.74%	81.11%	85.60%	96.01%	92.02%	86.40%
Day Unreg Fill Rate	57.78%	53.00%	58.00%	54.85%	48.96%	56.97%	67.91%	71.81%	97.69%	106.75%	85.20%	50.44%
Night Reg Fill Rate	68.73%	74.73%	82.63%	74.17%	87.91%	88.50%	87.68%	91.64%	94.83%	99.46%	93.87%	96.99%
Night Unreg Fill Rate	74.92%	77.20%	74.92%	68.99%	63.91%	63.19%	71.30%	85.56%	60.51%	74.16%	57.56%	56.53%
Av RM Hours Worked per Day	178.57	187.02	205.53	192.04	207.58	207.76	203.57	207.86	215.89	241.09	233.88	219.57
Av MCA Hours Worked per Day	66.37	65.07	66.47	62.26	57.28	60.53	69.37	78.73	78.82	90.87	77.03	60.74

On the Bedford site the fill rate for day RM has reduced from 92.02% in February to 86.40% for March. The night RM fill rate has increased from 93.87% to 96.99% for March. This increase in fill rate may be attributed to enhanced rates being received for unsocial hours and cost of living

The unregistered staff day fill rate reduced to 50.44% from 85.20% in February. The night fill rate reduced from 57.56% for February to 56.53%. This can be attributed to a higher

sickness rate (both short and long term sickness amongst unregistered staff during March). Work continues by the trust based Maternity Support Worker leads to help support, develop and retain this staff group. The legacy midwife post will also support with retention work and 'stay' conversations for this group. Recruitment continues to be ongoing for this staff group with 1.8WTE Band 3's in the recruitment pipeline and 1.64WTE Band 2's respectively to bridge the current vacancy gap.

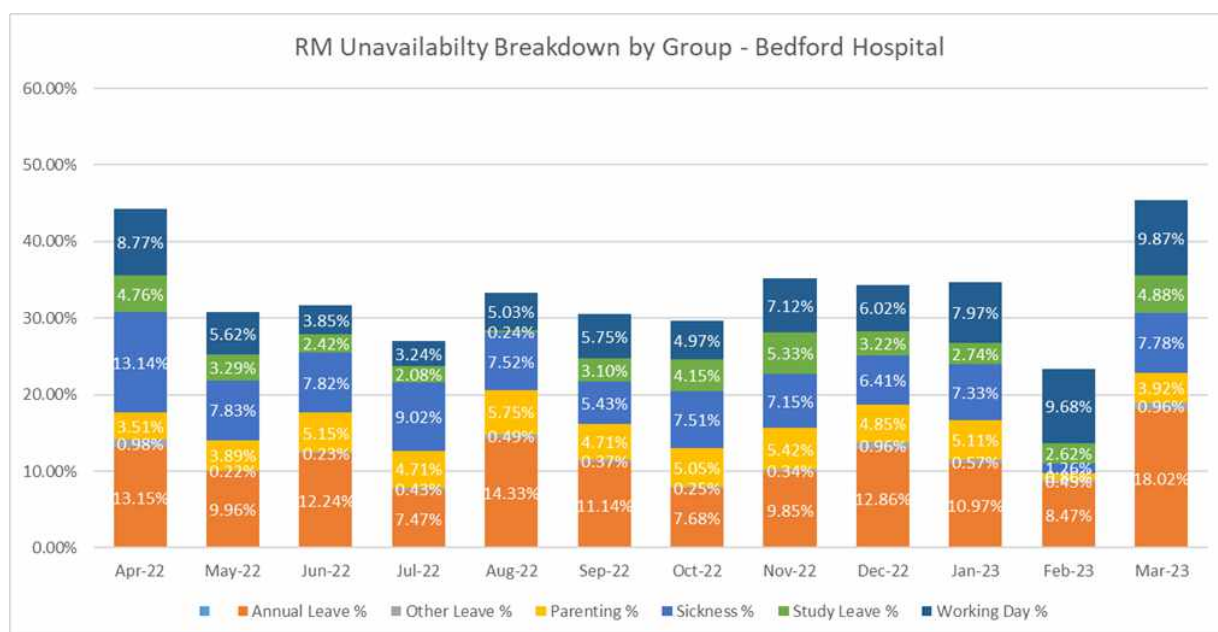
Monthly staffing sickness meetings with HR remain in place. Meetings have been held with managers and HR to update relevant staff affected, particularly on Long Term Sick. Specialists and senior midwifery management team are utilised less frequently to support clinical staffing as vacancy rate reduces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



Luton Maternity Fill Rate and Hours Worked	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Day Reg Fill Rate	88.63%	86.28%	85.82%	90.72%	89.46%	81.99%	77.61%	83.16%	80.18%	82.25%	85.15%	83.30%
Day Unreg Fill Rate	78.76%	81.22%	73.82%	89.65%	77.80%	82.86%	79.95%	79.70%	58.45%	73.88%	64.67%	62.88%
Night Reg Fill Rate	92.07%	88.71%	87.37%	94.02%	91.22%	81.61%	83.56%	81.23%	83.67%	88.16%	86.84%	85.83%
Night Unreg Fill Rate	82.93%	78.00%	75.86%	94.97%	83.90%	83.53%	81.50%	86.00%	57.82%	64.78%	64.58%	65.71%
Av RM Hours Worked per Day	398.49	389.03	387.34	385.43	401.57	404.53	389.05	397.90	387.72	407.35	415.26	413.67
Av MCA Hours Worked per Day	206.20	203.99	192.27	202.97	206.76	213.42	207.92	211.24	198.20	236.87	224.42	224.47

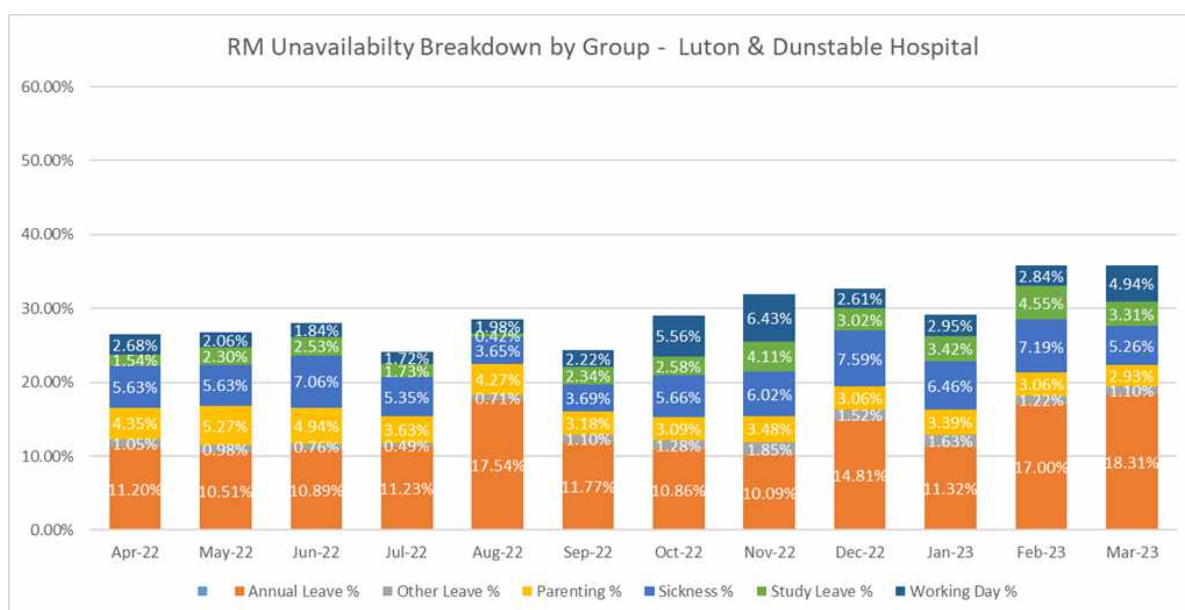
There was a decrease in RM day fill rate from 85.15% in February to 83.3% in March and also the RM night fill rate moved from 86.84% in February to 85.83% in March. Decrease in unregistered day fill rate from 64.67% in February to 62.88% in March and a small increase in unregistered night fill rate from 64.58% in February to 65.71% in March.

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



On the Bedford site, sickness for Registered Midwives for March was 7.78% a significant increase from February. Themes for sickness episodes include Cold symptoms and COVID positive staff. Annual leave allocation in March was 18.02%, which is above the recommended threshold of 16% (as per Bedford e-rostering policy).

Matrons and ward managers are working with the Deputy Head and Head of Midwifery to maintain optimum levels of annual leave, maintaining safe staffing levels in the service. Staff are also being educated around annual parameters and spreading annual leave entitlement throughout the financial year.



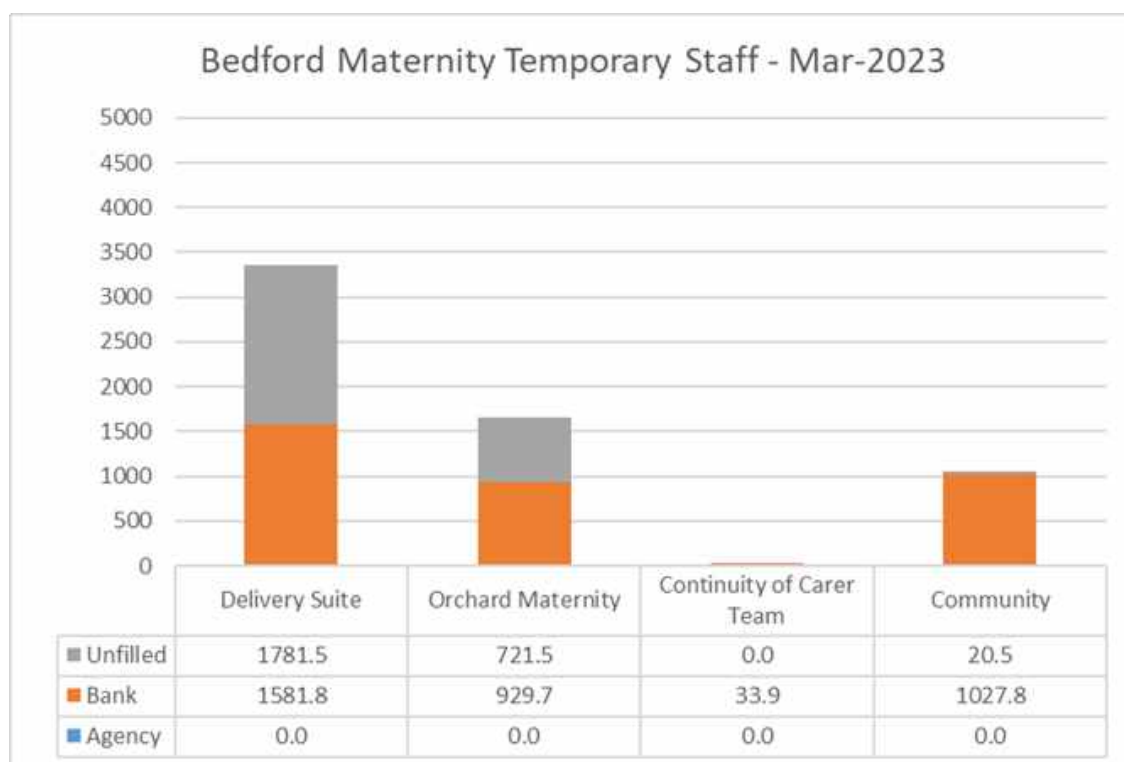
## Luton site

There was a decrease in sickness from 7.19% in February to 5.26% in March. The annual leave allocation for March was 18.31% over the Luton e-rostering policy of 17% and the teams are working with staff to ensure annual leave allocation is taken evenly throughout the year.

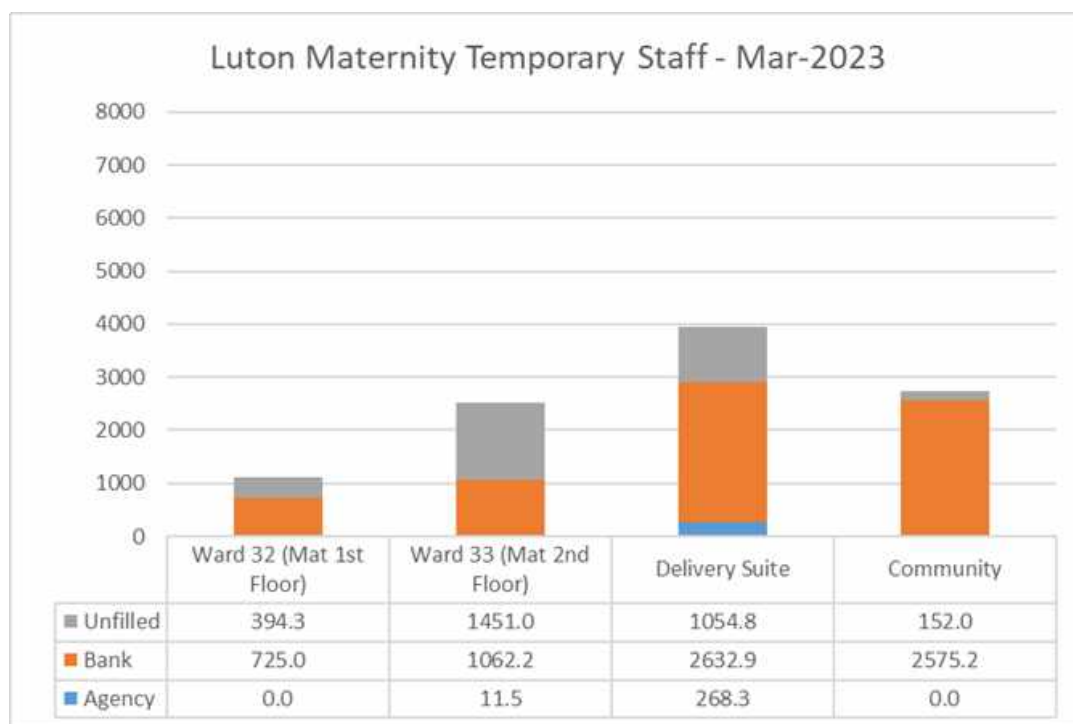
The Director of Midwifery is working with the corporate nursing team on replicating the e-rostering assurance check and challenge meetings for maternity. Significant work is being undertaken on the LDH site on the updating, reconciliation and adjustments to the e-rostering templates. This has provided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

As the vacancy for registered midwives has improved so significantly, the midwifery leadership team are working with the support of staff side and the Chief Nurse on the plan for a return to 'flat' bank rates. It is anticipated that this will be implemented in the next 3 months, initially on the BH site and then on the LDH.

## TEMPORARY STAFFING HOURS FOR MARCH 2023



On the Bedford site, there were a number of unfilled hours within the unit due to high sickness rates. These shifts were supported by midwifery specialists working clinically where required. Community continues to be supported by bank staff. Newly qualified midwives and international midwives are rotating into community placements following robust orientation.



Mitigation for unfilled shifts is provided through Trust escalation processes, including the redeployment of specialist midwives. Wherever possible specialists are returned to their roles.

#### BIRTHRATE PLUS RATIO

Site	No. of Births for March	BR ratio Actual for month	Actual clinical WTE	BR ratio Funded	BR recommended 2022
Bedford site	214	1.23.2	110.7	1:23.8	1:22.8
Luton and Dunstable site	434	1.26.2	198.74	1:26	1:25.1

(Actual clinical WTE includes RM, clinical time for specialist RM, RN 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. Four 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 ACUITY ANALYSIS

On Delivery Suite, the acuity was met for 43% of the time in March 2023 which is an increase from 31% in February 2023. Specialist Midwives are continuing to supporting across the rotas where required. The need for Matrons hours being worked flexibly to



support the service is reducing further. Bank enhanced rate shifts are still offered with a plan to reduce agency use. The Deputy Head of Midwifery, Head of Midwifery Director of Midwifery and matrons are required to support at times of escalation however this has significantly reduced.

LDH site did not go on divert during March 2023

## **BEDFORD SITE ACUITY ANALYSIS**

On Delivery Suite, the acuity was met for 82% of the time in March 2023. Specialist Midwives are continuing to supporting across the rotas where required. The need for Matrons hours being worked flexibly to support the service is reducing further. The Deputy Head of Midwifery, Head of Midwifery Director of Midwifery and matrons are now rarely required to support at times of escalation.

The unit did not go on divert during the month of March. This is the third month where no divers have taken place.

On Orchard Ward the extra care hours for babies remains high as in previous reports, with 87% of care being due to extra care for babies during March 2023. Work has progressed to on transitional care (TC), the definitions of TC criteria have been reviewed. Band 4 Nursery Nurses have completed their induction and now embedded Orchard ward.

## **INUTERO TRANSFERS**

<b>Site</b>	<b>In utero Transfers Refused</b>	<b>In utero Transfers Accepted</b>	<b>Transfers out</b>
<b>Luton</b>	<b>2 Refusals</b> Both due to staffing/capacity	<b>7 accepted all&lt; 27/40</b> 1 from Bedford 2 from Lister 2 from Colchester 1 from Peterborough 1 from Northampton	0
<b>Bedford</b>		N/A	1 to Luton & Dunstable 1 to Addenbrookes

Luton have focused on acceptance of IUT with a much improved rate in March 2023 of 78% accepted.

## **ONE TO ONE CARE IN LABOUR**

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

For Bedford Hospital site, 99.4% of women received 1:1 care in March 2023. There was 1 BBA (Born Before Arrival) in the community that was a precipitate delivery. The midwives attended as soon as notified.

For Luton and Dunstable site, 1:1 care in labour is 100% for the month of March 2023.

## **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 and leadership of the activity within the service.

Safety action 5 of year 4 of the Maternity Safety Incentive Scheme recommends that



*'The Trust can report compliance with this standard if this is a one off event and the coordinator is not required to provide 1:1 care for a woman in established labour during this time'*

On the Luton site, Supernumerary Status Band 7 decreased from 99.6% in February 23 to 99.4% March. There was appropriate escalation each time the Band 7 lost supernumerary status to support the Band 7 returning to supernumerary status as soon as possible. Not all scheduled acuity assessments were completed, and the midwifery manager working with the team to improve compliance with data entry

The coordinating Band 7 did not provide 1:1 care for women in established labour during the time the time they were not supernumerary.

On the BH site, Supernumerary status of the Band 7 decreased from 99.83% in February to 91% in March 2023. The coordinating Band 7 did not provide 1:1 care for women in established labour during the time they were not supernumerary. It was noted that at times when a red flag was raised for this reason, the acuity exceed the staffing levels leading to subsequent internal escalation points being used (redeployment of staff and on call community midwives). This reason, along with increased levels of sickness in March has contributed to a downward trend in supernumerary status of the Band 7. However, safety of women accessing the service was not compromised at these times. Not all scheduled assessments were noted to have been recorded within the 4 hourly scheduled times, however additional input is regularly completed. On the Bedford site there are regular 4 hourly sit rep reports to a wide distribution list including the site team at Bedford.

		April 22		May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	March 23
Luton	%Shifts LWC supernumerary		93.3%	95.7%	90.6%	98.9%	97.8%	97.2%	96.7%	96.1%	98.5%	99.4%	99.6%	99.4%
	Number of shifts not supernumerary		12	8	17	2	4	5	6	7	3	3	2	1
Bedford	% Shifts LWC supernumerary		76.1%	76.9%	71.1%	79.5%	84.9%	79.4%	77.4%	81.6%	91.9%	96.12%	99.83%	91%
	Number of shifts not supernumerary		49	43	43	52	38	28	37	42	33	6	6	17

## RED FLAGS

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

In March 2023, 24 Red flags were raised at the Luton and Dunstable site and 35 were raised on the Bedford Hospital site across both inpatient areas. Doctor strikes during March may have contributed to the increase seen in red flag raised.

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. On Luton site we have also

seen an improved high risk induction of labour pathway with a move of these women in to rooms in MLBU rather than being accommodated on the triage unit.

## **WORKFORCE RECRUITMENT**

Our successful international midwives pipeline continues as planned. As of March, a total of 57 internationally trained midwives have arrived at Bedfordshire Hospitals (32 Luton and 25 Bedford). Further recruitment is occurring to continue pipeline but at a rate to titre with workforce assumptions for the next 24 months.

## **INCIDENT REPORTING RELATING TO STAFFING**

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

## **CONCLUSION**

The Maternity services at Luton and Bedford has not been on divert in March 2023

The supernumerary status of the Band 7 decreased from 99.83% in February to 91% in March 2023 in the Bedford site. The coordinating Band 7 did not provide 1:1 care for women in established labour during the time they were not.

The supernumerary status of the Band 7 decreased slightly from 99.6% in February 2023 to 99.4% in March 2023 on the Luton site.

One to One care in labour was achieved 100% of the time at Luton; Bedford 99.4%.

24 Red flags were raised at the Luton and 35 at Bedford.

**Emma Hardwick**

**Director of Midwifery**

**April 21<sup>st</sup> 2023**

# Information Governance (IG) Quarterly Board Report

**Purpose:** Update, information & awareness

**Report by:** Heidi Walker

**Date:** January 2023

## Data Security & Protection Report Summary – *(overview of management stage)*

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

### **DSPT Baseline**

The Trust published its baseline assessment on the 28<sup>th</sup> February. Fifty-one of the 113 mandatory evidence items were provided. The Trusts current status is

### **Approaching Standards.**

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

### **DSPT assessment for 2022-23 (v5)**

The Trust will be publishing the DSPT submission on the 30<sup>th</sup> June.

Our current position is:

- **98 of 113 mandatory evidence items provided**
- **25 of 36 assertions confirmed**

The IG team are reviewing current evidence items to ensure applicability & replacing with current information if necessary. The above figure for evidence items will rise again before the submission in June 2023.

### **IG Incident Reporting Tool**

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

4 Incidents were reported via the DSPT in the last quarter.		
31066	30/01/2023 15:07 by heidi walker	A patient's letter was sent out on the 10th of November which included another patient's letter.
31531	06/03/2023 18:51 by heidi walker	We have a FY trainee who has been involved in some allegations and police are dealing with this matter. This trainee had shared his MacBook password with his Ex-partner and the MacBook was synch to his iPhone where all his Hospital passwords were stored. We believe she thus had access to his hospital passwords as well.
31727	24/03/2023 11:13 by George Kennedy	IG Manager contacted by DPO of Houghton Conquest Lower School. A pupil arrived at school with numerous handover sheets dating from various dates in 2022 which they had apparently been using a drawing paper. Approx 150 patients information was on the sheets. School staff removed these from the child's possession and IG Manager visited school to collect them.
31935	12/04/2023 10:04 by Aimée Moore	The Trust has sent a letter from our payroll department to a former member of staff regarding overpayment. This was sent to her old address through other correspondence. She had the original letter emailed over and that is where she had spotted that the address was wrong.

## Record of Processing Activities (ROPA) – overview of IG requirements

### Information Sharing Gateway

The Information Sharing Gateway (ISG) it has been developed by a sub-group of organisations in the Lancashire & Cumbria IG Group in order to improve and modernise the administration and risk assessment of information sharing in the public sector. It has been designed by IG specialists, for IG specialists, to support their IG reporting on data flows and information sharing (principally to Data Security & Protection Toolkit (DSPT)).

It is a generic tool for 'next generation' Sharing Framework that will adequately support electronic information sharing across care boundaries in a way that current, paper-based systems cannot.

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

### Key Bullet points

- centralising key resources in a way that is accessible and transparent
- All relevant documents/assets are being populated onto the ISG
- The IG management team are championing the usage of the ISG for the whole of the BLMK\_ICS

### **Data Privacy Impact Assessment (DPIA)**

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

### DPIA's in Progress

DP011150 - P290 Networked Respiratory Devices,  
DP011157 - Clinical Coding Data Quality with ACCORD  
DP011229 - Symphony Upgrade Project,

### Key Bullet Point.

- All new & previously approved DPIA's are being populated onto the ISG
- Linking information assets to DPIA's

### **System Information Asset Register**

The Information Asset Register (IAR) is a centrally held record of the data processed by The Trust. In accordance with the UK General Data Protection Regulation (UKGDPR), our asset register will allow us to accurately record what data we process, how long we retain it for and the legal basis for processing the data.

### Key Bullet Points

- All Information assets continue to be populated onto the ISG

### **Information Sharing Agreements (ISA's)**

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

### Key Bullet points

- All Information sharing agreements are being reviewed and populated onto the ISG
- Accompanying data flows being completed
- Linking information assets to ISA's

## **Departmental Data Flow Mapping & Departmental Information Assets**

Departmental Data Flow Mapping – 88%  
Departmental Assets - 86%

## **Records Management & Retention**

The records management policy and records retention Schedule have both now been approved at the Policy Approval Group (PAG).

## **SAR & FOI – *(requests for data)***

### **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.

In the last quarter, the SAR team have no backlog of requests and are working within the 30 day deadline for compliance.

<b>Year 2022/2023</b>	<b>No of requests</b>	<b>Breach</b>	<b>Compliance %</b>
April-June	850	364	43%
July – September	734	342	47%
October – December	889	151	83%
January – March	746*	42*	94.37%
<b>Total Received</b>	<b>3,219</b>		

### **Key Bullet Points**

- Volume of requests fell in Q4 compared to previous quarter (Q3), and so too did the number of 1-month breaches. Breaches have further reduced in Q4 - now to almost under 5%.
- Aim is to reduce breaches to 2% by end of Q1 in new FY 2023/2024

## **Freedom of Information (FOI)**

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

We are seeing progress with the compliance percentage due to changes that have been implemented.

Year 2022/2023		No. of requests	Breached 20-day deadline	Compliance %
Q1	April-June	195	127	35%
Q2	July – September	218	107	51%
Q3	October – December	198	66	66%
Q4	January – March	222	59 – so far	74%
Total Received				

#### Key Bullet Points

- Compliance this quarter has risen from 66% in Q3 vs 74% in Q4 – we are still aiming to get to 85% in the coming months.
- We have received 222 in Q4, this is the most FOI's we have received in the last year.

Arranging meetings with departments who have outstanding FOI's to continue to improve compliance

### **Information Governance Training** – *(Annual Mandatory Requirement for ALL staff)*

#### **Mandatory IG Training**

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

**The current percentage of staff compliant with annual IG training has risen to 81.92%**

Staff have four ways of completing their IG Training, Virtual IG Training, Face to face Training, ESR module or IG Handbook. Monthly Compliance reports are being utilised to advise line managers of staff's non-compliance.

#### Key Bullet Points

- IG training compliance has risen again slightly by 1% since the last report (Jan).

### **e-Health Records** - *(Digital agenda for paperless records)*

#### **Health Records Audit**

The e-health records lead has developed a structured medical records audit schedule and implemented a formal medical records audit plan to ensure the quality of the records are in line with policy and legislation.

Trust wide audits continue and an overall summary will be included in the next quarterly report.

## Board of Directors

Wednesday 3<sup>rd</sup> May 2023

Report title:	Performance Reports			Agenda item: 9
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"/>	Decision <input type="checkbox"/>
Recommendation	To note the contents of the report for assurance.			

<b>Report summary</b>	<p><b>Quality Summary</b></p> <ul style="list-style-type: none"> <li>A thematic review for pressure ulcers has been completed and actions are being implemented.</li> <li>The Trust has implemented a new Risk Management Reporting system called Inphase over the past three months. The incident reporting rates remain high and the Trust continues with the implementation programme across both sites.</li> <li>21 Serious incidents have been reported and are currently being investigated. Improvement activity is also noted.</li> <li>Operational Guidance for 2023/24 has been received. This details the targets the Trust will need to achieve</li> <li>The Trust overall performance has deteriorated due to extreme pressures on the hospital over the past eight weeks.</li> </ul> <p><b>Finance Summary</b></p> <ul style="list-style-type: none"> <li>The Trust delivered a surplus of £0.6m against a breakeven plan.</li> <li>Year to date the Trust is £22.2m overspent on pay costs of which £15.3m relate to Agenda for Change (staff pay scale) pay awards. This is offset by £14m income from NHS England. The underspends on Nursing, Technician is offsetting two thirds of the Medical pay overspends. Non-pay is £15.3m overspent year to date. This is being offset in part by non-recurrent measures and other income.</li> <li>Elective recovery funding of £19.2m has been recognised to date, despite significant underperformance against plan. The Trust has received confirmation that NHSEI will not seek to apply the Elective Recovery Fund (ERF) rules, and Trusts</li> </ul>
-----------------------	--



	<p>should assume ERF is paid in full for H1. For H2, it is left for local negotiation, but ICBs will receive full funding.</p> <ul style="list-style-type: none"> <li>Capital spend is £139.6m against a revised annual plan of £139m. The Trust spent £25.6m against the Trust's annual CDEL limit of £27.2m.</li> </ul> <p><b>Workforce Summary</b></p> <ul style="list-style-type: none"> <li>Sickness increased from 4.58% In January 2023 to 4.87% in February 2023 which is an increase of 0.29%</li> <li>Vacancy rates have reduced increased from 9.60% in February 2023 to 12.37% in March 2023. *see page 3 for explanation</li> <li>The overall turnover reduced from 15.13% in January 2023 to 14.95% in March 2023</li> <li>The overall agency run rate is 24.80% higher in March 2023 when compared to March 2022 equivalent to 68.7FTE more agency staff.</li> <li>The overall bank run rate was 12.69% higher in March 2023 when compared to March 2022 equivalent to 114.2FTE more bank workers.</li> <li>The overall training compliance rate decreased by 0.12% in March to 83.86%.</li> <li>The overall appraisal rate decreased by 0.22% in March to 70.26%.</li> </ul>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>The national access targets and financial performance form part of the NHS provider Single Oversight Framework which determines the segmentation, and therefore the level of autonomy and support needs attributed to the Trust, by NHSI/E.</p> <p>CQC Oversight</p>
<b>Jargon Buster</b>	<p>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>



Bedfordshire Hospitals  
NHS Foundation Trust

# Quality and Performance

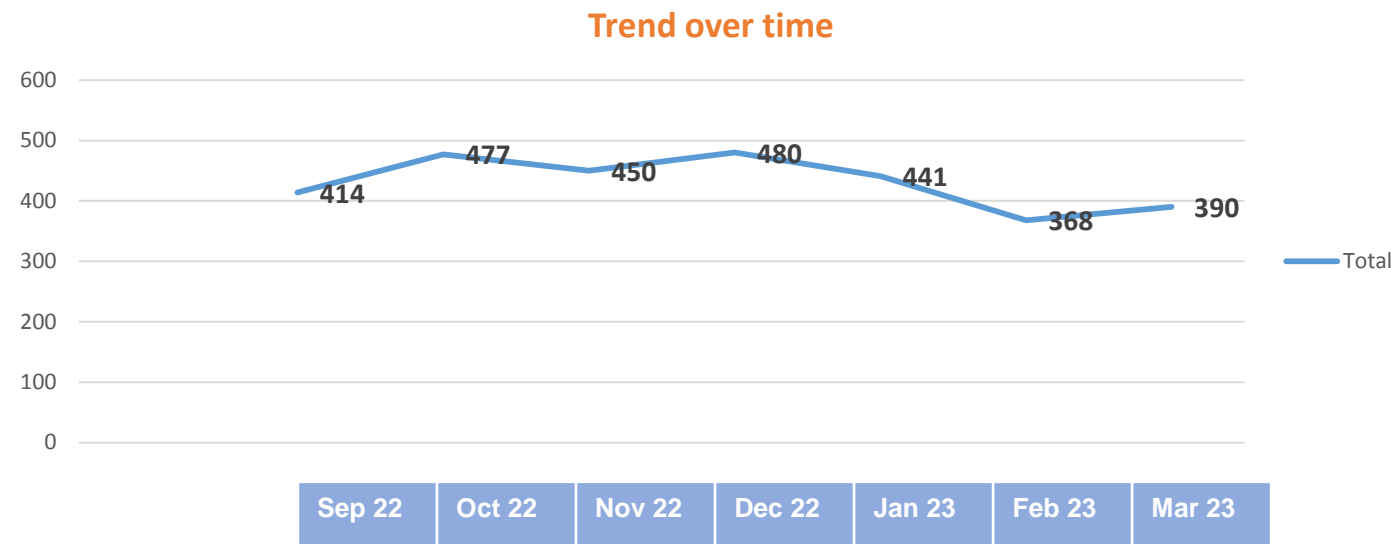
May 2023  
(Jan - Mar) 2023

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





**Harm Free Care – Pressure Ulcers**

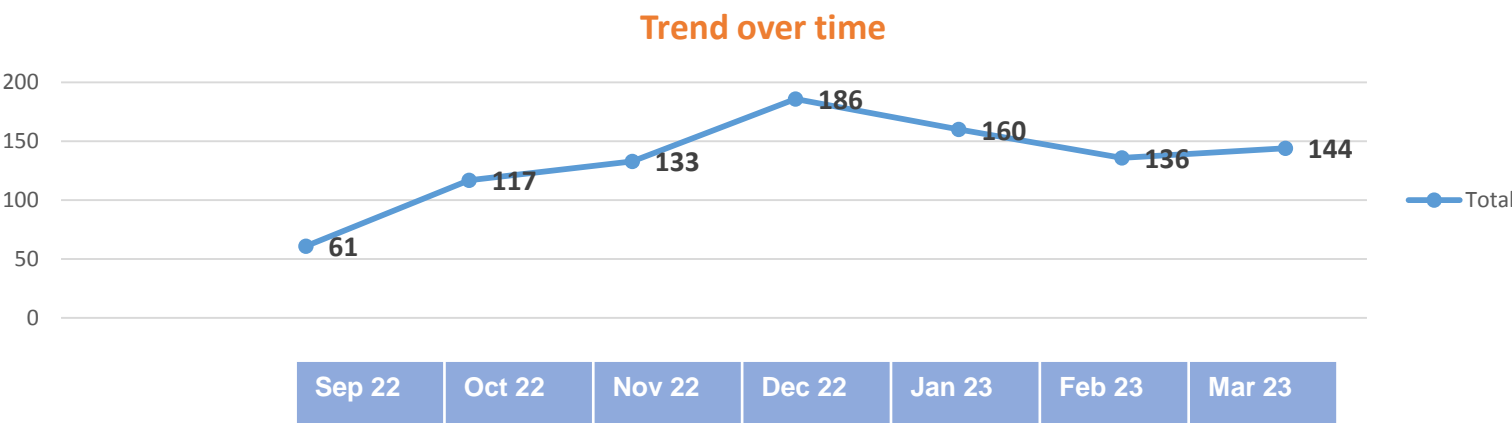


A thematic review of new pressure ulcer incidents trust wide (Nov 2022-Jan2023) identified the following as key actions going forwards: enhanced education on pressure ulcer prevention for both staff and patients; ensuring investigations are completed in a timely manner to enable brisk shared learning; and improved communication regards those patients at high risk via safety huddles for example would be beneficial.





