



Bedfordshire Hospitals

NHS Foundation Trust

Board of Directors

1st May 2024

11:00 - 13:00

L&D, Nova House / MS Teams



Bedfordshire Hospitals NHS Foundation Trust

Meeting Book - Public Board of Directors 1st May 2024

1 Chairman's Welcome & Note of Apologies

R Sumray

1.1 1. Chairman's Welcome and Note of Apologies.docx

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

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3 Minutes and Actions of the Previous Meeting: Wednesday 7 February 2024 (attached)

R Sumray

3.1 3. BHFT Minutes 7 February 2024.docx

To approve

4 Matters Arising

R Sumray

4.1 4. Matters Arising.docx

To note

5 Strategy Development

R Sumray

5.1 Trust Strategy 2024/27

5.1.1 5.1a Trust Strategy 2024 27 front page.docx

5.1.2 5.1b Trust Strategy 2024-2027_V3.pdf

5.2 Trust Objectives 2024/25

5.2.1 5.2 Trust Objectives 2024 25 v4.docx

5.3 Well Led update 2024

5.3.1 5.3 Well-Led update 2024.docx

5.4 Board Cycle of Business 2024/25

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To approve

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6.1 ICB Report	
6.1.1 6.1 BHFT 1 May 2024 BLMK ICB Update FINAL.docx	
6.2 BCA Report	
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<hr/> 7 Executive Board Report (attached) D Carter	To note
7.1 7 Executive Board Report May 24 .docx	
<hr/> 8 Quality	To note
8.1 Report from the Quality Committee (attached) A Gamell	
8.1.1 8.1 Quality Committee Report May 24 v2.doc	
8.2 Operational Performance Report (attached) C Jones	
8.2.1 8.2 Operational Performance Report Jan - March 2024 for public board.docx	
8.3 Harm Free Care, Incidents and Complaints Report (attached) L Lees/C Thorne	
8.3.1 8.3 Harm Free Care_Incidents Complaints May 24 BoD Report (002).docx	
8.4 Learning from Deaths Report (attached) P Tisi	
8.4.1 8.4 Learning from Deaths May 2024 V2.docx	
8.5 Nursing and Midwifery Workforce Report (attached) L Lees	
8.5.1 8.5 BoD Nursing and Midwifery Workforce Report May 2024.docx ll.docx	
8.6 Perinatal Maternity Report (attached) L Lees	
8.6.1 8.6 Maternity Perinatal Report.docx	
<hr/> 9 Finance	To note
9.1 Report from Finance & Investment Performance Committee (attached) D Harrison	
9.1.1 9.1 FIP Committee Report May 2024.docx	
9.2 Finance Report (attached) M Gibbons	
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9.3 Report from the Redevelopment Committee (attached) M Prior	
9.3.1 9.3 Report from the Redevelopment Committee.docx	
<hr/> 10 Workforce	To note
10.1 Report from the Workforce Committee (attached) T Harper	

10.1.1 10.1 April 2024 Workforce Committee Report V! (002).docx

10.2 Workforce Report (attached)
A Doak

10.2.1 10.2 Workforce Report for April24 (reporting period
march)_v2 (003).docx

10.3 Freedom to Speak Up (FTSU) Annual Report (attached)
FTSU Guardians

10.3.1 10.3 FTSU Report Annual Report May 2024.docx

10.4 Gender Pay Gap Report
V Parsons

10.4.1 10.4 Gender Pay Gap Report.docx

11 Digital

To note

11.1 Report from the Digital Strategy Committee (attached)
S Barton

11.1.1 11.1 Digital Strategy Committee Report May 2024.docx

11.2 IG Toolkit Report (attached)
J Chandler

11.2.1 11.2 Information Governance Report April 2024 (003).docx

12 Committee Reporting and Escalation

To note

12.1 Charitable Funds Committee (no meeting)
R Sumray

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12.2 Audit and Risk Committee (attached)
S Barton

12.2.1 12.2 Audit and Risk Committee Report May 2024.docx

13 Corporate Governance and Risk Report (attached)
V Parsons

To ratify

13.1 Terms of Reference

13.1.1 13. Corporate Governance and Risk Report May 2024
v2.docx

13.1.2 13a Appendix 1 - Quality Committee Terms of reference
March 2024.docx

13.1.3 13b Appendix 2 - Finance Investment & Performance
Committee Terms of reference March 2024.docx

13.1.4 13c Appendix 3 - Audit and Risk Committee Terms of
reference March 2024.docx

13.1.5 13d Appendix 4 - Digital Strategy Committee Terms of
reference March 2024.docx

13.2 New risks

13.3 Population Health and Partnership Committee

13.4 Fit and proper Persons

13.5 Leadership Competency Framework

14 Details of Next Meeting: Wednesday 17 July 2024, 11AM, Bedford

15 CLOSE



Chairman's Welcome & Note of Apologies

Board of Directors 1 May 2024

Verbal

Agenda item - 1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

To welcome and note apologies

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

Nil



Any urgent items of Any Other Business and Declaration of Interest on items on the Agenda and/or the Register of Directors Interests

Board of Directors 1 May 2024

Verbal

Agenda item - 2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

To record any urgent items of AOB and declare any interest on items on the Agenda and or the Register of Directors Interests

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

Nil



Minutes and Actions of the Board of Directors 7/2/2024

Board of Directors 1 May 2024

Author – Jenny Kelly, Corporate Governance Manager

Agenda item - 3

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

To provide an accurate record of the meeting

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST

BOARD OF DIRECTORS PUBLIC MEETING

Board present in Committee Room Bedford Hospital, Public via Microsoft Teams
10.00am-12noon

Minutes of the meeting held on Wednesday 7 February 2024

Present: V = virtual

Richard Sumray (RS), Chair
David Carter (DC), Chief Executive
Cathy Jones (CJ), Deputy Chief Executive
Angela Doak (AD), Director of Human Resources (V)
Matthew Gibbons (MG), Director of Finance
Mr Paul Tisi (PT), Medical Director
Liz Lees (LL), Chief Nurse
Dr Annet Gamell (AG), Non-Executive Director (V)
Simon Barton (SB), Non-Executive Director
Tansi Harper (TH), Non-Executive Director
David Harrison (DH), Non-Executive Director
Yasmin Mahmood (YM), Non-Executive Director
Gordon Johns (GJ), Non-Executive Director (V)

In attendance:

Dean Goodrum (DG), Director of Estates
Melanie Banks (MB), Director of Redevelopment and Strategy
Fiona MacDonald (FM), Director of Culture and Organisational Development
Victoria Parsons (VP), Associate Director of Corporate Governance
Josh Chandler (JC), Chief Digital Information Officer & SIRO
Charmagne Barnes (CB), Associate Non-Executive Director
Anthony James (AJ), Associate Non-Executive Director
Anne Thevarajan (AT), Head of FT Governance (V)
Jenny Kelly (JK), Corporate Governance Manager (V)
Clive Underwood (CU), Freedom to Speak up Guardian (V)
Lana Haslam (LH), Freedom to Speak up Guardian (V)
Adrian Watson (AW), Deputy Head of Communications (V)

Public/Governors: (v)

Joanne Barrow (JB), Public Governor
Macolm Rainbow (MR), Public Governor
Judi Kingham (JKi), Public Governor
Zoe Tidman (ZT), HSJ

1. CHAIR'S WELCOME, NOTE OF APOLOGIES

The Chair welcomed members of the public and Governors to the meeting.

Apologies were noted from Mark Prior, Non-Executive Director and Catherine Thorne, Director of Quality and Safety Governance.



The Chair welcomed Charmagne Barnes and Anthony James, newly appointed Associate Non-Executive Directors to the Board.

The Chair noted that it was Gordon Johns' last formal Board meeting and expressed his thanks to him for his many years of dedication and diligent hard work both as Senior Independent Director to Bedfordshire Hospitals NHS FT and as Chair of Bedford Hospital prior to the merger.

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

None declared.

3. MINUTES AND ACTIONS OF THE PREVIOUS MEETING: 1 NOVEMBER 2023

DH had emailed some proposed rewording of sentences to VP prior to the meeting to improve clarity, which would be included in the final draft.

The minutes of the previous meeting were approved as an accurate record subject to these changes being made.

The Board reviewed the actions on the action log and noted that Reverend Lloyd Denny would be attending the Private Board meeting taking place that afternoon to present The Denny Review. This is a review of health inequalities in Bedfordshire, Luton and Milton Keynes. A report would be brought back to a future Public Board with an update on emerging issues.

It was agreed that the remaining outstanding actions would have a review date added.

4. MATTERS ARISING

There were no matters arising.

5. CHAIR'S REPORT

RS recognised the significant operational pressures on the Trust and thanked staff for their continued extraordinary efforts.

DC informed the Board that winter pressures continued, exacerbated by high demand, high acuity and the ability to discharge medically fit and mental health patients. Contingency areas were open cross sites meaning that the workforce was being spread. It was noted that this was not unique to the Trust and was being experienced across the region. All efforts were being prioritised to support ED with meetings stood down and some electives had regrettably needed to be cancelled. All patients had been notified and would be rebooked at the earliest opportunity. System escalation calls were being held to increase the run rate of complex discharges.



The Chair reported that the financial position would be challenging moving in to the next financial year and it would be necessary to dedicate focused efforts to enable the Trust to budget effectively and create a balanced budget for the next financial year. This would need to take in to account backlog maintenance issues recognising that Capital Departmental Expenditure Limit (CDEL) restrictions may make this difficult to achieve.

The Chair noted that the Board had held an away day focusing on the development of the Trust Strategy and objectives for 2024/25. A key objective continued to be to develop the Trust's offering to the community as an Anchor Institution. The rapid population growth in the area continued to be of concern.

The Board noted the Chair's updates.

6. INTEGRATED CARE BOARD (ICB) REPORT

The report from the ICB was presented and taken as read. DC highlighted the following key items:

- The Board was asked to note the proposed approach to the annual review of the Joint Forward Plan (JFP) and the assumption that no significant changes were anticipated for 24/25 due to the JFP being agreed by partners in June 2023. The JFP would be updated to align with 2024/25 operational, financial and workforce planning returns which were being developed with partners.
- The resident's story contained within the report emphasised the importance of a personalised approach. The lessons from the residents experience were being factored in to the procurement process for musculoskeletal (MSK) services across BLMK.
- The Provider Selection Scheme (PSR) outlines a new set of rules for procuring health care services in England by health organisations and local authorities. The introduction requires the ICB and all partner organisations within scope to review procurement, contracting, commissioning and governance processes, both current and future to ensure these are in line with the requirements of the Regime.

RS requested that when the Trust Strategy is reviewed it be considered alongside the JFP. TH emphasised the importance of the Board Assurance Framework containing appropriate mitigating actions against the strategic risks to meeting the Trust's objectives to ensure that the Board is sighted and can have an open dialogue with ICB colleagues at Board to Board meetings

DH recognised the importance of the JFP being owned and implemented by all partner organisations with demonstrable accountability. The Board agreed that more work needed to be undertaken in terms of a delivery plan agreed and owned by all partner organisations. To do this it was felt that the Bedfordshire Care Alliance and MK Deal needed to be more overtly reference within the plan as delivery mechanisms.

RS informed the Board that work was being undertaken to ensure that there is better system risk oversight and partner organisations were mapping their assurance frameworks.

The Board noted the report.



7. EXECUTIVE BOARD REPORT

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

Following the recent Board away day the Trust's corporate objectives were being refreshed and would be reported back to the next Public Board meeting.

The risk of further strike action remained and the Trust would remain vigilant in its planning to mitigate this risk.

LL had met with Bradford Teaching Hospitals FT to discuss the development of the Trust's Research strategy.

TH noted that within the report reference was made to the executive regularly reviewing service lines and requested that the Board received an update on how the service line model was working to include strengths, weaknesses and opportunities. It was agreed that this would be discussed at a future Board development session.

RS expressed his thanks on behalf of the Board to the staff carrying out a huge amount of work in planning and delivery to keep the hospitals safe during the periods of industrial action. PT echoed this sentiment and highlighted the extraordinary work undertaken by General Managers and workforce staff alongside clinical staff in a whole team approach.

CJ recognised the cumulative impact industrial action had on planned care capacity, patients with long waits, winter pressures and business continuity. LL noted that the Trust had also started to see an impact on complaint and incident response times too.

CJ informed the Board that the Trust was establishing an emergency care recovery programme board. There was also an operational leadership group as part of the Bedfordshire Care Alliance governance structure where system actions were discussed to improve urgent and emergency care. AG welcomed the approach and emphasised the importance of internal and external actions being identified to come together to change the system as a whole.

DC reported that the Trust was still awaiting the draft report from the CQC following the most recent maternity services inspection.

The Board noted the report.

8. QUALITY AND PERFORMANCE

8.1 Report from the Quality Committee

AG presented the report to the Board and it was taken as read.

The committee had focused on its assurance role and discussed recent operational pressures to gain assurance that hospitals had remained safe, especially during periods of industrial action.



Positive assurance was received in relation to the Trust being moved out of tier 1 scrutiny for cancer performance.

AG recognised that extreme urgent and emergency care pressures remained, noting that it is hard to enact transformational change when teams are fire fighting day to day. The Committee had been assured however that staff were keeping the hospitals safe.

With reference to the maternity unannounced CQC inspection that took place in November, AG assured the Board that whilst the draft report was awaited the immediate issues raised by inspectors had been addressed straight away with robust mitigating actions.

On behalf of the Quality Committee AG recognised the amount of hard work that takes place to give the assurances required at committee meetings and welcomed the level of understanding of staff presenting and answering questions.

The Board noted the report.

8.2 Operational Performance

CJ presented the report and highlighted the following key points.

- The operational standard of 76% for the proportion of patients seen within four hours in the Emergency Departments was missed in all three months, with December being the most challenged month at 73%.
- Ambulance handover performance across the quarter deteriorated month on month and due to the severe operational pressures in December dropped to just 71.5% of ambulance conveyances handed over within 30 minutes against a target of 80%.
- The 28 day faster diagnosis standard target is 75%. Performance in November was 64.5%, up from the 63.5% reported in September 2023.
- The current number of patients over 62 days on an open cancer pathway was 278 (as at 21st January 2024) compared to 309 at the end of the previous month and is in line with the Trust's agreed trajectory to have 201 patients at the end of the year
- Elective theatre utilisation continues to be aligned much more closely to the national average – c.85% for the last four months, which is the GIRFT best practice target.
- The percentage of stroke patients admitted to the stroke ward within 4 hours had significantly improved.

RS referred to the 92% bed occupancy national target and asked CJ to comment on the Trust's current position. CJ informed the Board that the Trust was operating significantly above this target particularly at the Bedford site where bed occupancy can reach 105%.

CB requested further explanation around the context of the Trust's cancer performance. CJ informed the Board that the Trust had seen a 20% increase in referrals since the pandemic and the way performance was measured had changed. The Trust had however continued on its improvement journey despite this.

The Board noted the report.



8.3 Harm Free Care, Incidents and Complaints

LL presented the report to the Board noting the positive reduction in falls. All falls that had occurred resulted in no harm to the patient.

It was recognised that there was work to do around pressure ulcer reporting. New national pressure ulcer guidance had been issued and would be linked with a quality improvement project. This would require consistency in national reporting.

It was noted that under the PSIRF framework the Trust had moved to a new incident reporting system. This involved more patient and family involvement and processes to ensure rapid learning takes place and is disseminated trust wide.

As previously discussed under the impact of industrial action, the Trust had a backlog in its 45 day response to complaints target. LL informed the Board that the Trust would need to modernise the work done for complaint handling and aim to resolve complaints in real time. The complaints process would be aligned to PSIRF learning and link all things together.

The Board noted the report.

8.4 Learning from Deaths

PT presented the report to the Board and it was taken as read.

PT noted that figures 2a and 2b showed the cumulative excess deaths compared to pre-pandemic. For Bedford Hospital the cumulative deaths in 2023 was 900 which is exactly at the 2019 position. For Luton and Dunstable Hospital the total deaths was 1166 which was 53 less than 2019.

National indicators remained stable across both sites.

Medical Examiners had reviewed 99.6% of in hospital deaths despite increased pressures brought about by industrial action.

A standardised process across hospital sites for referral of neonatal deaths to the medical examiner service was being finalised, with the aim to commence at the end of January 2024. The model proposed provides opportunities for bereaved parents and staff to escalate any concerns to the medical examiner office for investigation.

The Board noted the report.

8.5 Nursing and Midwifery Workforce Reports

LL presented the report to the Board and explained that the fill rate is based on static templates and doesn't take in to account increased demands for escalation areas.

It was noted that the midwifery teams were making significant progress across both sites. In particular the unit at the Luton and Dunstable Hospital had a much improved fill rate.

1:1 care in labour had been achieved 100% of the time at the Bedford site and 98% of the time at the Luton and Dunstable site.

The Board noted the report.



8.6 Perinatal Maternity Report

LL informed the Board that the CNST submission signed off by the Board on the 17 January had been submitted in line with the deadline.

As previously discussed the Trust was awaiting the draft CQC report.

The dashboard contained within the pack demonstrated a shift in green from April 23 up to Dec 23 particularly across training metrics.

RS stressed how much time the board level safety champions had put in to approving the CNST submission. A huge amount of information had been scrutinised and the leadership team were thanked for their diligence in compiling the information.

The Board noted the report.

9. FINANCE

9.1 Report from Finance and Investment Performance Committee (FIP)

DH informed the Board that FIP continued to provide scrutiny over the Trust's financial position. Concern remained over the impact of industrial action on the Trust's finances. Challenges also remained around cost pressures and cost improvements.

At the end of month 9 the Trust was reporting a 2.5m deficit. This meant that the Trust delivered an overall deficit of £6.8m against a break-even plan. FIP would therefore keep a close eye on discretionary spend and some challenging decisions would need to be made at year-end without compromising quality.

The Trust was still awaiting key assumptions around funding from NHSE to inform its budget setting process. The Trust had therefore made its own assumptions to start the process and a challenging revenue position was expected for the next financial year. Improvement schemes would be looked at to bridge the gap.

On the whole the Trust's capital programme was progressing well.

The Board noted the report.

9.2 Finance Report

MG presented the report to the Board noting that the Trust would need to deliver productivity to mitigate the current financial position.

The Trust delivered a deficit of £6.8m against a breakeven plan. The main driver of the deterioration was that the Trust reported a deficit of £2.5m for December, against a breakeven plan. The position included the impact of £0.4m over performance on ERF following the adjustment to the target in November and £6.7m of the industrial action monies.



The key drivers of underperformance against the year to date plan were Medical and Nursing pay overspends £16.3m. Other drivers remained consistent as the cost of industrial action and continued emergency pressures from Q2. Use of bank and agency remained high, particularly in medical and nursing areas. Non-pay was £15.6m overspent year to date, with a significant swing in month of £2.8m. This was due to drugs, independent sector activity, clinical supplies and energy costs. £5.3m of the overspend was offset by income for drugs and Cancer Alliance.

Capital spend was £65.2m against a month 9 plan of £62m. The Trust spent £19.3m against the Trust's annual CDEL limit of £18.9m.

RS informed the Board that the financial position had been discussed thoroughly at FIP.

AG queried if the agency spend figures included bank. MG responded that this was purely agency spend. It was noted that agency spend was increasing due to operational pressures and recovery of the cancer targets. It was recognised that the Trust does have grip on processes on wards to request agency staff to make sure use is appropriate but the level remained above national targets.

AG recognised the important balance between safety vs spend.

The Board noted the report.

9.3 Report from the Redevelopment Committee

MB introduced the report to the Board noting the focus on strategic projects, estates and backlog risk.

It was noted that benefits were being realised and the Trust was seeing efficiencies from the energy centre.

All capital projects were commercially challenging due to hyperinflation and supply chain pressure. It was noted that contractors are not comfortable to accept the level of risk this poses. On balance the risk is then pushed to the client and can prolongate programmes. This was being discussed as a national issue.

The Board noted the report.

10. WORKFORCE

10.1 Report from the Workforce Committee

TH took the report as read, noting that the NHS Long term plan had been published the previous May. The hoped for incentive funding had not however materialised.

With reference to the redevelopment update TH informed the Board that the Workforce Committee was looking at optimising all opportunities presented by the new build in terms of employment and training and digitisation through the Digital Strategy.



It was recognised that the Trust cannot be complacent when it comes to the health and wellbeing of its staff. TH noted that staff were asking for greater flexibility but this would need to be balanced against service delivery.

The Board noted the report.

10.2 Workforce Report

AD presented the report to the Board and informed the Board that a sexual misconduct and domestic violence working group had been put in place in response to the focus nationally. Some external speakers would be invited to talk to the group and implement learning.

It was noted that overall staff turnover had reduced from 13.5% in November 23 to 6.12% in December 23.

The Trust had applied for external funding for a People Promise Manager post and had been successful. The purpose of this post was to focus on retention in particular.

Sickness absence overall was moving in the right direction. The Trust had put in place a major project focusing on the management of sickness absence and bringing staff back to work in healthy way.

Training and appraisal rates had taken a slight dip in December which was unsurprising due to this being a month of high annual leave and sickness absence.

FM informed the Board that the Trust had changed its employee assistance provider through a procurement exercise and they had started on the 1 February 24. The key message communicated to staff was that the assistance provider was there for all times not just crises and struggle.

RS noted the positive impact of the successful tent events and the importance of these to staff wellbeing.

RS expressed his disappointment in the uptake rate of the flu vaccine and requested that more work be done to improve this over the next year to provide important protection to vulnerable patients in the Trust's care. TH noted that the Trust is incentivising uptake of the flu vaccination however vaccine fatigue remained following the pandemic. It was noted that the Trust would seek learning from other Trusts who had higher uptake.

AJ noted the narrative around physicians associates and that this issue was polarised in many places querying whether this had manifested at the Trust. PT informed the Board that the Trust had employed physicians associates for many years and they were an important addition to the workforce.

The Board noted the report.



CU and LH attended the Board to present their report. It was noted that 77 concerns had been raised cross-site for the period – 24 at Bedford Hospital and 53 at the Luton and Dunstable Hospital.

Two of the concerns raised involved large groups of staff and joint working with OD and HR teams was being undertaken to address these. One involved a listening event conducted by an outside facilitator aimed at giving the staff group a voice.

CU urged the Board to watch the latest Panorama programme relating to midwives under pressure which highlights the importance of staff being listened to. The Board emphasised its willingness and openness to listen to all concerns.

GJ as board champion for Freedom to Speak Up and Senior Independent Director reiterated that he was an escalation point for the Freedom to Speak Up Guardians should management not take issues seriously but he had thankfully had no such reports.

AD noted that the reporting level was a good thing and it would be a worry if the activity level was low. It was recognised that there is a trend in seeing groups of staff coming forwards together. In these instances the Trust holds a meeting with relevant directors and managers of departments to see what's going on and get to the nub of the issues. A big piece of cultural work would be getting to the front end of issues before they become an issue

TH noted the importance of kindness as a value following a recent discussion at PEC as incivility comes up after pressure. FM informed the Board that the Trust continues its work with A Kind Life. Delivering packages to staff – 'Thrive in Action', 'Leading to Thrive' and 'Leading with Kindness'.

The Board thanked LH and CU for their important work.

The Board noted the report.

11. DIGITAL

11.1 Report from the Digital Strategy Committee

No meeting had taken place since the previous meeting of the Public Board.

11.2 Information Governance Toolkit Report

The report was taken as read. The Trust will update its baseline position against the Data Security and Protection Toolkit prior to the end of February for a publication date of June 2024.

Compliance with mandatory information governance training was challenged but there was an improving picture.

The Board noted the report



12.1 Charitable Funds Committee

The Board received the report outlining bid approvals and fund updates.

The Board noted the report

12.2 Audit and Risk Committee

No meeting had taken place since the previous meeting of the Public Board.

It was noted that External Audit had still not completed their work for the 22/23 financial year.

13. CORPORATE GOVERNANCE AND RISK REPORT

VP presented the report to the Board. There had been two resignations from the Council of Governors. The Board expressed their thanks to the outgoing Governors.

The Council of Governors Remuneration and Nominations Committee had approved the appointment of the new Associate NEDs.

The Trust was currently out to recruitment for a new Non-Executive Director and the response rate so far had been good.

Membership engagement activities continued to enrol new members to the Foundation Trust.

The updated terms of reference for the Charitable Funds Committee and Formal Executive Board were presented to the Board for approval. The Board approved the terms of reference as presented subject to the reference to CCG being changed to ICB.

The Board noted the report

14. AOB

Nil

15. DETAILS OF THE NEXT SCHEDULED MEETING

Wednesday 1 May 2024 2023, 10.00 – 12.00.

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

2/8/23-1 - Bring impact of the Industrial Action back to a future Board

1/11/23 – 1 – Invite Reverend Denny to a future Board – completed - close

1/11/23 – 2 – Harmonising Place Strategies with Trust service line strategies

1/11/23 – 3 - Review the Board Charters in July 2024



Matters Arising

Board of Directors 1 May 2024

Verbal

Agenda item - 4

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

To discuss matters arising

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

Nil



Trust Strategy 2024-2027

For Board of Directors 1 May 2024

Author – Victoria Parsons, Associate Director of Corporate Governance

Agenda item – 5.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Strategy was originally approved in September 2022 has been updated through the Board Development sessions, discussed with the Governors in March 2024 and recommended to the Board for approval.

The strategy has been informed by:

- Feedback received from staff through engagement events and staff briefings
- Feedback from patients through our feedback mechanisms such as complaints
- Feedback from the Trust Executive Board meeting
- The ICB Joint Forward Plan
- The 2024/25 Operational Guidance
- Liaison with external organisations through the ICB and Bedfordshire Care Alliance

The Board has also agreed a delivery framework to oversee the objectives, targets and deliverables associated with the strategic pillars. These will be monitored through the existing Governance structures. A strategy communications plan is being drafted.

The Board is asked to approve the Trust Strategy 2024-2027.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



NHS

Bedfordshire Hospitals
NHS Foundation Trust



Trust Strategy

2024-2027

Introduction

Bedfordshire Hospitals NHS Foundation Trust's two hospitals, the Luton and Dunstable University Hospital and Bedford Hospital, are at the heart of the community they serve. More than ever the Trust needs to change and develop to meet the challenge of health demand and health inequality faced by that community. This strategy sets out how it intends to do that.

This strategy builds on our successes in the first four years as a merged Trust and is a key milestone for our organisation, providing a clear framework and direction of travel for the future of hospital services. It is an update to the 2022-2025 Strategy produced in September 2022.

It further reinforces our commitment to place our staff at the centre of everything we do, prioritising them and their development so that they can continue to deliver outstanding care to our patients.

Through the work with the Integrated Care System (Bedfordshire, Luton and Milton Keynes - BLMK) we have also established a strategy focussed on Bedfordshire through the Bedfordshire Care Alliance. This sees Bedfordshire, of which BedsFT is a central partner,

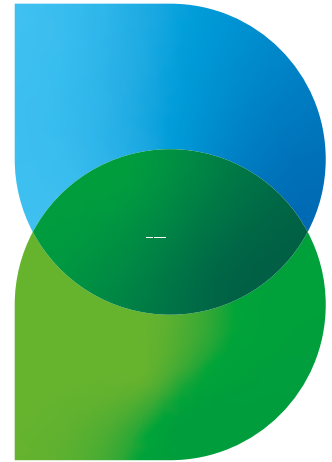
as a distinct 'health economy' for the planning and design of NHS services based on the natural geography of patient flow, networks and relationships. The partners within this area come together as the Bedfordshire Care Alliance.

This now forms part of the governance of the Integrated Care Board (ICB) and facilitates our dual commitment to both the Bedfordshire Care Alliance, and to the wider BLMK ICB. We are also committed to supporting the three place based partnerships which will lead the work on tackling the wider determinants of health as well as leading the delivery of integrated neighbourhood working.

At the heart of our strategy are six key pillars that will be our key focus:

1. Our People (and our Culture)
2. Our Resources
3. Our Services
4. Our System and Our Partners
5. Our Population's Health
6. Our Communities

Within each of these areas, the Trust has broad, high level goals and pillars that are set out in this document.



