



Bedford Hospital
NHS Trust

Bedford Hospital NHS Trust

Annual Report 2016/17

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Part 1: Overview

Chairman's statement

On behalf of the Trust Board, I am pleased to present the Bedford Hospital NHS Trust Annual Report and Accounts for 2016/17.

It has been a challenging year in many respects, but also one of resilience and progress.

The whole Trust has worked incredibly hard to respond to the continued pressures facing the health and social care system, whilst at the same time maintaining quality and meeting its financial targets.

Given the scale of these challenges, the Board is very pleased with the Trust's overall performance and I would like to record my gratitude to all the staff and volunteers at the Trust for their hard work and steadfast commitment to providing high quality care to our patients - often in very pressurised circumstances.

During the year, the Trust continued to push ahead with implementing a programme of quality improvements; these were informed by feedback from the Care Quality Commission's (CQC) inspection report in December 2015 and the development of our own Quality Improvement Strategy – both of which have had oversight at Board level. Embedding these new ways of working will place us in good stead for the coming year, when we expect to be re-inspected by the CQC.

In the longer term, we know that we need to work with our partners to seek more sustainable ways of delivering high quality healthcare services to an expanding population, and therefore running parallel to our own quality improvement work, our Board is fully committed and engaged in this process across Bedfordshire, Milton Keynes and Luton.

Bedford Hospital continues to be integral to the local community it serves and once again in 2016/17 it received tremendous support from many charities, including the Bedford Hospitals Charity, Friends of Bedford Hospital, Hospital Radio and many more. Thanks to the generosity of our local community, they have worked tirelessly to help improve services for our patients, particularly for those with cancer and dementia.

I would also like to pay tribute to Jayne Beard who sadly passed away in June 2016. Jayne was a staunch supporter of the hospital and as Chair of the Bedford Hospitals Charity was instrumental in setting up and coordinating their recent 'Challenge Cancer Appeal', which raised a marvellous £750,000 to develop and improve our cancer services.



Pictured: Jayne Beard

Finally, on behalf of the Board I would like once again to thank all staff and volunteers working across the Trust.

I am full of admiration for the wonderful work they do on a daily basis; without their dedication and devotion we would not have achieved all that we did during the year.

With their continued support, we are very well placed to respond to the challenges that next year and beyond will bring.



Gordon Johns
Chairman
Bedford Hospital



Chief Executive's statement

I am delighted to introduce the Bedford Hospital annual report and accounts for 2016/17 and to share with you a selection of some of our many achievements and improvements of the year.

There is without doubt much to be proud of, particularly given the extremely challenging operating environment, and I would like to echo our Chairman, Gordon Johns, in thanking our teams of staff and volunteers right across the organisation – many working behind the scenes - who have all contributed to the successful running of our hospital.

Our focus for 2016/17 was to continue with our work to improve the quality and safety of our services, deliver on our key objectives for operational performance, whilst also meeting our financial obligations; I am pleased to be able to report positively on all three accounts.

Our focus in 2016/17 has been to deliver Trust-wide quality and safety improvements. This has primarily taken the form of the implementation of recommendations from our Quality Improvement Strategy that included actions to address all the Care Quality Commission (CQC) inspection recommendations (published in April 2016).

In particular we used feedback from the CQC as an opportunity to undertake intensive improvement work on our maternity services to ensure delivery of high quality that is in line with best practice and evidence.

Supported by a number of actions identified through the commissioning of an independent Review of

Maternity Services, the work has been driven by a Maternity Transformation Programme, and this has seen improvements across leadership, workforce redesign, training and governance.

Our improved systems, processes and behaviours across the Trust will continue to be embedded during 2017/18 and we look forward to demonstrating our progress to the CQC when they carry out their re-inspection during 2017/18. We will be doing so in the knowledge that our performance and improvement work during the year has not gone unnoticed by our regulator (NHS Improvement), which has moved the Trust from segment 3 to segment 2¹ (with one being the highest or best category). This reflects the reduced level of support and oversight that they consider we require moving forward in order to attain CQC ratings of 'Good' or 'Outstanding'.

Listening to our patients, visitors, staff, regulators and partner organisations will also continue to form an integral part of our efforts to drive improvements. Looking forward, we will continue to use this feedback, together with learning gained from investigations and complaints, to focus on the areas that require further improvement as part of the final year of our Quality Improvement Strategy.

Operationally, 2016/17 saw ever-increasing numbers of patients through our doors as emergency admissions and A&E attendances. Coupled with the strain on services elsewhere within the health and social care system, which impeded our ability to discharge our patients effectively, pressures within the hospital were at the busiest

¹ NHS Improvement Single Oversight Framework (SOF) segmentation.

times overwhelming – this was a familiar picture in hospitals up and down the country.

Our internal response to these pressures and our close working collaboration with our health and social care partners ensured we continued to provide high quality care when measured both against our own quality improvements priorities and against the range of national indicators (where relative to many other Trusts we performed favourably).

We successfully met the majority of our non-urgent care national targets, for example routine diagnostic waiting times and 18-week referral to treatment times; however, our A&E waiting time target was the most challenging to deliver, particularly during the frequent surges in activity during the winter months.

With the NHS collectively missing this target for the year, we performed within the top quartile of Trusts in the country - achieving 91.5 per cent meaning that we could not consistently meet the NHS commitment to patients

In other areas of our emergency care, our ambulance turnaround times were the best in the region and there were no long waits for patients (more than 12 hours). This can be attributed in part to a whole-Trust focus on improving patient flow processes, for example the launch of our new Ambulatory Emergency Care Unit (AECU) in September (page 16) and the rollout of 'Red/Green days' to support the effective discharge of patients (page 16), but also to the commitment of our staff, which was once again been outstanding.

Inevitably, the impact of the high demand for urgent care is felt beyond our A&E department and so I cannot emphasise enough the effort that has gone into maintaining our quality standards by all our teams throughout the organisation. Indeed during the year we achieved a reduction in both the number of Serious Incidents reported and complaints received.

Controlling our expenditure at a time of prolonged high activity levels has been a key priority during the year and I am equally pleased to report that we successfully met our 2016/17 planned financial control target: Our income and expenditure performance of £9.8m deficit is £0.4m better than the forecast deficit plan of £10.2m. The deficit was further reduced to £8.3m once the full Sustainability and Transformation Funding was applied. This compares to £19.8m two years ago.

Pay costs in particular have remained a challenge and this has been a consequence of maintaining unbudgeted escalation beds in response to the high demand. Our work to recruit and retain permanent qualified staff into vacancies remains vital to the delivery of a sustained reduction in expenditure on temporary and agency staff of more than £3m.

In the longer term, we know that more systemic changes are required in order to deliver high quality local healthcare services that are financially viable and fit for the future; as such we have continued to be a key partner in wider plans to transform health services in the local area to the benefit of our local communities.

The Bedfordshire and Milton Keynes Healthcare Review is now being progressed as an integral part

of the Sustainability and Transformation Plan (STP) process for Bedfordshire, Milton Keynes and Luton as a single programme. As an STP our aim is to seek more integration with community and social care services to provide a better service to local people and ensure more effective use of acute hospital beds.

For example, we have actively been engaged in looking at how the three hospital Trusts in Bedford, Luton and Milton Keynes can work more closely together and this will be further developed during the course of 2017/18. I fully expect the hospital to continue to be busy providing most acute services to its local population, but I do appreciate that these discussions can be unsettling for staff and our local community alike. It is understandably very important to everyone and we have a responsibility to get it right and to remove as much uncertainty as soon as possible.

On page 9 you will be able to read about some of our notable highlights of the year; however, one highlight I wanted to mention specifically is the redevelopment of our Macmillan Primrose Unit, which was officially unveiled in October 2016.

This project was made possible thanks to the Bedford Hospitals Charity through their 'Challenge Cancer Appeal' that began in 2014 under the enthusiastic chairmanship of the late Mrs Jayne Beard.

The £750,000 raised funded both additional facilities within an expanded Chemotherapy Treatment Suite in the Macmillan Primrose Unit, and advanced diagnostic equipment in a new Hysteroscopy Suite. I am most grateful to members of our local community who have been involved in supporting us

through organising and participating in fundraising efforts throughout the year. It is wonderful to be able to work hand-in-hand with our local charitable organisations to make a difference to our patients.

I am pleased to announce that preparations are currently underway for another major capital project, with a second permanent MRI scanner - this is also being funded by the charity. I look forward to reporting on this, and the development of the Cauldwell Centre (that will act as a hub for improving access to primary care) as well as other capital projects in 2017/18.

I would like to end by paying tribute to our staff and volunteers. Our progress to date has only been possible thanks to their ongoing hard work and fantastic commitment to improving the quality of our patients' care. Effective team work is always at the heart of high quality service provision and the Board will invest in a leadership and organisational development programme in 2017/18 to ensure our clinical teams are able to deliver the best care possible.

Next year will be sure to bring more challenges and I know that with the continued backing of our exceptional team at Bedford Hospital we are well placed to face these.



Stephen Conroy
Chief Executive
Bedford Hospital



The Trust

Bedford Hospital NHS Trust was established more than 200 years ago to provide hospital services to local residents. It became an NHS Trust on 1 November 1991.

It is a district general hospital providing consultant led 24-hour accident and emergency services, acute medicine, maternity, paediatrics and a range of surgical specialties.

The majority of the Trust's services are provided from its premises at the South Wing site, Kempston Road, Bedford. A small number of clinical services are delivered from Gilbert Hitchcock House (North Wing), Kimbolton Road, Bedford.

The Trust continues to examine ways of reducing the use it makes of Gilbert Hitchcock House for delivering clinical services and to optimise its estate on South Wing.

The hospital is situated in the county town of Bedford and serves a population of more than 270,000 people, predominantly from north and mid Bedfordshire. The hospital's lead commissioner is Bedfordshire Clinical Commissioning Group.

The hospital has approximately 400 inpatient beds of which 34 are maternity and 10 are critical care, plus 28 day-case beds within the hospital. The hospital provides a full range of district general hospital services.



The Trust's services

Service	Description	In the year 2016/17
Urgent and emergency care	Consultant-led A&E department and most emergency surgery provided on-site 24/7.	73,082 patients attended the A&E department, of which 19,216 arrived by ambulance and 22,139 were admitted. The Trust did not meet the 95% target for patients to be seen within four hours and declared a performance of 91.45%.
Inpatients and intensive care	Bedford Hospital has a total of 397 General and Acute beds (including escalation beds), used by patients needing to stay in hospital overnight for emergency care or for elective surgery. The hospital has an intensive care unit on site for seriously ill patients, providing specialist one-to-one medical supervision round the clock.	Bedford Hospital treated 54,616 inpatients and undertook 27,872 elective procedures.
Diagnostics and outpatients	Diagnostics and outpatient care are available at Bedford Hospital.	Bedford Hospital delivered 310,352 outpatient attendances, with a further 196,389 diagnostic radiology tests carried out.
Maternity (obstetrics)	Bedford Hospital has a 24/7 consultant-led obstetrics unit with 44 maternity beds. For sick and premature babies, there's a special care baby unit on site staffed by paediatric nurses. For low risk deliveries, expectant mums can opt to have their baby in a midwife-led community birthing facility, such as the Acorn Unit at Bedford Hospital.	2,861 mothers gave birth in Bedford Hospital.
Children's services (paediatrics)	Bedford Hospital has a paediatric assessment unit with overnight beds, where children can be assessed and cared for by specialist paediatric consultants, doctors and nurses.	There were 13,500 attendances to the paediatric unit. This includes 3,500 attendances to the children's assessment unit (Riverbank) for urgent or emergency care.
Planned care	Patients can go to Bedford Hospital for planned surgery or can choose to go to another hospital. Some specialist care is not currently provided at Bedford Hospital. This includes radiotherapy and very specialised procedures such as brain and cardiothoracic surgery (heart and lungs).	The hospital saw 27,872 elective patients and undertook a further 90,000 procedures and interventions in outpatients. Only 0.78% operations were cancelled on the day, hitting the national target.
Support Services	The Trust is supported by a range of non-clinical services, including catering, domestic services, maintenance and portering.	Around 2,000 meals are freshly prepared and cooked on-site each day for patients, visitors and staff. The Trust scored above the national average across all areas in the 2016 Patient-Led Assessment of the Care Environment (PLACE), covering cleanliness, food, privacy, dignity and wellbeing, condition, appearance and maintenance, dementia and disability.

Table 1: The Trust's services

The year in brief

Below is a selection of news, highlights and achievements from the Trust during 2016/17.

April 2016

Bedford Hospital prepared for industrial action by junior doctors

Bedford Hospital worked closely with GP surgeries, local hospitals and other health and care services to ensure that patients received safe and appropriate treatment during the industrial action by junior doctors.

Ahead of the planned action, Chief Operating Officer Karen Ward said: “We would like to reassure the public that we have robust plans in place at the hospital and will continue to work hard to minimize any impact on our patients.”

