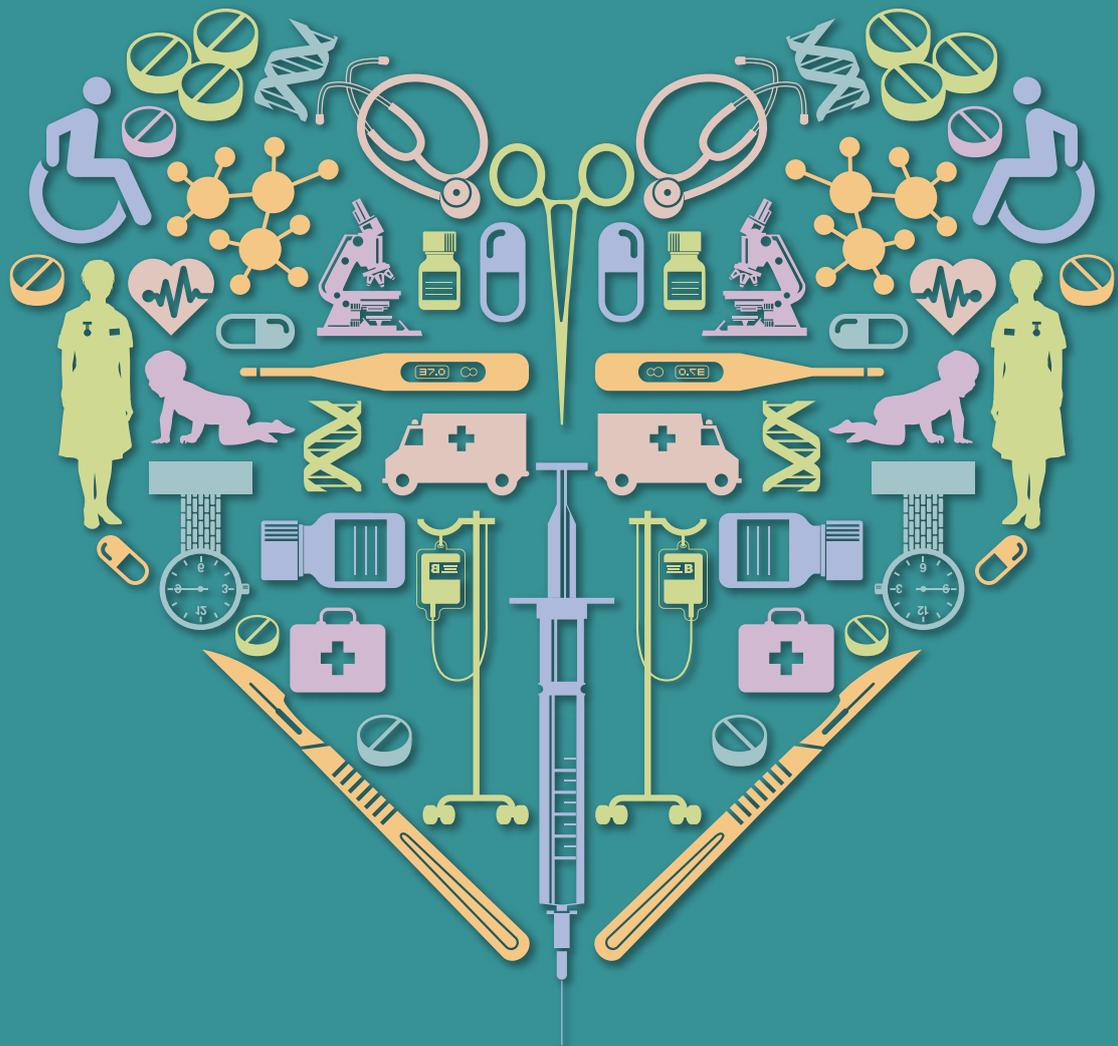




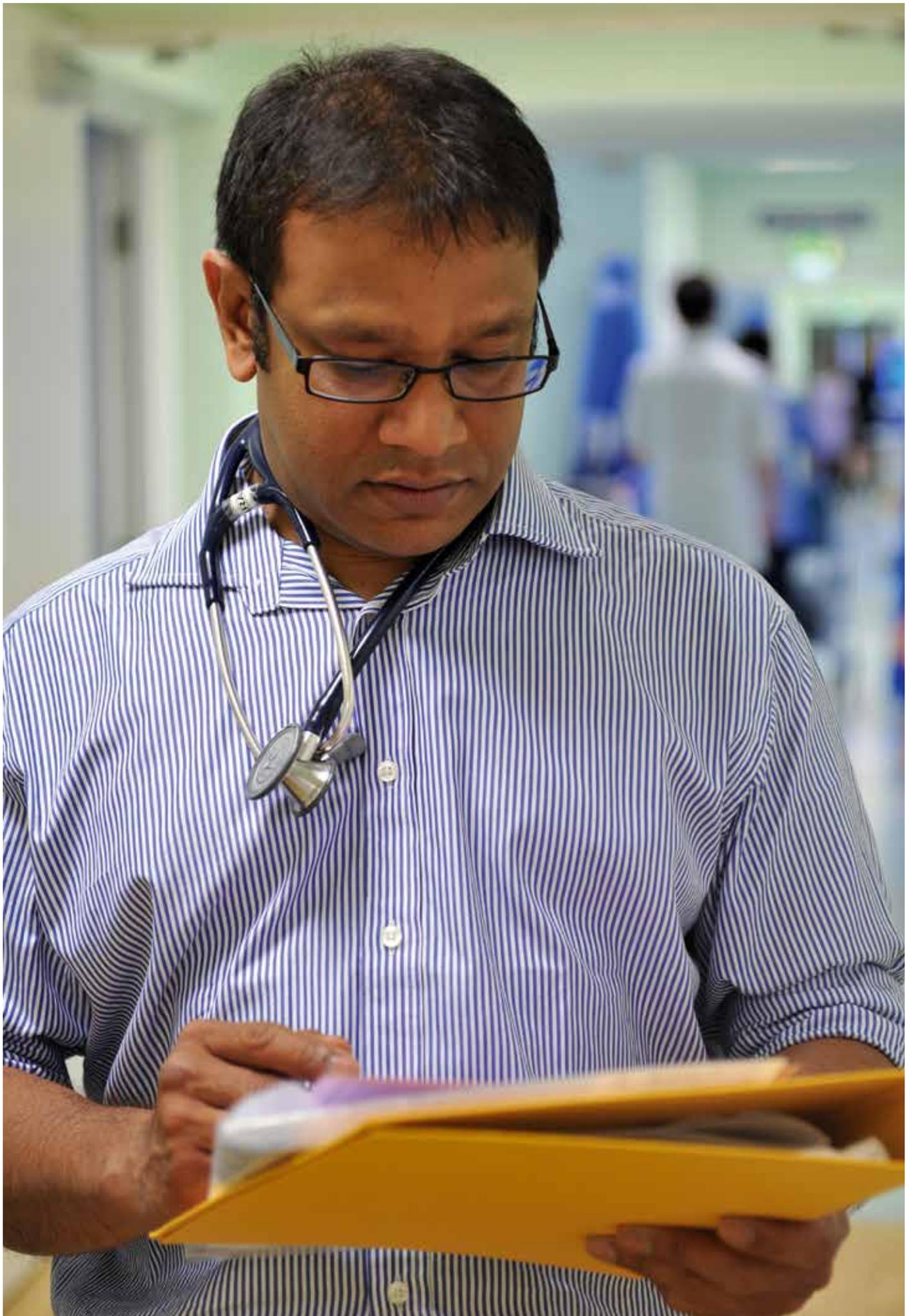
LUTON & DUNSTABLE UNIVERSITY HOSPITAL



Annual Report 2013/14 and Annual Plan 2014/15

Summary





Chairman's Statement



Despite one of the most challenging years in the recent history of the hospital, brought about through high A&E admissions and demands upon most services, Management and Staff have delivered all of the key targets set by the

Board and agreed by our regulator for the year. I take this opportunity to thank all employees and volunteers for their contribution and our Governors for their strong support.

The hospital was opened by Queen Mary on February 14 1939. 75 years on it has seen many changes, building from an annual running cost of £146,000 to £240 million serving 200,000 patients with over 3,000 staff and 400 volunteers.

In many respects 2013/2014 was another significant year for Luton and Dunstable University Hospital as a Foundation Trust delivering on its Strategic Vision. Having gained University status in 2012 the Trust was able to build upon its reputation by becoming a designated Trauma Unit within the East of England Trauma Network. The Trust, in partnership with Bourn Hall, established a fertility centre and the Health Records Service was transformed into an Electronic Record Management System. Other developments included ophthalmology corneal and medical retina services and extended specialist hyper acute services within the stroke hub. Much emphasis has been placed upon weekend service provision particularly in Occupational and Physiotherapy services. Patient Safety focus continues to be demonstrated through a 41% reduction in grade 2 - 4 pressure ulcers and a 33% reduction of falls causing severe harm.

The success in these areas has spurred the team on to addressing other challenges that have been highlighted by patients and management. A reduction of HCIA rates, increase in hand hygiene compliance and increased electronic nursing observations continue to receive close attention. The quality of communication with patients and carers and the Transformation of the Outpatient experience remain high on the agenda.

Given the progress in clinical areas, the Board has been acutely aware that the estate provides challenges to delivering excellent patient and staff experience and plans to address these shortcomings are well advanced. In the meantime, improvements to Women's and Children's facilities, car parking and modernisation of non-clinical support services remain a priority.

The coming year will continue to provide hurdles - meeting financial and clinical targets, increasing capacity in breast screening, re-engineering theatres, reviewing booking processes and providing additional accommodation for Ophthalmology and Oral/Maxillofacial are on the list which also includes plans to develop Ambulatory Care, Hyper Acute and Cardiac Services, seven day working in more areas and implementation of the perfect day nursing model across the hospital.

Finally I am pleased to report that an external Board Evaluation gave a clear indication that Board members were providing high quality governance and direction and that the Executive team was being led in a progressive, dynamic and energetic fashion by our Chief Executive Pauline Philip. Her team and the Divisional Directors and their teams continue to build upon their successes and provide a strong foundation for the future. They will give continuity to the Board's activities when some of the Non-Executive Directors fulfil their term commitments in 2015.

My thanks to all that made the year a success together with best wishes for 2014/15.

