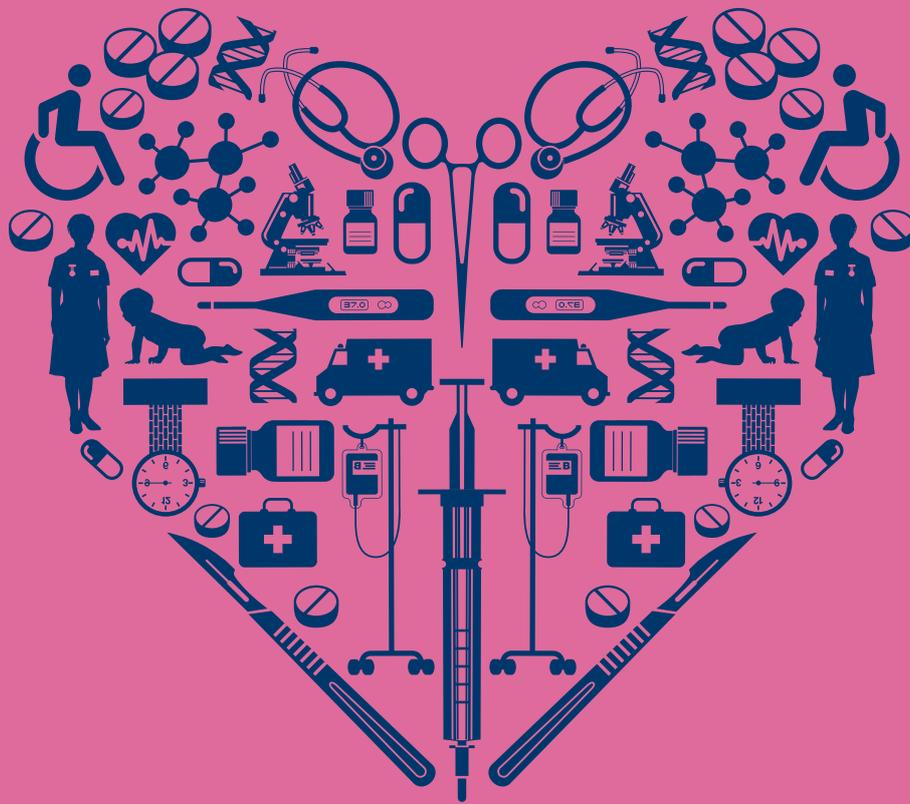




Luton and Dunstable
University Hospital
NHS Foundation Trust



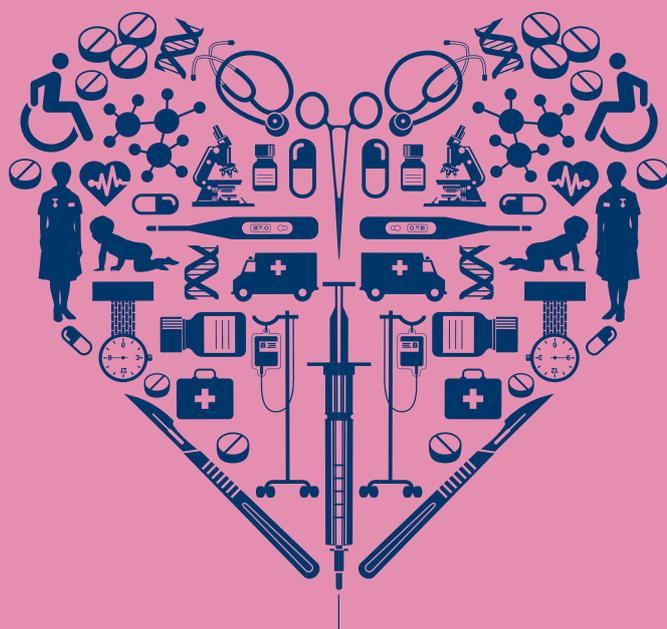
Annual Report 2018/19 and Annual Plan 2019/20

Summary



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Chief Executive Introduction

Dear Colleagues

The Trust has continued its excellent performance in ensuring patients can access our services quickly either through our emergency pathway, as elective outpatients or as a cancer referral. We also met our required surplus amounting to 3% of our turnover and as a result, received performance bonus funding taking our final surplus to £22.6m. This financial performance has been achieved by good operating efficiency (we have the NHS record lowest 'weighted average unit' - this is the measure used by the Model Hospital to measure productivity).

During the year we have concentrated much of our efforts on laying solid foundations to enable us to continue our future success. Whilst some of these changes have been related to our estate (such as our electrical works, our preparedness to create a new energy centre, our new operating theatres and our new endoscopy decontamination unit) the most important ones relate to our people and our services. The publication of the CQC's report and its confirmation of our 'Good' rating (and all core services as at least 'Good') provides us with a platform to achieve our goal of providing 'Outstanding' services. Our quality improvement approach, led by our new Director of Quality, Catherine Thorne, will be our way of achieving that aim.

In the summer staff engagement event we presented the final piece of our work on vision and values with the translation of those values into behaviours. Our foundation for the future is our staff and we recognise that our success has been built on delivering a culture which supports staff to 'live' those values every day.

We are also continuing to build the foundations for our partnership with Bedford Hospital. The development of a plan to bring our pathology services together from April 2020 demonstrates what can be achieved when the two

organisations work together with a shared vision. We will continue to look to gain approval for the redevelopment of the hospital and proposed merger with Bedford.

We have engaged actively with the Integrated Care System as we see this as a major part of the solution to achieve a more sustainable local health economy and stem the rising demand for our services. Central to this will be the digital strategy which aims to link up all parties in the system in delivering care to our local patients. We will play a leading role in the delivery of the infrastructure which will support this aim.

In all this is great thanks to a dedicated workforce who were recognised by CQC as 'Good' and who we acknowledge in our vision statement as central to our future success in serving our local population.



David Carter
Chief Executive

Chairman's Statement



Last year I started my statement by addressing the Hospital's performance over that winter ravaged by snow, cold and flu. This winter may have been, on the face of it, less severe in terms of the snow but, as anyone who lived through it will remember,

the lack of precipitation was made up for by keen biting winds. Since the year just closed, we experienced our highest number of daily attendances, 550, at A&E; only 10 years ago this figure would have been averaging below 200. The fact that this Hospital managed to survive that pressure and cancelled operations because of equipment, rather than staffing failure - is a tribute to the quality and determination of all those at the Hospital. This was further confirmed by the results of our patient survey, conducted nationally, which makes it very clear that our services are particularly (better than the average) appreciated by those who use them. In part this is because we continue to lead the country on all the core statistics, taken in aggregate, for access to our services - A&E, general medicine, cancer and diagnostic tests. David Carter has addressed this in greater detail in his introduction.

We, as a Board, supported by our excellent group of Governors, are very clear that our "day job" is to maintain that level of service to our local community. But we also have to be aware how the nature of that responsibility is changing:

- We now are expected to participate much more actively in delivering care outside our Hospital boundary while GP services are, themselves, being encouraged to consolidate into "hubs". We are keen to do this.
- All the trends in healthcare are for 24/7 services, which can only be delivered effectively and safely in larger units. Partly because of this drive we are keen to merge with Bedford Hospital and are in regular dialogue as to how this might happen.
- However, in honour of our key commitment to our community which is growing at a significant rate and which, with the Oxford/Cambridge area, is expected to grow much more, we cannot honestly do so unless we have the resources to support that endeavour. Our capital bid of around £100m was not included by the Department of Health funding approvals. We are in active dialogue with the Department as to how that funding evaluation is to be honoured.

This all places additional strain on our executive team which strives to deliver our core performance targets listed above at the same time as doing so efficiently.

We are second highest (i.e. cheapest) in the Weighted Average Unit cost score across the hospital sector and, very unusually, achieve a surplus of around 3% of revenue - all of which, of course, gets reinvested in the services. Our ability to achieve this last year rested in part with our Finance Director, Andrew Harwood, who sadly left at the end of the calendar year after serving the Hospital (always achieving financial targets) for 19 years. His Deputy, Matthew Gibbons, is currently acting in the post and demonstrates the same discipline.

We also welcomed Liz Lees who joined us as our Chief Nurse from June 2019 and Catherine Thorne in a new post as Director of Quality & Safety Governance, between them combining responsibility, with our Medical Directors, for coordinating our core objective of patient service.

At the Non-Executive level, we have to say a very warm thank you to those who have left us: John Garner, who consistently demonstrated a determination to put patients from all walks of life and backgrounds absolutely at the forefront of the Hospital's agenda, and David Hendry, who was called back to do his duty and serve as Chief Finance Officer to Crossrail having chaired with great attention, sympathy and effort, our Audit Committee for nearly four years. We wish them both well. We welcome onto the Board Non-Executives Mark Prior who joins us to chair our Redevelopment Committee, and Simon Barton to replace David Hendry as Chair of Audit. We are very fortunate to have been able to choose from such a strong list of candidates - perhaps a final confirmation of the regard in which the Hospital is massively held.

