



ANNUAL REPORT AND ACCOUNTS

for the period April 2022
to March 2023



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Act 2006

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Introduction

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About this Report

About this Report

The report follows best corporate practice reporting on the Trust's strategy and performance against the objectives. The report presents information on national targets and financial performance and also gives a review of the quality of services.

The report is structured as follows:

Introduction

Statements from the Chairman and the Chief Executive

Strategy

The Trust strategic vision, performance against 2022/23 objectives and the corporate objectives for 2023/24

Operational Performance Report

Includes performance, recovery, integration, sustainability, emergency planning, digital, redevelopment

Our Patients, Our Staff and Our Partners

Includes other information about patient care, staff, Equality and Diversity and working with partners

Governance Report

Includes details of the Board of Directors, Council of Governors and Foundation Trust membership

Financial Performance Report

Includes performance against financial targets and any risks for the future

Annual Governance Statement and Annual Accounts

Includes the Annual Governance Statement and the annual accounts

Chief Executive's Performance Statement

2022/23 has been an extremely busy year. Dealing with the impact of Covid, cost of living, industrial action, winter pressures and our CQC visit has been the context for our efforts to support our staff and the community we serve.

During the year we have also spent some time consulting on strategic aims and published a renewed Trust Strategy. This highlights our ambitions to play a greater role in the preventative work in our communities increasing our research footprint, as well as developing our role as an "anchor" organisation within Bedfordshire.

The continuing effect of the pandemic on both our patients and our staff was a major factor in 2022/23. Whilst the number of Covid patients continued to fall, the ongoing effect of the elective backlogs were a key focus of our attention. We ended the year with just six patients waiting over 78 weeks for their treatment but there is still an enormous amount of work to do to recover to pre-pandemic levels.

In relation to our staff, we recognise the impact of the pandemic continues to take its toll, exacerbated by the cost of living status and the stresses across the NHS which have led to industrial action. Our efforts in respect of both health and wellbeing and cost of living initiatives hopefully have gone some way to improving the overall morale and support for our staff. These have included discounted public transport and staff restaurant, safe spaces for staff to access support, increased psychology provision, a benevolent fund through our charity and a programme for the use of artwork. We continued to engage with our staff at our Trust Engagement Events on both site, focussing on our values and health and wellbeing. They continue to be excellent events and provide the Board with a vital opportunity to thank staff for all their hard work.

The Trust received a Good rating from the CQC following their assessment of key services in August/September 2022 and we were very proud of the commitment of our staff to this inspection, especially only two years post-merger.

This year, the winter challenges were particularly difficult and we worked closely with our partners across the Bedfordshire, Luton and Milton Keynes Integrated Care System and our wider community to support patient access and flow through the system. Our service users and communities have continued to work with us. We worked closely with our volunteers and external volunteer groups such as St Johns Ambulance teams to support us during very challenging times. This is particularly important as the hospitals now have a broadened responsibility for the health of those outside its doors through the NHS integration programme.

There has been considerable development of our estate on both sites. New outpatient facilities in the Cauldwell Centre on the Bedford site support us in driving down the waiting lists and significant progress has been made on the Acute Services Block on the L&D site. We thank both our staff, patients and visitors for supporting us during the redevelopment as we look forward to having up to date facilities for all.

At the end of March 2023, Simon Linnett, stood down after eight and a half years as Chair. Simon was instrumental in securing the Trust merger and the funding for essential redevelopment work across both sites. We thank him for his time and commitment to the L&D and then to Bedfordshire Hospitals and his commitment to the Governors and the wider community throughout his years as Chair.



A handwritten signature in black ink, appearing to read "David Carter".

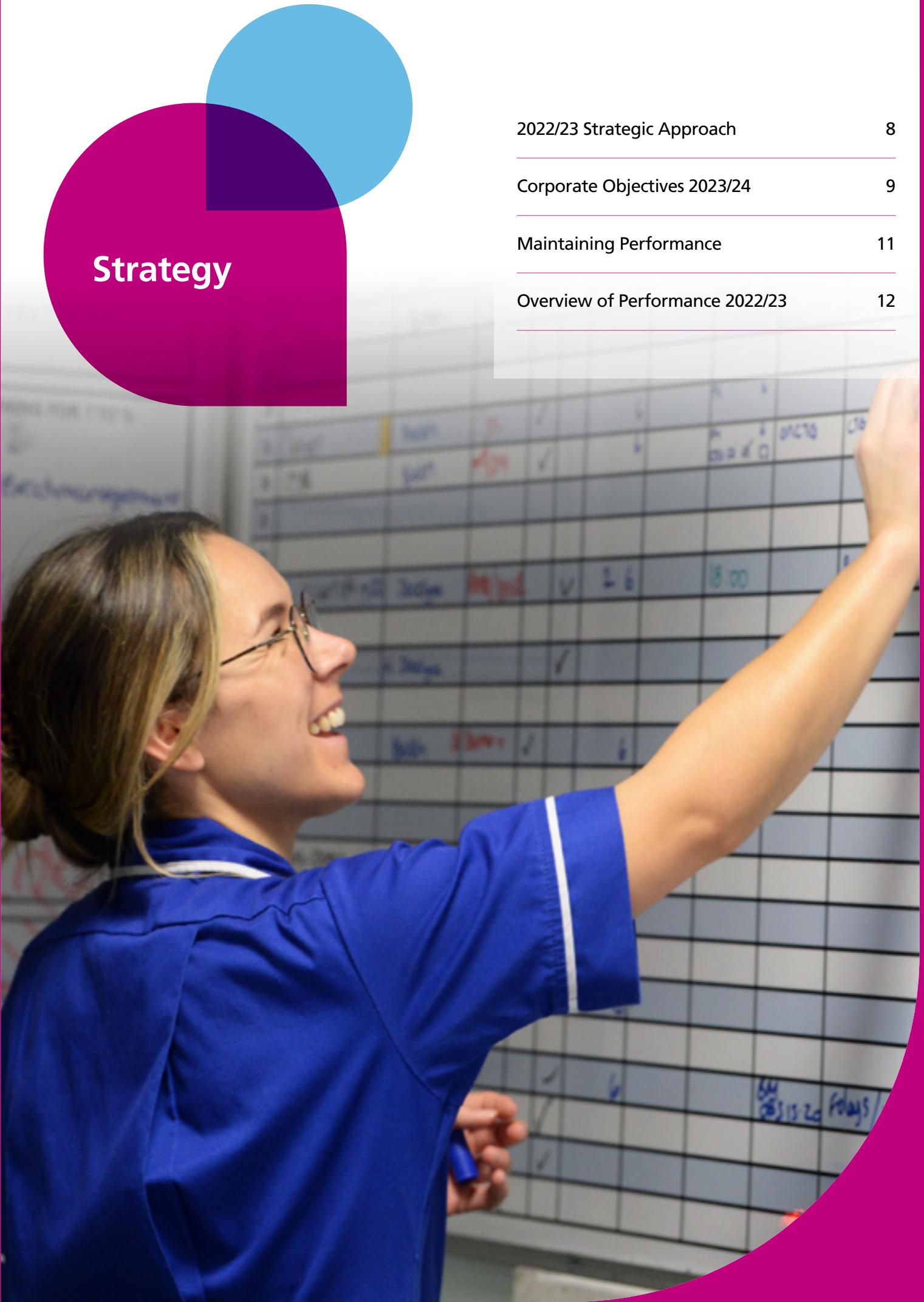
David Carter
Chief Executive
20th December 2023

Chair's Note

I succeeded Simon Linnett on 1 April 2023 having had three months of introduction to the Trust. Simon is, of course, a hard act to follow and I am grateful to him for all he managed to achieve. During my tenure, I am determined to build on his achievements working alongside the excellent staff that we have at all levels in the Trust, my fellow Board members and the wider health community.

A handwritten signature in black ink, appearing to read "Richard Sumray".

Richard Sumray
Chair
20th December 2023



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2022/23 Strategic Approach

When Luton and Dunstable University Hospital merged with Bedford Hospital to become Bedfordshire Hospitals NHS Foundation Trust (BHFT), a clear strategy, developed with our partners, was established through the business case including:

- Developing clinically led integration
- Maintaining two sites with core services (Emergency Department, Maternity and Paediatrics)
- Embedding a culture and values of the 'Best of Both' ethos

Through the work with the Integrated Care System (Bedfordshire, Luton and Milton Keynes - BLMK) we have also established a strategy focussed on Bedfordshire through the Bedfordshire Care Alliance. This sees Bedfordshire, of which BHFT is a central partner, as a distinct health economy. This now forms part of the governance of the Integrated Care Board (ICB) and facilitates our dual commitment to both the Bedfordshire Care Alliance, and to the wider BLMK ICB.

With these principles embedded in our future direction, the Board has developed an overarching, dynamic Trust Strategy to bring together our core Trust strategies. In creating a short Trust Strategy document we have identified five main strands. Clearly these strands are interwoven, and some of the strategic objectives span multiple threads, nonetheless the main strategic elements are:

1. Workforce and Culture
2. Infrastructure
3. Our portfolio of hospital services
4. Community and primary care
5. The wider determinants of health

The approach for 2023/24 has been shaped by the response and recovery from the COVID-19 pandemic, challenging economic environment and changing NHS landscape. There are also a number of different drivers and the strategy includes a response to these 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 ongoing impact of the pandemic on the health and wellbeing of staff will take some years to play out;
- the continued population growth, twice the national average, will have 150,000 (20-25%) more people living in the Bedfordshire, Luton, Milton Keynes Integrated Care System (BLMK ICS) area by 2032, and we are part of the Oxford/Cambridge Arc which has the aspiration of 1m new houses across the Arc by 2050;
- we 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;
- the legacy of Covid in terms of elective backlog will require a different approach to capacity, efficiency and productivity;
- the increasing cost of living pressures;
- we have a estate that needs redevelopment on both sites to support the significant growth in demand and address high backlog maintenance;
- the financial framework in the NHS no longer protects acute Trusts from rises in demand beyond their control;
- we are now an enlarged Trust giving us more critical mass.

The Trust Strategy is available on the Website.

Corporate Objectives 2023/24

The Trust's Strategy underpinned by Corporate Objectives and supported by principles so that each objective will have:

- A workplan and deliverables
- Oversight through the current governance

- Ensure risks to achievement are reviewed through the Board Assurance Framework
- Taken account of three golden threads of **Quality and Patient Experience, Sustainability, Equality/Health Inequalities**

Objective 2023/24	Overview	Strategic Priority	Delivery Workstream
Support a sustainable workforce through the development of a long term workforce plan	The plan will take account of health and wellbeing, culture post-merger and integration, education and training and engaging with the workforce of the future through work experience and the Health Care Academy. This will also further embed the Trust values THRIVE throughout the Trust.	Workforce and Culture	Workforce/ Attractiveness
Develop the integration plan through the Integrated Care Board and Bedfordshire Care Alliance	This development will focus on the primary care, community, social and mental health care provision and how best the Trust can integrate. It includes vertical integration, community outpatients and diagnostics and supporting patient flow through community bed provision.	Community and primary care	Greater integration within Bedfordshire
Develop the Clinical Strategy aligned to Service Line Strategies	This will take the Service Line Strategies developed and in development to define a structured clinical strategy that will inform transformation projects and support all of the other work streams and deliver further improved care for patients.	Our portfolio of hospital services	Directions Programme
Embed the approved commercial opportunity proposition	The focus will be on private patients, propositions for ICB back office functions and developing staff ideas to support development and transformation.	Our portfolio of hospital services	Commercial
Develop the site control plan phase 1 for Bedford and phase 2 for L&D and deliver the current projects	Following the appointment of master planners, this will focus on developing the site control plans for both sites. There is recognition of the need to be agile to be able to respond to the centre when capital becomes available. The site planning will have close links to the Clinical Strategy.	Infrastructure	One Health Estate
Define and execute a digital agenda that provides solutions to enable services to modernise, connect, and transform aligned with the Trusts priorities.	Digital underpins all elements of the Trusts objectives. The aim is to deliver the Digital Strategy, so we benefit from improved resilience, greater levels of digital maturity, and integration. There is a focus on resilience and business continuity and implementing the Digital Strategy.	Infrastructure	Digital

Objective 2023/24	Overview	Strategic Priority	Delivery Workstream
Meet the quality and operational performance targets	<p>This will focus on the targets and priorities outlined in the National Operational Plan and the Trust Quality Priorities 2023/24.</p> <p>Work will also be undertaken to review the current data sets and information provision to work towards an integrated performance dashboard for service lines and reporting up to the Board. The Trust is also required to implement the National Patient Safety Strategy.</p>	All	Current governance Service Lines, CQUOB, Quality Committee
Achieve financial targets	The Trust has a challenging financial agenda and this objective includes budget reviews, CDEL limits, oversight of the redevelopment costs and ongoing financial position.	All	Current governance Service Lines, FIP
Develop our role as an anchor institution	This will focus on how the Trust uses its leverage as a major local employer which is committed to improve the prosperity, health and wellbeing of residents.	Wider determinants of health	Health and Wellbeing Boards. Workforce Committee
Develop a research strategy	This will develop the plan for the Trust and consider research and development as an enabler towards workforce attractiveness, training and education and a commercial proposition to set out the parameters of the Trust's ambition in relation to research that will in turn develop its approach. This will encompass current links to the universities and future opportunities.	Our portfolio of hospital services	Task and Finish Group

Maintaining Performance

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

Maintain and Develop Key Clinical Specialties

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

Develop Opportunities for Integration and Partnership with:

- Bedfordshire Care Alliance – Chaired by the Bedfordshire Hospitals NHS Foundation Trust Chief Executive
- Integrated Care System and collaboration with our partners to support community and primary care healthcare provision.
- Support the Integrated Care Board's forward plans and link to the Trust Objectives.

Ensure Sustainability

- Continue to improve 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.

Overview of Performance 2022/23

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

The overview must include:

- a statement from the chief executive providing their perspective on the performance of the foundation trust over the period - *Chief Executive Statement – Page 4*
- a statement of the purpose and activities of the foundation trust including a brief description of the business model and environment, organisational structure, objectives and strategies – *Performance Analysis - Page 18*
- a brief history of the foundation trust and its statutory background - *Performance Analysis - Page 18*
- a summary of the principal risks faced and how these have affected the delivery of objectives, how they have changed, how they have been mitigated and any emerging risks that may affect future performance. This should only serve as a summary of the further detail on risks provided in the performance analysis section, and cross-referenced to the annual governance statement where relevant. This should also include the key issues and opportunities arising that could affect the foundation trust in delivering its objectives and/or its future success and sustainability - *Performance Analysis - Page 18-49 that includes Digital, Redevelopment, Clinical Operational and Business Continuity and this links to the Annual Governance Statement Risk Statement in the Annual Governance Statement pages 118-126*
- a going concern disclosure – *Financial Performance – page 100*
- a summary of performance (to the extent not already covered above) - *Performance Analysis - Page 18-49*

Performance against Corporate Objectives 2022/23

Objective 1 - Attract, value and develop the best people to deliver outstanding care in an environment where people can THRIVE

In 2022/23, the Trust continued the delivery of our Culture and Organisational Development Strategy with an emphasis on the following areas of priority:

- Freedom to Speak Up (FTSU) and Peer Listeners
- Wellbeing
- Staff survey
- Embedding our values
- Leadership Development and Talent Management
- Schwartz rounds

There is more detail on our progress within the Organisational Development Performance section of this report.

We have continued with our Engagement Events to support health and wellbeing across both sites to provide support to staff. We were able to implement for the first time since merger the Engagement Event in the summer that focussed on our Values and also in December with the focus on Health and Wellbeing.

Objective 2 - Measurably improve our quality priorities, meeting the performance targets and financial regime.

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

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

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

The Trust also underwent a well-led inspection in September 2022. Following inspection the CQC rated the Trust as GOOD for well led and the Trust is rated as GOOD overall.

Following inspection in 2020 the Trust was given a **Registration with Conditions** related to Midwifery and Maternity services at its Bedford Hospital site. The Trust has asked for this to be removed and this is in process following the improved maternity CQC rating in 2022.

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.

There has been considerable focus during the year on Maternity by the Board. The Patient Safety Champions are Annet Gamell (Non-Executive Director) and Liz Lees (Chief Nurse) and they have met regularly and met with the teams to continue to monitor performance. The Ockenden reports were published and the teams have worked hard to provide assurance to the Board on progress with the recommendations. Further details can be found in the Trust Quality Account previously referenced.

During 2022/23, the Trust continued to monitor performance against the previously nationally mandated waiting times and other indicators to benchmark performance. The national target for 2022/23 was that no patients should wait more than 78 weeks. At the end of March 2023, there were just six patients waiting over 78 weeks and the 104 week standard from July 2022 was maintained.

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 2021/22 from a Payments by Results regime, to one of block payments. Despite this the Trust recorded a surplus in 2022/23. However, there is considerable change in the regime for 2023/24, including working with our system partners to achieve financial balance. The progress is reported through the Finance, Investment and Performance Committee.

Objective 3 - Achieve full recovery of services and develop the plan for restoration of elective waiting times.

The benefits of the vaccination programme combined with the Trust's continued efforts to return to pre-COVID levels of activity mean that we still have no patients waiting over 104 weeks from initial referral to treatment or discharge. The Clinical Service Line teams worked hard to achieve no patients waiting longer than 78 weeks as detailed above.

The Trust's focus is to ensure patients do not have a lengthy wait for treatment or for a hospital appointment but it is recognised that there remain issues as we work towards recovery. There are robust processes in place for prioritising procedures according to clinical need, so that patients are kept safe and wait as little time as possible.

Covid remains a factor in our recovery and the challenges the Trust is facing. It is having a substantial bearing on staff sickness levels and limits the numbers of patients that can be seen and treated at any one time. This, together with no real respite in emergency activity (which in turn affects the efficiency of elective delivery), means the Trust still has improvements to make.

Objective 4 - Operate in an infection safe environment

The Trust has continued to ensure that national guidance was followed throughout the year. Guidance was reviewed and communicated at regular intervals throughout the year with oversight through the Quality Committee.

The Trust continued to see significant operational pressures from Covid-19, both with the bed pressures resulting from isolation, cohorting and maintaining separate pathways, and the huge staffing impact from such high numbers of staff being away from work either directly due to infection, or as a result of household contacts.

Infection rates are monitored through the Board report and to the Quality Committee.

Objective 5 - Build on the integration work achieved during the first years of merger and develop the clinical strategy

The Trust continues to progress on its integration journey, with many examples of where working together provides improvements for both patients and staff. The benefits of two hospitals working and developing together has been clear to see. Successful and lasting change does take time and understanding our cultural differences and similarities is key to this.

Since the merger, cross-site Clinical Service Line teams have been supported to think about the future of their service and develop their integration strategies. These clinically-led strategies go through a process of discussion and ratification by senior clinical and executive leaders, and together have begun to shape the strategy for the Trust. The following service lines have presented their strategies to the Clinical Validation Committee and Clinical Strategy Committee

Pre-merger / 2020	2021	2022	2023
Pathology	Stroke	Dermatology	Respiratory
Vascular	General Surgery	Rheumatology	Ophthalmology
	Cardiology	Gynae & Fertility	Gastro & Endoscopy
	DME / Complex Medicine &	Breast Surgery	Theatres & Anaesthetics
	Frailty	Diabetes & Endocrinology	Trauma & Orthopaedics
	Imaging	Paediatrics	ENT
	Breast Screening	Clinical Haematology	
	Therapies / Limbs & Orthotics	Plastics	
	Pharmacy	Urology	
		NICU	
		End of Life	

Objective 6 – Development of the redevelopment masterplan for both sites

Significant progress has been made on both sites in relation to redevelopment. There are a number of schemes that are detailed within the Redevelopment section of the annual report. The works have progressed with a number of complexities over the year closely monitored by the Redevelopment Board.

The Trust has significantly progressed work towards a masterplan for both sites and by the end of the year, the Trust has appointed master planners, Murphy Phillips, to complete this programme by Q2 of 2023/24.

Objective 7 - Becoming a sustainability exemplar organisation in the NHS

The NHS became the first health system in the world to publicly declare its commitment to reach net zero and published Delivering a ‘Net Zero’ National Health Service report in October 2020. This report outlined headline targets to reduce system wide carbon emissions within direct control (NHS Carbon Footprint) to net zero by 2040, and wider indirect carbon emissions including the supply chain (NHS Carbon Footprint Plus) by 2045,

with interim 80% reduction targets by 2028-2032 and 2036-39 respectively.

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

The Trust is dedicated to improving the health of our communities and delivering services that are efficient and effective. In November 2021, the Trust’s Board approved the Green Plan. The green plan outlines the ways in which the Trust plans to reduce emissions in the next three years and looks to even greater gains over the next 20 years and beyond.

The Trust has made significant progress on:

- Reducing the carbon emissions from Nitrous Oxide and Entonox by 5.6%
- Implementing a travel plan and implementing sustainable lease cars and becoming a pilot for Cycling UK’s ‘Cycling made E-asier’

- Increasing the number of green champions across both sites
- Initiating a project on PC Powersave
- Light replacement programme at Bedford Hospital to all LED

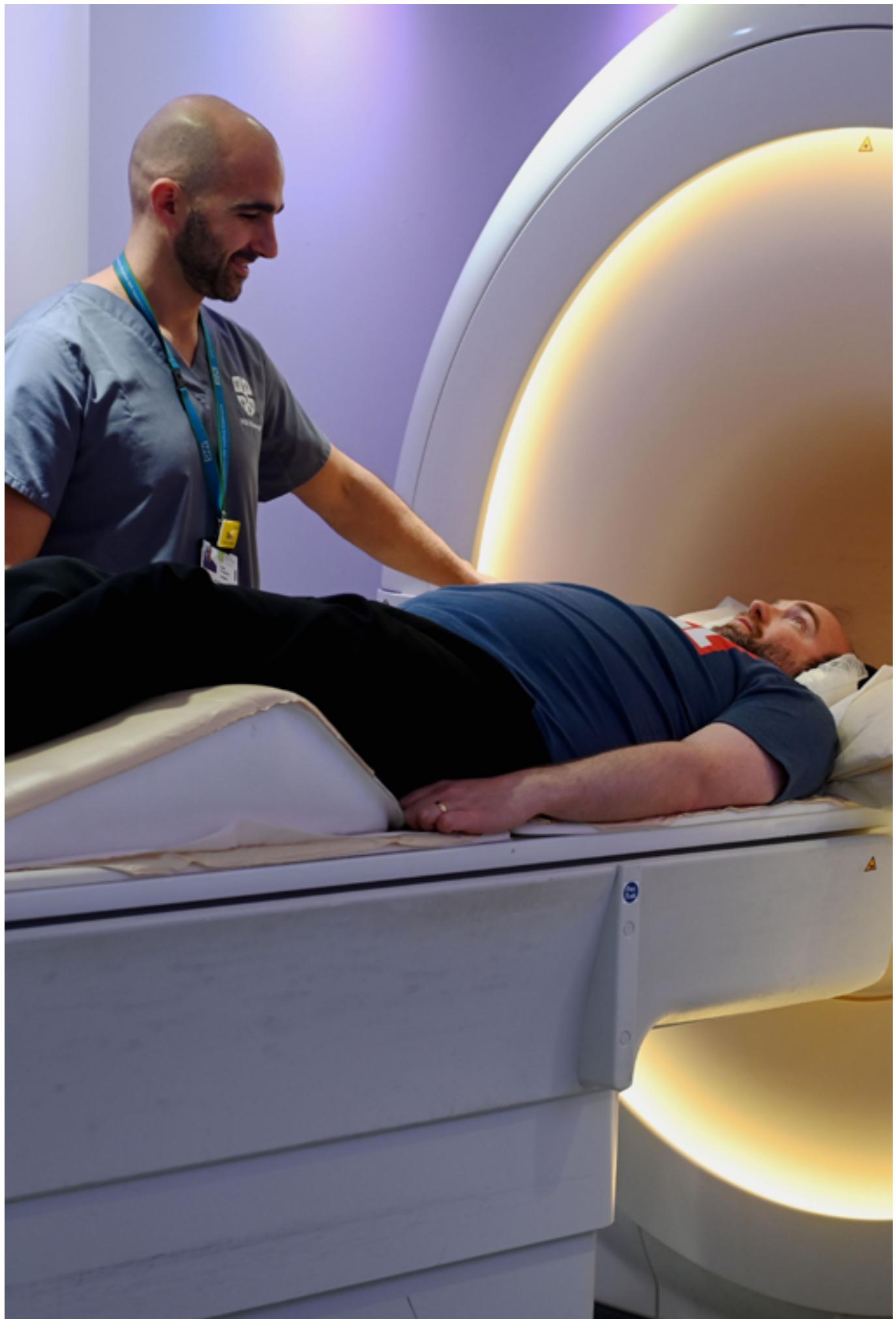
Objective 8 - Working closely within the new ICS governance, developing the Bedfordshire Care Alliance as a formal committee of the ICB to increase the integration of services between acute, community, primary care and social services with progression towards formal delegation of budgets from April 2023.

The Trust has continued to work across the BLMK footprint to support the Integrated Care Systems. The Chief Executive has continued to chair the BCA Operational Board and also is a member of the Bedfordshire Care Alliance that forms part of the ICB Governance from the 1st July 2022.

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

As part of the Trust supporting the integrated care agenda when the Health and Care Hub initiative began in Dunstable, Bedfordshire Hospitals NHS Foundation Trust agreed to be the Headlease holder working with service providers to make the best use of this space to deliver an efficient and effective integrated care hub solution. This will bring together a mix of health and care professionals in a single location to promote more joined up working between the NHS, the council and voluntary and community sectors. The Trust is also overseeing the Hub within Bedford business case working closely with the ICB colleagues.

The delegation of budgets has yet to be achieved whilst the ICB formalise their processes but it remains the direction of travel.





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Performance Analysis

Principal activities of the Trust

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

The Trust has approximately 1133 overnight inpatient beds across the two sites and provides a comprehensive range of general medical and surgical services, including Emergency Department (ED) and maternity services for people in Luton, Bedfordshire, Hertfordshire and parts of Buckinghamshire. Last year we provided healthcare services for over 175,000 (inc day cases) admitted patients, over 720,000 outpatients and over 250,000 Emergency Department attendees (includes Urgent GP led services) and we delivered over 7,800 babies.

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

We serve a diverse population across Luton, Central Bedfordshire and Bedford Borough. This year, information from the 2021 Census is available across all three boroughs:

Luton

- The population of Luton is 225,300, which is an increase of 22,200 people since the last Census. This is an 11 per cent increase in population. Nationally the population increased by 6 per cent over the last decade.
- Luton has a younger than average population.
- There are 78,900 households in Luton, an increase of 6 per cent between 2011 and 2021. In comparison population growth was 11 per cent indicating that Luton is getting more overcrowded.
- The population of Luton now has a non-white majority with 54.8 per cent of the population being non-white.
- Luton is one of four authorities outside of London with the majority of the population being from ethnic minority groups. Slough has the largest non-white population at 64.1 per cent with Leicester at 59.1 per cent, Birmingham also having an ethnic minority majority of 51.4 per cent of the population.
- White British make up 31.8 per cent of the population of Luton compared with 74.4 per cent nationally.
- The percentage of people with English as their first language in Luton is 76.5 per cent which is one of the smallest proportions in the country.
- Of the population of Luton, 74.9 per cent have a UK identity compared with 88 per cent nationally.
- The number of people reporting as Christian is still the largest group in Luton but the number of Christians fell by 11.4 per cent from 96,271 in 2011 to 85,297 in 2021.
- The numbers of Muslims increased from 49,991 to 74,191 in the last decade, an increase of 48.4 per cent.
- Central Bedfordshire
- The population size has increased by 15.7% to 294,200 in 2021. This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800.
- The average (median) age of Central Bedfordshire increased by one year, from 40 to 41 years of age.
- Around 254,700 Central Bedfordshire residents said they were born in England.
- 42.8% of Central Bedfordshire residents reported having "No religion", up from 28.4% in 2011
- 47.9% of people in Central Bedfordshire described themselves as Christian (down from 62.2%)
- 49.4% of Central Bedfordshire residents described their health as "very good", increasing from 47.2% in 2011
- 5.8% of Central Bedfordshire residents were identified as being disabled. This figure decreased from 6.9% in 2011.
- 90.2% of people in Central Bedfordshire identified their ethnic group within the "White" category (compared with 93.8% in 2011)

Bedford Borough

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

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

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

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

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

During 2023/23 the Clinical Service Line Clinical Directors, General Managers and Lead Nurses and Executive Directors met in the Executive Review Meetings to maintain clinical accountability at specialty level. The Chief Nurse met with Care Units to oversee ward quality and performance.

A suite of oversight cross cutting boards are in place to ensure that there is development and learning across service lines when required.

For detailed information on related parties [see note 25](#) to the accounts.

Review of Operational Performance and Recovery

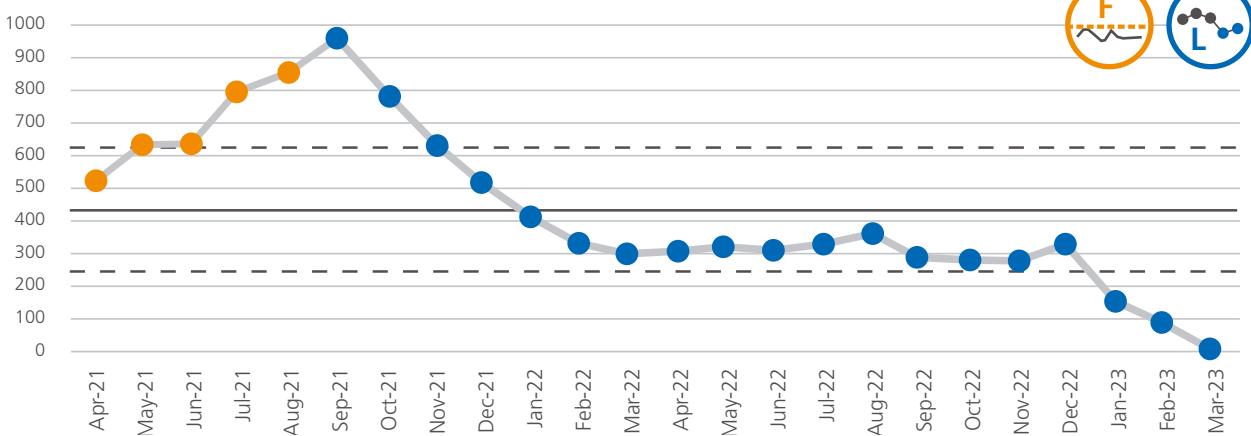
Responding to the unprecedented challenge of the pandemic has inevitably had a huge impact on the Trust and the wider NHS as a whole. The Trust had to completely change the way it worked, and many of us have made personal sacrifices to be there for our patients at their time of need.

There has been significant work across the Trust to transform ways of working to tackle the long waits that patients are seeing. The Trust has continued a number of innovations including different ways of working, use of technology, enhanced roles across the whole workforce and changes in clinical pathways. This includes:

- Streaming of patients in Emergency Department to manage safely, and senior 24/7 medical cover including the implementation of a Same Day Emergency Care Unit.
- Virtual, telephone and triage clinics – clinics with around 25% of all appropriate outpatient work now non face-to-face.
- Developing and expanding the practice of Patient Initiated Follow Up (PIFU) for some conditions, where patients are able to escalate any changes that might require clinical intervention, rather than booking Outpatient slots at predefined times that may not be necessary.
- Home working and use of technology.
- Working in partnership with other NHS and private sector providers to help provide additional capacity for planned care.
- Support & wellbeing initiatives for staff.

Aligned to this are other improvement programmes of work including Outpatients transformation – the renovation of two vacant floors in Caudwell Centre on the Bedford site, which will provide 27 additional outpatient rooms, four e-consult rooms and three treatment rooms across two floors has been completed. This has enabled the Trust to increase the number of clinics, and in turn reduce the waiting times for some outpatient services.

RTT Incomplete pathways: Zero tolerance for waits over 78 weeks by Apr 2023



Patients are prioritised on clinical need in line with national guidelines and the Trust is also working with NHS healthcare partners and the independent sector to increase capacity where possible.

The NHS Recovery Plan 'Keeping people safe from COVID-19' recognised the challenge of recovering waiting times to pre-pandemic levels while supporting the continuation of planned and urgent care all NHS services.

To tackle this, NHS England released a recovery plan to address the significant impact that the pandemic had on elective and outpatient waiting times. The plan outlines how the NHS will make best use of the extra £8 billion Government funding by bringing in innovations, new ways of working and new investment in four areas:

- Increasing health service capacity
- Prioritising diagnosis and treatment
- Transforming the way we provide elective care
- Providing better information and support to patients.