The hospital worked to run as many outpatient appointments and planned operations and procedures as possible during the action.

May

Bedford Hospital celebrates International Nurses Day

Bedford Hospital marked International Nurses Day on the 12 May by sharing the experience of one of its Spanish nurses.

The hospital employed more than 100 additional international nurses (mostly from Spain and India) during 2015/16, as part of a major overseas recruitment drive to reduce our vacancy rate (caused by a national shortage of UK-trained nurses) and diminish the need for expensive agency staff.

Tracey Brigstock, acting director of nursing, said: “The nurses employed from India and Spain have been a major boost to the hospital’s workforce. They have settled well into their working lives in Bedford and are an invaluable addition to our highly valued team of nurses.”

Marta Jara Royo, staff nurse travelled from her home country of Spain and has been working on Godber Ward since April 2015. Speaking about her experience, she said: “Before I left for the UK last year, I was very anxious about it, but I need not have been.

“Bedford is a great town to live in, and I have been fully guided through my induction into both the hospital, and living in England. This opportunity has developed me both personally and professionally.



Pictured: Staff Nurse Marta Jara Royo

“The atmosphere in the hospital is like family so I’m always supported both in and out of work.”

June

Bedford Hospital welcomes visit from Lord-Lieutenant

The Lord-Lieutenant of Bedfordshire, Mrs Helen Nellis, visited the hospital to see the facilities, meet staff and patients and to learn more about the future plans.

HM Lord-Lieutenant is The Queen's representative in Bedfordshire and plays an important role in relation to local, civic, business, industrial, social and community life.

Accompanied by Chief Executive Stephen Conroy, Mrs Nellis visited a number of areas and departments, including the Primrose Unit, Endoscopy, Harpur Ward, the Riverbank Ward and Maternity, where she spoke with staff and patients.



Pictured left to right: Carol Warden, ward manager on Meadowbank Neo-Natal Unit, Helen Nellis and Stephen Conroy

Speaking about her visit, Mrs Nellis said: "It is always a pleasure to visit Bedford Hospital which is such a vital organisation and so cherished by its local community.

"I was very impressed by the continuing developments in the services at the hospital and was delighted to meet the dedicated, skilled and compassionate staff who work so hard on our behalf."

July

New maternity ultrasound for expectant mums at Bedford Hospital

The Trust's maternity unit celebrated the provision of a new ultrasound scanner in July.

The piece of equipment uses new technology to produce more accurate images and allows the unit to create additional capacity for local, expectant mums to attend for scans of their unborn babies.

The modern scanner was bought with a £35,000 contribution from the Friends of Bedford Hospital charity using kind donations from supportive members of the public.

Oonagh Purdy, clinical midwifery manager commented: "We are extremely grateful to all who donated to the charity to buy this scanner.

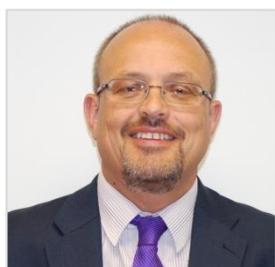
"The new equipment offers a clearer image of the baby and a deeper scan radius. It aids the identification of issues within unborn babies and helps maternity staff to ensure both mum and the unborn baby receive the best quality of care."
Felicity Scott, chair of the Friends of Bedford Hospital charity said: "The charity works all year long to raise money for medical equipment to

improve daily life for patients and carers and we are deeply grateful for all donations, we could not have done this without you.”



Pictured: Christian Kasmeridis, radiology clinical service manager and Felicity Scott, of the Friends of Bedford Hospital

August



Pictured: Mr Paul Tisi

New medical director appointed

Mr Paul Tisi started in his new role as Medical Director for the Trust in August.

The medical director is the most senior medical position in the Trust, providing senior clinical leadership to the Trust and its Board of Directors. The medical director is also a crucial link between clinicians and the Board to drive forward service improvements in the quality of patient safety and care.

Prior to this role, Mr. Tisi, who is a vascular surgeon, was divisional medical director for Planned Care.

Video published to inform Bedford patients before their scan

Bedford Hospital teamed up with the Oxford Biomedical Imaging Network to produce an informative video for patients to find out more about their upcoming computerised tomography (CT) scan.

Thousands of local patients visit Bedford Hospital each year to have CT scans, which use x-rays and a computer to create detailed images of the inside of the body to diagnose and monitor medical conditions.

CT scans are quick and painless, but often patients worry about what they need to do for their appointment, and what to expect once they arrive.

Christian Kasmeridis, radiology clinical service manager commented “This video is a clear, accessible resource to help our patients to understand the process for having a CT scan and help to reduce their anxieties. As the process is much the same wherever you go, the video will also help many patients having scans at other hospitals.”

Wards receive recognition for support of older people

Bedford Hospital’s Harpur and Elizabeth wards both received an award of the Elder Friendly Quality Mark in recognition of the support the ward staff give to older people - putting them in a group of only 32 wards across the country to have achieved this recognition.

Patients over the age of 65 were asked for their feedback about care, including their experiences of comfort, food and drink, support from staff, getting help when needed, and privacy and dignity. Patients were also asked if they would be happy if a friend or family member was cared for on the ward.

To achieve the Quality Mark, the wards took part in a two-stage assessment to assess the quality of care and demonstrate continued focus on improving care for older people. Information was also collected from patients, carers and visitors, ward staff, and senior managers.

Nina Fraser, director of nursing, commented: "All of the staff on these wards work around the clock to ensure our elderly patients have a pleasant experience with us. This is a mark of recognition for the fantastic care our staff provide."



Pictured: Director of Nursing, Nina Fraser, and staff on the fourth floor celebrating the Quality Mark award

Professor Mike Crawford, director of the Royal College of Psychiatrists Centre for Quality Improvement, the Royal College of Psychiatrists, said: "It is great to see wards achieving the Quality Mark by improving the care they provide based on feedback from older patients."

September

A trip to the safari park for young cancer patients

Bedford Hospital's young cancer patients - past and present - and their families were treated to a day out at the safari park.

The trip was organised using kind donations fundraised by staff at Bedford Hospital, patient families and the public, and was an opportunity for the children and their families to get to know one another and have a fun day out.

Mark Sawrey, paediatric oncology nurse, who accompanied the children, said: "It's a fantastic treat for our patients and their families and it's nice for them to be able to meet others in a similar position."



Pictured: The children and their families at Bedford Hospital prior to their trip

Bedford Hospital's Pharmacy Department is prescribed a makeover

Almost £1 million was invested in modernising the hospital's Pharmacy department last year.

In recent years the department has become significantly busier as the Trust has provided care for ever-increasing patient numbers. The department has dispensed medicines worth more than £10 million in the last eight months and processed nearly 30,000 'TTO' (To Take Out) items.

From the planning stage, the emphasis was put on improving timely provision of medicines.

Developments included:

- A prescription tracking system which provides real-time information on every prescription in the Dispensary which can be accessed by clinical staff across the hospital.
- The Pharmacy underwent a complete reconfiguration and refurbishment allowing all available space to be utilised much more effectively resulting in a bright and airy environment for staff.
- A new pharmacy computer system was introduced incorporating dispensing programmes and a stock management system which have enabled a reduction in stock holding improving efficiency.
- In the centre of the Dispensary stands a new state-of-the-art Omnicell™ dispensing robot. This piece of technology is the first of its type in the UK.

- There is a new refrigeration room with temperature mapping and a state-of-the-art monitoring system to ensure that all medicines requiring cold storage are maintained at a suitable temperature.
- There is also now an automated system for Controlled Drugs which uses finger print recognition for access to improve security and safety in the provision and storage of these medicines.

The improvements to both the workspace and technology systems have facilitated better workflows and overall capacity management and



Pictured: new state-of-the-art dispensing robot

the investment has already had a positive impact on turnaround times for discharge prescriptions with the average time for discharge TTOs falling from 2.5 hours to just 90 minutes and this is expected to continue to fall to around 60 minutes during 2017/18.

Chief Pharmacist, Kandarp Thakkar, commented: "We have built a showcase department which is the envy of other hospitals and our new processes will help us to optimise provision of discharge medication, and grow services to support patients across the Trust."

October

Bedford Hospital's redeveloped Macmillan Primrose Unit officially opened

The redeveloped Macmillan Primrose Unit was officially opened in October by HM Lord-Lieutenant of Bedfordshire, Helen Nellis.

The ceremony was attended by staff from the unit, members of the Hospital's Trust Board and Bedford Hospitals Charity, as well as representatives from the late Jayne Beard's family.

The redevelopment project spanned 17 weeks and was made possible thanks to Bedford Hospitals Charity through their 'Challenge Cancer Appeal' that began in 2014.

The £750k raised funded both the provision of additional facilities within an expanded Chemotherapy Treatment Suite in the Macmillan Primrose Unit, and advanced diagnostic equipment in a new Hysteroscopy Suite in the hospital.

This new equipment is used for the rapid identification and diagnosis of gynaecological cancers, often removing the previous need for an invasive procedure.

The Primrose Unit provides a full complement of high quality, clinical and support services and is a cancer treatment unit for a wide range of cancers. The expansion, along with the new installations, mark the first major changes since the unit opened back in 2003.



Pictured: the expanded Chemotherapy Suite

HM Lord-Lieutenant of Bedfordshire, Helen Nesllis, said: "The new state of the art surroundings and equipment will no doubt enhance patient care and increase patient benefits at a time that can be very worrying and stressful for them."



Pictured: Helen Nellis and Gordon Beeden

Gordon Beeden, acting chair of Bedford Hospitals Charity commented: "I would like to thank all those who generously donated to this worthy cause through our Challenge Cancer appeal, without your donations this redevelopment would not have been possible."

Gordon Johns, chairman of Bedford Hospital, said: "We are incredibly grateful to Bedford Hospitals Charity and all supporters for making new and improved cancer facilities a reality. This redevelopment means our staff are able to see and treat more patients in improved modern settings."

December

Bedford Hospital announced as lead partner to deliver training for new Nursing Associate role

Bedford Hospital was announced as one of the lead partners to deliver the Health Education England (HEE) second wave of training for the new nursing associate role.

Some 24 sites across the country were selected to deliver the training over two years joining 11 sites announced in October.

Nursing Associates will be highly trained and work alongside Clinical Support Workers (CSW) under the supervision of a registered Nurse to deliver hands-on patient care.



Pictured: New recruits enrolling onto the nursing associate training programme

The role is designed to bridge the gap between health and care support workers and graduate-registered nurses and has been developed to enable nurses to focus on the more advanced elements of their jobs and to offer improved career pathway opportunities to emerging talent.

More than 40 Nursing Associate trainees have been enrolled on to the programme for 2017/18, where they will gain valuable practical experience through placements in both acute and community settings.

Clare Alden-Salter, a CSW, said: "This training programme is a dream come true for me. I'm really looking forward to learning and maintaining my passion in delivering high quality care to patients at their bedside."

Tony Fontenelle, learning disability liaison support worker, also said: "After 17 years of working for the NHS in a variety of roles it feels fantastic to finally be pursuing my dream of become a nurse. I never thought that this opportunity would arise and I cannot wait to start learning and developing new skills to enhance the care I provide to my patients."

Bedford Hospital celebrates staff dedication at a special awards ceremony

Staff at Bedford Hospital were recognised at a ceremony for collectively dedicating over 1,300 years of continuous service at the Trust.

The Long Service Awards were presented by Chief Executive Stephen Conroy and Chairman Gordon Johns, who shone the spotlight on staff who have reached a key milestone of 25 years of service at the hospital.



More than 50 members of staff and their guests were invited to the ceremony where they were presented with a certificate, commemorative 25 year badge and a gift.



Gordon Johns said: “It’s a very proud moment to be able to recognise the long-standing support and dedication of so many of our staff, who have worked tirelessly in delivering excellent patient care. “



Pictured: long service award recipients

‘Red 2 Green’ launches at Bedford Hospital

A new initiative to reduce the amount of time patients spend, sometimes unnecessarily, in hospital by speeding up blockages (such as test results and care plans for them) began to be implemented across the hospital.

Red2Green is a visual management system to assist in the identification of wasted time in a patient’s journey and is used to reduce delays as part of the SAFER patient flow bundle – a national best practice bundle that puts five clear steps in that are proven to reduce blockages in the system and reduce mortality.

A Green Day is a day when the patient has received an intervention in accordance with their care plan to support their journey through to discharge.

A Red Day is when the patient does not receive an intervention which was requested or planned.

Red and green days for all patients are then monitored on a daily basis with any red day patients identified and reviewed by clinical staff to determine any action to support their ongoing recovery.

March 2017

New Ambulatory Emergency Care Unit at Bedford Hospital wins award

The hospital’s new Ambulatory Emergency Care Unit (AECU), which launched in September, was awarded the certificate for best Trust in the category of 'Continuous Improvement' by the National NHS Ambulatory Care Network in March.

