



Bedfordshire Hospitals
NHS Foundation Trust

Meeting of the Board of Directors

6th November 2024

11 AM - 1 PM

Bedford Hospital Committee Room, MS Teams

Meeting Book - Meeting of the Board of Directors

1 Chairman's Welcome & 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 31 July 2024 (attached) R Sumray	To approve
3.1 3. BHFT Minutes 31 July 2024.docx	
4 Matters Arising R Sumray	To note
5 Strategy Development R Sumray	To note
5.1 Review of Strategic Objectives	
5.1.1 5.1a Review of Strategic Objectives.docx	
6 ICB Report D Carter	To note
6.1 ICB Report	
6.1.1 6.1 BHT ICB Report 6 Nov 2024.docx	
6.2 BCA Report	
6.2.1 6.2 BCA Report.docx	
7 Executive Board Report (attached) D Carter	To note
7.1 7 Executive Board Report November 24 .docx	
7.2 Equality and Diversity Framework (attached)	
7.2.1 7.1 BedsFT EDI Framework v3.pptx	
8 Quality	To note
8.1 Report from the Quality Committee (attached) A Gamell	
8.1.1 8.1 Quality Committee Report Nov 24.doc	
8.2 Operational Performance Report (attached) C Jones	
8.2.1 8.2 Operational Performance Report Jul - Sept 2024 for public board.docx	
8.3 Harm Free Care, Incidents and Complaints Report (attached) L Lees	
8.3.1 8.3 Final Harm Free Care Incidents Complaints July - Sept BoD Report Q2_.docx	
8.4 Learning from Deaths Report (attached) P Tisi	
8.4.1 8.4 Learning from Deaths October 2024.docx	
8.5 Nursing and Midwifery Workforce Report (attached)	

L Lees

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

9.2 Finance Report (attached)

M Gibbons

9.2.1 9.2 Finance Report November 2024 .docx

9.3 Report from the Redevelopment Committee (attached)

M Prior

9.3.1 9.3 Report from the Redevelopment Committee_Oct 24 (002).docx

10 Workforce

To note

10.1 Report from the Workforce Committee (attached)

T Harper

10.1.1 10.1 Workforce Committee Report November 2024.docx

10.2 Workforce Report (attached)

A Doak

10.2.1 10.2 Workforce Report for Sep 24 (reporting period September)_V3.docx

10.3 Freedom to Speak Up (FTSU) (attached)

FTSU Guardians, V Parsons

10.3.1 10.3 FTSU Report Report November 2024.docx

11 Digital

To note

11.1 Report from the Digital Strategy Committee

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 Oct 24 Quarterly report to Trust Board (1).docx

12 Committee Reporting and Escalation

To note

12.1 12.3 Sustainability Committee.docx

12.2 Charitable Funds Committee (attached)

R Sumray

12.2.1 12.1 Charitable Funds Committee Report November 24.docx

12.3 Audit and Risk Committee (attached)

S Barton

12.3.1 12.2 Audit and Risk Committee Report November 2024.docx

12.4 Sustainability Committee (no meeting)

R Sumray

13 Corporate Governance and Risk Report (attached)
V Parsons

To ratify

13.1 13. Corporate Governance and Risk Report 6 Nov 2024.docx

13.2 New risks

14 Details of Next Meeting: TBC – Luton, 11AM

1 PM

15 CLOSE



Minutes and Actions of the Board of Directors 31/07/2024

Board of Directors 6 November 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 31 July 2024

Present: V = virtual

Richard Sumray (RS), Chair

Cathy Jones (CJ), Deputy Chief Executive

Angela Doak (AD) Director of Human Resources

Matthew Gibbons (MG), Director of Finance

Mr Paul Tisi (PT), Medical Director

Liz Lees (LL), Chief Nurse

Catherine Thorne (CT), 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

Yasmin Mahmood (YM), Non-Executive Director

Hannah O'Neill (HN), Non-Executive Director

In attendance:

Fiona MacDonald (FM), Director of Culture and Organisational Development

Victoria Parsons (VP), Associate Director of Corporate Governance / Company Secretary

Jenny Kelly (JK), Corporate Governance Manager

Clive Underwood (CU), Freedom to Speak up Guardian

Lana Haslam (LH), Freedom to Speak up Guardian

Anne Thevarajan (AT), Head of FT Governance

Caroline Roberts (CR), Senior Programme Manager – Redevelopment

Public/Governors: (v)

Zoe Tidman (ZT), HSJ

David Allen, Deputy Lead Governor

Malcolm Rainbow, Public Governor

Hina Zafar, 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 David Carter, Chief Executive, Melanie Banks, Director of Redevelopment and Strategic Planning, Dean Goodrum, Director of Estates, Mark Prior, Non-Executive Director, Josh Chandler, Chief Digital Information Officer & SIRO, Charmagne



2. ANY URGENT ITEMS OF ANY OTHER BUSINESS AND DECLARATIONS OF INTEREST ON ITEMS ON THE AGENDA AND/OR THE REGISTER OF DIRECTORS INTERESTS

There were no declarations of interest or items of AOB.

3. MINUTES AND ACTIONS OF THE PREVIOUS MEETING: 1 MAY 2024

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

4. MATTERS ARISING

RS queried if an update on MMR vaccination uptake was available. LL agreed to ask Dr Mulla to include this information in the next infection control report.

Further discussions would be taking place regarding the potential introduction of a Population Health Sub-Committee of the Board.

Action log –

Impact industrial action – RS noted the significant impact of Industrial Action and the report would be included in the Board work plan.

A review of Board Charters was included on the agenda.

A date needed to be agreed for the action re harmonising place with trust service line strategies.

5. STRATEGY DEVELOPMENT

5.1 REVIEW OF STRATEGIC OBJECTIVES

VP introduced the report to the Board and noted that at the last Public Board in May the Trust's strategy and objectives had been approved. Following a Board Away Day in June the Trust had been undertaking a series of deep dives with each of the sub-committee chairs and executive directors to understand the strategic pillars, objectives, deliverables and risks allocated to that sub-committee for oversight.

The report outlined the review of Trust Strategy Pillar 2 – Our Resources and Objectives 2, 3 and 4 linked to this pillar. It was noted that 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.

RS requested that for future reports more narrative be included to explain the rationale for the RAG rating agreed on.

DH highlighted to the Board that the Capital Investment plan is a key mitigation strategy around objective 2 and whilst it is RAG rated green, it was green as it was not yet due rather



than being approved and in place. DH therefore agreed that a succinct narrative would support the reading of future reports.

RS thanked those involved for the work undertaken to reach this point.

The Board noted the report.

6. INTEGRATED CARE BOARD (ICB) REPORT

6.1 ICB REPORT

It was noted that a report had not been submitted for this Board meeting due to the timing of the last ICB Board.

CJ informed the Board that the Trust had been involved in lots of activity working in collaboration with the ICB and system partners. A leadership group was well established and working on tactical and strategic interventions.

6.2 BEDFORDSHIRE CARE ALLIANCE (BCA) REPORT

A report was not submitted to the meeting as a meeting of the BCA had not taken place since the previous Public Board meeting.

7. EXECUTIVE BOARD REPORT

CJ introduced the report to the Board and informed the Board that during the quarter, 20 Executive Service Line Reviews had taken place. Business continuity issues had impacted ENT and Cardiology services at Bedford Hospital and the loss of the decontamination unit at Bedford for a period had driven a further adverse position for the endoscopy waiting times.

An 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. A number of services were working hard on waiting list improvement plans.

A report had been received following the Human Tissue Authority (HTA) announced inspection of the Luton and Dunstable University Hospital site in April 2024. The report confirmed that the majority of standards had been met, but identified areas for improvement and the action plan would be over seen by the Quality Committee. A letter was submitted to the HTA on the 14 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 (IQPS) programme.



TH queried if the backlog in paediatric audiology services was being addressed. The Board noted that some annual surveillance targets had been breached but the Trust did have a safety net in place.

DH queried what outcomes the Region were looking for from this review. CJ informed the Board that the Region was looking at a workforce strategy and if it was possible to fast track conversion of audiologists working with adults to undertake paediatric cases. There were also some conversations around on-boarding staff qualified abroad. It was felt by the Trust that this needed to be looked at on a national scale for a network of support and resilience.

AD informed the Board that the summer staff engagement events had been a big success. The events had been focused around the diversity of the Trust as a strength and started the conversation around unconscious bias and what it means for the organisation. There had been very good attendance across both sites. RS noted that the fact that staff respond so positively to these events it is very important.

RS referenced the HTA letter submitted on the 14 May and queried where the Trust is now on assurance over the issues raised. CJ informed the Board that more detailed reports at the Quality Committee would continue to provide assurance. Good progress was being made and immediate requirements had been addressed.

The Board noted the report.

7.1 CQC REPORT UPDATE

RS noted that the CQC report was concerning but he was assured that the Trust was responding in a positive way and would continue to do so. RS recognised the huge amount of work being undertaken by the team in response and noted that demand was high around reporting requirements which took up significant management time. This was an issue that would be discussed nationally.

LL informed the Board that the report was based on the inspection that took place in November 2023. At the time of the inspection immediate actions were taken by the Trust in relation to clinical waste storage and clinical checks on equipment. It was deeply concerning that the report contained allegations of racist behaviours. This had prompted immediate discussions amongst the Board and executives in order to address this. As discussed previously the Trust wide staff engagement events were themed around diversity being a strength of the Trust and an interactive exercise was undertaken at each event to start a conversation around unconscious bias and the impact this has on the organisation. A task and finish group around lived experience was being led by the Trusts EDI leads and recommendations would be reported in August.

LL informed the Board that at the time of the inspection in November 2023 at the Luton site the midwifery workforce was challenged with 60 new members of staff on-boarding at the same time and receiving orientation to the service. They were all skilled midwives but new to the NHS as a system. Those members of staff had now settled in and gained a lot more experience. The vacancy rate overall was improving and the action around the triage service at Bedford had been implemented immediately.

The report was published on the 4 July and the Trust had submitted its quality improvement plan to the CQC in response. Governance and oversight had been reviewed and a new Maternity Improvement Board including a wide range of stakeholders had been put in place.



The Trust also has a maternity cross cutting board and maternity section of the Quality Committee agenda for each meeting. A maternity summit was planned for the end of September led by the ICB.

AG the NED lead for maternity and Chair of the Quality Committee informed the Board that discussions at the Quality Committee had included the impact on staff and service users following the publication of the report and felt it was important to note the time that has passed between the inspection taking place and the report being published November 2023-July 2024. During this time a huge amount of improvement work had been undertaken by the team. AG also noted that maternity was a service that did not stop during the pandemic and staff had continued to work flat out in an environment that was risky to themselves. The impact of this could not be underestimated and led to early retirements and staff leaving the service compounding the vacancy and skill mix issues.

TH informed the Board that she had undertaken a ward visit to maternity with Governors and asked questions of the staff around the challenges they were facing. Feedback was that support was needed for overseas colleagues away from the organisation too to settle in to the local community. LL informed the Board that a huge amount of work on pastoral care was being undertaken and the ICB were also supporting the Trust with this.

DH queried how the Trust was measuring and understanding progress, especially as the CQC feedback was anonymous. It would be important for the Board to understand and be assured of the improvement work. AD informed the Board that this was why the task and finish group was essential, to ensure that rich measurable information is gathered to further inform next steps. AD informed the Board that the Speak up Guardians and Peer to Peer Listeners were also coming up with new and novel ways to engage with staff to ensure that the message is received that the Trust does truly want to hear and listen.

TH noted that there is now a dedicated Speak Up Guardian in maternity and the Workforce Committee had planned a deep dive into Freedom to Speak Up generally. It was noted that there was also a Freedom to Speak Up Internal Audit in the 2024/25 plan.

RS recognised that it is so important that members of staff have the confidence and trust to speak to managers and Speak Up Guardians if they have concerns.

RS queried what morale was like at the moment. LL informed the Board that it was different on both sites. Operationally it had been really busy at the Luton site in particular. Overall there was some acceptance that as at last November things were not as good as they could have been. The staff on the Bedford site were more disappointed as they had undertaken such a huge amount of improvement work and there was a need to support the clinical leadership team.

RS thanked the management and staff working in such a pressured environment and noted that the service was in a very different place than last November.

8. QUALITY AND PERFORMANCE

8.1 Report from the Quality Committee

AG introduced the report which included a summary of the last 3 meetings.



Industrial Action had a significant impact on operational performance particularly in relation to elective activity. A decompression initiative led by CJ had made a big positive impact on bed occupancy with key support and collaboration from system partners. It would be important to continue this momentum and partnership working in to the winter.

A lot of discussion had taken place around the Maternity improvement plan and the Committee had received a thematic review which had also been shared with the ICB.

The Committee continued to receive patient stories to keep at the forefront of everyone's minds that behind each number is a patient.

TH congratulated the decompression team on true leadership and transformation work and queried what the greatest risk to partnership working was going forwards. CJ informed the Board that the biggest risk was not being able to implement the changes that are needed quickly enough, noting that there is a lot of complex transformation work across partners to be undertaken. If pressures build up before these interventions have taken place then key people would be drawn back in to fire fighting.

The Board noted the report.

8.2 Operational Performance Report

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

The operational standard of 76% for the proportion of patients seen within four hours in the Emergency Department (ED) 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 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 remained stable with 78.7% of ambulance conveyances handed over within 30 minutes against a target of 80%.

The UEC recovery board was undertaking detailed process analysis and redesign work and was driving a huge amount of improvement work.

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

The 28 day faster diagnoses 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.

Elective theatre utilisation remained close to the 85% target expectation in the 2024/25 planning guidance with the Trust achieving 83.4% in June 2024.

8.3 Harm Free Care, Incidents and Complaints Report



LL informed the Board that the falls trajectory had been coming down over a year consistently despite the complexity of patients.

LL informed the Board that pressure ulcer reporting would be different going forwards, as outlined in the report and with the adoption of the new framework an increase in harm reporting due to new categorisation was anticipated.

CT noted that the PSIRF framework was driving improvement work and she would be meeting with the Head of Transformation to weave improvement work in to a fresh and broader quality improvement programme across the organisation.

RS was pleased to see the plans for further trust wide improvement work.

The Board noted the report.

8.4 Learning from Deaths Report

PT introduced the report to the Board and noted that metrics were stable.

Following ongoing work with GP practices the number of community deaths referred for Medical Examiner review was increasing in advance of the statutory changes commencing on the 9 September 2024 where every death would be scrutinised by the Coroner or a Medical Examiner.

RS queried what responsibility the Trust holds in this statutory change. PT informed the Board that the Trust holds all of the responsibility for this fundamental change and PT would continue to report to the Board on progress.

Of the Structured Judgement Reviews undertaken 4 cases were deemed to be avoidable. Every one of these cases had been taken to a Patient Safety Incident Response Framework (PSIRF) panel and 1 case had been reported as a Patient Safety Incident (PSI) as a result. The Board were assured that governance around this reporting was strong.

The Board noted the report.

8.5 Nursing and Midwifery Workforce Report

LL introduced the report to the Board noting that the metrics are presented in detail to the Quality Committee.

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

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

The Board noted the report.

8.6 Perinatal Maternity Report



LL introduced the report to the Board noting that the dashboard covers metrics which have been discussed in detail at the Quality Committee. The Board reviewed the key safety intelligence, initiatives and quality improvements for the months of May and June.

It was noted that ultrasound workforce and gynaecology medical shortfalls were having a significant impact on the ability to provide ultrasounds in early pregnancy and pregnancy in line with national standards. Short, medium and long term plans were in place to mitigate this risk

RS noted that it was important for the Quality Committee to continue to monitor these metrics in detail to assure the Board of progress being made.

The Board noted the report.

9. FINANCE

9.1 Report from Finance and Investment Performance Committee (FIP)

DH introduced the paper to the Board covering the previous three meetings of FIP.

The Committee had set the revenue and capital budgets for the financial year. Despite breaking even the previous year the Trust faced unprecedented pressure and would need to achieve a significant efficiency plan to meet its break-even target.

Due to the scale of the challenge and importance of scrutiny, a sub-committee of FIP had been introduced to the governance structure – the Productivity & Efficiencies Oversight Board (PEOB). This meeting would focus on how the efficiency programme is structured, resourced, supported and achieved. Q1 was off plan but work to strengthen grip over the pay budget was showing promising signs.

DH highlighted the importance of the Trust creating the conditions under which more activity can be undertaken, such as the decompression work previously discussed. Then reimbursable activity could be maximised. It was also of great importance to gain grip and control over the non-pay budget which in itself was not an insignificant challenge and some challenging decisions would need to be made on where to not spend money. Clear and constructive communications out to the organisation in support of this would be important.

The Board noted the report.

9.2 Finance Report

MG informed the Board that the Trust had posted a deficit of £8.7m at the end of Q1. The run rate had improved slightly to a £2.4m adverse variance in month. £8.8m behind the Trusts internal plan and £4.2m behind the phased plan reported to NHSEI. It had 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 as well as mental health nurse usage. The recovery actions were instigated in mid-May so the expectation was that service lines would start to show greater improvement going in to Q2. MG remained convinced that the Trust were doing all the right things and had the right level of engagement but the scale of the challenge and turnaround required was significant.



RS highlighted the importance of the Trust increasing pace and maintaining performance as the turnaround had started slowly and the Trust would need to catch up in Q2.

TH noted that Labour had announced a public sector pay rise and queried if this would be funded by government. MG informed the Board that the Trust was awaiting guidance.

DH noted that in order for the Trust to maintain autonomy it would need to demonstrate grip and control over key metrics such as agency spend. RS agreed that this would be a whole team effort at all levels.

The Board noted the report.

9.3 Report from the Redevelopment Committee

CR informed the Board that construction continued at pace with transitional planning running alongside to ensure that the transition is safe.

The Energy Centre and Swannery Gardens had both opened on the Bedford site.

The final stage of the Luton ED was underway.

The BLMK Community Diagnostic Centre building work had commenced in March.

A Same Day Emergency Care (SDEC) business case was developing for the Bedford site to give more capacity and free up beds.

RS highlighted the importance of the SDEC being contained within budget due to the current financial constraints.

10. WORKFORCE

10.1 Report from the Workforce Committee

TH informed the Board that the Committee had received an Internal Audit report re Consultant Job Planning and would monitor the implementation of the actions raised.

A People Promise Manager had been appointed and the member of staff was dynamic and motivated.

The Trust now had one staff network under one Chair and the development of this network which is inclusive to all would be exciting to watch.

In regard to the Health Care Assistant re-banding the Trust had signed a Memorandum of Understanding with Unison. Back payments to all staff impacted had been made in July.

The Board noted the report.

10.2 Workforce Report

AD informed the Board that mandatory training compliance was over 90% across the trust which was a huge success and reflected the efforts of the team.



DH noted the graphs on page 69 demonstrating seismic shift in the right direction and congratulated the team on that.

YM queried if the staff network Chair has the capacity to be one Chair for all protected characteristics and how this is managed. FM informed the Board that there is a subject matter expert for each characteristic and then the overarching staff network is led by the Heads of Health Inequalities.

The Board noted the report.

10.3 Freedom to Speak Up Guardian (FTSU) Annual Report

LH introduced the report to the Board noting that there were no new concerning matters to highlight to the Board.

Proactive work continued and the Guardians continued to focus on the concerns raised in relation to overseas midwifery staff to find out the exact nature of the concerns in order to address these and find resolution.

RS expressed his thanks to the Guardians.

10.4 EQUALITY AND DIVERSITY Report

VP informed the Board that the WRES and WDES reports had been reviewed at the Formal Executive and Workforce Committee and the action plan was due for submission at the end of October 2024. Areas for the Trust to work on were highlighted within the report and high impact actions were being worked on.

The Board would have formal oversight of the action plan submitted in October.

RS welcomed the report and requested that progress reports keep coming back on a regular basis.

11. DIGITAL

11.1 Report from the Digital Strategy Committee

It was noted that no meeting had taken place since the previous meeting of the Public Board.

The next meeting would take place the following month where the Digital Strategy would be reviewed for approval and onward recommendation to the Board.

JC informed the Board that the Trust had submitted its Data Security Protection Toolkit (DSPT) 'Standards Met' submission at the end of June. A huge amount of work had been undertaken by the team over a considerable amount of time. It was noted that there were still areas of improvement required in relation to Information Asset Registers and Business Continuity Planning. The Trust had been audited in this area twice that year with both auditors returning a positive opinion.

AG highlighted some recurring digital issues being raised at the Quality Committee and would meet with JC outside of the meeting to seek assurance over these matters.



CJ agreed that some difficult challenges had been raised and the Digital Strategy would seek to rationalise the number of systems and avoid work-arounds. CJ also assured the Board that the Trust does have structures in place to debate prioritisation and transformation in this area.

11.2 Information Governance (IG) Toolkit Report

The Board noted the report.

12 COMMITTEE REPORTING AND ESCALATION

12.1 Charitable Funds Committee

The Board noted the report.

12.2 Audit and Risk Committee

SB informed the Board that the External Audit had been signed off on time which was a massive improvement on the previous year.

The Committee continued to monitor the work of Internal Audit and received positive assurance. The Committee would continue to work closely to close down actions with RSM.

There were no major issues of concern to flag.

12.3 Sustainability Committee

The Board noted the report.

13. CORPORATE GOVERNANCE AND RISK REPORT

VP introduced the report to the Board noting that elections were underway across a number of constituencies.

Board and Governor walk rounds continued to take place quarterly.

NHS England had developed a fit and proper person test (FPPT) framework in response to recommendations made by Tom Kark KC in his 2019 review. The Trust policy had been updated to reflect this and requirements were being implemented.

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

RS noted that it was the Lead Governors last Public Meeting and sincerely thanked HL on behalf of the Board for her unwavering dedication to the Trust over the previous 9 years and the numerous years working for the Trust before that.

13.1 Terms of reference

The Board approved the Formal Executive and Workforce Committee terms of reference.



13.2 New risks

A review of the risk register was included within the report and the new risks were approved by the Board.

14. AOB

Nil

15. DETAILS OF THE NEXT SCHEDULED MEETING

Wednesday 6 November 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 – to confirm with the Board if this is still required or has this been answered through quality, workforce and finance reports.

1/11/23 – 2 – Harmonising Place Strategies with Trust service line strategies – linked to BCA and PLACE review – timescales to be confirmed with the ICB.

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



Review of Strategic Objectives

For Board of Directors 6 November 2024

Author – Jenny Kelly, Corporate Governance Manager

Agenda item – 5.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

Following a Board Away Day 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.

Pillar 1 – Our people and our culture

Trust 2024/25 Objective 1

To strengthen the capacity, capabilities and health and wellbeing of our workforce to lead the organisation to deliver high quality, cost-effective services and to play an impactful role in improving the health of the populations we serve

The Workforce Committee Deep Dive on the 14 August reviewed this objective and the key deliverables were discussed and agreed to be on track for delivery. The deliverables in the main relate to the development of the 2025/27 Workforce Plan; the talent management programme and an independent assessment of Board effectiveness via a Board Development Programme.

Pillar 3 – Our services

Trust 2024/25 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

The Quality Committee Deep Dive took place on 10 July 2024 where the deliverables against this objective were reviewed. The key metrics against delivery of this objective are reported through the operational performance report on a monthly basis and discussed in detail at the Quality Committee. As reported at the Quality Committee this week

operationally it has been another very difficult month with ever increasing demand. The target to eliminate waits of 65 weeks for elective care by the end of December will be a challenge but the teams are working very hard to alleviate pressure points. Decompression work is holding but the increased demand and the absence of viable system alternatives puts pressure on the Trust. The Super Autumn initiative has been very positive with an extra 489 procedures undertaken.

Pillar 3 – Our services

Trust 2024/25 Objective 6

To further integrate services we deliver by building on the individual and collective clinical strengths of both of our hospitals and our associated facilities

The Trust is measuring the delivery of this objective by monitoring the implementation of the priorities identified in the individual service line strategies. This is being embedded in the service line governance structure and recent Internal Audit feedback indicates that this will receive a positive assurance rating when the audit finalises. A Clinical Strategy Update Report will be brought to the next Board meeting.