**Harm Free Care – Falls**



All inpatient falls are reviewed at a Falls Incident Review Panel (FIRP) where decisions are made about the level of harm sustained (if any), and identify any key actions/areas of good practice to share with the ward teams.

There has been a focus on identifying those patients at risk of falls early during their stay in the Emergency Department (ED). The Practice Development Nurse (PDN) created a revised falls assessment specifically for the department to use and organised and delivered a 'Focus on Falls' month to increase staff awareness of this safety issue. This work will be reviewed and further enhanced over the coming months.



# Safe

## Incident Reporting

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

### 1.1 Top Level Analysis

Combined Site Report - Incident Trend Analysis



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.

There has been a slight dip in reporting from November 2022 to Feb 2023 and this has coincided with both operational pressure throughout winter months and the implementation of a new incident reporting system accompanied by a change to the national requirements of reporting related to the new Learning from Patient Safety Events (LFPSE) reporting portal.

The Clinical Governance team have been working alongside staff to understand any issues which might hamper incident reporting and March 2023 has seen a positive upturn in reporting. This will continue to be closely monitored.



## 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 **21** events have been declared as serious incidents across the both Trust sites during Jan – Mar 2023

*\*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.*

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

- Baby born in poor condition requiring admission to NICU
- Surgical injury causing harm
- Delayed diagnosis
- Medication Error
- Failure to respond to deteriorating patient
- Maternal Death

### 15 Serious Incidents were declared for the Luton and Dunstable Hospital site

- Failure to escalate the deteriorating patient x 2
- Patient lost to follow up causing treatment delay x 2
- Cluster of delays in booking of colonoscopy appointments
- Accidental displacement of oxygen tube
- Baby born in poor condition requiring admission to NICU
- Delay in treatment potentially contributing to death
- Neonatal death x 2
- Intrauterine death
- Delayed cancer diagnosis
- Grade 4 pressure Ulcer
- Absconding Patient
- Maternal death



## Improvement activity related to previously investigated Serious Incidents

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

Therefore as a Trust we focus on the outputs of our incident investigation processes to capture areas for continuous improvement and shared learning. The following list provides an example for some of the work either completed or on going which has resulted from previously reported incidents

### **Delay In Diagnosis / Treatment Pathway**

Ureteric Stents: The service have implemented a stent register at the Bedford site similar to that used on the L&D site to support the avoidance of delays in stent removal

### **Outpatient care**

- Review of processes around booking of outpatient appointments within Neurology service

### **In Patient Care**

- Nervecentre (a modular electronic patient record system) will be implemented at Bedford Hospital from April 2023 as part of a multi-year digital programme. This will support teams in avoiding delays and ensure improved escalation of patients who become unwell.

### **Paediatric death review**

- Review of guidelines to ensure patients with pre diagnosed/existing asthma are appropriately triaged to either general paediatric clinic and/or to a Consultant with respiratory interest.
- An Asthma Clinical Nurse specialist has been employed
- Mandatory training undertaken for all staff - Children's and Young people's asthma.
- Review of the streaming algorithm by Emergency Dept. in relation to Urgent Care GP service.





# Safe

## Improvement activity cont..

### Maternity services

- Service have updated their current clinical guideline on hypertension in Pregnancy and Pre-eclampsia with respect to parameters on blood pressure profiling
- A section related to key processes for tampon insertion/removal has been added to the checklist sticker for invasive procedures in maternity

### Falls

- A review of the Trust's falls policy has been instigated in order to establish how the imaging processes for patients who are on anticoagulants can be standardised across sites

### Policies and Procedures

- The Central line policy is to be updated to clearly state that, in the event of fracture or cut of lumen, clamping, kinking or occluding the lumen is the first line of intervention. Other Vascular Access devices policies and standard operating procedures e.g. PICC lines, will also be reviewed.
- Review of implementation and embedding of the BASL Decompensated Cirrhosis Care Bundle / Check list

### Emergency Department

- A teaching session for clinical staff on the management and investigation of Upper GI Bleed has been completed with an emphasis on management of major haemorrhage in non-traumatic patients





### Introduction

In line with previous reporting and following presentation of the full mortality report at the Learning from Deaths (LfDs) Board (17/04/23), this summary highlights the latest key mortality indicators for March 2023. The mortality report is published one month in arrears. The reporting timeframe is provided for each indicator, including where a rolling 12 month applies. Monthly HSMR and SMR for Bedford Hospital (BH) has not been updated due to a data anomaly. Following a refresh and validation an updated position will be included in the April mortality report.

Trust and site level data is included to support identification of themes, trends and areas for further focus.

### Summary mortality data

There were 203 deaths from all causes (BH, no.87, LDH, no.116), an increase of 30 deaths in month. There were no elective deaths and 4 deaths were in patients readmitted within 72 hours (BH, no.1, LDH, no.3). In addition there were 21 Emergency Department (non-admitted) deaths (BH, no.8, LDH, no.13).

The crude death rate (deaths per thousand admissions) remains stable across both hospital sites, (BH, 15 and LDH, 11.4). (Figure 1a and 1b).

Figure 1a Crude death rate by month (BH)

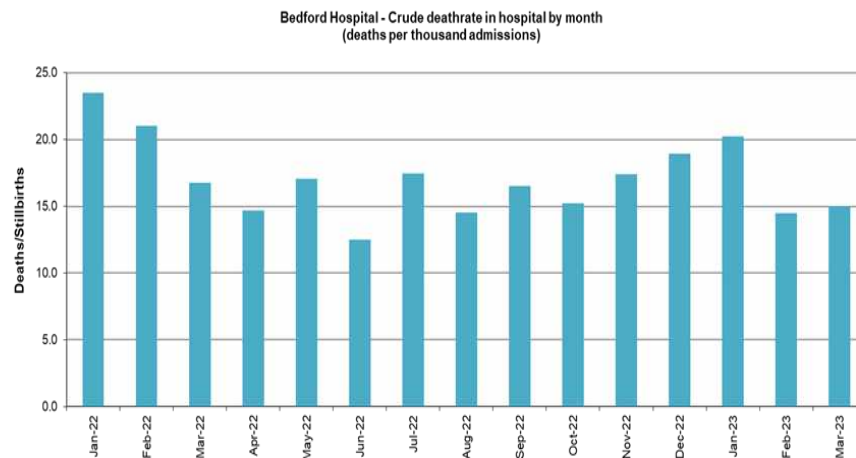
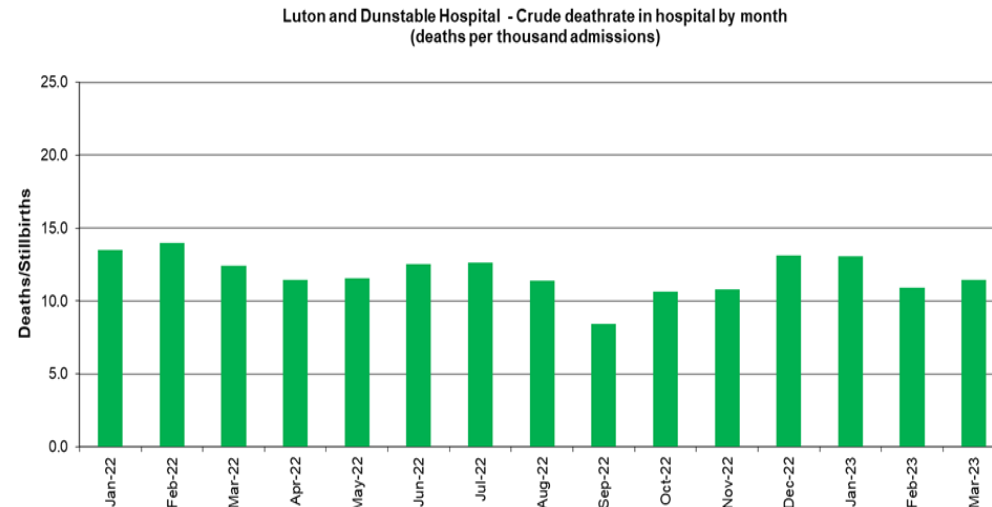


Figure 1b Crude death rate by month (L&D)



Deaths within 24 hours of admission

- 26 deaths occurred within 24 hours of admission (BH no.9, 3 fewer deaths, and LDH no.17, 2 more deaths when compared to February), accounting for 10.3% and 14.6% of all deaths in month at respective hospital sites

COVID-19 deaths

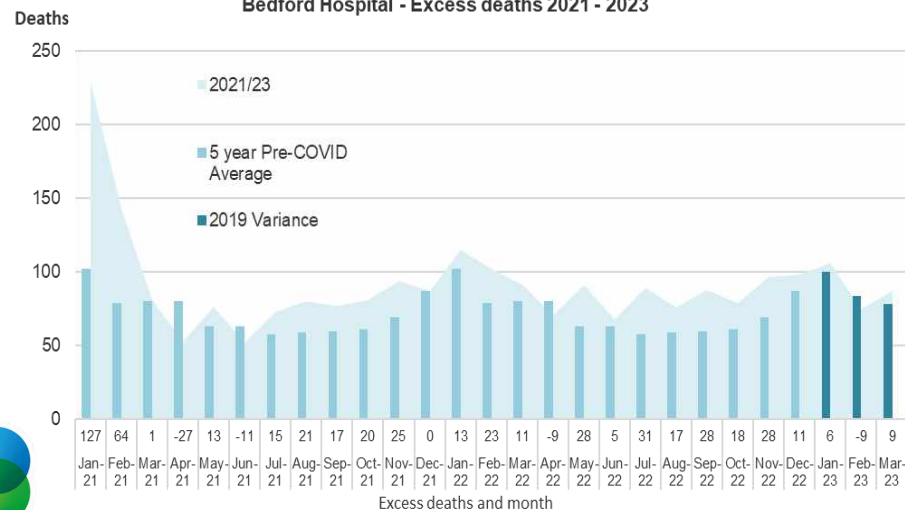
- Across Bedfordshire Hospitals, from March 2020 to March 2023 the total no. COVID-19 related deaths reported on CPNS is 2042, (BH no.10 and LDH no.14, in month).
- 19 deaths were reported for patients with a first positive test for COVID-19 across Bedfordshire Hospitals (BH no.4, LDH no.15), a decrease of 2 in month. Of these deaths, 4 (BH no.0, LDH no.4) were in patients with a first positive COVID-19 result at  $\geq 15$  days, and 6 (BH no.3, LDH no.3) at 8 - 14 days, indicating the likelihood of incidence of nosocomial COVID-19.

Excess deaths

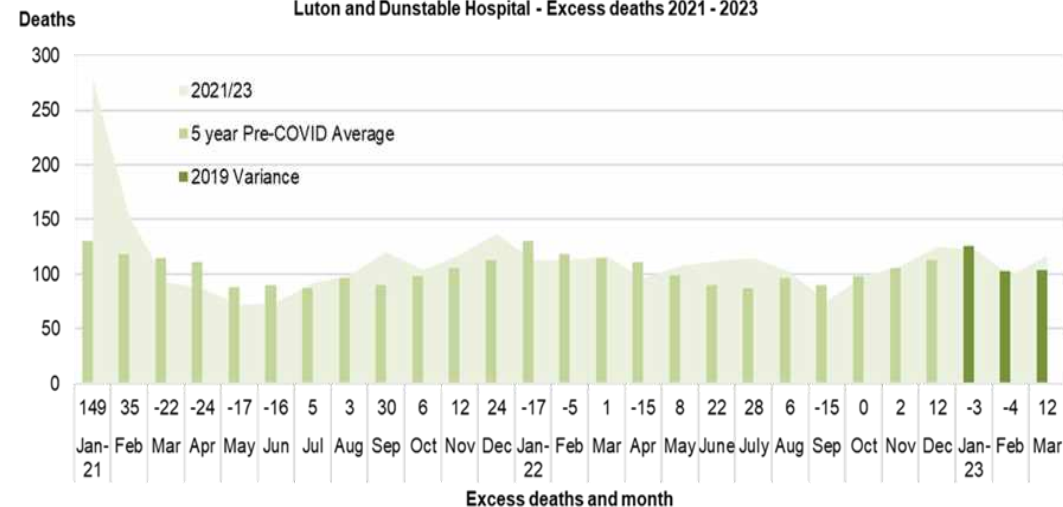
- When compared to 2019, 21 more deaths were reported (BH no. 9, LDH no.12), figures 2a and 2b.
- To note, up to, and including December 2022, excess deaths were calculated using the five year pre-COVID-19 average

**Figure 2a Excess deaths (BH)**

Bedford Hospital - Excess deaths 2021 - 2023

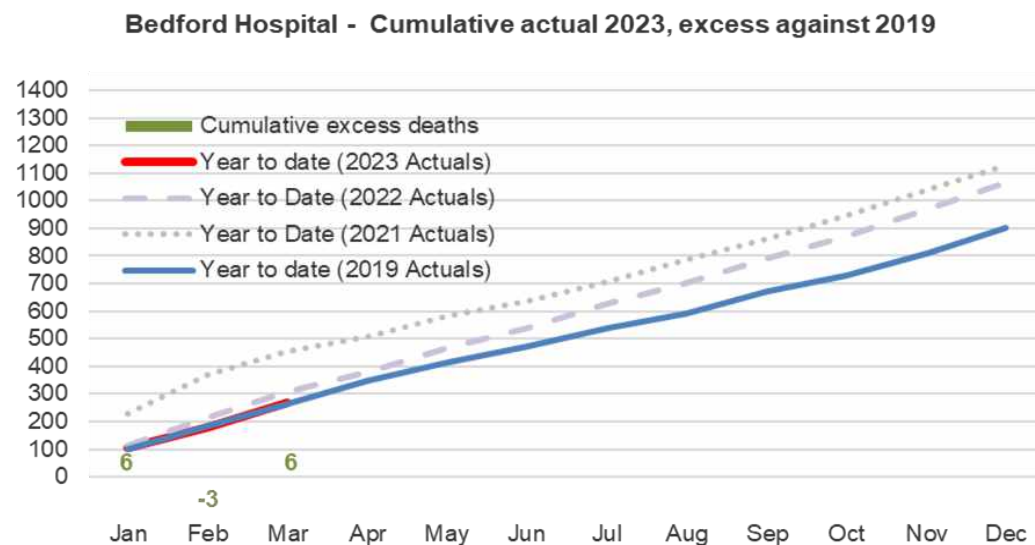
**Figure 2b Excess deaths (L&D)**

Luton and Dunstable Hospital - Excess deaths 2021 - 2023

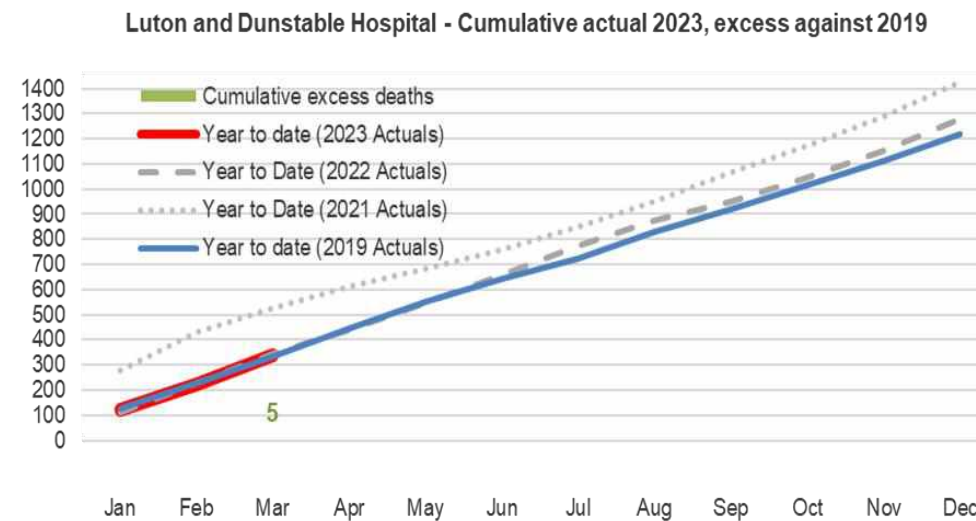


Figures 3a and 3b demonstrate the cumulative excess deaths for 2023, total 11, (BH no. 6, LDH, no. 5).

**Figure 3a and 3b Actual deaths in 2022 compared to the pre-COVID-19 five year average**



**Figure 3a**



**Figure 3b**



**National Indicators**

There is a decrease in HSMR, SMR following refresh for Dec 2022 with the RAMI value unchanged for Bedfordshire Hospital NHS Trust (fig 4). Anomalies in the (H)SMR data for BH are noted and reporting for December 2022 has not been included for these indicators. Following data refresh and validation the revised values for these indicators for BH will be included in April mortality reporting. (H)SMR, RAMI indicators remain as expected for the Trust and individual and hospital sites.

**SMR** (individual month) - 104.76 for Bedfordshire Hospitals (↓9.21)

BH, 123.04, (↑12.9, November reporting) and LDH, 102.27 (↓1.96).

**HSMR** (individual month) - 93.71 for Bedfordshire Hospitals (↓27.33)

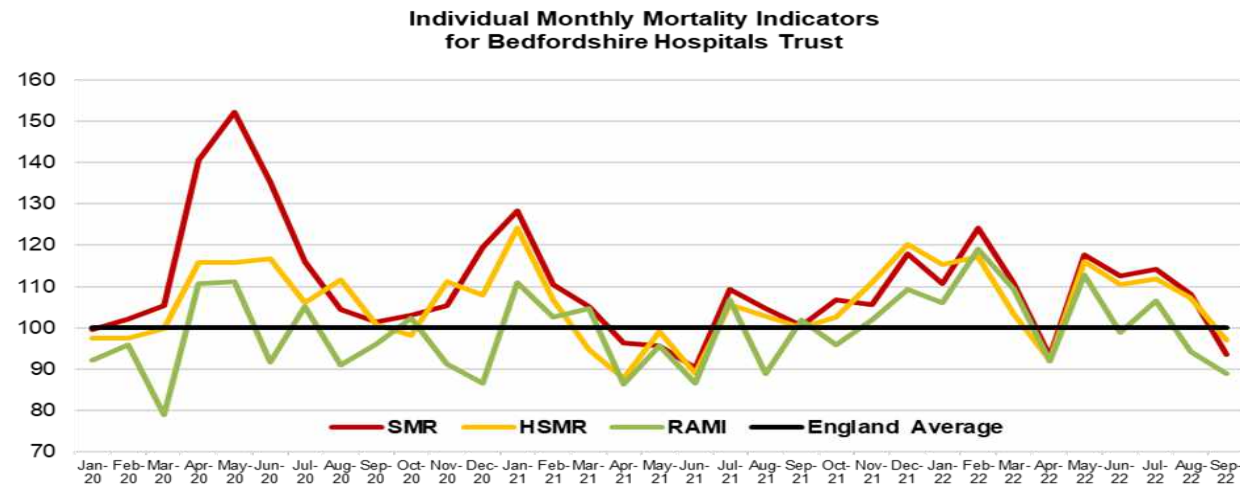
BH, 140.40, (↑33.56, November reporting) and LDH, 94.24, (↓13.93)

**RAMI** (individual month) - 109.14 for Bedfordshire Hospitals (unchanged)

BH, 128.75, (↑7.4) and LDH, 101.81, (↑2.24).

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

Monthly mortality indicators for Bedfordshire Hospitals NHS Foundation Trust



**SHMI** - (12 months ending October 2022)

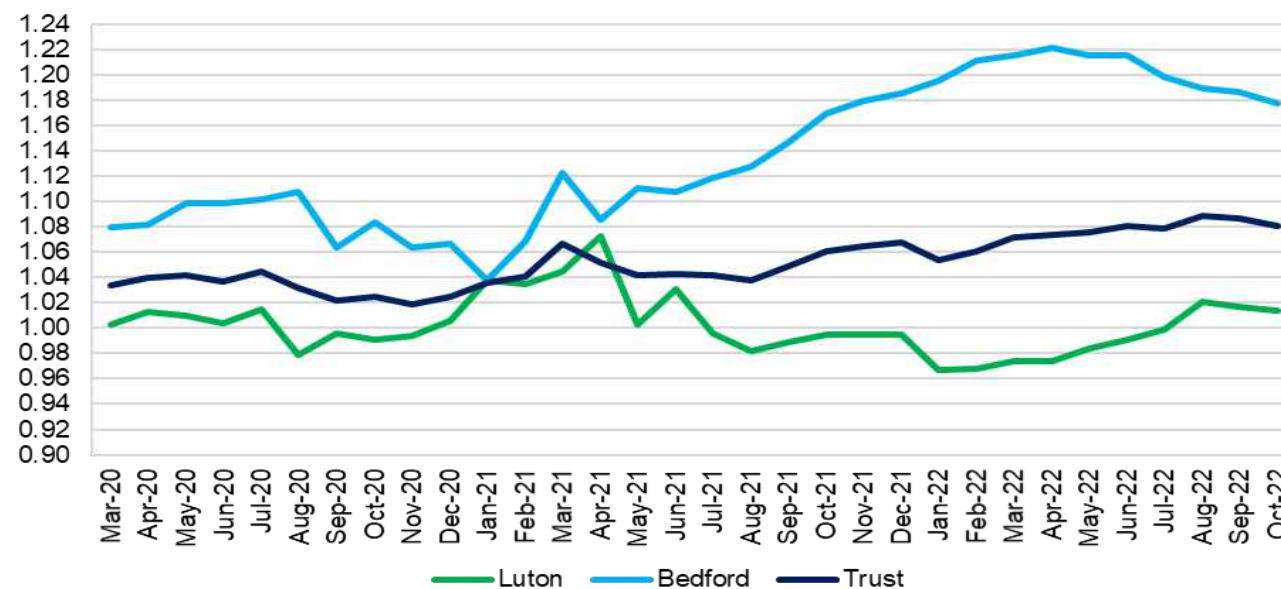
1.081 (↓0.005) for Bedfordshire Hospitals

BH, 1.1773 (↓0.0089) and LDH, 1.0142 (↓0.003).

(SHMI includes any deaths occurring in the 30 days after discharge and excludes COVID-19 cases).

The gradual improvement in the SHMI value for BH continues, and for the Trust and individual hospital sites the banding is 'as expected.'

**SHMI - by Trust and hospital site, rolling 12 months metric (ratio)**



**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 numbers of in-patients who die and the number that would be expected to die on the basis of average England figures





## Complaints

	January 2023	February 2023	March 2023
Complaints	76	61	71
Concerns	290	288	207
Informal contacts	614	550	581
Compliments/gifts	350	286	755

The complaint trend remains similar to Q2 and Q3 with clinical treatment and communication being the most reported. We have however continued to see a high number of compliments being given to the teams.

## Patient Experience

### Patient Experience feedback

Friends & Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

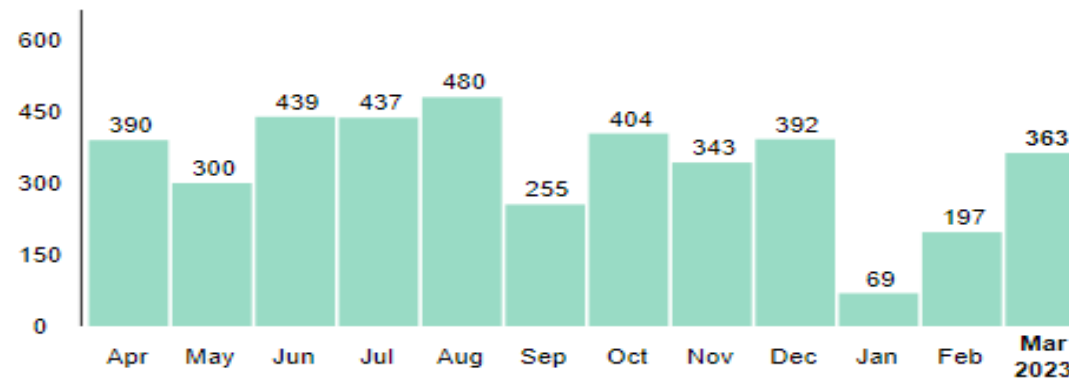
Within maternity the patient experience midwife continues to have a positive impact on the response rates from mothers with the teams achieving 94%-97% satisfaction during Q4.

Two community engagement events are scheduled to take place during April 2023 which will assist with widening the opportunities to link with the communities/groups on wider health inequalities and issues. One event titled “Whose Shoes” will enable exploration of concerns, challenges and opportunities facing different community groups affected by the transformation of maternity services.





Number of surveys completed  
each month  
(FFT Maternity Overall From  
Apr 2022 to Mar 2023)  
4069 Surveys



## Improving Patient Experience

During quarter 3 chaplaincy services hosted a Q&A session, led by our Imam, providing a platform for staff and external partners to develop greater understanding on how best to support Muslim patients and their communities during end of life and 'last offices'.

The event provided staff with faith sensitive information enabling them to be culturally competent in providing care to patients, families and carers.

There is also joint working with the Imam taking place to produce a leaflet to promote women's services for Muslim women in maternity.

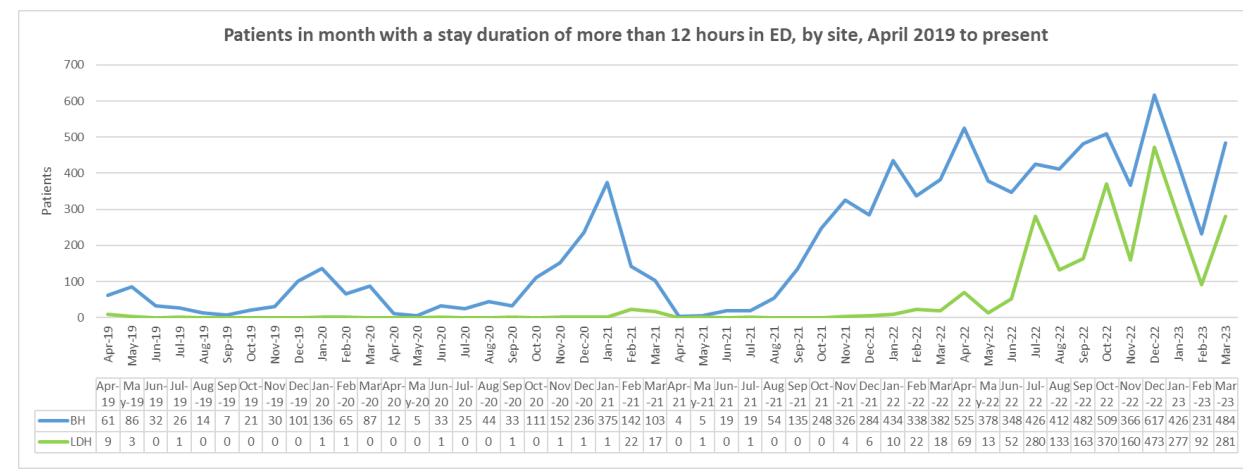
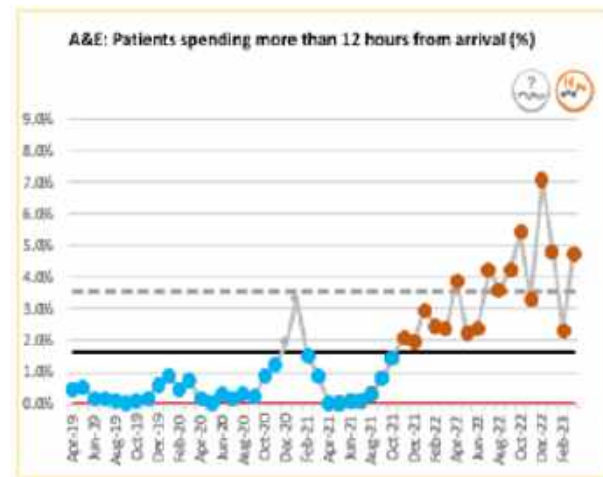






## Patients spending more than 12 hrs from arrival in ED

Description: This metric is the proportion of Service Users attending A&E who wait more than 12 hours from arrival to discharge, admission or transfer, with the internal expectation for 22/23 that it is never more than 2% at the Bedford site and that performance returns to 0% of patients exceeding 12 hours duration in department at the L&D site. (NB. The values on the Bedford site have been amended from November 2022 following review)



The number of patients spending more than 12 hours in the Emergency Department dropped again at both sites in February 2023 (231 in Bedford and 92 in Luton) reflecting an improved average escalation status and fewer constraints on patient flow within the hospitals. It is notable that this level of performance was last seen in June which is also when the lowest level of surge bed capacity was recorded (slide 8).

Following a strong month in February, operational pressures in March adversely impacted the performance against the 12 hour duration target with a deterioration from 2.4% in February 2023 to 4.8% in March 2023. At an individual site level, LDH moved from 1.1% to 3.0%, with BH seeing a more significant deterioration from 4.1% to 7.1% between February and March.

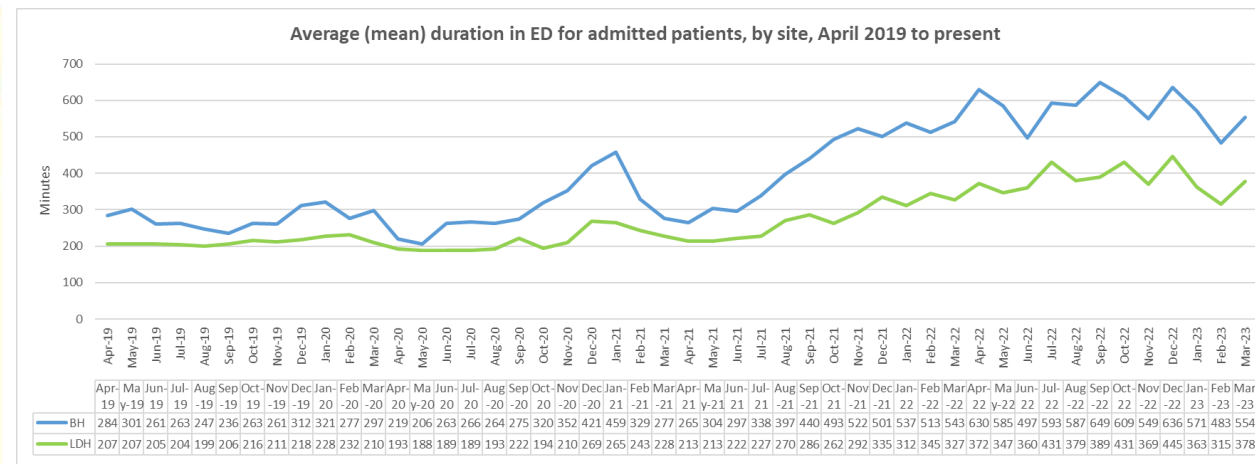
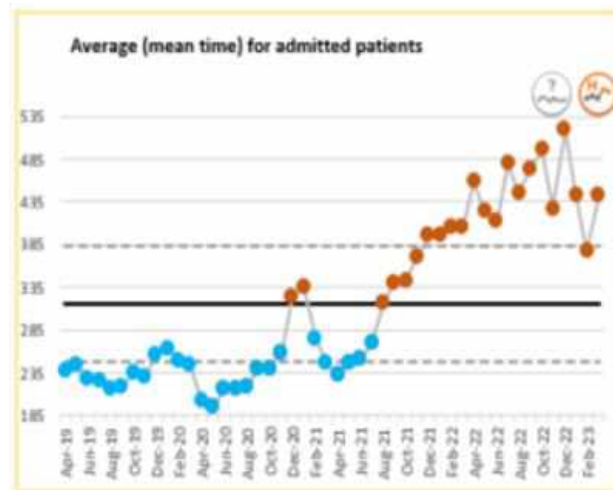
During March 2023 there were 3 days of Junior Dr industrial action and the weeks following were significantly challenged operationally as we saw an increase in the number of surge beds used. Overall the sites were on OPEL 4 for a significant proportion of the month. This was very detrimental to flow out of ED, especially at the Bedford site, and so resulted in the increase in patients staying in ED for more than 12 hours.





## Average wait for admitted patients from ED

Description: This is the total number of minutes that admitted patients have waited in ED divided by the total number of admitted patients, per month.



The charts show the change in performance against this standard from Autumn 2021 as the hospital bed occupancy reverted to pre-pandemic levels, but pressures from Covid and the corresponding reduction in flexibility of use of the bed base resulted in patients waiting longer for beds in ED.

The January and February improvement in the total time spent time in ED for patients who were admitted was unfortunately not sustained into March, with both sites seeing a deterioration in performance.

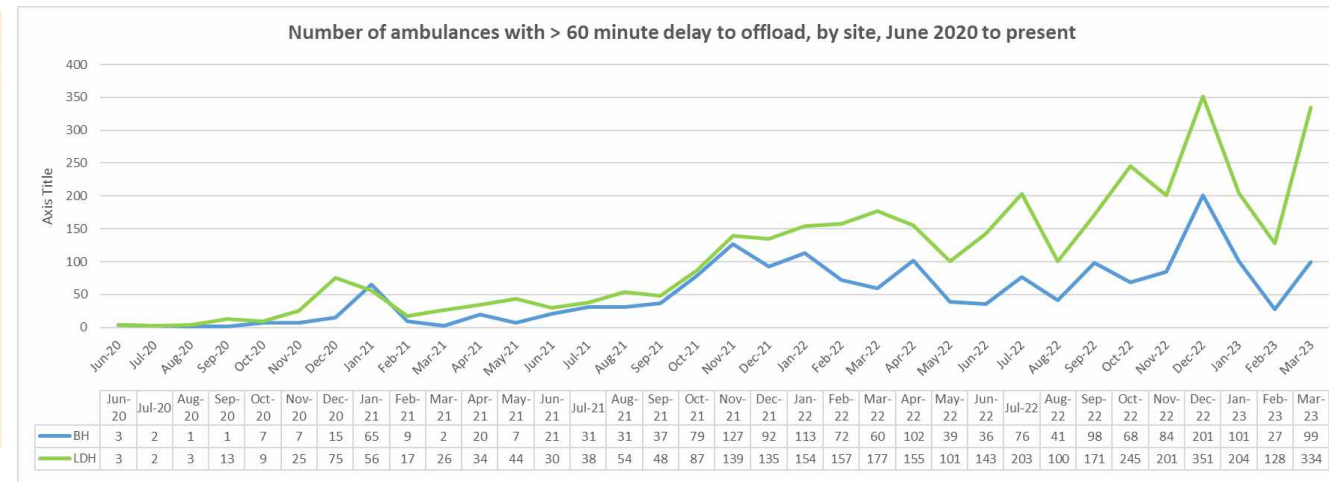
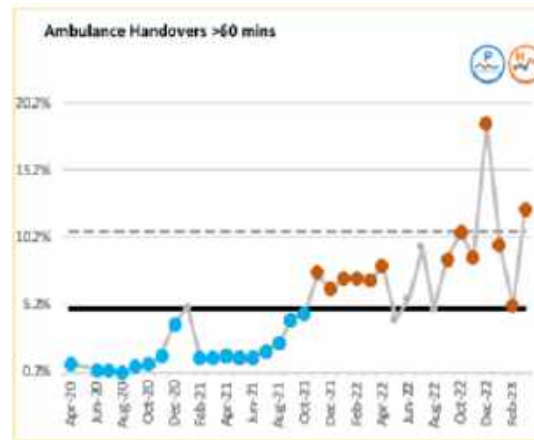
The new operational framework requires acute trusts to ensure that 76% of patients are treated and transferred or discharged from ED within 4 hours of arrival next financial year, and improvement against the average admitted waiting time will be a core component of delivering 4 hour performance to that standard.

