NHS
Bedfordshire Hospitals
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS

for the period April 2020 to March 2021

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NHS Foundation Trust

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Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

Contents

Introduction

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 2020/21 objectives and the corporate objectives for 2021/22

Operational Performance Report

Includes performance against national targets

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

Chief Executive and Chair Statement

Last year was an exceptional year in the NHS. Not only did the Trust merge to become Bedfordshire Hospitals NHS Foundation Trust, but we were operating through an unprecedented global COVID-19 pandemic.

The Trust, the NHS and the country have been significantly affected by its impact both emotionally and in the delivery of care services. We have been humbled by the way in which our community has supported the hospital in volunteering, in providing services and in their donations generosity of food and other provisions. The Trust has in place recovery plans to return back to our usual business and is learning from some of the good practice during COVID to make our services even better, for example using digital and virtual communication. Even in these challenging times, the Trust maintained its strong track-record of financial performance, delivering a financial surplus for the 22nd successive year, with a 2020/21 surplus of £2.7m.

Despite our many operational challenges from COVID, we successfully merged on the 1st April 2021. Over the year we continued our plans to integrate our hospital sites. We approved our Integration Strategy and the Culture and Organisational Strategy, both of which support our ambitions of 'best of both'. Staff have been committed to both these processes, engaging in the discussions and wider thinking and also supporting each other in development and leadership.

We have achieved significant change on the hospital sites due to a number of projects coming to completion. The Travel Hub Car Park at the L&D was completed and the Trust created more offsite staff parking, both of which significantly improve access for patients to the hospital. At the end of the year, we successfully moved over 300 staff into a new office block 'Nova House'. This was a significant move for many staff and we have been impressed not only by the build and move itself, but by the attitude of our staff especially as it meant changes in the way they worked. During the year we were successful in receiving money to develop both our hospital sites' Emergency Departments. Significant progress on the building has been made on the Bedford site during the year, and planning and initial work on the L&D site. We hope these will start to have a significant impact in the coming year. We also record in June 2021, the agreement for our Outline Business Case for the acute services block. This £168m project is one of the largest currently being undertaken in the NHS and will significantly improve our capacity and delivery of maternity, neonatal intensive care (NICU), surgery and critical care. This project is due for completion in 2024.

We have continued to actively engage with the local Integrated Care System as we see this as a major part of the solution to achieve a more sustainable local health economy and stem the rising demand for our services. We continued to lead the Bedfordshire Care Alliance, which David Carter chairs. The Alliance supports the strategic direction of service planning to identify and resolve the cross site working issues across the patch. The digital strategy remains central to this programme and we have a considerable voice in the supportive actions to achieve this aim.

The health and wellbeing of our staff remain our highest focus. During the first wave of the pandemic we had health and wellbeing hubs on both sites which supported staff with help and guidance as well as some distributing some of the donations from the community. We completed a virtual staff engagement event in December to thank staff for their ongoing support and commitment to the organisation, to give them a gift as a token of our appreciation, and all staff had the opportunity to win a prize. We developed an initiative to thanks teams for all their hard work and also began a review of staff rest areas across the site to formulate plans to support staff in their working area. We have been hugely impressed with our staff's ongoing commitment throughout the last year and we will continue to put the health and wellbeing of our staff at the top of our agenda.

We must also recognise the significant impact on our Governors and volunteers over the past year. Governors support our community initiatives and due to the pandemic we have had to pause these plans. Governors, like many others, have had to work virtually and we have introduced a number of new Governors following the merger and we have had to adjust to not being able to work in the same way. Our hospital Volunteers, who give of their time so generously, have also not been able to support us as they would like to have done over the past year. We are committed to supporting these groups and working towards getting back to some sort of normality. The additional support to our services and patients that they give is invaluable.

We end the year with significant plans for 2021/22; service recovery and being COVID safe, developing our clinical strategy through further integration of our two sites, ongoing focus on our staff and their wellbeing alongside significant redevelopment of our sites. We hope that some semblance of normality will return for the Board, our staff, our governors, volunteers and of course our patients. In the meantime we extend our deepest admiration for and gratitude to our staff and their families for their efforts and fortitude over one of the most challenging years the hospitals, and the NHS more widely, has ever faced.

David Carter
Chief Executive
14th June 2021

Simon Linnett
Chair
14th June 2021


NHS
Ismail Lawomitong
Staff Nurse
Critical Care

Strategy

2021/22 Strategic Approach

This section of the annual report provides a summary of the strategic plans for the Trust. The approach for 2021/22 has been shaped by the response and recovery from the COVID-19 pandemic and changing NHS landscape.

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

- we have a highly deprived young urban population in Luton with a life expectancy of one year less than the average for England, and a dispersed, ageing, more affluent population in Bedfordshire and North Hertfordshire;

- the continued population growth, twice the national average, will have 150,000 (20-25%) more people living in the Bedfordshire, Luton, Milton Keynes Integrated Care System (BLMK ICS) area by 2032, and we are part of the Oxford/Cambridge Arc which has the aspiration of 1m new houses across the Arc by 2050;

- we have a national reputation for our delivery of emergency care but there is increasing recognition, locally and nationally, that the future of emergency care is much more integrated between organisations and needs to be more focussed on the complete emergency pathway;

- we are in an area of the South East which has the most acute workforce challenges and we are disadvantaged by being positioned just beyond the area which receives outer London weighting;

- we have a estate that needs redevelopment on both sites to support the significant growth in demand and address high backlog maintenance;

- we have a complex geography serving two CCGs with four 'places', four local authorities over two ICSs with three community providers and two mental health providers,

- The financial framework in the NHS is the largest guaranteed to protect acute Trusts formally for rises in demand beyond their control,

- we have an enlarged Trust giving us more scale.

Our strategy represents a response to these drivers:

Our People

Our people are central to our strategic vision and all the evidence suggests that Bedfordshire Hospitals NHS Foundation Trust is a place people want to work. However, the need to recruit and retain more high quality staff has never before been so important or urgent as the growth and challenges faced mean workforce shortages continue to open up across all staff groups. The recognition of the importance of putting our people at the heart of the strategic vision has been vital in our first year as an enlarged Trust with the challenge of Covid, putting an enormous strain on our workforce. With greater scale, offering more opportunities, the Trust is a more attractive employer like its two predecessor organisations.

Our mission statement:

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

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

Over the past year, the Trust agreed a shared set of values staff can work to in an environment where people can THRIVE. The values are:

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

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

Our Patients

We want to deliver care and measurably improve our quality priorities. We want to build on the CQC ratings from 2018 for the newly merged Trust. The Trust is aware that communication is a key part of good healthcare and our ambitious digital agenda towards delivering a patient portal enabling patients to support us in managing their

own care. Delivery of healthcare changed exponentially over the past year due to the global pandemic and we are ensuring that the lessons learned throughout this support patient care for the future. Examples include telemedicine and the use of virtual clinics to streamline services. But we want to ensure that these services meet the needs of the patients first and foremost.

We want to work towards delivering our services from world-class facilities that benefit patients and staff. We have significant plans on both of our sites to develop the poorer estate and these have started with a significant Emergency Department expansion on the Bedford site, and a major development of the Emergency Department on the L&D site.

Our Organisation
The Trust is two acute hospitals, working together and alongside each other. We have merged the hospitals with a 'best of both' approach. Work is ongoing to ensure that the clinical integration is clinically led across both sites to maintain a strategy dedicated to the best services for our population.

We continue to recover from the global pandemic and continue to work towards meeting performance and recovery targets. The strategy for this year is to ensure that patients have access to the services they need appropriately whilst working to recover from the impact of COVID-19.

The financial regime for 2021/22 will be challenging as we recover from COVID focussing on quality, recovery and redevelopment of our sites. We believe in the need to maintain the levels of high performance and good financial stewardship. Two key enablers are (i) IT, with the Trust at the forefront of technology and (ii) service line management with devolution and autonomy, with accountability, to allow clinically led fast and safe decision-making and drive value. Despite the national move away from a Payment by Results system to a block funding arrangement, we have adapted our Scheme of Delegation to continue to enable management of our Service Lines through the devolution of autonomy and bottom line performance. We will continue to give our staff the tools, incentives and support to deliver not just high quality care, but to promote a culture of continuous improvement through our Organisational Development Strategy, in order to maintain a dynamic and innovative culture.

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

Our Community
The Trust recognises that, increasingly, the needs of complex patients can only be met by service provision which is truly integrated across the hospital and community divide. There is more recognition that staying in hospital beyond the time when a patient's medical needs are met is not just sub-optimal but is dangerous and increases the long term cost of care. Our complex geography and multiple partners makes genuine integration more difficult. There have been further gains over the last year through the merger of L&D and Bedford Hospital and the merger of the CCGs into one. We have made good progress with the Bedfordshire Care Alliance to really focus on the needs of our local community.

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

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

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

Summary
In 2021/22, there will be many challenges to deliver services post COVID-19 and the development of recovery plans will be a key action. The Trust will continue the integration agenda and build on the infrastructure for the future. Our Digital programme will provide the platform and our work developing community and primary care provision will all work towards improving healthcare provision.

Maintaining our Performance

A key priority for the Board of Directors is to sustain the level of delivery against national quality and performance targets delivered by the Trust in recent years. However, the impact of Covid during 2020/21 has largely made this impossible. Along with increasing challenges in the context of workforce and physical capacity pressures we have increasingly worked and thought differently to some of our traditional models of care delivery. Working with commissioners to improve planned care pathways and reduce unnecessary face to face contacts, and to ensure that patients only attend hospital for urgent and emergency care when there is really no alternative, will be fundamental to continue to support growing numbers of patients within service constraints.

Maintain and Develop Key Clinical Specialties

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

Develop Opportunities for Integration and Partnership with:

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

Ensure Sustainability

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

Corporate Objectives 2021/22

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

1. **Attract, value and develop the best people to deliver outstanding care in an environment where people can THRIVE.**
2. **Measurably improve our quality priorities, meeting the performance targets and financial regime.**
3. **Achieve full recovery of services and develop the plan for restoration of elective waiting times.**
4. **Operate in a COVID safe environment.**
5. **Build on the integration work achieved during the first year of merger and develop the clinical strategy.**
6. **Commence the construction of the Acute Services Block and continue with the overall redevelopment plan on both sites.**
7. **Becoming a sustainability exemplar organisation in the NHS.**
8. **Play a leading role in the ICS and Bedfordshire Care Alliance to increase the integration of services between acute, community, primary care and social services.**

Performance 2020/21

Objective 1 - Establish a new organisation Bedfordshire Hospitals Foundation Trust following the merger of Luton and Dunstable University Hospital NHS Foundation Trust and Bedford Hospital NHS Trust

The Integration & Transformation Team (ITT) formed on 1 April 2020 post the merger between L&D and BHT. The Team's portfolio of work covers four main areas: Clinical Integration, Corporate Integration and Large-scale Transformation and the Merger Benefits Realisation Programme. The tone for this was set with successful integration of pathology services cross-site, work for which started pre-merger and was completed early into the merger.

Corporate Integration

ITT support the corporate areas with their post transaction implementation plans to form the key enablers that supports the clinical teams. This is critical to successful clinical integration within the hospital, and ranges from consultations to the merging of policies/ procedures to digital systems merging.

Transformation

The ITT work on cross cutting transformational programmes which cover multiple clinical service lines (CSLs). The two main areas of focus are Theatres Re-design, predominantly on the Bedford Site and Outpatients Re-design cross-site. Pathology is currently in the implementation phase due to merging in April 2020.

Theatres Re-design consists of three workstreams; Elective Bookings, Pre-operative assessment and Theatre Productivity. All of which aim to improve the patient pathway to make it more efficient and responsive to patient needs.

The Outpatients Re-design is focusing on virtual appointments and patient initiated follow-ups across CSLs, which should prevent patients having to travel to the sites unnecessarily.

Clinical Integration

The bulk of the team's resource is dedicated to supporting the CSLs through their integration journey. In order to ensure the correct level of support to whose CSLs with the largest and/or most integration agendas, the CSLs have been categorised into the following:

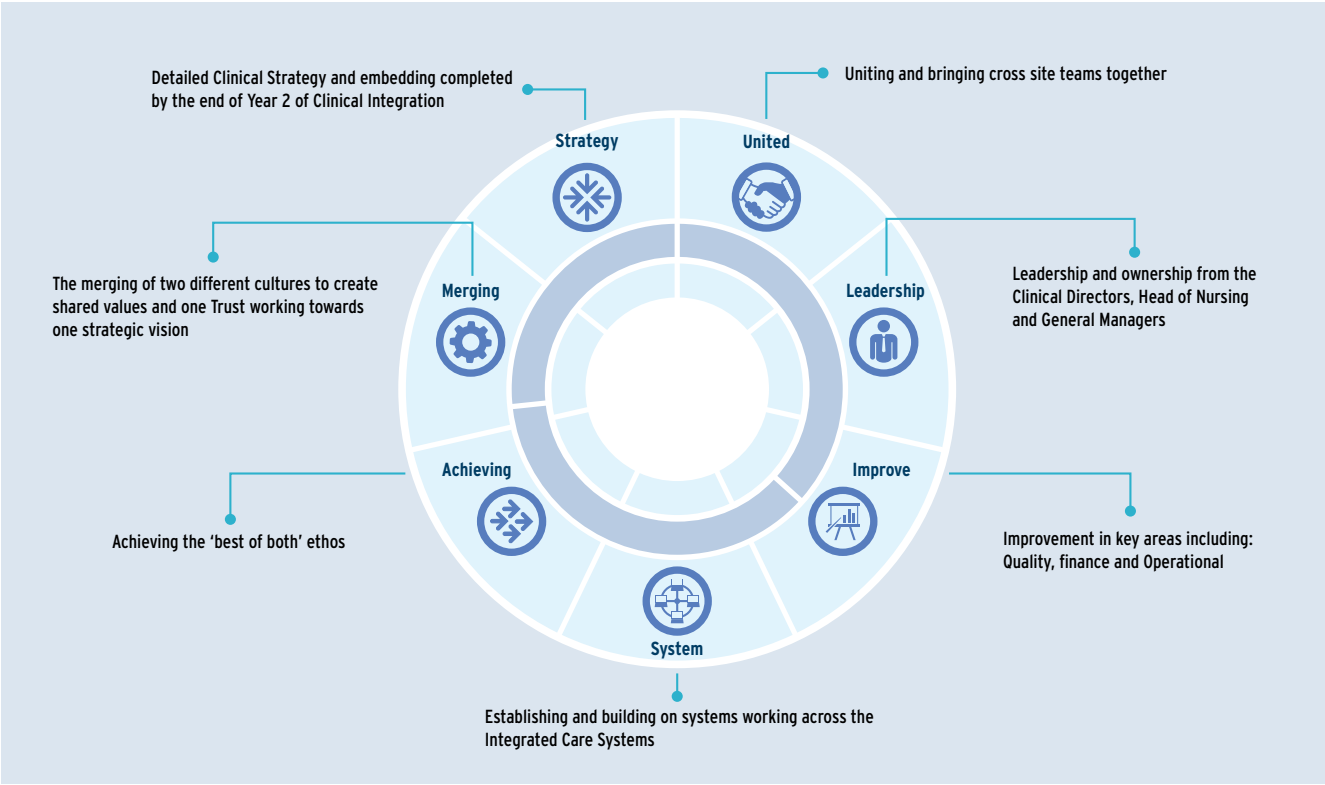
Category 1	Category 2	Category 3
Vascular	Plastic Surgery	OMFS
Trauma & Orthoapedics	Pharmacy	ENT
Gastro / Endoscopy	Therapies / Limbs Orthotics	Pathology
Cardiology	Urology	Ophthalmology
General Surgery	Clinical Haematology	Dermatology
Imaging / Breast Screening	Neurology	End of Life
Womens - Maternity & Gynaecology	Respiratory	Rheumatology
	Stroke	Diabetes / Endocrine
	DME / Frailty	Paediatrics inc. NICU
	Breast	Renal
		Critical Care
		Anaethetcis
		Cancer
		Acute Medicine
		ED
		Ambulatory Care

In order to formulate the clinical strategies the CSLs utilise the clinical integration model, which consists of 3 phases; the discovery phase, outputs and implementation.

All clinical strategies are submitted to the Clinical Validation Committee in the first instance, which consists of a group of senior clinicians chaired by the Medical Directors where strategies are scrutinised and considered as part of the Trust's wider strategy including interdependent services. These, in turn, are ratified by the Integration Board, chaired by the Trust CEO.

To ensure patient care is at the centre of decision making a Quality Impact Assessment (QIA) and Equality Impact Assessment (EIA) is completed with every strategy to ensure any negative impacts are considered and discussed. If the Board deem a change to be unsatisfactory it will not go ahead to Integration Board and will need to be revised by the CSL. Once in implementation the CSLs must produce QIAs for any service changes outside of business as usual which will need to go to the CVC for approval before proceeding.

Ultimately, the aim for clinical service lines is to have the following outputs:



Progress during the year

The merged organisation has an ethos of clinically led and managerially enabled. One of the key tasks for completion in the integration journey was the appointment of cross-site Clinical Directors for CSLs to lead change. In the first year, Clinical Directors have been appointed to the majority of CSLs with the exception of those where it is clinically appropriate to have site based leads.

To date, four clinical integration strategies have been presented and approved at Clinical Validation Committee and Integration Board; Vascular, Plastic Surgery, General Surgery and Imaging & Breast Screening. The focus of all the strategies is to improve the quality of care provided to patients through pathway reviews and re-design. Any major changes to services will be submitted to the Regional Clinical Senate for review; Vascular is currently in the pipeline to attend this meeting due to proposing a change of site for services.

Corporate integration is progressing with the majority of areas finalised consultations within their teams and supporting the CSLs with the enabling components for integration. The Digital Strategy remains an important focus.

Project management software, PM3, has been implemented within the Trust. At present, all corporate project plans are uploaded to the system with highlight reports generated monthly for Integration Board. Once clinical strategies are approved the implementation plans will be monitored through the system.

In further collaboration with the ICS, conversations have begun to roll PM3 out across the ICS for discreet programmes of work.

Non-financial and financial merger benefits are also being captured throughout the integration journey.

Future Plans

- The Trust are on track to produce an overarching and detailed Clinical Strategy by September 2022
- A Surgical Strategy will be in place by Summer 2021 working in parallel with COVID Recovery Programme and BLMK Accelerator Programme
- Cardiology, DME/Frailty and Pharmacy Clinical Strategies planned for June with Trauma & Orthopaedics for July
- A focus on the importance of culture/OD in conjunction with integration going forward
- Those strategies that have been approved moving into implementation with regular progress reporting to CVC and Integration Board
- Progression of working with the BLMK ICS on patient

pathway re-design aligned to clinical integration working to improve patient outcomes for the local population
- Focus on movement into a quality improvement approach and culture of continuous improvement throughout the Trust through the re-launch of QSIR teaching programme
- Ensuring the ongoing capturing of benefits associated with the merger both financial and non-financial
- Development of a strategy for patient participation in the formation of clinical strategies and implementation plans to ensure service users views are considered

Objective 2 - Deliver excellent quality and clinical outcomes and achieve national regulatory requirements

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

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

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

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

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

Whilst this is clearly a concerning and disappointing outcome for the Trust, we have implemented a comprehensive improvement plan to address those areas identified as requiring improvement. This improvement plan is overseen through the operational clinical quality boards of the Trust and in addition an assurance report is provided to the Trust Board's Quality subcommittee monthly.

The Trust also has a monthly engagement meeting with the CQC where progress is overseen.

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.

During 2020/21, the Trust continued to monitor performance against the nationally mandated waiting times and other indicators. However, the unprecedented global pandemic has considerably impacted the Trust's ability to achieve the targets.

A recovery plan was established in July 2020, but was again impacted on the second COVID wave during December 2020 – March 2021. The Trust's Quality Committee continued to receive reports and assurances on progress and plans and reported to the Trust Board of Directors.

From the end of March 2021, focus on the elective recovery plan continued with regular reporting to Quality Committee and Finance, Investment and Performance Committee. The Trust is in a good position to deliver the activity levels required in the national operating guidance which asks for a minimum of 70% of 2019/20 baseline activity in April 2021, 75% in May, 80% in June and 85% from July. Any planned care activity over and above this level will be funded at PbR tariff over and above the Trust's block contract allocation for the first half of 2021/22.

Objective 3 - Secure and develop a workforce that meets the needs of our patients

2020/21 had been very challenging for our staff. We put in place supportive measures for staff including risk assessments for managing COVID 19, flexible and agile working processes significantly aided by a considerable amount of work from our Digital Team, staff wellbeing hubs and a vaccination programme. Our staff have been amazing.

We ensured that there were opportunities to thank staff during the year for their commitment to the Trust. We put in place health and wellbeing hubs and held a virtual engagement event to give the staff a gift, our thanks and an opportunity to launch our shared values.

During the year the Culture and Organisational Development (OD) Strategy was approved by the Board in August 2020 and is a critical enabler as a newly formed multisite acute provider to the population of Bedfordshire. In Summer 2020, We are the NHS: People Plan 2020/21 action for us all and NHS People Promise was published and is reflected in the strategy.

The Culture and OD Strategy takes account of global events, organisational context of the merger, COVID-19 pandemic, Luton site redevelopment and trust wide Digital Technology transformation programmes. It is symbiotic with our Clinical Integration Programme with the Governance Framework describing the monitoring and assurance mechanism.

Our Guiding Principles of being inclusive and compassionate as One Team, One Trust with One Goal, within a clinically led and managerially enabled Clinical Operating Model provides the foundation for the way the organisation will work, underpinned by a clinical and management structure that enables decisions to be taken as close to the patient as possible.

Objective 4 - Deliver the agreed Financial Plan

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

The financial regime changed, due to COVID 19, in 2020/21 from a Payments by Results regime, to one of block payments. Despite this the Trust recorded a surplus in 2020/21.

Objective 5 - Support the delivery of the objectives of the BLMK ICS

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

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

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

Objective 6 - Deliver the Luton and Dunstable site redevelopment programme

In November 2020 the Trust gained approval from the Treasury to progress their plans to redevelopment the L&D site. The redevelopment is made up of a number of programmes;

1. A programme of enabling projects to clear the site and get it ready for major reconstruction – these schemes were delivered in 2020/21 and include the following;
    a. A new multi-story car park for patients and visitors
    b. A new cycle hub for patients, visitors and staff
    c. Additional car parking for staff
    d. New clinic accommodation, both on site (Audiology) and off site (Bariatric and Rheumatology now adjacent to the Trauma and Orthopaedic Service on the Ground Floor of the Travel Lodge, close to the hospital)
    e. A new Administration Hub for clinical and non-clinical staff to work and come together
    f. Re-provision of various support services, including the Biomedical and Clinical Engineering Department
    g. Demolition of the old staff accommodation block, more recently trust offices (April – December 2021)
2. The creation of two new clinical buildings – construction to start in January 2022 and complete in September 2024
    a. Acute Service Block – a 5 story building which houses maternity services (delivery suite, obstetric theatres and bereavement suite); neonatal services (intensive care, high dependency, special care, parental accommodation and bereavement facilities); critical care (for level 2 and level 3 care, with isolation space and relatives facilities); and a new day surgery unit (private rooms for pre-operative and post-operative patients undergoing routine elective surgery, 8 new operating theatres, including 2 hybrid theatres that allow for procedures under image guidance)
    b. New Ward Block – a 3 story building which houses a main entrance to maternity and neonatal services, triage and admissions unit for maternity, antenatal and postnatal wards
3. A programme of Infrastructure upgrades and new infrastructure, supporting site resilience and sustainability kicked off in 2020 and is due to complete in 2023. This programme also sees the creation of a new Energy Centre which services to replace the boilers around the site and provide a centralised facility for heating, enabling more efficient use of gas and electricity. The Energy Centre also

delivers financial savings from the use of modern plant and engineering and provides a substantial reduction of imported electricity, reducing exposure to the carbon levy and ensuring the rapid decrease in carbon emissions from the site.

4. Urgent and Emergency Care Investment – a two year programme commenced in September 2020 which will see an expansion of the A&E department to create additional capacity, direct access to CT imaging, a segregated Children's Department and increased socially distant waiting space. This programme has been driven by the Covid response but is fundamental to supporting access to urgent and emergency care, care pathways and patient outcomes.

The Redevelopment Programme will see significant investment made in the site, supporting improved patient and staff facilities, clinical quality and the sustainability of the Trust in the future.

Objective 7 - Deliver the capital schemes related to the Bedford Hospital site Three Year Plan

Works delivered on the Bedford Hospital Site include a new Education and Training Centre which completed in 2020, serving to bring together staff groups and strengthen a culture of sharing, learning and innovation.

The Trust benefitted from a central funding allocation as part of the Covid response, investing in urgent and emergency care. This programme started in August 2020 and completed in June 2021. The project has delivered an expansion of the A&E department to create additional capacity, a segregated Children's Department and increased socially distant waiting space. Additional works included the conversion of accommodation adjacent to A&E to provide short stay beds, thus providing the necessary capacity to support patient access. This programme has been driven by the Covid response but is fundamental to supporting access to urgent and emergency care, care pathways and patient outcomes. A further phase of the A&E expansion is planned for 2022 and will see direct access to CT imaging, supporting improved access, care pathways and patient outcomes.

Further investment has been made in the Endoscopy Service and plans are underway to create additional operating theatres. This serves to provide additional capacity, supporting the covid recovery in the first instance and subsequently accommodating increased demand for elective services.

Work is underway to respond to the clinical strategy for the Trust and the broader developments across Bedford. This piece of work will see a control plan for the Bedford site, to inform how the site will develop over the next 10-15 years.

Operational performance report

Principal activities of the Trust

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

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

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

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

Luton has a population of about 210,000 (Luton Annual Public Health Report 2013/14). Luton is an ethnically diverse town, with approximately 45% of the population from non-white British communities (Luton Borough Profile 2011 census data). Within this group there are significant Pakistani, Bangladeshi, Indian and African Caribbean communities. We celebrate the diversity of our population and are committed to ensuring that issues of equality and diversity have a high profile. There are particular healthcare challenges in an area with high levels of ethnicity. The 2010/11 Luton Annual Public Health reports states that in many cases, Black and Minority Ethnic (BME) communities have poorer health outcomes when compared to the overall population and these are linked to infant mortality, access to services due to awareness, language and cultural barriers, early onset dementia and diabetes. The Index of Multiple Deprivation 2010 also indicates that Luton is becoming more deprived. The Luton Annual Public Health Report 2018 (most recent published report) focussed on the implementation of the Luton Investment Framework, which is already providing excellent opportunities to improve the health of the people of Luton. Wellbeing and economic prosperity are closely linked. A thriving economy cannot be achieved without good health, and good health cannot be achieved without a thriving economy.

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

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

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

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

During 2020/21 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 27 to the accounts.

Review of Operational Performance

Due to the COVID 19 pandemic the Trust had to work in a completely different way.

Nearly every process and department in the organisation has been affected in some way, and the impact on normal operational routines has been highly disruptive. Our staff have risen to the many challenges presented by the pandemic in a remarkable way.

We are always grateful to our staff every year, but this year in particular we have seen heroic and selfless acts from our staff and their families dealing with the global pandemic. We have put in place many supportive measures during the year including staff hubs during the first wave where our staff accessed support, guidance and some food. We have put in place a clinical psychologist to support our staff following COVID and this was paid for from monies received from NHS Charities Together who look after the Captain Sir Tom Moore fundraising money. We managed to put on a virtual Engagement Week in December 2020 to again thank our staff and we set up a programme of work environment reviews to look at health and wellbeing space that staff can access with a view to making improvements. Our staff are our organisation and we will continue our commitment to them.

The Trust and both its sites were particularly impacted by COVID from the first wave onwards. We had the highest rates in the community in the East of England and were under scrutiny for many external agencies during this time. Despite all the challenges for our staff, we have made significant progress towards restoring routine activities whilst implementing new and adapted pathways and processes.