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

Delivery of Strategic Corporate Objectives

Date 6 November 2024

ICB Executive Lead: Felicity Cox, BLMK ICB CEO

Report Author: Michelle Evans-Riches, Head of Governance

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

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

1.0 Executive Summary

On 27 September 2024, the Board met at Milton Keynes City Council's Civic Offices. A summary of items discussed is included below.

2.0 Recommendations

The Committee is asked to **note** this report.

3.0 Key Implications

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

4.0 Report

Annual Report and Accounts – The ICB Chief Executive presented the [2023/24 Annual Report](#) and Accounts and a resident facing [summary](#), which set out how the ICB has worked to deliver for residents in the past year. The Chief Finance Officer confirmed the delivery of a balanced budget with a small surplus in 2023/24, despite significant financial pressures.

Questions from the public – The Board provided a response to a resident on the steps being taken to provide ADHD medicines when there are drug shortages. The full question and response have been published to our website [here](#).

Resident stories - A series of resident and partner [videos](#) were shown to highlight the work being undertaken to benefit residents in the past year. The videos were produced with BSL and subtitles to support accessibility and included Autism Bedfordshire's films to break down barriers to access, Bedford Borough's welcoming spaces programme which has reduced social isolation and Pharmacy First, which has delivered 20,000 consultations in just five months since its launch in January 2024.

Chair's and Chief Executive's updates – the Chair welcomed the publication of the [Darzi Review](#), including the intention for a fairer share of NHS funding to be allocated to primary care to support prevention. The ICB will be feeding into the Government's 10-year plan for health and care, expected spring 2025. Details were provided about the proposed consultation on the

reprovision of Mount Vernon Cancer Centre and the Maternity Safety Summit at Bedfordshire Hospitals NHS Trust. Congratulations were given to ICB staff receiving Long Service Awards for 25-45 years.

Our System Strategies – An overview of how existing system strategies align to the ICS's five strategic priorities was provided alongside detail on how the ICB will measure the impact of its activities. The Board agreed the principles set out in the paper designed to guide all future system strategies, including population-focussed outcome measures and actions to make ICB strategies more accessible for residents.

The Board agreed to participate in a focused piece of work to develop a clearer strategy for the ICS Growth priority, which looks to connect health and employment to bolster economic and wellbeing activity locally. The Board discussed how the ICB could deliver clearer alignment between its five Strategic Priorities, and the current suite of system strategies. It was agreed that as strategies expired there would be a thorough evaluation of their effectiveness presented to the Board.

BLMK Health Services Strategy – The Board approved the Health Services strategy designed to support more sustainable health services in BLMK. The Board commended the good engagement as part of this work and agreed to progress to the implementation phase, with specific work now being undertaken to develop the six priority workstreams including children and families, cancer and mental health and learning disabilities. Members recommended that work be undertaken to determine how the VCSE could be commissioned to support the goals of the strategy, and that the principle of parity of esteem between physical and mental health should be strongly enforced throughout the strategy.

BLMK Infrastructure Strategy – With the population of BLMK growing 2.5 times the England average, significant investment in estates is needed. The Board discussed the challenges BLMK is facing with limited resources and growing demand. The Board agreed that further work should be undertaken on the strategy to more fully consider the health inequalities experienced by the population and more closely align the strategy to the Health Services Strategy (above).

Increasing NHS App usage in BLMK – The ICB is working to increase take up of the NHS App which is currently at 53% across BLMK, compared to the target of 60%. The Board heard how roadshows are being undertaken throughout October and November, with Primary Care Networks and surgeries to help residents download the app, and work was also underway with expectant women who were booking in with a Midwife at their first appointment. The Board endorsed this approach.

Stay Well and Winter Plan – The Winter Plan for 2024 was shared with the Board. Learning from the Denny Review, which highlighted that many residents do not know how to access services and where to go for help, this year's plan will focus on support at Place, preventative approaches, improving flow in hospitals helping people to access the right services, rather than asking people to choose wisely. Members discussed how to improve Urgent and Emergency Care pathways to keep the system providing quality care through the winter. The Board welcomed the update and asked for a focus on [Pharmacy First](#) and the NHS App, and continued engagement with the VCSE to address demand upstream.

Board reports – The chairs of each Committee were asked to provide an update and the Board:

- **Audit and Risk Assurance Committee** – agreed to note progress on the Board Assurance Framework and approved the Risk Management Policy and Framework.
- **Bedfordshire Care Alliance** – to note the update of the Committee.
- **Quality and Performance Committee** – recognised the Strategy Paper on the agenda, which reflected a shift in approach to more population-health-focussed measurement in BLMK.

- **Finance and Investment Committee** – The Board noted the financial position at Month 4. The Board was updated on a significant deterioration in the system’s finances in Month 5, largely due to challenges at NHS Bedfordshire Hospitals Foundation Trust. The Board was briefed on additional mitigations, including a Financial Recovery Plan, to prevent further deterioration. Achieving financial balance remains a top priority for the ICB.
- **The Primary Care Commissioning and Assurance Committee** – The Board approved the direct award of the contracts to current providers for Integrated Urgent Care to HUC and DHU for a further three years to enable continued integration of urgent and emergency services for our population.
- **Specialised Commissioning** – noted the proposed transfer of circa 40 staff from April 2024 for Specialist Commissioning to the ICB, following the delegation of services from NHSE in April 2024.
- **BLMK Health and Care Partnership** – received a verbal update on progress from the Committee and plans for a seminar on the Environment and Sustainability in November 2024 at which local MP Alistair Strathearn will be speaking.

Corporate Governance Report – The Board approved a series of recommendations including proposed amendments to the ICB’s Constitution and the Governance Handbook including:

- Manjeet Gill appointed as the Deputy Chair of the ICB until 29 August 2025
- Alison Borrett appointed as the Senior Non-Executive Member of the ICB until 1 April 2026
- The Chief Nursing Director as the named Board’s Lead for Safeguarding (all ages) including looked after children and care leavers
- Giving the Quality and Performance Committee delegated authority for approving statutory consultation regarding proposed service changes.

The full set of Board papers can be found on our website [here](#).

The next meeting of the Integrated Care Board will be at **9am on 13 December 2024** at Central Bedfordshire Council offices.

Members of the public and partner organisations are welcome to join in person or on-line. We ask that questions to the Board from members of the public are submitted three days in advance by 10 December 2024. Questions should be emailed to blmkicb.corporatesec@nhs.net.

Board papers and a link to join the meeting is available [here](#) a week before the meeting.

5.0 Next Steps

None

List of appendices

None

Background reading

None



Bedfordshire Care Alliance (BCA) Report

For Board of Directors 6 November 2024

Agenda item – 6.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

Verbal report at the meeting

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

- NHS England / Improvement
- External facing corporate objectives



Executive Report

For Board of 6 November 2024

Author – David Carter, Chief Executive

Agenda item - 7

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

1. Corporate Objectives
2. Executive Service Line Reviews
3. Cross-Cutting Boards Reporting
4. Compliance Boards Reporting
5. Laboratory and Business Continuity Incident – HbA1c
6. Maternity CQC Update
7. Financial Recovery Plan
8. The People Promise Exemplar Programme
9. Policies and Procedures Update

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

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



1. CORPORATE OBJECTIVES

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. EXECUTIVE SERVICE LINE REVIEWS

Eighteen Service Line Executive Reviews took place between July and September 2024. The Executive team continued to seek assurance from services around the productivity improvements and CIP delivery that the teams have been focussing on with a particular focus on outpatient clinic productivity and DNA rates, theatre utilisation and day case rates and temporary staffing expenditure.

Two of the reviews this quarter were for Oral and Maxillofacial Surgery (OMFS) and General Surgery and the leadership teams presented detailed positions around their trajectories for reducing long waits. Imaging and Pharmacy service leads highlighted the challenges associated with significant growth in demand for services and the issues with discharge medication workflows where these arrive in pharmacy late on the day of discharge. Paediatrics, NICU, ED and dermatology all highlighted significant issues with workforce, with NICU, Paediatrics and ED particularly noting the difficulties associated with less than full time resident doctor placements and the 1:3 weekend restrictions driving temporary staffing costs. The imaging team continue to flag concerns around the age of scanners and space constraints in the clinical environment making replacements difficult and costly.

3. CROSS-CUTTING BOARDS REPORTING

The Executive receives escalation from cross-cutting Boards that report to the Executive. The primary role of these boards is to bring together leadership teams from multiple service lines to support joint strategic development and planning. In the last quarter, no formal escalations have been reported.

4. COMPLIANCE BOARDS REPORTING

Equality and Diversity

Equality and Diversity Framework

The Executive approved the Equality and Diversity Framework 'Inclusive by Instinct' in October 2024. This has also been reviewed by the Workforce Committee. This framework is phase one of our strategy development. Phase two will deliver on the actions and develop the patients and users actions and Phase three will engage with staff and patents to develop our EDI Strategy.



The Framework focuses on internal and external drivers to establish a programme of work to support the Trust being '**Inclusive by Instinct**', outlines the approach across both our people and our patient and the actions that feed into the EDI Action Tracker.

The Board is asked to approve the EDI Framework.

Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES)

WRES and WDES Action Plans were reported by the deadline of 31st October 2024.

NHS Confederation 'Diversity in Health and Care Partners Programme'

The Trust is part of this national programme that will support the Trust Objective 10 to develop the Equality and Diversity Strategy. The first Board Masterclass was held on the 11th September 2024 and our Board members attended the event. Three members of the Trust are part of the face to face modules; Angie Heilmann (Head of Health Inequalities and Inclusion), Sinead Montrose (People Promise Manager) and Hannah O'Neill (Non-Executive Director).

EDS 2022

A key piece of work relates to EDS 2022 Domain One that focusses on patient pathways. The Trust is are working with the ICB and partner organisations to develop a proposition for a focus on mental health patients through an EDI Lens. The ICB Mental Health Committee reviewed and agreed an approach in early September focussing on:

- Emergency Care
- Children and Adolescents
- Older adults

The first draft of the review is to be presented to the Equality and Diversity Committee in November 2024, discussed at the ICB Mental Health Committee in early January to be reported to the relevant Boards in February and March 2025.

Health and Safety

Reducing Violence and Aggression (V&A)

The Health and Safety Committee reviewed the NHS violence prevention and reduction standard self-assessment and Risk Assessment for V&A. It remains a focus for the HSE and is a high risk on the Trust Board Level Risk Register.

The H&S Committee have recommended a focussed review/deep dive of the Trust approaches and to also seek the views of staff.

5. LABORATORY BUSINESS CONTINUITY INCIDENT – HbA1c

At the end of July, it was established that analyser faults at the L&D laboratory had resulted in patients potentially receiving erroneously high HbA1c (a test for blood glucose) results. Due to concerns that this may have led to patients being over-diagnosed with diabetes and pre-diabetes, a precautionary recall programme was established to re-test



10,000 patients. This has been a significant undertaking; so far around 7,500 patients have attended for a re-test. Daily incident meetings were held during August and September reducing to twice weekly during October. A clinical review programme has been funded and stood up by primary care to assess the re-test results for those tests that were requested by GPs, and review any changes that may be needed if clinical advice given to patients based on an erroneous result needs to be changed.

The Trust has shared all information relating to the analyser issues that have been identified as part of this incident with the Medicines and Healthcare products Regulatory Agency (MHRA), and regional and national pathology and diabetes leads. A Field Safety Notice has been issued by the manufacturer of the analyser advising laboratories of changes that should be made to their internal quality assurance processes on the basis of our findings. The Bedfordshire Hospitals pathology team have supported other laboratories that have identified similar issues by sharing the methodology used to establish whether there was a risk of analyser results upwards drift.

6. MATERNITY

In September 2024 a Maternity Safety Summit was hosted by the ICB to determine some next steps and support in the Maternity Improvement Journey across both sites. The output of the Summit recommended a number of actions including a refresh of the Maternity Improvement Board and the appointment of a Maternity Improvement Director. This post holder commences on the 4th November and will support BEDSFT in a number of actions including a governance review and supporting the leadership teams to deliver key improvements.

7. FINANCIAL RECOVERY PLAN

The Trust is currently £16.7m in deficit just 6 months into the financial year and NHS England have made it explicitly clear there will be no more funding coming in to the Trust. Due to the financial position the Trust has made the decision to implement a 6 week financial turnaround programme alongside volunteering to go into “double lock” (working in close partnership with the ICB to maintain oversight of the Trust’s monthly finances).

This financial turnaround programme is designed to deliver a strategic approach to address the financial challenges faced by the Trust while ensuring compliance with key performance targets. It incorporates grip and control through stringent pay and non-pay control measures, alongside transformational change projects to drive greater productivity, efficiency and income. The goal is to achieve financial stability without impacting operational efficiency, quality or staff morale.

The financial turnaround team is made up of ten internal secondments from a variety of clinical and non-clinical teams and is looking to deliver or support services to deliver 23 projects. The team has been running for four weeks and has been focussed on ensuring that the projects are the appropriate projects to focus on (suitably impactful, timely, realistic, quality assessed etc.), that are being well implemented and are suitably resourced. The team will transition into ensuring that the results are in-line with expectations, that the



architecture is sufficient to embed the projects into business as usual and that the overall financial impact is sufficient to deliver a breakeven position by March 2025. Finally, the team will look to enable the Trust's service line leadership to play its full role in ensuring the Trust continues to live within its financial means in 2025/26 and beyond.

8. THE PEOPLE PROMISE EXEMPLAR PROGRAMME

The People Promise Exemplar Programme progresses at pace, led by our People Promise Manager working across teams to deliver the initiatives. Priority focus areas have been identified for 'We work flexibly, We are safe and healthy, We are compassionate and inclusive, We are always learning and We are a team'. In particular, the commencement of the Work Flexibility Programme and adaptation of the Ward Accreditation Framework to include the People Promise have already had impact.

In October the Trust hosted a visit from the regional and national People Promise Exemplar team. Along with East of England Ambulance Service and Hertfordshire Partnership Trust we showcased our work and demonstrated some examples of best practice namely; ward accreditation, transformational reciprocal mentoring programme, our staff survey dashboards plus a forthcoming initiative to provide support to Maternity Leave returners and an example from the Quality Governance team of how they have embraced the People Promise within their team and also in relation to the work they do including PSIRF. The event went very well with lots of ideas shared between the participant organisations and recognition and appreciation from the national and regional teams.

9. POLICIES & PROCEDURES UPDATE

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

Estates

E22T – Fire Safety Policy

E24T - Contractors Safe working and conduct policy

E25T - Passenger lift management and lifting equipment policy

Operational

OP9B – Critical Care Surge Capacity Plan (Bedford Site)

Corporate Nursing

P08T – Preceptorship Policy

Digital

I19T – Digital Access Control Policy

Occupational Health

OH01T - Immunisation of healthcare workers against and management of exposure to measles, mumps, rubella, and varicella zoster, seasonal influenza and tuberculosis

OH11T - Recognition, Prevention & Risk Assessment of Occupational Stress Policy



Human Resources

HR3T - Appraisal and Revalidation Policy for Medical and Dental Staff

HR27T - Responding to Concerns and Remediation for Medical and Dental Staff

HR28T - Maintaining High Professional Standards

Clinical Policy

CP14B - Endoscopy Unit Training Policy (Bedford Site)

CP15T - Policy for the safe administration of medicines/ substances/ devices by non-registered Health Care Professionals

CP16T – Employer’s Procedures – Imaging

Equality, Diversity & Inclusion Framework



Bedfordshire Hospitals
NHS Foundation Trust

'Inclusive by Instinct'

Our EDI Framework uses both internal and external drivers to establish a programme of work to support the Trust being '*Inclusive by Instinct*'. This framework is phase one of our strategy development. Phase two will deliver on the actions and develop the patients and users' actions, and Phase three will engage with staff and patients to develop our EDI Strategy.

People Plan

Trust Values

THRIVE - Respect /
Inclusivity / Valuing People

Trust and National Surveys

Staff Survey
National Education and
Training Survey

People Promise

We are compassionate and
inclusive

NHS Long Term Workforce Plan

Equality and Diversity

Trust Strategic Pillars

Our population
Our communities

Trust Objective

Objective 10 - Develop and
embed the EDI strategy.

Trust and National Data sets

WRES/WDES Reports
Gender Pay Gap Report

National EDI Plans

High Impact Actions
EDS 2022

Health Inequalities

Trust Strategic Pillars

Our population
Our communities

Trust Objective

Objective 10 - Develop and
embed the EDI strategy.

National EDI Plans

EDS 2022
Denny Review



Equality, Diversity & Inclusion Framework

'Inclusive by Instinct'

Behave Inclusively by Instinct

Cultural Competence

Widening Participation

Our People Aims	Our Patient Aims
<ul style="list-style-type: none"> Empowering leaders Building line manager confidence in EDI Empower all staff 	<ul style="list-style-type: none"> Continue to improve accessibility for patients Provide accessible information for all
<ul style="list-style-type: none"> Develop cultural awareness and competence across the Trust Build on our Anti-racism Statement to develop an Anti-racism Charter 	
<ul style="list-style-type: none"> Improving declaration and prefer not to say rates across all diversity strands Promoting positive behaviours and tackling bullying, harassment and discrimination <ul style="list-style-type: none"> Engaging everyone in <i>Inclusive By Instinct</i> Improving our methods of measuring inclusion 	
<ul style="list-style-type: none"> Reduce the engagement gaps Addressing disparities in performance management outcomes Build line managers confidence in, the recruitment and management of under-represented groups Get reasonable workplace adjustments right Address pay Gender, Ethnicity & Disability pay Gaps 	<ul style="list-style-type: none"> Actively encourage patient participation in strategy and service design
<ul style="list-style-type: none"> Identify and address health inequalities Reviewing our policies with relevant stakeholders 	

Equality, Diversity & Inclusion Framework

All our leaders and teams will behave inclusively by instinct.	We will achieve a positive shift in our workplace culture	Widen representation at all levels of the Trust and build a workforce of people that reflects our local community.
<p>Effective and skilled leaders taking individual responsibility will be key to delivering our ambition. Equality, Diversity and Inclusion will be woven through all our management and leadership programmes. Everyone must role model and engage with the EDI agenda for us to make real progress.</p> <ul style="list-style-type: none"> ✓ Empower leaders <ul style="list-style-type: none"> • Empower leaders by embedding EDI objectives in all areas of the Trust ✓ Building line manager confidence in EDI <ul style="list-style-type: none"> • Build manager awareness of EDI issues and provide development opportunities to grow our capability in inclusive leadership • Develop cultural awareness and competence across the Trust ✓ Empower all staff <ul style="list-style-type: none"> • Build all staff confidence 	<ul style="list-style-type: none"> ✓ Promoting positive behaviours and tackling bullying, harassment and discrimination: <ul style="list-style-type: none"> • Promote the positive behaviours we expect of everyone which includes being intolerant of any discrimination, bullying and harassment. • Build on the positive work done so far by empowering everyone to relentlessly challenge inappropriate behaviours ✓ Engaging everyone in <i>Inclusive By Instinct</i> <ul style="list-style-type: none"> • Engage everyone at the Trust in making it a great place to work • Promote the Trust as an employer of choice to attract and retain diverse talent through relentless communication and engagement • Promote the Staff Diversity Network meetings, making them accessible to all staff • Identify and inhibit discrimination through awareness campaigns. ✓ Improving our methods of measuring inclusion <ul style="list-style-type: none"> • Understand the differences of our workforce to enable us to meet the needs of the Trust as well as attract and retain the right skills and talent • Develop consistent approach to Equality Impact Assessments (EIA) 	<ul style="list-style-type: none"> ✓ Reviewing our policies with relevant stakeholders <ul style="list-style-type: none"> • Strive for best practice across our policies and processes. Review policies to ensure that we respect, reflect and can respond appropriately to our diverse needs through Equality Impact Assessments (EIA) ✓ Reduce the gaps in engagement across staff groups <ul style="list-style-type: none"> • Create an environment in which colleagues with disabilities, from the LGBT+ community are engaged and feel comfortable declaring their diversity status on ESR through a communications campaign. This will help us better understand the composition of our workforce. • Improve 'Prefer not to say' rates ✓ Addressing disparities in performance management outcomes: <ul style="list-style-type: none"> • Using the staff survey; WRES & WDES data we will identify hot spots of disproportionality to identify trends and put actions in place to better understand and address them. ✓ Build line managers confidence in, the recruitment and management of under-represented groups <ul style="list-style-type: none"> • Better equip Line Managers to be disability confident by providing training. Continue with opportunities to myth bust regarding invisible disabilities. ✓ Get reasonable workplace adjustments right: <ul style="list-style-type: none"> • Review our policies and practices ensuring that these are aligned to and enable our EDI aspirations. • Continue to support our Staff Diversity Network, in providing safe points of contact for staff ✓ Address pay Gender, Ethnicity & Disability pay Gaps <ul style="list-style-type: none"> • Examine the data to understand what drives the various pay gaps

Quality Committee Report

For Board of Directors 6 November 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 25 September 2024, and 30 October 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 – Integrated Care Board

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 September and October 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. Challenges in all areas were noted: UEC, cancer, elective and diagnostic waits which are all showing performance below the operational standards. High levels of ambulance conveyances were experienced.

The resilience of the workforce was acknowledged to manage the pressure on length of stay and the Trust is working with the system on winter planning, and protecting elective activities.

'Super Autumn' project has been in place with the aim to run additional theatre lists and elective sessions, focus on different ways of working and using national best practice, and to date the Trust has delivered over 480 extra operating procedures.

The Committee received an update on turnaround times for GP correspondence and was given assurance that urgent letters are given priority.

3. Fractured Neck of Femur

An update report for Fractured Neck of Femur was presented in October and lag data has indicated that Bedford Hospital was an outlier for mortality. This is being investigated. A focus on improvements on key KPIs is already in train.

4. Stroke Performance

An update report on Stroke was presented to the Quality Committee in September and it was highlighted that SSNAP performance data for Quarter 1 was a C rating although it was acknowledged that an A rating had been scored for time to thrombolysis. Challenges remain in getting patients to the stroke ward within 4 hours although the Trust scored slightly better than the national average. During this period there was a high demand for stroke beds, some late decisions to admit and challenges with regard to repatriation of patients.

The occupational therapy (OT) and speech and language domains prove difficult to meet target. Work is taking place to recruit and to look at resource from the wider therapy scope.

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 and the initiatives for improvement were noted.

Regarding pressure ulcers, new national framework categories were introduced in July and education and training is progressing to ensure that pressure damage is documented appropriately. There has been a focus on wound management by the tissue viability lead nurse.

6. Maternity

The Quality Committee had oversight of perinatal reports, maternity staffing and CNST progress on compliance.

A Maternity Summit was held on 23 September 2024 organised by BLMK and the Committee was given feedback following this event. A progress report was presented to the Committee in response to a letter received from the ICB on 11 October and the breadth of work was acknowledged.

The Committee highlighted vacancies at the L&D and noted the steps in place to manage recruitment and retention.

7. Nursing Staffing

Fill rates for nurse staffing remain in a good position. Assurance measures remain in place around weekly and daily staffing reviews allied with a workforce review group considering medium and long term strategies to guarantee an efficient and sustainable use of nursing staff resources.

8. Quality and Patient Safety Governance

The Trust reported a slight drop in the trend of incident reporting over the summer. Activity is ongoing to close down the serious incidents. The Quality Committee received assurance on some of the learning that has been undertaken.

An update on activity within legal services during quarters 1 and 2 was received including the Clinical Negligence Scheme for Trusts, Liabilities to Third Party Scheme Claims, Inquests, and the NHS Resolutions scorecard.

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 the SHMI value for the Trust and individual hospital sites remaining 'as expected' when compared to the national baseline. Statutory changes requiring all deaths to be reviewed, including community deaths, commenced on 9 September 2024, and the learning from those requiring a structured judgement review was acknowledged.

8. Patient Experience

The patient experience quarter 2 report detailed the data for complaints and noted the challenges faced to ensure a response within 45 days. Examples of the themes and learning from complaints received were shared with the Committee.

An increased volume of concerns has been raised through the PALS service and the team are continuing their efforts to support staff, patients, families and carers with positive feedback.

The Patient Experience Council has held two workshops, one on each site, to inform the development of our patient experience strategy for 2024/2028.