All of the actions described to support a reduction in 12 hour breaches on the previous slide will also support a reduction in average time in the emergency department waiting for a bed.



## Ambulance handovers greater than 60 minutes

Description: This is the number of recorded ambulance handovers that took more than 60 minutes as a % of the total number of recorded handovers in month.



The operational focus for the organisation is to minimise ambulances delayed for more than 30 minutes, with the aim to only have vehicles waiting to handover for over 60 minutes in the most exceptional situations.

March saw a marked deterioration in the number of ambulance handover delays, with the L&D site having the second worst month's performance since June 2020. The week following the industrial action was particularly challenging, with both sites experiencing very poor performance against this indicator.

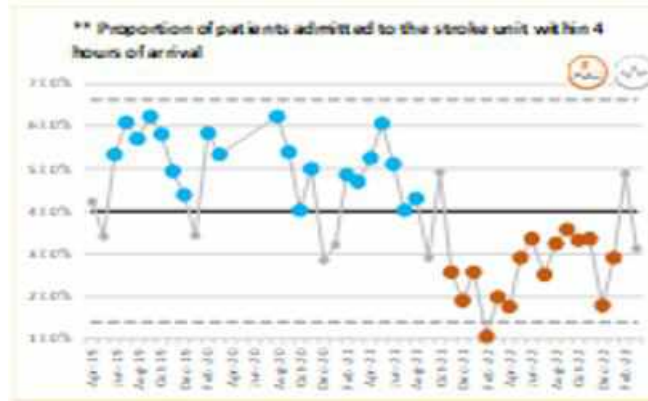
As with the number of 12 hour breaches and the average admitted waiting times presented in the two previous slides, the root causes and contributory factors relating to flow, high bed occupancy and overcrowding in the ED are all critical to eliminating these long offload delays. Performance in March is anticipated to be more challenged due to the pressures arising from the industrial action.



# Effective

## 4 Hours to Stroke & Q3 SSNAP Metrics – LDH focus

Description The numerator here is the number of patients who were admitted to a stroke unit within and including 4 hours of arrival at the hospital; the denominator is all the patients in the cohort (excluding the patients who were admitted to ITU/CCU/HDU).



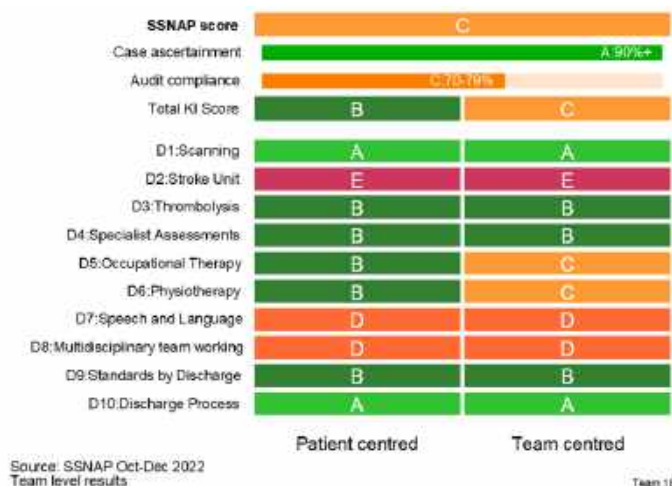
This target is based on best practice that every patient with an acute stroke should gain rapid access (in less than 4 hours) to a specialist stroke unit. It is a key metric not only in terms of the Stroke service and its effectiveness but also acts as an indicator for how well the rest of the Trust is doing (bed pressures result in patients not being in the most appropriate beds, and high occupancy limits the ability of ED to be responsive and fast-track strokes to the specialist unit).

Data is now shown monthly for Luton in the top chart. As can be seen the improved performance in Feb 2023 for the proportion of patients admitted to the stroke unit within 4 hours (53.4%) was not sustained due to the bed pressures across the organisation in March 2023 and performance deteriorated to 34.8%.

As previously described, this remains a key quality priority for the organisation and at all times the aim is to have empty stroke beds in order to support new admissions. The specialist nature of the beds means that they are not easily made resilient to extraordinary circumstances such as Covid outbreaks, however the continuing focus on early identification of stroke patients and escalation and stepdown processes to spoke sites is an improvement priority for the stroke service.

The second table is the overall L&D HASU SSNAP score for Q3. This has remained at 'C' for two quarters now. This is predominantly driven by the above 'time to stroke unit' data, but also significant workforce pressures in the specialist therapies teams.

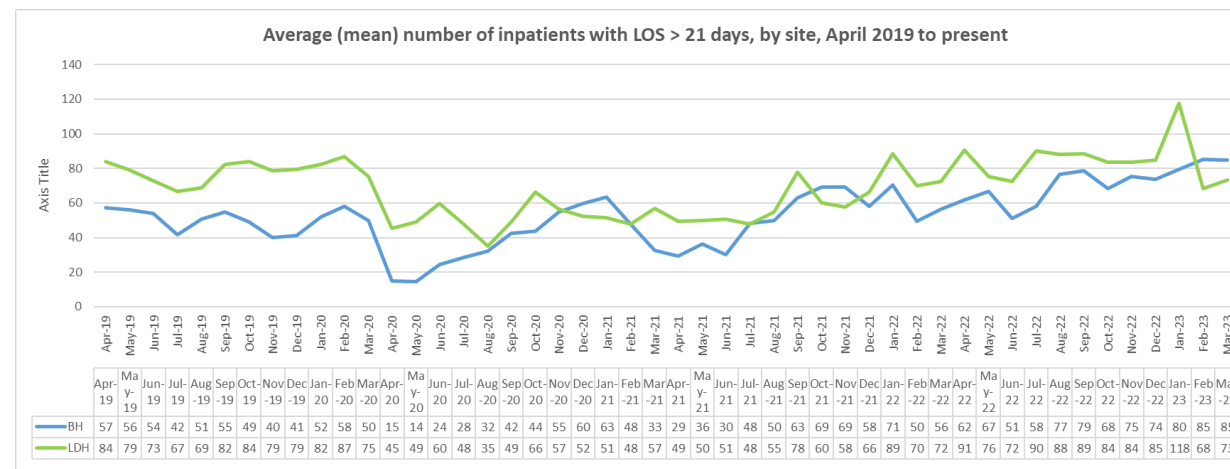
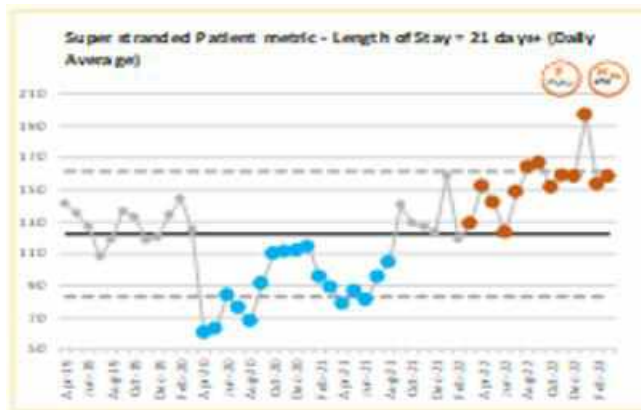
The stroke service team has a detailed SSNAP action plan, with actions linked to each domain. Main activities are around data quality improvements, recruitment into therapist posts and ensuring prompt step-down to secure the 'next free bed' at all times. There will be a comprehensive report presented to Quality Committee in Q1 23/24.





## Super Stranded Patients

Description: Average number of patients per day residing in hospital for over 21 days in any given month



The number of super stranded patients (those patients residing in hospital for more than 21 days) provides a key barometer reading of the effectiveness of discharge and patient flow throughout the integrated care system.

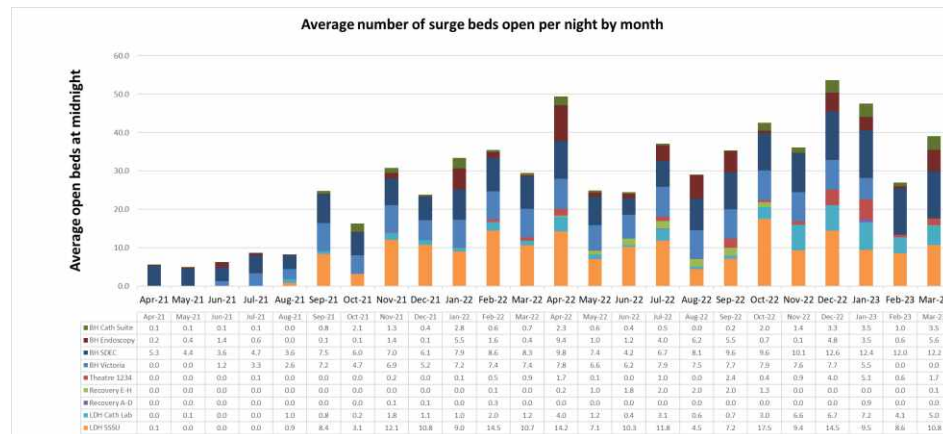
The number of patients staying in hospital beyond 21 days (average at midnight each month) remains persistently high at the Bedford site, with Luton having seen a small deterioration on the February position, but still better performance than for the previous 9 months.

The sitreps led by two of the deputy medical directors to provide peer review of all inpatients continues at the Bedford site in order to encourage earlier discharge decision making, however this has not had a marked impact on these very long lengths of stay. Changes to the discharge arrangements and processes with system partners have been discussed at workshops led by the ICB proposals are being formed to ensure that this is optimised with the aim of reducing extended stays and associated harm for patients in hospital.



## Surge bed usage

Description: Average number of non-inpatient areas opened for surge beds overnight (total number of patient bed nights divided by number of calendar days in month)



As part of safe management of surges in emergency activity, it is recognised practice to use areas that are not usually staffed or bedded overnight to try and maintain flow through the emergency department. Traditionally use of these beds was zero during summer months, with increases in winter and around peak pressure periods e.g. bank holidays.

Every time that a surge area is used, additional staff have to be deployed at short notice, and the usual activities of that unit cease (or are limited). These areas should only be used for short bursts and in extremis due to the staffing implications and the operational impact.

The surge areas that formed part of the Emergency Care SOP are listed as follows:

- Bedford Hospital - Same Day Emergency Care Unit (extended from 10 to 12 and then to 13 beds), Endoscopy suite (6 beds plus a further 6 if all activity stopped), Cath suite (up to 8 beds), and Victoria ward at Bedford site (8 beds). (N.B. In December another 4 beds were temporarily added to the Archer Unit, and additional beds opened in non-bedded spaces on wards but these are not included in the chart)
- L&D Hospital - Cath suite (9 beds) and Short Stay Surgical Unit (18 beds). Operating theatres recovery 1-6 was also opened for extended periods in December creating an additional 7 spaces.

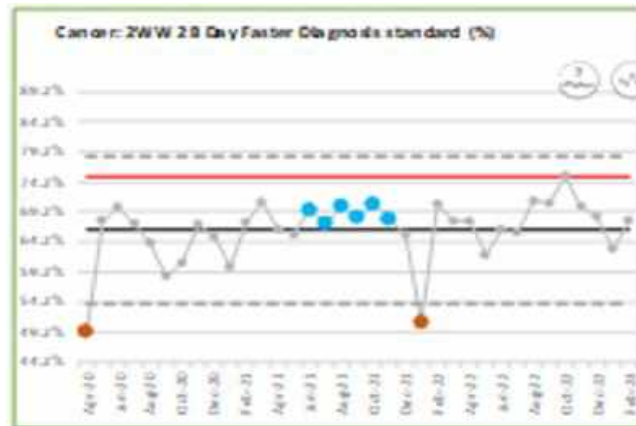
The use of surge capacity in March 2023 rose again following a good month in February 2023. Following review of feedback from the staff survey about the impact of surge beds on morale, the challenge to theatre productivity from the loss of daycase beds, and the inefficiencies inherent in the stretch to staff from these beds, keeping out of surge beds remains a priority objective for the organisation.





## Cancer: 28 day faster diagnosis

Description: The numerator is the number of patients receiving a diagnosis within 28 days; the denominator is the total number of patients referred for a suspected cancer.

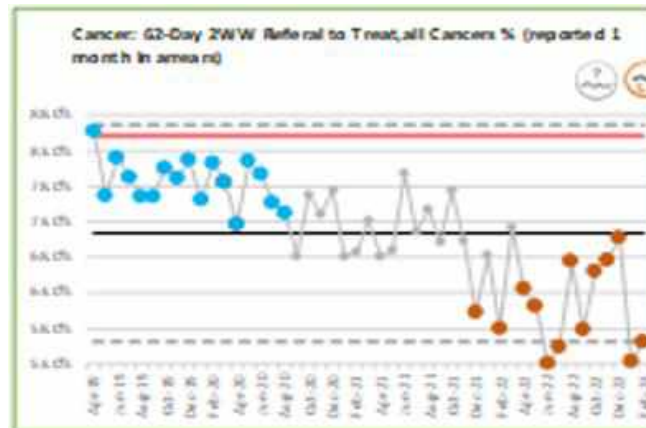


The Faster Diagnosis Standard (FDS) is a performance standard introduced to ensure patients who are referred for suspected cancer have a timely diagnosis - 75% within 28 days by March 2024.

The Trust performance improved in February, up from 63% to 67.8%. Achieving the 75% required of the 23/24 operational framework is dependent on the delivery of more resilient 2WW and diagnostic pathway capacity; pathology, imaging and clinical services are all working to make step change reductions in waits for the steps in these pathways.

2ww performance has again held steady at 90.0% for February 2023.

## Cancer: 62 Day treatment breaches



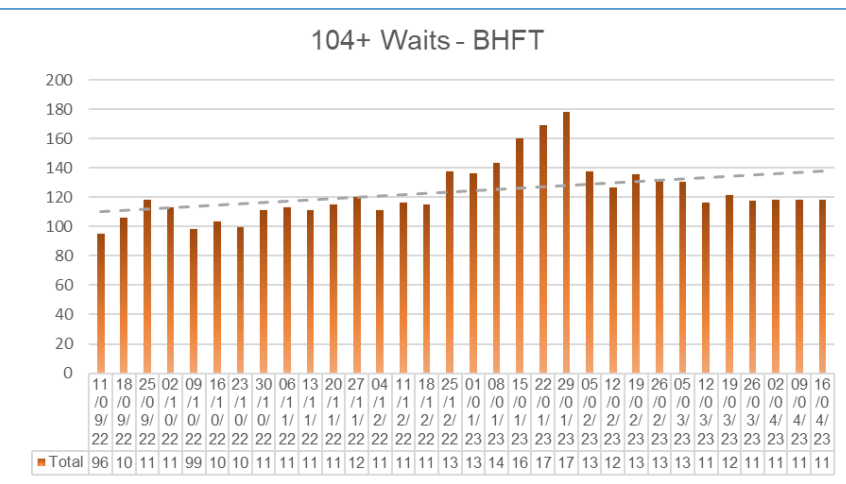
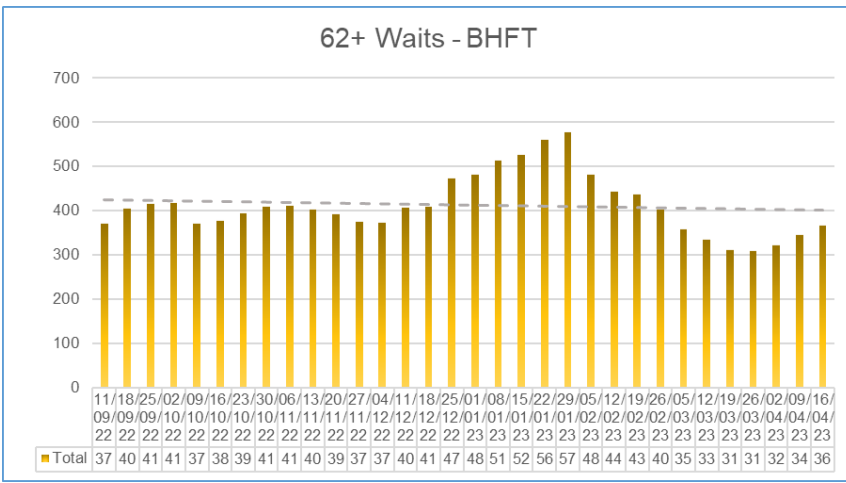
The target for all cancer treatment pathways is for at least 85% of patients to start their first treatment for cancer within two months (62 days) of an urgent GP referral.

The Trust's performance for % of patients treated with a cancer diagnosis within 62 days improved a little to 67.5% from 66.0% between January and February 2023.



# Cancer: Patients on open pathways waiting more than 62 days

**Description:** The total number of patients referred for a suspected cancer who have not had a first definitive treatment, or discharge at day 63 of their pathway.



Following a period of improvement where the number of patients breaching 62 days had been deteriorating week on week, the Easter period and Industrial Actions have resulted in a reversal of progress with number incising back up to 369 patients.

Performance against the 104 day wait metric remains stable.

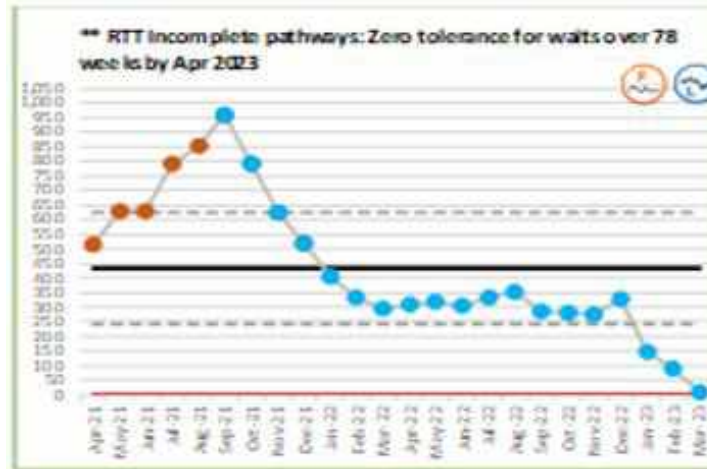
The target for Bedfordshire to reduce below 224 open pathways still requires significant improvement. The aim is that no more than 8% of open cancer pathways will breach 62 days (originally this was our aspiration for March 2023); the latest week's performance was 12.8%.

The following areas of focussed work are being driven forwards to try and elicit improvement:

- Histopathology reports: driving down time to biopsy to enable as long as possible for reporting, and continued outsourcing of reporting to manage the ongoing high demand for both sites
- Urology MRI reporting turnaround times and pre-appointment scanning at Bedford
- OMFS one-stop biopsy pathway at Bedford
- Gynaecology hysteroscopy pathway management at Luton site
- Lower GI letter turnaround times at Luton



## Zero 78 week RTT waits by April 2023



### Description

Count of total number of patients on any (inpatient or outpatient) incomplete pathway for over 78 weeks.

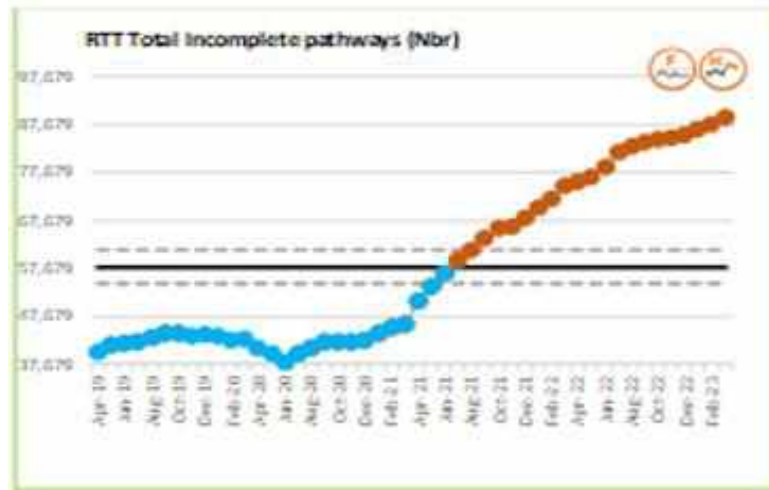
The latest planning guidance sets an expectation that systems will eliminate waits of over 78 weeks by April 2023, except where patients choose to wait longer or in specific specialties. This is in addition to maintaining a position of zero 104 week waits from Jul 2022.

As at the end of March 2023, just 6 patients remained on an open pathway over 78 weeks reflecting an incredible effort from teams to manage down the last few patients.

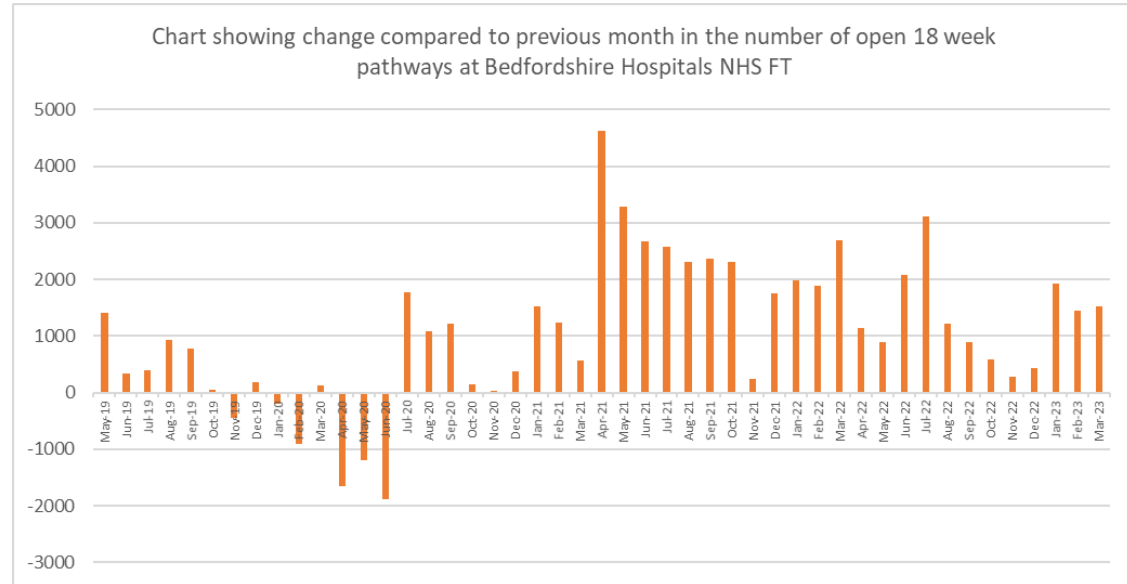
This is likely to increase slightly during April due to challenges with capacity over the Easter period and the impact of the industrial action, with our current aspiration to deliver the zero target by June 2023. We currently have more than 700 pathways open over for patients already over 66 weeks which require treatment by then end of May 2023 to avoid a 78 week breach.



Total Incomplete RTT Pathways (Waiting List)



Description : This metric is the total number of patients referred by a GP or primary care practitioner who do not yet have a recorded first treatment or 'clock stop'. It represents the total number of open 18 week pathways, regardless of how long the patient has been waiting.



During 2021/22 one of the key expectations was that waiting lists would be stabilised at the September 2021 level. With the pressures created by the ongoing pandemic this is notably no longer the case. However, the Trust views this metric as a significant indicator of the effectiveness of the capacity management plans that sit with the Service Lines, as well the effectiveness of system-wide initiatives such as Advice & Guidance, and PIFU.

The chart to the left shows the growth in the number of open pathways since April 2019. The chart on the right shows each month since Apr 19 how much the waiting list grew or reduced compared to the month previous. The monthly growth in the waiting list continued in March 2023 with 1,750 more patients added to the waiting list than were removed. The total waiting list is now approaching 90,000 patients. Work is underway to re-validate the waiting list, to ensure removal of duplicate entries for example, and productivity gains such as the improvements in DNA rate will start to help improve this situation.



**Elective Admission per working day – Inpatient & Daycase**



As the Trust moves into a post-pandemic way of working the expectation is that the number of elective inpatients per working day will continue to increase.

Elective inpatients and daycases per working day were both adversely affected by industrial action in March 2023.

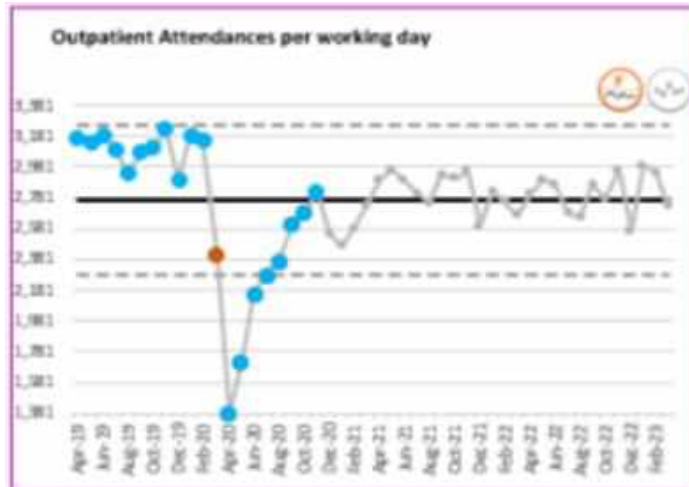


Description

Average number of elective inpatients (or daycases) admitted per working day.



## OP Attendances per working day



The impact of the pandemic can clearly be seen on daily outpatient activity (average for working days in month), which has only recovered to around 80 - 85% of the 2019/20 baseline (although note this varies significantly by specialty).

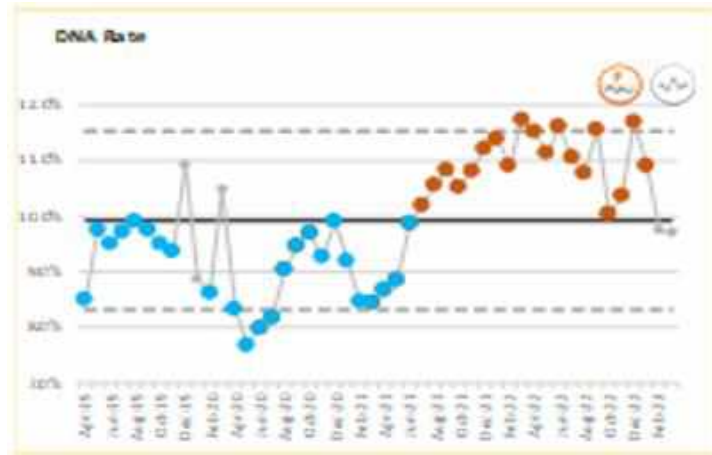
The outpatients per working day also dropped in March 2023 due to industrial action.

### Description

Average number of total outpatients attending per working day.



## OP DNA Rate



Elective recovery is contingent on a number of factors. One of the emerging themes is the adverse change in DNA rate that has been observed across the large majority of specialties. This represents a significant opportunity as this is under-utilised capacity.

Outpatient DNA rate remained below 10% for a second month in March 2023 at 9.71% following a peak of 11.7% in December 2022. The next improvement will be the roll-out of text messaging at the Bedford site the project for which should be restarted in April 2023 following an unavoidable pause where resource was redeployed to the joint Master Patient Index project to support the wider EPR roll-out.

### Description

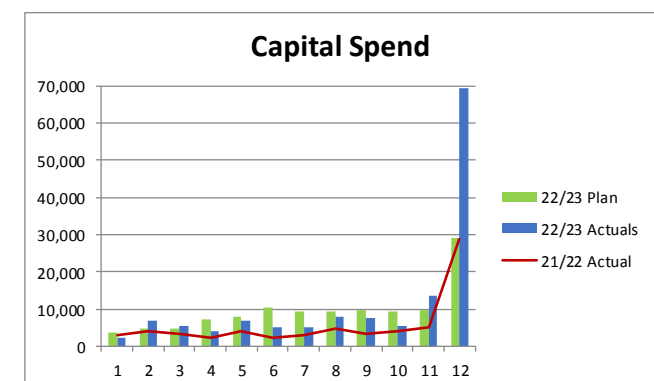
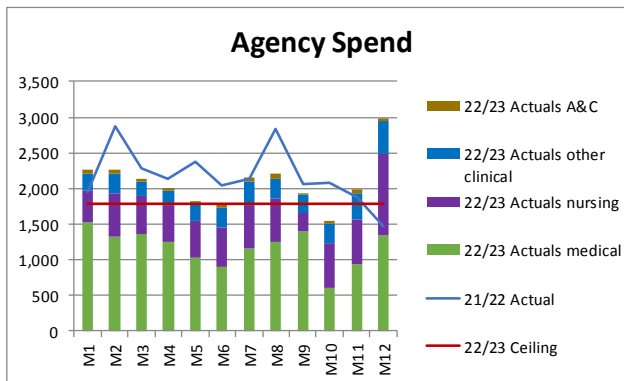
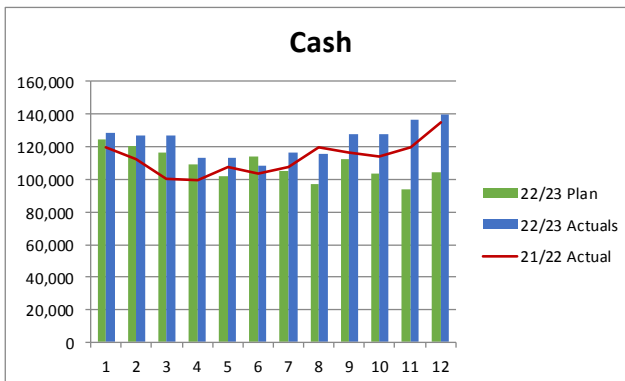
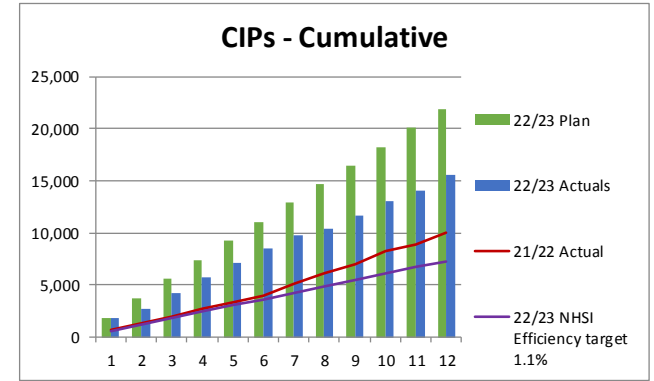
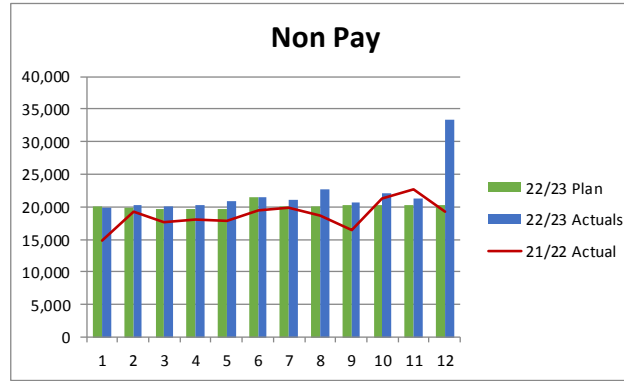
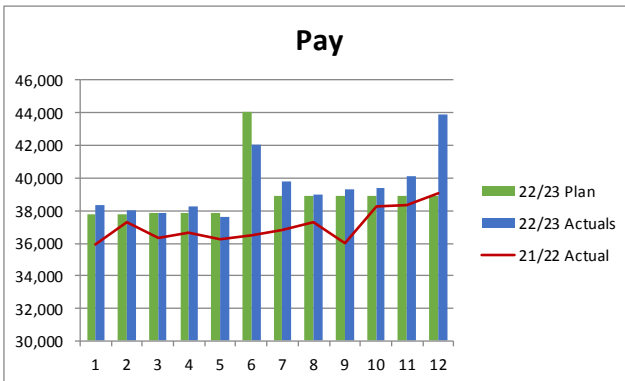
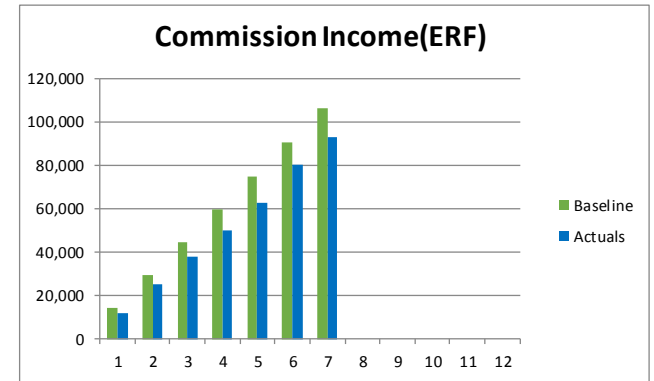
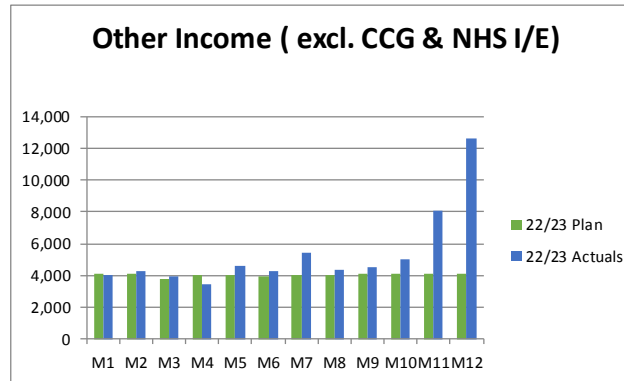
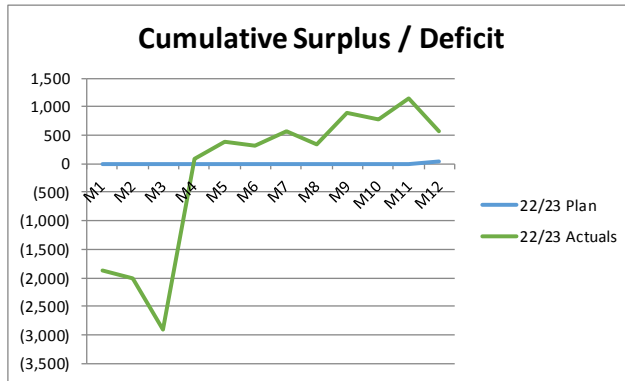
The numerator here is the number of outpatients (first & follow up) who do not attend (DNA) a booked appointment; the denominator is the total number of booked appointments.

