



2020/21

# Annual Summary



# Introduction from the Chief Executive and Chair

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

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

Despite our many operational challenges from COVID, we successfully merged on the 1st April 2020. Over the year we continued our plans to integrate our hospital sites. We approved our Integration Strategy and the Culture and Organisational Strategy, both of which support our ambitions of 'best of both'. Staff have been committed to both these processes, engaging in the discussions and wider thinking and also supporting each other in development and leadership.

We have achieved significant change on the hospital sites due to a number of redevelopment projects coming to completion. The Travel Hub Car Park at the L&D was completed and the Trust created more offsite staff parking, both of which significantly improve access for patients to the hospital. At the end of the year, we successfully moved more than 300 staff into a new office block 'Nova House'. This was a significant move for many staff and we have been impressed not only by the build and move itself, but by the attitude of our staff especially as it meant changes in the way they worked.

During the year we were successful in receiving money to develop the Emergency Departments on both hospital sites. Significant progress on the building has been made on the Bedford site during the year, and planning and initial work has begun

on the L&D site. We hope these will start to have a significant impact in the coming year.

In June 2021 we also agreed our Outline Business Case for the acute services block at the L&D. This £168m project is one of the largest currently being undertaken in the NHS and will significantly improve our capacity and delivery of maternity, neonatal intensive care (NICU), surgery and critical care. This project is due for completion in 2024.

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

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

We must also recognise the significant impact on our Governors and Volunteers over the past year. Governors support our initiatives out in the community and due to the pandemic we have had to put these on hold. Governors, like so many others, have had to adjust the way they work during the pandemic. Our hospital Volunteers, who give of their time so generously, have also not been able to support us as they would like to have done over the past year. We are committed

to supporting these groups and working towards getting back to some sort of normality. The additional support that they give to our services and patients is invaluable.

We end the year with significant plans for 2021/22; service recovery and being COVID safe, developing our clinical strategy through further integration of our two sites, ongoing focus on our staff and their wellbeing alongside significant redevelopment of our sites.

We hope that some semblance of normality will return for the Board, our staff, our governors, volunteers and of course our patients. In the meantime we extend our deepest admiration for and gratitude to our staff and their families for their efforts and fortitude over one of the most challenging years the hospitals, and the NHS more widely, has ever faced.



**Simon  
Linnett**  
Chair



**David  
Carter**  
Chief  
Executive

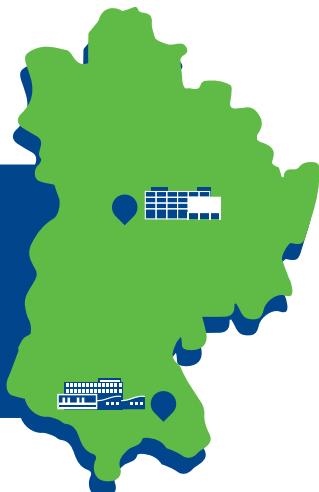


## Who we are and what we do

**Our two hospital sites provide**  
healthcare services to a diverse population of more than

**650,000**

people in Bedfordshire and the surrounding areas



We employ...  
**8,000**  
members of staff



We have...  
**1,057**  
inpatient beds across  
the two sites



We finished  
the year with a  
**£2.7m**  
financial surplus



We cared for...  
**153,000**  
admitted patients



We treated...  
**700,000**  
Outpatient & Emergency  
Department attendees



We  
delivered...  
**8,100**  
babies



# Our current focus – strategic direction for 2021/22

## Corporate Objectives 2021/22

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

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

Our strategic approach for 2021/22 has been shaped by the response and recovery from the COVID-19 pandemic and changing NHS landscape (see Our Performance 2020/21).

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

- we have a highly deprived young urban population in Luton with a life expectancy of one year less than the average for England, and a dispersed, ageing, more affluent population in Bedfordshire and North Hertfordshire;
- the continued population growth, twice the national average, will have 150,000 (20-25%) more people living in the Bedfordshire, Luton, Milton Keynes Integrated Care System (BLMK ICS) area by 2032, and we are part of the Oxford/Cambridge Arc which aims to build 1m new houses by 2050;

- we have a national reputation for our delivery of emergency care but there is increasing recognition, locally and nationally, that the future of emergency care is much more integrated between organisations and needs to be more focussed on the complete emergency pathway;
- we are in an area of the South East which has the most acute workforce challenges and we are disadvantaged by being positioned just beyond the area which receives outer London weighting;
- we have an estate that needs redevelopment on both sites to support the significant growth in demand and address high backlog maintenance;
- we have a complex geography serving two CCGs with four 'places', four local authorities over two ICSs with three community providers and two mental health providers,

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

Following our merger, we are now an expanded Trust, giving us more scale.

