



Bedford Hospital NHS Trust Annual Report 2019/20

Contents

1. Lead Director’s statement	2
2. Performance Report.....	4
a. What we do	4
b. The Trust Services	5
c. Activity.....	7
d. Operational performance.....	8
e. Financial performance.....	10
f. Financial sustainability.....	13
g. Events after the reporting period (DHSC loans).....	13
3. Accountability report	14
a. Corporate governance report.....	14
b. Non-Executive Directors.....	14
c. Executive Directors	17
d. Statement of the chief executive’s responsibilities as the accountable officer of the Trust.....	20
e. Statement of directors’ responsibilities in respect of the accounts	21
f. Annual governance statement.....	22
4. Remuneration and staff report.....	31
a. Remuneration Committee.....	31
a. Staff report	36

1. Lead Director's statement

I am delighted to introduce the Bedford Hospital annual report for 2019/20 which becomes the last of its kind due to our merger with the Luton and Dunstable University Hospital that took place on 1 April 2020 to form one single large organisation, Bedfordshire Hospitals NHS Foundation Trust.

It has been another busy year for the NHS and our hospital has seen consistently higher attendances often with lower than expected discharges, which in some part reflects the growing, and changing care needs, especially of older people and those with long-term conditions. Like many organisations we have experienced some difficulties in recruiting and retaining certain staff groups; all while ensuring we make the best use of public money. Of course on top of this, there are more recent events in which each NHS organisation up and down the country is experiencing the challenges being currently faced with the COVID-19 pandemic and the greatest health emergency in NHS history.

As we continue to travel through uncharted territory, it has been remarkable to see how well all health and social care staff have responded to the Covid-19 pandemic. I'd like to take this opportunity to thank everyone across the organisation who continues to work under immense pressure in these challenging times, the care and commitment we see every day is really humbling.

Prior to the start of COVID-19 activity, we were already experiencing growing challenges as the population of Bedfordshire continues to grow at significant pace. We have been seeing a considerable increase in demand over recent times and our overall patient contacts have risen 13% over the past four years.

Whilst we maintained our strong performance against the national cancer care waiting time standards where we have consistently above the national average in many areas we were not able to meet the four-hour A&E access standard or the 18-week referral-to-treatment waiting time target. Although some of our operational performance targets have dropped our infection control measures remain strong, with only 1 MRSA case and 10 C Diff cases, below our ceiling of 11.

Balancing providing high quality care with ensuring we make the best use of public money is a priority for the Trust. At the beginning of the year we agreed a financial control total of a full year deficit of £10.8m. The Trust's actual outturn position, after the award of £10.9m central funding, including Provider Sustainability Funding (PSF), was £14k surplus. You can read more about our financial performance from page 10 onwards.

Our continued delivery of safe care for patients is only possible with the dedication and compassion of our outstanding staff working to treat patients with increasingly complex conditions. It's important we take the opportunity to reflect on a small selection of some of the great achievements and highlights of the Trust before the emergence of COVID-19. These have included:

- Becoming a smoke free site with smoking prohibited anywhere on the hospital grounds including the gardens. It was an important and necessary step to protect every person who works and attends the hospital site from the dangers of second-hand smoke and helps develop a supportive environment for anyone who is quitting.

- Our Support Services team were recredited with the Customer Service Excellence quality mark for 2019. The Customer Service Excellence (CSE) standard encourages organisations to focus on the individual needs and preferences of the service users. The CSE mark is held by a select group of organisations and we are one of only 4 NHS Trusts to have achieved this which is a testament to the hard work of our Support Services team
- We launched our *Three Year Operational Plan* outlining our vision to provide excellent hospital and integrated care services to the people of Bedfordshire, setting out a comprehensive summary of our strategy to meet this. Shorter stays in hospital, revolutionary digital transformation and significant investment into the South Wing site were among the focal points.
- We were delighted to be one of 78 Trusts to receive funding to upgrade screening equipment to improve cancer diagnosis and survival. The funding was part of the Government's £200m funding injection to upgrade cancer testing and detection technology. Two new MRI scanners and a new CT scanner were some of the equipment purchased with this funding

One of the most notable highlights of 2019 was the confirmation that the request for capital funding needed for the proposed merger with the Luton and Dunstable University Hospital had been approved and allocated. As soon as this confirmation was received from the Department of Health and Social Care our plans were reinvigorated, kick starting the incredible hard work and dedication from staff on both hospital sites to achieve one single Foundation Trust by April 2020.

The hard work of our ambitious plans paid off as we officially started our journey as Bedfordshire Hospitals NHS Foundation Trust on 1 April, as planned. The merger is incredibly important for our local health economy, but understandably COVID-19 activity has been our priority both locally across our two hospitals and for the entire NHS. Providing consistent leadership within an integrated Trust is essential as we operate through these unprecedented times. The merger will help in building a more resilient workforce, working together as one Trust to provide the best care for our patients in very difficult circumstances.

The new integrated Trust will bring together a combined workforce of approximately 8,000 staff and is the largest NHS employer in Bedfordshire - caring for a population of approximately 620,000 people. Each individual hospital will retain their name and proud heritage along with continuing to deliver a full range of services on both sites. This includes retaining key services such as A&E, Obstetrics-led Maternity and Paediatrics at Bedford.

The creation of one Trust Board has always been part of the merger plans and as such we've sadly said goodbye to some senior executives including our Chief Executive, Stephen Conroy who provided valuable, high quality leadership for nine years at Bedford Hospital. David Carter (previously CEO at the L&D) now takes up the CEO role at the new Bedfordshire Hospitals NHS Foundation Trust and will lead the way for next year's Annual Report. I am sure you will all join me in wishing colleagues both new and old as well as the organisation all the very best for the future.

Eileen Doyle

Lead Director

2. Performance Report

a. What we do

The Trust serves a population of approximately 270,000 across Bedfordshire and the surrounding areas (with a 900,000+ catchment for vascular services). Its core local authority populations are Bedford Borough (160,000) and Central Bedfordshire (260,000). It employs 2800 members of staff (making it the largest employer in Bedford) and a current turnover of over £200m. Our main commissioner is Bedfordshire Clinical Commissioning Group.