A handwritten signature in black ink, appearing to read 'S. Colvin'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Spencer Colvin
Chair

Chief Executive's Statement



During 2013/2014 the Board of Directors and the Council of Governors recognised the emerging national consensus that the NHS must radically re-think how care is provided, acknowledging that advances in medicine means our

population is living longer and have increased demand and expectations for health care at a time of flat real term funding. In response, the Board of Directors agreed that the organisation had two key priorities, the first to ensure sustained performance, the second to develop a strategic plan which would transform the L&D.

This Annual Report details the work that has been done.

I am delighted yet again to report that through the ongoing hard work and commitment of our staff, we continued to consistently deliver against national quality and performance targets, achieving a Monitor governance rating of green in all four quarters. Importantly, the hospital gained recognition for the management of Emergency Care and significant progress continued to be made in delivering quality priorities focussing on clinical outcome, patient safety and patient experience. Of particular note was the transformation in clinical outcomes for patients suffering from fractured neck of femur. At all times staff remembered the lessons from the Francis Report about the importance of basic care.

The Trust has now achieved 15 successive years of financial surplus and currently has a Financial Risk Rating with Monitor of 4. This performance was set against financial difficulties within the Luton health economy. These difficulties have, in part, been caused by acknowledged below capitation funding of the CCG's resource allocation which, over time, should mean an increased allocation of 7% in real terms.

During 2013/14 we agreed a new strategic vision, based on extensive work undertaken during the last three years, including:

- the development of a clinical services strategy
- participation in the Healthier Together project
- a thorough review of emerging national policy, including the Keogh Report into Emergency Care, the Academy of Royal Colleges report 'Seven Day Consultant Present Care' and the Better Care fund initiative

- joint working with local commissioners and other stakeholders
- an ongoing dialogue with our members and governors.

The vision is based on an understanding that patients will choose to receive acute hospital care from organisations that deliver:

- the best clinical outcomes
- have a reputation for providing safe care
- provide high quality care
- can provide care and diagnostics at the time of need.

As a result, the next two years will be a critical time for the future of Luton and Dunstable as it transforms from a District General Hospital to become a Hyper Acute Emergency hospital, a Women's and Children's Hospital and an Elective Centre supported by an academic unit and working with external partners and stakeholders to ensure the success of integrated care.

The vision is supported by an intention to re-develop the hospital buildings either on the existing site (Option 1) or on a new site that would maintain easy access for the present catchment population (Option 2).

The vision will be set out in detail with the underpinning business model in our 5 year Strategic Plan. However, this two year operational plan supports some critical early implementation.

A handwritten signature in blue ink, appearing to read 'Pauline Philip'.

Pauline Philip
Chief Executive

Strategic Vision

In June 2014, the Luton and Dunstable University Hospital NHS Foundation Trust will publish a new five year strategic plan.

Vision and Aims (2011-2014)

Vision Statement

“The L&D is committed to delivering the best patient care, the best clinical knowledge and expertise and the best technology available and with kindness and understanding from all our staff “

Aims

- To put patients first, providing the best possible clinical outcome and the highest quality to the patient experience.
- In partnership with Cambridge University, University College London and others, to be nationally respected for the provision of education and development.
- To ensure value for money and using the freedoms of Foundation Trust status, to exploit our strengths and specialisms for the benefit of patient care and clinical outcomes.
- To ensure effective governance, accountability and leadership while maintaining staff engagement and involvement.
- To ensure a full appreciation throughout the organisation of the changing environment of commissioning, competition, risk, regulation, patient choice, sustainability, QIPP and our financial position.
- To develop and maintain productive relationships with external partners and maximise opportunities for communication and joint working.
- To retain and recruit the best staff.
- To market and promote effectively the services of the Trust.

Values

- To put the patient first, working to ensure they receive high quality safe care with dignity and respect.
- To value the contribution of staff, volunteers, members, governors and other partners and stakeholders, working collaboratively and professionally to deliver high quality clinical care.
- To focus on continuous improvement in the pursuit of excellence, maximising development opportunities.
- To manage our resources in a co-ordinated way, with an emphasis on productivity, value for money and quality.
- To see the diversity of our people as a strength, through our commitment to inclusion, equality and human rights.
- To accept responsibility for our actions, individually and collectively, to meet our obligations and deliver our commitments.

Strategic Developments 2013/14

During 2013/14 a number of key developments supported the delivery of the Trust's Strategic Vision.

- **Hospital at Home** – hospital at home provides ongoing acute nursing support for patients in the comfort of their own home and allows patients to spend less time in hospital for the management of their condition. A team of nurses has been formed who manage a virtual ward of patients. Each patient receives regular visits based upon their clinical need to continue treatment and remain under observation until such a time as they can safely be discharged. The patient remains under the care of their named hospital consultant and can be brought back to the hospital should their condition require.
- **24/7 Paeds ED** – The Emergency Department was able to extend the opening hours of the Paediatric ED to ensure the service is provided 24 hours a day, 7 days a week. This has been hugely beneficial in ensuring children are seen as quickly as possible, by appropriate staff and in an appropriate environment. The extension of the service also benefits adults attending the ED as overall capacity has been increased.
- **Specialist paediatric services further developed** – Additional Endocrine and Gastroenterology activity has been achieved through the day case unit. The services have in place effective skill mix and enhanced nursing support and there is an additional outreach clinic planned for 2014/15. An additional respiratory specialist consultant clinic has commenced.
- **Further development of the bariatric service** – The bariatric service has continued to grow by completing a review of a Tier 3 weight management programme and improving the choices we offer to patients prior to commencing their surgical pathway. A strong working relationship has been developed with the specialist commissioners of this service, and have been undertaking and receiving visits from referring units and public health teams across the region. The full bariatric service has been moved under the management of the surgical division, which will further improve the joint ownership of the respective aspects of the pathway by surgeons and physicians.
- **Further increased Breast Reconstruction surgery** – Due to the recruitment of additional consultants, the majority of reconstructions are now performed at the Trust and the service is implementing further technological advances to support patients.
- **Further developed the Ophthalmology service** – Following the appointment of a corneal specialist in 2012, the Trust has continued to increase the range of treatments provided to patients within the L&D rather than referring to tertiary centres. The medical retina service has also been redesigned, and has successfully established three weekly one-stop clinics for patients undergoing diagnosis and treatment for macular degeneration. This service avoids patients having to return to clinic for follow-up appointments and allows treatment to start straight away after diagnosis.
- **Enhanced the Endobronchial Ultrasound (EBUS) Services** – This diagnostic test has been commenced at the Trust this year. This test is for investigating abnormalities of the lung and has enabled patients to have the test locally rather than travel to a tertiary centre. It has also significantly improved the cancer pathway.
- **New fertility unit opened** – The new unit opened in May 2013 and offers IVF satellite treatment under a service contract and satellite link with Bourn Hall, Cambridge for up to 150 couples per year. The increased capacity means that fertility scans are more accessible and available.
- **Delivered Resilient Information Technology Infrastructure** – The current data-centre onsite was rebuilt, putting in place robust environmental controls: fire suppression, air-conditioning and security. Into this data centre the Trust has placed refreshed hardware to manage the storage of data and provision of services. In the last year the Trust has robustly linked this data centre to an offsite data-centre in Huntingdon to ensure that all systems and data are highly available and secure from any data loss. This has been a complex and expensive investment by the Trust, but enables the systems led transformation which has taken place, such as electronic nursing observations, and document scanning. In the future it will support our replacement telephony, and communication systems, as well as further electronic patient record advances such as electronic prescribing and medicines administration.
- **Further progress towards the Electronic Patient Record** – The Trust began implementation of the electronic patient record through the Xerox contract, with scanning of patient's records. These records are being delivered electronically to clinic and will replace the current paper service. The first 700 patients presented in 2013/14, and this will increase until we launch full scan on demand in June 2014. The successful outsourcing of our health records function, and contract management to deliver this transformation, has been achieved this year. The benefits will be felt for many years to come.

Performance against Corporate Objectives 2013/14

Objective 1: Deliver Excellent Clinical Outcomes

Key Quality Priority

Improve performance by reducing average length of stay for older people

- In 2013/14 a new medical model of care was implemented that facilitated earlier review of all medical patients who were admitted as an emergency. By reviewing patients in a more timely way effective management plans were put in place for patients earlier reducing the length of time patients have to stay in hospital.
- A long length of stay board was established. This provided a forum in which to discuss patients who had particularly long spells in hospital in order to remove any barriers to safely discharging patients from an acute setting and to ensure patients were not unnecessarily delayed in hospital.
- The Hospital at Home Service was launched. This service provides acute nursing support for patients in their own homes. By facilitating on-going care in a patients own home, rather than in a hospital setting it is possible to avoid having patients in hospital longer than is necessary and improves the overall experience for patients who are able to recuperate more effectively in a familiar environment.

Key Quality Priority

Improve performance on overall hospital mortality across fractured neck of femur and all specialties

- For 2013/14, the Trust overall hospital mortality HSMR was 96. An HSMR of 100 is the national average. The Mortality Board monitor ongoing mortality indicators and initiate reviews where required.
- The successful implementation of the fractured neck of femur plan continued in 2013/14, and the team worked hard to strengthen the clinical protocols and pathways for this group of patients.
- In September 2012 the mortality rate for fractured neck of femur peaked at 197.4, and reduced to 152 by the end of March 2013. The reported figure for March 2014 is 84 which has been the result of a steady and consistent monthly improvement during the last 12 months.
- The length of stay for fractured neck of femur patients continued to improve and have introduced new fluid optimisation techniques during surgery for appropriate patients to ensure the shortest recovery time possible post-operatively. Across the year 99% patients were seen with 72 hours by an

Orthogeriatrician compared to 87% the previous year, and 82% of patients went to theatre within 36 hours compared to 80% during 2012-13.

- The Trust is in the process of recruiting a dedicated performance monitoring lead for fractured neck of femur pathway which will enable us to continue to closely monitor the performance against internal standards and ensure continued compliance with best practice management for these patients.

