



Bedfordshire Hospitals
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS

for the period April 2021
to March 2022





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Introduction

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About this Report

The report follows best corporate practice reporting on the Trust's strategy and performance against the objectives. The report presents information on national targets and financial performance and also gives a review of the quality of services.

The report is structured as follows:

Introduction

Statements from the Chairman and the Chief Executive

Strategy

The Trust strategic vision, performance against 2021/22 objectives and the corporate objectives for 2022/23

Operational Performance Report

Includes performance, recovery, integration, sustainability, emergency planning, digital, redevelopment

Our Patients, Our Staff and Our Partners

Includes other information about patient care, staff, Equality and Diversity and working with partners

Governance Accountability Report

Includes details of the Board of Directors, Council of Governors and Foundation Trust membership

Financial Performance Report

Includes performance against financial targets and any risks for the future

Annual Governance Statement and Annual Accounts

Includes the Annual Governance Statement and the annual accounts

Chief Executive and Chair Performance Statement

The last twelve months have continued to be extremely challenging for the Trust. Staff have had two years of extremely pressured working environments but in this last year we have been coping with Covid as well as trying to get the services back up and running following a successful vaccination campaign and the transition to a different phase of the pandemic.

In relation to our staff our key priority is supporting their well-being as we emerge from Covid. The full impact is still to be seen and understood but we are determined to focus attention on this area. We continue to look at different ways of providing this support but in the year we have improved our access to psychology services, created new rest rooms and invested in existing ones. As we develop new buildings on our sites we are increasingly aware of the need to design these with staff wellbeing in mind. As an example, the extension to ED at Bedford has created a new staff rest area above the department which will be a significant improvement from the previous arrangements.

Our focus on values continues to allow us to support each other through the next phase of our development. The staff networks that are now in place are starting to flourish and help us to establish a truly inclusive organisation where all of our staff feel supported and are treated as equal by their peers. As we go forward we will increasingly be using our values to design our recruitment and appraisal processes.

Throughout the year our emergency services have been under significant strain due to the Covid impact on our discharge pathways, the increased acuity of presentations and the changes in the way patients are accessing services. Alongside this, the demand for our elective services and the impact of the lockdowns during 2020, has caused a rapid rise in our waiting lists. We have a strategy to reduce the backlog and were pleased to see the efforts of our hard work in recently achieving the target reduction in patients waiting over two years.

None of these achievements would have been achieved without the self-sacrifice, resilience and sheer professionalism of our staff; these have been supported by a growing number of volunteers, to which The Board and Governors are deeply grateful.

The development of the Integrated Care System (ICS) represents a significant opportunity for us and our patients. We have to recognise that hospitals and the health service have relatively little impact on the primary causes of ill-health. The wider determinants of health such as deprivation, housing and environment are the factors

which drive the health of our local population. The ICS gives us the chance to work with our local authorities and other partners, such as the voluntary sector, to impact on those determinants. This is a way of working and an approach which is new and represents a move from simply treating ill-health to focussing on prevention and we want to use our position as an anchor institution in the community to make an impact beyond those responsibilities as a hospital provider.

Finally, we were pleased to receive approval of £230m to deliver a new Acute service block delivering additional theatres, new critical care and maternity and NICU services at Luton & Dunstable Hospital. Both Emergency Departments also secured capital funding from the centre. On the Bedford site we have improved the electrical infrastructure to facilitate future development and continue to progress on plans for the North Wing.

As the year closed, the bonds between our two hospitals strengthened and we are increasingly, two years after the merger, operating as an integrated Trust. Despite the challenges the foundations remain solid.



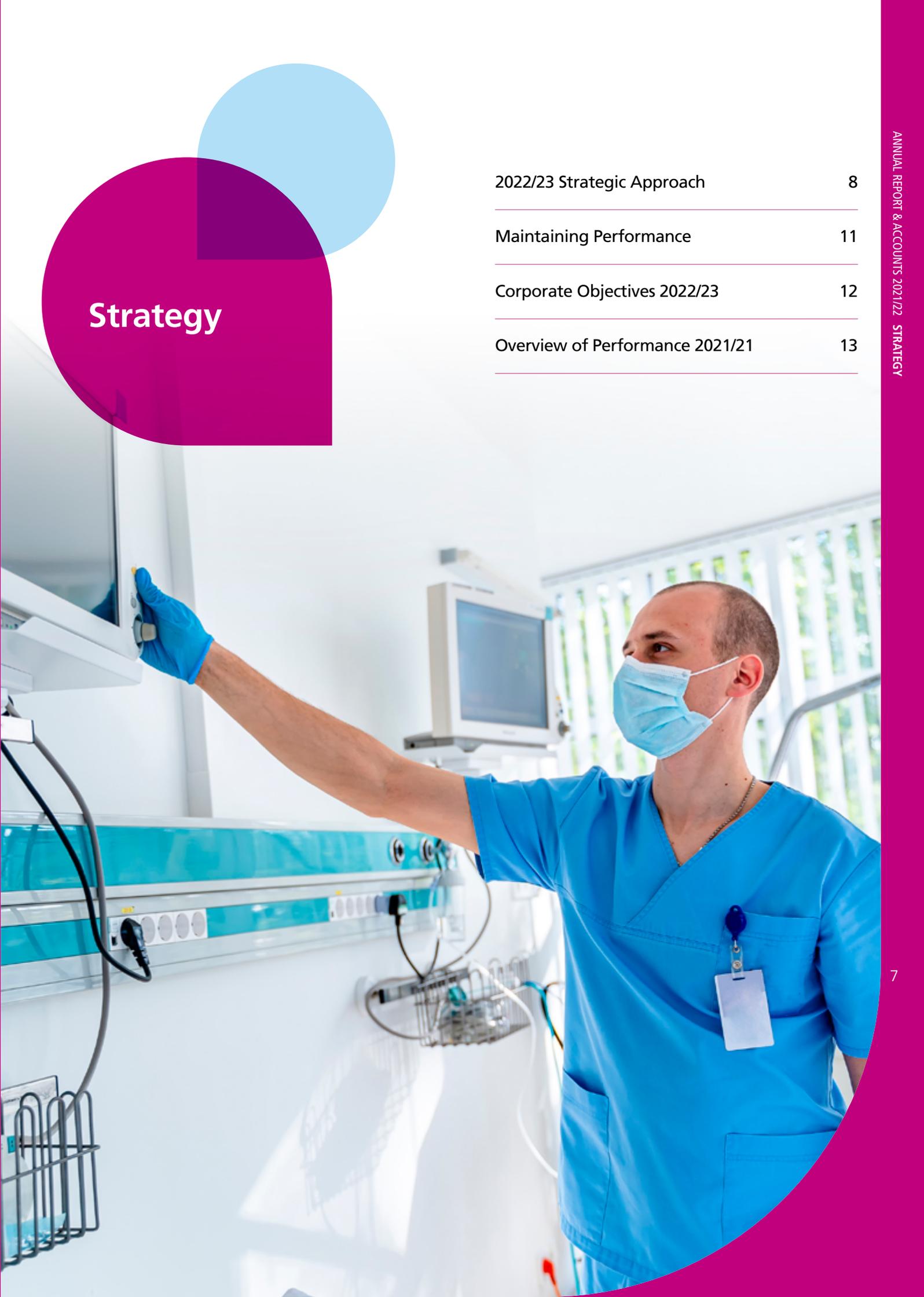
A handwritten signature in black ink, appearing to read 'David Carter'.

David Carter
Chief Executive
September 2022



A handwritten signature in black ink, appearing to read 'Simon Linnett'.

Simon Linnett
Chair
September 2022



Strategy

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2022/23 Strategic Approach

This section of the annual report provides an outline of the strategic plans for the Trust. The approach for 2022/23 has been shaped by the response and recovery from the COVID-19 pandemic and changing NHS landscape.

Against this changing environment the Trust's strategy has a number of different drivers:

- we have a highly deprived young urban population in Luton with a life expectancy of one year less than the average for England, and a dispersed, ageing, more affluent population in Bedfordshire and North Hertfordshire;
- the ongoing impact of the pandemic on the health and wellbeing of staff will take some years to play out;
- the continued population growth, twice the national average, will have 150,000 (20-25%) more people living in the Bedfordshire, Luton, Milton Keynes Integrated Care System (BLMK ICS) area by 2032, and we are part of the Oxford/Cambridge Arc which has the aspiration of 1m new houses across the Arc by 2050;
- we are in an area of the South East which has the most acute workforce challenges and we are disadvantaged by being positioned just beyond the area which receives outer London weighting;
- the legacy of Covid in terms of elective backlog will require a different approach to capacity, efficiency and productivity;
- we have a estate that needs redevelopment on both sites to support the significant growth in demand and address high backlog maintenance;
- the financial framework in the NHS no longer protects acute Trusts from rises in demand beyond their control;
- we are now an enlarged Trust giving us more critical mass.

Our strategy represents a response to these drivers:

Our People

Our people are central to our strategy. The need to recruit and retain more high quality staff has never before been so important or urgent as the growth and challenges faced mean workforce shortages continue to open up across all staff groups exacerbated by the pandemic. The recognition of the importance of putting our people at the heart of the strategic vision has been vital especially with the challenge of Covid, putting an enormous strain on our workforce. With our greater scale, offering more opportunities, the Trust is a more attractive employer like its two predecessor organisations.

Our Trust puts staff as the centre of its vision:

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

This vision is based on the idea that we will deliver outstanding care through a sequence of events – we will recruit the best people, we will develop and nurture them when they are here, and we will support them to create high performing teams. Outstanding care will not be delivered without this sequence.

The Trust developed a set of values and these were formally launched during 2021- we want an environment where people can THRIVE. The values are:

- Teamwork
- Honesty and Openness
- Respect
- Inclusivity
- Valuing people
- Excellence

The values complement the structures upon which the Trust is built - a commitment to service line management and a belief that high quality services are only possible through decision making close to the frontline and the accountability and responsibility that is devolved in line with this autonomy. To enable this type of approach to flourish, the development of clinical leadership is key. The new organisation is prioritising the development of its clinical leaders by investing time and resource in resilience, succession planning and talent management.

Our strategy includes:

- Implementing the people plan priorities
- Implementing values based recruitment and appraisals
- Designing innovative workforce models
- Developing the inclusivity agenda

Our Patients

The culture of the Trust is central to the creation of safe, high quality services. Our work on values, clinical leadership and organisational development are key elements of developing and nurturing that culture.

We want to deliver care and measurably improve our quality priorities. We want to build on the CQC ratings from 2018 and ensure that quality and safety reports and plans are reviewed and actions implemented across the Trust. We will be completing our externally facilitated Well-Led Assessment and will ensure that actions identified are

implemented that will support any future CQC inspections.

Maternity has been a significant focus during 2021/22 and this will continue through our reviews of the Ockenden Report, CNST assessments and CQC Action Plans. The Board will maintain significant oversight of this area to build on the improvement that have already been seen during 2021/22.

We have been significantly impacted by Covid over the past two years and our recovery plans will be focussing on productivity and returning to pre-pandemic levels. We will be working with our clinical service lines to ensure that we are working efficiently to reduce the waiting times for our patients.

Supporting these programmes is the work we are developing towards a clinical strategy. Following the merger of the two hospitals, although slightly delayed due to Covid, we have been working on our clinical strategy. This is due to be launched in the early part of 2022/23 and we will continue to monitor the implementation.

The financial regime for 2022/23 will be challenging as we recover from COVID focussing on quality, recovery and redevelopment of our sites. We believe in the need to maintain the levels of high performance and good financial stewardship. We will continue to give our staff the tools, incentives and support to deliver not just high quality care, but to promote a culture of continuous improvement through our Organisational Development Strategy, in order to maintain a dynamic and innovative culture.

Our strategy includes:

- Implementing the National Patient Safety Strategy
- Planning for CQC inspections
- Learning from Ockenden across the Trust and Service Lines
- Focusing on productivity and service re-designs to deliver
- Further developing and implementing the Clinical Strategy
- Developing a Health Inequalities strategy

Our Organisation

We recognise that there are key enablers to ensure that our organisation is fit for the 21st century i) our digital strategy and ii) our redevelopment strategy. Both of these will support us for future resilience to provide the best possible care to our patients.

We are working alongside our Integrated Care System to ensure that records can be shared appropriately and there are significant targets that we must aim to achieve.

We have governance processes in place to ensure that implementation of systems are priorities and completed safely with clinical engagement and support central to those plans.

Our work over the past year to understand both of our sites and develop a clear masterplan for both sites is central to the Trust. We have been successful on both sites to receive funding to support our plans for the Acute Services Block on the L&D site, expansion to the outpatients facilities on the Bedford Site and both EDs. However, we are keen to ensure that the next phase of the masterplan is clearly identified and takes account of the clinical strategy.

Our organisation has a plan to be a sustainability exemplar in the NHS. The objective of the NHS is to be carbon neutral and we are developing a strategy to support our action plan. We have a Sustainability Board Sub-Committee to oversee this agenda as we progress innovative initiatives both in relation to existing services and also new estate.

Our strategy includes:

- Developing the two year plan to be at HIMSS
- Implementing Care Record by end of the year
- Using the Clinical Strategy to direct the redevelopment strategy and the Trust priorities towards phase 2 development programme
- Ensuring that any capital that is made available is implemented in line with the Trust Redevelopment Strategy
- Working towards Net Zero by 2030

Our Community and System Partners

The Trust recognises that, increasingly, the needs of complex patients can only be met by service provision which is truly integrated across the hospital and community divide. There is more recognition that staying in hospital beyond the time when a patient's medical needs are met is not just sub-optimal but is dangerous and increases the long term cost of care.

The White Paper outlining the plans for the Integrated Care System is an important step in our future as we look to play a leading role in the ICS which will develop our ambitions to support, develop Community and Primary care across Bedfordshire. We want to support primary care delivered at scale, integration of IT systems, more proactive and reactive community interventions and delivery of out of hospital care. We have engaged in the processes to support the implementation of the Integrated Care Boards from July 2022 and we will continue to support our population through the Bedfordshire Care Alliance.

We will continue to take steps this year to support community and primary care provisions by overseeing, in conjunction with our partners, the further development of community health hubs such as the Dunstable Hub and the Bedfordshire Hub.

We will maintain our service portfolio with its mix of general and tertiary services across both our sites that meets the needs of our population, makes the Trust an attractive place to work, facilitates recruitment and retention of the best clinical staff and adds scale and resilience to our operations. It supports our integration work and our COVID recovery programme.

Our strategy includes:

- Engaging with the Integrated Care Board (ICB) to recommend appropriate delegation to the Bedfordshire Care Alliance
- Consider how the Trust can engage with community and mental health care to support patient flow
- Work closely with the ICB to ensure appropriate services for the population of Bedfordshire

Summary

The Trust will continue to focus on culture and values as the most important elements of its organisation strategy underpinning its approach, its structures and its visions.

In 2022/23, there will be many challenges to deliver services back to pre-pandemic levels and the progress of our recovery plans will be a key action. The Trust will continue the integration agenda and build on the infrastructure for the future. Our Digital programme will provide the platform and our work developing community and primary care provision will all work towards improving healthcare provision. We will be central to the support of the Integrated Care Boards to play our part in the service provision across our population.

Maintaining Performance

A key priority for the Board of Directors is to sustain the level of delivery against national quality and performance targets delivered by the Trust in recent years. However, the impact of Covid during 2021/22 has largely made this impossible. Along with increasing challenges in the context of workforce and physical capacity pressures we have increasingly worked and thought differently to some of our traditional models of care delivery. Working with commissioners to improve planned care pathways and reduce unnecessary face to face contacts, and to ensure that patients only attend hospital for urgent and emergency care when there is really no alternative, will be fundamental to continue to support growing numbers of patients within service constraints.

Maintain and Develop Key Clinical Specialties

- Implement the Recovery Waiting Times plans
- Ensure continued delivery of core clinical services to secure our future in terms of clinical excellence, financial sustainability and reputation.
- Develop clear annual plans and extend the performance framework at service line level, using Getting It Right First Time (GIRFT) and Model Hospital information to inform opportunities to reduce clinical variation and for continual improvement.
- Ensure that specialty plans give consideration to the 'necessary volume' to ensure the economies of scale required for the delivery of seven day services and financial and clinical sustainability.
- Continue to develop the clinical integration across our two sites.

Develop Opportunities for Integration and Partnership with:

- Bedfordshire Care Alliance – Chaired by the Bedfordshire Hospitals NHS Foundation Trust Chief Executive
- Integrated Care System and collaboration with our partners to support community and primary care healthcare provision.

Ensure Sustainability

- Continue to improve the patient experience and safety, for example, through improving communication and the provision of information to patients and greater access to consultant-led care.
- Ensuring the maximum use of information to deliver safe and efficient care by using digital patient information wherever possible, and support information systems at all levels of the organisation.
- Directing our capital resources at those service changes which will allow sustainability of performance.
- Maintain financial sustainability, delivering a comprehensive programme of efficiency projects which meet the financial regime and underpin the financing of the redevelopment programme.
- Continue the greater focus on performance at specialty level in order to benefit fully from service line management and provide additional direct engagement between clinical leaders and the Board of Directors.
- Continue to review and strengthen performance by the use of internal and external expert review.
- Use the framework of the backlog maintenance review to support the delivery capital improvements that address the priority issues either through redevelopment or replacement.
- Continue to progress update of business continuity accountabilities, processes and mitigations ensuring they are still current and fit for purpose.

Corporate Objectives 2022/23

The Trust's Strategic and Operational Plans are underpinned by Corporate Objectives:

- 1. Attract, value and develop the best people to deliver outstanding care in an environment where people can THRIVE.**
- 2. Measurably improve our quality priorities, meeting the performance targets and financial regime.**
- 3. Achieve full recovery of services and develop the plan for restoration of elective waiting times.**
- 4. Operate in an infection safe environment**
- 5. Build on the integration work achieved during the first years of merger and finalise the clinical strategy.**
- 6. Development of the redevelopment masterplan for both sites.**
- 7. Becoming a sustainability exemplar organisation in the NHS.**
- 8. Working closely within the new ICS governance, developing the Bedfordshire Care Alliance as a formal committee of the ICB to increase the integration of services between acute, community, primary care and social services with progression towards formal delegation of budgets from April 2023.**

Overview of Performance 2021/21

Performance against Corporate Objectives 2021/22

Objective 1 - Attract, value and develop the best people to deliver outstanding care in an environment where people can THRIVE

In 2021, The Trust continued the delivery of our Culture and Organisational Development Strategy with an emphasis on the following areas of priority:

- Freedom to Speak Up (FTSU) and Peer Listeners
- Wellbeing
- Staff survey
- Embedding our values
- Leadership Development and Talent Management
- Schwartz rounds

There is more detail on our progress within the Organisational Development Performance section of this report.

We have continued with our Engagement Events to support health and wellbeing across both sites to provide support staff through the Covid pandemic. We had the Wellbeing Bus on site in July and again in December which was very well received. The Trust finalised the location of a permanent health and wellbeing hub at the Bedford site following securing a site at the L&D in the previous year.

Objective 2 - Measurably improve our quality priorities, meeting the performance targets and financial regime.

The Quality Account details the Trust's outcomes for quality. This document is available on the Trust Website <https://www.bedfordshirehospitals.nhs.uk/corporate-information/trust-publications/annual-reports-and-key-documents/>

Bedfordshire Hospitals NHS Foundation Trust is fully registered with the CQC and is rated as GOOD overall. However its current registration is Registration with Conditions which relate to Midwifery and Maternity services at its Bedford hospital site.

Following an unannounced inspection by the CQC of maternity and midwifery services at the Bedford Hospital site in November 2020 the Trust was notified of the CQC decision that under Section 31 of the Health and Social Care Act 2008, conditions were imposed our registration as a service provider in respect of these services.

These conditions have remained in place throughout 2021/22 during which time the Trust has continued regular engagement meetings with the CQC and continued work on implementation of the comprehensive improvement

plan which was put in place to address those areas identified as requiring improvement. This improvement plan continues to be overseen through the operational clinical quality boards of the Trust and in addition an assurance report is provided to the Trust Board's Quality subcommittee monthly.

There has been considerable focus during the year on Maternity by the Board. The Patient Safety Champions are Annet Gamel (Non-Executive Director) and Liz Lees (Chief Nurse) and they have met regularly and met with the teams to continue to monitor performance. The Ockenden reports were published and the teams have worked hard to provide assurance to the Board on progress with the recommendations. Further details can be found in the Trust Quality Account previously referenced.

During 2021/22, the Trust continued to monitor performance against the nationally mandated waiting times and other indicators. However, the unprecedented global pandemic has considerably impacted the Trust's ability to achieve the targets. They do not form part of the Trust's governance arrangements with NHS Improvement / England but they are a benchmark of performance.

Across the Trust we have a programme of financial management in place. Each service line manages the financial position. Clinical Directors, General Managers and Lead Nurses are responsible for tracking the success of each service line on a monthly basis and reporting their position to their Executive Review meeting. These reports feed into the Finance, Investment and Performance Committee and ultimately the Board of Directors.

The financial regime changed, due to COVID 19, in 2021/22 from a Payments by Results regime, to one of block payments. Despite this the Trust recorded a surplus in 2021/22. However, there is considerable change in the regime for 2022/23, including working with our system partners to achieve financial balance. The progress is reported through the Finance, Investment and Performance Committee.

Objective 3 - Achieve full recovery of services and develop the plan for restoration of elective waiting times.

Over the last two years there has been significant work across the Trust to transform ways of working to tackle the long waits that patients are seeing. The Trust has led on a number of innovations including different ways of working, use of technology, enhanced roles across the whole workforce and changes in clinical pathways. The Trust's Quality Committee continued to receive reports and assurances on progress and plans and reported to the

Trust Board of Directors. The target for the Trust to have no patients waiting longer than two years (104 weeks) by the end of March 2022 was extended to July 2022, but the teams managed to achieve only 10 patients who had been waiting longer than two years by the end of March (reduced from over 400 in October 2021). This is a considerable achievement considering during this time the Omicron variant was emerging and the Trust had many pressure both covid and non-covid. The Trust will continue with ambitions to return to pre-covid levels of waiting times in line with the NHS Improvement targets.

Objective 4 - Operate in a COVID safe environment

The Trust has continued to ensure that national guidance was followed throughout the year. A strategic call held three times a week attended by the Executive and key staff ensured that there was up to date information and responses were quick to new variants, guidance and staff concerns. The Executive continued to address any issues through monthly or extraordinary staff briefings to reassure our staff and provide support for health and well being.

The Trust continued to see significant operational pressures from Covid-19, both with the bed pressures resulting from isolation, cohorting and maintaining separate pathways, and the huge staffing impact from such high numbers of staff being away from work either directly due to infection, or as a result of household contacts. Changes to the national IPC guidance supported earlier return to work for individuals with negative Lateral Flow testing but the numbers of staff absent as a direct result of the very high community prevalence are as high as at the peak of the wave in January 2021.

As a result of worst case scenario planning, acute trusts were encouraged to put in place super surge plans for additional beds, over and above case usual winter escalation levels. Both sites were able to identify around 50 areas that could be converted to additional beds in extreme situations, albeit not without significant impact on outpatient and other care. This did not have to happen over the last year, but the planning ensured the Trust was able to respond in an appropriate manner if it did.

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) (No. 2) Regulations 2022 was approved by Parliament on 6 January 2022 which requires all front line staff and non-clinical support staff who enter clinical areas as part of their role (not corridors or the canteen but where regulated activity takes place) to have received a full course of an MHRA approved COVID vaccination or a specified exemption. The Trust stood up a team to identify the staff working with HR and the

vaccination teams. However, the Government rescinded this requirement in February 2022 but the Trust continued to support staff to get their vaccinations to remain as safe as possible.

Objective 5 - Build on the integration work achieved during the first year of merger and develop the clinical strategy

The focus of clinical integration is now working with teams to formulate the Overarching Clinical Strategy for the Trust. The Clinical Validation Committee (CVC) remains in place and reports into the Integration Board which has now become the Clinical Strategy Board (CSB).

The Integration Team are working with all Clinical Service Lines (CSLs) to articulate their strategic visions and working with the Overarching Board Chairs to pull together overarching themes pertinent to multiple CSLs.

The Team are working closely with Redevelopment to ensure that key strategic estates milestones are factored into the overarching strategy. Crucial corporate enablers include workforce & training and digital; the clinical strategy will be utilised to pull together the priority list of IT system integration for the CSLs.

Following the first iteration of the strategy the team will continue to refine and consult more widely with key stakeholders who may be impacted by any proposed changes in order to formulate implementation plans to be worked on over the coming years. The expectation is for the CVC and CSB to remain in place as 'think tanks' where ongoing strategy can be discussed.

Post the 'Discovery Phase' of the first 18 months the Trust has undertaken a review of the governance structure for integration i.e. the Merger Benefits Committee, the Clinical Validation Committee and Integration Board. It has been decided that the Integration Board will transition to a Clinical Strategy Board which will produce the unified Trust Clinical strategy. This will incorporate contributions from the individual service line strategies and will align with Trust Redevelopment plans. The majority of our corporate integration is now complete and transitioning to business as usual with new structures largely in place.

Objective 6 - Commence the construction of the Acute Services Block and continue with the overall redevelopment plan on both sites

The Trust secured £21m of external funding to upgrade and expand the Emergency Departments (ED) on both hospital sites, in response to the COVID-19 pandemic. Both projects increase capacity, segregate adult and children's pathways and provide socially distant waiting spaces. Last year, building works to the Bedford Hospital

Emergency Department were completed, which saw additional same day emergency beds on Victoria Ward, additional paediatric and adult capacity. A two-storey extension provides appropriate waiting space and a new reception. On the L&D site, works to upgrade and expand the ED are continuing with a noticeable difference externally, with the installation of the steel frame for the extended area. Once complete, the project will deliver an expanded and refurbished ED with increased capacity, a new and fully segregated Paediatric ED, a CT scanner located within the department, additional waiting room capacity, dedicated mental health facilities, and a remodelled main entrance and patient drop off area.

In January, The Trust received final approval of the £168.6m capital scheme from the Department of Health and Social Care (DHSC) for an Acute Services Block and New Ward Block on the Luton and Dunstable University Hospital (L&D) site. This has allowed the Trust to enter into contract with Kier, who started works on site in January 2022 as planned. The works are due to complete in 2024. Work on the new Energy Centre, which supports the Trust Green Plan, continues and is expected to complete in 2023. This will deliver a substantial reduction in energy consumption and increased resilience across the site. The L&D site will become one of the most environmentally friendly hospitals in the country.

Over the past year there have been major key deliveries. This has included the chimney flue, steel frame, combined heat and power (CHPs), boilers, generators and chillers.

At the end of 2021, the Trust was awarded funding to support with COVID-19 elective recovery. This funding is being used to convert the first and second floors of Cauldwell Centre at Bedford Hospital into additional Outpatient facilities. The project will provide 27 additional Outpatient rooms, four e-consult rooms and three treatment rooms. The increased capacity supports the Trust to reduce the waiting lists built up through the pandemic, allowing patients to be seen earlier so that care and treatment plans can be put in place quickly. Work is well underway on this project, and is programmed to complete at the end of June 2022.

On the Bedford site, additional projects include a bid to the centre to gain financial support in delivering additional surgical capacity (clinic space and an operating theatre), as well as ambulatory capacity to support same day care for patients. We will share further plans on this as they progress.

Objective 7 - Becoming a sustainability exemplar organisation in the NHS

Despite the significant challenges of the past two years, the NHS became the first health system in the world to publicly declare its commitment to reach net zero and published Delivering a 'Net Zero' National Health Service report in

October 2020. This report outlined headline targets to reduce system wide carbon emissions within direct control (NHS Carbon Footprint) to net zero by 2040, and wider indirect carbon emissions including the supply chain (NHS Carbon Footprint Plus) by 2045, with interim 80% reduction targets by 2028-2032 and 2036-39 respectively.

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

While Green Plans are expected to be three-year strategies, several early interventions have already been taken by a wide variety of trusts and Integrated Care Systems. Initiatives that have been already delivered by BHFT are:

- An approved Green Travel Plan
- Strengthened collaboration with the Supply Chain & Procurement Team
- Stakeholder Engagement, Education and Learning
- Food and Nutrition to reduce the carbon footprint.

Objective 8 - Play a leading role in the ICS and Bedfordshire Care Alliance to increase the integration of services between acute, community, primary care and social services

The Trust has continued to work across the BLMK footprint to support the Integrated Care Systems. The Chief Executive has continued to chair the A&E Delivery Board and also chairs the Bedfordshire Care Alliance working towards integrated service solutions for Bedfordshire.

The Trust worked closely with BLMK colleagues during the global pandemic to support the provision of services during unprecedented times.

The Trust has continued to work across the STP/ICS to progress the digital agenda to support the work to deliver an integrated care portal to enable sharing of records across all health and social care systems locally.

As part of the Trust supporting the integrated care agenda when the Health and Care Hub initiative began in Dunstable, Bedfordshire Hospitals NHS Foundation Trust agreed to be the Headlease holder working with service providers to make the best use of this space to deliver an efficient and effective integrated care hub solution. This will bring together a mix of health and care professionals in a single location to promote more joined up working between the NHS, the council and voluntary and community sectors.



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Principal activities of the Trust

Bedfordshire Hospitals NHS Foundation Trust is a large general hospital across two sites, Luton and Dunstable University Hospital and Bedford Hospital

The Trust has approximately 1057 inpatient beds across the two sites and provides a comprehensive range of general medical and surgical services, including Emergency Department (ED) and maternity services for people in Luton, Bedfordshire, Hertfordshire and parts of Buckinghamshire. Last year we provided healthcare services for over 153,000 admitted patients, over 700,000 outpatients and Emergency Department attendees and we delivered over 8,100 babies.

All inpatient services and most outpatient services are provided on the Luton and Dunstable Hospital and Bedford Hospital sites. The Trust provides community musculo-skeletal services (MSK) at three locations across the catchment area, including our Orthopaedic Centre situated further along Dunstable Road and chronic obstructive pulmonary disease (COPD) and Diabetes services for South Bedfordshire. Outreach clinics for phlebotomy and therapies are also sited at the North Wing site in Bedford.

We serve a diverse population across Luton, Central Bedfordshire and Bedford Borough.

Luton has a population of about 210,000 (Luton Annual Public Health Report 2013/14). Luton is an ethnically diverse town, with approximately 45% of the population from non-white British communities (Luton Borough Profile 2011 census data). Within this group there are significant Pakistani, Bangladeshi, Indian and African Caribbean communities. We celebrate the diversity of our population and are committed to ensuring that issues of equality and diversity have a high profile. There are particular healthcare challenges in an area with high levels of ethnicity. The 2010/11 Luton Annual Public Health reports states that in many cases, Black and Minority Ethnic (BME) communities have poorer health outcomes when compared to the overall population and these are linked to infant mortality, access to services due to awareness, language and cultural barriers, early onset dementia and diabetes. The Index of Multiple Deprivation 2016 also indicates that Luton is

becoming more deprived. The Luton Annual Public Health Report 2018 (most recent published report) focussed on the implementation of the Luton Investment Framework, which is already providing excellent opportunities to improve the health of the people of Luton. Wellbeing and economic prosperity are closely linked. A thriving economy cannot be achieved without good health, and good health cannot be achieved without a thriving economy.

Central Bedfordshire is a unitary authority serving a growing population of around 274,000. It is a largely rural area with over half the population living in the countryside and the rest in a number of market towns (Central Bedfordshire Website). The area is generally prosperous, with above average levels of employment. This could mask the few areas where there are pockets of deprivation and, greater need in Dunstable and Houghton Regis. 10.3% of people living in the area are from black or ethnic minority communities. While Central Bedfordshire has relatively low levels of deprivation overall, these areas face particular challenges relative to the rest of the area. In addition, there are a number of communities (including the areas noted above) with specific issues, that appear in the 10% most deprived nationally when specific aspects of deprivation are considered such as crime, education, skills and training, income, and barriers to housing and services.

Bedford Borough has a population of 173,292 (Office of National Statistics) and 28.5% of the population is from black or minority groups. Nationally Bedford Borough is in the mid-range on overall deprivation but this ranking masks areas of significant deprivation affecting many residents in Bedford and Kempston Towns.

The Trust has developed a range of specialist services including cancer, obesity, neurophysiology and oral maxillofacial (jaw) surgery. We have the responsibility for treating the most premature and critically ill newborn babies across the whole of Bedfordshire and Hertfordshire in our tertiary level Neonatal Intensive Care Unit (NICU). We also have one of the country's largest breast screening centres.

Division	Specialties		
Medicine	Emergency Department Acute Medicine Ambulatory Care Elderly Medicine Limb Fitting Stroke Service General Medicine	Respiratory Medicine Diabetes and Endocrinology Gastroenterology Cardiology Dermatology Heptology Neurology	Neurophysiology Orthotics Genito Urinary Medicine Rheumatology Obesity
Surgery	General Surgery - Colorectal - Upper Gastrointestinal - Vascular - Bariatric Surgery Urology Paediatric Surgery	Trauma & Orthopaedic Hospital at Home Critical Care Plastic Surgery ENT Cancer Services Medical Oncology	Ophthalmology Oral & Maxillofacial Surgery Anaesthetics Pain Management Orthodontics Audiology
Women and Children's	Obstetrics Community Midwifery Early Pregnancy General Gynaecology	Gynae-oncology Paediatrics Fertility Neonatal Intensive Care Unit	Uro-gynaecology Ambulatory Gynaecology
Diagnostics, Therapeutics & Outpatients	Pathology Services - Blood Sciences - Cellular Pathology - Microbiology - Phlebotomy Haematology Care	Pharmacy Physiotherapy and Occupational Therapy Imaging Musculoskeletal Services Dietetics	Speech & Language Therapy Clinical Psychology Outpatients Breast Screening

During 2021/22 the Clinical Service Line Clinical Directors, General Managers and Lead Nurses and Executive Directors met in the Executive Review Meetings to maintain clinical accountability at specialty level. The Chief Nurse met with Care Units to oversee ward quality and performance.

A suite of oversight cross cutting boards are in place to ensure that there is development and learning across service lines when required.

For detailed information on related parties see [note 25](#) to the accounts.

Review of Operational Performance and Recovery

Responding to the unprecedented challenge of the pandemic has inevitably had a huge impact on the Trust and the wider NHS as a whole. The Trust had to completely change the way it worked, and many of us have made personal sacrifices to be there for our patients at their time of need.

The Trust has worked hard to treat both COVID-19 and non COVID-19 patients throughout the pandemic – combined with the successful delivery of the biggest vaccination programme to date, the Trust has come a long way.

Over the last two years there has been significant work across the Trust to transform ways of working to tackle the long waits that patients are seeing. The Trust has led on a number of innovations including different ways of working, use of technology, enhanced roles across the whole workforce and changes in clinical pathways. This includes:

- Streaming of patients in Emergency Department to manage safely, and senior 24/7 medical cover
- Virtual, telephone and triage clinics - clinics with around 25% of all appropriate outpatient work now non face-to-face
- Developing and expanding the practice of Patient Initiated Follow Up (PIFU) for some conditions, where patients are able to escalate any changes that might require clinical intervention, rather than booking Outpatient slots at predefined times that may not be necessary.
- Home working and use of technology
- Working in partnership with other NHS and private sector providers to help provide additional capacity for planned care
- Support & wellbeing initiatives for staff

Aligned to this are other improvement programmes of work including Outpatients transformation – the renovation of two vacant floors in Caudwell Centre on the Bedford site, which will provide 27 additional outpatient rooms, four e-consult rooms and three treatment rooms across two floors. This will enable us to increase the number of clinics we can run, and in turn reduce the waiting times for some of our outpatient services.

Teams ensure that the Trust longest waiting patients were all treated by 31st March. With less than 10 patients who weren't able to have surgery before that date, the Trust is on track to meet the NHS Elective Care operational target of July 2022, in which no one will wait longer than two years for an elective treatment.

Patients are prioritised on clinical need in line with national guidelines and the Trust is also working with NHS healthcare partners and the independent sector to increase

capacity where possible.

The NHS Recovery Plan 'Keeping people safe from COVID-19' recognised the challenge of recovering our waiting times to pre-pandemic levels while supporting the continuation of planned and urgent care all NHS services.

To tackle this, NHS England released a recovery plan to address the significant impact that the pandemic had on elective and outpatient waiting times. The plan outlines how the NHS will make best use of the extra £8 billion Government funding by bringing in innovations, new ways of working and new investment in four areas:

- Increasing health service capacity
- Prioritising diagnosis and treatment
- Transforming the way we provide elective care
- Providing better information and support to patients

The plan sets out a vision for how the NHS will recover and expand elective services over the next three years. The operational targets are:

- Waits over two years to be eliminated by July 2022
- Waits over 18 months to be eliminated by April 2023
- Waits over a year to be eliminated by 2025

As part of the recovery plan NHS England have created a digital platform called "My Planned Care" which will provide an open access web based platform to provide greater transparency to patients on waiting times. It will also give patients more control over their own health and offer greater choice of where to get care if they are waiting too long for treatment.

In the face of undeniable pressure, what the Trust has achieved has been remarkable. Staff have proven to be resilient and resourceful throughout a time that has been frightening for us all. The Recovery Plan is a key milestone for us. Although all this work cannot happen overnight, The Trust is determined to return to full outpatient and operating capacity, so patients get the right treatment at the earliest opportunity. These are the steps forward beyond the pandemic and learn to live with COVID-19.

Trust Covid Vaccinations Centres

The local response to the staff and community Coronavirus vaccination project has been extensive over the year. The two Hospital sites alone have given over 42,000 vaccines over 2021 which is credit to the committed teams who have come together to deliver the programmes, often at short notice.

The Trust has worked with partner organisations to ensure that vaccine supply was secured, site vaccination centres established and doses available to those who needed it.

We followed the advice from the local Joint Committee on Vaccination and Immunisation (JCVI) on the groups that should be prioritised for vaccination.



There have been a number of innovative pilots in Luton and Bedfordshire including the vaccination of our religious leaders at Luton and Dunstable Hospital to help spread confidence in the programme through our community leaders. In Bedford, the Mosque and Sikh temple have been used as vaccination centres providing assurance to those who were particularly anxious. In addition, Bedfordshire, Luton and Milton Keynes (BLMK) system partners have been able to secure national pilots to vaccinate outside of eligibility criteria to prevent spread through hard to reach groups. This has included vaccinating those who are homeless, the vulnerable such as care home residents and our traveller communities. The most recent pilot agreed with the national team was to vaccinate parents and teachers between the ages of 30 and 39 at the Bedford schools who had outbreaks of COVID in May 2021. The aim being to test whether vaccination can prevent further spread.