BHT 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 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 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 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.

b. The Trust Services

Table 1: The Trust's services

Service	Description	In the year 2019/20
Urgent and emergency care	Consultant-led A&E department and most emergency surgery provided on-site 24/7.	87,557 patients attended the A&E department, of which 18086 arrived by ambulance and 24,709 were admitted. The Trust did not meet the 95% target for patients to be seen within four hours and declared a performance of 84.90%
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 62,931 inpatients and undertook 28,486 elective procedures.
Diagnostics and outpatients	Diagnostics and outpatient care are available at Bedford Hospital.	Bedford Hospital delivered 334,153 attendances.
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.	2,820 mothers gave birth in Bedford Hospital, with 59 mothers giving birth at home
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 11,666 attendances to the paediatric unit. This includes 3,959 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 another hospital. Some specialist care is not currently provided at Bedford Hospital .Including radiotherapy and specialised procedures such as brain and cardiothoracic surgery.	The hospital saw 31,089 elective patients and undertook a further 98,332 procedures and interventions in outpatients. 1.76% (423) operations were cancelled on the day for non-clinical reasons. The Trust did not meet required target of

		<0.8%.
Support Services	<p>The Trust is supported by a range of in-house non-clinical services, including catering, domestic services, decontamination and porters.</p>	<p>In 2019, the Trust scored well above the national average across most areas in the Patient-Led Assessment of the Care Environment (PLACE). Catering and cleaning scores were in the top 5% on the NHS.</p> <p>The Catering Department again achieved five stars from the Local Council for food safety and completed the NHS CQUIN for Healthy Eating.</p> <p>Health and Safety Management continues to achieve the IHSO 18001 standard.</p> <p>Mortuary and Bereavement Services maintained full accreditation standards for ISO 9001.</p> <p>A formal audit confirmed that the Support Services departments continued to meet the national standards for Customer Service Excellence (CSE).</p> <p>Sterile Services maintains a full ISO accreditation which includes two ISO's standards.</p> <p>Security and Emergency Planning met all the required NHS Standards. This included the disabled and secure car parking certificates for the hospital.</p> <p>Voluntary Services continued to support the hospital, highlights included working with clinical staff to introduce the dementia actively program and end of life companion volunteers.</p>

c. Activity

Table 2: Trust activity

Activity information	2019/20	2018/19	2017/18	2016/17
A&E attendances	87,557	77,895	75,940	73,079
Emergency admissions via A&E	24,709	23,597	23,288	21,989
All non-elective spells	27,924	26,646	26,880	26,743
Elective spells (not day cases)	2,603	2,953	2,844	3,029
Elective day cases	28,486	28,446	25,916	24,843
Total spells (NB. includes maternity spells)	62,931	62,656	59,644	54,616
Referrals	2019/20	2018/19	2017/18	2016/17
Written referrals from GP for first outpatient (OP) appointment	57,316	53,855	49,070	49,411
Other referrals for first OP appointment	25,069	24,818	24,972	30,789
Total referrals for first OP appointment	82,385	78,673	74,042	80,200
Outpatient activity	2019/20	2018/19	2017/18	2016/17
Consultant led first OP attendances	72,797	69,490	65,899	67,244
Other first OP attendances	21,220	13,778	19,484	20,032
Total first OP attendances	94,017	83,268	85,383	87,276
Consultant-led follow-up OP attendances (including with procedures)	123,511	117,271	113,360	114,277
Other follow-up OP attendances	116,625	127,911	116,181	108,979
Total follow-up OP attendances	240,136	245,182	229,541	223,256
Births	2,820	2,758	2,880	2,861

Note: A&E - All types e.g. footprint = 110,006

d. Operational performance

The Trust has, throughout 2019/20, continued to experience significant demand on its services and admitted high numbers of emergency cases, in fact a 17% increase in A&E attendances since 2016. 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.

Although we were unable to meet the four-hour A&E access standard or the 18-week referral-to-treatment waiting time target we did maintain our strong performance against the national cancer care waiting time standards which was above the national average in most areas.

Our Trust, like many others up and down the country, saw another rise in patients attending our urgent and emergency care services. In 2019/20 87,557 patients attended our A&E. This is 10,000 more patients a year, although 11,868 were streamed from A&E and treated in our Urgent Treatment Centre (UTC). Overall we managed to see 84.90% of patients who attended A&E within four hours.

To help cope with the additional demand for our services, which we are seeing year-on-year the UTC has provided necessary improvements in the way we deliver urgent and emergency care. Extra capacity is now available as patients with minor injuries are streamed from our A&E Department to the UTC. The Trust also has five additional patient assessment and treatment bays in our A&E department, which were completed last year.

Around 1,620 patients a month attend the UTC, 989 streamed from A&E, and this has had a significant impact on the flow of patients through A&E, allowing staff to focus on those patients with serious health conditions.

To help patient flow through the hospital the Trust undertook a bed reconfiguration in July. The reconfiguration focused on reducing medical outliers on surgical wards and minimising patient moves by a ward reconfiguration to rebalance the medical to surgical beds with significant improvement for patients and staff.

Initial signs show some significant improvements with the number of patients with a length of stay of 7 days on the newly configured trauma ward reducing by almost half. Between July and October the mean average number of patients with a length of stay of 7 days or more was 27. Post ward reconfiguration from November to March 2019 the mean average number of patients with a length of stay of 7 days or more is 13.89.

Service activity	National standard	2019/20 (%)	2018/19 (%)	2017/18 (%)
A&E waits (less than four hours)	95%	84.90%	91.5%	90.3%
Two week referrals for suspected cancer	93%	87.98%	95.50%	95%
Cancer patients receiving treatment within one month of decision to treat (31 day)	96%	97.80%	97.39%	97.7%
Cancer patients receiving treatment within two months of urgent GP referral (62 Day)	85%	71.50%	76.60%	85.9%
18 Weeks incomplete pathways	92%	87.25%	88.90%	90.9%
Patients on incomplete pathways	14,862	14,847	13,906	14,222
Diagnostic waits (within six weeks)	99%	99.02%	99.36%	99.3%

Table 3: Trust Service Activity 2019/20

Notes: A&E - All types e.g. footprint = performance 87.98%

Table 4: Trust Service Quality 2019/20

Service quality	Standard	2019/20	2018/19	2017/18
Planned operations cancelled (on the day)	<0.8%	1.76% (423)	1.19% (376)	0.83% (290)
Patients rescheduled within 28 days	>95%	95.28%	92.3%	99.32%
Delayed transfers of care (average per week)	<3.5%	2.88%	3.00%	3.42%
MRSA bloodstream infections	0	1	1	0
Clostridium difficile infections	11	10	9	8

Note: due to COVID-19:

QMCO cancelled ops suspended for Q4 of 19/20 – performance is reflective of Q1-3

Delayed transfers suspended for March Reporting – Performance is for 11 months

e. Financial performance

The agreed plan for 2019/20 anticipated a full year deficit of £10.8m before accounting for central funding up to £10.9m. The central funding relates to Provider Sustainability Funding (PSF), Financial Recovery Fund (FRF) and Marginal Rate Emergency Threshold (MRET) funding. The Trust's control total after accounting for central funding was £0.1m surplus. The Trust met the control total for the year and secured the £10.9m central funding.