**Finance Board Paper**  
**3<sup>rd</sup> May 2023**

<b>Report title:</b>	Finance Paper		<b>Agenda Item: 9.2</b>		
<b>Executive Director(s) and Title(s)</b>	Matthew Gibbons, Director of Finance				
<b>Report Author(s) and Title(s):</b>	Ricky Shah, Deputy Director of Finance				
<b>Purpose:</b> <i>(select one box only)</i>	<b>Receive</b> <input checked="checked" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>	<b>Information</b> <input type="checkbox"/>	<b>Note</b> <input type="checkbox"/>
<b>Action Required:</b>	Note monthly finance performance				

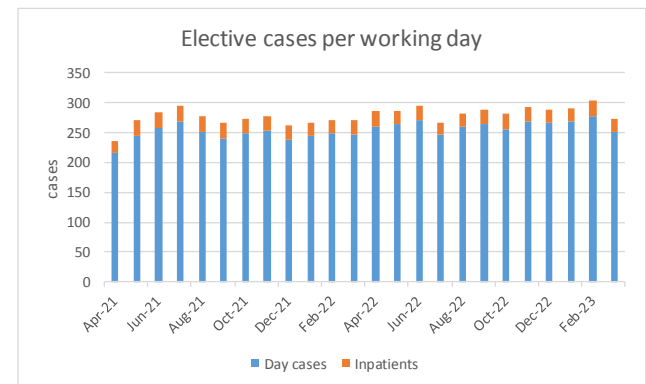
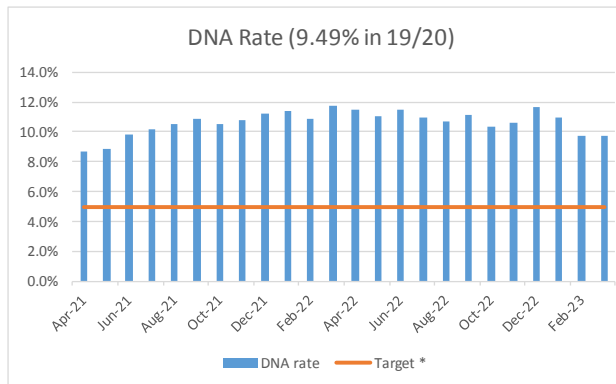
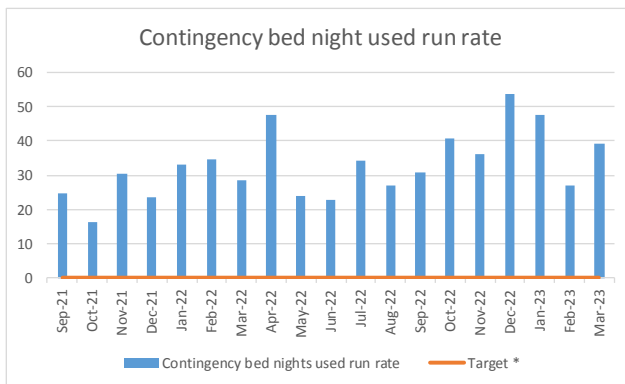
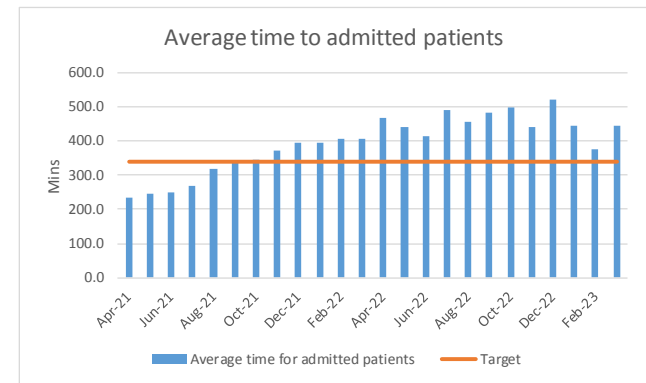
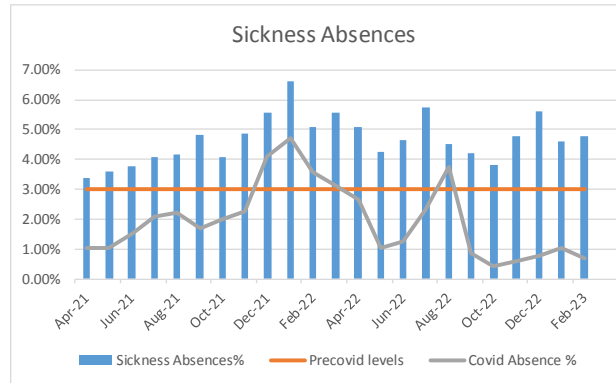
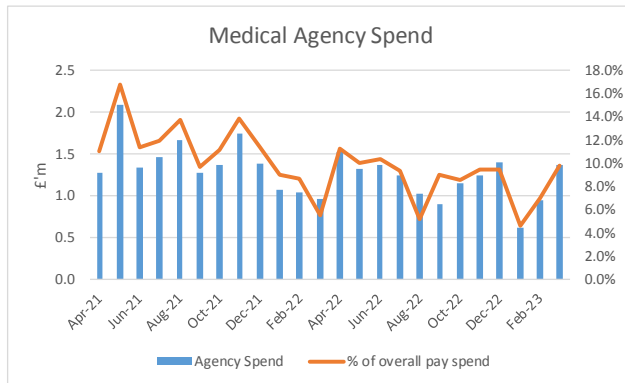
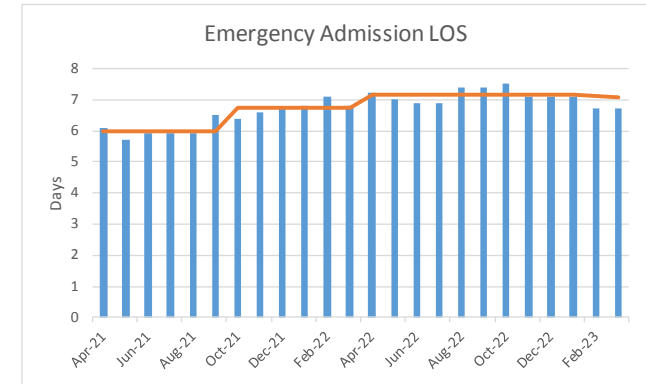
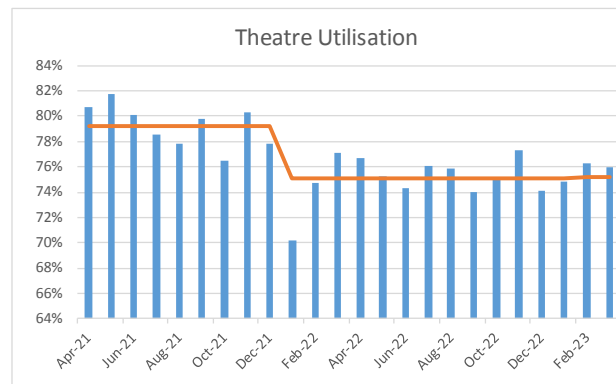
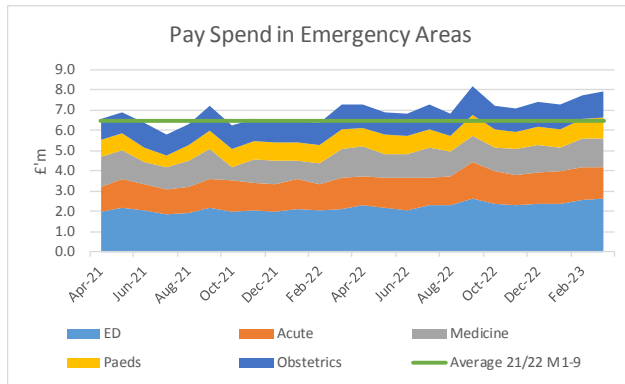
<b>Report Summary / Purpose of Report:</b>	<p>The Trust delivered a surplus of £0.6m against a breakeven plan.</p> <p>Year to date the Trust is £22.2m overspent on pay costs of which £15.3m relate to AfC pay awards. This is offset by £14m income from NHS England. The underspends on Nursing, Technician is offsetting two thirds of the Medical pay overspends. Non-pay is £15.3m overspent year to date. This is being offset in part by non-recurrent measures and other income.</p> <p>Elective recovery funding of £19.2m has been recognised to date, despite significant underperformance against plan. The Trust has received confirmation that NHSEI will not seek to apply the ERF rules, and Trusts should assume ERF is paid in full for H1. For H2, it is left for local negotiation, but ICBs will receive full funding.</p> <p>Capital spend is £139.6m against a revised annual plan of £139m. The Trust spent £25.6m against the Trust's annual CDEL limit of £27.2m.</p>
<b>Links to Strategic Board Objectives /Risk Register / Board Assurance Framework</b>	<p>5. Developing a robust and sustainable future</p> <p>7. Become well-governed and financially viable</p>
<b>Links to Regulations/ Outcomes/External Assessments</b>	NHSI/E – NHS Improvement and England
<b>Jargon Buster: Please detail acronyms in the report</b>	<p>ERF – Elective Recovery Fund</p> <p>CDEL – Capital Departmental Expenditure Limit</p> <p>LVA – Low Value Activity</p> <p>H1 – First half of year (April to September)</p> <p>H2 – Second half of year (October to March)</p> <p>AFC – Agenda for Change</p>

## Finance in a page



\*Note Pay has been adjusted for the consolidated pay accrual for substantive, bank and outsourced staff. In month agency numbers adjusted for P/Y reversals

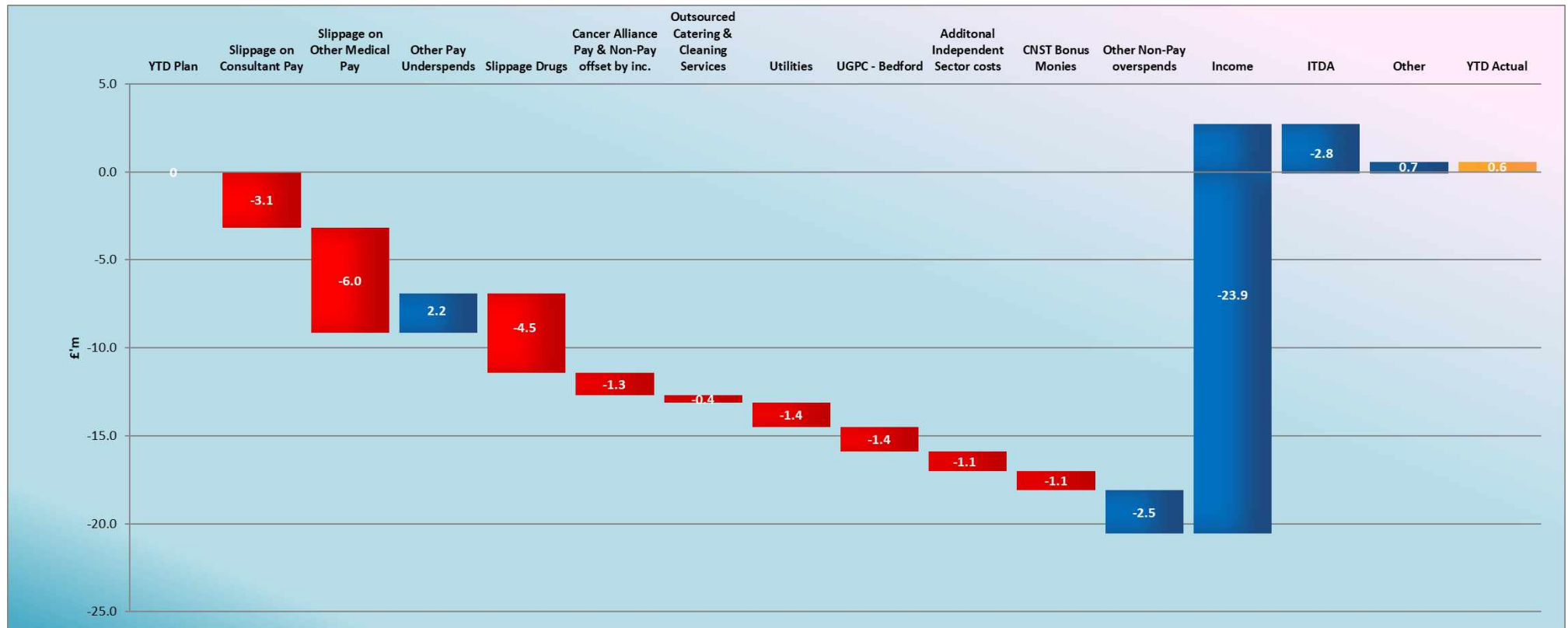
## Finance Performance Indicators



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

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

## Revenue and Expenditure Bridge between Budget and Actuals





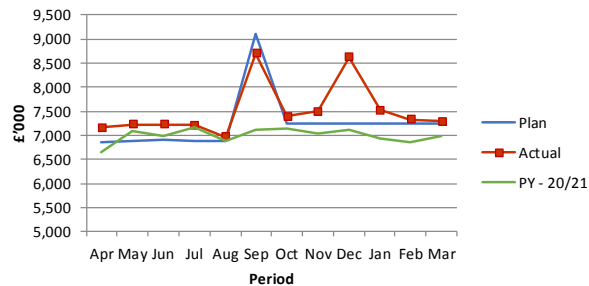
## Income and Expenditure Statement

Operating Income and Expenditure	Year Actuals	Full Year Budget	YTD Budget	YTD Actuals	YTD Variance	In Month Budget	In Month Actuals	In Month Variance
	2021/22	2022/23	2022/23	2022/23	2022/23	2022/23	2022/23	2022/23
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Contract Income	651,372	669,744	669,744	695,271	25,527	55,814	81,242	25,428
Other Income	62,842	48,549	48,549	64,527	15,977	4,119	12,613	8,495
<b>Total Income</b>	<b>714,214</b>	<b>718,293</b>	<b>718,293</b>	<b>759,798</b>	<b>41,504</b>	<b>59,933</b>	<b>93,855</b>	<b>33,923</b>
Consultants	88,616	86,972	86,972	90,155	3,183	7,246	7,289	43
Other Medics	68,709	66,357	66,358	72,314	5,957	5,530	6,732	1,202
Nurses	168,445	184,196	184,196	181,853	-2,343	15,375	15,723	347
Scientific, therapeutic & technical	74,765	81,406	81,406	78,657	-2,749	6,784	6,646	-138
Other Pay	44,016	47,726	47,727	65,891	18,165	3,989	22,791	18,802
<b>Total Pay</b>	<b>444,551</b>	<b>466,657</b>	<b>466,658</b>	<b>488,871</b>	<b>22,212</b>	<b>38,924</b>	<b>59,180</b>	<b>20,256</b>
Drugs	54,957	54,906	54,906	62,302	7,397	4,575	6,744	2,169
Clinical Supplies	66,405	56,912	56,912	58,234	1,322	4,730	3,485	-1,245
General Supplies	30,265	32,728	32,728	34,883	2,154	2,727	2,144	-584
CNST	26,732	23,514	23,514	24,567	1,053	1,960	2,048	88
Other Non-Pay	62,217	50,362	50,362	53,694	3,332	4,320	10,857	6,536
<b>Total Non-Pay</b>	<b>240,576</b>	<b>218,422</b>	<b>218,423</b>	<b>233,680</b>	<b>15,257</b>	<b>18,312</b>	<b>25,278</b>	<b>6,965</b>
<b>EBITDA</b>	<b>29,087</b>	<b>33,214</b>	<b>33,212</b>	<b>37,247</b>	<b>4,035</b>	<b>2,697</b>	<b>9,398</b>	<b>6,701</b>
ITDA	28,738	33,214	33,214	36,043	2,829	2,767	7,063	4,296
<b>Trading Position</b>	<b>349</b>	<b>0</b>	<b>-2</b>	<b>1,204</b>	<b>1,206</b>	<b>-71</b>	<b>2,335</b>	<b>2,405</b>
Inventory Donation from DHSC Inc.	2,435	0	0	1,621	1,621	0	1,621	1,621
Cost of Inventory donation from DHSC	-2,435	0	0	-1,621	-1,621	0	-1,621	-1,621
<b>Total Operating Surplus/Deficit (-)</b>	<b>349</b>	<b>0</b>	<b>-2</b>	<b>1,204</b>	<b>1,206</b>	<b>-71</b>	<b>2,335</b>	<b>2,405</b>
Impact of Impairments	93	0	0	0	0	0	0	0
Depreciation of Donated Assets	1,060	886	886	795	-91	74	65	-9
Donated Assets Income	-453	-886	-886	-1,423	-537	-74	-1,393	-1,319
Remove impact of consum. donated by DHSC	497	0	0	0	0	0	0	0
<b>Adj. Financial Performance Surplus/Deficit</b>	<b>1,547</b>	<b>0</b>	<b>-2</b>	<b>576</b>	<b>578</b>	<b>-71</b>	<b>1,007</b>	<b>1,078</b>

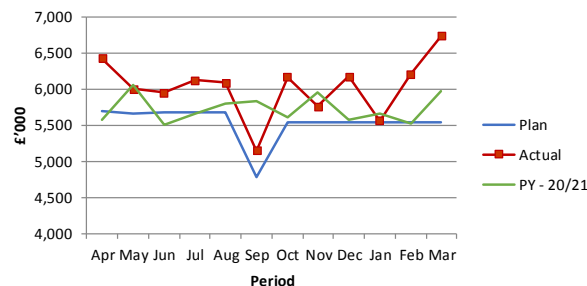
- The Trust has delivered a £0.6m surplus year to date against a break-even plan.
- NHS Contract income overperformance is largely due to £14m AfC Pay awards income recognition, cost and volume drugs and recognition of winter pressures monies. £19.2m of ERF monies have been reflected within the position.
- Other income is a overperforming due to training and education income £2.4m ahead of plan, £1m on Private patient income, car parking £0.2m, catering £0.3m and cancer alliance monies of £1.7m which is offset by expenditure.
- Medical pay remains high across consultants and other medics and is running at higher than 21/22 levels. The key areas of overspend are in Paediatrics £1,536k, Maternity £954k, Upper GI £885k, Urology £755k, Emergency Medicine £713k and Theatres £594k
- Overall non-pay is overspent by £8.3m. The key areas are:
  - o £7.4m Drugs – in part offset by income
  - o £0.4m relates to outsourced catering and cleaning services
  - o £1m Cancer Alliance costs – offset by Income
  - o £1.4m Utilities
  - o £1.1m Independent Sector
  - o £1.4m UGPC Bedford
  - o £1.1m CNST MIS
  - o £8.3m Beeden lease penalties and disposal of the lease
- To date £10.4m of non-recurrent measures have been utilised

## Pay Trends

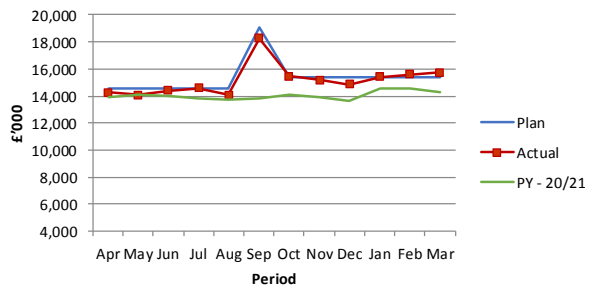
### Consultants



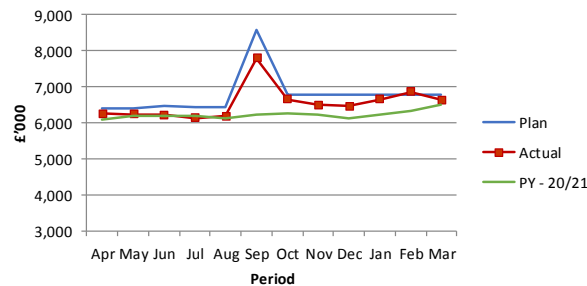
### Other Medics



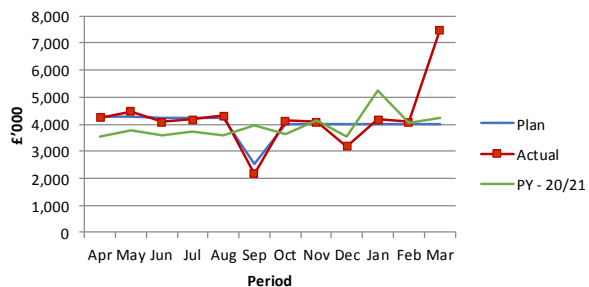
### Nurses



### Scientific, Therapeutic and Tech.



### Other Pay



Consultant spend is £3,183k over year to date. The key areas leading to the overspend are Clinical Haematology £599k, Urology £489k, Dermatology £481k, Paediatrics £288k and Maternity £269k.

Other medics spend is £5,957k over year to date. The key areas of concern are Paediatrics £1,248k, Upper GI £879k, Emergency Med £758k, Maternity £685k and Respiratory £421k.

Nursing and Scientific, therapeutic and technical staffs pay costs are on the rise over winter. As can be seen from the prior year green line. In month Nursing were overspend by £347k. Scientific staff spend has reduced in month. Ward areas across Acute Medicine £827k, Surgery £967k, Emergency Medicine £771k and Care of the Elderly £600k wards are overspent.

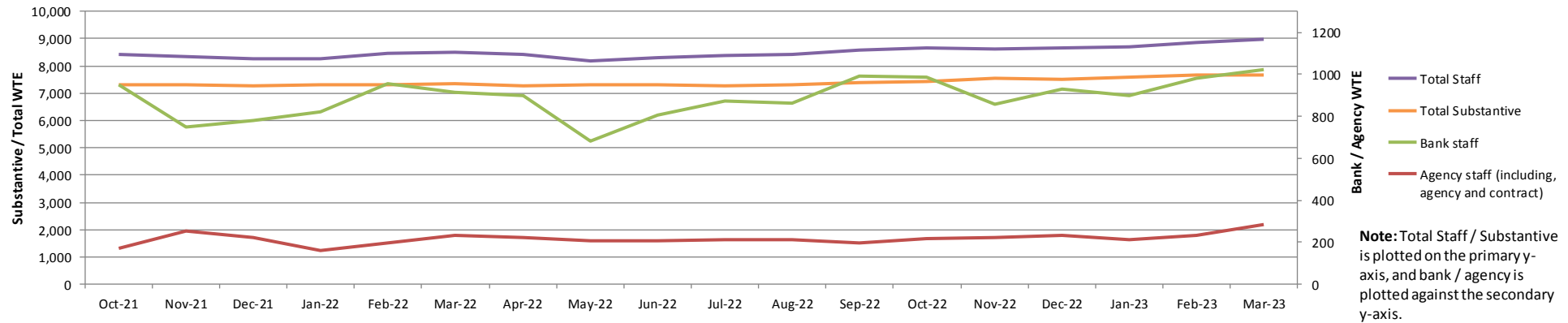
This is being partially offset by YTD underspends in NICU (£723k) and Maternity (£523k). Maternity have had a successful recruitment campaign recruiting. In month this has resulted in an overspend across the two areas of £104k. This is resulting in an increase in nursing spend making the overspends mentioned above more prominent.

## Substantive, Bank and Agency Staff – Provider Workforce Return

	2021/22						2022/23												
	Month 7 Oct-21 WTE	Month 8 Nov-21 WTE	Month 9 Dec-21 WTE	Month 10 Jan-22 WTE	Month 11 Feb-22 WTE	Month 12 Mar-22 WTE	Month 01 Apr-22 WTE	Month 02 May-22 WTE	Month 03 Jun-22 WTE	Month 04 Jul-22 WTE	Month 05 Aug-22 WTE	Month 06 Sep-22 WTE	Month 07 Oct-22 WTE	Month 08 Nov-22 WTE	Month 09 Dec-22 WTE	Month 10 Jan-23 WTE	Month 11 Feb-23 WTE	Month 12 Mar-23 WTE	
Registered nursing, midwifery and health visiting staff (substantive total)	2,363	2,380	2,380	2,389	2,390	2,410	2,377	2,369	2,357	2,348	2,343	2,342	2,396	2,426	2,405	2,424	2,440	2,458	
Registered Scientific, therapeutic and technical staff (substantive total)	813	813	812	805	805	805	803	805	800	797	797	802	806	809	809	814	830	826	
Registered ambulance service staff (substantive total)	2	0	0	0	0	0	2	3	2	2	2	2	2	2	2	2	2	2	
Support to clinical staff (substantive total)	2,178	2,160	2,129	2,154	2,159	2,150	2,134	2,166	2,161	2,172	2,175	2,220	2,214	2,239	2,220	2,257	2,277	2,257	
Total NHS infrastructure support (substantive total)	886	894	891	885	891	889	880	880	891	898	894	902	904	915	921	931	940	939	
Medical and dental (substantive total)	1,055	1,077	1,059	1,060	1,071	1,082	1,083	1,083	1,087	1,067	1,116	1,116	1,125	1,147	1,147	1,151	1,162	1,175	
Any other staff (substantive total)	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	
<b>Total Substantive</b>	<b>7,299</b>	<b>7,328</b>	<b>7,274</b>	<b>7,296</b>	<b>7,319</b>	<b>7,339</b>	<b>7,281</b>	<b>7,309</b>	<b>7,301</b>	<b>7,286</b>	<b>7,330</b>	<b>7,387</b>	<b>7,450</b>	<b>7,540</b>	<b>7,507</b>	<b>7,583</b>	<b>7,654</b>	<b>7,661</b>	

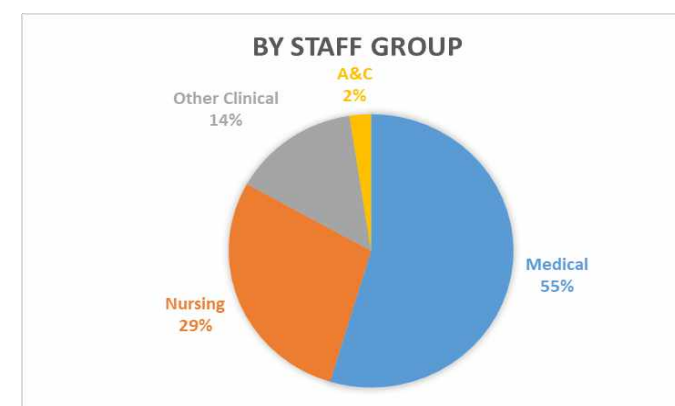
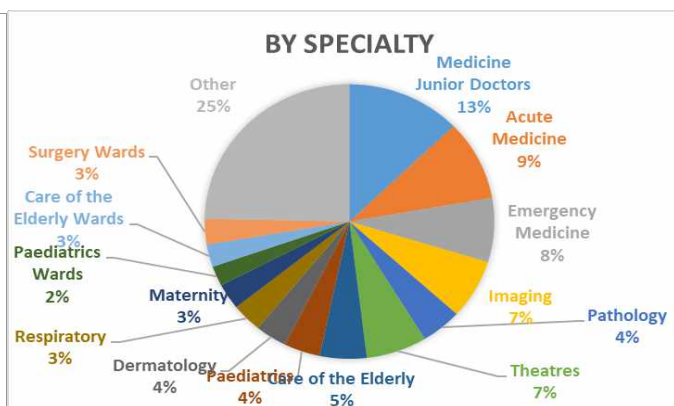
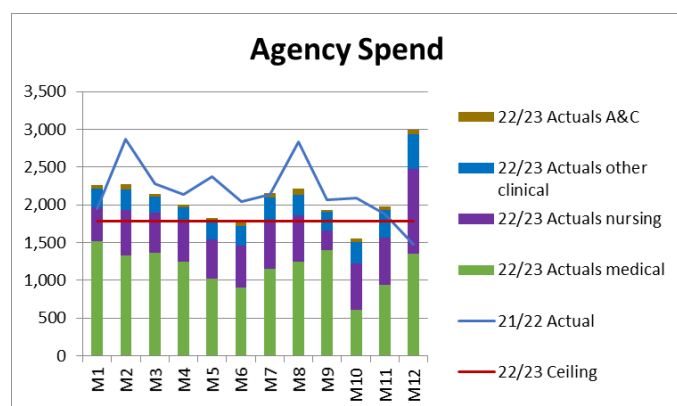
Bank staff	951	750	778	822	955	914	899	683	808	872	865	992	985	859	930	897	982	1023	
Agency staff (including, agency and contract)	170	255	223	162	196	235	224	206	209	210	214	197	216	222	234	212	233	286	

<b>Total Staff</b>	<b>8,420</b>	<b>8,333</b>	<b>8,275</b>	<b>8,280</b>	<b>8,470</b>	<b>8,488</b>	<b>8,404</b>	<b>8,199</b>	<b>8,318</b>	<b>8,368</b>	<b>8,409</b>	<b>8,576</b>	<b>8,651</b>	<b>8,622</b>	<b>8,671</b>	<b>8,693</b>	<b>8,869</b>	<b>8,970</b>	
--------------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--



### Agency Spend (£000s) – Agency spend remains high, Trust ended year above agency cap

£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
22/23 Monthly Plan	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	
22/23 Monthly Actual	2,262	2,271	2,142	2,007	1,822	1,787	2,157	2,213	1,928	1,550	1,980	2,991	
21/22 Monthly Actual	1,955	2,873	2,279	2,143	2,369	2,043	2,137	2,836	2,068	2,087	1,873	1,476	
22/23 Cum. Plan	2,000	4,000	6,000	8,000	10,000	12,000	14,000	16,000	18,000	20,000	22,000	24,000	
22/23 Cum. Actual	2,262	4,533	6,675	8,683	10,504	12,292	14,449	16,662	18,590	20,140	22,120	25,111	
21/22 Cumm. Actual	1,955	4,828	7,107	9,250	11,618	13,661	15,799	18,635	20,702	22,789	24,662	26,138	
<b>Plan</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>	<b>24,000</b>
22/23 Medics Plan	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	13,200
22/23 Nurses Plan	460	460	460	460	460	460	460	460	460	460	460	460	5,060
22/23 Other Clinical Plan	220	220	220	220	220	220	220	220	220	220	220	220	2,420
22/23 A&C Plan	120	120	120	120	120	120	120	120	120	120	120	120	1,320
<b>Actuals</b>	<b>2,262</b>	<b>2,271</b>	<b>2,142</b>	<b>2,007</b>	<b>1,822</b>	<b>1,787</b>	<b>2,157</b>	<b>2,213</b>	<b>1,928</b>	<b>1,550</b>	<b>1,980</b>	<b>2,991</b>	<b>25,111</b>
22/23 Medics Actuals	1,523	1,330	1,367	1,244	1,023	903	1,156	1,249	1,403	613	943	1,351	14,107
22/23 Nurses Actuals	450	601	524	516	519	557	612	610	253	616	618	1,126	7,001
22/23 Other Clinical Actuals	238	273	216	212	266	264	322	276	254	279	370	460	3,430
22/23 A&C Actuals	51	68	36	35	15	63	66	78	18	43	48	54	573



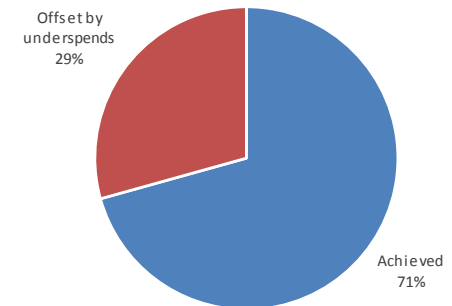
## Cost Improvement Programme – £15.6m delivered against £22.0M plan

Overall the Trust is achieving 71% of its cost improvement programme. Key area of underperformance is in constraining vacancy factors in multiple areas in addition to reductions in agency across Medicine and care of the Elderly. There remains a risk against the CNST bonus monies as two standards are not being met. This has been provided for in the position and has been reflected in the CIP performance.

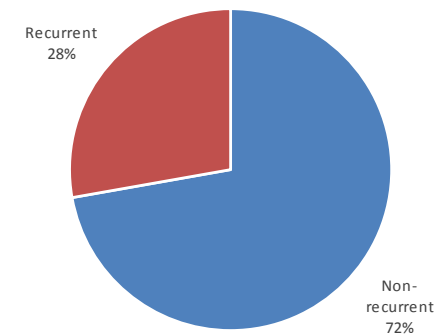
BAU Merger title for FIP reporting	YTD Plan	YTD Actual	YTD Var	Comments
Vacancy Factors	10,638	8,260	2,378	£664k -relates to successful overseas recruitment by Maternity
Reduction in Agency	1,478	625	853	Medicine and Elderly Care -due to use of agency to cover outliers
Private Patient Income Generation	1,200	757	443	
CNST Bonus Monies	1,057	0	1,057	Risk - not achieving 1 standard
Procurement	1,034	707	328	
Other	884	863	22	
Pathology -TOM Saving	666	551	115	
Endoscopy 5th room - PYE savings	654	534	119	
Cauldwell Slippage	540	540	0	
Stretch Savings	538	404	134	
Drugs Optimisation	500	257	243	
Pay	458	438	20	
VAT Saving	373	19	354	
IT Hardward Savings	317	365	-49	IT service desk are no longer replenishing stock
Capital medical equip. purchase	297	292	5	
ELFT support for Mental Health nursing spend	256	138	118	
Blood Contract Saving	220	203	17	
Professional and Consultancy Fees	153	104	49	
2% increase in Education LDA	144	140	4	
Mental Health Income	125	109	16	
Saving on cleaning contract	97	97	0	
Covid Spend	90	0	90	
Maternity Pathways Income Recovery	85	0	85	
Cross site Merger benefit	81	81	0	
Theatre Productivity	66	14	52	
Travel Expenses	56	56	0	
<b>Grand Total</b>	<b>22,007</b>	<b>15,554</b>	<b>6,453</b>	
Offset by underspends		6,453	-6,453	
<b>Total</b>	<b>22,007</b>	<b>22,007</b>	<b>0</b>	

Recurrent/ Non Recurrent	YTD Plan	YTD Actual	YTD Var
Non-recurrent	16,452	10,918	5,534
Recurrent	5,540	4,201	1,340
<b>Grand Total</b>	<b>21,992</b>	<b>15,118</b>	<b>6,874</b>
Offset by underspends		6,874	-6,874
<b>Total</b>	<b>21,992</b>	<b>21,992</b>	<b>0</b>

CIP Achievement



Recurrent %



\*2/3<sup>ds</sup> of the non-recurrent is vacancy factor which is actually a recurrent CIP as there is a natural level of vacancy factor

## Statement of Financial Position

Statement of Financial Position	Closing 31 Mar 22 £000s	Closing 31 March 23 £000s
<b>Non-Current Assets</b>		
Property, plant and equipment	341,768	484,180
Trade and other receivables	2,716	2,872
Other assets	1,836	1,319
<b>Total non-current assets</b>	<b>346,320</b>	<b>488,371</b>
<b>Current assets</b>		
Inventories	8,819	8,146
Trade and other receivables	15,135	41,886
Cash and cash equivalents	135,016	139,804
<b>Total current assets</b>	<b>158,970</b>	<b>189,836</b>
<b>Current liabilities</b>		
Trade and other payables	-95,612	-134,019
Borrowings	-2,219	-4,929
Provisions	-3,927	-3,965
Other liabilities	-6,003	-8,479
<b>Total current liabilities</b>	<b>-107,762</b>	<b>-151,392</b>
<b>Total assets less current liabilities</b>	<b>397,528</b>	<b>526,816</b>
<b>Non-current liabilities</b>		
Borrowings	-26,313	-67,741
Provisions	-7,293	-7,364
<b>Total non-current liabilities</b>	<b>-33,606</b>	<b>-75,105</b>
<b>Total assets employed</b>	<b>363,922</b>	<b>451,710</b>
<b>Financed by (taxpayers' equity)</b>		
Public Dividend Capital	256,433	340,856
Revaluation reserve	26,153	30,221
Income and expenditure reserve	81,336	82,541
<b>Total taxpayers' equity</b>	<b>363,922</b>	<b>453,618</b>



## CAPITAL PLAN

### Report for Month 12

The 22/23 CDEL allocation for Bedfordshire Hospitals is £27.2m of a total of £43m for the STP. The overall capital plan comes to £114m, including centrally funded and donated asset schemes. In addition to this we have further capital allocation of £22.7m to cover leases entered into prior to implementation of IRFS16

The Trust has spent £139.6m on capital this year. The Trust spent £25.6m against the CDEL limit of £27.4m. The Trust has worked with Kier and other suppliers to pull forward spend.