Finally, and personally, I am particularly pleased that the community is increasingly wanting to participate in the hospital's services; from the support we are seeing in support of our Helipad Appeal (an 80th Birthday present to the Hospital that turned 80 on 14 February 2019), in the way in which tradespeople have volunteered to bear the entire responsibility for converting 265 Dunstable Road to parent accommodation for those whose children are in our NICU facility and in the way in which the Luton Mosques have volunteered to commit money raised over Ramadan to our Helipad Appeal.

But, while we should feel confident and appreciated, these are uncertain times and the Hospital takes all reasonable precautions, even in the context of Brexit, to maintain its capability in all the circumstances that this Board can reasonably predict.

Simon Linnett
Chair

Annual Report Executive Summary

Strategy for 2019/20

The Luton and Dunstable Hospital's strategy has been developed to reflect its context and position. It serves a highly diverse geography close to London, is a highly performing Trust with flagship emergency services and a reputation for consistent operational and financial delivery.

However, the context and structures are changing with the development of new networks for care (Integrated Care Systems, Accountable Care Organisations) but also with the needs and expectations of our population.

We will continue to participate actively in these changes whilst at the same time focussing our energy on maintaining our record of delivering the best care to our community.

Corporate Objectives 2019/20

The Board of Directors have reviewed the Corporate Objectives for 2019/20 to ensure they reflect the strategic vision of the organisation. The Trust's Quality Strategy directs our plans for the year and the detail of this is in the Quality Account. The five objectives are:

1. Deliver the Quality Priorities outlined in the Quality Account
2. Deliver National Quality and Performance Targets
3. Implement our Strategic Plan, including working collaboratively with the Local Health System to improve Clinical Outcomes and Sustainability.
4. Secure and Develop a Workforce to meet the needs of our patients
5. Optimise our Financial Plan

Service Developments 2019/20

The Trust and the Divisions have outlined their plans for the year. This is a combination of national requirements, service redesign, new service provision and managing additional capacity.



Performance in 2018/19

Performance against Objectives 2018/19

The Trust made significant progress against the objectives for the year.

- We have significantly improved in our HSMR over the year
- We have seen a 40% reduction in respect to mortality from sepsis
- We have achieved a significant reduction in the number of cardiac arrests
- We have maintained a falls rate of 4.89 which is below the national average of 6.63 for the number of falls and continue to look for improvements to reduce falls further
- We implemented Needs Based Care for respiratory patients which has demonstrated a reduction in length of stay
- We achieved good results in the National Audit of Care at the End of Life
- We signed up to the NHS England Always Event campaign
- We have worked with the Trust's retail outlets to achieve the required 'sugar' reduction in the food and drink provided
- We continued to achieve the national targets for A&E and Cancer. We were only one of three Trusts that met the A&E target. However, we have not met the 18 week target for the year despite still being one of the best performing against this target nationally. Delivery of the six week diagnostic target was achieved for the year.
- We have continued to develop services to support our strategic vision and provide services in line with our population. We have also collaborated with our partners in the ICS, in particular around improving clinical outcomes and sustainability of secondary care, resulting in the announcement to pursue a merger with Bedford Hospital NHS Trust as detailed in the strategic vision.
- We have continued to recruit and support staff throughout the year and achieved excellent engagement scores through our bi-annual Engagement Events where over 2500 staff attend each event.

- We have achieved our financial target for 2018/19 and further developed Service Line Performance Framework to maximise devolution of authority with accountability, while maintaining strong governance and assurance by the Board of Directors.

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.

Improving Quality

Following development and launch of a Quality Strategy last year the Trust has confirmed its commitment to that strategy through the appointment of an Executive Director of Quality and Safety Governance to provide leadership to our quality improvement plans, with specific objectives around maintaining the Trust's Care Quality Commission's (CQC) rating of good together with developing a programme of work to support the organisation on its journey to Outstanding.

A delivery plan is now in place which aims to enhance and support an organisational culture where quality improvement is part of our day to day business and to encourage an environment where our staff feel empowered to identify improvement need and then create the change with sustained improvement.

This programme of work will be overseen by a steering Board with a membership that includes the Medical Director, Chief Nurse and is chaired by the Director of Quality and Safety Governance. The group will provide regular updates to the Clinical Outcomes, Safety and Quality subcommittee of the Trust Board.

Operational Performance

The Trust has continued to deliver performance in line with the best hospitals in the country. We have worked hard to turn around challenged departments to achieve key indicators. The Trust maintained a very good performance against the national standards for 18 weeks for treatment from the point of referral when compared nationally. However, the Trust struggled to maintain the 92%. A recovery plan and monitoring processes were in place and by the end of the year the performance had improved to 91.7%, but was not sustainable over the 92% performance threshold.

The activity at the L&D has increased which impacts on the staffing requirements and our ability to provide

services. The Trust has managed to deliver against this increase. However, this will be under constant review across our partner organisations to determine actions to safely improve efficiency.

Our last CQC Inspection report was received in December 2018 and the Trust received a 'Good rating'.

The Trust also reports to NHS Improvement and follows the Single Oversight Framework. This reviews quality, finance, operational targets, strategic change and leadership. With the data they receive they place the Trust in a segment and '1' reflects providers with maximum autonomy. The L&D is in segment 1 which demonstrates excellent performance.

Education and Performance

The Trust continues to work closely with the Deanery to support medical students. Any issues identified have been actioned throughout the year and we continue to oversee performance.

Medical and Nursing staff are required to undergo annual re-validation and we ensure that these deadlines are complied with throughout the year.

We have continued to recruit throughout the year for all staff groups (including from overseas) and this will support the increasing demand on the hospital resources. This is also supported by professional development opportunities and new roles such as apprentices.

Sustainability

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to meet this target by reducing our carbon emissions 28% by 2020 using 2013 as the baseline year.

We are successfully reducing our carbon emissions and have in place sustainable development management plan (SDMP).

Emergency Preparedness, Resilience and Response (EPRR) Performance

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

The Trust has measured itself as substantially compliant against the 2018/19 EPRR Core Assurance Standards;

this rating has been confirmed and upheld by NHS England and Bedfordshire Local Health Resilience Partnership. This is an improvement on the Trust's 2017/18 assessment.

Our Patients

Patient feedback continues to be a valuable source of intelligence for us to help drive quality improvement and develop services. We review friends and family cards, national patient surveys, complaints, information from the Patient Advice and Liaison Service (PALS), feedback from local stakeholders such as Healthwatch.

We received 551 formal complaints in 2018/19 but are challenged with responding to the complaints within the 35 day standard. The Board receives assurance that the quality of the responses is good as very few are re-opened. Ongoing action is being taken to improve compliance with the standard. We also receive many compliments from our patients that outweigh the complaints and in 2018/19 we received over 4,500.

Safeguarding

We continue to have safeguarding processes in place for vulnerable adults, children and young people.

Our staff

We continue to recruit and support our staff throughout the year. We approved a Needs Based Care business case which has increased recruitment of consultants and other front line staff. This will support our patient to receive the right care, in the right place and at the right time based on their clinical need.

We have continued our staff engagement events throughout 2018 holding one in the summer and one at Christmas. Over 2500 staff come to each event and this has made a significant impact on our staff engagement scores and communication between managers and staff.

Our Volunteers

Volunteering in the NHS is now getting much recognition and policy priority from NHS England and from the Department of Health and Social Care as it is a key enabler in transforming the way the NHS works with people and communities. Volunteering was one of the themes of the NHS70 celebrations and was a priority in the NHS Five Year Forward View, In September 2018; NHS England announced £2.3 million of funding to support HelpForce work with NHS Trusts to develop their volunteering services. Additionally, volunteering and social action now forms part of the NHS Long Term Plan - NHS England have committed to backing HelpForce to double the number of volunteers in the NHS over the next three years.

Our Volunteer Strategy is about maximising the potential of volunteering here at the Luton and Dunstable University Hospital and making sure that we are utilising the vast and diverse array of talent in the local community and doing all that we can to bring that into the Trust. We aim to achieve our objectives by delivering a high quality volunteer journey that maximises the reciprocal benefits for both the Trust and our volunteers.

Equality and Diversity

During 2018/19 further progress has been made on the work being done to help embed Equality, Diversity and Human Rights (EDHR) areas into corporate strategies and thinking.

The umbrella framework document that was created in 2017 to deliver an embedded EDHR Strategy has supported this along with the EDHR committee, having a long term NED Champion and Chair, and EDHR featuring on Board level and committee reports and presentations.

