



LUTON &
DUNSTABLE
UNIVERSITY
HOSPITAL



Annual Report 2014/15 and Annual Plan 2015/16

Summary



Contents



Introduction



At the very heart of the Luton & Dunstable University Hospital Foundation Trust (L&D) is a culture based on the conviction that to deliver the best clinical outcomes, the safest care and the highest standards of quality, that 'learning' and 'teamwork'

are indispensable. The commitment to learning and teamwork has shown results. For a number of years the organisation has consistently delivered against national quality and performance standards while continuing to make financial surpluses. Throughout the Hospital NHS there is a spirit of clinical ambition, as specialties grow attracting highly competent medical and clinical staff keen to implement the latest advances in medicine, provide seven day services, diagnostics at the time of need and the shortest possible inpatient admissions. Importantly, the organisation continues to demonstrate an ability to 'turn around' poorly performing services and to maintain improvement.

The commitment and expertise of our staff, has enabled us to consistently deliver against national quality and performance targets, achieving a Monitor governance rating of green for the last nine quarters and a financial surplus for the 16th successive year.

In our 2014 Strategic Plan we set out a clear vision for the future of the organisation, our ambition to transform the hospital from being a traditional District General Hospital to become a Hyper Acute Emergency Hospital, a Women's & Children's Hospital and an Elective Centre supported by diagnostics at the time of need, an Academic Unit and working with external partners to ensure the success of integrated care. Importantly, the vision is supported by an intention to re-develop the hospital building and facilities.

During 2014 we also published our 2 year Operational Plan which supported the implementation of our Strategic Plan by detailing seven corporate objectives and a number of key deliverables.

This annual report details how we successfully delivered that plan during 2014/15 despite the increasing challenges facing the NHS including escalating workforce costs, increasing numbers of patients remaining in hospital who are medically fit for discharge and the enormous implications of poorly performing organisations being paid over and above tariff to provide patient care.

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

Pauline Philip
Chief Executive

Chairman's Statement



I have the immense privilege of succeeding Spencer Colvin and, in an interim position, (now the Vice Chairman and Senior Independent Director), Clifford Bygrave as Chair of Luton & Dunstable University Foundation Trust Hospital. I would like to

thank them and, more significantly, the executive team and all staff, in every aspect of the hospital, for the incredible inheritance. L&D, as it is colloquially termed, undoubtedly justifies the title "one of the very best hospitals in the country".

The Health Service is inundated with clinical metrics calculated clinically and in all of these the hospital excels. It was the only hospital of any size to achieve the A&E target of 95% of patients treated within 4 hours of arrival every week over the winter of 2014/15. It is in the top 10 in cancer treatment by reference to the 2014 Patient Survey and in that situation you might expect that there was little room for improvement; yet it was judged by the National Cancer Patient Experience Programme Survey as the fourth most improved in the country. If its hospital care is the best the country can provide, L&D has also made great strides in eradicating the risks of coming into hospital - its cases of hospital induced infection are way down with only 10 cases of c diff this year, compared with 16 last. Its performance on recovering patients who have fallen and incurred the significant injury of fractured neck of femur have reduced very significantly from 84 in March 2014 to 61 in March 2015.

But what has impressed the most is not merely the metric-ranked measures of its medical achievement but the clear culture of care that permeates the totality of the hospital. In the L&D it is absolutely clear that the patient always comes first. The hospital achieves the A&E record it does not because of a target but because, from its top down, the whole hospital reacts to the fact that a critically ill patient left untreated only gets worse as well as suffering for longer - the whole hospital mobilizes to make sure such patients, all patients, leave having received the most caring care achievable. In this we are deeply indebted also to our 270 volunteers who make a major contribution complementing perfectly the 4,000 core hospital staff.

In addition to total care I have been impressed by the way in which the hospital always seeks out new ways of doing things. Two stand out for me in the year 2014/15. L&D is a teaching hospital - that need to contribute to the future of the profession is clearly very important to it. As such it is a member of ULCP (an Academic Health Partnership founded under the mothership of UCLH in London). It was surprised to discover that a review undertaken by that institution identified L&D's informatics as best in class. This

doesn't just improve the efficiency of the hospital but also the way in which patient notes and information can be made immediately available to the consultant - critical to optimal and efficient diagnostics and treatment. In similar vein, on 10th January, the hospital instituted for, we believe, the first time in the country a Super Saturday of planned elective care offered by consultants under their existing contract. This is further evidence of the extent of the commitment of all staff to ensure facilities are best used and care is most flexibly offered to the patients. On a more prosaic basis, as committed by Spencer last year, the car parking has now been reconfigured so that all patients and visitors should at all times have easy access to the hospital by car.

Looking ahead, anyone visiting the site will rapidly understand the constraints under which it operates. In the middle of last year the board agreed to investigate a scheme costing around £150m under which the hospital site will be refurbished. The evaluation of this programme of works is proceeding well and we have every hope that by the time I next write to you the project will have the approval of the Board, the Governors (who are closely involved in the project's development) and Monitor (our Regulator) and that the funding will have been secured. We expect this redevelopment to be concluded by 2020 but, we are already starting the process of refurbishing certain aspects of the hospital which will not be touched directly by the redevelopment.

No one can read the papers and listen to the news without understanding something of the challenges which the Health Service faces. L&D is not able to ignore them but the accounts which declare a modest surplus (the sixteenth such in a row) mean that it is in a clear minority - most are in deficit. And, with that head start, the great support of the community, Members* and Governors for a hospital that is determined to achieve the best possible outcomes. I feel very confident that L&D will go from strength to strength.

I commend these accounts, the hospital and all who strive to deliver its services for your consideration. And I add my thanks.

Simon Linnett
Chair

* If anyone reading these accounts wants to join our 15,000 Members who take overall stewardship of this incredible institution, you can sign up on www.ldh.nhs.uk

Strategic Vision

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

Vision statement

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

That vision has informed the hospital of what the L&D is and will continue to be during the next five years. Constantly striving to improve Clinical Outcome, Patient Safety and Patient Experience which is at the heart of everything we do.

The Trust has agreed a strategic vision for the next five years. The vision is the outcome of extensive work undertaken during the last three years, including:

- the development of a clinical services strategy
- detailed analysis of the local health economy's requirements
- 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
- recognition that rising health care demand, rising costs and flat real funding means the Local Health Economy is facing a serious sustainability challenge.

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

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

Our vision is consistent with

- the emerging findings from the Bedford / Milton Keynes Review
- the knowledge available to us regarding the strategic intention of other providers
- the financial challenges facing our local CCG's
- the business development opportunities available to us to increase market share and to establish new services
- the strengths and weaknesses of the Trust

Our vision translates into a five year strategic plan, underpinned by six priorities:

1. Delivering Integrated Care, leading the work with external partners and stakeholders to ensure success in delivering care in the best place for patients.
2. Being a Major emergency centre; delivering 24x7 consultant-led A&E, emergency surgery, and acute medicine, supported by a level 3 critical care unit, enhanced trauma services and a specialist hyper-acute hub for vascular interventions, cardiac and stroke care.
3. Expanding our Women and Children's centre, with a maternity unit providing extended consultant cover and presence, in line with Royal Colleges Guidelines and 7-day consultant led care supported by a level 3 NICU and inpatient Paediatric Services.
4. Growing our Elective Centre; attracting both complex and non-complex elective activity from across the Local Health Economy and offering a high quality and efficient service for inpatient and day patient care.
5. Providing diagnostics at the time of need to support the delivery of integrated care for outpatients and the best possible clinical outcome for inpatients.
6. Advancing our commitment to training and teaching by: developing all staff groups; drawing on our clinical case mix and areas of established excellence, such as Human Factors; enhancing our commitment to undergraduate and postgraduate training; and increasing the scope of training to educational commissioners.

Values

- To put the patient first, working to ensure they receive the best possible clinical outcome and 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.