The factors driving the financial performance in 2019/20 included:

- A continuation of 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 and penalties but not the marginal rate adjustment as this was abolished for 2019/20
- Pay pressure due to national shortages in medical and nursing posts and increases in establishment to deliver safe staffing standards. The Trust was issued with an agency cap for 2019/20 by NHS Improvement, which was £6.1m, the same as 2018/19. The Trust exceeded the cap this year by £3.9m, of which £3.2m related to medical and nursing staff agency costs. Overall the expenditure for the year was £10.0m. (Agency spend in 2018/19 was £9.9m)

The income and expenditure outturn for the Trust is summarised in the table below:

	2019/20 (£000s)	2018/19 (£000s)	2017/18 (£000s)
Income	243,750	210,489	205,028
Pay costs	151,025	135,968	125,814
All other costs	92,342	88,650	83,275
Net surplus/ (deficit)	383	(14,129)	(4,061)
Technical adjustment (see below for explanation)	(369)	(22)	(2,381)
Adjusted net surplus/ (deficit)	14	(14,151)	(6,442)
<i>Add back core PSF earned</i>	<i>(10,934)</i>	<i>(663)</i>	
<i>Add back general distribution PSF earned</i>	<i>0</i>	<i>(3,050)</i>	
Adjusted retained surplus/ (deficit) pre PSF	(10,920)	(17,864)	

Table 2: Trust income and expenditure 2017/18 to 2019/20

A technical adjustment was applied to the headline surplus of £383k. The technical adjustment of £(369)k related to an adjustment for donated assets, and depreciation on these assets, as well as a prior year allocation of PSF, which was granted to the Trust after last year's accounts had been finalised.

The Trust invested £10.1m in 2019/20 in estates developments, service developments, IM&T and medical equipment. Key projects included:

- GDE/electronic document recording and management system (EDRMS) - £3.0m
- Other estates projects - £2.7m
- Audiology Hearing Aid fitting systems - £0.1m
- Other medical equipment - £1.7m
- PC replacement programme, Windows 10 roll out and other IT projects - £1.3m
- Winter planning schemes £0.35m – Point of Care Testing (POCT) £200k, A&E £150k
- Further bids made for replacement x1 CT scanner in 19/20 £0.8m, and x2 MRI machines in 20/21 for which business cases are being developed. £200m national funding was announced on 27 September, although we are waiting for more detail of the BHT allocation.
- £0.3m for GHH Primary Care Services

This was in addition to funding provided by the Bedford Hospitals Charity, totalling £54k. The purchases during the year included a Sonosite Echo machine for £33k.

The capital plans for Fast Follower (FF) IM&T projects cover a 2-3 year period and total £5m. BHT will need to demonstrate matched funding from internally generated sources.

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

	2019/20 (£000s)	2018/19 (£000s)	2017/18 (£000s)
Net assets	42,857	40,461	48,393
Financed by:-			
Public Dividend Capital	114,371	110,106	106,170
Revaluation reserve	15,603	18,448	16,817
Retained earnings	(87,117)	(88,093)	(74,594)

Table 3: Net assets held by the Trust

The cash position was supported by the Revolving Working Capital Facility (RWCF) up to £4.6m loans from the Department of Health in-year.

The Trust's financial position has resulted in an increase in its overall cumulative deficit to £64.8m (see Breakeven duty rolling assessment note in the annual accounts) and resulting in the Trust not achieving its statutory breakeven target.

The largest proportion (40%) of Bedford Hospital's revenue from patient care activities comes from treating patients in the accident and emergency department (7%) and admitting patients in an emergency (33%).