The latest planning guidance sets an expectation that systems will eliminate waits of over 78 weeks by April 2023, except where patients choose to wait longer or in specific specialties. This is in addition to maintaining a position of zero 104 week waits from July 2022 which was achieved.

As of the end of March 2023, just six patients remained on an open pathway over 78 weeks reflecting considerable work by the Clinical Service Line teams to manage down the last few patients.

The Trust has worked with ICS partner across Finance, Information and Workforce to ensure that plans are coordinated, credible, aligned and reflect system priorities. This has taken place through a series of function specific meetings pulled together through holistic & overarching Executive led review meetings.

Regulatory Quality CQC Performance

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

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

CQC Assessments

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

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

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

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

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

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

Following inspection in 2020 the Trust was given a Registration with Conditions related to Midwifery and Maternity services at its Bedford Hospital site. The Trust has requested this to be removed and this is in process following the improved maternity CQC rating in 2022.

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.

Regulatory NHSI/E Performance

NHS System Oversight Framework

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

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- finance and use of resources
- people
- leadership and capability.

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

The Trust is currently in segment 2.

This segmentation information is the trust's position as at 17th March 2023.

Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>

Board Statements

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

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

Integration Performance

The Trust continues to progress on its integration journey, with many examples of where working together provides improvements for both patients and staff. The benefits of two hospitals working and developing together has been clear to see. Successful and lasting change does take time and understanding our cultural differences and similarities is key to this.

Since the merger, cross-site Clinical Service Line teams have been supported to think about the future of their service and develop their integration strategies. These clinically-led strategies go through a process of discussion and ratification by senior clinical and executive leaders, and together have begun to shape the strategy for the Trust.

Underpinning this has been the development of a Clinical Strategy Framework, a document which outlines the Trust's approach to clinical integration. This framework reinforces our commitment to the continued delivery of core services such as emergency departments, paediatrics, and obstetric-led maternity services on both sites. The framework also notes support for changes in clinical pathways, such as movement of small numbers of patients between sites to access highly specialist services where there are significant benefits e.g. service resilience or improved access. The Trust has also identified some ambitious opportunities post-merger that will require the support of key enablers to be realised.

As our services have complex interdependencies, all changes related to integration are evaluated to understand their impact on patients, staff, and other services. Our cross-cutting oversight boards, including Outpatients, Theatres and Children's Boards, ensure cross-site leadership have appropriate space to discuss ideas and make shared decisions where plans affect many services.

The Trust is also working with our local health and care partners to ensure our clinical strategy priorities align with and complement the priorities of our local partners and partnership organisations, such as the Bedfordshire Care Alliance.

Three key enablers are critical to the successful delivery of our integration plans: workforce, digital and redevelopment of our estate.

- Our ambition to deliver high-quality, integrated services is only possible with a resilient, thriving workforce.
- Digital integration is crucial to support transformational change and enable clinical integration opportunities such as seamless cross-site pathways for our patients. The Digital Merge Programme has mapped out the plan for the next few years to achieve this and has started making progress towards critical digital systems such as an integrated Electronic Patient Record.
- As clinical integration strategies emerge, we are building a picture of the redevelopments of the estate on both sites needed to achieve our ambitions. Our integration plans will be a key part of the development of the site control plan for the future.

The Trust is making good progress in the implementation of integration plans across key enablers and clinical services. Our clinical services are naturally at different stages in their integration journey, with successful and lasting change taking time to get right. We have seen examples of the benefits of our two hospitals working and developing together in many different ways.

- Integration has led to shared learning that brings improvements and positive service redesign being adopted across sites more quickly. The development of cross-site governance structures make formal space for this learning to take place, but we also see teams actively seeking out their counterparts at the other hospital site to collaborate in service improvement. For example, both sites have seen the introduction of new ambulatory treatment spaces, such as Day Treatment Units and Emergency Surgical Units, which take learning directly from the other hospital site in order to rapidly deliver a new way of working.
- Through the integration process, we are also seeing the spread of consistent quality and performance of our services across Bedfordshire.
- Our sub-specialist services, which sometimes serve only a small number of patients and can be vulnerable to changes in things like workforce capacity, benefit from the enhanced resilience of a cross-site service and have improved access for patients across Bedfordshire.
- We have also seen the benefit of leveraging the shared critical mass across Bedfordshire to invest in new opportunities that may not have been accessible as separate trusts. For example, the Trust has recently invested in two surgical robots which will increase access to minimally-invasive surgery and its associated benefits, such as less pain and a quicker recovery after surgery.

Redevelopment Performance

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

The current focus of the Redevelopment programme is to deliver the first phase of the Estate Control Plan (2024-2024). The second phase of the Estate Control Plan is currently under review and is a key focus for the team over the summer. The focus of phase 2 of the redevelopment programme will be to continue to address poor performing and functioning estate, and to enable advancements in clinical care.

Each site has a programme:

Luton and Dunstable University Hospital Acute Services Block and New Ward Block

The Acute Services Block and New Ward Block project work is expected to complete at the end of 2024.

Old buildings were demolished in 2021, the foundations were laid and the sub-structure were constructed during 2022 and in May 2023 the building structure will complete at the highest point. Over the next year, the building will be "wrapped" and internal fit out will progress.

Once complete, the new buildings will house modern facilities for:

- **Maternity** - providing increased theatre capacity to support higher risk women, as well as a dedicated and standalone bereavement suite.
- **Neonatal** - providing additional cots for our sickest babies and facilities for families to gain additional support before they go home.
- **Critical care** - accommodating patients requiring an increased level of care and additional capacity meaning patients will be cared for in one location.
- **Theatres** - eight new operating theatres to provide additional capacity and allowing old theatres to be re-purposed. The theatre complex will feature two hybrid theatres, capable of delivering interventional and specialist services.

The Trust are aware that construction carries inherent risk and can be disruptive, our continued thanks to all stakeholders who have contributed to this significant project for the community and supported the development.



External shot of the Acute Services Block progress at five storeys high



Work on the New Ward Block underway with concrete and scaffolding in place

Emergency Department upgrades

The ED Project is due to complete at the end of 2023 and will see a huge expansion in the ED footprint, providing additional capacity for children and adults as well as a dedicated CT scanner and psychiatric assessment facilities. The Project encompasses a new main entrance with retail facilities and an improved vehicle drop off zone.

This is a highly complex and multi phased project, progressing in and around live clinical environments.

The next phase to hand over late Spring 2023 is the CT scanner room and associated space. By having the CT scanner situated within the department, it will allow for timely and efficient care for patients, minimising the need for them to be transferred to other areas of the hospital. This was enabled due to the very kind donation from Dr Navnit Dhabuwla who supported the purchase and opened the CT Scanner Suite on 31st March 2023. This will be operational in Q1 2023/24.

It has been a challenging project, constructing in and around a live Emergency Department, through Covid and some of the most challenging winter and staffing pressures, while ensuring no negative impact on patient care. The team continue to regularly assess the project's impact and work with our contractors to ensure minimal disruption.



External shot of the Emergency Department progress



Internal refurbishment to create a CT scanning area

Energy Centre

The Energy Centre will deliver combined heat and power to the hospital estate and will deliver a substantial reduction in energy consumption, supporting the Trust's drive to Net Zero Carbon.

The building construction is now complete and final ground works will be completed in the Spring of 2023.



External shot of the Energy Centre



Electrical equipment located within the Energy Centre

Bedford Hospital

Cauldwell Centre

In October 2022 one of the major redevelopment projects at Bedford Hospital was completed, a £6m refurbishment to expand the Outpatients area.

This means that for many patients heading for their outpatient appointment, many are now being treated in a newly expanded, modern and a purpose built facility.

The expansion includes an additional 34 rooms, which provides a substantial increase to Outpatient capacity, allowing more patients to be seen therefore improving access to medical professionals, care and treatment.

The project has had a significant positive impact on operational pressures for us, as it allows teams to see more patients, and importantly treat those whose care has been delayed due to the pandemic.



New outpatient treatment room



New outpatient waiting area in Cauldwell Centre

Electrical substation

The Trust have embarked on a Programme of works to upgrade the Electrical Infrastructure at Bedford Hospital, supporting anticipated capacity requirements, strengthening resilience and targeting significant Carbon reductions. Phase 1 work is progressing well and completes Spring 2023. This is located by Beeden House and the work is necessary to provide electrical capacity to support further redevelopment projects across the hospital site.



Work progressing on the creation of an electrical substation

Emergency Department Upgrades

Phase 1 and 2 of our ED upgrades have been completed. This consisted of expanding the ED and updating staff facilities. This has provided Bedford ED staff with a much needed new and improved staff area, including shower and changing facilities, a staff rest area, meeting rooms, a seminar room and hot-desking solutions.

The recently expanded ED also enables the Trust to expand the imaging provision, allowing space for a new CT scanner for the department.

New £2.6m CT scanner in Emergency Department

The final phase of the ED upgrades at Bedford started in January 2023 and will be complete in summer 2023. This exciting project will see the installation of a state of the art CT scanner located within the ED, which will allow for rapid diagnostics and improve patient experience.

A huge thank you to Bedford Hospital Charity & Friends and Bedfordshire Charitable Trust who have funded the CT scanner and for the generous donation in memory of Clifton Ibbett OBE. We are pleased to acknowledge this incredible generosity by naming the new CT facility 'The Clifton Ibbett Suite'.

Staff Culture Organisational Development (OD) and Wellbeing Performance

There is a well-established link between staff wellbeing, team working and patient experience. Embedding of the new trust values THRIVE and a broader series of organisational development opportunities will be used to make an impact on patient experience.

The National Patient Safety Strategy provides a clear emphasis on the vital importance of a Just Culture and an environment conducive to staff feeling they are able to speak up when they have concerns about patient safety. The new patient safety curriculum and Just Culture principles align to our THRIVE values.

The Trust will be working as part of the integrated care system to deliver a range of work streams around the themes within the national People Plan. In 2022 we continued delivery of our Culture and OD Strategy with an emphasis on the following areas of priority aims relating to themes within the people plan:

- Looking after our People
- Belonging in the NHS

Looking after our people

Following a successful trial, the Clinical Psychologists for staff wellbeing were appointed substantively and have continued to develop the service working with teams and individuals. The BLMK ICS created an on-line 'Keeping Well Hub' for all public sector workers in BLMK and this has been an additional resource of available Health and Wellbeing (H+WB) support to our staff.

We continue to offer Mental Health First Aid training programmes and have increased the number of Peer Listeners who provide another avenue for staff to receive signposting to support or raise any raise concerns. The Freedom to Speak Up Guardians work closely together across the sites and promote awareness of the different routes to raise matters of concern with a particular focus during Freedom to Speak Up month in October.

New initiatives this last year included the 'take heART' project which has provided creative activities for staff to take part in and also produced artwork for our buildings created in conjunction with local artists, our communities and staff.

The increasing pressure due to the cost of living crisis has impacted on all our staff and in response a working group was set up to develop a support package. This includes a 'safe space' where staff can be supported to access food banks, emergency meal tokens and a range of advice and support. As part of the package a Voluntary Benevolent Fund has been initiated for our most vulnerable staff experiencing hardship.

Working in partnership with our Staff side colleagues, the Trust has developed and launched a Menopause Policy.

The summer staff engagement events saw a return of the large scale 'tent events' and the resumption of our long service awards, which was enjoyed by all who attended.

Our work to embed our values continued with the introduction of values based Appraisals, tools to help us move towards values based recruitment and the introduction of a Respectful Resolution approach. Over 700 managers and leaders have attended the Leading to THRIVE masterclasses and the THRIVE in action workshops for all staff underpin the embedding of our values.

Over the course of the year we have continued to develop our H+WB strategy gathering feedback from staff at our winter Staff engagement events in December to further refine our offer and approach.

Belonging in the NHS

Our staff networks provide an important connection and support mechanism for our staff.

- The BAME staff network continues to grow in numbers. One of their projects this year was an awareness event about Sickle Cell which involved staff members, clinical and external expert speakers; the work of raising awareness has continued since. The network also contributed to the development of the WRES action plan.
- LGBTQ+ network became fully established in 2022 with a chair and vice chair appointed and committee formed. A key focus for the group is an assessment for accreditation to the Rainbow Badge 2 scheme which is currently underway.
- The Disabilities and Carers network has formed and is in the early stages of its establishment.

The networks have contributed to various trust policies over the last year including Menopause and Uniform policies.

The international recruitment campaigns continue to provide a steady pipeline of new starters to our Nursing and Midwifery workforce. The pastoral support package for our new staff arriving from overseas is a very important part of helping them settle in to their new jobs and lives.

Our work with embedding our values, in conjunction with 'a Kind Life', is an important intervention in our aim to be a great place to work, creating a workplace where all our people feel they belong and can THRIVE.

Medical Education Performance

Throughout 2022, we have continued to review and formalise the Governance structure of Medical Education in the Trust. We appointed a Deputy Medical Education Director for the Luton site and also appointed a cross-site Head of Library. In addition we appointed two cross-site SupportTt Champions whose role is to ensure all trainees are clinically confident and fully supported when returning to training/clinical practice following a sustained period of absence.

Postgraduate Medical Education

During the last twelve months we have seen expansion of the Foundation Training Programme. This was achieved with the support of various specialties across the Trust and in the community. At the Bedford site we have had an additional 12 posts and at the Luton site an additional 22 posts. Expansion will continue throughout 2023 and during this period Bedford is expecting 1 further additional post.

Covid-19 Recovery

Throughout 2022 HEE continued to support placement providers with funding from the COVID-19 PGME Training Recovery Programme, which aims to support doctors in training to address the impact of the pandemic on curriculum attainment and provide the NHS with the skills it needs to tackle the care backlog. Both sites were able to facilitate bootcamps to boost exam capabilities, additional clinics, lists and simulation sessions to develop procedural and consultation skills, as well as wellbeing and pastoral support sessions to support educators and trainees.

Undergraduate Medical Education

Bedford site - Cambridge Medical students and Leicester Medical Students

In May 2022 Bedford welcomed the Year 6 Apprenticeship Block. Our Clinical Skills Tutors were instrumental in providing students with additional clinic skills to ensure that they were prepared for the transition to Foundation Doctors and this will also be undertaken within this academic year.

Later in 2022 Bedford welcomed Year 6 students and Year 4 students and in November 2022, Bedford held its formative review for Year 6 medical students. The Clinical Skills Tutors continue to be involved in assessments at Cambridge for Year 4 and Year 6 students.

Between the period of January 2022 and January 2023, Bedford welcomed 24 Year 5 medical students from the University of Leicester into the Obs & Gynae Department.

Students reported that many staff had been amazing and, in particular, the Clinical Skills tutors who were very helpful, encouraging and thorough. Year 6 students

reported that they were very impressed with the senior teaching and labelled their placement at Bedford as the best regional placement they had received.

Luton site – University College London (UCL) Medical Students

In March 2022, The Luton & Dunstable University Hospital successfully facilitated the Final MBBS for the UCL medical students.

In September 2022, we successfully welcomed our 2022/23 cohort of 77 final year and 67 fifth year medical students with a continued emphasis on virtual learning.

The Trust has continued to receive positive feedback from University College London (UCL) with UCL medical students rating the Trust as a positive learning environment which they would recommend to other students.

GMC survey 2022

Bedford site

The results of the General Medical Council National Training Survey 2022 indicated priority areas for improvements in the following specialties:

- Anaesthetics – Teamwork, Induction, Educational Governance
- Cardiology – Overall satisfaction, Adequate Experience, Rota Design, Educational Supervision
- General Internal Medicine – Local Teaching
- General Medicine – Rotas, Educational Supervision, Overall Satisfaction, Adequate Experience Local Teaching, Induction
- Emergency Medicine – Rotas, Clinical Supervision, Study Leave
- Paediatrics – Clinical Supervision, Study Leave, Facilities, Rota Design
- Surgery – Overall Satisfaction, Clinical Supervision OOH, Regional Teaching, Study Leave, Supportive Environment, Adequate Experience, Facilities.

Luton Site

The results of the General Medical Council National Training Survey 2022 indicated priority areas for improvements in the following specialties:

Anaesthetics - Induction

- Emergency Medicine – Supportive Environment, Teamwork and Overall satisfaction
- Medicine – Study Leave arrangements
- Obstetrics and Gynaecology – Facilities, Study Leave, Supportive Environment, Clinical Supervision, Reporting Systems, Teamwork, Education Governance and Education Supervision for trainees.

- Paediatrics – Workload, Facilities and Clinical Supervision
- Surgery – Clinical Supervision for F2, Handover and Regional Teaching.

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

NETS Analysis

Across both sites

The NETS survey gathers opinions from students and trainees from medical and non-medical professions about their time working and training in practice placements and training posts, asking them to provide feedback on what worked well and what they think could be improved. NETs collected feedback from learners during the period 18th October to 30th November 2022.

For the East of England 4,403 learners took part in the survey which is a significant increase of 55.3% on previous NETS results. Of those responses, 2,482 were medical learners, an increase of 34.9% on the previous year. For the Luton site the results highlighted specialty training to be an outlier for quality of care. For the Bedford site results highlighted Foundation training in Medicine to be an outlier for quality of care, Foundation training in Surgery to be an outlier for quality of care and overall experience and GPST training in Paediatrics to be an outlier for quality of care.

The full results of the survey can be analysed online. Action plans for the outliers have been developed and shared with the HEE Quality teams.

Performance and School Visits

Bedford site

Cambridge Medical School conducted a QA visit in May 2022. The feedback on this visit was positive and the highlights were:

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

A few action points were raised against which an update has been submitted to Cambridge.

Luton Site

There were no on site performance or school visits on the Luton site carried out during 2022.

Educator Development

Face-to-face Educational Masterclasses with a focus on the practical, everyday aspects of educational supervision took place at the Luton site on 8th April 2022 and 14th September 2022 both facilitated by the Director of Medical Education. Another at the Bedford site took place on 8 February 2023 facilitated by the Deputy Director of Medical Education.

We also facilitated face-to-face Educator Wellbeing sessions comprising a half-day training & workshop run by staff support & wellbeing clinical psychologists, Dr Amanda Spong & Dr Rachel Chater. These took place on 4th October 2022 at Luton and 28th November 2022 at Bedford with focus on explaining psychological models of emotional wellbeing and the latest research into what impacts and supports the wellbeing of healthcare staff, and particularly doctors, in the NHS. They explain how providing the very best care for patients and junior staff starts with recognising and supporting our own wellbeing at work.

Physicians associates (PA) across both site

Trainee PAs

In collaboration with the University of Hertfordshire, both sites now welcome Trainee Physician Associates (TPAs) on an annual basis to undertake their clinical placements at the Trust rotating through Medicine, Surgery, Paediatrics and Obstetrics & Gynaecology. During 2022, Luton and Bedford hosted 10 trainee physician associates. Each trainee is allocated an ES, and for each placement within their rotation, they are allocated a clinical supervisor. The qualified PAs act as mentors for the trainees.

Qualified PAs

We are also delighted to confirm that following the successful Physician Associate Foundation Internship programme that ran in 2021 the Trust have recruited six high quality PAs to the organisation to support the medical workforce based in the Same Day Emergency Department (SDEC) at the Luton site. There are 8 PAs already employed at Bedford who were recruited prior to 2021.

Education and Training Performance

Statutory and Mandatory Training

Statutory and Mandatory training compliance has dramatically increased over the last 12 months with the overall Trust compliance reaching 83.86% for the end of the 2022/2023 financial year. The Trust has unfortunately not achieved the 90% target which we had hoped to achieve by April 2023 however the move out of the red for compliance and into amber is huge progress for the organisation given the challenges that the Trust has faced this year.

To encourage compliance across the organisation a Statutory and Mandatory Training and Appraisal Task and Finish Group has been established. This group has created the "Back on Track" initiative to encourage all staff members to comply with their training and appraisal requirements. This group also provides support to the Training and Learning Team to target areas to create compliance recovery plans. This has been particularly successful on the Bedford site as statutory and mandatory training compliance for the site for the closing of the financial period is 86.45% with Luton sitting at 82.19%. One main variance between the percentage differences on each site is the appointment of a dedicated Mandatory Training Officer on the Bedford site who has been able to complete in depth reviews of compliance and provide "hands on" support to departments. Although this post holder has been working on some cross site work their base site is Bedford and it is clear to see the impact that this role has had. The success of this post holder has enabled the Training and Learning Team to think differently about the recruitment to a vacant role on the Luton site to ensure that departments on the Luton site have the same level of support for the next financial year as we strive for the 90% compliance target.

This financial year the team have been able to reintroduce face to face training that has been warmly welcomed by all staff across the organisation. All face to face sessions are very well attended however there is still an appetite to continue virtual training as it supports hybrid and cross site working. The Training and Learning Team are continuously developing new ideas to encourage compliance including Mandatory Training cafes where staff can come long to the department, complete e-learning or workbooks with refreshments. At these sessions the team are present to support with any course bookings or ESR queries.

The team are currently undergoing a project with subject matter experts to review the training needs analysis for all core and advanced mandatory training topics, this is supporting staff to ensure that they only complete training that is relevant to them. By reviewing the TNA and course content we have been able to realign to the Skills for

Health, Core Skills Training Framework as Bedfordshire Hospitals NHS Foundation Trust ensuring all our core and advanced training subjects are aligned on both sites with the same learning outcomes and refresher periods. The Training and Learning team have reinstated Subject Matter Expert meetings to regularly check in with the trainers and teams who deliver the statutory and mandatory training to ensure that they are all aware of new initiatives and gain support regarding training and compliance initiatives.

The Training and Learning Team are continuing to transform and improve the training provisions of the organisation and over the next 12 months has a stream of activity to continue an increase in training compliance. These plans for the next financial year include:

1. The Task and Finish Group is going to continue and propose new staff development opportunities to encourage training compliance and appraisal engagement.
2. There is currently a review of Trust induction including a more efficient on boarding process and reviewing the content for welcoming new starters to ensure full compliance within the first week of joining the organisation.
3. The Training and Learning Team should have no vacancies next financial year that will enable more provision to support training and recovery plans and more meetings with service line and departmental leads.
4. Training venues will be increased on the Bedford Hospital site with the completion of the Britannia House Training room (Manual Handling facility) and 3 new classrooms and a clinical skills lab at the Bedford Borough Council building.
5. The Training and Learning Team are also working on a project to redevelop the Fountain Suite on the Luton site and redesign a training venue dedicated to Manual Handling Training as this room was demolished and not replaced during site redevelopment.
6. Improve the Training and Learning website to make it easier to find training dates development opportunities and support for appraisals, probation, study leave, pay progression and apprenticeships.

Appraisals and Pay Step Progression

This year the Trust has seen some improvement to appraisal compliance with an increase to 70.26%. The Training and Learning team in conjunction with a Kind Life have developed a new cross site appraisal form and policy for all non-medical staff which went live this year. This paperwork and policy is encouraging staff to "appraise with values" and is designed to encourage discussions around performance, successes, staff career and personal development and meaningful objectives for the next year ahead.

There is a successful training programme being delivered by the Head of Training and Learning that supports staff with the new paperwork and offers hints and tips on performing successful appraisals. There is also an e-learning training package and support documentation to guide staff through the processes and enhance their appraisal skill sets.

In August 2022 the Trust established the pay progression process for all staff who are employed under the Agenda for Change Terms and conditions. This should have been put into place in 2019 however guidance from NHS England stated that all organisations should automatically increment staff due a pay step review during the pandemic. As an organisation we introduced this at a time that felt right for us as an organisation and to become in line with other Trusts within our region who already had this process in place. Training and information sessions have been provided for staff and there is also a large section of pay progression covered in the appraisal training session. The pay step progression process, forms, frequently asked questions and a link to the NHS England website is also accessible via the Trusts intranet sites. In order to achieve the next pay step each member of staff much have met the following criteria:

1. The appraisal process has been completed within the last 12 months and appraisal objectives have been achieved.
2. There is no formal performance management capability process in place.
3. There is no formal disciplinary sanction live on the staff member's record.
4. Statutory/mandatory training has been completed.
5. For line managers only – appraisals have been completed for all their staff as required.
6. The Training and Learning Team along with Workforce will continue to reinforce this message and ensure that staff are aware of the processes and their responsibilities of pay step progression.

The team are hopeful that introducing pay progression may have in impact to help reach the 90% compliance target for training and appraisals.

The Task and finish group for training and appraisals are going to focus on appraisal engagement through staff development. By highlighting all of the additional opportunities that we can offer as a service and as a Trust, we are hopeful that staff will want to engage in a discussion with their manager about the opportunities available. Staff can access hundreds of internal courses and also apply for additional course funding, the team are confident that a more positive narrative around development may encourage staff to seek out an appraisal and also promote the excellent range of training on offer.

Trust Induction

At the start of this financial year there were still some COVID restrictions in place and also limited training room availability to be able to reinstate face to face Trust induction. Currently, new starters complete their statutory and mandatory training online via ESR, attend a virtual welcome from David Carter, CEO, or another member of the Executive Team and attend face to face practical training. The Training and Learning Team are aware that this is not a sufficient process, it does not emphasise the importance of compliance and it also does not give a warm welcome to the Trust or highlight some of the fantastic work that is going on across the organisation. In order to rectify this, during the final quarter of 2022/2023 the Training and Learning Team have set up 2 induction working groups:

- Induction – On boarding Steering Group
- Induction – Content Steering Group.

The on-boarding Steering group has key members of the Training and Learning, Recruitment, and Workforce Teams. Here the group is looking at how we can introduce Applicant Access on ESR so that new starters can complete statutory and mandatory training before they start with the organisation. The Applicant dashboard opens a dedicated page on ESR to new starters that can sign post new starters to a range of Trust information, videos and training. The group have set a target of August 2023 to start a trial group of new starters with the applicant dashboard. This should give all teams enough time to review process and ensure that the dashboard contains all information required.

During the final quarter of 2022/2023 the Content Steering Group have been able to contact other merged organisations to find out what processes they following for induction and what information they share with their new starters. The Training and Learning Team also conducted a survey for managers within the organisation and asked their opinion as to what needs to be covered on an induction programme. With very successful feedback the group have been able to put together a first draft induction programme. This draft has now been circulated amongst the group for comments and work on the content of the agenda will commence during quarter 1 of 2023/2024.

Once there is a final agreement on the content an official proposal will be presented to the Workforce Committee and Executive Teams for a final approval aiming to launch the new induction during quarter 3 of the financial year.

opportunities within, but also gives an insight into the bigger picture, using a system wide approach.

Engagement has been on an upward trajectory and the Health and Care Academy has developed strong working partnerships with over 50 Education Providers. This is inclusive of all Higher Education Colleges across Bedford, Luton and Milton Keynes. There have been 467 students who have graduated from the virtual Health and Care Academy this year, with plans to offer the programme again from September 2023.

A blended learning approach has been taken for 2022/23, after a successful pilot of the Health and Care Academy Plus programme in 2021/22. We now offer this programme on both the Bedford and Luton sites, in the Education Centre through face to face delivery. In turn bringing the virtual platform to life. 22 students have graduated from the Bedford site for 2022/23, and there are 11 students on the Luton site who are graduating in early 2023/24.

Additional funding has been awarded for 2023/24 by NHS England to support continuation of the programme and to expand on the current offer, with the expectation of an NHS Careers Expo in partnership with the Integrated Care Board by April 2024.

T Levels

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

Additional funding has been provided to the Bedford College Group to aid the ongoing cost of hosting T Level students, which will also have a positive impact on the financial implications for the trust.

Digital Performance

The Trust's digital priorities

The merged Trust's inaugural Digital Strategy published in January 2023 set out the digital priorities in the short to medium term, to:

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

Our approach to meeting the Trust's digital priorities

Accordingly, our five digital transformation programmes have been devised to meet these priorities as part of the Digital Portfolio of Change, with clear delivery outcomes:

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

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

e-Portal. With responsibility for the Trust and ICS-wide shared care record, the programme's aims are to ensure clinical information can be safely accessed, wherever it is needed, and permit the sharing of data to support the safe transfer of patient care between providers. The programme expects to conclude in September 2023.

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

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

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

How we've met these priorities

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

Server upgrades of key digital applications such as BigHAND, digital dictation and speech recognition software, and Evolve, our electronic medical records platform that captures and handles medical case notes and operational documents, have provided user improvements both in terms of stability and reliability.

Over the past year, the Technology programme's roll out of up-to-date desktop software and hardware has increased productivity and reduced instances of unplanned system outages. The £2.3m investment into new desktops, monitors, laptops, mobile devices, servers and storage hardware across the Trust has enabled the transformation of digital clinical ways of working, removing legacy paper-based systems in favour of efficient and seamless digital systems and their integration.

Investment in the Trust's digital networks has seen deployment of more wireless access points, with accompanying digital security infrastructure, to provide improved wireless access and connectivity that is resilient and secure, and so increasing mobile-based digital productivity at more locations across the Trust estate.

The clearing of technical debt has also progressed as Digital Services continue to move away from legacy Infrastructure platforms. The introduction of a new virtual machine hosting solution used to run clinical and non-clinical applications, through partnership with our strategic third-party suppliers has brought improved levels of up-time reliability and responsive technical support.

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

Digital Services provide a robust continuous monitoring capability of the Trust's cyber estate, which has been enhanced with the successful deployment of the NHS England sponsored Microsoft Defender for Endpoint which gives NHS England Cyber Operation Centre assurance of the Trust's cyber estate. The Trust has state of the art monitoring capability provided by Defender which includes Security Operating Centre that permits 24/7 monitoring and support.

Strengthening of our Cyber Security environment has been further achieved through migration away from unsupported systems and software, including unsupported servers and desktop operating systems. A concerted effort to significantly reduce the prevalence of Windows 7 devices means that as of March 2023 they comprise less than 3% of the entire digital estate with further reductions to follow.

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

A programme of Trust wide correspondence and engagement events to promoting safe cyber behaviours has resulted in staff being able to better identify, respond to and report cyber incidents. An increase in cyber incident reporting to Digital Services has enabled more responsive and focused interventions to phishing and other criminally-generated digital activities.

3. Support the building redevelopment programme.

The completion and handover of the Cauldwell Bedford Project, required working alongside Redevelopment and Clinical teams to deliver a refurbished first and second floor to expand our outpatients' facility, supporting and improving patient care. Clinicians are now seeing patients in this new area and having a significant impact on the delivery of recovery plans, allowing clinical teams to see more patients and importantly treat those whose care had been delayed due to the pandemic. The Technology programme's contribution was acknowledged as part of this project with a Trust Team of the Month Award for October.

Digital support has also been provided to the refurbishment of the Day Treatment Unit and Chaul End Community Centre for Midwifery services. Both required significant enhancements to network connectivity and desktop equipment that are now enabling increased patient-facing time and other productivity gains. Linked to the redevelopment work has been the ongoing

support to relocating teams to ensure continuity of digital requirements at their new locations and minimal levels of disruption to clinical and non-clinical services.

4. Ensure the EPR Implementation reaching HIMSS Level 5.

EPR Implementation was successfully awarded national frontline digitisation funding in March upon approval of the Trust's investment appraisal submission to NHS England.

Progress towards achieving HIMSS Level 5 has continued throughout the year with focus on NerveCentre module deployments at the Luton and Dunstable Hospital site. Successful NerveCentre go-lives have been achieved for electronic observations and handover, clinical photography, bed management, e-Takelist, nursing assessments, alerts and escalations, EPMA, Live Flow and Virtual Ward modules across a range of departments and specialisations.

The start of NerveCentre go-lives at the Bedford Hospital will commence in April 2023, starting with bed management, E-Observations, NEWS2 Alerts and Escalations, eHandover, Fluid Balance and Hospital at Night modules.

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

There has been significant progress made with the Shared Healthcare Record integration across the region over the past year. To date integrations have been completed with the Luton & Dunstable Hospital, 36 GP practices with BLMK, Mental Health services at East London NHS Foundation Trust, Community Services and the East of England Ambulance service.

Uptake in the use of the Shared Healthcare Record by Trust staff has grown significantly, from the accessing of 1426 patient records in April 2022 to 9067 patient records in March 2023. The number of users has increased nearly four-fold to 494 over the same period.

Feedback of benefits continue to be encouraging with the ability to see patient information from multiple organisations viewable in one place, removing the need for phone calls and emails between different health organisations that slow down clinical decision-making cited.

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

The Digital Merge programme has been redesigned in line any clinical integration requirements as digital is a key enabler.

The new risk management system was successfully integrated across both sites in October, providing a single operational risk and incident management repository for the Trust.

Implementation of a single Picture and Archiving Communication (PAC) system commenced the delivery phase during March and April with arrival of dedicated hardware equipment. Once in place the system will permit clinicians across all sites to access to patient imaging through greater cross-site working and clinical pathway efficiencies.

Investigations into an Electronic Data Record Management System (EDRMS) to resolve the current situation where two separate medical record systems are in place between the Luton and Dunstable and Bedford Hospitals. A single merged system, along the same lines as the PAC system, would permit greater efficiencies for clinicians working cross-site.