AECUs are designed to reduce hospital admissions and take some pressure off busy Accident and Emergency (A&E) departments, as patients are assessed, investigated and treated on the same day. They are then discharged home with a plan for the next steps of their treatment, either in hospital as an outpatient or in the community.

Previously, some patients who attended A&E or were referred to Bedford Hospital by their GPs were admitted to wards overnight to await tests scheduled

for the following day, but with the launch of the AECU, many patients are able to stay at home and instead come in the following day.

The AECU is staffed with a dedicated medical, nursing and administration team, who review on average 20 per cent of the daily emergency A&E likely admissions, and with input from specialist teams, such as pharmacy, haematology and radiology, aim to discharge all patients following appropriate treatment.

Bedford Hospital Chief Operating Officer, Karen Ward, said: "The launch of the AEC Unit gives patients more suitable and rapid care as well as relieving pressure on our already stretched A&E department, allowing them to focus on seriously ill patients in need of admission to hospital."

New equipment for A&E

After a successful fundraising campaign, the Friends of Bedford Hospital Charity purchased two new state-of-the-art ventilators for the Accident and Emergency department in March.



Pictured left to right: Dr Mateen Peshimam, fundraiser Janet Welsh, Dr Stuart Lloyd and Felicity Scott

The addition of such ventilators promises to be hugely beneficial to patients, particularly amongst the elderly and those short of breath. Having such easy access to them in the A&E department will also relieve pressure on staff and increase the efficiency on how patients are treated in the unit.

Felicity Scott, chair of the Friends of Bedford Hospital said: "The charity feels privileged to have worked towards such a worthwhile goal."

Dr Stuart Lloyd, A&E Consultant at Bedford Hospital said, "We would like to thank the Friends of Bedford Hospital and all those who donated, for making it possible for us to buy these vital pieces of equipment which are now in use and making a great difference to the patients we treat."

Shirley Jones joins as head of midwifery

Shirley Jones joined Bedford Hospital as the new head of midwifery in March.



Shirley, who joined from West Suffolk NHS Foundation Trust, has held a range of positions within nursing and women and children's services spanning almost forty years.

The majority of her clinical experience and management experience has been within community and hospital settings.

Risk and challenge

Financial situation

The Trust started the year with a planned deficit of £10.2m and a financial recovery plan to hit this target. The Trust ended the year with a deficit of £8.3m, before a technical adjustment and after the application of additional Sustainability and Transformation Funding (STF), which was £1.9m better than the original control target.

The Trust has put a clearly defined recovery plan in place, and has committed to delivering the agreed control total for the next two years, however despite this recovery plan the Trust will continue to generate deficits for at least the next three year period unless transformational change is implemented across the local health economy. The Trust is forecasting a £8.8m deficit for 2017/18 which will continue a trend towards financial sustainability.

Operational performance

The Trust has, throughout 2016/17, continued to experience significant demand on its services and admitted high numbers of emergency cases. These pressures have been increased by the lack of sufficient community based services, including beds, resulting in delayed discharges and the maintenance of escalation beds year round.

The pressures arising from emergency demand and an increase in delayed discharges have led to the Trust not being able to deliver the A&E 95 per cent target throughout the year. The impact of these

extenuating circumstances was recognised by NHS Improvement, in terms of the Trust successfully arguing for continued receipt of Sustainability and Transformation Funding in respect of the A&E standard.

NHS Improvement has recognised the Trust's good performance with it consistently in the upper quartile for the emergency access target. By March 2017, the Trust had started to meet the 95% again.

Performance summary

Despite the aforementioned pressures, the Trust continued to maintain solid performance across quality and waiting time targets. Some key indicators are detailed below. (A full breakdown of service activity and performance can be found in Part 2).

- The Trust met national access targets for referral to treatment waiting times;
- It achieved two-week and one-month cancer waiting times; however it did not achieve the 62-day target (due to a number of reasons including patient choice).
- The Trust met its target for Clostridium difficile infections, reporting eight cases in the year.
- The Trust did not meet its zero target for MRSA due to a single case in 2016;
- There were no category 4 pressure ulcers and a reduction in category 3, whilst the number of category 2 pressure ulcers reported increased slightly;
- The number of Serious Incidents and formal complaints both decreased.

Part 2: Performance report

Operational performance

The number of A&E attendances and admissions were the highest on record.

Activity

Activity information	2016/17	2015/16	2014/15
A&E attendances	73,079 ↑	69,837	67,139
Emergency admissions via A&E	21,989 ↑	19,307	17,824
All non-elective spells	26,743 ↑	21,829	21,123
Elective spells (not day cases)	3,029 ↓	3,517	3,776
Elective day cases	24,843 ↑	23,230	22,998
Total spells	54,616 ↑	48,586	47,791
Referrals			
Written referrals from GP for first outpatient (OP) appointment	49,411 ↑	45,449	45,211
Other referrals for first OP appointment	30,789 ↑	24,193	19,628
Total referrals for first OP appointment	80,200 ↑	69,642	64,839
Outpatient activity			
Consultant led first OP attendances	67,244 ↑	61,405	60,117
Other first OP attendances	20,032 ↑	18,864	21,089
Total first OP attendances	87,276 ↑	80,269	81,206
Consultant-led follow-up OP attendances (including with procedures)	114,277 ↑	104,786	97,495
Other follow-up OP attendances	108,979 ↑	105,200	115,816
Total follow-up OP attendances	223,256 ↑	209,986	213,311
Births (number of babies delivered by hospital midwives/ doctors)	2,861 ↓	3,016	2,924

Table 2: Trust activity 2016/17

Operational performance

Service activity	National standard	2016/17 (%)	2015/16 (%)	2014/15 (%)
A&E waits (less than four hours)	95%	91.45%	95.07%	95.10%
Two week referrals for suspected cancer	93%	94.53%	92.54%	90.21%
Cancer patients receiving treatment within one month of decision to treat (31 day)	96%	98.17%	99.13%	100%
Cancer patients receiving treatment within two months of urgent GP referral (62 Day)	85%	83.36%	88.07%	89.27%
18 Weeks incomplete pathways	92%	93.40%	95.78%	95.34%
Diagnostic waits (within six weeks)	99%	99.58%	99.57%	99.65%

Table 3: Trust service activity 2016/17

Quality performance

Service quality	Standard	2016/17	2015/16	2014/15
Planned operations cancelled (on the day)	<0.8%	0.78% (223)	0.58% (157)	0.56%
Patients rescheduled within 28 days	>95%	98.21% (4)	96.18% (6)	96.45%
Delayed transfers of care (average per week)	<3.5%	4.28%	2.63%	1.99
MRSA bloodstream infections	0	1	1	1
Clostridium difficile infections	10	8	23	14

Table 4: Trust quality performance 2016/17

Financial performance

The Trust started the year with a planned deficit of £10.2m and ended the year with a deficit of £9.8m (before a technical adjustment)

Performing better than the control total allowed the Trust to access a share of Sustainability and Transformation Incentive and Bonus Funding of £1.5m. This resulted in an outturn deficit of £8.3m, which was £1.9m better than the original control target.

Two technical adjustments were applied to the headline deficit of £8.3m. The net value of the technical adjustments was £4.9m, £5.4m of which was as a result of asset impairment and £(0.5)m related to an adjustment for donated assets and the relevant depreciation for the year.

There are a number of factors driving the financial performance in 2016/17, including:

- Increased non-elective activity that resulted in reduced income as elective activity was displaced
- Increased non-elective activity resulted in additional costs as additional beds were opened and staffed safely at premium costs.
- Income loss through the application of business rules, penalties and the marginal rate adjustment
- Pay pressure due to national shortages in medical and nursing posts and increases in establishment to deliver safe staffing standards. However, good control has been maintained in terms of nursing agency spend, with the Trust marginally exceeding the agency cap imposed by

NHS Improvement of £7.1m. The expenditure for the year was £7.5m. (Agency spend in 2015/16 was £10.4m)

The income and expenditure outturn for the Trust is summarised in table 5.

	2016/17 (£000s)	2015/16 (£000s)	2014/15 (£000s)
Income	192,502	174,407	164,307
Pay costs	118,350	114,504	109,388
All other costs	87,423	77,926	75,154
Net surplus/ (deficit)	-13,271	-18,023	-20,235
Technical adjustment (see above for explanation)	4,971	83	481
Adjusted net surplus/ (deficit)	-8,300	-17,940	-19,754

Table 5: Trust income and expenditure

The Trust invested £4.9m in 2016/17 in estates developments, service developments, IM&T and medical equipment. Key projects include:

- Pharmacy robot and IT system replacement: £0.5m
- Radiology and A&E processors: £0.2m
- A&E and Endoscopy monitoring systems: £0.2m
- E prescribing system for Chemotherapy: £0.1m
- IM&T equipment and systems: £1.4m

This was in addition to funding provided by the Bedford Hospitals Charity, which included support for redevelopment of the Primrose unit: £0.6m.

Work has commenced on the upgrade of the Weller Wing building, now that the mental health Trust has vacated the premises. The building has been re-named the Caudwell Centre. Redevelopment of this building will allow this asset to be used in a beneficial manner to the Trust. The investment will improve the Trust's effectiveness and ability to support integration of acute, community and social care services.

The largest proportion (32%) of Bedford Hospital's revenue from patient care activities comes from treating patients in the accident and emergency department (5%) and admitting patients in an emergency (27%).

The net assets held by the Trust are summarised in table 6.

	2016/17 (£000s)	2015/16 (£000s)	2014/15 (£000s)
Net assets	50,279	82,965	95,798
Financed by:			
Public dividend capital	105,200	104,859	104,745
Retained earnings	-71,166	-58,430	-41,851
Revaluation reserve	16,245	36,536	33,158

Table 6: Net assets held by the Trust

The cash position was supported by the Revolving Working Capital Facility (RWCF) up to £21.8m loans from the Department of Health in-year.

The Trust continued to prioritise quality and safety in 2016/17. This meant considerable pressure on the Trust's financial position, resulting in a worsening of its overall cumulative deficit to £44.5m (note 35.1 of the annual accounts) and resulting in the Trust not achieving its statutory breakeven target.

Bedford Hospital Revenue from Patient Care Activities

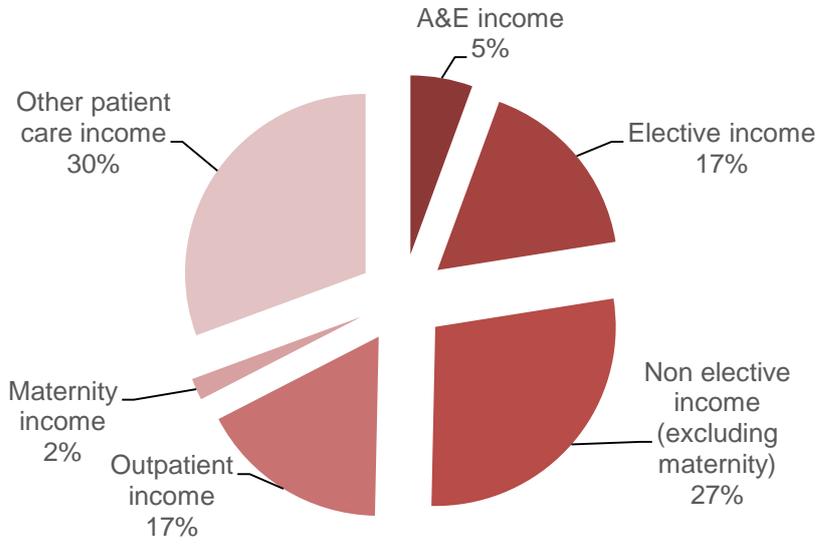


Figure 1: Revenue from patient care activities 2016/17

Bedford Hospital Staff Costs

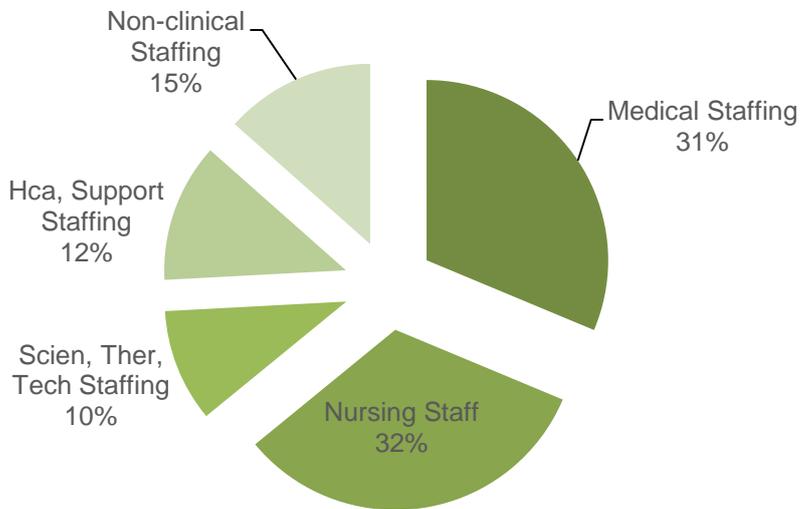


Figure 2: Staff costs 2016/17

75 percent of Bedford Hospital's staff costs in 2016/17 (76 percent in 2015/16) came from the deployment of doctors (31%), nurses (32%) and healthcare support staff (12%).