Performance against Corporate Objectives 2014/15

This section of the annual report reviews our performance against corporate objectives set out in our Operational Plan 2014-2016. This also incorporates the work undertaken against the short term challenges facing the Trust. The progress that has been made against our quality priority objectives is reported in the Quality Account section of this document.

Objective 1: Deliver Excellent Clinical Outcomes

Year on year reduction in HSMR in all diagnostic categories

- The Mortality Board continued to oversee the scrutiny of deaths that take place in hospital, reviewing all Dr Foster reports and confirming that there were no causes for concern.
- The Board conducted studies and investigations in the following areas:
 - Death by day of the week
 - Deaths on a weekend
 - Deaths of patients admitted on a Friday
 - Syncope
 - Liver disease
 - Ulcerative colitis
 - Lower respiratory tract infection
 - Excision of stomach
 - Abdominal Hernia
 - Aspiration Pneumonia
 - Urinary Tract Infection

All of the reviews identified that the Trust has no causes for concern regarding the care that was being received by our patients. However, the studies did identify learning points that have been taken forward including: ensuring that daily board rounds are documented, a review by the Division of Medicine of our processes for the allocation of patients to consultants.

Objective 2: Improve Patient Safety

a) Year on year reduction in clinical error resulting in harm

- We have achieved a 30% reduction in hospital acquired pressure ulcers at grades 2 & 3.
- We have reduced the number of reported falls with harm from 27 during 2013/14 to 17 during 2014/15, an overall reduction of over 35%.

- We have reduced catheter usage by 4.24% therefore reducing the risk of a catheter acquired infection whilst in hospital.
- We have reduced the overall cardiac arrest rate from 1.69 to 1.44 per 1000 discharges from September 2014 to March 2015.

b) Year on year reduction in Healthcare Acquired Infection (HCAI)

- We have achieved a significant reduction in the number of C Difficile infections from 19 during 2013/14 to 10 during 2014/15.
- We have maintained a low number of MRSA bacteraemias.

Objective 3: Improve Patient Experience

Year on year improvement in patient experience demonstrated through hospital and national patient survey, leading to upper quartile performance

At the L&D, the Friends and Family Test (FFT) feedback is collected in a variety of ways: on paper forms; online through the hospital website and through telephone calls made to patients by staff in the Patient Experience Call Centre.

Previously, the results for FFT were published as a Net Promoter Score (NPS). However, the score was difficult to understand and this led to a review by NHS England. The scores are now shown as a percentage of people who would or would not recommend the Trust. From October 2014, 92- 94.6% of our patients have consistently reported that they would recommend the hospital to their family and friends.

The call centre provides us with further detailed information in real time from patients 48 hours following their discharge. This information is fed back directly to the wards and clinical areas to support the patients and change practices to improve the patient experience.

The annual national patient survey is demonstrating steady progress and improvement. We are within the normal range when benchmarked against other hospitals nationally.

Objective 4: Deliver National Quality and Performance Targets

Delivering sustained performance with all CQC outcome measures

- The Luton and Dunstable NHS Foundation Trust is fully registered with the CQC and its current registration is Registration without Conditions.
- No enforcement action has been taken against the Trust during the reporting period April 1st 2014 and 31st March 2015 and we have not participated in special reviews or investigations by the CQC during the reporting period.
- The last formal CQC inspection was in September 2013. Two areas of improvement were identified; record keeping and maternity staffing. We declared full compliance with the standards in January 2014 and the CQC conducted a follow up inspection in August 2014. To date we have not received a formal report back from the CQC against these criteria. However, correspondence indicated that we were assessed as being compliant with the standard for record keeping.
- We have established a Trust wide 'Transforming Quality Initiative' reporting to the Executive Board. The initiative is not intended to duplicate our formal governance processes but to support them in ensuring we deliver the highest possible standard of care. The initiative has three components, a core group consisting of managers/ leaders, a reference group made up of staff who are well positioned to provide 'reality checks' and a small group of champions who will initiate change and improvement across the hospital.

Delivering nationally mandated waiting times and other indicators

- During 2014/15, the L&D continued to consistently deliver against national quality and performance targets, achieving a Monitor governance rating of green throughout the year.

The L&D:

- Was the only Trust in the country to achieve the emergency care 4 hour national target every week despite experiencing both a high volume of Emergency Department attendances and an increase in admissions.

- Met or improved upon the national standards for patients not waiting more than 18 weeks for treatment from the point of referral in all quarters.
- Met all of the cancer targets for the year.
- Had excellent performance against the C Difficile target threshold of 19 recording 10 cases.
- Reported 3 MRSA Bacteraemia which is under the diminimus of six for reporting to Monitor.

Objective 5: Implement our New Strategic Plan

During 2014/15 a number of key strategic developments supported the delivery of the Trust's Strategic Vision.

a) Delivering new service models:

Emergency Hospital (collaborating on integrated care and including hospital at home care)

- **Introduced Percutaneous Coronary Intervention (PCI)**
- During 2014/15 the Division of Medicine introduced a PCI service in order to meet the needs of patients and commissioners, ensuring equity in diagnosis and treatment of patients with an Acute Coronary Syndrome through the provision of a local service. The target for the first year was to provide 200 treatments and this was achieved within 10 months.
- **Expanded seven day services** - To meet the increasing demands within the Division of Medicine and to support an improved patient experience, cardiology and respiratory services were extended to cover seven days which builds on clinical services already in place in our emergency department. This provides improved access to expert decision making, assessment, investigation and initiation of treatment to ensure the best patient outcomes.
- **Expanded the capacity of the Emergency Department** - To continue to meet the continued increase in demand for emergency services at the hospital, the Emergency Department was remodelled during 2014/15 to increase capacity.
- **Increased therapies staffing for stroke patients** - To further develop the Trust's ambition to be a Hyper Acute Stroke unit, the Division of Medicine agreed funding for additional therapies staff in the Division's stroke unit to bring staffing closer to the Midlands and East Gold Standard service specification.
- **Replaced CT scanners** - The Imaging Department has improved patient facilities by the replacement of both

CT scanners with high specification equipment as well as reconfiguration of the department. The investment helps pave the way for new services developments such as CT coronary angiography.

- **Implemented 7 day services** – The Trust has further increased 7 day in-patient service provision across Imaging and Therapies, supporting patient pathways to improve access to diagnostics and therapy interventions across several specialties.
- **Improved diagnostics** – Following the successful introduction of Endobronchial Ultrasound (E-BUS) last year, Cellular Pathology, in conjunction with Medicine have expanded endo-bronchial ultrasound services, providing local services to patients and facilitating faster and more effective diagnostics. The service has also appointed an additional substantive consultant Histopathologist to continue to support improved cancer pathways.
- **Further developed outpatient transformation** – To increase efficiency in Outpatient clinic utilisation and improve the use of room space across the Trust, the Diagnostics, Therapeutics and Outpatients Division invested in 'Bookwise' – an electronic room scheduling system.

Women's & Children's Hospital

- **Increased numbers of day case procedures** – Day case provision for both Women and Children has been expanded enabling less invasive options and supporting treatment closer to home especially for children with complex long term gastric problems.
- **Improved the Delivery Suite** – The delivery suite has seen improvement including improved access, additional en suite delivery rooms and better facilities for birthing partners.
- **Completed the interim improvements for Neonatal HDU and SCBU** – The Neonatal unit has been modernised and has an improved High Dependency and social care environment. This now provides a clean and bright unit better meeting the needs of developing pre term and unwell new born babies.

