



Bedfordshire Hospitals
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS

for the period April 2023
to March 2024





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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 2023/24 objectives and the corporate objectives for 2024/25

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 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

Chair's Statement

I would like to start by thanking all our staff for their continued commitment to delivering the best possible care to our patients. It was certainly not the easiest of years, coping with strikes, having to cancel planned operations and facing large numbers of patients arriving at our emergency departments. In addition, it was hard to find placements for some of our patients who were ready to be discharged from our hospitals and their hospital stays were longer than necessary. Our finances have become tighter too with some difficult choices facing us in the current financial year and greater efficiencies to be found. Despite the significant capital programme underway, our backlog maintenance continues to grow with much of our estate in dire need of improvement. What is impressive is that staff at every level have not let these setbacks and concerns define them. Instead, led by our talented and committed executive team, I have seen high morale and determination, innate kindness and sense of duty to do the very best for our patients at every level within the organisation.

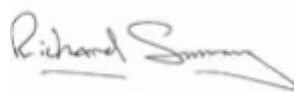
We are part of an integrated system – Bedfordshire, Luton and Milton Keynes – and we are the single biggest organisation within it. Working collaboratively is essential if we are to be successful as a system. During the year we established board to board meetings with our Integrated Care Board colleagues and worked hard to establish the Bedfordshire Care Alliance, a sub-committee of the ICB. There is some way to go yet before the benefits of working at a system level come to fruition but, on our part, we recognise the role we need to play as an important anchor institution in Bedfordshire working closely with our communities to improve their health and well-being.

At the end of March 2024, **Gordon Johns**, retired from the Trust as a Non-Executive Director. In recent times he has been our vice-chair and senior independent director, both very important roles but, prior to the merger of our two hospital trusts, he was the Chair of Bedford Hospital. He helped ensure that the merger went as smoothly as it possibly could and his leadership during this period as well as through COVID was exemplary. His involvement as a non-executive has spanned seventeen years and we are very grateful to him. During my first year as Chair, I greatly valued the wise advice he always gave. We miss him but wish him well in his retirement.

I also want to pay tribute to our lead governor, **Helen Lucas**, who will stand down as a governor at the end of September, having served the maximum time she is allowed. She has been superb in her role, always thinking first about our patients and staff. She has championed the important role of governor and has been supportive of all of the many governors who have served during her tenure. She has guided them appropriately, with confidence and with a smile. We are very grateful for all she has done over the many years of service she has given both as a hugely valued member of staff and a governor. In paying tribute to Helen, I would also like to thank all of our governors and volunteers for the efforts they have made to support the hospitals during the year.

Two non-executive directors, Yasmin Mahmood and David Harrison, started their terms of office at the beginning of the year. During the year we recruited Charmagne Barnes and Anthony James as our two associate non-executive directors, positions that we have not had before in the merged Trust. Replacing Gordon Johns, Hannah O'Neill was appointed at the end of the year. All bring different and additional skills and experiences supplementing those of existing Board members, and the Board now better reflects the communities in Bedfordshire and beyond that we serve. I would like to thank them all for the contribution that they have made.

As a Board we must never forget that we are the current stewards of our hospitals and, just as the stewardship was passed on to us so, in time, we shall pass on the mantle to others, hopefully having made improvements along the way that are sustainable.



Richard Sumray
Chair
Date 28th June 2024

Chief Executive's Performance Statement

On an operational level, the winter months have been just as challenging as we anticipated and we have worked closely with our partners across the Bedfordshire, Luton and Milton Keynes Integrated Care System and our wider community to support patient access to our services and the flow through the health system as a whole.

The unprecedented industrial action by junior doctors saw the longest strike in NHS history. It has required immense planning and organisation from staff in order to keep our hospitals running safely. In addition, throughout 2023/24, the increasing acuity of patients presenting and our growing population has meant we saw record numbers of patients attending our emergency departments. Over the winter months, we were often on our highest state of operational alert, having to open contingency areas across our hospitals in order to accommodate all the patients who needed to be admitted.

The junior doctors' strikes involved many days of detailed preparations by staff – including medical, surgical, nursing, allied health professionals and support services – who have worked extremely flexibly and in different ways to cover areas they may not immediately be familiar with, and we are extremely grateful to them for their hard work and dedication.

The knock-on effects of the industrial action are considerable. We are having to re-arrange a vast number of planned care appointments, but despite this, we continue to make progress in addressing the backlog that built up over the COVID-19 pandemic, reducing our waiting lists and improving some of our important performance targets.

It has also been a year when the COVID-19 enquiry has got into its stride and as that considers what learning we might take for the future. We are still seeing of course the continuing impact of COVID-19 both in terms of the patients we treat, but also in the energy and morale of our staff who have come through such turbulent times.

In the year ahead we will focus on embedding our Trust as the key anchor in the local health community, forging closer links with our partners in order to provide excellent health services for patients, as well as address health inequalities among our population.



David Carter
Chief Executive
Date 28th June 2024



Strategy

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Strategic Approach

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

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

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

Through the work with the Integrated Care System (Bedfordshire, Luton and Milton Keynes - BLMK) we have also established a strategy focussed on Bedfordshire through the Bedfordshire Care Alliance. This sees Bedfordshire, of which BedsFT is a central partner, as a distinct 'health economy' for the planning and design of NHS services based on the natural geography of patient flow, networks and relationships. The partners within this area come together as the Bedfordshire Care Alliance.

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

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

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

Within each of these areas, the Trust has broad, high level goals that are set out in the Strategy which is available on the Trust Website.

Corporate Objectives 2024/25

The Trust's Strategy is underpinned by a set of annual Corporate Objectives and supported by principles so that each objective has:

- Targets and deliverables
- Oversight through the current governance structures
- Risks to achievement are reviewed through the Board Assurance Framework

- Taken account of three golden threads of **Quality and Patient Experience, Sustainability, Equality/Health Inequalities**

The Board has an agreed delivery framework to oversee the objectives, targets and deliverables associated with the strategic pillars.

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

Objective 2024/25	Overview	Strategic Priority / Delivery Workstream
5. To recover service performance standards, as a minimum so they meet national standards, following the effects of the pandemic and industrial action.	<p>To provide clinical services that are demonstrably excellent and which are highly valued by well-engaged users/patients.</p> <p>This will focus on the targets and priorities outlined in the 2024/25 operational planning guidance and the Trust Quality Priorities 2024/25. Work will also be undertaken to review the current data sets and information provision to work towards an integrated performance dashboard for service lines and reporting up to the Board. The Trust is also required to implement the National Patient Safety Strategy.</p>	<p>All</p> <p>Current governance Service Lines, CQUOB, Quality Committee</p>
6. To further integrate services we deliver by building on the individual and collective clinical strengths of both of our hospitals and our associated facilities.	<p>To provide clinical services that are demonstrably excellent and which are highly valued by well-engaged users/patients</p> <p>A programme of work is being undertaken to track the delivery of the Clinical Service Line Strategies, further develop integration and inform transformation projects.</p>	<p>Our portfolio of hospital services</p> <p>Directions Programme</p>
7. To play a leading role to integrate care at the sub-system (BCA) level.	<p>This will focus on the health inequalities agenda, primary care, community, social and mental health care provision and how best the Trust can integrate. It includes vertical integration, community outpatients and diagnostics and supporting patient flow through community bed provision.</p>	<p>Community and primary care</p> <p>Greater integration within Bedfordshire</p>
8. To further develop our role as an Anchor Institution in Bedfordshire and to use our resources to improve the wider determinants of health and wellbeing of local people.	<p>To make a significant and measurable contribution to our communities and to the lives of local people, by being an active engaged and responsible corporate citizen</p> <p>This will focus on how the Trust uses its leverage as a major local employer which is committed to improving the prosperity, health and wellbeing of residents taking into account the health inequalities agenda linked to objective 7.</p>	<p>Wider determinants of health</p> <p>Health and Wellbeing Boards</p> <p>Workforce Committee / Strategy Committee</p>
9. To work with our partners to implement the recommendations of the Denny Review and in particular, to remove barriers that arise due to a lack of "cultural competency" on our part and which reduce or prevent timely access to the Trust's services.	<p>To improve health and wellbeing of the populations we serve, whilst at the same time, reducing the health inequalities they experience.</p>	<p>Wider determinants of health</p>

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

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 and industrial action 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.
- Support the Integrated Care Board's forward plans and link to the Trust Objectives.

Ensure Sustainability

- Continue to improve 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.



Overview of Performance 2023/24

The Foundation Trust Annual Reporting Manual section 2.14 requires an Overview of Performance Report detailing the elements listed below. However, the Trust has, for some elements, reported them in another section of the report and their location is cross-referenced below:

The overview must include:

- a statement from the chief executive providing their perspective on the performance of the foundation trust over the period - *Chief Executive Statement – Page 6*
- a statement of the purpose and activities of the foundation trust including a brief description of the business model and environment, organisational structure, objectives and strategies – *Performance Analysis - Page 20*
- a brief history of the foundation trust and its statutory background - *Performance Analysis - Page 20*
- a summary of the principal risks faced and how these have affected the delivery of objectives, how they have changed, how they have been mitigated and any emerging risks that may affect future performance. This should only serve as a summary of the further detail on risks provided in the performance analysis section, and cross-referenced to the annual governance statement where relevant. This should also include the key issues and opportunities arising that could affect the foundation trust in delivering its objectives and/or its future success and sustainability - *Performance Analysis - Page 17-39* that includes Digital, Redevelopment, Clinical Operational and Sustainability and this links to the Annual Governance Statement Risk Statement in the *Annual Governance Statement pages 109-159*
- a going concern disclosure – *Financial Performance – page 92*
- a summary of performance (to the extent not already covered above) - *Performance Analysis - Page 17-39*

Performance against Corporate Objectives 2023/24

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

The **NHS Long Term Workforce Plan** published summer 2023 is the first national workforce plan and sets out the steps needed to ensure we have the workforce for our future under three pillars of Train, Retain and Reform.

The **HR and OD in the NHS vision for 2030** published in 2022 provides the direction and aims for HR and OD transformation.

Throughout the year the Trust has undertaken scoping to consider workforce issues:

- Talent management
- Leadership
- Education
- Recruitment and Retention
- Health and Wellbeing (of staff)
- Workforce Planning (skill mix/workforce redesign/work experience)
- Organisational Development (including respectful resolution work)
- Human Resources metrics (sickness/training/appraisal/vacancy/turnover)
- Employee Relations activity
- Equality, Diversity and Inclusion.

Projects were initiated on Rostering, Sickness Absence Management and reduction in high cost agency to support efficiency.

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

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

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

3. Develop the Clinical Strategy aligned to Service Line Strategies

The Trust has continued to review the Clinical Service Line Strategies through the Clinical Strategy Board. There is only one remaining as at April 2024. A Directions Programme has been developed and is being monitored.

A review of the benefits realisation was undertaken by Internal Audit which reported favourable assurance against the ongoing integration programme. Further assurances have been initiated to ensure that the Board is tracking the implementation of the strategies.

4. Embed the approved commercial opportunity proposition

The Board approved an Enterprise Strategy in May 2024 and put in place a task and finish steering group to operationalise the Strategy.

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

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

The Master Planning was completed and endorsed by the Board July 2023. A Stakeholder Engagement Plan was put in place and communication began in November 2023. The Trust maintained an oversight of ongoing funding opportunities and outlining the internal and external support required to progress stage 2 of the master plan and de-risking of the Estate which is limited due to funding opportunities.

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

A refresh of the Digital Strategy commenced in October 2023, in accordance with the updated Trust Objectives. The Digital Strategy Committee discussed the updates in March 2024.

Digital Strategy delivery achievements include:

Electronic Patient Record Programme:

- Medical & Surgical eTakeslist
- Paediatrics eHandover & National Early Warning Scores
- Hypercapnic Ward Based Care (Special Circumstance eObservation Module)
- Archer Unit eObservations.

Technology Programme:

- Luton ED Expansion (Phase 4a & 5b).

Digital Merge Programme:

- EMPI Phase 1.

Digital Solutions Programme:

- Hybrid Mail (Moorfields).

Work is underway to work through the Digital Merger priorities to support the finalisation of a programme plan.

An all-staff briefing session specifically focusing on Digital was undertaken during the year to ensure that staff have the opportunity to understand the work programmes and provide feedback.

7. Meet the quality and operational performance targets

Reported through the Quality and Performance Reports.

The pressures remain on the key governance targets due to the Industrial Action and operational pressures, but the Trust is demonstrating some improvements towards the end of the year.

8. Achieve financial targets

Reported through the Finance Reports.

Pressures remained throughout the year on both revenue and capital position which was overseen by the Finance and Investment Performance Committee. The Trust achieved financial balance at year end 2023/24.

9. Develop our role as an anchor institution

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

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

The Trust is developing a sub-committee of the Board that will review progress against Anchor Institution programmes including sustainability.

10. Develop a research strategy

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

A visit to Bradford was undertaken in January 2024 and a draft strategy is in development. Significant discussions have taken place to ensure the Trust has appropriate operational support for any agreed strategy.



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Performance Analysis

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 1,100 overnight inpatient beds (excluding contingency beds, Labour/Delivery wards/Day wards) 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 190,000 (including day cases) admitted patients, over 794,000 outpatient attendances and over 188,000 Type 1 Emergency Department attendees (over 285,000 including Type 3 attendances) and we delivered 8,000 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. This year, information from the 2021 Census is available across all three boroughs:

Luton

- The population of Luton is 225,300, which is an increase of 22,200 people since the last Census. This is an 11 per cent increase in population. Nationally the population increased by 6 per cent over the last decade.
- Luton has a younger than average population.
- There are 78,900 households in Luton, an increase of 6 per cent between 2011 and 2021. In comparison population growth was 11 per cent indicating that Luton is getting more overcrowded.
- The population of Luton now has a non-white majority with 54.8 per cent of the population being non-white.
- Luton is one of four authorities outside of London with the majority of the population being from ethnic minority groups. Slough has the largest non-white population at 64.1 per cent with Leicester at 59.1 per cent, Birmingham also having an ethnic minority majority of 51.4 per cent of the population.
- White British make up 31.8 per cent of the population of Luton compared with 74.4 per cent nationally.
- The percentage of people with English as their first language in Luton is 76.5 per cent which is one of the smallest proportions in the country.
- Of the population of Luton, 74.9 per cent have a UK identity compared with 88 per cent nationally.
- The number of people reporting as Christian is still the largest group in Luton but the number of Christians fell by 11.4 per cent from 96,271 in 2011 to 85,297 in 2021.
- The numbers of Muslims increased from 49,991 to 74,191 in the last decade, an increase of 48.4 per cent.

Central Bedfordshire

- The population size has increased by 15.7% to 294,200 in 2021. This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800.
- The average (median) age of Central Bedfordshire increased by one year, from 40 to 41 years of age.
- Around 254,700 Central Bedfordshire residents said they were born in England.
- 42.8% of Central Bedfordshire residents reported having "No religion", up from 28.4% in 2011
- 47.9% of people in Central Bedfordshire described themselves as Christian (down from 62.2%)
- 49.4% of Central Bedfordshire residents described their health as "very good", increasing from 47.2% in 2011
- 5.8% of Central Bedfordshire residents were identified as being disabled. This figure decreased from 6.9% in 2011.
- 90.2% of people in Central Bedfordshire identified their ethnic group within the "White" category (compared with 93.8% in 2011).

Bedford Borough

- The population of Bedford increased by 17.6%, from around 157,500 in 2011 to around 185,200 in 2021.
- This means Bedford’s population saw the largest percentage increase in the East of England. The population of the East of England increased by 8.3%, while the population of England rose by 6.6%.
- Bedford was home to around 2.8 people per football pitch-sized piece of land, compared with 2.4 in 2011. This area was among the lowest 40% for population density across English local authority areas at the last census.
- The average (median) age remained 39 years in Bedford between the last two censuses.
- The percentage who were employed rose from 58.1% in 2011 to 59.7% in 2021.
- 34.1% of Bedford residents reported having “No religion”, up from 23.6% in 2011.
- 47.6% of people in Bedford described themselves as Christian (down from 59.3%), while 7.1%

described themselves as Muslim (up from 5.5% the decade before).

- 12.8% of Bedford residents did not identify with any national identity associated with the UK. This figure increased from 11.2% in 2011.
- 6.6% of Bedford residents were identified as being disabled and limited a lot. This figure decreased from 7.9% in 2011.
- 74% of people in Central Bedfordshire identified their ethnic group within the “White” category (compared with 93.8% in 2011).

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.

Specialties

Emergency Department
Acute Medicine
Ambulatory Care
Elderly Medicine
Limb Fitting
Stroke Service
General Medicine

Respiratory Medicine
Diabetes and Endocrinology
Gastroenterology
Cardiology
Dermatology
Hepatology
Neurology

Neurophysiology
Orthotics
Genito Urinary Medicine
Rheumatology
Obesity

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

Obstetrics
Community Midwifery
Early Pregnancy
General Gynaecology

Gynae-oncology
Paediatrics
Fertility
Neonatal Intensive Care Unit

Uro-gynaecology
Ambulatory Gynaecology

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 2023/24 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

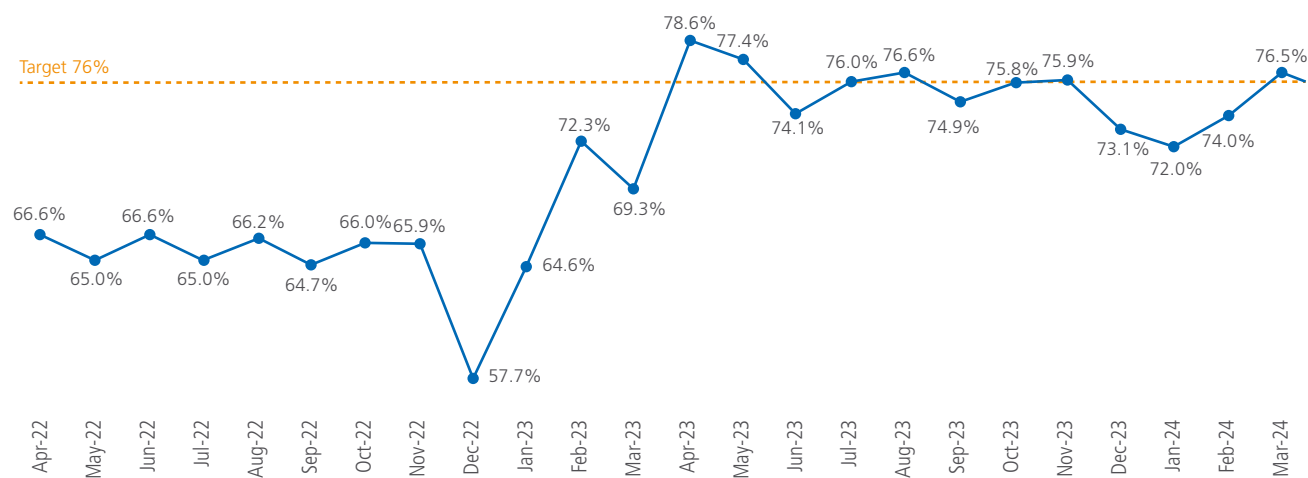
2023/2024 proved challenging in terms of operational performance with the combined impact of winter pressures and industrial action from Junior Doctors at the end of February and Health Care Support Workers (HCS / CSWs) in March. Whilst the main Urgent and Emergency Care indicators (performance against the 4 hour standard, ambulances handovers within 30 minutes and number of contingency beds in use) continue to show improvement, this was insufficient to prevent the Trust remaining at the highest level of escalation for the majority of working days particularly in the last two quarters.

Urgent and Emergency Care

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

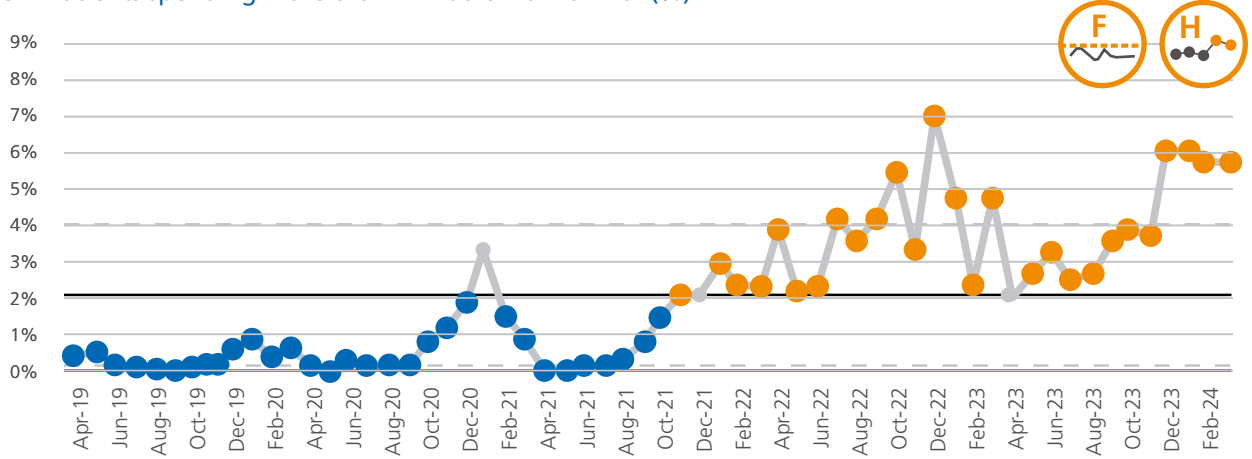
- The number of patients staying within the ED for more than 12 hours increased to over 6% in December 2023 and has remained at around this level for the last 4 months reflecting the very high bed occupancy across both sites resulting in challenges moving patients out of ED.
- Ambulance handover performance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

ED 4 Hour Wait Performance by month

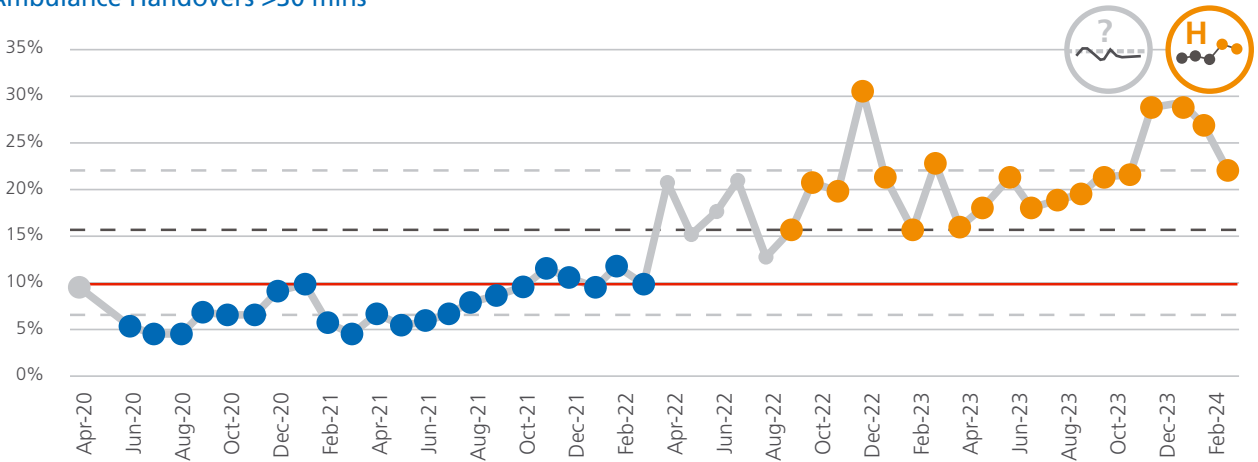


Patients spending more than 12 hours in ED and ambulance handovers exceeding 30 mins

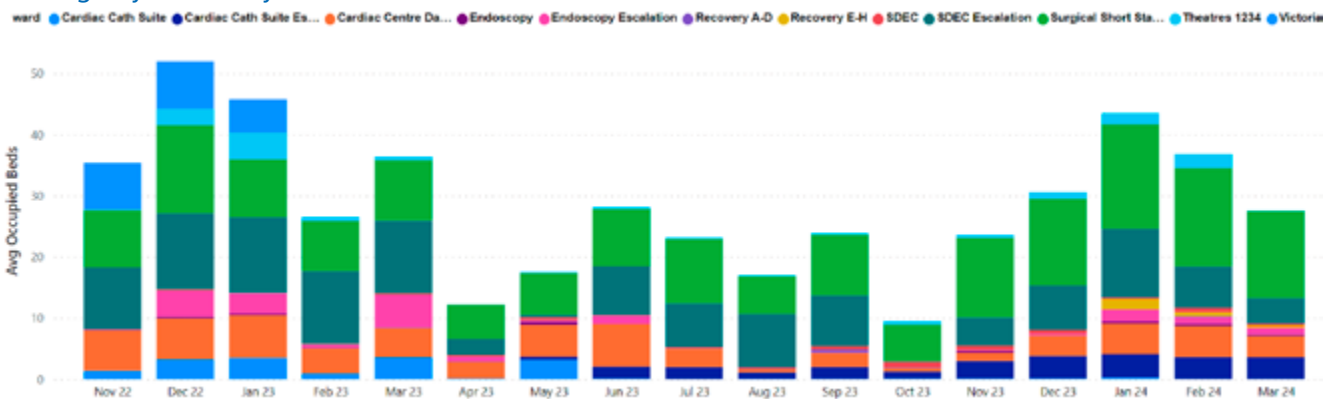
A&E: Patients spending more than 12 hours from arrival (%)



Ambulance Handovers >30 mins



Contingency Bed use by month

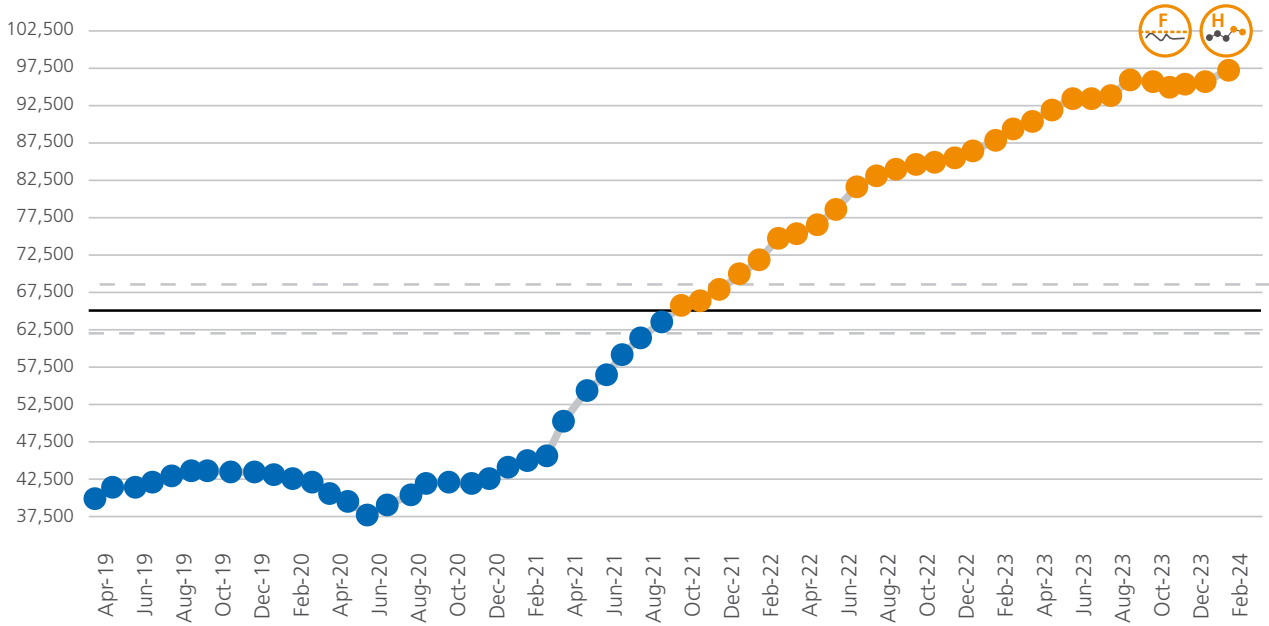


Planned Care and Cancer

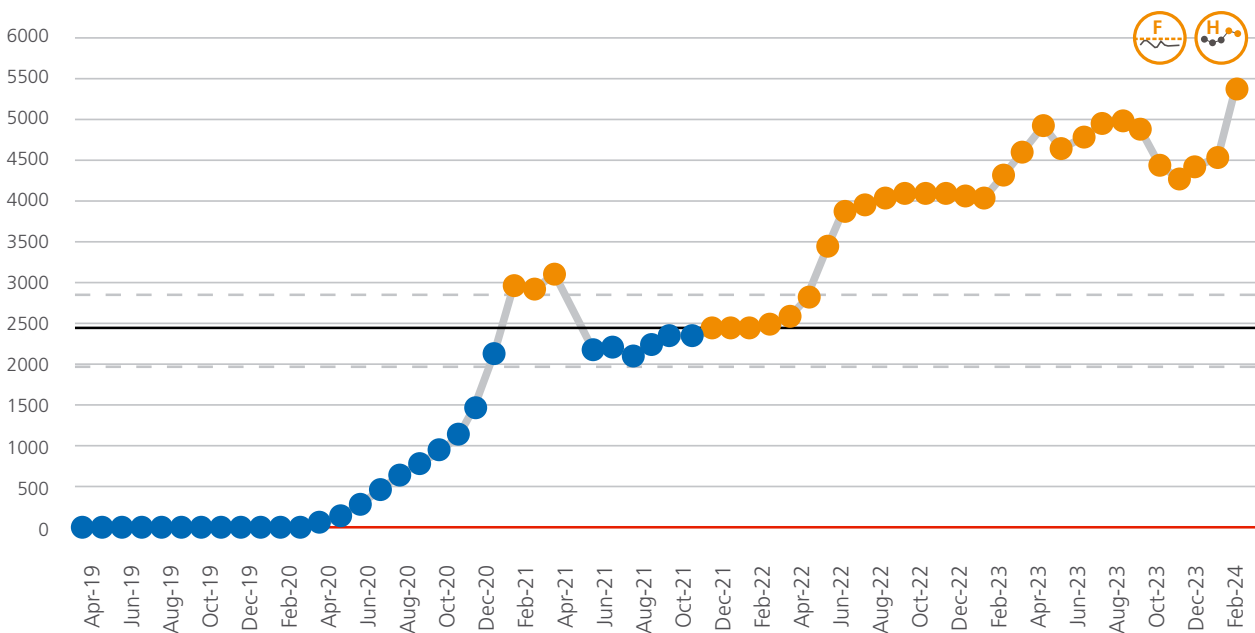
- The Trust has maintained its performance of zero 104 week waits. Industrial action and operating sessions lost due to winter pressures meant that the original aim to achieve zero 78 week waits at the end of March 2024 was reduced to achieving less than 60. Just 48 patients

were waiting more than 78 weeks at the end of the quarter, which was better than expected in our February prediction for the region. Work continues to achieve zero by end June 2024 and eliminate 65 week waits by end September 2024.