Over the year we:

- Redesigned our Emergency departments to enable us to separate patients with Covid symptoms from those without and ensure that they are managed by completely different teams. At Bedford hospital we were one of the first Emergency Departments in the country to introduce near patient testing for Covid-19, which enables us to get a result for a newly admitted patients within 2 hours
- Flexed up (and back down again) our critical care capacity for the most acutely unwell patients and maintained separate covid and non-covid ITU and HDU beds. At the peak of the pandemic we had 41 patients receiving critical care across both sites, where our normal maximum capacity would be 25.
- Maternity teams have supported deliveries in Bedfordshire whilst maintaining enhanced infection control practices. We paused but re-introduced in July 2020 home births for those families wishing to deliver at home.
- In July we re-opened routine operating for patients to enable us to start treating patients who do not fall into the most urgent categories for surgery. Whilst our throughput in theatres is significantly reduced because of the additional checks and measures in place, our elective activity is increasing on a weekly basis.
- Started operating and diagnostic work at our Independent sector partner sites in order to mitigate some of the lost capacity we have seen on-site. Patients have received their surgery at Spire Harpenden or BMI The Manor, Biddenham
- Started the re-introduction of routine imaging and diagnostics whilst maintaining discrete emergency pathways
- Re-commenced vascular, retinal and breast screening pathways in line with national and PHE guidance
- Changed the ways we work in our outpatient departments to ensure that they are covid-secure
- Participated with local partners in a ‘deep dive’ - led by Public Health England - into apparently raised incidence of covid-19 within Bedford Borough. This deep-dive explored community outbreaks, as well as examining some of the demographic and local factors that may have led to higher than expected transmission rates in the community.

A number of our clinical teams supported research into Covid-19. We participated in the national RECOVERY-19 clinical trial into treatment for patients. A total of 2104 patients nationally were recruited to the Dexamethasone arm of the trial, 232 of who came from our Trust. Dexamethasone was shown to reduce deaths by one third in ventilated patients and one fifth in patients receiving oxygen only. There was no benefit in patients who did not require respiratory support. We continue to recruit patients to the trial, albeit more slowly due to the fall in the numbers of patients admitted with the virus. The trial was conducted at the University of Oxford, and funded and supported by the National Institute for Health Research (NIHR).

Testing has been pivotal to our response to the pandemic, and our colleagues in microbiology and the broader pathology services have introduced new tests and scaled-up the use of these at remarkable pace. We are currently testing around 1,000 covid-19 swab samples a day mid-week as a combination of testing patients on our emergency and pre-operative pathways and routine screening of clinical staff. We have also carried out around 6,000 serology antibody tests and are working to increase the phlebotomy capacity for this.

The level of staff engagement we have seen has been incredible throughout the response, with so many of our teams going far above and beyond to care for patients and support their colleagues. Recognising the extraordinary pressure the pandemic has placed on individuals, the Trust has established psychological support for team members that have been involved and continues to work closely with our Unions and staff-side colleagues to identify emerging needs and respond accordingly. The trust also established a BAME network working group – 'protecting our BAME staff' and received a huge amount of input from staff who gave lots of time in identifying measures that would help ensure we continue to support those in more vulnerable categories. Environmental and individual risk assessments have rolled out across the organisation and are being used by line managers to support their teams and ensure that staff are safe at work. The wellbeing hubs that were stood up during the height of the response have now closed, but the response we saw from staff to these and the generosity of our local communities in providing donations to help support staff was extremely positive.

The Care Quality Commission established a system wide review in Luton to explore early learning from the way providers worked together in the Covid response and areas in which good practice may have positively affected patient outcomes. This is not a formal inspection and the Trust supported their review.

We continued to monitor the key performance targets as a benchmark, but these were significantly impacted by the COVID-19 pandemic.

A recovery plan was established in July 2020, but was again impacted on the second COVID wave during December 2020 – March 2021. The Trust's Quality Committee continued to receive reports and assurances on progress and plans and reported to the Trust Board of Directors.

From the end of March 2021, focus on the elective recovery plan continued with regular reporting to Quality Committee and Finance, Investment and Performance Committee. The Trust is in a good position to deliver the activity levels required in the national operating guidance which asks for a minimum of 70% of 2019/20 baseline activity in April 2021, 75% in May, 80% in June and 85% from July. Any planned care activity over and above this level will be funded at PbR tariff over and above the Trust's block contract allocation for the first half of 2021/22.

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, CQC may undertake an unplanned, responsive inspection.

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

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

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

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

Whilst this is clearly a concerning and disappointing outcome for the Trust, we have implemented a comprehensive improvement plan to address those areas identified as requiring improvement. This improvement plan is overseen through the operational clinical quality boards of the Trust and in addition an assurance report is provided to the Trust Board's Quality subcommittee monthly.

The Trust also has a monthly engagement meeting with the CQC where progress is overseen.

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

CQC Assessments

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

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

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

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

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

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

Regulatory NHSI/E Performance

NHS Oversight Framework

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

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability (well-led).

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 in segment 1 - Maximum autonomy. No support needs identified

This segmentation information is the trust's position as at May 2021. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Organisational Development (OD) Performance

The Culture and OD Strategy was approved by the Board in August 2020 and is a critical enabler as a newly formed multisite acute provider to the population of Bedfordshire. In summer 2020, We are the NHS: People Plan 2020/21 action for us all and NHS People Promise was published and is reflected in the strategy.

The Culture and OD Strategy takes account of global events, organisational context of the merger, COVID-19 pandemic, Luton site redevelopment and trust wide Digital Technology transformation programmes. It is symbiotic with our Clinical Integration Programme with the Governance Framework describing the monitoring and assurance mechanism.

Our Guiding Principles of being inclusive and compassionate as One Team, One Trust with One Goal, within a clinically led and managerially enabled Clinical Operating Model provides the foundation for the way the organisation will work, underpinned by a clinical and management structure that enables decisions to be taken as close to the patient as possible.

Valuing and celebrating difference is what gives genuine strength and creates resilience within our teams. It provides the conditions for people to thrive as individuals and give of their best with fulfilling and rewarding working lives in an organisation where everyone has a voice in shaping our future. The BAME staff network was launched in June 2020 and we are developing a range of Affinity Networks to broaden the input to our decision-making processes and provide insights and influence.

Our Vision, Values and Tone provide the foundations on which we are building our inclusive, compassionate and culturally integrated organisation. Through on-line surveys, virtual focus groups and in conversation with our staff we defined, and are now embedding, a new set of organisational values and behaviours:

Teamwork - We work mindfully and collaboratively to create a well-organised, professional and supportive atmosphere that achieves the best possible outcomes for all.

Honesty & Openness - We are open, authentic and have integrity and in all we do, reflecting on our actions to improve the quality of care and experience we deliver.

Respect - We respect colleagues, patients and carers by actively listening, responding, and providing everyone with a voice to create a positive work atmosphere.

Inclusivity - We are fair and inclusive, giving access for all by considering and valuing difference, and appreciating the diversity within our community and workforce.

Valuing People - We value patients, colleagues and carers as individuals by showing care and empathy, working to create a culture where we look after each other's wellbeing.

Excellence - We share knowledge, information and support each other to develop, innovate and learn. Always looking at ways we can improve the care, safety and experience of our patients and the sustainability of our hospitals.

The foundation for the Culture and OD infrastructure is the Culture and OD team formed in January 2021. Wrapped around the team is the Bedfordshire Hospitals' Organisation Development Faculty which was launched in September 2020. It embraces the 'best from both' of the predecessor organisations' OD and leadership development functions to provide the capability and capacity required to support the delivery of the Cultural and Clinical Integration programmes using internal and external expertise.

The key functions of the Faculty are Board and Leadership Development, Cultural Integration and supporting Clinical Integration. In August 2020 we commenced a comprehensive Board Development Programme of individual and team education, governance and compliance, setting the tone for the organisation, with particular focus on diversity and inclusion.

Over the past six months we have launched a programme of events and development activities for our Medical Leadership starting with New Consultants, Clinical Directors, and Locally Employed Doctors and going forward Aspiring Clinical Directors.

Following the principles of the Collective Leadership Model, we are embarking on a structured talent management and succession planning process to ensure we develop our leaders of the future with the skills and knowledge to function effectively and set the appropriate cultural tone for the ethos of our organisation.

Medical Education Performance

Throughout 2020 Medical Education was undoubtedly affected by the global pandemic. In April 2020, the national decision was made that all final year medical students who had graduated were to be offered the opportunity to voluntarily gain provisional licence and start as a Foundation Interim Year One (FiY1) doctor at a Trust near their medical school or at the trust where they were due to start their Foundation Programme. Within the Bedfordshire hospitals the Luton & Dunstable Hospital successfully welcomed 16 FiY1s who were due to start their Foundation Programme at the site and Bedford Hospital successfully welcomed 20 FY1s. Some of these were scheduled to start at Bedford Hospital others choose Bedford as it was close to the Medical school.

Due to the need to socially distance, delivery of medical education on both sites was challenging and where possible face to face teaching was replaced with virtual learning both in the classroom and on the shop floor and via virtual outpatient clinics. There was an increase in delivery of VR simulation for the FY1 doctors by enhancing their access to the FastTrack e-learning programme provided by East London Foundation Trust. At Bedford with the use of Zoom we were able to facilitate the move of specific elements of core teaching to a virtual platform and encompassed the use of breakout areas in an effort to have greater engagement and interaction. Zoom Is not in use at the Luton site but with recent development in MS teams in some Educational rooms Virtual learning continues with the potential of breakout rooms to support small group discussion.

SIM training has been enabled but sites continue support procedural training. This was particularly supported at the Bedford site with training covering suturing, arthrobox, airway management, US guided cannulation and lumbar puncture.

At both sites, with the number of Covid patients increasing the ME department worked with HEE and trainees to support deployment of Foundation trainees, GPSTs and speciality trainees to medical areas to support acute admissions and service delivery. Some of the trainees where also deployed to critical care.

At Bedford Hospital the long awaited development of the Medical Education centre was completed and the team were handed the keys to a newly refurbished Education Centre with a fully functional simulation suite and clinical skills in September 2019.

Undergraduate Medical Education

In March 2020, The Luton & Dunstable Hospital successfully facilitated the Final MBBS for the UCL medical students just days ahead of the National Lockdown announced later that same month. As a result of the National Lockdown, medical student clinical placements were halted and those final year medical students who had graduated were offered the opportunity to gain their GMC provisional licence to practice as an FiY1, as mentioned above.

In September 2020, we successfully welcomed our 2020/21 cohort of final year medical students with an emphasis on virtual learning which although challenging was delivered effectively.

At the Bedford site in August 2020 the team saw the return of Year 4 Cambridge Medical Students (catch up block), closely followed by a cohort of Core Clinical Method (CCM) students in September 2020. 17 Final Year medical students returned to Bedford on 2nd November 2020. Teaching for these groups has been delivered successfully through a virtual platform. Formative reviews which would have previously been done as a group scenario were reformatted and delivered successfully on a 1:1 basis by our clinical skills trainers.

In December 2020, following the announcement from NHS England, NHS Improvement (NHSEI) and Health Education England (HEE) confirming that NHS organisations with medical students on clinical placements could choose to deploy them as paid volunteers caring for patients, we were able to facilitate this arrangement. Medical Students were able to sign up for up to 12 hours of voluntary paid work on top of their clinical placement time, to support the provision of services.

GMC survey 2020

The General Medical Council took the decision to postpone the national training survey, scheduled to launch on 24th March 2020, due to the impact of coronavirus (COIVID-19) on the healthcare system and the profession and then ran a shorter, targeted survey from 22nd July to 12th August. As expected, lower numbers of trainees and trainers completed the survey than in previous years and for this reason GMC did not generate site-level data.

NETS Analysis

The National Education and Training Survey (NETS) collected feedback from learners over five weeks in November and early December. The survey covers all learners from medical and non-medical professions and the full results can be analysed online.

Performance and School Visits

There were no on site performance or school visits carried out during the early Covid period in 2020 and HEE postponed the submission of the anaesthetic improvement plan for Luton and later facilitated a virtual Learner meeting at the Bedford site in December 2020 as part of their evaluation of the quality of education. Trainees and educators from nursing, radiography, paediatrics and medicine were interviewed as part of the event. The feedback from this demonstrated an improvement in the learning environment and for Paediatrics, Clinical Radiography and Medicine the risk rating following the visit was reduced. The risk rating for midwifery was the same.

Educator Development

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

No decision has yet been made on when these training days can be re-instated. But we hope in the Autumn/ Winter terms to organise two Educator hubs day, one at each site.

Trainee Physician Associates

In collaboration with the University of Hertfordshire, both sites now welcome Trainee Physician Associates (TPAs) on an annual basis to undertake their clinical placements at the Trust rotating through Medicine, Surgery, Paediatrics and Obstetrics & Gynaecology.

At the Luton site the Year Two TPAs (Cohort 2, 2018/19), supported the Trust's Covid Rota from April 2020 and received high praise for their contribution. We welcomed ten Year One TPAs (Cohort 3, 2019/20) albeit with a delayed start due to the pandemic and look forward to welcoming another ten Year One TPAs (Cohort 4, 2020/21) throughout April and May 2021.

Physician Associate Apprenticeship

In collaboration with HEE, in March 2021, the Trust welcomed five Physician Associate Apprentices. The apprenticeship is a 12 month programme of 2 x 6 month rotations working across Emergency Medicine, Paediatrics, Psychiatry and Medicine. The Apprenticeship offers our newly qualified PAs a structured educational programme with funded study leave, a named clinical supervisor and an educational supervisor. The PAs have access to an e-portfolio which maps Foundation trainee level competencies and applicable generic professional capabilities as per GMC and the Foundation Programme curriculum standards. The rotations will offer the PA experience and exposure to enable them to make an informed career decision and the PA in turn will hopefully provide departmental continuity at Foundation level supporting the new doctor transition into the department throughout the year.

Education and Training Performance

Mandatory Training

Prior to the merger both Bedford Hospital NHS Trust and Luton and Dunstable NHS Foundation Trust had differences in their approach to mandatory training in terms of recording, reporting, requirements, delivery and training renewal periods.

As two separate organisations both sites were partially aligned to the Skills for Health Core Skills Training Framework (CSTF). This framework enables the organisation to standardise the focus and delivery of statutory and mandatory training. The framework has been created by Skills for Health in conjunction with various organisations such as The National Association of Healthcare Fire Officers, The Health and Safety Executive, Resuscitation Council (UK) and Royal College of Paediatrics and Child Health who have supported the creation of the framework to ensure that all training objectives set out meet any legal training requirements.

In February 2020 Skills for Health released a CSTF (England) v1.0 for NHS Trusts in England, therefore as one organisation, Bedfordshire Hospitals NHS Foundation Trust is preparing to realign to this Framework. All the preparation work with Subject Matter Experts across both sites has successfully been completed to ensure that all training meets the objectives outlined by the CSTF. Due to the pandemic Skills for Health have temporarily suspended new alignment applications. This has no impact on the organisation or what the Trust delivers. Our alignment documentation is complete and ready to submit once applications have re-opened.

The Trust merger has enabled both separate ESR platforms to be combined, this has enabled the Training and Learning Team to align compliance requirements, merge E-learning programmes and enable the team to start a joint reporting process. A new combined compliance report for Mandatory Training will be produced for the April 2021 figures; the team are also able to present site specific data each month to support targeted compliance.

The pandemic has naturally led to a decline in mandatory training compliance over the last 12 months with Bedford compliance sitting at 78% and Luton 77%. NHS Employer guidance has stated that during the pandemic "current NHS employees who have not changed role and who have previously undertaken training in the core subjects of statutory/mandatory training, refresher training requirements should be suspended". Although we had to suspend all face to face training we have encouraged staff to complete e-learning/ virtual sessions. Now that England has started to ease lockdown restrictions and hospital admissions are starting to decline the Training and Learning Team have as of 22nd March 2021 started to deploy a Mandatory Training Recovery plan. This plan includes 1:1 meetings with departmental leads for education, virtual e-learning sessions for core mandatory topics and continuous improvements to our ESR/ OLM e-learning platform.

Appraisals

Due to the considerable impact of COVID-19, during 2020/2021 appraisal compliance has seen a decline. Bedford compliance is sitting at 64% and Luton 70% compliance against a Trust target of 90%.

As part of the Mandatory Training and Appraisal Recovery plan a new Trust appraisal policy is being developed which includes a new appraisal document include the new trust Values and behavioural framework. Training will also be provided for staff.
Managers who are responsible for appraisals will be met with over the next quarter to plan and conduct their out of data appraisals.

Corporate Induction

Due to the pandemic Corporate Induction has been completed via e-learning. The Training and Learning Team have been able to set up new starters as applicants on the ESR system if they are not already on the system as a user. The E-learning packages are the national Core Skills Training Framework (CSTF) aligned so all framework and legal requirements are covered in these packages.

There is also a video welcome from the CEO and information about the Trust is also provided.

We have had excellent feedback on the use of e-learning for induction, therefore this is something that we wish to continue to use. When it is safe and appropriate to do so we will reinstate corporate induction but the content can be suited to Trust specific learning which we have been unable to do before due to the statutory requirements. This will enable the Trust to further engage with new starters on their first days within the organisation. The review of Corporate Induction will be carried out as part of the Mandatory Training and Appraisal Recovery Plan.

Apprenticeships

We have worked hard with our Providers this year, to ensure that despite the impacts of Covid 19, apprenticeships could continue to be delivered for any apprentices able to continue. Our Providers worked hard to adapt delivery models to online learning, putting remote learning in place as quickly as possible. Despite some initial issues, this has proved effective in most cases. We have supported flexibility for candidates

whose roles and responsibilities have changed due to Covid 19 and have arranged breaks in learning where appropriate. Our first Midwifery apprentices were called back to Nursing, so experienced a prolonged pause in learning. Despite all this, we are delighted to report that 65 apprentices successfully completed their programmes during 2020/21. Congratulations to them all.

Perhaps understandably, apprenticeship starts were down in the past 12 months, heightened clinical activity made it difficult to release staff to study and for some areas to commit to new apprenticeship enrolments. This was unsurprising, in such unprecedented times. Despite all this, we had 118 programme starts in year.

We have continued to work with Bedfordshire Employment and Skills Service (BESS) to support those staff with aspirations to get into Nursing, to acquire English and Maths functional skills at Level 2. As most Higher Level Apprenticeships require proof of Level 2 Maths and English, this service is also available to support others, on an individual basis. We are able to report a number of successes in Maths and English at Level 1 and 2 so again congratulations to all our successful learners.

Apprenticeships are continuing to gain momentum in clinical areas with plans in place and HEE funding agreed for regular intakes of Student Nursing Associates, increased numbers for the RNDA 19 Month pathway and our first cohort of 4 year RNDA's. We are also exploring apprenticeships for Midwifery, Therapies and Theatres. On the non-clinical side, we introduced our first 'Senior Leader' programme, and have plans to introduce Professional Coaching apprenticeships. Our Level 3 and 5 Leadership programmes continue to be popular. We continue to expand our range of Providers, partnering and building relationships with new HEI's and Providers to expand the range of apprenticeships on offer.

In the latter part of the year, the Government increased Employer Incentive funding to encourage the recruitment of new apprentices and to aid recovery of employment and the economy. This funding – currently £3,000 per apprentice is directed to the recruiting department to support apprenticeship costs. We have been able to claim this money for a small number of apprentices and would encourage greater use of this benefit whilst it is available.

Nursing Accreditation

The Trust Local Accreditation Programme commenced in August 2020. To date, 16 Care Units have been assessed, with 100 % accredited. 31% (5) have achieved 'Silver' accreditation, with the remaining 69% (11) successfully achieving 'Bronze'.

We have seen incredible engagement from staff, with their desire to progress through the Accreditation levels and achieve the highest standards of safety and quality in care delivery evident.

Many examples of excellent practice have been identified and are being utilised to inspire and support improvement across the organisation.

Elements requiring improvement are identified and fed back to each area in detail, and tailored support is offered. When reviewed as a whole, the accreditation findings demonstrate clear themes which can be used to inform organisational work streams.

Redevelopment Performance

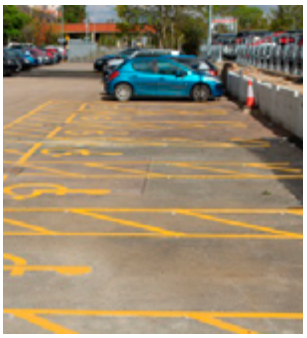
Over the last year we have been able to deliver on work that has been in preparation for many years. Both sites have seen considerable investment and improvement across key development areas important to patients, staff and visitors.

Car parking

During the year work to improve car parking at both hospital sites progressed at pace.

Bedford Hospital

The Britannia Road staff and patient car park at Bedford Hospital expanded to have an additional 337 spaces, as well as CCTV and new electric car charging facilities.



Luton and Dunstable University Hospital (L&D)

A new multi-storey patient and visitor car park opened at the L&D Hospital on Lewsey Road. The new four-level car park provides 278 patient and visitor car parking spaces and has been designed to improve the flow of cars, reducing queuing and congestion along Lewsey Road.

Staff and visitor cycling facilities are also available, including 40 cycling spaces for patients and over 200 for staff, as well as staff changing and shower amenities. In addition to the patient and visitor car park, two new staff car parks have been created on Dunstable Road, providing a further 250 car parking spaces for staff.

The additional car parking spaces on both sites have certainly been welcomed by staff, patients, visitors and local residents.

Urgent and Emergency Care improvements

The Trust secured £23m of funding to strengthen Urgent and Emergency Care provision across both hospital sites, in response to the Covid-19 pandemic.

Bedford Hospital

The first phase of the upgrade at Bedford Hospital was completed at the end of December 2020 and involved the refurbishment of Victoria Ward, to provide additional Same Day Emergency Care (SDEC) beds, to support capacity and flow for emergency patients.

The second phase of work saw the creation of a secure and dedicated Paediatric Emergency Department, and additional capacity for patients. The final phase due to complete in June 2021, which will see the opening of a new large waiting and triage area for emergency patients, supporting social distancing.

Work to include provision of CT in the Emergency Department will commence towards the end of June 2021. The Trust is hugely thankful to Bedford Hospital Charity and Friends and Bedfordshire Hospitals NHS Charity, for supporting this scheme.

Luton and Dunstable University Hospital

The upgrade at the L&D Hospital will provide an expanded and refurbished ED with increased capacity, a new and fully segregated Paediatric Department, additional waiting room capacity, and mental health assessment rooms. Furthermore, a CT scanner situated within the department will offer rapid access to diagnostics and subsequent treatment, therefore improving patient outcomes.

Enabling work to begin the upgrade at the L&D has begun, with the relocation of services near the main entrance and construction work started.

WH Smith and The Baguette Company in main reception have now closed, however, staff, patients and visitors still have access to other retail and catering facilities on-site. This includes our newly refurbished restaurant, WH Smith in the surgical block, the Charity shop in Maternity, as well as a coffee van on the service road.

The main patient drop-off point on Lewsey Road has moved north, and can be found outside the Microbiology building. Visitors to the site are urged to drop off in the dedicated zone. Our Security team, in partnership with our construction team, Willmott Dixon, are working hard to ensure staff, patients and visitors are safe while construction work is underway.

The temporary main reception, PALS and security office is located at the front of the hospital site. This is a hugely complicated and challenging project that relies on working in and around busy environments. This project is due to complete in August 2022.

(Artist impressions of the external ED upgrades at the L&D Hospital)

Main Redevelopment programme at the L&D

Work to transform the hospital continues at pace, with new buildings due to go up at the beginning of 2022 and complete at the end of 2024. This programme includes the creation of an Acute Services Block and New Ward Block which are essential to support Maternity, Neonatology, Critical Care and Theatre services.

The first major step is to clear the site of the old buildings which no longer provide efficient and conducive space. Visitors to the site will start to notice the demolition of Trust Offices which commenced in April.

To support this scheme, we recently opened to the doors of Nova House – our new office block – welcoming around 400 staff.

An artist impression of the site at the end of 2024 can be seen below.

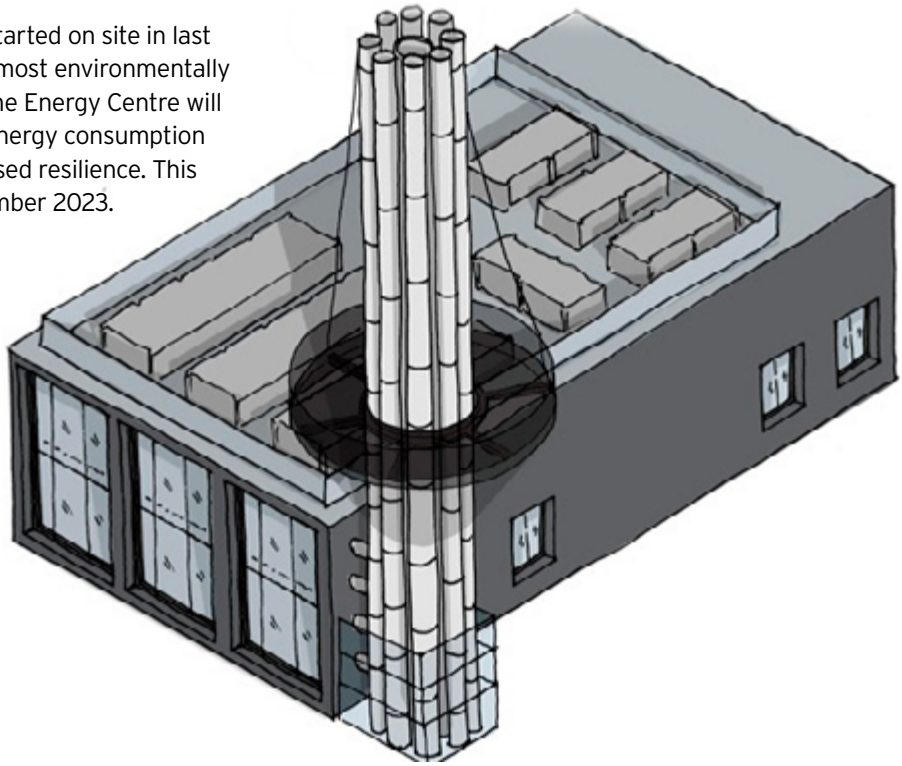
Service moves at the L&D

In order to support the main redevelopment project and the Urgent and Emergency Care Scheme, Bariatric (Obesity) and Rheumatology services at the L&D have moved to an off-site outpatient centre – Zone T – a short distance away from the hospital (located within the Travelodge on Dunstable Road).

This is an exciting step for the Trust as the additional outpatient facilities will not only support our services to continue providing specialist care in the best environment, but allow us to progress on our vision to re build the hospital.

New Energy Centre at the L&D

The Energy Centre project which started on site in last year will make the L&D one of the most environmentally friendly hospitals in the country. The Energy Centre will deliver a substantial reduction in energy consumption across the site, and delivers increased resilience. This project is due to complete in December 2023.



Captain Sir Tom's Garden at Bedford Hospital

To commemorate Captain Sir Tom Moore's fundraising efforts of walking 100 laps of his garden to raise money for the NHS back in March 2020, the new landscaped garden at Bedford Hospital has been named after the inspirational Captain.

The refurbished area, official named the Captain Sir Thomas and Pamela Moore Gardens, is located outside the main entrance on Kempston Road.

The garden has been transformed into a new calming space for patients and staff that includes resting areas, sensory plants and a walk way in the shape of the number 100.

A number of staff were involved in this development and spent time outside of work, planting the flowers.

Sustainability Performance

In recognising the challenge that climate change, air pollution and waste presents, the Trust is committed to playing its part, both as a contribution to the national endeavour but also as a significant local institution with the ability to influence and impact on the local population. During the year the Trust has developed its commitment to our 'Green' agenda.

The Trust's plan will establish a Green Plan to meet the requirements of 'The Long Term
Plan for the NHS' which includes reducing carbon, waste and water management, improving air quality and reducing the use of single-use plastics.