Governance

The Trust has in place a Board of Directors comprising of Executive and Non-Executive Directors. This is supported by the Council of Governors.

The Trust committee and reporting structures in place support appropriate challenge and decision making. The Trust has met the statutory requirements for the Board and has sought assurance from internal and external audit.

Finance

A financial surplus for the 20th successive year was achieved with a 2018/19 surplus of £22.6m. Whilst the Trust delivered the Control Total, delivering it relied on non-recurrent items to offset the additional costs of temporary staffing that are very much part of the challenging environment in which the Trust operates. It should be noted that the £22.6m surplus includes a £18.4m performance bonus (known as Provider Sustainability Funding) which recognised the achievement of agreed performance and financial targets.

Fundraising and Charitable Donations

During the 2018/19 financial year the Luton and Dunstable Hospital Charitable Fund received £1,640,000 from 1371 donations from grant-giving trusts, companies, individuals, community groups and legacies.

The Fundraising Team have been central in supporting the hospital charity and have been extremely successful during the year. Key activities have been around the helipad and children's oncology rooms' appeals.

Top 5 Risks

A summary of the key risks and mitigations facing the Trust is detailed below:

Risk Type	Risk description	Impact	Likelihood	Mitigating actions	Monitoring Framework
Clinical Operational	1. Workforce Pressures	High	High	Workforce plans in place.	Weekly Senior Team and Executive meetings.
	2. Capacity pressures and responding to demand			Board approved action plans with Trust partners where appropriate.	Monthly Clinical Outcomes, Safety & Quality Committee and ongoing reporting to the Board.
	3. Implementation of integrated care			Length of Stay, Discharge Project and Needs Based Care initiative.	Board of Directors strategic oversight.
	4. The need for robust and whole system working			Ongoing collaborative work with BLMK ICS and Local Health system, in particular Bedford Hospital.	
Finance	Delivering the financial challenge in 2019/20 including Commissioner plans, agency spend and CQUIN	High	High	<p>Monthly review of key income, expenditure, capex, cash, balance sheet and quality performance metrics.</p> <p>Monthly performance review meeting with Divisions led by Executive Directors.</p> <p>CQUIN forms part of the Quality Account.</p>	<p>Monthly reports of cumulative financial performance incorporating clear forecasting and an alert mechanism to identify issues that allow corrective action.</p> <p>Monthly Finance, Investment & Performance committee review.</p> <p>Monthly review of the Quality Account priorities at the Clinical Outcome, Safety and Quality Committee.</p> <p>Introduction of Monthly Service Line Executive Review Framework.</p>

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

Economy, Efficiency and Effectiveness

The Trust ensures the adoption of governance and processes that drive financial and clinical efficiency and effectiveness. The Trust demonstrates strong performance against national benchmarks.

2019/20 Strategic Approach

This section of the annual report provides a summary of the strategic plans for the Trust. More detail is contained within the Operational Plan 2018/19.

The Luton and Dunstable Hospital's strategy has been developed to reflect its context and position. It serves a highly diverse geography close to London, is a highly performing Trust with flagship emergency services and a reputation for consistent operational and financial delivery.

However, the context and structures are changing with the development of new networks for care (STPs, ICSs, ICPs) but also with the needs and expectations of our population.

We will continue to participate actively in these changes whilst at the same time focussing our energy on maintaining our record of delivering the best care to our community.

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

- we have a highly deprived young urban population in Luton with a life expectancy of one year less than the average for England, and a dispersed, ageing, more affluent population in Bedfordshire;
- the continued population growth, twice the national average, will have 150,000 (20-25%) more people living in the ICS area by 2032, and we are part of the Oxford/Cambridge Arc which has the aspiration of 1m new houses across the Arc by 2050;
- we have a national reputation for our delivery of emergency care but there is increasing recognition, locally and nationally, that the future of emergency care is much more integrated between organisations and needs to be more focussed on the complete emergency pathway;
- as a medium sized Trust we are increasingly identifying the need to develop critical mass to deliver the care that is required, (e.g. services over seven days, consultants in-reaching into admission wards, sufficient elective work within a speciality to service efficient theatre lists and to allow sub-specialisation);
- we are in an area of the South East which has the most acute workforce challenges and we are disadvantaged by being positioned just beyond the area which receives outer London weighting;
- we are at the forefront of IM&T developments in the NHS;

- we have a poor estate that needs redevelopment to support the significant growth in demand and address high backlog maintenance;
- we have a complex geography serving three CCGs, three local authorities over two STPs with three community providers and two mental health providers.

Our strategy represents a response to these drivers.

Our staff are central to our strategic vision and all the evidence suggests that L&D is a place people want to work. However, the need to recruit and retain more high quality staff has never before been so important or urgent as the growth and challenges faced mean workforce shortages continue to open up across all staff groups. The recognition of the importance of putting our people at the heart of the strategic vision has been an emerging theme from the discussions regarding merging with Bedford Hospital and workforce is one of the primary drivers behind the proposed reconfiguration.

This has led to the development of our vision statement:

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

This vision statement is based on the idea that we will deliver outstanding care through a sequence of events - we will recruit the best people, we will develop and nurture them when they are here, and we will support them to create high performing teams. Outstanding care will not be delivered without this sequence. The Trust completed a piece of work in 2018/19 to develop a set of shared values for the organisation and brought this to a conclusion in the Summer 'Good, Better, Best' Event demonstrating how those values translate into day to day behaviours. The value which was most important to our staff was 'teamwork' and this now is a key part of our vision statement.

The vision complements the structures upon which the Trust is built - a commitment to service line management and a belief that high quality services are only possible through decision making close to the frontline and the accountability and responsibility that is devolved in line with this autonomy. To enable this type of approach to flourish, the development of clinical leadership is key.

Our patients – building on our retention of our ‘Good’ rating from the CQC in 2018 we are implementing our Quality Strategy to set out the Trust’s path to ‘outstanding’ and we appointed to our new post of Director of Quality in 2018/19 to give Board leadership to its delivery. We want to deliver care in the right place (our development of Arndale House is the biggest development outside the hospital walls in its history). We want to deliver that care in a timely way (we achieved the diagnostics target throughout 2018/19). We want to deliver that care in a safe way (our HSMR has continued to fall in recent years). However, our communication with our patients needs to be better. The Global Digital Exemplar (GDE) programme will deliver a patient portal allowing patients to better manage their own care and our medical model needs to meet the changing needs of our patients. We are changing from an age based model of inpatient care to one where the patient is seen by the right specialist team, irrespective of their age, with focus on continuity of clinical staff to the patient.

Our services – our service portfolio (core acute services organised around a major emergency centre and specific tertiary services) meets the needs of our population, makes the Trust an attractive place to work, facilitates recruitment and retention of the best clinical staff and adds scale and resilience to our operations. We will therefore continue to be a provider of core district general hospital services with a major emergency centre but continue with our more specialist services (e.g. hyper acute stroke, bariatric surgery, tier 3 neonatal, head & neck cancer).

Our future – at the moment the integration work with Bedford Hospital (BHT) remains paused as we wait to hear further news on the Trust’s capital proposal. Our proposed acquisition of BHT is to provide a new Trust for the people of Luton and Bedfordshire, creating the scale necessary for efficient, high quality care. This is a proposed merger of two good hospitals and we have committed to maintaining the core services of A&E, paediatrics and maternity on the Bedford site. We have a long history of working together and already provide some joint clinical services to the county and beyond, such as vascular surgery, head and neck cancer services, cervical cancer screening services, neonatal intensive care, and stroke services.

Looking forward, the merger would enable both hospitals to deliver resilient services given the challenges of national workforce shortages and a move towards health services being available seven days a week. At the same time, it is predicted that the demand for healthcare in the area will grow at almost twice the national average over the coming years. These two factors have been a

catalyst for the organisations to consider merging to help us make the most of our combined resources by creating single clinical teams, delivering economies of scale and making the case for capital investment to deliver high quality sustainable healthcare.

The delay to the proposed merger has created uncertainty and this has not been helpful in ensuring the workforce strategy of both hospitals is progressed quickly. The arrangement whereby the Chief Nurse of L&D provided the role on a part-time basis to BHT has ceased from 1 April 2019 given the difficulty of keeping this role in place for an extended period. However, the Trusts are progressing the plan to integrate the two pathology services following the repatriation of services from Viapath from 1 April 2020. This will be actioned outside of the merger process through a contractual joint venture.

The Trusts remain ready to re-start the process of integration once the capital funding is in place.