Reduce avoidable emergency admissions

- A new Ambulatory Care Centre was opened in April 2013 in order to support patients with acute health needs without having to admit them to a hospital bed. The unit looks after patients with a variety of conditions and receives patients who have been referred by their GP for specialist assessment or patients who have been identified in the ED as requiring medical intervention, but who do not require a full emergency admission. This allows patients to recuperate in their own homes whilst undergoing a course of treatment rather than in a hospital bed.
- A new medical model of care for patients being treated as an emergency has been implemented in 2013/14. Medical consultants work between the emergency Department and the Emergency Assessment Unit to ensure that patients receive senior clinical review as early as possible either prior to admission. Despite an increase in emergency activity over the year, particularly during the winter, the Medicine Division managed this demand through a reduced number of beds by reducing avoidable admissions.
- Additional Emergency Medicine Consultants have been recruited which allows the provision of more consultant cover on the shop-floor with at least one consultant present between 08:00 and 00:00 each day.

Fully participate in national and local clinical audits

- During 2013/14, the Trust participated in the required National Audits set by the Department of Health, Commissioners, Regulatory bodies and local audits, within the current resources available and in accordance to the Clinical Audit and Effectiveness Forward Plans.
- Awareness was raised and proactive measurement and monitoring of the impact of implementing clinically effective and evidenced based best practices took place.

- External and expert support was provided to clinicians, managers and staff in the integration of best practice and improvement plans into the services provided.
- External review by PwC Auditors of Clinical audit and NICE guidance implementation, led to more robust systems and processes being implemented. This included effective methods of capturing clinically effective data and addressing any gaps identified.
- Reviewed and updated the reporting schedule and representation of stakeholders at the Clinical Audit and Effectiveness Committee which has ensured that the requirements set out in the Clinical Audit and Effectiveness Strategy have continued to be embedded across all service areas. During 2013/14 the Clinical Audit activities have influenced the quality of patient outcomes and led to improvements in services and enabled the delivery of the Trust's objectives. Further information regarding the Trust participation in clinical audit will also be published in the Quality Accounts.
- There has also been an increase in weekend working in 2013/14. The new medical model operates seven days a week to ensure patients admitted at weekends receive the same level of service as those admitted during the week. The duty consultant also performs Ward Rounds on Medical Short Stay Units to ensure patients' discharge is not delayed over the weekend and to support flow through the hospital. Ward Rounds also take place on the Respiratory and Cardiac Units at weekends and both of these specialties also undertake outreach work to support appropriate patients on other units at weekends and to ensure patients admitted over the weekend do not need to wait until Monday for a specialist review.

Key Quality Priority

Ongoing development of Safety Thermometer, exceeding performance year on year

- The NHS Safety Thermometer has continued to be used as a method for surveying patient harms and analysing the results so that local improvements to increase the percentage of harm free care to patients can be measured and monitored. Improvements have been identified throughout the year and the Trust continues to deliver a high percentage of harm free care.
- The 4 key harms measured are:
 - **Pressure Ulcers** - The 'Stop the Pressure' change management programme has been rolled out across all wards to support the reduction in the number of hospital acquired avoidable pressure ulcers. A 41% reduction in the incidence of grade 2, 3 and 4 pressure ulcers has been delivered.
 - **Falls** - Work continues on ensuring that patients are assessed for their risk of falling and the appropriate preventative measures put in place. An 18% reduction in the number of falls and a 33% reduction in the number of falls with severe harm has been delivered.
 - **Venous Thromboembolism (VTE)** - All patients are assessed for their risk of acquiring a thrombosis and that the appropriate preventative treatments have been prescribed. The VTE risk assessment target of 95% has continued to be achieved. Throughout 2013/14, a root cause analysis of all hospital acquired thrombosis cases has been undertaken to ensure that any improvements to practice can be identified.

Objective 2: Improve Patient Safety

Key Quality Priority

Ensure that the appropriate level of clinical expertise is available to deliver safe and effective care 24/7

- A new medical model of care for patients admitted as an emergency has been implemented in 2013/14. The emergency take is now consultant led from 10:00 to 22:00 each day with support out of hours from an on-call physician and an on-call geriatrician. The on-call consultant works between the emergency Department and the Emergency Assessment Unit to ensure that all newly admitted patients receive senior clinical review as early as possible either prior to, or immediately after, admission. Patients admitted after 22:00 are seen by the on-call consultants at the start of the next day. This model of care ensures that the majority of emergency admissions receive consultant review within 14 hours of admission.
- Additional Emergency Medicine Consultants have been recruited. This has allowed us to provide more front line consultant cover with at least one consultant present between 08:00 and 00:00 each day.

- **Catheter related urinary tract infections** - The Trust set out to reduce the number of urinary catheters that are used for patients as fewer catheters reduce the risk of catheter associated infection. The Continence specialist nurse has been working with clinicians to ensure that catheters are only used when there is a clinical need. Since January 2014, a 7% reduction in the use of urinary catheters has been achieved which is now in line with the national average.

Continue to reduce HCAI rates year on year

- The Trust performance for hospital acquired Clostridium Difficile (C Difficile) was 19 cases and exceeded the trajectory limit this year by 4 cases.
- For 2013/14 the trajectory limit was set at 15 cases 2 less than our performance of 17 cases against a ceiling of 31 cases in 2012-13.
- Detailed Root Cause Analysis was performed for all Hospital Acquired C Difficile infection cases. Ribotyping and epidemiologic review of cases was undertaken in December 2013 that showed that there was only on one occasion where it is likely cross infection occurred. In other cases there was no spread of infection to other patients.
- The Trust has commenced screening for C Difficile of all adult admissions in order to better understand the epidemiology of this disease.
- The Trust has begun implementation of ICNet - a software programme which will enable the IC team to monitor infections in real time. ICNet will also help with rapid surveillance of surgical site infections and allow close monitoring of antibiotic prescribing.

Increase compliance with hand hygiene year on year

- Hand Hygiene remains a priority for the Trust. The Trust is engaged in a pilot programme to measure the efficacy of electronic monitoring of hand hygiene. If successful the Trust will look towards implementing this system.
- The Infection Control Team is also conducting a trial of a product which measures efficacy of cleaning. It is expected that following the trial results a decision will be made on whether to use this technology throughout the Trust.

Extend electronic nursing observations to include fluid management, weight and device management

- The Electronic observation system (Wardware) has been rolled out to all acute wards in Medicine,

Surgery, Department of Medicine for the Elderly, and Emergency Medicine. A decision was made to delay the roll out of the Fluid and Devices management programmes and devote this period of time for ward practitioners to consolidate and fully develop their skills in the use of electronic systems.

- This period of time has also provided an opportunity to ensure that the optimum amount of computer hardware is available at ward level to support this new way of working. There has also been a greater focus on clinical communication and escalation particularly for those patients that are deteriorating. The electronic system is key to supporting this improvement in practice to secure effective intervention for deteriorating patients. The Trust has been successful in achieving funds from the national Nursing Technology which will enable the provision of additional hardware at ward level.
- In addition funds will be used to support the development of the software to enable a constant view of patient observations at all times at the nurses' stations. This development is in response to a request from users who perceive this is key to enabling the nurse in charge to keep a continuous overview of the patients' observations and manage the staff response accordingly.

Objective 3: Improve Patient Experience

Key Quality Priority

Revolutionise how complaint are handled

- During 2012/13 it was recognised that whilst the quality of responses was good, response times needed to be improved. To do this a programme of work was initiated through the development of a Complaints Board which sits every month. The reports to the Board include:
 - The number of overdue responses currently outstanding
 - The average response times for each division
 - The percentage, broken down by division, of complaints responded to within the target response period
 - The number of complainants who are dissatisfied with the initial response and write with further enquiries
 - The number of significant complaints
 - The number of upheld/partially upheld complaints
 - The themes identified

- A target of clearing the backlog of overdue complaints by 1st October resulted in a substantial improvement in the percentage of complaints responded to on time. Staffing levels within the divisions have been increased to ensure this improvement is maintained long term. This target is monitored and reported on a monthly basis.
- The number of occasions a complainant feels it necessary to submit a further complaint upon receipt of the first response can be monitored and reported. In 2013/14 this happened on 94 occasions. The further correspondence received raised a variety of issues, such as the information provided raised further questions, that new or additional queries had come to mind, and, in some cases, that the response provided did not address all the concerns that had been raised in the initial letter of complaint. Activity will continue to be monitored in this way and now a benchmark has been identified the Trust will be able to ensure that in striving to improve and maintain the percentage of complaints responded to in a timely manner; the quality of the responses does not decline.

Key Quality Priority

Continue to implement the Outpatient Transformation programme

- The Outpatient Transformation programme has continued to develop its governance arrangements and outcomes in place to measure performance. The operational subcommittee to support the Transformational Board has been set up and meets monthly. Customer care NVQ's have been completed by staff in outpatients and a CARE commitment established. Friends and family feedback is now fed into the overall key performance indicators which are also in place and fed back to the Divisional Board.
- An interactive appointment communications system has been established and rolled out across the hospital and the outsourced delivery of outpatient mail is live from April 2014. Following on from the success of the outpatient waiting area upgrade the consulting rooms were upgraded in September 2013.
- The appointment scheduling has also been a focus for the programme. Ten day look forward reports are circulated weekly and short notice cancellation reports provided monthly. The call centre functionalist is reviewed monthly and there is improved reporting of outpatient performance data including those who do not attend.

- Achievements in 2013/14 include:
 - Friends and Family responses demonstrating positive patient feedback.
 - Reduction in DNA rates
 - All patients receive pre-appointment information
 - New consulting room to Zone A
 - Outpatient based Phlebotomy facilities established.
 - Substantial reduction achieved in the number of patients experiencing hospital initiated clinic cancellations
 - Clinic delays due to late arrival of notes significantly reduced
 - Call centre reports now provide detailed response times
 - Substantial reduction in short notice clinic cancellations

Improve patient experience by establishing a framework to take forward the key messages from the listening events and the recommendations from the Francis report

- The approach to implementing the recommendations from the Francis report was to ensure that the learning and themes were central to the Trust. This was achieved by embedding the principles:
 - within the Trust's annual plan and strategy;
 - into the Trust's Governance; and
 - into the Trust's staffing and recruitment strategy
- Following the publication of the Francis report that discussed at some length the 'warning signs' that had been missed, the Trust set out its plan to brief and engage staff on the findings of the report. The approach taken was to hold a number of Trust wide listening events, the purpose of which was to engage and listen to as many staff as possible, identify key risks and early warning signs that the organisation face and agree and prioritise actions. The key message and aim was to create a common patient safety culture across the Trust where 'patients not numbers come first'.
- It was essential that the engagement and enthusiasm of staff was built and the Trust's next step was to set up a steering group - 'Advancing Quality' that monitors progress against these numerous quality improvement work streams. The group's primary role is to ensure that as a Trust we learn from the Francis report and the recent Keogh and Berwick reports. The Advancing Quality Group has two aims:

- To match organisational need for quality improvement against capability and capacity and to prioritise, direct and monitor progress against an agreed improvement agenda.
- To advance quality improvement projects through support and challenge.
- This is achieved through a supporting learning environment to include those that support and are accountable for quality in their areas, pulling together all the intelligence available and developing methods for improvement.

