Bedfordshire Hospitals
NHS Foundation Trust

Meeting of the Board of Directors

31st July 2024

11:00 - 13:00

Nova House/Teams

Meeting Book - Board of Directors Public Meeting 31 July 2024

1 Chair's Welcome and Note of Apologies
R Sumray

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

3 Minutes and Actions of the Previous Meeting: Wednesday 1 May 2024 (attached) — To approve
R Sumray

- 3.1 3. BHFT Minutes 1 May 2024.docx

4 Matters Arising — To note
R Sumray

5 Strategy Development — To note
R Sumray

- 5.1 Review of Strategic Objectives
  - 5.1.1 5.1a Review of Strategic Objectives.docx
  - 5.1.2 5.1b RAG of deliverables.xlsx

6 ICB Report — To note
D Carter

- 6.1 ICB Report (no report ICB meeting 19th July) — To note
  D Carter
  - 6.1.1 6.1 ICB Report.docx
- 6.2 BCA Report (no meeting since last report)
  - 6.2.1 6.2 BCA Report.docx

7 Executive Board Report (attached) — To note
D Carter

- 7.1 7 Executive Board Report July 24 .docx
- 7.2 CQC Report Update

7.2.1 7.1 CQC Report Update July 2024.docx

8 Quality

To note

8.1 Report from the Quality Committee (attached)
A Gamell

8.1.1 8.1 Quality Committee Report July 24 final.doc

8.2 Operational Performance Report (attached)
C Jones

8.2.1 8.2 Operational Performance Report April - June 2024 for public board.docx

8.3 Harm Free Care, Incidents and Complaints Report (attached)
L Lees / C Thorne

8.3.1 8.3 Harm Free Care Incidents Complaints April - June 24 BoD Report 2_.docx

8.4 Learning from Deaths Report (attached)
P Tisi

8.4.1 8.4 Learning from Deaths July 2024.docx

8.5 Nursing and Midwifery Workforce Report (attached)
L Lees

8.5.1 8.5 BoD Nursing and Midwifery Workforce Report July 2024.docx

8.6 Perinatal Maternity Report (attached)
L Lees

8.6.1 8.6 Maternity Perinatal Report.docx

9 Finance

To note

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

9.1.1 9.1 FIP Committee Report July 2024.docx

9.2 Finance Report (attached)
M Gibbons

9.2.1 9.2 Finance Report July 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 July 2024.docx

10.2 Workforce Report (attached)
A Doak

10.2.1 10.2 Workforce Report for July 24 (reporting period June) FINAL.docx

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

10.3.1 10.3 FTSU Report Report July 2024.docx

10.4 Equality and Diversity Report

10.4.1 10.4 Equality and Diversity Report July 2024.docx

11 Digital
To note

11.1 Report from the Digital Strategy Committee (no meeting)
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 IG - July 24 Quarterly report to Trust Board (1) (002).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 July 24.docx

12.2 Audit and Risk Committee (attached)
S Barton

12.2.1 12.2 Audit and Risk Committee Report July 2024.docx

12.3 Sustainability Committee Report
R Sumray

12.3.1 12.3 Sustainability Committee Report July 2024.docx

13 Corporate Governance and Risk Report (attached)
V Parson

To ratify

13.1 13. Corporate Governance and Risk Report July 2024.docx

13.2 Terms of Reference

13.2.1 13.1a Formal Executive Terms of Reference June 2024.docx

13.2.2 13.1b Workforce Commitee Terms of Reference June 2024.docx

13.3 New risks

14 Details of Next Meeting: Wednesday 6th November 2024, 11:00am, Bedford

15 CLOSE
13.00

Minutes and Actions of the Board of Directors 1/5/2024

Board of Directors 31 July 2024

Author – Jenny Kelly, Corporate Governance Manager

Agenda item - 3

Action

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

Contents/Report Summary

To provide an accurate record of the meeting

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

- NHS England / Improvement
- CQC
- All Trust objectives

BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST

BOARD OF DIRECTORS PUBLIC MEETING

Board present in Nova House, Luton and Dunstable Hospital / Public via Microsoft Teams

11.00-13:00

Minutes of the meeting held on Wednesday 1 May 2024

Present: V = virtual
Richard Sumray (RS), Chair
David Carter (DC), Chief Executive
Matthew Gibbons (MG), Director of Finance
Mr Paul Tisi (PT), Medical Director
Liz Lees (LL), Chief Nurse
Catherine Thorne, Director of Quality and Safety Governance
Dr Annet Gamell (AG), Non-Executive Director
Simon Barton (SB), Non-Executive Director
Tansi Harper (TH), Non-Executive Director
David Harrison (DH), Non-Executive Director
Mark Prior (MP), Non-Executive Director
Yasmin Mahmood (YM), Non-Executive Director
Hannah O'Neill (HN), Non-Executive Director

In attendance:
Dean Goodrum (DG), Director of Estates
Melanie Banks (MB), Director of Redevelopment and Strategy
Fiona MacDonald (FM), Director of Culture and Organisational Development
Victoria Parsons (VP), Associate Director of Corporate Governance
Josh Chandler (JC), Chief Digital Information Officer & SIRO
Anthony James (AJ), Associate Non-Executive Director
Jenny Kelly (JK), Corporate Governance Manager
Clive Underwood (CU), Freedom to Speak up Guardian
Lana Haslam (LH), Freedom to Speak up Guardian
Maureen Drummond (MD), Head of Health Inequalities and Inclusion (joint)
Angie Heilmann (AH), Head of Health Inequalities and Inclusion (joint)
Dr Tammy Angel (TA), Consultant Geriatrician and Clinical Director
Tim Hughes, Associate Director of Performance & Information
Anne Thevarajan, Head of FT Governance
Chris Watts, Head of Digital PMO
Jim Machon, Deputy Director of HR –Services

Public/Governors: (v)
Malcom Rainbow, Public Governor
Joanne Barrow, Public Governor
Yvette King, Public Governor
Nora Colton, Appointed Governor
Michael Carter, Public Governor
David Allen, Public Governor

Pam Brown, FT Public Member
David McCretton – member of staff
Dr Lakshmi Coates, Staff Governor
Belinda Chik, Staff Governor
Helen Lucas, Lead Governor

1. CHAIR'S WELCOME, NOTE OF APOLOGIES

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

Apologies were noted from Cathy Jones, Deputy Chief Executive, Angela Doak, Director of Human Resources and Charmagne Barnes, Associate Non-Executive Director.

The Chair welcomed Hannah O'Neill, Non-Executive Director to her first meeting.

The Chair informed members of the public that since the previous Public Board meeting a Board to Board meeting with the Bedford, Luton and Millton Keynes (BLMK) Integrated Care Board (ICB) had taken place. At this meeting the Boards discussed the challenges of winter and the importance of working together at a system level.

The Chair thanked all members of staff who continued to work tirelessly under relentless pressure.

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

There were no declarations of interest or items of AOB.

3. MINUTES AND ACTIONS OF THE PREVIOUS MEETING: 7 February 2024

The minutes of the previous meeting were approved as an accurate record subject to the following amendments:

- Correction on page 10, second paragraph - *it was noted that overall turnover reduced from 12.98% in February 2024 to 12.68% in March 2024 compared to a regional benchmark average of 12.7%.*
- Correction last paragraph page 3 – *inability* to discharge medically fit and mental health patients.

The action log was reviewed and it was noted that a paper outlining the impact of industrial action would come back to a future Board meeting.

Reverend Denny had attended a Board meeting to present his report and this action was now closed.

Harmonising Place Strategies with Trust service line strategies had not yet taken place.

A review of Board Charters would take place at the July Board Seminar.

4. MATTERS ARISING

There were no matters arising.

5. STRATEGY DEVELOPMENT

5.1 TRUST STRATEGY 2024/27

DC presented the paper to the Board noting that the strategy originally approved in September 2022 had been updated through Board Development sessions and had been discussed with Governors in March 2024.

DH highlighted that the Trust Strategy contained six strategic pillars three mainly externally focused and three mainly internally focused and felt this was an important balance to strike.

RS felt that a process of staff engagement should be undertaken in the lead up to the next iteration of the Trust Strategy. DC confirmed that the Trust had been continuously engaging with its staff and this would continue to be fed in to next iterations of the strategy.

The Board approved the Trust Strategy 2024/27.

5.2 TRUST OBJECTIVES 2024/25

DC informed attendees that the Trust Objectives 2024/25 had been developed alongside the Trust Strategy. An action planning and delivery matrix to oversee the objectives, targets and deliverables associated with the strategic pillars had also been developed and would be monitored through the existing governance structures.

RS felt that it was important for this year that some objectives were internally focused and some externally focused. RS requested that the delivery of the objectives be reviewed at Board meetings throughout the year.

The Board approved the Trust Objectives 2024/25.

5.3 WELL LED UPDATE 2024

VP introduced the report to the Board highlighting that at the Board Seminar on the 3 April 2024 the Board had reviewed the Well-Led action plan arising from the externally facilitated Well-Led review by Grant Thornton in 2022. The Board considered an external review of the Well-Led action plan and agreed that the processes that were currently in place and the plans for assurance were sufficient. However, the Board requested that a Board Development Programme be scoped using the new CQC Well Led Framework and Leadership Competency Framework. This was also in light of the recent changes to the Board and would be in advance of a further full externally facilitated Well-Led review which is due to be undertaken in the next 1-3 years to comply with the recommendation in the Code of Governance that an externally facilitated Well-Led review should take place every 3-5 years.

The Board development programme would be developed at a Board Seminar and brought back to a future Public Board for approval.

DH felt that it was timely for the Board to be looking forwards at development opportunities and supported the development of this programme.

The Board noted the report and approved the approach.

5.4 BOARD CYCLE OF BUSINESS 2024/25

VP presented the Board Cycle of Business 2024/25 to the Board and noted that the Trust had recently received an Internal Audit recommendation that the cycle of business be formally approved by the Board.

RS requested that a review of progress against the delivery of the corporate objectives be included in the cycle of business for each Public Board meeting.

The new Board Cycle of Business contained a change in frequency of Public Board meetings to take place bi-monthly rather than quarterly and RS proposed that this decision be reviewed after a period of being in operation to ensure that it was working for the whole Board.

SB felt that increasing the frequency of meetings and therefore the need for more reporting would increase pressure on the Executive team at a time when the Trust was already working under increased pressure. DC felt that the Board required more time for developmental discussion and strategic workshopping and at this time the additional time would be helpful to be used for those purposes.

MP agreed with SB and felt that at this time the Board should continue to meet at its usual frequency.

DH recognised that there would be competing views on this proposal but felt that the Board should not put unacceptable burdens on the Executive team. It was therefore proposed that the status quo be maintained whilst the impact of any change is considered prior to being implemented.

AG agreed with the proposal to carry out more business in public but felt however that as a relatively new board it was important at this time to prioritise the need to have developmental discussions given the demands on the time of the Executives.

RS thanked the Board for their views and agreed that the Public Board meetings should remain quarterly at present. The impact of any future change would be worked through and this decision would be revisited in 6 months time.

6. INTEGRATED CARE BOARD (ICB) REPORT

6.1 ICB REPORT

DC introduced the report to the Board highlighting the reprovision of cancer care from Mount Vernon giving the opportunity to bring a satellite radiotherapy centre to the area. Radiotherapy could be devolved to general hospital sites either at the Luton and Dunstable or the Lister Hospital in Stevenage. It was noted that capital funding would be required and public consultation would be needed to determine the location of the site. The ICB Board had endorsed the BLMK Cancer Board's recommendations to bring a satellite site closer to BLMK.
AG queried if it was a strategic enablement having delegated specialised commissioning.

DC informed the Board that delegation brings specialised commissioning closer to providers through the ICB rather than being more distant. A potential issue could be that it makes decision making more difficult and there could be a loss of subject matter experts without centralised teams and continuity.
RS queried the ICB report and felt that there had been a general consensus that Luton was the preferred option. DC agreed to take an action away to confirm the position on this.

DH noted the section of the report referencing the Joint Forward Plan and felt that the Trust should have been more included in the discussions around further development of the plan. Although not a great deal of change had been made, that in itself was an important decision and an opportunity to ensure accountability and good processes for delivery had potentially been missed. DH highlighted the fact that this is not the ICBs plan but a jointly owned plan with statutory responsibilities involved for all organisations to deliver it.
The Board noted the report.

6.2 BEDFORDSHIRE CARE ALLIANCE (BCA) REPORT

DC presented an update report to the Board regarding the BCA. The meeting held on the 15 February 2024 was held to facilitate a clear understanding of the purpose and aims of the committee and provide clarity around committee projects with clear governance arrangements in place to support delivery of those programmes.

DC informed the Board that the priority projects for 24/25 were outlined in the report.

RS emphasised the importance of ownership over the projects at ICB level as well as BCA level.

TH thanked DC for the report and queried how much of the BCA's work is coproduced with patients. DC informed the Board that to date patient engagement had played a limited part in development but it was recognised that there is a need to find a way to do that and include the voluntary sector too.

AG felt that this was an important opportunity to move towards a whole system mind set with priorities worked up with timescales, aims, goals and costs. DC informed the Board that there was a process ongoing by the Joint Programme Directors to set up the workstreams required to drive this work forwards.

DH felt that there would also be an important piece of work required in order to develop leadership and organisational capabilities to improve system working as a project in its own right.

RS highlighted the need for a business plan for this owned by all individual partners and the ICB too. Noting that unless this work is resourced effectively it won't happen.

The Board remained clear on the value of this area of work and noted the report.

7. EXECUTIVE BOARD REPORT

DC introduced the report to the Board and in the interest of time took the majority of the report as read.

It was noted that agreement had been reached with Unison members over the terms of a pay agreement to move Healthcare Support Workers carrying out clinical duties to a band 3, reflecting a national re-profiling of the job role.

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

The CQC report from the maternity services inspection undertaken 6 months previously had still not been received.

RS congratulated the team on the improvement work seen in cancer services.

The Board noted the report.

8. QUALITY AND PERFORMANCE

8.1 Report from the Quality Committee

AG took the report as read in the interest of time.

The Quality Committee continued 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.

The Board noted the report.

8.2 Operational Performance Report

TH informed the Board that it had been a difficult quarter but despite this the Trust had demonstrated continuous improvement.

The operational standard of 76% for the proportion of patients seen within four hours in the Emergency Departments improved for each of the three months, with the standard of 76% being exceeded in March 2024 in line with the national directive.

The Trust maintained its performance of zero 104 week waits. Industrial action and operating sessions lost due to winter pressures meant that the original aim to achieve zero 78 week waits at the end of March 2024 was changed to achieving less than 60.

RS queried if the Trust knows the local MMR vaccination uptake number as he had heard that nationally uptake of the vaccine was growing. LL informed the Board that this information could be requested.

The Board noted the report.

8.3 Harm Free Care, Incidents and Complaints Report

LL informed the Board that an extensive paper goes to Quality Committee for assurance covering falls rates and harm level and work on pressure damage. There were no points of

escalation to draw out of the report to bring to the attention of the Board over and above assurances already received.

CT informed the Board that 10 incidents had met the requirement for Patient Safety Incident Investigations (PSIIs) all of which were being fully investigated.

The Board noted the report.

8.4 Learning from Deaths Report

PT took the report as read.

There was a cumulative excess death total in 2024 of 41 fewer deaths.

Mortality indicators remained stable with a downwards reduction in SHMI.

The Board noted the report.

8.5 Nursing and Midwifery Workforce Reports

LL took the report as read and noted that all mental health and escalation beds had been managed safely.

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

The Board noted the report.

8.6 Perinatal Maternity Report

LL introduced the report to the Board and highlighted the dashboard demonstrating progress over time.

It was noted that the Trust CNST submission had been approved by NHSR.

An Antenatal Newborn Screening enhanced support visit had taken place and the Trust was waiting for the report.

The Board noted the report.

9. FINANCE

9.1 Report from Finance and Investment Performance Committee (FIP)

DH reported the good news that the Trust had ended the 23/24 financial year with a small surplus and congratulated everyone on this outcome.

The Trust had also met its external Capital funding limit as well.

The 24/25 budget was challenged mirroring the picture across the country. Lots of work was being undertaken to find productivity and efficiency improvements in support of the budgeting process with service lines and departments.

The Board noted the report.

9.2 Finance Report

The Board noted the report.

9.3 Report from the Redevelopment Committee

The report was taken as read in the interest of time.

It was noted that the construction market was still challenged and the Trust continued to mitigate where it can.

Kier had achieved a silver award under the considerate contractors scheme which was a huge accolade and could be demonstrated by the clean site at the Trust.

The Board noted the report.

10. WORKFORCE

10.1 Report from the Workforce Committee

TH took the report as read.

TH noted the challenging messages being delivered to staff in relation to the drive for productivity and efficiency plans. Whilst also striving to achieve delivery of the long term workforce plan.

TH informed the Board that the staff networks were considering a merger in to one overarching staff network as it had been challenging to find chairs.

The Board noted the report.

10.2 Workforce Report

The report was taken as read.

AJ queried how frequently the safe spaces initiatives are used. FM informed the Board that there had been ongoing attendance at one site versus the other and discussions were being had as to why this was the case. Different locations were being trialled and communications were in place.

JM highlighted to the Board that vacancy rates for the period had increased but when looking at the 12 month trend had actually decreased which was a good position.

RS welcomed the benchmarking information.

The Board noted the report.

10.3 Freedom to Speak Up Guardian (FTSU) Annual Report

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

10.4 Gender Pay Gap Report

SB disputed the statistics presented in relation to women being under represented in the higher quartile.

VP informed the Board that compared to the overall workforce profile of 77.9% female and 22.1% male. The percentiles demonstrate that the lower pay quartile and the middle pay quartiles show a slight over establishment of female staff and in the upper pay quartile shows an over establishment of male staff. Compared to 2022's data for the quartiles of pay there has been a decrease in the proportion of female staff in the upper pay quartile. Work would be undertaken to understand the drivers for this.

SB didn't agree with the statement to review the system to ensure reduction in gender pay gap stating that there may well be legitimate reasons for why it is what it is.

YM informed the Board that the driver tends to be the proportion of full time and part time which drives the gap and agreed that it would help to understand the drivers and bring this back to a future Board.

The Board noted the report.

11. DIGITAL

11.1 Report from the Digital Strategy Committee

The Board noted the report.

11.2 Information Governance (IG) Toolkit Report

JC informed the Board that the Trust was on track to make a 'Standards Met' submission.

FOI compliance was reported to be low. This had been raised with relevant stakeholders.

The Board noted the report.

12 COMMITTEE REPORTING AND ESCALATION

12.1 Charitable Funds Committee – no report not met

12.2 Audit and Risk Committee

SB informed the Board that at the time of the meeting the External Audit had still not been signed off but this had since been signed off. There were no material issues to report to the Board.

The Board noted the report.

13. CORPORATE GOVERNANCE AND RISK REPORT

VP reported the sad passing of Jim Thakordin a long serving Governor for the Trust. Condolences and a letter from the Trust had been sent to his family expressing how much the Trust had valued his contributions over the years.

13.1 Terms of reference

The terms of reference were ratified by the Board as presented except for the Digital Strategy Committee terms of reference which would be brought back as an amended version.

13.2 New risks

New risks loaded to the risk register were outlined in the report. FIP had rationalised and reduced down the number of overall risks re estate issues.

13.3 Population Health and Partnership Committee

It was reported that the Trust Board is considering a new Population Health and Partnership Committee. Terms of reference would be drafted and brought back for wider discussion by the Board.

13.4 Fit and Proper Persons

Following the Kark review a number of changes had been enacted to ensure more checks and balances on a yearly basis. New Trust policy was in place to reflect this.

13.5 Leadership Competency Framework

A new framework had been published which the Trust would work to.

14. AOB

Nil

15. DETAILS OF THE NEXT SCHEDULED MEETING

Wednesday 31 July 2024, 11:00 – 13:00.

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 – 2 – Harmonising Place Strategies with Trust service line strategies

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

Review of Strategic Objectives

For Board of Directors 31 July 2024

Author – Jenny Kelly, Corporate Governance Manager

Agenda item – 5.1

Action

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

Contents/Report Summary

Following a Board Awayday in June, the Trust has been undertaking a series of deep dives with each of the sub-committee chairs and Executive to understand the strategic pillars, objectives, deliverables and risks allocated to that sub-committee.

The following Trust Strategy and Objectives have been reviewed with the relevant NED and Executive owners.

Trust Strategy Pillar 2 – Our Resources
Trust 2024/25 Objectives:

Objective 2 - To bring about a step improvement in the condition, functionality and sustainability of the physical facilities from which we deliver our services, thereby also significantly reducing the risk that the poor condition of some of our existing facilities undermines our ability to provide high quality services

Objective 3 - To bring about a step improvement in the digital capabilities that support our workforce and which enable our patients, our service users, our service delivery partners and our wider populations to engage effectively with the Trust and its services

Objective 4 - To operate productively and cost-effectively so that we achieve our financial plans

This review involved checking that the actions to deliver the strategic objectives within the Trust delivery matrix are captured correctly and from there the deliverables against each of the actions were identified and progress against these deliverables RAG rated as at Q1. The outcome of this review is included as an appendix to this report.

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

Delivery of Strategic Corporate Objectives

Trust Objectives - key deliverables 2024/25

Pillar 2	Our resources		Executive Lead	Sponsoring Committee	Q1	Q2	Q3
R1	**OBJECTIVE 2**	**To bring about a step improvement in the condition, functionality and sustainability of the physical facilities from which we deliver our services, thereby also significantly reducing the risk that the poor condition of some of our existing facilities undermines our ability to provide high quality services**					
R1.1	Deliverable	2025-27 Capital Investment Plan	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R1.2	Deliverable	2025-27 Capital Investment Plan Estates backlog assurance report	Matt Gibbons Dean Goodrum	Finance Investment and Performance Committee (FIP) Formal Executive			
R1.3	Deliverable	2025-27 Capital Investment Plan	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R1.4	Deliverable	2025-27 Capital Investment Plan	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R1.5	Deliverable	2025-27 Capital Investment Plan SDEC Business Case	Matt Gibbons Melanie Banks	Finance Investment and Performance Committee (FIP)			
R1.6	Deliverable	2025-27 Capital Investment Plan Estates backlog assurance report	Matt Gibbons Dean Goodrum	Finance Investment and Performance Committee (FIP) Formal Executive			
R1.7	Deliverable	2025-27 Capital Investment Plan	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R1.8	Deliverable	2025-27 Capital Investment Plan	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R1.9	Deliverable	Schedule for the leasehold of land and buildings	Dean Goodrum	Formal Executive			
R2	**OBJECTIVE 3**	**To bring about a step improvement in the digital capabilities that support our workforce and which enable our patients, our service users, our service delivery partners and our wider populations to engage effectively with the Trust and its services**					
R2.1	Deliverable	EPR Programme Plan	Josh Chandler	Digital Strategy Committee			
R2.2	Deliverable	2024/25 Digital Portfolio Implementation Plan	Josh Chandler	Digital Strategy Committee			
R2.3	Deliverable	2024/25 Digital Portfolio Implementation Plan	Josh Chandler	Digital Strategy Committee			
R2.4	Deliverable	Digital Strategy Plan	Josh Chandler	Digital Strategy Committee			
R2.5	Deliverable	Digital Strategy Plan	Josh Chandler	Digital Strategy Committee			
R3	**OBJECTIVE 4**	**To operate productively and cost-effectively so that we achieve our financial plans**					
R3.1	Deliverable	2024/25 Revenue Budget	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R3.2	Deliverable	Productivity and Efficiency Programme Board	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R3.3	Deliverable	2024/25 Revenue Budget	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R3.4	Deliverable	FIP sighted on ICB financial position	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R3.5	Deliverable	2024/25 Capital Budget	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R3.6	Deliverable	2024/25 Revenue Budget	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R3.7	Deliverable	Productivity and Efficiency Programme Board	Matt Gibbons	Finance Investment and Performance Committee (FIP)			
R3.8	Deliverable	2024/25 Enterprise Development Plan	Matt Gibbons	Finance Investment and Performance Committee (FIP)			

Integrate Care Board (ICB) Report

For Board of Directors 31st July 2024

Due to the meeting taking place on the 19 July there was not time to provide an escalation report

Agenda item – 6.1

Action

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

Contents/Report Summary

Due to the meeting taking place on the 19 July there was not time to provide an escalation report.