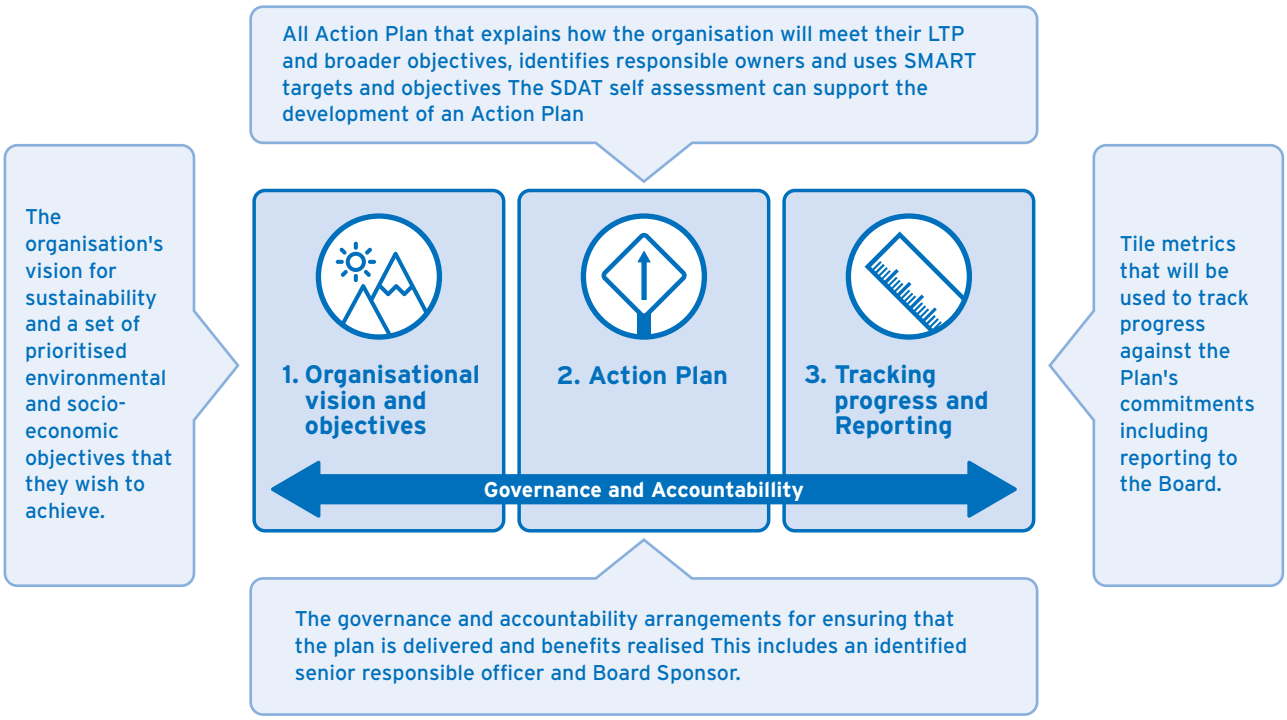
In February 2021, the Trust approved a new sub-committee of the Board to enable it to have the appropriate leadership. This committee will being in 2021. One of the aims of the committee would be to oversee the development of a green plan document as a formal record setting out the strategy, plans and ambitions but also to act to communicate progress, build momentum and engage the organisation.

The Trust has built on this committee by approving the implementation of a Sustainability Manager and the development of Green Champions across both sites.

This work will support the development of the Trust Sustainability Strategy that will also support our full business case for the Acute Services Block during 2021.

Building blocks

A Green Plan Is composed of 3 key elements. Organisational Vision and Objectives. Action Plan, and Measurement & Reporting. They are underpinned by effective governance and accountability arrangements - please see below for a suggested template.



NHS
NHS

Our patients, our staff and our partners

Our Patients

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

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

We collect information from the following groups;

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

Covid 19 has had an impact of how this feedback is collected. CQC Survey reports have been suspended. The only results published for surveys was the Inpatient 2019 survey.

The response to this report has been limited by operational impact of Covid measures. All national surveys, with the exception of the Children and Young People's Survey, are conducted annually.

The trust implemented the new FFT questions from April 2020 and used two IT platforms to gather this information. Nationally the submission of FFT data was suspended from April to November 2020. However internally some FFT data was collected as this could be achieved without transmission risk and internally this limited FFT data reported to quality boards. At the end of this year the trust rationalised the use of IT platforms and will move to one provider across the organisation.

Patient Advice and Liaison Service (PALS)

The PALS Team provide a vital first contact with patients, carer, family members and the general public. The workload for the team has risen over the last twelve months, which has been reflected in the reduction in the number of formal complaints. During this year the PALS and Complaints Teams on both sites joined as one team.

The patient experience team oversee the service interpreters; however, booking is done by services. The consequence of Covid measures have affected the use of these services. This is especially so at the Luton site. The implementation of patient video consultations, transfer of use of interpretation further by telephone has had an impact.

We will continue to work towards increasing our use of telephone interpreting, which will make interpreters more easily accessible for patients and staff, as well as support efficiencies for the organisation. Outpatients and Maternity Services continue to be the highest users of interpreting services. The top four languages remain unchanged from 2019. These are Polish, Romanian, Bengali and Urdu which account for over 80% of requests made.

The PALS service has continued to provide support for patients and the public, Covid restrictions have required these to be via telephone and email. Some contact has been via video conferencing. The PALs service has been available on site since February.

Patient Experience Council

Historically each hospital site had a patient council or Patient and Public Participation Group (PPPG). As part of the merger, the trust planned to implement a revised forum the Patient Experience Council. The inaugural meetings have been postponed in response to Covid restrictions and operational pressures. The Council had its first meeting in May 2021

Service User Groups/Engagement

The patient experience team have worked with various external groups over the last year; this includes Healthwatch and Carers in Bedfordshire. The challenges of Covid restrictions have resulted in Carers in Bedfordshire service working remotely. The patient experience team have supported these teams to liaise with clinical services in the Trust to plan relocation back on site as soon as possible.

The patient experience team have extended their liaison with community groups and contributed to meetings in the community and faith leader's group to discuss the challenges to care provision under Covid restrictions and impact of visiting restrictions.

Listening to Patient Concerns

We treat all complaints seriously and ensure they are handled in accordance with the Health and Social Care Complaints Regulations. During 2020/21, we received 698 formal complaints. A breakdown of complaints (by month, by category) is contained within the Quality Account.
All the complaints were investigated through the complaints process by the General Manager for the appropriate division and a detailed response addressing the issues raised sent to the complainant.

The majority of complaints were resolved at local level and did not require review by the Parliamentary Health Service Ombudsman (PHSO). General Managers, Service Managers and Matrons have continued to be proactive in the management of complaints by making early contact with complainants to discuss their issues. This approach resulted in a number of complaints being resolved without having to go through the formal process and produce a written response; therefore they were resolved informally. Some of the complaints were resolved at hospital level, whereby Local Resolution Meetings (LRMs) were held with either General Managers, the Chief Nurse, Deputy Chief Executive and/or the Chief Executive. Where appropriate relevant clinical staff were also involved in LRMs.

Unfortunately, in the last year, six complainants asked the PHSO to review their complaints. During this year the PHSO, has not upheld one case, partially upheld one case and four are still under investigation. One case has also been process through the mediation process.

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

Since the Trust merger in April 2020, there has been some limited alignment of processes to respond to the concerns of patients between the two sites, these include standardisation of target response time for complaints, 35 working days, and weekly tracker reports. The process on each site differs in how the responses are produced and the degree of involvement of the clinical service lines teams within this. The patient experience team had plans to review the complaints processes but these have been suspended during Covid operation pressures and will be conducted in Qi 2021/22.

Visiting restriction had a significant impact upon patient services at the Trust. Some visiting in exceptional circumstances has been permitted. In response to this situation, a help line for next of kin was provided and has been operational for two periods in this time. Ward areas and clinical teams have enhanced measures to liaise with the Next of kin. Some limited use of video contact has been enabled on the wards. Visiting pilots to enable some reintroduction of visiting took place in the autumn however was curtailed by increasing transmission rates in the local community.

Compliments

This year approximately 1300 compliments were received directly by the staff or service, and cascaded to the staff and/or service involved by the respective manager. Other compliments are received and are held locally.

Below are some of the compliments we received:

General

Extremely high praise for all involved in the Patient's care when he was admitted with Covid. "The whole team at L&D were amazing not just the nurses and doctors who were fighting for my life but everyone from the paramedics, A&E, Radiologists, Porters, cleaners, the meal man as I called him. Everyone was outstanding and so kind and caring."

Maternity

"I am writing to inform you of my positive experience. Fourth delivery and finally I had a midwife who listened. She was everything I needed and I truly felt blessed to have been gifted such a beautiful soul to assist in the delivery of my fourth child. I would like to thank her for being herself, lovely, empathetic, maternal and the dept. that trained her for my positive birthing experience."

Surgical ward

The son stated that the care his mother received was "exemplary" and the staff on the ward did a fantastic job at caring for their mother. Not only was the care given to their mother outstanding but also the support the son and his brother received was brilliant. In particular surgical clinical practitioner who had to call them with the difficult news, everything was explained to them. They were able to come in and spend time with her and be with her when she took her last breath and her death was as peaceful as it could have been. He also mentioned three nurses by name.

AAU

"I just wanted to say thank you to the nurses on AAU after my nan's recent stay there, she came in very unwell and did decline at one point, but with their close monitoring and care my nan quickly improved and is now thankfully at home recovering, she mentioned that a nurse in particular was very kind and helped her with her medication and explained what the doctors had said so she could get a better understanding as to what was going on and to inform family, and on one of her worst days she said she had a lovely CSW help her get up out of bed and assist with showering and sitting up in her chair which made her feel much better. My nan lastly mentioned a nurse who had made her laugh and a Dr for overseeing her care. I am extremely grateful for the care my nan received, the quick treatment and monitoring as things could have been very different. She will now be followed up as an outpatient to continue to be monitored. Thank you again, you all do not receive enough credit especially when there can be shortages, but you all still delivered a high level of care."

A&E

"My 19 year old son attended A&E on Thursday morning feeling suicidal, anxious and quite depressed. From the moment of arriving at reception until his discharge later that day, his care was excellent and I am sending my heartfelt thanks and gratitude to all the members of staff he came into contact with."

Safeguarding Children and Adults

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

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

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

Actions taken and measures in place are as follows:

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

Our Staff

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

This year in particular has been one of the most challenging years ever seen by the world and the NHS. The Trust has tremendous thanks for everything our staff have supported us with this year. We have been proud and amazed by the dedication across both of our sites and have endeavoured to put in supportive measures during the year.

Occupational Health / Health and wellbeing

We have an Occupational Health department on each of our two sites, offering a full range of Occupational Health and Wellbeing Services which contribute to increasing the effectiveness of the organisation, by enhancing staff performance and morale through reducing ill-health, absence and accidents. A merge of both Occupational Health Departments is likely in the future although not imminently.

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

During 2020/2021, Covid19 presented many challenges, in dealing with multiple complex issues, resulting in a majority of Occupational Health time being involved in risk assessments, supporting staff and signposting to specialist services with regards mental health challenges.

At the end of March 2020, it was recognised that spaces on both sites needed to be created in order that Staff could have an area away from their work space in order to focus on their own wellbeing and refuel and recharge. These spaces were in place for approximately three months and were supported with many donations of food and drink from our local communities. The spaces included information on health and wellbeing, and advice on how to access additional support if required. What the Covid19 experience has taught us is that our staff need to have spaces that they can go to in order to have some quiet time, and this is something that is currently being examined further.

With staff continuing to face immeasurable distress, with the challenges that covid19 presented it was increasingly important that we supported their mental, emotional and physical well-being through the continuing provision of an Employee Assistance Programme (EAP). Whilst this had been available to the LD staff for a number of years the service was extended to include our Bedford site colleagues, and was supported by Charitable funds. Mental Health support was also provided by our colleagues from EPUT and ELFT who offered up some additional support for Covid19 related mental health first aid support, which was accessed through our Occupational Health teams.

The importance of enhanced psychological support for our staff has been recognised, and with this in mind we were successful in obtaining funding from NHS Charities together, for the provision of a full time clinical psychology post (fixed term one year contract) , to work with the Occupational Health teams to ensure our staff are able to avail themselves of timely support and interventions where required.

This year's flu vaccine uptake was 67.4% of our frontline staff, 70% on the L&D site and 63.89% on the Bedford site. The uptake figures were disappointing and lower than many other acute NHS Trusts. It has been hard to establish the specific reasons for the lower uptake, with a majority of those staff actively refusing simply stating that they just didn't want it, and the second most popular reason was individuals being concerned about side effects.

Volunteers

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

We very much value the contribution that our volunteers make.

With the emergence of HelpForce, NHS England have begun to recognise the significant role of volunteers within the NHS leading to the appointment of a Voluntary Partnerships Lead and increased research, development and funding for volunteering. In December 2020, with the support of the Trusts Grants and Trusts Officer, we were one of 101 NHS Trusts nationwide to place a successful bid for NHSE/I Winter Pressures Funding. This will be used to provide resources for volunteer activities including phones/bleeps and wheelchairs for Response Volunteers, tablets, phones, printed materials and other items for Blossom/End of Life Companion Volunteers and a contactless electronic tablet/QR code-based sign in system for volunteers at both hospital sites.

As a Trust, our Voluntary Services teams are engaged with additional partners, namely NHSI, Health Education England, NCVO and NAVSM (National Association for Voluntary Service Managers) with a view to positioning the Trust to benefit from future developments and funding opportunities as a result of this increased profile. Our Community Engagement and Voluntary Services Manager continues to be a member of the National Executive Committee of NAVSM as their eNews Editor, responsible for newsletters which are sent out to members nationwide.

Volunteering has undergone significant development since the merger between Luton and Dunstable Hospital NHS FT and Bedford Hospital, which has enabled greater efficiency and increased resilience across both teams, whilst additionally expanding our reach into the community. Historically, the Trusts' Charity has supported volunteer involvement at the L&D, and Bedfordshire Hospitals NHS Charity has now extended that support to cover volunteering on both sites.

Involving over 560 volunteers pre Covid across both sites in the work of our new combined Trust has enabled the Trust to pro-actively further involve members of our community in our work. This does not include the five staff who volunteer in addition to their regular roles.

At the start of the Covid-19 outbreak, we took the decision to scale back our volunteer support, but as the impact of the situation grew, we evolved ways to enable volunteers to contribute positively. We have developed a fast track application process to support new applications during this time, using the e-Learning for Health training modules to recruit volunteers within one week and we were joined by 21 new volunteers across both sites. Alongside 20 existing volunteers who continued to come in or have redeployed, we were able to support the charity team across sites (delivery of donations, admin support and delivery of donated PPE between Trusts), we were also able to provide support to the Pharmacy, Nutrition and Dietetics by delivering to patients off site, to Maternity delivering packs, the Wellbeing Hub, Incident Control Room and the Mortuary. One of the Community Midwifery Team at Bedford said: "We don't know how we would have managed without the volunteers delivering the booking packs to patients for us. It's amazing!" Other feedback has included "We really do appreciate everything you and your team of volunteers are doing to help".

Additionally, we enlisted the support of Project Wingman, in our Wellbeing Hubs. Furloughed or grounded aircrew, trained in human factors and how to communicate in stressful situations, were volunteering their time to support NHS staff by providing 'First Class Lounges' within the Trust.

Due to the Covid crisis, the ward based student volunteering programme had been put on hold, however we have developed and delivered two incredibly successful 'Life inside the NHS' Virtual Work Experience Programmes, the latter of which, supported by Dr Prabhu Rajendran and Dr Emma Bailey, was attended by nearly 100 students. It was a full day session and delivered presentations from over 20 different specialty areas. There is a further session planned in September 2021.

Following the success of 'Life inside...' , our Schools Coordinator and Volunteer and Student Volunteering Coordinator have also provided classroom sessions to schools on NHS careers, to give students the opportunity to hear about the various careers which encompass not only Nursing and Medical roles, but also the range of non-clinical roles and how all the specialities work together. Over 45 minutes, they are able to provide an insight into the wide range of careers with time spent to discuss the opportunities available including work experience, Cadet Programmes to support future applications and also apprenticeship programmes as alternative routes into healthcare careers. The sessions are interactive - students are encouraged to get involved and have the opportunity to ask us questions at the end. Over a five week period, they delivered 11 sessions to a total of 123 students. One of the schools engaged with the programme has now made us their Charity of the Year.

The Trusts main focus is presently supporting our volunteers through the Pandemic. Keeping in touch with our existing volunteer base has been of paramount importance and this has been achieved through regular communication; newsletters, individual phone calls and

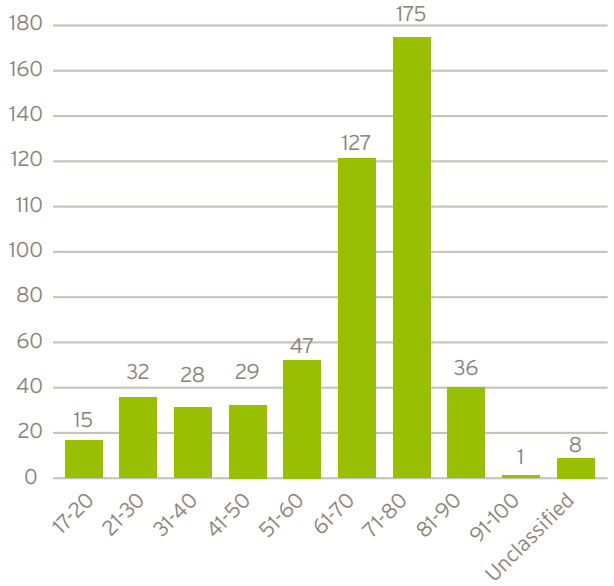
Volunteer 'Zoom Coffee mornings'. We've introduced a Volunteer Wellbeing Programme for volunteers across both sites including interactive sessions on a range of topics (Sleep, Mindfulness etc.), this has since been extended to additionally support staff across both sites, and the feedback has been exceedingly positive. These sessions include regular Grief Gatherings to support those struggling with recent or longstanding bereavement.

We have additionally benefitted from a number of volunteers supporting our staff, by arranging and delivering donations, gifting embroidered NHS Heroes caps to A&E staff, and one very lovely volunteer making facemasks for the entire Gastro Team.

The planned Volunteer Annual Thank You awards in March and the Volunteers Week celebrations 1 – 7th June had to be postponed, however we have ensured that each volunteer has received personalised thank you cards, and we had a targeted Social Media campaign to showcase the amazing work volunteers do across both sites. Additionally we have three volunteers included by Helpforce in their Wall of Fame which identifies outstanding volunteers nationally. At Christmas our volunteers received printed shopping bags to thank them for their support, and we have a further gift to deliver during Volunteers week 1st – 7th June 2021, which will support the work we have been delivering with the wellbeing sessions.

We presently have 505 volunteers across sites and the below chart reflects their age ranges. We both have the highest number of volunteers within the 71 – 80 age group, which is the most vulnerable age range most impacted by COVID , and therefore this will have somewhat of an impact on their return. Whilst it is our ambition to sustain the growth continuum in the coming year, reintegrating volunteers into Trust the presents challenges, as a number of them due to age and health conditions, are clinically vulnerable. Coupled with the challenges of social distancing within the volunteer environment, appropriate risk assessments and placements will be key in ensuring that reintegration can be undertaken safely. It will also be critical to consider the balance between the volunteers themselves and those of the service, to ensure that we invest in capacity, capability and flexibility to incorporate their return.

Total Volunteers across Trust (01/04/2020 - 31/03/2021)



Generally, those in the 17-20 age category use their volunteering experience to help them gain an insight into healthcare which in turn supports their applications for health related courses. Young people make valuable volunteers who can have a highly positive impact. Volunteering in local communities also provides many benefits for young people and their development. This includes building a sense of community, and developing a range of skills such as team working, interpersonal skills, and problem-solving, all of which are crucial for their success in higher education and the workplace.

Moving forward, post-merger, we are combining and re-developing our systems and processes with a view to encouraging further support and the growth of volunteering within the Trust in the future when volunteers are able to safely return.

Communicating and engaging with our staff

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

Examples of staff communications and engagement include:

- Monthly staff briefings are led by our Chief Executive. We share information on key operational issues and gain feedback from staff
- Employee and team of the month award (paused for 2020 and re-established in April 2021)
- 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 bi-monthly 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 2020

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

The event involved nine virtual live teams events led by the CEO delivering the same messages that were accessible to all staff at various times, interactive intranet pages, a gift (notebook and pen) delivered to staff areas including a Thank You Card from the Trust Board for all their dedication and commitment to the Trust over this challenging time.

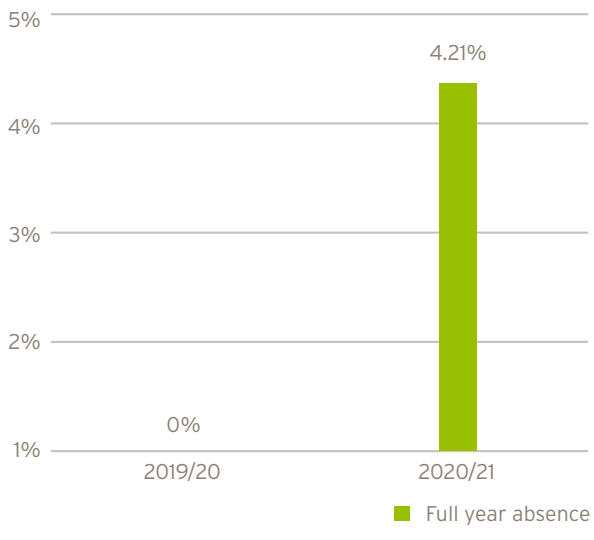
Over 1500 staff accessed the events virtually with 12,000 hits on the intranet pages during the week.

We aim to get these events back to 'normal' during 2021/22.

Sickness Absence

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

Full Year Sickness Absence Rates 19/20 vs 20/21



NHS Staff Survey

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in eleven indicators. The indicator scores are based on a score out of 10 for certain questions with the score being the average of those.

The survey ran from the beginning of October to the end November 2020 and was published on 11th March 2021.

The survey was a full on-line staff survey; with paper copies available for those with no digital access. 2,600 surveys were completed with an overall response rate of 35% compared to a national average response rate of 49%. Some technical issues affected the response rate on the Luton site which are being addressed ahead of the next survey.

As the first survey for Bedfordshire Hospitals NHS Foundation Trust there is no direct comparable historical data, however a proxy, based on last year's predecessor organisation results, has identified areas of good performance and priorities for attention.

National Results

Scores for each indicator together with that of the survey benchmarking
Group 'Acute Trusts' are presented below.

	2020/21		2019/20			2018/19		
	Trust	Benchmarking Group	L&D	Bedford	Benchmarking Group	L&D	Bedford	Benchmarking Group
Equality, diversity and inclusion	8.9	9.1	8.8	9.0	9.0	9.0	9.0	9.1
Health and Wellbeing	5.9	6.1	6.1	5.9	5.9	6.0	5.9	5.9
Immediate Managers	6.6	6.8	7.0	6.8	6.8	6.9	6.7	6.7
Morale	6.0	6.2	6.3	6.0	6.1	6.1	6.1	6.1
Quality of Appraisals	Not measured	Not measured	6.2	5.8	5.6	6.0	5.7	5.4
Quality of care	7.5	7.5	7.8	7.6	7.5	7.6	7.4	7.4
Safe environment – bullying and Harassment	8.0	8.1	7.9	8.0	7.9	7.9	8.0	7.9
Safe environment – violence	9.4	9.5	9.4	9.6	9.4	9.5	9.5	9.4
Safety culture	6.7	6.8	6.8	6.8	6.7	6.8	6.7	6.6
Staff engagement	7.0	7.0	7.3	7.0	7.0	7.2	7.1	7.0
Team working	6.4	6.5	6.8	6.5	6.6	Not measured	Not measured	Not measured

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

Local Analysis

Based on the proxy historical comparison it is encouraging to see the most improved areas are:

- In last 3 months, have not come to work when not feeling well enough to perform duties (52%)
- Last experience of physical violence reported (74%)
- Don't work any additional paid hours per week for this organisation, over and above contracted hours (60%)
- Enough staff at organisation to do my job properly (38%)
- Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public (73%)

There are areas for improvement in particular support from immediate line managers, work related stress and staff considering leaving the organisation, are of concern. A combination of the pandemic coupled with the merger will have affected the feedback from staff. Analysis indicates five main themes for us to focus on in the coming year:

- Equality Diversity & Inclusion
- Health & Wellbeing
- Immediate Managers
- Morale
- Team working

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

Equality Diversity & Inclusion
There has been good progress with equality, diversity and inclusion, specifically with the launch of the Black ,Asian and Minority Ethnic staff network in June 2020. However, there is still much to do and we plan to launch further staff affinity networks, improve our Equality, Diversity and Inclusion training, launch a Reciprocal Mentoring programme, improve the diversity of our FTSU Champions and further develop our Talent Management process and succession planning over the coming months.

Health & Wellbeing
During the height of the pandemic, we introduced wellbeing hubs and have since embarked upon a programme of enhancing our wellbeing and rest facilities across all sites. As we emerge from the pandemic and into a new phase, the health and wellbeing of our people has never been more important. We have employed an Occupational Psychologist to work alongside our Head of Wellbeing and Occupational Health teams and in addition to local and national offers we are introducing a variety of easy access and sustainable health & wellbeing initiatives and support for managers.

Immediate Managers
We recognise that the past 12 months have been especially challenging for our managers and team leaders and we are focusing on providing them with development and support including the resumption of a Managers toolkit, wellbeing conversation guide, leadership development, introduction of a talent management and succession planning, coaching and mentoring and community of practice action learning sets.

Morale
In addition to supporting line managers to support their teams, we have reintroduced monthly individual and team awards, redesigned our staff engagement events and improved internal communication channels.

Team working
Teamwork is at the heart of our new THRIVE values and also underpins our clinically lead and managerially enabled ethos. By supporting our managers, Health & wellbeing initiatives, the development of more staff affinity networks, staff engagement events, the initiation of a range of internal Leadership development programmes for Medical and non-medical staff, we will improve staff experience and strengthening our teams as they deliver safe, sustainable and high quality services to our local communities.

Trade Union Facility Time Disclosures

The Trust made their submission on the 30th July 2020 for the year 1 April 2019 to 31 March 2020. The 2020/21 submission is published in July 2021. Due to the timescales, the Trust made two submissions as we were two independent Trusts for the year that the report covered:

Luton and Dunstable University Hospital NHS Foundation Trust

Employees in your organisation
1,501 to 5,000 employees

Trade union representatives and full-time equivalents
Trade union representatives: 16
FTE trade union representatives: 15.52

Percentage of working hours spent on facility time
0% of working hours: 1 representatives
1 to 50% of working hours: 15 representatives
51 to 99% of working hours: 0 representatives
100% of working hours: 0 representatives

Total pay bill and facility time costs
Total pay bill: £ 217,970,375
Total cost of facility time: £ 12,195.25
Percentage of pay spent on facility time: 0.01%

Paid trade union activities
Hours spent on paid facility time: 604.25
Hours spent on paid trade union activities: 482.25
Percentage of total paid facility time hours spent on paid TU activities: 79.81%

Bedford Hospital NHS Trust

Employees in your organisation
1,501 to 5,000 employees

Trade union representatives and full-time equivalents
Trade union representatives: 29
FTE trade union representatives: 26.50

Percentage of working hours spent on facility time
0% of working hours: 14 representatives
1 to 50% of working hours: 15 representatives
51 to 99% of working hours: 0 representatives
100% of working hours: 0 representatives

Total pay bill and facility time costs
Total pay bill: £ 122,401,000
Total cost of facility time: £ 24,508.46
Percentage of pay spent on facility time: 0.02%

Paid trade union activities
Hours spent on paid facility time: 485.83
Hours spent on paid trade union activities: 1320.58
Percentage of total paid facility time hours spent on paid TU activities: 36.79%

Equality, Diversity and Human Rights

During the year, the Trust reviewed and approved key documents that steer the Trust's compliance with: Equality Act 2010, Public Sector Equality Duty Public Sector Equality Duty and all related requirements of the NHS and Trust including Statutory Annual and other reports on Equality Information and progress for Patients and the Workforce including Gender Pay Gap Reporting.

We approved the Terms of Reference for the Equality Diversity and Human Rights Committee, the governance structures for reporting and assurance and the Equality, Diversity and Human Rights Framework Strategy that details the full Trust commitment and approach to EDHR, linking with the organisational values and EDHR principles of FAIR – Fair treatment, Access, Inclusion, Respect and Dignity.

Training, Communications and Events

The Communication and Learning and Development Strategies this year in relation to key EDHR areas were much influenced by and responsive to new needs and priorities such as Covid-19, new organisational values, mental health and wellbeing, and health inequalities (especially for BAME, Disability, and pregnancy or maternity).