Improve the quality of professional communication with all patients and carers.

- The Trust continues to capture rich information from patients regarding their experience of the communication from clinical staff. The patient experience call centre staff call inpatients after discharge to ask them key question regarding communication from doctors and nurses particularly focussing on how they were involved in decisions about their care and that they received sufficient information regarding their care and treatment. This rich intelligence informs the strategy for improvement.
- The bedside information folders have been updated and are available in different languages and in larger size print.
- Patient information boards have been introduced to all clinical settings. These are situated at the head of the patient's bed and provide visual images that enable clinicians to immediately identify patients who are visually or hearing impaired, at risk of falling and who need help with feeding.
- Launched the 'This is me' booklet. This information booklet is completed by the carer of the patient with dementia and enables staff to really understand the person with this disease. This enables the carer to remain involved in care and decisions thus improving communication.
- Information given to patients regarding procedures and tests continues to be improved.

Work with patients, their families and stakeholders in Luton to redesign end of life care.

- The end of life is a time when patients and their families can be involved with a multitude of different professionals and organisations, often in crisis situations or out-of-hours. Navigating through the system can be confusing for patients. A reliable and effective local system for communication is therefore essential.

- The Trust has worked on a collaborative programme with Luton Clinical Commissioning Group, Cambridgeshire Community Services and Keech Hospice to develop a new service called My Care Co-ordination Team. The new service was launched on 27 January 2014 and aims to ensure a more integrated and effective end of life pathway for patients in Luton.
- There are three elements to this new coordinated approach;
 - **Locality register**
Patients who are considered to be in the end of life phase of their illness are asked to consent to have their names added to this register. It provides a central place where professionals across the health and social care system can access key information about the patients.
 - **Single Point of Access**
This provides all patients on the register with one single contact number to call. It is available 24/7. It also provides a point of contact for professionals requiring specialist palliative care advice.
 - **Care Coordination Team**
This team provides a central point for coordinating care packages for patients promoting integration between social and health care professionals. It facilitates the immediate provision of unplanned palliative care support worker access to ensure 24 hour care.

Establish an off site facility for ophthalmology, plastics and dermatology

- A business case was prepared that explored the feasibility of establishing an off-site facility for ophthalmology, plastics and dermatology. Unfortunately, the business case concluded that the off-site facility was not financially viable given the increased revenue consequences. Alternative solutions will be explored during 2014 to enable the ophthalmology department to expand.

Deliver additional clinical and diagnostic services during evenings and weekends

- Throughout the year, key consultations to facilitate ways to deliver support services have been undertaken. The imaging shift system was successfully implemented in June 2013 enabling expanded evening and weekend MRI scanning, improving capacity and patient access. CT and ultrasound are both provided at weekends.

- Patient access to weekend therapy services has been improved in several areas. In addition to the respiratory weekend and on call service, therapy services have been extended to areas in Medicine, EAU and in Surgery.
- Outpatients are supporting additional evening and weekend clinics and a review is ongoing with the clinical Divisions to support substantively expanded services.
- A consultation regarding pharmacy services was completed and a shift system to expand weekday and weekend services was implemented in March 2014. Satellite dispensing services were also introduced to improve dispensing of medications for patients being discharged from hospital.

Improve patient experience by implementing the 'Perfect Day'

- In November 2012 the Board were informed of an innovative and groundbreaking project looking at designing a sustainable model of nursing care that meets the needs of patients, staff and regulators.
- The model involves a new workforce design with the main aim of getting the nurse back to the bedside. It supports the reduction of unnecessary tick box paperwork and significantly increases the amount of nursing time spent with the patient. This programme of work also embeds the principles from the Francis and Berwick Reports.
- The model recognises the role and value of each member of the ward team in delivering good patient outcomes as well as a good patient experience. Whilst much of the focus is on nursing it has been acknowledged that nurses can only remain at the bedside if the right support staff are available. The model has been matched against the needs of patients throughout the day and roles and responsibilities have been clearly defined.
- The model has gone through a number of testing opportunities and progress is monitored through Clinical Outcomes Safety and Quality Committee. The final testing phase was completed in January 2014 with four wards now running the model.
- Feedback from Staff and Patients has been very positive and a plan has been submitted to role out the "Perfect Day" across the Medical and Surgical Divisions.

- As part of the plan to continuously improve the delivery of care a new project has been launched to look at the value of a generic support worker role to further enhance the "Perfect Day" way of working. The main advantage of this type of role is the ability to be more responsive to the needs of the patient.

Formally explore alternative ways to deliver non-clinical support services in order to improve quality and contain cost.

- The Trust embarked on a project in 2013/14 to outsource catering and domestics with the objective of reducing costs and increasing quality. This project will be completed in December 2014.
- In 2013/14 the Trust successfully outsourced the Health Records function maintaining the quality of service, whilst saving cost, and enabling a transformation to electronic delivery. Building upon lessons learned the wider re-engineering programme will consider the options to outsource back-office services where there are relevant commercial models successfully deployed elsewhere.

Objective 4: Deliver National Quality and Performance Targets

Deliver sustained compliance of all CQC outcome measures

- The CQC undertook a routine inspection of the Trust over 4 days in September 2013 to check that the essential standards of quality and safety were being met. They looked at the personal care and treatment records of patients and observed how patients were being cared for at each stage of their treatment and care. They talked to people who used the service, talked with carers and family and talked with staff. They spoke to a total of 45 patients or their relatives and 55 members of staff. They found that:
 - Patients' privacy and dignity and independence was respected
 - Care and treatment was planned and delivered ensuring patients' safety and welfare
 - Patients were protected from the risk of inadequate nutrition and dehydration
 - There were enough qualified, skilled and experienced staff to meet patients' needs on the wards
 - The Trust had effective systems to monitor and assess the quality of services
 - The Trust is responsive to complaints
 - The Trust worked openly with external partners to promote a seamless transition of care between services

- Patients had been treated respectfully and kept fully informed about the options of treatment available to them
- Although the CQC reported that this was a very positive inspection, they found two standards that could be improved upon. They found some minor inconsistencies with record keeping on some wards but noted that the Trust had responded with an immediate audit and action plan to address the issues.
- They also had some concerns regarding the current staffing levels in midwifery but were assured regarding the recruitment plan which would ensure optimum levels by November 2013.
- Compliance with the standards was declared in January 2014 and the Trust is expecting a further inspection to confirm the status.
- Overall, they found that people were very satisfied with the care and treatment they received at the Luton and Dunstable University Hospital and that they had been treated respectfully and kept fully informed about the options of treatment available to them.
- The Trust has developed a revised nursing assurance programme based on the recent changes to the way the CQC monitor, regulate and inspect and regulate care services. The process is based on five key questions relating to the service
 - Are they safe ?
 - Are they effective?
 - Are they caring?
 - Are they responsive to people's needs?
 - Are they well led?
- Observation of patients and how staff communicate and care for them is also undertaken. The programme includes self, peer and external assessments

Deliver nationally mandated waiting times for 18 Weeks, Cancer and A&E including A&E Indicators

- During 2013/14 the emergency care four hour national target was consistently met despite experiencing both a high volume of Emergency Department attendances and an increase in admissions.
- National standards for patients not waiting more than 18 weeks for treatment from the point of referral in all quarters of the year were met or improved upon.
- All cancer targets have been met for the year.

- The Trust did not meet the C Difficile target with 19 against a threshold of 15. A full review was undertaken within the year to identify any areas of learning and found that on only one occasion there may have been a transmission issue.

Sustainability culture established across the organisation

- Several activities to engage with staff have been run on energy, waste and sustainable travel, including participating and promoting the NHS Sustainability Day. Establishing the sustainability culture remains the focus for the forthcoming year.

Achieve 40% of the Trust's Carbon Management Plan Target

- The Trust is on track of achieving 40% of the Trust's Carbon Management Plan target. Total carbon savings from 13 projects delivered to date are between 1,295 and 1,549 tCO₂e, which delivers between 37% and 44% of targeted reductions and covers 11-13% of the baseline. The steam boilers project is currently at commissioning stage and the savings will be closely monitored and confirmed over the next coming months.

Deliver CQUIN targets year on year

- The CQUIN's for 2013/14 were achieved with some very minor exceptions. Targets included:
 - Ensuring patients have elective surgery in colorectal and orthopaedic directorates are having an improved patient experience by not coming into hospital too earlier and having a shorter LOS.
 - Collection of data on patient harm using the NHS Safety Thermometer harm measurement instrument (developed as part of the QIPP Safe Care national work stream) to survey all relevant patients in all relevant NHS providers in England on a monthly basis.
 - The national goal to reduce avoidable death, disability and chronic ill health from Venous Thromboembolism (VTE).
 - The national goal to improve patient and staff's feedback (Friend and Family scores).
 - The assessment of patients for NIV as an acute inpatient are seen within an hour.
 - Improving awareness and diagnosis of dementia, using risk assessment, in an acute hospital setting and ensuring carers are supported.
 - Improving care and innovative support for stroke patients and their carers.
 - Fractured wrist patients over the age of 65 years are being risk assessed to help prevent other fragility fractures.

Objective 5: Progress Clinical and Strategic Developments

Clinical Strategy agreed and implemented

- Work was completed on the Trust's Clinical Services Strategy which now informs the Trust's five year Strategic Plan which will be published in June 2014. Clinical service developments and changes are now taking place throughout the organisation in line with the strategy developed.

Agree detailed business cases for phases as laid out in Masterplan

- Whilst developing the outline business case for the phase one of the Masterplan, the Trust was made aware of an alternative funding source which may enable the Trust to rebuild the hospital elsewhere. This options is being explored as a priority as part of the business case process. The expanded case will be completed by the end of July 2014.

