



Bedfordshire Hospitals

NHS Foundation Trust

Board of Directors Public Meeting

7th February 2024

10.00 - 12.00

Bedford Committee Room / MS Teams

Meeting Book - Board of Directors Public Meeting 7 February 2024

10.00	<hr/> 1 Chairman's Welcome & Note of Apologies R Sumray 1.1 1. Chairman's Welcome and Note of Apologies.docx	
10.02	<hr/> 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 2.1 2. Any urgent items of Any Other Business and Declaration of Interest on items on the Agenda and or the Register of Directors Interests.docx	
10.03	<hr/> 3 Minutes and Actions of the Previous Meeting: Wednesday 1st November 2023 (attached) R Sumray 3.1 3. BHFT Minutes 1 November 2023 v1.docx	To approve
10.05	<hr/> 4 Matters Arising R Sumray 4.1 4. Matters Arising.docx	To note
10.05	<hr/> 5 Chairman's Report (verbal) R Sumray 5.1 5. Chairmans Report.docx	To note
10.10	<hr/> 6 ICB Report D Carter 6.1 6. BHFT 7 Feb 2024 BLMK ICB Update FINAL.docx	To note
10.30	<hr/> 7 Executive Board Report D Carter 7.1 7 Executive Board Report Feb 24 .docx	To note
11.10	<hr/> 8 Quality 8.1 Report from Quality Committee (attached) A Gamell 8.1.1 8.1 Quality Committee Report Feb 24.doc 8.2 Operational Performance Report (attached) C Jones 8.2.1 8.2 Operational Performance Report Dec 2023 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 Feb 24 BoD Report (002).docx 8.4 Learning from Deaths Report (attached) P Tisi 8.4.1 8.4 Learning from Deaths February 2024 V2.docx 8.5 Nursing and Midwifery Workforce Report (attached) L Lees 8.5.1 8.5 BoD Nursing and Midwifery Workforce Report February 2024.docx	To note

8.6 Perinatal Maternity Report (attached)
L Lees

8.6.1 8.6 Maternity Perinatal Report.docx

11.15

9 Finance

To note

9.1 Report from Finance & Investment Performance Committee
(attached)
D Harrison

9.1.1 9.1 FIP Committee Report Feb 2024.docx

9.2 Finance Report (attached)
M Gibbons

9.2.1 9.2 Finance Report February 2024 .docx

9.3 Report from the Redevelopment Committee (attached)
M Prior

9.3.1 9.3 Report from the Redevelopment Committee.docx

10 Workforce

To note

10.1 Report from the Workforce Committee (attached)
T Harper

10.1.1 10.1 Workforce Committee Report Jan24.docx

10.2 Workforce Report (attached)
A Doak

10.2.1 10.2 Workforce Report for Feb24 (reporting period
December)_v1 (003).docx

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

10.3.1 10.3 FTSU Report February 2024.docx

11 Digital

To note

11.1 Report from Digital Strategy Committee (attached)
S Barton

11.1.1 11.1 Report from the Digital Strategy Committee.docx

11.2 IG Toolkit Report (attached)
J Chandler

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

12 Committee Report and Escalation

To note

12.1 Charitable Funds Committee (attached)
R Sumray

12.1.1 12.1 Charitable Funds Committee Report Feb 24.docx

12.2 Audit and Risk Committee

12.2.1 12.2 Audit and Risk Committee.docx

13 Corporate Governance and Risk Report (attached) V Parsons

To ratify

13.1 13. Corporate Governance and Risk Report Feb 2024 v1.docx

13.2 13a Appendix 1 - CFC Terms of reference January 2024.docx

13.3 13b Appendix 2 - Formal Executive Terms of Reference May
2023.docx

14 Details of Next Meeting: Wednesday 1st May 2024 10.00am at
Luton

12.00pm

15 CLOSE



Chairman's Welcome & Note of Apologies

Board of Directors 7th February 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 7th February 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 1/11/23

Board of Directors 7th February 2024

Author – Victoria Parsons, Associate Director of Corporate Governance

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 Nova House, L&D, Public via Microsoft Teams

10.00am-12noon

Minutes of the meeting held on Wednesday 1 November 2023

Present: V = virtual

Richard Sumray, Chair
David Carter, Chief Executive
Cathy Jones, Deputy Chief Executive
Angela Doak, Director of Human Resources
Matthew Gibbons, Director of Finance
Mr Paul Tisi, Medical Director
Liz Lees, Chief Nurse
Catherine Thorne, Director of Quality and Safety Governance
Dr Annet Gamell, Non-Executive Director
Simon Barton, Non-Executive Director
Tansi Harper, Non-Executive Director
Mark Prior, Non-Executive Director (V)
David Harrison, Non-Executive Director
Yasmin Mahmood, Non-Executive Director (V)

In attendance:

Dean Goodrum, Director of Estates
Melanie Banks, Director of Redevelopment and Strategy
Fiona MacDonald, Director of Culture and Organisational Development
Victoria Parsons, Associate Director of Corporate Governance
Anne Thevarajan, Membership and Corporate Affairs Manager
Lana Haslam, Freedom to Speak up Guardian

Public/Governors: (v)

Helen Lucas, Lead Governor
Ian Clayton, Public Governor
Eva King, Member of the Public
Geoff Nash, Member of the Public

1. CHAIR'S WELCOME, NOTE OF APOLOGIES

Apologies were received from Josh Chandler, Chief Digital Information Officer and Gordon Johns, Senior Independent Director.

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

None declared

3. MINUTES OF THE PREVIOUS MEETING: 1 NOVEMBER 2023

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



4. MATTERS ARISING

The actions detailed in the Action Log were noted.

5. CHAIR'S REPORT

RS reported that the Board had attended a Board to Board meeting with the Integrated Care Board and a further Board to Board meeting was planned for April 2024.

RS informed the Board that he and DC had met with Cambridge Community Services and East and North Hertfordshire NHS Trust to discuss future collaborations.

It was noted that East West Rail discussions had also been progressing with a particular focus on car parking.

The Board noted the Chair's updates.

6. INTEGRATED CARE BOARD (ICB) REPORT

The summary highlight report from the ICB was presented. DC drew out key items:

- Delegation of specialised commissioning may be delayed. This is positive for the Trust as it is an important development that needs consideration.
- The Denny Report has been published which is a key milestone for Health Inequalities. The Trust would like to extend an invitation to Reverend Denny to attend a future Board meeting.

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.

Trust Objectives – Progress is being made against the 2023/24 corporate objectives. DC drew the Boards attention to the visit to Bradford Teaching Hospitals NHS Foundation Trust to progress the Research and Development Strategy and to the objective to develop the Trust as an Anchor Institution. It had been agreed to have a separate Strategy Committee to progress these objectives.

TH queried the service line reviews on page 23 regarding reflecting the Trust structures. DC responded that the level of leadership engagement is working well in most areas and the structures as they are allows the Executive to pick up issues quickly. The Trust is continually reviewing its structures as they are considered different to other NHS Trusts.

It was reported that the Trust is also maximising strategy as part of the Service Line Plans which develops the planned care views into future thinking and specifics for the future.

DH responded that the interplay working on Place strategies and harmonising with Trust strategies would be a useful co-ordination. The Trust will consider a mapping exercise to discuss at a future Board Seminar or Away day.



Industrial action – PT gave the Board an update. At the time of the meeting the Trust had not been notified of any further dates. Planning for safe levels of cover and being reactive on the day of the strikes continued. This can prove challenging.

AG queried whether the patients were safe. PT confirmed that all patients in or at the hospital site were safe. However, the impact on those waiting or cancelled due to the strikes is not quantified. The Board acknowledged the work that has gone into planning and the management of these strikes and thanked all those involved. The Board hoped that there would be lessons to learn.

Tier 1 Cancer – The Trust had not yet received the formal notification, but had been informed that we have been moved into Tier 1 for our cancer performance as it is not where it needs to be. We are participating in the process and will be working to improve the position.

Lucy Letby Trial Verdict – DC confirmed that the Trust communicated with staff and key staff and patient families in NICU to provide reassurances and remind everyone about Freedom To Speak Up Guardians. This was well received and the Trust will respond to any requests received for future national investigations.

Martha's Rule – PT confirmed that this is particularly linked to the right to a second opinion and how the Trust will work through the programmes to support patients and their families. The Board heard that East Suffolk and North Essex NHS Foundation Trust has implemented a process of 'on call' and they received 29 calls in one year. Royal Berkshire had received 75 calls.

Sexual Safety Charter – AD reported that the Board had signed up to the Sexual Safety Charter internally and there is a working group reviewing the 10 commitments, Trust policies and the role for Freedom to Speak Up.

AD and LL are the named Executives for this area and will bring an update to each Board.

AG queried if there were other charters the Board had signed up to. FM confirmed that the Trust made a Board Statement of Commitment that covered all protected characteristics. It was agreed that charters would be reviewed in July 2024.

The Board noted the report.

8. QUALITY AND PERFORMANCE

8.1 Report from the Quality Committee

AG took the reports as read and asked the Board to focus on Operational Performance and Maternity.

The Committee:

- focussed on the longer term impacts of the elective and outpatient cancellations due to the strikes. The Trust remains safe but the impact has not yet been identified
- noted the Tier 1 scrutiny against the cancer targets and corresponding mitigations
- reviewed the ongoing monitoring of fractured neck of femur and stroke care and improvements were noted.



- received information on the Winter Planning approach that is a change in recent years focussing on not using contingency beds.
- recognised that staff are struggling and the industrial action is making it more challenging
- women arriving at L&D maternity are more complex and issues around co-morbidities also have an impact
- Training levels in maternity are impacted by challenging acuity
- Sixty-Steps reviews and been completed by BLMK on both sites. The report is awaited

The Board noted the report.

8.2 Operational Performance

Winter Planning – the Trust has a focus on discharge ready dates to support an understanding of the potential delays. Multi-disciplinary daily board rounds had been standardised with clear decisions and actions. The Trust has seen a step change in the use of contingency with only 24 hours used in October 2023.

78 Week Waits – the Trust has had a focus on this performance target due to the loss of capacity due to Industrial Action. The Trust has undertaken validation and reviewed the implementation of Patient Initiated Digital Mutual Aid System (PIDMAS) which was a centrally led initiative offering patients to move to a different hospital should they believe they have waited too long. December and January trajectories are in place.

RS asked how the Trust was performing compared to previous years. CJ responded that in relation to Winter Planning the Trust has improved working together relationships, but needs to focus on different actions and approaches to really affect change. The Trust is also moving in the right direction in reducing length of stay. There was extensive senior operational team focus and CJ expressed thanks to those teams who are thinking and working differently.

The Board noted the report.

8.3 Harm Free Care, Incidents and Complaints

LL reported that the Trust had been working on themes for pressure damage to support learning.

Patient Experience – the Trust had received good positive feedback in maternity. We have a Patient Experience Midwife (Kelly Nicklin-Cooke) who has worked very hard to seek a range of views. Through this feedback, we have changed the visiting times to be 24/7 which has been very well received.

CT reported that there has been an upturn in incident reporting following the implementation of the Inphase system. CT also noted that there will be a change in how Serious Incidents are reported now that the Trust has implemented PSIRF (Patient Safety Incident Response Framework). The focus is now more on learning and improvement.

AG responded that it is positive to see the uptick in Inphase reports but, however queried now that the focus is not on serious incidents, how are the incidents that may be serious identified. CT reported that incidents are reviewed daily and there are twice weekly panels to review the priorities by service line for incident review.



The Board noted the report.

8.4 Learning from Deaths

PT reported that these are the national mortality indicators. The Trust is tracking lower than the 2021/22 levels. L&D has fewer deaths than 2019 which is good but there is no explanation. Other indicators are stable and SHMI at Bedford is now back within normal range following some focussed work by the Trust.

RS queried if there is external validation of the data – PT responded that the metrics are validated centrally and there is a regional Learning from Deaths forum that also supports this process.

The Board noted the report.

8.5 Nursing and Midwifery Workforce Reports

Nursing - LL stated that there has been an improvement in planned hours cover but there are challenges to support mental health patients on the wards.

Midwifery – Bedford September fill is down a little but remains reasonable. Slightly higher vacancy rate at L&D but plans are in place to recruit the students and international midwives that will improve the position.

The areas that drive fluctuations are sickness absence which has seen an increase and the acuity of women and responding to the changes of needs on the unit. The Trust has tools in place such as birthrate plus that enable us to develop the mitigations.

RS recorded thanks to the Maternity Team who have been under significant pressure.

DH queried if staffing rates are sufficient. LL responded that there are appropriate escalation plans to support safety on the unit and the Trust has recruited to vacancies. The daily review of the birthrate plus supports the unit's decision making to maintain safety. Due to the changing profile of women, a further staffing review is planned. DH would like to ensure there is oversight through Finance Investment and Performance Committee if there are any increases. LL responded that the timeline for this is to be confirmed.

The Board noted the report.

8.6 Perinatal Maternity Report

The summary of the surveillance was reported. It outlined the Sixty Steps and focusses on CQC actions.

There had been improvements in the training compliance and 91% had been achieved at Bedford. The Units are currently focussed on the Saving Babies Lives Bundles which continues to be a risk for CNST compliance.

The Trust focus on maternity will continue.

The Board noted the report.



9.1 Report from Finance and Investment Performance Committee (FIP)

DH reported that:

- The last few FIP meetings had been challenging due to the financial impact of the Industrial Action and pressures on non-pay linked to the cost of living and utilities.
- The Trust was short of efficiency programmes and this would be a focus for re-forecasting at the end of the calendar year.
- FIP continued to act prudently and seek to accelerate the pace.
- Capital was being reviewed and strategic changes now in scope including inflationary pressures
- Looking at budget setting for 2024/25 will be challenging and the process has been accelerated to identify the gap.

9.2 Finance Report

MG took the Board through the finance report. Uncertainty remained the theme and there was no agreed national settlement position. This leaves the Trust in a significant deficit but is in the top 20% of performers.

The Trust was focussing on productivity and efficiency and making the use of theatres and keeping out of contingency. Projects were underway for absence management and agency.

The first cut of the ICB budget was challenging.

The Trust was spending to its capital plan which was good.

RS asked what the areas of focus are for productivity and efficiency. MG confirmed that although some projects are moving forward all plans are not yet finalised. There is potentially some movement of DNAs but the impact of rescheduling may be causing more issues. DH responded that there is a planned deep dive into non-pay costs and high volumes not just costs.

RS stated that this is good detail and FIP will focus on progress.

The Board noted the report.

9.3 Report from the Redevelopment Committee

MB and MP took the summary as read.

There are commercial pressures on the programme. The risk profile on projects is improving.

At the L&D site the Energy Centre is nearing completion and progress with the Acute Services Block is good. The Trust was getting to the end of the unknowns for the Emergency Department and now has improved control over the programme. Any change to the projects is overseen by the Redevelopment Board and FIP.

Feedback on the masterplanning had been positive and a programme of staff engagement was due to commence.



MB re-iterated it had been a challenging environment and market. Tensions in the Middle East and the oil price changes continued to put pressure on the finances.

The Board noted the report.

10. WORKFORCE

10.1 Report from the Workforce Committee

TH reported back the work of the committee:

The committee completed a deep dive into the national Long Term Workforce Plan in August 2023 and further work out of this in relation to a Trust Workforce Strategy and costings will be developed. Industrial action is inhibiting the progress.

The Board noted the report.

10.2 Workforce Report

AD particularly highlighted:

- MG had informed the Board of the absence management project to impact on the sickness absence rates. There are some key areas of focus.
- Some excellent mandatory training rates were reported hitting 91% at Bedford against a 90% target. There continued to be pressures especially heading into winter, but thanks to the teams who are supporting this programme.
- Appraisals remain static and the team are now focussing on co-ordinated partnership work with teams to improve the position.
- Staff winter engagement event planning was in place.

FM reported back on Health and Wellbeing:

- Staff feedback that the little things remain important and a consistency of approach which was being maintained.
- Flu continues to be a pressure to achieve the 80% target. The Trust is currently at 37%. LL responded that she has had feedback that we need to respect people's decisions not to get vaccinated and post Covid, attitudes are different.
- The Staff Survey closes on the 24th November. We have a 25% response rate so far and there are a number of competing pressures. We continue to encourage our staff at every opportunity.

AG reported that she had also heard the theme that people do not want the flu jab. AD responded that there is a difference in people's attitudes and there is a 'vaccination exhaustion' that we are seeing. AG said that she would expect people to see it more of a 'duty' rather than a like to do, but this is not what we are seeing.

DH queried with sickness absence and turnover down, we would not necessarily expect to see the use of bank and agency up. AD responded that the figures are high level and we have more detailed data on the challenging areas. These do not reflect the increased use of contingency that are not in the staffing levels. MG confirmed that this is seen at service line level, but not at aggregate.



The Board noted the report.

10.3 Freedom to Speak Up Guardian (FTSU) Report

Lana Haslam was in attendance.

The data presented was for August and September, but there had been activity in October. More people have engaged.

The staff survey this year had a particular focus on FTSU and there are some issues with managing staff expectations of the FTSU Guardian and the time that it takes to make changes and see an impact. The issues being seen by the guardians are more about behaviours and the Guardians are working closely with the Organisational Development team to undertake more detailed listening exercises.

RS supported the concerns about expectations and realistic resolutions.

AD reported that we cannot do enough to get people to speak up. We have an ongoing dialogue with the Guardians to review themes and further encourage staff to be confident in the process. TH said that there has been progress which has resulted in a considerable impact on our organisational development team. It has made a difference.

The Board noted the report.

11. DIGITAL

11.1 Report from the Digital Strategy Committee

SB took the report as read. There is considerable work in progress towards the Trust Digital Strategy and a future meeting is planned to review the priority of projects.

The Board noted the report

11.2 Information Governance Toolkit Report

The progress report was taken as read. The main focus was on training which continues.

The Board noted the report

12 COMMITTEE REPORTING AND ESCALATION

12.1 Audit and Risk Committee

SB reported that the Trust has not yet received the final External Audit report. The committee had given delegated authority to the Director of Finance and the Chair of Audit and Risk to complete the process. There are no material issues and we are working with the centre, but it remains challenging to have this significant delay.

The Board noted the report



12.2 Charitable Funds Committee

The Board took the report as read. RS commented on the Luton Hoo charity event that raised £20,000 which was excellent.

RS noted that he is working closely with Bedford Hospital Charity and Friends and how we can work collaboratively together.

The Board noted the report.

13. CORPORATE GOVERNANCE AND RISK REPORT

VP introduced the report and it was taken as read. It was noted:

- Results of the most recent elections
- David Allen had been elected as Deputy Lead Governor uncontested
- Excellent medical lecture on tinnitus and hearing loss with 200 members attending
- Detailed the risk register oversight through the Board sub-committee structures and the new risks that had been identified for the Board's attention.