Covid and distancing meant that key events typically used to promote and help embed initiatives e.g. good organisational culture, civility, Trust values, EDHR principles and use of Equality Data such as the EDHR and Inclusion week in May 2020 and Staff Event in the Tent in July 2020 were put on hold. Also the Community Health, Wellbeing, EDHR events for Public and staff with stakeholder participation key for Health Inequalities etc. were on hold.

The Trust has extended their EDHR training offering for the year ahead beyond the National mandatory NHS on-line video training (which offers and EDHR overview), and previous additional areas provided. The new training offers deeper EDHR knowledge and understanding. More details will be shared in next year's report.

Accessible Information
As one of the most diverse Trusts with high usage of interpretation, (particularly in Luton), there is high focus on continued improvement to the Interpretation Service to ensure quality, equality and safety for the patient and workforce experience. Meeting language and literacy needs means better service with access, inclusion, fair treatment, dignity and respect.

This critical professional service has a Main and Tier 2 contingency provider with a high level specification, formal undertakings, management controls and devolved booking to departments. This provision really helped this year, as despite Covid-19 impact to the service with social distancing and lock downs, there was just a 3% reduction in the number of interpretation requests received compared to year end March 2020, but without the usual trend of a 15-20% increase that might have been expected.

The necessary shift to less face to face, more telephone interpreting and to the new advent of remote clinics with video interpreting was handled well by both staff and the interpretation provider. The provider also supported face to face interpretation where necessary and especially for BSL sign language and those with non BSL hearing challenges.

To better understand the impact that Covid -19 response has had on the contract over the last year from March 2020 to date and know future service needs there is a review underway. For instance the number of those requiring interpretation who participated in remote clinics with video interpreting was low and the Trust needs to look at if the same patients who require interpretation are also more likely to have issues around access to video (e.g. due to disability or ability to access information, electronic equipment or by general or E literacy etc.)

Accessible Information
Browse Aloud – Text Help - The Trust has provided this assistive tool on the website since 2018 which shows as a tool bar on the webpage with a headphone icon. Through this assistive adaptations can be made to the website such as:

- Page content can be converted from text to speech with sound controls, voice speed etc.
- Text can be converted to circa 100 foreign languages of which 35 can also be spoken.
- Ability to change the page to Easy read or print off in large print
- Ability to record information to an MP3 for a patient or to upload to a relevant website area
- Change text to varying levels of font and colour for ease of users with dyslexia, and to change background to increase contrast
- A magnifier, ruler or highlighting on the line being read with masking of other content.
- The Trust achieved the top 10 for the most accessible website during the year.

Reporting and Equality Data

Since the merger of Bedford Hospital and Luton and Dunstable Hospital to form Bedfordshire Hospitals NHS Foundation Trust there has been one shared website for the hospitals.

The archive of statutory and NHS contract mandated Equality reports for both hospital sites can now be found at https://www.bedfordshirehospitals.nhs.uk/corporate-information/equality-and-diversity/annual-reports-and-relevant-documents/

These annual reports are the:
- NHS Workforce Race Equality Standard WRES
- NHS Workforce Disability Equality Standard WDES
- Gender Pay Gap Reports
- Workforce Equality Information Report
- Patient Equality Information Report

Reporting at Year Ending March 2020

At year ending March 2020 reporting year, the hospitals were still separate Trusts and separate reports were required.

- **Gender Pay Gap -** In March 2020, due to Covid pressures, the requirement to produce a Gender Pay Gap report on March 2019 data was removed nationally. However, the reports for both hospital sites as for many in the NHS were already completed and so data and reports were actually published. This was the 4th year of reporting.

  A final year of separate reports is due based on data year ending March 2020. The statutory report deadline was March 30th 2021 but this has been pushed back to October 2021 by the Government. The Trust expects to complete this by July 2021.

  Data has been collected for year end March 2021 for site specific and Trust wide results.

  This data along with the data for year ending March 2020 will be used to evaluate and compare the site specific and Trust wide data so that progress and performance can be evaluated and recommendations developed for actions.

- **WRES and WDES (as above)-** In April 2020 the need to produce reports for these two NHS Equality Standards for year ending March 2020 was cancelled for the year but reinstated in June and so these reports were still published for each hospital site. This is the 6th year of the WRES and 2nd year of the WDES reporting.

- **Patient Equality Reports -** March 31st 2020 would have seen the Luton and Dunstable Hospitals 6th year of comprehensive annual equality reporting for Patient services in terms of attendances across the divisions, complaints and compliments and use of interpretation. This brings valuable data to help with informed decisions about service or workforce changes and objectives. **NB -** For the year end March 2020, due to Covid priorities the data was captured but not reported on.

For Bedford Hospital there was also capture of generic Patient Equality data in place.

At year end March 2021, the data has been captured for both sites for site specific and Trust wide information and analysis.

The reports for these areas can be seen under corporate / equality and diversity / reporting on the Bedfordshire Hospitals NHS Foundation Trust website: https://www.bedfordshirehospitals.nhs.uk

NB - A summary of this year's workforce data can be seen later in this section under Equality and Diversity Data - using Employee data as at 31st March 2021

Data capture in areas of poor / non- declaration - The Trust initiatives from 2018 to improve declaration of disability, as well as sexual orientation and Belief, have had limited success. This was even after the previous shift from 56% to 33% non-declaration for these areas due to new recruiting processes / new employee self-record system ESR. Further initiatives are now planned as low declaration affects data validity and progress.

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

Data collection and Analysis Improvement - Data collection, analysis and reporting needs to become a wider norm with a more cohesive approach across patient services and the workforce at both hospitals so that there are site specific and Trust wide patient and workforce profiles to consider if required. This includes:

- **Increasing efficient collection of aggregate patient data** on current systems as this data has to be merged manually currently (an issue for many Trusts). IT systems within and at both hospital sites vary and any new systems need to factor in the data needed.

- **Areas of low declaration for patients and the workforce need to be addressed i.e.** sexual orientation, religion or belief and disability.

- **Sensitive/new areas need to be addressed with a cohesive approach –** such as: broader gender and sexual orientation options on forms including prefer not to say or broader ethnicity considerations e.g. for white ethnicities

- **Having a cohesive approach to annual workforce data reporting –** with Trust wide and site specific data to give generic and specific data for relevant and helpful information.

- **Comparison of the status of other workforce reports for each hospital -** so that there is knowledge of the differences between the sites and the performance of each with shared skills and learning on the WRES, WDES, Gender Pay Gap Report and shared experience of a trialling Ethnicity and Gender Pay Gap Reporting.

Equality and Diversity Data using Employee data at 31st March 2021

The Luton and Dunstable and Bedford Hospitals merged to become the Bedfordshire Hospitals NHS Foundation Trust (BHFT) on April 1st 2020.

For the last six years Luton and Dunstable Hospital has produced comprehensive Annual Equality Data Reports for the Workforce and for Patients. Bedford Hospital has also produced Workforce Reports for several years. These can be seen under the Corporate Section of the Trusts website under Equality and Diversity – Annual reporting.

Unlike previous years, the information shared below does not compare workforce data to the last year's annual reports for the hospitals as this detail is pre-merger. Instead this detail is for the new workforce data under the BHFT. The data is both Trust wide and site specific.

Workforce Declaration Levels Trust Wide and Site Specific

BHFT General Declaration Levels

Area	BHFT
Gender	100.0%
Age	100.0%
Ethnicity	96.4%
Disability	80.9%
Religion Belief or Non Belief	63.1%

BHFT General Declaration Levels

Area	BHFT
Sexual Orientation	61.3%
Transgender	n/a
Partnership status	96.7%
Pregnancy and Maternity	n/a

Staff establishment - The number of staff at March 31st 2021 totalled 8022.

- Numbers at the L&D were 4911 compared to 4649 last year which is a 4.5% increase (the average annual increase in staff since 2016 is circa 4.8%)
- The numbers on the Bedford site are 3111 this year compared to 2996 last year

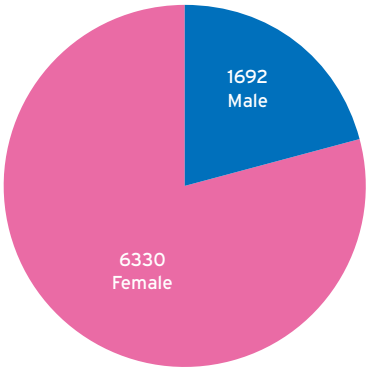
BH has just over half the employees (63%) that the L&D has at circa a ratio of 3:5

Gender - The ratio of male to female remains consistently close to 20% male to 80% female for the Trust at both sites which is in keeping with the NHS in general. BH has a pattern of slightly more male representation than the L&D by 1.7% to 2.3%. Both are comparable to the NHS average of 80% female: 20% Male.

GENDER by number and percentage Trust wide

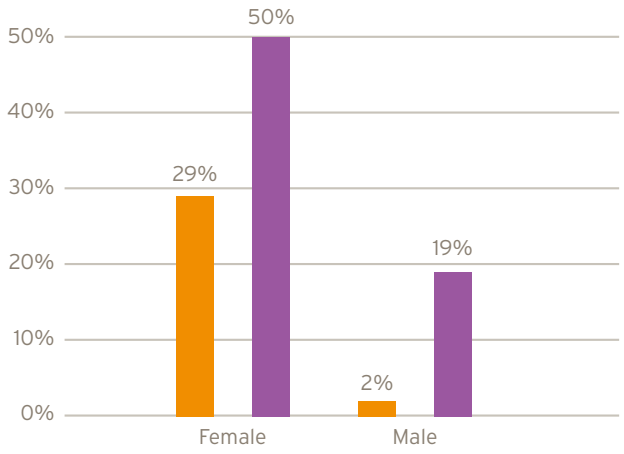
		BHFT
Male	1692	21.1%
Female	6330	78.9%
Total	8022	

BHFT Workforce by Gender



Gender and Full time or Part Time Working - As can be seen in the chart for BHFT that follows, the proportion of female who are part time working is high at 29% which is close to a third of the female workforce – last year it was circa 26.4% and so this has increased. This has an impact on gender pay especially when male part timers are only 2% of the workforce (but this has increased from circa 1.6% last year)

Gender by full and part time working



Gender Pay Gap Reporting

Report at March 30th 2020 - last year on March 25th 2020, due to the Covid-19 Pandemic, the Government suspended the need to report at March 30th 2020 on the Gender data captured at March 2019. However, both hospitals had already produced reports to meet the expected publication date and so like many other Trusts, data and reports were still submitted last year.

Report at March 30th 2021 - This year, the data for March 30th 2020 has been captured and the reports were ready for completion when the Government moved the deadline to October 2021. However, the Trust aims to produce these reports before June 2021.

Report at March 30th 2022 - The data for year ending March 31st 2021 has been captured. The report on this data will be prior to March 30 2022 and will be the first set of data for the new BHFT. This is why the Trust is completing the final separate reports for the two hospital sites (relevant to data pre-merger) so that there can be better information on the merged results and the actions or measures required.

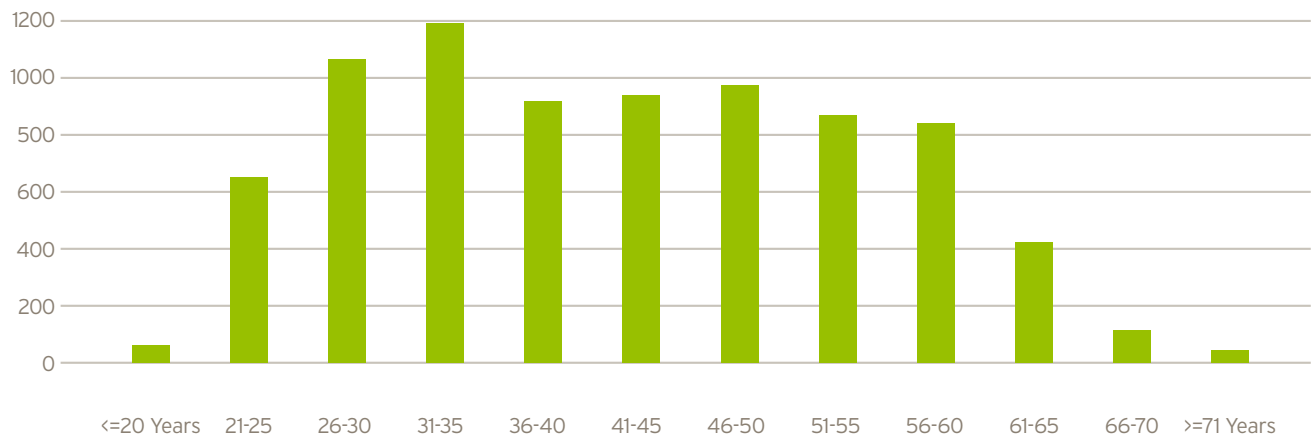
Age Profile

Age has high declaration as date of birth is required for all employees. Over the six reporting years the workforce has increased in size at both sites but there is relatively the same proportion of staff in the age groups covered. The majority age group for staff is for those aged between 30-54 years of age.

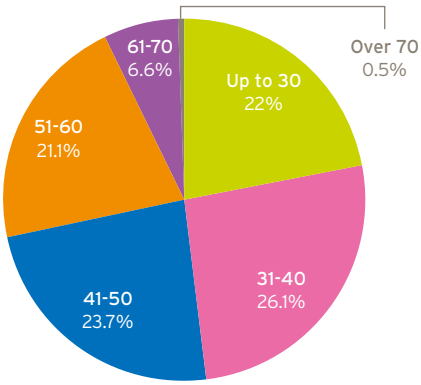
BHFT - Numbers of staff in each age group

AGE Group	Number
<=20 Years	61
21-25	647
26-30	1055
31-35	1182
36-40	910
41-45	931
46-50	967
51-55	860
56-60	835
61-65	420
66-70	112
>=71 Years	42
	8022

BHFT - Numbers of staff in each age group



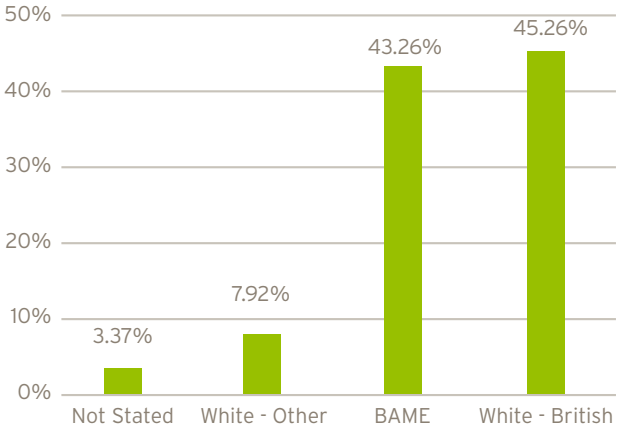
Age groups - Staff number



Ethnicity

The Trust is one of the more diverse organisations in the UK. This is an area of high declaration and only 1.5% to 2% did not declare their ethnicity last year. This year with the level of staffing changes there is 3.57% non-declaration.

BHFT Workforce by Ethnicity at March 31st 2021



Ethnic Origin BHFT workforce at March 31st 2021

	Total	H/C
White - British	45.26%	3631
BAME	43.26%	3470
White - Other	7.92%	635
Not Stated	3.57%	286
		8022

The workforce at the L&D is more diverse than at the BHT. The ratio for BME at year end March 2019 was 43.3% to 29.3% respectively (with a difference of 14%). The charts that follow show the ratio for BME at year end 2021 at 47.9% and 35.8% respectively (with a difference of 12%). This is also site increase of 4.6% and 6.5% respectively.

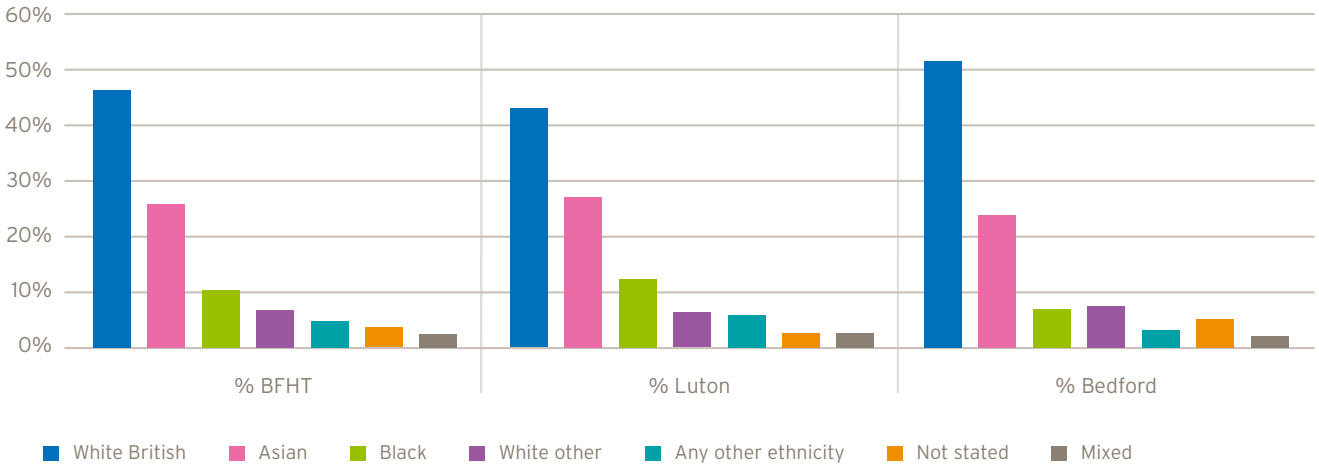
There is an annual pattern at both sites for White staff to be decreasing whilst BME are increasing. This is even more significant when staff numbers are increasing annually at each site also.

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

The Trust also has 602 staff from White minority ethnicities of which 144 are European and the rest are Other. BME with White minority ethnicities now make up circa 56% of the workforce at the L&D and 44.1% at BH (or 51.1% Trust wide).

The chart that follows shows the main ethnic groups at March 2021 across the Trust and the two hospital sites.

Proportions showing the main Ethnic Groups at March 2021



Disability, Sexual Orientation and Religion or Belief Declaration Levels
As for Patients, all these workforce areas continue to have lower declaration and so further initiatives are planned to encourage more declaration to keep data capture relevant.

This is a national as well as a local phenomenon These are deemed more sensitive areas and more confidence is needed to ensure awareness of the purpose and value of this data capture as well as the privacy given in its controlled and generic use.

Workforce by Disability March 31st 2020
Disability - In the years 2018 to 2021, the percentage of disabled remains circa 2% which is not a realistic figure against much higher national averages. The NHS staff survey results for the Trust staff usually show between 13-17% have a disability which is more in keeping with national workforce statistics.

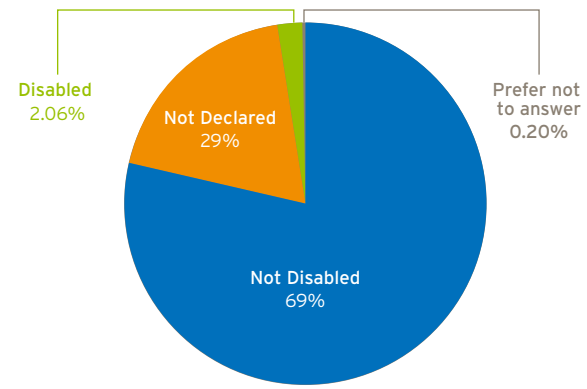
BHFT Disability Data at March 31st 2021

Status	%	Total
Not Disabled	78.7%	6310
Not Declared	19.1%	1531
Disabled	2.1%	165
Prefer Not To Answer	0.2%	16
Grand Total	**100%**	**8022**

There has been a decrease in the level of non-declaration of disability status. For instance in 2018 there was 35.6% non-declaration at Luton and in 2021 this is now 24.15% which is an 11% decrease. However Bedford's non-declaration is 13% lower at 11.09% this year, which has given a Trust wide non-declaration result of 19.09%

Most of the increased declaration is reflected in the increase in the non-disabled category which has now reached 78.7% this year. The Trust still needs to achieve a higher declaration of disability status along with better confidence in knowing a disability and in declaring one.

Disability



Religion, Belief and Non-Belief – (in this category non-belief is also protected)
As can be seen from the Trust wide data below the majority declared Religion, Belief or Non-Belief is Christianity at 39.6%, then Atheism at 7.3% and Islam at 6.6%. However, non-declaration is 36.9% and this affects data value as this means that the religion or belief status of more than a third of staff is unknown to the Trust.

Religion, Belief and Non-Belief - Undisclosed / Non declared results

BHFT Trust wide	2959	36.9%
Luton Site	1632	33.2%
Bedford Site	1327	42.7%

BHFT Total Religion, Belief, non Belief - March 31st 2021

Christianity	3177
Undisclosed	2959
Atheism	582
Islam	526
Hinduism	237
Sikhism	65
Buddhism	52
Judaism	10
Jainism	10
Other	404

Religion Belief and Non-Belief by site percentages for Bedford and Luton

	Luton 4922	Bedford 3111
Christianity	40.3%	38.5%
Undisclosed	33.2%	42.7%
Atheism	7.6%	6.7%
Islam	9.1%	2.5%
Hinduism	2.7%	3.4%
Sikhism	0.5%	1.4%
Buddhism	0.4%	1.1%
Judaism	0.2%	0.1%
Jainism	0.2%	0.1%
Other	5.9%	3.7%

Sexual Orientation
Over the last few years there was little variation in the declared data for heterosexual and for Lesbian, Gay or Bisexual staff (e.g. at circa 67% to 1% / and 44.6% to 1% respectively for Luton and Bedford). In 2021, this is similar with slight improvements for Luton (70% to 1.3%).

There is a significantly lower level of non-declaration of disability status at Luton at 28.8% compared to 54.3% at Bedford – this is a difference of 25.5%. It would suggest that, with the disability results above, Bedford staff are more likely to declare their disability status than Luton staff, but Luton staff are more likely to declare their sexual orientation status.

For both disability and sexual orientation, the percentage who declare that they have a disability or that they are Lesbian, Gay Bisexual or Other, is significantly lower than the national averages for the workforce and against what is declared in the NHS Staff Survey. Both the non-declaration of disability status and this low declaration of having a disability affects the validity of this data.

BHFT Disability Data at March 31st 2021

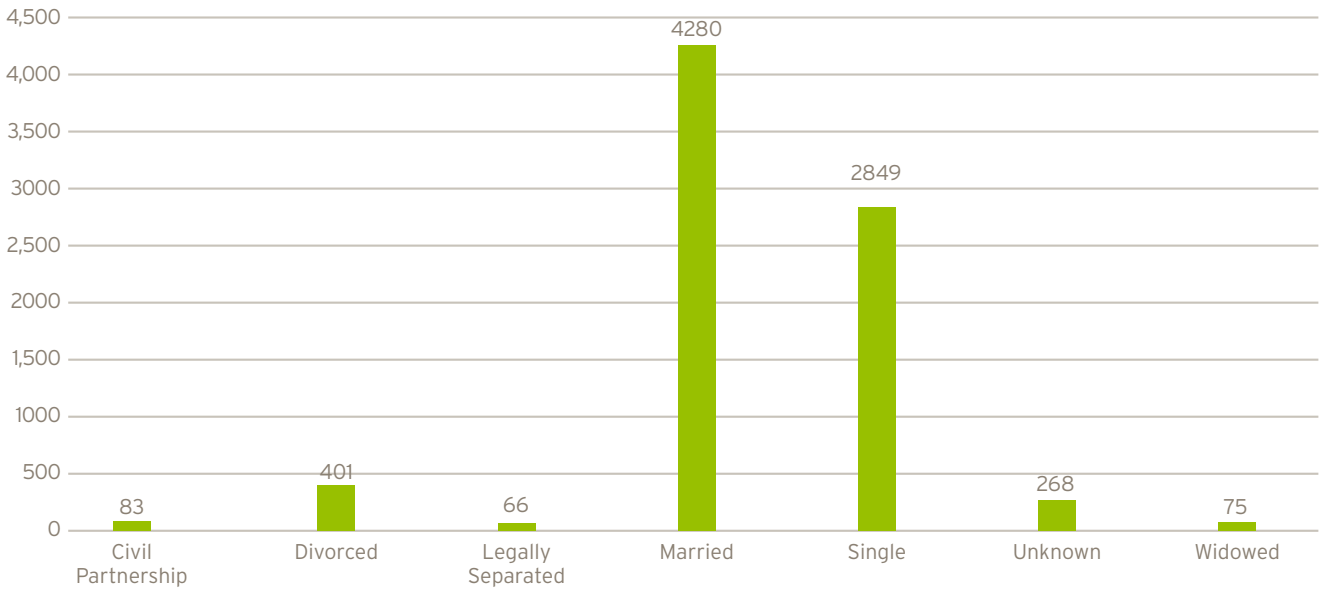
		Percentages
Sexual Orientation	BHFT	BHFT
Heterosexual or Straight	4811	60.0%
Not Declared	3103	38.7%
Lesbian, Gay or Bisexual	100	1.2%
Undecided / Other sexual orientation not listed	8	0.1%
Grand Total	**8022**	

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

Transgender - Transsexual - in terms of "LGBTQ plus" considerations, these areas have been linked to sexual orientation initiatives. Both the workforce and patients have had a small number of transsexual and transgender people presenting. As for all areas there is sensitive and confidential handling of this data. Also there is awareness and consideration of the different descriptions that this group may prefer to use to describe their identity.

Partnership status - marriage and civil partnership - As can be seen from the graph below, the majority status for staff remains 'married' at 53% followed by single at 37%. By ratios this is similar to last year's data across all categories but with a proportional increase. Data trends have shown a steady increase in civil partnerships (83 staff this year) but since 2019 civil partnerships and marriages are open to both heterosexual and homosexual partners.

BHFT Workforce By Marital or Partnership Status Year ending March 31st 2021



Working with Our Partners

The Trust contributes to nationally recognised and statutory partnerships through:

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

Governance Report

Board of Directors

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.

During April-June 2020, under the advice of NHSI/E, the Trust amended its governance structures to streamline reporting and decision making. The Trust maintained Standing Orders, Scheme of Delegation and Standing Financial Instructions. The Trust held a weekly Board meeting during this period to receive timely updates on the current position and the sub-committees formed part of this weekly Board as part of the agenda. The Trust reverted to its usual governance from July 2020.

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 note 4.5 to the accounts.

Board of Directors 2020/21

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

* Appointed as Managing Director in May 2011 and became Chief Executive in May 2018
** Appointed as Director of Strategic Development in 2016 Deputy Chief Executive in May 2018
*** Appointed as Chief Medical Advisor (at the L&D since 1985)
\+ Reflects appointment to Board of Bedfordshire Hospitals NHS Foundation Trust

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

Compliance with the NHS Foundation Trust Code of Governance

It is considered that the Bedfordshire Hospitals NHS Foundation Trust complies with the main and supporting principles of the Code of Governance. This includes the issues of whether or not all of the Non-Executive Directors are independent in accordance with code provision B.1.1. The Board has determined that all of the NEDs are independent in character and judgement.

In relation to the more detailed provisions of the Code of Governance, the Trust were compliant with the provision with the exception of section B.1.2 the Trust was compliant from April through to June 2020 when the Board had half the Board of Directors as Non-Executive Directors excluding the Chair. In our Constitution the Chair votes as a Non-Executive and has a casting vote.

Independent Evaluation of Board Performance both Collectively and Individually

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

HM Treasury

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

Board Evaluation and Well Led Framework

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

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

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

The plans for 2020/21 were to complete a well led review. However, the unprecedented global pandemic resulted in a pause to these plans. A self-assessment against the CQC Well Led framework was completed in July 2020 and the Trust plans to revisit plans for a formal well led inspection in 2021/22.