Our approach – the L&D has a dynamic and innovative culture. We believe in the need to continue this approach to maintain the levels of high performance and good financial stewardship. Two key enablers are (i) IT, with the Trust at the forefront of technology through the GDE programme and (ii) service line management with devolution and autonomy, with accountability, to allow clinically led fast and safe decision-making and drive value. We will continue to give our staff the tools, incentives and support to deliver not just high quality care, but to promote a culture of continuous improvement. The focus in 2019/20 will be the development and implementation of our approach to Quality Improvement.

Our community – the Trust recognises that, increasingly, the needs of elderly complex patients can only be met by service provision which is truly integrated across the hospital and community divide. There is more recognition that staying in hospital beyond the time when a patient’s medical needs are met is not just sub-optimal but is dangerous and increases the long term cost of care. Our complex geography and multiple partners makes genuine integration more difficult. We have made some early gains, for example the co-location of our hospital based social workers, community nurses and discharge teams, but we need to go much deeper and further.

The Trust fully supports the objectives of the community and primary care programme of the Integrated Care System (ICS), developing more services out of hospital and ensuring that the local populations needs can be met in a different way in future. This will require change:

primary care delivered at scale, integration of IT systems, more proactive and reactive community interventions and L&D is determined to play its part in the leadership and delivery of out of hospital care. We will continue to be a full partner in place-based developments (e.g. the Luton Provider Alliance) and the wider ICS programme and look to outreach more of our services (e.g. Arndale House and the proposals for a Dunstable community 'Hub'). The Trust has developed an innovative project in Luton with Cambridge Community Services to work in partnership to develop a joint approach to case management of a distinct cohort of complex patients using this as a foundation for more targeted use of transformation funding and a different approach to risk management for community services. The Trust is looking to ensure this collaboration delivers change in 2019/20 and is looking to further continue its input by exploring the option of managing primary care services.

Our estate - the hospital estate has grown up over many decades, responding to changing need through piecemeal development and has now reached a critical juncture where the approach of 'patch and mend' has become a serious impediment to strategic objectives and operational delivery. Clearly a new hospital build would provide the best solution but there is an acceptance that this is not a practical or affordable proposition. We have exhausted all options in the search to find a solution which is deliverable, affordable and makes the most impact on the most pressing needs of the services but also provides the best solution of growth and resilience. The current 'Acute Services block' proposal concentrates on those services on which the ageing deteriorating estate is having most impact but which will need to be provided on the hospital site now, and in the future,; maternity delivery suite and theatres, NICU, critical care and operating theatres. We are also developing a strategy to refurbish the wards most in need of development with a linked helipad to further enhance our emergency services. Whilst the funding for the hot block remains uncertain, the Trust is ensuring that its major infrastructure risks (energy, heating and ventilation) are being addressed through schemes in 2019/20 and 2020/21.

Summary

In 2019/20, whilst the merger with Bedford and the redevelopment of the L&D site remains uncertain, the Trust will continue to build the foundation and infrastructure for the future - our electrical and energy schemes will be underway, our GDE programme will provide the digital platform and our work with CCS will provide a model of integration which sets the path for the ICS.

Maintaining our Performance

A key priority for the Board of Directors is to sustain the level of delivery against national quality and performance targets delivered by the Trust in recent years. This is increasingly challenging in the context of workforce and physical capacity pressures and will increasingly require us to work and think differently to some of our traditional models of care delivery. Working with commissioners to improve planned care pathways and reduce unnecessary face to face contacts, and to ensure that patients only attend hospital for urgent and emergency care when there is really no alternative will be fundamental to continue to support growing numbers of patients within service constraints.

Maintain and Develop Key Clinical Specialties

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

Develop Opportunities for Integration and Partnership with:

- Provider Alliance - L&D Chief Executive now chairs the Alliance
- Integrated Care System
- Bedford Hospital - Ongoing integration through pathology and the digital strategy
- Enhanced Models of Care programme to align system incentives for out of hospital care with Cambridge Community Services and Luton CCG

Ensure Sustainability

- Continue to improve the patient experience and safety, for example, through improving communication and the provision of information to patients and greater access to consultant-led care.
- Ensuring the maximum use of information to deliver safe and efficient care by using digital patient information wherever possible, and support information systems at all levels of the organisation.
- Directing our capital resources at those service changes which will allow sustainability of performance
- Maintain financial sustainability, delivering a comprehensive programme of efficiency projects which meet the need for tariff efficiency, support the refresh of core infrastructure and underpin the financing of the redevelopment programme.
- Continue the greater focus on performance at specialty level in order to benefit fully from service line management and provide additional direct engagement between clinical leaders and the Board of Directors.
- Continue to review and strengthen performance by the use of internal and external expert review.
- Use the framework of the backlog maintenance review completed in 17/18 to deliver capital improvements that address the priority issues either through redevelopment or replacement.
- Continue to progress update of business continuity accountabilities, processes and mitigations ensuring they are still current and fit for purpose.

Corporate Objectives 2019/20

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

1. Deliver the Quality Priorities outlined in the Quality Account

- Improving Patient Experience
- Improving Patient Safety
- Delivering Excellent Clinical Outcomes
- Prevention of Ill Health

2. Deliver National Quality and Performance Targets

- Deliver sustained performance against all CQC standards.
- Deliver nationally mandated waiting times and other indicators.

3. Implement our Strategic Plan

- Work collaboratively, as lead partner, with BLMK ICS (local Health Economy) in delivering integrated care and maximising sustainable clinical outcomes of secondary care.
- Develop the 'Enhanced Models of Care' approach with partners in the Luton Provider Alliance to ensure patients are supported in out of hospital care reducing time spent in hospital.
- Implement preferred option for the re-development of the site enabling us to progress plans to merge with Bedford hospital.

4. Secure and Develop a Workforce to meet the needs of our patients

- Secure the workforce needed to deliver core services, significantly reducing dependency on agency staff and using innovative staffing models to continue the reduction in vacancies.
- Embed the organisational values agreed in 2018 to ensure a culture where all staff are highly motivated to deliver the best possible clinical outcomes.
- Deliver excellence in teaching and research as a University Hospital. Ensure that all staff have access to appropriate education and facilities to maintain their competence.

5. Optimise our Financial Plan

- Deliver our financial plan

Service Developments planned for 2019/20

Strategic and Corporate:

- **Continue to implement systems and processes to reduce the amount of time that patients are spending in hospital** - The Trust will continue to implement the Needs Based Care model whilst further developing the discharge processes and optimising the same day emergency care services.
- **Continue to invest in seven day services and delivering diagnostics at the time of need** - The Trust is committed to the seven day services programme and will monitor this through the Seven Day Services Assurance Framework reported to the Board.
- **Continue to meet the required NHSI Governance standards** - The Trust will work to achieve the NHSI Governance standards for A&E, 18 weeks, cancer and diagnostics.
- **Support delivery of the cancer treatment and faster diagnosis** - The Trust will be ensuring that imaging, pathology and interventional diagnostic access times support delivery, Participate as one of ten nationally selected areas for roll out of targeted screening for lung cancer with low radiation dose CT and Jointly bid with Bedford Hospital to become one of 13 national HPV screening providers.
- **Pilot and implement the new unplanned care access standard set out in the Powis Report** - The Trust is one of the 14 Trusts piloting the new standards in ED and will continue to work to protect our excellent position against the 4 hour emergency access target and implement change as needed to ensure that we meet the new.
- **Deliver key developments for the Estate Infrastructure** - the Trust will deliver the new endoscopy decontamination unit, two new theatres and significantly enhance the site electrical resilience.
- **Continue the delivery of the Global Digital Excellence transformation programme** - The Trust will support improvements to the end-user experience and roll out the integrated inpatient care co-ordination platform. Further progress will be made with upgrades to existing systems and also to develop clinical and patient portals.
- **Work towards integrating L&D and Bedford Hospital pathology services** - The Trusts will continue detailed planning and operational design of each element of the laboratory services and the IT integration to support the delivery of integrated pathology services from March 2020.

Surgical Division:

- **Launch the Orthopaedic elective ward** - In the Winter of 2018 the development of a designated 14 bedded orthopaedic elective surgical ward was completed. Opening this unit in the summer of 2019 will allow a reduced length of stay, better patient experience and improved outcomes for patients. This is in line with the Getting it Right First Time (GIRFT) program recommendations.
- **Increase elective orthopaedic work load** - We aim to assist neighbouring Trusts in managing their long waiting times by transferring the care of some patients to us. This will reduce waiting times for patients and allow us to improve productivity through theatres and wards.
- **Improved NOF pathway** - A renewed drive to improve outcomes for patients who fracture their hips is central to our plans this year. Redesigning pathways and roles will ensure our improvement continues.
- **Increase emergency theatre capacity** - in the autumn of 2019 we will be adding an additional 15% to our midweek daytime emergency capacity. With this we aim to improve experience and outcomes of our emergency patients.
- **Open two additional theatres** - in the summer of 2019 the construction of two new theatres will be complete. These theatres will provide additional capacity for a range of specialities and will allow us to reduce the waiting time for surgery, improving our performance against key targets.
- **Refurbish existing theatres** - the completion of the new theatres will allow us to launch a programme of thorough repair and maintenance on our existing theatre stock. This will dramatically reduce the rate of theatre failures and patient cancellations.
- **Expand the Breast Service capacity** - The service has is seeking to appoint an experienced overseas training post to support the services capacity. This will help build our relationships with overseas training schemes and help maintain the quality of our services.
- **Recruit an additional four anaesthetists** - As part of the theatre project we will be recruiting additional specialist anaesthetists in the following fields, Pre-Operative Assessment, Trauma, Complex Airways and General Anaesthetics.