The Board noted the report

14. DETAILS OF THE NEXT SCHEDULED MEETING

Wednesday 7th February 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

Action Log

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

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 7th February 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



Chairman's Report

Board of Directors 7th February 2024

Verbal

Agenda item - 5

Action

- Information ☒
- Approval ☐
- Assurance ☐
- Decision ☐

Contents/Report Summary

To receive the Chairman's verbal report

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

Nil



ICB Report

Board of Directors 7th February 2024

Author – ICB

Agenda item - 6

Action

- Information ☒
- Approval ☐
- Assurance ☐
- Decision ☐

Contents/Report Summary

To provide an update on the work of the ICB

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

- NHS England / Improvement
- CQC
- All Trust objectives

Date: 7 February 2024

ICB Executive Lead: Felicity Cox, BLMK ICB CEO
ICB Partner Member; David Carter, CEO, BHFT

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

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

Item 6: Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board update

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 and provide feedback to the ICB to help develop routine two-way reporting from the ICB and Health and Care Partnership to the Board in the future.
- 2.2 The Board is asked to note the proposed approach to the annual review of the Joint Forward Plan (JFP) and the assumption that no significant changes are anticipated for 24/25 due to the JFP being agreed by partners in June 2023. The JFP will be updated to align with 2024/25 operational, financial and workforce planning returns, and these are being developed with partners.
- 2.3 The Trust Board is asked to authorise the Trust Chair and CEO to agree any significant amendments to the JFP if required and if it is not possible to bring any amendments to a formal Trust Board meeting for approval due to timing issues.
- 2.4 The Board is asked to note the changes underway to strengthen system risk management including the further development of a system risk register.

3.0 Key Implications

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

- 3.1 This report provides a summary of items discussed by the ICB and ICP. 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 8 December 2023 and a summary from the meeting is given below. The following items were discussed.

Resident's story – Importance of a Personalised Approach

Members watched a video from Roxy, a resident from Milton Keynes who attended the Board meeting in March to share how back pain has affected her life. She returned to the Board to provide an update on her condition and how her insight is shaping service delivery. The ICB's Chief Nurse, Sarah Stanley, explained how the ICB has worked with Roxy to inform how personalised care and treating the person, rather than the symptom, provides a more positive outcome and experience. These lessons are being factored into the procurement process for musculoskeletal (MSK) services across BLMK.

Joint Forward Plan (JFP)

It was agreed that as the BLMK Joint Forward Plan (which sets out our direction of travel to 2040) was agreed in June 2023, and remains aligned to our strategic priorities and those of the Health and Wellbeing Boards, BLMK partner NHS trusts and Health and Wellbeing Boards should be advised that the ICB does not anticipate that our annual review of the JFP will require the ICB to make any substantive changes to the JFP for 2024/25.

As part of the annual NHS planning process for 2024/25, work is underway with colleagues from local authorities and NHS trusts to prepare NHS financial, workforce and activity plans for next year. We will reflect the outcome of this work as appropriate in an updated JFP and, should the ICB consider that any significant changes to the JFP are necessary, we will let partners know and seek approval for these, depending on timing, this may need to be outside formal Board meetings.

The Trust Board is asked to note the proposed approach to the annual review of the Joint Forward Plan (JFP) as described above and authorise the Trust Chair and CEO to agree any significant amendments to the JFP if it is not possible to bring any amendments to a formal meeting for approval due to timing issues.

System response to the Denny Review of Health Inequalities

Following publication of the Denny Review in September, the Board was asked to agree a system wide response to the Denny Review, which included nine key recommendations. Members welcomed the report, agreed to formally thank Reverend Lloyd Denny for the review, and confirmed their commitment to supporting a generational change in BLMK.

They approved all nine recommendations, including the appointment of Lorraine Sunduza, Chief Executive of East London Foundation Trust (ELFT), as the Board level Champion for this work. It was noted that all partners have agreed to consider the application of the Review's recommendations to their own organisations and to participate in system-wide improvement activity accordingly.

The Board supported the decision to explore the development of a system wide translation service, commit to an annual update for three years and to hold a board seminar event in spring 2024.

Delivering integrated Primary Care in BLMK (including NHSE Delivery Plan for Recovering Access to Primary Care)

The Board received a progress report on the development of integrated neighbourhood working in BLMK, based on the principles in the Fuller Report and provided assurance on the ICB's response to the NHS England recovery plan. Board members commented that further consideration needed to be given to communications with the public about how primary care was changing. Feedback from the Board suggested that a faster pace for some elements of the programme would be beneficial as well as clarification on how the outcomes will be measured and clarity on how partners can be involved in this important work.

Carnall Farrar Review of the Development of Health and Care Integration in Milton Keynes (MK)

Michael Bracey, Chief Executive, Milton Keynes City Council, introduced the report in which there was positive recognition for the partnership working in MK and some suggestions for improvement to the MK Deal, such as more extensive use of population health data, needing longer-term security around funding, the need to consider the long-term vision for MK health and care integration and to build resilience into the team.

The Board approved the next steps to develop a framework by June 2024 which sets out how greater responsibility for resources and decision making will be made available to place based partnerships as they mature.

The Provider Selection Regime (PSR)

The Board received an update on a new statutory responsibility that is expected to come into force on 1 January 2024. The PSR will be a set of new rules for procuring health care services in England by health organisations and local authorities. The introduction of the PSR 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. The ICB and its partners also need to ensure that where joint commissioning or collaborative arrangements are in place, all partners are clear on responsibilities and accountabilities, and decision-making is transparent and consistent.

Financial and operational updates and system assurance

Members received formal updates from quality and performance and finance and investment committees as well as reviewing system risks and the Board Assurance Framework. They also discussed the reports from the place-based partnerships in all four boroughs.

The Board approved the request to extend the contract for the ICB Business intelligence support services with Arden GEM for a further one year (and possible additional year). The Board also noted the update on the work undertaken by the HR team on the Workforce Race Equality Standard and the Corporate Governance Update and reports from other Committees.

The ICB is strengthening its approach to system risk management involving all seven NHS providers in the system. Vineeta Manchanda, the Chair of the Audit and Risk Assurance Committee, has met with all the chairs of provider audit committees and they have been invited to future meetings of the ICB's Audit and Risk Assurance Committee.

Work is underway to review the current system risks and to develop a more granular system risk register which will bring a sharper focus on the related programmes of work required across the system. This will also involve reviewing the current risks on the Board Assurance Framework (BAF) and aligning risks on the system risk register to one or more risks on the BAF.

A summary of the BAF is shown overleaf.

Ref	Risk Title	Risk Description	Current Risk Rating	Change
BAF0001	Recovery of Services	There is a risk that the NHS is unable to recover services and waiting times to pre-pandemic levels due to Covid related pressures, or demand led pressures. This may lead to poorer patient outcomes and reputational damage.	20	
BAF0002	Developing suitable workforce	If system organisations within BLMK ICS are unable to recruit, retain, train and develop a suitable workforce then staff experience, resident outcomes and the delivery of services within the ICS, ICB People Responsibilities and the System People Plan are threatened.	20	
BAF0003	System Pressure & Resilience	As a result of continued pressure on services from various factors (staff sickness, increased activity etc) there is compromised resilience in the system which threatens delivery of services across BLMK	20	
BAF0004	Widening inequalities	There is a risk that inequalities in the system widen due to a range of factors leading to compromise to population health and increases in system pressure in the most deprived areas.	20	
BAF0005	System Transformation	There is a risk that as a result of significant operational pressures, there will be decreased capacity to focus on strategic transformational change to deliver improved outcomes for our population.	20	
BAF0006	Financial Sustainability and Underlying Financial Health	As a result of increased inflation, significant operational pressures, elective recovery and the enduring financial implications of the covid pandemic - there is a risk to the underlying financial sustainability of BLMK that could result in failure to deliver statutory financial duties.	20	
BAF0007	Climate Change	Due to climate change and wider impacts on the environment and biodiversity, there is a significant risk of increased pressure on health and care services.	16	
BAF0008	Population Growth	As a result of fast rate of population growth in BLMK, there is a risk that our infrastructure will not keep pace with the needs of our population, resulting in poor health and wellbeing for residents.	20	
BAF0009	Rising Cost of Living	As a result of rising cost of living there is a risk that residents will not be able meet their basic needs resulting in deteriorating physical and mental health resulting in pressure on all public services	16	
BAF0010	Partnership Working	There is a risk that the development of the ICS's public position on an issue is inconsistent with the public position of one or more partner member, resulting in a lack of clarity for the public and stakeholders	9	
BAF0011	Health Literacy – Denny Review	As a result of challenges with health literacy and understanding of health services as identified in the Denny Review, there is a risk that members of minority, disadvantaged and seldom-heard communities in BLMK are not able to properly access or navigate between health and care services, potentially leading to an exacerbation of health inequalities, increasing a sense of fragmentation between services, and resulting in adverse health outcomes.	16	NEW

4.2 BLMK Health and Care Partnership

The latest meeting of the Bedfordshire, Luton and Milton Keynes Health and Care Partnership (H&CP) took place on 31 October 2023. The main points covered at the meeting are as follows.

Health and Care Partnership Governance, Work Programme and Approach for 2023/24.

The Health and Care Partnership agreed to change its terms of reference to reflect a move towards fewer formal meetings enabling more time for joint working with members of the Board of the ICB.

Denny Review.

The H&CP discussed the findings of the review carried out by Reverend Lloyd Denny into health inequalities and partner members committed to the actions outlined in the report to tackle inequalities.

Delivering our Strategy at System and Place – Reports from the Health and Wellbeing Boards and ICB.

Updates from the ICB and each Place Board were received.

Health and Employment outline strategy framework.

Following the joint seminar between the ICB and the H&CP in July (as reported above), the H&CP supported an outline strategy framework for system-wide working on employment and skills.

Right Care, Right Person.

Across BLMK, partners are aiming to ensure that the right agencies are involved in provided appropriate levels of healthcare support and, in particular, working to reduce the need for police services to get involved in health-care issues.

NHS Operational Planning 2024/25.

Anne Brierley, the ICB's Chief Operating Officer outlined changes to operational planning in 2024/25 which seeks to take a system wide approach to addressing financial and

operational pressures and to shift resources towards supporting admission avoidance and discharge from acute settings.

4.3 Early Years Seminar

The Integrated Care Board (ICB) and Health and Care Partnership (HCP) held its second strategic seminar on Early Years on 24 November 2023 in Milton Keynes. Nearly 70 delegates attended the event including representatives from Parent Carer Fora, Council elected members and officers, early years schools and SEND professionals, public health, NHS organisations and the ICB.

Michael Bracey, Chief Executive of Milton Keynes City Council, and Matthew Winn, Chief Executive of Cambridgeshire Community services were the executive sponsors for the seminar and were keynote speakers at the event. Michael reflected that it had been 20 years since the publication of Every Child Matters which set out a clear and ambitious policy framework for putting children and families at the centre of our work, but he challenged on what has really changed in that time, except demand for services have increased. Matthew stressed the importance developing a holistic view of the child in the context of their family, community and wider support network, emphasizing the need to move from a service-led to a needs-led approach. At present many children wait for specialist services when earlier assessment of needs and bespoke support from multi-disciplinary teams could meet needs quicker and more locally.

At the seminar, there were two interactive sessions based in the four places of Bedford Borough, Central Bedfordshire Luton and Milton Keynes. The groups were chaired and facilitated with the aim of agreeing a high-level action plan for each place to be agreed at Place Board level. The two questions the workshop groups focused on were:

- In identifying gaps in existing pathways and when considering the needs of our local children and families – what do we need to change?
- How do we achieve our ambition, agree the right strategic outcomes and what actions should we take in the short, medium and long term.

The summary of the Place based group discussions will be reported to Place Boards to consider what actions will be taken to address the local challenges.

5.0 Next Steps

None

List of appendices

None

Background reading

None



Executive Report

For Board of Directors 7 February 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. 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 reviews its objectives through the Board Assurance Framework that is presented to the Board and Sub-Committees and the Executive Board. A summary of progress is detailed below:

1. Support a sustainable workforce through the development of a long term workforce plan

A scoping exercise is in progress to understand what meetings are already in place to consider workforce issues

- Talent management
- Leadership
- Education
- Recruitment and Retention
- Health and Wellbeing (of staff)
- Workforce Planning (skill mix/workforce redesign/work experience)
- OD (including respectful resolution work)
- HR metrics (sickness/stat&man trg/appraisal/vacancy/turnover etc)
- ER activity
- EDI

Projects have started re Rostering, Sickness Absence Management and reduction in high cost agency

2. Develop the integration plan through the Integrated Care Board and Bedfordshire Care Alliance

The Board received the Long Term Plan in May 2023 and provided feedback. The Board Seminar on 19th July 2023 reviewed the final BLMK Joint Forward Plan and had a number of comments in relation to the Trust involvement and the impact on Fuller Neighbourhoods, Place and the BCA. Further work is required to ensure that the BCA is embedded in the ICB decision making.

Board to Board with BHFT and BLMK ICB held on the 4th October 2023 to support a shared understanding of the BCA and PLACE developments. Further contact and alignment agreed through the Non-Executive Directors across both organisations and a further session planned in April 2024.

3. Develop the Clinical Strategy aligned to Service Line Strategies

Clinical Service Line Strategies are being reviewed through the Clinical Strategy Board.

A Directions Programme is under development, commissioned and monitored by the Trust Executive.



4. Embed the approved commercial opportunity proposition

To operationalise the Strategy, a “task and finish” Steering Group has been established.

The Trust is working on projects to support the development of these opportunities.

5. Develop the site control plan phase 1 for Bedford and phase 2 for L&D and deliver the current projects

Master Planning complete and endorsed by the Board July 23. External Stakeholder Engagement Plan to be developed and implemented. Internal and External support required to progress stage 2 of the master plan and de-risking of the Estate which is limited due to funding opportunity.

6. Define and execute a digital agenda that provides solutions to enable services to modernise, connect, and transform aligned with the Trusts priorities.

Refresh of the Digital Strategy commenced in October, in accordance with the updated Trust Objectives. Publication to follow on Digital Strategy Committee endorsement anticipated in March 2024.

7. Meet the quality and operational performance targets

Reported through the Quality and Performance Reports.

Pressures remain on the key governance targets due to the Industrial Action.

8. Achieve financial targets

Reported through the Finance Reports.

Pressures remain on both revenue and CDEL position, as briefed to FIP.

9. Develop our role as an anchor institution

The Trust is part of the ICB led group to develop our role as an Anchor Institution. A review of the UCL Partners Anchor Institution Self-Assessment has been undertaken with a plan to focus on a smaller number of the indicators to demonstrate impact and outcome across the ICB.

The Board away days held in May 2023 and January 2024 discussed the Board approach to Anchor Institutions and focussed on the priorities that the Trust should move forward with and linked to the Luton 2040 Strategy.

The Trust is developing a Strategy Board that will review progress against Anchor Institution programmes including sustainability.

10. Develop a research strategy

Liz Lees, Chief Nurse is the lead for developing a Research and Development Strategy working closely with Dr Mohammed Nisar.



A visit to Bradford was undertaken in January 2024 and an approach will be developed to present to the Board.

2. INDUSTRIAL ACTION

The last month of the third quarter saw further industrial action by the British Medical Association (BMA) junior doctors. In the week preceding Christmas junior doctors participated in a full walk out for three days. A further six days of full walkout by junior doctors took place from 3rd to 9th January 2024.

As previously, regular planning meetings chaired by the Medical Director and/or COO were used to ensure safe staffing and review cancellation of elective activity. This was particularly stretching given the number of successive days of cover required, at a period of peak annual leave, and when the hospitals were experiencing high demand around the bank holiday periods. As previously, senior colleagues acted down to cover junior doctors and non-medical Nursing and Allied Health Professional colleagues were instrumental in ensuring that core Urgent and Emergency Care services were maintained at all times.

To the end of December 2023, the reported cancellations / reschedules of patients that had been given an appointment for a day on which industrial action fell since March 2023 were 834 inpatients and daycase procedures and 6785 outpatient appointments.

The BMA have announced that they are reballoting junior doctors in February 2024 for a potential 6 months further action, noting that 'action short of strike' is also being considered. The consultant mandate ends June 2024; the referendum in January 2024 rejected the government's pay offer with a narrow majority.

3. CANCER NATIONAL TIER PERFORMANCE MANAGEMENT

Following the Trust's escalation to the national Tier 1 performance management programme (for the Trust's with the most challenged performance position) in October 2023, the Trust has been participating in fortnightly performance meetings with representatives from the regional and national teams. Significant improvements have been made in the number of patients receiving a confirmed diagnosis or ruling out of cancer within 62 days, and the L&D site has reduced the backlog by 250 patients. This means that both Bedfordshire Hospital sites are delivering performance in line with expected performance for a Trust of this size, and in December 2023 a confirmation letter was received that the Trust was being moved into Tier 2 as a result of the significant improvements made.

4. EXECUTIVE SERVICE LINE REVIEWS

During Quarter 3, 24 Executive Reviews took place (scheduling continued to be affected by industrial action). Capacity pressures, both physical and workforce, continue to be the most significant barriers to service delivery. The focus on productivity opportunities continued during service line reviews this quarter.



Cancer recovery for services with high volume tumour sites has been a particular focus of the work at the L&D site in order to achieve de-escalation from Tier 1 performance management.

Histopathology and imaging pressures continue to be a significant constraint on ambitions to improve performance against delivery of the 28 day faster diagnosis standard.

Following escalation from a number of pathways regarding Urgent and Emergency Care pressures in November and December, the decision was made to stand up an Executive led Urgent and Emergency Care Recovery Programme Board which met for the first time in January 2024, involving members of the Executive team and senior leaders from across the organisation.

A number of services continue to report significant challenges in retaining critical mass of specialist workforce in hard to recruit groups which is driving high agency spend. Teams continue to report unfunded cost pressures e.g. from increased use of home care drugs, new NICE approved therapeutics, and resulting from GIRFT / peer review / national body recommendations for specific staffing models; these are being highlighted through the budget setting process and constitute a significant financial challenge for 24/25 which will require careful prioritisation by clinical leadership teams.

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. 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 continues to escalate to the Executive. There is ongoing work in relation to timeliness of incident reporting, the work on the support in place for staff experiencing violence and aggression at work and manual handling. Work is also ongoing to ensure the Trust is monitoring the use of Entonox.

Equality and Diversity

The Equality, Diversity and Human Rights Committee meets quarterly. The Trust has recruited a job share Head of Health Inequalities and Inclusion. The next report required is the Gender Pay Gap by March 2024.

Organisational Resilience

The organisational resilience team are working through a programme of reviewing and testing the business continuity policies across the Trust services. The Board approve the



compliance statement against the Emergency Preparedness, Resilience and Response (EPRR) standards which are a legal requirement under the Civil Contingencies Act (2004). The Trust has reported substantial compliance against these standards.

7. COMPLIANCE

Pathology services have received a number of compliance visits / assessments since the last public board meeting and have retained MHRA compliance for both sites following an L&D site visit in October 2023 (the last Bedford site visit was in December 2021). The services have also received visits under the UKAS ISO 15189:2012 accreditation programme, and have retained accreditation for Quality Management Systems, Clinical Haematology, Microbiology and Immunology following two surveillance visits in June and August 2023. Reports for Blood Transfusion, Haematology, Point of Care Testing, Clinical Biochemistry and Cellular pathology are pending. The third UKAS surveillance visit is due in February 2024.

The Bedford Hospital Endoscopy Unit underwent a Joint Advisory Group on Gastrointestinal Endoscopy (JAG) inspection in December 2023 and were confirmed as fully accredited on the day of the visit following very positive feedback from the inspection team including clinical experts and a patient representative. The L&D Site inspection is due in June 2024.

8. MATERNITY CQC

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

9. POLICIES & PROCEDURES UPDATE

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

F09T – Fundraising Policy
N05T – Naming Rights Policy
G03T – Policy on accepting charitable donations
IG05T – Information Governance Incident Management Policy
HR26T – Pension Contribution Alternative Reward Policy
P08T – Preceptorship Policy

Quality Committee Report

For Board of Directors 7th February 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 29 November 2023 and 31 January 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

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings during November 2023 and January 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. The junior doctors' industrial action prior to Christmas and immediately after New Year was very challenging but assurance was given that the hospitals remained safe.