A patient story was shared with Quality Committee in September relating to discharge from hospital and, in particular, delays in receiving medication to take home. Learnings and actions are being progressed with the pharmacy team. In October the patient story related to a patient with serious mental health problems who was admitted with physical issues. The challenges relating to liaison and communication between the medical and psychiatric teams regarding medication and information for carers were highlighted.

10. Safeguarding

The quarterly Safeguarding report was received and the scale and complexity of work was briefed.

An assurance report following a deep dive on how the Trust is managing domestic abuse within the acute environment was also received.

10. Infection Control

Quality Committee reviewed the quarterly infection control report. The Trust performance for mandatory reported organisms remains above the UKHSA trajectory, although this is in line with regional and national data. During the quarter, case numbers for Covid-19 and other seasonal respiratory infections remained low in both hospitals, although it was noted that there was an upwards trend in October.

A resolution for an electronic solution for reporting infection control data at Bedford Hospital is still being sought. The introduction of automated HPV (hydrogen peroxide vapour) and UV light systems to improve environmental decontamination at Bedford Hospital is being reviewed.

11. Quality Priorities

A quarter 1 progress report was received for assurance on the Quality Priorities for 2024/25.

12. NICU Closures / In-utero Transfers

The Head of Nursing for Children's Services presented a briefing with regard to neonatal closure and refusal of transfer, outlining that the L&D is a tertiary level medical NICU in the East of England Neonatal Operational Delivery Network (ODN). The report identified the issues and reasons for closures in maternity/NICU and particularly that there have been a number of referrals for tertiary care from outside the East of England.

13. HbA1c Incident Update

The Chief Operating Officer briefed the Quality Committee with regard to the cohort of patients who have been recalled for repeat HbA1c testing (a measure of blood glucose control) following concerns about the possibility of erroneously high results from the L&D lab on specific dates in April and July 2024. Detailed tracking is in place for all patients, and a clinical proforma has been designed and issued to GPs to help to identify and grade any patient harm. So far, no harm has been identified.

Learning so far has indicated that Bedfordshire Hospitals are not the only laboratories affected and escalation of findings have gone to the regional and national teams as well as MRHA.

14. Internal Audits

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

- Risk Management
- Business Continuity Planning



Operational Performance Report

For Board of Directors 6 November 2024
Quarter 2; July - Sept 2024

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

Agenda Item – 8.2

Action

- Information
- Approval
- Assurance
- Decision

Contents / Report Summary

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

Overall performance and operational headlines for Quarter 2 2024/25

The second quarter of financial year 24/25 was mixed in terms of operational performance, with improvements in a number of metrics early in the quarter and benefits of the Decompression initiative on unplanned care offset by challenges with leave in August and capacity issues in planned care and diagnostics.

Against the three Urgent and Emergency Care key operational delivery priorities, the ED 4 hour wait and 30 minute ambulance offloads were both broadly stable but slightly deteriorated from the Q1 position. Contingency bed use was significantly lower than quarter one and compared to same period last year.

The Trust maintained its position with zero patients waiting over 104 weeks, but did not meet the original plan of zero patients waiting over 65 weeks at the end of September. The elective waiting list has also reduced over the quarter after reaching a peak in July 2024. Cancer performance against the 28 day faster diagnosis standard and diagnostics have improved marginally although the latter is still significantly below the national 95% target.

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

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



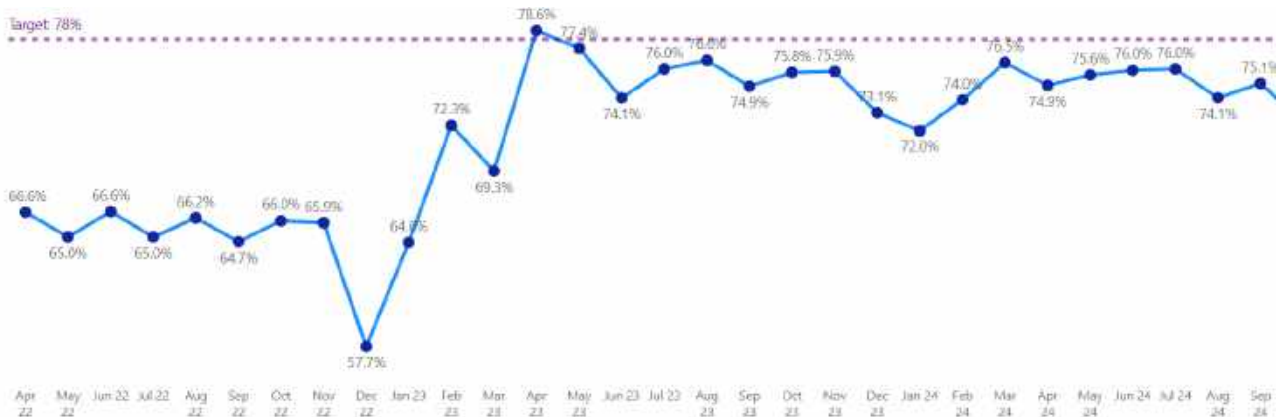
1. Introduction

The following sections provide a summary of the organisation’s performance against a range of the key operational and performance standards for quarter 2 of 24/25.

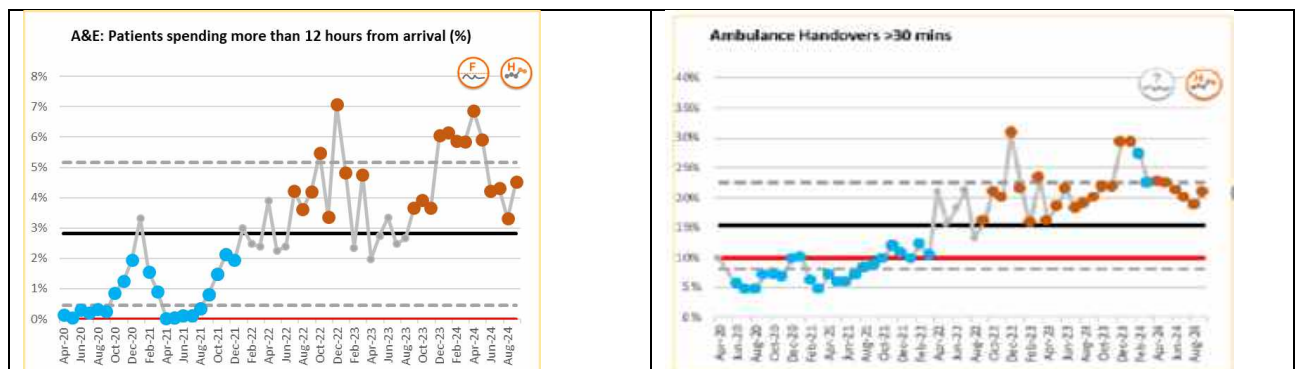
2. Urgent and Emergency Care

- The operational standard is to meet 78% of patients being seen within four hours in the Emergency Department by March 2025. During Q2, the Trust saw a broadly stable position, albeit slightly worse than the same time last year based on direct monthly comparison.
- The number of patients staying within the ED for more than 12 hours improved significantly following the decompression events in July and although above the Trust’s internal target of less than 2% is a much stronger position than in Q1.
- Ambulance handover performance within 30 minutes across the quarter deteriorated month on month July to August, but then improved in September 2024.
- Contingency bed use dropped significantly in July as a result of decompression and remained at extremely low levels in August and September 2024.

ED 4 Hour Wait Performance by month

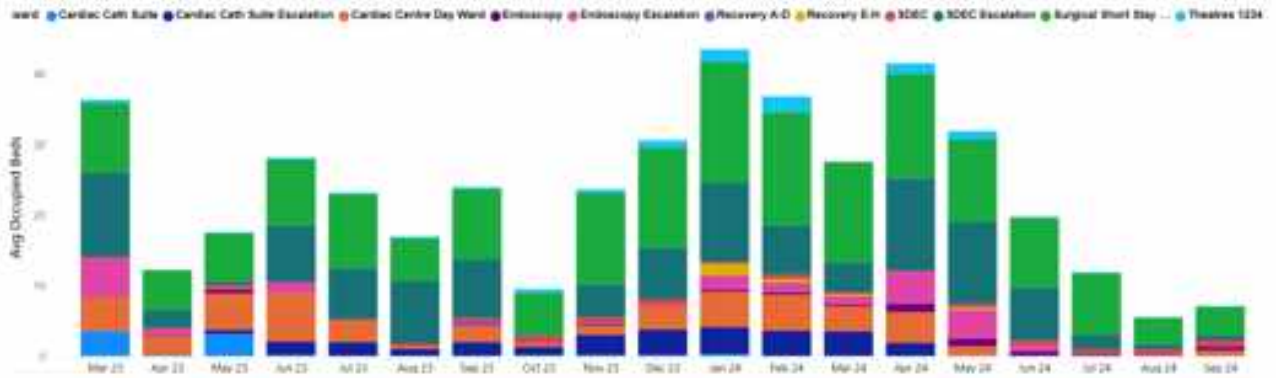


Patients spending more than 12 hours in ED and ambulance handovers exceeding 30 mins



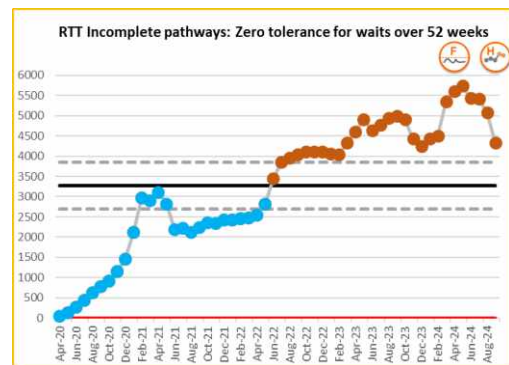
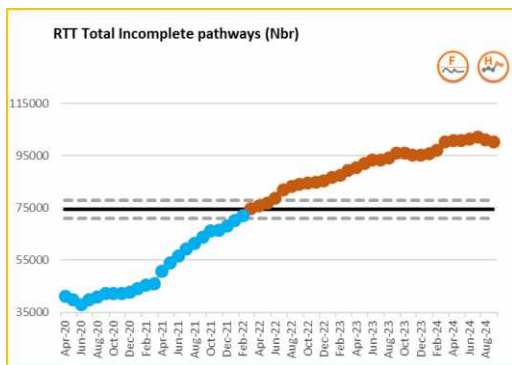


Contingency Bed use by month

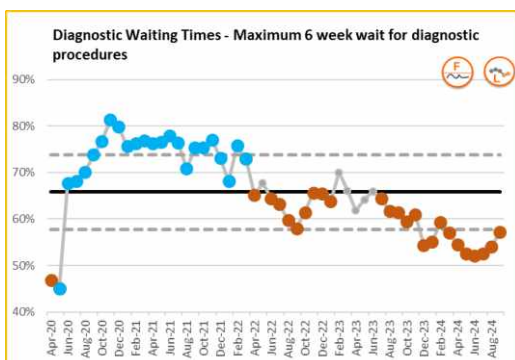


3. Planned Care and Cancer

- The Trust has maintained its performance of zero 104 week waits. At the end of September there were 38 patients waiting more than 78 weeks and 337 waiting more than 65 weeks, which was better than the 346 re-profiled trajectory shared with regional and national colleagues. The latest target is to ensure no patient is waiting more than 65 weeks at the end of December 2024.
- For the first time the total waiting list has started to fall over the last two months from a peak of 102,000 in July 2024. Patients exceeding 52 weeks has also started to improve as a result of ongoing validation and continued reduction in waiting times across a number of specialties. Orthopaedics, Gynaecology and OMFS continue to be challenged with the highest volumes of long waiters.



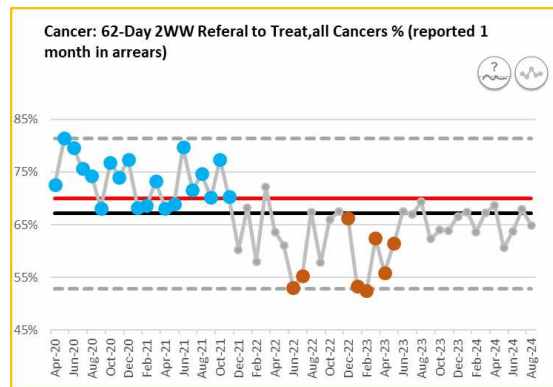
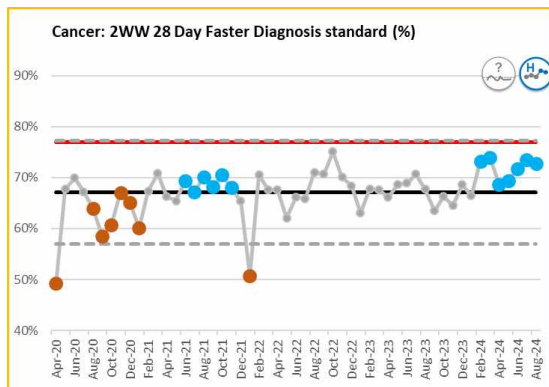
- Waiting times for diagnostic tests has improved slightly over the last couple of months but remains an area of significant concern for the Trust with only 57.2% of patients waiting less than 6 weeks at the end of September.





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

- The 28 day faster diagnosis standard target is to achieve 77% by the end of March 2025. Performance in August was down marginally to 72.7% (from 73.5% in July) just below the levels achieved in February and March 2024. Diagnostic capacity pressures remains a key risk to sustainable delivery.
- August 's deterioration in the number of patients waiting more than 62 days for a confirmation or ruling out of a cancer diagnosis continued into September, but has finally started to reverse. The Trust had reduced to less than 200 patients at the end of March 2024 but this has increased back to 300, representing a movement from fewer than 8% of patients to greater than 10%.
- Performance against the 62 day treatment standard for confirmed cancers has continued to fluctuate between around 60 and 70% over the last 12 months and has increased to 64.9% in August 2024.



4. Other Key Operational Metrics

- Following a strong start to the quarter, the Trust's overall outpatient DNA rate increased in September to 9.9%. This remains a key patient experience and productivity focus for the Trust
- The average length of stay for non-elective patients has continued to improved, with significant transformation focus on patients staying over 21 days and reducing the number of days medically fit for discharge.
- The Trust is currently rated as a 'C' for the national SSNAP audit in Q1 which is a deterioration from 'B' in Q4 of last year. Time to a specialist stroke bed and MDT reviews remain the critical opportunities for improvement here.

APPENDIX 1: IPR Metric Tables supporting operational performance report

Integrated Performance Report - Bedfordshire Hospital											NHS Bedfordshire Hospitals												
	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)	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
EFFECTIVE	E1.2T	**Elective Theatre Utilisation	85%	Sep-24	83.6%			83.0%			83.3%	85.7%	84.3%	83.7%	83.0%	82.3%	85.1%	82.9%	84.0%	83.4%	84.4%	83.9%	83.0%
	E1.43T	** Proportion of patients admitted to the stroke unit within 4 hours of arrival	90%	Sep-24	46.0%			46.8%			59.7%	56.0%	43.9%	51.9%	47.2%	37.0%	46.9%	50.7%	49.3%	43.0%	33.3%	56.6%	46.8%
	E1.12T	DNA Rate	8%	Sep-24	9.5%			10.0%			10.41%	10.37%	9.57%	10.28%	9.49%	9.34%	9.59%	8.98%	8.97%	9.62%	9.68%	9.58%	9.99%
	E1.13T	Super stranded Patient metric - Length of Stay = 21 days+ (Daily Average)	100	Sep-24	141.4			144.3			158.1	130.4	139.8	134.8	142.3	143.2	141.8	150.3	144.9	149.4	129.6	130.8	144.3
	E1.16T	Average Length of Stay -Non-Elective (excl zero stays)	N/A	Sep-24	6.6			6.5			6.7	6.5	6.6	6.5	6.6	6.5	6.6	6.9	6.9	6.6	6.6	6.5	6.5
	E1.45T	A&E: % of Patients seen within 4 hours (80% Target From Oct '23)	78%	Sep-24	75.3%			75.1%			74.9%	75.7%	75.9%	73.3%	72.1%	74.0%	76.4%	75.0%	75.7%	76.0%	76.0%	74.1%	75.1%
	E1.34T	A&E: Patients spending more than 12 hours from arrival (%)	0%	Sep-24	4.9%			4.5%			3.7%	3.9%	3.7%	6.1%	6.2%	5.9%	5.8%	6.9%	5.9%	4.2%	4.3%	3.3%	4.5%
	E1.38T	Ambulance Handovers >30 mins	10%	Sep-24	21.0%			20.8%			19.86%	21.62%	21.90%	29.12%	29.27%	27.05%	22.31%	22.79%	22.35%	21.30%	19.95%	18.85%	20.83%
	E1.42T	Contingency bed nights used run rate	N/A	Sep-24	130.9	NA	NA	7.40			23.7	10.5	26.5	31.6	45.1	37.6	27.6	41.2	32.1	26.5	14.5	9.2	7.4
RESPONSIVE	R1.10T	RTT Total Incomplete pathways (Nbr)	0	Sep-24	606,978			100391			96,082	96,140	95,221	95,366	95,934	97,277	100,339	100,838	100,850	101,466	102,227	101,206	100,391
	R1.14T	** RTT Incomplete pathways: Zero tolerance for waits over 78 weeks by Apr 2023	0	Sep-24	229			31			18	29	42	50	69	66	49	37	36	25	45	55	31
	R1.16T	Zero tolerance RTT waits over 104 weeks for incomplete pathways	0	Sep-24	1		NA	0			0	0	0	0	0	0	0	0	1	0	0	0	0
	R1.13T	Diagnostic Waiting Times - Maximum 6 week wait for diagnostic procedures	95%	Sep-24	46.2%			57.2%			61.44%	59.43%	60.97%	54.40%	55.06%	59.37%	57.12%	54.46%	52.63%	52.06%	52.50%	54.11%	57.20%
	R1.3T	Cancer: 2WW 28 Day Faster Diagnosis standard (%)	77%	Aug-24	71.2%			72.7%			63.5%	66.3%	64.5%	68.6%	66.4%	73.2%	73.9%	68.7%	69.4%	71.8%	73.5%	72.7%	
	R1.22T	** Cancer – Past Target Backlog (63 days plus)	201	Aug-24	1178.0			260			416.0	344.0	291.0	309.0	265.0	230.0	191.0	210.0	263.0	221.0	224.0	260.0	



Harm Free Care, Incidents & Complaints Report

Board of Directors 6 November 2024
(July – September 2024 Data)

Author – Liz Lees, Chief Nurse

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 2 (Q2) 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 10 Patient Safety Incident Investigations (PSIIs) 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.

- 17 Serious Incidents/PSIIs have been completed (including eight for HSIB/MNSI) and this paper provides information of the key learning and improvement activity outcomes for some of the completed investigations.

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

- NHS England / Improvement
- CQC
- All Trust objectives

Harm Free Care

A total of **578** harm incidents were reported during Q2, of which 339 (59%) related to falls and 239 (41%) related to new pressure ulcers NPU.

New Pressure Ulcers (NPU)

A total of 239 new pressure ulcers (NPU), were reported for Q2. This was a reduction which was anticipated in line with new national categorisations. There was an increase in category 3's reported, which was also expected with the removal of the previously reported 'unstageable' category. Medical devices were responsible for a total of 18% (44) of NPU

89% (209) of all NPUs were attributed to low harm, with moderate harms and above at 11% (27). Throughout Q2 there was been an increase in low harm pressure ulcers and a decrease in moderate harms. This is attributed to the national change in reporting and the elimination of the category of DTIs.

There were 1047 reported incidents for patients presenting to our hospitals with a pressure ulcer already present, which is an 11% increase compared to Q1.

During Q1 an extensive education programme on the new pressure ulcer categories, pathway and Purpose T (risk assessment tool) was provided to ensure staff were confident in the classification and validation of NPU under the new reporting arrangements and which may also have led to a reduction in NPU reported in Q2.

Harm Free Care – Falls

We continued to see a steady decline in the number of falls occurring within the Trust during Q2. A total of 339 falls occurred 98% (331) of which led to no or low harm. 74% (250) of all falls were unwitnessed and of these 8% (28) occurred in an area where 'Bay Watch' was in place.

The highest number of falls occurred in Elderly Care 32% (108) and Acute Medicine 14% (47) ward areas.

Initiatives that have continued during Q2 include the following:

- A bedrail assessment, which is a key component of our falls risk assessments process, was reviewed and aligned cross site during Q1. This is now available for staff to access on our digital patient system Nerve Centre, ensuring that this important assessment is not omitted.
- The falls prevention team are continuing a trial on the impact of caffeine-free drinks with our patients on the elderly wards at Bedford. This trial involves serving decaffeinated drinks as standard to all patients; caffeine alternatives are available on request. Caffeine can contribute to an overactive bladder and in the 6 months prior to the trial, 27% of falls incidents on the elderly wards involved toileting activities. The trial is ongoing but early data suggests an improvement as we have seen a 14% decrease in toileting incidents in the past 2 months.
- Harm Free Care study days continue. Topics include Falls Prevention, Flojac demonstrations, Dementia/Delirium and the impact of deconditioning, Diabetic management, MASD prevention, Pressure Ulcer prevention and Wound Infections and treatments.

Organisational Incident Reporting

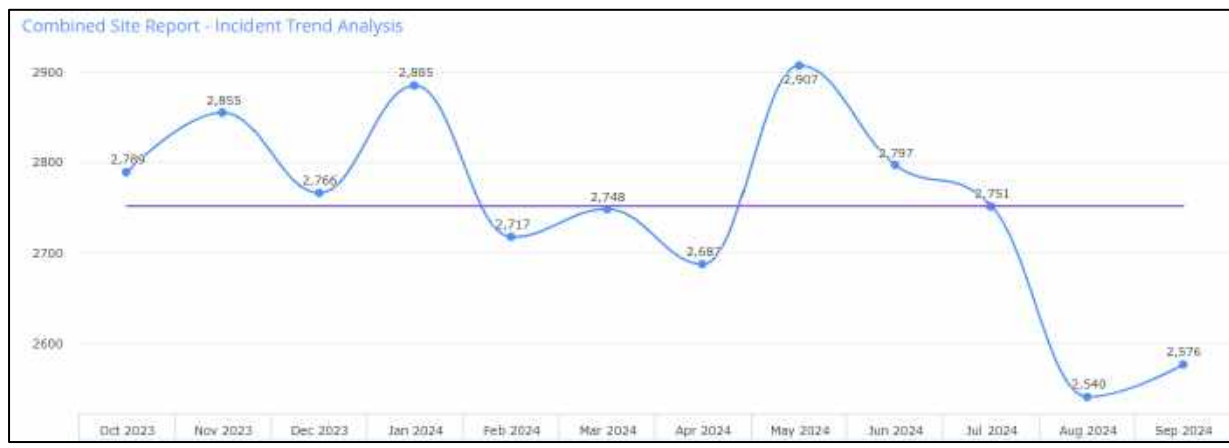
Patient Safety Incident Reporting

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.

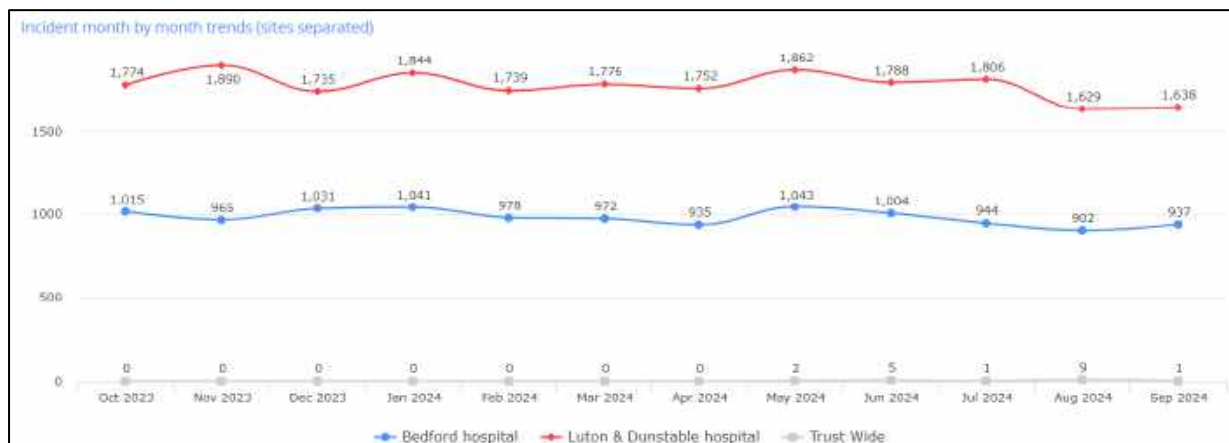
Overall, across the trust incident reporting has continued on an upward trend since the implementation of the Inphase system in October 2022. This past year has seen incident reporting average around 2751 incidents, which is higher in comparison to one year ago (average 2141 incidents).