The Public Health teams at the Local Authorities have kept us informed of outbreaks and as a Trust we have been able to respond, at pace, to meet the needs of these situations.

The vaccination programme has demonstrated the strength of the local NHS, coming together as a team with innovation and energy to meet the needs of our community. The Trust has been proud to play its part in responding to the need to vaccinate not only our own staff but those from other priority groups and the wider community.

The vaccination hubs were again stood up in October 2021 to deliver the 3rd vaccination across our staff and community. Both sites continued to provide this through the Christmas period into January which demonstrates the commitment from our staff and the dedication to the provision of the vaccines.

Neutralising monoclonal antibodies (nMABs)

The Trust established a BLMK COVID-19 Medicines Delivery Unit (CMDU) for non-hospitalised adults and children (aged 12 years and above) with COVID-19 in the nationally identified highest risk patient cohorts. The aim is to prevent hospital admission and serious illness.

The treatment is by intravenous infusion of neutralising monoclonal antibodies (nMABs) or oral antivirals and Bedford Hospital is the treatment site for the whole trust for nMAB infusions.

As of 13 January 2022 the Trust has treated 51 patients with monoclonal antibody infusions in an ambulatory setting and the service is running every day. The nursing and pharmacy teams were essential in setting this up so quickly and it has been an excellent example of working in partnership with primary care and CCG colleagues who were involved in triage.

Regulatory Performance Ratings

including NHS System Oversight Framework

The Care Quality Commission (CQC) is the organisation that regulates and inspects health and social care services in England. All NHS hospitals are required to be registered with the CQC in order to provide services and are required to maintain specified 'essential standards' in order to retain their registration.

As part of its role the CQC is required to monitor the quality of services provided across the NHS and to take action where standards fall short of the essential standards. Their assessment of quality is based on a range of diverse sources of external information about each Trust that is regularly updated and reviewed. This is in addition to their own observations during periodic, planned and unannounced inspections. If an issue raises concern during the data review process or from other sources of information, CQC may undertake an unplanned, responsive inspection.

Bedfordshire Hospitals NHS Foundation Trust is fully registered with the CQC and is rated as GOOD overall. However its current registration is **Registration with Conditions** which relate to Midwifery and Maternity services at its Bedford Hospital site.

Following an unannounced inspection by the CQC of maternity and midwifery services at the Bedford Hospital site in November 2020, the Trust was notified of the CQC decision that under Section 31 of the Health and Social Care Act 2008, conditions were imposed on our registration as a service provider in respect of these services.

The conditions required the Trust to make improvements related to the maintenance of safe staffing levels and the systems and processes that ensure that staffing levels are assessed and monitored.

The Trust also received an improvement notice under section 29A of the Health and Social Care Act 2008 for Maternity and Midwifery services at the Bedford site.

These conditions have remained in place throughout 2021/22 during which time the Trust has continued regular engagement meetings with the CQC and continued work on implementation of the comprehensive improvement plan which was put in place to address those areas identified as requiring improvement. This improvement plan continues to be overseen through the operational clinical quality boards of the Trust and in addition an assurance report is provided to the Trust Board's Quality subcommittee monthly.

Full details of the Trust's registration and inspection findings can be found via the following link <https://www.cqc.org.uk/provider/RC9> or via the CQC website.

CQC Assessments

The CQC monitor, inspect and regulate care services to ensure patients receive safe, effective, compassionate, high quality care. To really measure the patient's experience of care, they have identified five key questions based on the things that matter to patients. The CQC will ask these questions of every service.

- **Are they safe?** By safe we mean people are protected from physical, psychological or emotional harm. For example are people getting MRSA because of poor hygiene?
- **Are they effective?** By effective we mean that people's needs are met and their care is in line with nationally recognised guidelines and relevant NICE quality standards or effective new techniques are used to give them the best chance of getting better. For example is there an effective 'enhanced recovery' programme?
- **Are they caring?** By caring we mean that people are treated with compassion, respect and dignity and that care is tailored to their needs.
- **Are they responsive to people's needs?** By responsive we mean that people get the treatment and care at the right time without excessive delay.
- **Are they well-led?** By well led we mean that there is effective leadership, governance (clinical and corporate) and clinical involvement at all levels of the organisation and an open, fair and transparent culture that listens and learns and that there is a clear programme of improvement.

The last full CQC inspection was August - September 2018 for the Luton and Dunstable University Hospital NHS Foundation Trust and the report received in December 2018 gave the Foundation Trust and Hospital a rating of 'Good'.

The hospital received two regulatory notices and these were for mandatory training and infection control compliance and action plans were monitored by the Quality Committee and the Workforce Committee.

The last full CQC inspection was August - September 2018 for Bedford Hospital NHS Trust and the report received in December 2018 gave the Trust and Hospital a rating of 'Requires Improvement'.

The hospital received three regulatory notices and these were for mandatory training, infection control compliance, equipment checks and staffing and action plans were monitored by the Quality Committee.

Regulatory NHS/E Performance

NHS System Oversight Framework

NHS England and NHS Improvement's NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. The framework looks at five national themes:

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- finance and use of resources
- people
- leadership and capability.

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

The Trust is currently in segment 2.

This segmentation information is the trust's position as at 22nd April 2022.

Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.

Integration Performance

It is now two years since the two hospital Trusts merged and progress with the integration is a considerable achievement given the unprecedented challenges that the COVID-19 pandemic has brought and this is down to the tremendous hard work of every single member of staff.

The progress includes better resilience through the sharing of resources, particularly when things are tough operationally. There have been instances over the last two years when, as a bigger, stronger organisation, the Trust has managed to respond to the changing healthcare landscape in a way that would not have been possible before. The benefits of two hospitals working together, supporting, exchanging and coping with the pandemic has been clear to see and will only increase as we continue on our integration journey.

The merger happened on the 1st April 2020 and the Trust established an Integration and Transformation Team to oversee the integration programme, and introduced a new corporate management structure and Clinical Services Lines (CSLs). However, this was then further challenged to merge two hospitals, while responding to the COVID-19 pandemic.

Fundamental to the approach was the need to get to know each other and understand both our cultural differences and similarities. Corporate integration was our initial focus with culture and Organisational Development

(OD) a golden thread running through every strand of strategy development and delivery. Governance across our two hospitals is now well established.

Central to the Trust plans was Clinical Integration - clearly a considerable challenge given how difficult things have been operationally over the last two years. During the year, the Trust refocussed the Integration Board to be the Clinical Integration Board to develop our strategic framework for our Overarching Clinical Strategy. This programme is clinically led and the Integration Team has been working with all the Clinical Service Lines (CSLs) to articulate their strategic vision in order to pull together some overarching themes. The team have also been working closely with Redevelopment to ensure that key strategic estates milestones are factored into the Clinical Strategy. Key corporate enablers include Workforce and Training and, crucially, IT transformation.

The last year has seen significant progress to integrate our IT systems. The rollout of Windows 10 on the L&D site continues, as does work on our telecommunications infrastructure to enable staff to make cross site calls easily, the establishment of a merged IT Service Desk, and the rollout of new clinical systems such as Nervecentre and GP Connect. A single email address is a top priority now we have the infrastructure in place.

Redevelopment Performance

The Trust has an ambitious redevelopment programme to deliver between now and 2024. The redevelopment programme remains an important corporate objective for the trust, one that underpins enablement and advancement of many aspects of our clinical strategy.

Emergency Department upgrades

The Trust secured £21m of external funding to upgrade and expand the Emergency Departments (ED) on both hospital sites, in response to the COVID-19 pandemic. Both projects increase capacity, segregate adult and children's pathways and provide socially distant waiting spaces.

Bedford Hospital

Last year, building works to the Bedford Hospital Emergency Department were completed, which saw additional same day emergency beds on Victoria Ward, additional paediatric and adult capacity. A two-storey extension provides appropriate waiting space and a new reception.



The Trust was successful in obtaining a further £750k to support the second phase of the project, which is also being supported by Bedford Hospital Charity & Friends and Trust funds. This includes a new CT imaging facility within the department to ensure rapid assessment for patients, and the re-provision of staff facilities.

Luton and Dunstable University Hospital

On the L&D site, works to upgrade and expand the ED are continuing with a noticeable difference externally, with the installation of the steel frame for the extended area.

Once complete, the project will deliver an expanded and

refurbished ED with increased capacity, a new and fully segregated Paediatric ED, a CT scanner located within the department, additional waiting room capacity, dedicated mental health facilities, and a re-modelled main entrance and patient drop off area.



Acute Services Block and New Ward Block at the L&D

In January, The Trust received final approval of the £168.6m capital scheme from the Department of Health and Social Care (DHSC) for an Acute Services Block and New Ward Block on the Luton and Dunstable University Hospital (L&D) site. This is one of the largest capital schemes, especially as it was approved during the Covid pandemic. This has allowed the Trust to enter into contract with Kier, who started works on site in January 2022 as planned. The works are due to complete in 2024.

The five-storey Acute Services Block and three-storey New Ward Block will house modern and enhanced facilities for maternity services, a level 3 neonatal intensive care unit, critical care and 8 new operating theatres.



To mark the commencement of this significant construction project, a small number of staff from the project team joined together to celebrate the funding approval and commencement of works. The team were joined by Andrew Selous MP, who has supported the hospital over the years.



Energy Centre at the L&D

Work on the new Energy Centre, which supports the Trust Green Plan, continues and is expected to complete in 2023. This will deliver a substantial reduction in energy consumption and increased resilience across the site. The L&D site will become one of the most environmentally friendly hospitals in the country.

Over the past year there have been major key deliveries. This has included the chimney flue, steel frame, combined heat and power (CHPs), boilers, generators and chillers.



Developments at Bedford Hospital

Additional Outpatient facilities in the Cauldwell Centre

A £6m investment supports refurbishment of the Cauldwell Centre across 2 floors, to create flexible clinic space. A key driver of the investment is to provide additional outpatient capacity targeted at reducing the elective backlog and sustaining anticipated activity levels to ensure our patients are seen and cared for in a timely way.

The project will provide 27 additional Outpatient rooms, four e-consult rooms and three treatment rooms. The increased capacity supports the Trust to reduce the waiting lists built up through the pandemic, allowing patients to be seen earlier so that care and treatment plans can be put in place quickly. Work is well underway on this project, and is programmed to complete at the end of June 2022.



Upgrading electrical infrastructure

To allow for the planned strategic developments to take place, developing the infrastructure at Bedford Hospital is fundamental, particularly the electrical capacity. Furthermore an investment in infrastructure supports site resilience and a more efficient use of resource, paving the way to become a net zero carbon site.

Within the Trust planning, designs are synchronised with the NHS' Net Zero carbon vision - to improve the Trust carbon footprint and reduce the environmental impact of services.

Other projects

On the Bedford site, additional projects include a bid to the centre to gain financial support in delivering additional surgical capacity (clinic space and an operating theatre), as well as ambulatory capacity to support same day care for patients. We will share further plans on this as they progress.

Staff Culture Organisational Development (OD) and Wellbeing Performance

There is a well-established link between staff wellbeing, team working and patient experience. Implementation and embedding of the new Trust values and a broader series of organisational development opportunities will be used to make an impact on patient experience.

The National Patient Safety Strategy provides a clear emphasis on the vital importance of a Just Culture and an environment conducive that all staff are able to speak up when they have concerns about patient safety. The advancement of a safety culture is closely aligned with the forthcoming curriculum for patient safety.

In 2021 we continued delivery of our Culture and OD Strategy with an emphasis on the following areas of priority:

Freedom to Speak Up (FTSU) and Peer Listeners

We completed a review of the Bedford Peer to Peer Listening Service and progressed implementation on the Luton site recruiting new listeners and renaming to Peer Listeners. All Peer Listeners have Mental Health First Aid training and the network is supported by our Clinical Psychologists.

The Freedom to Speak up Strategy and Policy were approved in February 2022, priority actions have been identified for the year ahead and will be monitored through the Workforce Committee.

A video introducing the FTSU Guardians and Champions is now available on the intranet and is included in our induction package.

Wellbeing

Our Clinical Psychologist service started in April 2021 initially on a temporary basis to establish what would best meet the needs of our staff. It has been a very helpful and timely intervention and funding has been secured to continue the service on a permanent basis.

Supported by charitable funds, both Hospital sites now have dedicated permanent Health and Wellbeing rooms. They are equipped with reclining chairs and provide a restful space for staff to take time out.

We carried out an audit of all staff rest areas and identified that improvements to basic facilities were required. Through charitable funding we replaced old and unsuitable furniture with new chairs and tables.

The Staff Involvement and Wellbeing Group meet monthly to progress wellbeing projects and support the twice yearly staff engagement events.

Staff survey

The 2020 staff survey was analysed and the data distributed to department and clinical managers for the development of action plans. Areas for improvement were identified and the Workforce Committee received an update on progress.

The 2021 staff survey ran from September to December 2021 with the results published on the 30th March 2022.

In response to the survey, results have been shared with staff and distributed to department and clinical managers. Facilitated support is available for teams as they develop their improvement plans. Progress with improvement actions is overseen at Executive performance review meetings.

Work is also underway with the trust-wide response and interventions, which will form a significant component of the Culture and OD programme for this year.

Embedding our values

The new corporate branding was launched at the end of 2021 which has helped to amplify the profile of our values. We have partnered with A Kind Life to embed our THRIVE values into our recruitment, appraisal and resolution approach. Co-creation workshops with subject matter experts took place in March 2022 and will be followed by 'leading with values' masterclasses and 'kindness in action' all staff training. This will be supported with access to other materials such as e-learning and train the trainer sessions.

Leadership Development and Talent Management

We continue to run a range of development 'Bursts' and leadership development programmes both generic and bespoke for groups and individuals. Our Talent Management strategy was developed and approved in late 2021 and we commenced a talent management and succession planning exercise, starting with our senior leadership team. The new Scope for Growth model, developed by the Leadership Academy, will be utilised going forward as we extend our succession planning reach.

Schwartz rounds

March 2022 saw the relaunch of Schwartz Rounds across both Hospital sites, the first session was very well attended and there is a programme of events for the year ahead

Medical Education Performance

1st April 2021 saw the merger of Bedford and Luton Hospitals. This has provided an opportunity to review processes and align these where required to ensure a consistent and equitable approach. In relation to medical education, the following processes have been aligned:

- Study Leave Policy
- Appointment of College Tutors to oversee our fast growing cohort of locally employed doctors
- Review of PA allocation for the role of lead Educational roles and Educational supervisors roles for postgraduate and undergraduate learners
- Introduction and expansion of Clinical Teaching Fellow roles to across both sites to support educational delivery.
- Cross-site DME and Deputy DME at Bedford Hospital NHS Trust

The medical administration structure has also been reviewed and refined to ensure cross-cover support and knowledge sharing. This restructure has also allowed us to appoint a cross site Medical Educational Lead. We have also reviewed and are formalising the Governance structure of Medical Education in the Trust.

Education during the Covid-19 pandemic

Throughout 2021 Medical Education continued to be affected by the global pandemic in terms of social distancing and delivery of face to face medical education on both sites was converted where possible to virtual platforms using a combination of Zoom and MS Teams. Virtual teaching clinics were held using Attend Anywhere. Zoom was used as the predominant educational platform at the Bedford site and MS Teams was at the Luton site. Both platforms facilitated specific elements of core teaching and the delivery of Foundation Hubs says needed to facilitate sign off and progression for trainees. The HUB days were delivered across both sites successfully with attendance of 60 and 40 delegates. The feedback for these events was excellent. Virtual platform were used to continue PROMPT training at the Luton and introduce PROMPT training at the Bedford site. Using the training virtual breakout rooms made it possible to take advantage of multi-disciplinary working and building on team dynamics. Ongoing the various faculties are developing training programmes to include face to face and virtual learning. Where possible face to face teaching with appropriate measures will be recommenced to help with pastoral support and identification of learners who may be having difficulties, this is not always possible on the virtual platform.

SIM training and procedural skills training continues to be embedded at both sites with the creation of high and

low fidelity SIM suites and the recent purchase of the LEO mannekin at the Bedford site. The team are now able to provide a comprehensive clinical challenges incorporating human factors within our simulation programme for medical students, foundation trainees and locally employed doctors (LEDs). The teams have also facilitated regional simulation teaching and procedural skills training at both sites for Internal Medicine Trainees, ACCS simulation teaching days and musculoskeletal simulation teaching days. Our SIM teams at both sites are already working on the programme for the coming academic year.

Covid-19 Recovery

Covid -19 had a major impact on postgraduate medical education (PGME). Doctors in training had disruption to their normal placements, faced deployment to acute areas or critical care and faced loss of training opportunities and progression. With this in mind, Health Education England (HEE) and the Department of Health and Social Care, distributed funding across NHS Trusts in England to facilitate and assist with local solutions for trainee recovery. The funding is being used to support senior educational leadership, administration time and Trust recovery solutions and is enabling the delivery of high quality 1:1 training recovery conversations, collation of trainees' learning needs, and to support trainers and trainees with their individual training recovery plans.

HEE continue to support placement providers with funding from the COVID-19 PGME Training Recovery Programme which aims to support doctors in training to address the impact of the pandemic on curriculum attainment and provide the NHS with the skills it needs to tackle the care backlog.

With the introduction of the NHS vaccination programme, the education centres at both sites proved an invaluable resource for the delivery of these vaccinations. Every effort was made to ensure that further disruption to medical education was kept to an absolute minimum – for example, we ensured that we safeguarded venues such as the clinical skills lab, resuscitation training room and simulation suite in order to continue to the practical skills element.

Undergraduate Medical Education

Bedford site - Cambridge Medical students

In May 2021 Bedford welcomed the Year 6 Apprenticeship Block. Our Clinical Skills Tutors were instrumental in providing students with additional clinic skills to ensure that they were prepared for the transition to Foundation Doctors and this will also be undertaken within this academic year

Later in 2021 Bedford welcomed Year 6 students and Year 4 students and in November 2021, Bedford held its formative review for Year 6 medical students. The Clinical Skills Tutors continue to be involved in assessments at Cambridge for Year 4 and Year 6 students.

Luton site – University College London (UCL) Medical Students

In March 2021, The Luton & Dunstable Hospital successfully facilitated the Final MBBS for the UCL medical students.

In September 2021, we successfully welcomed our 2021/22 cohort of 101 final year medical students with a continued emphasis on virtual learning which was delivered effectively.

The Trust has continued to receive positive feedback from University College London (UCL) with UCL medical students rating the Trust as a positive learning environment which they would recommend to other students

GMC survey 2021

Bedford site

The result of the 2021 GMC survey indicated 4 above outliers results as follows:

- Anaesthetics Workload
- Emergency Medicine Handover, Induction
- GP Prog Psych Workload

The areas below outliers were as shown below:

	Overall satisfaction	Clinical Supervision out of hours	Reporting Systems	Workload	Teamwork	Supportive Environment	Curriculum coverage	Local teaching	Regional teaching	Study Leave	Rota Design	Facilities
Anaesthetics	X						X	X	X			
Emergency Medicine				X								
General Surgery					X	X			X		X	X
Paediatrics			X			X				X		
Surgery F1 and F2	X	X	X							X		

Luton Site

The results of the General Medical Council National Training Survey 2021 indicated priority areas for improvements at the Luton site in Obstetrics & Gynaecology, Anaesthetics, Surgery and Paediatrics. The results of the survey were discussed at various forums within the Trust with action plans completed and implemented. There were no significant outliers areas

NETS Analysis

Across both sites

The NETS survey gathers opinions from students and trainees from medical and non-medical professions about their time working and training in practice placements and training posts, asking them to provide feedback on what worked well and what they think could be improved. NETS collected feedback from learners in June and November 2021. For the Luton site the results highlighted Foundation Training in Surgery to be an outliers for overall experience and quality of care. Out of 68 respondents to the survey on the Bedford Hospital site, 44 related to Medical learners. Five areas at Bedford Hospital are Low Scoring Outliers, three of these relate to T+O, one to Medicine, Endocrine and Diabetes and one for GP medicine

The full results of the survey can be analysed online. Action plans for the outliers have been developed and shared with the HEE Quality teams.

Performance and School Visits

Bedford site

On 13th May 2021, virtual learner and educator engagement meetings were held with Bedford Hospital NHS trust learners and educators in Obstetrics and Gynaecology. The purpose of the meetings was to triangulate experiences from O&G learners following concerns within Midwifery Services.

The first of several senior leaders’ engagement meetings was held at Bedford on 22nd November 2021. The aim of these meetings is to review and consolidate the current improvement plans. Further meetings are scheduled during 2022.

Luton Site

There were no on site performance or school visits on the Luton site carried out during 2021.

Educator Development

Impact across both sites

Regrettably the face-to-face teaching on the practical, everyday aspects of educational supervision were suspended and HEE EoE converted the content of these contact days into a video pack so that educators could continue to update their training virtually. Two virtual events were held at Bedford in January and February 2021.

A virtual Educational Masterclass is scheduled to take place at the Luton site on 8th April 2022 facilitated by the Director of Medical Education.

Educators are also able to access the Tiered e-learning via the e-lfh portal.

It is hoped that 2022 will see the re-introduction of face-to-face teaching on the practical, everyday aspects of educational supervision.

Physicians associates (PA) across both site

Trainee PAs

In collaboration with the University of Hertfordshire, both sites now welcome Trainee Physician Associates (TPAs) on an annual basis to undertake their clinical placements at the Trust rotating through Medicine, Surgery, Paediatrics and Obstetrics & Gynaecology. During 2021 Bedford hosted 6 trainee physician associates who are each allocated an ES and for each rotation they are also allocated a clinical supervisor. The qualified PA s act as mentors for the trainees.

Qualified PAs

We are also delighted to confirm that one of our qualified PA s has been accepted onto the Physician Associate Foundation Intern programme – this will ensure that going forward, the trust is able to embed high quality PA s in the organisation to support the medical workforce.

At the Luton and Dunstable site 4 newly qualified Physician Associates were appointed as part of an initiative by Health Education England to develop a foundation internship programme to support newly qualified physician associates (PA) and physician associates who have been qualified for less than a year to start/develop their careers working in a supported and structured environment. The PAs rotated through Medicine, Emergency Medicine, Psychiatry, and Paediatrics. The internship has provided an opportunity for the newly qualified PAs to consolidate their core knowledge and skills, demonstrate their competence in practice and develop professional skills and for the trusts to assess the role qualified PAs can have in the various clinical teams.

Education and Training Performance

Mandatory Training

It has been a very difficult 2 years for increasing statutory and mandatory training compliance and whilst yet as an organisation we have not reached our target of 90% compliant we have managed to maintain a compliance rate of 77% across Bedfordshire Hospitals. This in itself is an achievement throughout the pandemic as NHS Health Education England continue to state, "For current employees within the NHS who have not changed roles and who have previously undertaken training in the core subjects of the CSTF, refresher training requirements may, if needed, be suspended for the duration of the current crisis, or limited to updates required in light of the Covid19 pandemic." (Skills for Health, 2022). As an organisation we have continued to ask staff to complete their training when they can whilst remaining sensitive to the clinical pressures that many face. One of the main challenges the organisation has faced is the limited capacity to deliver face to face training. In order to overcome this challenge and encourage a continuation of training the Training and Learning team have implemented the following actions:

- Live virtual core mandatory training events
- Direct invitations to live events into staff calendar (targeting out of date colleagues)
- Recording live events and allowing staff to watch the training on demand
- Reintroduction of training work books for staff who cannot access IT
- Level 2 resuscitation courses available to complete via E-learning (refresher only and must be face to face on alternate years)
- Personalised, monthly out of date e-mail reminders reintroduced from November 2021
- Compliance events to promote e-learning and workbook completions.
- 1:1 meetings with managers in low compliance areas with the Training and Learning management team.
- Training and Learning team successfully merged including a consultation of roles and cross site working
- Merging e-mail boxes and ESR supports staff to be able to answer queries and support staff regardless of site.
- Training and Learning ESR/ OLM Lead chairs regional ESR/ OLM Special interest Group and represents the region at a national level. This means we are one of the first to hear about ESR development and many of the recent OLM improvements have come from our suggestions.

The Training and Learning Team have been able to action the above activity as the team were able to work with the Workforce Team to successfully merge the ESR systems. This merger of ESR enabled the team to align the Core Skills Training Framework (CSTF) competencies. The alignment process included all subject matter experts

to review their training needs analysis and ensure that positions on both hospital sites had the same training requirements. Following this process this then had to be updated onto the ESR system and new competencies and e-learning certifications had to be created. The alignment has now enabled the Training and Learning Team to present compliance data at Trust wide level in addition to site specific. In addition to this the ESR/OLM Lead for the department has been able to automate a distribution list so that Service Line Leads, Heads of Departments and Management teams receive a monthly report of their teams mandatory training and appraisal compliance.

This joint reporting tool has enabled the team to devise a Mandatory Training and Appraisal recovery plan which includes a trajectory for meeting the Trusts 90% compliance target. This plan is updated every quarter and presented to the Workforce Committee. The trajectory based on the data the team has is currently showing that the Trust will be 90% compliant by April 2023.

Once the Trust receives national guidance on how we can proceed with face to face training, delegates will be able to attend in a newly refurbished training space in room 5 at the Luton site including new technology that enables a blended approach to learning to incorporate in person and virtual learning environments.

Now that Covid -19 restrictions have been relaxed by government the Training and Learning team intend to continue to promote the importance of training compliance. Trusts within the local area who have higher compliance than Bedfordshire Hospitals have one key aspect in common and that is the introduction of Pay Step Progression. Pay Step Progression was put on hold nationally due to the pandemic and it has now been advised by NHS Employers that organisations can introduce this measure. The organisation has set a date of 1st August 2022 for pay progression to be introduced which will allow time for relevant communications and training for those who require it. The introduction of this measure will mean that for those staff who have a pay effecting increment date they will have to meet a set criteria in order to receive the next pay step, 3 of these criteria directly affect training and appraisal compliance:

1. Your appraisal process has been completed within the last 12 months and outcomes are in line with the organisation's standards.
2. You have completed all required statutory and/or mandatory training
3. If you are a line manager – you have completed all the appraisals for all staff as required.

As you cannot receive your next pay increment without achieving the above the Training and Learning Team are confident that compliance will start to increase.

Other proactive activity over the next 12 months includes:

- Aligning to CSTF as Bedfordshire Hospitals NHS Foundation Trust.
- Reintroduce face to face training sessions with larger delegate numbers
- Redevelopment of the Fountain Training Suite on the Luton and Dunstable site
- Reintroduce topic of the month
- 100% compliance certificate for departments
- Team to attend various meetings including Matron and Leadership briefings.

Appraisals

Appraisal compliance for Bedfordshire Hospitals remains at 65%. Now the Organisational Development Team have launched the new Trust Values (THRIVE) and behaviour framework to accompany this has enabled a new Annual Performance and Development Review policy and paperwork to be completed. This policy is due to be approved at the April Policy Approval Group and be ready to launch.

There will be guidance to complement this policy and also to support managers however some of the training will be on hold due to the introduction of A Kind Life. Following the work of the Organisational Development team and Kind Life, training for reviewers and reviewees will be available.

As stated in the Mandatory Training section of this report the Training and Learning team are hopeful that the introduction of Pay Step Progression will increase the compliance rates.

Regular meetings are being held with managers to support the completion of these appraisals, e-learning is available and appraisal skills training is available via the Management Development Toolkit sessions.

The Probation Period Policy has been approved across both sites this financial year and this is recorded on ESR. By this being inputted on ESR will trigger an out of date reminder on a staff members ESR portal.

Corporate Induction

Corporate induction has continued to take place online. New starters have been asked to complete all their CSTF competencies via ESR and they are invited to a live Trust welcome with David Carter via Microsoft Teams.

Over the last 12 months the Training and Learning Team has streamlined the induction process so that it is the same on both sites and worked with the Practice Education team to ensure that Clinical Support Worker/ Health Care Support Worker have a streamlined face to face practical induction. The Team also ensure that all staff that require resuscitation training and Manual handling practical sessions receive this to ensure they are competent to work in a clinical environment.

Additional clinical training has also take place face to face including Blood Glucose and clinical device training.

Due to positive feedback regarding our induction processes we are going to continue to deliver the CSTF competencies via e-learning. This is an approach that other Trusts within the region are also taking. The Team will work with stakeholders to discuss what areas need to come back face to face including the Executive welcome, the development of this will all depend on the national Covid-19 guidance.

A new Trust wide Induction policy is in development, the Training and Learning team along with Medical Education, Practice Education and Medical workforce are working collaboratively to ensure that all documents and process on both sites for all staff, including Medical and Dental and Doctors in Training are streamlined. This policy for induction, including local induction is anticipated to be completed and approved at the May 2022 Policy Approval Group.

Apprenticeships

This year, apprenticeship performance has continued in an upwards trajectory, as we recover from the impacts of the past two years. We never cease to be amazed at the resilience of our apprentices and their adaptability to the changes that they have experienced. Remarkably, our attrition rates remain relatively low – at 11% in year.

Almost all of our learners have been able to resume their studies, although a few will have lost impetus due to programme interruptions and may not now complete their studies.

We continue to work closely with all our contracted Providers to support our candidates in any way that we can. Fortunately, we have not lost any Providers due to the financial impacts of Covid.

We continue to expand our range of provision, collaborating and building relationships with new HEI's and Training Providers to expand the range of apprenticeships on offer. We currently have contracts with 11 Universities and 8 Training Providers.

Many of our programmes are still centred on remote delivery - although we are seeing a step change back to some face-to-face delivery. Our apprentices have adjusted well and are enjoying new blended learning approaches. As expected, apprenticeship starts continued to be impacted this year, as our staff draw breath after two difficult years. In the last three months however, we are seeing an upturn in interest and apprenticeship requests, and would hope that 2022/23 will bring an increase in new starts.

In 2021/22, we had 146 new apprenticeship starts. We had 62 apprentices successfully completing their programmes in year, huge congratulations to them all.

Clinical Apprenticeships continued to gain momentum this year and we saw 85 new Nursing Associate starts, our first cohort of 15 x 4 year RNDA apprentices and 10 x 19 month RNDA apprentices. We also commenced 5 x Operating Department Practitioner apprentices, 3 x Occupational Therapists and our first Level 6 Healthcare Science apprentice in Cardiology. Just this month, we have started 2 x Diagnostic Radiographers.

The team has been supporting an HEE drive to increase numbers of apprenticeships in Healthcare Science, an area in which we hope to plan for more apprenticeship activity.

For 2022/23, we are planning more of all these apprenticeships plus, Mammography, Dental Nurse, Midwifery Support Worker, Dietetics and Advanced Clinical Practitioners.

Our non-clinical apprenticeships this year included; Library Assistant, Cyber Security, Data Analyst, Business Administration, Customer Service, Building Services Engineering Technician and Leadership at Level 3 and 5. Our plans for 2022/23 include; Associate Project Manager, Commercial Procurement and Supply, Transport and Warehouse Operations Supervision and Supply Chain Warehousing, Healthcare Specialist Engineering Technician, Professional Coaching and some Chartered Manager Leadership apprenticeships. We are working with our OD Team to develop a strategy to streamline some of our Leadership offers.

We continue to work with Bedfordshire Employment and Skills Service (BESS) to support those staff with aspirations to get into Nursing and other higher-level apprenticeships, to acquire English and Maths functional skills at Level 2. Most higher-level apprenticeships require proof of Level 2 Maths and English. This training remains virtual for now, but we hope to be able to offer classes from September. We are able to report a number of successes in Maths and English at Levels 1 and 2 so again congratulations to all our successful learners.

During 2021/22, the Government continued to offer increased Employer Incentive funding to encourage the recruitment of new apprentices and to aid recovery of employment and the economy. This funding of £3,000 per newly recruited apprentice, allowed for greater support of new recruits in an attempt to ensure retention and successful vocational training. We have claimed this incentive wherever possible and it has been particularly useful in creating additional support for Nursing Associate apprentices.

Digital Performance

Both Trust sites were part of the Global Digital Exemplar (GDE) programme before merger and these continued through 2020 which formally closed for both the Luton and Bedford site during 2021. The next phase of the digital journey is developing. As part of that, five programmes have been established to focus on the different areas of digital transformation within the Trust as part of the Digital Portfolio of Change has been broken down into five key Programmes of work focused on the delivery of key outcomes:

EPR – The continued roll out of NerveCentre throughout the entire trust and wider digitisation of clinical processes, introducing new clinical modules into clinical areas.

- Most recent and accurate information provision to clinicians at the point of care
- Safer patient care through the automated identification of risk factors
- Reducing the burden on clinicians and staff, so they can focus on patients

Digital Merger – The integration, migration, and implementation of systems that enable the merging of clinical and corporate services within the organisation. Sharing of best practice across the trust between the two sites

Standardisation of processes and system within the trust
Efficiency improvements across the trust

Digital Solutions – Clinical and Corporate service line improvement plans, innovative projects, departmental system upgrades, and nationally mandated digital changes.

- Enabling departmental improvements utilising incremental system enhancements
- Exploration of innovative digital technologies and systems

e-Portal – This programme will manage the ongoing implementation of the e-portal in the Trust and ICS-wide shared care record.

- Ensuring clinical information can be safely accessed, wherever it is needed
- Sharing data to support the safe transfer of patient care between providers

Technology – This programme will address technical issues that require capital investment as well as the introduction of new technologies to improve the IT estate. Example projects within this programme: Wi-Fi refresh, Windows 10 deployment, cloud migration.

- Improving NHS productivity with digital technology
- Giving people the tools to access information and services directly

These programmes will ensure that the Trust has a more digitally-enabled future harnessing the power of technology to increase our agility and capability as an organisation. This builds on the foundation that the GDE programmes have set in seeing the completion of projects like ePMA on the Luton site and EDRMS at Bedford, whilst focusing on where we take the digital agenda as part of the new single organisation.

Bedford site

During the first part of the year saw the implementation of ICE e-Discharge letters across the hospital. The module enables Bedford Hospital clinicians to compose inpatient letters in CliniSys ICE rather than ExtraMed software and allows letters to be sent electronically to all in-area GPs. ICE is able to directly import discharge meds, meds on admission and allergy status information from MedChart. Discharge letters are also sent electronically to the MediViewer electronic document management solution the Viper360 clinical portal.

At the beginning of July 2021 the EDRMS project reached its final milestone with the commencement of inpatient record scanning. The rollout of digitised records to outpatient departments was completed at the end of June 21. At present, approx. 43,500 historic health records have been scanned as well as in excess of 147,000 'day forward' records. All staff at Bedford hospital are now accessing MediViewer to view digitised patient records. Clinical Noting is also live across the hospital, allowing staff to add additional free-typed notes into a patient health record. The development of e-forms is ongoing, with the first tranche of forms being piloted in the Diabetes department at present.

The Viper360 Clinical Portal is already used extensively across the hospital and provides a unified view of patient information pulled from multiple trust & other care providers systems. The final delivery element will be the ability to view the GP record utilising GP Connect functionality and was completed during the year.

Both Sites

Under Nervecentre Inpatient Care Coordination, Critical Care Nursing e-Handover went live during May 2021 and there are 17 Assessments that have been configured and have undergone functional and user acceptance testing and will be released in a batch in Go live phase. In order to implement Nervecentre EPMA, the prerequisite was to split JAC Stock Control from JAC e-Prescribing which was completed during February 2021. The upgrade of JAC Stock Control to the latest version was completed during the end of April 2021 which brought benefits such as support extension from the supplier, reducing clinical risks and improved security. The team are now focussing on Phase 2 of the project which is to implement Nervecentre EPMA.

Office 365 infrastructure discovery, design, configuration, testing and installation is completed meeting benchmark industry standards and NHS Digital secure email requirements. DPIA and security requirements is signed off and so far under proof of concept phase, 50 mailboxes (25 each for Luton and Bedford) have been migrated to the new installed environment which is helping to identify any existing issues. DCB1596 Certification, i.e. the NHS Secure email standard is in progress and is close to completion. Stage 1 audit is completed and all high priority issues identified have been resolved and Stage 2 audit is awaiting NHS Digital's report/confirmation of successful certification which is expected to be delivered by end of July 2021. DCB1596 certification is required in order to allow trust users to send and receive sensitive emails to external organisations directly from the new Microsoft Office 365 environment instead of having to use NHSMail via NHS.net.

Other Projects

The Digital team have been focused on the completion of some key projects over the past quarter whilst working to improve the day to day running of digital services within the Trust. The following projects were completed during 2021/22:

- Bedford Solus Endoscopy
- Rapid AI
- Cardio PACS Upgrade
- Formic Database
- Harlequin Upgrade
- Finance Database upgrade
- Chronos Replacement for Ophthalmology

There remains a focus on consolidation opportunities that deliver benefits to the Trust, particularly in the context of clinical service line integration and cross site working. The following projects are crucial in this pursuit:

ICNET – This would enable cross site infection control management and options are being scoped in relation to extending the system currently being used on the Luton site to the Bedford site.

RISP – This project will enable radiology image sharing between the two sites and is currently being configured within the live PACS platforms. This will also enable further image sharing opportunities with neighbouring Trusts.

The Digital leadership team have also been successful in securing almost £3m of external PDC funding to deliver a replacement Wi-Fi solution on both sites and implement a patient management system within the Ophthalmology service on the Luton site.

Sustainability Performance

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

These are the most ambitious targets of any healthcare system in the world and we have a collective responsibility to address the impact of the sector, and address the climate and health emergency. The ambition set out in the report provides us with a stronger mandate to tackle this challenge head-on in the medium to long term and accelerate the required changes to the Trust culture and infrastructure.