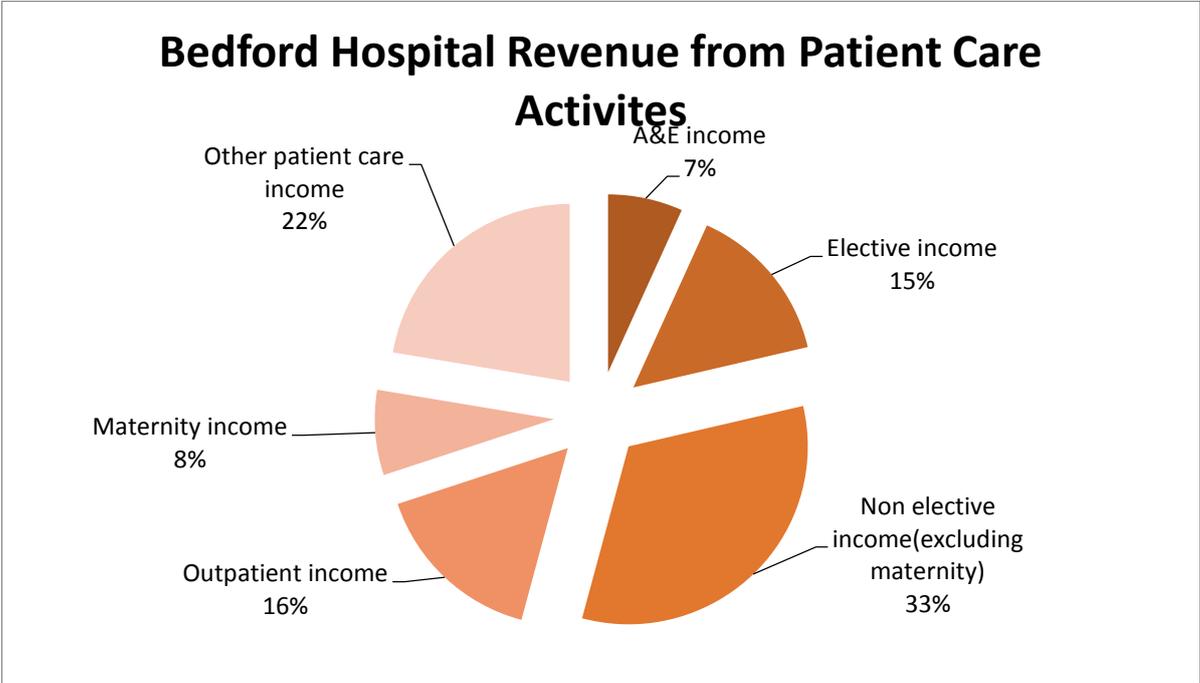


Figure 1: Revenue from patient care activities 2019/20

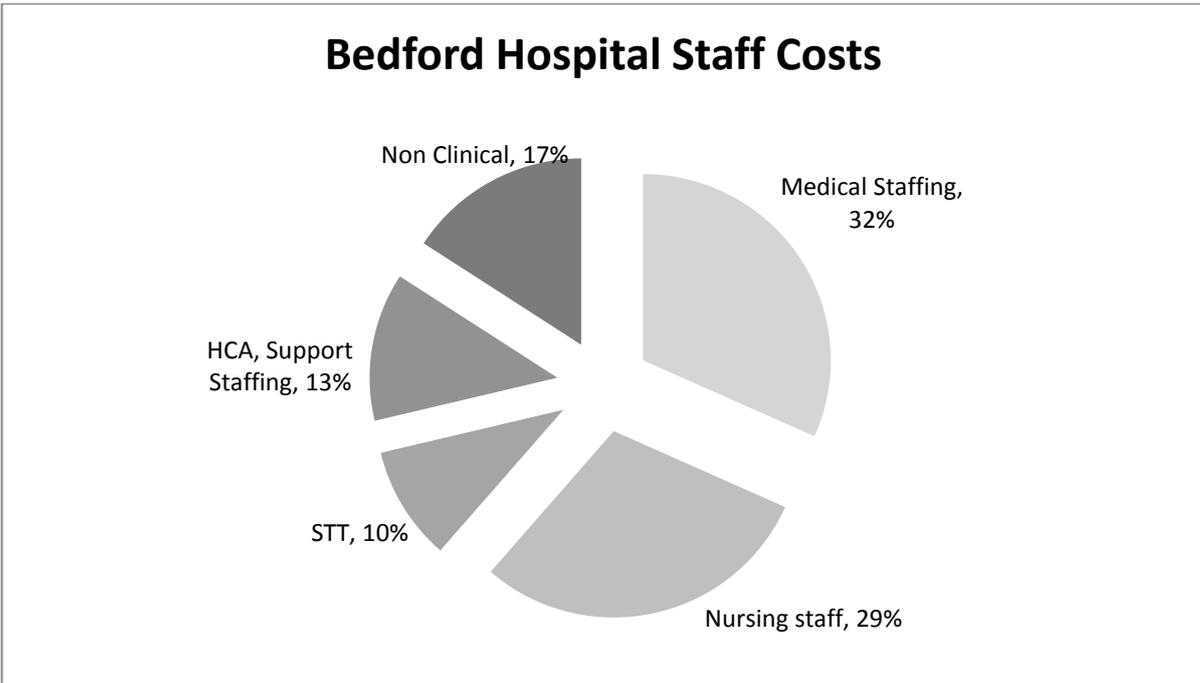


Figure 2: Staff costs 2019/20

84 percent of Bedford Hospital’s staff costs in 2019/20 (89 percent in 2018/19) came from the deployment of doctors (32%), nurses (29%), scientific and therapeutic (10%) and healthcare support staff (13%).

f. Financial sustainability

The Trust had sought to merge with Luton and Dunstable University NHS Foundation Trust (LDH). The merger application commenced in 2017/18 but it was paused until formal confirmation was received by LDH that capital funding would be available for its site redevelopment, which included a major acute services block. Confirmation was received in August 2019 and the merger application recommenced in September 2019.

The Trust was acquired on 1 April 2020 by Bedfordshire Hospitals NHS Foundation Trust (FT, formerly Luton and Dunstable NHS Foundation Trust). Whilst the Trust as an entity ceased to exist on that date and is not a going concern at 31 March 2020, the services provided by the Trust have continued within the successor body. In accordance with the Department of Health and Social Care Group Accounting Manual, the continuation of the provision of services within the public sector means that the accounts of the Trust should be prepared on a going concern basis.

The FT is facing, along with all other providers, a challenging financial environment. This challenge has been exacerbated in 2019/20 by the advent of Covid-19, and this challenge will continue into 2020/21. The merger has added an additional layer of complexity.

The Directors of the FT have received written assurance that funding relating to Covid-19 will be sufficient to cover reasonable costs and this has proved to be the case for costs incurred to date. The Directors have received assurance on the merged organisation's financial standing through detailed due diligence, both internal and external and on the basis of this assurance and due diligence the FT has submitted a surplus plan for 2020/21 to NHSE/I.

g. Events after the reporting period (DHSC loans and merger)

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21, existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers. Outstanding interim loans totalling £71,163,000 as at 31 March 2020 in these financial statements have been classified as current they will be repayable within 12 months.

The Trust was acquired on 1 April 2020 by Bedfordshire Hospitals NHS Foundation Trust (formerly Luton and Dunstable NHS Foundation Trust).

Signed.....

Accountable officer: David Carter, Chief Executive

Organisation: Bedford Hospital NHS Trust

Date: 17 June 2020

3. Accountability report

a. Corporate governance 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 England/NHS Improvement, NHS England, Clinical Commissioning Groups and other health care providers across the whole health economy.

The Bedford Hospital NHS 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 University 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 the University of Hertfordshire. Given the historical and geographical links, these relationships allow the Trust to work closely with the universities 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 NHS Improvement (previously the NHS Trust Development Authority prior to 2016), for appointments and re-appointments; and seven executive directors (5 voting and 2 non-voting) 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.

b. 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: Chairman of the Board of Directors/Trustees of Lymphoma Action.

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

Name: Duncan Gear

Post held: Non-Executive Director (to June 2019)

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: None

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 Chief Executive for Evaluate Ltd. Prior to this Deborah was Managing Director for Healthcare UK.

Details of company directorships and other significant interests: CEO Evaluate Ltd, Consultant and Business Advisor at DKK Associates Ltd.

Membership of committees: Audit, Finance and Remuneration.

Name: Dr Carol McCall

Post held: Non-Executive Director

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

Name: Steve Hone

Post held: Non-Executive Director

Previous experience: Steve is a qualified engineer who has over 25 years extensive experience as a director and senior executive within the high service level distribution industry and latterly as a management consultant and non-executive director to a number of small and medium-sized businesses. Since becoming involved in the NHS he held the posts of Chair of Kettering General Hospital for seven years – leading the Trust to Foundation status – and Chair of Bedfordshire Clinical Commissioning Group for a further two years.

Details of company directorships and other significant interests: Director, Ristorante Vivo Ltd

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

Name: Robert Green

Post held: Non-Executive Director (appointed 18 June 2019)

Previous experience: Robert Green was appointed by NHSI on 18 June 2019 as a Non-Executive Director for the Trust.

Mr Green is a qualified Chartered Accountant and has worked at board level in both financial and general management roles in a variety of companies for over 30 years. Until

recently, he was a Non-Executive Director and Chair of the Audit Committee at Milton Keynes University Hospital.

Details of company directorships and other significant interests: None

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

c. 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 over 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: Eileen Doyle

Post held: Deputy Chief Executive (appointed October 2019)

Previous experience: Eileen has led major service changes including mergers, moves and rebuilds in a number of trusts across the country. She is passionate about supporting hospitals to improve their quality and performance indicators. Eileen was previously the chief operating officer at Kingston Hospital in south west London.

Eileen re-joined the Bedford Trust as Deputy CEO in Oct 2019. Eileen's previous post was at Kettering General Hospital NHS Foundation Trust where she was also a Deputy CEO. Eileen had previously held the post of Interim Chief Operating Officer at Bedford Hospital from December 2013 to September 2015. Since graduating, she has worked for the NHS since 1995 in a variety of managerial roles, with her first board level position in 2006.

Details of company directorships and other significant interests: None

Membership of Committees: Finance and Quality and Clinical Risk

Name: Paul Tisi

Post held: Medical Director

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 (to November 2019)

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 specialties 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

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: Deidre Fowler

Post held: Interim Director of Nursing and Patient Services (appointed April 2019)

Previous experience: Deidre was the Director of Nursing, Midwifery and Quality at Shrewsbury and Telford NHS Trust and prior to that held the same post at Hinchbrooke HealthCare Trust. Deidre has a wealth of healthcare experience and has been working in the NHS for over 30 years. Deidre qualified as a Registered General Nurse in 1989 and subsequently a Midwife in 1994.