7. Enable clinical service line improvement and innovation.

Implementation of the cross-site Theatre's Emergency List solution has improved efficiencies by replacing paper-based and manual processes with real-time data on screen, that allow clinicians, including anaesthetists and surgeons, as well as theatre and ward staff, to be able to view patient data and theatre information from any hospital location, as well as enabling remote access. Furthermore it reduces time patients wait for emergency and trauma procedures and improved utilisation of the emergency and trauma theatres will reduce Length of Stay for surgical patients but also decrease the need to cancel elective cases for additional capacity.

The Trust implemented a specialist Ophthalmology Electronic Medical Record solution, enabling the ophthalmology department to migrate away from a paper based medical records to an electronic patient record. This has provided increased efficiencies in administrative and clinical processes as well as increasing throughput, reducing backlogs and waiting times.

Improvements have been made with Wifi access across both sites. The upgrade of legacy hardware to provide improved network connectivity exceeded 1090 new and enhanced wireless access points. A detailed survey covering every square meter of the Trust estate identified

improvements and coverage opportunities that would support clinical application access including the EPR programme implementation and access to future systems.

The Digital Solutions programme have also been supporting innovation in the field of surgical robot capabilities at the Bedford Hospital site.

A Digital Cellular Pathology project to digitise patient histopathology samples using state of the art scanners is working towards a soft go live in Q1/Q2.

Part of the Trust's transition to more modern digital equipment has seen the migration of 1313 mobile devices from legacy mobile management platform. This has improved the accessibility of clinical and non-clinical applications via Trust mobile devices with corresponding productivity gains.

Overcoming the complexity of integrating two separate network environments into Office 365 and resolving the technological challenges to improve migration for Trust user email accounts, has resulted in over 600 email accounts being successfully migrated to date. Work to migrate the Trust's remaining individual and shared mailbox accounts is underway.

People

People remain at the core of Digital Services and improving staff and patient digital experiences leading to improved clinical outcomes is our driving purpose. We have sought to find new and innovative ways to integrate and streamline services that reduce non-value added work, create capacity and headroom, and improve the overall patient experience.

The Digital Services team itself will be coming together as it completes the move to a new home at Bedford Borough Hall during May. It will integrate Luton and Bedford hospital based digital staff into a dedicated location, future proof our ways of working and innovation will thrive as our key skills and capabilities are geographically combined for the first time. There will remain, however, a digital presence on both the Bedford Hospital and L&D site for desktop support post relocation.

Sustainability Performance

BHFT's Green Plan 2022-2025

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

Air pollution alone accounts for thousands of excess deaths and is linked to neuro- developmental damage, dementia and respiratory diseases. The health impacts of the climate crisis are profound. Many of the same systemic problems and social determinants of health also contribute to the unequal effects of the climate and ecological crisis. Healthcare itself accounts for 5% of our national emissions. We will need a monumental effort from all parts of society to limit global warming to 1.5°C above pre-industrial levels and prevent the most devastating impacts of climate change both locally and globally.

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

Trust contributions to the NHS Carbon Footprint Plus

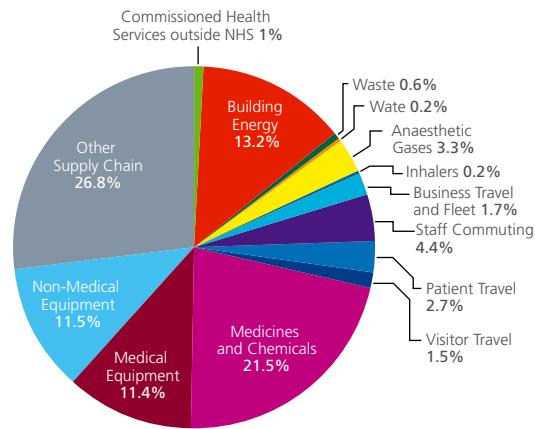
NHS England has produced estimates of contributions to national emissions to support regions, systems and trusts to deliver on the commitments set out in 'Delivering a Net Zero National Health Service. The data provides the latest estimate of contributions to the NHS Carbon Footprint Plus, including the NHS Carbon Footprint, from NHS trusts in 2019/20 (Figure 1).

This is the first published estimate of each trust's contribution to the NHS Carbon Footprint Plus. These figures are consistent with the Delivering a Net Zero NHS report and the region- and system-level footprint data produced alongside a report to the NHS Public Board in October 2021.

Bedfordshire Hospitals NHS Carbon Footprint and the proportion of the contributors are given in the table and figure below.

Contributor	Tonnes CO ₂ e
Building Energy	15982
Waste	708
Water	191
Anaesthetic Gases	3985
Inhalers	203
Business Travel and Fleet	2093
Staff Commuting	5363
Patient Travel	3243
Visitor Travel	1774
Medicines and Chemicals	25922
Medical Equipment	13825
Non-Medical Equipment	13863
Other Supply Chain	32339
Commissioned Health Services outside NHS	1318
TOTAL	120809

Bedfordshire Hospitals NHS Foundation Contributions To The NHS Carbon Footprint



Sustainability Highlights

While Green Plans are expected to be three-year strategies, several early interventions have already been taken by a wide variety of trusts and Integrated Care Systems. Initiatives that have been already delivered by BHFT are below. Current Initiatives have delivered 5.6% of our NHS carbon footprint to date.

New initiatives in the pipeline, will deliver an additional 10.2% saving for our Trust's NHS carbon footprint.

These include expected savings from the PC PowerSave Project, the LED Lighting Initiative at Bedford and a substantial 8.8% from the new Energy Centre at the Luton & Dunstable University Hospital site.

Anaesthetic gases

Nitrous oxide and Entonox contribute 75% of the total anaesthetic gas footprint. Carbon saving between 2021 and 2022 is 353 tCO₂. Giving an 8.6% reduction in carbon emission attributed to Nitrous Oxide and Entonox.

Carbon saving 2021 and 2022 (to date) by switching from Desflurane to Sevoflurane is 222 tCO₂, equating to 5.6% reduction in carbon emission attributed to anaesthetic gases.

Travel and transport

- Travel survey and travel plan developed
- Bronze accreditation to L&D by Modeshift Stars by undertaking a number of sustainable travel initiatives such as free public transport travel until August 2023
- One of the pilot sites for Cycling UK's 'Cycling made e-easy' (with investment from Department for Transport).

Sustainability/Green Champions

Increased the number of sustainability champions to over 200 to strengthen the implementation of the Green Plan through 'locational' action.

PC Powersave project

- Power management of the PCs initiative is underway and potentially can save up to £185,809 pa and 185 tCO₂.

Lighting replacements with LED lights at Bedford Hospital Every traditional halogen bulb that is switched to an LED bulb, saves around 5kg of CO₂ emissions. LED lighting uses at least 75% less energy, and lasts up to 25 times longer than conventional lighting.

8475 lights have been recently replaced across the two sites with the potential saving of 761 tCO₂.

Waste

- BH has successfully rolled out the domestic waste segregation using centralised bins in June. This has saved 102 tCO₂ for the Trust
- 6,361 recycled reams bought Jan – Oct 2022, giving carbon saving of 10.5 tCO₂ which equates to 1.5% saving on waste emission
- Sharps Bins
 - The SharpSmart scheme at Bedford gives the Trust a 58 tCO₂ reduction per annum, and this is now on trial at L&D in the Medical Block.

Emergency Preparedness, Resilience and Response Performance – Core Standards Performance

Introduction

All NHS organisations need to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety.

The NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) set out clearly the minimum standards which NHS organisations and providers of NHS funded care must meet. These standards are in accordance with the Civil Contingencies Act 2004, the NHS Act 2006 (as amended) and the Cabinet Office *Expectations and Indicators of Good Practice set for Category 1 and 2 Responders*.

Acute Trusts are required to self-assess compliance annually against the NHS England Core Standards for Emergency Preparedness Resilience and Response. The self-assessment is signed off by the Trust Board each year. The Trust's Director Level Accountable Emergency Officer (AEO) is responsible for ensuring these standards are met.

Summary of Core Standard requirements

In accordance with the Civil Contingencies Act 2004, the Trust is recognised as a Category 1 responder and subject to the relevant related governance and legislation. The NHS England Core Standards are divided into the following ten domains:

- Governance
- Duty to assess risk
- Duty to maintain plans
- Command & Control
- Training & Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity
- Chemical Biological Radiological Nuclear (CBRN)

The Trust is required to state an overall assurance rating measured against of 46 core standards. A number of Training and exercising standards have been re-added to this self assessment, after being removed for the 21/22 period. This domain currently has low compliance compared to the other core standards due to the amount of disruption the Trust experienced through the Coronavirus pandemic period.

A number of standards pertaining to infectious disease and incident command preparedness are also absent from this year's review, reflecting the assurance that has been provided by the organisation's response to the Covid-19 pandemic. The definitions of the core standards ratings are detailed below:

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place the organisation is fully compliant against 100% of the relevant core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place the organisation is compliant in 89 -99% of the relevant core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place the organisation is compliant in 77-88% of the relevant core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-Compliant	Arrangements are in place the organisation is compliant in up to 76% of the relevant core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

Performance

This year's self-assessment is a joint submission for both sites. The declarations for the last full core standards submission for 2021/22:

Trust-wide the Trust is substantially compliant with the standards.

This year's declaration of substantial compliance reflects the work outstanding in a number of areas, post-merger, to achieve full compliance across both sites.

The Trust has declared itself as substantially compliant against this year's deep dive, with all of the partially compliant standards having remedial actions in progress.

Theme	Compliance Level	Comment/Rationale
Emergency Planning, Risk and Resilience Core Standard Topics		
Governance	Full	
Duty to assess risk	Full	
Duty to maintain plans	Substantial	<p>Core Standard 16- In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.</p> <p>Core Standard 17- In line with current guidance, regulation and legislation, the organisation has arrangements in place to control access and egress for patients, staff and visitors to and from the organisation's premises and key assets in an incident</p>
Command & Control	Full	
Training & Exercising	Partial	<p>Core Standard 22 - The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.</p> <p>Core Standard 24 - The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards.</p> <p>Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role.</p>
Response	Substantial	<p>Core Standard 27 - Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.</p>
Warning & Informing	Full	
Cooperation	Full	
Business Continuity	Substantial	<p>Core Standard 49 – Organisations' IT Depts. are required to certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.</p> <p>Core Standard 47 - The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:</p> <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure. <p>Work on the review of departmental business continuity plans at both sites is in progress, focus is to ensure all plans are in line with ISO 22301.</p>
CBRN	Full	

Further Actions Required

A comprehensive work programme for 2022/23 is in place to address the partially compliant standards in this year's return, with the aim of being fully compliant in 2023/24.

Core Standard 16 – Evacuation Plans were refreshed in 2022. The Smart Evacuation System, has now arrived in the Trust and embedding is underway. Plans are in place to run a validation exercise in the Autumn of 2023.

Core Standard 17 – Bedford Hospital Lockdown plan is now overdue for a review. This is being actioned as part of the EPRR and Security workstreams.

Core Standard 22 – Following a training needs assessment by the Head of Organisational Resilience, a requirement for refreshed Incident Management Training & Exercising (T&E) for newly appointed staff has been identified. The delivery of these new materials will be trialled in Q1 of 2023/4, with further delivery programmed monthly until compliance is achieved.

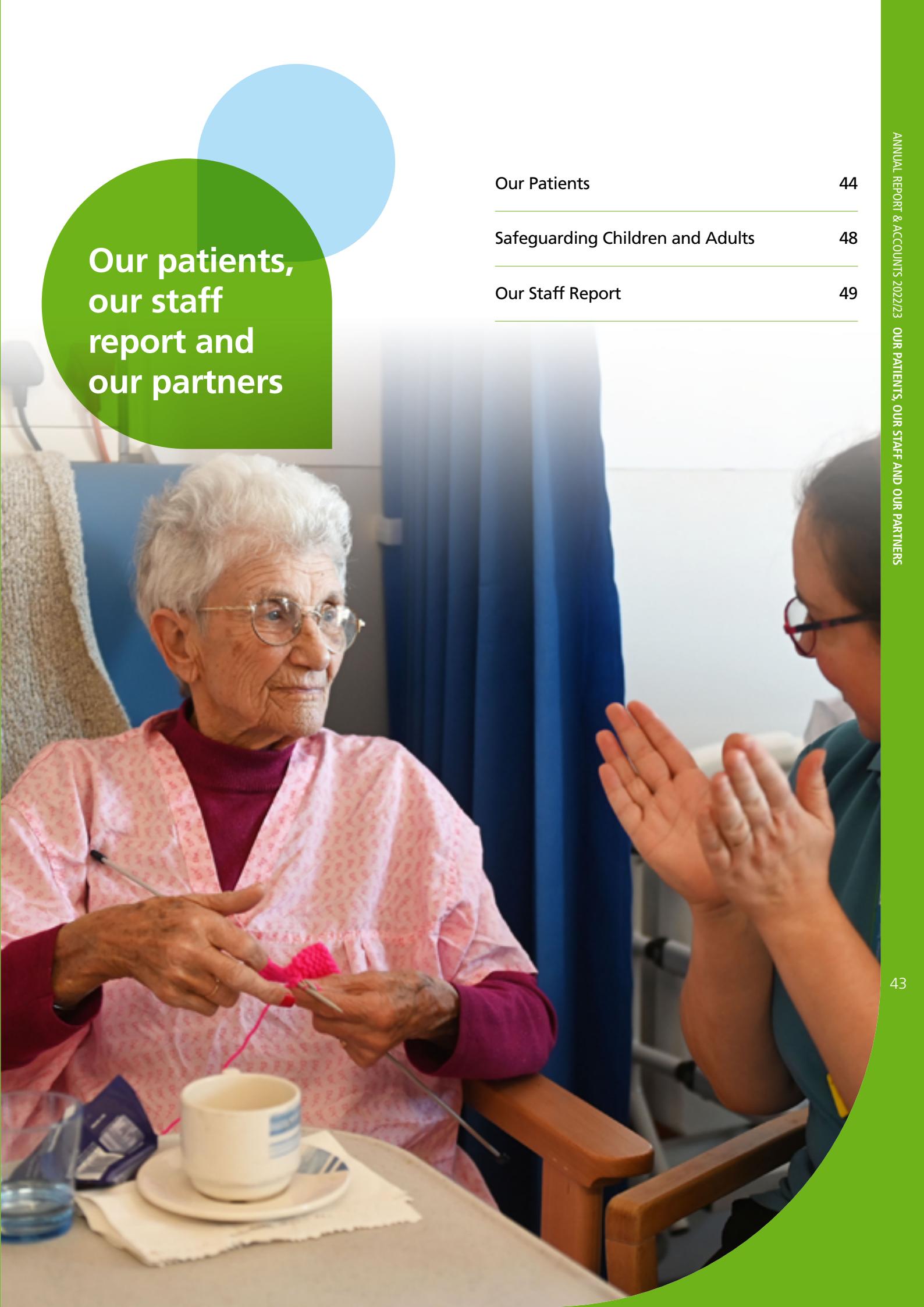
Core Standard 24 – Linked to Core standard 22, an action plan is underway to ensure all incident management courses delivery record staff attendance and that online databases are updated accordingly.

Core Standard 49 – The IT department are working through the Cyber Security Toolkit and an action plan is in place, a further review by NHS Digital was taking place post submission to assess the current compliance.

Core Standard 47 – Work is on going to review and in some case develop business continuity plans for all areas with critical activities, this reflects the organisational structure, infrastructure and many role changes post-merger. An action plan is in place to ensure consistency within the Trust's contingency planning and to ensure that all critical departments have full ISO22301 compliance by financial year 24/25.

All Core standard remedial actions will be tracked through the Organisational resilience committees and progress updated to the Executive Board.





Our patients, our staff report and our partners

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Our Patients

The organisation has continued to gather patient feedback from the people that access and use our services, which is used in quality improvement initiatives with the aim of providing outstanding services. During the past year, we continued 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

Information is collected 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 (FFT and National Survey)
- Cancer Services (National Survey only)

The Trust undertakes five national surveys, one on alternate years and four annually from April 2022- March 2023. The learning and actions identified at CSL level are

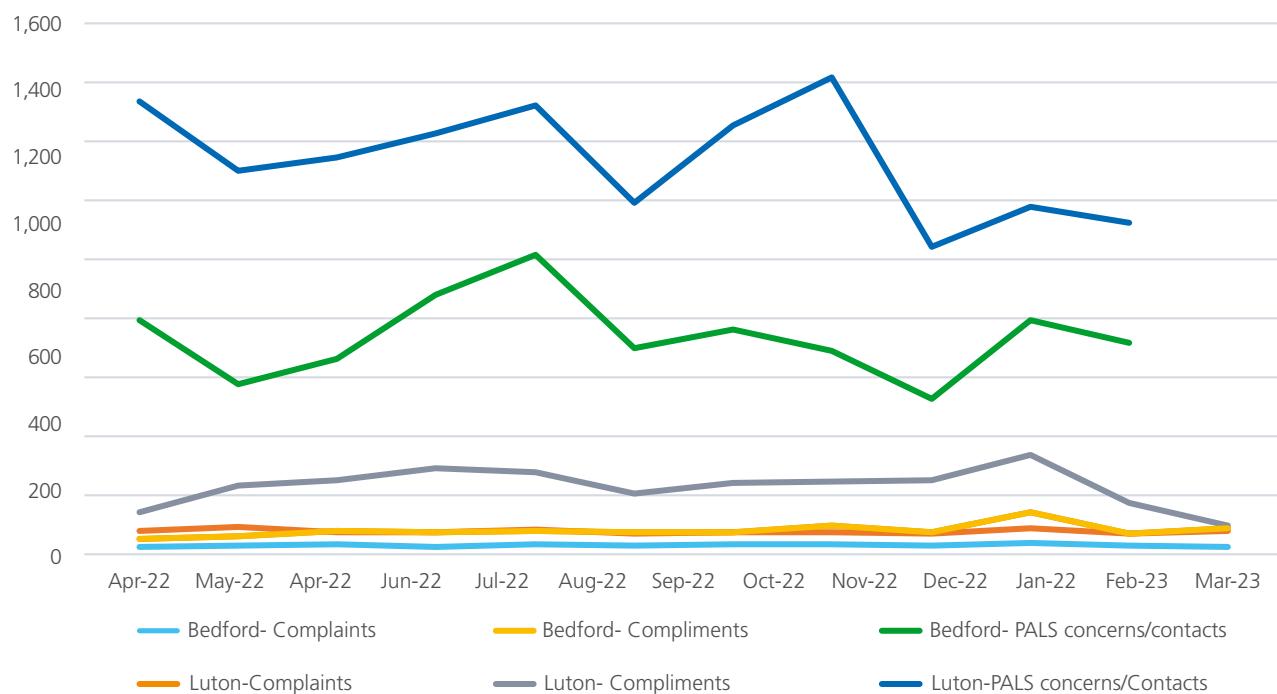
monitored through the CSL governance structures, Clinical Quality Outcome Board (CQuOB) and Patient Experience Council (PEC).

IQVIA system is now operational on both sites for collecting patient feedback via iPads, QR codes and texting services. Each bedside cabinet in ward areas has QR codes for ease of access for patients and we are in the process of adding QR codes to trust leaflets to make it easier for patients to give their feedback. The Trust has been working on using the texting messaging service effectively and is now operational, including in our ED department where we anticipate an increase in responses.

Patient Advice and Liaison Service (PALS)

An increase in demand to support face-to-face contacts with rapid resolutions within the PALS team avoided the need to escalate to formal complaints. Chart 1 below provides the complaints/compliments and PALS data. The newly developed PALS office (LD) has very limited space for the team to be on site, as a result agile working will continue for the foreseeable future.

Luton and Bedford Data



Interpretation Service

Interpretation service provision has continued within the organisation, despite the impact of Post Covid and Brexit, which resulted in a national reduction in qualified BSL interpreters. A factor was the implementation of the British Sign Language (BSL) Act June 2022, which resulted in an increased demand nationally for BSL interpreters. Our provider experienced a rapid growth in an increase for demand for their service. This had a direct impact on access to our services; we continue to work with our third party provider to ensure requests are booked. Other interpretation services continued in the last year, with telephone interpreting representing the highest usage. Due to changes in COVID restrictions, we have seen a return of face-to-face appointments; however, video interpreting remained an option to support patient experience.

Patient Experience Strategy and Council

The Patient Experience Strategy focused on four key drivers:

- Patient and public involvement
- Measuring and monitoring feedback
- Service improvement
- Delivering a positive patient experience

The drivers have underpinned the Patient Experience Team work plan, which is a subject of review at the Patient Experience Council (PEC) meeting. Key internal and external stakeholders attend the PEC meetings ensuring that the quality improvement initiatives deliver on good patient experience and outcomes.

Service User Groups/Engagement

Involvement and engagement events through the PEC continued virtually in 2022/23 with our external stakeholders, Carers in Bedfordshire, Healthwatch, Sight Loss Council, local councillors, BLMK and Midwifery Voice Partners (MVP) attending and providing feedback from the local communities.

Listening to Patient Concerns

During the 2022/23 period, patients have continued to raise concerns predominantly via the PALS teams however, some of these concerns could not be resolved resulting in a formal process. PALS received 21,619 contacts 1093 formal complaints processed. This indicates the level of activity received and managed by PALS in dealing with concerns with reducing the need for a formal process.

Fortnightly tracker reports are shared with the Clinical Service Lines (CSL) to monitor their progress with complaints and compliance with response targets, in order to reduce breaches of our 45-day target response times; we are planning to launch a monthly compliance meeting with CSL.

During the last year, the majority of complaints were resolved at local level. However, there are six open PHSO complaints currently under investigation. The PHSO has implemented a new mitigation process that is done on a case by case basis. This involves meeting with clinical teams to review a case, from this a decision is made as to whether a full investigation is required. One case is currently being reviewed by this process.

Visiting restrictions continued to have a significant impact upon patient services on both sites. Throughout the year exceptional visiting in certain circumstances continued in some ward areas. Visiting restrictions were adapted according to Covid prevalence levels and national guidance.

Compliments

The Patient Experience team shared compliments received in year 2022/23 with the relevant teams.

We encouraged the teams to share the compliments locally with their staff. The teams hold other compliments received locally.

Examples of compliments received are below:

Maxillofacial department

My father was recently urgently referred to the Maxillofacial department at the L&D hospital by his dentist following a routine examination. Having been diagnosed with cancer a short while ago we were surprised how quickly the appointment came through, especially as the junior doctors were on strike. He was seen by a more senior specialist, Mr A, who was thorough, respectful and standing in for the striking staff. After examining his mouth he made an appointment the next day for a biopsy. Times are a bit fragile at the moment and I cannot thank Mr A, and the staff in the Maxillofacial department, for their professionalism and compassion shown towards my Dad. A pure example of how the NHS works beyond their job description, I have nothing but thanks and appreciation.

ENT

I had an appointment with the ENT department on the 16th of March 2023. With Dr B. I just want to pass on how helpful he was. A good ambassador for your hospital. I was very pleased with my appointment.

Midwifery

Following the recent birth of my daughter, I would like to offer my sincere thanks and appreciation to all of the midwives and other staff in the Midwife Led Birth Unit. Other than having to wait longer than seemed appropriate for assessment on Ward 31 when I first arrived, I really cannot fault the treatment I received. Particular acknowledgment should go to midwife S (surname unknown), the midwife who was responsible for my delivery. She had an incredibly calming demeanour, had clearly read my birth plan and was very respectful of it, to the extent that she raised items I had forgotten that I had included in it! As a result, my daughter was delivered very quickly, with no complications or intervention and we were able to go home the same day. I was very surprised when midwife S told me after the birth that she was only recently qualified and that this was the first water birth she had done – she seemed to be so much more experienced and confident than her level of qualification would imply.

My only constructive feedback is that when another midwife came into the room, presumably to give midwife S any guidance she may need, they were conferring very quietly, which was appreciated in one respect but had the effect of making me worry that something may be wrong. In future, it may be helpful to explain earlier on that colleagues may come in for support but that it is nothing to be concerned about. Otherwise, I can only repeat my thanks to this wonderful team!

I would also like to express my thanks to all of the members of the Early Pregnancy team, who provided me with outstanding care and support when I was really suffering with hyperemesis.

Pre Op Assessment

I have today been for my Pre Op Assessment In the surgical block.

The nurse I saw was called C I believe. I just wanted to say she is such an asset to your team. She was very nice and made me feel at ease when I was told I had to have a blood test (which I hate). She made me laugh so much. She is definitely a people person, and just what you need there. Please pass onto her manager.

Cardiology secretaries

I just wanted to say how wonderful C is, whenever I have a cardiology situation and an anxious patient, she is calm, efficient and friendly, an absolute star! I know a lot of people are quick to complain about people, so I thought I would pass on my gratitude!

We have an anxious patient on the surgical pathway, who needed an echo coordinated with her outpatient appointment, which I was worried would be too short notice, but C has sorted this quickly and efficiently, and the patient is chuffed to bits! She makes me look efficient too, which is a bonus!

I have already thanked her for her support, and thought you should be aware of the excellence she provides!



Safeguarding Children and Adults

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

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

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

Actions taken and measures in place are as follows:

- Reports are presented to the Quality Committee quarterly on safeguarding children and young people and there is a clear reporting structure in place to raise issues throughout the year.
- Audits and reviews are carried out to check and satisfy us that our systems and processes are effective.
- Clear procedures are in place in the Emergency

Department (A&E) and staff receive regular update training on safeguarding.

- Clear procedures are in place to ensure that the Trust is working with other organisations to safeguard children and adults.
- Disclosure and Disbarring (DBS) checks are made on all new staff adhering to the NHS Employer guidelines and the Trust is compliant with safeguarding guidelines.
- Training in safeguarding children and young people and adults is one of the key components of the corporate induction programme for all new starters and is included in the annual mandatory refresher training which is being made available as e-learning.
- All training arrangements have been reviewed.
- A Named Nurse, Named Midwife and Named Doctor have specific responsibility for safeguarding children and young people across all parts of our hospital – they are clear about their roles and are given sufficient time to enable them to fulfil their responsibilities.
- A Named Nurse and Named Doctor have specific responsibility for safeguarding adults.

Our Staff Report

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

The Foundation Trust Annual Reporting Manual section 2.102 a disclosure of 'Off Payroll' arrangements within the staff report. However, the Trust has included this in the Financial Performance Report on page 97. The manual 2.96 requires a disclosure of counter fraud. This is in the Financial Performance Report on page 98.

Occupational Health / Health and wellbeing

We have an Occupational Health department on each of our two sites, offering a full range of Occupational Health and Wellbeing Services. These contribute to increasing the effectiveness of the organisation, by enhancing staff performance and morale through reducing ill-health, absence and accidents. Both Occupational Health Departments are working towards a merger and it is hoped this will be completed over the next 12 months. Once we have a cross site Occupational health IT system in place we feel the departments will be better able to work together and there will be a more robust and efficient service in place to serve both hospitals. We are excited to be embarking on a tendering process for this and hope we will have it in place by the autumn.

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

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

Advice is available on debt, legal, family and more general issues, and staff can call as often as they like and talk for as long as is needed. The EAP is available on a 24-hour basis, 365 days a year. Should face to face counselling be required, the EAP can provide a fast, efficient referral to counsellors. (5 sessions per year). We continue to promote this service, via their attendance at our staff engagement events, webinars and varying communications.

As part of the Trust's ongoing commitment to helping staff maintain and improve their mental Health, we employ two principal clinical psychologists (1WTE). Our Psychologists support the development and implementation of strategies and interventions to improve the psychological aspects of staff wellbeing. They consult with teams and managers where appropriate to work with challenges within Teams. This includes providing training and workshops on supporting wellbeing at work, contributing to service development and offering guidance and specialist assessments to our Occupational Health teams. Our Psychologists also offer group supervision to our expanding numbers of Peer listeners (all of whom have undertaken mental health first aid training). We currently have 27 Peer listeners on our Bedford site and 24 on our L&D site.

Our flu vaccine uptake, for frontline staff was 50.8%, this compares to our low level of uptake the previous year which was 53%. The uptake figures were disappointing, with a majority of those staff actively refusing, simply stating that they just didn't want it, it is possible that it was felt there was less risk due to staff routinely wearing personal protective equipment (PPE) to protect against Covid19, together with the fact that staff were also being asked to have a winter Covid vaccine booster.

In November 2022, a working group was formed to investigate what could be put in place in order to support our staff during this financially challenging time. Following consultation with staff, we have opened 'safe spaces' on each main site, with telephone and email support. A range of initiatives have been developed which include free tea/ coffee, support with accessing foodbanks, signposting to organisations which may also be of assistance such as our Employment advisory programme providers who offer debt and financial advice, assistance with emergency food tokens for use in our hospital restaurants, continuation of free staff car parking, heavily subsidised train/bus travel and assistance with applying to the Trust's newly formed voluntary benevolent fund – for staff in urgent financial hardship.

During our Christmas staff engagement events, we took the opportunity to ask staff to help shape our wellbeing strategy. Part of this asked them what they would like to see more of, that could easily be put in place. Many staff asked for some increased seating, so as a result a total of 14 picnic benches have been provided in areas across both our main sites.

Last year, NHS England signed the Menopause Workplace Pledge in a move that demonstrates a commitment to ensuring employees experiencing the menopause feel well informed and supported while at work. As a Trust, we are delighted to be supporting this move and recently introduced a Peri-menopause/Menopause Policy for our staff.

Take heART is a growing group of staff and local art enthusiasts who focus on enhancing the wellbeing of patients, visitors and staff within the Trust through the arts. The group engages in a range of activities including; securing funding, collaborating with local communities and artists to develop and deliver art projects, consultation and raising awareness of the benefits of the arts. Guided by principals of engagement, collaboration and accessibility, the group has particularly focused on organising creative opportunities for staff:

1. A school poster campaign promoting self-care
2. A series of creative jubilee workshops for staff to attend
3. Two installations- 'Human touch' (local artist and staff) and 'Our people' (Karen Reep, recently retired nurse) celebrating the wonderful work of staff during the pandemic and beyond
4. Crafting workshops at the December staff engagement event
5. Team away day sessions.

Volunteers

In May 2022, The Kings Fund published a report addressing how a strategic approach to volunteering in NHS Trusts can add value. A number of key messages came from this, notably that Volunteering can have a positive impact, not just for the organisations and their staff, for patients and carers, but also for the volunteers themselves. They found evidence that despite the impact of the Covid-19 pandemic (in all but a minority of Trusts volunteering was suspended, decimating the volunteering capacity), volunteering has the scope and capability to expand, and that the recovery of NHS services post pandemic presents a vital opportunity to review and consider the role and contribution of volunteers as an integral element in delivering healthcare. It recommended that Trust Boards need to engage with volunteering as a strategic activity, and see it beyond being a 'nice to have', to making a significant contribution to the operational and strategic aims of the Trust.

A further key message within the report was the recommendation that national bodies should consider the relationship between volunteering in NHS organisations, including Trusts and place-based systems of care. This includes thinking about how NHS volunteer services fit within a wider system of community support.

Two years on from lockdown, we were faced with many decisions on how to safely and effectively bring back volunteers. We faced restrictions to returning because of clinical vulnerabilities, and for others their previous roles were no longer feasible or desirable. We were also challenged with determining whether or not the adaptations made during Covid, benefitted service delivery and should be continued, or would require further revision, or whether we should simply return to previous practice.

We have since restarted volunteering, further engaging local support, and moving forward will continue to align the roles and functions of volunteers with the aims of the Trust, so that volunteering supports the Trust Objectives, Values and Vision, as well as being a way of connecting and engaging with the communities we support.

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

St John Ambulance support within our EDs has increased, with 15 Volunteers registered on the Luton Site and 11 at Bedford. Since 1st September (when we implemented the Sign In App), St John volunteers have given 261 hours at Luton.

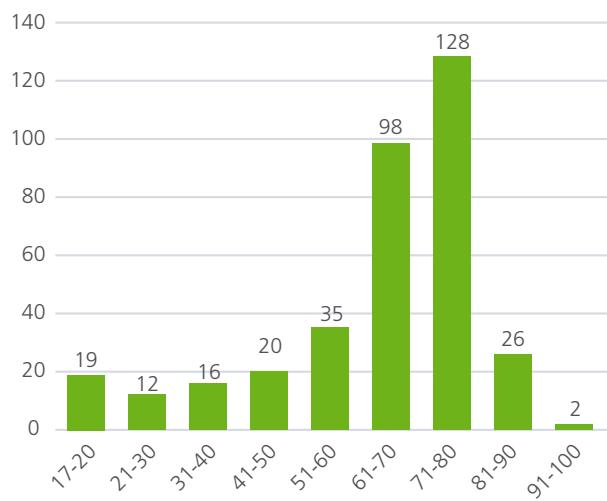
In Aug 2022, Young Healthwatch carried out a review of Children's Services at the L&D. We will review actions from their recommendations and look towards arranging for them to revisit Bedford Hospital.