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
Acting Director of Finance from January 2019 permanent from October 2019

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)

Dr Danielle Freedman
Joint Medical Director

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

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

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

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

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

Mr Paul Tisi
Joint Medical Director

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

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

Aside from his board role he maintains a clinical practice with specific interest in the management of venous disease. He is an editor for Cochrane Vascular and has represented the Midlands and East on the National Clinical Reference Group for Vascular Surgery for six years. He was appointed to the East of England Clinical Senate Council in 2019.
(Membership of Committees – CF, QC, FIP, RD, WFC, DC)

Angela Doak
Director of Human Resources

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

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

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

Liz Lees
Chief Nurse

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

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

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

Catherine Thorne
Director of Quality and Safety Governance

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

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

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

(Membership of Committees – CF, QC)

Non-Executive Directors

Simon Linnett
Chair

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

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

Gordon Johns
Non-Executive Director/Senior Independent Director

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

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

Gordon was the previous Chair of Bedford Hospital NHS Trust

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

Simon Barton
Non-Executive Director / Vice Chair

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

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

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

Mark Prior
Non-Executive Director

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

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

(Membership of Committees – AC,FIP, RD)

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.
Appointments include CEO/Chief Clinical officer of NHS Chiltern CCG until 2016; Chair of Thames Valley Urgent and Emergency Care Network until 2017.
Annet was awarded Fellowship of The Royal College of General Practitioners in November 2017 for services to Clinical Leadership.
Current roles include Board Member and Chair of Primary Care Commissioning Committee NHS Ealing CCG; Chair of Quality and Performance Committee North West London CCGs and Council Member for Bucks New University.
(Membership of Committees – QC, AC, WFC)

Ian Mackie
Non-Executive Director

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

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

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

(Membership of Committees – FIP, CF, RNC)

Gill Lungley
Non-Executive Director – to June 2020

Following her BA (Hons) and MPhil degrees in business studies Gill joined JP Morgan and moved into I.T, working in London New York and Frankfurt. She quickly gained promotions and her success meant that she was approached to join Credit Suisse to be the Global Head of Operations IT for the Credit Suisse Financial Products.

Her first CIO post was at the Gerard Group, where she was Group CIO and a Board Director. She then moved to UBS where she stayed for 12 years in a number of senior roles including CIO – Fixed Income Business, CTO – UBS Investment Bank, EMEA Head of Operations, COO Moscow Branch and COO and Programme Director – UBS Stabilisation Fund. During this time at UBS Gill lived in London, Moscow, Zurich and New York.

Gill joined Deutsche Bank initially as Group CIO – Prime Brokerage Division, then became COO for Global Technology and Operations and finally Group Head of Regulatory compliance and regulatory change for Technology and Operations.

Gill was then approached by Credit Suisse again and she joined them as the Global Head IT and Change Management for Group Operations Trade Validation and Asset Protection, she was also the Group Head of IT for EMEA. Her final role at Credit Suisse was Global Head of Operations and IT 3rd Party Management.

In November 2018, having already begun to develop interest as a NED (on CLS Group Holdings 2016-2018 and on the Home Office's Audit Committee 2004-2007), Gill retired from full time executive positions to develop a portfolio of interests.

(Membership of Committees – COSQ, RNC, AC, DC, WFC)

Richard Mintern
Non-Executive Director

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

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

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

Steve Hone
Non-Executive Director

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

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

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

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

NHSI NExT Director Programme

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

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

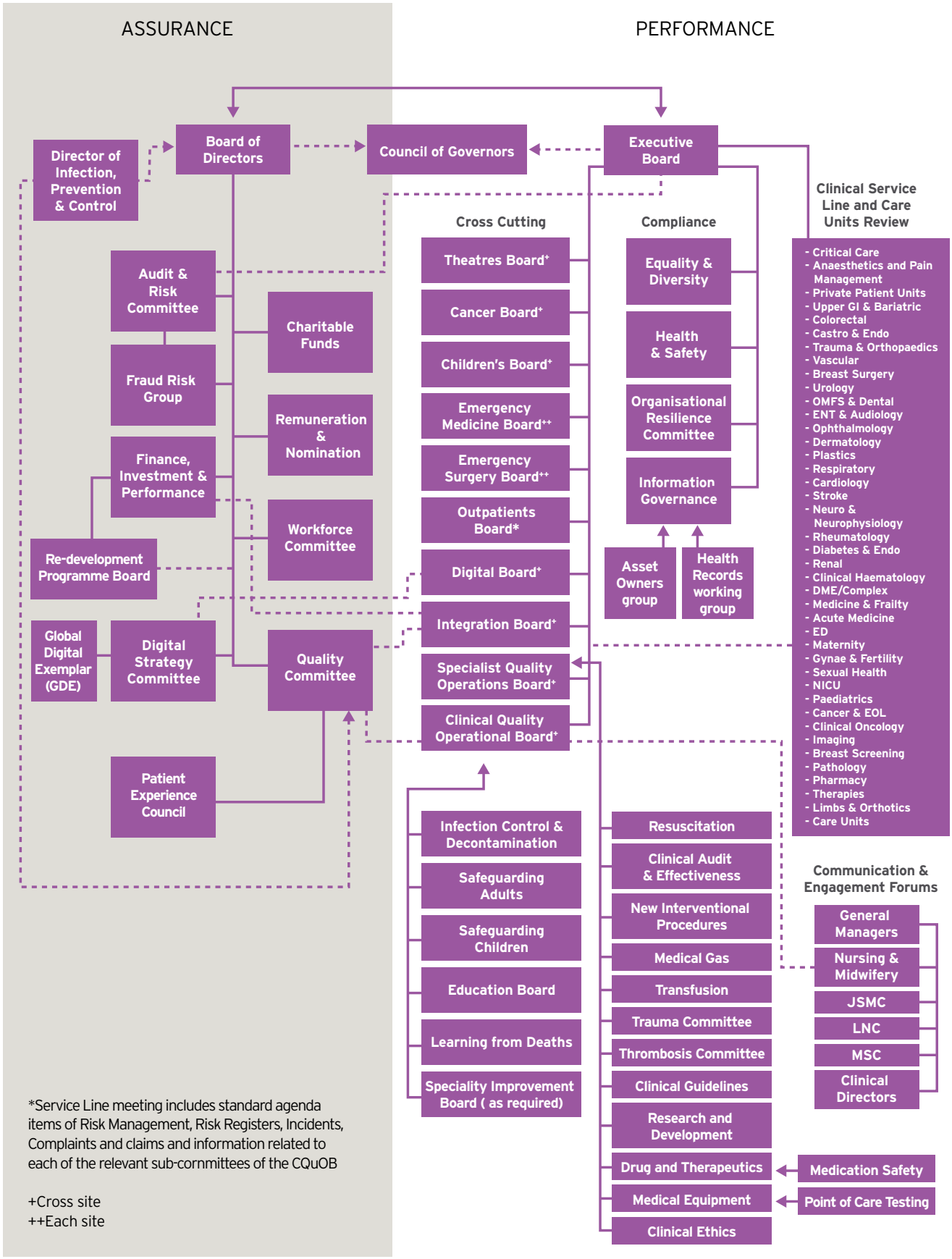
Record of committee membership and attendance

Total Meetings	Public Board Meetings	Private Board Meetings	Audit & Risk	Remuneration and Nomination	Charitable Funds	COSQ	HRD	FIP	Workforce	Digital From September
David Carter	4/4	11/11			3	10/11	12/12	11/12	2/3	1/3
Simon Linnett	4/4	11/11		2/2	4/4		12/12	10/12		
Cathy Jones	4/4	11/11			3	8/11	3/12*	10/12		2/3
Matthew Gibbons	4/4	11/11			4/4		11/12	12/12	3/3	
Liz Lees	4/4	10/11			2/4	10/11	4/12*	5/12*	3/3	0/3*
Angela Doak	4/4	10/11			4/4	10/11			3/3	
Catherine Thorne	4/4	10/11			3/4	11/11				
Dr Danielle Freedman	3/4	7/11				9/11				
Mr Paul Tisi	4/4	9/11				11/11		9/12	2/3	
Simon Barton	4/4	11/11	4/4			11/11		11/12		3/3
Mark Prior	4/4	10/11	3/4		2/2		12/12	10/12	2/3	
Annet Gamell	4/4	11/11			2/2	11/11			3/3	
Richard Mintern	4/4	10/11	4/4			11/11			3/3	2/3
Ian Mackie	4/4	11/11		2/2	2/2		11/12	12/12		
Gill Lungley to June 2020	1/1	1/1	0/1	0/0		2/2				1/1
Gordon Johns	4/4	11/11	4/4	2/2	4/4	11/11	10/10			
Steve Hone	4/4	10/11	4/4	2/2	2/2			11/12	2/3	3/3

* During COVID 19, Liz Lees and Cathy Jones were asked to prioritise operational needs.
** Directors asked to attend by invitation should there be an agenda item that needs their attention. They remain a member of the committee should there need to be any formal approvals.
*** Annet Gamell and Mark Prior attended until September 2020 then Steve Hone and Ian Mackie.
\+ CFC held an extraordinary meeting as part of the weekly Board in May 2020.

Committees of the Board of Directors

Governance and Committee Structure



1 November 2020

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 and Executive.

Membership of the Audit and Risk Committee:

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

Audit and Risk Committee Report

The Audit and Risk Committee reviewed financial and operating performance and compliance against national and regulatory standards. A comprehensive work plan is agreed each year which ensures oversight and monitoring of risks, mitigations and issues relating to the financial statements, internal controls and compliance with regulatory, statutory responsibilities and internal policies and procedures which in turn enables action to be escalated as appropriate, i.e. officer attendance to explain critical risk or failure to implement internal audit recommendations and escalation to the Board where appropriate. An annual report of the Committee's activities and how the Committee has fulfilled its role is reported by the Chair of the Audit & Risk Committee to the Board and the Council of Governors. The Committee has had close oversight throughout the year of the Board Assurance Framework and principal risks on efficiency planning and sustainability. IT Risk Assessment, Risk Management and Board Assurance, Governance, Post Transaction Implementation Plan, Performance Monitoring, L&D Site Redevelopment Programme Assurance, IT Disaster Recovery, Cost Improvement Programmes, Agency Staffing Costs, Key Financial Controls and an advisory report for Data Quality. In relation to CQC compliance with care standards, the Trust received a rating of Good for Luton and Dunstable and Requires Improvement for Bedford Hospital from the CQC inspections in December 2018 and the Committee reviews regular reports from the Quality Committee and ongoing initiatives.

Internal Audit

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

External Audit

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

The Audit and Risk Committee considers the external audit plan, technical updates, any matters arising from the audit of the financial statements and 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 2020/21 the areas of audit risk were:

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

The ISA260 report presented on the 9th June 2021 identified that there were no material concerns or control weakness identified during the year. There was no non audit work performed in year to 31 March 2021.

The appointment of the auditor was made in 2012 as a result of a competitive process under a procurement compliant framework. The appointment was extended in 2014, 2016, 2017, 2018 and 2019 on the same terms. 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, and is chaired by Dr Annet Gamell, NED.

Finance, Investment and Performance Committee

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

Membership of the Finance, Investment and Performance Committee:

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

Redevelopment Programme Board

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

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

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

Remuneration and Nominations Committee

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

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

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

Membership of the Remuneration and Nominations Committee:

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

Charitable Funds Committee

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

Key responsibilities are to:

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

Membership of the Charitable Funds Committee:

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

Workforce Committee

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

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

Membership of the Workforce Committee:
The Workforce Committee membership has been drawn from Board members and is chaired by Richard Mintern.

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 was chaired by Gill Lungley until June 2020 and is now chaired by Simon Barton, NED.

Council of Governors

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

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

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

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

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

In addition:

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

The Monitor Code of Governance determines that every NHS Foundation Trust will have a Board of Governors which is responsible for representing the interests of NHS Foundation Trust members and partner organisations in the local health economy in the governance of the NHS Foundation Trust. Governors must act in the best interests of the NHS Foundation Trust and should adhere to its values and code of conduct. The Board of Governors should hold the Non-Executive Directors to account for the performance of the Trust, including ensuring the Board of Directors acts so that the Foundation Trust does not breach the terms of its authorisation. Governors are responsible for regularly feeding back information about the NHS Foundation Trust, its vision and its performance to the constituencies and stakeholder organisations that either elected them or appointed them. The Code of Governance states that one of the independent Non-Executive Directors should be appointed by the Board of directors as the "Senior Independent Director", or SID, in consultation with the Board of Governors. The SID should act as a point of contact if governors have concerns which contact through normal channels has failed to resolve or for which such contact is inappropriate. Gordon Johns acts as the SID.

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

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

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

In October 2019 the Council of Governors re-elected Mr Roger Turner as Deputy Chair/Lead Governor of the Council of Governors for a term of two years. Due to COVID no elections were held in September 2020 and Mr Roger Turner became a non-voting Governor and could no longer be Lead Governor. Helen Lucas was voted in a Lead Governor in October 2020 for a term of two years. The Deputy Chairman or Lead Governor of the Council of Governors presides as chair of any meeting of the Council of Governors where the Chairman presiding at that meeting in terms of a conflict of interest (section 12.29 of the Constitution). The Lead Governor is also the nominated person that NHS Improvement would contact in the event that it is not possible to go through the Chair or the Trust's Secretary. The Governors elected two Deputy Lead Governors in November 2020, Pam Brown and Dorothy Ferguson, to support the lead governor.

The Council of Governors met four times formally during 2020/21 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 maximum of three terms of office. Following the merger with Bedford Hospital the Trust became Bedfordshire Hospitals NHS Foundation Trust in April 2020.

Approved amendments were made to the Constitution that took effect in April 2020. In relation to the Governors, this resulted in the following additions:

- Five Bedford Borough Public Governors
- Six Bedford Hospital Staff Governors
- An appointed Governor for Bedford Borough Council
- Removal of CCG Appointed Governors

Register of Interests of the Council of Governors' Members

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

Elections

Due to the merger between Luton and Dunstable University Hospital NHS Foundation Trust and Bedford Hospital NHS Trust, elections were held in March 2020. UK Engage were our independent scrutiniser to oversee the elections, which were held in accordance with the election rules as stated in our constitution.

The following constituency seats were filled by election

- Public: Bedford Borough
- Staff: Nursing and Midwifery (Bedford)
- Staff: Admin, Clerical & Management (Bedford)
- Staff: Medical and Dental (Bedford)
- Staff: Volunteers (Bedford)
- Staff: Ancillary and Maintenance (Bedford)
- Staff: Professional & Technical (Bedford)

Analysis of Annual Election Turnout:

Date of election	Constituencies involved	Number of members in Constituency	Number of seats contested	Number of Candidates	Election turnout %
March 2020	Public : Bedford Borough (and its surrounding counties)	1916	5	23	34.24%
March 2020	Staff: Nursing and Midwifery	1,443	1	2	19.13%
March 2020	Staff: Admin, Clerical & Management	685	1	5	38.54%
March 2020	Staff: Registered Volunteers	155	1	7	57.42%

Staff – Ancillary & Maintenance: 1 vacancy Elected Unopposed
Staff - Medical & Dental : 1 vacancy Elected Unopposed
Staff - Professional & Technical: No nominations received.

During 2020/21, there were eight vacancies; seven Public Governors (three Luton and three Bedfordshire and three Hertfordshire) and one Staff Governor for Medical and Dental. In May 2020, due to the COVID 19 pandemic, all Governor elections for 2020/21 were postponed. The strategy for the year was approved by the Governors in May 2020 to postpone elections for one year whilst maintaining those that would have been up for election as non-voting Governors for one year. The Trust put in place a guide for Non-Voting Governors including what they could be a part of and how they could participate during the year.

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

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

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

GOVERNORS IN POST – April 2020 to March 2021

Constituency	Name	Selection process	Changes in year	Term of office	Attendance of COG
Appointed Governors					
Central Bedfordshire Council	Cllr Brian Spurr	Re-appointed May 2020		3 years	2/4
Bedford Borough Council	Cllr Charles Roydon	Appointed April 2020		3 years	3/4
Luton Borough Council	Cllr Abbas Hussain	Appointed February 2020		3 years	3/4
University College London	Vacant				
University of Bedfordshire	Louise Grant	Appointed April 2020		3 years	4/4
Public Governors					
Hertfordshire	Mr Donald Atkinson	Elected to 2021		3 years	0/4
	Ms Helen Lucas	Elected to 2021		3 years	4/4
	Mr Malcolm Rainbow				
	Elected to 2020	Non-Voting to 2021	-	4/4	
Bedfordshire	Miss Dorothy Ferguson	Elected to 2021		3 years	4/4
	Ms Jennifer Gallucci	Elected to 2021		3 years	3/4
	Ms Linda Grant	Elected to 2020	Non-Voting to 2021	-	4/4
	Mr Mathew Towner	Elected to 2021		3 years	2/4
	Dr Johann Schoeman	Elected to 2022	Resigned December 2020	3 years	3/3
Bedfordshire	Mr Jim Thakoordin	Elected to 2020	Non-Voting to 2021	-	2/4
	Mr Roger Turner	Elected to 2020	Non-Voting to 2021	-	4/4
Luton	Mr David Allen	Elected to 2021		3 years	4/4
	Mr Keith Barter	Elected to 2020	Non-Voting to 2021	-	3/4
	Mrs Pam Brown	Elected to 2022		3 years	4/4
	Ms Marie-France Capon	Elected to 2022		3 years	4/4
	Mrs Susan Doherty	Elected to Sept 2020		3 years	2/4
	Mr Sean Driscoll	Elected to 2022		3 years	4/4
	Mrs Theresa Driscoll	Elected to 2021		3 years	4/4
	Mr Brian Herbert	Elected to 2022		3 years	4/4
	Mrs Judi Kingham	Elected to Sept 2020	Non-Voting to 2021	-	4/4
	Mr Malcolm Lea	Elected to 2022		3 years	3/4

Constituency	Name	Selection process	Changes in year	Term of office	Attendance of COG
Luton					
	Mr Derek Brian Smith	Elected to 2021		3 years	4/4
	Mr Jack Wright	Elected to 2022	Death in Service 2020	3 years	1/2
Staff Governors					
Staff					
Admin, Clerical and Management	Ms Jacqueline McLachlan	Elected to 2022	Resigned March 2020	3 years	0/4
	Mr Malik Farook	Elected to 2022		3 years	3/4
Nursing and Midwifery (including Health Care Assistants)	Mrs Belinda Chik	Elected to 2021		3 years	4/4
	Mrs Ann Williams	Elected to 2021		3 years	4/4
	Mr Matthew Borg	Elected to 2022		3 years	3/4
Volunteers	Mrs Janet Graham	Elected to 2021		3 years	4/4
Medical and Dental	Dr Ritwik Banerjee	Elected to 2020	Non-Voting to 2021	-	3/4
Ancillary and Maintenance	Vacant				
Professional and Technical	Mr Sunny Patel	Elected to 2022		3 years	1/4

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

The Trust, in conjunction with the Council of Governors and the Board of Directors, regularly reviews the Constitution and has an approved new Constitution from April 2021. This new constitution outlines the reduction plan for the CoG to start to bring the numbers of Governors back to 36 which the Trust was pre-merger. This is in line with the agreements in the Full Business Case for the merger and agreements with NHS Improvement.

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 2020/21 the committee met once and has completed the following activities:

- Approved the extension of two Non-Executive Directors.
- Approved an annual extension of the Trust Chair.
- Noted the appraisal of the Trust Chair.
- Noted the progress with the NED appraisals.
- The committee is chaired by Dorothy Ferguson.

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 2020/21 the committee met twice and has completed the following activities:

- Reviewed the Interim Membership Strategy.
- Supported the Annual Member's Meeting.
- The committee is chaired by Pam Brown.

Constitutional Working Group

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

- To ensure that the Constitution is up to date with new developments.
- To review the Constitution at least annually.
- Recommend amendments to the constitution to the Council of Governors;
- Liaise with NHS Improvement and legal representatives when required.
- Report to the Annual Members Meeting to approve any Constitutional amendments.
-
- During 2020/21 the committee met four times and has completed the following activities:
- Implemented the Constitution for the merged organisation
- Reviewed and recommended to the Council of Governors a reduction plan for the public and staff governors
- Considered the impact of the cancellations of elections in 2020 and recommended a plan to the Council of Governors
- The group was chaired by Roger Turner until September 2020 and is now chaired by Helen Lucas

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 26,101 members (16,710 public and 9,391 staff). The FT public membership numbers increase around 3% each year and the Governors set a target of 600 new members annually.

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

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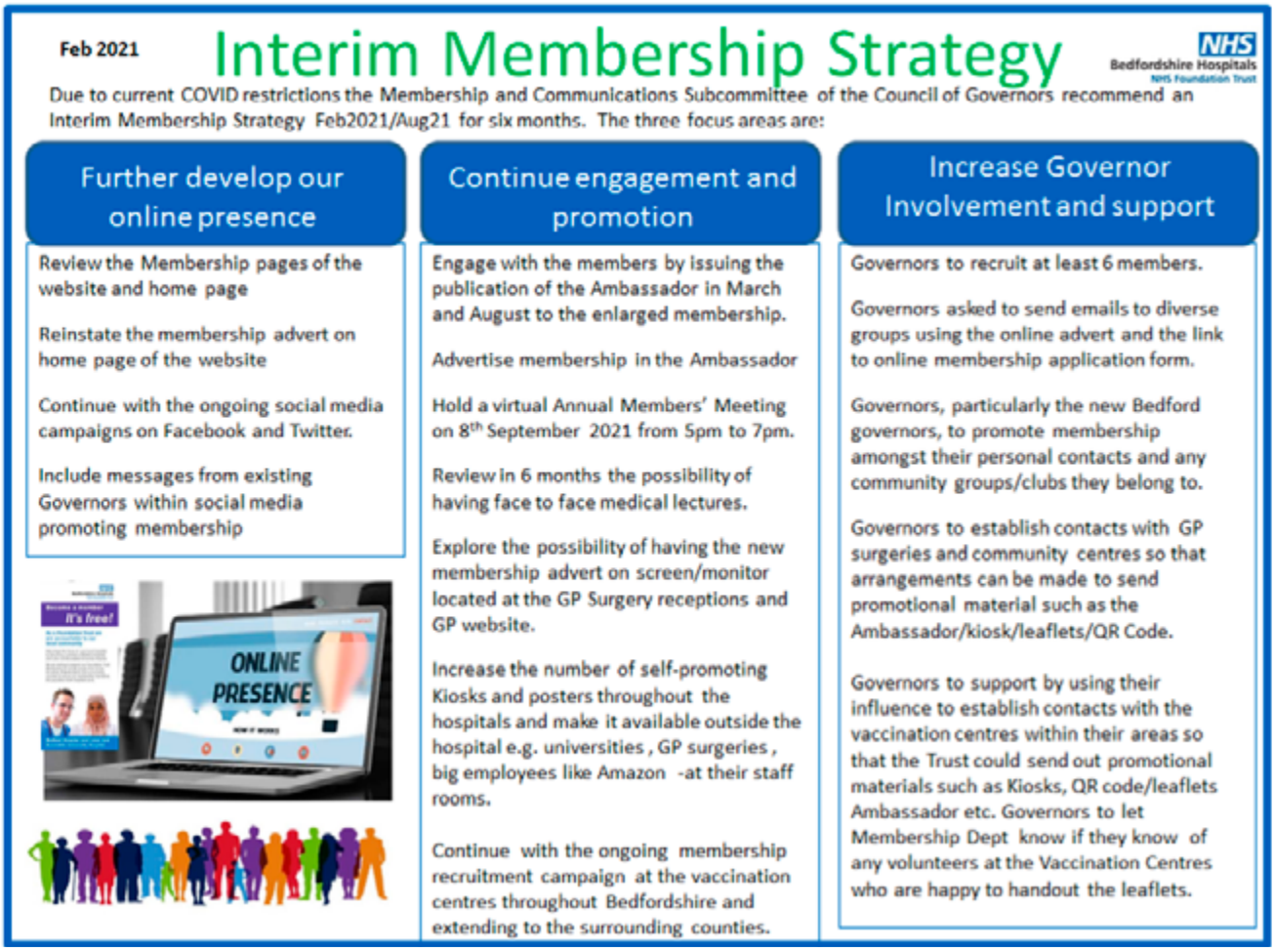

Feb 2021

Interim Membership Strategy

NHS Bedfordshire Hospitals NHS Foundation Trust

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

Further develop our online presence

Review the Membership pages of the website and home page

Reinstate the membership advert on home page of the website

Continue with the ongoing social media campaigns on Facebook and Twitter.

Include messages from existing Governors within social media promoting membership

Continue engagement and promotion

Engage with the members by issuing the publication of the Ambassador in March and August to the enlarged membership.

Advertise membership in the Ambassador

Hold a virtual Annual Members' Meeting on 8th September 2021 from 5pm to 7pm.

Review in 6 months the possibility of having face to face medical lectures.

Explore the possibility of having the new membership advert on screen/monitor located at the GP Surgery receptions and GP website.

Increase the number of self-promoting Kiosks and posters throughout the hospitals and make it available outside the hospital e.g. universities , GP surgeries , big employees like Amazon -at their staff rooms.

Continue with the ongoing membership recruitment campaign at the vaccination centres throughout Bedfordshire and extending to the surrounding counties.

Increase Governor Involvement and support

Governors to recruit at least 6 members.

Governors asked to send emails to diverse groups using the online advert and the link to online membership application form.

Governors, particularly the new Bedford governors, to promote membership amongst their personal contacts and any community groups/clubs they belong to.

Governors to establish contacts with GP surgeries and community centres so that arrangements can be made to send promotional material such as the Ambassador/kiosk/leaflets/QR Code.

Governors to support by using their influence to establish contacts with the vaccination centres within their areas so that the Trust could send out promotional materials such as Kiosks, QR code/leaflets Ambassador etc. Governors to let Membership Dept know if they know of any volunteers at the Vaccination Centres who are happy to handout the leaflets.

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

Strategy for 2020/21

The strategy will be reviewed in July 2021 by the Membership and Communication Sub-Committee to identify the plans for 2021/22. The committee will consider the objectives to include:

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

Table 1: Membership size and movement:

Public constituency	2020/21 (Plan)	2020/21 (Actual)	2021/22 (Plan)
At year start (April 1)	14101	16,303	16,710
New members	600	1,414	600
Members leaving	200	1,007	200
At year end (March 31)	14501	16,710	17,110
Staff constituency *			
At year start (April 1)	5751	9,328	9,391
New members	1000	1,877	1,922
Members leaving	750	1,814	1,851
At year end (March 31)	6001	9,391	9,462
Total Members	**20502**	**26,101****	**26,572**
Patient constituency			
Not applicable			

* The Staff Constituency in line with the Trust Constitution and includes volunteers and bank staff that are not part of the Trust headcount.
** 3577 Staff members from Bedford Hospital joined the new Trust on the 1st April 2020 which increased the staff membership from 5751 to 9328

Table 2: Analysis of current membership:

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	4	898,475
17-21	112	216,124
22+	13,034	3,012,966
Not Stated	3,560	
Ethnicity*:		
White	9,388	4,275,210
Mixed	127	119,308
Asian or Asian British	2,199	347,564
Black or Black British	676	143,081
Other Not Stated	411	29,288
	3,909	
Acorn Groups**:		
Affluent Achievers	4,012	1,656,488
Rising Prosperity	801	527,771
Comfortable Communities	6,241	1,388,222
Financially Stretched	3,824	1,145,287
Urban Adversity	1,633	551,872
Not Private Households	102	60,848
Unclassified	97	
Gender analysis		
Male	6,448	2,039,075
Female	10,092	2,088,490
Not Stated	170	

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

Governor Training, Membership Recruitment and Engagement

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

- Year 2020/2021 due to COVID restrictions, the face-to-face membership recruitment were not possible. The Trust came up with an alternative plan by initiating a Social media campaign on Facebook and Twitter – this ran from June 2020 to February 2021. The adverts carried statements from some governors and members encouraging the public to become members of the Trust. This campaign generated a significant number of online applications.

- Governors were each encouraged to recruit at least six members. They were also asked to promote membership to their diverse groups by forwarding the email advert with the link to online membership application form.

- The 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.

- Membership pages were reviewed ensuring that each membership page had a link to the online membership form.

- The first membership magazine of the new Trust was due to be issued in August 2021 – in this it had a membership advert soliciting support from existing members encouraging their family and friends to become members of the Trust.

- Governor training – Training was accessible to all the Governors through NHS Providers GovernWell programmes. These were held virtually during 2020/21 and accessed by our new Governors.

- Governor Induction – The new elected and appointed governors are invited to attend an virtual induction organised by the Trust where they are briefed about their roles and responsibilities, the accountability, the code of conduct, the committee structures etc.

- Introduction to staff governors at both the hospitals – this was completed through the in house weekly briefing and through the staff magazine 'BedSide'.