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

- NHS England / Improvement
- External facing corporate objectives

Bedfordshire Care Alliance (BCA) Report

For Board of Directors 31st July 2024

No meeting has taken place since the previous Public Board meeting

Agenda item – 6.2

Action

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

Contents/Report Summary

No meeting has taken place since the previous Public Board meeting

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

- NHS England / Improvement
- External facing corporate objectives

Executive Report

For Board of Directors 31 July 2024

Author – David Carter, Chief Executive

Agenda item - 7

Action

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

Contents/Report Summary

1. Corporate Objectives
2. Cancer National Tier Performance Management
3. Executive Service Line Reviews
4. Cross-Cutting Boards Reporting
5. Compliance Boards Reporting
6. Regulation and Compliance
7. Maternity CQC Update
8. 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

Following a Board Awayday in June, the Trust has been undertaking a series of deep dives with each of the sub-committee chairs and Executive to understand the strategic pillars, objectives, deliverables and risks allocated to that sub-committee. This work is ongoing and will be reported back via an agenda item at each public board. See agenda 5.1 for this meetings report.

2. CANCER NATIONAL TIER PERFORMANCE MANAGEMENT

The Trust has been stepped down from the national Tier 2 performance regime on the basis of the improved cancer waiting times position**.**

3. EXECUTIVE SERVICE LINE REVIEWS

During the quarter, 20 Executive Reviews took place. The increased focus on productivity and efficiency prompted some helpful presentations from service lines as to their progress so far, and enablers and barriers to improving efficiency. Cost improvement plans remain a key feature of the financial presentations and service lines were encouraged to increase the proportion of CIP (cost improvement programme) delivery that is recurrent (several plans have a significant component linked to non-recurrent slippage on recruiting to vacancies in hard to recruit to roles) and also to ensure appropriate scrutiny on non-pay improvements. Services with adverse variance on pay spend have held separate meetings with the Director of Finance, Chief Nurse and Chief Operating Officer. Services have also started to introduce the progress report format to capture their progress against delivering their clinical strategies.

Recurrent themes across many of our service lines continue to be challenges with vacancies and workforce availability affecting service delivery or driving high agency staff usage although good progress has been made in maternity at Bedford and in theatres at Luton as examples. A number of services continue to report very high DNA (did not attend) rates and a recovery group has been established to work on this with service line representation. The service lines that have the greatest components of urgent and emergency care delivery gave updates on progress made under the UEC (urgent and emergency care) recovery programme workstreams. Business continuity issues have impacted ENT and cardiology services at Bedford Hospital and the loss of the decontamination unit at Bedford for a period has driven a further adverse position for the endoscopy waiting times. The failure of the fluoroscopy suite at the Bedford site is requiring contingency work from the imaging team. Many services have reported challenges with reducing the number of long waits, which continues to require intensive management and administrative resource and is constrained by the availability of clinical time and physical space e.g. theatres and outpatient clinic rooms. Planning for the transition to the acute services block on the L&D site is a significant work programme for those services involved.

4. CROSS-CUTTING BOARDS REPORTING

The Trust has been developing a programme to review the implementation of the Clinical Strategies across the service lines. This will be reported to a future Board.

5. COMPLIANCE BOARDS REPORTING

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

Equality and Diversity

WRES and WDES Reports were uploaded by the deadline of the 31st May 2024. Work is now underway to update the Action Plan to reflect this data. This will be reported in October 2024.

The Trust has signed up to the NHS Confederation/NHS Employers 'Diversity in Health and Care Partners Programme' that will support the Trust Objective 10 to develop the Equality and Diversity Strategy. It runs annually and is a comprehensive organisational development programme which helps organisations advance EDI in the workplace and includes:

- a virtual session for board members on the strategic business case for EDI
- four face-to-face interactive modules and four specialist virtual masterclasses
- access to leading industry experts, good practice, guidance and resources
- networking opportunities.

The Trust centred the Engagement Events in July 2024 around diversity as our strength. 3500 staff engaged with conversations around diversity, culture and unconscious bias. This is very much the start of our conversations and our Equality and Diversity Leads will progress further engagement and training. Work is ongoing in Maternity to further understand the issues for our midwives and the wider teams post the CQC report. This is to be completed by the end of August 2024.

The Equality and Diversity leads have also been working closely with HR to ensure that the EDI roles are supportive to the HR process and it adds another layer to staff speaking up about issues. We will review the Raising Concerns Policy to ensure that the new roles are referenced. The Team are also working on a Reasonable Adjustments Policy. It has been drafted and consultation with HR is the priority followed by wider stakeholders.

Health and Safety

The Teams have been working on the assurances that we have in place to reduce the risks from violence and aggression experienced at the Trust. The '**NHS violence prevention and reduction standard self-assessment'** has been reviewed and identified some further actions that will be considered by the H&S Committee:

- Enhancing the Violence and Aggression Policy by establishing a Violence and Aggression Strategy
- Further work to co-produce support with patients and ICS colleagues

- Review the incident reporting system to include further information on protected characteristics and liaise with the Trust Head of Health Inequalities and Inclusion to consider any further developments
- Further improve the reporting of incidents of violence and aggression through the Health and Safety Committee

6. REGULATORY AND COMPLIANCE

A report was received following the Human Tissue Authority (HTA) announced inspection of the Luton & Dunstable University Hospital site in April 2024. The report confirmed that the majority of standards had been met, but identified shortfalls against standards in a number of areas with three classified as cumulative critical, one as critical, twelve major and two minor shortfalls. A letter was submitted to the HTA on the 14th May 2024 setting out the immediate actions that had already been taken by the Trust providing assurance that the critical shortfalls had been addressed. Changes to the way the Trust's internal reporting occurs have been implemented.

The East of England Region had carried out a quality assurance review of all paediatric audiology services in the East of England following the national recommendations resulting from the Lothian Report. The review highlighted the fragility of services in Bedfordshire Hospitals in particular relating to specialist paediatric audiology staff numbers, and also noted that neither service has UKAS accreditation under the Improving Quality in Physiological Services (IQIPS) programme. Following the review a regional peer review team is being established to visit all the units where the desk-top quality assurance review could not provide full assurance of service quality. It is expected that these visits will take place in the autumn.

7. MATERNITY CQC

See agenda item 7.1.

8. POLICIES & PROCEDURES UPDATE

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

Corporate Governance
CG07T Fit and Proper Persons Policy
CG06T Smoke Free Policy
CG02T – Standing Orders

Occupational Health
OH4T Hepatitis B, C and HIV Screening for new and existing healthcare works undertake exposure

Operational
OP6B On-Call Respiratory Physiotherapy
OP7T – Maternity Unit Escalation Policy

Quality Governance
QG3T Learning from Deaths Policy

Human Resources
HR27T – Responding to Concerns and Remediation Policy (medical staff)
HR28T – Maintaining High Professional Standards Policy (medical staff)
HR3T – Appraisal and Revalidation Policy for medical staff

Clinical Policy
CP09T Internal Professional Standards for Urgent and Emergency Care
CP10T – Pharmacy – Immunoglobulin Policy

Safeguarding
SG01T – Restraint & Restrictive Practices Policy
SG08T – Managing The Care Of People With Learning Disability In The Acute Hospital Setting Policy and Procedure
SG09T – Domestic Abuse Policy for Patients and Staff

Health and Safety
HS03T – Display Screen Equipment
HS04T – Health and Safety Risk Assessment Policy
HS17T – Transport of Dangerous Goods and ADR

Estates
E23B – Bedford Fire Safety Procedures

CQC Report Maternity Services

For Board of Directors 31 July 2024

Author – Liz Lees, Chief Nurse/ Emma Hardwick, Director of Midwifery / Zoe Radwell, General Manager

Agenda item - 8.3

Action

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

Contents/Report Summary

The CQC rating of the Maternity services at Bedford Hospital and Luton and Dunstable University Hospital has been downgraded to 'Inadequate', following their unannounced visits to both Maternity units on the 6 and 7 November 2023. Bedford hospital received 4 must do and 7 should do actions. Luton and Dunstable hospital received 7 must do actions. A quality improvement plan has been developed and the progress of the quality improvement required will be monitored by the Maternity Improvement Board.

Introduction

The CQC has downgraded the rating of the Maternity services at Bedford Hospital and Luton and Dunstable University Hospital to 'Inadequate', following their unannounced visits to both Maternity units on the 6 and 7 November 2023. The overall rating of the trust remains 'Good'. Immediate action was taken after the visits and the Trust is fully committed to making continued improvements to the service.
The following report provides detail on the Must and should do actions the CQC have informed the trust to undertake and an update on the quality improvement activities that are in place to address the areas identified for improvement.

Areas for improvement and action the Trust must take to improve

These are actions that the CQC have informed that the trust must take to comply with its legal obligations

Luton Must Do actions

- The service must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced midwives to provide safe care and treatment across the service and reduce delays in provision of safe care to reduce risk of harm for women, birthing people and babies
- The trust must ensure staff complete mandatory training in line with the Trust's own target

- The service must demonstrate it supports its staff by challenging unacceptable behaviours and language. This includes, but not limited to racism and discrimination
- The trust must ensure equipment is checked in line with trust policy and documented clearly
- The trust must ensure it supports all staff, including those with particular equality characteristics, to feel respected and valued and support an environment where staff are encouraged to speak up and raise concerns without fear of prejudice
- The trust must ensure that internationally recruited staff, including those with particular equality characteristics to feel respected and valued and support an environment
- The trust must ensure that clinical waste is stored securely

Bedford Must Do actions

- The service must ensure the triage unit has enough staff to manage all the functions included safely
- The service must ensure medical staff completion of training is online with the trust target
- The service must demonstrate it supports its staff by challenging unacceptable behaviours and language. This includes, but not limited to racism and discrimination
- The service must ensure incidents are managed appropriately

Areas for improvement and action the Trust should take to improve

These are actions that the CQC have informed the trust should take because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Bedford Should Do actions

- The service should ensure that maternity triage is suitable to meet the service needs
- The service should ensure that junior midwives are able to get appropriate experience in all clinical areas
- The service should ensure that safety huddles are structured and confidential
- The service should ensure medicines are managed and stored properly
- The service should ensure all women's risk assessments are completed and recorded at each contact
- The trust to ensure incidents are reviewed in a timely manner to ensure themes and trends are identified
- The service should improve on triage processes and monitoring through audit

Quality improvement actions in place

Due to the length of time since the visit in November 2023 immediate action has been taken after the visits. A comprehensive quality improvement plan has been developed and a Maternity Improvement Board established with Trust, ICB, regional and other stakeholders.

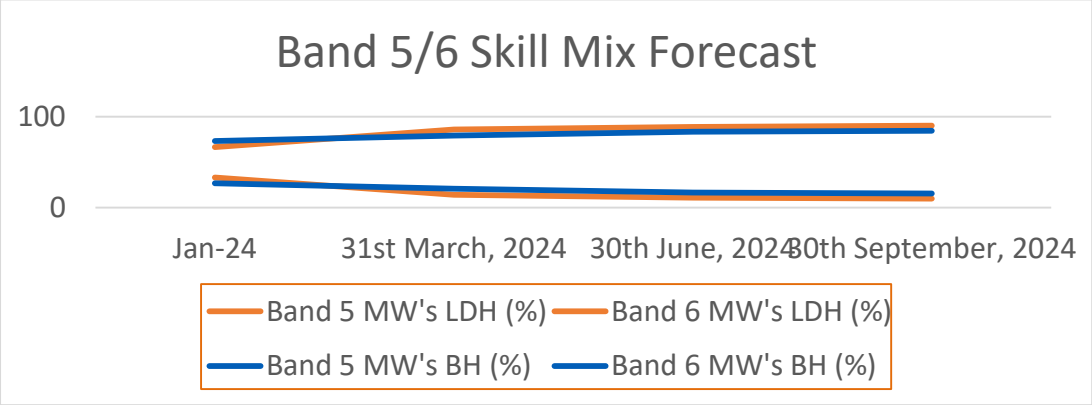
Staffing featured on both Bedford and Luton's Must Do actions, the Bedford recommendation was specific to the cover of their triage area and Luton's recommendation covered across all midwifery staffing.
The triage area at Bedford hospital has a dedicated registered midwife (RM) and support worker, following the visit in November as additional RM rostered for all shifts. The trust has authorised an additional middle grade doctor to provide dedicated resource to triage at times of highest foot fall (twilight shift Monday to Friday).

The Luton site has a RM vacancy of 7.06% (including pipeline) in addition the trust has secured the planned recruitment of further newly qualified midwifes for Q4 upon registration which will further reduce the vacancy gap.

At the time of the inspection, there were a large number of midwives undertaking preceptorship programmes, either because they were newly qualified or had been recruited from overseas. The leadership team are able to provide assurance that the progress of preceptorship midwives is following the predicted trajectory, which in turn is much improving the skill mix on both units (Graph

One). This change in skill mix is ensuring that junior midwives are able to get the appropriate experience in all clinical areas.

Graph One



The CQC report highlighted need to improve mandatory training compliance in areas on both of the sites. On the Bedford site this specifically related to medical staff and for Luton this was across all professions. Maternity service are actively working to release staff from clinical responsibilities to ensure that they are able to complete this training. In addition, Maternity are working in collaboration with the training and development team, with the support of the HR director, to reconciliation of the ESR profiles.

At the time of the inspection it was noted that on the Luton site that clinical waste was not secured in all areas. That was immediately addressed, for assurance purposes there is an audit mechanism in place to monitor for compliance.

The Luton site also received a must do action related to the regular and consistent checking of equipment. There is a local mechanism in place to monitor the consistent checking of equipment, the resuscitation equipment weekly audit demonstrates a sustained improvement over the last 6 months.

In response to the regulatory actions relating to supporting all staff, challenging unacceptable behaviours and language including racism and staff being able to speak up and raise concerns without fear of blame or reprisal work the Trust have established a Maternity Staff feedback Task and Finish Group led by the Head of inequalities and inclusion. This will inform and steer the programme of activities to foster a more inclusive and respectful working environment, which is part on an ongoing determination to create lasting cultural change within the service.

Oversight

The BEDSFT Quality committee and Trust Board will continue to provide internal oversight against regulatory requirements.

A new monthly Maternity Improvement Board has been established including internal stakeholders, ICB executives, Regional Midwifery teams, CQC and the MNVP to ensure oversight of the quality improvement programme

An internal cross cutting Board has been established chaired by the CEO including clinical leadership in Obstetrics, anaesthetics, midwifery supported by general managers

A Maternity Safety Summit is planned for September 2024 Chaired by the ICB CEO to assure adequate actions have been taken to support improvement requirements, sustainability and to determine next steps.

The outputs from the Task and Finish group recommendations by the end of August 2024 will inform Trust Board, Maternity improvement Board, internal cross cutting Board and Maternity Safety Summit of any additional support and recommendations required.

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
Maternity and Safety Governance Meetings

Quality Committee Report

For Board of Directors 31st July 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 May 2024, 26 June 2024, and 24 July 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
CQC – Care Quality Commission
ICB – Integrate Care Boaed
HSMR – Hospital Standardised Mortality Ratio
SHMI – 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
UKHSA – UK Health Security Agency

1. Introduction

This Report updates the Board of Directors regarding the matters discussed at the Quality Committee meetings during May, June and July 2024. The Committee's focus on the Board Assurance Framework relates to Objective 5 - To recover service performance standards, as a minimum so they meet national standards, following the adverse impact of the pandemic and industrial action.

2. Operational Performance

The Quality Committee has oversight of the operational performance of the Trust. The impact of the junior doctors' industrial action continues to impact on elective and outpatient activity with a high risk that performance targets may be missed. A further round of industrial action took place at the end of June 2024.

The operational performance reports were received and data discussed. With regard to 65+ week waiters, the teams are working as hard as they can but it is unlikely that the Trust will reach the original planning target of zero by September 2024. The Trust has been stepped down from the national Tier 2 performance regime on the basis of the improved cancer waiting times position.

Operational challenges have continued. However, the Chief Operating Officer presented a report following decompression intervention events which took place on both hospital sites on consecutive weeks. The intervention effected a huge step down in bed occupancy at Bedford Hospital with a smaller change at Luton & Dunstable Hospital but this was impacted by the concurrent industrial action. These events were well supported by system partners and onsite presence of some professionals has been sustained. In terms of planning for phase 2, partners have committed to a shared improvement programme to deliver solutions to some of the challenges and opportunities identified.

A report was received on cardiology waiting times and assurance was given on the improvement plan in place.

3. Fractured Neck of Femur

An update report for Fractured Neck of Femur was presented to the Quality Committee in May and assurance was given that quality and governance processes are embedded. The committee acknowledged the improvements and discussed long term solutions for some of the blockers at Bedford.

4. Stroke Performance

An update report on Stroke was presented to the Quality Committee in June and assurance was given that SSNAP performance data for Quarter 4 remained at a B rating. Challenges remain in getting patients to the stroke ward within 4 hours which is a reflection on bed pressures during the period, high numbers of outliers and ring-fencing of a bed for thrombolysis patients. Actions are ongoing including daily sitreps on all stroke patients, and step down of patients to ward 19b. The Trust has been working with Milton Keynes

University Hospital in terms of repatriation of their patients. The Committee recognised the overall good improvement in performance to date.

5. Harm Free Care

The level of patient harm caused by falls or pressure ulcers is reported quarterly. A further decline in the number of falls during the quarter was noted. Findings were shared of a thematic review undertaken around unwitnessed falls.

Following a peak in numbers of new pressure ulcers in February 2024, a downward trend has now been evidenced, with improvement on pressure damage caused by medical devices. An audit will be undertaken to ensure appropriate pressure relieving equipment and repositioning are being implemented for prolonged sitting or lying in a bed. The pressure ulcer policy is being revised in line with new national guidance.

6. Maternity

The Quality Committee had oversight of perinatal reports, maternity staffing and CNST progress on compliance. The final maternity CQC report has been published in July 2024 following the unannounced inspection in November 2023 and a more detailed report of actions is provided separately.

The Committee considered the draft report from the maternal deaths thematic review initiated by the Trust in April 2024. This was further discussed at the ICB Quality and Performance committee in June 2024 and ICB Board in July 2024 with a recommendation for a system wide working group to be established to consider next steps and recommendations.

Staffing continues to be challenged although improvements in the fill rate were evidenced for June with good progress on recruitment of maternity care assistants. There had been a number of diverts at Luton over the quarter, primarily due to neonatal cot capacity, with closure of NICU for a period of time at the beginning of June. It was acknowledged that BLMK are leading on a piece of work on flow for maternity and neonatal services across the system recognising the requirement for system support.

A maternity governance deep dive report was received following a focussed overview into maternity quality governance arrangements on both sites. Progress is being made on reconciliation of closing incidents reported on the InPhase system with further support from the clinical governance team.

7. Nursing Staffing

An improved position on nurse staffing was seen in June and some good progress has been made on the sickness absence management. Challenge remains for patients requiring enhanced care and work is being undertaken with ELFT (East London Foundation Trust) looking at a different model of care.

There has been a focus on reducing the use of agency and bank staff.

8. Quality and Patient Safety Governance

The Trust continues to maintain good incident reporting and work is ongoing to get the best functionality from the InPhase system in order to triangulate the issues and learnings. A review is taking place of incidents, complaints, inquests and claims in order to refresh and focus Trust priorities.

There was one national patient safety alert in April and three in May which have all been actioned.

9. Learning from Deaths

The Learning from Deaths Board continues to monitor all mortality data and review any HSMR condition specific mortality alerts. Crude mortality rate and national mortality indicators remain stable, with SHMI at Bedford reporting a downward trend. Review by a Medical Examiner of all deaths not subject to coronial referral will become statutory from 9 September 2024 and the Trust is working to ensure resilience in the Medical Examiner workforce with plans for weekend provision on the Luton site for faith deaths.

8. Patient Experience

The patient experience quarter 1 report detailed the data for complaints and noted that there had been a significant number of compliments received within the quarter. The PALS backlog has now been reduced and the PALS are now able to respond in real time.

With regard to interpretation services, the Trust will be going out to tender for a new contract.

The Patient Experience Council met in July and have commenced a review of the next 3 year patient strategy and some workshops are taking place with stakeholders.

A patient story was shared with Quality Committee relating to a patient with disabilities. The issues will be addressed through the equality and diversity workstream.

10. Safeguarding

The quarter 4 Safeguarding report was received and the scale of activity remains constant. An increase in violence and assault on young people has been evidenced and external youth workers are in place to offer support to patients. Following maternal safeguarding reviews, there has been high numbers of domestic abuse evidenced as well as other societal issues. A deep dive will take place to understand the issue in more detail.

With regard to restricted practice and restraint, the safeguarding team are providing the necessary support and training to staff.

10. Infection Control

Quality Committee reviewed the quarterly infection control report. The Trust performance for mandatory reported organisms is above the UKHSA trajectory, although it was noted that this is a regional and national picture. Confirmed cases for measles in Bedfordshire are the highest in the region and there is close liaison with Public Health. The Chief Nurse updated on the measures taken by the infection control team to ensure that other patients and staff are protected.

An electronic solution for reporting infection control data at Bedford Hospital using Nervecentre is scheduled to be implemented later in the year.

11. Quality Account

Quality Committee approved the annual Quality Account 2023/24 for publication on behalf of the Board of Directors.

12. Ward Assessment and Accreditation Report

The Ward Accreditation framework is focused on 14 standards that highlight care delivery, well-led wards and a safe environment. All adult in-patient wards have undergone an initial assessment visit with some areas having follow-up assessment and progress was shared. A review of the accreditation tool in terms of the award criteria is taking place.

13. Paediatric Audiology Update

NHS East of England conducted a region-wide Paediatric Audiology Services Review and the Chief Operating Officer shared the feedback and the implications for the service. The Trust will work with the ICB on a Bedfordshire recovery programme and an independent review visit is expected in the autumn 2024.

14. Human Tissue Authority (HTA) Inspection

Following the Fuller Inquiry, there has been a renewed focus on Human Tissue licensing. Quality Committee received the HTA report following an inspection to the Luton & Dunstable Hospital and acknowledged a number of issues identified where process and governance around HTA requirements could be improved. The Trust is in the process of working through an action plan addressing all the points raised by the report and has changed the way the HTA Committee reports to the organisation.

15. Internal Audits

Three audit reports were received by the Quality Committee for information and to monitor the actions:

- Data Quality
- Discharge Planning
- Committee Governance

Operational Performance Report

For Board of Directors July 2024
Quarter 1; April – June 2024

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

Agenda Item – 8.2

Action:

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

Contents / Report Summary

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

The first quarter of 2024/25 was mixed in terms of performance with general improvement in urgent and emergency care indicators towards the end of the quarter, but continued pressure on planned care and diagnostics.

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

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

1. Introduction

The following sections provide a summary of the organisation's performance against a range of the key operational and performance standards for quarter 1 of 24/25.

2. Urgent and Emergency Care

- The operational standard of 76% for the proportion of patients seen within four hours in the Emergency Departments improved successively for each of the three months in the quarter, although a drop occurred between March and April 2024. The trust performance exceeded 76% in June 2024.

  The number of patients staying within the ED for more than 12 hours also reduced across the quarter and in June 2024 was at the lowest level in 6 months.

- Ambulance handover performance remains stable with 78.7% of ambulance conveyances handed over within 30 minutes against a target of 80%.

- Contingency bed use significantly improved in June 2024 following the Bedfordshire system decompression intervention.

3. Planned Care and Cancer

- The Trust has maintained its performance of zero 104 week waits, apart from one patient in June 2024. Industrial action and continued operational pressures meant that the original aim to achieve zero 78 week waits at the end of June 2024 was not achieved, with 22 patients exceeding this threshold at quarter end.

- The 28 day faster diagnosis standard target is 75%. Performance in May was 69.4%, a reduction from the previous quarter's performance reflecting loss of working days and impact of industrial action.
- Performance against the 62 day treatment standard for confirmed cancers has continued to fluctuate between around 60 and 70% and dropped back to 60.6% in May 2024.
- Waiting times for diagnostic tests continues to represent capacity challenges across specialist diagnostic services with only 52.1% of patients waiting less than 6 weeks at the end of June 2024. The operational planning guidance aim for 2024/25 is to make significant progress back towards 95%.
- Elective theatre utilisation remains close to the 85% target expectation in the 2024/25 planning guidance with the Trust achieving 83.4% in June 2024.

4. Other Key Operational Metrics

- The Trust's overall outpatient DNA rate has improved to 8.9% in May 2024 and 9.3% in June 2024.