Our Vision

To attract the best people, value and develop them so that the teams they work in deliver outstanding care to our patients

Our Values



Our Strategic Pillars

At the heart of our strategy are six key principles that will be our focus for the next three years:



Our People (and our Culture)

To establish the conditions, and to create and maintain the culture, that attracts people, especially those from our local communities, to become, and to remain, valued, respected and impactful employees and/or volunteers of our Trust



Our Resources

To create the physical, digital and financial conditions that enable our services, and the staff that deliver these services, to maximise their individual and collective potential



Our Services

To provide clinical services that are demonstrably excellent and which are highly valued by well-engaged users/patients



Our System and Our Partners

To play a leading role in developing and delivering integrated care within BLMK



Our Population's Health

To improve the health and wellbeing of the populations we serve, whilst at the same time, reducing the health inequalities they experience



Our Communities

To make a significant and measurable contribution to our communities, and to the lives of local people, by being an active, engaged and responsible corporate citizen

Harpur Ward





Our People

To establish the conditions, and to create and maintain the culture, that attracts people, especially those from our local communities, to become, and to remain, valued, respected and impactful employees and/or volunteers of our Trust::

- we will create a highly supportive and open culture to support our staff, who are working in the unique,
- pressurised environment of an acute hospital. Learning will be the first priority when things go wrong
- we will focus on our culture and further embed the Trust's values (THRIVE), to support staff to continue delivering outstanding care to our patients. This emphasises the importance of value based behaviours and we are committed to responding fairly where behaviour falls short of our values and acceptable standards
- we celebrate the diversity of our staff and believe that an inclusive culture is a safe culture. We are committed to developing our staff networks and listening to the voices of different staff groups to ensure their input shapes our future strategy
- we will adapt to ongoing workforce challenges and invest in the development of new roles to ensure flexibility and meet the national challenge of workforce gaps. Our workforce strategy will set out how we create a long term stable workforce
- We will focus on the value of clinical leadership. Our clinical teams/service lines have
- clear autonomy on decision making and we believe that each speciality should be able to make their own individual decisions wherever possible
- we value the importance of staff feedback to shape our priorities
- we will develop our research capacity alongside our teaching role to support recruitment and retention and a culture of quality improvement
- we aim to make the very best of our internal talent to develop the next generation of clinical and non-clinical leaders and those aspiring to strategic and system leadership roles
- we value the role of our volunteers and aim to increase their number to support staff, patients and the community
- as a Foundation Trust we are committed to maintaining a healthy and open dialogue with our Members and Governors (public and staff)

Linked Trust Strategies

Organisational Development
Health and Wellbeing
Communications
Equality
Membership
Freedom to Speak Up
Talent Management

Other Documents

NHS People Plan

Enablers

Workforce
Equality and Health Inequalities





Our Resources

To create the physical, digital and financial conditions that enable our services, and the staff that deliver these service, to maximise their individual and collective potential:

Facilities/Infrastructure:

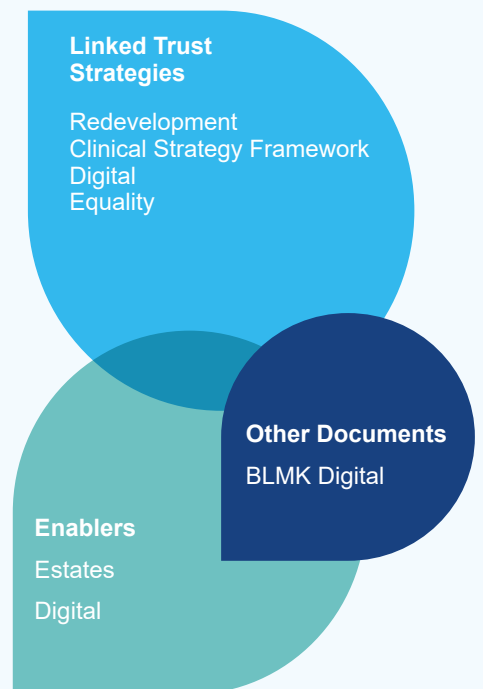
- we recognise the opportunities arising from the recent and current development to maximise quality and resilience of new the facilities and the efficient use of the vacated spaces.
- we will continue to support ambitions to improve and expand facilities where possible including new community health initiatives.
- Backlog maintenance at the Trust is high and contains a high proportion of high and significant risk given the aging estate. We have developed a Capital Strategy to direct our resources including implementation of the masterplan.
- we will continue to engage with East West Rail to ensure any impact on Bedford Hospital is minimized and to maximise the opportunity this brings
- we plan to implement the net zero carbon roadmap as national opportunity arises.

Digital:

- we will maximise digital inclusion for staff and patients.
- utilise data to provide insights into better ways of working and support good decision making
- we recognize the contribution that technology can make to the experience of our staff, the safety and efficiency of our processes and look to explore opportunities to use AI to drive efficiency and quality
- we will continue significant investment in digital development that has the benefit of streamlining access, including communication with patients and partners

Money:

- significant pressure remains on the Trust's financial position. industrial action, service developments and recovery all add to this. We continue to focus on productivity and efficiency to work with our partners to ensure appropriate use of our resources.
- our key productivity themes include increasing theatre utilisation, reducing DNAs, discharging patients and reducing vacancy rates.







Our Services

To provide clinical services that are demonstrably excellent and which are highly valued by well-engaged users/patients:

- throughout 2023/24 the Trust managed numerous industrial actions. The impact of this not only affects our staff and patients, but makes performance recovery challenging. There remain industrial action risks for 2024/25 but we remain committed to improving ED, Cancer and planned care targets whilst maintaining the core services on each site, we will continue to develop our exploration of clinical strategies to support opportunities for effectiveness and efficiency
- we will develop the transformation opportunities moving into the new block at L&D in 2025. This will focus on capacity, digital and environmental improvements including recruitment and retention of our workforce
- we will continue to reform and strengthen services at the front end of the hospitals, recognising that managing emergency demand is a critical element of the success of the whole hospital. Where the opportunity arises, we are keen to explore with our partners ways to increase our contribution to the running of complementary urgent care services
- we recognise that 80% of

patient contacts with the Trust are for patients using outpatient services and we will improve the process, productivity, timeliness and experience for visitors to our outpatient and diagnostic services

- extending the patient voice through our Clinical Strategy Framework phase 2 work is a priority and our Patient Experience Council will be pivotal in ensuring we do this effectively
- To continue the transformation of clinical services and seek opportunities as a two site Trust
- we will look to grow and develop interface services such as the frailty service, "hospital at home", Archer Unit and virtual wards, to reduce the need to come into hospital.

Linked Trust Strategies

- Clinical Strategy Framework
- Post Transaction Implementation Plan
- Equality

Enablers

Estates
Digital
Workforce
Understanding Equality and Health Inequalities

Other Documents

BLMK Digital





Our System and Our Partners

To play a leading role in developing and delivering integrated care within BLMK

System (ICB) Level:

- we will play a central role within the ICB to support the development of the ICB's wider priorities and in helping deliver and account for the performance of the system
- the Trust will, as part of its statutory obligation, shape, own and be accountable for the Joint Forward Plan
- we will continue to contribute to the development of primary care provision and ongoing work with community services

Sub-System (BCA) level:

- we play a leading role on the development of a Bedfordshire Care Alliance (BCA) Business Plan and work programme that will be approved by all Board (or equivalent) of core BCA members the BCA will account for its performance
- we will work at the system and sub-system level to remove unwarranted differences in requirements and/or care models across Bedfordshire. We will use the BCA to work with Cambridge Community Services and East London Foundation Trust to continue to harmonise operating models to support commissioning of services that best meet the needs of our population

Place and Neighbourhood

- we recognise the role that our local authorities have in influencing the wider determinants of health and the role of the local 'Neighbourhood' in providing integrated care and we will continue to play an influential role at both levels
- We will continue to link with the Place priorities to support care close to the patient.

Linked Trust Strategies

Redevelopment / Hub
Clinical Strategy Framework
Digital
Communications
Equality

Other Documents

NHS Long Term
Plan
Fuller Stocktake

Enablers

Understanding
Equality and
Health Inequalities
Workforce
Digital



Our Population

To improve the health and wellbeing of the populations we serve, whilst at the same time, reducing the health inequalities they experience:

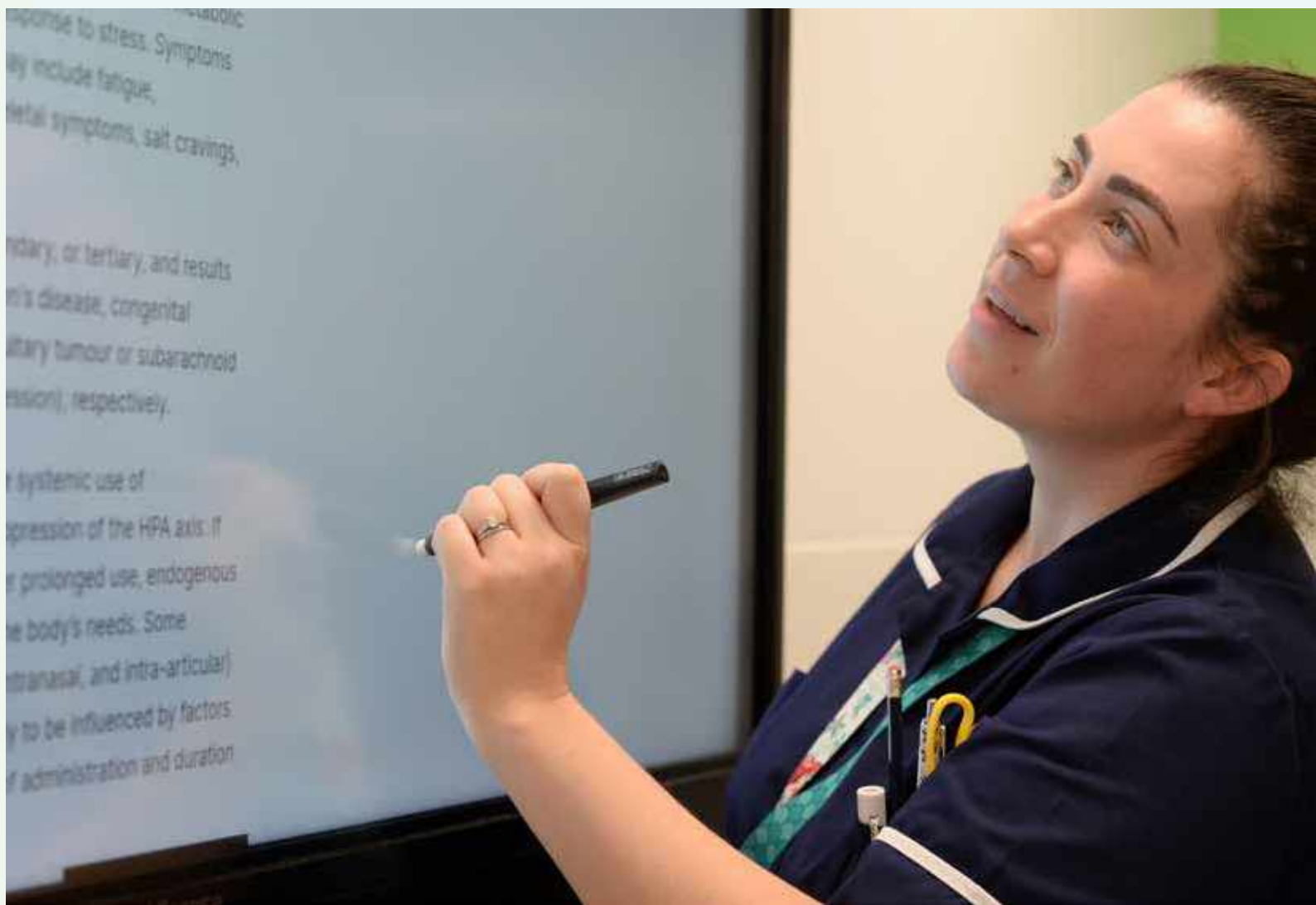
- we recognise, like many hospital providers, we have historically had a restricted view of our role in population health – to treat illness. However, we are developing our strategic interest in improving the health of our local populations by promoting healthy lifestyle, preventing illness by supporting the health and care system to treat ill health before hospitalisation is necessary.
- the local population in Bedfordshire has had one of the sharpest increases in the last 10 years. We will work with our partners to review the health inequalities to review our services and support the wider determinants of health
- alongside the Joint Forward Plan we will aim to make a difference beyond our hospital footprint. For example working to address the challenges brought about by continued population growth, aging of the population, and health inequalities



Our Communities

To make a significant and measurable contribution to our communities, and to the lives of local people, by being an active, engaged and responsible corporate citizen:

- as a major local employer we will further develop our role as an anchor organisation in Bedfordshire, positively contributing to our local areas in ways beyond providing healthcare and having a greater impact on the wider factors that keep our population healthy.
- we will support and nurture our local population to become the 'destination employer' and choice of our future workforce. We will look
- to increase local recruitment through work experience, volunteering, mentoring, improving our relationships with local schools, colleges and universities and working alongside other agencies such as the DWP and Jobcentre Plus.
- we are committed to contributing to reducing inequalities in our communities by ensuring that our services meet the needs of all parts of our population and sensitive to individual needs. We are committed to implementing the recommendations of the Denny Review
- we will continue our role as a developer and landlord for facilities with multiagency use to broaden our contribution to our communities – this includes the development of primary care hubs and other community diagnostics





Trust Objectives 2024-2025

For Board of Directors 1 May 2024

Author – Victoria Parsons, Associate Director of Corporate Governance

Agenda item – 5.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The development of these objectives has been through Board review following the update of the Trust Strategy.

The Board has also agreed an Action Planning and Delivery Matrix to oversee the objectives, targets and deliverables associated with the strategic pillars. These will be monitored through the existing Governance structures.

The Board is asked to approve the Trust Objectives 2024-2025.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



Trust Objectives 2024/25

Objective 2024/25	Overview	Strategic Priority / Delivery Workstream
<p>1. To strengthen the capacity, capabilities and health and wellbeing of our workforce to lead the organisation, to deliver high quality, cost-effective services and to play an impactful role in improving the health of the populations we serve</p>	<p>To establish the conditions and to create and maintain the culture, that attracts people, especially those from our local communities, to become, and to remain, valued, respected and impactful employees and/or volunteers of our Trust.</p> <p>Health and wellbeing, integration, education and training and engaging with the workforce of the future through work experience and the Health Care Academy will continue to be a priority. This will also further embed the THRIVE values throughout the Trust.</p>	<p>Workforce and Culture</p> <p>Workforce/ Attractiveness</p>
<p>2. To bring about a step improvement in the condition, functionality and sustainability of the physical facilities from which we deliver our services, thereby also significantly reducing the risk that the poor condition of some of our existing facilities undermines our ability to provide high quality services</p>	<p>To sustainably create the physical conditions that enable our services and the staff that deliver these services to maximise their individual and collective potential.</p> <p>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.</p> <p>Backlog maintenance is an increasing risk and a prioritisation exercise will be undertaken to develop an investment strategy.</p>	<p>Infrastructure</p> <p>One Health Estate</p> <p>Redevelopment Board/ FIP</p>
<p>3. To bring about a step-improvement in the digital capabilities that support our workforce and which enable our patients, our service users, our service delivery partners and our wider populations to engage effectively with the Trust and its services</p>	<p>To sustainably create the digital conditions that enable our services and the staff that deliver these services to maximise their individual and collective potential</p> <p>Digital underpins all elements of the Trust's objectives. The aim is to deliver the Digital Strategy, so that the Trust benefits from improved resilience, greater levels of digital maturity and integration.</p>	<p>Infrastructure</p> <p>Digital</p>
<p>4. To operate productively and cost-effectively so that we achieve our financial plans</p>	<p>To sustainably create the financial conditions that enable our services and the staff that deliver these services to maximise their individual and collective potential.</p> <p>The Trust has a challenging financial agenda and this objective includes budget reviews, CDEL limits, oversight of the redevelopment costs and ongoing financial position.</p>	<p>All</p> <p>Current governance Service Lines, FIP</p>



Objective 2024/25	Overview	Strategic Priority / Delivery Workstream
<p>5. To recover service performance standards, as a minimum so they meet national standards, following the debilitating effects of the pandemic and industrial action</p>	<p>To provide clinical services that are demonstrably excellent and which are highly valued by well-engaged users/patients</p> <p>This will focus on the targets and priorities outlined in the 2024/25 operational planning guidance and the Trust Quality Priorities 2024/25. 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.</p>	<p>All</p> <p>Current governance Service Lines, CQUOB, Quality Committee</p>
<p>6. To further integrate services we deliver by building on the individual and collective clinical strengths of both of our hospitals and our associated facilities</p>	<p>To provide clinical services that are demonstrably excellent and which are highly valued by well-engaged users/patients</p> <p>A programme of work is being undertaken to track the delivery of the Clinical Service Line Strategies, further develop integration and inform transformation projects.</p>	<p>Our portfolio of hospital services</p> <p>Directions Programme</p>
<p>7. To play a leading role to integrate care at the sub-system (BCA) level</p>	<p>This will focus on the health inequalities agenda, 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.</p>	<p>Community and primary care</p> <p>Greater integration within Bedfordshire</p>
<p>8. To further develop our role as an Anchor Institution in Bedfordshire and to use our resources to improve the wider determinants of health and wellbeing of local people.</p>	<p>To make a significant and measurable contribution to our communities and to the lives of local people, by being an active engaged and responsible corporate citizen</p> <p>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 taking in to account the health inequalities agenda linked to objective 7.</p>	<p>Wider determinants of health</p> <p>Health and Wellbeing Boards</p> <p>Workforce Committee / Strategy Committee</p>
<p>9. To work with our partners to implement the recommendations of the Denny Review and in particular, to remove barriers that arise due to a lack of “cultural competency” on our part and which reduce or prevent timely access to the Trust’s services.</p>	<p>To improve health and wellbeing of the populations we serve, whilst at the same time, reducing the health inequalities they experience</p>	<p>Wider determinants of health</p>



Objective 2024/25	Overview	Strategic Priority / Delivery Workstream
10. Develop and embed the EDI Strategy	The Trust is committed to promoting equality, diversity and inclusion (EDI) across all aspects of the organisation. The strategy aims to foster a culture where everyone feels valued, respected and supported. Through the development and embedding of the strategy the Trust is committing to creating a fair, inclusive and supportive environment for staff, patients and communities. The Trust strives to deliver high-quality healthcare services that meet the diverse needs of everyone we serve.	EDHR meeting Trust Board



Well-Led update 2024

For Board of Directors 1 May 2024

Author – Victoria Parsons, Associate Director of Corporate Governance
Jenny Kelly, Corporate Governance Manager

Agenda item – 5.4

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

At the Board Seminar on the 3 April 2024, the Board reviewed the Well Led Action plan arising from the externally facilitated Well-Led review by Grant Thornton in 2022 and subsequent CQC inspection in September 2024. The action plan details 29 recommendations, 11 low, 16 medium and two high.

Although many of the actions were completed, the Board agreed that there remains some further work on a number of the recommendations to seek assurance that the actions have been implemented.

The Board considered an external review of the Well Led Action Plan and agreed that the processes that we currently have in place and the plans for assurance were sufficient. However, the Board requested that a Board Development Programme be scoped using the new CQC Well Led Framework and Leadership Competency Framework.

This was also in light of the recent changes to the Board and would be in advance of a further full externally facilitated Well-Led review which is due to be undertaken in the next 1-3 years to comply with the recommendation in the Code of Governance that an externally facilitated Well-Led review should take place every 3-5 years.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC – Well-Led
- All Trust objectives



Board Cycle of Business 2024-2025

For Board of Directors 1 May 2024

Author – Victoria Parsons, Associate Director of Corporate Governance

Agenda item – 5.4

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Board Cycle of Business for 2024-25 is one of the key components in ensuring that the Board is effectively carrying out its role. The cycle will define when particular items will be considered, scrutinised, monitored, discussed or decided by the Board.

The cycle of business will be a live document subject to change as requirements arise throughout the year.

The Board is asked to approve the Board Cycle of Business 2024-2025.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives

Board Planner 2024/25

	April	May		June	July		August	September		October	November		December	January		February	March		
Board of Directors Meeting Date																			
Type of Meeting	Private	Public	Private	Private	Public	Private	Private	Public	Private	Private	Public	Private		Public	Private	Private	Public	Private	
Venue - MS Teams unless otherwise stated																			
Standing Items																			
Chair's welcome and note of apologies	x	x	x	x	x	x	x	x	x	x	x	x	B A o w a a r d a y	x	x	x	x	x	
Any urgent items of Any Other Business and Declaration of Interests on items on the agenda and/or the Register of Directors Interests	x	x	x	x	x	x	x	x	x	x	x			x	x	x	x	x	
Minutes of the previous meeting and action log		x	x		x	x		x	x		x	x			x	x		x	x
Matters Arising		x	x		x	x		x	x		x	x			x	x		x	x
AOB	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	
Strategy																			
Chair's Report		x			x			x			x			x			x		
ICB Report		x			x			x			x			x			x		
Trust Strategy	x	x																	
Trust Objectives	x	x																	
Board Assurance Framework			x	x		x	x		x	x		x			x	x		x	
Quality																			
Quality Committee Report		x			x			x			x			x			x		
Operational Performance Report		x			x			x			x			x			x		
Harm Free Care, Incidents and Complaints Report		x			x			x			x			x			x		
Learning from Deaths Report		x			x			x			x			x			x		
Nursing and Midwifery Workforce Reports		x			x			x			x			x			x		
Perinatal Maternity Report	x	x		x	x		x	x		x	x			x		x	x		
Maternity SI Report				x					x				x					x	
CNST Approvals															x				
Governance, Assurance and Risk																			
Executive Board Report		x			x			x			x			x			x		
Risk Register		x	x		x	x		x	x		x	x		x	x		x	x	
Audit and Risk Committee Report		x			x			x			x			x			x		
Sustainability Committee Report		x			x			x			x			x			x		
Digital Strategy Committee Report		x			x			x			x			x			x		
IG Toolkit Report		x			x			x			x			x			x		
Corporate Governance Report		x			x			x			x			x			x		
Annual Report			x		x														
NHSI/E Governance Statements					x														
Review of Constitution								x											
Emergency Planning Core Standards								x											
Workforce																			
Workforce Report		x			x			x			x			x			x		
Workforce Committee Report		x			x			x			x			x			x		
Freedom to Speak Up Report		x			x			x			x			x			x		
Revalidation and Appraisal Annual Board Report							x	x											
Finance																			
Finance Investment and Performance Committee Report		x			x			x			x			x			x		
Charitable Funds Committee Report		x			x			x			x			x			x		
Redevelopment Committee Report		x			x			x			x			x			x		
Finance Report		x			x			x			x			x			x		
24/25 Budget Approval					x														
Capital Plan Approval					x														
Annual Accounts					x														

Date of the meeting: 1 May 2024

Executive Lead: Felicity Cox, BLMK ICB CEO

Report Author: Geoff Stokes, Interim Programme Director – Governance, BLMK ICB

Report to the: Board of Directors, Bedfordshire Hospitals NHS Foundation Trust

Item: 6.1 – Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board Update

Reason for report to the Board

(a) To update the Board on the work of the ICB.

1.0 Executive Summary

1.1 This report summarises key items of business from the BLMK Integrated Care Board (ICB) and BLMK Health and Care Partnership (a joint committee between the local authorities and the NHS in Bedfordshire, Luton and Milton Keynes) that are relevant to Bedfordshire Hospitals NHS Foundation Trust.

2.0 Recommendations

2.1 The Board is asked to **note** this report.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓
BAF Risk	✓

3.1 This report provides a summary of items discussed by the ICB and Health and Care Partnership. Each individual report considered at those meetings identifies the relevant implications as listed above.

4.0 Report

4.1 Bedfordshire, Luton and Milton Keynes Integrated Care Board

The Board of the ICB met on 22 March 2024 and a summary from the meeting is given below. The following items were discussed.

Acting on resident feedback

Resident stories are shared with the Board each quarter to ensure important insights and experiences are heard and considered. Assurance was given to the Board that these insights inform the development of strategies for example, neighbourhood working, the procurement of musculoskeletal services and work to improve health equity.

Chair and Chief Executive reports

Significant work has been undertaken to influence national policy, to benefit residents in Bedfordshire, Luton and Milton Keynes. The Board was informed about work being undertaken by the Chair, Dr Rima Makarem regarding end-of-life care and Chief Executive

Felicity Cox reflected on work with Parliamentary Under Secretary of Health and Care, Rt. Hon. Andrea Leadsom MP to influence decisions on capital for primary care estates, including ambitions for the development of a community diagnostic centre in Luton. Information was also provided to the Board about further industrial action by junior doctors, health care assistants and consultants, which is expected to increase pressure on services over the coming months.

BLMK Health and Care Strategy

The ICS is working to help people live longer lives in good health. To achieve this, a multi-year system plan is being developed, using population health data and intelligence from communities to agree how we will respond to changes in our population and tackle the causes of early death in our area – including cardiovascular disease, cancer and respiratory conditions. The Board welcomed the report, especially with reference to preventing poor health in the short and medium-term. It was agreed that a Board seminar will be held to develop the strategy further.

Improving Access to Radiotherapy – Mount Vernon Cancer Centre Review Update

Up to a third of BLMK residents are treated with radiotherapy following a cancer diagnosis. Residents have told us that travel out of area to access cancer treatment in Oxford or London is a barrier, with some people opting for palliative care instead of travelling. A two-year patient transport pilot to help patients travel out of area for treatment has been established with Luton Council, but the re-provision of cancer care from Mount Vernon gives us the opportunity to bring a satellite radiotherapy centre to our area. Radiotherapy could be devolved to general hospital sites either at the Luton and Dunstable Hospital or the Lister Hospital in Stevenage. Capital funding is required, and public consultation will be needed to determine the location of the site. The Board endorsed the BLMK Cancer Board's recommendations to bring a satellite site closer to BLMK.

Place Based Reports

Following the establishment of place-based teams and collaboratives, the following updates were provided:

- Milton Keynes Place based team is focused on delivering against the objectives outlined by the MK Deal. This quarter, work has stepped up on the Bletchley Pathfinder work, which aims to tackle inequalities and focus on prevention of ill health.
- Bedford Borough Place team is establishing, with new team members joining over the coming weeks. Connections between the team and the Council has enabled six Bedford Borough placement students with learning disabilities to join the Oliver McGowan project as trainers with lived experience. Discussions are taking place about the potential of Universal Studios UK being built in Bedford and the impact this will have on local services.
- The One Luton Place team is establishing, with team members appointed into new roles. Some successes include the creation of family hubs and the development of the Luton 2040 strategy, which the ICB is supporting with a [Luton 2040 pledge](#).
- Central Bedfordshire Place team is now establishing with a central focus on children's outcomes. It has launched the ['Everything OK?'](#) website which is designed to signpost young people between 10 and 18 years old to relevant local and national information, advice, and support.
- Mental Health, Learning Disabilities and Autism Collaborative – work is being undertaken to establish the Mental Health Collaborative and the Board endorsed the next steps for the collaborative which includes a shadow meeting of the collaborative committee in April.

Operational Plans and the Joint Forward Plan

The Board discussed the operational plan being developed for 2024/25 against a backdrop of significant financial pressure. The Board recognised the need to undertake service redesign on some pathways to deliver efficiencies and asked that due regard be given to the increase in pressure on services following the pandemic, population growth and not

losing sight of the progress made to deliver quality care for residents. It was agreed that partners would hold on to the system's mission to deliver equity for all residents and achieve parity of esteem across all services. In addition to the operational plan, the Board reviewed plans for the Joint Forward Plan and agreed that an updated version of the report should be published. Following approval by the Board, the updated Joint Forward Plan was published on 28 March 2024 and can be found [here](#).

Delegation of Specialised Commissioning

The Board received a briefing on the delegation of specialist commissioning, which BLMK ICB will host as part of a six-ICB joint endeavour for the East of England region from 1 April 2024. This will see the six ICBs working collaboratively on decisions for specialised services (including cancer, for example) on behalf of the region. The Board agreed the Delegation and Collaboration Agreements.

Strategic Approach to the Provision of Non-emergency Patient Transport

The Board was briefed on the new approach being taken by the ICB to develop an innovative non-emergency transport service that utilises existing arrangements (ambulances) and works with the voluntary, community and social enterprise sector to create an improved patient transport service locally. The Board recognised the complexity of this contract, but welcomed the opportunity to explore new approaches and how this could work to add capacity and greater flexibility to the system. Further detail will be provided in the autumn of 2024.

Operational updates

The Board welcomed the appointment of a Chief Midwife to support maternity services and recognised that the local maternity and neonatal system report should in future be received by the Quality and Performance Committee.

Operational updates were provided from primary care, where the Board was appraised on the increase in the number of GP appointments available in the system, and work being taken to boost numbers of people in BLMK using the NHS app to access primary care services.