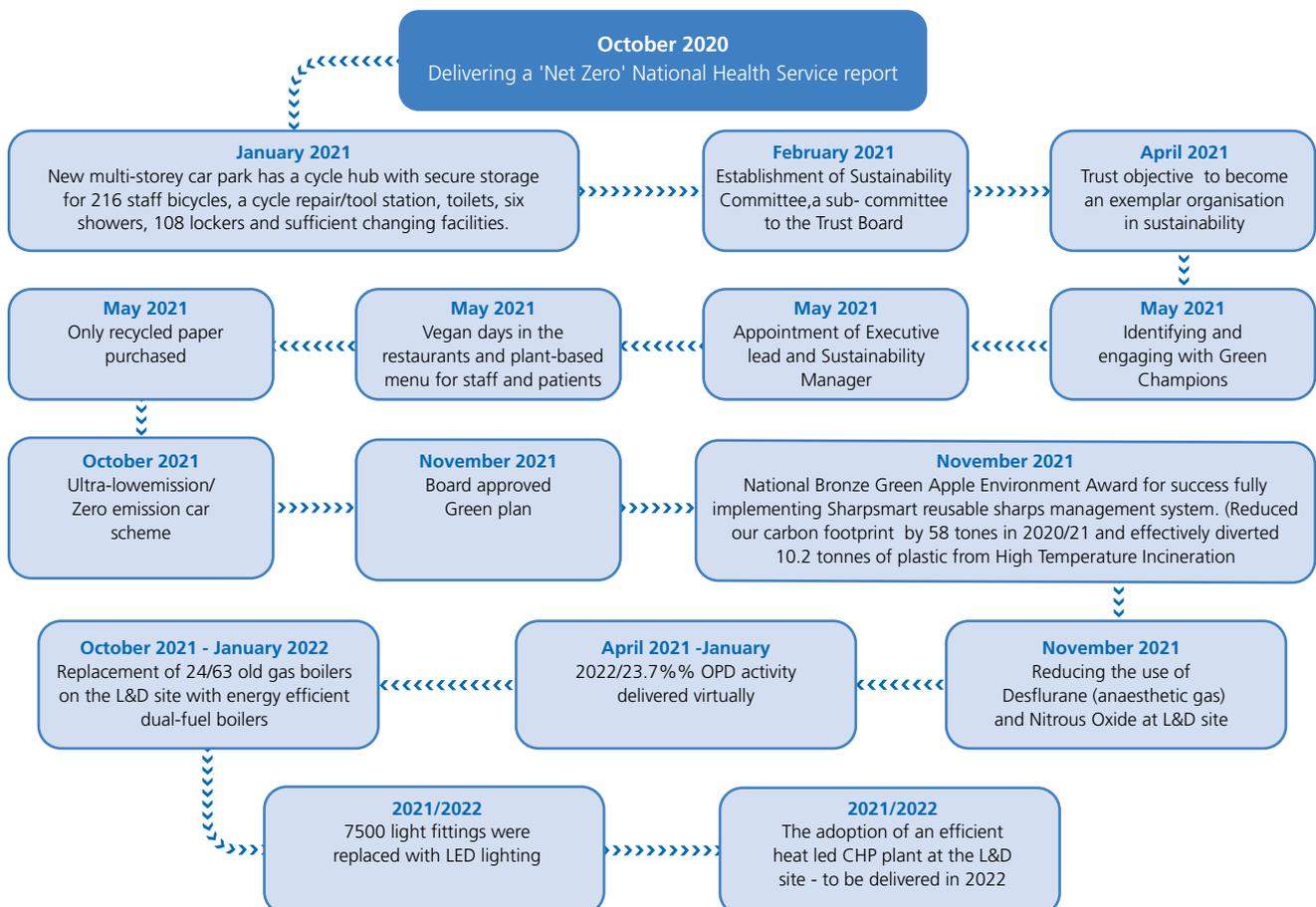
The Greener NHS National Programme has been established to drive this transformation while delivering against our broader environmental health priorities. Laid out in the NHS Long Term Plan, these extended sustainability commitments range from reducing single-use plastics and water consumption, through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

As the Trust reconfigured healthcare services to meet the needs of Luton and Bedford residents over the course of the pandemic, demands on both frontline and support services staff have been extraordinary. We have worked flexibly, collaboratively and at pace, all of which will be needed for a modern, sustainable healthcare service; however, the ability of staff to consider and reduce the environmental impact of the services they deliver has been limited.

In addition, in April 2020, Bedfordshire Hospitals NHS Foundation Trust was formed, incorporating Bedford Hospital NHS Trust and Luton and Dunstable University Foundation Trust. The merger in April 2020, the challenges of Covid-19 and the redevelopment of the Luton and Dunstable site have provided both sustainability opportunities and challenges, some of which are reflected within this report.

Sustainability Highlights

While Green Plans are expected to be three-year strategies, several early interventions have already been taken by a wide variety of trusts and Integrated Care Systems. Initiatives that have been already delivered by BHFT are below.



Actions, Ongoing projects and Aspirations

Developing BHFT Green Travel Plan

The Trust is currently developing a Travel Plan aimed at promoting and highlighting travel choices of BHFT's staff, patients, and visitors in order to increase walking and cycling, reduce car journeys; enable active journeys linked to buses or trains, and to encourage low or zero emission cars. Technological input to operationalise the Plan is currently under consideration.

Strengthen collaboration with the Supply Chain & Procurement Team

Considered as the most 'carbon intensive' unit of the NHS, the team will soon begin a significant collaboration with suppliers across the NHS to identify the policy and process areas in the supply chain that the Trust can influence/ impact regarding decarbonisation.

Stakeholder Engagement & Education/Learning

Capacity-building/Stakeholder Initiative to decarbonise BHFT buildings.

Team-up with Workforce, Training and Development, IT and Communication teams to develop education resources and (online learning materials) on the Green Plan & NZC; sustainability/climate change to build capacity BHFT staff.

We will also liaise with IT and operational teams to go digital with appointment letters where possible and to develop an exchange site for used goods to 1) cut down CO₂ (kg); 2), save staff time; 3) divert waste from the landfill; and 4) donate to charity. Other waste management activities will be co-opted.

Food and Nutrition

Begin a collaborative partnership with the food and nutrition stakeholders to explore and develop ways to decarbonise this sector in the Trust.

Emergency Preparedness, Resilience and Response Performance – Core Standards Performance

Introduction

All NHS organisations need to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety.

The NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) set out clearly the minimum standards which NHS organisations and providers of NHS funded care must meet. These standards are in accordance with the Civil Contingencies Act 2004, the NHS Act 2006 (as amended) and the Cabinet Office Expectations and Indicators of Good Practice set for Category 1 and 2 Responders.

Acute Trust's are required to self-asses compliance annually against the NHS England Core Standards for Emergency Preparedness Resilience and Response. The self-assessment is signed off by the Trust Board each year. The Trust's Director Level Accountable Emergency Officer (AEO) is responsible for ensuring these standards are met.

Summary of Core Standard requirements

In accordance with the Civil Contingencies Act 2004, the Trust is recognised as a Category 1 responder and subject

to the relevant related governance and legislation. The NHS England Core Standards are divided into the following nine domains, Training and Exercising has been excluded from this year's assessment:

- Governance
- Duty to asses risk
- Duty to maintain plans
- Command & Control
- Response
- Warming and Informing
- Cooperation
- Business Continuity
- Chemical Biological Radiological Nuclear (CBRN)

The Trust is required to state an overall assurance rating measured against a revised 46 core standards, post pandemic. A number of Training and exercising standards have been removed, reflecting the challenges that have been faced during the last 18 months. A number of standards pertaining to infectious disease and incident command preparedness are also absent from this year's review, reflecting the assurance that has been provided by Organisations response to the Covid-19 pandemic. The definitions of the core standards ratings are detailed below:

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place the organisation is fully compliant against 100% of the relevant core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place the organisation is compliant in 89 -99% of the relevant core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place the organisation is compliant in 77-88% of the relevant core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-Compliant	Arrangements in place the organisation is compliant in up to 76% of the relevant core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

Each year a 'deep dive' is conducted to gain additional assurance into a specific area. The 2021/22 'deep dive' is Oxygen. The self-assessment against the deep dive standards does not contribute to the organisations overall EPRR assurance rating, these are reported separately.

Performance

This year's self-assessment is a joint submission for both sites. The declarations for the last full core standards submission for 2019/20: Bedford Hospital – Substantially Compliant, with 2 out of

64 partially compliant standards
Luton & Dunstable Hospital – Fully Compliant in all 64 standards

This year's declaration of substantial compliance reflects the work outstanding in a number of areas, post-merger, to achieve full compliance across both sites.

The Trust has declared itself as substantially compliant against this year's deep dive, with all of the partially compliant standards having remedial actions in progress.

Theme	Compliance Level	Comment/Rationale
Emergency Planning, Risk and Resilience Core Standard Topics		
Governance	Full	
Duty to assess risk	Full	
Duty to maintain plans	Substantial	<p>Core Standard 20- In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.</p> <p>Core Standard 21- In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.</p>
Command & Control	Full	
Response	Full	
Warning & Informing	Full	
Cooperation	Full	
Business Continuity	Substantial	<p>Core Standard 50 – Organisations' IT Depts. are required to certify that they are compliant with the Data Protection and Security Toolkit on an annual basis. The Trust is compliant in 9 of the 10 standards and is working to achieve compliance in the access control standard.</p> <p>Core Standard 51 - The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions. Work on the review of departmental business continuity plans at both sites is in progress, focus is to ensure all plans are in line with ISO 22301.</p>
CBRN	Full	

Further Actions Required

A comprehensive work programme for 2021/22 is in place to address the partially compliant standards in this year's return, with the aim of being fully compliant in 2022/23.

Core Standard 20– Evacuation Plans at both sites are currently being reviewed. A work stream has been set up within the region to develop organisation plans with common processes for sharing patient information during an evacuation. The region is also supporting the implementation of the Smart Evacuation System, which provides detailed tracking and triage processes for partial and site wide evacuations. The review of both plans will run alongside this regional work.

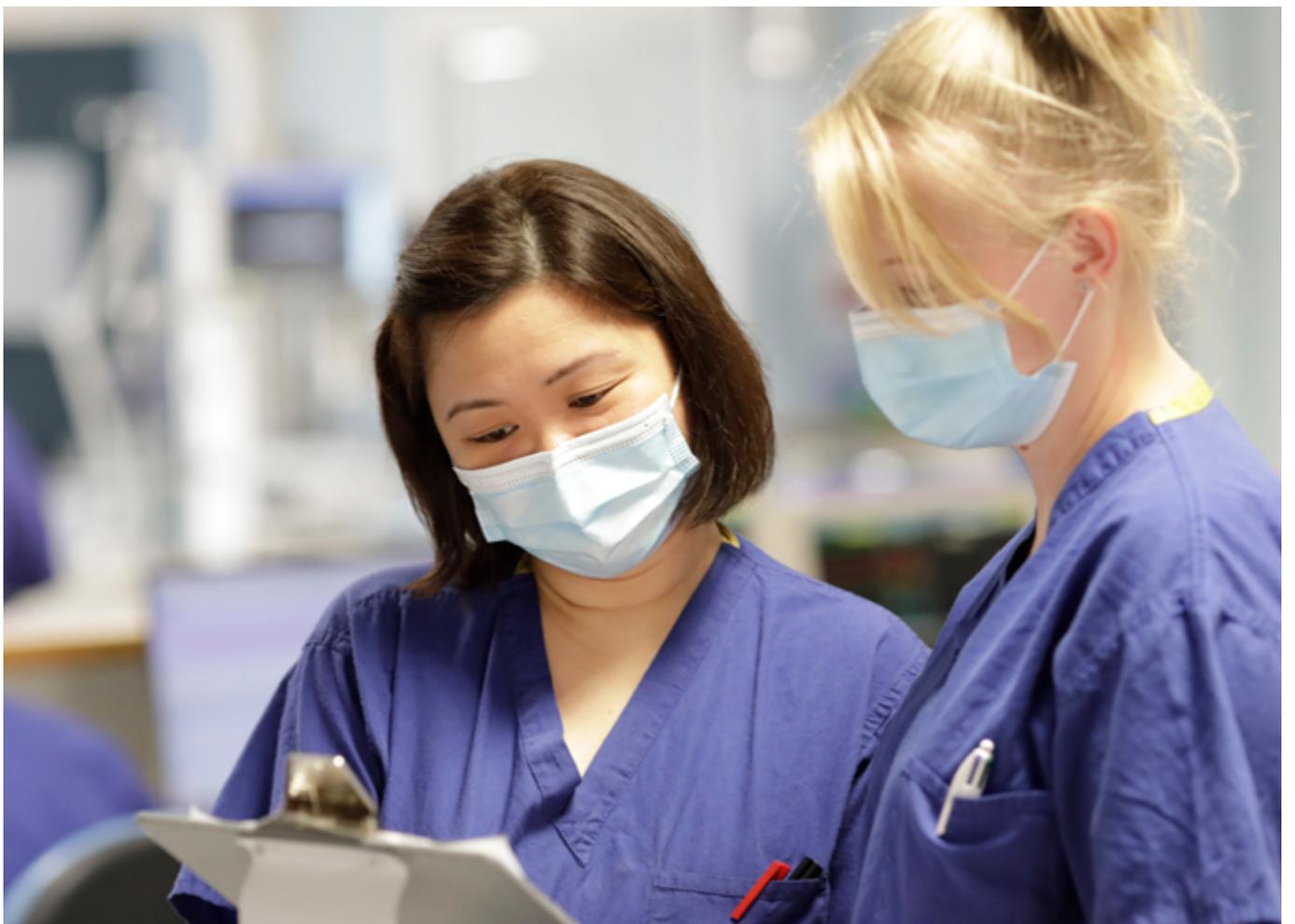
Core Standard 21 – Bedford Hospital has a current Lockdown plan that is due for review at the end of the year. Luton and Dunstable Hospital Lockdown plan is

overdue for review, this is being actioned by the LDH security manager.

Core Standard 50 – The IT department are working through the Cyber Security Toolkit and an action plan is in place, a further review by NHS Digital was taking place post submission to assess the current compliance.

Core Standard 51 – Work is on going to review and in some case develop business continuity plans for all areas with critical activities, this reflects the organisational structure, infrastructure and many role changes post-merger.

All Core standard remedial actions will be tracked through the Organisational resilience committees and progress updated to the Executive Board.



Our patients, our staff report and our partners

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Our Patients

In the last year the organisation continued to use feedback from people who use our services as a pivotal driver for quality improvement. We have taken ideas and suggestions from people who give us feedback to improve the way we gather feedback and use it to learn and improve our services. We continue to use four key methods to gather feedback, which are;

- The Friends and Family Test (FFT)
- National Patient Surveys and Websites
- Feedback through the Patient Advice and Liaison Team (PALS)
- Key stakeholder involvement

We collect information from the following groups;

- Adult inpatients (FFT and National Survey)
- Maternity (FFT and National Survey)
- Outpatients (FFT only)
- Emergency Department (FFT and National Survey)
- Children and Young People's Services (FFT and National Survey)
- Cancer Services (National Survey only)

CQC Surveys were reinstated in 2020 and all five surveys have taken place. Results have been taken by the relevant services and, either with a small working group or incorporating the work into existing groups, actions have been identified. These actions will be monitored through the clinical service line governance structure, Patient Experience Council and the Clinical Quality Outcomes Board.

From May 2021 both Bedford and Luton Hospitals moved across to the IQVIA system, which was in place at Luton. All patient facing areas (including clinics and wards) now have iPads and QR codes to enable patients to give their feedback easily and at a time that is convenient for them. We are no longer restricted to a timeframe with which to gather feedback and by using the QR codes it is easier to gather feedback. The impact of COVID has continued to be significant, as frontline staff prioritised patient care. However, in the last quarter of this year increased focus has been put on recording FFT results. Texting will be re-introduced in areas where patients have a limited stay and will be rolled out in both Emergency Departments. Also a Patient Experience Midwife joined the organisation in January 2022, and her involvement has already seen an improvement in FFT feedback and results.

Patient Advice and Liaison Service (PALS)

The PALS Team provide a vital first contact with patients, carer, family members and the general public. The workload for the teams on both sites has not reduced despite ongoing visiting restrictions. The teams have dealt with most enquiries by phone or email and recorded a similar number of concerns/contacts as the previous year. The PALS Teams have been present on both sites throughout the year.

Interpreting provision has remained unchanged in the last year, however due to ongoing COVID restrictions we have seen a significant increase in telephone interpreting. Also as result of more patients 'attending' virtual appointments, video interpreting has also increased. Maternity Services continue to be the highest users of interpreting services. The top four languages remain unchanged from the previous. These are Polish, Romanian, Bengali and Urdu..

Patient Experience Strategy and Council

Work has continued in 2021 to align the patient experience agenda across the Trust. This has included the launch of the Patient Experience Strategy, which concentrated on four key drivers;

- Patient and public involvement
- Measuring and monitoring feedback
- Service Improvement
- Delivering a positive patient experience

The key drivers have underpinned the Patient Experience Team work plan, which has been reviewed by the Patient Experience Council (PEC). This is a Trust wide group, which includes key stakeholders, patient and public representatives and trust staff. The group's purpose is to ensure the Board is assured that patient experience and feedback forms a core element of quality improvement.

Service User Groups/Engagement

Engagement with external stakeholders continued in 2021/22 albeit mostly in a virtual format. Healthwatch, Carers in Bedfordshire, Carers Central, the Sight Loss Council and local councillors have been able to join both the PEC and provide individual feedback for specific member so of the local communities.

Listening to Patient Concerns

We treat all complaints seriously and ensure they are handled in accordance with the Health and Social Care Complaints Regulations. During 2021/22, we received 698 formal complaints. Further information about complaints is contained within the Quality Account.

A new complaints policy was introduced last year with changes to the process particularly trying to encourage early intervention and closure. This approach resulted in a number of complaints being resolved without having to go through the formal process and produce a written response. Where this was not possible to new clinical service line approvers (made up of General Managers, Heads of Nursing and Clinical Directors), where appropriate could approve the response prior to final executive sign off. Some local resolution meetings did take place although most were held virtually due to ongoing restrictions.

Unfortunately, in the last year, seven complainants asked the Parliamentary and Health Service Ombudsman (PHSO) to review their complaints. At the time of writing, no complaints have been upheld by the PHSO although a number are still going through the review process complainants asked the PHSO to review their complaints. During this year the PHSO, has not upheld one case, partially upheld one case and four are still under investigation. One case has also been processed through the mediation process.

Fortnightly tracker reports continued to be sent to general managers to monitor progress with complaints and compliance with response targets. This enabled the central team and Chief Nurse to provide additional support should it be needed. The quality of the investigations being carried out and the standard of those responses remained very high.

Since the Trust merger in April 2020, there has been further alignment of processes to respond to the concerns of patients between the two sites, these include standardisation of target response time for complaints to 45 working days

Visiting restrictions continued to have a significant impact upon patient services at the Trust. Some visiting in exceptional circumstances has been permitted. Throughout the year visiting restrictions have been reviewed and adapted where prevalence levels allowed.

Compliments

This year approximately 4200 compliments were received directly by the staff or service, and cascaded to the staff and/or service involved by the respective manager. Other compliments are received and are held locally.

Below are some of the compliments we received:

ENT services

Patient would like to thank Dr T who performed a surgical procedure and all the members of the team at ENT, for their exceptional care and service. Patient has expressed that service provided was to the highest level.

Maternity

Patient emailed thanking staff on ward 34 along with junior doctors, theatre and recovery staff, who were caring and compassionate. Patient would also like to thank the Early Pregnancy clinic for their care.

Ophthalmology

"I would like to express my sincere thanks to Staff Nurse N for the kindness and sympathy she showed to my elderly mother and myself yesterday afternoon. My mother underwent a cataract procedure and Nurse N was so understanding and helpful throughout (prior to the procedure, during and after) putting my mother at ease. Nurse N is a credit to the hospital."

Medical short stay ward

"Normally I only give feedback for a bad experience or rubbish service but credit where credit is due but I am now going to relate a very good experience I had in Ward 4. I was admitted to Ward 1 in early hours of Sunday 03/04/22 and then moved to Ward 4 that same evening before being moved to Ward 16 on the evening of 06/04/22. As usual there were a lot of sick and scared people on the Ward, me included, and all the nursing staff were absolutely brilliant in looking after everyone and getting things done. One person however really stood out in my mind and I would appreciate if you can thank her on my behalf. She was a Nurse called D and her effervescent personality seemed to pick up all the patients. Googled her name and it means "Gift from God" and that is exactly what she was. Hopefully I am now on the mend now but will always be grateful for the fantastic care I received in my 3 days stay in your Ward. Please pass on my thanks to all your staff but in particular Nurse D."

ITU and General Surgery

"My husband DM had an operation and I would like to thank the surgeon and all the Colorectal team especially the colorectal nurse and Mr S. Also everyone in ITU especially Nurse B. Also everyone on ward 22 for the care and kindness shown to my husband. When I left him for his surgery I thought I would never see him again, but now I have him home and he is doing so well. To be honest I cannot thank everybody enough."

Safeguarding Children and Adults

Bedfordshire Hospitals NHS Foundation Trust is committed to safeguarding and promoting the welfare of children and young people and safeguarding our adult population.

All staff have a duty to be aware of safeguarding of patients of all ages while in our care.

The Chief Executive has Board level responsibility for safeguarding children and adults. Our Chief Nurse acts on their behalf to ensure that the Board of Directors is satisfied that all measures are taken to safeguard children and young people in our care.

Actions taken and measures in place are as follows:

- Reports are presented to the Quality Committee annually on safeguarding children and young people and there is a clear reporting structure in place to raise issues throughout the year.
- Audits and reviews are carried out to check and satisfy us that our systems and processes are effective.
- Clear procedures are in place in the Emergency Department (A&E) and staff receive regular update training on safeguarding.
- Clear procedures are in place to ensure that the Trust is working with other organisations to safeguard children and adults.
- Disclosure and Disbarring (DBS) checks are made on all new staff adhering to the NHS Employer guidelines and the Trust is compliant with safeguarding guidelines.
- Training in safeguarding children and young people and adults is one of the key components of the corporate induction programme for all new starters and is included in the annual mandatory refresher training which is being made available as e-learning.
- All training arrangements have been reviewed.
- A Named Nurse, Named Midwife and Named Doctor have specific responsibility for safeguarding children and young people across all parts of our hospital – they are clear about their roles and are given sufficient time to enable them to fulfil their responsibilities.
- A Named Nurse and Named Doctor have specific responsibility for safeguarding adults.



Our Staff Report

Our success is delivered through our people and as such our staff continues to be our most valuable asset when it comes to delivering clinical excellence, quality and safety to our patients. We strive to attract the best people, value and develop them so that the teams they work in deliver outstanding care to our patients. We achieve this through many different routes, including delivery of learning and development; good leadership and good communication. This journey starts from the point that an individual applies for a post with us and continues through their employment with the Trust.

This year has again been one of the most challenging years ever seen in the NHS. We have been proud and amazed by the dedication across both of our sites and have endeavoured to put in supportive measures during the year.

Occupational Health / Health and wellbeing

We have an Occupational Health department on each of our two sites, offering a full range of Occupational Health and Wellbeing Services which contribute to increasing the effectiveness of the organisation, by enhancing staff performance and morale through reducing ill-health, absence and accidents. Both Occupational Health Departments are working towards a merge and it is hoped this will be completed over the next 12-18 months. At Luton as part of the Trust Redevelopment plans the occupational health department has relocated to new purpose built premises on Lewsey Road, the old department being scheduled for being demolished in March 2022.

The Occupational Health team on the Luton and Dunstable Hospital site were successful in retaining their annual reaccreditation under the Safe Effective Quality Occupational Health Service. (SEQOHS). The SEQOHS Accreditation Scheme is a stand-alone scheme managed by the Royal College of Physicians of London which leads and manages the process on behalf of the Faculty of Occupational Medicine. SEQOHS accreditation is the formal recognition that an Occupational Health Service provider has demonstrated that it has the competence to deliver against the measures in the SEQOHS Standards. The scheme was developed for all Occupational Health Services and providers across the UK in the NHS and Independent Sector.

During 2021/2022, Covid19 continued to present many challenges, in dealing with multiple complex issues, resulting in a majority of Occupational Health time being involved in risk assessments, supporting staff and signposting to specialist services with regards mental health challenges.

We continued to promote the use of our Employee assistance programme, by way of webinars and the creation and distribution of Cards that could be attached to lanyards, detailing the support available. This support has been available many years, on the L/D site, but only within the past two years on our Bedford site. The service offers free information, support and counselling to all staff, and is available 24 hrs a day

With initial support from NHS Charities together, for a fixed term contract, we employed initially one 0.6 WTE clinical psychologist (commenced 1st April 2021), and one 0.4 Clinical Psychologist (commenced Sept 2021) to support our colleagues and work with teams in 'distress'. The aim of this shared role is to work as part of the Occupational Health teams to ensure our staff are able to avail themselves of timely support and interventions where required. As part of their work they undertook to extend the provision of mental health first aiders/peer listener support across both sites.

What the Covid19 experience has taught us is that our staff need to have spaces that they can go to in order to have some quiet time. As a result there are now central permanent health and wellbeing spaces on both sites furnished with reclining chairs. However these spaces (one on the L/D site and two on the Bedford site) are small.

With this in mind during April / May 2021 an audit to look at existing spaces in wards or departments, across both sites was undertaken, the purpose was to establish if anything could be put in place to enhance these areas however small they may be, to benefit the staff using them. We mainly looked at décor and seating.

As a result, after a selection process for comfort, the Trust purchased 146 tub chairs, 95 dining room chairs, 12 Bistro tables and 2 coffee tables, which went to approximately 50 wards/departments across both our main sites.

This year's across sites flu vaccine uptake was 53% of our frontline staff. The uptake figures were disappointing and slightly lower than many other acute NHS Trusts. It has been hard to establish the specific reasons for the lower uptake, with a majority of those staff actively refusing simply stating that they just didn't want it, it is possible that it was felt there was less risk due to staff routinely wearing personal protective equipment (PPE) to protect against Covid19.

Volunteers

Volunteers make a huge contribution to the health and wellbeing of the nation, giving their time, skills and expertise freely each year to support the NHS. They are crucial to the NHS's vision for the future of health and social care, as partners with, not substitutes for, skilled staff, supporting patients and visitors as well as clinical staff. Volunteers work alongside our staff teams to help us deliver our Trust Objectives, Values and Vision.

The contribution that our volunteers make is very much valued. Reflecting this, planning is in progress for a Long Service Awards event for volunteers from both sites on 10th June at Parkside Hall in Ampthill and this will include those who would have been due an award during Covid. The Lord Lieutenant will be attending to present awards to the longest serving Volunteers (30 years+), and Gordon Johns will attend on behalf of Chairman Simon Linnett. The event will cater for up to 100 guests with invitations being issued to those with 10 years' + service. Those completing 5 years' service will be handed/sent their awards, certificates and badges and the Voluntary Services team will aim to personally deliver awards to those unable to attend the event. All volunteers will receive a 'Thank You' card and small gift subject to funding during Volunteers Week (1 – 7 June).

Volunteer numbers have been heavily impacted throughout the pandemic. Although the hours contributed have improved this financial year (FY), based on pre-covid figures there has been a reduction in hours of 46% at L&D and 45% Bedford. The Team are regularly in contact with Senior Nursing teams to review the placements of volunteers in 'risk' areas and with their direction, Trust volunteer support for ED has been revised.

St John Ambulance Volunteers are now supporting the EDs at both sites. Having support from clinically trained volunteers is a first for the Trust. 11 volunteers inducted and started volunteering from 1st February in Bedford and 10 volunteers started in Luton from the 14th March. More than 150 hrs were given in Bedford during the first six weeks with core activities including chatting to patients, making drinks and taking basic patient observations and ECGs enabling nursing staff to concentrate on more complex care needs. The support has been publicised via posters, social media and is featured in the latest edition of the staff Bedside magazine. An article on our experience and the benefits of the SJA volunteers is also being prepared for NAVSM (National Association of Voluntary Services Managers) to share with VSM colleagues nationally. A survey of Bedford ED staff shows that the support from SJA is very much appreciated and is making a significant difference to both the patient and staff experience.

Working with colleagues in Recruitment, NHSE/I, CVS and local healthcare partners, Voluntary Services launched a volunteer programme to support international nurses and midwife arrivals. The programme aims to assist with the orientation of these staff members, providing buddying opportunities and regular support to facilitate integration into the community and teams at the hospital.

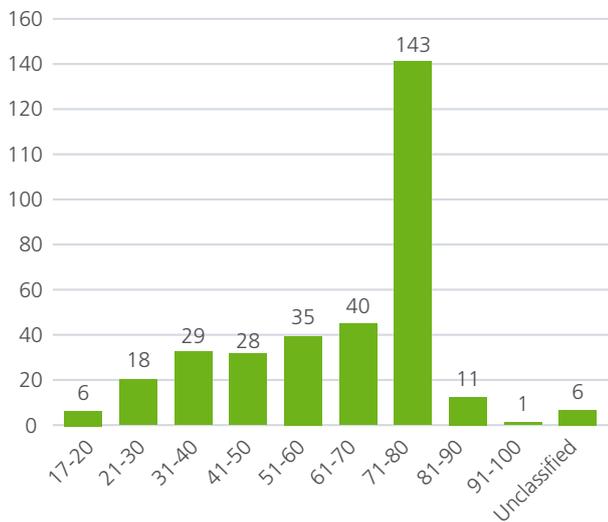
Voluntary Services at both sites identified a small number of initial volunteers for this new role to assist these nurses to settle into their new homes and learn about the area, including practicalities such as where to shop, how to register with a GP, join a gym etc. They are already assisting the Recruitment teams at the initial welcome meeting on arrival at their accommodation, supporting the nurses with bank appointments, finding their way around local shops, meeting them for coffee and offering a friendly face/emotional support if needed.

In addition to this new cohort of specialist volunteers, thanks to a successful bid to NHSE/I for Recovery Funding (£25k), a Voluntary Services Administrator is now in post to assist with the recruitment of new volunteers and the clearance process for returning volunteers. In turn, the appointment supports the NHS People Plan's Volunteer to Career ambitions with the appointment of a former hospital volunteer. With permission to return volunteers to most areas subject to any local temporary Covid-related restrictions (bay/ward closures etc.), recruitment is ongoing at both sites.

There are currently 409 registered volunteers across sites, with 156 currently active. The below chart reflects their age ranges. The highest number of registered volunteers are within the 71 – 80 age group, which is the highest vulnerable age range most impacted by COVID, and therefore this will have somewhat of an impact on their return. Generally, those in the 17-20 age category use their volunteering experience to help them gain an insight into healthcare which in turn supports their applications for health related courses. Young people make valuable volunteers who can have a highly positive impact. Volunteering in local communities also provides many benefits for young people and their development.

Hospital Site	Total Number Registered Volunteers	Currently Active
Luton & Dunstable	253	102
Bedford	156	54
Total Registered Volunteers	409	156

Total Volunteer Age (Years) across both sites



As a Trust, Voluntary Services are engaged with additional partners, namely NHSI, Health Education England, NCVO, St John Ambulance and NAVSM (National Association for Voluntary Service Managers) with a view to positioning the Trust to benefit from future developments and funding opportunities as a result of this increased profile. Our Community Engagement and Voluntary Services Manager continues to be a member of the National Executive Committee of NAVSM as their eNews Editor, responsible for newsletters which are sent out to members nationwide. Proud of our volunteers, whenever feasible the Voluntary Services Team continue to nominate volunteers for local and national awards e.g. Bedford Independent Everyday Hero Awards (nominated the IT volunteer in Bedford who volunteered five days per week during the peak of Covid and continues to give some 90 hrs per month.)

A number of new roles are being explored for development including Gentle Movement/Mobility Volunteers (to aid recovery and prevent readmission through gentle exercise to maintain muscle mass and build strength), Waiting Well calls to patients on waiting lists (to reassure, support and demonstrate our care, and to check that the appointment is still needed/reduce DNAs), and Boredom Busters (to alleviate the long hospital day with activities such as board games, afternoon tea, sitting in secure garden areas, simple craft activities and reminiscing).

There will also be an increased focus on community engagement, exploring ways in which Volunteering can both involve and support not only external organisations, but also individuals to enhance the patient experience. Part of this was started in the current FY, with the introduction of the Blossom Project. The Blossom volunteer programme to support patients receiving end of life care and their families is proving to be a great success in Luton and is now being

re-introduced in Bedford. During the first six months, 192 patients were visited, 69% of these were not alone thanks to our volunteers providing support in their last hours and 12 patients died with a Blossom volunteer present. Feedback from families is positive and a staff survey is under way to evaluate the impact on staff experience. Recent articles in local free magazines such as The Vine and The Oracle have resulted in a number of enquiries from potential Blossom volunteers for both sites. The Blossom programme will be further promoted at both sites during Dying Matters Week (from 2nd May) with display stands outside the restaurants.

Additional areas under consideration / review:

During the pandemic, Voluntary Services suspended the Youth volunteering program, which remains on hold and worked with various clinical colleagues to establish a virtual work experience NHS programme. The virtual work experience programme concluded in January and formal presentations are due to be held in April / May.

The programme was run in conjunction with 6 schools / colleges. All students who attended were required to attend all 4 live virtual sessions and face to face mentoring sessions' which focused on discussions around the previous session and also interview preparation.

A face to face pilot programme was offered to three students between the 4th –7th April, supported by Dr Simon Allen. The students spent time in eight different areas over the four days and gained a real insight into working life in the NHS. An evaluation will take place in May to discuss future face to face work experience placements.

NHS careers sessions continue to be delivered to children ranging from primary school age to college students, taking place both face and face and virtually.

Moving forward, Voluntary Services are re-developing systems and processes with a view to encouraging further support and the growth of volunteering within the Trust on both sites, supporting each Volunteer, when volunteers are able to safely return.

Communicating and engaging with our staff

The Trust recognises that communicating and engaging with our staff is a key part of our success. Having a committed and engaged workforce contributes directly to the quality of the care we provide to our patients. Messages are delivered in a variety of ways both within individual teams and departments and across the Trust as a whole.

Examples of staff communications and engagement include:

- Monthly staff briefings are led by our Chief Executive. We share information on key operational issues and gain feedback from staff
- Employee and team of the month award
- Executive Team present to new staff at induction monthly.
- Established local newsletters are in place across divisions, departments and wards to share good practice and learning within teams
- A quarterly magazine (BedSide) is sent to all Trust staff which includes key information about the Trust, stories from staff about health and wellbeing and the contributions they make to the Trust and our local community
- Key time-sensitive messages are cascaded to all staff via our intranet and email systems
- Regular meetings are held with senior leaders in our clinical service lines to share information with and receive feedback from frontline colleagues
- Our Trust Board meets monthly with our Council of Governors, which includes 15 elected staff governors
- Quarterly public Trust Board meetings
- Staff governors actively speak directly to colleagues to gather their thoughts and ideas about how to improve working lives at the Trust
- Medical Staff Committee and Junior Medical Staff Committee
- The Joint Staff and Management Council (JSMC). This is a meeting of staff side representatives and senior managers of the Trust. The meeting is used to develop and consult on policies and any other matters that affect staff. The staff side JSMC representatives have been particularly supportive in the implementation of many initiatives where there has been a workforce implication, including providing support on change management consultations with staff. Regular meetings are held with senior managers and the Human Resources team to engage in discussion over formal consultations.

Engagement events 2021

In the previous five years prior to merger, the Luton and Dunstable University Hospital NHS Foundation Trust held 'Good, Better, Best' staff engagement events twice a year (July and December) that were a great success. The plan on merger was to hold these events across both sites. However, the COVID-19 pandemic forced us to pause our plans throughout 2020 and 2021. However, we did manage to support our staff with two health and wellbeing events during 2021.

The first was in July and the Trust had Project Wingman

'Wellbee' bus on both sites providing an opportunity for our staff to take some time out and relax. Project Wingman is a charity founded in March 2020 in direct response to the Covid-19 pandemic. The crews offer their time, knowledge and skills to serve and support NHS staff, providing vital well-being and mental health support.



Now their double-decker blue bus Wellbee, tours the UK stopping off at hospitals to lay on hospitality for staff. The bus was on each site for a week and many staff took the time to visit the bus for support, refreshment and a break.



The second wellbeing week was in December 2021. Project Wingman bus returned and again parked up on each site for a week – where aircrew laid on refreshments for staff and provided an opportunity to sit and relax and take some downtime, away from their busy schedules.

The Christmas Engagement Events team had also organised for a small marquee nearby where staff could pop in and pick up a small goodie bag as a small token of our appreciation. All Trust staff were also given a £5 voucher to spend in the hospital restaurants as a small token of appreciation.

Around 2,500 members of staff managed to find time to visit the bus and tent and over 3200 staff took advantage of the £5 food voucher.

We aim to get these events back to 'normal' during 2022.

Sickness Absence

The Trust has continued to monitor sickness absence. For this financial year there has been an increase in the absence rates. The sickness rates were impacted significantly by COVID 19.

Full Year Sickness Absence Rates 20/21 vs 21/22



NHS Staff Survey

The NHS staff survey is conducted annually. This year, for the first time, the questions have been grouped in to nine themes, the seven People Promises plus Staff Engagement and Morale. Nationally the staff survey has seen a decline across all metrics.

The survey ran from the beginning of October to the end November 2021 and was published on 30th March 2022.

The survey was a full on-line staff survey; with paper copies available for those with no digital access, 3,283 surveys were completed. The response rate for Bedford was 50% and L+D was 36% with an overall response rate of 42%. There was an overall increase of 6% points from our previous response rate. The national average response rate for our benchmark group was 46%.

National Results

The indicator scores are based on a score out of 10 for certain questions with the score being the average of those. Scores for each indicator together with that of the survey benchmark group 'Acute and Acute and Community Trusts' are presented below.

	2021			2020		2019		
	Trust	Benchmark Group		Trust	Benchmark Group	L&D	Bedford	Benchmark Group
We are compassionate and inclusive	7.1	7.2	Equality, diversity and inclusion	8.9	9.1	8.8	9.0	9.0
We are recognised and rewarded	5.7	5.8	Health and Wellbeing	5.9	6.1	6.1	5.9	5.9
We each have a voice that counts	6.6	6.7	Immediate Managers	6.6	6.8	7.0	6.8	6.8
We are safe and healthy	5.9	5.9	Morale	6.0	6.2	6.3	6.0	6.1
We are always learning	5.2	5.2	Quality of Appraisals	N/A	N/A	6.2	5.8	5.6
We work flexibly	5.7	5.9	Quality of care	7.5	7.5	7.8	7.6	7.5
We are a team	6.5	6.6	Safe environment – bullying and Harassment	8.0	8.1	7.9	8.0	7.9
Staff engagement	6.9	6.8	Safe environment – violence	9.4	9.5	9.4	9.6	9.4
Morale	5.7	5.7	Safety culture	6.7	6.8	6.8	6.8	6.7
			Staff engagement	7.0	7.0	7.3	7.0	7.0
			Team working	6.4	6.5	6.8	6.5	6.6

Overall, the results indicate an “average” set of results but there are areas that do highlight some themes of slightly below average comparisons. It should be noted that the difference between the national average and the Trust overall average score was either 0.1 or 0.2.