Elective Centre

- **Completed the restructuring of the operating timetable and introduced 6 day elective working** – Our ambitious programme of theatre re-engineering was implemented in December 2014 and for the first time introduced a model of flexible cross-cover within specialties to ensure protected operating time for 51 weeks a year. We also established the model of Saturday operating where we run a full theatre day one Saturday per month to increase the available operating time. This was a challenging implementation with far-reaching impact on timetables in the organisation, but has now embedded well with positive impact seen on start times for lists and minimised turnarounds through increasing the proportion of all day lists and fewer theatre changeovers.
- **Continued to develop highly specialised consultant services** – due to the rapidly growing demand for services, the Division of Surgery recruited its third medical retina consultant and third breast surgeon during 2014/15. Recruitment is also underway for the 5th Urologist following approval of the business case in 2014/15.
- **Continued to repatriate work from main theatres to outpatient facilities:** In 2014/15, an increased number of patients received their cystoscopy examinations in an outpatient setting (the Urology Diagnostic Centre) rather than having to go to main theatres. This service will be further consolidated through delivery of the one-stop urology clinic when it's new facilities become available in summer 2015.

Information Management and Technology

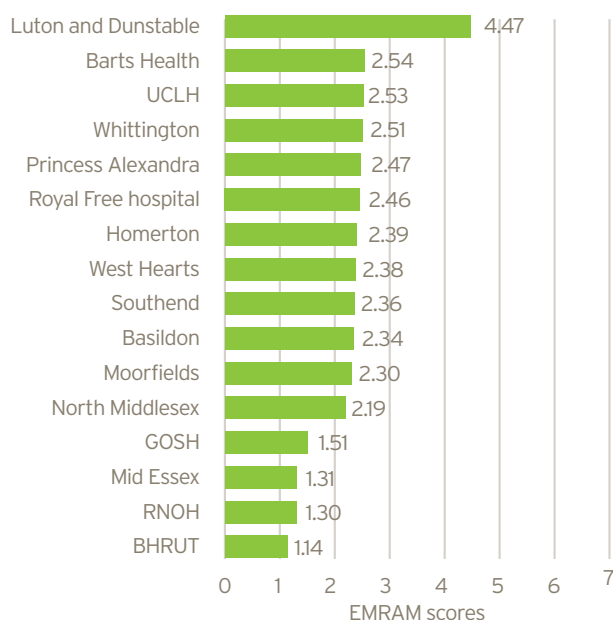
- **Further progress towards the Electronic Patient Record (ePR)** – The Trust delivered the implementation of the electronic patient record this year, where care can safely occur without the need to deliver the persistent paper record. The contract delivered an electronic document and record management system (eDRMS), with the scanning of patient's persistent paper records. We achieved a full scan on demand service for all adults in September 2014, all paediatrics in November 2014, and the final area to go live was maternity records in April 2015. The final key element of our three projects after eObs (electronic nursing observations) and eDRMS has been the successful implementation of electronic prescribing and medicines administration (ePMA). We are also part of a consortium of providers implementing a Chemotherapy prescribing system which is a major part of our patient safety agenda in

terms of safe and effective administration of cytotoxic drugs. We are scoping and building the interfaces to link all of the systems together, and are looking to implement this system in Q3 2015.

The Trust's progress with electronic records was externally benchmarked within UCLP using the internal standards organisation HIMSS's electronic medical records adoption model. This validated the high quality of our electronic patient record systems. See the graph below which shows the Trust outperforming all other providers:

EMRAM

EMRAM scores across UCLP range from range from 1.140 to 4.465 as shown below:



EMRAM scores for UCLP acute provider trusts

Reference: UCL Partners Informatics Environment Maturity Assessment - January 9th, 2015

- **Implemented E-Prescribing and medicines administration** - Pharmacy has managed the introduction and roll out of electronic prescribing across the Trust, delivering efficiency benefits in medicines management, transcription and stock control and driving improved patient safety benefits.
- **Implementation of electronic blood tracking** - The Trust has also implemented electronic blood tracking, a major safety initiative supporting the effective management and administration of essential blood products to our patients. The new process uses much safer intelligent bar code reconciliation linking blood products to the patient and trained clinician performing the transfusion.

- **Reviewed the provision of PACS** - We have completed a tactical PACS project to exit from the National Programme for IT Contract which is ending this year, and have migrated all our data from the central data store onto the Trust infrastructure in preparation for the implementation of the recently procured new PACS & Vendor Neutral Archive system. We are one of the only Trusts to have successfully completed this transition.
- **Investment in Unified Communication** - The Trust is investing in a new Unified Communications system, to replace our current telephony system which is 25 years old and now very difficult to maintain and support. We have upgraded much of the infrastructure, including the back-up power and network. Next year we will deploy the devices and use the system starting with voice deployment in the summer of 2015.
- **Advancement of IT Infrastructure** - There have been major advances in the IT infrastructure this year with significant progress in the transition to our managed service partner (OCSL). This has resulted in enhanced resilience, stability and performance in the delivery of IT systems across the organisation. We have progressed with server modernisation, and installation of new Virtual Desktop Infrastructure into areas such as Maternity and Outpatients. This is a complete upgrade in our desktop suite resulting in faster more reliable cloud based desktop computing.
- **Restructured the IT Department** - In line with the infrastructure changes, we have re-structured our IT department to a more service orientated focus. We have introduced weekly and monthly service reports detailing call levels, response times and service improvements on which the teams are working. These reports form the basis of monthly divisional meetings that are arranged with divisional leads to review service performance or highlight areas of improvement. We have also reviewed or introduced processes and procedures for change, problem or incident management to ensure IT issues are dealt with in an efficient and measured approach. These changes have resulted in a reduction in outstanding calls and the time taken to resolve IT issues or progress improvements related to IT.
- **Developed Clinical Correspondence and Administration** - The transfer of clinic letters electronically to GP Practice once approved by the author has been a focus on this year with all practices with which we regular receive patients now receiving electronic letter transfer. There will be a concerted

focus on turnaround times as we look to revise the support structures to support the pathway focussed approach to administration.

Business Development

- **Business Development** - We have continued to market our services to GPs and held a range of events to promote our services, where expert speakers have drawn consistently good attendances. We have also extended our outreach into bordering catchment areas and worked to promote the L&D Brand as a high quality care provider. Considerable analysis has taken place of where we could re-patriate referrals that are currently not coming to the Trust, and market analysis has continued. This has laid the foundations for real changes in referral patterns to be achieved in the future.

b) Implementation of our preferred option for the re-development of the site.

- At its extraordinary Board Meeting, held in public on the 1st October 2014, the Board of Directors ratified the Finance, Investment and Performance (FIP) Committee's recommendation to develop a detailed business case to redevelop of the L&D site. In making the recommendation FIP reviewed the various options including the development of a new hospital site, do nothing or do minimum. Upon reviewing the options and the associated financial consequences FIP agreed the wider site re-development option offered the most clinical and operational benefit and whilst the scheme requires the Trust to access a loan the associated re-payments would be affordable assuming a range of income generation opportunities and a detailed cost improvement plan. In 2015, the Board will consider the Outline Business Case for Hospital-Redevelopment.
- The option selected will cost in the region of £130 - 150m and has been designed to facilitate the Trust's clinical strategy by enabling the re-invention of the DGH into a campus of four distinct centres: Major Emergency, Women's and Children's, Elective and Teaching and Training. It will comprise both new build and refurbished accommodation. The new building will contain: an integrated Critical Care Unit, a Neonatal Unit, a Delivery Suite and a new theatre suite incorporating an ambulatory surgical facility. The existing Emergency Department will be expanded and a number of wards will be re-furbished or re-decorated. The outpatient facility will be re-organised to meet the changing needs of these services.
- Following agreement of the master plan, the Trust

conducted a procurement exercise to identify a professional services team to develop the design to support the preparation of an Outline Business Case. A consortium led by AECOM was the successful bidder for the work required. The team commenced work in February 2015.

- A Hospital Re-development Programme Board has been established, chaired by the Trust's Chair, has direct responsibility, delegated by the Trust Board, for overseeing the management and delivery of the re-development proposals. The development of the Outline Business Case will be managed on a day-to-day basis by the Programme Team. This will be chaired by the Chief Executive in her role as Programme Sponsor.
- A full time project team has been appointed by the Trust to manage the development of the design and to prepare the Outline Business Case.