- During Covid the Chair, Senior Independent Director and the Lead Governors initiated a wellbeing check by contacting the governors over the phone as they were unable to meet them in person.

- The Trust continue to hold the Council of Governor meetings and Seminars and its subcommittees, virtually. The governors were invited to the first virtual staff event which was held in December 2020.

- The Annual Members Meeting (AMM) – the Trust held its first virtual AMM in September 2020 and had 100 members attend the meeting.

- In January 2021 an opportunity was identified to promote membership at the Vaccination Centres in Luton and Bedford. A newly designed pull up banner with a QR code, linking to the online membership form, was placed at these centres along with the self-promoting kiosks. Some of the volunteers at the vaccination centres, who are also members of the Trust, have been promoting the membership. This had generated more than 2000 membership applications within three months.

Contact Details

Bedfordshire Hospitals NHS Foundation Trust's Membership Department can be contacted on:
01582 718333 or by email:
foundationtrustmembership@ldh.nhs.uk
or by writing to:
Membership Department
Bedfordshire Hospitals NHS Foundation Trust
Luton and Dunstable
Lewsey Road
Luton
LU4 0DZ

The Foundation Trust's Governors
can be contacted by email:
governors@ldh.nhs.uk
(please indicate which Governor you wish to contact)
or by writing to:
(Name of Governor)* c/o Board Secretary
Bedfordshire Hospitals NHS Foundation Trust
Luton and Dunstable
Lewsey Road
Luton
LU4 0DZ

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

Financial Performance Report

Review of Financial Performance

The Trust celebrated its first merged year as Bedfordshire Hospitals NHS Foundation Trust by delivering a financial surplus for the 22nd successive year, with a 2020/21 surplus of £2.7m. Whilst the Trust delivered the Control Total, delivering it relied on non-recurrent items to offset the additional costs of Covid that are very much part of the challenging environment in which the Trust operates.

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

The table below illustrates our income and expenditure (I&E) performance since 2007/08. The numbers prior to 2020/21 represent just the Luton and Dunstable Hospital.

Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Turnover	169.1	189.3	204.9	211.6	220.8	230.6	244.3
Surplus	2.9	4.3	3.1	2.6	2.5	0.9	0.4
Cash	35.4	45.4	43.7	50.9	47.6	37.5	24.8

Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Turnover	259.2	271.2	308.8	334.1	354.6	384.3	684.7
Surplus	0.1	0.1	12.9	15.4	14.9	10.7	2.7
Cash	11.7	9.1	28.2	36.4	34.8	42.4	119.5

All figures £m

Cash balances continued to be monitored closely, with the FT ending the 2020/21 financial year with a balance of £119.5m. This was an increase from 2019/20 and reflects the delay in some capital investment in the Trust site. This spend will be incurred in 2021/22 and beyond as the Trust develops the site.

Despite this improved cash position, the FT has spent £58m on capital in 2020/21 to deliver modern NHS services. Notable developments include a new Car Park, significant investment in the enabling schemes for the Acute Services Block and spend on Covid equipment and critical infrastructure work.

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 STP 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 STP partners. It will also be responsive to the means that will be adopted in rising to the associated financial challenges, abiding by the principles of economy, efficiency and effectiveness – all with the intention of protecting the resources that are available to ensure that the Trust continues to be able to deliver the highest quality healthcare in the most appropriate environment.

Going Concern and Continuation of Service Provision

The FT is facing, along with all other providers, a challenging financial environment. This challenge has been exacerbated in 2020/21 by Covid, the impact of which will continue into 2021/22, with particular emphasis on recovery of planned care.

The Directors have received assurance on the merged organisation's financial standing through detailed due diligence, both internal and external, and on the basis of this assurance and due diligence the FT has submitted a surplus plan for half 1 2021/22 to NHSEI (the Trust has only been asked to submit a plan for the 1st half of the year).

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. In the short-term the Trust has submitted a credible surplus plan for half 1 2021/22 to NHSI/E, but this has involved moving away from Payment by Results towards a block arrangement. Levels of future funding depend on the financial regime for half 2 of 2020/21 and beyond. Early indications are that the national requirement for cost improvements is likely to be significant in the second half of the year. The Trust will need to remain agile to future changes in the financial regime.

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

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

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

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

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

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

Remuneration report

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

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

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

The remuneration of individual Directors can be found in note 4.5 to the accounts.

The Remuneration and Nomination Committee approved the national pay uplift to all Executives in post as at April 2020. The pay uplift was applied with the guidance received from NHSI/E to pay a consolidated increase of 1.03% payable from 1st April 2020.

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

David Carter
Chief Executive
Date:14th June 2021

Fundraising and Charitable Donations

On the 1st April 2020 Luton & Dunstable and Bedford Hospital merged to become Bedfordshire Hospitals NHS Foundation Trust. On the same date, Luton & Dunstable Charitable Fund was also renamed to become Bedfordshire Hospitals NHS Charity working in collaboration with existing charity Bedford Hospital Charity & Friends.

During the 2020/21 financial year, Bedfordshire Hospitals NHS Charity received £1,542,054 in income from 1367 donations from grant-giving trusts, companies, individuals, community groups, legacies and the charity shop.

Of the £1.5m income, 49% of income was from Charitable Trusts & Grants, 33% was from individual donations, 1% from events, 8% was from online giving, 6% from legacy and IMO donations, £60k was received from one legacy alone and 17% was donated specifically for our COVID response.

COVID – 19 completely changed the way we fundraised in 2020/21, we saw in increase in online giving platforms, much fewer events were held which resulted in a significant decrease in income from that stream.

Legacy and In Memory donations received totalled £94,819 which was increase on last year by 18%. Legacies consistently play a key part in shaping our hopsitals for future generations and allow for forward planning.

The team has seen many changes since the beginning of the financial year. March 2020 saw the first of many lockdowns, the economic climate dipped, the community changed, public and private gatherings were no longer allowed. The team dynamics also changed with the introduction of a Deputy Fundraising Manager brought in to support driving the charities growth within the community and across the corporate sector. With lots of people facing a question mark over their jobs and their financial security, the charity saw the beginning of a reduction of income. Social Media became the biggest resource for fundraising as appeals and charity information moved online and began a movement of change in how funds were raised and supporters engaged. There was an increase in the younger population wanting to support their local hospitals, clap for carers began and so did the need to open a new fund – the COVID 19 response fund. The community and corporate world came together to support Doctors, Nurses, Cleaning Staff, Administrative Staff and everyone in between with donations of food, drinks, toiletries and funds.

During the financial year of 2020/21, income from charitable trusts amounted to £759,317; this was the Charity's biggest income stream.

The grants and trusts segment of the charity has remained relatively stable from March 2020 onwards. Much of our grant funding was received from NHS Charities Together to support the delivery of urgent and immediate support to patients and staff.

The grants and trusts section has supported the implementation and delivery of a £445,000 funding bid across Bedfordshire, Luton and Milton Keynes (BLMK). The funding will support the delivery of 5 projects to relieve pressures on NHS organisations owing to COVID-19. The Bedfordshire Hospitals NHS Charity's grants team have been leading the delivery of this funding bid.

This has allowed the Bedfordshire Hospitals NHS Charity to develop, cultivate and advance relationships with varying stakeholders across BLMK. Importantly, the development of the relationship with BLMK ICS will be particularly critical in harnessing knowledge of the wider NHS infrastructure to support projects that will allow us to enhance our level of support for patients of Bedfordshire Hospitals.

Through grant funding we have supported:

- The purchase of a CT scanner for the Maxillo-Facial Unit
- Clinical Psychologist Posts for Staff across our two hospitals
- CIC Wellbeing – Employee Assistance Programme at our Bedford Hospital (to match that already provided at L&D University Hospital)
- Captain Sir Tom and Pamela Moore Garden
- Wellbeing Hubs and a permanent wellbeing space for staff
- Staff wellbeing and engagement events
- Subscription to the Daisy Awards.

We have seen a change in the way our supporters give from corporates to community. We saw the biggest support come from our COVID donations from monetary donations to gifts in kind. The response from our community was overwhelming.

Where businesses were having to close we received donations of food items that would perish, alongside this with the result of panic buying and supermarkets shelves laying empty for days we also saw support of food items for staff, and general items of love and support. Some of the COVID gift in kind donations included:

- Packs of water
- Drinks
- Toiletries
- Biscuits
- Sweets
- Cakes
- Yoghurts
- Microwave meals
- Coffee machines

The corporate community has still continued to support our work, even without an active appeal, and our income has increased by 13% this year, with donations received from Bayer for an Optos Camera for Ophthalmology, Ashridge House for the Helipad Appeal, Amazon, and GKN for Light up a Life Appeal.

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

- Community Midwives Room
- 5 new Televisions for Children's wards
- New facilities for staff areas
- Training for CT scanner for the Maxillo-Facial Unit
- NICU Music Therapy
- An End of Life Co-ordinator

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

The Give a Gift campaign, where people donate presents for patients through our online wish lists, was run across both sites with support from Bedford Hospital Charity & Friends. This was the first year we ran the campaign across both sites, but due to COVID restrictions, we were only able to support Paediatrics and the Elderly. Over 600 gifts were bought in total with support from a few companies. Sadly, we were also unable to offer ward visits due to COVID restrictions.

Since March 2020 schools have also had to run differently, they saw many lockdowns and times where whole year groups were self-isolating due to positive COVID cases. Due to this fact, fundraising has not been their main priority. The Schools Partnership Coordinator has worked extremely hard to keep us in mind within the schools and to keep them engaged with supporting the work of our hospitals, one way they have done this was working with voluntary services on the work experience project, which is currently running virtually, and has given us the opportunity to reach more schools in and around Bedfordshire. With all the restrictions placed on schools due to COVID, this income stream has raised £7k, these funds were used to purchase sensory toys for the children's ward and a separate donation of £4k was also received to purchase a Sensory Voyager. A pledge of £1000 has been received from a local academy to support the paediatric wards in 2021, and due to the connections the schools partnership co-ordinator has made with the virtual work experience one school has made us their charity of the year for the first time.

The Charity shop has remained open since June 2020 and although there has been a decrease in the number of volunteers allowed to come in to support, resulting in a reduction of our opening hours, it has seen an increase in takings month on month, with the 24hr Costa machine supporting those sales. We are looking to grow these sales further once visitors are allowed back on site and we are able to extend the opening hours further.

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

Bedfordshire Hospitals NS 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. An interim property valuation as at 31 March 2020, was undertaken by Gerald Eve LLP. The Directors' opinion is that there are no fixed assets where the value is significantly different from the value included in the financial statements.

External Auditor

KPMG LLP (UK) is our external auditor. The appointment was made and approved following a presentation by the Chair of the Audit Committee to the Council of Governors.

KPMG LLP (UK) 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 8 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 87% of non-NHS invoices within 30 days of receipt of a valid invoice.

2020/21	Numberof invoices	Value £000s
Total Non-NHS trade Invoices paid in the year	115,327	£247,453
Total Non-NHS tradeInvoices paid within target	108,837	£232,198
Percentage of Non-NHS tradeInvoices paid within target	94%	95%

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 2021, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2020	1
Of which...	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	1
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.	0

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

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

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

Counter Fraud

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

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.

Establish the likelihood that adverse effect has occurred

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

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

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

Incidents reported via the new incident tool

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

Date of Incident (Month)	Nature of Incident	Nature of data involved	ICO Response:
April 2020	Ward handover sheet found on a public road in Wellingborough containing special category data for 30 patients being treated at Bedford Hospital.	Clinical & Patient information	No further action
Aug 2020	The Trust has published an internal document indicating what AV they are using, as well as other security weaknesses. The document compared both Bedford and L&D security tools/ weaknesses, and what was being worked on. This document was for internal use only but was included in the Board Report (July) and publicised on The Trust website.	Business Critical information	Not required to report
Sept 2020	Patient SAR sent to previous address instead of current address. This included the discs holding information and password letter. Signed for by occupant who is not the patient.	Clinical & patient information	Not required to report
Nov 2020	Patient clinic list containing 17 patients was filed in maternity handheld notes.	Clinical, patient & staff Information	Not required to report
Jan 2021	Staff have been saving Pid on a Trust wide share drive	Patient & clinical information	Not required to report
Feb 2021	Trust department using unprotected Google Drive folder to store Student photo ID	Staff personal data	Not required to report


Face Shield
splash protection
NHS
Gwen
NHS
NHS

Annual Governance Statement and Accounts

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

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

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

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

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

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

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

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

David Carter
Chief Executive
Date: 14th June 2021

Annual Governance Statement 2020/21

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 2021 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 Risk Management are the Joint Medical Directors and the Chief Nurse. The Director of Redevelopment is the Board lead for non-clinical (including Health and Safety) risk management. The Joint Medical Directors lead on clinical risk management and chair the Specialist Clinical Operational Board where all aspects of clinical risk management are discussed. A report is provided to the Executive Board and assurance is then provided to the Quality Committee and the Audit and Risk Committee.

All risks are reviewed by the Executive that demonstrates top level leadership to risks 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 divisional 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. Risks and benefits to quality and safety are assessed for all reviews of efficiency related initiatives. The Board receives the Board Assurance Framework every three months and reviews a summary of the risk register every three months in order to be able to maintain understanding of the current and future risks. The Board has participated in seminars which help in the identification of future external risks to quality such as new national guidance, new technologies business continuity and health and safety.

The risk and control framework

Risk continues to be managed at all levels of the Trust and is co-ordinated through an integrated governance framework consisting of performance and assurance processes. The Executive Board, the Clinical Quality Operational Board and the Specialist Clinical Operational Board lead the review of risk, Oversight Boards, Information Governance and Equality and Diversity sub Boards also support risk. The Board of Directors lead the review of board level strategic risk seeking assurance from the Audit and Risk, Quality, Finance, Investment and Performance, Workforce, 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 Divisions, Corporate Services or Committees and reported through the central risk register database (Datix). The relevant Executive Director agrees whether the risk is a Strategic Board Level Risk that has implication to the achievement of the Trust Objectives, review the assessment score and also allocate the risk to the relevant Sub-Committee for assurance and operational board for performance monitoring. The closed risks are also monitored to ensure the Executive Team is aware of risk amendments. The Trust has in place a weekly Senior Staff Committee that overseas operational risk.

The assessment and subsequent management of risk is informed by its quantification using a risk grading matrix, which is set by the Board of Directors. Consequence and likelihood tables are outlined in the Risk Management Framework across a range of domains; the consequence tables grade each risk by reference to its expected impact. This, combined with the likelihood score, defines a measure of overall risk. The Trust risk tolerance is set by considering all risks through the Risk Review by the relevant Executive Director and identifying those risks that have implications to the achievement of the Trust Objectives. Any of these Board Level Risks that are rated as a high risk are reported to the Board of Directors quarterly. Actions and timescale for resolution are agreed by the risk leads and monitored by the Board of Directors and relevant sub-committee. Through this process, the Board are informed of any risks that would require acceptance as being within the Trust's risk tolerance.

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

To risks managed by BHFT in the year (Summary)

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

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

The Trust operates a risk register for the new 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. The Trust actively promotes a culture of 'fair blame' or 'just blame', to encourage staff to report incidents. 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 Divisions.

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

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

- Each Service Line reviews reported incidents and are required to report to the Clinical Quality Operational Board and reflect on the issues raised, develop any further controls to manage the principal risks and to minimise, as far as reasonably practical, the incident occurring again. If there is a persistent risk issue identified from the incident, the issue is evaluated through the Risk Register and also subjected to independent scrutiny (for example: internal audit, external accreditation)

- Risk management is integrated into core Trust business in relation to equality impact assessments. All policies and procedures when created or reviewed have to include an Equality Analysis Form. If there are any negative impacts on a particular group of people/ equality group following the completion of this form, the Trust will record any changes to the service and/ or policy. Any actions will be integrated into existing service planning and performance management frameworks along with monitoring and review processes.

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

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

- During the year in addition to using the services of internal and external audit, a number of specific reviews continued including maternity and GIRFT.

- The Trust received an external CQC visit and the report received in December 2018 identified the Trust as 'good' with the Well-Led element of the assessment and 'Outstanding' for the services and 'Good' for the organisation. The reports for the Bedford site are archived on the CQC website.

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

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

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

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

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

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

Whilst this is clearly a concerning and disappointing outcome for the Trust, we have implemented a comprehensive improvement plan to address those areas identified as requiring improvement. This improvement plan is overseen through the operational clinical quality boards of the Trust and in addition an assurance report is provided to Trust Board's Quality subcommittee monthly.

The Trust also has a monthly engagement meeting with the CQC where progress is overseen.

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
- PLACE (Patient Led Assessment of the Care Environment)
- Ethics Committee
- Outpatients
- Hospital Redevelopment Board
- Car Parking Working Group
- Safeguarding Adults
- Carbon Management

Healthwatch monitor the services provided by the Trust and report directly to the Chief Executive and issues are then referred to appropriate Directorate for consideration and action. Representatives from Healthwatch are members of the Trusts Patient and Public Participation Group. The National Patient Survey action plan is also progressed and monitored through this group.

Since becoming a Foundation Trust the organisation has extended the involvement of staff and the public by creating a Council of Governors. The Council of Governors is responsible for a wide range of duties including, but not exclusively, being consulted on health service changes, meeting with members in their constituency, appointing and holding to account the Chair and Non-Executive Directors and attending

Council of Governors' meetings. The Governors include representatives from other key stakeholders such as the CCGs, Local Government Councils and Universities.

The Trust ensures that it reviews its short, medium and long term workforce issues. This is completed by:

- Executive Performance speciality and service Line meetings outlined in the Scheme of Delegation
- Triangulation of information from the Shelford Safer Nursing Care tool, CHPPD, Nurse Sensitive Metrics along with professional judgements to determine the number of staff and range of skills required to meet the needs of patients. Additional analysis and recommendations will be presented for ED Nursing and children's services in addition to midwifery staffing
- Twice daily workforce meetings to assess and redeploy sufficient suitably qualified, competent, skilled and experienced staff to meet the care and treatment needs safely and effectively.
- Monthly Formal Executive meetings oversee the vacancy rate, agency rate and workforce pressures to agree business cases and assess risks and controls in place
- Executive Director review of agency is completed monthly to ensure that decisions are made at a high level
- Board approved workforce action plan reporting to NHSI with particular attention to agency use is reported to FIP monthly
- Assurance on the impact of vacancy and agency use is provided to COSQ 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. It will also receive assurance that the recommendation from the Workforce Safeguards Review have been considered and implemented.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

The foundation trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

In addition to the financial review of resources within the quarterly monitoring returns to NHS Improvement and the monthly financial information provided to all budget holders, the processes that have been applied to ensure resources are used economically, efficiently and effectively include Clinical Audit and Effectiveness, Medical Equipment and Medicines Management. The Trust has governance arrangements for the Finance, Investment and Performance Committee with service lines presenting directly to the committee on a range of financial and operational matters.

A Clinical Audit and Effectiveness Department is also maintained to:

- Oversee the implementation of National Institute of Clinical Effectiveness (NICE) guidance.
- Monitor the introduction of new techniques ensuring clinical and cost effectiveness of new treatments, as well as the appropriate training of clinicians.
- Support clinical audit work within the Trust, ensuring clinicians work in the most effective way, adopting good practice uniformly across the Trust through protocols and guidelines.

The use of management groups charged with monitoring efficiency and effectiveness as part of their terms of reference:

- The Executive Team review the capital bids.
- The Medical Equipment Group advises on the replacement and purchase of new medical equipment.
- The Medicines Management Group oversees the maintenance and development of the drug formulary to ensure clinically appropriate and cost effective use of medicines.

The latest published index (based on 2018-19 accounts and activity, compared to a national average index of 100 for LDH is 89 and BH is 95.

The Trust is also engaging in a range of benchmarking exercises to determine best practice and assess the means of implementing it at the Trust, for example the Carter Review.

Information Governance

The Trust has had six grade 2 information governance incidents in relation to a confidentiality breach and all were reported to the Information Commission Officer (ICO). All events have been closed with no further action.

Data Quality and Governance

Through the Data Security Protection Toolkit the Trust has a number of key information policies in place including data quality that sets out the roles and responsibilities.

The Trust has three reports that feed data into the Board of Directors; the Quality and Performance Report, Finance Report and Workforce Report. Each of these contains data that is tracked over months and years to identify variances.

The Trust monitors CHKS alerts through the Mortality Board, Clinical Operational Board 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 directorate 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.

18 week data is generated by the Information Department on a weekly and monthly basis and then actively used by key departments to manage the patients' pathways so that patients receive treatment within 18 weeks of referral. Although initial checks are made by the Information Department, this data is further validated by our separate 18 week team who interrogate the files and physically track the patients' pathway on our current IT systems and record comments regarding the progress of the pathway. Inputting of the 18 week data is restricted to a core team to reduce the risk of inaccurate data entry and the further weekly validation allows for any errors to be rectified immediately. Weekly graphs are produced which are cascaded to a wider senior team both specifically around waiting list demand and 18 week performance, both which are able to highlight data discrepancies should they arise. A fortnightly meeting also interrogates the Flash report which details the 18 week patients at specialty level.

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 Clinical Outcome, Safety 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 2020/21 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 Operational Board that ensures divisional clinical leadership. The COSQ committee also receive assurance against the Care Quality Commission Quality Outcomes on a monthly basis.

- The Clinical Audit and Effectiveness Committee reports to the Clinical Operational Board. The committee ensures clinical leadership through the divisions, monitors the implementation of NICE guidance and reviews the Dr Foster benchmarking data sets to review trends. This process is reported to the Executive Board and assurance provided to the Clinical Outcome, Safety and 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 Monitor Code of Governance. These assessments have been cross referenced against the Licence requirements laid out in condition 4 of the FT Governance. The CQC Assessment in December 2018 also provides assurance that the Trust is well led with appropriate governance in place.

Compliance with the NHS Foundation Trust Code of Governance

It is considered that the Bedfordshire Hospitals NHS Foundation Trust complies with the main and supporting principles of the Code of Governance. This includes the issues of whether or not all of the Non-Executive Directors are independent in accordance with code provision B.1.1. The Board has determined that all of the NEDs are independent in character and judgement.

In relation to the more detailed provisions of the Code of Governance, the Trust were compliant with the provision with the exception of section B.1.2 the Trust was compliant from April through to June 2020 when the Board had half the Board of Directors as Non-Executive Directors excluding the Chair. In our Constitution the Chair votes as a Non-Executive and has a casting vote.

My review is also informed by:

Internal Audit which has completed reviews of Risk Management and Board Assurance, Governance, Post Transaction Implementation Plan, Performance Monitoring, L&D Site Redevelopment Programme Assurance, IT Disaster Recovery, Cost Improvement Programmes, Agency Staffing Costs, Key Financial Controls, Cyber Security, and an advisory report for Data Quality. This was combined with significant activity to close down historical actions from both Luton and Dunstable and Bedford Hospital legacy actions. This work has supported the Audit and Risk Committee's understanding and review of the key issues facing the Trust. Internal Audit reviews are conducted using a risk-based approach covering areas agreed as being the priority for review based on a risk assessment agreed between the Audit and Risk Committee, Management and the auditors.

The Head of Internal Audit reports that they have completed the programme of internal audit work for the year ended 31 March 2021. Their work identified no critical risk rated reports in 2020/21. However there were five high rated reports, two of which are related to information technology. Although there were no critical findings there were twelve high findings across the reports. Three of the twelve high findings related to the need for an IT Strategy. The IT Strategy has now been finalised and approved by the Board. Two of the twelve high findings were related to the Cost Improvement Programme and the process has since been documented, formalised and made available to relevant staff. The total number of findings / recommended or suggested actions is similar though to previous years, evidencing that there remain opportunities to strengthen governance, risk management and control although no major weaknesses have been identified and no major improvements required.

Although there were no significant issues, some improvements are required in some areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control.

- Incident response documentation for Cyber Security needs to be formalised
- A merged plan for IT Disaster Recovery is required to cover both sites
- IT service mapping and the IT Asset Register need finalising

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. We:

- Approved a cross site IT Strategy
- Implemented processes to capture key information required for business continuity and monitor compliancy
- Risk assessed the compliancy issues in relation to IT disaster recovery

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: 14th June 2021

Independent Audit Opinion

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Bedfordshire Hospitals NHS Foundation Trust ("the Trust") for the year ended 31 March 2021 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Taxpayers Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2021 and of the Group's and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2020/21.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have f ulf illed our ethical responsibilities under, and are independent of, the Group in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been inf ormed by the relevant national body of the intention to dissolve the Group and Trust without the transf er of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year f rom the date of approval of the f inancial statements ("the going concern period").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Group's and Trust's business model and analysed how those risks might affect the Group's and Trust's f inancial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the Directors' assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Group's and Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of ref erence to a material uncertainty in this auditor's report is not a guarantee that the Group and Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect ***Identifying and responding to risks of material misstatement due to fraud***

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve control totals delegated to the Group by NHS Improvement
- Reading Board and Audit and Risk Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the Group's accounting policies.
- We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition and the risk that Group management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a f raud risk related to expenditure recognition, particularly in relation to year-end accruals.

We did not identify any additional fraud risks. We also performed procedures including:

- Identif ying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual pairings to/from f raud risk accounts and journals with other unusual characteristics.
- Assessing significant estimates for bias.
- Inspecting transactions in the period prior to and following 31 March 2021 to verify expenditure had been recognised in the correct accounting period.
- Evaluating accruals posted as at 31 March 2021 and verifying accruals are appropriate and accurately recorded.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.

Identifying and responding to risks of materialmisstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material ef f ect on the f inancial statements f rom our general sector experience and through discussion with the directors and other management (as required by auditing standards), and f rom inspection of the Group's and Trust's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Group is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.
We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.
The potential ef f ect of these laws and regulations on the f inancial statements varies considerably.

The Group is subject to laws and regulations that directly af fect the f inancial statements including financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Group is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the f inancial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the f urther removed non-compliance with laws and regulations is f rom the events and transactions ref lected in the f inancial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, f orgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non- compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible f or the other information presented in the Annual Report together with the f inancial statements. Our opinion on the financial statements does not cover the other inf ormation and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our f inancial statements audit work, the inf ormation therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other inf ormation included in the Annual Report f or the f inancial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020/21.

Accounting Officer's responsibilities

As explained more f ully in the statement set out on page 101, the Accounting Officer is responsible for the preparation of financial statements that give a true and

fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of f inancial statements that are f ree f rom material misstatement, whether due to f raud or error; assessing the Group and 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 they have been informed by the relevant national body of the intention to dissolve the Group and Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities
Our objectives are to obtain reasonable assurance about whether the f inancial statements as a whole are f ree f rom material misstatement, whether due to f raud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements. A f uller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, ef f iciency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources
The Trust is responsible f or putting in place proper arrangements for securing economy, ef f iciency and effectiveness in the use of resources.
Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements f or securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure f inancial sustainability, proper governance and the use of information about costs and perf ormance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.
Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:
- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the f urther matters we are required to state to them in accordance with the terms agreed with the Trust, and f or no other purpose. To the f ullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certif y that we have completed the audit of the accounts of Bedfordshire Hospitals NHS Foundation Trust f or the year ended 31 March 2021 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Fleur Nieboer
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square

17 June 2021

Foreword to the Accounts

These accounts for the year ended 31 March 2021 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: 14th June 2021

Statement of comprehensive income

		Parent (Bedfordshire Hospitals NHSFT)		Group (Bedfordshire Hospitals NHSFT & NHS Charitable Funds)	
		2020/21	2019/20	2020/21	2019/20
	note	£000	£000	£000	£000
Operating Income from continuing operations	2.5	**685,138**	384,329	**686,461**	385,387
Operating Expenses of continuing operations	3	**(674,613)**	(368,619)	**(675,112)**	(369,215)
OPERATING SURPLUS		**10,525**	**15,710**	**11,349**	**16,172**
Finance Costs					
Finance income	6.1	**13**	274	**48**	326
Finance expense - financial liabilities	6.2	**(1,507)**	(1,011)	**(1,507)**	(1,011)
PDC Dividends payable		**(5,799)**	(4,212)	**(5,799)**	(4,212)
NET FINANCE COSTS		**(7,293)**	**(4,949)**	**(7,258)**	**(4,897)**
Gains/(losses) of disposal of assets		**(527)**	(29)	**(144)**	(166)
Surplus before transfer by absorption		**2,705**	**10,732**	**3,947**	**11,109**
Gains/(losses) from transfers by absorption	36	**42,857**	0	**43,762**	0
Surplus / (deficit) from continuing operations		**45,562**	**10,732**	**47,709**	**11,109**
SURPLUS / (DEFICIT) FOR THE YEAR		**45,562**	10,732	**47,709**	11,109
Revaluation Impact	22	**0**	(3,807)	**0**	(3,807)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**45,562**	**6,925**	**47,709**	**7,302**

Note: Allocation of profits for the period: This surplus is wholly attributable to the owner of the parent.