Local Analysis

Compared to last year it is encouraging to see the most improved areas are:

- Reporting last experience of harassment/bullying/abuse
- Opportunities to show initiative frequently in my role
- Not experiencing harassment/bullying/abuse from managers
- Team members have a set of shared objectives
- Not feeling pressure from manager to come to work when not feeling well enough

There are areas for improvement and analysis indicates five main themes for us to focus on in the coming year:

- We are always learning - increasing appraisal completion rates
- We are safe and healthy - health and wellbeing
- We work flexibly - flexible working
- We each have a voice that counts - raising concerns about unsafe clinical practice
- We are recognised and rewarded – valuing work and recognition for good work

Work is already underway with the response and interventions forming a significant component of the Culture and OD programme.

NHS People Promise Progress

The themes and words that make up the NHS “Our People Promise” have come from those who work in the NHS. People in different healthcare roles and organisations have made it clear what matters most to them, and what would make the greatest difference in improving their experience in the workplace.

Our People Plan provides the means by which we will recruit, develop and retain a Bedfordshire Hospitals’ workforce that’s fit-for-the future - supported, equipped and inspired to give of their best. However, our culture is the enabler to achieving excellence.

“The organisations culture is important because it is at the heart of a safe, high quality Hospital. Only if our staff are supported, comfortable in their role, treated as equals by their peers, will they feel safe to do the right things; speak up and be open when things go wrong, live and breathe our values and strive for excellence” David Carter CEO

Our vision, clinical vision and values provide the framework for developing the culture of Bedfordshire Hospitals.

Our vision:

To employ the best people and develop and value them, so that the teams they work in provide outstanding care to the local population.

Trade Union Facility Time Disclosures

The Trust made their submission on the 30th July 2021 for the year 1 April 2020 to 31 March 2021 – this was the first submission as a merged organisation.

Employees in your organisation

5,000 – 10,000 employees

Trade union representatives and full-time equivalents

Trade union representatives: 52

FTE trade union representatives: 44.12

Percentage of working hours spent on facility time

0% of working hours: 40 representatives

1 to 50% of working hours: 12 representatives

51 to 99% of working hours: 0 representatives

100% of working hours: 0 representatives

Total pay bill and facility time costs

Total pay bill: £ 356,752,224

Total cost of facility time: £44,783.45

Percentage of pay spent on facility time: 0.01%

Paid trade union activities

Hours spent on paid facility time: 447.5

Hours spent on paid trade union activities: 980.25

Percentage of total paid facility time hours spent on paid TU activities: 45.7%

Equality, Diversity and Human Rights

During the year, the Trust approved and published key reports to demonstrate commitment and compliance with the Equality Act 2010 and Public Sector Equality Duty. Also all Equality, Diversity and Human Rights EDHR requirements of the NHS Contract, Statutory Annual or other reporting on Equality Information for Patients or the Workforce including Gender Pay Gap Reporting.

In 2021, we applied the new EDHR governance structures for reporting and assurance, the Terms of Reference for the Committee, and Framework Strategy. This framework details the full Trust commitment and approach to this agenda linked in with our values of THRIVE and EDHR principles of FAIR – Fair treatment, Access, Inclusion, Respect and Dignity.

Leadership, Staff Networks and Intersectionality

During 2021 a Non-Executive and Executive Board member were partnered and allocated a protected characteristic to champion. This included a comprehensive briefing to start to develop a greater understanding of that characteristic along with Board Seminars to discuss the characteristics and understand the issues that individuals can face in more detail. This included intersectionality between an individual's characteristics such as being female and having a Belief or being BAME and having a disability.

Their championing roles also include supporting and attending relevant staff networks.

Staff Networks

The Staff Networks that the Trust currently has in place cover the characteristics of:

- BAME (Black, Asian and other Black minority ethnicities)
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer plus Allies)
- Disabilities (mental and physical) and Allies

The BAME Staff network was launched in 2020, and the LGBTQ+ Allies Staff Network in September 2021.

The Disabilities and Allies Staff Network was launched in December 2021 and now has a Chair appointed ready to enable progress and meetings in 2022.

The networks provide mutual support and opportunity for staff to talk in a safe, open space about issues that matter to them in the workplace. The goal is to have good communication channels and understanding between the Trust, colleagues and service users, whilst driving awareness and positive change. This helps support effective decision making and to create a fair, welcoming community that meets all staff and patient needs, allowing them to feel confident in being themselves and supporting others.

Broadening Support – Intersectionality and specific support projects

There is communication and support between the networks to share knowledge and skills and how best to address intersectionality. For instance a new project for the BAME staff network is to improve sickle cell knowledge and care which is predominantly a BAME condition and also a disability. This supports the Trust's commitment to improving Health Inequalities.

The networks channel and encourage support for specific initiatives, such as; responding to St Vincent and the Grenadines Relief Appeal for global assistance in 2021. Volcanic eruptions on St Vincent left many without homes or utilities and many colleagues had relatives directly impacted by this. Similarly for the response to wide impact of Covid on India in 2021 and for advice and support to those staff affected by the situation in the Ukraine.

Training, Communications and Events

The Communication and Learning and Development Strategies related to EDHR in last year's report were influenced by the need to respond to new priorities such as Covid-19, new organisational values, mental health and wellbeing, and health inequalities (especially for BAME, Disability, and pregnancy or maternity).

This past year there have been further enhancements. We have implemented 15 extra new E-learning packages relevant to our EDHR agenda to upskill and support staff which are:

- General EDHR [2]; Cultural Awareness in the Workplace - The Diversity Challenge
- Inclusion awareness [3]; Inclusion Essentials, Inclusive Language and Communication - Inclusive Leadership
- Mental Health support [3]; Mental Health in the Workplace, Managing Stress and Stress Less.
- Strengthening ability [3]; Assert yourself, How to delegate, Building Resilience
- Understanding Bias [2]; An Introduction to Unconscious Bias - Understanding Race Bias
- The Impact of Micro-Behaviours
- The Menopause at Work

The above EDHR training offered is beyond the National mandatory NHS on-line video training and previous additional areas provided. It offers deeper EDHR knowledge and understanding.

Many key staff and community events used to promote and help embed initiatives such as civility, good organisational culture, THRIVE values, EDHR principles and use of Equality Data were on hold in 2020 to 2021 due to Covid distancing. By December 2021 there were Trust wide staff engagement events with a Project Wingman team bus and refreshments along with an exhibition event celebrating the work and achievements of colleagues in keeping with our values and FAIR principles. The celebration of EDHR week in May 2022 is planned as is the July Staff Event in the Tent, along with Schwartz Rounds and Health seminars to help the Health inequalities agenda.

Celebrations or awareness campaigns - The Hospital also marked a much wider range of periods or days dedicated to specific celebrations or awareness campaigns such as from Interfaith Awareness Week, RCM Midwife Support Worker Week or the History Months (Black, LGBTQ or Women's) - to World prematurity day, International Men's, Women's or Holocaust Memorial Days etc. Celebrating our international staff - the Trust significantly celebrates NHS Overseas Workers Day. With over 2,300 colleagues from overseas we like to showcase their work.

Freedom to Speak Up and Principal Clinical Psychologist

Staff wellbeing and resilience is an essential foundation for high quality patient care. Also looking after mental and physical health and wellbeing is important to staff and to the EDHR agenda. The Freedom to Speak up team are a strong contributor to staff having a voice and FAIR Treatment. They are now supported by a new Principal Clinical Psychologist who helps to develop safe, kind and compassionate work spaces for all staff and brings all elements of staff mental health and wellbeing under one framework for clarity and cohesion.

Accessible Information

Interpretation

As one of the most diverse Trusts we have high use of interpretation and keep a strong focus on this critical professional service. The providers work to a high level specification, formal undertakings, management controls and devolved booking to departments. Continued improvement to this service and meeting increasingly diverse language and literacy needs, means better service that meets our FAIR principles.

The review of service performance undertaken in 2021 resulted in a service extension for 2 years that addressed changes, future service needs and operational efficiencies

that came through Covid such as less face to face, more telephone interpreting and new remote clinics with video interpreting.

The Trust will continue to evaluate service usage and accessibility. Including participation in and low uptake of video interpreting and if patients who require interpretation have issues around access to video (e.g. due to disability or ability to access information, equipment or by general or E literacy etc.)

Interpretation and Translation Usage

Data for year end 2022 shows an 18.5% increase to requests at 15361 compared to last year at 12694. There is a trend of an increase between 15-20% annually except for year end March 2021 when requests neither dropped nor increased (due to Covid-19).

Last year requests were for 80 different languages or dialects, this year it is 91 of which there were 82 languages used at the L&D and 51 at Bedford Hospital (BH).

Last year the service split between L&D and BH was 87.7% to 12.3%. This year it is 84.9% to 15.1%. Trust wide the majority of requests were 66.1% by telephone, 32.4% face to face and Video remote interpretation and translation accounted for a lower 0.6% and 0.9%.

Service Split by Interpretation types/ Hospital site / by number and % at YE March 2022

Site	Face to Face	Telephone	Translation	Video remote	Total numbers	Total Service %
L&D	4663	8239	38	99	13039	84.9%
BH	312	1915	54	41	2322	15.1%
Total 2022	4975	10154	92	140	15361	
Service %	32.4%	66.1%	0.6%	0.9%		
Total 2021	4628	7873	143	85	12694	
Service %	36.5%	61.7%	1.1%	0.7%		

By hospital site, the chart below shows significantly more use of phone as a proportion of the service at BH at 82.5%. There is also proportionally more use of translation and video.

Core Languages requested at the L&D and BH

On both sites there are 4 significant languages that make up the core of the requests made. In the L&D these account for 67.9% of the service in 2022 and 57.5% at BH. These top 4 languages have not changed in recent years but noticeably Urdu is the 4th language at L&D whereas it is Bulgarian at BH.

L&D	TOTAL	%	CORE	Bedford	TOTAL	%	CORE
Urdu	2578	19.8%	8850 - 67.9%	Polish	514	22.0%	1345 - 57.5%
Bengali	2427	18.6%		Romanian	388	16.6%	
Romanian	2366	18.1%		Bulgarian	235	10.1%	
Polish	1479	11.3%		Bengali	208	8.9%	

Accessible Information Browse Aloud – Text Help

The Trust has provided this assistive tool on the website since 2018. This shows as a tool bar on the webpage giving assistive adaptations to the website:

- In year end March 2022 there were 93487 uses with the toolbar use accounting for 72550 uses. The other key areas were **text to speech** at 12100 and **translate** at 8113 uses.
- Text to speech may be in a foreign language as well as English. At March 2022 there are 102 languages that the website can be translated into. Since last year there has been an increase in the number of these languages that can also be text to speech from 33 to 48. Ukrainian is one of the additional languages this year.
- Other assistive tools offered and shown in the chart include
- Conversion of page content from text to speech with sound controls, voice speed etc.
- Ability to change the page to Easy read or print off in large print or to record information to an MP3 for a patient or to upload to a website area
- Change text to varying levels of font and colour for ease of users with dyslexia, and to change background to increase contrast – or a magnifier, ruler or highlighting on the line being read with masking of other content.

Reporting and Equality Data

Current reports for Bedfordshire Hospitals NHS Foundation Trust (BHFT) alongside the archive of statutory and NHS contract mandated Equality reports for both hospital sites can be found on the BHFT website: <https://www.bedfordshirehospitals.nhs.uk> (under corporate / equality and diversity / reporting)

These annual reports include the:

- NHS Workforce Race Equality Standard WRES and for Disability the NHS WDES
- Gender Pay Gap Reports
- Workforce Equality Information Report and Patient Equality Information Report

Gender Pay Gap Reporting

- **Report at March 2021 for Year End March 2020 Data** – At the 5th year of reporting / March 2020, the hospitals were pre-merger with final separate reports required. The Government moved the statutory report deadline of March 30th 2021 back to October 2021 which is when the reports were completed and published on the Trust website.

- **Report at March 2022 for Year End March 2021 Data** – Data for the first BHFT merged data at year ending March 2021 was submitted in March 2022. The report for at March 2021 not only covers BHFT headline data, it also evaluates and compares site specific and Trust wide data so that progress and performance can be evaluated and recommendations developed for actions.
- **Report at March 2023 for Year End March 2022 Data** – data has been collected for year ending March 2022 ready to address later this year for the March 2023 deadline.

WRES and WDES (as above) for Year ending March 2021 Published at August 2021

Data at year ending March 2021 saw the first year of BHFT reporting, the 7th year of the WRES and 3rd year of the WDES reporting. This reporting holds headline Trust results and then covers site specific and Trust wide data so that progress and performance can be evaluated and recommendations developed for actions.

A summary of this year's workforce data can be seen later in this section under Equality and Diversity Data - using Employee data as at 31st March 2022

EDHR and the Care Quality Commission CQC. EDHR is firmly in the CQC inspection and covers Governance and Reporting, Leadership from the top, EDHR in both Patient and Workforce Experience, culture and conduct, health inequalities and the community.

Data collection and Analysis Improvement –

The Trust continues to improve data collection, analysis and reporting with the aim for a wider more cohesive approach across patient services and the workforce, and site specific and Trust wide patient and workforce profiles to consider if required. This includes:

- Increasing efficient collection of aggregate patient data on current systems with data being systematically rather than manually merged. IT systems at both hospital sites vary with changed and new systems factoring in the site and Trust wide data needed.
- Areas of poor declaration for patients and the workforce affects data validity and progress. Trust initiatives from 2018 to improve declaration of disability, sexual orientation and Belief, have had limited success (apart from a shift from 56% to 33% non-declaration for these areas due to new recruiting processes and employee self-record system ESR. Further initiatives are planned with the support of Staff Networks.

- Sensitive/new areas need a cohesive approach – such as: broader gender and sexual orientation options on forms including prefer not to say or broader ethnicity considerations e.g. for white ethnicities
- Cohesive approach to annual workforce data reporting - with Trust wide and site specific data to give generic and specific data for relevant information. This ensures knowledge of the differences and performance between the sites with shared skills and learning on the WRES, WDES, Gender Pay Gap Report and shared experience of trialling Ethnicity and Gender Pay Gap Reporting.



Equality and Diversity Data

- Employee data at 31st March 2022

From the formation of Bedfordshire Hospitals NHS Foundation Trust (BHFT) April 1st 2020; the Trust reporting for the workforce covers both Trust wide data and site specific for Luton & Dunstable, and Bedford Hospital sites.

These reports can be seen under the Corporate Section of the Trusts website under Equality and Diversity – Annual reporting.

Workforce Declaration Levels Trust Wide

BHFT General Declaration Levels

Area	BHFT 2021 declared	BHFT 2022 declared	BHFT 2022 % non-declared	BHFT 2022 No. non-declared
Gender	100%	100%	-	-
Age	100%	100%	-	-
Ethnicity	96.4%	96.3%	3.7%	299
Disability*	80.9%	82.0%	18.0%	1462
Religion Belief or Non Belief	63.1%	65.0%	35.0%	2834
Sexual Orientation	61.3%	64.2%	35.8%	2902
Transgender	n/a	n/a	n/a	n/a
Partnership status	96.7%	95.1%	4.9%	401
Pregnancy and Maternity	n/a	n/a	n/a	n/a

*Within Disability non-declared 0.19% or 15 employees prefer not to say
The staff establishment at March 31st 2022 totalled 8104 - which is an increase by 1.47% or 82 staff upon the total staff of 8022 at March 2021.

Gender

Prior to March 2022, the ratio of male to female was consistently circa 20% to 80% female for the Trust at both sites, with Bedford having a pattern of slightly more male representation than the L&D by 1.7% to 2.3%.

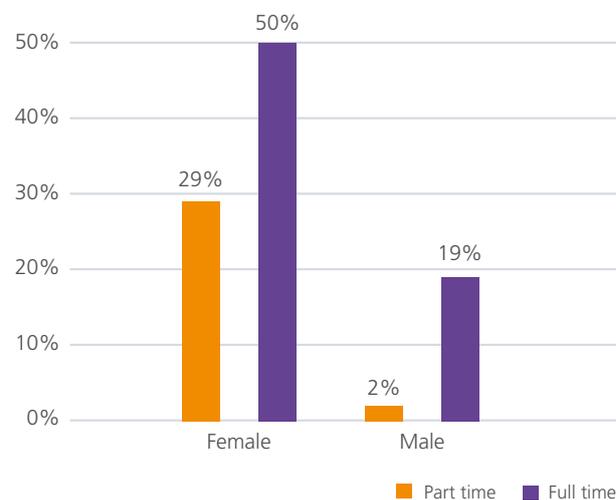
Male	1717	21.2%
Female	6387	78.8%
Total	8104	

This year the Gender split is 21.2% male to 78.8% female which is an increase in male representation and comparable to the NHS average for staff gender.

Gender and Full time or Part Time Working

In the chart below the proportion of the whole workforce who are female part time workers is high –Even though this dropped 2% to 27.2% it is still amounts to 35% of the female workforce who are part-time compared to 8% of the male workforce. This has an impact on gender pay especially when male part timers are only 2% of the whole workforce.

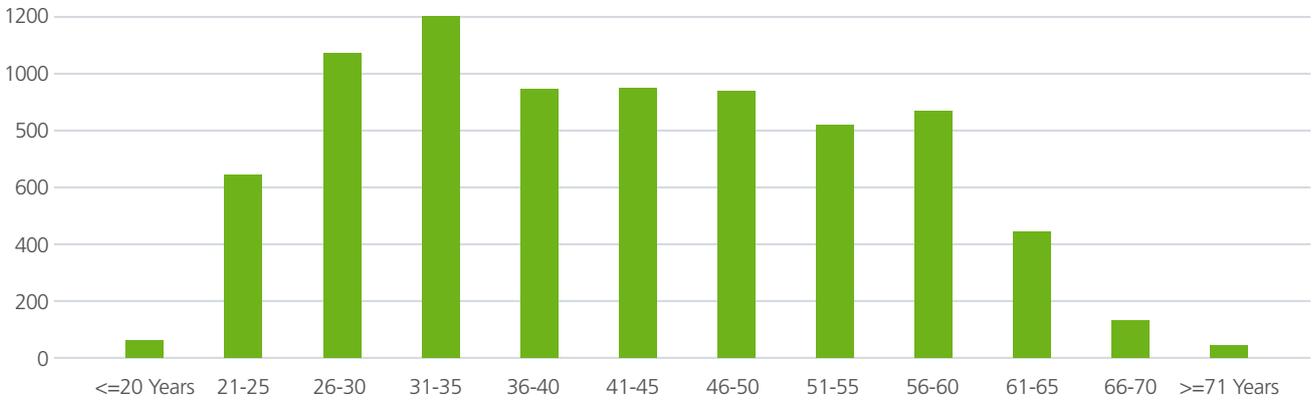
Gender by full and part-time working



Age Profile

Age has high declaration as date of birth is required for all employees. Over the seven reporting years the workforce has increased in size annually at both sites but there is still relatively the same proportion of staff in the age groups covered.

BHFT - Numbers of staff in each age group



Age groups

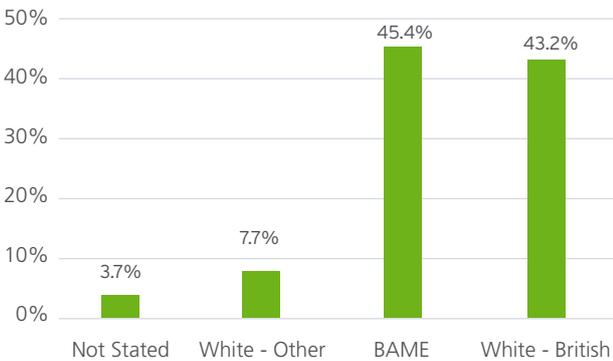
The majority age group for staff by the previous small range of NHS groupings was those aged between 30-54 years of age.

With the broader range of NHS groupings under ESR the highest groups are aged between 26-35 followed by 36-50 then 51-60 years. Staff aged over 61 and under 25 years embody much smaller groups. Staff numbers decrease from age 55 with retirement an impact. (NHS staff on a longer service and earlier pension scheme can retire from age 55. Those with shorter service and the latest pension scheme can retire from age 66).

Ethnicity

The Trust is one of the more diverse organisations in the UK. This is an area of high declaration and only 3.57% did not declare their ethnicity last year. L&D has the largest ethnicity representation and a lower non-declaration at 1.2 to 1.7 %. This year with the

Workforce by Ethnicity



Ethnic Origin BHFT workforce at March 31st 2022

Chinese	57
Filipino	87
Black Caribbean	301
Any Other	302
Black African	562
Asian	2320
White	4125

Ethnicity and the Trust Workforce at the L&D is more diverse than at BH. The ratio for BME at year end 2021 was L&D at 47.9% and BH at 35.8% with a site increase of 4.6% and 6.5% respectively on the data at year ending March 2020. There is an annual pattern at both sites for White staff to be decreasing whilst BME are increasing. This is even more significant when staff numbers are increasing annually at each site also.

In the last seven years to March 2021, BAME at the L&D has moved from being 37.7% to 47.97% (a 10.5% increase). White has moved from 49.8% to 42.8% (an 8.1% decrease).

At year-end 2021, the Trust also had 602 staff from White minority ethnicities of which 144 are European and the rest are other. BME with White minority ethnicities now make up circa 56% of the workforce at the L&D and 44.1% at BH (or 51.1% Trust wide).

BHFT Nursing and midwifery staff are even more diverse with 53% BAME at year end March 2022.

Our 2632 Nursing Staff by Ethnicity at March 2022

	Total
White - British	38%
BAME	52%
White - Other	7%
Not Stated	3%

Disability, Sexual Orientation and Religion or Belief Declaration Levels

As for Patients, all these workforce areas continue to have lower declaration. This is a national as well as a local phenomenon as these are deemed more sensitive areas. More confidence is needed to ensure awareness of the purpose and value of this data capture as well as the privacy given in its controlled and generic use. Further initiatives are planned to encourage more declaration to keep data capture relevant.

Workforce by Disability March 31st 2022

Disability - In the years 2018 to 2022, the percentage of disabled remains circa 2% which is not a realistic figure against much higher national averages. The NHS staff survey results for the Trust staff usually show between 13-17% have a disability which is more in keeping with national

Disabled	Total	
Not Disabled	79.86%	6472
Not Declared	17.86%	1447
Disabled	2.10%	170
Prefer Not To Answer	0.19%	15
Grand Total	100.00%	

In 2022 disability declaration has improved from March 2021 where non declaration was 29%, reducing to 17.86% in March 2022 - a significant 12.14% change after long term stasis.

Last year L&D non declaration was 24.15% and BH non-declaration was 11.09% giving a Trust wide non-declaration result of 19.09%. This year at 17.86% is circa a 1.23% decrease.

Most of the increased declaration is reflected in the increase in the non-disabled category which has now reached 79.86% from 78.7% last year. The Trust still needs to achieve a higher declaration of disability status along with better confidence in knowing a disability and in declaring one. It is planned that the Trusts Disabilities and Allies Staff Network and the measures in the Workforce Disability Equality Standard will start to address this.

Religion, Belief and Non-Belief – (in this category non-belief is also protected)

As can be seen from the Trust wide data below the majority declared Religion, Belief or Non-Belief is Christianity at 39.6%, then Atheism at 7.3% and Islam at 6.6%. However, non-declaration is 36.9% and this affects data value as this means that the religion or belief status of more than a third of staff is unknown to the Trust. Undisclosed / Non declared results - For BHFT in year ending March 2022 the percentage of undeclared religion, belief or non-belief is 35% which is an improvement on last year's 36.9%. (In 2021 non declaration at the L&D was 1632 33.2% and at BH Site 1327 42.7%).

BHFT Total Religion, Belief, non-Belief - March 31st 2021 - Of the disclosed Belief, the main is Christianity (39.3%), then Atheism (7.9%) Islam (7.1%) and Hinduism (3.5%). These are the main Beliefs with a range of other Beliefs at less than 1% of the workforce. This has stasis with last year's ratio profile.

Religion, Belief and Non Belief March 2022

Christianity	39.3%
Undisclosed	35%
Atheism	7.9%
Islam	7.1%
Other	5.3%
Hinduism	3.5%
Sikhism	0.9%
Buddhism	0.8%
Jainism	0.2%
Judaism	0.1%

Sexual Orientation

Year on year there has been little variation in the declared data for heterosexual and for Lesbian, Gay or Bisexual staff (e.g. at circa 70% to 1% and 44.6% to 1% respectively for Luton and Bedford) last year. There was also a significantly lower level of non-declaration of sexual orientation at Luton in 2021 at 28.8% compared to Bedford at 54.3% – a difference of 25.5%.

It would suggest that, with the disability results above, Bedford staff are more likely to declare their disability status than Luton staff, but Luton staff are more likely to declare their sexual orientation status. The BHFT level of non-declaration at year ending March 2022 is 35.81%.

For both disability and sexual orientation, the percentage who declare that they have a disability or that they are Lesbian, Gay Bisexual or Other, is significantly lower than the national averages.

BHFT Workforce by Sexual Orientation
Year ending March 2022

Sexual Orientation	Percentages	
Heterosexual or Straight	5090	62.81
Not Declared	2902	35.81
Lesbian, Gay or Bisexual	100	1.23%
Undecided / Other sexual orientation not listed	12	0.15%

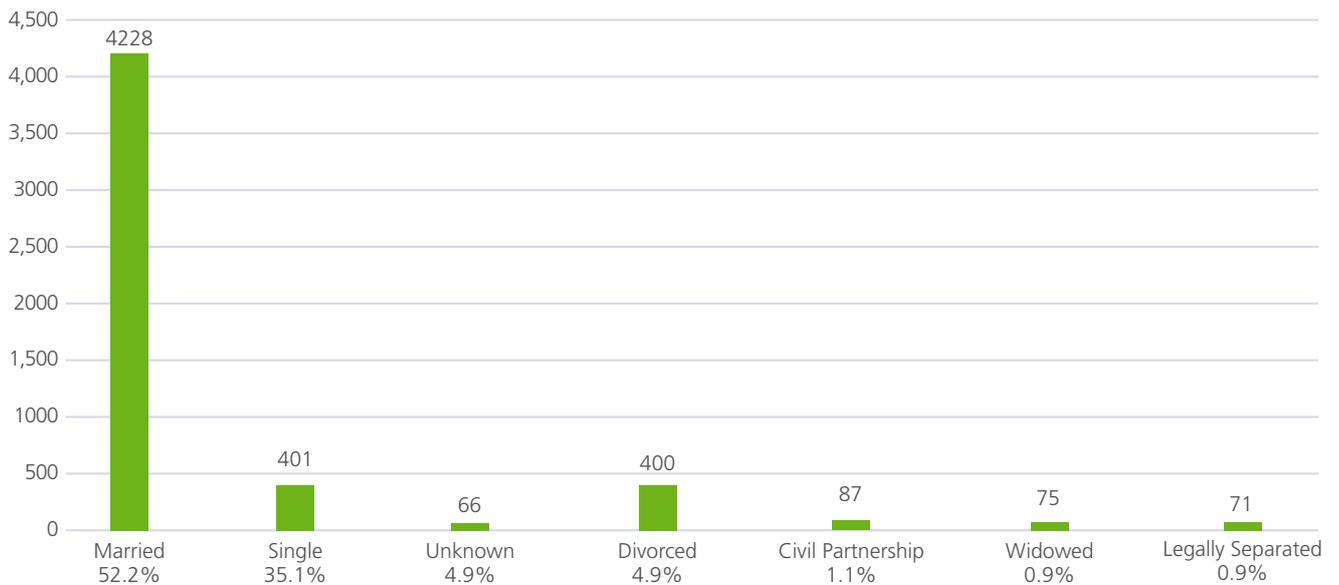
It was year ending March 2018 that the category of “other sexual orientation not listed” was added which at 0.1% this year amounts to less than 10 staff.

Transgender - Transsexual - in terms of “LGBTQ plus” considerations, these areas have been linked to sexual orientation initiatives. Both the workforce and patients

have had a small number of transsexual and transgender people presenting. As for all areas there is sensitive and confidential handling of this data. Also there is awareness and consideration of the different descriptions that this group may prefer to use to describe their identity.

Partnership status - marriage and civil partnership - As can be seen in the graph below, the majority status for staff remains ‘married’ at 52% followed by single at 35%. By ratios this is similar to last year’s data across all categories but with a proportional increase. Data trends have shown a steady increase in civil partnerships (83 staff in 2021) but since 2019 civil partnerships and marriages are open to both heterosexual and homosexual partners

BHFT Workforce by Marital or Partnership StatusYear ending March 31st 2022



Employee Expenses and Exit Packages

The analyses of the staff costs is detailed below. It includes permanent staff and other staff engaged to achieve the objectives of the organisation (agency, contract, temporary). The categories are in line with NHS Digital's Occupational Code Manual.

Employee Expenses

(excluding non-executive directors)	2021/22 Permanent £000	2021/22 Other £000	2021/22 Total £000	2020/21 Permanent £000	2020/21 Other £000	2020/21 Total £000
Salaries and wages	293,101	49,229	342,330	293,898	36,556	330,454
Social security costs	32,998	3,114	36,112	28,941	3,947	32,888
Apprenticeship Levy	1,721	28	1,749	1,541	69	1,610
Pension costs - defined contribution plans						
Employers contributions to NHS Pensions	40,371	0	40,371	34,931	0	34,931
Pension cost - other	16,161	0	16,161	15,260	0	15,260
Agency/contract staff	0	26,191	26,191	0	27,134	27,134
Costs capitalised as part of assets	(2,285)	(82)	(2,367)	(2,880)	(280)	(3,160)
TOTAL (Employee expenses & Education & Training)	382,067	78,480	460,547	371,691	67,426	439,117

Average number of employees (WTE basis)

	2021/22 Permanent Number	2021/22 Other Number	2021/22 Total Number	2020/21 Permanent Number	2020/21 Other Number	2020/21 Total Number
Medical and dental	1,053	173	1,226	1,021	188	1,209
Ambulance staff	2	1	3	3	0	3
Administration and estates	882	166	1,048	853	186	1,039
Healthcare assistants and other support staff	2,146	342	2,488	2,078	308	2,386
Nursing, midwifery and health visiting staff	2,354	339	2,693	2,257	306	2,563
Nursing, midwifery and health visiting learners	33	3	36	20	1	21
Scientific, therapeutic and technical staff	619	63	682	626	41	667
Healthcare science staff	187	6	193	174	29	203
Other	3	0	3	3	0	3
Number of Employees (WTE) engaged on capital projects	(37)	(1)	(38)	(70)	(4)	(74)
TOTAL	7,242	1,092	8,334	6,965	1,055	8,020

Staff Exit Packages

Exit package cost band (including any special payment element)	2021/22		2020/21	
	Total number of exit packages	Total number of exit packages £'000	Total number of exit packages	Total number of exit packages £'000
<£10,000	15	60	13	42
£10,001 - £25,000	2	23	1	13
£25,001 - 50,000	3	93	1	47
£50,001 - £100,000	0	0	1	87
£100,001 - £150,000	0	0	0	0
>£150,000	0	0	0	0
Total	20	176	16	189

	2021/22 Payments agreed Number	2021/22 Total value £'000	2020/21 Payments agreed Number	2020/21 Total Value £'000
Compulsory redundancies	4	83	0	0
Voluntary redundancies including early retirement contractual costs	0	0	1	47
Contractual payments in lieu of notice	16	93	15	142
Total	20	176	16	189



Working with Our Partners

The Trust contributes to nationally recognised and statutory partnerships through:

- Ongoing collaboration as part of the Integrated Care Systems (ICS).
- Appointed a system wide Programme Director to support the Bedfordshire Care Alliance and governance with the ICS
- Work within the Local Maternity System for BLMK.
- A&E Delivery Board chaired by the Trust Chief Executive.
- Luton Transformation Board (including the Better Care Fund).
- Local strategic partnerships such as System Resilience Groups and Bedfordshire and Luton Local Resilience Forum.
- Local Safeguarding Children's Boards (LSCB) – Luton LSCB and Bedfordshire LSCB.
- Local Safeguarding Vulnerable Adult Boards for Luton and Bedfordshire.
- East of England meetings and events.
- Regular CEO meetings with Clinical Commissioning Groups (CCG) Chief Officers, Directors of Social Care and the Chief Officer of the Local Area Team.
- Role as lead organisation for the ICS digital transformation strategy around a shared patient record portal which enables intelligent viewing of appropriate information by primary care, secondary care, local authority and community and mental health service clinicians to ensure seamless, integrated care for the BLMK population





Governance Accountability report

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Directors Report

The affairs of the Foundation Trust are conducted by the Board of Directors in accordance with the NHS Constitution and the Foundation Trust's Authorisation.

The Board manages the business of the hospital and is the legally responsible body for making decisions relating to the strategic direction, performance and overall running of the Foundation Trust. The Board has in place a schedule of decisions reserved for the Board and a delegation of powers document, setting out nominated officers to undertake functions for which the Chief Executive retains accountability to the Board.

The Board delegates its duties for the day to day operational activities of the hospital to the Executive Board which includes finance, activity, performance, safety, clinical quality and patient care. The Board comprises eight executive and eight non-executive directors and meetings are in a public setting every three months. In addition the Non-Executive and Executive Directors meet monthly in a seminar session and attend monthly Council of Governors meetings or seminars.

As far as the Directors are aware there is no relevant audit information of which the auditors are unaware and the Directors have taken all the necessary steps to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Independent Professional Advice

The Board has access to independent professional advice, where it is judged that it is necessary to discharge their responsibilities as Directors.

The Role of the Chairman of the NHS Foundation Trust

The Chairman is pivotal in creating the conditions for cohesion between Board members and the executive roles of the directors. Specifically it is the responsibility of the Chair to ensure the effectiveness of the Board of Directors and to:

- Run the Board, taking account of the issues and concerns of Board members, be forward looking, and concentrate on strategic matters.
- Ensure that members of the Board receive accurate, timely and clear information to enable them to take sound decisions, monitor effectively and provide advice to promote the success of the Trust.
- Preside over formal meetings of the Council of Governors, and ensure effective communication between Governors and the Board of Directors and with staff, patients, members and the public.

- Arrange regular evaluation of the performance of the Board of Directors, its committees and individual Directors.

The Role of Non-Executive Directors (NEDs)

- Our NEDs work alongside the Chairman and Executive Directors as equal members of the Board of Directors. The distinct roles of a Non-Executive Director are to:
- Bring independence, external skills and perspectives, and challenge to strategy development and Trust performance.
- Hold the Executive to account for the delivery of strategy; offer purposeful, constructive scrutiny and challenge; and chair or participate as member of key committees that support accountability.
- Actively support and promote a positive culture for the organisation and reflect this in their own behaviour; provide a safe point of access to the Board for whistleblowers.
- Satisfy themselves of the integrity of financial and quality intelligence and that the system of risk management and governance are robust and implemented.
- Ensure the Board acts in the best interests of the public; a Senior Independent Director (SID) is available to members and governors if there are unresolved concerns.
- NEDs including the Chair appoint the Chief Executive.
- As members of the Remuneration and Nomination Committee, determine appropriate levels of remuneration for Executive Directors; support the Chair in appointing and, where necessary removing executive directors, and in succession planning.
- Meet annually with the Chair to review the Chair's performance. The Senior Independent Director also takes regular soundings from Governors.
- Consult with the Council of Governors to understand the views of governors and members and accounts to the Council of Governors in terms of the Statutory and NHS Foundation Trust Code of Governance requirements.

Information regarding the appointment and removal of Non-Executive Directors can be found in the Council of Governors section.

Remuneration and Interests

The remuneration of individual Directors can be found in the Remuneration Report.

Board of Directors 2021/22

Name	Post Held	Year Appointed	Term of Appointment	Status
Mr David Carter	Chief Executive	2018*	Permanent	
Mrs Cathy Jones	Deputy Chief Executive	2018**	Permanent	
Mr Matt Gibbons	Director of Finance	2019	Permanent	
Mrs Liz Lees	Chief Nurse	2018	Permanent	
Mr Paul Tisi	Joint Medical Director	2020 +	Permanent	
Dr Danielle Freedman	Joint Medical Director	2015***	Permanent	To February 2022
Ms Angela Doak	Director of Human Resources	2010	Permanent	
Ms Catherine Thorne	Director of Quality and Safety Governance	2018	Permanent	
Mr Simon Linnett	Chairman	2014	Annual	To September 2021 (extended to September 2022)
Mr Gordon Johns	Non-Executive Director	2020 +	3 year Fixed Term	To April 2023
Mr Simon Barton	Non-Executive Director	2018	3 Yr Fixed Term	To September 2021(extended to September 2024)
Mr Mark Prior	Non-Executive Director	2018	3 Yr Fixed Term	To October 2021(extended to October 2024)
Mr Richard Mintern	Non-Executive Director	2019	3 Yr Fixed Term	Left December 2021
Mr Ian Mackie	Non-Executive Director	2019	3 Yr Fixed Term	To June 2022 (extended to June 2025)
Dr Annet Gamell	Non-Executive Director	2019	3 Yr Fixed Term	To June 2022 (extended to June 2025)
Mr Steve Hone	Non-Executive Director	2020 +	3 Yr Fixed Term	To April 2023
Mrs Tansi Harper	Non-Executive Director	2022	3 Yr Fixed Term	To January 2025

* Appointed as Managing Director in May 2011 and became Chief Executive in May 2018

** Appointed as Director of Strategic Development in 2016 Deputy Chief Executive in May 2018

*** Appointed as Chief Medical Advisor (at the L&D since 1985)

+ Reflects appointment to Board of Bedfordshire Hospitals NHS Foundation Trust

A declaration of interest register is available for viewing in the Trust Offices.

Disclosures set out in the NHS Foundation Trust Code of Governance

It is considered that the Bedfordshire Hospitals NHS Foundation Trust complies with the main and supporting principles of the Code of Governance. This includes the issues of whether or not all of the Non-Executive Directors are independent in accordance with code provision

B.1.1. The Board has determined that all of the NEDs are independent in character and judgement.

In relation to the more detailed provisions of the Code of Governance, the Trust were compliant with the provision

with the exception of section B.1.2 the Trust was non-compliant from April through to January 2022 when the Board had half the Board of Directors as Non-Executive Directors excluding the Chair. In our Constitution the Chair votes as a Non-Executive and has a casting vote.