Deliver masterplan enabling schemes and early phases

- During 2013/14, the endoscopy scheme was completed, a theatre refurbishment programme carried out and the staff car parking facilities expanded. Additional work was undertaken to plan and design the Emergency Department expansion and re-location of the special care baby unit (SCBU). Both these schemes will complete in 2014 along with a scheme to expand the ophthalmology department.

Care safely and efficiently takes place, without the need to request a paper record

- The Trust has successfully delivered for the first 500 patients across a range of settings: outpatient and inpatient; elective and emergency. There will be a build up of scanning activity over the coming months as launch full scan on demand for all patients during 2014/15.

Improve the ability of decision makers at all levels of the organisation to use information in order to improve service delivery, design, quality, efficiency and safety.

- This objective was delivered with over 100 unique users each month reviewing quality, ward and service line reports via the data warehouse.

Increase the levels of safety, efficiency, and flexibility delivered through transformational technology

- This objective was partially delivered during 2013/14. All adult wards are live with electronic nursing observations. New infrastructure has been deployed except for virtualised desktops which are planned. A Unified Communication System has been configured and will roll-out across 2014/15.

Joint working with Local Authority, CCGs and other key stakeholders

- The Trust CEO and relevant Directors met every six weeks with Clinical Commissioning Groups (CCG) to identify priorities for the future and to discuss operational challenges.
- The Trust Chief Nurse and Medical Director met quarterly with commissioners at Quality Monitoring Boards to review progress with quality priorities.
- The Trust CEO met regularly with the Director of Social Care, Health and Housing for Central Bedfordshire Council and the Director, Housing and Community Living from Luton Borough Council to ensure that joint working is progressed strategically and operationally.
- The Trust led the South Bedfordshire Integration Project with the CCG and the Local Authority and other stakeholders to change the pathways of care for older adults.

Objective 6: Develop all Staff to Maximise Their Potential

Extend education and training performance management to all staff groups through the Divisional structure to go beyond regulator and training commissioner requirements to measurably enhance patient experience and safety globally through a radical development programme

- Workshops with Stakeholders have supported the concept of enhancing patient experience through education and training. An outline case is being prepared in collaboration with the Director of HR and Chief Nurse to go to the Executive Board.

Develop and deliver joint accredited academic programmes with partner Universities

- Joint Optometry Degree established with the University of Hertfordshire, currently undergoing accreditation, to start in September 2014. Joint working with the new Faculty of Biomedical Sciences at the University of Bedfordshire commenced in December 2013 to support joint research and teaching projects. Discussion of joint capital projects under way with the Medical School the University of Dean Bedfordshire.

Continue to increase the number of staff appraisals to 80%

- As at 31st March 2014, 70% of staff have an up-to-date appraisal.

- During the year the following actions have been undertaken to improve the number of completed appraisals:
 - Appraisal documentation has been simplified.
 - Regular manager appraisal refresher/update sessions have been delivered throughout the year.
 - During this year the focus has been on designing the process to support the move to incremental progression linked to performance from April 2014. This will include all staff (on Agenda for Change terms and conditions) being able to demonstrate an up-to-date appraisal/statutory and mandatory training.

Increase mandatory training compliance

- The Trust has achieved over 75% in mandatory/statutory training compliance.
- This has been achieved by the following actions that have been made throughout the year:
 - Improvements to the delivery of training.
 - Regular reporting of compliance to all managers.
 - Regular reporting to the Trust Board.

Maintain clinical leadership development

- A leadership programme aimed at medical managers (Associate Medical Directors, Divisional Directors and Clinical Directors) was delivered during 2013.
- The programme allowed the opportunity for participants to gain insights into best practice, both nationally and internationally, to drive improvements in patient care and the quality of service delivery:
- Leadership programmes were also established to support development:
 - Leadership programmes delivered to senior nursing leaders.
 - Trust staff participation in NHS Leadership Academy courses.

Establish a culture where all staff feel able to sign up to the values and have knowledge of the Trusts Quality Priorities and staff fully aware of the Trust's vision, values and objectives

- Trust vision, values and objectives are explained and discussed at Corporate induction and within the revised appraisal paperwork.
- Trust Key Quality Priorities shared with all staff.
- CARE commitment is in place in Out-Patients.
- Advancing Quality Board in place.

Objective 7: Optimise the Financial position

Deliver the Financial Plan 2013/14

- A surplus for the 15th successive year was achieved.
- The surplus was less than that anticipated in the Annual Plan for 2013/14 and reflects the challenging financial climate.

Finalise forward capital investment plans and agreed balance between borrowing and cash financing

- The Board of Directors reviewed the position of the Hospital site developments in 2013/14. In order to achieve increased value for money, operational efficiency and effectiveness, it was determined that a more considered approach to major investment was required - particularly in light of the challenges facing the NHS. Accordingly the Board will receive a pre-consultation business case (Strategic Outline Case) by mid-Summer 2014 to determine a way forward.

Develop service line management as the key tool to drive financial efficiency and increase clinical engagement

- Service line management has continued to be used as the enabling tool for driving financial efficiency and in 2013/14 has further refined its approach with greater clarity regarding service line indicators, line recharges for diagnostic support services and improved governance within divisional boards.
- In 2014/15 service lines are being restructured in the medicine division to further align with the patient pathways and the apportionment of all support services will be completed.

Increase productivity - Improved theatre productivity, improved outpatient productivity and establish ambulatory care model to reduce avoidable admissions and costs

- The re-engineering programme continues to gain momentum. Some key achievements in 2013/14 include:
 - further decreases in numbers of staff with a Bradford score above 200;
 - rollout of new rules for consultant job planning and introduction of consultant dashboards;
 - completion of the McKinsey/Disney programme for improved patient experience in Haematology clinics;
 - introduction of a hospital at home service to shorten length of stay; and
 - increased use of enhanced recovery with reductions in length of stay across those pathways.



Service Developments during 2013/14



- **Further improved outcomes for patients with fractured neck of femur** - By continuing to focus on improvements of the time to theatre, patients receiving orthogeriatric specialised care and early anaesthetist input in their stay, outcomes for patients with a fractured neck of femur have greatly improved. As at March 2014 an HSMR of 84 which is significantly under the aim of 100 has been achieved.
- **Implemented the division's first enhanced recovery pathways** - This was implemented for planned hip and knee surgery patients and patient undergoing colorectal surgery. The focus of enhanced recovery is to provide a detailed plan for the patient at every stage of their pathway to ensure that pre-op assessment, peri-operative management and the time immediately post-surgery are all managed so as to improve the patient's likelihood of a prompt discharge and to maximise their recovery as early as possible. Patients who were involved in the early stages of initiative and have been very pleased with the results and aim to continue to drive improvement in these conditions, and to roll out the enhanced recovery model to more clinical conditions in 2014/15.
- **Completed a refurbishment of theatres 1-6** - In April 2013 theatres 1-6 were refurbished, leading to a significantly improved environment for staff and patients, and increasing laminar flow theatre capacity for orthopaedics patients. This £0.6m programme of improvement was completed in a 2 week period and a dedicated programme of forward maintenance is now in place.
- **Increased the investment in pre-operative assessment service** - A review of arrivals was commenced and surgical admissions process to ensure that patient experience prior to surgery is as good as it can be. During the year staffing available was increased for the pre-operative assessment service to ensure sufficient capacity for the clinics, and have re-structured the arrivals team to be a part of this service to improve the transition for patients between pre-op and arriving on the day of surgery. A full review of the pathway for admissions and redesign work on the service have commenced, which will be completed during 2014/15. The effectiveness of the pre-operative booking process has also been improved through completion of the roll out of electronic theatre booking forms.
- **Restructured the operating timetable** - In restructuring the operating timetable the number of dedicated sessions has been increased, including some regular weekend operating lists, and established an ambitious programme of theatre re-engineering scheduled to be completed in October 2014.
- **Continued growth of highly specialised consultant services** - The highly specialised consultant services has continued to grow through the recruitment of a new head and neck consultant for the Ear, Nose and Throat team who will be in post in June 2014 and two substantive appointments were made to medical retina specialist consultant posts in Ophthalmology.
- **The establishment of an Acute Oncology Service** - An acute oncology service has been established to provide a more focussed specialist assessment and management of patients who have developed severe complications following chemotherapy treatment or present as emergencies with or without a previous diagnosis of cancer.
- **Completed the refurbishment of the Macmillan Cancer Unit** - In partnership with Macmillan Cancer Support, the cancer unit was refurbished to significantly improve the environment for patients, staff and carers, to meet the developments in care national guidance regarding access to supportive care and information services and to achieve Peer Review requirements. These improvements are empathetic to the cancer and palliative care patients and carers needs and feedback from patients has consistently shown a positive effect on their cancer journey.
- **Continue to work with Cancer MDT's to improve patient cancer pathways** - The work with cancer Multi-disciplinary teams has continued to facilitate high quality care in a timely manner from referral to diagnosis to treatment across the Trust and in partnership with tertiary hospitals.



- **Ambulatory Care** - In April 2013 the Division opened a new Ambulatory Care Centre in order to support patients with acute health needs without having to admit them to a hospital bed. The unit looks after patients with a variety of conditions and receives patients who have been referred by their GP for specialist assessment or patients who have been identified in the Emergency Department (ED) as requiring medical intervention, but who do not require a full emergency admission. The unit is open from 09:00 to 17:00 Monday-Friday. Patients receive a full assessment and are then either discharged to appropriate services or are brought back to the unit for continuing treatment. This allows patients to recuperate in their own homes whilst undergoing a course of treatment rather than in a hospital bed.
- **7 Day Working** - 7 day services have been initiated for Respiratory Medicine and Cardiology providing weekend ward rounds for the divisions respiratory and cardiac units as well as providing outreach services for patients admitted over the weekend.
- **Medical Model of Care** - a new medical model of care has been implemented for medical patients admitted as an emergency. The new model ensures consultant-led care is provided for newly admitted patients 12 hours a day, 7 days a week. The consultant works between the Emergency Department and the Emergency Assessment Unit to ensure new patients receive a senior review and management plan as soon as possible on admission. The on-take consultant is supported out-of-hours by a physician and geriatrician on-call to ensure senior clinical decision making is available 24 hours a day.
- **Increase in number of Emergency Medicine Consultants** - following successful recruitment of 3 additional Emergency Medicine consultants the ED is now able to provide more robust senior clinical leadership with at least 1 consultant on-site between 08:00 and 00:00 each day.