Although the Trust has had a successful year in delivery of capital spend against plan, there remains pressures from a mismatch between central drawdowns and planned spend that will manifest over the next 24 months.

## Capital Plan

£m	Funding Source	Requires Bus Case	2019/20 Actual	2020/21 Actual	2021/22 Actual	2022/23 Plan	2022/23 Forecast	2022/23 Actual	2023/24 FOT	2024/25 FOT	2025/26 FOT	Total	Commentary By exception
Site Redevelopment team & O'hds	Internal		0.4	0.9	0.7	1.0	0.6	0.6	1.1	1.0	1.3	6.1	
Enabling Schemes (PDC funded)	PDC - Other		0.0	0.9	0.0	0.0	-	-	0.0	0.0	0.0	1.0	
Enabling Schemes (internally funded)	Internal		0.2	7.7	4.7	0.3	0.2	0.2	0.0	0.0	0.0	12.3	
New Clinical Buildings (PDC funded)	PDC - ASB		1.2	0.0	5.6	44.9	41.7	41.0	70.7	0.0	0.0	118.0	Compensation Event - assessment
New Clinical Buildings (internally funded)	Internal		0.0	2.2	0.7	0.0	-	-	2.0	20.4	2.0	28.4	Need to understand overall phasing
PDC - ASB - Match Spend to Approval	PDC - ASB		-2.8	0.0	0.0	15.5	18.7	19.4	-18.3	0.0	0.0	0.4	
PDC - ASB - Match Spend to Approval	Internal		2.8	0.0	0.0	-15.5	18.7	19.4	18.3	0.0	0.0	0.4	
Lewsey Road Carpark	Internal		0.0	0.1	-0.2	0.0	-	0.0	0.0	0.0	0.0	0.1	
Lewsey Road Carpark (PDC)	PDC - Other		0.1	4.9	0.0	0.0	-	-	0.0	0.0	0.0	5.0	
Helipad - see offset below	Internal	Y	0.0	0.0	0.0	0.0	-	-	0.0	19.7	0.0	19.7	
Energy Centre Building	Internal		0.3	1.7	9.6	5.1	4.1	3.7	1.6	0.0	0.0	17.3	February project dashboard - contingency 23/24
Energy Conservation Measures (Salix)	Internal		0.2	0.9	3.8	2.0	1.0	1.4	3.5	0.0	0.0	9.2	Requires validation from Mike Poole
Generators	Internal		2.2	0.3	0.9	0.0	0.0	0.1	0.0	0.0	0.0	3.5	
Electrical Infrastructure	Internal		3.2	2.7	0.0	1.3	0.1	0.7	1.1	0.0	0.0	7.1	Requires validation from Mike Poole
<b>Hospital Redevelopment (sub-total)</b>			<b>7.6</b>	<b>22.3</b>	<b>25.8</b>	<b>54.6</b>	<b>47.4</b>	<b>47.1</b>	<b>80.0</b>	<b>41.1</b>	<b>3.3</b>	<b>227.4</b>	
Hospital Redevelopment Additional Staff Approval	Internal			0.0	0.0	0.6	-	-	0.6	0.6	0.0	1.2	Costs against specific projects
Trust Funded Variations	Internal		0.0	0.0	0.0	0.0	-	-	1.3	1.8	0.2	3.3	Hybrid equipment, Entonox, Consumables Store, RGC
UEC - Luton	PDC - UEC		0.0	4.2	12.8	0.0	-	-	0.0	0.0	0.0	17.0	
UEC - Luton (Trust)	Internal		0.0	-3.0	-4.5	13.8	14.5	16.4	1.7	0.0	0.0	8.6	Some slippage expected into 23/24
UEC - Luton (unapproved overspend)	Internal			0.0	0.0	0.0	-	-	1.0	0.0	0.0	1.0	
Cauldwell Centre Refurbishment	PDC - Other	Y		0.0	5.9	0.0	-	-	0.0	0.0	0.0	5.9	
Cauldwell Centre Refurbishment (internal)	Internal	Y		0.0	-4.8	5.3	5.0	5.0	0.0	0.0	0.0	0.2	
Bedford Electrical Infrastructure	Internal	Y		0.0	0.1	2.9	3.3	3.3	0.5	0.0	0.0	3.9	Some slippage expected into 23/24
UEC - Bedford (Trust)	Internal		0.0	-1.4	1.4	0.2	0.1	0.1	0.0	0.0	0.0	0.1	
UEC - Bedford	PDC - UEC		0.0	3.8	0.0	0.0	-	-	0.0	0.0	0.0	3.8	
UEC - Bedford (External Donation) - CT Scanner	Donated			0.0	0.0	0.8	-	-	0.6	0.0	0.0	0.6	
ED 2nd floor fit out/ CT enabling	Internal	Y	0.0	0.0	0.0	2.4	2.4	1.7	0.2	0.0	0.0	2.6	
Primary Care Hub	PDC - Other	Y		0.0	0.0	0.0	-	-	7.1	0.0	0.0	7.1	
Primary Care Hub (Trust)	Internal			0.0	0.0	0.0	0.6	0.6	-0.6	0.0	0.0	-	
Eye Theatre - PDC	PDC - Eye			0.0	0.0	6.9	6.9	0.2	0.0	0.0	0.0	6.9	
Eye Theatre - Internal	Internal			0.0	0.0	-4.0	6.7	-	8.2	0.0	0.0	1.5	Forecast includes significant slippage into 23/24
Vascular theatres	Internal			0.0	0.0	0.0	-	-	0.0	0.0	0.0	-	
Community Diagnostic Centre	PDC - CDC			0.0	0.0	5.0	5.0	0.1	6.2	12.0	0.0	23.2	Assumes Luton CDC approved - £4m PDC each year
Community Diagnostic Centre (Trust)	Internal			0.0	0.0	0.0	4.9	-	4.9	0.0	0.0	-	
Trust Wide DCP	Internal			0.0	0.0	0.3	-	-	0.0	0.0	0.0	-	Revenue expenditure
<b>Total Hospital Redevelopment</b>			<b>7.6</b>	<b>25.9</b>	<b>36.7</b>	<b>88.6</b>	<b>73.3</b>	<b>74.3</b>	<b>111.6</b>	<b>55.5</b>	<b>3.5</b>	<b>314.0</b>	
Medical Equipment	Internal		1.9	4.0	4.0	1.8	6.9	7.4	0.8	0.8	2.0	24.5	Limit as £12m included in ASB above
BAU Estate (incl backlog)	Internal		2.5	6.0	6.7	2.0	4.3	3.7	2.0	2.0	3.0	27.1	As per Nov capital underspend FIP paper
BAU IT	Internal		0.6	2.7	3.0	1.0	4.9	4.7	1.0	2.3	1.0	15.5	£1m increase MG to confirm
<b>BAU CapEx</b>			<b>5.1</b>	<b>12.7</b>	<b>13.7</b>	<b>4.8</b>	<b>16.1</b>	<b>15.7</b>	<b>3.8</b>	<b>5.1</b>	<b>6.0</b>	<b>67.0</b>	



## Capital Plan Continued

£m	Funding	Requires	2019/20	2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2024/25	2025/26	Total	Commentary
	Source	Bus Case	Actual	Actual	Actual	Plan	Forecast	Actual	FOT	FOT	FOT		By exception
Hospital Redevelopment - Other Depts	Internal		0.0	0.2	0.2	0.0	-	-	0.0	0.0	0.0	0.5	
Imaging Corridor Works	Internal		0.6	0.5	0.0	0.0	-	-	0.0	0.0	0.0	1.2	
Helipad offset	Internal	Y	0.0	0.0	0.0	0.0	-	-	0.0	-19.7	0.0	- 19.7	
PAS	Internal	Y	0.0	0.0	0.0	0.0	-	-	0.0	0.0	0.0	-	Not affordable in current plan
IT Merger Enabling - Part of £168m	Internal		0.0	1.4	1.4	0.9	0.7	0.5	1.7	2.5	0.0	7.8	
Contribution to EPR (from IT merger)	Internal			0.0	0.0	0.0	-	-	0.0	-2.5	0.0	- 2.5	
EPR	Internal			0.0	0.0	1.4	1.4	1.1	3.3	3.0	0.0	8.9	
EPR (PDC funded)	PDC - EPR			0.0	0.0	2.5	2.5	2.8	5.0	2.5	0.0	10.0	
Pathology Joint Venture (PDC) - Part of £168m	Internal		1.8	1.1	0.0	0.0	-	-	0.0	0.7	0.0	3.6	
GDE - Next Phase Business Cases (EPR)	Internal		0.0	0.0	2.5	0.0	-	-	0.0	0.0	0.0	2.5	
STP Portal - Phase 2 (includes HSLI Digital monies)	Internal		0.2	-2.1	0.9	2.0	1.3	1.3	0.8	0.0	0.0	0.9	
PACS	PDC - EPR		0.0	0.0	0.0	2.2	2.2	2.7	0.0	0.0	0.0	2.2	
PACS (other PDC)	PDC - Other		0.0	0.0	0.0	0.2	0.4	-					
Pharmacy Robot	Internal		0.0	0.0	0.7	0.2	0.3	0.3	0.0	0.0	0.0	1.0	
Prior Year Schemes - Internal	Internal		6.6	-3.1	2.5	0.0	0.3	0.3	0.0	0.0	0.0	6.9	
Prior Year Schemes - PDC - GDE	PDC - GDE		4.8	3.6	0.0	0.0	-	-	0.0	0.0	0.0	11.3	
Prior Year Schemes - PDC - Other	PDC - Other			15.4	9.5	0.0	-	-	0.0	0.0	0.0	27.4	
Current Year Schemes - PDC	PDC - Other		0.0	0.0	0.0	4.5	4.3	3.7	0.0	0.0	0.0	4.3	
Other - Luton	Internal		0.5	0.2	0.3	0.0	-	-	0.0	0.0	0.0	0.8	
Other (PDC) Non IT (internal 22/23)	Internal			0.0	-1.0	0.0	-	-	0.0	0.0	0.0	- 1.0	
Digital Pathology/ Imaging (Trust)	Internal			0.0	-1.3	0.9	0.8	0.2	0.4	0.0	0.0	- 0.1	
ED X-Ray to Cauldwell	Internal		0.0	0.0	0.4	0.0	-	-	0.0	0.0	0.0	0.4	
Renal Works	Internal	Y		0.0	0.0	1.5	1.5	1.9	0.0	0.0	0.0	1.5	
CCTV/ Security	Internal	Y		0.0	0.0	1.1	1.1	0.4	1.1	0.0	0.0	2.2	Phasing to be confirmed
Surgical Robots (PDC)	PDC - Other			0.0	0.0	2.8	2.8	-	0.0	0.0	0.0	2.8	
Surgical Robots (Internal)	Internal			0.0	0.0	0.1	1.0	4.3	0.0	0.0	0.0	1.0	
Surgical Robots (Donated)	Donated			0.0	0.0	0.9	0.9	0.6	0.0	0.0	0.0	0.9	
Beeden House Purchase	Offset			0.0	0.0	0.0	4.5	4.5	0.0	0.0	0.0	4.5	
IFRS16 adj	IFRS16						22.8	23.2					
Bedford Accommodation Review	Internal		0.0	0.0	0.0	0.0	0.0	0.6	0.4	0.0	0.0	0.4	
Vascular theatres - PDC	PDC - Other		0.0	0.0	1.0	0.0	-	-	0.0	0.0	0.0	1.0	
Vascular theatres - Slippage	Internal			0.0	-0.6	0.0	-	-	0.0	0.0	0.0	- 0.6	
UEC - Bedford (Charity funding)	Donated			0.0	0.4	0.0	-	-	0.0	0.0	0.0	0.4	
Donated Assets/ Impact of IFRIC12	Donated		0.1	2.5	0.2	0.8	0.8	1.0	0.0	0.0	0.0	3.7	
Normal slippage	Internal			0.0	0.0	-1.1	-	-	-28.5	-10.3	38.8	-	
Other	Internal		0.6	0.0	0.3	0.0	-	-	0.0	0.0	-8.9	- 8.1	
<b>Other Schemes</b>			<b>15.2</b>	<b>19.6</b>	<b>17.4</b>	<b>20.9</b>	<b>49.6</b>	<b>49.6</b>	<b>-18.0</b>	<b>-23.5</b>	<b>32.9</b>	<b>76.1</b>	
<b>Combined BAU capital plan</b>			<b>28.0</b>	<b>58.1</b>	<b>67.8</b>	<b>114.3</b>	<b>139.0</b>	<b>139.6</b>	<b>97.4</b>	<b>37.1</b>	<b>42.4</b>	<b>457.1</b>	

## Capital Funding Sources

Source of Funding			2019/20	2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2024/25	2025/26	Total	By exception
			Actual	Actual	Actual	Plan	FOT	Actual ytd	FOT	FOT	FOT		
Internal			24.6	22.8	32.5	27.4	25.6	40.5	26.1	22.5	42.4	199.7	Needs to be £27.5m
PDC - ASB			-1.6	0.0	5.6	60.4	60.4	60.4	52.4	0.0	0.0	118.4	
PDC - GDE			4.8	3.6	0.0	0.0	-	-	0.0	0.0	0.0	11.3	
PDC - UEC			0.0	8.0	12.8	0.0	-	-	0.0	0.0	0.0	20.8	
PDC - EPR				0.0	0.0	4.7	4.7	5.5	5.0	2.5	0.0	12.2	
PDC - Eye				0.0	0.0	6.9	6.9	0.2	0.0	0.0	0.0	6.9	
PDC - CDC						5.0	5.0	0.1	6.2	12.0	0.0	23.2	
PDC - Other			0.1	21.2	16.3	7.5	7.5	3.7	7.1	0.0	0.0	54.8	22/23 onwards - Primary Care Hub / PACS
IFRS16						0.0	22.8	23.2	0.0	0.0	0.0	22.8	
Offset			0.0	0.0	0.0	0.0	4.5	4.5	0.0	0.0	0.0	4.5	
Donated			0.1	2.5	0.6	2.5	1.7	1.6	0.6	0.0	0.0	5.6	
<b>Combined BAU capital plan</b>			<b>28.0</b>	<b>58.1</b>	<b>67.8</b>	<b>114.3</b>	<b>139.0</b>	<b>139.6</b>	<b>97.4</b>	<b>37.1</b>	<b>42.4</b>	<b>480.2</b>	

Changes Since April FIP			2019/20		Actual	2022/23	Forecast		2023/24	2024/25	2025/26	Total	
Opening			28.0	58.1	67.8	89.0	89.0		87.0	34.1		374.5	
Slippage						2.0	3.7		-28.5	-13.4	38.8	0.6	
Adding 25/26 BAU & Other											-3.9	-	3.9
ASB Slippage						-4.7	-	11.9	11.9	-3.4	3.3	-	0.1
UEC Luton						2.9	4.5		-0.4				4.1
EPR						2.5	2.5		5.0	2.5			10.0
IT Strategy alignment (including EPR internal)						1.4	1.4		1.1	3.3	3.0		8.9
Internal contribution towards EPR						-0.1	-	0.1	-0.6	0.2	1.0		0.4
Primary Care Hub Phasing							0.3		-0.3				
Eye Theatre						2.9	0.1		8.2	0.0	0.0		8.3
Remove Trust funded Vascular						-0.3	-	0.3	-1.8			-	2.0
Renal Works						1.5	1.5						1.5
CCTV/ Security						1.1	1.1		1.0				2.1
Bedford Electrical Infrastructure Uplift/ profiling						0.5	0.5		-0.5		-		0.0
Trust Funded Variations (ASB)									1.3	1.8	0.2		3.3
Community Diagnostic Hub						5.0	0.5		11.1	12.0			23.6
PACS						2.4	2.4						2.4
Bedford Accommodation						0.0	0.1		0.4				0.5
Surgical Robots						3.7	2.7		0.0				2.7
BAU Estates/IT & Medical Equipment Re-profiling							11.3						11.3
Additional PDC funding (multi-various)						4.5	4.3						4.3
STP slippage (not approved by FIP as at M10)							-	0.7	0.8				0.1
Energy Centre/ Electrical Infrastructure Slippage									1.0				1.0
Bedford CT scanner slippage							-	0.6	0.6				-
Other							0.1		0.1				0.2
<b>Change to Capital Plan</b>			<b>28.0</b>	<b>58.1</b>	<b>67.8</b>	<b>114.3</b>	<b>112.4</b>	<b>-</b>	<b>97.4</b>	<b>37.1</b>	<b>42.4</b>	<b>453.7</b>	Bedford UEC Phase 2b / Pharmacy Robot

**SUMMARY POSITION**

- Sickness increased from 4.58% In January 2023 to 4.87% in February 2023 which is an increase of 0.29%
- Vacancy rates have reduced increased from 9.60% in February 2023 to 12.37% in March 2023. \*see page 3 for explanation
- The overall turnover reduced from 15.13% in January 2023 to 14.95% in March 2023
- The overall agency run rate is 24.80% higher in March 2023 when compared to March 2022 equivalent to 68.7FTE more agency staff.
- The overall bank run rate was 12.69% higher in March 2023 when compared to March 2022 equivalent to 114.2FTE more bank workers.
- The overall training compliance rate decreased by 0.12% in March to 83.86%.
- The overall appraisal rate decreased by 0.22% in March to 70.26%.

**LUTON & DUNSTABLE UNIVERSITY HOSPITAL SITE**

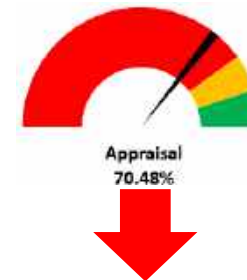
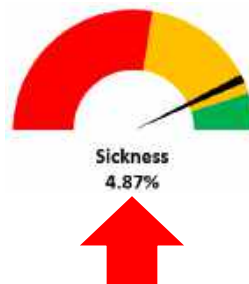
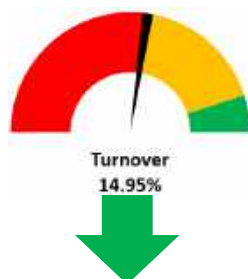
Compared to the previous month:

- Sickness absence increased from 4.74% to 5.01%.
- Turnover reduced from 14.92% to 14.62%.
- Vacancy rate increased by 2.03% from 11.71% to 13.74%.
- Appraisals increased by 0.53% from 69.51% to 70.04%.
- Mandatory training compliance decreased by 0.07% from 82.26% to 82.19%.
- Bank FTE usage in March 2023 increased by 14.67% in month and is 8.7% higher compared to March 2022.
- Agency FTE usage in march 2023 increased by 12.88% in month and has a 6.7% higher run rate compared to March 2022.

**BEDFORD HOSPITAL SITE**

Compared to the previous month:

- Sickness absence reduced from 4.34% to 4.64%.
- Turnover remained at 15.45%.
- Vacancy rates increased by 4.09% from 6.21% to 10.30%.
- Appraisals decreased by 1.36% from 71.95% to 70.59%.
- Mandatory training compliance decreased by 0.42% from 86.87% to 86.45%.
- Bank FTE usage in March 2023 increased by 1.95% in month and is 10.06% higher compared to March 2022.
- Agency FTE usage in March 2023 increased by 17.79% in month and has a 25.60% higher run rate compared to March 2022.



Trust Total Staff in Post vs Establishment

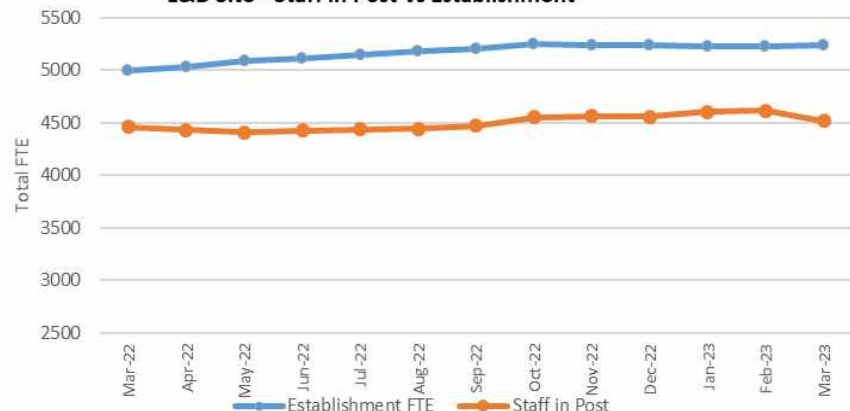
**Trust Level Summary**

The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) reduced by 31.94 WTE between February 2023 and March 2023.

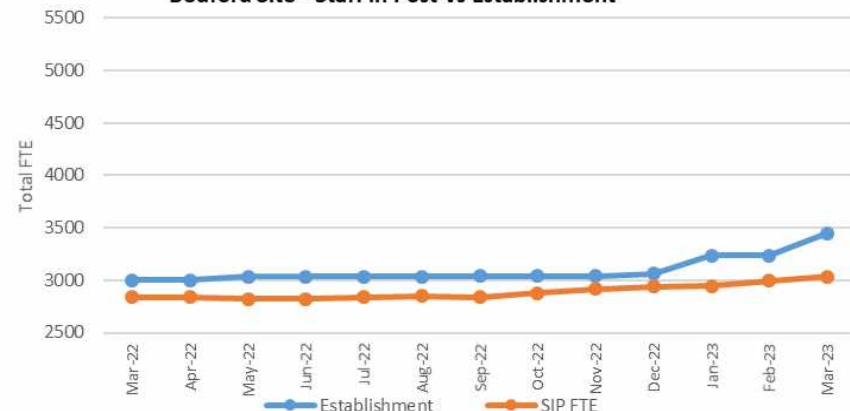
During the last 12 months the SIP increased by 4.96% (317.10FTE) between March 2022 to March 2023.

There was an increase in establishment of 43.62 WTE in May 2022

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



Bedford Site - Staff in Post vs Establishment

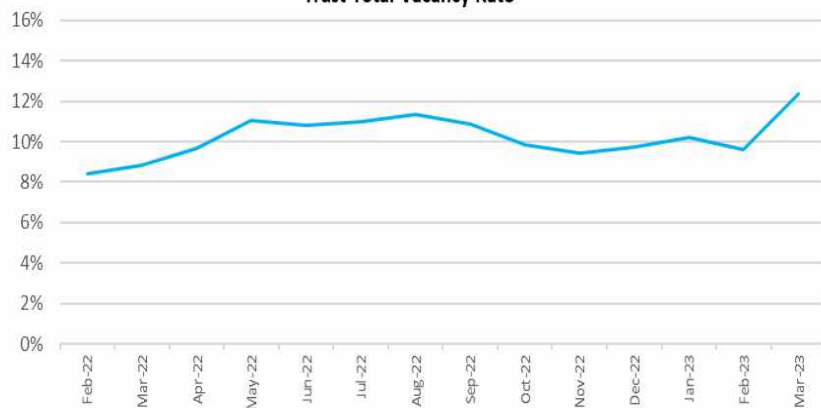
**L&D Site**

The L&D site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 59.75 WTE between March 2022 and March 2023. Over the last 12 months the SIP increased by 1.32% and is due to increased in: Additional Clinical Services staff by 51.84WTE (CSW) and Medical and Dental increased by 45.30WTE. The staff in post reduced by 95.50WTE between February 2023 and March 2023 and it is mainly due to IT department moved to Bedford Site.

**Bedford site**

The BH site overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 257.35WTE between March 2022 and March 2023. Over the last 12 months the SIP increased by 8.32%. The staff in post increased by 60.8WTE between February 2023 and March 2023. Please note there was an update to the medical establishment in January which accounts for the upturn and IT department moved to Bedford site in March 2023.

Trust Total Vacancy Rate

**Trust Level Summary**

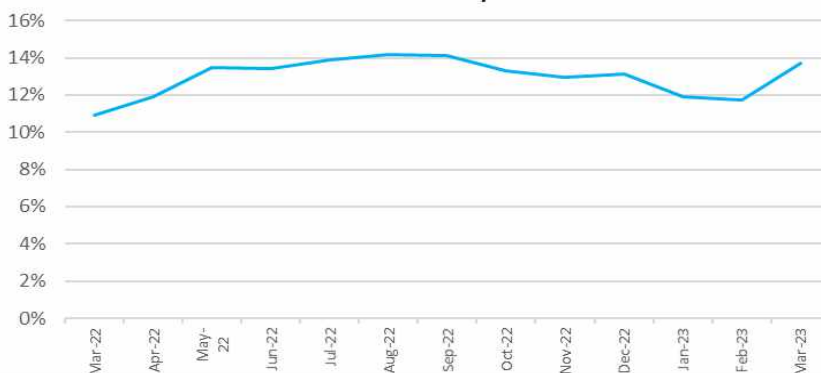
The overall vacancy rate increased over the last 12 months; from 8.43% in March 2022 to 12.37% in March 2023 including updates to the funded establishments.

Registered nursing and midwifery vacancy rates are currently 13.83% and have increased by 2.48% from February 2023 but have increased by 5.50% over the last 12 months to March 2023.

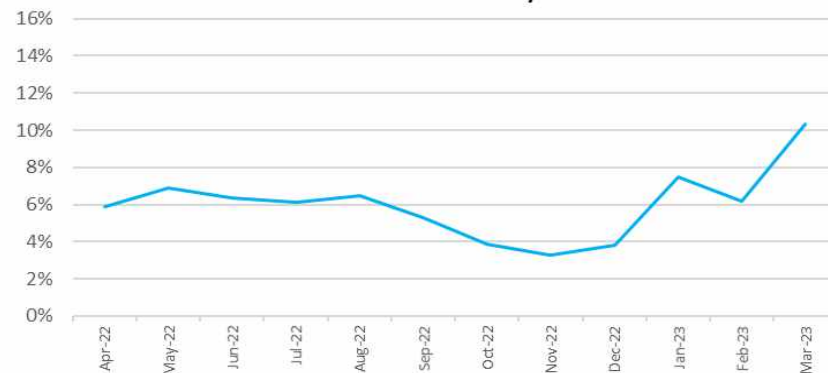
\*Please note that the upturn in is as a establishment reconciliation work. Once the 2022/23 budget setting round is approved further adjustments will be made to reflect the updated position.

Medical and Dental vacancy rates is currently at 9.20%. Recruitment to remaining gaps continues with success in recruitment of NHS locums where possible to fill senior medical roles for vacancy hotspots.

L&amp;D Site - Vacancy Rate



Bedford Site - Vacancy Rate

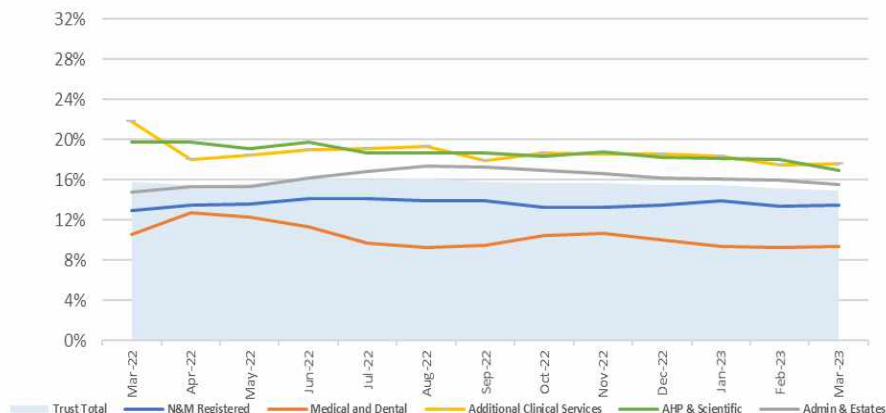
**Overseas Recruitment Update**

7 overseas nurses arrived in March (5 on the Luton site and 2 at Bedford). Additional interviews took place in March the general wards with 6 jobs offers being made. There were 3 OSCE passes throughout March with further exams and resits booked in April and May. A further 11 overseas nurses are scheduled to arrive in April. No overseas midwives arrived throughout March. To date there are now 57 overseas midwives in post and 44 of these are now NMC registered. There are no overseas midwives scheduled to arrive in April. 6 midwives passed their OSCE's in March and are awaiting their NMC registration. A further recruitment campaign is planned for April to top up our overseas pipeline for the next few months.

**Band 5 Nursing & Midwifery Vacancies**

There are approximately 168 WTE band 5 nursing & midwifery vacancies across the two sites (102 WTE at Luton and 66 WTE at Bedford). We continue to recruit both locally and from overseas with a consistent pipeline in place. There are currently 52 overseas nurses and midwives (37 at Luton and 15 at Bedford) in various stages of their NMC registration and will convert to Band 5's over the next few months. There are also 83 nurses under offer via local recruitment. Taking into account pipeline, known leavers, current overseas nurses transferring into band 5 positions and Nursing Associates in post the adjusted band 5 vacancy figure is -2.06 WTE.

Trust Turnover %



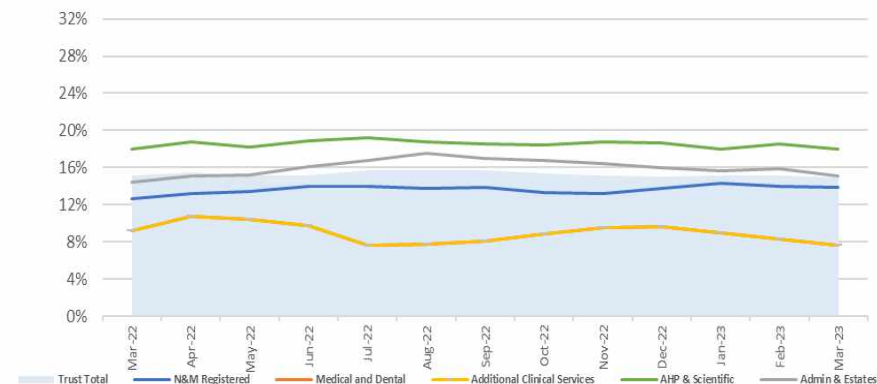
### Trust Level Summary

The nursing and midwifery staff group turnover has increased by (0.54%) over the last 12 months to March 2023 and is currently 13.48% a 0.13% increased on February 2023.

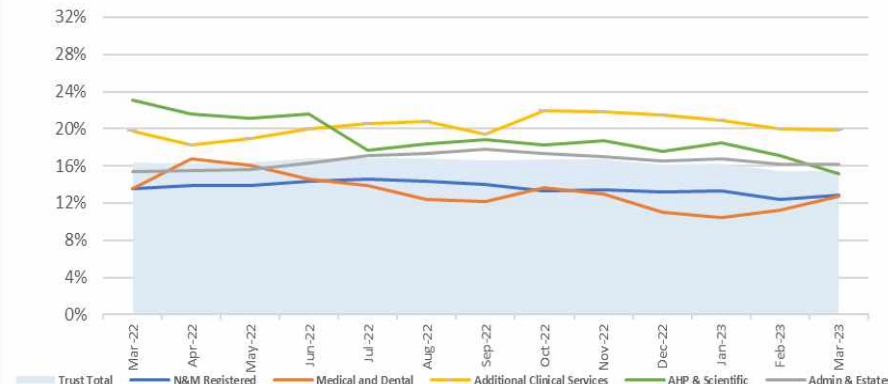
Hotspots remain amongst Allied Health Professionals, (physiotherapists, Operating Department Practitioners (ODP) and Radiographers). We have established an overseas recruitment campaign for Radiographers and physiotherapists to reduce vacancies and boost retention through working conditions. The turnover for additional professional and scientific staff group reduced from 18.06 to 17.0% in March 2023 and has reduced by 2.77% compared to March 2022.

Additional Clinical Services staff group turnover decreased by 4.28% over 12 months to March 2023 and now stands at 17.56% which is 0.05% increased on last month.

L&D Site - Turnover %



Bedford Site - Turnover %

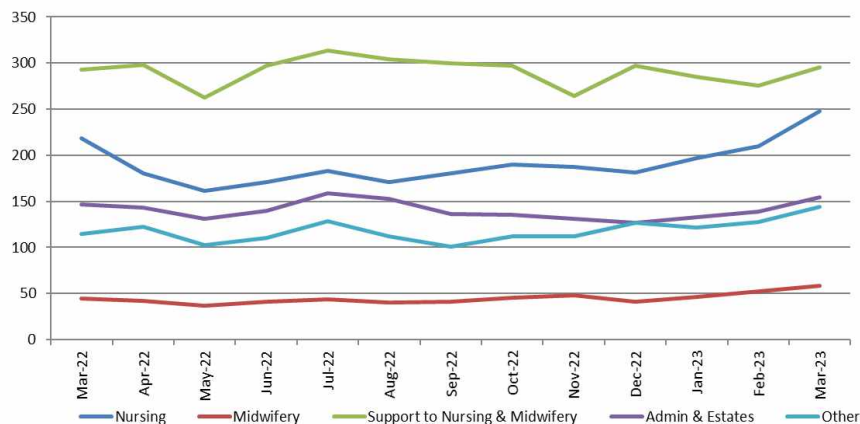


### L&D Site

Turnover reduced by 0.30% between February 2023 and March 2023. Allied Health Professionals and Scientific staff turnover reduced by 0.62%, Additional Clinical Service increased by 0.16%, and there were small reduction amongst the other staff groups. Nursing and Midwifery reduced by 0.02% and currently is 13.91%. The top leaving reasons in March 2023, were retirement age 20.7%, relocation 15.9%, Work Life Balance 12.2%, and better reward package 6.1%. Across all leaving reasons 26.3% transferred to another NHS Organisation.