- The average length of stay for non-elective patients was significantly better in winter 23/24 than compared to winter 22/23, reflecting the internal focus on discharge process and peer challenge through sitreps and board rounds
- The number of patients staying in either hospital over 21 days has remained stable at 149 in June 2024
- Non-elective length of stay has reduced from 6.9 days for the first two months of the quarter to 6.6 days in June 2024

APPENDIX 1: IPR Metric Tables supporting operational performance report

Integrated Performance Report - Bedfordshire Hospital

	ID	Metric	Target/ Threshold	Latest Reporting Period	2024/25 (YTD)	Assurance (Trust-level only)	Variation (Trust-level only)	Current Reporting Period	Indicator Status: 24-25	Trend (36 months)	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
EFFECTIVE	E1.2T	**Elective Theatre Utilisation	85%	Jun-24	83.5%			83.4%			81.5%	83.8%	84.0%	83.3%	85.7%	84.3%	83.7%	83.0%	82.3%	85.1%	82.9%	84.0%	83.4%
	E1.43T	** Proportion of patients admitted to the stroke unit within 4 hours of arrival	90%	Jun-24	47.0%			41.6%			57.1%	52.9%	50.7%	59.7%	56.0%	43.9%	51.9%	47.2%	37.0%	46.9%	50.7%	49.3%	41.6%
	E1.12T	DNA Rate	8%	Jun-24	9.1%			9.4%			10.26%	10.14%	10.28%	10.41%	10.37%	9.57%	10.28%	9.49%	9.34%	9.59%	8.98%	8.97%	9.37%
	E1.13T	Super stranded Patient metric - Length of Stay = 21 days+ (Daily Average)	100	Jun-24	148.2			149.4			151.0	142.7	139.4	158.1	130.4	139.8	134.8	142.3	143.2	141.8	150.3	144.9	149.4
	E1.16T	Average Length of Stay -Non-Elective (excl zero stays)	N/A	Jun-24	6.8			6.6			6.8	6.5	6.7	6.7	6.5	6.6	6.5	6.6	6.5	6.6	6.9	6.9	6.6
	E1.45T	A&E: % of Patients seen within 4 hours (80% Target From Oct '23)	78%	Jun-24	75.6%			76.0%			74.2%	76.1%	76.5%	74.9%	75.7%	75.9%	73.3%	72.1%	74.0%	76.4%	75.0%	75.7%	76.0%
	E1.34T	A&E: Patients spending more than 12 hours from arrival (%)	0%	Jun-24	5.6%			4.2%			3.3%	2.5%	2.7%	3.7%	3.9%	3.7%	6.1%	6.2%	5.9%	5.8%	6.9%	5.9%	4.2%
	E1.38T	Ambulance Handovers >30 mins	10%	Jun-24	22.2%			21.3%			21.39%	18.29%	19.00%	19.86%	21.62%	21.90%	29.12%	29.27%	27.05%	22.31%	22.79%	22.35%	21.30%
	E1.42T	Contingency bed nights used run rate	N/A	Jun-24	99.8	NA	NA	26.50			28.1	23.6	18.4	23.7	10.5	26.5	31.6	45.1	37.6	27.6	41.2	32.1	26.5
RESPONSIVE	ID	Metric	Target/ Threshold	Latest Reporting Period	2024/25 (YTD)	Assurance (Trust-level only)	Variation (Trust-level only)	Current Reporting Period	Indicator Status: 24-25	Trend (36 months)	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
	R1.10T	RTT Total Incomplete pathways (Nbr)	0	Jun-24	303,154			101466			93,547	93,516	94,342	96,082	96,140	95,221	95,366	95,934	97,277	100,339	100,838	100,850	101,466
	R1.14T	** RTT Incomplete pathways: Zero tolerance for waits over 78 weeks by Apr 2023	0	Jun-24	98			25			12	13	16	18	29	42	50	69	66	49	37	36	25
	R1.16T	Zero tolerance RTT waits over 104 weeks for incomplete pathways	0	Jun-24	1		NA	0			0	0	0	0	0	0	0	0	0	0	0	1	0
	R1.13T	Diagnostic Waiting Times - Maximum 6 week wait for diagnostic procedures	95%	Jun-24	47.0%			52.1%			65.96%	64.51%	61.79%	61.44%	59.43%	60.97%	54.40%	55.06%	59.37%	57.12%	54.46%	52.63%	52.06%
	R1.3T	Cancer: 2WW 28 Day Faster Diagnosis standard (%)	77%	May-24	69.1%			69.4%			68.9%	70.7%	67.7%	63.5%	66.3%	64.5%	68.6%	66.4%	73.2%	73.9%	68.7%	69.4%	
	R1.22T	** Cancer – Past Target Backlog (63 days plus)	201	May-24	473.0			263			343.0	438.0	426.0	416.0	344.0	291.0	309.0	265.0	230.0	191.0	210.0	263.0	

Harm Free Care, Incidents & Complaints Report

For Board of Directors July 2024

(April – June 2024 Data)

Author – Liz Lees, Chief Nurse
Catherine Thorne, Director of Quality and Safety Governance

Agenda item – 8.3

Action

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

Contents/Report Summary

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

Harm Free Care

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

The paper outlines the level of reported harm, with focus on falls and pressure ulcers, for quarter 1 (Q1) of 2024. The various strategies employed by the Trust to reduce harm include assessment of patients at risk, the patient environment, implementing appropriate interventions, and educating patients, families, and healthcare staff.

Incident Reporting and Compliance

This summarises the Trust's current performance around incident reporting and the Patient Safety Incident Review Framework (PSIRF)
Key areas to highlight:

- Incident reporting remains positive which is indicative of a positive patient safety culture
- There have been five Patient safety Incident Investigations instigated during the reporting period. Two of which are being investigated through the Maternity and New Born Safety Investigation (MNSI) Programme in line with national requirements

- Nine safety investigations have been completed and this paper provides information of the key learning and improvement activity outcomes of the completed investigations.

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 415 new pressure ulcers (NPU) were reported for Q1 which is a continued decrease. 72% (299) of all NPUs led to low harm with moderate harms and above 28% (116).

Medical devices such as urinary catheters, TED stockings, and breathing devices, were responsible for a total of 18.3% (76) of medical device related pressure ulcers (MDRPU).. In May and June there is a significant reduction in reported incidents, this is following education and a change of some types of fixation devices used on patients.

There were 937 incidents for patients presenting to our hospitals with a pressure ulcer already present.

From 1st July 2024, the Trust will adopt the revised pressure ulcer categories from the National Wound Care strategy which will enable benchmarking with other organisations. Categories of harm will be determined as Category 1, 2, 3, 4 and mucosal pressure ulcers. We anticipate a potential increase in category 3 and 4 pressure ulcers, as the category 'unstageable' will no longer be a recognised category.

Harm Free Care – Falls

A total of **759** harm incidents were reported during Q1, of which 344 (45 %), related to falls and 415 (55 %) related to new (hospital acquired) pressure ulcers NPU.

We continued to see a steady decline in the number of falls occurring within the Trust during Q1. There was a total of 344 falls, of which 98% (337) led to no or low harm. 76% (262) of all falls were unwitnessed and often occurred when patients were mobilising to or from the toilet.

Initiatives that have taken place during Q1 include the following:

- A new cross-site falls steering group has commenced. This MDT forum will receive reports regarding themes from incidents and help to find and implement solutions. They will also be instrumental in policy updates and digital conversions of existing assessments.
- Bedrail assessment, as part of falls assessments, this has been reviewed and aligned cross site.
- The falls prevention team are leading on a trial on the impact of caffeine-free drinks on our patients. This will commence on the DME wards at Bedford. It is well established that caffeine free drinks can affect a patient's wellbeing in many ways and can support the reduction of the risks of falling. Results will be presented to the steering group when completed and learning acted on.
- All risk assessments and care plans will be available in digital format trust wide to support timely assessments and implementation of appropriate individual patient care plans.
- Training sessions in relation to falls prevention for new cohorts of junior doctors has been established.
- The new staff mandatory training schedule, initiated by the training department, has begun and monthly sessions are now active at both Bedford and Luton sites.

- Refresher training continues to be offered for staff on themes recognised by falls team and ward managers.

Organisational Incident Reporting

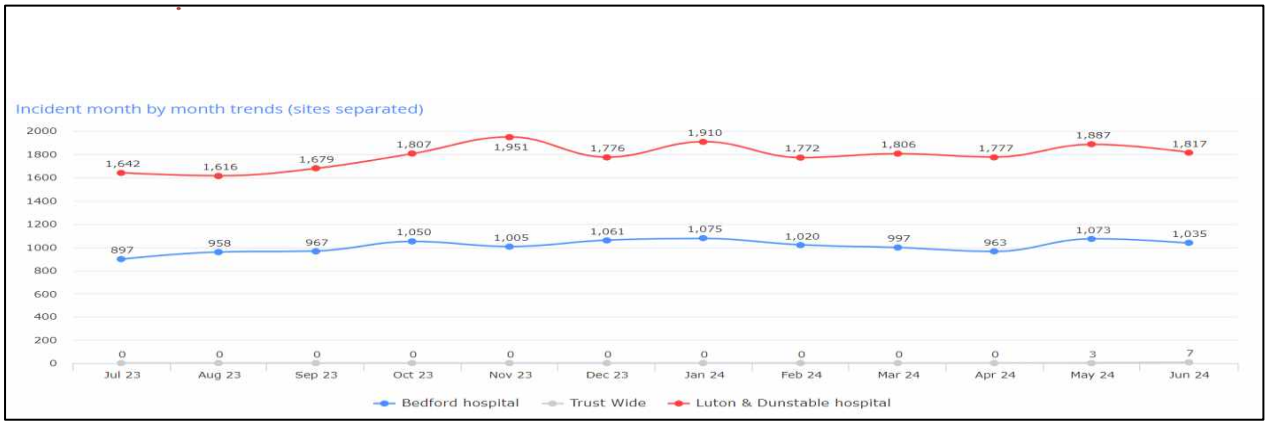
Patient Safety Incident Reporting -

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

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

Combined Site Trust Incident Reporting

Incident reporting by Trust Site



Serious Incidents and Patient Safety Incident Response Framework (PSIRF)

The Trust's Patient Safety Incident Response Framework, (PSIRF) provides opportunities to ensure incidents are investigated proportionately taking a systems approach to investigation and improvement.

PSIRF aims to acknowledge the complex system issues and human factors to be considered when promoting learning for sustainable improvement.

The framework moves away from the traditional declaration of Serious Incidents investigated under a root cause analysis model of investigation with a greater focus on patient / family involvement and the considers the impact of human factors and system issues on safety incidents.

During the reporting period the following have been deemed as requiring a full Patient Safety Incident Investigation (PSII)
(*A range of Maternity incidents will be investigated by the Maternity and New Born Safety Investigation (MNSI) Programme in line with national requirements)*

- Delayed Diagnosis of a deteriorating Patient
- Patient Suicide
- Baby admitted to Neonatal Intensive Care for Therapeutic Cooling x 2
- Wrong Site Surgery – Never Event

Improvement Activity and Learning from Serious Incidents /Patient Safety Incident Investigations

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

Therefore as a Trust we focus on the outputs of our incident investigation processes to capture areas for continuous improvement and shared learning.

During the reporting period nine serious incident / patient safety incident investigations were completed. The following list provides an example for some of the work either completed or on going which has resulted from these completed incident investigations.

Resuscitation

- There has been investment in the purchase of additional LUCAS devices (Lund University Cardiopulmonary Assist Systems) which provide mechanical chest compressions to patients in cardiac arrest

Maternity and Neonatal services

- The service have updated guidance to include the Pregnancy-Unique Quantification of Emesis (PUQE score) and also undertaken awareness training / communication to staff to ensure the use of the importance of use of the PUQE score is understood and completed to support decision making and ongoing management.
- A cross site Cauda Equina pathway guideline is being created and the service are reviewing the bladder care guideline.
- The service has liaised with the ambulance service to further improve communication including awareness of the pre hospital alert emergency phone number to delivery suite for all ambulance crews.
- The service are ensuring that staff are aware of, and are supported to follow, local and national guidance for the use of oxytocin ensuring a holistic clinical picture is considered.

Recognition of the Deteriorating Patient

- Following an After Action Review it was noted that refresher training in the use of a portacath* was required for oncology staff. This has been delivered.

** A portacath is a small chamber or reservoir that sits under the skin at the end of a central line. It is used to draw blood and give treatments.*

Delayed Diagnosis

- The ENT service are collaborating with primary care colleagues to co-create a pathway which clearly details the process of follow up responsibility, and with agreement as to what actions should be completed should test results not be received.

- The service are undertaking an audit of current appointment processes to identify safety nets that are currently in place and also consider where they might be strengthened.

Complaints, Concerns & Compliments

Patient and public engagement is essential to ensure that we are responsive to local communities and as such the patient experience team share and receive feedback via a variety of Trust and external forums. These include a Trust Patient Experience Council, attendance at BLMK/ICB engagements events, local community engagement groups and understanding stakeholder reports following review visits e.g. Carers in Bedfordshire/ Healthwatch.

To ensure the organisation is able to demonstrate how we deliver a positive patient experience, patients stories, including any learning gained, are shared with the Trust Board and throughout the organisation.

This report provides an update on progress with the patient experience and engagement agenda for Quarter 1 (Q1)

The patient experience team continued to focus on responding to significant volumes of patient feedback via a number of routes during the quarter.

195 formal complaints were submitted and is a similar number to previous reporting period. The themes remained the same and focused on clinical treatment, communication, patient care and values and behaviour of staff. There are challenges with responding to all formal complaints within the agreed 45 day response time in some clinical service lines (CSL) and the teams are working collaboratively with the aim of reducing these.

840 concerns (1201, Q4 2023) were raised through PALS and themes continued to be waiting for appointments, appointment times and other non-specific general enquires.

During Q4 2023 a significant backlog of enquires to PALS developed due to resource and operational challenges meaning that patients/complainants were not responded to in a timely manner. During Q1 additional temporary resource has been allocated to the team enabling the backlog to be completely resolved enabling the team to respond in ‘real time’.

Compliments were increased during Q1 to 1125 (837, Q4 2023).

There was a slight reduction to FFT responses due to issues with IQVIA texting service however overall responses were positive being Good/Very Good.

In Q1 the patient experience midwife continued to work alongside the local Maternity Neonatal Voice Partners (MNVP) attending community workshops and events with a focus on engaging with seldom heard voices.

They attended and participated in:

- 4 workshops hosted by the Roma and Bengali community groups
- A workshop for Women of Colour
- The planning and delivery of a Traveller Family Fun Day
- Picnic in the Park

Each workshop hosted guest speakers from different health care systems to discuss specific topics relating to maternity services such as pelvic health, local family Hubs and sexual health.

The workshops aimed to be inclusive and provide information that met accessible standards. Interpretation and translation services were made available. As an organisation, we took learning from this in planning future women's patient experience engagement events.

As part of our ambition to improve services for our women, an important piece of work is currently being planned regarding our interpretation and translation services in maternity.

Work on virtual tours for both sites is scheduled to start from mid-August; we plan to make the tours as accessible and inclusive as possible and MNVP on both sites will support this project. A dedicated Elective Caesarean Section (ECS) video will be produced which will provide all the information across the pathway with the videos available on the trust website.

Appendix 1: PSIRF Tool Definitions

PSIRF Tool	Process
Hot Debrief	Rapid, structured process occurring as soon as possible after the event No visible distress/Those involved/with relevant knowledge of the case are easily accessible Involves a Multi-Disciplinary Team (MDT) discussion. Helpful to capture immediate learning/ reflections e.g. Cardiac Arrests, Pressure Damage
Timeline Assessment	To linearly document observable actions over time to help make sense of a patient safety incident and create a narrative understanding of a patient safety incident. Understanding any gaps in information Defining early thoughts on lines of enquiry e.g. Missed/delayed diagnosis, Intrauterine Death Unexpected Death, Unplanned Return to Theatre / Multi team Extended period of care/complex case Could be multiple cases or not case specific at all Access to Notes / timeline/reference documents Where it is more difficult to collect staff recollections of events due to time/capacity e.g. Missed/delayed
Case note review	An in depth review of the case to identify any omissions in care
After Action Review	A structured, facilitated discussion of an event to understand why the outcome differed from what was expected and the learning that would assist improvement Relatively short period of care to be reviewed Does not require access to notes/ timeline/ records Can involve multiple disciplines e.g. Errors, Pressure Damage
MDT Learning Review	An in-depth process of review, with input from different disciplines, to identify learning from one or multiple patient safety incidents and explore a safety theme, pathway, or process Extended period of care/complex case Could be multiple cases or not case - specific at all Access to Notes / timeline/reference documents Where it is more difficult to collect staff recollections of events due to time/ capacity e.g. Missed/delayed diagnosis, unexpected death
Thematic Review	A thematic review may be useful for understanding common links, themes or issues within a cluster of investigations, incidents or patient safety data. They seek to understand key barriers or facilitators to safety Multiple similar cases Investigation Lead needs knowledge of the safety system/ barriers Could work together with more than one specialist e.g. Falls, medication/ drug errors
PSII	An -depth review of a single patient safety incident or cluster of incidents to understand what happened and how e.g. Trust Priorities, Never Events, Deaths more likely than not due to problems in care
Other	For other recommendations or incidents requiring external referral / review

Learning from Deaths (LfDs) Report

For Board of Directors 31 July 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 July 2024.

There were 157 deaths from all causes in June 2024 (BH 61, LDH, 96), including five deaths following an elective admission (BH 1, LDH 4, to be validated). A retrospective review is planned to ensure all reported elective deaths are validated.

In addition there were 18 Emergency Department, ED (non-admitted) deaths (BH 3, LDH 15).

The crude mortality rate (deaths per thousand discharges) demonstrates continuation of a reducing trend for BH (9.6) and an increase in month at LDH (9.8) (figures 1a and 1b).

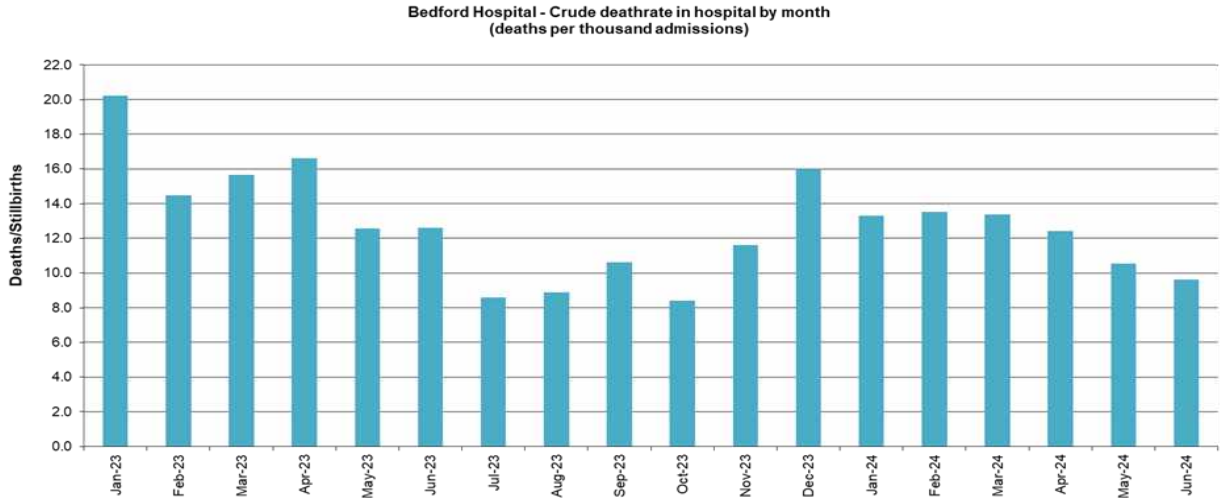


Figure 1a Crude death rate by month (BH)

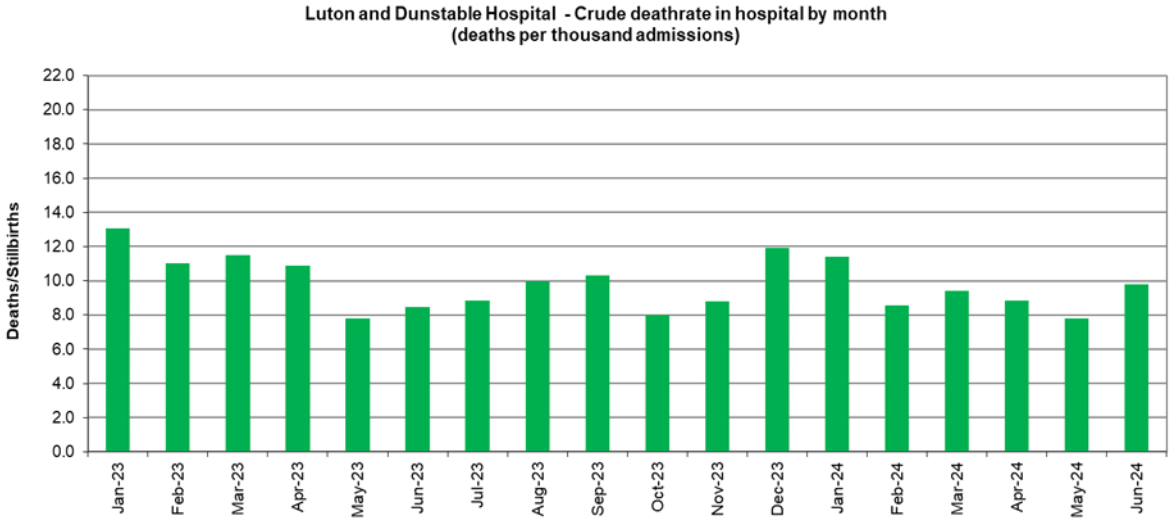


Figure 1b Crude death rate by month (LDH)

2. Deaths within 24 hours

21 deaths occurred within 24 hours of admission (BH 5, LDH 17), accounting for 8.2% and 15.6% of all admitted deaths at respective hospital sites in June.
Deaths within 24 hours, including non-admitted deaths, are subject to senior clinical review and summary findings are presented at the LfDs Board.
Following primary clinical review by the Medical Examiner (ME) no deaths were considered avoidable.

Where there was potential missed opportunities for advanced end of life (EOL) care planning and admission avoidance, mortality review findings will be shared with system partners via the End of Life working group.

3. Excess (admitted) deaths

Figures 2a and 2b show the cumulative excess deaths in 2024 compared to previous years and 2019 (pre-pandemic). For Bedford Hospital there were 9 deaths less than 2019 and for LDH 80 less deaths than 2019 (trust position 89 less deaths).