With regard to cancer performance, the actions, hard work and scrutiny arising from the national Tier 1 performance meetings for cancer with the regional team and national leads have had the desired impact, with performance now much more in line with expectation. Focus remains on an open 62 day pathway awaiting confirmation or ruling out of a cancer diagnosis and work continues to ensure that issues are managed. As a result of the improved position, the Trust received written confirmation in December 2023 that it has been stepped down to Tier 2. Minimising delays in histopathology reporting is a key contributory factor to reducing the backlogs and focus remains to reduce reporting times further.

Stroke performance remains a focus of oversight and actions progressed to date have resulted in a high 'B' rating for the national SSNAP audit in quarter 2. Opportunities for continued improvement are recognised, including a project working with the East of England Ambulance Service and the Emergency Department.

The change of approach to winter planning, the change to threshold for opening contingency beds and the aim of documenting a discharge ready date for each patient has been challenging and extreme urgent and emergency care pressures have been experienced. Following escalation from a number of pathways, an Executive led Urgent and Emergency Care Recovery Programme Board has been set up with the aim to change mindset and process through all pathways. Work is ongoing with partners including mental health and community services to work towards preventing hospital attendance.

A national review of paediatric audiology was alerted following The Lothian Review which identified the potential for serious harm to patients where paediatric audiology services are under significant workforce and capacity pressures. Due to a critical workforce gap, the Trust is unable to support a request for mutual aid across the region. For the Trust, clinical prioritisation is in place for our patients but routine reviews are currently delayed with safety net advice being given to support workers.

3. Harm Free Care

The level of patient harm caused by falls or pressure ulcers is reported quarterly. Prevention of falls is key but it is important to promote independence and ensure patients are as mobile as possible. The team have been working with the community and with care homes and recognition of the impact is being seen with the reduction in pressure ulcers on admission. Actions and training are ongoing.

4. Maternity

The Quality Committee had oversight of perinatal reports, maternity staffing and CNST progress on compliance. The Quality Committee noted the CQC unannounced inspection in November, we await the draft report. Midwifery staffing has been challenged with a high number of new midwives requiring additional support. Recruitment continues to be an improving picture.

5. Nursing Staffing

Nurse staffing remains a challenge on both sites with increased demand for enhanced patient observations and mental health care. A piece of work will be taking place using a new safe nursing care tool to help to understand our dependency for enhanced care patients and mental health patients.

6. Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework (PSIRF) represents a significant change in the way the NHS responds to patient safety incidents and replaces the Serious Incident Framework that has been in place since 2015. The process has commenced and work is underway to empower the clinical teams to ensure triangulation processes are in place to support investigations identified as PSIRF Trust priorities and to optimise Trust and system learning.

7. Mortality

The Learning from Deaths Board continues to monitor all mortality data and review any HSMR condition specific mortality alerts. The SHMI for the Bedford site has shown a further reduction in month and remains within the 'as expected' range which is a result of the data quality improvement work.

8. Patient Experience

The patient experience team continues to provide frontline support to patients, relatives and carers using the Trust services. A working group has been established to review the current complaints process and to develop a sustainable process for managing complaints. Stakeholder meetings have been held with General Managers and head of Nursing to consider a framework. The Complaints Team continue to work with clinical service lines to gain learning from complaints, including quality improvement initiatives to address some concerns.

9. Safeguarding

The scale of the work and referrals presented to the Safeguarding team remains high which demonstrates good practice around safeguarding. Some additional recruitment has taken place with the Alzheimer Organisation to assist with the national audit and some work is taking place to ensure that patients are identified earlier in their journey.

10. Infection Control

The national spike in the presentation of patients with influenza is a cause of concern and external communication is encouraged for the uptake of the vaccination. With operational and capacity pressures and inability to decant the wards, the Estates team is challenged to carry out a refurbishment programme on some of the older estate on both sites. A working group is being established to develop a plan. The incredible work of the Infection Control team was acknowledged.



Operational Performance Report

For Board of Directors 7th February 2024
Quarter 3; October – December 2023

Author – Cathy Jones, Chief Operating Officer / Deputy CEO

Agenda item - 8.2

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 December 2023. 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 3 2023

Quarter 3 saw significant variation in terms of performance against the key operational standards, with further pressure from 3 days of industrial action at the very start of October (combined action from Consultants and Junior Doctors) and then again for Junior Doctors at the end of December. A drive to reduce length of stay and turn off the use of surge beds saw a significant reduction in October, but this proved unsustainable into November and December. 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) all showed improvement compared to the same period last year, although December's performance deteriorated compared to the October and November delivery.

All Trusts were asked to rebase their performance plan (focussed on 65 & 78 week waits and cancer targets) at the end of October. The planning guidance at that time was to assume no further industrial action and so did not account for the subsequent loss of capacity in December and January. Nevertheless the Trust continues to work towards the increasingly challenging year end elective recovery and cancer targets. Urgent care pressures in Quarter 4 will have a bearing on deliverability of the re-profiled plan.

The actions and hard work arising from the Tier 1 performance meetings for cancer with the regional team and national leads have had the desired impact, resulting in the Trust receiving written confirmation in December 2023 that it has been stepped down to Tier 2 as a result of the improved position.

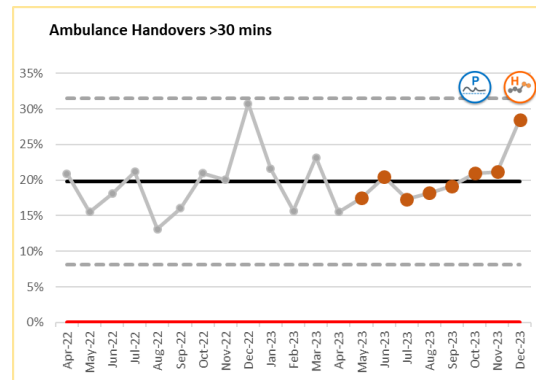
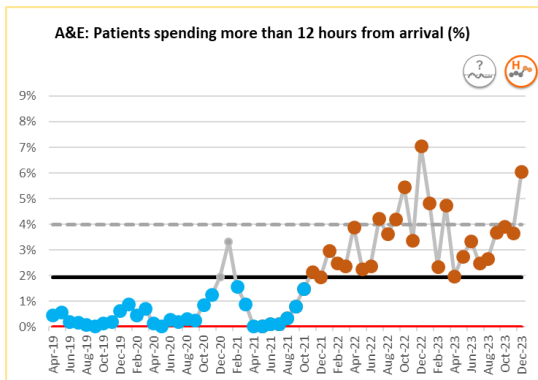
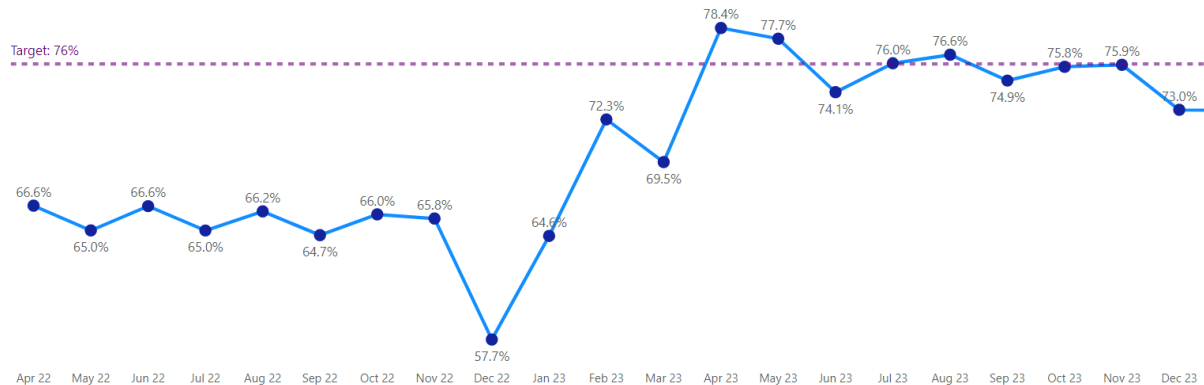
Legal Implications / Regulatory Requirements / Strategic Objectives and Board Assurance Framework

NHS England / Improvement / CQC / All Trust objectives

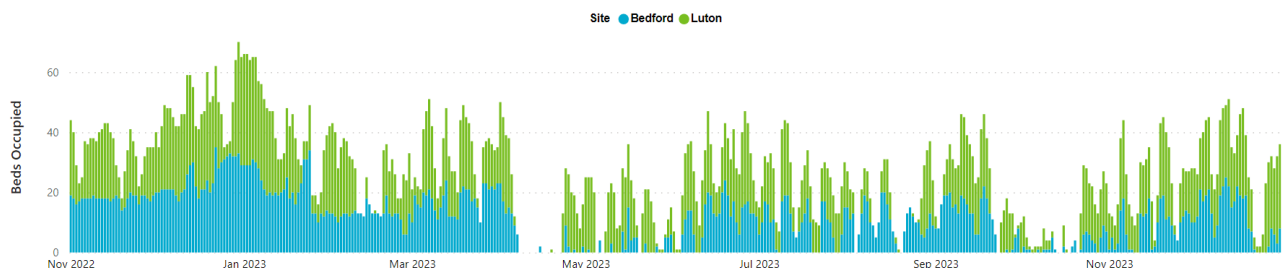


- The operational standard of 76% for the proportion of patients seen within four hours in the Emergency Departments was missed in all three months, with December being the most challenged month at 73%.
- Ambulance handover performance across the quarter deteriorated month on month and due to the severe operational pressures in December dropped to just 71.5% of ambulance conveyances handed over within 30 minutes against a target of 80%.
- In line with the trend from previous years, contingency bed use went up in November and December but was better than that experienced last year at the same time reflecting the organisation wide focus on reducing length of stay.

ED 4 Hour Wait Performance



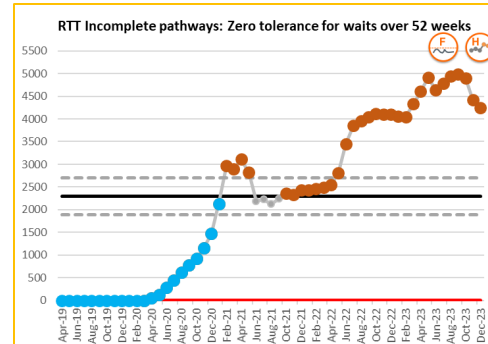
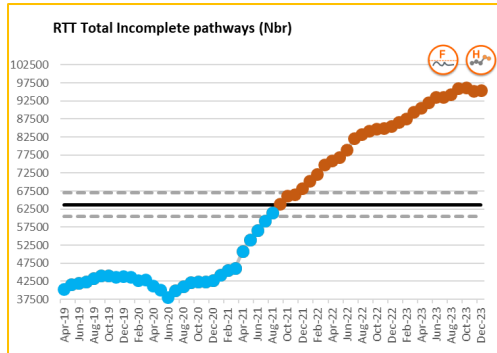
Contingency Bed Occupancy by Day - Site



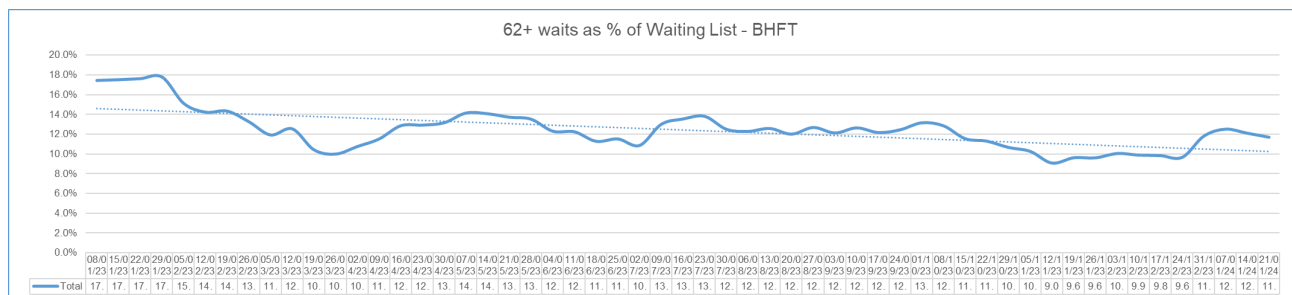


Planned Care and Cancer

- The Trust has maintained its performance of zero 104 week waits but the combination of ongoing industrial action and the emerging winter pressures are putting the 78 & 65 week wait performance targets at risk. 50 patients were waiting more than 78 weeks at the end of December, which is 10 fewer than were expected in the plan. This position is likely to deteriorate during January 2024.



- Actions and hard work arising from the Tier 1 performance meetings for cancer with the regional team and national leads have had the desired impact with performance now much more in line with that expected of a Trust the size of BHFT.
- The current number of patients over 62 days on an open cancer pathway is 278 (as at 21st January 2024) compared to 309 at the end of last month and is in line with the Trust's agreed trajectory to have 201 patients at the end of the year.

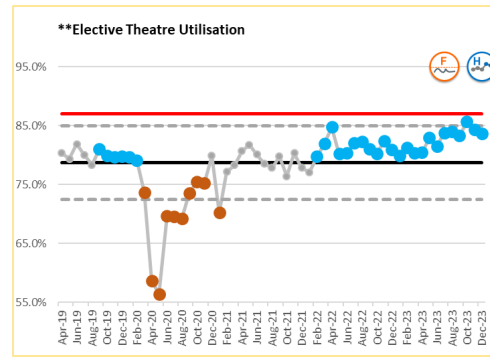
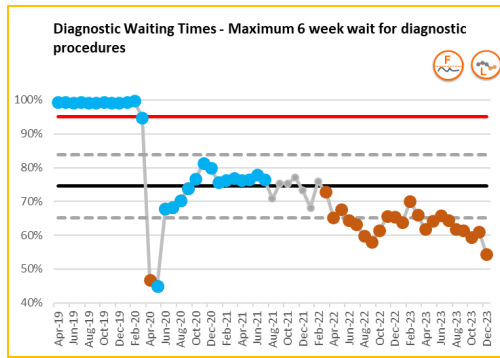


The national cancer access targets performance for November 2023 (data is one month in arrears) is as follows:

- The 28 day faster diagnosis standard target is 75%. Performance in November was 64.5%, up from the 63.5% reported in September 2023.
- Patients seen within 2 weeks of an urgent GP referral on a suspected cancer pathway has remained consistent in the first two months of the quarter, at 74.7% in November compared to 75.4% in September.
- Waiting times for diagnostic tests are an increasing area of concern for the Trust with performance dropping again, down from 59.4% in October to 54.4% of patients waiting less than 6 weeks at the end of December.

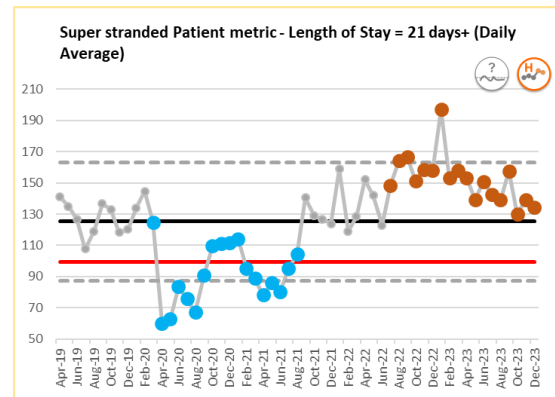
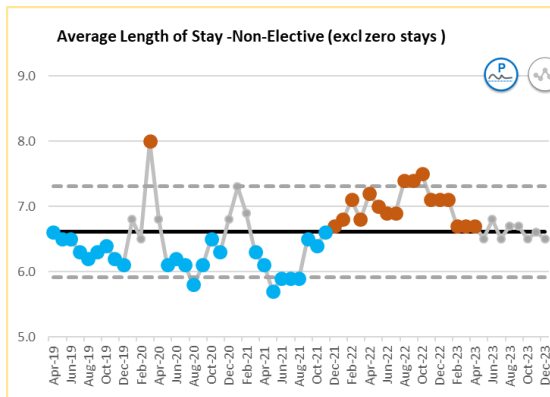


- Elective theatre utilisation continues to be aligned much more closely to the national average – c.85% for the last four months, which is the GIRFT best practice target.



Other Key Operational Metrics

- The percentage of stroke patients admitted to the stroke ward within 4 hours has been fluctuating over the last few months and is currently reported as 60.6% for December. The Q3 average is therefore lower than Q2 (55.9% vs 61.1%) but is still a significant improvement on Q1.
- The overall, Trust-wide Outpatient DNA rate improved in November to 9.5% as the result of the appointment reminder service going live in Bedford. While there was some bounce-back in December (up to 10.2%) the 2023 rate is better than 2022. The productivity & efficiency projects will help support the aspiration to deliver an 8% overall DNA rate.
- Non-elective average length of stay remains stable, helped by the reduction in super-stranded patients.



APPENDIX 1: IPR Metric Tables supporting operational performance report

Integrated Performance Report - Bedfordshire Hospital										<div><div>NHS</div><div>Bedfordshire Hospitals</div><div>NHS Foundation Trust</div></div>									
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
	E1.2T	**Elective Theatre Utilisation	87%	Dec-23	83.3%			83.7%			80.4%	82.9%	81.5%	83.8%	84.0%	83.3%	85.7%	84.3%	83.7%
	E1.43T	** Proportion of patients admitted to the stroke unit within 4 hours of arrival	90%	Dec-23	48.6%			51.9%			27.8%	39.4%	57.1%	52.9%	50.7%	59.7%	56.0%	43.9%	51.9%
	E1.12T	DNA Rate	8%	Dec-23	10.1%			10.3%			9.71%	10.25%	10.26%	10.14%	10.28%	10.41%	10.37%	9.57%	10.28%
	E1.13T	Super stranded Patient metric - Length of Stay = 21 days+ (Daily Average)	100	Dec-23	143.2			134.8			153.8	139.8	151.0	142.7	139.4	158.1	130.4	139.8	134.8
	E1.16T	Average Length of Stay -Non-Elective (excl zero stays)	N/A	Dec-23	6.6			6.5			6.7	6.5	6.8	6.5	6.7	6.7	6.5	6.6	6.5
	E1.45T	A&E: % of Patients seen within 4 hours (80% Target From Oct '23)	76%	Dec-23	75.8%			73.3%			78.7%	77.8%	74.2%	76.1%	76.5%	74.9%	75.7%	75.9%	73.3%
	E1.34T	A&E: Patients spending more than 12 hours from arrival (%)	0%	Dec-23	3.4%			6.1%			2.0%	2.7%	3.3%	2.5%	2.7%	3.7%	3.9%	3.7%	6.1%
	E1.38T	Ambulance Handovers >30 mins	10%	Dec-23	20.0%			28.5%			15.55%	17.45%	20.44%	17.31%	18.19%	19.18%	20.94%	21.18%	28.48%
	E1.42T	Contingency bed nights used run rate	N/A	Dec-23	192.3	NA	NA	31.60			12.4	17.5	28.1	23.6	18.4	23.7	10.5	26.5	31.6
RECOGNISE	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
	R1.10T	RTT Total Incomplete pathways (Nbr)	0	Dec-23	846,826			95366			90,549	92,063	93,547	93,516	94,342	96,082	96,140	95,221	95,366
	R1.14T	** RTT Incomplete pathways: Zero tolerance for waits over 78 weeks Apr 2023	0	Dec-23	195			50			5	10	12	13	16	18	29	42	50
	R1.16T	Zero tolerance RTT waits over 104 weeks for incomplete pathways	0	Dec-23	0		NA	0			0	0	0	0	0	0	0	0	0
	R1.13T	Diagnostic Waiting Times - Maximum 6 week wait for diagnostic procedures	95%	Nov-23	61.6%			61.0%			61.81%	64.16%	65.96%	64.51%	61.79%	61.44%	59.43%	60.97%	
	R1.3T	Cancer: 2WW 28 Day Faster Diagnosis standard (%)	75%	Nov-23	67.0%			64.5%			66.1%	68.6%	68.9%	70.7%	67.7%	63.5%	66.3%	64.5%	
	R1.22T	** Cancer – Past Target Backlog (63 days plus)	201	Nov-23	3019.0			291			379.0	382.0	343.0	438.0	426.0	416.0	344.0	291.0	
										<div><div>Variation</div><div>Assurance</div></div> <div><div> Special Cause Concerning variation</div><div> Special Cause Improving variation</div><div> Common Cause</div><div> Consistently hit target</div><div> Hit and miss target subject to random</div><div> Consistently fail target</div></div>									



Harm Free Care, Incidents & Complaints Report

For Board of Directors 7th February 2024
October – December 2023

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

This includes level of reported harm, with focus on falls and pressure ulcers, and the strategies employed by the Trust to reduce this which includes assessment of patients at risk, the patient environment, implementing appropriate interventions, and educating patients, families, and healthcare staff.