Our strategy represents a response to these drivers.

## Our Organisation

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

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

The financial regime for 2021/22 will be challenging as we recover from COVID focussing on quality, recovery and redevelopment of our sites. We believe in the need to maintain the levels of high performance and good financial

stewardship. Two key enablers are, firstly, IT - with the Trust at the forefront of technology - and secondly service line management with devolution and autonomy and accountability, to allow clinically led fast and safe decision-making and drive value for money.

We aim to be a sustainability exemplar in the NHS and are developing an action plan to be carbon neutral. We have established a Sustainability Board Sub-Committee to oversee this agenda as we progress innovative initiatives both in relation to existing services and also new estate like the Acute Services Block on the L&D site.

## Our People

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

## Our mission statement:

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



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

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

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



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

## Our Patients

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

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

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

## Our Community

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

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

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

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

## Summary

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

# Corporate objectives

## Objective 1 - Establish a new organisation

### Bedfordshire Hospitals NHS Foundation Trust following the merger of Luton and Dunstable University Hospital NHS Foundation Trust (L&D) and Bedford Hospital NHS Trust (BHT)

The Integration & Transformation Team (ITT) was formed on 1 April 2020 after the merger between the L&D and BHT. The Team's portfolio of work covers four main areas:

- Corporate Integration
- Large-scale Transformation
- Clinical Integration
- Merger Benefits Realisation Programme

The tone for this was set with the successful integration of Pathology services cross-site - work which started pre-merger and completed early on in the merger.

#### Corporate Integration

ITT work with the corporate teams to lay the foundations for the integration of clinical services, supporting consultations, and the merging of policies/procedures and digital systems.

#### Transformation

The ITT work on transformational programmes which cover a number of Clinical Service Lines (CSLs). The two main areas of focus are Theatres Re-design, predominantly on the Bedford site, and Outpatients Re-design cross-site.

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

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

#### Clinical Integration

The bulk of the team's resource is dedicated to

supporting the CSLs through their integration. They have been divided into three categories:

#### Progress during the year

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

To date, **four clinical integration strategies** have been presented and approved at Clinical Validation Committee and Integration Board, with the aim of improving the quality of care provided to patients through pathway reviews and re-design. They are Vascular, Plastic Surgery, General Surgery and Imaging & Breast Screening.

**Corporate integration** is progressing well with the majority of areas having completed consultations within their own teams and with the CSLs. The Digital Strategy remains an important focus.

#### Future plans

The Trust are on track to produce an overarching and detailed Clinical Strategy by September 2022

A Surgical Strategy was due to be in place by the summer 2021 working in parallel with COVID Recovery Programme and BLMK Accelerator Programme

Cardiology, DME/Frailty and Pharmacy Clinical Strategies were planned for June with Trauma & Orthopaedics planned for July.

A focus on the importance of culture/OD in conjunction with integration going forward

Those strategies that have been approved moving into implementation with regular progress reporting to CVC and Integration Board

Progression of working with the BLMK ICS on patient pathway re-design aligned to clinical integration working to improve patient outcomes for the local population

Focus on movement into a quality improvement approach and culture of continuous improvement

throughout the Trust through the re-launch of QSIR teaching programme

Ensuring the ongoing capturing of benefits associated with the merger both financial and non-financial

Development of a strategy for patient participation in the formation of clinical strategies and implementation plans to ensure service users views are considered

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

### **Care Quality Commission (CQC)**

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

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

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

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

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

The Trust also has a monthly engagement meeting with the CQC to oversee progress.

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

### **Waiting times and other indicators**

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

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

From the end of March 2021, focus on the elective recovery plan continued with regular reporting to Quality Committee and Finance, Investment and Performance Committee.

The Trust is in a good position to deliver the activity levels required in the national operating guidance which asks for a minimum of 70% of 2019/20 baseline activity in April 2021, 75% in May, 80% in June and 85% from July.