RTT Total Incomplete pathways (Nbr)

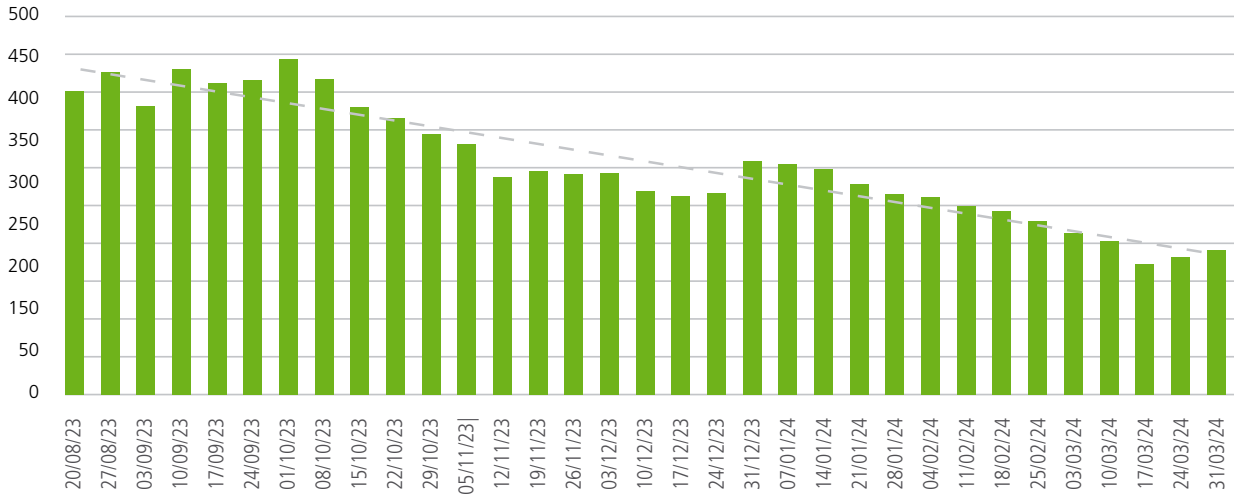


RTT Incomplete pathways: Zero tolerance for waits over 52 weeks



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

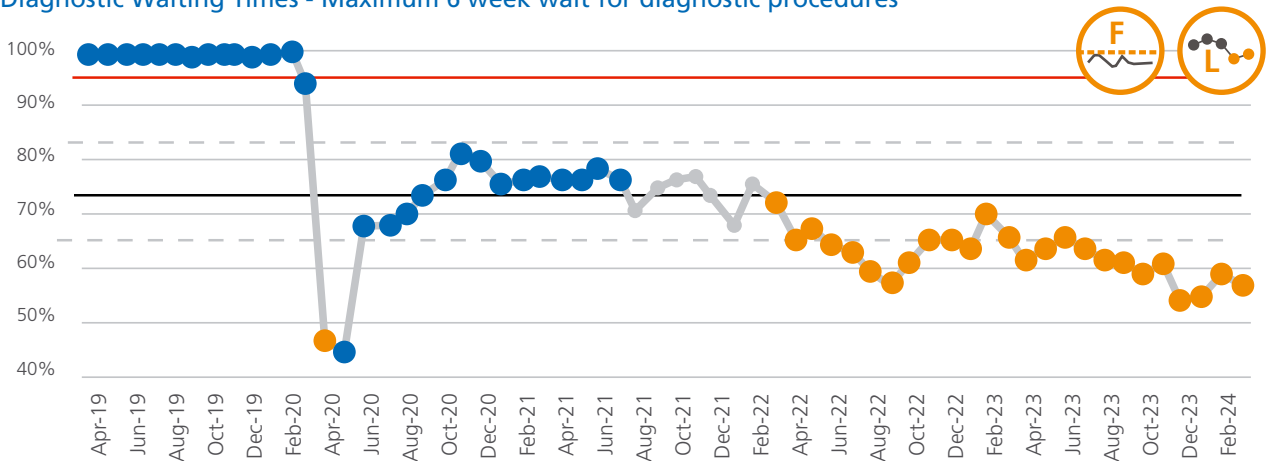
62+ Waits - BHFT



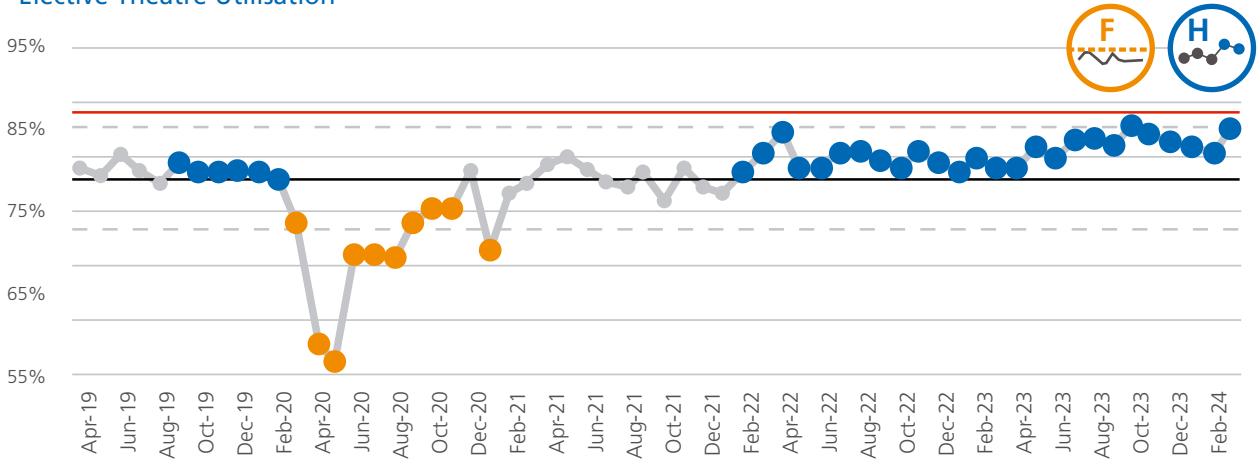
The national cancer access targets performance for February 2024 (data is one month in arrears) is as follows:

- The 28 day faster diagnosis standard is 75%. Performance in February was 73.2%.
- Performance against the 62 day treatment standard for confirmed cancers has continued to fluctuate between around 60 and 70% during 23/24 and dropped back to 63.6% in February 2024.
- Waiting times for diagnostic tests remain an area of significant concern for the Trust with only 57.1% of patients waiting less than 6 weeks at the end of March 2024.
- Elective theatre utilisation has upturned in March (and has hit the 85% target expectation in the 2024/25 planning guidance).

Diagnostic Waiting Times - Maximum 6 week wait for diagnostic procedures



**Elective Theatre Utilisation



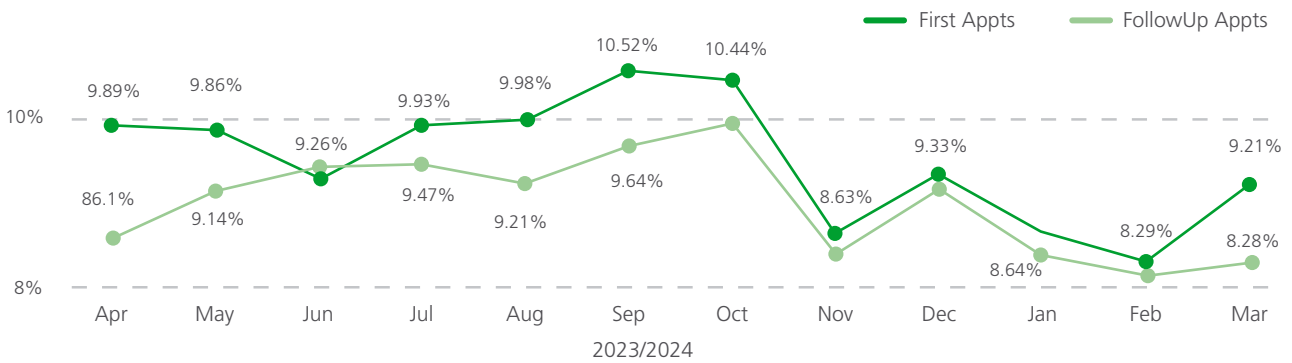
Other Key Operational Metrics

- The Trust's overall outpatient DNA rate was 9.6% in March 2024. The performance by site is shown in the graphs below, with the change at Bedford being noticeable due to the roll out of appointment reminders, while performance at the L&D remains relatively steady.
- The average length of stay for non-elective patients was significantly better in winter 23/24 than compared to

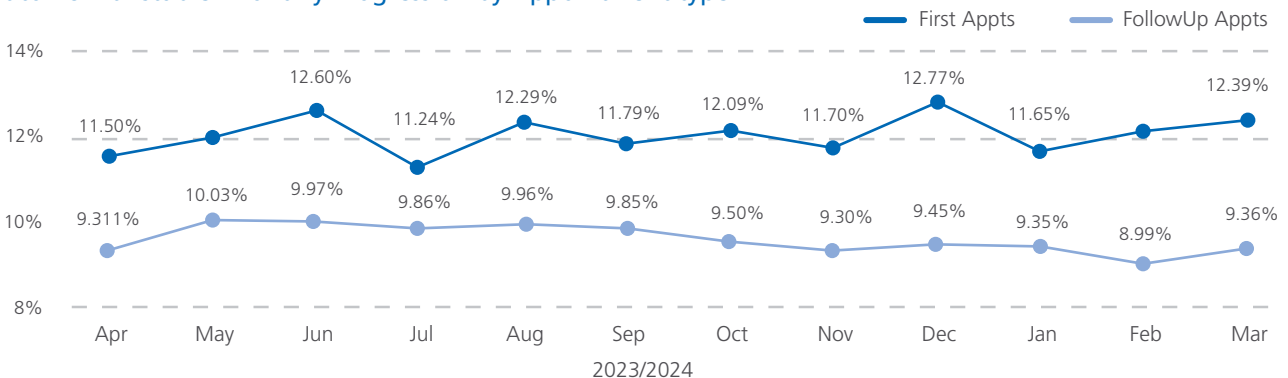
winter 22/23, reflecting the internal focus on discharge process and peer challenge through situation reports and board rounds.

- The number of patients staying in either hospital over 21 days has remained stable across the quarter with an average of 142 per night in March 2024. This is still above the target of less than 100 "super-stranded" patients across both sites and is a key driver of contingency bed use.

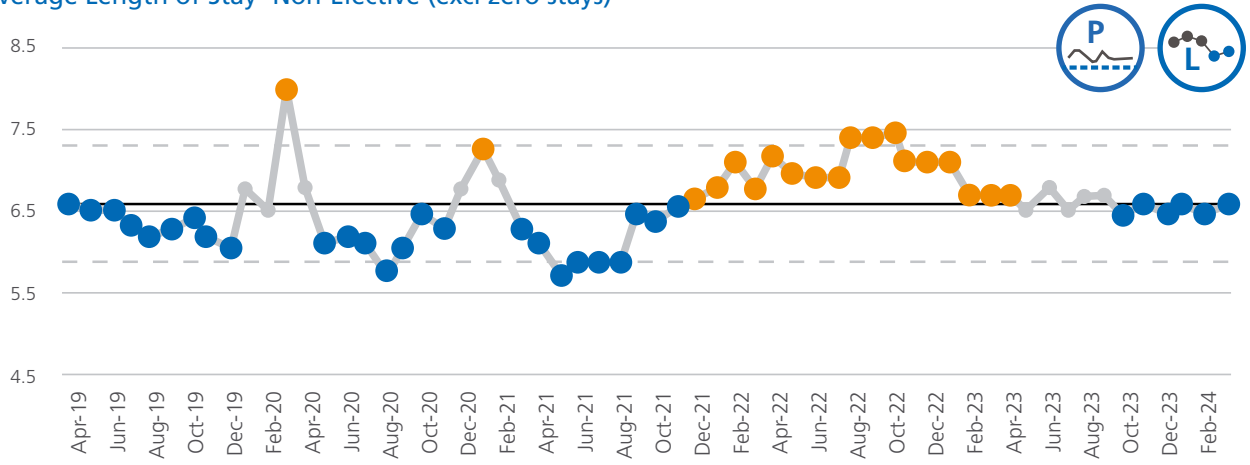
Bedford: Monthly Progression by Appointment type



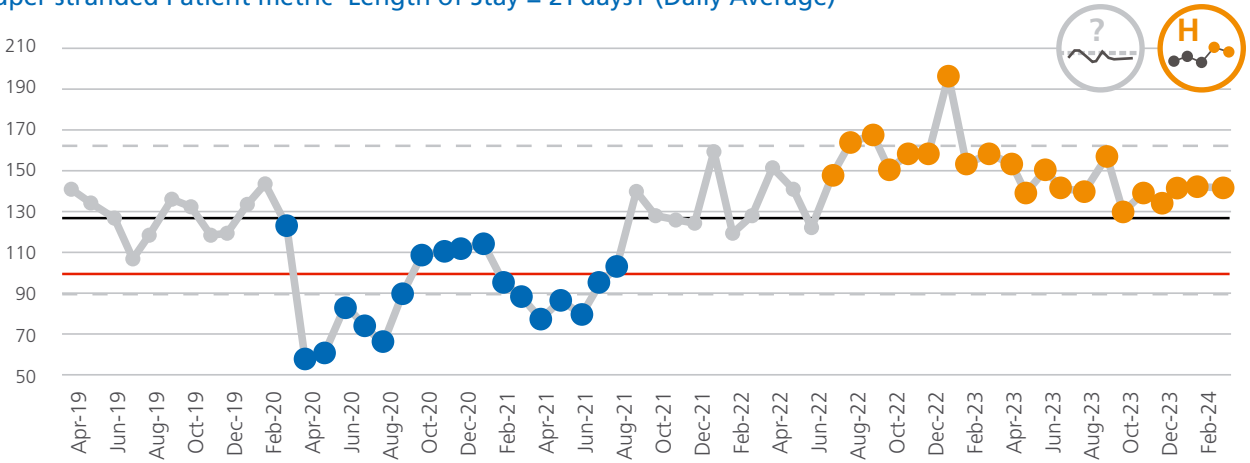
Luton & Dunstable: Monthly Progression by Appointment type



Average Length of Stay -Non-Elective (excl zero stays)



Super stranded Patient metric- Length of Stay = 21 days+ (Daily Average)



Regulatory Quality CQC Performance

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, the CQC may undertake an unplanned, responsive inspection.

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 Trust underwent a Care Quality Commission Inspection in August 2022 for the following core services:

- Urgent and emergency care at both hospital sites
- Medical Care (including older people's care) at both hospital sites
- Maternity at both hospital sites

The Trust also underwent a well led inspection in September 2022.

Following inspection the CQC rated the Trust as GOOD for well led and the Trust is rated as GOOD overall.

Following inspection in 2020 the Trust was given a **Registration with Conditions** related to Midwifery and Maternity services at its Bedford Hospital site. This was removed in June 2023.

In November 2023, the Trust received an inspection in Maternity for both sites. As at April 2024, the Trust is awaiting the report.

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 underwent a Care Quality Commission Focused inspection in both Maternity Units in November 2023.

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 12th April 2024.

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/>.

Board Statements

The Trust has agreed Board Statements on Modern Slavery and Anti-Bribery. These statements support the Trust to be ethical and moral in its work.

<https://www.bedfordshirehospitals.nhs.uk/corporate-information/trust-statements/>

Redevelopment Performance

The Trust has an ambitious redevelopment programme to deliver substantial changes to the Hospital estate. The redevelopment programme remains an important corporate objective for the trust, one that improves the condition of the estate and enables advancement of many aspects of our clinical strategy.

Each site has a programme:

Bedford

Community Diagnostic Centre and enhanced primary care facilities in North Bedford

Building works began on the project that includes a community diagnostic centre (CDC) at Gilbert Hitchcock House, on the Bedford Hospital North Wing site, and a primary care hub in the Enhanced Services Centre (ESC), on the Bedford health village site.

The new CDC will transform Gilbert Hitchcock House into a one stop shop for diagnostic tests, checks and scans. The provision of therapies services, phlebotomy and retinopathy will be retained in this facility in new, modern accommodation.

The aim of the new centre is to ensure that patients who need diagnostic tests will be seen sooner and in a vastly improved environment. It will significantly increase testing capacity in Bedford by around 50%, making it quicker and easier for patients to access potentially life-saving tests for a wide range of conditions, including cancer, heart and lung disease.

The building will house therapy services, phlebotomy, retinal screening and a wide range of diagnostic services including MRI, CT, ultrasound, x-ray and physiological measurement tests (such as ECGs for heart conditions), amongst others. Patients will be able to access these vital tests in a more convenient location, without the need to attend busy hospital sites. This work is planned to be completed in early 2026.

The construction work on the same health site in North Bedford will also see the development of primary care facilities in the Enhanced Services Centre (ESC). This is part of a £4m investment which will see the co-location of a number of De Parys GP practices and supporting community services. This will support patients in benefitting from improved access to high-quality primary care services. Building work for this part of the project commenced on 19 February and is due for completion towards the end of 2024.

Moorfields refurbishment at Bedford

To enable the redevelopment of North Wing, the Trust moved Moorfields Eye Clinic to the South Wing site and refurbished the clinical and staff areas, which will help to expand specialist eye clinic services. As part of these works a number of different rooms have been refurbished into new vision lanes and injection rooms, as well as improving staff office spaces, storage facilities and well-being areas.

Garden Projects at Bedford

As a result of the installation of the new HV substation located outside of Beeden House, the original Cherry Tree garden was relocated into a beautiful space providing a peaceful place for staff, visitors and patients to relax in.

Now the HV Substation work is complete, the plan is to convert the adjacent courtyard space into an additional garden area to help improve both staff and patients' facilities and well-being opportunity. This is currently in the design phase but the scope of the works include installing a new seating area, sleeper beds with a variety of plants, trellis fencing and potential memorial pieces.

Luton and Dunstable University Hospital

Work on the acute services block and new ward block continues to progress with a number of internal works now underway with pipe installation, door installation, wall closure and the first coats of paint being applied.

A number of lifts have now been installed, the external cladding is complete with the removal of scaffolding now underway.

The new build is one of the largest in country and will improve the Trust facilities for theatres, critical care, neonatal care and maternity.

Energy Centre at the L&D

The Energy Centre at the L&D has been completed and will deliver combined heat and power to the hospital estate, delivering a substantial reduction in energy consumption, supporting the Trust's drive to Net Zero Carbon and support plans and developments for the future.

Emergency Department upgrades at the L&D

The Trust has contained throughout the year to improve the ED. The final phase of works in the Emergency Department is underway, which will see the expansion of the department with a further increase in capacity, including assessment and triage rooms, a larger waiting area and sensitively designed mental health care rooms.

Trust Master Plan

In Summer 2023, the Trust completed the Master Planning of the Estate at both Bedford and the L&D sites.

This created a single master plan that brings together capital planning requirements and create an aspirational view of how the Trust envisions and needs the sites to be developed over the next 20 years, to provide modern healthcare facilities and to support the enablement of the Trust's Clinical Strategy.

Staff Culture Organisational Development (OD) and Wellbeing Performance

There is a well-established link between staff wellbeing, team working and patient experience. Embedding of the trust THRIVE values and a broader series of organisational development opportunities are 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 to staff feeling they are able to speak up when they have concerns about patient safety. The new patient safety curriculum and Just Culture principles align to our THRIVE values.

The following national publications provide a framework to inform our priorities.

The NHS national **People Plan** was published 2021 and sets out actions for us all under four themes:



The **NHS Long Term Workforce Plan** published summer 2023 and is the first national workforce plan and sets out the steps needed to ensure we have the workforce for our future under three pillars of Train, Retain and Reform. The **HR and OD in the NHS vision for 2030** published

in 2022 provides the direction and aims for HR and OD transformation.



Locally the **BLMK ICS People Plan 2023** sets the vision and work streams agreed within the local Integrated care System through the Joint Forward Plan.

We work as part of the integrated care system to deliver a range of work streams around the themes within the national People Plan and delivery of the Long Term Workforce Plan, specifically the following work-streams:

- Workforce Information, planning, supply and retention
- Innovation and education
- Equality Diversity and Inclusion and Wellbeing
- Leadership, Talent Management and Organisational Development

The **NHS People Promise** published 2021, is a promise to its people and sets out the expectations for organisations to create a positive staff experience using the seven promise statements:



National Staff Survey

The annual NHS staff survey themes the question responses to the People Promise statements thus enabling focus on areas for celebration and further development and attention to facilitate a positive culture and staff experience. The staff survey results inform our priorities for

Culture and OD activities for the year. The following is a summary of activities relating to our delivery of the People Promise in 2023.



The pastoral support package for Internationally Educated staff is a very important part of welcoming them and helping them settle in to their new jobs and lives. The work with embedding our values, in conjunction with 'a Kind Life', is an important intervention in our aim to be a great place to work, creating a workplace where all our people feel they belong and can THRIVE. Following extensive planning and preparation over a number of years, the Transformational Reciprocal Mentoring for Inclusion Programme commenced in February 2024.



The twice yearly staff engagement 'tent events' are an opportunity for us to say thanks you to our staff, give them a break, some food and a gift. The winter 'tent event' theme was Health and Wellbeing. Monthly individual and team of the month awards are announced at the 'All Staff Briefing' by David Carter – Chief Executive. Other regular awards are the Daisy Award for Nursing and Midwifery and the Rose Award for Healthcare Support Workers. Our THRIVE values thank you cards are a quick and simple way to show appreciation to colleagues. The reintroduced Long Service Awards celebration evening was well attended and enjoyed by all. The 10 and 15 year badges continue to bring joy to the recipients.



Our staff networks provide an important connection and support mechanism for our staff, we have three established networks:

- BAME staff network
- LGBTQ+ network
- Disabilities and Carers network

During the course of the year, they have contributed to trust policies including the Menopause and Dress code policies. The Freedom to Speak Up Guardians work closely together across the sites and promote awareness of the different routes to raise matters of concern with a particular focus during Freedom to Speak Up month in October. Staff survey is an important source of staff feedback and the results are analysed and shared widely, we support our teams to work together on areas for improving staff experience.



We conducted a tendering process for our Employee Assistance Provider contract, Vita Health were successful and commenced contract on 1 February 2024.

The Clinical Psychologists for staff wellbeing have continued to develop the service working with teams and individuals.

Regular cohorts of Mental Health First Aid training is provided and this has in turn increased the number of Peer Listeners available. The Peer Listeners provide an avenue for staff to receive signposting to support or raise any concerns. The Peer Listeners are supported by the Clinical Psychologist and had their first away day developmental afternoon in March 2024.

The 'Cost of Living' package and support for staff has been in place for over a year and has been gratefully received by those accessing support for whom it has made a tangible and essential difference. The support available includes a 'safe space' where staff can be supported to access food banks, emergency meal tokens and a range of advice and support and a Voluntary Benevolent Fund for our most vulnerable staff experiencing hardship.

The trust has committed to the Sexual Safety Charter and a small working group has been formed to take this forward.

A new initiative by 'Five a Day' greengrocer commenced in March with a stall on both sites each week selling fresh produce, this has been welcomed by staff.

The Health and Wellbeing Action Plan was refreshed in March 2024.



During the course of the year we have developed and launched a new bespoke in house Aspiring/Clinical Director Leadership programme which is already oversubscribed.

The values based appraisal is now embedded with the 'Back on Track' campaign to encourage participation .

A range of Values eLearning is available through the learning platform of the Electronic Staff Record and this is supplemented with regular virtual 'THRIVE in action' Workshops and 'Leading to THRIVE' masterclasses.

Our comprehensive programme of 90 minute Development Burst modules continues to prove popular with staff at all levels.



Insightful internal research to understanding the barriers and perceptions of flexible working in the trust has provided helpful conclusions and recommendations to be taken forward as a priority in to 2024/25.



Following last year's introduction of values based Appraisals, we have tools to help us move towards values based recruitment and the introduction of a Respectful Resolution approach dealing with behaviours. Over 800 managers and leaders have attended the Leading to THRIVE masterclasses and 200 THRIVE in action workshops for all staff underpin the embedding of our values.

A wide range of Organisational Development interventions have taken place with a variety of teams both proactively on request and reactively in response to particular circumstances.

We have benefited from Continuous Professional Development, Supervision and a network community of practice to support our internal trained coaches.

People Promise Exemplar Programme

For 2024/25, the Trust has been enrolled onto the NHS People Promise pilot programme. The newly appointed People Promise Manager, alongside HR and OD teams, will be ensuring the Trust's efforts in improving staff experience, and subsequently retention, are coordinated effectively in partnership with the wider Integrated Care System (ICS) and region (East of England). This will ensure staff engagement/experience interventions and initiatives are embedded successfully.

Sustainability Performance

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

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

Sustainability Progress Governance

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

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

BHFT's Green Plan 2022-2025

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

Air pollution alone accounts for thousands of excess deaths and is linked to neuro- developmental damage, dementia and respiratory diseases. The health impacts of the climate crisis are profound. Many of the same systemic

problems and social determinants of health also contribute to the unequal effects of the climate and ecological crisis. Healthcare itself accounts for 5% of our national emissions. We will need a monumental effort from all parts of society to limit global warming to 1.5°C above pre-industrial levels and prevent the most devastating impacts of climate change both locally and globally.

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

Sustainability Highlights

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

Digital

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

Estates and Facilities

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

Food and Nutrition

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

Medicines

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

Supply chain and procurement

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

Travel and transport

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

Describe management's role in assessing and managing climate-related issues.

Medical Education Performance

Throughout 2023, we have continued to review and formalise the Governance structure of Medical Education in the Trust. We now have a Joint Medical Education Director for each site working collaboratively and reporting into the Medical Director and the Executive Board.

GMC survey 2023

The results of the General Medical Council National Training Survey 2023 showed a regional response rate of 62% and indicated priority areas for improvements in the following specialties:

- Core Anaesthetics – Clinical Supervision and Clinical Supervision OOH, Educational Supervision, Teamwork, Feedback, Facilities
- Emergency Medicine – Workload for F2s, Clinical Supervision OOH for F1s and F2s, Teamwork for F1s and F2s, Supportive Environment for F1s, Study Leave for F2s
- Obstetrics and Gynaecology – Study Leave for GPSTs
- Medicine – Educational Supervision
- Paediatrics – Clinical Supervision and Clinical Supervision OOH, Reporting System for GPSTs, Teamwork for GPSTs, Supportive Environment for GPSTs, Regional Teaching for GPSTs, Rota Design for GPSTs
- Surgery – Study Leave for F2s, Rota Design, Clinical Supervision OOH for F2s, Teamwork for F2s, Supportive Environment for F2s, Workload for F2s, Overall Satisfaction for F2s, Induction for F2s, Adequate Experience for F2s.

The results of the survey for each site were discussed at various forums within the Trust with action plans completed and implemented.

NETS Analysis 2023

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 during the period October to November 2023.

For the East of England 4,646 learners took part in the survey which is an increase on the previous year and of those responses, 2,293 were medical learners which is a decrease on the previous year. The results highlighted teaching & learning and supervision to be a high scoring outlier for postgraduate medical learners.

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.

Postgraduate Medical Education

During the last twelve months we have seen further expansion of the Foundation Training Programme. This was achieved with the support of various specialties across the Trust and in the community. The Trust also became a pilot site for the Standalone General Internal Medicine (GIM) programme and in September 2023 we welcomed a GIM standalone trainee at the Luton site. Further expansion is planned for 2024.

Undergraduate Medical Education

Bedford site - Cambridge Medical students and Leicester Medical Students

In May 2023 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 2023 Bedford welcomed Year 6 students and Year 4 students and in November 2023, 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.

Between the period of January 2023 and January 2024, Bedford welcomed 24 Year 4 medical students from University of Leicester into the Obs & Gynae Department.

Students reported that many staff had been amazing and, in particular, the Clinical Skills tutors who were very helpful, encouraging and thorough. Year 6 students reported that they were very impressed with the senior teaching and labelled their placement at Bedford as the best regional placement they had received.

Luton site – University College London (UCL) Medical Students

In March 2023, The Luton & Dunstable Hospital successfully facilitated the Final MBBS for the UCL medical students.

Luton also successfully hosted a 'Bootcamp' on behalf of UCL for students resitting their exams. The focus of the Bootcamp was to improve the students' confidence, skills and knowledge. All students passed their resits.

Following positive feedback from UCL, students and Undergraduate Specialty Leads we also expanded the number clinical teaching fellows across the specialties of Medicine, Elderly Medicine & Stroke (Long Term Conditions), Emergency Medicine, Surgery, Paediatrics and Obstetrics & Gynaecology.

In September 2023, Luton successfully welcomed our 2023/24 cohort of 90 final year and 120 fifth year medical students.

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.

Performance and School Visits

Bedford site

Cambridge Medical School conducted a QA visit in May 2023. The feedback this visit was positive and the highlights were:

1. Excellent clinical skills training
2. Organisation in Year 6 had worked really well
3. Introduction of Clinical Teaching Fellows in A&E and Surgery was working really well

A few action points were raised against which an update has been submitted to Cambridge. The next visit is scheduled for 6th June 2024.

Luton Site

There were no on site performance or school visits on the Luton site carried out during 2023.

Educator Development

Face-to-face Educational Masterclasses with a focus on the practical, everyday aspects of educational supervision took place on the following dates, facilitated by the Joint Directors of Medical Education:

- 08/02/23 – Bedford
- 08/06/23 – Luton
- 09/11/23 – Luton
- 11/10/23 – Bedford
- 21/02/24 – Bedford

General feedback received has rated the ES Masterclass as very high or high.

Physicians Associates (PA)

Trainee PAs

In collaboration with the University of Hertfordshire, both sites 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 2023, Luton hosted 10 and Bedford hosted 10 trainee physician associates. Expansion for numbers at the Luton site is planned for 2024. Each trainee is allocated an ES, and for each placement within their rotation they are allocated a clinical supervisor. The qualified PAs act as mentors for the trainees.

Qualified PAs

The Trust employs 8 high quality PAs to support the medical workforce based in the Same Day Emergency Department (SDEC) at the Luton site and 10 PAs at the Bedford site.

Education and Training Performance

Statutory and Mandatory Training

Statutory and mandatory training compliance for 2023/2024 is 88.37% showing that as an organisation we are very close to reaching the Trust target of 90%. The Bedford Hospital site reached the Trust target and the compliance rate is 90.95% (4.5% increase from last year) with the Luton and Dunstable site catching up quickly at 86.77% (4.58% increase from last year).

As a result of the positive impact the Mandatory Training Officer role has had on the Bedford site we have been able to replicate this position at the Luton and Dunstable site and we are already starting to reap the rewards of this post on the site.

The Training and Learning Team are constantly reviewing training data to ensure that the most suitable training provisions are in place. This year we have all the training needs analysis for all subjects up to date and fully aligned with the Core Skills Training Framework (CSTF). Monthly data deep dive meetings take place to ensure accuracy and create a monthly training plan of action for the Mandatory Training Officers and wider training team.

This financial year the Training and Learning Team have been heavily involved in the redevelopment of training facilities on both sites. In May 2023 the Bedford Training and Learning Team and Practice Education Team were able to move into Bedford Borough Hall giving the team more office space and also three multipurpose classrooms - these rooms are split with a folding partition wall so that we can create larger classroom space. The move to Bedford Borough Hall has also allowed for a small clinical skills lab and access to other meeting rooms. Also on the Bedford site we have been able to refurbish the Britannia House Training Room allowing for those staff who attend manual handling to have a better experience, this is also the main training rooms for our support worker induction so it has been very pleasing to teach in a clean space with modern IT facilities.

On the Luton and Dunstable site we have also been very fortunate to be able to refurbish the Fountain Suite and Chiltern B training rooms. The Fountain Suite can now comfortably hold 80 delegates and the Chiltern B room can hold 25. This has made a huge difference to the amount of training that can be offered on the Luton site and also it has had a huge impact on learning environment for staff. The Manual Handling Team now have a dedicated training area in Comyns Berkeley House.