Despite an increase in incidents during early December we have continued to see an overall decline in the number of falls occurring and the level of harm sustained. A total of 353 falls occurred with 97.7% (345) of these resulting in low or no harm.

The amount of NPU's is a challenge for the organisation, with a higher number of NPU's affecting more patients than in Q2. This could be attributed to operational challenges with the hospital's experiencing the highest number of patients during Q3. A total of 476 NPU's were recorded of those 70% (355) were low harm.

Incident Reporting and Compliance

This summarises the Trust's current performance around incident reporting and management of Serious incidents for December 2023

Key areas to highlight:

- Incident reporting remains positive with continued improvement in reporting despite a small dip during this period.

- Serious incident management; this information has been provided in detail as previously requested, due to delays within the process.
- Regulatory compliance provides a headline overview of the new model of assessment in addition to what this means for the organisation and our plan working towards becoming 'inspection ready'

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

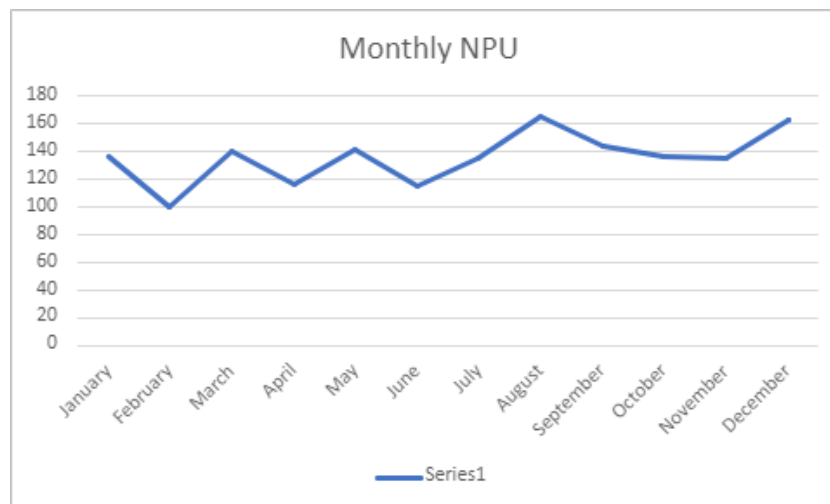
- NHS England / Improvement
- CQC
- All Trust objectives

Harm Free Care – New Pressure Ulcers (NPU)

A total of 476 NPUs were reported for Q3 affecting 381 patients.

In comparison to Q2, there has been a 6.7% (32) increase in incidents. There is also a 9.7% (82) increase in present on admission (POA) incidents being reported. The harm level for Q3 however shows that 70% (335) of all NPUs were reported as low harm, with category 2 ulcers accounting for over half of incidents 52% (250).

10.2% (49) of pressure ulcers related to the use of medical devices (urine catheters, stockings, and breathing devices being the most common).

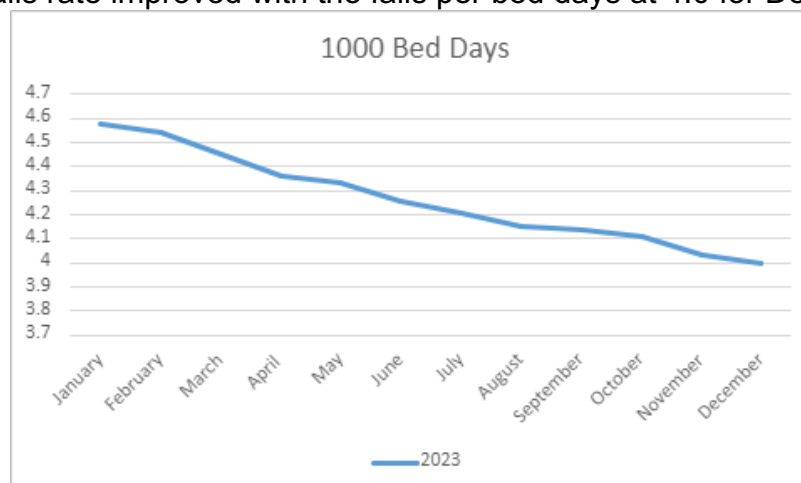


We continue to monitor all pressure ulcers incidents, particularly focussing on nursing staff's completion of individual patient risk assessments within 6 hours of admission, and the presence of a corresponding individual plan of care.

We are also focusing on ensuring nursing staff provide consistent education for patients/families/carers on pressure ulcers and how to avoid them. Leaflets are available for staff to give to patients and answer any questions they may have.

Harm Free Care - Falls

The cross-site falls rate improved with the falls per bed days at 4.0 for December 2023.



A total of 353 (177 Bedford and 176 Luton) falls occurred which was a 20% (90) reduction from the same period in 2022.

The majority of the falls (97%) incidents led to no or low harm with only 2.25% and is a 20% reduction compared to the same period in 2022.

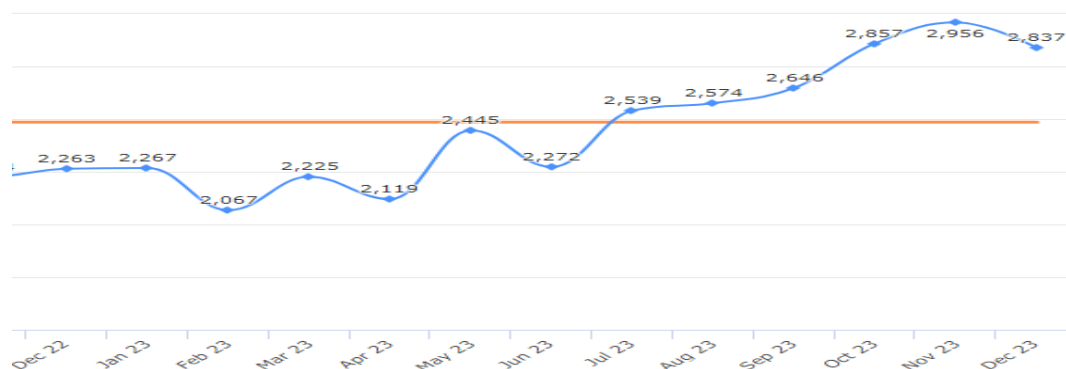
The areas with the highest falls occurrence were Elderly Care 29.5% (105) and Acute Medicine 16% (57).

Falls while patients are toileting continued to be a theme and occurred in toilets, shower rooms and from commodes at patient's bedside. Actions taken include:

- New brighter posters have been put into toilets and shower rooms reminding patients to call for assistance when required
- Falls Nurse Specialist and ward based Falls Champions have been alerted to the theme and are to be proactive in supervising patients to, or when in, the toilet where appropriate
- The subject of toilet supervision is being shared during ward safety huddles
- Toilet supervision continues to be an important subject in training sessions.
- Poster campaign within the wards reminding staff not to leave commodes with patients unsupervised.

Incident Reporting

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



Overall across the Trust, incident reporting has continued on an upward trend for the past year with a slight dip in December 2023 figures. 2,837 incidents were reported in December 2023, with a slight decrease in reporting against November 2023.

This slight decrease cannot yet be attributed to month on month seasonal variation, as further data points will be required to monitor for a shift. The small overall decrease in reporting is within reasonable parameters for variation and is within the context of a slight reduction in scheduled operational activity over the festive period.

Serious Incidents and Patient Safety Incident Response Framework (PSIRF)

During October 2023 the Trust responded to the new national patient safety strategy and moved over to the Patient Safety Incident Response Framework, (PSIRF). This provided opportunities to ensure incidents are investigated proportionately taking a systems

approach to investigation and improvement with the implementation of a specialist toolkit. The aim being to acknowledge the complex system issues and human factors to be considered when promoting learning for sustainable improvement.

This change resulted in a move away from declaring 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, particularly as there was a longstanding history of overdue incidents still under investigation at the outset of PSIRF implementation.

There are currently 10 open SIs for the Bedford site and 28 open SIs for the Luton and Dunstable site.

Actions

- Ongoing focused support is being provided to clinical teams by the clinical governance team and risk coordinators to ensure that the position with serious incident investigations is improved and all investigations completed for submission to the ICB by March 31st 2024.
- Further work is ongoing with ICB colleagues to ensure those investigations, previously submitted are moving towards closure on the national database, STEIS. This will improve the overall position of the organisational profile and ensure patients and their families are provided with assurance and closure.

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.

Of the 2,837 incidents reported in December 2023 (excluding pressure ulcers/damage present on admission [POAs] and Moisture Lesions):

- 4 incidents were assigned as a National Priority for investigation and learning in December 2023
- 2 x child deaths – 1 referred for the Child Death Overview Panel (CDOP) process, and 1 referred for both Perinatal Mortality Review Tool (PMRT) and CDOP.
- 2 x safeguarding incidents – 1 due for review at trust PSIRP Panel on 18/01/24, and 1 for review (as part of supervision process)
- 36 incidents were assigned as an additional trust priority for investigation and learning
- There are 7 Patient Safety Incident Investigations (in depth investigations) ongoing

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.

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

- NatPSA/2023/015 Potential contamination of some carbomer-containing lubricating eye – actions completed by deadline
- NatPSA-2023-016 Potential for inappropriate dosing of insulin when switching insulin degludec – actions completed by deadline

Complaints, Concerns & Compliments

Complaint trends remain similar in Q3 with clinical treatment and communication being the most reported.

Trust wide	October 2023	November 2023	December 2023
Complaints	78	71	67
Concerns	264	274	189
Informal contacts	1175	1491	752
Compliments/gifts	607	509	228

There are currently 112 (Luton) and 25 (Bedford) complaints that have breached the 45 day response time. There are established regular complaint meetings in place with Women's Services, Emergency Department and Medicine to review overdue and outstanding complaints which have proved invaluable in managing and addressing delays in response times resulting in reducing breaches. There is still ongoing work with other service lines to establish similar processes and we have commenced a review of our current complaint process to ensure it is responsive and timely. A focused piece of work is underway in Quarter 4 to review complaints process, the ambition to improve local resolution of issues and complaints. This would improve overall experience for patients and families.



Learning from Deaths (LfDs) Report

For Board of Directors 7th February 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 LfDs Board met on 8 January 2024.

There were 210 deaths from all causes in December 2023 (BH 95, LDH 115), including 6 deaths following an elective admission (LDH, to be validated).

In addition there were 28 Emergency Department (non-admitted) deaths, (BH 13, LDH 15).

The crude mortality rate (deaths per thousand discharges) for BH was 16.0 and LDH 11.8 (figures 1a and 1b) with a stable trend across a rolling 12 months.

Figure 1a Crude death rate by month (Bedford)

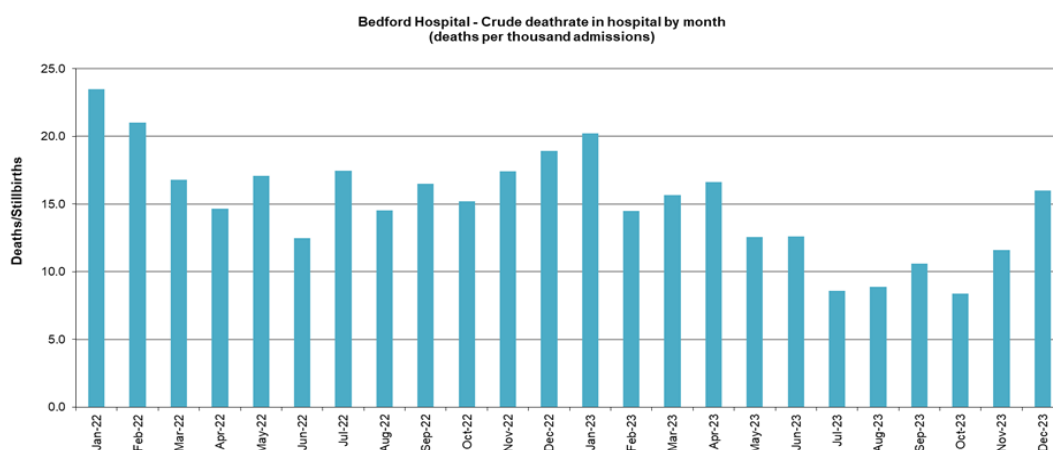
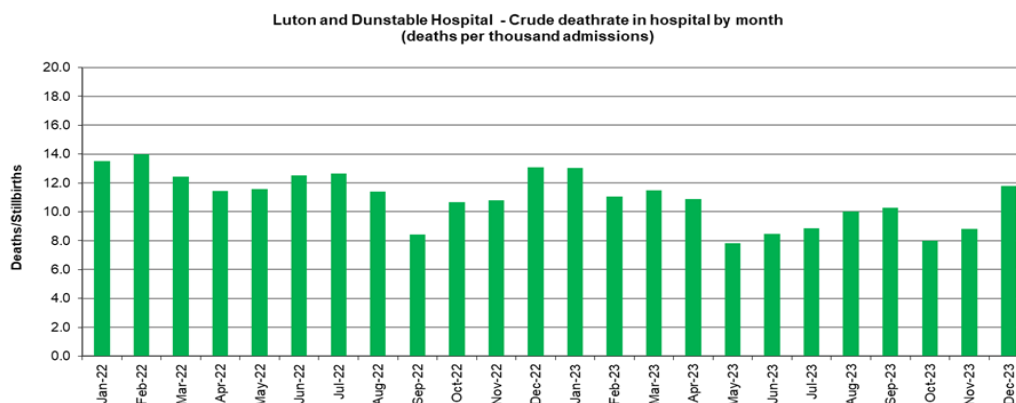


Figure 1b Crude death rate by month (LDH)





Deaths within 24 hours

39 deaths occurred within 24 hours of admission (BH 14, LDH 25), accounting for 14.7% and 21.7% of all admitted deaths at respective hospital sites.

Deaths within 24 hours, including non-admitted deaths, are subject to senior clinical review and summary findings are presented at the monthly LfDs Board.

Bedford Hospital

Clinical case review findings of deaths within 24 hours, including non-admitted deaths, during December identified that all deaths were deemed as unavoidable. Key findings identified patients were frail and elderly with pneumonia. Additionally 5 patients had spontaneous intracerebral bleeds.

For three of these cases, some aspects of sub-optimal care were identified, but were not thought to have changed the outcome.

Luton and Dunstable Hospital (verbal report)

Clinical case review of deaths within 24 hours, including non-admitted deaths, during December identified that all deaths were considered unavoidable. For one of these cases, some aspects of sub-optimal care were identified, but were not thought to have changed the outcome.

Excess deaths

Figures 2a and 2b show the cumulative excess deaths compared to pre-pandemic (2019), 2021 and 2022.

For Bedford Hospital the cumulative deaths in 2023 was 900 which is exactly at the 2019 position. For LDH the total deaths was 1166 which is 53 less than 2019.



Figure 2a Actual deaths in 2019 (pre-pandemic) 2021, 2022 and 2023 (cumulative excess deaths calculated using 2019 actuals) (BH)

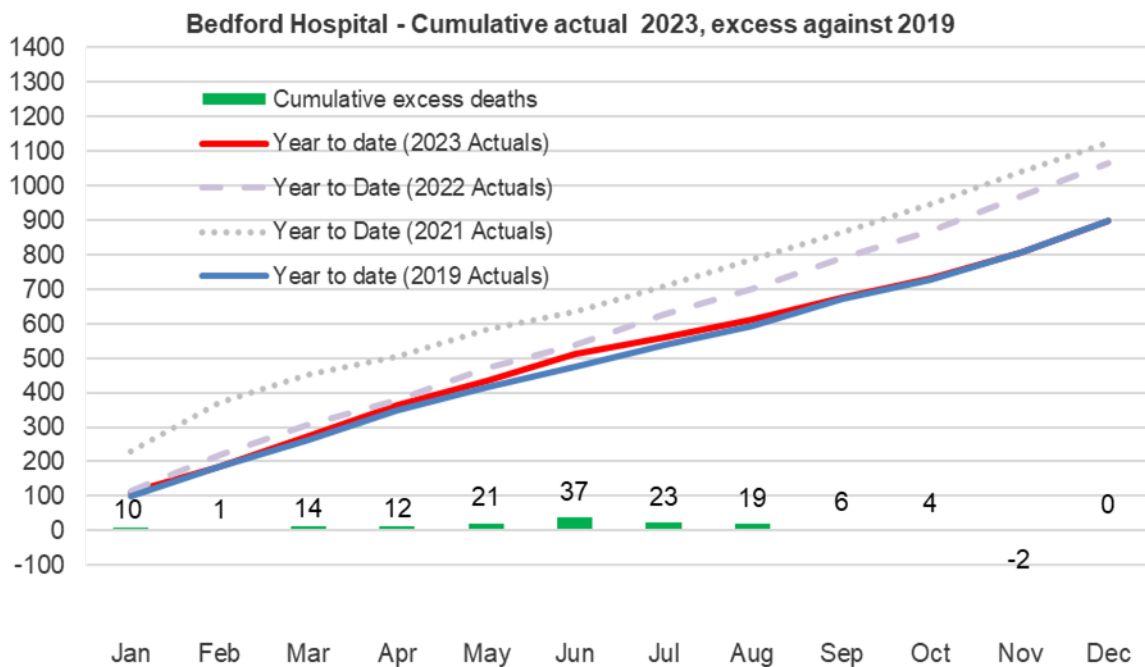
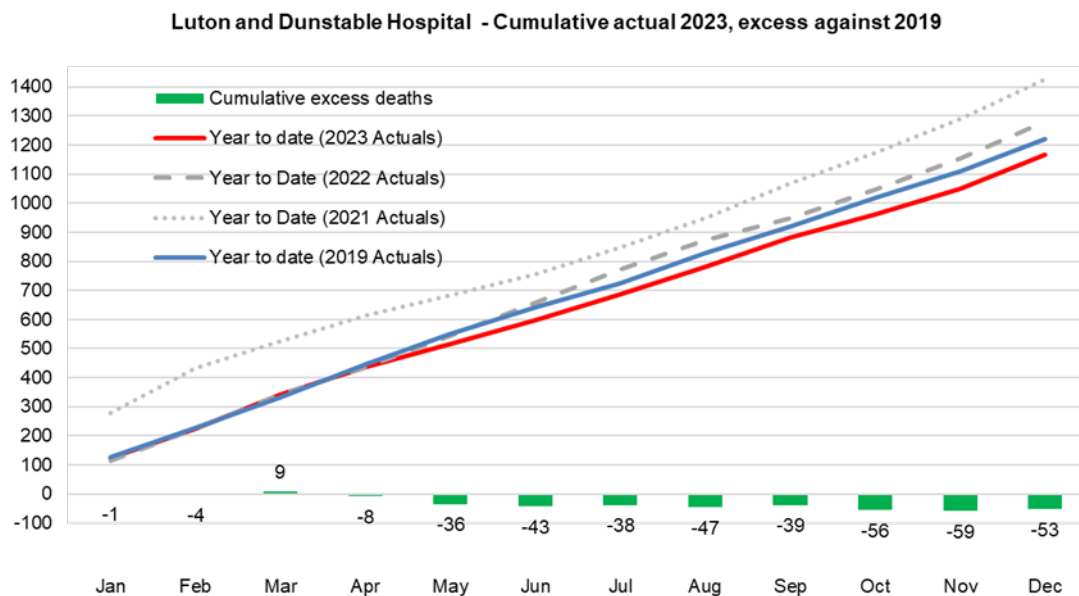


Figure 2b Actual deaths in 2019 (pre-pandemic) 2021, 2022 and 2023 (cumulative excess deaths calculated using 2019 actuals) (LDH)



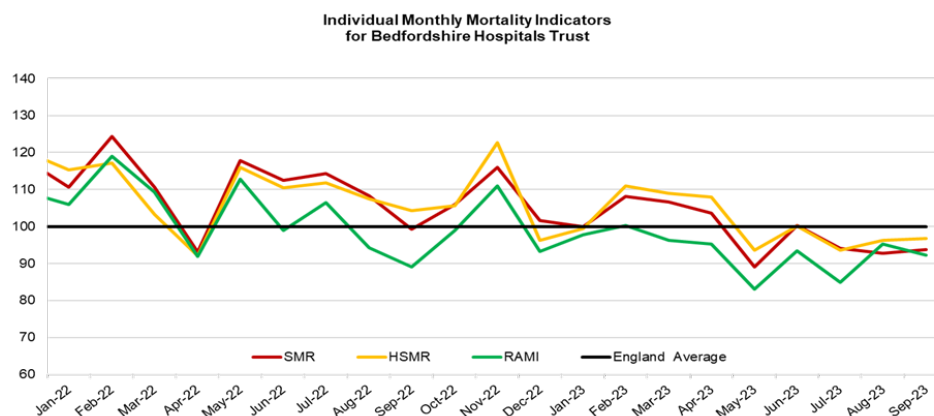
National Mortality Indicators

Trust - Latest reporting, September 2023 for individual months, shows marginal increases in (H)SMR and a decrease in the RAMI, with all values remaining below the England average (a constant 100).