A decrease of incidents was noted in August 2024 (2540) with common cause variation, likely due to seasonal fluctuations. Data has continued to be monitored and an upward trend has been noted for September (2576) (and this has continued into October - to be reported in Q3).

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. (See Appendix 1 for PSIRF Tool definitions).

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):

- Dermatology – Never Event (investigation completed and described in improvement activity section).
- Neonatal death – mother had not accessed maternity services; investigated by MNSI.
- Births requiring baby cooling x 2; one for investigation by MNSI.
- Delayed diagnosis x 3 (one in which the patient suffered cardiac arrest and died).
- Missed cancer diagnosis involving histology.
- IT incident; ED resident doctors image requests assigned to incorrect responsible consultant on ICE. Source of issue has been identified.
- Blood Analyser (HbA1c) Incident.

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

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 17 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.

Cancer services

- Safety netting for the Five Year follow up surveillance mammograms service to include: clear pathways documented with roles and responsibilities, administrative support to track breast cancer patients' appointments. Safety netting of appointments through text

reminders, software tool to support the management of the surveillance pathway. An annual audit of compliance against the control document to be completed four months after implementation

- For timely diagnosis/ treatment ensure that for all known cancer patients that specific Alert Code 3 is used on the ICE system to flag the result to the MDT co-ordinator. Rather than Alert Code 1, which is limited to the clinician only but risks being missed if clinician is away.
Case and recommendations to be shared within the Radiology and Cancer MDT meetings

Medication

- Patient's GCS dropped and they became unresponsive as insulin and fluids stopped prior to surgery when entering theatre.
- IV dextrose given and the patient regained consciousness.
- There was good attendance at a study day to share learning. Additional shared learning with Practice Development Nurses. Learning to be shared more widely at the Diabetic Inpatient Committee.

Neonatal services (working with GOSH)

- Neonates having a high risk of fractures identified early and highlighted in the problem list would have informed the clinical team and parents at an earlier stage. This promotes caution around cares and procedures.
- Ensure there is adequate information available for families about care of babies with metabolic bone disease of prematurity. Create a checklist that identifies neonates at high risk of fractures and signpost this at the cot side.
- Ensure that metabolic bone disease of prematurity is on the patient's list of clinical problems and that the potential risk is handed over by both medical and nursing staff using the problem list.
- Consider earlier testing of Vitamin D levels and prophylactic supplementation of Vitamin D at an earlier stage as per European Society for Paediatric Gastroenterology, Hepatology, and Nutrition guidance.

Acute medicine

- Haematology service to review the policies on reversal of anticoagulation, and indications for use, including thresholds for prescribing.
 - Explore access by wider range of clinicians for Prothrombin Complex Concentrates.
 - ED clinical teams will be reminded to improve the timeliness and information in communication of the changing conditions of patient they have referred on.
- Weight should be recorded on Nervecentre and the information documented in the patient's medical records and checked prior to prescribing medication to avoid suprathereapeutic doses.

Dermatology

Following investigation of a Never Event of wrong site surgery Learning included:

- A Standard Operating Procedure will be produced to identify the support, training and competencies for surgical nurse and training nurse practitioners

- Awareness of the WHO checklist (using Local Safety Standards for Invasive Procedures) to be raised within the department, including education regarding marking of the site to be biopsied and completion of the checklist
- Regular spot check and audit over one year with quarterly review and sharing and feedback.
- Interruptions are recognised as a possible source of distraction, which may lead to errors, for those working in the biopsy room

Recognition of a deteriorating patient

Following an After Action Review, key learning was identified:

- Prior to discharge:-
 - All patients due for discharge are to be highlighted in board round/ doctors' safety brief so that they are reviewed first
 - Observations/vital signs need to be completed, to ensure that suitable levels of care are determined, and address any clinical change.

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.

There were a total of 207 complaints received by the Trust during Q2, 87 (42%) these were responded to within 45 working days and the complaints teams and clinical service lines are working collaboratively to reduce the delays. Elderly medicine, acute medicine, trauma & orthopaedics (T&O) and women's services all saw an increase in complaints during Q2 for a variety of reasons such as communication with relatives (elderly medicine), response to call bells and falls (T&O) and clinical treatment and post treatment complications (women's services).

843 concerns, a very slight increase, were raised through PALS; themes continued to be waiting for appointments, appointment times and other non-specific general enquires. An increased number of compliments were also received (1358).

Our Patient Experience Midwife continued to work alongside the local Maternity Neonatal Voice Partnership (MNVP) on both hospital sites. A specific Maternity Bereavement feedback tool was co-produced, this will enable us to hear the voices of families in a more sensitive manner. The Patient Experience Midwife has attended community engagement events in Q2, including:

- A women's Health event in Farley Hill
- The 'Event in the Tent' at the start of July
- A planning event for producing video information for the Roma community
- Supported with a visit from Healthwatch regarding translation services

The Patient Experience Midwife has commenced a quality improvement project looking at the accessibility of patient information currently available and what improvements can be made. The trust is going through the tender process for our Interpretation and Translation services and the maternity team will be part of a wider group that will support this to ensure we select a supplier that will not only support reducing inequalities but offer a service that is accessible, equitable and supports the needs of our local communities.

Work on virtual tours for both sites has started, with two videos already filmed for the Bedford site, Luton will commence before the end of Q3. One video is in English, one is in Romanian. We plan to make the tours as accessible and inclusive as possible. The MNVP on both sites are involved and support this project. We are also producing a dedicated Elective Caesarean Section (ELLSCS) video. This will provide all the information across the ELLSCS pathway. The videos will be available on the trust website and will complement the ELLSCS patient information leaflet.

There has been a gradual introduction of FFT QR code stickers placed on all handheld notes for maternity service users, this enables the woman/birthing person to be able to complete the survey via their mobile phone at a time that is convenient to them and in the language that is most accessible to them. Work is continuing to evolve, looking at variables that could affect the response rates e.g. women/birthing people staying for longer periods on the wards as inpatients, so would only answer one survey during their stay. At the Luton site, Ward 32 is looking at welcoming hospital volunteers to the ward to assist with day-to-day activities, including delivering FFT surveys.

Appendix 1: PSIRF Tool Definitions

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 6 November 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 14 October 2024. This upward report provides a summary key areas for assurance.

The monthly crude mortality rate and rolling 12-month average crude rate remain stable for both hospital sites (BH 9.0, 11.3 and LDH 7.8, 9.1 deaths per thousand discharges), figures 1a and 1b

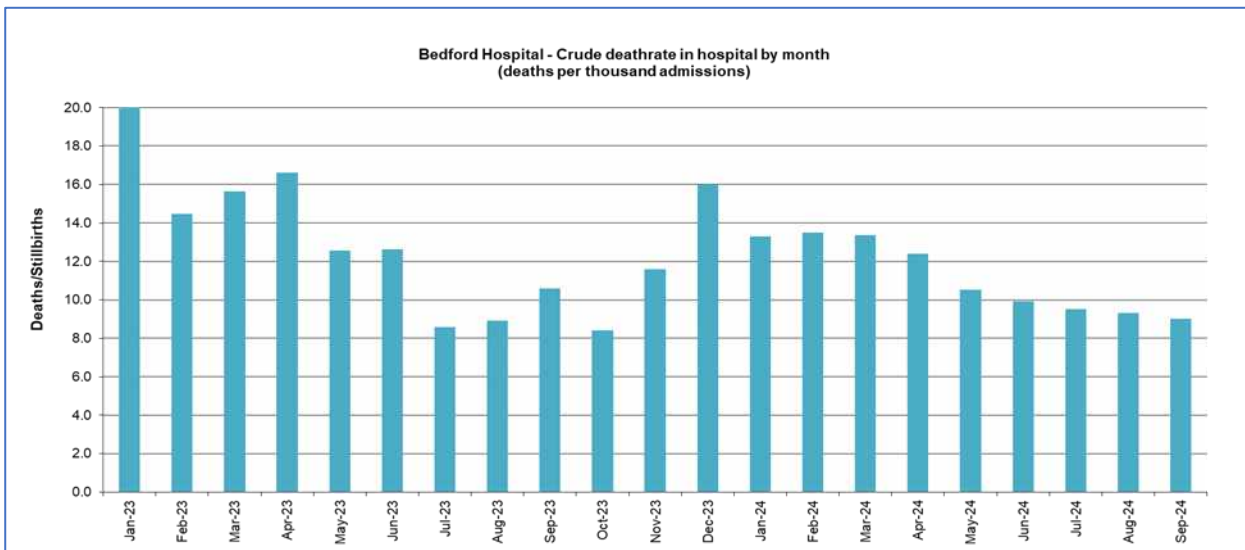


Figure 1a Crude death rate by month (BH)

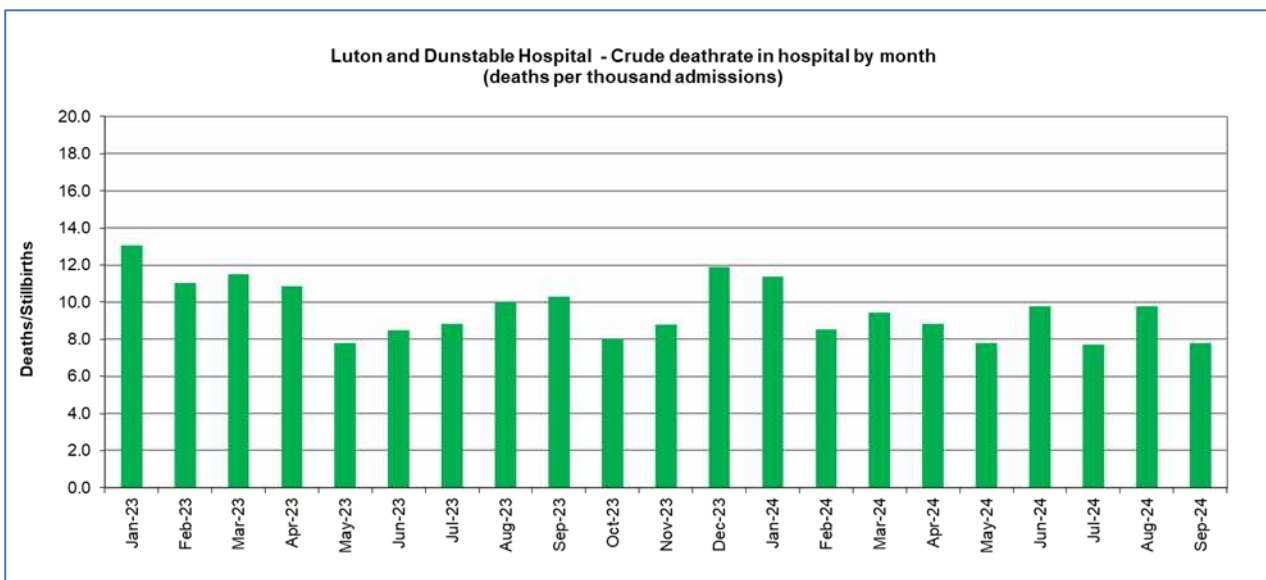


Figure 1b Crude death rate by month (LDH)

1. Excess (admitted) deaths

Monthly deaths compared to 2019 (pre-pandemic) are shown in figures 2a and 2b.

The cumulative excess death total for 2024 (as of the end of September) is 117 fewer admitted deaths when compared to 2019 (BH no.-14, LDH no.-103, figures 3a and 3b).

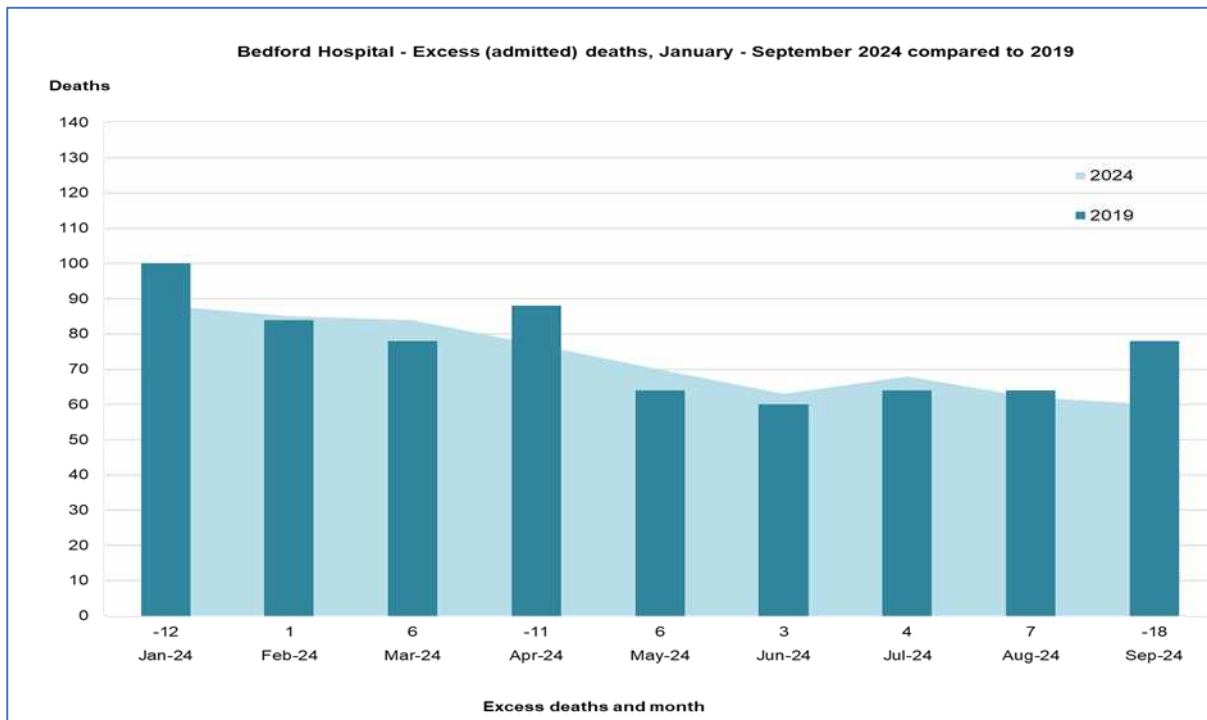


Figure 2a Excess deaths by month (BH)

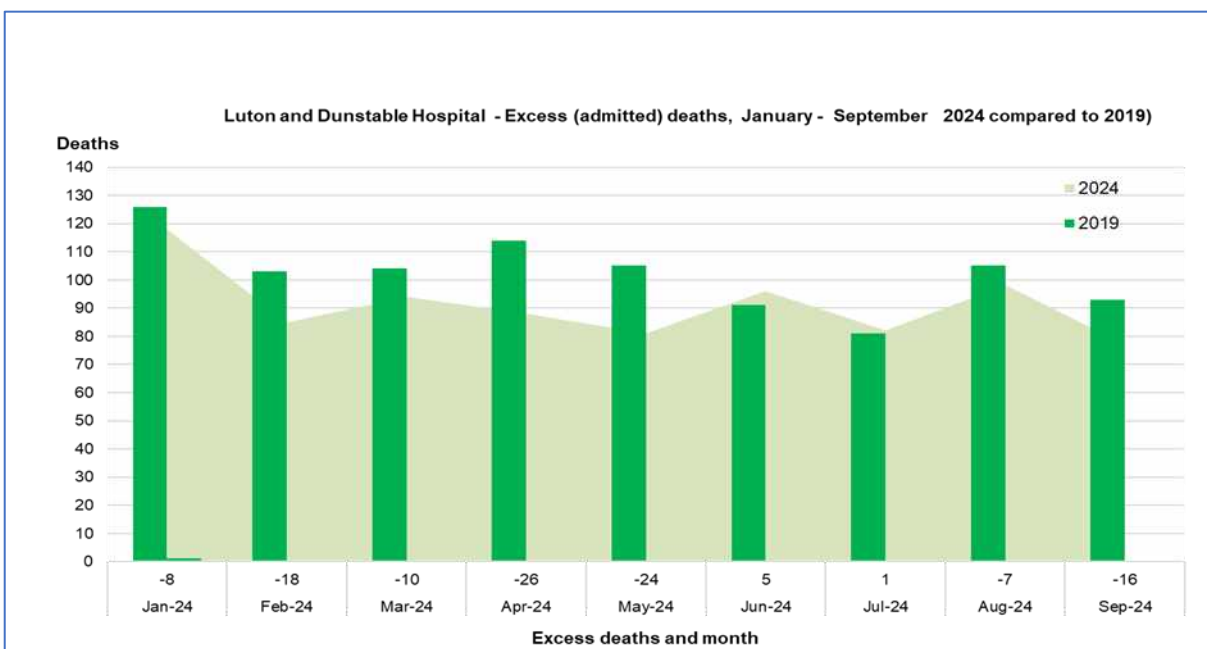


Figure 2b Excess deaths (LDH).

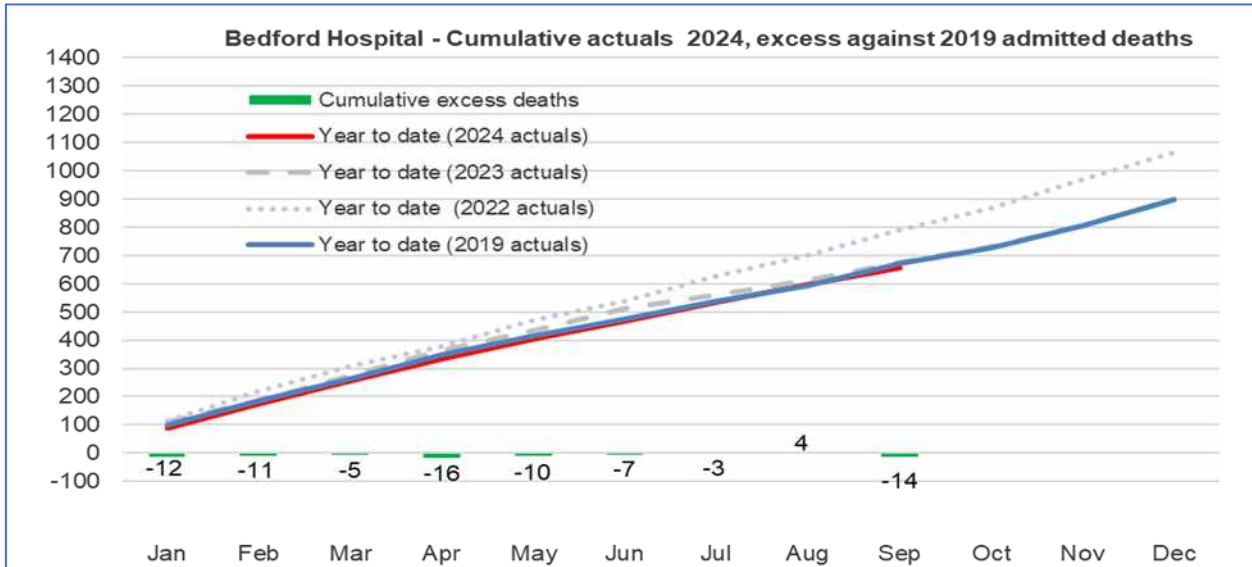


Figure 3a Actual deaths in 2019 (pre-pandemic), 2022, 2023 and 2024 (cumulative excess admitted deaths compared to 2019 actuals) (BH)

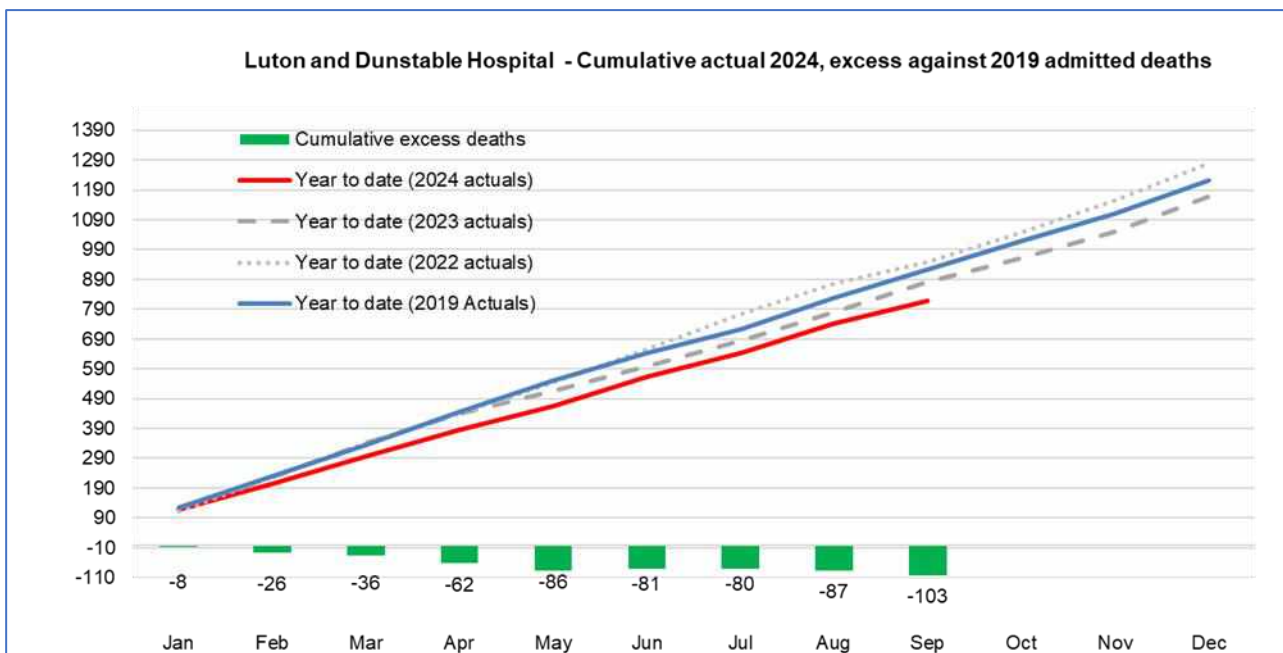


Figure 3b Actual deaths in 2019 (pre-pandemic) 2022, 2023 and 2024 (cumulative excess admitted deaths compared to 2019 actuals) (LDH).

The cumulative excess death total for *all* deaths in 2024, including non-admitted (ED) deaths, as of the end of September is 66 fewer deaths when compared to 2019.

For BH there were 11 fewer deaths, reflecting a similar trend as for admitted deaths alone, for LDH, while this remains below the 2019 trajectory, it does illustrate a smaller margin of difference when compared to admitted deaths alone (-55 vs -103).



2. National Mortality Indicators

The latest reporting month is July 2024; a refresh of April - June values is included.

This shows for the Trust (figure 4) and individual hospital sites a decrease in all indicators for BHFT, and LDH, with increases for BH consistent with usual monthly variability. All values are below the England average (100), remaining 'as expected,' for the Trust and individual hospital site.