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

2020/21 was very challenging for our staff. We put in place a number of measures to support them including risk assessments for managing COVID 19, flexible and agile working, wellbeing hubs and a comprehensive vaccination programme. Our staff have been amazing.

During the year the Culture and Organisational Development (OD) Strategy was approved by the Board in August 2020 In Summer 2020.

The Culture and OD Strategy takes account of global events, organisational context of the merger, COVID-19 pandemic, Luton site redevelopment and trust wide Digital Technology transformation

programmes. It is symbiotic with our Clinical Integration Programme and with the Governance Framework.

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

## **Objective 4 - Deliver the agreed Financial Plan**

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

The financial regime changed, due to COVID 19, in 2020/21 from a Payments by Results regime, to one of block payments. Despite this the Trust recorded a surplus of £2.7m in 2020/21.

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

The Trust has continued to work across the BLMK footprint to support the Integrated Care Systems (ICS). The Chief Executive chaired the A&E Delivery Board and the Bedfordshire Care Alliance, working towards integrated service solutions for Bedfordshire.

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

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

## **Objective 6 - Deliver the Luton and Dunstable site redevelopment programme**

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

A programme of enabling projects to clear the site and get it ready for major reconstruction – these schemes were delivered in 2020/21 and include the following:

- A new multi-story car park for patients and visitors
- A new cycle hub for patients, visitors and staff
- Additional car parking for staff



New clinic accommodation, both on site (Audiology) and off site (Bariatric and Rheumatology now adjacent to the Trauma and Orthopaedic Service on the Ground Floor of the Travel Lodge, close to the hospital)

A new Administration Hub for clinical and non-clinical staff to work and come together

Re-provision of various support services, including the Biomedical and Clinical Engineering Department

Demolition of the old staff accommodation block, more recently trust offices (April – December 2021)

The creation of two new clinical buildings – construction to start in January 2022 and complete in September 2024:

Acute Service Block – a five story building which houses maternity services (delivery suite, obstetric theatres and bereavement suite); neonatal

services (intensive care, high dependency, special care, parental accommodation and bereavement facilities); critical care (for level 2 and level 3 care, with isolation space and relatives facilities); and a new day surgery unit (private rooms for pre-operative and post-operative patients undergoing routine elective surgery, eight new operating theatres, including two hybrid theatres that allow for procedures under image guidance)

New Ward Block – a three story building which houses a main entrance to maternity and neonatal services, triage and admissions unit for maternity, antenatal and postnatal wards.

A programme of Infrastructure upgrades and new infrastructure, supporting site resilience and sustainability kicked off in 2020 and is due to complete in 2023. This programme also sees the creation of a new Energy Centre which services to replace the boilers around the site and provide a centralised facility for heating, enabling more efficient use of gas and electricity. The Energy Centre also delivers financial savings from the use of modern plant and engineering and provides a substantial reduction of imported electricity, reducing exposure to the carbon levy and ensuring the rapid decrease in carbon emissions from the site.

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

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

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

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

learning and innovation.

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

Further investment has been made in the Endoscopy Service and plans are underway to create additional operating theatres. This serves to



provide additional capacity, supporting the Covid recovery in the first instance and subsequently accommodating increased demand for elective services.

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



## Operational Performance

With the onset of COVID 19 pandemic the Trust had to begin working in a completely new way.

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

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

Over the year we:

- Redesigned our Emergency departments to enable us to separate patients with Covid symptoms from those without and ensure that they are managed by completely different teams. At Bedford hospital we were one of the first Emergency Departments in the country

to introduce near patient testing for Covid-19, which enables us to get a result for a newly admitted patients within two hours;

- Flexed up (and back down again) our critical care capacity for the most acutely unwell patients and maintained separate Covid and non-Covid ITU and HDU beds. At the peak of the pandemic we had 41 patients receiving critical care across both sites, where our normal maximum capacity would be 25;
- Maternity teams have supported deliveries in Bedfordshire whilst maintaining enhanced infection control practices. We paused but re-introduced in July 2020 home births for those families wishing to deliver at home;
- In July we re-opened routine operating for patients to enable us to start treating patients who do not fall into the most urgent categories for surgery. Whilst our throughput in theatres is significantly reduced because of the additional checks and measures in place, our elective activity is increasing on a weekly basis;
- Started operating and diagnostic work at our Independent sector partner sites in order to

mitigate some of the lost capacity we have seen on-site. Patients have undergone surgery at Spire Harpenden or at BMI The Manor in Biddenham;