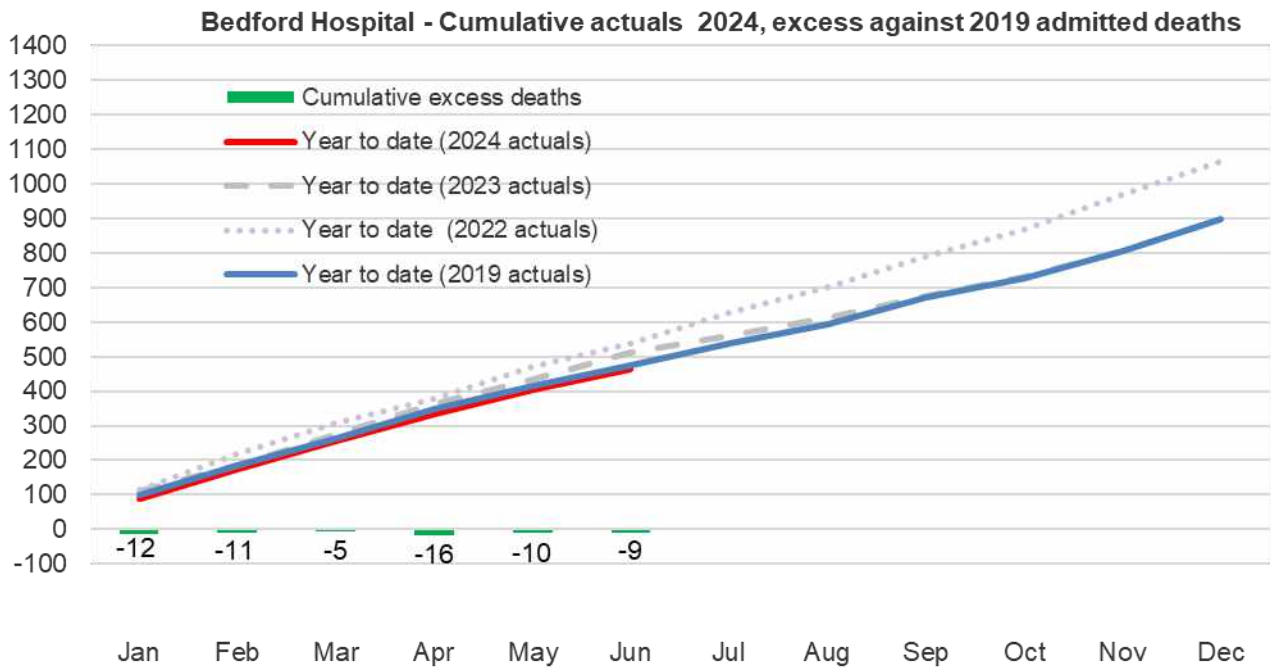


Figure 2a Actual deaths in 2019 (pre-pandemic), 2022, 2023 and 2024 (cumulative excess admitted deaths compared to 2019 actuals) (BH)

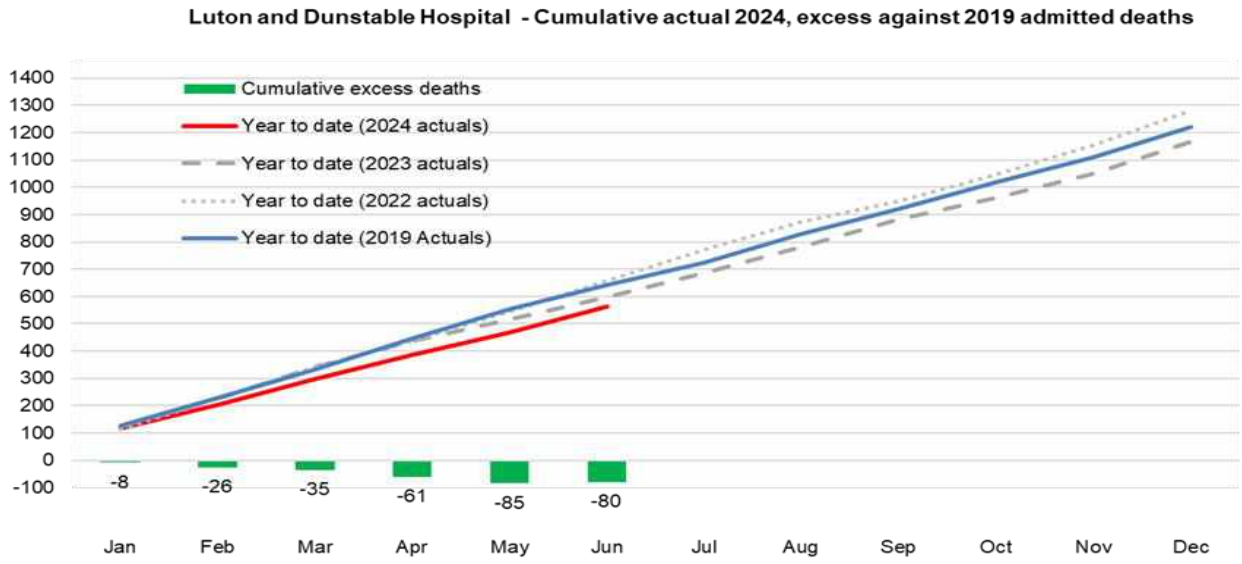


Figure 2b Actual deaths in 2019 (pre-pandemic) 2022, 2023 and 2024 (cumulative excess admitted deaths compared to 2019 actuals) (LDH).

4. National Mortality Indicators

Latest reporting, March 2024, for the Trust shows an increase in all indicators, with the SMR marginally above the England average (100), driven by the increase in the BH value, (figure 3).

The increase in the SMR for BH is a result of an upturn in observed and a downturn in expected deaths. Any adjustment following a data refresh will be reflected in next month's reporting.

A stable position continues for the Trust and individual sites across the rolling 12 months.

All values remain 'as expected,' for the Trust and individual hospital site

SMR (individual month) - 102.64 for Bedfordshire Hospitals (↑)
BH, 124.97 (↑) and LDH, 88.13 (↑)

HSMR (individual month) - 99.86 for Bedfordshire Hospitals (↑)
BH, 116.59 (↓) and LDH, 89.10 (↑).

RAMI (individual month) - 94.43 for Bedfordshire Hospitals (↑)
BH, 112.15 (↑) and LDH, 82.21 (↑).

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

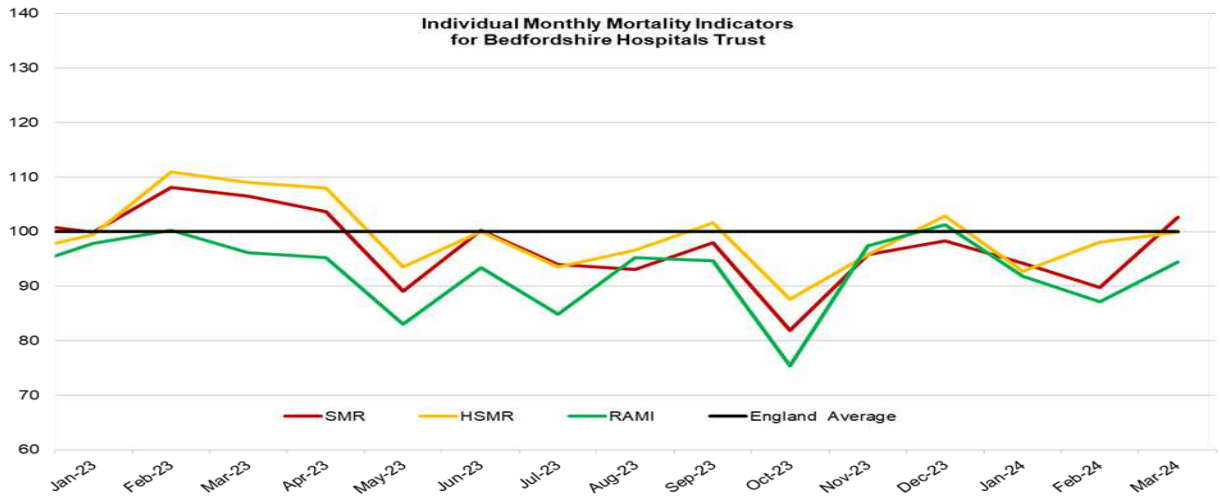


Figure 3 Monthly mortality indicators for Bedfordshire Hospitals
(Individual months are illustrated rather than rolling averages)

SHMI (12 months ending January 2024, figure 4)
0.9954 (↓0.0156), for Bedfordshire Hospitals
BH, 1.0477 (↓), represents the lowest value pre-dating the pandemic, and LDH, 0.9374 (↑).

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

SHMI includes any deaths occurring in the 30 days after discharge.

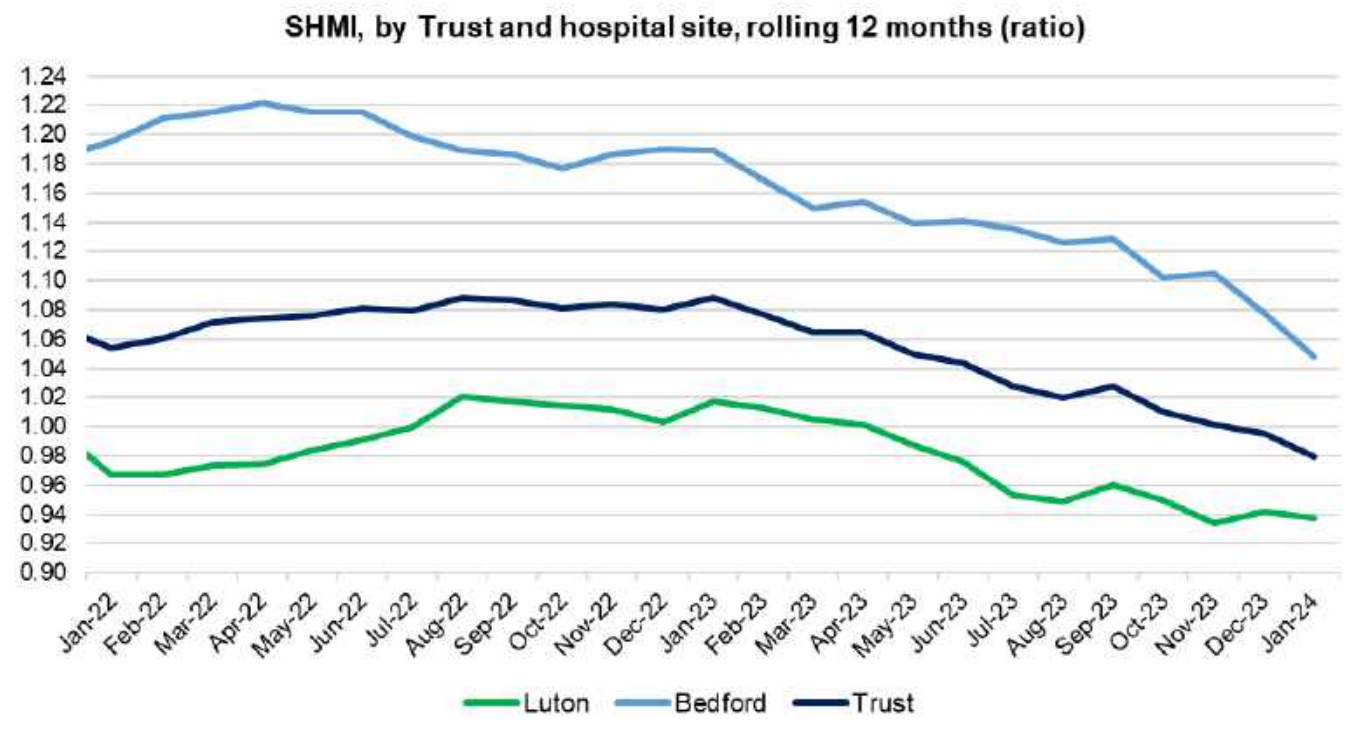


Figure 4 SHMI, rolling 12 months for Bedfordshire Hospitals NHS Trust and by hospital site

5. Medical Examiner (ME) Report

Activity for May and June to be included in full in July reporting.
Following ongoing work with GP practices the number of community deaths referred for ME review is increasing in advance of the statutory changes commencing on 9 September 2024.

Work continues with clinical teams to ensure timely completion of in-hospital death certification.

6. Learning from Deaths - Q4 2023/24 report

There were 533 deaths in admitted patients in Q4 2023/24 (excluding neonatal and child deaths) across Bedfordshire Hospitals Trust (BHT), 39 more deaths when compared to Q3, with similar age, gender and ethnicity profiles as in previous reporting.

593 primary reviews were undertaken, including 100% of admitted deaths, across both hospital sites as well as non-admitted. Emergency Department deaths (60/76). In addition, primary reviews were also undertaken for neonatal deaths, child acute deaths and community deaths.

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

33/45 SJRs have been completed to date, with 25/33 (76%) cases considered definitely not avoidable or with slight evidence of avoidability (scores 6, 5).

No cases were considered definitely avoidable (score 1).

Probably avoidable deaths (avoidability scores, 2 and 3) were identified in 4 cases (score 2, no. 1 and score 3 no.3). These four cases equate to 0.8% of admitted deaths in Q4 (4/533, deaths, 0.7%, if non-admitted deaths are included, 4/609).

Emerging themes from the four cases assigned avoidability scores of 2 or 3 include delays in care and appropriateness of decision for prolonged treatment

-

All four cases were escalated to the Medical Director (MD) as part of the approval process for completed SJRs, and have been presented at the Patient Safety Incident Response Panel; to date one case has been identified for a Patient Safety Incident Investigation in view of delays in care.

An update on the Q4 position, will be provided in Q1 2024/25 reporting (October 2024).

In reconciling reporting for Q3 2023/24, one further case was assigned an avoidability score of 2,

Avoidable or probably avoidable deaths are therefore identified in 10/44 completed SJRs. These 10 cases equate to 2.0% of admitted deaths in Q3 (10/494 deaths). If non-admitted deaths are included the figure is 1.8% (10/556).

Jargon Buster

CHKS - (Comparative Health Knowledge System) -
Provider of healthcare intelligence and quality improvement services in the United Kingdom including NHS hospital benchmarking. Alerts inform commissioning of condition specific learning from death reviews.
HSMR - Hospital Standardised Mortality Ratio, adjusts for factors that affect in-hospital mortality rates, such as patient age, sex, diagnosis, length of stay, comorbidities and admission status
PSIRP Patient Safety Incident Response Panel
RAMI - Risk Adjusted Mortality Index, used to assess if inpatient mortality deviates from the expected, taking risk factors into consideration
SHMI - Summary Hospital-level Mortality Indicator, ratio between the actual numbers of in-patients who die and the number that would be expected to die on the basis of average England figures.
SMR - Standardised Mortality Ratio, ratio between the number of expected deaths and the number of actual deaths.

Nursing and Midwifery Workforce Report

For Board of Directors 31 July 2024

Authors– Liz Lees, Chief Nurse

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 and helps to 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 and midwifery care.

Nursing Report

Fill rates declined in April, May and June but remained above 100% due to the continued significant demand for enhanced patient observation (EPO) care needs.

Paediatric ED in Bedford is currently working on improving night fill rates for Registered Children Nurses (RCN). The Head of Nursing is undertaking a review of current flexible working arrangements to address these challenges.

SafeCare compliance has remained on target (90%) for the quarter, for acuity and dependency data collection.

Temporary staffing demand reduced reflecting the robust monitoring and management of EPO, efficient use of staffing resources, mental health demands and bank and agency use and additional shifts in the organisation which are now approved by the senior nursing team.

Top 5 areas using EPO excluding RMNs in Bedford were Whitbread, AAU, Reginald Hart, Pilgrim and Harpur. In Luton this was for assessment areas, Ward 12, Ward 21 and Ward 19a. In June, the overall Trust CHPDD (care hours per patient per day) was 8.5, the CHPDD for Luton was 9.1 while the Bedford CHPPD was 7.8.

43 incidents in total for the quarter (Apr-June) were reported relating to short staffing (15 in Bedford and 28 at Luton).

Midwifery Report

As of 30 June 2024, the Luton site RM vacancy was 7.06% (including pipeline). Bedford site RM vacancy -1.80%

The Bedford site day RM fill rate saw an increase to 81.00 from 75.10% and night rate an increased to 92.70% from 90.80%. The support worker day fill rate increased to 58.20% and night fill rate increased to 85.80%

The Luton site day RM fill rate decreased to 86.82% from 87.49%. The night fill rate saw also decreased to 86.87% from 88.62%. The unregistered day fill rate increased to 78.10% from 60.55% the previous month. The night fill for unregistered rate saw a significant increase to 86.45% from 51.02%.

During the month of June the maternity services at Bedford did not go on divert and Luton hospital went on divert 4 times.

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

1:1 care in labour was achieved 99.40% of the time at Luton and 100% for Bedford during June.

13 Red flags were raised at Bedford and 52 at Luton during June.

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

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

Jargon Buster

RMN – Registered Mental Health Nurse
CQC – Care Quality Commission
NQB – National Quality board
NHSE – NHS England
EPO – Enhanced Patient Care
RCN – Royal College of Nursing
RN – Registered Nurse
RM – Registered Midwife
ED – Emergency Department
SNCT – Safer Nursing Care Tool
SS – Supervisory Shift

Perinatal Quality Surveillance Highlight Report – May and June 2024

For Board of Directors 31 July 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 months of May and June 2024 to inform the delivery of maternity and perinatal services.

- Appraisal compliance continues to track below Trust required level of 90%
- LDH site mandatory training levels have been impacted by recent industrial action which has meant multi disciplinary training has needed to be cancelled, this poses risk for the achievement of Year 6 Maternity Incentive Scheme compliance
- Ultrasound workforce shortfalls and gynaecology medical workforce are having significant impact on the ability to provide ultrasounds in early pregnancy and pregnancy in line with national standards
- Recruitment into the DIvO study, which uses digital images to detect congenital cateracts, has commenced

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
- Maternity and Safety Governance Meetings

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 months of May and June 2024 to inform the delivery of maternity and perinatal services. Please refer to the scorecard below.

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

Maternity Safety Support Programme	No	3rd October 2023 - Confirmation recieved from the national team that the Trust has exited the MSSP and moved to the sustainability phase.

	Target	Apr-23		May-23		Jun-23		Jul-23		Aug-23		Sep-23		Oct-23	
		LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH
Findings of review of all perinatal deaths using the real time data monitoring tool (PMRT)	100% Reporting	4	0	4	1	9	0	7	0	2	0	4	0	2	1
Findings of review all cases eligible for referral to MNSI (HSIB)	100% Reporting	1	1	1	0	4	1	1	0	8	0	2	1	0	0
The number of incidents logged graded as moderate or above and what actions are being taken		5	0	5	0	5	2	1	8	8	2	13	8	3	13
Service User Voice feedback - FFT	(%) Very Good or Good	92.55%		95.64%		96.01%		95.56%		94.05%		92.16%	96.26%	89.16%	97.60%
Staff feedback from frontline champions and walk-abouts		Yes, 27th April		Yes, 5th May DM		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	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0		0		0		0		0		Yes, CQC	0	0	
Coroner Reg 28 made directly to Trust		0		0		0		0		0		0		0	
Appraisals Compliance	>90% compliance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	73.10%	[illegible]	78.70%	74.07%	81.96%	[illegible]	88.08%	[illegible]	[illegible]
Group 9 Mandatory Training Compliance	>90% compliance	83.68%		84.01%		84.81%		84.57%		83.93%	91.30%	85.26%	91%	83.28%	91.50%
Progress in achievement of MIS 10 Safety Actions - Year 5	Actions on track for completion			MIS Year 5 Published 31st May 2023		5		5		6		6		6	
	Actions ongoing with minor issues					5		5		3		3		3	
	Actions under significant risk					0		0		1		1		1	
Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively.	BR ratio Actual for month BR recommended: LDH 1:21.1 and BH 1:22.8	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 to 1 care in Labour (100%)	98.70%	100%	98.25%	100%	98.30%	100%	98.30%	100%	99.40%	100%	96%	100%	97.66%	100%
	Supernumerary (100%)	98.90%	93.40%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Midwifery Red Flags	24	18	34	7	39	33	30	12	31	47	91	19	68	56
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) - PROMPT >90% compliance	Midwives	90%	[illegible]	96%	86.3%	87%	[illegible]	89%	79%	91%	72.90%	93%	90.22%	96%	90.60%
	Maternity Care Assistants	90%	[illegible]	90%	76.9%	93%	72%	95%	77%	95%	84.00%	93%	84.88%	92%	100%
	Nursery Nurses	92%		90.3%		100%		100%		100%		91%	89%	100%	100%
	Ward Nurses	100%	[illegible]	75%	100%	100%	[illegible]	100%		100%	75%	100%		100%	
	Consultants	89%	26%	96%	89.7%	[illegible]	[illegible]	70%	[illegible]	[illegible]	[illegible]	83%	[illegible]	93%	90%
	Trainees	97%		73%		74%		[illegible]		75%		73%		77%	
	Anaesthetists	100%	[illegible]	91%	83.8%	86%	[illegible]	67%	44%	[illegible]	[illegible]	79%	75%	87%	86.60%
K2 Competency Tests (x6) (Jan - October) Fetal Monitoring Study Day Competency Test Compliance (November) - >90% compliance	Midwives	73%	87%	72.4%	91%	[illegible]	91%	70.70%	90.30%	81.20%	86%	77.10%	96%	77.10%	87.30%
	Obstetricians	[illegible]	100%	[illegible]	100%	81%	[illegible]	88.10%	100%	90.50%	82%	88.10%	96%	88.10%	95.50%

	Nov-23		Dec-23		Jan-24		Feb-24		Mar-24		Apr-24		May-24		Jun-24	
	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH
Findings of review of all perinatal deaths using the real time data monitoring tool (PMRT)	4	2	3	0	3	1	2	0	5	4	3	2	4	1	2	1
Findings of review all cases eligible for referral to MNSI (HSIB)	2	0	1	0	2	1	0	0	0	0	0	0	1	0	1	1
The number of incidents logged graded as moderate or above and what actions are being taken	11	6	10	6	11	5	6	6	8	11	5	0	6	12	18	8
Service User Voice feedback - FFT	92.40%	98%	90.33%		97.32%		93.95%	95.65%	96.38%	96.54%	92.52%	97.46%	93.40%		96.14%	
Staff feedback from frontline champions and walk-abouts	1st November LDH 14th November BH		6th December LDH 13th December BH		10th January LDH 16th January BH		Not Applicable		6th March LDH 11th March BH 18th March LDH		Not Applicable		8th May LDH		Not Applicable	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	9th Nov - Section 31 CQC Concerns LDH		20th December 2023 warning notice (section 29a)		0		0		0		0		0		1	1
Coroner Reg 28 made directly to Trust	0		0		0		0		0		0		0		0	
Appraisals Compliance	[illegible]	71.89%	[illegible]	82%	[illegible]	73.26%	[illegible]	70.77%	[illegible]	73.08%	[illegible]	[illegible]			[illegible]	[illegible]
Group 9 Mandatory Training Compliance	83.30%	89.08%	81.16%	95.52%	82.78%	88.73%	82.90%	[illegible]	82.68%	[illegible]	83.31%	91.88%			83.63%	[illegible]
Progress in achievement of MIS 10 Safety Actions - Actions on track for completion	9		10		10		10		MIS Year 5 Confirmation 10/10		MIS Year 6 Published 2nd April 2024		1			
Actions ongoing with minor issues	0		0		0		0						7			
Actions under significant risk	1		0		0		0						2			
BR ratio Actual for month	1:26.4	1:21.12	1:26.38	1:21.74	1:26.03	1:21.54	1:24.43	1:20.39	1:26.68	1:19.38	1:26.57	1:19.48	1:27.64	1:22.06	1:27.64	1:20.39
1 to 1 care in Labour (100%)	87%	100%	98.81%	100%	98.36%	100%	98.70%	99.53%	99.18%	100%	96.51%	99.30%	98.70%	100%	99.40%	100%
Supernumerary (100%)	100%	98.00%	100%	100%	99.40%	100%	see narrative		100%	100%	100%	100%	100%	98.40%	100%	100%
Midwifery Red Flags	102	24	75	24	76	24	67	17	77	12	48	12	69	33	52	13
Training - Midwives	97%	92.9%	93%	92.4%	93%	96.30%	83%	91.70%	85%	90.23%	81.60%				72%	97.60%
Training - Maternity Care Assistants	95%	95%	93%	93.9%	85%	100%	[illegible]	100%	[illegible]	100%	81.60%				75%	88.88%
Training - Nursery Nurses	100%	[illegible]	100%	100%	100%	100%	100%	100%	100%	100%					[illegible]	100%
Training - Ward Nurses	100%	100%	100%		100%		100%		[illegible]		100%				100%	
Training - Consultants	94%	80%	100%	80%	94%	83.30%	94%	83.30%	83%	90%	82.70%				[illegible]	80%
Training - Trainees	100%	92%	100%	[illegible]	[illegible]		[illegible]	[illegible]	97%	[illegible]					84%	[illegible]
Training - Anaesthetists	88%	100%	88%	94%	95%	89.20%	92%	87%	83%	93.50%	87.80%				81%	83.30%
K2 / Fetal Monitoring - Midwives	95.8%	94.7%	93.2%		93.2%		91.30%	95.50%	90%	96.89%	81.30%				89.50%	94.40%
K2 / Fetal Monitoring - Obstetricians			92.5%		92.6%		90%	95%	70%	85%	87.10%				89%	94.70%

Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a) a place to work or b) receive treatment (Reported annually) - NHS 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 86.25% B 88%	2023 L 72.5% B 87.78%

2. Perinatal Quality Surveillance Report Highlights

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

CQC report published on Friday 5th July 2024. The CQC downgraded the rating of the maternity services at Bedford Hospital and Luton and Dunstable University Hospital to 'Inadequate'. Following the publication of the report this month the team have collated the must do and should do actions for both site into the Maternity Quality Improvement Plan. Due to the length of time since the visit there are some actions that required updates and assurance of either work completed or in progress, others require ongoing support to complete. These are actions that the CQC have informed that the trust must take to comply with its legal obligations. This is reported in the CQC update 7.1.

2.3 Ultrasound capacity impacting on Maternity and Early Pregnancy services

Staffing shortfalls in the sonography workforce, due to vacancy, sickness and maternity leave continue to impact the availability of appointments for early pregnancy and antenatal ultrasound scans. Ultrasound appointments are being triaged by clinical teams on a daily basis to ensure oversight plans are in place to mitigate if delays in an ultrasound appointment occur. The Chief Operating Officer is working with the Diagnostic, Maternity and Gynaecology clinical service line General Manager leads to implement a sustainable way forward.