The EVCO (External Voluntary Charitable Organisations) agreement with Carers in Bedfordshire has now been renewed, enabling them to provide further support across sites to those with caring responsibilities, and we are supporting them with the recruitment of new volunteers. Additionally, a further EVCO, Herts and Beds Blood Bikes, continues to work with our Pharmacy teams to transport medication between our hospitals.

Hospital Site	Number Registered Volunteers	Currently Active
Luton & Dunstable	221	141
Bedford	146	87
Total Registered Volunteers	367	228

These numbers are somewhat lower than last year, as we have a number of volunteers who have chosen not to return post Covid.

Volunteer Ages



Since the Sign In App was introduced on 1st Sept 2022, volunteers across sites have contributed 11533 hours, which at bottom point B2 equates to £119,600 – the equivalent of 5.9 paid members of staff.

Ethnicity	Number of Volunteers
African	3
Asian Bangladeshi	2
Asian Indian	2
Asian Other	4
Asian Pakistani	13
Black African	2
Caribbean	5
Chinese	3
Indian	20
Mixed White & Black Caribbean	1
Mixed White & Black African	2
Not Disclosed	7
Other Mixed Background	1
Other White Background	7
White British	194
White Irish	7

Whilst volunteering is an inclusive process in which people from diverse backgrounds and with diverse skills can participate, regardless of race, gender, religion, disability, sexual orientation etc., we are constantly challenged in recruiting volunteers from these ethnicities, with our volunteer base still stereotypically middle aged/retired white British. With the return to the 'new normal' post Covid, as part of our strategy, we aim to now actively engage with these under represented sections of our community, establishing new relationships and reaching out again to community groups.

In terms of reintegration, we have been able to return volunteers to a number of clinical areas, including the Macmillan and Primrose Units and the Chaplaincy Team. In addition, a number of new roles have been introduced in the past year:

- Volunteers have supported the redevelopment team with signposting during the disruption.
- We have recruited further volunteers to support the Patient Experience Group.
- Volunteers were recruited to support the settling in of International Nurses.
- The Boredom Buster role was introduced to assist the Independent Support Workers in providing stimulating activities for patients.
- The number of PAT Dogs has increased on the Bedford site, two new PAT Dogs at Bedford, and one at Luton who is based in the therapies hub to provide sessions for stroke patients. The PAT dogs have also visited the Staff Engagement Events to provide a little therapeutic intervention. One of the new PAT dogs and handler are Caroline Coster with Duke – Caroline received lifesaving treatment at Bedford for Covid and Sepsis, and her story featured in a BBC Look East article, highlighting how she has now returned to us to volunteer, supporting staff wellbeing within the departments that saved her life and supported her care.
- Admin/Meet and Greet within Cardiology and Dermatology at Bedford.

A further key initiative has been the introduction of the Staff Safe Spaces at each site supported by volunteers. The mental and physical health and wellbeing of all staff is important to the Trust, and the Wellbeing Team's Safe Space initiative aims to offer additional help in both a holistic and practical way at this time when staff may be tired, under pressure at work and struggling to navigate a way through financial difficulties for themselves and their families. Our volunteers offer a welcoming, friendly face and listening ear for staff at any level and are trained to offer a range of support from signposting to the Trust Employee Assistance programme to helping with free or subsidised travel, issuing restaurant meal tokens and food bank vouchers.

The Blossom Project, which supports patients on an End of Life Pathway, and those who are acutely unwell, is going from strength to strength. We currently have 31 volunteers across both sites who have undertaken 1274 visits. We have a further 3 in the recruitment process. 16 Patients have actually passed away with a Blossom Volunteer present. The interim evaluation report 'The Blossom Project – The First Seven Months' evidenced the profound impact that the project has had Trust wide, and as a result of this, we have secured exchequer funding to make the post substantive and enable its continuation.

To celebrate its success, the project co-ordinator arranged a Thank You event attended by Blossom Volunteers across both sites, and we were joined by Simon Linnett (Chair) Liz Lees (Chief Nurse), Jan Chalkley (Palliative Care Matron) and Brigid Purcell (Palliative Care Lead at Bedford). Richard Sumray also attended, alongside Sarah Amexheta – Head of Charity.

Moving forward, NHS Charities Together, from whom we secured funding to get the project 'off the ground' have interviewed the project team, and will be developing and sharing our success across their platforms nationally. In addition, the team have also been contacted by the Northern Sydney Local Health District in New South Wales (signposted by Liz Lees), with potential to work with them to share our learning and enable them to facilitate the project in their own setting.

Proud of our volunteers, whenever feasible the Voluntary Services Team continue to nominate volunteers for local and national awards e.g. Pam Brown has been nominated for the Coronation Champion Awards. The Charity Shop Volunteers were nominated for, and won, the Luton and District Community Awards in the 'Service with a Smile Category'. Our Blossom Project has been nominated for BBC Three Counties Radio 'Make A Difference' Awards.

We thank and celebrate the dedication and commitment our volunteers make whenever possible. In June we celebrated Volunteers' Week with Social Media posts and all volunteers across both sites received a card with our heartfelt thanks and a small gift of heart shaped chocolates. And at Christmas, our small, sustainable gift was a packet of wild flower seeds with the message 'We just wanted to say: You're Blooming Marvellous' – a gift that will grow as our volunteer team expands and regenerates whilst supporting the environment and wildlife.

Also on 10th June, at long last, we were able to hold a Volunteer Long Service lunch at Parkside Hall in Ampthill, attended by some 80 volunteers and supported by

members of the Voluntary Services and Charity Team. HM Lord Lieutenant of Bedfordshire and, on the Chairman and CEO's behalf, Gordon Johns attended the event to present awards to our longest serving volunteers – 30, 40, 45 and more than 50 years! This was the first combined event for volunteers from Bedford and Luton and it was wonderful to see everyone joining together to celebrate their achievements.

Student Volunteering

Since the student volunteering programme was reintroduced in December 2022, 6 students are now supporting across wards 14 and 15 at the L & D hospital site. This programme offers students a 5 month placement supporting one designated ward at mealtimes, to help prepare patients for their meals, hand out meals and offer companionship. 12 more students are going through the recruitment process who will be ready to start in forthcoming months.

A student volunteering programme which started at the end of 2022 to support the charity shop trolley service is now supported by 5 students who are undertaking a 5 month placement. We are now working with a local college to offer placements to a new cohort of students.

A new programme is being developed to offer a student volunteering programme opportunity to young people with SEND (special educational needs and disabilities) two students have been interviewed for an initial pilot programme who will start in May / June 2023 and will support administrative tasks.

Work Experience

16 placements have been facilitated between January and March 2023. Nine based at the L&D and seven at the Bedford site. These have taken place across a number of areas which has included OMFS (cross site), Obs/Gynae (cross site), Neurology, Cardiology, stroke medicine, endocrinology, estates (Bedford), ED, pathology (Bedford) and colorectal. The student demographics ranged from ages 14-18 years, two students were between the age group of 14-15 years and 14 were between the age group of 16-18 years.

NHS Careers Sessions

During January – March 2023, NHS careers outreach sessions were delivered to 335 students. Out of these, we delivered bespoke sessions to 15 SEND students focussing on NHS careers, personal qualities and interview skills. The remaining outreach was undertaken by attending business enterprise events and careers fairs which included 2 new schools, Wixams near Bedford and Harlington upper who we are now working with as part of the student volunteering programme

Communicating and engaging with our staff

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

Examples of staff communications and engagement include:

- Monthly staff briefings are led by our Chief Executive. We share information on key operational issues and gain feedback from staff
- Employee and team of the month award
- Executive Team present to new staff at induction monthly
- Established local newsletters are in place across divisions, departments and wards to share good practice and learning within teams
- A quarterly magazine (BedSide) is sent to all Trust staff which includes key information about the Trust, stories from staff about health and wellbeing and the contributions they make to the Trust and our local community
- Key time-sensitive messages are cascaded to all staff via our intranet and email systems
- Regular meetings are held with senior leaders in our clinical service lines to share information with and receive feedback from frontline colleagues
- Our Trust Board meets monthly with our Council of Governors, which includes 15 elected staff governors
- Quarterly public Trust Board meetings
- Staff governors actively speak directly to colleagues to gather their thoughts and ideas about how to improve working lives at the Trust
- Medical Staff Committee and Junior Medical Staff Committee
- The Joint Staff and Management Council (JSMC). This is a meeting of staff side representatives and senior managers of the Trust. The meeting is used to develop and consult on policies and any other matters that affect staff. The staff side JSMC representatives have

been particularly supportive in the implementation of many initiatives where there has been a workforce implication, including providing support on change management consultations with staff. Regular meetings are held with senior managers and the Human Resources team to engage in discussion over formal consultations.

Engagement events 2022

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

The health and wellbeing of staff remains the priority, which is why in times of great operational pressure, it is so important that staff take a break and attend these events which are a perfect opportunity for them to enjoy some food, join in with some fun, and take a well-deserved break.

Staff participated in some live interactive theatre, focused around our Trust values THRIVE (Teamwork, Honesty and Openness, Respect, Inclusivity, Valuing people and Excellence) and how the Trust values underpin plans and strategies, allowing the Trust to achieve its vision – to attract the best people, value and develop them, so that the teams they work in deliver outstanding care to our patients.

These events are also an opportunity for the Executive team to say thank you in person to our staff for all the incredible work they do every single day.

The Trust was also able to hold Christmas staff engagement events across both hospital sites in the first two weeks of December. More than 4,000 staff took time out to visit the tents. These events are an important part of the Trust's commitment to support the mental and physical wellbeing of our staff. Support included a health check kiosk, laughter yoga, having a go on the Batak fitness machine, riding on a smoothie bike, meeting PAT dog Logan (at the L&D) and getting advice on healthy eating from our dietitians.

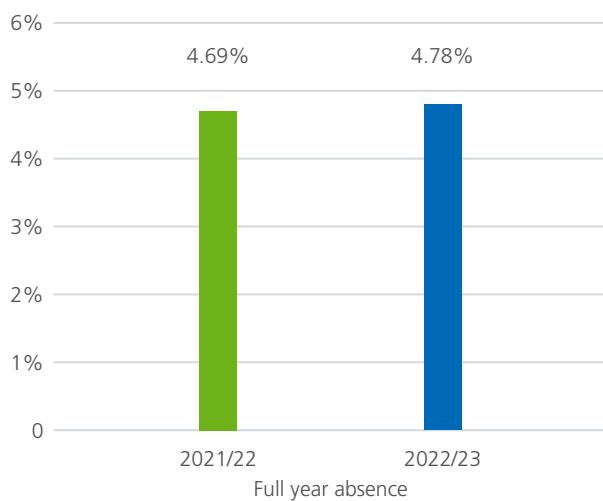
Health and Safety at Work

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

Sickness Absence

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

Full Year Sicknes Absence Rates 2021/22 vs 2022/23



Staff Turnover

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

NHS Staff Survey

The NHS staff survey is conducted annually. The questions are organised into nine themes, the seven People Promises plus Staff Engagement and Morale.

The survey ran from the beginning of October to the end November 2022 and was published on 9th March 2023.

The survey was a full on-line staff survey; with paper copies available for those with no digital access, 2,911 surveys were completed. The response rate for Bedford was 41% and L+D was 34% with an overall response rate of 42%. There was a decrease of 5% points in the response rate compared to last year. The national average response rate for our benchmark group was 44%, down by 2% points on the previous year.

National Results

The indicator scores are based on a score out of 10 for certain questions with the score being the average of those. Scores for each indicator together with that of the survey benchmark group 'Acute and Acute and Community Trusts' are presented below.

	2022		2021		Change from 2021	
	Trust	Benchmark Group	Trust	Benchmark Group	Trust	Benchmark Group
We are compassionate and inclusive	7.1	7.2	7.1	7.2	≡	≡
We are recognised and rewarded	5.6	5.7	5.7	5.8	⬇️	⬇️
We each have a voice that counts	6.6	6.6	6.6	6.7	≡	⬇️
We are safe and healthy	5.9	5.9	5.9	5.9	≡	≡
We are always learning	5.3	5.4	5.2	5.2	⬆️	⬆️
We work flexibly	5.7	6.0	5.7	5.9	≡	⬆️
We are a team	6.6	6.6	6.5	6.6	⬆️	≡
Staff engagement	6.8	6.8	6.9	6.8	⬇️	≡
Morale	5.7	5.7	5.7	5.7	≡	≡

Overall, the results indicate an “average” set of results but there are areas that do highlight some themes of slightly below average comparisons. It should be noted that the Trust overall average score was identical as the national benchmark group on 5 scores, 0.1 below on three themes and 0.3 below on one theme – “we work flexibly”.

Local Analysis

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

- Received an appraisal in the last 12 months
- Team members often meet to discuss the teams' effectiveness
- Immediate manager gives clear feedback
- Involved in deciding changes that affect work
- Immediate manager listens to the challenges I face.

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

- We are always learning - increasing appraisal completion rates
- We are safe and healthy - health and wellbeing

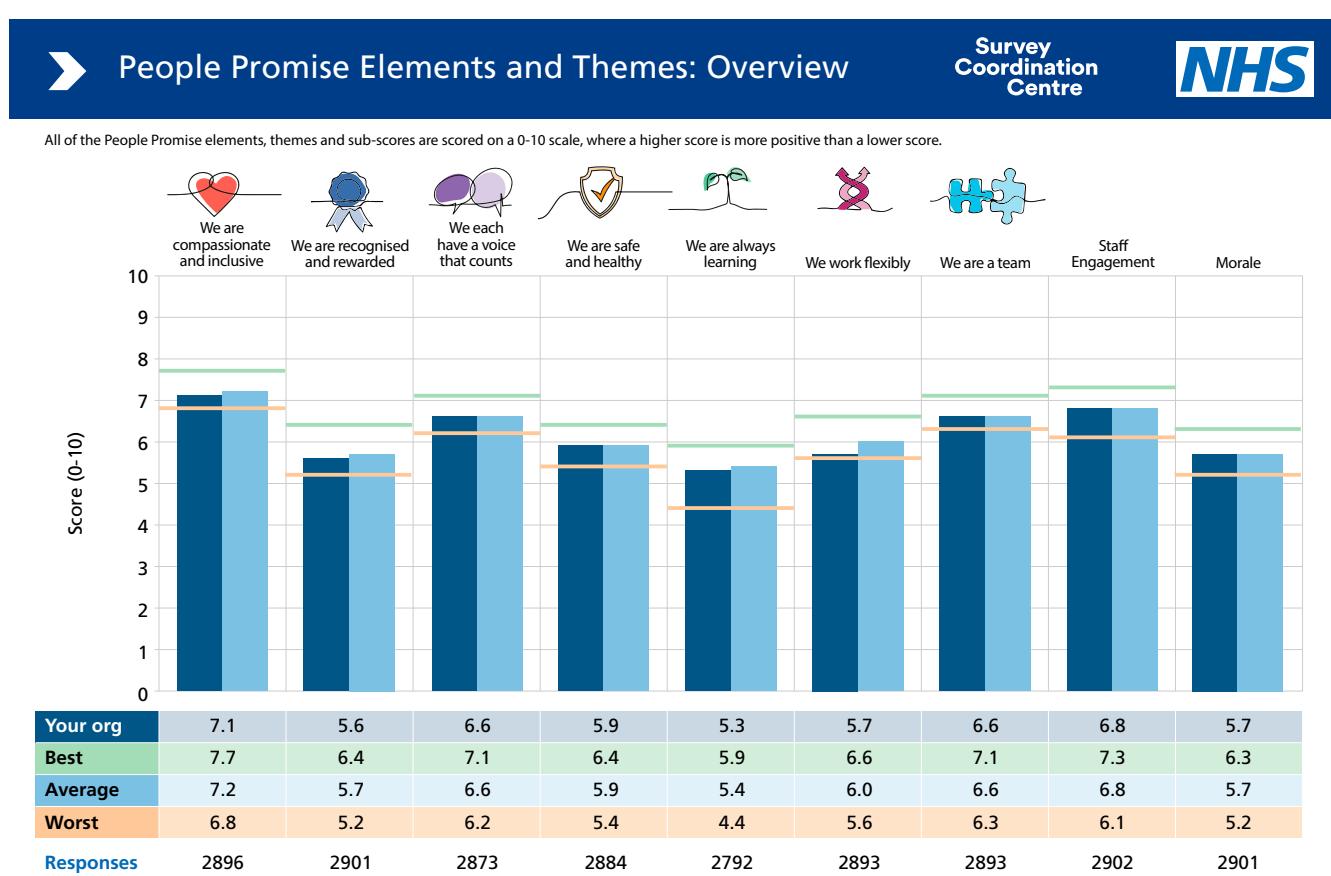
- We work flexibly - flexible working/work life balance
- We each have a voice that counts - raising concerns about unsafe clinical practice
- We are recognised and rewarded – valuing work and recognition for good work.

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

NHS People Promise Progress

The themes and words that make up the NHS “Our People Promise” have come from those who work in the NHS. People in different healthcare roles and organisations have made it clear what matters most to them, and what would make the greatest difference in improving their experience in the workplace.

Using the Staff Survey as the principal way to measure progress will enable our teams and departments, as well as the organisation as a whole, to review progress and take action to improve. The chart below shows our 2022 staff survey results based on NHS People Plan indicators.



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

We are compassionate and inclusive	Continued work embedding our values and developing our people including: <ul style="list-style-type: none">• THRIVE in action and master classes• Respectful resolution• Career pathways• Reciprocal mentoring
We are recognised and rewarded	Staff focus: <ul style="list-style-type: none">• Continued monthly staff awards• Twice yearly physical staff engagement events• Long service recognition
We have a voice that counts	A listening focus: <ul style="list-style-type: none">• Developing our staff networks• "you said, we did"• Speaking up
We are safe and healthy	Maintaining our environment: <ul style="list-style-type: none">• Programme of health & wellbeing activities• Promotion of internal and external wellbeing services• Cost of living support
We are always learning	Review and continuous improvement: <ul style="list-style-type: none">• Values led appraisals with higher completion rates• Respectful resolution and giving and receiving feedback• Sharing learning from development to clinical strategies
We work flexibly	Playing to our strengths: <ul style="list-style-type: none">• Understand the flexible working gap• Campaign to promote flexible working and work life balance
We are a team	Linking directly to our values: <ul style="list-style-type: none">• Embed THRIVE in action and master classes• Leadership development offers• Sharing staff survey feedback• Team staff survey action plans

Trade Union Facility Time Disclosures

The Trust made their submission on the 30th July 2022 for the year 1 April 2021 to 31 March 2022 – this was the first submission as a merged organisation. The below information relates to 21/22 data as the current year submission had not been prepared at the time of audit.

Employees in your organisation

5,000 – 10,000 employees

Trade union representatives and full-time equivalents

Trade union representatives: 27

FTE trade union representatives: 25.02

Percentage of working hours spent on facility time

0% of working hours: 19 representatives

1 to 50% of working hours: 7 representatives

51 to 99% of working hours: 1 representatives

100% of working hours: 0 representatives

Total pay bill and facility time costs

Total pay bill: £ 364,758,232

Total cost of facility time: £48083.18

Percentage of pay spent on facility time: 0.01%

Paid trade union activities

Hours spent on paid facility time: 447

Hours spent on paid trade union activities: 2374.5

Percentage of total paid facility time hours spent on paid TU activities: 18.8%

Equality, Diversity and Human Rights

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

The general duties are:

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

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

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

Current reports for Bedfordshire Hospitals NHS Foundation Trust (BHFT) alongside the archive of statutory and NHS contract mandated Equality reports for both hospital sites can be found on the BHFT website: <https://www.bedfordshirehospitals.nhs.uk/corporate-information/equality-and-diversity/>. Further Gender Pay Gap information can be found on the Cabinet Office website (<https://gender-pay-gap.service.gov.uk/>).

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

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

Equality Delivery System 2022 (EDS2022)

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

The EDS 2022 is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England to hold active conversations with patients, public, staff, staff networks, community groups and trade unions and to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight. EDS 2022 has three components:

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

The EDS2022 and accompanying technical guidance was issued in August 2022. There has not been much discussion nationally about this toolkit and within BLMK ICB, not many of the partners were aware of its existence. The Trust has been reviewing its approach over the last few months and is proposing the below plan for 2023/24 using the technical guidance as a base:

1. Complete an initial self-assessment against the components
2. Engage with key stakeholders for Domain 1 by September 2023
3. Engage with staff and HR on Domain 2 in Q1 and Q2
4. Review Domain 3 in Q3
5. Develop actions to be included on the Equality and Diversity Action Plan
6. Report the findings and actions to the Board in Q4
7. Agree a programme of review and monitoring.

The Equality, Diversity and Human Rights Committee will be kept informed of progress at each meeting.

Leadership

The Trust Board have continued to have a focus on equality issues. A Non-Executive and Executive Board member were partnered and allocated a protected characteristic to champion. This included a comprehensive briefing to start to develop a greater understanding of that characteristic along with Board Seminars to discuss the characteristics and understand the issues that individuals can face in more detail.

The Board also received a seminar on Health Inequalities to initiate a programme of work with partners in the Luton area.

Staff Networks

The Staff Networks that the Trust currently has in place cover the characteristics of:

- BAME (Black, Asian and other Black minority ethnicities)
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer plus Allies)
- Disabilities (mental and physical) and Allies.

The networks provide mutual support and opportunity for staff to talk in a safe, open space about issues that matter to them in the workplace. The goal is to have good communication channels and understanding between the Trust, colleagues and service users, whilst driving awareness and positive change. This helps support effective decision making and to create a fair, welcoming community that meets all staff and patient needs, allowing them to feel confident in being themselves and supporting others.

Training, Communications and Events

This past year there have been further enhancements. We have implemented 15 extra new E-learning packages relevant to our EDHR agenda to upskill and support staff which are:

- General EDHR [2]; Cultural Awareness in the Workplace - The Diversity Challenge
- Inclusion awareness [3]; Inclusion Essentials, Inclusive Language and Communication - Inclusive Leadership
- Mental Health support [3]; Mental Health in the Workplace, Managing Stress and Stress Less.
- Strengthening ability [3]; Assert yourself, How to delegate, Building Resilience
- Understanding Bias [2]; An Introduction to Unconscious Bias - Understanding Race Bias
- The Impact of Micro-Behaviours
- The Menopause at Work

The above EDHR training offered is beyond the National mandatory NHS on-line video training and previous additional areas provided. It offers deeper EDHR knowledge and understanding.

Accessible Information

Interpretation

As one of the most diverse Trusts we have high use of interpretation and keep a strong focus on this critical professional service. The providers work to a high level specification, formal undertakings, management controls and devolved booking to departments. Continued improvement to this service and meeting increasingly diverse language and literacy needs.

Public Website 'Recite Me' support

During 2022 the Trust implemented a revised assistive tool on the website since. There has been one in place since

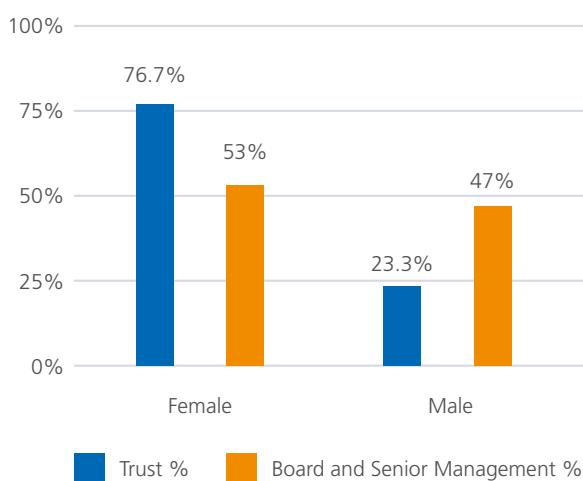
2018 but the new offer allows for a breadth of support including more appropriate language provision and support to patients with many different needs including changing text to sound, size of text and colour schemes.

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

Trust Demographics

The outline of the Trust Demographics is included below:

Trust and Board Gender %



The demographics demonstrate that the Trust is 76.7% female. Reviewing the Board and Senior Management (voting and non-voting Board members), the Trust is 53% female. This is demonstrating that the Board and Senior Management is currently not representative of our workforce. This is reviewed through the Trust Equality and Diversity Committee reporting to the Workforce Committee.

Age Band %

<=20 Years	1.64
21-25	8.78
26-30	13.04
31-35	14.7
36-40	11.96
41-45	11.43
46-50	10.91
51-55	9.47
56-60	9.41
61-65	5.86
66-70	1.95
>=71 Years	0.86

Disability %

Disability Flag	Percentages
No	80.69
Not Declared	12.33
Prefer Not To Answer	0.27
Unspecified	4.14
Yes	2.57
Yes	2.57

Religion %

Atheism	7.48%
Buddhism	0.82%
Christianity	38.84%
Hinduism	3.84%
Islam	8.08%
Jainism	0.13%
Judaism	0.14%
Not disclosed	31.22%
Other	5.04%
Sikhism	0.78%
Unspecified	3.61%

Sexual Orientation %

Sexual Orientation	Percentages
Sexual Orientation	%
Bisexual	0.58
Gay or Lesbian	0.71
Heterosexual or Straight	64.24
Not Disclosed	30.82
Other sexual orientation not listed	0.14
Undecided	0.09
Unspecified	3.41

Health Inequalities

Following the Talk Listen Change (TLC) Covid 19 Report for Luton, LBC Public Health put in place three selected service providers in Luton to offer bespoke 'coaching' facilitating and implementing agreed action plans aims at tackling health inequalities and improve social justice working closely with the NHS called TLC Anchor Institutions.

The Trust has engaged with Sultan Mahmood from Diverse CT to support a programme and there is close working with Tim Hughes, Associate Director of Contracts and Performance along with Victoria Parsons, Associate Director of Corporate Governance.

This inspirational work has initiated but will be developed over 2023/24 to form a key focus for the Trust.

Employee Expenses and Exit Packages

The analysis of the staff costs are detailed below. It includes permanent staff and other staff engaged to achieve the objectives of the organisation (agency, contract, temporary). The categories are in line with NHS Digital's Occupational Code Manual.

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

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

Consultancy costs are disclosed in the operating expense note – [Note 3](#). The spend in 2022/23 was £723k (2021/22 = £1.34m).

These figures are subject to audit.

Employee Expenses

(excluding non-executive directors)	2022/23 Permanent £000	2022/23 Other £000	2022/23 Total £000	2021/22 Permanent £000	2021/22 Other £000	2021/22 Total £000
Salaries and wages	330,946	54,342	385,288	293,101	49,229	342,330
Social security costs	38,568	3,164	41,732	30,998	3,114	36,112
Apprenticeship Levy	1,853	67	1,920	1,721	28	1,749
Pension costs - defined contribution plans						
Employers contributions to NHS Pensions	39,720	0	39,720	40,371	0	16,161
Pension cost - other	17,371	0	17,371	16,161	0	16,161
Agency/contract staff	0	22,802	22,802	0	26,191	26,191
Costs capitalised as part of assets	(3,922)	(126)	(4,049)	(2,285)	(82)	(2,367)
TOTAL (Employee expenses & Education & Training)	424,536	80,249	504,785	382,067	78,480	460,546

Average number of employees (WTE basis)

	2022/23 Permanent Number	2022/23 Other Number	2022/23 Total Number	2021/22 Permanent Number	2021/22 Other Number	2021/22 Total Number
Medical and dental	1,122	151	1,273	1,053	173	1,226
Ambulance staff	2	1	3	2	1	2
Administration and estates	903	170	1,078	882	166	1,048
Healthcare assistants and other support staff	2,156	348	2,504	2,146	342	2,488
Nursing, midwifery and health visiting staff	2,390	369	2,759	2,354	339	2,693
Nursing, midwifery and health visiting learners	52	3	55	33	3	36
Scientific, therapeutic and technical staff	625	75	700	619	63	683
Healthcare science staff	183	6	189	187	6	196
Social care staff	0	0	0			0
Other	3	0	3	3	0	3
Number of Employees (WTE) engaged on capital projects	(53)	(1)	(54)	(37)	(1)	(38)
TOTAL	7,388	1,122	8,510	7,242	1,092	8,334

Exit package cost band

	2022/23			2021/22		
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	10	10	0	15	15
£10,000 – £25,000	0	4	4	0	2	2
£25,001 – £50,000	0	0	0	0	3	3
£50,001 – £100,000	0	1	1	0	0	0
£100,000 – £150,000	0	0	0	0	0	0
£150,001 – £200,000	0	0	0	0	0	0
etc.	0	0	0	0	0	0
Total number of exit packages by type	0	15	15	0	20	20
Total resource cost £000	0	134	134	0	176	176

Exit packages by reason

	2022/23		2021/22	
	Agreements Number	Total Value of Agreements £000	Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs	1	11	4	11
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	14	123	16	83
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval *	0	0	0	0
Total	15	134	20	93
Of which:				
non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	176

Working with Our Partners

The Trust contributes to nationally recognised and statutory partnerships through:

- Ongoing collaboration as part of the Integrated Care Board (ICB).
- Membership of the ICB run Bedfordshire Care Alliance.
- System wide Programme Director to support the Bedfordshire Care Alliance and governance with the ICS.
- Work within the Local Maternity System for BLMK.
- BCA Operational Board chaired by the Trust Chief Executive.
- Luton Transformation Board (including the Better Care Fund).
- Local strategic partnerships such as System Resilience Groups and Bedfordshire and Luton.
- Local Safeguarding Children's Boards (LSCB) – Luton LSCB and Bedfordshire LSCB.
- Local Safeguarding Vulnerable Adult Boards for Luton and Bedfordshire.
- East of England meetings and events.
- Role as lead organisation for the ICS digital transformation strategy around a shared patient record portal which enables intelligent viewing of appropriate information by primary care, secondary care, local authority and community and mental health service clinicians to ensure seamless, integrated care for the BLMK population.



Governance Accountability report

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Directors Report

The Foundation Trust Annual Reporting Manual sections 2.24 and 2.26 requires an Accountability Report detailing the elements listed below. However, the Trust has, for some elements, reported them in another section of the report and their location is cross referenced below:

- Directors' Report – Governance Accountability Report Page 64
- Remuneration Report including remuneration of each senior manager, pension, fair pay disclosures, past senior managers pay – Financial Performance Report Pages 90-93
- Staff Report – Our Patients, Our Staff Report and Our Partners - Page 44
- Exit packages, analysis of staff numbers and staff costs – Staff Report Page 59
- Disclosures set out in the NHS Foundation Trust Code of Governance – Governance Accountability Report Page 66
- NHS Oversight Framework - Performance Report Page 22
- Statement of Accounting Officer's Responsibilities – Annual Governance Statement and Accounts Page 102
- Annual Governance Statement - Annual Governance Statement and Accounts Page 103.

The affairs of the Foundation Trust are conducted by the Board of Directors in accordance with the NHS Constitution and the Foundation Trust's Authorisation.

The Board manages the business of the hospital and is the legally responsible body for making decisions relating to the strategic direction, performance and overall running of the Foundation Trust. The Board has in place a schedule of decisions reserved for the Board and a delegation of powers document, setting out nominated officers to undertake functions for which the Chief Executive retains accountability to the Board.

The Board delegates its duties for the day to day operational activities of the hospital to the Executive Board which includes finance, activity, performance, safety, clinical quality and patient care. The Board comprises eight executive and eight non-executive directors and meetings are in a public setting every three months. In addition the Non-Executive and Executive Directors meet monthly in a seminar session and attend monthly Council of Governors meetings or seminars.

As far as the Directors are aware there is no relevant audit information of which the auditors are unaware and the Directors have taken all the necessary steps to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

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

- the names of the chairperson, the deputy chairperson (where there is one) and the chief executive – page 66-70
- the names of individuals who at any time during the financial year were directors of the *NHS foundation trust* – page 66-70
- details of company directorships and other significant interests held by directors or governors which may conflict with their management responsibilities. Where the NHS foundation trust maintains a Register of Interests that is open to the public, the disclosure may be limited to a comment on how access to the information in that Register may be obtained – page 76
- (for public sector information holders only) - a statement that the NHS foundation trust has complied with the cost allocation and charging guidance issued by HM Treasury
- details of any political donations – none to report
- a statement describing the better payment practice code, or any other policy adopted on payment of suppliers, and performance achieved. The disclosure of performance should include the number and value of (i) invoices paid within 30 days (ii) invoices that were or should have been paid within that 30-day period, and (iii) the proportion of (i) compared to (ii). To retain consistency with the disclosure made by NHS trusts, this should be split between NHS and non-NHS payables – *Financial Performance* page 96
- the total amount of any liability to pay interest which accrued by virtue of failing to pay invoices within the 30 day period where obligated to do so, and the total amount of interest actually paid in discharge of any such liability – *Financial Performance* page 96
- disclosures relating to NHS England's well-led framework –page 67
- information on fees and charges (income generation) if not included in the accounts – reported in the accounts
- income disclosures as required by section 43(2A) of the NHS Act 2006 – reported in the accounts
- have met the requirement of Section 43(2A) of the NHS Act 2006, or where they have not met the requirement, disclosed this fact together with the principal reasons and the actions that the NHS Foundation Trust is taking to ensure that they meet the requirement in future financial years plus the impact of other income it has received on provision of goods and services – *Financial Performance* page 86

Independent Professional Advice

The Board has access to independent professional advice, where it is judged that it is necessary to discharge their responsibilities as Directors.