SMR (individual month) - 80.49 for Bedfordshire Hospitals (↓)

BH, 91.56 (↑) and LDH, 77.56(↓)

HSMR (individual month) - 84.14 for Bedfordshire Hospitals (↓)

BH, 92.97 (↑) and LDH, 78.99(↓)

RAMI (individual month) - 72.16 for Bedfordshire Hospitals (↓)

BH, 79.38 (↑) and LDH, 66.94 (↓)

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

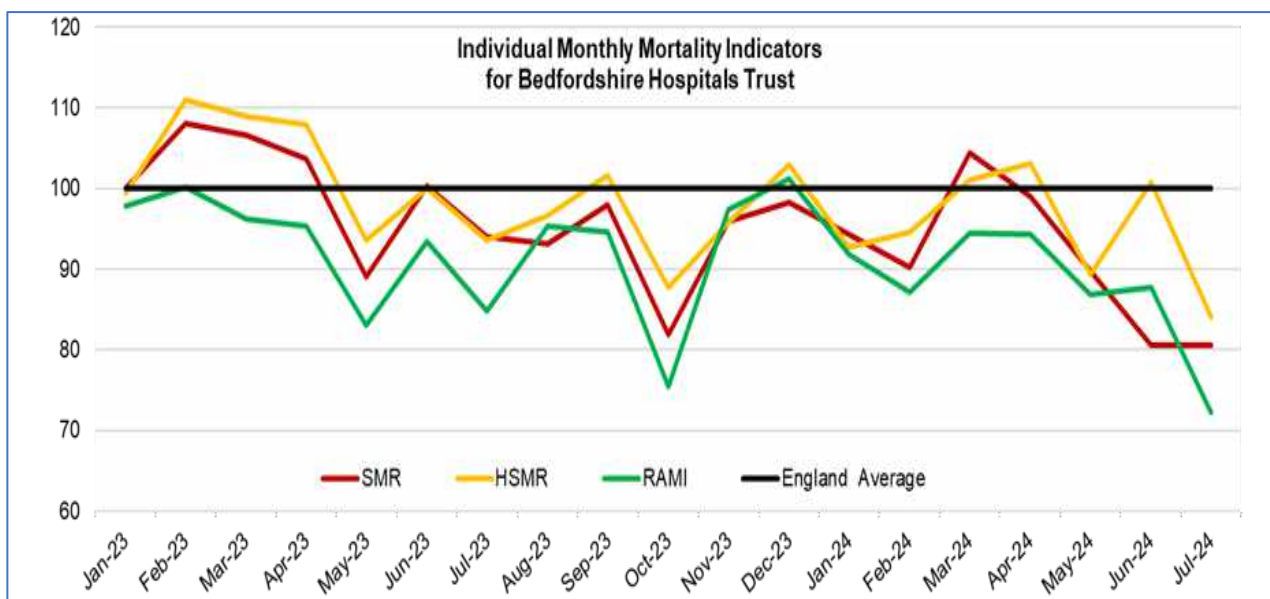


Figure 4 Monthly mortality indicators for BHFT
(Individual months are illustrated rather than rolling averages)

SHMI (12 months ending April 2024, figure 5)

0.96 (↓) for Bedfordshire Hospitals

BH, 1.04 (↓) and LDH, 0.92 (↑)

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.



Contextual indicators

Other Trust contextual indicator data remains stable, including a higher percentage of deaths occurring in hospital when compared to outside of hospital within 30 days of discharge (64% vs 36%, England average 69% vs 31%) and a lower percentage of deaths with palliative care speciality or diagnosis coding (40% vs an England average of 43%). In addition, a lower percentage of deaths reported in the SHMI are assigned to the most deprived quintile (1) compared to the England average (12%, BHFT, vs 21%, England average).

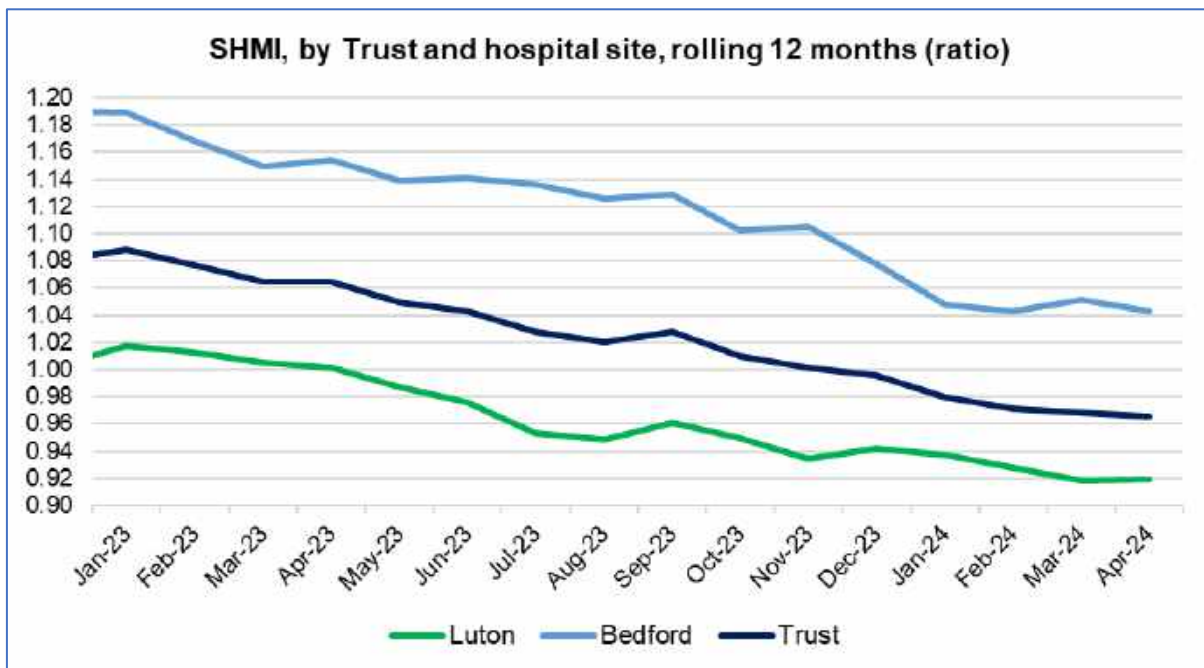


Figure 5 SHMI, rolling 12 months for Bedfordshire Hospitals NHS Trust and by hospital site

3. CHKS mortality alert report

Latest CHKS reporting covers CUSUM alerts for August 2023 to July 2024, with seven conditions alerting. Two condition groups, cancer of the rectum and anus, and cancer of the ovary had fewer than 10 cases and were not included for further analysis.

Cancer of the bronchus; BH, a lower limit breach from February 2024 increasing to an upper limit breach in May 2024, returning to a lower limit breach (excess deaths 9.6) ▲
This condition group has been subject to a recent clinical case review, with a plan to monitor and to consider if further review is to be undertaken if the alert continues or the position deteriorates.

Congestive Heart Failure; non-hypertensive - LDH, a lower limit breach in December 2023 to January 2024, (excess deaths 15.0) ▲



Specialist review by the CD for Cardiology identified that of the 12/15 BH cases, the primary cause of death was heart failure with only 6/12 patients referred to the specialist heart failure team, highlighting the need to increase inpatient referrals to the service. Review of the LDH deaths remains outstanding.

Cancer of the pancreas; lung - LDH, (excess deaths 4.0) ▲

Other lower respiratory disease - LDH, a lower limit breach in September 2023 and January 2024, (excess deaths 6.9) ▲. This condition group has been subject to previous clinical case review, with a plan to monitor and consider further case review if alert continues or position deteriorates.

Other perinatal conditions - BH a lower limit alert from April to June 2024 only. LDH is not alerting in this period, this demonstrates an improved position with a plan for monthly monitoring of this alert to continue at present ▲

Summary review findings for other perinatal conditions:

July 2023 June 2024

No. cases in this reporting period - BH, 23 and LDH, 46.

August 2023 - July 2024

No. cases in this reporting period - BH, 23 and LDH, 42.

All eligible cases were reported in line with the Perinatal Mortality Review Tool (PMRT) Safety Action 1 requirement standard.

Where indicated, as part of the PMRT process, cases are included at cross site review meetings.

Commencing October 2024 the plan is to involve Maternity and Neonatal Voices Partnership (MNVP) membership.

The monthly validation process is embedded between the clinical service line and clinical coding teams. To note the digital midwifery staffing model is currently in restructure which had supported this work.

The completed PMRT tool kit contains the action plans and are uploaded into the national database and are available for review.

Actions continue to be monitored through the Clinical Service Line governance meetings and learning is shared.

A key theme identified is use of translation services, with declines in service usage and accessibility across all aspects of the service noted, with a plan for a procurement review involving maternity planned for October 2024.



4. Medical Examiner (ME) Report

BH activity reported 100% of hospital deaths underwent a ME review. Q1 2024/25 LDH activity will be included in full in Q2 reporting. Statutory changes requiring *all* deaths to be reviewed, including community deaths commenced on 9 September 2024.

A meeting is planned to assess the impact on mortality governance of submitting ME reviews directly on Eden in place of InPhase. This will entail an end to end process review to include all stakeholders.

5. Learning disability (LD)

Key work streams continue, including:

- DNACPR - no concerns were noted for the one September LD death, with ongoing monitoring of DNAR decision making reviewed by the acute liaison team
- Training and education, including Oliver McGowan, Mental Capacity Act (MCA)/ Deprivation of Liberty Safeguards (DoLS)

6. Cardiac arrest report (figure 8)

Bedford Hospital and Luton and Dunstable Hospital

There were 16 cardiac arrests with absence of a Treatment Escalation Plan (TEP) for one case. An additional case has been escalated to PSIRP for discussion on prescribing decisions in the context of heart failure. No cases were identified as avoidable.

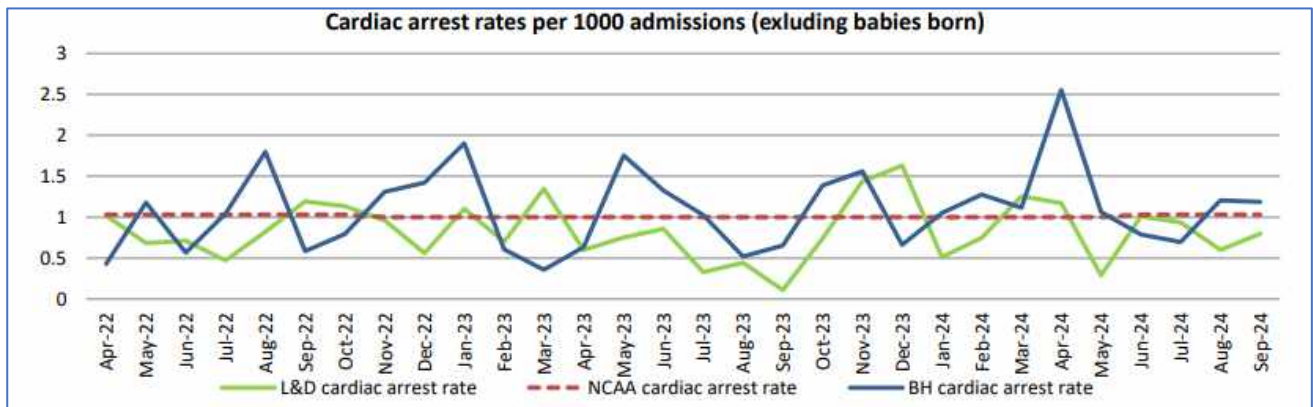


Figure 8 Cardiac arrest rates per 1000 admissions (BH, LDH)

7. Learning from Deaths Q1 2024/25 report

There were 529 deaths in non-admitted and admitted patients in Q1 2024/25 (including neonatal and child deaths) across Bedfordshire Hospitals Foundation Trust (BHFT), 104 fewer deaths when compared to Q4 2023/2024, with similar age, gender and ethnicity profiles as in previous reporting.



Reporting of ME primary review activity at LDH site includes April data only. The Q1 position in full will be presented in Q2 reporting following a process review. This follows new legislation coming into effect on 9 September whereby 1 review of all deaths is mandatory prior to registration.

101/105 (96%) primary reviews were undertaken at LDH in April, including non-admitted and admitted deaths, excluding 28 reviews undertaken for community deaths.

224/226 (99%) primary reviews were undertaken at BH in Q1, including non-admitted and admitted deaths, excluding four reviews undertaken for community deaths.

22 cases were identified as requiring a SJR.

This is significantly fewer than the previous quarter (no. 52), further work is required to better understand this variance. 10/22 SJRs are completed to date, with no deaths considered definitely or probably avoidable (avoid ability scores, 1, 2 and 3).

Learning from the ten completed SJRs highlighted the importance of :

Effective pain management in the elderly

Timeliness and communication of end of life decision making

Timely review and actioning of blood results

An update on the Q1 position, will be provided in Q2 2024/25 reporting (January 2025).

In reconciling reporting for Q4 2023/24, two further case was assigned an avoid ability score of 3,

Key learning from these two cases highlighted the following areas:

Management of the deteriorating patient

Escalation response in respect of transfer for higher level care

Both cases were escalated to the MD as part of the approval process for completed SJRs, and have been presented at a PSIRP, with a plan for an After Action Review (AAR) and timeline review and Multi-disciplinary Team (MDT) discussion.

Probably avoidable deaths were therefore identified in 6/52 completed SJRs for Q4 2023/24, 1.0% of admitted deaths (6/554) and 0.9% if non-admitted deaths are included (6/633).

Actions highlighted include:

Ensuring mortality governance is embedded within clinical service lines. In addition, that the impact of learning from deaths and any resulting quality improvements are captured, shared and included in future reporting.

To investigate any variance in mortality governance activities and ensure alignment of referral criteria, activity and outcome reporting and processes across both hospital sites.



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 6 November 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 in September did not demonstrate significant changes with fill rates for Bedford and Luton 106.41% and 106.78% respectively.
- Assurance measures remain in place around weekly and daily staffing reviews allied with a Workforce Review Group considering medium and long term strategies to guarantee an efficient and sustainable use of nursing staff resources.
- Paediatric ED in Bedford continues to look at ways of improving night fill rates for Registered Children Nurses (RSCN). The Head of Nursing is currently undertaking a review of flexible working arrangements as part of this process.
- SafeCare compliance remains on target in relation acuity and dependency data collection.
- Temporary staffing demand remained unchanged during September 2024.
- The overall trust CHPPD was 8.4 (Luton was 8.7, Bedford 7.9).
- 8 staffing incidents were raised in September, with themes surrounding short staffing.

Midwifery Report

- The Luton site RM vacancy 9.06% Bedford site RM vacancy 2.9%
- The Bedford site day RM fill rate decreased to 79.40% from 82.10% in August, and the night fill rate saw a slight decrease to 88.40% from 89.70%. The support worker day fill rate increased to 85.20% and night fill rate saw a slight decrease to 87.90% from 88.20% the previous month.
- The Luton site day RM fill rate decreased to 82.28% from 85.93% in August, and the night fill rate decreased to 85.55% compared to 88.44% the previous month.
- The unregistered day fill rate significantly decreased to 76.48% from 93.65% the previous month. The night fill for unregistered rate saw an increase to 71.03% from 56.30% in August. Anomalies in the electronic roster untrained staff at Luton have been corrected. Sense checking of all electronic registers for all areas is taking place with the Corporate Nursing Team.
- During the month of September the maternity services at Bedford went on divert due to acuity, whilst Luton went on divert 3 times due to high acuity and NICU staffing.
- Luton had 100% supernumerary status of the labour ward co-ordinator in the month of September and Bedford achieved 100% supernumerary status of the labour ward coordinator.
- 1:1 care in labour was achieved 99.14% of the time at Luton and 100% for Bedford
- 40 Red flags were raised at Bedford and 74 at Luton



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

CHPPD – Care hours per patient day

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



Maternity Services Update Report

For Board of Directors 6 November 2024

Author – Emma Hardwick, Director of Midwifery

Agenda item – 8.6

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This report is to inform the Trust Board of present or emerging safety concerns or activity related to maternity services.

Advise

- Increasing compliance with Saving Babies Lives V3 and BH site has implemented the GROW 2.0 module. LDH site will be implementing GROW 2.0 in November.

Assure

- Overall stillbirth and neonatal death rates for both sites
- Mandatory training levels for BH at target
- Good progress is being made on the closure of incidents open >30 days on the LDH site with a reduction to 233 as of 30.10.24

Alert

- Appraisal levels some progress at BH site but LDH remains significantly below target.
- There is risk to the Trust meeting year 6 of the Maternity incentive scheme, 2 are rated green and on track, 6 rated amber with additional monitoring and some risk with 2 safety actions. Additional support and capacity is urgently needed to support the activities associated with this incentive scheme.
- A multi stakeholder safety summit was led by the ICB on 23.09.24, recommendations include a comprehensive review of governance and the appointment of a Maternity Improvement Director.

An options appraisal for the provision of homebirth services at the BH site is being developed following changes to configuration of the current team and focus groups with staff and services users are taking place to inform this.

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

1. Purpose of report

1.1 The aim of this paper is to provide an update to the Trust Board on maternity related activities.

2. Perinatal Quality Surveillance Model

Bedfordshire Hospitals NHS Foundation Trust

CQC Maternity Ratings	Site
	LDH
	BH
Maternity Safety Support Programme	No

Overall	Safe	Effective	Caring	Well-Led	Responsive
Inadequate	Inadequate	Requires Improvement	Good	Inadequate	Requires Improvement
Inadequate	Inadequate	Requires Improvement	Good	Inadequate	Requires Improvement

	Target	Jan 24		Feb 24		Mar 24		Apr 24		May 24		Jun 24		Jul 24		Aug 24		Sep 24			
		LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH	LDH	BH		
Findings of review of all perinatal deaths using the real time data monitoring tool (PMRT)	100% Reporting	3	1	2	0	9	4	3	2	4	1	2	1	1	0	6	0	2	1		
Findings of review all cases eligible for referral to MNSI (HSIB)	100% Reporting	2	1	0	0	0	0	0	0	1	0	1	1	1	1	0	0	1	1		
The number of incidents logged graded as moderate or above and what actions are being taken		11	5	6	6	8	11	5	9	6	12	18	8	5	18	6	30	11			
Service User Voice feedback - FFT	(%) Very Good or Good	87.32%		93.95%		95.65%		96.38%		96.54%		92.52%		97.45%		93.40%		96.14%			
Staff feedback from frontline champions and walkabouts		10th January LDH 15th January BH		Not Applicable		9th March LDH 11th March BH 18th March LDH		Not Applicable		8th May LDH		Not Applicable		8th July LDH 17th July BH		x		Board safety champion met with LDH Governance team			
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0		0		0		0		0		1		1		CQC report published		CQC/NHSE ANNB			
Coroner Reg 28 made directly to Trust		0		0		0		0		0		0		0		0		0			
Appraisals Compliance	>90% compliance	88.38%	73.26%	88.88%	79.77%	88.37%	73.66%	88.36%	88.38%					87.11%	84.73%	88.38%	87.27%	83.98%	73.40%	81.39%	75.38%
Group 9 Mandatory Training Compliance	>90% compliance	82.76%	88.73%	82.80%	83.22%	82.66%	83.12%	83.31%	81.63%					83.63%	82.39%	84.93%	82.22%	84.53%	82.87%	85.05%	84.82%
Progress in achievement of MIS 10 Safety Actions - Year 5	Actions on track for completion	10		10		MIS Year 5 Confirmation 10/10		MIS Year 6 Published 2nd April 2024													
	Actions ongoing with minor issues	0		0																	
	Actions under review and in plan																				
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 1.22:1	1.26:03	1.21:54	1.24:43	1.20:39	1.25:88	1.19:36	1.26:57	1.19:48	1.27:64	1.22:06	1.27:64	1.20:39	01:27.3	01:22.4	01:26.8	01:23.2	1.26:84	1.21:34		
	1 to 1 care in Labour (100%)	99.35%	100%	98.70%	99.53%	99.18%	100%	96.51%	95.30%	99.76%	100%	99.40%	100%	98.95%	100.00%	99.80%	100.00%	99.14%	100.00%		
	Supernumerary (100%)	99.46%	100%	see narrative		100%	100%	100%	100%	100%	99.40%	100%	100%	100%	100%	99%	100%	100%	100%		
	Midwifery Red Flags	76	24	67	17	77	12	48	12	69	33	52	13	86	15	74	15	74	40		
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) - PROMPT	Midwives	82%	85.25%	83%	81.70%	85%	82.22%	81.60%						72%	81.80%	79.00%	85.56%	88.00%	85.56%	85.00%	85.26%
	Maternity Care Assistants	85%	100%	88%	100%	78%	100%	81.60%						75%	88.88%	81.00%	75.80%	87.00%	100.00%	82.00%	100.00%
	Nursery Nurses	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	100%
	Ward Nurses	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	100%
	Consultants	94%	83.30%	94%	83.30%	83%	90%	82.70%						88%	89%	74.00%	88%	40.98%	27%	89.00%	93%
	Trainees	88%	88.88%	88%	88.88%	87%	82.50%							84%	86.88%	74.00%	70.50%	80.98%	80.58%	80.00%	84.10%
	Anaesthetists	95%	89.20%	92%	87%	83%	83.50%	87.60%						81%	83.36%	83.00%	80.98%	83.98%	80.58%	80.00%	84.10%
>90% compliance														89.50%	94.40%	80.00%	87.80%	80.00%	89.15%	87.09%	81.02%
K2 Competency Tests (x6) (Jan - October)	Midwives	93.3%	91.30%	86.60%	80%	86.95%	91.30%							89.50%	94.40%	80.00%	87.80%	80.00%	89.15%	87.09%	81.02%
Fetal Monitoring Study Day Competency Test Compliance (November) - >90% compliance	Obstetricians	92.5%	94%	96%	70%	85%	87.10%							88%	94.70%	88.00%	94.70%	100.00%	85.36%	83.21%	91.67%

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)

Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they rate the quality of clinical supervision out of hours (Reported annually)

a) 51.7%	
b) 37%	
2022	2023
86.25%	87.5%
86%	87.76%

3. Perinatal Mortality Rates

- 3.1 The following charts provide the detail for stillbirths and neonatal deaths for both sites (Jan 19- Aug 24).
- 3.2 For stillbirths the UK ambition target is 2.5 per 1000, 2022 UK published rate 3.35 per 1000 (MBRRACE 24). Trust level position over the time period: Luton 3.78 per 1000 and Bedford 3.73 per 1000. There were no stillbirths reportable for the month of September 2024 at BH, but there was one late fetal loss at <24 weeks gestation. LDH had 1 stillbirth MNSI reportable but consent declined and following review this is being investigated as a PSII.
- 3.3 For neonatal deaths the UK ambition target is 1.5 per 1000, with the 2022 published rate of 1.69 per 1000 (MBRRACE 24). The trust level position over the time period: Luton 1.79 per 1000 and Bedford 1.13 per 1000. There was one NND reported at LDH for the month of September 2024.
- 3.4 All cases have met the compliance requirements for notification and liaison with families with multidisciplinary reviews in progress.
- 3.5 Since the merger of the hospitals in 2020 the 2 units are now grouped together from a national reporting perspective for MBRRACE, and aligned to the grouping for LDH which is a service with 5000+ births and a level 3 Neonatal unit not providing neonatal surgery. This means that the baseline comparator for the Trust is not accurate. The Trust continues to escalate this at a national level, and while this anomalies is recognised no national solution has been put forward. The national reported data are stabilised and adjusted to account for deprivation and ethnicity but reported in retrospect with the last data relating to births in 2022. These have shown an increase in perinatal mortality throughout the country.

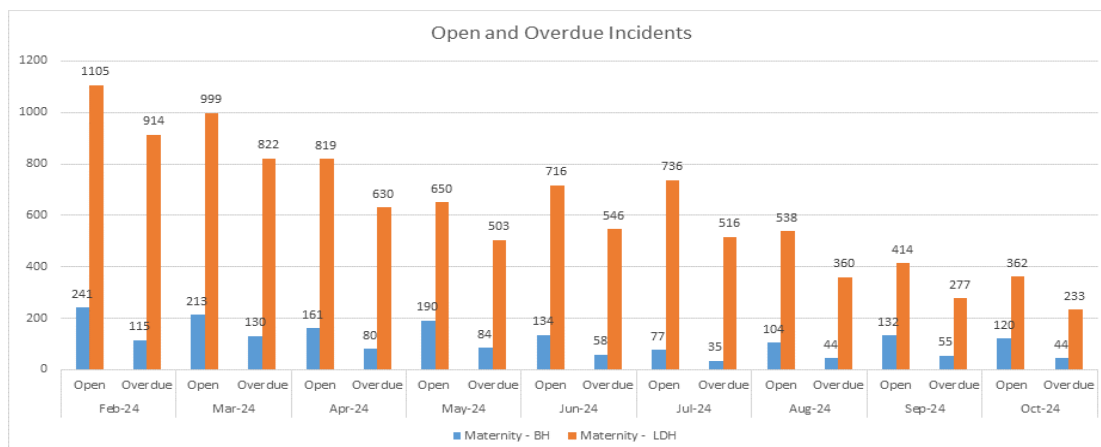
4. Maternal Mortality

- 4.1 There were no reportable maternal deaths in the month of October 2024. The Trust received a completed MNSI report from a maternal death that sadly occurred in January 2024, there were no safety recommendations made.