- **Dedicated ambulatory gynaecology service opened** - The unit opened in July 2013. This provides a "state of the art" facility providing a sensitive, private confidential environment for women. A monthly scorecard to monitor performance in line with directorate plans has been produced since September 2013.
- **IT access for community midwives provided** - Maternity Pathway Payments have been achieved since April 2013 demonstrating the complexity of patients from the Luton CCG. Financial targets being reached since May 2013 despite the slight reduction in annual numbers.
- **Birthing environment improved** - Improvements were made to two of the Delivery Rooms and facilities that can be used by partners have been created.
- **Fetal medicine service enhanced** - Monthly clinics run by a specialist cardiology consultant from Great Ormond Street have been implemented. These have been highly successful in identifying fetal abnormalities and in supporting consultants at L&D.
- **Ante-natal service enhanced** - The Trust's first private antenatal clinics commenced from July 2013.
- **Parents accommodation improved** - Temporary facilities were successfully trialled and the feedback from parents and clinicians has been positive. Alternative facilities via local Hotel are now being investigated to be able to support parents staying near their babies. Work will continue with the Sick children's Trust for longer term solutions.
- **Family centred pathways developed** - The pathways put in place have continued to demonstrate improved breast feeding and mixed feeding rates throughout 2013/14 and supported community discharge for preterm babies. Evidence of an improved family experience to support children and their families has been seen.
- **Diabetes telemedicine enhancements** - A service to support children with diabetes has been implemented. Further funding has been secured from Luton CCG as the systems have demonstrated that these enhancements have reduced the need for an admission to hospital. Feedback from Young people and families has been positive.

- **More paediatric nurse training provided** – A nurse successfully achieved the Advanced Paediatric Nurse Practitioner (APNP) course and additional funding for further placements has been sourced. A review of medical and nursing rotas will be undertaken to ensure advanced practitioner skills are maximised.
- **Children's rapid response service implemented** – A 24/7 Protected Paediatric Emergency Department (ED) has been implemented that has involved joint working with ED and Paediatric teams. Luton CCG has also funded one APNP to support Paediatric Assessment Unit and Paediatric ED to maximise utilisation of community rapid response team. Activity and patient experience is reviewed and reported quarterly and the feedback received from families has been very positive. Staff who support the delivery of High dependency Care on the Paediatric wards have also been developed.



L&D
Diagnostics, Therapeutics & Outpatients Division

- **Seven day service expansion** - The Division has sought to establish more substantive, sustainable and affordable service provision over the course of the last year in preparation for expanding services to meet increased demand, improve patient access and in readiness for providing 7 day availability. During 2013/14 staff consultations have been successfully completed to introduce shift systems in Imaging, Pharmacy and areas of Physiotherapy and Occupational Therapy, delivering expanded services and improving patient care 7 days a week.
- **Investment in equipment and infrastructure** - Business cases have successfully secured investment in capital equipment to replace the CT scanners in Imaging and support refurbishment of departments in Imaging, Outpatient consulting rooms and development of Outpatient based Phlebotomy Services.
- **Investment in staff** - The implementation of the Imaging shift system has enabled re-investment of efficiency savings to appoint an additional 7 radiographers to expand service delivery. Ultrasound has also invested in training to achieve a new consultant sonographer post to support service development opportunities. The Division

has also invested in new medical and consultant posts in Haematology, Breast Screening and in the recruitment of an eighth Cellular Pathologist.

- **New service and patient pathway developments** - The department of Cellular Pathology has worked with Medicine to establish a new endoscopic bronchial ultrasound service at the L&D, meaning patients are now able to access this service locally and receive diagnosis and treatment more quickly. Imaging has worked in partnership with other clinical services to develop improved patient pathways in Paediatric MRI and cancer pathways. Pharmacy have also been proactive in supporting faster discharge of patients with the introduction of satellite dispensing units.
- **Service accreditation** - All four Pathology laboratory disciplines have successfully achieved accreditation status across Haematology, Clinical Biochemistry, Medical Microbiology and Cellular Pathology.
- **Outpatient appointment confirmation** - The outpatient service has invested in an interactive appointment confirmation service to remind patients of their outpatient appointment and provide opportunity to confirm attendance or to reschedule, providing increased choice, creating opportunity for increased efficiency and reducing non-attended appointments.



2014/15 Strategic Approach

Strategic Context

The strategic configuration of services in the South East Midlands has been under scrutiny for some time as part of the recent Healthier Together (HT) programme. The Trust activity participated in the programme and its clinical Workstreams. The remit of the programme was to meet the health challenges of the 21st century and improve health services in the South East Midlands (SEM) to deliver improved patient outcomes in a safe, sustainable and affordable way. Led by GPs and hospital clinicians, the programme was a collaboration of twelve NHS partners across Bedfordshire, Luton, Milton Keynes and Northamptonshire.

Regrettably, the Healthier Together programme finished in March 2013 after Bedford hospital decided to conduct an exercise to identify a potential partner to engage in a merger process. L&D submitted a proposal, however, it appears that Bedford Hospital wanted to explore a merger with Milton Keynes FT. More recently, Bedfordshire and Milton Keynes CCGs, the TDA and Monitor have commissioned a review to generate options for delivering sustainable, high quality (hospital and out of hospital) services for the people of Bedfordshire and Milton Keynes. The CCGs intend to take the proposals forward for public consultation later this year. The Trust remains in an ongoing dialogue with Bedfordshire CCG with regards to service opportunities that the review may highlight for Luton and Dunstable University Hospital.

During 2012/2013 L&D also participated in discussions with other local providers, exploring service collaborations. In particular talks took place with West Hertfordshire Hospital NHS Trust (WHHT), however, the conclusion reached was that any future relationships could only be explored once WHHT had secured FT status.

There are however, ongoing discussions taking place with University College London Hospital (UCH) to explore the possibility of future collaborations on a range of services including cancer and neurology.

More recently, the Trust worked with Circle (private healthcare provider) and successfully bid for the Bedfordshire CCG Musculoskeletal tender. The Trust is now engaged in the process of developing the clinical model and agreeing contractual arrangements to allow the service change to commence in 2014/15. The service is based around the development of a community hub which the Trust will support through provision of clinical staff and diagnostics.

The Short Term Challenge

The Strategic Plan sets out the Trust's intention to transform L&D into:

- A Hyper Acute Emergency hospital
- A Women's and Children's hospital
- An Elective Centre
- To maintain the status of a University Teaching Centre

To achieve this ambition during the period from 2014 to 2016 the organisation must radically change how care is delivered, whilst maintaining performance against national quality and service targets and managing risk within the health economy.

The following deliverables are therefore key :

Implementing 7 Day Consultant Care

In line with the recommendations set out in the Academy of Medical Royal Colleges report 'Seven Day Consultant Present Care Implementation considerations', during 2014 to 2016 L&D will make additional consultant appointments as well as re-organising the job plans of existing consultants. This will be enhanced by the implementation of a medical productivity program e. The objective will be to enable all hospital inpatients to be reviewed by an on-site consultant at least every 24 hours, seven days per week, unless it has been determined that this would not affect patients' care pathways.

This transformation has already begun. In the last two years consultant cover has been significantly extended. Emergency Medicine, Obstetrics, Paediatrics and a number of medical and surgical specialties, as well as Diagnostics, already provide seven day consultant care.

Importantly, the Trust recognises that seven day consultant care must be supported by the whole hospital delivering a seven day service. Each Clinical Division is presently developing a blueprint for the implementation of 7 day services in line with the NHS Improving Quality Standards set out in 'Open 7 Days a Week' within their 2014/2015 business plans. The further development of consultant care is set out as a key quality priority in the Quality Account.

Developing Hyper Acute Models of Care

Across all clinical specialties clinical pathways are being developed to support hyper acute inpatient care linked to seamless outpatient care.

Developing Emergency Care

L&D plans to meet the vision set out in 'Transforming Urgent and Emergency Care Services in England'. To deliver this objective, the following strategies are being deployed:

- In order to ensure designation as a 'Major Emergency Centre', the present emergency department provides consultant care 16 hours a day and standby consultant care in the remaining hours. This will be further enhanced by the recruitment of an additional two consultants to bring the total number to 10. In addition, the medical support required to ensure that children attending the emergency department have access to specialist paediatric care at all times will be closely monitored and extended if necessary.
- The further development of stroke services to ensure the standard required to be a Hyper Acute Stroke Unit is met. This will be achieved by the recruitment of an additional 2 consultants and further nursing and therapy staff. Importantly, the bed base will also be reviewed to support the service and to provide stroke rehabilitation for the Trust's catchment area and other catchment areas if alternative provision is not available.
- The opening of the new Cath Lab in 2012 provided the foundation for the Trust to develop its cardiac services. The next stage will be the introduction of percutaneous coronary intervention (PCI) services and the timetable for this is being agreed with commissioners.
- The hospital presently has relationships with two major trauma centres: St Mary's Hospital (Imperial College Healthcare NHS Trust) and Addenbrooke's (Cambridge University Hospitals NHS Foundation Trust). However, due to the hospital's location and distance from both units, the Emergency Department continues to care for a number of trauma patients. L&D presently fulfil the criteria for being a trauma centre, however, as part of the ongoing development of the department, trauma services will be further enhanced.
- The Trust intends to commence discussions with commissioners and other stakeholders with the intention of re-establishing vascular surgery.

Provide Diagnostics at the Time of Need

The transformation of L&D will only be possible if the provision of diagnostics can be radically transformed. Having immediate access to diagnostics is imperative for the Hyper Acute and Women's and Children's hospital. Timely diagnostics are fundamentally important for the provision of elective care, ensuring patients choose the hospital. Finally, without proper access to diagnostics, integrated care will fail. It is therefore the intention that by the end of 2014-2016 both Imaging and Pathology will provide comprehensive acute diagnostic services across modalities to support both inpatient and outpatient pathways 7 days a week. This will meet the emerging needs and development of the acute emergency hospital and support both hyper-acute stroke and trauma services. New services will be established to deliver both CT coronary angiography and interventional radiology, supporting the development of vascular surgery at the Trust. Decreasing diagnostic waits is also a key quality priority set out in the Quality Account.