The Role of the Chairman of the NHS Foundation Trust

The Chairman is pivotal in creating the conditions for cohesion between Board members and the executive roles of the directors. Specifically it is the responsibility of the Chair to ensure the effectiveness of the Board of Directors and to:

- Run the Board, taking account of the issues and concerns of Board members, be forward looking, and concentrate on strategic matters.
- Ensure that members of the Board receive accurate, timely and clear information to enable them to take sound decisions, monitor effectively and provide advice to promote the success of the Trust.
- Preside over formal meetings of the Council of Governors, and ensure effective communication between Governors and the Board of Directors and with staff, patients, members and the public.
- Arrange regular evaluation of the performance of the Board of Directors, its committees and individual Directors.

The Role of Non-Executive Directors (NEDs)

Our NEDs work alongside the Chairman and Executive Directors as equal members of the Board of Directors. The distinct roles of a Non-Executive Director are to:

- Bring independence, external skills and perspectives, and challenge to strategy development and Trust performance.
- Hold the Executive to account for the delivery of strategy; offer purposeful, constructive scrutiny and challenge; and chair or participate as member of key committees that support accountability.
- Actively support and promote a positive culture for the organisation and reflect this in their own behaviour; provide a safe point of access to the Board for whistleblowers.
- Satisfy themselves of the integrity of financial and quality intelligence and that the system of risk management and governance are robust and implemented.
- Ensure the Board acts in the best interests of the public; a Senior Independent Director (SID) is available to members and governors if there are unresolved concerns.
- NEDs including the Chair appoint the Chief Executive.
- As members of the Remuneration and Nomination Committee, determine appropriate levels of remuneration for Executive Directors; support the Chair in appointing and, where necessary removing executive directors, and in succession planning.
- Meet annually with the Chair to review the Chair's performance. The Senior Independent Director also takes regular soundings from Governors.
- Consult with the Council of Governors to understand the views of governors and members and accounts to the Council of Governors in terms of the Statutory and NHS Foundation Trust Code of Governance requirements.

Information regarding the appointment and removal of Non-Executive Directors can be found in the Council of Governors section.

Remuneration and Interests

The remuneration of individual Directors can be found in the finance section.

Board of Directors 2022/23

Name	Post Held	Year Appointed	Term of Appointment	Status
Mr David Carter	Chief Executive	2018*	Permanent	
Mrs Cathy Jones	Deputy Chief Executive	2018**	Permanent	
Mr Matt Gibbons	Director of Finance	2019	Permanent	
Mrs Liz Lees	Chief Nurse	2018	Permanent	
Mr Paul Tisi	Medical Director	2020+	Permanent	
Ms Angela Doak	Director of Human Resources	2010	Permanent	
Ms Catherine Thorne	Director of Quality and Safety Governance	2018	Permanent	
Mr Simon Linnett	Chairman	2014	Annual	To September 2021 (extended to March 2023)
Mr Gordon Johns	Non-Executive Director	2020+	3 year Fixed Term	To April 2024
Mr Simon Barton	Non-Executive Director	2018	3 Yr Fixed Term	To September 2024
Mr Mark Prior	Non-Executive Director	2018	3 Yr Fixed Term	To October 2024
Mr Ian Mackie	Non-Executive Director	2019	3 Yr Fixed Term	Left September 2022
Dr Annet Gamell	Non-Executive Director	2019	3 Yr Fixed Term	To June 2025
Mr Steve Hone	Non-Executive Director	2020+	3 Yr Fixed Term	To April 2023
Mrs Tansi Harper	Non-Executive Director	2022	3 Yr Fixed Term	To January 2025

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

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

+ Reflects appointment to Board of Bedfordshire Hospitals NHS Foundation Trust

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

Disclosures set out in the NHS Foundation Trust Code of Governance

Bedfordshire Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

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

B.1.1. The Board has determined that all of the NEDs are independent in character and judgement.

In relation to the more detailed provisions of the Code of Governance, the Trust were compliant with the provision with the exception of section B.1.2 the Trust was non-compliant from September 22 – March 2023 when the Board had half the Board of Directors as Non-Executive Directors excluding the Chair. In our Constitution the Chair votes as a Non-Executive and has a casting vote.

Independent Evaluation of Board Performance both Collectively and Individually

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

HM Treasury

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

Board Evaluation and Well Led Framework

NHS Improvement's Code of Governance suggests that Trusts conduct an external Board Evaluation every three-five years.

The Trust understands and accepts that a periodic and rigorous board evaluation process represents best-practice and should be considered as part of any governance review. The Trust commissioned Grant Thornton in May 2022 to complete a well-led review against the national framework. This was completed in September 2022 and identified:

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

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

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

Trust Directors: Expertise and Experience

Executive Directors

David Carter

Chief Executive

David Carter has 20 years' experience as a Board Director for various NHS organisations including mental health, community and primary care trusts and in the acute sector at Barnet & Chase Farm Hospitals NHS Trust. David's background is in finance and prior to joining the NHS he spent seven years at KPMG in London working in audit and consultancy where he qualified as an accountant.

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

Cathy Jones

Deputy Chief Executive

Cathy took up post as Deputy CEO in May 2017. She has worked at the Luton and Dunstable Hospital since 2005 and has been General Manager in medicine and surgery before becoming Director of Service Development. She took up an external secondment with the Sustainability and Transformation Plan team for six months and returned to the L&D in April 2017.

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

Matthew Gibbons

Director of Finance

Matthew was appointed Acting Director of Finance in January 2019 and substantive in October 2019. Matthew joined the L&D in 2002 from the NHS Graduate Training scheme and was Deputy Director of Finance from 2008. In a long career with the Hospital Matthew has played key roles in the successful Foundation Trust application in 2006, the introduction of Service Line Reporting and the development of a Finance team that has a strong track record of Financial governance & support for the Divisions

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

Mr Paul Tisi
Medical Director

Mr Paul Tisi qualified from The Medical College of Saint Bartholomew's Hospital in 1988 and trained in vascular surgery in the Wessex region. He undertook a two year period of research at University of Southampton obtaining a Master of Surgery higher degree (Assessment and Treatment of Intermittent Claudication). Mr Tisi was appointed as Consultant Vascular and General Surgeon at Bedford Hospital and Luton and Dunstable University Hospital in 2001. He undertook the role of Clinical Subdean (University of Cambridge) between 2005 and 2010 and obtained a PG Cert. in Medical Education. Following leadership roles as Associate Medical Director and subsequently Divisional Medical Director for Planned Care he graduated from the NHS Leadership Academy's Nye Bevan Programme. He was appointed as Medical Director for Bedford Hospital NHS Trust in 2016 and following merger was in post as Joint Medical Director and Responsible Officer, moving to sole Medical Director in February 2022. Aside from his board role he maintains a clinical practice with specific interest in the management of venous disease. He is an editor for Cochrane Vascular and represented the Midlands and East on the National Clinical Reference Group for Vascular Surgery for six years. He was appointed to the East of England Clinical Senate Council in 2019.

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

Angela Doak
Director of Human Resources

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

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

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

Liz Lees
Chief Nurse

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

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

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

Catherine Thorne
Director of Quality and Safety Governance

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

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

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

(Membership of Committees – CF, QC)

Non-Executive Directors

Simon Linnett

Chair – to March 2023

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

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

Gordon Johns

Non-Executive Director/Senior Independent Director

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

Gordon was the previous Chair of Bedford Hospital NHS Trust

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

Simon Barton

Non-Executive Director / Vice Chair

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

Simon qualified as a Chartered Accountant with Price Waterhouse in their London office. He then spent five years with S. G. Warburg. It is now part of UBS but at the time

was one of the best known London merchant banks. Simon moved to KPMG's Corporate Finance arm for a further five years. Since then he worked for various businesses both private and quoted, mostly small, including New Logic Marketing Limited, Screen Technology plc, Nextgen plc, Global Dawn Limited, Eden State Limited and DIA Limited. Simon also worked for himself for some of the time as a consultant and also for Alinsky Partners, a small private consultancy and he now works for VSA Capital Limited an investment bank.

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

Mark Prior

Non-Executive Director

Mark is a Chartered Surveyor with over 40 years experience in the development of commercial and public sector real estate development, working in the UK, Europe Asia and the Middle East. He has worked on some of the world's iconic projects and brings his wealth of experience to help the redevelopment team transform the estate of our two hospitals.

(Membership of Committees – AC, FIP, RD, SC)

Dr Annet Gamell

Non-Executive Director

Annet qualified at Charing Cross Hospital Medical School in 1980. After further training and a spell in The Sudan with Save The Children during the Ethiopian famine, she worked clinically as a GP in Buckinghamshire from 1985 to 2019.

Previous appointments include CEO/Chief Clinical Officer of NHS Chiltern CCG until 2016. Chair of Thames Valley Urgent and Emergency Care Network until 2017. Governing Body Member and Chair of Primary Care Commissioning Committee NHS Ealing CCG ;Chair of Quality and Performance Committee North West London CCGs until April 2021.

Former Lay Member and Chair of Primary Care Executive Group Ealing Borough of NorthWest London CCG. Currently, Independent Council Member Buckinghamshire new University

Annet was awarded Fellowship of The Royal College of General Practitioners in November 2017 for services to Clinical Leadership.

Annet is the Non-Executive Patient Safety Champion for maternity and perinatal care.

(Membership of Committees – QC, DC, WFC)

Ian Mackie

Non-Executive Director – to September 2022

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

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

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

(Membership of Committees – FIP, CF, RNC)

Steve Hone

Non-Executive Director – To March 2023

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

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

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

Tansi Harper

Non-Executive Director – From January 2022

Tansi Harper’s professional career was in education. She has been passionate about making greater connections between public services and the voluntary sector and represented the Patient and Public voice on NHS Boards for the past 21 years, including SHA, PCTs and more latterly CCGs. She was appointed as the first Chair of the Northamptonshire STP and, as it moved to ICS, chaired the Collaborative Stakeholder Forum.

Tansi has a particular interest in mental health and has been Chair of a Probation Trust, and chaired a transformation board bring four such Trusts together including Bedfordshire’s. She has also been Chair of a charity, CAN, working with clients with substance misuse across Northamptonshire and Bedfordshire, a Board member of Richmond Fellowship, a nationwide supported housing and mental health charity and a Board member of St Andrew’s Healthcare Trust, which specialised in meeting the needs of most complex patients with mental health conditions.

Tansi is a lay member of the Dept of Health’s Independent Reconfiguration Panel, which advises the Secretary of State on possible solutions when national transformation reach an impasse.

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

Key to committees:

QC – Quality Committee

CF – Charitable Funds Committee

RNC – Remuneration & Nomination Committee

AC – Audit and Risk Committee

FIP – Finance, Investment and Performance Committee

RD – Redevelopment Programme Board

DC – Digital Committee

WFC – Workforce Committee

SC – Sustainability Committee

Record of committee membership and attendance

Total Meetings	Public Board Meetings	Private Board Meetings	Audit & Risk	Remuneration and Nomination	Charitable Funds	QC***	RD	FIP	Workforce	Digital	Sustainability
David Carter	4/4	14/14		4/4+		10/10	12/12	10/10		2/4	0/6
Simon Linnett	4/4	13/14		4/4	4/4		12/12	9/10			6/6
Cathy Jones	4/4	14/14			3/4	9/10	9*	8/10	1*	3/4	
Matthew Gibbons	4/4	14/14			4/4		12/12	10/10	4/4		5/6
Liz Lees	3/4	12/14			1/4	8/10	9*	8/10	3/4	2/4	
Angela Doak	4/4	12/14		4/4+	3/4	9/10			4/4		
Catherine Thorne	4/4	14/14			3/4	9/10					
Mr Paul Tisi	4/4	14/14				9/10			9/10	3/4	
Simon Barton	4/4	14/14	4/4			9/10		10/10		4/4	
Mark Prior	4/4	14/14	3/4				12/12	8/10			4/6
Annet Gamell	4/4	14/14				10/10			4/4	4/4	
Ian Mackie to September 2022	2/2	10/10		1/1	1/2		4/6	5/5			
Gordon Johns	4/4	14/14	4/4	4/4	4/4	9/10	11/12				5/6
Steve Hone	3/4	13/14	4/4	4/4	4/4				9/10	3/4	4/4
Tansi Harper	4/4	12/14	4/4			9/10	9/9		4/4		

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

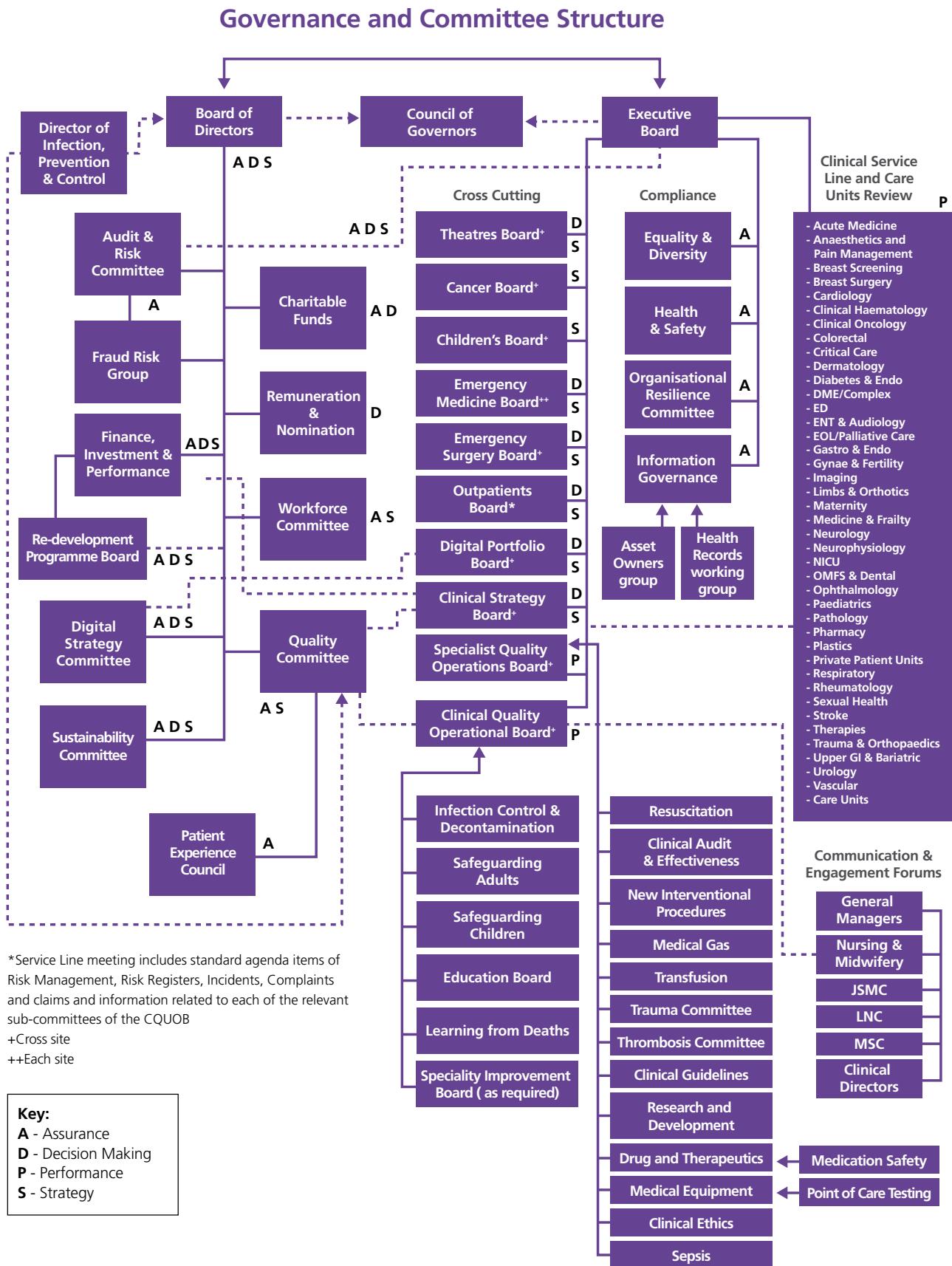
** Directors asked to attend by invitation should there be an agenda item that needs their attention. They remain a member of the committee should there need to be any formal approvals.

*** Joined Redevelopment in July 2022

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

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

Committees of the Board of Directors



Audit and Risk Committee

The function of the Audit and Risk Committee has been to ensure an adequate and effective operation of the Trust's internal control system. The committee focuses on the establishment and maintenance of controls designed to give reasonable assurance that assets are safeguarded, waste and inefficiency avoided, reliable information produced and that value for money is continuously sought.

Key responsibilities delegated by the Board to the Audit and Risk Committee are to:

- Ensure the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives.
- Monitor and review compliance with Standing Orders, Standing Financial Instructions and Scheme of Delegation.
- Review the annual financial statements and Annual Report for compliance with accounting standards and legal requirements before submission to the Board of Directors.
- Review the annual Counter Fraud programme and ensure the Trust is adequately resourced to meet the requirements of NHS Counter Fraud Authority;
- Ensure cost-effective external audit.
- Appoint, monitor and review Internal Audit service.
- Report to the Council of Governors on any matters that require immediate action and make recommendations on steps to be taken.
- Obtain assurance from the other committees, QC, FIP, RNC, RD, WC, DC, SC and Executive.

Membership of the Audit and Risk Committee:

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

Audit and Risk Committee Report

The Audit and Risk Committee reviewed financial and operating performance and compliance against national and regulatory standards. A comprehensive work plan is agreed each year which ensures oversight and monitoring of risks, mitigations and issues relating to the financial statements, internal controls and compliance with regulatory, statutory responsibilities and internal policies and procedures which in turn enables action to be escalated as appropriate, i.e. officer attendance to explain critical risk or failure to implement internal audit recommendations and escalation to the Board where appropriate. An annual report of the Committee's activities and how the Committee has fulfilled its role is reported by the Chair of the Audit & Risk Committee to the Board and the Council of Governors. The Committee has had close oversight throughout the year of the Board Assurance Framework, Waiting List Management, Elective Recovery Plans, Agency Spend, Data Quality, Sustainability, ERostering, Data Security Protection Toolkit, Cyber Essentials and Benefits Governance Arrangements and advisory reports for Financial Sustainability and Assurance Mapping. In relation to CQC compliance with care standards, the Trust received a rating of Good for from the CQC inspections in December 2022 and the Committee reviews regular reports from the Quality Committee and ongoing initiatives.

Internal Audit

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

External Audit

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

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

The External Audit programme is scheduled to focus on key areas of risk and for 2022/23 the areas of audit risk were:

- Management override
- Revenue recognition
- Expenditure recognition
- Accruals
- Valuation of land and buildings
- Contract receivables not yet invoiced
- Fraudulent supplier payment
- Classification of expenditure between revenue and capital;
- Misclassification of NHS expenditure
- Cut off risk around capital additions near year end

The progress against the ISA260 report was presented to the Audit and Risk Committee on 21st June 2023 and at that time identified that there were no material concerns or control weakness identified during the year.

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

The organisation's going concern status has been specifically discussed with the External Auditors in relation to the financially challenging environment the Trust faces. Assurance on the accounts review of the "going concern" opinion is based on risk to service continuity and that the Trust is able to confirm service continuity and therefore going concern status over the medium term.

Quality Committee

The Quality Committee provides assurance to the Board of Directors that the Trust is compliant with legislation and guidance on clinical, patient safety and quality issues.

The Quality Committee monitors the implementation of strategic priorities and the organisations performance in relation to clinical outcome and research and development. It has an oversight of patient experience, infection control, safeguarding children, maternity reporting and serious incidents. It ensures compliance with regulatory requirements and best practice within the patient safety and quality improvement agenda.

Membership of the Quality Committee:

The Quality Committee membership includes Board members, senior managers and clinicians, and is chaired by Dr Annet Gamell, NED.

Finance, Investment and Performance Committee

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

Membership of the Finance, Investment and Performance Committee:

The Finance Investment and Performance Committee membership includes Board members, senior managers and clinicians and was chaired by Ian Mackie, NED until September 2022 and then Simon Barton NED.

Redevelopment Programme Board

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

Membership of the Redevelopment Programme Board:

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

Remuneration and Nominations Committee

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

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

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

Membership of the Remuneration and Nominations Committee:

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

Charitable Funds Committee

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

Key responsibilities are to:

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

Membership of the Charitable Funds Committee:

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

Workforce Committee

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

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

Membership of the Workforce Committee:

The Workforce Committee membership has been drawn from Board members and was chaired by Richard Mintern to December 2021 and then Tansi Harper from January 2022.

Digital Strategy Committee

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

The purpose of the Digital Committee has been to lead the strategic direction of the Trust's information, management and technology work, developing the digital strategy, and plans and monitoring performance.

Membership of the Digital Strategy Committee:

The Digital Strategy Committee membership has been drawn from Board members and is chaired by Simon Barton, NED.

Sustainability Committee

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

The purpose of the Sustainability Committee has been to lead the strategic direction of the Trust's sustainability agenda including Net Zero, sustainable travel and green plans.

Membership of the Sustainability Committee:

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

Council of Governors

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

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

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

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

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

In addition:

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

The NHS Improvement Code of Governance determines that every NHS Foundation Trust will have a Board of Governors which is responsible for representing the interests of NHS Foundation Trust members and partner organisations in the local health economy in the governance of the NHS Foundation Trust. Governors must act in the best interests of the NHS Foundation Trust and should adhere to its values and code of conduct. The Board of Governors should hold the Non-Executive Directors to account for the performance of the Trust, including ensuring the Board of Directors acts so that the Foundation Trust does not breach the terms of its authorisation. Governors are responsible for regularly feeding back information about the NHS Foundation Trust, its vision and its performance to the constituencies

and stakeholder organisations that either elected them or appointed them. The Code of Governance states that one of the independent Non-Executive Directors should be appointed by the Board of directors as the "Senior Independent Director", or SID, in consultation with the Board of Governors. The SID should act as a point of contact if governors have concerns which contact through normal channels has failed to resolve or for which such contact is inappropriate. Gordon Johns acts as the SID.

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

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

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

In October 2022 the Council of Governors elected Helen Lucas as Deputy Chair/Lead Governor of the Council of Governors for a term of two years. The Deputy Chairman or Lead Governor of the Council of Governors presides as chair of any meeting of the Council of Governors where a conflict of interest is identified for the Chair presiding at that meeting (section 12.29 of the Constitution). The Lead Governor is also the nominated person that NHS Improvement would contact in the event that it is not possible to go through the Chair or the Trust's Secretary. The Governors elected two Deputy Lead Governors Linda Grant in November 2022 and Rob Oakley in November 2021 to support the lead governor. These are also for a period of two years.

The Council of Governors met four times formally during 2022/23 and the attendance is recorded.

Our Governors

The L&D became a Foundation Trust with a Council of Governors in 2006. Each Governor is able to stay for a three terms of office before re-election. Following the merger with Bedford Hospital the Trust became Bedfordshire Hospitals NHS Foundation Trust in April 2020.

Register of Interests of the Council of Governors' Members

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

Elections

Elections were held in May 2022 and March 2023. UK Engage were our independent scrutineer to oversee the elections, which were held in accordance with the election rules as stated in our constitution.

June 2022 and January 2023 elections process for seats in September 2022 and April 2023:

Elections were held from June to August 2022 to fill the vacant seats in September 2023 followed by elections from January to March 2023 to fill the vacant seats arising in April 2023. UK Engage were our independent scrutineer to oversee the elections, which were held in accordance with the election rules as stated in our constitution.

Analysis of Annual Election Turnout, for the election that commenced in June 2022:

Date of election results	Constituencies involved	Electorate	Number of seats contested	Number of Candidates	Election turnout %
18 August 2022	Public : Luton	8,214	5	17	11.20%
18 August 2022	Staff - Non Clinical (Admin, Clerical, Managers, Ancillary & Maintenance) (at L&D site)	1,303	1	2	22.49%
18 August 2022	*Staff - Non Clinical (Admin, Clerical, Managers, Ancillary & Maintenance) (at Bedford site)	1,089	1	4	29.11%
18 August 2022	Staff - Professional, Technical & Pharmacy (at L&D site)	857	1	2	18.55%
18 August 2022	Staff - Nursing & Midwifery (including Healthcare Assistants) (at L&D site)	2,617	1	2	10.51%

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

*Composition of Staff Governor Transition, a reference in the constitution, that amalgamated two classes to one, naming the 'Non-Clinical' staff constituency, which commenced in September 2021, had its vacancies filled in 2022 on each site.

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

Date of election results	Constituencies involved	Electorate	Number of seats contested	Number of Candidates	Election turnout %
28 March 2023	Public - Bedford Borough (and its surrounding counties)	2,513	5	16	22.64%
28 March 2023	*Staff - Non Clinical (Admin, Clerical, Managers, Ancillary & Maintenance) (at Bedford site)	1,124	1	2	28.20%
28 March 2023	Staff - Registered Volunteers (Cross site)	235	1	2	39.15%

The elected candidates will serve a 2½-year term commencing April 2023 and ending in September 2025.

The following seats were uncontested:

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

Following on from this election, as stated in the business case for the merger in April 2020, the implementation of the final reduction plan in April 2023, with the total number of governor seats reduced from 47 to 38 seats.

GOVERNORS IN POST – April 2022 to March 2023

Constituency	Name	Selection Process	Term of office	Attendance of COG meetings
Appointed Governors				
Central Bedfordshire Council	Cllr Brian Spurr	Re-appointed May 2020	3 years	2/4
Bedford Borough Council	Cllr Charles Royden	Appointed April 2020	3 years	3/4
Luton Borough Council	Cllr Javed Hussain	Appointed May 2021	3 years	2/3
University College London	Alice Mortlock	Appointed September 2022	3 years	2/2
University of Bedfordshire	Dr Louise Grant	Appointed April 2020	3 years	4/4
Public Governors				
Hertfordshire	Dr Dilan Joshi	Elected September 2021	2 years	4/4
	Ms Helen Lucas	Re-elected September 2021	3 years	4/4
Central Bedfordshire	Dr Michael Carter	Elected September 2021	3 years	2/2
	Mrs Debbie Gardiner MBE	Elected September 2021	2 years	2/2
	Ms Jennifer Gallucci	Re-elected September 2021	3 years	4/4
	Ms Linda Grant	Re-elected September 2021	3 years	2/2
	Mrs Pat Quartermaine	Elected September 2021	2 years	2/2
	Mr Jim Thakoordin	Re-elected September 2021	3 years	3/4
Bedford Borough	Mr Chris Williams	Elected April 2020	3 years	4/4
	Ms Teena Ferguson	Elected April 2020	3 years	3/4
	Mrs Yvette King	Elected April 2020	3 years	4/4
	Dr Robert Oakley	Elected April 2020	3 years	4/4
	Dr Jacquie Farhoud	Elected April 2020	3 years	4/4
Luton	Mr David Allen	Elected September 2022	3 years	2/2
	Mr Sean Driscoll	Re-elected September 2022	3 years	4/4
	Mrs Theresa Driscoll	Re-elected September 2021	3 years	4/4
	Mr Brian Herbert	Elected September 2019	3 years	0/2
	Mr Malcolm Lea	Elected September 2019	3 years	0/2
	Mrs Judi Kingham	Re-elected September 2021	3 years	2/2
	Ms Wendy Cook	Elected September 2021	3 years	4/4
	Ms Cheryl Sinclair Day	Elected September 2022	3 years	2/2
	Ms Iram Aziz	Elected September 2022	3 years	2/2
Staff Governors				
Staff				
Non Clinical – Admin, Clerical, Management, Ancillary & Maintenance	Mrs Hina Zafar	Elected September 2021	3 years	4/4
Nursing and Midwifery (including Health Care Assistants)	Mrs Belinda Chik	Re-elected September 2021	3 years	4/4
	Mr David Simms	Elected April 2020	3 years	3/4
	Mr Matthew Borg	Elected September 2019	3 years	4/4
Volunteers	Mrs Janet Graham MBE	Term ended March 2023	2.5 years	4/4
	Mrs Noreen Byrne	Elected April 2020	3 years	4/4

Constituency	Name	Selection Process	Term of office	Attendance of COG meetings
Medical and Dental	Mr Dimpu Bhagawati	Elected September 2021	3 years	2/2
	Mr Joby George Malal	Elected April 2020	3 years	2/4
	Dr Ritwik Banerjee	Term ended September 2021	-	2/2
Ancillary and Maintenance	Mr Thomas Moss	Elected April 2020	3 years	3/4
Professional and Technical	Mr Terence Haynes-Smith	Elected September 2021	3 years	2/2

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

Council of Governors Sub Committees

There are three sub-committees of the Council of Governors

Remuneration and Nomination Committee

The Remuneration and Nomination Committee assists the Council of Governors in carrying out the following of its functions:

- To appoint and if appropriate, remove the Chair.
- To appoint and, if appropriate, remove the other Non-Executive directors.
- To appoint and, if appropriate, remove the Vice-Chairman of the Board of Directors.
- To decide the remuneration and allowances and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.
- To approve the appointment of the Chief Executive.
- To agree the outcome of the annual appraisals of the Non-Executive Directors by the Chair.
- To agree the outcome of the annual appraisal of the Chair by the Senior Independent Director.

During 2022/23 the committee met and has completed the following activities:

- Completed the recruitment of a new Chair
- Completed the recruitment of two Non-Executive Directors.
- Agreed an extension to the Chair term of office until March 2023
- Agreed an extension of one year for the Senior Independent Director
- Noted the appraisal of the Trust Chair.
- Noted the progress with the NED appraisals.
- The committee was chaired by Yvette King.

NED remuneration

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

During 2022/23 the NED salaries remained the same with four NEDs receiving an uplift of £3k. The Council of Governors Remuneration and Nomination Committee agreed a change in the salary for the Chair to £55k. This was in line with the NHS Improvement Guidance.

Process for the Chair Recruitment

The Chair recruitment process was initially completed with the support of Veredus. However, the Governors did not appoint through that process in May 2022. Due to the timescales the Remuneration and Nomination Committee approved the extension to the Chair's term of office to March 2023 and the search for the new chair was restarted. The Committee agreed to seek the support of a different recruitment company and GatenbySanderson was selected through a competitive process.

The Chair candidates were interviewed through a stakeholder event for staff, governors and Board members and interview process with an external Foundation Trust Chair support and a representative from the ICB. This resulted in the successful recruitment of Richard Sumray as Chair from the 1st April 2023.

Process for NED Recruitment

Following the resignation of Ian Mackie in September 2022 and the end of term for Steve Hone in March 2023, the CoG Remuneration and Nomination Committee, supported by GatenbySanderson, completed a recruitment programme for a Chair of the Finance Committee and a further NED to support our Community Engagement Programme. David Harrison was recruited to Chair FIP and Yasmin Mahmood to support the community. They begin their terms in April 2023.

Membership and Communication Committee

The Membership and Communications Committee assists the Council of Governors in carrying out the following of its functions:

- To implement the Trust Membership Strategy.
- To be a contact for the Trust to encourage membership.
- To represent the Council of Governors and visit locations around the Trust's constituencies to encourage membership.
- To support the publication of the Ambassador newsletter to members.
- To support the Annual Member's meeting.
- To ensure the Trust's Membership Strategy is reviewed yearly and remains fit for purpose.

During 2022/23 the committee met and completed the following activities:

- Reviewed the Interim Membership Strategy.
- Completed significant membership recruitment particularly in Bedford Borough.
- Supported the Annual Member's Meeting.
- Completed two medical lectures.
- The committee was chaired by Pam Brown until September 2022 and then Jacqui Farhoud.

Constitutional Working Group

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

- To ensure that the Constitution is up to date with new developments.
- To review the Constitution at least annually.
- Recommend amendments to the constitution to the Council of Governors.
- Liaise with NHS Improvement and legal representatives when required.
- Report to the Annual Members Meeting to approve any Constitutional amendments.