- **Recruit an additional OMFS consultant** - in 2019 the Trust will be appointing an additional consultant in OMFS to work with Bedford or Milton Keynes. This will strengthen our OMFS network and build on the recommendations of the Getting it Right First Time (GIRFT) program
- **HCQ screening program** - Hydroxychloroquine HCQ is a drug used in the management of patients within the Rheumatology service. Our Ophthalmology service will begin the routine screening of patients on this drug to monitor its long term effect on patients eyesight. This is part of a national recommendation.
- **Launch nurse led injections for Age related Macular Degeneration** - To improve access to this important service we will be launching nurse led injection clinics. This will boost our capacity and ensure we can continue to provide this service in a timely manor
- **Reduce cancelled operations** - Capitalising on our new Pre-Assessment hub we will be running an improvement program that works to identify and tackle the causes of cancelled operations. It will reduce DNAs and the number of occasions that patients are not ready for their surgery
- **Begin outpatient based Transperineal(TP) biopsy service** - The Urology service are launching an outpatient based TP biopsy service. The TP biopsy is a key procedure in the diagnosis of prostate cancer. These cases are currently undertaken in theatres and use a lot of theatre capacity. With this new service patients will be able to access this test sooner in their pathway and we will be able to use the released theatre time to improve the service for other patients.

Medicine Division:

- **Undertake Speciality Medicine Out patient Transformation** - Through enhanced focus on opportunities for greater efficiencies to meet the service line activity plans and excellent patient experience. To include strengthening the central outpatient and speciality interface and developing innovative ways of working to manage an increasing demand. This will be supported by use of Model Hospital data and GIRFT feedback.
- **Expand renal services to provide greater resilience** - This includes an expanded in-reach service to the wards and ITU/HDU. In addition the provision of additional out-patient capacity, including dedicated low clearance clinics for high risk patients. This

requires effective collaborative working with E&N Hospital Trust to meet the needs of the local population, including developing patient pathways to ensure optimal time to transfer/intervention.

- **Implement the Cardiology Needs Based Care Model** - Implementation follows successful Consultant recruitment, providing timely specialist senior decision making at the front door, across 7 days. This supports greater opportunities for admission avoidance and early discharge with an option for out-patient review in dedicated 'hot clinics'. Job plan modelling supports continuity of care with the expectation of an optimal patient experience, clinical outcomes and length of stay.
- **Implement the Gastroenterology Needs Based Care Model** - The process of recruiting two additional Gastroenterology Consultants is underway. Once the new Consultants are in post, implementation of Needs Based Care model will begin which will involve in-reach into the Emergency Assessment areas and Ambulatory Care providing specialist input into patient care earlier in their stay and aiming to reduce their length of stay.
- **Implement Unified Clerking for the emergency pathway** - The aim is to develop a unified clerking approach for patients on the emergency pathway. This will be through developing improved clinical pathways, with shared clerking processes and documentation, and underpinned by the fostering of a collaborative team approach across the whole emergency floor.
- **Further develop integrated care pathways and a risk stratification approach** - The L&D are currently working with Luton's community services provider (Cambridge Community Services) to test an integrated clinical model that proactively manages patients care in the community. The approach involves managing a cohort of patients using; a risk stratification methodology, case finding, assessment, care planning and coordination for complex patients. A key aim is to develop how hospital services can support system wide care pathways and as a result reduce unnecessary admissions and hospital bed usage. Part of this initiative is to create a shared system data set that provides real time information and supports clinical teams to manage people's care in a proactive way.
- **Further utilise Same Day Emergency Care** - To expand existing pathways and look at new groups of patients with urgent healthcare needs who can benefit from diagnostic tests and treatment in a single day to avoid an overnight stay and improve patient experience.

- **Develop and improve the ED triage process** - Work has started on an ED triage system based on the resource requirement of each patient rather than their presenting complaint. This model of ESI (Emergency Severity Index) triage aids in the earliest identification of, not only, the sickest patients on presentation but also those that have a high nursing resource requirement.

Women & Children's Division:

- **Continue to improve facilities for parents whose babies are on our neonatal unit** - We have purchased additional parental accommodation across from the hospital and with the support of our community this will be renovated and made into additional parental accommodation to support parents with very pre term and sick babies in our neonatal intensive care unit.
- **Further develop the paediatric services transition pathways with medical and community teams** - These developments will ensure young people have the understanding, skills and resilience to continue to effectively manage their conditions into adulthood. There will be focused work for patients with complex Neurodisabilities and epilepsies.
- **Implement the Gynaecology Health Centre (GHC)** - Following its opening in March the unit will continue to develop and through 2019/20 we will relocate our early pregnancy unit and emergency Gynae service into the new unit. We will then go onto develop a day unit to care for women suffering from Hyperemesis (Severe antenatal sickness). This will reduce the need for them to stay overnight in hospital but receive the much needed hydration and support they need in a dedicated unit.
- **Continue to develop the services for our most vulnerable women** - With the support of our Service users and our team of dedicated Maternity staff we will continue to develop programme to enhance the care of our most vulnerable women and provide much needed continuity of care through their pregnancy journey. Further involvement events are planned for 2019/20 to share experiences of both Families and Professionals together.

Diagnostics, Therapeutics & Outpatients Division:

- **Continue to work towards the consolidation of Pathology Services** - The development of the full business case for Pathology integration,

harmonisation of equipment and IT infrastructure and clinical consultation to finalise the models of laboratory specific implementation plans for the consolidation of pathology services across Luton and Bedford will progress during the course of 2019-20. The objective is to achieve transition to the new, wholly NHS owned and delivered service by the end of March 2020.

- **Expand Clinical Haematology service provision** - To support demand for services, plans to develop both pharmacist and specialist nurse clinics are underway to build additional capacity and relieve pressure on consultant clinics. The service is also looking to introduce specific inpatient chemotherapy administration to improve patient pathways and best facilitate staff recruitment and retention.
- **Progress a business case to support the provision of a 3rd CT scanner** - To keep pace with demand and quality performance standards, fulfil clinical service developments and deliver against trauma network requirements, the Imaging department will progress a business case for a third CT scanner, to be located adjacent to ED.
- **Further develop the Cardiac MR service** - Given the Trust now has 3 MRI scanners and has capacity, the Imaging department will develop the business case in support of an imaging led cardiac MRI service, providing opportunity to repatriate activity that is currently performed at Harefield Hospital, reducing waiting times for patients.
- **Develop a networked vascular intervention service** - Development of a robust and resilient vascular intervention service is recognised to be an STP wide priority and requires the critical mass of collaboration between Trusts to achieve 24/7, 365 coverage. There is opportunity to develop this across the STP, and to look to other neighbouring Trusts' participation for mutual benefit.
- **Develop an Imaging staffing strategy** - In line with GIRFT recommendations, the service will be supporting increased recruitment and training of in-house radiographers to contribute to chest plain film and cross-sectional reporting and to develop radiographer led MSK joint injection clinics, as well as increasing the cohort of specialist radiologists to the department.

- **Deliver enhanced outpatient services** - Outpatients will be implementing the business plan to enhance outpatient service support to clinical services, providing expanded call centre operational hours and an evening booking team. The service will also be developing a digital strategy to initiate new ways of delivering clinical activity and patient communications to facilitate better resource utilisation and efficiency and the upgrade of patient waiting facilities to Zone B will be implemented.
- **Procure a new automated drug dispensing system**
 - Pharmacy will develop the business case and procurement specification for a replacement robotic dispensing system and an extended cold room for drug storage purposes.
- **Implement the actions from the therapy service reviews** - In line with reviews undertaken in 2018/19, therapy services will be developing business cases with clinical services in support of identified needs, such as increased dietetic support to gastroenterology services, paediatrics in support of NICU, diabetes, oncology and allergy clinics as well as critical care support. Efficiency recommendations following the therapies administration team review will also be implemented.