Deirdre was instrumental in helping Hinchingsbrooke Health Care Trust move from an 'Inadequate' CQC rating to 'Good' by leading the implementation of a robust Quality Improvement Plan. She is experienced and committed to bringing the NHS values and behaviours to life to benefit patients and staff.

Details of company directorships and other significant interests: None

Membership of Committees: Finance, Quality and Clinical Risk

Name: Fiona MacDonald

Post held: Director of Workforce and Organisational Development

Previous experience: Fiona joined the NHS in 2003 at Peterborough and Stamford Hospitals having previously worked in the private sector. During her time at Peterborough and Stamford Hospitals she worked in a variety of senior HR and Workforce roles including HR lead for the PFI project to build Peterborough City Hospital, which completed in 2010, and as Assistant Director of Workforce working on the strategic agenda. Most recently as Deputy Director of Workforce and OD, Fiona worked on the transition to bring together Peterborough and Stamford NHS Foundation Trust and Hinchingsbrooke Healthcare Trust as North West Anglia NHS Foundation Trust in April 2017

Details of company directorships and other significant interests: None

Membership of Committees: Finance, Quality and Clinical Risk Committee

Name: Gavin MacDonald

Post held: Interim Chief Operating Officer (appointed December 2019)

Previous experience: Gavin joined from Dartford and Gravesham NHS Trust where he was also an Interim Chief Operating Officer. Gavin has an extensive NHS background, after qualifying as a RGN in 1993 he has held various senior leadership roles throughout his NHS career.

Details of company directorships and other significant interests: None

Membership of Committees: 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 2019/20, the Board met in public on 12 occasions, plus the AGM, held in July 2019. 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 with the addition of the trust Chair and attended also periodically 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.

d. Statement of the chief executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. 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 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, other items of comprehensive income and cash flows for the year.

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 entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed.....Chief Executive

Date: **17 June 2020**

e. Statement of 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 HM 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, other items of comprehensive income and cash flows for the year. In preparing those accounts, the 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; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern

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 such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and 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.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced, and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

17 June 2020Chief Executive

17 June 2020Finance Director

f. Annual governance statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Bedford Hospital NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Bedford Hospital NHS Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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:

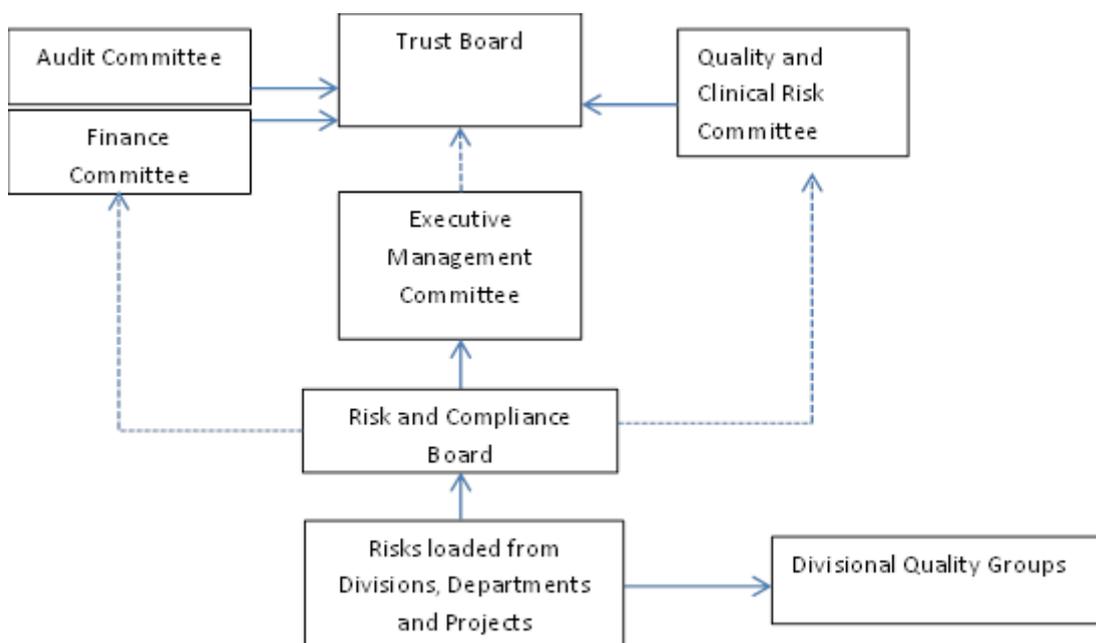
- A risk management policy;
- Clear division between assurance and operational responsibilities;
- Devolution of responsibility and accountability for risk assessment and management throughout the organisation;
- Identification and quantification of risk using a common assessment tool;
- A risk register,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

A Risk and Compliance Board meeting is in place to provide leadership over the review of all risks currently on the risk register and to validate newly added risks 15+. The Risk

and Compliance Board moderates risk scores, where necessary, to ensure consistency of risk scoring across the Trust.

A 15+ clinical and non-clinical risk corporate risk register goes to the Risk and Compliance Board and it sends an upward report plus the 15+ risk paper to the Executive Management Committee. All 15+ clinical risks are reviewed by the Quality and Clinical Risk Committee and all 15+ non-clinical risks are reviewed by the Finance Committee in order to provide assurance to the Trust Board. Other risks are reviewed at the executive led divisional monthly performance meetings and divisional quality groups. All 20+ risks are notified to an executive director and 25+ risks get escalated to the CEO immediately on the day and robust mitigations must be put in place.

The Board receives upward reports from each of its sub-committees monthly highlighting risks for escalation.



The Audit Committee maintain oversight of the risk management processes.

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 NHSR standards. Those with a residual risk rating of 15 or more, including those from failure to maintain compliance with CQC registration, are reported monthly to the relevant management board e.g. Risk and Compliance Board, 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.

Risks to data security are managed and controlled through the Information Governance (IG) 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 Data Security & Protection Toolkit (DSPT) the successor framework to the information governance toolkit. The Trust made a 'standards not met' submission for 2019/20 accompanied by a DSPT improvement plan which was agreed by NHS Digital resulting in the Trust being displayed

as 'standards not fully met (plan agreed)'. The DSPT evidence and outstanding actions were audited by RSM in 2019. Risks were noted within the DSPT audit and the Trust has put in place an urgent action plan for High/Medium risk and Low risks will be added to the Trust IG Improvement Plan in 2019/20 and overseen during the year by the Audit Committee. In the financial year 2019/20 there were no externally reportable incidents reported on the IG incident reporting tool nor on the Data Security & Protection incident reporting tool.