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

Figure 3 Monthly mortality indicators for Bedfordshire Hospitals
(Individual months are illustrated rather than rolling averages)



The SHMI (excluding COVID-19 deaths, day case activity and including deaths within 30 days of being discharged) for Bedfordshire Hospitals for the latest 12 months (August 2022 - July 2023, is 1.0274 (↓0.0158), (total spells 111,750, ↑1560, - observed deaths 2825 vs expected 2750).

For Bedford Hospital, for the same timeframe, the SHMI is marginally lower in month, at 1.1359 (↓0.0052) (total spells, 32,750, ↑1055, - observed deaths 1300 vs expected deaths, 1145).

For Luton and Dunstable Hospital, the SHMI is also lower in month, at 0.9529 (↓0.0227) (total spells 78,865 ↑ 890 - observed deaths 1525 vs expected deaths, 1600).

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

SHMI contextual indicator:

In and out of hospital deaths, Bedfordshire Hospitals NHS Trust:

Indicator	Value	England average
Percentage of deaths which occurred in hospital	65	71
Percentage of deaths which occurred outside of hospital within 30 days of discharge	35	29

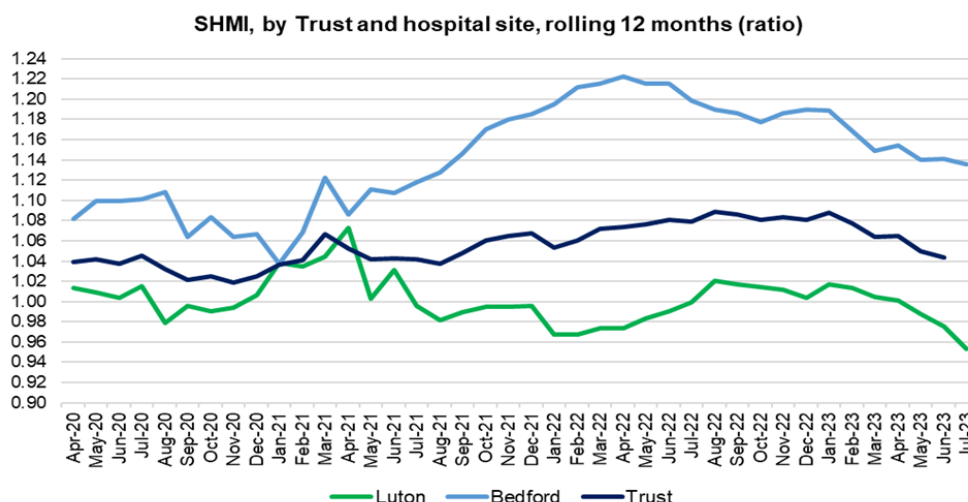


Figure 4 SHMI, rolling 12 months for Bedfordshire Hospitals NHS Trust and by hospital site

Medical Examiner (ME) Report

99.6% of deaths were reviewed across the combined offices in December 2023.

An additional 6 GP MEs have been recruited to support the review of community deaths, arrangements for weekend cover of faith deaths across both hospital sites are to be finalised.

A standardised process across hospital sites for referral of neonatal deaths to the ME service is 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 ME office for investigation.

Formal announcement on progress of mandatory ME review of all deaths before registration, due to commence April 2024, remains outstanding.

Learning from Deaths Quarterly Report Q2 2023/24

There were 430 deaths in admitted patients in Q2 2023/24 (excluding stillbirth/neonatal and child deaths across Bedfordshire Hospitals Trust (BHT), 39 fewer deaths compared to Q1 2023/24, with similar age, gender and ethnicity profiles as for previous quarters.

469 (99.8%) primary case record reviews were undertaken across both hospital sites (including non-admitted deaths occurring in the ED). 37 cases were identified as requiring a SJR.

Following completion (at the time of reporting) of 18/37 SJRs, 14/18 (78%) cases were considered definitely not avoidable or with slight evidence of avoidability (scores 5, 6).

Potentially avoidable deaths (avoidability scores, 2 and 3) were identified in 1/4 remaining cases (no.1, score 3).

A further case was assigned an avoidability score of 1, definitely avoidable. This judgment was incongruent with the ME primary review findings in relation to degree of avoidability.



Following review by the Medical Director (MD) this case is due to be presented at a weekly PSIR panel.

These two cases equate to 0.5% of deaths in Q2 (2/430). The key learning identified from both SJRs highlights the importance of timely recognition and management of sepsis.

An update on the Q2 position, to include the remaining 19/37 SJRs allocated, awaiting completion, will be provided in Q3 2023/24 reporting (April 2024).

In reconciling reporting for Q1 2023/23, no further cases were assigned an avoidability score of 1, 2 or 3.

Potentially avoidable deaths (avoidability scores, 1, 2 and 3) were therefore identified in 3/45 SJRs completed to date. This equates to 0.6% of all deaths in Q1 (3/469)



Nursing and Midwifery Workforce Report

For Board of Directors 7th February 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

In December, fill rates increased slightly in Bedford to 107.77% but decreased by nearly 2% in Luton, with 108.35% fill rates. This was driven by a high demand of enhanced care requirements on both sites. From a substantive staff perspective, the fill rates remained static at 91%.



During this period, both hospitals had escalation areas open for an average of 28 days. Overall, 8% of all inpatient areas fell below 95% fill rate, a decline by 2% compared to previous month.

Luton Emergency Department (ED) had a high fill rate due to permanent and temporary uplifts not yet reflecting on roster templates.

SafeCare at Luton achieved the expected compliance of 90%. 32 red flags were raised, with the majority being attributed to Woodlands, Ward 20 and Ward 23.

Temporary staffing cover remains a challenge with an approximate 26% unfilled rate cross site.

Bedford had an increased Enhanced Patient Observation (EPO) and RMN requirement of 26% driven by wards such as Pilgrim, Whitbread, Harpur and Shuttleworth, this decreased at Luton by 13%.

In December the overall trust CHPPD was 8.6, the CHPPD for Luton was 9.1 while the Bedford CHPPD was 7.8.

In December, 19 incidents were reported on InPhase relating to short staffing (6 in Bedford and 13 at Luton).

Midwifery Report

The Luton site vacancy 27.95 WTE (11.9%) with pipeline of 10 WTE leaving actual vacancy 7.7%

The Bedford site RM vacancy -3.37 WTE (-2.87%)

The Bedford site day RM fill rate increased in December to 91.81% and the night fill rate increased to 97.92%. The support worker day fill rate increased to 41.95% and night fill rate increased to 56.05% for December.

The Luton site day RM fill rate decreased in December to 80.03% and night fill rate was 75.83%. The unregistered day fill rate decreased to 56.53% and night fill rate decreased to 62.67% in December.

8 international recruited midwives have completed their OSCE in November 2023 and 6 have received NMC pin number and now working in clinical areas.

The maternity services at Bedford have not been on divert during December 2023. Luton has been on divert twice during December 2023.

At Luton the supernumerary status for Band 7 Delivery Suite Coordinators (not providing 1:1 care) was 100%, and Bedford the SN status was 100%

1:1 care in labour was achieved 98.81% of the time at Luton and 100% for Bedford.

24 Red flags were raised at Bedford and 75 at Luton and these 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
CHPPD – Care Hours per Patient Day
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 December 2023 Data

For Board of Directors 7th February 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 December 2023 to inform the delivery of maternity and perinatal services.

The key highlights of the report are:

- The Trust met the requirements associated with the 10 safety actions for Year 5 of Maternity Incentive scheme.
- The draft CQC report following the unannounced inspections in November 2023 is awaited and the warning notice was responded to on the 22nd January 2024.
- The Luton site RM vacancy is (11.9%) 27.95 WTE and the Bedford Site RM vacancy -3.37WTE (-2.87%). On both sites, the supernumerary status of the Band 7 was maintained at 100% in December. One to One care in labour was achieved 98.81% of the time at LDH and 100% of the time at BH.
- A Medical staffing review for maternity services has been undertaken.

The Trust Board is 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 December 2023 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											
Findings of review of all perinatal deaths using the real time data monitoring tool (PMRT) Findings of review all cases eligible for referral to MNIS (if SIB) The number of incidents logged graded as moderate or above and what actions are being taken Service User Voice feedback - FFT Staff feedback from frontline champions and walkabouts HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust Coroner Reg 28 made directly to Trust Appraisals Compliance Group 9 Mandatory Training Compliance Progress in achievement of MIS 10 Safety Actions - Year 5 Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rota and midwife minimum safe staffing planned cover versus actual prospectively. Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) - PROMPT >90% compliance K2 Competency Tests (x6) (Jan - October) Fetal Monitoring Study Day Competency Test Compliance (November) - >90% compliance	Target	Apr-23		May-23		Jun-23		Jul-23		Aug-23		Sep-23		Oct-23		Nov-23		Dec-23											
		LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH										
	100% Reporting	4	0	4	1	9	0	7	0	2	0	4	0	2	1	4	2	3	0										
	100% Reporting	1	1	1	0	4	1	1	0	0	0	2	1	0	0	2	0	1	0										
	(%) Very Good or Good	92.95%		95.94%		96.01%		95.58%		94.05%		92.18%		96.26%		89.16%		97.80%		92.40%		98%		90.33%					
	Yes, 27th April	Yes, 5th May IDI		Yes, 8th & 12th June		Not Applicable		Yes, 1st Sept at LDH (rearranged from 31st Aug)		13th September LDH 25th September BH		16th October BH 17th October LDH		1st November LDH 14th November BH		8th December LDH 13th December BH													
	0	0		0		0		0		Yes, CQC		0		9th Nov - Section 31 CQC Concerns LDH		20th December 2023 warning notice													
	0	0		0		0		0		0		0		0		0		0											
	>90% compliance	53.28%	64.74%	58.79%	66.67%	63.43%	73.10%	63.66%	78.70%	74.07%	81.66%	65.74%	80.00%	67.23%	66.67%	66.90%	71.89%	61.76%	82%										
	>90% compliance	83.89%		84.01%		84.81%		84.57%		83.93%	91.20%	85.26%	91%	83.26%	91.90%	83.30%	89.08%	81.16%	86.52%										
	Actions on track for completion	MIS Year 5 Published 31st May 2023		5		5		3		3		3		3		0		0											
	Actions ongoing with minor issues	5		5		3		3		3		3		3		0		0											
	Actions under review and at risk	0		0		0		0		0		0		0		0		0											
	BR ratio Actual for month	1.26	1.22.3	1.26	1.24.1	1.28.5	1.24.7	1.28.6	1.23.5	1.24.3	1.23.6	1.26.73	1.23.6	1.21.5	1.19.4	1.26.4	1.21.12	1.26.38	1.21.74										
	1 to 1 care in Labour (100%)	98.70%	100%	99.25%	100%	98.30%	100%	98.30%	100%	99.40%	100%	98%	100%	97.88%	100%	97%	100%	98.81%	100%										
	Supernumerary (100%)	98.90%	93.40%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.00%	100%	100%										
	Midwifery Red Flags	24	19	34	7	39	33	30	12	31	47	91	19	66	56	102	24	75	24										
	Midwives	90%	32%	96%	86.3%	87%	88%	89%	79%	91%	72.90%	93%	90.22%	95%	93.80%	97%	93.9%	93%	92.4%										
	Maternity Care Assistants	96%	30%	90%	76.9%	93%	72%	95%	77%	95%	84.80%	93%	84.80%	92%	100%	95%	96%	93%	93.9%										
	Nursery Nurses	92%		82.3%	100%	100%	100%	100%	100%	100%	100%	91%	80%	100%	100%	100%	N/A	100%	100%										
Ward Nurses	100%	46%	75%	100%	100%	69%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%											
Consultants	89%	26%	95%	80.7%	90%	57%	70%	58%	57%	58.30%	83%	68%	93%	88%	94%	80%	100%	80%											
Trainees	97%		73%	74%	74%	66%	66%	75%	75%	73%	73%	77%	100%	92%	100%	100%	100%	55%											
Anaesthetists	100%	22.50%	91%	83.8%	86%	47%	87%	44%	85%	68%	70%	70%	87%	86.60%	98%	100%	98%	94%											
Midwives	73%	87%	72.4%	91%	67%	91%	70.70%	90.50%	81.20%	88%	77.10%	86%	77.10%	87.30%			93.3%												
Obstetricians	63%	100%	63%	100%	81%	62%	88.10%	100%	90.50%	82%	88.10%	96%	88.10%	95.50%	95.8%	99.3%		92.5%											
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or b) receive treatment (Reported annually) - JHS Staff Survey 2022		a) 51.7% b) 57%																											
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)		2022 L 96.25% B 86%		2023 L 72.5% B 87.76%																									

Perinatal Quality Surveillance Report Highlights

1.1 CQC Unannounced Inspection of Maternity Services on 6th and 7th November 2023

The Trust awaits the draft CQC report following the unannounced inspections in November 2023. On the 20th December 2023, The Trust received a warning notice (section 29a) from the CQC relating to (1) insufficient numbers of suitably qualified, skilled, competent and experienced staff and (2) that governance systems were not operating effectively. This warning notice was subsequently amended and the Trust responded on the 22nd January 2024.

2.2 Maternity Incentive Scheme Year 5 (published 31st May 2023) and Saving Babies Lives Care Bundle Version 3 (published 1st June 2023)

The Trust met 10/10 on the safety actions for Year 5 of Maternity Incentive scheme including achieving the overall minimum requirement of 70% for implementation of the 6 elements associated with the Saving Babies Lives Care Bundle Version 3. The compliance reports and supporting evidence were reviewed and approved by the Trust Board on 17th January 2024, LMNS/ICB on 31st January 2024 and submitted to NHS Resolution on Thursday 1st February 2024.

2.3 Perinatal Mortality Review Tool (PMRT)

A total of 3 cases (3 LDH; 0 BH) were reported to PMRT during the December 2023; 2 stillbirths and 1 neonatal death. 100% of the cases were reported within the required timeframes to MBRRACE-UK. From the cases that have had a complete review on the PMRT, growth restriction and placental insufficiency are a common theme.

2.4 Service User Feedback

The maternity services received a total of 362 friends and family test feedback for the month of December 2023; cross-site was 90.33% for very good or good. Themes related to staffing, waiting times, facilities and parking. The teams across both sites in collaboration with the Maternity Neonatal Voices Partnership and service users are coproducing a bereavement survey.

2.5 Midwifery Workforce

The Board is asked to note that the dashboard for supernumerary status has been updated from May 2023 to correctly reflect the supernumerary status following an in-depth review of the birth rate plus. During November 2023 there was one occasion at Bedford Hospital where the supernumerary status was lost because a mother presented in labour and delivered within 5 minutes.

The Luton site RM vacancy is (11.9%) 27.95 WTE, with a pipeline or 10WTE RM commencing during January/February 2024 and the Bedford Site RM vacancy -3.37WTE (-2.87%). On both sites, the supernumerary status of the Band 7 was maintained at 100% in December. One to One care in labour was achieved 98.81% of the time at LDH and 100% of the time at BH. 75 red flags were reported for LDH and 24 for BH. Delayed or cancelled time critical activity (51) was the most commonly reported red flag for LDH due to delays in IOL (mothers awaiting oxytocin or ARM). A prospective staffing meeting has been introduced to review the elective workload and balance workload across each week.

2.6 Obstetric Medical Workforce

An initial review into the medical coverage for maternity services on both Luton and Dunstable Hospital site and Bedford Hospital site is has been completed and a recommendation paper with the immediate actions and one year implementation plans on both site will to be presented at the Maternity Safety and Governance meeting in February 2024. The paper recommends increases to staffing at both junior doctor grades and middle grade doctors. In addition it recommends and increase on consultant workforce on the Bedford site and increased leadership PA allocation at Luton.

2.7 PROMPT Multidisciplinary Training

The Consultant Obstetricians are currently at 80% and the remaining consultants are booked to attend the January 2024 and February 2024 PROMPT training dates, which will result in 100% compliance for obstetric consultants at BH by 9th February 2024. There was a decrease in compliance for the obstetric trainee's at BH during December 2023 due to the new doctor's rotation and these doctors will be allocated to PROMPT over the coming months.

2. Recommendation

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



Finance Investment and Performance Committee Report

For Board of Directors 7th February 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 November 2023 & January 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 December 2023, this is showing a £2.5m shortfall compared with a breakeven plan. The forecast outturn position for 2023/24 predicts that the Trust's financial position will further deteriorate to £6m (again against a breakeven plan). The in-year adverse variance and forecast outturn are both driven by unfunded costs of the Industrial Action that took place in December and January. No provision has been made in the Trust's forecast for the year for any further and, as yet, unannounced Industrial Action that may take place in February or March.

The forecast outturn position reflects that there is no confirmed prospect of revenue funding being made available to Trusts by NHSE for the December and January rounds of Industrial Action. However the Trust has received funding for Industrial Action for April to November, so it is possible further funding will materialise. Prudently, the Trust has made no assumption about receiving such income.

Were such (as yet unconfirmed) income to become available, and at a level that fairly reimburses the costs incurred, the Trust's (current and forecast) financial position is likely to improve. In these circumstances, there is a every reason to expect the Trust's forecast breakeven plan to be achieved for 2023/24.