Objective 6: Develop all Staff to Maximise Their Potential

a) Delivering excellence in teaching and research as a University hospital

- We continue to expand the teaching of undergraduate medical students with increased numbers and a wider range of clinical settings. In postgraduate training we are converting, with the support of the local education and training board, non-training posts to training posts in General Practice and Emergency Medicine. In areas of significant increase in service demand, such as acute medicine and obstetrics, we are working closely with the Deanery to ensure trainees receive the best training and benefit from the rich casemix which is unique to our hospital. In Research we have worked with our new research partnership area to ensure a 40% increase in research commissions.
- We are also developing plans with the Trust to support a range of expanding training needs including in simulation and human factors training, and towards establishing a clinical trials facility. There are regular presentations to the Trust Board on training and research, and teaching continues to be one of the priorities for the Board and senior staff to ensure the best and most sustainable future patient experience and safety.

b) Ensuring a culture where all staff understand and promote the vision and values of the organisation

- We have put in place a number of initiatives across the Trust in order to raise awareness and increase our

staff's understanding of the vision and values of the organisation including:

- The Corporate Induction now has a session on the vision and values lead by an Executive Director.
- Our values are a core part of the appraisal paperwork that all staff covered by Agenda for Change complete each year - staff are encouraged to recognise how they have supported the values in their own work over the previous year.
- All nurse recruitment includes an assessment based on the Trust values.
- The Preceptorship programme for newly-qualified nurses and the revised two-week Health Care Assistant induction includes a session on values and communication.
- Work with divisional clinicians to support development of excellence in clinical learning has been undertaken in two divisions.
- Human Factors training mirrors values of patient safety through collaboration and team work.
- A coaching culture is developing through workshops for line managers and training as practitioners.
- Health coaching for clinicians working with patients with long-term conditions such as diabetes and respiratory conditions continues.
- Individual managers are accessing coaching from both internal and external qualified practitioners.

c) Recruiting and retaining a highly motivated and competent workforce

- The Trust is committed to becoming an employer of choice by recruiting a highly skilled workforce in order to serve its local population in the best way possible.
- In order to continue recruiting the right staff for the right opportunities the Trust has engaged with the following:
 - Monthly recruitment open days for Nurses and other specialities
 - Overseas Recruitment
 - Increased advertising of recruitment events
 - Development of the Trust website
 - Promotion of the Trust and its vacancies/employment opportunities by using social media
 - Creating a nursing recruitment brand for the Trust (Proud to Care)
- In order to ensure the Trust retains its most important resource (its employees) the Trust offers the following:

- All staff should have access to a personal development plan and undertake an annual appraisal
- Opportunities for staff to progress through the Trust's Talent Management Programme
- Access for all staff to undertake additional training/learning that will benefit both the employee and the Trust
- Starter and Exit interviews in order that the Trust can engage and improve its staff experience.
- A confidential assistance service is available to all staff 24/7.

Objective 7: Optimise the Financial position

Delivering our financial plan 2014-2016 with particular focus on the implementation of Re-Engineering Programmes (REP).

The REP was launched as formal programme in the last year, pulling together various initiatives into a coherent portfolio of projects. The REP is fundamental to the ongoing viability of the organisation as it strives to meet the twin challenges of tariff efficiency and commissioner driven demand management initiatives, in addition to providing the basis to meet the affordability of the hospital redevelopment. The overall approach is based on the analysis that suggests the Trust's systems and processes are not functioning to a maximum level of efficiency and that potential improvements represent a key opportunity. The REP aims to meet the financial challenge by creating overall 'system' efficiency rather than delivering discrete cost reductions unconnected to the whole. The Corporate schemes outlined below have been the focus for this year:

- Theatre Re-Engineering
- Outpatient Re-Engineering
- Reducing length of stay
- The implementation of seven day services
- The implementation of an electronic staff rostering system
- Reviewing clinical correspondence and administration Business Development

The Re-engineering programme is embedded into the Division's annual plans and are reported back in this report through the corporate objective review, divisional performance review and quality accounts.

Service Developments during 2014/15

During 2014/15, the Division of Surgery:

- **Continued to improve outcomes for patients with fractured neck of femur** – The excellent progress in improving outcomes for patients with fractured neck of femur continued with ongoing improvement in the time taken to get patients to theatre and an increase in patients who qualified for best practice tariff. At March 2015 our HSMR was 61 (compared to 84 in 2014) which is significantly under the aim of 100.
- **Further reduced length of stay through delivering enhanced recovery pathways** – During the year, our first knee schools were held, with excellent feedback from patients and relatives. We have developed combined pre-assessment for hip and colorectal patients on enhanced recovery pathways, and have introduced our new patient information leaflets, explaining to patients what to expect, and how quickly they can plan to go home.
- **Replaced air handling system in theatres** – Following the significant refurbishment to theatres 1-6 the upgrading works to the air handling system in theatres were completed to improve reliability and enable remote monitoring of the system.
- **Invested in changing facilities in arrivals and introduced the concept of no-crossover** – following some improvement works to the surgical admissions area, patients are now being admitted to the area adjacent to the theatre suite in which their procedure will take place, reducing the need for patients to cross their hospital on their way to theatre. This has had significant patient experience and efficiency improvements, enabling us to more accurately predict the journey times for patients to theatres.
- **Continued to improve cancer patient experience** – The dedication of the cancer team was acknowledged when the Trust was recognised as one of the top ten hospitals in the UK for patient experience and for one of the four most improved in the country. Following completion of the refurbishment of the Macmillan Cancer Unit including the new cancer patient information centre which was achieved in partnership with Macmillan Cancer Support the Trust was one of a few organisations awarded the Macmillan Quality Environment Award.
- **Implemented Extracorporeal Shock Wave Therapy (ESWT) for orthopaedics patients:** The division has invested in equipment to be able to provide this non-invasive treatment for tendinopathy to patients. This can be delivered as a series of treatments in an

outpatient setting and is a NICE approved alternative to surgery for some patients. Training of staff has been completed and the first clinics have run in quarter 4 2014/15.

During 2014/15, the Division of Medicine:

- **Reduced Length of Stay** – The optimised usage of our ward areas has been focussed on two key interventions to reduce our hospital bed utilisation. The scaling up of our Ambulatory Care Centre (ACC), and the launch of a Hospital at Home (H@H) service. The ACC has seen steady growth in the number of conditions that can be managed effectively, and with its relocation to EAU in December there was a growth in the service. The programme has also continued to focus on process refinements, faster diagnostics, board rounds and improved consultant input. This has been delivering ongoing improvements. It has delivered a continuing ongoing reduction in our Length of Stay (LoS) for all spells and also patients with a LoS of >28 days.
- **Successfully implemented a bowel screening service** – To support timely diagnosis and intervention, the Division has successfully implemented a bowel screening service with plans for further service expansion in 2015/2016
- **Introduced partial booking in Rheumatology** – The Division implemented partial booking in response to patient feedback. This method offers an improved experience to patients and increases the efficiency of clinics by reduced rescheduling of follow-up appointments.
- **Met increasing demand for outpatient services** – The Division have recruited a number of specialist consultants to improve the service and to meet the increasing demand for services in cardiology, gastroenterology and respiratory.
- **Extended Ambulatory Care Opening Hours** – The Ambulatory Care Centre extended its opening from 09:00-17:00 to 09:00-21:00 allowing more patients the opportunity to be managed on ambulatory pathways and reducing pressure on the Division's bed base.
- **Reconfigured the Acute Medical bed base** – The Division increased its assessment unit bed capacity by reallocating Ward 4 as EAU 2. This allows patients a longer average length of stay in an assessment unit and improves flow through the hospital.

- **Increased therapies staffing for stroke patients** – the Division agreed funding for additional therapies staff in the Division's stroke unit to bring staffing closer to the Midlands and East Gold Standard service specification.