5. Maternity Incentive Scheme

- 5.1 Year 6 of the maternity incentive scheme was published in April 2024 with the reporting period covering December 23 – November 24. While some work has been underway for this reporting period the long term staff absence in the risk and governance team is impacting on the coordination required for this work.
- 5.2 The Trust has submitted uploaded evidence for the initial submission for Saving Babies lives care bundle (Safety Action 6) for the ICB review following agreement of targets for the year. This provides an opportunity for initial feedback of progress and areas for escalation.
- 5.3 At the time of writing the report the current assessment indicates that there is significant risk to the Trust meeting the MIS year 6 requirements. Safety Action 2 and 10 are actions on track to be met, Safety Actions 1, 4, 5, 6, 7, 8 are ongoing with some minor issues and there is risk to Safety Action 3 and 9. Some dedicated support is anticipated to commence in November.
- 5.4 The Trust will undertake some initial evidence submissions and review with the ICB during November which will provide feedback on areas outstanding before the final assessment in January 2025.

6. Governance Update



- 6.1 Progress continues in addressing the backlog of open maternity incidents. As of October 30th there were 233 incidents open >30 days at LDH and 44 at BH site. While the target set to meet <200 for LDH has now been breached targeted intervention is in place. Daily cross site reviews of incidents is well embedded and a weekly Local incident review panel (LIRP) has now commenced at LDH.
- 6.2 Additional support for the cross site governance team has now been arranged with a senior experienced governance manager being seconded to the Maternity Clinical Service Line from November 17th 2024.
- 6.3 Work is also now in place to review, evidence and close historic actions plans and to identify, prioritise and triangulate themes with those from patient feedback and other sources such as CQC report and the enhanced support visits. It is recognised that work is needed to refresh the current quality improvement plan. This needs to increase in breadth to not only cover the trusts progress on activities against national reports, regulatory requirements and regional/ ICB recommendations but also to include the many quality improvement activities across the services.

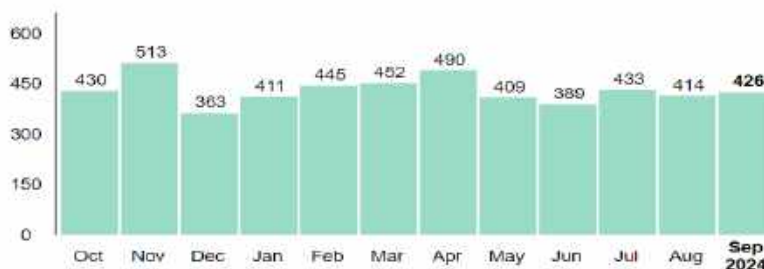
7. Maternity Quality and Safety Summit

7.1 Following the Maternity Safety Summit in September hosted by the ICB, the Trust has received a number of recommended actions to complete. Work has already commenced on these including the refresh of the Maternity Improvement Board, the development of a Perinatal Improvement Plan and the appointment of a Maternity Improvement Director. This post holder will commence on November 4th and will support the Trust in a number of actions including a comprehensive review of governance and will support the leadership teams.

8. Patient Experience and Complaints

8.1 There were 426 FFT surveys completed during September 2024. 91.785 were rated as very good/ good with 2.82% rated as being poor or very poor.

Number of surveys completed each month (FFT Maternity Overall From Oct 2023 to Sep 2024) 5175 Surveys



8.2 Responsive work continues with a 'You said we did' approach with initiatives such as feedback of the ward areas being too hot instigating twice daily temperature monitoring and estate works on ventilation.

Feedback from FFT, complaints and the CQC maternity survey highlighted how delays in those women/ birthing people having an induction of labour were significantly impacting on their birth experience and a quality improvement project is in place to help improve areas highlighted.

8.3 There were 5 complaints received relating to maternity services at LDH site during September 2024 with one being closed rapidly. Themes for these complaints include quality of information provided, communication with patients and pain management. There was one complaint received in September 2024 in BH site this related to the experience of postnatal care and timeliness of pain relief, a thorough investigation has been conducted and work with the pharmacist and ward teams is in place to improve approaches to medicine management.

9. Homebirth Service Provision at Bedford Hospital Site

- 9.1 As reported last month there have needed to be some interim arrangements implemented to home birth arrangements following the resignation of some staff from the Blossom Homebirth Team.
- 9.2 A detailed skills review has taken place and additional training and support has been provided to the community midwives where required. Comprehensive birth workshops have been delivered and have been well attended. A full on call rota is in place which ensures the Trusts ability to provide choice of home birth.
- 9.3 Staff engagement sessions have been attended by the HOM and DOM and face to face meetings have taken place.
- 9.4 The Trust has been engaged with the BH Maternity and Neonatal Voices Partnership and a service user focus group, led by the MNVP is occurring on November 1st.
- 9.5 Feedback from the staff and service user focus groups and meetings will be incorporated into the options appraisal process which will be submitted to the Trust board in December 2024.

10. Conclusion

- 10.1 This report provides an on essential maternity activity as well as the actions in place by the service. The report aims to assure the Trust Board of the Maternity service delivery in these key areas.

11. Recommendation

- 11.1 Receive and note the contents of the update report.



Finance Investment and Performance Committee Report

For Board of Directors 6th November 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 August, September and October 2024.

1. Finance Report

The Committee received reports on the financial position of the Trust. The Committee noted the current revenue position. The Trust recorded a deficit of £16.7 million at Month 6. The in-month deficit was £2.5m, although several one-off items (both gains and losses) are reflected in this monthly outturn. The Committee noted that improvements in agency spend against plan are beginning to show, although non-pay overspends remain a significant and stubborn challenge.

At the end of Q2, capital spend was £34.1m against the YTD plan of £27.1m. The Trust spent £24.0m against the Trust's year to date CDEL limit of £18.4m.

2. Financial Recovery Plan

The Committee received the Financial Recovery Plan (FRP) in September's FIP, and then an update paper in October. The Committee received both an FRP update paper and a presentation on progress with the FRP at the half way stage of the planned six-week intensive programme of support.

The FRP aims to eliminate the 2024/25 deficit accumulated as at Month 6 by the year end. It is being supported by a dedicated turnaround team focused initially on a 6-week period of intensive planning and implementation support. The FRP's ability to



fully achieve its objectives is being tested during this period and will be reported to FIP in November.

The Committee explored the planning, implementation and impact of the FRP, and noted that the full impact of the intensive support programme will be presented at the November meeting, alongside any further actions required to maintain financial recovery.

3. Budget Setting for 2025/26

FIP considered the approach by the Executive Directors to the 2025/26 budget-setting process and its associated timing. 2025/26 would see new challenges as, not only will the regular national efficiency requirements need to be met, new cost pressures will crystallise, notably, but not only, from the commissioning of the ASB.

As a result of these changes, the 2025/26 budget-setting timetable will commence earlier, and the process be more inclusive of service line leaders at a much earlier stage. The need for the Board to consider longer-term opportunities also needs to be woven into this timetable. FIP endorsed this budget-setting process.

4. Other Updates

The Committee received an update on the commissioning contracts, noting that all major contracts had now been agreed.

In August, the Committee endorsed the recommendation from Redevelopment Programme Board, approving the Bedford Same Day Emergency Care Business Case (Programme of Works Template) and onward submission to Trust Board and NHSE/DoH. In October, the Committee received an update on the SDEC business case, noting that whilst it was with the national team for approval.

The Committee approved the Trust's investment case to submit a bid (of £3.9m) to NHS England's Critical Infrastructure Fund £3.9m

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

FRP – Financial Recovery Plan

SDEC – Same Day Emergency Care



Finance Report

For Board of Directors 6 November 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 £16.7m after the first six months of trading. £17.1m behind the Trusts internal plan and £13.7m behind the phased plan submitted to NHSE.

The run-rate has improved slightly, predominantly due to two non-recurrent gains in month. The Trust has finally received confirmation of £0.8m funding for the industrial action in Q1, this has been recognised in month. The Trust also recognised £1.8m of ERF over-performance relating to 2023/24, which was confirmed in month.

Offsetting this, the Trust has included two provisions in the month 6 numbers, for the contractual dispute with the ICB (£1m) and the potential for a gas charge relating to previous years for £0.7m. The net trading position in month, excluding these non-recurrent items is a £2.7m deficit.

Due to the lack of progress in improving the financial position, the Trust has enacted a formal financial recovery plan, and senior managers have been seconded to a financial recovery team for 6 weeks.

Capital spend is £34.1m against the YTD plan of £27.1m. The Trust spent £24.0m against the Trust's year to date CDEL limit of £18.4m.

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

NHS Improvement

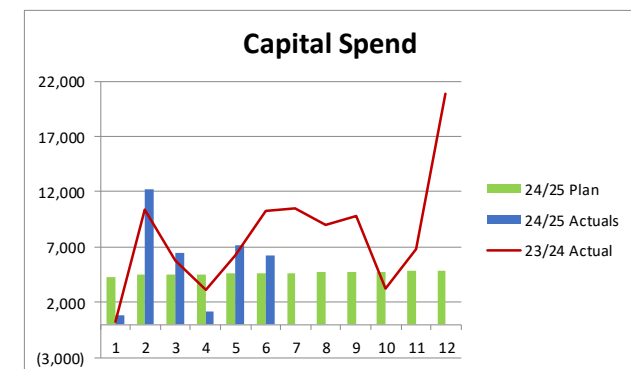
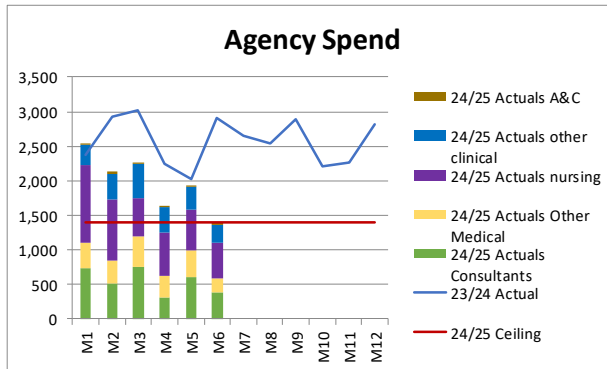
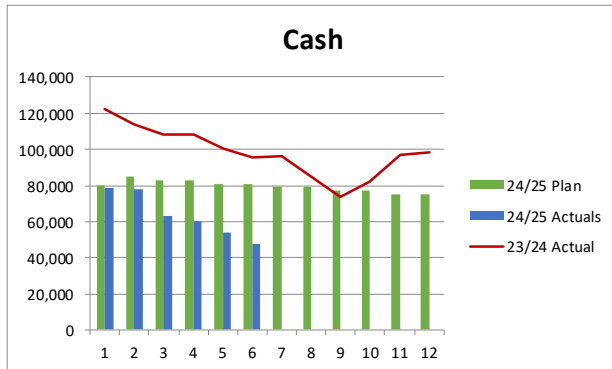
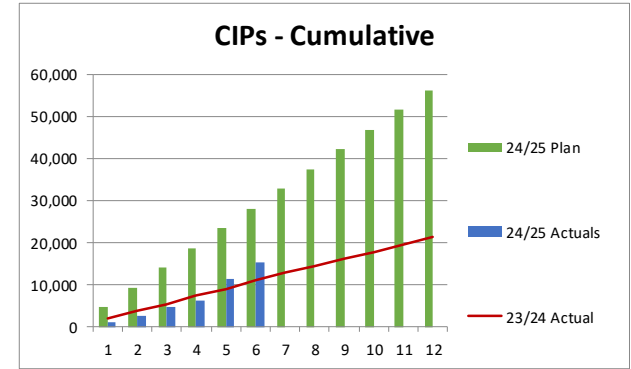
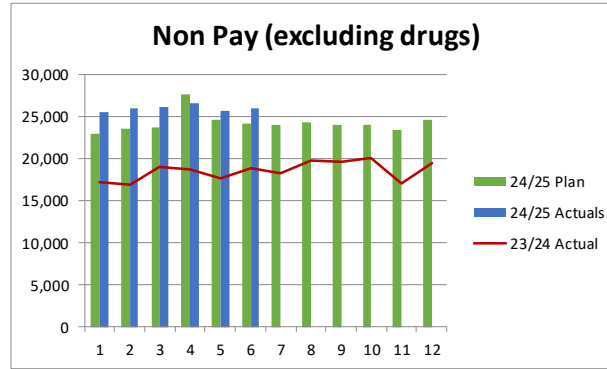
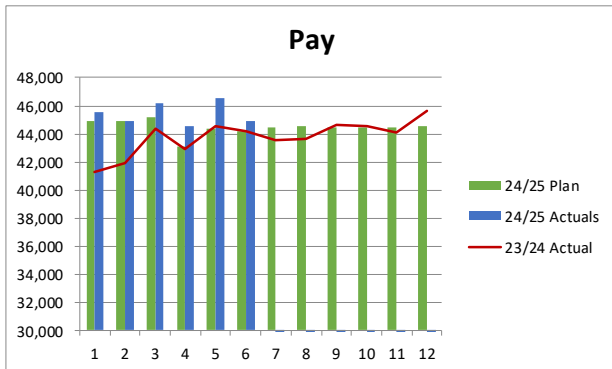
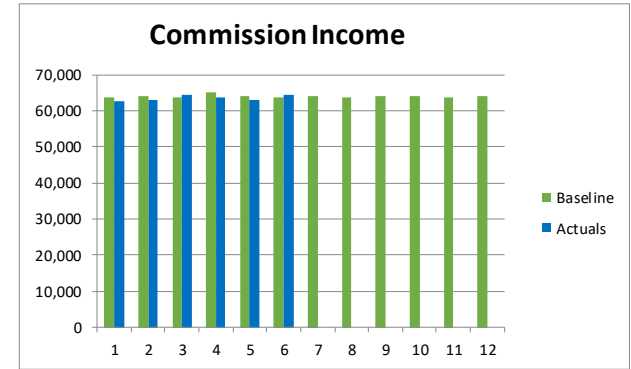
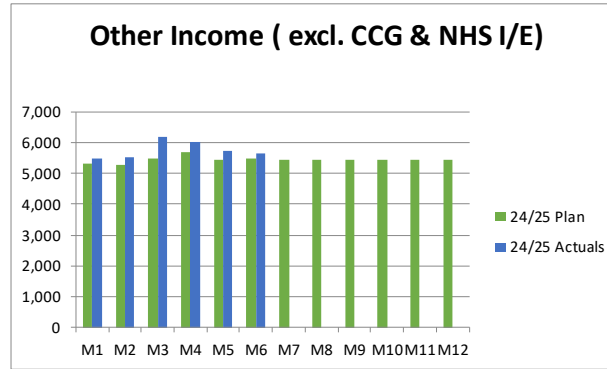
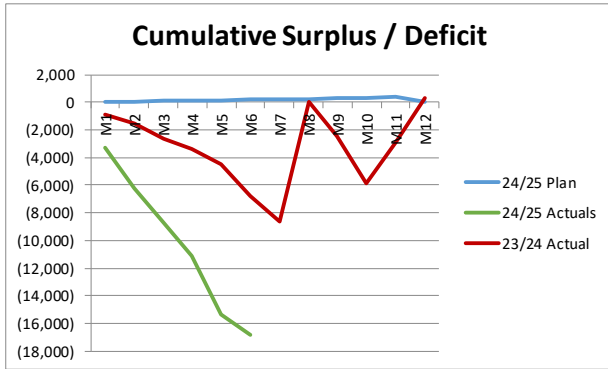
Jargon Buster

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	Prior Year	Full Year Budget	YTD Budget	YTD Actuals	YTD Variance	In Month Budget	In Month Actuals	In Month Variance	Full Year SL FOT
	2022/23	2023/24	2024/25	2024/25	2024/25	2024/25	2024/25	2024/25	2024/25	2024/25
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Contract Income	696,892	751,064	767,056	384,118	380,751	-3,367	63,796	64,543	747	913,802
Other Income	64,527	81,904	65,339	32,683	34,630	1,947	5,483	5,668	184	83,112
Total Income	761,419	832,968	832,395	416,801	415,381	-1,420	69,280	70,211	931	996,914
Consultants	90,155	100,232	100,405	50,172	51,185	1,013	8,322	8,395	73	122,845
Other Medics	72,314	83,520	81,451	40,717	42,743	2,026	6,628	6,902	275	102,583
Nurses	181,853	210,345	206,239	103,056	104,953	1,896	17,187	17,339	153	251,886
Scientific, therapeutic & technical	78,657	88,429	91,179	45,497	45,215	-281	7,570	7,435	-135	108,517
Other Pay	65,891	51,550	54,444	27,212	28,574	1,362	4,470	4,827	357	68,577
Total Pay	488,871	534,077	533,718	266,653	272,670	6,017	44,177	44,899	722	654,408
Drugs	62,302	70,588	70,970	35,686	36,888	1,202	5,850	5,976	126	88,532
Clinical Supplies	59,855	65,951	62,458	31,281	35,204	3,923	5,016	5,539	524	84,490
General Supplies	34,883	39,798	36,629	18,293	19,819	1,526	3,018	2,920	-97	47,565
CNST	24,567	25,170	27,382	13,518	13,518	0	2,311	2,311	0	32,443
Other Non-Pay	53,694	61,973	60,313	31,263	34,250	2,987	5,132	6,716	1,584	82,199
Total Non-Pay	235,301	263,479	257,752	130,041	139,679	9,638	21,326	23,462	2,136	335,229
EBITDA	37,247	35,412	40,925	20,107	3,032	-17,075	3,777	1,850	-1,927	7,277
ITDA	36,043	34,768	40,925	20,163	19,851	-311	3,460	3,260	-200	47,643
Trading Position	1,204	644	0	-56	-16,819	-16,763	317	-1,410	-1,727	-40,366
Impact of Impairments			0	0	0	0	0	0	0	0
Depreciation of Donated Assets	795	932	1,123	562	536	-25	94	90	-4	1,287
Donated Assets Income	-1,423	-1,367	-394	-197	-459	-262	-33	-139	-106	-1,102
Remove consum. donated by DHSC	2	101	0	0	0	0	0	0	0	0
Adj. Financial Performance Surplus/Def	578	310	729	309	-16,742	-17,051	377	-1,460	-1,837	-40,182



Statement of Financial Position	Closing 31 Mar 24	Closing 30 Sep 2024
	£000s	£000s
Non-Current Assets		
Property, plant and equipment	534,160	552,409
Trade and other receivables	2,725	2,671
Other assets	1,010	392
Total non-current assets	537,895	555,473
Current assets		
Inventories	9,130	9,011
Trade and other receivables	33,163	43,510
Cash and cash equivalents	98,282	47,896
Total current assets	140,575	100,417
Current liabilities		
Trade and other payables	-91,001	-78,266
Borrowings	-4,592	-3,245
Provisions	-10,938	-9,410
Other liabilities	-4,771	-6,684
Total current liabilities	-111,301	-97,604
Total assets less current liabilities	567,169	558,286
Non-current liabilities		
Borrowings	-64,679	-63,746
Provisions	-2,065	-2,065
Total non-current liabilities	-66,744	-65,811
Total assets employed	500,425	492,474
Financed by (taxpayers' equity)		
Public Dividend Capital	404,171	413,061
Revaluation reserve	25,697	25,699
Income and expenditure reserve	70,557	53,715
Total taxpayers' equity	500,425	492,474



CAPITAL PLAN

Report for Month 6 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 £34.1m against the YTD plan of £27.1m. The Trust spent £24.0m against the Trust's year to date CDEL limit of £18.4m.

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 plan excludes £3.95m of Critical Infrastructure funding that the Trust is expecting to receive. Currently "DHSC colleagues are... confirming the approval and reporting process and we will share this <with the Trust> once received.



Redevelopment Committee Report

For Board of Directors 06 November 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, July 2024 – October 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 Hospitals 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.

The delivery of an Acute Services Block and New Ward Block for Neonatal, Maternity, Theatres and Critical Care services has continued to see excellent development with the façade bringing the building to life on the L&D site. Internally, there has been progress with decoration, ceiling installations, electrical testing and metal cladding and electrical containment. Externally, the balcony is being installed which will make a huge difference to staff and patients in critical care and the neonatal unit. 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 in Autumn 2025 and ensure clinical benefits are realised.

The Luton Emergency Department (ED) extension and refurbishment works are in the final phase and scheduled to complete at the end of the year. This will see the expansion of the waiting area, assessment and triage rooms and sensitively designed mental health care rooms. The project remains 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).

In Bedford, building work commenced in Spring 24 and has been progressing well on the £24m project to refurbish Gilbert Hitchcock House, a Trust asset on the North Wing site in Bedford to re-provide accommodation for therapy services and provide a new diagnostic hub. The project is anticipated to complete in Autumn 2025. The new facilities will allow patients to access planned diagnostic care nearer to home without the need to attend our hospital sites, taking some pressure off our acute hospitals and allowing us to focus hospital facilities on emergency and acute patients.

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 those being designed and delivered.

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 July to October 2024.

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

Works continue to be delivered at pace. Scaffolding is now almost completely removed with the building now revealed to Public view. Externally, the balcony is being installed which will make a huge difference to staff and patients in Critical Care and the Neonatal Unit. Internal fit-out is progressing at pace, with doors, floor vinyl, ceiling installations, furniture installations and sanitary ware all progressing well in period and decoration now well advanced in specific areas. A key milestone was reached on the project, with the Black Start Test completed on October 20. This is to ensure that the hospital is able to respond to a national power outage and is a legal requirement for the Trust. Planned completion for the construction is Spring 2025.

Once the buildings are complete, there will be approximately three months to install equipment and IT systems, and allow clinical teams and estates to familiarise themselves with the buildings. Clinical services will then begin to move into the new buildings, this is anticipated to commence in the Autumn of 2025. In the meantime, the clinical and enabling teams continue to visit the buildings and share excellent feedback.

2. Urgent and Emergency Care, L&D

This extremely challenging and complex project is nearing completion. The difficulty of rebuilding an Emergency Department (ED) and main entrance whilst maintaining continuous operation cannot be underestimated. The 3rd September, marked a milestone in the expansion and improvement of the ED on the Luton site, with the topping out ceremony held to place the final piece of structure on the building. Colleagues from both the project and clinical teams joined to mark the occasion. Focus is now on the completion of the extension and final commissioning. The final phase will be complete at the end of the year and will see the expansion of the waiting area, assessment and triage rooms and sensitively designed mental health care rooms.

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

Building work commenced in Spring 24 and has been progressing well on the £24m project to improve Gilbert Hitchcock House, a Trust asset on the North Wing site in Bedford. The project is anticipated to complete in Autumn 2025 with Phase 1 completing in February 2025. The Topping Out Ceremony of Bedford Hospital's Community Diagnostic Centre and new facilities for therapies, phlebotomy and retinopathy was held on 23rd October 2024, this marked the placement of the final piece of structure.

This significant investment for Bedford will deliver diagnostic services including MRI, CT, ultrasound, x-ray and cardiology diagnostic tests, increasing testing capacity in Bedford by up to 50% for some modalities. Alongside the CDC, therapies, phlebotomy and retinal screening will continue to be delivered in new, modern accommodation.

4. 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. Efforts over the last year has been constrained by a lack of central capital funding opportunity. The development strategy supports a long-term plan and it is recommended that the phased master plan is progressed to address the significant estate risk (current backlog ~£300m) and advancement of the Trust's clinical strategy. A Strategic Outline Case (SOC) is considered and advised to be essential to put the Trust in a position of readiness, should this opportunity become tangible. The Trust continue to explore and seek funding opportunities.

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

The Trust is planning to build a new SDEC unit on the Bedford Hospital South Wing site to allow specialists, where appropriate, to assess, diagnose and treat patients on the same day of arrival, who would otherwise have been admitted to hospital. The new SDEC unit will be built opposite the Emergency Department (ED). Staff in the current cabins will be relocated, with detailed planning for this now underway. The proposed SDEC is subject to external funding approvals and full planning approval from the local authority. If successful, work will begin in January 2025 and the new facility will open to patients in September 2025.