- Started the re-introduction of routine imaging and diagnostics whilst maintaining discrete emergency pathways;
- Re-commenced vascular, retinal and breast screening pathways in line with national and PHE guidance;
- Changed the ways we work in our outpatient departments to ensure that they are covid-secure;
- Participated with local partners in a 'deep dive' - led by Public Health England - into the apparently raised incidence of covid-19 within Bedford Borough. This deep-dive explored community outbreaks, as well as examining some of the demographic and local factors that may have led to higher than expected transmission rates in the community.

A number of our clinical teams supported research into Covid-19. We participated in the national RECOVERY-19 clinical trial into treatment for patients. A total of 2,104 patients nationally were recruited to the Dexamethasone arm of the trial, 232 of who came from our Trust. Dexamethasone was shown to reduce deaths by one third in ventilated patients and one fifth in patients receiving oxygen only. There was no benefit in patients who did not require respiratory support. We continue to recruit patients to the trial, albeit more slowly due to the fall in the numbers of patients admitted with the virus. The trial was conducted at the University of Oxford, and funded and supported by the National Institute for Health Research (NIHR).

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

capacity for this.

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

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

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

From the end of March 2021, focus on the elective recovery plan continued with regular reporting to Quality Committee and Finance, Investment and Performance Committee. The Trust is in a good position to deliver the activity levels required in the national operating guidance which asks for a minimum of 70% of 2019/20 baseline activity in April 2021, 75% in May, 80% in June and 85% from July.



## Financial Performance

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

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

The Trust has  
a turnover of

**£685m**



We finished  
the year with a

**£2.7m**  
financial surplus



We invested

**£58m**

on infrastructure  
to deliver modern  
NHS services



# Maintaining our Performance

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

## Maintain and Develop Key Clinical Specialties

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

## Develop Opportunities for Integration and Partnership with:

Bedfordshire Care Alliance – chaired by our Chief Executive

Integrated Care System and collaboration with our partners to support community and primary care healthcare provision.

## Ensure Sustainability

Continue to improve the patient experience and safety, for example, through improving communication and the provision of information to patients and greater access to consultant-led care.

Ensuring the maximum use of information to deliver safe and efficient care by using digital patient information wherever possible, and support information systems at all levels of the organisation.

Directing our capital resources at those service changes which will allow sustainability of performance.

Maintain financial sustainability, delivering a comprehensive programme of efficiency projects which meet the financial regime and underpin the financing of the redevelopment programme.

Continue the greater focus on performance at specialty level in order to benefit fully from service line management and provide additional direct engagement between clinical leaders and the Board of Directors.

Continue to review and strengthen performance by the use of internal and external expert review.

Use the framework of the backlog maintenance review to support the delivery capital improvements that address the priority issues either through redevelopment or replacement.

Continue to progress update of business continuity accountabilities, processes and mitigations ensuring they are still current and fit for purpose.

# Our Staff

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

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

## Health and wellbeing

We have an Occupational Health department on each of our two sites, offering a full range of Occupational Health and Wellbeing Services which contribute to increasing the effectiveness of the organisation, by enhancing staff performance and morale through reducing ill-health, absence and accidents.

The Occupational Health team on the Luton and Dunstable Hospital site were successful in retaining their reaccreditation under the Safe Effective Quality Occupational Health Service. (SEQOHS). This is the formal recognition that an Occupational Health Service provider has demonstrated that it has the competence to deliver against the measures in the SEQOHS Standards.

In 2020/2021, Covid19 presented many challenges including carrying out numerous risk assessments, supporting staff and signposting them to specialist mental health services.





At the end of March 2020, it was recognised that spaces on both sites needed to be created where staff could get away for a break and focus on their own wellbeing. These Wellbeing Hubs were in place for approximately three months and were supported with generous donations of food and drink from our local communities, as well as by the fantastic team from Project Wingman - these volunteers were furloughed or ground aircrew who were trained in human factors and how to communicate in stressful situations and they provided a superb 'First Class Lounge' for our staff.