The latest financial position for the ICS was reported, with the system expected to break even at the end of the 2023/24 financial year. In month 10, the ICB reported that a deficit was reported for the first time (£7.6m), because of increased costs due to industrial action. However, funding has since been provided nationally to support this, which changes our forecast end of year position. The Board was however appraised of the risks that remain in the system.

4.2 BLMK Health and Care Partnership

The latest meeting of the Bedfordshire, Luton and Milton Keynes Health and Care Partnership (HCP) took place on 14 March 2024. The main points covered at the meeting are as follows.

Resident's story – Collaborative Targeted Outreach Programme

The Collaborative Targeted Outreach Programme was run in partnership with the University of Bedfordshire aimed at young people in deprived areas of BLMK. The young people were given the opportunity to talk with practitioners, clinicians and trainees to find out more about careers in midwifery, theatre and the ambulance service. Due to technical difficulties the planned video could not be shown of students and their teachers sharing their experiences but was circulated following the meeting.

Update on delivery of BLMK Health and Care Strategy and priorities for 2024/25

Examples of the progress made on delivery of the Health and Care Strategy was given as well as some of the enabling work for future delivery. The HCP heard that 2024/25 will be a challenging year for all partners with difficult decisions having to be made to provide a balanced financial plan. NHS planning guidance and financial parameters have been delayed and subsequently the deadline for submission of the final plans has also been delayed until 2 May 2024.

The two 'golden threads' run throughout the plans for 2024/25 – developing neighbourhoods and responding to the findings from the Denny Review of inequalities.

The Health and Care Partnership agreed that they will meet formally twice per year, with another two in-person seminars held jointly with the Board of the Integrated Care Board.

Our System Improvement Journey

The HCP heard of a partnership with the Institute for Healthcare Improvement (IHI) to work on addressing health inequalities across BLMK. This partnership will help to deliver deliverable, measurable and sustainable programmes of improvement.

People Plan Update

In 2023, NHS England produced the first long-term workforce plan which identified the need for a significant investment in training and education and measures to tackle retention and recruitment.

The People Board includes representatives from all partner organisations to oversee the development of work across BLMK on six workstreams aimed at implementing the People Plan.

BLMK Advancing Health Equality Event 17 May 2024

The next planned joint seminar between the HCP and the Board of the ICB will be focussed on inequalities, including responses to the Denny Review. It is intended that this will be an annual event and colleagues were asked to suggest what should be included in the event and areas of good practice.

5.0 Next Steps

5.1 None

List of appendices

None

Background reading

Public Board papers can be found on the ICB's [website](#).



Bedfordshire Care Alliance Report

For Board of Directors 1st May 2024

Author – David Carter, Chief Executive

Agenda item – 6.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

A meeting of the Bedfordshire Care Alliance was held on the 15 February 2024 to facilitate a clear understanding of the purpose and aims of the committee and provide clarity around committee projects with clear governance arrangements in place to support delivery of those programmes. Pete Reeve, Service Director Bedfordshire and Luton Adult Community Health Services at CCS and John Fitzmaurice, Associate Director at BEDSFT had taken on the role of joint BCA Programme Director.

A presentation facilitating discussion and agreement of BCA priorities and governance arrangements with a clear project structure for delivery was delivered to the committee.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives particularly



BCA Overarching Programmes

The BCA Executive Forum have agreed a series of priority projects for 2024/25. The draft scope of each project is set out below:

Project 1 - Virtual wards

Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home. Every step-up patient we can manage via the virtual ward is one less physical bed taken up in the acute setting. 23% of patients seen in a virtual ward achieved a more independent social care outcome than they would have from an acute admission. Patients are five times less likely to get an infection than if in hospital and eight times less likely to have functional decline.

The aims of the projects are to (i) increase the Bedfordshire wide capacity of the step-up virtual ward by involving and aligning and providers (ii) increasing the range of speciality virtual wards on offer (iii) coordinate the procurement remote monitoring solutions (iv) making Bedfordshire-wide bids for funding and (v) ensure equality of access.

Project 2 – Call before you convey

One of the propositions to help manage emergency demand is to attempt to ensure that all community options for care are explored prior to conveyance to hospital. This can be achieved by creating an option for professionals (eg GPs, Paramedics etc) to be able to contact the appropriate resource when they are in decision-making situation regarding referral or conveyance as an emergency.

The aim of this project is two-fold (i) to explore how a single number – ‘call before you convey’ model could be implemented and (ii) further develop and consolidate the existing dispersed model of separate call before you convey options to give a more solid foundation for a single model and to not lose momentum and progress already achieved.

Project 3 – Intermediate care beds

Whilst intermediate care beds provide a valuable role in the post-discharge pathway there are a number of current issues including varying levels of occupancy, significant delays in the time between referral and patient transfer, different models of commissioning and management and discharge delays – there are delays in discharge from these beds into ongoing care, usually LA domiciliary care. The project examines these issues and looks at alternative ways of managing these beds.

Project 4 – End of Life (“EoL”)

Preparing residents and families for the end of life is a vital component of the health and care system. Health, social care and voluntary sector providers are key to the delivery and coordination of these services and ensuring that resident’s wishes are supported and dignity respected. However the end of life pathways across Bedfordshire are fragmented, not always consistently available and there can be unnecessary unplanned conveyance to hospital, which impacts on urgent and emergency services. This project will look at the appropriate design of EoL health commissioned services across Bedfordshire and describe the core elements of a pan-county service.



Project 5 - Community services

This project will map local NHS trust provider's community and mental health services across Bedfordshire and subsequently seek to develop a plan to provide proactive yet highly responsive community services to allow people to manage their conditions at home. The project will identify how existing community and mental services are operationally deployed and over what geographical areas, identifying the resources assigned to these services and areas and the current level of activity and response times to access these services. The project will use population health data alongside this mapping to undertake a gap analysis and identify specific areas of focus with the greatest possible opportunity for patient outcome improvement and to understand how they relate to the development of integrated neighbourhood teams.

Project 6 - AI

This project will explore the potential to use the data available within health and social care to develop AI solutions to predict patients approaching a crisis, or a hospital admission, and to allow a proactive intervention. The project will scope work underway across the ICB footprint and propose investment and commissioning of projects to achieve the goals of this project and to consider where this can be aligned with other pieces of work within the ICB to get best value for money and prevent duplication.



Executive Report

For Board of Directors 1 May 2024

Author – David Carter, Chief Executive

Agenda item - 7

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

1. Corporate Objectives
2. Industrial Action
3. Cancer National Tier Performance Management
4. Executive Service Line Reviews
5. Cross-Cutting Boards Reporting
6. Compliance Boards Reporting
7. Compliance
8. Maternity CQC update
9. Paediatric Hearing Services Improvement Programme
10. 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. CORPORATE

OBJECTIVES

The Trust has reviewed the strategy and objectives for 2024/25 (agenda item 5.2).

The Board has also agreed an Action Planning and Delivery Matrix to oversee the objectives, targets and deliverables associated with the strategic pillars. These will be monitored through the existing Governance structures.

2. INDUSTRIAL ACTION

Quarter 4 saw a relatively lower run rate of industrial action compared to previous quarters, with action from Junior Doctor BMA members from 3rd to 9th January, 26th – 28th February and local action from Healthcare Support Workers on the 11th and 12th March 2024.

The BMA Junior Doctor Members have voted in support of a further 6 months of industrial action including provision for both strike action, and action short of a strike. The latest Consultant ballot resulted in agreement to accept the latest pay offer.

Agreement was reached with UNISON members over the terms of a pay agreement to move Healthcare Support Workers carrying out clinical duties to a band 3 reflecting a national re-profiling of the job role.

3. CANCER NATIONAL TIER PERFORMANCE MANAGEMENT

The Trust remains in the national Tier 2 performance management category for cancer but has met the agreed trajectory for reduction in 62 day backlog at the end of March 2024. This reflects a significant improvement and a strong basis for continuing to deliver improvement in the 28 day faster diagnosis standard with service level improvement plans in place for both hospitals.

4. EXECUTIVE SERVICE LINE REVIEWS

Due to re-prioritisation of the diary for budget setting and operational demands associated with winter, a reduced number of performance reviews have been held, with 10 executive reviews with clinical services taking place this quarter.

For services with elective waiting lists the focus has been on mitigating risks to delivery of the greatest possible reduction in the number of patients waiting over 78 weeks at the end of March 2024 and over 65 weeks by the end of September 2024. For services with tumour sites the 28 day faster diagnosis recovery plans have been discussed.

The focus on efficiency and productivity continues, with service lines reporting on their cost improvement plans and the key productivity metrics they highlighted as opportunities in the autumn 2023 forecasting work. Budgets for 24/25 have also been prioritised for discussion. Significant scrutiny has been given to areas with medical staffing pressures including from the DME service line leadership team on behalf of the wider medical services rota, and the Emergency Department and acute medicine teams. Agency nursing spend continues to be



highlighted as a risk for those base wards that tend to manage patients waiting for psychiatric services who require RMN support.

Recruitment of specialists in hard to recruit to services, or with specific 'qualified in specialty' requirements such as critical care and the neonatal intensive care unit (NICU) continue to highlight this as one of the most significant pressures.

5. CROSS-CUTTING BOARDS REPORTING

The Executive receives escalation from cross-cutting Boards that report to the Executive. The main theme over the last quarter remains the impact of industrial action which has limited the capacity for these meetings being able to go ahead. There have been no other escalations to the Executive. The primary role of these boards is to bring together leadership teams from multiple service lines to support joint strategic development and planning and so progress on these objectives will inevitably be impacted as a result of redeployment of clinical staff.

6. COMPLIANCE BOARDS REPORTING

The Executive receives escalation from Compliance Boards that report to the Executive:

Health and Safety

The Health and Safety Committee are continuing to oversee some key assurances.

- The HSE letter raising national awareness of a reported increase violence and aggression towards our staff is considered quarterly and reports received noting the work across the Trust to mitigate the incidence.
- The use of Entonox raised by the Royal College of Midwives is reported every six months.
- Supporting the lifts being out of action and minimising the impact on our staff, patients and visitors.

Equality and Diversity

The Gender Pay gap report was completed by the deadline (31st March 2024) and the report is detailed in agenda item 10.4.

The Trust's Head of Health Inequalities and Inclusion, Maureen Drummond and Angie Heilmann (job share) have been raising awareness of their work through the Trust communications Bedside and Ambassador.

Organisational Resilience

The Trust has experienced a significant increase in the run-rate of business continuity incidents, most notably relating to lifts, steam and heating at the Bedford site, and theatres plant which took two theatres out of action for a week in March 2024.



Teams have established standard operating procedures (SOPs) for business continuity arrangements when lifts are out of action, in order to protect remaining infrastructure for emergency transfers. This has resulted in significant disruption on both sites at various times, including loss of access to the cardiac catheterization suite at the Bedford Site which is expected to last until June 2024. Disruption to the main ward block lifts also at the Bedford site has resulted in a manned lift service having to be established and significant flows of patients and staff being asked to use the stairs to access upper floors of the main ward block.

7. COMPLIANCE

The Screening Quality Assurance Service (SQAS) from NHS England undertook a quality assurance visit to Bedfordshire Hospitals NHS foundation Trusts Antenatal and Newborn Screening service on the 5th and 6th of March 2024. We have received the draft report for factual accuracy and are currently in the process of collating a response for submission by 3rd May 2024.

A Human Tissue Authority (HTA) inspection visit (the first on-site visit for several years) took place to the L&D mortuary in April 2024. The feedback report is awaited, but some areas of initial concern were noted and actions immediately undertaken to mitigate these.

8. MATERNITY CQC

Following the CQC visit to the Trust's maternity service on 6 and 7 November 2023, the Trust is still awaiting the draft report.

9. PAEDIATRIC HEARING SERVICES IMPROVEMENT PROGRAMME

The Lothian review identified the potential for serious harm to patients where paediatric audiology services are under significant workforce and capacity pressures. A national programme has been established with made recommendations for 5 workstreams to improve standards and address the service delivery and quality assurance issues of these highly specialist services. The Trust was requested to submit evidence to NHS East of England in December 2023 to support the paediatric audiology assurance review and are currently awaiting feedback.

10. POLICIES & PROCEDURES UPDATE

Trust Wide Policies Approved in the last quarter and which are on the Intranet:

Corporate Governance

Policy for Policies

Risk Management Strategy and Framework (minor updates)

Human Resources

Travel Expenses AFC Non-Medical Staff

Staff Development and Study Leave Policy



Dress, Appearance and Uniform Policy
Management of Change Policy
Maternity, Adoption, Paternity, Parental and Shared Parental Leave Policy

Infection Control

MRSA Policy

Quality Governance Policies

Incident Response Policy (replaces Serious Incident and Incident Reporting Policies)
Central Alert System Policy

Digital IT Policies

Digital Password and Authenticator Protection Management Policy
Acceptable use of Digital Services and Assets Policy

Clinical Policies

Toy Cleaning Policy
Radiation Safety Policy
Cancer Operational Policy for Bedford

Quality Committee Report

For Board of Directors 1st May 2024

Author – Annet Gamell, Non-Executive Director, Chair of Quality Committee

Agenda item - 8.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

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.

This Report updates the Board of Directors regarding the matters for escalation from the Quality Committee meetings held on 28 February 2024, 27 March 2024, and 24 April 2024.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- Quality Account
- Corporate Objectives

Jargon Buster

CNST – Clinical Negligence Scheme for Trusts.

HSMR – Hospital Standardised Mortality Ratio.

SHMI – The Summary Hospital-level Mortality Indicator. This is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

SSNAP – Sentinel Stroke National Audit Programme

CQUIN – The Commissioning for Quality and Innovation framework

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings during February, March and April 2024. The Committee's focus on the Board Assurance Framework relates to Objective 7: Meet the Quality and Operational Performance Targets.

2. Operational Performance

The Quality Committee has oversight of the operational performance of the Trust. The impact of the BMA members' industrial action continues to impact on elective and outpatient activity and create a high level of risk to meet the performance targets. A further junior doctors' industrial action took place at the end of February 2024 and healthcare support workers held local industrial action on 11 and 12 March 2024. During this time the hospitals were safe but not business as usual with a number of theatres being dormant. The junior doctors have voted overwhelmingly for a further six months of industrial action.

The operational performance reports were received and data discussed. Overall performance reflected high occupancy and use of contingency beds resulting in severe operational pressures in February and March. A system wide incident was declared and a step up was seen in complex discharges. An Urgent and Emergency Care (UEC) Recovery Board is overseeing the main focus of concerted effort to introduce a step change and the Trust continues to work with system partners to commit to find more radical solutions.

Despite the ongoing operational pressures, performance against the 4 hour target improved in March and the 76% target was met. With regard to planned care, the ongoing UEC pressures, combined with the impact of the industrial action, impacted on the waiting list. Diagnostic waits continue to be an area of concern predominately related to resource and to high demand. Regarding cancer performance, the position in relation to patients exceeding 62 days continues to improve.

3. Fractured Neck of Femur

An update report for Fractured Neck of Femur was presented to the Quality Committee in February and assurance was given on improvements in length of stay and getting patients to theatres quicker. Hip fracture mortality is stable across the Trust. A piece of work will take place with regard to post op delirium.

4. Stroke Performance

An update report on Stroke was presented to the Quality Committee in March and assurance was given that SSNAP performance data for Quarter 3 remained at a rating of B. Challenges around repatriation and the increase in medical outliers due to bed pressures continue to be closely monitored. Difficulties to recruit to vacant posts for speech and language therapy were acknowledged and liaison is taking place with system partners. A peer review took place in December which gave reassurance.

5. Harm Free Care

The level of patient harm caused by falls or pressure ulcers is reported quarterly. A steady decline in the number of falls during the quarter was noted. A cross site falls leadership team is in place, weekly fall incident reviews are undertaken and a number of initiatives have been introduced including Baywatch at Bedford.

New pressure ulcers have increased in number, particularly on admission. A new national strategy tool will be implemented on 1 July 2024. It was pleasing to note that the Arnold Whitchurch ward at Bedford has celebrated one year without a hospital acquired pressure ulcer.

6. Maternity

The Quality Committee had oversight of perinatal reports, maternity staffing and CNST progress on compliance. The Quality Committee noted that the Trust continues to await the draft report following the Care Quality Commission (CQC) unannounced inspection held in November.

Staffing has been challenged with a high number of new midwives requiring additional support. Focus on recruitment and retention has been positive and successful maternity care assistant recruitment has taken place.

The results of the maternity survey whereby women delivering in February 2023 were surveyed in the summer, revealed a number of the areas were the same as the national average but there were 12 areas where the Trust did not do so well. The senior team are working with the Maternity and Neonatal Voice Partnership on both sites to focus on areas that will actively make a difference, including induction of labour pathways, pain management, and some areas in relation to care and discharge processes.

The Committee considered the draft report from the maternal deaths thematic review and further work is ongoing.

7. Nursing Staffing

Nurse staffing remains a challenge with fill rates on both sites impacted by the opening of escalation areas and moving of staff, requirements for mental health patients, and specials for patients with dementia. Organisationally, there is a daily process for managing and mitigating on both sites. With regard to vacancy rate, there has been a significant improvement in many areas for registered nurses in particular. With regard to retention of staff, the Trust continues to ensure it offers good training, development and progression.

8. Quality and Patient Safety Governance

Incident reporting remains good and is improving which is positive in terms of patient safety culture, with the majority of incidents being no harm or low harm. Some work is taking place with regard to Duty of Candour to ensure it is captured in a consistent manner.

PSIRF is now embedded with two review meetings each week. Good progress is being made with shared learning, and early identification of themes and trends.

A legal services update was presented updating the Committee on clinical negligence claims and assurance on actions from claims closure.

9. Learning from Deaths

The Learning from Deaths Board continues to monitor all mortality data and review any HSMR condition specific mortality alerts. Crude mortality rate and national mortality indicators remain stable, with normal variation for SHMI. With regard to HSMR outliers, a review is taking place on congestive cardiac failure, and work continues with the maternity team around other perinatal conditions to validate the deaths and cross check against the perinatal mortality review tool. Review of all deaths will become statutory from 9 September 2024.

8. Patient Experience

The patient experience team continues to provide frontline support to patients, relatives and carers using the Trust services. The complaints team are working hard with the clinical service lines to address the backlog of complaint responses and a new process of managing complaints is being piloted with 2 service lines. To avoid duplication and improve efficiencies with compliance the team are working in partnership with our risk and governance team where complaints are investigated alongside PSIRF to share information. Learning from complaints continues to be captured and included in quality improvement initiatives.

Delays have been experienced through the PALS team at L&D Hospital, primarily due to staffing sickness and issues with the current accommodation. The Patient Experience Matron is supporting the team providing senior and strategic leadership on a day to day basis.

A patient story was shared with Quality Committee relating to some difficulties faced in contacting the hospital. The issues will be addressed through a patient experience workstream.

9. Safeguarding

The quarter 3 Safeguarding report was received and the scale of the work and referrals presented to the Safeguarding team remains high which demonstrates good practice around safeguarding. A review relating to restrictive practice (patient restraint) was conducted to enable greater understanding of the process, its impact on patients and staff and implications for future application of this as part of patient care and management. A number of recommendations have been implemented to give assurance against statutory responsibilities, a good process to protect the most vulnerable patients, as well as staff, and improvements in training compliance.

10. Infection Control

There is a national alert regarding measles, however, in Bedfordshire and Luton numbers of confirmed cases are low. Emergency admission areas in both hospitals need to enable rapid triage processes for the identification and safe management of suspect cases.

At the end of the financial year Trust performance for mandatory reported organisms exceeded UKHSA trajectories, however, comparative data from other acute Trusts in the East of England shows that the Trust has performed better.

Quality Committee reviewed the Infection Prevention and Control Board assurance framework and noted the progress.

An internal audit for Infection Control was received which gave reasonable assurance.

11. Quality Priorities

Progress on Quality Priorities and CQUIN schemes for 2023/24 and proposed quality priorities for 2024/25 were received by the Committee.



Operational Performance Report

For Board of Directors April 2024
Quarter 4; January – March 2024

Author - Cathy Jones, Deputy Chief Executive / Chief Operating Officer

Agenda Item – 8.2

Action:

Action

- Information
- Approval
- Assurance
- Decision

Contents / Report Summary

This report describes the Trust's performance against core operational and performance metrics up to and including March 2024. Appendix 1 is a table of performance indicators to enable the committee to check the latest reported position and trend for any of the integrated performance report indicators not highlighted in the main report body.

Overall performance and operational headlines for Quarter 4 2023/2024

January to March 2024 represented another challenging quarter in terms of operational performance with the combined impact of winter pressures and industrial action from Junior Doctors at the end of February and Health Care Support Workers (HCS / CSWs) in March. The high annual leave during February half term and leading into the Easter bank holiday at the end of the quarter further exacerbated operational pressures with teams working at maximum escalation for the majority of the quarter. Whilst the main Urgent and Emergency Care indicators (performance against the 4 hour standard, ambulances handovers within 30 minutes and number of contingency beds in use) continue to show improvement compared to the same period last year, this was insufficient to prevent the Trust remaining at the highest level of escalation for the majority of working days in quarter.

Key operational delivery priorities were to continue the improvement on cancer patients waiting over 62 days for a confirmation or ruling out of cancer, to drive down hard on the number of 78 week waits at the end of March and to achieve a minimum of 76% performance against the ED four hour standard in March. The Trust met or exceeded its agreed position against all three of these indicators which is a huge testament to the hard work and commitment of staff to continue to focus on doing the best for every patient despite the extreme operational challenges faced.

Legal Implications / Regulatory Requirements / Strategic Objectives and Board Assurance Framework

- NHS England Oversight and Assurance Framework
- CQC
- Quality Account
- Corporate Objectives



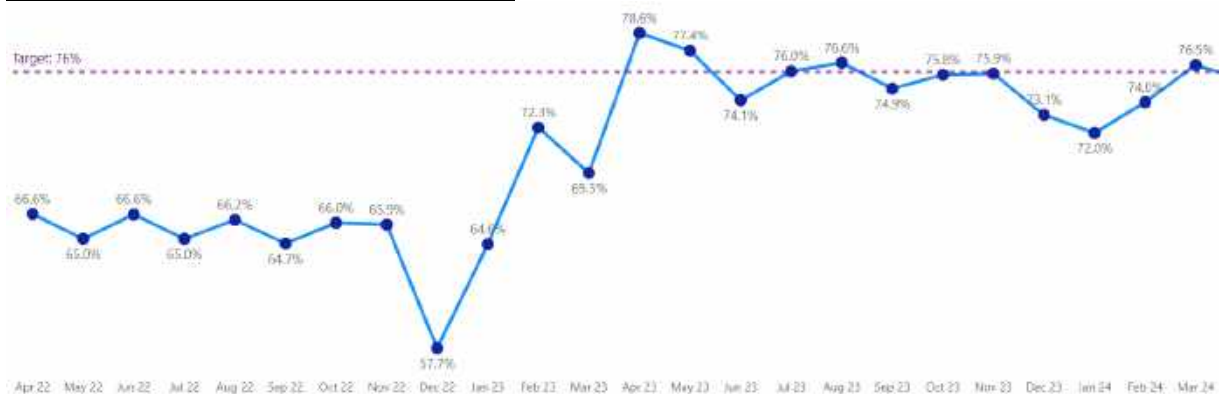
1. Introduction

The following sections provide a summary of the organisation’s performance against a range of the key operational and performance standards for quarter 4 of 23/24.

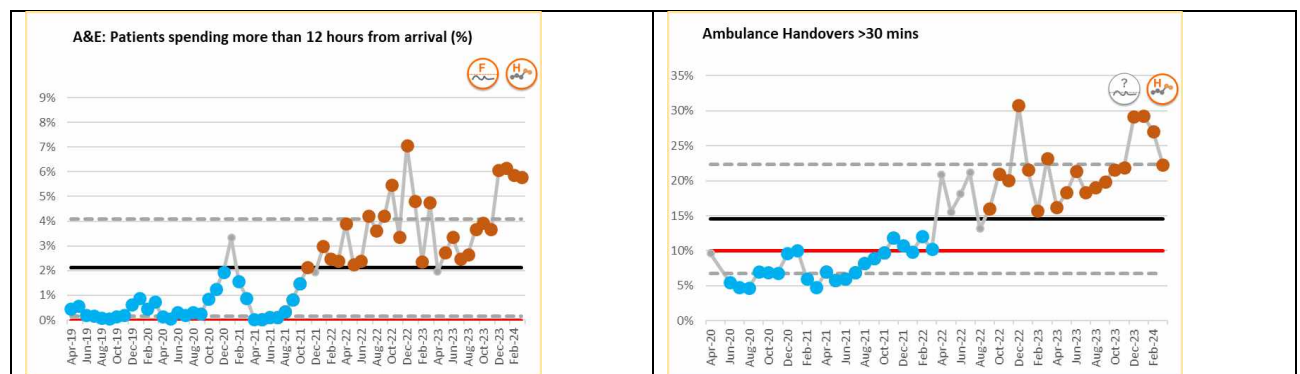
2. Urgent and Emergency Care

- The operational standard of 76% for the proportion of patients seen within four hours in the Emergency Departments improved for each of the three months, with the standard of 76% being exceeded in March 2024 in line with the national directive.
- The number of patients staying within the ED for more than 12 hours increased to over 6% in December 2023 and has remained at around this level for the last 4 months reflecting the very high bed occupancy across both sites resulting in challenges moving patients out of ED.
- Ambulance handover performance across the quarter improved month on month with March 2024 seeing a step change improvement with 77.7% of ambulance conveyances handed over within 30 minutes against a target of 80%.
- Contingency bed use peaked in January and has subsequently reduced month on month. Although lower than the corresponding period last year, the organisational dependency on surge beds to manage core emergency admissions remains a significant operational challenge and work continues with system partners to explore opportunities to elicit a step change reduction in occupancy at our acute sites.

ED 4 Hour Wait Performance by month

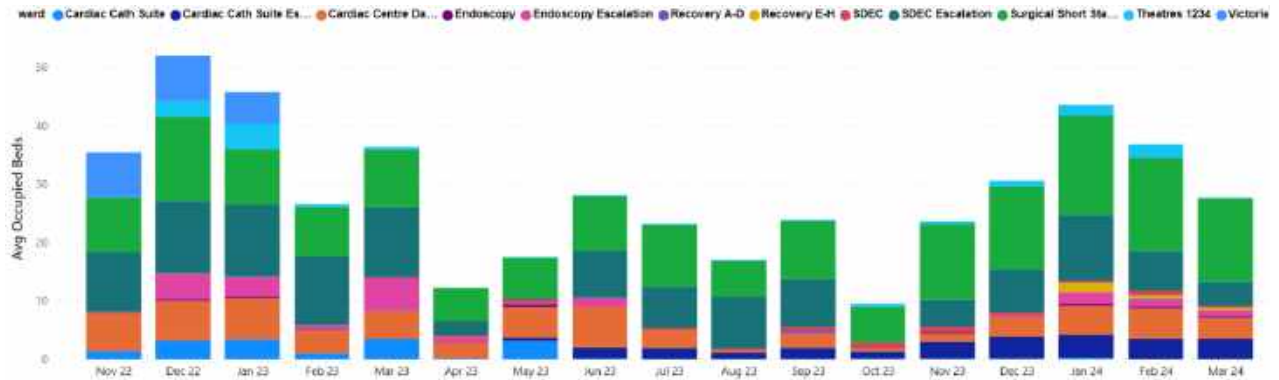


Patients spending more than 12 hours in ED and ambulance handovers exceeding 30 mins



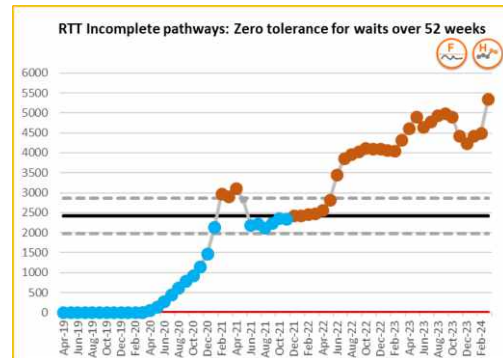
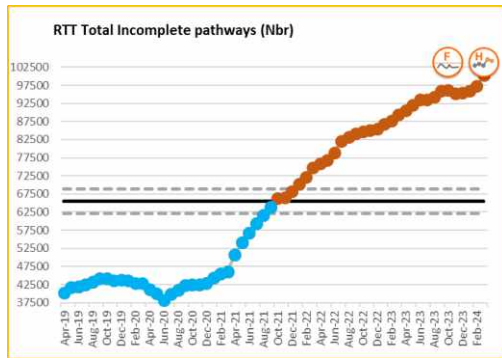


Contingency Bed use by month

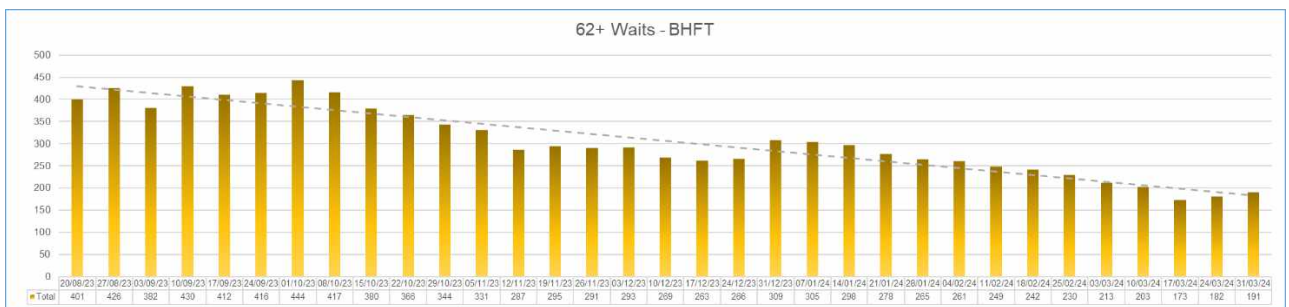


3. Planned Care and Cancer

- The Trust has maintained its performance of zero 104 week waits. Industrial action and operating sessions lost due to winter pressures meant that the original aim to achieve zero 78 week waits at the end of March 2024 was reduced to achieving less than 60. Just 48 patients were waiting more than 78 weeks at the end of the quarter, which was better than expected in our February prediction for the region. Work continues to achieve zero by end June 2024 and eliminate 65 week waits by end September 2024.