The Training and Learning Team are continuing to improve the statutory and mandatory training initiatives and improve the facilities in which we ask staff to train in. The following outlines the team's priorities for statutory and mandatory training:

1. Collaborate with the Communications Team to transfer the Training and Learning Website onto the Trust main website.
2. Purchase and implement the e-Learning for Health (eLfh) interface tool so that staff using the eLfh platform for their training can be identified and automatically updated. The Team are hoping that this may improve Junior Doctor compliance as they often use this platform due to placements and/or rotations.
3. Work collaboratively with the People Promise Manager to create an appraisal compliance plan.
4. Seek a skills lab space on the Luton and Dunstable site to ensure that provision is adequate across both sites.
5. Redevelop space in COMET (Luton and Dunstable site) for the Progressions Officer to conduct pastoral meetings for apprentices. This will ensure we have the same provision on both sites as the Bedford site already has this facility.
6. Continue to strive for 90% compliance amongst all subjects and an over 90% compliance for statutory and mandatory training.

Appraisals

Appraisal compliance still remains a very difficult task for the organisation. Bedfordshire Hospitals appraisal compliance at the end of quarter 4 for the financial year 2023/2024 is 76.75%. Although as an organisation we are still below our Trust target of 90% we have improved by 6.49% in the last year. This is excellent progress considering it is an annual requirement and this year the organisation has faced many difficulties including a consistently high level of inpatients on both sites and numerous staff group strike action. These events do have significant effect on appraisals as staff and managers are unable to schedule in the time required to complete appraisals.

This financial year 165 staff members have attended a virtual or classroom based appraisal training course and 57 staff have completed the appraisal e-learning training. The virtual and classroom based sessions continue to be popular on both sites which is encouraging to know that staff want to ensure that they are fully confident in conducting an appraisal. In addition to this within the 2023 staff survey 2 of the top 5 scores were linked to appraisals with staff stating that "appraisals helped me improve how I do my job" and "appraisals helped me agree clear objectives for my work". These statistics are encouraging and show that as an organisation we are on the right pathway we now just need to further encourage annual compliance. In quarter 1 of 2024/2025 the Trust has appointed a People Promise Manager who the Training and Learning Team are eager to work with to support managers with their appraisal compliance.

Trust Induction

The two induction groups; Onboarding Steering Group and the Induction Content Steering Group; have now come to an agreement with the content of the new staff induction. The Training Team are now in the final stages of organising the agreed content into an appropriate programme for all staff groups.

Due to the various redevelopment programmes taking shape across both of the sites it has unfortunately not been possible to launch this new induction as we have not had the adequate training space to run such an event on either site. The Training Team are aiming to deliver the new proposal to the Trust Board during quarter 1 of the new financial year and launch in quarter 2.

The new proposal consists of new starters having access to the ESR Applicant dashboard so that the vast majority of statutory and mandatory training can be completed prior to starting their post, the face to face induction will then consist of a warm welcome and getting to know Bedfordshire Hospitals. The remaining sections of the induction will then be for our clinical staff who need to be introduced to some more in depth clinical topics, procedures and practical courses.

Apprenticeships

The Trust currently has 291 apprentices on programme, across a range of Standards – clinical and non-clinical. The percentage split for clinical versus non-clinical apprenticeships is currently running at 79% clinical to 21% non-clinical. This has not changed much from last year and suggests that these are levels that may be normal for us. We continue to concentrate on apprentice starts that support the NHS Long Term Plan, which are naturally clinical, so the expectation is that clinical starts will be maintained at a high rate.

Plans are already in place for 157 apprentice starts for the coming year, this includes some but not all of the requests that will be generated by the annual Training Needs Analysis exercise, and discussions are going on around further anticipated starts. This does not factor in any of the outputs that may arise from the PoWER Project.

Apprenticeship starts are being planned for the following Standards;

Clinical	Non-clinical
Nurse Associates L5	Associate Project Manager L4
RNDA (Shortened pathway) L6	Coaching Professional L5
Pharmacy Technician L3	Team Leader/Supervisor L3
Diagnostic Radiography L6	Departmental/Operations Manager L5
Midwife L6	Procurement and Supply L3
Dental Technician L5	Commercial Procurement and Supply L4
Operating Department Practitioner L5	Improvement Practitioner L4
Occupational Therapy L6	Data Technician L3
Healthcare Science – Medical Engineering L4	Building Services Engineering Technician L4
Healthcare Science – Audiology L6	Assistant Accountant L3
Healthcare Science – Biomedical Science - Pathology L6	Digital Support Technician L3
Healthcare Science – Ophthalmic Imaging L6	Business Admin – Pathology Contextualised L3
Senior Healthcare Support Worker – Maternity Support L3	People Professional L5/1
Advanced Clinical Practitioners – Neuro, Critical Care, Vascular, A&E L7	AI and Data Specialist L7
Physiotherapy L6	

Where possible the Team supports National drives to increase apprenticeship starts, in specific areas, i.e. Healthcare Science and Estates/Construction.

Although there is no longer a Public Sector Target, the Trust is still required to report on apprenticeship starts, and we have adopted a target of 180 starts each year. This figure would meet the Public Sector Target had that target remained in place.

We celebrated over 58 successful apprenticeship completions in 2023-24.

Our most recent diversity figures – coming from the Education and Skills Funding Agency show that of our apprenticeship starts;

46.2%	Come from BAME groups
6.4%	Have disabilities/learning difficulties
31.6%	Are young people (16-18 or 18-24)
24.1%	Come from disadvantaged areas
33.3%	Women into STEM

In the current Academic YTD, our achievement rate for apprenticeships is sitting at 79% against a National target of 67%.

We are working with 19 different Providers, including 14 Universities and these increase as the range of apprenticeships on offer grows.

Apprenticeship Planning

The Team hope to continue to expand the range of apprenticeship opportunities available across the Trust, we are already planning to introduce Healthcare Science – Neurophysiology and Dietetics in 2025/26.

We have tightened up our contract management processes and meet regularly with all our Providers. This careful management of provision helps to ensure quality standards and the smooth progress of our apprentices.

The Team expanded this year to include an Administrator and a Senior Apprenticeships Officer – to replace our part-time officer who moved on to pastures new. Both have settled into post well and are making a real difference to the Team.

Apprenticeship plans for the coming year include;

- Build on our external apprenticeship activities and increase promotional activities.
- Develop Apprenticeship intranet pages as part of the Education and Learning Team plans to ensure that all existing staff have an awareness of and access to available training and apprenticeships.
- Continue to work externally to support our partners in Education to promote apprenticeships and to develop a supply chain for future recruitment.
- Support Workforce Plans. Utilising apprenticeships to fill skill shortage or hard to fill vacancies.
- Ensure that comprehensive apprenticeship guidance is in place, introducing a Strategy and Policy for apprenticeships.
- Meet any ESFA targets around starts, retention, inclusion, 'over stayers', 'breaks in learning', expenditure, successful completion and quality provision.

- Collaborate with BLMK ICS around joint procurement activities, rotational apprenticeships and to maximise Levy expenditure.
- Work to support National campaigns to increase apprenticeships e.g. the NHS Long Term Plan.

Health and Care Academy

The virtual Health and Care Academy at Bedfordshire Hospitals NHS Foundation Trust has remained popular across Bedford, Luton and Milton Keynes. Although the programme was condensed from 6 to 4 months in 2022/23, the content has continued to increase through collaboration with clinical and non-clinical staff across Secondary, Primary, and Social Care. It provides students with an understanding of not only how the NHS works and the opportunities within, but also gives an insight into the bigger picture, using a system wide approach.

Engagement has been on an upward trajectory and the Health and Care Academy has developed strong working partnerships with Education Providers across the system. This is inclusive of all Higher Education Colleges in Bedford, Luton and Milton Keynes. There have been 480 students who have engaged with the virtual Health and Care Academy this year, with plans to offer the programme again from September 2024.

A blended learning approach was taken from 2022/23 onwards, after a successful pilot of the Health and Care Academy Plus programme in 2021/22. We now offer this programme on both the Bedford and Luton sites, in the Education Centre through face-to-face delivery. In turn bringing the virtual platform to life. 12 students have graduated from the Plus programme this year and the team will continue to offer this programme across both sites in early 2024/25.

Additional funding has been awarded for 2024/25 by NHS England to support continuation of the programme and to expand on the current offer, with the expectation to meet ongoing plans of an NHS Careers Expo in partnership with the Integrated Care Board by April 2025.

T Levels

Bedfordshire Hospitals NHS Foundation Trust have been hosting T Level Health placements on the Bedford site since 2021/22, in partnership with the Bedford College Group. In April 2023, the first 7 T Level Health students completed 315 placement hours within the organisation, over a two-year period, in a mixture of both clinical and non-clinical settings. This is with a particular focus on Nursing and Midwifery throughout the second year. The Practice Education Team have organised and supported placements. While also working with the Bedford College Group to facilitate the T Level Objective Structured Clinical Examinations.

Additional funding has been provided by the Bedford College Group to aid the ongoing cost of hosting T Level students in 2024/25, which will also have a positive impact on the financial implications for the trust. While supporting expansion of T Level placements across to the Luton site.

Digital Performance

The Trust's digital priorities

The Digital Strategy sets out the Trust's digital priorities for the short to medium term, to:

- Maintain current Digital Services and the clearing of technical debt.
- Secure our environment and embed a cultural awareness of Cyber Security.
- Support the building redevelopment programme.
- Ensure the Electronic Patient Record (EPR) Implementation reaches Healthcare Information and Management System Society (HIMSS) Level 5.
- Integrate care records across the Integrated Care System – the Shared Healthcare Record.
- Support service/systems integration both clinical and corporate.
- Enable clinical service line improvement and innovation.

Our approach to meeting the Trust's digital priorities

Five digital transformation programmes have been devised and aligned to these priorities with the following mandates:

Digital Merge. In response to the merging of the Luton and Dunstable Hospital and Bedford Hospital, the programme is the focal point for the integration, migration, and implementation of digital systems that enable the merging of clinical and corporate services within the organisation. Its aims are to share digital best practice across the Trust, standardising processes and reducing the number of systems to provide efficiency improvements.

Digital Solutions. Aligned to clinical and corporate service line improvement plans, the programme manages the delivery innovative projects, departmental system upgrades, and nationally mandated digital changes. Led by the Digital Portfolio Management Office, clinical digital guidance provides the programme's focus on the enabling of departmental improvements including utilising incremental system enhancements and exploration of innovative digital technologies and systems.

Share Care Record. With responsibility for the Trust and ICS-wide shared care record, the programme's aims are to ensure clinical information can be safely accessed, wherever it is needed, and permit the sharing of data to support the safe transfer of patient care between providers. The programme concluded in March 2024.

Electronic Patient Record. The Trust-wide deployment of the EPR solution and with it the digitisation of clinical processes from the introduction of new digital modules

into clinical areas. The objectives of the programme are to permit access to the most recent and accurate information to clinicians at the point of care, provide safer patient care through introduction of automated identified risk factors, and by reducing administrative burden on clinicians and staff to increase patient-facing activity.

Technology. The programme addresses the technical challenges that require capital investment including support to the Trust's building redevelopment programme as well as the introduction of new technologies to improve the digital estate and the clearing of technical debt. It leads the way in improving NHS productivity with digital technology, giving staff and patients the necessary digital tools to access information and services directly.

How we've met these priorities

1. Maintain current Digital Services and the clearing of technical debt.

Over the past year, efforts and focus have been made to improve the Trust's core infrastructure, enhancing stability, service availability, security upgrades at our hosting partner Telefonica and improving the overall staff digital experience.

The Technology Programme has continued to support and deliver on many capital projects with a wide range of investments supporting enhancements to digital accessibility, security and resilience. These include:

- Deployment of new hardware, including 80 Workstations on Wheels in clinical settings across both sites.
- Upgrading previously unsupported clinical and non-clinical applications.
- Introduction of a cyber-security asset and risk management tool to assist management and reduction of our cyber security risk exposure.
- Deployment of more wireless access points, increasing Wi-Fi availability and coverage for staff to use digital devices across the Trust estate.

In addition to the above, there have been concerted efforts to work closer alongside the Estates team, Redevelopment programme and Clinical Engineering department to enable delivery of major Trust projects where digital is a key enabler.

During 2024 and 2025, work will continue reduce technical debt, focusing efforts on improving our digital communications infrastructure, introduction of more Microsoft Teams enabled physical meeting rooms, moving to a single Trust Microsoft Teams tenant and reduction of risks concerning unsupported servers and systems.

2. Secure our environment and embedding a cultural awareness of Cyber Security.

Digital Services provide a robust continuous protection and monitoring capability of the Trust's cyber estate, which has been enhanced with the successful deployment of the NHS England sponsored security applications which gives NHS England's Cyber Operations Centre assurance of the Trust's cyber estate. The Trust has state of the art detection and response capability which includes Security Operating Centre that permits third-party 24/7 monitoring and support of the Trust's digital networks.

Strengthening of our Cyber Security environment has been further achieved through growing migration away from unsupported systems and software, including unsupported servers and desktop operating systems. Efforts have continued to significantly reduce the prevalence of unsupported operating systems.

Investment in a robust vulnerability and patch management system, processes and supporting governance has increased compliance in responding to, and the timely management of, NHS Carecerts High Alerts against NHS England's standards for 14-Day application patch installation compliance.

An ongoing programme of Trust wide correspondence and engagement events continues to promote safe cyber behaviours helping staff to more confidently identify, respond to and report cyber incidents. An increase in cyber incident reporting has paved the way for more responsive and focused interventions to phishing and other criminally-generated digital activities.

3. Support the building redevelopment programme.

The completion of Emergency Department Expansion Phases at the Luton & Dunstable Hospital has been achieved, creating an increased Majors and Paediatrics area for our Emergency Department. Construction work for the remaining phase is well underway and anticipated to be completed for late 2024.

Digital support has also been provided for many Estates led projects that have seen the refurbishment of several Nurse Stations within the Maternity Delivery Suite and Meadowbank, including the Archer Unit at North Wing on the Bedford Hospital Site.

Planning and delivery has commenced for the New Clinical Buildings at the Luton & Dunstable Hospital site, and Digital remains committed as an integral partner to the delivery of exciting modern clinical infrastructure and services.

4. Ensure the EPR Implementation reaching HIMSS Level 5.

Implementation of our EPR solution has continued at pace. NHSE Frontline Digitisation funding was received for 2023/24 following successful completion of the associated centre-driven funding assurance processes.

During 2023/24 the programme delivered three new bundles of functionality to the Trust. In April, these included implementation of bed management, electronic observations, alerts & escalations, electronic handover, fluid balance, out-of-hours clinical task management and clinical photography modules at Bedford hospital.

In September a second wave of go-lives included the paediatric early-warning system, paediatric handover, hypercapnic and Archer Unit electronic observations, and electronic medical and surgical takelist modules.

The final phase of the 2023/24 programme delivered read-only Order Comms and Warfarin prescribing modules across the whole Trust, with electronic prescribing and medicines administration (EPMA) and electronic discharge letter modules being introduced at Bedford Hospital.

The coming months will see the rollout of additional modules into both emergency departments and progress made to achieving Full Order Comms.

5. Integrate care records across the Integrated Care System – the Shared Healthcare Record.

The Shared Care Record has been in operation for several years, initially at Luton & Dunstable Hospital only and is now maturing into a fully developed and comprehensive shared care system within the region. Its connectivity has recently grown to include Bedford Hospital and has seamlessly integrated with Milton Keynes University Hospital, ensuring that patient-centric data from the three primary acute hospitals in the region is readily available for direct care purposes. Social care from Luton council is also now included and the bi-directional connectivity is proving beneficial to social care workers that require clinical patient centric information for providing better care.

The Shared Care Record has also been integrated with the Trust EPR system, providing clinicians with a seamless and efficient workflow for accessing relevant data allowing them to make better informed decisions in one single place.

Additionally, the connectivity has been expanded to include acute trusts in the outer region, such as Herts West Essex, which now incorporates data from Princess Alexandra Hospital, East and North Herts NHS (Lister Hospital), West Herts Teaching Hospital (Watford General), and Herts Urgent Care.

The uptake of the Shared Care Record continues to rise with the launch of new services. As of March 2024, the user base has exceeded 5000 users, and the number of patient records accessed or data returned on patient hits has surpassed 56,000.

Feedback on the benefits remains encouraging, particularly regarding the ability to access patient information from multiple organisations in a single location. This eliminates the need for phone calls and emails between different health organizations, which were previously slowing down clinical decision-making.

6. Support service/systems integration both clinical and corporate.

The Digital Merge programme has been designed in line with Trust Clinical Strategies to enable cross site working and clinical pathways.

The Trust has completed the implementing a single Picture and Archiving Communication (PACs) system. This is a rationalisation of three PACs systems into one single instance allowing clinicians to view patient imaging across both sites.

The Enterprise Master Patient Index (EMPI) project has also completed two of four phases in 2023/24 resulting in a Bedford patient information feed into the Shared Care Record. The final phases aim to merge patient records into one single record from the two sites.

Future projects for Digital Merge include an Electronic Patient Record for Maternity and NICU, a cross-site Infection Control system and cross-site system for Endoscopy.

Ongoing scoping is being carried out into a merged Electronic Document Record Management System (EDRMS) to resolve the current situation where two separate medical record systems are in place between the Luton & Dunstable and Bedford Hospital. A single merged system, along the same lines as the PAC system, would permit greater efficiencies for clinicians working cross-site.

7. Enable clinical service line improvement and innovation.

As part of the Digital Solutions Programme upgrades to the Emergency Department patient management software at Bedford and Luton & Dunstable sites were completed, resulting in improved reliability, clinical safety and efficiency as well as both sites being on the same version. Implementation of an off-site printing solution for outpatient appointment letters on the Bedford site was also achieved, which resulted in the equivalent of four administrative whole time equivalent staff being able to refocus on patient services. A similar off-site printing solution was also implemented for the Moorfields Ophthalmology service.

The programme has upgraded patient management software for Breast, Colorectal and Prostate cancer services which allows the clinical teams to develop and manage surveillance programmes for patients who have completed cancer treatments but remain under the care of the service. A web-based clinical system was implemented at Luton & Dunstable hospital for the Bariatric services team. This facilitates the local clinical workflow covering the whole patient journey from referral to surgery. Integration of two clinical applications with the Trust's electronic document management system for the Dermatology and Diabetes services at Luton & Dunstable hospital has allowed for the seamless digital transfer of documents.

A text message reminder service for Outpatient appointments was rolled out cross-site during 2024/25 with the aim of enabling a reduction in DNA (Did Not Attend) rates. Its introduction will support an increase in clinic efficiency by improving direct communications between patients and Outpatient services.



Our patients,
our staff
report and
our partners

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Our Patients

This report provides an update on cross site ongoing improvement work to address the Trust strategic aims and patient experience outcomes. In the last 12 months, we gathered patient feedback divided in to 4 key sections:

- Measure and monitor
 - Includes Compliments, Complaints and PALS
 - FFT feedback
 - Local and National patient surveys
- Patient and public engagement
 - PEC update
 - BLMK/ICB engagements
 - Local community engagement groups
 - Stakeholder reports e.g. Carers in Bedfordshire/ Healthwatch
- Delivering a positive patient experience
 - Focus in service including patient story
 - Accreditation feedback including Daisy and Rose awards
- Improvement
 - 'You said, We did'
 - Changes as a result of engagement and feedback
 - Quality improvement initiatives to improve patient experience

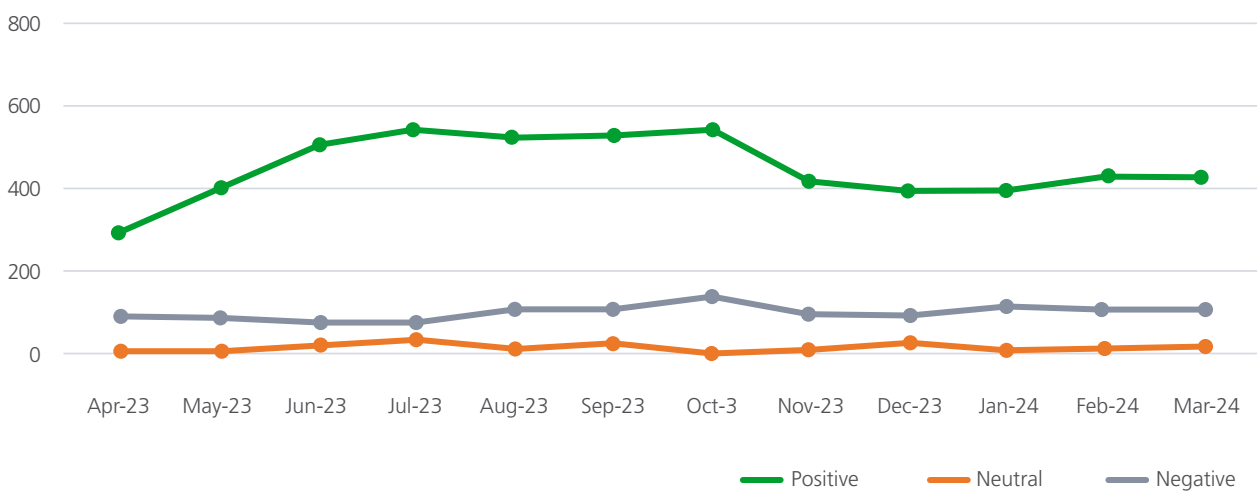
Information is collected from the following groups:

- Adult inpatients (FFT and National Survey)
- Maternity (FFT and National Survey)
- Urgent and Emergency Care (UEC) (FFT and National Survey)
- Children and Young People's Services (FFT and National Survey)
- Cancer Services (National Survey only)

The Trust undertakes five national surveys, one on alternate years (Children and Young People's Services) and four annually from April 2023- March 2024. The Adult Inpatient Survey, Maternity Survey, Urgent and Emergency Care and Cancer Service Survey published have been shared with the relevant CSL for their consideration and plan service improvement initiatives. The service improvement initiatives and actions and learning identified are monitored through the CSL governance structures, Clinical Quality Outcome Board (CQuOB) and Patient Experience Council (PEC).

FFT and national Survey data is collected via IQVIA system on both sites. For collecting FFT patient feedback we used a combinations of iPads, QR codes and text messaging services. We have seen a significant increase in our UEC FFT response as a result of the introduction to the text messaging service. We aim to expand this service to other areas within the trust in 2024.

Chart 2



Complaints/PHSO

Every effort is made by the team to ensure that all complaints are responded to within our agreed time frame of 45 working days. However, this has not been achieved throughout 2023 for a variety of reasons including operational and non-operational pressures and ongoing industrial actions that has affected the Trust and the NHS as a whole. The complaints team are continuing their efforts to work with CSL in addressing the delay.

Actions taken:

We are piloting a new process of managing complaints within two service lines including triaging the complaint to ensure as early a resolution as possible. To support this, the complaints team will provide General Managers and Head of Nursing a complaints tracker weekly to provide greater visibility of the delays so that robust plans can be made to address these in a timely way. We work in partnership with our risk and governance team where complaints are investigated alongside PSIRF

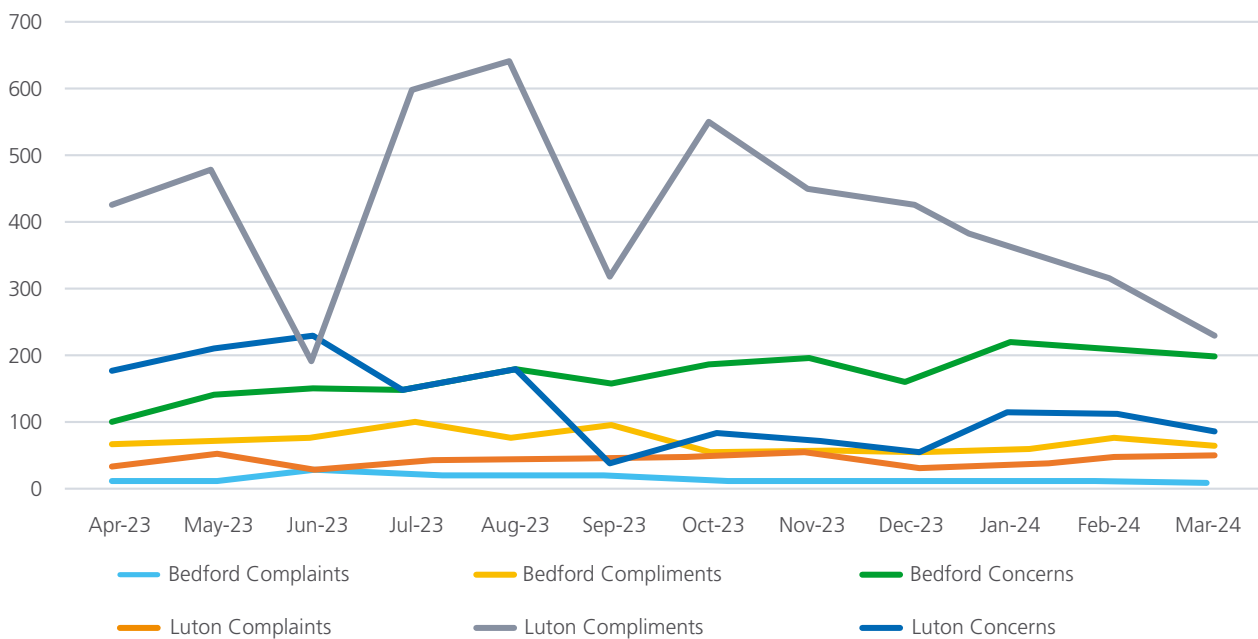
approaches to share information. We envisage that this will reduce duplication in regards to information requested from CSL for investigation purposes.

During the last year, the majority of complaints were resolved at local level. In total there have been seven PHSO complaints, currently in Q4, there are three open at Luton less than 4% of the total formal complaints and two at Bedford less than 1% of total complaints received and investigated.

Patient Advice and Liaison Service (PALS)

PALS team received an increased number of contact via email, telephone and face to face in 2023-24. The increase in demand resulted in the team experience challenges with response times. Despite delays with responding to telephone and emails, the team provided 'on the spot' advice and information. There are plans to relocate the PALS team during 2024 to ensure ease of accessibility as the redevelopment work within the Trust continues.

Chart 3 - Financial year trends



Interpretation Service

Our provider for interpretation service delivered 94-95% fill rates for booking requests. There was a high demand and utilisation of British Sign Language (BSL) particularly in maternity. We worked with our provider to ensure that booking requests were covered to reduce any patient safety risk associated with communication. The provider has been asked to collect feedback and use this to continuously improve service provision. The Patient Experience Team (PET) plans to scope all clinical areas and

ensure that all outpatient clinics and ward environments have up to date interpretations and translations posters. This will allow on demand interpretation services to be accessed when required. We are also working with our provider to complete refresher training for the trust team during 2024.

'Reciteme' is an accessibility and language translation platform that enables translation of text on the Trust internet page. This site continued to provide support to people that accessed the trust website pages. The activity

on the web pages were monitored via monthly audits. The trust information leaflets are available to view for patients and public using the accessible tool.

Patient Experience Council and Patient Experience Strategy

During 2023-24 we have commenced a review of our Patient Experience Strategy to ensure we deliver safe, effective high-quality care for our patients and communities. We pledge to work with our staff and community partners to co-produce and transform our services as a merged Trust through greater engagement and collaboration.

Key internal and external stakeholders attend the Patient Experience Council (PEC).

Service User Groups/Engagement

Involvement and engagement events through the PEC continued via a combination of virtual and face to face forums in 2023/24 with our external stakeholders, Carers in Bedfordshire, Healthwatch, local councillors, BLMK and Neonatal and Midwifery Voice Partners (NMVP) attending and providing feedback from the local communities.

Listening to Patient Concerns

Feedback from patients provides a valuable insight on how we deliver our services, as such we have used the **"You, said, "We, did,** approach to report on what actions were taken as a result of patient feedback. For example:

'You, said- that the waiting times and delays were stressful in Antenatal Clinic. This was not only anxiety inducing as delays were not being communicated effectively but this also had a knock on effect to parking times/charges.

Also received feedback that a hydration station and some live music might be useful to improve the experience in the waiting area.

'We, did- An information board was designed and produced which displayed all staff on for that clinic and expected waiting times clearly displayed. Combined with clearer signage on parking in the clinical area, the awareness of waiting times has seen a reduction in FFT feedback relating to this issue. In fact, there has been an increase in positive feedback stating that the board is a helpful addition.

Compliments

The Patient Experience team shared compliments received in year 2023/24 with the relevant teams. We encouraged the teams to share the compliments locally with their staff.

The teams hold other compliments received locally. Examples of compliments received are below:

"The family of PP wanted me to pass on their gratitude for the amazing care P received whilst on your ward. Even though you had challenges going on within the ward you still allowed them to visit and they are very grateful allowing him to be surrounded by his family at a difficult time"

"Following my visit to the Urology One Stop Clinic on Monday 12 February 2024, I would like to thank all the staff there for their kindness and consideration. In particular I would like to thank Mr AM for his patience and good advice prior to my operation in January 2022, and for the successful carrying out of the operation and the subsequent aftercare"

"I am writing to say thank you for the wonderful care mum received from JD in outpatients last Friday. Thanks to the scans that were quickly performed and blood tests it was determined that mum had had 2 strokes on Wednesday morning. I went out of her way to run to get the remaining blood test results so that she could prescribe mum the blood thinners she needed immediately rather than have the delay of it being passed on through the GP surgery. Mum had never had a stroke before and we feel very blessed that she has made a good recovery. I am so thankful for the treatment she received from the scanning staff and other staff who provided transport and also tea for us"

"On Friday my daughter went into premature labour at just 24 weeks. All of the staff in pre/post-natal and delivery suite were amazing (Luton). Special shout out needs to go to H and T in Delivery who looked after my daughter during the very stressful labour & birth. The NICU team also deserve an extra special mention for the amazing care that they are giving my granddaughter, the time they take to care for these precious tiny babies and looking after the families, explaining everything and no question is too big or too small. There are just no words to thank you 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 quarterly 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 continue 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.

The Foundation Trust Annual Reporting Manual section 2.102 a disclosure of 'Off Payroll' arrangements within the staff report. However, the Trust has included this in the Financial Performance Report on page 112. The manual 2.96 requires a disclosure of counter fraud. This is in the Financial Performance Report on page 113.

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. These 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 merging and it is hoped this will be completed over the next 12 months. Once we have a cross site Occupational health IT system in place we feel the departments will be better able to work together and there will be a more robust and efficient service in place to serve both hospitals. We are excited to be embarking on a tendering process for this and hope we will have it in place by the end of the year.

Because we are working as merged Occupational Health and Wellbeing Service, the Luton department have had to relinquish their accreditation under 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. The departments are 'working towards SEQOHS accreditation' as one and this will be much easier once we have a cross site OH IT system in place, until then we are aligning the services, protocols, procedures and policies.

Funded by the Trust, we continued to promote the use of our Employee assistance programme (EAP). This service provider changed this year; it offers all Bedfordshire Hospital staff access to an independent, **free and confidential** advice service, staffed by highly experienced counsellors who can provide practical and emotional support with work or personal issues.

Advice is available on debt, legal, family and more general issues, and staff can call as often as they like and talk for as long as is needed. The EAP is available on a 24-hour basis, 365 days a year. Should face to face counselling be required, the EAP can provide this. We continue to promote this service, via their attendance at our staff engagement events, webinars and varying communications.

As part of the Trust's ongoing commitment to helping staff maintain and improve their mental Health, we employ two principal clinical psychologists (1WTE). Our Psychologists support the development and implementation of strategies and interventions to improve the psychological aspects of staff wellbeing. They consult with teams and managers where appropriate to work with challenges within Teams. This includes providing training and workshops on supporting wellbeing at work, contributing to service development and offering guidance to our Occupational Health teams. Our Psychologists also offer group supervision to our expanding numbers of Peer listeners (all of whom have undertaken mental health first aid training).