Statement of financial position

	note	Parent 31 March 2021 £000	Parent 31 March 2020 £000	Group 31 March 2021 £000	Group 31 March 2020 £000
Non-current assets					
Intangible assets	7	**0**	0	**0**	0
Property, plant and equipment	8	**292,019**	151,725	**292,019**	151,725
Other investments	11	**0**	0	**2,551**	1,675
Trade and other receivables	14	**2,392**	2,352	**2,392**	2,352
Other assets	15	**1,989**	2,138	**1,989**	2,138
Total non-current assets		**296,400**	**156,215**	**298,951**	**157,890**
Current assets					
Inventories	13	**7,797**	3,731	**7,797**	3,731
Trade and other receivables	14	**28,184**	38,121	**28,181**	38,130
Cash and cash equivalents	24	**119,488**	42,406	**123,398**	45,319
Total current assets		**155,469**	**84,258**	**159,376**	**87,180**
Current liabilities					
Trade and other payables	16	**(83,744)**	(34,426)	**(83,761)**	(34,466)
Borrowings	18	**(2,162)**	(1,731)	**(2,162)**	(1,731)
Provisions	21	**(2,368)**	(276)	**(2,732)**	(903)
Other liabilities	17	**(3,687)**	(779)	**(3,687)**	(779)
Total current liabilities		**(91,961)**	**(37,212)**	**(92,342)**	**(37,879)**
Total assets less current liabilities		**359,908**	**203,261**	**365,985**	**207,191**
Non-current liabilities					
Borrowings	18	**(28,479)**	(25,940)	**(28,479)**	(25,940)
Provisions	21	**(5,648)**	(509)	**(5,648)**	(509)
Total non-current liabilities		**(34,127)**	(26,449)	**(34,127)**	(26,449)
Total assets employed		**325,781**	176,812	**331,858**	180,742
Financed by					
Taxpayers Equity					
Public Dividend Capital		**221,078**	74,406	**221,078**	74,406
Revaluation reserve	22	**23,713**	8,107	**23,713**	8,107
Income and expenditure reserve					
Others' Equity		**80,990**	94,299	**80,990**	94,299
Charitable Fund Reserves	23	**0**	0	**6,077**	3,930
Total taxpayers & others' equity		**325,781**	**176,812**	**331,858**	**180,742**

Signed:

D Carter
Date: 14 June 2021

The notes on pages page 107 to page 143 form part of the financial statements.

Statement of changes in equity

	Parent - Pre Consolidated				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 2020 - as previously stated	74,406	8,107	94,299	**176,812**	74,406	8,107	94,299	3,930	**180,742**
Surplus/(deficit) for the year	0	0	45,562	**45,562**	0	0	45,965	1,744	**47,709**
Transfers by absorption: transfers between reserves	42,857	15,606	(58,463)	**0**	42,857	15,606	(58,463)		**0**
Transfers by absorption: transfers between reserves (charitable fund)	0	0	0	**0**	0	0	(905)	905	**0**
Revaluation Impact	0	0	0	**0**	0	0	0	**0**	**0**
Public Dividend Capital received	103,815	0	0	**103,815**	103,815	0	0	0	**103,815**
Other reserve movement - alignment of accounting policy as merged Trust	0	0	(408)	**(408)**	0	0	(408)	0	**(408)**
Other reserve movements - charitable funds consolidation adjustment	0	0	0	**0**	0	0	502	(502)	**0**
Taxpayers' and Others' Equity at 31 March 2021	**221,078**	**23,713**	**80,990**	**325,781**	**221,078**	**23,713**	**80,990**	**6,077**	**331,858**
Taxpayers' and Others' Equity at 1 April 2020 - as previously stated	**68,616**	**11,914**	**83,567**	**164,097**	**68,616**	**11,914**	**83,567**	**3,554**	**167,651**
Surplus/(deficit) for the year	0	0	10,732	**10,732**	0	0	10,442	667	**11,109**
Revaluation Impact	0	(3,807)	0	**(3,807)**	0	(3,807)	0	0	**(3,807)**
Public Dividend Capital received	5,790	0	0	**5,790**	5,790	0	0	0	**5,790**
Other reserve movements - charitable funds	0	0	0	**0**	0	0	290	(291)	**(1)**
Taxpayers' and Others' Equity at 31 March 2020	**74,406**	**8,107**	**94,299**	**176,812**	**74,406**	**8,107**	**94,299**	**3,930**	**180,742**

Statement of cash flows

	Group	
	2020/21 £000	2019/20 £000
Cash flows from operating activities		
Operating surplus from continuing operations	11,349	16,172
Operating surplus	**11,349**	**16,172**
Non-cash income and expense:		
Depreciation and amortisation	16,000	9,160
Income recognised in respect of capital donations (centrally procured)	(1,902)	0
(Increase)/Decrease in Trade and Other Receivables	39,938	7,554
(Increase)/decrease in other assets	149	149
(Increase)/Decrease in Inventories	(1,339)	1
Increase/(Decrease) in Trade and Other Payables	29,722	4,093
Increase/(Decrease) in Other Liabilities	2,150	182
Increase/(Decrease) in Provisions	6,180	(24)
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	(1,015)	(389)
Other movements in operating cash flows	19	0
NET CASH GENERATED FROM OPERATIONS	**101,251**	**36,898**
Cash flows from investing activities		
Interest received	13	274
Purchase of Property, Plant and Equipment	(51,753)	(27,619)
Sale of Property, Plant and Equipment	7	0
NHS Charitable funds - net cash flows from investing activities	14	51
Net cash generated used in investing activities	**(51,719)**	**(27,294)**
Cash flows from financing activities		
Public Dividend Capital received	103,815	5,790
Movement in loans from the Department of Health and Social Care	(71,768)	(835)
Other loans repaid	0	(4)
Capital element of finance lease rental payments	(385)	0
Capital element of Private Finance Initiative obligations	(947)	(873)
Interest paid	(641)	(378)
Interest element of finance lease	(539)	0
Interest element of Private Finance Initiative obligations	(594)	(636)
PDC Dividend paid	(7,099)	(4,683)
Net cash used in financing activities	**21,842**	**(1,619)**
Increase/(decrease) in cash and cash equivalents	71,374	7,985
Cash and Cash equivalents at 1 April 2020	45,309	37,324
Cash and cash equivalents transferred by absorption	6,715	0
Cash and Cash equivalents at 31 March 2021	**123,398**	**45,309**

1. Accounting policies and other information

1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow IFRS to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Body. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis.

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

1.3 Consolidation

The Trust is the corporate trustee to Bedfordshire Hospitals NHS Foundation Trust Charitable Fund. The Trust has assessed its relationship to the charitable fund and determined it 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.

During 2020/21 the Trust created a wholly owned subsidiary, Luton & Dunstable Retail Leases Limited. The transactions and balances associated with this subsidiary are de minimis and therefore not consolidated within these statements. The Trust does not have any other subsidiaries, associates, joint ventures or joint operations as defined under International Financial Reporting Standards.

Unless otherwise stated the notes to the accounts disclose the group position.

1.4. Revenue from contracts with customers

Where income is derived from contracts with customers it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisified 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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21
The main source of income for the Trust is contracts with commissioners for healthcare services. . In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Sustainability and Transformation Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative Period (2019/20)
In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds was accounted for as variable consideration.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. At contract inception, the Trust assesses the outputs promised in the research contract to identify as a performance obligation each promise to transfer either a good or service that is distinct or a series of distinct goods or services that are substantially the same and that have the same pattern of transfer. The Trust recognises revenue as these performance obligations are met, which may be at a point in time or over time depending upon the terms of the contract.

NHS Injury Cost Recovery Scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.5. Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income to the point at receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education,, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.6. Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension Costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes: the cost to the trust is taken as equal to the employer's pension contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

The Trust also has employees who are members of the NEST pension scheme. This is a defined contribution scheme and employers pension cost contributions are charged to operating expenses as and when they become due.

1.7. Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8. Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors, Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

1.9. Property, Plant and Equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has an individual cost of at least £5,000; or
- the item forms a group of assets which individually have a cost of more than £1,000, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates and are under single managerial control.
- the item forms a group of assets which are the initial equipping costs of a new or reconfigured asset with a collective value of over £20,000 and the group of assets are under common managerial control.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held

for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plan and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

* Land and non-specialised buildings - market value for existing use
* Specialised buildings - depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with modern asset of equivalent capacity and location requirements of the service being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued by professional valuers as part of the five or three-yearly valuation or when they are brought into use where the capital cost is greater than £5m and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'Held for Sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs. wDonated assets, government grant and other grant funded assets

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.

Private Finance Initiative (PFI) transactions
PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FREM, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expenses as incurred. The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

The lifecycle costs i.e. those costs anticipated to be incurred to maintain the asset to a specified standard, within the scheme form part of the liability of the Trust and consequently have been recognised as a separate asset within the Statement of Financial Position. The asset is amortised each accounting period in accordance with the lifecycle costs incurred in respect of the PFI scheme asset.

Useful lives of property, plant and equipment

	Min life Years n/a	Max life Years n/a
Land		
Buildings, excluding dwellings	10	44
Dwellings	10	55
Plant & machinery	5	18
Transport equipment	5	14
Information technology	3	15
Furniture & fittings	5	15

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

1.10Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software
Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciatetd 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.

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 classifed as a tax by ONS. This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Classification and Measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below. Financial assets are classified as subsequently measured at amortised cost, or fair value through income and expenditure or fair value through other comprehensive income. Financial liabilities are classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets and financial liabilities at 'Fair Value through Income and Expenditure'
Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Financial assets measured at fair value through other comprehensive income
A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract

assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are determined by a review of outstanding contract receivables/ assets for known disputed items, items greater than one year, and cutstomers where there is a history of non-payment. Only in exceptional circumstances will the Trust recognise expected credit losses in relation to other NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.14 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as lessee
Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment. The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The trust as lessor
Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the trust net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating lesases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.15 Provisions
The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. For charitable funds decisions made by the Charitable Fund Committee for which there is a constructive obligation to undertake activities are recognised at the point the decision is made.

The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020.

Nominal Rate		
Short term	Up to 5 years	Minus 0.02%
Medium term	After 5 years up to 10 years	0.18%
Long term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discharging using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020.

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

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 21 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 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 26, 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 NHS foundation 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 24.

1.22 Losses and special payments (cont)

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 31.

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 2019/20.

1.25 Standards, amendments and interpretations in issue but not yet effective or adopted IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for all leases. The standard also requires the remeasurement of lease liabilities after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the trust does expect this standard to have a significant but not material impact on non-current assets, liabilities and depreciation.

The GAM does not require the following Standards and Interpretations to be applied in 2020/21.

- IFRS 14 Regulatory Deferral Accounts - Not EU endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.
- IFRS 16 Leases – Standard is effective at 1 April 2020 per the FREM (see previous page)
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.26 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- review of operating leases to determine whether the significant risks and rewards of ownership of the leased assets have transferred. To mitigate the risk of incorrect conclusions an external advisor's opinion was obtained.

1.27 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- allocation of lifes to acquired plant and equipment (excluding buildings for which a valuer's opinion is obtained) to calculate the depreciation charge. This is estimated based on the lives of similar assets and knowledge of the procurer.
- It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 8.
- accrued expenditure for annual leave is estimated by applying NHS employment contracts' terms and conditions and Trust policy to the average annual leave balance for a sample of departments.

2.1 Operating Income from patient care activities (by nature)

	2020/21 Total £000	2019/20 Total £000 Restated
Income from Activities		
Block contract / system envelope income	**555,783**	316,908
High cost drugs income from commissioners	**10,149**	21,803
Other NHS clinical income*	**12,296**	0
Community Services Block contract / system envelope income	**1,000**	0
Private patient income	**3,134**	2,131
Additional pension contribution central funding**	**15,260**	8,743
Other clinical income	**5,255**	2,967
Total income from patient care activities	**602,877**	**352,552**

* As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

** The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20 and 2020/21, 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 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.

	2020/21 £000	2019/20 £000
Commissioner Requested Services	**579,228**	338,711
Non Commissioner Requested Services	**23,649**	13,841
	602,877	**352,552**

2.3 Operating lease income

	2020/21 Total £000	2019/20 Total £000
Operating Lease Income		
Rents recognised as income in the period	**538**	260
TOTAL	**538**	**260**
Future minimum lease payments due on leases expiring		
- not later than one year;	**146**	170
- later than one year and not later than five years;	**319**	157
- later than five years.	344	57
TOTAL	**809**	**384**

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

	2020/21 £000	2019/20 £000
Income recognised this year	**490**	598
Cash payments received in-year	**136**	180
Amounts added to provision for impairment of receivables	**-**	-
Amounts written off in-year	**200**	-

2.5 Operating Income (by type)

	Parent		Group	
	2020/21 £000	2019/20 £000	2021/21 £000	2019/20 £000
Income from activities				
CCGs and NHS England	**592,176**	338,991	**592,176**	338,991
NHS Foundation Trusts	**2,072**	533	**2,072**	533
NHS Trusts	**626**	1,924	**626**	1,924
Local Authorities	**2,230**	2,653	**2,230**	2,653
NHS Other	**423**	482	**423**	482
Non NHS: Private patients	**3,134**	2,131	**3,134**	2,131
Non-NHS: Overseas patients (non-reciprocal)	**490**	598	**490**	598
NHS injury scheme (was RTA)	**884**	769	**884**	769
Non NHS: Other*	**842**	4,471	**842**	4,471
Total income from activities	**602,877**	**352,552**	**602,877**	**352,552**

*Non NHS: Other relates to a contract with private sector provider, previously commissioned by NHS Bedfordshire CCG

2.6 Other Operating Income

	Parent		Group	
	2020/21 £000	2019/20 £000	2021/21 £000	2019/20 £000
Other operating income from contracts with customers:				
Research and development	**805**	676	**805**	676
Education and training	**17,555**	10,289	**17,555**	10,289
Non-patient care services to other bodies	**7,056**	0	**7,056**	0
Provider sustainability fund income (PSF)[1]	**0**	13,469	**0**	13,469
Reimbursement and top up funding	**37,443**	0	**37,443**	0
Income in respect of staff costs where accounted on gross basis	**2,488**	1,663	**2,488**	1,663
Other[2]	**3,288**	4,783	**3,288**	4,783
Other non-contract operating income				
Education and training - notional income from apprenticeship fund	**376**	346	**376**	346
Charitable and other contributions to expenditure	**449**	245	**0**	0
Donated equipment from DHSC for COVID response	**1,902**	0	**1,902**	0
Received from NHS charities: Other charitable and other contributions to expenditure	**52**	46	**0**	0
Contributions to expenditure - receipt of equipment donated from DHSC for COVID response below capitalisation threshold	**2**	0	**2**	0
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	**10,307**	0	**10,307**	0
Rental revenue from operating leases	**538**	260	**538**	260
NHS Charitable Funds: Incoming Resources excluding investment income	**0**	0	**1,824**	1,349
Total other operating income	**82,261**	**31,777**	**83,584**	**32,835**
TOTAL OPERATING INCOME	**685,138**	**384,329**	**686,461**	**385,387**

1 NHS Performance bonus received for achieving financial and performance targets (19/20 financial regime)
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. Parent Group

2 This includes car parking income of 722k (2019/20 1,659k). This is strictly an income generation activity whereby income exceeds cost and the surplus is invested in the provision of patient care. There are other Trust objectives delivered through this activity including a contribution to the patient and staff safety and experience agenda (additional security and maximising the availability of car parking spaces). Other

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

£100k was recognised in 2020/21 that was previously included in the contract liability balance (£108k in 2019/20).

2.8 Transaction price allocated to remaining performance obligations

The vast majority of contracts the trust holds align with financial periods with an adjustment made for partially completed patient care treatment as at the financial year end (£0k as at 31/03/2021 due to block contracts in place for the early part of 2021/22). As at 31/03/2021 the revenue expected when performance obligations are met in future periods was £3,687k (£779k in 2019/20).

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.

3.1 Operating Expenses (by type)

	Parent		Group	
	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	**770**	0	**770**	0
Employee Expenses - Staff & Executive directors	**439,070**	245,540	**439,070**	245,540
Employee Expenses - Non-executive directors	**230**	146	**230**	146
Supplies and services - clinical (excluding drug costs)	**67,547**	31,279	**67,547**	31,279
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	**9,592**	0	**9,592**	0
Supplies and services - general	**30,511**	17,129	**30,511**	17,129
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	**42,616**	29,503	**42,616**	29,503
Consultancy costs	**2,454**	1,022	**2,454**	1,022
Establishment	**15,119**	9,620	**15,119**	9,620
Premises	**10,754**	6,043	**10,754**	6,043
Transport (including staff and patient travel)	**1,777**	1,398	**1,777**	1,398
Depreciation on property, plant and equipment	**16,000**	9,098	**16,000**	9,098
Amortisation on intangible assets	**0**	62	**0**	62
Movement in credit loss allowance	**1,576**	208	**1,576**	208
Provisions arising / released in year	**3,615**	(54)	**3,615**	(54)
Audit fees payable to the External Auditor				
audit services- statutory audit1	**115**	56	**115**	56
other services: audit-related assurance services'	**0**	2	**0**	2
Audit fees payable re charitable fund accounts	**0**	0	**9**	3
Internal Audit Costs - not included in employee expenses	**187**	85	**187**	8
Clinical negligence (Insurance Premiums)	**22,523**	10,917	**22,523**	10,917
Legal fees	**241**	173	**241**	173
Insurance	**161**	94	**161**	94
Education and training - non-staff	**1,538**	818	**1,538**	818
Education and training - notional expenditure funded from apprenticeship fund	**376**	346	**376**	346
Rentals under operating leases - minimum lease receipts	**4,756**	1,633	**4,756**	1,633
Charges to operating expenditure for on-SoFP IFRIC 12 schemes on IFRS basis	**785**	797	**785**	797
Redundancy - (not included in employee expenses)	**47**	0	**47**	0
Car parking & Security	**1,435**	728	**1,435**	728
Hospitality	**0**	3	**0**	3
Losses, ex gratia & special payments	**53**	9	**53**	9
Other services, eg external payroll	**477**	285	**477**	285
NHS Charitable funds: Other resources expended	**0**	0	**490**	59
Other	**288**	1,679	**288**	1,679
TOTAL	**674,613**	**368,619**	**675,112**	**369,215**

*1 Excluding non-recoverable VAT.

4.1 Employee Expenses

(excluding non-executive directors)	2020/21 Permanent £000	2020/21 Other £000	2020/21 Total £000	2019/20 Permanent £000	2019/20 Other £000	2019/20 Total £000
Salaries and wages	**293,898**	**36,556**	**330,454**	156,807	28,248	185,055
Social security costs	**28,941**	**3,947**	**32,888**	16,686	2,391	19,077
Apprenticeship Levy	**1,541**	**69**	**1,610**	770	155	925
Pension costs - defined contribution plans Employers contributions to NHS Pensions	**34,931**	**0**	**34,931**	18,609	1,468	20,077
Pension cost - other	**15,260**	**0**	**15,260**	8,104	639	8,743
Agency/contract staff	**0**	**27,134**	**27,134**	0	15,411	15,411
Costs capitalised as part of assets	**(2,880)**	**(280)**	**(3,160)**	(3,345)	(403)	(3,748)
TOTAL (Employee expenses & Education & Training)	**371,691**	**67,426**	**439,117**	**197,631**	**47,909**	**245,540**

4.2 Average number of employees (WTE basis)

	2020/21 Permanent Number	2020/21 Other Number	2020/21 Total Number	2019/20 Permanent Number	2019/20 Other Number	2019/20 Total Number
Medical and dental	**1,021**	**188**	**1,209**	609	184	793
Ambulance staff	**3**	**0**	**3**	0	0	0
Administration and estates	**853**	**186**	**1,039**	786	90	876
Healthcare assistants and other support staff	**2,078**	**308**	**2,386**	578	328	906
Nursing, midwifery and health visiting staff	**2,257**	**306**	**2,563**	1,464	193	1,657
Nursing, midwifery and health visiting learners	**20**	**1**	**21**	5	0	5
Scientific, therapeutic and technical staff	**626**	**41**	**667**	428	11	439
Healthcare science staff	**174**	**29**	**203**	164	45	209
Other	**3**	**0**	**3**	3	0	3
Number of Employees (WTE) engaged on capital projects	**(70)**	**(4)**	**(74)**	(64)	(4)	(68)
TOTAL	**6,965**	**1,055**	**8,020**	**3,973**	**847**	**4,819**

4.3 Employee benefits

There were no employee benefits during either 2020/21 nor 2019/20.

4.4 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 6 (2019/20: 2) retirements, at an additional cost of £242k (2019/20: £27k). This information has been supplied by NHS Pensions.

4.5.1 Senior Managers Remuneration

2020/21

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

		2019/20		
Name and Title		Salary (bands of £5,000)	Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)
Chairman				
Simon Linnett	Chairman	40 to 45	n/a	40 to 45
Non Executive Directors				
Alison Clarke	Non-Executive Director (to July 2019)	5 to 10	n/a	5 to 10
Ninawatie Tiwari	Non-Executive Director (to September 2019)	5 to 10	n/a	5 to 10
Mark Versallion	Non-Executive Director	10 to 15	n/a	10 to 15
Denis Mellon	Non-Executive Director (to May 2019)	0 to 5	n/a	0 to 5
Simon Barton	Non-Executive Director	15 to 20	n/a	15 to 20
Mark Prior	Non-Executive Director	10 to 15	n/a	10 to 15
Annet Gammell	Non-Executive Director (from June 19)	5 to 10	n/a	5 to 10
Gill Lungley	Non-Executive Director (from June 19)	5 to 10	n/a	5 to 10
Richard Mintern	Non-Executive Director (from June 19)	5 to 10	n/a	5 to 10
Ian Mackie	Non-Executive Director (from June 19)	5 to 10	n/a	5 to 10
Executive Directors				
David Carter	Chief Executive	185 to 190	70 to 72.5	255 to 260
Cathy Jones	Deputy Chief Executive	130 to 135	75 to 77.5	210 to 215
Matthew Gibbons	Director of Finance	125 to 130	112.5 to 115	240 to245
Danielle Freedman	Chief Medical Advisor	165 to 170	0	165 to 170
Angela Doak	Director of Human Resources	125 to 130	50 to 52.5	175 to 180
Liz Lees	Chief Nurse	120 to 125	225 to 227.5	345 to 350
Catherine Thorne	Director of Quality & Safety Governance	110 to 115	45 to 47.5	155 to 160

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 2020 /21 or 2019/20.

4.5.2 Pension Benefits

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

	2019/20				
Name and title	Real increase in pension and related lump sum at age 60 (bands of £2,500)	Total accrued pension and related lump sum at age 60 at 31 March 2020 (bands of £2,500)	Cash Equivalent Transfer Value at 31 March 2020 £000	Cash Equivalent Transfer Value at 31 March 2019 £000	"Real Increase in Cash Equivalent Transfer Value" £000
David Carter Chief Executive	2.5 to 5	170 to 172.5	994	906	88
Cathy Jones Deputy Chief Executive	5 to 7.5	87.5 to 90	398	339	59
Matthew Gibbons Director of Finance	12.5 to 15	100 to 102.5	491	398	93
Danielle Freedman[1] Chief Medical Advisor					
Angela Doak Director of Organisational Development	2.5 to 5	190 to 192.5	1,136	1,057	79
Liz Lees Chief Nurse	40 to 42.5	190 to 192.5	1,006	23	984
Catherine Thorne Director of Quality & Safety Governance	2.5 to 5	165 to 167.5	990	921	69

[1] No longer contributing to pension scheme

4.5.3 Median Pay Disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

	2020/21	2019/20
Band of Highest Paid Director's Total Remuneration	195 to 200	180 to 185
Median Total*	**30,615**	**30,112**
Ratio	6.4	6.1

The highest paid director's remuneration increased in 2020/21. Median pay increased.

* Excludes bank and agency staff

4.5.4 Staff Exit Packages

	2020/21		2019/20	
Exit package cost band (including any special payment element)	Total number of exit packages	Total cost of exit packages £'000	Total number of exit packages	Total cost of exit packages £'000
<£10,000	13	42	5	21
£10,001 - £25,000	1	13	0	0
£25,001 - 50,000	1	47	0	0
£50,001 - £100,000	1	87	0	0
£100,001 - £150,000	0	0	0	0
>£150,000	0	0	0	0
Total	**16**	**189**	**5**	**21**

	2020/21	2020/21	2019/20	2019/20
	Payments agreed	Total value	Payments agreed	Total Value
	Number	£'000	Number	£'000
Voluntary redundancies including early retirement contractual costs	1	47	0	0
Contractual payments in lieu of notice	15	142	5	21
	16	**189**	**5**	**21**

4.5.5 Expenses of Governors and Directors

The Foundation Trust had a total of 33 (33 in 2019/20) governors in office in 2020/21. 4 (8 in 2019/20) of these governors received expenses in 2020/21, with aggregate expenses paid to governors of £357 (£1,106 in 2019/20).

The Foundation Trust had a total of 17 (18 in 2019/20) directors in office in 2020/21. 6 (6 in 2019/20) of these directors received expenses in 2020/21, with aggregate expenses paid to directors of £1,388 (£2,901 in 2019/20)

5.1 Operating leases

	2020/21 £000	2019/20 £000
Minimum lease payments	4,756	1,633
TOTAL	**4,756**	**1,633**

5.2 Arrangements containing an operating lease

Future minimum lease payments due:	2020/21 £000 Land	2020/21 £000 Buildings	2020/21 £000 Other	2020/21 £000 Total	2019/20 £000 Total
- not later than one year;	813	775	186	1,774	456
- later than one year and not later than five years;	3,250	3,101	49	6,400	1,352
- later than five years.	7,056	27,674	0	34,730	2,433
TOTAL	**11,119**	**31,550**	**235**	**42,904**	**4,241**

The Trust does not have any significant leasing arrangements.

5.3 Limitation on auditor's liability

There is £1m limitation on the auditors liability.

5.4 The late payment of commercial debts (interest) Act 1998

£23k was paid in respect of the late payment of commercial debts (interest) Act 1998 (£0k in 2019/20)

5.5 Other Audit Remuneration

No expenditure was incurred with the external audit provider in respect of non audit services in 2020/21 or 2019/20.

5.6 Impairment of assets (PPE & intangibles)

No impairments have been charged to expenditure in either 2019/20 nor 2020/21.