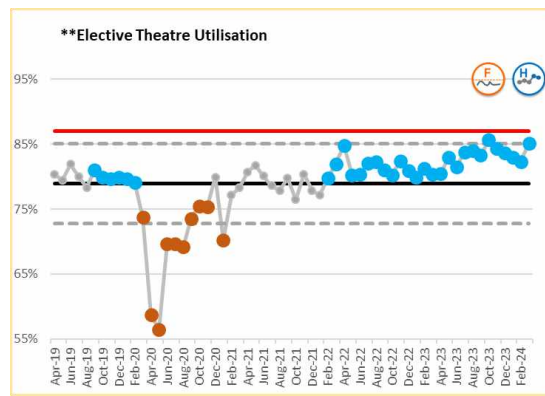
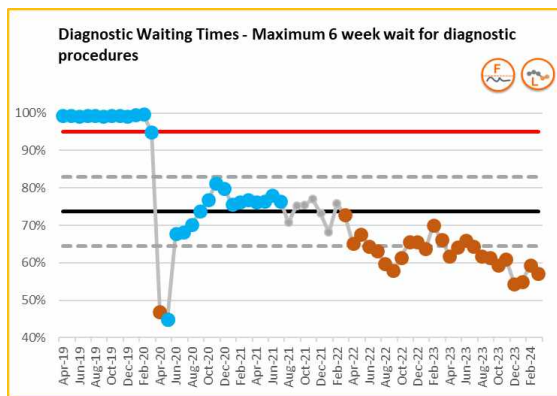
- Trust over-delivered against the trajectory for the number of patients over 62 days on an open cancer pathway achieving 191 against a target of 201 patients at the end of the year. This represents 6.8% of our total open cancer pathways.



The national cancer access targets performance for February 2024 (data is one month in arrears) is as follows:



- The 28 day faster diagnosis standard target is 75%. Performance in February was 73.2%, up from the 66.4% reported in January.
- Performance against the 62 day treatment standard for confirmed cancers has continued to fluctuate between around 60 and 70% during 23/24 and dropped back to 63.6% in February 2024.
- Waiting times for diagnostic tests remain an area of significant concern for the Trust with only 57.1% of patients waiting less than 6 weeks at the end of March 2024. The operational planning guidance aim for 2024/25 is to make significant progress back towards 95%. Audiology, echocardiography, DEXA and non-obstetric ultrasound waits are all driving this position due to workforce shortages in highly-specialist roles, combined with a high demand.
- Elective theatre utilisation has upturned in March (and has hit the 85% target expectation in the 2024/25 planning guidance).



4. Other Key Operational Metrics

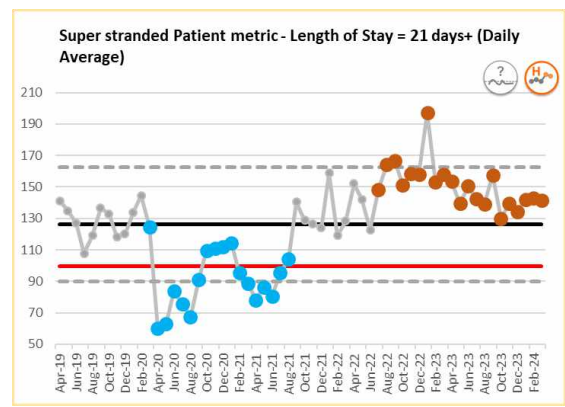
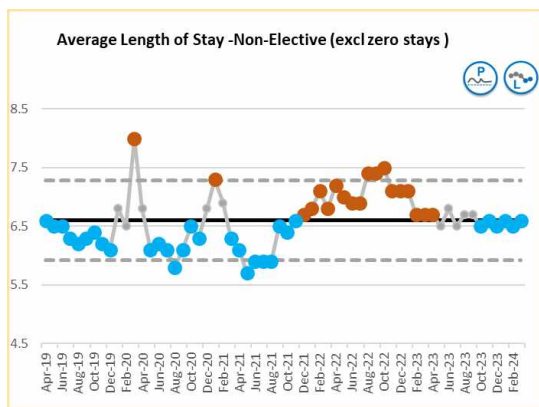
- Following a strong start to the quarter, the Trust's overall outpatient DNA rate was up slightly in March to 9.6% compared to 9.3% in February. The performance by site is shown in the graphs below, with the change at Bedford being noticeable due to the roll out of appointment reminders, while performance at the L&D remains relatively steady.
- The average length of stay for non-elective patients was significantly better in winter 23/24 than compared to winter 22/23, reflecting the internal focus on discharge process and peer challenge through sitreps and board rounds.
- The number of patients staying in either hospital over 21 days has remained stable across the quarter with an average of 142 per night in March 2024. This is still above the target of less than 100 "super-stranded" patients across both sites and is a key driver of contingency bed use.



Bedford:

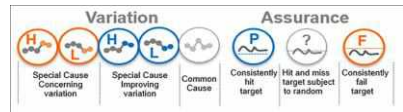


Luton & Dunstable:



APPENDIX 1: IPR Metric Tables supporting operational performance report

Integrated Performance Report - Bedfordshire Hospital											NHS Bedfordshire Hospitals											
EFFECTIVE	ID	Metric	Target/Threshold	Latest Reporting Period	2023/24 (YTD)	Assurance (Trust-level only)	Variation (Trust-level only)	Current Reporting Period	Indicator Status: 23-24	Trend (36 months)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	E1.2T	**Elective Theatre Utilisation	87%	Mar-24	83.3%			85.1%			80.4%	82.9%	81.5%	83.8%	84.0%	83.3%	85.7%	84.3%	83.7%	83.0%	82.3%	85.1%
E1.43T	** Proportion of patients admitted to the stroke unit within 4 hours of arrival	90%	Mar-24	47.6%			50.0%			27.8%	39.4%	57.1%	52.9%	50.7%	59.7%	56.0%	43.9%	51.9%	47.2%	37.0%	50.0%	
E1.12T	DNA Rate	8%	Mar-24	10.0%			9.6%			9.71%	10.25%	10.26%	10.14%	10.28%	10.41%	10.37%	9.57%	10.28%	9.49%	9.34%	9.62%	
E1.13T	Super stranded Patient metric - Length of Stay = 21 days+ (Daily Average)	100	Mar-24	143.0			141.8			153.8	139.8	151.0	142.7	139.4	158.1	130.4	139.8	134.8	142.3	143.2	141.8	
E1.16T	Average Length of Stay -Non-Elective (excl zero stays)	N/A	Mar-24	6.6			6.6			6.7	6.5	6.8	6.5	6.7	6.7	6.5	6.6	6.5	6.6	6.5	6.6	
E1.45T	A&E: % of Patients seen within 4 hours (80% Target From Oct '23)	76%	Mar-24	75.4%			76.4%			78.7%	77.8%	74.2%	76.1%	76.5%	74.9%	75.7%	75.9%	73.3%	72.1%	74.0%	76.4%	
E1.34T	A&E: Patients spending more than 12 hours from arrival (%)	0%	Mar-24	4.0%			5.8%			2.0%	2.7%	3.3%	2.5%	2.7%	3.7%	3.9%	3.7%	6.1%	6.2%	5.9%	5.8%	
E1.38T	Ambulance Handovers >30 mins	10%	Mar-24	22.2%			22.3%			16.17%	18.34%	21.39%	18.29%	19.00%	19.86%	21.62%	21.90%	29.12%	29.27%	27.05%	22.31%	
E1.42T	Contingency bed nights used run rate	N/A	Mar-24	302.6	NA	NA	27.60			12.4	17.5	28.1	23.6	18.4	23.7	10.5	26.5	31.6	45.1	37.6	27.6	
RESPONSIVE	ID	Metric	Target/Threshold	Latest Reporting Period	2023/24 (YTD)	Assurance (Trust-level only)	Variation (Trust-level only)	Current Reporting Period	Indicator Status: 23-24	Trend (36 months)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	R1.10T	RTT Total Incomplete pathways (Nbr)	0	Mar-24	1,140,376			100339			90,549	92,063	93,547	93,516	94,342	96,082	96,140	95,221	95,366	95,934	97,277	100,339
	R1.14T	** RTT Incomplete pathways: Zero tolerance for waits over 78 weeks by Apr 2023	0	Mar-24	379			49			5	10	12	13	16	18	29	42	50	69	66	49
	R1.16T	Zero tolerance RTT waits over 104 weeks for incomplete pathways	0	Mar-24	0		NA	0			0	0	0	0	0	0	0	0	0	0	0	0
	R1.13T	Diagnostic Waiting Times - Maximum 6 week wait for diagnostic procedures	95%	Feb-24	60.5%			59.4%			61.81%	64.16%	65.96%	64.51%	61.79%	61.44%	59.43%	60.97%	54.40%	55.06%	59.37%	
	R1.3T	Cancer: 2WW 28 Day Faster Diagnosis standard (%)	75%	Feb-24	67.7%			73.2%			66.1%	68.6%	68.9%	70.7%	67.7%	63.5%	66.3%	64.5%	68.6%	66.4%	73.2%	
	R1.22T	** Cancer – Past Target Backlog (63 days plus)	201	Feb-24	3823.0			230			379.0	382.0	343.0	438.0	426.0	416.0	344.0	291.0	309.0	265.0	230.0	





Harm Free Care, Incidents & Complaints Report

For Board of Directors 1st May 2024
January – March 2024

Author – Liz Lees, Chief Nurse/ Catherine Thorne, Director of Quality

Agenda item - 8.3

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This report summarises the Trust's current performance around harm free care, management of serious incidents and received complaints.

Harm Free Care

Patient harm caused by falls or pressure ulcers can result in serious injuries, poor patient experience, prolonged hospital stays, and increased healthcare costs, making prevention of harm and the provision of harm free care a critical component of patient safety.

The paper outlines the level of reported harm, with focus on falls and pressure ulcers, for quarter 4 (Q4) of 2024, and the various strategies employed by the Trust to reduce this which include assessment of patients at risk and the patient environment, implementing appropriate interventions, and educating patients, families, and healthcare staff.

A total of **865** harm incidents reported during Q4, of which 345 (40 %), related to falls and 520 (60 %) related to new (hospital acquired) pressure ulcers (NPU).

Falls Summary

We continued to see a steady decline in the number of falls occurring within the Trust during Q4:

- 345 falls occurred, an improvement of 15.8% from 4th Quarter 2022 (410)
- 341 of these resulted in no or low harms; this has improved by 14.8% from 4th Quarter 2022. (400)
- 4 falls resulted in moderate or above harms; this has significantly improved by 60% from 4th Quarter 2022 (10)

New Pressure Ulcer (NPU) Summary

The number of NPU continue to be a challenge to the organisation with an increase from previous quarter noted; a total of 520 were reported in quarter 4.

We also noted an increase of Present on Admission (POA) pressure ulcers for this quarter (1547) 382 NPUs were categorised as low harm and the moderate and above harm NPUs are primarily Deep Tissue Injuries. (DTI)

Incident Reporting and Compliance

This report summarises the Trust's current performance around incident reporting and management incidents

Key areas to highlight:

- Incident reporting remains positive and work continues to support clinical service lines to close their reported incidents that remain open
- **Four** incidents were declared as requiring a Patient Safety Incident investigation (PSIIs). This included one Never Event.
- No National Patient Safety alerts were published during March 2024
- The Trust currently has 170 active claims open, reported through the **Clinical Negligence Scheme for Trusts (CNST)**, with 24 reported in Quarter 4, 23/24. This figure is above average compared to trusts in the same cohort which appears to be due to improvements in proactive reporting by the Trust if there is a risk of a claim, but will be monitored.
- There are 15 active open claims reported through the **Liabilities to Third Parties Scheme (LTPS)** for non-clinical claims. The figure is average compared to other trusts in the same cohort.
- 20 HM Coroner's requests for medical records and / or statements have been received.

Complaints

The Trust currently has some challenges responding the complaints in a timely manner. This is due to Industrial Action and operational pressures. A review of complaint processes is planned and there remains a focus on early resolution.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives

Harm Free Care – New Pressure Ulcers (NPU)

The Tissue Viability Service (TVS) is currently working towards the roll out of the National Wound Care strategy programme for Pressure Ulcers planned for July 2024. The new cross site lead has commenced in post and will be leading on this initiative.

Arnold Whitchurch ward have achieved an incredible one year without any new pressure ulcers. This was celebrated by the ward in March with our chief nurse. The ward manager will be sharing their success and how it was achieved at future senior nurse meetings.

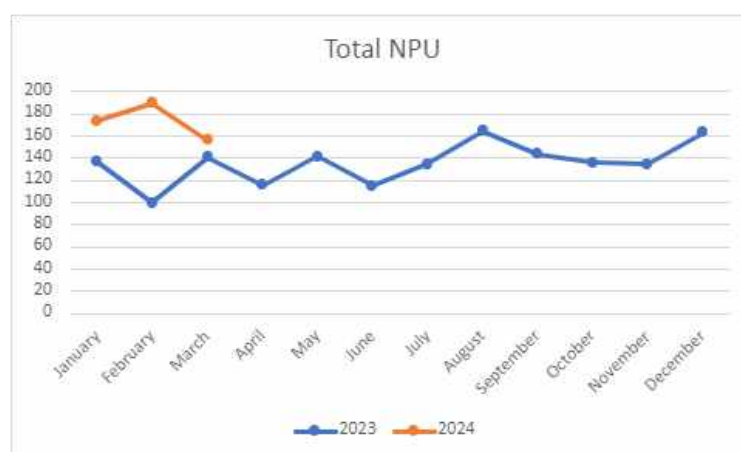


A total of 520 NPUs were reported for Q4 (Appendix 2, chart 1). This is an increase of 27% (142) in comparison to quarter 4 of 2022. The pressure ulcers reported affected 450 patients (appendix 2, chart 2).

There was a steep rise in Present On Admission (POA) pressure ulcers, an increase of 620 more for this quarter in comparison to quarter 3 (Appendix 2, chart 3).

The increase in reported NPU and POA over Q4 can be attributed to the increased acuity and dependency of our patients, high number of admissions with the need for escalation beds during this period, but also due to the improvements in reporting of pressure damage specifically at the front door.

61% (382) NPUs were categorised as low harm. (Appendix 2, chart 4). Moderate and above harm NPU's are primarily Deep Tissue Injuries (DTIs) (Appendix 2, chart 5). It must be noted there has been a decrease in the DTI incidents reported each month throughout quarter 4.



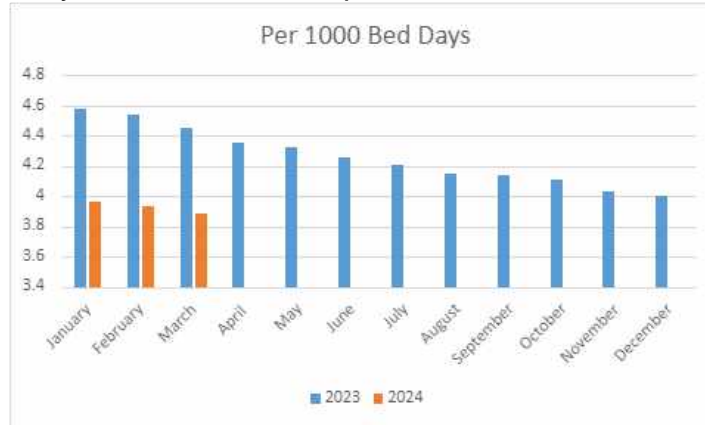
We continue to monitor all pressure ulcers incidents, particular action in the last quarter includes:

- Training aligned to the Trust Quality CQUIN target
- Recording the time of care such as repositioning
- Escalation process for mattresses
- Training provision in catheter fixation devices

- Senior nurse checking and countersigning skin checks as part of a training and support programme
- Implementation of a screening tool to further improve the timeliness of care plans

Harm Free Care - Falls

Cross-site 1000 bed days falls rate have improved since Q4 2022 and currently sit at 3.89



A total decrease in falls of 15.8% (65) was achieved in Q4 2023.

A total of 345 (155 Bedford and 190 Luton) falls occurred in Q4, with a noted reduction month on month for this period in comparison to quarter 4 in 2022.

98.8% (341) falls incidents led to no or low harm

Only 1.2% (4) lead to moderate harm or above. This is a 60% (10) reduction from the same period in 2023

The areas with the highest falls occurrence were Elderly Care 32% (113) and Acute Medicine 11% (39).

During Q4 76% (262) of all falls were unwitnessed and of the 48 falls in Baywatch bays 11.5% (30) were unwitnessed. Baywatch fall numbers have reduced since November 2023 however the unwitnessed number have not improved (Appendix 1, chart 6).

Actions identified:

- Reminding staff to supervise toileting for patients at high risk of falls.
- Reminding patients to use calls bells when assistance is required.
- To regularly check patients in side rooms that have risk factors associated with falls.

These points are to be included into training sessions and be discussed during ward huddles.

There are also a number of initiatives in place to support the reduction in falls:

- Annual goal identified; Focus on Falls for the 10 wards throughout the trust with the highest fall rate, (5 in Bedford, 5 in Luton), the aim being to reduce their falls rate by the end of 2024. This provides the ward with a 4-week programme covering a different theme each week, in line with the main fall themes e.g. Toileting. The supports the ward by the falls team concentrating resources where they are most needed and supports the wards in implementing and maintaining a refreshed falls prevention culture.

- All ward falls information/education boards within the trust to be populated with all the latest information on trust policies. Baywatch information folders to be provided to all wards throughout the Trust that regularly uses Baywatch.
- A new cross-site falls steering group chaired by the head of therapies has been formed, meetings are currently being organised over the coming months. This MDT forum will receive reports regarding recurrent problem areas and ensure actions are being followed and support the sharing of learning.
- Bedrail assessment, as part of falls assessments, are currently being reviewed to ensure compliance with NPSA alert to ensure patient safety. It will also look at ways to harmonise them into nervecentre, as part of this documentation proposals are being formulated and sent out for review and approval, IT personnel are involved and will be ready to implement as soon as approved.
- A toileting audit has been completed at both sites as falls in this area are a continued challenge, the results are that most of the facilities are as safe as we can make them, there are some issues in some areas, such as poor lighting, cramped space, slip/trip hazards due to the state of flooring and toileting height these have been discussed with the relevant ward managers and estates have been notified.

Incident Reporting

Overall across the trust, incident reporting has continued on an upward trend since the implementation of the Inphase system last year.



Serious Incidents and Patient Safety Incident Response Framework (PSIRF)

The Trust's Patient Safety Incident Response Framework, (PSIRF) provides opportunities to ensure incidents are investigated proportionately taking a systems approach to investigation and improvement. PSIRF aims to acknowledge the complex system issues and human factors to be considered when promoting learning for sustainable improvement.

As the framework is implemented the Trust will move away from the traditional declaration of Serious Incidents investigated under a root cause analysis model of investigation. During the transition phase, it was anticipated that there would be a period of time where activity within the old model overlapped the new.

The PSIRF framework recognises several categories of investigation which are as follows:

- National Priorities
- Trust Priorities
- Other incidents

In monitoring and ensuring allocation of incidents to the appropriate investigation tool the Trust runs a weekly PSIRF incident review panel chaired by the Medical Director / Chief Nurse. In addition there is a weekly Patient safety panel at which clinical teams are required to present the learning outputs from incidents. These outputs are included in the learning tables below.

The following incidents have been allocated as requiring a full Patient Safety Incident Investigation (PSII) during March 2024

(A range of Maternity incidents will be investigated by the Maternity and New Born Safety Investigation (MNSI) Programme in line with national requirements)

- Delayed Diagnosis leading Harm
- Missed Diagnosis leading to Harm
- Wrong Site Surgery – Never Event – Procedure performed on incorrect patient
- Intrauterine Death

A total of **seven** serious incident investigations were completed and learning from these cases was reported to the Quality Committee.

[Patient Safety Incident Response Framework overview](#)

The NHS England Patient Safety Incident Response Framework (PSIRF) sets out the NHS approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The framework represents a major step towards establishing a safety management system across the NHS with a focus on systems rather than individuals. It is a key part of the NHS Patient Safety Strategy and fundamental to building a just culture ethos, and sharing learning for improvement.

Thematic Review

Medication errors – Insulin

The Trust has identified Insulin medication errors as a topic for closer scrutiny using thematic review. Key outcomes to date include:

Pharmacy led, multi-disciplinary insulin medication review task and finish group set up to consider improvement activities emerging from thematic analysis.

After Action Review (AAR)

Paediatrics Delayed diagnostic test

This incident was reported as a delay in CT scan and the AAR was set up to allow the MDT, including radiology to discuss impact for clinical diagnosis and the requirements for CT scan, including any need for sedation. Safeguarding issues were also noted. The outcome was:

- MDT agreed that in cases of suspected head injury there must be a discussion between ED and Paeds team and Radiology. With complex cases and/or decision making communicated between specialities.
- Requirement for better consideration of the clinical guidelines and immobile child pathway were noted and agreed.

Teams also agreed that better documentation was needed to support good communication particularly around ongoing care.

Cancer / Outpatients Delay in Treatment

Patient referred under urgent suspected cancer pathway failed to attend an outpatient appointment due to incorrect address details. Agreed outputs from the AAR include:

- A reminder has been sent to all relevant outpatient staff regarding the process in place to check patient demographics from the data on IPM as this was not undertaken in this case.
- A safety net whereby the outpatient supervisor double checks demographics for suspected cancer patients is being reinstated following a change in staff.

There is a required upgrade to PAS so that it is "spine compliant" i.e. can pull through a change in patient data. IPM is in discussion with the digital team.

Multi- Disciplinary Team Review

Cancer / Head and Neck Delay in Actioning Test results

Following Fine Needle Aspiration for potential recurrence of thyroid cancer there was a review and discussion at MDT meeting however there was a delay in contacting the patient. The improvements agreed by the MDT are:

- An agreed process of documentation and tracking of patient tests and appointments led by the Clinical Nurse Specialist.
- Undertake an audit of British Thyroid Association Guidelines (2014) to ensure that they are followed in practice.

Review of NICE guideline (Thyroid Cancer and assessment and management NG230 (2022)) to ensure the current MDT protocol meets requirements

Trust Patient Safety Incident Investigations (PSIIs) (assigned since 12/10/2023*)

There are seven Patient Safety Incident Investigations (PSIIs) underway currently. These incidents are recorded and reported on STEIS; they are subject to review and scrutiny against similar standards to those submitted to the previous NHS England Serious Incident Framework. Key differences with PSIIs relate to proportionate investigation and a focus on systems; patients, carers and families should be involved wherever possible and investigations should adhere to agreed timeframes for completion, in contrast to the previous framework of a 60 day submission deadline.

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.

There were no National Patient Safety Alerts published in this period

Legal Services

Claims

All claims for clinical negligence are reportable to NHS Resolution (NHSR) via the Clinical Negligence Scheme for Trusts (CNST). Claims are managed in collaboration with NHS Resolution (NHSR), Trust's Panel Solicitors (instructed by NHSR) as well as staff within the Clinical Service Lines to support learning and improve patient safety, to identify risks, advise on next steps, defend claims and mitigate costs in actions brought against the Trust. It is important to ensure that any evolving trends are identified, together with assurance on actions from claims closure and that risk recommendations are monitored.

The Trust reported 24 new clinical negligence claims from January-March 2024 and has 170 active claims. This is slightly above average. However, the team have been reviewing

our processes for early alerts to NHS Resolution on any potential claims that may have elevated the current position. This will be monitored.

The Trust has 15 active public and employers liability claims. This is below the national benchmark.

Inquests

The Legal Services department are notified of inquests by HM Coroner's Officers. These requests are received primarily from Central Bedfordshire Coroner's Court but also other jurisdictions. Inquests can be held for patients who have died whilst in the Trust's care, or post discharge.

In Q4 23/24, the Legal Services department received 20 HM Coroner's requests for medical records or statements and attended seven of the eight inquests listed below.

Complaints, Concerns & Compliments

This report provides an update on progress with the patient experience and engagement agenda for Quarter 4 (Q4).

There are currently 101 (Luton) and 26 (Bedford) complaints that have breached the 45 day response time. This is for a variety of reasons including operational and non-operational pressures and ongoing industrial action that has affected the Trust

In Q4 the Maternity CQC national survey results were published. The results highlighted that there was a shift in the demographic details of those surveyed. Previous survey results in 2022 identified the predominant respondents were from white British ethnic background. The 2023 survey showed that the highest respondent group came from Asian background.

The Patient Experience (PE) team continues to run an interim inpatient and maternity survey to understand how we are performing as a Trust against the requirements



Learning from Deaths (LfDs) Report

For Board of Directors 1st May 2024

Author – Mr Paul Tisi, Medical Director

Agenda item - 8.4

Action

- Information
- Approval
- Assurance
- Decision

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

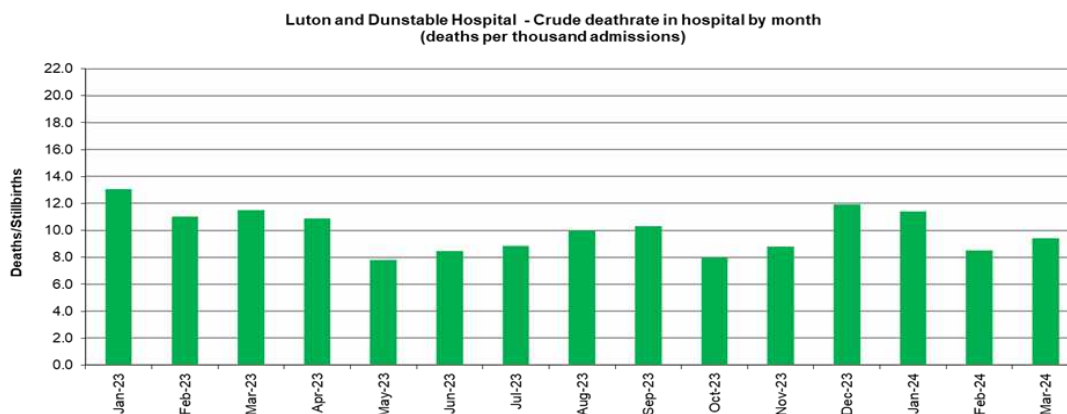
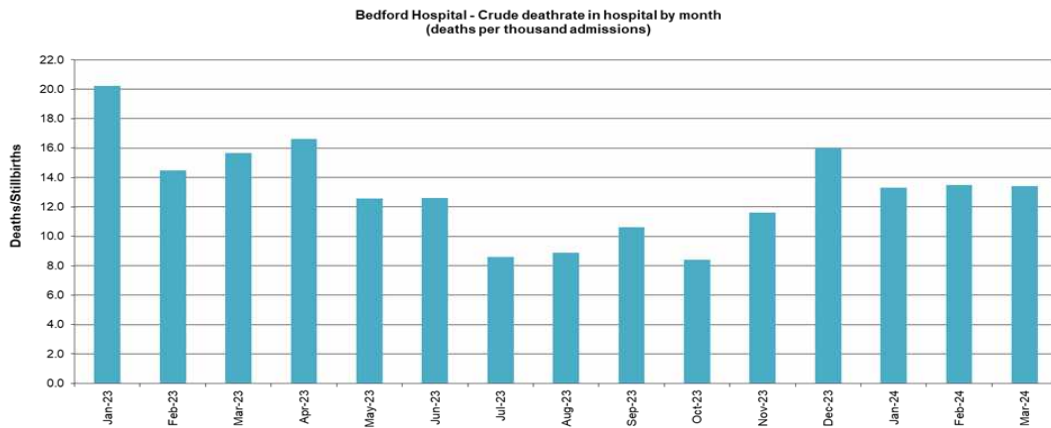
- NHS England / Improvement
- CQC
- All Trust objectives

Contents/Report Summary

The Learning from Deaths Board met on 8 April 2024.