2.4 Perinatal Loss

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

A total of 8 cases (6 LDH; 2 BH) were reported to PMRT over the months of May and June 2024; 5 stillbirths and 3 neonatal deaths. The cases have been reported within the required timeframes to MBRRACE-UK. Actions are being progressed to disseminate any learning to frontline teams and initiate quality improvement changes as indicated.

2.5 Service User Feedback

The maternity services received a total of 389 friends and family test feedback for the month of June 2024; Maternity Services cross-site was 96.14% for very good or good.

2.6 Midwifery Workforce

For the month of June 2024, the Luton site RM vacancy is 7.49% and the Bedford Site RM vacancy 1.8%. For the supernumerary status of the Band 7 both sites were 100%. One to One care in labour was achieved 99.4% of the time at LDH and 100% of the time at BH. 52 red flags were reported for LDH and 13 for BH. Delayed or cancelled time critical activity (35) was the most commonly reported red flag for LDH.

2.7 NHSR Maternity Incentive Scheme Year 6

The 10 safety action are under review. The relevant time period for evidence to demonstrate compliance with the safety actions is up to and including the 30th November 2024. The submission deadline is 3rd March 2025.

2.8 Maternity research study

Following another successful research application by the department the trial has now opened to start informing service users and recruiting for the DIvO study. This is an ophthalmology trial comparing standard care for detecting the red reflex via ophthalmoscope @ NIPE with a digital image to detect congenital cataracts. The plan is to inform people antenatal, they follow a QR code for further information in their chosen language, and if they wish to proceed, complete an online enrolment and consent.

3 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 31st July 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 May, June and July 2024.

1. Finance Report

The Committee received reports on the financial position of the Trust. The Committee noted the current revenue position. The Trust has posted a deficit of £8.7m after the first three months of trading. The run-rate improved slightly in month 3 to a £2.4m adverse variance in month. £8.8m behind the Trusts internal plan and £4.2m behind the phased plan submitted to NHSEI. This was reflected a challenging year with significant costs relating to industrial action, emergency pressures impacting on the Trust's ability to deliver ERF income, and significant non-pay inflation.

At the end of Q1, capital spend was £19.4m against the Q1 plan of £13.3m. The Trust spent £13.3m against the Trust's CDEL limit of £9m.

2. Capital Update

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

The Committee was advised that, if nothing changes, the mismatch between expenditure and available funds and is likely to crystallise during 2024/25. Several avenues are being

explored by which this mismatch can be eliminated and/or managed. However, given the uncertainty of any additional funding, both as to amount and timing, FIP has emphasised the need for the Trust to be extremely cautious about entering into any additional, unfunded capital commitments.

3. Budget Setting for 2024/25

The Committee received and approved a balanced budgetary plan for 2024/25, which included working with service lines internally to identify further (currently unknown) efficiencies, working with system partners to improved patient flow and constrain emergency activity, and further work to control and reduce interim staff spend.

4. Other Updates

The Committee received reports on the progress on contract signature with ICBs and Specialist Commissioning, noting that progress had been slow with only a limited number of contracts agreed. The Committee received and signed off the National Cost Collection return. The Committee received an update on a future business case for Same Day Emergency Care. Given the challenging financial regime, the Committee provided clear feedback on the increased scrutiny that would be applied to the final business case to ensure a minimisation of financial risk.

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 31st July 2024

Author – Matthew Gibbons, Director of Finance

Agenda item – 9.2

Action

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

Contents/Report Summary

The Trust has posted a deficit of £8.7m after the first three months of trading. The runrate improved slightly to a £2.4m adverse variance in month. £8.8m behind the Trusts internal plan and £4.2m behind the phased plan submitted to NHSEI.

It has been a challenging start to the financial year with the Trust seeing high levels of operational pressures resulting in cancelled operations and contingency areas being open and Mental Health Nurse usage. There is some signs of improvement in operational performance following the decompression work at both sites. The month also included 4 days of industrial action from the Junior Doctors, and although the Trust cancelled fewer elective cases, the expected impact on cost and lost income is c£0.5m-£1.0m. Some of this may be reimbursed, although funding has not been confirmed or recognised in month 3 numbers.

The operational pressures in Q1 has had a knock on impact in the Trust's ability in meeting its plan to overachieve against its ERF target by £9.6m, hence the reported shortfall against income of £2.4m. Expenditure remains a challenge with high use of temporary staffing across medics and nursing.

The recovery actions instigated were only introduced in mid-May, so the expectation is that service lines will start to show greater improvement in going into Q2.

Capital spend is £19.4m against the YTD plan of £13.3m. The Trust spent £13.3m against the Trust's year to date CDEL limit of £9m.

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

NHS Improvement

Jargon Buster

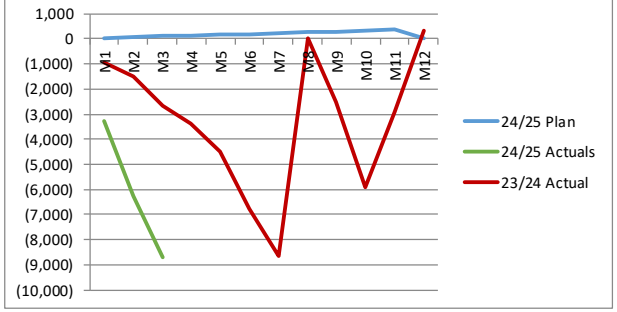
AFC – Agenda for Change
ERF – Elective Recovery Fund
CDEL – Capital Departmental Expenditure Limit
LVA – Low Value Activity
H1 – First half of year (April to September)
H2 – Second half of year (October to March)
TOIL – Time off in lieu

Income and Expenditure Statement

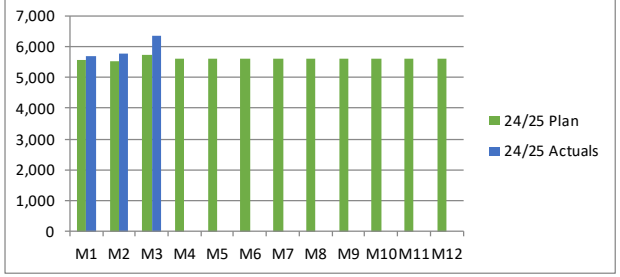
Operating Income and Expenditure	Prior Year 2022/23 £'000	Prior Year 2023/24 £'000	Full Year Budget 2024/25 £'000	YTD Budget 2024/25 £'000	YTD Actuals 2024/25 £'000	YTD Variance 2024/25 £'000	In Month Budget 2024/25 £'000	In Month Actuals 2024/25 £'000	In Month Variance 2024/25 £'000
NHS Contract Income	696,892	751,064	762,010	190,483	189,193	-1,289	63,469	64,092	624
Other Income	64,527	81,904	67,161	16,801	17,814	1,013	5,717	6,353	636
Total Income	**761,419**	**832,968**	**829,172**	**207,284**	**207,007**	**-277**	**69,185**	**70,445**	**1,260**
Consultants	90,155	100,232	101,087	25,254	25,691	437	8,408	8,833	426
Other Medics	72,314	83,520	81,733	20,438	21,373	935	6,810	7,217	406
Nurses	181,853	210,345	206,630	51,631	53,046	1,415	17,351	17,730	380
Scientific, therapeutic & technical	78,657	88,429	91,330	22,764	22,752	-12	7,595	7,745	150
Other Pay	65,891	51,550	59,450	14,865	13,774	-1,091	4,992	4,670	-322
Total Pay	**488,871**	**534,077**	**540,231**	**134,951**	**136,635**	**1,685**	**45,155**	**46,196**	**1,040**
Drugs	62,302	70,588	74,306	18,528	18,783	255	6,111	5,935	-176
Clinical Supplies	59,855	65,951	62,924	15,954	17,359	1,404	5,682	6,075	393
General Supplies	34,883	39,798	37,724	9,431	10,277	846	3,144	3,548	404
CNST	24,567	25,170	27,728	6,932	6,586	-346	2,311	2,311	0
Other Non-Pay	53,694	61,973	59,305	14,860	16,539	1,679	4,956	5,582	627
Total Non-Pay	**235,301**	**263,479**	**261,987**	**65,705**	**69,543**	**3,838**	**22,203**	**23,451**	**1,247**
EBITDA	**37,247**	**35,412**	**26,953**	**6,628**	**829**	**-5,799**	**1,826**	**798**	**-1,028**
ITDA	36,043	34,768	42,025	10,506	9,750	-756	3,502	3,281	-221
Trading Position	**1,204**	**644**	**-15,072**	**-3,878**	**-8,921**	**-5,043**	**-1,676**	**-2,483**	**-807**
Unidentified CIP to find			15,089	3,772	0	-3,772	1,257	0	-1,257
Trading Position	**1,204**	**644**	**17**	**-106**	**-8,921**	**-8,816**	**-418**	**-2,483**	**-2,065**
Impact of Impairments			0	0	0	0	0	0	0
Depreciation of Donated Assets	795	932	1,123	281	268	-13	94	80	-13
Donated Assets Income	-1,423	-1,367	-394	-98	-31	68	-33	-31	2
Remove impact of consum. donated by DHSC	2	101	0	0	0	0	0	0	0
Adj. Financial Performance Surplus/Deficit	**578**	**310**	**746**	**76**	**-8,684**	**-8,761**	**-357**	**-2,433**	**-2,076**

Finance in a page

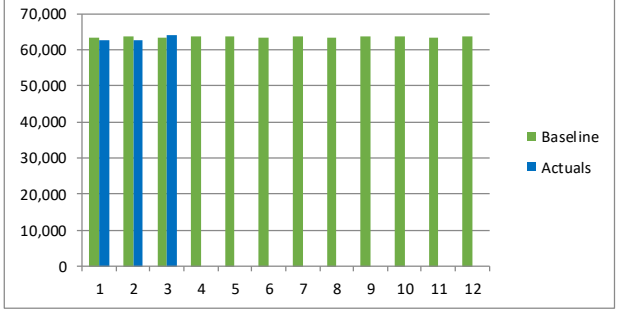
Cumulative Surplus / Deficit



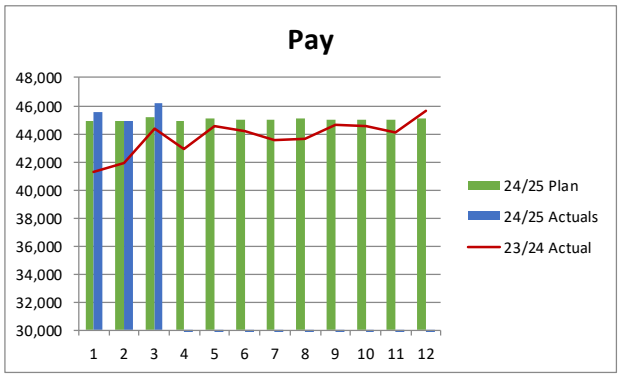
Other Income (excl. CCG & NHS I/E)



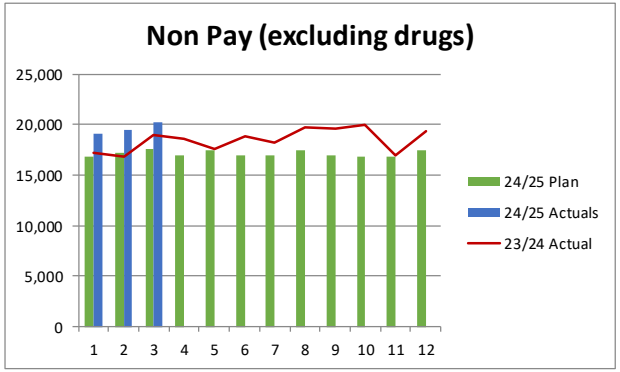
Commission Income



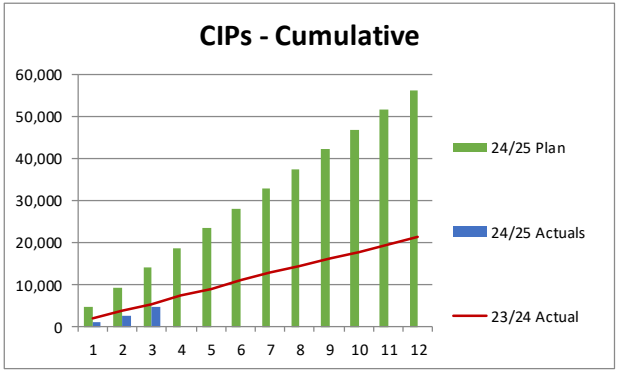
Pay



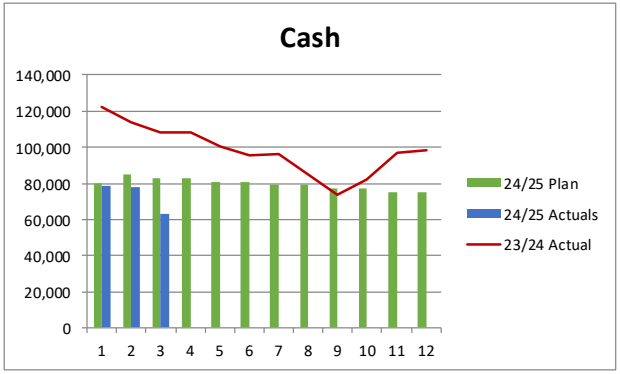
Non Pay (excluding drugs)



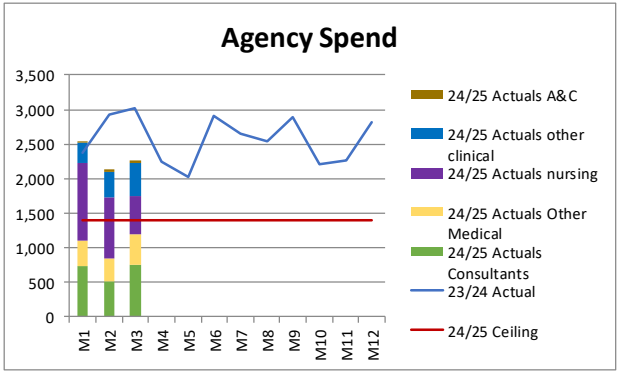
CIPs - Cumulative



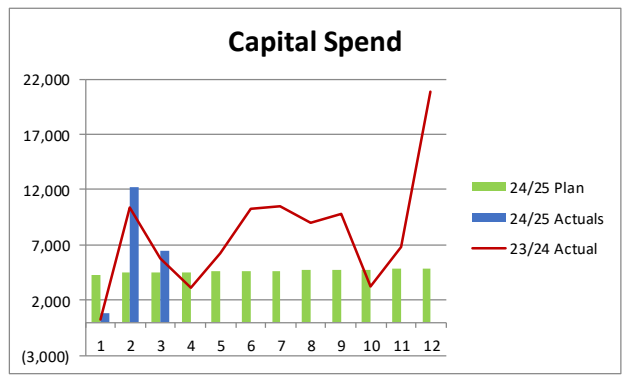
Cash



Agency Spend



Capital Spend



Statement of Financial Position

Statement of Financial Position	Closing 31 Mar 24 £000s	Closing 30-Jun-24 £000s
Non-Current Assets		
Property, plant and equipment	534,160	529,144
Trade and other receivables	2,725	2,698
Other assets	1,010	701
Total non-current assets	**537,895**	**532,543**
Current assets		
Inventories	9,130	8,826
Trade and other receivables	33,163	43,368
Cash and cash equivalents	98,282	63,130
Total current assets	**140,575**	**115,324**
Current liabilities		
Trade and other payables	-91,001	-81,345
Borrowings	-4,592	-3,918
Provisions	-10,938	-10,895
Other liabilities	-4,771	-5,150
Total current liabilities	**-111,301**	**-101,308**
Total assets less current liabilities	**567,169**	**546,559**
Non-current liabilities		
Borrowings	-64,679	-64,494
Provisions	-2,065	-2,065
Total non-current liabilities	**-66,744**	**-66,559**
Total assets employed	**500,425**	**480,000**
Financed by (taxpayers' equity)		
Public Dividend Capital	404,171	409,171
Revaluation reserve	25,697	9,157
Income and expenditure reserve	70,557	61,672
Total taxpayers' equity	**500,425**	**480,000**

CAPITAL PLAN

Report for Month 3 2024/25

The 24/25 CDEL allocation for Bedfordshire Hospitals has increased to £32.1m of a total of £48.5m for the ICS. The overall capital plan comes to £61.2m, including centrally funded and donated asset schemes. This has increased by £6m due to the addition of SDEC.

Capital spend is £19.4m against the YTD plan of £13.3m. The Trust spent £13.3m against the Trust's year to date CDEL limit of £9m.

The 24/25 plan included the deferred £4m of the ASB monies, which should ease the CDEL challenges in 2024/25, but the 24/25 plan remains a challenge.

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

Redevelopment Committee Report

For Board of Directors 31 July 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, April 2024 – June 2024. There has been lots of exciting progress made on both sites in the reporting period.

A significant amount of construction work has and is continuing to take 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.

In May, the Energy Centre at the Luton and Dunstable site was officially opened. This solely provides combined heat and power to the whole hospital estate, delivering capacity, improved resilience, a reduction in energy consumption, support to the Trusts drive to progress a Net Zero Carbon roadmap and to support plans and developments for the future. The construction of the New Clinical Buildings (NCB) continues at pace, with very limited disruption caused to the clinical hospital. Internal work is focussed on transitioning services into the new buildings in 2025. The Emergency Department (ED) extension and refurbishment works are in the final phase and remain challenging working in and around a live clinical environment. All construction projects remain challenging for many reasons, but not least given the climate in which they were procured and/or are being delivered in (Covid, a war in Europe, hyperinflation, industrial action).

At Bedford Hospital, the Swannery Garden officially opened in May 24, providing a calming space for staff and patients. The opening also gave an opportunity for

colleagues to recognise the huge impact the new substation will have on the future of Bedford Hospital. Building work has now begun and progressing well on the Community Diagnostics Centre (CDC) and the Primary Care Hub (PCH) project on the North Wing site in Bedford, works are anticipated to complete in Autumn 2025.

Key general risks continue to include the current adverse market conditions in construction, leading to further upward pricing pressure and disruption to the supply chain. There remains a real risk of supply chain insolvency and this is being experienced up and down the country. These market conditions present significant risk to the construction projects at the hospital, both these being designed and delivered. There has been a revised strength of guidance from NHSE that Business Cases to access central funding now require detailed design process inputs and as such, require significant Trust funding ahead of any funding approval. The central capital process therefore poses a significant financial risk to the Trust given the length of time to develop projects to this level and the associated cost this would drive.

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 April to June 2024.

1. Acute Service Block and New Ward Block, L&D

The project continues to progress at pace, with increased labour on site as the focus has moved to the fitting out of the building. The building continues to be revealed with scaffolding now almost completely removed. Internal fit-out is progressing at pace. Inflationary cost pressure uplifts remain a highly significant issue for the Trust. The building works are planned to complete in the spring of 2025 with clinical services moving in from the summer of 2025. The Trust's transition planning programme is tightly integrated with the Construction Works Delivery project; this is a significant change programme for the Trust, to transition safely into the new buildings and ensure clinical benefits are achieved.

2. Urgent and Emergency Care, L&D

The final phase of works in the Emergency Department is well underway, which will see the expansion of the department with a further increase in capacity. This space will be completed by the end of this year. The focus is around internal fit out and joining the previous phases to the final phase, this is complicated piece of work and involves a level of disruption to the service which is being carefully managed by all parties involved. 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 albeit the majority of the risk has now been mitigated.

3. Energy Centre (EC), L&D

In May 2024, the Energy Centre on the L&D site was officially opened. The site's energy infrastructure is now upgraded, providing capacity and resilience for power,

heating and hot water service, as well as having the flexibility to adapt to future green technologies. Energy efficiency benefits for the project are now being realised.

4. Electrical Infrastructure, BH

This project is now complete; the substation gives the Trust additional capacity and resilience for part of the site allowing the Trust to plan for further developments to improve hospital facilities. In May 24 the Trust officially opened the Swannery Garden at Bedford Hospital, a new calming space for staff and patients which replaces the area that had to be removed whilst the Trust created the new electrical substation. The area features landscaping, seating areas and a newly designed swan monument, celebrating the iconic symbol of Bedford. This was part funded by Bedford Hospital Charity and Friends.

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

Building work has began in the Spring on the £24m project to improve Gilbert Hitchcock House, a Trust asset on the North Wing site in Bedford. The project has got off to a good start and progressing well on site. When complete (Autumn 2025) this significant investment for Bedford will include a Community Diagnostic Centre that will deliver diagnostics services including MRI, CT, ultrasound, x-ray and cardiology diagnostic tests, increasing testing capacity in Bedford by up to 50% for some modalities.

6. Master Planning, Luton & Bedford

The Master Plan was adopted by the Trust Board in October 2023. Progressing strategic estates plans is considered essential in managing and mitigating significant estates risks. The current strategy focusses on developing and delivering healthcare assets in a phased and standardised way. A phased standard block design concept has been adopted by the Trust – a mechanism to effectively build healthcare assets in affordable sections, to operational working standards, and where the end result is a fully functional healthcare building. The Trust continue to explore and seek funding opportunities.

7. Bedford Same Day Emergency Care (SDEC) - Capital Funding round for Urgent & Emergency Care.

The Trust are developing a feasibility report to inform the creation of a new build SDEC on the Bedford hospital site, situated opposite the existing Emergency Department. The Project supports protected SDEC capacity for emergency, ambulatory patients, freeing up hospital beds during peak times. The Trust submitted a bid to NHSE and have been allocated £6m subject to a Business Case approval, anticipated in the Autumn of 24.

Workforce Committee Report

For Board of Directors 31st July 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 meeting held on 6th June 2024.

Workforce Report

The Workforce Report was received and it was noted the vacancy rate continues a downward trend reaching 4.85% compared to a regional benchmark average of 8.0%. Turnover saw an in month decrease down to 12.55% compared to a regional benchmark average of 12.3% and sickness rates reduced to 4.32% compared to a regional benchmark average of 4.61%.

There was an increase in use of agency nurses driven by the use of Registered Mental Health Nurses delivering one to one care and staffing contingency areas. Overall mandatory training remains 90% at Bedford (90.76%) and Luton stands at 88.52%.

Governance

The Committee received an update on the Workforce Race Equality Standard Report and noted that the Reciprocal Mentoring training program for the first cohort of BAME staff has been introduced. Initial highlighted recommendations were to provide bespoke training for managers. It was also noted that feedback from Maternity is to propose further training in this area. The committee received an update on the National EDI High Impact Actions and was assured that a plan was in place and associated metrics will be reviewed by the Committee as well as the Trust Board.

The Committee received an update on the Workforce Disability Equality Standard Report which reflected an improved position and noted that feedback received by the Head of Health Inequalities and Inclusion has given insight into how reasonable adjustments are dealt with and the policy is being reviewed in light of this feedback.

The risk register was reviewed and recommended changes to vacancy rate, staff turnover and mandatory training risk were accepted. The Assurance framework was discussed at the committee and it was agreed that Corporate Objective 1 should be reviewed in light of the Board seminar on risk appetite

The committee received an internal audit report for Consultant Job Planning. It was noted that this was the first audit of this kind since the merger with the outcome rated as partial assurance. The Committee will receive assurance at future meetings on progress with recommended actions.

Freedom to Speak Up

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

Health and Wellbeing

The Committee received a report that outlined the positive feedback from the greengrocer stall and the new *Take HeArt* display in the surgical block in Luton that reflects the multicultural heritage of our workforce. The report provided updates on peer listeners and the take up of the employee assistance programme. The Committee noted that smoking on-site remained an issue and the proposed actions to address this issue.

The committee also received an update on a quality improvement project that looks at the experience of staff when they are redeployed between wards which has both implications on patient safety and staff wellbeing. The committee noted that a new associated process for mini induction and welcome is being piloted.

NHS People Promise

The Committee were provided an update on implementation of the NHS People Promise through the People Promise Exemplar Programme. This is an initiative devised by NHS England to look at ways that NHS providers can support staff following the pandemic. There are seven elements outlined in the report that apply and relate to the people promise. If we can support these seven elements and their development within the Trust it is hoped to have a positive impact on staff experience, wellbeing and ultimately retention. The Trust has been selected to take part in the second cohort of the People Promise Exemplar programme and has appointed a People Promise Manager. The Committee noted the priority areas for the Trust and will receive assurance on delivery at future meetings

Staff Networks

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

Of particular note is that the Staff Diversity Network has been restructured which results in their being a single point of contact for protected characteristics and more inclusive network names have been developed: Disability and Long Term Conditions, Race, Ethnicity and Cultural Heritage (REACH), PRIDE (formerly LGBTQ+) and Carers Network.