Financial sustainability

As required by the Government Financial Reporting Manual (FREM), the Trust Board has considered the appropriateness of preparing accounts on a going concern basis.

The Trust's retained adjusted deficit for the year ending 31 March 2017 is £8.3m. In year, the Trust originally expected to receive £5.8m Sustainability and Transformation Funding (STF). As a result of performing better than plan, the Trust was able to access further STF, receiving £7.2m in total. The Trust accessed £21.7m working capital support from NHS Improvement in 2016/17.

There is no prospect within the next twelve months, or the foreseeable future that health services will cease to be provided from the Bedford Hospital site. In keeping with a number of other NHS Trusts currently forecasting a deficit for the year ending 31 March 2018, the Trust is assured of access via NHS Improvement (formerly NHS Trust Development Authority) to financial resources to support the forecast deficit out turn.

NHS Improvement has approved an operational plan for 2017/18 and 2018/19. This is to deliver an £8.8m deficit in 2017/18 and a £6.8m deficit in 2018/19. This plan is based on having signed two-year contracts with its NHS commissioners and the following assumptions:

- Ongoing cash support from the Department of Health – operational plan includes receipt of

£8.8m and £6.8m revenue support loans from the Department of Health in the respective years to finance the revenue deficit;

- Receipt of STF of £5.2m in each year;
- Planned savings programmes of £7.8m in each year.

The cumulative deficit to the end of 2016/17 is £44.5m. The projected in year adjusted retained deficit for 2017/18 is £8.8m and for 2018/19 is £6.8m, leading to a projected cumulative deficit at 31 March 2018 of £53.3m and £60.1m by 31 March 2019.

The Trust is projecting that in-year break-even will be achieved in the year ending 31 March 2021. This is based on STP-wide financial planning assumptions. Given the anticipated return to break-even as part of the STP, the ongoing cash support from Department of Health and NHS Improvement in the form of loans, the receipt of STF and based on the Trust's record in delivering its savings programme over the last few years, the Trust Board has concluded that the preparation of accounts on a going concern basis is appropriate and in compliance with the FREM.

Financial strategy

The financial strategy for 2017/18 and beyond is to seek a return to ongoing financial viability, aligned to the development of new models of care and future organisational forms.

Despite this recovery plan, the Trust will continue to generate deficits for at least the next three years unless transformational change is implemented across the local health economy. The Trust is forecasting a £8.8m deficit for 2017/18, which will continue a trend towards financial sustainability.

A key step in delivering financial viability was to achieve the original control total of £10.2m deficit mandated by NHS Improvement and agreed by the Board. The next key step is to ensure that the momentum that the Trust has created in achieving better than this target continues, and developing a savings plan, including a focus on delivering the £8.8m deficit forecast in 2017/18. The context for this delivery will be the implementation of the new models of care that are under development and consideration at present, and working in partnership across the Sustainability and Transformation Plan footprint to deliver additional savings and accelerate a sustainable financial position. The new healthcare delivery models would allow a radical re-working of the Trust's cost base, which will ensure the on-going financial viability of the Trust.

The elements of the Trust's financial strategy are:

- Achieve long-term financial viability by delivering annual financial plans over the next five years;
- Achieve the required levels of efficiency savings by closely managing costs and collaborating with commissioners and other local stakeholders to deliver strategic change;
- Capital investment on the hospital site in order to 'right size' the estate, make it fit for purpose and

deliver the healthcare provision required by the people of Bedford.

The key elements of the 2017/18 financial plan are:

- Year-end I&E forecast deficit of £8.8m;
- Efficiencies planned to be achieved of £7.8m (4 percent of turnover);
- Year-end cash balance of £1.2m requiring £9.0m of revenue support;
- Capital expenditure plans worth £5.0m.

Efficiency plans

The Trust has made good progress in developing efficiency plans and expects these to be worth £7.8m in 2017/18.

The Trust's Delivery Support Unit continues to assist clinical business units and non-clinical departments in the planning and implementation of new efficiency interventions. The areas targeted for increased efficiency include, for example:

- Re-organisation of the Trust's bed-base to minimise the use of escalation beds;
- Improved theatre productivity, supported by the new theatre scheduling systems'
- Standardisation of procurement and clinical supplies use;
- Reducing the Trust's reliance on agency staff resulting in savings against agency premiums.

Care Quality Commission (CQC) inspection

Following inspection by the CQC in December 2015 (and outcome report published in April 2016), the Trust developed a robust Quality Improvement Monitoring (QIM) Plan to deliver the recommendations arising from the inspection and to further advance the Quality Improvement Strategy.

The action plan underpinned the four Requirement Notices from the CQC and the Trust delivered on these actions by December 2016.

Actions taken to deliver on the inspection outcomes provided an opportunity to reflect and develop systems and processes to enhance quality of care; these included:

- Privacy and dignity (enter and view) inspection by Healthwatch Bedford;
- A new privacy area (pod) for streaming in the A&E department;
- An increased in the number of staff trained in safeguarding;
- The implementation of a chaperone policy
- The introduction of a Trust-wide learning newsletter supported by divisional and speciality bulletins;
- Leaflets translated into common languages of Bedford residents;
- A new Do Not Attempt CPR / Treatment Escalation Plan form implemented and audited;

- A Maternity external review progress leading to the development of a Transformation Board and a dashboard to provide oversight on key standards for patient safety and experience.

The QIM Plan is monitored each month by a CQC Steering Group and during 2017/18 ongoing work to fully embed the changes will be completed through the Trust's Quality Improvement Strategy.

Assurance

Regular mock inspections across all departments and divisions have been implemented since November 2016 to monitor improvements and compliance.

Sustainable development

The Trust is committed to embedding sustainable practices and has a Board-approved Sustainable Development Management and Action Plan, which includes a series of key targets and performance indicators relating to energy, waste, water, travel and procurement.

Overall energy consumption has remained fairly stable from 2015/16 to 2016/17; however carbon emissions have seen a further reduction in 2016/17 from 7,440 to 7,128 tonnes CO₂e. This is largely due to a reduction in the emissions factors for gas

and electricity rather than a change in the quantity or mix of fuels consumed. Water consumption and cost have reduced in 2016/17 compared to 2015/16. This is largely due to close monitoring of consumption profiles that have allowed the Trust to more quickly resolve mechanical breakdown issues that impacted consumption in 2015/16.

In relation to carbon emissions due to energy consumption, The Trust has met the initial carbon reduction target of 10 per cent by 2015 against a 2007 baseline, achieving a 25 per cent reduction to date and is working towards achieving the target of a 34 per cent reduction by 2020.

Energy consumption: 2015/16 to 2016/17

Utilities		2013/14	2014/15	2015/16	2016/17 (estimated)
Gas	kWh	18,514,916	19,220,208	19,133,132	19,391,725
	tCO ₂ e	3,928	3,547	3,522	3,561
Electricity	kWh	8,424,348	8,319,101	7,797,800	7,739,172
	tCO ₂ e	4,797	4,435	3,871	3,456
Oil	kWh	181,026	143,862	147,971	349,668
	tCO ₂ e	58	46	47	111
Total Energy Cost		£1,525,292	£1,545,619	£1,477,764	£1,320,426
Water	m ³	82,129	86,470	93,824	84,461
	Cost	£180,305	£171,559	£182,260	£176,307
Waste		2013/14	2014/15	2015/16	2016/17 (estimated)
Recycling		311	259	234	224
WEEE		5	4	5.6	2.3
High Temp Disposal		0	0	52	0
High Temp Recovery		422	443	420	522
Landfill		351	301	322	327

Table 7: Energy consumption

Carbon reduction targets

Carbon reduction targets	2007/08	2016/17
Carbon emissions from energy consumption / tonnes CO _{2e}	9,504	7,128
% reduction / increase	-	-25.0%

Table 8: Carbon reduction targets

Note: *WEEE: Waste Electrical and Electronic Equipment

In terms of energy costs, commodity costs have remained relatively stable; however there have been significant increases in non-commodity costs (transmission and distribution charges levied by the network operators) and this trend is likely to continue into 2017/18 alongside modest increases in commodity costs. The Trust has been successful in mitigating the effect of these price rises by participating in a number of 'demand response' initiatives that allow it to operate its own electricity generating plant during high demand periods, reducing consumption from the grid and receiving payments from the network operator for participation in the scheme. The Trust's electricity generating plant runs on oil. Participation in the schemes has resulted in increased oil consumption, however the cost of this is more than offset by the income generated.

- Installation of energy efficient LED lamps, pumps, inverters and lighting controls;
- Building management system to control heating, cooling and ventilation systems.

Whilst there have been no new major investments in energy efficiency in 2016/17, the Trust continues to benefit from previous years investments including:

- A new combined heat and power unit that became operational in April 2015, which generates electricity and heat for use on site;

Staff survey results

The Trust remains above average when compared to other acute organisations. However, the staff survey in 2016 saw a less positive staff experience reported in a number of areas compared to last year's results.

The Trust has triangulated the results with other available data and communicated the results to staff and teams and discussed what actions can be taken to improve those areas where staff experience was less positive.

The Trust is implementing a programme of work in 2017/18 on culture and leadership which will use the staff survey data as an important source of feedback and indicator of where leadership development initiatives should be focused.

In summary, the key findings were:

- In 21 of the 32 key finding areas, the Trust was either average, above average or in the top 20 per cent of Trusts;
- In terms of overall staff engagement, the Trust's score of 3.82 was average when compared with Trusts of a similar type. It compared with the score in 2015 (which was in the top 20 per cent of scores for an acute Trust) and 3.83 in 2014. The national score in 2016 was 3.81;
- The quality of appraisals is better than average, but the percentage of appraisals completed is only 77 per cent compared to a national average of 87 per cent;

- Staff recommendation of the organisation as a place to work or receive treatment scored 3.81 out of 5 compared to a national average of 3.76.

Complaints and compliments

The Trust has a statutory obligation for the handling and consideration of complaints to ensure that they are dealt with efficiently, properly investigated and that action is taken if necessary.

Supporting the formal elements of complaints, the Trust has a Patient Advice and Liaison Service (PALS) which works with patients, relatives and carers to try and resolve their concerns informally and at local level.

A formal complaint involves a thorough investigation and the chief executive responds directly to the complainant. When investigating a complaint, we are guided by national requirements and we have a local target of 45 working days in which to complete an investigation and respond to the complainant. For the majority of the year complaints have been responded to within 35-40 working days, this was driven by feedback from complainants who felt they had to wait too long for a response.

The Trust offers complainants the opportunity to access an independent advocacy service free of charge should they wish support through the complaints process.

The Trust endeavours to always provide a timely and satisfactory response to every complaint it receives. However, there are occasions when a complainant may not be satisfied with the initial response provided by the Trust. If the Trust's further

efforts to resolve the issues (which may include, for example, a further letter of response and the offer of a meeting for the complainant and the clinicians involved) are unsatisfactory to the complainant, they are advised they can refer their complaint to the Parliamentary and Health Services Ombudsman (PHSO).

Overview

The Trust has achieved a significant reduction in complaints over the past three years, this has been achieved by:

- Improved accessibility to PALS and complaints, streamlined administration process in 2014;
- Staff training on induction and clinical updates, targeted training using patient videos, volunteers engaged to collect data on compliments, complainant survey, added actions to complaint responses in 2015;
- Improving quality of responses and proactive management of concerns, building a relationship with the PHSO, reducing response time from 45-35 working days in 2016.

In 2015/16 there were 252 formal complaints.
In 2016/17 there were 125 formal complaints.
This is a reduction of 50 per cent.

Parliamentary and Health Service Ombudsman (PHSO)

The PHSO will investigate the case using information we provide and consider further investigation and recommendations. In 2016/17 the Trust received nine final investigation reports.

One complaint, which was partially upheld, was originally accepted by the PHSO in 2014 and does not reflect the current robustness of our investigations or transparency of findings.

The other eight investigations have not been upheld, as the Trust has managed the complaints to the standard the PHSO would expect.

When a complaint is received by the Trust it is triaged, to establish if the complaint is a formal complaint, a PALS concern, whether safeguarding concerns have been raised or the complaint may meet the criteria of a serious incident. Once the status of the complaint is established, the categories are reported; this information is then used to establish themes of complaints and tailor training to fit the current trends.

Patient Advice and Liaison Service (PALS)

The Trust's PALS offers patients and their families or carers a point of contact for any concern, query or other feedback. It can facilitate communication between a patient and clinical areas. At times, a PALS concern may be escalated to a formal complaint, either as a result of the Trust's process

for managing complex issues or at the patient's request to ensure a detailed investigation.

In 2016/17, the Trust recorded more than 1,000 formal PALS contacts.