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:

Quality, Safety & Patient Experience

- Implement the Quality Improvement Strategy
- Implement local clinical service developments e.g. Better Births, Frailty Model

Access & Performance

- Recover and deliver the national standards for A&E, RTT and cancer
 - Implement robust plans for winter resilience

Finance

- Deliver the agreed financial control total
 - Deliver the efficiencies derived from the Lord Carter Programme

Leadership & Transformation

- Deliver the merger transaction
- Implement agreed STP plans to achieve integrated system working
- Initiate and organisation wide programme to transform patient experience and care

The potential key risks, set out in the BAF, were identified in April 2019 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. Unable to recruit and retain the appropriate clinical workforce
11. Insufficient capacity or capability to lead or deliver projects and transformation
12. Limited or no progress in integration with community services

13. The merger with Luton and Dunstable University Hospital Foundation Trust does not go ahead

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

In addition, in respect of EU Exit planning, the Trust Board received regular updates during the year on the Trust's readiness for the implementation of this policy. The updates, provided by the Chief Operating Officer, the Trust's emergency planning lead, confirmed that the Trust had been following national guidance in drafting readiness plans. The planning highlighted the potential risks to continuity of supply of medicines and clinical supplies, as well as the retention of staff recruited from the EU. Mitigations were considered as part of the Trust's risk management processes.

The Trust's Internal Auditors carried out an audit of the risk management processes at the Trust in 2019 resulting in a positive assurance opinion and 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 by PWC, which offers a pro-active approach to fraud awareness and prevention. A Fraud Risk Group was introduced at the Trust in 2018, attended by senior managers and chaired by the Local Counter Fraud Specialist, to further strengthen ownership of fraud risk assessment.

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. Board Assurance Framework and also the Senior Information Risk Owner
- Medical Director - Clinical risk. Also the Caldicott Guardian.
- Director of Nursing and Patient Services – Clinical risk, risk management, non-clinical risk and risks associated with support services.

- Director of Workforce and Organisational Development - risks associated with human resources.
- Chief Operating Officer - risk associated with access targets and delivery of activity.

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 has provided a series of risk management training sessions to senior managers to ensure consistency of risk reporting and terminology Trust-wide. The Trust's weekly staff e-bulletin includes a section on learning from issues as well as highlighting risk areas.

The Trust has a workforce strategy in place accompanied by a workforce and OD plan. A gap analysis has been undertaken against the National Quality Board guidance to ensure compliance and the Board receives monthly reporting re safe staffing via the Integrated Performance Report. This ensures that the Board is sighted on the appropriate number and mix of clinical professionals, as the Trust recognises that safe staffing is vital to the delivery of quality care and keeping patients safe from avoidable harm.

The trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). The Trust was inspected by the CQC in 2018 and whilst the Trust remained as 'Requires Improvement' for the core services inspection it was recognised that significant improvements had been made in a number of areas. Of the 39 potential ratings the Trust was rated as 'Good' in 80% up from 66% at the time of the previous inspection. A robust action plan has been put in place to address the 'Must Do' and 'Should Do' actions and is monitored via the Quality and Clinical Risk Committee to provide assurance to the Board. The 2018 assessment saw two new CQC inspection areas of 'well-led' and 'use of resources'. The Trust was rated as 'Good' under 'well-led' which was a significant achievement within the new strict assessment criteria and provides external assurance to the Board for governance processes at the Trust. The Trust was rated as 'Requires Improvement' under 'use of resources' and improvement work using Model Hospital metrics was put in place through the Trust's 'Transforming for Excellence' programme.

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

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

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

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

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, the quality and 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. I am assured that plans are in place to address potential weaknesses and ensure continuous improvement of the system is in place.

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 for 2019/20 was that the organisation has an adequate and effective framework for risk management, governance and internal control. The work further identified enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

The Head of Internal Audit opinion for 2019/20 was that the organisation has an adequate and effective framework for risk management, governance and internal control. The work further identified 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. The Audit Committee tracks implementation of agreed management actions.

Executive Directors 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 of 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.

NHS Improvement issued guidance for Well Led reviews in June 2017 that strongly encouraged all providers to carry out developmental reviews of their leadership and governance using the well-led framework every three to five years. Accordingly the Executive Directors have completed a self-assessment of each of the eight key lines of enquiry. The self-assessment rating is 'Good', within the range available and this was supported by the CQC rating of 'Good' for 'Well-Led'. A Trust Board seminar was held to both challenge and confirm this rating with the outcome that the Non-Executives were assured of the 'Good' self-assessment rating and that this was consistent with the examples of good practice and evidence provided.

NHS Improvement advised all providers to carry out a self-certification to provide assurance that they have complied with the NHS Provider Licence and associated NHS Acts and have had regard to the NHS Constitution.

Although NHS trusts are exempt from needing the provider licence (it applies to NHS Foundation Trusts and independent healthcare providers), directions from the Secretary of State require NHSI to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate.

The Single Oversight Framework (SOF) bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions and must self-certify under these licence provisions.

Two declarations are required by the NHS provider licence:

- Condition G6 (3) – providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution.

This is a general condition and the assumption would ordinarily be that a Trust was compliant unless there was some exceptional circumstance e.g. the CQC had, through inspection, advised that the organisation was in breach or that the Trust was aware of a significant matter that might cause a breach.

- Condition FT4(8) – providers must certify compliance with required governance standards and objectives.

These ask that Trusts are assured that they have the necessary governance systems and processes in place to support compliance. These cover similar themes that are to be found, and assured, in annual audit. There are therefore a number of key documents that can be referred to in support of the declaration. In summary;

- Board structures and accountability – Standing Orders, Standing Financial Instruction and Scheme of Delegation – Updated March 2019.
- Risk – BAF in place, updated regularly, reviewed by committees, audited.
- Efficiently and effectiveness – SFIs, Scheme of Delegation, Business Planning processes

- NHS Constitution – Standing Orders, Board level performance reporting
- Quality – Quality governance structures including Board level committee, Quality Impact Assessments
- Capacity and Capability – Board appraisal, Fit and Proper Persons Test, Board Recruitment processes, OD Programme in place. Rated 'Good' for Well-Led by the CQC.

The Board declared compliance via self-certification in May 2018.

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 NHS Constitution and has had regard to the NHS Constitution in carrying out its functions.

Conclusion

No significant internal control issues have been identified

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, and 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 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 and Scheme of Delegation 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 via a proposed merger with the Luton and Dunstable Hospital University Foundation Trust in April 2020 in the context of the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS)

With its composition of Chair and Non-Executive Directors, appointed by the Appointments Commission or more recently by 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 Robert Green, 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 2019/20 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 2019/20 supported by a system to track internal audit recommendations;
- A key goal has been to ensure that issues covered by internal audit reports align well to the BAF risks.

The Finance Committee, comprising three non-executive and three executive directors and chaired by Mr Steve Hone 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.

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. 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.

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.

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. Key performance indicators are set out in more detail in the performance report and financial statements.

The modern slavery act 2015

Bedford Hospital NHS Trust is committed to maintaining and improving systems, processes and policies to avoid complicity in human rights violation. We realise that slavery and human trafficking can occur in many forms, such as forced labour, domestic servitude, sex trafficking and workplace abuse.