Performance against Corporate Objectives 2018/19

This section of the annual report reviews our performance against corporate objectives set out in our Operational Plan. 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 the Quality Account Priorities

The Quality Account priorities were:

Priority 1: Improving Patient Experience

Priority 2: Improve Patient Safety

Priority 3: Deliver Excellent Clinical Outcomes

Priority 4: Prevention of Ill Health

Performance against these priorities is detailed in Appendix 1, the Quality Account section of this report.

Objective 2: Deliver National Quality and Performance Targets

a) Delivering sustained performance with all CQC outcome measures

The Luton and Dunstable University hospital NHS Foundation Trust is fully registered with the CQC and its current registration status is Registration without Conditions.

No enforcement action has been taken against the Trust during the reporting period April 1st 2018 and 31st March 2019 and we have not participated in special reviews or investigations by the CQC during the reporting period.

The Trust was subject to a CQC inspection during August and September 2018 and the report was received in December 2018 and the Trust was rated as 'Good'.

b) Delivering nationally mandated waiting times and other indicators

- During 2018/19, 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 all of the quarterly cancer targets for the year. The Trust has delivered one of the most consistent cancer performances in the country particularly on 62 day cancer waits.

- The Trust maintained a very good performance against the national standards for 18 weeks for treatment from the point of referral when compared nationally. However, the Trust struggled to maintain the 92%. A recovery plan and monitoring processes were in place and by the end of the year the performance had improved to 91.7%, but was not sustainable over the 92% performance threshold.
- Had excellent performance for C Difficile maintaining a low rate of 5 (one of the lowest in the country and below the de minimis of 12) against an agreed contract threshold of 6.
- Reported 1 MRSA Bacteraemia which is also under the de minimis of 6 for reporting to NHS Improvement.
- Met the six week diagnostic target for the year.

Objective 3: Implement our Strategic Plan

a) Progress plans to work collaboratively with BLMK STP (local Health Economy) in delivering integrated care and maximising sustainable clinical outcomes of secondary care.

The Trust has continued to work across the BLMK footprint to support the Integrated Care Systems. The L&D Chief Executive has continued to chair the A&E Delivery Board. In March 2019, the L&D Chief Executive took over as joint chair of the Provider Alliance with the Chief Executive of Cambridgeshire Community Services NHS Trust.

There has been a continual collaborative approach for discharging patients from the hospital. A new app was introduced to track patients and their ongoing care requirements and daily sitreps led by the Executive to put in place senior leadership to resolve any delays. This has been a collaborative approach and impacted length of stay.

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

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

- Re-development proposals for the site are set out in an Outline Business Case approved by the Trust Board in October 2015. An Outline Business Case for development of the Acute Services block, which

was one of the key elements of the re-development proposals, was completed in December 2017. This was a key element to support the Full Business Case for the proposed merger with Bedford hospital. The Trust continues to pursue funding from NHSI for an Acute Services Block.

- The Trust has completed the work to create a satellite outpatient department at Arndale House. The Sexual Health Services team, the Dermatology service and part of the Phlebotomy service are now operating from the building. Feedback from patients has been positive.
- The spaces vacated on the site by the transfers to Arndale House have now been refurbished. A new Pre-Assessment unit has now been built on the ground floor of the Surgical Block. The Gynaecological service has now moved into the old GUM space at the front of the hospital. The Outpatients area has now expanded in zone B.
- The refurbishment of the MR suite was completed in December 18. The Trust is now operating three modern digitalised MRI machines. Refurbishment of the Imaging department continues. The new SPECT-CT scanner in the Nuclear Medicine department will be commissioned in April 2019. Work to address patient dignity issues in the main X-ray corridor will commence in the summer of 2019.
- The construction of a new Endoscope Decontamination Unit will be completed in May 19. This brings the cleaning and maintenance of endoscopes up to current standards.
- Construction of two additional theatres and a new Day Surgery Unit is underway. This work will be completed in September.
- Work to upgrade the High Voltage infrastructure on the site is underway. This is a critical piece of work to deliver the resilience in electrical supplies that is required. Two new sub-stations are under construction, and a third in the Surgical Block will be refurbished. In addition, three new site generators, with a capacity to support the predicted site demand of 5MW, will be provided. This work will be completed in December.
- Centrica have been selected as the Preferred Partner to deliver an Energy Performance Contract following a tender exercise in the summer of 2018. The first stage is now complete. Work is now focussed on supporting a planning application for a new energy centre building,

and on developing the form of contract. Construction work is scheduled to commence in January 2020.

Objective 4: Secure and Develop a Workforce to meet the needs of our patients

- a) **Develop and monitor the delivery of a comprehensive recruitment programme for all staff groups. The programme will incorporate a work plan focussing on retention and reducing our agency use.**

In light of the ongoing national skills challenges facing the NHS, the Trust has maintained its focus on recruitment across all staff groups. The Trust has continued to attend career fairs at local schools, Universities and other organised events to promote the various careers available within the NHS.

In June 2018 changes to the Tier 2 points based immigration system saw doctors and nurses excluded from the government's cap on skilled worker visas, meaning the restriction was lifted on the numbers that can be employed from non-EU countries. This removed a key barrier to the delivery of the Trusts overseas recruitment strategy.

The applicant tracking and recruitment software system implemented last year has enabled the Trust to improve communication with candidates and maintain a competitive time-to-hire. We have used the system to develop recruitment tracker tool which enables real-time workforce planning which has led to the Trust ranking in the top quartile in the Model Hospital data-set for time-to-hire.

The recognised national shortage of registered nurses remained a key challenge for the Trust. As well as continuing with cohort recruitment and regular advertising the Trust has worked hard to deliver its strategy to recruit both EU and non EU nurses. The Trust ran campaigns to recruit nurses from Italy and Portugal and carries out bi-weekly interviews of overseas nurses.

Recruitment of newly qualified nurses continues bi-annually, and we remain the main source of employment for Bedfordshire University nursing students. The Trust also welcomes applications from nursing students who have trained at other Universities.

- The Trust joined cohort two of the NHS Improvement (NHSI) Retention Direct Support Programme aimed at supporting Trust's to reduce turnover of nursing and midwifery staff. The Retention Matters Project was initiated with a strategic focus on four areas: improving data, transfer window/career conversations, working flexibly and retirement.

This project has carried out in-depth analysis of the drivers for turnover and implemented an electronic exit questionnaire to improve data capture and an "Itchy Feet" survey tool. Monthly "Itchy Feet" clinics have been introduced to provide Nurses and HCAs who are thinking of making a change a space to have career based discussions with the senior nursing team who facilitate interventions that will address their aspirations and reduce the likelihood of them leaving the Trust.

- The Trust approved a business case to invest in the Medical Workforce Team and the early results have enabled improved workforce planning, recruitment and the development of a comprehensive rota review programme to ensure working patterns meet both educational and service needs. A combination of investment in the Medical Workforce Team and exclusion of doctors from the annual immigration cap has enabled the development of a successful overseas recruitment pipeline and improved candidate experience that has enabled the Trust to recruit overseas doctors within 10 weeks. This has resulted in early success in filling vacancies in the Surgical Division.

b) Ensure a culture where all staff understand the vision of the organisation and are highly motivated to deliver the best possible clinical outcomes.

The Trust recognises that communicating and engaging with our staff is a key part of our success. Having a committed and engaged workforce contributes directly to the quality of the care we provide to our patients. Feedback from the 2019 Staff Survey showed that staff reported that communication between them and senior management has improved and there was good communication between staff and their immediate managers. Messages are delivered in a variety of ways both within individual teams and departments and across the Trust as a whole.

Our seventh 'Good, Better, Best' staff engagement event was a great success. More than 80% of our staff participated during the week in July 2018. The focus of the event was on the Trust Values and an acting company put on a learning event to provide staff with a simple strategy to help with avoiding and dealing with challenging situations.

The Good, Better, Best Christmas staff engagement event was held in December 2018 with more than 2500 members of staff attending the sessions. Themes this Christmas included further development of what our

values mean to different people, an update on the Hospital Redevelopment Programme Hospital and gave us an opportunity to thank staff for their hard work and dedication over the year.

c) Deliver excellence in teaching and research as a University Hospital. Ensure that all staff have access to appropriate education and facilities to maintain their competence.

Medical education continues to be a priority for the Trust. In 2018 the Trust undertook some major development to the facilities within the Centre of Multi-Professional Training and Education (COMET). The facilities now include a simulation suite to provide both high and low fidelity simulation training. The John Pickles Lecture Hall had a face lift which included the addition of a pictorial timeline, highlighting the achievements of the Trust, NHS and Medical Education department since the hospital was opened in 1939.