There were 178 deaths from all causes (BH, 84, LDH 94), including 3 deaths following an elective admission (to be validated). In addition there were 18 Emergency Department (non-admitted) deaths,

The crude mortality rate (deaths per thousand discharges) reflects a stable, trend across both hospital sites (BH, 13.4 and LDH 9.4).

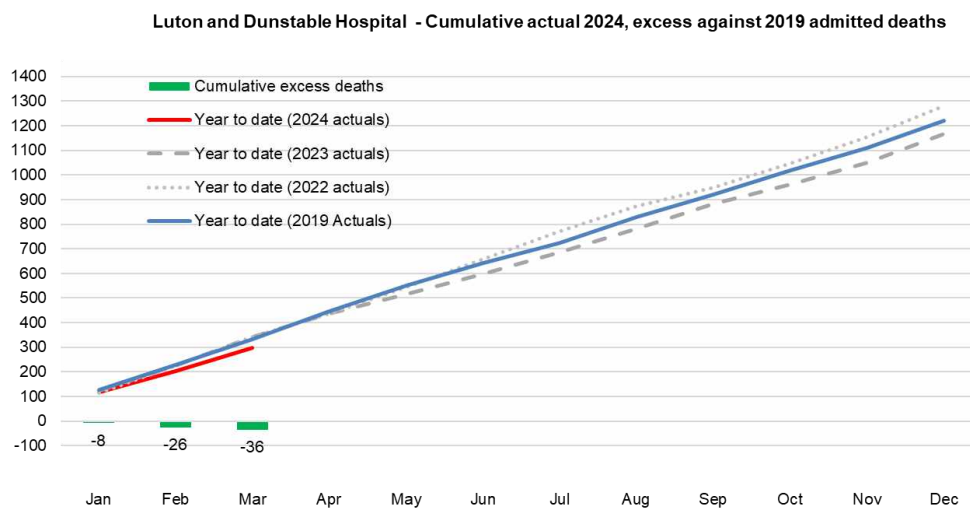
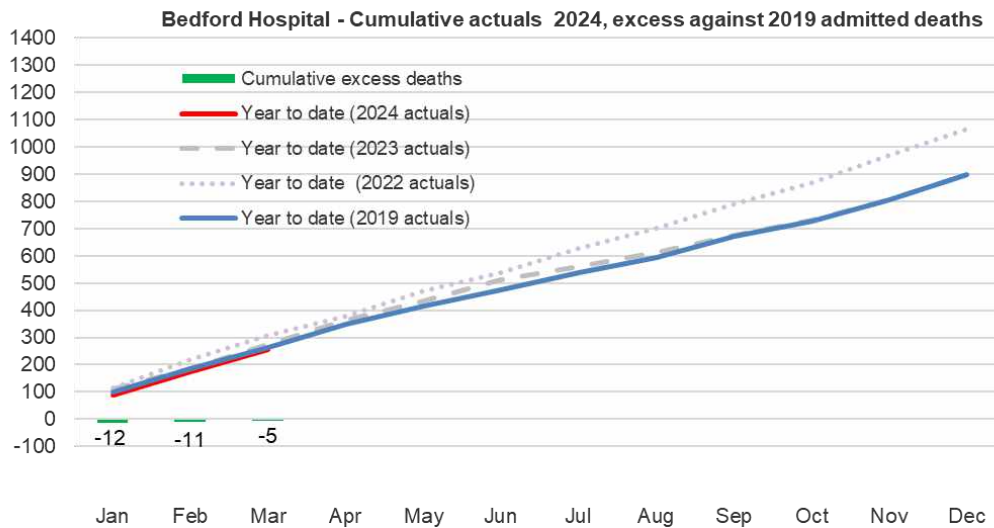


Deaths within 24 hours

19 deaths occurred within 24 hours of admission (BH 11, LDH no.18), accounting for 13.1% and 19.2% of all admitted deaths. Deaths within 24 hours, including non-admitted deaths, are subject to senior clinical review and summary findings are presented at the LfD Board and upwards reported to Quality Committee. Where concerns are identified these are escalated for review at the Patient Safety Incident Response Panel (PSIRP).

Excess deaths

There were 4 fewer (admitted) deaths in March when compared to the same month in 2019 (BH 6, LDH no.-10), with a cumulative excess death total in 2024 (up to end of March) of 41 fewer deaths (BH - 5, LDH - 36).



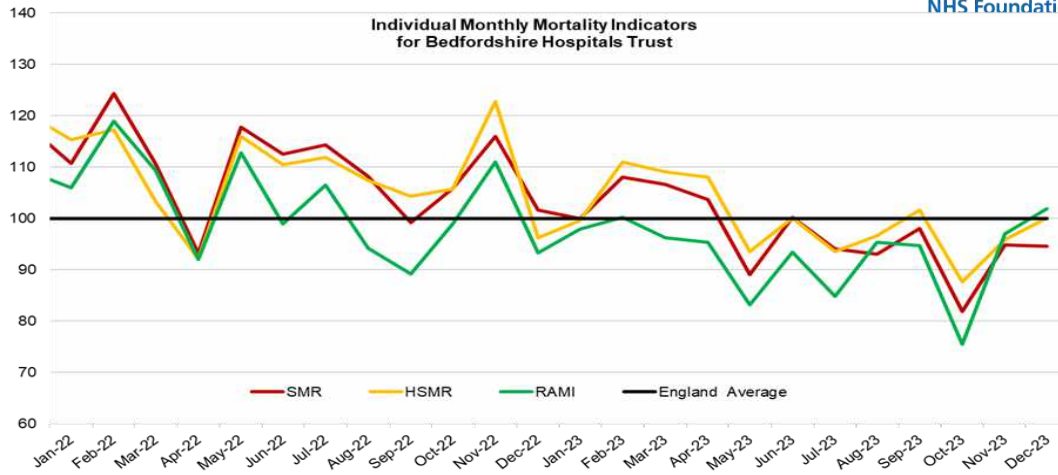
National Mortality Indicators

Latest reporting, December 2023, for the Trust, for individual months shows a decrease in SMR and an increase in HSMR and RAMI. This is also reflected at site level (with the exception being a decrease in SMR value for LDH).

Stable trends continue for the Trust and individual sites across the rolling 12 months.

All values remain 'as expected' when compared to the national baseline.

(Individual months are illustrated rather than rolling averages)



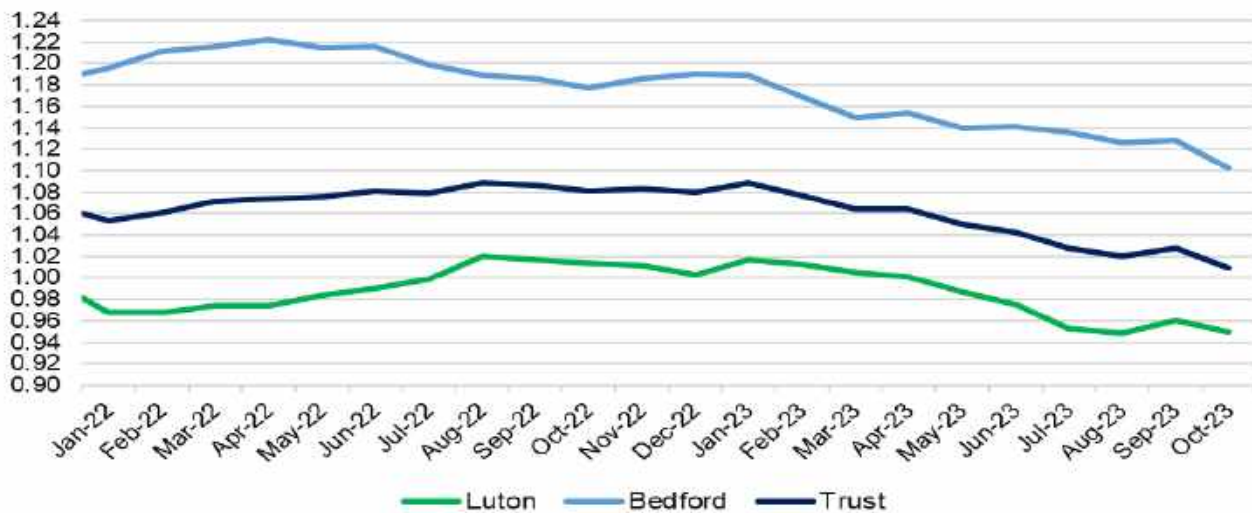
SHMI (12 months ending October 2023)

1.0100 (↓) for Bedfordshire Hospitals - BH, 1.1021 (↓) and LDH, 0.9495 (↓).

The SHMI value for the Trust and individual hospital sites remains 'as expected' when compared to the national baseline. SHMI includes any deaths occurring in the 30 days after discharge and excludes COVID-19 cases.

The SHMI remains 'as expected' for the Trust and for the individual hospital sites when compared to the national baseline.

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



Medical Examiner (ME) Report

98% of deaths were reviewed across the combined offices in March 2024.

The revised date for the introduction of mandatory ME has now been confirmed as 9 September 2024. The recruitment and induction of GP MEs is complete and the ME Service is able to accept referral of any death from GP practices and hospices (commenced 11 March 2024). As anticipated, until review becomes mandatory, uptake has been limited. The LDH



office will provide a limited out-of-hours service to facilitate ME review of referred faith deaths, to work in conjunction with the Registrar's Office opening hours. This service will be introduced only when the new legislation is enacted.

There is a change to the funding stream (2024/25) for the ME service with a single payment from the region based on the projected number of deaths the office will be required to cover.

The pathway for paediatric and neonatal death referrals to the ME service have now been agreed at the Luton site. A meeting with the paediatric and neonatal teams is being planned to outline the imminent changes to the law, and what this will mean for these services and the Child Death process.

Learning from Deaths Quarterly Report Q2 2023/24

There were 494 deaths in admitted patients in Q3 2023/24 (excluding stillbirth deaths) across Bedfordshire Hospitals Trust (BHT), 64 more deaths compared to Q2, with similar age, gender and ethnicity profiles as in previous reporting.

583 primary reviews were undertaken, including 100% admitted deaths, across both hospital sites. Primary reviews undertaken also included acute child deaths (no. 3), acute community deaths (no. 24) and non-admitted Emergency Department (ED) deaths (no. 62)

41 cases were identified as requiring a Structured Judgement Review (SJR).

Following completion of 35/41 SJRs to date, 22/35 (63%) cases were considered definitely not avoidable or with slight evidence of avoidability (scores 6, 5).

Probably avoidable deaths (avoidability scores, 2 and 3) were identified in 9 cases (score 2, no. 5 and score 3 no. 4). These 9 cases equate to 1.8% of admitted deaths in Q3 (9/494, deaths, 1.6%; if non-admitted deaths are included, 9/556).

Emerging themes from the cases assigned avoidability scores of 2 or 3 include timely recognition and management of sepsis, recognition and escalation of a deteriorating patient, timeliness of end of life decision making management of fluid balance and timeliness of specialty referral/involvement.

All cases were escalated to the Medical Director (MD) as part of the approval process for completed SJRs on the InPhase mortality module and have been or are due to be presented at the PSIRP. To date 2 cases have been identified for a Patient Safety Incident Investigation.

An update on the Q3 position, will be provided in Q4 2023/24 reporting (July 2024). Potentially avoidable deaths (avoidability scores, 1, 2 and 3) were therefore identified in 2/27 SJRs completed to date. This equates to 0.5% of all deaths in Q2 (2/430).

Senior clinical review of historic referrals for SJR by the Lead ME and Deputy Medical Directors is completed for the LDH site and is to be extended to historic referrals at BH. Following this a summary report will present the findings to inform learning from deaths (by end of June 2024).



Nursing and Midwifery Workforce Report

For Board of Directors 1 May 2024

Authors— Liz Lees, Chief Nurse/Joao Barros, Lead Nurse for Workforce

Agenda item – 8.5

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The National Quality Board (NQB) standards require that Trust Boards are appraised of the safety and effectiveness of nurse staffing within the organisation.

The metrics are presented in detail to the Quality Committee help boards understand the impact of staffing in quality of service, provide trends and act as another source of information that provides assurance on workforce practices. This summary to the Board provides assurance.

Following the publication of the NHS Long Term Workforce plan (June 2023), this report will adapt on expectations that support workforce planning and be pragmatic on data analysis of staff demand and requirements, providing assurance on service delivery of nursing care in inpatient areas.

Nursing Report

Fill rates in March have been the highest for the last 12 months, likely driven by high fill rates of temporary staff especially in enhanced patient observations (EPO) for registered and unregistered staff. Industrial action by CSW's 11-13th March may have impacted on the increase in Registered Nurses particularly at night.



Contingency use continued with high use of temporary staff to cover these areas.

In order to improve fill rates and closely monitor appropriate use of nursing resources, roster assurance meetings continue on a weekly basis, with plans to review structure and aspects covered in it. A workforce review group has also been created to look at efficient use of staffing resources with special focus on Healthroster, EPO, Mental Health demands and bank and agency use.

Compliance with SafeCare was 88% in March, just below the 90% target. This is linked with significant operational pressures felt on site and some ward areas requiring improved engagement with the tool.

Temporary staffing fill rates improved, with demand going up due to EPO and mental health requirements.

EAUs accounted for 43% of RMN requirement, 33% for Ward 11, 12 and 21. In Bedford, Whitbread Ward accounted alone for 45% of RMN usage followed by Shand, AAU and Howard that together accounted for 42%.

27 incidents were reported relating to short staffing (17 in Bedford and 10 at Luton).

Midwifery Report

The Luton site RM vacancy 6.59% (including pipeline). Bedford site RM vacancy -1.80%

The Bedford site day RM fill rate saw a minimal increase to 76.55% from 76.47% and night rate decreased to 86.70% from 87.15%. The support worker day fill rate decreased to 52.74% and night fill rate decreased to 77.40% .

The Luton site day RM fill rate decreased to 84.82% from 87.73% in February. The night fill rate saw an increase to 86.59% from 75.83% in February. The unregistered day fill rate increased to 55.13% from 50.68% the previous month. The night fill for unregistered rate increased to 45.41% from 35.17% in February.

During the month of March the maternity services at both Bedford and Luton hospital sites did not go on divert.

Luton and Bedford had 100% supernumerary status of the labour ward coordinator in the month of March.

1:1 care in labour was achieved 99.18% of the time at Luton and 100% for Bedford

12 Red flags were raised at Bedford and 77 at Luton that were appropriately responded to.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework



- NHS England
- NHS Improvement
- Equality Act
- CQC
- Trust Objectives

Jargon Buster

RMN – Registered Mental Health Nurse

CQC – Care Quality Commission

NQB – National Quality board

NHSE – NHS England

EPO – Enhanced Patient Care

RCN – Royal College of Nursing

RN – Registered Nurse

ED – Emergency Department

SNCT – Safer Nursing Care Tool

SS – Supervisory Shift



Perinatal Quality Surveillance Highlight Report

For Board of Directors 1st May 2024

Author – Emma Hardwick, Director of Midwifery

Agenda item – 8.6

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The purpose of the Perinatal Quality Surveillance Highlight report is to provide an overview of the key safety intelligence, initiatives and quality improvements for the month of March 2024 to inform the delivery of maternity and perinatal services.

The key highlights of the report are:

- The Trust achieved full compliance with all 10 Safety Actions of the Year 5 MIS.
- An Enhanced Support Visit took place at LDH on 15th April 2024 by the ICB and Regional maternity team.
- The Antenatal and Newborn Screening draft report has been received for Factual accuracy
- 13 cases were reported to PMRT; seven stillbirths, four neonatal deaths and two Late Loss.

The Trust Board are asked to note the content of this highlight report.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- Maternity Incentive Scheme (MIS)
- Local Maternity and Neonatal System (LMNS)
- Care Quality Commission
- Ockenden and Kirkup Recommendations

Perinatal Quality Surveillance Highlight Report

1. Purpose of report

Each month the Trust Quality Committee receives a detailed Perinatal Quality Surveillance Report. In line with national reporting requirements this report summarises, for the Trust Board the key safety intelligence, initiatives and quality improvements for the month of March 2024 to inform the delivery of maternity and perinatal services. Please refer to the scorecard below.

CQC Maternity Ratings	Site	Overall	Safe	Effective	Caring	Well-Led	Responsive
	LDH	Requires Improvement	Requires Improvement	Good		Requires Improvement	
BH	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement		

Maternity Safety Support Programme	No	3rd October 2023 - Confirmation received from the national team that the Trust has exited the MSSP and moved to the sustainability phase
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Target	Apr-23		May-23		Jun-23		Jul-23		Aug-23		Sep-23		Oct-23		Nov-23		Dec-23		Jan-24		Feb-24		Mar-24	
	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH
Findings of review of all perinatal deaths using the real time data monitoring tool (PMDT)	100% Reporting	4	0	4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Findings of review of all cases eligible for referral to MBSU (MBSU)	100% Reporting	1	1	1	0	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
The number of incidents logged graded as moderate or above and what actions are being taken		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service User Voice feedback - FFT	1% Very Good or Good	92.96%		92.96%		96.01%		95.66%		94.95%		92.10%	96.26%	99.16%	97.28%	92.40%	98%	99.22%	97.22%	93.85%	95.65%	96.29%	95.44%	95.44%
Staff feedback from frontline champions and walk-decks	Yes, 27th April		Yes, 5th May BH		Yes, 28th & 29th June		Not Applicable		Yes, 1st Sept at LDH (reopened from 2nd)		13th September LDH	29th September BH	16th October BH	17th October LDH	1st November LDH	14th November BH	16th December LDH	13th December BH	15th January BH	Not Applicable		06th March LDH	11th March BH	10th March LDH
MBSU/MSRC/CQC or other organisation with a concern or request for action made directly with Trust		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Convert Reg 28 made directly to Trust		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Apparatus Compliance	>95% compliance	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%	92.22%
Group 3 Mandatory Training Compliance	>95% compliance	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%	82.22%
Programs in achievement of NHS 16 Safety Actions - Year 5	100% compliance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Maternity safe staffing in maternity services to include Obstetric cover on the delivery suite - gaps in roles and midwife minimum safe staffing planned cover versus actual prospectively	BR rate Actual for month 100% compliance	1.25	1.22	1.25	1.24	1.28	1.24	1.28	1.23	1.24	1.23	1.25	1.22	1.21	1.18	1.25	1.21	1.24	1.21	1.26	1.21	1.24	1.20	1.25
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) - PROMPT	>95% compliance	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%
K2 Competency Tests (6) Jan - October	100% compliance	72%	87%	72.4%	91%	87%	91%	70.74%	80.39%	81.20%	88%	77.10%	98%	77.14%	87.38%	75.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%
Proportion of trainees responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or to receive treatment (NHS Staff Survey 2023)	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%	81.51%
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'satisfactory or good' on how would they would rate the quality of clinical supervision out of hours (reported annually)	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%

Perinatal Quality Surveillance Report Highlights

Antenatal Newborn Screening Quality Assurance Visit

The Maternity services had a Quality Assurance Visit from the National Screening Committee for the Antenatal Newborn Screening Programme on Tuesday 5th March 2024 and the LDH site and Wednesday 6th March 2024 at the BH site. The draft report has been received by the Trust and partners who are commissioned to provide the screening pathway, and this is being checked for factual accuracy.

Enhanced Support Visit Luton & Dunstable 15th April 2024

As part of the Sustainability plan for maternity services colleagues from the ICB and Regional Maternity Team conducted an on site quality visit to the Luton and Dunstable Hospital Maternity Unit on April 15th 2024. Ward areas were visited and some members of the MDT met with the visiting team. The report from the visit has not yet been received but some feedback was received on the day. Progress of work in the triage and delivery unit was seen and areas for further quality improvements were discussed, including the capacity to meet the significant governance requirements for the clinical service line which has been challenged due to long term sickness within the department. The maternity leadership teams are working closely with the executive team to ensure both short term and sustainable arrangements are in place, and are grateful to the ICB for the support being received for 2 days per week from their Quality Midwife.

Maternity Incentive Scheme Year 5 Results and Year 6

On 10th April 2024 the Maternity Incentive Scheme Year 5 results were published and the Trust achieved full compliance with all 10 Safety Actions. The full guidance for year 6 of the Maternity Incentive Scheme was published on 2nd April 2024 and the MDT are now working towards this submission. The Clinical service line teams have been delegated areas of responsibility and two monthly meetings with the cross site leadership

team are in place, one for the Saving Babies Lives components and one for the whole scheme. Reporting of ongoing progress will continue via the Maternity Safety and Governance Meeting and Quality Committee.

2.4 Perinatal Loss

The Trust uses the national Perinatal Mortality Review Tool to facilitate a comprehensive and robust review of all perinatal deaths from 22+0 weeks gestation to 28 days after birth as well as babies who die after 28 days following a neonatal care, it excludes terminations and babies with a birth weight of <500g. It is a standardised review led by a multidisciplinary group.

A total of 13 cases (9 LDH; 4 BH) were reported to PMRT during the month of March 2024; 7 stillbirths, 4 neonatal deaths and 2 Late Loss. The cases have been reported within the required timeframes to MBRRACE-UK. Actions are being progressed to disseminate any learning to frontline teams and initiate quality improvement changes as indicated.

Service User Feedback

The maternity services received a total of 452 friends and family test feedback for the month of March 2024; Overall Group 9 was 96.46%, LDH was 96.38% and BH 96.54% for very good or good.

Midwifery Workforce

The Luton site RM vacancy is 6.59% and the Bedford Site RM vacancy -1.80%. For the supernumerary status of the Band 7 both sites were 100%. One to One care in labour was achieved 99.18% of the time at LDH and 100% of the time at BH. 77 red flags were reported for LDH and 12 for BH. Delayed or cancelled time critical activity (43) was the most commonly reported red flag for LDH.



Finance Investment and Performance Committee Report

For Board of Directors 1st May 2024

Author – David Harrison, Non-Executive Director

Agenda item – 9.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This Report updates the Board of Directors regarding the matters for escalation from the FIP Committee meetings held in February, March & April 2024.

1. Finance Report

The Committee received reports on the financial position of the Trust. The Committee noted the current revenue position. As at 31st March 2024 (end of the financial year), this is showing a £0.3m surplus against a breakeven plan. This was achieved despite a challenging year with significant costs relating to industrial action, emergency pressures impacting on the Trust's ability to deliver ERF income, and significant non-pay inflation.

At the end of the financial year, capital spend was £95.9m against the annual plan of £94m. The Trust spent £27.7m against the Trust's CDEL limit of £26.6m. NHSE were advised of the small overspend against the capital limit in early April.

2. Capital Update

The Committee continues to review capital pressures over a timeframe greater than one year, and received an updated plan through to 2027/28. Committed and expected capital spend exceeds currently identified funding sources, albeit the gap has reduced in the last quarter.

The Committee was advised that, if nothing changes, the mismatch between expenditure and available funds and is likely to crystallise during 2024/25. Several avenues are being explored by which this mismatch can be eliminated and/or managed. However, given the



uncertainty of any additional funding, both as to amount and timing, FIP has emphasised the need for the Trust to be extremely cautious about entering into any additional, unfunded capital commitments.

3. Budget Setting for 2024/25

The financial outlook for the Trust for 2024/25 is challenging, irrespective of industrial action. The Committee has received monthly updates on the budget setting position. It noted that, although the 2024/25 gap has partially closed (from £60m to £25m), there remains a significant mismatch between, on the one hand, unavoidable cost pressures and reasonable Service Line aspirations, and, on the other hand, the financial envelope.

The Committee received the plan to further close the gap, which included working with service lines internally to identify further opportunities, working with system partners to improved patient flow and constrain emergency activity, and further dialogue with system and regional teams on the difficult decisions required to ultimately close the gap.

4. Other Updates

The Committee approved an application for NHS England recurrent funding to establish and operate a networked automated Red Cell Exchange (aRCX) service for the East of England region.

The Committee continued to receive updates from the Redevelopment & Digital teams with regard to performance against budgets. The Committee received an update on the developments in costing practice, preparation by BHFT for the National Cost Collection 2022/23. The productivity and efficiency reporting continues to develop, describing the links between operational performance and the Trust's bottom-line financial position.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives

Jargon Buster

CDEL – Capital Departmental Spending Limits set by NHS England



Finance Report

For Board of Directors 1st May 2024

Author – Matthew Gibbons, Director of Finance

Agenda item – 9.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Trust closed 2023/24 delivering a small surplus of £0.3m. This was achieved despite a challenging year with significant costs relating to industrial action, emergency pressures impacting on the Trust's ability to deliver ERF income and non-pay inflation well above funded levels.