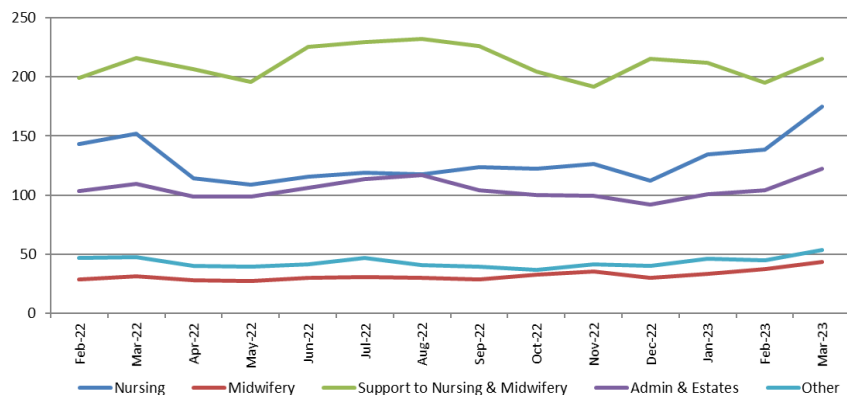
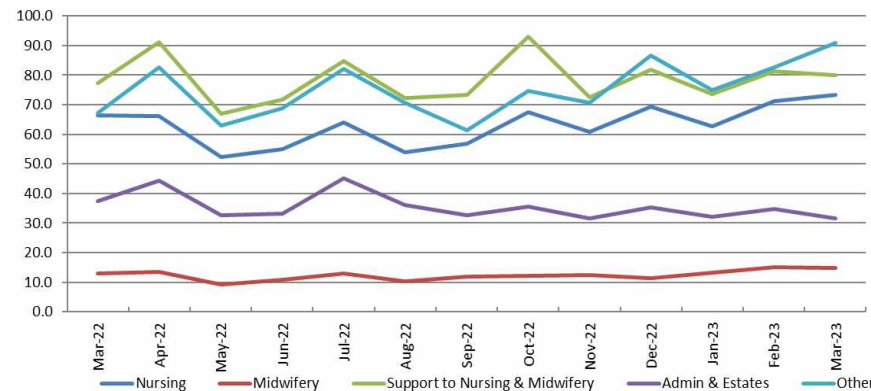
### Bedford site

Overall turnover remains at 15.45% between February 2023 and March 2023. Medical and Dental turnover increased by 1.47% and Nursing and Midwifery increased by 0.36%. The top leaving reasons in March 2023 for all staff groups were relocation 24% and retirement age 20%. Across all leaving reasons 24.44% transferred to another NHS Organisation.

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

Overall bank usage increased by 10.56% in March 2023 as compared to February 2023 equivalent to 95.1 FTE more bank workers. The bank run rate was 12.69% higher in March 2023 when compared to March 2023 equivalent to 114.2FTE more bank workers.

For the first time following the pandemic, bank levels for March 2023 are 4.2% higher than pre-pandemic levels.

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

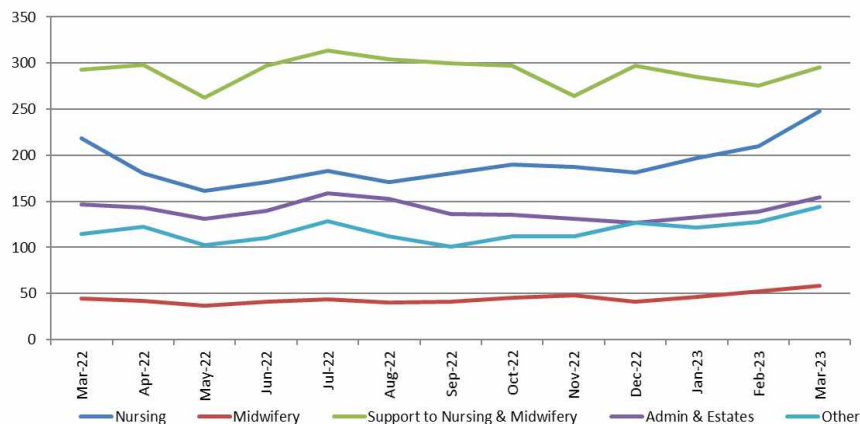
Bank use has increased by 8.7% from March 2022 to March 2023 equivalent to 52.79 WTE more bank workers in March 2023. Bank FTE usage in March 2023 increased by 14.67% from February 2023.

**Bedford site:**

Bank use has increased by 10.06% between March 2022 and March 2023 equivalent to 29.22 FTE more bank workers in March 2023 compared to March 2022. Bank FTE usage in March 2023 has increased by 1.95% from February 2023.



### Trust Total Bank FTE



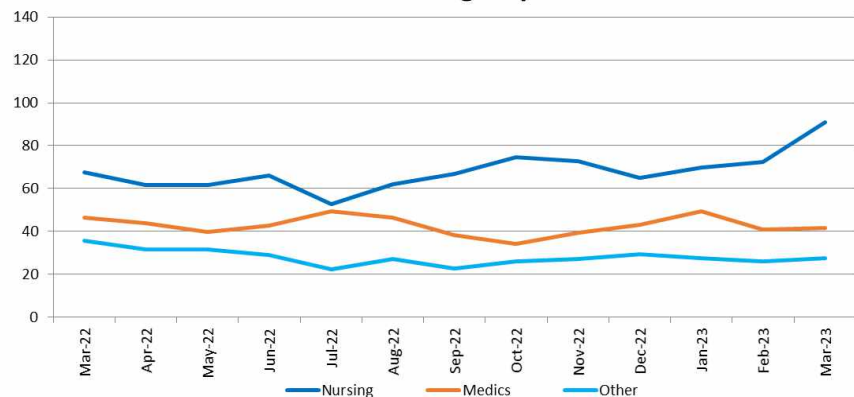
### Trust Level Summary

Overall Agency usage increased by 24.80% in March 2023 as compared to March 2022 equivalent to 68.7FTE more agency staff. The March run rate increased by 14.96% compared to February 2023 equivalent to 14.4 FTE more agency workers.

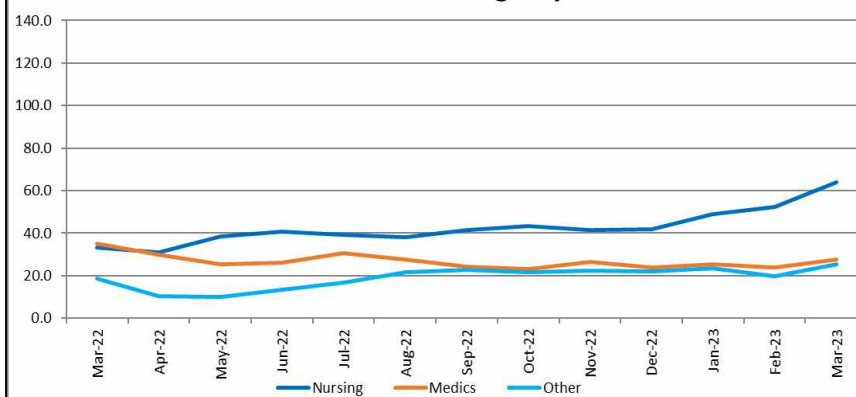
There was increased use of nursing agency by 19.17% between February 2023 and March 2023, which was equivalent to 29.7 FTE more nursing agency staff.

Medical agency locums increased in the month by 6.49% equivalent to 4.5 FTE more medical agency staff.

### L&D Site - Agency FTE



### Bedford Site - Agency FTE



### L&D Site

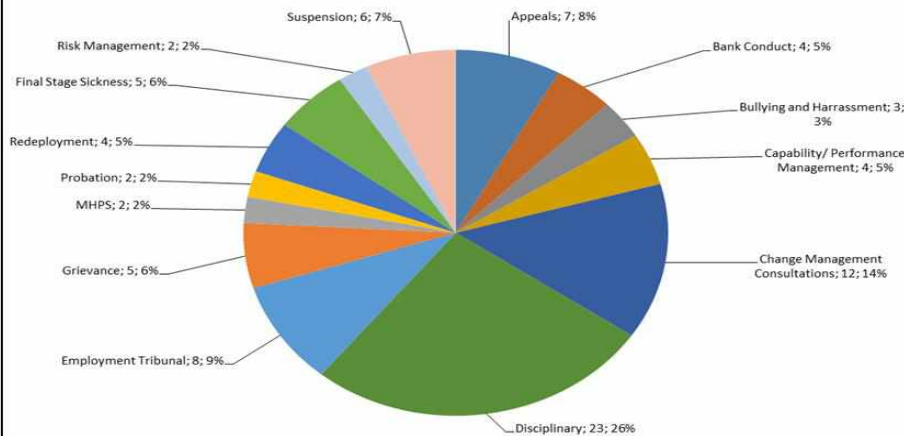
Agency use has a 6. 7% higher run rate in March 2023 compared to March 2022 equivalent to 10.75 FTE more agency staff. Medical agency locums increased by 2.13% between February 2023 and March 2023 equivalent to 0.9 FTE more agency staff. Nursing agency increased by 18.3FTE (20.12%) in March 2023 as compared to February 2023.

### Bedford site

Agency use has a 25.60% higher run rate in March 2023 compared to March 2022 equivalent to 29,95 FTE more agency workers. Medical agency locums increased by 13.08% between February 2023 and March 2023 equivalent to 3.6 FTE more agency staff. Nursing agency increased by 11.4 FTE (17.82%) in March 2023 as compared to February 2023.



Trust Total Active ER Cases

**Trust Level Summary**

There has been an 8.6% increase in overall employee relations cases to 88 in February 2023, with many cases being complex in nature.

There has been no change in the overall level of activity in respect of consultation exercises this month, which remains at 12; 8 of which are in the planning stages and 4 are progressing, with 2 of these close to concluding.

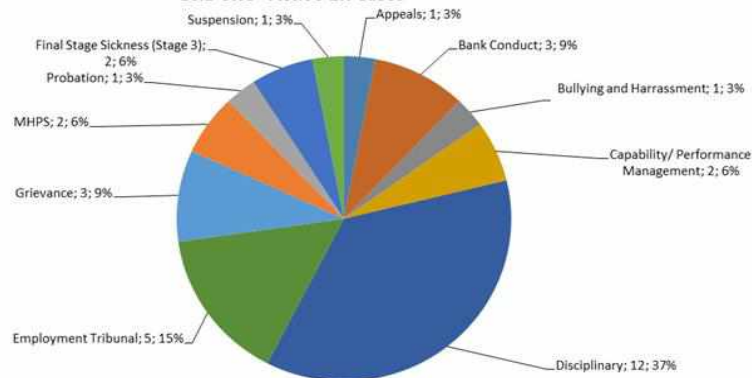
There has been a fall in the level of Maintaining High Professional Standards (MHPS) cases; 2 on-going, with 1 case on each site.

There has been no change in the number of Employment Tribunal Cases on-going, now standing at 8; with 2 cases on the Bedford site and the remaining cases on the L&D site.

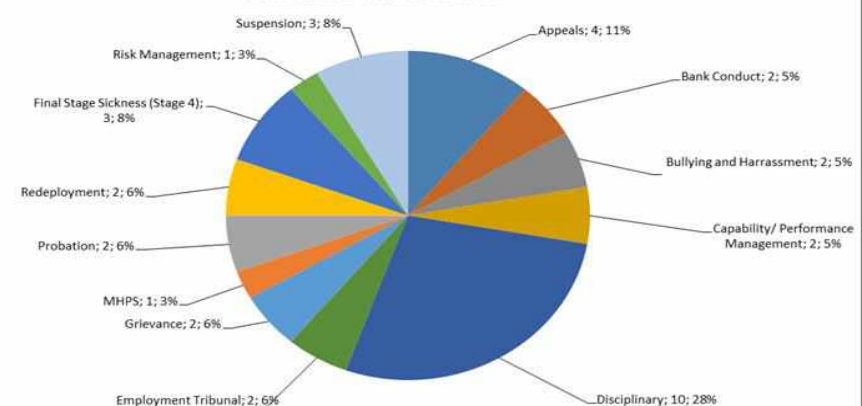
**Key**

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

L&amp;D Site - Active ER Cases



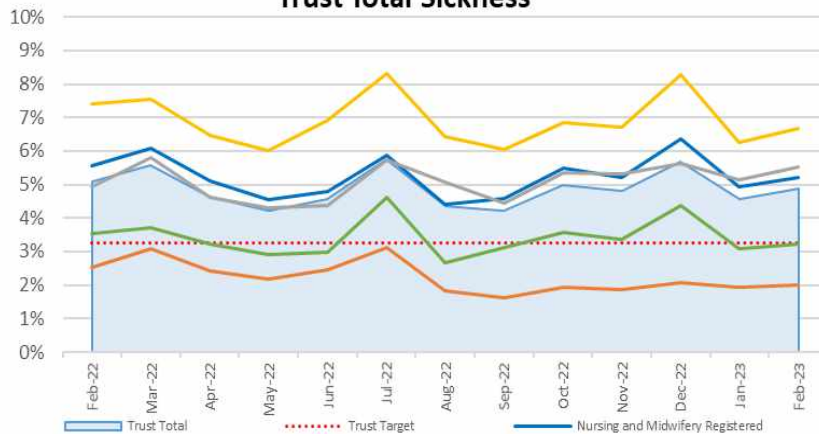
Bedford Site - Active ER Cases



There has been a considerable increase in the number of disciplinary cases across both sites now stands at a total of 28 cases. In addition, there are currently 4 bank staff under investigation. Disciplinary cases on the Bedford site currently stands at 13 cases in March and 15 cases on-going on the Luton site. This is a marginal increase on the previous month. There are a range of themes arising from cases with the most prevalent involving; safeguarding concerns, alleged fraud, registration lapses and unprofessional behaviour.

There has been no change in the number of grievances (collective and individual) across the Trust this month; remaining at 5. Resolution is currently being sought in all cases. There has been a slight fall in the number of complaints of bullying and harassment this month, with 3 cases now on-going. Work continues to bring them to a satisfactory resolution.

The number of redeployment cases has increased to 4 cases this month; and the individuals in this process will remain on the register for 8-weeks.

**Trust Total Sickness****Trust Level Summary \***

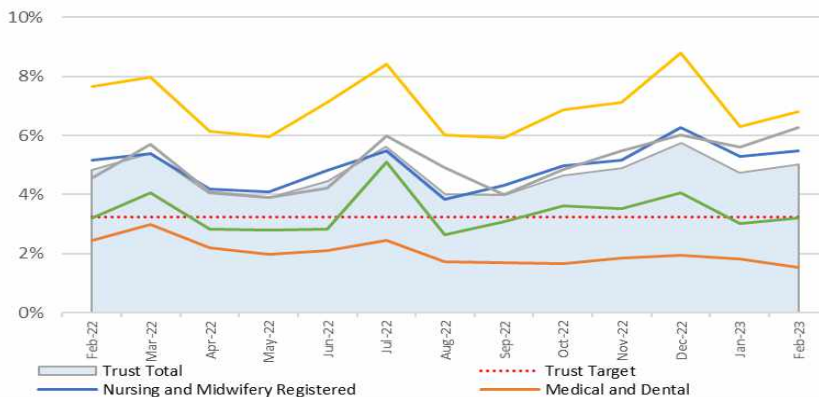
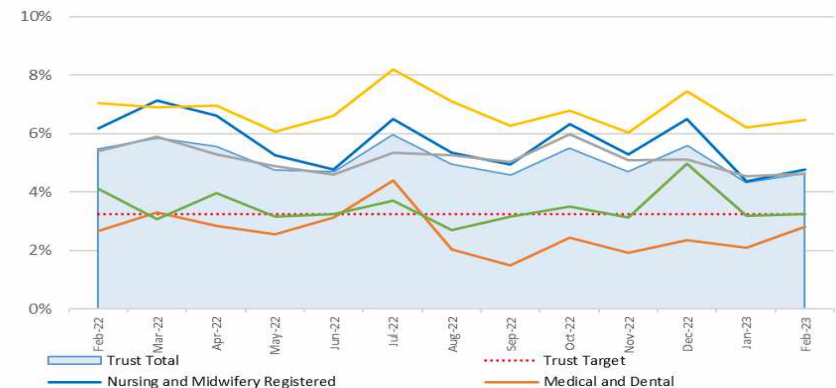
Overall sickness levels have decreased from a peak of 7.27% in April 2020, as a result of the pandemic, to 4.87% in February 2023.

Sickness levels in February were at a higher level (0.23% lower) compared to the same period last year and 0.29% higher as compared to January 2023.

The highest absence rates for February were within Additional Clinical Services 6.68%, Admin & Estates 5.54% and Nursing and Midwifery 5.20%.

Whilst there was an increase in the February absence rates this is partly attributed to higher annual leave rates placing greater pressure on service. Sickness measures increased in February 2023 but there remained a higher level of cough/cold/flu instances and other winter viruses.

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

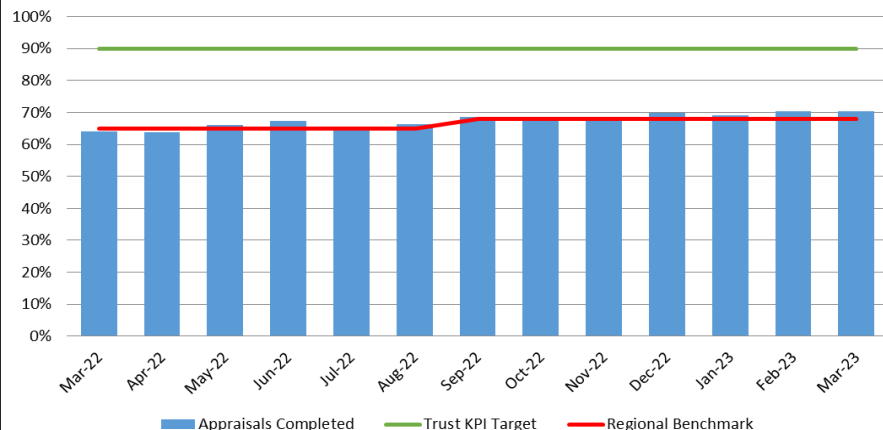
**L&D Site - Sickness****Bedford Site - Sickness****L&D Site**

Sickness percentage increased by 0.27% between January 2023 and February 2023 to 5.01% and is 0.17% higher compared with the same period last year. Most staff groups are showing a slight increased sickness levels compared to last month with the highest absence rate being Additional Clinical Services 6.81% (0.51% monthly increase) and Admin & Estates 6.26% (0.64% monthly increase)

**Bedford Site**

Sickness percentage increased by 0.31% between January 2023 and February 2023 to 4.64% and is 0.83% lower than the same period last year. Most staff groups are showing an in month increase compared to last month. The highest sickness absence rate remains Additional Clinical Services at 6.49%, and Admin & Estates 4.64%.

Bedfordshire Hospitals NHS FT- Appraisal Rate Compliance

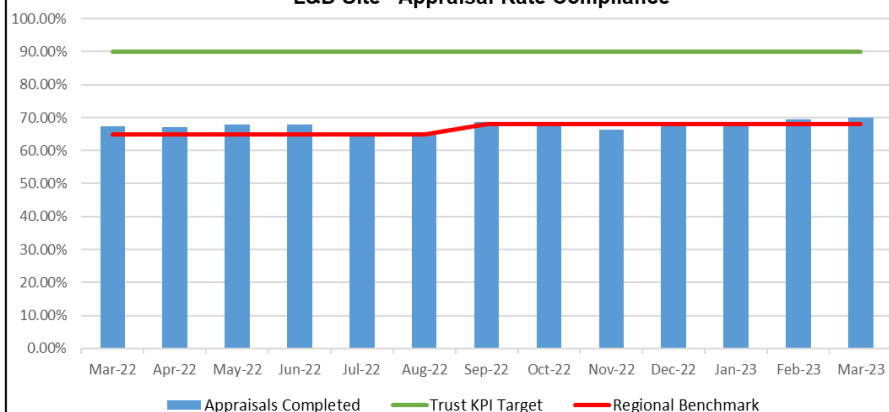
**Trust Level Summary**

There has been a slight decrease in the appraisal rate down to 70.26%. The Trust still remains over the 70% mark however there is still a long way to go to achieve 90% compliance.

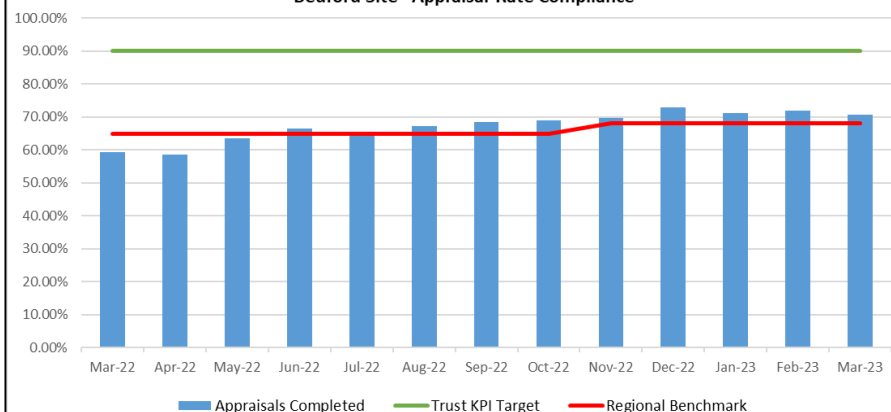
Estates and Ancillary are the staff group with the lowest overall compliance. The Training and Learning Team have had meetings with the department to support completions and will continue through the coming months to ensure a robust plan is in place.

The Non-Medical Education Teams have organised a wide range of internal CPD activity and there is sufficient external CPD funding available. This will encourage staff to engage in the appraisal process as lots of development is available to all staff but is dependent on having an up-to-date appraisal.

L&amp;D Site - Appraisal Rate Compliance



Bedford Site - Appraisal Rate Compliance

**Site Specific Level Summary**

There has been a decrease of 0.22% in compliance across the organisation for the month of March bringing the total to 70.26%.

**L&D Site:**

The overall appraisal compliance rate for March 2023 has increased by 0.53% to 70.04%.

**Bedford Site:**

The overall appraisal rate for March 2023 has decreased by 1.36% to 70.59%.

Bedfordshire Hospitals NHS FT- Mandatory Training Compliance

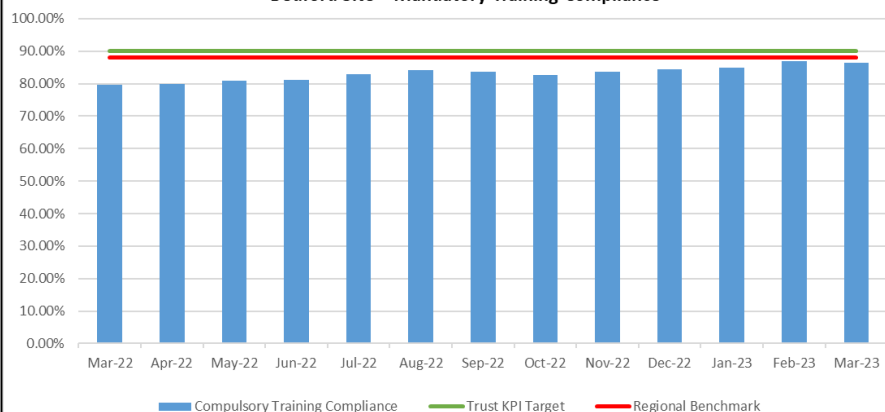
**Trust Level Summary**

Statutory and Mandatory training has seen a slight decrease in compliance from 83.98% to 83.86%.

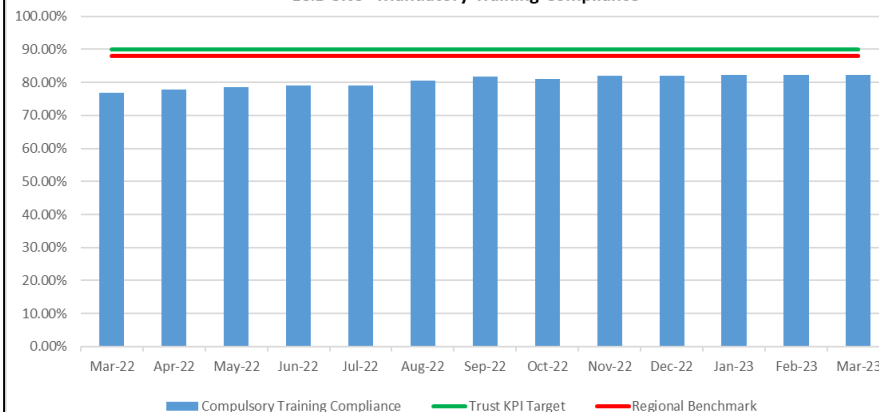
The Training and Learning Team have identified that Infection Prevention and Control and Resuscitation are the key areas that require improvement and an in-depth review of compliance. Both of these training topics are required to be renewed on an annual basis which forms part of the difficulty for compliance.

Due to the previous and pending strike action the team are focussing additional efforts into administration and clerical staffing compliance.

Bedford Site - Mandatory Training Compliance



L&amp;D Site - Mandatory Training Compliance

**Site Specific Summary**

Training compliance has decreased (0.12%) across the Trust throughout the month of March 2023 bringing the overall compliance 83.86%.

**L&D Site:**

The overall mandatory training compliance rate during the March period is 82.19%, which is an decrease of 0.07%

**Bedford Site:**

The overall mandatory training compliance rate during the March period is 86.45%, which is an increase of 0.42%.

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	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%
March 2022	87.19%	81.52%	87.32%	87.91%	70.39%	75.03%	86.53%	74.57%	86.01%	82.28%	60.56%	65.40%	50.44%	86.54%	82.28%	79.29%	85.59%	77.51%
April 2022	87.91%	83.10%	88.12%	88.55%	70.68%	75.56%	86.86%	74.36%	86.47%	83.67%	61.14%	65.34%	51.67%	88.83%	82.63%	80.64%	85.97%	78.31%
May 2022	87.47%	84.30%	88.63%	89.16%	71.86%	76.16%	87.26%	75.82%	86.99%	84.40%	65.83%	71.67%	53.55%	89.55%	82.00%	80.33%	86.20%	79.19%
June 2022	87.13%	84.07%	88.56%	88.76%	71.31%	75.51%	87.33%	76.22%	87.19%	84.29%	68.22%	72.54%	55.51%	88.51%	82.39%	79.90%	86.69%	79.45%
August 2022	87.63%	84.87%	89.30%	89.56%	71.72%	75.57%	87.35%	76.65%	88.04%	85.90%	69.21%	70.02%	58.63%	90.14%	82.29%	81.29%	86.65%	80.18%
September 2022	88.81%	86.54%	91.04%	91.42%	74.29%	78.01%	88.96%	77.30%	89.58%	86.59%	70.38%	69.39%	61.57%	90.86%	83.16%	82.09%	87.64%	81.57%
October 2022	88.12%	87.06%	90.18%	90.36%	77.21%	80.45%	88.84%	78.42%	90.04%	85.88%	72.12%	72.90%	62.31%	89.16%	83.45%	81.48%	87.74%	82.10%
November 2022	87.67%	85.53%	89.10%	90.51%	76.75%	80.21%	88.90%	78.82%	89.89%	85.71%	70.40%	71.05%	59.30%	89.47%	82.08%	81.51%	86.31%	81.41%
December 2022	88.55%	85.90%	88.92%	91.77%	78.37%	80.71%	88.69%	80.97%	90.29%	86.32%	72.80%	70.39%	59.96%	91.35%	82.46%	82.50%	85.94%	82.37%
January 2023	88.63%	85.61%	88.29%	91.03%	78.01%	80.75%	88.66%	81.65%	90.22%	86.18%	74.71%	75.92%	60.90%	90.12%	82.36%	82.34%	85.46%	82.63%
February 2023	88.58%	86.25%	88.07%	88.24%	78.62%	80.82%	91.48%	82.54%	90.70%	86.84%	76.25%	72.85%	65.34%	89.07%	83.17%	80.72%	84.92%	83.20%
March 2023	89.27%	86.90%	88.43%	89.55%	81.08%	82.23%	91.82%	82.70%	91.53%	88.83%	75.87%	72.08%	65.37%	90.57%	84.84%	80.87%	85.73%	83.98%
April 2023	89.19%	86.52%	88.57%	90.50%	80.22%	81.92%	91.75%	83.19%	91.58%	88.97%	75.85%	67.23%	63.20%	90.43%	85.47%	84.74%	86.32%	83.86%
Change from last month	-0.08%	-0.38%	0.14%	0.95%	-0.86%	-0.31%	-0.07%	0.49%	0.05%	0.14%	-0.02%	-4.85%	-2.17%	-0.14%	0.63%	3.87%	0.59%	-0.12%

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	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%	-
March 2022	87.73%	81.91%	87.90%	89.41%	76.92%	78.82%	87.59%	66.27%	86.33%	86.81%	57.52%	76.52%	49.82%	90.00%	86.84%	73.71%	88.00%	79.54%
April 2022	88.73%	84.25%	89.18%	90.07%	76.97%	79.38%	87.53%	66.57%	86.68%	87.64%	58.27%	71.21%	50.99%	91.23%	87.09%	74.51%	88.44%	79.93%
May 2022	87.95%	85.21%	89.60%	91.10%	76.95%	79.58%	88.09%	69.11%	87.65%	89.05%	63.62%	72.93%	53.48%	92.33%	87.03%	75.06%	88.45%	81.01%
June 2022	87.65%	85.09%	89.16%	90.36%	77.96%	80.30%	88.68%	70.38%	88.41%	88.18%	64.99%	70.68%	54.01%	90.31%	87.63%	75.16%	88.81%	81.04%
August 2022	88.85%	86.60%	89.53%	91.52%	80.14%	81.11%	89.06%	72.36%	89.70%	89.99%	69.17%	75.18%	57.97%	92.57%	88.29%	77.25%	88.84%	82.83%
September 2022	89.93%	86.64%	91.44%	92.60%	83.08%	83.48%	90.92%	73.51%	91.20%	88.99%	69.60%	76.69%	61.02%	91.88%	89.53%	76.60%	90.06%	84.07%
October 2022	87.31%	88.18%	88.78%	89.56%	83.54%	83.90%	89.02%	75.50%	91.01%	87.14%	70.80%	85.93%	60.91%	88.21%	88.72%	73.97%	89.03%	83.62%
November 2022	86.50%	86.30%	86.87%	89.09%	81.24%	82.67%	87.48%	78.53%	90.16%	86.05%	71.65%	83.45%	60.00%	88.52%	86.64%	72.94%	86.67%	82.63%
December 2022	88.08%	87.04%	88.02%	91.18%	82.27%	82.48%	87.95%	80.17%	91.10%	87.42%	75.73%	80.82%	61.24%	91.36%	87.51%	73.47%	86.41%	83.66%
January 2023	88.06%	86.77%	87.63%	90.91%	81.23%	82.42%	88.16%	80.67%	91.13%	87.27%	78.34%	93.20%	62.85%	90.41%	87.62%	73.91%	86.11%	84.51%
February 2023	88.81%	88.49%	88.85%	88.92%	81.91%	82.23%	91.57%	81.29%	91.92%	87.57%	79.65%	87.82%	66.55%	89.08%	87.89%	72.88%	86.52%	84.82%
March 2023	90.87%	90.22%	90.81%	93.14%	84.48%	84.75%	92.63%	80.03%	93.64%	92.34%	79.32%	89.31%	68.05%	93.28%	90.69%	75.14%	88.10%	86.87%
April 2023	90.84%	89.79%	91.53%	94.01%	82.28%	83.48%	92.70%	81.35%	93.87%	92.43%	77.68%	78.75%	65.37%	93.13%	91.10%	83.43%	87.95%	86.45%
Change from last month	-0.03%	-0.43%	0.72%	0.87%	-2.20%	-1.27%	0.07%	1.32%	0.23%	0.09%	-1.64%	-10.56%	-2.68%	-0.15%	0.41%	8.29%	-0.15%	-0.42%

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	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%
March 2022	86.84%	81.26%	86.93%	86.79%	66.36%	72.54%	85.83%	80.01%	85.81%	79.60%	62.78%	61.56%	51.21%	84.02%	79.40%	83.14%	84.04%	76.91%
April 2022	87.38%	82.37%	87.44%	87.44%	66.90%	73.10%	86.43%	79.33%	86.34%	81.36%	63.18%	63.08%	52.47%	87.11%	79.89%	84.78%	84.41%	77.83%
May 2022	87.15%	83.71%	88.00%	87.75%	68.79%	73.94%	86.72%	80.16%	86.57%	81.71%	67.42%	71.18%	53.63%	87.56%	78.88%	83.90%	84.78%	78.67%
June 2022	86.78%	83.41%	88.16%	87.66%	67.18%	72.38%	86.44%	80.01%	86.40%	82.11%	70.57%	73.26%	57.23%	87.29%	79.10%	82.96%	85.32%	79.01%
August 2022	86.83%	83.74%	89.15%	88.25%	66.55%	71.95%	86.23%	79.43%	86.95%	83.67%	69.25%	68.00%	59.40%	88.53%	78.53%	83.86%	85.26%	79.11%
September 2022	88.09%	85.20%	90.78%	90.65%	68.98%	74.49%	87.71%	79.57%	88.54%	85.32%	70.95%	66.67%	62.18%	90.20%	79.25%	85.51%	86.13%	80.61%
October 2022	88.64%	86.33%	91.10%	90.93%	73.26%	78.18%	88.71%	80.32%	89.40%	85.16%	73.10%	67.74%	63.91%	89.82%	80.11%	86.50%	86.90%	81.79%
November 2022	88.43%	85.04%	90.55%	91.47%	73.95%	78.61%	88.17%	79.01%	89.71%	85.52%	69.48%	65.90%	58.51%	90.11%	79.19%	87.02%	86.08%	81.11%
December 2022	88.85%	85.16%	89.50%	92.18%	75.94%	79.56%	89.17%	81.49%	89.76%	85.69%	70.64%	66.21%	58.47%	91.35%	79.28%	88.50%	85.63%	81.89%
January 2023	89.00%	84.85%	88.72%	91.11%	76.00%	79.66%	88.98%	82.29%	89.62%	85.56%	72.02%	69.02%	62.96%	89.92%	79.03%	87.94%	85.04%	82.01%
February 2023	88.43%	84.78%	87.56%	87.75%	76.56%	79.89%	91.42%	83.36%	89.87%	86.42%	73.74%	66.67%	64.00%	89.05%	80.23%	86.19%	83.91%	82.34%
March 2023	88.22%	84.72%	86.88%	87.02%	78.96%	80.58%	91.30%	84.44%	90.14%	86.79%	73.30%	64.69%	62.40%	88.62%	81.20%	84.87%	84.24%	82.26%
April 2023	88.05%	84.25%	86.53%	87.70%	78.90%	80.85%	91.09%	84.41%	90.00%	86.78%	74.47%	62.26%	60.69%	88.27%	81.89%	85.78%	85.27%	82.19%
Change from last month	-0.17%	-0.47%	-0.35%	0.68%	-0.06%	0.27%	-0.21%	-0.03%	-0.14%	-0.01%	1.17%	-2.43%	-1.71%	-0.35%	0.69%	0.91%	1.03%	-0.07%

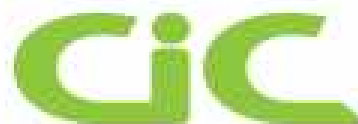
Key

&lt; 80%

80% - 89%

&gt;= 90%

Please note that IG only has to be above 95% to achieve green rating



**Employee Assistance Programme provider (CIC)**  
Usage figures for 1/3/2022 – 28/2/2023

Bedford site

361 contacts (same period previous year 271 contacts)

Broken down as:-

179 telephone calls

23 emails sent to clinical team

7 on line chat sessions

152 logins to wellonline

21 counselling 'cases', 94 attended sessions

Ave time to match to a counsellor 4.7 days

CIC employ the clinical measure GHQ1 and 2) at the start and at the end of counselling to assess client wellbeing.