The challenges of dealing with the Covid19 pandemic meant that it was increasingly important that The Trust supported their mental, emotional and physical well-being through the continuing provision of an Employee Assistance Programme (EAP). While this had been available to L&D staff for a number of years the service was extended to include our Bedford site colleagues, and was supported by Charitable funds. Mental Health support was also provided by our colleagues at EPUT and ELFT who offered up additional support accessed through our Occupational Health teams.

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

## Volunteers

We currently have just over 500 volunteers across our two hospitals. Volunteers make a huge contribution to the health and wellbeing of the nation, giving their time, skills and expertise freely each year to support the NHS. They are crucial to the NHS's vision for the future of health and social care, as partners with, not substitutes for, skilled staff, supporting patients and visitors as well as clinical staff. Volunteers work alongside our staff teams to help us deliver our Trust Objectives, Values and Vision.

We very much value the contribution that our volunteers make.

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

At the start of the Covid-19 outbreak, we took the decision to scale back our volunteer support, but as the impact of the situation grew, we evolved ways to enable volunteers to contribute positively. We have developed a fast track application process to support new applications during this time, using the e-Learning for Health training modules to recruit volunteers within one week and we were joined by 21 new volunteers across both sites.

Alongside 20 existing volunteers who continued to come in or have redeployed, we were able to support the charity team across both sites with the delivery of donations, admin support and delivery of donated PPE. Our volunteers also provided support to Pharmacy, Nutrition and Dietetics, Maternity, the staff Wellbeing Hub, the Incident Control Room and the Mortuary.

# Our Patients

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

- The Friends and Family Test (FFT)
- National Patient Surveys and Websites
- Feedback through the Patient Advice and Liaison Team (PALS)
- Key stakeholder involvement
- We collect information from the following groups;
- Adult inpatients (FFT and National Survey)
- Maternity (FFT and National Survey)
- Outpatients (FFT only)
- Emergency Department (FFT and National Survey)
- Children and Young People's Services (National Survey only)
- Cancer Services (National Survey only)

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

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

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

of this year the trust rationalised the use of IT platforms and will move to one provider across the organisation.

## Listening to Patient Concerns

We treat all complaints seriously and ensure they are handled in accordance with the Health and Social Care Complaints Regulations. In 2020/2, we received 698 formal complaints.

All the complaints were investigated through the complaints process by the General Manager for the appropriate division and a detailed response addressing the issues raised sent to the complainant.

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

## Compliments

In 2020/2021 approximately 1300 compliments were received from patients either directly or via the Patients Services team.

# Our members and governors

## Governors

The Council of Governors met four times formally in the last year and held seminars in the intervening months to develop knowledge and skills. The specific statutory powers and duties of the Council of Governors are:

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

During 2020/21 the Governors

- Approved the extension of two Non-Executive Directors.
- Approved an annual extension of the Trust Chair.
- Noted the appraisal of the Trust Chair.
- Noted the progress with the NED appraisals.
- Reviewed the Interim Membership Strategy.
- Supported the Annual Member's Meeting.
- Implemented the Constitution for the merged organisation
- Reviewed and recommended to the Council of Governors a reduction plan for the public and staff governors
- Considered the impact of the cancellations of

elections in 2020 and recommended a plan to the Council of Governors

Due to COVID no elections were held in September 2020.

The Governors were led by Roger Turner from April to September 2020 and then by Helen Lucas.  
PHOTOS

## Members

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

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

- Due to COVID restrictions, the face-to-face membership recruitment were not possible. The Trust came up with an alternative plan by initiating a Social media campaign on Facebook and Twitter – this ran from June 2020 to February 2021.
- The self-promoting membership kiosks were dotted around both the hospital sites in an attempt to generate some interest. The leaflets holders were placed throughout the hospitals. Both these initiatives generated new applications.
- Membership pages were reviewed ensuring that each membership page had a link to the online membership form.
- In January 2021 an opportunity was identified to promote membership at the Vaccination Centres in Luton and Bedford. A newly designed pull up banner with a QR code, linking to the online membership form, was placed at these centres along with the self-promoting kiosks. Some of the volunteers at the vaccination centres, who are also members of the Trust, have been promoting the membership. This had generated more than 2000 membership applications within three months