From a capital perspective the Trust spent £95.9m against a £94m plan. The majority of the overspend related to higher than expected donated assets, which do not count against Trust CDEL. There remained a small overspend on CDEL, which the Trust alerted NHSE to in early April.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

Objective 4 – Embed the approved commercial opportunity proposition

Objective 8 – Achieve financial targets

Jargon Buster

ERF – Elective Recovery Fund

CDEL – Capital Departmental Expenditure Limit

LVA – Low Value Activity

H1 – First half of year (April to September)

H2 – Second half of year (October to March)

AFC – Agenda for Change

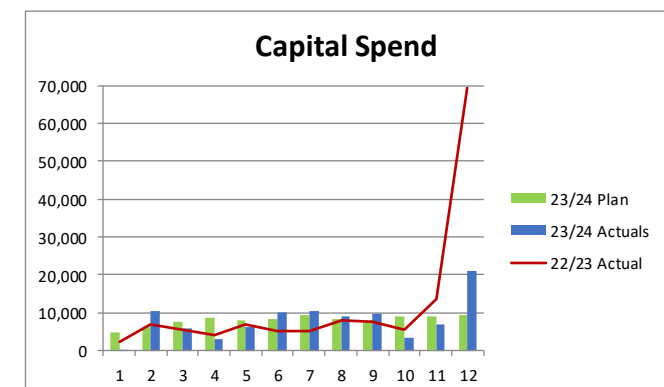
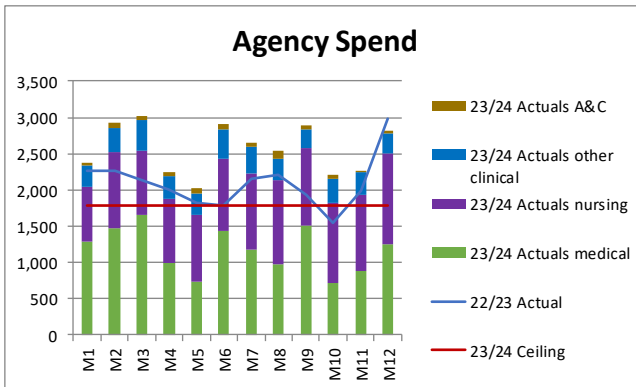
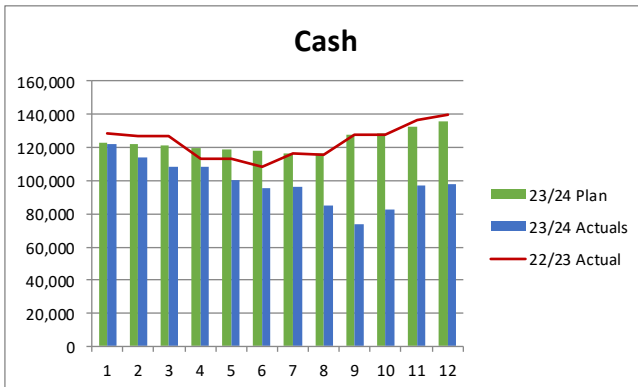
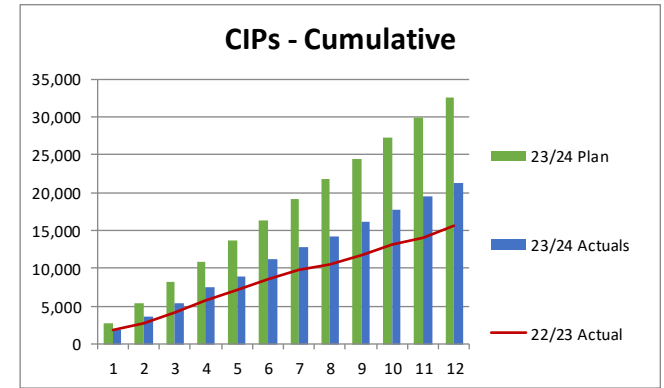
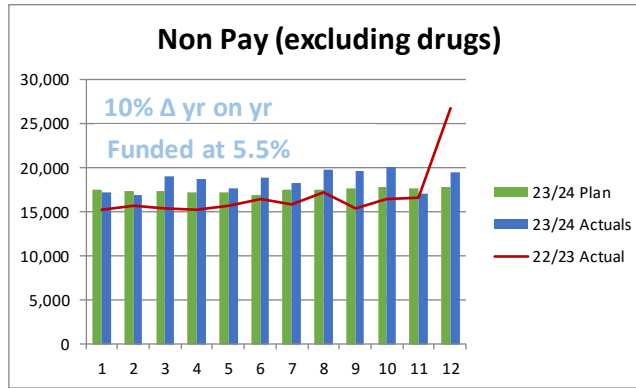
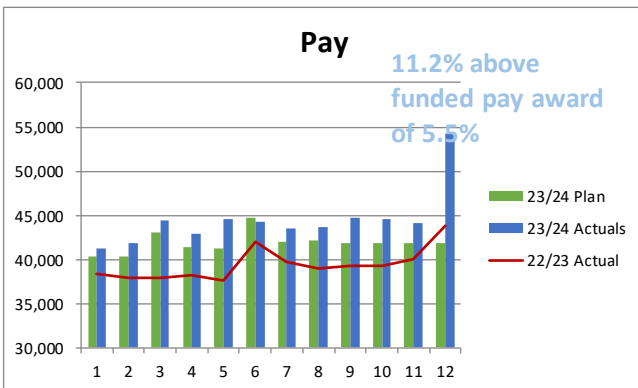
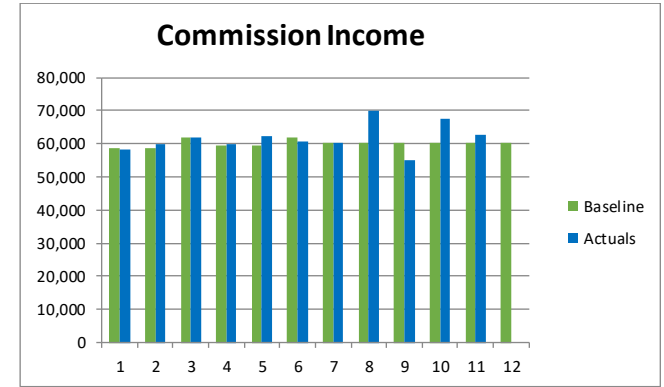
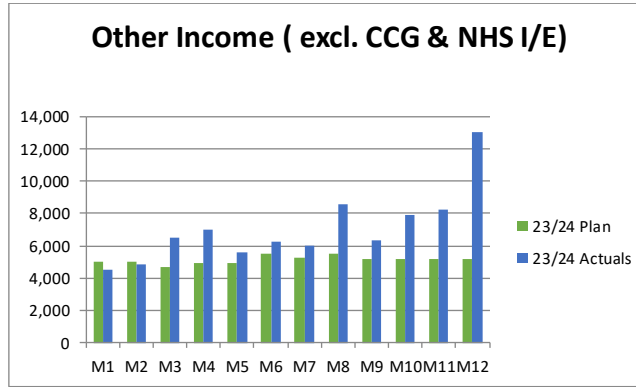
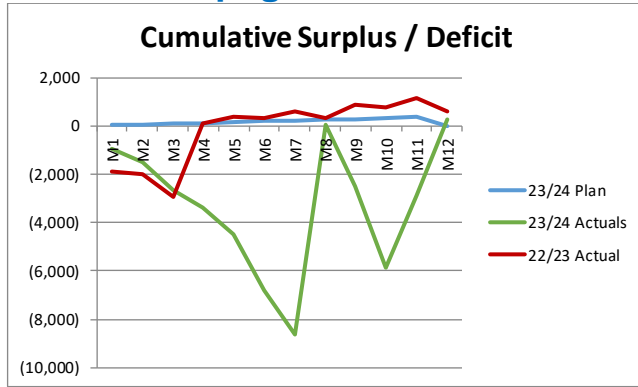


Income and Expenditure Statement

Operating Income and Expenditure	Prior Year	Full Year Budget	YTD Budget	YTD Actuals	YTD Variance	In Month Budget	In Month Actuals	In Month Variance
	2022/23	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Contract Income	696,892	722,012	722,012	748,138	26,126	60,380	70,066	9,685
Other Income	64,527	61,627	61,627	84,830	23,204	5,210	13,017	7,807
Total Income	761,419	783,639	783,639	832,968	49,329	65,591	83,083	17,492
Consultants	90,155	95,421	95,421	100,232	4,811	7,952	7,987	36
Other Medics	72,314	74,494	74,494	83,520	9,026	6,210	7,147	937
Nurses	181,853	193,272	193,273	210,345	17,073	16,115	25,062	8,947
Scientific, therapeutic & technical	78,657	87,200	87,200	88,429	1,230	7,267	8,698	1,431
Other Pay	65,891	52,584	52,584	51,550	-1,035	4,382	5,370	989
Total Pay	488,871	502,971	502,972	534,077	31,105	41,926	54,265	12,339
Drugs	62,302	64,278	64,278	70,588	6,309	5,357	5,618	262
Clinical Supplies	59,855	58,912	58,912	65,951	7,039	4,960	6,625	1,665
General Supplies	34,883	35,856	35,856	39,798	3,942	2,990	4,432	1,442
CNST	24,567	25,168	25,168	25,170	1	2,097	2,097	0
Other Non-Pay	53,694	58,316	58,315	61,973	3,658	5,089	3,529	-1,560
Total Non-Pay	235,301	242,530	242,530	263,479	20,949	20,493	22,302	1,810
EBITDA	37,247	38,137	38,137	35,412	-2,725	3,172	6,516	3,344
ITDA	36,043	38,137	38,137	34,796	-3,342	3,178	2,807	-371
Trading Position	1,204	0	0	616	617	-6	3,709	3,715
Impact of Impairments		0	0	0	0	0	0	0
Depreciation of Donated Assets	795	722	722	932	210	60	83	23
Donated Assets Income	-1,423	-722	-722	-1,367	-646	-60	-711	-651
Remove impact of consum. donated by DHSC	2	0	0	101	101	0	101	101
Adj. Financial Performance Surplus/Deficit	578	0	0	282	283	-6	3,182	3,188



Finance in a page





Statement of Financial Position

Statement of Financial Position	Closing 31 Mar 23	Closing 31 Mar 24
	£000s	£000s
Non-Current Assets		
Property, plant and equipment	483,835	534,157
Trade and other receivables	2,872	2,725
Other assets	1,319	1,010
Total non-current assets	488,026	537,892
Current assets		
Inventories	8,146	9,130
Trade and other receivables	41,894	33,163
Cash and cash equivalents	139,804	98,281
Total current assets	189,844	140,574
Current liabilities		
Trade and other payables	-134,677	-91,001
Borrowings	-4,843	-4,592
Provisions	-9,221	-10,937
Other liabilities	-7,814	-4,767
Total current liabilities	-156,555	-111,297
Total assets less current liabilities	521,315	567,169
Non-current liabilities		
Borrowings	-65,921	-64,679
Provisions	-2,110	-2,065
Total non-current liabilities	-68,031	-66,744
Total assets employed	453,284	500,425
Financed by (taxpayers' equity)		
Public Dividend Capital	340,856	404,171
Revaluation reserve	29,880	25,697
Income and expenditure reserve	82,548	70,557
Total taxpayers' equity	453,284	500,425



CAPITAL PLAN

Report for Month 12

The 23/24 CDEL allocation for Bedfordshire Hospitals is £26.6m of a total of £39.9m for the ICS. The overall capital plan comes to £94m, including centrally funded and donated asset schemes.

Capital spend is £95.9m against the annual plan of £94m. The Trust spent £27.7m against the Trust's year to date CDEL limit of £26.6m. The overspend has been notified to NHSE on 6th April.

Given the Trust started the year with significant risk within the overall capital plan, and the deferral of £4m PDC funding (to help the pressure within the 24/25 capital plan), the small overspend represents a positive result.

The Trust has lodged a request for additional inflationary CDEL monies with NHSE, and this is still under review. The Trust will continue to raise this issue where possible



Redevelopment Committee Report

For Board of Directors 1st May 2024

Author – Melanie Banks, Director of Redevelopment and Strategic Planning

Agenda item – 9.3

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This report provides an overview of the activity within the Redevelopment team over the last quarter from, January 2024 – March 2024.

A significant amount of construction work is taking place across Bedfordshire Hospital in a coordinated programme to address significant estates risks, including infrastructure and decarbonisation; to support the Covid recovery position; and to underpin the Trust's clinical strategy, which focusses on improving population access to care and patient outcomes.

At the Luton and Dunstable site, the Trust's Energy Centre is now complete, providing heating and hot water to the estate and providing electrical capacity, resilience and efficiency. The construction of the New Clinical Buildings (NCB) continues, with very limited disruption caused to the clinical hospital. Internal work is focussed on transitioning services into the new buildings in 2025. The Emergency Department (ED) extension and refurbishment works remain challenging as the team work to deliver a new department, over double the size, working in and around a live clinical environment. All construction projects remain challenging for many reasons, but not least given the climate in which they were procured or are being delivered in (Covid, hyperinflation, industrial action).

At Bedford Hospital, the essential Electrical Infrastructure project completed on time and in budget, a new memorial garden opened, funded by the Hospital and by Bedford Hospital Charity and Friends. The Community Diagnostics Centre (CDC) and the Primary Care Hub (PCH) project on the North Wing site has now commenced with the first phase of works anticipated to complete at the end of 2024.



Key general risks include the current adverse market conditions in construction, leading to further upward pricing pressure and disruption to the supply chain. There remains a real risk of supply chain insolvency and this is being experienced up and down the country. These market conditions present significant risk to the construction projects at the hospital, both these being designed and delivered.

Work over the last quarter between redevelopment and estates teams has focused in detail on the existing estate infrastructure risks and requirements, which remain a critical risk for the Trust, directly impacting clinical service provision and patient care.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- Trust objectives



Introduction

This report provides an overview of the activity within the Redevelopment team over the last quarter, from January to March 2024.

Acute Service Block and New Ward Block, L&D

- The project continues to progress at pace, with increased labour on site as the focus has moved to the fitting out of the building. The building is being “unwrapped” as the scaffolding has been removed and the new buildings become fully revealed on site. Inflationary cost pressure uplifts remain a highly significant issue for the Trust. The building works are planned to complete in the Spring of 2025 with clinical services moving in from the summer of 2025. This is a significant change programme for the Trust, to transition safely into the new buildings and ensure clinical benefits are achieved.

Urgent and Emergency Care, L&D

- In recognition of the complexity of the project and the climate in which it was The project is currently in its final phase. Further unforeseen risk with regards to building fabric and integrity has triggered an additional phase of construction works which moves the completion programme to the end of 2025. In recognition of the complexity of the project and the climate in which it was conceived and procured, the budget including contingency allowances, remain under pressure.

Energy Centre (EC), L&D

- The Energy Centre Building is complete and functioning on site. The Trust estate is now served efficiently by the new heat and power plant. Energy efficiency benefits for the project are now being realised.

Electrical Infrastructure, BH

- The essential HV cabling works at Bedford Hospital have now been completed. The scheme provides electrical capacity and electrical compliance to part of the hospital site. The project is the first step on a series of significant steps required working towards infrastructure capacity, resilience and a decarbonised estate. A memorial garden completes this project and is now open, funded by the Hospital and Bedford Hospital Charity and Friends.

BLMK Projects - Community Diagnostic Centre (CDC) & Primary Care Hub (PCH), BH

- The Trust are now in contract with ASHE construction to deliver the refurbishment and an extension to Gilbert Hitchcock House, a Trust asset on the North Wing site. Construction work has commenced, the first phase of work is due to complete end of 2024, with the second phase of work anticipated to complete Autumn 2025.

Master Planning, Luton & Bedford

- The Master Plan was adopted by the Trust Board in October 2023. Progressing strategic estates plans is considered essential in managing and mitigating significant estates risks. The Master Plan proposes to target investment on planning for phase 2 of development at Luton and at Bedford to be in a position of readiness should the opportunity to seek capital funding become apparent. Capital funding opportunities continue to present in an ad-hoc manner and reward Trust’s with worked up capital projects that can deliver quickly.

Workforce Committee Report

For Board of Directors 1st May 2024

Author Tansi Harper, Non-Executive Director and
Angela Doak, Director of HR

Agenda item – 10.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This Report updates the Board of Directors regarding the matters for escalation from the Workforce Committee meetings held on 10th April 2024.

Redevelopment Workforce Implications

A report was received providing an overview of New Clinical Buildings (NCB) transition planning programme, how clinical and support the services are preparing for their transition into the new buildings and how work is progressing to identify specific workforce requirements, training, development and recruitment needs.

Workforce Report

The Workforce Report was received which noted the vacancy rate continues a downward trend reaching 5.32%. Turnover saw an in month decrease down to 12.98% and sickness rates reduced to 4.28%. There was an increase in use of agency nurses driven by the use of Registered Mental Health Nurses delivering one to one care and staffing contingency areas. Overall mandatory training remains 90% at Bedford (91.38%) and Luton continues to improve now at 86.83%. The Trust has been successful at securing funding for a People Promise Manager to focus on retention initiatives that deliver the NHS People Promise. An appointment has been made and started in post in April 2024.

Governance

The Committee received an update on the Gender Pay Gap report and internal audits relating to workforce. The risk register was reviewed and the committee requested that costs be added to the Workforce Planning risk, the industrial action risk rating to be slightly reduced in light of the Consultant pay deal being agreed and a review to be undertaken of the Vacancy and turnover risks.

Health and Wellbeing

The Committee received a report detailing the results from surveys taken in the winter engagement event which survey staff on preferences for well-being support with the top three being; group reflective practice sessions, group wellbeing sessions (skills teaching) and webinars outside of working hours. An update was received on cost of living and wellbeing initiatives. The committee noted the low update of the Safe Spaces support provided on the Luton site.

Staff Networks

A report was received on the work of the Staff Networks; BAME, LGBTQ+ and Disability.

Of particular note is that the staff networks reported an increase in staff registering to become members and work to obtain the Purple Passport which will provide details in relation to accessibility and ensuring the Trust is able to make reasonable adjustments where necessary.

Freedom to Speak Up

The Committee received an update and this report is presented to the Board and details about disseminating the results and

Staff Survey

The Committee received an update on the staff survey results and key findings with key points to note:

- The Staff Survey dashboard has been updated and departments are now able to view comparative results for the past 3yrs. A specific People Promise dashboard has also been developed.
- Overall, results across the Trust have improved: most notable improvements were in Patient Access and Acute Medicine.
- Some areas have declined and, where required, the OD Team will prioritise intervention support and activities for these departments and teams.

National Education and Training Survey (NETS) 2023

The Committee notes that the results had been received and a focussed piece of work is being undertaken to review how staff deal with patient experience and identify what improvements can be made. However, the NMC report to the University of Bedfordshire has yet to be received to enable triangulation of the results.

Mandatory Training and Learning Update

The Committee received a report updating the work of the Training and Learning Team to improve the training and appraisal compliance rates. It was noted that recent improvements in compliance at the Luton site is attributed to the appointment and work of a site based Mandatory Training Officer.

There are currently 299 live learners across both sites and with 44 new starters in the last quarter. The team are currently working alongside IT to promote the digital analyst apprenticeships.

Productivity and Efficiency Plans

Highlight reports were received from the four key productivity projects for the 2024/25 financial year. These are agency locum model, managing absence, eRostering optimisation and on-boarding. The Committee was assured that appropriate plans are in place and the Chair will determine the frequency of updates at future Committee meetings.

Industrial Action: HCSW Band 2 / 3 Re-grading

A paper was presented providing an update on the work to resolve the issue around the grading our Healthcare Support Worker workforce (HCSW) from band 2 to band 3. It was noted that significant progress had been made and a new offer had been negotiated with Unison who agreed to postpone planned industrial action and ballot their members on accepting the revised offer. We are awaiting the outcome of the ballot.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



Workforce Report

For Board of Directors 1st May 2024

Author - Angela Doak, Director of HR

Agenda item 10.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

- Sickness reduced from 4.28% In February 2024 to 3.95% in March 2024 compared to a regional benchmark average of 5.02%.
- Vacancy rates have increased from 5.32% in February 2024 to 5.44% in March 2024 compared to a regional benchmark average of 9.1%.
- The overall turnover reduced from 12.98% in February 2024 to 12.68% in March 2024 compared to a regional benchmark average of 12.7%.
- The overall agency run rate is 19.46% higher in March 2024 when compared to March 2023 equivalent to 66.9 FTE more agency staff.
- The overall bank run rate was 2.24% higher in March 2024 when compared to March 2023 equivalent to 20.6 FTE more bank workers.
- The overall training compliance rate decreased by 0.23% in March 2024 to 88.37% compared to a regional benchmark average of 90%.
- The overall appraisal rate reduced by 0.61% in December to 76.75% compared to a regional benchmark average of 67%.

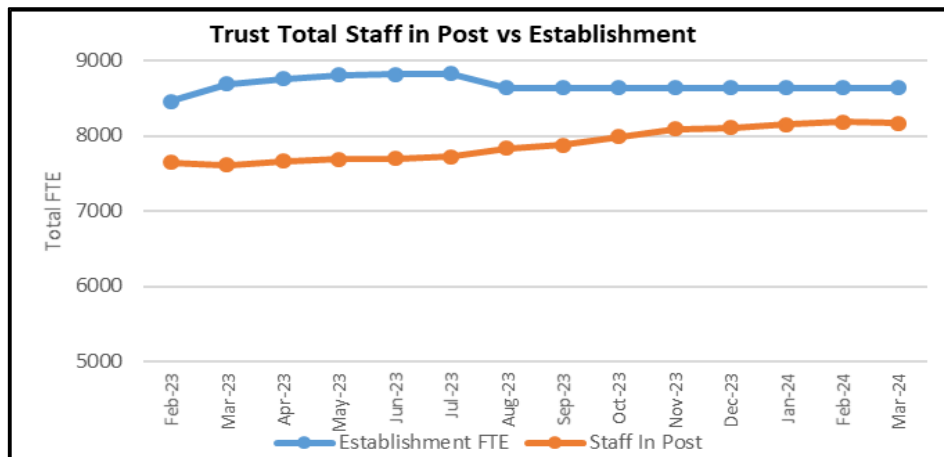


Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives particularly Objective 1 – Workforce

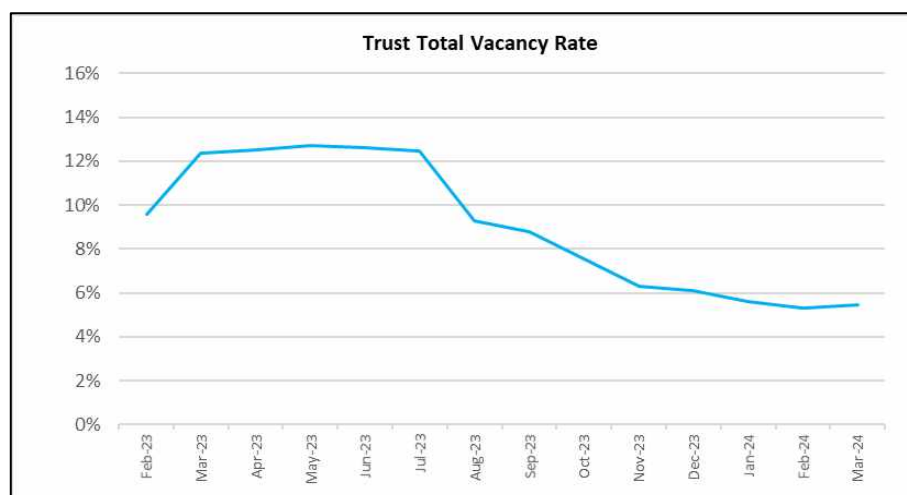
Staff in Post

- The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) reduced by 10.83 WTE between February 2024 and March 2024.
- During the last 12 months the SIP increased by 6.83% (558.04 FTE) between March 2023 to March 2024.
- There was decrease in establishment of 186.6 WTE in August 2023 due to a reconciliation exercise between Finance and HR in August covering an adjustment period of two months. Regular reconciliation exercises continue to ensure accuracy of data.



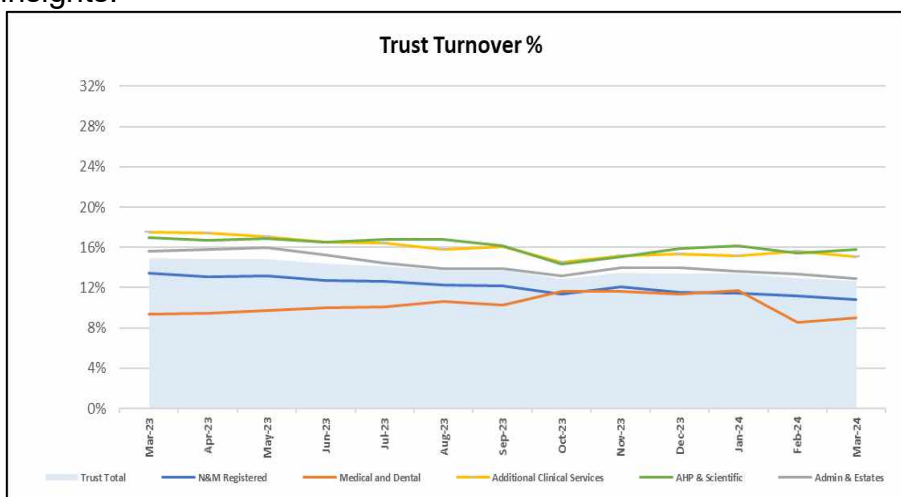
Vacancy

- The overall vacancy rate reduced over the last 12 months; from 12.37% in March 2023 to 5.44% in March 2024 compared to a regional benchmark average of 9.1%.
- Registered nursing and midwifery vacancy rates are currently 8.03% reducing by 0.16% from February 2024 and have reduced by 5.80% over the last 12 months to March 2024.
- Medical and Dental vacancy rate is currently at 2.85%.
- There are approximately 146 Band 5 nursing & midwifery vacancies (92 WTE at Luton and 54 WTE at Bedford). There are currently 61 pre-registered overseas nurses and midwives (39 at Luton and 23 at Bedford) at various stages of their NMC registration and will convert to Band 5's over the coming months. There are also 92 nurses under offer via local recruitment and direct advertising overseas. 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 -59 WTE.



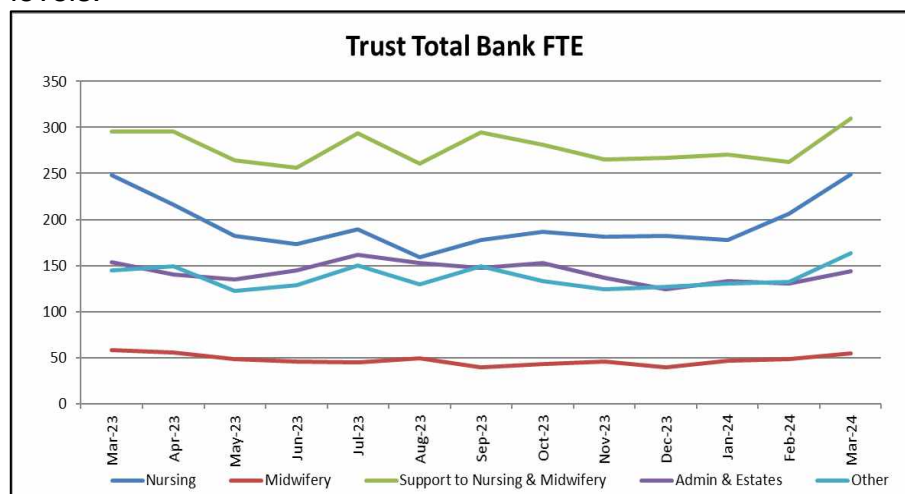
Turnover

- The nursing and midwifery staff group turnover has reduced by (2.65%) over the last 12 months to March 2024 and is currently at 10.83% compared to a regional benchmark average of 12.7%. This is a 0.38% reduced from February 2024.
- The turnover for Allied Health Professionals, (physiotherapists, Operating Department Practitioners (ODP) and Radiographers) and additional professional and scientific staff group increased from 15.44% to 15.82% in March 2024 but is 1.18% lower when compared to March 2023
- Additional Clinical Services staff group turnover decreased by 2.48% over 12 months to March 2024 and now stands at 15.08% which is 0.52% reduced on the last month.
- We have appointed an NHS People Promise Manager to coordinate and embed all aspects of the NHS People Promise into the Trust to improve all staff experience and retention. We are working with a national exemplar programme and are currently carrying out a self-assessment audit and data review. The initial focus of the work will be around working flexibly and the digitisation of exit processes to improve data and improve insights.



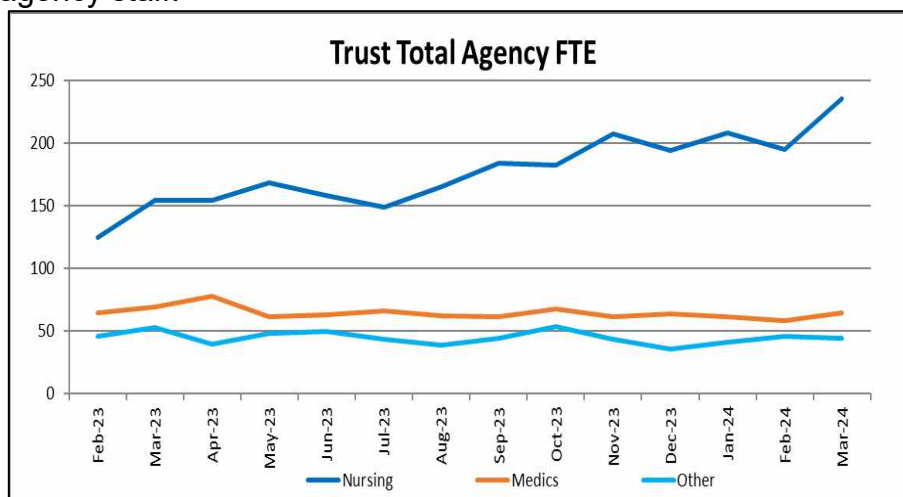
Bank Usage

- Overall, bank usage increased by 15.22% in March 2024 as compared to February 2024 equivalent to 140.1 FTE more bank workers. The bank run rate was 2.24% higher in March 2024 when compared to February 2024 equivalent to 20.6 FTE more bank workers.
- Following the pandemic, bank levels for March 2024 are 6.30% higher than pre-pandemic levels.



Agency Usage

- Overall Agency usage reduced by 12.98% in March 2024 as compared to February 2024 equivalent to 44.7 FTE fewer agency staff. The March 2024 run rate increased compared to March 2023 which is the equivalent to 66.9 FTE more agency workers.
- The use of nursing agency increased by 17.15% between February 2024 and March 2024, which is equivalent to 40.4 FTE more nursing agency staff. Higher levels of nursing agency is driven on both sites by use of RMN and staffing contingency areas.
- Medical agency locums increased in the month by 9.72% equivalent to 6.3 FTE more medical agency staff.