Independent Evaluation of Board Performance both Collectively and Individually

The Board continuously analyses its performance, duties and role on an ongoing basis and employs a Board Secretary to observe the board activity and report findings into the Board of Directors. The Board analyses its own performance at the end of each Board meeting and also requests feedback from Governor Observers at each meeting that is subsequently reported to the Council of Governors.

HM Treasury

The FT has complied with cost allocation and charging guidance issued by HM Treasury.

Board Evaluation and Well Led Framework

Monitor's Code of Governance suggests that Trusts conduct an external Board Evaluation every three years.

The Trust understands and accepts that a periodic and rigorous board evaluation process represents best-practice and should be considered as part of any governance review. An external review took place in 2013 and the Board took assurance from the CQC inspection in 2016. The L&D and Bedford Trusts undertook self-assessments in July 2018 and were subject to further CQC inspections in August to September 2018 resulting in a rating of 'good' for each hospital in the December 2018 reports for the well led element of the inspection reports.

The Board of Directors continue to hold a number of seminars throughout the year and to assess the strategic direction of the Trust and ensured that PricewaterhouseCoopers (PwC - internal audit) provided independent review of progress within the clinical service lines.

A self-assessment against the CQC Well Led framework was completed in July 2020 and in March 2022, the Trust commissioned Grant Thornton to complete a well-led review following a tender process. This is due to be completed in July 2022.

Trust Directors: Expertise and Experience

Executive Directors

David Carter

Chief Executive

David Carter has 20 years' experience as a Board Director for various NHS organisations including mental health, community and primary care trusts and in the acute sector at Barnet & Chase Farm Hospitals NHS Trust. David's background is in finance and prior to joining the NHS he spent seven years at KPMG in London working in audit and consultancy where he qualified as an accountant.

(Membership of Committees – CF, FIP, QC, RD, WFC, DC, SC)

Cathy Jones

Deputy Chief Executive

Cathy took up post as Deputy CEO in May 2017. She has worked at the Luton and Dunstable Hospital since 2005 and has been General Manager in medicine and surgery before becoming Director of Service Development. She took up an external secondment with the Sustainability and Transformation Plan team for six months and returned to the L&D in April 2017.

(Membership of Committees – CF, FIP, QC, WFC, DC)

Matthew Gibbons

Director of Finance

Matthew was appointed Acting Director of Finance in January 2019 and substantive in October 2019. Matthew joined the L&D in 2002 from the NHS Graduate Training scheme and was Deputy Director of Finance from 2008. In a long career with the Hospital Matthew has played key roles in the successful Foundation Trust application in 2006, the introduction of Service Line Reporting and the development of a Finance team that has a strong track record of Financial governance & support for the Divisions

(Membership of Committees – CF, FIP, RD, WFC, SC)

Dr Danielle Freedman

Joint Medical Director – to February 2022

Danielle is a Consultant Chemical Pathologist and Associate Physician in Clinical Endocrinology and Director of Pathology. In addition, she was the hospital Medical Director from October 2005 until December 2010, Associate Medical Director from 2010-2015 and the Chief

Medical Advisor to the Trust Board since 2015. She trained in medicine at the Royal Free Hospital School of Medicine, London University and then went on for further training in Clinical Biochemistry and Endocrinology both at the Royal Free Hospital and the Middlesex Hospital, London University.

Nationally, in the UK, she was an elected Vice President of Royal College of Pathologists (2008 – 2011) and sat on RCPATH Executive and Council (2005 – 11). She was Chair of the RCPATH Speciality Advisory Committee for Clinical Biochemistry (2005 – 11). She is a Member of the UK NEQAS Clinical Chemistry Advisory Group for Interpretative Comments (2010 -) and also Member of ACB Council (2011-2015). She is now the Chair of Lab Tests Online Board UK (2012).

Her main interests include clinical endocrinology, point of care testing and, importantly, the role of the laboratory/clinician interface with regard to patient safety and patient outcome. She has over 100 publications in peer review journals including the Lancet, New England Journal of Medicine, JAMA and Annals of Clinical Biochemistry.

(Membership of Committees – CF, QC, RD, WFC, DC)

Mr Paul Tisi

Joint Medical Director to January 2022 and Medical Director from February 2022

Mr Paul Tisi qualified from The Medical College of Saint Bartholomew's Hospital in 1988 and trained in vascular surgery in the Wessex region. He undertook a two year period of research at University of Southampton obtaining a Master of Surgery higher degree (Assessment and Treatment of Intermittent Claudication). Mr Tisi was appointed as Consultant Vascular and General Surgeon at Bedford Hospital and Luton and Dunstable University Hospital in 2001. He undertook the role of Clinical Subdean (University of Cambridge) between 2005 and 2010 and obtained a PGCert. in Medical Education.

Following leadership roles as Associate Medical Director and subsequently Divisional Medical Director for Planned Care he graduated from the NHS Leadership Academy's Nye Bevan Programme. He was appointed as Medical Director for Bedford Hospital NHS Trust in 2016 and following merger he is now in post as Joint Medical Director and Responsible Officer.

Aside from his board role he maintains a clinical practice with specific interest in the management of venous disease. He is an editor for Cochrane Vascular and has represented the Midlands and East on the National Clinical Reference Group for Vascular Surgery for six years. He was appointed

to the East of England Clinical Senate Council in 2019. (Membership of Committees – CF, QC, FIP, RD, WFC, DC)

Angela Doak

Director of Human Resources

In November 2010 Angela took up post as the Director of Organisational Development in an acting capacity, after initially joining the Trust in July 2010 as Associate Director of Human Resources. She became Director of Human Resources in July 2011.

Angela has over 20 years' experience in Human Resources and Organisational Development in Acute NHS Trusts. Just prior to joining the Trust Angela held the post of Director of HR in Heatherwood and Wexham Park NHS Foundation Trust. She has a strong track record in providing high quality HR services and her particular areas of interest and expertise include dealing with major organisational change, complex employee relations cases and also employment matters concerning medical staff.

(Membership of Committees – QC, CF, RD, WFC)

Liz Lees

Chief Nurse

Liz was appointed as Chief Nurse in March 2018. As part of merger preparations, Liz was seconded to Bedford Hospital as a shared Board member. Her insights of the challenges of bringing together clinical teams, taking the best of both and achieving the right balance, means that Liz is well placed to help shape the future here at a larger, single Trust.

Liz trained as a nurse at Guy St. Thomas Hospital in London and has been covering nursing and operational roles. She brings to the Trust her vast experience in both operational and clinical roles in the NHS. Liz was awarded an MBE for services to nursing in 2016.

Liz is the Executive Patient Safety Champion for maternity and perinatal care.

(Membership of Committees – QC, CF, RD, FIP, DC, WFC)

Catherine Thorne

Director of Quality and Safety Governance

Catherine was appointed as Director of Quality and Safety Governance in October 2018 having previously held the role of Director of Corporate Development, Governance and Assurance at Northampton General Hospital NHS Trust from 2014 and prior to that as Director of Governance at London North West Healthcare NHS Hospital Trust from 2008.

Catherine started her career clinically within radiotherapy and oncology services, transitioning into a variety of senior NHS roles in quality assurance, service improvement and governance.

She has a strong commitment to the use of continual quality improvement in ensuring the provision of safe clinical services, delivery of excellent outcomes and fostering an atmosphere that provides a good experience for our patients and their families set within a learning environment for staff.

(Membership of Committees – CF, QC)

Non-Executive Directors

Simon Linnett

Chair

Simon Linnett is a Vice Chairman at Rothschild & Co in London. He has devoted a large part of his professional life to working within the public/private interface both nationally and internationally and is responsible for the bank's relationship with the UK government. He has had a long association with health, including the health reform process and the health debate generally and has engaged with various government bodies and other health institutions on this subject. Simon has previously headed Rothschild's global transport group and remains closely involved with its initiatives. He has a strong personal interest in the "green" debate, seeking to influence discussion on auctioning emissions and has chaired Rothschild's Environment Committee. Simon graduated from Oxford in Mathematics in 1975 and joined N. M. Rothschild & Sons Ltd where he has been ever since. Simon's external roles include: a Patron of the Independent Transport Commission; and Trustee of Exbury Garden Trust (a Rothschild family garden). He is also Chair of Myeloma UK.

(Membership of Committees – CF, RNC, FIP, RD, SC)

Gordon Johns

Non-Executive Director/Senior Independent Director

Gordon held several senior positions in the financial services industry in the City of London over 36 years, including as a director of Lazard Brothers, chief executive of Kemper Investment Management and a director of ING Financial Markets.

Gordon is now Chairman of trustees of Lymphoma Action, a trustee of a charitable educational trust, and a senior coach for the Institute of Advanced Motorists.

Gordon was the previous Chair of Bedford Hospital NHS Trust

(Membership of Committees – QC, CFC, AC, RNC, SC)

Simon Barton

Non-Executive Director / Vice Chair

Simon is a highly experienced Chief Financial Officer. He is an accountant and has 10 years' experience in investment banking. He has a broad range of experience in financial planning and analysis, a very strong history of developing and negotiating creative financial outcomes, fund-raising and completing strategic transactions and an established record of adding value with innovative solutions.

Simon qualified as a Chartered Accountant with Price Waterhouse in their London office. He then spent five years with S. G. Warburg. It is now part of UBS but at the time was one of the best known London merchant banks. Simon moved to KPMG's Corporate Finance arm for a further five years. Since then he worked for various businesses both private and quoted, mostly small, including New Logic Marketing Limited, Screen Technology plc, Nextgen plc, Global Dawn Limited, Eden State Limited and DIA Limited. Simon also worked for himself for some of the time as a consultant and also for Alinsky Partners, a small private consultancy and he now works for VSA Capital Limited an investment bank.

(Membership of Committees – AC, FIP, QC, DC)

Mark Prior

Non-Executive Director

Mark is a chartered project manager and surveyor with over 35 years' experience in the construction and development sectors. He was Managing Director for E C Harris in the Middle East and grew a single location single service office of 30 staff, into a business, operating from Abu Dhabi, Dubai, Qatar and KSA, delivering outcome based project services, with over 700 staff.

He was Group Head of Transportation for EC Harris, building a sustainable and diversified portfolio of international business and focusing growth in project and construction services.

(Membership of Committees – AC, FIP, RD, SC)

Dr Annet Gamell

Non-Executive Director

Annet qualified at Charing Cross Hospital Medical School in 1980. After further training and a spell in The Sudan with Save The Children during the Ethiopian famine, she worked clinically as a GP in Buckinghamshire from 1985 to 2019.

Previous appointments include CEO/Chief Clinical Officer of NHS Chiltern CCG until 2016. Chair of Thames Valley Urgent and Emergency Care Network until 2017. Governing Body Member and Chair of Primary Care Commissioning Committee NHS Ealing CCG ;Chair of Quality and Performance Committee North West London CCGs until April 2021.

Current roles include Lay Member and Chair of Primary Care Executive Group Ealing Borough of NorthWest London CCG. Independent Council Member Buckinghamshire new University

Annet was awarded Fellowship of The Royal College of General Practitioners in November 2017 for services to Clinical Leadership.

Annet is the Non-Executive Patient Safety Champion for maternity and perinatal care.
(Membership of Committees – QC, DC, WFC)

Ian Mackie

Non-Executive Director

Ian is a 'big 3' trained Chartered Accountant with over 25 years experience as a Finance Director and CFO in a variety of FTSE 100 and 250 businesses across the UK and Continental Europe notably in the logistics, energy, food and wholesale service sectors.

He has significant international experience in delivering acquisitions and business turnarounds with emphasis on capital management and cost efficiency. He currently serves as business financial consultant in transformation programmes.

Ian has also served as a Non-Executive Director at Milton Keynes Hospital NHS Foundation Trust and as a member of the Finance and Investment Committees and as a Pension Fund Trustee, at Exeter University.

(Membership of Committees – FIP, CF, RNC)

Richard Mintern

Non-Executive Director – to December 2021

Richard Mintern is a locally born internationally experienced business executive. He is currently Chairman of ELMS Aviation, a leading software services provider to the aviation sector that provides best in class capability for managing aviation staff compliance and competence. He is also a Visiting Professor at the University of Hertfordshire and a Governor of Redborne Upper School and Community College in Ampthill. Prior to that he was CEO for Northern Europe & Asia

Pacific of the Avincis Group where they grew and transformed a private equity owned business into a safe, efficient and profitable operation, where he played a leading role in the sale of the business to Babcock. The Group provided a wide spectrum of mission critical services (Search and Rescue, Air Ambulance, Law Enforcement, Fire Fighting, and Offshore Oil and Gas workforce transportation) operating circa 320 helicopters and 50 fixed-wing aircraft from 284 bases in 10 countries, employing approximately 3,000 people. During this time Richard was also a Director of Oil and Gas UK, providing aviation leadership experience to the Oil and Gas UK board.

Previously Richard held numerous senior management posts for the Monarch Travel Group, including Group CIO, Technical Director, Managing Director of the Engineering division and finally Group Chief Operating Officer, where he held responsibility for the safe and efficient operations of The Monarch Group until 2012.

(Membership of Committees – QC, WFC, AC, DC)

Steve Hone

Non-Executive Director

Steve is a qualified engineer who has over 25 years extensive experience as a director and senior executive within the manufacturing and high service level distribution industries and latterly as a management consultant and Non-Executive Director to a number of small and medium-sized businesses.

Since becoming involved in the NHS he held the posts of Chair of Kettering General Hospital for seven years – leading the Trust to Foundation status – and Chair of Bedfordshire Clinical Commissioning Group for a further two years. Most recently he has been Non-Executive Director at Bedford Hospital Trust and was Chair of the Finance Committee.

(Membership of Committees – FIP, CFC, AC, RNC)

Tansi Harper

Non-Executive Director – From January 2022

Tansi Harper's professional career was in education. She has been passionate about making greater connections between public services and the voluntary sector and represented the Patient and Public voice on NHS Boards for the past 21 years, including SHA, PCTs and more latterly CCGs. She was appointed as the first Chair of the Northamptonshire STP and, as it moved to ICS, chaired the Collaborative Stakeholder Forum.

Tansi has a particular interest in mental health and has been Chair of a Probation Trust, and chaired a transformation board bring four such Trusts together

including Bedfordshire's. She has also been Chair of a charity, CAN, working with clients with substance misuse across Northamptonshire and Bedfordshire, a Board member of Richmond Fellowship, a nationwide supported housing and mental health charity and a Board member of St Andrew's Healthcare Trust, which specialised in meeting the needs of most complex patients with mental health conditions.

Tansi is a lay member of the Dept of Health's Independent Reconfiguration Panel, which advises the Secretary of State on possible solutions when national transformation reach an impasse.

(Membership of Committees – QC, WFC, AC, RD)

Key to committees:

QC – Quality Committee

CF – Charitable Funds Committee

RNC – Remuneration & Nomination Committee

AC – Audit and Risk Committee

FIP – Finance, Investment and Performance Committee

RD – Redevelopment Programme Board

DC – Digital Committee

WFC – Workforce Committee

SC – Sustainability Committee

NHSI NExT Director Programme

The NExT Director scheme provides support to senior people from groups who are currently under-represented on trust boards with the skills and expertise necessary to take that final step into the NHS board room. Following a successful pilot in London, the scheme expanded to trusts across the Midlands and East. Bedford Hospital NHS Trust was part of this process and the merged Trust has carried this support forward.

The Trust carried forward the Bedford Hospital support of the NHSI Next Director Programme. In July 2020, we welcomed Pam Bhachu as a non-voting Associate Non-Executive Director as part of the NExT Director programme. She has a particular interest in the Workforce Committee and Equality and Diversity Committee. However, she can attend any meetings and Richard Mintern is her allocated mentor for the Trust.

Record of committee membership and attendance

Total Meetings	Public Board Meetings	Private Board Meetings	Audit & Risk	Remuneration and Nomination	Charitable Funds	QC	RD	FIP	Workforce	Digital	Sustainability
David Carter	3/4	14/15			1	11/12	11/12	11/11	3/4	4/4	4/6
Simon Linnett	4/4	14/15		2/2	5/5		10/12	9/11***			6/6
Cathy Jones	3/4	13/15				11/12	9/12*	11/11		4/4	
Matthew Gibbons	4/4	15/15			5/5		12/12	11/11	4/4		5/6
Liz Lees	4/4	14/15			1	10/12	2/12*	8/11	3/4	2/4*	
Angela Doak	4/4	15/15			4/5	11/12			4/4		
Catherine Thorne	3/4	13/15			5/5	11/12					
Dr Danielle Freedman to January 2022	2/4	10/14				8/12					
Mr Paul Tisi	4/4	14/15				12/12		11/11	4/4		
Simon Barton	4/4	15/15	4/4			10/12		10/11		4/4	
Mark Prior	3/4	13/15	3/4				12/12	7/11			5/6
Annet Gamell	4/4	15/15				12/12			4/4		
Richard Mintern to December 2021	2/3	11/11	1/2			7/9			3/3	2/2	
Ian Mackie	3/4	13/15		2/2	4/5		12/12	10/11			
Gordon Johns	4/4	14/15	2/4	2/2	5/5	11/12	10/12				6/6
Steve Hone	4/4	15/15	4/4	2/2	5/5			11/11	4/4	4/4	5/6
Tansi Harper from January 2022	0/1	3/4	2/2			3/3	1/1		1/1		1

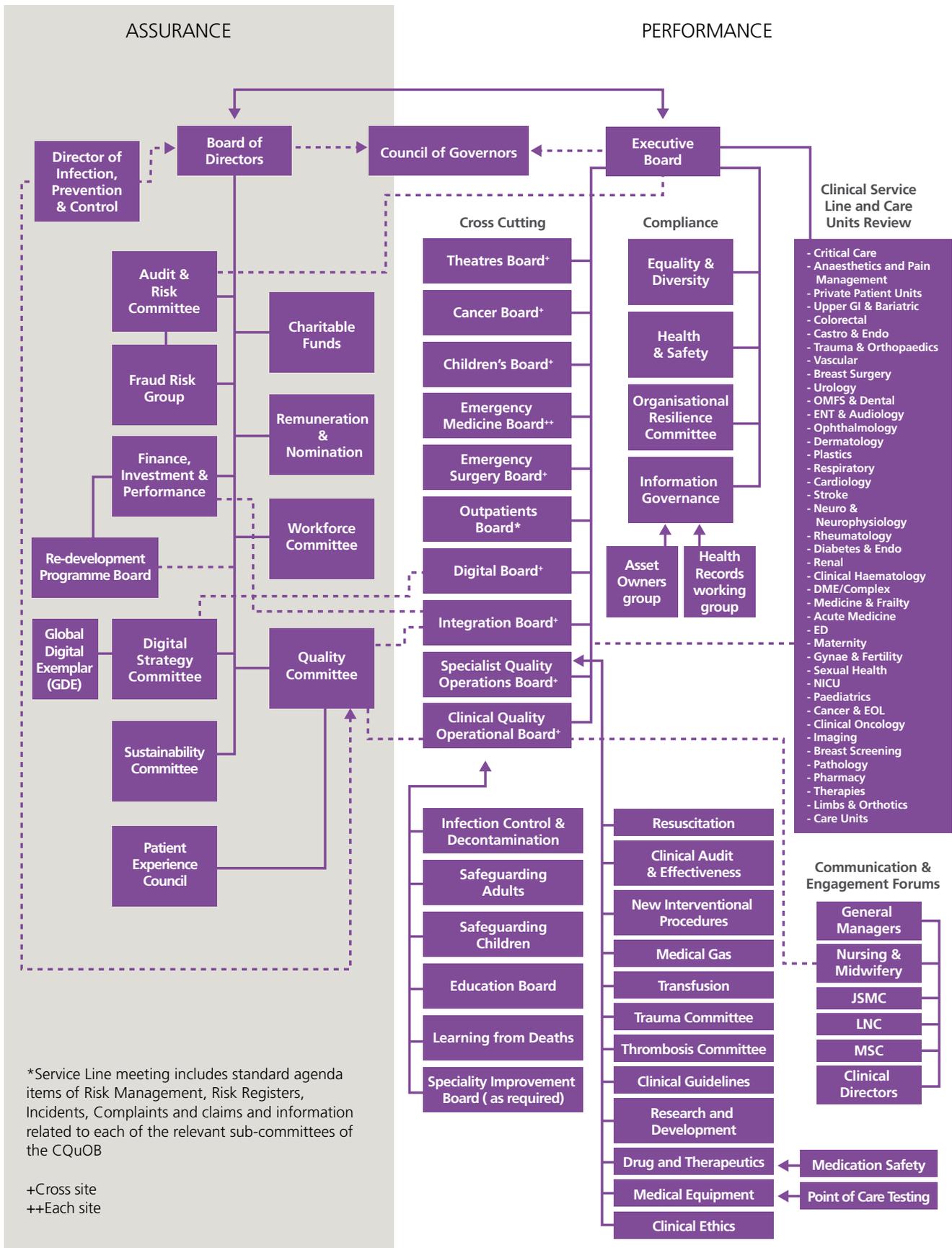
* During COVID 19, Liz Lees and Cathy Jones were asked to prioritise operational needs.

** Directors asked to attend by invitation should there be an agenda item that needs their attention. They remain a member of the committee should there need to be any formal approvals.

*** Did not attend one meeting due to identified Declaration of Interest.

Committees of the Board of Directors

Governance and Committee Structure



*Service Line meeting includes standard agenda items of Risk Management, Risk Registers, Incidents, Complaints and claims and information related to each of the relevant sub-committees of the CQuOB

+Cross site
++Each site

Audit and Risk Committee

The function of the Audit and Risk Committee has been to ensure an adequate and effective operation of the Trust's internal control system. The committee focuses on the establishment and maintenance of controls designed to give reasonable assurance that assets are safeguarded, waste and inefficiency avoided, reliable information produced and that value for money is continuously sought.

Key responsibilities delegated by the Board to the Audit and Risk Committee are to:

- Ensure the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives.
- Monitor and review compliance with Standing Orders, Standing Financial Instructions and Scheme of Delegation.
- Review the annual financial statements and Annual Report for compliance with accounting standards and legal requirements before submission to the Board of Directors.
- Review the annual Counter Fraud programme and ensure the Trust is adequately resourced to meet the requirements of NHS Counter Fraud Authority;
- Ensure cost-effective external audit.
- Appoint, monitor and review Internal Audit service.
- Report to the Council of Governors on any matters that require immediate action and make recommendations on steps to be taken.
- Obtain assurance from the other committees, QC, FIP, RNC, RD, WC, DC, SC and Executive.

Membership of the Audit and Risk Committee:

The Audit and Risk Committee membership has been drawn from the Non-Executive Directors and is chaired by Steve Hone.

Audit and Risk Committee Report

The Audit and Risk Committee reviewed financial and operating performance and compliance against national and regulatory standards. A comprehensive work plan is agreed each year which ensures oversight and monitoring of risks, mitigations and issues relating to the financial statements, internal controls and compliance with regulatory, statutory responsibilities and internal policies and procedures which in turn enables action to be escalated as appropriate, i.e. officer attendance to explain critical risk or failure to implement internal audit recommendations and escalation to the Board where appropriate. An annual report of the Committee's activities and how the Committee has fulfilled its role is reported by the Chair of the Audit & Risk Committee to the Board and the Council of Governors. The Committee has had close oversight throughout the year of the Board Assurance Framework and principal risks on efficiency planning and sustainability, risk management, budget setting, monitoring and control, Clinical governance – learning from serious incidents, Elective recovery (phase one), Key financial controls, Business continuity, Data quality, Cyber, Agency spend control, Data security and protection toolkit and an advisory report for the Acute service block contract – governance review. In relation to CQC compliance with care standards, the Trust received a rating of Good for Luton and Dunstable and Requires Improvement for Bedford Hospital from the CQC inspections in December 2018 and the Committee reviews regular reports from the Quality Committee and ongoing initiatives.

Internal Audit

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

External Audit

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

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

The External Audit programme is scheduled to focus on key areas of risk and for 2021/22 the areas of audit risk were:

- The valuation of land and building
- Expenditure recognition
- Revenue recognition

The ISA260 report presented on the 30th June 2022 identified that there were no material concerns or control weakness identified during the year. There was no non audit work performed in year to 31 March 2022.

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

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

Quality Committee

The Quality Committee provides assurance to the Board of Directors that the Trust is compliant with legislation and guidance on clinical, patient safety and quality issues.

The Quality Committee monitors the implementation of strategic priorities and the organisations performance in relation to clinical outcome and research and development. It has an oversight of patient experience, infection control, safeguarding children, maternity reporting and serious incidents. It ensures compliance with regulatory requirements and best practice within the patient safety and quality improvement agenda.

Membership of the Quality Committee:

The Quality Committee membership includes Board members, senior managers and clinicians, and is chaired by Dr Annet Gamell, NED.

Finance, Investment and Performance Committee

The purpose of the Finance, Investment and Performance Committee has been to lead the strategic direction of the Trust's finance work, approving capital bids and plans and monitoring performance.

Membership of the Finance, Investment and Performance Committee:

The Finance Investment and Performance Committee membership includes Board members, senior managers and clinicians and is chaired by Ian Mackie, NED.

Redevelopment Programme Board

The purpose of the Redevelopment Programme Board has been to lead the progression of the Outline Business Case following approval of the Strategic Business Case at the Board of Directors on the 1 October 2014 progressing to the full business case and enabling works.

The progress towards a full business case is currently on hold pending proposals being developed regarding service delivery across BLMK STP are developed; meanwhile the board oversees development of enabling works not dependent on the likely proposals.

Membership of the Redevelopment Programme Board:

The Redevelopment Programme Board membership included Board members, senior managers and clinicians and is chaired by Mr Mark Prior (NED).

Remuneration and Nominations Committee

This Committee reports to the Board of Directors and acts as defined in the Standing Financial Instructions, Standing Orders and Code of Governance documents.

The Committee has delegated responsibility from the Trust Board for the appropriate remuneration for the Chief Executive, other Executive Directors employed by the Trust and other senior employees on locally agreed pay arrangements, including:

- All aspects of salary.
- Provisions for other benefits, including pensions and cars.
- Arrangements for termination of employment and other contractual terms;
- Review the composition of the Board of Directors and make recommendations as to the appropriate make-up of the Board.
- Make recommendations to the Nomination Committee of the Council of Governors in respect of Non-Executive Director positions.

Membership of the Remuneration and Nominations Committee:

The Remunerations and Nominations Committee has been drawn from the Board members and is chaired by Gordon Johns, NED.

Charitable Funds Committee

Bedfordshire Hospitals NHS Foundation Trust is a Corporate Trustee. The Charitable Funds Committee, on behalf of the Corporate Trustee, agrees proper use of charitable funds and approves fundraising schemes.

Key responsibilities are to:

- Keep proper accounting records and prepare accounts in accordance with applicable law.
- Safeguard the assets of the charity.
- Take reasonable steps for the prevention and detection of any fraud and other irregularities.
- Determine operating procedures for the administration of charitable funds.
- Appoint investment advisors.
- Appoint independent auditors.

Membership of the Charitable Funds Committee:

The Charitable Funds Committee membership has been drawn from Board members and is chaired by Simon Linnett, Trust Chair.

Workforce Committee

This Committee reports to the Board of Directors and acts as defined in the Standing Financial Instructions, Standing Orders and Code of Governance documents.

The purpose of the Workforce Committee has been to lead the strategic direction of the Trust's workforce work, monitoring the delivery of the workforce strategy, reviewing workforce performance indicators and monitoring performance.

Membership of the Workforce Committee:

The Workforce Committee membership has been drawn from Board members and was chaired by Richard Mintern to December 2021 and then Tansi Harper from January 2022.

Digital Strategy Committee

This Committee reports to the Board of Directors and acts as defined in the Standing Financial Instructions, Standing Orders and Code of Governance documents.

The purpose of the Digital Committee has been to lead the strategic direction of the Trust's information, management and technology work, developing the digital strategy, and plans and monitoring performance.

Membership of the Digital Strategy Committee:

The Digital Strategy Committee membership has been drawn from Board members and is chaired by Simon Barton, NED.

Sustainability Committee

This Committee reports to the Board of Directors and acts as defined in the Standing Financial Instructions, Standing Orders and Code of Governance documents.

The purpose of the Sustainability Committee has been to lead the strategic direction of the Trust's sustainability agenda including Net Zero, sustainable travel and green plans.

Membership of the Sustainability Committee:

The Sustainability Committee membership has been drawn from Board members and is chaired by Simon Linnett, Chair.

Council of Governors

The constitution defines how we will operate from a governance perspective and it is approved by the Board and the Council of Governors. The basic governance structure of all NHS Foundation Trusts includes:

1. The Membership;
2. The Council of Governors; and
3. The Board of Directors

In addition to this basic structure, Board and Council of Governor committees and working groups, comprising both Governors and Directors, are used as a practical way of dealing with specific issues.

The specific statutory powers and duties of the Council of Governors are:

- Appoint and, if appropriate, remove the Chair.
- Appoint and, if appropriate, remove the other Non-Executive Directors.
- Decide the remuneration and allowances and the other terms and conditions of office of the Chair and the other Non-Executive Directors.
- Approve the appointment of the Chief Executive.
- Appoint and, if appropriate, remove the NHS Foundation Trust's auditor.
- Receive the NHS Foundation Trust's annual accounts, any report of the auditor on them and the annual report.
- Hold the Non-Executive Directors to account for the performance of the Board
- Approve significant transactions as defined in the Trust's Constitution.

In addition:

- In preparing the NHS Foundation Trust's forward plan, the Board of Directors must have regard to the views of the Council of Governors.

The Monitor Code of Governance determines that every NHS Foundation Trust will have a Board of Governors which is responsible for representing the interests of NHS Foundation Trust members and partner organisations in the local health economy in the governance of the NHS Foundation Trust. Governors must act in the best interests of the NHS Foundation Trust and should adhere to its values and code of conduct. The Board of Governors should hold the Non-Executive Directors to account for the performance of the Trust, including ensuring the Board of Directors acts so that the Foundation Trust does not breach the terms of its authorisation. Governors are responsible for regularly feeding back information about the NHS Foundation Trust, its vision and its performance to the constituencies and stakeholder organisations that either

elected them or appointed them. The Code of Governance states that one of the independent Non-Executive Directors should be appointed by the Board of directors as the "Senior Independent Director", or SID, in consultation with the Board of Governors. The SID should act as a point of contact if governors have concerns which contact through normal channels has failed to resolve or for which such contact is inappropriate. Gordon Johns acts as the SID.

The constitution provides that the Board of Directors appoints a vice chairman from one of our Non-Executive Directors. The vice chairman should deputise for the chair as and when appropriate. Simon Barton is the Vice Chair.

It remains the responsibility of the Board of Directors to design and then implement agreed priorities, objectives and the overall strategy of the NHS Foundation Trust.

The Council of Governors was chaired by Mr Simon Linnett. Council of Governor meetings are held at least three times in each financial year and are open to the public and representatives of the press. Since February 2016, the Council of Governors met formally quarterly and in seminars in the intervening months. This provided opportunity for the Governors to hold meetings with just the Non-Executive Directors to question performance and hold them to account.

In October 2020 the Council of elected Helen Lucas as Deputy Chair/Lead Governor of the Council of Governors for a term of two years. The Deputy Chairman or Lead Governor of the Council of Governors presides as chair of any meeting of the Council of Governors where the Chairman presiding at that meeting in terms of a conflict of interest (section 12.29 of the Constitution). The Lead Governor is also the nominated person that NHS Improvement would contact in the event that it is not possible to go through the Chair or the Trust's Secretary. The Governors elected two Deputy Lead Governors Pam Brown in November 2020 and Rob Oakley in November 2021 to support the lead governor. These are also for a period of 2 years.

The Council of Governors met four times formally during 2021/22 and the attendance is recorded.

Our Governors

The L&D became a Foundation Trust with a Council of Governors in 2006. Each Governor is able to stay for a three terms of office before re-election. Following the merger with Bedford Hospital the Trust became Bedfordshire Hospitals NHS Foundation Trust in April 2020.

Approved amendments were made to the Constitution that took effect in April 2020 which resulted in a reduction plan back to original numbers in year one post-merger. However, elections were postponed for 2020 due to the Covid pandemic and were re-established in 2021 where the reduction plan was implemented.

Register of Interests of the Council of Governors' Members

A declaration of interest register is available for viewing in the Trust Offices.

Analysis of Annual Election Turnout:

Date of election	Constituencies involved	Electorate	Number of seats contested	Number of Candidates	Election turnout %
August 2021	Public : Luton	8,388	3	21	12.76%
August 2021	Public : Central Bedfordshire	3,989	6	14	17.25%
August 2021	Public – Hertfordshire	1,785	2	8	17.25%
August 2021	Staff – Medical and Dental (at L&D site)	871	1	2	25.14%

Uncontested :

Staff – Professional, Technical & Pharmacy (at Bedford site)

- Terrence Haynes-Smith

Staff – Nursing & Midwifery (including Healthcare

Assistants) (at L&D site) - Belinda Chik

Staff – Non Clinical (Admin, Clerical, Managers, Ancillary &

Maintenance) (at L&D site) - Hina Zafar

Staff – Registered Volunteers (at L&D site)

– Janet Graham MBE

In 2021/22, there were 16 vacancies; 11 Public Governors (three Luton and six Central Bedfordshire and two Hertfordshire) and five Staff Governors (Professional, Technical & Pharmacy (Bedford site), Medical & Dental (L&D site), Nursing & Midwifery (including Healthcare Assistants) (L&D site), Non Clinical (Admin, Clerical, Managers, Ancillary & Maintenance) (L&D site) and Registered Volunteers (L&D site).

Elections

Elections were held in May 2022. UK Engage were our independent scrutiner to oversee the elections, which were held in accordance with the election rules as stated in our constitution.

The following constituency seats were filled by election

- Public: Luton
- Public: Central Bedfordshire
- Public: Hertfordshire
- Staff: Nursing and Midwifery (L&D)
- Staff: Admin, Clerical & Management (L&D)
- Staff: Medical and Dental (L&D)
- Staff: Volunteers (L&D)
- Staff: Professional & Technical (Bedford)

In line with the reduction plan, terms of office will be structured following the below process:

- For Central Bedfordshire - the candidates who receive the first 4 highest votes will serve a 3 year term and the next 2 candidates will serve a 2 year term.
- For Hertfordshire - the candidate who receives the highest votes will serve a 3 year term and the other candidate will serve a 2 year term.
- For the Registered Volunteers (L&D site) the elected candidate will serve a 2.5 year term.

GOVERNORS IN POST – April 2021 to March 2022

Constituency	Name	Selection Process	Term of office	Attendance of COG meetings	
Appointed Governors					
Central Bedfordshire Council	Cllr Brian Spurr	Re-appointed May 2020	3 years	2/4	
Bedford Borough Council	Cllr Charles Royden	Appointed April 2020	3 years	3/4	
Luton Borough Council	Cllr Javed Hussain	Appointed May 2021	3 years	2/3	
University College London	Vacant				
University of Bedfordshire	Dr Louise Grant	Appointed April 2020	3 years	4/4	
Public Governors					
Hertfordshire	Dr Dilan Joshi	Elected September 2021	2 years	2/2	
		Ms Helen Lucas	Re-elected September 2021	3 years	4/4
	Mr Malcolm Rainbow	Term ended September 2021	-	2/2	
	Mr Donald Atkinson	Term ended September 2021	-	0/2	
Central Bedfordshire	Dr Michael Carter	Elected September 2021	3 years	2/2	
	Mrs Debbie Gardiner MBE	Elected September 2021	2 years	2/2	
	Ms Jennifer Gallucci	Re-elected September 2021	3 years	4/4	
	Ms Linda Grant	Re-elected September 2021	3 years	2/2	
	Mrs Pat Quartermaine	Elected September 2021	2 years	2/2	
	Mr Jim Thakoordin	Re-elected September 2021	3 years	3/4	
	Ms Dorothy Ferguson	Term ended September 2021	-	2/2	
	Mr Matthew Towner	Term ended September 2021	-	2/2	
Bedford Borough	Mr Chris Williams	Elected April 2020	3 years	4/4	
	Ms Teena Ferguson	Elected April 2020	3 years	3/4	
	Mrs Yvette King	Elected April 2020	3 years	4/4	
	Dr Robert Oakley	Elected April 2020	3 years	4/4	
	Dr Jacquie Farhoud	Elected April 2020	3 years	4/4	
Luton	Mrs Pam Brown	Elected September 2019	3 years	4/4	
	Mr David Allen	Term ended September 2021	-	2/2	

Constituency	Name	Selection Process	Term of office	Attendance of COG meetings	
Luton	Ms Marie-France Capon	Elected September 2019	3 years	4/4	
	Mr Sean Driscoll	Elected September 2019	3 years	4/4	
	Mrs Theresa Driscoll	Re-elected September 2021	3 years	4/4	
	Mr Derek Smith	Term ended September 2021	-	2/2	
	Mr Brian Herbert	Elected September 2019	3 years	3/4	
	Mrs Judi Kingham	Re-elected September 2021	3 years	2/2	
	Mr Malcolm Lea	Elected September 2019	3 years	3/4	
	Ms Wendy Cook	Elected September 2021	3 years	4/4	
Staff Governors					
Staff					
Admin, Clerical and Management	Mr Malik Farooq	Elected September 2019	3 years	2/4	
	Mr Steve Morgan	Resigned March 2022	-	4/4	
Non Clinical – Admin, Clerical, Management, Ancillary & Maintenance	Mrs Hina Zafar	Elected September 2021	3 years	2/2	
Nursing and Midwifery (including Health Care Assistants)	Mrs Belinda Chik	Re-elected September 2021	3 years	4/4	
	Mr David Simms	Elected April 2020	3 years	3/4	
	Mr Matthew Borg	Elected September 2019	3 years	4/4	
	Mrs Ann Williams	Term ended September 2021	-	2/2	
Volunteers	Mrs Janet Graham MBE	Re-elected September 2021	2.5 years	4/4	
	Mrs Noreen Byrne	Elected April 2020	3 years	4/4	
Medical and Dental	Mr Dimpu Bhagawati	Elected September 2021	3 years	2/2	
	Mr Joby George Malal	Elected April 2020	3 years	2/4	
	Dr Ritwik Banerjee	Term ended September 2021	-	2/2	
Ancillary and Maintenance	Mr Thomas Moss	Elected April 2020	3 years	3/4	
Professional and Technical	Mr Sunny Patel	Elected September 2019	3 years	4/4	
	Mr Terence Haynes-Smith	Elected September 2021	3 years	2/2	

Anyone wishing to contact Governors can write to the Governors' email address governors@ldh.nhs.uk. The Members' Newsletter 'Ambassador' can be found on the Trust Website.