Our flu vaccine uptake, for frontline staff was 52.8%, this improved on our low level of uptake the previous year which was 50.8%. The uptake figures were still disappointing, with a majority of those staff actively refusing, simply stating that they just didn't want it.

Volunteers

Bedfordshire Hospitals NHS Foundation Trust values the contribution volunteers make throughout our hospital and community services. The volunteers complement the work we do in healthcare and contribute to that work by enhancing our patients' experience. Our volunteers come from a diverse group, reflecting the diversity in our population. We continue to engage local support, and align the roles and functions of volunteers with the aims of the Trust, so that volunteering supports the Trust Objectives, Values and Vision, as well as functions as a way of connecting and engaging with the communities we support. Volunteering brings enormous benefits and enjoyment, not only to beneficiaries, but also to communities, and to volunteers themselves. It increases social and civil participation, empowers communities and reduces loneliness and isolation. It can also improve mental

and physical health, support the development of job and life skills, and foster a greater sense of belonging.

We are developing new roles in collaboration with therapies and nursing colleagues, such as Deconditioning Prevention Champion Volunteers, Dementia Volunteers and Appointment Reminder Call Volunteers, aiming to engage with and stimulate patients, encourage gentle exercise and chat to reduce physical, mental and social deconditioning, and to reduce the number of appointment DNAs to maximise best use of clinical time.

In addition, we are rebuilding volunteer support in key areas such as Maternity and Chaplaincy, where Ward Visitor volunteers will offer invaluable pastoral care and wellbeing support to patient of all faiths and none. Mealtime Assistant volunteers are also being reinstated and have recently been introduced at our Bedford site. Other voluntary roles include Complimentary Therapist support in the Macmillan Unit and Cardiac Rehab volunteers to support patients and staff. We have also established a relationship with Sergeant Phil Boyd from the Bedfordshire Police Forces Community Cohesion Team. Sgt Boyd has visited the Children’s wards on both sites and continues to provide interactive story time experiences for our young patients.

Whilst, due to their internal financial constraints, St John Ambulance withdrew from supporting our hospitals in February, we continue to engage with additional partners such as Health Education England, Young Healthwatch, Carers in Bedfordshire, NHSI, the ICB and local Voluntary Sector organisations.

We continue to have EVCO (External Voluntary Charitable Organisations) agreements in place with the following organisations;

- Carers in Bedfordshire to enable them to signpost carers to specialised sources of support.
- Pets As Therapy (PAT) – we have seven visiting canine volunteers providing therapeutic support to our patients in the Therapies Hub, Children’s Wards & Playrooms, and the Care of the Elderly Wards.
- Hospital Radio Bedford who broadcast from their studio onsite at Bedford and support outside functions and events.
- Cambridge Community Services who provide Breastfeeding Peer Supporters to assist mothers to have a positive breastfeeding experience.
- BLISS volunteers work on Meadowbank Ward at Bedford with parents of babies who are born prematurely or sick, to give their babies the best chance of survival and quality of life.

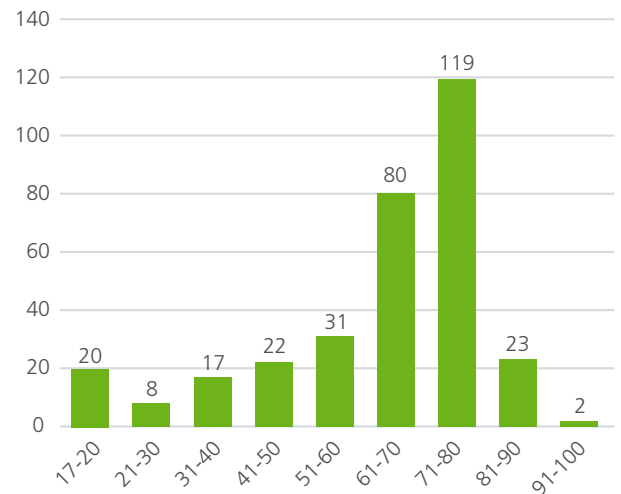
In August 2023, we facilitated a group of Young Heathwatch volunteers on a return visit to the Riverbank Children’s Ward and Paediatric services at the Bedford site, enabling them to see first-hand the changes made based on their recommendations and other Trust initiatives since their previous visit in October 2019.

There are presently 275 active volunteers across both sites, marking a significant increase on last year:

Hospital Site	Total Number Registered Volunteers	Currently Active
Luton & Dunstable	187*	184
Bedford	135	91
Total Registered Volunteers	322	275

*the numbers show a drop from last year, however we have closed a number of inactive files of volunteers who have not returned to us post-Covid.

Volunteer Ages



Recent reports from the NCVO state that people aged 65-74 were the most likely age group to formally volunteer. Our statistics are reflective of the national picture, as retirees often want to do something to keep them active, that continues to give them a sense of purpose and enables them to reconnect and make new friends.

Demographics

Age Range	Bedford	Luton	Total
16-18	0	17	17
19-24	0	7	7
25-29	1	2	3
30-39	3	14	17
40-49	6	15	21
50-59	14	15	29
60-69	32	38	70
70+	74	78	152
Unknown	0	2	2
TOTALS	130	188	318

'The UK Civil Society Almanac 2023, Data.Trends.Insights', identified that people aged 65-74 were the most likely age group to formally volunteer and those aged between 25 and 34 have the lowest levels of participation. Our demographic very much reflects the national picture.

Gender

	Bedford	Luton	Total
Male	42	49	91
Female	88	139	227
Unknown	0	2	2
TOTALS	130	188	318

The same report also identifies that women are more likely to volunteer than men, and our gender statistics reflect this also.

Ethnicity:	Bedford	Luton	Totals
White British	106	112	218
Any other white background	8	11	19
Mixed – White / Black Caribbean	0	5	5
Mixed – White / Black African	2	6	8
Mixed – White / Asian	0	0	0
Any other mixed background	0	1	1
Indian	3	13	16
Chinese	0	2	2
Black	0	0	0
Black / British African	0	0	0
Asian – Pakistani	0	11	11
Asian – Indian	1	0	1
Asian – Bangladeshi	0	3	3
Asian	0	5	5

Ethnicity:	Bedford	Luton	Totals
Prefer not to say (Not disclosed)	9	1	10
Other Ethnic Group	1	2	3
Unknown	0	16	16
Total:	130	188	318

We want to be representative of the community that we are part of as well as the service users we support. Whilst volunteering is an inclusive process in which people from diverse backgrounds and with diverse skills can participate, regardless of race, gender, religion, disability, sexual orientation etc., we are constantly challenged in recruiting volunteers from diverse ethnicities, with our volunteer base still stereotypically middle aged/retired white British, specifically at Bedford where 81.54% of our volunteers fall within this category. Luton's volunteer base is somewhat more reflective of the community it serves, with 40.43% coming from different ethnic backgrounds.

As part of our strategy, we now aim to actively engage these under-represented sections of our communities, establishing new relationships and reaching out again to community groups.

Hours

Tracking and reporting volunteer hours and impact is not only good practice, but also a requirement for some funders and partners. By measuring and documenting our volunteer activities, we can show appreciation for our volunteers, demonstrate accountability to stakeholders and donors, evaluate performance against goals and objectives, identify strengths and weaknesses to improve processes, and attract and retain more volunteers. All of these actions can help us meet our Trust's aims and objectives.

The period 1st April 2023 – 31st March 2024 saw volunteers contribute a total of 24,812 hours across sites. At the Agenda for Change band 2 hourly rate of £11.45, this equates to the financial equivalent of £284,097 or 12.75 additional full-time members of staff.

Volunteer Roles

Roles presently being undertaken across both sites include:

Emergency Department	Cardiac Rehabilitation Clinics
Bedford Britannia Road Meet & Greet Volunteers	Primrose Unit Helpers
Charity/Fundraising and Hospital Shops and ward trolley rounds	Nutrition & Dietetics Support
Pharmacy deliveries	Cygnets Wing Reception Volunteers
Imaging outpatients reception and marshalling	Midwifery Admin Support
Admin Support to our Lead Dementia Nurse, Rheumatology, ENT, Neurology, Anaesthetics, Pre Assessment unit & orthotics	Outpatients General Support
Admin Support for Breast Care Nurses	Mealtime Assistants on Wards 14, 15, 17 & 4 and AAU in Bedford
IT Equipment Delivery and Set Up Support	PALS Admin Support
Phlebotomy Runners	Volunteer Gardener
Charity and Voluntary Services Admin Support	Radiology Helper
Britannia Road Way Finders, Bedford site	Marshalling at new main entrance on L & D site
Blossom Volunteers supporting end of life patients	Bedford Main Reception Volunteers
Obs/Gynae Outpatients Admin & Clerical	Staff Safe Space Volunteers
Patient Appointment Reminder Call Volunteers in Bedford Ultrasound and Diabetes Clinic	Children's Services Volunteers: Paediatric Outpatients, Riverbank Ward and Play Team Support Volunteers
Chaplaincy Ward Visitors	Day Unit
Eye Clinic	Limb Fitting Peer Support
Pat Dog Visitors	Research and Development
Complementary Therapy	

Mealtime Assistant Roles

Providing support to patients and staff during mealtimes was an area heavily affected during and post-pandemic. Our numbers have been steadily increasing over recent months and we currently have 10 mealtime assistants at the Luton site, with three more in the training process, supporting wards 4, 15 and 17.

This role has been introduced to the Bedford site, which now has two mealtime volunteers supporting AAU and Shand ward. Our vision is to increase these numbers and increase the number of ward areas where volunteers can once again support.

Student Volunteering Programme

A new cohort of students started at the beginning of the year and 19 students were active as part of the programme during January to end March 2024 on the Luton site.

The student volunteers are currently supporting at evening mealtimes on Ward 14 and 15 and the programme has also expanded to support Ward 17. The students support in the delivery of meals and assist patients to cut up food and ensure they have everything they need, which is followed by a tea and coffee round. In addition to the wards, two students remain active within the charity shop, supporting on the trolley service and two more are going through the recruitment process.

10 more students have been interviewed and accepted onto the programme, the next cohort of which will start at the end of April/May. This gives them the opportunity to support at mealtimes. One of the schools, Stockwood Academy, was a new partnership.

The vision is to offer a programme to students local to the Bedford hospital site in the autumn term and initial discussions are in place to confirm where the placements can be offered.

The Blossom Service

In the last year, the Blossom Project has been renamed as the Blossom Service to reflect its ongoing success as a permanent and beneficial volunteer programme that has also generated national recognition. With project development initially funded by NHSCT, the service is now Trust-funded with a substantive Co-ordinator in post to drive its further growth and diversification, ensuring our patients receiving end of life care and their families are offered support and the best possible experience. This in turn attracts donations and fundraising efforts to support Blossom from grateful service users and our communities. With volunteer numbers steadily growing, Blossom Volunteer support is now available throughout the week, including weekends.

Our relationship with NHSCT remains strong and they chose to feature the Blossom Service in their national supporter magazine and on social media platforms. The Blossom Service was also nominated and shortlisted in the Volunteer Team of the Year category of the national NHS Unsung Hero Awards – testament to the impact of the service at our hospitals.

Thanking Volunteers

We thank and celebrate the dedication and commitment our volunteers make whenever possible. In June, we celebrated Volunteers' Week (1st – 7th) with our Volunteer Long Service Awards at Parkside Hall in Amptill. It was attended by 50 volunteers and supported by members of the Voluntary Services and Charity Team. HM Lord Lieutenant of Bedfordshire, Mrs Susan Lousada and, on behalf of the Chairman and CEO, our Non-Executive Director, Gordon Johns attended the event to present awards to our longest serving volunteers. Their periods of service ranged from 5 – 35 years and it was wonderful to see everyone joining together to celebrate their achievements.

At Christmas, all volunteers received a card and a small gift of some seasonal tea bags and a recipe to make a spice tea loaf, plus an invitation to festive drop-in events at both sites for a cup of tea and mince pies.

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 2023/24

The Staff summer engagement events were a success and over 4,000 colleagues attended across both our hospital sites.

The events are held in an outside marquee in the summer and provide an opportunity for staff to take time out from their busy schedules, and come along with their colleagues, and enjoy some refreshments and join in some lively discussions which this year focused on 'Everybody plays their part'.



This was aimed at demonstrating how every single member of staff is a vital cog in the wheel of healthcare provision, and without any one member of staff, our hospitals would not function as they should. An array of roles come together to allow us to deliver high quality healthcare to the people of Bedfordshire and the surrounding areas. The aim of the session was to see how we can improve how we work, for the benefit of our local population.

Hosted by the Executive team, it is an opportunity for them to meet staff and thank them in person for all the incredible work they do, every day.

The Trust was also able to hold Christmas staff engagement events across both hospital sites in the first two weeks of December. More than 5,000 staff took time out to visit the tents. These events are an important part of the Trust's commitment to support the mental and physical wellbeing of our staff. Support included a health check kiosk, sleep clinics, having a go on the fitness bike, meeting PAT dog Hatchi and getting advice on healthy eating from our dietitians.



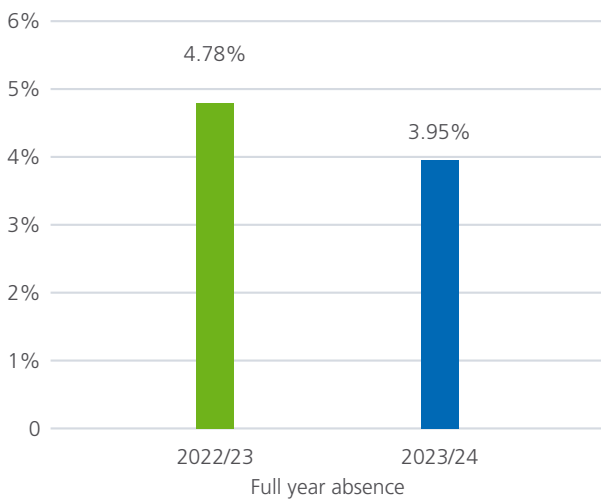
Health and Safety at Work

The Associate Director of Corporate Governance reporting to the Chief Executive is the lead for health and safety matters and is supported by the Executive Directors, estates and governance directorates, staff side and local health and safety leads. The Health & Safety Committee meets regularly to discuss implementation of legislation and current health and safety issues. Trust staff are provided with occupational health services through an agreement with a private provider.

Sickness Absence

The Trust has continued to monitor sickness absence. For this financial year there has been a decrease in the absence rates.

Full Year Sickness Absence Rates 2022/23 vs 2023/24



Staff Turnover

The Trust information on staff turnover can be found at <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

NHS Staff Survey

The NHS staff survey is conducted annually. The questions are grouped into nine themes, the seven People Promises plus Staff Engagement and Morale. The survey ran from the end of September to the end November 2023 and was published on 7th March 2024.

The survey was a mixed mode; with the majority of staff being invited through their Trust email address and via paper invitation for those with no digital access. 3,102 surveys were completed, the response rate for Bedford was 39% and L&D was 34% with an overall response rate of 37%. This response rate is the same as 2022; although our number of respondents increased in 2023, so too did the Trust headcount thus the percentage response rate remained consistent. The national average response rate for our benchmark group was 45%, up by 1% point on the previous year.

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.

	2023		2022		Change from 2022	
	Trust	Benchmark Group	Trust	Benchmark Group	Trust	Benchmark Group
We are compassionate and inclusive	7.2	7.2	7.1	7.2	↑	=
We are recognised and rewarded	5.9	5.9	5.6	5.7	↑	↑
We each have a voice that counts	6.7	6.7	6.6	6.6	↑	↑
We are safe and healthy	*	*	5.9	5.9	*	*
We are always learning	5.6	5.6	5.3	5.4	↑	↑
We work flexibly	6.0	6.2	5.7	6.0	↑	↑
We are a team	6.7	6.8	6.6	6.6	↑	↑

	2023		2022		Change from 2022	
	Trust	Benchmark Group	Trust	Benchmark Group	Trust	Benchmark Group
Staff engagement	6.9	6.9	6.8	6.8	↑	↑
Morale	5.9	5.9	5.7	5.7	↑	↑

Due to a technical error identified by the National Survey Coordination Centre, statistical bias concerns have emerged around some of the ‘We are safe and healthy’ questions. The decision was therefore taken centrally to not provide a collated score for this People Promise element. The Trust has been provided with the data for internal review however due to the aforementioned data quality concerns, these have not been shared publically.

Overall, the results indicate an improving set of results. On all questions, the Trust response was either significantly better than 2022 (45 questions) or saw no significant change (52 questions). This compares to last year where only eight questions saw significant improvement, 65 questions saw no significant change and 27 questions saw significant decline.

Despite the positive results, however, there are some themes that highlight slightly below average comparisons: it should be noted that the Trust overall average score was identical as the national benchmark group on six scores, 0.1 below on one theme “we are a team” and 0.2 below on one theme – “we work flexibly”.

Local Analysis

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

- Disability: organisation made reasonable adjustment(s) to enable me to carry out work
- Enough staff at organisation to do my job properly
- Satisfied with extent organisation values my work
- Organisation is committed to helping balance work and home life
- Satisfied with level of pay



Whilst we have seen some improvement, the areas for attention identified last year require continued focus, with particular emphasis on flexible working and work life balance:

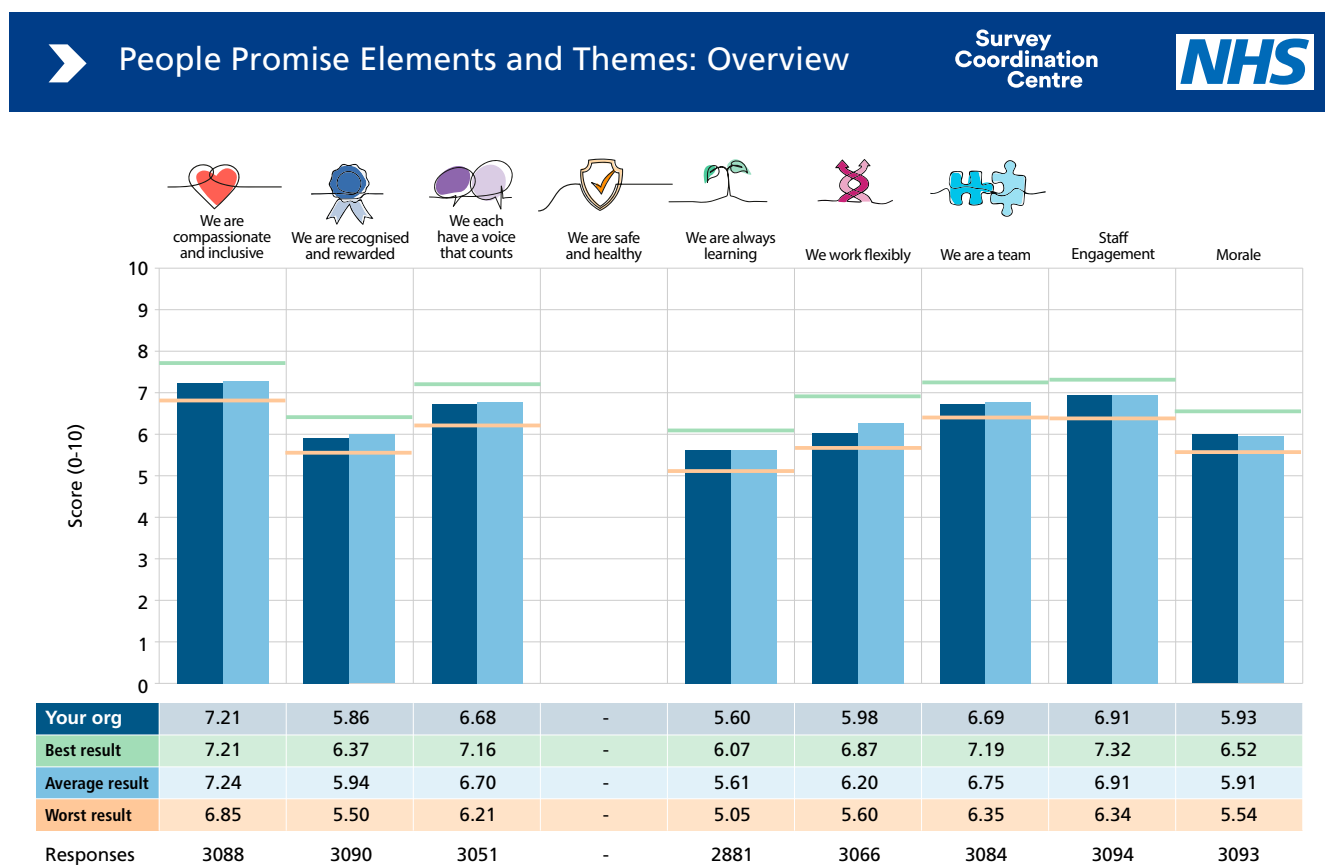
- We are always learning - increasing appraisal completion rates
- We are safe and healthy - health and wellbeing
- We work flexibly - flexible working/work life balance
- We each have a voice that counts - raising concerns about unsafe clinical practice
- We are recognised and rewarded – valuing work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

Using the Staff Survey as the principal way to measure progress will enable our teams and departments, as well as the organisation as a whole, to review progress and take action to improve. The chart below shows our 2023 staff survey results based on NHS People Plan indicators.



The staff survey results inform our priorities for Culture and OD activities for the year.

Further progress and improvement development will take place in the coming year building on the focus as below anchored firmly within our values set.

For 2024/25, the Trust has been enrolled onto the NHS People Promise pilot programme. The newly appointed People Promise Manager, alongside HR and OD teams,

will be ensuring the Trust’s efforts in improving staff experience, and subsequently retention, are coordinated effectively in partnership with the wider Integrated Care System (ICS) and region (East of England). This will ensure staff engagement/experience interventions and initiatives are embedded successfully.

Trade Union Facility Time Disclosures

The Trust made their submission on the 30th July 2023 for the year 1 April 2021 to 31 March 2023 – this was the first submission as a merged organisation. The below information relates to 22/23 data as the current year submission had not been prepared at the time of audit.

Employees in your organisation

5,000 – 10,000 employees

Trade union representatives and full-time equivalents

Trade union representatives: 26

FTE trade union representatives: 23.35

Percentage of working hours spent on facility time

0% of working hours: 10 representatives

1 to 50% of working hours: 14 representatives

51 to 99% of working hours: 2 representatives

100% of working hours: 0 representatives

Total pay bill and facility time costs

Total pay bill: £408,538,279

Total cost of facility time: £116,319.71

Percentage of pay spent on facility time: 0.03%

Paid trade union activities

Hours spent on paid facility time: 1646

Hours spent on paid trade union activities: 4206.9

Percentage of total paid facility time hours spent on paid TU activities: 39.13%

Equality, Diversity and Human Rights

Bedfordshire Hospitals NHS Foundation Trust, as a public sector body, is governed by the Equality Act 2010 and the Public Sector Equality Duty (section 149 of the Equality Act 2010) in relation to its equality duties.

The general duties are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Trust has in place an Equality, Diversity and Human Rights (EDHR) Committee that reports to the Executive. This committee oversees the work towards the national requirements:

- Workforce Race Equality Standards
- Workforce Disability Equality Standards
- Gender Pay Gap Report.

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/corporate-information/equality-and-diversity/>. Further Gender Pay Gap information can be found on the Cabinet Office website (<https://gender-pay-gap.service.gov.uk/>).

The Trust EDHR Committee oversees the application of the national reports and other protected characteristics through the Equality Action Plan. The actions include:

- Review the current Equality and Diversity Strategy to include a focus on Health Inequalities
- Reviewing the recruitment processes to ensure that they are inclusive – this will focus on interview panel representation and the development of our Disability Confident accreditation
- Supporting the implementation of programmes such as 'A Kind Life'
- Review the reasonable adjustments process for staff with disabilities and long term conditions
- Reviewing the completeness of data and establishing programmes for updating
- Reviewing the training offered and overseeing compliance with training against all of the protected characteristics
- Establishing a communication plan for Equality and Diversity particularly for Equalities Week each May
- Encouraging female consultants to apply for clinical excellence awards
- Completing the assessment for the Rainbow Badge LGBTQ+ accreditation and implementing the action plan

- Reviewing the Equality Impact Assessment processes following the well led inspection by Grant Thornton.

Equality High Impact Actions

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

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

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

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

These metric and actions taken were reviewed by the Workforce Committee and are outlined below in the High Impact Actions (HIA) Report:

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

Success Metric(s)

Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

Trust Position

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

Action in place and further actions

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

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

The Trust is committed to continue the EDI programme through the Board Seminars and is considering other programmes such as Cultural Intelligence Programmes.

In August 2021, the Trust Board signed an Anti-Racism Charter as part of an inclusivity statement.

Reverend Lloyd Denny, author of The Denny Review: Health Inequalities in Bedfordshire, Luton and Milton

Keynes (Sept 2023) was invited to meet with the Trust Board in February 2024.

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

Success Metric(s)

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

Trust Position

The WRES data continues to indicate issues with shortlisting to being in post. The diversity of shortlisted candidates is very diverse with 26,486 BME candidates shortlisted.

WRES data informs us that the staff survey is reporting inequitable career progression. However, access to CPD was equitable. The Trust has seen some improvement from the WRES data in representation at senior levels, but inequalities are still evident – this includes at Board level. The Trust recently recruited two Associate NED positions that have improved diversity further in protected characteristics.

NETS Improved from 69.59% to 72.93% in 2023.

Action in place and further actions

A Transformational Reciprocal Mentoring for Inclusion Programme started in 2023. This programme is working in collaboration with the Integrated Care Board (BLMK ICB). It is built upon a proven theoretical and practical framework that will help us deliver genuine and sustainable change in one of our key areas of focus – race.

There is a programme of work to review the representation of interview panels (where possible) and a proposal to liaise with other anchor institutions to share resources.

In recognition of the feedback that the Board is not representative of its local community, we have added two Associate Non-Executive Director roles to the Board. We are pleased to say that excellent appointments were made with both individuals being from diverse backgrounds.

HIA3 Develop an improvement plan to eliminate pay gaps.

Success Metric(s)

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

Trust Position

Gender Pay Gap reported to the Board in May 2024. Plans in place.

Ethnicity pay gap is in progress, but the details on the WRES/WDES reports inform us that more representation is needed in the senior leadership.

Action in place and further actions

Reciprocal mentoring programme has begun for BME Ongoing work experience programmes and youth volunteering in place and working with health care academy

Continuing to work on the flexible working policy in line with feedback from our staff survey – embed the process and review through future staff survey results

Improving accessibility – further development of the 'Inclusion' passport, reasonable/workplace adjustments, making the Trust an employer of choice

Explore how we can attract more men into the profession at lower bands and within Nursing/Midwifery to get a better gender balance and equalities.

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

Success Metric(s)

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

Trust Position

The Trust has improved in the 2023 staff survey on this metric but is slightly under the national average.

NETS Improved from 69.59% to 72.93% in 2023.

Action in place and further actions

The Trust has two week long Engagement Events each

year with one focussed directly on health and wellbeing.

There is a suite of Cost of living support programmes in place.

We have two appointed clinical psychologists, FTSU Guardians and an increasing pool of peer listeners.

Employee Assistance Programme is in place.

We have a nominated Non Executive Director who supports FTSU programme. They are also the Health and Wellbeing Guardian. They meet with the FTSU Guardians on a regular basis.

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

Success Metric(s)

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

Trust Position

The Staff Survey elements related to the IR staff the results indicate:

- Improved but worse x2
- Improved and better x3
- Declined but better x1
- Declined and worse x1

NETS Improved from 69.59% to 72.93% in 2023.

Action in place and further actions

The Trust has a robust induction, onboarding and development programme for Internationally Recruited Staff and has for over four years.

The Trust has in place a senior nurse to support the programme. Trust supports the sponsorship and visa applications and books their tickets. We try to 'buddy up' new staff leaving on the same flight.

The recruitment team along with the senior nurse facilitate a pre arrival call virtually to inform them of their accommodation, allocated work areas and reassure them of the plans before they leave. Pastoral support is provided for their development and wellbeing.

On arrival we meet them at their allocated Trust accommodation. We provide them a welcome back, 2 to 3 days worth of food supplies, all utensils etc. We also sort their Trust IDs. We also support them to their allocated areas to meet managers and colleagues and show them round. We also have bus tours around Bedford and/or Luton to orientate them to their new home.

We have a Meet and Greet on the Friday where we provide Free English breakfast vouchers. The OSCE trainers along with the senior nurse lead have informal chats with them and facilitate introductions.

Ongoing support is provided with encouragement to download the InterN app and join the Bedfordshire International Nurses WhatsApp group for peer support and sharing development opportunities. The Lead Nurse stays in contact and there are opportunities for staff to get together regularly. We celebrate the overseas staff days.

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

Success Metric(s)

1. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)
2. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)
3. NETS Bullying & Harassment score metric (NHS professional groups)

Trust Position

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

Experiencing discrimination has decreased this year but is slightly higher than the national average.

Action

Work is underway to develop a Respectful Resolution Pathway which will change the current process of dealing with poor behaviours. The current approach will shift from one of straight into formal procedures to concerns being dealt with in the first instance through mediation and facilitation before they have a chance to escalate into a more formal route.

Values based recruitment has been in place for some staff groups since 2022. A programmed of roll out across the Trust is being developed. In addition, we are exploring the

introduction of a 'values screener' step at the beginning of the process.

The Trust has developed a holistic approach to OD interventions which is bespoke to the needs of the team and the circumstances, be that a reactive or proactive intervention.

A working group is in place to overhaul the current process for appointing Consultant staff. This includes a focus on values based recruitment methodology.

A cultural competency module is included as part of the Mandatory Equality and Diversity update training which was introduced in 2021/2022.

Further action to improve the declarations of protected characteristics of patients and staff ensuring they feel safe to do so is underway and started with staff declarations around disability.

Staff networks (BME, LGBTQ+ and Disability) are in place. Consideration is being given to combine these to have a single diversity network .

We have site based FTSU Guardians who are very visible. We use every opportunity to ensure that their role is highlighted.

The Guardians have a standing agenda item at every to Workforce Committee meeting and they also report directly to the Board on a quarterly basis .

We have a nominated Non Executive Director who supports FTSU programme. They are also the Health and Wellbeing Guardian. They meet with the FTSU Guardians on a regular basis.

The peer listeners continue to be developed through the oversight and support of the Trust clinical psychologists (who focus on staff wellbeing).

Equality Delivery System 2022 (EDS2022)

The Equality Delivery System (EDS) was developed by the NHS to help organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

The EDS 2022 is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England to hold active conversations with patients, public, staff, staff networks, community groups and trade unions

and to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight. EDS 2022 has three components:

- Domain 1: Commissioned or provided services
- Domain 2: Workforce health and well-being
- Domain 3: Inclusive leadership

The EDS2022 and accompanying technical guidance was issued in August 2022. During 2023/24 the Trust has worked closely with the ICB and stakeholders to review the requirements of Domain 1. This was a challenging process.

Leadership

The Trust Board have continued to have a focus on equality issues. Two new Non-Executive Directors have been appointed. A review Non-Executive and Executive Board member allocated a protected characteristic to champion is planned in 2024.

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 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.

Training, Communications and Events

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 Work place, 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
- Oliver McGowan neurodiversity training

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.

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. The Trust is working closely with the ICB to look at wider provision to allow consistency of interpreters for our patients from the community to the acute.

Public Website 'Recite Me' support

During 2022 the Trust implemented a revised assistive tool on the website since. There has been one in place since 2018 but the new one offers a breadth of support including more appropriate language provision and support to patients with many different needs including changing text to sound, size of text and colour schemes.