Maternity Staff Feedback Task and Finish Group

The committee heard that following feedback from internationally recruited midwives following a CQC inspection the Maternity Staff Feedback Task and Finish Group has been established that aims to understand the issues better and identify recommendations to provide support.

Nurse Agency Review and Controls

The Committee received a paper that outlined the actions taken on nursing agency usage in response to the current financial challenge being experienced by the Trust. The task and finish group has taken immediate action and is also developing longer terms solutions that include eRostering system/process, revised approval levels, enhanced observation, mental health support needs and review of enhanced bank rates.

Talent Management

The committee received an update on revisions to the Talent Management Strategy that now also include key deliverables and measures of success within the appendices. These have been revised with realistic measures as well as reviving talent management career conversations which can be linked with the appraisal process

Mandatory Training and Learning Update

The Committee received a report updating the work of the Training and Learning Team to improve the training and appraisal compliance rates. The committee was assured that progress was being made and the appropriate focus was being maintained.

Productivity and Efficiency Plans

Highlight reports were received from the four key productivity projects for the 2024/25 financial year. These are agency locum model, managing absence, eRostering optimisation and on-boarding. The Committee was assured that appropriate plans are in place and progress was being made.

Industrial Action: HCSW Band 2 / 3 Re-grading

The committee heard that following an outline agreement to re-grade our Healthcare Support Worker workforce (HCSW) from band 2 to band 3. The underpinning detail agreement was being finalised and on track for signature. It was noted that this will include hearing some individual cases at a Partnership Working Group. The implementation of this agreement will consume a significant proportion of capacity up to the end of November 2024.

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

- NHS England / Improvement
- CQC
- All Trust objectives

Workforce Report

For Board of Directors 31 July 2024

Author **Angela Doak, Director of HR**

Agenda item **10.2**

Action

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

Contents/Report Summary

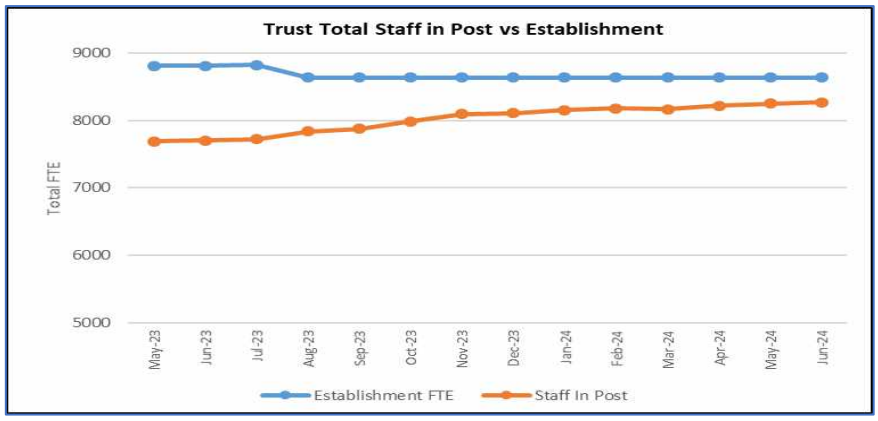
- Sickness increased from 4.21% in May 2024 to 4.29% in June 2024 compared to a regional benchmark average of 4.61%.
- Vacancy rates have reduced from 4.49% in May 2024 to 4.29% in June 2024 compared to a regional benchmark average of 8.0%.
- The overall turnover reduced from 12.39% in May 2024 to 12.26% in June 2024 compared to a regional benchmark average of 12.3%.
- The overall agency run rate is 34.92% lower in June 2024 when compared to June 2023 equivalent to 70.1 FTE less agency staff.
- The overall bank run rate is 6.47% lower in June 2024 when compared to June 2023 equivalent to 45.6 FTE less bank workers.
- The overall training compliance rate increased by 1.61% in June 2024 to 90.37% compared to a regional benchmark average of 90%.
- The overall appraisal rate decreased by 0.56% in June to 75.40% compared to a regional benchmark average of 68%.

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

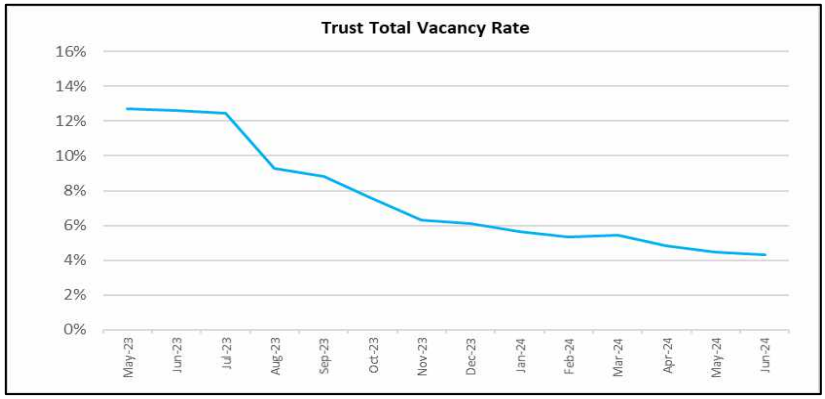
Staff in Post

- The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 17.04 WTE between May 2024 and June 2024.
- During the last 12 months the SIP increased by 6.86% (567.38 FTE) between June 2023 to June 2024.



Vacancy

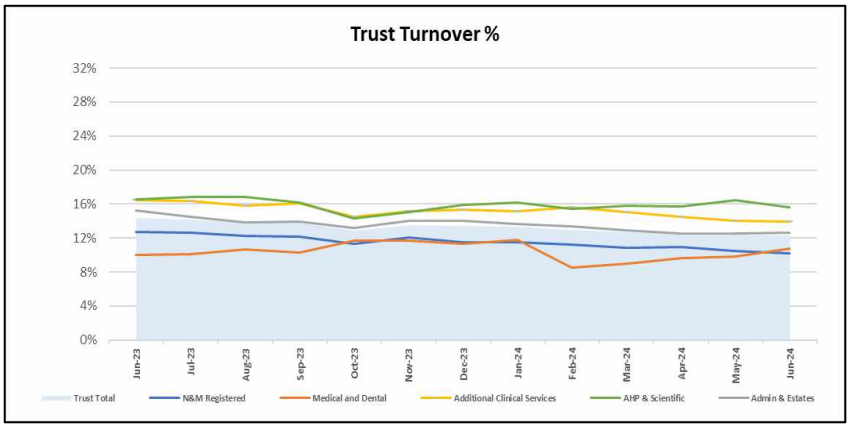
- The overall vacancy rate reduced over the last 12 months; from 12.61% in June 2023 to 4.29% in June 2024 compared to a regional benchmark average of 8.0%.
- Registered nursing and midwifery vacancy rates are currently 6.42% reducing by 0.18% from May 2024 and have reduced by 7.43% over the last 12 months to June 2024.
- Medical and Dental vacancy rate is currently at 1.79%.
- There are approximately 162 Band 5 nursing & midwifery vacancies (108 WTE at Luton and 54 WTE at Bedford). There are currently 31 pre-registered overseas nurses and midwives (19 at Luton and 12 at Bedford) at various stages of their NMC registration and will convert to Band 5's over the coming months. There are also 115 nurses under offer via local recruitment including recent newly qualified recruitment campaigns. 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 -49 WTE.



Turnover

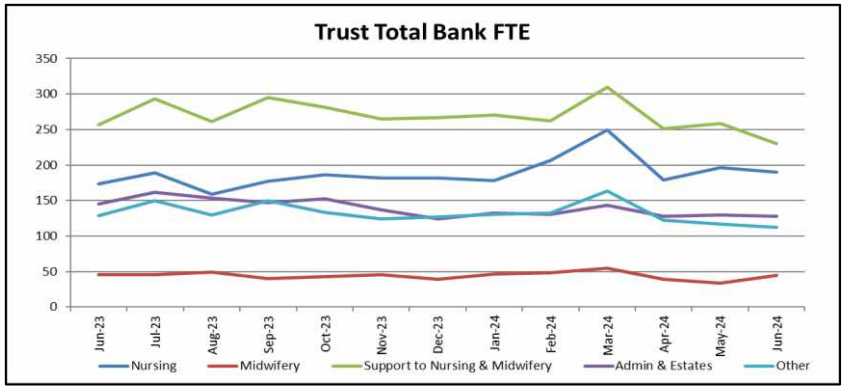
- The nursing and midwifery staff group turnover has reduced by (2.53%) over the last 12 months to June 2024 and is currently at 10.19% compared to a regional benchmark average of 12.3%. This is a 0.31% reduced from May 2024.
- The turnover for Allied Health Professionals, (physiotherapists, Operating Department Practitioners (ODP) and Radiographers) and additional professional and scientific staff group reduced from 16.42% to 15.64% in May 2024 and is 0.91% lower when compared to May 2023.
- Additional Clinical Services staff group turnover decreased by 2.56% over 12 months to June 2024 and now stands at 13.94% which is 0.78% reduction on the last month.

- Our NHS People Promise Manager has completed analysis of available data, completed a Retention self-assessment tool and mapped the primary and secondary retention drivers. This has enabled us to refine the objectives for our retention work:
  1. To develop career pathways for multiple Trust roles in addition to the creation of training support mechanisms for staff.
  2. Widen support to staff working flexibly with a clear management process
  3. Enhance Line management capabilities to better support the development of working teams
  4. Re-establish the Trust Health and wellbeing strategy to reinforce staff mental wellness
- In June progress has been made in each area and notably a new Trust Talent Management Strategy was approved by the Trust Executive Team. A survey on working flexibly has been completed and feedback will be used to update plans to support staff. This has also informed a draft set of shared principles for working flexibly and working group has been established.



Bank Usage

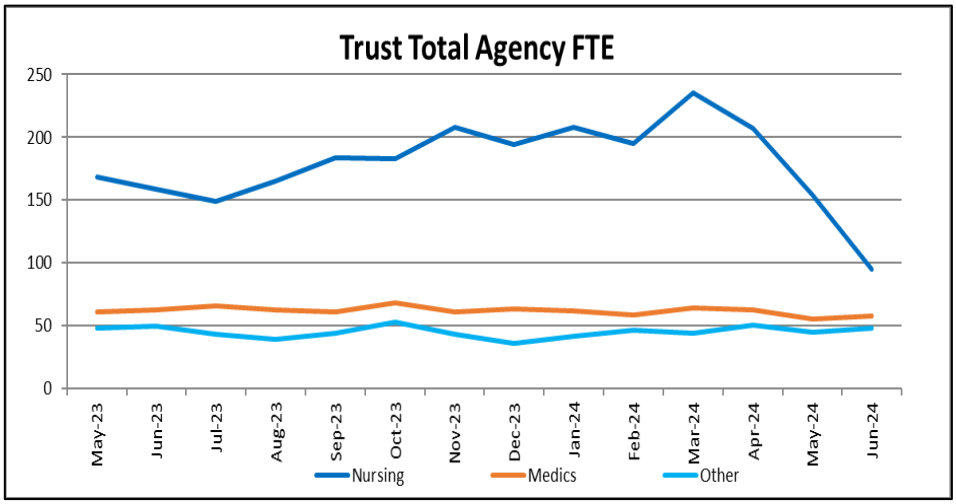
- Overall, bank usage reduced by 4.47% in June 2024 as compared to May 2024 equivalent to 31.5 FTE fewer bank workers. The bank run rate was 6.47% lower in June 2024 when compared to June 2023 equivalent to 45.6 FTE fewer bank workers.
- Following the pandemic, bank levels for June 2024 are 22.4% lower than pre-pandemic levels.



Agency Usage

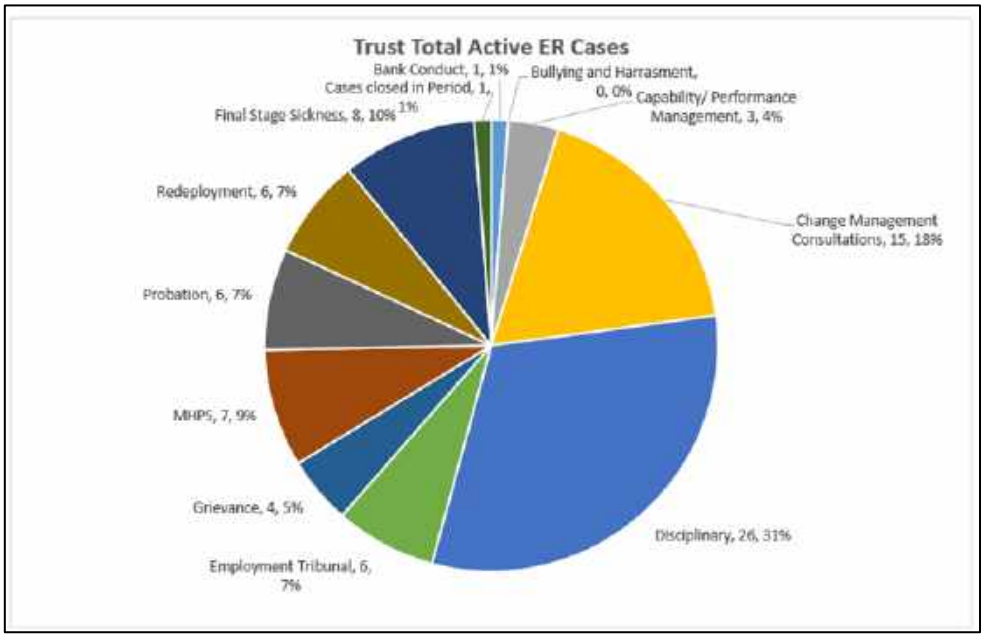
- Overall Agency usage reduced by 26.40% in June 2024 as compared to May 2024 equivalent to 53 FTE fewer agency staff. The June 2024 run rate reduced compared to June 2023, which is the equivalent to 70.1 FTE fewer agency workers.
- The use of nursing agency reduced by 61.97% between May 2024 and June 2024, which is equivalent to 58.7 FTE fewer nursing agency staff. The corporate nursing team established a nursing workforce review group with the aim of agreeing short and long term aims to reduce spending on temporary staffing. This monitored using existing budgetary controls whilst ensuring patient safety and quality. The reduction has been achieved by a number of different contributing measures such as additional support and focus on the review of patient requirements by the senior nursing team, additional rigour placed on rostering rules and practice, and revised approval processes.

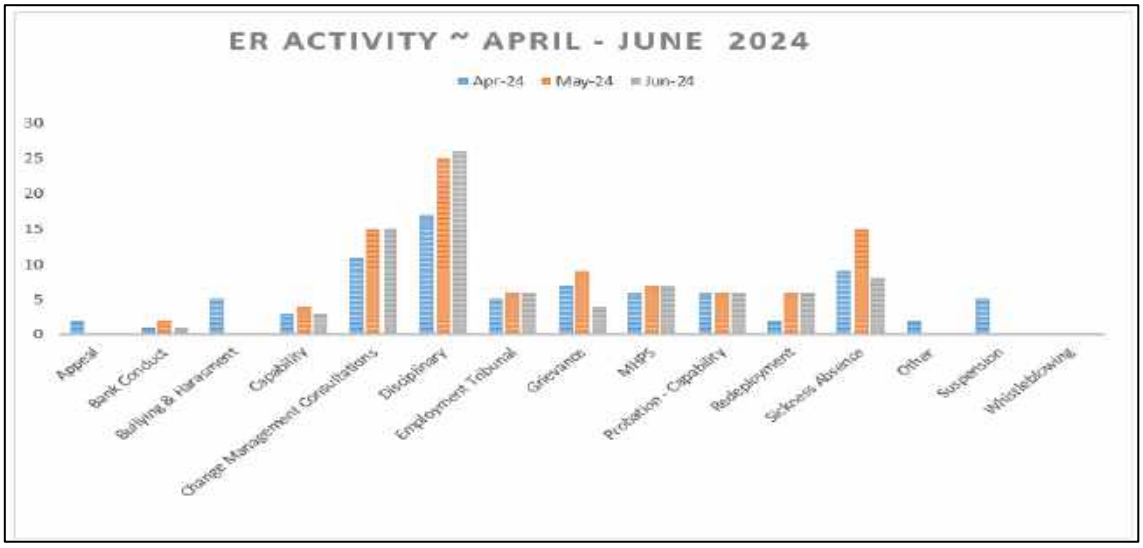
- Medical agency locum increased in the month by 4.02% equivalent to 2.3 FTE more medical agency staff.



Employee Relations

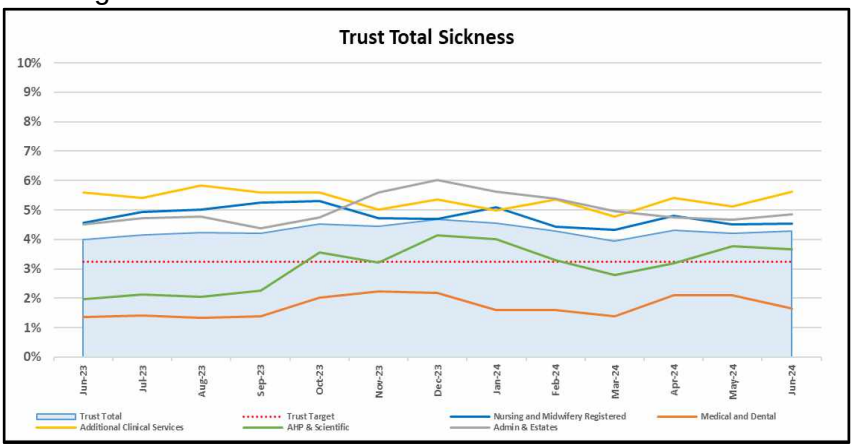
- Across the Trust, work continues to conclude cases in a timely manner.
- Disciplinary cases account for the majority of the workload but the overall workload remained steady.
- Absence management continues to be a key focus for the team where significant progress has been made in reducing the overall absence figure across the Trust.
- The number of Employment Tribunals reduced from 7 to 6.
- Although falling, the number of disciplinary cases continues to account for the majority of active cases being undertaken within the Team. The most prominent reason for disciplinary investigations being initiated is “unprofessional behaviour
- Other themes include; being absent without leave (AWOL), probation, attendance, general conduct/attitude, concerns about working practices, lapses of registration and IG/confidentiality breaches.
- Most areas of ER activity have seen a steady decline over the quarterly reporting period, with only grievances (excluding bullying and harassment) and final stage sickness deviating from this trend.





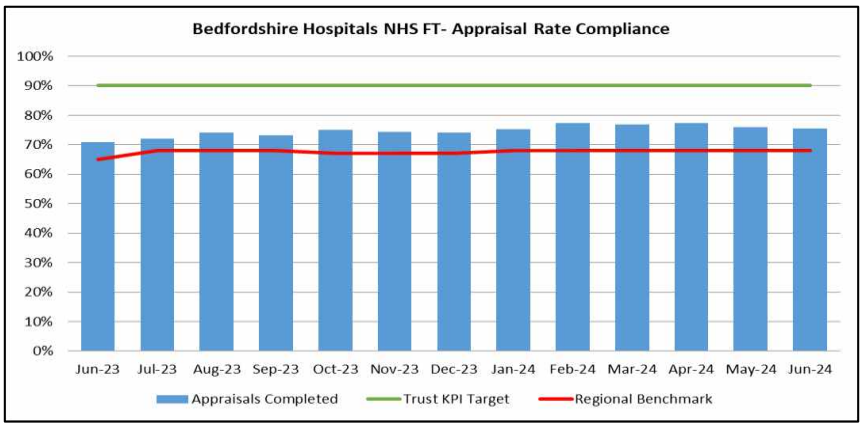
Sickness Absence

- Overall sickness levels have decreased from a peak of 5.69% in December 2022, to 4.29% in June 2024 compared to a regional benchmark average of 4.61%
- Sickness levels in June were at a higher level (0.31% higher) compared to the same period last year and 0.08% lower as compared to May 2024.
- The highest absence rates for June were within Additional Clinical Services 5.63%, Nursing and Midwifery 4.55% and Admin and Estates 4.87%.
- The sickness absence project provides additional support to help services proactively manage sickness absence for employees that have exceeded a Bradford score of 150. The project plan remains on target.



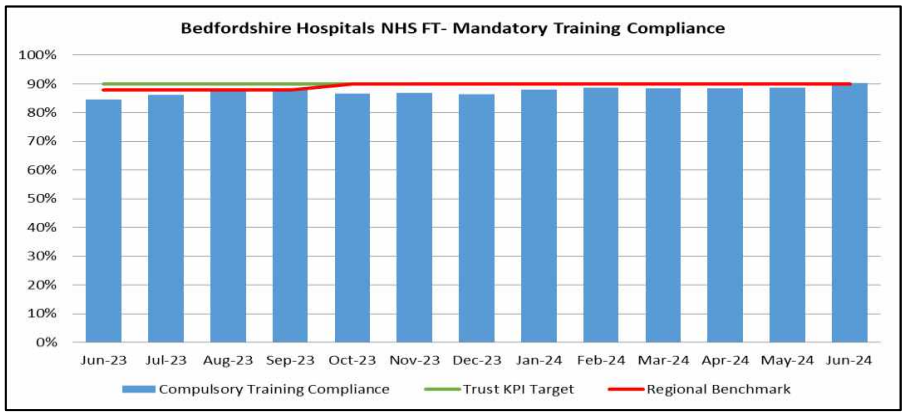
Appraisal

- Appraisal compliance has decreased by 0.56% to bring the average compliance to 75.40% compared to a regional benchmark average of 68%



Mandatory Training

- During the month of June, compliance has increased by 1.61%, taking the overall core compliance to 90.37%. Compliance for the Bedford site is 92.27% and the Luton and Dunstable site 89.07%. This is an outstanding effort from all staff and teams across both sites.
- The Training Team have been actively engaging with staff with training due to expire, to renew their competencies in order to maintain compliance across all topics.
- The team are actively supporting Infection Control and Information Governance Subject Matter Experts to improve compliance, due to the annual refresher requirement.
- As part of the induction process, the Trust is now live with applicant access on ESR. This means that new starters can complete their non-practical mandatory training before they start in their new role at Bedfordshire Hospitals. This will enable the training team to more accurately monitor compliance for new starters, capturing previous completions through the Inter Authority Transfer (IAT) process at recruit to reduce unnecessary training.



Staff Health and wellbeing

Five - a -Day Greengrocers fruit and veg stalls

Before Five-a-Day started working exclusively with Hospitals, they traded at Marsh Farm market in Luton and street Markets in Hampshire.

The stalls have now been with us for almost 10 weeks, and have been very well received by our staff, patients and visitors on both our sites

They will continue to be on site

- On Tuesdays for our Bedford site, situated in the corridor leading to the outpatients department.
- On Wednesdays for our L/D site, just inside the main entrance.

Peer Listeners

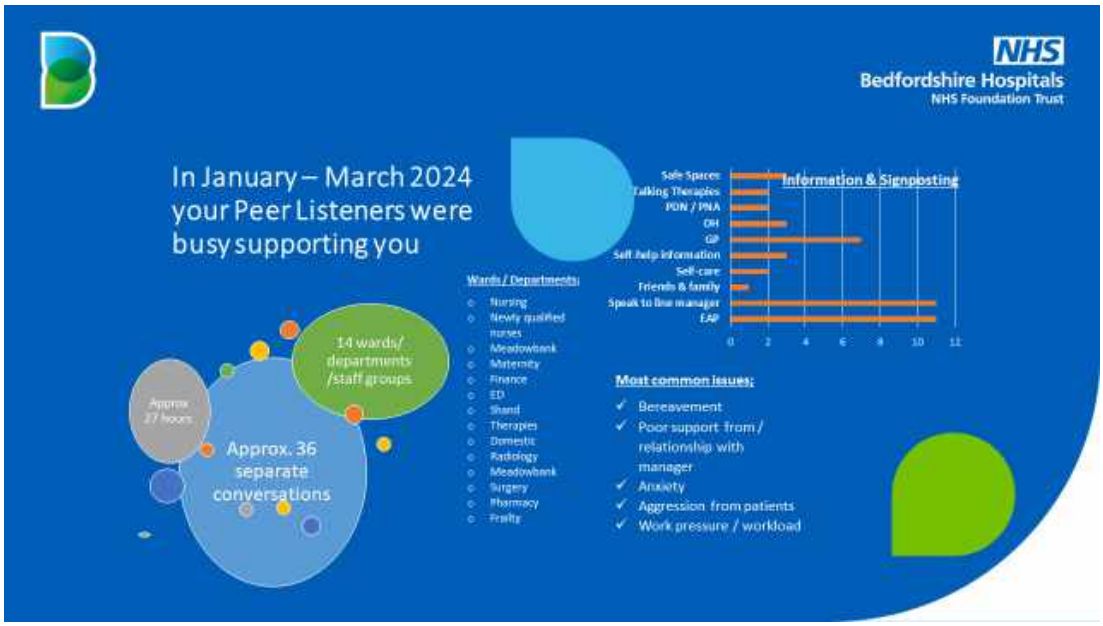
Following the recent Mental Health First Aid training, we recruited 8 new peer listeners– 5 for Luton and 3 for Bedford.