Workforce Committee Report

For Board of Directors 6th November 2024

Author – Tansi Harper, Non-Executive Director
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 9th October 2024.

Workforce Report

The Workforce Report was received and it was noted the vacancy rate continues a downward trend reaching 4.32% compared to a regional benchmark average of 9.7%. Training compliance rates decreased by 0.4% which was attributed to changes made to the Training Needs Assessment that increased the number of people who require training. Sickness rates were at to 4.45% compared to a regional benchmark average of 4.46%. The use of agency workers decreased by 5.39% in month equivalent to 10.5 FTE fewer agency workers.

Governance

The Committee received an update on the Assurance Framework and it was suggested that a plan for staff health and wellbeing should be developed. The Committee reviewed the risk register and recommended changes to vacancy rate risk and considered arisk of discrimination and racism, The Committee was assured that a risk is being drafted to add to the register. The committee received an update on the draft EDI Framework and comprehensive action plan.

Highlight reports were received for strategic Workforce efficiency projects aligned to the corporate objectives; Medical Bank and Agency Model and Controls, Absence Management, eRostering Optimisation and Optimising On-boarding. It was noted that



progress has been made in all areas, the projects remain on target and there were no items for escalation.

Freedom to Speak Up

The Committee received a report on the freedom to speak up work taking place across the Trust. During August/September across the Trust any concerns raised were addressed in a timely fashion.

Health and Wellbeing

The Committee received a report that highlighted a staff wellbeing festival taking place in October 2024 hosted in partnership with the BLMK ICS. It was also noted that the annual influenza vaccination programme started at the beginning of October and was being managed via the Occupational Health Team through direct invitations to staff, clinics and roving vaccinators.

NHS People Promise

The Committee were provided an update on implementation of the NHS People Promise through the People Promise Exemplar Programme. The Trust is hosting a regional visit from NHS England to review the People Promise Exemplar Programme and good practice across the east of England.

The Board was assured that there was significant progress had been made on embedding the NHS People Promise. Areas highlighted to the board included highlights from the Working Flexibly programme, launch of a new development framework and integration of the NHS People Promise into the Ward Accreditation Programme.

In support of the National Staff survey, a campaign to highlight the work being completed by the Trust across the National People Promise Elements will commence on 7th October. This campaign will seek to focus on a People Promise element on a weekly basis, giving attention to the various work being completed by the Trust.

The Committee received assurance on development of the Professional Nurse Advocate Service which launched in September with 32 nurses supporting the Nursing Workforce in various capacities.

An update was received on the Winter Staff engagement event. It was noted that agreement for the December event will be funded by Charitable Funds and will take place during w/c 2 December at Luton and w/c 9 December at Bedford.

The Committee were assured that following new legislation that came into force on 26th September that prescribes the duty for employees to take reasonable steps to prevent sexual harassment of employees in the workplace the Trust is putting into place appropriate e-Learning for Health modules with the learning objective to understand sexual misconduct in the workplace. The Trust is also planning to adopt a nationally produced policy and framework that are due to be published.



Staff Networks

A report was received on the work of the Staff Networks: Disability and Long Term Conditions, Race, Ethnicity and Cultural Heritage (REACH), PRIDE (formerly LGBTQ+) and Carers Network. The diversity team highlighted the work being undertaken alongside the People Promise Manager and the planning for a session “Coming out day” in October, October is also Black History Month with various activities and talks scheduled to take place.

Maternity Services Culture

The Committee heard that the task and finish group is working to analyse the data from the maternity culture survey as well as the listening events that have taken place. Work continues to develop a Trust wide cultural awareness competence training module working alongside the Organisational Development team. A best practice model is being developed with key development activity planned for November.

Staff Survey

The Committee received a report on the Staff survey and were assured that the Organisational Development team continue to raise awareness by visiting wards and departments to assist staff who may be having difficulty accessing the survey.

Nursing Development Matrix

The Committee received a paper that outlined the new development matrix that be officially launched in the “we are always learning week” on 21st October. It was noted that whilst the matrix focusses on nursing development it can be used for other staff groups.

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.

Redevelopment

The committee received a presentation providing the latest update on the Redevelopment programme including the people implications. It was requested that the equality be invited to the new acute services block to help gain an insight form a staff diversity perspective..

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

- NHS England / Improvement
- CQC
- All Trust objectives



Workforce Report

For Board of Directors 6 November 2024

Author - Angela Doak, Director of HR

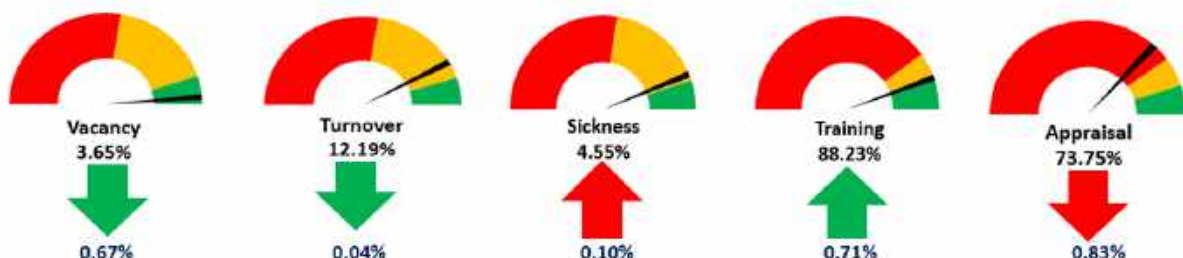
Agenda item 10.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

- Sickness increased from 4.45% in August 2024 to 4.55% in September 2024 compared to a regional benchmark average of 4.46%.
- Vacancy rates have reduced from 4.32% in August 2024 to 3.65% in September 2024 compared to a regional benchmark average of 9.7%.
- The overall turnover reduced from 12.23% in August 2024 to 12.19% in September 2024 compared to a regional benchmark average of 11.6%.
- The overall agency run rate is 59.18% lower in September 2024 when compared to September 2023 equivalent to 107.5 FTE less agency staff.
- The overall bank run rate is 11.31% lower in September 2024 when compared to September 2023 equivalent to 82.2 FTE less bank workers.
- The overall training compliance rate increased by 0.71% in September 2024 to 88.23% compared to a regional benchmark average of 90%.
- The overall appraisal rate decreased by 0.82% in September to 73.75% compared to a regional benchmark average of 67%.

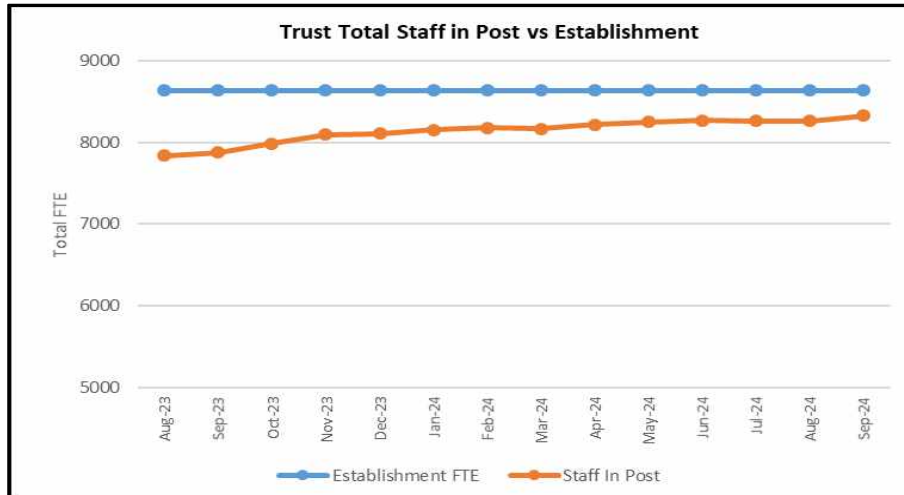


Legal Implications / Regulatory requirements / Strategic objectives and Board Assurance Framework

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

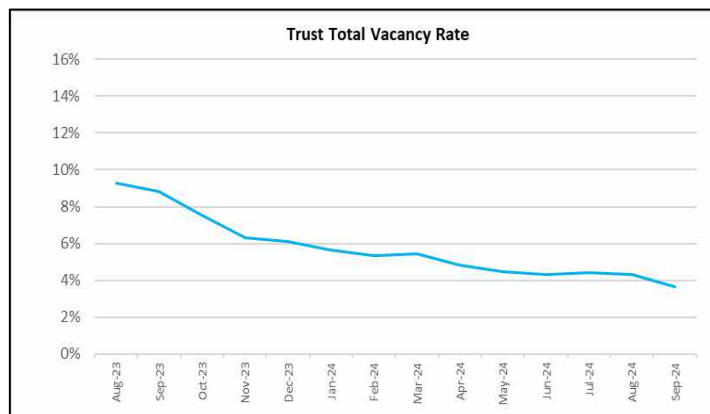
Staff in Post

- The Trust's overall Staff in Post (SIP) by Whole Time Equivalent (WTE) increased by 58.41 WTE between August 2024 and September 2024.
- During the last 12 months the SIP increased by 5.35% (445.25 FTE) between September 2023 to September 2024.



Vacancy

- The overall vacancy rate reduced over the last 12 months; from 8.80% in September 2023 to 3.65% in September 2024 compared to a regional benchmark average of 9.7%.
- Registered nursing and midwifery vacancy rates are currently 5.67% reducing by 0.23% from August 2024 and a reduction of 7.55% over the last 12 months to September 2024.
- Medical and Dental vacancy rate is currently at 1.23%.
- There are approximately 156 Band 5 nursing & midwifery vacancies (107 WTE at Luton and 49 WTE at Bedford). There are currently 16.8 WTE pre-registered overseas nurses and midwives (8.8 WTE at Luton and 8 WTE at Bedford) at various stages of their NMC registration and will convert to Band 5's over the coming months. There are also 104 WTE nurses under offer via local recruitment including recent newly qualified recruitment campaigns. The majority of the newly qualified nurses have now been allocated to wards and will start in post during the next few weeks. 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 +33.85 WTE.



Turnover

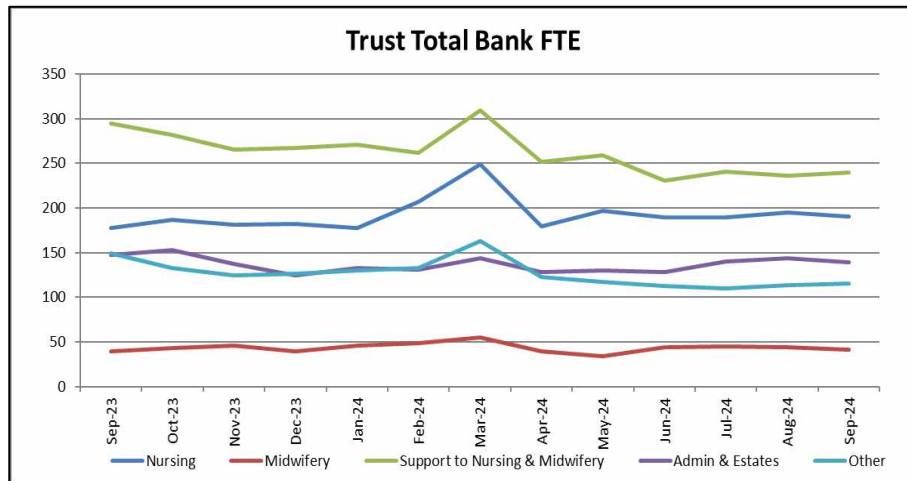
- The nursing and midwifery staff group turnover has reduced by (1.98%) over the last 12 months to September 2024 and is currently at 10.22% compared to a regional benchmark average of 11.6%. This is a 0.27% reduced from August 2024.
- The turnover for Allied Health Professionals, (physiotherapists, Operating Department Practitioners (ODP) and Radiographers) and additional professional and scientific staff group

reduced from 14.99% to 14.71% in September 2024 and is 1.43% lower when compared to September 2023.

- Additional Clinical Services staff group turnover decreased by 2.98% over 12 months to September 2024 and now stands at 13.12% which is 0.01% reduction on the last month.
- Arrangements for 'People Promise Activity weeks' have been made during this reporting period. The premise of this initiative is to highlight the various activities in the Trust which are related the People Promise elements. Focus on each element will be made each week. This is in support of the National Staff Survey launch.
- A draft development framework for staff has been released and will form part of the 'We are always learning week' scheduled week beginning 21st October.
- Details of the Flexibility project have been shared with wider parts of the Trust including the presentation of training slides to our Leadership Engagement forum.
- Focused work around working flexibly has commenced with departments with departments including Pharmacy, Imaging and Patient Experience.

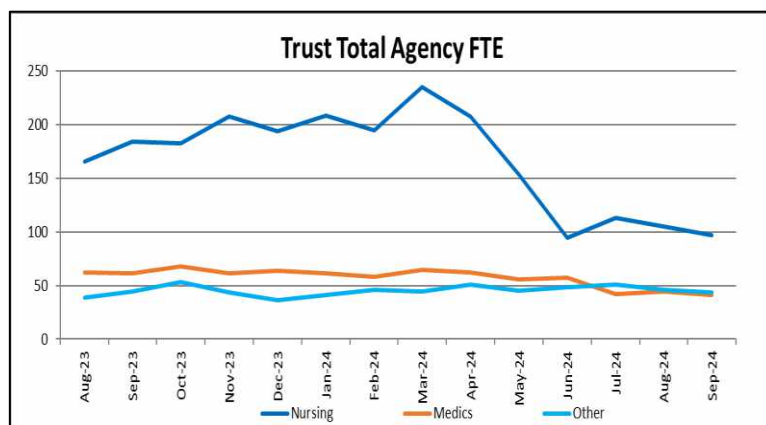
Bank Usage

- Overall, bank usage decreased by 0.91% in September 2024 as compared to August 2024 equivalent to 6.6 FTE fewer bank workers. The bank run rate was 11.31% lower in September 2024 when compared to September 2023 equivalent to 82.2 FTE fewer bank workers.



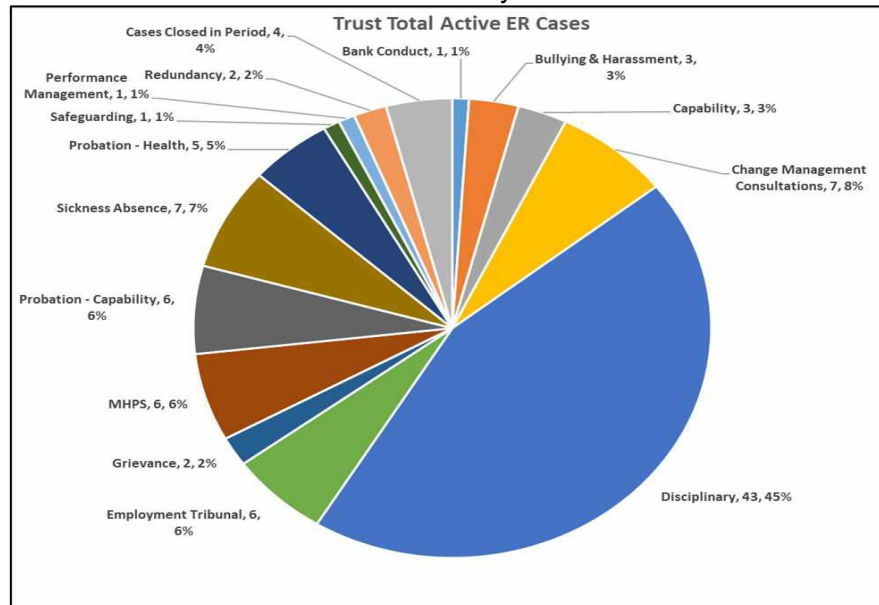
Agency Usage

- Overall Agency usage reduced by 7.66% in September 2024 as compared to August 2024 equivalent to 13.9 FTE fewer agency staff. The September 2024 run rate reduced compared to August 2023, which is the equivalent to 107.5 FTE fewer agency workers.
- The use of nursing agency reduced by 8.64% between August 2024 and September 2024, which is equivalent to 8.4 FTE fewer nursing agency staff.
- Medical agency locum reduced in the month by 8.64% equivalent to 2.9 FTE fewer medical agency staff.

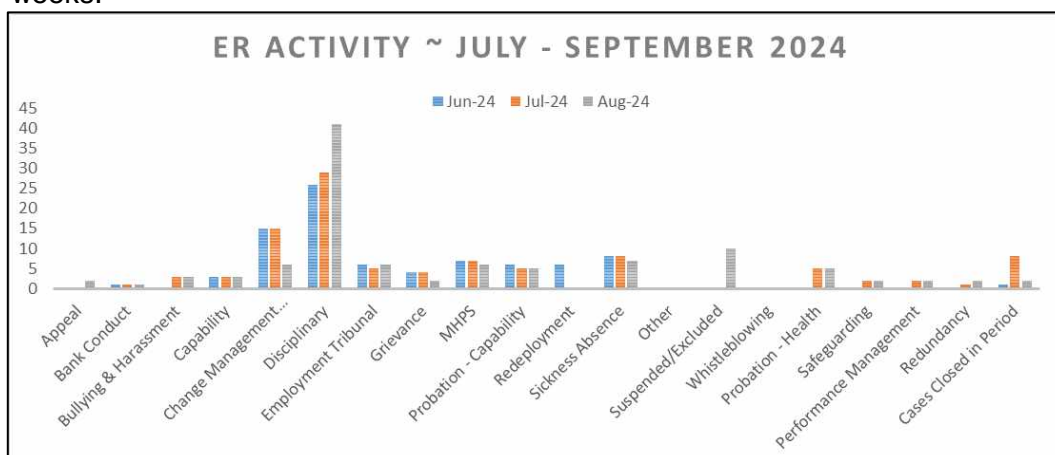


Employee Relations

- Across the Trust, there are 108 employee relations cases underway of which conduct, MHPS and absence management make up the bulk of the activity.
- In the last 100 days the top 20 Long term absence cases have been resolved.
- Work continues in this space with identifying the next 20 LTS cases and supporting these cases to a conclusion within the next 100 days.



- There has been an increase in the number of disciplinary cases in the last 3 months which the team are continuing to manage.
- MHPS cases remain consistent over the last 3 months with all cases being actively managed and being brought to a conclusion.
- The team continue to work dedicatedly to support line managers with managing absence and supporting colleagues to return to work remains a key focus.
- A number of cases which have been ongoing are close to being resolved in the coming weeks.

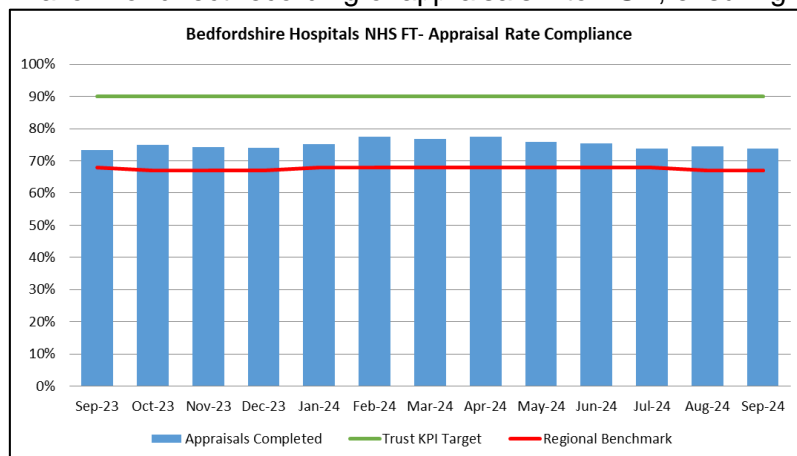


Sickness Absence

- Overall sickness levels have decreased from a peak of 5.69% in December 2022, to 4.55% in September 2024 compared to a regional benchmark average of 4.46%
- Sickness levels in September were at a higher level (0.35% higher) compared to the same period last year and 0.10% lower as compared to August 2024.
- The highest absence rates for September were within Additional Clinical Services 6.10%, Nursing and Midwifery 5.22% and Admin and Estates 4.90%.

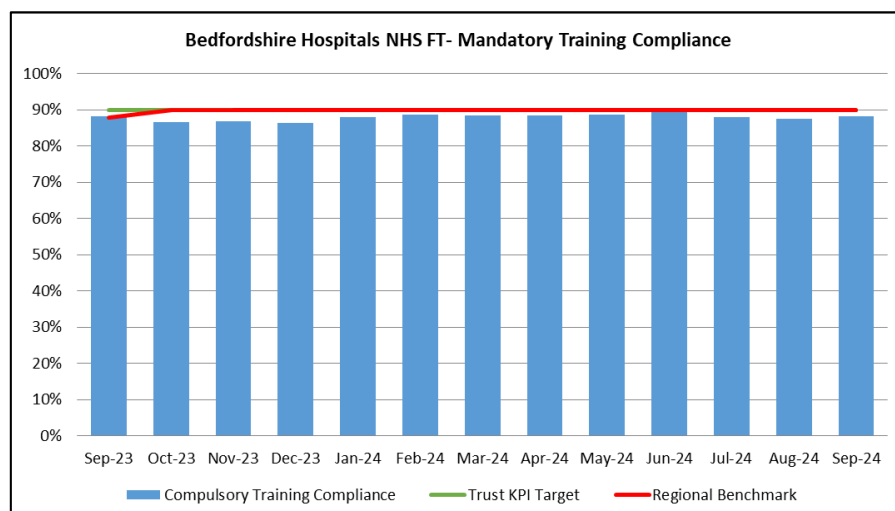
Appraisal

- Appraisal compliance has decreased by 0.82% to bring the average compliance to 73.75% compared to a regional benchmark average of 67%
- Whilst our appraisal compliance is currently below where we would like it to be, we are pleased to report that we still exceed the regional benchmark. This reflects our ongoing commitment to improvement and highlights the potential for growth in our Trust.
- In order to highlight the importance of appraisal compliance, the Workforce Information Team are working to include the data within a new Workforce Dashboard along with other key metrics.
- We recognise that there can be a delay between the completion of appraisals and their reporting to the Training Team. To address this, we plan to implement Electronic Staff Records (ESR) Supervisor Self-Service and to integrate our appraisal form into ESR using HTML coding. This will allow for direct recording of appraisals into ESR, ensuring quicker inclusion.



Mandatory Training

- The overall Trust compliance rate for mandatory training stands at 88.23%. This is just under two percent below the Trust and regional benchmark of 90%. However, we are pleased to report a growth of 0.71% in training compliance during the September period, which is a positive move towards meeting our targets.
- In order to highlight the importance of mandatory training compliance, the Workforce Information Team are working to include the statistics within the new Workforce Dashboard alongside other Key Performance Indicators (KPIs).
- We are currently working on establishing an interface between the E-Learning for Healthcare website and ESR to enable the automatic transfer of training completions. This feature will be especially beneficial junior doctors, who like the platform for its flexibility, allowing them to retain their system access after rotating to different organisations.



Staff Health and wellbeing

BLMK ICS Staff Wellbeing Festival

BLMK ICS have launched their first Staff Wellbeing Festival this October and November! This exciting festival features a range of virtual webinars, led by expert speakers, designed to support the wellbeing of all our staff across the ICS. Each week, for a period of six weeks starting from 7 October. The programme below and the brochure was shared with the Staff wellbeing Involvement group, for further distribution to their teams and colleagues, and highlighted in 'the week' a number of times. We have been kept apprised of booking numbers on a weekly basis to allow us to encourage maximum participation. The latest report shows that from the 355 individuals that have registered their interest 90 are Bedsft staff members.