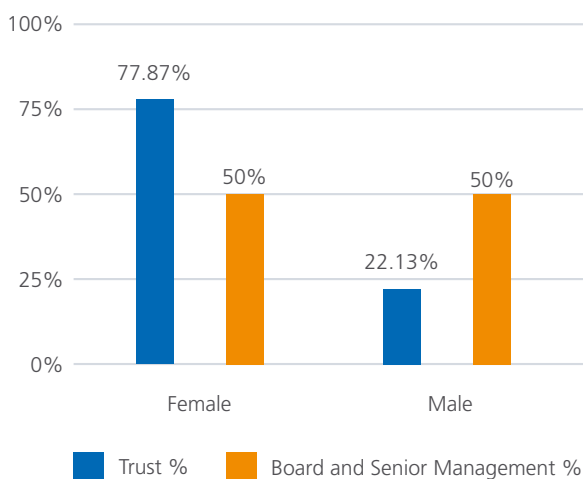
This is also supported by the Accessible Standards criteria for our Public Website and the Trust is one of the top performing in the country against these standards.

Feedback received from our users has been positive.

Trust Demographics

The outline of the Trust Demographics is included below:

Staff in Post by Gender



The demographics demonstrate that the Trust is 77.87% female. Reviewing the Board (voting and non-voting Board members), and Senior Management the Trust is 50% female. This represents a variance in the proportion of females in the wider workforce compared to those in Board and Senior Management positions. This is reviewed through the Trust Equality and Diversity Committee reporting to the Workforce Committee and through the actions through the Gender Pay Gap Reporting.

Age Band %

<=20 Years	0.87
21-25	8.03
26-30	13.45
31-35	14.92
36-40	13.34
41-45	11.36
46-50	10.63
51-55	9.80
56-60	9.28
61-65	6.06
66-70	1.67
>=71 Years	0.59

Disability %

Disability Flag	Percentages
No	82.15
Not Declared	10.67
Prefer Not To Answer	0.42
Unspecified	3.56
Yes	3.20

Religion %

Atheism	8.30%
Buddhism	0.93%
Christianity	42.16%
Hinduism	4.23%
Islam	8.25%
Jainism	0.13%
Judaism	0.13%
Not disclosed	26.12%
Other	5.35%
Sikhism	0.85%
Unspecified	3.53%

Sexual Orientation %

Sexual Orientation	Percentages
Bisexual	0.74
Gay or Lesbian	0.70
Heterosexual or Straight	68.98
Not Disclosed	26.04
Other sexual orientation not listed	0.18
Undecided	0.10
Unspecified	3.25

Employee Expenses and Exit Packages

The analysis of the staff costs are 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.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms and Conditions. Exit costs in this note are accounted for in full in the year of departure. Where the Bedfordshire Hospitals NHS Foundation Trust has agreed early retirements, the additional costs are met by the [organisation] and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or full in a previous period.

Consultancy costs are disclosed in the operating expense note – [Note 3](#).

These figures are subject to audit.

(excluding non-executive directors)	2023/24 Permanent £000	2023/24 Other £000	2023/24 Total £000	2022/23 Permanent £000	2022/23 Other £000	2022/23 Total £000
Salaries and wages	351,704	63,828	415,532	330,946	54,342	385,288
Social security costs	42,096	3,735	45,831	38,568	3,164	41,732
Apprenticeship Levy	2,102	68	2,080	1,853	67	1,920
Pension costs - defined contribution plans						
Employers contributions to NHS Pensions	43,523	0	43,523	39,720	0	39,720
Pension cost - other	18,999	0	18,999	17,371	0	17,371
Agency/contract staff	0	30,990	30,990	0	22,802	22,802
Costs capitalised as part of assets	(5,190)	(206)	(5,396)	(3,922)	(126)	(4,069)
TOTAL (Employee expenses & Education & Training)	453,144	98,415	551,559	424,536	80,249	504,785

Average number of employees (WTE basis)

	2023/24 Permanent Number	2023/24 Other Number	2023/24 Total Number	2022/23 Permanent Number	2022/23 Other Number	2022/23 Total Number
Medical and dental	1,122	176	1,397	1,122	151	1,273
Ambulance staff	3	2	5	2	1	3
Administration and estates	1,523	111	1,634	903	170	1,078
Healthcare assistants and other support staff	884	269	1,154	2,156	348	2,504
Nursing, midwifery and health visiting staff	3,078	500	3,578	2,390	369	2,759
Nursing, midwifery and health visiting learners	9	0	9	52	3	55
Scientific, therapeutic and technical staff	872	97	967	625	75	700
Healthcare science staff	343	19	362	183	6	189
Other	3	0	3	3	0	3
Number of Employees (WTE) engaged on capital projects	(88)	(2)	(89)	(53)	(1)	(54)
TOTAL	7,848	1,172	9,020	7,388	1,122	8,510

Exit package cost band

	2023/24			2022/23		
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	23	23	0	10	10
£10,000 – £25,000	0	1	1	0	4	4
£25,001 – £50,000	0	0	0	0	0	0
£50,001 – £100,000	0	0	0	0	1	1
£100,000 – £150,000	0	0	0	0	0	0
£150,001 – £200,000	0	0	0	0	0	0
etc.	0	0	0	0	0	0
Total number of exit packages by type	0	24	24	0	15	15
Total resource cost £000	0	90	90	0	134	134

Exit packages by reason

	2023/24		2022/23	
	Agreements Number	Total Value of Agreements £000	Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs	0	0	1	11
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	24	90	14	123
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval *	0	0	0	0
Total	24	90	15	134
Of which:				
non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

Working with Our Partners

The Trust contributes to nationally recognised and statutory partnerships through:

- Ongoing collaboration as part of the Integrated Care Board (ICB).
- Membership of the ICB run Bedfordshire Care Alliance.
- System wide Programme Director to support the Bedfordshire Care Alliance and governance with the ICS.
- Work within the Local Maternity System for BLMK.
- BCA Executive 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 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.
- 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 Foundation Trust Annual Reporting Manual sections 2.24 and 2.26 requires an Accountability Report detailing the elements listed below. However, the Trust has, for some elements, reported them in another section of the report and their location is cross referenced below:

- Directors' Report – *Governance Accountability Report Page 72*
- Remuneration Report including remuneration of each senior manager, pension, fair pay disclosures, past senior managers pay – *Financial Performance Report Pages 92-99*
- Staff Report – *Our Patients, Our Staff Report and Our Partners - Page 52*
- Exit packages, analysis of staff numbers and staff costs – *Staff Report Page 67*
- Disclosures set out in the NHS Foundation Trust Code of Governance – *Governance Accountability Report Page 72*
- NHS Oversight Framework - *Performance Report Page 28*
- Statement of Accounting Officer's Responsibilities – *Annual Governance Statement and Accounts Page 108*
- Annual Governance Statement - *Annual Governance Statement and Accounts Page 108.*

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.

The Foundation Trust Annual Reporting Manual section 2.27, 2.31 and 2.32 requires the Directors Report detailing the elements listed below. However, the Trust has, for some elements, reported them in another section of the report and their location is cross referenced below:

- the names of the chairperson, the deputy chairperson (where there is one) and the chief executive – *page 74*
- the names of individuals who at any time during the financial year were directors of the *NHS foundation trust* – *page 74*
- details of company directorships and other significant interests held by directors or governors which may conflict with their management responsibilities. Where the NHS foundation trust maintains a Register of Interests that is open to the public, the disclosure may be limited to a comment on how access to the information in that Register may be obtained – *page 85*
- (for public sector information holders only) - a statement that the NHS foundation trust has complied with the cost allocation and charging guidance issued by HM Treasury
- details of any political donations – none to report
- a statement describing the better payment practice code, or any other policy adopted on payment of suppliers, and performance achieved. The disclosure of performance should include the number and value of (i) invoices paid within 30 days (ii) invoices that were or should have been paid within that 30-day period, and (iii) the proportion of (i) compared to (ii). To retain consistency with the disclosure made by NHS trusts, this should be split between NHS and non-NHS payables – *Financial Performance page 92*
- the total amount of any liability to pay interest which accrued by virtue of failing to pay invoices within the 30 day period where obligated to do so, and the total amount of interest actually paid in discharge of any such liability – *Financial Performance page 92*
- disclosures relating to *NHS England's well-led framework* – *page 75*
- information on fees and charges (income generation) if not included in the accounts – reported in the accounts
- income disclosures as required by section 43(2A) of the NHS Act 2006 – reported in the accounts
- have met the requirement of Section 43(2A) of the NHS Act 2006, or where they have not met the requirement, disclosed this fact together with the principal reasons and the actions that the NHS Foundation Trust is taking to ensure that they meet the requirement in future financial years plus the impact of other income it has received on provision of goods and services – *Financial Performance page 92*

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 financial accounts section.

Board of Directors 2023/224

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	Medical Director	2020 +	Permanent	
Ms Angela Doak	Director of Human Resources	2010	Permanent	
Ms Catherine Thorne	Director of Quality and Safety Governance	2018	Permanent	
Mr Richard Sumray	Chairman	2023	3 year Fixed Term	To March 2026
Mr Gordon Johns	Non-Executive Director/Vice Chair/SID	2020 +	3 year Fixed Term	To 31st March 2024
Mr Simon Barton	Non-Executive Director	2018	3 Yr Fixed Term	To September 2024 Extended to September 2027
Mr Mark Prior	Non-Executive Director	2018	3 Yr Fixed Term	To October 2024 Extended to October 2025
Dr Annet Gamell	Non-Executive Director	2019	3 Yr Fixed Term	To June 2025
Mrs Tansi Harper	Non-Executive Director	2022	3 Yr Fixed Term	To January 2025
Mr David Harrison	Non-Executive Director	2023	3 Yr Fixed Term	To March 2026
Ms Yasmin Mahmood	Non-Executive Director	2023	3 Yr Fixed Term	To March 2026

* Appointed as Managing Director in May 2011 and became Chief Executive interim in 2017 and substantive in 2018

** Appointed as Director of Strategic Development in 2016 Deputy Chief Executive Interim in 2017 and substantive in 2018

+ 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

Bedfordshire Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in October 2022, is based on the principles of the UK Corporate Governance Code issued in 2012.

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

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 Company 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

NHS Improvement's Code of Governance suggests that Trusts conduct an external Board Evaluation every three-five 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. The Trust commissioned Grant Thornton in May 2022 to complete a well-led review against the national framework. This was completed in September 2022 and identified:

- The Board is stable, balanced and well-performing.
- Perceived visibility of the Executive is varied, but most staff highlighted limited NED visibility.
- Board and Committee-level governance forums are well-run, well-chaired and cover a balanced agenda.
- The Trust is effective at managing short-term priorities, but has not yet focussed on development of a longer-term strategy.
- Cultural integration continues to be a challenge – the “us and them” culture between sites prevails in several services we interviewed.
- Many positives to the service line model, but cross-service-line communication, governance and decision-making could be improved.
- The process around development and sign off of QIAs is unclear - this should be addressed in light of changing financial regime.
- Room to streamline reporting at all levels, with a greater focus on key metrics and exception reporting.
- Most staff stated they had the information to make operational and strategic decisions, but cited integration of IT systems between two sites as an area of difficulty.
- The Trust is engaging with the development of the ICS and is seen as a key partner but it is felt they could contribute more to the wider development and focus of system working.

- There is currently no central approach or methodology to Quality Improvement initiatives, and as a result this is driven by specific services and clinicians.

Immediate actions in relation to the strategy and cross cutting board were undertaken and progress was confirmed by a Grant Thornton update visit in March 2023. An action plan was put in place and was reviewed in April 2024.

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)

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)

Mr Paul Tisi
Medical Director

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 was in post as Joint Medical Director and Responsible Officer, moving to sole Medical Director in February 2022. 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 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

Richard Sumray
Chair – to March 2026

Richard Sumray is an experienced Chair. He was Chair of Hillingdon Hospital NHS Foundation Trust from 2014-2019 and was Chair of NHS Haringey (Primary Care Trust) for 10 years from 2001-2011. He was Chair of the Barnet Enfield and Haringey Strategy Co-ordination Group from 2008-2011 that supported the development of a strategy for

acute sectors. Richard is well used to the complexities of the NHS and is keen to use his experience in Bedfordshire. Richard graduated from Bristol University in Economics and Accounting. He has held many roles in Education, Metropolitan Police, Magistrate and Voluntary Sector.

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

Gordon Johns

Non-Executive Director/Senior Independent Director/Vice Chair – to March 2024

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 was the previous Chair of Bedford Hospital NHS Trust.

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

Simon Barton

Non-Executive Director

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 Surveyor with over 40 years experience in the development of commercial and public

sector real estate development, working in the UK, Europe Asia and the Middle East. He has worked on some of the world's iconic projects and brings his wealth of experience to help the redevelopment team transform the estate of our two hospitals.

(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.

Former Lay Member and Chair of Primary Care Executive Group Ealing Borough of NorthWest London CCG. Currently, 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)

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, RN)

David Harrison

Non-Executive Director – to March 2026

David has been a resident of Bedford Borough for almost 40 years, and now lives in Biddenham. Subsequent to qualifying as a chartered accountant, David has worked in the public sector as a senior civil servant (with both the Department of Health and HM Treasury), in the private sector (in investment banking and consultancy) and in the third sector (with charities and social enterprises).

David has considerable NED experience. Stepping down in 2021, David spent a combined 11 years as a NED, and then chairman, of a medium size community health and primary care services social enterprise in Essex. He also has a well-developed interest in integrated care, both nationally and internationally, and is currently NED and Treasurer of the International Foundation for Integrated Care.

(Membership of Committees – FIP, RD, DSC, RNC)

Yasmin Mahmood

Non-Executive Director – To March 2026

Yasmin is a resident of Bedford. Since April 2021, she has been Senior Equality Diversity and Inclusion (ED&I) Programme Manager for Buckinghamshire, Oxfordshire and Berkshire West ICS. She has been responsible for designing and implementing the Equality, Diversity and Inclusion Strategy for 2021-25; for leading and influencing ICS stakeholders to deliver an agreed improvement programme; and for monitoring, reporting and strengthening accountability within the healthcare system. She was previously Equality, Diversity and Inclusion lead at Central London Community Healthcare NHS Trust (May 2018 – April 2021); and Equality, Diversity and Inclusion Manager for NHS South East Commissioning Support Unit, which merged with North and East London (NEL) Commissioning Support Unit in 2016-17.

(Membership of Committees – QC, WFC, CFC, RNC)

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

Two Associate NEDs were recruited in February 2024. The roles are non-voting.

Charmagne Barnes

Associate Non-Executive Director – From February 2024

Dr Charmagne Barnes is Pro Vice Chancellor for Education and Student experience at the University of Hertfordshire. The remit includes health, AHP and social work, amongst a host of other subjects and disciplines, including subjects related to medicine and the opening of a medical school in the near future. Prior to this new role, she was the Pro Vice-Chancellor Dean of the University of West London's College of Nursing, Midwifery and Healthcare. As a health care practitioner, Charmagne's specialist area is Nursing – encompassing both Adult and Children's Nursing – which has been a passion in her career both, as a clinician and as an educator.

Charmagne has worked extensively in the arena of learning and teaching, widening participation and access, student success, quality assurance and enhancement, academic partnerships and stakeholder engagement and equality, diversity and inclusion (EDI). Her commitment to, experience and understanding of equality, diversity and inclusion would contribute to the focus on inclusive, equal and equitable processes and outcomes for patients and staff within the Trust.

Prior to joining the University of West London in 2012, she was the Director of Curriculum of Middlesex University and worked there from 1995 to 2012.

Charmagne graduated from the University of Hertfordshire in BSc Nursing and has a Doctorate in Education from the University of Nottingham.

Anthony James

Associate Non-Executive Director – From February 2024

Anthony James is the Chief Operating Officer of PinkNews, the world's largest LGBTQ+ focused media brand, reaching >150 million unique global users each month. His ultimate

accountability for key business decisions including HR, commercial and communications. One of his key roles has been the ability to gain credibility and build connections with a broad group of stakeholders and advise on HR and ED&I policies.

He worked as a Junior Doctor at Luton and Dunstable University Hospital from 2015 to 2016. He completed GP specialty training at The Royal Free NHS Foundation Trust from 2016 to 2020. He took part in the National Medical Director's Clinical Fellow Scheme, with a 12-month

placement working as a Clinical Lead at NHS Digital, with specific training across Policy making, NHS Structure and reforms, influencing change and Leadership. He has an MBA at Quantic School of Business and Technology. He graduated in 2014 from Barts and The London School of Medicine and Dentistry in Bachelor of Medicine, Bachelor of Surgery (MBBS).

He is the founding member of the Royal College of General Practitioners' LGBTQ+ Steering Group.

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	11/12				9/10	11/13	9/10		0/3	1/2
Richard Sumray	4/4	10/12		1/1	4/4		13/13	9/10			2/2
Cathy Jones	4/4	11/12			1	10/10	9/13	10/10		3/3	
Matthew Gibbons	3/4	11/12			1/4		12/13	10/10	3/4		2/2
Liz Lees	4/4	9/12			2/4	8/10****	4/13*	8/10	3/4	3/3	
Angela Doak	4/4	12/12			4/4	10/10			4/4		
Catherine Thorne	3/4	9/12			2/4	7/10****					
Mr Paul Tisi	4/4	12/12				10/10		10/10	3/4		
Simon Barton	4/4	12/12	5/5	1/1		9/10		9/10		3/3	
Mark Prior	3/4	11/12	4/5	1/1			12/13	7/10			2/2
Annet Gamell	4/4	11/12		1/1		9/10			4/4	3/3	
Gordon Johns	3/4	10/12	5/5	1/1	4/4	7/9	11/13				2/2
Tansi Harper	3/4	11/12	4/5	1/1		10/10	10/13		4/4		
David Harrison	4/4	12/12		1/1	3/4		13/13	10/10			
Yasmin Mahmood	4/4	12/12		1/1	3/4	10/10			2/4		

* Liz Lees and Cathy Jones were asked to prioritise attendance with operational needs.

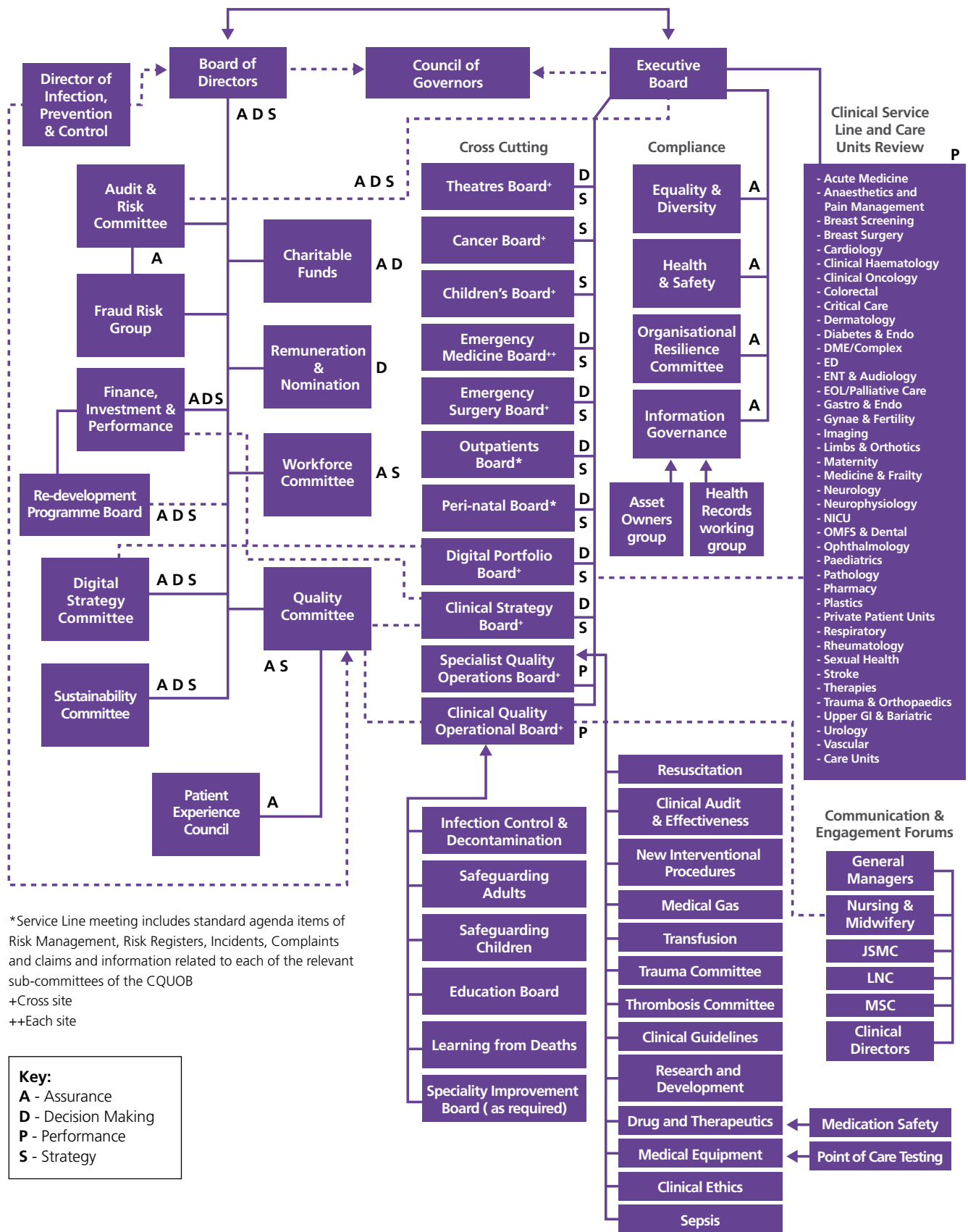
** Directors asked to attend by invitation should there be an agenda item that needs their attention. They remain a member of the committee should there need to be any formal approvals.

*** Joined Redevelopment in July 2022

**** Deputies attend if the Director is unable to attend

+ David Carter and Angela Doak attend as advisors to the Remuneration and Nomination Committee

Committees of the Board of Directors



*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

Key:
A - Assurance
D - Decision Making
P - Performance
S - Strategy

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 Simon Barton.

Audit and Risk Committee Report

The Audit and Risk Committee reviewed financial and operating performance and compliance against national and regulatory standards. A comprehensive work plan is agreed each year which ensures oversight and monitoring of risks, mitigations and issues relating to the financial statements, internal controls and compliance with regulatory, statutory responsibilities and internal policies and procedures which in turn enables action to be escalated as appropriate, i.e. officer attendance to explain critical risk or failure to implement internal audit recommendations and escalation to the Board where appropriate. An annual report of the Committee's activities and how the Committee has fulfilled its role is reported by the Chair of the Audit & Risk Committee to the Board and

the Council of Governors. The Committee has had close oversight throughout the year of the Board Assurance Framework, risk management, data quality, estates and capital schemes, infection control, bank and agency spend, discharge planning, consultant job planning, recruitment and retention, clinical audit, DSPT and key financial controls.

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

Internal Audit

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

External Audit

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

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

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

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

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

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

The organisation's going concern status has been specifically discussed with the External Auditors in relation

to the financially challenging environment the Trust faces. Assurance on the accounts review of the “going concern” opinion is based on risk to service continuity and that the Trust is able to confirm service continuity and therefore going concern status over the medium term.

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 Non-Executive Director, David Harrison.

Redevelopment Programme Board

The purpose of the Redevelopment Programme Board has been to lead the progression of the redevelopment programmes across both sites.

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 Richard Sumray, 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 is chaired by Non-Executive Director, Tansi Harper.

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 Richard Sumray, 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 NHS Improvement 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 states 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. Gordon Johns was 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 Richard Sumray. 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 an opportunity for the Governors to hold meetings with just the Non-Executive Directors to question performance and hold them to account.

In October 2022 the Council of Governors 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 a conflict of interest is identified for the Chair presiding at that meeting (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, Linda Grant in November 2022 and David Allen in November 2023 to support the lead governor. These are also for a period of two years.

The Council of Governors met four times formally during 2023/24 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.

Register of Interests of the Council of Governors' Members

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

Elections

Elections were held in June 2023 for taking up the term in September 2023. UK Engage were our independent scrutiner to oversee the elections, which were held

in accordance with the election rules as stated in our constitution.

There were elections in Central Bedfordshire and Hertfordshire:

Analysis of Annual Election Turnout, for the election that commenced in June 2023:

Analysis of Annual Election Turnout, for the election that commenced in June 2023

Date of election results	Constituencies involved	Electorate	Number of seats contested	Number of Candidates	Election turnout %
25 August 2023	Public : Central Bedfordshire	3,941	2	4	15.50%
25 August 2023	Public : Hertfordshire	1,587	1	2	15.94%

The elected candidates will serve a three-year term commencing September 2023 and ending September 2026.

The following seats were uncontested:

- ✓ Staff – Non-Clinical Admin and Clerical – 1 seat, elected unopposed

- ✓ Staff – Nursing & Midwifery (including Healthcare Assistants) (at Bedford site) - 1 seat, elected unopposed
- ✓ Staff – Medical and Dental (Bedford site) - 1 seat, elected unopposed
- ✓ Staff – Volunteers (cross site) - 1 seat, elected unopposed

GOVERNORS IN POST – April 2023 to March 2024

Constituency	Name	Selection Process	Term of office	Attendance of COG meetings
Appointed Governors				
Central Bedfordshire Council	Cllr Yvonne Farrell	Appointed July 2023	3 years	3/3
Bedford Borough Council	Cllr Martin Towler	Appointed July 2023	3 years	1/3
Luton Borough Council	Cllr Fatima Begum	Appointed July 2023	3 years	0/3
University College London	Alice Mortlock	Appointed September 2022 – resigned August 2023	3 years	1/1
University of Bedfordshire	Dr Alison Tressider	Appointed August 2023	3 years	3/3
Public Governors				
Hertfordshire	Mr Malcolm Rainbow	Elected September 2023	3 years	2/2
	Ms Helen Lucas	Re-elected September 2021	3 years	4/4
Central Bedfordshire	Dr Michael Carter	Elected September 2021	3 years	4/4
	Cllr Saverio Bongo	Elected September 2023	3 years	1/2
	Ms Jennifer Gallucci	Re-elected September 2021	3 years	1/4
	Ms Linda Grant	Re-elected September 2021	3 years	3/4
	Mr Ian Clayton	Elected September 2023	3 years	0/2
	Mr Jim Thakoordin	Re-elected September 2021	3 years	3/4
Bedford Borough	Mrs Joanne Barrow	Elected April 2023	2 years	4/4
	Mr Tarsem Paul	Elected July 2023	2 years	2/3
	Mrs Yvette King	Re-elected April 2023	2 years	3/4

Constituency	Name	Selection Process	Term of office	Attendance of COG meetings
Bedford Borough	Mr John Mingay	Elected April 2023	2 years	4/4
	Dr Jacquie Farhoud	Re-elected April 2023	2 years	4/4
Luton	Mr David Allen	Elected September 2022	3 years	4/4
	Mr Sean Driscoll	Re-elected September 2022	3 years	4/4
	Mrs Theresa Driscoll	Re-elected September 2021	3 years	4/4
	Mr Vinod Tailor MBE	Elected September 2022	3 years	3/4
	Mrs Judi Kingham	Re-elected September 2021	3 years	4/4
	Ms Wendy Cook	Elected September 2021	3 years	3/4
	Ms Cheryl Sinclair Day	Elected September 2022	3 years	2/4
	Ms Iram Aziz	Elected September 2022	3 years	4/4
Staff Governors				
Staff				
Non Clinical – Admin, Clerical, Management, Ancillary & Maintenance	Mrs Hina Zafar	Elected September 2021	3 years	3/4
	Mr Leon Fisher	Elected October 2022	3 years	2/4
	Mr Ravi Mahay	Elected October 2022	3 years	1/4
	Mrs Julie Siddique	Elected April 2023	2 years	1/4
	Mrs Belinda Chik	Re-elected September 2021	3 years	2/4
Nursing and Midwifery (including Health Care Assistants)	Mrs Sharon Sundersingh	Elected September 2022	3 years	1/4
	Mr Sabu Kakkassery Kuriakose	Elected April 2023	2 years	1/4
	Mrs Noreen Byrne	Re-elected April 2023	2 years	3/4
Medical and Dental	Mr Dimpu Bhagawati	Elected September 2021	3 years	3/4
	Dr Lakshmi Coates	Elected April 2023	2 years	2/4
Professional and Technical	Mr Terence Haynes-Smith	Elected September 2021	3 years	3/4
	Mr Selva Longanathan	Elected September 2022	3 years	4/4

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 2023/24 the committee met and has completed the following activities:

- Completed the recruitment of two Associate Non-Executive Directors and one Non-Executive Director.
- Agreed an extension to the terms of office of two Non-Executive Directors.
- Noted the appraisals.
- The committee was chaired by Yvette King.

NED remuneration

The Trust follows the NHS Improvement guidance from 2019 to determine the NED and Chair salaries. NED salaries and any exceptions are reviewed and agreed at the Council of Governors Remuneration and Nomination Committee. No Non-Executive Director receives performance related pay.

During 2023/24 the NED and chair salaries remained the same with four NEDs receiving an uplift of £3k.

Process for NED Recruitment

Following the term ending for Gordon Johns, the CoG Remuneration and Nomination Committee, supported by GatenbySanderson, completed a recruitment programme. Hannah O'Neil was appointed and she will begin her term in May 2024.

Process for Associate NED Recruitment

The CoG Remuneration and Nomination Committee, supported by GatenbySanderson, completed a recruitment programme for two non-voting Associate Non-Executive Directors. Dr Charmagne Barnes and Dr Anthony James were appointed and they began their term in February 2024.

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 2023/24 the committee met and completed the following activities:

- Reviewed the Membership Strategy.
- Completed significant membership recruitment particularly in Bedford Borough.
- Supported the Annual Member's Meeting.
- Completed two medical lectures.
- The committee was chaired by Jacqui Farhoud.

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 2023/24 the committee met and completed the following activities:

- Reviewed and implemented the national guidance in relation to terms of office and re-election.
- The committee is chaired by Helen Lucas, Lead Governor.



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 30,549 members (18,641 public and 11908 staff). Governors set a target of 600 FT Public new members which is 3% increase annually.



Trust will be directly accountable to local people by making the best use of its Foundation Trust Governors and Members



Bedfordshire Hospitals
NHS Foundation Trust

Membership Strategy (May 2024 - May 2027)

Hospitals Strategy

Strategic goals:

Engage with patients and visitors to the hospitals.

Staff members;

- to engage with membership activities.
- to engage with staff/public governors.

Strategy to achieve this:

- Continue to encourage staff to attend medical lectures, AMM and COG meetings. Give enough publicity via internal communication methods.
- Staff governors to do routine walk around, talk to staff and listen to what they have to say.
- Participate in staff engagement events.
- Public governors through the subcommittees and governor groups engage with staff to hear their say.
- Continue to engage with patients, visitors and staff at Outpatients and canteen areas.
- Continue to include stories of staff in the Ambassador.

Community Strategy

Strategic goals:

- Reach out in the community to those who are underrepresented in our membership profiling.
- Educate the community on health issues.
- Increase the diverse membership for each constituency.
- Reach out to hard to reach communities that have particular health issues.
- Strengthen engagement with the local communities.
- Engage with the wider public within the BLMK ICB patch.

Strategy to achieve this:

- Reinstate the membership advert on home page of the website.
- Continue with the ongoing social media campaigns on Facebook and Twitter.
- Meet and engage with the local communities at supermarkets, festivals, fairs, races, events, sports clubs, religious events, social & community groups and voluntary groups etc.
- Invite the members and governors from other Trusts within BLMK to the medical lectures and events.