6.1 Finance income

	Parent		Group	
	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Interest on instant access bank accounts	13	274	13	274
Interest on held-to-maturity financial assets	0	0	0	0
NHS Charitable funds: investment income	0	0	35	52
TOTAL	**13**	**274**	**48**	**326**

6.2 Finance costs - interest expense

	Parent		Group	
	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Capital loans from the Department of Health	**365**	378	**365**	378
Interest on late payment of commercial debt	**23**	0	**23**	0
Interest on finance lease obligations	**539**	0	**539**	0
Main Finance Costs -PFI	**594**	636	**594**	636
Unwinding of discount on provisions	**(14)**	(3)	**(14)**	(3)
TOTAL	**1,507**	**1,011**	**1,507**	**1,011**

7.1 Intangible Assets 2020/21

	Software Licenses £000	Intangible assets under construction £000	Total £000
Cost or valuation at 1 April 2021 as previously stated	536	0	**536**
Transfers by absorption	7,577	2,488	**10,065**
Additions - purchased	0	0	**0**
Reclassifications	(7,577)	(2,488)	**(10,065)**
Cost or valuation at 31 March 2021	536	0	**536**
Amortisation at 1 April 2020 as previously stated	536	0	**536**
Transfers by absorption	3,616	0	**3,616**
Provided during the year	0	0	**0**
Reclassifications	(3,616)	0	**(3,616)**
Amortisation at 31 March 2021	536	0	**536**
Net book value			
NBV - Owned at 31 March 2021	0	0	**0**
NBV total at 31 March 2021	0	0	0

7.2 Intangible Assets 2019/20

	Software Licenses £000	Intangible assets under construction £000	Total £000
Cost or valuation at 1 April 2019 as previously stated	536	0	**536**
Additions - purchased	0	0	**0**
Cost or valuation at 31 March 2020	536	0	**536**
Amortisation at 1 April 2019 as previously stated	475	0	**475**
Provided during the year	61	0	**61**
Amortisation at 31 March 2020	536	0	**536**
Net book value			
NBV - Owned at 31 March 2020	0	0	**0**
NBV total at 31 March 2020	0	0	0

8.1 Property, plant and equipment 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2020 as previously stated	14,906	90,251	560	23,991	41,772	4,082	19,811	246	**195,619**
Transfers by absorption	4,660	71,448	85	1,686	27,723	121	6,289	989	**113,001**
Additions - purchased (including donated)	0	6,382	1	34,950	14,070	0	2,690	0	**58,093**
Reclassifications	0	14,318	94	(16,110)	0	0	11,762	0	**10,064**
Disposals1	0	(24)	0	0	(3,656)	0	(3,736)	(14)	**(7,430)**
Cost or valuation at 31 March 2021	**19,566**	**182,375**	**740**	**44,517**	**79,909**	**4,203**	**36,816**	**1,221**	**369,347**
Accumulated depreciation at 1 April 2020 as previously stated	0	0	0	0	26,481	3,193	14,007	213	**43,894**
Transfers by absorption	0	0	0	0	15,969	86	3,494	759	**20,308**
Provided during the year	0	6,998	19	0	4,999	294	3,623	67	**16,000**
Reclassifications	0	0	0	0	0	0	3,616	0	**3,616**
Disposals[1]	0	0	0	0	(3,633)	0	(2,843)	(14)	**(6,490)**
Accumulated depreciation at 31 March 2021	**0**	**6,998**	**19**	**0**	**43,816**	**3,573**	**21,897**	**1,025**	**77,328**
Net book value									
NBV - Owned at 31 March 2021	19,566	156,455	696	44,441	30,882	630	14,880	193	**267,743**
NBV - Finance Leased at 31 March 2021		2,839	0	0	0	0	0	0	**2,839**
NBV - PFI at 31 March 2021	0	12,202	0	0	1,018	0	0	0	**13,220**
NBV - Donated/ Granted at 31 March 2021	0	3,881	25	76	4,193	0	39	3	**8,217**
NBV total at 31 March 2021	**19,566**	**175,377**	**721**	**44,517**	**36,093**	**630**	**14,919**	**196**	**292,019**

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

8.2 Property, plant and equipment 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019 as previously stated	12,270	86,335	633	17,543	37,862	4,106	19,309	231	**178,289**
Additions - purchased (including donated)	0	2,940	66	20,498	4,344	211	144	15	**28,218**
Revaluations	2,636	(12,939)	(139)	0	0	0	0	0	**(10,442)**
Reclassifications	0	13,915	0	(14,050)	0	(235)	370	0	**0**
Disposals1	0	0	0	0	(434)	0	(12)	0	**(446)**
Cost or valuation at 31 March 2020	**14,906**	**90,251**	**560**	**23,991**	**41,772**	**4,082**	**19,811**	**246**	**195,619**
Accumulated depreciation at 1 April 2019 as previously stated	0	3,008	11	0	24,125	2,868	11,625	209	**41,846**
Provided during the year	0	3,602	14	0	2,761	325	2,392	4	**9,098**
Revaluations	0	(6,610)	(25)	0	0	0	0	0	**(6,635)**
Disposals[1]	0	0	0	0	(405)	0	(10)	0	**(415)**
Accumulated depreciation at 31 March 2020	**0**	**0**	**0**	**0**	**26,481**	**3,193**	**14,007**	**213**	**43,894**
Net book value									
NBV - Owned at 31 March 2020	14,906	76,257	534	23,991	13,422	889	5,798	33	**135,830**
NBV - PFI at 31 March 2020	0	12,168	0	0	1,146	0	0	0	**13,314**
NBV - Donated at 31 March 2020	0	1,826	26	0	723	0	6	0	**2,581**
NBV total at 31 March 2020	**14,906**	**90,251**	**560**	**23,991**	**15,291**	**889**	**5,804**	**33**	**151,725**

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

8.3 Economic life of property, plant and equipment

	Min Life Years	Max Life Years
Land	n/a	n/a
Buildings excluding dwellings	10	44
Dwellings	10	44
Assets under Construction & POA	10	55
Plant & Machinery	5	18
Transport Equipment	5	14
Information Technology	3	15
Furniture & Fittings	5	15
Intangible Software Licenses	5	8

9 Other Property Plant & Equipment Disclosures

The Trust received £449k of donated property, plant and equipment from the charitable funds associated with the hospitals and £1,902k of equipment donated from DHSC for COVID response during 2020/21.

The Trust entered into a 10 year contract for the provision of medical records in February 2013. Due to the length of the contract, the expected life of the equipment in question and, on the basis that the equipment is solely used by this Trust, the Trust has recognised this equipment as property plant and equipment. The value of this equipment as at 31 March 2021 was £619k.

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 2021 as property plant and equipment. The value of this equipment as at 31 March 2021 was £1,018k.

The Trust's estate, encompassing land and buildings was revalued as at 31 March 2020. This valuation was completed by Gerald Eve LLP, professional valuers in accordance with the RICS Valuation - Professional Standards published by the Royal Institution of Chartered Surveyors. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust. 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 £19,566k using the concept of economic substitution of the service utility of the asset.

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 £175,377k. Some dwellings are valued at market value in existing use with a net book value of £721k.

There are various small assets which are temporarily idle, although not for sale, where the period for which the asset is idle is uncertain these have had their depreciation accelerated and are held on the Statement of Financial Position at values reflecting their short remaining economic lives.

10.1 Non-current assets for sale and assets in disposal groups

The Trust held no non-current assets for sale nor assets in disposal groups in 2019/20 or 2020/21.

10.2 Liabilities in disposal groups

The Trust held no liabilities in disposal groups in 2020/21 nor 2019/20.

11 Investments

	Parent		Group	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
NHS Charitable funds: Other investments				
Carrying value at 1 April 2020	0	0	**1,675**	1,620
Transfers by absorption	0	0	**312**	0
Additions	0	0	**527**	614
Fair value gains/ (losses) - taken to I&E	0	0	**383**	(137)
Disposals	0	0	**(346)**	(422)
Carrying value at 31 March 2021	0	0	**2,551**	1,675

12 Associates & Jointly Controlled Operations

The NHS foundation trust is the corporate trustee to both Luton & Dunstable Foundation Trust Charitable funds and Bedford Hospitals NHS FT Charitable Funds. The foundation 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 main financial statements disclose the NHS organisation's financial position alongside that of the group (which is the NHS organisation and the NHS charity). The NHS charity's accounts, which have been prepared in accordance with UK Financial Reporting Standard (FRS) 102, can be found on the Charity Commission website and are summarised in note 23 to these accounts.

As the accounting policies applicable to both the Trust and the Charitable Funds are consistent no adjustment other than intra-group transactions has been required.

During 2020/21 the Trust created 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.

13.1 Inventories

	31 March 2021 £000	31 March 2020 £000
Drugs	**1,677**	975
Consumables	**5,405**	2,756
Centrally Procured Consumables*	**715**	0
TOTAL INVENTORIES	**7,797**	**3,731**

13.2 Inventories recognised in expenses

	2020/21 £000	2019/20 £000
Transfers by absorption	**2,727**	0
Additions	**66,885**	50,365
Inventories recognised in expenses	**(65,546)**	(50,367)
MOVEMENT IN INVENTORIES	**4,066**	**(2)**

* 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 2020/21 the Trust received £10,307k of items purchased by DHSC. These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

14.1 Trade receivables and other receivables

	Parent		Group	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Contract receivables (IFRS 15): invoiced	**23,176**	13,514	**23,176**	13,514
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	**(3,114)**	19,756	**(3,114)**	19,756
Accrued income	**0**	0	**0**	0
Allowance for impaired contract receivables / assets	**(318)**	(191)	**(318)**	(191)
Allowance for impaired other receivables	**(604)**	(463)	**(604)**	(463)
Prepayments	**5,765**	4,006	**5,765**	4,006
Prepayments - Lifecycle replacements	**44**	44	**44**	44
PDC Dividend Receivable	**1,515**	156	**1,515**	156
VAT receivable	**1,193**	1,114	**1,193**	1,114
Other receivables	**527**	185	**498**	161
NHS Charitable funds: Trade and other receivables	**0**	0	**26**	33
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	**28,184**	**38,121**	**28,181**	**38,130**
Non-Current				
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	**954**	726	**954**	726
Prepayments	**1,134**	1,340	**1,134**	1,340
Prepayments - PFI related	**175**	219	**175**	219
Clinician Pension Tax Provision Reimbursement	**129**	67	**129**	67
TOTAL NON CURRENT TRADE AND OTHER RECEIVABLES	**2,392**	**2,352**	**2,392**	**2,352**

14.2 Allowances for credit losses (doubtful debts) 2020/21

	Contract receivables and contract assets £000	All other receivables £000	Total £000
At 1 April 2020	191	463	654
Transfer by absorption	180	592	772
Changes in the calculation of existing allowances	237	1,339	1,576
Reversals of allowances (where receivable is collected in-year)	(290)	(1,790)	(2,080)
Utilisation of allowances (where receivable is written off)	0	0	0
At 31 March 2021	**318**	**604**	**922**

14.3 Allowances for credit losses (doubtful debts) 2019/20

	Contract receivables and contract assets £000	All other receivables £000	Total £000
At 1 April 2019	71	457	528
Changes in the calculation of existing allowances	202	6	208
Reversals of allowances (where receivable is collected in-year)	(82)	0	(82)
Utilisation of allowances (where receivable is written off)	0	0	0
At 31 March 2020	**191**	**463**	**654**

14.4 Finance lease receivables

During 2019/20 and 2020/21 the Trust did not have any finance lease receivables.

15 Other assets (Non Current)

	31 March 2021 £000	31 March 2020 £000
PFI Scheme - lifecycle costs	**1,989**	2,138
Total	**1,989**	**2,138**

16.1 Trade and other payables

	Parent		Group	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Trade payables	**21,752**	12,984	**21,752**	12,984
Trade payables - capital	**10,936**	5,093	**10,936**	5,093
Accruals	**40,277**	10,273	**40,277**	10,273
Receipts in advance	**175**	25	**175**	25
Social Security costs	**9,389**	5,338	**9,389**	5,338
Other payables	**1,215**	713	**1,215**	713
NHS Charitable funds: Trade and other payables	**0**	0	**17**	40
TOTAL CURRENT TRADE & OTHER PAYABLES	**83,744**	**34,426**	**83,761**	**34,466**

There were no non current trade or other payables at either 31 March 2021 or 31 March 2020.
Trade and other payables do not include any outstanding pension contributions due to NHS Pensions Agency as at 31 March 2021.

17 Other liabilities

	31 March 2021 £000	31 March 2020 £000
Current		
Deferred Income	**3,687**	779
TOTAL OTHER CURRENT LIABILITIES	**3,687**	**779**

There are no non current other liabilities in 2020/21 nor 2019/20.

18 Borrowings

	31 March 2021 £000	31 March 2020 £000
Current		
Bank overdrafts	**0**	10
Capital loans from Department of Health	**875**	878
Obligations under finance leases	**287**	0
Obligations under Private Finance Initiative contracts/ service concessions	**1,000**	843
TOTAL CURRENT BORROWINGS	**2,162**	**1,731**
Non-current		
Capital loans from Department of Health	**15,464**	16,299
Obligations under finance leases	**4,478**	0
Obligations under Private Finance Initiative contracts/ service concessions	**8,537**	9,641
TOTAL OTHER NON CURRENT LIABILITIES	**28,479**	**25,940**

19.1 Finance lease obligations

	31 March 2021 £000	31 March 2020 £000
Gross buildings lease liabilities	**12,033**	0
of which liabilities are due		
- not later than one year;	**794**	0
- later than one year and not later than five years;	**3,383**	0
- later than five years.	**7,856**	0
Finance charges allocated to future periods	**(7,305)**	0
Net buildings lease liabilities	**4,728**	**0**
- not later than one year;	**250**	0
- later than one year and not later than five years;	**1,161**	0
- later than five years.	**3,317**	0

20.1 PFI and Service Concession obligations (on SoFP)

	31 March 2021 £000	31 March 2020 £000
Gross PFI liabilities of which liabilities are due	**12,578**	14,119
- not later than one year;	**1,548**	1,518
- later than one year and not later than five years;	**5,971**	5,974
- later than five years.	**5,059**	6,627
Finance charges allocated to future periods	**(3,041)**	(3,635)
Net PFI liabilities	**9,537**	**10,484**
- not later than one year;	**1,000**	843
- later than one year and not later than five years;	**4,297**	4,092
- later than five years.	**4,240**	5,549

20.2 The Trust is committed to make the following payments for on-SoFP PFIs and Service Concession obligations during the next year in which the commitment expires:

	31 March 2020 Total £000	31 March 2019 Total £000
Within one year	**2,361**	2,282
2nd to 5th years (inclusive)	**9,846**	9,513
Later than 5 years	**8,514**	10,829
Total	**20,721**	**22,624**

The Trust incurred £600k expenditure in respect of the service charge under the PFI contract (£589k in 2019/20) and £185k was incurred in relation to the service concession (bed contract - £208k 2019/20). These were separately disclosed as 'Charges to operating expenditure for on-SoFP IFRIC 12 schemes on IFRS basis' in Note 3.1 .

21 Provisions for liabilities and charges

Parent	**Current**		**Non-current**	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Pensions relating to other staff	**178**	60	1,775	442
Other legal claims	**183**	216	392	0
Equal pay (including agenda for change)	**0**	0	3,352	0
Redundancy	**232**	0	0	0
Other	**1,775**	0	129	67
Total	**2,368**	**276**	**5,648**	**509**

Group		**Current**		**Non-current**	
		31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Pensions relating to other staff		**178**	60	**1,775**	442
Other legal claims		**183**	216	**392**	0
Equal pay		**0**	0	**3,352**	0
Redundancy		**232**	0	**0**	0
Other		**1,775**	0	**129**	67
NHS charitable fund provisions		**364**	627	**0**	0
Total	**2,732**	**903**		**5,648**	**509**

	Pensions - other staff	Other legal claims	Equal Pay	Redundancy	Other	NHS charitable fund provisions	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2020	**502**	**216**	**0**	**0**	**67**	**627**	**1,412**
Transfers by absorption	1,004	0	0	0	62	0	1,066
Arising during the year	635	524	3,352	232	1,775	0	6,518
Utilised during the year	(174)	(16)	0	0	0	0	(190)
Reversed unused	0	(149)	0	0	0	0	(149)
Unwinding of discount	(14)	0	0	0	0	0	(14)
NHS charitable funds: movement in provisions	0	0	0	0	0	(263)	(263)
At 31 March 2021	**1,953**	**575**	**3,352**	**232**	**1,904**	**364**	**8,380**
Expected timing of cashflows:							
- not later than one year;	178	183	0	232	1,775	364	2,732
- later than one year and not later than five years;	763	392	3,352	0	129	0	4,636
- later than five years.	1,012	0	0	0	0	0	1,012
TOTAL	**1,953**	**575**	**3,352**	**232**	**1,904**	**364**	**8,380**

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.

£414,321k is included in the provisions of the NHS Resolution at 31/03/2021 in respect of clinical negligence liabilities of the Trust (31/03/2020 £197,702k)

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

22 Revaluation reserve

	Revaluation Reserve -property, plant and equipment	Total Revaluation Reserve*
	£000	£000
Revaluation reserve at 1 April 2020	8,107	8,107
Transfers by absorption	15,606	15,606
Revaluation Impact	0	0
Other Movements	0	0
Revaluation reserve at 31 March 2021	**23,713**	**23,713**
Revaluation reserve at 1 April 2019	11,914	11,914
Revaluation Impact	(3,807)	(3,807)
Other Movements	0	0
Revaluation reserve at 31 March 2020	**8,107**	**8,107**

* The Trust held no revaluation reserve in respect of intangible assets.

23 Charitable Funds Summary Statements

As per Note 12, below summarises the NHS Charity's accounts which have been consolidated within the Group's accounts in accordance with IAS 27.

	Subsidary	
	2020/21 £000	2019/20 £000
Statement of Financial Activities/ Comprehensive Income		
Incoming resources	**1,824**	1,349
Resources expended	**(1,000)**	(887)
Net resources expended	**824**	**462**
Incoming Resources: investment income	**35**	51
Fair value movements on investments	**383**	(137)
Net movement in funds	**1,242**	**376**

	31 March 2021 £000	31 March 2020 £000
Statement of Financial Position		
Non-current assets	**2,551**	1,675
Current assets	**3,936**	2,946
Current liabilities	**(410)**	(691)
Non-current liabilities	**0**	0
Net assets	**6,077**	**3,930**
Funds of the charity		
Endowment funds	**0**	0
Other Restricted income funds	**4,421**	3,076
Unrestricted income funds	**1,656**	854
Total Charitable Funds	**6,077**	**3,930**

24 Cash and cash equivalents

	Parent		Group	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
At 1 April (as previously stated)	**42,406**	34,767	**45,319**	37,324
Transfers by absorption	**5,995**	0	**6,715**	0
Net change in year	**71,087**	7,639	**71,364**	7,995
At 31 March	**119,488**	42,406	**123,398**	45,319
Broken down into:				
Cash at commercial banks and in hand	**93**	0	**93**	0
NHS charitable funds: cash held at commercial bank	**0**	0	**3,910**	2,913
Cash with the Government Banking Service	**119,395**	42,406	**119,395**	42,406
Cash and cash equivalents as in SoFP	**119,488**	42,406	**123,398**	45,319
Cash and cash equivalents as in SoCF	**119,488**	42,406	**123,398**	45,319

The Trust held £4k cash at bank and in hand at 31 March 21 which relates to monies held by the Trust on behalf of patients.

27 Related Party Transactions

Bedfordshire Hospitals NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health. During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the NHS Foundation Trust.

All bodies deemed to be within the remit of the United Kingdom 'Whole of Government' are regarded as related parties. During the year the Trust has had significant transactions with the bodies disclosed in this note.

The Trust is the Corporate Trustee for the Charitable Funds, the transactions for which have been consolidated within these financial statements in accordance with IAS 27.

During 2020/21 the Trust created 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.

	Income 2020/21 £000	Expenditure 2020/21 £000	Income 2019/20 £000	Expenditure 2019/20 £000
NHS and DH				
Bedfordshire CCG	**304,288**	**14**	87,354	0
Buckinghamshire CCG	**4,547**	**0**	4,197	0
Department of Health	**0**	**5,799**	22	4,212
Health Education England	**17,260**	**0**	10,074	3
Herts Valleys CCG	**27,314**	**0**	26,516	0
Luton CCG	**155,877**	**114**	150,798	0
NHS England: East Commissioning Hub	**0**	**0**	39,542	0
NHS England: East of England Regional Office	**69,220**	**0**	10,214	0
NHS England: Core	**44,924**	**29**	17,059	0
NHS Resolution (Previously NHS Litigation Authority)	**0**	**22,541**	0	10,927
Central Government				
HM Revenue and Customs	**0**	**36,365**	0	21,010
National Health Service Pension Scheme	**0**	**50,200**	0	28,820

	Receivables 31 March 2021 £000	Payables 31 March 2021 £000	Receivables 31 March 2020 £000	Payables 31 March 2020 £000
Related Party Balances				
NHS and DH				
Bedfordshire CCG	**1,530**	**16**	2,092	0
Buckinghamshire CCG	**0**	**0**	577	0
Department of Health	**1,515**	**0**	156	0
Health Education England	**2,892**	**0**	744	0
Herts Valleys CCG	**0**	**0**	397	0
Luton CCG	**1,730**	**0**	2,605	0
NHS England: East Commissioning Hub	**0**	**0**	9,186	0
NHS England: East of England Regional Office	**698**	**0**	87	0
NHS England: Core	**3,422**	**0**	5,326	0
NHS Resolution (Previously NHS Litigation Authority)	**0**	**19**	0	8
Central Government				
HM Revenue and Customs	**1,193**	**9,389**	1,114	5,338
National Health Service Pension Scheme	**0**	**4,915**	0	2,883

28.1 For PFI schemes deemed to be off-SoFP

The Trust ended the off SoFP PFI scheme relating to the provision of the electronic patient record system in 2011/12. There are no transactions within either 2019/20 or 2020/21 relating to an off-SoFP PFI scheme.

28.2 Further narrative on PFI schemes/ Service Concession Arrangements

The Trust had two capital schemes arranged under PFI arrangements, one of these ended in 2011/12.

1. St Mary's Wing scheme was completed in 2003 under a 27 year scheme with 8 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) 2. The contract for the electronic patient record scheme has now finished. This contract was for 10 years. There were no new PFI schemes in the year and any future schemes are unlikely as they would be funded either through internally generated resources or external financing using the additional freedoms granted to Foundation Trusts.

During 2018/19 the Trust entered into a 10 year bed contract (service concession). As the beds provided under the contract revert to the Trust's ownership at the end of the contract the beds have been recognised under IFRIC 12.

29.1 Financial assets by category

	Parent		Group	
	Loans and receivables £000	Total £000	Loans and receivables £000	Total £000
Carrying values of financial assets as at 31 March 2021 under IFRS 9				
Trade and other receivables excluding non financial assets (at 31 March 2021)	20,592	20,592	20,592	20,592
Cash and cash equivalents (at bank and in hand (at 31 March 2021))	119,488	119,488	119,488	119,488
NHS Charitable funds: financial assets (at 31 March 2021)	0	0	6,487	6,487
Total at 31 March 2021	**140,080**	**140,080**	**146,567**	**146,567**
Carrying values of financial assets as at 31 March 2020 under IFRS 9				
Trade and other receivables excluding non financial assets (at 31 March 2020)	29,071	29,071	29,071	29,071
Cash and cash equivalents (at bank and in hand (at 31 March 2020))	42,406	42,406	42,406	42,406
NHS Charitable funds: financial assets (at 31 March 2020)	0	0	4,621	4,621
Total at 31 March 2020	**71,477**	**71,47776,098**		**76,098**

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	Medium	Low

Overall risk is low, as the Trust limits foreign currency transactions, thus limiting market risk. The Trust has a robust, audited, debt management policy that mitigates against the debtor liquidity risk. The Trust mitigates the cash credit risk by investing only in line with the NHS Improvement compliant Treasury Management Policy.

29.2 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 2021 under IFRS 9				
Borrowings excluding finance lease and PFI liabilities (at 31 March 2021)	16,339	16,339	16,339	16,339
Obligations under finance leases	4,765	4,765	4,765	4,765
Obligations under PFI, LIFT and other service concession contracts (at 31 March 2021)	9,537	9,537	9,537	9,537
Trade and other payables excluding non financial liabilities (at 31 March 2021)	74,179	74,179	74,179	74,179
IAS 37 provisions which are financial liabilities	7,887	7,887	7,887	7,887
NHS Charitable funds: financial liabilities (at 31 March 2021)	0	0	381	381
Total at 31 March 2021	**112,707**	**112,707**	**113,088**	**113,088**
Carrying values of financial liabilities as at 31 March 2020 under IFRS 9				
Borrowings excluding finance lease and PFI liabilities (at 31 March 2020)	17,187	17,187	17,187	17,187
Obligations under Private Finance Initiative contracts (31 March 2020)	10,484	10,484	10,484	10,484
Trade and other payables excluding non financial liabilities (31 March 2020)	28,375	28,375	28,375	28,375
IAS 37 provisions which are financial liabilities	717	717	717	717
NHS Charitable funds: financial liabilities (31 March 2020)	0	0	667	667
Total at 31 March 2020	**56,763**	**56,763**	**57,430**	**57,430**

Financial Liabilities risk split by category	Market Risk	Credit Risk	Liquidity Risk
NHS creditors	Low	Low	Low
Other creditors	Low	Low	Low
Accruals	Low	Low	Low
Capital creditors	Low	Low	Low
Provisions under contract	Low	Low	Low

Overall risk is low, as the Trust limits foreign currency transactions, thus limiting market risk.
All major contractors are credit checked prior to the awarding of the contract, thus limiting credit risk.
The Trust mitigates the liquidity risk via 12 month forward cash planning.

29.3 Maturity of Financial Liabilities

	31 March 2021 £000	31 March 2020 £000
(undiscounted future contractual cashflow)		
In one year or less	**80,613**	31,490
In more than one year but not more than five years	**18,216**	1,901
In more than five years	**26,146**	5,703
Total	**124,975**	**39,094**

29.4 Fair values of financial assets at 31 March 2021

The fair value of the Trust's financial assets were the same as the book value as at 31 March 2021 (and 31 March 2020).

29.5 Fair values of financial liabilities at 31 March 2021

The fair value of the Trust's financial liabilities were the same as the book value as at 31 March 2021 (and 31 March 2020).

30.1 On-Statement of Financial Position pension schemes.

The Trust has no on Statement of Financial Position Pension Scheme transactions.

30.2 Off-Statement of Financial Position pension schemes.

NHS Pension Scheme

See Note 1.3 for details of the accounting treatment of the NHS Pension Scheme.

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 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 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

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 (£161k employers contribution costs in year.)

31 Losses and Special Payments

	2020/21 Total number of cases Number	2020/21 Total value of cases £000's	2019/20 Total number of cases Number	2019/20 Total value of cases £000's
LOSSES:				
1. a. Losses of cash due to theft, fraud etc	0	0	0	0
3.a. Bad debts and claims abandoned in relation to private patients	0	0	66	26
3.b. Bad debts and claims abandoned in relation to overseas visitors	123	200	0	0
3.c. Bad debts and claims abandoned in relation to other	55	1,940	0	0
4.a Damage to buildings, property etc. due to theft, fraud etc	0	0	1	0
b. Damage to buildings, property etc.stores losses	3	22	0	0
TOTAL LOSSES	**181**	**2,162**	**67**	**26**
SPECIAL PAYMENTS:				
7.a Ex gratia payments in respect of loss of personal effects	27	15	19	9
7.g Ex gratia payments in respect of other	8	16	8	1
TOTAL SPECIAL PAYMENTS	**35**	**31**	**27**	**10**
TOTAL LOSSES	**216**	**2,193**	**94**	**36**

There were no compensation payments received.

32 Discontinued operations
There were no discontinued operations in 2020/21.

33 Corporation Tax
Corporation Tax is not due as the Trust is below the de minimis threshold as per the HMRC 'Guidance on the Tax Treatment of Non-core Healthcare Commercial Activities of NHS Foundation Trusts'.

34 Segmented Operations
The Trust operates in one segment, that of the provision of healthcare, as reported to the Chief Operating Decision Maker, the Board.

35 Foundation Trust Income Statement and Statement of Comprehensive Income
In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The trust's surplus for the period was £45,154k (2019/20: £10,732k). The trust's total comprehensive income for the period was £45,154k (2019/20 comprehensive income: £6,925k).

36 Transfers by absorption - transaction details

On 1 April 2020, Luton and Dunstable University Hospitals NHS Foundation Trust and Bedford Hospital NHS Trust merged to become Bedfordshire Hospitals NHS Foundation Trust. This transaction is accounted for by the application of Transfers by absorption accounting as prescribed by the NHS Group Accounting Manual.

Accordingly on 1 April 2020 the Trust recognised £42,857k transfer by absorption gain in the Statement of Comprehensive income, made up of:

	£'000
Net book balue of PPE	92,693
Receivables	35,185
Inventories	2,727
Cash	5,995
Trade and other payables	(15,606)
Other liabilities	(758)
Borrowings	(76,313)
Provisions	(1,066)
Transfer by absorption gain	**42,857**

There was also an equivalent adjustment for the charitable funds as detailed below:	
Charitable funds Investments	312
Charitable funds cash and cash equivalents	720
Charitable funds other assets	7
Charitable funds other liabilities	(134)
Transfer by absorption gain (charitable funds)	**905**


365

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