This General Health Questionnaire contains 28 questions which are scored numerically.

15 last session questionnaires were returned indicating an average improvement rate of 86.7%

**Employee Assistance Programme provider (CIC)**  
Usage figures for 1/3/2022 – 28/2/2023

L/D site

520 contacts (same period previous year 379 contacts)

Broken down as:-

268 telephone calls

28 emails sent to clinical team

8 on line chat sessions

216 logins to wellonline

40 counselling 'cases', 94 attended sessions

Ave time to match to a counsellor 4.8 days

CIC employ the clinical measure GHQ1 and 2) at the start and at the end of counselling to assess client wellbeing.

This General Health Questionnaire contains 28 questions which are scored numerically.

18 last session questionnaires were returned indicating an average improvement rate of 83.3%



## Menopause

Last year, NHS England signed the Menopause Workplace Pledge in a move that demonstrated a commitment to ensuring employees experiencing the menopause feel well informed and supported while at work.

As a Trust, we are delighted to be supporting this move and recently introduced a Staff Peri/Menopause Policy which can be accessed via our intranets ([Luton](#) / [Bedford](#)).

The aim of this policy is to educate and inform our managers about the potential impact and symptoms of menstruation and menopause, and how they can support employees at work. The policy outlines the Health and Safety considerations relating to the menopause and guides managers through supporting their staff using relevant Trust policies. The tail end of the policy has a managing menopause checklist to help managers work proactively to support staff; then has a risk assessment template for supporting individuals throughout the menopause.

Menopause training for employees and managers is available via ESR “418 E-Learning Skill Boosters. Menopause at Work (50)”

We are asking staff to share their experience with menopause in the workplace and what this policy means to them. We are hopeful to have some members of staff take part in some staff communication pieces such as case study posters and/or short videos to raise awareness of this new Trust policy and increase knowledge about menopause in the workplace to your colleagues.

We also plan to have awareness raising stands outside of our staff restaurants.

Sarah Reynolds, Consultant Obstetrician and Gynaecologist, has also agreed to hold an awareness raising webinar

## Bevan Library

On behalf of HEE, Noel Cudden, Knowledge and Library Services Development Manager (East of England) recently visited the Bevan Library, which is situated on our Bedford site. They were particularly pleased with the location and atmosphere which promotes staff wellbeing and facilitates study:

“The service delivers a valuable service to the trust. This includes literature searches, training, and staff wellbeing.”

I was particularly impressed by the wide range of staff that come into the service and indeed how the service is imbedded in the wider community. The deep commitment to the induction and retention of overseas staff was notable.

The resources provided by the library were well-built and covered a wide number of areas.”



## take heART

### Staff Creative Workshops

There have been 2 further creative workshops for staff, delivered as part of the L&D Radiology Team Away Day and as part of the Maternity Team Away Day. These have been led by a local artist and the staff found these a valuable way of relaxing and also of connecting with one another. The 'take heART' team are exploring the possibility of creating a package of a selection of workshops which departments can use for their teams.



### Hospitals' artwork aims to improve staff and patient wellbeing



Dr Rachel Chater (left) and Dr Sheena McLaggan founded 'take heART' to get more artwork onto hospital walls.

Alex Pope  
BBC News, East

### BBC Coverage

BBC East posted an online article about the take heART team, following interviews with Dr Sheena McLaggan and Dr Rachel Chater. The article featured several of the 'take heART' projects already completed including the collaborative project with primary schools led by artist Katie Allen, the loan of paintings from Paintings in Hospitals and the staff creative workshops.

### Schwartz Round

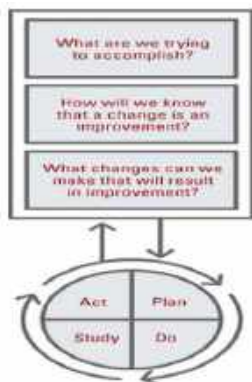
Dr Rachel Chater, Dr Sheena McLaggan and Karen Reep (recently retired paediatric nurse at L&D) were invited to talk about their personal experiences of art, particularly in the healthcare setting. They talked about how this had led to their involvement with 'take heART' and what being part of the team meant to them. The session was very well received and several participants also reflected on the power of art in the hospital setting.



### Overview of QI project

#### WARDS- Working Across wards, a Review and Development of Solutions

- ☐ This is a quality improvement project to understand and improve staff experiences of 'daily redeployment'.
- ☐ Regular daily movement of staff across wards is inevitable to ensure patient safety and care, particularly when staffing levels and demands fluctuate.
- ☐ Staff being moved can have a negative impact on staff wellbeing.
- ☐ There is limited research and guidance relating to this aspect of hospital care.
- ☐ This project is being lead by Rachel Chater (Clinical Psychologist, Staff Health & Wellbeing) and Anna Rimmer (Head of Nursing, Surgical Specialties) with support from Sarah Sherwood (QI coach, ELFT). The project has been initiated at Bedford Hospital with the aim to apply learning and engage staff in change ideas at Luton and Dunstable Hospital.
- ☐ While there has been interest and motivation to become involved in the project, one of the main challenges has been the capacity of teams experiencing significant demands to take the work forwards



Area	Possible change ideas
Welcome staff	Orientation pack and I am new badge
Workload/type	Skills passport
Communication	Ward clusters
Learning and development	Protected CPD days

### Progress so far

- ✓ A range of staff have been approached/consulted- This includes senior and newly qualified staff, freedom to speak up champions, peer listeners and the staff networks.
- ✓ Links have also been made with a national research called redeploy.
- ✓ An initial consultation with staff using appreciative enquiry helped identify examples of good practice and potential change ideas.
- ✓ A working group has been set up and met on several occasions to engage staff and support project planning and progress.
- ✓ Three wards have been identified (Bedford site) to potentially trial a change idea.
- ✓ A brief 'welcome to the ward' orientation pack is being drafted by ward managers to trial

### Next steps

- Ongoing review with QI team
- Meeting with ward managers/PDN to plan initial PDSA cycle focusing on trialling a 'welcome pack'
- Liaison with national redeploy project.





# In December & January your Peer Listeners were busy supporting you

Approx  
9 hours

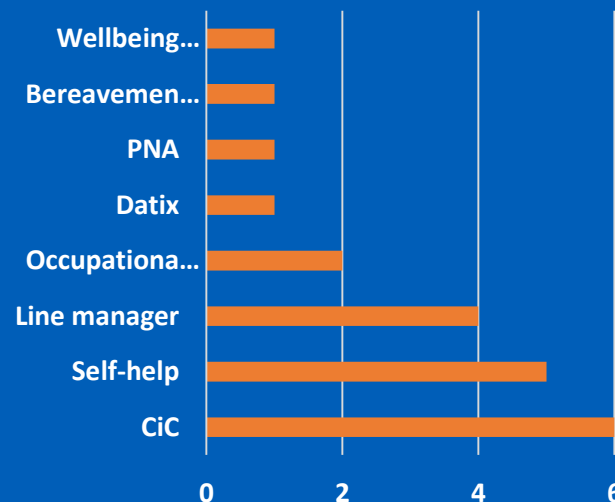
Over 24  
separate  
conversations

12 wards/  
department  
/staff  
groups

## Most common issues;

- ✓ Low staffing
- ✓ Workload pressures
- ✓ Emotional impact of work (low mood, anxiety)
- ✓ Physical illness
- ✓ Financial concerns
- ✓ Bullying

## Onward referrals / advice given





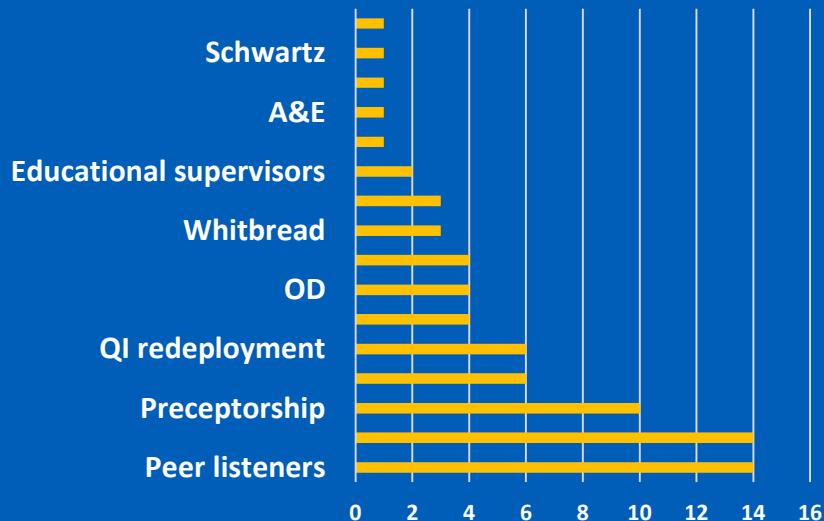
# Staff Support & Wellbeing Psychologists

## Activity summary Jan-Mar 2023

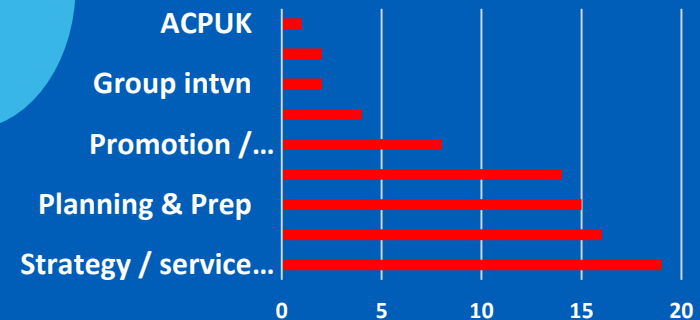


Bedfordshire Hospitals  
NHS Foundation Trust

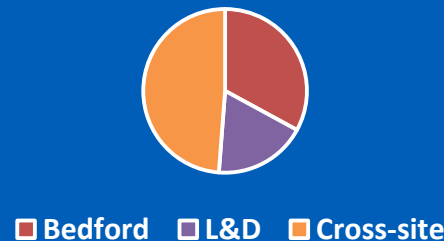
Who we have worked with



What we have been doing



Where we work



Team wellbeing support being delivered to:

- Mortuaries
- Therapies staff
- Bedford A&E

## Board of Directors

**Wednesday 2 February 2023**

<b>Report title:</b>	<b>Quality Committee Report</b>	<b>Agenda item: 9</b>
<b>Executive Director(s):</b>	<b>Annet Gamell, Non-Executive Director, Chair of Quality Committee</b>	
<b>Report Author</b>	<b>Executive Directors</b>	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	Trust Board to note the Quality Committee Report for November 2022 and January 2023	

<b>Report summary</b>	This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 22 February 2023, 29 March 2023 and 26 April 2023.
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	CQC NHSI Quality Accounts (External Audit) Quality objectives
<b>Jargon Buster</b>	Harm Free Care – A set of metrics including falls and pressure ulcers that are nationally monitored CQUIN - Commissioning for Quality and Innovation – a set of quality measures that are nationally and locally mandated that the Trust is incentivised financially to achieve

## **QUALITY COMMITTEE REPORT**

### **TO BOARD OF DIRECTORS**

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

#### **1. Introduction**

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings held on 22 February 2023, 29 March 2023 and 26 April 2023.

#### **2. Hospital Operational / COVID position**

The Committee received monthly updates on inpatient numbers of Covid positive patients.

The Deputy Chief Executive/Chief Operating Officer (COO) reported that operational pressures continue with beds opened in contingency areas. Staffing issues were also noted. The Committee was also briefed on the incident in relation to IT that had taken place.

The Quality Committee was updated with regard to the junior doctors industrial action and received a report outlining the organisational experience and potential learning from the junior doctors industrial action that took place 13-15 March 2023. The impact with regard to cancellation of appointments was acknowledged.

#### **3. Performance Metrics and Recovery Plans**

The Deputy Chief Executive/COO presented the operational performance reports, noting that performance remains extremely challenging. February saw a slight improvement in some of the performance metrics but it was noted that this demonstrated the impact of a better operational position in terms of contingency surge, infection control and workload at the front door for that month.

With regard to 78 week waiters, it was noted that there were 6 patients who breached at the end of March 2023, with all of these patients having appointment dates scheduled for April. The Committee acknowledged the incredible work that has been undertaken by all teams to achieve this position.

Cancer performance and 62 day breaches remain a concern and continuous monitoring and micro management of cancer patients takes place. The delays on histopathology turnaround times were noted.

An update was received at the February meeting on the Theatres Productivity project and assurance was given of the actions taking place with initial focus on the Bedford site.

A paper was received for information and assurance describing the background to an identified incident affecting the posting of outpatient letters in December 2022. It was noted that significant steps were taken to re-contact patients to mitigate any further risk of non-attendance for the following two weeks and assurance was given that ongoing monitoring through DNA rate metrics will be provided in the performance report.

The Quality Committee received a report providing assurance as to the current performance against national best practice criteria for cancer pathways, and actions being taken to improve compliance.

#### **4. Infection Prevention and Control (IPC)**

The Quality Committee received monthly Infection Prevention and Control updates for information. It was noted that targets are over trajectory but the Trust is performing well when compared to other organisations regionally. The Chief Nurse noted challenges with regard to the infection prevention and control nursing team, particularly at Bedford, which has resulted in the service being reduced to 5 days a week rather than the 7 days which was instigated at the beginning of the pandemic, whilst recruitment takes place.

#### **5. Cleaning Standards**

A report was noted outlining performance on the cleaning standards which highlighted assurance that there were no scores less than 4 stars.

#### **6. Maternity**

The Director of Midwifery and Clinical Director for Women's Services attended the meetings and presented the Perinatal Quality Surveillance Tool which provided an overview of the maternity clinical metrics and update on progress on actions relating to the quality improvement plan, CQC, CNST Year 4, the Ockenden Report and Safety Champion activities.

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 retention of students and were updated on the work that takes place within maternity to ensure that the Trust is an attractive place to work. It was noted that there has been some national coverage with regard to the use of Entonox and the risks posed and were given assurance that air monitoring surveillance has been increased and the maternity team are working with Maternity Voices Partnership to send out communication to women.

A report was received giving a summary of the maternity CQC survey, which was women surveyed in February 2022 and had received their care over the previous 7 or 8 months. The areas of concern were highlighted including cleanliness, partners being allowed on the ward, and communication.

An overview of the NHS England Three Year Delivery Plan for Maternity and Neonatal Services was provided to the Quality Committee for information which highlighted four themes and a total of 44 Trust responsibilities to support and embed implementation.

## **7. Nursing Staffing**

The Nursing Staffing reports were received for assurance. The Chief Nurse highlighted that staffing has remained a challenge with contingency areas open and some staff sickness. Work is ongoing to try to understand the impact of the staff moves on staff morale.

## **8. Harm Free Care**

The Quality Committee received reports updating the position on falls and pressure damage incidence for both hospitals.

A report was received in April outlining a cross site pressure ulcer thematic review completed for the period November 2022 to January 2023 due to the persistent prevalence of new pressure ulcers. The Committee were informed of the themes that had been identified which included omissions in patient skin integrity assessment and patient involvement and compliance with their plan of care. It was also noted of the impact of the operational challenges at that time resulting in longer stay in the Emergency department and an increase in ward moves as contributory factors. Recommendations have been identified and education is ongoing.

## **9. Serious Incidents (SI) and Incidents**

The Director of Quality and Safety Governance updated on reporting of incidents which has dropped slightly, likely to be caused by an increase in operational pressure, together with the implementation of the new single risk management system – InPhase.

The Committee noted the serious incidents (SIs) reported within the period and learnings from previous reported SIs.

## **10. 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, both actioned and closed:

- Use of oxygen cylinders where patients do not have access to medical gas pipeline systems – 10<sup>th</sup> Jan 2023
- Supply of Licensed and Unlicensed Epidural Infusion Bags – 23rd Jan 2023

## **11. Mortality**

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

The quarterly Learning from Deaths report was received at the April 2023 meeting.

## **12. Patient Experience**

The Quarter 4 Patient Experience Report was received and noted. The Director of

Nursing noted challenges with regard to meeting the complaints response target dates and the backlog of responding to the calls and emails to the Patient Advice Liaison Service (PALS).

A patient story was shared at the April meeting. The feedback, issues raised and actions taken as a result were discussed and noted.

### **13. Safeguarding Report**

The Quarter 3 Safeguarding report was received for assurance and key actions highlighted. Areas of concern were discussed.

### **14. 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 and escalations discussed.

### **15. Internal Audit**

A progress report on the Data Quality internal audit was received.

### **16. Risk Register and Board Assurance Framework**

The risks assigned for review by the Quality Committee were received and discussed at each meeting.

Quality Committee discussed risks relating to IT issues.

### **17. Quality Priorities**

The Quality Committee received the Quality Priority and CQUIN reports noting the progress and RAG rating at Quarter 3. The proposed quality priorities for 2023/24 were received and agreed.

### **18. CQC**

The 'must do' actions from the CQC inspection were noted. The Quality Committee recognised the barriers and discussed the issues relating to slightly different clinical models across sites.

### **19. Stroke**

The senior management for the Stroke service attended the February meeting and presented a report highlighting the domains where challenges were being experienced to meet the performance standards. Discussion took place with regard to addressing some of the issues.

### **20. Fractured Neck of Femur update**

The General Manager for Trauma and Orthopaedics attended the April meeting and shared an improvement plan focussed on Bedford Hospital. The key priorities for improvement were discussed.



## **21. Terms of Reference**

The terms of reference for the Quality Committee were received for annual review. Minor amendments were discussed and the terms of reference were approved.

## **22. Breast Screening Service Annual Report**

The annual report for the breast screening service was received for information.

**Board of Directors**

**Wednesday 3 May 2023**

<b>Report title:</b>	<b>Finance, Investment &amp; Performance Committee Report</b>	<b>Agenda item:</b> <b>11</b>
<b>Executive Director(s):</b>	<b>Matthew Gibbons</b>	
<b>Report Author</b>	<b>Simon Barton</b>	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	Trust Board to note the FIP Committee Report from February to April 2023.	

<b>Report summary</b>	<p>This report contains a summary of the deliberations of the FIP Committee during February to April 2023 meetings.</p> <p>The financial – revenue &amp; capital – performance (including results up to the end of Month 12).</p>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<p>NHS England NHS Improvement Finance Objectives</p>

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

**3 May 2023**

The Board should note the following items discussed at the FIP Committee meetings from 22 February 2023 to 26 April 2023.

**1. Financial Position**

On the 26 April the committee noted that the FT delivered a full year surplus of £0.6m, this was against a breakeven plan.

The Committee noted that year to date the Trust is £22.2m overspent on pay costs of which £15.3m relate to AfC pay awards, this is offset by £14m income from NHS England. The FT has recognised £19.2m of Elective recovery funding despite significant underperformance against plan. The FT received confirmation that NHSEI will not seek to apply the ERF rules for H1, and the ICB has confirmed the Trust will receive full funding in H2.

The Finance, Investment and Performance Committee noted the update to the year-end financial position.

**2. Capital**

The year to date Capital spend is £139.6m against a revised annual plan of £139m. The FT spent £25.6m against the FT's annual CDEL limit of £27.2m.

The Finance, Investment and Performance Committee noted the update.

**3. Business & Investment Decisions**

**Commercial Report**

The Anticipated Final Cost (AFC) reflecting the original current baseline schemes is £233,882,486 against an increased baseline budget of £231,736,829. The wider Redevelopment Programme Commercial report reflected an AFC of £296,601,954 against a baseline budget of £289,540,615.

The Finance, Investment and Performance Committee noted the update.

**Main Scheme**

The project is progressing well with significant efforts made by Kier on the New Clinical Buildings. A number of strategic changes are being worked through which

Kier are forecasting to have significant cost and time impact. These are being robustly worked through and challenged.

The risk and level of change within the project is of significant concern given financial impact of change. This is being robustly managed. The commercial update reflects the Board approved reporting mechanism to reflect committed, unallocated and anticipated changes.

### **UEC Programme**

The Contractor is indicating further delay to the programme caused by on-going issues with unforeseen site risks and the co-ordination of design and the delay of the HV connection. The Anticipated Completion Date of Phase 4A (adult and paediatric cubicles) has now moved from 14/06/23 to 13/07/23, with the CT scanner date pushed back from 23/05/23 to 08/06/23.

The overall Project Completion Date has shifted from 24/11/23 to 08/01/24; the programme is currently under review and the proposed dates has not been accepted by the Trust.

### **Urgent and Emergency Care Phase 2 (CT)**

The Project is progressing well with the CT scanner delivery and installation due to take place imminently. The facility is due to open in summer 2023.

### **Electrical Infrastructure**

The project is nearing completion. The committee were informed of the recent discovery of undersized HV cables, which effectively mean the Trust could not switch on the substation. Urgent reviews of the network are planned, it is anticipated that urgent remedial works will be required.

### **Energy Centre**

Financially, the project is in a reasonable position; however, there is a risk with the number of claims building up, due to delay and liability from all parties involved in the project. Potential dispute with two contractors is being managed robustly and sensitively, acknowledging the 15-year relationship the Trust has entered into with Centrica. The final Block Start test is programmed for the 20/05/23 subject to assurances. This will require a number of shut downs planned between May and July 23. This presents a risk to service delivery and is being robustly managed.

### **Primary Care Hub Update**

The Trust have now been informed that the PCH Full Business Case has been approved.

### **Eye Theatre –Bedford**

The Committee were informed that the Bedford Ophthalmology Theatres Scheme has been paused to enable a better view of how to resolve all issues presented at current.

Four key issues have led to a recommendation from the Programme Team to officially pause this Project:

- Electrical Infrastructure requirements and upgrade
- Increased cost pressure against TIF funding
- Challenged negotiations with the proposed tenant regarding the depreciation and dividend charges that the Trust would expect them to pay.
- Local and national learning with regards to modular construction

### **Community Diagnostic Hub (CDC)**

The committee were notified that the Business case for the CDC remains under review by NHSE. The only viable option is for delivery of both the CDC and PCH at the same time. This would be concurrent rather than staged delivery.

FIP approved eight Strategic (capital) Changes in the period at an aggregate value of £0.67m.

### **Delegated Authority**

A recommendation was brought to the committee to approve Delegated Authority to the Programme Team to enter into contract with the preferred contractor on the Ophthalmology Scheme provided that cost is not significantly more than previously approved.

The Finance, Investment and Performance Committee noted the updates and approved the recommendations.

## **4. Other Matters**

### **Budget Setting Update 2023/24**

The Committee was presented with an update on the budget setting position.

In February, the committee received a report which showed a deficit of £36.1m. The committee noted that progress has been made to identify opportunities and cost improvement programme to reduce the deficit.

The was informed in April that significant work has been undertaken to identify further opportunities and the deficit has been reduced to c£10m. The FT committed to continue working to identify further income and savings to get to a breakeven plan.

The Finance, Investment and Performance Committee noted the update and approved the FT to continue to roll 22/23 budgets until a breakeven position is reached.

### **Digital Programme Update**

The committee was notified that EPR Levelling Up funding for year 1 has been received and Phase 1 go-live for Bedford went as planned in April. Bedford patient demographic data has now been successfully loaded into Nervecentre.

The Finance, Investment and Performance Committee noted the update.

### **Terms of Reference**

The Finance, Investment and Performance Committee was presented with updated terms of reference. This was noted by the committee.

### **Operational Performance**

The committee received an update on the operational performance of the FT.

The Trust's performance metrics against the key access and effectiveness indicators during February 2023 continue to demonstrate the significant operational pressures that the Trust, and wider health care system, continues to experience, albeit with continued improvement compared to Q3.

The key highlights on the report are:

- The numbers of patients exceeding 12 hours in the Emergency Department, the average time in department for patients who were eventually admitted and the number of ambulance handover delays has improved again compared to December.
- Cancer targets continue to be a cause for concern for the Trust. Performance deteriorated again in January, down to 63% from 68.4% in December.
- A further reduction has been achieved in the number of patients on routine pathways waiting over 78 weeks, with 91 patients over 78 weeks at the end of January 2023.
- As the Trust moves into a post-pandemic way of working the expectation is that the number of elective inpatients per working day will continue to increase from a low point in January.
- The DNA rate for outpatients in February 2023 reduced, as expected, to 9.7%, following a peak of 11.7% in December 2022.

The Finance, Investment and Performance Committee noted the update.

## **Sustainability Bench Marking Report**

In late 2022, RSM were required to complete a national Financial Sustainability Benchmarking Audit. The results of the audit was presented to the committee to have oversight of the areas for improvement.

The Finance, Investment and Performance Committee received the report and noted the recommendations contained in it.

## **Any other Business**

The committee noted in March that the board approved the purchase of Beeden house which was completed on the 28th March.

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

None.

## Board of Directors

**Wednesday 3<sup>rd</sup> May 2023**

<b>Report title:</b>	<b>Redevelopment Committee Reports</b>	<b>Agenda item: 12</b>
<b>Executive Director(s):</b>	<b>Melanie Banks, Director of Redevelopment and Strategic Planning</b>	
<b>Report Author</b>	<b>Melanie Banks</b>	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	The Board of Directors are asked to note the content of the paper.	

<b>Report summary</b>	<p>This report provides an overview of the activity within the Redevelopment team over the last quarter from, January - March 2023.</p> <p>A significant amount of construction work is taking place on the L&amp;D site with construction of the Energy Centre (EC), the New Clinical Buildings (NCB) and the Emergency Department (ED) extension and refurbishment. The EC is currently in the most challenging and critical phase of Commissioning, with the Main Contract (RG Carters) coming towards an end. The NCB project is progressing at pace with the buildings now visible on the site. Contractual Completion date is 10<sup>th</sup> April 24, with some significant challenge around the impact of client driven change, which is being worked through. The ED project remains challenging due to a number of risks that have been realised with further programme impact.</p> <p>A number of projects are under construction at Bedford Hospital, which directly support backlog, infrastructure and site resilience as well as Covid recovery. The Electrical Infrastructure project is planned to complete in May 23. Central funding has been approved by NHSE for both the Community Diagnostics Centre (CDC) and the Primary Care Hub (PCH). The Ophthalmology Theatre scheme has been officially paused for a number of reasons, including non-anticipated essential Electrical infrastructure updates, leading to significant cost pressures.</p> <p>Key general risks include the current adverse market conditions leading to further upward pricing pressure and disruption to the supply chain and the challenge this presents to project's being scoped, designed, procured and constructed. The projects the Team are having to deliver quickly will continue to carry an inherent risk as time to design and plan is constricted.</p>
-----------------------	--



<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	N/A
--	-----

## **Redevelopment Committee Reports – Update to Trust Board**

**Wednesday 3<sup>rd</sup> May 2023**

### **Introduction**

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

#### **1. Acute Service Block and New Ward Block, L&D**

The Trust entered into contract with Kier in January 22. The project is progressing well with significant efforts made by Kier on the New Clinical Buildings, which are now clearly visible on the L&D Hospital Site. The “Topping Out” Ceremony with the Site Team took place on 21<sup>st</sup> April to celebrate a key milestone. Inflationary cost pressures uplifts in relation to contractual change remains a highly significant issue for the Trust, and the Trust Team continue to robustly challenge this. Contractual completion has shifted from 09<sup>th</sup> April 24 to 10<sup>th</sup> April 24 [+1day for King's Coronation Bank Holiday].

#### **2. Urgent and Emergency Care, L&D**

This challenging project continues to demand significant leadership from the Trust Team. In recognition of the complexity of the project, the challenges faced (not least the current market conditions) and the risks coming to fruition, contingency allowances remain under pressure. The Contractor is indicating further delay caused by on-going issues with the co-ordination of design and the delay of the HV connection. The next phases of the programme are planned to handover on the 23<sup>rd</sup> May (CT) and 13<sup>th</sup> July (12 cubicles and main entrance). This will see the greatest patient and staff benefit being realised.

#### **3. Energy Centre (EC), L&D**

The Trust are coming towards the end of the Contract with RG Carters (Main Contractor), indicating a Planned Completion in late May 2023. The project is currently in the most challenging and critical phase of Commissioning; the coordination process between three separately employed Contractors is a complex piece of work and challenging due to the logical sequencing of activities required. The commercial consequences of having separate contracts presents a challenge and is being robustly managed.

#### **4. Urgent & Emergency Care Phase 2 (CT), BH**

Parias Commercial Interiors commenced works on 28 November 2022. The Project is progressing well with the CT scanner delivery and installation due to take place imminently. The facility is due to open in summer 2023; this will complete the urgent and emergency care construction project to support increased capacity and improved patient flow with earlier access to decision making and care plans for patients.

**5. Electrical Infrastructure, BH**

The project is in the second phase of commissioning and nearing completion. Risks identified in the current delivery phase are being managed. The scheme provides electrical capacity and resilience to part of the hospital site and aligns to the Net Zero Carbon road map. The project is planned to complete in May 23.

**6. Ophthalmology Theatre, BH**

The Bedford Ophthalmology Theatre Scheme has been officially paused. Following the December 22 gateway review, a number of concerns have been identified namely, electrical infrastructure upgrades which impact time and cost; contractor performance and future flexibility of the asset as well as long-term affordability.

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

The business case for the CDC requesting central funding of £14.6m has been approved by NHSE. This facility will increase diagnostic capacity and thus access for patients. There has been a 4-month delay in receiving the FBC approval for the PCH; this was received in April 23. The design, procurement and construction of this project will now progress. Construction anticipated to start on site by the end of the year.

**8. Master Planning, Luton & Bedford**

The Trust have embarked on a Master Planning exercise to respond to Clinical Strategy requirements. First draft anticipated July 23.

## Board of Directors

Wednesday 3<sup>rd</sup> May 2023

<b>Report title:</b>	<b>Workforce Committee Report</b>	<b>Agenda item: 13</b>
<b>Non-Executive Director(s):</b>	<b>Tansi Harper</b>	
<b>Report Author</b>	<b>Angela Doak, Director of HR</b>	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/> <b>Approval</b> <input type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board is asked to note the report for assurance	

<b>Report summary</b>	<p>The report contains a summary of the considerations of the Workforce Committee which met on the 5<sup>th</sup> April 2023.</p> <p>Consideration was given/progress was noted in the following areas aligned to the People Plan Priorities:</p> <p><b>Governance</b></p> <ol style="list-style-type: none"> <li>1. Workforce Board report</li> <li>2. Risk Register</li> <li>3. Matters for Escalation</li> <li>4. Assurance Framework</li> <li>5. CQC Report Action Plan</li> </ol> <p><b>Belonging in the NHS</b></p> <ol style="list-style-type: none"> <li>6. Staff Networks</li> <li>7. Gender Pay Gap</li> </ol> <p><b>Looking after our people</b></p> <ol style="list-style-type: none"> <li>8. Freedom to Speak Up Guardian</li> <li>9. Cost of living Working Group</li> <li>10. Industrial Action</li> </ol> <p><b>Spotlight topic</b></p> <ol style="list-style-type: none"> <li>11. Staff Health and Wellbeing</li> </ol> <p><b>Growing for the future</b></p> <ol style="list-style-type: none"> <li>12. Nursing Workforce Skills Mix Review and Development Programme</li> </ol> <p><b>New ways or working and delivering care</b></p> <ol style="list-style-type: none"> <li>13. Mandatory training &amp; Appraisal – Back on Track</li> <li>14. AOB – Staff Survey Results</li> <li>15. Staff Survey</li> </ol>
<b>Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework</b>	<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>

## GOVERNANCE

### 1. Workforce Trust Board report

The committee considered the workforce board report and in particular the following points:

- Vacancy rates have reduced to 9.6%
- Turnover rates decreased slightly to 15.13%
- Sickness rates reduced to 4.58% in line with seasonal variations
- Training compliance increased to 83.98% and appraisals increased to 70.48%

It was noted that all indicators for February were green which shows the various initiatives, such as “back on track with training and appraisals, and staff commitment are having an impact.

The Committee were provided an update on employee relations activity, new workforce policies and “Kind Life” work on embedding our values. A number of teams including; Employee Relations, Organisational Development, Staff Side and Freedom to Speak up Guardians met on a recent away day to look at “Respectful Resolution” which is one of the key work streams to embed our values. This event focussed on the approach and principles of facilitated conversations, a subset of the respectful resolution process, and agreed that there will be a steering group established to take this work forward.

### 2. Risk Register

The committee reviewed the risk register and agreed that the appropriate risks were on the register. A new risk relating to Equality Delivery System 2022 self- assessment was identified. A plan for implementation will be taken to the Equality and Diversity Committee for approval. This risk was logged as low risk.

It was agreed that the Pathology integration risk would be moved to a service line risk when a new overarching integration risk is developed.

The committee discussed and agreed a new risk in relation to Industrial Action. All other risks are to be maintained.

### 3. Matters for Escalation

There were no matters for escalation.

### 4. Assurance Framework

The Committee heard that the new Trust Objectives are currently being drafted and the new Assurance Framework will be approved by the Board in June 2023.

### 5. CQC Report Action Plan

The Committee noted that the CQC action plan will be reviewed by the Quality Committee and agree which items need to be referred to the Workforce Committee for review.