Our policies, governance and legal arrangements are robust, ensuring that proper checks and due diligence take place in our employment procedures to ensure compliance with this legislation.

Signed.....

Accountable officer: David Carter, Chief Executive

Organisation: Bedford Hospital NHS Trust

Date: 17 June 2020

4. Remuneration and staff report

a. Remuneration Committee

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 31 for details of the membership of the Remuneration Committee).

The executive directors of Bedford Hospital, who are employed on permanent contracts by the trust, 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 2019/20. 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 2020. 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 2019/20 was £150,000-£155,000 (2018/19 was £145,000-£150,000). This was 5.59 times (2018/19, 5.35 times) the median remuneration of the workforce, which was £27,260 (2018/19, £27,583). Remuneration ranged from £15,596 to £152,473 (2018/19 £11,537 to £149,637). The median pay disclosure is subject to audit.

There was a lifting of the pay freeze across the NHS in 2019/20, resulting in a 3% 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.

Name and Title	Current Contract Start Date	Contract end date/ Non Executive renewal date	Leaving date where applicable	2019-20					2018-19						
				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, Trust Board Chairman	2015	2018	N/A	20-25	3	0	0	0	20-25	20-25	22	0	0	0	20-25
Mr D Gear, Non Executive Director	2008	2018	Jun-19	0-5	0	0	0	0	0-5	5-10	3	0	0	0	5-10
Mrs D Kobewka, Non Executive Director	2012	2018	N/A	5-10	1	0	0	0	5-10	5-10	0	0	0	0	5-10
Dr D Gregson, Non Executive Director	2012	2018	N/A	0	0	0	0	0	0	0	0	0	0	0	0
Dr C McCall, Non Executive Director	2014	2018	N/A	5-10	0	0	0	0	5-10	5-10	14	0	0	0	5-10
Mr S Hone, Non Executive Director	2017	2018	N/A	5-10	0	0	0	0	5-10	5-10	6	0	0	0	5-10
Mr R Green, Non Executive Director	2019	2020	Mar-20	5-10	1	0	0	0	5-10						

Table 4: Non-executive Director's salary information (AUDITED)

Name and Title	Current Contract Start Date	Contract end date/ Non Executive renewal date	Leaving date where applicable	2019-20					2018-19						
				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
Executive Directors															
Mr S Daniels-Conroy, Chief Executive Officer	Jan-14	N/A	Apr-20	150-155	0			0	150-155	145-150	5	0	0	0	145-150
Mr P Tisi, Medical Director	Aug-16	N/A	N/A	165-170	3	35-40		10.0-12.5	215-220	155-160	13	35-40	0	0	195-200
Ms K Ward, Chief Operating Officer	Sep-15	N/A	Oct-19	55-60	0			0	55-60	105-110	9	0	0	0	105-110
Mr D Reid, Director of Finance	Sep-15	N/A	N/A	130-135	0			0	130-135	125-130	0	0	0	0	125-130
Mrs D Fowler, Interim Director of Nursing and Patient Services	Apr-19	N/A	Mar-20	120-125	0			0	120-125						
Ms E Doyle, Deputy Chief Executive Officer	Oct-19	N/A	N/A	95-100	0			0	95-100						

Table 5: Executive Director's salary information (AUDITED)

Notes for Table 4 and Table 5

Note 1: The Trust Board comprises a chairman, 5 non-executive directors, 5 executive directors and further members 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'. In 2018-19 the 2 non voting members were the director of workforce and director of corporate affairs. In 2019-20 there were 3 non voting members - the director of workforce and OD, the interim chief operating officer (COO) and director of clinical service improvement (csi). The interim COO was appointed in January 2020 and the director of CSI was appointed in September 2019.

Note 2: Ms Lees was interim Nursing Director for the period April 2018 to March 2019 on a shared basis with Luton and Dunstable University Hospital Foundation on Trust. Ms Lees was on LDH's payroll and was reported in full on LDH's remuneration report.

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 2019 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000) £000		Cash Equivalent Transfer Value at 1 April 2019 £000	Real increase/(decrease) in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Employer's contribution to stakeholder pension £000
Mr S Daniels-Conroy, Chief Executive (substantive)	*		*		*		*		*		*
Mr D Reid, Director of Finance	(0)-(2.5)		(0)-(2.5)		10-15		35-40	286	5	298	0
Ms K Ward, Chief Operating Officer	(5.0)-(7.5)		45-50		35-40		245-250	1161	**	**	0
Mr P Tisi, Medical Director	0-2.5		5-10		50-55		150-155	1016	76	1116	0
Mrs D Fowler, Interim Director of Nursing and Patient Services	0-2.5		0-2.5		35-40		115-120	783	32	834	0
Ms E Doyle, Deputy Chief Executive Officer	***		***		***		***	***	***	***	0

Table 6: Executive Director Pension information (AUDITED)

Notes for table 12:

Note 1. * Opted out of pension scheme from 31 March 2019

Note 2. ** Resigned October 2019

Note 3. *** Opted out of pension scheme

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

There was one exit package agreed in 2019/20 (2018/19, 1 package agreed)

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	1	-	1
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	1	-	1
Total cost (£)	£142,000	£0	£142,000

Table 7: Exit packages agreed in 2019-20

*Note: The Trust hosts six members of staff who work for Primary Care Commissioning (a Community Interest Company). PCC is entirely independent of the Trust save for ensuring that the hosted employees are employed and remunerated in line with NHS Terms and Conditions. The Trust holds a provision sufficient to cover the redundancy liability of the hosted employees. The exit package payment made in 2019-20 related to one of the hosted members of staff.

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 2018/19.

	Number
Number of existing engagements as of 31 March 2020	2
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	2
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 8: All off-payroll engagements as of 31 March 2020, for more than £245 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 2019 and 31 March 2020	0
Number of new engagements which include contractual clauses giving the [NHS body name] the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	0
<i>Of which:</i>	
assurance has been received	0
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	5

Table 9: All new off-payroll engagements between 1 April 2019 and 31 March 2020, for more than £245 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 2019/20.

Signed.....

Accountable officer: David Carter, Chief Executive

Organisation: Bedford Hospital NHS Trust

Date: 17 June 2020

a. 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

There has been continued development through patient experience groups, and practical improvements to the site. Elizabeth Ward retained the Quality Mark for Elder Friendly Hospital Wards which was awarded by the Royal College of Psychiatrists. The Unicef baby friendly assessment was undertaken and re-accredited, making it one of four Trusts in the East of England to have received this award.

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 in these areas have been running during 2019/20.

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

Members of the staff Diversity and Inclusivity network work together to run annual events, review policies, launch and implement a Diversity Calendar and engage with Trust initiatives to ensure that a wide perspective of views are included.

Training and awareness within the hospital

Equality and Diversity training is mandatory training for our staff and in 2019/20 our compliance level was 91.24%. We have continued to promote Mental Health First Aid Training for staff and managers through our Occupational health service. We have also extended our peer2peer listening service and now also have 4 additional freedom to speak up champions.