During 2014/15, the Division of Women's and Children's Division:

- **Developed an emergency Gynaecology and Early Pregnancy Unit** – The Women's division have implemented extended early pregnancy clinic provision and are offering a six day service alternating between Saturday and Sunday on a two week basis. This has enhanced patient experience and reduced avoidable admissions.
- **Developed the maternity theatre complex** – Delivery Suite Theatres under went improvements to ensure the environment meets the needs of both delivering mothers and the clinicians through effective climate control and central estates monitoring.
- **Reviewed and developed specialist midwives** – The Division has successfully recruited a specialist Diabetes midwife to support women who need additional care and a specialist midwife for mental Health has also been approved.
- **Improved access to technology to midwives** – Led by a midwife, the Women's and Children's Division are in the final stages of launching the community midwife booking App. This will mean less time completing paper records and more time with expectant Mothers. This will be a flagship product, the first of its kind.
- **Developed ante-natal services** – The community midwifery service has continued to support the slimming world healthy pregnancy project with get success with expectant mothers who have been supported through this work. Improvements in the antenatal clinic area have started and are continuing into 2015/16.
- **Further developed the Advanced Nurse practitioner roles** – The Division's first 'home grown' Advanced Paediatric Nurse practitioner has successfully completed her training and has joined the Junior Doctor Rota part time from March 2015. This has provided both enhanced care for children attending the unit and is a great opportunity for nurses to continue to develop skills as well as aiding recruitment.

- **Continued to enhance links locally and nationally** – The Division's links to specialist centres such as Great Ormond Street, Kings College and Addenbrooks have continued to flourish with more children seen and cared for locally by specialist local consultants and specialist visiting consultants.

During 2014/15, the Diagnostics, Therapeutics and Outpatients Division:

- **Replaced CT scanners** – the Imaging department has benefited from the replacement of both CT scanners with high specification equipment as well as reconfiguration of the department to improve patient facilities. The investment helps pave the way for new services developments such as CT coronary angiography.
- **Implemented PACS and VNA tactical solution** – investment in the IT infrastructure has improved the picture archive storage facility to the Imaging department, facilitating growth and protecting retrieval of images to future proof the service whilst the longer-term strategic solution is procured and implemented.
- **Implemented 7 day services** – The Division has further increased 7 day in-patient service provision across Imaging and Therapies, supporting patient pathways to improve access to diagnostics and therapy interventions across several specialties.
- **Invested in Pathology Services** – Blood Sciences have commissioned new laboratory clinical biochemistry analysers, which will improve efficiency and turn around time for blood samples and increase the clinical repertoire of tests available within the Trust and allow for rationalisation of serology testing. The department has also commenced a calprotectin and Vitamin D service, whilst Transfusion have implemented blood issuing and blood tracking systems within the Trust to improve patient safety and meet regulatory requirements.
- **Improved diagnostics** – Following successful introduction of Endobronchial Ultrasound (E-BUS) last year Cellular Pathology, in conjunction with Medicine have expanded endo-bronchial ultrasound services, providing local services to patients and facilitating faster and more effective diagnostics. The service have also appointed an additional substantive consultant Histopathologist to continue to support improved cancer pathways.

- **Further developed outpatient transformation** - Outpatients have invested in Bookwise - a room scheduling system to allow for increased efficiency in Outpatient clinic utilisation and use of room space across the Trust.
- **Implemented Partial booking** - a new Outpatient appointment booking system has been initiated in some speciality areas to better manage appointment scheduling, reduce short notice clinic cancellations and to pave the way for increased patient choice and improved access to Outpatient services across the Trust.
- **Improved the Fracture Clinic** - Implementation of changes to the scheduling system in Fracture Clinic has substantially improved patient flow during the course of clinics and reduced waiting times, as has been demonstrated by the very positive feedback received from patients.
- **Improved Outpatient Phlebotomy Service** - a designated phlebotomy service to support patients attending outpatient appointments has been established, providing a one-stop service co-located to clinics and relieving demand on the main Phlebotomy department
- **Implemented E-Prescribing** - Pharmacy has managed the introduction and roll out of electronic prescribing across the Trust, delivering efficiency benefits in medicines management, transcription and stock control and driving improved patient safety benefits.

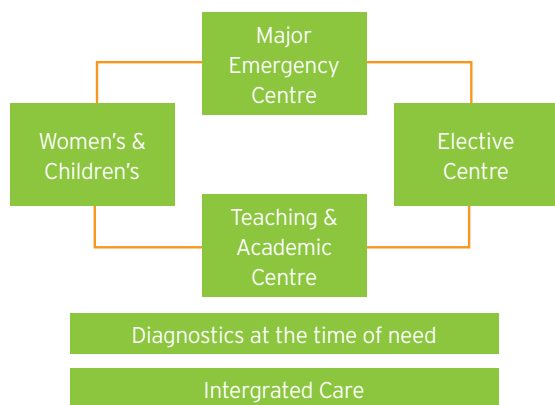


2015/16 Strategic Approach

L&D Re-Inventing the DGH

Our Strategic Plan, published in 2014, set out our intention to transform L&D into:

- A Hyper Acute Emergency hospital - 'The Major Emergency Centre'
- A Women's & Children's hospital - 'The Women's and Children's Centre'
- An Elective Centre - 'The Elective Centre'
- A Teaching and Academic Centre



The new L&D will have four business and clinical units:

1. The Major Emergency Centre

At the heart of the new L&D will be 'The Major Emergency Centre' providing the highest standard of emergency medicine, emergency surgery and hyper acute specialist medicine. The Centre will provide the shortest possible length of hospital care by delivering 24/7 (or 7/7 if applicable) consultant care and diagnostics at the time of need. The Centre will work closely with other providers to ensure that patients receive ongoing treatment in their own place of residence or other appropriate facility.

At the core of the Major Emergency Centre will be the Emergency Department. We believe the Trust is in an excellent position to become a 'Major Emergency Department' as described in the Keogh Report 'Transforming Urgent and Emergency Care Services in England'. In recent years, our department has consistently performed amongst the top 10 nationally in the delivery of the four hour target. Our friends and family score is high, we attract high calibre consultant staff and our conversion rate is very good.

During the next two years we will increase staffing and facilities to ensure the department meets the future specifications. The Emergency Department will be supported by a comprehensive range of clinical specialities including:

Emergency and Trauma Surgery

- The Trust has a dedicated Trauma theatre and an emergency theatre (as per NCEPOD guidance) which are staffed 24 hours a day, 7 days a week.
- The emergency and trauma operating sessions are predominantly consultant-led with experienced anaesthetists.
- We are the network hub for Oral and Maxillofacial trauma, with trauma surgery centred at L&D for Milton Keynes, East and North Herts and Bedford Hospital patients delivered by specialist teams.
- Over the past two years the L&D has worked hard to successfully improve outcomes for fractured neck of femur patients and one of the cornerstones of this success has been to achieve our aim of 85% of patients going to surgery within 36 hours of admission.
- Over the next two years we are focussing on reducing our pre-operative length of stay for other key emergency pathways.
- Right-sizing our critical care bed provision to support the anticipated growth in emergency and trauma theatre activities is also believed to be essential to achieving best outcomes.

Hyper Acute Medicine

The forward vision of the Medical Division at L&D is to provide a model of hyper acute care for our in-patients. We endeavour to ensure that only those patients requiring hospital admission for on-going acute care are managed within our bed-base.

- A model of integrated care will link our geriatricians with locality based GPs, social care and mental health professionals. This model will provide multidisciplinary care crossing health care boundaries.
- Early access to specialist advice will facilitate improved patient care and experience through improved coordination.
- Early intervention and focus on chronic disease management within the community setting will prevent unnecessary hospital admissions

- Consultant delivered acute medicine, 14 hours a day, 7 days a week, has been in operation since May 2013. This model facilitates rapid and appropriate decision making and results in:
 - i. improved outcomes for our patients
 - ii. more efficient use of resources
 - iii. easier GP access to the opinion of a fully trained doctor.
- All admitted patients will be assigned a single, appropriately qualified, responsible consultant who will continue care through to discharge
- Unless a patient's care dictates otherwise, this will be delivered from a single bed base with no transfers during their admission.