The current position, and the uncertainty about NHSE financial support, has fundamentally changed the financial context within which the Trust is operating. The Committee has emphasised the need for this change in context to inform spending decisions (especially where discretionary expenditure is being considered) and the size of and pace at which efficiencies need to be realised.

2. Capital Update

The Committee has been keen to assess capital pressures over a timeframe greater than one year, and received a draft 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. Although NHSE is yet to publish key funding assumptions for 2024/25, the national funding picture looks very tight. In anticipation of this, the Trust's 2023/24 productivity programme is being re-cast with a view to identifying schemes that can deliver both for 23/24 and for 24/25.

The Committee received an update on the budget setting process. It noted that, although the 2024/25 gap has partially closed, 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 expected to be available (neither financial or operational planning guidance for 2024/25 has been released to date). The Committee noted the plan and timeline for closing the financial gap and the likelihood of the Trust needing to make some difficult decisions in order to produce a breakeven budget for 2024/25.

4. Other Updates

The Committee continued to receive updates from the Redevelopment & Digital teams with regard to performance against budgets. 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 7th February 2024

Author – Matthew Gibbons, Director of Finance

Agenda item – 9.2

Action

- Information ☒
- Approval ☐
- Assurance ☐
- Decision ☐

Contents/Report Summary

The Trust delivered a deficit of £6.8m against a breakeven plan. The main driver of the deterioration in The Trust reported a deficit of £2.5m for December, against a breakeven plan. The position includes the impact of £0.4m overperformance 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 remain consistent as the cost of industrial action and continued emergency pressures from Q2. Use of bank and agency remains high, particularly in medical and nursing areas. Non-pay is £15.6m overspent year to date, with a significant swing in month of £2.8m. This is due to drugs, independent sector activity, clinical supplies and energy costs. £5.3m of the overspend is offset by income for drugs and Cancer Alliance.

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

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

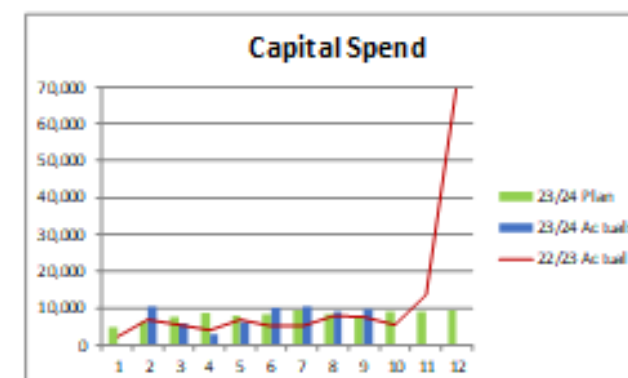
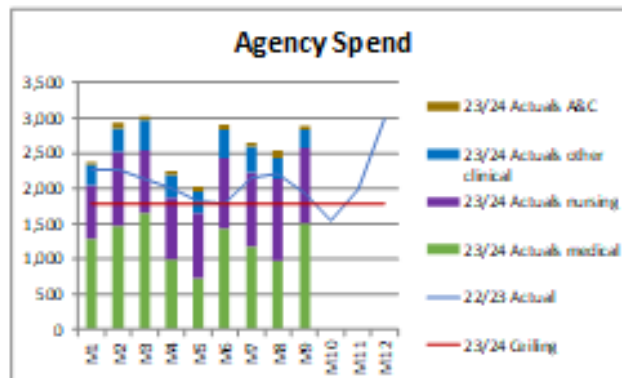
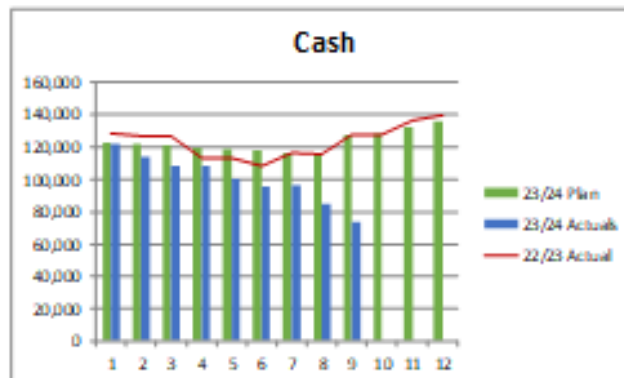
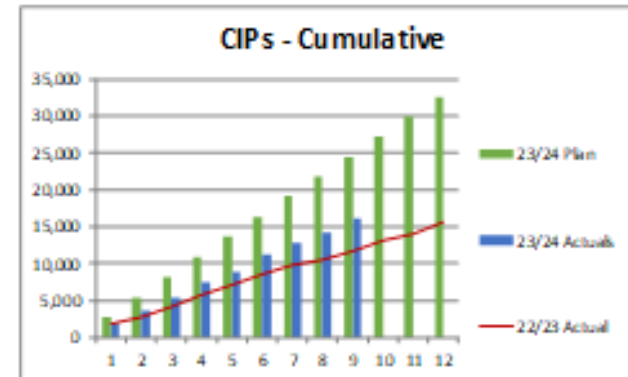
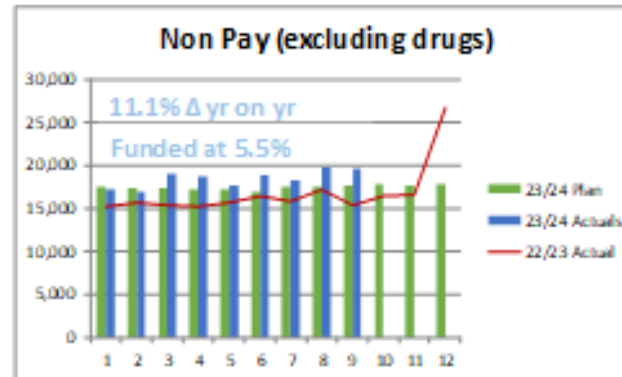
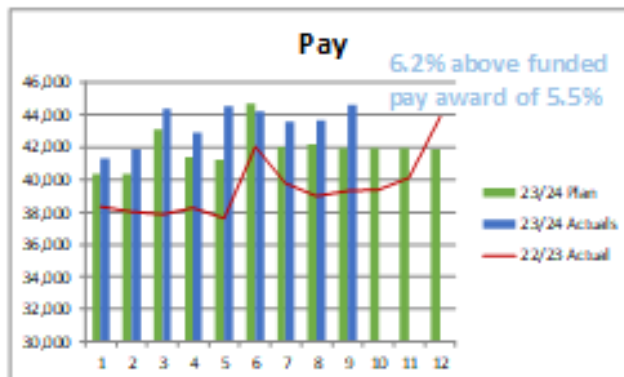
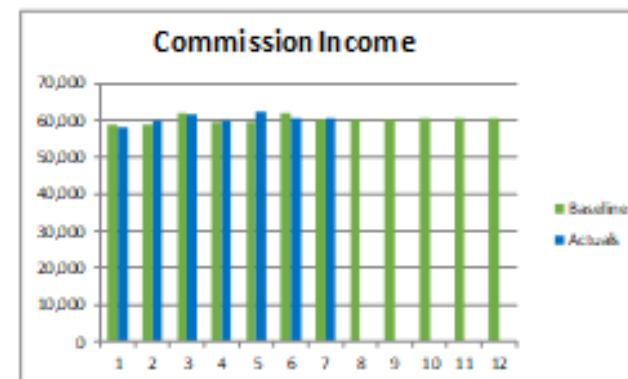
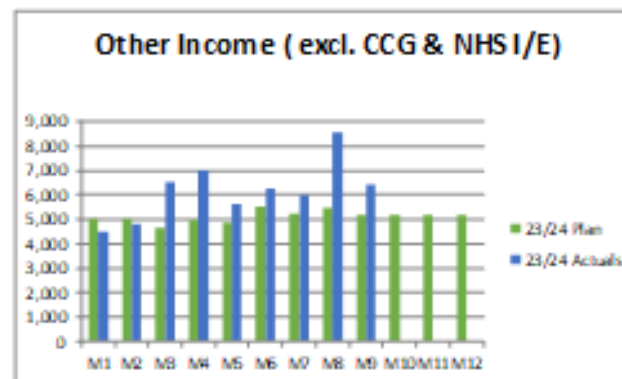
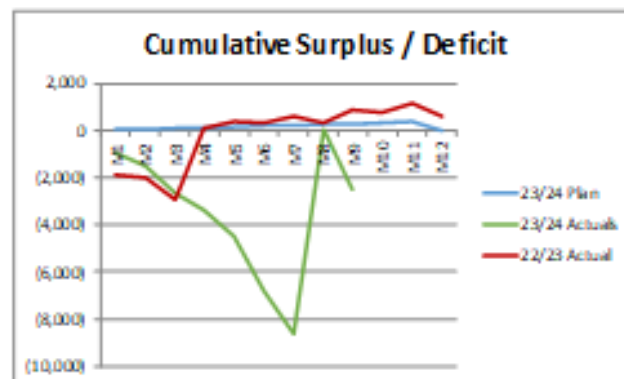
LVA – Low Value Activity

H1 – First half of year (April to September)

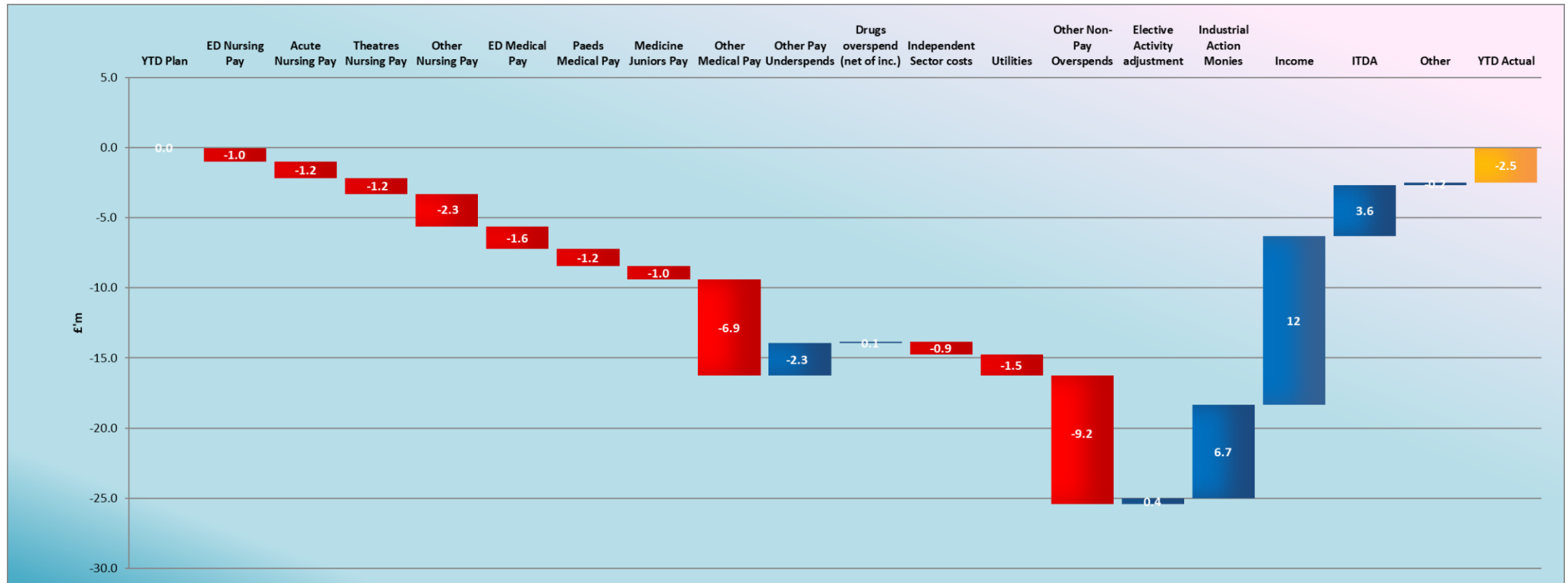
H2 – Second half of year (October to March)

AFC – Agenda for Change

Finance in a page



Revenue and Expenditure Bridge between Budget and Actuals





Redevelopment Committee Report

For Board of Directors 7th February 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, October - December 2023.

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, commissioning of the Trust's Energy Centre is nearing completion. From Spring 2024, the Trust will benefit from more efficient and resilient heat and power to the estate. The construction of the New Clinical Buildings (NCB) continues at pace, with very limited disruption caused to the clinical hospital. Work is focussed on moving services into the new buildings in 2025. The Emergency Department (ED) extension and refurbishment has seen a further phase hand over to the clinical teams providing additional capacity. Flow remains challenged while the work progresses. Both clinical projects remain challenging given the climate in which they were procured and are being delivered in (Covid, hyperinflation, industrial action).

At Bedford Hospital, the essential Electrical Infrastructure project has now completed on time and in budget. The Community Diagnostics Centre (CDC) and the Primary Care Hub (PCH) are currently being procured with works anticipated to start on site in March 24.



Key general risks include the current adverse market conditions leading to further upward pricing pressure and disruption to the supply chain and the challenge this presents to project's being scoped, designed, procured and constructed. The projects the Team are having to deliver quickly will continue to carry an inherent risk as time to design and plan is constricted. The existing estate infrastructure and fabric remains a critical risk for the Trust and for Projects.

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, October 2023 to December 2023.

Acute Service Block and New Ward Block, L&D

- The project continues to progress at pace, with increased labour on site as the focus moves to “fitting out” the building. Over the next 8-10 weeks scaffolding will be removed with the new buildings fully revealed on site. Inflationary cost pressure uplifts in relation to contractual risk and change remains a highly significant issue for the Trust. Contract risks and change have driven the programme to a planned completion of February 2025. The Trust’s clinical and support teams are well structured to manage this significant change programme and to transition safely into the new buildings in summer of 2025. This however, is not without risk given impending workforce changes and challenges in securing resourcing.

Urgent and Emergency Care, L&D

- 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. The project is currently in its final phase with significant progress made on site, however the unforeseen risk with regards to the Luton ED modular build integrity has created an additional scope of works for the Project. A detailed evaluation was undertaken and a summary position on the options appraisal was presented to the Redevelopment Board. The Redevelopment Board supported the option to demolish and re-build the modular structure, recognising that this will have a 4 month project impact and drive an additional cost of £1.4m and is not without risk. The extension benefits the department by adding a further 24 seats. The Trust consider this helpful given the increase in ED presentation and the congestion in the current waiting area being experienced. The budget uplift (£1.4m) was approved by FIP in November 23. The current Completion date is forecast to be October 2024.

Energy Centre (EC), L&D

- The Energy Centre Building is functioning on site. Works by Centrica to commission the building will continue to progress to April 24 at which point the Trust estate will be served efficiently by the new heat and power plant. Following completion of the Centrica works, visibility of the Managed Service Agreement with Centrica and performance reporting against it to reflect business case benefit realisation will be reported formally under BAU reporting for Estates & Facilities.

Electrical Infrastructure, BH

- The essential HV cabling works (potentially catastrophic risk with substandard Trust HV infrastructure) at Bedford Hospital have now been completed, on time with a healthy contingency remaining on the project. The HV and LV handovers are almost complete. 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.



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

- All initial enabling schemes have completed, seeing Moorfields moved from the Enhanced Service Centre to South Wing, and Circle MSK to Gilbert Hitchcock House (GHH). ASHE Construction continue to work under the Pre Construction Services Agreement. The project expected to undergo a Gateway Review in December 23, this has been delayed to February 24 due to a delay in receiving market information. Initial costs presented by the market suggest a significant cost pressure, detailed work is being undertaken to review costs against market benchmarks. Cost certainty is imperative for the Trust, particularly given the continued risks within the Construction Industry and the challenges around limited capital availability and CDEL. There is significant risk around getting into contract and this is expected to have a minimum 2 month impact on programme.

Master Planning, Luton & Bedford

- The Master Plan was adopted by the Trust Board in October 2023. 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. There are outstanding questions that need to be considered in the next stage of the master planning, whereby discussion and decisions cannot be informed without strategic capital investment. Resource to progress the project is expected in 24/25 and should be considered in parallel with high risk estate backlog requirements.

Melanie Banks
Director of Redevelopment and Strategic Planning
31 January 2024



Workforce Committee Report

For Board of Directors 7th February 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 January 2024.

Corporate Objectives

A report was received on the workforce attractiveness work stream and progress in developing the workforce plan.

Productivity and Efficiency Plans

A report was received that outlined four key productivity projects that will run in the 2024/25 financial year these are agency locum model, managing absence, eRostering optimisation and on-boarding. The projects are in the set up phase and progress will be monitored at future Committee meetings.

Workforce Report

The Workforce Report was received which noted the vacancy rate continues a downward trend reaching 6.32%. Turnover saw an in month increase and the Trust is working to secure funding for a People Promise Manager who will focus on retention initiatives that deliver the NHS People Promise. There was an increase in use of agency nurses driven by the use of Registered Mental Health Nurses delivering one to one care and contingency areas. Overall mandatory training remains over 90% at Bedford and Luton continues to improve now at 84.62%.

Health and Wellbeing.

The winter staff engagement was held in December 2024 with a focus on health and wellbeing. Over 5000 people attended and the event received good feedback.



The Committee received a report detailing the new take HeART gallery at the Luton site and the award of new Employee Assistance Programme supplier Vita Health who will commence service provision from 1st February.

Staff Networks

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

Of particular note is that the awareness of staff networks purpose is increasing and the mental health event is being planned as a cross network event.

Freedom to Speak Up

The committee received an update and this report is presented to the Board.

Nursing Establishment

The Committee received an update on the nursing workforce development project (Project Power) aimed to develop and retain staff through supporting talent. This four year project focuses on education with a bespoke development plan to aid staff to progress from band 5 to band 6. Thereby providing a career pathway that reduces the number of band 5 posts and increases the number of band 4 and band 6 roles.

Sickness Absence project

A presentation provided the Committee updating progress with the project which saw an increase of 9% in wellbeing focussed stage 2 meetings, intensive support for priority areas and additional training.

Long Term Plan - Strategic Initiatives

The committee received an update on key long term initiatives that underpin the local delivery of the NHS Long Term Workforce Plan including; Redevelopment, Digitalisation and Health & Wellbeing.

The Committee will examine the opportunities that digitalisation present as well as the consequences of not engaging with digital reform at a meeting to be held in February 2024.

Band 2 / 3 Re-grading

The Committee was appraised of on an emerging issue impacting our Healthcare Support Worker workforce (HCSW). The trade union, Unison, are campaigning both regionally and nationally to re-band band 2 HCSW to band 3 where their duties and competences are more aligned to band 3. Unison have raised this issue as formal dispute with the Trust. The committee was assured that the Trust is committed to work in partnership with staff and trade union colleagues to resolve this issue which will include re-grading staff in accordance with the national terms and conditions of employment. We continue discussions with Unison colleagues.