Compliments

The Trust is fortunate to receive a significant number of compliments, including feedback, thank you cards, gifts and donations every year.

These kind gestures from patients are provided at ward and service levels and include acknowledgements of individual members of staff and of services as a whole.

In 2016/17, the Trust received more than 4,500 compliments.

A selection of individuals and teams named in compliments are included in the weekly staff newsletter as part of our drive to celebrate achievements and successes. The donations category includes both monetary donations to the Trust and donations of equipment. Small gifts, such as sweets and chocolates, are given frequently by patients to staff and are always gratefully received. Any larger gift items are declared to the Trust Board secretary. The Trust aims to acknowledge each compliment and formally records them on the Datix system.

The general themes of compliments include:

- Outcome of surgery
- Praising staff (courteous, kind, considerate, attentive and professional)
- Expert help of consultant staff.

Learning from complaints and PALS

During 2016/17 the Trust introduced a clearer process to identify learning to the complainant and staff. Responses from the chief executive inform the complainant where we have changed our practices as a result of their complaint:

- A monthly newsletter is published called the Quality Improvement Newsletter. This is circulated to all staff by email and hard copies are taken to each department by volunteers;
- Information and learning are shared on 'information triangles' on tables in the staff canteen;
- Learning is shared at staff training, at induction, clinical updates and targeted training at ward and departmental level;
- The complaints team participates in training staff in root cause analysis, statement writing and giving evidence at coroner's court.

Next steps

- To further reduce the target response time to below 35 working days;
- To improve complainant satisfaction, by showing how their complaint has improved services for

other service users, both these actions will be monitored by the complaint satisfaction survey;

- Continue to engage with staff to ensure prompt local resolution to further reduce concerns;
- Improve patient experience by responding to when things go wrong and sharing good practice when patients have a good experience.

Signed:

Stephen Conroy, Chief Executive

Accountable officer:

Stephen Conroy, Chief Executive

Organisation:

Bedford Hospital NHS Trust

Date: 30 May 2017

Part 3: Accountability report

Corporate Governance Report

The directors' report

The Trust was established as a NHS Trust under statutory Instrument 1991 No 2329. The Board is corporately responsible, within the regulations and policy guidelines issued by the Secretary of State, and set out in the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation, for setting the strategic direction of the Trust, and monitoring performance against its both strategic and operational objectives. The Trust has a duty to work in partnership with other bodies, including NHS Improvement, NHS England, Clinical Commissioning Groups and other health providers across the whole health economy.

The Trust is a member of a number of well-developed clinical networks across Bedfordshire, Hertfordshire and surrounding areas, including the East of England cancer, cardiac and stroke networks. It is an arterial hub for vascular services (commissioned by NHS England) and part of the Beds, Herts and Bucks Maxillofacial Network.

In addition there are strong existing clinical networks with Addenbrooke's (Cambridge University Hospitals NHS Foundation Trust) for cancer, paediatrics, neurology and Otoneurology (ENT). There are

network arrangements with the Luton & Dunstable Hospital NHS Foundation Trust for stroke and head and neck cancers, and Northampton General Hospital for plastics. Pathology services are provided by Viapath, and Ophthalmology is sub-contracted to Moorfields Hospital NHS Foundation Trust.

Medical education links are primarily with the University of Cambridge, which continue to develop. Nursing, midwifery and allied professionals students are provided with the University of Bedfordshire and given the historical and geographical links this relationship allows the Trust to work closely with the university to design innovative healthcare roles for the future workforce.

The Trust Board comprises a chairman and five non-executive directors, who are considered to be independent as they were appointed by the Secretary of State for Health on the recommendation of the NHS Appointments Commission (prior to October 2012) and the appointments panel of the NHS Trust Development Authority (operating as NHS Improvement since 2016), for appointments and re-appointments from 1 October 2012; and five executive directors appointed by the Board. Non-executive appointments are for a four year period, renewable for a further four years. Executive directors are permanent appointments. Full membership details are outlined below.

Non-Executive Directors

Name: Gordon Johns

Post held: Chairman

Previous experience: Gordon was the Senior Independent Director to December 2014 and occupied several senior roles in the financial services industry in the City of London for more than 36 years - Director of Lazard Brothers; Chief Executive of Kemper Investment Management; Director of ING Financial Markets. Gordon is experienced in investment management, investment banking, business start-up, business development, business strategy, and regulatory compliance.

Details of company directorships and other significant interests: Trustee of a charitable educational Trust and Chairman of the Board of Directors/Trustees of The Lymphoma Association.

Membership of committees: Remuneration (Chairman), Finance, Quality and Clinical Risk, Charitable Funds.

Name: Duncan Gear

Post held: Non-Executive Director

Previous experience: Duncan is a chartered accountant who spent the first half of his career in professional practice and industry, where he held a number of executive directorships. He then moved into the public sector, spending several years as a civil servant in the Department for Constitutional Affairs (now the Ministry of Justice). In 2000 he was appointed by the Home Secretary to the board of the Police Complaints Authority (now the IPCC). More recently he was appointed to the board of the newly-

created Solicitors Regulation Authority. He has also been a magistrate in Bedford for many years.

Details of company directorships and other significant interests: Magistrate

Membership of committees: Audit (Chair), Remuneration, Quality and Clinical Risk, Charitable Funds.

Name: Dr Dorothy Gregson

Post held: Non-Executive Director

Previous experience: Following a long career in public health, latterly as director of Public Health for Bedfordshire, Dorothy moved to take up the post of Chief Executive for Cambridgeshire's Office of the Police and Crime Commissioner. Dorothy was appointed to Bedford Hospital's Board in September 2015.

Details of company directorships and other significant interests: Chief Executive for the Office of the Police and Crime Commissioner Cambridgeshire.

Membership of committees: None

Name: Deborah Kobewka

Post held: Non-Executive Director

Previous experience: Deborah has held several senior roles over 25 years with IMS Health, a company providing information, analytics and consulting services to the global healthcare industry, most recently as President Asia Pacific based in Singapore. Deborah has worked internationally as a management consultant advising on strategy, market entry, operational execution, start-ups, leadership development and mentoring and has recently been appointed as Managing Director for Healthcare UK.

Details of company directorships and other

significant interests: Managing Director for Healthcare UK, Biochemist, Vice President Commercial at GBI, Consultant and Business Advisor at DKK Associates Ltd.

Membership of committees: Audit, Finance and Remuneration.

Name: Anthony McKeever

Post held: Non-Executive Director

Previous experience: Anthony started his career at the Department of Health and for the last 25 years has served on the Board of numerous NHS organisations at a national, regional and local level. In 1992, Anthony led a government taskforce that helped the NHS eliminate excessive waiting times and has since worked as chief executive at several NHS Trusts, including acute hospitals, a mental health provider and commissioning organisations, helping them to improve performance. In 2010, Anthony served as a member of the Future Forum, conducting a listening exercise and offering independent advice on proposed NHS reform. He has also been CEO at the UK subsidiary of a US technology company, before taking up a new appointment with a consultancy firm in 2014.

Details of company directorships and other

significant interests: Managing Director, MACS et al Ltd.

Membership of committees: Finance (Chair), Audit, Remuneration.

Name: Dr Carol McCall

Post held: Non-Executive Director

Previous experience: Carol is a qualified pharmacist, Faculty Fellow and member of the

Faulty Board of the Royal Pharmaceutical Society. She is a Senior Healthcare Advisor, specialising in compliance, governance and risk and has significant international business experience including in the pharma industry. Carol's expertise lies in commercial operations, international supply chain, strategic planning, change management and market development. She has worked as a director and senior advisor for very large homecare providers and has a strong track record at European director level in pharmaceuticals. From 2011 to 2014, Carol was a member of the Department of Health Homecare Medicines Strategy Board. This joint industry, NHS and Department of Health strategy group formed to implement the recommendations of The Homecare Medicines Report – '*Towards a Vision for the Future*' (the Hackett Report).

Details of company directorships and other

significant interests: None

Membership of committees: Quality and Clinical Risk (Chair), Audit, Remuneration.

Executive Directors

Name: Stephen Conroy

Post held: Chief Executive Officer

Previous experience: Stephen was appointed as substantive chief executive in December 2013, having been acting chief executive from March 2013. He joined the Trust in 2011 as director of strategy and service development. Before coming to Bedford, he spent ten years in North Central London, including a period as CEO of a primary care Trust and programme director for the NCL acute services review. He has 20 years of board level

experience in the NHS (acute, community and PCT), and has worked at senior level in local government.

Stephen has spent five years working as a consultant to the NHS on strategic change and process re-engineering.

Details of company directorships and other significant interests: None

Membership of Committees: Finance and Quality and Clinical Risk

Name: Nina Fraser

Post held: Director of Nursing and Patient Services (on secondment to University Hospital Coventry & Warwickshire NHS Trust from November 2016)

Previous experience: Nina Fraser is a registered nurse, having specialised in oncology and palliative care and worked in acute hospital and voluntary sector settings. Nina has been the director of nursing and patient services at Bedford Hospital since April 2013 and has led a number of quality improvements across the Trust. Prior to that she has had experience leading clinical governance at Northampton General Hospital and for three years worked as the executive nurse director at Shetland Health Board, an integrated primary care, community services and acute care board. Nina has studied to a masters level and is particularly interested in quality improvements across organisations.

Details of company directorships and other significant interests: None

Membership of Committees: Quality and Clinical Risk Committee and Finance

Name: Tracey Brigstock

Post held: Acting Director of Nursing and Patient Services (from November 2016)

Previous experience: Tracey has a masters in Applied Health Studies and has spent more than 30 years working in the NHS.

She was appointed as acting director of nursing and patient services in November 2016, following a previous three-month period in the role earlier that year. She joined the Trust in December 2012 as Deputy Director of Nursing and Patient Services from Sherwood Forest Hospitals NHS Trust, where she was divisional nurse director for emergency care and general medicine.

Prior to this Tracey worked in many different senior nurse positions – as matron, divisional lead nurse for surgery and surgical specialties at Kettering General Hospital.

Details of company directorships and other significant interests: None

Membership of Committees: Statutory role for Director of Infection Prevention & Control (DIPC), Safeguarding, Quality and Clinical Risk

Name: Paul Tisi

Post held: Medical Director (Acting from April 2016 and substantive from August 2016)

Previous experience: Consultant Vascular Surgeon, Bedford Hospital (March 2001 to date).

Previous management roles: divisional clinical director - surgery and anaesthetics; associate medical director - surgery; divisional medical director - planned care

Details of company directorships and other significant interests: None

Membership of Committees: Quality and Clinical Risk Committee, Finance

Name: Karen Ward

Post held: Chief Operating Officer

Previous experience: Karen previously worked at Luton and Dunstable University Foundation Trust for 12 years, the last three years as director of operations. She trained as a registered general nurse qualifying in 1985, working mainly in medical specialities and cardiology. Karen discovered health service management in the early 1990s when she was selected to lead a Department of Health Total Quality Management project in West Hertfordshire. Her passion for quality of care for patients and effective team working stemmed from this experience and led to a number of management roles including general manager and director of quality. Karen has extensive experience developing integrated teams across organisations including sexual health services in West Hertfordshire and an integrated discharge team at Luton and Dunstable Hospital.

Details of company directorships and other significant interests: None

Membership of Committees: Finance

Name: Damian Reid

Post held: Director of Finance and Performance (From September 2015)

Previous experience: Damian was a director of finance, at Cambridgeshire Community Services NHS Trust and more recently at Southport and Ormskirk Hospital NHS Trust. Between 2004 and 2008, Damian worked with the NHS foundation Trust regulator Monitor and NHS London, supporting

acute and mental health Trusts that were applying to become foundation Trusts. This included working with financially challenged Trusts and assessing Trusts for foundation Trust authorisation. Prior to this, he worked in a range of finance roles, including the Compass Group, EC Harris and the Ministry of Defence.

Details of company directorships and other significant interests: None

Membership of Committees: Finance, Audit and Charitable Funds

Name: Oonagh Monkhouse

Post held: Director of Workforce and Organisational Development

Previous experience: Oonagh was previously the deputy director of workforce at Cambridge University Teaching Hospitals, where she undertook a number of senior human resources roles, including an 11-month period as the interim executive director of workforce during her 19 years with the Trust. Previous roles include the head of pay with the East of England Workforce Development Confederation, leading on the implementation of Agenda for Change pay arrangements, and the head of human resources for the East of England Strategic Health Authority during the restructuring of the CPLNHS change programme. Oonagh is originally from Northern Ireland and worked in a number of NHS organisations in Belfast before moving to Cambridge in 1993.

Details of company directorships and other significant interests: None

Membership of Committees: Finance, Quality and Clinical Risk Committee

In the case of each of the persons who are directors at the time the report is approved, each has confirmed that:

- So far as the director is aware, there is no relevant audit information of which the company's auditor is unaware, and
- He/she has taken all the steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the company's auditor is aware of that information.

During the year, Board members have attended development workshops, visited other Trusts, and met local stakeholders, especially local commissioners.