## BELONGING IN THE NHS

### 6. Staff Networks

The committee received a paper from the **BAME Staff Network** which highlighted the Staff Networks day taking place on 10<sup>th</sup> May 2023 with the theme “staying Strong”. This day is planned to have an emphasis on “*alliedships*” and sustainability. The network has also been approached by the local Luton community requesting to work with the Trust to raise awareness of Windrush. This is scheduled to take place in the autumn.

The committee received a paper from the **LGBTQ+ Staff Network** that outlined the Trust's expression of interest to the Rainbow2 badge scheme. This scheme follows an assessment and accreditation model to allow organisations to demonstrate their commitment to reducing barriers to healthcare for LGBT people, whilst evidencing the good work they have already undertaken. To this end, two surveys will be completed, (by staff and the community) which will form the basis of an action plan achieve the accreditation.

The **Disability and Allies Staff Network** is in the early stages of formation and the team are currently recruiting into key roles including the Chair.

## **LOOKING AFTER OUR PEOPLE**

### **7. Freedom to speak up**

The committee received a paper from the freedom to speak up guardian on actives within the last period and were advised that attitudes and behaviours remain the predominant issues.

### **8. Cost of Living Working Group**

The committee heard that a range of measures to support staff are now in place.

**Safe space areas** have been created on both sites where food tokens have been issued and advice provided on how to access foodbanks. Visitor numbers have been sporadic and as a result the opening hours are being revised to ensure staff can access the support on offer at the right time.

**Free beverages** for staff are now available to be ordered through Lyreco and take up has been good.

**Staff travel schemes** to support staff with travel costs are in place with Thameslink, Arriva and Stagecoach.

**The Voluntary Benevolent Fund** has been established and to date the panel has considered ten applications. The general themes are support for essential household items that need repairing/replacing, car repairs and furniture. Staff are also enquiring about support with bills and other expenses so these staff are being supported through signposting to other established support mechanisms and debt counselling.

### **9. Industrial Action**

The committee were updated on the learning from the BMA strikes in March such as communication about the impact of industrial action with patients and their relatives. These learning points are also being factored in to the planning and preparation for the strikes planned in April.

### **10. Health and Wellbeing**

The committee received an update from the **Occupational Psychologists** who are working with various teams at the Trust. Two wellbeing sessions were run for preceptorships to reflect on the challenges they have encountered. The team are also supporting middle management to ensure they are equipped to have difficult conversations with staff. The ambition is to be able to offer opportunities to support staff who are struggling and how to be proactive and create conditions to enable staff to thrive.

The **Take HeART** programme facilitated a group of staff to understand the benefits of art to improve wellbeing for staff and visitors with the overarching aim to enhance wellbeing

by either engaging in activities as well as to create a pleasant and soothing environment. The team was also invited to present at a recent Schwartz Round.

The committee received a report looking back on the **Schwartz Rounds**. The rounds are an opportunity for staff to discuss the emotional and social aspect of the job, to talk in a safe space, to share learnings from their experience and share findings. These were reintroduced post pandemic with four rounds being held virtually in 2022 with over 150 people joining from both sites with positive feedback received. The Point of Care Foundation, that grants Schwartz Round licences, attended a number of our rounds as audience members. Subsequently, the Trust has been invited to join one of their committees to assist other organisations to implement Schwartz Rounds.

## GROWING FOR THE FUTURE

### 11. Nursing Workforce Skills Mix Review and Development Programme

The committee received an update on the Nursing Workforce Skills Mix Review and Development Programme. Two engagement meetings were held with Deputy Heads of Nursing, Ward Managers and Practice Development Nurses. It is estimated that the project will take at least 2 years to deliver results. There are two pilot wards on each site, which will help understand their vacancies and the skills of their workforce. A key activity identified is to understand where the Student Nurse Associates are and where they can be effectively deployed because they will qualify in two years' time. This will be conducted in parallel with a skills and gap analysis for our Band 5s and 6s to identify people who we can prepare for the Band 6 role.

## NEW WAYS OF WORKING AND DELIVERING CARE

### 12. Mandatory Training and Appraisal Trajectory

The committee received an update from the "Back on Track" project. There has been an increase on both sites in **statutory and mandatory training compliance**; Bedford at 86.7% and Luton 82.26%. Whilst face-to-face training has been reinstated, the virtual sessions and workbooks will continue as this provides a mixed method for training and staff feedback indicates they prefer this flexibility. The team are currently liaising with our medical colleagues to ascertain what works best for this staff group to enable them to complete their training.

An **on-boarding** steering group has been set up to review the provision for **induction** and to give applicant's access to ESR via e-learning before they start on their first day the Trust. Line Managers have been sent a questionnaire to ascertain their on-boarding requirements prior to staff joining their teams and this information will inform developments to the proposed induction. The Core skills training framework enables training that has already been undertaken in a previous NHS role to be transferred to us so that only outstanding training needs to be completed.

**Appraisal** compliance rates have improved and are currently at 70.48% for both sites. It was also noted that in the staff survey the most improved score was that staff had received an appraisal in the last 12 months. However, there remains significant improvements to be made and the team continues to provide support to managers to book and complete appraisals.

The committee received a paper on the work of the **apprenticeship** team. The committee heard that there are 243 apprentices are live across the organisation with a large proportion of these training as Nursing Associates. An event was held on the

Bedford site celebrating over 70 successful apprentices completing their course in 2022/23 and hosted a celebration event as part of National Apprenticeships Week. There are also plans for a further 117 apprenticeships schedules to start which cover a range of roles and upskilling present staff.

<b>AOB</b>
------------

**13. Staff Survey Results**

The Committee heard an overview results from the last staff survey, the new Trust results tool and progress on formulation of action plans.

**14. Menopause**

A Trust menopause policy has been approved and been implemented. Dr Sarah Reynolds, Obs & Gynae Consultant hosted a webinar with over 102 people joining this event and will be the subject of the September Schwartz Round.



## Board of Directors

**Wednesday 3<sup>rd</sup> May 2023**

Report title:	Risk Register	Agenda item: 14
Executive Director(s):	All Executives	
Report Author	Victoria Parsons, Associate Director of Corporate Governance	
Action (tick one box only)	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>
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"> <li>• Executive Board 25<sup>th</sup> April 2023</li> <li>• Board of Directors 1<sup>st</sup> February 2023</li> <li>• Quality Committee 25<sup>th</sup> February, 26<sup>th</sup> March, 26<sup>th</sup> April 2023</li> <li>• Finance, Investment and Performance Committee 26<sup>th</sup> April 2023</li> <li>• Workforce Committee 5<sup>th</sup> April 2023</li> </ul> <p>New risks have been reviewed and are recommended for approval by the Board:</p> <ul style="list-style-type: none"> <li>• 3002 – 65 Week Wait (high)</li> <li>• 3001 – Shared location of antenatal and Gynaecology at Bedford (medium)</li> <li>• 2987 – Paediatric Mental Health Assessment Room at Bedford (medium)</li> <li>• 2984 – LIMS Upgrade – Clinisys (high)</li> <li>• 2979 – Reduction in experience nursing workforce (medium)</li> <li>• 2977 – Maternity 2<sup>nd</sup> theatre at Bedford (high)</li> <li>• 2950 – Delays sending ED attendance summaries (high)</li> <li>• 3013 - Endoscopy Unit in Bedford (high)</li> <li>• 2936 – Ongoing compliance of the NPSA Alert for Gas Cylinders (high)</li> <li>• 3014 – Industrial Action (high)</li> </ul>
Legal Implications / Regulatory requirements / Strategic objectives and Board	<p>NHS I – Trust Governance Framework</p> <p>CQC – All regulations and outcomes</p> <p>MHRA</p> <p>All Objectives</p>

Assurance Framework	
<b>Jargon Buster</b>	MHRA – Medicines and Healthcare Products Regulatory Authority Inphase – Incident Reporting system used to report risks Nosocomial – Location acquired infections LIMS – Laboratory Management System

## 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.

The Trust implemented Inphase to replace the previous system in October 2022 which is now a single risk register. This means there are changes to the risk references that will take time to finalise into the reports.

## Board of Directors Review

Board reviewed high board level risks on the 1<sup>st</sup> February 2023. All risks were maintain and new risks approved.

## Quality Committee (QC)

QC reviewed clinical and performance board level risks on 25<sup>th</sup> February, 26<sup>th</sup> March, 26<sup>th</sup> April 2023

Risk ref	Risk Description	Agreed conclusion
1763	Bed pressures	Maintain risk
2916	Inphase implementation	Maintain risk
2442	Ligature Points	Maintain risk
2500	Diagnostic capacity	Maintain risk
2573	Increased demand for mental health care	Maintain risk
2640	Maternity Pressures	Maintain risk
1843	Echocardiography backlog	Reduce risk
2792	Disjointed ophthalmology administration	Reduce Risk to service line
2376	CTG reliability	Reduce risk
2572	Increase in violence and aggression towards clinical staff	Maintain risk
2878	EDS 2022 Implementation	Maintain risk
2927	Delays in histology reports	Maintain risk
2984	LIMs Update	Maintain risk
3002	65 Week Wait	Maintain risk
1839	Duty of Candour	Maintain risk
2909	Management of Eating Disorders	Maintain risk
2474	Clinical correspondence	Maintain risk
2914	BMA Rate Card	Maintain risk
2936	Ongoing compliance with NPSA Gas Cylinder Alert	Maintain risk
1967	Patient Experience	Maintain risk
2064	Pharmacy supplies	Maintain risk

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
2249	Risk adjusted mortality	Maintain risk
2471	Outpatient Clinic Room availability and capacity	Maintain risk
2495	Delayed offload of ambulances	Maintain risk
2507	ED Blue Light transfers to other hospitals	Reduce Risk to service line
2735	Patient Safety Incident Response Framework implementation	Maintain risk
2748	Nosocomial Infections	Maintain risk
2905	Lost to follow up	Maintain risk
2915	Not achieving stroke targets	Maintain risk
2436	Amended maternity scanning guidance	Reduce Risk to service line
2641	Maternity at Bedford patient safety	Maintain risk
2642	Maternity at Bedford reputation	Maintain risk
2644	Cleaning Standards	Maintain risk
2906	Inaccurate audiology findings	Maintain risk
1982	Business Continuity	Maintain risk
1422	CQC Infection Control Practices	Close risk
2470	Chemotherapy unit capacity	Maintain risk

Emerging risks – Industrial Action

Escalated risk – Delays in histology reporting, BMA rate card to FIP

### **Workforce Committee Review**

Reviewed board level risks on the 5<sup>th</sup> April 2023:

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
2825	Staff Well Being	Maintain risk
2852	Vacancy	Maintain risk
1920	Redevelopment models of care and workforce	Maintain risk
1817	CQC Regulatory Action – Mandatory Training	Maintain risk
2440	Appraisal	Maintain risk
2330	Turnover	Maintain risk
1822	Staff shortage of radiographers	Review risk
2726	Integration	Maintain risk
2878	EDS2022 implementation	Maintain risk

Emerging risks – Impact of any Industrial Action

### **FIP Committee Review**

Reviewed board level risks on the 26<sup>th</sup> April 2023.

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
2917	2023/2024 Financial Target	Maintain risk
2448	Backlog Maintenance	Maintain risk
1785	Capital spend/CDEL risk	Maintain risk
1736	System wide finance target	Maintain risk with a view to increase
2917	BMA rate card	Maintain risk

<b>Risk ref</b>	<b>Risk Description</b>	<b>Agreed conclusion</b>
2003	Lack of Medical Equipment rolling replacement programme	Maintain risk
1780	Business Continuity – ventilation and heating	Maintain risk
2590	Investments made without knowing payment is confirmed	Review risk
1890	Fraud and Bribery	Maintain risk

Emerging risks – review the underlying risks to the financial position 2023/24

### **Executive Board Review**

The Executive Board reviewed all Board Level Risks on the 25<sup>th</sup> April 2023.

No amendments were made to the risks and the new risks were noted.

### **Risk Review**

Risks from both sites were reviewed and approved between 26<sup>th</sup> January 2023 and 27<sup>th</sup> April 2023. The below were allocated as Board Level:

- 3002 – 65 Week Wait (high)
- 3001 – Shared location of antenatal and Gynaecology at Bedford (medium)
- 2987 – Paediatric Mental Health Assessment Room at Bedford (medium)
- 2984 – LIMS Upgrade – Clinisys (high)
- 2979 – Reduction in experience nursing workforce (medium)
- 2977 – Maternity 2<sup>nd</sup> theatre at Bedford (high)
- 2950 – Delays sending ED attendance summaries (high)
- 3013 - Endoscopy Unit in Bedford (high)
- 2936 – Ongoing compliance of the NPSA Alert for Gas Cylinders (high)
- 3014 – Industrial Action (high)

Emerging Board Level risks security swipe access, recruitment of administration staff

Risks were closed – the below at Board level:

- 2983 – 78 Week Waits – replaced with 3002 (65 Week Waits)
- 1422 - CQC Infection Control Practices – retain nosocomial infection risk

## Board of Directors

**Wednesday 3<sup>rd</sup> May 2023**

<b>Report title:</b>	Corporate Governance Report	<b>Agenda item:</b>
<b>Executive Director(s):</b>	<b>Executive Directors</b>	
<b>Report Author</b>	Donna Burnett – Trust Board Secretary	
<b>Action</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	The Board to note the changes to the Council of Governors and the engagement activities undertaken.	

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

## 1. Council of Governors

### ***Current Composition of the Council of Governors:***

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

*Our Council of Governors is composed of:*

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

We thank the following outgoing governors;

- Debbie Gardiner MBE, Public Central Bedfordshire – Resignation received in February 2023
- Cllr Brian Spurr, Appointed Central Bedfordshire Council – Term ended on 31<sup>st</sup> March 2023.

### **Election Results April 2023**

### ***Reappointments to the Council of Governors***

We welcome the successful reappointments:

- Yvette King, Public Governor for Bedford Borough (and its surrounding counties)
- Jackie Farhoud, Public Governor for Bedford Borough (and its surrounding counties)
- Noreen Byrne, Staff Governor – Registered Volunteers (Cross site)

### ***New Appointment to the Council of Governors:***

We welcome newly appointed governors:

- Julie Siddique, Staff Governor - Non-Clinical (Admin, Clerical, Managers, Ancillary & Maintenance) (Bedford site)
- Saverio Bongo, Public Governor for Bedford Borough (and its surrounding counties)
- Joanne Barrow, Public Governor for Bedford Borough (and its surrounding counties)
- John Mingay, Public Governor for Bedford Borough (and its surrounding counties)
- Lakshmi Coates, Staff Governor - Medical and Dental (Bedford site)
- Sabu Kakkassery Kuriakose, Nursing and Midwifery (including Healthcare Assistants) (Bedford site)

### **Upcoming Governor Elections for September 2023**

The following constituencies will be contested and the process will commence in June and end in August.

- Public – Central Bedfordshire – 2 vacancies
- Public – Herefordshire – 1 vacancy

### ***Training for Newly Appointed Governors:***

New governors have been invited to attend a Governor Induction Session taking place on 4<sup>th</sup> May at Bedford Hospital. This will be led by the Chair, Richard Sumray and the Corporate Governance team.

Newly appointed governors have also been invited to attend the NHS Providers Governwell Core Skills Training session taking place in June and July 2023, which will help to support our governors in their new role.

### ***Council of Governors Remuneration and Nomination Committee:***

- ***Appointment of Two Non-Executive Directors***

The Council of Governors Remuneration and Nomination Committee concluded their work in the appointment of two new Non-Executive Directors.

- **David Harrison, Non-Executive Director**

David is a qualified chartered accountant who has worked in the public sector as a senior civil servant (health and finance), the private sector (accounting and investment banking) and in consultancy and the third sector (health and other organisations). He brings a wealth of financial knowledge, in addition to experience gained from his previous Non-Executive Director and Chair roles in a number of large organisations and in an advisory capacity.

- **Yasmin Mahmood, Non-Executive Director**

Yasmin brings a strong voice to the board in her work and experience gained in the equality and diversity sector. She has worked in a number of high profile roles including that of Senior Equality Diversity and Inclusion (ED&I) Programme Manager and worked across number of large health care organisations supporting the equality, diversity and inclusion strategy to drive improvement for patient outcomes and to strengthen accountability.

Both the new *Non-Executive Directors* have attended in May 2023 the NHS Providers 'Board development programme: Non-executive director induction'.

### ***Governors on Sub-Committees and Working Groups:***

Following the April and September elections, the process will commenced to look at vacancies across the Council of Governors sub-committees and working groups. Governors will be invited in October to offer expressions of interest in those vacancies.

## **2. Membership Engagement**

The overall public membership numbers for year-end was predicted to be 18186; however, as at 31<sup>st</sup> March the overall numbers had reached to 18203.

Though the public membership target for the financial year was 600, the governors of the membership & communication subcommittee has overachieve this target – during this period 698 new members have joined the Trust out of which 48% were from Bedford

Borough. The governors were able to achieve this by attending events, fayre, carnivals, surgeries, sports club and visiting the outpatients at both the hospital engaging with the public and patients and enrolling them as trust members.

The Council of Governors approved the 'Membership Strategy' and the 'Terms of Reference' that was recommend by the Sub-committee of the Membership and Communication.

The Ambassador magazine was issued in March 2023 and the next edition will be published in August 2023.

### 3. Use of the Trust Seal

Date used	Seal number	Subject	Supporting information
31/3/23	205 (LD)	Bedfordshire Hospitals Dunstable Hub Headlease	
		Samuel Whitbread (Beeden House) purchase	

### 4. Terms of Reference

The following terms of reference were reviewed in March 2023 and the Board are asked to ratify them:

- Quality Committee
- Finance, Investment and Performance Committee
- Audit and Risk Committee



## QUALITY COMMITTEE

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

exactly what action was taken, is to be made to the next quorate Quality Committee meeting.

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

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

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

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

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

Provide update on the effectiveness of the committee to the Audit and Risk Committee.

**Objectives:**

**1. To oversee:**

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

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

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

**3. To ensure:**

- a. A focus on driving improvement in all aspects of quality; safety; clinical effectiveness and patient experience
- b. that strategic priorities are focused on those which best support delivery of Trust objectives in relation to quality and patient safety.
- c. compliance with contractual quality obligations

- d. that integration work across both hospital sites supports a focus on driving improved quality and patient safety
- e. Risks are identified and reviewed in line with our risk appetite

**4. *To receive:***

- a. information on trends and themes from claims, incident reporting and complaints and to initiate measures to reduce risk. Where appropriate, to ensure that identified risks are considered and included in risk registers
- b. a report from the Clinical Quality Operational Board and the Specialist Committee Operational Board
- c. receive a report on the Equality and Diversity priorities in relation to patients
- d. reports on progress & oversee the outcome of improvement plans arising from CQC reviews or investigations, on behalf of the Board of Directors or Chief Executive
- e. A report from its formal sub-committee the Patient Experience Council

**5. *To receive assurance:***

- a. from the Clinical Quality Operational Board and the Specialist Committee Operational Board in accordance with the Quality reporting framework.
- b. on performance in relation to Trust wide patient safety projects.
- c. from the Clinical Quality Operational Board and the Specialist Committee Operational Board that reports from Clinical Service lines using available quality & safety key performance indicators and data sets are used to in order to identify areas of good and poor performance & inform future planning and service delivery.
- d. From Maternity to receive reports on the serious incidents, Ockenden, quality improvement programmes, CQC and CNST compliance and progress with external report recommendations.
- e. that decisions of national groups are implemented.
- f. that feedback from patients, users and other stakeholders is used to inform policy and practice.
- g. on the implementation and annual review of the Trust's quality strategy and priorities .
- h. that the Trust is safeguarding adults and children and other vulnerable groups
- i. on behalf of the Board of Directors, the Trust's compliance in all CQC outcomes

**6. *To approve and monitor ongoing progress of:***

- a. The Quality Account objectives

**Members  
Responsibilities:**

1. Individual members are expected to act as champions of the Quality Committee within the Trust and wider health community. Members are empowered to discuss quality issues with interested Parties outside of the meeting, subject

to any confidential information shared.

2. To set targets and agree control systems to ensure delivery of the stated objectives of the Quality Account.
3. To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed at the Quality Committee

**Work Plan:**

**Each meeting:**

- Risk Register
- Serious Incident (SI) Reporting (SI's and Action Plans)
- Mortality Report

**Quarterly**

- Infection Control Report
- Patient Experience Report
- Patient Experience Council Report
- Review against the Trust Objectives related to quality impact assessments in relation to redevelopment
- Quality Account Priorities
- CQUIN Monitoring
- Children's Safeguarding
- Adult Safeguarding

**Annually**

- Integration Report
- External Audit - Quality Account
- Cancer Peer Review
- Research and Development
- Review of the Terms of Reference
- Assurance of Equality and Diversity related to patients

**As required**

- CQC Insight Report
- CQC Inspections
- Internal Audits
- External Reports
- Contribution around quality from BCA
- Quality Impact Assessments

Agreed in April 2021

Reviewed and updated March 2022

Reviewed and updated March 2023

## **TERMS OF REFERENCE**

### **FINANCE INVESTMENT AND PERFORMANCE COMMITTEE (FIP)**

<b>Status:</b>	Sub-committee of the Board of Directors
<b>Purpose:</b>	The Committee provides financial analysis, advice, and oversight of the budget, capital schemes and investment approvals. Their responsibility is to ensure the organisation is operating with the financial resources it needs to provide services to the community.
<b>Chair:</b>	Non-Executive Director
<b>Membership:</b>	Non-Executive Director (Chair) 3 additional Non-Executive Directors Chief Executive Deputy Chief Executive Director of Finance Chief Nurse Medical Director
<b>Attending as required:</b>	Director of Human Resources Director of Estates Chief Information Officer Director of Redevelopment  All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the Committee.  In the absence of the Chair, any NED present will take the Chair.
<b>In Attendance:</b>	Service Line Representation (by invite) Board Secretary for Governance agenda items Deputy Director of Finance Associate Director of Performance & Information Re-Development Programme Director
<b>Meeting Frequency:</b>	Monthly (with the exception of August and December)
<b>Meeting Management:</b>	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
<b>Extent of Delegation:</b>	FIP is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.

**Authority and Chairs  
Action:**

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

The Non-Executive Chair, as Chair of FIP is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of FIP. Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate FIP meeting.

**Quorum:**

Minimum of 5 members, at least 2 of whom should be Non-Executive Directors

**Accountability:**

The Chair of the FIP, along with the Director of Finance and the Deputy Chief Executive will maintain a direct link from FIP to the FT Board of Directors providing a report and assurance of the effectiveness of finance and performance.

The Director of Finance and the Deputy Chief Executive will report to the Chief Executive and report progress to the formal Executive meetings on a monthly basis and to any other formal Committee as required.

**Reporting:**

The minutes of FIP meetings shall be formally recorded and a summary report submitted to the Board of Directors.

This summary report will be on issues which need to be considered by the Board of Directors. The report shall give details of the action or improvement that is needed for the Board of Directors to approve.

Provide update on the effectiveness of the committee to the Audit and Risk Committee.

**Objectives:**

**Objectives:**

The committee will conduct objective Board level review of financial and investment policy and will review financial performance issues and oversee overall performance including CQUIN and delivery against the Cost Improvement Plans.

**Financial Policy, Management & Reporting:**

- To consider the Trust's medium term financial strategy, in relation to both revenue and capital.
- To consider the Trust's annual financial targets.
- To review the annual budget, before submission to the Board of Directors.

- To consider the Trust's financial performance, in terms of the relationship between underlying activity, income and expenditure, and the respective budgets.
- Initial review of annual financial statements
- To review proposals for business cases (>£0.125m) and their respective funding sources
- To commission and receive the results of in-depth reviews of key financial issues affecting the Trust.
- To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and contractual safeguards and efficiency improvement programmes.
- To review and agree the annual financial plan, including the plan for delivery of cost improvements and productivity and efficiency improvements resulting from the Re-development programme.
- To review progress of the Re-development programme monthly and recommend any additional action as necessary.
- To receive and consider, as appropriate, reports on 'commercial' activities of the Trust.
- To approve the detailed Capital Expenditure Plan for the Trust (within the overall resource approved within the Annual Plan)
- To review delivery of Capital Projects.

#### **Operational Performance:**

- To receive performance reports identifying performance against national and local targets where relevant and not reported to other Board sub-Committees.
- Incorporate the balanced scorecard standards, when known and agreed, into a Performance Management System.
- By exception, call for the attendance of Executive Directors, the appropriate Clinical Leaders, General Managers, Lead Nurses/Midwives named as leads for targets, to account for poor or underperformance against either key financial targets or delivery of the Re-development programme and to agree corrective action or a revised position.
- To oversee the balanced scorecard standards.

#### **Investment Policy, Management and Reporting:**

- To approve and keep under review, on behalf of the Board of Directors, the Trust's investment strategy and policy.
- To maintain an oversight of the Trust's banking arrangements and associated investment policies, ensuring compliance with the Trust's policy and Monitor's requirements.
- To approve any innovative, commercial or investment activity e.g. proposed start-up companies or joint ventures.

#### **Procurement Strategy:**

- To approve and keep under review, on behalf of the Board of Directors, the Trust's procurement strategy.
- To consider and approve any significant variations to the Trust's existing procurement methodology as set out in the Trust's Standing Orders and Financial Instructions.

**Operational Strategy:**

- To keep under review the financial aspects of any of the Trust's departmental strategies.

**Risk:**

- To receive assurance reports in accordance with the Risk Management Strategy
- To receive information on trends & themes from Finance and Performance reports to initiate measures to reduce risk. Where appropriate, to ensure that identified risks are considered and included in risk registers
- To review Board Level Risks assigned to the Committee monthly and assure the Board of Directors that controls and actions taken are adequate
- To identify and review risks in line with our risk appetite

**Other Duties:**

- To monitor, and make recommendations to the Board as necessary and appropriate on the adequacy and effectiveness of the Trust's financial as well as other performance reporting.
- To make arrangements, as necessary, to ensure that all Board members are provided with necessary information for them to understand key financial performance and issues affecting the Trust.
- To examine any other matter referred to the Committee by the Board of Directors.
- To review performance indicators relevant to the remit of the Committee.
- To receive a report from the Redevelopment Board and any required business cases.

**Members  
Responsibilities:**

1. Individual members are expected to act as champions of FIP within the Trust and wider health community. Members are empowered to discuss financial issues with interested Parties outside of the meeting, subject to any confidential information shared.
2. To set targets and agree control systems to ensure delivery of the Trust Objectives.
3. To establish and maintain links with other bodies such as local ICBs, Local Council, Ambulance Service and other Trusts, Social Services etc. where Services are affected by or potentially impacted by the actions agreed at FIP. It was agreed that this responsibility was owned by the Chief Executive Officer and not the Non –Executives

**Workplan:****Each meeting:**

- Finance position
- Business Cases
- Contract updates
- Agency expenditure
- Re-Development



- Business Cases post implementation reviews

**Quarterly**

- Risk Register
- Assurance Framework

**Annually**

- Budget Setting
- Annual Accounts
- Annual Report (if no Board meeting)
- Operational Plan
- Procurement Strategy
- Review of the Terms of Reference

**As required**

- External Reports

To be agreed in October 2020

To be reviewed October 2021

Updated February 2021

Reviewed and Updated March 2022

Reviewed and updated March 2023

## TERMS OF REFERENCE

### AUDIT AND RISK COMMITTEE

<b>Status:</b>	Sub-committee of the Board of Directors
<b>Chair:</b>	Non-Executive Director
	The Chairman of the Board of Directors will appoint the Chair of the Audit & Risk Committee
<b>Membership:</b>	The Committee will comprise of five Non-Executive Directors (including the committee chair) with the exclusion of the Chairman and the Chair of the Finance Committee.
<b>In Attendance:</b>	<p>Head of Internal Audit            Director of Finance            Head of Financial Control            Board Secretary/Associate Director of Corporate Governance            Clinical Representative (Medical Director invited to attend as required)            Director of Quality and Safety Governance            A representative of the External Auditors            A representative of Counter Fraud            Chairman (invite only)            The Chief Executive invited to attend (at least annually) to discuss with the Audit &amp; Risk Committee the process for assurance that supports the Annual Governance Statement.            Other Executive Directors or managers may be invited to attend as necessary.</p>
<b>Meeting Frequency:</b>	<p>Meetings shall be held not less than 4 times a year.</p> <p>The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.</p> <p>At least once a year the Committee may wish to meet with the External and Internal Auditors without any Executive Board members present.</p>
<b>Meeting Management:</b>	Agenda to be agreed by the Chair and agenda and papers to be circulated 5 days before the meeting, unless by exception and agreed with Chair of meeting in advance.
<b>Extent of Delegation:</b>	The Audit and Risk Committee is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.
<b>Authority, Accountability and Chairs Action:</b>	The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain

outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Non-Executive Chair, as Chair of Audit and Risk is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of Audit and Risk. Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate meeting.

**Quorum:** 3 members.

In the absence of the Chair of the Audit & Risk Committee the Non-Executive Directors will nominate a replacement.

**Reporting:** The minutes of Audit and Risk Committee meetings shall be formally recorded.

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

The Chair of the Audit and Risk Committee will make a report to the Council of Governors annually, and an annual report will be made to the Board on the work of the Audit and Risk Committee in support of its objectives.

**Objectives:**

**1. Governance, Risk Management and Internal Control** - The Committee shall review the establishment and maintenance of an effective system of integrated governance, internal control and risk management, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. In particular, the Committee will review:

1.1 The policies and processes for preparing the Assurance Framework including review of the quality of the evidence for assurance provided by Internal and External Audit, management and other sources.

1.2 All risk and control related disclosure statements, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

1.3 The underlying assurance processes that indicate the degree of achievement of the corporate objectives, the effectiveness of the management of principal risks (including risk & resilience review procedures and reports) and the appropriateness of the above disclosure statements.

1.4 The findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. This will include a review of the work of other committees, including the Clinical Outcome, Safety & Quality Committee, and the work on risk of the Executive Board which can provide relevant assurance.

1.5 The policies and processes for ensuring that there is compliance with the Terms of Authorisation agreed with Monitor/NHSI, and other relevant regulatory, legal and code of conduct requirements.

1.6 The operational effectiveness of financial policies, systems and services and the financial control environment throughout the Trust, including compliance with Standing Orders and Standing Financial Instructions.

1.7 Review the policies and procedures for all work related to fraud and anti-bribery as set out in Secretary of State Directions and as required by the Directorate of Counter Fraud Services/ NHS Protect, and the operation of Trust policies for Freedom of Speech ("whistle blowing").

- 1.8 Review the policies, procedures and related transactions for compliance with NHS rules regarding Conflicts of Interest
- 1.9 To monitor, on behalf of the Board, the Assurance Framework.

**2. Financial Reporting** - Review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- 2.1 Changes in, and compliance with, accounting policies and practices.
- 2.2 Unadjusted mis-statements in the financial statements.
- 2.3 Major judgmental areas.
- 2.4 Significant adjustments resulting from the audit.
- 2.5 Compliance with accounting standards.
- 2.6 The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee.
- 2.7 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.
- 2.8 To examine the circumstances when Standing Orders are waived and tenders where the lowest value tender is not awarded.
- 2.9 To review schedules of losses and compensation payments and make recommendations to the Board.
- 2.10 Review compliance with Internal Financial Controls
- 2.11 Review proposed changes to the Tendering Process, Standing Orders, Standing Financial Instructions and Scheme of Delegation.
- 2.12 Compliance with relevant legal requirements.
- 2.13 Monitor formal announcements relating to the Trust's financial performance.
- 2.14 Review conflict of interests and the hospitality register on an annual basis.
- 2.15 To review all equivalent matters relating to Charitable Funds.

**3. Internal Audit** - The Committee will:

- 3.1 Appoint an appropriate internal audit provider, agree the fee and as appropriate, the termination of the contract.
- 3.2 Review and approve the internal audit strategy, operational plan, and programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
- 3.3 Annually assess and review the performance of internal audit to ensure that an effective service is provided.
- 3.4 Consider the major findings of internal audit investigations and management's response, and ensure co-ordination between the Internal and External Auditors.
- 3.5 Ensure that internal audit function is adequately resourced and has appropriate standing within the organisation.

**4. External Audit** - The Committee will:

- 4.1 Make recommendations to the Council of Governors in relation to the appointment, re-appointment, and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.
- 4.2 Discuss with the external auditor, before the audit commences, the nature and scope of the audit, and ensure co-ordination, as appropriate, with other external auditors in the local health economy.
- 4.3 Review all external audit reports, including agreement of the annual audit letter before submission to the Board, and any work carried outside the annual audit plan, together with the appropriateness of management responses.
- 4.4 Annually assess the auditor's work, performance, and fees to ensure work is of a sufficiently high standard and the fees are reasonable.

- 4.5 Review the auditor's independence and objectivity and effectiveness taking into account relevant UK professional and regulatory requirements.
- 4.6 Review proposed engagements of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm.

**5. Counter Fraud - The Committee will:**

- 5.1 Appoint an appropriate counter fraud provider, agree the fee and as appropriate, the termination of the contract.
- 5.2 Review the annual counter fraud programme and ensure that it is adequately resourced.
- 5.3 Receive periodic reports of progress in investigations undertaken and an annual report of work undertaken.
- 5.4 Review policies and procedures for all work relating to fraud and anti-bribery (including the bribery act).
- 5.5 Review the arrangements by which staff may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters ensuring that arrangements are in place for the proportionate and independent investigation of such matters.

**Programme  
Board Members  
Responsibilities:**

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

**Workplan:**

**Each meeting:**

- Update report from External Auditor
- Update report from Head of Internal Audit
- Update report from Head of Counter Fraud
- Update report from Director of Finance to cover matters arising
- Update reports from committees and sub boards: Finance Investment & Performance;  
Quality Committee; Redevelopment; Remunerations & Nominations; and Formal Executive.
- Risk Register and Assurance Framework review
- Note of business of other committees by exception
- Review of Financial Control (as required)

**Twice a year:**

- Waivers

**Annually:**

- External Audit plan for next year
- Internal Audit plan for next year
- Counter Fraud plan for next year
- Final Accounts and ISA 260
- Terms of Authorisation
- Provider Licence Review

- Annual Governance Statement
- Head of Internal Audit's opinion on internal controls & Annual Report.
- External Auditor's audit opinion, audit certificate and findings from the audit
- Review of External Auditor's work and fees
- Counter Fraud Annual Report
- Review of governance aspects not covered above (as required)
- Losses and special payments
- Conflict of interest/ hospitality register (including Sponsorship)
- Fit and Proper Persons declarations

Agreed March 2022

Reviewed and Updated March 2023

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

\* as and when required.

\*\* Report on assurance/ Annual Audit Committee Report to be produced for AMM / Council of Governors or next available meeting and the next Board.