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

- NHS England / Improvement
- CQC
- All Trust objectives



Workforce Report

For Board of Directors 7th February 2024

Author - Angela Doak, Director of HR

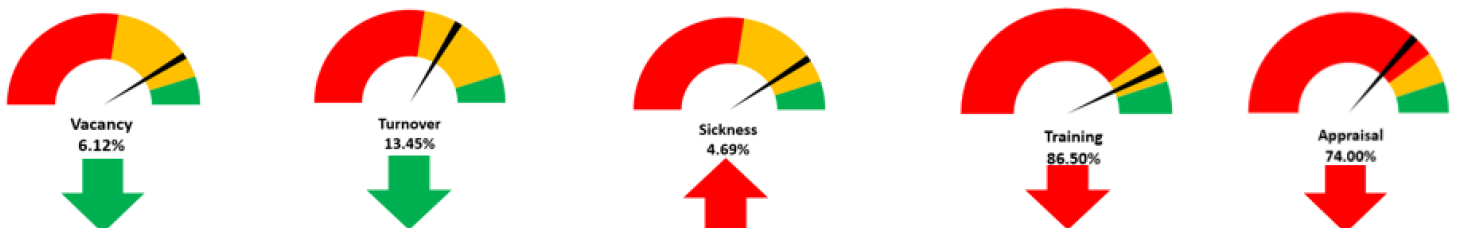
Agenda item - 10.2

Action

- Information ☒
- Approval ☐
- Assurance ☐
- Decision ☐

Contents/Report Summary

- Sickness increased from 4.44% In November 2023 to 4.69% in December 2023
- Vacancy rates have reduced from 6.32% in November 2023 to 6.12% in December 2023.
- The overall turnover reduced from 13.52% in November 2023 to 13.45% in December 2023
- The overall agency run rate is 23.24% higher in December 2023 when compared to December 2022 equivalent to 68.6 FTE more agency staff.
- The overall bank run rate was 4.60% lower in December 2023 when compared to December 2022 equivalent to 34 FTE less bank workers.
- The overall training compliance rate decreased by 0.37% in December to 86.50%.
- The overall appraisal rate reduced by 0.33% in December to 74.00%.



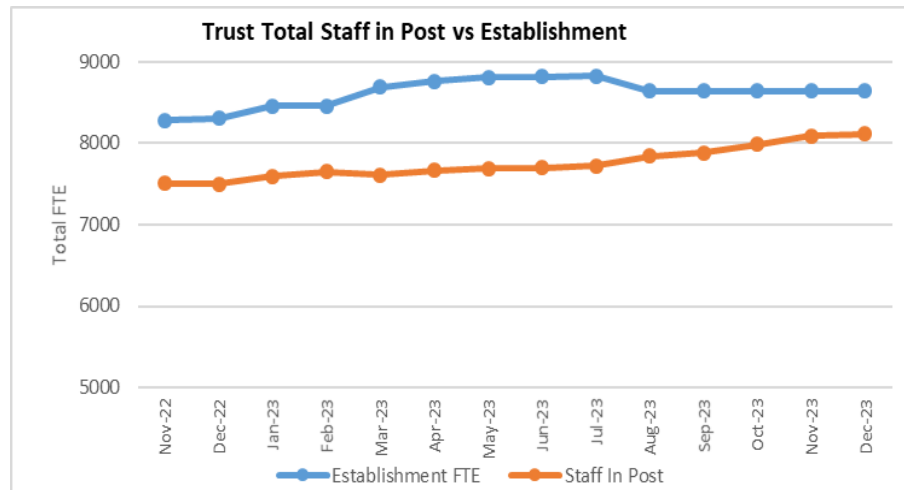
Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

- NHS England / Improvement
- CQC
- All Trust objectives particularly Objective 1 – Developing a Long Term Workforce Plan



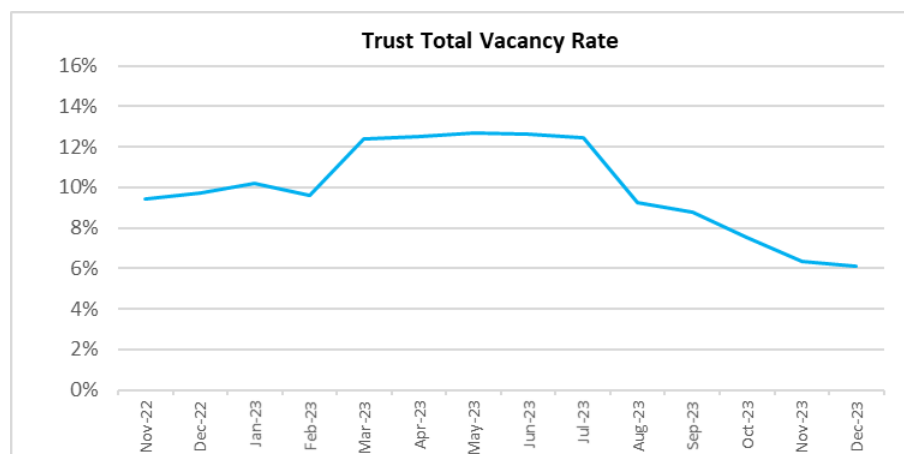
Staff in Post

- The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 17.25 WTE between November 2023 and December 2023.
- During the last 12 months the SIP increased by 7.51% (609 FTE) between December 2022 to December 2023.
- 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 will continue to ensure accuracy of data.



Vacancy

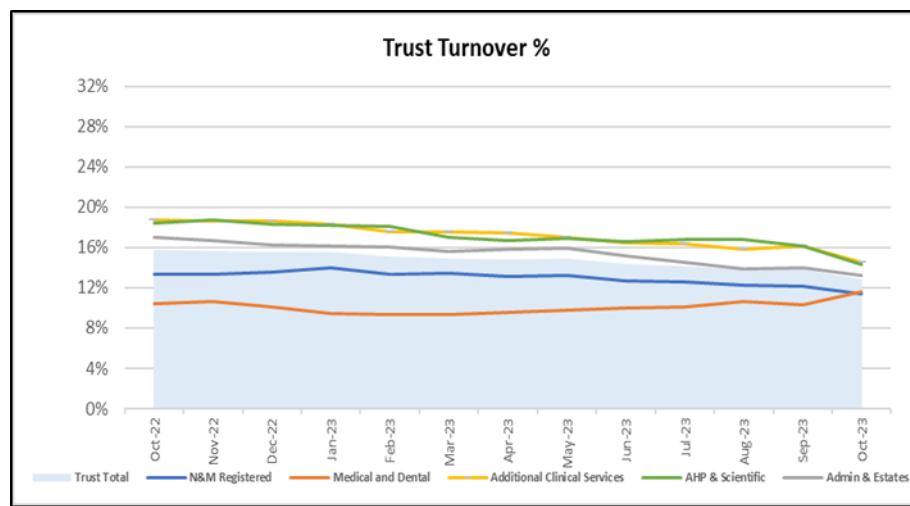
- The overall vacancy rate reduced over the last 12 months; from 9.70% in December 2022 to 6.12% in December 2023 including updates to the funded establishments.
- Registered nursing and midwifery vacancy rates are currently 9.65% reducing by 0.86% from November 2023 and have reduced by 3.24% over the last 12 months to December 2023.
- Medical and Dental vacancy rate is currently at 3.66. No overseas nurses arrived throughout December and there are 5 nurses scheduled to arrive in January who will all be based on the Luton site.
- There are approximately 191 Band 5 nursing & midwifery vacancies (112 WTE at Luton and 79 WTE at Bedford). There are currently 79 pre-registered overseas nurses and midwives (49 at Luton and 30 at Bedford) at various stages of their NMC registration and will convert to Band 5's over the coming months. There are also 99 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 -22 WTE.





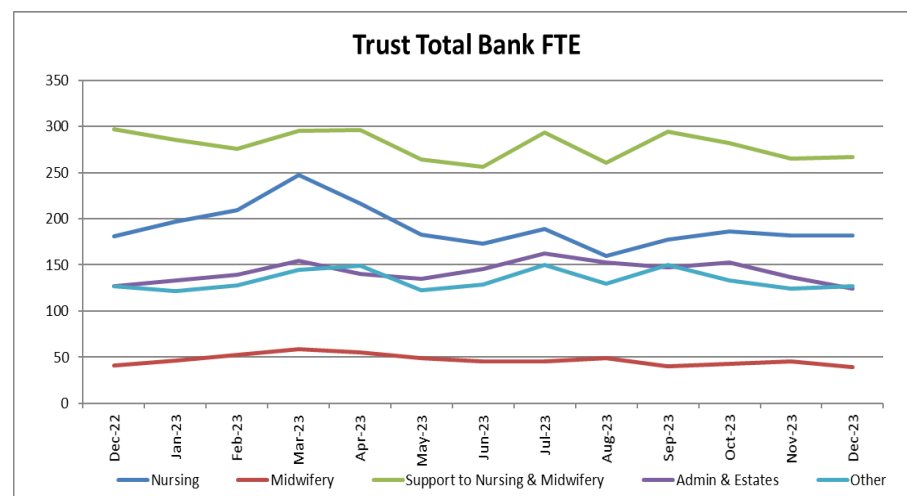
Turnover

- The nursing and midwifery staff group turnover has reduced by (2.04%) over the last 12 months to December 2023 and is currently at 11.51% a 0.56% reduced from November 2023.
- The turnover for Allied Health Professionals, (physiotherapists, Operating Department Practitioners (ODP) and Radiographers) and additional professional and scientific staff group increased from 15.04% to 15.91% in December 2023 but is 2.35% lower when compared to December 2022
- Additional Clinical Services staff group turnover decreased by 3.24% over 12 months to December 2023 and now stands at 15.35% which is 0.22% increased on the last month.



Bank Usage

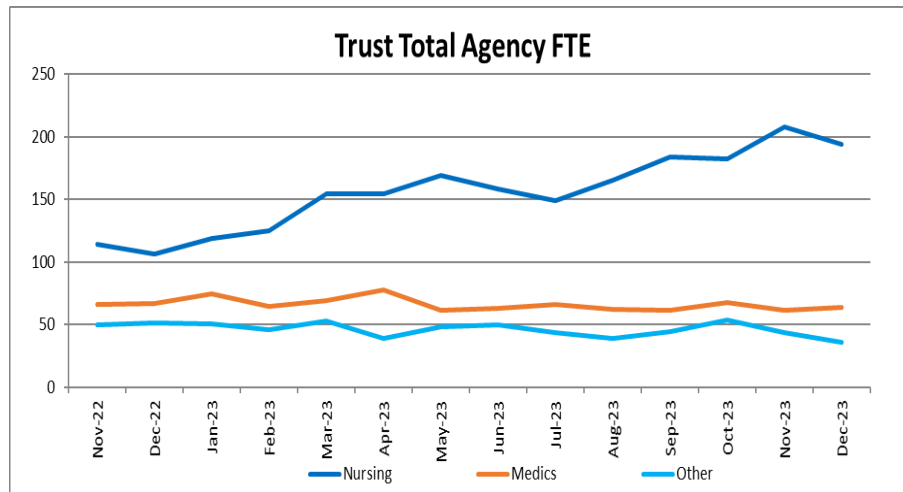
- Overall bank usage reduced by 1.91% in December 2023 as compared to November 2023 equivalent to 14.1 FTE less bank workers. The bank run rate was 4.60% lower in December 2023 when compared to December 2022 equivalent to 34 FTE fewer bank workers.
- Following the pandemic, bank levels for August 2023 are 16.69% lower than pre-pandemic levels.





Agency Usage

- Overall Agency usage reduced by 6.27% in December 2023 as compared to December 2022 equivalent to 18.4 FTE fewer agency staff. The November 2023 run rate reduced compared to November 2022 which is also equivalent to 18.4 FTE fewer agency workers.
- There was a reduced usage of nursing agency by 7.01% between November 2023 and December 2023, which was equivalent to 13.6 FTE less nursing agency staff. Higher levels of nursing agency is driven on both sites by use of RMN and contingency areas.
- Medical agency locums increased in the month by 4.36% equivalent to 2.8 FTE more medical agency staff.

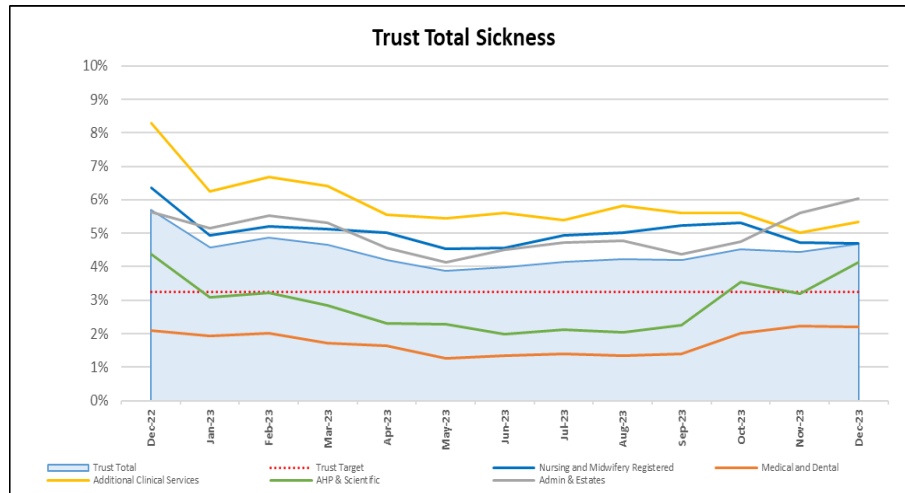


Employee Relations

- Across both sites, there has been a 6.4% decrease in the overall number of employee relations cases currently being managed within the Trust; from 110 cases in November to 103 in December; within this number, 4 cases have been closed down during the period.
- Although the overall level of activity has remained consistent; there has been a spike in the number of disciplinary cases, which now stands at 37 cases. Amongst these cases, there is a mix of individuals who experiencing difficulties in fulfilling the requirements of the role due to health issues, sickness absence and performance management concerns. There have also been nominal increases in the number of appeals and grievances.

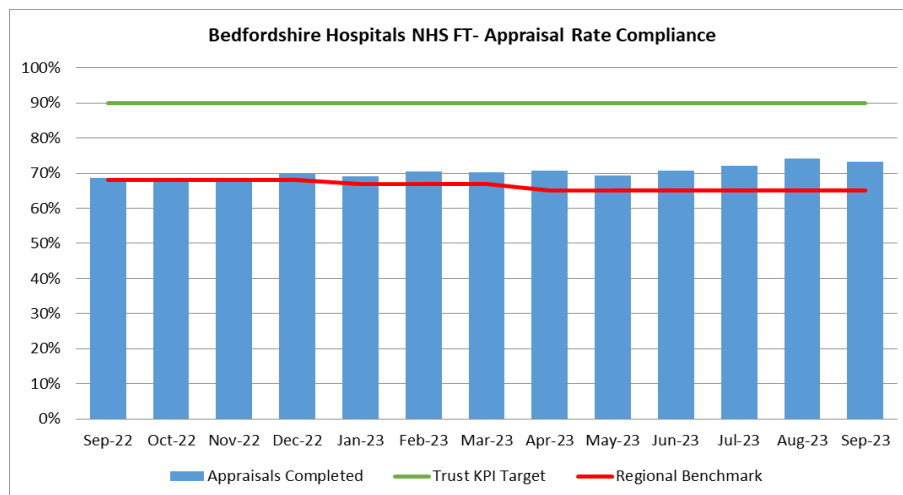
Sickness Absence

- Overall sickness levels have decreased from a peak of 5.69% in December 2022, to 4.49% in December 2023.
- Sickness levels in November were at a lower level (1.01% lower) compared to the same period last year but 0.25% higher as compared to November 2023.
- The highest absence rates for November were within Admin and Estates 6.03%, Additional Clinical Services 5.35% and Nursing and Midwifery 4.14%.
- The sickness absence project that provides additional support to help services proactively manage sickness absence for employees that have exceeded a Bradford score of 150 carried out 124 stage 2 meetings and a total of 666 since August 2023. In December there were 2116 staff with a Bradford score of over 150 of which 990 have had a stage 2 meeting (47%) an increase of 9% from the project start date. Meetings have been held with priority areas to create plans to manage absences and a review of the project priorities to include return to work stage is underway.



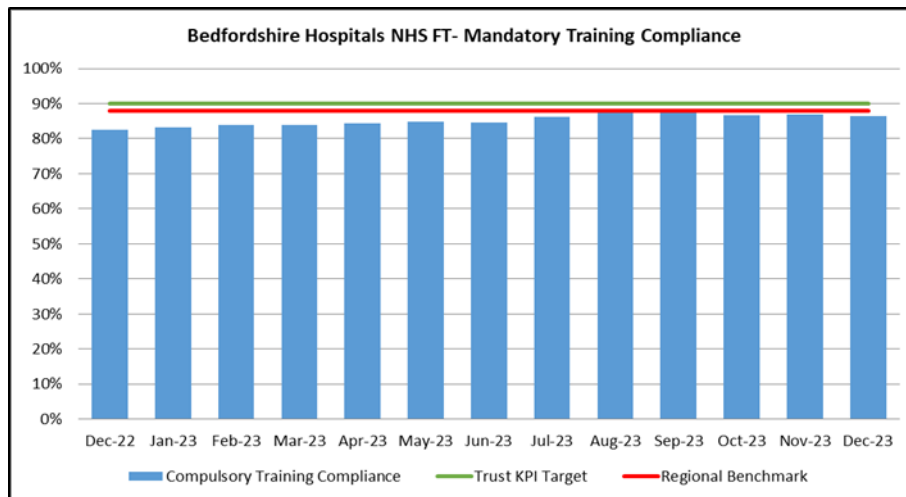
Appraisal

- Appraisal compliance has decreased by 0.33% to bring the average compliance to 74.00%.
- Despite the slight decline in compliance as a Trust we are exceeding the regional benchmark which is encouraging.
- The Mandatory Training Officers on both sites have been tasked with contacting departments with low compliance to provide support with the scheduling of appraisals and how to complete the relevant paperwork.



Mandatory Training

- The Trust overall training compliance decreased by 0.37% of to 86.50%.
- The team are focussing on those who are out of date and those that are due to expire to try to avoid large declines in compliance over the winter period
- The training team are putting together a suite of additional activity to encourage compliance commencing in January
- All the training dates for 2024 are now available to book.



Health and Wellbeing

Winter 2023 Good Better Best Staff Engagement Event

- Listening to feedback from previous staff surveys, we changed our winter staff engagement events to focus exclusively on the health and wellbeing of our staff.
- The winter event focussed on Healthy Minds, Healthy Bodies and Healthy Eating where staff were encouraged to time out at the well-being pit stop.
- Over 5000 staff (across both sites) participated in the event plus many repeat visitors.

Flu vaccination programme 23/24

- The CQUIN target for flu vaccination uptake by frontline healthcare workers including non-clinical staff with patient contact is 80%, with 75% being the minimum for achieving for any payment
- Current figures show frontline flu vaccine uptake at 53.4% and 10% of staff who have 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.
- We continue to actively promote the benefits of having the flu vaccine to staff however it is unlikely to reflect in a significant increase in our uptake numbers.

Take heART

- Take heART” had a very popular stand at the winter Staff Engagement Event. Staff had the opportunity to engage in some creativity inspired by the work of American artist Alma Thomas, and assisted by local artist Anne-Marie Abbate.
- In December 2023 the new “take heART “ gallery at the L&D site was officially opened. It provides a lovely calming, distracting and welcoming environment for staff, patients and visitors as they enter the hospital.
- The “take heART” team are delighted that the inaugural exhibition is a group of photos taken by a member of the ISS team. Jason Lee works as a Waste Porter but is also a keen scuba diver and talented underwater photographer. The striking and vibrant collection of Jason’s photographs showcase the wonders that lie underneath the ocean’s surface

Supporting Staff

The Trust is providing further support through:



- Safe spaces continue to be provided although attendance is low. In 2023 there was a total of 314 attendances with 859 emergency food tokens issued. For staff who attended on a regular basis wellbeing follow up checks are carried out.
- Launch of a range of financial wellbeing webinars available to all colleagues across our region. These online sessions will be held between January and March covering a diverse range of topics from family budgeting, debt management, first time house buying to retirement planning.
- Promoting a series of eight, weekly financial wellbeing webinars delivered by HSBC taking place from 24 January 2024
- A new quality improvement project led by Rachel Chater (Clinical Psychologist, Staff Health & Wellbeing) and Head of Nursing, Surgical Specialties (Anna Rimmer) designed to understand and improve staff experiences of 'daily redeployment'. The regular daily movement of staff across wards is inevitable to ensure patient safety and care but there is limited research and guidance relating to the impact on staff wellbeing and effective team working.