In 2016/17, the Board met in public on 11 occasions, plus the AGM, held in July 2016. Members of the public and staff are invited to attend Board meetings and to raise questions. Details of meetings and papers are available on the Trust's website.

The Trust is accountable to public, professional and parliamentary scrutiny in respect of the quality of service it provides, and the effective control of its resources. All members of the Board have confirmed their commitment to maintaining the public services values of accountability, probity and openness.

The roles and membership of the Audit Committee, the Remuneration Committee, Quality and Clinical Risk Committee and Finance Committee, are outlined in the Annual Governance Statement.

A Charitable Funds Committee, with the same membership as the Audit Committee and attended also by representatives from the Bedford Hospitals Charity and the Friends of Bedford Hospital discharges the Board's responsibilities as Trustees for the charitable funds held by the Trust.

In addition to membership of the sub-committees listed above, non-executive directors chair appointments and other committees as required by the Trust's human resources policies and have a programme for quality monitoring visits to wards and departments.

The statement of Accountable Officer's responsibilities

The Chief Executive of NHS Improvement (formerly the NHS Trust Development Authority) has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of NHS Improvement. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

In considering the Trust's arrangements for securing financial resilience, the Trust's External Auditors highlighted that the Trust will need to develop changes to services in order to return to financial

surplus. In addition, the Trust has breached its statutory breakeven duty during the year as the cumulative deficit position at the end of 2016/17 is £44.5m deficit.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer and have taken all the steps that ought to be taken in order to make myself aware of any relevant audit information and to establish that the organisation's auditor is aware of that information.

I confirm that, as far as I am aware, there is no relevant audit information of which the 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 Trust's auditors are aware of that information.

I confirm that the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

Signed:

Stephen Conroy, Chief Executive

Accountable officer:

Stephen Conroy, Chief Executive

Organisation:

Bedford Hospital NHS Trust

Date: 30 May 2017

Annual Governance Statement

Scope of responsibility

While the Board is ultimately accountable for internal control, I as Accountable Officer and Chief Executive of this Board have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding public funds, quality standards and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

All Board members have confirmed that they are aware of, and continue to abide by, the NHS Code of Conduct and Code of Accountability and are compliant with fit and proper person requirements.

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. It is based on an ongoing process designed to identify and prioritise the risks to the achievement of the objectives of the 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 governance framework of the organisation

The Board of Directors is responsible for achievement of the organisational objectives and my role as Chief Executive is to agree the objectives of the Executive Directors. The Board of Directors is responsible for ensuring that internal controls – financial, clinical, organisational - are in place and the effectiveness of these controls is regularly reviewed. The Executive Team and the Executive Management Committee ensures that action is taken to implement controls and address any shortcomings. The Trust Board is appraised of the operational effectiveness of the organisation through review at every Board meeting via an Integrated Performance Report, implemented during 2016/17, which sets out performance against the key standards across the range of risk- activity, quality, finance, human resources. The Trust has a governance framework, approved by the Board, including Standing Orders, SFIs, Scheme of Delegation (updated during 2016/17) which support the discharge of its statutory functions and that these are delivered within the overall governance framework.

Trust Board agendas are structured with standing sections to cover: strategic issues, patient safety and experience and performance and assurance including workforce reports and regular review of the Board Assurance Framework (BAF). Key issues for the board during the year have been:

1. Managing delivery of the Trust's deficit control total whilst maintaining quality, safety and operational performance; in particular the risks

arising from unbudgeted escalation beds and enhanced staffing resulting from emergency pressures.

2. Developing the plans for future sustainability in the context of the Bedfordshire, Luton and Milton Keynes (BLMK) Sustainability and Transformation Plan (STP).

These issues are discussed in more detail in the Significant Issues section later in this statement.

With its composition of Chair and Non-Executive Directors, appointed by the Appointments Commission or more recently by the NHS Trust Development Authority (now NHS Improvement) the Trust has an appropriate balance of Non-Executive Directors and Executive Directors, the Board believes that it is compliant with best current corporate governance practice, with regard to the composition of the Board.

Committees of the Board and their roles

Board sub committees are Audit, Finance, Quality and Clinical Risk and Charitable Funds Committees, meeting regularly and reporting to the Trust Board following each meeting. The Remuneration Committee meets as required.

The Audit Committee, comprised of four non-executive directors and chaired by Mr Duncan Gear, reviews the organisational risks identified in the Board Assurance Framework, financial control systems and receives regular reports from the internal and external auditors and the local counter

fraud specialist. Key work during 2016/17 has included:

- Ensuring prompt and effective responses to internal audit reports. This was previously highlighted by the Committee as an area of weakness that required specific management attention and the improvement has continued as a priority into 2016/17.
- Introduction of a system to better support the tracking of internal audit recommendations; An IT solution to strengthen this further was implemented during 2015/16 and all audit recommendations are now monitored through this system.
- A key goal for has been to ensure that issues covered by internal audit reports align well to the BAF risks. A new BAF format has been implemented for 2016/17

The Finance Committee, comprising three non-executive and five executive directors and chaired by Mr Anthony McKeever has continued to provide a forum where detailed consideration is given to the major financial issues facing the Trust. These have centred on achievement of the very challenging Transforming for Excellence programme, monitoring cash flow and its implications for the capital programme, reviewing the risks facing the Trust, including the impact of local commissioning initiatives, capacity issues and winter pressures. The Committee played an important role in seeking assurances on the robustness of assumptions, recovery actions and risk mitigations behind the Trust's forecast outturn. In doing this the Committee also sought, and received, assurance from Ernst &

Young in the autumn, as part of the Financial Improvement Programme, on the effectiveness of the Trust's financial governance and controls and on other potential areas for the Trust to focus in identifying savings.

The Quality and Clinical Risk Committee under the chairmanship of Dr Carol McCall has three non-executive directors as members, plus the Medical Director, Director of Nursing and Patient Services, the Director of Workforce and OD, and the Chief Executive. The purpose of the committee is to provide assurance to the board that there is in place an effective system of quality and clinical governance, clinical risk management and internal controls across the clinical activities undertaken by or within Bedford Hospital NHS Trust, to support the organisation's objectives. This includes monitoring of mortality and approval of the clinical audit plan. During 2016/17 it received reports on progress against the implementation of the CQC recommendations, progress on the Trust's maternity transformation programme and delivery of the Trust's Quality Improvement Strategy. It oversees the preparation of the Quality Account, and reviews the action taken in response to Serious Incidents and never events. Serious incidents and never events are also reported to every public Board meeting. The committee is working on a bi-monthly cycle, supported by a forward plan. The Chairs of the Quality and Audit Committees sit on each committee to provide consistency of approach to key assurance issues.

Membership of and attendance by Trust Board members at Trust Board meetings and its sub-committees is set out in table 9.

(Figures are for number of meetings attended and number of meetings eligible to attend: blanked out column indicate that the director is not a member of that committee).

Name	Role	Post held	Board	Finance	Audit	QCRC	Charitable Funds
Mr G Johns	Chair	Chair from January 2015 Vice Chairman from October 2009 NED from February 2008	11/11	11/12		5/6	2/2
Mr S Conroy	Chief Executive	Chief Executive Acting from February 2013, substantive from December 2013	10/11	9/12		4/6	
Mrs N Fraser	Director of Nursing	From September 2012	4/7	2/7		2/4	
Mrs T Brigstock	Acting Director of Nursing	From November 2016	4/4	5/5		2/2	
Mr D Gear	Non-Executive Director	From June 2008	10/11		5/6	5/6	2/2
Dr D Gregson	Associate Non-Executive Director	From September 2012	10/11				
Mrs D Kobewka	Non-Executive Director	From May 2012	7/11	8/12	3/6		1/2
Mr P Tisi	Medical Director	Acting from April 2016 and substantive from August 2016	10/11	6/12		4/6	
Mr A McKeever	Non-Executive Director	From August 2014	4/11	10/12	3/6		1/2
Dr C McCall	Non- Executive Director	From October 2014	11/11		6/6	6/6	2/2
Mr D Reid	Finance Director	From September 2015	10/11	12/12	6/6		2/2
Ms K Ward	Chief Operating Officer	From September 2015	8/11	9/12			
Ms O Monkhouse	Director of Workforce and OD	From March 2016	11/11	6/12		1/6	

Table 9: Membership of and attendance by Trust Board members at Trust Board meetings and its sub-committees

**The Medical and Nursing Directors have alternate membership of the Finance Committee.*

The Remuneration Committee, including all non-executive directors, makes decisions on the remuneration and terms of service of directors and senior managers, taking into account comparative data from other Trusts. It also reviews the performance of the Chief Executive and through him, the other executive directors and determines any changes to remuneration. In the current year no cost of living increases and no bonuses have been paid to directors, and all claimed business expenses have been paid at the nationally agreed NHS rates in respect of NHS business only. The Charitable Funds Committee has the same membership as the Audit Committee, with the addition of the Trust's Chair and is also attended periodically by representatives from the Bedford Hospitals Charity and the Friends of Bedford Hospital Charity. It discharges the Board's responsibilities as Trustees for the charitable funds held by the Trust.

Operational management is through the Executive Management Committee, comprising the Executive Directors, Divisional Directors and Divisional Medical Directors and other key heads of service. The Trust has made good progress in many key areas:

Organisational Performance

Key performance indicators are set out in more detail in the performance report and financial statements; however, organisational-wide performance of note includes:

Operational Performance and National Standards

The Trust has performed relatively well against national operational targets and standards. It has met the key national target for 'incomplete' pathways within the Referral to Treatment (RTT) standards as well as those for diagnostic waiting times. It did not meet the national target of 95% of patients seen within four hours in A&E however, despite significant pressures it has largely remained in the upper quartile nationally for A&E performance. It has met cancer waiting times targets with the exception of the 62 day wait which was missed by 2 per cent year-to-date.

The Trust was inspected by the CQC in December 2015. The report was published on 20 April 2016. The CQC's overall assessment was Requires Improvement and the Trust produced its response to the report. The implementation of the actions was a key focus in 2016/17 with assurance provided to the Board and the Quality and Clinical Risk Committee.

Better patient experience

Patient experience is measured in many ways including; annual patient surveys, Friends and Family Tests on discharge or following an outpatient appointment, compliments and complaints. Overall in 2016/17 the Trust had achieved some significant improvements to patient experience. Compliments received were at the highest level ever recorded and there was a 52 per cent decrease in the number of complaints received compared to the previous year (120 in 2016/17 compared to 252 in 2015/16) which

was the lowest number of complaints ever received in year. Work continues to improve information available to patients before, during admission and at discharge including the publication and distribution of translated patient information leaflets (also a CQC action). Focused training has taken place to improve the reception patients and visitors receive when attending the hospital.

Staff Survey Results

The Trust remains above average when compared to other acute organisations. However, the staff survey in 2016 saw a less positive staff experience reported in a number of areas compared to last year's results.

The Trust has triangulated the results with other available data and communicated the results to staff and teams and discussed what actions can be taken to improve those areas where staff experience was less positive.

The Trust is implementing a programme of work in 2017/18 on culture and leadership which will use the staff survey data as an important source of feedback and indicator of where leadership development initiatives should be focused.

In summary, the key findings were:

- In 21 of the 32 key finding areas, the Trust was either average, above average or in the top 20 per cent of Trusts;
- In terms of overall staff engagement, the Trust's score of 3.82 was average when compared with

Trusts of a similar type. It compared with the score of 3.90 in 2015 (which was in the top 20 per cent of scores for an acute Trust) and 3.83 in 2014. The national score in 2016 was 3.81;

- The quality of appraisals is better than average, but the percentage of appraisals completed is only 77 per cent compared to a national average of 87 per cent;
- Staff recommendation of the organisation as a place to work or receive treatment scored 3.81 out of 5 compared to a national average of 3.76.

Quality Governance

Quality and safety has a defined governance structure to support its delivery and assurance. At Board level the Quality and Clinical Risk Committee (QCRC) provide assurance to the Board on the key clinical governance systems and on delivery of quality performance. This includes a range of quality metrics (via scorecards) including incident reporting, mortality and nurse staffing.

During the financial year 2016/17, the Trust declared a total of 38 serious incidents. Of these serious incidents one was classed as a never event. This is in comparison to 55 serious incidents and two never events in 2015/16. All Serious Incidents were subject to a Root Cause Analysis (RCA) investigation, including recommendations and action plans based on the findings of individual investigations. Implementation of the actions is managed and monitored through the appropriate division and through the Serious Incident Review Panel (SIRP).

At management level the Quality Board (reporting to the Executive Management Committee) is executive chaired and oversees delivery of quality and safety objectives and monitoring of performance. Any statutory clinical duties requiring management groups are monitored via this structure for example safeguarding and the human tissue act.

Quality Account

The Trust has, as required, prepared a Quality Account for the year, which sets out a review of the Trust's quality performance in 2016/17 as well as setting out priorities for quality improvement in 2017/18.