Postgraduate

A major objective of the current Director of Medical Education is to implement as many of the eight high impact actions to improve the working environment for Junior Doctors and in December 2018 the creation of a common room located within COMET became a reality. This new facility provides an area to take rest breaks and improves access to food and drink 24/7. In addition there are regular Junior Doctor Forums to improve communication between trainees and managers / better engagement with the Board and the Annual Mess Ball celebrates staff achievements and rewards excellence.

As part of a collaborative piece of work on improving Junior Doctors' working lives Health Education East of England (HEEoE) centralised the study leave budget nationally, in order to ensure that trainees receive the funding they require to progress through their specialty curriculum across the whole length of their programme. This entailed the introduction of a new study leave policy and process which the Trust successfully implemented during 2018.

A recent initiative has been introduced to ensure all trainees are clinically confident and fully supported when returning to training following a sustained period of absence.

During the summer of 2018 a small number of students, both medical and non-medical, were provided with the opportunity to work with clinicians to support QI projects and audits. Students had the opportunity to broaden their understanding of clinical audit, assisting with writing up a project, potential publication and obtaining

a better understanding of departmental and clinicians' working practices. As this proved popular there are plans to continue this in 2019 and beyond.

Trainee Physician Associates

Building upon the successful collaborative working partnership between the Trust and the University of Hertfordshire, the Trust welcomed ten Trainee Physician Associates (TPAs) to undertake their clinical placements at the Trust throughout 2018/19. All ten TPAs successfully completed their Objective Structured Clinical Examination (OSCE) at the end of 2018.

Undergraduate

The Trust has continued to receive positive feedback from University College London (UCL) with UCL medical students rating the Trust as a positive learning environment which they would recommend to other students. The most notable achievement in 2018 was the creation of the high and low fidelity simulation suite which, in line with 'Outcomes for Graduates (Tomorrow's Doctors)' July 2015 has improved the learning and teaching environment and received positive feedback from students and UCL.

Having previously received the Health Education England, "Sally Hernando Innovation Award" 2017, throughout 2018 the Trust has continued to improve on its commitment to provide medical students with lendable i-Pads containing curated selections of library resources and links to documentation. This too has received positive feedback from UCL and medical students.

Following the most recent change to the Final MBBS exam, the Trust successfully implemented the introduction of an electronic marksheet where our in-house examiners used electronic tablets to score each candidate.

Throughout the remainder of the year the Undergraduate Directors are hoping to create a student hub to provide an improved study and social space for the students.

Objective 5: Optimise the Financial Plan

Delivering our financial plan

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

A programme of Executive Board meetings and performance meetings was in place that provided additional structures and assurance to the Board of Directors. Focussed plans in relation to agency costs were implemented during the year.

To improve efficiency across the health economy we have continued to work closely with the Integrated Care System (ICS) Plans through the Collaborative Savings Initiative.

Service Developments delivered during 2018/19

During 2018/19, the Division of Surgery including Cancer:

- **Recruited Middle Grade Doctors in Urology** - Due to the success of the Urology One Stop model we expanded and developed the service further with recruitment of additional middle grade staff that supported the existing consultants with service developments whilst also supporting Urology on-call.
- **Implemented Mitomycin Hyperthermia (MMC-H) Urology at low volume** - Mitomycin hyperthermia (MMC-H) is a treatment for bladder cancer. L&D has implemented this service at low volume with plans to increase provision.
- **Implemented a new model for Pre-operative assessment** - The Trust completed a review of the pre-assessment process that culminated in the implementation of a pre-operative assessment hub. This process improves the risk of patients being cancelled on the day of their surgery that benefits clinical outcomes, patient experience, utilisation of theatres and financial performance.
- **Refurbished the discharge lounge** - The Division completed the refurbishment that supports a better patient experience and ensures that patients flow through the hospital.
- **Provided a new junior doctors' room** - A new junior doctor's room was co-located with the discharge lounge to offer better facilities for the doctors and improved clinical adjacencies.
- **Implemented a Pharmacy Hub** - The pharmacy hub was co-located next to the discharge lounge to provide a more comprehensive range of drugs that reduced the medicines dispensing time.
- **Implemented Critical Care follow up clinics** - The Critical Care follow up service provides patients with the opportunity to come back to the hospital and to discuss and work through their experiences. Patients admitted into critical care can suffer from post-traumatic stress disorder and suffer ongoing psychological aftereffects following their admission.
- **Began to deliver restorative dentistry** - we have begun to deliver a Restorative Dentistry service at the L&D that provides crucial support to the regional Head and Neck Cancer Treatment service provided at the Trust.
- **Launched a new Referral Management Service in Oral Maxillofacial (OMFS) and Orthodontics** - A new service was launched by NHS England from the

1st April 2018, with a rapid independent triage of all routine referrals to OMFS and Orthodontics from Dentists.

- **Developed new clinic rooms for Ophthalmology** - From September 2018 Ophthalmology had four outpatient clinic rooms vacated by Rheumatology to create a new suite of rooms for patients under the care of the Medical Retina team. This provides much needed additional capacity for Ophthalmology, enabling a second treatment room for intravitreal injection treatment as well as freeing up existing rooms to be used by other Ophthalmology sub-specialties such as Glaucoma.
- **Provided an additional Bariatric Clinical Fellow** - Due to high demand of the service we recruited a bariatric clinic fellow, working closely with existing consultants, to be trained in all aspects of bariatric surgery, running clinics, and will initiate the research projects and support bariatric MDT. This has been a successful implementation.
- **Developed the capacity for an Orthopaedic elective ward** - We developed a 14 bedded orthopaedic elective surgical ward in line with the GIRFT program recommendations and during 2019/20 the Trust will implement this as a specialty area.

During 2018/19, the Division of Medicine:

- **Further Implemented Needs Based Care (NBC)** - The Needs Based Care implementation continued to be aligned with workforce recruitment. The impact of the model has been demonstrated through a reduction in bed days and length of stays. The Respiratory model was implemented in June 2018 providing specialist senior clinical decision making at the front door across 7 days. This is supported by a dedicated respiratory bedbase and options for early discharge or admission avoidance with access to dedicated 'hot clinics'.
- **Greater utilisation of service line management/ reporting** - The Division has refined service line reporting that continued to support financial planning and decision making across the Division. The governance and assurance of service lines has been supported by the introduction of Executive Performance Meetings.
- **Relocated Luton Sexual Health Services** - Luton Sexual Health moved to a purpose built town centre facility in May 2018. Client and workforce experience is positive. The enhanced ability to provide a fully integrated service is reflected in the increased number

of attendances. This will be further enhanced with the implementation of online/postal chlamydia screening services and an enhanced outreach model.

- **Relocated Dermatology Services** - Dermatology services moved to a purpose built town centre facility in June 2018. Client and workforce experience is positive. This has provided increased capacity for specialist therapies. Photodynamic therapy (PDT) will commence in 2019. Teledermatology was piloted and implemented following a successful business case to support greater efficiencies following off site working. GIRFT feedback following a visit in December 2018 was positive; an action plan is in place and is monitored via the monthly Directorate and Executive Performance Meetings.
- **Provided additional outpatient capacity** - The vacated outpatient accommodation on-site has supported additional out-patient capacity across all clinical divisions. This includes opportunities for one stop, MDT clinics including respiratory sleep and lung cancer clinics.
- **Further developed Ambulatory Care services** - With the commencement of a new Matron for Acute & Emergency Medicine in June 2018, links have been made with the National Clinical team who are providing a review of the current set up within Ambulatory Care which should be completed by Summer 2019. The neutropenic sepsis pathway has been added to the suite of ACC pathways available after joint working between the ED and Acute teams, and the ACC team has been further strengthened with the establishment of a clinical lead role.
- **Introduced planned appointments for GP Heralded Referrals** - An Urgent Connect admission avoidance phone line for GPs has now been established within ACC so an acute consultant is readily available every day to provide advice and guidance to GPs. This allows appropriate decision making to take place with patients accessing the right service in a timely manner. Access to the medical take list is now available at the Streaming desk within ED so that GP heralded patients can be sent straight to the assessment areas if capacity allows ensuring a better patient experience.
- **Continued Overseas Medical Recruitment** - Overseas recruitment continued with the established model with the University of Colombo Sri Lanka with two visits last year with the successful recruitment of over 20 doctors for all specialities in the Trust. The Royal College of Physicians (Edinburgh) have confirmed

we are able to recruit MTI doctors on their behalf, allowing the Trust the option of offering Tier 5 & Tier 2 Visas. A further visit is planned for late 2019.