Stroke

- The Trust currently provides Hyper-Acute stroke services for Luton, Bedfordshire, Hertfordshire and Buckinghamshire.
- Local CCGs are presently assessing the organisation of Hyper Acute Stroke Unit (HASU) services within the region with support from the East of England Cardiovascular Clinical Network, the likely outcome of which is a reduction in the number of commissioned HASU providers across the three counties.
- L&D is in a strong position to retain the HASU service due to the geographical location of the hospital and the local infrastructure which allows for a wide catchment area
- L&D is also the only provider in the region to offer 7 day a week urgent, high-risk TIA outpatient clinics which supports the delivery of our HASU.

Cardiology

- Our Cardiology Department provides a comprehensive elective and non-elective service for our local population, delivered by an experienced and committed multi-disciplinary team.
- The high quality of service provision is demonstrated through the Myocardial Ischaemia National Audit Project (MINAP) and patient experience data.
- A commitment to working with partner organisations to provide improved patient pathways, including care closer to home is evident in the provision of outreach arrhythmia, cardiac surgery assessment clinics

and community cardiac rehabilitation sessions and palpitation clinics.

- The recently commissioned Cardiac Centre is a state of the art, future proofed facility, delivering diagnostic coronary angiography, permanent pacemaker implantation and percutaneous coronary intervention (PCI).

Vascular

- The L&D Board of Directors will consider a business case for the development of vascular surgery during the first half of 2014/15 to provide services for Luton, Bedfordshire and Milton Keynes catchment.
- In parallel, the Radiology Department will create a plan for a network arrangement for Vascular Interventional Radiologists. It is anticipated that the service would be established during 2015/16.

Diagnostics at the time of need

- It is our intention that by the end of 2015-2016 that both Imaging and Pathology will provide comprehensive acute diagnostic services to support both inpatient and outpatient pathways 7 days a week.
- New services will be established to deliver both CT coronary angiography and interventional radiology, supporting the development of vascular surgery at the Trust.
- Having immediate access to diagnostics is imperative for the Major Emergency Centre, the Women's and Children's Centre and the Elective Centre.
- 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. Our achievements and plans are detailed under the Diagnostic, Therapeutics and Outpatients Divisional reports.

2. Women's and Children's Centre

The Women's & Children's Centre will build on the present performance and reputation of the existing services in L&D. The Centre will focus on providing excellence locally. Working with tertiary providers, the ambition is to enable a developing range of treatment and care to be provided in order to avoid the need for patients to be transferred to other centres and when this is not possible to facilitate earlier returns.

Our present Women's and Children's Division provides a comprehensive range of services to the population of Luton, Bedfordshire, Hertfordshire, Buckinghamshire and further afield. The Division offers a growing gynaecology service, a busy maternity unit, a specialist level 3 Neonatal Unit and a range of paediatric services. The Division also works in partnership with other care providers, including tertiary centres such as Great Ormond Street Hospital, to ensure that people are given the most appropriate care and treatment in a setting close to their homes.

- The Gynaecology Service has been transformed by a new Ambulatory Centre, allowing the hospital to offer women an array of day case procedures in a relaxed, female-centred environment.
- The Gynaecology Service will take the opportunity to extend the catchment of its recurrent prolapsed and urinary incontinence services following the release of a new specification by Specialist Commissioners and their statement of intention to reduce the number of centres.
- Within Maternity Services, the Division has invested in staffing to ensure increased consultant presence and one to one care for women in labour.
- The Trust's level 3 Neonatal Unit has, year on year, increased consultant presence which provides rapid support and senior decision making for our highest risk infants.
- In Paediatrics, similarly, there is a growing team of acute and speciality consultants enabling consistency, early consultant assessment and rapid decision making.
- This increased level of senior cover across the division provides swift, expert support for emergencies, it reduces the length of our patients' hospital admissions and it improves patient safety and outcomes. It also provides more opportunities for supervision and training for our workforce of the future.

3. Elective Centre

Today, L&D provides a comprehensive range of elective surgery and medicine to local populations. We also provide an increasing amount of tertiary or specialist care. Our new 'Elective Centre' will aim to compete with the best Elective Care Centres providing diagnostics at the time of need, one stop clinics, elective care uncompromised by emergency care and excellent patient experience. Importantly, the Elective Centre will also focus on the provision of speciality medicine,

following the present surgical model of one patient, one consultant, one bed.

Surgical Services - Present Provision:

- a regional centre for bariatric surgery
- tertiary level services for head & neck surgery; corneal surgery; breast screening and reconstructive surgery; and some uro-gynaecology pathways
- a range of other surgical specialties including urology, upper and lower gastro-intestinal, trauma and orthopaedics
- general paediatric surgery
- 10 main operating theatres (excluding two maternity theatres) with work on-going to replace our 11th theatre

Medical Services - Present Provision:

- a variety of therapeutic endoscopy procedures
- sleep studies
- a day hospital unit that provides a variety of planned treatments

Outpatient and Diagnostic - Present Provision:

- elective outpatient services for a wide variety of surgical and medical specialties
- imaging services including x-ray, CT and MRI scanning
- diagnostic endoscopy procedures

The outpatient transformation programme has successfully delivered significant environmental improvements to our main outpatient areas. Our current aim is to provide one-stop outpatient and diagnostic services wherever possible and the introduction of the one-stop urology service during 2015/16 will be a significant development in this regard.

Our focus is on re-engineering the operating theatre structure to support increased capacity and free up theatre space for our intended developments. We are also implementing a full scheduling model which is significantly improving the booking of our operating lists and further increase the opportunity for growth.

4. 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 our 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.

This model will provide a health and social care integrated multidisciplinary team with a single point of contact and expert care coordination. The integrated care delivery team will focus on early intervention, a greater emphasis on chronic disease management and a more planned approach to acute care management with early supported discharge. The delivery of this project and its roll out across the Luton catchment area will be key in ensuring that both health economies are able to meet future financial challenges.

5. Teaching and Academic Centre

Teaching and evidence underpins the ethos of our organisation. The Teaching and Academic Centre will be at the hub of the new L&D, providing a focus for all teaching activities and facilitating the use of evidence in daily practice.

In teaching and training we will plan to deliver programmes at all levels to enhance the professional and personal competency of health care professionals. In medicine, both for undergraduate, Foundation and speciality training, and for the increasing number of non-training grade medical staff there will be a greater investment of time and resources. In nursing we will support up skilling to enhance skill mix, the development of specialist nurses to bridge between secondary and community care. The full apprenticeship model will be launched in the autumn 2014, to develop HCAs and enable transition to full nursing. For all professional and non-professional staff will establish systematic programmes of patient focussed staff development.

In Research we will build on an existing excellent research base to increase patient and clinician participation in Research, and increase Research income to support the financial resilience of the Trust.

6. Hospital Re-Development

At its extraordinary Board Meeting, held in public on the 1st October 2014, the Board of Directors ratified the Finance, Investment and Performance (FIP) Committee's recommendation to develop a detailed business case to redevelop of the L&D site. In 2015, the Board will consider the Outline Business Case for Hospital-Redevelopment.



Maintaining Performance

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 an exceptional 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 benefit from the re-organisation of acute services to the north of the Trust.
- Ensure that specialty plans give consideration to the 'necessary volume' to ensure give the economies of scale required for sustainability.

Exploring Opportunities for Growth

- Explore the growth opportunities across the range of services offered as a consequence of the Bedford and Milton Keynes review, either alone or in partnership.
- Actively engage other stakeholders including the 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 Trust's 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 & 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 2014/15 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 which meet the need for tariff efficiency and the financing of the redevelopment programme.
- Review and modernise non-clinical support services including catering, cleaning and portering to ensure they are responsive to patients' needs and support clinical care, outsourcing will be considered the best option for non core services
- Further develop the Divisions to allow greater focus at specialty level in order to benefit fully from service line management and bring forward a new generation of clinical leaders.
- Continue to review and strengthen performance by the use of internal and external expert review.