During 2022/23 the committee met and completed the following activities:

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



Foundation Trust Membership

The Trust's Governors and Members continue to play a vital role in our Constitution as a Foundation Trust. There are two broad categories of membership constituency namely public and staff (including volunteers). The public constituency is further divided into four:

- i) Luton
- ii) Bedford Borough (and Surrounding Counties)
- iii) Central Bedfordshire
- iv) Hertfordshire.

The Trust currently has 27,476 members (17,786 public and 9690 staff). Governors set a target of 600 FT Public new members which is 3% increase annually.

The Governors agreed a Membership Strategy through the Council of Governors in February 2023:



**Bedfordshire Hospitals
NHS Foundation Trust**

Membership Strategy (Feb 2023 - May 2024)

Hospitals Strategy

Strategic goals:

Engage with patients and visitors to the hospitals. Staff members;

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

Strategy to achieve this:

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

Community Strategy

Strategic goals:

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

Strategy to achieve this:

- Reinstate the membership advert on home page of the website.
- Continue with the ongoing social media campaigns on Facebook and Twitter.
- Meet and engage with the local communities at supermarkets, festivals, fairs, races, events, sports clubs, religious events, social & community groups and voluntary groups etc.

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

Member Strategy

Strategic goals:

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

Strategy to achieve this:

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

Governor Strategy

Strategic goals :

- Governors to have a two way communication with the membership community and local people.
- Raise the profile of governors.
- Governors to be the voice of the members and local people they represent.
- Governors to actively promote membership.

Strategy to achieve this :

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

Table 1 : Membership size and movement :

Public constituency	2022/23 (Plan)	2022/23(Actual)	2023/24 (Plan)
At year start (April 1)	17786	17786	18203
New members	600	698	600
Members leaving	200	281	200
At year end (March 31)	18186	18203	18603
Staff constituency **	2022/23 (Plan)	2022/23 (Actual)	2023/24 (Plan)
At year start (April 1)	9690	9690	9062
New members	2336	3985	4096
Members leaving	2007	4613	2670
At year end (March 31)	10019	9062	10488
Total Members	28205	27265	29091

** The Staff Constituency in line with the Trust Constitution and includes volunteers and bank staff that are not part of the Trust headcount.

Table 2: Analysis of current membership :

Public Constituency	Number of members	Eligible membership
Age (years):		
0-16	4	898,475
17-21	101	216,124
22+	14,641	3,012,966
Unknown	3,457	
Ethnicity:		
White	10,280	132,7296
Mixed	162	40,567
Asian or Asian British	2,408	139,935
Black or Black British	755	54,924
Other	786	10,922
Unknown	3,807	
Acorn Groups * :		
Affluent Achievers	2,783	487,388
Rising Prosperity	655	181,418
Comfortable Communities	5,437	451,306
Financially Stretched	3,483	406,700
Urban Adversity		
Not Private Households	43	
Gender analysis		
Male	5,330	841,062
Female	8,676	865,530
Unknown	95	

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

Governor Training, Membership Recruitment and Engagement

The Trust has been able to re-establish activities post the pandemic:

- Governors were each encouraged to recruit at least six members. They were also asked to promote membership to their diverse groups by forwarding the email advert with the link to online membership application form.
- The set of membership leaflets were delivered to GP surgeries, supermarkets and shops. Governors had a stall outside supermarkets and market places promoting membership. Governors arranged with the Rotary clubs for the Chair to talk about the hospital and the membership.
- The self-promoting membership kiosks were dotted around both the hospital sites in an attempt to generate some interest. The leaflets holders were placed throughout the hospitals. Both these initiatives generated new applications.
- The membership magazine of the Trust was issued in August and March.
- Governor training – Training was accessible to all the Governors through NHS Providers GovernWell programmes.
- Governor Induction – The new elected and appointed governors were invited to attend face to face induction organised by the Trust where they were briefed about their roles and responsibilities, the accountability, the code of conduct, the committee structures etc. The Chair met the new governors on a one-to-one.
- The Trust continued to hold the Council of Governor meetings and Seminars and its subcommittees, virtually. Some of the governors supported the staff events held in July and December 2022.
- The Annual Members Meeting (AMM) – the Trust held its virtual AMM in September 2022 and had more than 100 members attend the meeting.

Contact Details

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

Membership Department
Bedfordshire Hospitals NHS Foundation Trust
Nova House – 2nd Floor
Luton and Dunstable Hospital
Lewsey Road
Luton
LU4 0DZ

The Foundation Trust's Governors

can be contacted by email:
governors@ldh.nhs.uk

(please indicate which Governor you wish to contact) or by writing to:
(Name of Governor)* c/o Board Secretary
Bedfordshire Hospitals NHS Foundation Trust
Nova House – 2nd Floor
Luton and Dunstable Hospital
Lewsey Road
Luton
LU4 0DZ

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



David Carter
Chief Executive
20th December 2023



Financial Performance Report

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Review of Financial Performance

The Trust celebrated its third merged year as Bedfordshire Hospitals NHS Foundation Trust by delivering a financial surplus for the 24th successive year, with a 2022/23 surplus of £1.2m. Whilst the Trust delivered the Control Total, delivering it relied on non-recurrent items to offset the additional costs of Covid & Elective Recovery that remained part of the challenging environment in which the Trust operates.

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

The table below illustrates our income and expenditure (I&E) performance since 2009/10. The numbers prior to 2020/21 represent just the Luton and Dunstable Hospital.

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

Year	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Turnover	308.8	334.1	354.6	384.3	684.7	733.4	779.8
Surplus	12.9	15.4	14.9	10.7	2.7	0.4	1.2
Cash	28.2	36.4	34.8	42.4	119.5	135.0	139.8

All figures £m

Cash balances continued to be monitored closely, with the FT ending the 2022/23 financial year with a balance of £139.8m. This was an increase from 2021/22 and reflects the delay in some capital investment in the Trust site. This spend will be incurred in 2023/24 and beyond as the Trust develops the site.

Despite this improved cash position, the FT has spent a record £116.4m on capital in 2022/23 to deliver modern NHS services. Notable developments include ED developments on both sites, the ongoing development of a new energy centre, significant investment in IT, and the ongoing construction of the Acute Services Block.

As part of the merger to create Bedfordshire Hospitals NHSFT, the Trust developed a five year capital plan, including the creation of a new Acute Services Block. This plan will need to remain flexible, particularly in light of the strategic work being undertaken with our BLMK ICS partners.

This plan will reflect the changing ways in which the FT will be working. It will acknowledge influences and expectations such as improved funding for Social Care, 7 day working and the delivery of truly integrated care as well as further integration with ICS partners. It will also be responsive to the means that will be adopted in rising to the associated financial challenges, abiding by the principles of economy, efficiency and effectiveness – all with the intention of protecting the resources that

are available to ensure that the Trust continues to be able to deliver the highest quality healthcare in the most appropriate environment.

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

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

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

Going Concern and Continuation of Service Provision

The FT is facing, along with all other providers, a challenging financial environment. This challenge has been exacerbated in 2022/23 by Covid, the impact of which will continue into 2023/24, with particular emphasis on recovery of planned care.

The Directors have received assurance on the merged organisation's financial standing through detailed due diligence, and the FT has developed a surplus plan for 2023/24.

After due consideration, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the annual accounts.

Principal Risks and Uncertainties facing the Trust

The financial regime going forward is uncertain, but has involved moving away from Payment by Results towards a block arrangement. The level of efficiency required (>5%) to live within the financial envelope is beyond historical Cost Improvement Plan (CIP) delivery.

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

A plan designed to deliver our financial strategy has been developed. This contains more risk than has been evident in previous years and places emphasis on the abilities of

the Trust's Management Team to deliver improved financial performance whilst maintaining operational targets and requires assistance from partner organisations to achieve some of the financial improvement initiatives.

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

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

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

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



Remuneration report

Annual Statement on Remuneration

This part of the report is not subject to audit.

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

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

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

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

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

- Future policy table – page 103
- How that component supports the short and long-term strategic objective of the foundation trust (page 89)
- An explanation of how that component operates (page 89)
- The maximum that could be paid in respect of that component (which may be the monetary amount or a description) (page 89)
- Where applicable, a description of the framework used to assess performance, including (page 90-91):
 - A description of any performance measures that apply, and where more than one performance measure an indication of the weightings used
 - Details of the performance period
 - The amount (expressed in monetary terms or otherwise) that may be paid in respect of the minimum level of performance that results in any payment under the policy and any further levels of performance set in accordance with the policy

- An explanation of whether there are any provisions for the recovery of sums paid to directors or for withholding the payments of sums to senior managers (page 90-91)
 - Service contracts obligations - page 89
 - Policy on payment for loss of office - page 90
 - Statement of consideration of employment conditions elsewhere in the foundation trust - page 90
 - The policy on diversity and inclusion used by the remuneration committee, the policy objectives and link to the trust's strategy, how it has been implemented and progress on achieving the objectives – included page 90 in the Performance Report page 12 and Staff Report page 49

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

- Information on the corporation's policy on pay and on the work of the committee established under paragraph 18(2) of Schedule 7 to the NHS Act 2006, and such other procedures as the corporation has on pay and information on the remuneration of the directors and on the expenses of the governors and the directors - page 101-107
- The total number of [governors/directors] in office - pages 76 (Directors) and 91 (Governors)
- The number of governors/directors receiving expenses in the reporting period - page 100-107
- The aggregate sum of expenses paid to governors/directors in the reporting period - page 100-107

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

- Details of the membership of the remuneration committee. This means the names of the chair and members of the remuneration committee should be disclosed – pages 80,82
- The number of meetings and individuals' attendance at each should also be disclosed – page 83
- The name of any person (and in particular any director of the trust who was not a member of the committee) who provided advice or services to the committee that materially assisted the committee in their consideration of any matter. No other advisors were used - page 82

Senior Managers Remuneration Policy

This part of the report is not subject to audit.

These individuals are employed on contracts of service and are substantive employees of the Trust. Their contracts are permanent which have termination of notice clauses by either party of three to six months (dependent upon individual's contractual terms). There are no compensatory arrangements for senior managers in the event of their termination by the Trust other than those specified within the Agenda for Change national terms and conditions. The Trust's normal disciplinary policy applies to senior managers, including the sanction of summary dismissal for gross misconduct. The pay costs incurred on members of the Trust Board is included in the single total figure table in the Annual Accounts.

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

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

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

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

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

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

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

The Non-Executive pay is reviewed and agreed by the Council of Governors Remuneration and Nomination Committee. This is detailed on page 93.

Future policy table and Service contracts obligations

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

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

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

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

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

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

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

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

Policy on payment for loss of office and employment conditions elsewhere

There were no payments to senior manager in respect of loss of office in 2022/23. None of the Non-Executive Directors serve in a non-executive capacity for other NHS Trusts and non payments have been made to third parties for the services of a senior manager.

The policy on diversity and inclusion

The Remuneration and Nomination Committee uses the documents outlined in the Performance Report page 12 and Staff Report page 55.

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

Annual Report on Remuneration – Information Subject to Audit

Accounting policies for pensions and other retirement benefits are set out below and details of senior employees'

Senior Managers Remuneration

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

2021/22							
Name and Title		Salary (bands of £5,000)	Expense Payments (taxable) to the nearest £100	Performance Pay and Bonuses (bands of £5,000)	Long Term Performance Pay and Bonuses (bands of £5,000)	Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)
Chairman							
Simon Linnett	Chairman	40 to 45	0	0	0	n/a	40 to 45
Non Executive Directors							
Simon Barton	Non-Executive Director	15 to 20	0	0	0	n/a	15 to 20
Mark Prior	Non-Executive Director	10 to 15	0	0	0	n/a	10 to 15
Annet Gammell	Non-Executive Director	15 to 20	0	0	0	n/a	15 to 20
Richard Mintern	Non-Executive Director	10 to 15	0	0	0	n/a	10 to 15
Ian Mackie	Non-Executive Director	10 to 15	0	0	0	n/a	10 to 15
Gordon Johns	Non-Executive Director	15 to 20	0	0	0	n/a	15 to 20
Stephen Hone	Non-Executive Director	15 to 20	0	0	0	n/a	15 to 20
Anne Harper	Non-Executive Director (From Jan 2022)	0 to 5	0	0	0	n/a	0 to 5
Executive Directors							
David Carter	Chief Executive	195 to 200	0	0	0	62.5 to 65	260 to 265
Cathy Jones	Deputy Chief Executive	150 to 155	0	0	0	55 to 57.5	205 to 210
Matthew Gibbons	Director of Finance	140 to 145	0	0	0	42.5 to 45	185 to 190
Danielle Freedman**	Chief Medical Advisor (to Feb 2022)*	145 to 150	0	0	0	0	145 to 150
Angela Doak	Director of Human Resources	125 to 130	0	0	0	42.5 to 45	170 to 175
Liz Lees	Chief Nurse	130 to 135	0	0	0	37.5 to 40	170 to 175
Catherine Thorne	Director of Quality & Safety Governance	115 to 120	0	0	0	40 to 42.5	155 to 160
Paul Tisi	Chief Medical Advisor (from April 2020)	210 to 215	0	0	0	72.5 to 75	285 to 290

For the purpose of this note Senior Managers are defined as being the Chief Executive, Non Executive Directors and Executive Directors. I.e. Those individuals with voting rights.

Senior Managers have not received any taxable benefits, annual performance-related bonuses or long-term performance related bonuses in either 2022/23 or 2021/22.

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.

* Salary includes remuneration for clinical duties.

** Chose not to be covered by the pension arrangements during 2021/22 and 2020/21.

Pension Benefits

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

2021/22									
		Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2022	Lump Sum at pension age related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2022	"Real Increase in Cash Equivalent Transfer Value"	Cash Equivalent Transfer Value at 1 April 2021	Employer's contribution to stakeholder pension
David Carter	Chief Executive	2.5 to 5	0 to 2.5	65 to 70	120 to 125	1,196	56	1,112	0
Cathy Jones	Deputy Chief Executive	2.5 to 5	0 to 2.5	35 to 40	65 to 70	519	26	519	0
Matthew Gibbons	Director of Finance	2.5 to 5	0 to 2.5	40 to 45	80 to 85	644	26	644	0
Angela Doak	Director of Organisational Development	2.5 to 5	0 to 2.5	60 to 65	140 to 145	1,308	52	1,237	0
Liz Lees	Chief Nurse	0 to 2.5	0 to 2.5	55 to 60	160 to 165	1,224	50	1,155	0
Catherine Thorne	Director of Quality & Safety Governance	2.5 to 5	0 to 2.5	50 to 55	125 to 130	1,157	47	1,094	0
Paul Tisi	Chief Medical Advisor	2.5 to 5	2.5 to 5	70 to 75	155 to 160	1,494	79	1,392	0

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023 to 24 CETV figures.

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

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

The banded remuneration of the highest-paid director in the organisation and the percentile payments are outlined in on the next page:

Fair Pay Disclosure

Percentage change in salary

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

	21/22	22/23	%Δ
AAvg. Employee Salary (£)	36,400	37,286	2.43%
Banding of highest paid Director (£k)	195-200	205-210	5.06%

The banded remuneration of the highest-paid director in the organisation in the financial year 2022-23 was £205k-£210k (2021-22, £195k-£200k). This is a change between years of 5.06%.

Pay Ratios

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

		25th Percentile pay £	Median pay £	75th percentile pay £
2022/23	Total Renumeration (£)	23,177	32,934	41,659
	Salary Component of Total Renumeration (£)	23,177	32,934	41,659
	Pay Ratio Information	8.95	6.30	4.98
2021/22	Salary Component of Total Renumeration (£)	21,777	31,534	40,057
	Pay Ratio	9.05	6.25	4.92

This data includes bank and agency staff

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

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


David Carter
 Chief Executive
 20th December 2023

Fundraising and Charitable Donations

In the last financial year the charity has seen many changes, a return to onsite volunteering, visitors and community engagement has boosted the charities presence. There has been a dramatic shift in focus, with the aim of transitioning out of the post covid reactive positioning to a more planned and developed position. Part of which saw the conclusion of the charity merger between the two corporate Trustee Charities and the appointment of a design company to review the charities design and image.

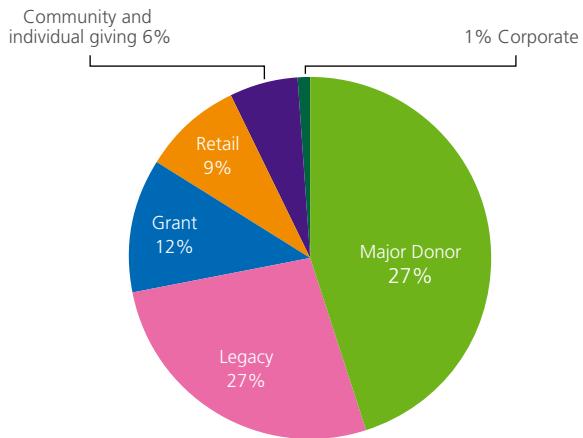
In January 23 the decision was made by the Board of Directors to cease the helipad appeal, which has been the largest appeal run by the charity to date. Unfortunately the original project was unattainable. A comprehensive communications plan was developed and all donors of the appeal have been notified of this outcome, with an option to redirect funds or request a return of funds. While this was a disappointing conclusion, the support from the community and grant organisations which supported the Charity has been very encouraging.

The focus for the charity going forward is the completion of the Paediatric emergency department appeal and supporting various large projects linked into the new acute service block, including a new surgical assisted robot. These are being developed to support our patients and make a meaningful difference to the communities we serve.

During the 2022/23 financial year (FY), Bedfordshire Hospitals NHS Charity received £1.63m in income. £1.5m from 1021 donations from grant-giving trusts, companies, individuals, community groups, legacies and £139k generated by the charity shop (£11k net).

Of the £1.5m income, 45% of income was from a major donor, 27% from legacy and IMO donations, 12% Charitable Trusts & Grants, 9% was from retail, 6% was Community, 1% from schools and The Charity received over 1000 gifts in kind, valuing £90k.

Legacy and In Memory donations received totalled £411K which is up on last year by £360k. Legacies will be an area of focus in the next FY, working with different stakeholders to develop a strong communications message, developing gifts for the future. The hospital has continued to benefit from the support of a major donor, who has opted to cover the cost of the new CT at the Luton and Dunstable Hospital site, through transfer of shares and gift aid, the Charity are always grateful to people who chose to support the hospital in any way.



During the financial year of 2022/23, the Trusts and Grants team raised £174k.

Over the year, NHS Charities Together has remained a big focus, with much reporting on all 3 stages of the grant process – COVID response grants (Stage 1), COVID Community Grants (Stage 2) and COVID recovery (Stage 3). The majority of Stage 1 grants have been spent and have delivered three integral projects across the two hospital sites. The Stage 2 partnerships are coming to an end, with the final instalments due imminently and reports due in the autumn. Four projects have been delivered across the BLMK network which have created significant support for the NHS and our community partners. There is a small proportion of recovery grant funding left still to spend, however the majority of this funding has been delivered in line with the grant conditions and supported some incredibly beneficial projects across the Trust. The Team were also successful in securing a £30,000 Development Grant to support some key projects within the Charity designed to help raise the profile of the charity and will lead to additional income generation.

Over half the funding needed to renovate and re-equip the Children's Critical Care Room was generated from grants. The room opened for use by patients and staff just after the New Year and has enabled the Paediatric Team to significantly improve the care they are able to provide for acutely unwell children and their families during times of crisis.

The pledged funding was received for the Central Monitoring System which was installed in the Majors Unit of the Emergency Department in the spring of last year. This system has been incredibly beneficial for staff as they look to manage high admissions of seriously ill patients into the department and have helped to improve the treatment and care they are able to provide.

£10,000 funding was secured to run the "These are the hands" which was an arts and wellbeing project run by the Take HeART group during the Jubilee celebrations. The project was really well received by staff and management.

The corporate community has still continued to support our work with these donations received:

- Dunstable Town Football Club donating £5000 for the cancer unit.
- Lennon's Solicitors continuing to support NICU with a donation of £250
- ADA International continually donating hand creams and shower gels for staff and patients on wards
- DHL for donating Easter Hampers for the children's ward
- Tesco Bedford for donating Easter activity packs for the children's ward
- Arnold Clark Community Fund for £1000 donation
- Kier and Toureen for donating 250 Easter Eggs
- Santander for donating Easter Eggs
- Sisters in Need for donating Easter Packs for the children's ward
- Waitrose Leighton Buzzard for donating a hamper for the spring quiz
- Brickhill & De Parys Walking group for donating £180 to the Primrose Unit
- Caddington Baptist church raising £171 on their NICU coffee morning
- Judd Water & Wastewater Consultants for a donation of £500 for the critical care unit
- Provincial Grand Lodge of Bedfordshire for ongoing donations of teddy bears for both children's emergency departments
- Domino's Pizza for donating pizzas for Nurses Day and Christmas Day
- Rapid Relief Team for donating care packs and burgers for staff in Nurses Day and Estates & Facilities Day
- Khalsons Window & Doors for donating £250 for general funds
- Iii Rivers Chapter Harley Davidson UK – Ladies of Harley for holding an Easter Egg Hunt and raising £501
- Harpenden Round Table for donating £433 for the children's ward
- The Emu Golfing Society for fundraising throughout the year and raising £790 for the NICU
- The Old Dunstablian lodge for donating £500 of gifts for Christmas for the children's ward
- Edlesborough Methodist Church raising £509 at their concert for our current appeals
- The Mayo Association for raising £3000 at their annual dinner for the cancer unit
- Ampthill Town Cricket Club for raising £1551 for the Primrose Cancer Unit
- Bedford Priory Bowling Cub for raising £900 for the Primrose Cancer Unit
- The Corsairs for donating £1000 for Cardiology

This year, through generous funding, the charity were able to help support many projects across the hospital sites, a few are included below:

- SCBU and NICU Accommodation running costs for parents (both sites)
- New play equipment for paediatric patients (both sites)
- Paediatric ED, mental wellbeing room, murals, interactive sensory projectors and specialist sky panels. To lessen anxiety in young patients needing urgent / emergency care. (L&D)
- Redecoration and modernisation of phlebotomy room in the Primrose Unit (Bedford)
- Maternity bereavement garden (Bedford)
- CT Scanner (L&D)
- Children's critical care room, a dedicated space for children in respiratory distress
- Nurses Day 2022 celebrations / awards and Facilities day (both sites)
- Easter gifts and Christmas presents for patients.

Give a gift campaign 2022, a campaign where supporters donate gifts from an amazon Wish List or make a monetary donation for the charity to purchase gifts for patients on Christmas Day, was run across both Bedford Hospital and Luton & Dunstable Hospital and supported every ward. Over 2000 gifts were donated or purchased in total. Gifts were received from an array of community members, schools, groups and companies – these included: Harlington Upper School, Luton Sixth Form College, Dunstable Downs Rotary Club, Budgens, St Andrews Lodge No 803 – Province of Bedfordshire, Hats Group, St Nicholas Lodge, Teletrac Navman, Cortex – CTC Crossfit, Starbucks Dunstable, Amazon Community Grants, Whitbread, Beechwood Park School, Chalk Hills School, Tesco Cardington Road, B&M Distribution Centre, Curry's Luton, Dunelm Dunstable, GWD Performance, Kids Out, Kier, Toureen, Lecico, Milton Ernest Care Home, Next Bedford, Provincial Grand Lodge of Bedfordshire, RIS Group, Tesco The Mall, UKCG, Willmott Dixon. The charity were still unable to offer ward visits, due to covid restrictions, feedback received from patients was very positive and the gifts made a difference to their staff and were well received.

The charity team ran a very successful event in October with Lashing World. The event was a corporate lunch with guest speaker Graham Gooch raising funds for the Children's Critical Care Room Appeal and raised £18,000 towards the appeal. The room is now open and in use and has made a huge difference to the staff and patients.

Between March 2022 and March 2023 a total of £26,954.31 was raised from schools, this includes a donations totalling £11,293.46 from Challney High School for Girls who chose to support the Breast Cancer Unit,

Sky Panels Appeal and Paediatric Sensory equipment. £10,151.35 was also received from Putteridge High School for the Cancer Unit – this is a new school relationship. Gifts were also received for the Give a Gift Appeal to the value of £1800 from Beechwood Park School alone, they have advised they will also be donating £949.50 towards the sensory Sky Panels for the emergency department.

Following a suspension due to covid restrictions, the team have now reintroduced the student volunteering programme. Students aged 17 & 18 years of age are able to complete a 5 Month programme either based on our wards to support at mealtimes or on our charity shop trolley service across the hospital. This offers students a valuable insight into the hospital environment whilst also supporting patients and staff. Whilst this is only at the L & D site currently, there are discussions to offer a similar programme at the Bedford hospital site over the forthcoming year.

Since completing a work experience pilot in Spring 2022, placements have been facilitated across both hospital sites. Students have ranged from age 14 – 28 years who inspire to undertake a career within the NHS. Placements have been organised in a variety of areas which has included non-clinical environments, catering, estates, maxillofacial, respiratory, cardiology, stroke medicine, endocrinology, imaging, neurology, dermatology, surgical teams and the hospital charity.

The Charity shop has had a successful year with the return of visitor's onsite contributing to increased footfall and sales. Volunteer recruitment has been steady. With the support of the Voluntary Services team, we have been able to implement the Student Volunteer Programme within the shop and on the trolley helping to keep volunteer numbers up. The Trolley Service was launched in September 2022. This offers a provision to patients, staff and visitors who may not be able to leave the ward to access. While it has been slow to get started with some teething issues, it is well received by all. The team are in the process of designing the retail space located within the new ward block. This will drive additional volunteer opportunities supporting the wider community as well as the supporting patient and volunteer interactions. This will be a huge asset to the retail element of the charity and will continue to help support charitable projects at the Trust.

On behalf of all the staff, patients and their families the Trust would like to say a huge thank you to everyone who has supported the hospitals by making a donation, giving gifts or volunteering their time. Your support makes a real difference to our patients and their families and helps make a difficult time more comfortable and less distressing.

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

Bedfordshire Hospitals NHS Charity is a registered charity in England and Wales number:1058704

Property Plant and Equipment and Fair Value

As stated in [note 1.9](#) to the accounts, Property Plant and Equipment are stated at Fair Value which is defined as the lower level of replacement cost and recoverable amount. A review is carried out each year for any potential impairment, with a formal revaluation every five years. A desktop valuation exercise was undertaken as at 31 March 2023 by Gerald Eve LLP. The Directors' opinion is that there are no fixed assets where the value is significantly different from the value included in the financial statements.

External Auditor

BDO LLP is our external auditor. The appointment was made and approved by the Council of Governors.

BDO LLP may, from time to time, be asked to carry out non-audit work. The cost of these other services is shown in note 5.5 to the accounts. It is important to ensure that any additional services provided by the external auditors do not impact on their ability to be independent of management, and that conflicts with objectivity do not arise. We will develop a protocol through the Audit and Risk Committee to address this. This protocol will need to be approved by the Council of Governors.

Private Finance Initiatives (PFI Schemes)

We have one capital schemes arranged under the PFI:

1. St Mary's Wing scheme was completed in 2003 under a 27 year scheme with 7 years remaining.

There were no new PFI schemes in the year and any future schemes are unlikely as they would be funded either through internally generated resources or external financing using the additional freedoms granted to Foundation Trusts.

Better Payment Practice Code

We are continuing to maintain cash balances within the needs of our suppliers, settling 93% of non-NHS invoices within 30 days of receipt of a valid invoice. The Trust is aiming

for 95%. There is no liability to pay interest or any total interest paid to discharge any liability not paid within 30 days.

2022/23	Non-NHS		NHS	
	Number of invoices	Value £000s	Number of invoices	Value £000s
Invoices payable in the year	132,921	£321,63	12,506	£38,361
Invoices paid within target	123,303	£300,714	2,027	£20,474
% Invoices paid within target	93%	94%	81%	53%

Off Payroll Engagements

The Trust occasionally uses off-payroll arrangements to obtain services where normal search and selection processes are unable to find suitable and immediately available candidates. Such arrangements are carefully considered and reviewed before engagement. Before such off-payroll arrangements are started, checks are made in accordance with government guidance, to provide assurance to the Trust that individuals or companies providing such services

are compliant with tax legislation. All off-payroll payments are reported to and monitored by the Audit Committee. 'Highly paid' is defined as the threshold used by HM Treasury in the tables below.

The table below shows the length of all highly paid off-payroll engagements:

Table 1: Highly-paid off-payroll worker engagements as at 31 March 2023 earning £245 per day or greater

Number of existing engagements as of 31 March 2023	2
Of which...	
Number that have existed for less than one year at time of reporting.	1
Number that have existed for between one and two years at time of reporting.	0
Number that have existed for between two and three years at time of reporting.	0
Number that have existed for between three and four years at time of reporting.	0
Number that have existed for four or more years at time of reporting.	1

Table 2: All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2023 earning £245 per day or greater

Number of off-payroll workers engaged during the year ended 31 March 2023	0
Of which...	
Not subject to off-payroll legislation *	0
Subject to off-payroll legislation and determined as in-scope of IR35 *	6
Subject to off-payroll legislation and determined as out-of-scope of IR35 *	0
Number of engagements reassessed for compliance or assurance purposes during the year	6
Of which: number of engagements that saw a change to IR35 status following review	0

* A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

Counter Fraud

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

Data Loss and Incident Reporting.

The General Data Protection Regulation (GDPR) as implemented by the UK Data Protection Act 2018 became UK Law on 25 May 2018. It introduced a duty on all organisations to report certain types of personal data breach to the relevant supervisory authority.

An organisation must notify a breach of personal data within 72 hours. If the breach is likely to result in a high risk to the rights and freedoms of individuals, organisations must also inform those individuals without undue delay.

Breach reporting is now mandatory for all organisations.

A breach is defined by Article 4(12) "Personal data breach" means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed.

Establish the likelihood that adverse effect has occurred

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

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

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

Incidents reported via the new incident tool

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

Date of Incident (Month)	Nature of Incident	Nature of data involved	ICO Response:
24/03/2023	Patient information located off the Trust side. Incident was contained.	Clinical Information	Not Required to Report.
06/03/2023	Potential sharing of passwords accidentally with someone outside the NHS	Clinical Information	ICO Report
30/01/2023	Another patient's letter was included in the patient's letter. Informed the Trust. Incident was contained.	Clinical Information	Not Required to Report
25/11/2022	Two blood samples of other patients were sent along with the correct patients' blood samples.	clinical information	ICO Report
25/10/2022	During an IT development process it was identified that real patient data was shared and used rather than dummy information. File deleted and incident contained.	Clinical information	ICO Report Decision Notice No Further action
02/09/2022	Staff member access patient information to contact them inappropriately.	Clinical Information	ICO Report



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

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

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

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

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

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

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

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



David Carter
Chief Executive
20th December 2023

Annual Governance Statement 2022/23

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Bedfordshire Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Bedfordshire Hospitals NHS Foundation Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Chief Executive is accountable for managing risk and leads the Executive Board, attends Sub-Committees of the Board and receives reports from Clinical Service Lines to ensure that the Trust has robust processes in place to manage risk.

The Board leads for clinical risk management are the Medical Director and the Chief Nurse. The Chief Executive through the Associate Director of Corporate Governance is the Board lead for non-clinical (including Health and Safety) risk management from November 2023, prior to this it was the Director of Estates. The Medical Director lead on clinical risk management and chair the Specialist Clinical Operational Board where all aspects of clinical risk management are discussed. A report is provided to the Executive Board and assurance is then provided to the Quality Committee and the Audit and Risk Committee.

All risks are reviewed by the Executive demonstrating top level leadership over risk management by considering and approving all new risks to the risk register.

Risk management training sessions are provided to staff as required. At induction, new joiners to the organisation undergo basic training in risk management (clinical and non-clinical).

Liaison with Clinical Directors, General Managers and Lead Nurses ensures that when practice is changed as a result of integrated learning from the risk management process, this is cascaded to service lines. This takes place through the Clinical Quality Operational Board and the clinical service line meetings.

The Trust Risk Register is developed from risks identified at the Board of Directors and its sub committees and at service line and department level plus from those identified from other sources e.g. external reports. The Board ensures action is taken to mitigate any risks to quality and safety. Risks and benefits to quality and safety are assessed for all reviews of efficiency related initiatives. The Board receives the Board Assurance Framework every three months and reviews a summary of the risk register every three months in order to be able to maintain understanding of the current and future risks. The Board has participated in seminars which help in the identification of future external risks to quality such as new national guidance, new technologies, business continuity and health and safety.

The risk and control framework

Risk continues to be managed at all levels of the Trust and is co-ordinated through an integrated governance framework consisting of performance and assurance processes. The Executive Board, the Clinical Quality Operational Board and the Specialist Clinical Operational Board lead the review of risk, Oversight Boards, Information Governance and Equality and Diversity sub Boards also support risk. The Board of Directors lead the review of board level strategic risk seeking assurance from the Audit and Risk, Quality, Finance, Investment and Performance, Workforce and Digital Committees and the Hospital Redevelopment Board.