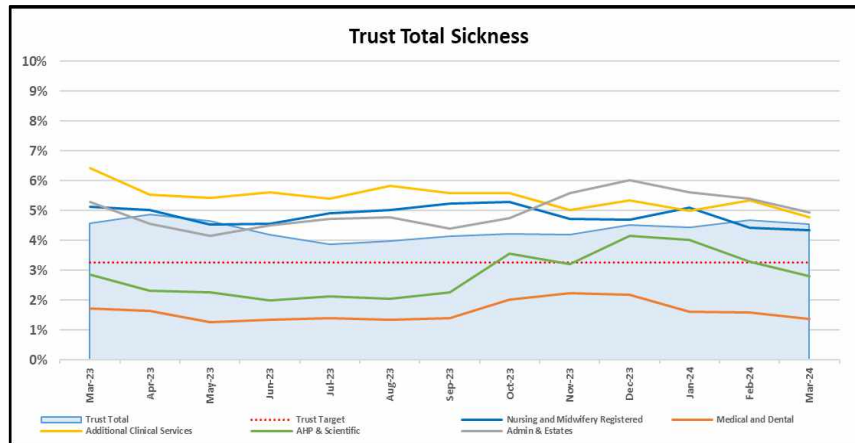


Employee Relations

- Across the Trust, there has been a 5.6% increase in the overall number of employee relations cases currently being managed within the Trust; from 108 cases in February to 114 in March. Included within this number, 27 cases have been closed down during the period.
- The level of activity has remained consistent; with only minor increases showing in the following types of case (increase shown in parenthesis); grievances (2), final stage sickness (2), suspensions (2) and other (3). Cases defined as other include two safeguarding cases which do not fall into any other category and one “resignation in haste”.
- The number of Employment Tribunals remained unchanged, but all other types of cases numbers decreased over the period. Most notably, the number of probation cases has fallen from 12 in February to 8 in March (33.3% reduction). There has also been a fall in the number of disciplinary cases from 27 to 24 cases.
- Although falling, the number of disciplinary cases continues to account for the majority of active cases. The most prominent reason for disciplinary investigations being initiated is alleged fraud (ranging from mileage claims to working whilst on sickness absence) and ‘unprofessional behaviour, which each account for 17.4% and 13% of all cases respectively. Other themes include; being absent without leave (AWOL), attendance, general conduct/attitude concerns about working practices, misuse of drugs/alcohol, lapses of registration and IG/confidentiality breaches.
- Most other areas of ER activity have remained constant over the quarterly reporting period and is indicative of the length of time that cases take to conclude from the point of initiation.

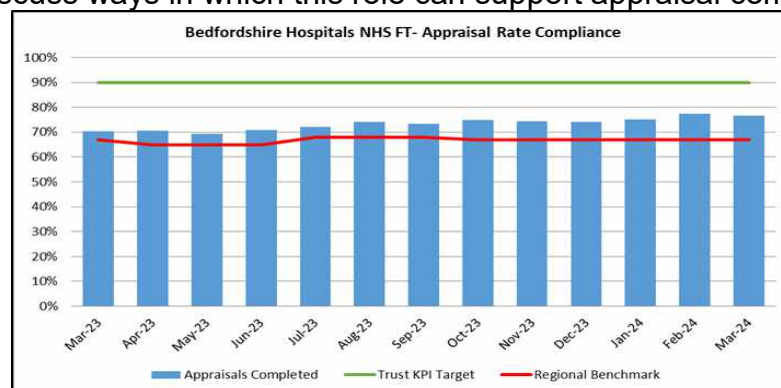
Sickness Absence

- Overall sickness levels have decreased from a peak of 5.69% in December 2022, to 3.95% in March 2024 compared to a regional benchmark average of 5.02%
- Sickness levels in March were at a lower level (0.70% lower) compared to the same period last year and 0.33% lower as compared to March 2024.
- The highest absence rates for November were within Admin and Estates 4.95%, Additional Clinical Services 4.78% and Nursing and Midwifery 4.34%.
- The sickness absence project provides additional support to help services proactively manage sickness absence for employees that have exceeded a Bradford score of 150, carried out 148 stage 2 meetings in March and a total of 1,277 since August 2023. In March there were 2043 staff with a Bradford score of over 150 of which 982 have had a stage 2 meeting (48%) an increase of 10% from the project start date. Meetings continue with priority areas to manage absences and the project has adopted a focus on completing return to work interviews to ensure early intervention.



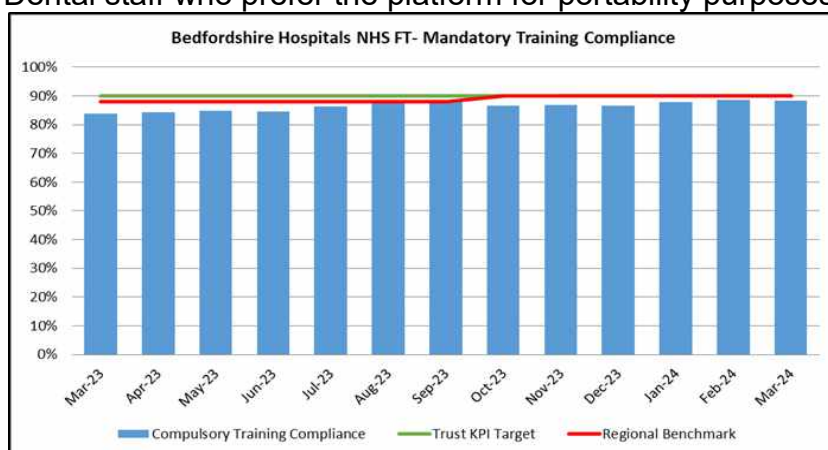
Appraisal

- Appraisal compliance has decreased by 0.61% to bring the average compliance to 76.75% compared to a regional benchmark average of 67%.
- It is disappointing to see that the lowest compliant staff group is Administration and Clerical. This month the Training Team will make contact with all staff that are out of date in this category to encourage them to complete their appraisal.
- The Training and Learning Team will resend the e-form to see if we need to capture any appraisal information that may not have been received.
- The Training Team are going to contact the newly appointed People Promise Manager to discuss ways in which this role can support appraisal compliance.



Mandatory Training

- The overall compliance for the month of March has decreased by 0.23% taking the overall compliance to 88.37% compared to a regional benchmark average of 90%.
- Whilst there has been a slight decrease in compliance, 10 of the mandatory training topics remain above the 90% Trust target.
- The Training Team are exploring an interface between the E-Learning for Healthcare website and ESR to enable the transfer of course completions automatically. If successfully implemented, we expect this will have a positive impact, particularly for Medical and Dental staff who prefer the platform for portability purposes.



Health and Wellbeing

Safe Spaces

Our safe space initiative within the hospitals commenced in February of 2023– a dedicated area where staff who need further support can go for help.

This initiative continues to provide both holistic and practical ways to those members of staff who are really finding things difficult.

It is understood that staff in desperate need of this initiative may feel embarrassed or reluctant to utilise this service, this is why it's very important to clarify that the Safe Spaces are manned by volunteers who will provide private, confidential guidance and support on a 1 to 1 basis. As an example, staff can be referred to food banks, provided with free sanitary products, given emergency food tokens for use in our hospital restaurants, and signposted to appropriate support.

To date, on our Bedford site, 62 individuals visited the space, with a total of 331 attendances in all and 949 emergency food tokens issued. On our L+D site, 22 individuals attended, with a total of 41 attendances in all and 76 emergency food tokens were issued. Wellbeing check appointments take place for those attending on a regular basis with Jennie Jones - Head of staff engagement/Health and wellbeing for those attending on a regular basis

Teas, coffees and hot chocolate

Since Feb 2023 Managers or those with ordering responsibilities have been able to order refreshments for their work areas/departments via their Lyreco account. Expenditure until the end of February 2024, was £93.6K with 230 cost codes benefiting from this initiative for their staff.

Blue Light card membership

Since Feb 2023, 290 staff members have been supported with reimbursement of their Blue light card.

Voluntary Benevolent Fund

A fund was established by the Trust, which staff can apply to if they are facing financial hardship. Staff apply by completing an application form detailing their current living and financial position. Consideration is given for exceptional costs, such as repairs to or replacement of essential household equipment and other emergency situations that have arisen, leaving them in financial hardship. The Voluntary Benevolent fund committee meets bi weekly to consider applications.

Since the 9th March 2023, there have been 42 applications (22 on our Bedford site and 20 Luton site) – 21 have been successful in obtaining an element of their requests such as beds, mattresses, washing machines/washer dryers, car repairs, fridge freezers, reconditioned laptop and clothing. Total spend - £4,854.

Those unsuccessful in their bids are generally individuals who have requested funding for incurred debt with renting and utilities bills. These members of staff are always signposted to additional support such as money management advice, union support and safe space advice/support.

No Smoking Day

This annual awareness day in the UK and was celebrated on the 13th of March 2024. It was founded by a charity of the same name and first took place on Ash Wednesday in 1984, this year marks the 40th anniversary of No Smoking Day. Since this time smoking prevalence has reduced by two thirds, but there is still some way to go to achieve the ambition of becoming a smoke-free nation by 2030.

'No Smoking Day' stands were at both our main sites, and attracted plenty of engagement. As well as much information, CO (carbon monoxide) monitoring and Spirometry tests (check lung function), were available.

Staff member comment: - 'Having the lung test as an ex-smoker was nerve-racking, but having my result in the excellent category feels like a reward for sticking to my quit!'

Support is available for our staff, by way of regular clinics on both our main sites.

For more information on accessing support, please contact Madeeha Samsudeen, Tobacco Dependency Treatment Lead for the Trust, by email or 07385228796.

Flu Vaccination Programme 23/24

The CQUIN (financial incentive) target for flu vaccination uptake by frontline healthcare workers including non-clinical staff with patient contact was 80%, with 75% being the minimum for achieving any payment. This target was ambitious, and many Trusts will have failed to meet the minimum requirement. Flu vaccine uptake amongst Trusts has been in decline over the years since the COVID-19 Pandemic.

Our Flu vaccination campaign ended at the end of Feb 2024 our frontline flu vaccine uptake stood at 52.8% (n4064), 14% of frontline staff actively declined. Last year the vaccine uptake was very poor and the Trust achieved only 50.8% uptake by the end of the campaign in February 2023.

Of note – by end of January, when we were at 51.8%. The EOE average uptake was 46.2%, and the total uptake for England was at 44.3%

This year we offered an incentive for staff. All staff who received the vaccine were entered into a prize draw. There were 10 draws with 20 members of our staff receiving £250 into their wages (subject to tax and NI). It's true to say that whilst there was an increase in uptake, it was not significant.

Fruit and Veg Stall

Five a day Greengrocers work with a number of Trusts in bringing fruit and veg to their staff, patients and visitors.

A 10 week trial has been agreed, and commenced on our L+D site on 20th March, and Tuesday 2nd April on our Bedford site.

A few comments from social media:-

- This is a fantastic idea – glad to see it back
- Great for patients, visitors and staff
- Got a lovely coconut with a straw!
- Nice, looking forward to buying some when I'm on a break
- I always enjoyed it in the past, saves time after work to go to the supermarket
- Was very busy

Following a great start on our L+D site , they will now be in attendance on both Wednesdays and Thursdays, just inside the main entrance, and on our Bedford site every Tuesday situated in the corridor leading to Outpatients Department.



Freedom to Speak Up FTSU Annual Report

For Board of Directors 1st May 2024

Author – Lana Haslam (FTSU Bedford), Clive Underwood (FTSU L&D)

Agenda item - 10.3

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

Freedom to Speak Up (FTSU) Guardian Annual Report 2023/24

This overview of the FTSU activity that took place for the four quarters of 2023/24 across the Luton & Bedford sites, includes actions taken to improve speaking up at Bedfordshire Hospitals and an assessment of the number and themes of concerns raised.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives particularly



Background

The Trust has two Guardians: Lana Haslam at the Bedford site and Clive Underwood at the Luton site. They are supported by a network of eight FTSU champions spread across both sites.

While there are many existing routes for workers to speak up through their line manager, union representative or through incident reporting mechanisms, there may be occasions where none of these channels are suitable or trusted. Some people may be fearful that they might be victimised for speaking up or they have tried to raise matters before and been blocked or ignored, or as a new member of staff, they may be uncertain of who to speak to or even, whether they can.

FTSU Guardians provide an additional channel for healthcare workers, volunteers, students, trainees, contractors, partners and others, working proactively to support a positive speaking up culture.

They thank staff for speaking up, listen, offer support, act to preserve confidentiality where requested and if possible, ensure action is taken and feedback given. Any speaking up matter can be brought to a Guardian- a safeguarding concern, a patient safety issue, concerns about bullying and harassment but also suggestions for improvement where there is no obvious place to raise it. Guardians will signpost and escalate to the appropriate person in the organisation, maintaining confidentiality or supporting the staff member to speak for themselves.

Additionally, we have expanded the number of Peer Listeners on the L&D site. All Peer Listeners undertake Mental Health First Aid Training and are supported by regular Group meetings with the Trust's Principal Psychologist.

Cases Opened

Contacts made and cases opened in the period April 2023 – March 2024 covering Quarter 1 (April-June), Quarter 2 (July- Sept), Quarter 3 (Oct-Dec) and Quarter 4 (Jan to March). A regular detailed report is provided to the Workforce Committee and Audit and Risk Committee.

There are a number of issues raised to either the Guardians or Champions that simply require sign-posting and usually resolved informally. Cases are opened when matters are more complex and require further action and investigation. Through the signposting process, some cases proceed to formal complaints or being raised through and Human Resources process.

Number & Types of concerns raised

	Number of cases where there is an element of patient safety/quality	Number of cases where there is an element of worker safety and wellbeing	Number of cases where there is an element of bullying and harassment	Number of cases where there is an element of other inappropriate attitudes and behaviours	Number of cases raised anonymously
Quarter 1	35	58	21	77	2
Quarter 2	8	14	10	27	2
Quarter 3	1	64	64	74	1
Quarter 4	2	15	7	23	2
Count	46	151	102	201	7

Note: One concern can cover multiple different elements



Concerns raised by Different staff groups

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Medical & Dental	5	3	2	2	12
Registered Nurses & Midwives	61	26	16	19	122
Allied Health Professionals	4	5	2	3	14
Administrative & Clerical	21	8	21	8	58
Additional Professional Scientific & Technical			1	3	4
Additional Clinical Services				2	2
Healthcare Scientists				1	1
Estates & Ancillary			35	2	37
Other					
Not Known	1	1			2
Total	92	43	77	40	252

Note: Total= 252 individuals who raised a concern

Assessment of Cases

A total of 252 members of staff raised concerns across Bedfordshire Hospitals. This is a three-fold increase from the previous 12 months, in part due to a change in how concerns are recorded. The national reporting criteria requires a count of each individual involved in raising a concern. Previously where a group raised a joint concern, it was recorded as one concern.

The themes and nature of concerns raised continues to be predominantly matters that concern staff wellbeing as a result of inappropriate behaviours and attitudes, rather than patient safety specifically. The extreme local operational and national pressures continue to test the resilience of our staff with the majority of concerns about attitudes and behaviours, often caused by misunderstandings, perceived incivility or poor communications.

Learning and Improvement

At a monthly meeting key trust stakeholders discuss cases/themes and trends, the key learning for 2023/24 is:

- Consistent with what is being reported nationally, within and outside the NHS, the majority of cases raised have an element of inappropriate attitudes and behaviours (usually at line Manager and above) and worker safety and wellbeing.
- The importance of Managers being visible to their teams, open to listening to issues and communicating where action can or cannot be taken
- Fair and consistent application of policies; the harmonisation of policies across both sites should support this.
- The staff group raising the most concerns are our largest staff group - nurses and midwives (48.41%), Admin and Clerical (23%), Estates and Ancillary (14.68%), Allied Health Professionals (5.55%) and Medical & Dental Staff (4.76%). A smaller number of concerns were raised by a range of other staff groups.
- The importance of ongoing pastoral support for our internationally educated staff and the need for improved culturally awareness of the challenges and difficulties that these new recruits may face.
- The importance of communicating how decisions are taken which affect groups of staff differently and the rationale behind those decisions.



Reporting mechanisms and accountability

National picture

The National FTSU Guardian requires data to be reported quarterly through a Speak Up data portal. From this emerges a national picture of the number and types of concerns raised, staff groups raising them, whether a concern was raised anonymously and if they felt they would suffer detriment if they raised a concern.

FTSU Reporting Within the Trust

The Guardians report quarterly to the Workforce Committee, the Audit & Risk Committee and the Trust Board.

Guardian Activity and Support

Externally

Guardians are supported by the National FTSU Guardian/Guardian Office, who provide initial and top-up training for Guardians, Mentorship, and Guardian 1:1's.

Both Guardians and our Non-Executive Lead attended the National FTSU Guardians Conference on 14 March 2024, where they heard thought-provoking panellists exploring the barriers to speaking up: leaders, experts by experience, professionals from other sectors and FTSU Guardians. Challenges, concerns, successes and ideas for improvement were shared.

Internally

The Trust Guardians have an open-door policy with senior leaders in the organisation including the Chief/Deputy Executive, HR Director, Chief Nurse and Director of Organisational Development (OD). Gordon Johns (Non-Exec Director) has been the named FTSU Board Lead who the Guardians contact for support and updates.

Tansi Harper Non-Executive Director has recently replaced Gordon Johns as Board Executive Lead for FTSU following his retirement. The FTSU Guardians and Champions would like to thank Gordon for his support in bringing FTSU issues to the Trust Board Executive.

There are monthly meetings between the Guardians, the Human Resources Director and the Director of OD. The Guardians find it particularly useful to talk through concerns, review cases raised, themes and lessons learned and debrief where necessary.

The Guardians continue to work closely with OD and HR colleagues to try to resolve staff concerns about behaviours appropriately and sensitively. The objective is to achieve an early respectful resolution whenever possible. General Managers, HR Business Partners and Senior Nurses have involved Guardians and Champions in listening events with staff an independent cog in the resolution chain to help understand what may be going on and how staff are feeling after concerns have been raised.

The Guardians, Union colleagues and HR/OD teams attended an away day to ensure consistency of approach and the Guardians plan to continue this approach through a regular meeting between the Director of OD, HR Director, Guardians, Guardian for Safer Working Hours, Health & Safety, Staff-side Leads and Network leads to discuss cases raised, analyse trends and themes, enlist collaborative efforts for resolution and share learning.



Trust Induction

The Guardians attend a number of induction events including Junior Doctors Induction, Multi-Disciplinary Team (MDT) Preceptorship. They also introduce themselves to different Year groups on the undergraduate/post-Graduate Nursing programme and to all newly appointed consultants and internationally educated Nurses and Midwives

Trust events

October is Speak Up month where we raised awareness through a publicity campaign by the Trust communications, a new FTSU Guardian video, FTSU stalls and events across the Trust and the relaunching of the FTSU brochure for staff.

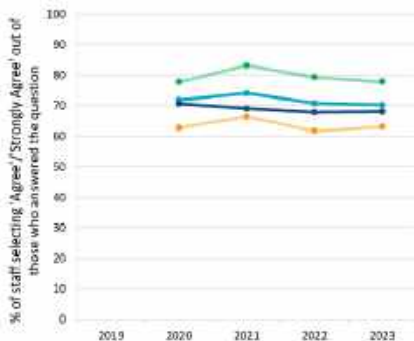
In December, our staff engagement 'Event in the Tent' was held on both sites. This focussed on staff support and wellbeing, FTSU Guardians and Champions were present to listen to any staff concerns raised and champion the process of raising concerns through the Speak Up route.

2023 Staff Survey- FTSU

The 2023 NHS Staff Survey results have been published nationally. The national FTSU (raising concerns) sub-score has remained stable with the national average improving from 6.44 in 2022 to 6.46 in 2023 (+0.2% percentage change). There has been an improvement in three out of the four FTSU Questions:

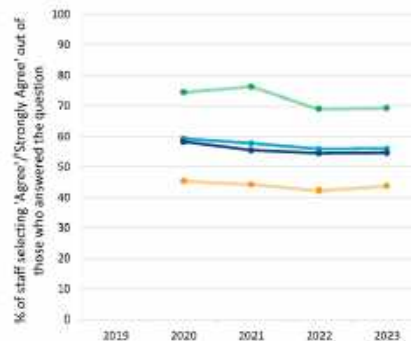


Q20a I would feel secure raising concerns about unsafe clinical practice.



	2019	2020	2021	2022	2023
Your org	-	70.71%	69.14%	67.91%	68.11%
Best result	-	77.87%	83.19%	79.44%	77.96%
Average result	-	71.89%	74.07%	70.82%	70.24%
Worst result	-	62.81%	66.44%	61.78%	63.19%
Responses	-	2487	3069	2884	3068

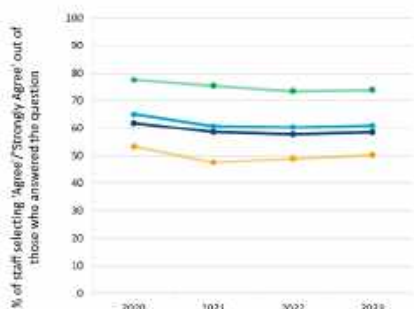
Q20b I am confident that my organisation would address my concern.



	2019	2020	2021	2022	2023
Your org	-	58.18%	55.34%	54.36%	54.45%
Best result	-	74.33%	76.17%	69.05%	69.29%
Average result	-	59.22%	57.69%	55.75%	55.90%
Worst result	-	45.27%	44.13%	42.27%	43.62%
Responses	-	2488	3073	2885	3064

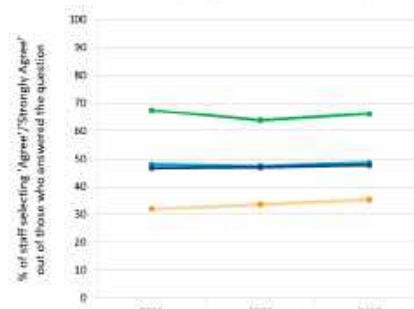


Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	61.81%	58.56%	57.75%	58.48%
Best result	77.54%	75.47%	73.58%	73.98%
Average result	64.99%	60.71%	60.36%	60.89%
Worst result	53.35%	47.60%	49.01%	50.32%
Responses	2487	3047	2886	3065

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	46.73%	46.94%	47.67%
Best result	67.43%	63.87%	65.13%
Average result	47.97%	47.28%	48.65%
Worst result	32.02%	33.68%	35.26%
Responses	3046	2882	3061



The trust also asked two Local questions:

- I am aware of the Trust's Freedom to Speak Up Guardians- Yes - 81% overall
 - I am aware of the Trust's Peer to Peer Listening Service - Yes - 61% overall
- We are tracking near average in comparison to other NHS organisations, showing there is still work to do. We assure staff that Speaking Up is positively encouraged and that it should be 'Business as Usual' emphasising this when communicating the Staff Survey results across the trust.
- The results are analysed and actions agreed for the next 12 months.

Actions taken to improve Speaking Up

Increased resources to hear concerns and raise awareness

Both Guardians have dedicated time for their FTSU Guardian roles and when Champions are signed up, part of the commitment from managers is to allow for Champion training and availability to support staff who raise concerns. The Speak Up recruitment pack has been updated and available on the trust intranet.

Over the last year, we have recruited three more champions with another going through the recruitment process.

Promoting the Speak Up role

Guardian walk-arounds and visibility in Clinical areas and being involved in listening events again helps promote the FTSU Service. Guardians are directly approached by Heads of Nursing, GM's and HR Business partners to get involved in 'hotspot' areas to support teams and be an impartial source of information gathering and practical support for the whole team.

Learning Lessons from the Lucy Letby case

The statutory inquiry into how Nurse Lucy Letby was able to murder seven babies and attempted to murder six others is likely to result in lessons that the wider NHS needs to act on including how to tackle the culture of denial and secrecy that often lies at the heart of tragic scandals.

It is already clear that having a positive speaking up and listening culture within any organisation is fundamental to ensuring both patients and staff are safe at all times.

Priorities for 2024/25

- Embedding an Organisational approach to closing the loop on issues
- Introduction of FTSU Training for all workers
- Policy and Strategy development
- Identifying Barriers to Speaking Up

Gender Pay Gap Report

For Board of Directors 1 May 2024

Author – Victoria Parsons, Associate Director of Corporate Governance

Agenda item – ??

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This report sets out Bedfordshire Hospitals NHS Foundation Trust (BedsFT) Gender pay Gap data for 2022-2023, provides analysis of the data, and explains the actions being undertaken to address the gap.

The reporting requirements are:

- **Mean gender pay gap** - The difference between the average of men's and women's hourly pay.
- **Median gender pay gap** - The difference between the midpoints in the ranges of men's and women's pay. All salaries in the sample are lined up separately for men and women in order from lowest to highest, and the middle salary is used. The figure is the difference of these two middle points
- **Mean bonus gender pay gap** - The difference between the mean bonus payments made to relevant male employees and that paid to relevant female employees. For BedsFT this refers to local and national clinical excellence awards.
- **Median bonus gender pay gap** - The difference between the median bonus payments made to relevant male employees and that paid to relevant female employees. For BedsFT this refers to local and national clinical excellence awards
- **Proportion of males and females receiving a bonus** - The proportions of relevant male and female employees who were paid a bonus payment. For BedsFT this refers to local and national clinical excellence awards.

- **Proportion of males and females in each quartile band** - The proportions of male and female relevant employees in the lower, lower middle, upper middle and upper quartile pay bands

In reporting the Gender Pay Gap a positive value indicates that the average pay for men is greater than for women, whereas a negative value would indicate the opposite.

There has been an increase in the gender pay gap from 27.2% in 2022 to 27.73% in 2023. This is largely driven by the higher proportion of males within the higher paid roles.

The Trust has included actions in the Equality, Diversity and Inclusion Action Plan overseen by the Equality, Diversity and Human Rights Committee. Actions include:

- Enabling an inclusive culture
- Coaching and mentoring support for staff, the outcome of which will be reported in 2023/24.
- Developing fair recruitment practices including representative interview panels (where possible)
- Improving accessibility – further development of the ‘Purple’ passport, reasonable/workplace adjustments, making the Trust an employer of choice
- Staff networks
- Flexible working, to ensure a work/life balance
- Explore how we can attract more men into the profession at lower bands and within Nursing/Midwifery to get a better gender balance and equalities

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives

Introduction

This report sets out Bedfordshire Hospitals NHS Foundation Trust (BedsFT) Gender pay Gap data for 2022-2023, provides analysis of the data, and explains the actions being undertaken to address the gap.

The gender pay gap differs to equal pay. Equal pay relates to men and women being paid equally for the same or similar work. It is unlawful to pay people unequally because of their gender.

The Gender Pay Gap shows the differences in the average pay between men and women working in the same organisation. The data in this report is based on the UK Government's methodology for calculating difference in pay between female and male employees, considering full pay relevant employees of BedsFT.

The Gender Pay Gap is calculated using the mean (average) and the median (the mid value of a range of values) earnings of men and women expressed as a percentage of men's earnings.

In reporting the Gender Pay Gap a positive value indicates that the average pay for men is greater than for women, whereas a negative value would indicate the opposite.

This report includes:

- An overview of the gender pay gap reporting requirements.
- Gender pay gap data 2023 and analysis.
- Additional workforce gender pay analysis.
- Response to gender pay gap data 2023 and priority actions.

Background

Organisations with 250 or more employees are mandated by the government to report annually on their gender pay gap. The requirements of the mandate within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, are to publish information relating to pay for six specific measures as detailed in this report.

BedsFT is an acute Trust in England, employing over 8000 permanent staff. It was formed on 1st April 2020 combining Luton and Dunstable University Hospital NHS Foundation Trust and Bedford Hospital NHS Trust. This report is reflective of the third year of the new organisation.

Public sector organisations must publish their Gender Pay Gap information by the 31st of March each year using pay data from a snapshot a year before the reporting deadline. The data in this report is reflective of a snapshot taken in 2023. The data sources for reporting against the Gender Pay Gap reporting requirements are Electronic Staff Records (ESR), the Trac Recruitment System and the Clinical Excellence Awards (CEA).

Not included within the scope of Gender Pay Gap reporting are:

- Any member of staff not on Electronic Staff Record (ESR)
- Junior Doctors who are managed through the Deanery
- Volunteers.