Corporate Objectives 2015/16

In 2014 -16 the Trust's Strategic Direction was underpinned by seven corporate objectives detailed in the 2014-2016 Operational Plan. These objectives have been reviewed and objective 6 has been changed to reflect the challenges the Trust is now facing in securing and retaining a competent workforce.

1. Deliver Excellent Clinical Outcomes	<ul style="list-style-type: none">• Year on year reduction in HSMR in all diagnostic categories
2. Improve Patient Safety	<ul style="list-style-type: none">• Year on year reduction in clinical error resulting in harm• Year on year reduction in HAI
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
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
5. Implement our New Strategic Plan	<ul style="list-style-type: none">• Deliver new service models:<ul style="list-style-type: none">- Emergency Hospital (collaborating on integrated care and including hospital at home care)- Women's & Children's Hospital- Elective Centre- Academic Unit• Implementation of preferred option for the re-development of the site.
6. Secure and Develop a Workforce to meet the needs of our Patients	<ul style="list-style-type: none">• Develop and monitor the delivery of a comprehensive recruitment programme for all staff groups. The programme will incorporate a work plan focussing on retention.• Ensure a culture where all staff understand the vision of the organisation and a highly motivated to deliver the best possible clinical outcomes.• Deliver excellent in teaching a research as a University Hospital. Ensure that all staff have access to appropriate education and facilities to maintain their competence.
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 Reports and Improving Quality

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.

Since the original report, there have been a number of further reports; the Governments Response to the Francis Report, Cavendish Report, Berwick Report, Keogh Report, Clwyd-Hart Report and 'Freedom to Speak Up' Report. In response, the Trust has put in place a number of governance changes and improvement initiatives.

Mortality Board

The Mortality Board was established in May 2013 and has continued to meet throughout 2014/15. The Mortality Board oversees a programme of work aimed at supporting reductions in avoidable mortality. The importance of monitoring and understanding mortality is a key part of ensuring the safety and quality of services for patients. The Board, chaired by the CEO and with wide representation from the divisions, focuses on higher than expected mortality rates and uses case note reviews and the IHI Global Trigger tool as the core methodology. During the year, all of the reviews identified that the Trust has no causes for concern regarding the care that was being received by our patients.

Complaints Board

We have always valued the importance of receiving feedback from patients regarding their experience. We do however, believe it is particularly important to listen to patients when they complain about care or treatment and to work quickly to respond and to learn. This was also a key factor in the Francis Report to alert the Board to 'warning signs'.

Over a period of years we have received good feedback on the quality of our response to complaints, however, we have struggled to respond in a timely manner. The Board approved a group to focus on how we manage complaints and most importantly, on how we learn as an organisation when care and treatment has fallen short of the standard that we want to provide to every patient, all of the time.

The Complaints Board continues to see improvements in the management of complaints by the Divisions. The

General Managers have reviewed the governance of complaints at divisional level and have identified the appropriate forums to discuss complaints and extract the learning. A small sub group of the Complaints Board is looking at a way of introducing organisational wide learning linked to our complaints, incidents and patient experience feedback.

When the final report, A Review of the NHS Hospitals Complaints System - Putting Patients Back in the Picture by the Right Honourable Ann Clwyd MP and Professor Tricia Hart was published in October 2013. We were encouraged by the number of recommendations we already have in place and the Complaints Board will consider all recommendations for action.

Transforming Quality Initiative

We have established a Trust wide 'Transforming Quality Initiative' reporting to the Executive Board. The initiative is not intended to duplicate our formal governance processes but to support them in ensuring we deliver the highest possible standard of care. The initiative has three components, a core group consisting of managers/leaders, a reference group made up of staff who are well positioned to provide 'reality checks' and a small group of champions who will spread change and improvement across the hospital.

The initiative is developing a number of workstreams, including: raising concerns, communication and engagement, privacy and dignity, engaging junior doctors and estate improvements.

Patient Safety - Raising Concerns

Patient Safety has been at the heart of L&D for many years and we have established numerous initiatives and processes to support staff in delivering harm free care. We have, however, acknowledged that some of our processes relating to reporting incidents and near misses can be time consuming and complex, which means that at times, staff do not speak up and the opportunity to avoid future errors is lost.

During 2015, the Chief Executive Officer therefore decided to write to all our staff asking them to tell her (confidentially) if they believe a patient has suffered harm or if there has been a near miss and they do not feel confident that the incident is being properly addressed. In writing to staff she pledged to provide feedback to those who contacted her. To date, this initiative has led to the establishment of broader 'listening exercises' focussing on clinical and staff management issues.

Patient Safety Rules

During 2014, we commenced our patient safety breakfasts. Each breakfast focuses on two patient safety incidents and the learning that has occurred as a result of the incidents presented. In March we launched the concept of Patient Safety Rules. A rule will be developed where learning had informed the need for an explicit process change. During 2014 there were two patient safety incidents that fell into that category. We have also decided that where possible, we will name the 'rule' after the patient involved, providing that the patient or the patient's family find this acceptable. We believe that this will help to keep the learning active within the hospital. Our first two rules are: 'The Allnutt Rule' relating to the removal of peripherally inserted central catheter 'PICC' lines and the 'Marek Rule' relating to consultant reviews during holiday periods.

The implementation of Patient Safety Rules will be monitored closely and reported to the Board of Directors and the Clinical Outcome, Safety and Quality Committee.

Responding to the Cavendish Report

From February 2015, all HCA's have been undertaking an induction certificate in line with the Care Standards outlined in the Cavendish Report. They will then be put on an apprenticeship to meet the Certificate of Fundamental Care standards. The job offer letters all now include that permanent jobs will only be offered to those who have completed the Certificate and the Induction programme has been amended to meet the standards of the certificate.



Service Developments planned for 2015/16



- **Further develop the Electronic Patient Record (ePR)**
- Having achieved an electronic patient record for our patients in 2014/15 using multiple systems, we will now focus on the potential consolidation of this record into a single unified ePR, and the Trust will examine options closely in the market place. This will be combined with a review of our Patient Administration Options as our current system contract expires in 2016.
- **Investment in a new Unified Communications system** –
we have agreed to replace our current telephony system which is over 25 years old and difficult to maintain and support. We have upgraded the infrastructure, including the back-up power provision, of the Local Area Network. The phone deployment is planned to be completed towards the end of September 2015. We will be working concurrently to modernise our paging (bleep) system, and emergency communication during this period. Our new Telecoms platform offers additional functionality and scope for re-designing our contact centres, switchboard and other key Trust support functions.





- **Continue to work on developing Specialist Vascular Services** - As part of the Trust's 5 year strategic plan, re-establishing vascular services at the L&D was identified as a key opportunity to enhance and complete our hyper-acute portfolio. During 2015/16, the Surgical Division will be working in partnership with DTO to establish the operational model and viability of a full vascular service supported by interventional radiology. This will require the development of a comprehensive business case and work to identify any early enablers of such a development, such as the establishment of vascular lab services at the L&D to save patients having to travel to Bedford for their imaging prior to surgery.
- **Commence a Urology one-stop diagnostic clinic** - During summer 2015, works will be completed to the new Urology one-stop clinic facility, which will enable patients to have their diagnostic tests at the same time as their consultation rather than having to come back at a later date. Recruitment is also planned for a substantive 5th Urologist and will be completed during 2015/16.
- **Improving in-list turnaround in theatres** - The re-engineering of the theatres timetable has increased utilisation of theatre sessions to 51 weeks per year. During 2015/16 a programme of training in observation and root cause of constraints is planned with theatres staff to enable them to critically evaluate the running of the lists and identify steps to reduce the time taken between cases.
- **Review of the surgical booking processes** - During 2015 the division plans to establish a new pathway for pre-assessment which improves the timeliness of pre-assessment services by bringing them earlier in the patient pathway. Implementation of same-day pre-assessment clinics linked to elective surgery clinics will follow later in 2015.
- **Review of elective surgery theatre provision** - The division has identified an urgent need for additional theatre space, and a plan for the replacement of the mobile 'Vanguard' theatre with a more cost-effective solution which provides an additional theatre is being developed for delivery during this financial year.
- **Recruitment of the 7th Oral and Maxillo-facial Consultant** - The division has developed a business case for a 7th consultant in this growing specialty to assist with the increasing amount of head and neck work that is coming to the hospital.
- **Establishing inpatient Paediatric Orthopaedics services and securing Paediatric General Surgery at the L&D** - The division has developed plans to repatriate inpatient paediatric orthopaedic work to the L&D following the cessation of services provided from Bedford Hospital as outreach. The division has successfully recruited a new General Paediatric Surgeon who will start in April 2015, and will secure the future of the service pending the retirement of the incumbent consultant. The division intends to work in partnership with tertiary providers to ensure robust and resilient services for paediatric surgery.