Risk assessment

The Trust recognises that risk is individualistic by nature and as such can be difficult to predict. The following systems and processes are in place for managing and monitoring risk:

- A risk management policy;
- Clear division between assurance and operational responsibilities;
- Devolution of responsibility and accountability for risk assessment and management throughout the organisation;
- Identification and quantification of risk using a common assessment tool;
- A risk register, based on a single risk management database (Datix) is in place;
- A Board Assurance Framework that had developed to contain sufficient information to provide assurance to the Trust Board and senior

management over the effectiveness of the controls in place to manage the Trust's significant strategic risks.

- An adverse incident reporting system;
- Developed policy framework including policies on Fraud and bribery, declaration of interests and acceptance of gifts and hospitality and whistleblowing;

Risks are identified on a bottom up basis by managers and scored using a 5x5 impact x likelihood matrix consistent with good risk practice and NHSLA standards. Those with a residual risk rating of 16 or more, including those from failure to maintain compliance with CQC registration, are reported monthly to the relevant management Board e.g. Quality Board, Health & Safety Board and Executive Management Committee for management review. Each department and division regularly reviews all risks and their ratings in light of mitigating actions and ensures learning is captured and fed back. A workshop for senior managers, facilitated by RSM was held in February 2017 and risk management arrangements were audited by Internal Audit in February/March 2017 with a 'reasonable assurance' opinion, meaning the Board can take reasonable assurance that the controls in place to manage this area are suitably designed and consistently applied.

Significant risks (scored 15 or above) are reported to and reviewed at the Divisional Performance Meetings and escalated to EMC where appropriate.

Significant risks are also reported and reviewed at the Quality and Clinical Risk Committee in order to provide assurance to the Trust Board.

Risks to data security are managed and controlled through the Information Governance Steering Group which has agreed policies and procedures which include a Caldicott Guardian, Senior Information Risk Owner (SIRO), control of access to systems, encryption and monitoring and which reviews performance against the information governance toolkit. The Trust made a Level 2 compliant submission of the Information Governance toolkit on 30 March 2017, meeting national requirements.

One IG incident was categorised as Level 2 during 2016/17 requiring reporting to the Information Commissioner (ICO):

- In December 2016, a file containing contractual information was sent to NHS England where it was found to contain potential patient identifiable data. The Information Commissioner completed his investigation in February 2017 confirming that, based on the response and actions taken by the Trust, no further action would be taken against the Trust. The breach was notified to the Trust Board.

The Trust's Board Assurance Framework indicates the risk against achievement of the Trust's strategic objectives which are aligned with the CQC domains and include as main areas of focus, objectives to:

- Support quality improvement through delivery of the CQC recommendations

- Sustain progress in preventing avoidable harm and deaths
- Ensure appropriate emergency pathways
- Maximise elective productivity
- Agree a contract that supports effective financial and capacity plans
- Deliver the agreed financial plan
- Implement the recommendations of the Carter Report
- Identify a sustainable future clinical model for consultation
- Deliver, with the CCG, LAs and other Trusts, a STP reflecting a sustainable future
- Take steps to integrate with Community services

The potential key risks, set out in the BAF, were identified in April 2016 as being:

1. Insufficiently robust capacity plans
2. Emergency demand exceeding available capacity
3. Ineffective system management of emergency demand
4. Elective activity levels not meeting plan
5. Insufficient CCG contracted activity levels
6. Shortfall in delivery of CIPs
7. Staffing levels exceeding budgeted establishment
8. Non receipt of Sustainability and Transformation funding
9. Relative inefficiency as measured by national metrics (Lord Carter)
10. Preferred Healthcare review models does not support core acute services
11. Unable to recruit and retain the appropriate clinical workforce

- 12. Insufficient capacity or capability to lead or deliver projects and transformation
- 13. Limited or no progress in integration with community services

Review of these risks was undertaken and reported to the Trust Board. The Board moved, during the course of the year, to reviewing the full BAF quarterly with significant risks reviewed monthly or bi-monthly by the associated committee, in particular the Finance and Quality & Risk Committees; or where necessary through the Board agenda.

I am satisfied that there is no evidence of any systematic failure of control.

The risk and control framework

There is a risk management policy in place which:

- Is endorsed by the Board;
- Sets out the Trust's structure for governance and the aims for managing risks to patients, staff visitors, contractors and to service quality.
- Outlines the organisational and individual responsibilities and arrangements for risk management
- Sets out the systems and processes by which the aims will be achieved.

The strategy is easily available to all staff via the Trust's intranet and reviewed regularly to ensure it remains appropriate and current.

The Trust has a designated counter fraud specialist service, provided through its Internal Auditors, which

offers a pro-active approach to fraud awareness and prevention.

The Trust Board has overall responsibility for overseeing the management of risk. I have overall responsibility for governance (clinical, non-clinical and business), which includes risk management. This responsibility is exercised through the designated accountability of executive directors

- Director of Finance – Finance, estates and Information Technology risk.
- Medical Director - Clinical risk. Also the Caldicott Guardian.
- Director of Nursing and Patient Services – clinical risk, risk management, non- clinical risk, risks associated with support services and risks associated with human resources.
- Director of Corporate Affairs - board assurance framework and is the Senior Information Risk Owner
- Chief Operating Officer - risk associated with access targets and delivery of activity.

Senior managers are encouraged to attend Managing Safety training and the Trust's training programme includes generic training in risk assessment, as well as training in specific areas such as COSHH (Health & Safety) The Trust's weekly staff e bulletin includes a section on learning from issues as well as highlighting risk areas. A workshop, facilitated by Internal Audit, was conducted for senior managers in February 17 focussed on good practice in risk management.

Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Board Assurance Framework. As such, it is one component that the Board takes into account in making its Annual Governance Statement.

The Head of Internal Audit opinion is as follows:

The organisation has an adequate and effective framework for risk management, governance and internal control.

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

Action plans have been agreed to overcome the weaknesses identified by internal audit.

In 2016/17 Internal Audit undertook an audit of the Trust's risk management and assurance arrangements which provided a positive assurance opinion.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with reassurance. The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to

the organisation achieving its principal objectives have been reviewed.

My review is also informed by:

- The work of our external auditors.
- The work undertaken by internal auditors and clinical audit in recommending improvements to control systems and testing compliance with controls
- Regular performance reviews of care quality commission standards, and other performance measures.
- External assessments by regulatory bodies, for example CQC, HSE and Health Education England.

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 Committee, Quality & Clinical Risk Committee and reports to the Executive Management Committee from the Divisions, (which address quality and risk issues), Quality Board, IM&T Strategy Board, and Health and Safety Committee. Lessons learned from incidents have been followed up through action plans as part of the Trust's commitment to be a learning organisation. Positive assurance on quality has been achieved through for example, GMC education reviews, the independent 'CHKS' rankings, hospitals' standardised mortality index (SHMI), accreditation as an Investor in People, Joint Advisory Group (JAG) accreditation and various awards, for example achieving the CHKS Top 40.

Multi-agency and multi-disciplinary meetings between the Trust, Clinical Commissioning Group and local authorities identify potential risks e.g. by monitoring safeguarding initiatives for both children and vulnerable adults, reducing delayed discharges, ensuring effective plans for use in the event of a major incident or disaster.

Active participation in the local overview and scrutiny committees enables them to be informed of the risks facing the Trust, and vice versa. The Trust, working with partner agencies, continued to have in place business continuity plans to deal with a range of scenarios, including those resulting from climate change.

Based on a review of evidence to support compliance, the Board is able to provide reasonable assurance that it is compliant with the rights and pledges within the updated NHS Constitution and has had regard to the NHS Constitution in carrying out its functions.

Significant issues

1. Managing delivery of the Trust's deficit control total whilst maintaining quality and safety; in particular the risks arising from unbudgeted escalation beds and enhanced staffing resulting from emergency pressures.

The Trust has, throughout 2016/17, continued to experience significant demand on its services and admitted high numbers of emergency cases. These pressures are compounded by the lack of sufficient

community based services, including beds, resulting in delayed discharges, high numbers of medically optimised patients and the maintenance of escalation beds year round, as well as by the increasing age and acuity of admitted patients. Key risks that were managed therefore included;

- Emergency demand and the year-long use of escalation beds;
- The lack of a robust and funded health system winter plan;
- Increasing and significant contractual challenges from Bedfordshire CCG;
- The impact of agency caps;
- Maintaining staffing levels.

The Trust delivered its control total but 2017/18 is predicted to be the most challenging financial environment for many years and the Trust's capacity to deliver savings without cross organisational transformation e.g. urgent care, is limited. Identifying a viable commissioner and provider savings programme is therefore a core part of the work being undertaken by the STP.

2. Developing the plans for future sustainability in the context of the Bedfordshire, Luton and Milton Keynes (BLMK) Sustainability and Transformation Plan (STP).

The Trust recognised in 2012 that under the current Foundation Trust framework it was not sustainable as a standalone organisation in its current form. In 2013 Monitor, NHS England and the Trust Development Authority commissioned McKinsey to undertake a review of the health economies in Bedfordshire and Milton Keynes which are financially both challenged. The review initially

published its progress report in October 2014 and produced two potential models centred on either Bedford Hospital or Milton Keynes Hospital becoming a major emergency centre and the other an Integrated Care Centre. It recommended that both models required further work. This did not proceed to consultation.

In 2015/16 a third option was developed by Bedford Hospital and Bedfordshire CCG which provided an integrated option for future acute, community and primary care services and this model was accepted by regulators to be considered further alongside the original under a new joint programme with oversight from the tripartite regulators. However this programme was, in June 2016 and before any decisions were made, superseded by the Bedfordshire, Milton Keynes and Luton Sustainability and Transformation Plan (STP). The STP has sustainable secondary care as one of its five priority work areas. The Trust is well engaged with the process and a Case for Change and potential options for secondary care services, focussed on increased collaboration, productivity and development of single clinical teams, is to be published in summer 2017 prior to any public consultation (expected late 2017 / early 2018). A collaborative savings programme has been established with external support and the aim is to move towards a single system control total, reflecting differential financial positions within individual organisations, and longer term towards an accountable care system.

NHS Improvement has recognised the Trust's relative good operational performance and its continued focus on delivering its control total whilst maintaining performance and quality standards.

Signed:

Stephen Conroy, Chief Executive

Accountable officer:

Stephen Conroy, Chief Executive

Organisation:

Bedford Hospital NHS Trust

Date: 30 May 2017

Part 4: Remuneration and staff report

The Remuneration Committee, chaired by the senior independent director, and including all non-executive directors, makes decisions on the remuneration and terms of service of directors and senior managers, taking into account comparative data from other Trusts. It also reviews the performance of the chief executive and through him, the other executive directors and determines any changes to remuneration. (See page 34 for details of the membership of the Remuneration Committee).

The executive directors of Bedford Hospital are employed on permanent contracts by the Trust, and have a notice period of six months, with the exception of the medical director, who is on a consultant's contract, and has a notice period of three months. Executive directors are not entitled to any special termination payments, and no provision has been made in the accounts for these items.

Non-executive directors were appointed by the NHS Appointments Commission (prior to October 2012) and the appointments panel of NHS Improvement (for appointments and re-appointments from 1 October 2012) for an initial term of four years, which can be renewed for one further term of four years.

No scheme for awarding executive directors' performance related bonuses linked to performance targets have been agreed by the remuneration committee for 2015/16. No director has a vehicle provided by the Trust and expenses are reimbursed

at nationally agreed rates only for expenditure incurred on official business.

The tables on the following pages give details of salary and pension for the senior managers of the Trust, and details of contract start dates and end dates (where appropriate).

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their Trust and the median remuneration of the organisation's workforce.

The median remuneration of the Trust's staff is calculated using the total remuneration of the total staff, excluding the highest paid director. This has been calculated based on annualised, full-time equivalent remuneration as at 31 March 2017. The calculation also includes agency and other temporary employees covering staff vacancies, but excludes consultancy services. Only the remuneration paid to the employee has been included.

The banded remuneration of the highest paid director, excluding accrued pension benefits, in Bedford Hospital NHS Trust in the financial year 2016/17 was £145,000-150,000 (2015/16 was £140,000-£145,000). This was 5.55 times (2015/16, 5.06 times) the median remuneration of the workforce, which was £26,302 (2015/16, £28,180). The movement in the banded remuneration between years and the impact on the ratio between the

median staff remuneration and the mid-point of the banded remuneration of the highest paid director was as a result of a reduced reliance on agency and interim staff, thus reducing the median pay.

Remuneration ranged from £15,246 to £146,000 (2015/16: £13,233 to £144,610). The median pay disclosure is subject to audit.