Member Strategy

Strategic goals:

- Public membership - strengthen engagement and communication with members.
- Membership to be the representation of the local community.
- Encourage BAME communities to vote at elections.

Strategy to achieve this:

- Targeted recruitment activities in Bedford and North of Central Bedfordshire.
- Recruit diverse groups from Bedford, Central Bedfordshire and Hertfordshire.
- Hold engagement events, e.g medical lectures/AMM, in all four constituencies.
- Continue to issue publication (Ambassador) twice a year.

Governor Strategy

Strategic goals :

- Governors to have a two way communication with the membership community and local people and the public at large.
- Raise the profile of governors.
- Engage with the governors from other Trusts within the BLMK.
- Governors to be the voice of the members. and local people they represent.
- Governors to actively promote membership.

Strategy to achieve this :

- Each governor to recruit members. A yearly target given.
- Each year to publish the details of the governors in all communications (internal & external) and how to contact them.
- Governors to forward to their diverse groups the links to online membership adverts and anything that appears on Trust social media and websites.
- Promote the Ambassador to their constituencies.
- Governors to establish contacts with their local communities seeking opportunities to promote membership at events organise.
- Take part and invite to events within the BLMK.

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

Table 1 : Membership size and movement:

Public constituency	2023/24 (Plan)	2023/24 (Actual)	2024/25 (Plan)
At year start (April 1)	18203	18203	18241
New members	600	692	600
Members leaving	200	654	200
At year end (March 31)	18603	18241*	18641
Staff constituency **	2023/24 (Plan)	2023/24 (Actual)	2024/25 (Plan)
At year start (April 1)	9062	9062	10466
New members	4096	3034	3086
Members leaving	2670	1630	1644
At year end (March 31)	10488	10466	11908
Total Members	29091	28707	30549

* Please note the current membership numbers are reflective of a data cleanse, which resulted in the removal of 357 members.

** 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	6	876,045
17-21	67	234,659
22+	14,807	3,135,187
Not Stated	3,361	
Ethnicity*:		
White	10,034	3,434,716
Mixed	179	143,998
Asian or Asian British	2,576	367,118
Black or Black British	802	168,485
Other	944	102,561
Not Stated	3,706	
New Acorn Groups – 7 types:		
1 Luxury Lifestyles	709	231,441
2 Established Affluence	2,448	869,180
3 Thriving Neighbourhoods	5,304	1,226,549
4 Steadfast Communities	6,415	1,004,399
5 Stretched Society	2,215	649,545
6 Low Income Living	935	193,405
7 Not Private Households	109	71,371
Not stated/Not classified	106	
Gender analysis		
Male	10,977	2,090,039
Female	7,092	2,155,851
Non Binary	2	
Not Stated	170	

* Please note the current membership numbers are reflective of a data cleanse, which resulted in the removal of 357 members.

* 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 able to re-establish activities post the pandemic:

- 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 Trust 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 August and March.
- Governor training – Training was accessible to all the Governors through NHS Providers GovernWell programmes.
- 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.
- The Trust continued to hold the Council of Governor meetings and Seminars and its subcommittees, virtually. Some of the governors supported the staff events held in July and December 2023.
- The Annual Members Meeting (AMM) – the Trust held its virtual AMM in September 2023 and had more than 100 members attend the meeting.

Contact Details

Bedfordshire Hospitals NHS Foundation Trust's Membership Department can be contacted by email: foundationtrustmembership@ldh.nhs.uk

or by writing to:
Membership Department
Bedfordshire Hospitals NHS Foundation Trust
Nova House – 2nd Floor
Luton and Dunstable University Hospital
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 University Hospital
Lewsey Road
Luton
LU4 0DZ

*Full list of Governors available on:
www.bedfordshirehospitals.nhs.uk



David Carter
Chief Executive
Date 28th June 2024

Financial Performance Report

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Review of Financial Performance

The Trust celebrated its fourth merged year as Bedfordshire Hospitals NHS Foundation Trust by delivering a financial surplus for the 24th successive year, with a 2023/24 surplus of £0.3m. Whilst the Trust delivered the Control Total, delivering it relied on non-recurrent items to offset the additional costs of industrial action, emergency pressures & elective recovery that remained 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 industrial action, emergency pressures & elective recovery.

The table below illustrates our adjusted financial performance since 2009/10. The numbers prior to 2020/21 represent just the Luton and Dunstable Hospital.

Year	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Turnover	204.9	211.6	220.8	230.6	244.3	259.2	271.2	308.8
Surplus	3.1	2.6	2.5	0.9	0.4	0.1	0.1	12.9
Cash	43.7	50.9	47.6	37.5	24.8	11.7	9.1	28.2

Year	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Turnover	334.1	354.6	384.3	684.7	733.4	779.8	852.0
Surplus ¹	15.4	14.9	10.7	2.7	0.4	0.6	0.3
Cash	36.4	34.8	42.4	119.5	135.0	139.8	98.9

All figures £m

Cash balances continued to be monitored closely, with the FT ending the 2023/24 financial year with a balance of £98.9m. This was a decrease from 2022/23 and reflects the significant investment in capital on the Trust sites.

The FT has spent £95.9m on capital in 2023/24 to deliver modern NHS services. Notable developments include expansion to the emergency department, the completion of a new energy centre, significant investment in IT, and the ongoing 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.

In line with Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) the income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Where the Trust has received other income in excess of the costs of generating that income it is reinvested into patient care.

2.32 As required by section 43(3A) of the NHS Act 2006, an NHS foundation trust must provide information on the impact that other income it has received has had on its provision of goods and services for the purposes of the health service in England.

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 2023/24 by industrial action, emergency pressures & elective recovery, the impact of which will continue into 2024/25, with particular emphasis on recovery of planned care.

¹ This is the Trust's adjusted financial performance, and excludes the impact of impairments, donations and DHSC centrally procured inventories

The Directors have received assurance on the merged organisation's financial standing through detailed due diligence, and the FT continues to work on developing a surplus plan for 2024/25.

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 (>5%) to live within the financial envelope is beyond historical Cost Improvement Plan (CIP) delivery.

As the Trust is facing a predominantly 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.

The Trust needs to continue to work with ICS partners to deal with the challenges of rising emergency admissions, delays in discharge and the increasing complexity of the patients that the Trust treats.

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

Annual Statement on Remuneration

This part of the report is not subject to audit.

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 three 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.

The Annual Reporting Manual paragraphs 2.38-2.43 requires the reporting of:

- Future policy table – page 96
- How that component supports the short and long-term strategic objective of the foundation trust (page 96)
- An explanation of how that component operates (page 96)
- The maximum that could be paid in respect of that component (which may be the monetary amount or a description) (page 96)
- Where applicable, a description of the framework used to assess performance, including (page 94-99):
 - A description of any performance measures that apply, and where more than one performance measure an indication of the weightings used
 - Details of the performance period
 - The amount (expressed in monetary terms or otherwise) that may be paid in respect of the minimum level of performance that results in any payment under the policy and any further levels of performance set in accordance with the policy

- An explanation of whether there are any provisions for the recovery of sums paid to directors or for withholding the payments of sums to senior managers (page 96-99)
- Service contracts obligations - page 95
- Policy on payment for loss of office - page 96
- Statement of consideration of employment conditions elsewhere in the foundation trust - page 96
- The policy on diversity and inclusion used by the remuneration committee, the policy objectives and link to the trust's strategy, how it has been implemented and progress on achieving the objectives – included page 96 in the Performance Report page 19 and Staff Report page 52

The Annual Reporting Manual 2.47 requires the Trust to disclose key information (below) and reference where this information can be located:

- information on the corporation's policy on pay and on the work of the committee established under paragraph 18(2) of Schedule 7 to the NHS Act 2006, and such other procedures as the corporation has on pay and information on the remuneration of the directors and on the expenses of the governors and the directors - page 94 -99
- the total number of [governors/directors] in office - pages 75 (Directors) and 85 (Governors)
- the number of governors/directors receiving expenses in the reporting period - page 96-99
- the aggregate sum of expenses paid to governors/directors in the reporting period - page 96-99

The Annual Reporting Manual 2.46 requires the Trust to disclose key information (below) and reference where this information can be located:

- Details of the membership of the remuneration committee. This means the names of the chair and members of the remuneration committee should be disclosed – pages 87,79
- The number of meetings and individuals' attendance at each should also be disclosed – page 79
- The name of any person (and in particular any director of the trust who was not a member of the committee) who provided advice or services to the committee that materially assisted the committee in their consideration of any matter. No other advisors were used - page 79

Senior Managers Remuneration Policy

This part of the report is not subject to audit.

These individuals are employed on contracts of service and are substantive employees of the Trust. Their contracts are permanent which have termination of notice clauses by either party of three to six months (dependent upon individual's contractual terms). There are no compensatory arrangements for senior managers in the event of their termination by the Trust other than those specified within the Agenda for Change national terms and conditions.

The Trust's normal disciplinary policy applies to senior managers, including the sanction of summary dismissal for gross misconduct. The pay costs incurred on members of the Trust Board is included in the single total figure table in the Annual Accounts.

The levels of remuneration for executive directors and non-executive directors were established in line with national salary surveys obtained from the then Foundation Trust Network and Capita on first becoming a foundation trust on 1 October 2007. The Trust continues to benchmark against the NHS Providers annual benchmarking data. The Trust has not sought any consultation with employees in regard to senior manager remuneration.

The Remuneration and Nomination Committee has in place an Executive Directors' remuneration policy which provides for inflationary uplifts in line with those awarded to staff on Agenda for Change pay scales. This Policy was reviewed by the Committee in 2022/23. In line with the Executive Directors' Remuneration Policy the committee approved the national pay increase in line with the Agenda for Change conditions.

All Executive Directors (with the exception of the medical director), receive an annual salary which does not include an option for performance related pay.

All senior managers with the exception of Executive Directors are remunerated on national Agenda for Change terms and conditions. The Trust deems this to be economically appropriate to the prevailing employment conditions with the NHS.

The medical director had a job split between a clinical role and the medical director role, and received nationally applied enhancements to their Trust salary.

The Non-Executive Remuneration and Nomination Committee agree all salaries of Executive Directors. The committee satisfied itself that the remuneration is reasonable by benchmarking where possible and where

appropriate seeking information from recruitment agents. Any newly agreed salary that is over £150,000 must be ratified by NHS Improvement. Any salary that goes over £150,000 through the inflation uplift does not need to receive NHS Improvement ratification.

The Non-Executive pay is reviewed and agreed by the Council of Governors Remuneration and Nomination Committee. This is detailed on page 90.

Future policy table and Service contracts obligations

The salary of Executive Directors and the remuneration of Non-Executive Directors have no element of performance related pay, with the exception of the Medical Director's Clinical Excellence Award (CEA).

The salary or remuneration represents a single component of the package for each of the directors. The exception of this is the medical director who is a surgeon who has clinical duties as part of their role, and the above-mentioned CEA, which is classed as a performance related pay.

The Trust has not introduced any other elements of performance related pay, at any level within the organisation. There is no specific policy on duration of contracts, notice periods and compensation as these are the same as for other staff. These are in line with the national terms and conditions of service for NHS staff, known as Agenda for Change.

With the exception of salary, Executive Directors' (non-medical) terms and conditions mirror the appropriate national terms and conditions, which is Agenda for Change. The Trust's Medical Director was employed on medical and dental terms and conditions of employment for consultants. All other senior managers are employed on Agenda for Change.

The Trust does not have a policy for Executive Directors or senior managers for loss of office. Executive Directors and senior managers have a notice period in their contract which is invoked if the individual resigns, or the Trust terminates the contract. In the event of a resignation, the Trust has discretion, like all employers, to vary the notice provision if requested by the employee. The only exception to this is where there is a dismissal for gross misconduct in which termination would be without notice.

To determine senior manager salaries the remuneration committee may use one or more of the following:

- an assessment of the Trust's performance
- an assessment of an individual's performance against agreed objectives

- NHS cost of living pay rise, based on the national NHS pay award
- benchmarking data, including NHS Improvement guidance and established ranges
- NHS and other relevant advertised jobs
- the prevailing market position, including the ability to recruit and retain individuals.

Policy on payment for loss of office and employment conditions elsewhere

There were no payments to senior managers in respect of loss of office in 2023/24. None of the Non-Executive Directors serve in a non-executive capacity for other NHS Trusts and no payments have been made to third parties for the services of a senior manager.

The policy on diversity and inclusion

The Remuneration and Nomination Committee uses the documents outlined in the Performance Report page 13 and Staff Report page 49.

The Workforce Race Equality Standards, Workforce Disability Equality Standards and Gender Pay Gap Report are all used to review the skills and experience of each Board member. The information is used to review gaps and identify actions for the future to address any diversity issues. This links to the Trust Strategy through the Equality and Diversity Strategy and the Equality and Diversity Action Plan overseen by the Equality, Diversity and Human Rights Committee.

Annual Report on Remuneration – Information Subject to Audit

Accounting policies for senior employees' remuneration are set out below and details of pensions and other retirement benefits can be found on the following page, all of which is subject to audit.

Senior Managers Remuneration

		2023/24					
Name and Title		Salary (bands of £5,000)	Taxable Benefit to the nearest £100	Performance Pay and Bonuses (bands of £5,000)	Long Term Performance Pay and Bonuses (bands of £5,000)	Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)
Chairman							
Richard Sumray	Chairman	50-55	0	0	0	n/a	50-50
Non Executive Directors							
Simon Barton	Non-Executive Director	15-20	0	0	0	n/a	15-20
Mark Prior	Non-Executive Director	10-15	0	0	0	n/a	10-15
Annet Gammell	Non-Executive Director	15-20	0	0	0	n/a	15-20
Gordon Johns	Non-Executive Director	15-20	0	0	0	n/a	15-20
Anne Harper	Non-Executive Director	10-15	0	0	0	n/a	10-15
David Harrison	Non-Executive Director	10-15	0	0	0	n/a	10-15
Yasmin Mahmood	Non-Executive Director	10-15	0	0	0	n/a	10-15
Anthony James	Non-Executive Director (From Feb 2024)	0-5	0	0	0	n/a	0-5
Charmagne Barnes	Non-Executive Director (From Feb 2024)	0-5	0	0	0	n/a	0-5
Executive Directors							
David Carter	Chief Executive	215-220	0	0	0	0	215-220
Cathy Jones	Deputy Chief Executive	160-165	0	0	0	0	160-165
Matthew Gibbons	Director of Finance	155-160	0	0	0	0	155-160
Angela Doak	Director of Human Resources	135-140	0	0	0	0	135-140
Liz Lees	Chief Nurse	140-145	0	0	0	0	140-145
Catherine Thorne	Director of Quality & Safety Governance	125-130	0	0	0	0	125-130
Paul Tisi	Chief Medical Advisor*	235-240	0	0	0	0	235-240

		2022/23					
Name and Title		Salary (bands of £5,000)	Taxable Benefit to the nearest £100	Performance Pay and Bonuses (bands of £5,000)	Long Term Performance Pay and Bonuses (bands of £5,000)	Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)
Chairman							
Simon Linnett	Chairman	40 to 45	0	0	0	n/a	40 to 45
Non Executive Directors							
Simon Barton	Non-Executive Director	15 to 20	0	0	0	n/a	15 to 20
Mark Prior	Non-Executive Director	10 to 15	0	0	0	n/a	10 to 15
Annet Gammell	Non-Executive Director	15 to 20	0	0	0	n/a	15 to 20
Richard Mintern	Non-Executive Director (to Jun 2022)	0 to 5	0	0	0	n/a	0 to 5
Ian Mackie	Non-Executive Director (to Sept 2022)	5 to 10	0	0	0	n/a	5 to 10
Gordon Johns	Non-Executive Director	15 to 20	0	0	0	n/a	15 to 20
Stephen Hone	Non-Executive Director	15 to 20	0	0	0	n/a	15 to 20
Anne Harper	Non-Executive Director	10 to 15	0	0	0	n/a	10 to 15
Executive Directors							
David Carter	Chief Executive	205 to 210	0	0	0	70 to 72.5	275 to 280
Cathy Jones	Deputy Chief Executive	150 to 155	0	0	0	37.5 to 40	190 to 195
Matthew Gibbons	Director of Finance	145 to 150	0	0	0	37.5 to 40	185 to 190
Angela Doak	Director of Human Resources	130 to 135	0	0	0	32.5 to 35	165 to 170
Liz Lees	Chief Nurse	135 to 140	0	0	0	30 to 32.5	165 to 170
Catherine Thorne	Director of Quality & Safety Governance	115 to 120	0	0	0	27.5 to 30	145 to 150
Paul Tisi	Chief Medical Advisor*	215 to 220	0	0	0	40 to 42.5	260 to 265

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 2023/24 or 2022/23.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

All Executive Directors are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

* Salary includes remuneration for clinical duties. For the purpose of consistency with other NHS bodies clinical excellence awards are reported as salary.

Pension Benefits

		2023/24							
Name and Title		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2024 (bands of £5,000)	Lump Sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2023 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2024 £000	Employer's contribution to stakeholder pension £000
David Carter	Chief Executive	0	57.5-60	70 to 75	195-200	1,466	238	1,734	0
Cathy Jones	Deputy Chief Executive	0	37.5-40	40 to 50	115-120	634	196	852	0
Matthew Gibbons	Director of Finance	0	35-37.5	45 to 50	125-130	785	180	986	0
Angela Doak	Director of Organisational Development	0	17.5-20	65 to 70	180-185	1,562	93	1,674	0
Liz Lees	Chief Nurse	0	0	65 to 70	180-185	1,456	111	1,585	0
Catherine Thorne	Director of Quality & Safety Governance	0	17.5-20	55 to 60	160-165	1,383	88	1,488	0
Paul Tisi	Chief Medical Advisor	0	35-37.5	75 to 80	215-220	1,786	147	1,956	0

		2022/23							
Name and Title		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump Sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2023 £000	Employer's contribution to stakeholder pension £000
David Carter	Chief Executive	2.5 to 5	(0 to 2.5)	70 to 75	125 to 130	1,233	70	1,332	0
Cathy Jones	Deputy Chief Executive	2.5 to 5	(0 to 2.5)	40 to 45	70 to 75	535	19	575	0
Matthew Gibbons	Director of Finance	2.5 to 5	(0 to 2.5)	45 to 50	80 to 85	664	28	713	0
Angela Doak	Director of Organisational Development	2.5 to 5	(0 to 2.5)	65 to 70	145 to 150	1,349	52	1,419	0
Liz Lees	Chief Nurse	0 to 2.5	(0 to 2.5)	60 to 65	165 to 170	1,262	41	1,322	0
Catherine Thorne	Director of Quality & Safety Governance	0 to 2.5	(0 to 2.5)	55 to 60	130 to 135	1,193	46	1,256	0
Paul Tisi	Chief Medical Advisor	2.5 to 5	(0 to 2.5)	75 to 80	160 to 165	1,540	59	1,622	0

All Executive Directors are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

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.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The banded remuneration of the highest-paid director in the organisation and the percentile payments are outlined in the below tables:

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.

	22/23	23/23	%Δ
Average Employee Pay and Benefits/Salary (£)	37,286	45,073	20.88%
Banding of highest paid Director* (£k)	205-210	215-220	4.82%

The banded remuneration of the highest-paid director in the organisation in the financial year 2023-24 was £215k-£220k (2022-23, £205k-£210k). This is a change between years of 4.82%.

For employees of the Trust as a whole, the range of remuneration in 2023-24 was from £14,464 to £313,319 (2022-23 £9,379 to £269,449). 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 20.88% (2022-23, 2.43%). 5 employees received remuneration in excess of the highest-paid director in 2023-24. This compares to 15 in 22/23.

Please note the methodology for calculating remuneration (Average employee pay and benefits/ Salary) has changed

for 2023/24. The Trust has used the higher of the whole time equivalent salary and the March earnings (to incorporate additional payments outside of salary) pro rata'd for all staff in post (including bank and agency staff) as at 31 March 2024. In 2022/23 the Trust used the whole time equivalent salary for all staff in post (including bank and agency staff) as at 31 March 2023. This has led to a significant % increase in average salaries.

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 £
2023/24	Total Remuneration (£)	26,846	35,392	47,906
	Salary Component of Total Remuneration (£)	26,846	35,392	47,906
	Pay Ratio Information	8.10	6.15	4.54
2022/23	Total Remuneration (£)	23,177	32,934	41,659
	Salary Component of Total Remuneration (£)	23,177	32,934	41,659
	Pay Ratio Information	8.95	6.30	4.98

This data includes bank and agency staff.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer values of pensions. For Consultants it also includes Clinical Excellence Awards.

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



David Carter

Chief Executive

Date 28th June 2024

Fundraising and Charitable Donations

The past 12 months have been really positive for fundraising. Committed to inspiring our communities to transform lives, last year we were able to support fantastic appeals which amount to over £1.7million spent, which has made a huge difference. Thanks to the generosity and passion of our loyal supporters, we continued to provide the best environments as well as transform care through technological and digital innovation. We have delivered significant impact across our two hospitals, doing more for patients and their families. Our impact newsletters have evidenced and shared a number of success stories during the year. This has been made possible by the generosity of our supporters, and we celebrated one of our most successful years raising funds.

Dedicated to working alongside the Trust Board and Redevelopment in addressing the most urgent needs of our hospitals, we were delighted to see our appeals finalised, with dramatic improvements to the Luton and Dunstable Hospital paediatric emergency department, part of the adult emergency department including a new CT and the emergency resuscitation room on our children's wards open for use. In addition to the support we have directly provided, working closely with our sister charity, Bedford Hospital Charity and Friends, charitable donations have also funded a huge uplift to the Bedford Hospital emergency department including a new CT also.

The charity has now launched a brand-new capital appeal to raise funds to support: a new maternity department and wards; a new critical care Unit; a new Neonatal Unit and sensory areas within a new theatres block. This is in addition to specialist maternity bereavement areas on both sites. These appeals will make a real difference to patients needing treatment within these services. The appeals mentioned above are also supplemented by many additional fundraising projects delivered across both sites, some of which are listed in the report below.

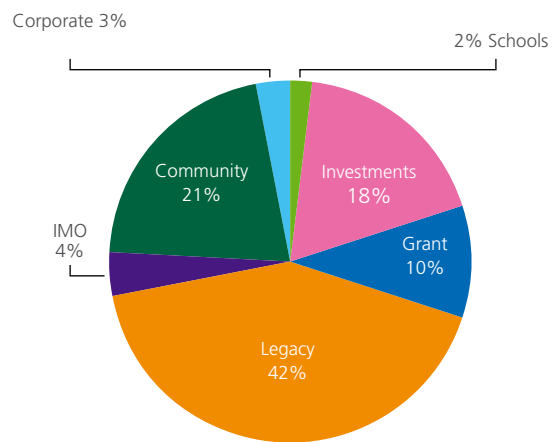
In addition to the above activities, the Charity also underwent a redesign, which was kindly funded through a grant from NHS Charities Together. This was much needed to create a strong recognisable presence on both sites that staff and patients could relate to. There was quite a bit of supporter and staff engagement on the final look. The Charity is truly grateful for the input and commitment of many into this project and are delighted with the outcome, which will support further development and recognition of the Charity.

During the 2023/24 financial year (FY), Bedfordshire Hospitals NHS Charity received £2.45million to support many great causes across the Trust. This includes £1 million from Bedford Hospital Charity and Friends, £1.45million from 2000 donations from grant-giving trusts, companies, individuals, community groups, legacies, investments and

£164k generated by the Charity shop (£8k net).

Of the £1.45m income (excluding funds from Bedford Hospital Charity and Friends), 42% of income was from legacies, 21% from Community events and donations, 10% Charitable Trusts & Grants, 4% from In Memory donations, 3% was from Corporate (although this does not include Gifts in Kind), 2% from schools and 2% from the shop. The Charity received over 1000 Gifts in Kind, valuing £25k. This year we have not received a gift from the major donor who has contributed over the last three years, who contributed to 27% of the 22/23 income.

Legacy and In Memory donations received totalled £471K, which is up on last year by £60k. Over the last year, legacy has been a big focus alongside rebranding, as areas that we needed to develop to secure future income streams. The charity has chosen to invest in major stakeholder research and a new Will-writing platform to support this income provision. In addition to this, there is also now legacy information that has been made more prominent across both hospital sites. Although this will not have an immediate effect on income, it should generate future support.



During the financial year of 2023/24, the Trusts and Grants team raised £103k.

Over the year, NHS Charities Together remained a big focus, with much reporting on all grants issued now completed. The end-of-year report for the Development Grant received in spring '23. The Trust has been delighted with the three projects funded and the report was well-received by the funder. We also submitted an outstanding report from one of our Stage 2 partners in early spring, which has closed off nearly all reporting for Stages 1, 2 and 3.

The Charity was awarded a grant of £10,000 from the Mrs B L Robinson Charitable Trust towards the Maternity Bereavement Garden Appeal.

The team have also submitted an application for the NHS Charities Together Volunteering for Health Fund, collaborating with Bedfordshire, Luton and Milton Keynes Integrated Care Board, Community Action: Milton Keynes and Community Voluntary Services Bedfordshire to deliver a volunteering infrastructure that will help us reach seldom-heard communities. The results for the first stage will be released mid-May '24.

The community has been instrumental in the success of projects, with a few of the groups and their contributions listed below:

- Sacred Heart of Jesus Christ fundraised for the NICU raising £1,521.
- Women Connecting Women raised £1,500 for the NICU after one of their members recently used the unit.
- The Roxtonettes in Bedford raised £3,004 for the Primrose Unit in support of one of their members.
- Stewartby Bowls Club raised £147.50 at one of their events for the Primrose Unit.
- Probus Club Kempston raised £200 at one of their events for the Primrose Unit.
- Michael Josephs Hair and Beauty shop raised £600 for the early pregnancy unit and used half of the funds to purchase bags with key items in them for ladies staying in under emergency conditions.
- Provincial Grand Lodge of Bedfordshire continue their support by donating the TLC bear every 3 months to both EDs, they also supported both sites with Easter Eggs.
- The Lewis Foundation made a donation of £477 in goods for the Blossom Trolleys.
- Wells & Co made a donation of £15,000.00 for the Primrose Unit.
- St Andrew's Masonic Lodge no.803 in Biggleswade donated £250 for Light up a Life and the Give a Gift appeal.
- Toddington Town Band purchased £450 worth of items from the Amazon Wish list for the NICU.
- Kier staff made a donation of £100 towards the Little Feet Appeal.
- Give a Duck Foundation donated £300 worth of teddies for the Children's Ward L&D.
- Costco made a donation of £200 for the Critical Care Garden Appeal. The Court Ladies Luncheon Club ran a raffle and raised £300 for the Primrose Unit.
- The Kingsbury Preceptory donated £500 for The Primrose unit.
- The United Services Club raised £5,383.25 for the NICU.
- Mochimoo held a coffee morning and raised £714 for the Primrose Unit.

This year, through generous funding, the Charity were able to help support many projects across the hospital sites, a

few are included below:

- Primrose Unit – supported upgrade to a new fast track clinic supporting patients undergoing cancer treatments.
- Patient entertainment equipment for ward 15.
- Primrose Unit – specialist staff training to support the emotional journeys of patients undergoing cancer treatments.
- Cancer Unit at L&D – Lymphotouch equipment and redecoration of patient counselling room.
- TakeHeart – Heritage artwork, recognising different staff backgrounds through an art piece.
- SCBU and NICU Accommodation running costs for parents (both sites).
- New play equipment for paediatric patients (both sites).
- Primrose Unit – specialist cooling system to help reduce hair loss in cancer patients, CT Scanner (L&D).
- L&D maternity bereavement unit – specialist parent sleeper chairs.
- Children's critical care room, a dedicated space for children in respiratory distress.
- Nurses Day 2023 celebrations / awards and Facilities day (both sites).
- Easter gifts, Eid Gifts and Christmas presents for patients.

Give a Gift campaign 2023, a campaign where supporters donate gifts from an Amazon Wish List or make a monetary donation for the Charity to purchase gifts for patients on Christmas Day, was run across both Bedford Hospital and Luton & Dunstable Hospital and supported every ward. For the Give a Gift appeal, we sourced 2000 gifts in total for patients including the Children's areas. Total money raised was £12,466.50, while in 2021 we raised £2,595.00. We received gifts from Kier, Willmott Dixon, Chalk Hills Academy, Curry's Luton, Dunelm, Laween Al-Atroshi, GWD Performance, Harpenden Round Table, ISS, L&D Radio, Luton Sixth Form, Provincial Grand Lodge of Bedfordshire, RIS, Starbucks, Tesco, UCKG, Teletrac Navman, Lecico, B&M Distribution Centre, St Nicholas Lodge, Milton Ernest Care Home and Next Retail.

The Charity were able to also offer limited ward visits, which had been halted in previous years due to Covid restrictions, feedback received from patients was very positive as pantomime and football players brought much cheer and the gifts made a difference to their patients and staff and were well-received.

Light up a Life raised £3,525.66 with both sites seeing an increase of visitors to the opening ceremonies. Last year, we raised £1,609.85.

The Charity team ran a very successful event in September with Lashing World. The event was a corporate lunch with

guest speaker Jason Leonard raising funds for the Little Feet Appeal, supporting the new maternity department and raising £26,000 towards the appeal.

Between April 2023 and March 2023 a total of £16,774 was raised from schools, this includes a donations totalling £8464 from Challney High School for Girls who chose to support the Breast Cancer Unit. £1500 from Beechwood Park School, which was used towards the purchase of C-MAC Laryngoscope equipment for the Children's Ward. Denbigh High school are supporting the Little Feet appeal and donated over £700 towards this so far. Gifts were also received for the Give a Gift Appeal from multiple schools from within our hospitals communities.

The Charity shop has had a successful year ending in a small profit. Although gross profits are up on 2022 income levels by 39%, equally expenditure levels have increased by 41%. The numbers reflect that the income and expenditure has increased in this financial year, which align with the increase in produce cost and charge increases, which have been reflective of inflation levels in the wider economy. The shop is well-regarded and not only supports purchase, but also promotes the charity and offers volunteering and student volunteering experiences. The retail hub is staffed by two employees and 19 volunteers. Any profits made return to the Charity general fund to support charitable projects. The Charity Hub Manager has needed to mitigate rise of the wholesale cost of items to the shop, absorbing part of this so that cost to consumer is not a deterrent against purchase. The shop also benefits from sale of donated items such as handmade cards and knitted goods. The trolley service is well-regarded by patients on the wards. This offers a provision to patients, staff and visitors who may not be able to leave the ward to access a shop provision. The team are in the process of designing the retail space located within the new ward block. This will drive additional volunteer opportunities supporting the wider community as well as the supporting patient and volunteer interactions. This will be a huge asset to the retail element of the Charity and will continue to help support charitable projects at the Trust.

There will need to be cost increases on some goods, to support the related expenditure. Consideration is also being given to reducing product lines to maximise on higher yielding products.

Income overall for this area, between January and December 2023, totals at £195,592 gross. This is up on 2022 income levels by 39%, but equally expenditure levels have increased by 41%.

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@bedsft.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 desktop valuation exercise was undertaken as at 31 March 2024 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 6 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 93% of non-NHS invoices within 30 days of receipt of a valid invoice.