Implementing Integrated Care

The delivery of the new strategic plan is dependent on a robust model of integrated care being provided to meet the need of the Trust's population. For this reason L&D has taken the unusual step of taking the leadership role to work with all stakeholders to develop a demonstration project, implementing integrated care for the South Bedfordshire catchment area. That work is detailed as a key clinical outcome priority for 2014/15 in section 2.2.1. The delivery of this project and its roll-out across the Luton catchment area will be key to ensuring that both health economies are able to meet future financial challenges and the implementation of the Better Care Fund. This work is linked to a key clinical outcome priority set out in the Quality Account.

Delivery of Re-engineering Programmes

In 2013/2014 the FT launched an approach to QIPP through the design and establishment of a number of re-engineering programmes, seeking to make fundamental changes to how care is delivered and managed. The delivery of the re-engineering programmes is vital to the ongoing viability of the organisation and to the affordability of the redevelopment of the hospital. These work programmes are discussed in the Quality Account.

Redeveloping the Hospital

The 2013/14 Annual Plan set as an objective, the completion of an outline business case for the phased development of L&D. The outline business case is now complete. The Board has however decided that a second option should be explored before proceeding to Full Business Case (FBC). The option would involve a (single phase) development on a new site. It is therefore the intention of the Trust to complete a pre-consultation business case (Strategic Outline Case) by mid-summer 2014 for this second option. If the Board decides to include this option then an Outline Business Case will be completed in the summer of 2015 detailing both options this will facilitate Board and Governor decisions on the preferred option. The FBC would be submitted 9 months later. If, however, the Board decide not to proceed with the second option, then the FBC for the first option will be submitted to Monitor in 2015.



Maintaining Performance

As in 2013/14 the Board of Directors recognises the importance of sustaining the level of delivery against national quality and performance targets delivered by the Trust in recent years. During the last year, the organisation has demonstrated the ability to maintain operational performance whilst also focussing on strategic planning and change. This will be particularly important in coming years.

Maintain and Develop Key Clinical Specialties

- Maintain key specialties to secure our future in terms of clinical excellence, financial sustainability and reputation.
- Develop clear strategies for key specialties to mitigate the risks from the re-organisation of acute services to the north of the Trust with aspirations of other service providers.

Exploring Opportunities for Growth

- Explore the growth opportunities across the range of services offered as a consequence of the acute services review, either alone or in partnership.
- Actively engage other stakeholders including the Clinical Commissioning Groups (CCGs) and the local authorities in rethinking models of community care embedding L&D expertise services in the heart of the major localities.
- Increase the Trusts' market share in the services identified in the Clinical Services Strategy as offering greatest opportunity e.g. Cardiac Services, Stroke, Trauma and Orthopaedics, Spinal Surgery, Women's and Children, Bariatrics and Ophthalmology.
- Strengthen the relationship with tertiary hospitals to enhance and develop a range of hyper-acute services, in particular paediatrics, cancer, stroke and trauma.

Ensuring 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 an electronic patient record, and decision support information systems at all levels of the organisation.
- Ensure that the delivery achieved during 2013/14 against national and local quality and performance targets is fully embedded, further improved and maintained.
- Maintain financial sustainability, delivering a comprehensive programme of efficiency projects.
- Implement 'The Perfect Day' to ensure nursing staffing establishments are able to improve the quality and safety of care provided to patients.
- Review and modernise non-clinical support services including catering, cleaning and portering to ensure they are responsive to patients' needs and support clinical care.
- Further develop and strengthen the Divisional Management Teams in order to benefit fully from the benefits of service line reporting and management.
- Continue to review and strengthen performance by the use of internal and external expert review.

Corporate Objectives 2014/15

The Trust's corporate objectives for 2013/14 were selected as part of a three year plan developed in 2011/12 following consultation with the Board of Directors, our Governors, our patients and our staff to ensure the implementation of our vision, aims and values.

Objective 1: Deliver Excellent Clinical Outcomes	<ul style="list-style-type: none">• Year on year reduction in Hospital Standardised Mortality Rate (HSMR) in all diagnostic categories<ul style="list-style-type: none">- Implement earlier recognition of Acute Kidney Injury (AKI) illness severity and earlier senior clinical involvement- Implement a new model of integrated care for older people
Objective 2: Improve Patient Safety	<ul style="list-style-type: none">• Year on year reduction in clinical error resulting in harm<ul style="list-style-type: none">- Ensure the appropriate level of clinical expertise available to deliver consistent inpatient care irrespective of the day of the week- Roll out the Perfect Day across the hospital- Ongoing development of Safety Thermometer, improving performance year on year- Improve the management of the deteriorating patient- Reduce avoidable harm caused by prescribing and administration processes by implementing an Electronic Prescribing and Medicines Administration (ePMA) system:• Year on year reduction in Healthcare Acquired Infection (HCAI)<ul style="list-style-type: none">- Continue to reduce HCAI rates year on year- Increase compliance with hand hygiene year on year
Objective 3: Improve Patient Experience	<ul style="list-style-type: none">• Year on year improvement in patient experience demonstrated through hospital and national patient survey, leading to upper quartile performance<ul style="list-style-type: none">- Revolutionise the outpatient booking system- Decrease diagnostic wait times- Improve the experience and care of patients at the end of life and the experience for their families.
Objective 4: Deliver National Quality & Performance Targets	<ul style="list-style-type: none">• Deliver sustained performance with all Care Quality Commission (CQC) outcome measures• Deliver nationally mandated waiting times and other indicators
Objective 5: Implement our New Strategic Plan	<ul style="list-style-type: none">• Deliver new service models:• Emergency Hospital (collaborating on integrated care and including hospital at home care)<ul style="list-style-type: none">- Women's and Children's Hospital- Elective Centre- Academic Unit• Implementation of preferred option for the re-development of the site.
Objective 6: Develop all staff to maximise their potential	<ul style="list-style-type: none">• Deliver excellence in teaching and research as a University hospital• Ensure a culture where all staff understand and promote the vision and values of the organisation• Recruit and retain a highly motivated and competent workforce
Objective 7: Optimise our Financial Plan	<ul style="list-style-type: none">• Deliver our financial plan 2014-2016 with particular focus on the implementation of re-engineering programmes

Responding to the Francis Report

The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Sir Robert Francis QC was published on 6 February 2013 and made 290 recommendations. The report focussed on the need for clearly understood standards and measures of compliance, the importance of openness and transparency and the need to improve nursing and strong patient-centred healthcare leadership. This was followed more recently by the Don Berwick report, 'A Promise to Learn - Commitment to act: Improving the Safety of Patients in England'.

The Keogh Review into the quality of care and treatment provided by 14 hospital trusts in England was published on 16 July 2013. It aimed to look at the quality of care and treatment being provided by English Hospitals with higher than average death rates in the previous two years.

These reports provided a stark reminder of the need to ensure the very basics of care need to be embedded within all organisations if they are to deliver the good quality health care that patients deserve and expect. The Francis Report made it clear that these priorities are not 'nice to haves' but form the cornerstones of effective and high performing hospitals and they need to be both strategic as well as operational priorities for all organisations.

The Trust considered the recommendations and will continue to listen to the views of patients and staff to ensure that the essence of high quality care is maintained. The Trust's response to the Francis, Berwick and Keogh Reports has been to embed the principles:

1. within the Trust's annual plan and strategy;
2. into the Trust's Governance; and
3. into the Trust's staffing and recruitment process

To meet the short term challenges a number of ambitious trust-wide quality priorities have also been developed. These are based on local as well as national priorities including the need to ensure ongoing CQC compliance and to implement the recommendations from our own internal review of the Francis, Berwick and Keogh reports. These are detailed within the Trust's Quality Account.



Service Developments planned for 2014/15

Strategic and Corporate:

- **Implement a new e-Rostering solution** - The implementation of the new rostering solution will not only focus on the maximising the governance, qualitative and financial benefits associated with the technology but will act as a catalyst to develop the Trusts culture ultimately changing the fundamental way the Trust approaches rostering.
- **Implement E-Prescribing** - The Trust is planning to reduce avoidable harm that could happen when drugs are being prescribed by implementing an ePMA system. Work is already underway to build and test an Electronic Prescribing and Medicines Administration system which will make the Drug Chart electronic, with all the attendant safety and process benefits. In 2014/15 an initial deployment to an Elderly Medicine ward for 3 months will be completed, and move to the roll-out of this system across all areas, which will take 9-12 months. The focus will be on the following outcomes: a 50% reduction in number of transcribing errors, a 50% reduction in missed doses; a 20% reduction in the time to deliver the end to end discharge medication process; an ability to derive accurate patient level drug costs; a 50% improvement with adherence to IV to oral switching and duration; and the reliable capturing of allergy alerts on admission.
- **Further develop unified Communications** - Key to improving operational processes is the replacement for our core telephone system (PBX). This is required to ensure robust business continuity for traditional telephone communication, but also gives the Trust the ability to revise and improve its entire approach to communication. The use of automation, group communication, SMS text and video conferencing can enable entirely new ways of delivering our clinical support. This project has been running, and has successfully procured the solution to deliver telephony and messaging.
- **Expand the Electronic Document and Records Management System (eDRMS)** - Following considerable preparatory work in procurement, contract agreement and mobilisation the Trust will move to a paper-light model of operation across all clinical activity in the year 2014/15. Patients have already begun to present in the new operating model where historic documentation is available on the screen and new documentation is on bar coded 'intelligent' paper that is scanned and destroyed quickly after the episode of care concludes. This will enable considerable transformation once the system is fully live at the end of June, and as it settles by the end of the summer. This Transformation has been enabled by considerable investment by the Trust over many years but 2014/15 will be the year that sees it deliver.
- **South Bedfordshire elderly care demonstration project** - In order to deliver the Trust's future strategy, it is imperative that the implementation of integrated care for frail and elderly patients is successful. The Trust will continue to co-ordinate the introduction of the demonstration model for South Bedfordshire and will work closely with all stakeholders in Luton to ensure the learning from South Bedfordshire is available and used.
- **Increase consultant led services** - The delivery of a minimum 7-day emergency cover consultant-led service across all specialties is planned.
- **Increase paediatric surgical services** - Paediatric surgery is a key service. The aim is to increase the services provided including the provision of paediatric orthopaedics at the L&D. A business case based on demand and capacity will be developed with the aim to have additional lists in place by the end of 2014.
- **Develop Hyper-Acute Stroke Services** - Stroke Services will be further developed by recruiting medical, nursing and therapies staff to meet the standard of hyper acute stroke services.
- **Develop Seven Day working** - Some out of hour's consultant working is in place. This year plans are in place to review the requirements by speciality with a view to developing a phased implementation plan by the end of the year to establish seven day working.
- **Further develop Cardiac Services** - The Cardiac Catheterisation laboratory facility became operational in June 2012. With the appointment of a third interventional cardiologist it is hoped that the provision of PCI (percutaneous coronary intervention) will commence in 2014.
- **Develop a Computer Tomography Coronary Angiography (CTCA) Service** - The ambition is to provide this service to patients rather than sending them to a tertiary provider. Plans are in place to work with the Medicine Division to develop a business case and to utilise the new CT scanner technology being installed in Imaging.
- **Develop interventional radiology** - This will be a two year development programme that will support the hospital in the provision of new emergency and

elective vascular procedures. Work will be undertaken with surgery, obstetrics and ITU due to critical interdependencies.