The most popular webinar for bookings thus far is food and mood, with 111 members of staff across BLMK registering their interest

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

STAFF WELLBEING FESTIVAL

OCT-NOV 2024

MINDFULNESS/ MENTAL HEALTH	WOMENS HEALTH	RECOGNISING AND MANAGING STRESS	FINANCIAL WELLBEING	MENS HEALTH	NUTRITION/HEALTH AND WELLBEING
Managing Burnout and Stress DATE: 8 Oct, 2024 TIME: 10:00-11:00 LOCATION: online, MS Teams	Understanding Menopause DATE: 14 Oct, 2024 TIME: 11:00-12:00 LOCATION: online, MS Teams	Recognising and Managing Stress DATE: 22 Oct, 2024 TIME: 10:45-11:45 LOCATION: online, MS Teams	Cost of Living DATE: 26 Oct, 2024 TIME: PART 1 9-10, PART 2 4-5 LOCATION: online, MS Teams	Men's Wellbeing DATE: 05 Nov, 2024 TIME: 10:00-11:00 LOCATION: online, MS Teams	Food and Mood DATE: 12 Nov, 2024 TIME: 10:00-10:00 LOCATION: online, MS Teams
Mindfulness Evening Courses DATE: 8 Oct, 2024 TIME: 18:30-20:30 LOCATION: online, MS Teams	Dr Jennifer Cooper - Effect of menopause and what to do about it DATE: 17 Oct, 2024 TIME: 12:00-13:00 LOCATION: online, MS Teams	How to improve your sleep REC DATE: 23 Oct, 2024 TIME: 10:00-11:00 LOCATION: online, MS Teams	Budgeting and Saving DATE: 29 Oct, 2024 TIME: PART 1 9-10, PART 2 4-5 LOCATION: online, MS Teams	Men's Mental health DATE: 06 Nov, 2024 TIME: 11:30-12:30 LOCATION: online, MS Teams	Winter Wellness DATE: 13 Nov, 2024 TIME: 12:00-13:00 LOCATION: online, MS Teams
Work-life Balance DATE: 9 Oct, 2024 TIME: 10:00-11:00 LOCATION: online, MS Teams	Unlocking Menopause CAPS DATE: 11 Oct 19 Oct 2024 TIME: 10:00-11:00 LOCATION: online, MS Teams	Living With a Long Term Health Condition DATE: 24 Oct, 2024 TIME: 10:00-11:00 LOCATION: online, MS Teams	REGISTER NOW >		Movement, Posture and Stretching REC DATE: 14 Nov, 2024 TIME: 12:00-13:00 LOCATION: online, MS Teams
Art for Mental Wellbeing DATE: 10 Oct, 2024 TIME: 12:00-13:00 LOCATION: online, MS Teams	Looking After Your Body DATE: 16 Oct 2024 TIME: 10:00-11:00 LOCATION: online, MS Teams			REC RECORDED SESSIONS WILL BE AVAILABLE ON THE WORK, LEARN, LIVE WEBSITE UNDER THE "WELLBEING" HEADING HTTPS://WORK-LEARN-LIVE-BLMK.CO.UK/	

Flu Vaccination Programme 24/25

Flu vaccination is one of the most effective interventions to reduce harm from flu. Whilst it may not prevent every person vaccinated from getting the flu, it has been shown to reduce the severity of the illness.

Vaccine effectiveness is estimated between 30-60% in adults aged 18 – 65 (it is lower individuals over 65). Based on evidence that vaccine effectiveness can wane over time in adults, the Joint Committee on Vaccinations and immunisations (JCVI) advised moving the start date of the vaccination programme for most adults to the beginning of October,

with an aim that a majority of the vaccinations will have been delivered by the end of November.

Our Occupational Health departments began administering flu vaccines for all staff on the 1st October 2024, by way of clinics held in our Occ Health departments, central clinics in the main sites and roving vaccinators.

Invites have been sent to all staff via the vaccine track system, and staff are sent reminders on a weekly basis until they either have their vaccine/declare they have had their vaccine elsewhere or decline.

As of 21st October 24.59% of Bedsft frontline staff have received their flu vaccine (n1944)

Whilst there is no CQUIN target for this year the Trust has set a target of 64% uptake. Last year the Trust achieved 52.8% uptake

Cost of Living

In 2023, the Trust established a fund, to which staff who are facing financial hardship, due to an immediate situation, requiring funds can apply for support. The maximum amount being a total of £250. The first application was considered in March 2023, since which there have been a total of 49, with 28 of them being successful in their main request. Whilst 21 were unsuccessful, they were signposted to further support/advice such as debt management services, unions, financial adviser, Housing and benefits organisations and the support offered by our safe spaces.

Between March 24 and August 24, 40 members of staff have been supported in our safe spaces, with a total of 152 attendances and 416 emergency meal tokens issued for use in our staff restaurants.

Changes to Free/Heavily Discounted Travel

In July the Trust made the difficult announcement that the free/heavily discounted travel with Stagecoach and Arriva could no longer be supported from 1st Sept 2024. The Trust continues to communicate with local travel providers in order to request discounts where possible. Thameslink continue to offer 50% discount to our staff which staff can access with verification from our staff travel team.

Supporting Staff in a Mental Health Crisis

During peer listener support & supervision group meetings, some peer listeners spoke about their experiences of supporting colleagues who reported thinking of harming themselves, were in acute distress or thinking about ending their lives.

The message was that these incidences, although rare, raised high levels of anxiety and uncertainty about what actions to take to ensure that their colleagues were safe.

Whilst there was no formal guidance from the Trust for staff, there were pockets of expertise, such as in OH teams who had developed through experience rather than formal knowledge, and therefore not widely shared outside of these teams.

Amanda Spong, one of our Staff Principal Clinical Psychologists consulted with other staff wellbeing psychologists about what their Trusts provide.

The Bristol & Western NHS Trust kindly shared information on their intranet and after further discussion, it was agreed this would be a useful template to use to develop something for our Trust.

After consultation with the Psychiatric Liaison Teams and OH managers on both sites and listening to their experiences and suggestions. Using these, the Bristol & Western template was adapted to produce our flowchart. This was launched and promoted to coincide with Suicide Prevention Awareness day (Sept 10th).

Our Comms Team developed a piece for The Week and it appeared as a screensaver for a few days. The guidance can be found on the intranet under Staff Hub / Support for Staff / Supporting for Colleagues in Crisis.

Take heART - Nature, Nurture

New artwork has been unveiled at the Luton and Dunstable University Hospital to enhance the newly built baby changing facilities, situated at the main entrance.

For the second year running, take heART, the Trust-wide art and wellbeing group, collaborated with photography students at the University of Bedfordshire to create a series of images.

Rachel Chater and Sheena McLaggan, take heART founders, said: “It has been a pleasure for take heART to collaborate with the students from the University of Bedfordshire’s photography course.

“In consultation with the Trusts paediatric psychology team, the students created 'Nature, Nurture' - a calming and colourful series of images that we hope will enhance the experience of those using the facilities.

“Thank you to the students for developing a wonderful installation, to the course lead for supporting the project, and to the paediatric psychology team for offering their feedback and guidance.”



Freedom to Speak Up FTSU Report

For Board of Directors 6th November 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 2024/25

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 July - September 2024

13 members of staff raised new concerns with the Guardian during the past three months.

Six were about policies and procedure, poor communication, and seven about attitudes and behaviour and perceived bullying and harassment. The concerns about policies and procedures have largely been due to misunderstandings and the expectations of staff and have been resolved informally. Of the concerns about attitudes and behaviours, perceived bullying and harassment, these are being resolved with OD interventions, one has already been resolved during this period. One case from the previous report involving an OD intervention has been successfully concluded. Another remains ongoing.

Concerns raised on the L&D site July - September 2024

51 members of staff raised concerns through our FTSU Champions or directly to the Guardian.

One case involved a whole department and different staff groups. There were concerns about a Service that had outgrown its current space footprint and involved issues such as a lack of privacy to conduct sensitive conversations, lack of space for staff to carry out investigations and the overall negative impact all of this was having on the wellbeing of both patients and staff. This has direct involvement from the Chief Executive, Chief Nurse and Site Transformation Team for short term and eventually medium/long term solutions. The majority of cases involved inappropriate behaviours, perceived bullying and harassment, a breakdown in communication between staff and their direct reports and the overall impact all of this is having on their own health and wellbeing.

Many of these are being resolved through signposting through the early and respectful resolution process and direct conversations between the Guardian and the Senior Manager/Clinician for a particular area. One case involved Safeguarding with financial implications, which is now being handled through a formal trust resolution process, with support provided to the staff member who was affected.

Guardian Activity

Guardian activity has included:

- ✓ Attendance at various Inductions for staff- MDT Preceptorship, all newly appointed medical staff.
- ✓ Weekly Meetings with Culture and OD Team
- ✓ Representation of Respectful Resolution Group, Reciprocal Mentoring, Sexual Safety for Staff Working group.
- ✓ Monthly meetings with the HR and Culture & OD Directors

Audit and Review

A Workforce Committee Deep Dive took place on 11th September 2024. The aims of the review were to provide recommendations and advice to ensure that staff at Bedfordshire Hospitals:

- ✓ Feel safe to raise concerns
- ✓ Confident that they will be listened to
- ✓ And concerns will be acted on

Objectives of Review



- ✓ The structure and mechanisms that encourage staff to speak up and raise concerns
- ✓ The role of the FTSU Guardians and Champions- are they getting enough support/resources?
- ✓ The process- what happens when someone raises a concern?
- ✓ Risk and Governance processes including internal & external reporting.
- ✓ Current audit and review tools that will support this review.
- ✓ Discuss what people are coming to the FTSU Guardians/Champions about.
- ✓ Ways the Trust hears the staff voice and what they are telling us.
- ✓ Who we are not hearing from and what more can we do to ensure that we do?
- ✓ Are there inequalities that we should be aware of?
- ✓ How can we learn from cases raised and share this information in ways that ensure confidentiality is maintained?
- ✓ What are the barriers to speaking up?
- ✓ What works well?
- ✓ What doesn't work so well?
- ✓ Training for staff- what's available and how can we improve access

An Internal Audit of Freedom to Speak Up at Bedfordshire Hospitals was undertaken by RSM UK Risk Assurance Services between 9 September and 7 October 2024. The objective of the review was to provide assurance over the national reporting requirements of the FTSU Guidance, including the process of communicating and providing training to staff on their roles and responsibilities, governance and reporting arrangements.

A feedback meeting has taken place and the report which, provided reasonable assurance, and recommendations have been received. The Guardians are in the process of implementing the recommendations.



Report from the Digital Strategy Committee

For Board of Directors 6th November 2024

Agenda item – 11.1

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This Report updates the Board of Directors regarding the matters for escalation from the Digital Strategy Committee meeting held on 14th August 2024.

Governance

The committee reviewed the risks on the risk register in detail and updated where appropriate.

Digital Strategy

The Committee reviewed the draft Digital Strategy and recommended it for approval at the Board.

The Board approved the Digital Strategy on the 25th September 2024 and this will be published on the Trust Intranet.

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 Information Officer and Heidi Walker, Information Governance

Agenda item – 11.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

The Board are asked to note the contents of this report

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

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



Data Security and Protection

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

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

DSPT Submission

The Trust published its submission on 30th June 2024.

Trust status: **Standards Met.**

Data Security and Protection Toolkit (DPST) Assessment 2024/25 (V7)

In September 2024 the DSPT changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance.

This change has led to NHS Trusts, CSUs, ALBs and ICBs seeing a different interface when they log in, which sets out CAF-aligned requirements in terms of Objectives, Principles and Outcomes.

There are 5 Objectives with 47 contributing outcomes.

For a large NHS Trust, the 2024 DSPT changes aligned with the Cyber Assessment Framework (CAF) mandate that 30 out of the 47 contributing outcomes must be marked as "Achieved" to meet the required standard.

These outcomes primarily cover critical aspects like risk management, data security, incident response, and cybersecurity resilience.

This threshold ensures that NHS Trusts are compliant with essential data protection and cybersecurity standards, focusing on the most significant risks associated with handling sensitive healthcare data.

Interim (Baseline) publication will be required by 31 December 2024.

Deadline publication 24-25 DSPT is 30 June 2025.

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).

ICO Response: No further action.

Mandatory IG Training

The current rate of staff compliance with mandatory annual IG training has decreased by 0.30%.

Breakdown by location:

Bedford: 86.71%

Luton: 84.15%

Overall compliance stands at 84.99%

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 27 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 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.

Requests received: 1232
Breached legal deadline: 476

Overall compliance: 61.4%

Q2 poor performance was mainly due to the vacancy in Luton which increased the number of breaches during the period. New staff member in post has significantly reduced the backlog and Q3 will see an improvement in the compliance figures.

Breakdown for the period was:

Luton 660 received, 284 breached
Bedford 572 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.

172 FOI requests received, 75 breached. Overall compliance: 67% compliance.

The compliance rate is lower due to staff shortage and non-responders. We are currently tracking response rates and will present an accountability report to the IGSG.



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.

Data Quality

Data Assurance

Following the recent Information Governance Steering Group (IGSG) meeting, the critical data assurance and risk management issues raised have now been formally escalated to the Executive Board, highlighting the urgency of addressing these concerns to safeguard hospital performance and compliance.

In alignment with the IGSG action log, we have established a dedicated task force to spearhead data quality initiatives. This task force will focus on implementing system improvements, enhancing data entry protocols, and prioritising staff training. As part of this initiative:

1. **Regular Monitoring and Meetings:** Regular meetings are being held to review data quality issues, track progress on corrective actions, and ensure timely escalation of unresolved matters. Key stakeholders, including representatives from Data assurance, Information Governance, e-Health Records, will be involved to provide insights and support coordinated action.
2. **Resource Allocation and Workload Adjustments:** To facilitate effective data management, we will be assessing team workloads and redistributing tasks as necessary to ensure sufficient resources are dedicated to data quality efforts. This approach will help maintain balance across teams while prioritising data accuracy and compliance.

These measures, combined with our commitment to ongoing staff training and system enhancements, aim to establish a sustainable, high-integrity data environment across our hospital's operations. Further updates will be shared in upcoming IGSG meetings.



Sustainability Committee Report

For Board of Directors 6 November 2024

Author – Richard Sumray, Chair

Agenda item – 12.3

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary – no meeting since previous meeting of the Public Board

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



Charitable Funds Committee Report

For Board of Directors 6th November 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 18th September 2024.

Bid Approvals and Fund Updates

The committee approved spend for:

- The application for Shand Ward Mind Maze
- The Light up a life application
- Lip Balms from safe guarding
- Cardiology Echo Machines
- Agreed for Charity Team to pursue potential Arts Manager funding from Arts Council England.
- Primrose Unit Wellbeing room creation ratified.
- NICU portfolio to be released for spend on ASB
- Dementia volunteer Coordinator role, costings and Alzheimer's Dementia Advisor post agreed, to run a similar project to Blossom service, for dementia patients and their families.
- Volunteer to Career programme received an external grant to support administration around pilot programme. Spend agreed in line with this.
- Sands (Saving babies lives. Supporting bereaved families) grant funding agreed to support new maternity bereavement entrance works at Bedford.
- A plaque was agreed to name a fundraiser following a donation to NICU accommodation

Charity Report

The committee received updates on:

- The 2024/25 income from April – September was £486,260
 - Fundraising Team are working on following appeals:



- NICU Parents Accommodation – running costs £20k
- Little feet (maternity 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.
- The team are working on a charity partnership approach with Luton Airport.
- It was noted that community activities had picked up considerably in recent months.
 - A total of £5,192.34 was received from School donations between 1st April and 1st September
 - Luton Youth Council is supporting the hospital with Fundraising.
- Individual fundraisers:
 - Adrian Henry is running a 10K twilight for NICU
 - Connie Joy is partaking in a triathlon to support fundraising for Critical Care Appeal
 - Isobel has decided instead of wedding gifts she is raising funds for Orchard Ward and Maternity at Bedford Hospital
 - The Maternity Team are climbing Snowdon to raise funds for the Little Feet Appeal
 - Rebecca and her husband are running the MK half marathon for the Little Feet Appeal
 - Elliot Quince once again supported with his Euro Football Wall charts and made £7,150 for the NICU
- Corporate supporters:
 - Amazon
 - Kier
 - SPD Spark who make Clearblue products
 - Moochimoo
 - Mullen Electrical

Volunteering

- Current active Volunteers: 287 in over 40 locations across the hospitals.
- 13 volunteers are ready to start during September
- 18 are currently in the recruitment process
- Volunteer Week (1 – 7 June) was celebrated at both sites
- Maternity Services in Bedford now has three volunteers supporting. We continue to support other VCSEs in supporting our patients including Carers in Bedfordshire and Hospital Radio Bedford. An MOU is now in place with Maternity and Neonatal Voices Partnership to enable their volunteers to support at both hospitals. In addition, Cambridge Community Health Trust now have a Breastfeeding Peer Support Officer in post and it is anticipated that a number of volunteers will soon be available to support new families in Luton and Bedford.
- Voluntary Services is supporting the Research and Development teams in recruiting new Public Research Champions
- Voluntary Services is supporting the Research and Development teams in recruiting new Public Research Champions.



Work Experience and Student Programme

- 173 work experience placements between April and the end of August across both hospital sites. 80% were 16-18 years old. 3 placements were over 30, looking at career changes.
 - 96 placements were in medicine
 - 18 non clinical
 - 11 nursing
 - 16 Therapies
 - Others shadowing in specific areas.
- Currently developing agreement with Princes Trust on support towards their 12 week programme for young people.
- 493 students have engaged with opportunities through careers fairs, business enterprise sessions at schools and colleges within Luton and through delivering NHS careers sessions to classes within primary, secondary schools, colleges and SEND education schools.
- Student volunteering 5 month programme is going strong, with 3 new schools partnerships in place.
 - 15 students were active as part of the programme during April to End August 2024 on the Luton site and six more students are ready to start in September 2024.
 - The programme will start on the Bedford hospital site in October supporting Harpur Ward.

Management Reports and Governance

- The Annual Report
 - Baker Noel agreed as auditors for Charity accounts
- Charity Strategy
 - Charity 2025 - 2030 strategy discussed and agreed pending amendment suggestions
- Investment valuations were reviewed
- the general funds and fund balances were reviewed
- It was noted General Funds are above reserves.
- Agreed to lower risk rating against financial viability on the Charity Risk Register

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

- NHS England / Improvement
- CQC
- All Trust objectives

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 6 November 2024

Author – Simon Barton, Non-Executive Director

Agenda item – 12.2

Action

- Information
- Approval
- Assurance
- Decision

Contents/Report Summary

This report sets out the matters discussed at the Audit & Risk Committee (A&RC) on the 16 October 2024.

The Committee undertook its regular review of waivers of the requirement to seek competitive tenders from suppliers. Justification for a waiver would be for example, continuation of existing arrangements or where specialist knowledge means there is only one suitable supplier. Short timescales may also be a reason although lack of sufficient planning should not be.

There was 114 waivers in the period April to September 2024 of which almost half were attributed to specialist knowledge being required.

Although waivers are signed off at a very senior level, the committee has requested that it is given more detail on why each waiver is allocated to each category rather than being given the details of the category. The situation has much improved in recent reports.

There was no report from external auditors as they are in their planning stage for this year's audit. It has been agreed to continue with BDO. Contracts are close to finalisation with the Trust having obtained assurances on staff continuity and fees.

Detailed reports from RSM were received on completed internal audit work and on counter fraud. The Committee received four final internal audit reports which will be



taken through the appropriate governance forums. A generally very positive report was received on Counter Fraud.

A review of the governance of Board level risks, new risks and the Board Assurance Framework was undertaken.

A review of activity undertaken by the FTSU Guardians was also undertaken with the Freedom to Speak Up Guardians in attendance at the Committee.

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

Corporate Governance Report

For Board of Directors 6 November 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 37 governors with one vacancy for Staff, Non-clinical (Bedford).

Our Council of Governors is composed of:

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

Governor changes:

The resignation from Ravi Mahay, Staff Governor for Non-Clinical (Bedford site) was acknowledged.

Thank you

Thanks to the governor who ended their term on 18 September 2024:

- Helen Lucas – completed 3 terms (Lead Governor & Deputy Chair of the Council of Governors 2020 – 2024, Deputy Lead Governor 2017 - 2020)
- Belinda Chik - completed 3 terms
- Jenny Gallucci - completed 3 terms
- Judi Kingham - completed 3 terms (Deputy Lead Governor 2017 – 2020)
- Dr Michal Carter - completed 1 term
- Mr Dimpu Bhagawati - completed 1 term

Governor Elections for September 2024

The ballot papers to the contested constituencies were issued to Trust Members on 26 July 2024. The ballot closed on Thursday, 22 August 2024 and the results are published on the website.

Contested:

- Public, Luton – 3 vacancies:
 - Theresa Driscoll - re-elected (3 year term)
 - Wendy Cook - re-elected (3 year term)
 - Malcolm Lea - elected (3 year term)
- Public, Central Bedfordshire – 4 vacancies:
 - Linda Grant – re-elected (3 year term)
 - Claire Meakins - elected (3 year term)
 - Sarah Mortimer - elected (3 year term)
 - Trudy Onichabor - elected (3 year term)
- Public, Herefordshire – 1 vacancy:
 - Florentin Albu - elected (3 year term)
- Staff, Non-clinical (Bedford site) - 1 vacancy:
 - Josie Kiteley - elected (3 year term)

Uncontested:

The candidates for vacancies for the following constituencies were elected unopposed:

- Staff, Prof & Tech (Bedford site 1 vacancy):
Terrence Haynes-Smith - re-elected (3 year term)
- Staff, Non-clinical (L&D site 2 vacancies):
Hina Zafar - re-elected (3 year term)
Delroy Donaldson - elected (3 year term)
- Staff, Medical & Dental (L&D site 1 vacancy):
Mr P S Jambulingam - elected (3 year term)
- Staff, Nursing & Midwifery (L&D site 1 vacancy):
Yvonne Siudak - elected (3 year term)

The new elected governors took up office following the Annual Members Meeting on 18 September 2024.

Lead Governor:

Following Helen Lucas completing her term as Lead governors on 18 September the process to appoint Lead governor vacancy has commenced and the results will be out on 6 November.

Council of Governors Remuneration and Nomination Committee:

The committee assured the Council of Governors in August that Chair Richard Sumray conducted for NEDs the appraisals and also agreed with the NEDs and ANEDs the Objectives for the next 12 months, as required by NHS England. The committee also assured that they reviewed this and also noted Chair's additional principle objectives supplementing the six assessment domains.

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 both hospitals, engaging with the public and patients and enrolling them as Trust members. More than half of the yearly recruitment target has been achieved.

- The August 2024 issue of the Ambassador magazine was distributed to all members and stakeholders.
- The Annual members meeting was held on 18th September in Luton Sixth Form College.
- There was a great turnout at the last medical lecture held on 15 October at the Bedford. The topic was on 'Emergency Care (A&E and Ambulance Service) and How to Stay Healthy'. The public were able to hear from the experts, David Kirby – Consultant and Deputy Medical Director – Bedfordshire Hospitals NHS Foundation Trust, Lewis Andrews – Chief Operating Officer – College of Paramedics, Dr Vijay Nayar – General Practitioner and Craig Lister – Associate Director – Primary Care

Transformation Prevention Lead – BLMK ICB. They learnt 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 provided 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.

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:

- 28 August: At Bedford, Cath Suite, Cardiology outpatients, Cardiac Diagnostics and ENT and audiology non-ambulatory outpatients with Catherine Thorne, Charmagne Barnes and Governors David Allen and John Mingay, Bill Wood, Hannah O'Neill and governor Alison Tresidder.
- 11 September: At L&D, Ward 16 with David Carter, Richard Sumray and Governors Belinda Chik and Helen Lucas
- 2 October: At Bedford, Tavistock Ward and Outpatient / Elective Booking Team with Dean Goodrum, Tansi Harper, governors John Mingay and Noreen Byrne, Bill Wood, Simon Barton and governors Jacquie Farhoud, David Allen.
- 23 October: At Bedford, Shand Ward with Melanie Banks and governors Noreen Byrne and Malcolm Rainbow.

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.

Leadership Competency Framework

The Executive Director appraisals using the framework were completed.

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:

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

- Executive Board July 2024
- Board of Directors July 2024
- Quality Committee June, July and September 2024
- Finance, Investment and Performance Committee July 2024
- Workforce Committee August and October 2024
- Digital Committee August 2024

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

- 3433 – Risk of Triple Lock with the ICB/Region (high)
- Imaging equipment
- Aging ventilation
- Long waits in ED
- Fractured Neck of Femur

Emerging risks to consider:

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