Council of Governors Sub Committees

There are three sub-committees of the Council of Governors

Remuneration and Nomination Committee

The Remuneration and Nomination Committee assists the Council of Governors in carrying out the following of its functions:

- To appoint and if appropriate, remove the Chair.
- To appoint and, if appropriate, remove the other Non-Executive directors.
- To appoint and, if appropriate, remove the Vice-Chairman of the Board of Directors.
- To decide the remuneration and allowances and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.
- To approve the appointment of the Chief Executive.
- To agree the outcome of the annual appraisals of the Non-Executive Directors by the Chair.
- To agree the outcome of the annual appraisal of the Chair by the Senior Independent Director.

During 2021/22 the committee met once and has completed the following activities:

Approved the extension of two Non-Executive Directors.

- Completed the recruitment of a Non-Executive Director.
- Began the recruitment of a new Chair.
- Noted the appraisal of the Trust Chair.
- Noted the progress with the NED appraisals.
- The committee was chaired by Jenny Gallicci from October – February 2022 and is now chaired by Yvette King.

Process for NED Recruitment

In September 2021, the Governors began a recruitment process for the recruitment of a new Non-Executive Director to replace Richard Mintern who would be leaving the Trust in December 2021.

The Governors recruited Veredus as the external recruitment consultants for the process. The Remuneration and Nomination Committee held a fair and equitable process including a focus group and a panel appointment that had majority voting governors. Tansi Harper was appointed in December 2022 and initiated the role on the 1st January 2022.

Process for the Chair Recruitment

The current chair term of office ends in September 2022. The Governors initiated an early process along with Veredus to ensure there was time to consider and recruit the best candidate. The committee is following best practice guidance and seeking support from HR, Corporate Governance and the external recruitment.

This process is to be completed in May 2022.

Membership and Communication Committee

The Membership and Communications Committee assists the Council of Governors in carrying out the following of its functions:

- To implement the Trust Membership Strategy.
- To be a contact for the Trust to encourage membership.
- To represent the Council of Governors and visit locations around the Trust's constituencies to encourage membership.
- To support the publication of the Ambassador newsletter to members.
- To support the Annual Member's meeting.
- To ensure the Trust's Membership Strategy is reviewed yearly and remains fit for purpose.

During 2021/22 the committee met four times and has completed the following activities:

- Reviewed the Interim Membership Strategy.
- Completed significant membership recruitment particularly in Bedford Borough.
- Supported the Annual Member's Meeting.
- Agreed to restart the Medical Lectures in May 2022
- The committee is chaired by Pam Brown.

Constitutional Working Group

The Constitutional Working Group assists the Council of Governors in carrying out the following of its functions:

- To ensure that the Constitution is up to date with new developments.
- To review the Constitution at least annually.
- Recommend amendments to the constitution to the Council of Governors;
- Liaise with NHS Improvement and legal representatives when required.
- Report to the Annual Members Meeting to approve any Constitutional amendments.

During 2021/22 the committee met twice times and has completed the following activities:

- Designed and implemented the reduction plan following the merger to recommend to the Council of Governors
- Review and implemented the national guidance in relation to terms of office and re-election.
- The committee is chaired by Helen Lucas, Lead Governors

Foundation Trust Membership

The Trust's Governors and Members continue to play a vital role in our Constitution as a Foundation Trust. There are two broad categories of membership constituency namely public and staff (including volunteers). The public constituency is further divided into four:

- i) Luton
- ii) Bedford Borough (and Surrounding Counties)
- ii) Central Bedfordshire
- iii) Hertfordshire

The Trust currently has 27,476 members (17,786 public and 9690 staff). Governors set a target of 600 FT Public new members which is 3% increase annually. The FT public membership numbers increase around 6% this year due to the support received from community during the COVID to join as members.

The Governors agreed an Interim Membership Strategy through the Council of Governors to address the impact of COVID and adjust our plans:

Feb 2021

Interim Membership Strategy



Due to current COVID restrictions the Membership and Communications Subcommittee of the Council of Governors recommend an Interim Membership Strategy Feb2021/Aug21 for six months. The three focus areas are:

Further develop our online presence	Continue engagement and promotion	Increase Governor Involvement and support
<p>Review the Membership pages of the website and home page</p> <p>Reinstate the membership advert on home page of the website</p> <p>Continue with the ongoing social media campaigns on Facebook and Twitter.</p> <p>Include messages from existing Governors within social media promoting membership</p>	<p>Engage with the members by issuing the publication of the Ambassador in March and August to the enlarged membership.</p> <p>Advertise membership in the Ambassador</p> <p>Hold a virtual Annual Members' Meeting on 8th September 2021 from 5pm to 7pm.</p> <p>Review in 6 months the possibility of having face to face medical lectures.</p> <p>Explore the possibility of having the new membership advert on screen/monitor located at the GP Surgery receptions and GP website.</p> <p>Increase the number of self-promoting Kiosks and posters throughout the hospitals and make it available outside the hospital e.g. universities, GP surgeries, big employees like Amazon-at their staff rooms.</p> <p>Continue with the ongoing membership recruitment campaign at the vaccination centres throughout Bedfordshire and extending to the surrounding counties.</p>	<p>Governors to recruit at least 6 members.</p> <p>Governors asked to send emails to diverse groups using the online advert and the link to online membership application form.</p> <p>Governors, particularly the new Bedford governors, to promote membership amongst their personal contacts and any community groups/clubs they belong to.</p> <p>Governors to establish contacts with GP surgeries and community centres so that arrangements can be made to send promotional material such as the Ambassador/kiosk/leaflets/QR Code.</p> <p>Governors to support by using their influence to establish contacts with the vaccination centres within their areas so that the Trust could send out promotional materials such as Kiosks, QR code/leaflets Ambassador etc. Governors to let Membership Dept know if they know of any volunteers at the Vaccination Centres who are happy to handout the leaflets.</p>



All of the plans in the strategy were completed or are in progress.

Strategy for 2022/23

The strategy will be reviewed in July 2022 by the Membership and Communication Sub-Committee to identify the plans for 2022/23. The committee will consider the objectives to include:

- Further increase the membership and hold engagement events in Bedford Borough and surrounding counties.
- Establish COVID safe membership methods
- Target key groups to discuss becoming Governors.
- Encourage members to vote for their preferred candidates in the elections.



Table 1 : Membership size and movement:

Public constituency	2021/22 (Plan)	2021/22 (Actual)	2022/23
(Plan)			
At year start (April 1)	16710	16710	17786
New members	600	*1558	600
Members leaving	200	482	200
At year end (March 31)	17110	17786	18186
Staff constituency **			
(Plan)			
At year start (April 1)	9391	9391	9690
New members	1922	2269	2336
Members leaving	1851	1970	2007
At year end (March 31)	9462	9690	10019
Total Members	26572	27476	28205
Patient constituency			
Not applicable			

*Aprox 1000 new members joined at the Vaccination Centres.

** The Staff Constituency in line with the Trust Constitution and includes volunteers and bank staff that are not part of the Trust headcount.

Table 2: Analysis of current membership:

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	2	898,475
17-21	121	216,124
22+	14,170	3,012,966
Not Stated	3,493	
Ethnicity*:		
White	9,939	4,275,210
Mixed	152	119,308
Asian or Asian British	2,359	347,564
Black or Black British	737	143,081
Other	749	29,288
Not Stated	3,850	
Acorn Groups**:		
Affluent Achievers	4146	1,656,488
Rising Prosperity	855	527,771
Comfortable Communities	6791	1,388,222
Financially Stretched	4069	1,145,287
Urban Adversity	1720	551,872
Not Private Households	105	60,848
Unclassified	100	
Gender analysis		
Male	6,959	2,039,075
Female	10,635	2,088,490
Not Stated	192	

* Socio-economic data should be completed using profiling techniques (eg: postcode) or other recognised methods. To the extent socio-economic data is not already collected from members, it is not anticipated that NHS foundation trusts will make a direct approach to members to collect this information.

Governor Training, Membership Recruitment and Engagement

The Trust has been restricted this year due to COVID on its engagement activities to facilitate discussion between Governors, Members and the Public. There have been different approaches to support engagement using digital and social media.

- Year 2021/2021 due to COVID restrictions, the face-to-face membership recruitment were restricted. The Trust came up with an alternative plan by initiating a Social media campaign on Facebook and Twitter. There were also adverts in the local newsletters/publications. The posters with QR codes were shared with major employees to be put up in their staff rooms. This campaign generated a number of online applications.
- Governors were each encouraged to recruit at least six members. They were also asked to promote membership to their diverse groups by forwarding the email advert with the link to online membership application form.
- The set of membership leaflets were delivered to GP surgeries, supermarkets and shops. Governors had a stall outside supermarkets and market places promoting membership. Governors arranged with the Rotary clubs for the Chair to talk about the hospital and the membership.
- The self-promoting membership kiosks were dotted around both the hospital sites in an attempt to generate some interest. The leaflets holders were placed throughout the hospitals. Both these initiatives generated new applications.
- The membership magazine of the Trust was issued in June and August 2021
- Governor training – Training was accessible to all the Governors through NHS Providers GovernWell programmes. These were held virtually during 2021/22 and accessed by our new Governors.
- Governor Induction – The new elected and appointed governors were invited to attend face to face induction organised by the Trust where they were briefed about their roles and responsibilities, the accountability, the code of conduct, the committee structures etc. The Chair met the new governors on a one-to-one.
- During Covid the Chair, Senior Independent Director and the Lead Governors continued a wellbeing check

by contacting the governors over the phone.

- The Trust continued to hold the Council of Governor meetings and Seminars and its subcommittees, virtually. Some of the governors supported the staff event that was held in December 2021.
- The Annual Members Meeting (AMM) – the Trust held its virtual AMM in September 2021 and had more than 100 members attend the meeting.
- In 2021 an opportunity was identified to promote membership at the Vaccination Centres in Luton and Bedford. A newly designed pull up banner with a QR code, linking to the online membership form, was placed at these centres along with the self-promoting kiosks. Some of the volunteers at the vaccination centres, who are also members of the Trust, have been promoting the membership. This had generated in April 2021 approximately 1000 membership applications.

Contact Details

Bedfordshire Hospitals NHS Foundation Trust's Membership Department can be contacted on:

01582 718333 or by email:

foundationtrustmembership@ldh.nhs.uk

or by writing to:

Membership Department
Bedfordshire Hospitals NHS Foundation Trust
Nova House – 2nd Floor
Luton and Dunstable
Lewsey Road
Luton
LU4 0DZ

The Foundation Trust's Governors

can be contacted by email:

governors@ldh.nhs.uk

(please indicate which Governor you wish to contact)

or by writing to:

(Name of Governor)* c/o Board Secretary
Bedfordshire Hospitals NHS Foundation Trust
Nova House – 2nd Floor
Luton and Dunstable
Lewsey Road
Luton
LU4 0DZ

*Full list of Governors available on:

www.bedfordshirehospitals.nhs.uk

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Review of Financial Performance

The Trust celebrated its second merged year as Bedfordshire Hospitals NHS Foundation Trust by delivering a financial surplus for the 23rd successive year, with a 2021/22 surplus of £0.4m. Whilst the Trust delivered the Control Total, delivering it relied on non-recurrent items to offset the additional costs of Covid that are very much part of the challenging environment in which the Trust operates.

Our staff successfully handled a range of financial pressures and challenges throughout the year. This included delivering savings to accommodate efficiency targets inherent within the system envelope, meeting the costs of pay reform from Agenda for Change, and most notably the challenges of dealing with Covid.

The table below illustrates our income and expenditure (I&E) performance since 2008/09. The numbers prior to 2020/21 represent just the Luton and Dunstable Hospital.

Year	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Turnover	189.3	204.9	211.6	220.8	230.6	244.3	259.2
Surplus	4.3	3.1	2.6	2.5	0.9	0.4	0.1
Cash	45.4	43.7	50.9	47.6	37.5	24.8	11.7

Year	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Turnover	271.2	308.8	334.1	354.6	384.3	684.7	733.4
Surplus	0.1	12.9	15.4	14.9	10.7	2.7	0.4
Cash	9.1	28.2	36.4	34.8	42.4	119.5	135.0

All figures £m

Cash balances continued to be monitored closely, with the FT ending the 2021/22 financial year with a balance of £135.0m. This was an increase from 2020/21 and reflects the delay in some capital investment in the Trust site. This spend will be incurred in 2022/23 and beyond as the Trust develops the site.

Despite this improved cash position, the FT has spent a record £67.5m on capital in 2021/22 to deliver modern NHS services. Notable developments include ED developments on both sites, the ongoing development of a new energy centre, significant investment in IT, and the beginning of the construction of the Acute Services Block.

As part of the merger to create Bedfordshire Hospitals NHSFT, the Trust developed a five year capital plan, including the creation of a new Acute Services Block. This plan will need to remain flexible, particularly in light of the strategic work being undertaken with our BLMK ICS partners.

This plan will reflect the changing ways in which the FT will be working. It will acknowledge influences and expectations such as improved funding for Social Care, 7 day working and the delivery of truly integrated care as well as further integration with ICS partners. It will also be responsive to the means that will be adopted in rising to the associated financial challenges, abiding by the principles of economy, efficiency and effectiveness – all with the intention of protecting the resources that are available to ensure that the Trust continues to be

able to deliver the highest quality healthcare in the most appropriate environment.

Going Concern and Continuation of Service Provision

The FT is facing, along with all other providers, a challenging financial environment. This challenge has been exacerbated in 2021/22 by Covid, the impact of which will continue into 2022/23, with particular emphasis on recovery of planned care.

The Directors have received assurance on the merged organisation's financial standing through detailed due diligence, and the FT has developed a surplus plan for 2022/23.

After due consideration, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the annual accounts.

Principal Risks and Uncertainties facing the Trust

The financial regime going forward is uncertain, but has involved moving away from Payment by Results towards a block arrangement. The level of efficiency required (>4%) to live within the financial envelope is beyond historical Cost Improvement Plan (CIP) delivery.

As the Trust is facing a block funding arrangement, this will require the Trust to maintain the balance between operational performance and financial performance, without the surety of funding for additional activity.

A plan designed to deliver our financial strategy has been developed. This contains more risk than has been evident in previous years and places emphasis on the abilities of the Trust's Management Team to deliver improved financial performance whilst maintaining operational targets and requires assistance from partner organisations to achieve some of the financial improvement initiatives.

The belief that appropriate clinical outcomes, patient experience and safety remain the highest priorities has continued to be maintained, as well as the recognition that this must be balanced with the requirement to achieve year-on-year efficiency savings.

Another risk for the Trust is the gap in community provision of nursing when compared to need, intermediate care and rehabilitation beds, and how this impacts on our ability to safely discharge patients from hospital to appropriate facilities. The Trust is working with ICS partners to resolve these issues as soon as possible.

Commissioning aspirations for the provision of care closer to home provides us with challenges and opportunities but also uncertainty with regards to the potential tendering of services.

The Trust has a strong track record in rising to challenges, mitigating risks and delivering financial balance and will need to continue to plan effectively to deal with the risks it faces.

Remuneration report

The Remuneration Committee is a Standing Committee of the Board of Directors which is appointed in accordance with the constitution of the Trust to determine the remuneration and any other associated payments or terms of service of the Executive Directors. This also includes reimbursement of travelling and other expenses incurred by Directors. The Committee meets, as a minimum, twice yearly.

The membership of the Committee includes the Trust Chairman and all Non-Executive Directors. The Chief Executive and the Director of Human Resources are also in attendance. The Director of Human Resources, is present to provide advice and services to the Committee that materially assist them in the consideration of the matters before them, other than consideration of their own remuneration or performance.

Strategy and business planning process sets key business objectives which in turn inform individual objectives for senior managers. Performance is closely monitored and discussed through both an annual and an ongoing appraisal process.

The remuneration of individual Directors can be found below. The Remuneration Committee does not determine the terms and conditions of office of the Chairman and Non-Executive Directors. These are decided by the Council of Governors at a separate Remuneration Committee.



David Carter
Chief Executive
Date:2022

Senior Managers Remuneration

Name and Title	2021/22		
	Salary (bands of £5,000)	Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)
Chairman			
Simon Linnett Chairman	40 to 45	n/a	40 to 45
Non Executive Directors			
Simon Barton Non-Executive Director	15 to 20	n/a	15 to 20
Mark Prior Non-Executive Director	10 to 15	n/a	10 to 15
Annet Gammell Non-Executive Director	15 to 20	n/a	15 to 20
Richard Mintern Non-Executive Director	10 to 15	n/a	10 to 15
Ian Mackie Non-Executive Director	10 to 15	n/a	10 to 15
Gordon Johns Non-Executive Director	15 to 20	n/a	15 to 20
Stephen Hone Non-Executive Director	15 to 20	n/a	15 to 20
Anne Harper Non-Executive Director (From Jan 2022)	0 to 5	n/a	0 to 5
Executive Directors			
David Carter Chief Executive	195 to 200	62.5 to 65	260 to 265
Cathy Jones Deputy Chief Executive	150 to 155	55 to 57.5	205 to 210
Matthew Gibbons Director of Finance	140 to 145	42.5 to 45	185 to 190
Danielle Freedman** Chief Medical Advisor (to Feb 2022)*	145 to 150	0	145 to 150
Angela Doak Director of Human Resources	125 to 130	42.5 to 45	170 to 175
Liz Lees Chief Nurse	130 to 135	37.5 to 40	170 to 175
Catherine Thorne Director of Quality & Safety Governance	115 to 120	40 to 42.5	155 to 160
Paul Tisi Chief Medical Advisor*	210 to 215	72.5 to 75	285 to 290

Name and Title	2020/21		
	Salary (bands of £5,000)	Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)
Chairman			
Simon Linnett Chairman	40 to 45	n/a	40 to 45
Non Executive Directors			
Simon Barton Non-Executive Director	15 to 20	n/a	15 to 20
Mark Prior Non-Executive Director	10 to 15	n/a	10 to 15
Annet Gammell Non-Executive Director	10 to 15	n/a	10 to 15
Gill Lungley Non-Executive Director (to June 2020)	0 to 5	n/a	5 to 10
Richard Mintern Non-Executive Director (to December 2021)	10 to 15	n/a	10 to 15
Ian Mackie Non-Executive Director	10 to 15	n/a	10 to 15
Gordon Johns Non-Executive Director (from April 20)	15 to 20	n/a	15 to 20
Stephen Hone Non-Executive Director (from April 20)	15 to 20	n/a	15 to 20
Executive Directors			
David Carter Chief Executive	195 to 200	92.5 to 95	285 to 290
Cathy Jones Deputy Chief Executive	145 to 150	87.5 to 90	230 to 235
Matthew Gibbons Director of Finance	140 to 145	117.5 to 120	260 to 265
Danielle Freedman** Chief Medical Advisor*	155 to 160	0	155 to 160
Angela Doak Director of Human Resources	125 to 130	65 to 67.5	190 to 195
Liz Lees Chief Nurse	130 to 135	110 to 112.5	240 to 245
Catherine Thorne Director of Quality & Safety Governance	115 to 120	72.5 to 75	185 to 190
Paul Tisi Chief Medical Advisor (from April 2020)	150 to 155	65 to 67.5	215 to 220

For the purpose of this note Senior Managers are defined as being the Chief Executive, Non Executive Directors and Executive Directors. I.e. Those individuals with voting rights.

Senior Managers have not received any taxable benefits, annual performance-related bonuses or long-term performance related bonuses in either 2021/22 or 2020/21.

* Salary includes remuneration for clinical duties.

** Chose not to be covered by the pension arrangements during 2021/22 and 2020/21.

Pension Benefits

Name and title	2021/22				
	Real increase in pension and related lump sum at age 60 (bands of £2,500)	Total accrued pension and related lump sum at age 60 at 31 March 2022 (bands of £2,500)	Cash Equivalent Transfer Value at 31 March 2022 £000	Cash Equivalent Transfer Value at 31 March 2021 £000	"Real Increase in Cash Equivalent Transfer Value" £000
David Carter Chief Executive	2.5 to 5	185 to 187.5	1,196	1,112	56
Cathy Jones Deputy Chief Executive	2.5 to 5	105 to 107.5	519	519	26
Matthew Gibbons Director of Finance	2.5 to 5	122.5 to 125	644	644	26
Angela Doak Director of Organisational Development	2.5 to 5	205 to 207.5	1,308	1,237	52
Liz Lees Chief Nurse	0 to 2.5	220 to 222.5	1,224	1,155	50
Catherine Thorne Director of Quality & Safety Governance	2.5 to 5	180 to 182.5	1,157	1,094	47
Paul Tisi Chief Medical Advisor	2.5 to 5	230 to 232.5	1,494	1,392	79

Name and title	2020/21				
	Real increase in pension and related lump sum at age 60 (bands of £2,500)	Total accrued pension and related lump sum at age 60 at 31 March 2021 (bands of £2,500)	Cash Equivalent Transfer Value at 31 March 2021 £000	Cash Equivalent Transfer Value at 31 March 2020 £000	"Real Increase in Cash Equivalent Transfer Value" £000
David Carter Chief Executive	5 to 7.5	180 to 182.5	1,106	994	112
Cathy Jones Deputy Chief Executive	7.5 to 10	100 to 102.5	469	398	71
Matthew Gibbons Director of Finance	12.5 to 15	117.5 to 120	594	491	103
Angela Doak Director of Organisational Development	5 to 7.5	200 to 202.5	1,231	1,136	95
Liz Lees Chief Nurse	22.5 to 25	212.5 to 215	1,149	1,006	143
Catherine Thorne Director of Quality & Safety Governance	5 to 7.5	175 to 177.5	1,088	990	98
Paul Tisi Chief Medical Advisor	2.5 to 5	222.5 to 225	1,385	1,288	97

Fair Pay Disclosure

Percentage change in salary

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid* director in their organisation and the lower

quartile, median and upper quartile remuneration of the organisation's workforce.

	20/21	21/22	%Δ
Avg. Employee Salary (£)	34,628	36,400	5.12%
Banding of highest paid Director (£k)	195-200	195-200	0.00%

The banded remuneration of the highest-paid director in the organisation in the financial year 2021-22 was £195k-£200k (2020-21, £195k-£200k). This is a change between years of 0%. From 2022/23, a prior year comparative of the percentage change will be presented.

From 2022/23, a prior year comparative of the percentage change will be presented. 5 employees received remuneration in excess of the highest-paid director in 2021-22. This compares to 9 in 20/21.

For employees of the Trust as a whole, the range of remuneration in 2021-22 was from £16,173 to £229,428 (2020-21 £18,005 to £229,428). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5.12%.

Pay Ratios

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

	25th Percentile pay £	Median pay £	75th percentile pay £	25th Percentile pay ratio	Median pay ratio	75th percentile pay ratio
2021/22	21,777	31,534	40,057	9.05	6.25	4.92
2020/21	N/A	30,615	N/A	N/A	6.37	N/A

This data includes bank and agency staff

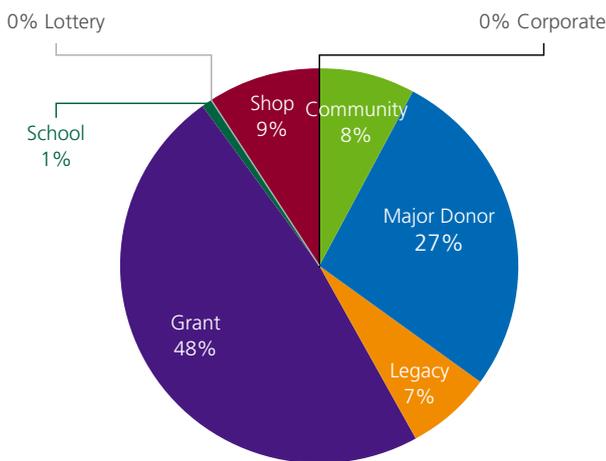
* Highest-paid director identified excluding payments for clinical responsibilities.

Fundraising and Charitable Donations

During the 2021/22 financial year (FY), Bedfordshire Hospitals NHS Charity received the £1.19m in income from 1797 donations from grant-giving trusts, companies, individuals, community groups, legacies and the charity shop.

Of the £1.19m income, 48% of income was from Charitable Trusts & Grants, 27% Major donor, 9% was from retail, 7% was Community, 1% from schools, 7% from legacy and IMO donations. The Charity received over 1000 gifts in kind, valuing £80k.

Legacy and In Memory donations received totalled £84k which is down on last year by £10k. Legacies will be an area of focus in the next FY, developing gifts for the future. The hospital has continued to benefit from the support of a major donor, who has opted to cover the cost of the new CT at the Luton and Dunstable Hospital site. £344k was made in this FY in shares, with the remaining balance to be received early in the next FY.



The team is extremely grateful to the Community for the ongoing support they have given us this year. The Charity has received support from recovered patients and their families wanting to give back to the hospital with fundraising and personal donations which have included:

- Fundraising to the value of £18k to purchase 3 monitors for NICU
- Fundraising walks raising £2.5k for COVID response
- Luton Mayor COTY fundraising to the value of £1k
- Bedfordshire Freemasons continuing to support with TLC teddies for the Children's Emergency Departments
- Two supporters ran the London Marathon raising funds for Children's ward and NICU
- Caravan Club fundraised to support a new initiative of a Teen Bay in Riverbank Ward
- Leighton Buzzard Golf Club fundraised £6k to support the refurbishment of the Family Room on our Stroke Unit

The Charity continues to support staff morale and wellbeing, including a new appeal to support the purchase of items to go in staff break rooms. The community are still donating many items in appreciation for staff, as a thank you for all they do.

Light up a life successfully ran across both sites with Bedford Hospital Charity & Friends supporting with the donation of the lights surrounding Sir Tom Moore's Garden. Both events were held with public in attendance, carol singing and refreshments were provided. Funds raised from this event supported the NICU and SCBU Accommodation.

During the financial year of 2021/22, income from charitable trusts amounted to £623k this was the Charity's biggest income stream.

The grants and trusts segment of the charity has remained relatively stable from March 2021 onwards. Much of our grant funding was received from NHS Charities Together, focussing on finalising the bids for the Stage 2 and Stage 3 NHS Charities Together funding rounds.

Stage 2 was focussed on community grants, putting forward five projects from across the BLMK ICS network, all with the ultimate aim of relieving pressures on NHS organisations during the COVID-19 pandemic. All funding received has been distributed to our community partners, in addition to securing an Operational Support Grant to support the charities work as part of this process.

Stage 3 focused on COVID-19 recovery grants, the Charity was able to secure funding for end of life care, the CIC (Employee Assistance Programme) on both sites and the "Pathway to Excellence" Nurses Accreditation Programme. In addition to this the team secured £87k funding for a central monitoring system for paediatric ED.

The corporate community has still continued to support our work, even without an active appeal, with these donations received:

- Reactive Integrated Services donated 200 Easter items
- Bellway Homes donated £600
- Obex Dental Practice donated £500
- Domino's Pizza Donated £10k
- Amazons continued donations towards Children's wards and a donation of 1000 notebooks
- Oakley Studios donated 500 fundraising calendars and 100 fundraising Christmas Cards
- Curry's Luton for continued support with raffle prizes and a donation of smart speakers for the elderly wards
- Rapid Relief Team donated 1000 care packs for staff
- The Work Perk have donated 3500 CIF bottles, 500 anti-bacterial hand gels and 500 jelly pots for staff

- DHL donated hampers at Easter and Halloween and gifts for patients at Christmas
- Royal Mail have supported the children's emergency department with a donation of £200 and by donating over 100 gifts for Christmas

This year, we were able to help support many projects across the hospital sites, a few are included below:

- SCBU Accommodation for parents (Bedford)
- Riverbank Teen Bay (Bedford)
- Sensory garden for dementia patients (L&D)
- V-Create - a live diary for parents of NICU babies.
- Central monitoring system in Majors Department.
- Nurses Day 2021 celebrations and awards (both sites)
- Easter gifts and Christmas presents for patients.

Social media continues to be the largest source of contact with our supporters, posts regularly have a reach of 100k and recent posts have seen an increase to 600k. The social media world has changed vastly over the last 12 months with different audiences across different forms from Facebook to Twitter. We have run several campaigns across these networks which have seen an increase in Facebook Giving and Just Giving.

The Give a Gift campaign, where people donate presents for patients through the online wish lists, was run across both sites with support from Bedford Hospital Charity & Friends. Over 1400 gifts were bought in total. The gifts received were from an array of community members as well as businesses – these included: DHL, Knitwits, Lions Club of Luton, Fairy Bricks, UCKG Help Centre Luton, Barclays Head Office, Dunstable Down Rotary, LTFC and Chalton School (Combined), Dunelm Dunstable, Waitrose Ampthill, Waitrose Leighton Buzzard, GWD Performance, Asda Dunstable, Morrison's Houghton Regis, Alisa's Aim Charity, Beauty by Ladies, Bedfordshire Police Headquarters, Stopsley FC, Freemasons of Bedfordshire, Redbourn Community and Redbourn Girls Netball, Royal Mail, St Nicholas Lodge, Amazon Ridgmont, Bedford Police, Morrison's Bedford, Wyboston Lake and finally Bedford Hospital Charity & Friends. This is the first year we have raised funds specifically towards this appeal as a new way of supporting. Sadly, we were also unable to offer ward visits due to COVID restrictions.

The Schools Partnership Coordinator has worked extremely hard to keep the Charity visible and engaged with supporting the work of the Trust during a time when many schools have still faced COVID closures. This was recognised by the Community at the Love Luton Awards, when the Schools Partnership Coordinator won "Best Fundraiser". A total of £15k was raised from schools this FY, this includes a donation of £9177.50 from Challney High School for girls. The virtual work

experience programme started last FY, has continued to grow. The last two programme focused on aspects of the surgical speciality and Paediatrics which included the pre assessment unit & quality improvement, ODP role, Maxillofacial and orthodontics, Prosthetics and orthotics, Obstetrics and Gynae including Anaesthetics, Neonatal intensive care medicine and the ANNP role, Paediatric Trainee routes, Nursing careers in Paediatrics and Community Paediatric Health Services. The programme has been run in conjunction with 6 schools / colleges. In addition to virtual sessions the Schools Partnership Coordinator attended two schools in December to deliver a NHS careers session to 2 classes. The students were aged 15 and 16 years and who had an interest in a healthcare career.

The Charity shop faced another challenging year, with visitor restrictions impacting footfall and sales rates. In addition COVID restrictions on volunteers meant a drop in volunteers and new volunteers were recruited to fill rota placements. Even with these difficulties the shop income has grown 26% on year 1, breaking even 21/22 FY. In line with developing this area, the charity will implement a trolley service, offering provision to patients, staff and visitors, who would otherwise not have access to comfort items; this will also drive additional volunteer opportunities and support patient / volunteer social interaction. This will also drive a 20% profit increase, looking to develop a £20k – 40k net profit. All profits will support charitable projects at the Trust.

On behalf of all the staff, patients and their families the Trust would like to say a huge thank you to everyone who has supported the hospitals by making a donation, giving gifts or volunteering their time. Your support makes a real difference to our patients and their families and helps make a difficult time more comfortable and less distressing.

For more details about how to get involved with the Hospital Charity or to find out more about specific projects and what donations are spent on please contact the Charity Team on 01582 718 289 or email fundraising@ldh.nhs.uk

Bedfordshire Hospitals NHS Charity is a registered charity in England and Wales number: 1058704

Property Plant and Equipment and Fair Value

As stated in note 1.9 to the accounts, Property Plant and Equipment are stated at Fair Value which is defined as the lower level of replacement cost and recoverable amount. A review is carried out each year for any potential impairment, with a formal revaluation every five years. A full property valuation as at 31 March 2022, was undertaken by Gerald Eve LLP. The Directors' opinion is that there are no fixed assets where the value is significantly different from the value included in the financial statements.

External Auditor

BDO LLP is our external auditor. The appointment was made and approved by the Council of Governors.

BDO LLP may, from time to time, be asked to carry out non-audit work. The cost of these other services is shown in note 5.5 to the accounts. It is important to ensure that any additional services provided by the external auditors do not impact on their ability to be independent of management, and that conflicts with objectivity do not arise. We will develop a protocol through the Audit and

Risk Committee to address this. This protocol will need to be approved by the Council of Governors.

Private Finance Initiatives (PFI Schemes)

We have two capital schemes arranged under the PFI:

1. St Mary's Wing scheme was completed in 2003 under a 27 year scheme with 7 years remaining.
2. The electronic patient record scheme is a 10 year scheme that has now completed.

There were no new PFI schemes in the year and any future schemes are unlikely as they would be funded either through internally generated resources or external financing using the additional freedoms granted to Foundation Trusts.

Better Payment Practice Code

We are continuing to maintain cash balances within the needs of our suppliers, settling 95% of non-NHS invoices within 30 days of receipt of a valid invoice.

2020/21	Number of invoices	Value £000s
Total Non-NHS trade Invoices paid in the year	128,544	£281,498
Total Non-NHS trade Invoices paid within target	121,491	£263,358
Percentage of Non-NHS trade Invoices paid within target	95%	94%

Off Payroll Engagements

NHS Foundation Trusts are required to disclose the information in the tables below about off-payroll engagements. The Trust requires contracts for services

to be in place for all such engagements with a specific clause to allow the Trust to request assurance in relation to income tax and National Insurance obligations.

Table 1: For all off-payroll engagements as of 31 March 2022, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2022	1
Of which...	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	1
No. that have existed for four or more years at time of reporting.	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	0
Of which...	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency/ assurance purposed during the year	5
No. of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure should include both off-payroll and on-payroll engagements	0

Counter Fraud

The Trust has a counter fraud policy for dealing with suspected fraud and corruption and other illegal acts involving dishonesty or damage to property. Nominated staff whom Trust staff can contact confidentially are the Director of Finance and the Local Counter Fraud Specialist (LCFS). The LCFS provides reports to our Audit and Risk Committee four times a year.

An organisation must notify a breach of personal data within 72 hours. If the breach is likely to result in a high risk to the rights and freedoms of individuals, organisations must also inform those individuals without undue delay.

Breach reporting is now mandatory for all organisations.

A breach is defined by Article 4(12) "Personal data breach" means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed.

Data Loss and Incident Reporting.

The General Data Protection Regulation (GDPR) as implemented by the UK Data Protection Act 2018 became UK Law on 25 May 2018. It introduced a duty on all organisations to report certain types of personal data breach to the relevant supervisory authority.

Establish the likelihood that adverse effect has occurred

No.	Likelihood	Description
1	Not occurred	There is absolute certainty that there can be no adverse effect. This may involve a reputable audit trail or forensic evidence
2	Not likely or any incident involving vulnerable groups even if no adverse effect occurred	In cases where there is no evidence that can prove that no adverse effect has occurred this must be selected.
3	Likely	It is likely that there will be an occurrence of an adverse effect arising from the breach.
4	Highly likely	There is almost certainty that at some point in the future an adverse effect will happen.
5	Occurred	There is a reported occurrence of an adverse effect arising from the breach

If the likelihood that an adverse effect has occurred is low and the incident is not reportable to the ICO, no further details will be required.

No	Effect	Description
1	No adverse effect	There is absolute certainty that no adverse effect can arise from the breach
2	Potentially some minor adverse effect or any incident involving vulnerable groups even if no adverse effect occurred	A minor adverse effect must be selected where there is no absolute certainty. A minor adverse effect may be the cancellation of a procedure but does not involve any additional suffering. It may also include possible inconvenience to those who need the data to do their job.
3	Potentially some adverse effect	An adverse effect may be release of confidential information into the public domain leading to embarrassment or it prevents someone from doing their job
4	Potentially Pain and suffering/ financial loss	There has been reported suffering and decline in health arising from the breach or there has been some financial detriment occurred. Loss of bank details leading to loss of funds. There is a loss of employment.
5	Death/ catastrophic event.	A person dies or suffers a catastrophic occurrence

Incidents reported via the new incident tool

Summary of incidents reported to the information commissioners Office (ico) via the dsp toolkit incident reporting tool in 2019/20

Date of Incident (Month)	Nature of Incident	Nature of data involved	ICO Response:
19/04/2022	Advised that a confidential email and attached report were inadvertently sent to the wrong person.	Staff Information	Not Required to Report.
28/02/2022	Patient letter sent to relative that contained confidential data. Possible safeguarding concern with some data held.	Clinical Information	ICO No Further Action
25/02/2022	Patient data disclosed incorrectly on clinic letter to the wrong patient. Name, address and NHS number are correct but health information relates to different patient (unidentifiable)	Clinical Information	Not Required to Report
23/02/2022	Requested access to 3 share drive folders for a new starter within the Information Governance Team. However staff member has been given access to over 50 share drive folders.	Business critical, staff & clinical information	Not Required to Report
21/01/2022	Staff member visited gym straight from work. Locker was broken into and bag containing staff ID badge and notebook stolen. Notebook contained passwords for some trust systems. No device was taken and notebook contained no patient data.	Business Critical & staff information	Not Required to Report
08/10/2021	Patient informed us mum has recently that her mum knew about an appointment for today in department. Mother used to work at the hospital in Patient advised that a member of staff who works in endoscopy, is her mother's friend.	Clinical Information	ICO – No Further Action
21/09/2021	Patient believes data breach occurred as safeguarding concern was raised for daughter and was discussed with staff and external organisation	Clinical Information	Not Required to Report
19/07/2021	Email sent to recipient with a trail of previous emails attached. These emails contained PID of other patients/Staff	Staff & Patient Information	Not Required to Report



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Statement of the Chief Executive's Responsibilities as the Accounting Officer of Bedfordshire Hospitals NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS *Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Bedfordshire Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Bedfordshire Hospitals NHS foundation trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS *Foundation Trust Accounting Officer Memorandum*.



David Carter
Chief Executive
Date: 2022

Annual Governance Statement 2021/22

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Bedfordshire Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Bedfordshire Hospitals NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Chief Executive is accountable for managing risk and leads the Executive Board, attends Sub-Committees of the Board and receives reports from Clinical Service Lines to ensure that the Trust has robust processes in place to manage risk.