- **Expand vascular service** – The ambition is to be a hyper acute stroke unit and our plan is to expand vascular service to support stroke / TIA pathways and repatriate Duplex work. The re-establishment of vascular services will also be explored.
- **Develop Musculo-Skeletal (MSK) community services** – The tender for existing MSK services in Luton is due for review in 2015 and plans are developing to support the re-tender. The division will also work with the new providers of the South Bedfordshire MSK Services (Circle and Horizon).

Surgical Division:

- **Increase the capacity of the breast surgery service** – An increase to the breast surgery service capacity is planned by recruiting a 3rd consultant and a Senior Breast Care Support Nurse to the team.
- **Complete critical works to maternity theatres** – As part of the development of obstetric services, work to the maternity theatres is planned to upgrade the environmental controls.
- **Implementation of a Urology one-stop diagnostic clinic** – Having tests at the same time as your consultation rather than having to come back at a later date is a real improvement for patient experience. Plans are in place to identify an appropriate location for the service to have a new one-stop clinic fully operational by the end of 2014. It is the division's intention to recruit a fifth urologist or alternative clinical resource to deliver sustainable capacity.
- **Re-engineering of theatres timetable** – Completing the review of the organisation of theatres will enable theatres to accommodate all un-timetabled sessions and increase utilisation of theatre sessions to 51 weeks per year. Discussions have started and aim to have a new timetable in place by the end of 2014 and to also establish regular Saturday operating.
- **Complete the restructure of the arrivals process** – In order to admit patients adjacent to the operating theatre for their procedure, the arrivals process will be reviewed and improvements made to the environment. This will also enable a reduction of the amount of time that patients wait after arriving for their surgery.

- **Review of the surgical booking processes** – This review will ensure patients are offered a date well in advance of their surgery and that a reminder service is in place to avoid unnecessary cancellations where patients are unable to attend for surgery. This review will also continue to improve the timeliness of pre-assessment services, and same-day pre-assessment clinics linked to elective surgery clinics will be in place by Spring 2015.
- **Review the elective surgery theatre provision** – A plan for the replacement of the mobile 'Vanguard' theatre with a more cost-effective solution for theatre capacity will be developed.
- **Provide additional accommodation for ophthalmology services** – The plan is for three more clinical rooms to be provided and the establishment of three Age-Related Macular Degeneration (AMD) one-stop clinics by October 2014. Specialised capacity will continue to be developed and number of community clinics increased.
- **Review Oral and Maxillofacial capacity** – A plan will be developed, working with commissioners, to ensure provision of appropriate capacity for local and network needs through consultant service provision.

Medicine Division:

- **Continued development of Ambulatory Care Centre** – The target is to reduce admissions by increasing activity in the ambulatory care centre. The centre will also focus on developing more volume and links with surgical specialities and support services.
- **Progress Hospital at Home** – A plan will be developed to increase capacity and activity of the Hospital at Home through nursing recruitment and engagement with Medical Consultants. This will form part of reducing unnecessary admissions.
- **Increase in flexi sigmoidoscopy provision** – In order to support the extension of the bowel cancer screening programme to younger patients, an increase in flexi sigmoidoscopy is planned.
- **Re-modelling of Medical Division bed base** – Through the re-modelling of the medical division bed base the right patient will get to the right bed and this ensures a better quality service.

Women's and Children's Division:

- **Develop emergency Gynaecology and Early Pregnancy Unit** - Consultant capacity will be extended at weekends to provide seven day cover. This will help relieve some pressure on the Emergency department at weekends and will provide an improved patient focussed and quality service.
- **Day case procedures** - The range of out-patient procedures and treatments in the Ambulatory Care unit will be extended. This will prevent admission and patients undergoing general anaesthetic and will also enable early recovery and reduce waiting times.
- **Improve the main entrance of the Maternity Unit** - Improvements to the main reception are planned to make the environment more friendly and welcoming. This work will be completed by December 2014.
- **Improve the Delivery Suite** - Further improvements to Delivery rooms to provide en-suite facilities are planned. This will provide a better experience for women in labour. Improvements to the clinical equipment and clinical environment of the suite are also planned.
- **Develop the maternity theatre complex** - Theatres will be upgraded to improve the air-conditioning and environment and plans are in place to complete these works this year.
- **Review and develop specialist midwives** - Two specialist midwifery posts will be developed, one for Diabetes and one for mental health. Both will enable improved care and the ability to offer specialist advice to pregnant women. We are also planning to put in place a mental health service for pregnant women.
- **Community led consultant clinics** - Consultant clinics at GP practices will commence these will provide out-patient treatments and services "closer to home" for patients.
- **Expansion of pre-assessment service for gynaecology** - Expanding the pre-assessment service will enable the provision of five day cover for patients requiring pre-operative assessments for out-patient, day case and in-patient treatment.
- **Improve access to technology to midwives** - In line with the mobile technology for midwives, a "Maternity App" will be developed and rolled out to all midwives. This will improve access to clinical systems in the community by midwives. Working in partnership with the Information Technology (IT) Department, IT systems for community midwives will be developed to achieve a virtual desktop in the community.
- **Provide offsite office accommodation for midwives** - Accommodation off site for community midwives will be provided to access computers, equipment and health records. This will reduce travel time and visits to the hospital for the midwives and will free-up time for teams to spend on clinical care.
- **Complete interim improvements for Neonatal HDU and SCBU** - the implementation of these improvements will also include a review of facilities for parents.
- **Develop ante-natal services** - Further expansion and development of Slimming world as a weight loss management programme are planned and GROW (Gestation Related Optimal Weight software) assessment tool to reduce stillbirths will be implemented. Environmental changes will also be made to provide a purpose built treatment area to take Bloods in the Ante-natal clinic area.
- **Enhance services across the Division to support care** - gynaecology cover in areas such as cancer care by employing an additional specialist consultant will be improved and support for dietetics on NICU reviewed. Specialist day-case diagnostics for paediatric endocrine services will be enhanced and the pathways for primary prevention of obesity in young children will be redesigned and developed.
- **Enhance the surgical and medical day-case facilities** - This will be focussed on the Paediatric unit and enhance the facilities for those admitted for day surgery and medical care.
- **Further develop the Advanced Nurse practitioner roles** - These roles support the medical and nursing rota and enhance skill mix.
- **Continue to enhance links locally and nationally** - Work with tertiary centres such as Great Ormond Street and local palliative care teams to support training and recruitment will continue to be developed.

Diagnostics, Therapeutics and Outpatients Division:

- **Provide an expanded seven day Imaging service** – CT and MRI services will be expanded to provide a same day service for inpatients, reduce GP referral waits to less than 4 weeks and ensure there is capacity to facilitate all two week wait scans.
- **Provide one stop diagnostics and improved patient pathways** – Capacity will be created and resources aligned to enable timing of scans with outpatient appointments to reduce length of pathway and achieve a reduction in clinic attendances.
- **Expand Musculoskeletal (MSK) ultrasound service** – A one-stop service for specific examinations in conjunction with orthopaedics will be created to support the MSK service.
- **Expand consultant radiologist presence** – The number of consultant radiologists will be increased to provide a seven day service, enhance the range of diagnostic services and facilitate sustainable in-house reporting of scans.
- **Advance technologies to support our services** – In imaging work has commenced to replace the CT scanners and enhance the CT scanning department and plans are underway to select and procure a new Imaging picture archive (PACs) system. In Pathology, a replacement Laboratory Information Management System (LIM's) will be selected and the pathology analyser equipment replaced to provide efficiency opportunities and rationalise workflow. Point of care glucose and blood gas results will be integrated with ICE (the electronic results reporting system) and pregnancy testing analysers implemented across the Trust. Microbiology will be implementing systems to support earlier diagnosis of infection, whilst transfusion is introducing a new blood tracking system.
- **Maintain accreditation of key services**
 - Breast screening will be undergoing the 3 year quality assurance accreditation in September 2014
 - Pathology laboratories will continue work to maintain CPA (Clinical Pathology Accreditation) for all 4 disciplines – Medical Microbiology, Haematology, Clinical Biochemistry and Cellular Pathology
 - The Point of Care Testing (POCT) team are working to achieve CPA accreditation
 - Transfusion, Cellular Pathology will seek to maintain Medicines and Healthcare Products Regulatory (MHRA) and Human Tissue Authority (HTA) compliance
- **Support seven day working** – Pharmacy will be implementing a shift system with expanded opening hours to facilitate a seven day working hospital. Plans will be developed to expand inpatient Occupational and Physiotherapy and reviewing on call arrangements. Blood Sciences will also be implementing a shift system.
- **Expand diagnostic and therapy services to support increased demand and service developments** – OT and physiotherapy rehabilitation services in critical care will be reviewed, expanding ultrasound scanning applications and treatments and in conjunction with Medicine, cellular pathology will support the development of Endobronchial Ultrasound and meet the needs of increased demand within breast surgery.
- **Increase specialist services in Haematology** – The specialist services in Haematology will be increased and links with UCLH in the treatment of patients with haemoglobinopathies and thalassaemia will be developed. A joint Haemostasis and Thrombosis Clinic will be formalised, immunology tests repatriated and Haemato-oncology clinics provided.
- **Delivery of Outpatient re-engineering and transformation programmes** – Outpatients transformation will be supported by remote check-in streamlined, a room scheduling system implemented, the appointments system reorganised and the call centre replaced. We will also be reviewing the demand for expanded evening and/or weekend working supported by diagnostics.