- **Established a Frailty Unit** - The Frailty Unit was established in April 2018, with positive results. The Team continue to work with the CCG & Integrated Community MDT with a developed Safety Huddle in the community to ensure patients are picked up and managed at the earliest opportunity, this is supported by clinicians from the L & D, and there is a telephone hotline available to liaise with secondary care.
- **Introduced Emergency Department Technicians** - Two roles are now an established part of the ED workforce and further recruitment is planned for 2019/20. This role has been invaluable in enabling early decision making and providing improved patient flow through the department. The development of the number of technicians will enable the department to provide a service for all speciality patients from Summer 2019.
- **Continued to monitor, assure and learn from mortality case reviews** - The Divisional Mortality meetings continue in Medicine with the aim of sharing good practice and learning, the Trust mortality data continues to report an improving picture and structured judgement reviews are taking place.

During 2018/19, the Division of Women and Children's Services:

- **Made further improvements to the Neonatal unit** - We have successfully implemented parents being on the unit during ward round by supplying noise cancelling head phone for parents to use to give some privacy. We have extended visiting to include siblings by use of a newly decorated sitting room and improved kitchen facilities for parents. This is coupled with upgrading the expressing facilities to enable new mothers to provide valuable breast milk for their pre-term babies.
- **Developed the GP/Consultant connect service** - We have had a number of successful education sessions with GPs and primary care staff primarily on a Saturday enabling doctors to attend. Audience of in excess of 30 have been common place. These provide updates on practice, a sharing of ideas between clinicians to prevent admissions where possible through support for parents and ensuring those that need to be in hospital are identified rapidly.

- **Practice teams and pharmacists are working to ensure parent information and teaching is consistent. Where there are practical concerns practices can refer to the community rapid response team for follow up.**
- **Opened the new Gynaecology Health Centre** - The Trust opened to its first patients in March 2019 and feedback during these early days has been positive from both patients and staff. We have started with Gynaecology outpatients and further services will move into the unit in the coming months.
- **Provided further training for our Fertility Nurses** - Our Fertility nurses were successfully trained to support the fertility service and provide nurse scanning for patients undergoing IVF treatment. We have started a training programme for Midwives to support Growth scanning the first of whom will qualify in July 2019.
- **Completed the Children's Oncology Unit** - We are very proud to have opened the newly designed oncology suites on the children's ward. Children and parents are very pleased with the results. Our thanks to all those that supported the fund raising to make this happen.
- **Continued to hold events to raise awareness of the services provided** - The MAMMA events and development of the maternity voice partnership involving users of our maternity services has proven to be a great success, giving valuable insight into the family journey. This partnership working is the key to developing effective maternity choices and enhanced care.

During 2018/19, the Diagnostics, Therapeutics and Outpatients Division:

- **Further developed the work to consolidate Pathology Services** - Both Luton and Dunstable and Bedford Hospitals further developed their strategic business plans for combining Pathology Services across both Trusts. Both hospital boards approved the Outline Business Case for this development and the proposed target operating model, and committed funding to enable the IT infrastructure integration work to commence in anticipation of a combined pathology service commencing as from April 2020.
- **Implemented community based phlebotomy service** - In line with the Trust strategic objectives to deliver more community based services and free up space for acute service developments on site, GP and routine

anticoagulation phlebotomy services were moved to Arndale House in Luton, whilst outpatient related phlebotomy has been relocated to zones B and C of Outpatients. The benefit has been to dramatically reduce patient waiting times for phlebotomy and facilitating both an appointment and walk in service.

- **Implemented new diagnostic testing services in Pathology** - Across microbiology and blood sciences, new screening and rapid diagnostic testing services have been introduced, including PCR testing for flu in paediatrics and ED, antibiotic sensitivity testing to enable faster and better targeted treatments for patients and FIT testing for the earlier detection of bowel cancer.
- **Completed the MRI redevelopment** - Imaging services completed a very significant MRI redevelopment programme, replacing two MRI scanners, and extending the suite to facilitate a third scanner. The state of the art technology is already delivering faster, better image quality and will enable further, more specialised cardiac diagnostic services to be developed, as well as delivering improved access for cancer pathways and waiting times for both inpatients and outpatients.
- **CT SPECT and digitisation of x-ray equipment** - Replacement of the gamma camera in Nuclear Medicine with state of the art CT SPECT is near completion and will extend the range of nuclear medicine diagnostic services, as well as provide much needed additional CT capacity in the evenings, over the coming year. Digitisation of x-ray scanners and replacement of fluoroscopy equipment is improving image quality and efficiency in the department to keep pace with demand.
- **Switched off paper referrals** - Outpatients services have successfully implemented the national programme to transition to electronic GP referral, eliminating paper referrals. The two year CQUIN programme to improve utilisation of advice and guidance has also successfully increased take-up to timely advice for appropriate clinical management of patients in primary, and where necessary, secondary care.
- **Responded to the Breast Screening national incident** - The division recognised that L&D Breast Screening services provided a magnificent response to the national incident, facilitating additional women needing to be screened in 2018/19.
- **Supported Needs Based Care** - Therapies and Pharmacy have worked in tandem with Medicine to deliver against their recruitment, implementation

and quality / efficiency programmes to support emergency and acute inpatient services.

- **Repatriated the diabetes dietetic services to be delivered by the Trust** - Therapies, and specifically dietetic services have worked with medicine to facilitate bringing this service in-house and within the management umbrella of therapy services, improving service resilience.
- **Completed therapy service reviews** - Therapies have undertaken comprehensive service reviews during the course of 18/19, to determine how these services can best be delivered to meet the needs of clinical services and patients and in the context of Trust and Divisional strategic objectives. These reviews will be translated into specific strategic service plans, to be implemented during 2019/20.
- **Supported the GDE e-pharmacy programme** - Pharmacy have continued their proactive contribution to the Trust's digital exemplar programme and national imperatives to improve medicines security and the Falsified Medicines Directive, as well as introducing local initiatives, such as language specific drug labelling to improve drug compliance and patient safety.

Improving Quality

Following development and launch of a Quality Strategy last year the Trust has confirmed its commitment to that strategy through the appointment of an Executive Director of Quality and Safety Governance to provide leadership to our quality improvement plans, with specific objectives around maintaining the Trust's Care Quality Commission's (CQC) rating of Good, together with developing a programme of work to support the organisation on its journey to outstanding.

A delivery plan is now in place which aims to enhance and support an organisational culture where quality improvement is part of our day to day business and to encourage an environment where our staff feel empowered to identify improvement need and then create the change with sustained improvement.

This programme of work will be overseen by a steering Board with a membership that includes the Medical Director, Chief Nurse and is chaired by the Director of Quality and Safety Governance. The group will provide regular updates to the Clinical Outcomes, Safety and Quality subcommittee of the Trust Board.

Summary Financial Information 2018/19

Our financial performance continues to demonstrate a financial surplus (for the twentieth successive year). In 2018-19 we spent £335m to provide specialist and acute services for our patients and £24m on capital. The full accounts will be available at the Annual Members Meeting.

Income & Spending	2019	2018
	£'000	£'000
Income	362,582	334,074
Running costs	-335,580	-314,437
Operating Surplus	27,002	19,637
Interest paid to us	222	63
Interest paid by us	-1,053	-1,115
Dividends paid to the government	-3,523	-3,215
Miscellaneous	-17	-2
Surplus for the Year	22,631	15,368
Change in value of owned land and buildings	0	3,597
Total gains/losses recognised since previous year	22,631	18,965
Balance Sheet	2019	2018
	£'000	£'000
Land, buildings and equipment	136,503	120,846
Inventories	3,733	3,421
Amounts owed to us	47,884	34,587
Cash	34,767	36,400
Other assets	2,287	2,432
Amounts we owe	-60,267	-57,892
Provisions for amounts we owe	-810	-897
Net Assets	164,097	138,897
Financed by		
Investment by the government	68,616	66,047
Revaluation reserve	11,914	11,914
Income & expenditure reserve	83,567	60,936
Taxpayers Equity	164,097	138,897

Summary of Results since becoming a Foundation Trust

£'000	2007*	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total Income	101,906	169,132	189,355	204,905	211,594	220,552	230,664	244,322	259,342	271,170	308,790	334,074	362,582
Operating Surplus	3,164	4,492	5,173	5,640	4,529	4,760	3,563	3,583	3,531	3,848	17,134	19,637	27,002
Total surplus	1,534	2,940	3,971	3,095	2,294	2,495	858	443	66	53	12,919	15,368	22,631

Audit Opinion

The statutory audit was undertaken by KPMG who issued an unqualified opinion. KPMG were satisfied we had proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources.

* For 8 months rather than full year due to achieving foundation status 1 August 2006.

** From this year onwards under International Financial Reporting Standards rather than UK GAAP.

*** 2010/11 comparators restated to reflect the change in accounting policy in relation to the treatment of donated assets. This change was required by the Monitor Annual Reporting Manual for consistency with HM Treasury's requirements.