The Risk Management Strategy continues to provide an integrated framework for the identification and management of risks of all kinds, whether clinical, organisational or financial and whether the impact is internal or external. This is supported by a Board Assurance Framework, which is used to record corporate objectives, risks to their achievement, key risk controls, sources of assurance and gaps in assurance to ensure effective risk management.

There is a Risk Review process under the leadership of the Executive Directors, who are consulted to approve any new risks that have been identified through the Clinical Service

Lines, Corporate Services or Committees and reported through the central risk register database (Datix to October 2022 and the Inphase). The relevant Executive Director agrees whether the risk is a Strategic Board Level Risk that has implication to the achievement of the Trust Objectives, review the assessment score and also allocate the risk to the relevant Sub-Committee for assurance and operational board for performance monitoring. The closed risks are also monitored to ensure the Executive Team is aware of risk amendments. The Trust has in place a weekly Senior Staff Committee that oversees operational risk.

The assessment and subsequent management of risk is informed by its quantification using a risk grading matrix, which is set by the Board of Directors. Consequence and likelihood tables are outlined in the Risk Management Framework across a range of domains; the consequence tables grade each risk by reference to its expected impact. This, combined with the likelihood score, defines a measure of overall risk. The Trust risk tolerance is set

by considering all risks through the Risk Review by the relevant Executive Director and identifying those risks that have implications to the achievement of the Trust Objectives. Any of these Board Level Risks that are rated as a high risk are reported to the Board of Directors quarterly. Actions and timescale for resolution are agreed by the risk leads and monitored by the Board of Directors and relevant sub-committee. Through this process, the Board are informed of any risks that would require acceptance as being within the Trust's risk tolerance.

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

Risk Type	Risk description	Impact	Likelihood	Mitigating actions	Monitoring Framework
Clinical Operational	1. Workforce Pressures 2. Capacity pressures and responding to demand 3. Implementation of integrated care 4. The need for robust and whole system working 5. COVID 19 recovery	High	High	Workforce plans in place. Board approved action plans with Trust partners where appropriate. Length of Stay, Discharge Project and Needs Based Care initiative. Ongoing collaborative work with BLMK ICB and Local Health system Performance reports	Weekly Senior Team and Executive meetings. Monthly Quality Committee and ongoing reporting to the Board. Board of Directors strategic oversight. ICB and BCA meetings Quality Committee
Finance	Delivering the financial challenge including Commissioner plans, agency spend	High	High	Monthly review of key income, expenditure, capex, cash, balance sheet and quality performance metrics. Monthly performance review meeting with service lines led by Executive Directors.	Monthly reports of cumulative financial performance incorporating clear forecasting and an alert mechanism to identify issues that allow corrective action. Monthly Finance, Investment & Performance committee review. Monthly Service Line Executive Review Framework

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

The Trust operates a risk register for the organisation. The risks from each site are combined onto a single Board Level Risk Register.

Incident reporting is actively promoted and encouraged across all directorates as part of the culture of the organisation. Incidents that have a significant impact on the Trust, its business or an individual are immediately and thoroughly investigated and the lessons learnt are shared across the Clinical Service Lines.

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

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

- Each Service Line reviews reported incidents and are required to report to the Clinical Quality Operational Board and reflect on the issues raised, develop any further controls to manage the principal risks and to minimise, as far as reasonably practical, the incident occurring again. If there is a persistent risk issue identified from the incident, the issue is evaluated

through the Risk Register and also subjected to independent scrutiny (for example: internal audit, external accreditation)

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

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

- During the year in addition to using the services of internal and external audit, a number of specific reviews continued including maternity and GIRFT.
- The Trust commissioned an externally facilitated Well-Led review in the financial year which was completed in September 2022. No significant issues were identified.

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

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

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

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

These conditions have remained in place throughout 2021/22 during which time the Trust has continued regular engagement meetings with the CQC and continued work on implementation of the comprehensive improvement plan which was put in place to address those areas identified as requiring improvement. This improvement plan continues to be 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. A further visit from the CQC in July 2021 identified significant improvement although this did not amend the rating for Bedford Maternity. The CQC assessment in September 2022 improved the Bedford rating to 'Requires Improvement' and the Trust is in a process to remove the condition.

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

The Trust promotes the involvement of patient representatives to ensure the quality of performance data

and to triangulate feedback and reviews in many aspects of its activities. Patients and Governors are represented on the following committees:

- Equality and Diversity Committee
- Clinical Audit and Effectiveness Committee
- Patient and Public Participation Group
- Patient Environment Group
- Ethics Committee
- Outpatients
- Redevelopment Board
- Car Parking Working Group
- Safeguarding Adults

Healthwatch monitor the services provided by the Trust and report directly to the Chief Executive and issues are then referred to appropriate service lines for consideration and action.

Representatives from Healthwatch are members of the Trust's Patient and Public Participation Group. The National Patient Survey action plan is also progressed and monitored through this group.

Since becoming a Foundation Trust the organisation has extended the involvement of staff and the public by creating a Council of Governors. The Council of Governors is responsible for a wide range of duties including, but not exclusively, being consulted on health service changes, meeting with members in their constituency, appointing and holding to account the Chair and Non-Executive Directors and attending Council of Governors' meetings. The Governors include representatives from other key stakeholders such as the Integrated Care Boards, Local Government Councils and Universities.

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

- Executive Performance speciality and service Line meetings outlined in the Scheme of Delegation
- Triangulation of information from the Shelford Safer Nursing Care tool, CHPPD, Nurse Sensitive Metrics along with professional judgements to determine the number of staff and range of skills required to meet the needs of patients. Additional analysis and recommendations will be presented for ED Nursing and children's services in addition to midwifery staffing
- Twice daily workforce meetings to assess and redeploy sufficient suitably qualified, competent, skilled and experienced staff to meet the care and treatment needs safely and effectively.
- Monthly Formal Executive meetings oversee the vacancy rate, agency rate and workforce pressures to agree business cases and assess risks and controls

in place

- Executive Director review of agency is completed monthly to ensure that decisions are made at a high level
- Risks of the impact of vacancy and agency use is provided to Workforce Committee and the Board including nursing safe staffing requirements triangulated with patient quality measures
- Assurance on the impact on finance and performance is provided to FIP and the Board

The Workforce Sub-Committee of the Board receives assurance across nursing and midwifery, medical and other clinical staffing to triangulate issues and concerns and review new ways of working.

The Foundation Trust has published an up-to-date register of interests (including gifts and hospitality) for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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

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

The Foundation Trust has undertaken risk assessments and *has a sustainable development management plan* in place which takes account of *UK Climate Projections 2018 (UKCP18)*. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. The Board has a formal Sustainability sub-committee of the Board that will monitor the progress for net zero carbon.

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

In addition to the financial review of resources within the quarterly monitoring returns to NHS Improvement and the monthly financial information provided to all budget holders, the processes that have been applied to ensure resources are used economically, efficiently and effectively include Clinical Audit and Effectiveness, Medical Equipment and Medicines Management. The Trust has governance arrangements for the Finance, Investment

and Performance Committee with service lines presenting directly to the committee on a range of financial and operational matters.

A Clinical Audit and Effectiveness Department is also maintained to:

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

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

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

The latest published index from the National Cost Collection run by NHS Pricing and Costing for Bedfordshire Hospitals NHSFT, based on 2021/22 accounts and activity, compared to a national average index of 100 is 95 (2020/21-90).

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

Information Governance

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

Data Quality and Governance

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

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

The Trust monitors CHKS alerts through the Learning from Deaths Board, SCOB/CQUOB and Clinical Audit and Effectiveness Committee. Clinical Audit forward plans detail the work undertaken to review the data quality of these alerts. Annually the Trust has an external audit of clinical coding that demonstrated excellent practice and an external peer review of Information Governance that demonstrates assurance against the Information Governance Toolkit that includes Data Quality.

The Trust reviews dashboards e.g. maternity to collect data at source and monitors the effectiveness of central data through the SUS (Secondary Uses Service) reports. The Trust monitors key performance indicators in relation to data quality that demonstrates improving practice across the Trust.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee and Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The process for maintaining and reviewing the effectiveness of the system of internal control during 2022/23 was monitored by the following:

- The Board of Directors – The Board places reliance upon the Audit and Risk Committee for assurances that the system of internal control is sound. They require the quality and financial sub-committees to oversee the actions and outcomes from the Internal Audits.
- The Audit and Risk Committee – The function of the Audit and Risk Committee is to ensure an adequate and effective operation of the Trust's internal control system. The committee focuses on the establishment and maintenance of controls designed to give reasonable assurance that assets are safeguarded, waste and inefficiency avoided, reliable information produced and that value for money is continuously sought.

- The structure of the Board of Directors meetings allows the appropriate time to ensure matters regarding Performance and Quality would be managed through the whole Board.
- The Quality Committee focus on assurance issues relating to clinical and corporate governance, risk management and assurance framework and report monthly to the Board. This committee is supported by the Clinical Quality Operational Board that ensures service line clinical leadership. The Quality committee also receive assurance against the Care Quality Commission Quality Outcomes as required.
- The Clinical Audit and Effectiveness Committee reports to the Clinical Quality Operational Board. The committee ensures clinical leadership through the service lines, monitors the implementation of NICE guidance and reviews the CHK benchmarking data sets to review trends. This process is reported to the Executive Board and assurance provided to the Quality Committee.
- The Finance, Investment and Performance Committee takes an overview of operational activity and performance against national and local targets.
- Internal Audit – Internal Audit review the system of internal control during the course of the financial year and report accordingly to the Audit and Risk Committee.
- A Provider Licence Assurance Framework was reviewed by the Audit and Risk Committee. The Trust has reviewed Governance arrangements through the assessment of the Healthy Board 2013 and the FT Code of Governance. These assessments have been cross referenced against the Licence requirements laid out in condition 4 of the FT Governance.

Compliance with the NHS Foundation Trust Code of Governance

Bedfordshire Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

It is considered that the Bedfordshire Hospitals NHS Foundation Trust complies with the main and supporting principles of the Code of Governance. This includes the issues of whether or not all of the Non-Executive Directors are independent in accordance with code provision B.1.1. The Board has determined that all of the NEDs are independent in character and judgement. In relation to the more detailed provisions of the Code of Governance, the Trust were compliant with the provision with the exception of section B.1.2 the Trust was non-

compliant from September 2022 through to March 2023 when the Board had half the Board of Directors as Non-Executive Directors excluding the Chair. In our Constitution the Chair votes as a Non-Executive and has a casting vote.

My review is also informed by:

Internal Audit which has completed reviews of Risk management and Board Assurance Framework, Waiting List Management, Elective Recovery Plans, Agency Spend, Data Quality, Sustainability, ERostering, Data Security Protection Toolkit, Cyber Essentials and Benefits Governance Arrangements and advisory reports for Financial Sustainability and Assurance Mapping.

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

The Head of Internal Audit reports that they have completed the programme of internal audit work for the year ended 31 March 2023. Five reports were issued with reasonable assurance (positive) Board Assurance Framework, Waiting List Management, Elective Recovery Plans, Agency Spend, Data Quality. However, two reports were issued with partial assurance (negative) report. Sustainability and E-rostering were issued with a partial assurance. Action plans are in place for all internal audits.

Although there were no significant issues, some improvements are required in some areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control and this was in relation to the Sustainability Plans and e rostering.

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

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

Conclusion

No significant internal control issues were identified and this is supported by a robust governance structure that reviewed and identified any weaknesses regularly. Some areas for action were identified during the year and immediate action taken to mitigate and resolve the concerns.



David Carter
Chief Executive
20th December 2023

Independent Audit Opinion

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

Opinion on financial statements

We have audited the financial statements of Bedfordshire Hospitals NHS Foundation Trust (the Trust) for the year ended 31 March 2023, which comprise the Group and Trust Statement of Comprehensive Income, Group and Trust Statement of Financial Position, Group and Trust Statement of Changes in Taxpayers' Equity, Group and Trust Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs), and as interpreted and adapted by the 2022-23 Government Financial Reporting Manual as contained in the Department of Health and Social Care's Group Accounting Manual 2022-23, and the NHS Foundation Trust Annual Reporting Manual 2022-23 issued by NHS England.

In our opinion the financial statements:

- give a true and fair view of the financial position of Bedfordshire Hospitals NHS Foundation Trust and the Group as at 31 March 2023 and of its expenditure and income for the year then ended;
- have been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2022-23; and
- have been prepared in accordance with the National Health Service Act 2006.

Basis for opinion on financial statements

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on information in the Remuneration and Staff Report

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

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

In our opinion the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2022-23.

Matters on which we are required to report by exception

Use of Resources

We are required to report to you if, in our opinion, we identify any significant weaknesses in the arrangements that have been made by the Trust for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, we have not identified any significant weaknesses in the Trust's arrangements for the year ended 31 March 2023.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Other matters on which we report by exception

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

- in our opinion the Annual Governance statement does not comply with the guidance issued by NHS England; or

we refer a matter to NHS England under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of Accounting Officers responsibilities in respect of the accounts, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

As the accountable officer of the Trust, the Chief Executive is responsible for ensuring that value for money is achieved from the resources available to the Trust.

Auditor's responsibilities for the audit of the financial statements

In respect of our audit of the financial statements our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a

high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our procedures included the following:

- inquiring of management, the Trust's head of internal audit, the Trust's local counter fraud specialist and those charged with governance, including obtaining and reviewing supporting documentation in respect of the Trust's policies and procedures relating to:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the Trust's controls relating to Managing Public Money requirements;
 - discussing among the engagement team and involving relevant internal and or external specialists, including information technology specialists regarding how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, we identified potential for fraud in the following areas: revenue recognition, cut off and expenditure recognition around the year end, posting of unusual journals accruals and credit receivable balances;
 - obtaining an understanding of the Trust's framework of authority as well as other legal and regulatory frameworks that the Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Trust. The key laws and regulations we considered in this context included the National Health Service Act 2006 as amended by the Health and Social Care Act 2012, which requires that each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account. Other relevant laws and regulations identified include VAT legislation and PAYE legislation, and the NHS Group Accounting Manual and the NHS Foundation Trust Annual Reporting Manual; and
 - enhanced audit procedures in relation to NHS accruals and credit receivable balances.
- In addition to the above, our procedures to respond to identified risks included the following:
 - reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
 - enquiring of management, the Audit Committee and in-house legal counsel concerning actual and potential litigation and claims;
 - reading minutes of meetings of those charged with governance and the Trust Board;
 - in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and
 - substantively selecting items of expenditure, both from bank statements and invoices, around the year end based on a lower threshold that reflected the level of risk.
 - We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members including internal specialists and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's website at: <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

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

We are required under the Code of Audit Practice to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice issued by the National Audit Office, having regard to the guidance issued by the Comptroller and Auditor General in January 2023.

Auditor's other responsibilities

As set out in the Other matters on which we report by exception section of our report there are certain other matters which we are required to report by exception.

Certificate

We cannot formally conclude the audit and issue an audit certificate for Bedfordshire Hospitals NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

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

Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Council of Governors of the Trust, as a body, for our audit work, this report, or for the opinions we have formed.



David Eagles, Partner

For and on behalf of BDO LLP, Statutory Auditor

21 December 2023 Ipswich, UK

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

**Audit Completion Certificate issued to the
Council of Governors of Bedfordshire**

**Hospitals NHS Foundation Trust
for the year ended 31 March 2023**

Issue of audit opinion on the financial statements
In our audit report for the year ended 31 March 2023
issued on 21 December 2024 we reported that, in
our opinion:

- the financial statements present a true and fair view of the financial position of Bedfordshire Hospitals NHS Foundation Trust as at 31 March 2023 and of the Trust's expenditure and income for the year then ended; and
- the financial statements had been properly prepared in accordance with the Department of Health and Social Care's Group Accounting Manual 2022/23 and applicable law.

In our auditor's report dated 21 December 2023 we explained that the audit could not be formally concluded until we had completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

This work has now been completed and we have reported the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report.

No matters have come to our attention since 21 December 2023 that would have a material impact on the financial statements on which we gave our unqualified opinion.

**The Trust's arrangements for securing economy,
efficiency and effectiveness in its use of resources**

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

We have nothing to report in this respect.

Certificate

We certify that we have completed the audit of Bedfordshire Hospitals NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act and the Code of Audit Practice published by the National Audit Office.

Use of our report

This report is made solely to the members of Bedfordshire Hospitals NHS Foundation Trust, as a body, in accordance with schedule 10 of the National Health Service Act 2006 and as set out in the Responsibilities of the Audited Body and Responsibility of the Auditor within Chapter 2 of the Code of Audit Practice published by the National Audit Office. Our audit work has been undertaken so that we might state to the members of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's members, as a body, for our audit work, for this report, or for the opinions we have formed.

Ciaran McLaughlin

Ciaran McLaughlin
For and on behalf of BDO LLP,
Statutory Auditor
Ipswich

18 March 2024

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



Foreword to the Accounts

These accounts for the year ended 31 March 2023 have been prepared by Bedfordshire Hospitals NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.



David Carter
Chief Executive
20th December 2023

Statement of Comprehensive Income

	Parent (Bedfordshire Hospitals NHSFT)			Group (Bedfordshire Hospitals NHSFT & NHS Charitable Funds)	
	2022/23	2021/22		2022/23	2021/22
	note	£000	£000	£000	£000
Operating income from patient care activities	2.5	722,629	687,257	722,629	687,257
Other operating income		57,165	46,193	58,347	46,791
Operating expenses	3	(766,561)	(724,840)	(770,120)	(726,488)
OPERATING SURPLUS FROM CONTINUING OPERATIONS		13,233	8,610	10,856	7,560
Finance Costs					
Finance income	6.1	2,555	61	2,611	100
Finance expenses	6.2	(1,653)	(1,403)	(1,653)	(1,403)
PDC Dividends payable		(8,135)	(6,928)	(8,135)	(6,928)
NET FINANCE COSTS		(7,233)	(8,270)	(7,177)	(8,231)
(Losses)/ gains of disposal of assets		(4,793)	11	(4,985)	414
Surplus/ (Deficit)		1,207	351	(1,306)	(257)
SURPLUS / (DEFICIT) FOR THE YEAR		1,207	351	(1,306)	(257)
Revaluation Impact	8	3,727	2,440	3,727	2,440
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		4,934	2,791	2,421	2,183

Note: The underlying surplus after adjustments required by NHSE/I for performance measurement position for the Trust is £578k. It is this figure that NHS Improvement will use in their assessment of the financial position of the Trust.

Statement of financial position

		Parent		Group	
	note	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Non-current assets					
Intangible assets	7	0	0	0	0
Property, plant and equipment	8	435,295	341,770	435,295	341,770
Right of use Assets	9	48,540	0	48,540	0
Other investments	10	0	0	2,787	2,844
Trade and other receivables	13	2,872	2,716	2,872	2,716
Other assets - PFI lifecycle asset	14	1,319	1,836	1,319	1,836
Total non-current assets		488,026	346,322	490,813	349,166
Current assets					
Inventories	12	8,146	7,678	8,146	7,678
Trade and other receivables	13	41,896	16,571	41,293	16,155
Cash and cash equivalents	22	139,804	135,016	141,225	138,765
Total current assets		189,846	159,265	190,664	162,598
Current liabilities					
Trade and other payables	15	(134,680)	(96,606)	(134,728)	(96,625)
Borrowings	17	(4,842)	(2,224)	(4,842)	(2,224)
Provisions	20	(9,221)	(5,594)	(9,822)	(6,283)
Other liabilities - Deferred Income	16	(7,814)	(5,301)	(7,814)	(5,301)
Total current liabilities		(156,557)	(109,725)	(157,206)	(110,433)
Total assets less current liabilities		521,315	395,862	524,271	401,331
Non-current liabilities					
Borrowings	17	(65,921)	(26,309)	(65,921)	(26,309)
Provisions	20	(2,110)	(5,626)	(2,110)	(5,626)
Total non-current liabilities		(68,031)	(31,935)	(68,031)	(31,935)
Total assets employed		453,284	363,927	456,240	369,396
Financed by					
Taxpayers Equity					
Public Dividend Capital		340,856	256,433	340,856	256,433
Revaluation reserve		29,880	26,153	29,880	26,153
Income and expenditure reserve		82,548	81,341	82,548	81,341
Others' Equity					
Charitable Fund Reserves	21	0	0	2,956	5,469
Total taxpayers & others' equity		453,284	363,927	456,240	369,396

Signed:



David Carter
Chief Executive
20th December 2023

The notes on pages 119 to 150 form part of the financial statements.

Statement of changes in equity

	Parent				Group Consolidated				
	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000	Charitable Funds Reserves £000	Total £000
Taxpayers' and Others' Equity at 1 April 2022	256,433	26,153	81,341	363,927	256,433	26,153	81,341	5,469	369,396
Surplus/(deficit) for the year	0	0	1,207	1,207	0	0	(216)	(1,090)	(1,306)
Revaluation Impact	0	3,727	0	3,727	0	3,727	0	0	3,727
Public Dividend Capital received	84,423	0	0	84,423	84,423	0	0	0	84,423
Other reserve movements - charitable funds consolidation adjustment	0	0	0	0	0	0	1,423	(1,423)	0
Taxpayers' and Others' Equity at 31 March 2023	340,856	29,880	82,548	453,284	340,856	29,880	82,548	2,956	456,240
Taxpayers' and Others' Equity at 1 April 2021	221,078	23,713	80,990	325,781	221,078	23,713	80,990	6,077	331,858
Surplus/(deficit) for the year	0	0	351	351	0	0	(102)	(155)	(257)
Revaluation Impact	0	2,440	0	2,440	0	2,440	0	0	2,440
Public Dividend Capital received	35,355	0	0	35,355	35,355	0	0	0	35,355
Other reserve movements - charitable funds consolidation adjustment	0	0	0	0	0	0	453	(453)	0
Taxpayers' and Others' Equity at 31 March 2022	256,433	26,153	81,341	363,927	256,433	26,153	81,341	5,469	369,396

Statement of cash flows

	Parent		Group	
	2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
Cash flows from operating activities				
Operating surplus	13,233	8,610	10,856	7,560
Non-cash income and expense:				
Depreciation	24,025	18,534	24,025	18,534
Impairments and reversals	0	2,012	0	2,012
Income recognised in respect of capital donations (cash and non-cash)	(1,423)	(453)	0	0
(Increase)/Decrease in Trade and Other Receivables	(25,957)	10,250	(25,767)	10,663
(Increase)/Decrease in other assets	517	153	517	153
(Increase)/Decrease in Inventories	(468)	118	(468)	118
Increase/(Decrease) in Trade and Other Payables	29,024	5,298	29,024	5,298
Increase/(Decrease) in Other Liabilities	2,513	1,614	2,513	1,614
Increase/(Decrease) in Provisions	84	3,236	84	3,236
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	0	0	(1,708)	(104)
Other movements in operating cash flows	(77)	83	(78)	80
NET CASH GENERATED FROM OPERATIONS	41,471	49,455	38,998	49,165
Cash flows from investing activities				
Interest received	2,554	61	2,554	61
Purchase of Property, Plant and Equipment	(106,311)	(59,839)	(106,311)	(59,839)
Sale of Property, Plant and Equipment	1	15	1	15
Lease termination fees paid (lessee)	(4,235)	0	(4,235)	0
NHS Charitable funds - net cash flows from investing activities	0	0	145	128
Net cash used in investing activities	(107,991)	(59,763)	(107,846)	(59,635)
Cash flows from financing activities				
Public Dividend Capital received	84,423	35,355	84,423	35,355
Loan repaid from the Department of Health and Social Care	(835)	(835)	(835)	(835)
Capital element of lease liability repayments	(2,294)	(250)	(2,294)	(250)
Capital element of Private Finance Initiative obligations	(1,093)	(1,070)	(1,093)	(1,070)
Interest paid	(330)	(346)	(330)	(346)
Interest element of lease liability repayments	(514)	(580)	(514)	(580)
Interest element of Private Finance Initiative obligations	(498)	(548)	(498)	(548)
PDC Dividend paid	(7,263)	(5,889)	(7,263)	(5,889)
Cash flows from (used in) other financing activities	(288)	0	(288)	0
Net cash used in financing activities	71,308	25,837	71,308	25,837
Increase/(decrease) in cash and cash equivalents	4,788	15,529	2,460	15,367
Cash and Cash equivalents at 1 April 2022	135,016	119,487	138,765	123,398
Cash and Cash equivalents at 31 March 2023	139,804	135,016	141,225	138,765

1. Accounting policies and other information

1.1 Basis of preparation

NHS England has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow IFRS to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Body. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1.1 Accounting convention

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

1.2 Going concern

These accounts have been prepared on a going concern basis.

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

1.3 Consolidation

The Trust is the corporate trustee to Bedfordshire Hospitals Charitable Funds. The Trust has assessed its relationship to the charitable funds and determined them to be a subsidiary because the foundation trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets,

liabilities and transactions to:

- * recognise and measure them in accordance with the foundation trust's accounting policies; and
- * eliminate intra-group transactions, balances, gains and losses.

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

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

1.4. Revenue from contracts with customers

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

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period the income is deferred and recognised as a contract liability.

Revenue from NHS Contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differs from the agreed level set in the fixed payments, the

variable element either increases or reduces the income earned by the Trust at a rate of 75% of the tariff price.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria. Adjustments for actual performance are made through the variable element of the contract payments.

Revenue from research contracts

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

NHS Injury Cost Recovery Scheme

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

1.5. Other forms of income

Grants and donations

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

Apprenticeship service income

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

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

1.6. Expenditure on Employee Benefits

Short-term Employee Benefits

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

Pension Costs

NHS Pension Scheme

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

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement

is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

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

1.7. Expenditure on other goods and services

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

1.8. Discontinued operations

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

1.9. Property, Plant and Equipment

Recognition

Property, plant and equipment is capitalised where:

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

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that

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

Measurement

Valuation

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

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

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

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

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

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or service

potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

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

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

De-recognition

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

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

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

Donated assets, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) transactions

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

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

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

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	n/a	n/a
Buildings, excluding dwellings	4	93
Dwellings	6	57
Plant & machinery	5	15
Transport equipment	5	7
Information technology	5	13
Furniture & fittings	5	10

1.10 Intangible assets

Recognition

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

Internally generated intangible assets

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

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

Software

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

Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS13 where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using

the First In, First Out (FIFO) method and weighted average cost for drug inventory.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS. This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Classification and Measurement

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

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below. Financial

assets are classified as subsequently measured at amortised cost, or fair value through income and expenditure or fair value through other comprehensive income. Financial liabilities are classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

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

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

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

Financial assets and financial liabilities at 'Fair Value through Income and Expenditure'

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

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair

value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

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

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

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

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

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

De-recognition

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

1.14 Leases

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

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

The Trust as lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

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

Subsequent Measurement

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

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

The Trust as lessor

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

Operating leases

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

Operating leases

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

Initial Application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1

April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset. 2022/23 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

1.15 Provisions

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

The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of

money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023.

		Nominal Rate	Prior Year Rate
Short term	Up to 5 years	3.27%	0.47%
Medium term	After 5 years up to 10 years	3.20%	0.70%
Long term	After 10 years up to 40 years	3.51%	0.95%
Very Long term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discharging using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023.

	Inflation Rate	Prior Year Rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.7% in real terms (prior year: minus 1.3%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHS Resolution on behalf of the Trust is disclosed at note 20 but is not recognised in the trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 24 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 24, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.18 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is

charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Corporation Tax

The majority of the Trust's activities are related to core healthcare and are therefore not subject to tax. Where trading activities are undertaken that are commercial in nature they are considered insignificant with profits per activity below the corporation tax threshold, as per the HMRC 'Guidance on the Tax Treatment of Non-core Healthcare Commercial Activities of NHS Foundation Trusts'.

1.20 Foreign exchange

The functional and presentational currencies of the Trust are sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.21 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM, see Note 22.

1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality

of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and special payments register which reports on a cash basis with the exception of provisions for future losses, see Note 29.

1.23 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

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

IFRS 16 Leases - application of liability measurement principles to PFI and other service concession arrangements

From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to RPI. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the statement of financial position. The effect of this has not yet been quantified.

Other standards, amendments and interpretations

The GAM does not require the following Standards and Interpretations to be applied in 2022/23.

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.26 Critical judgements in applying accounting policies

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

1.27 Sources of estimation uncertainty

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

The Trust adopts a policy of undertaking a full revaluation of its estate every five years with an interim desktop valuation every three years. In addition, the Trust would perform a revaluation on any assets which have been newly built, which have been brought into use for the first time, which have been subject to additional capital spend or which have been subject to a change in use.

Cost data: For specialised properties valued on a depreciated replacement cost basis, the valuer uses actual cost data where it is available however this is adjusted to reflect price changes since the construction date and any differences between those costs and the costs that would be incurred in constructing the modern equivalent asset. Where actual cost data is not available, the valuer relies on published construction price data. Published price data is an estimate of the costs that would be incurred in constructing a modern equivalent asset and may differ to

the costs that would actually be incurred in practice. If the cost data were 10% higher this would increase the value of specialised properties by £20m.

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

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

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

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

	2022/23 Total £000	2021/22 Total £000
Income from Activities		
Aligned payment & incentive (API) contract income / system block income	629,754	612,972
High cost drugs income from commissioners	24,802	19,063
Other NHS clinical income	137	16,857
Private patient income	5,966	5,668
Elective recovery fund	18,456	7,542
Agenda for change pay award central funding*	14,035	0
Additional pension contribution central funding**	17,371	16,161
Other clinical income	12,108	8,994
Total income from patient care activities	722,629	687,257

* In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

** The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS Providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers behalf. The full cost and related funding have been recognised in these accounts.

2.2 Group Commissioner Requested Services

The Trust's provider licence specifies the Commissioner Requested Services, for details see www.improvement.nhs.uk. This note analyses income from activities between Commissioner Requested Services and Non Commissioner Requested Services.

	2022/23 £000	2021/22 £000
Commissioner Requested Services	673,150	656,433
Non Commissioner Requested Services	49,479	30,824
	722,629	687,257

2.3 Group Operating lease income

	2022/23 Total £000	2021/22 Total £000
Operating Lease Income		
Rents recognised as income in the period	1,072	880
TOTAL	1,072	880
Undiscounted minimum lease payments receivable in future periods:		restated*
- not later than one year;	45	66
- later than one year and not later than two years	45	66
- later than two years and not later than three years	27	63
- later than three years and not later than four years	24	44
- later than four years and not later than five years	24	52
- later than five years.	10	44
TOTAL	175	335

*Comparator profile restated to align with 2022/23 reporting requirements

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

	2022/23 £000	2021/22 £000
Income recognised this year	2,353	364
Cash payments received in-year	321	193
Amounts added to provision for impairment of receivables	4,264	-
Amounts written off in-year	306	21

2.5 OPERATING INCOME (by type)

	Parent 2022/23 £000	Group 2022/23 £000	2021/22 £000
Income from activities			
Integrated Care Boards, CCGs and NHS England	704,556	672,594	704,556
NHS Foundation Trusts	5,212	4,869	5,212
NHS Trusts	722	563	722
Local Authorities	2,125	2,017	2,125
			2,017

NHS Other	0	0	0	0
Non NHS: Private patients	5,966	5,668	5,966	5,668
Non-NHS: Overseas patients (non-reciprocal)	2,353	364	2,353	364
NHS injury scheme (was RTA)	1,386	978	1,386	978
Non NHS: Other*	309	204	309	204
Total income from activities	722,629	687,257	722,629	687,257

*Non NHS: Other relates to a contract with private sector provider, previously commissioned by NHS Bedfordshire CCG

2.6 OTHER OPERATING INCOME	Parent		Group	
	2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
Other operating income from contracts with customers:				
Research and development	1,053	922	1,053	922
Education and training	20,718	23,275	20,718	23,275
Reimbursement and top up funding	1,199	5,583	1,199	5,583
Income in respect of staff costs where accounted on gross basis	3,264	3,972	3,264	3,972
Other ¹	25,721	7,937	25,721	7,937
Other non-contract operating income				
Education and training - notional income from apprenticeship fund	996	639	996	639
Charitable and other contributions to expenditure	1,423	453	0	0
Received from NHS charities: Other charitable and other contributions to expenditure	97	97	97	97
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	1,621	2,435	1,621	2,435
Operating leases - minimum lease receipts	1,073	880	1,073	880
NHS Charitable Funds: Incoming Resources excluding investment income	0	0	2,605	1,051
Total other operating income	57,165	46,193	58,347	46,791
TOTAL OPERATING INCOME	779,794	733,450	780,976	734,048

¹ This includes car parking income of £1,850k (2021/22 £1,323k). This is strictly an income generation activity whereby income exceeds cost and the surplus is invested in the provision of patient care. There are other Trust objectives delivered through this activity including a contribution to the patient and staff safety and experience agenda (additional security and maximising the availability of car parking spaces).