There was a partial lifting of the pay freeze across the NHS in 2016/17, resulting in a 1% increase for all staff on agenda for change pay scales and medical pay scales. Total remuneration includes

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

Non-executive director salary information

Name and Title	Current Contract Start Date	Contract end date/ Non Executive renewal date	Leaving date where applicable	2016-17						2015-16					
				Salary (bands of £5000) £000	Expense payments (taxable) Rounded to the nearest £100	Performance related Bonuses (bands of £5000) £000	Long Term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	TOTAL (bands of £5,000) £000	Salary (bands of £5000) £000	Expense payments (taxable) Rounded to the nearest £100	Performance related Bonuses (bands of £5000) £000	Long Term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	TOTAL (bands of £5,000) £000
Non-Executive Directors															
Mr G Johns Chairman	2015	2018	N/A	20-25	24				20-25	20-25	26			20-25	
Mr D Gear	2008	2018	N/A	5-10	5				5-10	5-10				5-10	
Mrs D Kobewka	2012	2018	N/A	5-10	8				5-10	5-10	4			5-10	
Dr D Gregson	2012	2018	N/A	0	0				0						
Mr A McKeever	2014	2018	Mar-16	5-10	21				5-10	5-10	7			5-10	
Dr C McCall	2014	2018	N/A	5-10	11				5-10	5-10	2			5-10	

Table 10: Non-executive Director's salary information (audited)

Executive director salary information

Name and Title	Current Contract Start Date	Contract end date/ Non Executive renewal date	Leaving date where applicable	2016-17						2015-16					
				Salary (bands of £5000) £000	Expense payments (taxable) Rounded to the nearest £100	Performance related Bonuses (bands of £5000) £000	Long Term performance pay and bonuses. (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	TOTAL (bands of £5,000) £000	Salary (bands of £5000) £000	Expense payments (taxable) Rounded to the nearest 100	Performance related Bonuses (bands of £5000) £000	Long Term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	TOTAL (bands of £5,000) £000
Mr S Daniells-Conroy, Chief Executive Officer	Jan-14	N/A	N/A	145-150	9	0	0	25-27.5	170-175	140-145	9	0	0	7.5-10	150-155
Ms C Marshall, Medical Director	Apr-14	N/A	Mar-16							160-165	0	35-40	0	0	195-200
Mr P Tisi, Acting Medical Director	Apr-16	N/A	Aug-16	45-50	0	10-15	0	0	55-60						
Mr P Tisi, Medical Director (substantive)	Aug-16	N/A	N/A	90-95	11	20-25	0	0	110-115						
Mrs A Fraser , Director of Nursing and Patient services	2013	N/A	Nov-16	75-80	0	0	0	0	75-80	105-110	3	0	0	0	105-110
Mrs T Brigstock, Acting Director of Nursing and Patient Services	Nov-16	N/A	N/A	30-35	0	0	0	95-97.5	125-130						
Ms E Doyle, Interim Chief Operating Officer	Nov-13	N/A	Aug-15							60-65					60-65
Ms K Ward, Chief Operating Officer	Sep-15	N/A	N/A	95-100	5	0	0	10-12.5	110-115	60-65	0	0	0	50-52.5	110-115
Mr D Meikle, Interim Director of Finance	Jan-15	N/A	Sep-15							90-95					90-95
Mr D Reid, Director of Finance	Sep-15	N/A	N/A	125-130	0	0	0	0	125-130	65-70	0	0	0	0-2.5	65-70

Table 11: Executive director's salary information (audited)

Note for tables 10 and 11

Note 1: The Trust Board comprises a chairman, 5 non-executive directors, 5 executive directors and 2 further members - director of workforce and director of corporate affairs, who are non-voting members of the Trust Board and, as such, do not appear in the remuneration report. This is in line with the Manual for Accounts guidance on the Annual Report in

respect of 'senior managers'. The non-voting members are not deemed to have 'authority or responsibility for directing or controlling the major activities of the NHS body'. Interim directors of workforce, who had previously been reported in the remuneration tables, have not been reported in the 2015/16 Annual Report and prior year entries have been removed.

Note 2: Paul Tisi was acting Medical Director for the period April to August 2016, at which point he was appointed substantively.

Executive director pension information

2016-17								
Name and Title	Real increase/(decrease) in pension at pension age (bands of £2,500) £000	Real increase/(decrease) in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2017 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2017 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2016 £000	Real increase/(decrease) in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2017 £000	Employer's contribution to stakeholder pension £000
Mr S Daniells-Conroy, Chief Executive (substantive)	0-2.5	5-7.5	35-40	105-110	760	67	827	0
Mr P Tisi, Medical Director (acting April to August, substantive from August)	0-2.5	0-2.5	45-50	135-140	832	25	857	0
Mrs N Fraser, Director of Nursing & Patient Services	0-2.5	0-2.5	10-15	5-10	168	16	184	0
Mrs T Brigstock, Interim Director of Nursing & Patient Services	2.5-5.0	12.5-15.0	35-40	105-110	576	87	663	0
Ms K Ward, Chief Operating Officer	0-2.5	2.5-5.0	40-45	130-135	843	47	890	0
Mr D Reid, Director of Finance	0-2.5	0-2.5	10-15	35-40	194	24	218	0

Table 12: Executive director pension information (audited)

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

In the budget on 23 March 2011, HM Treasury confirmed its intention to review the basis for the calculation of Cash Equivalent Transfer Values (CETVs) payable from public service schemes, including the NHS Pension Scheme. The review was undertaken and revised guidance was issued on 26 October 2011.

For the calculation of CETVs as at 31 March 2016, NHS Pensions have followed the revised guidance and have used the updated Government Actuary Department (GAD) factors in their calculations.

The new factors will have differing impacts of the CETVs of the individuals concerned depending on their age and normal retirement age.

Exit packages

Exit packages agreed in 2016-17								
Exit package cost band (including any special payment element)	*Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of Departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£	Number	£	Number	£	Number	£
Less than £10,000	0	0	0		0		0	0
£10,000-£25,000	0	0	0		0		0	0
£25,001-£50,000	0	0	1	39,737	1	39,737	0	0
£50,001-£100,000	0	0	0		0		0	0
£100,001 - £150,000	0	0	0		0		0	0
£150,001 - £200,000	0	0	0		0		0	0
>£200,000	0	0	0		0		0	0
Total			1	39,737	1	39,737		

Exit packages agreed in 2015-16								
Exit package cost band (including any special payment element)	*Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of Departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£	Number	£	Number	£	Number	£
Less than £10,000	0	0	0		0		0	0
£10,000-£25,000	0	0	1	19,166	1	19,166	0	0
£25,001-£50,000	0	0	0		0		0	0
£50,001-£100,000	0	0	2	121,649	2	121,649	0	0
£100,001 - £150,000	0	0	1	114,138	1	114,138	0	0
£150,001 - £200,000	0	0	0		0		0	0
>£200,000	0	0	0		0		0	0
Total			4	254,953	4	254,953		

Table 13: Exit packages and severance payments (audited)

Off-payroll engagements

A Treasury requirement for public sector bodies to report arrangements whereby individuals are paid through their own companies (and so are responsible for their own tax and NI arrangements, not being classed as employees) was introduced in 2012/13. The requirement remains in place for 2016/17.

	Number
Number of existing engagements as of 31 March 2017	4
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	3
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Table 14: All off-payroll engagements as of 31 March 2017, for more than £220 per day and that last longer than six months

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017	1
Number of new engagements which include contractual clauses giving Bedford Hospital the right to request assurance in relation to income tax and National Insurance obligations	1
Number for whom assurance has been requested	1
<i>Of which:</i>	
assurance has been received	1
assurance has not been received	0
engagements terminated as a result of assurance not being received	0
Number of off-payroll engagements of Board members, and/or senior officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed "Board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	6

Table 15: All new off-payroll engagements between 1 April 2016 and 31 March 2017, for more than £220 per day and that last longer than six months

The above disclosure has not been audited and there is no requirement for the information to be audited.

Off payroll engagement of Board members

There were no interim staff covering executive director roles at BHT during 2016/17.

Signed:

Stephen Conroy, Chief Executive

Accountable officer:

Stephen Conroy, Chief Executive

Organisation:

Bedford Hospital NHS Trust

Date: 30 May 2017

Staff report

Diversity and inclusivity

Bedford Hospital is committed to providing a diverse and inclusive environment for the provision of services and within the workforce. The hospital uses the national Equality Delivery System to demonstrate its compliance with the Public Sector Equality Duty and annually engages with stakeholders to review progress against the four Equality Delivery System goals which are:

- Better Health Outcomes
- Improved Patient Access and experience
- A representative and supported workforce
- Inclusive leadership

During 2016/17 there has been continued development through patient experience groups, and practical improvements to the site, such as improved disabled access, increased numbers of drop kerbs, installation of automatic doors and improved lighting. Two of our wards (Harpur and Elizabeth), also received the Quality Mark for Elder Friendly Hospital Wards,

The NHS Workforce Race Equality Standard also provides a framework for the hospital to tackle unconscious bias, provide training and opportunities for BME staff and others, and initiatives have been running during 2016/17.

The Trust adheres to its Equality and Diversity policy during all aspects of employment and completes an equality impact assessment for all relevant Trust

policies. This policy sets standards to protect employees against discrimination on the grounds of nine protected characteristics:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnicity
- Religion or belief
- Sex
- Sexual orientation

In 2016 the Trust launched its staff Diversity and Inclusivity Network. Members work together to run annual events, review policies, launch a Diversity Calendar and engage with Trust initiatives to ensure that a wide perspective of views are included. The network is well represented by overseas nursing recruits.

Training and awareness within the hospital

Equality and Diversity training is mandatory training for our staff and we have seen significant improvement to 85.76% of staff trained in 2016/17.

During 2016/17, Mental Health First Aid Training was launched through our Occupational health service and we are continuing to provide this through a programme for 2017/18. The training has been very well received by those attending so far.

Staff with disabilities

Bedford Hospital NHS Trust is committed to providing equal opportunities for disabled employees. The Trust has been recognised as 'Disability Confident' against national standards during 2016/17 and promotes this in its recruitment advertising and selection processes.

From writing job descriptions, to shortlisting and selection, the Trust adheres to its recruitment and selection and equality and diversity policies to ensure job vacancies at the Trust are accessible for disabled applicants.

The Equality and Diversity Policy sets out the steps the Trust will take to retain employees who have become disabled or have had a change in their

personal circumstance during employment. It also references the actions the Trust takes to ensure employees with disabilities are supported with educational and career development.

Number of senior civil service staff/senior managers by band in 2016/17

Banding	Total
Band 8a	65
Band 8b	22
Band 8c	17
Band 8d	7
Band 9	1
Total	112

Table 16: Number of senior civil service staff/senior managers by band in 2016/17

Staff costs and average number of employees by staff group for 2016/17

Staff Group	Total Costs (£000)			Average Number of employees (WTE)		
	Permanently employed staff costs (£000)	Other staff costs (£000)	Total staff (£000)	Permanently employed staff (WTE)	Other staff (WTE)	Total staff (WTE)
Medical and dental	29,551	6,702	36,253	305	27	332
Administration and estates	12,012	1,042	13,054	469	32	501
Healthcare assistants and other support staff	17,588	1,315	18,903	571	117	688
Nursing, midwifery and health visiting staff	32,271	5,821	38,092	790	94	884
Scientific, therapeutic and technical staff	10,379	607	10,986	248	4	252
Healthcare Science Staff	1,062	-	1,062	15	-	15
Total	102,863	15,487	118,350	2,398	274	2,672

Table 17: Staff costs and average number of employees by staff group for 2016/17

Staff Composition as at 31 March 2017

Banding	Female	Male	Total
Band 1	124	44	168
Band 2	401	90	491
Band 3	184	26	210
Band 4	163	28	191
Band 5	460	83	543
Band 6	377	61	438
Band 7	202	45	247
Band 8a	54	11	65
Band 8b	14	8	22
Band 8c	7	10	17
Band 8d	4	3	7
Band 9	1	0	1
Executives	4	2	6
Non-Executives	3	3	6
Junior Doctors	81	74	155
Middle Grade	5	24	29
Consultants	34	98	132
Total	2117	610	2727

Table 18: Staff composition as at 31 March 2017

Consultancy spend 2016/17

The Trust spent £1,700,000 on consultancy during 2016/17 (£779,000 in 2015/16).

Sickness Absence

Month	Monthly Sickness %	Cumulative Sickness %
April 2016	4.03	4.03
May 2016	3.41	3.72
June 2016	3.31	3.58
July 2016	3.17	3.48
August 2016	2.42	3.27
September 2016	3.32	3.28
October 2016	3.91	3.37
November 2016	4.23	3.48
December 2016	3.69	3.50
January 2017	3.80	3.53
February 2017	3.25	3.51
March 2017	2.95	3.46

Table 19: Sickness absence data during 2016/17

Signed:

Stephen Conroy, Chief Executive

Accountable officer:

Stephen Conroy, Chief Executive

Organisation:

Bedford Hospital NHS Trust

Date: 30 May 2017

Statement of the directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

Signed:

Stephen Conroy, Chief Executive

Date: 30 May 2017

Signed:

Damian Reid, Director of Finance

Date: 30 May 2017

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