The Board leads for clinical risk management are the Medical Director from January 2022 and the Chief Nurse. Prior to January 2022 the Joint Medical Directors shared this responsibility. The Director of Estates is the Board lead for non-clinical (including Health and Safety) risk management from November 2021, prior to this it was the Director of Redevelopment. The Joint Medical Directors/Medical Director lead on clinical risk management and chair the Specialist Clinical Operational Board where all aspects of clinical risk management are discussed. A report is provided to the Executive Board and assurance is then provided to the Quality Committee and the Audit and Risk Committee.

All risks are reviewed by the Executive demonstrating top level leadership over risk management by considering and approving all new risks to the risk register.

Risk management training sessions are provided to staff as required. At induction, new joiners to the organisation undergo basic training in risk management (clinical and non-clinical).

Liaison with Clinical Directors, General Managers and Lead Nurses ensures that when practice is changed as a result of integrated learning from the risk management process, this is cascaded to service lines. This takes place through the Clinical Quality Operational Board and the clinical service line meetings.

The Trust Risk Register is developed from risks identified at the Board of Directors and its sub committees and at service line and department level plus from those identified from other sources e.g. external reports. The Board ensures action is taken to mitigate any risks to quality and safety. Risks and benefits to quality and safety are assessed for all reviews of efficiency related initiatives. The Board receives the Board Assurance Framework every three months and reviews a summary of the risk register every three months in order to be able to maintain understanding of the current and future risks. The Board has participated in seminars which help in the identification of future external risks to quality such as new national guidance, new technologies, business continuity and health and safety.

The risk and control framework

Risk continues to be managed at all levels of the Trust and is co-ordinated through an integrated governance framework consisting of performance and assurance processes. The Executive Board, the Clinical Quality Operational Board and the Specialist Clinical Operational Board lead the review of risk, Oversight Boards, Information Governance and Equality and Diversity sub Boards also support risk. The Board of Directors lead the review of board level strategic risk seeking assurance from the Audit and Risk, Quality, Finance, Investment and Performance, Workforce and Digital Committees and the Hospital Redevelopment Board.

The Risk Management Strategy continues to provide an integrated framework for the identification and management of risks of all kinds, whether clinical, organisational or financial and whether the impact is internal or external. This is supported by a Board Assurance Framework, which is used to record corporate objectives, risks to their achievement, key risk controls, sources of assurance and gaps in assurance to ensure effective risk management.

There is a Risk Review process under the leadership of the Executive Directors, who are consulted to approve any new risks that have been identified through the Clinical Service Lines, Corporate Services or Committees and reported through the central risk register database (Datix). The relevant Executive Director agrees whether the risk is a Strategic Board Level Risk that has implication to the achievement of the Trust Objectives, review the assessment score and also allocate the risk to the relevant Sub-Committee for assurance and operational board for performance monitoring. The closed risks are also monitored to ensure the Executive Team is aware of risk amendments. The Trust has in place a weekly Senior Staff Committee that oversees operational risk.

The assessment and subsequent management of risk is informed by its quantification using a risk grading matrix, which is set by the Board of Directors. Consequence and likelihood tables are outlined in the Risk Management Framework across a range of domains; the consequence tables grade each risk by reference to its expected impact. This, combined with the likelihood score, defines

a measure of overall risk. The Trust risk tolerance is set by considering all risks through the Risk Review by the relevant Executive Director and identifying those risks that have implications to the achievement of the Trust Objectives. Any of these Board Level Risks that are rated as a high risk are reported to the Board of Directors quarterly. Actions and timescale for resolution are agreed by the risk leads and monitored by the Board of Directors and relevant sub-committee. Through this process, the Board are informed of any risks that would require acceptance as being within the Trust's risk tolerance.

The organisations major risks are detailed on the Trust Risk Register and Assurance Framework. Through the annual planning, the risks are formulated into five elements and the risks linked to those and their mitigating actions are documented below. The Risk Register is reviewed by the Board of Directors, Audit and Risk Committee, Quality Committee, FIP, Workforce, Digital, Redevelopment, Sustainability and Executive Board, it contains in year and future risks.

To risks managed by BHFT in the year (Summary)

Risk Type	Risk description	Impact	Likelihood	Mitigating actions	Monitoring Framework
Clinical Operational	Workforce Pressures	High	High	Workforce plans in place.	Weekly Senior Team and Executive meetings.
	1. Capacity pressures and responding to demand			Board approved action plans with Trust partners where appropriate.	Monthly Quality Committee and ongoing reporting to the Board.
	2. Implementation of integrated care			Length of Stay, Discharge Project and Needs Based Care initiative.	Board of Directors strategic oversight.
	3. The need for robust and whole system working			Ongoing collaborative work with BLMK ICS and Local Health system	ICS and BCA meetings
	4. COVID 19 impact			COVID guidance review and implementation	COVID Strategy Meetings
Finance	Delivering the financial challenge including Commissioner plans, agency spend Operating during the COVID 19 pandemic and managing the financial pressures	High	High	Monthly review of key income, expenditure, capex, cash, balance sheet and quality performance metrics. Monthly performance review meeting with service lines led by Executive Directors.	Monthly reports of cumulative financial performance incorporating clear forecasting and an alert mechanism to identify issues that allow corrective action. Monthly Finance, Investment & Performance committee review.

Risk Type	Risk description	Impact	Likelihood	Mitigating actions	Monitoring Framework
Finance		High	High		Monthly Service Line Executive Review Framework COVID Strategy Meetings
Present Hospital Sites	Going forward the Trust sites will not be consistent with capacity or clinical requirements for good patient care. Backlog Maintenance Managing two sites	High	High	Robust management and governance arrangements in place to manage ongoing risks and hospital redevelopment project. Finance, Investment and Performance Committee (FIP) oversight of backlog maintenance plans and strategy.	Board oversight of developments with DH and NHSI. Board review of Full Business Case and approval of actions. Finance, Investment & Performance committee review.
Legislation/ Target/ Regulation/ Patient Safety	Maintaining compliance against CQC outcomes, national and contractual targets and legalisation	High	Moderate	Board approved action plans in place.	Regular monitoring / Assurance from Board Sub-Committees.
Business Continuity	The Trust needs to be able to function in the event of a major or catastrophic event COVID 19 management and oversight Cyber and data security	High	Low	Ensure that the Emergency and Business Continuity plans are frequently reviewed, communicated and understood by key staff. Implementation of Brexit Plans. Preventative and responses to cyber security	Ongoing review and testing of Business Continuity plan relevant adaptation of plans. Oversight by Board Sub group Digital Strategy Board Oversight by Organisational Resilience Group

The Trust operates a risk register for the organisation. The risks from each site are combined onto a single Board Level Risk Register.

Incident reporting is actively promoted and encouraged across all directorates as part of the culture of the organisation. Incidents that have a significant impact on the Trust, its business or an individual are immediately and thoroughly investigated and the lessons learnt are shared across the Clinical Service Lines.

Risks to data security are managed through a security risk register and through incident reporting. Mitigating actions are reviewed through the Information Governance Steering Group and reports to the Executive Board. Duty of Candour is also complied with for all incidents.

Risk Management is an embedded activity of the organisation and can be demonstrated through a number of examples:

- Each Service Line reviews reported incidents and are required to report to the Clinical Quality Operational Board and reflect on the issues raised, develop any further controls to manage the principal risks and to minimise, as far as reasonably practical, the incident occurring again. If there is a persistent risk issue identified from the incident, the issue is evaluated through the Risk Register and also subjected to independent scrutiny (for example: internal audit, external accreditation)
- Risk management is integrated into core Trust business in relation to equality impact assessments. All policies and procedures when created or reviewed have to include an Equality Analysis Form. If there are any negative impacts on a particular group of people/equality group following the completion of this form, the Trust will record any changes to the service and/or policy. Any actions will be integrated into existing service planning and performance management frameworks along with monitoring and review processes.

- Business cases include a risk analysis both financially and clinically.

During the coming year the Trust will continue to embed a culture of external review and engagement of independent expertise to facilitate greater objectivity and learning;

- During the year in addition to using the services of internal and external audit, a number of specific reviews continued including maternity and GIRFT.
- The Trust has commissioned an externally facilitated Well-Led review in the financial year which was still underway at the time of producing the Annual Report.

The Care Quality Commission (CQC) is the organisation that regulates and inspects health and social care services in England. All NHS hospitals are required to be registered with the CQC in order to provide services and are required to maintain specified 'essential standards' in order to retain their registration.

As part of its role the CQC is required to monitor the quality of services provided across the NHS and to take action where standards fall short of the essential standards. Their assessment of quality is based on a range of diverse sources of external information about each Trust that is regularly updated and reviewed. This is in addition to their own observations during periodic, planned and unannounced inspections. If an issue raises concern during the data review process or from other sources of information, CQC may undertake an unplanned, responsive inspection.

Bedfordshire Hospitals NHS Foundation Trust is fully registered with the CQC and is rated as GOOD overall. However its current registration is **Registration with Conditions** which relate to Midwifery and Maternity services at its Bedford hospital site.

Following an unannounced inspection by the CQC of maternity and midwifery services at the Bedford Hospital site in November 2020 the Trust was notified of the CQC decision that under Section 31 of the Health and Social Care Act 2008, conditions were imposed on our registration as a service provider in respect of these services.

These conditions have remained in place throughout 2021/22 during which time the Trust has continued regular engagement meetings with the CQC and continued work on implementation of the comprehensive improvement plan which was put in place to address those areas identified as requiring improvement. This improvement plan continues to be overseen through the operational clinical quality boards of the Trust and in addition an assurance report is provided to the Trust Board's Quality

subcommittee monthly. A further visit from the CQC in July 2021 identified significant improvement although this did not amend the rating for Bedford Maternity.

Full details of the Trust's registration and inspection findings can be found via the following link <https://www.cqc.org.uk/provider/RC9> or via the CQC website.

The Trust promotes the involvement of patient representatives to ensure the quality of performance data and to triangulate feedback and reviews in many aspects of its activities. Patients and Governors are represented on the following committees:

- Equality and Diversity Committee
- Clinical Audit and Effectiveness Committee
- Patient and Public Participation Group
- Patient Environment Group
- Ethics Committee
- Outpatients
- Redevelopment Board
- Car Parking Working Group
- Safeguarding Adults

Healthwatch monitor the services provided by the Trust and report directly to the Chief Executive and issues are then referred to appropriate service lines for consideration and action.

Representatives from Healthwatch are members of the Trusts Patient and Public Participation Group. The National Patient Survey action plan is also progressed and monitored through this group.

Since becoming a Foundation Trust the organisation has extended the involvement of staff and the public by creating a Council of Governors. The Council of Governors is responsible for a wide range of duties including, but not exclusively, being consulted on health service changes, meeting with members in their constituency, appointing and holding to account the Chair and Non-Executive Directors and attending Council of Governors' meetings. The Governors include representatives from other key stakeholders such as the CCGs, Local Government Councils and Universities.

The Trust ensures that it reviews its short, medium and long term workforce issues. This is completed by:

- Executive Performance speciality and service Line meetings outlined in the Scheme of Delegation
- Triangulation of information from the Shelford Safer Nursing Care tool, CHPPD, Nurse Sensitive Metrics along with professional judgements to determine the number of staff and range of skills required to meet the needs of patients. Additional analysis and

recommendations will be presented for ED Nursing and children's services in addition to midwifery staffing

- Twice daily workforce meetings to assess and redeploy sufficient suitably qualified, competent, skilled and experienced staff to meet the care and treatment needs safely and effectively.
- Monthly Formal Executive meetings oversee the vacancy rate, agency rate and workforce pressures to agree business cases and assess risks and controls in place
- Executive Director review of agency is completed monthly to ensure that decisions are made at a high level
- Risks of the impact of vacancy and agency use is provided to Workforce Committee and the Board including nursing safe staffing requirements triangulated with patient quality measures
- Assurance on the impact on finance and performance is provided to FIP and the Board

The Workforce Sub-Committee of the Board receives assurance across nursing and midwifery, medical and other clinical staffing to triangulate issues and concerns and review new ways of working.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

The foundation trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of *UK Climate Projections 2018 (UKCP18)*. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. The Board established a formal Sustainability sub-committee of the Board that first

met in May 2021 and will monitor the progress for net zero carbon.

Review of economy, efficiency and effectiveness of the use of resources

In addition to the financial review of resources within the quarterly monitoring returns to NHS Improvement and the monthly financial information provided to all budget holders, the processes that have been applied to ensure resources are used economically, efficiently and effectively include Clinical Audit and Effectiveness, Medical Equipment and Medicines Management. The Trust has governance arrangements for the Finance, Investment and Performance Committee with service lines presenting directly to the committee on a range of financial and operational matters.

A Clinical Audit and Effectiveness Department is also maintained to:

- Oversee the implementation of National Institute of Clinical Effectiveness (NICE) guidance.
- Monitor the introduction of new techniques ensuring clinical and cost effectiveness of new treatments, as well as the appropriate training of clinicians.
- Support clinical audit work within the Trust, ensuring clinicians work in the most effective way, adopting good practice uniformly across the Trust through protocols and guidelines.

The use of management groups charged with monitoring efficiency and effectiveness as part of their terms of reference:

- The Executive Team review the capital bids.
- The Medical Equipment Group advises on the replacement and purchase of new medical equipment.
- The Medicines Management Group oversees the maintenance and development of the drug formulary to ensure clinically appropriate and cost effective use of medicines.

The latest published index for Bedford Hospital, based on 2019/20 accounts and activity, compared to a national average index of 100 is 90 (2018/19 - 95). Unfortunately, Luton and Dunstable Hospital results were excluded from the national publication in 2019/20 because of an issue with the quantum. An index has been calculated based on the corrected data and it is 91 (2018/19 - 89).

The Trust is also engaging in a range of benchmarking exercises to determine best practice and assess the means of implementing it at the Trust, for example the Carter Review.

Information Governance

The Trust has had eight grade 2 information governance incidents in relation to a confidentiality breach and all were reported to the Information Commission Officer (ICO). All events have been closed with no further action.

Data Quality and Governance

Through the Data Security Protection Toolkit the Trust has a number of key information policies in place including data quality that sets out the roles and responsibilities.

The Trust has three reports that feed data into the Board of Directors; the Quality and Performance Report, Finance Report and Workforce Report. Each of these contains data that is tracked over months and years to identify variances.

The Trust monitors CHKS alerts through the Learning from Deaths Board, SCOB/CQUOB and Clinical Audit and Effectiveness Committee. Clinical Audit forward plans detail the work undertaken to review the data quality of these alerts. Annually the Trust has an external audit of clinical coding that demonstrated excellent practice and an external peer review of Information Governance that demonstrates assurance against the Information Governance Toolkit that includes Data Quality. The Trust reviews dashboards e.g. maternity to collect data at source and monitors the effectiveness of central data through the SUS (Secondary Uses Service) reports. The Trust monitors key performance indicators in relation to data quality that demonstrates improving practice across the Trust.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee and Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The process for maintaining and reviewing the effectiveness of the system of internal control during 2021/22 was monitored by the following:

- The Board of Directors – The Board places reliance upon the Audit and Risk Committee for assurances that the system of internal control is sound. They require the quality and financial sub-committees to oversee the actions and outcomes from the Internal Audits.
- The Audit and Risk Committee – The function of the Audit and Risk Committee is to ensure an adequate and effective operation of the Trust's internal control system. The committee focuses on the establishment and maintenance of controls designed to give reasonable assurance that assets are safeguarded, waste and inefficiency avoided, reliable information produced and that value for money is continuously sought.
- The structure of the Board of Directors meetings allows the appropriate time to ensure matters regarding Performance and Quality would be managed through the whole Board.
- The Quality Committee focus on assurance issues relating to clinical and corporate governance, risk management and assurance framework and report monthly to the Board. This committee is supported by the Clinical Quality Operational Board that ensures service line clinical leadership. The Quality committee also receive assurance against the Care Quality Commission Quality Outcomes as required.
- The Clinical Audit and Effectiveness Committee reports to the Clinical Quality Operational Board. The committee ensures clinical leadership through the service lines, monitors the implementation of NICE guidance and reviews the CHK benchmarking data sets to review trends. This process is reported to the Executive Board and assurance provided to the Quality Committee.
- The Finance, Investment and Performance Committee takes an overview of operational activity and performance against national and local targets.
- Internal Audit – Internal Audit review the system of internal control during the course of the financial year and report accordingly to the Audit and Risk Committee.
- A Provider Licence Assurance Framework was reviewed by the Audit and Risk Committee. The Trust has reviewed Governance arrangements through the assessment of the Healthy Board 2013 and the FT Code of Governance. These assessments have been cross referenced against the Licence requirements laid out in condition 4 of the FT Governance.

Compliance with the NHS Foundation Trust Code of Governance

It is considered that the Bedfordshire Hospitals NHS Foundation Trust complies with the main and supporting principles of the Code of Governance. This includes the issues of whether or not all of the Non-Executive Directors are independent in accordance with code provision B.1.1. The Board has determined that all of the NEDs are independent in character and judgement.

In relation to the more detailed provisions of the Code of Governance, the Trust were compliant with the provision with the exception of section B.1.2 the Trust was non-compliant from April through to January 2022 when the Board had half the Board of Directors as Non-Executive Directors excluding the Chair. In our Constitution the Chair votes as a Non-Executive and has a casting vote.

My review is also informed by:

Internal Audit which has completed reviews of Budget setting, monitoring and control, Clinical governance – learning from serious incidents, Elective recovery (phase one), Key financial controls, Risk management and Board Assurance Framework, Business continuity, Data quality, Cyber, Agency spend control, Data security and protection toolkit and an advisory report for the Acute service block contract – governance review

Internal Audit reviews are conducted using a risk-based approach covering areas agreed as being the priority for review based on a risk assessment agreed between the Audit and Risk Committee, Management and the auditors. The Head of Internal Audit reports that they have completed the programme of internal audit work for the year ended 31 March 2022. Two reports were issued with substantial assurance (positive) opinion, these being Budget Setting, Monitoring and Control and Elective Recovery (Phase One). Six reports with a reasonable assurance (positive) opinion, these being Key Financial Controls, Risk Management, Clinical Governance – Learning from Serious Incidents and Data Quality and Cyber Security. However, one report Business Continuity was issued with a partial assurance (negative) opinion. This was given as there was limited evidence of the business continuity plans being tested over the past year due to the Covid pandemic. In addition, Internal Audit issued one advisory review in relation to the Acute Services Block Topic. One report, Agency Spend Control will be reported in 2022/23.

Although there were no significant issues, some improvements are required in some areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control and this was in relation to the Business Continuity testing programme to be re-started post Covid.

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

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

Conclusion

No significant internal control issues were identified and this is supported by a robust governance structure that reviewed and identified any weaknesses regularly. Some areas for action were identified during the year and immediate action taken to mitigate and resolve the concerns.



David Carter
Chief Executive
Date: 2022

Independent Audit Opinion

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST

Opinion on financial statements

We have audited the financial statements of Bedfordshire Hospitals NHS Foundation Trust ("the Trust") for the year ended 31 March 2022 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Taxpayers Equity and Group and Trust Statements of Cash Flows, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs), and as interpreted and adapted by the 2021-22 Government Financial Reporting Manual as contained in the Department of Health and Social Care's Group Accounting Manual 2021-22, and the NHS Foundation Trust Annual Reporting Manual 2021-22 issued by NHS Improvement.

In our opinion the financial statements:

- give a true and fair view of the financial position of Bedfordshire Hospitals NHS Foundation Trust and the Group as at 31 March 2022 and of its expenditure and income for the year then ended;
- have been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2021-22; and
- have been prepared in accordance with the National Health Service Act 2006.

Basis for opinion on financial statements

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that,

individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on information in the Remuneration Report and Staff Report

We have also audited the information in the Remuneration Report and Staff Report that is subject to audit, being described in that report as audited.

In our opinion the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021-22.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022. We have not completed our work on the Trust's arrangements. On the basis of our work to date, having

regard to the guidance issued by the Comptroller and Auditor General in December 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2022.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice issued by the National Audit Office, having regard to the guidance issued by the Comptroller and Auditor General in December 2021.

Other matters on which we are required to report by exception

Under Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice we report to you if:

- in our opinion, the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual or is misleading or inconsistent with our knowledge acquired in the course of the audit; or
- we refer a matter to the regulator under Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under Schedule 10 of the National Health Service Act.

We have nothing to report in these respects.

Responsibilities of the Directors and the Accounting Officer

As explained more fully in the Statement of Directors' responsibilities in respect of the accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer either intends to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

In respect of our audit of the financial statements our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our procedures included the following:

- inquiring of management, the Trust's local counter fraud specialist and those charged with governance, including obtaining and reviewing supporting documentation in respect of the Trust's policies and procedures relating to:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;

- detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the Trust's controls relating to Managing Public Money requirements;
- discussing among the engagement team and involving relevant internal specialists, including information technology specialists, regarding how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, we identified potential for fraud in the following areas: revenue recognition, posting of unusual journals and cut off of and recognition of expenditure around the year-end
 - obtaining an understanding of the Trust's framework of authority as well as other legal and regulatory frameworks that the Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Trust. Relevant laws and regulations identified include VAT legislation and PAYE legislation, and the NHS Group Accounting Manual and the NHS Foundation Trust Annual Reporting Manual.

In addition to the above, our procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management and the Audit and Risk Committee concerning actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Trust Board;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and
- substantively testing an increased sample of expenditure around the year end

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members including internal specialists and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements,

recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's website at: <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Auditor's other responsibilities

As set out in the Other matters on which we report by exception section of our report there are certain other matters which we are required to report by exception.

Certificate

We cannot formally conclude the audit and issue an audit certificate for the Bedfordshire Hospitals NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Schedule 10 of the National Health Service Act and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the Board of Directors of Bedfordshire Hospitals NHS Foundation Trust, as a body, in accordance with Schedule 10 of the National Health Service Act and as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies published by the National Audit Office in April 2015. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Council of Governors of the Trust, as a body, for our audit work, this report, or for the opinions we have formed.

David Eagles, Partner

For and on behalf of **BDO LLP**, Statutory Auditor
Ipswich UK

23 September 2022

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

Audit Completion Certificate issued to the Council of Governors of Bedfordshire Hospitals NHS Foundation Trust for the year ended 31 March 2022

In our auditor's report dated 23 September 2022 we explained that the audit could not be formally concluded until we had completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

This work has now been completed and we have reported the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report.

No matters have come to our attention since 23 September 2022 that would have a material impact on the financial statements on which we gave our unqualified opinion.

The Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We have nothing to report in this respect.

Certificate

We certify that we have completed the audit of Bedfordshire Hospitals NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act and the Code of Audit Practice.

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David Eagles

For and on behalf of **BDO LLP**, Statutory Auditor
Ipswich, UK

13 October 2022

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

Foreword to the Accounts

These accounts for the year ended 31 March 2022 have been prepared by Bedfordshire Hospitals NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.



David Carter

Chief Executive

Date: 23rd September 2022

Statement of comprehensive income

	note	Parent (Bedfordshire Hospitals NHSFT)		Group (Bedfordshire Hospitals NHSFT & NHS Charitable Funds)	
		2021/22 £000	2020/21* £000	2021/22 £000	2020/21* £000
Revenue from patient care activities	2.5	687,257	602,877	687,257	602,877
Other operating revenue		46,193	82,261	46,791	83,584
Operating Expenses of continuing operations	3	(724,840)	(674,613)	(726,488)	(675,112)
OPERATING SURPLUS		8,610	10,525	7,560	11,349
Finance Costs					
Finance income	6.1	61	13	100	48
Finance expense - financial liabilities	6.2	(1,403)	(1,507)	(1,403)	(1,507)
PDC Dividends payable		(6,928)	(5,799)	(6,928)	(5,799)
NET FINANCE COSTS		(8,270)	(7,293)	(8,231)	(7,258)
Gains/(losses) of disposal of assets		11	(527)	414	(144)
Surplus/ (Deficit) (before transfer by absorption)		351	2,705	(257)	3,947
Gains from transfers by absorption	31	0	42,857	0	43,762
SURPLUS / (DEFICIT) FOR THE YEAR		351	45,562	(257)	47,709
Revaluation Impact	8	2,440	0	2,440	0
Other reserve movements - accounting policy alignment*		0	(408)	0	(408)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		2,791	45,154	2,183	47,301

Note: The underlying surplus after adjustments required by NHSE/I for performance measurement position for the Trust is £1,549k. It is this figure that NHS Improvement will use in their assessment of the financial position of the Trust.

It should be noted that Luton & Dunstable University Hospital NHS Foundation Trust merged with Bedford Hospital NHS Trust on 1/4/20 to become Bedfordshire Hospitals NHS Foundation Trust. The Bedford Hospital NHS Trust balances were identified as a transfer on absorption within the relevant notes in 2020/21.

* Restated due to omission of accounting policy impact in disclosure.

Statement of financial position

	note	Parent		Group	
		31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Non-current assets					
Intangible assets	7	0	0	0	0
Property, plant and equipment	8	341,770	292,019	341,770	292,019
Other investments	10	0	0	2,844	2,551
Trade and other receivables	13	2,716	2,392	2,716	2,392
Other assets - PFI Lifecycle Asset	14	1,836	1,989	1,836	1,989
Total non-current assets		346,322	296,400	349,166	298,951
Current assets					
Inventories	12	7,678	7,797	7,678	7,797
Trade and other receivables	13	16,571	28,184	16,155	28,181
Cash and cash equivalents	22	135,016	119,488	138,765	123,398
Total current assets		159,265	155,469	162,598	159,376
Current liabilities					
Trade and other payables	15	(96,606)	(83,744)	(96,625)	(83,761)
Borrowings	17	(2,224)	(2,162)	(2,224)	(2,162)
Provisions	20	(5,594)	(2,368)	(6,283)	(2,732)
Other liabilities - Deferred Income	16	(5,301)	(3,687)	(5,301)	(3,687)
Total current liabilities		(109,725)	(91,961)	(110,433)	(92,342)
Total assets less current liabilities		395,862	359,908	401,331	365,985
Non-current liabilities					
Borrowings	17	(26,309)	(28,479)	(26,309)	(28,479)
Provisions	20	(5,626)	(5,648)	(5,626)	(5,648)
Total non-current liabilities		(31,935)	(34,127)	(31,935)	(34,127)
Total assets employed		363,927	325,781	369,396	331,858
Financed by					
Taxpayers Equity					
Public Dividend Capital		256,433	221,078	256,433	221,078
Revaluation reserve		26,153	23,713	26,153	23,713
Income and expenditure reserve		81,341	80,990	81,341	80,990
Others' Equity					
Charitable Fund Reserves	21	0	0	5,469	6,077
Total taxpayers & others' equity		363,927	325,781	369,396	331,858

Signed:



D Carter

Date: August 2022

The notes on pages 121 to 151 form part of the financial statements.

Statement of changes in equity

	Parent				Group Consolidated				
	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000	Charitable Funds Reserves £000	Total £000
Taxpayers' and Others' Equity at 1 April 2021	221,078	23,713	80,990	325,781	221,078	23,713	80,990	6,077	331,858
Surplus/(deficit) for the year	0	0	351	351	0	0	(102)	(155)	(257)
Revaluation Impact	0	2,440	0	2,440	0	2,440	0	0	2,440
Public Dividend Capital received	35,355	0	0	35,355	35,355	0	0	0	35,355
Other reserve movements - charitable funds consolidation adjustment	0	0	0	0	0	0	453	(453)	0
Taxpayers' and Others' Equity at 31 March 2022	256,433	26,153	81,341	363,927	256,433	26,153	81,341	5,469	369,396
Taxpayers' and Others' Equity at 1 April 2020	74,406	8,107	94,299	176,812	74,406	8,107	94,299	3,930	180,742
Surplus/(deficit) for the year	0	0	45,562	45,562	0	0	45,965	1,744	47,709
Transfers by absorption: transfers between reserves	42,857	15,606	(58,463)	0	42,857	15,606	(58,463)	0	0
Transfers by absorption: transfers between reserves (charitable fund)	0	0	0	0	0	0	(905)	905	0
Public Dividend Capital received	103,815	0	0	103,815	103,815	0	0	0	103,815
Other reserve movement - alignment of accounting policy as merged Trust	0	0	(408)	(408)	0	0	(408)	0	(408)
Other reserve movements - charitable funds consolidation adjustment	0	0	0	0	0	0	502	(502)	0
Taxpayers' and Others' Equity at 31 March 2021	221,078	23,713	80,990	325,781	221,078	23,713	80,990	6,077	331,858

Statement of cash flows

	Group	
	2021/22 £000	2020/21 £000
Cash flows from operating activities		
Operating surplus	7,560	11,349
Non-cash income and expense:		
Depreciation	18,534	16,000
Impairments and reversals	2,012	0
Income recognised in respect of capital donations (centrally procured)	0	(1,902)
(Increase)/Decrease in Trade and Other Receivables	10,663	39,938
(Increase)/Decrease in other assets	153	149
(Increase)/Decrease in Inventories	118	(1,339)
Increase/(Decrease) in Trade and Other Payables	5,298	29,722
Increase/(Decrease) in Other Liabilities	1,614	2,150
Increase/(Decrease) in Provisions	3,236	6,180
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	(104)	(1,015)
Other movements in operating cash flows	80	19
NET CASH GENERATED FROM OPERATIONS	49,165	101,251
Cash flows from investing activities		
Interest received	61	13
Purchase of Property, Plant and Equipment	(59,839)	(51,753)
Sale of Property, Plant and Equipment	15	7
NHS Charitable funds - net cash flows from investing activities	128	14
Net cash used in investing activities	(59,635)	(51,719)
Cash flows from financing activities		
Public Dividend Capital received	35,355	103,815
Loan repaid from the Department of Health and Social Care	(835)	(71,768)
Capital element of finance lease rental payments	(250)	(385)
Capital element of Private Finance Initiative obligations	(1,070)	(947)
Interest paid	(346)	(641)
Interest element of finance lease	(580)	(539)
Interest element of Private Finance Initiative obligations	(548)	(594)
PDC Dividend paid	(5,889)	(7,099)
Net cash used in financing activities	25,837	21,842
Increase/(decrease) in cash and cash equivalents	15,367	71,374
Cash and Cash equivalents at 1 April 2021	123,398	45,309
Cash and cash equivalents transferred by absorption	0	6,715
Cash and Cash equivalents at 31 March 2022	138,765	123,398

1. Accounting policies and other information

1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow IFRS to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Body. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis.

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

1.3 Consolidation

The Trust is the corporate trustee to both Luton & Dunstable Hospital NHS Foundation Trust Charitable funds and Bedford Hospital NHS Trust Charitable Funds. The Trust has assessed its relationship to the charitable funds and determined them to be a subsidiary because the foundation trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement

of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- * recognise and measure them in accordance with the foundation trust's accounting policies; and
- * eliminate intra-group transactions, balances, gains and losses.

The Trust has a wholly owned subsidiary, Luton & Dunstable Retail Leases Limited. The transactions and balances associated with this subsidiary are de minimis and therefore not consolidated within these statements. The Trust does not have any other subsidiaries, associates, joint ventures or joint operations as defined under International Financial Reporting Standards.

Unless otherwise stated the notes to the accounts disclose the group position.

1.4. Revenue from contracts with customers

Where income is derived from contracts with customers it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period the income is deferred and recognised as a contract liability.

Revenue from NHS Contracts

The main source of income for the Trust is contracts with commissioners for healthcare services. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Sustainability and Transformations Partnership level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the

revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. At contract inception, the Trust assesses the outputs promised in the research contract to identify as a performance obligation each promise to transfer either a good or service that is distinct or a series of distinct goods or services that are substantially the same and that have the same pattern of transfer. The Trust recognises revenue as these performance obligations are met, which may be at a point in time or over time depending upon the terms of the contract.

NHS Injury Cost Recovery Scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.5. Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund

revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income to the point at receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.6. Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension Costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes: the cost to the Trust is taken as equal to the employer's pension contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

The Trust also has employees who are members of the NEST pension scheme. This is a defined contribution scheme and employers pension cost contributions are charged to operating expenses as and when they become due.

1.7. Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8. Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

1.9. Property, Plant and Equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has an individual cost of at least £5,000; or
- the item forms a group of assets which individually have a cost of more than £1,000, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates and are under single managerial control;
- the item forms a group of assets which are the initial equipping costs of a new or reconfigured asset with a collective value of over £20,000 and the group of assets are under common managerial control.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is

capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- * Land and non-specialised buildings - market value for existing use;
- * Specialised buildings - depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with modern asset of equivalent capacity and location requirements of the service being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed

by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued by professional valuers as part of the five or three-yearly valuation or when they are brought into use where the capital cost is greater than £5m and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'Held for Sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the

revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated assets, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expenses as incurred. The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

The lifecycle costs i.e. those costs anticipated to be incurred to maintain the asset to a specified standard, within the scheme form part of the liability of the Trust and consequently have been recognised as a separate asset within the Statement of Financial Position. The asset is amortised each accounting period in accordance with the lifecycle costs incurred in respect of the PFI scheme asset.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	n/a	n/a
Buildings, excluding dwellings	5	94
Dwellings	6	53
Plant & machinery	5	15
Transport equipment	5	7
Information technology	5	13
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS13 where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using

the First In, First Out (FIFO) method and weighted average cost for drug inventory.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS. This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Classification and Measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases

are recognised and measured in accordance with the accounting policy for leases described below. Financial assets are classified as subsequently measured at amortised cost, or fair value through income and expenditure or fair value through other comprehensive income. Financial liabilities are classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and, in the case of financial assets, where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets and financial liabilities at 'Fair Value through Income and Expenditure'

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and

selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are determined by a review of outstanding contract receivables/ assets for known disputed items, items greater than one year, and customers where there is a history of non-payment. Only in exceptional circumstances will the Trust recognise expected credit losses in relation to other NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and

rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The Trust as lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. For charitable funds decisions made by the Charitable Fund Committee for which there is a constructive obligation to undertake activities are recognised at the point the decision is made.

The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022.

		Nominal Rate	Prior Year Rate
Short term	Up to 5 years	0.47%	Minus 0.02%
Medium term	After 5 years up to 10 years	0.70%	0.18%
Long term	After 10 years up to 40 years	0.95%	1.99%
Very Long term	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discharging using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022.

	Inflation rate	Prior Year Rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.3% in real terms (prior year: minus 0.95%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHS Resolution on behalf of the Trust is disclosed at [note 20](#) but is not recognised in the trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in [note 24](#) where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in [note 24](#), unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- * possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- * present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%)

on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.18 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Corporation Tax

The majority of the Trust's activities are related to core healthcare and are therefore not subject to tax. Where trading activities are undertaken that are commercial in nature they are considered insignificant with profits per activity below the corporation tax threshold, as per the HMRC 'Guidance on the Tax Treatment of Non-core Healthcare Commercial Activities of NHS Foundation Trusts'.

1.20 Foreign exchange

The functional and presentational currencies of the Trust are sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the

Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.21 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FRM, see [Note 22](#).

1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and special payments register which reports on a cash basis with the exception of provisions for future losses, see [Note 29](#).

1.23 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial

position for all leases. The standard also requires the remeasurement of lease liabilities after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. For 2022 this rate is 0.95%. The related right of use asset will be measured equal to liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

The 2022/23 GAM confirms that IFRS 16 will apply to the subsequent measurement of the Trust's PFI liabilities which are currently accounted for under the finance lease provisions of IAS 17. Applying the transitional provisions of IFRS 16, the lease liability and PFI assets measured under IAS 17 at 31 March 2022 will be the opening IFRS 16 right of use asset and lease liability on 1 April 2022.

The payments that the Trust makes under the PFI contracts are linked to RPI. Under IAS 17 the indexation element of the payment is expensed in the year it is incurred as contingent rent

(for 2021/22 the contingent rent expensed is £700k).

Under IFRS 16, the lease liability will need to be re-measured within the 2022/23 year and on an ongoing basis as indexation is applied. The increase in lease liability will initially be debited to the right of use asset however, as the Trust's policy is to carry leased assets at existing use value, the increase in liability is expected to ultimately be recognised as a loss on valuation of the asset in the Statement of Comprehensive Income.

The Trust is awaiting further guidance from HM Treasury on the re-measurement of the liability for indexation changes and as such has not yet estimated the quantitative effect that will result from the re-measurement in the 2022/23 year.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£'000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	27,534
Additional lease obligations recognised for existing operating leases	(27,534)
Changes to other statement of financial position line items	0
Net impact on net assets on 1 April 2022	0
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(2,193)
Additional finance costs on lease liabilities	(257)
Lease rentals no longer charged to operating expenditure	2,399
Other impact on income / expenditure	0
Estimated impact on surplus / (deficit) in 2022/23	(51)
Estimated increase in capital additions for new leases commencing in 2022/23	23,747

Other standards, amendments and interpretations

The GAM does not require the following Standards and Interpretations to be applied in 2021/22.

- IFRS 16 Leases – Standard is effective at 1 April 2022 per the FReM (see previous page)
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.26 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- review of operating leases to determine whether the significant risks and rewards of ownership of the leased assets have transferred. To mitigate the risk of incorrect conclusions an external advisor's opinion was obtained.

1.27 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the

carrying amounts of assets and liabilities within the next financial year:

- Valuations of land and buildings - The Trust adopts a policy of undertaking a full revaluation of its estate every five years with an interim desktop valuation every three years. In addition, the Trust would perform a revaluation on any assets which have been newly built, which have been brought into use for the first time, which have been subject to additional capital spend or which have been subject to a change in use.

Cost data: For specialised properties valued on a depreciated replacement cost basis, the valuer uses actual cost data where it is available however this is adjusted to reflect price changes since the construction date and any differences between those costs and the costs that would be incurred in constructing the modern equivalent asset. Where actual cost data is not available, the valuer relies on published construction price data. Published price data is an estimate of the costs that would be incurred in constructing a modern equivalent asset and may differ to the costs that would actually be incurred in practice. If the cost data were 10% higher this would increase the value of specialised properties by £19m.

2.1 Group Operating Income from patient care activities (by nature)

	2021/22 Total £000	2020/21 Total £000
Income from Activities		
Block contract / system envelope income	612,972	555,783
High cost drugs income from commissioners	19,063	10,149
Other NHS clinical income	16,857	12,296
Community Services Block contract / system envelope income	0	1,000
Private patient income	5,668	3,134
Elective recovery fund	7,542	0
Additional pension contribution central funding*	16,161	15,260
Other clinical income	8,994	5,255
Total income from patient care activities	687,257	602,877

*The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS Providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers behalf, The full cost and related funding have been recognised in these accounts.