The Trust now has 68 peer listeners across our sites

- 33 in Luton
- 35 in Bedford.

Not all appear to be active in their role so contact will be made with those we haven't heard from to see if they wish to continue in their role.

Amanda Spong, our Principal Clinical Psychologist arranged, a Peer Listener's away afternoon in March 2024, which was attended by 15 staff. The focus was on bereavement and grief including support following the death of a colleague, and there are plans to hold another in autumn, as part of the continuing support and guidance offered by Amanda.



Take heART – We Are One

The take heART team were delighted to unveil the 'We Are One' mural at the L&D recently. The display, located on the first floor of the Surgical Block, was created by members of the take heART team to celebrate the rich multicultural heritage of our staff in the trust. The Trust is currently made up of colleagues from more than 100 different countries and, throughout our 75+ year history, many more have been pivotal in creating a lasting legacy for us all.

Yvonne Osuagwu, take heART member and Project Lead, said: ""I learned a great deal working on this project and met many delightful people. I am especially grateful to Janet Graham who spent time with me going through the hospital archives."
Rachel Chater, take heART founder, said: "It was really wonderful to see this important take heART project come to life, celebrating the diverse workforce of the Trust and all they have to offer our patients, their families and each other. Thank you to everyone that generously contributed to this brilliant mural."

Employee Assistance Programme Provider – Vita Health

Our new EAP providers service commenced 1st Feb 2024.
Key features of the service include:

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

The activity recorded for the first Quarter 1st Feb – 31st April is as follows:

- 41 members of staff (Bedford site 20, L/D site 21) contacted their helpline
- 27 seeking emotional support
- 10 seeking legal advice an information
- 4 seeking Information and advice

Individuals seeking professional support often present with more than one issue that can be a mixture of personal and work/career related reasons.

- 21 members of staff required ‘in the moment’ emotional support, with no onward referral necessary.
- 2 members of staff required specialist post-traumatic stress support
- 3 members of staff required onward referral to support
- 1 staff member accessed guided self-help.

Vita Health has an online digital wellbeing and life management hub, contains a wealth of information, including silver cloud on line therapy programmes, which was accessed by 163 individuals, viewing guides/seeking support such as below

Smoking

Smoking on both sites continues to be an issue from both a staff and patient perspective. The Trust has recently welcomed a Tobacco Dependency Treatment Lead, Madeeha Samsudeen who links in with our public health teams, our staff and our patients to offer support to stop smoking.

Madeeha recently led the update of the smoke free policy, which was communicated to all staff on the 31st May 2024. Also on that day, Madeeha supported the World No Tobacco Day. The Trust has a Smoke Free Working Group who have agreed a programme of walk rounds with the Chief Executive and the focus will be on staff smoking on the Trust site. These commenced on the 10th June 2024.

Support is available for our staff, by way of regular clinics on both our main sites.
For more information on accessing support, please contact Madeeha Samsudeen, Tobacco Dependency Treatment Lead for the Trust, by email or 07385228796.

Freedom to Speak Up FTSU Report

For Board of Directors 31st July 2024

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

Agenda item - 10.3

Action

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

Contents/Report Summary

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

This overview of the FTSU activity in the last quarter across the Luton & Bedford sites, includes actions taken to improve speaking up at Bedfordshire Hospitals and an assessment of the number and themes of concerns raised.

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

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

Concerns raised on the Bedford site April-June 2024

11 members of staff reported concerns to the Guardian and Champions during this period five were about attitudes and behaviours two were about staffing levels and have now been resolved.

One was about quality and safety and one about policies which was a misunderstanding resolved by HR and Union colleagues. One serious concern was raised by a member of the medical staff, three by clinical staff and seven by non-clinical staff.

A concern raised in a previous report has been investigated and feedback has been given and situation is being monitored. Another concern raised previously by several members of staff in one department is being resolved with an OD intervention.

Concerns raised on the L&D site April-June 2024

22 members of staff raised concerns through the Guardian and Champions. The majority of cases were to do with poor communication and inappropriate behaviours. One case involved unfair allocation of work which had financial implications for the staff member. Another case was raised by a group of staff who cited unfair treatment and processes at work. This is being investigated by the Senior Nursing team for the area.

One case involved a facilitated discussion with two members of staff which was initially resoled to the satisfaction of both members of staff at the time. However one of them has now decided to progress to a grievance. Two cases involved In Phase reporting about perceived inappropriate behaviours. They are being investigated in line with the In Phase process and interventions with both nursing teams.

Two cases involved staff members who wishes to remain anonymous though names were provided to the Guardian.

Guardian Activity

The Guardians have now recruited additional Champions at the L&D site making a total of seven cross-site. Our newest recruit is based in Paediatrics adding more coverage throughout the Trust.

They are also currently reviewing the FTSU strategy and self-assessment tool and the FTSU policy has been updated to include the new National Policy.

The Guardians have also had very positive feedback from colleagues at the Staff Engagement Events recently held on both sites. The Guardians and Champions are also preparing for National Speak Up month, which is in October, with help from the OD and Communication teams in the trust.

Guardians continue to attend various Trust Inductions, Preceptorships, Doctors and they speak to Student Nurses at the University of Bedfordshire.

There is also greater engagement with Overseas Nurses and Midwives in terms of improving pastoral support to support the adjustment to working in the NHS, compared to their healthcare role in their previous country of residence.

Both Guardians are part of the Working Party set up to support the Trust's commitment to the NHS Domestic and Sexual Abuse Charter.

Equality and Diversity Report

For Board of Directors 31 July 2024

Author – Victoria Parsons, Associate Director of Corporate Governance

Agenda item - 7

Action

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

Contents/Report Summary

- Report on the Workforce Race Equality Standards 2024
- Report on the Workforce Disability Equality Standards 2024
- Report on the assurance against the High Impact Actions

The WRES and WDES reports have been reviewed at Executive and Workforce Committee and the action plan is due for submission at the end of October 2024. This will be reported to the Board. The Trust has in place an overarching Equality and Diversity Action Plan that is monitored through the Equality and Diversity Committee quarterly.

The High Impact Actions Assurance has been presented to the Workforce Committee.

The Staff Diversity Network was initiated in June 2024 and combines all the Trust existing networks (BAME, Disability and LGBTQ+) to be inclusive and represent intersectionality.

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

- NHS England
- NHS Improvement
- Equality Act
- CQC
- All Trust objectives

Workforce Race Equality Standard Report 2024

The Workforce Race Equality Standard Report has been completed for 2023. The overall summary indicates that whilst there have been some improvements, there remain some areas of inequity between our white and BME staff.

Overall our BME Staff have increased in representation by 2.9% to 50%. This is representative of our community in Luton, but over representative of our community representation in Bedford Borough and Central Bedfordshire.

The indicators demonstrate some improvement:

2024	2023
• 2 indicators are equitable • 2 indicators are less equitable • 3 indicators are improving but inequality is still evident • 2 indicators are largely equitable but inequality is still evident	• 1 indicator is equitable • 3 indicators are less equitable • 4 indicators are improving but inequality is still evident

The two indicators that remain less equitable are:

- Recruitment from shortlisting
- Representation on the Board

The focus moving forward for the Trust:

- Provide bespoke training to managers to develop knowledge and understanding relating to the management of career progression of BME staff.
- Refocus on BME staff recruitment challenges around shortlisting to interview.
- Continue to promote the declaration of BME staff on ESR.
- Review the Trust stance on the Anti-racism charter.
- Continue to review the Board Develop opportunities and community engagement.

Workforce Disability Equality Standard Report 2024

The Workforce Disability Equality Standard Report has been completed for 2024. The overall summary indicates that whilst there have been some improvements, there remain some areas of inequity between our disabled and non-disabled staff.

Overall our disabled Staff have increased in representation to 3.2%.

The indicators demonstrate some improvement:

2024	2023
• 1 indicator is equitable • 2 indicators are less equitable • 7 indicators shows some improvement but inequality is still evident • 1 indicator is largely equitable but inequality still evidence • 2 indicators are largely equitable	• 1 indicator is equitable • 8 indicators are less equitable • 2 indicators shows some improvement but inequality is still evident • 2 indicators are largely equitable but inequality is still evident

The indicators that are less equitable are:

- Staff entering the formal capability process
- Board representation

The WDES report highlights significant improvement in the last year with some inequity still to address.

The focus moving forward for the Trust:

- Develop a BEDSFT Inclusion Passport and definitions of disability including reporting
- Provide bespoke training to managers to develop knowledge and understanding relating to the management of disability in the workplace.
- Focus on career progression for disabled staff

High Impact Actions (HIA)

The NHS has been developing a National EDI Plan was published in June 2023. Within this document, a suite of High Impact Actions were required for action and their associated metrics of success.

The Trust embedded these actions into their EDI Action Plan to support progress and they were to be achieved by March 2024.

Information about the metrics to demonstrate success is received at different intervals throughout the year:

- Gender Pay Gap – March 2024
- Staff Survey – March 2024
- WRES/WDES – May 2024
- National Education Training Survey (NETS) –2023

We are now able to review these metrics against out progress reviewed through our EDI Action Plan.

This report outlines the Trust success against the metrics outlined, actions that have been taken and further actions that are in progress for each of the High Impact Actions (see below).

HIA1 Chief Executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable

Success Metric(s)
Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF

Trust Position
Objective for the Trust in place for Equality and Diversity. This is overseen by the BAF.

Action in place and further actions

- Individual board members specific EDI objectives are beginning to be put in place for 2024/25.

- The Trust Board signed up to an Inclusivity Statement in 2021 and regular updates on EDI topics are provided through our Board Seminar Programme.

- The Trust is committed to continue the EDI programme through the Board Seminars and is considering other programmes such as Cultural Intelligence Programmes.
- In August 2021, the Trust Board signed an Anti-Racism Charter as part of an inclusivity statement.
- Reverend Lloyd Denny, author of The Denny Review: Health Inequalities in Bedfordshire, Luton and Milton Keynes (Sept 2023) was invited to meet with the Trust Board in February 2024

HIA2 Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity

Success Metric(s)

1. Relative likelihood of staff being appointed from shortlisting across all posts Definitions
2. NHS staff survey question on access to career progression and training and development opportunities
3. Improvement in race and disability representation leading to parity
4. Improvement in representation senior leadership (Band 8C upwards) leading to parity
5. Diversity in shortlisted candidates
6. NETS Combined Indicator Score metric on quality of training

Trust Position

- The WRES data continues to indicate issues with shortlisting to being in post. The diversity of shortlisted candidates is very diverse with 26,486 BME candidates shortlisted.
- WRES data informs us that the staff survey is reporting inequitable career progression. However, access to CPD was equitable. The Trust has seen some improvement from the WRES data in representation at senior levels, but inequalities are still evident – this includes at Board level. The Trust recently recruited two Associate NED positions that have improved diversity further in protected characteristics.
- NETS Improved from 69.59% to 72.93% in 2023.

Action in place and further actions

- A Transformational Reciprocal Mentoring for Inclusion Programme started in 2023. This programme is working in collaboration with the Integrated Care Board (BLMK ICB). It is built upon a proven theoretical and practical framework that will help us deliver genuine and sustainable change in one of our key areas of focus – race.
- There is a programme of work to review the representation of interview panels (where possible) and a proposal to liaise with other anchor institutions to share resources.
- In recognition of the feedback that the Board is not representative of its local community, we have added two Associate Non-Executive Director roles to the Board. We are pleased to say that excellent appointments were made with both individuals being from diverse backgrounds.

HIA3 Develop an improvement plan to eliminate pay gaps

Success Metric(s)

1. Improvement in gender, race, and disability pay gap
2. To be developed in year two as part of SOF/LTP metrics on diversity to senior leadership

Trust Position

- Gender Pay Gap reported to the Board in May 2024. Plans in place
- Ethnicity pay gap is in progress, but the details on the WRES/WDES reports inform us that more representation is needed in the senior leadership.

Action in place and further actions

- Reciprocal mentoring programme has begun for BME
- Ongoing work experience programmes and youth volunteering in place and working with health care academy
- Continuing to work on the flexible working policy in line with feedback from our staff survey – embed the process and review through future staff survey results
- Improving accessibility – further development of the 'Inclusion' passport, reasonable/workplace adjustments, making the Trust an employer of choice
- Explore how we can attract more men into the profession at lower bands and within Nursing/Midwifery to get a better gender balance and equalities.

HIA4 Develop an improvement plan to address health inequalities within their workforce

Success Metric(s)

1. NHS Staff Survey question on organisation action on health and wellbeing concerns
2. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training
3. To be developed in Year 2

Trust Position

- The Trust has improved in the 2023 staff survey on this metric but is slightly under the national average.
- NETS Improved from 69.59% to 72.93% in 2023.

Action in place and further actions

- The Trust has two week long Engagement Events each year with one focussed directly on health and wellbeing.
- There is a suite of Cost of living support programmes in place.
- We have two appointed clinical psychologists, FTSU Guardians and an increasing pool of peer listeners.
- Employee Assistance Programme is in place.
- We have a nominated Non Executive Director who supports FTSU programme. They are also the Health and Wellbeing Guardian. They meet with the FTSU Guardians on a regular basis

HIA5 Develop a comprehensive induction, onboarding and development programme for internationally recruited staff

Success Metric(s)

1. NHS Staff Survey question on belonging for IR staff
2. NHS Staff Survey question on bullying, harassment from team/line manager for IR staff
3. NETS Combined Indicator Score metric on quality of training IR staff

Trust Position

- The Staff Survey elements related to the IR staff the results indicate:
- Improved but worse x2
- Improved and better x3
- Declined but better x1
- Declined and worse x1
- NETS Improved from 69.59% to 72.93% in 2023.

Action in place and further actions

- The Trust has a robust induction, onboarding and development programme for Internationally Recruited Staff and has for over four years.
- The Trust has in place a senior nurse to support the programme. Trust supports the sponsorship and visa applications and books their tickets. We try to 'buddy up' new staff leaving on the same flight.
- The recruitment team along with the senior nurse facilitate a pre arrival call virtually to inform them of their accommodation, allocated work areas and reassure them of the plans before they leave. Pastoral support is provided for their development and wellbeing.
- On arrival we meet them at their allocated Trust accommodation. We provide them a welcome back, 2 to 3 days worth of food supplies, all utensils etc. We also sort their Trust IDs. We also support them to their allocated areas to meet managers and colleagues and show them round. We also have bus tours around Bedford and/or Luton to orientate them to their new home.
- We have a Meet and Greet on the Friday where we provide Free English breakfast vouchers. The OSCE trainers along with the senior nurse lead have informal chats with them and facilitate introductions.
- Ongoing support is provided with encouragement to download the InterN app and join the Bedfordshire International Nurses WhatsApp group for peer support and sharing development opportunities. The Lead Nurse stays in contact and there are opportunities for staff to get together regularly. We celebrate the overseas staff days.

HIA6 Create an environment which eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occurs

Success Metric(s)

1. Improvement in staff survey results on bullying / harassment from line managers/teams (**ALL Staff**)
2. Improvement in staff survey results on discrimination from line managers/teams (**ALL Staff**)

3. NETS Bullying & Harassment score metric (NHS professional groups)

Trust Position

- Experiencing bullying/harassment from managers has reduced in the last year but from other colleagues has slightly increased. Both scores are higher than the national average.
- Experiencing discrimination has decreased this year but is slightly higher than the national average.

Action

- Work is underway to develop a Respectful Resolution Pathway which will change the current process of dealing with poor behaviours. The current approach will shift from one of straight into formal procedures to concerns being dealt with in the first instance through mediation and facilitation before they have a chance to escalate into a more formal route.
- Values based recruitment has been in place for some staff groups since 2022. A programmed of roll out across the Trust is being developed. In addition, we are exploring the introduction of a 'values screener' step at the beginning of the process.
- The Trust has developed a holistic approach to OD interventions which is bespoke to the needs of the team and the circumstances, be that a reactive or proactive intervention.
- A working group is in place to overhaul the current process for appointing Consultant staff. This includes a focus on values based recruitment methodology.
- A cultural competency module is included as part of the Mandatory Equality and Diversity update training which was introduced in 2021/2022.
- Further action to improve the declarations of protected characteristics of patients and staff ensuring they feel safe to do so is underway and started with staff declarations around disability
- Staff networks (BME, LGBTQ+ and Disability) are in place. Consideration is being given to combine these to have a single diversity network
- We have site based FTSU Guardians who are very visible. We use every opportunity to ensure that their role is highlighted
- The Guardians have a standing agenda item at every to Workforce Committee meeting and they also report directly to the Board on a quarterly basis
- We have a nominated Non Executive Director who supports FTSU programme. They are also the Health and Wellbeing Guardian. They meet with the FTSU Guardians on a regular basis
- The peer listeners continue to be developed through the oversight and support of the Trust clinical psychologists (who focus on staff wellbeing)

Report from the Digital Strategy Committee

For Board of Directors 31st July 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

Author – Josh Chandler, Chief Digital Information Officer/SIRO and Heidi Walker, Head of Information Governance/DPO

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) Assessment 2023/24 (V6)

DSPT Submission

The Trust published its submission on 30th June 2024.

Trust status: **Standards Met.**

Current position:

108 of 108 mandatory evidence items provided, 34 of 34 assertions confirmed

Achieving the standards set by the Data Security and Protection Toolkit (DSPT) is a fantastic milestone that underscores our commitment to maintaining the highest levels of data security and protection. This accomplishment reflects a rigorous and sustained effort to adhere to best practices and regulatory requirements, ensuring that sensitive data is handled with the utmost care and integrity.

The journey to DSPT compliance involved a comprehensive review and enhancement of our data protection policies, procedures, and practices. It required a thorough assessment of our current systems, identification of gaps, and the implementation of robust measures to address these deficiencies. This process has led to significant improvements in our data governance and security protocols, including encryption, access controls, and incident response strategies. Achieving this standard is a testament to the hard work and collaboration of our team, who have shown unwavering commitment to protecting the confidentiality, integrity, and availability of the data we manage.

However, while we celebrate this significant achievement, it is important to acknowledge that the work is not yet complete. There are two critical areas that need focus on;

- Information Asset Register (IAR)

The refinement of our Information Asset Register (IAR). The IAR is a crucial tool for managing and documenting information assets, including their classification, ownership, and the controls in place to protect them. Currently, our IAR needs further enhancement to ensure it fully captures the scope and nature of all our information assets, enabling more effective oversight and risk management.

Enhancing the IAR involves not just updating the register but also embedding a culture of continuous improvement and vigilance in data asset management. This will include regular audits, training for staff on the importance of accurate data inventory, and the integration of the IAR into our broader data governance framework. As we move forward, focusing on

these areas will be essential to maintaining and building on the security and protection standards we have achieved through the DSPT, ensuring that our organisation remains at the forefront of data security best practices.

- Business Continuity Plans (BCP)

Management needs to review all BCP documentation covering operational services and key dependencies. The impact of service loss must be analysed, with annual reviews to ensure accuracy. Leveraging the IT department's central business impact and dependencies analysis, which includes processes, functions, personnel, and technologies, will ensure effective assessment and management of all potential dependencies.

DSPT Audit

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

On Friday, 12th April, we obtained the finalised draft of the report from KPMG, along with its findings: *"Significant assurance with minor improvement opportunities."*

On 28th June 2024 we received the final audit report from RSM, The Trusts chosen auditors.

Overall risk assurance across all 10 NDG standards: *Moderate*

The confidence level of the independent assessor in the veracity of the self-assessment was: *Moderate*

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.

One incident was logged through the DSPT in the previous quarter. This was escalated to the Information Commissioner's Office (ICO) and DHSC/NHS England. The investigation into this incident is ongoing.

Mandatory IG Training

We are unable to provide the rate of staff compliance with mandatory annual IG training currently due to a performance issue with ESRBI not retrieving report data.

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Record of Processing Activities (ROPA)

Information Sharing Gateway (ISG)

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

Systems Information Asset Register

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

Information Sharing Agreements

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

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

Data Privacy Impact Assessment (DPIA)

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

There are 19 active DPIAs in various stages of progress. 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 84.72% of SARs were responded to within the legal deadline this is an improvement of 2.28%

The department received 63 more requests than the last quarter
1256 requests received,
192 breached.

Freedom of Information Requests

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

In the first quarter, performance has shown a positive trend, with a 5% increase compared to the same period in the previous year. Despite the ongoing challenge of staff absences, which are currently being managed by the Deputy IG Manager, the function has seen a 22% improvement compared to the previous quarter, indicating a promising direction of travel.

Overall compliance stands at 74%

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

Charitable Funds Committee Report

For Board of Directors 31st July 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 8th May 2024.

Bid Approvals and Fund Updates

The committee approved spend for:

- Cancer Services Lymphatic Touch Equipment, L&D
- Paxman Cooling Cap, Bedford
- Safeguarding Lip Balms, L&D
- Bedford Butterfly appeal, separate entrance from Bedford
- Support for International Midwives Day, Both sites.
- Observation Devices, Bedford.
- Hand Grips for Occupational therapies, Bedford,
- Little Lifts, Both sites
- Take HeArt,
- Urology bio laser, Bedford
- Cakes for NHS Birthday on the Luton and Dunstable Hospital site to duplicate Bedford Hospital Charity & Friends on the Bedford Site.
- Nurses Day, additional gift to support the day and boost staff morale
- Two Magic Carpets, one is to replace the one on the Children's Ward and the second is to support Oncology Patients and Outpatients.
- Primrose Unit to refurbish their existing treatment area to be able to treat additional patients to reduce waiting times
- Primrose Unit to purchase a Phlebotomy chair to also support in the units refurbishment

- Primrose unit infusion pumps
- Primrose Unit, refurbishment costs for an additional space for patients to be used as a wellbeing space for patients to go into.
- Engagement events, Both sites.

Charity Report

The committee received updates on:

- The Fundraising Team are working on the following appeals:
    - NICU Parents Accommodation – running costs £20k
    - Little feet (maternity SB appeal) £166k
    - Butterfly L&D (maternity bereavement) £76k
    - Butterfly (Bedford maternity bereavement entrance) £30k
    - Critical care (ASB) £131K
    - Theatres (ASB) £26K
    - Children's wards – ongoing playroom / bravery and birthday gifts.
- Community Engagement includes:
    - Charity lunch on 27th September, Phil Tufnell as guest speaker, at Luton Hoo. Money raised towards maternity appeal.
    - New charity costa machine and sandwich offering operating at Dunstable Health hub
    - Voluntary Services working as part of the ICB VCSE strategy group
    - 35 volunteers supporting end of life patients (Blossom) and the Blossom project received national recognition at Unsung hero awards 2024.
    - A new Deconditioning Prevention Champion volunteer role is now being piloted on Harpur Ward in Bedford in collaboration with the Therapies team.
    - Volunteers are back supporting in maternity wards
    - Student Volunteering Programme - A new cohort of students started at the beginning of the year, 19 students were active as part of the programme during January to End March 2024 on the Luton site.
    - Work Experience – numbers this year confirmed are double last years.

Management Reports and Governance

The committee received updates on:

- The Annual Report
    - Income for the charity of £1.4m
    - Volunteering hours of 24,812 (based on band 2 hourly rate equates to £284,097)
    - 109 Work Experience placements (currently at 189 for 2024/25)

- 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

Jargon Buster

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

Audit and Risk Committee Report

For Board of Directors 31st July 2024

Author – Simon Barton, Non-Executive Director

Agenda item – 12.2

Action

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

Contents/Report Summary

This report sets out how the Audit & Risk Committee (A&RC) has fulfilled its role during 2023/24. An annual work plan, based on the terms of reference (as approved by the Board) was reviewed and approved.

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

- NHS England / Improvement
- CQC
- All Trust objectives
- A robust internal control framework supports delivery of the Trust's strategic objectives

Annual Audit & Risk Committee Report to Board

1. Introduction

This report sets out how the Audit & Risk Committee (A&RC) has fulfilled its role during 2023/24. An annual work plan, based on the terms of reference (as approved by the Board) was reviewed and approved in March 2024. The 2023/24 work plan is attached at Appendix 1.