2023/24	Non-NHS		NHS	
	Number of invoices	Value £000s	Number of invoices	Value £000s
Invoices payable in the year	144,926	£352,118	2,335	£56,380
Invoices paid within target	134,400	£329,762	1,961	£42,282
% Invoices paid within target	93%	94%	84%	75%

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 2024, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2024	1
Of which...	
No. that have existed for less than one year at time of reporting.	
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.	0
No. that have existed for four or more years at time of reporting.	1

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2023 and 31 March 2024, 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 2023 and 31 March 2024	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 purposes during the year .	6
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 2023 and 31 March 2024

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.

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.

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.

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 2023/24

Date of Incident	Nature of Incident	Nature of data involved	ICO Response
24/04/2024	A failsafe platform for use in the Maternity department produced a document for a QA visit contained live patient information.	Clinical Information	Not required to report
05/04/2024	A staff member was delivering documents of 2 new starters to HR, likely to have been dropped and are unable to be located.	Staff Information	Not required to report
07/03/2024	Staff member has discussed patient on a public Facebook group post.	Clinical Information	ICO
26/01/2024	Trust was subject to a cyber-attack on our Bedford domain. Point of entry (Cisco anyconnect).	Network Information	ICO
12/12/2023	Identifiable patient data relating to a trial was shared with the supplier inappropriately.	Clinical Information	Not required to report
04/12/2023	Two patients who share the same address and are under the same specialism have had their medical information mistakenly logged in each other's medical records.	Clinical Information	Not required to report
25/10/2023	During our routine access audit, we have identified inappropriate access to family, patient and staff data.	Clinical Information	ICO
02/10/2023	A member of staff has sent out an email without blind copying recipients.	Email Information	ICO
25/09/2023	An Endoscopy patient received a list of 6 patients booked on a particular Endoscopy list, with his Endoscopy appointment letter and leaflet, in the post.	Clinical Information	Not required to report
18/09/2023	An issue regarding real patient data in our non-LIVE systems. A technical review has been completed to find the RCA. -	Clinical Information	ICO

SUMMARY OF INCIDENTS REPORTED TO THE INFORMATION COMMISSIONERS OFFICE (ICO) VIA THE DSP TOOLKIT INCIDENT REPORTING TOOL IN 2023/24

Date of Incident	Nature of Incident	Nature of data involved	ICO Response
15/09/2023	Staff member has accessed her deceased husband's ICE reports over 100 times from 2019 to date.	Clinical Information	ICO
05/09/2023	Security monitoring systems picked up lateral movement and file execution within the L&D Hospital Network by an unauthorised external actor.	Network Information	Not required to report
04/09/2023	Staff member allegedly accessed patient information and used this to contact the patient inappropriately via text message and video calls.	Clinical Information	ICO
14/08/2023	An e-mail containing sensitive data (staff related) was sent to the wrong gmail address.	Staff Information	Not required to report
23/06/2023	A shared inbox used in the Outpatients team is suspected of being vulnerable. An unknown external email address appears when the team send an email, potentially exposing a risk to inappropriate sharing.	Clinical Information	ICO
16/06/2023	Received an email regarding a potential security/data breach.	Network Information	Not required to report
12/04/2023	The Trust has sent a letter from our payroll department to a former member of staff regarding overpayment to their old address.	Staff 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 England.

NHS England, 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 England, 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:

Annual Governance Statement 2023/24

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 2024 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 and the Chief Nurse. The Chief Executive through the Associate Director of Corporate Governance, is the Board lead for non-clinical (including Health and Safety) risk management. The Medical Director leads on clinical risk management and chairs 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, Cross Cutting 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

Inphase. 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 Group by The risks managed by BHFT in the year (Summary)

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 organisation's 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.

Risk Type	Risk description	Impact	Likelihood	Mitigating actions	Monitoring Framework
Clinical Operational	1.Workforce Pressures	High	High	Workforce plans in place.	Weekly Senior Team and Executive meetings.
	2.Capacity pressures and responding to demand			Board approved action plans with Trust partners where appropriate.	Monthly Quality Committee and ongoing reporting to the Board.
	3.Implementation of integrated care			Length of Stay, Discharge Project and Needs Based Care initiative.	Board of Directors strategic oversight.
	4.The need for robust and whole system working			Ongoing collaborative work with BLMK ICB and Local Health system.	ICB and BCA meetings.
	5.COVID 19 recovery			Performance reports.	Quality Committee.
Finance	Delivering the financial challenge and agency spend	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. Monthly Service Line Executive Review Framework.

Risk Type	Risk description	Impact	Likelihood	Mitigating actions	Monitoring Framework
Present Hospital Sites	Going forward the Trust sites will not be consistent with capacity or clinical requirements for good patient care	High	High	Robust management and governance arrangements in place to manage ongoing risks and hospital redevelopment project.	Board oversight of developments with DH and NHSI.
	Backlog Maintenance			Finance, Investment and Performance Committee (FIP) oversight of backlog maintenance plans and strategy.	Board review of Full Business Case and approval of actions.
	Managing two sites				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	High	Low	Ensure that the Emergency and Business Continuity plans are frequently reviewed, communicated and understood by key staff.	Ongoing review and testing of Business Continuity plan relevant adaptation of plans. Oversight by Organisational Resilience Group .
	Cyber and data security	High	Medium	Preventative and responses to cyber security .	Oversight by Board Sub group Digital Strategy Board.

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 and the Board of Directors. 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 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 in November 2023 the Trust is awaiting the draft report from the CQC. The Trust will continue its regular engagement with the CQC and continued work on implementation of a comprehensive improvement plan.

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 Trust's 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 Integrated Care Boards, 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 has published an up-to-date register of interests (including gifts and hospitality) 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 has a formal Sustainability sub-committee of the Board that 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 England 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 from the National Cost Collection run by NHS Pricing and Costing for Bedfordshire Hospitals NHSFT, based on 2021/22 accounts and activity, compared to a national average index of 100 is 95 (2020/21 - 90).

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 documented 16 incidents using the DSPT, 8 were sent to the ICO for additional information. All but one of the eight have been responded to as its still under investigation. Therefore, we've notified the ICO that we'll provide our full incident report once it's finalised.

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 2023/24 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 CHKS 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 Code of Governance. These assessments have been cross referenced against the Licence requirements.

Compliance with the Code of Governance for NHS Provider Trusts

Bedfordshire Hospitals NHS Foundation Trust has applied the principles of the Code of Governance for NHS Provider Trusts on a comply or explain basis. The Code of Governance for NHS Provider Trusts most recently revised in April 2023, is based on the principles of the UK Corporate Governance Code issued in 2018.

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

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

The opinion

For the 12 months ended 31 March 2024, the head of internal audit opinion for Bedfordshire Hospitals NHS Foundation Trust is as follows:

The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

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

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

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

IT General Controls – whilst well designed and effective controls and processes were found to be in place in relation to roles and responsibilities, endpoint security system configuration (with the exception of alert management), boundary firewall configuration (with the exception of alert and firmware management) and the reporting of backup success by Telefonica Tech. Issues were however found with regards the management of starters and movers (in terms of audit trail and permissions), with further issues noted in relation to training, boundary firewall alert management, management of firewall rules, physical security, password management and the escalation of back up failures which are undertaken internally. In response to this audit, management are liaising with Internal Audit to map evidence provided for the latest DSPT audit against the recommendations raised in this audit. The Trust also commissioned a further externally facilitated audit to test the improvements to the control framework, the draft report indicates a positive assurance opinion. The report will be submitted to the Audit and Risk Committee for assurance when it is finalised.

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

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

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

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

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

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 28th June 2024

Independent Audit Opinion

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Bedfordshire Hospitals NHS Foundation Trust and group as at 31 March 2024 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 2023-24; and
- have been prepared in accordance with the National Health Service Act 2006.

We have audited the financial statements of Bedfordshire Hospitals NHS Foundation Trust (the Trust) and its subsidiaries (the group) for the year ended 31 March 2024, which comprise the combined group Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement 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) as interpreted and adapted by the 2023-24 Government Financial Reporting Manual as contained in the Department of Health and Social Care's Group Accounting Manual 2023-24, and the NHS Foundation Trust Annual Reporting Manual 2023-24 issued by NHS England.

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 and group'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.

We have audited the information in the Remuneration and Staff Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes;
- the table of pension benefits of senior managers and related narrative notes;
- the tables of exit packages and related notes;
- the analysis of staff costs and numbers and related notes; and
- the table of pay multiples and related narrative notes.

In our opinion the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2023-24.

Matters on which we are required to report by exception

Use of Resources

We are required to report to you if, in our opinion, we identify any significant weaknesses in the arrangements that have been made by the Trust for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have completed our work on the Trust's arrangements. We have nothing to report in this regard.

Other matters on which we report by exception

We have nothing to report in respect of the following matters which Schedule 10 of the National Health Service Act 2006 requires us to report to you if:

- in our opinion the Annual Governance statement does not comply with the guidance issued by NHS England; or
- we refer a matter to NHS England under Schedule 10 (6) 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 (3) of the National Health Service Act 2006.

Responsibilities of the chief executive as accounting officer

As explained more fully in the Statement of chief executive's responsibilities as accounting officer the chief executive is the accounting officer for the Trust and is 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 accounting officer is 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 Directors either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

As explained in the Statement of chief executive's responsibilities as accounting officer, as the accounting officer of the Trust, the Chief Executive is responsible for ensuring that value for money is achieved from the resources available to the Trust.

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 head of internal audit, 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 and or external specialists, including information technology specialist 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, expenditure recognition and posting of unusual journals;
- 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. The key laws and regulations we considered in this context included the National Health Service Act 2006, which requires that each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account. Other relevant laws and regulations identified include VAT and PAYE legislation; and
- other risk assessment procedures performed relating to fraud, non-compliance with laws and regulations and regularity.

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, the Audit Committee and in-house legal counsel 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.

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 responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21 of the Local Audit and Accountability Act 2014 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.

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.

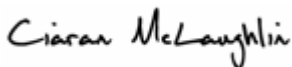
Certificate

We cannot formally conclude the audit and issue an audit certificate for Bedfordshire Hospitals NHS Foundation Trust for the year ended 31 March 2024 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice issued by the National Audit Office (NAO) until we have completed the Consolidated Provider Accounts (CPA) Group Return 2023-24 required by NAO for completion of Group accounts.

Use of our report

This report is made solely to the Council of Governors of Bedfordshire Hospitals NHS Foundation Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006.

Our audit work has been undertaken so that we might state to the Council of Governors 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.



Ciaran McLaughlin Key Audit Partner

For and on behalf of BDO LLP, local auditor Ipswich, UK
30 June 2024

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

Independent Auditor's report to the Governors of Bedfordshire Hospitals NHS Foundation Trust ('the Trust') for the year ended 31 March 2024

In our auditor's report dated 30 June 2024 we explained that the audit could not formally be concluded in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we had completed the Group Return required by the National Audit Office in respect of their audit of the Consolidated NHS Provider Accounts.

This work has now been completed.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2024 issued on 30 June 2024 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of Bedfordshire Hospitals NHS Foundation Trust as at 31 March 2024 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care's Group Accounting Manual 2023-24; and
- have been prepared in accordance with the National Health Service Act 2006.

No matters have come to our attention since 30 June 2024 that would have a material impact on the financial statements on which we gave our unqualified opinion.

Report on other legal and regulatory requirements - the Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources

In our auditor's report for the year ended 31 March 2024 issued on 30 June 2024 we reported that we had not identified any significant weaknesses in the arrangements made by Bedfordshire Hospitals NHS Foundation Trust for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

No matters have come to our attention since 30 June that would have resulted in any exception reporting on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of Bedfordshire Hospitals NHS Foundation Trust for the year ended 31 March 2024 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Use of our report

This report is made solely to the Governors of Bedfordshire Hospitals NHS Foundation Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Governors 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 Governors of the Trust, as a body, for our audit work, this report, or for the opinions we have formed.

Ciaran McLaughlin

Key Audit Partner

For and on behalf of BDO LLP, Statutory Auditor
Ipswich, UK

3 July 2024

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 2024 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 28th June 2024

Statement of Comprehensive Income

	note	Parent (Bedfordshire Hospitals NHSFT)		Group “(Bedfordshire Hospitals NHSFT & NHS Charitable Funds)”	
		2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Operating income from patient care activities	2.5	799,808	722,629	799,808	722,629
Other operating income	2.6	52,159	57,165	53,339	58,347
Operating expenses	3	(857,768)	(766,561)	(858,578)	(770,120)
OPERATING SURPLUS / (DEFICIT) FROM CONTINUING OPERATIONS		(5,801)	13,233	(5,431)	10,856
Finance Costs					
Finance income	6.1	5,569	2,555	5,624	2,611
Finance expenses	6.2	(1,776)	(1,653)	(1,776)	(1,653)
PDC Dividends payable		(9,616)	(8,135)	(9,616)	(8,135)
NET FINANCE COSTS		(5,823)	(7,233)	(5,768)	(7,177)
(Losses)/ gains of disposal of assets		(370)	(4,793)	57	(4,985)
Surplus/ (Deficit)		(11,994)	1,207	(11,142)	(1,306)
SURPLUS / (DEFICIT) FOR THE YEAR		(11,994)	1,207	(11,142)	(1,306)
Revaluation Impact	8	(4,183)	3,727	(4,183)	3,727
TOTAL COMPREHENSIVE INCOME/ (EXPENSE) FOR THE YEAR*		(16,177)	4,934	(15,325)	2,421

* The Trust delivered a surplus against the financial target set by NHS England. For the Trust's adjusted financial position as monitored by NHS England please see Note 31.

Statement of financial position

	note	Parent		Group	
		31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Non-current assets					
Intangible assets	7	0	0	0	0
Property, plant and equipment	8	485,719	435,295	485,719	435,295
Right of use Assets	9	48,441	48,540	48,441	48,540
Other investments	10	0	0	3,744	2,787
Trade and other receivables	13	2,724	2,872	2,724	2,872
Other assets - PFI lifecycle asset	14	1,010	1,319	1,010	1,319
Total non-current assets		537,894	488,026	541,638	490,813
Current assets					
Inventories	12	9,130	8,146	9,130	8,146
Trade and other receivables	13	33,163	41,896	33,151	41,293
Cash and cash equivalents	22	98,282	139,804	98,850	141,225
Total current assets		140,575	189,846	141,131	190,664
Current liabilities					
Trade and other payables	15	(91,003)	(134,680)	(91,052)	(134,728)
Borrowings	17	(4,592)	(4,842)	(4,592)	(4,842)
Provisions	20	(10,937)	(9,221)	(11,380)	(9,822)
Other liabilities - Deferred Income	16	(4,771)	(7,814)	(4,771)	(7,814)
Total current liabilities		(111,303)	(156,557)	(111,795)	(157,206)
Total assets less current liabilities		567,166	521,315	570,974	524,271
Non-current liabilities					
Borrowings	17	(64,679)	(65,921)	(64,679)	(65,921)
Provisions	20	(2,065)	(2,110)	(2,065)	(2,110)
Total non-current liabilities		(66,744)	(68,031)	(66,744)	(68,031)
Total assets employed		500,422	453,284	504,230	456,240
Financed by					
Taxpayers Equity					
Public Dividend Capital		404,171	340,856	404,171	340,856
Revaluation reserve		25,697	29,880	25,697	29,880
Income and expenditure reserve	7	0,554	82,548	70,554	82,548
Others' Equity					
Charitable Fund Reserves		210	0	3,808	2,956
Total taxpayers & others' equity		500,422	453,284	504,230	456,240

Signed:



David Carter

Chief Executive

Date: 28th June 2024

The notes on pages 126 to 159 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 2023	340,856	29,880	82,548	453,284	340,856	29,880	82,548	2,956	456,240
Surplus/(deficit) for the year	0	0	(11,994)	(11,994)	0	0	(13,360)	2,219	(11,141)
Revaluation Impact	0	(4,183)	0	(4,183)	0	(4,183)	0	0	(4,183)
Public Dividend Capital received	63,315	0	0	63,315	63,315	0	0	0	63,315
Other reserve movements - charitable funds consolidation adjustment	0	0	0	0	0	0	1,367	(1,367)	0
Taxpayers' and Others' Equity at 31 March 2024	404,171	25,697	70,554	500,422	404,171	25,697	70,554	3,808	504,230
Taxpayers' and Others' Equity at 1 April 2022	256,433	26,153	81,341	363,927	256,433	26,153	81,341	5,469	369,396
Surplus/(deficit) for the year	0	0	1,207	1,207	0	0	(216)	(1,090)	(1,306)
Revaluation Impact	0	3,727	0	3,727	0	3,727	0	0	3,727
Public Dividend Capital received	84,423	0	0	84,423	84,423	0	0	0	84,423
Other reserve movements - charitable funds consolidation adjustment	0	0	0	0	0	0	1,423	(1,423)	0
Taxpayers' and Others' Equity at 31 March 2023	340,856	29,880	82,548	453,284	340,856	29,880	82,548	2,956	456,240

Statement of cash flows

	Parent		Group	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Cash flows from operating activities				
Operating surplus/ (deficit)	(5,800)	13,233	(5,431)	10,856
Non-cash income and expense:				
Depreciation	28,575	24,025	28,575	24,025
Impairments and reversals	12,638	0	12,638	0
Income recognised in respect of capital donations	(1,368)	(1,423)	0	0
(Increase)/Decrease in Trade and Other Receivables	9,302	(25,957)	9,306	(25,767)
(Increase)/Decrease in other assets	309	517	309	517
(Increase)/Decrease in Inventories	(984)	(468)	(984)	(468)
Increase/(Decrease) in Trade and Other Payables	(32,616)	29,024	(32,616)	29,024
Increase/(Decrease) in Other Liabilities	(3,043)	2,513	(3,043)	2,513
Increase/(Decrease) in Provisions	1,637	84	1,637	84
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	0	0	(2,120)	(1,708)
Other movements in operating cash flows	0	(77)	0	(78)
NET CASH GENERATED FROM OPERATIONS	8,649	41,471	8,271	38,998
Cash flows from investing activities				
Interest received	5,569	2,554	5,569	2,554
Purchase of Property, Plant and Equipment	(102,507)	(106,311)	(102,507)	(106,311)
Sale of Property, Plant and Equipment	0	1	0	1
Lease termination fees paid (lessee)	0	(4,235)	0	(4,235)
NHS Charitable funds - net cash flows from investing activities	0	0	(475)	145
Net cash from /(used in) investing activities	(96,938)	(107,991)	(97,413)	(107,846)
Cash flows from financing activities				
Public Dividend Capital received	63,315	84,423	63,315	84,423
Loan repaid from the Department of Health and Social Care	(835)	(835)	(835)	(835)
Capital element of lease liability repayments	(2,561)	(2,294)	(2,561)	(2,294)
Capital element of Private Finance Initiative obligations	(977)	(1,093)	(977)	(1,093)
Interest paid	(309)	(330)	(309)	(330)
Interest element of lease liability repayments	(991)	(514)	(991)	(514)
Interest element of Private Finance Initiative obligations	(442)	(498)	(442)	(498)
PDC Dividend paid	(10,433)	(7,263)	(10,433)	(7,263)
Cash flows from (used in) other financing activities	0	(288)	0	(288)
Net cash from /(used in) financing activities	46,767	71,308	46,767	71,308
Increase/(decrease) in cash and cash equivalents	(41,522)	4,788	(42,375)	2,460
Cash and Cash equivalents at 1 April 2023	139,804	135,016	141,225	138,765
Cash and Cash equivalents at 31 March 2024	98,282	139,804	98,850	141,225

1. Accounting policies and other information

1.1 Basis of preparation

NHS England 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 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards 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 Bedfordshire Hospitals 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, this business ceased trading in 2023/24. 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 health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2023/24 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. National guidance states payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year and BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed. However the Trust contracts with its main commissioners state 'an equal sum is considered to be re-invested in the provider organisation' and so is cost neutral with no adjustment for actual achievement.

Elective recovery funding (ERF) provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust's commissioners.

In 2023/24 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts. The specific Trust contract includes a clause that the variable baseline is aligned to (mirrors) the ERF NHS England baselines and the payment is based on national NHS England figures reported by commissioner to provider. The payment of ERF to the Trust mirrors the national/ ICB arrangements.

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 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 of 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 it is a 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. 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 the criteria in IFRS 5 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 and the assets are not revalued except where the 'fair value less costs to sell' falls below the carrying amount. 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. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent Measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

As it is not deemed material the Trust has not remeasured the liability on an IFRS 16 basis and continues to account for the PFI liability on the previous accounting basis.

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	4	140
Dwellings	14	95
Plant & machinery	5	15
Transport equipment	5	7
Information technology	5	10
Furniture & fittings	5	10

These useful lives represent the maximum useful lives of the components within each asset group rather than a weighted average of the component lives for the asset as a whole.

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 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.

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 leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

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.

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

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as lessee

Initial recognition and measurement

At the commencement date of the lease, being when the

asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent Measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there

is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. The Trust does not have any finance leases. All leases are classified as operating leases.

Operating leases

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic 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.

Initial Application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2023. IFRS 16 replaced IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations. The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2023. Upon initial application, the provisions of IFRS 16 were only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2023 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2023 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16.

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 2024.

		Nominal Rate	Prior Year Rate
Short term	Up to 5 years	4.26%	3.27%
Medium term	After 5 years up to 10 years	4.03%	3.20%
Long term	After 10 years up to 40 years	4.72%	3.51%
Very Long term	Exceeding 40 years	4.40%	3.00%

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 2024.

	Inflation rate	Prior Year Rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 2.45% in real terms (prior year: 1.7%).

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

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 FReM, 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 2023/24.

1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

The GAM does not require the following Standards and Interpretations to be applied in 2023/24.

- 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 key judgement having a significant impact on the figures in the accounts is that the valuation of the Trust's land and buildings assets assumes that the modern equivalent re-provision of the existing service would require less space and at an alternative site. See Note 8.3 for more details and explanation of this.

1.27 Sources of estimation uncertainty

Linked to the critical judgement above, the estimation of the valuation of land and buildings has significant uncertainty both in terms of the current valuation and future events. There is therefore a significant risk of a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

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 £20m.

Adjustments for obsolescence: Once the cost of constructing a modern equivalent asset has been determined an adjustment is made to reflect the difference between the modern equivalent and the actual asset being valued. This adjustment is made by the valuer based on his knowledge and experience, it takes into account physical deterioration, functional obsolescence and economic obsolescence.

For the large majority of accruals and provisions the Trust is able to base the transaction on 3rd party evidence, invoices, orders or other substantial evidence that does not require significant management judgement. Where this is not available, the Trust will make a judgement over the likely liability based on the best available information including, but not limited to, prevailing NHS guidance, budget holder assessment of services or goods provided and historical trends. These judgements are reviewed and signed off by Senior Finance Leads. These transactions are not individually material, but in aggregate represent a significant estimate.

2.1 Group Operating Income from patient care activities (by nature)

	2023/24 Total £000	2022/23 Total £000
Income from Activities		
Aligned payment & incentive (API) income - Variable (based on activity)	173,986	0
Aligned payment & incentive (API) income - Fixed (not variable based on activity)	524,555	629,754
High cost drugs income from commissioners	29,774	24,802
Other NHS clinical income	31,618	137
Private patient income	6,952	5,966
Elective recovery fund	0	18,456
Agenda for change pay award central funding*	394	14,035
Additional pension contribution central funding**	18,999	17,371
Other clinical income	13,530	12,108
Total income from patient care activities	799,808	722,629

* Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

** 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.

	2023/24 £000	2022/23 £000
Commissioner Requested Services	759,934	673,150
Non Commissioner Requested Services	39,874	49,479
	799,808	722,629

2.3 Group Operating lease income

	2023/24 Total £000	2022/23 Total £000
Operating Lease Income		
Rents recognised as income in the period	3,057	1,072
TOTAL	3,057	1,072
Undiscounted minimum lease payments receivable in future periods:		
- not later than one year;	2,365	45
- later than one year and not later than two years	2,335	45
- later than two years and not later than three years	1,548	27
- later than three years and not later than four years	1,362	24
- later than four years and not later than five years	1,281	24
- later than five years.	20,571	10
TOTAL	29,462	175

2.4 Group Overseas visitors (relating to patients charged directly by the NHS foundation trust)

	2023/24 £000	2022/23 £000
Income recognised this year	2,871	2,353
Cash payments received in-year	551	321
Amounts added to provision for impairment of receivables	286	4,264
Amounts written off in-year	346	306

2.5 OPERATING INCOME (by type)

	Parent		Group	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Income from activities				
Integrated Care Boards, CCGs and NHS England	779,327	704,556	779,327	704,556
NHS Foundation Trusts	5,690	5,212	5,690	5,212

NHS Trusts	765	722	765	722
Local Authorities	2,034	2,125	2,034	2,125
NHS Other	0	0	0	0
Non NHS: Private patients	6,952	5,966	6,952	5,966
Non-NHS: Overseas patients (non-reciprocal)	2,871	2,353	2,871	2,353
NHS injury scheme	1,841	1,386	1,841	1,386
Non NHS: Other*	328	309	328	309
Total income from activities	799,808	722,629	799,808	722,629

*Non NHS: Other relates to a contract with private sector provider

2.6 OTHER OPERATING INCOME

	Parent		Group	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Other operating income from contracts with customers:				
Research and development	1,323	1,053	1,323	1,053
Education and training	23,539	20,718	23,539	20,718
Reimbursement and top up funding	0	1,199	0	1,199
Income in respect of staff costs where accounted on gross basis	4,818	3,264	4,818	3,264
Other ¹	16,412	25,721	16,412	25,721
Other non-contract operating income				
Education and training - notional income from apprenticeship fund	1,347	996	1,347	996
Charitable and other contributions to expenditure	1,367	1,423	0	0
Received from NHS charities: Other charitable and other contributions to expenditure	97	97	97	97
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	199	1,621	199	1,621
Operating leases - minimum lease receipts	3,057	1,073	3,057	1,073
NHS Charitable Funds: Incoming Resources excluding investment income	0	0	2,547	2,605
Total other operating income	52,159	57,165	53,339	58,347
TOTAL OPERATING INCOME	851,967	779,794	853,147	780,976

¹ This includes car parking income of £2,211k (2022/23 £1,850k), catering income £1,686k (2022/23 £1,333k) cancer funding £2,537k (2022/23 £664k), £2,173k of provider to provider recharge income (2022/23 £1,365k), and various project income streams including virtual ward, Electronic Patient Record, and overseas recruitment funding £1,897k (2022/23 £1,423k).

2.7 Group Additional Income on contract revenue (IFRS 15) recognised in the period

£5,237k was recognised in 2023/24 that was previously included in the contract liability balance (£3,382k in 2022/23).

2.8 Transaction price allocated to remaining performance obligations

The vast majority of contracts the Trust holds align with financial periods. As at 31/03/2024 the revenue expected when performance obligations are met in future periods was £4,771k (£7,814k in 2022/23).

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	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	10,303	8,020	10,303	8,020
Employee Expenses - Staff & Executive directors	551,559	504,785	551,559	504,785
Employee Expenses - Non-executive directors	169	166	169	166
Supplies and services - clinical (excluding drug costs)	63,114	56,032	63,114	56,032
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	300	1,619	300	1,619
Supplies and services - general	39,841	34,869	39,841	34,869
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	70,588	62,199	70,588	62,199
Inventories written down (net including drugs)	0	103	0	103
Consultancy costs	1,523	723	1,523	723
Establishment	17,747	16,786	17,747	16,786
Premises	21,599	15,606	21,599	15,606
Transport (including staff and patient travel)	2,963	2,449	2,963	2,449
Depreciation	28,575	24,025	28,575	24,025
Impairments net of (reversals)	12,638	0	12,638	0
Movement in credit loss allowance	1,081	4,201	1,081	4,201
Provisions arising / (released) in year	(3,266)	(6,383)	(3,266)	(6,383)
Audit fees payable to the External Auditor				
audit services- statutory audit*	212	202	212	202
Statutory audit fees payable re charitable fund accounts**	0	0	12	12
Internal Audit Costs - not included in employee expenses	138	113	138	113
Clinical negligence (Insurance Premiums)	26,262	23,509	26,262	23,509
Legal fees	230	1,133	230	1,133
Insurance	285	261	285	261
Education and training - non-staff	2,550	1,841	2,550	1,841
Education and training - notional expenditure funded from apprenticeship fund	1,347	996	1,347	996
Lease Expenditure - short term leases & low value assets	3,496	2,845	3,496	2,845
Charges to operating expenditure for on-SoFP IFRIC 12 schemes on IFRS basis	1,299	961	1,299	961
Redundancy - (not included in employee expenses)	0	0	0	0
Car parking & Security	1,427	1,472	1,427	1,472
Hospitality	141	73	141	73
Losses, ex gratia & special payments	19	20	19	20
Other services, eg external payroll	596	589	596	589
NHS Charitable funds: Other resources expended	0	0	798	3,547
Lease redemption premium***	0	3,830	0	3,830
Other	1,032	3,516	1,032	3,516
TOTAL	857,768	766,561	858,578	770,120

* Statutory audit fees excluding VAT for the Parent is £177k (£169k 2022/23).

** Statutory audit fees excluding VAT for the Charity is £10k (£10k 2022/23).

*** During 2022/23 the Trust bought out a lease arrangement. This is the premium associated with the transaction.

4.1 Group Employee Expenses

(excluding non-executive directors)	2023/24 Total £000	2022/23 Total £000
Salaries and wages	415,532	385,290
Social security costs	45,831	41,732
Apprenticeship Levy	2,080	1,920
Pension costs - defined contribution plans Employers contributions to NHS Pensions	43,523	39,720
Pension cost - other	18,999	17,371
Agency/contract staff	30,990	22,802
Costs capitalised as part of assets	(5,396)	(4,050)
TOTAL (Employee expenses & Education & Training)	551,559	504,785

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 3 (2022/23: 4) retirements, at an additional cost of £254k (2022/23: £292k). This information has been supplied by NHS Pensions.

4.3 Group Expenses of Governors and Directors

The Foundation Trust had a total of 38 (38 in 2022/23) governors in office in 2023/24. 10 (6 in 2022/23) of these governors received expenses in 2023/24, with aggregate expenses paid to governors of £3,075 (£1,229 in 2022/23).

The Foundation Trust had a total of 15 (15 in 2022/23) directors in office in 2023/24. 10 (8 in 2022/23) of these directors received expenses in 2023/24, with aggregate expenses paid to directors of £8,392 (£5,948 in 2022/23).

5.1 Group Limitation on auditor's liability

There is £1m limitation on the auditors liability.

5.2 Group The late payment of commercial debts (interest) Act 1998

£1k was paid in respect of the late payment of commercial debts (interest) Act 1998 (£0k in 2022/23).

5.3 Group Other Audit Remuneration

No expenditure was incurred with the external audit provider in respect of non audit services in 2023/24 or 2022/23.