2.2 Group Commissioner Requested Services

The Trust's provider licence specifies the Commissioner Requested Services, for details see www.improvement.nhs.uk. This note analyses income from activities between Commissioner Requested Services and Non Commissioner Requested Services.

	2021/22 £000	2020/21 £000
Commissioner Requested Services	656,433	579,228
Non Commissioner Requested Services	30,824	23,649
	687,257	602,877

2.3 Group Operating lease income

	2021/22 Total £000	2020/21 Total £000
Operating Lease Income		
Rents recognised as income in the period	880	538
TOTAL	880	538
Future minimum lease payments due on leases expiring		
- not later than one year;	66	146
- later than one year and not later than five years;	225	319
- later than five years.	44	344
TOTAL	335	809

2.4 Group Overseas visitors (relating to patients charged directly by the NHS foundation trust)

	2021/22 £000	2020/21 £000
Income recognised this year	364	490
Cash payments received in-year	193	136
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	21	200

2.5 OPERATING INCOME (by type)

	Parent		Group	
	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
Income from activities				
CCGs and NHS England	672,594	592,176	672,594	592,176
NHS Foundation Trusts	4,869	2,072	4,869	2,072
NHS Trusts	563	626	563	626
Local Authorities	2,017	2,230	2,017	2,230
NHS Other	0	423	0	423
Non NHS: Private patients	5,668	3,134	5,668	3,134
Non-NHS: Overseas patients (non-reciprocal)	364	490	364	490
NHS injury scheme (was RTA)	978	884	978	884
Non NHS: Other*	204	842	204	842
Total income from activities	687,257	602,877	687,257	602,877

*Non NHS: Other relates to a contract with private sector provider, previously commissioned by NHS Bedfordshire CCG

2.6 OTHER OPERATING INCOME

	Parent		Group	
	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
Other operating income from contracts with customers:				
Research and development	922	805	922	805
Education and training	23,275	17,555	23,275	17,555
Non-patient care services to other bodies	0	7,056	0	7,056
Reimbursement and top up funding	5,583	37,443	5,583	37,443
Income in respect of staff costs where accounted on gross basis	3,972	2,488	3,972	2,488
Other ¹	7,937	3,288	7,937	3,288
Other non-contract operating income				
Education and training - notional income from apprenticeship fund	639	376	639	376
Charitable and other contributions to expenditure	453	449	0	0
Donated equipment from DHSC for COVID response	0	1,902	0	1,902
Received from NHS charities: Other charitable and other contributions to expenditure	97	52	97	0
Contributions to expenditure - receipt of equipment donated from DHSC for COVID response below capitalisation threshold	0	2	0	2
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	2,435	10,307	2,435	10,307
Rental revenue from operating leases	880	538	880	538
NHS Charitable Funds: Incoming Resources excluding investment income	0	0	1,051	1,824
Total other operating income	46,193	82,261	46,791	83,584
TOTAL OPERATING INCOME	733,450	685,138	734,048	686,461

1 This includes car parking income of £1,323k (2020/21 £722k). This is strictly an income generation activity whereby income exceeds cost and the surplus is invested in the provision of patient care. There are other Trust objectives delivered through this activity including a contribution to the patient and staff safety and experience agenda (additional security and maximising the availability of car parking spaces).

2.7 Group Additional Income on contract revenue (IFRS 15) recognised in the period

£2,518k was recognised in 2021/22 that was previously included in the contract liability balance (£100k in 2020/21).

2.8 Transaction price allocated to remaining performance obligations

The vast majority of contracts the Trust holds align with financial periods. As at 31/03/2022 the revenue expected when performance obligations are met in future periods was £5,301k (£3,687k in 2020/21).

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

3 OPERATING EXPENSES (by type)

	Parent		Group	
	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	9,189	770	9,189	770
Employee Expenses - Staff & Executive directors	460,464	439,070	460,464	439,070
Employee Expenses - Non-executive directors	165	230	165	230
Supplies and services - clinical (excluding drug costs)	65,839	67,547	65,839	67,547
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	2,933	9,592	2,933	9,592
Supplies and services - general	30,265	30,511	30,265	30,511
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	54,957	42,616	54,957	42,616
Consultancy costs	1,337	2,454	1,337	2,454
Establishment	16,497	15,119	16,497	15,119
Premises	11,343	10,754	11,343	10,754
Transport (including staff and patient travel)	1,994	1,777	1,994	1,777
Depreciation on property, plant and equipment	18,534	16,000	18,534	16,000
Impairments net of (reversals)	2,012	0	2,012	0
Movement in credit loss allowance	803	1,576	803	1,576
Provisions arising / released in year	3,165	3,615	3,165	3,615
Audit fees payable to the External Auditor				
audit services- statutory audit*	116	115	116	115
other services: audit-related assurance services'	0	0	0	0
Statutory audit fees payable re charitable fund accounts**	0	0	12	9
Internal Audit Costs - not included in employee expenses	132	187	132	187
Clinical negligence (Insurance Premiums)	26,732	22,523	26,732	22,523
Legal fees	665	241	665	241
Insurance	202	161	202	161
Education and training - non-staff	8,929	1,538	8,929	1,538
Education and training - notional expenditure funded from apprenticeship fund	639	376	639	376
Rentals under operating leases - minimum lease receipts	4,607	4,756	4,607	4,756
Charges to operating expenditure for on-SoFP IFRIC 12 schemes on IFRS basis	864	785	864	785
Redundancy - (not included in employee expenses)	83	47	83	47
Car parking & Security	1,338	1,435	1,338	1,435
Hospitality	0	0	0	0
Losses, ex gratia & special payments	25	53	25	53
Other services, eg external payroll	500	477	500	477
NHS Charitable funds: Other resources expended	0	0	1,636	490
Other	511	288	511	288
TOTAL	724,840	674,613	726,488	675,112

* Statutory audit fees excluding VAT for the Parent is £97k (£96k 2020/21).

** Statutory audit fees excluding VAT for the Charity is £10k (£8k 2020/21).

4.1 Group Employee Expenses (excluding non-executive directors)

(excluding non-executive directors)	2021/22 Total £000	2020/21 Total £000
Salaries and wages	342,330	330,454
Social security costs	36,112	32,888
Apprenticeship Levy	1,749	1,610
Pension costs - defined contribution plans		
Employers contributions to NHS Pensions	40,371	34,931
Pension cost - other	16,161	15,260
Agency/contract staff	26,191	27,134
Costs capitalised as part of assets	(2,367)	(3,160)
TOTAL (Employee expenses & Education & Training)	460,547	439,11

4.2 Early retirements due to ill health

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. There were 4 (2020/21: 6) retirements, at an additional cost of £106k (2020/21: £242k). This information has been supplied by NHS Pensions.

4.3 Group Expenses of Governors and Directors

The Foundation Trust had a total of 38 (33 in 2020/21) governors in office in 2021/22. 3 (4 in 2020/21) of these governors received expenses in 2021/22, with aggregate expenses paid to governors of £393 (£357 in 2020/21).

The Foundation Trust had a total of 17 (17 in 2020/21) directors in office in 2021/22. 6 (6 in 2020/21) of these directors received expenses in 2021/22, with aggregate expenses paid to directors of £4,256 (£1,388 in 2020/21).

5.1 Group Operating leases

	2021/22 £000	2020/21 £000
Minimum lease payments	4,607	4,756
TOTAL	4,607	4,756

5.2 Arrangements containing an operating lease

	2021/22 £000	2021/22 £000	2021/22 £000	2021/22 £000	2020/21 £000
Future minimum lease payments due:	Land	Buildings	Other	Total	Total
- not later than one year;	1,101	1,221	23	2,345	1,774
- later than one year and not later than five years;	4,402	3,388	0	7,790	6,400
- later than five years.	7,485	13,511	0	20,996	34,730
TOTAL	12,988	18,120	23	31,131	42,904

The Trust does not have any significant leasing arrangements.

5.3 Group Limitation on auditor's liability

There is £1m limitation on the auditors liability.

5.4 Group The late payment of commercial debts (interest) Act 1998

£0k was paid in respect of the late payment of commercial debts (interest) Act 1998 (£23k in 2020/21).

5.5 Group Other Audit Remuneration

No expenditure was incurred with the external audit provider in respect of non audit services in 2021/22 or 2020/21.

5.6 Group Impairment of assets (PPE & intangibles)

	2021/22 £000	2020/21 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	958	0
Over specification of assets	249	0
Abandonment of assets in course of construction	805	0
Total net impairments charged to operating surplus / deficit	2,012	0
Impairments charged to the revaluation reserve	0	0
Total net impairments	2,012	0

6.1 Group Finance income

	Parent		Group	
	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
Interest on instant access bank accounts	61	13	61	13
Interest on held-to-maturity financial assets	0	0	0	0
NHS Charitable funds: investment income	0	0	39	35
TOTAL	61	13	100	48

6.2 Group Finance costs - interest expense

	Parent		Group	
	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
Capital loans from the Department of Health	343	365	343	365
Interest on late payment of commercial debt	0	23	0	23
Interest on finance lease obligations	544	539	544	539
Main Finance Costs -PFI	548	594	548	594
Unwinding of discount on provisions	(32)	(14)	(32)	(14)
TOTAL	1,403	1,507	1,403	1,507

7.1 Group Intangible Assets 2021/22

	Software Licenses £000	Intangible assets under construction £000	Total £000
Cost or valuation at 1 April 2021 as previously stated	536	0	536
Additions - purchased	0	0	0
Cost or valuation at 31 March 2022	536	0	536
Amortisation at 1 April 2021 as previously stated	536	0	536
Provided during the year	0	0	0
Amortisation at 31 March 2022	536	0	536
Net book value			
NBV - Owned at 31 March 2022	0	0	0
NBV total at 31 March 2022	0	0	0

7.2 Group Intangible Assets 2020/21

	Software Licenses £000	Intangible assets under construction £000	Total £000
Cost or valuation at 1 April 2020 as previously stated	536	0	536
Transfers by absorption	7,577	2,488	10,065
Additions - purchased	0	0	0
Reclassifications	(7,577)	(2,488)	(10,065)
Cost or valuation at 31 March 2021	536	0	536
Amortisation at 1 April 2020 as previously stated	536	0	536
Transfers by absorption	3,616	0	3,616
Provided during the year	0	0	0
Reclassifications	(3,616)	0	(3,616)
Amortisation at 31 March 2021	536	0	536
Net book value			
NBV - Owned at 31 March 2021	0	0	0
NBV total at 31 March 2021	0	0	0

8.1 Group Property, plant and equipment 2021/22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under Construction & POA £000	Plant & Machinery £000	Transport Equipment £000	Information Technology £000	Furniture & Fittings £000	Total £000
Cost or valuation at 1 April 2021 as previously stated	19,566	182,375	740	44,517	79,909	4,203	36,816	1,221	369,347
Additions - purchased (including donated)	0	9,787	0	37,433	9,836	0	10,801	0	67,857
Impairments charged to operating expenses	0	(282)	0	(805)	(2,005)	0	(1,787)	(6)	(4,885)
Revaluations	1,804	(14,199)	109	0	0	0	0	0	(12,286)
Reclassifications	0	14,025	0	(30,936)	1,022	0	15,889	0	0
Disposals ¹	0	0	0	0	(1,557)	0	0	(6)	(1,563)
Cost or valuation at 31 March 2022	21,370	191,706	849	50,209	87,205	4,203	61,719	1,209	418,470
Accumulated depreciation at 1 April 2021 as previously stated	0	6,998	19	0	43,816	3,573	21,897	1,025	77,328
Provided during the year	0	7,724	23	0	6,252	293	4,187	55	18,534
Impairments charged to operating expenses	0	(38)	0	0	(1,739)	0	(1,090)	(6)	(2,873)
Revaluations	0	(14,684)	(42)	0	0	0	0	0	(14,726)
Disposals ¹	0	0	0	0	(1,557)	0	0	(6)	(1,563)
Accumulated depreciation at 31 March 2022	0	0	0	0	46,772	3,866	24,994	1,068	76,700
Net book value									
NBV - Owned at 31 March 2022	21,370	168,284	821	50,133	36,099	337	36,699	140	313,883

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
NBV - Finance Leased at 31 March 2022		4,584	0	0	0	0	0	0	4,584
NBV - PFI at 31 March 2022	0	14,708	0	0	891	0	0	0	15,599
NBV - Donated/ Granted at 31 March 2022	0	4,130	28	76	3,443	0	26	1	7,704
NBV total at 31 March 2022	21,370	191,706	849	50,209	40,433	337	36,725	141	341,770

1 No assets used in the provision of commissioner requested services were disposed of during the year.

8.2 Group Property, plant and equipment 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2020 as previously stated	14,906	90,251	560	23,991	41,772	4,082	19,811	246	195,619
Transfers by absorption	4,660	71,448	85	1,686	27,723	121	6,289	989	113,001
Additions - purchased (including donated)	0	6,382	1	34,950	14,070	0	2,690	0	58,093
Reclassifications	0	14,318	94	(16,110)	0	0	11,762	0	10,064
Disposals ¹	0	(24)	0	0	(3,656)	0	(3,736)	(14)	(7,430)
Cost or valuation at 31 March 2021	19,566	182,375	740	44,517	79,909	4,203	36,816	1,221	369,347
Accumulated depreciation at 1 April 2020 as previously stated	0	0	0	0	26,481	3,193	14,007	213	43,894
Transfers by absorption	0	0	0	0	15,969	86	3,494	759	20,308
Provided during the year	0	6,998	19	0	4,999	294	3,623	67	16,000
Reclassifications	0	0	0	0	0	0	3,616	0	3,616
Disposals ¹	0	0	0	0	(3,633)	0	(2,843)	(14)	(6,490)
Accumulated depreciation at 31 March 2021	0	6,998	19	0	43,816	3,573	21,897	1,025	77,328
Net book value									
NBV - Owned at 31 March 2021	19,566	156,455	696	44,441	30,882	630	14,880	193	267,743
NBV - Finance Leased at 31 March 2021	0	2,839	0	0	0	0	0	0	2,839
NBV - PFI at 31 March 2021	0	12,202	0	0	1,018	0	0	0	13,220
NBV - Donated/ Granted at 31 March 2021	0	3,881	25	76	4,193	0	39	3	8,217
NBV total at 31 March 2021	19,566	175,377	721	44,517	36,093	630	14,919	196	292,019

1 No assets used in the provision of commissioner requested services were disposed of during the year.

9 Group Other Property Plant & Equipment Disclosures

The Trust received £453k of donated property, plant and equipment from the charitable funds associated with the hospitals.

The Trust entered into a 10 year contract for the provision of medical records in February 2013. Due to the length of the contract, the expected life of the equipment in question and, on the basis that the equipment is solely used by this Trust, the Trust has recognised this equipment as property plant and equipment. The value of this equipment as at 31 March 2022 was £342k.

In December 2018 the Trust entered into a 10 year managed service bed contract. This arrangement included the replacement of beds which at the end of the contract transfer ownership to the trust. Given the length of the contract and the transfer of ownership the trust has recognised the beds delivered as at 31 March 2022 as property plant and equipment. The value of this equipment as at 31 March 2022 was £891k.

The Trust's estate, encompassing land and buildings was revalued as at 31 March 2022. The freehold and leasehold property known as Bedfordshire Hospitals NHS Foundation Trust was valued as at 31 March 2022 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2022 and the national standards and guidance set out

in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FRM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis. The Directors' opinion is that there are no property plant or equipment where the value is significantly different from the value included in the financial statements.

Land was valued using existing use value methodology at £21,370k using the concept of economic substitution of the service utility of the asset on an alternative site basis. For both hospital sites the valuers have used the assumption that the hospital site would be on the periphery of the relevant town and have 10% less floor space (reflecting greater efficiencies in occupation afforded by a modern building).

Given the specialised nature of the buildings the majority of the estate has been valued using depreciated replacement cost based on modern equivalent assets at a net book value of £192,251k. Some dwellings are valued at market value in existing use with a net book value of £304k.

There are various small assets which are temporarily idle, although not for sale, where the period for which the asset is idle is uncertain these have had their depreciation accelerated and are held on the Statement of Financial Position at values reflecting their short remaining economic lives

10 Investments

	Parent		Group	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
NHS Charitable funds: Other investments				
Carrying value at 1 April 2021	0	0	2,551	1,675
Transfers by absorption	0	0	0	312
Additions	0	0	484	527
Fair value gains/ (losses) - taken to I&E	0	0	403	383
Disposals	0	0	(594)	(346)
Carrying value at 31 March 2022	0	0	2,844	2,551

11 Group Associates & Jointly Controlled Operations

The Trust has a wholly owned subsidiary, Luton & Dunstable Retail Leases Limited. The transactions and balances associated with this subsidiary are de minimis and therefore not consolidated within these statements.

12.1 Group Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	1,858	1,677
Consumables	5,602	5,405
Centrally Procured Consumables*	218	715
TOTAL INVENTORIES	7,678	7,797

12.2 Group Inventories recognised in expenses

	2021/22 £000	2020/21 £000
Transfers by absorption	0	2,727
Additions	71,104	66,885
Inventories recognised in expenses	(71,223)	(65,546)
MOVEMENT IN INVENTORIES	(119)	4,066

* In response to the COVID-19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £2,435k (2020/21 £10,307k) of items purchased by DHSC. These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

13.1 Trade receivables and other receivables

	Parent		Group	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Current				
Contract receivables (IFRS 15): invoiced	19,348	23,176	19,348	23,176
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	(10,355)	(3,114)	(10,355)	(3,114)
Allowance for impaired contract receivables / assets	(867)	(318)	(867)	(318)
Allowance for impaired other receivables	(650)	(604)	(650)	(604)
Prepayments	6,189	5,765	6,189	5,765
Prepayments - Lifecycle replacements	44	44	44	44
PDC Dividend Receivable	476	1,515	476	1,515
VAT receivable	1,304	1,193	1,304	1,193
Other receivables	1,054	527	612	498
Clinician Pension Tax Provision Reimbursement	28	0	28	0
NHS Charitable funds: Trade and other receivables	0	0	26	26
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	16,571	28,184	16,155	28,181

13.1 Trade receivables and other receivables (continued)

	Parent		Group	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Non-Current				
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	1,027	954	1,027	954
Prepayments	789	1,134	789	1,134
Prepayments - PFI related	131	175	131	175
Clinician Pension Tax Provision Reimbursement	769	129	769	129
TOTAL NON CURRENT TRADE AND OTHER RECEIVABLES	2,716	2,392	2,716	2,392

13.2 Group Finance lease receivables

During 2020/21 and 2021/22 the Trust did not have any finance lease receivables.

14 Group Other assets (Non Current)

	31 March 2022 £000	31 March 2021 £000
PFI Scheme - lifecycle costs	1,836	1,989
Total	1,836	1,989

15.1 Trade and other payables

	Parent		Group	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Current				
Trade payables	18,402	21,752	18,402	21,752
Trade payables - capital	18,501	10,936	18,501	10,936
Accruals	47,261	40,277	47,261	40,277
Receipts in advance	702	175	702	175
Social Security costs	9,704	9,389	9,704	9,389
Other payables	2,036	1,215	2,036	1,215
NHS Charitable funds: Trade and other payables	0	0	19	17
TOTAL CURRENT TRADE & OTHER PAYABLES	96,606	83,744	96,625	83,761

There were no non current trade or other payables at either 31 March 2022 or 31 March 2021.

Trade and other payables do not include any outstanding pension contributions due to NHS Pensions Agency as at 31 March 2022.

16 Group Other liabilities

	31 March 2022 £000	31 March 2021 £000
Current		
Deferred Income	5,301	3,687
TOTAL OTHER CURRENT LIABILITIES	5,301	3,687

There are no non current other liabilities in 2021/22 nor 2020/21.

17 Group Borrowings

	31 March 2022 £000	31 March 2021 £000
Current		
Bank overdraft	0	0
Capital loans from Department of Health	873	875
Obligations under finance leases	266	287
Obligations under Private Finance Initiative contracts/ service concessions	1,085	1,000
TOTAL CURRENT BORROWINGS	2,224	2,162
Non-current		
Capital loans from Department of Health	14,628	15,464
Obligations under finance leases	4,213	4,478
Obligations under Private Finance Initiative contracts/ service concessions	7,468	8,537
TOTAL OTHER NON CURRENT LIABILITIES	26,309	28,479

17.1 Reconciliation of Liabilities Arising from Financing Activities 2021/22

	DHSC loans 2021/22 £000	Finance leases 2021/22 £000	PFI, LIFT and other service concession obligations 2021/22 £000	Total liabilities from financing activities 2021/22 £000
Carrying value at 1 April 2021	16,339	4,765	9,537	30,641
Cash movements:				
Financing cash flows - principal	-835	-250	-1,070	-2,155
Financing cash flows - interest	-346	-580	-462	-1,388
Non-cash movements:				
Interest charge arising in year	343.00	544.00	548.00	1,435
Carrying value at 31 March 2022	15,501	4,479	8,553	28,533

17.2 Reconciliation of Liabilities Arising from Financing Activities 2020/21

	DHSC loans 2020/21 £000	Finance leases 2020/21 £000	PFI, LIFT and other service concession obligations 2020/21 £000	Total liabilities from financing activities 2020/21 £000
Carrying value at 1 April 2020	17,177	-	10,484	27,661
Cash movements:				
Financing cash flows - principal	-71,768	-385	-947	-73,100
Financing cash flows - interest	-618	-539	-594	-1,751
Non-cash movements:				
Transfer by absorption	71,163	5,150	-	76,313
Interest charge arising in year	385	539	594	1,518
Carrying value at 31 March 2021	16,339	4,765	9,537	30,641

18.1 Group Finance lease obligations

	31 March 2022 £000	31 March 2021 £000
Gross buildings lease liabilities of which liabilities are due	6,271	12,033
- not later than one year;	523	794
- later than one year and not later than five years;	2,090	3,383
- later than five years.	3,658	7,856
Finance charges allocated to future periods	(1,792)	(7,305)
Net buildings lease liabilities	4,479	4,728
- not later than one year;	266	250
- later than one year and not later than five years;	1,231	1,161
- later than five years.	2,982	3,317

19.1 Group PFI and Service Concession obligations (on SoFP)

	31 March 2022 £000	31 March 2021 £000
Gross PFI liabilities and Service Concessions of which liabilities are due	11,045	12,578
- not later than one year;	1,583	1,548
- later than one year and not later than five years;	5,839	5,971
- later than five years.	3,623	5,059
Finance charges allocated to future periods	(2,492)	(3,041)
Net PFI liabilities and Service Concessions	8,553	9,537
- not later than one year;	1,085	1,000
- later than one year and not later than five years;	4,385	4,297
- later than five years.	3,083	4,240

19.2 The Trust is committed to make the following payments for on-SoFP PFIs and Service Concession obligations during the next year in which the commitment expires:

	31 March 2022 Total £000	31 March 2021 Total £000
Within one year	2,411	2,361
2nd to 5th years (inclusive)	9,964	9,846
Later than 5 years	5,934	8,514
Total	18,309	20,721

The Trust incurred £667k expenditure in respect of the service charge under the PFI contract (£600k in 2020/21) and £197k was incurred in relation to the service concession (bed contract - £185k 2020/21). These were separately disclosed as 'Charges to operating expenditure for on-SoFP IFRIC 12 schemes on IFRS basis' in [Note 3](#).

19.3 Analysis of amounts payable to service concession operator

	PFI 21/22	Other 21/22	Total 21/22	PFI 20/21	Other 20/21	Total 20/21
Interest Charge	548	0	548	594	0	594
Repayment of Balance Sheet Obligation	862	122	984	787	160	947
Service Element	667	197	864	600	185	785
Capital lifecycle costs			0			0
Revenue lifecycle costs			0			0
Addition to lifecycle prepayment			0			0
Contingent rent			0			0
Total amount paid to service concession operator	2,077	319	2,396	1,981	345	2,326

20 Provisions for liabilities and charges

Parent	Current		Non-current	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Pensions relating to other staff	175	178	1,396	1,775
Other legal claims	416	183	0	392
Equal pay (including agenda for change)	2,544	0	3,461	3,352
Redundancy	0	232	0	0
Other	2,459	1,775	769	129
Total	5,594	2,368	5,626	5,648
Pensions relating to other staff	175	178	1,396	1,775
Other legal claims	416	183	0	392
Equal pay (including agenda for change)	2,544	0	3,461	3,352
Redundancy	0	232	0	0
Other	2,459	1,775	769	129
NHS charitable fund provisions	689	364	0	0
Total	6,283	2,732	5,626	5,648

	Pensions - other staff £000	Other legal claims £000	Equal Pay £000	Redundancy £000	Other £000	NHS charitable fund provisions £000	Total £000
At 1 April 2021	1,953	575	3,352	232	1,904	364	8,380
Arising during the year	0	375	3,108	0	1,743	0	5,226
Utilised during the year	(172)	(39)	0	(232)	(419)	0	(862)
Reversed unused	(178)	(495)	(455)	0	0	0	(1,128)
Unwinding of discount	(32)	0	0	0	0	0	(32)
NHS charitable funds: movement in provisions	0	0	0	0	0	325	325
At 31 March 2022	1,571	416	6,005	0	3,228	689	11,909

	Pensions - other staff £000	Other legal claims £000	Equal Pay £000	Redundancy £000	Other £000	NHS charitable fund provisions £000	Total £000
Expected timing of cashflows:							
- not later than one year;	175	416	2,544	0	2,459	689	6,283
- later than one year and not later than five years;	704	0	3,461	0	33	0	4,198
- later than five years.	692	0	0	0	736	0	1,428
TOTAL	1,571	416	6,005	0	3,228	689	11,909

Provisions for legal claims represents the gross estimated liability from employer and public liability cases. These cases are managed by NHS Resolution through the LTPS scheme, the amount of the provision recoverable from NHS Resolution is included within debtors.

£649,274k is included in the provisions of the NHS Resolution at 31/03/2022 in respect of clinical negligence liabilities of the Trust (31/03/2021 £411,321k)

Other provisions relate to various provisions for trading and employment contractual issues (all less than £1m).

21 Charitable Funds Summary Statements

Below summarises the NHS charity's accounts which have been consolidated within the Group's accounts in accordance with IAS 27

	Subsidiary	
	2021/22 £000	2020/21 £000
Statement of Financial Activities/ Comprehensive Income		
Incoming resources	1,051	1,824
Resources expended	(2,101)	(1,000)
Net resources expended	(1,050)	824
Incoming Resources: investment income	39	35
Fair value movements on investments	403	383
Net movement in funds	(608)	1,242
	31 March 2022 £000	31 March 2021 £000
Statement of Financial Position		
Non-current assets	2,844	2,551
Current assets	3,775	3,936
Current liabilities	(1,151)	(410)
Net assets	5,468	6,077
Funds of the charity		
Other Restricted income funds	3,431	4,421
Unrestricted income funds	2,037	1,656
Total Charitable Funds	5,468	6,077

22 Cash and cash equivalents

	Parent		Group	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
At 1 April (as previously stated)	119,488	42,406	123,398	45,319
Transfers by absorption	0	5,995	0	6,715
Net change in year	15,528	71,087	15,367	71,364
At 31 March	135,016	119,488	138,765	123,398
Broken down into:				
Cash at commercial banks and in hand	123	93	123	93
NHS charitable funds: cash held at commercial bank	0	0	3,749	3,910
Cash with the Government Banking Service	134,893	119,395	134,893	119,395
Cash and cash equivalents as in SoFP	135,016	119,488	138,765	123,398
Cash and cash equivalents as in SoCF	135,016	119,488	138,765	123,398

The Trust held £5k cash at bank and in hand at 31 March 2022 which relates to monies held by the Trust on behalf of patients.

23.1 Group Contractual Capital Commitments

The Trust had contractual capital commitments totalling £115.2m at 31 March 2022.

23.2 Group Events after the reporting period

The Director of Finance authorised the financial statements for issue on 23 September 2022. There were no other events arising after the end of the reporting period up to this date which qualifies for disclosure.

24. Group Contingent (Liabilities) / Assets

	31 March 2022 £000	31 March 2021 £000
Gross value of contingent liabilities	74	61
Net value of contingent liabilities	74	61
Net value of contingent assets	0	0

Contingent liabilities relate to claims that the NHS Resolution is aware of and has requested that we disclose.

25 Group Related Party Transactions

Bedfordshire Hospitals NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the NHS Foundation Trust.

All bodies deemed to be within the remit of the United Kingdom 'Whole of Government' are regarded as related parties. During the year the Trust has had significant transactions with the bodies disclosed in this note. The Trust is the Corporate Trustee for the Charitable Funds, the transactions for which have been consolidated within these financial statements in accordance with IAS 27.

25 Group Related Party Transactions (Continued)

	Income 2021/22 £000	Expenditure 2021/22 £000	Income Restated* 2020/21 £000	Expenditure Restated* 2020/21 £000
NHS and DH				
Bedfordshire CCG (demised 2021)	0	0	304,288	14
Bedfordshire , Luton & Milton Keynes CCG	549,811	306	0	0
Buckinghamshire CCG	4,667	0	4,547	0
Department of Health	0	6,928	0	5,799
Health Education England	18,885	138	17,260	0
Herts Valleys CCG	27,721	0	27,314	0
Luton CCG (demised 2021)	0	0	155,877	114
Moorfields Eye Hospital NHS Foundation Trust*	4,181	8,593	3,482	5,715
NHS England - Central Specialised Commissioning Hub*	3,066	0	2,043	0
NHS England: East of England Regional Office	70,132	0	69,220	0
NHS England: Core	8,996	0	46,055	29
NHS Resolution (Previously NHS Litigation Authority)	397	26,751	0	22,541
Central Government				
HM Revenue and Customs	0	39,024	0	36,365
National Health Service Pension Scheme	0	56,532	0	50,200
	Receivables 31 March 2022 £000	Payables 31 March 2022 £000	Receivables Restated* 31 March 2021 £000	Payables Restated* 31 March 2021 £000
Related Party Balances				
NHS and DH				
Bedfordshire CCG	0	0	1,530	16
Bedfordshire , Luton & Milton Keynes CCG	398	158	0	0
Buckinghamshire CCG	0	0	0	0
Department of Health	476	0	1,515	0
Health Education England	3,514	0	2,892	0
Herts Valleys CCG	0	0	0	0
Luton CCG	0	0	1,730	0
Moorfields Eye Hospital NHS Foundation Trust*	1,824	3,159	1,611	5,782
NHS England - Central Specialised Commissioning Hub	0	0	529	0
NHS England: East of England Regional Office	693	0	3,207	0
NHS England: Core	1,930	0	1,442	0
NHS Resolution (Previously NHS Litigation Authority)	0	25	0	19
Central Government				
HM Revenue and Customs	1,304	9,704	1,193	9,389
National Health Service Pension Scheme	0	5,145	0	4,915

* Counter party values significant and so comparators provided in 2021/22

26.1 For PFI schemes deemed to be off-SoFP

There are no transactions within either 2020/21 or 2021/22 relating to an off-SoFP PFI scheme.

26.2 Group Further narrative on PFI schemes/ Service Concession Arrangements

The Trust has a capital scheme arranged under PFI arrangements, St Mary's Wing scheme was completed in 2003 under a 27 year scheme with 7 years remaining. The operator is responsible for maintaining the building during this period and ownership reverts to the Trust at the end of the contract. There are no break clauses nor re-pricing dates (On-SoFP).

There were no new PFI schemes in the year and any future schemes are unlikely as they would be funded either through internally generated resources or external financing using the additional freedoms granted to Foundation Trusts.

During 2018/19 the Trust entered into a 10 year bed contract (service concession). As the beds provided under the contract revert to the Trust's ownership at the end of the contract the beds have been recognised under IFRIC 12.

27.1 Financial assets by category

	Parent		Group		Total £000
	Financial assets at amortised cost £000	Total £000	Financial assets at amortised cost £000	Financial assets at fair value through I&E £000	
Carrying values of financial assets as at 31 March 2022 under IFRS 9					
Trade and other receivables excluding non financial assets (at 31 March 2022)	9,099	9,099	9,099	0	9,099
Cash and cash equivalents (at bank and in hand (at 31 March 2022))	135,016	135,016	135,016	0	135,016
NHS Charitable funds: financial assets (at 31 March 2022)	0	0	3,775	2,844	6,619
Total at 31 March 2022	144,115	144,115	147,890	2,844	150,734

Carrying values of financial assets as at 31 March 2021 under IFRS 9					
Trade and other receivables excluding non financial assets (at 31 March 2021)	20,592	20,592	20,592	0	20,592
Cash and cash equivalents (at bank and in hand (at 31 March 2021))	119,488	119,488	119,488	0	119,488
NHS Charitable funds: financial assets (at 31 March 2021)	0	0	3,936	2,551	6,487
Total at 31 March 2021	140,080	140,080	144,016	2,551	146,567

Financial Assets risk split by category	Market Risk	Credit Risk	Liquidity Risk
NHS receivables	Low	Low	Low
Accrued income	Low	Low	Medium
Other debtors	Low	Low	Medium
Cash at bank and in hand	Low	Low	Low

Overall risk is low, as the Trust limits foreign currency transactions, thus limiting market risk.

The Trust has a robust, audited, debt management policy that mitigates against the debtor liquidity risk. The Trust mitigates the cash credit risk by investing only in line with the NHS Improvement compliant Treasury Management Policy.

27.2 Financial liabilities by category

	Parent		Group	
	Other financial liabilities £000	Total £000	Other financial liabilities £000	Total £000
Carrying values of financial liabilities as at 31 March 2022 under IFRS 9				
Borrowings excluding finance lease and PFI liabilities (at 31 March 2022)	15,501	15,501	15,501	15,501
Obligations under finance leases	4,479	4,479	4,479	4,479
Obligations under PFI, LIFT and other service concession contracts (at 31 March 2022)	8,553	8,553	8,553	8,553
Trade and other payables excluding non financial liabilities (at 31 March 2022)	86,198	86,198	86,198	86,198
IAS 37 provisions which are financial liabilities	0	0	0	0
NHS Charitable funds: financial liabilities (at 31 March 2022)	0	0	709	709
Total at 31 March 2022	114,731	114,731	115,440	115,440
Carrying values of financial liabilities as at 31 March 2021 under IFRS 9				
Borrowings excluding finance lease and PFI liabilities (at 31 March 2021)	16,339	16,339	16,339	16,339
Obligations under finance leases	4,765	4,765	4,765	4,765
Obligations under Private Finance Initiative contracts (31 March 2021)	9,537	9,537	9,537	9,537
Trade and other payables excluding non financial liabilities (31 March 2021)	74,179	74,179	74,179	74,179
IAS 37 provisions which are financial liabilities	7,887	7,887	7,887	7,887
NHS Charitable funds: financial liabilities (31 March 2021)	0	0	381	381
Total at 31 March 2021	112,707	112,707	113,088	113,088

Financial Liabilities risk split by category	Market Risk	Credit Risk	Liquidity Risk
NHS creditors	Low	Low	Low
Other creditors	Low	Low	Low
Accruals	Low	Low	Low
Capital creditors	Low	Low	Low
Provisions under contract	Low	Low	Low

Overall risk is low, as the Trust limits foreign currency transactions, thus limiting market risk. All major contractors are credit checked prior to the awarding of the contract, thus limiting credit risk. The Trust mitigates the liquidity risk via 12 month forward cash planning.

27.3 Group Maturity of Financial Liabilities

	Parent		Group	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
(undiscounted future contractual cashflow) In one year or less	90,614	80,232	91,323	80,613
In more than one year but not more than five years	12,401	18,216	12,401	18,216
In more than five years	20,270	26,146	20,270	26,146
Total	123,285	124,594	123,994	124,975

27.4 Fair values of financial assets at 31 March 2022

The fair value of the Trust's financial assets were the same as the book value as at 31 March 2022 (and 31 March 2021).

27.5 Group Fair values of financial liabilities at 31 March 2022

The fair value of the Trust's financial liabilities were the same as the book value as at 31 March 2022 (and 31 March 2021).

28 Group Off-Statement of Financial Position pension schemes.

NHS Pension Scheme

See [Note 1.6](#) for details of the accounting treatment of the NHS Pension Scheme.

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

National Employment Savings Trust (NEST)

The Trust offers employees an alternative pension scheme, NEST. This is a defined contribution, off statement of financial position scheme and the number of employees opting in and the value of contributions have been insignificant (£141k employers contribution costs in year.)

29 Group Losses and Special Payments

	2021/22 Total number of cases Number	2021/22 Total value of cases £000's	2020/21 Total number of cases Number	2020/21 Total value of cases £000's
LOSSES:				
1.a. Losses of cash due to theft, fraud etc	1	0	0	0
1.c. Other causes	0	0	0	0
3.a. Bad debts and claims abandoned in relation to private patients	33	15	0	0
3.b. Bad debts and claims abandoned in relation to overseas visitors	19	21	123	200
3.c. Bad debts and claims abandoned in relation to other	6	2	55	1,940
4.a Damage to buildings, property etc. due to theft, fraud etc	0	0	0	0
b. Damage to buildings, property etc. stores losses	0	0	3	22
TOTAL LOSSES	59	38	181	2,162
SPECIAL PAYMENTS:				
7.a Ex gratia payments in respect of loss of personal effects	39	24	27	15
7.f. Overtime corrective payments (nationally funded)*	1	837	0	0
7.i Ex gratia payments in respect of other	10	2	8	16
TOTAL SPECIAL PAYMENTS	50	863	35	31
TOTAL LOSSES	109	901	216	2,193

There were no compensation payments received.

* Provision for this cost was made in the 2020/21 financial statements and is therefore not disclosed in [note 3](#) as 'Losses, ex gratia & special payments'.

30 Segmented Operations

The Trust operates in one segment, that of the provision of healthcare, as reported to the Chief Operating Decision Maker, the Board.

31 Transfers by absorption - transaction details

On 1 April 2020, Luton and Dunstable University Hospitals NHS Foundation Trust and Bedford Hospital NHS Trust merged to become Bedfordshire Hospitals NHS Foundation Trust. This transaction is accounted for by the application of Transfers by absorption accounting as prescribed by the NHS Group Accounting Manual.

Accordingly on 1 April 2020 the Trust recognised £42,857k transfer by absorption gain in the Statement of Comprehensive income.

There was also an equivalent adjustment for the charitable funds of £905k.

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