New Employee Assistance Programme Provider

Following a competitive tender process, a new Employee Assistance Programme provider has been chosen. Vita Health were top in the scoring criteria on both quality and cost.

The new service will commence 1st Feb 2024, and will work in a very similar way to our previous provider. Key features of the service include:

- 24/7 Helpline Support
- Immediate emotional support helpline led by trained counsellors
- Structured support by trained counsellors such as short-term counselling or guided self-help
- Management support line providing assistance navigating complex workplace issues and supporting personal well-being.





Freedom to Speak Up FTSU Report

For Board of Directors 7th February 2024

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

Agenda item - 10.3

Action

- Information ☐
- Approval ☐
- Assurance ☒
- Decision ☐

Contents/Report Summary

This is a composite report from the Freedom to Speak Up Guardians at Bedford Hospital and Luton and Dunstable University Hospital.

The report provides an overview of Guardian Activity:

- The activity for the October – December 2023 - numbers and types of issues raised

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

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



1. Concerns raised at the Bedford site – October to December 2023

24 members of staff spoke to the Guardian during this period, these were new issues.

Nine were about the same concern, which has been escalated and senior members of staff are aware. Three other members of staff from one department were unhappy about the treatment of a colleague. The rest were individual concerns.

Most concerns centred around attitudes and behaviours; only two were about policies and procedures. All the concerns have been taken forward with support from OD and HR colleagues where appropriate.

A listening exercise which took place as a result of issues in the last report has been finalised and an action plan is being agreed and shared with the staff involved.

2. Concerns raised at the L&D site – October – December 2023

There were 53 concerns reported to the Guardian/Champions during this period, with one concern raised anonymously.

The majority of concerns raised involved accusations of poor behaviours from managers/senior clinicians, accusations of bullying, harassment and incivility and dissatisfaction with trust processes.

Those reporting issues stated that they tried to raise their concerns via existing line manager or ER processes but felt that there was no, or poor, resolution to their concerns.

Two of the concerns raised involved large numbers of staff. One involved a Listening Event conducted by an outside facilitator aimed at giving the staff group a voice and covered organisational structure, department processes and behaviours present. The other had Guardian involvement to facilitate a cross-site meeting where staff could raise their issues directly to senior management. Both events have actions and recommendations, which will be followed up by the Guardians/OD/HR teams.

The concerns raised were by a variety of staff groups and from eight different areas.

3. FTSU Guardian activity

The increase in activity on both sites may be linked to the publicity generated during Freedom to Speak Up month in October. There were publicity stands outside the Main Cafeteria on the Luton site and in the Swannery Restaurant at Bedford throughout the month. During December the popular Winter tent events took place when again staff were able to speak to the Guardians, Champions and Peer Listeners. There was good engagement from staff and some valuable conversations took place.

The Guardians continue to meet with the OD and HR Directors for support and discuss themes, trends and shared learning. The Guardians are also supported by Gordon Johns, Senior Independent Director and Vice Chair, helping to raise the profile of FTSU at Executive level.



4. FTSU Policy

Counter Fraud has recently reviewed our local Freedom to Speak Up Policy. We are in the process of updating the policy to include the suggested amendments and this will be put on the Intranet on both sites.



Report from the Digital Strategy Committee

For Board of Directors 7 February 2024

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

Agenda item – 11.1

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



Information Governance

Quarterly Report

For Board of Directors 7 February 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 will update a baseline position prior to February 2024 for a publication date of June 2024.

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.

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

Mandatory IG Training

The current percentage of staff compliant with annual IG training has risen to 84.1% this is a small improvement 2.18%

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

All relevant documents/assets continue being populated onto the 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 75.38 of SARs were responded to within the legal deadline (704/934). This is a slight improvement of 1.38%

Freedom of Information Requests

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

We are continuing to see further progress with the compliance figures due to the changes that were implemented.

In the last quarter 74.4% were responded to in the timescale (154/207). Up 6.4%



Charitable Funds Committee Report

For Board of Directors 7th February 2024

Author — Richard Sumray, Trust Chair

Agenda item — 12.1

Action

- Information ☐
- Approval ☐
- Assurance ☒
- Decision ☐

Contents/Report Summary

The Charitable Funds Committee met on the 15th November 2023 and 24th January 2024.

Updates

The committee received an update on the progress with the closure of the helipad raised funds.

Nurse League

The committee agreed to a request from Janet Graham, Chair of the Nurses League In September and this will be completed at the end of the financial year.

Bid Approvals and Fund Updates

The committee approved spend for:

- Video laryngoscopy device for paediatrics (from their fund)
- Chemotherapy Chair (from their fund)
- Community Midwifery Chairs (from their fund)
- Charities Together Subscription (from the general fund)
- Estates and Facilities Day (from the general fund)
- TV in SDEC at L&D (from the general fund)
- Motormed Medical Therapy Equipment (from the general fund)
- Diabetes Technician Pilot at Bedford (from their fund and the general fund)
- Agreed a fund for Take HeArt to progress their work and fundraising



Charity Report

The committee received updates on:

- Recent successes in both fundraising and volunteering, including a considerable take up on youth engagement.
- Increasing community activities including a successful Christmas period.
- The focus to raise funds for the Acute Service block appeal, continue increasing volunteering across both sites, increase retail provision and develop the continue to lead on work experience program. As well as a branding launch on week commencing 12/02.

Management Reports and Governance

The committee received updates on:

- Investment valuations
- the general funds and fund balances
- the risk register

The committee:

- Agreed the Terms of Reference
- Agreed the Charity Criteria

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

- NHS England / Improvement
- CQC
- All Trust objectives
- Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

argon Buster

LD1A – Charities general fund
CFC – Charitable Funds Committee
SDEC – Same Day Emergency Care
ED – Emergency Department
NICU – Neonatal Unit.



Report from the Audit and Risk Committee

For Board of Directors 7 February 2024

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

Agenda item – 12.2

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



Corporate Governance Report

For Board of Directors 7 February 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
- Terms of Reference
- Risk Register Report

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

- NHS England / Improvement
- CQC
- All Trust objectives



Trust Board Secretary's Report

Current Composition of the Council of Governors:

Bedfordshire Hospitals NHS Foundation Trust currently has 35 governors with two vacancies for 'Staff, Non-clinical (Bedford and L&D sites)' and 'Appointed, University College London'.

Our Council of Governors is composed of:

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

Governor resignations:

The following governors have resigned.

- Dr Alice Mortlock - Appointed Governor (University College London) – resigned 22 Dec 2023.
- Julie Siddique - Staff Governor, Nonclinical (Bedford site) – resigned 7 Dec 2023.

Council of Governors Remuneration and Nomination Committee:

a) New Associate Non-Executive Directors:

The Remunerations and Nominations Committee approved on the 12 December the interview panel's recommendations that Dr Charmagne Barnes and Dr Anthony James are to be offered the position of Associate Non-Executive Director (ANED). This appointment was approved by the Council of Governors on the 13 December.

b) Non-Executive Recruitment

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

BLMK-ICS briefing:

Governors were invited to attend the briefing session chaired by Rima Makarem, on Thursday 14th December 2023 via MSTeams from 6pm to 7.30pm.

Training for Governors:

New governors were invited to attend a Governor Induction Session on 6 December. This was led by the Chair, Richard Sumray and the Corporate Governance team. Newly appointed governors will be invited to attend the NHS Providers Governwell Core Skills Training session, which will help to support our governors in their new role.



The virtual Staff Governor Discussion Group, on 2 November, arranged by NHS Providers, was attended by Staff Governors Belinda Chik, Noreen Byrne and Julie Siddique. This was an opportunity to hear from GovernWell team, network with fellow governors from other trusts and discuss current issues and compare best practices.

Governors on Sub-Committees, Working Groups and events :

Following the March and August elections, the governor were invited to fill in the vacancies across the Council of Governors sub-committees and working groups. Governors have been actively involved in subcommittees and working groups.

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 membership target for this financial year was to recruit 600 members, already, 85% have joined the Trust as members.

- Governors Helen Lucas, Linda Grant and Vinod Tailor attended the Public Listening Event (with faith and community leaders) on 30 October from 6.30pm to 8pm at the Fellowship house in Luton. This event was organised by BLMK ICB to introduce the ICB and share finding from the Denny Review, and listen to the needs of the communities in relation to health care services.
- The medical lecture on the 10th October 2023 was held at the Rufus Centre in Central Bedfordshire. More than 200 members attended the lecture on Hearing Loss and Tinnitus’.
- The Annual members meeting was held on the 27th September at Rufus Centre. This was well attended – 122 members.
- The autumn issue of the Ambassador was circulated to all the members. The next issue will published in spring 2024.
- Trust Winter wellbeing events 2023: Stall was booked for Governors to engage with staff across both sites which was well attended on the dates listed below. Governors Helen Lucas, Linda Grant, David Allen and Belinda Chik coordinated this and encouraged all governor to participate. There were quizzers and puzzle as an eye breaker and gifts given to the staff who completed the tasks. The purpose for governors: This was a way for public and staff governors to engage with staff about the work of the Council of Governors and the Board, and to encourage staff to remain part of the FT membership so that they can influence the formal governance structures of the Trust. It also provided an opportunity to encourage staff to nominate themselves for 2024 election, to vote at staff elections, and also generally promote attendance at the medical lectures and the AMM and to share any news they might have in Ambassador.

L&D Stall	6 December Wednesday – Healthy Body (10am-5pm)	7 December Thursday – Health Eating (7am-5pm)
Bedford Stall	13 December Wednesday – Healthy Body (10am-5pm)	14 December Thursday – Health Eating (7am-5pm)

Redevelopment site visit at L&D: The redevelopment onsite at L&D Hospital is progressing at pace across all three projects and there is lots of excitement across the clinical teams as their new modern and expanded accommodation takes shape.



Governors along with the executive and non-executive team have been invited to see the development. The Governor who booked for the workarounds in November and December found it interesting. The monthly scheduled has been booked until June 2024.

Use of the Trust Seal

Seal number	Subject	Supporting information
210	Chiltern Vale Health Hub & Housing (CVHH) Consultants Warranty – Affinity Fire Engineering/Central Beds/Willmott Dixon	
211	Chiltern Vale Health Hub & Housing (CVHH) Consultants Warranty – Alan Conisbee & Associates LTD / Central beds / Willmott Dixon	
212	Chiltern Vale Health Hub & Housing Consultants Warranty – Peruins and Will UK Limited / central Beds / Willmott Dixon	
213	Chiltern Vale Health Hub & Housing Consultants Warranty – Roberts West Consulting Limited / Central Beds / Willmott Dixon	
214	Chiltern Vale Health Hub & Housing Consultants Warranty – Wynne Williams Associates LTD / Central Beds / Willmott Dixon	
215	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / Ascot Signs Limited / Willmott Dixon	
216	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / Creagh Concrete Products Limited / Willmott Dixon	
217	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / Delta Balustrades Limited / Willmott Dixon	
218	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / JPJ Installations Limited / Willmott Dixon	
219	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / Kone Public Limited Company / Willmott Dixon	
220	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / Maple Sunscreening Limited / Willmott Dixon	
221	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / Multicare Medical Limited / Willmott Dixon	
222	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / Ridon Joinery Limited / Willmott Dixon	
223	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / Stainless Balustrade	



Seal number	Subject	Supporting information
	Solutions Limited / Willmott Dixon	
224	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / Style Door Systems LTD / Willmott Dixon	
225	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / System Rolling Shutters Limited / Willmott Dixon	
226	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / T Clarke Contracting Limited / Willmott Dixon	
227	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / KPMG Systems LTD / Willmott Dixon	
228	Chiltern Vale Health Hub + Housing Sub-Contractor Employer Warranty – Beds Hospitals / TSI Structures Limited / Willmott Dixon	

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 30th January 2024
- Board of Directors 1st November 2024
- Quality Committee November and January 2024
- Finance, Investment and Performance Committee January 2024
- Workforce Committee January 2024

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

- 3214 – Lifts breaking down on both sites (high)
- 3215 – Building Management System at Bedford (high)
- 3216 – Swipe Card Access at Bedford (high)
- 3207 – Bedford Theatres Heating and Ventilation (medium)
-

Terms of Reference

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

Appendix 1 – Charitable Funds Committee

Appendix 2 – Executive Board



Terms of Reference for the Bedfordshire Hospitals NHS Charity, 1058704

Approved January 2024

Status: Sub-committee of the Board of Directors

Chair: Board Nominated Chair. If the Board Nominated Chair is unavailable, the meeting will be chaired by another Non-Executive Trustee Representative.

Membership: The Bedfordshire Hospitals NHS Foundation Trust is the Corporate Trustee of the Charitable Funds. The NHS Foundation Trust Board devolves responsibility for the on-going management of funds to the Charitable Funds Committee (CFC) which administers the funds on behalf of the Corporate Trustee.

Four Non-Executive Directors and four Executive Directors serve as agents to the Corporate Trustee by being members of the Charitable Funds Committee.

In Attendance:

Finance representative

Charity representative

Board Secretary (as required)

Representative from Investment Advisors (as required)

Representative from Bedford Hospital Charity and Friends

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

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 Charitable Funds Committee is a formal sub-committee of the FT Board of Directors and complies with the Standing Orders and the Scheme of Delegation. Following the merger of the two charities into The Bedfordshire Hospitals NHS Charity on 1st April 2022 under the Charity Commission register The Trustee has agreed to adopt a standard level of delegated authorities for expenditure from charitable funds, both designated and restricted, which are shown below for both Charities:

Designated and Restricted Funds

Charitable Funds Committee - over £25,000

Fund Holder/ Fund Authorised Signatory (with oversight by Charity Team) - £5,000 to £25,000

Fund Holder/ Fund Authorised Signatory – up to £5,000

General Fund

Charitable Funds Committee - All Expenditure*

* For critical issues arising between planned meetings the Board nominated Chair/ Non-Executive Trustee Representative/ Director of Finance can on an exceptional basis approve bids up to £25,000 with retrospective reporting to the Charitable Funds Committee.

Authority and Chairs Action: The Board Nominated Chair OR another Non-Executive Trustee Representative' is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of the Charitable Fund up to a threshold of £25k. 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. In the Chair's absence, the Director of Finance along with another Trustee Representative of the CFC can approve bids up to the threshold of £25k from either Charity.

Quorum: 3 Non-Executive Directors and 2 Executive Directors

Accountability: 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.

Reporting: minutes of the Charitable Funds Committee meetings shall be formally recorded. A report shall be made following each Charitable Funds 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.

Objectives:

The committee will ensure effective internal control including the management of the Charitable Trust's activities in accordance with laws and regulations, and the establishment and maintenance of controls designed to give reasonable assurance that assets are safeguarded, waste and inefficiency avoided, reliable information produced and that value for money is continuously sought.

- To manage the affairs of the charitable funds within the terms of the declaration of Trust and appropriate legislation and ensure statutory compliance with the Charity Commission regulations - including annual reporting to the Charity Commission. In the initial merger year it is accepted that this will be a report per Charity and each charity audited separately until charity accounts and status has been assimilated under Charity Commission guidance.
- To act on behalf of the Trust in satisfying the duties and responsibilities of trustees in managing the funds.
- To ensure funding decisions are appropriate, consistent with the hospital's objectives and provide added value and benefit to the patients and staff of the Trust, above those afforded by the Exchequer funds.
- To approve the Annual Report and Accounts.
- To set investment objectives to be followed by the investment fund manager and monitor the investment performance of the funds.
- To review and monitor the activities of the Charities and receive regular reports on the performance of charitable fundraising activities.

- To ensure the implementation and adherence to appropriate, procedures and policies which ensure that accounting systems are robust, donations received and coded as instructed and that all expenditure is reasonable and clinically and ethically appropriate.
- The Committee may invite specialists to provide information or advice as required.
- To respond to the recommendations made in papers submitted to the Committee.

Members Responsibilities:

1. Individual members are expected to act as champions of the Charitable Fund 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. Individual members are expected to act in the interests of the Charitable Trust not necessarily in the interests of the Board.
3. To set targets and agree control systems to ensure delivery of the stated objectives.
4. To establish and maintain links with other bodies such as local CCGs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed.

Workplan:

Each meeting:

- Update report from Charity Team
- Submitted bids to the Charitable Funds Committee
- Update report from Investment Advisors (as required)
- General Fund(s) report including review of successful bids implementation (as required)

Annually:

- Annual Report(s) & Accounts
- External Audit report(s)
- Overview of the Activities for the year
- Dormant Fund Review
- Terms of Reference Review
- Post investment review of the General Fund(s) commitments

The Bedfordshire Hospitals NHS Charity, Registered Charity: 1058704

Agreed January 2024



Terms of Reference for Formal Executive

Approved May 2023

Status: Sub-committee of the Board of Directors

Chair: Chief Executive

Membership:

Chief Executive

Deputy Chief Executive/Chief Operating Officer

Chief Nurse

Medical Director

Director of HR

Director of Finance

Director of Quality and Safety Governance

Director of Estates and Facilities

Director of Redevelopment and Strategic Developments

Director of Culture and Organisational Development

Chief Information Officer

Deputy Medical Directors

Associate Medical Directors

Associate Director of Corporate Governance

Associate Director of Contracts and Performance

In Attendance:

Corporate Governance Manager

Meeting Frequency: Meetings shall be held monthly

Meeting Management: Agenda to be agreed by the Chair and agenda and papers to be circulated before the meeting

Extent of Delegation: The Formal Executive is a 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 Executive will take decisions and/or recommend decisions to the Board of Directors within the bounds of delegated responsibilities and accountabilities

Quorum: 10 members.

In the absence of the CEO the Deputy CEO will Chair

Reporting: The minutes of Formal Executive meetings shall be formally recorded.
A report shall be made to the Board of Directors through the Executive Board Report to each public board.

Objectives:

- To take executive decisions in line with authority delegated to the Chief Executive;
- To agree Business Cases that impact across Service Lines and agree those that are required to be approved by the Finance, Investment and Performance Committee;
- To support and agree objectives to deliver the agreed Trust strategy for submission to the Board of Directors;
- To agree a Scheme of Delegation to Service Lines and ensure effective governance and accountability arrangements for performance;
- To develop, agree and monitor plans to improve the efficiency, effectiveness and quality of clinical and non-clinical services;
- To monitor the delivery of financial, service and performance objectives and agree action where appropriate to meet the Trust's objectives;
- To monitor the management of risk and take decisions on how to handle/treat strategic risk issues not capable of resolution at other levels in the Trust. This will be achieved primarily through the receipt of the risk report;
- To review and agree the capital and revenue budget to be submitted to the Board of Directors and oversee capital development projects;
- receive escalation reports from Service Lines, Compliance Boards and Oversight Boards
- To receive reports from the Delivery programmes towards the Trust Objectives

Programme Board Members Responsibilities: Individual members are expected to act as champions of the Trust 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.

Workplan:

Each meeting:

- Quality Report
- Performance Report
- Workforce Report
- Finance Report
- Business Cases
- Escalation from Service Lines
- Escalation from Compliance Boards
- Escalation from Cross Cutting Boards
- Report on Objectives

Quarterly:

- Risk Register
- Assurance Framework

Annually:

- Objectives
- Terms of Reference

As required:

- National Reports
- Compliance Reports