2. Attendance of the Audit & Risk Committee

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

Also in attendance were internal audit, counter fraud and the Associate Director for Corporate Governance and Director of Finance, for all meetings. External audit gave apologies for one meeting. No significant clinical risk issues arose that could not be addressed by placing reliance on representation and assurance from the Quality Committee subcommittee, (attended by the Medical Director and members of the A&RC).

3. Activity during the year

Governance, Internal Control and Risk Management

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

- Receipt of progress reports from external audit, the local counter fraud specialist, and internal audit. The latter were instrumental in alerting the Audit & Risk Committee to low, medium, high and critical risk areas and ensuring that appropriate action was being taken through the progress on outstanding recommendations report;

- Review of the Board Assurance Framework and Risk Registers for completeness and accuracy.

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

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

Appendix 2 is an extract from the 2023/24 Annual Report describing the role of the Committee and how it fulfilled this role.

Internal Audit

Internal Audit which has completed reviews of Risk management and Board Assurance Framework, data quality, estates and capital schemes, infection control, bank and agency spend, discharge planning, consultant job planning, recruitment and retention, clinical audit, data security and protection and key financial controls.

Internal Audit reviews are conducted using a risk-based approach covering areas agreed as being the priority for review based on a risk assessment agreed between the Audit and Risk Committee, Management and the auditors.

The Head of Internal Audit reports that they have completed the programme of internal audit work for the year ended 31 March 2024, except for two audits (as at 14 June 2024). Key Financial Controls has been issued in draft and management are engaging with RSM to finalise this report. The Data Security and Protection Toolkit (DSPT) audit is in progress.

Six reports were issued with reasonable assurance (positive) – Data Quality, Estates and Capital Schemes, Infection Control, Recruitment and Retention, Clinical Audit and Bank and Agency. However, four reports were issued with partial assurance (negative) one of which was rolled forward from the prior year plan – IT General Controls (rolled forward) Discharge Planning, Consultant Job Planning and Risk Management and Assurance Framework. Action plans are in place for all internal audits.

Improvements are required in some areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control and this was in relation to:

IT General Controls – whilst well designed and effective controls and processes were found to be in place in relation to roles and responsibilities, endpoint security system configuration (with the exception of alert management), boundary firewall configuration (with the exception of alert and firmware management) and the reporting of backup success by Telefonica Tech. Issues were however found with regards the management of starters

and movers (in terms of audit trail and permissions), with further issues noted in relation to training, boundary firewall alert management, management of firewall rules, physical security, password management and the escalation of back up failures which are undertaken internally. In response to this audit, management are liaising with Internal Audit to map evidence provided for the latest DSPT audit against the recommendations raised in this audit. The Trust also commissioned a further externally facilitated audit to test the improvements to the control framework, the draft report indicates a positive assurance opinion. The report will be submitted to the Audit and Risk Committee for assurance when it is finalised.

Risk Management and the Board Assurance Framework – whilst controls surrounding the Assurance Framework were sound and well established, significant weaknesses were noted in relation to the service line risk registers. Mainly in relation to the details populated against risks. It was noted that the Trust are fully aware of this issue due to the limited reporting functionality of InPhase, at the time of the audit. The Trust being unable to generate exception reports to allow them to focus on areas of non-compliance. This was the primary factor contributing to the partial assurance opinion. The Trust has established a risk working group which is taking place weekly to address and action all concerns and will cover all actions raised in this audit. The working group has set itself a deadline of August 2024 to rectify all weaknesses identified in the control framework and this will be tested in September 2024 by the planned audit for the 2024/25 plan.

Consultant Job Planning – the review found weaknesses in the Job Plan sign off process and oversight. Whilst the sign off reports were sent to General Managers, the JPARG had not had a consistent oversight over the sign off rates. The terms of reference for this group has since been amended and approved by the Formal Executive and all actions have been assigned to and reviewed by the Workforce Committee for assurance over implementation. The report was received at the 12 June Workforce Committee and a progress update against actions was requested by the Committee for its next meeting.

Discharge Planning – the review identified weakness with the Discharge Planning framework. These weaknesses were mainly in relation to the documentation of processes and policies being in line with current practice. Urgent action is being undertaken by management to address the identified weaknesses and the report will be assigned to the Quality Committee for assurance and oversight over implementation of the identified improvements.

All recommendations arising from Internal Audit's work are considered by managers and an action plan agreed. The report, action plan and subsequent progress in implementing those actions are reviewed and monitored by the Audit and Risk Committee, and where relevant also by the Quality Committee, Finance Investment and Performance Committee, Digital Committee and Workforce Committee.

The Trust has taken action throughout the year to address issues raised through the internal audit process.

External Audit
The focus of the external audit work during 2023/24 has been opinion based i.e. to provide assurance that the financial statements give a true and fair view. This was through identification of the risks facing the Trust, establishing whether they are mitigated by the risk management arrangements, and assessing internal control and the risk of material misstatement. In addition the external audit gives a Value for Money conclusion based on the requirements of the National Audit Office. The Annual Governance Report was reported at the June 2024 A&RC. Feedback during the year has suggested that there are no significant concerns.

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

Financial Reporting
Final approval is planned at the Private Board on 26 June 2024.

The draft accounts, annual governance report and supporting commentary within the Annual Report were reviewed by the A&RC in June 2024.

The accounting policies were updated and approved by the A&RC to reflect changes to the Annual Reporting Manual and current practices in March 2024.

NHS Improvement/England has not made any formal announcements during 2023/24 relating to the Trust's financial performance.

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

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

Reporting to the Council of Governors

The external auditor, BDO will report the 2023/24 Annual Management Letter to the August 2024 Council of Governors meeting.

Charitable Trust Annual Accounts and Trustees' Report

The Committee has reviewed the Annual Accounts and the Trustees' Report of the Charitable Trust for the year ended 31 March 2024 and confirmed their filing with the Charity Commissioners.

Conclusion

During 2023/24 the Audit & Risk Committee fulfilled its role as set out in its terms of reference and is satisfied that adequate controls exist over governance, the system of internal control and risk management.

Simon Barton
Chair of the Audit & Risk Committee
June 2024

Appendix 2: Audit and Risk Committee Report

Audit and Risk Committee Report

The Audit and Risk Committee reviewed financial and operating performance and compliance against national and regulatory standards. A comprehensive work plan is agreed each year which ensures oversight and monitoring of risks, mitigations and issues relating to the financial statements, internal controls and compliance with regulatory, statutory responsibilities and internal policies and procedures which in turn enables action to be escalated as appropriate, i.e. officer attendance to explain critical risk or failure to implement internal audit recommendations and escalation to the Board where appropriate. An annual report of the Committee's activities and how the Committee has fulfilled its role is reported by the Chair of the Audit & Risk Committee to the Board and the Council of Governors. The Committee has had close oversight throughout the year of the Board Assurance Framework, risk management, data quality, estates and capital schemes, infection control, bank and agency spend, discharge planning, consultant job planning, recruitment and retention, clinical audit, DSPT and key financial controls.

In relation to CQC compliance with care standards, the Trust had an unannounced inspection of maternity services in November 2023 the final report from which is still awaited.

Internal Audit

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

External Audit

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

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

The External Audit programme is scheduled to focus on key areas of risk and for 2023/24 the areas of audit risk were:

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

The Audit Completion Report presented on the 19th June 2024 identified that there were no material concerns or control weakness identified during the year.

The appointment of the auditor was made in 2021 as a result of a competitive process under a procurement compliant framework. Each appointment is subject to Council of Governors agreement. Reports from External Audit are received and reviewed at each Audit and Risk Committee to assess the effectiveness of the external audit programme. External Audit confirmed they were able to complete the required testing against the controls in the fee agreed with the Trust.

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

Sustainability Committee Report

For Board of Directors 31st July 2024

Author – Richard Sumray, Chair

Agenda item – 12.3

Action

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

Contents/Report Summary

The Trust introduced a sub-committee of the Board in 2021. Since then it has overseen the implementation of the Green Plan, introduced Sustainability Champions and implemented actions through a number of workstreams.

The last meeting was held on the 12th June 2024. It was agreed to complete a review of Trust progress towards our Green Plan and Net Zero Carbon targets. This will be reported to a future Board.

The committee did review the action plan that was developed into the Sustainability Annual Report which is in Appendix 1.

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

- NHS England / Improvement
- CQC
- All Trust objectives
- A robust internal control framework supports delivery of the Trust's strategic objectives

Sustainability Annual Report 2023/24

The NHS became the first health system in the world to publicly declare its commitment to reach net zero and published Delivering a 'Net Zero' National Health Service report in October 2020. This report outlined headline targets to reduce system wide carbon emissions within direct control (NHS Carbon Footprint) to net zero by 2040, and wider indirect carbon emissions including the supply chain (NHS Carbon Footprint Plus) by 2045, with interim 80% reduction targets by 2028-2032 and 2036-39 respectively.

The Greener NHS National Programme has been established to drive this transformation while delivering against our broader environmental health priorities. Laid out in the NHS Long Term Plan, these extended sustainability commitments range from reducing single-use plastics and water consumption, through to improving air quality. The sustainability requirements for our Trust are set out in our Board approved 'Green Plan'.

Sustainability Progress Governance

Sustainability and progress towards net zero carbon is overseen by the Board through a sub-committee chaired by the Trust Chair. The Executive Lead is the Director of Finance. At each committee there are standing agenda items including the Green Plan progress, action plan progress and further work to be considered. There was an Internal Audit undertaken to seek assurance on progress in 2022/23.

Through the Action Plan, management leads are identified to take forward key projects across a number of points identified from the Department of Health. These management leads include, procurement, digital, waste, redevelopment, travel and estates. These managers are required to report into the Sustainability Committee. They assess progress and risk assess plans to ensure they are viable and effective for the Trust.

BHFT's Green Plan 2022-2025

The Trust is dedicated to improving the health of our communities and delivering services that are efficient and effective. In November 2021, the Trust's Board approved the Green Plan. Our green plan outlines the ways in which we plan to reduce our emissions in the next three years and looks to even greater gains over the next 20 years and beyond. We are committing here to use our resources and our influence in innovative ways that are also rooted in social justice.

Air pollution alone accounts for thousands of excess deaths and is linked to neuro-developmental damage, dementia and respiratory diseases. The health impacts of the climate crisis are profound. Many of the same systemic problems and social determinants of health also contribute to the unequal effects of the climate and ecological crisis. Healthcare itself accounts for 5% of our national emissions. We will need a monumental effort from all parts of society to limit global warming to 1.5°C above pre-industrial levels and prevent the most devastating impacts of climate change both locally and globally.

The health and social co-benefits of sustained action have never been clearer. We now need to do more, much more, to reduce the Trust's carbon footprint in all our operations.
We will continue to work alongside stakeholders and partners as we go, to ensure the plan remains fit for purpose and responds to the environment around us. Delivering the plan will depend very much on the enthusiasm, expertise and focus of all our staff and communities.

Sustainability Highlights

While Green Plans are expected to be three-year strategies, several early interventions have already been taken by a wide variety of trusts and Integrated Care Systems. The Trust has maintained over 200 sustainability champions who are all supporting developments. Initiatives that have been already delivered through the workstreams this year are below:

Digital

- Significant planning has been undertaken this year to move to a system called 'Big Hand' across clinical teams. This is a dictation programme that will reduce the need to printing of clinical letters. The outcome will be seen during 2024/25.

Estates and Facilities

- Power management of the PCs initiative is underway and potentially can save money and CO2.
- The Trust has implemented Smart Safe Waste Disposal which supports staff to dispose of waste correctly which reduces inappropriate waste disposal in landfill.
- Green spaces form part of all redevelopment programmes. The Swannery Garden was opening in 2023/24 at Bedford and there are plans as part of the Acute Services Block at L&D to ensure that there are open spaces for staff and patients.
- The Energy Centre was opened on the L&D site which will significantly reduce the carbon emissions

Food and Nutrition

- The Trust has begun weighing food waste so that portions can be reviewed and adjusted to reduce waste
- Digital meal ordering has begun at the L&D site

Medicines

- Nitrous oxide and Entonox contribute 75% of the total anaesthetic gas footprint. The Trust has a lead consultant anaesthetist in place who is committed to reducing the use and eliminate the use of desflurane. The Trust stopped ordering desflurane in November 2023.
- The Trust has continued to review the blister pack recycling scheme but this is currently cost prohibitive.

Supply chain and procurement

- The procurement team continue to promote the Trust to go paper free
- Further work has been undertaken on a walking-aid replacement scheme – whilst some aids have been returned, more space is needed for a full process
- Discussions have been initiated for reuseable theatres gowns and reuseable tourniquets
-

Travel and transport

- Travel survey and travel plan developed and staff fed back during 2023/24. This will result in a revised plan during 2024/25.
- Bronze accreditation to L&D by Modeshift Stars by undertaking a number of sustainable travel initiatives such as free public transport travel until August 2023
- One of the pilot sites for Cycling UK's 'Cycling made e-asy' (with investment from Department for Transport).

Corporate Governance Report

For Board of Directors 31 July 2024

Author – **Victoria Parsons, Associate Director of Corporate Governance**
Anne Thevarajan, Head of FT Governance

Agenda item – 13

Action

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

Contents/Report Summary

The report details updates on the following issues:

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

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

- NHS England / Improvement
- CQC
- All Trust objectives

Current Composition of the Council of Governors:

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

Our Council of Governors is composed of:

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

Governor changes:

The Appointed Governor for Luton Borough Council (LBC) Cllr Fatima Begum has been replaced by Cllr Basit Mahmood (Portfolio: Population Wellbeing (Adult Social Care)). He took over the governor role representing the LBC from July 2024.

Council of Governors Remuneration and Nomination Committee:

Chair's appraisal and the principle objectives for 2024/25 were reviewed by the committee and was recommended to take to the Council of Governors for final approval. This was approved by the Council of Governors on 4 June 2024 at a private COG meeting. The Non-Executive appraisals and the objectives will be reviewed at the next COG Remuneration Nominations meeting on 29 July and this will be recommend to take to the Council of Governors on 28 August 2024 for final approval.

Governor Elections for September 2024

The following constituencies were contested and the ballot papers were issued to Trust Members on 26 July 2024. The close of ballet will be at 5.00pm on Thursday, 22 August 2024 and the results will be published the following day on the website https://nom.uk-engage.org/bh/

- Public, Luton – 3 vacancies
- Public, Central Bedfordshire – 4 vacancies
- Public, Herefordshire – 1 vacancy
- Staff, Non-clinical (Bedford site) - 1 vacancy

The candidates for vacancies for the following constituencies will be elected unopposed:

- Staff, Nursing &Midwifery (L&D site 1 vacancy)
- Staff, Non-clinical (L&D site 2 vacancies)
- Staff, Medical & Dental (L&D site 1 vacancy)
- Staff, Prof &Tech (Bedford site 1 vacancy)

Training for Associate Non-Executive Directors (ANED):

Charmagne Barnes will be attending the Board development programme: Non-executive director induction, the virtual course, on 5-6 December.

Membership Engagement

The governors of the membership committee have been actively engaging with the public and have been enrolling members to the Foundation Trust. The governors have been attending events, fayres, festival and visiting outpatients at both hospitals, engaging with the public and patients and enrolling them as trust members.

- Trust summer wellbeing events 2024: Stall was booked for Governors to engage with staff across both sites which was well attended. Governors Helen Lucas, David Allen, Linda Grant 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 next issue of the Ambassador magazine will published in August 2024.
- There was a great turnout at the last medical lecture held on 21 May at the Luton Sixth Form College. The focus of the lecture was on 'Prostate cancer' hosted by Clinical Director and Consultant Urologist, Mr Asad Saleemi, Consultant Urologist, Mr Farooq Khan, Consultant Urologist, Mr Anish Pushkaran, Consultant Urologist, Mr Barnaby Barrass, Consultant Urologist, Mr Rickaz Raheem, Consultant Clinical Oncologist Dr Peter Ostler (Mt Vernon) and Prostate Clinical Nurse Specialist, Sr Jenny Arnold. Over 250 members of the public attended this popular health event. The areas that were covered; Male Lower Urinary Tract Symptoms (LUTS) & Prostate Cancer screening opportunities, Prostate cancer Screening and Diagnosis, Prostate Biopsy & MRI, Surgical treatment for Prostate Cancer, Radiotherapy/ Brachytherapy for Prostate cancer, Active surveillance
- The next medical lecture will take place on 15 October 2024 at Bedford and this will be on 'Emergency Care (A&E and Ambulance Service) and How to Stay Healthy'. The public will be able to hear from the experts about how to avoid needing to attend the Emergency Department! More than 250,000 people attend our Emergency Departments each year, many of whom could have avoided having to do so. This lecture will provide an insight to public what the ED is really for, how we can help them and what we can and cannot do, and also pick up some tips on staying healthy. They will be listen to advice from GP, Paramedic and BLMK ICB colleagues.
- The Annual members meeting is planned for 18th September in Luton Sixth Form College, an invitation will be sent to all the FT Members nearer the time.

Board and governor workarounds – focusing on staff health and wellbeing

The walkarounds launched by the Board are frequently scheduled. Our Board members and Governors aimed at giving staff an opportunity to talk to them about their working day and feedback any issues they may have, particularly anything they may not be comfortable raising through other routes. The walkarounds encompass both clinical and non-clinical areas. A team of three or more (one Executive Director, a Non-Executive Director and a Governor) visit an area, agreed in advance, for up to an hour.

The areas visited were:

- 1 May: At L&D the Porter team, Ward 15, Travel Lodge Fracture Clinic – with Jason Rosenblatt, Annet Gamell, Dean Goodrum, Yasmin Mahmood, Victoria Parsons,

David Harrison, Governors Sean Driscoll, Theresa Driscoll, Yvonne Farrell and Michael Carter.

- 22 May: At L&D, the Transcription Team, Cancer MDT Tracking Team and Quality Hub – with Tammy Angel, Tim Hughes, Angela Doak, Yasmin Mahmood, Governors Judi Kingham, John Mingay, and Linda Grant.
- 19 June: At Bedford, the Kings place, Tavistock, Riverbank and ED with Karen Sobey-Husdon, Hazel Rawdon Smith, Tansi Harper, Richard Sumray, Mark Prior, Governors, David Allen, Ravi Mahay, Lakshmi Coates and John Mingay,
- 24 July: At L&D, Ward 21 and Ward 19B with Jason Rosenblatt, Anthony James, Tansi Harper, Governors, Linda Grant /John Mingay, David Allen, Hina Zafar and Helen Lucas.

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

Trust Seal

The followed were sealed and signed by David Carter and Matt Gibbons.

Nos	Details
232	Chiltern Vale Integrated Heath Care Hub, Grove view, Dunstable, Bedfordshire Premises on first and second floor under lease of part.
233	RG Carter Cambridge Limited Settlement agreement & Release relating to energy centre at L&D Hospital
234	Microbiology refurbishment - Parias Construction & Interiors Ltd

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 July 2024
- Board of Directors May 2024
- Quality Committee May, June and July 2024
- Finance, Investment and Performance Committee July 2024
- Workforce Committee June 2024

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

- 3335 – Right Care, Right Person Initiative (high)
- 3341 – Timeliness of screening - non-compliance (high)
- 3355 – Inpatient cardiac surgery waits for tertiary centres (high)
- 3361 – Lack of sonography provision across the maternity pathways (high)
- 3240 – Fluoroscopy provision (high)
- 3220 – Agency Costs are not in line with national targets (high)

Emerging risks to consider:

- Allied Health Professionals Staff Shortages

- Complaints response times reputational risk
- Medical Examiner

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

Appendix 1 – Formal Executive
Appendix 2 – Workforce Committee

Fit and Proper Persons Test

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

Trust policy on Fit and Proper Persons Test has been approved and these requirements have been implemented in 2024/25.

Standing Orders

The Board approved the updated Standing Orders on the 26 June at an Extra Private Board.

Leadership Competency Framework

Trust Non-Executive Directors have completed the annual appraisal and the objective for 2024/25. The Chair's appraisal and the principle objectives for 2024/25 were approved by the to the Council of Governors on 4 June 2024 at a private Council of Governors meeting. The approved Appraisal Form (Appendix 3) was submitted to NHS England on 28 June 2024.

The Executive Director appraisals using the framework are planned for August 2024.

Terms of Reference for Formal Executive

Approved June 2024

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
- Internal Audit Reports
- Escalation from Service Lines
- Escalation from Compliance Boards
- Escalation from Cross Cutting Boards

Quarterly:

- Risk Register
- Assurance Framework
- Report on Objectives and Delivery Matrix
- EDI Report

Every six months:

- Estates Assurance Report

Annually:

- Objectives

- Terms of Reference
- Trust Strategy
- WRES/WDES Report and Action Plan
- Gender Pay Gap Report
- Health and Safety Annual Report

As required:
- National Reports
- Compliance Reports

Terms of Reference for Workforce Committee

Approved June 2024

Status: Sub-committee of the Board of Directors

Chair: Non-Executive Director

Membership:
Non-Executive Director x 3 (including Chair)
Chief Nurse
Chief Executive and/or Deputy Chief Executive
Medical Director/
Director of Human Resources
Director of Finance/ Senior Finance Manager
Director of Culture and Organisational Development
Director of Medical Education
Associate Directors HR and OD
Associate Director of Corporate Governance and/or Corporate Governance Manager

All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the Committee.

In the absence of the Chair, the NEDs present will nominate a NED Chair.

In Attendance:
Head of Staff Engagement and Wellbeing
Freedom to Speak up Guardian (as required)
Other representatives as appropriate

Meeting Frequency:
Quarterly for 2022/23 moving to Bi-monthly for 2023/24

The Chair may convene additional meetings of the Committee if necessary to consider business that requires urgent attention

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.

Purpose: To provide assurance to the Trust Board in all aspects of workforce.

Monitor the delivery of a workforce strategy

Receive and review relevant workforce related matters on the Board Assurance Framework in order to gain assurance on the controls in place and progress in addressing any gaps in control and assurance.

Receive and review Board level workforce related risks in order to gain assurance on the controls in place to mitigate the risk

Review any workforce and education issues referred to the Committee by the Board of Directors or any other Board sub-committee.

Develop an annual work programme agreed by the Committee

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

Authority, Accountability and Chairs Action:
The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

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

Quorum: 50% of membership, to include 2 Non-Executive Directors

Accountability: The Chair of the Committee along with the Director of Human Resources will maintain a direct link to the Board of Directors.

The Director of Human Resources will report to the Chief Executive and report progress to the formal Executive on a regular basis and any other formal Committee as required.

Reporting:
The minutes of the workforce Committee shall be formally recorded
A report shall be made following each Committee 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.

A quarterly report and update on the effectiveness of the committee will be provided to the Audit and Risk Committee

Objectives:

Receive a report at each meeting from the Executive lead for the Committee covering the key workforce performance metrics and any issues escalated from relevant executive groups.

To oversee the development and implementation of a Human Resources Strategy aligned to deliver the organisational objectives of the Trust. The Strategy should include measureable objectives focussing on:

- NHS People Plan
- Strategic workforce information and planning
- Recruitment and retention
- Education, learning and organisational/leadership development
- Staff experience and engagement, reward, recognition and health and wellbeing

Receive and review reports on significant concerns or adverse findings highlighted by regulators, peer review exercises, surveys (including NHS Staff Survey) and other external bodies in relation to areas under the remit of the Committee, seeking assurance that appropriate action is being undertaken to address these.

To receive updates on employee relations activity (taking into account the letter from Chair, NHSI of 23rd May 2019 – Learning lessons to improve our people practices).

To receive a regular report on equality and diversity in the Trust and specifically review the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES); Gender Pay Gap report and all other relevant reports prior to sign off by the Trust Board.

To monitor workforce Board level risks.

Approve the terms of reference of internal audits relating to human resources and monitor the implementation of any action plans arising from them.

Link with the ICB where appropriate.

Members Responsibilities:

1. Individual members are expected to act as champions of Workforce within the Trust and wider health community. Members are empowered to discuss workforce issues with interested Parties outside of the meeting, subject to any confidential information shared.
2. To set targets and agree control systems to ensure delivery of the Trust Objectives.
3. To establish and maintain links with other bodies such as local ICBs, Local Council, Ambulance Service and other Trusts, Social Services etc where Services are affected by or potentially impacted by the actions agreed at Workforce.

Workplan:

Each Meeting
Key Performance Indicators and other key reports.
Risk Register

Annually
HR Strategy
NHS Staff Survey results
Terms of Reference

As Required
- Internal Audits
- Assurance Framework