- **Implementation of service line management** - During 2015/16 the Division will start linking operational and financial performance that will enable clinicians to lead and develop services and support delivery of the best clinical and financial outcomes.
- **Utilise demand and capacity analysis to inform specialty strategies and service development** - The Division plans to analyse capacity and demand to appropriately guide the business planning agenda across medicine and to also evaluate the way in which services are organised under our 'reengineering' programmes of work.
- **Transcription service development** - The Division will work with clinicians to support them to provide timely, clinical correspondence to patients and their GPs following outpatient clinic appointments.
- **Roll out partial booking across medicine specialities** - Following the successful introduction of partial booking in rheumatology, the Division will develop an implementation programme to roll out all services. This methodology supports both the efficiency of clinics and significantly improves patient experience.
- **Rheumatology service transformation** - The Division is increasing the clinical capacity for early access to specialist care particularly in Early Inflammatory Arthritis. A new ultrasound service will also commence to support this particular service. In addition, the Infoflex database will be introduced for all patients to improve care management and to monitor and track compliance to meet best practice. Also a page on the hospital web-site will be developed to provide helpful information about the service for patients.
- **Repatriation of CT Coronary Angiography (CTCA)** - Working collaboratively with Imaging and supported by Harefield Hospital, the Division will aim to provide an improved patient pathway with care closer to home and offer best value to the local health economy.
- **Gaining British Society Echocardiography (BSE) Departmental Accreditation** - The Division intends to gain BSE Accreditation that will demonstrate quality and excellence through benchmarking services. This further enhances the range of cardiology services that are being developed at the hospital.
- **Collaboartive working across diabetes and maternity services to develop diabetes in pregnancy services** - The Division will support work by the diabetes service to collaborate with maternity to further develop the service available for pregnant women.
- **Further development of insulin pump service** - Through the development of an insulin pump service, the Division aims to improve clinical outcomes and quality of life of our patients. This will also be supported by telephone clinics.
- **Expansion of the Nutrition Nursing Service** - The Division plans to expand the Nutrition Nursing Services following the in-sourcing of the service last year. This extension will provide support for all enteral and parenteral nutrition patients, specialist training and support for hospital teams. This will lead to better outcomes for patients throughout the hospital.
- **Continued development of Ambulatory Care** - The Division will continue to optimise the Ambulatory Care Service in order to increase the number of patients managed on alternative care pathways to hospital admission.
- **Further development of stroke services** - Following an increase in therapies staffing in 2014/15, the stroke services will continue to develop with the planned recruitment of additional stroke physicians and stroke specialist nurses.
- **Transition to Needs Based bed model** - The Division currently operates an age based bed model with patients automatically being referred to Elderly Care services if they are 78 years old and over. During 2015/16, the Division will remodel the bed base to provide needs based service that admits patients under the most appropriate specialty team, be that respiratory medicine, cardiology or complex medicine fully supported by Elderly Care consultants.

- **Develop gynaecology community pathways** - The Division will continue to work with Bedfordshire and Hertfordshire services to develop effective community gynaecology pathways and services to meet the needs of the community.
- **Continue to improve the facilities in maternity** - The Division plans to further improve the delivery suite for mothers and partners by adding more ensuite facilities and providing improved rest areas.
- **Complete further pathway redesign** - During 2015/16 pathways for antenatal and post natal mothers will be reviewed and redesigned ensuring both facilities and staffing skill mix better meet their needs.
- **Employ a consultant midwife** - In order to support normalisation and natural birth, increasing midwife led delivery and community support the maternity services will seek to employ a consultant midwife.
- **Provide more parents accommodation and improve facilities** - Following successful fund raising the Neonatal team are redeveloping a house on Calwood road to provide dedicated parent's accommodation to support parents whose babies are being cared for in our neonatal intensive care unit. The unit is also improving the parents facilities on the neonatal unit with a refurbished kitchen and a dedicated sitting room providing much needed relaxation areas.
- **Continue close working with local community services and GPs** - To improve access to primary care and appropriate secondary care for families with children with long term conditions or complex health needs, the Division plans to continue to work extensively with local community services and GPs.
- **Work in partnership with Keech Hospice** - The Paediatric Team plan to work in partnership with Keech children's hospice to improve palliative care provision on the paediatric unit and to support staff training and rotation through Keech and the wards here to maintain and develop skills.





L&D Diagnostics, Therapeutics & Outpatients Division

- **Commence CT Coronary Angiography (CTCA) Service** – Commencing in April 2015, Imaging will be working collaboratively with Cardiology to repatriate CTCA services to the Trust from other health providers. The new service will provide improved patient pathways, delivering faster local diagnostics and treatment to cardiac patients.
- **Investing in a 4th ultrasound room and expanding MSK work** – The Imaging department has seen a steady increase in the demand for MSK ultrasound and plans to invest in the provision of a 4th ultrasound room to ensure there is the physical capacity to meet this demand.
- **Improve radiology reporting services** – The Division is planning to invest in two additional radiologists that will support CTCA service development, expanded MSK work and expanded access to imaging modalities in CT, MR, ultrasound and plain film. In line with the service strategy to meet the needs of the hyperacute Trust, these appointments will also facilitate improved delivery of same day in-patient reporting 7 days a week and improved reporting capacity and turn around for routine outpatient and direct access work. The implementation of the strategic PACs solution will further support delivery of efficient and effective radiology reporting services.
- **Develop a combined Pathology Service** – During 2015/16 all Pathology laboratories will be involved in formulating the strategy for a combined Pathology service to best meet the needs of the hyperacute Trust. This strategy will take into account opportunities to improve efficiency with new clinical biochemistry analysers, plans to replace haematology analysers and the further opportunities to rationalise, modernise and automate equipment across Blood Sciences and Microbiology. This will be supported by the tender and procurement of a new laboratory information management system (LIMS) during 2015, and by the implementation of new shift pattern and improved working model across Blood Sciences and Microbiology to best support 7 day service provision.
- **Continue outpatient re-engineering** – This Division will continue the programme of work to re-engineer outpatient services and in 2015 this will include the introduction of self check-in kiosks to facilitate improved patient booking processes, intra-clinic tracking and more efficient clinic procedures / outcome capture. Partial booking will be rolled out across further specialties, whilst the necessary demand and capacity planning work will be facilitated by working in conjunction with external specialists.
- **Relocate and reconfigure services** – The Division will continue to review the location and configuration of services throughout 2015/16. Fracture Clinic is to be relocated to the Edwin Lobo centre in order to facilitate the expansion and improvement of the Emergency Department in line with the Trust's strategy. Community MSK therapy services will also be relocated, with services moving from Castle Street to Bushmead and Chaul End Community Centres.
- **Develop Therapy, Dietetics and Pharmacy Services** – During 2015/16, the Division is planning to in source the Nutrition and Dietetic services to provide improved resilience and to best meet hyperacute in-patient needs. Therapy services are also being re-configured to support changing Divisional requirements, 7 day services and to meet strategic service developments. The Pharmacy service plans to progress the e-oncology prescribing initiative.



Notes