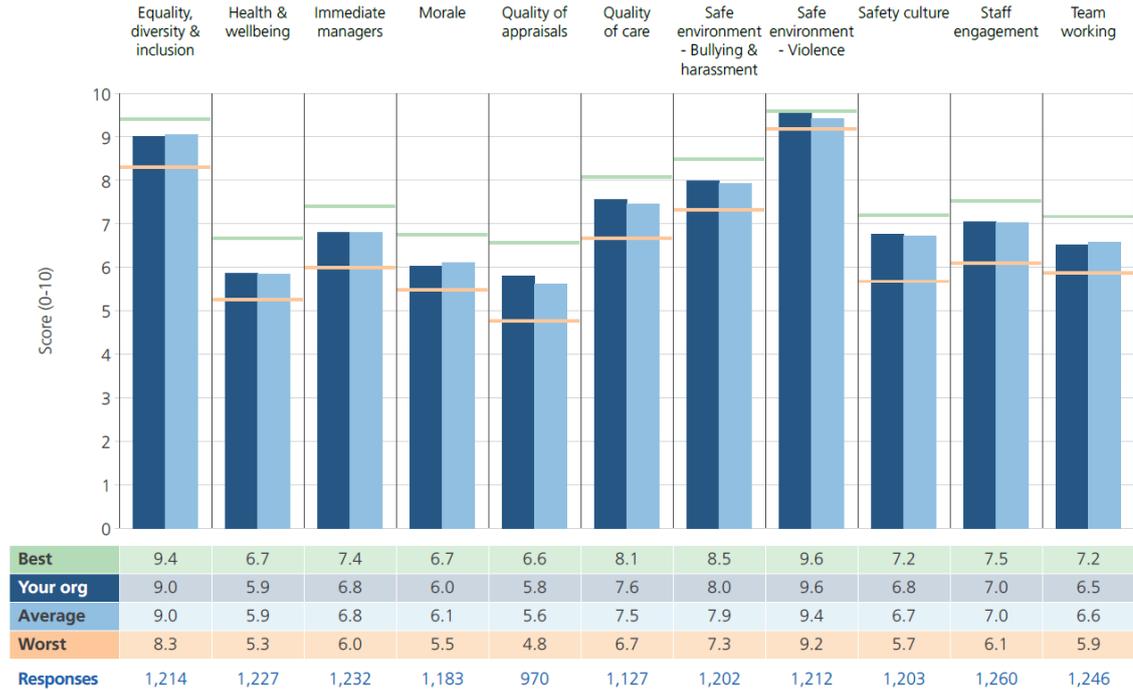
Bedford Hospital NHS Trust is committed to providing equal opportunities for disabled employees. The Trust has been recognised as 'Disability Confident' against national standards and promotes this in its recruitment advertising and selection processes.

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.

Staff Survey

The 2019 staff survey results were again very encouraging and consolidated and built upon the 2018 results. Another full staff survey census was taken and the response rate was 44%.



It is encouraging to note the results suggest a level of satisfaction and motivation in the workforce but also a strong emphasis on a patent safety culture.

The improvement in 2 particular indicators is a positive move forward especially as “able to provide the care I aspire to” and “don’t work any additional unpaid hours per week for this organisation, over and above contracted hours” were issues to address in the 2018 survey.

The survey results have been communicated across the Trusts via staff briefings, the intranet and to groups such as the Joint Staff side Management Committee, Medical Staff Council and the Clinical Leadership Forum. The outcomes are triangulated with other indicators such as patient surveys, sickness absence, turnover and our recent cultural survey to build a fuller picture of what the data is telling us. The results have been broken down by staff groups, divisional and service level to enable a greater understanding of the results.

We use the analysis of the results and the feedback from staff discussions and stakeholder groups to identify what improvements we need to make.

The data for Bedford site and Luton site are compared to give a basic baseline in relation to the newly formed Foundation Trust.

Gender Pay gap

Following a government consultation it became mandatory from 31 March 2017 for all public sector organisations with over 250 employees to report annually on their gender pay gap. The gender pay gap is different to equal pay. Equal pay relates to pay differences between individuals or groups who carry out the same or similar jobs or work of equal value. It is unlawful to pay people unequally because of their gender. Gender pay gap refers to the differences between the earnings of men and women regardless of roles or seniority. The headlines from Bedford Hospital’s report are that:

- There is a mean average pay gap of 31.7% and a median hourly rate gap of 17.3% within the Trust.
- 63% of the top quartile are females, suggesting there are not any concerns with females being represented in this quartile.
- There is a bonus gender pay gap difference of 1.97% (mean), whilst there is a 0% difference in relation to the median bonus pay within the Trust.
- There were a total of 39 males, equivalent to 4.76% of the male workforce and 12 women, which are 0.42% of the female workforce received a clinical excellence award during the 2018/19 financial year.

Note: The report is based on rates of pay as at 31 March 2019 and bonuses paid in the year 1 April 2018 – 31 March 2019. It includes all workers in scope at 31 March 2019.

the data is analysed and actions incorporated within the work plan. The gender pay gap actions are monitored through the Trust's Equality and Diversity Committee.

Number of senior civil service staff/senior managers by band in 2019/20

Banding	Total
Band 8a	87
Band 8b	25
Band 8c	16
Band 8d	4
Band 9	4
Total	132.58

Table 10: Number of senior civil service staff/senior managers by band in 2019/20

Staff costs and average number of employees by staff group for 2019/20

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	38,241	9,797	48,038	343.77	23.14	366.91
Administration and estates	22,822	2,360	25,182	547.98	44.51	592.5
Clinical Support Workers and	16,512	2,576	19,088	658.05	125.17	783.22

other support staff						
Nursing, midwifery and health visiting staff	37,479	7,156	44,635	800.82	133.18	934.00
Scientific, therapeutic and technical staff	12,315	865	13,180	255.99	13.6	269.58
Healthcare Science Staff	1,540	0	1,540	16.01	1.58	17.59
Other			0	4.92	0	4.92
TOTAL	128,909	22,754	151,663	2627.53	341.18	2968.71

Table 11: Staff costs and average number of employees by staff group for 2019/20 (AUDITED)

Staff Composition as at 31 March 2020

Banding	Female	Male	Total
Band 1	100	27	127
Band 2	431	104	535
Band 3	239	39	278
Band 4	237	35	272
Band 5	491	77	568
Band 6	397	66	463
Band 7	237	50	287
Band 8a	67	20	87
Band 8b	16	9	25
Band 8c	8	8	16
Band 8d	4	0	4

Band 9	3	1	4
VSM	2	3	5
Non-Executives	2	3	5
Junior Doctors	79	105	184
Middle Grade	5	21	26
Consultants	44	105	149
Total	2362	673	3035

Table 12: Staff Composition as at 31 March 2020

Signed.....

Accountable officer: David Carter, Chief Executive

Organisation: Bedford Hospital NHS Trust

Date: 17 June 2020