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

£3,382k was recognised in 2022/23 that was previously included in the contract liability balance (£2,518k in 2021/22).

2.8 Transaction price allocated to remaining performance obligations

The vast majority of contracts the Trust holds align with financial periods. As at 31/03/2023 the revenue expected when performance obligations are met in future periods was £7,814k (£5,301k in 2021/22).

The Trust has exercised the practical expedites permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

3 OPERATING EXPENSES (by type)

	Parent 2022/23 £000	Parent 2021/22 £000	Group 2022/23 £000	Group 2021/22 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	8,020	9,189	8,020	9,189
Employee Expenses - Staff & Executive directors	504,785	460,464	504,785	460,464
Employee Expenses - Non-executive directors	166	165	166	165
Supplies and services - clinical (excluding drug costs)	56,032	65,839	56,032	65,839
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	1,619	2,933	1,619	2,933
Supplies and services - general	34,869	30,265	34,869	30,265
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	62,199	54,957	62,199	54,957
Inventories written down (net including drugs)	103	0	103	0
Consultancy costs	723	1,337	723	1,337
Establishment	16,786	16,497	16,786	16,497
Premises	15,606	11,343	15,606	11,343
Transport (including staff and patient travel)	2,449	1,994	2,449	1,994
Depreciation	24,025	18,534	24,025	18,534
Impairments net of (reversals)	0	2,012	0	2,012
Movement in credit loss allowance	4,201	803	4,201	803
Provisions arising / released in year	(6,383)	3,165	(6,383)	3,165
Audit fees payable to the External Auditor				
audit services- statutory audit*	202	116	202	116
other services: audit-related assurance services'	0	0	0	0
Statutory audit fees payable re charitable fund accounts**	0	0	12	12
Internal Audit Costs - not included in employee expenses	113	132	113	132
Clinical negligence (Insurance Premiums)	23,509	26,732	23,509	26,732
Legal fees	1,133	665	1,133	665
Insurance	261	202	261	202
Education and training - non-staff	1,841	8,929	1,841	8,929
Education and training - notional expenditure funded from apprenticeship fund	996	639	996	639
Lease Expenditure - short term leases & low value assets	2,845	4,607	2,845	4,607
Charges to operating expenditure for on-SoFP IFRIC 12 schemes on IFRS basis	961	864	961	864
Redundancy - (not included in employee expenses)	0	83	0	83
Car parking & Security	1,472	1,338	1,472	1,338
Hospitality	73	0	73	0
Losses, ex gratia & special payments	20	25	20	25
Other services, eg external payroll	589	500	589	500
NHS Charitable funds: Other resources expended	0	0	3,547	1,636
Lease redemption premium***	3,830	0	3,830	0
Other	3,516	511	3,516	511
TOTAL	766,561	724,840	770,120	726,488

*Statutory audit fees excluding VAT for the Parent is £189k (£97k 2021/22).

**Statutory audit fees excluding VAT for the Charity is £10k (£10k 2021/22).

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

4.1 Group Employee Expenses

(excluding non-executive directors)

	2022/23 Total £000	2021/22 Total £000
Salaries and wages	385,290	342,330
Social security costs	41,732	36,112
Apprenticeship Levy	1,920	1,749
Pension costs - defined contribution plans		
Employers contributions to NHS Pensions	39,720	40,371
Pension cost - other	17,371	16,161
Agency/contract staff	22,802	26,191
Costs capitalised as part of assets	(4,050)	(2,367)
TOTAL (Employee expenses & Education & Training)	504,785	460,547

4.2 Early retirements due to ill health

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. There were 4 (2021/22: 4) retirements, at an additional cost of £292k (2021/22: £106k). This information has been supplied by NHS Pensions.

4.3 Group Expenses of Governors and Directors

The Foundation Trust had a total of 38 (38 in 2021/22) governors in office in 2022/23. 6 (3 in 2021/22) of these governors received expenses in 2022/23, with aggregate expenses paid to governors of £1,229 (£393 in 2021/22).

The Foundation Trust had a total of 15 (17 in 2021/22) directors in office in 2022/23. 8 (6 in 2021/22) of these directors received expenses in 2022/23, with aggregate expenses paid to directors of £5,948 (£4,256 in 2021/22).

5.4 Group Impairment of assets (PPE & intangibles)

	2022/23 £000	2021/22 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	0	958
Over specification of assets	0	249
Abandonment of assets in course of construction	0	805
Total net impairments charged to operating surplus / deficit	0	2,012
Impairments charged to the revaluation reserve	0	0
Total net impairments	0	2,012

5.1 Group Limitation on auditor's liability

There is £1m limitation on the auditors liability.

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

£0k was paid in respect of the late payment of commercial debts (interest) Act 1998 (£0k in 2021/22).

5.3 Group Other Audit Remuneration

No expenditure was incurred with the external audit provider in respect of non audit services in 2022/23 or 2021/22.

6.1 Group Finance income

	Parent		Group	
	2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
Interest on instant access bank accounts	2,555	61	2,555	61
NHS Charitable funds: investment income	0	0	56	39
TOTAL	2,555	61	2,611	100

6.2 Group Finance costs - interest expense

	Parent		Group	
	2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
Capital loans from the Department of Health	327	343	327	343
Interest on finance lease obligations	514	544	514	544
Main Finance Costs -PFI	497	548	497	548
Unwinding of discount on provisions	27	(32)	27	(32)
Other finance costs	288	0	288	0
TOTAL	1,653	1,403	1,653	1,403

7.1 Group Intangible Assets 2022/23

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

7.2 Group Intangible Assets 2021/22

	Software Licenses £000	Intangible assets under construction £000	Total £000
Cost or valuation at 1 April 2021 as previously stated	536	0	536
Cost or valuation at 31 March 2022	536	0	536
Amortisation at 1 April 2021 as previously stated	536	0	536
Provided during the year	0	0	0
Amortisation at 31 March 2022	536	0	536
Net book value			
NBV - Owned at 31 March 2022	0	0	0
NBV total at 31 March 2022	0	0	0

8.1 Group Property, plant and equipment 2022/23

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2022 as previously stated	21,370	191,706	849	50,209	87,205	4,203	61,719	1,209	418,470
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	0	(4,584)	0	0	0	0	0	0	(4,584)
Additions - purchased (including donated)	0	17,323	1	75,478	16,171	0	7,414	0	116,387
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0
Revaluations	(2,150)	(1,634)	30	0	0	0	0	0	(3,754)
Reclassifications	0	627	(516)	(3,664)	0	0	3,553	0	0
Disposals ¹	0	0	0	(42)	(1,977)	(24)	(189)	(16)	(2,248)
Cost or valuation at 31 March 2023	19,220	203,438	364	121,981	101,399	4,179	72,497	1,193	524,271
Accumulated depreciation at 1 April 2022 as previously stated	0	0	0	0	46,772	3,866	24,994	1,068	76,700
Provided during the year	0	7,458	23	0	7,464	293	6,473	52	21,763
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0
Revaluations	0	(7,458)	(23)	0	0	0	0	0	(7,481)
Disposals ¹	0	0	0	0	(1,805)	(24)	(161)	(16)	(2,006)
Accumulated depreciation at 31 March 2023	0	0	0	0	52,431	4,135	31,306	1,104	88,976
Net book value									
NBV - Owned at 31 March 2023	19,220	184,067	337	121,981	44,074	44	41,163	89	410,975
NBV - PFI at 31 March 2023	0	15,229	0	0	764	0	0	0	15,993
NBV - Donated/ Granted at 31 March 2023	0	4,142	27	0	4,130	0	28	0	8,327
NBV total at 31 March 2023	19,220	203,438	364	121,981	48,968	44	41,191	89	435,295

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

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2021 as previously stated	19,566	182,375	740	44,517	79,909	4,203	36,816	1,221	369,347
Additions - purchased (including donated)	0	9,787	0	37,433	9,836	0	10,801	0	67,857
Impairments charged to operating expenses	0	(282)	0	(805)	(2,005)	0	(1,787)	(6)	(4,885)
Revaluations	1,804	(14,199)	109	0	0	0	0	0	(12,286)

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Reclassifications	0	14,025	0	(30,936)	1,022	0	15,889	0	0
Disposals ¹	0	0	0	0	(1,557)	0	0	(6)	(1,563)
Cost or valuation at 31 March 2022	21,370	191,706	849	50,209	87,205	4,203	61,719	1,209	418,470
Accumulated depreciation at 1 April 2021 as previously stated	0	6,998	19	0	43,816	3,573	21,897	1,025	77,328
Provided during the year	0	7,724	23	0	6,252	293	4,187	55	18,534
Impairments charged to operating expenses	0	(38)	0	0	(1,739)	0	(1,090)	(6)	(2,873)
Revaluations	0	(14,684)	(42)	0	0	0	0	0	(14,726)
Disposals ¹	0	0	0	0	(1,557)	0	0	(6)	(1,563)
Accumulated depreciation at 31 March 2022	0	0	0	0	46,772	3,866	24,994	1,068	76,700
Net book value									
NBV - Owned at 31 March 2022	21,370	168,284	821	50,133	36,099	337	36,699	140	313,883
NBV - Finance Leased at 31 March 2022		4,584	0	0	0	0	0	0	4,584
NBV - PFI at 31 March 2022	0	14,708	0	0	891	0	0	0	15,599
NBV - Donated/ Granted at 31 March 2022	0	4,130	28	76	3,443	0	26	1	7,704
NBV total at 31 March 2022	21,370	191,706	849	50,209	40,433	337	36,725	141	341,770

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

8.3 Group Other Property Plant & Equipment Disclosures

The Trust received £1,423k of donated property, plant and equipment from the charitable funds associated with the hospitals.

The Trust entered into a 10 year contract for the provision of medical records in February 2013. Due to the length of the contract, the expected life of the equipment in question and, on the basis that the equipment is solely used by this Trust, the Trust has recognised this equipment as property plant and equipment. The value of this equipment as at 31 March 2023 was £65k.

In December 2018 the Trust entered into a 10 year managed service bed contract. This arrangement included the replacement of beds which at the end of the contract transfer ownership to the trust. Given the length of the contract and the transfer of ownership the Trust has recognised the beds delivered as at 31 March 2023 as property plant and equipment. The value of this equipment as at 31 March 2023 was £764k.

The Trust's estate, encompassing land and buildings was revalued as at 31 March 2023. The freehold and leasehold property known as Bedfordshire Hospitals NHS Foundation Trust was valued as at 31 March 2023 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2022 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis. The Directors' opinion is that there are no property plant or equipment where the value is significantly different from the value included in the financial statements.

Land was valued using existing use value methodology at £19,220k using the concept of economic substitution of the service utility of the asset on an alternative site basis. For both hospital sites the valuers have used the assumption that the hospital site would be on the

periphery of the relevant town and have 10% less floor space (reflecting greater efficiencies in occupation afforded by a modern building).

Given the specialised nature of the buildings the majority of the estate has been valued using depreciated replacement cost based on modern equivalent assets at a net book value of £203,438k. Dwellings are valued at market value in existing use with a net book value of £364k.

There are various small assets which are temporarily idle, although not for sale, where the period for which the asset is idle is uncertain these have had their depreciation accelerated and are held on the Statement of Financial Position at values reflecting their short remaining economic lives.

9.1 Group Right of Use Assets 2022/23

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

9.2 Initial Application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022. The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.14

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS16 as at 1 April 2022

	1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022	31,131
Impact of discounting at the incremental borrowing rate	(1,400)
IAS 17 operating lease commitment discounted at incremental borrowing rate	
Less:	
Irrecoverable VAT previously included in IAS 17 commitment	(2,685)
Other adjustments:	
Finance lease liabilities under IAS 17 as at 31 March 2022	4,479
Other adjustments	488
Total lease liabilities under IFRS 16 as at 1 April 2022	32,013

10 Investments

	Parent	Group
	31 March 2023 £000	31 March 2022 £000
NHS Charitable funds: Other investments		
Carrying value at 1 April 2021	0	0
Transfers by absorption	0	0
Additions	0	0
Fair value gains/ (losses) - taken to I&E	0	0
Disposals	0	0
Carrying value at 31 March 2023	0	2,787
		2,844

11 Group Associates & Jointly Controlled Operations

The Trust has a wholly owned subsidiary, Luton & Dunstable Retail Leases Limited. The transactions and balances associated with this subsidiary are de minimis and therefore not consolidated within these statements.

12.1 Group Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	1,930	1,858
Consumables	5,996	5,602
Centrally Procured Consumables*	220	218
TOTAL INVENTORIES	8,146	7,678

12.2 Group Inventories recognised in expenses

	2022/23 £000	2021/22 £000
Additions	83,010	71,104
Inventories recognised in expenses	(82,439)	(71,223)
Write-down of inventories recognised as an expense*	(103)	0
MOVEMENT IN INVENTORIES	468	(119)

*In response to the COVID-19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £1,621k (2021/22 £2,435k) of items purchased by DHSC. These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

13.1 Trade receivables and other receivables

	Parent		Group	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Current				
Contract receivables (IFRS 15): invoiced	20,451	19,348	20,451	19,348
Contract receivables (IFRS 15): not yet invoiced / non-invoiced*	15,149	(10,355)	15,149	(10,355)
Allowance for impaired contract receivables / assets	(4,414)	(867)	(4,414)	(867)
Allowance for impaired other receivables	(753)	(650)	(753)	(650)
Prepayments	7,513	6,189	7,513	6,189
Prepayments - Lifecycle replacements	44	44	44	44
PDC Dividend Receivable	0	476	0	476
VAT receivable	2,189	1,304	2,189	1,304
Other receivables	1,700	1,054	1,068	612
Clinician Pension Tax Provision Reimbursement	17	28	17	28
NHS Charitable funds: Trade and other receivables	0	0	29	26
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	41,896	16,571	41,293	16,155
Non-Current				
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	1,200	1,027	1,200	1,027
Prepayments	679	789	679	789
Prepayments - PFI related	88	131	88	131
Clinician Pension Tax Provision Reimbursement	905	769	905	769
TOTAL NON CURRENT TRADE AND OTHER RECEIVABLES	2,872	2,716	2,872	2,716

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

13.2 Group Finance lease receivables

During 2021/22 and 2022/23 the Trust did not have any finance lease receivables.

14 Group Other assets (Non Current)

	31 March 2023 £000	31 March 2022 £000
PFI Scheme - lifecycle costs	1,319	1,836
Total	1,319	1,836

15.1 Trade and other payables

	Parent		Group	
	31 March 2023 £000	31 March 2022* £000	31 March 2023 £000	31 March 2022* £000
Current				
Trade payables	23,520	12,757	23,520	12,757
Trade payables - capital	27,153	18,501	27,153	18,501
Accruals	63,878	47,261	63,878	47,261
Receipts in advance	664	702	664	702
Social Security costs	11,563	9,704	11,563	9,704
PDC dividend payable	396	0	396	0
Pension contributions payable	5,602	5,645	5,602	5,645
Other payables	1,904	2,036	1,904	2,036
NHS Charitable funds: Trade and other payables	0	0	48	19
TOTAL CURRENT TRADE & OTHER PAYABLES	134,680	96,606	134,728	96,625

There were no non current trade or other payables at either 31 March 2023 or 31 March 2022.

*Trade and other payables do not include any outstanding pension contributions due to NHS Pensions Agency as at 31 March 2023.
The comparator has been restated to separately disclose the Pensions Contributions payable.

16 Group Other liabilities

	31 March 2023 £000	31 March 2022 £000
Current		
Deferred Income	7,814	5,301
TOTAL OTHER CURRENT LIABILITIES	7,814	5,301

There are no non current other liabilities in 2022/23 nor 2021/22.

17 Group Borrowings

	31 March 2023 £000	31 March 2022 £000
Current		
Bank overdrafts	0	0
Capital loans from Department of Health	869	873
Lease liabilities	2,996	266
Obligations under Private Finance Initiative contracts/ service concessions	977	1,085
TOTAL CURRENT BORROWINGS	4,842	2,224
Non-current		
Capital loans from Department of Health	13,794	14,628
Lease liabilities	45,644	4,213
Obligations under Private Finance Initiative contracts/ service concessions	6,483	7,468
TOTAL OTHER NON CURRENT LIABILITIES	65,921	26,309

17.1 Reconciliation of Liabilities Arising from Financing Activities 2022/23

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

17.2 Reconciliation of Liabilities Arising from Financing Activities 2020/21

	DHSC loans 2021/22 £000	Finance leases 2021/22 £000	PFI, LIFT and other service concession obligations 2021/22 £000	Total liabilities from financing activities 2021/22 £000
Carrying value at 1 April 2021	16,339	4,765	9,537	30,641
Cash movements:				
Financing cash flows - principal	(835)	(250)	(1,070)	(2,155)
Financing cash flows - interest	(346)	(580)	(462)	(1,388)
Non-cash movements:				
Interest charge arising in year	343	544	548	1,435
Carrying value at 31 March 2022	15,501	4,479	8,553	28,533

18.1 Lease Liabilities - maturity analysis 31 March 2023

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

18.2 Lease Liabilities - maturity analysis 31 March 2022 (IAS17 basis)

	31 March 2022 £000
Gross lease liabilities of which liabilities are due	6,271
- not later than one year;	523
- later than one year and not later than five years;	2,090
- later than five years.	3,658
Finance charges allocated to future periods	(1,792)
Net lease liabilities	4,479

19.1 Group PFI and Service Concession obligations (on SoFP

	31 March 2023 £000	31 March 2022 £000
Gross PFI liabilities and Service Concessions of which liabilities are due	9,456	11,045
- not later than one year;	1,420	1,583
- later than one year and not later than five years;	5,772	5,839
- later than five years.	2,264	3,623
Finance charges allocated to future periods	(1,996)	(2,492)
Net PFI liabilities and Service Concessions	7,460	8,553
- not later than one year;	977	1,085
- later than one year and not later than five years;	4,542	4,385
- later than five years.	1,941	3,083

19.2 The Trust is committed to make the following payments for on-SoFP PFIs and Service Concession obligations during the next year in which the commitment expires:

	31 March 2023 Total £000	31 March 2022 Total £000
Within one year	2,768	2,411
2nd to 5th years (inclusive)	11,555	9,964
Later than 5 years	3,963	5,934
Total	18,286	18,309

The Trust incurred £773k expenditure in respect of the service charge under the PFI contract (£667k in 2021/22) and £188k was incurred in relation to the service concession (bed contract - £197k 2021/22). These were separately disclosed as 'Charges to operating expenditure for on-SoFP IFRIC 12 schemes on IFRS basis' in Note 3.

19.3 Analysis of amounts payable to service concession operator

	PFI 22/23	Other 22/23	Total 22/23	PFI 21/22	Other 21/22	Total 21/22
Interest Charge	497	0	497	548	0	548
Repayment of Balance Sheet Obligation	948	137	1,085	862	122	984
Service Element	773	188	961	667	197	864
Total amount paid to service concession operator	2,218	325	2,543	2,077	319	2,396

20 Provisions for liabilities and charges

	Current		Non-current	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Parent				
Pensions relating to other staff	164	175	1,205	1,396
Other legal claims	1,119	416	0	0
Equal pay (including agenda for change)	2,992	2,544	0	3,461
Redundancy	73	0	0	0
Other	4,873	2,459	905	769
Total	9,221	5,594	2,110	5,626

Group

Pensions relating to other staff	164	175	1,205	1,396
Other legal claims	1,119	416	0	0
Equal pay (including agenda for change)	2,992	2,544	0	3,461
Redundancy	73	0	0	0
Other	4,873	2,459	905	769
NHS charitable fund provisions	601	689	0	0
Total	9,822	6,283	2,110	5,626

	Pensions - other staff £000	Other legal claims £000	Equal Pay £000	Redundancy £000	Other £000	NHS charitable fund provisions £000	Total £000
At 1 April 2022	1,571	416	6,005	0	3,228	689	11,909
Arising during the year	72	1,040	2,992	73	4,227	0	8,404
Utilised during the year	(163)	(8)	0	0	(482)	0	(653)
Reversed unused	(138)	(329)	(6,005)	0	(1,212)	0	(7,684)
Unwinding of discount	27	0	0	0	17	0	44
NHS charitable funds: movement in provisions	0	0	0	0	0	(88)	(88)
At 31 March 2023	1,369	1,119	2,992	73	5,778	601	11,932
Expected timing of cashflows:							
- not later than one year;	164	1,119	2,992	73	4,873	601	9,822
- later than one year and not later than five years;	658	0	0	0	56	0	714
- later than five years.	547	0	0	0	849	0	1,396
TOTAL	1,369	1,119	2,992	73	5,778	601	11,932

Provisions for legal claims represents the gross estimated liability from employer and public liability cases. These cases are managed by NHS Resolution through the LTPS scheme, the amount of the provision recoverable from NHS Resolution is included within debtors. £408,915k is included in the provisions of the NHS Resolution at 31/03/2023 in respect of clinical negligence liabilities of the Trust (31/03/2022 £649,247k). Other provisions relate to various provisions for trading and employment contractual issues (all less than £1m).

21 Charitable Funds Summary Statements

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

	Subsidiary 2022/23 £000	2021/22 £000
Statement of Financial Activities/ Comprehensive Income		
Incoming resources	2,605	1,051
Resources expended	(4,982)	(2,101)
Net resources expended	(2,377)	(1,050)
Incoming Resources: investment income	56	39
Fair value movements on investments	(192)	403
Net movement in funds	(2,513)	(608)
	31 March 2023 £000	31 March 2022 restated* £000
Statement of Financial Position		
Non-current assets	2,787	2,844
Current assets	1,450	3,775
Current liabilities	(1,281)	(1,150)
Net assets	2,956	5,469
Funds of the charity		
Other Restricted income funds	1,420	3,431
Unrestricted income funds	1,536	2,038
Total Charitable Funds	2,956	5,469

*Restated to correct rounding difference

22 Cash and cash equivalents

	Parent		Group	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
At 1 April (as previously stated)	135,016	119,488	138,765	123,398
Net change in year	4,788	15,528	2,460	15,367
At 31 March	139,804	135,016	141,225	138,765
Broken down into:				
Cash at commercial banks and in hand	140	123	140	123
NHS charitable funds: cash held at commercial bank	0	0	1,421	3,749
Cash with the Government Banking Service	139,664	134,893	139,664	134,893
Cash and cash equivalents as in SoFP	139,804	135,016	141,225	138,765
Cash and cash equivalents as in SoCF	139,804	135,016	141,225	138,765

The Trust held £2k cash at bank and in hand at 31 March 2023 which relates to monies held by the Trust on behalf of patients.

23.1 Group Contractual Capital Commitments

The Trust had contractual capital commitments totalling £88.9m at 31 March 2023.

23.2 Group Events after the reporting period

The Director of Finance authorised the financial statements for issue on 20 December 2023. There were no other events arising after the end of the reporting period up to this date which qualifies for disclosure

24. Group Contingent (Liabilities) / Assets

	31 March 2023 £000	31 March 2022 £000
Gross value of contingent liabilities	52	74
Net value of contingent liabilities	52	74
Net value of contingent assets	0	0

Contingent liabilities relate to claims that the NHS Resolution is aware of and has requested that we disclose.

25 Group Related Party Transactions

Bedfordshire Hospitals NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health. The Department of Health and Social Care is the parent department.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the NHS Foundation Trust.

All bodies deemed to be within the remit of the United Kingdom 'Whole of Government' are regarded as related parties. During the year the Trust has had significant transactions with the bodies disclosed in this note.

The Trust is the Corporate Trustee for the Charitable Funds, the transactions for which have been consolidated within these financial statements in accordance with IAS 27.

25 Group Related Party Transactions (Continued)

	Income 2022/23 £000	Expenditure 2022/23 £000	Income 2021/22 £000	Expenditure 2021/22 £000
NHS and DH				
Bedfordshire , Luton & Milton Keynes CCG*	130,401	3	549,811	306
NHS Bedfordshire, Luton and Milton Keynes ICB	418,599	119	0	0
Buckinghamshire CCG*	1,209	0	4,667	0
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	3,734	0	0	0
Department of Health	0	8,135	0	6,928
Health Education England	20,769	8	18,885	138
Herts Valleys CCG*	7,221	0	27,721	0
NHS Hertfordshire and West Essex ICB	25,654	4	0	0
Moorfields Eye Hospital NHS Foundation Trust*	4,407	9,513	4,181	8,593
NHS England - Central Specialised Commissioning Hub	6,983	0	3,066	0
NHS England: East of England Regional Office	74,668	0	70,132	0
NHS England: Core	16,597	57	8,996	0
NHS Resolution (Previously NHS Litigation Authority)	0	23,506	397	26,751
Central Government				
HM Revenue and Customs	8	44,854	0	39,024
National Health Service Pension Scheme	34	57,091	0	56,582
	Receivables 31 March 2023 £000	Payables 31 March 2023 £000	Receivables 31 March 2022 £000	Payables 31 March 2022 £000
Related Party Balances				
NHS and DH				
Bedfordshire , Luton & Milton Keynes CCG*	0	0	398	158
NHS Bedfordshire, Luton and Milton Keynes ICB	808	2,176	0	0
Buckinghamshire CCG*	0	0	0	0
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	1	1	0	0
Department of Health	0	0	476	0
Health Education England	403	28	3,514	0
Herts Valleys CCG*	0	0	0	0
NHS Hertfordshire and West Essex ICB	129	8	0	0
Moorfields Eye Hospital NHS Foundation Trust*	930	9,061	1,824	3,159
NHS England - Central Specialised Commissioning Hub	285	0	0	0
NHS England: East of England Regional Office	389	0	693	0
NHS England: Core	16,134	0	1,930	0
NHS Resolution (Previously NHS Litigation Authority)	0	37	0	25
Central Government				
HM Revenue and Customs	2,189	11,563	1,304	9,704
National Health Service Pension Scheme	0	5,635	0	5,145

*Demised 01/07/2022

26.1 For PFI schemes deemed to be off-SoFP

There are no transactions within either 2021/22 or 2022/23 relating to an off-SoFP PFI scheme.

26.2 Group Further narrative on PFI schemes/ Service Concession Arrangements

The Trust has a capital scheme arranged under PFI arrangements, St Mary's Wing scheme was completed in 2003 under a 27 year scheme with 7 years remaining. The operator is responsible for maintaining the building during this period and ownership reverts to the Trust at the end of the contract. There are no break clauses nor re-pricing dates (On-SoFP).

There were no new PFI schemes in the year and any future schemes are unlikely as they would be funded either through internally generated resources or external financing using the additional freedoms granted to Foundation Trusts.

During 2018/19 the Trust entered into a 10 year bed contract (service concession). As the beds provided under the contract revert to the Trust's ownership at the end of the contract the beds have been recognised under IFRIC 12.

27.1 Financial assets by category

	Parent	Group		
	Financial assets at amortised cost £000	Total £000	Financial assets at amortised Cost £000	Financial assets at fair value through I&E £000
Carrying values of financial assets as at 31 March 2023 under IFRS 9				
Trade and other receivables excluding non financial assets (at 31 March 2023)	33,333	33,333	32,701	0
Cash and cash equivalents (at bank and in hand (at 31 March 2023))	139,804	139,804	139,804	0
NHS Charitable funds: financial assets (at 31 March 2023)	0	0	1,450	2,787
Total at 31 March 2023	173,137	173,137	173,955	2,787
Carrying values of financial assets as at 31 March 2022 under IFRS 9				
Trade and other receivables excluding non financial assets (at 31 March 2022)	9,099	9,099	9,099	0
Cash and cash equivalents (at bank and in hand (at 31 March 2022))	135,016	135,016	135,016	0
NHS Charitable funds: financial assets (at 31 March 2022)	0	0	3,775	2,844
Total at 31 March 2022	144,115	144,115	147,890	2,844
Financial Assets risk split by category				
		Market Risk	Credit Risk	Liquidity Risk
NHS receivables		Low	Low	Low
Accrued income		Low	Low	Medium
Other debtors		Low	Low	Medium
Cash at bank and in hand		Low	Low	Low

Overall risk is low, as the Trust limits foreign currency transactions, thus limiting market risk.

The Trust has a robust, audited, debt management policy that mitigates against the debtor liquidity risk. The Trust mitigates the cash credit risk by investing only in line with the NHS Improvement compliant Treasury Management Policy.

27.2 Financial liabilities by category

	Parent		Group	
	Other financial liabilities £000	Total £000	Other financial liabilities £000	Total £000
Carrying values of financial liabilities as at 31 March 2023 under IFRS 9				
Borrowings excluding finance lease and PFI liabilities (at 31 March 2023)	14,663	14,663	14,663	14,663
Obligations under leases	48,640	48,640	48,640	48,640
Obligations under PFI, LIFT and other service concession contracts (at 31 March 2023)	7,460	7,460	7,460	7,460
Trade and other payables excluding non financial liabilities (at 31 March 2023)	116,453	116,453	116,453	116,453
IAS 37 provisions which are financial liabilities	0	0	0	0
NHS Charitable funds: financial liabilities (at 31 March 2023)	0	0	19	19
Total at 31 March 2023	187,216	187,216	187,235	187,235
Carrying values of financial liabilities as at 31 March 2022 under IFRS 9				
Borrowings excluding finance lease and PFI liabilities (at 31 March 2022)	15,501	15,501	15,501	15,501
Obligations under finance leases	4,479	4,479	4,479	4,479
Obligations under Private Finance Initiative contracts (31 March 2022)	8,553	8,553	8,553	8,553
Trade and other payables excluding non financial liabilities (31 March 2022)	86,198	86,198	86,198	86,198
IAS 37 provisions which are financial liabilities	0	0	0	0
NHS Charitable funds: financial liabilities (31 March 2022)	0	0	709	709
Total at 31 March 2022	114,731	114,731	115,440	115,440
Financial Liabilities risk split by category				
NHS creditors	Low	Low	Low	Low
Other creditors	Low	Low	Low	Low
Accruals	Low	Low	Low	Low
Capital creditors	Low	Low	Low	Low
Provisions under contract	Low	Low	Low	Low

Overall risk is low, as the Trust limits foreign currency transactions, thus limiting market risk.

All major contractors are credit checked prior to the awarding of the contract, thus limiting credit risk.

The Trust mitigates the liquidity risk via 12 month forward cash planning.

27.3 Group Maturity of Financial Liabilities

	Parent		Group	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
(undiscounted future contractual cashflow)				
In one year or less	122,786	90,614	122,805	91,323
In more than one year but not more than five years	19,855	12,401	19,855	12,401
In more than five years	60,165	20,270	60,165	20,270
Total	202,806	123,285	202,825	123,994

27.4 Fair values of financial assets at 31 March 2023

The fair value of the Trust's financial assets were the same as the book value as at 31 March 2023 (and 31 March 2022).

27.5 Group Fair values of financial liabilities at 31 March 2023

The fair value of the Trust's financial liabilities were the same as the book value as at 31 March 2023 (and 31 March 2022).

28 Group Off-Statement of Financial Position pension schemes.

NHS Pension Scheme

See Note 1.6 for details of the accounting treatment of the NHS Pension Scheme.

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

National Employment Savings Trust (NEST)

The Trust offers employees an alternative pension scheme, NEST. This is a defined contribution, off statement of financial position scheme and the number of employees opting in and the value of contributions have been insignificant (£177k employers contribution costs in year.)

29 Group Losses and Special Payments

	2022/23 Total number of cases Number	2022/23 Total value of cases £000's	2021/22 Total number of cases Number	2021/22 Total value of cases £000's
LOSSES:				
1.a. Losses of cash due to theft, fraud etc	0	0	1	0
1.c. Other causes	0	0	0	0
3.a. Bad debts and claims abandoned in relation to private patients	146	99	33	15
3.b. Bad debts and claims abandoned in relation to overseas visitors	111	306	19	21
3.c. Bad debts and claims abandoned in relation to other	31	7	6	2
4.a Damage to buildings, property etc. due to theft, fraud etc	0	0	0	0
4.b. Damage to buildings, property etc. stores losses	1	103	0	0
4.c other	3	1	0	0
TOTAL LOSSES	292	516	59	38
SPECIAL PAYMENTS:				
7.a Ex gratia payments in respect of loss of personal effects	37	17	39	24
7.f. Overtime corrective payments (nationally funded)*	0	0	1	837
7.g Ex gratia payments in respect of other	9	2	10	
TOTAL SPECIAL PAYMENTS	46	19	50	863
TOTAL LOSSES	338	535	109	901

There were no compensation payments received.

*Provision for this cost was made in the 2020/21 financial statements and is therefore not disclosed in note 3 as 'Losses, ex gratia & special payments'.

30 Segmented Operations

The Trust operates in one segment, that of the provision of healthcare, as reported to the Chief Operating Decision Maker, the Board.



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