5.4 Group Impairment of assets (PPE & intangibles)

	2023/24 £000	2022/23 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	0	0
Abandonment of assets in course of construction	0	0
Changes in market price*	12,638	0
Total net impairments charged to operating surplus / deficit	12,638	0
Impairments charged to the revaluation reserve	4,183	0
Total net impairments	16,821	0

* During 2023/24 the Trust brought into use two significant capital schemes. A brand new energy centre and several phases of a re-design of an overhaul of the Luton emergency department. These schemes had their cost written down at the first professional valuation after the assets were brought into use to depreciated replacement cost. In line with the Department of Health and Social Care Group Accounting Manual this impairment was charged to operating expenses

6.1 Group Finance income

	Parent		Group	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Interest on instant access bank accounts	5,569	2,555	5,569	2,555
NHS Charitable funds: investment income	0	0	55	56
TOTAL	5,569	2,555	5,624	2,611

6.2 Group Finance costs - interest expense

	Parent		Group	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Capital loans from the Department of Health	309	327	309	327
Interest on lease obligations	991	514	991	514
Main Finance Costs -PFI	442	497	442	497
Unwinding of discount on provisions	34	27	34	27
Other finance costs	0	288	0	288
TOTAL	1,776	1,653	1,776	1,653

7.1 Group Intangible Assets 2023/24

	Software Licenses	Intangible assets under construction	Total
	£000	£000	£000
Cost or valuation at 1 April 2023 as previously stated	536	0	536
Disposals	(36)	0	(36)
Cost or valuation at 31 March 2024	500	0	500
Amortisation at 1 April 2023 as previously stated	536	0	536
Disposals	(36)	0	(36)
Amortisation at 31 March 2024	500	0	500
Net book value			
NBV - Owned at 31 March 2024	0	0	0
NBV total at 31 March 2024	0	0	0

7.2 Group Intangible Assets 2022/23

	Software Licenses	Intangible assets under construction	Total
	£000	£000	£000
Cost or valuation at 1 April 2022 as previously stated	536	0	536
Cost or valuation at 31 March 2023	536	0	536
Amortisation at 1 April 2022 as previously stated	536	0	536
Provided during the year	0	0	0
Amortisation at 31 March 2023	536	0	536
Net book value			
NBV - Owned at 31 March 2023	0	0	0
NBV total at 31 March 2023	0	0	0

8.1 Group Property, plant and equipment 2023/24

	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 2023 as previously stated	19,220	203,438	364	121,981	101,399	4,179	72,497	1,193	524,271
Additions - purchased (including donated)	0	5,702	7	71,531	13,501	0	2,449	19	93,209
Impairments charged to operating expenses	0	(12,638)	0	0	0	0	0	0	(12,638)
Revaluations	(337)	(12,042)	9	0	0	0	0	0	(12,370)
Reclassifications	0	52,630	0	(58,452)	0	0	5,822	0	0
Disposals ¹	0	0	0	0	(2,779)	(43)	(78)	(54)	(2,954)
Cost or valuation at 31 March 2024	18,883	237,090	380	135,060	112,121	4,136	80,690	1,158	589,518
Accumulated depreciation at 1 April 2023 as previously stated	0	0	0	0	52,431	4,135	31,306	1,104	88,976
Provided during the year	0	8,179	9	0	9,727	24	7,624	32	25,595
Revaluations	0	(8,179)	(9)	0	0	0	0	0	(8,188)
Disposals ¹	0	0	0	0	(2,434)	(39)	(63)	(48)	(2,584)
Accumulated depreciation at 31 March 2024	0	0	0	0	59,724	4,120	38,867	1,088	103,799
Net book value									
NBV - Owned at 31 March 2024	18,883	218,182	375	134,961	47,157	16	41,800	70	461,444
NBV - PFI at 31 March 2024	0	15,189	0	0	636	0	0	0	15,825
NBV - Donated/Granted at 31 March 2024	0	3,719	5	99	4,604	0	23	0	8,450
NBV total at 31 March 2024	18,883	237,090	380	135,060	52,397	16	41,823	70	485,719

¹ No assets used in the provision of commissioner requested services were disposed of during the year.

8.2 Group Property, plant and equipment 2022/23

	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 2022 as previously stated	21,370	191,706	849	50,209	87,205	4,203	61,719	1,209	418,470
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	0	(4,584)	0	0	0	0	0	0	(4,584)
Additions - purchased (including donated)	0	17,323	1	75,478	16,171	0	7,414	0	116,387
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0
Revaluations	(2,150)	(1,634)	30	0	0	0	0	0	(3,754)
Reclassifications	0	627	(516)	(3,664)	0	0	3,553	0	0

	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
Disposals ¹	0	0	0	(42)	(1,977)	(24)	(189)	(16)	(2,248)
Cost or valuation at 31 March 2023	19,220	203,438	364	121,981	101,399	4,179	72,497	1,193	524,271
Accumulated depreciation at 1 April 2022 as previously stated	0	0	0	0	46,772	3,866	24,994	1,068	76,700
Provided during the year	0	7,458	23	0	7,464	293	6,473	52	21,763
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0
Revaluations	0	(7,458)	(23)	0	0	0	0	0	(7,481)
Disposals ¹	0	0	0	0	(1,805)	(24)	(161)	(16)	(2,006)
Accumulated depreciation at 31 March 2023	0	0	0	0	52,431	4,135	31,306	1,104	88,976
Net book value									
NBV - Owned at 31 March 2023	19,220	184,067	337	121,981	44,074	44	41,163	89	410,975
NBV - PFI at 31 March 2023	0	15,229	0	0	764	0	0	0	15,993
NBV - Donated/ Granted at 31 March 2023	0	4,142	27	0	4,130	0	28	0	8,327
NBV total at 31 March 2023	19,220	203,438	364	121,981	48,968	44	41,191	89	435,295

¹ No assets used in the provision of commissioner requested services were disposed of during the year.

8.3 Group Other Property Plant & Equipment Disclosures

The Trust received £1,367k of donated property, plant and equipment from the charitable funds associated with the hospitals.

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 2024 as property plant and equipment. The value of this equipment as at 31 March 2024 was £636k.

The Trust's estate, encompassing land and buildings was revalued as at 31 March 2024. The freehold and leasehold property known as Bedfordshire Hospitals NHS Foundation Trust was valued as at 31 March 2024 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 (FReM). 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 £18,883k 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 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 £236,749k. (£341k of the building value relates to trust improvements to leased buildings not included in the valuation.) Dwellings are valued at market value in existing use with a net book value of £380k.

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.

9.1 Group Right of Use Assets 2023/24

	Property (land and buildings) £000	Plant & Machinery £000	Transport Equipment £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	50,337	49	11	50,397
Additions - new leases	215	0	11	226
Remeasurements of the lease liability	2,655	0	0	2,655
Disposals/derecognition - lease termination	0	0	0	0
Cost or valuation at 31 March 2024	53,207	49	22	53,278
Accumulated depreciation at 1 April 2023 - brought forward	1,840	12	5	1,857
Provided during the year	2,960	18	2	2,980
Disposals/derecognition - lease termination	0	0	0	0
Accumulated depreciation at 31 March 2024	4,800	30	7	4,837
Net book value				
Net Book Value total at 31 March 2024	48,407	19	15	48,441

9.2 Group Right of Use Assets 2022/23

	Property (land and buildings) £000	Plant & Machinery £000	Transport Equipment £000	Total £000
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	4,584	0	0	4,584
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	27,489	34	11	27,534
Additions - new leases	20,743	27	4	20,774
Remeasurements of the lease liability	2,461	0	0	2,461
Disposals/derecognition - lease termination	(4,940)	(12)	(4)	(4,956)
Cost or valuation at 31 March 2023	50,337	49	11	50,397
Accumulated depreciation at 1 April 2022 - brought forward	0	0	0	0
Provided during the year	2,229	24	9	2,262
Disposals/derecognition - lease termination	(389)	(12)	(4)	(405)
Accumulated depreciation at 31 March 2023	1,840	12	5	1,857
Net book value				
Net Book Value total at 31 March 2023	48,497	37	6	48,540

10 Investments

	Parent		Group	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
NHS Charitable funds: Other investments				
Carrying value at 1 April 2023	0	0	2,787	2,844
Additions	0	0	2,347	647
Fair value gains/ (losses) - taken to I&E	0	0	427	(192)
Disposals	0	0	(1,817)	(512)
Carrying value at 31 March 2024	0	0	3,744	2,787

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 2024 £000	31 March 2023 £000
Drugs	2,356	1,930
Consumables	6,656	5,996
Centrally Procured Consumables*	118	220
TOTAL INVENTORIES	9,130	8,146

12.2 Group Inventories recognised in expenses

	2023/24 £000	2022/23 £000
Additions	92,400	83,010
Inventories recognised in expenses	(91,416)	(82,439)
Write-down of inventories recognised as an expense*	0	(103)
MOVEMENT IN INVENTORIES	984	468

* 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 2023/24 the Trust received £199k (2022/23 £1,621k) 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 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Contract receivables (IFRS 15): invoiced	21,106	20,451	21,106	20,451
Contract receivables (IFRS 15): not yet invoiced / non-invoiced*	5,839	15,149	5,839	15,149
Allowance for impaired contract receivables / assets	(4,689)	(4,414)	(4,689)	(4,414)
Allowance for impaired other receivables	(791)	(753)	(791)	(753)
Prepayments	7,936	7,513	7,936	7,513
Prepayments - Lifecycle replacements	44	44	44	44
PDC Dividend Receivable	421	0	421	0
VAT receivable	1,620	2,189	1,620	2,189
Other receivables	1,660	1,700	1,024	1,068
Clinician Pension Tax Provision Reimbursement	17	17	17	17
NHS Charitable funds: Trade and other receivables	0	0	624	29
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	33,163	41,896	33,151	41,293
Non-Current				
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	1,351	1,200	1,351	1,200
Prepayments	570	679	570	679
Prepayments - PFI related	44	88	44	88
Clinician Pension Tax Provision Reimbursement	759	905	759	905
TOTAL NON CURRENT TRADE AND OTHER RECEIVABLES	2,724	2,872	2,724	2,872

* Decrease in Contract receivables (IFRS15): not yet invoiced/ non-invoiced mainly due to 2022/23 £14m funding for pay awards and change in treatment of potential credit notes for overseas patient debt (now largely included in the allowance for impaired receivables).

13.2 Group Finance lease receivables

During 2022/23 and 2023/24 the Trust did not have any finance lease receivables.

14 Group Other assets (Non Current)

	31 March 2024 £000	31 March 2023 £000
PFI Scheme - lifecycle costs	1,010	1,319
TOTAL	1,010	1,319

15.1 Trade and other payables

	Parent		Group	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Current				
Trade payables	14,074	23,520	14,074	23,520
Trade payables - capital	16,488	27,153	16,488	27,153
Accruals	39,430	63,878	39,430	63,878
Receipts in advance	274	664	274	664
Social Security costs	11,852	11,563	11,852	11,563
PDC dividend payable	0	396	0	396
Pension contributions payable	6,196	5,602	6,196	5,602
Other payables	2,689	1,904	2,689	1,904
NHS Charitable funds: Trade and other payables	0	0	49	48
TOTAL CURRENT TRADE & OTHER PAYABLES	91,003	134,680	91,052	134,728

There were no non current trade or other payables at either 31 March 2024 or 31 March 2023.
Trade and other payables do not include any outstanding pension contributions due to NHS Pensions Agency as at 31 March 2024.

16 Group Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred Income	4,771	7,814
TOTAL OTHER CURRENT LIABILITIES	4,771	7,814

There are no non current other liabilities in 2023/24 nor 2022/23.

17 Group Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Capital loans from Department of Health	870	869
Lease liabilities	2,692	2,996
Obligations under Private Finance Initiative contracts/ service concessions	1,030	977
TOTAL CURRENT BORROWINGS	4,592	4,842
Non-current		
Capital loans from Department of Health	12,958	13,794
Lease liabilities	46,268	45,644
Obligations under Private Finance Initiative contracts/ service concessions	5,453	6,483
TOTAL OTHER NON CURRENT LIABILITIES	64,679	65,921

17.1 Reconciliation of Liabilities Arising from Financing Activities 2023/24

	DHSC loans 2023/24 £000	Lease Liabilities 2023/24 £000	PFI, LIFT and other service concession obligations 2023/24 £000	Total liabilities from financing activities 2023/24 £000
Carrying value at 1 April 2023	14,663	48,640	7,460	70,763
Cash movements:				
Financing cash flows - principal	(835)	(2,561)	(977)	(4,373)
Financing cash flows - interest	(309)	(991)	(442)	(1,742)
Non-cash movements:				
Additions	-	226	-	226
Lease liability remeasurements	-	2,655	-	2,655
Interest charge arising in year	309	991	442	1,742
Carrying value at 31 March 2024	13,828	48,960	6,483	69,271

17.2 Reconciliation of Liabilities Arising from Financing Activities 2022/23

	DHSC loans 2022/23 £000	Finance leases 2022/23 £000	PFI, LIFT and other service concession obligations 2022/23 £000	Total liabilities from financing activities 2022/23 £000
Carrying value at 1 April 2022	15,501	4,479	8,553	28,533
Cash movements:				
Financing cash flows - principal	(835)	(2,294)	(1,093)	(4,222)
Financing cash flows - interest	(330)	(514)	(498)	(1,342)
Non-cash movements:				
Impact of implementing IFRS 16 on 1 April 2022	-	27,534	-	27,534
Additions	-	20,774	-	20,774
Lease liability remeasurements	-	2,461	-	2,461
Interest charge arising in year	327	514	498	1,339
Early termination	-	(4,314)	-	(4,314)
Carrying value at 31 March 2023	14,663	48,640	7,460	70,763

18.1 Lease Liabilities - maturity analysis 31 March 2024

	Total 31 March 2024 £000	of which leased from DHSC group bodies 31 March 2024 £000
Gross buildings lease liabilities of which liabilities are due	61,935	349
- not later than one year;	3,739	117
- later than one year and not later than five years;	17,725	232
- later than five years.	40,471	0
Finance charges allocated to future periods	(12,975)	(7)
Net buildings lease liabilities	48,960	342
Of which:		
- current	2,692	113
- Non-current	46,268	229

18.2 Lease Liabilities - maturity analysis 31 March 2023

	Total 31 March 2023 £000	of which leased from DHSC group bodies 31 March 2023 £000
Gross buildings lease liabilities of which liabilities are due	62,232	461
- not later than one year;	4,043	118
- later than one year and not later than five years;	10,603	343
- later than five years.	47,586	0
Finance charges allocated to future periods	(13,592)	(7)
Net buildings lease liabilities	48,640	454
Of which:		
- current	2,996	113
- Non-current	45,644	341

19.1 Group PFI and Service Concession obligations (on SoFP)

	31 March 2024 £000	31 March 2023 £000
Gross PFI liabilities and Service Concessions of which liabilities are due	8,035	9,456
- not later than one year;	1,423	1,420
- later than one year and not later than five years;	5,802	5,772
- later than five years.	810	2,264
Finance charges allocated to future periods	(1,552)	(1,996)
Net PFI liabilities and Service Concessions	6,483	7,460
- not later than one year;	1,030	977
- later than one year and not later than five years;	4,808	4,542
- later than five years.	645	1,941

19.2 Total future payments committed in respect of PFI or other service concession arrangements:

	31 March 2024 Total £000	31 March 2023 Total £000
Within one year	2,903	2,768
2nd to 5th years (inclusive)	11,831	11,555
Later than 5 years	1,324	3,963
Total	16,058	18,286

The Trust incurred £1,117k expenditure in respect of the service charge under the PFI contract (£773k in 2022/23) and £137k was incurred in relation to the service concession (bed contract - £188k 2022/23). 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 23/24	Other 23/24	Total 23/24	PFI 22/23	Other 22/23	Total 22/23
Interest Charge	442	0	442	497	0	497
Repayment of Balance Sheet Obligation	840	137	977	948	137	1,085
Service Element	1,117	182	1,299	773	188	961
Total amount paid to service concession operator	2,399	319	2,718	2,218	325	2,543

20 Provisions for liabilities and charges

	Current		Non-current	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Parent				
Pensions relating to other staff	180	164	1,306	1,205
Other legal claims	906	1,119	0	0
Equal pay (including agenda for change)	6,854	2,992	0	0
Redundancy	454	73	0	0
Other	2,543	4,873	759	905
Total	10,937	9,221	2,065	2,110

	Current		Non-current	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Group				
Pensions relating to other staff	180	164	1,306	1,205
Other legal claims	906	1,119	0	0
Equal pay (including agenda for change)	6,854	2,992	0	0
Redundancy	454	73	0	0
Other	2,543	4,873	759	905
NHS charitable fund provisions	443	601	0	0
Total	11,380	9,822	2,065	2,110

	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 2023	1,369	1,119	2,992	73	5,778	601	11,932
Arising during the year	266	373	6,854	454	2,527	0	10,474
Utilised during the year	(175)	(20)	0	(73)	(2,411)	0	(2,679)
Reversed unused	(8)	(566)	(2,992)	0	(2,475)	0	(6,041)
Change/ Unwinding of discount	34	0	0	0	(117)	0	(83)
NHS charitable funds: movement in provisions	0	0	0	0	0	(158)	(158)
At 31 March 2024	1,486	906	6,854	454	3,302	443	13,445
Expected timing of cashflows:							
- not later than one year;	179	906	6,854	454	2,543	443	11,379
- later than one year and not later than five years;	736	0	0	0	56	0	792
- later than five years.	571	0	0	0	703	0	1,274
TOTAL	1,486	906	6,854	454	3,302	443	13,445

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.

£313,607k is included in the provisions of the NHS Resolution at 31/03/2024 in respect of clinical negligence liabilities of the Trust (31/03/2023 £408,915k).

Other provisions relate to various provisions for trading and employment contractual issues (all less than £1m).

21 Charitable Funds Summary Statements

As per Note 11, below summarises the NHS Charity's accounts which have been consolidated within the group's accounts in accordance with IAS 27.

	Subsidiary	
	2023/24 £000	2022/23 £000
Statement of Financial Activities/ Comprehensive Income		
Incoming resources	2,547	2,605
Resources expended	(2,177)	(4,982)
Net resources expended	370	(2,377)
Incoming Resources: investment income	55	56
Fair value movements on investments	427	(192)
Net movement in funds	852	(2,513)
	31 March 2024 £000	31 March 2023 £000
Statement of Financial Position		
Non-current assets	3,744	2,787
Current assets	1,192	1,450
Current liabilities	(1,128)	(1,281)
Net assets	3,808	2,956
Funds of the charity		
Other Restricted income funds	940	1,420
Unrestricted income funds	2,868	1,536
Total Charitable Funds	3,808	2,956

22 Cash and cash equivalents

	Parent		Group	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
At 1 April (as previously stated)	139,804	135,016	141,225	138,765
Net change in year	(41,522)	4,788	(42,375)	2,460
At 31 March	98,282	139,804	98,850	141,225
Broken down into:				
Cash at commercial banks and in hand	142	140	142	140
NHS charitable funds: cash held at commercial bank	0	0	568	1,421
Cash with the Government Banking Service	98,140	139,664	98,140	139,664
Cash and cash equivalents as in SoFP	98,282	139,804	98,850	141,225
Cash and cash equivalents as in SoCF	98,282	139,804	98,850	141,225

The Trust held £6k cash at bank and in hand at 31 March 2024 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 £68m at 31 March 2024.

23.2 Group Events after the reporting period

The Director of Finance authorised the financial statements for issue on 28 June 2024. 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 2024 £000	31 March 2023 £000
Gross value of contingent liabilities	11	52
Net value of contingent liabilities	11	52
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. The Department of Health and Social Care is the parent department.

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 2023/24 £000	Expenditure 2023/24 £000	Income 2022/23 *** restated £000	Expenditure 2022/23 *** restated £000
NHS and DH				
Bedfordshire , Luton & Milton Keynes CCG*	0	0	130,401	3
NHS Bedfordshire, Luton and Milton Keynes ICB	626,323	731	418,599	119
Buckinghamshire CCG*	0	0	1,209	0
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	5,745	0	3,734	0
Department of Health	0	9,616	0	8,135
Health Education England**	0	0	20,769	8
Herts Valleys CCG*	0	0	7,221	0
NHS Hertfordshire and West Essex ICB	38,810	17	25,654	4
Milton Keynes University Hospital NHS Foundation Trust	712	2,510	401	917
Moorfields Eye Hospital NHS Foundation Trust*	4,724	10,338	4,407	9,513
NHS England - Central Specialised Commissioning Hub	6,842	0	6,983	0
NHS England: East of England Regional Office	72,862	0	74,668	0
NHS England: Core	23,400	0	16,597	57
NHS Resolution	0	26,282	0	23,506
Central Government				
HM Revenue and Customs	0	49,083	8	44,854
National Health Service Pension Scheme	0	62,522	34	57,091

25 Group Related Party Transactions (Continued)

	Receivables 31 March 2024 £000	Payables 31 March 2024 £000	Receivables 31 March 2023 *** restated £000	Payables 31 March 2023 *** restated £000
Related Party Balances				
NHS and DH				
NHS Bedfordshire, Luton and Milton Keynes ICB	331	2,652	808	2,176
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	8	102	1	1
Department of Health	421	0	0	0
Health Education England**	0	0	403	28
NHS Hertfordshire and West Essex ICB	7	237	129	8
Milton Keynes University Hospital NHS Foundation Trust	1,135	92	715	362
Moorfields Eye Hospital NHS Foundation Trust	976	2,013	930	9,061
NHS England - Central Specialised Commissioning Hub	513	0	285	0
NHS England: East of England Regional Office	1,546	0	389	0
NHS England: Core	2,895	117	16,134	0
NHS Resolution	0	2	0	37
Central Government				
HM Revenue and Customs	1,620	11,852	2,189	11,563
National Health Service Pension Scheme	0	6,240	0	5,635

* Demised 01/07/2022

** Merged with NHS England 01/02/2023

*** NHS England notified all NHS bodies in April 2024 of all individuals and entities that the Department of Health and Social Care identified as meeting the definition of related parties as set out in IAS 24. This list included Milton Keynes University Hospital NHS Foundation Trust. To be compliant with IAS 24 and for completeness the comparator for this entity has also been restated to include this entity.

26.1 For PFI schemes deemed to be off-SoFP

There are no transactions within either 2022/23 or 2023/24 relating to an off-SoFP PFI scheme.

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.

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 6 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).

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		Financial assets at amortised Cost £000	Group	
	Financial assets at amortised cost £000	Total £000		Financial assets at fair value through I&E £000	Total £000
Carrying values of financial assets as at 31 March 2024 under IFRS 9					
Trade and other receivables excluding non financial assets (at 31 March 2024)	23,425	23,425	23,425	0	23,425
Cash and cash equivalents (at bank and in hand (at 31 March 2024))	98,282	98,282	98,282	0	98,282
NHS Charitable funds: financial assets (at 31 March 2024)	0	0	1,192	3,744	4,936
Total at 31 March 2024	121,707	121,707	122,899	3,744	126,643

Carrying values of financial assets as at 31 March 2023 under IFRS 9					
Trade and other receivables excluding non financial assets (at 31 March 2023)	33,333	33,333	32,701	0	32,701
Cash and cash equivalents (at bank and in hand (at 31 March 2023))	139,804	139,804	139,804	0	139,804
NHS Charitable funds: financial assets (at 31 March 2023)	0	0	1,450	2,787	4,237
Total at 31 March 2023	173,137	173,137	173,955	2,787	176,742

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 England 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 2024 under IFRS 9				
Borrowings excluding finance lease and PFI liabilities (at 31 March 2024)	13,828	13,828	13,828	13,828
Obligations under leases	48,960	48,960	48,960	48,960
Obligations under PFI, LIFT and other service concession contracts (at 31 March 2024)	6,483	6,483	6,483	6,483
Trade and other payables excluding non financial liabilities (at 31 March 2024)	72,246	72,246	72,246	72,246
IAS 37 provisions which are financial liabilities	0	0	0	0
NHS Charitable funds: financial liabilities (at 31 March 2024)	0	0	52	52
Total at 31 March 2024	141,517	141,517	141,569	141,569

Carrying values of financial liabilities as at 31 March 2023 under IFRS 9				
Borrowings excluding finance lease and PFI liabilities (at 31 March 2023)	14,663	14,663	14,663	14,663
Obligations under finance leases	48,640	48,640	48,640	48,640
Obligations under Private Finance Initiative contracts (31 March 2023)	7,460	7,460	7,460	7,460
Trade and other payables excluding non financial liabilities (31 March 2023)	116,453	116,453	116,453	116,453
IAS 37 provisions which are financial liabilities	0	0	0	0
NHS Charitable funds: financial liabilities (31 March 2023)	0	0	19	19
Total at 31 March 2023	187,216	187,216	187,235	187,235

Financial Liabilities risk split by category	Market Risk	Credit Risk	Liquidity Risk	Interest Rate Risk
NHS creditors	Low	Low	Low	Low
Other creditors	Low	Low	Low	Low
Accruals	Low	Low	Low	Low
Capital creditors	Low	Low	Low	Low
Provisions under contract	Low	Low	Low	Low
Borrowings	Low	Low	Low	Medium

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.

The Trust is exposed to interest rate movements on its borrowings. Movements in interest rates have a complex impact on the Trust, depending on how variable and fixed interest rates move across differing financial instrument periods. For instance, a rise in variable and fixed interest rates would have the following effects:

- Borrowings at variable rates – the interest expense charged to the Statement of Comprehensive Income will rise;
- Borrowings at fixed rates – the fair value of the borrowing will fall (no impact on revenue balances); The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHSE. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust may also borrow from government for revenue financing subject to approval by NHSE. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations on these loans.

27.3 Group Maturity of Financial Liabilities

(undiscounted future contractual cashflow)	Parent		Group	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
In one year or less	78,535	122,786	78,587	122,805
In more than one year but not more than five years	27,858	19,855	27,858	19,855
In more than five years	52,140	60,165	52,140	60,165
Total	158,533	202,806	158,585	202,825

27.4 Group Fair values of financial assets at 31 March 2024

The fair value of the group's financial assets were the same as the book value as at 31 March 2024 (and 31 March 2023).

27.5 Group Fair values of financial liabilities at 31 March 2024

The fair value of the group's financial liabilities were not materially different to the book value as at 31 March 2024 (and 31 March 2023).

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 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health

and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

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 (£172k employers contribution costs in year.)

29 Group Losses and Special Payments

	2023/24 Total number of cases Number	2023/24 Total number of cases £000's	2022/23 Total number of cases Number	2022/23 Total number of cases £000's
LOSSES				
1.a Losses of cash due to theft, fraud etc	0	0	0	0
1.c Other causes	0	0	0	0
3.a Bad debts and claims abandoned in relation to private patients	34	9	146	99
3.b Bad debts and claims abandoned in relation to overseas visitors	119	346	111	306
3.c Bad debts and claims abandoned in relation to other	51	414	31	7
4.a Damage to buildings, property etc. due to theft, fraud etc	0	0	0	0
4.b. Damage to buildings, property etc.stores losses	0	0	1	103
4.c other	1	3	3	1
TOTAL LOSSES	205	772	292	516
SPECIAL PAYMENTS:				
7.a Ex gratia payments in respect of loss of personal effects	28	15	37	17
7.g Ex gratia payments in respect of other	6	1	9	2
TOTAL SPECIAL PAYMENTS	34	16	46	19
TOTAL LOSSES	239	788	338	535

There were no compensation payments received.

30 Segmented Operations

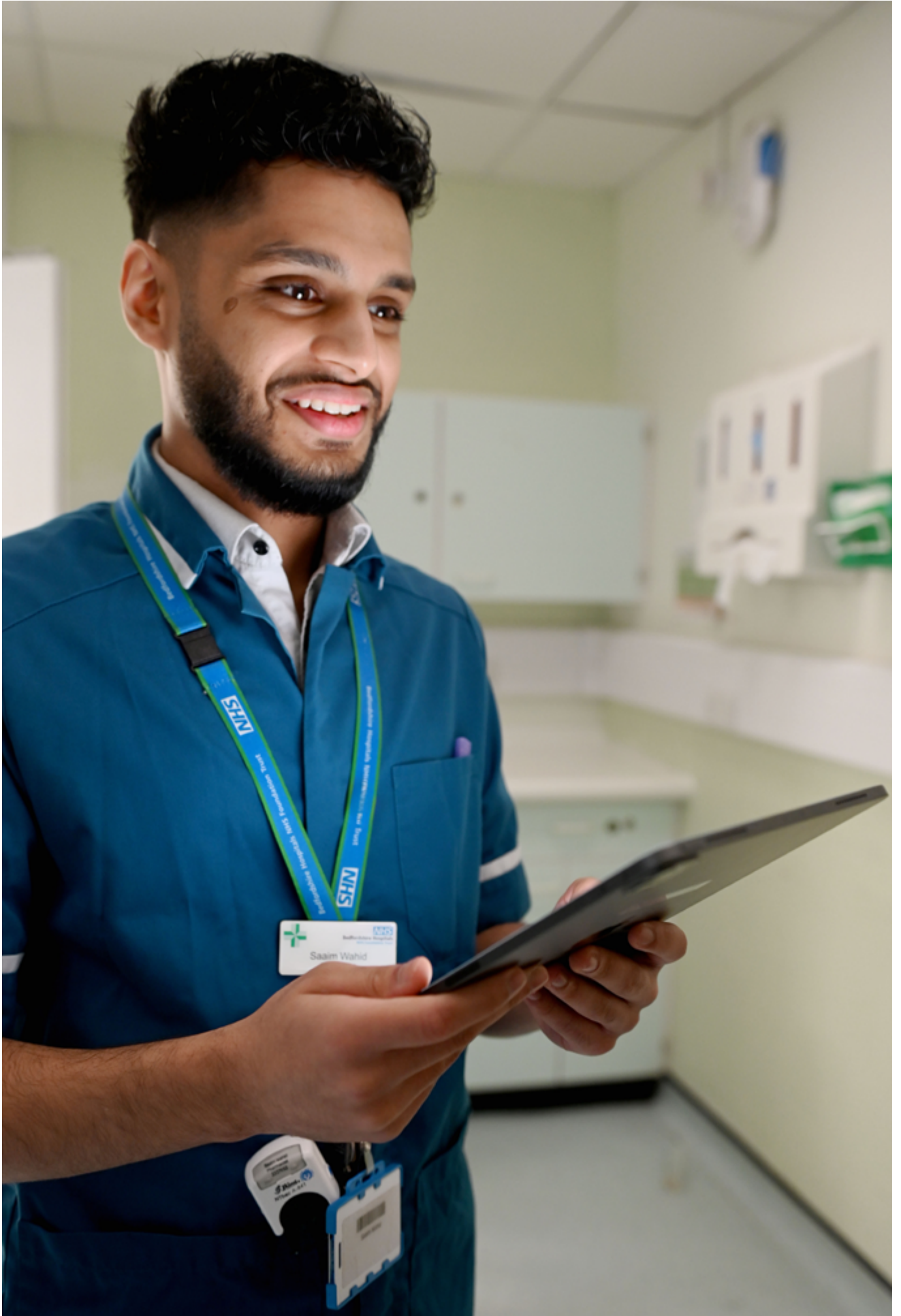
The Trust operates in one segment, that of the provision of healthcare, as reported to the Chief Operating Decision Maker, the Board.

31 Adjusted Reported Financial Position

The underlying surplus after adjustments required by NHS England or performance measurement position for the Trust is £310k. It is this figure that NHS England will use in their assessment of the financial position of the Trust.

TOTAL COMPREHENSIVE INCOME FOR THE YEAR	(16,177)	4,934
Add back / (remove) revaluation impact	4,183	(3,727)
Add back all I&E impairments / (reversals)	12,638	0
Surplus / (deficit) before impairments and transfers	644	1,207
Remove capital donations I&E impact	(435)	(628)
Remove net impact of DHSC centrally procured inventories	101	(1)
Adjusted financial performance surplus / (deficit)	310	578

As per the table above, the deficit position in the Statement of Comprehensive Income is driven by the impairment of new buildings brought into use during 2023/24. This is included in the operating expenses line of £857,768k for the parent Trust.



Bedfordshire Hospitals NHS Foundation Trust

Luton & Dunstable University Hospital
NHS Foundation Trust
Lewsey Road Luton LU4 0DZ
Telephone 01582 49 11 66

Bedford Hospital
NHS Foundation Trust
South Wing, Kempston Road , Bedford,
Bedfordshire, MK42 9DJ
Telephone 01234 355122

www.bedfordshirehospitals.nhs.uk