Gender Pay Gap Data 2023

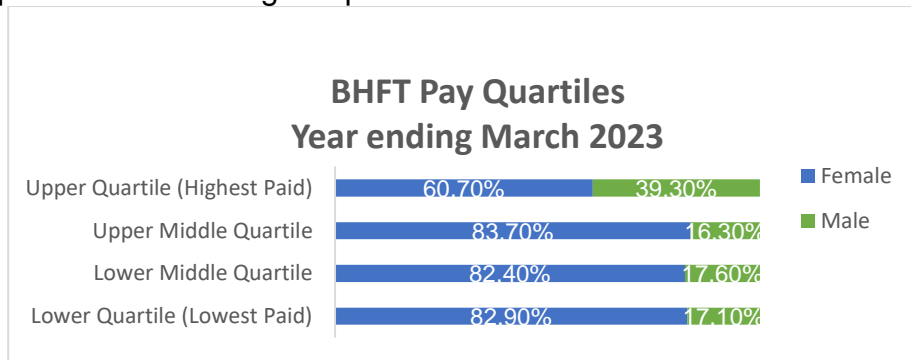
2023 Gender Pay Gap data for the national reporting requirements is set out in Table 2 below and Figure 1 on page 4. Table 2 also compares the Gender Pay Gap data from April 2022 to April 2023.

Table 2: Gender Pay Gap data 2023.		
Reporting Year	2022	2023
Mean gender pay gap.	27.2%	27.73%
Median gender pay gap.	18.5%	17.55%
Mean bonus gender pay gap.	19.04%	7.67%
Median bonus gender pay gap.	33.33%	0%
Proportion of males and females receiving a bonus.	Male: 4.19% (96) Female: 0.61% (47)	Male: 10.15% (238) Female: 1.92% (152)
Proportion of males and females in each quartile band.	N/A	See Figure 1 below.

Figure 1 –workforce profile of males and females in each quartile band.

Quartile	Female	Male	Total	Female 2023 %	Male 2023 %	Female 2022 %	Male 2022 %	Changed %
Lower	1668	343	2011	82.9%	17.1%	83.6%	16.4%	-0.7 %
Lower Middle	1658	353	2011	82.4%	17.6%	82.0%	18%	+0.4%
Upper Middle	1684	327	2011	83.7%	16.3%	83.6%	16.4%	+0.1%
Upper	1222	790	2012	60.7%	39.3%	63.9%	36.1%	-3.2%

The chart below shows the proportion of men and women in each pay quartile. The graph shows that female representation reduces moving up each quartile; however, women are still under represented in the higher quartile.



Quartile band changes from 2022 to 2023:

- Quartile 1 (upper pay) – female decrease of 3.2% from 2022
- Quartile 2 (upper middle pay) – female increase of 0.1% from 2022
- Quartile 3 (lower middle pay) – female increase of 0.4% from 2022
- Quartile 4 (lower pay) – female decrease of 0.7% from 2022

Analysis of the Gender Pay Gap Data 2023

There has been a decrease in the Median Gender Pay Gap of -1% compared to the previous year. This suggests that women are earning more on median average than in 2022. This figure can be influenced by a few people moving to different pay points in the same band due to the nature of the calculation.

The Mean Gender Pay Gap has seen a small increase of 0.53% compared to 2022. This calculation is influenced by higher paid male professionals and Very Senior Managers (VSM) which negatively effects the Gender Pay Gap percentage. This is what is driving the gender pay gap when the percentiles are compared.

For the purposes of Gender Pay Gap reporting, Clinical Excellence Awards (CEAs) local and national are considered as bonus pay. Only medical and dental consultants are eligible for CEAs. The Mean Bonus Gender Pay Gap has significantly reduced due to the change in the process for 2023 where the CEA awards were divided equally. This therefore means there is no difference in the Median Bonus Gender Pay Gap result.

The methodology of the CEA process in 2022 meant that the awards were divided equally. The Trust has more male consultants than female therefore the median is zero and the gap is far reduced. The process for CEAs is currently under review.

Compared to overall workforce profile of 77.9% female and 22.1% male. The percentiles demonstrate that the lower pay quartile and the middle pay quartiles show a slight over establishment of female staff, and the upper pay quartile shows an over establishment of male staff. Compared to 2022's data for the quartiles of pay there has been a decrease in the proportion of female staff in the upper pay.

Response and Priority Actions

The gender pay gap is slightly increasing due to more men being in higher pay bands.

The Trust is committed to continuously reviewing its systems, practices and processes to ensure reduction in the Gender Pay Gap where practically possible and will work closely with our Equality, Diversity and Human Rights (EDHR) Committee, staff networks, Trade Unions and other stakeholders to develop an effective action plan. This action plan will sit within the Trust's overall EDI action plan and agreed priorities.

The Trust will continue to review annually the gender split across all bands and staff groups, including the Board, and any barriers to female career progression. We have already undertaken and will continue to consider the following:

- Enabling an inclusive culture
- Coaching and mentoring support for staff
- Developing fair recruitment practices including representative interview panels (where possible)
- Improving accessibility – further development of the 'Purple' passport, reasonable/ workplace adjustments, making the Trust an employer of choice
- Staff networks
- Flexible working, to ensure a work/life balance
- Explore how we can attract more men into the profession at lower bands and within Nursing/Midwifery to get a better gender balance and equalities



Digital Strategy Committee Report

For Board of Directors 1st May 2024

Author – Simon Barton, Non-Executive Director

Agenda item – 11.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Digital Strategy Committee met on the 13 March 2024.

Risk Register / Board Level Risks

The report was discussed by the Committee with a focus on cyber risk and the appropriateness of controls and mitigations that determined the risk's scoring.

Board Assurance Framework

The digital risks on the Assurance Framework were reviewed in relation to digital strategy, cyber security and digital confidence. The digital confidence risk was to be renamed digital literacy as a more accurate description of the risk title.

Digital Strategy update

An update on progress against the Digital Strategy work including recent engagement with third parties was presented to the Committee.

Portfolio Projects update

Updates on the projects were provided to the Committee by exception and the Committee discussed what information should be presented in future portfolio reports to provide adequate assurance to the Committee.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



Information Governance

Quarterly Report

For Board of Directors 1 May 2024

Author – Josh Chandler, Chief Information Officer and Heidi Walker,
Information Governance

Agenda item – 11.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Board are asked to note the contents of this report

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- Data Protection
- All Trust objectives



Data Security and Protection

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. This assessment is also subject to annual internal audit.

Data Security and Protection Toolkit (DPST) Submission 2022/23 (V5)

To achieve 'Standards Met' compliance The Trust must meet the requirements of all assertions. The current position is: Approaching Standards

Data Security and Protection Toolkit (DPST) Assessment 2023/24 (V6)

The Trust updated its baseline position on 29th February 2024 for a publication date of

104 of 108 mandatory evidence items completed

29 of 34 assertions confirmed.

Breakdown of assertions that remain to be completed before submission in June.

1.3.2

Your organisation monitors your own compliance with data protection policies and regularly reviews the effectiveness of data handling and security controls.

Evidence required: Staff Surveys – Typically conducted during IG/Cyber awareness events scheduled for April. To expedite this process, the survey via forms were distributed in The Week on 7th March, we did not obtain a sufficient number of responses, so are unable to utilise the statistics from this survey.

Awareness stand dates: Luton 23rd April, Bedford 25th April

1.3.7

Your organisation has implemented appropriate technical and organisational measures to integrate data protection into your processing activities.

Evidence required: Data protection by Design audit in progress but completion has been impacted by staffing challenges. This is due for completion 30th April.

7.3.2

All emergency contacts are kept securely, in hardcopy and are up-to-date.

Confirmation needed from Head of Organisational resilience that The Trust stores a hard copy in a central location.



9.4.5

Your organisation has completed an independent audit of your Data Security and Protection Toolkit and has reported the results to the Board.

External Auditors to complete this section.

DSPT Audit

In January 2024, NHSE approached us, seeking our participation in an external DSPT audit managed by KPMG. We agreed to undertake the KPMG audit while simultaneously fulfilling the same audit for The Trust's auditors, RSM.

On Friday, 12th April, we obtained the finalised draft of the report from KPMG, along with its findings: *"Significant assurance with minor improvement opportunities."* As of now, we are still awaiting RSM's draft report.

Information Governance 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.

Two incidents were logged through the DSPT in the previous quarter. One of them was escalated to the Information Commissioner's Office (ICO) for additional details. The investigation into this particular incident is ongoing.

Mandatory IG Training

The current rate of staff compliance with mandatory annual IG training has increased by 2.21%, reaching 86.31%, compared to last quarter's compliance rate of 84.1%.

Breakdown by location:

Bedford: 88.71%

Luton: 84.67%

Overall compliance stands at 86.31%.



Record of Processing Activities (ROPA)

Information Sharing Gateway (ISG)

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.

Systems Information Asset Register

The Data Protection Officer (DPO), Senior Information Risk Owner (SIRO), and Information Governance (IG) Manager convene weekly to review the Information Asset Register, ensuring the accuracy of listed Information Asset Owners (IAOs). Upon completion of this process, a delegation letter and an IAO handbook will be disseminated to all pertinent stakeholders. Training sessions will be conducted for all IAOs to ensure a comprehensive understanding of their duties. It is important to note that the IAO handbook is presently in the drafting stage. Additionally, all relevant documents and assets are consistently being added to the Information Sharing Gateway (ISG).

Information Sharing Agreements

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.

All Information sharing agreements are being reviewed and populated onto the ISG and accompanying data flows are completed.

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.

24 DPIAs are in progress and all new & previously approved DPIA's continue to be populated onto the ISG. A summary of each DPIA is publicly available [here](#) on The Trust website

Subject Access Requests and Freedom of Information

Subject Access Requests

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 83% of SARs were responded to within the legal deadline (1193/208).

This is an improvement of 7.62%

Freedom of Information Requests

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

As of our latest assessment, our FOI compliance stands at an all-time low of 52%. This figure is concerning and highlights the need for immediate action to ensure that we meet our legal obligations and maintain transparency and accountability in our operations.

Although numerous adjustments have been implemented in the process, compliance continues to be affected by delayed responses and staffing shortages.

An email has been sent out to department heads and general managers, urging their crucial support in ensuring timely responses to facilitate the smooth functioning of operations.

The FOI Act mandates timely responses to requests for information from the public. Failure to comply not only undermines trust in our organisation but also carries legal consequences. It is imperative that we prioritise our efforts to improve our compliance rate and uphold the principles of openness and accountability.



Report from the Charitable Funds Committee

For Board of Directors 1 May 2024

There has not been a meeting since the previous Public Board.

Agenda item – 12.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

There has not been a meeting since the previous Public Board meeting.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- Data Protection
- All Trust objectives

Audit and Risk Committee Report

For Board of Directors 1st May 2024

Author – Simon Barton, Non-Executive Director

Agenda item – 12.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Audit and Risk Committee met on the 14 February 2024 and 13 March 2024.

External Audit 2023/24

External Audit (BDO) presented their 2023/24 planning report to the Committee and it was approved.

The 2022/23 audit was still awaiting sign off internally by BDO but the Partner was not expecting any material changes to the report submitted to the Director of Finance.

Charitable Funds Audit Completion 2022/23

It was reported to the Committee that the 2022/23 Charitable Funds audit had been completed by Baker Noel and the accounts had been submitted by the 31 January deadline. It was noted that no issues had been raised in the audit completion report. The accounts were submitted to the Committee for completeness as it is part of the Committee terms of reference to have oversight of the Charity accounts.

Internal Audit 2023/24

All final reports presented to the Committee had received a positive assurance rating. The agreed management actions will be monitored through the tracking process. The audit plan was on track to complete in time for the Head of Internal

Audit Opinion to be issued and subject to the final audits being completed; an overall positive opinion was anticipated.

Internal Audit shared benchmarking reports for the Trust to review its position.

The Committee approved the Internal Audit strategy for 2024/25.

Counter Fraud 2023/24

The Counter Fraud progress reports were presented.

The local proactive exercise re overseas patients had been completed and management actions agreed with the Trust.

It was noted that on the 29 February 24 the NHS Counter Fraud Authority had released further clarification around requirement 12 regarding the management of conflicts of interest. The Local Counter Fraud Specialist was liaising with the Corporate Governance team to confirm processes around declarations of interest, including follow up and would rate this requirement accordingly.

The draft Counter Fraud Functional Standard Return 2023/24 was presented to the Committee with an overall rating of Green – the organisation meets the requirements.

The work plan for 2024/25 was approved by the Committee.

Assurance

The committee received assurance of the risk register oversight programmes and noted the high level risks, their action and committee overseeing that risk.

The Assurance Framework was reviewed and the updates noted. This document had been used to plan the 2024/25 internal audit programme.

Freedom to Speak Up (FTSU) Guardian

The committee received the FTSU Guardian report that is overseen by the Workforce Committee. The Guardians attended to confirm that they had appropriate access to the Board and the Senior Independent Director who is the champion for FTSU.

Terms of Reference

The terms of reference were reviewed and recommended to the Board for final ratification.

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



Corporate Governance Report

For Board of Directors 1 May 2024

Author – Victoria Parsons, Associate Director of Corporate Governance

Agenda item – 13

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The report details updates on the following issues:

- Council of Governors
- Membership Update
- Risk Register Report
- Terms of Reference and Committees
- Fit and Proper Persons
- Leadership Competency Framework

Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives



Current Composition of the Council of Governors:

Bedfordshire Hospitals NHS Foundation Trust currently has 35 governors with three vacancies for 'Staff, Non-clinical (Bedford and L&D sites)' and 'Public, Central Bedfordshire'.

Our Council of Governors is composed of:

- 8 public Governors for the Luton constituency
- 5 public Governors for the Central Bedfordshire constituency (1 Vacancy)
- 2 public Governors for Hertfordshire constituency
- 5 public Governors for Bedford Borough constituency and Surrounding Counties
- 10 elected Staff Governors (2 Vacancies)
- 5 Appointed Governors

Governor resignations:

The following governors have resigned.

- Leon Fisher – Staff Governor, Nonclinical (L&D site – resigned March 2024).
- Dr Jim Thakoordin – Public Governor, Central Bedfordshire sadly passed in March 2024. He had been a governor since 2015 and throughout his term he was dedicated to the Trust and contributed by challenging the Board and being that voice of the community we serve.

Council of Governors Remuneration and Nomination Committee:

Non-Executive Recruitment

The Council of Governor's Remuneration and Nomination Committee has now finalised the process of recruitment for one Non-Executive Director for the Trust, due to Gordon Johns, who was the Senior Independent Director, who completed the term on the 31 March 2024.

Following the interview process, the panel agreed that Miss Hannah O'Neill should be offered the position of Non-Executive Director (NED). The Remunerations and Nominations Committee approved the panel's recommendations on 21st March 2024 and recommended to the Council of Governors on 27 March 2024 for final approval, this was approved subject to final recruitment checks. A short summary about Miss Hannah O'Neill is detailed below:

Miss Hannah O'Neill



Hannah is currently Chair of Milton Keynes Urgent Care (MKUC). She lives in Milton Keynes and went to university in Luton. Hannah was the Cabinet lead for Public Health in Milton Keynes which has a shared public health team with Bedford and Central Bedfordshire Councils and, therefore understands the area and connectivity with the local communities.

Her early career was in project management for voluntary sector organisations, she spent six years as a Director of the Equality Council and is currently Chief Operating Officer at York House Centre. Hannah was active in local politics until 2021, as an elected member for Milton Keynes Council where she was Deputy Leader and Cabinet Member for Health and Wellbeing.

She is motivated by a strong sense of public accountability and patient focus. Her third sector executive career brings extensive experience.



Trust Strategy meeting:

Governors were invited to attend a discussion session on 4 March 2024 from 6pm to 7.30pm with the Chair, CEO and the Non-Executive Directors, to contribute to the development of the Trust Strategy. The directors incorporated the views of the Council of Governors, in preparing the document.

Training for new Non-Executive Directors (NED):

New Associate NEDS were invited to attend NHS Providers Board Development Training course. Anthony James will be attending the virtual course on 11-12 July, the Board development programme: Non-executive director induction.

NHS England Induction and Assurance Team is responsible for planning and delivering the new one-day welcome events for newly appointed Chairs/NEDs. The main purpose of these events is to offer participants the opportunity to meet members of the NHSE executive team, to orient new joiners to support offers and development opportunities and to give them the chance to network and build contacts with peers. The invitation for the next event scheduled on 21 May in London was extended to the new NED and Associates. Hannah O'Neill will be attending this.

Membership Engagement

The governors of the membership committee have been actively engaging with the public and have been enrolling members to the Foundation Trust. Though the public membership target for the financial year 2023/24 was 600, the governors of the membership & communication subcommittee has overachieved this target – during this period 692 new members have joined the Trust out of which 44% were from Bedford Borough. The governors were able to achieve this by attending events, fayres, carnivals, surgeries, sports clubs and visiting Outpatients at both hospitals, engaging with the public and patients and enrolling them as trust members.

- The committee agreed the membership target for 2024/25 is to recruit 600 members.
- The spring issue of the Ambassador was circulated to all the members. The next issue will be published in August 2024.
- The medical lecture on the 21 May 2024 will be on Prostate Cancer which will be held in Luton.
- The Annual members meeting is planned for 18th September in Luton an invitation will be sent to all the FT Members nearer the time. .

Board and governor workarounds – focusing on staff health and wellbeing

The Board launched a new programme of walkarounds by our Board members and Governors aimed at giving staff an opportunity to talk to them about their working day and feedback any issues they may have, particularly anything they may not be comfortable raising through other routes.

The walkarounds encompass both clinical and non-clinical areas and take place once a month. A team of three or more (one Executive Director, a Non-Executive Director and a Governor) visit an area, agreed in advance, for up to an hour.



Walkrounds commenced on the 6th March 2024 at the L&D:

- Outpatients – Director of Redevelopment Melanie Banks, Non-Executive Directors Simon Barton, David Harrison and Yasmin Mahmood, and Governor Vinod Taylor.

On 3 April 2024 four teams visited Bedford:

- Pharmacy – with Catherine Thorne, Director of Quality and Safety Governance, Non-Executive Director David Harrison and Governors John Mingay and Linda Grant, all meeting staff.
- Critical Care – with Cathy Jones, Chief Operating Officer, Non-Executive Director David Harrison and Governors Linda Grant and John Mingay
- Pathology – with David Carter, Chief Executive, Governors David Allen and Terrance Haynes Smith
- Digital – with Fiona MacDonald, Director of Culture and OD and Governors David Allen, Terrance Haynes Smith and Martin Towler.

These are a good opportunity for the board to have some more in depth conversations with the staff about their departments and the visits are focussed on ways to help improve health and wellbeing at work.

Risk Register

This report is to update the Board on governance reviews of the Board Level Risk Register and new risks.

There have been reviews of the risks on the risk register at the following meetings:

- Executive Board April 2024
- Board of Directors February 2024
- Quality Committee February, March and April 2024
- Finance, Investment and Performance Committee April 2024
- Workforce Committee March 2024
- Digital Strategy Committee March 2024

New risks have been reviewed and are recommended for approval by the Board:

- 3264 – Financial position 2024/25 (high)
- 3267 – Funding opportunities limiting adoption of the masterplan which hinders estate risk management (high)
- 3269 – Utilities infrastructure (high)
- 3255 – Shortage of staff to provide effective Maternity and Gynaecology risk and governance processes (medium)
- 3240 – Cygnet Wing lifts (high)
- 3220 – Enterprise Master Patient Index merge of patient records (low)
- 3218 – Coverage of cardiac arrest bleep at Bedford Hospital (medium)

Emerging risks to consider:

- Allied Health Professionals Staff Shortages
- Complaints response times reputational risk

Other new logged Estates risks were discussed and agreed to link with existing Board Level Risks.



Terms of Reference and proposed new committee

Sub-committees of the Board approved their Terms of Reference that the Board is asked to ratify:

- Appendix 1 – Quality Committee
- Appendix 2 – FIP Committee
- Appendix 3 – Audit and Risk Committee
- Appendix 4 – Digital Committee

The Board discussed the proposal for a re-defined Board Sub-Committee that would encompass the sustainability committee. This committee would be a **Population Health and Partnership Committee**. The terms of reference are currently being drafted for approval and implementation. These will come back to a future Board for ratification.

Fit and Proper Persons Test

NHS England has developed a fit and proper person test (FPPT) Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). This also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles.

The Trust has drafted a policy alongside these requirements that will be implemented in 2024/25.

Leadership Competency Framework

The NHS Leadership Competency Framework for Board Members was published in February 2024 outlining six competency domains to support board members to perform at their best. The competency domains reflect and are aligned to the NHS values.

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed'. This framework responds to that recommendation and forms part of the NHS England Fit and Proper Person Test Framework for board members (FPPT). The framework supports the assessment of board members in their role as part of a unitary board rather than in their non-executive or executive roles. All six competency domains should therefore be considered for all board members taking account of any specific role related responsibilities and nuances. Achievement against the competency domains supports the FPPT assessment for individual board members.

The competency domains should form a core part of board member appraisals and the ongoing development of individuals and the board as a whole. A new Board Member Appraisal Framework incorporating the competencies will be published by autumn 2024.

In preparation, the Trust Board members are completing a self-assessment against the six competency domains as preparation for the annual appraisal.



Terms of Reference for the Quality Committee

Approved March 2024

Status: Sub-committee of the Board of Directors

Chair: Non-Executive Director

Membership:

Non-Executive Directors x 4 (including the committee chair)

Chief Executive

Deputy Chief Executive

Chief Nurse

Medical Director

Deputy Medical Director

Director of Human Resources

Director of Quality and Safety Governance

Other management membership:

Deputy Director of Quality and Safety Governance

Deputy Chief Nurse

Associate Director of Corporate Governance

Associate NED

Corporate Governance Manager

BLMK ICB Deputy Chief Nurse

In Attendance: Service Line Representation (by invite)

Meeting Frequency: Monthly (except August and December)

Meeting Management: 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.

Extent of Delegation: 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.

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 the Quality Committee is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of the committee. Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate Quality Committee meeting.

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

Accountability: The Chair of the Quality Committee, along with the Medical Director and Chief Nurse will maintain a direct link from the Quality Committee to the FT Board of Directors providing a report and assurance of the effectiveness of clinical quality delivered by the Trust. The Medical Director and Chief Nurse will report to the Chief Executive and report progress to the formal Executive and Clinical Quality Operational Board meetings on a monthly basis and to any other formal Committee as required.

Reporting: The minutes of the Quality Committee meetings shall be formally recorded and 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 ICB, 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 / PSIRF Reporting (Incidents and Action Plans)
- Learning from Deaths Report

Quarterly:

- Harm Free Care Report
- 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
- Joint Safeguarding report

Annually:

- Clinical Strategy 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

Reviewed and updated 27 March 2024



Terms of Reference for the Finance Investment & Performance Committee

Approved March 2024

Status: Sub-committee of the Board of Directors

Purpose: 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.

Chair: Non-Executive Director

Membership:

Non-Executive Director (Chair)
3 additional Non-Executive Directors
Chief Executive
Deputy Chief Executive
Director of Finance
Chief Nurse
Medical Director

Attending as required:

Director of Human Resources
Director of Estates
Chief Digital Information Officer & SIRO
Director of Redevelopment and Strategic Planning

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.

In Attendance:

Service Line Representation (by invite)
Board Secretary for Governance agenda items
Deputy Director of Finance
Associate Director of Performance & Information
Re-Development Programme Director
Chief Contracting Officer

Meeting Frequency: Monthly (with the exception of August and December)

Meeting Management: 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.

Extent of Delegation: 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 delivery against the Cost Improvement Plans.

- **Financial Policy, Management & Reporting:**

- To consider the Trust's 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 Authorities, Ambulance Service and other Trusts 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

Reviewed and updated March 2024



Terms of Reference for the Audit & Risk Committee

Approved March 2024

Status: Sub-committee of the Board of Directors

Chair: Non-Executive Director

The Chairman of the Board of Directors will appoint the Chair of the Audit & Risk Committee

Membership: 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.

In Attendance:

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 & Risk Committee the process for assurance that supports the Annual Governance Statement.

Other Executive Directors or managers may be invited to attend as necessary.

Meeting Frequency: Meetings shall be held not less than 4 times a year.

The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

At least once a year the Committee may wish to meet with the External and Internal Auditors without any Executive Board members present.

Meeting Management: 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.

Extent of Delegation: 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.

Authority, Accountability 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 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 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 ICBs, 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
- 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 2023

Reviewed and Updated March 2024



Terms of Reference for the Digital Strategy Committee

Approved March 2024

Status: Sub-committee of the Board of Directors

Chair: Non-Executive Director

Membership:

3x Non-Executive Director

Chief Executive

Deputy Chief Executive

Chief Nurse

Chief Digital Information Officer

Deputy Director of IT

Clinical Representation on a rotational basis made up of 2 of:

- Solutions Board Clinical Chair
- Chief Clinical Information Officer

Medical Director

3x Clinical Leads

In Attendance: Other Executive Directors, managers or advisors may be invited to attend as necessary.

Meeting Frequency: Meetings shall be held when required.

The Chief Executive or Deputy Chief Executive may request a meeting if they consider that one is necessary [e.g. to review major decisions or changes which do not align with a scheduled meeting].

Meeting Management: 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.

Extent of Delegation: The Digital Strategy Committee is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation.

Authority, Accountability 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.

Quorum: 4 members. To include two Non-Executive Directors

In the absence of the Chair of the Digital Strategy Committee the Non-Executive Directors will nominate a replacement.

Reporting: The minutes of the Digital Strategy Committee meetings shall be formally recorded.

A report shall be made following each Digital Strategy Committee meeting to the next Board of Directors meeting if there are issues which need to be considered by the Board of Directors.

Objectives:

1. Digital Strategy Assurance - The Digital Strategy Committee will provide assurance regarding the Trust's Digital Strategy and its ongoing review and development. This will include providing assurance that:
 - 1.1 The Trust's Digital Strategy is aligned to and supports the Trust' clinical and business objectives and plans.
 - 1.2 The Digital Strategy takes account of relevant national goals and directives and supports the collaborative goals of the wider health and social care community.
 - 1.3 Governance arrangements and review processes are in place to ensure the Digital Strategy is updated and revised to reflect changing internal and external factors.
 - 1.4 To ensure effective communication and engagement around Digital is in place within the Trust and other stakeholder groups.
 - 1.5 To ensure arrangements are in place to assess and deliver benefits of innovative technology and information for use in decision making.

2. IT Strategy Delivery- The Digital Strategy Committee will review progress in implementation of the Trust's Digital Strategy, in particular providing assurance that:
 - 2.1 Progress is being made in line with the Digital Strategy at the level of major programmes and projects.
 - 2.2 Variance is being monitored and documented and is being managed through appropriate project/programme governance.
 - 2.3 The strategy implementation programme is identifying and managing risks and issues effectively.
 - 2.4 Ensure capacity to deliver required standards of skills and support for the Trust 24/7, 7 days a week and the appropriate expert contracts to ensure the Trust maintains an excellent level of Cyber resilience, infrastructure speed and capacity and other associated enablers to ensure digital excellence striving for HIMSS level 7 is maintained.
 - 2.5 Ensure staffing skills, numbers and support are futureproofed to deliver the quality of service the Trust needs as an Acute site offering full emergency services.

3. Partnerships
 - 3.1 To ensure effective collaboration with partner organisations and other stakeholders in relation to the implementation of the Digital solutions and sharing of systems in a controlled manner, to provide the best possible outcomes for all.
 - 3.2 To build links with other partner organisations to support Digital strategic direction as appropriate.
 - 3.3 To ensure appropriate recommendations and links are made to FIP to support and embrace approved innovation projects.

- 3.4** To assess, with input from the Solutions Board, the compatibility, feasibility, viability, priority and impact of any new digital requirements arising as part of service design, national requirements, local need etc. and to agree priorities and business benefit.

Clarification of the relationship with other Boards/Committees may be helpful if there is risk of overlap or ambiguity – e.g. FIP.

Programme Board Members Responsibilities:

1. Individual members are expected to act as champions of the Trust's Digital Strategy and wider 'Digital Agenda' within the Trust and the wider health community. Members are empowered to discuss issues with interested parties outside of the meeting, subject to any confidential information shared.
2. To provide recommendations for improvements in processes, reporting, and governance where required in support of optimising Digital Strategy definition and delivery, and securing the required resources to deliver this.

Workplan:

Each meeting:

- Update report from the CIO
- If relevant, update reports from major Digital Programmes or Projects, such as GDE and Digital Integration Programmes
- Note of business of other committees by exception – but always an update from the Solutions Board & Capital Control Group relating to IM&T.

Annually:

- Review of Digital Strategy Plan and Digital Capital Plan for the next year.

Agreed on 9 October 2019
Reviewed September 2020
Reviewed April 2022
Reviewed March 2024